

# CREDENTIALING PROCEDURES MANUAL

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## PART I - APPOINTMENT PROCEDURES

### 1.1 APPLICATION

An application for Medical Staff/Advanced Practice Providers/Allied Health Professional membership must be submitted by the applicant in writing and on the form approved by the Board. Prior to the application being submitted, the applicant will be provided access to a copy of the Bylaws and the rules and regulations.

Applications submitted prior to the opening of the Medical Center will be reviewed as follows: For current members in good standing of a Banner Health Medical Staff, the Banner Health CVO will accept applications that are the most current and delineation of privileging forms. The CVO will verify all expirables and forward a copy of the application and all supporting information to Banner Ocotillo Medical Center's Medical Staff Office. The Medical Staff Office will query the National Practitioner Data Bank. Applications will be submitted for review by the Chief Medical Officer or designee or the Chief of Staff, and then submitted to the Board for approval. All other applications will require the complete Initial Application and Verification process as outlined in Part 1.2 – 1.7.

### 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) Faculty Affiliation with the College of Medicine (if applicable)
- (c) Military Service (if applicable)
- (d) All currently valid medical, or other professional licensures or certifications, controlled substance and Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each.
- (e) Specialty or sub-specialty board certification, recertification, or eligibility status. "Board certification" as defined in the Bylaws.
- (f) Health status and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully, including freedom from infectious tuberculosis and documentation of compliance with the Banner Influenza Policy.
- (g) Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, complete information on malpractice claims history and experience including claims, suits, and settlements made, concluded, and pending and a completed Confidential Information Report for each case.

- (h) Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, voluntary agreement to refrain 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.
- (i) Any current investigation by a medical staff or any agreement with a medical staff, including a behavioral or substance abuse stipulation.
- (j) Department assignment (if applicable), specific clinical privileges requested, supporting documentation as required in the criteria for privileges and summary/log of all clinical activity during the past 24 months.
- (k) 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/System for Award Management, any government entity, or any convictions of any crime relating to health care.
- (l) Any pending or past misdemeanor or felony criminal charges or convictions (except for minor traffic violations, such as speeding).
- (m) 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 intervals since graduation must be accounted for.
- (n) Evidence of the applicant's agreement to abide by the provisions of the Medical Staff Bylaws, Rules and Regulations, Code of Conduct and any other applicable facility policies.
- (o) 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.
- (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.
- (r) Dependent Advanced Practice Providers and Allied Health applicants must provide the name of the supervising and/or sponsoring/collaborating Medical Staff Member and any alternative Medical Staff Member names and a signed statement by the supervising and/or sponsoring/collaborating physician of his/her agreement to provide the required supervision. Supervising and/or sponsoring/collaborating physicians must have current clinical privileges at the Medical Center.

### 1.3 REFERENCES

The application must include the names of three (3) medical or health care professionals, in the same discipline, preferably 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 preferably have had organizational responsibility for supervision of the applicant's performance (e.g., department clinical service chief, 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. Advanced Practice Professionals and Allied Health applicants must provide at least one physician reference, preferably from a current or past sponsoring physician. A maximum of two (2) professional references may be from practice associates.

#### 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 Health/Wellness Committee or the Medical Executive Committee or subcommittee of either committee;
- (d) Agrees to abide by the terms of the Medical Staff Bylaws, the Rules and Regulations, 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 Code of Conduct;
- (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;
- (i) Agrees to exhaust all hearing and appeal rights under the Medical Staff Bylaws and Fair Hearing Plan before initiating legal action; and
- (j) 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 **MEDICAL STAFF DUES/MEMBERSHIP FEES**

Medical Staff Dues/Membership fees in the amount established by the Executive Committee, as applicable for each facility, may be required.

#### 1.6 **PROCESSING THE APPLICATION**

##### 1.6.1 **APPLICANT'S BURDEN**

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for staff membership, department assignment, or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). The applicant has the burden of demonstrating his or her qualifications to the satisfaction of the Medical Staff and the Board. 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 the applicant fails to provide requested information 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 must be submitted and shall be reviewed by the CVO to determine eligibility. If the applicant meets minimum established eligibility criteria, the CVO will send the applicant an application for completion. Representatives of the Banner Health CVO shall collect and verify the references, licensure, and other evidence of qualification 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 Medical Staff Office: Verification of current competency of privileges requested, and National Practitioner Data Bank query. When collection and verification is accomplished by the CVO, the application shall be deemed to be conditionally complete and shall be transmitted with all supporting materials to the Medical Staff Office who then will submit the application to the Credentials Committee, Department Chair or the Clinical Service Chief, if applicable. Should the application be determined to be incomplete at any time, processing will stop.

### 1.6.3 **EXPEDITED APPLICATION**

Prior to submitting the Medical Executive Committee report to the Medical Staff Subcommittee of the Board, the Banner Health facility shall determine whether an application is an expedited or routine application in accordance with the Board's Medical Staff Expedited Review policy. Expedited Applications can be reviewed by the Chairman of the Credentials Committee, the Chairman of the Department, the Clinical Service Chief (if applicable), or their designees and forwarded to the Medical Executive Committee for review.

