North Central Health Care

Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointment/ Appointee Debra L. Ciasulli, M.D. Reappointment 04-27-2015 to 10-31-2016 Time Period _____ Medical (Includes Family Practice, Internal Medicine) **Requested** Privileges _____ Psychiatry _____ Medical Director _____ Mid-Level Practitioner Locum Agency: Medical Doctor Associates Locum Provider?

MEDICAL DIRECTOR

(Chief Executive Officer Signature)

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:	
Mini (sh	9-25-15
(Medical Director Sgnature)	(Signature Date)
MEDICAL STAFF	
Medical Staff recommends that:	
He/she be appointed/reappointed to the Action be deferred on the application	Medical Staff as requested
The application be denied	
And Ghrs	10-20-15
(Medical Staff President Signature)	(Signature Date)
GOVERNING BOARD	
Reviewed by Governing Board:	
(Date)	
Response: Concur	
Recommend further re	consideration
(Governing Board Signature)	(Signature Date)
	-

MS-1 (Appt 09/15)

(Signature Date)

	lorthcentral Credentialing S	ervices	A service of	SPIRI 19	- TM
				Passion for excellence.	J
			Debra	a L. Cias	ulli, M.D.
Generalizio			En	hanced Creden	tialing Activity
Primary Address North Central Heal 1100 Lake View Di Wausau, Wi 5440 (715) 848-4600	rive	Other Provider Infor ID#: SSN: Date of Birth: Provider Specialties: Psychiatry	mation	NPI: 110 UPIN: Medicare#: Medicaid#:	4082452
Ckedentialing	Activity				
Application Application Sent Date Attestation Date Received Date Aspirus Network, In	9: 05/15/2015 9: 05/27/2015	Most Recent Query Query Type: Claims Proc Query Date: 05/19/2015 Issues:	essing	Credentialing Completed:	
Status Category		Committee Progress Started: Status: Issues: (11)		Activity Completed:	
North Central Health	ICare				
Status: Category:		Committee Progress Started: Status: Issues:		Activity Completed: শি	

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Education				Deb	ra L. Ciasulli, M.D.
Universidad Autonor	•			Verified:	
Program:	Under Graduate			Verified Date:	
Dept/Specialty:				Verified By:	Jennifer L. Apfel
	08/01/2002				E-ECFMG Website-Foreigr Medical School
	08/01/2004			Notes:	
Graduated/Completed:					
Ross University Scho	ool of Medicine			Verified:	7
Program:	Medical School	Letter Description:	Verify Primary Professional Edu	Verified Date:	05/19/2015
Dept/Specialty:		Letter Sent Date:	06/08/2015	Verified By:	Jennifer L. Apfel
Start Date:	09/01/2004	Letter Sent By:	Jennifer L. Apfel	Verified How:	E-ECFMG Website-Foreign Medical School
End Date: Graduated/Completed:	03/31/2007 🕼			Notes:	MD
Rush University Medi	ical Ctr.			Verified:	
Program:	Internship	Letter Description:	Verify Intern / Res / Fellowship Doc*	Verified Date:	06/05/2015
Dept/Specialty:	Internal Medicine	Letter Sent Date:	05/28/2015	Verified By:	Jennifer L. Apfel
Start Date:	07/01/2007	Letter Sent By:	Jennifer L. Apfel	Verified How:	E-NCS Education Verif Ltr
	06/30/2012			Notes:	completed a combined
Graduated/Completed:					program internal medicine and psychiatry
Rush University Medi	cal Ctr.			Verified:	NV I
Program:	Residency	Letter Description:	Verify Intern / Res / Fellowship Doc*	Verified Date:	06/05/2015
Dept/Specialty:	Psychiatry	Letter Sent Date:	05/28/2015		Jennifer L. Apfel
Start Date:	07/01/2007	Letter Sent By:	Jennifer L. Apfel	Verified How:	E-NCS Education Verif Ltr
End Date: Graduated/Completed:	06/30/2012			Notes:	completed a combined program internal medicine and psychiatry
Northwestern Memor	ial Hoenital			Verified:	
	Fellowship	Letter Description:	Verify Intern / Res / Fellowship Dac*	Verified Date:	
Dept/Specialty:	Psychiatry/Medicine	Letter Sent Date:		Verified By:	Jennifer L. Apfel
	08/15/2012		Jennifer L. Apfel		E-NCS Education Verif Ltr
	08/14/2013				addiction psychiatry
Graduated/Completed:					

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Licenses

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Debra L. Ciasulli, M.D.

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		Verified:	
License Type:	Advanced Cardiac Life	Verified Date:	05/18/2015
	Support		
State:			Jennifer L. Apfel
License Number:		Verified How:	O-FYI Only
Status:		Notes:	
Expiration Date:	10/27/2015		
		Verified:	
License Type:	Basic Life Support	Verified Date:	
State:			Jennifer L. Apfel
License Number:		Verified How:	O-FYI Only
Status:		Notes:	
Expiration Date:	10/27/2015		
		Verified:	57
·· -		Verified Date:	—
•••	Government Issued Photo ID		
State:	IL .		Jennifer L. Apfel
License Number:		Verified How:	O-FYI Only
Status:		Notes:	
Expiration Date:			
		Verified:	
		Verified Date:	—
	State License		
State:	<i>,</i>		Jennifer L. Aptel
License Number:	125053582		L-State License
Status:	Cancelled	Notes:	IL State website
Expiration Date:	06/30/2011		temporary medical permit
		Verified:	[T]
··· · · · · · · · · · · · · · · · · ·		Verified Date:	
	State License		Jennifer L. Apfel
State:		•	
License Number:	036128012		L-State License
Status:	Expired	Notes:	IL State website SP
Expiration Date:	07/31/2014		MD license
		Verified:	
• / T	Old Linear	Verified Date:	
	State License		Jennifer L. Apfel
State:		-	•
License Number:	336089250		L-State License
Status:	Expired	ivotes:	IL State website
Expiration Date:	07/31/2014		MD controlled substance license
			-
		Verified:	
License Type:	DEA Certificate	Verified Date:	05/19/2015
State:	WI		Jennifer L. Apfel olC
License Number:	FC3015042	Verified How:	L-DEA Website
Status:	Active	Notes:	source date 5/12/2015
Expiration Date:			
Explication Date:	000112011	·	-
		Verified:	—
License Type:	State License	Verified Date:	
State:	WI	Verified By:	Jennifer L. Apfel Or-
License Number:	61100	Verified How:	L-WI DRL Website
Status:	Active	Notes:	
Expiration Date:			
complication baco.			In T
		Verified:	
License Type:	ECFMG	Verified Date:	
State:		Verified By:	Jennifer L. Apfel
License Number:	0-668-116-7	Verified How:	E-ECFMG Website-Foreign
			Medical School
Status:		Notes:	Valid Indefinitely
Expiration Date:			
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Debra L. Ciasulli, M.D.

