

CREDENTIALING PROCEDURES MANUAL

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PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

An application for staff membership must be submitted by the applicant in writing and on the form designated by the Executive Committee and approved by the Board. Prior to the application being submitted, the applicant will be provided access to a copy or summary of the Bylaws and the rules and regulations of the appropriate departments.

1.2 APPLICATION CONTENT

Every application must furnish complete information regarding:

- a) Medical school and postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and for all postgraduate training, names of those responsible for monitoring the applicant's performance. Verification of Medical School and Residency/Fellowship programs that occurred more than 10 years from the date of the application will be verified by the AMA/AOA profile. Residency and Fellowship programs of applicants who completed the program within the past ten (10) years of application will be verified by the program. ECFMG Certification is acceptable verification of graduation from a foreign medical school whenever it is not possible to obtain verification from the medical school.
- b) Military Service (if applicable)
- c) All currently valid medical, dental, or other professional licensures or certifications, and Drug Enforcement Administration (DEA) registration, when applicable, with the date and number of each.
- d) Specialty or sub-specialty board certification, recertification, or eligibility status.
- e) Health status and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully, including freedom from infectious tuberculosis.
- f) Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, and complete information on malpractice claims history and experience including claims, suits, and settlements made, concluded, and pending. Malpractice history will be reviewed as reported by the National Practitioner Data Bank. Verification from malpractice insurance carriers will be sought if concerns are identified which necessitate further investigation.
- g) Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary or involuntary relinquishment (by resignation or expiration) of: license or certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution; professional liability insurance coverage.
- h) Department assignment and specific clinical privileges requested.
- i) Supporting documentation as required in the department's criteria for privileges.

- j) Any sanctions or exclusions by the Office of the Inspector General of the Department of Health and Human Services, any exclusions from government contracts by the General Services Administration/any government entity, or any convictions of any crime relating to health care.
- k) Any pending or past felony criminal charges or convictions involving alcohol, drugs, criminal damage, assault or moral turpitude against the applicant including their resolution.
- l) Any pending or past misdemeanor charges or convictions involving alcohol, drugs, criminal damage, assault, or moral turpitude including their resolution.
- m) Names and addresses of all hospitals or health care organizations where the applicant has or has had any association, employment, privileges or practice with the inclusive dates of each affiliation. All time intervals since graduation must be accounted for. Verification of practice history, employment, other staff memberships and time gaps will be verified for the previous 10 years unless concerns are identified, which necessitate further investigation.
- n) Information from the National Practitioner Data Bank (NPDB), and other data banks as required by the Executive Committee and/or regulatory bodies.
- o) Evidence of the applicant's agreement to abide by the provisions of the Bylaws, Rules and Regulations, and Professional Conduct Policy.
- p) Names of other members of the Medical Staff who have agreed to provide coverage for applicant's patients when the applicant is unavailable.
- q) Photocopy of the applicant's driver's license or other government issued photo ID (e.g. passport), or copy of a current picture hospital identification card.
- r) Peer References (see Section 1.2 below)
- s) Attestation statement by the applicant documenting completion of Continuing Medical Education during the past year. Documentation of Continuing Medical Education may be requested at the discretion of the review Committees.

1.3 REFERENCES

The application must include the names of three (3) medical or health care professionals, not related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation (within the past two years) of the applicant's professional performance and clinical competence over a reasonable period of time and, at least one should have had organizational responsibility for supervision of the applicant's performance (e.g., department chairman, service chief, training program director). References that are "fair" or "poor" shall be viewed as unfavorable in connection with the evaluation of an application. Where any of the references are less than favorable, further references shall be required. A maximum of two professional references may be from practice associates. One reference will be queried by the BEMC Medical Staff Services Department for verification of current competency in performing privileges requested.

