CREDENTIALS POLICY AND PROCEDURE MANUAL

MCKEE MEDICAL CENTER

LOVELAND, COLORADO

Approved March 13, 2014

TABLE OF CONTENTS

ARTICLE I: APPLICATION POLICY

As a general policy, only Practitioners will be eligible to apply for Medical Staff membership and clinical privileges at the Hospital, as more particularly described herein.

Allied Health Professionals will be eligible to apply for specific clinical privileges as set forth in the Allied Health Professionals Policy.

Exceptions to this general policy may be made only by the Governing Board.

ARTICLE II: DEFINITIONS

2.1 Applicant: The term "Applicant" means any Practitioner who has applied for initial appointment to the Medical Staff or any Member who has applied for reappointment to the Medical Staff, additional clinical privileges or a change in Medical Staff category.

2.2 Banner: The term "Banner" means Banner Health, an Arizona non-profit corporation, the owner and operator of the Hospital.

2.3 Chief Executive Officer: The term "Chief Executive Officer" means the individual appointed by the President of Banner, or his/her designee, to act on Banner's behalf in the overall management of the Hospital.

2.4 Corporate Bylaws: The term “Corporate Bylaws” means the corporate bylaws of Banner.

2.5 Corrective Action/Fair Hearing Plan: The term "Corrective Action/Fair Hearing Plan" means the Corrective Action/Fair Hearing Plan recommended by the Medical Executive Committee and approved by the Governing Board, as the same may be supplemented and modified from time to time by policies adopted by the Governing Board, including, without limitation, the appellate review policy.

2.6 DEA: The term "DEA" refers to the Drug Enforcement Agency of the United States.

2.7 Department: The term "Department” refers to a group of Members who have been granted clinical privileges in one of the following medical specialties: Anesthesiology, Emergency Medicine, Medicine, Perinatal Medicine, Surgery, Family Practice, Pathology or Radiology.

2.8 Governing Board: The term "Governing Board" means the governing body of Banner, or any subcommittee thereof, as may be designated by the governing body of Banner, unless otherwise specified.

2.9 Hospital: The term "Hospital" means McKee Medical Center, an acute care hospital located at 2000 Boise Avenue, Loveland, Colorado.

2.10 The Joint Commission (tJC): The term "tJC" refers to the Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

2.11 Manual: The term "Manual" means this Credentials Policy and Procedure Manual, which has been recommended by the Medical Executive Committee and approved by the Governing Board.

2.12 Medical Executive Committee: The term "Medical Executive Committee" means the executive committee of the Medical Staff.

2.13 Medical Staff: The term "Medical Staff" means all Practitioners who hold a valid Colorado license and who have been appointed to membership on the Medical Staff and granted clinical privileges by the Governing Board to attend patients at the Hospital. The term "Medical Staff" also will include members of the Affiliate Staff.

2.14 Medical Staff Bylaws: The term "Medical Staff Bylaws" refers to the major written statements governing the Medical Staff and the Members.

2.15 Medical Staff Rules and Regulations: The term "Medical Staff Rules and Regulations" refers to the written statements regulating the conduct of the Medical Staff and the Departments within the broad guidelines provided by the Medical Staff Bylaws.

2.16 Medical Staff Services: The term "Medical Staff Services" refers to the Medical Staff Services Department of the Hospital.

2.17 Member: The term "Member" means any Practitioner who has been appointed to membership on the Medical Staff by the Governing Board.

2.18 Practitioner: The term "Practitioner" means a doctor of medicine, a doctor of osteopathy, a doctor of medical dentistry, a doctor of dental surgery, or a doctor of podiatric medicine.

2.19 Special Notice: The term "Special Notice" means written notification delivered in person or sent by certified or registered mail, return receipt requested.

ARTICLE III: REQUEST FOR APPLICATION

3.1 Request for Application: An applicant shall request an Application from the Medical Staff Services Department. The Application packet will contain, at a minimum, the eligibility criteria, and an Application. The Chief Medical Officer, or his/her designee, shall review the completed Application and determine if the Applicant is eligible for Medical Staff membership as set forth in Article III of the Medical Staff Bylaws.

If the Applicant is determined to be eligible for Medical Staff membership, the steps outlined in processing the Application will be followed.

If the Applicant is determined not to be eligible for Medical Staff membership, he/she hsall be so notified and shall not be entitled to the procedural rights provided in the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan.

3.3 Waiver of Criteria:

3.3.1 Any Applicant who does not satisfy a required criterion may request that it be waived. The Applicant requesting the waiver bears the burden of demonstrating that his/her qualifications are equivalent to, or exceed, the criterion in question.

3.3.2 The Governing Board may grant waivers in exceptional cases after considering (A) the findings of the Credentials Committee and Medical Executive Committee, or other committee designated by the Governing Board, (B) the specific qualifications of the Applicant in question, and (C) the best interests of the Hospital and the community it serves. The granting of a waiver in a particular case is not intended to set a precedent for any other Applicant.

3.3.3 No Applicant is entitled to a waiver or to the procedural rights set forth in the Corrective Action/Fair Hearing Plan if the Governing Board determines not to grant a waiver.

3.3.4 A determination that an Applicant is not entitled to a waiver is not a "denial" of appointment or clinical privileges.

ARTICLE IV: INITIAL APPOINTMENT

4.1 Provision of Application: Application for appointment to the Medical Staff will be submitted by the Applicant. An application will be provided to the Applicant after verification of the eligibility requirements set forth in Bylaws Article III above.

4.2 Effect of Application: The Applicant must sign the application, and, in so doing, the Applicant:

4.2.1 Signifies the Applicant's willingness to appear for interviews in regard to the Applicant's application;

4.2.2 Authorizes Hospital representatives to consult with others who have been associated with the Applicant and/or who have information bearing on the Applicant's competence and qualifications;

4.2.3 Consents to the inspection by Hospital representatives of all records and documents that may be material to an evaluation of the Applicant's professional qualifications and competence to carry out the clinical privileges the Applicant is requesting, of the Applicant's physical and mental health status, and of the Applicant's professional and ethical qualifications;

4.2.4 Authorizes the Hospital to share information with other Banner entities in accordance with the Banner Medical Staff Sharing of Information Policy;

4.2.5 Releases from any liability all Hospital representatives for any acts performed in good faith and without malice in connection with evaluation of the Applicant and/or the Applicant's credentials;

4.2.6 Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Hospital representatives in good faith and without malice concerning the Applicant's competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for Medical Staff appointment and clinical privileges;

4.2.7 Authorizes and consents to Hospital representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with a Practitioner's performance and the quality and efficiency of patient care with any information relevant to such matters that the Hospital may have concerning the Applicant, and releases Hospital representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice;

4.2.8 Signifies that the Applicant has read the Medical Staff Bylaws, the Medical Staff Rules and Regulations, this Manual and the Corrective Action/Fair Hearing Plan and agrees to abide by their provisions in regard to the Applicant's application for appointment to the Medical Staff;

4.2.9 Agrees to notify the Hospital if the Applicant has ever voluntarily or involuntarily had a medical staff application, medical staff appointment, clinical privileges, licensure, DEA status or professional liability insurance, denied, revoked, suspended, reduced, limited, placed on probation, terminated, not renewed, relinquished, sanctioned, diminished, restricted or surrendered;

4.2.10 Attests to the accuracy and completeness of all information on the application and accompanying documents and agrees that any inaccuracy, omission, or commission will be grounds for termination of the application process without (A) being entitled to the procedural rights provided in the Corrective Action/Fair Hearing Plan, and (B) being entitled to a refund of the application fee, or for automatic suspension of Medical Staff membership and clinical privileges already granted;

4.2.11 Consents to submit to physical, mental, or other examination, if requested;

4.2.12 Agrees that if an adverse ruling is made with respect to the Applicant's Medical Staff membership, Medical Staff status, and/or clinical privileges, the Applicant

will pursue the administrative remedies afforded by the Corrective Action/Fair Hearing Plan before resorting to formal legal action; and

4.2.13 Agrees to provide and update the information requested on the initial application for appointment to the Medical Staff and subsequent reapplications or privilege request forms.

