St. Luke's University Health Network Medical Staff Credentialing Guide

https://medaffairs.slhn.org/appportal/userlogin.aspx

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OVERVIEW

The Credentialing Process

a. Credentialing Purpose: To inform the Medical Staff, Senior Administrators, and Trustees about the background, skills, capabilities, and character of all physicians requesting privileges to practice at a St. Luke’s Network hospital or facility.

b. Timeline for Medical Affairs Credentialing

- If a completed application is received prior to the 15th of the month, the PROJECTED approval date would follow two months later
- The chart below is also included on the main application site:

<table>
<thead>
<tr>
<th>Completed Application Received By:</th>
<th>2016 - 2017</th>
<th>Projected Appointment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Allentown/Bethlehem</td>
</tr>
<tr>
<td>11/15/16</td>
<td>January</td>
<td>13</td>
</tr>
<tr>
<td>12/15/16</td>
<td>February</td>
<td>17</td>
</tr>
<tr>
<td>01/15/17</td>
<td>March</td>
<td>17</td>
</tr>
<tr>
<td>02/15/17</td>
<td>April</td>
<td>14</td>
</tr>
<tr>
<td>03/15/17</td>
<td>May</td>
<td>12</td>
</tr>
<tr>
<td>04/15/17</td>
<td>June</td>
<td>16</td>
</tr>
<tr>
<td>05/15/17</td>
<td>July</td>
<td>14</td>
</tr>
<tr>
<td>06/15/17</td>
<td>August</td>
<td>11</td>
</tr>
<tr>
<td>07/15/17</td>
<td>September</td>
<td>15</td>
</tr>
<tr>
<td>08/15/17</td>
<td>October</td>
<td>13</td>
</tr>
<tr>
<td>09/15/17</td>
<td>November</td>
<td>17</td>
</tr>
<tr>
<td>10/15/17</td>
<td>December</td>
<td>15</td>
</tr>
<tr>
<td>11/15/17</td>
<td>January</td>
<td>13</td>
</tr>
<tr>
<td>12/15/17</td>
<td>February</td>
<td>17</td>
</tr>
</tbody>
</table>
THE APPLICATION

Requesting Privileges

c. Applicants will receive an email link to the initial application web page

d. First Time Applicants

d. From the initial page applicants will enter their email address as their username, and select "First Time Login."
e. An email will be sent to the applicant’s email address with a link allowing them to establish a password

f. Log into the Initial Application site with the email address and password
g. Review ALL information included on the Start page that begins with "Greetings!"
   • Remember to review the calendar for projected appointment dates (please note these are NOT guaranteed and are meant to be used as guides)

Instructions

• Prior to starting the application, please review the Welcome Page carefully. The Welcome Page can be viewed at any time during the application process by clicking on the St. Luke’s symbol located in the top left of your screen.
  • NOTE: Remember to SAVE your information as you complete each section. To save your information, click the “Save all changes” button.
  • Review the bylaws, rules, and regulations to which you will attest and comply. When finished, proceed to the first section, “General Information.”
  • Click "Apps">"St. Luke's University Health Network" on the top right menu to view the application

  • Next, select the "St. Luke's University Health Network" option from the dropdown
    o This should have a number in red parenthesis next to the selection
A menu such as the picture below will appear to begin:

- For applicants with prior experience at St. Luke’s, some of the items will be pre-populated with the most current information in our records
  - Please review all information to ensure its validity
  - If the information is incorrect, please delete the prior information and replace it with the most accurate

**General Information**

- **Personal Information:** Fill in all **REQUIRED** fields (Salutation, First Name, Last Name, Primary Title, Birth Date, Social Security Number, Gender, and Citizenship) as well as any additional information that may be necessary to process your application.
- **Digitized Signature:** You may draw your signature manually using a mouse or stylus, or generate your signature by typing your name in the box provided.
- **AKA Information:** Enter ALL alternative name(s) you have (eg: maiden name)
- **Languages:** If you speak a language other than English, click on the “Add a new language record” button, choose the language (select only one language per record.) Check all applicable fields; check the “Staff” field if your office staff is able to speak the language.
- **Identification Numbers:** Enter any that apply in these fields, including NPI, UPIN, AMA No., Medicare, or Medicaid
- **Contact Information:** Enter your mobile number and best email address with which to reach you.

