

Subject: Application and Attestation

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Objective:

- I. To ensure a provider discloses all information, even information that may adversely impact their ability to provide care.

Policy:

- I. The application includes a current and signed attestation (copy attached) and addresses the following:
 - A. Disclosure of any physical, mental or substance abuse problem that could, without reasonable accommodation, impede the practitioner's ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of patients.
 - B. History of loss of license and/or felony convictions
 - C. History of loss or limitation of privileges, disciplinary activity or sanctions
 - D. Current professional liability insurance (PLI) coverage (includes federal tort coverage)
 1. Includes the dates and amount of the current PLI coverage
Practitioners are required to attest to the dates and amount of their current malpractice coverage even if the amount is \$0.
 2. May use a copy of the insurance face sheet for provisional privileges
 3. For practices that utilize a group coverage policy, the following is acceptable:
 - a. A letter from the group practice indicating this physician will be covered under the policy and the start date of employment
 - b. A copy of the blanked PLI coverage policy is on file and documents that all physicians employed by the group are covered as of the date of hire by the current PLI carrier.
 - E. The correctness and completeness of the application
- II. Time Limit Verification: 180 calendar days

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Formulated: February 1994

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Revised: April 1995
January, 1996
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THA Plan Director

THA Medical Director