4.2.14 Authorizes and consents to Hospital representatives conducting a criminal background check on the Applicant in Accordance with the Criminal Background Check Policy.

For purposes of this Article 4.2, the term "Hospital representatives" includes the Governing Board, its directors and committees; the Chief Executive Officer, the Hospital's medical director, registered nurses and other employees of the Hospital and Banner; the Medical Staff and all Members; clinical units and committees which have responsibility for collecting and evaluating an Applicant's credentials or acting upon such Applicant's application; and any authorized representative of any of the foregoing.

4.3 Procedure for Processing Applications for Medical Staff Appointment:

4.3.1 Upon request, an eligible Applicant will be given an application for appointment to the Medical Staff, a privilege delineation overview, privilege request forms, and a detailed list of requirements for completion of the application. A copy of the Medical Staff Bylaws and the Medical Staff Rules and Regulations also will be provided to the Applicant.

4.3.2 The following documentation is necessary for a complete application:

A. A completed and signed application form and request for clinical privileges, which includes, without limitation, the following information:

i. Requested Medical Staff category and clinical privileges for which the Applicant wishes to be considered. The request for clinical privileges will be submitted on the appropriate privilege delineation form prescribed by the Credentials Committee and approved by the Governing Board.

ii. All institutions of higher learning attended by the Applicant (meaning all institutions attended after graduation from high school), including dates of attendance, areas of study and degrees awarded;

iii. All medical or healthcare related training programs of every type or description in which the Applicant participated, including, with respect to those programs completed by the Applicant, the date of completion of such programs;

iv. All medical or surgical organizations of which the Applicant is a member, including specialty organizations as well as professional societies and other professional organizations;

v. Every hospital facility or other acute care facility, including governmentally owned or operated facilities, at which the Applicant has applied for, and/or received medical staff or other patient care privileges;

vi. Any pending or completed action or recommendation to deny, revoke, suspend, reduce, limit, impose supervision or consultation requirements; any refusal to process or withdrawal of an application; any voluntary or involuntary relinquishment (by resignation, expiration or otherwise); and/or any imposition of probation, letter of censure, letter or concern or other warning of or by or relating to medical staff membership status, prerogatives, or clinical privileges at any hospital or health care institution; specialty or subspecialty board certification or eligibility; and/or any professional society and other professional organization;

vii. The Applicant's experience with regard to any licensing agency of federal, state or local government, including all licenses granted, denied, suspended or revoked relating to the privilege of practicing any healthcare profession, including, but not limited to, the practice of medicine, osteopathy, or dentistry;

viii. Any current felony criminal charges pending against the Applicant and any past charges including their resolution;

ix. Any pending or current action against the Applicant that may exclude the Applicant from participation in Medicare and/or any other federally-supported healthcare program; and

x. The Applicant's physical and mental health status and any health impairments (including alcohol and/or drug dependencies) that may affect the Applicant's ability to perform professional and Medical Staff duties fully.

B. A copy of current state license and, where applicable, DEA certificate.

C. A certificate of current professional liability insurance coverage.

D. Copies of certificates or letters confirming completion of an approved residency/training program or other educational curriculum.

E. Verification (copy of certificates or copy of letters from appropriate specialty board) of board status, i.e. board admissibility or board certification.

F. The names of three (3) references for letters of recommendation. The references must have recently worked with the Applicant and directly observed the Applicant's professional performance over a reasonable period of time. The references also must be able to provide reliable information regarding the Applicant's current clinical ability, health status, professional competency, clinical and technical skills, ability to perform the clinical privileges requested, ethical character and ability to work with others. Prefer references be practitioners in Applicant's same professional discipline. Additional references may be requested.

G. The application fee (if required).

H. Any other relevant information that may be requested by any committee of the Medical Staff or the Governing Board, including without limitation, additional peer reference(s), report(s) from managed care organization(s), reference(s) from the administrator of and/or health information management manager of any ambulatory surgery center where the Applicant actively practices, documentation of continuing medical education related to the practitioner's specialty, or quality profile report from an accredited or certified facility where the Applicant actively practices.

4.3.3 It is the Applicant's responsibility to provide all of the information specified in Article 4.3.2 above. If any of the requested information is not submitted within forty-five (45) days of receipt of the application or, with respect to a request for additional information, within forty-five (45) days of such request, the subject application will be deemed withdrawn, and no further action will be taken with respect to such application.

4.3.4 The Applicant will be notified only if additional information is needed.

4.3.5 Upon receipt of an application, its contents will be verified and the following additional information will be collected:

A. Information from all prior and current insurance carriers concerning claims, suits, judgments and settlements, if any, during the past five (5) years;

B. Administrative and clinical reference questionnaires from all significant past practice settings for the previous ten (10) years;

C. For a doctor of medicine or a doctor of osteopathy, a verified report documenting the Applicant's clinical procedures during the past six (6) to twelve (12) months, and for a doctor of dental surgery, a doctor of medical dentistry or a doctor of podiatric medicine, documentation of hospital cases;

D. Verification of licensure status in all current or past states of licensure;

E. Information from the Federation of State Medical Boards;

F. Information from any "National Clearing House" established pursuant to the Healthcare Quality Information Act of 1986; and

G. Information from the Office of Inspector General relevant to Medicare/ Medicaid sanctions, if applicable.

In the event there is undue delay in obtaining required information, assistance may be requested from the Applicant. During this period, the time periods set forth in Article 4.6 may be modified accordingly. If an Applicant fails to adequately respond to a written request for assistance within forty-five (45) days, the subject application will be deemed withdrawn, and no further action will be taken with respect to such application.

4.3.6 The American Medical Association's Physician Masterfile (or equivalent) may be used, if applicable, for verification.

4.3.7 All applications are to be processed with equal standards after Medical Staff Services has obtained a completed and verified application. To expedite applications that meet predefined criteria approved by the Governing Board, the Fast Track Procedure set forth in Article 4.3.10 will be followed.

4.3.8 Medical Staff Services will review each application, with its supporting documentation, and will place each application in the appropriate category according to the following criteria:

A. Category I Applications:

i. All requested information has been returned promptly;

ii. There are no negative or questionable recommendations;

iii. There are no discrepancies in information received from the Applicant or from the Applicant's references;

iv. The Applicant completed a normal education/training sequence;

v. There have been no disciplinary actions or legal sanctions;

vi. There have been no malpractice cases filed within the past four (4) years;

vii. The Applicant has an unremarkable medical staff/employment history;

viii. The Applicant has submitted a reasonable request for clinical privileges, based on experience, training, and competence, and is in compliance with applicable criteria;

ix. The Applicant reports an acceptable health status;

x. The Applicant has never been sanctioned by a third-party payor (e.g., Medicare or Medicaid);

xi. The Applicant has never been convicted of a felony;

xii. The Applicant is requesting privileges consistent with his/her specialty;

xiii. The Applicant's history shows an ability to relate to others in a harmonious, collegial manner; and

xiv. The Applicant maintains four (4) or fewer licenses.

