

North Central Health Care  
Person centered. Outcome focused.

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Debra L. Ciasulli, M.D. Appointment/  
Reappointment 04-27-2015 to 10-31-2016  
Time Period

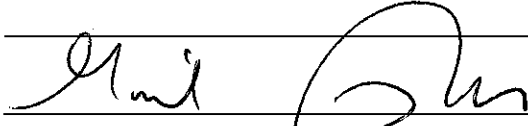
Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Locum Provider? ☒ Locum Agency: Medical Doctor Associates

**MEDICAL DIRECTOR**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

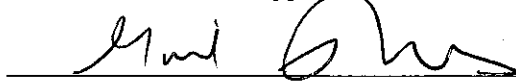
  
(Medical Director Signature)

9-25-15  
(Signature Date)

**MEDICAL STAFF**

Medical Staff recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
(Medical Staff President Signature)

10-20-15  
(Signature Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**Debra L. Ciasulli, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
1100 Lake View Drive  
Wausau, WI 54403-6785  
(715) 848-4600

**Other Provider Information**

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1104082452

UPIN: \_\_\_\_\_

Medicare#: \_\_\_\_\_

Medicaid#: \_\_\_\_\_

**Credentialing Activity**

**Application**

Application Sent Date: 04/30/2015  
Attestation Date: 05/15/2015  
Received Date: 05/27/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/19/2015

**Credentialing**

Completed: ☐

Issues: ☐

Aspirus Network, Inc.

**Information Upon Credentialing Completion**

Status: ANI Application in Process  
Category: ANI Locum Tenens  
Category Applied For: ANI Locum Tenens  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:

Status:

Issues: ☐

**Activity**

Completed: ☐

North Central Healthcare

**Information Upon Credentialing Completion**

Status: NCHC Application in Process  
Category: NCHC Locum Tenens  
Category Applied For: NCHC Locum Tenens  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:

Status:

Issues: ☐

**Activity**

Completed: ☐

**Education****Debra L. Ciasulli, M.D.****Universidad Autonoma de Guadalajara**

Program: Under Graduate

Dept / Specialty:

Start Date: 08/01/2002

End Date: 08/01/2004

Graduated/Completed: ☒Verified: ☒

Verified Date: 05/19/2015

Verified By: Jennifer L. Apfel

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

**Ross University School of Medicine**

Program: Medical School

Dept / Specialty:

Start Date: 09/01/2004

End Date: 03/31/2007

Graduated/Completed: ☒

Letter Description: Verify Primary Professional Edu Doc \*

Letter Sent Date: 06/08/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒

Verified Date: 05/19/2015

Verified By: Jennifer L. Apfel

Verified How: E-ECFMG Website-Foreign Medical School

Notes: MD

**Rush University Medical Ctr.**

Program: Internship

Dept / Specialty: Internal Medicine

Start Date: 07/01/2007

End Date: 06/30/2012

Graduated/Completed: ☒

Letter Description: Verify Intern / Res / Fellowship Doc \*

Letter Sent Date: 05/28/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒

Verified Date: 06/05/2015

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes: completed a combined program internal medicine and psychiatry

**Rush University Medical Ctr.**

Program: Residency

Dept / Specialty: Psychiatry

Start Date: 07/01/2007

End Date: 06/30/2012

Graduated/Completed: ☒

Letter Description: Verify Intern / Res / Fellowship Doc \*

Letter Sent Date: 05/28/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒

Verified Date: 06/05/2015

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes: completed a combined program internal medicine and psychiatry

**Northwestern Memorial Hospital**

Program: Fellowship

Dept / Specialty: Psychiatry/Medicine

Start Date: 08/15/2012

End Date: 08/14/2013

Graduated/Completed: ☒

Letter Description: Verify Intern / Res / Fellowship Doc \*

Letter Sent Date: 05/19/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒

Verified Date: 05/27/2015

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes: addiction psychiatry

**Licenses****Debra L. Ciasulli, M.D.**

License Type: Advanced Cardiac Life Support  
State:  
License Number:  
Status:  
Expiration Date: 10/27/2015

License Type: Basic Life Support  
State:  
License Number:  
Status:  
Expiration Date: 10/27/2015

License Type: Government Issued Photo ID  
State: IL  
License Number:  
Status:  
Expiration Date:

License Type: State License  
State: IL  
License Number: 125053582  
Status: Cancelled  
Expiration Date: 06/30/2011

License Type: State License  
State: IL  
License Number: 036128012  
Status: Expired  
Expiration Date: 07/31/2014

License Type: State License  
State: IL  
License Number: 336089250  
Status: Expired  
Expiration Date: 07/31/2014

License Type: DEA Certificate  
State: WI  
License Number: FC3015042  
Status: Active  
Expiration Date: 08/31/2017

License Type: State License  
State: WI  
License Number: 61100  
Status: Active  
Expiration Date: 10/31/2015

License Type: ECFMG  
State:  
License Number: 0-668-116-7  
Status:  
Expiration Date:

Verified: ☒  
Verified Date: 05/18/2015

Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes:

Verified: ☒  
Verified Date: 05/18/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes:

Verified: ☒  
Verified Date: 05/18/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes:

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-State License  
Notes: IL State website  
temporary medical permit

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-State License  
Notes: IL State website  
MD license *OK SP*

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-State License  
Notes: IL State website  
MD controlled substance  
license

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel *OK*  
Verified How: L-DEA Website  
Notes: source date 5/12/2015

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel *OK*  
Verified How: L-WI DRL Website  
Notes:

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel *OK*  
Verified How: E-ECFMG Website-Foreign  
Medical School  
Notes: Valid indefinitely

**Licenses - continued****Debra L. Ciasulli, M.D.**

License Type: WI Caregiver Background  
Check  
State: WI  
License Number:  
Status:  
Expiration Date: 05/19/2019

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-WI Caregiver  
Background Ck Website  
Notes:

License Type: Federated State Medical  
Boards  
State:  
License Number:  
Status:  
Expiration Date:

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-FSMB Website  
Notes:

License Type: Out of State background Check  
State: IL  
License Number:  
Status:  
Expiration Date:

Verified: ☒  
Verified Date: 05/21/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-Out of State Caregiver  
Bckgrd Ck Website  
Notes:

License Type: Out of State background Check  
State: CA  
License Number:  
Status:  
Expiration Date:

Verified: ☒  
Verified Date: 05/21/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-Out of State Caregiver  
Bckgrd Ck Website  
Notes:

**Insurance****Marshfield Clinic Health Care Liability Insurance Plan**

Policy Number: SELF INSURED

Letter Description: Verify Malpractice Insurance  
DOC

Verified: ☒  
Verified Date: 04/30/2015

Coverage Type:

Letter Sent Date: 05/19/2015

Verified By: Jennifer L. Apfel  
Verified How: I-Verification from Carrier

Expiration Date: 03/10/2015

Letter Sent By: Jennifer L. Apfel

Notes: \$1M/\$3M  
no claims

**The Medical Protective Company (Medical Doctor Associates LLC)**

Policy Number: 654436

Coverage Type: Occurrence

Expiration Date: 04/01/2016

Verified: ☒  
Verified Date: 09/22/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes: future insurance coverage  
\$1M/\$3M per COI

**Boards****Am Bd Int Med**

Board Status: Certified

Cert Number:

Expiration Date: 12/31/2022

Verified: ☒  
Verified Date: 09/22/2015  
Verified By: Jennifer L. Apfel  
Verified How: B-ABMS Website-Board  
Certification  
Notes:

**Am Bd Psyc&Neur**

Board Status: In Process-Initiating

Cert Number:

Expiration Date:

Verified: ☒  
Verified Date: 09/22/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes:

## Affiliations

Debra L. Ciasulli, M.D.

### North Central Health Care

Affiliation Type: Medical Staff  
Category:  
Dept/Specialty:  
Start Date:  
End Date:

Verified: ☒  
Verified Date: 05/19/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes: future practice location

### Park Manor Nursing Home

Affiliation Type: Medical Staff  
Category: Not Provided  
Dept/Specialty: Internal Medicine  
Start Date: 10/21/2013  
End Date: 03/10/2015

Letter Description: Verify Affiliations & Employment\*  
Letter Sent Date: 05/19/2015  
Letter Sent By: Jennifer L. Apfel

Verified: ☒  
Verified Date: 05/26/2015  
Verified By: Jennifer L. Apfel  
Verified How: A-NCS-Health Care Affiliation Verif Ltr  
Notes:

### Flambeau Hospital

Affiliation Type: Medical Staff  
Category: Active  
Dept/Specialty: Internal Medicine  
Start Date: 10/21/2013  
End Date: 03/10/2015

Letter Description: Verify Affiliations & Employment\*  
Letter Sent Date: 05/19/2015  
Letter Sent By: Jennifer L. Apfel

Verified: ☒  
Verified Date: 05/22/2015  
Verified By: Jennifer L. Apfel  
Verified How: A-Health Care Facility Verif Ltr  
Notes:

### Marshfield Clinic

Affiliation Type: Medical Staff  
Category: Not Provided  
Dept/Specialty:  
Start Date: 10/21/2013  
End Date: 03/10/2015

Letter Description: Verify Affiliations & Employment\*  
Letter Sent Date: 05/19/2015  
Letter Sent By: Jennifer L. Apfel

Verified: ☒  
Verified Date: 05/26/2015  
Verified By: Jennifer L. Apfel  
Verified How: A-Health Care Facility Verif Ltr  
Notes:

### Howard Young Medical Center

Affiliation Type: Medical Staff  
Category:  
Dept/Specialty:  
Start Date:  
End Date:

Letter Description: Verify Affiliations & Employment\*  
Letter Sent Date: 06/08/2015  
Letter Sent By: Jennifer L. Apfel

Verified: ☒  
Verified Date: 09/24/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-FYI Only  
Notes: per applicant this was on application in error

### Daniel Rosenthal MD

Affiliation Type: Program Director  
Category:  
Dept/Specialty:  
Start Date:  
End Date:

Verified: ☒  
Verified Date: 09/22/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-Unable to Verify  
Notes: No response

### John Franklin MD

Affiliation Type: Program Director  
Category:  
Dept/Specialty:  
Start Date:  
End Date:

