

Checklist for Medical Staff Reappointment Request for Privileges:

- You will receive an email from service@mdapp.com with a link to begin the physician reappointment process.
Please check your SPAM email folder.

(You will receive a separate email from the Medical Staff Office notifying you the reappointment application link was sent.)

To begin the application, click the link within the email from service@mdapp.com.

- This will take you to: <https://www.mdapp.com/newhanoverregionalmedicalcenter>
- Established users can log in with their email and assigned password. If you have forgotten your password, Click on “Forgot Password,” and follow directions
- You have 48 hours to access your application before the link expires. If your link expires, please contact the Medical Staff Office to have the link re-sent.

Reappointment Application Confirmation of Completion Checklist:


□ **Working within the online Application**

- At any point you may click SAVE and return to the application at a later time.
- The blue toolbar at the top of the page includes a Help Icon
- The head icon at the top right of the page allows you to change/reset your password.
- You may also use the head icon to authorize another person (i.e practice manager, assistant) to access your application to assist in its' completion. To do this, select the " head" icon on the upper right corner of the screen. Select Authorized Users and provide their email address. They will receive an email notification with further instructions. (Note: They may need to check SPAM.)
- Use the navigational checklist on left side of page to maneuver through the application
- To input information, hover over area to be completed until the edit button is visible. Click on “Edit”.
- After completion, you will have the opportunity to download, view and print your completed application and supporting documents (at the main page after logging in.)
- If you encounter issues with the application contact the Medical Staff Office @ 910-667-7289.

□ **Complete Application Required**

- Per CMS guidelines and NHRMC and PMH Bylaws, only complete applications will move forward in the Credentialing process. That includes submission of correct and direct phone #s, faxes, all information on forms, all questions answered, forms named appropriately, etc. We highly recommend you utilize the checklists below to ensure timely completion of your application.
- **Incomplete applications** will be returned, and may cause a processing delay. **Note: This could cause disruption in your hospital privileges, appointment and/or membership.**
- **Note: Submission of a complete and accurate application is the sole responsibility of the provider.**

Provider Checklist for Physician Reappointment Online Application:

- At the initial login page (which should be your  home page) there are three areas that will need to be completed: 1) Application 2) Documents to Sign and 3) Documents to Download. We recommend you complete the sections in the order as outlined in this checklist starting with Documents to Sign (instructions below.)


□ DOCUMENTS TO SIGN

- Scroll down to “Documents to Sign” section, and click on “Sign xx Documents”
 - Type your full name in the “Signature Disclosure” box, check your acknowledgement, and click “Continue”
 - Click on “Click here to sign the document,” which will take you to DocuSign
 - Check the box “I agree to use electronic records and signatures” and “Continue” (Make sure to turn off your pop-up blocker if it does not allow you to move forward with DocuSign)
 - Click on yellow box “Sign” to select the signature you would like to use (**Change Style**).
 - Click on “Adopt and Sign” – Selected signature will appear on signature line, then input date
 - Click on Continue to begin
 - Select “Sign” (left of form) on each page, complete “**red**” boxed areas on all forms, then select “Next”
 - Review each document to ensure all required fields have been appropriately completed
 - When you have completed all of the forms – select Finish button at the top of the screen
 - Note: If you close this webpage it will save previous work.
 - The screen will say Welcome back: Click on Return to Application
 - Click on Finish Signing to finalize documents. (Refresh your screen)

□ DOCUMENTS TO DOWNLOAD

- ✓ Download the invoice for reappointment application fees: “ Invoice Physicians Reappoint”
 - Print this document, fill in your name and degree, and submit this with your check or money order for reappointment.
- ✓ The remainder of the documents are for your files and should be downloaded and stored for future reference.

□ APPLICATION

- ✓ [Follow this check list to ensure the application is correctly completed in its entirety before submitting.](#)
- ✓ On the home page  scroll to applications and click on the “Edit Application” box
- ✓ **READ** instructions provided under the “Introduction Section” prior to completing the application. Most of your questions can be answered there.

Click on each section on left side of screen to go through and ensure all information is included and correct. To input or edit information, hover over area to be completed until the edit button is visible. Click on “Edit”. When corrections/entries are made and complete, click “Save”.

All information below is required.

- **Personal Information** – Last name, first name, middle name (if none: enter N/A), degree, DOB, SSN, gender, specialty 1, citizenship, ethnicity, cell, primary email address (the Med Staff Office will use this

going forward in all communications with the provider), NPI (National Provider Identifier), salutation, Accepts Medicare and Accepts Medicaid (choose Yes or No) – “Save”

- ✓ **Office Addresses** – (You must list at least one office and provide the required information.) Select Type: “primary office,” address1, city, state, postal code, telephone number (office), fax number (office), email address (to office or office manager), manager (your office manager name). “Save”
 - ✓ To list more than one practice, click on “Add New” to complete the form.
 - ✓ You must designate at least one as your primary office (Check [“Primary Office”](#) to indicate which one.)
- ✓ **Home Address** – Address, city, state, postal code, – “Save”
- ✓ **Alias** – (Required only if applicable), Indicate Alias Type: Maiden name, Nickname or Other and type in last name, first name or middle name as appropriate – “Save”
- ✓ **Hospital Affiliations** – Confirm Information in this tab is accurate. If not, edit as needed.
 - ✓ Since your last reappointment, if you have received privileges, appointment, or membership at a hospital, surgical center, etc. please follow the below steps:
 - Click on “Add New” for each affiliation – “Save”
 - Use the search engine to identify institution information or if not found enter institution and ensure all fields are complete. Complete name of institution, address (of institution), city, state, postal code, medical staff office telephone number at the facility where you held privileges, appointment or membership medical staff office fax number where you held privileges, appointment or membership, start date, end date (if applicable).
 - **Phone and fax numbers must be directly to the Medical Staff Office where you had or have had privileges, appointment or membership. General phone and fax numbers to the institution are not appropriate and WILL delay processing of the application.**
- ✓ **Peer Professional References** – We require two (2) peer references to be provided for Affiliate and Honorary-Active providers. The references must have active, full, admitting privileges at NHRMC or PMH, and be peers within your specialty or similar specialty. They should be familiar with your current clinical work either through direct clinical observation or close working conditions for the past two (2) years. They cannot be a relative(s) or someone who reports directly to you. Peer information should include first name, last name, degree, telephone, email address – “Save”
 - ✓ Click on “Add New” for each reference – “Save”
- ✓ **Licenses/Credentials** – Please ensure **all** current licenses and certifications are listed.