Licenses	mued when any transfer and the start of	E A		Deb	ra L. Ciasulli, M.
License Type:	WI Caregiver Background	10. (20. (72.)) 		Verified: Verified Date:	V 05/19/2015
04-1-	Check			Manifical Dov	la a state a di di di
State: License Number:	•••				Jennifer L, Apfel
License Number:				vermea MaW:	L-WI Caregiver Background Ck Website
Status:				Notes:	and the state of the state
Expiration Date:	05/19/2019				
				Verified:	
License Type:	Federated State Medical				I¥] 05/19/2015
	Boards				
State:			;		Jennifer L. Apfel
License Number:					L-FSMB Website
Status:				Notes:	
Expiration Date:					
				Verified:	$\mathbf{\nabla}$
License Type:	Out of State backround Check		÷.	Verified Date:	05/21/2015
State:	IL				Jennifer L. Apfel
License Number:					L-Out of State Caregiver
<u>.</u>					Bckgrd Ck Website
Status:				Notes:	
Expiration Date:					
				Verified:	
	Out of State backround Check			Verified Date:	
State:	CA			Verified By:	Jennifer L, Apfel
License Number:					L-Out of State Caregiver
					Bckgrd Ck Website
Ctok				Rimbe	-
Status: Expiration Date:				Notes:	
Expiration Date:	Ith Care Liability Insurance Plan			Verified:	
Expiration Date: NSURANCE Marshfield Clinic Heal	-	tter Description:	Verify Malpractice Insurance		
Expiration Date: NSURANCE Marshfield Clinic Heal	SELF INSURED Let	tter Description: etter Sent Date:	DOC	Verified: Verified Date:	04/30/2015
Expiration Date: INSURATICE Marshfield Clinic Heal Policy Number:	SELF INSURED Lei	etter Sent Date:	DOC	Verified: Verified Date: Verified By:	
Expiration Date: Insurance Marshfield Clinic Heal Policy Number: Coverage Type:	SELF INSURED Lei	etter Sent Date:	DOC 05/19/2015	Verified: Verified Date: Verified By: Verified How:	04/30/2015 Jennifer L, Apfel
Expiration Date: INSURANCE Marshfield Clinic Heal Policy Number: Coverage Type:	SELF INSURED Lei	etter Sent Date:	DOC 05/19/2015	Verified: Verified Date: Verified By: Verified How:	04/30/2015 Jennifer L. Apfel I-Verification from Carrie
Expiration Date: INSUTAICE Marshfield Clinic Heal Policy Number: Coverage Type: Expiration Date:	SELF INSURED Lei	etter Sent Date: Letter Sent By:	DOC 05/19/2015	Verified: Verified Date: Verified By: Verified How: Notes: Verified:	04/30/2015 Jennifer L. Apfel I-Verification from Carrie \$1M/\$3M no claims
Expiration Date: Insurance Marshfield Clinic Heal Policy Number: Coverage Type: Expiration Date: The Medical Protective Policy Number:	SELF INSURED Lei 03/10/2015 e Company (Medical Doctor Associate 654436	etter Sent Date: Letter Sent By:	DOC 05/19/2015	Verified: Verified Date: Verified By: Verified How: Notes: Verified Verified Date:	04/30/2015 Jennifer L. Apfel I-Verification from Carrie \$1M/\$3M no claims 09/22/2015
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Expiration Date: Insurance Marshfield Clinic Heal Policy Number: Coverage Type: Expiration Date: The Medical Protective Policy Number: Coverage Type: Expiration Date: Boardstatus: Cert Number: Expiration Date	SELF INSURED Lei 03/10/2015 e Company (Medical Doctor Associate 654436 Occurrence 04/01/2016	etter Sent Date: Letter Sent By:	DOC 05/19/2015	Verified Date: Verified Date: Verified How: Notes: Verified Date: Verified Date: Verified How: Notes: Verified Date: Verified Date: Verified By: Verified How:	04/30/2015 Jennifer L. Apfel I-Verification from Carrie \$1M/\$3M no claims 09/22/2015 Jennifer L. Apfel 0-FYI Only future insurance coverag \$1M/\$3M per COl 09/22/2015 Jennifer L. Apfel B-ABMS Website-Board Certification
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Attiliations	NEW MARK			Debi	ra L. Ciasulli, M.D
North Central Health	<u> </u>	nen en		Verified:	<u> </u>
Affiliation Type:	Medical Staff			Verified Date:	05/19/2015
Category:					Jennifer L. Apfel
Dept/Specialty:				Verified How:	
Start Date:					future practice location
End Date:				NUIES.	nume practice location
Liiu Dalę.					
Park Manor Nursing				Verified:	
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations &	Verified Date:	05/26/2015
Onteren	Net Deside d	Lattas Cast Dutos	Employment*	Marified Dur	
• ·	Not Provided	Letter Sent Date:			Jennifer L. Apfel
Dept/Speciality:	Internal Medicine	Letter Sent By:	Jennifer L. Apfel	vermea How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date:	10/21/2013			Notes:	Annadon veni Lu
End Date:	03/10/2015				
					_
Flambeau Hospital				Verified:	
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations &	Verified Date:	05/22/2015
Category:	Activo	(ottor Cant Data	Employment*	Varified Pur	Jennifer L. Apfel
		Letter Sent Date:			
Dept/Speciality:	Internal Medicine	Letter Sent By:	Jennifer L. Apfel	venilea How:	A-Health Care Facility Ver Ltr
Start Date:	10/21/2013			Notes:	Lu
	03/10/2015				
	03/10/2013				
Marshfield Clinic				Verified:	V
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations &	Verified Date:	05/26/2015
Ontonio	Mark Brandshad		Employment*		
	Not Provided	Letter Sent Date:			Jennifer L. Apfel
Dept/Specialty:		Letter Sent By:	Jennifer L. Apfel	Verified How:	A-Health Care Facility Veri
Start Date:	10/21/2013			Notes:	Ltr
	03/10/2015			1101001	
Howard Young Medic				Verified:	
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations &	Verified Date:	09/24/2015
0-1			Employment*	M	
Category:		Letter Sent Date:			Jennifer L. Apfel
Dept/Specialty:		Letter Sent By:	Jennifer L. Apfel	Verified How:	•
Start Date:				Notes:	per applicant this was on
End Date:					application in error
Daniel Rosenthal MD				Verified:	
	Program Director			Verified Date:	
Category:					Jennifer L. Apfel
Dept/Specialty:					O-Unable to Verify
Start Date:					No response
End Date:				NUCS.	no reahonae
Chu Dale.					
John Franklin MD				Verified:	×
Affiliation Type:	Program Director			Verified Date:	
Category:				Verified By:	Jennifer L. Apfel
Dept/Specialty:				Verified How:	O-Unable to Verify
Start Date:					no response
End Date:					•
				1.5 1 0 1 -	
Tatiana Magana M.D.	_ /				
Affiliation Type:	Reference		Verify Refs - Initial/Affiliate *	Verified Date:	
Category:		Letter Sent Date:			Jennifer L. Apfel
Dept/Specialty:		Letter Sent By:	Jennifer L. Apfel	Verified How:	A-NCS-Professional Ref
01-1 D.9				A1_1.	Verif Ltr
Start Date:				Notes:	
End Date:					

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Affiliations communed

Debra L. Ciasulli, M.D.

Rodney Eiger MD Affiliation Type: Reference Letter Description: Verify Refs - Initial/Affiliate * Category: Letter Sent Date: 09/08/2015 Dept/Specialty: Letter Sent By: Jennifer L. Apfel Start Date: End Date: Zachary Kordik M.D. Affiliation Type: Reference Letter Description: Verify Refs - Initial/Affiliate * Category: Letter Sent Date: 09/08/2015 Dept/Specialty: Letter Sent By: Jennifer L, Apfel Start Date: End Date: Woliksheet

Date & Initials

5/28/2015 jla

Date & Initials

5/19/2015 jla Date & Initials

5/19/2015 jla Date & Initials

Date & Initials

5/19/2015 jla

Date & Initials

5/15/2015 jla Date & Initials

5/28/2015 jla

Date & Initials

9/22/2015 jla

N/A

Date

Date

Sign Date & Initials

16

report ran 8/3/2015

reviewed 9/22/2015 jla Sign Date & Initials

source date 5/8/2015 conducted 5/19/2015 jla

Review of Work History & Explanation of Gaps

SAM Website

NPDB Website query through Cactus

OIG Website

WI Circuit Court

Medicare Opt Out Website

Consent Form

Health Requirements Met

Privilege Form

Verifications within 180 days

CVO Review

ANI Provisional Approval (if applicable)

Entity Committee Review

ANI Only - All Disclosure Questions Answered YES _____ NO ____

ANI Only - Issues Identified YES____ NO____ Verified: 👿

Verified Date: 09/05/2015 Verified By: Jennifer L. Apfel Verified How: A-NCS-Professional Ref Verif Ltr

Verified Date: 09/21/2015 Verified By: Jennifer L. Apfel Verified How: A-NCS-Professional Ref Verif Ltr Notes:

> Comments 3/1/2015-5/7/2015 process of finding a new job 8/13/2013-10/21/2013 moving and maternity leave Comments

Common

Comments

Comments

Comments

no matches

Comments

Comments

Y/N & Comments

Comments N/A

Comments

yes

Signature N Signature

Signature

DocuSign Envelope ID: 53AAA379-FF9D-44CA-9A60-030B5BD39D08

North Central Health Care Person centered. Outcome focused.

Delineation of Clinical Privileges

Debra L. Ciasulli, M.D. Name:

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.

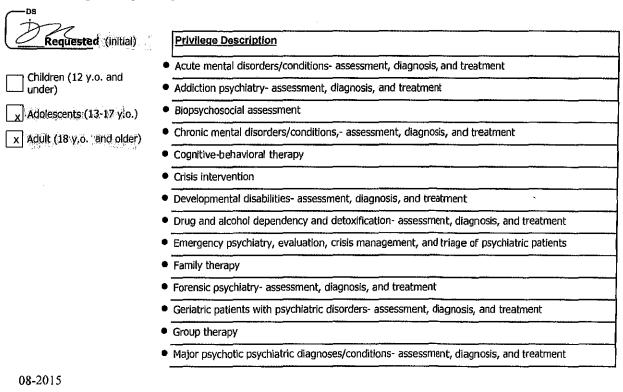
2. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

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



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

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.

DocuSianed by: Applican Signatur

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

1-21-15

Chair, Medical Executive Committee

MD/DO

Date

Date

Chief Executive Officer with Board of Directors Approval

08-2015

North Central Health C Person centered. Outcome focused.	are
PRIVILEGE AND APPOINTMENT REC	OMMENDATION
· · · · —	THIC FELIOU
Locum Provider? Locum Agency:	
MEDICAL DIRECTOR The Credentials file of this staff member contains data and information dem privileges requested. After review of this information, I recommend that the with any exceptions or conditions documented.	onstrating current competence in the clinical clinical privileges be granted as indicated
DA. 1 (A)	P 7
(Medical Director Signature)	(Signature Date)
MEDICAL STAFF Medical Staff recommends that: 	uested
Sind Col	10.21-15
(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)

Northcentral Credentialing Services

2

A service of

Passion for excellence. Compassion for people.

Brigitte G. Espinoza, M.D.

Enhanced Credentialing Activity General Profile Primary Address Other Provider Information North Central Health Care ID#: NPI: 1710265814 1100 Lake View Drive SSN: UPIN: Wausau, WI 54403-6785 Date of Birth: Medicare#: (715) 848-4600 Provider Specialties: Psychiatry Medicaid#: **Credentialing Activity** 16 Stie at Application Most Recent Query Credentialing Completed: Application Sent Date: 06/04/2015 Query Type: Claims Processing Attestation Date: 06/18/2015 Query Date: 06/17/2015 ok: If Received Date: 06/18/2015 Issues: Aspirus Network, Inc. Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: ANI Application in Process Started: Category: ANI Specialty Provider Status: Category Applied For: ANI Specialty Provider Network: Issues: Cred Activity Notes: North Central Healthcare Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: NCHC Application in Process Started: Category: NCHC Active Status: Category Applied For: NCHC Active Network: Issues: Cred Activity Notes:

Education				Brigi	tte G. Espinoza, M.D
Federico Villarreal Unive	rsity			Verified:	
Program:	Medical School			Verified Date:	06/17/2015
Dept./Specialty:				Verified By:	Jill A. Patraw
Start Date:	05/01/1992			Verified How:	E-ECFMG Website-Foreign Medical School
End Date:	06/30/1999			Notes:	
Graduated/Completed:					
Hospital Nacional Arzob	ispo Loayza			Verified:	2
	Internship			Verified Date:	
	Internal Medicine				Jill A. Patraw
Start Date:	04/01/1998				E-ECFMG Website-Foreign Medical School
End Date:	03/31/1999			Notes:	
Graduated/Completed:					
Federico Villarreal Unive	rsity			Verified:	7
Program:	Residency			Verified Date:	
Dept./Specialty:	Urology			Verified By:	Jill A. Patraw
Start Date:	06/01/2001				E-ECFMG Website-Foreign Medical School
End Date:	05/31/2004			Notes:	
Graduated/Completed:					
Moffit Cancer Center				Verified:	V
Program:	Fellowship	Letter Description:	Verify Intern / Res / Fellowship Doc*	Verified Date:	
Dept./Specialty:		Letter Sent Date:	06/26/2015	Verified By:	Jill A. Patraw
Start Date:	09/01/2009	Letter Sent By:	Jill A. Patraw	Verified How:	E-NCS Education Verif Ltr
End Date:	06/30/2011			Notes:	Urologic Oncology
Graduated/Completed:					
arvard South Shore Psy	chiatry Residency Program			Verified:	7
Program:	Residency	Letter Description:	Verify Intern / Res / Fellowship Doc*	Verified Date:	
Dept./Specialty:	Psychiatry	Letter Sent Date:	06/26/2015	Verified By:	Jill A. Patraw
Start Date:	07/01/2011	Letter Sent By:	Jill A. Patraw	Verified How:	E-NCS Education Verif Ltr
End Date:	07/07/2015			Notes:	
Graduated/Completed:	7				

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Brigitte G. Espinoza, M.D.