B. Category II Applications:

i. Peer references and/or prior affiliations indicate potential problems (e.g., difficulty with interpersonal relationships or minor patient care issues);

ii. There are discrepancies between information the Applicant submitted and information received from other sources;

iii. Privileges the Applicant requested vary from those requested by other Applicant's in the same specialty;

iv. There are gaps in time for which the Applicant has not accounted;

v. There are unsatisfactory peer references and/or prior affiliation references;

vi. Disciplinary actions have been taken by a state licensing board or a state or federal regulatory agency, or there has been a criminal conviction;

vii. The Applicant has experienced voluntary or involuntary termination of medical staff membership, or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another health care organization;

viii. The Applicant has experienced removal from a provider panel of a managed care entity for reasons of unprofessional conduct or quality-of-care issues;

ix. The Applicant has held more than four (4) medical licenses across the United States; and

x. The Applicant has had many health care organization affiliations in multiple areas during the past five (5) years.

4.3.9 The name of the Applicant will be posted in a specified location to allow for Medical Staff input prior to the Credentials Committee meeting. Any Member may submit, in writing and with full detail, information relevant to the Applicant's qualifications for Medical Staff membership and clinical privileges. Any Member who provides such information also may petition, or may be requested, to appear in person before the Credentials Committee to discuss such Applicant.

4.3.10 Fast Track Procedure for Category I Applications: Category I applications will be processed as follows:

A. A Category I application is forwarded to the appropriate Department chair for review and assessment. The Department chair reviews the application to ensure that the Applicant meets the established standards for Medical Staff membership and clinical privileges. The Department chair has the opportunity to solicit input from the appropriate section chair as needed. The Department chair then determines whether the application should be forwarded as a Category I application or whether the application should be changed to a Category II application.

i. Effect of Continuation as a Category I Application: The appropriate Department chair must document his/her findings pertaining to the adequacy of education, training, and experience for all privileges requested. Reference to any criteria for privileges reviewed must be documented. Specific reference to the Applicant's credentials file should be made in support of all findings. The Category I application, with its supporting

documentation, is forwarded to Medical Staff Services for further processing in accordance with Article 4.3.10.B below.

ii. Effect of Change to a Category II Application: If the Department chair changes the application to a Category II application, the Department chair will process the application in accordance with Article 4.3.11.A below.

B. If the Department chair determines that the application should be forwarded as a Category I application, the Category I application is presented to the chair of the Credentials Committee for review and recommendation. The chair of the Credentials Committee reviews the application to ensure that the Applicant meets the established standards for Medical Staff membership and clinical privileges. The chair of the Credentials Committee then determines whether the application should be forwarded as a Category I application or whether the application should be changed to a Category II application.

i. Effect of Continuation as a Category I Application: The chair of the Credentials Committee acts on behalf of the Credentials Committee, and the Category I application, with its supporting documentation, is forwarded to Medical Staff Services for further processing in accordance with Article 4.3.10.C below.

ii. Effect of Change to a Category II Application: If the chair of the Credentials Committee changes the application to a Category II application, the application, with its supporting documentation, is forwarded to Medical Staff Services for consideration by the Credentials Committee in accordance with Article 4.3.11 below.

iii. Report to Credentials Committee: A report identifying those Applicants recommended for Medical Staff membership and clinical privileges pursuant to this Article 4.3.10.B is presented to the Credentials Committee for approval.

C. If the chair of the Credentials Committee determines that the application should be forwarded as a Category I application, the Category I application is presented to the Chief of Staff for review and recommendation. The Chief of Staff reviews the application to ensure that the Applicant meets the established standards for Medical Staff membership and clinical privileges. The Chief of Staff then determines whether the application should be forwarded as a Category I application or whether the application should be changed to a Category II application.

i. Effect of Continuation as a Category I Application: The Chief of Staff acts on behalf of the Medical Executive Committee, and the

Category I application, with its supporting documentation, is forwarded to Medical Staff Services for further processing in accordance with Article 4.3.10.D below.

ii. Effect of Change to a Category II Application: If the Chief of Staff changes the application to a Category II application, the application, with its supporting documentation, is forwarded to Medical Staff Services for consideration by the Credentials Committee in accordance with Article 4.3.11 below.

iii. Report to Medical Executive Committee: A report identifying those Applicants recommended for Medical Staff membership and clinical privileges pursuant to this Article 4.3.10.C is presented to the Medical Executive Committee for approval.

D. If the Chief of Staff determines that the application should be forwarded as a Category I application, the Category I application is presented to the Chief Executive Officer for review. The Chief Executive Officer then determines whether the application should be forwarded as a Category I application or whether the application should be changed to a Category II application.

i. Effect of Continuation as a Category I Application: The Category I application, with its supporting documentation, is forwarded to the Governing Board for further consideration in accordance with Article 4.3.10.E below. In addition, the Chief Executive Officer may grant temporary privileges to the Applicant in accordance with Article 8.6.2 below.

ii. Effect of Change to a Category II Application: If the Chief Executive Officer changes the application to a Category II application, the application, with its supporting documentation, is forwarded to Medical Staff Services for consideration by the Credentials Committee in accordance with Article 4.3.11 below.

iii. Report to Governing Board: A report identifying those Applicants recommended for Medical Staff membership and clinical privileges pursuant to this Article 4.3.10 is presented to the Governing Board for approval.

E. At its next regularly scheduled meeting, the Governing Board may adopt or reject, in whole or in part, the favorable recommendation with respect to any Applicant or may refer the recommendation back to the Medical Executive Committee, stating the reason(s) for requesting further consideration and setting a time limit within which a subsequent recommendation from the Medical Executive Committee must be made.

Favorable action by the Governing Board is effective as its final decision. If the Governing Board's action is adverse to the Applicant in any respect, the Chief Executive Officer will, by Special Notice, promptly so inform the Applicant, who is then entitled to the procedural rights provided in the Corrective Action/Fair Hearing Plan. Board action after completion of the procedural rights provided in the Corrective Action/Fair Hearing Plan or after waiver of these rights is effective as the final decision of the Governing Board.

4.3.11 Procedure for Category II Applications: Category II applications will be processed as follows:

A. If either Medical Staff Services or the appropriate Department chair has designated an application as a Category II application, the appropriate Department chair will review the Applicant's entire credentials file and document his/her findings on a report to the Credentials Committee. This report will be added to the Applicant's credentials file. The effects of the Department chair's actions are as follows:

i. Deferral: The appropriate Department chair may not defer consideration of an application. A report must be forwarded to the Credentials Committee within thirty (30) days. In the event the Department chair is unable to formulate a report for any reason, the Department chair must so inform the Credentials Committee, and the Credentials Committee will proceed accordingly.

ii. Favorable Findings: The appropriate Department chair must document his/her findings pertaining to the adequacy of the Applicant's education, training and experience for all clinical privileges requested. Reference to any criteria for privileges reviewed must be documented. Specific reference to the Applicant's credentials file should be made in support of all findings.

iii. Unfavorable Findings: The appropriate Department chair must document the rationale for all unfavorable findings. Reference to any criteria for clinical privileges that are not met must be documented.

B. The Applicant's credentials file will be reviewed by the Credentials Committee at its next regularly scheduled meeting. At the discretion of the chair of the Credentials Committee, contact may be made by the chair of the Credentials Committee to solicit additional information from past practice settings. Documentation of any such contact will be placed in the Applicant's credentials file.

