Name of Policy: Practice location approval. **Policy Number**: 3364-10-06 **Approving Officer**: Executive Vice President for Clinical Affairs and Dean, College of Medicine and Life Sciences **Responsible Agent**: Administrator for Risk Management **Scope**: The University of Toledo and University of Toledo Physicians	**Effective date:** June 17, 2020 **Original effective date**: May 1, 2016

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo ("UT") professional liability insurance program provides coverage to physicians and certain clinical associates ("Insured(s)") of The University of Toledo Physicians, LLC ("UTP") who practice at practice locations that have been approved by the Executive Vice President for Clinical Affairs and UT Dean, College of Medicine & Life Sciences ("Executive VP"). Practice locations owned or controlled by UT or UTP (see Appendix A) have been pre-approved, however, Practice Location Fact Sheets and Procedure Checklists do need to be submitted to Risk Management for entry into the practice location database.

(B) Purpose of policy

To provide a procedure for approving the practice locations of Insureds for coverage under the UT professional liability insurance program.

(C) Procedure

(1) Professional liability insurance underwriting

An individual's underwriting approval for professional liability insurance coverage in the UT professional liability insurance program will not be delayed pending the practice location review process, however, all attempts will be made to identify and approve the locations as soon as practical so the insurance program will be able to keep an accurate, up to date record of the insurance coverage dates and locations.

(2) Practice location approval process at the time of initial hiring or staff appointment

(a) The Administrator for Risk Management will review the Fact Sheets and Procedure Checklists that are part of the Application for Appointment. If any additional information is needed, the Administrator for Risk Management will obtain it directly from the Insured.

(b) When the Fact Sheets and Procedure Checklists are deemed complete, the Administrator for Risk Management will attach an Approval Form to the set of forms for each practice location requiring approval (i.e. those locations not listed in Appendix A). This makes up the Approval Packet for each practice location.

(c) The Approval Packets will be sent to the following individuals, in the order listed on the Approval Form. Each individual will indicate either approval or non-approval and forward the forms on to the next individual.

(i) Insured's Department Chairperson; then to
(ii) Executive VP; then to
(iii) Executive Director of UTP; and then return to
(iv) Administrator for Risk Management.

(d) Approval with conditions may also be granted. The condition or restriction applying to a particular practice location will be noted in the comments of the approval section of the Approval Form by the individual setting the condition.

(e) The completed Approval Packet (whether approved or denied) will be returned to the Administrator for Risk Management, who will then forward a copy to the Insured, Department Chairperson, UTP Human Resources and the Central Verification Office (for Provider Enrollment).

(f) Risk Management will update its practice location database.

(3) New practice location approval process after initial appointment

(a) An Insured wishing to have a new practice location added to his/her current approved locations will fill out a Fact Sheet and Procedure Checklist for that new location.

(b) If the location is not listed on Appendix A as pre-approved, the Insured will complete the upper part of the Approval Form and attach it to the Fact Sheet and Procedure Checklist specific to the location. This makes up the Approval Packet for that practice location.

(c) The above sections (2) (c) through (2) (f) are completed.

(d) If the location is listed on Appendix A and does not require further approval, then the Fact Sheet and Procedure Checklist are sent directly to Risk Management.

(4) Annual practice location audit

(a) Each Insured will be surveyed on an annual basis with respect to their practice locations.
(i) On even numbered years, the Administrator for Risk Management will provide each Insured with a listing of their locations that are in the Risk Management practice location database and the Insured will update the list as appropriate.
(ii) On odd numbered years, the Administrator for Risk Management will provide each Insured with a copy of the Fact Sheet and Procedure Checklist for each location that is in the Risk Management practice location database and the Insured will update the information as appropriate.

(b) During the annual audit, Insureds will be instructed to complete a new Fact Sheet and Procedure Checklist for any location where they practice but forms are lacking.

(c) Any returned forms that contain significant changes or any form for a new location requiring approval will have an Approval Form attached by the Administrator for Risk Management and will be forwarded for approval as outlined in section (3) above.

