

CREDENTIALING PROCEDURES MANUAL

MEMORIAL HOSPITAL OF SOUTH BEND, INC.

SOUTH BEND, INDIANA

August 17, 2016

Amended:
June 21, 2017
November 30, 2017
September 27, 2018

CREDENTIALING PROCEDURES MANUAL

Table of Contents

PART ONE. APPOINTMENT PROCEDURES.....	1
1.1 INITIATION OF THE APPLICATION PROCESS	1
1.2 APPLICATION CONTENT	1
1.3 EFFECT OF APPLICATION	2
1.4 APPLICATION PROCESS.....	3
1.4-1 Applicant's Responsibility	3
1.4-2 Credentialing.....	3
1.4-3 Expedited Credentialing and Classification of Applications.....	6
1.4-4 Specific Processes and Procedures for Review of Applications	8
1.4-5 Reapplication After Adverse Credentials Decision	11
PART TWO. REAPPOINTMENT PROCEDURES	11
2.1 INFORMATION COLLECTION AND VERIFICATION.....	11
2.1-1 From Staff Member / Privilege Holder	11
2.1-2 From Internal Sources	12
2.2 DEPARTMENT EVALUATION	13
2.3 CREDENTIALS COMMITTEE EVALUATION	13
2.4 MEDICAL EXECUTIVE COMMITTEE ACTION	13
2.5 EFFECT OF MEC ACTION.....	13
2.6 BOARD ACTION.....	14
2.7 CONTENT OF REPORTS AND BASIS FOR RECOMMENDATION AND ACTION.....	15
2.8 TIME PERIODS FOR PROCESSING.....	15
2.9 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES.....	15
2.10 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION	15
PART THREE: AMENDMENT	15
3.1 AMENDMENT	15
CERTIFICATION OF ADOPTION AND APPROVAL	16

CREENTIALING PROCEDURES MANUAL

In this **Medical Staff Credentialing Procedures Manuel only**, for purposes of simplification of language, the following terms shall be deemed to include additional persons beyond the definitions found in the Medical Staff Bylaws. Except where otherwise specified in this document, the terms “**Applicant**” and “**Practitioner**” shall be deemed to include both Licensed Independent Practitioners and Advanced Practice Professionals. Similarly, except where otherwise specified, the terms **Medical Staff Member, Staff Member, Member, and Privilege Holder** shall be deemed to also refer to Advanced Practice Professional Staff Members and Advanced Practice Professional Privilege Holders respectively. An Advanced Practice Professional is not entitled to the same procedural due process rights as provided in the Fair Hearing Plan for Staff Members, Privilege Holders, and Applicants who are Licensed Independent Practitioners, unless the Board determines otherwise for certain specific categories of Allied Health Professionals.

PART ONE. APPOINTMENT PROCEDURES

1.1 INITIATION OF THE APPLICATION PROCESS

All Applicants will be provided with an application upon request. The Applicant will be informed of the minimum requirements for Staff Membership/Privileges and advised that if it is found that the Applicant does not meet the minimum qualifications when the application is received, the application will be deemed incomplete and will not be processed. Such failure to meet minimum qualifications and subsequent non-processing of application shall not in any way give rise to any substantive or procedural due process rights which may otherwise be afforded under the Medical Staff Bylaws or the Fair Hearing Plan.

Applicants must complete the entire application form, provide all information requested and attach all requested documentation; they must sign the application, complete and sign the attestation as to the correctness and completeness of the application, and sign the attached authorization for release of information and liability. If additional information is required, or if questions are left blank, the Applicant will be contacted and informed. The Applicant is responsible for providing any and all information necessary to complete the application, and no application will be processed until the application has been completed in its entirety.

1.2 APPLICATION CONTENT

Every Applicant must furnish complete information concerning the following:

- 1.2-1 Professional training, including the name of each institution, degrees granted, program completed, and dates attended.
- 1.2-2 All currently valid medical, dental and other professional licensures or certifications, and Drug Enforcement Administration registration if held, with the date and number of each.
- 1.2-3 Specialty or sub-specialty board certification, recertification, or eligibility status.
- 1.2-4 Health impairments (including alcohol or drug dependencies), if any, affecting or that reasonably might affect the Applicant's ability in terms of skill, attitude or judgment to perform professional and Medical Staff duties fully; hospitalizations or other institutionalizations for significant health problems during the past five (5) year period; date of last physical examination with name and address of performing physician/institution and significant findings.
- 1.2-5 Proof of status as a “qualified health care provider” under the Indiana Medical Malpractice Act or evidence that “qualified health care provider” status will be available as of the date

CREENTIALING PROCEDURES MANUAL

that any Privileges granted become effective, and information on malpractice claims history and experience (suits and settlements made, concluded and pending), including the names of present and past insurance carriers for the last ten (10) years.