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		Verified:	: 🔽
License Type:	ECFMG	Verified Date.	06/17/2015
State		Verified By.	Jill A. Patraw
License Number.	0-738-443-1		E-ECFMG Website-Foreign Medical School
Status:		Notes:	Valid Indefinitely
Expiration Date:			
		Verified:	7
License Tyne	State License		06/17/2015
State:			Jill A. Patraw
License Number:		· · · · · · · · · · · · · · · · · · ·	L-State License
	Inactive		FL state website
Expiration Date:		······································	I L SIGIO WEDSILE
	00.00.2011		·
		Verified:	Serviced
	DEA Certificate	Verified Date:	
State:			Jill A. Patraw
License Number:			L-DEA Website
	Active	Notes:	source date 6/16/2015
Expiration Date:	08/31/2018		
		Verified:	7
License Type:	State License	Verified Date:	
State:	WI	Verified By:	Jill A. Patraw
License Number:	63925	Verified How:	L-WI DRL Website
Status:	Active	Notes:	
Expiration Date:	10/31/2015		
		1 de stille de	ווידיו
License Type:	WI Caregiver Background	Verified: Verified Date:	06/17/2015
	Check	Vennea Dale.	00/17/2015
State:	WI	Verified By:	Jill A. Patraw
License Number:		Verified How:	L-WI Caregiver
Status:			Background Ck Website
Expiration Date:	08/47/2010	Notes:	
Expiration Date.	06/17/2019		
		Verified:	*
License Type:	Basic Life Support	Verified Date:	06/18/2015
State:		Verified By:	Jill A. Patraw
License Number:		Verified How:	O-FYI Only
Status:		Notes:	
Expiration Date:	07/31/2015		
		Verified:	
License Type:	Government Issued Photo ID	Verified Date:	
State:	MA		Jill A. Patraw
License Number:		Verified How:	
Status:		Notes:	
Expiration Date:			
		vz=1011.	(71)
License Type:	State License	Verified: Verified Date:	<u>34</u> 06/22/2015
State:			Jill A. Patraw
License Number:		-	
	Inactive	Verified How:	email from state of MA
Expiration Date:			indicating this is a training
-Aprilation Date.			license and is not posted
			on the website
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Licenses

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roAssurance Companies			Verified:	V
Policy Number: MP66573			Verified Date:	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Coverage Type:			Verified By:	Jill A. Patraw
Expiration Date: 01/01/2016			Verified How:	O-FYI Only
			Notes:	future insurance \$1M / \$3M - per COł
niversity of South FL Board of Trustees			Verifled:	7
Policy Number: S 768.28 F.S.	Letter Description:	Verify Malpractice Insurance	Verified Date:	07/10/2015
Coverage Type:	Letter Sent Date:	07/09/2015	Verified By:	Jill A. Patraw
Expiration Date: 05/27/2011	Letter Sent By:	Jifl A. Patraw	Verified How:	I-Verification from Carrier
			Notes:	\$1M / \$3M - No Claims
arvard South Shore/Dept of Veterans Affairs			Verified:	17
Policy Number: 28 U.S.C. 2679 (B)-(D)	Letter Description:	Verify Malpractice Insurance	Verified Date:	07/20/2015
Coverage Type:	Letter Sent Date:	07/20/2015	Verified By:	Jill A. Patraw
Expiration Date: 07/07/2015	Letter Sent By:	Jill A. Patraw	Verified How:	I-Verification from Carrier
			Notes:	Federal Tort No Claims Coverage while a resident
Boards				
m Bd Psyc&Neur-Psychiatry			Verified:	
Board Status: In Process-Initiating			Verified Date:	06/17/2015
Cert Number:			Verified By:	Jill A. Patraw
Expiration Date:			Verified How:	O-EYI Only

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Notes:

Affiliations				Brigh	tte G. Espinoza, N
North Central Health Ca	re			Verified:	7
Affiliation Type:	Medical Staff				06/17/2015
Category:				Verified By:	Jill A. Patraw
Dept./Specialty:				Verified How:	O-FYI Only
Start Date:				Notes:	future practice location
End Date:					
Chandlee Dickey, MD				Verified:	7
Affiliation Type:	Program Director	Letter Description:	Verify Refs - Initial/Affiliate *	Verified Date:	
Category:		Letter Sent Date:		Verified By:	Jilf A. Patraw
Dept./Specialty:		Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Professional Ref Verif Ltr
Start Date:				Notes:	
End Date:					
David Osser, MD				Verified:	7
Affillation Type:	Reference	Letter Description:	Verify Refs - Initial/Affiliate *	Verified Date:	
Category:		Letter Sent Date:	06/17/2015	Verified By:	Jill A. Patraw
Dept./Specialty:		Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Professional Ref Verif Ltr
Start Date:				Notes:	
End Date:					
ric Tung, DO				Verified:	
Affiliation Type:	Reference	Letter Description:	Verify Refs - Initial/Affiliate *	Verified Date:	
Category:		Letter Sent Date:	•		Jill A. Patraw
Dept./Specialty:		Letter Sent By:	Jill A. Patraw		A-NCS-Professional Ref
01-10-1-1					Verif Ltr
Start Date:				Notes:	
End Date:					
aluca Savu, MD				Verified:	
Affiliation Type:	Reference	Letter Description:	Verify Refs - Initial/Affiliate *	Verified Date:	07/13/2015
Category:		Letter Sent Date:	07/09/2015	Verified By:	Jill A. Patraw
Dept./Specialty:		Letter Sent By:	Jill A. Patraw		A-NCS-Professional Ref Verif Ltr
Start Date:				Notes:	
End Date:					

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Worksheet		Brigitte G. Espinoza
Review of Work History & Explanation of Gaps	Date & Initials 7/24/2015 jap	Comments
	//24/2013 jap	6/1/04-12/30/06 - wor as a general urologis Private clinic in Lima, 1/2/07 - 3/31/08 - stur and taking USMLE te steps 1,2,3 4/1/09 - 8/30/09 waitir visa and s.s.# to be is 6/30/99-6/1/01 - work gov't and worked as a Anatomy and Physiolo professor in Lima 4/1/08-4/1/09 - inaccu dates on app - entire t was for USMLE prep a waiting for visa
	Date & Initials	Comments
SAM Website	6/17/2015 jap	
	Date & Initials	Comments
NPDB Website query through Cactus	6/17/2015 jap	
	Date & Initials	Comments
OIG Website	source date 6/9/2015 jap conducted date 6/17/2015 jap	
	Date & Initials	Comments
WI Circuit Court	6/17/2015 jap	no matches
	Date & Initials	Comments
Medicare Opt Out Website	report run date 4/20/2015 jap reviewed date 6/17/2015 jap	
Consent Form	Sign Date & Initials 6/16/2015 jap	Comments
	Date & Initials	Y/N & Comments
Health Requirements Met	6/18/2015 jap	yes
	Sign Date & Initials	Comments
Privilege Form	N/A	N/A
	Date & Initials	Comments
Verifications within 180 days	7/23/2015 jap	yes
	Date	Signature
CVO Review	07/28/2015	Electronically signed by Patraw
	Date	Signature
ANI Provisional Approval (if applicable)		
Entity Committee Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES NO		
ANI Only - Issues Identified		

Delineation of Clinical Privileges

Name: Specialty:

Brigitte G Espinoza Ligaz, MD 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.)

X

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

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- 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

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 . W.J

MD/DO Chair, Medical Executive Committee

DATE

DATE

Chief Executive Officer with Board of Directors Approval

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Jhan Ferna	andos TTT MAN	Appointment/ Reappointment) 11-01-2015 to 10-31-2017
Appointee <u>Owny</u> 1201 a	Mace III Mill. (Time Period
Requested Privileges	Medical (Includes Fam	ily Practice, Internal Medicine)
	Psychiatry	Medical Director
	Mid-Level Practitioner	Psychologist
	member contains data and inform w of this information, I recommo	nation demonstrating current competence in the clinical end that the clinical privileges be granted as indicated

Comments: 8 78 77 (Signature Date) las (Medical Director Signature) MEDICAL STAFF Medical Staff recommends that: K He/she be appointed/reappointed to the Medical Staff as requested Action be deferred on the application _ The application be denied 10-20-15 (Medical Staff President Signature) (Signature Date) **GOVERNING BOARD** Reviewed by Governing Board: (Date)

Response:

Recommend further reconsideration

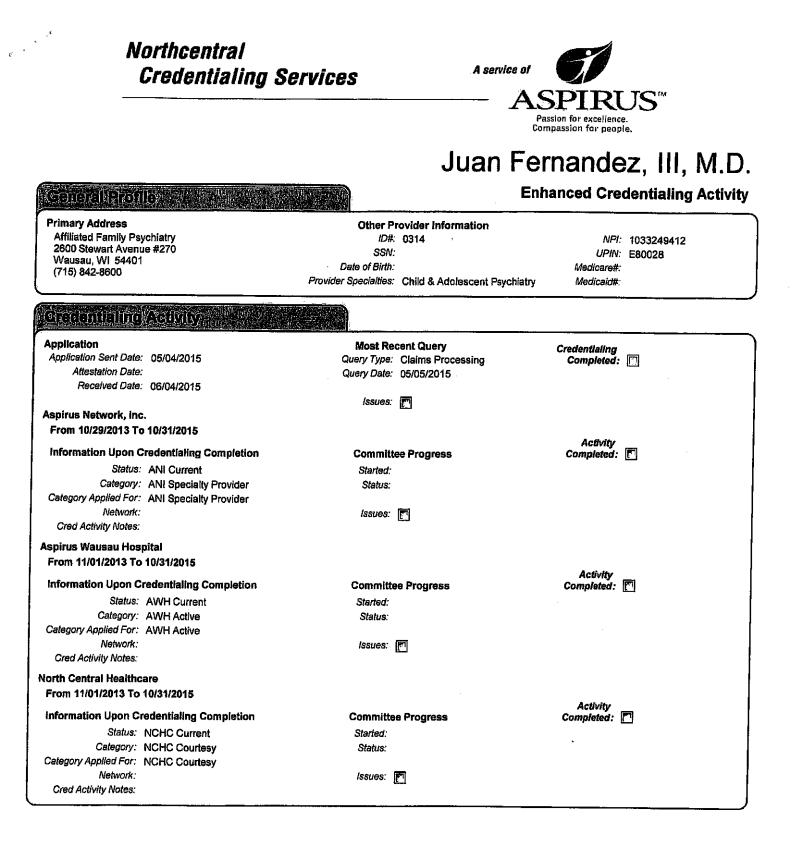
Concur

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



Licenses

\$

Juan Fernandez, III, M.D.