(5) Appeal process for non-approval or conditional approval

The Insured or Department Chairperson may appeal the non-approval or conditional approval of any location to the individual who disapproved or placed a conditional approval on the location. The Administrator for Risk Management will be advised of any change in approval status following the appeal.

(6) Forms

The following three forms will make up a practice location approval packet ("Approval Packet") and will be completed by Insureds for each location where they are seeking to practice.

(a) Practice Location Approval Form: This form is used for any location that requires approval and is not listed on Appendix A. It serves as the cover page that is attached to each Practice Location Fact Sheet and Procedure Checklist and documents the approval process for a particular practice

location. This form will be signed off by the Insured's Department Chairperson, Executive VP and Executive Director of UTP.

(b) Practice Location Fact Sheet: This form must be completed for every location where an Insured intends to practice. It is used to evaluate that particular location's role in supporting the teaching mission, research mission and strategic mission of UT. This form is completed for all practice locations, even those pre-approved locations listed in Appendix A.

(c) Practice Location Procedure Checklist: This form must be completed for every location where an Insured intends to practice. It is used to evaluate the type of practice and procedures that will be done at that particular location and helps establish the insurance risk rating for that location. The Checklist has nothing to do with credentialing or privileging at that location. This form is completed for all practice locations, even those pre-approved locations listed in Appendix A.

(7) Quarterly practice location reports

The Administrator for Risk Management will provide the Executive VP , UTP Chief Financial Officer and Director of the Central Verification Office a quarterly report of all UTP Insureds and their practice locations.

Approved by: /s/ Christopher Cooper, M.D. Executive Vice President for Clinical Affairs and Dean, College of Medicine & Life Sciences June 17, 2020 Date *Review/Revision Completed by:* *University of Toledo Physicians President* *University of Toledo Physicians Executive Director* *Office of Legal Affairs – Health Science Campus* *SLT*	Policies Superseded by This Policy: None Initial Effective Date: 1/1/2008 Review/Revision Date: 9/1/2011, 3/18/2014, 10/1/15, 5/1/16, 6/17/2020 **Next review date: June 19, 2023**

Appendix A

UT/UTP Practice Locations Pre-Approved by the Executive Vice President for Clinical Affairs

- Community Care Clinic (all locations)
- Dana Cancer Center
- Fallen Timbers (3100 Main Street, Maumee)
- Glendale Medical Center
- Glendale Medical East
- Kobacker Center
- Main Campus Medical Center
- Maumee Cardiology Clinic
- ProMedica Facilities
    - ProMedica Bay Park Hospital
    - ProMedica Bixby Hospital
    - ProMedica Center for Health Services
    - ProMedica Defiance Regional Hospital
    - ProMedica Flower Hospital
    - ProMedica Fostoria Community Hospital
    - ProMedica Health and Wellness Center
    - ProMedica Herrick Hospital
    - ProMedica Hickman Cancer Center
    - ProMedica Memorial Hospital
    - ProMedica Monroe Regional Hospital
    - ProMedica Parkway Surgery Center
    - ProMedica Toledo Hospital
    - ProMedica Toledo Children's Hospital
    - ProMedica Wildwood Orthopaedic and Spine Hospital
- Regency Office (1000 Regency Court, Toledo)
- Regional Center for Sleep Medicine (4041 W. Sylvania Ave., Toledo)
- Rehabilitation Hospital of Northwest Ohio (1455 W. Medical Loop, Health Science Campus)
- Rocket Pediatrics – Waterville (1089 Pray Blvd., Waterville)

- Ruppert Health Center

- Sports Medicine Program (Various school locations)

- The University of Toledo Medical Center (including Medical Pavilion and Isaac Surgery Center)
- UT Collaborative Medical Practice at Falzone

UT Pediatrics – Perrysburg (1103 Village Square Dr., Perrysburg)

Appendix B
PRACTICE LOCATION APPROVAL FORM

- Use one Approval Form for each practice location.
- Attach fully completed forms specific to this location:
  - ✓ Practice Location Fact Sheet
  - ✓ Procedure Checklist
- Forward Approval Form & attachments to Department Chairperson.