Verified: ☒  
Verified Date: 09/22/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-Unable to Verify  
Notes: no response

### Tatiana Magana M.D.

Affiliation Type: Reference  
Category:  
Dept/Specialty:  
Start Date:  
End Date:

Letter Description: Verify Refs - Initial/Affiliate \*  
Letter Sent Date: 08/21/2015  
Letter Sent By: Jennifer L. Apfel

Verified: ☒  
Verified Date: 08/25/2015  
Verified By: Jennifer L. Apfel  
Verified How: A-NCS-Professional Ref Verif Ltr  
Notes:

**Affiliations - continued****Debra L. Ciasulli, M.D.****Rodney Eiger MD**

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Initial/Affiliate \*

Letter Sent Date: 09/08/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒

Verified Date: 09/05/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref  
Verif Ltr

Notes:

**Zachary Kordik M.D.**

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Initial/Affiliate \*

Letter Sent Date: 09/08/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒


Verified Date: 09/21/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref  
Verif Ltr

Notes:

**Worksheet**

Review of Work History & Explanation of Gaps	Date & Initials 5/28/2015 jla	Comments 3/1/2015-5/7/2015 process of finding a new job 8/13/2013-10/21/2013 moving and maternity leave
SAM Website	Date & Initials 5/19/2015 jla	Comments
NPDB Website query through Cactus	Date & Initials 5/19/2015 jla	Comments
OIG Website	Date & Initials source date 5/8/2015 conducted 5/19/2015 jla	Comments
WI Circuit Court	Date & Initials 5/19/2015 jla	Comments no matches
Medicare Opt Out Website	Date & Initials report ran 8/3/2015 reviewed 9/22/2015 jla	Comments
Consent Form	Sign Date & Initials 5/15/2015 jla	Comments
Health Requirements Met	Date & Initials 5/28/2015 jla	Y/N & Comments yes
Privilege Form	Sign Date & Initials N/A	Comments N/A
Verifications within 180 days	Date & Initials 9/22/2015 jla	Comments yes
CVO Review	Date 9/24/15	Signature 
ANI Provisional Approval (if applicable)	Date	Signature
Entity Committee Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES ____ NO ____		
ANI Only - Issues Identified YES ____ NO ____		

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

**Name:** Debra L. Ciasulli, M.D.

**Specialty:** Psychiatry - MD or DO

### Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of a accredited residency training program in psychiatry.

Experience: Can be demonstrated in one of the following ways:

1. An applicant who has just completed a residency shall provide his/her residency log.
2. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.
3. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Certification: current DEA registration

Specialty Description: Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

### Core Privileges - Psychiatry

DS  
  
 Requested (Initial)

- ☐ Children (12 y.o. and under)
- ☒ Adolescents (13-17 y.o.)
- ☒ Adult (18 y.o. and older)

Privilege Description
• Acute mental disorders/conditions- assessment, diagnosis, and treatment
• Addiction psychiatry- assessment, diagnosis, and treatment
• Biopsychosocial assessment
• Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
• Cognitive-behavioral therapy
• Crisis intervention
• Developmental disabilities- assessment, diagnosis, and treatment
• Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
• Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
• Family therapy
• Forensic psychiatry- assessment, diagnosis, and treatment
• Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
• Group therapy
• Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment



# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

• Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
• Mood disorders,- assessment, diagnosis, and treatment
• Neurophysiologic/neuropsychological testing,
• Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
• Physical, neurological, and mental status examination of
• Psychiatric consultation in Nursing Home
• Psychiatric history and physical examination
• Psychodynamic psychotherapy
• Psychological testing, interpretation of
• Psychopharmacology- management of
• Psychosocial rehabilitation techniques- management of
• Short-term individual psychotherapy
• Social therapies, (ie., community-based interventions/vocational rehabilitation
• Suicidality, evaluation of
• Therapeutic interviewing

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

## North Central Health Care

Person centered. Outcome focused.

### Delineation of Clinical Privileges

#### ACKNOWLEDGEMENT OF PRACTITIONER:

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.**

DocuSigned by:

Applicant  
Signature:

42AEA6F809A6427...

Date 9/28/2015

**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by

10-28-15  
Date

  
Chair, Medical Executive Committee MD/DO

Date

Chief Executive Officer with Board of Directors Approval

# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Brigitte G. Espinoza Ugaz, M.D. Appointment/ Reappointment 06-17-2015 to 10-31-2016  
Time Period

Requested Privileges \_\_\_\_\_ Medical (Includes Family Practice, Internal Medicine)  
\_\_\_\_\_ ☒ Psychiatry \_\_\_\_\_ Medical Director  
\_\_\_\_\_ Mid-Level Practitioner \_\_\_\_\_ Psychologist

Locum Provider? \_\_\_\_\_ Locum Agency: \_\_\_\_\_

### MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

[Signature]  
(Medical Director Signature)

8-7-15  
(Signature Date)

### MEDICAL STAFF

Medical Staff recommends that:

- \_\_\_\_\_ ☒ He/she be appointed/reappointed to the Medical Staff as requested  
\_\_\_\_\_ Action be deferred on the application  
\_\_\_\_\_ The application be denied

[Signature]  
(Medical Staff President Signature)

10-21-15  
(Signature Date)

### GOVERNING BOARD

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**Brigitte G. Espinoza, M.D.**

**General Profile**

**Enhanced Credentialing Activity**

**Primary Address**

North Central Health Care  
1100 Lake View Drive  
Wausau, WI 54403-6785  
(715) 848-4600

**Other Provider Information**

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1710265814

UPIN: \_\_\_\_\_

Medicare#: \_\_\_\_\_

Medicaid#: \_\_\_\_\_

**Credentialing Activity**

**Application**

Application Sent Date: 06/04/2015

Attestation Date: 06/18/2015

Received Date: 06/18/2015

**Most Recent Query**

Query Type: Claims Processing

Query Date: 06/17/2015

Credentialing

Completed: ☐

Issues: ☐

OK JP

**Aspirus Network, Inc.**

**Information Upon Credentialing Completion**

Status: ANI Application in Process

Category: ANI Specialty Provider

Category Applied For: ANI Specialty Provider

Network: \_\_\_\_\_

Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_

Status: \_\_\_\_\_

Issues: ☐

Activity

Completed: ☐

**North Central Healthcare**

**Information Upon Credentialing Completion**

Status: NCHC Application in Process

Category: NCHC Active

Category Applied For: NCHC Active

Network: \_\_\_\_\_

Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_

Status: \_\_\_\_\_

Issues: ☐

Activity

Completed: ☐

## Education

Brigitte G. Espinoza, M.D.

### Federico Villarreal University

Program: Medical School

Dept./Specialty:

Start Date: 05/01/1992

End Date: 06/30/1999

Graduated/Completed: ☒

Verified: ☒

Verified Date: 06/17/2015

Verified By: Jill A. Patraw

Verified How: E-ECFMG Website-Foreign Medical School

Notes: MD

### Hospital Nacional Arzobispo Loayza

Program: Internship

Dept./Specialty: Internal Medicine

Start Date: 04/01/1998

End Date: 03/31/1999

Graduated/Completed: ☒

Verified: ☒

Verified Date: 06/17/2015

Verified By: Jill A. Patraw

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

### Federico Villarreal University

Program: Residency

Dept./Specialty: Urology

Start Date: 06/01/2001

End Date: 05/31/2004

Graduated/Completed: ☒

Verified: ☒

Verified Date: 06/17/2015

Verified By: Jill A. Patraw

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

### Moffit Cancer Center

Program: Fellowship

Dept./Specialty:

Start Date: 09/01/2009

End Date: 06/30/2011

Graduated/Completed: ☒

Letter Description: Verify Intern / Res / Fellowship Doc\*

Letter Sent Date: 06/26/2015

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/23/2015

Verified By: Jill A. Patraw

Verified How: E-NCS Education Verif Ltr

Notes: Urologic Oncology

### Harvard South Shore Psychiatry Residency Program

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 07/01/2011

End Date: 07/07/2015

Graduated/Completed: ☒

Letter Description: Verify Intern / Res / Fellowship Doc\*

Letter Sent Date: 06/26/2015

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/20/2015


Verified By: Jill A. Patraw

Verified How: E-NCS Education Verif Ltr


Notes:

**Licenses****Brigitte G. Espinoza, M.D.**


License Type: ECFMG  
State:  
License Number: 0-738-443-1  
Status:  
Expiration Date:

Verified:   
Verified Date: 06/17/2015  
Verified By: Jill A. Patraw  
Verified How: E-ECFMG Website-Foreign  
Medical School  
Notes: Valid Indefinitely


License Type: State License  
State: FL  
License Number: TRN13929  
Status: Inactive  
Expiration Date: 06/30/2011

Verified:   
Verified Date: 06/17/2015  
Verified By: Jill A. Patraw  
Verified How: L-State License  
Notes: FL state website


License Type: DEA Certificate  
State: WI  
License Number: FE5245609  
Status: Active  
Expiration Date: 08/31/2018

Verified:   
Verified Date: 06/17/2015  
Verified By: Jill A. Patraw  
Verified How: L-DEA Website  
Notes: source date 6/16/2015


License Type: State License  
State: WI  
License Number: 63925  
Status: Active  
Expiration Date: 10/31/2015

Verified:   
Verified Date: 06/17/2015  
Verified By: Jill A. Patraw  
Verified How: L-WI DRL Website  
Notes:


License Type: WI Caregiver Background  
Check  
State: WI  
License Number:  
Status:  
Expiration Date: 06/17/2019

Verified:   
Verified Date: 06/17/2015  
Verified By: Jill A. Patraw  
Verified How: L-WI Caregiver  
Background Ck Website  
Notes:


License Type: Basic Life Support  
State:  
License Number:  
Status:  
Expiration Date: 07/31/2015

Verified:   
Verified Date: 06/18/2015  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes:

License Type: Government Issued Photo ID  
State: MA  
License Number:  
Status:  
Expiration Date:

Verified:   
Verified Date: 06/18/2015  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes:

License Type: State License  
State: MA  
License Number: 249266  
Status: Inactive  
Expiration Date: 07/07/2015


Verified:   
Verified Date: 06/22/2015  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes: email from state of MA  
indicating this is a training  
license and is not posted  
on the website

## Insurance

Brigitte G. Espinoza, M.D.