- 1.2-6 Any pending or final action involving denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary relinquishment (by resignation or expiration) of the following: (i) license or certificate to practice any profession in any State or Country; (ii) Drug Enforcement Administration registration or other controlled substances registrations; (iii) membership or fellowship in local, State or national professional organizations; (iv) faculty membership at any medical or other professional school; (v) staff membership, membership status, prerogatives, or clinical privileges at any other hospital, clinic or health care institution; (vi) professional liability insurance.
- 1.2-7 Location of medical offices; names and addresses of other practitioners with whom the Applicant is or was associated and inclusive dates of such association; names and locations of any other hospital, clinic or health care institution where the Applicant provides or provided clinical services with the inclusive dates of each affiliation, status held, and general scope of clinical privileges.
- 1.2-8 Department assignment, Staff category, and specific Clinical Privileges being requested.
- 1.2-9 Any current felony criminal charges pending against the Applicant and any past felony charges or convictions. Criminal history background checks shall be performed on all Applicants.
- 1.2-10 The names of at least three (3) medical professionals, preferably not current partners (or about to become partners), or relatives, These individuals must have personal knowledge of the Applicant's current clinical ability, ethical character, health status, and ability to work cooperatively with others, and they must be willing to provide specific written comments on these matters. The references must have acquired the requisite knowledge through recent observation of the Applicant's professional performance over a reasonable period of time and, at least one, must have had organizational responsibility for supervision of the Applicant's performance (e.g., Department Chief, Service Chief, or Training Program Director).
- 1.2-11 Acknowledgement of statements which notify the Applicant of the scope and extent of the authorization, confidentiality, immunity, and release provisions of the Medical Staff Bylaws and this Credentialing Procedures Manual.
- 1.2-12 Evidence of timely receipt of immunizations required by the Hospital or evidence of an existing contraindication.
- 1.2-13 Signed attestation which includes the following:
 - Reasons for any inability to perform the essential functions of the position, with or without accommodation.
 - Lack of present illegal drug use.
 - No History of loss of license or felony convictions.
 - No History of loss or limitations of privileges or disciplinary activity
 - Current or pending malpractice insurance coverage
 - The correctness and completeness of the application

1.3 EFFECT OF APPLICATION

The Applicant must sign the application and in so doing:

- 1.3-1 attests to the correctness and completeness of all information furnished;

CREENTIALING PROCEDURES MANUAL

- 1.3-2 signifies a willingness to appear for interviews in connection with the application;
- 1.3-3 agrees to abide by the terms of the Bylaws, Rules, Regulations, Policies, and Procedures of the Medical Staff and those of the Hospital (including the Beacon Health System Immunization Requirements for all Persons Working in a Healthcare Setting) if granted Membership and/or Clinical Privileges, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not Membership and/or Privileges are granted;
- 1.3-4 agrees to maintain an ethical practice and to provide continuous care to patients;
- 1.3-5 authorizes and consents to Hospital Representatives consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence, and consents to Hospital Representatives inspecting all records and documents that may be material to evaluation of said qualifications and competence;
- 1.3-6 authorizes and consents to Hospital Representatives performing a criminal history background check; and
- 1.3-7 releases from any liability all those who, in good faith and without malice; review, act on, or provide information regarding the Applicant's competence, professional ethics, character, health status, or other qualifications for Medical Staff appointment and/or Clinical Privileges.

For purposes of this Section, the term "Hospital Representative" includes the Board, its directors and committees; the Hospital President; the Medical Staff organization and all Medical Staff Members, clinical units, and Committees; and any authorized representative of any of the foregoing, which have responsibility for providing information about or collecting and evaluating the Applicant's credentials or reviewing or acting upon said application.

1.4 APPLICATION PROCESS

1.4-1 APPLICANT'S RESPONSIBILITY

The Applicant has the burden of producing adequate information for a proper evaluation of experience, training, current competence, clinical skills, ability to work cooperatively with others, health status, and of resolving any concerns about these or any of the qualifications required for Staff Membership, the requested Staff category, the requested Department assignment, or the requested Clinical Privileges. The Applicant also has the burden of satisfying any reasonable requests for information or clarification (including health examinations) made by appropriate Staff or Board authorities, and it is the Applicant's obligation to obtain information required to complete the verification process as requested. Failure by the Applicant to provide all required and requested materials by 120 days after the latter of the date of application or the date of any additional request for information or documentation will be deemed voluntary withdrawal of the Application.

1.4-2 CREENTIALING

The verification process includes (but is not limited to) primary source verification of the following information verified through the American Medical Association (AMA) Physician Master File, American Osteopathic Association (AOA) Physician Master File, or with the agency of document origin.. Primary source verification may include verbal verification that will be dated, initialed, and a notation made of the credential being verbally verified. For written verifications, the date of the official document will be used for timeline requirements.

