

HONORHealth

CREDENTIALING PROCEDURES MANUAL 2017

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HONORHEALTH CREDENTIALING PROCEDURES MANUAL

PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

An application for membership and/or participation must be submitted by the applicant via the online process and on the form designated by the Medical Executive Committees, approved by the Board of Directors (the "Board") of HonorHealth (the "Network") and administered by the Network Credentialing Verification Office. Prior to *an* application being submitted, the applicant will *have* access to a copy of the Bylaws and the rules and regulations of the appropriate department and Medical Staff *via the online application process*.

- 1.1-1 An application for membership by an applicant seeking pediatric privileges at either Deer Valley or John C Lincoln Medical Centers shall be considered as an application for staff membership at both John C Lincoln and Deer Valley Medical Centers, and shall be processed simultaneously by both hospitals.
- 1.1-2 Exception of the online application process would require approval by the Director of Medical Staff Services and require documented exceptional circumstances.
- 1.1-3 Pencils are not an acceptable writing instrument for credentialing documentation.
- 1.1-4 Medical or Allied Health staff membership and/or clinical privileges include the following practitioner types; Medical Doctor (MD), Doctors of Osteopathic Medicine (DO), Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD), Doctor of Podiatric Medicine (DPM), Psychologist (PhD/PsyD), Nurse Practitioner (NP-All Specialties), Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Certified Cardiovascular Perfusionist (CCP), Certified Registered First Assistant (CRFA), Registered Nurse First Assistant (RNFA), Certified Surgical Assist (CSA), Certified First Assist (CFA), Pathology Assistant, Private Scrub and Surgical Technician.
- 1.1-5 An applicant for participation in delegation only will not be considered a member of any HonorHealth Allied Health or Medical Staffs. Delegation Only Professionals consist of, but are not limited to, Audiologist (AUD), Doctor of Chiropractic (DC), Licensed Clinical Marriage and Family Therapist (LCMFT), Licensed Professional Counselor (LPC), Licensed Social Worker (LSW), Nutritionist, Occupational Therapist (OT), Optometrist (OD), Physical Therapist (PT), Registered Dietitian (RD), and Speech Language Pathologist (SLP).

1.2 APPLICATION CONTENT

Every applicant must furnish complete information regarding:

- 1.2-1 Medical school, and/or postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and for all post graduate training, names of those responsible for monitoring the applicant's performance and competence;
- 1.2-2 All *state* medical, dental, other professional licensures or certifications that have been applied for or issued, and Drug Enforcement Administration (DEA) registration when applicable, with the number and expiration date for each;
- 1.2-3 Specialty or sub-specialty board certification, recertification, or eligibility status;
- 1.2-4 Health status and any health impairments (including alcohol and/or drug dependencies, past or present) which may affect the applicant's ability to perform professional and medical staff duties;
- 1.2-5 Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, and complete information on malpractice claims history and experience including claims served, judgments, suits and settlements made, concluded, and pending within the past *ten (10)* years;
- 1.2-6 Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary or involuntary relinquishment (by resignation or expiration) or termination of; (1) license or certificate to practice in any state or country; (2) DEA or other controlled substances registration; (3) specialty or sub-specialty board certification or eligibility; (4) staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution; professional liability insurance coverage; and/or right to participate in a state or federal program, including the Medicare, Medicaid
- 1.2-7 Request for specific clinical privileges, if applicable;
- 1.2-8 Any investigation or conviction of a felony *or* misdemeanor, criminal charges including their resolution (traffic violations are excluded with the exception of drug or alcohol related charges);
- 1.2-9 Names 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 from professional or medical school must be accounted for;

- 1.2-10 Additional information from other databanks, including the National Practitioner Data Bank (NPDB), OIG, and universal background checks, may be gathered by the Medical Staff Office or its agent, as required by the Medical Executive Committee and/or regulatory bodies.
- 1.2-11 Current Curriculum Vitae (CV) or documented in application ten (10) years of relevant work history; Gaps greater than thirty (30) days must include an explanation from the applicant; Gaps greater than sixty (60) days must include name, address, phone and fax/email information for a contact who can provide a verification. All time intervals since graduation from professional or medical school must be accounted for;
- 1.2-12 Evidence of the applicant's agreement to abide by the provisions of the Bylaws and/or HonorHealth policies, indicated by signing the Applicant's Agreement regarding Release of Information and Liability, as well as the Practitioner Code of Conduct.
- 1.2-13 A signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge. This signed and dated statement will authorize HonorHealth to collect any information necessary to verify the information in the credentialing application. Signature must be dated 180 days or less from the date of the committee decision.
 - 1.2-13.1 In the event of an extension of the process the applicant must review and make necessary corrections to the information previously submitted. They must also sign and date in re-attest to the information submitted with the application. In this situation, the signature of the new attestation must be dated 180 days or less from the date of the committee decision. Under no circumstances may such extension be granted if the application is still pending because the applicant has not responded in a satisfactory manner to a request for clarification of a matter or for additional information. The time limit for use of the application and attestation is 365 days and re-attestation cannot allow the application to extend past the 365 days.

1.3 REFERENCES

An application for Allied Health or Medical Staff membership must include the names, addresses, phone and fax or email information of four (4) medical or health care professionals, not currently or about to become financial partners with the applicant in professional practice or related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time and, at least one should have had organizational responsibility for observation of the applicant's performance, current clinical competence and ability to perform the privileges being requested (e.g., department chairman, service chief, training program director, peer, etc.) The practitioner's Program Director must be included as one of the four references; if the practitioner is newly out of training (within the past 5 years). References that are "fair" shall be viewed as unfavorable in connection with the evaluation of an application. Further references may be required at the discretion of the Medical Staff.

- 1.3-1 Delegation Only Professionals are exempt from submitting peer references.

1.4 EFFECT OF APPLICATION

The applicant must sign the application and in doing so:

- 1.4-1 Attest to the correctness and completeness of all information furnished and in doing so acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;
- 1.4-2 Signify willingness to appear for interviews in connection with the application;
- 1.4-3 Signify willingness to supply any other information requested by the Medical Staff as outlined in the Medical Staff Bylaws.
- 1.4-4 Agree to abide by the terms of these Bylaws, the Rules and Regulations of the Medical Staff and the assigned department, and the policies of the medical staff and the Hospital, regardless if membership and/or privileges are granted;
- 1.4-5 Agree to exhibit professional conduct and refrain from disruptive conduct as defined in the HonorHealth Disruptive Conduct Policy;
- 1.4-6 Agree to maintain an ethical practice and to provide continuous care to his or her patients;
- 1.4-7 Authorize and consent to representatives of the medical staff and Hospital consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to the evaluation of such qualifications; and
- 1.4-8 Release from any liability the Network, the Board, the Medical Centers and all of the Hospital's employees, Medical Staff members and all others who review, act on, or provide information regarding the applicant's qualifications for appointment and/or clinical privileges.