◄◄◄ ►►►

Practitioner Name: _____ Date of Request: _____

Specialty: _____ Department: _____

Location Name: _____

Please check one: √

☐☐ This location request is part of my initial employment process.

-- OR --

☐☐ This location is being requested as a new location to my existing approved locations.

Approval Process

Department Chairperson: ☐ ☐☐ Approved ☐☐ Not Approved

Comments: _____

Signature: _____ Date: _____

Executive Vice President for Clinical Affairs: ☐☐ Approved ☐☐ Not Approved

Comments: _____

Signature: _____ Date: _____

UTP Executive Director: ☐ ☐☐ Approved ☐☐ Not Approved

Comments: _____

Signature: _____ Date: _____

3-24-16

Return Fully Signed Approval Form and Attachments to
UTMC Administrator for Risk Management

Appendix C
Practice Location Fact Sheet

The University of Toledo Insurance Program
The University of Toledo Physician, LLC Provider Enrollment

Fully complete a separate Fact Sheet & Procedure Checklist for each of your practice locations.
(Note: The Procedure Checklist is completed ONLY for physicians)

1. Practitioner's Name: _____

2. Practice Location Name: _____

3. Practice Location Address: _____

4. Practice Location Phone: _____ Fax: _____

5. Type of Privileges (as applicable): ___ Admitting ___ Non-admitting (Explain _____)

5a. Approximately how many hours per week will be spent at this location: _____

6. Does or are you requesting UTP provide the professional liability insurance coverage at this location? If another insurer provides insurance, please give the name of the insurance company: _____	UT Physicians	Yes ☐ No ☐
7. Does or will UTP bill for the services provided at this location? If you use another billing service, please give the name of that billing service: _____	UT Physicians	Yes ☐ No ☐
8. By practicing at this location, is the **TEACHING MISSION** of UT is supported? Please explain whether you teach students other than medical students, residents/fellows and any other teaching activities: _____ _____	I Do Teaching At Site Medical Students Residents/Fellows Other Students (explain)	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
9. By practicing at this location, is the **RESEARCH MISSION** of UT directly supported (e.g. patients will be recruited for clinical/non-clinical trials)? Explain a 'Yes' answer: _____ _____		Yes ☐ No ☐
10. By practicing at this location, is the **STRATEGIC MISSION** of UT directly supported (e.g. promoting outreach and business growth UTMC or UTP)? Explain a 'Yes' answer: _____ _____ _____		Yes ☐ No ☐

11. The service provided at this location will be [check the appropriate boxes]:

Inpatient (Hospital) Yes ☐ No ☐	Clinic/Office Yes ☐ No ☐	Long Term Care Yes ☐ No ☐
Outpatient (Hospital) Yes ☐ No ☐	Emergency Medicine Yes ☐ No ☐	Other Yes ☐ No ☐

12. Additional comments or information about this location:

_____

_____

_____

Practice Location Procedure Checklist

(Note: The Procedure Checklist is completed ONLY for physicians)

The University of Toledo Insurance Program
The University of Toledo Physicians, LLC Provider Enrollment

1. Practitioner's Name: _____

2. Practice Location Name: _____

Please classify your surgical practice at this indicated location, if applicable:

- ☐ Abdominal
- ☐ Cardiac
- ☐ Cardiovascular Disease
- ☐ Colon and Rectal
- ☐ Emergency Medicine
- ☐ Gastric Bypass/Bariatric Surgery
- ☐ General
- ☐ Gynecological
- ☐ Hand
- ☐ Head and Neck
- ☐ Laryngology
- ☐ Neurology
- ☐ Obstetrics
  - ☐ Normal Deliveries
  - ☐ C-Sections
  - ☐ Vaginal Birth after C-Section
- ☐ Ophthalmology
- ☐ Orthopedic
  - ☐ Spine Surgery
  - ☐ No Spine Surgery
- ☐ Otology
- ☐ Otorhinolaryngology
  - ☐ Including elective cosmetic procedures
  - ☐ Not including elective cosmetic procedures
- ☐ Plastic
- ☐ Podiatry
- ☐ Rhinology
- ☐ Thoracic ____% of Practice
- ☐ Urology
- ☐ Vascular ____% of Practice
- ☐ Other _____

