

**MAINE MEDICAL CENTER
CREDENTIALING PROCEDURES MANUAL**

PART 1: PROCEDURES FOR APPOINTMENT

1-1 APPLICATION FOR INITIAL APPOINTMENT

Except as otherwise specified, no person, including persons engaged by the Medical Center in administratively responsible positions, shall exercise clinical privileges in the Medical Center unless and until he or she applies for and receives appointment to the Medical Staff or is granted temporary or interim privileges as set forth in the Medical Staff Bylaws. By applying to the Medical Staff for appointment or reappointment, the applicant acknowledges responsibility first to review the Bylaws and agrees that throughout any period of membership, he or she will comply with the responsibilities of Medical Staff membership and with the Bylaws and Rules and Regulations of the Medical Staff as they exist and as they may be modified from time to time. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted in accordance with the Bylaws.

1-2 REQUEST FOR APPLICATION PROCESS

An individual requesting an application for appointment shall be informed of the threshold criteria for appointment and clinical privileges consideration and asked to provide information on his or her ability to meet the Medical Center's requirement for:

- A. Current licensure to practice medicine or dentistry in the State of Maine or any other state with a current application for licensure in the State of Maine;
- B. Current DEA, if applicable;
- C. Professional education and training;
- D. Location of actual or anticipated office and residence;
- E. Professional liability insurance, in an amount as determined by The Board;
- F. Board certification status.

The potential applicant shall also be asked the category of privileges desired.

The written request will be reviewed by the Chief Medical Officer or designee. If the individual's qualifications as presented do not meet criteria for appointment under relevant law, regulations or standards or qualification which have been adopted by the Board, the Chief Medical Officer or designee shall so inform the individual and shall decline to provide an application.

An individual who has been denied an application pursuant to this Part is not entitled to the procedural rights provided in the Medical Staff Bylaws or the Fair Hearing Plan. Unless a request for an application has been denied pursuant to the above process, the Medical Staff Office will provide the requesting individual with an initial application and a copy of the Medical Staff Bylaws.

1-3 APPLICATION FORM

An application form shall be recommended by the Credentials Committee and approved by the Executive Committee of the Medical Staff. The form shall require detailed information which shall include, but not be limited to, information concerning:

- A. The applicant's qualifications including professional training, experience and continuing medical education information related to the clinical privileges requested by the applicant, board certification status, past and current licensure and DEA registration;
- B. References from peers familiar with the applicant's professional competence and ethical character. The named individuals must have acquired the requisite knowledge of the applicant's professional performance through observation within the past two (2) years over a reasonable period of time. At least one (1) must be from a colleague in the applicant's specialty. The Chief of the Department or Chief's designee reviewing the applicant has the authority to waive certain reference requirements if he/she feels that the applicant cannot meet the burden, however will require sufficient replacement references to ensure that the process is not compromised.
- These individuals must have personal knowledge, over the most recent two year period, of current clinical skills, ability, ethical character, judgment, professional performance, and clinical competence or have been responsible for professional observation of their work.
 - References may not be provided by relatives, current classmates, spouse or domestic partner.
 - Acceptable references include referring physicians or professional peers – defined as being in the same professional discipline with equal qualifications. (MD/DO – MD/DO; DMD/DDS – DMD/DDS; PA/NP – PA/NP, etc.)
 - References should be individuals other than business partners or associates, if possible.
 - If current hospital privileges are held, one reference must be the current department chief.
 - If currently completing a residency or fellowship, one reference must be the program director.
- C. Requests for membership categories, departments, and clinical privileges;
- D. Past or pending professional or third party payor disciplinary action, licensure limitations, or related matters;
- E. Clinical privileges or employment at any other hospital, clinic, health care institution or organization subject to voluntary or involuntary limitation, revocation, suspension or conditions of probation;
- F. Any non-renewal, relinquishment of or withdrawal of application for appointment at any other hospital, clinic, health care institution or organization;
- G. Professional practice coverage arrangements;
- H. Ability to perform the privileges requested and attestation of acceptability of current health status to perform activities required to fulfill the requested privileges;
- I. Professional liability insurance coverage;
- J. Information regarding all prior and pending professional liability claims against the practitioner or any other person or entity arising out of or in connection with the applicant's individual professional services; and
- K. Documentation and results of tuberculosis testing, as appropriate, within one year prior to the date of the application or reapplication.