CREENTIALING PROCEDURES MANUAL

A. Verification of Graduation from Medical/Professional School and Completion of Residencies and Fellowships.

1. Physicians: Verification of medical school graduation and completion of residency and fellowship training may be obtained from the institution(s) where the training was completed, and/or an agency that is deemed a primary source verification, (such as the AMA or AOA Physician Master File).

Graduates from medical schools located outside the United States, Canada, or Puerto Rico must provide evidence of certification by the Education Commission for Foreign Medical Graduates (ECFMG) or successful completion of a fifth pathway, or a passing score on the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS). Verification from the ECFMG will be considered primary source verification for foreign medical graduates.

2. Allied Health Professionals: Primary source verification from the professional school of the highest level of education or from an agency that is deemed a primary source verification will be completed in writing or verbally.

B. Board Certification. (Does not apply to Allied Health Professionals) Medical Staff Applicants must be board certified and or subspecialty certified by a member board of the American Board of Medical Specialties (ABMS), a member board of the American Osteopathic Association Bureau of Osteopathic Specialists (AOABS), the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Medicine, or the American Board of Foot and Ankle Surgery; or an Applicant must have within the last five (5) years completed a graduate training program which qualifies the Applicant to seek certification by one of these certifying organizations. Those who have recently completed a residency or fellowship program are expected to become certified before five years have transpired since the date of completion of their latest residency or fellowship training in order to qualify to retain Membership and/or Privileges. (This board certification requirement does not apply to dentists and is applicable only to those individuals who receive initial Staff appointment or initial grant of Privileges on or after 7/1/2008. Those individuals who applied for and received initial Staff appointment prior to 7/1/2008, and who have continuously maintained that appointment and/or those Privileges, will be considered grandfathered under this clause.)

All Medical Staff Members and Privilege holders who are required to attain board certification and/or subspecialty certification must also continuously maintain at least one board certification and/or subspecialty certification. The "continuous" aspect of this maintenance requirement may be temporarily waived for periods of up to thirty (30) months by individual application to the MEC which may act in its sole discretion. (This board certification maintenance requirement does not apply to dentists and is applicable only to those individuals who receive initial Staff appointment or initial grant of Privileges on or after 7/1/2011. Those individuals who applied for and received initial Staff appointment or initial grant of Privileges prior to 7/1/2011, and who have continuously maintained that appointment and/or those Privileges, will be considered grandfathered under this clause.)

Board certification will be verified at initial appointment and at reappointment either by entry in the ABMS Compendium, entry in the AOA Directory of Osteopathic Physicians, confirmation from the appropriate specialty board, entry in the AMA or AOA Physician Master File, or confirmation from the state licensing

CREDENTIALING PROCEDURES MANUAL

agency.

- C. Professional License. Verification of a current Indiana license will be obtained from the Indiana Professional Licensing Agency (IPLA).
- D. DEA/CSC Certification. For those with such certification, a photocopy of the current DEA certificate and Indiana Controlled Substance Registration certificate will meet verification requirements. Confirmation of the State CSR through the Indiana Professional Licensing Agency (IPLA) will also meet requirements, as well as confirmation of DEA registration through the AMA Physician Master File.
- E. Malpractice Insurance Coverage. A copy of the current malpractice face sheet or verbal confirmation from the underwriter that coverage will be provided at the appropriate date is required at the time of credentialing. Professional liability coverage must be at or above the State mandated requirement and the Applicant must be a "qualified health care provider" under the Indiana Medical Malpractice Act.
- F. Malpractice Claims History. Professional liability claims history is verified through the insurance carrier or the National Practitioner Data Bank (NPDB) and reviewed for the number, specifics, and pattern of claims. The Indiana Patient's Compensation Fund may also be queried for malpractice claims filed in the State of Indiana.
- G. Background Checks. Memorial Hospital engages in criminal background checks as a verification element within the credentialing process.
- H. Identity: Verification that the Applicant requesting appointment and/or Clinical Privileges is the same person identified in the documents will be made by viewing a valid photo ID issued by a state or federal agency, (e.g., driver's license or passport).
- I. Verification of Hospital Affiliations and Work History. An Applicant must report a clinical work history from hospitals or other health care affiliations which, at a minimum, outlines the five (5) years immediately preceding the current date. This information must be reported on the application, curriculum vitae or resume. Any gap greater than six (6) months must be explained in writing.
- J. Clinical Privileges: The status of current clinical privileges at hospitals designated by the Applicant will be verified in writing or verbally and will include the dates of appointment, scope of privileges, restrictions, and recommendations.
- K. National Practitioner Data Bank (NPDB). All Licensed Independent Practitioners will be enrolled in the National Practitioner Data Bank Continuous Query. This report includes Medicare and Medicaid sanctions, licensure restrictions, medical malpractice claim payment history, and records of any clinical privilege restrictions.
- L. Sanctions and Ongoing Monitoring. Medicare and Medicaid sanctions are monitored via query of the AMA/AOA physician master files, the National Practitioner Data Bank (NPDB), and/or the Office of the Inspector General (OIG) as part of primary source verification during credentialing and reappointment.
- M. Professional References. Three professional references are required for initial Applicants and must be received before an application is deemed to be complete.
- N. Additional information. Other information as deemed necessary may also be

CREDENTIALING PROCEDURES MANUAL

collected and considered.