C. The Credentials Committee will review the completed application, the supporting documentation, and any other relevant information and determine if the Applicant meets all of the necessary qualifications for Medical Staff membership and clinical privileges. The Credentials Committee then will make a recommendation to the Medical Executive Committee concerning appointment of the Applicant to the Medical Staff and the granting of delineated clinical privileges. The signature of the chair of the Credentials Committee on the applicable report will indicate the findings and recommendations of the Credentials Committee. Upon approval of the Applicant by the Credentials Committee and the Chief of Staff, the Applicant may request temporary privileges as provided in Article 8.6.2 below.

D. The appropriate Department chair, the Credentials Committee or the Medical Executive Committee may request to conduct a personal interview of any Applicant. The interview will be conducted by members of the Credentials Committee, the Medical Executive Committee and/or the Department to which the Applicant is seeking assignment. A permanent record will be made of the interview, including the general nature of the questions, the adequacy of the answers and the conclusion of the interview team or interviewer relative to the qualifications of the Applicant for Medical Staff membership and/or clinical privileges.

The interview also may be used to solicit information required to complete the Applicant's credentials file or to clarify information previously provided, including past malpractice history, reasons for leaving past hospitals, or other matters bearing on the Applicant's ability to render care at the generally recognized level for the community.

Medical Staff Services will contact the Applicant to arrange the interview and will provide Special Notice of the date, time and place of the interview.

The interview team or interviewer will document the interview, and a copy of such documentation will be placed in the Applicant’s credentials file. If the interview is not conducted by the Credentials Committee or the Medical Executive Committee, a copy of the interview documentation will be forwarded to the Credentials Committee and/or the Medical Executive Committee, as applicable, for consideration at its next regularly scheduled meeting.

E. The Medical Executive Committee will review the recommendations of the Credentials Committee at its next regularly scheduled meeting.

F. The signature of the Chief of Staff or the Chief of Staff-Elect on the applicable report will indicate the findings and recommendations of the

Medical Executive Committee. The effects of the Medical Executive Committee's actions are as follows:

i. Deferral: Any action by the Medical Executive Committee to defer the application or to refer the application back to the Credentials Committee for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, Medical Staff appointment, Medical Staff category and prerogatives, Department affiliations, and scope of clinical privileges.

ii. Favorable Recommendation: When the Medical Executive Committee's recommendation is favorable to the Applicant in all respects, the Chief Executive Officer will promptly forward such recommendation to the Governing Board.

iii. Adverse Recommendation: When the Medical Executive Committee's recommendation is adverse to the Applicant, as defined in the Corrective Action/Fair Hearing Plan, the Applicant will be entitled to the procedural rights set forth in the Corrective Action/Fair Hearing Plan.

G. At its next regularly scheduled meeting, the Governing Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or may refer the recommendation back to the Medical Executive Committee, stating the reason(s) for requesting further consideration and setting a time limit within which a subsequent recommendation from the Medical Executive Committee must be made. Favorable action by the Governing Board is effective as its final decision. If the Governing Board's action is adverse to the Applicant in any respect, the Chief Executive Officer will, by Special Notice, promptly so inform the Applicant, who is then entitled to the procedural rights provided in the Corrective Action/Fair Hearing Plan. Board action after completion of the procedural rights provided in the Corrective Action/Fair Hearing Plan or after waiver of these rights is effective as the final decision of the Governing Board.

4.3.12 The Chief Executive Officer will provide Special Notice to the Applicant of the recommendation of the Medical Executive Committee pursuant to Article 4.3.10 or 4.3.11, as the case may be. The Chief Executive Officer also will provide Special Notice if the action of the Governing Board is different from the recommendation of the Medical Executive Committee. Notice of the Governing Board's final decision will be given through the Chief Executive Officer to the Medical Executive Committee and to the appropriate Department chairs.

4.3.13 Special Notice of Medical Staff appointment will include the following:

A. The Medical Staff category to which the Applicant is appointed;

B. The Department to which the Applicant is assigned;

C. The clinical privileges that have been granted to the Applicant; and

D. Any special conditions that are attached to the Applicant's Medical Staff appointment or to the Applicant's exercise of clinical privileges.

4.4 Basis for Recommendations and Action: The report of each individual or Medical Staff committee required to act on an application must state the reasons for each recommendation or action taken, with specific reference to the completed application and all other documentation considered.

4.5 Conflict Resolution: Whenever the Governing Board determines that it will decide a matter contrary to the Medical Executive Committee's recommendations, the matter will be submitted to a joint conference committee in accordance with the Corporate Bylaws for review and recommendation before the Governing Board makes its final decision.

4.6 Time Periods for Processing: All individuals and committees required to act on a complete application for Medical Staff appointment must do so in a timely and good faith manner. Accordingly, except for good cause, each complete application should be processed within the following time periods:

Individual/Committee		Time Period
A.	Medical Staff Services (to collect and summarize)	60 days
B.	Department Chair (to review and assess)	30 days
C.	Credentials Committee (to review and recommend)	30 days
D.	Medical Executive Committee (to make final recommendation)	30 days
E.	Governing Board (to make final decision)	30 days

The time periods set forth above are guidelines and do not create any right to have an application processed within a specified period of time. If an Applicant is entitled to any procedural rights provided in the Corrective Action/Fair Hearing Plan, the time requirements contained therein will govern the subject proceedings.

ARTICLE V: FOCUSED PROFESSIONAL PRACTICE EVALUATION

5.1 Focused Professional Practice Evaluation. Any focused evaluation of a Member's professional practice shall be conducted in accordance with Article 5.2 below and the Banner Health Medical Staff Focused Professional Practice Evaluation Policy.

5.2 Initial Appointments. All initial appointments to the Medical Staff are subject to the following conditions:

A. A period of monitoring as shall be determined by the Medical Executive Committee and as more particularly set forth in the Banner Health Medical Staff Focused Professional Practice Evaluation (FPPE) Policy. FPPE is a time-limited process whereby the Medical Executive Committee evaluates the privilege-specific competency of the Member or the Member's ability to provide safe, high quality patient care. These requirements may be waived or reduced by the Medical Executive Committee, as long as approved by the Governing Board. Such waiver may be considered in the case of a Member who is an extensively experienced practitioner or in such other circumstances as may be appropriate.

B. The FPPE monitoring shall be performed by at least one (1) physician with appropriate experience who is appointed by the Chief of Staff. In the event that there are no physicians on the Medical Staff with appropriate qualifications, or when otherwise deemed advisable, the Chief of Staff may appoint a qualified physician from outside the Medical Staff to perform the FPPE monitoring function. While preferable that the outside physician directly observe the Member, the outside monitoring physician may perform the FPPE monitoring by review of a required number of medical records.

C. The required monitoring under FPPE shall be completed within the time frame established by the Medical Executive Committee but in no event longer than twelve (12) months from the Member's initial appointment. The Medical Executive Committee may, due to inadequate caseload or other good cause, extend the period for completion of monitored cases up to a maximum of twenty-four (24) months. A written report shall be submitted by each physician monitoring the subject Member to the Medical Executive Committee. Until the Medical Executive Committee acts upon the reports received, the FPPE monitoring shall continue. Once approved, the Member shall be subject to reappointment at the end of the Medical Staff year in which other members are subject to reappointment.