1.5 APPLICATION FEE

An application fee in the amount established by the Hospital Administration must be submitted by the applicant prior to the processing of the application.

1.6 PROCESSING THE APPLICATION

1.6-1 APPLICANT'S BURDEN

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for participation, appointment membership, department assignment, staff category, and/or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). If, upon review of all the information necessary to properly evaluate an applicant's qualifications, and clinical competence, the Chief Executive Officer, or his designee, determines the applicant does not comply with established criteria regarding any applicable minimum training or similar requirements or any specialty board certification requirements, the applicant will be notified in writing that the application or request for specified clinical privileges is incomplete and/or does not comply with applicable criteria and the application or request for specified clinical privileges will not be processed without additional information which demonstrates compliance. If information is not obtained from the applicant within thirty (30) days after a written request has been made, the application will be deemed incomplete and voluntarily withdrawn. For Medical Staff, No hearing rights or appeal shall be provided in the absence of a demonstration of compliance.

1.6-2 VERIFICATION AND COLLECTION OF INFORMATION

The application shall be submitted to the Network Credentialing Verification Office, by the applicant, who shall notify the Medical Center's Medical Staff Services Department or appropriate leadership of its receipt. Upon receipt of the application and supporting documents, the Network Credentialing Verification Office shall primary source verify all relevant information regarding the individual's professional and collegial activities, current clinical competence, performance and conduct, as applicable. The applicant will be notified of any specific information inadequacies or verification problems. The applicant has the burden of producing adequate information within thirty (30) days of receipt of written request and resolving any doubts about it.

During the verification process the applicant will be sent regular updates informing them of the status of their application. The updates are not to exceed three (3) week intervals.

Relevant primary source information includes, but is not limited to;

1.6-2.1 Medical/Professional school education, and/or postgraduate training will be primary source verified, prior to the credentialing decision and are considered static verifications with no time limit, using the following sources;

1.6-2.1-1 Medical School education can be verified by direct verification from the school, AMA/AOA or ECFMG for foreign graduates.

1.6-2.1-2 Professional School education can be verified by direct verification from the school or via the National Student Clearing House or equivalent source used by the professional school for verification of education.

1.6-2.1-3 Clinical Internship/Residency can be verified by direct verification from the program director to include a clinical evaluation, if the provider completed the program within 5 years of their application;

a) If the application completed the program greater than 5 years prior to their application, the program is verified by direct verification from the school or AMA/AOA without a clinical evaluation.

b) Foreign programs are verified using the AMA/AOA or ECFMG, if possible.

c) FCVS can be used for closed Residency Programs.

1.6-2.1-4 Clinical Fellowship is verified by direct verification from the program director to include a clinical evaluation, if the provider completed the program within 5 years of their application;

a) If the applicant completed the program greater than 5 years prior to their application, the program is verified by direct verification from the school or AMA/AOA without a clinical evaluation.

b) Foreign programs are verified using the AMA/AOA or ECFMG, if possible.

1.6-2.2 Performance, current clinical competence, communication skills, relationship with patients and peers, ability to work with others, demonstrate professional/ethical standards & confidentiality, compliance & understanding of patient safety practices and ability to perform the privileges being requested from four (4) per references (e.g., department chairman, service chief, training program director, peer, etc.) as described in section 1.3. The references must be received within 180 days of and included in the credentialing decision;

1.6-2.3 Membership and clinical privilege status from any health care facility or organization listed in the application for any denial, suspension, revocation, termination or restriction of membership or clinical privileges (Voluntary or involuntary) at such facility or organization

will be primary source verified directly with the facility or organization within 180 days of the credentialing decision;

- 1.6-2.3.1 Clinical activity from the primary health care facility or organization for relevant professional experience;
- 1.6-2.3-2 Historical membership and clinical privileges that are no longer active are considered static verifications with no time limits
- 1.6-2.4 All *state* medical, dental, other professional licensures/certifications, as applicable, will be primary source verified directly with the appropriate state licensing agency within 120 days of the credentialing decision.
- 1.6-2.5 Drug Enforcement Administration (DEA) registration, as applicable, will be primary source verified directly with the DEA Agency or the National Technical Information Service (NTIS) database within 120 days of the credentialing decision.
- 1.6-2.5 Specialty or sub-specialty board certification, as applicable, will be primary source verified directly with the specialty board within 120 days of the credentialing decision;
 - 1.6-2.5-1 The ABMS, its member boards, and its approved display agents (ie; Certifacts), as well as the AOA Official Osteopathic Physician Profile report or AOA/AMA Physician Master File can be used for verification of physician board certification.
 - 1.6-2.5-3 Date of initial certification, expiration or lifetime certification status will be tracked in the credentialing software.
- 1.6-2.6 Additional information from databanks, including but not limited to; The National Practitioner Data Bank (NPDB), Medicare/Medicaid Sanctions, Office of Inspector General (OIG), Medicare Opt Out List, System of Award Management (SAM), and Background Check. Verification of sanction information will be within 180 days of the credentialing decision;
 - 1.6-2.6.1 Information on practitioner sanctions is received before making a credentialing decision. This includes state sanctions, restriction on licensure and/or limitations on scope of practice, and Medicare and Medicaid sanctions. The most recent 5-year period available for sanctions or limitations on licensure is verified.
 - 1.6-2.6.2 Notification will be sent to all relevant health plans regarding providers credentialed for specific delegated arrangements who have been determined to have opted out of Medicare.
- 1.6-2.7 Certificates of insurance and Claims History must be documented in writing. Document written confirmation of the past ten (10) years of history of malpractice that resulted in settlements or judgements paid by or on behalf of the practitioner verified through the malpractice carrier or by query of the NPDB. Current malpractice insurance coverage and verification of claims history has a time limit of 180 days prior to the credentialing decision;
- 1.6-2.8 Any investigation or conviction of a felony *or* misdemeanor, criminal charges including their resolution (traffic violations are excluded with the exception of drug or alcohol related charges);
- 1.6-2.9 Relevant work history for previous ten (10) years obtained through the application or curriculum vitae (CV) to include month and year for each work experience. Gaps greater than thirty (30) days will be reviewed and clarified in writing by the applicant and documented in the credentials file. Gaps greater than sixty (60) days must include name, address, phone and fax/email information for a contact who can provide a verification. All time intervals since graduation from professional or medical school must be accounted for. Work History has a time limit of 365 calendar days and must be present at the time of the credentialing decision;
- 1.6-2.10 Physical & mental health status;