### ProAssurance Companies


Policy Number: MP66573  
Coverage Type:  
Expiration Date: 01/01/2016

Verified:   
Verified Date: 06/18/2015  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes: future insurance  
\$1M / \$3M - per COI

### University of South FL Board of Trustees

Policy Number: S 768.28 F.S.  
Coverage Type:  
Expiration Date: 05/27/2011


Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 07/09/2015  
Letter Sent By: Jill A. Patraw

Verified:   
Verified Date: 07/10/2015  
Verified By: Jill A. Patraw  
Verified How: I-Verification from Carrier  
Notes: \$1M / \$3M - No Claims

### Harvard South Shore/Dept of Veterans Affairs

Policy Number: 28 U.S.C. 2679 (B)-(D)  
Coverage Type:  
Expiration Date: 07/07/2015


Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 07/20/2015  
Letter Sent By: Jill A. Patraw

Verified:   
Verified Date: 07/20/2015  
Verified By: Jill A. Patraw  
Verified How: I-Verification from Carrier  
Notes: Federal Tort  
No Claims  
Coverage while a resident

## Boards

### Am Bd Psyc&Neur-Psychiatry

Board Status: In Process-Initiating  
Cert Number:  
Expiration Date:

Verified:   
Verified Date: 06/17/2015  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes:

## Affiliations

Brigitte G. Espinoza, M.D.

### North Central Health Care

*Affiliation Type:* Medical Staff

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

**Verified:** ☒

**Verified Date:** 06/17/2015

**Verified By:** Jill A. Patraw

**Verified How:** O-FYI Only

**Notes:** future practice location

### Chandlee Dickey, MD

*Affiliation Type:* Program Director

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

**Letter Description:** Verify Refs - Initial/Affiliate \*

**Letter Sent Date:** 06/26/2015

**Letter Sent By:** Jill A. Patraw

**Verified:** ☒

**Verified Date:** 06/25/2015

**Verified By:** Jill A. Patraw

**Verified How:** A-NCS-Professional Ref  
Verif Ltr

**Notes:**

### David Osser, MD

*Affiliation Type:* Reference

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

**Letter Description:** Verify Refs - Initial/Affiliate \*

**Letter Sent Date:** 06/17/2015

**Letter Sent By:** Jill A. Patraw

**Verified:** ☒

**Verified Date:** 06/17/2015

**Verified By:** Jill A. Patraw

**Verified How:** A-NCS-Professional Ref  
Verif Ltr

**Notes:**

### Eric Tung, DO

*Affiliation Type:* Reference

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

**Letter Description:** Verify Refs - Initial/Affiliate \*

**Letter Sent Date:** 06/17/2015

**Letter Sent By:** Jill A. Patraw

**Verified:** ☒

**Verified Date:** 06/17/2015

**Verified By:** Jill A. Patraw

**Verified How:** A-NCS-Professional Ref  
Verif Ltr

**Notes:**

### Raluca Savu, MD

*Affiliation Type:* Reference

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

**Letter Description:** Verify Refs - Initial/Affiliate \*

**Letter Sent Date:** 07/09/2015

**Letter Sent By:** Jill A. Patraw

**Verified:** ☒

**Verified Date:** 07/13/2015

**Verified By:** Jill A. Patraw

**Verified How:** A-NCS-Professional Ref  
Verif Ltr

**Notes:**



	Date & Initials	Comments
Review of Work History & Explanation of Gaps	7/24/2015 jap	6/1/04-12/30/06 - worked as a general urologist at Private clinic in Lima, Peru 1/2/07 - 3/31/08 - studying and taking USMLE test, steps 1,2,3 4/1/09 - 8/30/09 waiting for visa and s.s.# to be issued 6/30/99-6/1/01 - worked for gov't and worked as an Anatomy and Physiology professor in Lima 4/1/08-4/1/09 - inaccurate dates on app - entire time was for USMLE prep and waiting for visa
SAM Website	6/17/2015 jap	
NPDB Website query through Cactus	6/17/2015 jap	
OIG Website	6/9/2015 jap conducted date 6/17/2015 jap	
WI Circuit Court	6/17/2015 jap	no matches
Medicare Opt Out Website	4/20/2015 jap reviewed date 6/17/2015 jap	
Consent Form	6/16/2015 jap	
Health Requirements Met	6/18/2015 jap	yes
Privilege Form	N/A	N/A
Verifications within 180 days	7/23/2015 jap	yes
CVO Review	07/28/2015	Electronically signed by Jill Patraw
ANI Provisional Approval (if applicable)		
Entity Committee Review		
ANI Only - All Disclosure Questions Answered YES ____ NO ____		
ANI Only - Issues Identified YES ____ NO ____		

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

Name:

Brigitte G Espinoza Ugaz, MD

Specialty:

Psychiatry-MD or DO

### Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of a accredited residency training program in psychiatry.

Experience: Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Specialty Description: Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

### Core Privileges - Psychiatry



Requested (initial)

- ☐ Children (12 y.o. and under)
- ☒ Adolescents (13-17 y.o.)
- ☒ Adult (18 y.o. and older)

#### Privilege Description

- Acute mental disorders/conditions- assessment, diagnosis, and treatment
- Addiction psychiatry- assessment, diagnosis, and treatment
- Biopsychosocial assessment
- Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
- Cognitive-behavioral therapy
- Crisis intervention.
- Developmental disabilities- assessment, diagnosis, and treatment
- Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
- Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
- Family therapy
- Forensic psychiatry- assessment, diagnosis, and treatment

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

● Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
● Group therapy
● Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
● Mood disorders,- assessment, diagnosis, and treatment
● Neurophysiologic/neuropsychological testing,
● Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Physical, neurological, and mental status examination of
● Psychiatric consultation in Nursing Home
● Psychiatric history and physical examination
● Psychodynamic psychotherapy
● Psychological testing, interpretation of
● Psychopharmacology- management of
● Psychosocial rehabilitation techniques- management of
● Short-term individual psychotherapy
● Social therapies, (ie., community-based interventions/vocational rehabilitation
● Suicidality, evaluation of
● Therapeutic interviewing

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

# North Central Health Care

Person centered. Outcome focused.

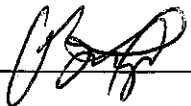
## Delineation of Clinical Privileges

### ACKNOWLEDGEMENT OF PRACTITIONER:

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.**

Applicant  
Signature



Date

08/31/15

**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by

DATE

10-20-15



Chair, Medical Executive Committee

MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Juan Fernandez III, M.D. Appointment/  
Reappointment 11-01-2015 to 10-31-2017  
Time Period


Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner ☐ Psychologist

Locum Provider? ☐ Locum Agency: ☐

### MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

  
(Medical Director Signature)

8-18-15  
(Signature Date)

### MEDICAL STAFF

Medical Staff recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
(Medical Staff President Signature)

10-20-15  
(Signature Date)

### GOVERNING BOARD

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**Juan Fernandez, III, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

Affiliated Family Psychiatry  
2600 Stewart Avenue #270  
Wausau, WI 54401  
(715) 842-8600

**Other Provider Information**

ID#: 0314  
SSN:  
Date of Birth:  
Provider Specialties: Child & Adolescent Psychiatry

NPI: 1033249412  
UPIN: E80028  
Medicare#:   
Medicaid#:

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015  
Attestation Date:  
Received Date: 06/04/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/05/2015

**Credentialing**

Completed: ☐

Issues: ☐

**Aspirus Network, Inc.**

From 10/29/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Specialty Provider  
Category Applied For: ANI Specialty Provider  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**Aspirus Wausau Hospital**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: AWH Current  
Category: AWH Active  
Category Applied For: AWH Active  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Courtesy  
Category Applied For: NCHC Courtesy  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

## Licenses

License Type: WI Caregiver Background  
Check  
State: WI  
License Number:  
Status:  
Expiration Date: 11/09/2015

Verified: ☒  
Verified Date: 07/16/2015

Verified By: Christa L Darnell JP  
Verified How: O-Verified Previously  
Notes:

License Type: State License  
State: WI  
License Number: 30727  
Status: Active  
Expiration Date: 10/31/2015

Verified: ☒  
Verified Date: 07/28/2015 JP  
Verified By: Christa L Darnell  
Verified How: L-WI DRL Website  
Notes: 1 order

License Type: DEA Certificate  
State: WI  
License Number: BF1641314  
Status: Active  
Expiration Date: 09/30/2015

Verified: ☒  
Verified Date: 07/16/2015  
Verified By: Christa L Darnell JP  
Verified How: L-DEA Website  
Notes: source date 7/13/2015

## Insurance

### Wisconsin Health Care Liability Insurance Plan

Policy Number: 4335-02-018559  
Coverage Type:  
Expiration Date: 01/01/2016

Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 06/10/2015  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 06/15/2015 JP  
Verified By: Christa L Darnell  
Verified How: I-NCS-Insurance Verif Ltr  
Notes: \$1M / \$3M - No Claims

## Boards

### Am Bd Psyc&Neur-Psychiatry

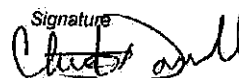
Board Status: Certified-Lifetime  
Cert Number:  
Expiration Date: Lifetime Certification

Verified: ☒  
Verified Date: 07/16/2015 JP  
Verified By: Christa L Darnell  
Verified How: B-ABMS Website-Board  
Certification  
Notes:

**Affiliations****Juan Fernandez, III, M.D.****Lincoln Hills School***Affiliation Type:* Employee*Category:* Not Provided*Dept/Specialty:* Child & Adolescent Psychiatry*Start Date:* 05/01/1994*End Date:**Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/18/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***Aspirus Wausau Hospital \****Affiliation Type:* Medical Staff*Category:* Active*Dept/Specialty:* Child & Adolescent Psychiatry*Start Date:* 07/27/1990*End Date:***Verified:** *Verified Date:* 07/16/2015*Verified By:* Christa L Darnell*Verified How:* A-Health Care Facility Verif  
Ltr Online*Notes:***Affiliated Family Psychiatry***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept/Specialty:* Child & Adolescent Psychiatry*Start Date:* 01/01/1991*End Date:**Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/16/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***North Central Health Care***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept/Specialty:* Child & Adolescent Psychiatry*Start Date:* 01/01/1991*End Date:**Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/15/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***Gabriel Ticho, MD***Affiliation Type:* Reference*Category:**Dept/Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Reappointment \**Letter Sent Date:* 07/09/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 07/08/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Professional Ref  
Verif Ltr*Notes:*