			·		
				Verified:	
License Type:	WI Caregiver Background Check			Verified Date:	07/16/2015
State:				Verified By:	Christa L Damell 🖉
License Number:					O-Verified Previously
Status:				Notes:	
Expiration Date:	11/09/2015				
				Verified:	7
License Type:	State License			Verified Date:	07/28/2015
State:	WI			Verified By:	Christa L Darnell
License Number:	30727			Verified How:	L-WI DRL Website
Status:	Active			Notes:	1 order
Expiration Date:	10/31/2015				- order
				Verified:	
License Type:	DEA Certificate			Verified Date:	
State:	WI			Verified By:	Christa L Darnell 🛛
License Number:	BF1641314				L-DEA Website
Status:	Active			Notes:	source date 7/13/2015
Expiration Date:	09/30/2015				
uines. A					, <u> </u>
consin Health Car	e Liability Insurance Plan			Verified:	
	4335-02-018559	Letter Description:	Verify Malpractice Insurance DOC	Verified Date:	06/15/2015
Coverage Type:		Letter Sent Date:		Verified By:	Christa L Darneli
Expiration Date:	01/01/2016	Letter Sent By:	Jill A. Patraw	Verified How:	I-NCS-Insurance Verif
				Notes:	\$1M / \$3M - No Claims
ands					
Bd Psyc&Neur-Ps				Verified:	
	Certified-Lifetime			Verified Date:	
Cert Number:				•	Christa L Darnell
	Lifetime Certification			vennea How:	B-ABMS Website-Board
Expiration Date.					Certification

Manneuones				Juan F	ernandez, III, M.D
Lincoln Hills School		<u></u>		Verified:	
Affiliation Type:	Employee	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	06/18/2015
Category:	Not Provided	Letter Sent Date:		Verified By:	Christa L Darnell
Dept/Specialty:	Child & Adolescent Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date: End Date:	05/01/1994			Notes:	
Aspirus Wausau Hos	pital *			Verifled:	
Affiliation Type:	Medical Staff			Verified Date:	07/16/2015
Category:	Active			Verified By:	Christa L Darnell
Dept/Specialty:	Child & Adolescent Psychiatry			Verified How:	A-Health Care Facility Veri Ltr Online
Start Dete: End Date:	07/27/1990			Notes:	
Affiliated Family Psyc	hiatry			Verified:	V
Affiliation Type:	•	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
Category:	Not Provided	Letter Sent Date:		Verified By:	Christa L Darnell
Dept/Specialty:	Child & Adolescent Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date: End Date:	01/01/1991			Notes:	
North Central Health	Care			Verified:	
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
Category:	Not Provided	Letter Sent Date:		Verified By:	Christa L Darnell
Dept/Specialty:	Child & Adolescent Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date: End Date:	01/01/1991			Notes:	
Gabriel Ticho, MD				Verified:	
Affiliation Type:	Reference	Letter Description:	Verify Refs - Reappointment *	Verified Date:	
Category:		Letter Sent Date:	07/09/2015	Verified By:	Christa L Darnell
Dept/Specialty:		Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Professional Ref Verif Ltr
Start Date: End Date:				Notes:	Yom Lu

Juan Fernandez, ill, M.D.

SAM Website	Date & Initials 7/16/2015 CLD	Comments
NPDB Website query through Cactus	Date & Initials 5/5/2015 CLD	Comments
OIG Website	Date & Initials source date 7/8/2015 CLD Conducted date 7/16/2015 CLD	Comments
Medicare Opt Out List Website	Date & Initials report run date 4/20/2015 CLD review date 7/16/2015 CLD	Comments
Consent Form	Sign Date & Initials 6/2/2015 CLD	Comments
Privilege Form	Sign Date & Initials 6/2/2015 CLD	Comments
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
	Date	

Previous ANI Committee/Recredentialing Date

Worksheet

CVO Review

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Entity Committee Review

ANI Only - All Disclosure Questions Answered YES____ NO____

ANI Only - Issues Identified YES____ NO___

Date Date

Signature Signature

North Central Health Care

Person centered. Outcome focused.

Delineation of Clinical Privileges

Juan Fernandez, M.D. Name:

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

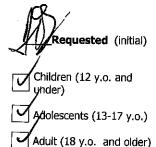
An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.

OR

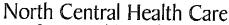
If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

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



- 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
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- 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



Person centered. Outcome focused.

Delineation of Clinical Privileges

- Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
- Group therapy

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- 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
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- 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

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. 3-24 Applicant Signature_ Date

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

10-20-17 DATE

MD/DO

Chair, Medical Executive Committee

DATE

Chief Executive Officer with Board of Directors Approval

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee John Fran	izen M.D.	Appointment/ Reappointment 11-01-2015 + 10-31-2017 Time Period
Requested Privileges	Medical (Includes Fa	mily Practice, Internal Medicine)
	Mid-Level Practition	er Psychologist
Locum Provider?	Locum Agency:	

MEDICAL DIRECTOR

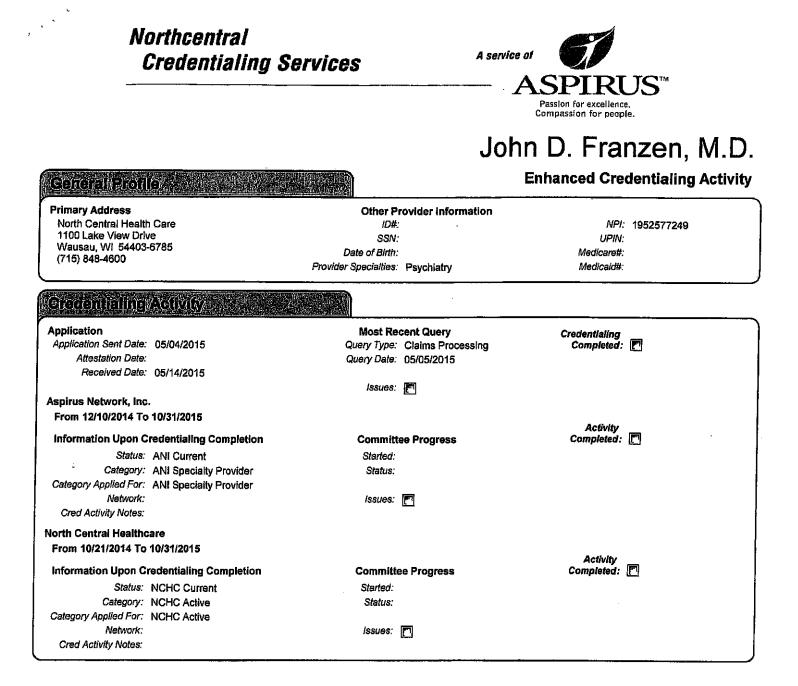
The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments:

Signature Date) (Medical Director Signature) MEDICAL STAFF Medical Staff recommends that: χ He/she be appointed/reappointed to the Medical Staff as requested Action be deferred on the application The application be denied 10-20-15 (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.

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	sin an particular and the second of the second s	EPORTON VIENDELEKENTIKEINE	<u> </u>	Verified:	
License Type:	State License				05/20/2015
State:				Verified By:	Christa L Darnell
License Number:					L-WI DRL Website
Status:				Notes:	
Expiration Date:					
Expiration Bats.	1010 112010				
_				Verified:	
	DEA Certificate			Verified Date:	
State:	•••				Christa L Darnell
License Number:					L-DEA Website
Status:	Active			Notes:	Source date 5/19/2015
Expiration Date:	09/30/2016				
				Verified:	
License Type:	WI Caregiver Background			Verified Date:	<u> </u>
	Check				x
State:	WI			-	Christa L Darnell
License Number:				Verified How:	O-Verified Previously
Status:				Notes:	
Expiration Date:					<u> </u>
nsurancolusion roAssurance Casuali	ty Co (Rogers Memorial Hos		Verify Malpractice Insurance	Verified: Verified Date:	
roAssurance Casual Policy Number:	ty Co (Rogers Memorial Hos	Letter Description:	DOC	Verified Date:	06/12/2015
nsurancolusion roAssurance Casuali	ty Co (Rogers Memorial Hos	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By:	06/12/2015 Christa L Darnell
roAssurance Casual Policy Number:	ty Co (Rogers Memorial Hos MP66582	Letter Description: Letter Sent Date:	DOC	Verified Date: Verified By: Verified How:	06/12/2015 Christa L Darnell I-Verification from Carrie
nSurance roAssurance Casuald Policy Number: Coverage Type:	ty Co (Rogers Memorial Hos MP66582	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How:	06/12/2015
nsurance Casualt roAssurance Casualt Policy Number: Coverage Type: Expiration Date:	ty Co (Rogers Memorial Hos MP66582	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How:	06/12/2015 Christa L Darnell I-Verification from Carrie
nsurance lasual roAssurance Casual Policy Number: Coverage Type: Expiration Date:	ty Co (Rogers Memorial Hos MP66582 09/01/2015	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes:	06/12/2015 Christa L Darnell I-Verification from Carrie \$1M / \$3M - No Claims
nsurance used roAssurance Casual Policy Number: Coverage Type: Expiration Date: Coaros	ty Co (Rogers Memorial Hos MP66582 09/01/2015	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Verified:	06/12/2015 Christa L Darnell I-Verification from Carriu \$1M / \$3M - No Claims
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nsurance Casual roAssurance Casual Policy Number: Coverage Type: Expiration Date: Coards m Bd Psyc&Neur-Psy Board Status: Cert Number:	ty Co (Rogers Memorial Hos MP66582 09/01/2015 ychiatry Certified	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Verified Hote: Verified Date: Verified By:	06/12/2015 Christa L Darnell I-Verification from Carria \$1M / \$3M - No Claims 07/21/2015 Christa L Darnell
nSurance Casual Policy Number: Coverage Type: Expiration Date: Coards MBd Psyc&Neur-Psy Board Status: Cert Number: Expiration Date:	ty Co (Rogers Memorial Hos MP66582 09/01/2015 ychiatry Certified 03/01/2016	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Verified How: Verified Date: Verified By: Verified How:	06/12/2015 Christa L Darnell I-Verification from Carrie \$1M / \$3M - No Claims 07/21/2015 Christa L Darnell B-ABMS Website-Board
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nSurance Casual Policy Number: Coverage Type: Expiration Date: Coards MBd Psyc&Neur-Psy Board Status: Cert Number: Expiration Date: MBd Psyc&Neur (CA	ty Co (Rogers Memorial Hos MP66582 09/01/2015 ychiatry Certified 03/01/2016 NQ: Addlct)	Letter Description: Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Verified Date: Verified Date: Verified How: Notes: Verified How: Notes: Verified Date:	06/12/2015 Christa L Darnell I-Verification from Carrie \$1M / \$3M - No Claims 07/21/2015 Christa L Darnell B-ABMS Website-Board Certification 07/23/2015 Christa L Darnell