1.4-3 EXPEDITED CREDENTIALING AND CLASSIFICATION OF APPLICATIONS

Each application will be assigned one of two classification levels in order to expedite the review and decision making part of the credentialing process. Each application for appointment to the Medical or Allied Health Professional Staff will be reviewed and assessed by the appropriate Department Chief, Credentials Committee, Medical Executive Committee, and Board according to the following scheme:

Level 1 Classification: Appointment Criter1a (all of the following must be fulfilled):

1. A complete application has been submitted.
2. Satisfactory completion of all education and training, or for those applicants who are in the final six months of a residency or fellowship program, the anticipated satisfactory completion of said training program shall be deemed to satisfy this criterion.
3. No negative or questionable evaluations or recommendations received from references.
4. No disciplinary actions at any health care facility concerning membership or privileges.
5. No current challenge or previously successful challenge to licensure or registration.
6. No involuntary termination of medical/allied health staff membership at another institution.
7. No involuntary limitation, reduction, denial, or loss of clinical privileges at another institution.
8. No unusual pattern of, or an excessive number of professional liability actions against the Applicant.
9. No present or pending felony criminal charges or investigations or prior felony criminal convictions.

Evaluation and Decision Making Process: Level 1.

1. Medical Staff Office personnel process the application and obtain all required documentation and verifications, assess the application for completeness and assign a proposed Level 1 if the above criteria are met.
2. The application is forwarded to the appropriate Department Chief for review and recommendation. The Department Chief reviews the application to ensure that it fulfills the established standards and criteria for Membership and/or Clinical Privileges. The Department Chief determines whether the application should be forwarded as Level 1, or may change the designation to Level 2.
3. If the Department Chief recommends continuation as Level 1, the application is presented to the Credentials Committee Chair for review and recommendation. The Credentials Committee Chair reviews the application to ensure that it fulfills the established standards and criteria for Membership and/or Clinical Privileges. The Credentials Chair can recommend that the application move forward as Level 1, or can change the designation to Level 2. If forwarded as Level 1, the

CREDENTIALING PROCEDURES MANUAL

Credentials Committee Chair acts on behalf of the Credential Committee.

4. If the Credentials Chair recommends continuation as Level 1, the application is forwarded electronically (or hard copy if necessary) to Credentials Committee members for review. If no Credentials Committee member recommends a change to Level 2, the application will be presented to the Expedited Credentialing Subcommittee of the MEC which consists of the Medical Staff President, Vice-President, and Secretary-Treasurer and is designated by the MEC to review Level 1 applications and is authorized by the MEC to act on its behalf on these applications. The Expedited Credentialing Subcommittee reviews the application to ensure that it fulfills the established standards and criteria for Membership and/or Clinical Privileges. The Expedited Credentialing Subcommittee can Recommend that (1) the application move forwarded as Level 1, (2) may change the designation to Level 2 in which case the application will be evaluated by the MEC as a whole, or (3) may change the designation to Level 2 and Recommend that the application be re-evaluated by the Credentials Committee. (The actions of this Subcommittee may be executed electronically or through a virtual meeting if the Subcommittee so determines.)
5. If any recommendation is negative, or there is any recommendation to reassign the application to Level 2, the application is further processed as a Level 2 application by the Credentials Committee, the MEC, and the Board.
6. If all recommendations are positive: the application is forwarded to the Expedited Credentialing Subcommittee designated by the Board of Trustees. This Subcommittee, consisting of at least two (2) voting members of the Board, is designated by the Board to review applications for appointment and/or Clinical Privileges and is authorized by the Board to act on its behalf on these applications; thus the date of any Action taken is the date that the Subcommittee meets, and any appointment and/or Privileges granted will be effective as of that date unless this Subcommittee designates a later date. The Subcommittee may (1) approve appointment and/or Privileges, may (2) defer further consideration to the full Board at its next meeting, or may (3) deny or limit appointment and/or requested Privileges. (The Actions of this Subcommittee may be executed electronically or through a virtual meeting if the Subcommittee so determines.)
7. A report from the MEC will be prepared for the full Board of Trustees, identifying those Practitioners who were appointed and/or granted Clinical Privileges via this mechanism. This report is for information only since the Board Subcommittee is authorized to act for the Board of Trustees on Level 1 applications.