### 1.6.4 **ROUTINE APPLICATION**

An application that is not an Expedited Application (a Routine Application) is defined as

- (a) Where the application is incomplete;
- (b) Where the applicable Medical Executive Committee has made a final recommendation that is adverse or has limitations;
- (c) Where there is a current challenge or previous successful challenge to an applicant's licensure or registration;
- (d) Where the applicant has received involuntary termination of medical staff membership or limitation, reduction, denial, or loss of clinical privileges by any hospital or healthcare facility;
- (e) Where the Medical Executive Committee determines that there has been an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant; and/or
- (f) Where the applicant has been convicted of, or pleads guilty or no contest to, a felony related to the practice of medicine.

An application that is not an Expedited Application (a Routine Application) is reviewed as follows:

#### 1.6.4.1 **DEPARTMENT (CLINICAL SERVICE) (IF APPLICABLE)**

The chair of the respective department or clinical service chief in which the applicant seeks privileges shall review the application and its supporting documentation. 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 chair/clinical service chief will assess the supporting documentation to determine equivalency. The department chair/clinical service chief may refer the application to the full department for review.

#### 1.6.4.2 **CREDENTIALS COMMITTEE (IF APPLICABLE)**

The Credentials Committee shall review the member's file and any other relevant information available and determine if the application is complete and if the applicant

meets all of the necessary qualifications for staff membership and clinical privileges requested. The Credentials Committee shall make a recommendation for either appointment or non-appointment and for staff category, department assignment (if applicable), and clinical privileges. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview.

Applications that meet the following criteria as outlined in the Medical Staff Expedited Review policy (# 753) can be reviewed by the Chairman of the Credentials Committee or designee on behalf of the committee

#### 1.6.4.3 **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 (if applicable), and Credentials Committee Chair (if applicable), 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.

#### 1.6.4.4 **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 Chief of Staff/designee 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) Appointment with Stipulation: The Medical Executive Committee may recommend that the applicant's appointment be conditioned upon the signing of a stipulation. The stipulation will contain the Medical Executive Committee's expectations for conduct and/or performance, may include refraining from the misuse of alcohol or drugs, if applicable, and the possible consequences if those expectations are not met.
- (d) Limited Period of Appointment: From time to time, the Medical Executive Committee may recommend a period of appointment of less than 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 Credentials Committee. Supplemental appointments may not exceed the two-year term.
- (e) Adverse Determination: A Medical Executive Committee action to suspend or otherwise summarily limit privileges or a recommendation to deny, revoke, suspend, reduce or otherwise limit membership and/or privileges.
- (f) 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.

#### 1.6.5 **BOARD**

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

#### 1.6.6 **VERIFICATION OF IDENTIFICATION**

Prior to practicing at a Banner facility each medical staff member/allied health professional is required to obtain a Banner Health photo identification badge which has been verified by legible photo identification. Legible Federal/State government issued photo identification (i.e. driver's license, passport, etc.) must be presented 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/advanced practice provider (APP)/allied health professional (AHP) 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. The application shall include information to demonstrate the member's/APP's/AHP's continued compliance with the qualifications for medical staff membership or APP or AHP requirements and to update the member's/APP's/AHP'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/APP/AHP of any specific information inadequacies or verification problems. The staff member/APP/AHP 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 180 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, 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 reports;
- (c) Professional Liability Insurance – current coverage and any malpractice claims history resulting in settlement or judgments as reported by the National Practitioner Data Bank. The Professional Liability Claims Form must be completed;
- (d) Verification of all medical or other professional licensures or certifications to practice and sanctions against such license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure, voluntary or involuntary;
- (e) Board Certification status, including Maintenance of Certification (MOC) as applicable;
- (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 membership 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; and
- (j) Additional information from other databanks 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 (IF APPLICABLE)

The Department chair and clinical service chief of each department in which the staff member/APP/AHP 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.

### 2.3 CREDENTIALS COMMITTEE ACTION (IF APPLICABLE)

The Credentials Committee shall review the member's/APP's/AHP's file, the department reports, and any other relevant information available to it and make a recommendation for either reappointment or non-reappointment and for staff category, department assignment, and clinical privileges to the Medical Executive Committee.

### 2.3 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 (if applicable), and Credentials Committee (if applicable), and any other relevant information available. The Medical Executive Committee shall prepare a written report to the Board 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.

**2.4 FINAL PROCESSING AND BOARD ACTION**

Final processing of reappointments follows the procedure set forth in Section 1.6.5. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Sections shall be read respectively, as "staff member/APP/AHP " and "reappointment".

**2.4 TIME PERIODS FOR PROCESSING**

All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period.

**2.5 REAPPOINTMENTS OF LIMITED DURATION**

From time to time, the Medical Executive Committee may recommend a period of reappointment of less than two years. If not otherwise required, these limited reappointments may be extended without completion of a full 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/ Credentials/ MEC (as applicable).