- L. Personal attestation regarding history of felony, current substance abuse, and/or sanctions by Federal or State payors.

Each application for initial appointment to the Medical Staff shall be in writing, submitted on the prescribed form duly completed and signed by the applicant.

1-4 EFFECT OF APPLICATION

In addition to the matters set forth in Part 1-1, by applying for appointment to the Medical Staff each applicant:

- A. Attests to the correctness and completeness of all information furnished and acknowledges that material misstatements in or omission from the application constitutes grounds for denial of appointment or summary dismissal from the staff without recourse to the procedural rights in the Fair Hearing Plan;
- B. Signifies his or her willingness to appear for interviews in regard to the application;
- C. Authorizes consultation with others who have been associated with the applicant or who may have information bearing on his or her character, competence, qualifications, and performance and authorizes such individuals and organizations to provide all such information in a candid fashion;
- D. Consents to inspection of any records and documents that may be material to an evaluation of his or her qualifications and ability to exercise the clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
- E. Releases from any liability, to the fullest extent permitted by law,
 - 1. all persons for their acts performed in connection with investigating and evaluating the applicant, and
 - 2. all individuals and organizations providing information, including otherwise confidential information, regarding the applicant.
- F. Consents to the disclosure to licensing boards and other similar organizations as required by law, any information regarding his or her professional conduct and adverse changes in clinical privileges or staff membership that the Medical Center or any member of the Medical Staff may have, and releases all members of the Medical Staff and Medical Center from liability for so doing to the fullest extent permitted by law; and
- G. Acknowledges responsibility for timely payment of any Medical Staff dues and assessments.

1-5 APPLICANT'S BURDEN

The applicant shall have the burden of producing adequate information for a proper evaluation of his or her experience, ethics, background, training, ability to work efficiently and cooperatively with others, and suitability for the clinical privileges and staff category requested. He or she shall also have the burden of removing any doubt about these or other basic qualifications for Medical Staff membership and of satisfying all requests for information. This burden may include

submission to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Credentials Committee, which may select the examining physician.

If, at any point in the process, the applicant is so requested to provide additional information or to submit to an examination, the applicant must be notified in writing. The request must include the specific data, explanation or examination required and the time frame for response. The applicant's failure, without good cause, to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application, and the applicant shall be removed from consideration for staff membership. The Chief Medical Officer or designee shall so notify the applicant within ten (10) working days. Such applicant may reapply at any time thereafter submitting a new application and all necessary information as if said prior application had not been submitted.

1-6 VERIFICATION AND TRANSMITTAL

The applicant shall deliver a fully executed application form to the Medical Staff Office or designated CVO, which shall, in timely fashion, seek to collect or verify the applicant's requisite licensure, education, specific training, experience, and other submitted evidence of qualification. The information shall be verified from the primary source whenever feasible. Primary source verification directly from the certifying authority or from a centralized verification service will be obtained for licensure, board certification, professional liability claims history and professional sanctions. The Chief Medical Officer or designee shall also obtain all relevant information concerning the applicant on file with the data bank maintained by the Department of Health and Human Services, or any agency designated by it, pursuant to the Health Care Quality Improvement Act of 1986. The Chief Medical Officer or designee shall promptly notify the applicant of any problems in obtaining the information required. It shall then be the applicant's obligation to obtain the required information. If, at any point in the process, the applicant is so requested to provide additional information or a specific release/authorization to allow Medical Center representatives to obtain information, the applicant must be notified in writing. The request must include the specific data/explanation or release/authorization required, and the time frame for response. The applicant's failure, without good cause, to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application, and the applicant shall be removed from consideration for staff membership. The Chief Medical Officer or designee shall so notify the applicant within ten (10) working days. Such applicant may reapply at any time thereafter submitting a new application and all necessary information as if said prior application had not been submitted.

When collection and verification are accomplished, then the application shall be deemed complete and promptly transmitted to the Chief of each Department or Chief's designee in which the applicant seeks privileges.

1-7 DEPARTMENT ACTION

The Department Chief or Chief's designee shall review the application. The Chief/Chief's designee shall investigate the applicant's prior training and experience and shall interview the applicant. The Chief/Chief's designee shall transmit to the Credentials Committee the application and his or her written report, which is prepared in accordance with Part 1-10.