	Date & Initials	Comments
SAM Website	7/16/2015 CLD	
NPDB Website query through Cactus	5/5/2015 CLD	
OIG Website	source date 7/8/2015 CLD Conducted date 7/16/2015 CLD	
Medicare Opt Out List Website	report run date 4/20/2015 CLD review date 7/16/2015 CLD	
Consent Form	6/2/2015 CLD	
Privilege Form	6/2/2015 CLD	
Quality Improvement Activities (payor requirement)		
Patient Complaints (payor requirement)		
Previous ANI Committee/Recredentialing Date		
CVO Review	7/28/15	
Entity Committee Review		
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

Signature  
  
 Signature

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

**Name:** Juan Fernandez, M.D.  
**Specialty:** Psychiatry-MD or DO

### Minimal Formal Training & Experience/Specialty Description

**Training:** Successful completion of a accredited residency training program in psychiatry.

**Experience:** Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR


An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

**Specialty Description:** Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

### Core Privileges - Psychiatry

-  Requested (Initial)
- ☒ Children (12 y.o. and under)
- ☒ Adolescents (13-17 y.o.)
- ☒ Adult (18 y.o. and older)

Privilege Description
● Acute mental disorders/conditions- assessment, diagnosis, and treatment
● Addiction psychiatry- assessment, diagnosis, and treatment
● Biopsychosocial assessment
● Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
● Cognitive-behavioral therapy
● Crisis intervention
● Developmental disabilities- assessment, diagnosis, and treatment
● Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
● Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
● Family therapy
● Forensic psychiatry- assessment, diagnosis, and treatment

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

● Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
● Group therapy
● Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
● Mood disorders, - assessment, diagnosis, and treatment
● Neurophysiologic/neuropsychological testing,
● Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Physical, neurological, and mental status examination of
● Psychiatric consultation in Nursing Home
● Psychiatric history and physical examination
● Psychodynamic psychotherapy
● Psychological testing, interpretation of
● Psychopharmacology- management of
● Psychosocial rehabilitation techniques- management of
● Short-term individual psychotherapy
● Social therapies, (ie., community-based interventions/vocational rehabilitation
● Suicidality, evaluation of
● Therapeutic interviewing

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

# North Central Health Care

Person centered. Outcome focused.

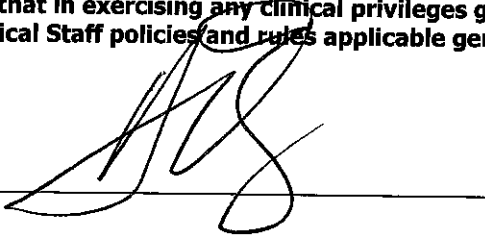
## Delineation of Clinical Privileges

### ACKNOWLEDGEMENT OF PRACTITIONER:

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.**

Applicant  
Signature



Date

8-24-15

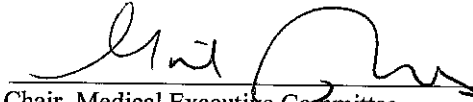
**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by

DATE

10-20-15

Chair, Medical Executive Committee



MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

North Central Health Care  
Person centered. Outcome focused.

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee John Franzen, M.D. Appointment/  
Reappointment 11-01-2015 to 10-31-2017  
Time Period

Requested Privileges        Medical (Includes Family Practice, Internal Medicine)  
  X   Psychiatry        Medical Director  
       Mid-Level Practitioner        Psychologist

Locum Provider?        Locum Agency:       

**MEDICAL DIRECTOR**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments:         
        
        
      

               
(Medical Director Signature) (Signature Date)

**MEDICAL STAFF**

Medical Staff recommends that:

- X   He/she be appointed/reappointed to the Medical Staff as requested  
       Action be deferred on the application  
       The application be denied

               
(Medical Staff President Signature) (Signature Date)

**GOVERNING BOARD**

Reviewed by Governing Board:         
(Date)

Response:        Concur  
       Recommend further reconsideration

               
(Governing Board Signature) (Signature Date)

               
(Chief Executive Officer Signature) (Signature Date)



**John D. Franzen, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
1100 Lake View Drive  
Wausau, WI 54403-6785  
(715) 848-4600

**Other Provider Information**

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1952577249  
UPIN: \_\_\_\_\_  
Medicare#: \_\_\_\_\_  
Medicaid#: \_\_\_\_\_

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015  
Attestation Date: \_\_\_\_\_  
Received Date: 05/14/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/05/2015

**Credentialing**

Completed: ☒

Issues: ☒

**Aspirus Network, Inc.**

From 12/10/2014 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Specialty Provider  
Category Applied For: ANI Specialty Provider  
Network: \_\_\_\_\_  
Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☒

**Activity**

Completed: ☒

**North Central Healthcare**

From 10/21/2014 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Active  
Category Applied For: NCHC Active  
Network: \_\_\_\_\_  
Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☒

**Activity**

Completed: ☒

**Licenses**

License Type: State License  
 State: WI  
 License Number: 61209  
 Status: Active  
 Expiration Date: 10/31/2015

Verified: ☒  
 Verified Date: 05/20/2015  
 Verified By: Christa L Darnell JP  
 Verified How: L-WI DRL Website  
 Notes:

License Type: DEA Certificate  
 State: WI  
 License Number: FF2103339  
 Status: Active  
 Expiration Date: 09/30/2016

Verified: ☒  
 Verified Date: 05/20/2015  
 Verified By: Christa L Darnell JP  
 Verified How: L-DEA Website  
 Notes: Source date 5/19/2015

License Type: WI Caregiver Background  
 Check  
 State: WI  
 License Number:  
 Status:  
 Expiration Date: 10/01/2018

Verified: ☒  
 Verified Date: 05/20/2015  
 Verified By: Christa L Darnell JP  
 Verified How: O-Verified Previously  
 Notes:

**Insurance****ProAssurance Casualty Co (Rogers Memorial Hospital Inc)**

Policy Number: MP66582

Letter Description: Verify Malpractice Insurance  
 DOC

Verified: ☒  
 Verified Date: 06/12/2015 JP

Coverage Type:

Letter Sent Date: 06/10/2015

Verified By: Christa L Darnell

Expiration Date: 09/01/2015

Letter Sent By: Jill A. Patraw

Verified How: I-Verification from Carrier

Notes: \$1M / \$3M - No Claims

**Boards****Am Bd Psyc&Neur-Psychiatry**

Board Status: Certified

Cert Number:

Expiration Date: 03/01/2016

Verified: ☒  
 Verified Date: 07/21/2015 JP  
 Verified By: Christa L Darnell  
 Verified How: B-ABMS Website-Board  
 Certification  
 Notes:

**Am Bd Psyc&Neur (CAQ: Addict)**

Board Status: In Process-Initiating

Cert Number:

Expiration Date:

Verified: ☒  
 Verified Date: 07/23/2015 JP  
 Verified By: Christa L Darnell  
 Verified How: O-FYI Only  
 Notes:

**Affiliations****John D. Franzen, M.D.****Fort Atkinson Memorial Hospital***Affiliation Type:* Employee*Category:* Not Provided*Dept/Specialty:* Psychiatry*Start Date:* 11/01/2014*End Date:**Letter Description:* Verify Affiliations & Employment  
Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/15/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***North Central Health Care***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept/Specialty:* Psychiatry*Start Date:* 10/01/2014*End Date:**Letter Description:* Verify Affiliations & Employment  
Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/15/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***Faith Regional Health System***Affiliation Type:* Medical Staff*Category:* Courtesy*Dept/Specialty:* Psychiatry*Start Date:* 08/05/2011*End Date:**Letter Description:* Verify Affiliations & Employment  
Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/15/2015*Verified By:* Christa L Darnell*Verified How:* A-Health Care Facility Verif  
Ltr*Notes:***Rogers Memorial Hospital***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept/Specialty:* Psychiatry*Start Date:* 09/19/2013*End Date:**Letter Description:* Verify Affiliations & Employment  
Reappt\**Letter Sent Date:* 06/24/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/29/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***Michael Miller MD***Affiliation Type:* Reference*Category:**Dept/Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Initial/Affiliate \**Letter Sent Date:* 06/24/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/19/2015*Verified By:* Christa L Darnell*Verified How:* A-NCS-Professional Ref  
Verif Ltr*Notes:*



	Date & Initials	Comments
SAM Website	5/20/2015 CLD	
NPDB Website query through Cactus	5/5/2015 CLD	
OIG Website	source date 4/8/2015 CLD Conducted date 5/6/2015 CLD	
Medicare Opt Out List Website	Report run date 4/20/2015 CLD Review date 5/20/2015 CLD	
Consent Form	5/14/2015 CLD	
Privilege Form	N/A	
Quality Improvement Activities (payor requirement)		
Patient Complaints (payor requirement)		
Previous ANI Committee/Recertifying Date		
CVO Review	7/28/15	
Entity Committee Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

Signature  
  
 Signature

North Central Health Care  
Person centered. Outcome focused.

Delineation of Clinical Privileges

Name: John Franzen, M.D.  
Specialty: Psychiatry-MD or DO

Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of a accredited residency training program in psychiatry.

Experience: Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Specialty Description: Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

**Core Privileges - Psychiatry**

☒ Requested (initial)

- ☐ Children (12 y.o. and under)  
☐ Adolescents (13-17 y.o.)  
☒ Adult (18 y.o. and older)

Privilege Description

- Acute mental disorders/conditions- assessment, diagnosis, and treatment
- Addiction psychiatry- assessment, diagnosis, and treatment
- Biopsychosocial assessment
- Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
- Cognitive-behavioral therapy
- Crisis intervention
- Developmental disabilities- assessment, diagnosis, and treatment
- Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
- Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
- Family therapy
- Forensic psychiatry- assessment, diagnosis, and treatment

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

• Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
• Group therapy
• Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
• Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
• Mood disorders, - assessment, diagnosis, and treatment
• Neurophysiologic/neuropsychological testing,
• Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
• Physical, neurological, and mental status examination of
• Psychiatric consultation in Nursing Home
• Psychiatric history and physical examination
• Psychodynamic psychotherapy
• Psychological testing, interpretation of
• Psychopharmacology- management of
• Psychosocial rehabilitation techniques- management of
• Short-term individual psychotherapy
• Social therapies, (ie., community-based interventions/vocational rehabilitation
• Suicidality, evaluation of
• Therapeutic interviewing

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

North Central Health Care  
Person centered. Outcome focused

Delineation of Clinical Privileges

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

Applicant  
Signature



Date

8-23-15

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.

