BEMC
CREDENTIALING PROCEDURES MANUAL

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PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

An application for staff membership must be submitted by the applicant on the form designated by the Medical Executive Committee and approved by the Board. The application must be signed and dated. Prior to the application being submitted, the applicant will be provided access to a copy or summary of the Bylaws of the Medical Staff, Medical Staff General Rules and Regulations, and the rules and regulations of the appropriate department(s).

1.2 APPLICATION CONTENT

Every application must contain complete information regarding:

a) Medical school and postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and for all postgraduate training, names of those responsible for monitoring the applicant's performance. Verification of Medical School and Residency/Fellowship programs that occurred more than 5 years from the date of the application will be verified by the AMA/AOA profile. Residency and Fellowship programs of applicants who completed the program within the past five (5) years of application will be verified by the program. ECFMG Certification is an accepted designated equivalent source and verified for applicants who have completed foreign medical school education and any foreign training programs outside the United States.

b) Military Service (if applicable)

c) Verification of all medical, dental, or other professional licensures or certifications to practice, including sanctions against such license, such as termination or restriction of licensure or nondisciplinary actions, such as advisory letters and probation, as well as any previously successful or currently pending challenges to licensure (voluntary or involuntary) (For teleradiologists, state licenses will be verified in states where 10 primary facilities are located).

d) Specialty or sub-specialty board certification, recertification, or eligibility status.

e) Health status and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully, including freedom from infectious tuberculosis and documentation of flu immunization or exemption if applying during September-March.

f) Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, and complete information on malpractice claims history and experience including claims, suits, and settlements made, concluded, and pending. Malpractice history will be reviewed as reported by the National Practitioner Data Bank. Verification from malpractice insurance carriers will be sought if concerns are identified which necessitate further investigation.

g) DEA Registration (if applicable)

h) 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) of: license or

certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution; professional liability insurance coverage.

i) Specific clinical privileges requested.

j) Supporting documentation as required in the department's criteria for privileges.

k) Any sanctions or exclusions by the Office of the Inspector General of the Department of Health and Human Services, any exclusions from government contracts by the General Services Administration/any government entity, or any convictions of any crime relating to health care.

l) Any pending or past felony criminal charges or convictions involving alcohol, drugs, criminal damage, assault or moral turpitude against the applicant including their resolution.

m) Any pending or past misdemeanor charges or convictions involving alcohol, drugs, criminal damage, assault, or moral turpitude including their resolution.

n) Names and addresses of all hospitals, health care organizations, or physician practices where the applicant has or has had any association, employment, privileges or practice with the inclusive dates of each affiliation. Ten (10) current hospital affiliations for telemedicine providers will be verified unless information is received to necessitate further investigation. All time intervals since graduation must be accounted for. Verification of practice history, employment (including self-employment), other staff memberships and time gaps will be verified for the previous 10 years unless concerns are identified, which necessitate further investigation. Time gaps greater than 90 days will require a written explanation from the applicant; time gaps greater than six months will be verified in writing by a contact provided by the applicant.

o) Information from the National Practitioner Data Bank (NPDB), and other data banks as required by the Executive Committee and/or regulatory bodies.

p) Evidence of the applicant's agreement to abide by the provisions of the Bylaws of the Medical Staff, Medical Staff General Rules and Regulations, and Professional Conduct Policy.

q) Names of other members of the Medical Staff who have agreed to provide coverage for applicant's patients when the applicant is unavailable.

r) Peer References (see Part 1.3 below)

s) Number of Continuing Medical Education hours completed during the past year. . Documentation of Continuing Medical Education may be requested at the discretion of the Medical Staff.

t) Photocopy of the applicant's driver's license or other government issued photo ID (e.g. passport), or copy of a current picture hospital identification card.

1.3 **PEER REFERENCES**

The application must include the names of three (3) medical or health care professionals, not related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. Peer recommendations are obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. The named individuals must have acquired the requisite knowledge through recent observation (within the past two years) of the applicant's professional performance and clinical competence over a reasonable period of time. References that are "fair" or "poor" shall be viewed as unfavorable in connection with the evaluation of an application. Further references may be required at the discretion of the Medical Staff. A maximum of two professional references may be from practice associates. Prefer one reference be of the same specialty as the applicant.