Level 2 Classification: Appointment Criteria (Any one of the following may cause an application to be classified Level 2)

1. Peer references and/or prior affiliations indicate potential problems (i.e., difficulty in interpersonal relations, minor patient care issues, etc.)
2. Three or more malpractice claims filed within the past five years.
3. Disciplinary actions have been taken by a Medical Board or federal agency, or there is a prior or pending felony criminal conviction.
4. Clinical privileges have been revoked, diminished or otherwise altered by another health care organization.
5. Failure to meet any one of the Level 1 criteria

CREENTIALING PROCEDURES MANUAL

Evaluation and Decision Making Process: Level 2.

1. Medical Staff Office personnel process the application and obtain all required documentation and verifications, assess the application for completeness and assign a proposed Level 2.
2. The application is forwarded to the appropriate Department Chief for review and recommendation. The Department Chief reviews the application to ensure it meets the established standards and criteria for Membership and/or Clinical Privileges.
3. If the application is recommended for Level 2 designation by the Department Chief, the application is forwarded to the Credentials Committee for review and recommendation. The Credentials Committees reviews the application to ensure it meets the established standards and criteria for Membership and/or Clinical Privileges.
4. If the application is recommended for Level 2 designation by the Credentials Committee, the application is forwarded to the MEC for review and Recommendation.
 - a. If the MEC Recommendation is positive: the application is forwarded to the Board of Trustees for final Action.
 - b. If the MEC Recommendation is negative, the application is further processed in the manner detailed in the Fair Hearing Plan.

1.4-4 SPECIFIC PROCESSES AND PROCEEDURES FOR REVIEW OF APPLICATIONS

A. DEPARTMENT EVALUATION

Once the verification process is completed, the Chief of the Department in which Privileges are requested reviews the completed application, supporting documentation submitted by the Applicant, and all primary source verifications received by the Medical Staff Office. The Chief shall evaluate the Applicant's qualifications for Staff Membership and Clinical Privileges in accordance with the following criteria:

Licensure status
Specialty board certification status
Relevant training and experience
Ability to perform professional duties
Past professional performance and current competence
Peer evaluations
Malpractice claims history

Department Chiefs may, at their discretion, interview the Applicant. If further information is required, a Department Chief may defer transmitting a recommendation to the Credentials Committee for a maximum of 30 days. In the case of such a deferral, the applicable Chief must notify the Applicant and the Chairman of the Credentials Committee in writing of the deferral, and the grounds for the deferral. If the Applicant is to provide additional information, the notice must so state and include a request for the specific data, information, or explanation and specify a date by which a response is required. Failure of the Applicant, without good cause, to respond in a satisfactory manner by the designated date is deemed a voluntary withdrawal of the application. After reviewing all relevant

CREDENTIALING PROCEDURES MANUAL

information, the Chief shall submit his report and recommendation to the Credentials Committee.

B. CREDENTIALS COMMITTEE EVALUATION

The Credentials Committee shall review the application, the supporting documentation, the report and recommendation from the Department Chief, and any other available and relevant information. The Credentials Committee may, at its discretion, interview the Applicant, or designate one or more of its members to do so. If the Credentials Committee requires further information, it may defer transmitting its report but for not more than 30 days, except for good cause. If the Committee determines that the Applicant is to provide additional information, a request is made to the Applicant for the specific information needed with a date specified by which a response is required. Failure of the Applicant, without good cause, to respond in a satisfactory manner by the designated date is deemed a voluntary withdrawal of the application. After reviewing all relevant information, the Credentials Committee will prepare a written report and recommendation and present it to the Medical Executive Committee.

C. MEDICAL EXECUTIVE COMMITTEE ACTION

The Medical Executive Committee (MEC), shall, at its next regular meeting, review the report and recommendation of the Credentials Committee, as well as the report and recommendation of the Chief of the Department and any other relevant information made available to or requested by it. The MEC may either defer further consideration on the application pending additional information or prepare a written report and Recommendation.

D. EFFECT OF MEC ACTION

1. **Deferral:** Recommendation by the MEC to defer further consideration on an application must, except for good cause, be followed within 30 days with a report and Recommendation. The President of the Medical Staff shall promptly notify the Applicant of any specific information needed and specify a date by which a response is due. Failure of the Applicant, without good cause, to respond in a satisfactory manner by the specified date is deemed a voluntary withdrawal of the application.
2. **Favorable Recommendation:** A MEC Recommendation that is favorable to the Applicant in all respects is forwarded to the Board by the MEC, along with the dissenting view(s) of any MEC member(s).
3. **Adverse Recommendation:** When the MEC Recommendation is Adverse to the Applicant, the President of the Medical Staff shall inform the Applicant by Special Notice within a reasonable period of time. The Notice shall state the basis of the Adverse Recommendation and include a summary of any right to request a Fair Hearing and additional information as detailed in the Fair Hearing Plan. What constitutes an "Adverse Recommendation" by the MEC is detailed in the Fair Hearing Plan, and includes a recommendation to deny appointment, deny requested Staff category, deny requested Department assignment, or to deny or restrict requested Clinical Privileges.