D. In the event of concerns regarding the Member's patient care activity or the monitored/proctored cases, or if the Member does not successfully complete the FPPE process, or whenever an extension is denied, the Chief of Staff will provide him or her with special notice of the adverse result and of his or her entitlement to the procedural rights provided in the Corrective Action/Fair Hearing Plan.

ARTICLE VI: REAPPOINTMENT

All appointments to the Medical Staff will be for a period not to exceed two (2) years.

6.1 Information Collection and Verification:

6.1.1 An Applicant who fails to comply with the applicable requirements set forth in Article 3.1.3 above with respect to board certification will be ineligible for reappointment, with no recourse to any hearing, appeal or other rights.

6.1.2 Eligibility for Reappointment: To be eligible to apply for reappointment and renewal of clinical privileges, an Applicant must have done each of the following during the previous appointment term:

A. Completed all medical records;

B. Completed applicable continuing medical education requirements;

C. Satisfied all Medical Staff responsibilities, including payment of dues and assessments;

D. Continued to meet all qualifications and criteria for appointment and the clinical privileges requested;

E. Had sufficient patient contacts in the Hospital, or submitted such information as may be requested (such as a copy of his/her confidential quality profile from his/her primary hospital, clinical information from the Applicant's private office practice and/or a quality profile from a managed care organization), to enable the Department chair to assess current clinical judgment and competence for the privileges requested; and

F. Paid the reappointment application fee (if required)

6.1.3 Information from Members: In order to be granted continuing Medical Staff membership and clinical privileges, it will be the responsibility of the Applicant to provide the following information at least ninety (90) days prior to the end of such Applicant's current Medical Staff appointment:

A. Complete information to update such Applicant's credentials file with respect to the items listed in Article 4.3.2 above;

B. The name of one (1) peer reference in the same professional discipline as the Applicant;

C. Continuing training and education external to the Hospital during the preceding period;

D. Specific request for the clinical privileges sought on reappointment, with any basis for changes, together with reasonable evidence of the Applicant's current ability to perform the clinical privileges requested;

E. Any request for change in Medical Staff category or Department assignments; and

F. Any other relevant information that may be requested by any committee of the Medical Staff or the Governing Board.

Upon receipt of an application for reappointment, its contents will be verified and the Applicant will receive Special Notice of any information inadequacies or verification problems. The Applicant then has the burden of producing adequate information and resolving any doubts about such information.

Failure, without good cause, to submit an application for reappointment or to provide any required or requested information at least sixty (60) days prior to the end of such Applicant's current Medical Staff appointment will be deemed a voluntary resignation from the Medical Staff at the end of such Applicant's current appointment period. In such event, the subject application for reappointment will be deemed withdrawn from consideration, and no further action will be taken on such application unless the Credentials Committee takes action to extend the date by which such Applicant must submit such information, which date may not extend beyond the end of such Applicant's current appointment to the Medical Staff.

6.1.4 Information from Internal and/or External Sources: The Chief Executive Officer will collect from each Applicant's credentials file and other relevant sources, information regarding such Applicant's professional and collegial activities, performance and conduct in the Hospital and/or other hospitals, and claims, suits and settlements, if any. Such information will include, without limitation, patterns of care as demonstrated in findings of performance improvement activities, which could include pertinent results and comparative data on operative and other procedures, medication usage, and blood usage; utilization management data; risk management data; medical records/Hospital reports; continuing education activities; attendance at required Medical Staff and Department meetings; service on Medical Staff, Department and Hospital committees; timely and accurate completion of medical records; compliance with the Medical Staff Bylaws, the Medical Staff Rules and Regulations and all applicable policies and procedures of the Hospital and the Medical Staff.

6.1.5 All returned documents will be reviewed and verified as described in Article IV above.

6.1.6 Medical Staff Services or appropriate Hospital representative will compile a summary of clinical activity for each Applicant due for reappointment.

6.2 Procedure for Processing Applications for Medical Staff Reappointment:

6.2.1 Medical Staff Services will review all pertinent Medical Staff committee minutes and studies and all applicable databases and will prepare a summary of findings for each Applicant due for reappointment. Medical Staff Services will review the

application and all additional information and will place each application in the appropriate category in accordance with Article 4.3.8 above.

6.2.2 Category I applications for reappointment will be processed in accordance with Article 4.3.10. Category II applications will be processed in accordance with this Article 6.2.

6.2.3 The entire reappointment credentials file, including all documentation referenced above, will be sent to the appropriate Department chair for review.

6.2.4 Department Action: Each Department chair in which the Applicant requests, or has exercised, privileges will review such Applicant's file as described above and will forward to the Credentials Committee a written report of such Applicant's performance, including a statement as to whether or not the Department chair knows of, has observed or has been informed of any conduct which indicates significant present or potential physical or behavioral problems affecting such Applicant's ability to perform professional and Medical Staff duties appropriately. The Department chair will document his/her findings with respect to reappointment, Medical Staff category, Department assignment and clinical privileges, as more particularly described in Article 4.3.11.A above.

6.2.5 Credentials Committee Action: The Credentials Committee will review the Applicant's reappointment credentials file, the Department reports and all relevant information available to it and will forward to the Medical Executive Committee a written report with recommendations with respect to reappointment, Medical Staff category, Department assignment and clinical privileges. Such recommendation will be based on the ongoing monitoring of information concerning the Applicant's professional performance, judgment and clinical and/or technical skills.

6.2.6 Medical Executive Committee Action: The Medical Executive Committee will review the recommendations of the Credentials Committee and make a recommendation to the Governing Board with respect to reappointment, Medical Staff category, Department assignment and clinical privileges

If the Medical Executive Committee's recommendation is adverse to the Applicant, as defined in the Corrective Action/Fair Hearing Plan, the Applicant will be entitled to the procedural rights set forth in the Corrective Action/Fair Hearing Plan.

6.2.7 Conditional Reappointment:

A. The Credentials Committee or the Medical Executive Committee may recommend that reappointment and clinical privileges be subject to an Applicant’s compliance with specific conditions. These conditions may relate to behavior (e.g., code of conduct) or to clinical issues (e.g., general

consultation requirements or proctoring). The imposition of these conditions does not entitle an Applicant to request the procedural rights set forth in the Corrective Action/Fair Hearing Plan, unless the conditions constitute adverse action in accordance with the Corrective Action/Fair Hearing Plan.

B. In addition, reappointments may be recommended for periods of less than two (2) years in order to emphasize the seriousness of the matter and to permit closer monitoring of an Applicant's compliance with any conditions. A recommendation for reappointment for a period of less than two (2) years does not, in and of itself, entitle an Applicant to the procedural rights set forth in the Corrective Action/Fair Hearing Plan.

6.2.8 Final Processing and Governing Board Action: Final processing of requests for reappointment follows the procedure set forth in Articles 4.3.11.G, 4.3.12 and 4.3.13 above.

6.2.9 Request for Modification of Medical Staff Category, Department Assignment or Clinical Privileges: An Applicant, either in connection with reappointment or at any other time, may request modification of such Applicant's Medical Staff category, Department assignment, or clinical privileges by submitting a written application to the Credentials Committee on the prescribed form. An application for modification will be processed in the same manner as an application for reappointment. All requests for additional clinical privileges must be accompanied by information demonstrating current clinical competence in the specific clinical privileges being requested.

ARTICLE VII: DOCUMENT OWNERSHIP

All documents pertaining to the application, appointment and/or reappointment process will be the property of the Hospital.