1.4 **EFFECT OF APPLICATION**

The applicant must sign the application and in so doing:

a) Attest to the correctness and completeness of all information furnished and in so doing acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;

b) Signify willingness to appear for interviews in connection with the application;

c) Signify willingness to undergo a physical or mental health evaluation or drug testing upon the request of the Medical Staff

d) Agree to abide by the terms of the~~se~~ Bylaws of the Medical Staff, Medical Staff General Rules and Regulations, rules and regulations of the assigned department(s), and the policies of the medical staff and the Medical Center, regardless if membership and/or clinical privileges, are granted;

e) Agree to comply with the Medical Center's Professional Conduct Policy;

f) Agree to maintain an ethical practice and to provide continuous care to his or her patients;

g) Authorize and consent to representatives of the medical staff and Medical Center consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to evaluation of such qualifications;

h) Authorize and consent to the sharing of information in accordance with the Board's Sharing of Information policy; and

i) Release from any liability Banner Health, the Board, Medical Center employees, medical staff members, and all others who review, act on, or provide information regarding the applicant's qualifications for staff appointment and clinical privileges.

1.5 **PROVIDER DUES**

Applicants will be required to pay medical staff dues at the time of application.

1.6 PHOTO IDENTIFICATION VERIFICATION

Each applicant who will be exercising clinical privileges in the Medical Center must present to a Banner Medical Staff Services Department in the Arizona Region or, if Banner employed, to Provider Recruitment, and present a government issued form of identification as part of the application process (telemedicine practitioners will be exempt from this requirement). Approved forms of identification are: a) state issued driver's license, b) state issued identification, c) visa, and d) passport. Identification must be provided prior to practicing at the Medical Center. Providers who have not presented identification within 180 days of board approval will be deemed voluntarily resigned from staff.

1.7 PROCESSING THE APPLICATION

1.7-1 APPLICANT'S BURDEN

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for staff membership, department assignment, or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). The applicant has the burden of demonstrating his or her qualifications to the satisfaction of the Medical Center. The Medical Staff and Medical Center have determined that what constitutes acceptable documentation of an applicant's qualifications, including competence and conduct, at another facility may not be acceptable to the Medical Staff and the Medical Center. Applications not demonstrating compliance with the requirements for medical staff membership and privileges will be deemed to be incomplete. Incomplete applications will not be processed. If information is not obtained from the applicant within sixty (60) days after a written request has been made, the application will be deemed withdrawn. After this time, if the applicant wishes to pursue application, he/she will be required to reapply through the Banner Health CVO in accordance with their policies and procedures.

1.7-2 VERIFICATION OF INFORMATION

An Initial Pre-Application Request Form shall be submitted to the Banner Credentials Verification Office ("CVO") who shall forward a copy to the Banner Estrella Medical Center's Medical Staff Office to determine eligibility. If the applicant meets minimum established eligibility criteria, the CVO office will be notified and the applicant will be mailed a more detailed application for completion. Representatives of the Banner Health CVO shall collect and verify the references, licensure, and other qualification evidence submitted, complete a background review and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's obligation to provide the required information. Failure to respond timely will result in the application being deemed to have been withdrawn. The BEMC Medical Staff Services Department will query the National Practitioner Data Bank. When collection and verification is accomplished by the CVO, the application shall be transmitted with all supporting materials to the Banner Estrella Medical Staff Office which will determine whether the application is complete and will submit complete applications to the Credentials Committee. Should the application subsequently be determined to be incomplete, processing will stop.

File(s) with pending items may not be submitted to the Credentials Committee for consideration and/or action. Exceptions may be made with the agreement of the

Department Chairman and the Credentials Chairman; however pending items must be finalized prior to the application being submitted to the MEC.