1-8 CREDENTIALS COMMITTEE ACTION

Following receipt of the Department Chief/Chief's designee's report concerning application for appointment and delineation of privileges, the Credentials Committee shall review the

application, the Department Chief/Chief's designee's report and all other pertinent information available regarding the applicant. The Committee shall seek to collect any other material or information deemed pertinent from review of the application and the Department Chief/Chief's designee's report. The Committee shall then transmit to the Executive Committee its report and recommendation prepared in accordance with Part 1-9.

1-9 APPOINTMENT REPORTS

The Executive Committee shall prescribe the form of reports and recommendations to be used in the appointment process. Each recommendation concerning appointment of a practitioner and the clinical privileges to be granted shall be based, as applicable, on the practitioner's training, professional ability, clinical judgment in the treatment of patients, professional ethics, cooperation with other practitioners and patients, and other matters bearing on the practitioner's ability and willingness to contribute to good patient care in the Medical Center. Each report and recommendation shall specify whether the applicant should be appointed and, if so, to what Medical Staff status and shall specify the recommended delineation of privileges. Where non-appointment, denial or change of requested privileges, or reduction in requested Medical Staff status is recommended, the reason for such recommendation shall be stated.

1-10 EXECUTIVE COMMITTEE ACTION

At its next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practical, the Executive Committee shall consider the report and any other relevant information. The Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant.

- A. Favorable Recommended Action:*** The Executive Committee shall forward to the Board of Trustees, a recommendation as to Medical Staff appointment and, if appointment is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The reasons for each recommendation shall be stated to the Board.
- B. Adverse Recommended Action:*** If the Executive Committee recommends any adverse action, it will forward such recommendation to the Chief Medical Officer who shall inform the applicant by special notice as provided in the Fair Hearing Plan and the applicant is then entitled, upon proper and timely request, to the procedural rights provided in said plan.

1-11 BOARD APPLIED CRITERIA

The Board shall apply, in making its decisions with respect to appointments, reappointments, clinical privileges, and modifications of appointments, the criteria stated in the Medical Staff Bylaws and, in addition, shall consider the adequacy of the Medical Center's facilities and supportive services needed by the physician for rendering care to his or her patients, and the needs of the institution.

1-12 BOARD OF TRUSTEES ACTION

As part of any of its actions outlined below, the Board may, at its discretion, conduct an interview with the applicant or designate one or more individuals to do so on its behalf.

- A. On Favorable Executive Committee Recommendation:*** The Board shall adopt or reject a favorable recommendation of the Executive Committee, or refer the recommendation back to

the Executive Committee for further consideration stating the reasons for such referral and setting a time limit within which a subsequent recommendation shall be made. If the Board's action on an initial or subsequent recommendation is favorable to the applicant, it shall become effective as the final decision. If the Board's action is adverse to the applicant in any respect, the Chief Medical Officer shall inform the applicant by special notice as provided in the Fair Hearing Plan and the applicant is then entitled, upon proper and timely request, to the procedural rights provided in said plan.

B. *Without Benefit of Executive Committee Recommendation:* The following procedure shall be followed if the Board, in its determination, does not receive a recommendation from the Executive Committee within the time frame specified in Part 1–15 of this Manual or within any reasonable extension of that time frame resulting from deferral of a recommendation in order to obtain additional data/explanation or a specific release/ authorization, or from implementation of the Fair Hearing Plan, or for any other good cause.

Upon the request of the applicant, the Board may, after notifying the Executive Committee of its intent, including a reasonable time for response, take action on its own initiative, employing the same type of information usually considered by medical staff authorities. If such Board action is favorable to the applicant, it shall become effective as the final decision of the Board. If such action is adverse to the applicant, the Chief Medical Officer shall inform the applicant by special notice as provided in the Fair Hearing Plan and the applicant is then entitled, upon proper and timely request, to the procedural rights provided in said plan.

C. *After Procedural Rights:* In the case of an adverse Executive Committee recommendation, the Board shall take final action in the matter only after the applicant has exhausted or waived his or her procedural rights as provided in the Fair Hearing Plan. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer its final determination by referring the matter back to the Executive Committee for further reconsideration. Any such referral shall state the reasons therefore and shall set a time limit within which a subsequent recommendation to the Board shall be made. Such referral may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board shall make a final decision either to appoint the applicant to the Medical Staff or to reject him for staff membership.