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Affiliations: Markey Markey Area

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John D. Franzen, M.D.

Fort Atkinson Memor	ial Hospital			Verified:	
Affiliation Type:	Employee	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	06/15/2015
Category:	Not Provided	Letter Sent Date:		Verified By:	Christa L Darnell
Dept/Specialty:	Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date: End Date:	11/01/2014			Notes:	
North Central Health	Coro			Verified:	87
		Latter Description:	Verify Affiliations & Employment	Verified Date:	
Affiliation Type:	Medical Stan	•	Reappt*		
Category:	Not Provided	Letter Sent Date:	06/10/2015	Verified By:	Christa L Darnell
Dept/Specialty:	Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date:	10/01/2014			Notes:	
End Date:					
Faith Regional Health	System			Verified:	
Affiliation Type:		Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	06/15/2015
Category:	Courtesy	Letter Sent Date:		Verified By:	Christa L Darnell
Dept/Specialty:	Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-Health Care Facility Verif
Start Date:	08/05/2011			Notes:	
End Date:					
Rogers Memorial Hos	pital			Verified:	W
Affiliation Type:	•	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	06/29/2015
Category:	Not Provided	Letter Sent Date:	· · · ·	Verified By:	Christa L Darnell
Dept/Specialty:	Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date:	09/19/2013			Notes:	
End Date:					
Michael Miller MD				Verified:	W
Affiliation Type:	Reference	Letter Description:	Verify Refs - Initial/Affiliate *	Verified Date:	•••
Category:		Letter Sent Date:	06/24/2015		Christa L Darnell
Dept/Specialty:		Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Professional Ref Verif Ltr
Start Date:				Notes:	
End Date:					

John D. Franzen, M.D.

SAM Website	Date & Initials 5/20/2015 CLD	Comments
NPDB Website query through Cactus	Date & Initials 5/5/2015 CLD	Comments
OIG Website	Date & Initials source date 4/8/2015 CLD Conducted date 5/6/2015 CLD	Comments
Medicare Opt Out List Website	<i>Date & Initials</i> Report run date 4/20/2015 CLD Review date 5/20/2015 CLD	Comments
Consent Form	Sign Date & Initials 5/14/2015 CLD	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

Date

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Date 7/28/15 Date

ianature tot and Signature

Entity Committee Review

CVO Review

ANI Only - All Disclosure Questions Answered YES____ NO____

Previous ANI Committee/Recredentialing Date

Worksheet

ANI Only - Issues Identified YES____ NO____

Delineation of Clinical Privileges

Vanzen, M.D. Name: 🔍 Specialty: Psychiatry-MD or DO

Minimal Formal Training & Experience/Specialty Description

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

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

Adolescents (13-17 y.o.)

Adult (18 y.o. and older)

under)

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

Delineation of Clinical Privileges

- Geriatric patients with psychlatric disorders- assessment, diagnosis, and treatment
- Group therapy

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- 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 psychlatric 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 apacific privilege criteria) Requested:

	Requested	Privilege Description
1		

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 8-7.3-15 Signature Date

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

· 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 Laurence R	. Gordon, D.O.	Appointment/ (Reappointment) 11-01-2015 to 10-31-2017
Requested Privileges	Medical (Includes Fai	Time Period mily Practice, Internal Medicine)
	Psychiatry	Medical Director
	Mid-Level Practitione	er 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:	
Minil G	3-10-15
(Medical Director Signature)	(Signature Date)
MEDICAL STAFF	
Medical Staff recommends that:	
	cal Staff as requested
Action be deferred on the application	•
The application be denied	
Mari h	11-10-15
(Medical Staff President Signature)	(Signature Date)
GOVERNING BOARD	
Reviewed by Governing Board:	
(Date)	
Response:Concur	
Recommend further reconsid	eration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

Northcentral Credentialing Services

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ASPIRU Passion for excellence.

Passion for excellence. Compassion for people.

Laurence R. Gordon, D.O.

Enhanced Credentialing Activity General Profile **Primary Address** Other Provider Information Aspirus Weston Clinic ID#: 0924 NPI: 1942220900 4005 Community Center Drive SSN: UPIN: |04364 Weston, WI 54476-4139 Date of Birth: Medicare#: 005239315/ 390450042 (715) 241-5400 Provider Specialties: Combined Internal Medicaid#: 1942220900 Medicine/Pediatrics "Gredentialing Activity Application Most Recent Query Credentialing Application Sent Date: 05/04/2015 Query Type: Claims Processing Completed: [Attestation Date: Query Date: 05/05/2015 Received Date: 05/11/2015 lssues: 🔳 Aspirus Network, Inc. From 10/29/2013 To 10/31/2015 Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: ANI Current Started: Category: ANI Specialty Provider Status: Category Applied For: ANI Specialty Provider Network: Issues: [" Cred Activity Notes: Aspirus Wausau Hospitał From 11/01/2013 To 10/31/2015 Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: AWH Current Started: Category: AWH Active Status: Category Applied For: AWH Active Network: Issues: Cred Activity Notes: **North Central Healthcare** From 11/01/2013 To 10/31/2015 Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: NCHC Current Started: Category: NCHC Courtesy Status: Category Applied For: NCHC Courtesy Network: Issues: Cred Activity Notes:

Laurence R. Gordon, D.O.

Licenses				Laurenc	e R. Gordon, D.C
			u	Verifled:	
License Type:	DEA Certificate			Verified Date:	05/12/2015
State:	WI			Verified By:	Jennifer L. Apfel
License Number:	BG7916096			Verified How:	L-DEA Website
Status:	Active			Notes:	source date 5/12/2015
Expiration Date:	09/30/2017				
				Verifled:	V
License Type:	State License			Verified Date:	05/12/2015
State:	WI			Verified By:	Jennifer L. Apfel
License Number:	46088			Verified How:	L-WI DRL Website
Status:	Active			Notes:	
Expiration Date:	02/29/2016				
				Verified:	7
License Tyne:	WI Caregiver Background			Verified Date:	
2100/100 1990.	Check				TY III
State:	WI				Jennifer L. Apfel
License Number:				Verified How:	O-Verified Previously
Status:				Notes:	
Expiration Date:	06/02/2018				
nsurance.					
			·		
				Verified:	
MMIC (ACI) Policy Number:	MCL001317	Letter Description:	Verify Malpractice Insurance	Verified: Verified Date:	00/40/0045
Policy Number:	MCL001317		DOC	Verified Date:	06/16/2015 Ju
Policy Number: Coverage Type:		Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By:	06/16/2015 Jennifer L. Apfel
Policy Number:			DOC 06/10/2015	Verified Date: Verified By: Verified How:	06/16/2015 Jennifer L. Apfel I-Verification from Carrier
Policy Number: Coverage Type:		Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How:	06/16/2015 J
Policy Number: Coverage Type: Expiration Date:	05/01/2016	Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How:	06/16/2015 Jennifer L. Apfel I-Verification from Carrier \$1M/\$3M
Policy Number: Coverage Type: Expiration Date:		Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How:	06/16/2015 Jennifer L. Apfel I-Verification from Carrier \$1M/\$3M
Policy Number: Coverage Type: Expiration Date: 30a rds	05/01/2016	Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Verified:	06/16/2015 Jennifer L. Apfel I-Verification from Carrier \$1M/\$3M no claims
Coverage Type: Expiration Date:	05/01/2016	Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes:	06/16/2015 Junifer L. Apfel I-Verification from Carrier \$1M/\$3M no claims
Policy Number: Coverage Type: Expiration Date: 30a rds	05/01/2016	Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Notes: Verified Hote: Verified Date: Verified By:	06/16/2015 Junifer L. Apfel I-Verification from Carrier \$1M/\$3M no claims
Policy Number: Coverage Type: Expiration Date: 30ards Min Bd Int Med Board Status:	05/01/2016	Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Notes: Verified Hote: Verified Date: Verified By:	06/16/2015 Jennifer L. Apfel I-Verification from Carrier \$1M/\$3M no claims 05/12/2015 Jennifer L. Apfel B-ABMS Website-Board
Policy Number: Coverage Type: Expiration Date: Soards Mards Mard Status: Cert Number:	05/01/2016	Letter Sent Date:	DOC 06/10/2015	Verified Date: Verified By: Verified How: Notes: Notes: Verified Hote: Verified Date: Verified By:	06/16/2015 Jr Jennifer L. Apfel I-Verification from Carrier I-Verification from Carrier \$1M/\$3M no claims Image: Construct of the second