1.4 EFFECT OF APPLICATION

The applicant must sign the application and in so doing:

- a) Attest to the correctness and completeness of all information furnished and in so doing acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;
- b) Signify willingness to appear for interviews in connection with the application;
- c) Signify willingness to undergo a physical or mental health evaluation upon the request of the Professional Health Committee.
- d) Agree to abide by the terms of these Bylaws, the rules and regulations of the assigned department, and the policies of the medical staff and the Medical Center, regardless if membership and/or clinical privileges, are granted;
- e) Agree to comply with the Medical Center's Professional Conduct Policy;
- f) Agree to maintain an ethical practice and to provide continuous care to his or her patients;
- g) Authorize and consent to representatives of the medical staff and Medical Center consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to evaluation of such qualifications;
- h) Authorizes and consents to the sharing of information in accordance with the Board's Sharing of Information policy; and
- i) Release from any liability Banner Health, the Board, Medical Center employees, medical staff members, and all others who review, act on, or provide information regarding the applicant's qualifications for staff appointment and clinical privileges.

1.5 **APPLICATION FEE**

An application fee in the amount established by the Executive Committee must be submitted by the applicant prior to the processing of the application.

1.6 **PROCESSING THE APPLICATION**

1.6-1 **APPLICANT'S BURDEN**

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for staff membership, department assignment, or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). The applicant has the burden of demonstrating his or her qualifications to the satisfaction of the Medical Center. The Medical Staff and Medical Center have determined that what constitutes acceptable documentation of an applicant's qualifications, including competence and conduct, at another facility may not be acceptable to the Medical Staff and the Medical Center. Applications not demonstrating compliance with the requirements for medical staff membership and privileges will be deemed to be incomplete. Incomplete applications will not be processed. If information is not obtained from the applicant within sixty (60) days after a written request has been made, the application will be deemed withdrawn.

1.6-2 **VERIFICATION OF INFORMATION**

An Initial Pre-Application Request Form shall be submitted to the Banner Health Arizona Region – Credentials Verification Office who shall forward a copy to the Banner Estrella

Medical Center's Medical Staff Office to determine eligibility. If the applicant meets minimum established eligibility criteria, the CVO office will be notified and the applicant will be mailed a more detailed application for completion. Representatives of the Banner Health CVO shall collect and verify the references, licensure, and other qualification evidence submitted and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's obligation to obtain the required information. The following primary source verifications will be obtained by the BEMC Medical Staff Services Department: Verification of current competency of privileges requested, Criminal Background reviews, National Practitioner Data Bank query. When collection and verification is accomplished, the application shall be deemed to be complete and shall be transmitted with all supporting materials to the Banner Estrella Medical Staff Office who then will submit the application to the Credentials Committee and to the chairman of each department in which the applicant seeks privileges.

1.6-3 CREDENTIALS COMMITTEE ACTION

Upon receipt of all necessary documentation, the Credentials Committee at its next regularly scheduled meeting shall review the completed application, the supporting documentation, and any other relevant information and determine if the applicant meets all of the necessary qualifications for staff membership and department requested. The Credentials Committee shall forward applications recommended for privileges to the clinical department in which privileges are requested. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview.

1.6-4 DEPARTMENT ACTION

The chairman of each department in which the applicant seeks privileges shall review the application and its supporting documentation and forward to the Executive Committee the recommendations as to the scope of clinical privileges to be granted. A department chairman may conduct an interview with the applicant or designate a committee to conduct such interview. Where the applicant maintains that his or her postgraduate training program or board certification or eligibility is equivalent to that required by these Bylaws, the appropriate department will assess the supporting documentation to determine equivalency.

1.6-5 EXECUTIVE COMMITTEE ACTION

The Executive Committee, at its next regular meeting, shall review the application, the supporting documentation, the reports and recommendations from the department chairman, and Credentials Committee, and any other relevant information available to it. The Executive Committee shall prepare a written report with recommendations as to approval or denial of, or any special limitations on, staff appointment, category of staff membership, and prerogatives, department affiliation, and scope of clinical privileges, or defer action for further consideration. The Executive Committee will make recommendations to the Board as provided in the Medical Staff Bylaws.