1.7-3 **CREDENTIALS COMMITTEE ACTION**

Upon receipt of a complete application and all necessary documentation, the Credentials Committee at its next regularly scheduled meeting, shall review the application**, the supporting documentation, and any other relevant information and determine if the applicant meets all of the necessary qualifications for staff membership and privileges requested. The Credentials Committee, or designated representative(s) of the committee, may conduct an interview with the applicant. The Credentials Committee will afford the applicant an opportunity for an interview if there are questions regarding the applicant's qualifications for membership or privileges. Likewise, a personal interview with the Credentials Committee may be requested by the applicant, which may be granted at the discretion of the Credentials Committee**.** The Credentials Committee shall forward applications that are recommended for approval to the appropriate clinical department chairman (or his/her designee) for review of the applicant's qualifications for the requested privileges. Following an adverse recommendation by the Credentials Committee, the application will be forwarded directly to the Medical Executive Committee for action.

**Information contained in the application at the time of presentation to the Credentials Committee will be current within the timeframes as outlined in the AZ Region Credentialing Verification Organization Policies/Procedure manual.

1.7-4 **DEPARTMENT ACTION**

Upon receipt of recommendation from the Credentials Committee, the chairman of the department in which the applicant seeks privileges shall review the application with supporting documentation and forward to the Medical Executive Committee a recommendation as to the scope of clinical privileges to be granted. The department chairman may conduct an interview with the applicant or designate a committee to conduct such interview. Where the applicant maintains that his or her postgraduate training program or board certification or eligibility is equivalent to that required by the Bylaws of the Medical Staff, the appropriate department will assess the supporting documentation to determine equivalency.

1.7-5 **MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical Executive Committee, at its next regular meeting, shall review the reports and recommendations from the department chairman and 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, staff appointment, category of staff membership, and prerogatives, department affiliation, and scope of clinical privileges, or defer action for further consideration. The Medical Executive Committee will make recommendations to the Board of Directors as provided in the Medical Staff Bylaws.

1.7-6 **EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION**

a) Favorable Recommendation: A Medical Executive Committee recommendation that is favorable to the applicant in all respects shall be promptly forwarded to the Board.

b) Conditional Appointment/Reappointment: The Medical Executive Committee may recommend that the applicant or member be granted conditional appointment for the term of appointment or reappointment or granted appointment with a stipulation. Conditional appointment/reappointment or appointment with a stipulation is not a reduction or limitation of membership or privileges, and does not constitute corrective action. Where the Medical Executive Committee recommends conditional appointment/reappointment or appointment with a stipulation, the CEO will advise the applicant of the Medical Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met.

c) Limited Period of Appointment: From time to time, the Medical Executive Committee may recommend a period of appointment of less than two (2) years. A limited appointment for reasons other than to synchronize appointments on Banner medical staffs may be extended without completion of a reappointment application and review required by these Bylaws provided that a supplemental and processed timely. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.

d) Adverse Recommendation: An adverse Medical Executive Committee recommendation shall entitle the applicant to the procedural rights provided in the Fair Hearing Plan.

e) Deferral: Action by the Medical Executive Committee to defer the application for further consideration shall be followed up at its next regular meeting or upon receipt of adequate information with its recommendations as to approval or denial of, or any special limitations on, staff appointment, staff category, prerogatives, department affiliation, and scope of clinical privileges.

1.7-7 **BOARD**

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

PART TWO - REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

2.1-1 FROM STAFF MEMBER

(a) The Medical Staff Office or its agent, as approved by the Medical Executive Committee, shall send each staff member an application for reappointment and notice of the date on which membership and privileges will expire. The application for reappointment must be submitted on the form designated by the Medical Executive Committee and approved by the Board. The application shall include information to demonstrate the member's continued compliance with the qualifications for medical staff membership and to update the member's credentials file.

(b) The Medical Staff Office or its agent shall verify the information provided on the reappointment form and notify the staff member of any specific information inadequacies or verification problems. The staff member has the burden of producing adequate information and resolving any doubts about it.

(c) Failure to return the satisfactorily completed forms timely shall be deemed a voluntary resignation from the staff and shall result in automatic termination of membership at the expiration of the current term. Reinstatement may be requested if the reappointment application is complete, verified and submitted for approval within six (6) months of expiration of membership, and the applicant has provided a summary of relevant activities from the time of expiration, which will be verified. Otherwise, the initial application process and fees will apply.