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Affiliations				Laurenc	e R. Gordon, D.C
North Central Health	Care	949-1997-1997-1997-1997-1997-1997-1997-1		Verified:	
Affiliation Type:		Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	06/15/2015
Category:	Not Provided	Letter Sent Date:		Verified By:	Jennifer L. Apfel
÷ ·	Combined Internal Medicine/Pr	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date:	09/01/2012			Notes:	
End Date:					
Aspirus - Weston Clir	NC			Verified:	(W)
Affiliation Type:		Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
Category:	Not Provided	Letter Sent Date:		Verified By:	Jennifer L. Apfel
•••	Combined Internal Medicine/P	Letter Sent By:	•••	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date:	07/01/2004			Notes:	
End Date:					
Aspirus Wausau Hos	nital *			Verified:	
Affiliation Type:	•			Verified Date:	05/12/2015
Category:				Verified By:	Jennifer L. Apfel
• •	Combined Internal Medicine/Pr			Verified How:	A-Health Care Facility Ve Ltr Online
Start Date: End Date:	07/01/2004			Notes:	pediatrics
Amy Sweet, M.D.				Verified:	V
Affiliation Type:	Reference	Letter Description:	Verify Refs - Reappointment *	Verified Date:	06/12/2015
Category:	· · · · · · · · · · · · · · · · · · ·	Letter Sent Date:		Verified By:	Jennifer L. Apfel
Dept/Specialty:		Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Professional Ref Verif Ltr
Start Date:				Notes:	
End Date:					

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Laurence R. Gordon, D.O.

Worksheet		Laurence R. Gordon, D.O.
SAM Website	Date & Initials 5/12/2015 jla	Comments
NPDB Website query through Cactus	Date & Initials 5/5/2015 jla	Comments
OIG Website	Date & Initials source date 5/8/2015 conducted 5/12/2015 jla	Comments
Medicare Opt Out List Website	Date & Initials report ran 4/20/2015 reviewed 5/12/2015 jla	Comments
Consent Form	Sign Date & Initials 5/6/2015 jla	Comments
Privilege Form	Sign Date & Initials 5/6/2015 jła	Comments
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
Previous ANI Committee/Recredentialing Date	Date	
CVO Review	7/7/15	Signature
Entity Committee Review	Date	() Signature
ANI Only - All Disclosure Questions Answered YES NO		
ANI Only - Issues Identified YESNO		

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North Central Health Care Person centered. Outcome focused.

Delineation of Clinical Privileges

Laurence Gordon, D.O. Name: 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

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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, gerlatric, and substance abuse patients and their

Core Privileges - General Medical

Requested (initial)	Privilege Description
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
т.	 Evaluation and medical management of detoxification patients
Adolescents (13-17 y.o.)	Emergency medical management and treatment when indicated
Adult (18 y.o. and older)	Pharmacologic management

Special Privileges (Reference specific privilege criteria) Requested:

	Requested	Privilege Description
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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_ 3/24/1)

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:

<u>| D - 20 - 1)</u> DATE

MD/DO

Chair, Medical Executive Committee

DATE

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Chief Executive Officer with Board of Directors Approval

Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Llandrea S.	Lamberton m.D.	Appointment/ Reappointment)11-01-2015 to 10	2-31-2017
		Time Period	
Requested Privileges	Medical (Includes Far	nily Practice, Internal Medicine)	
	Psychiatry	Medical Director	
	Mid-Level Practitione	r Psychologist	
Locum Provider?	Locum Agency:	Locum Tenens, com	<u> </u>

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: 8-24-15 (Medical Director Signature) (Signature Date) **MEDICAL STAFF** Medical Staff recommends that: \underline{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) **GOVERNING BOARD** Reviewed by Governing Board: _____ (Date) Response: Concur Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

Northcentral Credentialing Services

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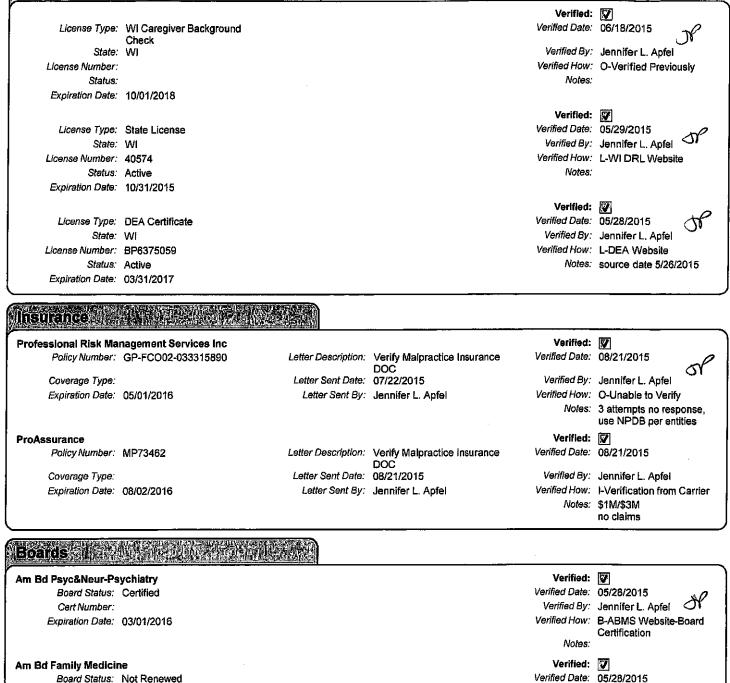
Compassion for people.

Leandrea S. Lamberton, M.D.

Enhanced Credentialing Activity General/Profile **Primary Address Other Provider Information** North Central Health Care ID#: NPI: 1588615322 607 North Sales Street SSN: UPIN: Merrill, WI 54452 Date of Birth: Medicare#: (715) 536-9482 Provider Specialties: Psychiatry Medicaid#: electrationscium Application Most Recent Query Credentialing Application Sent Date: 05/04/2015 Query Type: Claims Processing Completed: Attestation Date: Query Date: 05/05/2015 Received Date: 06/18/2015 Issues: 🔽 Aspirus Network, Inc. From 10/30/2014 To 10/31/2015 Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: ANI Current Started: Category: ANI Locum Tenens Status: Category Applied For: ANI Locum Tenens Network: Issues: Cred Activity Notes: North Central Healthcare From 09/16/2014 To 10/31/2015 Activity Information Upon Credentialing Completion **Committee Progress** Completed: Status: NCHC Current Started: Category: NCHC Locum Tenens Status: Category Applied For: NCHC Locum Tenens Network: Issues: Cred Activity Notes:

Licenses

Leandrea S. Lamberton, M.D.



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

Verified By: Jennifer L. Apfel

Notes:

Verified How: B-ABMS Website-Board Certification

North Central Health Ca)rə		· · · · · · · · · · · · · · · · · · ·	Verified:	
Affiliation Type: N	fedical Staff	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	06/29/2015
Category: N Dept/Specialty: P		Letter Sent Date: Letter Sent By:			Jennifer L. Apfel A-NCS-Health Care Affiliation Verif Ltr
Start Date: 09 End Date:	9/15/2014			Notes:	
Nancy Debbink MD Affiliation Type: R Category: Dept/Specialty:	eferenc e	Letter Sent Date:	Verify Refs - Reappointment * 06/18/2015 Jennifer L. Apfel		06/25/2015 Jennifer L. Apfel A-NCS-Professional Ref Verif Ltr
Start Date: End Date:				Notes:	
WonKeiheet (7) (s.			49999499999999999999999999999999999999		
SAM Website			Date & Initials 5/28/2015 jla		Comments
NPDB Website query thro	ough Cactus		Date & Initials 5/5/2015 jla		Comments
DIG Website			Date & Initials source date 5/8/2015 conducted 5/28/2015 jla		Comments
/ledicare Opt Out List We	bsite		Date & Initials report ran 8/3/2015 reviewed 8/21/2015 jla		Comments
Consent Form			Sign Date & Initials 6/17/2015 jla		Comments
Privilege Form			Sign Date & Initials N/A		Comments N/A
Quality Improvement Activ	rities (payor requirement)		Date & Initials		Comments
atient Complaints (payor	requirement)		Date & Initials		Comments
Previous ANI Committee/F	Recredentialing Date		Date		_
VO Review		ଟ	121 15	X	signature Mod Appl
intity Committee Review			Valt	O.	oignaiune
Ni Only - All Disclosure C ES NO	Questions Answered				
NI Only - Issues Identified	d				

North Central Health Care Person centered. Outcome focused.

Delineation of Clinical Privileges

Idrea Lamberton, M.D. Name: 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

under)

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.

Requested (initial) Privilege Description Acute mental disorders/conditions- assessment, diagnosis, and treatment Children (12 y.o. and Addiction psychiatry- assessment, diagnosis, and treatment P Biopsychosocial assessment: Adolescents (13-17 y.o.) 24 Chronic mental disorders/conditions,- assessment, diagnosis, and treatment Adult (18 y.o. and older) 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 ٠ Family therapy Forensic psychiatry- assessment, diagnosis, and treatment

Core Privileges - Psychiatry

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

Lt

- Physical, neurological, and mental status examination of H
- Psychiatric consultation in Nursing Home
- Psychiatric history and physical examination
- Psychodynamic psychotherapy
- Psychological testing, interpretation of
- Psychopharmacology- management of Plan
- Psychosocial rehabilitation techniques- management of
- Short-term individual psychotherapy
- Social therapies, (ie., community-based interventions/vocational rehabilitation
- Suicidality, evaluation of
 H
 Therapeutic interviewing

Special Privileges (Reference specific privilege criteria) Requested:

	Requested	Privilege Description	ł
	······································		1
l			

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

Applicant Signature Date

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

MD/DO

Chair, Medical Executive Committee

DATE

Chief Executive Officer with Board of Directors Approval

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 Fa	mily Practice, Internal Medicine)
	Psychiatry	Medical Director
	Mid-Level Practition	er Psychologist
Locum Provider?	Locum Agency: _	
MEDICAL DIRECTOR		
The Credentials file of this staff	member contains data and info	rmation demonstrating current competence in the clinica

ıl 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:

 \mathbf{X} He/she be appointed/reappointed to the Medical Staff as requested

Action be deferred on the application

The application be denied

mi

(Medical Staff President Signature)

10.20-11 (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)

Northcentral Credentialing	Services ^A	service of - ASPIRUS ¹⁵⁴ Passion for excellence. Compassion for people.	
Ceneral/Profile		Ikenna E. Obasi, M Enhanced Credentialing Ac	
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	n NPI: 1750649455 UPIN: Medicare#: Medicaid#: 1750649455	
Stadentialing Activity Application Application Sent Date: 05/04/2015 Attestation Date:	Most Recent Query Query Type: Claims Processing Query Date: 05/05/2015	Credentialing Completed:	
Received Date: 06/02/2015 Aspirus Network, Inc. From 10/28/2014 To 10/31/2015	issues: 💽	Activity	
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:	Completed:	
North Central Healthcare From 11/01/2014 To 10/31/2015		Activity	
Information Upon Credentialing Completion Status: NCHC Current Category: NCHC Courtesy Category Applied For: NCHC Courtesy Network: Cred Activity Notes:	Committee Progress Started: Status: Issues:	Completed:	-

Ikenna E. Obasi, M.D.