Once the verification process has been finished, the applicant will be notified of the application progressing to the review process. Upon receipt of verification of information and all requested supplemental information, the application will be considered complete and shall be forwarded to the Medical Center's Medical Staff Services Department for routing to the applicable clinical department Chairman or his designee (acting on behalf of the Clinical Department), and Credentials Committee Representatives of the Medical Staff Services Department, working with the Credentials Committee, shall ensure the application is complete and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's responsibility to obtain the required information. If additional information is requested, the application will be considered incomplete until such information has been obtained and verified as appropriate.

1.6-3 DEPARTMENT REVIEW

Each credential file is assigned to an appropriate category (I, II, III) based upon predetermined and Board approved criteria as designated in Section 1.6-5. The Department Chairman or his Designee shall review and evaluate the information contained within the file for satisfaction of the applicant's qualifications for appointment, category of assignment and/or privileges requested and shall make a recommendation concerning the applicant's appointment, membership, and/or scope of clinical privileges to be granted, as applicable. Category I and Category II applications may be processed as indicated in Section 1.6-4. At its next regular meeting, or as soon thereafter as reasonably practical, not to exceed ninety (90) days, each department chairman in which the applicant seeks

appointment, membership and/or privileges shall review the Category III applications and supporting documentation and forward to the Credentials Committee its recommendation as to the practitioners membership and/or scope of clinical privileges to be granted, as applicable. A department chairman may conduct an interview with the applicant; however, all category III applicants with two (2) or more actions included within a credentials file shall be required to interview with the Credentials Committee.

1.6-3.1 **Sub-Specialty Review**

Applications requiring review by a sub-specialty reviewer shall be identified as such by the Chairman, or his/her designee. Review of the delineation of privileges and supporting information by the sub-specialty reviewer shall be conducted prior to the Chairman, or his/her designee making a recommendation to the Credentials Committee.

1.6-3.2 **Allied Health Professionals (AHP)** The Chief Nursing Officer (CNO), or his/her designee, of each hospital in which the AHP applicant requests or has exercised privileges, shall review the completed appointment application and all supporting information and documentation and evaluate for continuing satisfaction of the qualifications for appointment, the category of assignment, the privileges requested and summary performance profile, as applicable. The recommendation shall be forwarded to the department Chairman, or his/her designee prior to their recommendation to the Credentials Committee.

1.6-3.3 **Delegation Only Professionals** The Accountable Care Organization (ACO) designated approver shall review the completed appointment application and supporting information and documentation and evaluate for continuing satisfaction of the qualifications for participation. Practitioners that do not qualify for Allied Health or Medical Staff membership and /or clinical privileges will be considered for Delegation only. These providers will not be vetted through the Medical Staff approval process, but will be considered through the ACO approval process.

1.6-4 **CREDENTIALS COMMITTEE RECOMMENDATION**

The Credentials Committee Chairman or his/her designee shall within sixty (60) days after receipt of a completed application, review the completed application and the supporting documentation and determine if the applicant meets all of the necessary qualifications for membership, category, and department requested. The Credentials Committee shall assign each file to an appropriate category (I, II, III) based upon predetermined and Board approved criteria and review of the information contained within the file and shall make a recommendation concerning the applicant's appointment, category and prerogatives to the Medical Executive Committee, as applicable. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview. The Chairmen of the Credentials Committee is responsible for oversight of the clinical aspects of the credentialing program.

1.6-4.1 Applications designated as Category I or Category II in which the Department Chairman/Designee and the Credentials Committee have indicated there are no adverse trends or areas of concern shall be processed as follows. Such applications shall be reviewed by the Clinical Department Chairman or his/her designee (representing the Clinical Department), who shall make a recommendation to the Credentials Committee If the recommendation is favorable; the Credentials Committee shall make a recommendation to the Medical Executive Committee.

1.6-4.2 Applicant files classified as Category II (with areas of concern) or category III files that meet at least two (2) areas of concern shall be reviewed and the applicant shall be interviewed by the Credentials Committee at its next regularly scheduled or special meeting, as applicable.

1.6-5 **INITIAL APPLICATION CRITERIA FOR THE DESIGNATION OF APPLICANT FILES**

The following criteria define a CATEGORY I application:

- Satisfactory references;
- No disciplinary actions;
- No licensure restrictions;
- CME related to privileges requested;
- No record of malpractice payments within the past ten (10) years or currently pending claims; **and**
- Applicant meets all criteria for privileges requested and have provided documentation of training and/or expertise (requests for privileges will be deferred if documentation of training/experience is not provided).

The following criteria define a CATEGORY II application:

- References from peers and/or affiliations suggest potential or minor problems (i.e. difficulty in interpersonal relations, minor patient care issues, etc.);

- **No more than two (2)** malpractice claims made during the past ten (10) years that are either currently pending claims or claims upon which a payment has been made, either due to a judgment or settlement. **Individual claim payments may not exceed \$500,000 \$1,000,000;**
- Open investigation or non disciplinary action by a state licensure board or Medicare;
- Privileges requested vary from those typically requested by other practitioners in the same specialty;
- Delinquent for Medical Records leading to suspension more than five (5) times during the past two (2) years; **Or**
- Chronic or recurring illness, mental or physical disability that may affect your ability to perform privileges requested

The following criteria define a CATEGORY III application. (Mandatory interview by Credentials Committee if **two (2)** or more of the following actions apply:

- Sanctions or Disciplinary action taken by a state licensure board, Federal Drug Enforcement Agency or Medicare;
- Any investigation or conviction of a felony or a misdemeanor within the past fifteen (15) years (traffic, Animal Control, or Game and Fish violations are excluded with the exception of drug or alcohol related charges);
- Clinical privileges revoked, diminished or otherwise altered within the past fifteen (15) years by another health care entity or organization;
- Denial of insurance coverage by a professional liability carrier or non-renewal of insurance coverage (except where carrier no longer writes professional liability insurance);
- Applicant has practiced without insurance at any time during the last ten (10) years;
- More than **two (2)** malpractice claims made during the past ten (10) years that are either currently pending claims or claims upon which a single payment has been made either due to a judgment or settlement for an amount in excess of ~~\$500,000~~ **\$1,000,000;**
- References from peers and/or hospital affiliations that suggest potential significant problems (i.e. fair or less ratings; difficulty in interpersonal relations, etc);
- More than three (3) medical practice affiliations within the past five years.