Please check any of the following procedures you want to perform, at this indicated location, under the insurance coverage you are applying for:

- ☐ Abortion - Elective
- ☐ Acupuncture
- ☐ Adenoidectomy
- ☐ Anesthesia
  - ☐ Spinal
  - ☐ Caudal
  - ☐ Conc. Sedation
  - ☐ General
  - ☐ Other
- ☐ Angiography
- ☐ Angioplasty
- ☐ Appendectomy
- ☐ Arteriography
- ☐ Assist in Major Surgery
  - ☐ On own patients
  - ☐ On patients of others
- ☐ Blepharoplasty
- ☐ Breast Biopsy
- ☐ Breast Implant
  - ☐ Cosmetic _____% of practice
  - ☐ Reconstructive _____% of practice
- ☐ Bronchoscopy
- ☐ Chemonucleolysis
- ☐ Cholecystectomy
- ☐ Cholecystectomy, Laparoscopic
- ☐ Colonoscopy
- ☐ Cyrosurgery (other than external lesions)
- ☐ Dermatological Procedure
  - ☐ Chemical Peel
  - ☐ Chemobrasion
  - ☐ Dermabrasion
  - ☐ Fat Transfer
  - ☐ Hair Transplant
  - ☐ Silicone Injection
  - ☐ Tumescent Liposuction
  - ☐ Other
- ☐ Dermatopathology
- ☐ D&C
- ☐ Encephalography
- ☐ Endoscopic laser therapy
- ☐ Endoscopy other than Proctoscopy, Sigmoidoscopy, Coloscopy & Cystoscopy
- ☐ ERCP
- ☐ Exchange transfusion in newborns
  - How many per year?_____
- ☐ Fluoroscopy
- ☐ Fracture Reduction
  - ☐ Open
  - ☐ Closed
- ☐ Gastroscopy
- ☐ Hip nailing
- ☐ Hyperbaric Medicine
- ☐ Hysterectomy
- ☐ Intensive Care for Newborns Within a Tertiary Care Unit
- ☐ Laminectomy
- ☐ Laparoscopy
- ☐ Laser Hair Removal
- ☐ Laser Skin Resurfacing
- ☐ Laser Surgery
- ☐ Left Heart Catheterization
- ☐ Liposuction
- ☐ Lithotripsy
- ☐ Mammography
- ☐ Myelography
- ☐ Norplant Insertion/Extraction
- ☐ Organ Transplant
- ☐ Pain Management
  - ☐ Medication Only
  - ☐ Dorsal Root Gangliotomy
  - ☐ Sympathectomy
  - ☐ Spinal Cord Stimulator
  - ☐ Implantation/Removal Drug Infused Pump
  - ☐ Sphenopalatine Lesioning
  - ☐ Trigeminal Lesioning
  - ☐ Cordotomy
  - ☐ Other _____
- ☐ Pedicle Screws for Spinal Surgery
- ☐ Permanent Pacemaker
- ☐ Polypectomy
- ☐ Prenatal Care
- ☐ Radiation/X-Ray Therapy
- ☐ Radiopaque Dye
- ☐ Robotic Surgery
- ☐ Scoliosis Surgery
- ☐ Shock Therapy
- ☐ Spinal Fusion
- ☐ Thyroidectomy
- ☐ Tonsillectomy
- ☐ Tubal ligation
- ☐ Vasectomy
- ☐ Weight Control ____% of practice
  - ☐ Gastric Bubble
  - ☐ Gastric Stapling
  - ☐ Medications Prescribed:
    _____
    _____
    _____
- ☐ Other Procedures (please list):
  _____
  _____

☐ **None of the above procedures are applicable to my practice at this indicated location.**

If applicant is approved for insurance coverage, it will be his/her responsibility to notify The University of Toledo Risk Management Department of any changes in practice specialty, including but not limited to practice location, procedures, affiliation, etc. Failure to notify The University of Toledo Risk Management Department of such changes could require retroactive upward premium adjustment and in the event of a claim, could lead to a denial of liability coverage.