**Address**

- **Primary Office:** Fill in all **REQUIRED** fields (Address Line 1, City, State, Zip Code, Phone, and Fax) as well as any additional information that may be necessary to process your application.
- **Additional Offices (2\textsuperscript{nd}, 3\textsuperscript{rd}, etc.):** If you have more than one office, fill in each of the fields available under each section. Include only one office record per section.
- **Home Address:** Fill in all required fields (Address Line 1, City, State, Zip Code, and Phone) as well as any additional information that may be necessary to process your application.

**Education**

- To add education history, click on the “Add a new education record” button and complete the necessary fields in each subsection.
  - **Note:** use “University” for all undergraduate (Bachelor’s) program(s), use “Post Graduate” for all graduate (Master’s and above) programs.
- Search for your school’s name by typing in part of the school name and reviewing the options presented in the auto drop-down menu.
- If the school cannot be located using the automatically generated options in the search field, choose INSTITUTION NOT PRESENT and type the name in the comment box.

**Affiliations**

- This includes: Residency(s), Fellowship(s), Current and Prior Hospital Memberships
- To add a record to each section, click the “Add a new affiliation record” button and fill each of the necessary fields.
- Search for your organization’s name by typing in part of the name and reviewing the options presented in the auto drop-down menu.
- If the organization cannot be located using the automatically generated options in the search field, choose INSTITUTION NOT PRESENT and type the name in the comment box.
- Repeat this process for all subsections (Residency, Fellowship, Current Hospital, Prior Hospital)

**Specialties**

- To add a specialty, click on the “Add a new record” button and select the specialty.
  - Note if this is your primary specialty and if you are currently practicing.

**Licensure/Certification**

- To add a licensure/certification, click on the “Add a new licensure/certification record” button.
- Search for the Licensure/Credentialing Authority name by typing in part of the name and reviewing the options presented in the auto drop-down menu.
- If the Licensure/Credentialing Authority cannot be located using the automatically generated options in the search field, choose INSTITUTION NOT PRESENT and type the name in the comment box.
- Most licenses/certifications require image copies to accompany information provided in the application – please DO NOT fax or email these documents if possible; At the bottom of each new record you add, an option to “Upload Images” is available.
  - By uploading images through the module, you allow the Medical Affairs office to process your application more quickly than using other methods of transmission.
- Please refer to the Section "CREDENTIALING CRITERIA" to view a list of most items you will need to provide.

**Malpractice Insurance**

- To add a new record, click on the “Add a new malpractice insurance record”, eg:
- Search for the Insurance Company name by typing in part of the name and reviewing the options presented in the auto drop-down menu.
- If the Insurance Company cannot be located using the automatically generated options in the search field, choose INSTITUTION NOT PRESENT and type the name in the comment box.
- Use the "Upload" feature to add a digital copy of your insurance face sheet

**Claims History**

- To add a new claim, click on the “Add a new record” button and fill in the necessary fields.
Work History

- **DO NOT** use this section to add Hospitals, all current/prior health care facilities should be listed in the Affiliation section ONLY
- **Employer Current:** Add each non-hospital organization in which you are currently employed.
  - To add a new record, click the “Add a new work history record” button and fill in each of the necessary fields.
  - All records MUST include the phone and fax numbers for the Human Resources/Personnel/Employment Office of the organization for processing.
- **Employer Previous:** Add each non-hospital organization(s) in which you were formerly employed.
  - To add a new record, click the “Add a new work history record” button and fill in each of the necessary fields.
  - All records MUST include the phone and fax numbers for the Human Resources/Personnel/Employment Office of the organization for processing.
- **DO NOT USE** the “PRACTICE CURRENT” or “PRACTICE PREVIOUS” type labels, even if your current/prior employer(s) is a medical practice.
- **Work History Gap:** Use the comment box to explain any gaps in your work history more than 30 consecutive days.