2.1-2 FROM INTERNAL SOURCES

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct in the Medical Center. Such information may include:

a) Findings from the performance review and utilization management activities;

b) Participation in relevant continuing education activities or other training or research programs at the Medical Center;

c) Level of clinical activity at the Medical Center;

d) Health status;

e) Timely and accurate completion of medical records;

f) Cooperativeness in working with other practitioners and hospital personnel;

g) General attitude toward and interaction with peers, patients and the Medical Center personnel and will include results from patient satisfaction surveys as available; and

h) Compliance with all applicable Bylaws of the Medical Staff, department rules and regulations, and policies and procedures of the medical staff and Medical Center;

2.1-3 **FROM EXTERNAL SOURCES**

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct. Such information may include:

a) Peer references.
b) Professional Liability Insurance – current coverage. Verification of primary State licensure and any other State licenses that remain current or that have terminated since initial appointment or reappointment and all pending challenges and actions taken against such license(s) including but not limited to termination, restriction, probation, advisory letters. (State licenses will be verified where 10 primary facilities are located for teleradiologists based on activity.)
c) Board Certification status.
d) Total number of Continuing Medical Education hours during the past two years. Documentation of Continuing Medical Education may be requested at the discretion of the review Committees.
e) Verification of primary Hospital Staff membership and clinical privileges and all current Banner hospitals - for relevant professional experience and termination or restriction of membership or clinical privileges (voluntary or involuntary).
f) Medicare/Medicaid Sanctions.
g) DEA Registration.
h) Additional information from other databanks, may be gathered by the Medical Staff Office or its agent, as required by the Medical Executive Committee and/or regulatory agencies.
i) The Medical Staff Office conducts a continuous query with the National Practitioner Data Bank.

2.2 **DEPARTMENT EVALUATION**

The chairman of each department in which the staff member requests or has exercised privileges shall review the reappointment application and all supporting information and documentation, and evaluate the information for continuing satisfaction of the qualifications for staff appointment, the category of assignment and the privileges requested. The department report and recommendations shall be sent to the Medical Executive Committee.

2.3 **MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical Executive Committee shall review the department chairman's recommendation and any other relevant information available to it and either make a recommendation for reappointment or non-reappointment and for staff category, department assignment, and clinical privileges, or defer action for further consideration.

2.4 **FINAL PROCESSING AND BOARD ACTION**

Final processing of reappointments follows the procedure set forth in Parts 1.7-6 and 1.7-7. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Parts shall be read respectively, as "staff member" and "reappointment."

2.5 **TIME PERIODS FOR PROCESSING**

In accordance with the Bylaws of the Medical Staff, the appointment of each staff member shall expire every two years on the last day of the birth month of the practitioner. All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period.

2.6 **REAPPOINTMENTS OF LIMITED DURATION**

From time to time, the Medical Executive Committee may recommend a period of reappointment of less than two (2) years. These limited reappointments may be extended without completion of a new reappointment application and review required by these Bylaws provided that a supplemental application is completed and processed timely. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.

PART THREE - PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

3.1 **PROCEDURE FOR DELINEATING PRIVILEGES**

In accordance with Article Five of the Bylaws of the Medical Staff, each application for appointment and reappointment must contain a request for the specific clinical privileges desired by the practitioner. Specific requests must also be submitted for modifications of privileges in the interim between reappointment periods. When requesting additional privileges, the practitioner shall submit request in writing and submit documentation as required by privilege criteria. Medical Staff Services shall query AZ licensure, verify current competency, and provide documents to the Department Chairman for review. If the practitioner satisfies all requirements for additional privilege(s), the Department Chairman will forward the request to the Medical Executive Committee and the Board. The Medical Executive Committee may grant temporary privileges subject to ratification by the Board.

3.2 **PROCESSING REQUESTS**

All requests for clinical privileges will be processed according to the procedures outlined in Parts One and Two of this Credentialing Procedures Manual, as applicable.

3.3 **CONSULTATION OR SUPERVISION**

Special requirements for consultation or supervision may be attached to any grant of privileges as a condition to the exercise of such privileges. In such cases, the practitioner must arrange for the number and types of cases to be reviewed or observed as required by the department. After the satisfactory completion of such supervision, the practitioner may be granted unsupervised privileges.