Privileges Reviewed and Recommended by

DATE

11-20-15

Chair, Medical Executive Committee

MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Laurence R. Gordon, D.O. Appointment/  
Reappointment 11-01-2015 to 10-31-2017

Time Period


Requested Privileges ☒ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner ☐ Psychologist

Locum Provider? ☐ Locum Agency: ☐

### MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_



(Medical Director Signature)

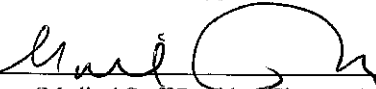
8-18-17

(Signature Date)

### MEDICAL STAFF

Medical Staff recommends that:

☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied



(Medical Staff President Signature)

11-20-17

(Signature Date)

### GOVERNING BOARD

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**Laurence R. Gordon, D.O.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

Aspirus Weston Clinic  
4005 Community Center Drive  
Weston, WI 54476-4139  
(715) 241-5400

**Other Provider Information**

ID#: 0924  
SSN:  
Date of Birth:  
Provider Specialties: Combined Internal  
Medicine/Pediatrics

NPI: 1942220900  
UPIN: I04364  
Medicare#: 005239315/ 390450042  
Medicaid#: 1942220900

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015  
Attestation Date:  
Received Date: 05/11/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/05/2015

**Credentialing**

Completed: ☐

Issues: ☐

**Aspirus Network, Inc.**

From 10/29/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Specialty Provider  
Category Applied For: ANI Specialty Provider  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**Aspirus Wausau Hospital**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: AWH Current  
Category: AWH Active  
Category Applied For: AWH Active  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Courtesy  
Category Applied For: NCHC Courtesy  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

## Licenses

License Type: DEA Certificate  
 State: WI  
 License Number: BG7916096  
 Status: Active  
 Expiration Date: 09/30/2017

Verified: ☒  
 Verified Date: 05/12/2015  
 Verified By: Jennifer L. Apfel  
 Verified How: L-DEA Website  
 Notes: source date 5/12/2015

License Type: State License  
 State: WI  
 License Number: 46088  
 Status: Active  
 Expiration Date: 02/29/2016

Verified: ☒  
 Verified Date: 05/12/2015  
 Verified By: Jennifer L. Apfel  
 Verified How: L-WI DRL Website  
 Notes:

License Type: WI Caregiver Background  
 Check  
 State: WI  
 License Number:  
 Status:  
 Expiration Date: 06/02/2018

Verified: ☒  
 Verified Date: 06/23/2015  
 Verified By: Jennifer L. Apfel  
 Verified How: O-Verified Previously  
 Notes:

## Insurance

### MMIC (ACI)

Policy Number: MCL001317  
 Coverage Type:  
 Expiration Date: 05/01/2016

Letter Description: Verify Malpractice Insurance  
 DOC  
 Letter Sent Date: 06/10/2015  
 Letter Sent By: Jill A. Patraw

Verified: ☒  
 Verified Date: 06/16/2015  
 Verified By: Jennifer L. Apfel  
 Verified How: I-Verification from Carrier  
 Notes: \$1M/\$3M  
 no claims

## Boards

### Am Bd Int Med

Board Status: Certified  
 Cert Number:  
 Expiration Date: 04/01/2016

Verified: ☒  
 Verified Date: 05/12/2015  
 Verified By: Jennifer L. Apfel  
 Verified How: B-ABMS Website-Board  
 Certification  
 Notes:

## Affiliations

Laurence R. Gordon, D.O.

### North Central Health Care

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Combined Internal Medicine/Pi

Start Date: 09/01/2012

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/10/2015

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/15/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Health Care  
Affiliation Verif Ltr

Notes:

### Aspirus - Weston Clinic

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Combined Internal Medicine/Pi

Start Date: 07/01/2004

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/10/2015

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/16/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Health Care  
Affiliation Verif Ltr

Notes:

### Aspirus Wausau Hospital \*

Affiliation Type: Medical Staff

Category: Active

Dept./Specialty: Combined Internal Medicine/Pi

Start Date: 07/01/2004

End Date:

Verified: ☒

Verified Date: 05/12/2015

Verified By: Jennifer L. Apfel

Verified How: A-Health Care Facility Verif  
Ltr Online

Notes: pediatrics

### Amy Sweet, M.D.

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 06/10/2015

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/12/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref  
Verif Ltr

Notes:



	Date & Initials	Comments
SAM Website	5/12/2015 jla	
	Date & Initials	Comments
NPDB Website query through Cactus	5/5/2015 jla	
	Date & Initials	Comments
OIG Website	source date 5/8/2015 conducted 5/12/2015 jla	
	Date & Initials	Comments
Medicare Opt Out List Website	report ran 4/20/2015 reviewed 5/12/2015 jla	
	Sign Date & Initials	Comments
Consent Form	5/6/2015 jla	
	Sign Date & Initials	Comments
Privilege Form	5/6/2015 jla	
	Date & Initials	Comments
Quality Improvement Activities (payor requirement)		
	Date & Initials	Comments
Patient Complaints (payor requirement)		
	Date	
Previous ANI Committee/Recredentialing Date		
	Date	
CVO Review	7/7/15	
	Date	
Entity Committee Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

Date  
7/7/15  
Date

Signature  
  
Signature

North Central Health Care  
Person centered. Outcome focused.

Delineation of Clinical Privileges

Name: Laurence Gordon, D.O.  
Specialty: General Medical-MD or DO

Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of an accredited residency training program in internal medicine or family practice.

Experience: Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Description: Assessment, treatment, and medical management of co-existing medical and detoxification conditions in patients receiving behavioral health services with special populations such as adolescents, geriatric, and substance abuse patients and their families.

**Core Privileges – General Medical**

Requested (Initial)	Privilege Description
<input type="checkbox"/> Children (12 y.o. and under)	• Assessment, diagnosis and treatment of co-existing medical conditions for behavioral health patients within the Scope of Psychiatric Hospital services
<input type="checkbox"/> Adolescents (13-17 y.o.)	• Evaluation and medical management of detoxification patients
<input checked="" type="checkbox"/> Adult (18 y.o. and older)	• Emergency medical management and treatment when indicated
	• Pharmacologic management

**Special Privileges (Reference specific privilege criteria) Requested:**

Requested	Privilege Description

**North Central Health Care**  
Person centered. Outcome focused.

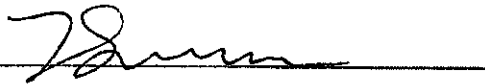
**Delineation of Clinical Privileges**

**ACKNOWLEDGEMENT OF PRACTITIONER:**

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.**

Applicant  
Signature



Date

8/24/15

**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by:

10-20-15  
DATE

  
MD/DO  
Chair, Medical Executive Committee

DATE

Chief Executive Officer with Board of Directors Approval

# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND APPOINTMENT RECOMMENDATION

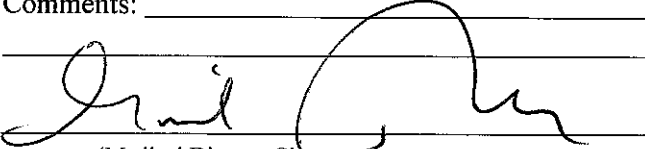
Appointee Leandrea S. Lamberton, M.D. Appointment/  
Reappointment 11-01-2015 to 10-31-2017  
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner ☐ Psychologist

Locum Provider? ☒ Locum Agency: Locum Tenens, com

### MEDICAL DIRECTOR


The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
  
(Medical Director Signature) 8-24-15  
(Signature Date)

### MEDICAL STAFF

Medical Staff recommends that:

☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
(Medical Staff President Signature) 10-20-15  
(Signature Date)

### GOVERNING BOARD

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature) \_\_\_\_\_  
(Signature Date)  
\_\_\_\_\_  
(Chief Executive Officer Signature) \_\_\_\_\_  
(Signature Date)



**Leandrea S. Lamberton, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
607 North Sales Street  
Merrill, WI 54452  
(715) 536-9482

**Other Provider Information**

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1588615322

UPIN: \_\_\_\_\_

Medicare#: \_\_\_\_\_

Medicaid#: \_\_\_\_\_

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015

Attestation Date: \_\_\_\_\_

Received Date: 06/18/2015

**Most Recent Query**

Query Type: Claims Processing

Query Date: 05/05/2015

**Credentialing**

Completed: ☐

Issues: ☐

**Aspirus Network, Inc.**

From 10/30/2014 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current

Category: ANI Locum Tenens

Category Applied For: ANI Locum Tenens

Network: \_\_\_\_\_

Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_

Status: \_\_\_\_\_

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 09/16/2014 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current

Category: NCHC Locum Tenens

Category Applied For: NCHC Locum Tenens

Network: \_\_\_\_\_

Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_

Status: \_\_\_\_\_

Issues: ☐

**Activity**

Completed: ☐

## Licenses

License Type: WI Caregiver Background Check  
State: WI  
License Number:  
Status:  
Expiration Date: 10/01/2018

Verified: ☒  
Verified Date: 06/18/2015  
Verified By: Jennifer L. Apfel  
Verified How: O-Verified Previously  
Notes:

License Type: State License  
State: WI  
License Number: 40574  
Status: Active  
Expiration Date: 10/31/2015

Verified: ☒  
Verified Date: 05/29/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-WI DRL Website  
Notes:

License Type: DEA Certificate  
State: WI  
License Number: BP6375059  
Status: Active  
Expiration Date: 03/31/2017

Verified: ☒  
Verified Date: 05/28/2015  
Verified By: Jennifer L. Apfel  
Verified How: L-DEA Website  
Notes: source date 5/26/2015