E. BOARD ACTION

1. **On Favorable MEC Recommendation**

CREDENTIALING PROCEDURES MANUAL

The Board may adopt or reject, in whole or in part, a favorable MEC Recommendation, or it may refer the Recommendation back to the MEC for further consideration stating the reasons for such referral and setting a time limit within which a subsequent Recommendation must be made.

A favorable decision by the Board is deemed to be a final Action. Notice of the Board's favorable final Action is transmitted to the Applicant by written notice from the Hospital President and includes 1) the Staff category to which the Applicant is appointed, 2) the Department to which the Applicant is assigned, 3) the Clinical Privileges which the Applicant has been granted, 4) any special conditions attached to the appointment, and 5) the period of appointment (not to exceed two years).

If the Board determines it will decide a matter contrary to the MEC Recommendation, the matter will first be submitted to a Joint Conference Committee, composed of three Members each from the Medical Staff and the Board, appointed respectively by the President of the Staff and the Chairman of the Board, to review and make a recommendation before the Board takes final Action. If the Board's subsequent Action is Adverse to the Applicant in any respect, the Hospital President shall notify the Applicant by Special Notice within a reasonable period of time of the Adverse Action. The Notice shall state the basis of the Adverse Action and shall include a summary of any right to request a Fair Hearing as well as additional information detailed in the Fair Hearing Plan.

2. Without Benefit of MEC Recommendation

If, in its determination, the Board does not receive a MEC Recommendation in a timely fashion, it may, after notifying the MEC of its intent and allowing a reasonable period of time for response, take Action on its own initiative. Any favorable decision is deemed to be the Board's final Action. If the Board Action is Adverse in any respect, the Hospital President shall notify the Applicant by Special Notice within a reasonable period of time. The Notice shall state the basis of the Adverse Action and shall include a summary of any right to request a Fair Hearing as well as additional information detailed in the Fair Hearing Plan.

3. After Procedural Rights

In the case of an Adverse Recommendation by the MEC, the Board takes final Action in the matter as provided in the Fair Hearing Plan.

4. Adverse Board Action Defined

What constitutes "Adverse Action" by the Board is detailed in the Fair Hearing Plan, and includes Action to deny appointment, deny requested Staff category, deny requested Department assignment, or to deny or restrict requested Clinical Privileges.

F. CONTENT OF REPORTS AND BASIS FOR RECOMMENDATION AND ACTIONS

The report of each individual or group (including the Board) that is required to act on an application must include a Recommendation (or Action) as to approval or denial of, and any special limitations on, Staff appointment, category of Staff Membership, Membership rights, Department affiliation, and scope of Clinical

CREENTIALING PROCEDURES MANUAL

Privileges. The reasons for each Recommendation or Action must be stated with reference to the completed application and all other documentation considered.

1.4-5 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

An Applicant or Staff Member who has received a final Adverse Action or Recommendation regarding appointment, Staff category, Department assignment, or Clinical Privileges is not eligible to reapply to the Medical Staff or for the denied category, Department, or Privileges for a period of six (6) months. Any such reapplication is processed as an initial application and the Applicant or Staff Member must submit such additional information as the Medical Executive Committee or the Board may require in demonstration that the basis for the earlier Adverse Action or Recommendation no longer exists.

PART TWO. REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

A reappointment packet will be mailed to Practitioners at least 150 days prior to the expiration date of their appointment and/or Privileges; the Practitioner is expected to complete and return the application and relevant information within thirty (30) days. The Practitioner must complete and sign the application, sign the attestation as to the correctness and completeness of the application, and sign the authorization for release of information and liability. As a courtesy, the Medical Staff Office will make a reminder contact to those Practitioners who fail to submit their materials by the due date. Failure, without good cause, to return the requested information will be deemed a voluntary resignation from the Staff and will result in automatic termination of Membership and/or Privileges at the expiration of the current term, unless otherwise extended by the Credentials Committee, subject to Board approval.

2.1-1 FROM STAFF MEMBER / PRIVILEGE HOLDER

Medical Staff Members and Privilege Holders will be notified of the expiration of their Medical Staff appointment and/or Privileges at least 150 days prior to the expiration date. At least 120 days prior to the expiration date, the Medical Staff Member / Privilege Holder must submit the following to the Medical Staff Office:

- A. complete information for file update on the information provided at initial appointment, this is accomplished by submitting a completed reappointment application;
- B. documentation of continuing training and education during the previous two years;
- C. a request for the specific Clinical Privileges sought with reappointment, with an explanation of the basis for any new Privileges;
- D. any request for changes in Staff category or Department assignment; and
- E. physical/mental examination and/or substance abuse evaluation, including a drug and/or alcohol screening examination, if recommended by the appropriate Department Chief or deemed necessary by the Credentials Committee or required by Staff Rule, Regulation, or Policy. (If a physician tests positive for alcohol and/or drugs, the information will be kept confidential and will be referred to the Physician Assistance Committee.)