1.6-6 EFFECT OF EXECUTIVE COMMITTEE ACTION

- a) Favorable Recommendation: An Executive Committee recommendation that is favorable to the applicant in all respects shall be promptly forwarded to the Board.
- b) Conditional Appointment/Reappointment: The Executive Committee may recommend that the applicant or member be granted conditional appointment for the term of appointment or reappointment. Conditional appointment/reappointment is not a reduction or limitation of membership or privileges, and does not constitute

corrective action. Where the Executive Committee recommends conditional appointment/reappointment, the CEO will advise the member of the Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met.

- c) Limited Period of Appointment: From time to time, the Executive Committee may recommend a period of appointment of less than two years. A limited appointment may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed within two years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.
- d) Adverse Recommendation: An adverse Executive Committee recommendation shall entitle the applicant to the procedural rights provided in the Fair Hearing Plan.
- e) Deferral: Action by the Executive Committee to defer the application for further consideration shall be followed up at its next regular meeting or upon receipt of adequate information with its recommendations as to approval or denial of, or any special limitations on, staff appointment, staff category, prerogatives, department affiliation, and scope of clinical privileges.

1.6-7 **BOARD**

At its next regularly scheduled meeting and in accordance with the Banner Expedited Review Policy, the Board may adopt or reject, in whole or in part, a recommendation of the Executive Committee or refer the recommendation back to the Executive Committee for further consideration stating the reasons for such referral. Favorable action by the Board is effective as its final decision. If the Board's action is adverse to the applicant in any respect, the CEO shall, by special notice, promptly so inform the applicant who is then entitled to the procedural rights provided in the Fair Hearing Plan. Board action after completion of the procedural rights provided in the Fair Hearing Plan or after waiver of these rights is effective as its final decision.

PART TWO - REAPPOINTMENT PROCEDURES

2.1 **INFORMATION COLLECTION AND VERIFICATION**

2.1-1 **FROM STAFF MEMBER**

- (a) The Medical Staff Office or its agent, as approved by the Executive Committee, shall send each staff member an application for reappointment and notice of the date on which membership and privileges will expire. The application for reappointment must be submitted on the form designated by the Executive Committee and approved by the Board. The application shall include information to demonstrate the member's continued compliance with the qualifications for medical staff membership and to update the member's credentials file.
- (b) The Medical Staff Office or its agent shall verify the information provided on the reappointment form and notify the staff member of any specific information inadequacies or verification problems. The staff member has the burden of producing adequate information and resolving any doubts about it.

- (c) Failure to return the satisfactorily completed forms shall be deemed a voluntary resignation from the staff and shall result in automatic termination of membership at the expiration of the current term. Reinstatement may be requested if the reappointment application is complete, verified and submitted for approval within 90 days of expiration of membership. Otherwise, the initial application process and fees will apply.

2.1-2 FROM INTERNAL SOURCES

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct in the Medical Center. Such information may include:

- a) Findings from the performance review and utilization management activities;
- b) Participation in relevant continuing education activities or other training or research programs at the Medical Center;
- c) Level of clinical activity at the Medical Center;
- d) Health status;
- e) Timely and accurate completion of medical records;
- f) Cooperativeness in working with other practitioners and hospital personnel;
- g) General attitude toward and interaction with peers, patients and the Medical Center personnel and will include results from patient satisfaction and employee surveys as available; and
- h) Compliance with all applicable Bylaws, department rules and regulations, and policies and procedures of the medical staff and Medical Center;

2.1-3 FROM EXTERNAL SOURCES

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct. Such information may include:

- (a) Peer references.
- (b) National Practitioner Data Bank.
- (c) Professional Liability Insurance – current coverage and any malpractice claims history resulting in settlement or judgments as reported by the National Practitioner Data Bank. Verification from prior malpractice insurance carriers will be sought if concerns are identified which necessitate further investigation.
- (d) Arizona Licensure – verification of current license to practice and sanctions against license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary).
- (e) Board Certification status.
- (f) Continuing Medical Education.
- (g) Hospital Staff memberships and clinical privileges - for relevant professional experience and termination or restriction of membership or clinical privileges (voluntary or involuntary).
- (h) Medicare/Medicaid Sanctions.
- (i) DEA Registration.