## Insurance

### Professional Risk Management Services Inc

Policy Number: GP-FCO02-033315890

Letter Description: Verify Malpractice Insurance  
DOC

Verified: ☒  
Verified Date: 08/21/2015

Coverage Type:  
Expiration Date: 05/01/2016

Letter Sent Date: 07/22/2015  
Letter Sent By: Jennifer L. Apfel

Verified By: Jennifer L. Apfel  
Verified How: O-Unable to Verify  
Notes: 3 attempts no response, use NPDB per entities

### ProAssurance

Policy Number: MP73462

Letter Description: Verify Malpractice Insurance  
DOC

Verified: ☒  
Verified Date: 08/21/2015

Coverage Type:  
Expiration Date: 08/02/2016

Letter Sent Date: 08/21/2015  
Letter Sent By: Jennifer L. Apfel

Verified By: Jennifer L. Apfel  
Verified How: I-Verification from Carrier  
Notes: \$1M/\$3M  
no claims

## Boards

### Am Bd Psyc&Neur-Psychiatry

Board Status: Certified  
Cert Number:  
Expiration Date: 03/01/2016

Verified: ☒  
Verified Date: 05/28/2015  
Verified By: Jennifer L. Apfel  
Verified How: B-ABMS Website-Board Certification  
Notes:

### Am Bd Family Medicine

Board Status: Not Renewed  
Cert Number:  
Expiration Date: 12/31/2009

Verified: ☒  
Verified Date: 05/28/2015  
Verified By: Jennifer L. Apfel  
Verified How: B-ABMS Website-Board Certification  
Notes:

## Affiliations

Leandrea S. Lamberton, M.D.

### North Central Health Care

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 09/15/2014

End Date:

Letter Description: Verify Affiliations & Employment Reappt\*

Letter Sent Date: 06/18/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒

Verified Date: 06/29/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Health Care Affiliation Verif Ltr

Notes:

### Nancy Debbink MD

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 06/18/2015

Letter Sent By: Jennifer L. Apfel

Verified: ☒


Verified Date: 06/25/2015

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

## Worksheet

	Date & Initials	Comments
SAM Website	5/28/2015 jla	
NPDB Website query through Cactus	5/5/2015 jla	
OIG Website	source date 5/8/2015 conducted 5/28/2015 jla	
Medicare Opt Out List Website	report ran 8/3/2015 reviewed 8/21/2015 jla	
Consent Form	Sign Date & Initials 6/17/2015 jla	
Privilege Form	Sign Date & Initials N/A	
Quality Improvement Activities (payor requirement)	Date & Initials	
Patient Complaints (payor requirement)	Date & Initials	
Previous ANI Committee/Recredentialing Date	Date	
CVO Review	Date 8/21/15	Signature 
Entity Committee Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

North Central Health Care  
Person centered. Outcome focused.

Delineation of Clinical Privileges

Name: Leandrea Lamberton, M.D.  
Specialty: Psychiatry-MD or DO

Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of a accredited residency training program in psychiatry.

Experience: Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Specialty Description: Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

Core Privileges - Psychiatry

*LL* Requested (initial)

- ☐ Children (12 y.o. and under)  
☐ Adolescents (13-17 y.o.)  
☒ Adult (18 y.o. and older)

Privilege Description
• Acute mental disorders/conditions- assessment, diagnosis, and treatment <i>LL</i>
• Addiction psychiatry- assessment, diagnosis, and treatment <i>LL</i>
• Biopsychosocial assessment <i>LL</i>
• Chronic mental disorders/conditions, - assessment, diagnosis, and treatment <i>LL</i>
• Cognitive-behavioral therapy
• Crisis intervention
• Developmental disabilities- assessment, diagnosis, and treatment <i>LL</i>
• Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment <i>LL</i>
• Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients <i>LL</i>
• Family therapy
• Forensic psychiatry- assessment, diagnosis, and treatment



# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

• Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment	
• Group therapy	
• Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment	ff
• Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment	
• Mood disorders,- assessment, diagnosis, and treatment	ff
• Neurophysiologic/neuropsychological testing,	
• Non-psychotic categories of psychiatric diagnoses/conditions, assessment, diagnosis, and treatment	ff
• Physical, neurological, and mental status examination of	ff
• Psychiatric consultation in Nursing Home	
• Psychiatric history and physical examination	ff
• Psychodynamic psychotherapy	
• Psychological testing, interpretation of	
• Psychopharmacology- management of	ff
• Psychosocial rehabilitation techniques- management of	
• Short-term individual psychotherapy	
• Social therapies, (ie., community-based interventions/vocational rehabilitation	
• Suicidality, evaluation of	ff
• Therapeutic interviewing	ff

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

North Central Health Care  
Person centered. Outcome focused.

Delineation of Clinical Privileges

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

Applicant  
Signature

*Rubin Rubin MD*

Date

8/31/15

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.

Privileges Reviewed and Recommended by

DATE

10-20-15

Chair, Medical Executive Committee

MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Ikenna E. Obasi, M.D.

Appointment/

Reappointment

11-01-2015 to 10-31-2017

Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)

☒ Psychiatry

☐ Medical Director

☐ Mid-Level Practitioner

☐ Psychologist

Locum Provider? ☐

Locum Agency: \_\_\_\_\_

### MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

  
(Medical Director Signature)

8-18-15  
(Signature Date)

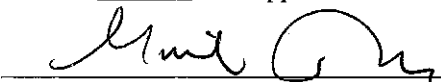
### MEDICAL STAFF

Medical Staff recommends that:

☒ He/she be appointed/reappointed to the Medical Staff as requested

☐ Action be deferred on the application

☐ The application be denied

  
(Medical Staff President Signature)

10-20-15  
(Signature Date)

### GOVERNING BOARD

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**Ikenna E. Obasi, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
Wausau Behavioral Health  
1100 Lakeview Drive  
WAUSAU, WI 54403  
(715) 848-4600

**Other Provider Information**

ID#: 14970  
SSN:   
Date of Birth:   
Provider Specialties: Psychiatry

NPI: 1750849455  
UPIN:   
Medicare#:   
Medicaid#: 1750849455

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015  
Attestation Date:   
Received Date: 06/02/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/05/2015

**Credentialing  
Completed:** ☒

Issues: ☒

**Aspirus Network, Inc.**

From 10/28/2014 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Specialty Provider  
Category Applied For: ANI Specialty Provider  
Network:   
Cred Activity Notes:

**Committee Progress**

Started:   
Status:

Issues: ☒

**Activity  
Completed:** ☒

**North Central Healthcare**

From 11/01/2014 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Courtesy  
Category Applied For: NCHC Courtesy  
Network:   
Cred Activity Notes:

**Committee Progress**

Started:   
Status:

Issues: ☒

**Activity  
Completed:** ☒

**Licenses**

License Type: Basic Life Support  
 State:  
 License Number:  
 Status:  
 Expiration Date: 06/30/2012

Verified: ☒  
 Verified Date: 06/02/2015  
 Verified By: Jill A. Patraw  
 Verified How: O-Clean Up  
 Notes:

License Type: DEA Certificate  
 State: WI  
 License Number: FO3041174  
 Status: Active  
 Expiration Date: 12/31/2017

Verified: ☒  
 Verified Date: 06/02/2015  
 Verified By: Jill A. Patraw  
 Verified How: L-DEA Website  
 Notes: source date 6/2/2015

License Type: State License  
 State: WI  
 License Number: 56761  
 Status: Active  
 Expiration Date: 10/31/2015

Verified: ☒  
 Verified Date: 06/02/2015  
 Verified By: Jill A. Patraw  
 Verified How: L-WI DRL Website  
 Notes:

License Type: WI Caregiver Background  
 Check  
 State: WI  
 License Number:  
 Status:  
 Expiration Date: 02/11/2017

Verified: ☒  
 Verified Date: 06/02/2015  
 Verified By: Jill A. Patraw  
 Verified How: O-Verified Previously  
 Notes:

**Insurance****ProAssurance Companies**

Policy Number: MP92523  
 Coverage Type: Occurrence  
 Expiration Date: 06/16/2016

Letter Description: Verify Malpractice Insurance  
 DOC  
 Letter Sent Date: 06/10/2015  
 Letter Sent By: Jill A. Patraw

Verified: ☒  
 Verified Date: 06/11/2015  
 Verified By: Jill A. Patraw  
 Verified How: I-Verification from Carrier  
 Notes: \$1M / \$3M - No Claims

**ProAssurance Indemnity Co**

Policy Number: MP91625  
 Coverage Type:  
 Expiration Date: 07/01/2015

Letter Description: Verify Malpractice Insurance  
 DOC  
 Letter Sent Date: 06/10/2015  
 Letter Sent By: Jill A. Patraw

Verified: ☒  
 Verified Date: 06/11/2015  
 Verified By: Jill A. Patraw  
 Verified How: I-Verification from Carrier  
 Notes: \$1M / \$3M - No Claims

**Pro Assurance**

Policy Number: MP66573  
 Coverage Type: Occurrence  
 Expiration Date: 01/01/2016

Letter Description: Verify Malpractice Insurance  
 DOC  
 Letter Sent Date: 06/10/2015  
 Letter Sent By: Jill A. Patraw


Verified: ☒  
 Verified Date: 06/12/2015  
 Verified By: Jill A. Patraw  
 Verified How: I-Verification from Carrier  
 Notes: \$1M / \$3M - No Claims

**Boards****Am Bd Psyc&Neur-Psychiatry**

Board Status: Certified  
 Cert Number:  
 Expiration Date: 03/01/2016

Verified: ☒  
 Verified Date: 06/02/2015  
 Verified By: Jill A. Patraw  
 Verified How: B-ABMS Website-Board  
 Certification  
 Notes:

**Affiliations****Ikenna E. Obasi, M.D.****North Central Health Care***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 11/21/2012*End Date:**Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/15/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Ministry Medical Group-Stevens Point***Affiliation Type:* Medical Staff*Category:* Active*Dept./Specialty:* Psychiatry*Start Date:* 06/26/2012*End Date:**Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/19/2015*Verified By:* Jill A. Patraw*Verified How:* A-Health Care Facility Verif Ltr*Notes:***Winnebago Mental Health Institute***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 01/01/2014*End Date:* 01/01/2014*Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/16/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:* Privileges were revoked because he never showed up for his first day of work and never called again**Bellin Health Psychiatric Center***Affiliation Type:* Medical Staff*Category:* Resigned*Dept./Specialty:* Psychiatry*Start Date:* 09/10/2013*End Date:* 06/30/2014*Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 06/24/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 07/03/2015*Verified By:* Jill A. Patraw*Verified How:* A-Health Care Facility Verif Ltr*Notes:***American Telehealth Care***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 08/01/2014*End Date:**Letter Description:* Verify Affiliations & Employment Reappt\**Letter Sent Date:* 07/09/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 07/14/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Bababo Opaneye, MD***Affiliation Type:* Reference*Category:**Dept./Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Reappointment \**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** *Verified Date:* 06/17/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref Verif Ltr*Notes:*

SAM Website	Date & Initials 5/8/2015 jap	Comments
NPDB Website query through Cactus	Date & Initials 5/5/2015 jap	Comments
OIG Website	Date & Initials source date 4/8/2015 jap conducted date 5/7/2015 jap	Comments
Medicare Opt Out List Website	Date & Initials report run date 4/20/2015 jap reviewed date 6/2/2015 jap	Comments
Consent Form	Sign Date & Initials 6/1/2015 jap	Comments
Privilege Form	Sign Date & Initials N/A	Comments N/A
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
Previous ANI Committee/Recredentialing Date	Date	
CVO Review	Date 7/22/15	Signature 
Entity Committee Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

**Name:** Ikenna Obasi, M.D.  
**Specialty:** Psychiatry-MD or DO

### Minimal Formal Training & Experience/Specialty Description

**Training:** Successful completion of a accredited residency training program in psychiatry.

**Experience:** Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

**Specialty Description:** Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

### Core Privileges - Psychiatry

T.O

Requested (initial)

- ☐ Children (12 y.o. and under)
- ☒ Adolescents (13-17 y.o.)
- ☒ Adult (18 y.o. and older)

Privilege Description
• Acute mental disorders/conditions- assessment, diagnosis, and treatment
• Addiction psychiatry- assessment, diagnosis, and treatment
• Biopsychosocial assessment
• Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
• Cognitive-behavioral therapy
• Crisis intervention
• Developmental disabilities- assessment, diagnosis, and treatment
• Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
• Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
• Family therapy
• Forensic psychiatry- assessment, diagnosis, and treatment



# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

● Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
● Group therapy
● Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
● Mood disorders,- assessment, diagnosis, and treatment
● Neurophysiologic/neuropsychological testing,
● Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Physical, neurological, and mental status examination of
● Psychiatric consultation in Nursing Home
● Psychiatric history and physical examination
● Psychodynamic psychotherapy
● Psychological testing, interpretation of
● Psychopharmacology- management of
● Psychosocial rehabilitation techniques- management of
● Short-term individual psychotherapy
● Social therapies, (ie., community-based interventions/vocational rehabilitation
● Suicidality, evaluation of
● Therapeutic interviewing

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

### ACKNOWLEDGEMENT OF PRACTITIONER:

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.**

Applicant  
Signature \_\_\_\_\_



Date \_\_\_\_\_

8/24/15

**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by

11-20-15  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
Chair, Medical Executive Committee MD/DO

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief Executive Officer with Board of Directors Approval

# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee David B. Tange, M.D. Appointment/  
Reappointment 11-01-2015 to 10-31-2017  
Time Period


Requested Privileges ☒ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☒ Medical Director  
☐ Mid-Level Practitioner ☐ Psychologist

Locum Provider? \_\_\_\_\_ Locum Agency: \_\_\_\_\_

### MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

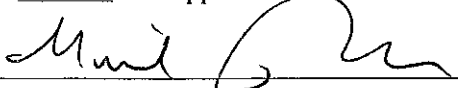
  
(Medical Director Signature)

8-18-15  
(Signature Date)

### MEDICAL STAFF

Medical Staff recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
(Medical Staff President Signature)

10-20-15  
(Signature Date)

### GOVERNING BOARD

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**David B. Tange, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

Aspirus Kronenwetter Clinic  
1881 County Road XX  
Mosinee, WI 54455-7933  
(715) 355-4040

**Other Provider Information**

ID#: 0569  
SSN:  
Date of Birth:  
Provider Specialties: Internal Medicine

NPI: 1598781262  
UPIN: B57050  
Medicare#: 000439145  
Medicaid#: 1598781262

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015  
Attestation Date:  
Received Date: 05/28/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/05/2015

**Credentialing**

Completed: ☐

Issues: ☐

**Aspirus Network, Inc.**

From 10/29/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Primary Care Provider  
Category Applied For: ANI Primary Care Provider  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**Aspirus Wausau Hospital**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: AWH Current  
Category: AWH Active  
Category Applied For: AWH Active  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Courtesy  
Category Applied For: NCHC Courtesy  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**Licenses**

License Type: DEA Certificate  
 State: WI  
 License Number: AT7791507  
 Status: Active  
 Expiration Date: 11/30/2016

Verified: ☒  
 Verified Date: 05/28/2015 JP  
 Verified By: Jill A. Patraw  
 Verified How: L-DEA Website  
 Notes: source date 5/26/2015

License Type: State License  
 State: WI  
 License Number: 20943  
 Status: Active  
 Expiration Date: 10/31/2015

Verified: ☒  
 Verified Date: 05/28/2015 JP  
 Verified By: Jill A. Patraw  
 Verified How: L-WI DRL Website  
 Notes:

License Type: WI Caregiver Background  
 Check  
 State: WI  
 License Number:  
 Status:  
 Expiration Date: 05/01/2018

Verified: ☒  
 Verified Date: 05/28/2015 JP  
 Verified By: Jill A. Patraw  
 Verified How: O-Verified Previously  
 Notes:

License Type: Advanced Cardiac Life  
 Support  
 State:  
 License Number:  
 Status:  
 Expiration Date: 12/31/2015

Verified: ☒  
 Verified Date: 05/28/2015  
 Verified By: Jill A. Patraw  
 Verified How: O-FYI Only  
 Notes:

License Type: Basic Life Support  
 State:  
 License Number:  
 Status:  
 Expiration Date: 12/31/2015

Verified: ☒  
 Verified Date: 05/28/2015  
 Verified By: Jill A. Patraw  
 Verified How: O-FYI Only  
 Notes:

**Insurance****MMIC (ACI)**

Policy Number: MCL001317  
 Coverage Type:  
 Expiration Date: 05/01/2016

Letter Description: Verify Malpractice Insurance  
 DOC  
 Letter Sent Date: 06/10/2015  
 Letter Sent By: Jill A. Patraw

Verified: ☒  
 Verified Date: 06/17/2015 JP  
 Verified By: Jill A. Patraw  
 Verified How: I-Verification from Carrier  
 Notes: \$1M / \$3M - No Claims

**Boards****Am Bd Int Med**

Board Status: Certified-Lifetime  
 Cert Number:  
 Expiration Date: Lifetime Certification

Verified: ☒  
 Verified Date: 05/28/2015 JP  
 Verified By: Jill A. Patraw  
 Verified How: B-ABMS Website-Board  
 Certification  
 Notes:

**Am Bd Int Med (CAQ: Geriatric Med)**

Board Status: Not Renewed  
 Cert Number:  
 Expiration Date: 12/31/1998

Verified: ☒  
 Verified Date: 05/28/2015  
 Verified By: Jill A. Patraw  
 Verified How: B-ABMS Website-Board  
 Certification  
 Notes:

**Affiliations****David B. Tange, M.D.****Aspirus Wausau Hospital \***

*Affiliation Type:* Medical Staff  
*Category:* Active  
*Dept/Specialty:* Internal Medicine  
  
*Start Date:* 08/01/1979  
*End Date:*

**Verified:** ☒  
*Verified Date:* 05/28/2015  
*Verified By:* Jill A. Patraw  
*Verified How:* A-Health Care Facility Verif Ltr Online  
*Notes:*

**North Central Health Care**

*Affiliation Type:* Medical Staff  
  
*Category:* Not Provided  
*Dept/Specialty:* Internal Medicine  
  
*Start Date:* 01/01/2003  
*End Date:*

*Letter Description:* Verify Affiliations & Employment Reappt\*  
*Letter Sent Date:* 06/10/2015  
*Letter Sent By:* Jill A. Patraw

**Verified:** ☒  
*Verified Date:* 06/15/2015  
*Verified By:* Jill A. Patraw  
*Verified How:* A-NCS-Health Care Affiliation Verif Ltr  
*Notes:*

**Mountview Care Center**

*Affiliation Type:* Medical Staff  
  
*Category:* Not Provided  
*Dept/Specialty:* Internal Medicine  
  
*Start Date:* 01/01/2003  
*End Date:*

*Letter Description:* Verify Affiliations & Employment Reappt\*  
*Letter Sent Date:* 06/10/2015  
*Letter Sent By:* Jill A. Patraw

**Verified:** ☒  
*Verified Date:* 06/15/2015  
*Verified By:* Jill A. Patraw  
*Verified How:* A-NCS-Health Care Affiliation Verif Ltr  
*Notes:*

**Aspirus Kronenwetter Clinic**

*Affiliation Type:* Medical Staff  
  
*Category:* Not Provided  
*Dept/Specialty:* Internal Medicine  
  
*Start Date:* 08/06/1979  
*End Date:*

*Letter Description:* Verify Affiliations & Employment Reappt\*  
*Letter Sent Date:* 06/10/2015  
*Letter Sent By:* Jill A. Patraw

**Verified:** ☒  
*Verified Date:* 06/15/2015  
*Verified By:* Jill A. Patraw  
*Verified How:* A-NCS-Health Care Affiliation Verif Ltr  
*Notes:*

**Laurence Gordon, D.O.**

*Affiliation Type:* Reference  
*Category:*  
*Dept/Specialty:*  
  
*Start Date:*  
*End Date:*

*Letter Description:* Verify Refs - Reappointment \*  
*Letter Sent Date:* 06/10/2015  
*Letter Sent By:* Jill A. Patraw

**Verified:** ☒  
*Verified Date:* 06/15/2015  
*Verified By:* Jill A. Patraw  
*Verified How:* A-NCS-Professional Ref Verif Ltr  
*Notes:*

	Date & Initials	Comments
SAM Website	5/8/2015 jap	
NPDB Website query through Cactus	5/5/2015 jap	
OIG Website	source date 4/8/2015 jap conducted date 5/7/2015 jap	
Medicare Opt Out List Website	report run date 4/20/2015 jap reviewed date 5/28/2015 jap	
Consent Form	5/27/2015 jap	
Privilege Form	5/27/2015 jap	
Quality Improvement Activities (payor requirement)		
Patient Complaints (payor requirement)		
Previous ANI Committee/Recredentialing Date		
CVO Review	7/13/15	
Entity Committee Review		
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

Signature  
  
 Signature

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

**Name:** David Tange, M.D.  
**Specialty:** General Medical-MD or DO

### Minimal Formal Training & Experience/Specialty Description

**Training:** Successful completion of an accredited residency training program in internal medicine or family practice.

**Experience:** Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

**Description:** Assessment, treatment, and medical management of co-existing medical and detoxification conditions in patients receiving behavioral health services with special populations such as adolescents, geriatric, and substance abuse patients and their families.