Upon review and evaluation of the application and supporting documentation by Department Chairman (or Designee) and the Credentials Committee Chairman a determination is made, if necessary to:

- Reassign Category I;
- Reassign as Category II; No trends or areas of concern
- Reassign to Category III; Areas of concern requiring committee review and discussion
 - Request additional documentation/information; OR
 - Defer to next regularly scheduled meeting for discussion.

1.6-6 MEDICAL EXECUTIVE COMMITTEE ACTION

The Medical Executive Committee, at its next regular meeting, or as soon thereafter as reasonably practical, not to exceed sixty (60) days, shall review the applications, the supporting documentation, the reports and recommendations referred from the departments, Credentials Committee and any other relevant information available to it. The Medical Executive Committee shall prepare a written report with recommendations as to approval or denial of, or any special limitations on, appointment, category, and prerogatives, department affiliation, and scope of clinical privileges, or defer action for further consideration.

1.6-7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

- 1.6-7.1 **Favorable Recommendation:** A Medical Executive Committee recommendation that is favorable to the applicant in all respects shall be promptly forwarded, together with all supporting documentation, to the Board or to its Executive Committee.
- 1.6-7.2 **Adverse Recommendation:** An adverse Medical Executive Committee recommendation shall entitle the applicant to the procedural rights provided in these Bylaws. When an adverse action is taken against a practitioner for quality reasons HonorHealth shall report to the appropriate authorities.
- 1.6-7.3 **Deferral:** Action by the Medical Executive Committee to defer the application for further consideration shall be followed up at its next regular meeting or upon receipt of adequate information with its recommendations as to approval or denial of, or any special limitations

on, staff appointment, staff category, prerogatives, department affiliation and scope of clinical privileges.

1.6-7.4 **Conditional Recommendation:** A Medical Executive Committee recommendation that is favorable to the applicant, but that is conditional, shall be forwarded to the Board. Where conditional appointment or reappointment is recommended, the Medical Executive Committee will specify the conditions of the conditional appointment and the consequences if those conditions are not met. A conditional appointment is not a reduction in limitation of membership or privileges does not constitute an adverse recommendation or corrective action, and does not entitle the applicant to procedural rights provided by the Bylaws and the Fair Hearing Plan.

1.6-8 BOARD APPOINTMENT

The Board, or its Executive Committee, acting on behalf of the Board may adopt or reject, in whole or part, a recommendation of the Medical Executive Committee or refer the application back to the Medical Executive Committee for further consideration stating the reasons for such referral. Favorable action by the Board is effective as its final decision. Board action upon completion of the procedural rights provided in the Bylaws or after waiver of these rights is effective as its final decision.

When the Governing Body has made a decision, the Medical Staff office shall immediately update the credentialing-privileging software and notify the Practitioner within ten (10) business days of decision.

1.6-9 IDENTITY VERIFICATION

Prior to a practitioners first day of practice in any HONORHealth Medical Center, each practitioner shall present to the Medical Staff Services' office to obtain an HONORHealth Medical or Allied Staff photo identification badge which has been verified by legible photo identification.

1.6-9.1 A practitioner shall be required to present legible Federal/State government issued photo identification (i.e. driver's license, passport, etc.);

1.6-9.2 Practitioner must obtain photo identification within ninety (90) days of notification (or prior to practicing in the Hospital, whichever comes first) Membership and privileges for physicians who have not obtained photo identification will automatically expire as described in Section 6.5-1 (e) of the Medical Staff Bylaws.

PART TWO - REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

HonorHealth formally re-credentials its practitioners at least every 24 months. The re-credentialing cycle is calculated from month/year to month/year.

2.1-1 FROM APPLICANT

Not less than ninety (90) days prior to the expiration of a practitioner's appointment, the Credentialing Department, or its agent shall send to the member, (via email, fax or mail) at the most recent business email, fax, or address shown on the credentialing records, a reappointment application form prescribed by the Board and the Medical Executive Committee, together with notification of the dates on which the application must be completed and returned and on which membership and/or privileges will expire. A signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge must be included with the reappointment application. This signed and dated statement will authorize HonorHealth to collect any information necessary to verify the information in the credentialing application. Signature must be dated 180 days or less from the date of the committee decision.

The reappointment process shall include information concerning the member's current licensure, health status, professional performance, behavioral patterns, judgment and current clinical/technical competence, as indicated by the results of quality improvement activities and other indicators of continuing qualifications, as applicable.

Failure to return the satisfactorily completed forms within 30 days of the date of reappointment request shall be deemed a voluntary resignation from the staff and shall result in automatic termination of membership at the expiration of the current term. In such event, the procedural rights of Medical Staff members as outlined within the Fair Hearing Plan shall not be applicable.

In addition, the applicant must also supply any other information requested by the Medical Staff as outlined in the Medical Staff Bylaws.

2.1-1.1 If a staff member assigned to the Pediatric Department is deemed to have voluntarily resigned from the staff of either of the Deer Valley or John C. Lincoln Medical Centers due to the staff member's failure to return satisfactorily completed forms, such staff member shall be deemed to have voluntarily resigned from both staffs. In such event, the staff member shall not be entitled to the procedural rights outlined in the Fair Hearing Plan of either Hospital.

The reappointment application shall be submitted to the Network Credentialing Verification Office, by the applicant, who shall notify the Medical Center's Medical Staff Services Department or appropriate leadership of its receipt. Upon receipt of the reappointment application form and supporting documents, the Network Credentialing Verification Office shall primary source verify all relevant information provided on the reappointment application regarding the individual's professional and collegial activities, current clinical competence, performance and conduct, as applicable. The applicant will be notified of any specific information inadequacies or verification problems. The staff member has the burden of producing adequate information within ten (10) days of receipt of written request and resolving any doubts about it.

During the verification process the applicant will be sent regular updates informing them of the status of their application. The updates are not to exceed three (3) week intervals.