**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 or review continuous query results and licensure.

**3.1.2 PROCESSING REQUESTS**

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

**3.2 "DISTANT SITE" CREDENTIALING OF TELEMEDICINE PRACTITIONERS**

**3.2.1 DEFINITION**

Distant Site is defined as the site delegated by contract to make credentialing decision on behalf of the medical staff.

**3.2.2 PROCEDURE**

Where the Medical Center has a contract with a Joint Commission accredited facility Distant Site approved by the Medical Executive Committee, the Medical Center will accept the credentialing and privileging decisions of the Distant Site for applicants who provide telemedicine services and are credentialed at the Distant Site. Privileges at the Medical Center shall be identical to those granted at the Distant Site, except for services which the Medical Center does not perform. Privileges shall be granted and renewed for the same period as have been granted by the Distant Site. Board approval of privileges at the Distant Site qualifies as Board approval at the Medical Center.



National Practitioner Data Bank query will be obtained by the Medical Staff Office.

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

### **4.1 LEAVE STATUS**

A practitioner may request a voluntary leave of absence by submitting a written notice to the Chief of Staff and the department chair (if applicable). The request must state the reason for the leave, contact information during the leave, and the approximate period of time of the leave which is longer than 30 days, but may not exceed one (1) year. Requests for an extension beyond one (1) year will be considered by the MEC on a case by case basis. During the period of the leave, the practitioner'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 taking a leave.

#### **4.1.2 MILITARY LEAVE OF ABSENCE**

A practitioner may request and be granted a leave of absence to fulfill military service obligations. In addition to a written request for leave, a military reservist shall submit a copy of deployment orders. Medical Staff members/APPs/AHPs who are on active military duty for more than one year will be afforded an automatic extension of his/her leave until his/her active duty is completed. Reinstatement of membership status and/or clinical privileges may be subject to certain monitoring and/or proctoring conditions as determined by the Medical Executive Committee, based on an evaluation of the nature of activities during the leave.

### **4.2 REINSTATEMENT FOLLOWING LEAVE OF ABSENCE**

A practitioner may request reinstatement of membership and privileges by sending a written notice to the Medical Staff Office. The practitioner must submit a written summary of relevant activities during the leave as well evidence of current licensure, DEA registration, and liability insurance coverage. Membership status and privileges may be subject to request for items, certain monitoring and/or proctoring conditions as determined by the appropriate Department Chair, the Credentials Committee and Medical Executive Committee, based on an evaluation of the nature of activities during the leave.

If the term of appointment expired during the leave of absence; the practitioner must complete an application for reappointment as defined in Part II and the review process will be followed as defined for the reappointment.

If the request for reinstatement does not coincide with reappointment, the request for reinstatement shall be reviewed by the appropriate Department Chair, the Credentials Committee Chair, the Chief of Staff and Chief Executive Officer/designee with initial approval for reinstatement, followed by Credentials Committee and MEC review and recommendation to the Board for full approval.

Unless as specified above, failure to request a return from a Leave of Absence prior to one year will result in automatic relinquishment of Medical Staff Appointment and clinical privileges.

### **4.3 RESIGNATION**

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

#### 4.4 **REINSTATEMENT FOLLOWING RESIGNATION/AUTO EXPIRATION**

Physicians may request reinstatement of membership and privileges within six (6) months of resignation/auto-expiration date by sending written notice to the Medical Staff Office. If the practitioner requests reinstatement within 30 days of the Board's acceptance of the resignation, a reappointment application will not be required as long as the practitioner's term has not expired, licensure, DEA and liability insurance coverage are current. The practitioner must submit a written summary of relevant activities since resignation as well evidence of current licensure, DEA registration, and liability insurance coverage. Membership status and privileges may be subject to request for items, certain monitoring and/or proctoring conditions as determined by the appropriate Department Chair, the Credentials Committee and Medical Executive Committee, based on an evaluation of the nature of activities since resignation/auto-expiration. After 30 days, the practitioner will be required to complete a reappointment application as described in Part II – Reappointment Procedures.

If the term of appointment expired during the resignation/auto-expiration; the practitioner must complete an application for reappointment as defined in Part II and the review process will be followed as defined for the reappointment.

If the request for reinstatement/auto-expiration does not coincide with reappointment, the request for reinstatement shall be reviewed as defined in Part I – Appointment Procedures.

Physicians requesting reinstatement of membership and privileges more than six (6) months from resignation date must complete a new application for staff membership and privileges as described in Part I – Appointment Procedures of this Credentialing Manual.

### **PART V - DELAYS, REAPPLICATIONS AND REPORTING**

#### 5.1 **DELAYS**

All applications will be processed within a reasonable amount of time not to exceed 180 days from when application is signed and dated. 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 **APPLICATION AFTER ADVERSE CREDENTIALS DECISION**

An applicant or staff member who has received a final adverse decision following a fair hearing 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 application 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 **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 applicable state law. 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, following the amendment process outlined in the Medical Staff Bylaws.

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 April 9, 2020.

Revised:

September 10, 2020