PART FOUR- FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

4.1 When a practitioner is granted membership or additional privileges a retrospective review of three (3) cases, performed at Banner Estrella Medical Center, will be completed. Reviews are representative of the privileges granted.

(a) Within six months after a practitioner's initial appointment or initial granting of privileges, the provider will have three cases retrospectively or concurrently reviewed by a peer in good standing with the same privileges at BEMC. These reviews, on a prescribed form, will be submitted directly to the Medical Staff Office

for review by the Department Chairman or designee. Results of any unfavorable review will be reported to the Medical Executive Committee for review and action.

(b) Additional cases may be required if deemed necessary by the Department Chairman or the Medical Executive Committee.

4.2 For those practitioners with fewer than three (3) cases during the FPPE period, a peer reference attesting to the practitioner's current competency may be accepted as FPPE.

4.3 For those practitioners where data is not available (e.g. allied health professionals), the department chairman may review case volume in relation to any deviation from the standard of care through quality monitoring or from PRC referrals.

4.4 Practitioners must complete FPPE requirements within the first 24 months of appointment. Failure to complete FPPE requirements will result in a voluntary resignation from the Medical or Allied Health Staff.

PART FIVE – FAST TRACKING NEW APPLICANTS

5.1 In order to increase efficiency of the credentialing process, all initial applications will be categorized into a Category One or Category Two. Initial applications deemed as Category One will be eligible for "fast-track" and will be processed in an expeditious manner once the file is determined to be complete. Initial applications deemed as Category Two will be processed through the traditional process. Fast-track eligibility is distinct from eligibility for temporary privileges.

All initial applications will be analyzed for completeness by the Medical Staff Office and categorized as a Category One eligible for fast-tracking or Category Two non-eligible for fast-tracking requiring full review by the Credentials Committee.

(a) Category One: An initial application can be fast tracked through the Credentials Committee Chairman and the Department Chairman and onto MEC if the applicant meets the qualifications for membership and privileges as outlined in the Bylaws and all information contained within the application is found to be current and complete, identification has been verified and there are no suggestions in the verified materials of potential problems or issues to resolve; no significant malpractice actions; no reports of disciplinary action; and no license restrictions or any type of investigation.

(b) Category Two: An initial application not meeting the above criteria, any bylaws or rules and regulations requirement, or determined to need further review by the Medical Staff leadership will be classified as Category Two. Files classified as Category Two require the file be processed through the Credentials Committee, Department Chairman, Medical Executive Committee and Board of Directors. If the recommendation of the Department Chairman and the Chairman of the Credentials Committee differ, the application is referred to the traditional credentialing process.

5.2 Initial applications deemed as Category One will be eligible for "fast-track" and may be approved by the chairman of the Credentials Committee and chairman of the Department before submission to the Medical Executive Committee. Initial applications deemed as Category Two will be processed through the traditional process. Fast-track eligibility is distinct from eligibility for temporary privileges outlined in Section 5.9 of the Medical Staff Bylaws.

PART SIX - LOA, REINSTATEMENT, RESIGNATION

6.1 LEAVE OF ABSENCE

A staff member may request a voluntary leave of absence by giving written notice to the Chief of Staff through the applicable Department chairman. The notice must state the reason for the leave and the approximate period of time of the leave which may not extend beyond the current term of appointment. During the period of the leave, the staff member's clinical privileges, prerogatives, and responsibilities, including payment of staff dues, are suspended. The request for such leave shall be considered by the Medical Executive Committee which shall forward its recommendation on the request to the Board for final action. A member must cover or arrange for coverage for scheduled call responsibilities and must complete all medical records prior to being granted a leave.

6.2 REINSTATEMENT FOLLOWING LEAVE OF ABSENCE

The staff member may request reinstatement of membership and privileges by sending a written notice to the Medical Staff Office. The staff member must either complete an application for reappointment, if the term of appointment has expired, and submit a written summary of relevant activities during the leave. The staff member must also provide evidence of current licensure, DEA registration, and liability insurance coverage. The procedures in Part 1 of this Credentialing Procedures Manual shall be followed in evaluating and acting on the request for reinstatement.