			Verified:	
License Type:	Basic Life Support			06/02/2015
State:				Jill A. Patraw
License Number:				O-Clean Up
Status:			Notes:	
Expiration Date:	06/30/2012			
License Type:	DEA Certificate		Verified:	
State:				06/02/2015
				Jill A. Patraw
License Number:				L-DEA Website
	Active		Notes:	source date 6/2/2015
Expiration Date:	12/31/2017			
			Verified:	197
License Type:	State License		Verified Date:	
State:	WI			Jill A. Patraw
License Number:	56761			L-WI DRL Website
Status:	Active		Notes:	
Expiration Date:	10/31/2015			
			Verified:	197
License Type:	WI Caregiver Background Check		Verified Date:	06/02/2015 JP
State:	WI		Verified By:	Jill A. Patraw
License Number:				O-Verified Previously
Status:			Notes:	·····
Expiration Date:	02/11/2017			
auranica _{ke} us				
Assurance Compa			Verified:	
Policy Number:	MP92523 Letter	Description: Verify Malpractice Insurance	Verified Date:	06/11/2015

	Policy Number:	MP92523	Letter Description:	Verify Malpractice Insurance DOC	Verified Date:	06/11/2015
	Coverage Type:	Occurrence	Letter Sent Date:	06/10/2015	Verified By:	Jill A. Patraw
	Expiration Date:	06/16/2016	Letter Sent By:	Jill A. Patraw		I-Verification from Carrier \$1M / \$3M - No Claims
	ProAssurance Indem				Verified:	
	Policy Number:	MP91625	Letter Description:	Verify Malpractice Insurance DOC	Verified Date:	
	Coverage Type:		Letter Sent Date:	06/10/2015	Verified By:	Jill A. Patraw
	Expiration Date:	07/01/2015	Letter Sent By:	Jill A. Patraw	Verified How:	I-Verification from Carrier \$1M / \$3M - No Claims
	Pro Assurance				Verified:	
	Policy Number:	MP66573	Letter Description:	Verify Malpractice Insurance DOC	Verified Date:	
	Coverage Type:	Occurrence	Letter Sent Date:	06/10/2015	Verified By:	Jill A. Patraw 🔿
l	Expiration Date:	01/01/2016	Letter Sent By:	Jill A. Patraw	Verified How:	I-Verification from Carrier \$1M / \$3M - No Claims

Boards out a start and a start of the start of the

 Am Bd Psyc&Neur-Psychiatry
 Verified:

 Board Status:
 Certified

 Cert Number:
 Verified Date:

 Date:
 03/01/2016

 Verified How:

 B-ABMS Website-Board

 Certification

Notes:

Affiliations	网络哈尔汗等尔尔哈特			IKEI	nna E. Obasi, M.
North Central Health			· · · · · · · · · · · · · · · · · · ·	Verified:	
Affiliation Type.	Medical Staff	Letter Description	Verify Affiliations & Employment Reappt*	Verified Date:	06/15/2015
Category.	Not Provided	Letter Sent Date		Verified By:	Jill A. Patraw
Dept/Specialty.	Psychiatry	Letter Sent By	Jill A. Patraw		A-NCS-Health Care Affiliation Verif Ltr
Start Date: End Date:	11/21/2012			Notes:	
Ministry Medical Gro	up-Stevens Point			Verified:	
Affiliation Type:	Medical Staff	Letter Description.	Verify Affiliations & Employment Reappt*	Verified Date:	
Category:	Active	Letter Sent Date:		Verified By:	Jill A. Patraw
Dept/Specialty:	Psychiatry	Letter Sent By:	Jill A. Patraw		A-Health Care Facility Ve
Start Date: End Date:	06/26/2012			Notes:	
Winnebago Mental He	aalth Instituto			Verified:	
Affiliation Type:		Letter Description:	Verify Affiliations & Employment	Verified Date:	
Category:	Not Provided	Letter Sent Date:	Reappt* 06/10/2015	Verified By:	Jill A. Patraw
Dept/Specialty:			Jill A. Patraw		A-NCS-Health Care Affiliation Verif Ltr
Start Date:	01/01/2014			Notes:	Privileges were revoked
End Date:	01/01/2014				because he never showe up for his first day of work and never called again
Bellin Health Psychia	tric Center			Verified:	W
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
	Resigned	Letter Sent Date:	06/24/2015	Verified By:	Jill A. Patraw
Dept/Specially:		Letter Sent By:	Jill A. Patraw		A-Health Care Facility Ve Ltr
	09/10/2013			Notes:	
End Date:	06/30/2014				
American Telehealth (Care			Verified:	W
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
Category:	Not Provided	Letter Sent Date:		Verified By:	Jill A. Patraw
Dept/Specialty:	Psychiatry	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date:	08/01/2014			Notes:	
End Date:					
Bababo Opaneye, MD				Verified:	
Affiliation Type:	Reference	Letter Description:	Verify Refs - Reappointment *	Verified Date:	
Category:		Letter Sent Date:			Jill A. Patraw
Dept/Specially:		Letter Sent By:		Verified How:	A-NCS-Professional Ref Verif Ltr
Start Date:				Notes:	
End Date:					

Worksheet .		lkenna E. Obasi, M.D.
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 Gui Patraw
Entity Committee Review	Date	<i>Signature</i>
ANI Only - All Disclosure Questions Answered YESNO		
ANI Only - Issues Identified YESNO		

, ["]

Person centered. Outcome focused.

Delineation of Clinical Privileges

Obasi M.D. Kenna Name:

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

7.0

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)	Privilege Description
Children (12 y.o. and under)	 Acute mental disorders/conditions- assessment, diagnosis, and treatment
	 Addiction psychiatry- assessment, diagnosis, and treatment
Adolescents (13-17 y.o.)	Biopsychosocial assessment
Adult (18 y.o. and older)	 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
<i>i</i>	 Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
	• Family therapy
	 Forensic psychiatry- assessment, diagnosis, and treatment

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



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

8/24/15 Date

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

(1-20-15 DATE

Chair, Medical Executive Committee

_MD/DO

DATE

Chief Executive Officer with Board of Directors Approval

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 Fa	mily Practice, Internal Medicine)
	Psychiatry	Medical Director
	Mid-Level Practition	er 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:	
\land	
(Medical Director Signature)	<u>3 ~ 18 ~ 15 ~</u> (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)

10-20-15

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____

(Date)

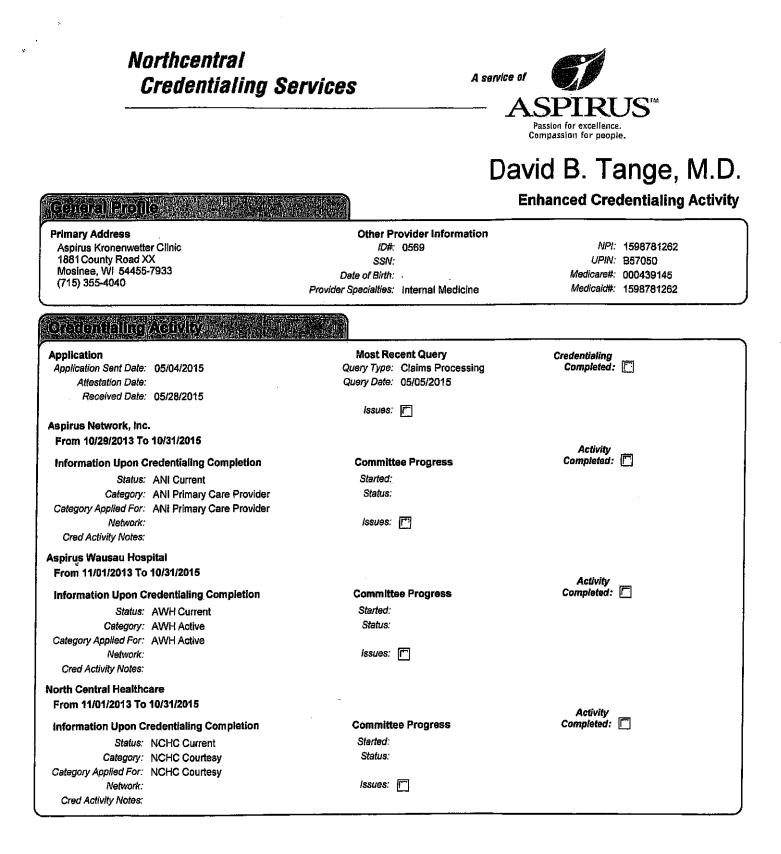
Response: _____ Concur ____ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



David B. Tange, M.D.