1-13 REAPPLICATION AFTER ADVERSE DECISION

A physician seeking appointment who has received a final adverse decision shall not be eligible to reapply to the Medical Staff for a period of two (2) years, unless the decision provides otherwise. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or the Board may require in demonstration that the basis for the earlier adverse action no longer exists. If such information is not provided, the reapplication will be considered incomplete and will not be further processed. The applicant will be so notified.

1-14 TIME PERIODS FOR PROCESSING

All individuals and groups required to act on an application should do so in a timely manner and in good faith and, except for obtaining additional information or for other good cause, each application should be processed within the following time periods:

Individual/Group	Time
Medical Staff Office	60 days from date of receipt of application
Department Chief/Chief's designee	30 days from date application deemed complete
Credentials Committee	Next regular meeting after receipt of Department Chief/Chiefs's designee report
Executive Committee	Next regular meeting after receipt of Credentials Committee recommendation
Board of Trustees	Next regular meeting after receipt of Executive Committee recommendation

These time periods are to be deemed guidelines and are not directives such as to create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the Fair Hearing Plan are activated, the time requirements there govern the continued processing of the application. If action does not occur at a particular step in the process and the delay is without good cause, the next higher authority may immediately proceed to consider the application and all supporting information or may be directed by the President of the Staff on behalf of the Executive Committee or by the President of the Medical Center on behalf of the Board to so proceed.

1-15 EMERGENCY/DISASTER PRIVILEGING

If the institution's emergency management plan has been activated, and the immediate needs of patients cannot be met, the CEO and other designated individuals identified in the plan may grant selected practitioners emergency/disaster privileges to provide patient care, in accordance with statute and regulation, as described in the Human Resources Policy 2-C-01 and the Medical Staff Bylaws, 6-4.4 and 6-4.5.

1-16 TELEMEDICINE PRIVILEGES

The Telemedicine Staff shall consist of licensed independent practitioners who provide medical information to MMC via electronic communication, for the health and education of the patient or health care provider, and for the purpose of improving patient care, treatment and services. Telemedicine Staff members shall have a contract with Maine Medical Center that describes the services to be provided. These practitioners shall be privileged relying on the credentialing and privileging decision of the originating site if the originating site is a Medicare-participating organization with which MMC has contracted for these services.

Members of the Telemedicine Staff are not eligible to vote or to hold office in the Medical Staff organization.

A. Telemedicine Privileging by Proxy:

In the presence of a contract with a Medicare-participating hospital for the provision of telemedicine services, the Maine Medical Center Medical Staff and Board of Trustees have

agreed to waive the initial and reappointment process as described herein. Instead, privileges, limited to the scope of service delineated in the telemedicine agreement, will be granted in reliance on the successful completion of a credentialing and privileging process at the originating hospital, and maintenance of those privileges and Medical Staff membership in good standing. If, at any time, a telemedicine provider wishes to exercise additional privileges at Maine Medical Center, the usual appointment and reappointment procedures shall be followed. Whenever possible, Maine Medical Center will use its normal process to credential and privilege telemedicine providers. Privileging by Proxy will only be utilized when no other process is available.

Initial appointment

A list of providers to be privileged will be provided by the originating site; which will also provide the Medical Center with the following:

- Physician-specific information, including home and business address(es), education and training, social security number, date of birth, hospital affiliations, board certification (if applicable), current hospital status, date of initial appointment, next reappointment and last reappointment (if applicable) and statement of good standing;
- A copy of current delineation of privileges; and
- Copies of license, DEA (if applicable) and current insurance certificate

The Medical Executive committee shall, at its next regular meeting after receiving the provider information, recommend to the Board of Trustees the granting of privileges as delineated in the telemedicine agreement. The Board will then grant clinical privileges restricted to, and consistent with, the scope of service outlined in the telemedicine agreement.

Reappointment

At the time of reappointment of the telemedicine provider to the staff of MMC, the originating hospital shall provide complete information to bring the file current on items including current license and, if applicable, DEA registration, professional liability insurance coverage and experience, other institutional affiliations, specialty Board certification status, a statement of good standing and a copy of current delineation of privileges. In making its reappointment decision, the originating hospital will consider information related to telemedicine provider performance at Maine Medical Center.