References

- **Professional References:** Three (3) professional references are required.
  - References must have, within the last 24 months, personal knowledge of your current clinical ability, ethical character, and ability to work cooperatively with others, and
  - Will provide specific written, substantive comments on these matters upon request from the hospital or Medical Staff authorities.
  - References must be from persons holding the same professional degree as the applicant
    - a. MD/DO from MD/DO
    - b. DDS/DMD from DDS/DMD
    - c. DPM from DPM
  - Professional References MAY NOT be
    - a. Program Directors (they should provide Internship/Residency/Fellowship references)
    - b. Partners
    - c. Relatives
- **Internship/Residency/Fellowship Director Reference**
  - Include a separate Program Director Reference from each separate Internship/Residency/Fellowship in which the applicant participated
  - Include a separate Internship Program Director Reference if applicant’s internship was done at an alternate institution from the residency
  - **MUST** include the program director from your residency or technical training program for which you are licensed and for which you are employed at St. Luke’s
  - If your program director is no longer with the institution, provide the contact information for the institution’s current program director
• Department Chief Reference
  ♦ MUST be the Current department chief at a hospital in which the applicant is privileged, with knowledge of the applicant's capabilities, performance, and character

Privileges

• Select the privilege form(s) under "SLUHN Provider Evaluations">"Requested Online Application"

- Review each privilege form that applies to you and request only those procedures you are competent to perform at the present time
- Should you have difficulty completing your requests, please contact your practice medical leadership, practice administrator, or Department Chair or Section Chief for guidance
  ♦ Allied Professional Should contact the Chair, Department of Advanced Practice
Review and Signature

j. Once you have completed the privilege form and saved all changes, select the "Review Information" under the "Review and Sign" section header in green on the left side menu.

- Review each section carefully and make any necessary change.
k. After completing “Review Information”, the “Sign Documents” section will then become available.

- Read and sign electronically
  l. Signature documents may only be completed electronically by the APPLICANT, under the APPLICANT'S username/ password
     • The ADMINISTRATOR for the application cannot sign the documents
m. To sign the necessary forms for the main application, you must return to the "St. Luke's University Health Network" option from the "Apps" menu option
n. First, select "Review Information" under the "Review and Sign" section header on the left side menu
   • Review each section carefully and make any necessary changes.
o. After completing “Review Information”, the “Sign Documents” section will then become available.
   • Read each form and sign electronically – please DO NOT print and fax/email the documents
p. **THIS SECTION ONLY NEEDS TO BE COMPLETED ONCE.**
   • When adding information to the application, it is necessary only to save the information on the area in which changes or updates were made.
   • There is no requirement to re-submit the application.
# CREDENTIALING CRITERIA

The following table shows the documents and actions necessary for being credentialed with St. Luke's^1

<table>
<thead>
<tr>
<th>Applicant Responsibility</th>
<th>Medical Affairs Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Application</td>
<td></td>
</tr>
</tbody>
</table>
| Completed | SLUHN online application with all privileges requested using the online Delineation of Privileges (DOP) form | National Practitioner Data Bank Report  
Federation of State Medical Board Report  
FACIS Report  
(Fraud & Abuse Control Information System)  
OIG Report  
(US Department of Health & Human Services, Office of Inspector General)  
EPLS Report (Excluded Parties List System)  
Pennsylvania Criminal History Report  
Pennsylvania Medicheck Report  
Verification of hospital affiliations for prior 10 years  
Verify Work History |