<u></u>		Verified:	
License Type:	DEA Certificate	Verified Date:	· · · · · · · · · · · · · · · · · · ·
State:	WI		Jill A. Patraw
License Number:	AT7791507		L-DEA Website
Status:	Active	Notes:	source date 5/26/2015
Expiration Date:	11/30/2016		
		Verified:	
License Type:	State License	Verified Date:	
State:	WI	Verified By:	Jill A. Patraw
License Number:	20943	Verified How:	L-WI DRL Website
Status:	Active	Notes:	
Expiration Date:	10/31/2015		
		Verified:	
License Type:	WI Caregiver Background	Verified Date:	
	Check		
State:	WI		Jill A. Patraw
License Number:			O-Verified Previously
Status:		Notes:	
Expiration Date:	05/01/2018		
		Verified:	V
License Type:	Advanced Cardiac Life	Verified Date:	05/28/2015
	Support	Varified Dur	BILA Detroit
State:		•	Jill A. Patraw
License Number:		Verified How: Notes:	O-FIT Only
Status:	10/04/00/1E	140185.	
Expiration Date:	12/31/2015		
		Verified:	
License Type:	Basic Life Support	Verified Date:	
State:		•	Jill A. Patraw
License Number:		Verified How:	O-FYI Only
Status:		Notes:	
Expiration Date:	12/31/2015		
<u> </u>			

Insurance, the second

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IATIAL	16	(M	CIJ.

Policy Number: MCL001317

Licenses

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 Date: 06/17/2015 Verified By: Jill A. Patraw Verified How: I-Verification from Carrier

Verified: 🕅

S

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

Boards Verified: 💱 Am Bd Int Med Board Status: Certified-Lifetime Verified Date: 05/28/2015 JP Cert Number: Verified By: Jill A. Patraw Verified How: B-ABMS Website-Board Expiration Date: Lifetime Certification Certification Notes: Verified: 😰 Am Bd Int Med (CAQ: Geriatric Med) Verified Date: 05/28/2015 Board Status: Not Renewed Verified By: Jill A. Patraw Cert Number: Verified How: B-ABMS Website-Board Expiration Date: 12/31/1998 Certification Notes:

Affiliations				Da	vid B. Tange, M.D.
Aspirus Wausau Hos	pital *			Verified:	V
Affiliation Type:	Medical Staff			Verified Date:	05/28/2015
Category:	Active			Verified By:	Jill A. Patraw
Dept/Specialty:	Internal Medicine				A-Health Care Facility Verif
Start Date:	08/01/1979			Notes:	
End Date:					
North Central Health	Care			Verifled:	
Affiliation Type:	Medical Staff		Verify Affiliations & Employment Reappt*		06/15/2015
Category:	Not Provided	Letter Sent Date:	06/10/2015	Verified By:	Jill A. Patraw
Dept/Specialty:	Internal Medicine	Letter Sent By:	Jilí A. Patraw		A-NCS-Health Care Affiliation Verif Ltr
Start Date:	01/01/2003			Notes:	
End Date:					
Mountview Care Cent	ter			Verifled:	
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
Category:	Not Provided	Letter Sent Date:	06/10/2015	Verified By:	Jill A. Patraw
	Internal Medicine	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
	01/01/2003			Notes:	
End Date:					
Aspirus Kronenwette	r Clinic			Verified:	17
Affiliation Type:	Medical Staff	Letter Description:	Verify Affiliations & Employment Reappt*	Verified Date:	
	Not Provided	Letter Sent Date:	06/10/2015	Verified By:	Jill A. Patraw
	Internal Medicine	Letter Sent By:	Jill A. Patraw	Verified How:	A-NCS-Health Care Affiliation Verif Ltr
Start Date: End Date:	08/06/1979			Notes:	
Laurence Gordon, D.C) .			Verified:	
Affiliation Type:		Letter Description:	Verify Refs - Reappointment *	Verified Date:	
Category:		Letter Sent Date:			Jill A. Patraw
Dept/Specially:		Letter Sent By:	•	•	A-NCS-Professional Ref Verif Ltr
Start Date: End Date:				Notes:	-

Worksheet and some and a second second		David B. Tange, M.D.
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 5/28/2015 jap	Comments
Consent Form	Sign Date & Initials 5/27/2015 jap	Comments
Privilege Form	Sign Date & Initials 5/27/2015 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 13 15	Juli Patr uw
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

David Tange, M.D. Name:

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



Children (12 y.o. and under)

Adolescents (13-17 y.o.)

Adult (18 y.o. and older)

	Privilege Description
•	Assessment, diagnosis and treatment of co-existing medical conditions for behavioral health patients within the Scope of Psychiatric Hospital services
•	Evaluation and medical management of detoxification patients
	Emergency medical management and treatment when indicated
	Pharmacologic management

Special Privileges (Reference specific privilege criteria) Requested:

Requested	Privilege Description

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 2015 Signature Date

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

DATI

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 Gabriel C	Ticho, M.D.	Appointment/ Reappointment <u>11-01-2015</u> + 10-31-2017 Time Period
Requested Privileges	Medical (Includes Fami	ly 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)

MEDICAL STAFF

Medical Staff recommends that:

 χ He/she be appointed/reappointed to the Medical Staff as requested _____ Action be deferred on the application ____ The application be denied

ž

(Medical Staff President Signature)

GOVERNING BOARD

Reviewed by Governing Board: ____

(Date)

Response: Concur Recommend further reconsideration

(Governing Board Signature)

(Chief Executive Officer Signature)

パーンロール (Signature Date)

S/18/15 (Signature Date)

(Signature Date)

(Signature Date)

· · /	<i>Northcentral Credentialing S</i>	Services	
			Passion for excellence. Compassion for people. Gabriel C. Ticho, M.
Ceneral Pro	nie		Enhanced Credentialing Activ
Primary Address North Central Hea 1100 Lake View D Wausau, WI 5440 (715) 848-4600	rive	Other Provider Info ID#: 0333 SSN: Date of Birth: Provider Specialties: Psychlatry	NPI: 1992711071 UPIN: E85525 Medicare#: 00000825
ClealentHillin	g Aterivity		
Application Application Sent Dat Attestation Date Received Date		Most Recent Query Query Type: Claims Proc Query Date: 05/05/2015	cessing Completed:
Aspirus Network, In From 10/29/2013 T		Issues: 🗂	
Status Category		Committee Progress Started: Status: Issues:	Activity Completed:
Aspirus Wausau Hos From 11/01/2013 To			
Status:		Committee Progress Started: Status: Issues:	Activity Completed: [7
iorth Central Health From 11/01/2013 To			
`Status: Category: Category Applied For:	redentialing Completion NCHC Current NCHC Active NCHC Active	Committee Progress Started; Status:	Activity Completed:
Network: Cred Activity Notes:		Issues:	

Licenses				Gal	oriel C. Ticho, M.I
United States Depart	ment of Justice		· · · · · · · · · · · · · · · · · · ·	Verified	
	DEA Certificate				
State:	WI				: 05/14/2015 D
License Number:	BT1626110				L-DEA Website
Status:	Active				source date 5/12/2015
Expiration Date:	11/30/2015				
Wisconsin State Boa	rd of Dental Examiners			Monified	
	State License			Verified:	05/14/2015
State:					Jill A. Patraw
License Number:	32157				L-WI DRL Website
Status:	Active			Notes:	
Expiration Date:	10/31/2015			110100.	
(in a set of the set				Verified:	
License (ype:	WI Caregiver Background Check			Verified Date:	05/14/2015
State:				Verified By:	Jill A. Patraw
License Number:					O-Verified Previously
Status:				Notes:	O-venned Previously
Expiration Date:	11/23/2015				
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ro Assurance				Verified:	0
Policy Number:	MP66573	Letter Description:	Verify Malpractice Insurance	Verified Date:	
Coverage Type:	000000000		DOC		\smile
Expiration Date:		Letter Sent Date:			Jill A. Patraw
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loards					
m Bd Psyc&Neur-Psy				Verified:	
Board Status:	Certified-Lifetime			Verified Date:	05/14/2015
Cert Number:				Verified Bv:	Jill A. Patraw
Expiration Date: (Lifetime Certification			Verified How:	B-ABMS Website-Board
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Affiliations			Gal	oriel C. Ticho, M.C
Aspirus Wausau Hospital *			Verified	
Affiliation Type: Medical	itaff		Verified Date	05/14/2015
Category: Active				Jill A. Patraw
Dept/Specialty: Psychiate	/		Verified How:	A-Health Care Facility Ver
Start Date: 08/01/19	1			Ltr Online
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North Central Health Care			Verified	स्थि
Affiliation Type: Medical S	taff Letter Descriptio	n: Verify Affiliations & Employment	Verified:	₩) 06/15/2015
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Category: Not Provi		e: 06/10/2015	Verified By:	Jill A. Patraw
Dept/Specialty: Psychiatn	Letter Sent B	ν: Jill A. Patraw	Verified How:	A-NCS-Health Care
Start Date: 07/30/199	1			Affiliation Verif Ltr
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Richard Minnihan, M.D.			Verified:	
Affiliation Type: Reference	Letter Description	verify Refs - Initial/Affiliate *	Verified Date:	
Category:	Letter Sent Date	2: 06/24/2015		Jill A. Patraw
Dept/Specialty:		/: Jill A. Patraw		A-NCS-Professional Ref
Start Date:				Verif Ltr
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hristlan DeGregorio, M.D.			Maultinde	
Affiliation Type: Reference	Letter Description	: Verify Refs - Reappointment *	Verified:	
Category:	Letter Sent Date	: 06/26/2015	Verified Date:	
Dept/Specialty:		Jill A. Patraw	Verified How:	Jill A. Patraw A-NCS-Professional Ref
Start Date:			romed now.	A-NCS-Protessional Ref Verif Ltr
Start Date: End Date:			Notes:	

Wolksheet		Gabriel C. Ticho, M.D
SAM Website	Date & Initials 5/8/2015 jap	Comments
NPDB Website query through Cactus	Date & Initials 5/5/2015 jap	Comments
OIG Website	<i>Date & Initials</i> 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	7/8/15	Signature Portrain
Entity Committee Review	Date	V Signature
ANI Only - All Disclosure Questions Answered (ES NO		
ANI Only - Issues Identified YES NO		

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

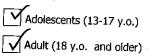
If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

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

Requested (initial)

Children (12 y.o. and under)



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

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

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 -29-15 Signature Date

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

10-20-10 DATE

MD/DO

Chair, Medical Executive Committee

DATE

Chief Executive Officer with Board of Directors Approval

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