Failure, without good cause, to provide this information by the specified date or to consent to a required examination or the release of the results of the examination is deemed a voluntary resignation from the Staff and results in automatic

CREENTIALING PROCEDURES MANUAL

termination of Membership and/or Privileges at the expiration of the current term.

The Staff Member / Privilege Holder will be informed of any deficiencies in the application or any verification problems. The Staff Member / Privilege Holder is obligated to produce all required and requested information and to resolve any discrepancies in the data.

2.1-2 FROM INTERNAL SOURCES

All relevant information regarding the professional activities, and performance and conduct of the Staff Member / Privilege Holder at the Hospital is collected. Such information includes, without limitation:

- A. patterns of care as demonstrated by Quality Assessment activity findings and/or by evaluation of medical records by outside reviewers;
- B. The following information which is gathered on an ongoing basis and assembled and reviewed at the time of reappointment: Adverse Drug Reactions, Blood Usage, Medical Record Audits (as required), Medical Management, Patient Complaints/Patient Satisfaction Surveys, Peer Review/Quality Review Results, Quality Indicators, Suspension of any type, Operative and Procedure Review, Tissue Review, and Utilization Management. All Practitioners are monitored for quality issues at the time of credentialing, reappointment, and between credentialing cycles. Quality Management monitors on an on-going basis, patient complaints, sentinel events, and quality deficiencies;
- C. participation in relevant teaching and continuing education activities;
- D. relevant Practitioner specific information from the Practitioner's Quality File which will be considered and compared to aggregate information when these measures are appropriate for comparative purposes;
- E. any final Peer Review determinations as well as sanctions imposed or pending;
- F. health status;
- G. In cases of low volume/activity at the Hospital, submission of PQRS data that has been submitted to the CMS or Peer Review/Quality Assessment data from another institution where the Practitioner is more active will be required. In the absence of this material, an additional reference is required. This reference must be from an individual who has recently worked with the Staff Member / Privilege Holder, has directly observed his/her professional performance over a reasonable period of time, and who can and will provide reliable information regarding current clinical ability, health status, ethical character, and ability to work with others;
- H. participation in Emergency Department staff call;
- I. timely and accurate completion and preparation of medical records;
- J. cooperativeness in working with other Practitioners and Hospital personnel;
- K. general attitude toward patients;
- L. compliance with all applicable Bylaws, Rules, Regulations, Policies, and Procedures of the Hospital and Medical Staff; including compliance with the Beacon Health System Immunization Requirements for all Persons Working in a Healthcare Setting;

CREDENTIALING PROCEDURES MANUAL

- M. Reports from the National Practitioner Data Bank of adverse professional review actions and medical malpractice settlements; and
- N. A criminal history background search shall be performed at the discretion of the Credentials Committee when information is obtained that the Practitioner may have a criminal record, or when, as a result of reviewing information submitted by the Practitioner during the reappointment process, there is credible evidence of wrong-doing on the part of the Practitioner. The Practitioner will be notified when a criminal history background search is initiated. The results of this background search shall become a permanent part of the Practitioner's credentials file and shall be considered in the reappointment and Privilege approval process.

2.2 **DEPARTMENT EVALUATION**

The Chief of the Department in which a Staff Member / Privilege Holder has Clinical Privileges shall review the Practitioner's file and send the Credentials Committee a written report, which includes a statement as to whether or not there has been observation or information of any conduct which indicates significant present or potential physical, mental, or dependency problems which could affect the Practitioner's ability to carry out any responsibilities. The Chief shall also submit recommendations on (1) reappointment, conditional reappointment or non-reappointment, (2) Staff category, (3) Department assignment, and (4) any limitations of Clinical Privileges.

2.3 **CREDENTIALS COMMITTEE EVALUATION**

The Credentials Committee reviews the Practitioner's file, the Department Chief report and recommendations, and all other relevant information available to it and forwards to the Medical Executive Committee a written report with recommendations on (1) reappointment, conditional reappointment or non-reappointment, (2) Staff category, (3) Department assignment, and (4) Clinical Privileges.

2.4 **MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical Executive Committee reviews the Practitioner's file, the Department Chief and Credentials Committee reports and recommendations, and any other relevant information available to it and either defers action or prepares a written report with Recommendations on (1) reappointment, conditional reappointment or non-reappointment, (2) Staff category, (3) Department assignment, and (4) Clinical Privileges.