ARTICLE VIII: DELINEATION OF CLINICAL PRIVILEGES

8.1 Exercise of Privileges: A Member may exercise only those clinical privileges granted to such Member by the Governing Board or emergency privileges as described herein.

8.2 Delineation of Privileges in General:

8.2.1 Requests: Each application for appointment or reappointment to the Medical Staff must contain a request for specific clinical privileges desired by the Applicant. Specific requests must also be submitted for temporary clinical privileges and for modification of clinical privileges at times other than during appointment or reappointment.

8.2.2 Basis for Privileges Determination: Requests for clinical privileges will be considered only when accompanied by evidence of education, training, experience and demonstrated current clinical competence, as specified by the Credentials Committee and the Medical Executive Committee, and as approved by the Governing Board.

Valid requests for clinical privileges will be evaluated on the basis of education, relevant training and experience, demonstrated current clinical competence, knowledge, professional performance, judgment, technical skills and ability to perform the clinical privileges requested. Any determination with respect to clinical privileges made in connection with a Member's reappointment or a requested change in clinical privileges must be based on observed clinical performance and documented results of Medical Staff performance improvement program activities. Such determination will also be based on pertinent information from other sources, especially other institutions and health care settings that are certified by tJC or the Accreditation Association for Ambulatory Health Care, where such Member's activity was subject to a documented quality assurance program. Such information will be added to, and maintained in, the Member's credentials file.

8.2.3 The procedure by which requests for clinical privileges are processed and the specific qualifications for the exercise of such clinical privileges are as set forth in this Manual.

8.3 Clinical Privileges that Cross Specialty Lines:

A. Requests for clinical privileges that traditionally have been exercised at the Hospital only by Members from another specialty will not be processed until the steps outlined in this Article 8.3 have been completed and a determination has been made regarding the Applicant’s eligibility to request the clinical privileges in question.

B. The Credentials Committee will conduct research and consult with experts, including those on the Medical Staff (e.g., Department chairs or Members with special interest and/or expertise) and those outside the Hospital (e.g., other hospitals, residency training programs and specialty societies).

C. The Credentials Committee will develop recommendations regarding (i) the minimum education, training, and experience necessary to perform the clinical privileges in question, and (ii) the extent of monitoring and supervision that should occur. These recommendations may or may not permit Members from different specialties to request the privileges at issue. The Credentials Committee will forward its recommendations to the Medical Executive Committee, which will review the matter and forward its recommendations to the Governing Board for final action.

8.4 Clinical Privileges for New Procedures:

A. Requests for clinical privileges to perform a significant procedure or service not currently being performed at the Hospital (or a significant new technique to perform an existing procedure (herein, a "new procedure") will not be processed until (i) a determination has been made that the new procedure will be offered by the Hospital, and (ii) eligibility criteria for clinical privileges to perform the new procedures have been established.

B. The Credentials Committee and the Medical Executive Committee will make a preliminary recommendation as to whether the new procedure should be offered, considering whether the Hospital has the capabilities, including support services, to perform the new procedure.

C. If it is recommended that the new procedure be offered, the Credentials Committee will conduct research and consult with experts, including those on the Medical Staff and those outside of the Hospital, and develop recommendations regarding (i) the minimum education, training, and experience necessary to perform the new procedure, and (ii) the extent of monitoring and supervision that should occur if clinical privileges to perform the new procedure are granted. The Credentials Committee may also develop criteria and/or indications for when the new procedure is appropriate. The Credentials Committee will forward its recommendations to the Medical Executive Committee, which will review the matter and forward its recommendations to the Governing Board for final action.

8.5 Clinical Privileges for Allied Health Professionals: Requests for clinical privileges by Allied Health Professionals will be processed in accordance with the provisions of the Allied Health Professionals Policy.

8.6 Temporary/Emergency Privileges

8.6.1 Eligibility: Temporary clinical privileges may be granted only in the circumstances described below, only to an appropriately licensed Practitioner, and only when verified information reasonably supports a favorable determination regarding the Applicant's qualifications, ability and judgment to exercise the clinical privileges requested.

8.6.2 Temporary Clinical Privileges for Applicants for Initial Appointment to the Medical Staff: An Applicant for initial appointment to the Medical Staff who has received a favorable recommendation from the Medical Executive Committee, or from the Chief of Staff acting on behalf of the Medical Executive Committee, may be granted temporary clinical privileges by the Chief Executive Officer while his/her Application is awaiting final action by the Board of Directors. Unless sooner terminated pursuant to Section 8.6.6 below, such temporary clinical privileges shall remain in effect until final action on the Application is taken by the Board of Directors. In these circumstances, the Applicant shall act in

accordance with, and be subject to, the Medical Staff Bylaws, the rules and regulations of the Medical Staff and the rules, guidelines, and standards of practice of the appropriate Department.

8.6.3 Temporary Clinical Privileges for Other Applicants: Upon written concurrence of the appropriate Department chair or the Chief of Staff, the Chief Executive Officer may grant temporary clinical privileges in the following circumstances:

(a) Temporary Clinical Privileges for the Care of Specific Patient(s): Temporary admitting and clinical privileges may be granted to a Practitioner who is not an Applicant for Medical Staff membership for the care of a specific patient(s). The exercise of such temporary clinical privileges shall be restricted to the specific patients for which they are granted and shall not exceed equivalent clinical privileges that the Practitioner currently holds at other health care institutions.

(b) Limited Temporary Clinical Privileges (Locum Tenens Privileges): Limited temporary clinical privileges (locum tenens privileges) may be granted to a Practitioner who is not an Applicant for Medical Staff membership to serve as a locum tenens Practitioner for a Member or for MMC. A Member who desires coverage of his/her practice by a locum tenens Practitioner or the applicable representative of MMC shall submit to the Medical Staff Services Department a written request that includes the following information:

(i) the name and address of the locum tenens Practitioner; and

(ii) the planned dates of service at MMC.

In addition, a Member desiring such locum tenens coverage shall specify whether the locum tenens Practitioner will have the same clinical privileges as the sponsoring Member or whether the locum tenens Practitioner will have more limited clinical privileges than the sponsoring Member and shall specify the limitations, if any.

The Member requesting locum tenens coverage bears the responsibility to assure the competence and professional behavior of the locum tenens Practitioner.

The locum tenens Practitioner is responsible for fulfilling the emergency call responsibilities of the sponsoring Member and must adhere to the Medical Staff Bylaws, all applicable Medical Staff documents and MMC policies.

Limited temporary clinical privileges (locum tenens privileges) may not be granted to a locum tenens Practitioner for a period in excess of one

hundred twenty (120**)** days in any twelve (12) month period. If a locum tenens Practitioner has been granted limited temporary clinical privileges for more than one hundred twenty (120) days in any twelve (12) month period, such locum tenens Practitioner shall be required to apply for Medical Staff membership.

(c) Temporary Clinical Privileges to Assist in Surgery/Invasive Procedures: Upon receipt of a request, a Practitioner who is not an Applicant for Medical Staff membership but who has referred a patient to a Member for a surgical or invasive procedure may be granted temporary clinical privileges to assist with the surgical or invasive procedure, providing he/she has the consent of the attending Member. Such temporary clinical privileges shall expire at the completion of the surgical or invasive procedure.

(d) Temporary Clinical Privileges for Training: Temporary clinical privileges for training are those clinical privileges requested by Practitioners for training to occur at MMC. Upon receipt of a request, a Practitioner who is not an Applicant for Medical Staff membership may be granted temporary clinical privileges to receive training at MMC providing he/she has the consent of the Member providing the training. Temporary clinical privileges for training also may be granted to a Practitioner who is not an Applicant for Medical Staff membership to teach and/or proctor a procedure or treatment at MMC. All such temporary clinical privileges for training shall expire at the completion of the training.