2.1-2 FROM INTERNAL SOURCES

The Medical Staff Services Department shall primary source verify all relevant information regarding the individual's professional and collegial activities, performance, current clinical competence and conduct in the Hospital. Such information may include:

- 2.1-2.1 Findings from the quality assessment activities (including complaints);
- 2.1-2.2 Participation in relevant continuing education activities pertinent to the individual's specialty or other training or research programs;
- 2.1-2.3 Level of clinical activity at the Hospital;
- 2.1-2.4 Imposed or pending sanctions and any other problems;
- 2.1-2.5 Physical & mental health status;
- 2.1-2.6 Attendance and service at medical staff and department meetings;
- 2.1-2.7 Timely and accurate completion of medical records;
- 2.1-2.8 Cooperativeness in working with other practitioners and hospital personnel; and
- 2.1-2.9 Compliance with all applicable Bylaws, department rules and regulations, and the policies and procedures of the medical staff and Hospital.
- 2.1-2.10 Review of historical information obtained through the credentialing process to include prior issues or trends in the current review.

2.1-3 FROM EXTERNAL SOURCES

All relevant information regarding the individual's professional and collegial activities, current clinical competence, performance and conduct outside of the hospital will be primary source verified, as applicable by the Network Credentialing Verification Office or its agent as part of the reappointment process. The applicant must also supply or assist the Hospital in obtaining any other information requested by the medical staff. Such information may include:

- 2.1-3.1 Primary source verification of membership, privileges and clinical activity from the primary health care facility or organization listed in the application for relevant professional experience and of any denial, suspension, revocation, termination or restriction of

- membership or clinical privileges. (Voluntary or involuntary) at such facility or organization within 180 days of the credentialing decision;
- 2.1-3.1.1 Clinical activity from the primary health care facility or organization for relevant professional experience, if applicable;
 - 2.1-3.2 Additional information from querying databanks, including but not limited to; The National Practitioner Data Bank (NPDB), Medicare/Medicaid Sanctions, Office of Inspector General (OIG), Medicare Opt Out List, System of Award Management (SAM), and Background Check (back 7 years). Primary source verification of sanction information within 180 days of the credentialing decision;
 - 2.1-3.2.1 Information on practitioner sanctions is received before making a credentialing decision. This includes state sanctions, restriction on licensure and/or limitations on scope of practice, and Medicare and Medicaid sanctions. The most recent 2-year period available for sanctions or limitations on licensure is verified.
 - 2.1-3.2.2 Notification will be sent to all relevant health plans regarding providers credentialed for specific delegated arrangements who have been determined to have opted out of Medicare.
 - 2.1-3.2.3 Information regarding any investigation or conviction of a felony or misdemeanor, criminal charges including their resolution in the past 2-year period is included (traffic violations are excluded with the exception of drug or alcohol related charges);
 - 2.1-3.3 Performance, current clinical competence, communication skills, relationship with patients and peers, ability to work with others, demonstrate professional/ethical standards & confidentiality, compliance & understanding of patient safety practices and ability to perform the privileges being requested from two (2) peer references (not including department chairman) familiar with the staff member's professional and clinical competence, ethical character and current ability to perform the privileges being requested as described in section 1.3. The references must be received prior to and included in the credentialing decision. The time limit for references is 180 days prior to the credentialing decision;
 - 2.1-3.4 Query of State Licensing Board – primary source verification of current medical, dental other professional licensure/certifications to practice, as applicable, and any sanctions against license, termination of restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary) within 120 days of the credentialing decision;
 - 2.1-3.6 Drug Enforcement Administration (DEA) registration, as applicable, will be primary source verified directly with the DEA Agency or the National Technical Information Service (NTIS) database within 120 days of the credentialing decision.
 - 2.1-3.7 Specialty or sub-specialty board certification, as applicable, will be primary source verified directly with the specialty board within 120 days of the credentialing decision.
 - 2.1-3.7-1 The ABMS, its member boards, and its approved display agents (ie; Certifacts), as well as the AOA Official Osteopathic Physician Profile report or AOA/AMA Physician Master File can be used for verification of physician board certification.
 - 2.1-3.7-2 Date of recertification or renewal status will be tracked in the credentialing software.
 - 2.1-3.8 Current certificate(s) of insurance (showing amount of coverage) and Claims History must be documented in writing. Document written confirmation of the past two (2) years of history of malpractice that resulted in settlements or judgements paid by or on behalf of the practitioner verified through the malpractice carrier or by query of the NPDB. Current malpractice insurance coverage and verification of claims history has a time limit of 180 days prior to the credentialing decision;
 - 2.1-3.8.1 Explanation of outstanding professional liability claims pending;
 - 2.1-3.9 Continuing Medical Education - every calendar year, each practitioner, as applicable, holding an active medical license to practice medicine in this State shall complete twenty (20) hours of the CME required by A.R.S. 32-1434. The practitioner will include a complete list of CME programs attended during the previous two (2) years with the reappointment.
 - 2.1-3.9 Relevant changes to work history for previous two (2) years obtained through the application or curriculum vitae (CV) to include month and year for each work experience. Current work history has a time limit of 365 calendar days and must be present at the time of the credentialing decision;
 - 2.1-3.10 Physical & mental health status attested to via the application.

Once the verification process has been finished, the applicant will be notified of the application progressing to the review process. Upon receipt of verification of information and all requested supplemental information, the application will be considered complete and shall be forwarded to the Medical Center's Medical Staff Services Department for routing to the applicable clinical department Chairman or his designee (acting on

behalf of the Clinical Department), and Credentials Committee Representatives of the Medical Staff Services Department, working with the Credentials Committee, shall ensure the application is complete and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's responsibility to obtain the required information. If additional information is requested, the application will be considered incomplete until such information has been obtained and verified as appropriate.

2.2 DEPARTMENT EVALUATION

The chairman, or his/her designee, of each department in which the staff member requests or has exercised membership and/or privileges, shall within sixty (60) days, review the completed reappointment application and all supporting information and documentation and evaluate for continuing satisfaction of the qualifications for appointment, the category of assignment, the privileges requested and summary performance profile, as applicable. The recommendation shall be forwarded to the Credentials Committee.

2.2-1 **Sub-Specialty Review**

Applications requiring review by a sub-specialty reviewer shall be identified as such by the Chairman, or his/her designee. Review of the delineation of privileges and supporting information by the sub-specialty reviewer shall be conducted prior to the Chairman, or his/her designee making a recommendation to the Credentials Committee.