2.5 **EFFECT OF MEC ACTION**

- A. **Deferral:** Recommendation by the MEC to defer further consideration on an application must, except for good cause, be followed within 30 days with a report and Recommendation. The President of the Medical Staff shall promptly notify the Practitioner of any specific information needed and specify a date by which a response is due. Failure of the Practitioner, without good cause, to respond in a satisfactory manner by the specified date is deemed a voluntary withdrawal of the application.
- B. **Favorable Recommendation:** A MEC Recommendation that is favorable to the Practitioner in all respects is forwarded to the Board by the MEC, along with the dissenting view(s) of any MEC member(s).
- C. **Adverse Recommendation:** When the MEC Recommendation is Adverse to the Practitioner, the President of the Medical Staff shall inform the Practitioner by Special Notice within a reasonable period of time. The Notice shall state the basis of the Adverse

CREDENTIALING PROCEDURES MANUAL

Recommendation and include a summary of any right to request a Fair Hearing as well as additional information detailed in the Fair Hearing Plan. What constitutes an "Adverse Recommendation" is detailed in the Fair Hearing Plan and includes a Recommendation to deny reappointment, to deny or restrict requested Clinical Privileges, or to deny a requested change or to change, without the Practitioner's consent, the Practitioner's Staff category or Department assignment.

2.6 **BOARD ACTION**

A. On Favorable MEC Recommendation

The Board may adopt or reject, in whole or in part, a favorable MEC Recommendation, or it may refer the Recommendation back to the MEC for further consideration stating the reasons for such referral and setting a time limit within which a subsequent Recommendation must be made.

A favorable decision by the Board is deemed to be a final Action. Notice of the Board's favorable final Action is transmitted to the Practitioner by written notice from the Hospital President and includes (1) the Staff category to which the Practitioner is appointed, (2) the Department to which the Practitioner is assigned, (3) the Clinical Privileges which the Practitioner has been granted, (4) any special conditions attached to the appointment, and (5) the period of appointment (not to exceed two years).

If the Board determines it will decide a matter contrary to the MEC Recommendation, the matter will first be submitted to a Joint Conference Committee, composed of three Members each from the Medical Staff and the Board, appointed respectively by the President of the Staff and the Chairman of the Board, to review and make a recommendation before the Board takes final Action. If the Board's subsequent Action is Adverse to the Practitioner in any respect, the Hospital President shall notify the Practitioner by Special Notice within a reasonable period of time. The Notice shall state the basis of the Adverse Action and shall include a summary of any right to request a Fair Hearing as well as additional information detailed in the Fair Hearing Plan.

B. Without Benefit of MEC Recommendation

If, in its determination, the Board does not receive a MEC Recommendation in a timely fashion, it may, after notifying the MEC of its intent and allowing a reasonable period of time for response, take Action on its own initiative. Any favorable decision is deemed to be the Board's final Action. If the Board Action is Adverse in any respect, the Hospital President shall notify the Practitioner by Special Notice within a reasonable period of time. The Notice shall state the basis of the Adverse Action and shall include a summary of any right to request a Fair Hearing as well as additional information detailed in the Fair Hearing Plan.

C. After Procedural Rights

In the case of an Adverse Recommendation by the MEC, the Board takes final Action in the matter as provided in the Fair Hearing Plan.

D. Adverse Board Action Defined

What constitutes "Adverse Action" by the Board is detailed in the Fair Hearing Plan and includes Action to deny reappointment, to deny or restrict requested Clinical Privileges, or

CREDENTIALING PROCEDURES MANUAL

to deny a requested change or to change, without the Practitioner's consent, the Practitioner's Staff category or Department assignment.

2.7 CONTENT OF REPORTS AND BASIS FOR RECOMMENDATION AND ACTION

The report of each individual or group (including the Board) required to act on a reappointment shall state the reasons for each Recommendation made (or Action taken), with specific reference(s) to the Practitioner's credentials file and all other documentation considered.

2.8 TIME PERIODS FOR PROCESSING

Except for good cause, all persons and groups required to review or act on reappointment applications must complete such review or action in a timely manner such that all reappointment reports and recommendations are transmitted to the Medical Executive Committee for its review and Recommendation, and in turn to the Board for its Action prior to the expiration date of the Practitioner's appointment and/or Privileges.

2.9 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES

A Staff Member / Privilege Holder may, either in connection with reappointment or at any other time, request modification of Staff category, Department assignment, and/or Clinical Privileges by submitting a written application. A modification application is processed in the same manner as reappointment.

2.10 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

An Applicant or Staff Member / Privilege Holder who has received a final Adverse Action or Recommendation regarding appointment, reappointment, Staff category, Department assignment, or Clinical Privileges is not eligible to reapply to the Medical Staff or for the denied category, Department, or Privileges for a period of six (6) months. Any such reapplication is processed as an initial application and the Applicant or Staff Member / Privilege Holder must submit such additional information as the Medical Executive Committee or the Board may require in demonstration that the basis for the earlier Adverse Action or Recommendation no longer exists

PART THREE. AMENDMENT

3.1 AMENDMENT

This Credentialing Procedures Manual may be amended or repealed, in whole or in part, by following the procedures outlined in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Medical Staff

August 1, 2016

Date

Approved by the Board of Trustees

August 19, 2016

Date