

Banner Behavioral Health Hospital

CREENTIALING PROCEDURES MANUAL

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PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

All applications for staff membership must be submitted by the applicant in writing and on the form designated by the Medical Executive Committee and approved by the Board. At the time an application is submitted, the applicant will be provided access to the Bylaws of the Medical Staff and Medical Staff Rules and Regulations.

1.2 APPLICATION CONTENT

Every applicant must furnish complete information regarding:

- a) Medical school and postgraduate training, including the name of each institution, degrees granted, programs completed, and 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.
- b) Military Service (if applicable)
- c) Verification of all medical or other professional licensures or certifications to practice and sanctions against such license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary).
- d) Drug Enforcement Administration (DEA) registration if applicable.
- e) Specialty or sub-specialty board certification, recertification, or eligibility status.
- f) 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.
- g) 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.

- h) 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.
- i) Staff category assignment and specific clinical privileges requested.
- j) Supporting documentation as required by specific criteria for privileges requested.
- k) Any sanctions or exclusions by the Office of the Inspector General of the Department of Health and Human Services, any exclusion from government contracts by the General Services Administration/any government entity, or any convictions of any crime relating to health care.
- l) Any pending or past felony criminal charges or convictions involving alcohol, drugs, criminal damage, assault or moral turpitude against the applicant including their resolution.
- m) Any pending or past misdemeanor charges or convictions involving alcohol, drugs, criminal damage, assault, or moral turpitude including their resolution.
- n) 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.
- o) Information from the National Practitioner Data Bank (NPDB), and other data banks as required by the Medical Executive Committee and/or regulatory bodies.
- p) Evidence of the applicant's agreement to abide by the provisions of the Bylaws of the Medical Staff, Medical Staff Rules and Regulations, and Professional Conduct Policy.
- q) Names of other members of the Medical Staff who have agreed to provide coverage for applicant's patients when the applicant is unavailable.
- r) 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.
- s) Peer References (see Part 1.3 below)
- t) Attestation statement by the applicant documenting completion of Continuing Medical Education related to his/her area of practice during the past two years. Proof of attendance and program content will be submitted upon request of the review committees.
- u) Signed disclosure and authorization to obtain investigative consumer report from Banner Health Secure Hire.

1.3 **PEER 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. Peer recommendations are obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. 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. References that are "fair" or "poor" shall be viewed as unfavorable in connection with the evaluation of an application. Further references may be required at the discretion of the Medical Staff.

1.4 **EFFECT OF APPLICATION**

The applicant must sign the application and in so doing:

- a) Attests 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) Signifies willingness to appear for interviews in connection with the application;
- c) Signifies willingness to undergo a physical or mental health evaluation upon the request of the Professional Wellness Committee.
- d) Agrees to abide by the terms of these Bylaws of the Medical Staff, Medical Staff Rules and Regulations, and the policies of the medical staff and the Hospital, regardless if membership and/or clinical privileges, are granted;
- e) Agrees to exhibit professional conduct and refrain from disruptive conduct as defined in the hospital's Professional Conduct Policy;
- f) Agrees to maintain an ethical practice and to provide continuous care to his or her patients;
- g) Authorizes and consents to representatives of the medical staff and Hospital consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consents 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) Releases from any liability Banner Health, the Board, Hospital 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**

A non-refundable application fee in the amount established by the Medical Executive Committee must be submitted by the applicant prior to the processing of the application. The application fee will also apply in the event of reapplication.

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, staff category assignment and 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 Hospital. 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. After this time, if the applicant wishes to pursue application, he/she will be required to reapply through the Banner Health CVO in accordance with their policies and procedures.

1.6-2 VERIFICATION OF INFORMATION

An Application Request Form shall be submitted to the Banner Health Credentials Verification Office which shall forward a copy to the Hospital'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 obtain primary source verification of application contents, and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's obligation to provide the required information. When collection and verification is accomplished, the application shall be deemed to be conditionally complete and shall be transmitted with all supporting materials to the Medical Staff Office which will obtain the National Practitioner Data Bank Query and will submit the application to the Medical Executive Committee. Should the application subsequently be determined to be incomplete, processing will stop.

1.6-3 MEDICAL EXECUTIVE COMMITTEE ACTION

The application will be reviewed by the Vice Chief of Staff and at the next regular meeting of the MEC, shall present the application and supporting documentation and any other relevant information available.

The MEC may conduct an interview with the applicant. Where the applicant maintains that his/her post graduate training and-or /board certification are equivalent to that required for membership, the Committee will assess the supporting documentation to determine equivalency. The Medical 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, and scope of clinical privileges, or defer action for further consideration. The Medical Executive Committee will make recommendations to the Board of Directors as provided in the Bylaws of the Medical Staff.

1.6-4 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

- a) Favorable Recommendation: Medical Executive Committee recommendation that is favorable to the applicant in all respects shall be promptly forwarded to the Board.
- b) Conditional Appointment/Reappointment: The Medical 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 Medical Executive Committee recommends conditional appointment/reappointment, the CEO will advise the applicant of the Medical Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met, which shall be defined in a stipulation agreement.