The Medical Executive Committee shall, at its next regular meeting after receiving the provider information, recommend to the Board of Trustees the granting of privileges as delineated in the telemedicine agreement. The Board will then grant clinical privileges restricted to and consistent with the scope of service outlined in the telemedicine agreement.

B. Relinquishment of Telemedicine Privileges:

If at any time the contract is canceled, or if the practitioner leaves the employ of the contracting organization, or the membership and privileges of the telemedicine practitioner lapse, or are terminated, at the originating hospital, the telemedicine practitioner shall be considered to have voluntarily relinquished of all clinical privileges related to telemedicine, and in the case of practitioners with privileges solely related to telemedicine, considered a voluntary relinquishment of membership and privileges. The provider will not be entitled to the procedural rights provided in the Medical Staff Bylaws or Fair Hearing Plan.

C. Quality Monitoring

The originating site must set up a process to monitor ongoing telemedicine provider performance and report annually to Maine Medical Center. This information must include, at a minimum, all adverse events at the originating hospital that resulted from telemedicine services provided by the telemedicine practitioner and all complaints the Hospital has received about the telemedicine practitioner. This may also include satisfaction data from physician and other staff who interact with the telemedicine provider on such issues as:

- Communication is courteous, clear and appropriate;
- provides rationale/documentation for recommendations/actions;
- respect demonstrated and returned;
- outcomes.

PART 2: REAPPOINTMENT PROCEDURES

2-1 REAPPOINTMENT APPLICATION AND SCHEDULE

Approximately six (6) months prior to the expiration date of each current Medical Staff appointment, a reappointment application form approved by the Executive Committee of the Medical Staff shall be mailed or delivered to each member. Within thirty (30) days after receipt of the reappointment application form, each Medical Staff member shall submit to the Medical Staff Office a completed reappointment application form with supporting material and information. The form shall require information as to whether the applicant requests any change in his or her staff status or delineation of privileges. Requests for additional privileges must be supported by the same evidence necessary for such privileges to be granted in an initial application.

If a Medical Staff member has not returned a fully executed application for reappointment fifteen (15) days after receipt of the application for reappointment, the staff member will be sent special notice that an application has not been received. If a Medical Staff member has not returned a fully executed application thirty(30) days after receipt of the application for appointment, the staff member will be sent a certified special notice that an application has not been received. Failure, without good cause, to return the reappointment application with all the required information after two warning notices is deemed a voluntary resignation and results in automatic termination of appointment and clinical privileges at the expiration of the current term.

2-2 EXTENSION OF APPLICATION PERIOD

The Chief Medical Officer may, for good cause, grant a Medical Staff member a grace period to submit the application of up to, but not exceeding, thirty (30) additional days. The Medical Staff member must request this grace period in writing, stating the reason for the request and the timeframe required to comply with this section. Failure to submit a fully executed application for reappointment within the granted grace period is deemed a voluntary resignation and results in automatic termination of appointment and clinical privileges at the expiration of the current term.

2-3 TIME PERIODS FOR PROCESSING

Transmittal of the reappointment application to the medical staff member and the provision of updated information is to be carried out in accordance with Part 2-1 of this manual. Thereafter, and except for good cause, all persons and groups required to act must complete such action so that all reappointment reports and recommendations are acted on by the Board prior to the expiration date of the appointment of the medical staff member. These time periods are to be

deemed guidelines and are not directives such as to create any rights for a practitioner to have an application processed within these precise periods.

If the application for reappointment has not been fully processed by the expiration date of the appointment, the staff member shall maintain his or her current membership status and clinical privileges until such time as the processing is completed. Any extension of an appointment pursuant to this Part does not create a vested right in the member for continued appointment through the entire next term but only until such time as processing of the application is concluded.

If delay without good cause occurs at any step of the process and is attributable to a medical staff or Medical Center authority, the next higher authority may immediately proceed to consider the reappointment application and all supporting information or may be directed by the President of the Staff on behalf of the Executive Committee or by the President of the Medical Center on behalf of the Board to so proceed.