- (j) Additional information from other databanks, including the NPDB, may be gathered by the Medical Staff Office or its agent, as required by the Executive Committee and/or regulatory agencies.

For individuals with Remote Privileges, the Medical Staff Office shall verify that the member remains a member in good standing of another Banner medical staff with the same privileges requested at the Medical Center.

2.2 DEPARTMENT EVALUATION

The chairman of each department in which the staff member requests or has exercised privileges shall review the reappointment application and all supporting information and documentation, and evaluate the information for continuing satisfaction of the qualifications for staff appointment, the category of assignment and the privileges requested. The department report and recommendations shall be sent to the Executive Committee.

2.3 EXECUTIVE COMMITTEE ACTION

The Executive Committee shall review the member's file, the department reports, and any other relevant information available to it and either make a recommendation for reappointment or nonreappointment and for staff category, department assignment, and clinical privileges, or defer action for further consideration.

2.4 FINAL PROCESSING AND BOARD ACTION

Final processing of reappointments follows the procedure set forth in Sections 1.7-6 and 1.7-7. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Sections shall be read respectively, as "staff member" and "reappointment."

2.5 TIME PERIODS FOR PROCESSING

In accordance with the Medical Staff Bylaws, the appointment of each staff member shall expire every two years on the last day of the birth month of the practitioner. All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period.

2.6 REAPPOINTMENTS OF LIMITED DURATION

From time to time, the Executive Committee may recommend a period of reappointment of less than two years. These limited reappointments may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed at least once every two years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.

PART THREE - PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

3.1 PROCEDURE FOR DELINEATING PRIVILEGES

In accordance with Article V of the Medical Staff Bylaws, each application for appointment and reappointment must contain a request for the specific clinical privileges desired by the practitioner. Specific requests must also be submitted for modifications of privileges in the interim between reappointment periods.

3.1-1 PROCESSING REQUESTS

All requests for clinical privileges will be processed according to the procedures outlined in Parts I and II of this manual, as applicable.

3.2 REMOTE PRIVILEGES

The application for remote privileges must contain only such information as necessary to verify that the applicant is a member in good standing of another Banner hospital, with privileges to perform the procedures requested at the Medical Center.

3.3 CONSULTATION OR SUPERVISION

Special requirements for consultation or supervision may be attached to any grant of privileges as a condition to the exercise of such privileges. In such cases, the practitioner must arrange for the number and types of cases to be reviewed or observed as required by the department. After the satisfactory completion of such supervision, the practitioner may be granted unsupervised privileges.

PART FOUR- LOA, REINSTATEMENT, RESIGNATION

4.1 LEAVE OF ABSENCE

A staff member may request a voluntary leave of absence by giving written notice to the Chief of Staff through the applicable department chairman. The notice must state the reason for the leave and the approximate period of time of the leave which may not extend beyond the current term of appointment. During the period of the leave, the staff member's clinical privileges, prerogatives, and responsibilities, including payment of staff dues, are suspended. The request for such leave shall be considered by the Executive Committee which shall forward its recommendation on the request to the Board for final action. A member must cover or arrange for coverage for scheduled call responsibilities prior to being granted a leave.