Type: license type, state of issue, license number, issue date, expiration date

 - ✓ Physician only
 1. Designate your DO or MD license Type = State Medical License
 - ✓ If both a Dentist and a physician:
 1. Designate your MD License Type = State Medical License
 2. Designate your Dental Type = Dentist License
 - ✓ Dentist only
 1. Designate your Dental License Type = State Medical License
 - ✓ DEA (if applicable) – Designate Type = DEA License. If you have more than one state DEA you must indicate each state.
 - ✓ ACLS or ATLS or PALS or ALSO if you are requesting Moderate Sedation (Note: You will need to upload a copy of the card in the files sections of the application)

- ✓ Click on “Add New” for each additional license/DEA number – “Save”
- ✓ **Board Certifications** – Confirm the accuracy of any information already entered. To add additional board certifications, check “Search” box to see if board contact information is in the system. If the Board is in the system, certain fields will automatically populate. However, the following fields must be completed: name (of board), certification status, initial certification date, certification expiration date, specialty.
- ✓ **Professional Insurance** – Ensure the information in the application is correct. If additions or changes are necessary, check “Search” box to see if insurance contact information is in the system. If not, enter the insurance company’s name, policy number, issued date, expiration date and coverage amount.
- ✓ **Malpractice claims** – Provide requested information (if applicable).
 - ✓ **Enter the following information on all current or pending claims since your last reappointment**
 1. Incident date, status, action and allegation.
 - ✓ **Note: Documentation must be uploaded in the Files section of the application. This may be an explanation or the official documents from the claim.**
- ✓ **Medical History** – In the Medical History box select immunization/vaccination type from the drop-down menu and provide the required information. Additional Medical History may be added by clicking the **Add New** button. Click **Save** when finished.
 - ✓ Annual Flu Vaccine (required November – March)
 - ✓ PPD (Must be within the last 12 months). If positive, then chest x-ray within 10 years; upload to the Files section.

□ **Files for Uploading:**

1. Files – This section provides information on the files that are **required** for uploading and completing your application.
2. To upload a document:
 - Select *Add New**.
 - Select a **File Type**
 - Enter a **Description** (Optional)
 - Enter an **Expiration Date** (Optional)
 - Click "**Click To Upload**" and Browse To Your File.
 - Click Save to complete the upload
3. **In order to submit a complete application and avoid processing delays, the following documents are required**
 - ✓ Annual Flu Vaccine (required November – March)
 - ✓ Documentation that demonstrates you meet the criteria outlined in any expanded privileges you are requesting. These may include case numbers with case logs, etc. **Upload all documents as (1)-one file**
 - ✓ Certificate of Professional Liability Insurance form (COI) reflecting all information listed in the Professional Insurance Section.
 - If applying for privileges, membership or appointment at New Hanover Regional Medical Center, New Hanover Regional Medical Center must be listed as the certificate holder on the Certificate of Professional Liability Insurance, including the address 2131 S. 17th St., Wilmington, NC 28402-9000
 - If applying for privileges, membership or appointment at Pender Memorial Hospital, Pender Memorial Hospital must be listed as the certificate holder on the Certificate of Professional Liability Insurance, including the address 507 E. Freemont St. Burgaw, NC 28425

- ✓ Explanation for malpractice claims information, license disciplinary actions, criminal background issues, gaps if needed, etc.
- 4. **Attestation Questions** – Answer ALL questions. Questions that generate a comment box require more information to clarify.
 - a. **Note:** Call Coverage Plan in this section. Call coverage is required for all except physicians with a status of Tele, Visiting, Honorary Active or Administrative. If you fall into one of these categories, please put that in the comment box instead of your call coverage plan.
- 5. **Privileges** – Carefully read the criteria of each privilege you are requesting to ensure you meet the criteria.
 - ✓ Check the box next to the privilege(s) you are requesting.
 - ✓ You will need to upload documentation that demonstrates you meet the criteria outlined in the privilege. These may include case numbers with case logs, etc. You will upload these to the Files section of the application.
 - ✓ Privileges requested must reflect those that are within the providers scope of practice and cover all patient care that will be provided.
- Review your application prior to clicking the “Submit Application” button**
 - ✓ Did you sign all required documents per the application instructions?
 - ✓ Did you upload required files as noted in the Files section and name them appropriately?
- Once you have confirmed that all required information and supporting documentation has been completed, click the “Submit Application” button.**

ADDITIONAL INFORMATION

For NHRMC only - forward reappointment application fee of \$350.00 by check or money order made out to NHRMC Medical Staff Organization to:

***New Hanover Regional Medical Center
Medical Staff Office
2131 S. 17th Street, P.O. Box 9000
Wilmington, NC 28402-9000***