2-4 INFORMATION COLLECTION AND VERIFICATION

The Medical Staff Office and/or CVO collects for review and verifies at the time of reappointment all relevant information regarding the individual's professional and collegial activities, performance and conduct in the Medical Center. Such information should include, without limitation, patterns of care and utilization as demonstrated in the findings of the medical quality, risk management and utilization management activities, participation in relevant continuing medical education activities, level and amount of clinical activity as it relates to maintenance of proficiency in the specific privilege requested, participation in processes for board recertification, participation in required medical staff activities, cooperativeness in working with other practitioners and Medical Center personnel, timely and accurate completion of medical records, and information pertinent to the practitioner's activities at other hospitals. Primary source verification directly from the certifying authority or from a centralized verification service will be obtained for licensure, board certification, professional liability claims history, National Practitioner Data Bank, and professional sanctions.

When collection and verification are accomplished, then the application for reappointment shall be deemed complete and promptly transmitted with all supporting materials to the Chief of each Department in which the applicant seeks privileges.

The Chief or Chief's designee of the department to which the practitioner is assigned reviews and verifies all relevant ongoing professional practice evaluation data as defined by the department. Such information should include, without limitation, data related to patient care, medical/clinical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems based practice as well as participation in processes for board recertification and information pertinent to the practitioner's activities in other hospitals.

2-5 DEPARTMENT ACTION

The Department Chief or Chief's designee shall review the application and the staff member's file. The Chief/Chief's designee shall investigate the applicant's prior experience and performance as a member of the Medical Staff and may interview the applicant. The Chief/Chief's designee shall transmit to the Credentials Committee the application and his or her written report which has been prepared in accordance with Part 2-7.

2-6 CREDENTIALS COMMITTEE ACTION

Following receipt of the Department Chief/Chief's designee's recommendations concerning the applications for reappointment and delineation of privileges, the Credentials Committee shall review the list of recommendations. The Committee shall seek to collect any other material or information deemed pertinent from a review of the application and the Department Chief/Chief's designee's recommendation. The Committee shall then transmit to the Executive Committee its report and recommendations, prepared in accordance with Part 2-7.

2-7 REAPPOINTMENT REPORTS

Each recommendation concerning reappointment of a practitioner and the clinical privileges to be granted shall be based on the practitioner's professional ability, clinical judgment in the treatment of patients, professional ethics, discharge of staff obligations, compliance with medical staff Bylaws and Rules and Regulations, cooperation with other practitioners and patients, and other matters bearing on the practitioner's ability and willingness to contribute to good patient care in the Medical Center. Each report and recommendation shall specify whether the applicant's appointment should be renewed, renewed with modification, or terminated. Such report and recommendation shall also specify the recommended delineation of privileges. Where non-reappointment, denial of requested privileges, a reduction in status, or a change in the delineation of privileges is recommended, the reason for such recommendation shall be stated. The Executive Committee shall prescribe the form of reports and recommendations to be used in the reappointment process.

2-8 EXECUTIVE COMMITTEE ACTION

The Executive Committee shall review the Credentials Committee report and all other relevant information available to it and prepare a recommendation to the Board of Trustees.

- A. Favorable Recommendation:** When the recommendation of the Executive Committee is favorable to the applicant, the President of the Medical Staff shall promptly forward the recommendation to the Board of Trustees.
- B. Adverse Recommendation:** If the Executive Committee recommends any action adverse to the practitioner, it will forward such recommendation to the Chief Medical Officer who shall inform the applicant by special notice as provided in the Fair Hearing Plan and the applicant is then entitled, upon proper and timely request, to the procedural rights provided in said plan.

2-9 BOARD APPLIED CRITERIA

The Board shall apply, in making its decisions with respect to appointments, reappointments, clinical privileges, and modifications of appointments, the criteria stated in the Medical Staff Bylaws and, in addition, shall consider the adequacy of the Medical Center's facilities and supportive services needed by the physician for rendering care to his or her patients, and the needs of the institution.

2-10 BOARD OF TRUSTEES ACTION

- A. On Favorable Executive Committee Recommendation:** The Board shall adopt or reject a favorable recommendation of the Executive Committee or refer the recommendation back to

the Executive Committee for further consideration stating the reasons for such referral and setting a time limit within which a subsequent recommendation shall be made. If the Board's action on an initial or subsequent recommendation is favorable to the applicant, it shall become effective as the final decision. If the Board's action is adverse to the applicant, the Chief Medical Officer shall inform the applicant by special notice as provided in the Fair Hearing Plan and the applicant is then entitled, upon proper and timely request, to the procedural rights provided in said plan.

