<table>
<tr><td>This policy applies to:
☒ Stanford Health Care
☒ Lucile Packard Children's Hospital Stanford</td><td>Last Approval Date:
January 2019</td></tr>
<tr><td>Name of Procedure:

VERIFICATION OF RENEWALS AND ADVERSE ACTION REPORTING</td><td rowspan="2">Page 1 of 5</td></tr>
<tr><td>Departments Affected:
All Medical Staff and Advance Practice Providers</td></tr>
</table>

I. PURPOSE

To provide a mechanism to maintain current licensure and certification information for Medical Staff members, and to deal with adverse actions against these licenses and certificates.

II. PROCEDURE

Expiring licenses and/or certificates

Each month, an audit will be done of the database to determine which providers have a California Professional License, DEA Certificate, or Fluoroscopy Certificate (X-Ray Supervisor & Operator) that will be expiring at the end of that month. Email notices will be sent to the providers 15 and 5 days prior to expiration. If the license expires an email will be sent to the provider and a copy will be sent to the Service Chief, Chief of Staff, and department contacts.

Verification of renewal of licensure is obtained by querying the Medical Board of California (online or by phone). If the Credentialing Office is unable to verify online a phone call will be made to the Medical Board of CA for verbal verification. Verification of current DEA Certificate will be obtained directly from the National Technical Information Service (NTIS online verification) of the U.S. Department of Commerce.

1. *Expired California Professional License*
   The provider will be automatically suspended from practice on the first business day after expiration until there is evidence of a licensure renewal. A suspension email will be sent to the provider, service chief, chief of staff, and department indicating membership suspension. The credentialing database will be updated and provider delineation of privileges are eliminated to reflect these suspensions. The provider will be removed from suspension once the licensure has been renewed and verified.

2. *Expired DEA Certificate*
   All Medical Staff and all Stanford APP'S will be automatically suspended from practice on the first business day after expiration until there is evidence of a certificate renewal. Lucile Packard APP's will be fully suspended or a privilege suspension depending on the providers privileging requirements.

3. *Expired Fluoroscopy Certificate*
   The provider's right to directly control radiation exposure to patients, supervise persons who hold radiologic technologist fluoroscopy permits or to actuate or energize equipment covered by the certificate will be automatically suspended until there is evidence of a certificate renewal. All Radiologists will be automatically suspended from practice on the first business day after expiration until there is evidence of a certificate renewal.

4. *Expired Board Certification*
The provider will be automatically suspended from practice on the first business day after expiration until there is evidence of a certificate renewal. A suspension email will be sent to the provider, service chief, chief of staff, and department indicating membership suspension. The credentialing database will be updated and provider delineation of privileges are eliminated to reflect these suspensions. The provider will be removed from suspension once the certificate has been renewed and verified.

5. *Expired Insurance*
Providers with expired Insurance will automatically be suspended from practice on the first business day after expiration until there is evidence of insurance renewal. An email will be sent to the provider indicating membership suspension. The credentialing database will be updated and provider delineation of privileges are eliminated to reflect these suspensions. The provider will be removed from suspension once the insurance has been renewed.

III. Adverse Actions

A. Medicare/Medicaid Sanctions: OIG Exclusions

Upon initial appointment and reappointment OIG reports will be run to view any OIG exclusions. Online verification from the HHS Office of Inspector General official exclusions program will take place for each medical staff member who has clinical privileges. The OIG exclusion program identifies all individuals and entities that have been prevented to participate in federally funded health care programs. Copies of the verification obtained from the OIG Exclusion program will be stored in each provider credentials file.

Ongoing monitoring is done of OIG exclusion and State exclusion lists which are reviewed on monthly basis or within 30 days of release.

B. Adverse Actions –Disciplinary Summary from Medical Board of California received by subscription

The Medical Board of California Adverse Actions Sheet, and the Osteopathic Medical Board of California Enforcement Actions will be reviewed each month in the Credentialing Office. The names on the reports are reviewed to determine if any of them are currently on the Medical Staff at Stanford Health Care or Lucile Packard Children's Hospital Stanford. If it is determined that a current member of the Medical Staff has had an action filed against his/her license, the Credentialing Office will contact the Medical Board of California for documentation of the action. In addition the provider will be asked to document their side of the event. This documentation will become part of the provider's credentials file and will be forwarded to the Hospital Credentials Committee, Legal Counsel and the Chief of Staff for review and determination if any action needs to be taken on the part of Stanford Health Care

or Lucile Packard Children's Hospital. If license is suspended/revoked the provider will immediately be inactivated until further information is obtained.