4.2 REINSTATEMENT FOLLOWING LEAVE OF ABSENCE

The staff member may request reinstatement of membership and privileges by sending a written notice to the Medical Staff Office. The staff member must either complete an application for reappointment, if the term of appointment has expired, or submit a written summary of relevant activities during the leave. The staff member must also provide evidence of current licensure, DEA registration, and liability insurance coverage. The procedures in Sections 1.6 of this manual shall be followed in evaluating and acting on the request for reinstatement.

4.3 RESIGNATION

Physicians on the Medical Staff who wish to resign their membership may do so by sending or delivering a written notice to the Medical Staff Services Department of the Medical Center. Such notice should include the date the physician wishes to have his or her resignation become effective. A voluntary resignation from the Medical Staff shall be effective after: 1) the physician has completed and signed all medical records, including discharge summaries, for which he or she is responsible; and 2) the physician has completed any call rotation period scheduled to commence within two (2) weeks following receipt of the written request for resignation.

4.4 REINSTATEMENT FOLLOWING RESIGNATION

Physicians may request reinstatement of membership and privileges within six (6) months of resignation date by sending written notice to the Medical Staff Office, completing an application for reappointment and providing a summary of relevant activities from the time of resignation, which will be verified. Physicians requesting reinstatement of membership and privileges more than six (6) months from resignation date must complete a new application for staff membership and privileges as described in "PART ONE – APPOINTMENT PROCEDURES" of this Credentialing Manual and must submit an initial application fee.

4.5 PROCESS FOR REINSTATEMENT

Requests for reinstatement of membership and privileges must be approved by the Chairman of the applicable Department, the Medical Executive Committee, and the Board before privileges may be reactivated.

PART FIVE - DELAYS, REAPPLICATIONS, AND REPORTING

5.1 DELAYS

All applications will be processed within a reasonable period of time. However, any practitioner who believes that his or her request for membership and or privileges has been improperly delayed may request the Chief of Staff to investigate the reason for such delay. The Chief of Staff shall inform the practitioner of the reasons for the delay, if a delay has occurred, and shall notify the practitioner of the additional time expected to be necessary to act upon the practitioner's request.

5.2 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

Except as otherwise provided in the Bylaws or as determined by the credentials committee in light of exceptional circumstances, an applicant or staff member who has received a final adverse decision regarding appointment or reappointment or 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 one year from the date of the notice of the final adverse decision. Any such reapplication will be processed in accordance with the procedures set forth in Section 1.6 of this manual. The applicant or staff member must submit such additional information as the medical staff and the Board may require in demonstration that the basis of the earlier adverse action no longer exists. If such information is not provided, the request will be considered incomplete and voluntarily withdrawn.

5.3 REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING

No applicant or staff member may submit a new application for appointment, reappointment, staff category, a particular department assignment, or clinical privileges while an adverse recommendation is pending. The Executive Committee shall not submit to the Board any additional recommendations regarding a practitioner while an adverse recommendation is pending.

5.4 REPORTING REQUIREMENTS

The Medical Center shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act of 1986, including required reporting to the NPDB, and under the Arizona Revised Statutes. The Medical Center shall also comply with the Banner Sharing of Information Policy.

PART SIX - AMENDMENT & ADOPTION

6.1 AMENDMENT

This Credentialing Procedures Manual may be amended or repealed, in whole or in part, by a resolution of the Executive Committee recommended to and adopted by the Board.

6.2 ADOPTION

6.2-1 MEDICAL STAFF

This Credentialing Procedures Manual was adopted and recommended to the Board May 20, 2004.

6.2-2 BOARD OF DIRECTORS

This Credentialing Procedures Manual was approved and adopted by resolution of the Banner Health Board of Directors May 20, 2004, upon the recommendation of the Executive Committee.

Revised:

Medical Executive Committee: 1/11/05; 08/05; 4/06; 1/07; 2/07; 11/07; 12/07; 3/08; 7/08; 10/08;
11/08

Board of Directors: 1/12/05; 11/05; 4/06; 1/07; 3/07; 11/07; 12/07; 4/08; 9/08; 10/08;
11/08