

## CREDENTIALING PROCEDURES MANUAL

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### PART I - APPOINTMENT PROCEDURES

#### 1.1 APPLICATION

An application for staff membership must be submitted by the applicant in writing and on the form approved by the Board. Where the applicant is providing services under contract and only telemedicine privileges are requested, an application required by the contracted provider may be accepted. 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 and contact information of those responsible for monitoring the applicant's performance.
- (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.
- (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 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, specific clinical privileges requested and supporting documentation as required in the department's criteria for privileges.
- (i) 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.
- (j) Any pending or past misdemeanor or felony criminal charges or convictions involving alcohol, drugs, criminal damage, assault or moral turpitude against the applicant including their resolution.
- (k) Names, addresses, and contact information of all hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice with the inclusive dates of each affiliation. All time interval since graduation must be accounted for. Verification of practice history, employment, other staff memberships and time gaps of more than six months will be verified for the previous 10 years unless concerns are identified, which necessitate further investigation.
- (l) Information from the National Practitioner Data Bank (NPDB), and other data banks as required by the Executive Committee and/or regulatory bodies.
- (m) Evidence of the applicant's agreement to abide by the provisions of the Bylaws and Rules and Regulations.
- (n) Names of other members of the Medical Staff to which the applicant is applying who have agreed to provide coverage for applicant's patients when the applicant is unavailable.
- (o) 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.
- (p) Peer References (see Section 1.3 below)
- (q) 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 name of a medical or health care professional, in the same specialty with the same or similar qualifications, not related to the applicant, who has personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The named individual must have acquired the requisite knowledge through recent observation of the applicant's professional performance and clinical competence over a reasonable period of time and 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. 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, 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) Agrees to exhibit professional conduct and refrain from disruptive conduct as defined in the Medical Center's Disruptive Conduct Policy;
- (f) Agrees to maintain an ethical practice and to provide continuous care to his or her patients;
- (g) Authorizes 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) Releases 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**

A non-refundable 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 and 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. 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 Ironwood 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 BIMC Medical Staff Office: Verification of current competency of privileges requested, and National Practitioner Data Bank query. 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 BIMC Medical Staff Office who then will submit the application to the Credentials Committee. Should the application subsequently be determined to be incomplete, processing will stop.

### 1.6.3 **CREDENTIALS COMMITTEE ACTION**

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

### 1.6.4 **DEPARTMENT AND SECTION ACTION**

The chairman of the respective department and chief of the section, if applicable, in which the applicant seeks privileges shall review the application and its supporting documentation and forward to the Medical Executive Committee the recommendations as to the scope of clinical privileges to be granted.

Prior to submitting a recommendation to the Medical Executive Committee, the chairman of the department and section chief, if applicable, shall determine whether an application is expedited or routine. Applications meeting any of the following criteria may not be eligible for expedited review:

- Where the application is incomplete.
- Where there is a current challenge or previously successful challenge to an applicant's licensure or registration.
- Where the applicant has received an involuntary termination of membership at another organization.
- Where the applicant has received involuntary limitation, reduction, denial or loss of clinical privileges.
- Where the Credentials review determines that there has been either an unusual pattern of liability actions brought against the applicant, or an excessive number of professional liability actions resulting in a final judgment against the applicant.
- Where the applicant has been convicted of, or pleads guilty or no contest to, a felony related to the practice of medicine.
- Where there is adverse information on reference letters, or comments or other information suggesting potential problems.

Applications determined to be eligible for expedited review shall be forwarded to the Medical Executive Committee; those determined to be routine, according to the above criteria, shall be reviewed at the next regularly scheduled meeting of the department prior to being forwarded to the Medical Executive Committee. A department chairman or section chief 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 is equivalent to that required in these Bylaws, the appropriate department will assess the supporting documentation to determine equivalency.

### 1.6.5 **MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical Executive Committee, at its next regular meeting, shall review the application, the supporting documentation, the reports and recommendations from the department chairmen, and Credentials Committee, and any other relevant information available. 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, department affiliation, and scope of clinical privileges, or defer action for further consideration. The Medical Executive Committee will make recommendations to the Board as provided in the Medical Staff Bylaws.

### 1.6.6 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

- (a) Favorable Recommendation: A 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 member of the Medical 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 Medical 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 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, 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 Medical Staff Committee 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 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.

### 1.6.8 VERIFICATION OF IDENTIFICATION

Prior to practicing at BIMC each physician is required to obtain a Banner Health photo identification badge which has been verified by legible photo identification. The physician is required to present legible Federal/State government issued photo identification (i.e. driver's license, passport, etc.) prior to receiving identification badge.

## PART II - REAPPOINTMENT PROCEDURES

### 2.1 INFORMATION COLLECTION AND VERIFICATION 2.1.1 FROM STAFF MEMBER

- (a) The Medical Staff Office or its agent 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 approved by the Board or for practitioners providing telemedicine, on the contracted group's form. 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 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 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) 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 the Medical Center personnel and will include results from patient satisfaction and employee surveys as available; and
- (i) 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 including clinical competence reference.
- (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) Verification of all medical, dental, 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.
- (e) Board Certification status.
- (f) Attestation statement by the applicant documenting completion of Continuing Medical Education during the time since last appointment. Documentation of

Continuing Medical Education may be requested at the discretion of the review Committees.

- (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.

## 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 Medical Executive Committee.

## 2.3 **MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical 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 non-reappointment 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 1.6-6 and 1.6-7. 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**

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 Medical 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 III – DELINEATION OF CLINICAL PRIVILEGES PROCEDURES**

## 3.1 **PROCEDURE FOR DELINEATING PRIVILEGES**

### 3.1.1 **REQUESTS**

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 Services shall query the NPDB and AZ licensure and provide all documents to the Department Chairman for review. If the practitioner satisfies all requirements for the additional privilege(s), the Department Chairman will forward the file to the Medical Executive Committee and the Board.

### 3.1.2 **SUPERVISION OR CONSULTATION**

Whenever a practitioner requests clinical privileges not previously granted to the practitioner by the Board, the practitioner must arrange for the number and types of cases to be reviewed or observed as may be required in the department or section rules and regulations or privilege criteria, unless a waiver of supervision or consultation has specifically been recommended by the department and the Medical Executive Committee and approved by the Board. After the completion of such supervision or consultation, the practitioner may be granted unsupervised privileges.

#### 3.1.3 **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.

### **PART IV- LEAVE OF ABSENCE, REINSTATEMENT AND RESIGNATION**

#### 4.1 **LEAVE STATUS**

A staff member may obtain 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 exceed one year or 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 complete and sign 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 submit a written summary of relevant activities during the leave if the term of appointment has not expired, or complete an application for reappointment if the term of appointment has expired. 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 or secured appropriate coverage for 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 one year 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 one year from resignation date must complete a new application for staff membership and privileges as described in "PART I – 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 V - DELAYS, REAPPLICATIONS AND REPORTING**

### **5.1 DELAYS**

All applications will be processed within a reasonable amount of time not to exceed 150 days from review by the Credentials Committee. 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 two years 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 I.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 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 Medical Center shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act, 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 VI - AMENDMENT & ADOPTION**

### **6.1 AMENDMENT**

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

### **6.2 ADOPTION**

#### **6.2.1 BOARD OF DIRECTORS**

This Credentialing Procedures Manual was approved and adopted by resolution of the Banner Health Board of Directors on June 9, 2010. Revised 10/14/10, 5/10/12, 11/13/14.