A full reference list of boards are maintained within Medical Staff Services Department. Theses boards are reviewed on a monthly basis for anyone on the medical staff:

If a member of our medical staff is found on any of the above mentioned reports the provider will be reviewed by the Credential Committee Chair or the Committee within 30 days of release.

C. Filing an 805 report with the Medical Board of California

The Chief of Staff/Medical Staff President/VPMA/CMO and the President and CEO of Stanford Health Care and Lucile Packard Children's Hospital Stanford are responsible for reporting certain actions with respect to medical staff membership and clinical privileges of physicians, podiatrists and psychologists to the Medical Board of California on a Health Facility Reporting Form (805 Report). Reports on osteopathic physicians and dentists would be directed to their respective Boards. The reports must be filed when the actions are imposed or voluntarily accepted for a "medical disciplinary cause or reason" which means that aspect of the provider's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

D. Filing a report with the National Practitioner Data Bank
The Chief of Staff/Medical Staff President/VPMA/CMO and the President and CEO of Stanford Health Care and Lucile Packard Children's Hospital Stanford are responsible for reporting certain actions with respect to medical staff membership and clinical privileges of physicians, dentists, and other health care practitioners to the National Practitioner Data Bank on an Adverse Action Report Form. Reportable actions include:

- professional review action, based on reasons related to professional competence or conduct, adversely affecting clinical privileges for a period of longer than 30 days
- voluntary surrender or restriction of clinical privileges while under, or to avoid, investigation for possible professional incompetence or improper professional conduct or in return for not conducting an investigation or professional review action
- adverse actions including reducing, restricting, suspending, revoking, or denying privileges, or a decision not to renew privileges, if that action or decision was based on the practitioner's professional competence or conduct
- voluntary withdrawal of an initial application for medical staff membership and/or clinical privileges while provider under investigation by the hospital for possible professional incompetence or improper professional conduct **or** in return for not conducting such an investigation or taking a professional review action

- summary suspension if in effect for more than 30 days, based on professional competence or professional conduct that could affect the welfare of a patient, or as a result of a professional review action taken by the hospital

Section 805 and reports to the National Practitioner Data Bank will be filed in accordance with the Medical Staff Bylaws, and within the time and in a manner required under federal and state statutes and regulations.

E. Background Checks

Background checks are processed for all new applicants and for all reappointments. Any information received on these reports is flagged for special review by the Service Chief and the Credentials Committee(s). If information is received regarding a past DUI conviction or guilty plea, the provider will be sent a letter requiring that he/she contact the Chair of the Well-Being Committee to discuss the issue. For initial applicants DUI's over seven years do not need a recommendation to Well-Being. The Chair will report back to the Well-Being Committee on all such interviews and a determination will be made by the Well-Being Committee as to whether or not further monitoring is recommended. Failure on the part of the provider to schedule the meeting with the Chair of the Well-Being Committee will deem the application packet incomplete. Chair of the Well-Being Committee will notify the Credentialing Office if the provider may proceed to Credentials Committee for review and approval.

IV. RELATED DOCUMENTS

-- Stanford Health Care Medical Staff Bylaws, Rules and Regulations

V. DOCUMENT INFORMATION

A. Legal Authority/References

None

B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services in April, 2000.

C. Gatekeeper of Original Document

The Director of Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Office.

D. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Credentials Department.

E. Requirements For Review and Renewal

This Procedure will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History

4/01, 9/02, 9/03, 1/08, , 8/12, 8/15, 1/19

G. Local Approvals

This is an operational procedure and does not require approval.

This document is intended for use by Stanford Hospital and Clinic staff and personnel
and no representations or warranties are made for outside use.
Not for outside production or publication without permission.

Direct inquiries to:
Director, Medical Staff Services, (650)497-8920
Stanford Health Care
300 Pasteur Drive
Stanford, CA 94305