- c) Limited Period of Appointment: From time to time, the Medical Executive Committee may recommend a period of appointment of less than two (2) years. A limited period of 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 Medical Executive Committee. An appointment may be granted for less than two (2) years in order to place the practitioner in the appropriate reappointment cycle. Such appointment is not a limited appointment.
- d) Adverse Recommendation: An adverse Medical Executive Committee recommendation shall entitle the applicant to the procedural rights provided in the Fair Hearing Plan except where the recommendation is nonreviewable.
- e) Deferral: Action by the Medical 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, and scope of clinical privileges.

1.6-5 **BOARD ACTION**

At its next regularly scheduled meeting and in accordance with the Banner Expedited Review Policy, the Board Medical Staff Subcommittee may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee, make a recommendation to the Banner Board, or refer the recommendation back to the Medical Executive Committee for further consideration stating the reasons for such referral. Favorable action by the Subcommittee 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.

1.6-6 **VERIFICATION OF IDENTIFICATION**

Prior to practicing at Hospital, each physician is required to obtain a Banner Health photo identification badge. Prior to being issued a badge, the practitioner is required to present (in person) a legible valid Federal/State government issued photo identification (i.e. driver's license, passport, etc.) to Medical Staff Office personnel. The Medical Staff Office will then review and verify the practitioner's identity.

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 Medical Executive Committee and Board, 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 Medical 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 calendar days of expiration of membership, and the applicant has provided a summary of relevant activities from the time of expiration, which will be verified. Otherwise, the initial application process and fees will apply.

2.1-2 FROM INTERNAL SOURCES

The Medical Staff Office, or its agent, 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 Hospital. Such information may include:

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

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.

Verification. Once the applicant has provided all the information requested on the application form, verification of the application information is sought from licensing board, state and federal agencies, primary hospital affiliation, prior practice history, if there has been a change in the last two years, board certification verification, the National Practitioner Data Bank, and professional reference.

2.2 MEDICAL EXECUTIVE COMMITTEE ACTION

The Medical Executive Committee shall review the member's file, and any other relevant information available to it and either make a recommendation to the Board for reappointment or non-reappointment and for staff category, clinical privileges, or special limitations, or defer action for further consideration.

2.4 FINAL PROCESSING AND BOARD ACTION

Final processing of reappointments follows the procedure set forth in Part 1.6-5. For purposes of reappointment, the terms "applicant" and "appointment" as used in that Part shall be read respectively, as "staff member" and "reappointment."

2.5 TIME PERIODS FOR PROCESSING

In accordance with the Bylaws of the Medical Staff, 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 shall be presented to the Board prior to the expiration of the appointment period.

2.6 REAPPOINTMENT OF LIMITED DURATION

From time to time, the Medical Executive Committee may recommend a period of reappointment of less than two (2) 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 Medical Executive Committee. An appointment may be granted for less than two (2) years in order to place the practitioner in the appropriate reappointment cycle. Such appointment is not a limited appointment.

PART THREE - PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

3.1 PROCEDURE FOR DELINEATING PRIVILEGES

In accordance with Article Five of the Bylaws of the Medical Staff, 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. When requesting additional privileges, the practitioner shall submit request in writing and submit documentation as required by privilege criteria. Medical Staff Office shall query the NPDB, AZ licensure, verify current competency, and provide documents to the Medical Executive Committee for review. If the practitioner satisfies all requirements for additional privilege(s), the Medical Executive Committee will forward favorable recommendation to the Board.

3.2 PROCESSING REQUESTS

All requests for clinical privileges shall be processed according to the procedures outlined in Parts One and Two of this Credentialing Procedures Manual, as applicable.

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 Medical Executive Committee. Supervision must be completed within one year of date privilege is granted. Otherwise, supervised privileges will be voluntarily withdrawn. Request for extension to supervision time frame may be submitted in writing prior to expiration of the supervision period for consideration by the MEC and must include reason for request.

3.4 **ADVANCEMENT FROM SUPERVISION**

Whenever a practitioner completes supervisory requirements, the supervisory reports and other required documentation will be submitted to the MEC for review. Where the practitioner has successfully completed the requirements, the MEC may recommend unsupervised privileges to the Board.

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. 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 Medical 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 and must complete all medical records 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, liability insurance coverage, and evidence of freedom from tuberculosis. The procedures in Part 1.6 of this Credentialing Procedures 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 Office. 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, and 3) acceptance of resignation by the Board.

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. If the practitioner requests reinstatement within 30 days of the Board's acceptance of the resignation, a reappointment application will not be required as long as the practitioner's term has not expired, licensure, DEA and liability insurance coverage are current, as well as evidence of freedom from tuberculosis. 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 1. 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 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 COMMITTEE DECISION**

Except as otherwise provided in the Bylaws of the Medical Staff or as determined by the Medical Executive 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, or clinical privileges is not eligible to reapply to the medical staff or for the denied category or privileges for a period of one (1) 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 Part 1.6 of this Credentialing Procedures Manual. The applicant or staff member must submit such additional information, as the medical staff and the Board may require, demonstrating 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, or clinical privileges while an adverse recommendation is pending. The Medical 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 Hospital 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 Hospital shall also comply with the Banner Sharing of Information Policy.

PART SIX - AMENDMENT & ADOPTION

6.1 **AMENDMENT**

This Credentialing Procedures Manual may be amended in accordance with the Bylaws of the Medical Staff.

6.2 **ADOPTION**

Approved and adopted by resolution of the Banner Health Board of Directors on December 12, 2013, upon the recommendation of the Medical Executive Committee.