Failure to complete the reappointment process within the current appointment term will be deemed a voluntary resignation of membership and privileges. The member shall be notified of the Board's acceptance of the voluntary resignation. The member may reapply for membership and privileges.

6.3 RESIGNATION

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

A physician will be deemed to have resigned for failing to submit a completed reappointment timely or failing to meet requirements in the Bylaws that result in resignation.

6.4 REINSTATEMENT FOLLOWING RESIGNATION

Physicians may request reinstatement of membership and privileges within six (6) months of resignation date by sending written notice to the Medical Staff Office, completing an application for reappointment and providing a summary of relevant activities from the time of resignation, which will be verified. If the practitioner requests reinstatement within 30 days of the Board's acceptance of the resignation, a reappointment application will not be required as long as the practitioner's term has not expired, licensure, DEA and liability insurance coverage are current. Physicians requesting reinstatement of membership and privileges more than six (6) months from resignation date must complete

a new application for staff membership and privileges as described in "PART ONE – APPOINTMENT PROCEDURES" of this Credentialing Manual.

6.5 **REINSTATEMENT FOLLOWING SUSPENSION/REQUEST TO REFRAIN**

A staff member may be reinstated following automatic suspension by complying with the requirements that triggered suspension. Where a staff member is suspended or asked to refrain because of concerns relating to professional conduct or competence or impairment, the staff member must request reinstatement and provide evidence that the concerns were satisfactorily resolved.

6.5 **PROCESS FOR REINSTATEMENT**

Requests for reinstatement of membership and privileges must be approved by the Chairman of the applicable Department, the Medical Executive Committee, and the Board before privileges may be reactivated.

PART SEVEN - DELAYS, REAPPLICATIONS, AND REPORTING

7.1 **DELAYS**

All applications will be processed within a reasonable period of time. However, any practitioner who believes that his or her request for membership and or privileges has been improperly delayed may request the Chief of Staff to investigate the reason for such delay. The Chief of Staff shall inform the practitioner of the reasons for the delay, if a delay has occurred, and shall notify the practitioner of the additional time expected to be necessary to act upon the practitioner's application.

7.2 **REAPPLICATION AFTER ADVERSE COMMITTEE DECISION**

Except as otherwise provided in the Bylaws of the Medical Staff or as determined by the Credentials Committee in light of exceptional circumstances, an applicant or staff member who has received a final adverse decision regarding appointment or reappointment or staff category, department assignment, or clinical privileges is not eligible to reapply to the medical staff or for the denied category, department, or privileges for a period of one (1) year from the date of the notice of the final adverse decision. The applicant or staff member must submit such additional information as the medical staff and the Board may be required to demonstrate 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.

7.3 **REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING**

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

7.4 **REPORTING REQUIREMENTS**

The Medical Center shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act of 1986, including required reporting to the NPDB, and under the Arizona Revised Statutes. The Medical Center shall also comply with the Banner Sharing of Information Policy.

PART EIGHT - AMENDMENT & ADOPTION

8.1 **AMENDMENT**

This Credentialing Procedures Manual may be amended in accordance with the Bylaws of the Medical Staff.

8.2 **ADOPTION**

8.2-1 **MEDICAL STAFF**

This Credentialing Procedures Manual was adopted and recommended to the Board
May 20, 2004.

8.2-2 **BOARD OF DIRECTORS**

This Credentialing Procedures Manual was approved and adopted by resolution of the Banner Health Board of Directors May 20, 2004, upon the recommendation of the Medical Executive Committee.

Revised:	09/22/11 (draft), 07.21.14; 10/09/14;
MEC:	1/11/05; 08/05; 4/06; 1/07; 2/07; 11/07; 12/07; 3/08; 7/08; 10/08; 11/08, 08/10; 09/10; 10/11; 07/14; 09/03/14; 09/2/16; 12/7/16
Board of Directors:	1/12/05; 11/05; 4/06; 1/07; 3/07; 11/07; 12/07; 4/08; 9/08; 10/08; 11/08; 02/09; 08/10; 09/10; 12/11; 07/21/14; 10/09/14; 9/7/16; 1/12/17