2.2-2 **Allied Health Professionals (AHP)** The Chief Nursing Officer (CNO), or his/her designee, of each hospital in which the AHP applicant requests or has exercised privileges, shall review the completed reappointment application and all supporting information and documentation and evaluate for continuing satisfaction of the qualifications for appointment, the category of assignment, the privileges requested and summary performance profile, as applicable. The recommendation shall be forwarded to the department Chairman, or his/her designee prior to their recommendation to the Credentials Committee.

2.2-3 **Delegation Only Professionals** The Accountable Care Organization (ACO) designated approver shall review the completed appointment application and supporting information and documentation and evaluate for continuing satisfaction of the qualifications for participation. Practitioners that do not qualify for Allied Health or Medical Staff membership and /or clinical privileges will be considered for Delegation only. These providers will not be vetted through the Medical Staff approval process, but will be considered through the ACO approval process.

2.3 CREDENTIALS COMMITTEE RECOMMENDATION

The Credentials Committee, shall within sixty (60) days after receipt of a completed application, or as soon thereafter as reasonably practical, review the completed application and supporting documentation, and determine if the applicant meets all of the necessary qualifications for membership, staff category, and department requested. The Credentials Committee shall assign each file to an appropriate category (I, II, III) based upon predetermined and Board approved criteria and review of the information contained within the file, and shall make a recommendation concerning the applicant's reappointment, category and prerogatives to the Medical Executive Committee, as applicable. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview.

2.3-1 Applications designated as a Category I or Category II in which the Department Chairman or his designee (representing the Clinical Department) and the Credentials Committee have indicated there are no adverse trends or areas of concern, shall be processed as follows; Such applications shall be reviewed by the Clinical Department Chairman or his Designee (representing the Clinical Department), who shall make a recommendation to the Credentials Committee. If the recommendation is favorable, the Credentials Committee shall make a recommendation to the Medical Executive Committee.

2.3-2 Applicant files classified as Category II (with areas of concern) or category III files that meet at least two (2) areas of concern shall be reviewed and the applicant shall be interviewed by the Credentials Committee at its next regularly scheduled or special meeting

2.4 CRITERIA FOR REVIEW OF APPLICANTS FOR REAPPOINTMENT

The following criteria define a CATEGORY I application:

- Satisfactory references;
- No disciplinary actions;
- No licensure restrictions;

- CME related to privileges requested;
- No record of malpractice payments within the past two (2) years or currently pending claims;
- Applicant meets all criteria for privileges requested and have provided documentation of training and/or expertise (requests for privileges will be deferred if documentation of training/experience is not provided); **and**
- Practitioner specific profile indicates that performance has been satisfactory in all areas (clinical practice, behavior, etc) and absence of problematic trends specific to patient care

The following criteria define a CATEGORY II application:

- References from peers and /or affiliations suggest potential or minor problems (i.e. difficulty in interpersonal relations, minor patient care issues, etc);
- **No more than two (2)** malpractice claims made during the past two (2) years that are either currently pending claims or claims upon which a payment has been made, either due to a judgment or settlement. **Individual claim payments may not exceed \$500,000 \$1,000,000;**
- Open investigation or non disciplinary action by a state licensure board or Medicare;
- Privileges requested vary from those typically requested by other practitioners in the same specialty;
- Delinquent Medical Records leading to suspension more than five (5) times during the past two (2) years; **or**
- Chronic or recurring illness, mental or physical disability that may affect your ability to perform privileges requested;

The following criteria define a CATEGORY III application. (Mandatory interview by Credentials Committee if **two (2)** or more of the following actions apply:

- Sanctions or Disciplinary action taken by a state licensure board, Federal Drug Enforcement Agency or Medicare;
- Any investigation or conviction of a felony or a misdemeanor Within the past fifteen (15) years (traffic, Animal Control, or Game and Fish violations are excluded with the exception of drug or alcohol related charges);
- Clinical privileges revoked, diminished or otherwise altered within the past fifteen (15) years by another health care entity or organization;
- Denial of insurance coverage by a professional liability carrier or non-renewal of insurance coverage (except where carrier no longer writes professional liability insurance);
- Applicant has practiced without insurance at any time during the last ten (10) years;
- More than **two (2)** malpractice claims made during the past two (2) years that are either currently pending claims or claims upon which a single payment has been made either due to a judgment or settlement for an amount in excess of ~~\$500,000~~ **\$1,000,000;**
- References from peers and/or hospital affiliations that suggest potential significant problems (i.e. fair or less ratings; difficulty in interpersonal relations, etc);
- More than three medical practice affiliations within the past two (2) years.
- Practitioner-specific profile identifies adverse trends related to clinical performance; medical management and/or behavior, etc;

Upon review and evaluation of the application and supporting documentation by Department Chairman (or Designee) and the Credentials Committee Chairman a determination is made, if necessary to:

- Reassign Category I;
- Reassign as Category II; No trends or areas of concern
- Reassign to Category III; Areas of concern requiring committee review and discussion
 - Request additional documentation/information; OR
 - Defer to next regularly scheduled meeting for discussion.

2.5 MEDICAL EXECUTIVE COMMITTEE ACTION

The Medical Executive Committee, at its next regular meeting, or as soon thereafter as reasonably practical, but not to exceed sixty (60) days, shall review the member's file, the department and Credentials Committee reports and recommendations, and any other relevant information available to it and either make a recommendation for reappointment (which maybe conditional) or non-reappointment and for staff category, department assignment, and clinical privileges or defer action for further consideration. Where conditional reappointment is recommended, the Medical Executive Committee will specify the conditions of the conditional reappointment and the consequences if those conditions are not met.

2.6 FINAL PROCESSING AND BOARD ACTION

Final processing for reappointments follows the procedure set forth in Section 1.6 of this manual. For purposes of reappointment, the terms "applicant" and "appointment" as used in those sections shall be read respectively, as "staff member" and "reappointment".

2.7 PRACTITIONER RIGHTS

The practitioner has the right to review information submitted to support his/her (re)credentialing application, to correct erroneous information, and to be informed of the status of their (re)credentialing application. The Network Credentialing Verification Office and/or Medical Staff Office, depending on the information obtained, will notify the practitioner in writing of any discrepancies and provide status updates, as outlined in 1.6.