### Core Privileges – General Medical

Requested (Initial)	Privilege Description
<input type="checkbox"/> Children (12 y.o. and under)	● Assessment, diagnosis and treatment of co-existing medical conditions for behavioral health patients within the Scope of Psychiatric Hospital services
<input type="checkbox"/> Adolescents (13-17 y.o.)	● Evaluation and medical management of detoxification patients
<input checked="" type="checkbox"/> Adult (18 y.o. and older)	● Emergency medical management and treatment when indicated
	● Pharmacologic management

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description



# North Central Health Care

Person centered. Outcome focused.

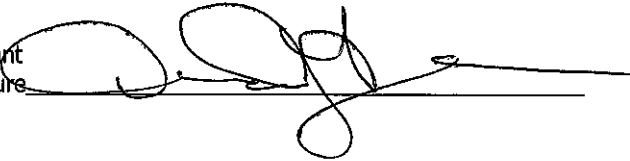
## Delineation of Clinical Privileges

### ACKNOWLEDGEMENT OF PRACTITIONER:

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.**

Applicant  
Signature



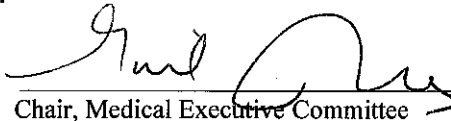
Date

9/1/2015

**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by:

10-20-15  
DATE

  
Chair, Medical Executive Committee

MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Gabriel C. Ticho, M.D. Appointment/  
Reappointment 11-01-2015 to 10-31-2017  
Time Period

Requested Privileges \_\_\_\_\_ Medical (Includes Family Practice, Internal Medicine)  
\_\_\_\_\_ ☒ Psychiatry \_\_\_\_\_ ☒ Medical Director  
\_\_\_\_\_ Mid-Level Practitioner \_\_\_\_\_ Psychologist

Locum Provider? \_\_\_\_\_ Locum Agency: \_\_\_\_\_

**MEDICAL DIRECTOR**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

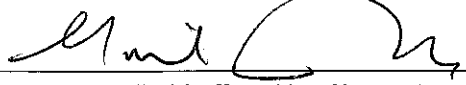
  
(Medical Director Signature)

8/18/15  
(Signature Date)

**MEDICAL STAFF**

Medical Staff recommends that:

☒ He/she be appointed/reappointed to the Medical Staff as requested  
\_\_\_\_\_ Action be deferred on the application  
\_\_\_\_\_ The application be denied

  
(Medical Staff President Signature)

10-20-15  
(Signature Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**Gabriel C. Ticho, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
1100 Lake View Drive  
Wausau, WI 54403-6785  
(715) 848-4600

**Other Provider Information**

ID#: 0333  
SSN:  
Date of Birth:  
Provider Specialties: Psychiatry

NPI: 1992711071  
UPIN: E85525  
Medicare#: 000000825  
Medicaid#:

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2015  
Attestation Date:  
Received Date: 05/13/2015

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/05/2015

**Credentialing**

Completed: ☐

Issues: ☐

**Aspirus Network, Inc.**

From 10/29/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Specialty Provider  
Category Applied For: ANI Specialty Provider  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**Aspirus Wausau Hospital**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: AWH Current  
Category: AWH Active  
Category Applied For: AWH Active  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 11/01/2013 To 10/31/2015

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Active  
Category Applied For: NCHC Active  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues: ☐

**Activity**

Completed: ☐

## Licenses

Gabriel C. Ticho, M.D.

### United States Department of Justice

License Type: DEA Certificate

State: WI

License Number: BT1626110

Status: Active

Expiration Date: 11/30/2015

Verified: ☒

Verified Date: 05/14/2015 JP

Verified By: Jill A. Patraw

Verified How: L-DEA Website

Notes: source date 5/12/2015

### Wisconsin State Board of Dental Examiners

License Type: State License

State: WI

License Number: 32157

Status: Active

Expiration Date: 10/31/2015

Verified: ☒

Verified Date: 05/14/2015 JP

Verified By: Jill A. Patraw

Verified How: L-WI DRL Website

Notes:

License Type: WI Caregiver Background  
Check

State: WI

License Number:

Status:

Expiration Date: 11/23/2015

Verified: ☒

Verified Date: 05/14/2015 JP

Verified By: Jill A. Patraw

Verified How: O-Verified Previously

Notes:

## Insurance

### Pro Assurance

Policy Number: MP66573

Coverage Type: Occurrence

Expiration Date: 01/01/2016

Letter Description: Verify Malpractice Insurance  
DOC

Letter Sent Date: 06/10/2015

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/12/2015 JP

Verified By: Jill A. Patraw

Verified How: I-Verification from Carrier

Notes: \$1M / \$3M - No Claims

## Boards

### Am Bd Psyc&Neur-Psychiatry

Board Status: Certified-Lifetime

Cert Number:

Expiration Date: Lifetime Certification

Verified: ☒


Verified Date: 05/14/2015 JP

Verified By: Jill A. Patraw

Verified How: B-ABMS Website-Board  
Certification

Notes:

**Affiliations****Gabriel C. Ticho, M.D.****Aspirus Wausau Hospital \****Affiliation Type:* Medical Staff*Category:* Active*Dept/Specialty:* Psychiatry*Start Date:* 08/01/1991*End Date:***Verified:** ☒*Verified Date:* 05/14/2015*Verified By:* Jill A. Patraw*Verified How:* A-Health Care Facility Verif  
Ltr Online*Notes:***North Central Health Care***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept/Specialty:* Psychiatry*Start Date:* 07/30/1991*End Date:**Letter Description:* Verify Affiliations & Employment  
Reappt\**Letter Sent Date:* 06/10/2015*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 06/15/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:***Richard Minnihan, M.D.***Affiliation Type:* Reference*Category:**Dept/Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Initial/Affiliate \**Letter Sent Date:* 06/24/2015*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 06/25/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref  
Verif Ltr*Notes:***Christian DeGregorio, M.D.***Affiliation Type:* Reference*Category:**Dept/Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Reappointment \**Letter Sent Date:* 06/26/2015*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 07/07/2015*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref  
Verif Ltr*Notes:*

	Date & Initials	Comments
SAM Website	5/8/2015 jap	
NPDB Website query through Cactus	Date & Initials 5/5/2015 jap	Comments
OIG Website	Date & Initials source date 4/8/2015 jap conducted date 5/7/2015 jap	Comments
Medicare Opt Out List Website	Date & Initials report run date 4/20/2015 jap reviewed date 5/14/2015 jap	Comments
Consent Form	Sign Date & Initials 5/13/2015 jap	Comments
Privilege Form	Sign Date & Initials 5/13/2015 jap	Comments
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
Previous ANI Committee/Recredentialing Date	Date	
CVO Review	Date 7/8/15 Date	Signature  Signature
Entity Committee Review		
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

**Name:** Gabriel C. Ticho, M.D.  
**Specialty:** Psychiatry-MD or DO

### Minimal Formal Training & Experience/Specialty Description

**Training:** Successful completion of a accredited residency training program in psychiatry.

**Experience:** Can be demonstrated in one of the following ways:

An applicant who has just completed a residency shall provide his/her residency log.

OR

An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

**Specialty Description:** Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

### Core Privileges - Psychiatry

GT Requested (initial)

- ☐ Children (12 y.o. and under)  
☒ Adolescents (13-17 y.o.)  
☒ Adult (18 y.o. and older)

Privilege Description
• Acute mental disorders/conditions- assessment, diagnosis, and treatment
• Addiction psychiatry- assessment, diagnosis, and treatment
• Biopsychosocial assessment
• Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
• Cognitive-behavioral therapy
• Crisis intervention
• Developmental disabilities- assessment, diagnosis, and treatment
• Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
• Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
• Family therapy
• Forensic psychiatry- assessment, diagnosis, and treatment

# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

● Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
● Group therapy
● Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
● Mood disorders,- assessment, diagnosis, and treatment
● Neurophysiologic/neuropsychological testing, —
● Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
● Physical, neurological, and mental status examination of
● Psychiatric consultation in Nursing Home
● Psychiatric history and physical examination
● Psychodynamic psychotherapy
● Psychological testing, interpretation of
● Psychopharmacology- management of
● Psychosocial rehabilitation techniques- management of
● Short-term individual psychotherapy
● Social therapies, (ie., community-based interventions/vocational rehabilitation
● Suicidality, evaluation of
● Therapeutic interviewing

### Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description



# North Central Health Care

Person centered. Outcome focused.

## Delineation of Clinical Privileges

### ACKNOWLEDGEMENT OF PRACTITIONER:

**I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.**

**I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.**

Applicant  
Signature



Date

8-24-15

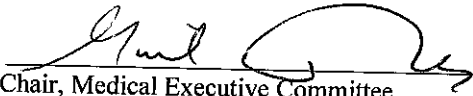
**The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.**

Privileges Reviewed and Recommended by

DATE

10-20-15

Chair, Medical Executive Committee



MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

North Central Health Care  
Organizational Chart: Effective Nov. 1, 2015