(e) Temporary Clinical Privileges for a Member to Obtain Additional Training and Experience: A Member who is seeking to add a clinical privilege for which the Member's training and experience has not previously been verified and/or for which criteria stipulate performance of a specified number of procedures that the Member does not meet may request temporary clinical privileges to acquire such experience. A plan for meeting the criteria must first be presented to and approved by the Credentials Committee to assure that appropriate training, experience and preceptorship components are present and acceptable.

8.6.4 Requirements for Temporary Clinical Privileges: Temporary clinical privileges may be granted pursuant to this Section 8.6.3 upon satisfaction of the following requirements:

(a) Receipt of a complete Application for temporary clinical privileges.

(b) Verification of the following:

(1) Current licensure;

(2) Relevant training or experience;

(3) Current clinical competence;

(4) Ability to perform the privileges requested; and

(5) Other criteria required by the Medical Staff Bylaws.

(c) Evaluation and approval of the following information by the appropriate Department chair and/or the Chief of Staff:

(1) A report from the NPBD;

(2) Information as to whether any action has been undertaken by government agencies, review organizations, or third party payors, whether still pending or completed, which involves the Applicant's patient admission, treatment, discharge, charging, collection, or utilization practices, including, but not limited to, Medicare and Medicaid fraud and abuse proceedings;

(3) Any current or previously successful challenge to licensure or registration;

(4) Any subjection to involuntary termination of medical staff membership at another organization; and

(5) Any subjection to involuntary limitation, reduction, denial, or loss of clinical privileges.

Upon the granting of such temporary clinical privileges, the Applicant shall act in accordance with, and be subject to, the Medical Staff Bylaws, the rules and regulations of the Medical Staff and the rules, guidelines, and standards of practice of the appropriate Department.

8.6.5 Special Requirements: The appropriate Department chair may impose special requirements of supervision and reporting if there are concerns regarding any Practitioner who has been granted temporary clinical privileges. Temporary clinical privileges shall be immediately terminated by the Chief Executive Officer upon notice of any failure by the Practitioner to comply with such special requirements.

8.6.6 Termination of Temporary Privileges: The Chief of Staff or the Chief Executive Officer, may, at any time, terminate any or all of a Practitioner's temporary clinical privileges; provided, however, that where the life or well being of a patient is determined to be endangered, the termination of such temporary clinical privileges may be effected by any person entitled to impose precautionary suspension under the Corrective Action/Fair Hearing Plan. In the event of any

such termination, such Practitioner's patients then in the Hospital will be assigned to another Practitioner by the appropriate Department chair. The wishes of the patient will be considered, when feasible, in choosing the Practitioner to whom the patient will be assigned.

8.6.7 Rights of a Practitioner with Temporary Privileges: A Practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the Medical Staff Bylaws and the Corrective Action/Fair Hearing Plan in the event the Practitioner's request for temporary clinical privileges is refused or because all or any part of such Practitioner's temporary privileges are terminated or suspended.

8.6.8 Emergency Privileges: In the case of an emergency, any Member is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by such Member's license, but regardless of Department affiliation, Medical Staff category or level of clinical privileges. A Member exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow up. When an emergency situation no longer exists, the Member must request the clinical privileges necessary to treat the patient if the Member desires to continue to do so.

8.6.9 Disaster Management Privileges: Upon the recommendation of the Chief of Staff or another member of the Medical Executive Committee, the Chief Executive Officer may grant temporary privileges to a Practitioner who is volunteering in the event of a mass disaster, when the emergency management plan of MMC has been activated and MMC is unable to meet immediate patient needs, but only after the identity of the Practitioner has been verified.

The minimum acceptable sources of identification for the Practitioner providing emergency care include a current license to practice medicine in the United States, together with (A) a government issued photo identification or (B) verification of the Practitioner's identity by a current Member or Hospital employee or (C) a pictured hospital identification card the clearly identifies the volunteer Practitioner's professional designation or (D) identification indicating that the volunteer Practitioner is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized Federal or State organization or group; or (e) identification indicating that the volunteer Practitioner has been granted authority to render patient care, treatment, and services in disaster circumstances. Whenever possible, Practitioners who are volunteering will be assigned to a Member by the Chief of Staff, or his/her designee, for oversight of the care provided, which oversight may be done by direct observation and/or clinical record review. Such temporary privileges will last for the duration of the disaster or for ninety (90) days, whichever occurs first. Verification of the credentials of any Practitioner granted disaster privileges will begin as soon as the immediate situation is under

control and will be completed within seventy-two (72) hours from the time the volunteer Practitioner presents to MMC, if possible. If extraordinary circumstances, such as no means of communication or lack of resources, prevent the primary source verification from being completed within seventy-two (72) hours, the Chief Executive Officer shall document (i) the reason for the delay, (ii) evidence of demonstrated ability on the part of the volunteer Practitioner to provide adequate care, treatment and services, and (iii) all attempts to rectify the situation as soon as possible. MMC shall make a decision, based on the information obtained, regarding the professional practice of the volunteer Practitioner, within seventy-two (72) hours related to the continuation of the disaster privileges initially granted to such volunteer Practitioner. The verification process will be the same as described in Section 8.6.4 above. Furthermore, notwithstanding any existing delineation of privileges or scope of authority, Members, Hospital employees and volunteers are authorized to take whatever steps they reasonably believe are necessary to save or preserve the life or health of patients or the public health during a mass disaster.

8.7 Telemedicine Privileges

8.7.1 Definition of Telemedicine Privileges:

A. "Telemedicine Privileges" means the authorization granted to a Practitioner by the Governing Board to render a diagnosis of a patient at the Hospital through the use of electronic communication or other communications technologies. The Practitioner will not be a Member and may not provide direct patient care.

B. After considering the recommendation of the relevant Department Chairs, the Credentials Committee will make a recommendation to the Medical Executive Committee regarding the clinical services that may be offered through telemedicine.

C. The Chief Executive Officer, with input from the Medical Executive Committee, will determine the specific services to be provided at the Hospital via telemedicine.

8.7.2 Qualifications for Practitioners Requesting Consideration for Telemedicine Privileges:

Any Practitioner who wishes to be considered for Telemedicine Privileges will provide the following documentation to Medical Staff Services or its designee:

A. Signed consent and release/authorization form;

B. Current Colorado license to practice medicine;

C. Curriculum Vitae;

D. Current copy of DEA and state controlled substance certificate, if applicable;

E. Current copy of professional liability insurance coverage certificate in such minimum amount as may be required by the Hospital;

F. Evidence of no exclusion from any federal health care program;

G. Evidence of medical staff appointment and clinical privileges in good standing at another tJC accredited or equivalent hospital;

H. Such additional information as may be requested by the Hospital.

8.7.3 Processing Requests for Telemedicine Privileges: The following verifications will be completed by Medical Staff Services or its designee:

A. Query to the National Practitioner Data Bank;

B. Query to determine that the Practitioner has not been excluded from any federal health care program;

C. Verification of the Practitioner's medical staff status at the Practitioner's primary tJC accredited or equivalent hospital;

D. Verification of the Practitioner's medical license(s) in the Practitioner's primary state and the state in which telemedicine services will be provided (when applicable).