2.8 CONTINUOUS MONITORING

The following are monitored on a continuous basis and can trigger referral to Utilization Review, Quality Review or Peer Review, as appropriate;

- 2.8-1 Complaints related to the quality of all practitioners and HonorHealth service locations are monitored and investigated through a formal grievance procedure that follows the HonorHealth policy.
- 2.8-2 Quality monitored triggers are reviewed on an ongoing basis and appropriate action is taken as necessary.
- 2.8-3 Primary state medical, dental, other professional licensure/certifications, as applicable are monitored monthly for changes, with a quarterly snapshot of the physical license captured by the license expiration monitoring module (LEMM).
- 2.8-4 Drug Enforcement Administration (DEA) registration, is monitored monthly for changes, with a quarterly snapshot of the physical registration captured by the license expiration monitoring module (LEMM).
- 2.8-5 Specialty or sub-specialty board certification, as applicable, is verified at time of initial appointment, reappointment, and at time of expiration.
- 2.8-6 Office of Inspector General (OIG) is monitored monthly through the OIG Manager
- 2.8-7 The National Practitioner Data Bank (NPDB) is monitored on a continuous basis through the NPDB's Continuous Query.
- 2.8-8 Malpractice Insurance Coverage and claims history is verified at time of initial appointment and reappointment, as well as claims history monitored monthly through the NPDB's Continuous Query and new certificate of insurance required at time of expiration.

2.8 TIME PERIODS FOR PROCESSING

All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period. However, if reappointment processing has not been completed by an appointment expiration date through no fault of the staff member, the staff member shall be granted temporary privileges until processing is completed

PART THREE - PROCEDURES FOR DELINEATING PRIVILEGES

3.1 CONSULTATION

In addition to requirements for initial consultation, special requirements for consultation or observation may be attached to any grant of privileges as a condition to the exercise of such privileges.

3.2 PROCEDURE FOR DELINEATING PRIVILEGES

3.2-1 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.

3.2-2 OBSERVATION

Whenever a practitioner requests clinical privileges not previously granted to the practitioner by the Board, the practitioner must adhere to requirements for observation (if any, at their own expense) deemed appropriate by the Chairman of the Department or in

some instances, delineated within the department rules and regulations. After completion of such observation, the practitioner may be granted unobserved privileges.

3.2-3 PROCESSING REQUESTS

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

PART FOUR **CONCLUSION AND EXTENSION OF PROVISIONAL PERIOD**

4.1 SUCCESSFUL CONCLUSION

4.1-1 REVIEW AND OBSERVATION REQUIRED PRACTITIONER'S OBLIGATIONS

The requirement for, applicability and duration of, and status of the practitioner in the Provisional period are set forth in the Bylaws. Provisional members of the medical staff shall remain under Provisional status for at least one year. During this period, it is the obligation of the practitioner to arrange for the required number and types of cases to be reviewed or observed, when required by the applicable clinical department.

4.1-2 REQUEST TO CONCLUDE/EXTEND THE PERIOD

Prior to the end of the Provisional period, the Medical Staff Services Department shall notify the practitioner of the date on which the Provisional period will end. The practitioner must forward to the Medical Staff Department either a request to initiate the evaluation process to conclude the Provisional period or a request for an extension. Failure of a practitioner to act to conclude or extend the provisional period may be deemed voluntary relinquishment of staff appointment and clinical privileges.

4.1-3 ACTION REQUIRED

Upon receipt of the practitioner's request for conclusion of the Provisional period, the department shall consider all information available to it and make recommendation regarding the request to the Medical Executive Committee.

4.2 EXTENSION

When required, a practitioner who fails to complete the required number and types of observed cases must submit a written request for an extension of the Provisional period prior to the completion of such period. The request shall include the reasons for the practitioner's failure to complete the required cases and the change of circumstances that shall enable him or her to complete such cases. Any extension granted must be for a defined period of time not to exceed one additional year. Only one extension is permissible.

4.3 PROCEDURAL RIGHTS

The practitioner shall have all rights set forth in Medical Staff Bylaws and Fair Hearing Plan whenever a Provisional period concludes with an adverse recommendation or whenever an extension is denied.

PART FIVE - LEAVE OF ABSENCE

5.1 LEAVE STATUS

A staff member may request a voluntary leave of absence provided a forwarding address has been given to the Medical Staff Services Department and there are no medical record deficiencies. A written notice must be given to the Chief of Staff through the applicable department chairman. The notice must state the reason and approximate period of time of the leave, which may not exceed two (2) years. During the period of the leave, the staff member's clinical privileges, prerogatives, and responsibilities, including payment of staff dues, are suspended. The request for such leave shall be transmitted to the Medical Executive Committee, which shall forward its recommendation on the request to the Board for final action. Temporary privileges will not be granted during a leave of absence. A leave of absence may be available to a practitioner while under investigative or

corrective action, if the conditions for the Leave are found acceptable to the Medical Executive Committee.

Any staff member assigned to the Deer Valley and John C Lincoln System Pediatric Department who requests a voluntary leave of absence from the medical staff shall be deemed to have simultaneously requested a voluntary leave of absence from both John C. Lincoln and Deer Valley Medical Center Medical Staffs and the Board's final action on the request shall also simultaneously be effective at both John C. Lincoln and Deer Valley Medical Center Medical Staffs'.

5.2 DIRECTED AUTOMATIC LEAVE

Whenever the Chief of Staff, applicable clinical department chairman and/or the Chief Executive Officer, or their designees, become(s) aware or are informed of a condition or illness which places into question or renders a staff member unable to safely engage in the practice of medicine for a period of thirty (30) days or more, the practitioner can be placed on a Medical Leave of Absence. The procedure in Section 5.3 shall be followed for reactivation from a directed leave. The procedure in Section 1.6 of this manual shall be followed in evaluating and acting on the reactivation request.

Whenever a staff member assigned to the Deer Valley and John C Lincoln System Pediatric Department is required to take a mandatory Medical Leave of Absence, such staff member shall also automatically be required to take a mandatory Medical Leave of Absence from both Deer Valley and John C. Lincoln Medical Centers.

5.3 REACTIVATION

The staff member must request reactivation by sending a written notice to the Medical Staff Services Department. The staff member must either complete an application for reappointment if the term of appointment has expired or submit a written summary of relevant activities during the leave. If on medical leave, documentation of the staff member's acceptable ability to return to his former activities shall be provided by his/her treating physician(s). The staff member must also provide evidence of current licensure, DEA registration, and liability insurance coverage. The procedure in Section 1.6 of this manual shall be followed in evaluating and acting on the reactivation request.