<table>
<thead>
<tr>
<th>Required Documents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Pages Completed/Returned</td>
<td>All documents are received, signed &amp; dated, questions answered with explanations for any responses requiring such</td>
</tr>
<tr>
<td>Copy of current curriculum vitae</td>
<td>Compared to applicant historical timeline as entered into application</td>
</tr>
<tr>
<td>Copy of current unrestricted Pennsylvania and/or New Jersey medical license</td>
<td>Primary source verification of the Pennsylvania and/or New Jersey medical license</td>
</tr>
<tr>
<td>Copy of current DEA license(s) for required state(s) address(es)</td>
<td>Primary source verification of all DEA license(s)</td>
</tr>
<tr>
<td><strong>NJ ONLY:</strong> Copy of current NJ controlled drug substance license (NJ CDS)</td>
<td>Primary source verification of NJ CDS license if applicable</td>
</tr>
<tr>
<td>Copy of medical school diploma, if graduation was within last 5 years</td>
<td>Verification of medical school graduation; AMA/AOA Physician Profile may be used to verify medical school, residency, or fellowship training</td>
</tr>
<tr>
<td>Copy of all Board certifications – certificate or letter</td>
<td>Primary source verification of board certification through the applicant’s Board organization</td>
</tr>
<tr>
<td>Copy of ECFMG certificate (if applicable)</td>
<td>Primary source verification of ECFMG</td>
</tr>
<tr>
<td>References submission from all Department Chiefs (current or former), Peers (3), and Program Director(s)</td>
<td>Receipt of Chief’s Reference, 3 Professional References, and Program Director(s)</td>
</tr>
<tr>
<td>Copy of current malpractice insurance face sheet indicating limits of coverage (NON-SLPG ONLY)</td>
<td>Verify coverage information with the carrier</td>
</tr>
<tr>
<td>Claims history from all malpractice carriers for the past 5 years</td>
<td>Review and verify all information is received from all carriers, and negative information is thoroughly investigated</td>
</tr>
</tbody>
</table>
| Pennsylvania Child Abuse History Report  
SLPG Providers | This is handled through SLPG Human Resources |
| Pennsylvania Child Abuse History Report  
NON-SLPG Providers | Non-SLPG Physicians or Allied Professionals must complete this using directions provided in the Documentation Library of the online application; Medical Affairs must verify prior to application submission to committee |
| FBI Fingerprint Report  
SLPG Providers | This is handled through SLPG Human Resources |
| FBI Fingerprint Report  
NON-SLPG Providers | Non-SLPG Physicians or Allied Professionals must complete this using directions provided in the Documentation Library of the online application; Medical Affairs must verify prior to application submission to committee |

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^1 NOTE: This list is NOT exhaustive; each application is considered independently and may require alternate or additional verifications
USEFUL WEBSITES
(for Applicants and Administrators)

a. Online Application Documentation Library: (Log-In>Resources>Documentation Library)
   - Contains:
     - Instructions to Complete Online Medical Staff Application
     - St Lukes University Health Network - Medical Staff Rules and Regulations
     - St Lukes University Hospital - Medical Staff Bylaws
     - St Luke's Hospital - Anderson Medical Staff Bylaws
     - St Lukes Hospital - Miners Medical Staff Bylaws
     - St Lukes Hospital - Quakertown Medical Staff Bylaws
     - St Lukes Hospital - Warren Medical Staff Bylaws and Rules & Regulations
     - St. Luke's Employed Physicians Insurance Application
     - Conscious Sedation - Education Module
     - Dictation Procedures
     - EMTALA Education Learning Unit
     - FBI-Pennsylvania Child Abuse Directions and Forms
     - Network Essentials Newsletter
     - Pennsylvania Child Abuse History Clearance Application
     - LAB - Cervical Mucus Smears for Ferning
     - LAB - Amniotic Fluid pH
     - LAB - Gastric Biopsy Urease (e.g. CLO-test)
     - LAB - Occult Blood, Fecal
     - LAB - Potassium Hydroxide (KOH) Preparations
     - LAB - Urine Dipstick
     - LAB - Wet Mount Preparations

b. Department of Medical and Academic Affairs: http://medaffairs.slhn.org/
   - Contains:
     - Medical Staff Member Directory
     - Affiliation Verification
     - Medical Staff Information (Bylaws & Rules and Regulations)
     - CME Calendar
     - Medical Staff Meetings List
     - CME Programs List
     - Institutional Review Board Link (IRB)
   - Reference Sources Link to the Following Sites:
     - AMA/AOA
     - ABIM
     - ABMS and Member Boards
     - CMS
     - DEA Application
     - ECFMG
     - Data Bank (NPDB) Self Query
     - PA State Licensure Information
     - PA Code Chapters Related to Physicians