E. Verification of the Practitioner's current DEA status, when applicable; and

F. Verification of the Practitioner's current board status (when applicable).

8.7.4 Approval of Telemedicine Services and Providers:

A. The Credentials Committee will make a recommendation to the Medical Executive Committee regarding whether the Practitioner's request for Telemedicine Privileges should be granted.

B. The Medical Executive Committee will make a recommendation to the Governing Board regarding whether the Practitioner's request for Telemedicine Privileges should be granted. The decision of the Governing Board will be final.

8.7.5 Required Notifications:

A. A Practitioner who has been granted Telemedicine Privileges will immediately report to the Chief Executive Officer the loss or suspension of any license, certificate or authorization described in Article 8.7.2 above. Such loss or suspension will result in the immediate and automatic relinquishment of any and all Telemedicine Privileges with no right to a hearing or an appeal as outlined in the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan.

B. If telemedicine services are being provided at the Hospital through a contracted group, it will be the responsibility of the contracted group to notify Medical Staff Services or its designee of any Practitioner who requires Telemedicine Privileges and of any Practitioner who no longer needs to maintain Telemedicine Privileges.

8.7.6 Provision of Direct Patient Care: If any Practitioner who has been granted Telemedicine Privileges intends to direct patient care or to provide "hands-on" patient care, such Practitioner will be required to apply for Medical Staff membership and clinical privileges at the Hospital prior to the provision of any such direct patient care.

ARTICLE IX: LEAVE OF ABSENCE

9.1 Leave Status: A Member may obtain, for good cause, a voluntary leave of absence by giving written notice to the Chief of Staff for transmittal to, and consideration by, the appropriate Department chair and the Chief Executive Officer, subject to the approval of the Governing Board. The notice must state the approximate period of time of the leave, which, except for military service, may not exceed two (2) years. Absence for longer than the period of time granted will constitute voluntary resignation of Medical Staff membership and clinical privileges unless an exception is made by the Governing Board upon recommendation of the Medical Executive Committee. During the duration of the leave of absence, the Member's clinical privileges, prerogatives and responsibilities are suspended.

Leaves of absence are matters of courtesy, not of right. In the event that it is determined by the Department chair or the Chief Executive Officer that a Member has not demonstrated good cause for a leave, or where a request for extension of a leave of absence is not granted, the affected Member may request that the Medical Executive Committee review the request, and such Member may submit information demonstrating why the request was appropriate. The Medical Executive Committee, in its sole discretion, will decide whether to review the submission and whether to take or recommend any action, and the affected Member will have no hearing, appeal or other rights in connection with the Medical Executive Committee's decision.

9.2 Reinstatement Following Leave of Absence: A Member who has been granted a leave of absence must, at least forty-five (45) days prior to the termination of the leave, or may at any earlier time, request reinstatement by sending a written notice to the Chief Executive

Officer. Such request must include a written summary of relevant activities during the leave of absence as well as evidence of current licensure, DEA registration, if applicable, and liability insurance coverage. If the leave of absence extended beyond the Member's current appointment term, then the Member also will be required to complete an application for reappointment to the Medical Staff.

The Chief Executive Office will forward the request for reinstatement to the Credentials Committee for further consideration. The Member who is requesting reinstatement also will provide such other information as may be requested by the Credentials Committee at such time.

If the leave of absence was for medical reasons, the Member who is requesting reinstatement will submit a report from his/her Practitioner indicating that the Member is physically and mentally capable of exercising the clinical privileges requested. The Member also will provide such other information as may be requested by the Credentials Committee at such time.

After considering all relevant information, the Credentials Committee will make its recommendation on the request for reinstatement to the Medical Executive Committee. The Medical Executive Committee may recommend to the Governing Board reinstatement either to the same or a different Medical Staff category, limitation or modification of the clinical privileges to be extended to the Member upon reinstatement, or denial of reinstatement. If the recommendation of the Medical Executive Committee is adverse to the Member seeking reinstatement, such recommendation will be processed in accordance with the Corrective Action/Fair Hearing Plan.

ARTICLE X: PRACTITIONER PROVIDING CONTRACTUAL SERVICES

10.1 Exclusivity Policy: Whenever Hospital policy specifies that certain Hospital facilities or services may be used on an exclusive basis in accordance with a written agreement between the Hospital and a single Practitioner or a group of Practitioners and the Hospital has entered into such an exclusive arrangement, then other Members must, except in an emergency or life threatening situation, adhere to such grant of exclusivity in arranging care for their patients. Application for initial appointment, for reappointment, and for clinical privileges related to Hospital facilities or services covered by an exclusive arrangement will not be accepted or processed unless submitted in accordance with the written agreement between the Hospital and the exclusive provider.

10.2 Qualifications: An Applicant who is, or will be, providing specified professional services pursuant to a written agreement with the Hospital, or who is employed by the Hospital, must meet the same qualifications, must be processed in the same manner, and must fulfill all the obligations of Medical Staff membership as any other Applicant or Member.

10.3 Effect of Termination of Medical Staff Membership: Because practice at the Hospital is always contingent upon continued Medical Staff membership, a Member's right to use

Hospital facilities is automatically terminated when such Member's membership on the Medical Staff expires or is terminated.

10.4 Effect of Contract Expiration or Termination: The effect of expiration or other termination of a Member's written agreement with the Hospital upon such Member's membership on the Medical Staff and clinical privileges will be governed solely by the terms of such Member's written agreement with the Hospital. Such Member's membership on the Medical Staff and clinical privileges will not be terminated or modified in any manner without the same due process provided to any other Member, unless such Member's written agreement with the Hospital specifically provides otherwise.

ARTICLE XI: USE OF TERMS

When used herein, the terms "Department chair", "chair of the Credentials Committee", "Chief Executive Officer", and "Chief of Staff" will be construed to include such individual's designee.

ARTICLE XII: IMMUNITY FROM LIABILITY

By applying for, or accepting, Medical Staff membership and/or clinical privileges at the Hospital, the Applicant or Member agrees to be bound by the provisions of the Medical Staff Bylaws, including, without limitation, the provisions relating to confidentiality, releases and immunity from liability.

ARTICLE XIII: ADOPTION AND AMENDMENT

13.1 Policy Review: The Credentials Committee will review this Manual as needed, based on revisions in regulations and credentialing practices, but in no event less frequently than once every three (3) years.

13.2 Amendment: This Manual may be adopted, amended or repealed, in whole or in part, upon recommendation by the Medical Executive Committee and adoption by the Governing Board.

13.3 Corrections: The Medical Executive Committee may adopt such amendments to this Manual as are, in the judgment of the Medical Executive Committee, technical or legal modifications or clarifications (i.e. reorganization or renumbering or changes needed due to punctuation, spelling or other errors of grammar or expression).

13.4 Responsibilities and Authority: The procedures outlined in the Medical Staff Bylaws and the Corporate Bylaws regarding Medical Staff responsibility and authority to formulate, adopt and recommend Medical Staff Bylaws, and amendments thereto, apply as well to the formulation, adoption and amendment of this Manual.

MEDICAL STAFF:

This CREDENTIALS POLICY AND PROCEDURE MANUAL was recommended to the Governing Board by the Medical Executive Committee in accordance with Article 13.2 above.

_____
Chief of Staff, MCKEE MEDICAL CENTER

_____
Date

BOARD:

This CREDENTIALS POLICY AND PROCEDURE MANUAL was approved and adopted by the Governing Board upon recommendation by the Medical Executive Committee.

_____
Secretary, GOVERNING BOARD

March 13, 2014
Date