PART SIX **DELAYS, REINSTATEMENT, REAPPLICATION, AND REPORTING**

6.1 DELAYS

Any practitioner who believes that his or her application 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 reason 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.

6.2 REINSTATEMENT

Up to six (6) months following voluntary resignation from the membership of the medical staff, a practitioner may request reinstatement of his/her medical staff membership and clinical privileges. Reinstatement can be accomplished by filing a completed reappointment application and bringing Medical Staff dues current. Upon completion of the verification process the reappointment application shall be submitted to the Network Credentialing Office or its agent and will be processed in accordance with the procedure outlined in Section 2.1-1 of this Manual.

6.3 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

Except as otherwise provided in the Bylaws or as determined by the Credentials Committee in light of exceptional circumstances, an applicant or staff member who has received a final adverse decision regarding appointment, reappointment, staff category, department assignment, or clinical privileges, or who has resigned from the Medical Staff or surrendered clinical privileges, pending an investigation that would have led to such action is not eligible to reapply to the medical staff or

for the denied category, department, or privileges for a period of two (2) years from the date of the notice of the final adverse decision or resignation. Any such reapplication will be processed in accordance with the procedure set forth in Section 1.6 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.

6.4 REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING

No applicant or staff member may submit a new application for appointment, reappointment, staff category, a particular department assignment, or clinical privileges while an adverse recommendation is pending. The Medical Executive Committee shall not submit to the Board any additional recommendations regarding a practitioner while an adverse recommendation is pending.

6.5 REPORTING REQUIREMENTS

HonorHealth shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act of 1986 and required under the Arizona Revised Statutes.

PART SEVEN – MISCELLANEOUS

7.1 NON-DISCRIMINATION

No aspect of membership, credentialing, (re)appointment or particular clinical privileges shall be denied on the basis of age, gender, sexual orientation, race, creed, color, ethic/national identity/origin, patient type (e.g., Medicaid) in which the practitioner practices, a handicap unrelated to the ability to fulfill patient care and required staff obligations, or any other criterion unrelated to the delivery of quality and efficient patient care in the Hospital, to professional qualifications, to the Hospital's purposes, needs and capabilities, or to community need. Compliance with non-discriminatory credentialing is monitored and prevented through the following processes;

7.1-1 In order to prevent discriminatory practices:

7.1-1.1 The presence of a non-discrimination statement is documented on the Credentials Committee attendance sign-in form(s).

7.1-1.2 Documents, and/or information, submitted to the Credentials Committee for approval, denial or termination do not designate an applicant's age, gender, sexual orientation, race, creed, color, ethic/national identity/origin, patient type (e.g., Medicaid) in which the practitioner practices.

7.1-2 On an annual basis discriminatory practices by:

7.1-2.1 Tracking and trending of reasons for denial and/or termination.

7.1-2.2 Quarterly audits of credentialing files (in-process, denied and approved files) to ensure that practitioners are not discriminated against.

7.2 DELEGATED CREDENTIALING

The HonorHealth CVO does not delegate responsibilities or credentialing activities performed on behalf of the HonorHealth CVO.

7.3 STORAGE, MAINTENANCE, AND ACCESS OF FILES

7.3-1 STORAGE - It is the policy of HonorHealth to retain the credentials file(s) of practitioners secured with limited access under lock within the Medical Staff Office(s) and/or Credentials Verification Office.

7.3-1.1 All files are secured (electronically or hard copy);

7.3-1.2 Files reflecting retired, deceased or otherwise inactive members may be segregated and filed in secure storage. Any file reflecting a member who has been clinically inactive for greater than 21 years may be destroyed.

7.3-1.3 The areas are securely locked when not staffed;

7.3-1.4 Access to those areas after hours must be approved by the Director of Medical Staff.

7.3-2 MAINTENANCE – Maintenance of credentials file(s) is performed by the Credentialing and Medical Staff personnel.

- 7.3-3 ACCESS** – The following individuals or positions are authorized to access Credentials files;
- 7.3-3.1 The Board of Directors or its direct agent (CEO or designee, VPMA/CMO and the Medical Staff Personnel (MSP))
 - 7.3-3.2 The Chair of the credentials committee or designated committee members, the Chief/President of the staff and the relevant department chair. Other individual members of the staff or employees of the organization are not authorized to access individual files. Files will not be shared with the entire staff or members of the relevant department.
 - 7.3-3.3 The entire Medical Executive Committee when considering appointment, privileges or reappointment decisions.
 - 7.3-3.4 The physician/practitioner himself or herself (after confidential letters of recommendation have been removed) but only in the company of a second authorized (MSP) individual. He or she may not remove or destroy any documents, but may add an explanatory note to the file.
 - 7.3-3.5 Other individuals may be granted access to the file with the express permission of the CEO and Chief/President of Staff collectively.
 - 7.3-3.6 Surveyors for accrediting agencies, Federal or state licensure agencies, insurance companies, and consultants may be granted permission by the CEO or designee.
 - 7.3-3.7 Specific information concerning granted clinical privileges will be made available to hospital staff by the Medical Staff Office through a system that permits 24-hour access to such information.
 - 7.3-3.8 If files are requested for release to representatives of the legal profession, consultation with hospital legal counsel is required.

Information obtained or prepared by any representative for the purpose of monitoring and evaluating or improving the quality and efficiency of patient care, reducing morbidity and mortality, or contributing to teaching or clinical research, shall, to the fullest extent permitted by law, be confidential. Such information shall only be disseminated to the extent necessary for the purposes identified herein or except as otherwise specifically authorized by law. Such confidentiality shall also extend to information provided by third parties.

If it is determined that a breach of confidentiality has occurred the Executive Committee or appropriate administrative committee may undertake corrective action as is deemed appropriate.

PART EIGHT - AMENDMENT AND ADOPTION

7.1 AMENDMENT

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

7.2 ADOPTION

7.2-1 MEDICAL STAFF

The Medical Executive Committees shall be responsible for the development and biennial review of the Credentialing Manual, which shall be consistent with Hospital policies, Hospital Bylaws and applicable laws.

7.2-2 BOARD OF DIRECTORS

These Credentialing Procedures Manual revisions were approved and adopted by resolution of the HONORHealth Board of Directors on March 10, 2014 upon the recommendation of the Medical Executive Committees.

Revised 7/2016; 11/2016, 2/2017