B. *Without Benefit of Executive Committee Recommendation:* The following procedure shall be followed if the Board, in its determination, does not receive a recommendation from the Executive Committee within the time frame specified in Part 2-3 of this Manual or within any reasonable extension of that time frame resulting from deferral of a recommendation in order to obtain additional data/explanation or a specific release/authorization, or from implementation of the Fair Hearing Plan, or for any other good cause.

The Board may, after notifying the Executive Committee of its intent, including a reasonable time for response, take action on its own initiative, employing the same type of information usually considered by medical staff authorities. If such Board action is favorable to the applicant, it shall become effective as the final decision of the Board. If such action is adverse to the applicant, the Chief Medical Officer shall inform the applicant by special notice as provided in the Fair Hearing Plan and the applicant is then entitled, upon proper and timely request, to the procedural rights provided in said plan.

C. *After Procedural Rights:* In the case of an adverse Executive Committee recommendation pursuant to Part 2-8, Paragraph B or an adverse Board decision pursuant to Part 2-10, Paragraph A or B, the Board shall take final action in the matter only after the applicant has exhausted or waived his or her procedural rights as provided in the Fair Hearing Plan. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer its final determination by referring the matter back to the Executive Committee for further reconsideration. Any such referral shall state the reasons therefore and shall set a time limit within which a subsequent recommendation to the Board shall be made. Such referral may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board shall make a final decision either to reappoint the applicant to the Medical Staff or to reject him or her for staff membership.

2-11 REAPPLICATION AFTER ADVERSE DECISION

A physician seeking reappointment who has received a final adverse decision shall not be eligible to reapply to the Medical Staff for a period of two (2) years, unless the decision provides otherwise. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or the Board may require in demonstration that the basis for the earlier adverse action no longer exists. If such information is not provided, the reapplication will be considered incomplete and will not be further processed. The applicant will be so notified.

PART 3: REQUESTS FOR MODIFICATION OF MEDICAL STAFF STATUS OR PRIVILEGES

3-1 MODIFICATION REQUEST AND SCHEDULE

A Medical Staff member who seeks a change in Medical Staff status or modification of clinical privileges may submit such a request at any time, except that such application may not be filed within (6) months of the time a similar request has been denied.

3-2 INFORMATION COLLECTION AND VERIFICATION

A privilege modification request must contain information supportive of the request and is processed according to the procedures outline in Part 2 of this manual including such verification with primary sources external to the Medical Center.

If a new requested privilege is significantly different from one's current practice, then a focused professional practice evaluation including training in the new privilege or proctoring of cases should be arranged, documented and confirmed. This process and the number of cases necessary should be determined by the department Chief and the Credentials Committee.

3-3 NOTICE OF RELINQUISHMENT OF PRIVILEGES

In the event that a medical staff member elects to restrict or no longer exercise a granted clinical privilege, the practitioner shall send written notice to the Medical Staff Office identifying the particular privilege involved. A copy of this notice will be forwarded to the Department Chief/Chief's designee and placed in the practitioner's credentials file.

3-4 RESIGNATION OF MEDICAL STAFF APPOINTMENT

A member of the Medical Staff may, at any time, resign his or her appointment by giving written notice to the Medical Staff Office. Such resignation shall specify the reason therefor and effective date. A practitioner who resigns his or her staff appointment is obligated to fully and accurately complete, with signature, all portions of all medical records for which that practitioner is responsible prior to the effective date of resignation.

PART 4: AMENDMENT

4-1 AMENDMENT

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

Revised MEC 3-1-02
Revised Full Medical Staff 4-1-02
Revised Board of Trustees 4-11-02
Revised MEC 12-3-04
Approved BOT 2-2-05
Revised MEC 12-7-07
Revised Full Medical Staff 12-31-07
Approved BOT 1-9-08
Revised MEC 5-18-12
Approved Full Medical Staff 6-7-12
Approved BOT 7-11-12
Approved MEC 6-17-16
Approved BOT 8-3-16
Approved MEC 10-20-17
Approved BOT 11-1-17