

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

SUBJECT: Provider Enrollment Delegated Credentialing & Recredentialing

PURPOSE

Credentialing/recredentialing is the process by which UPMC Pinnacle ensures the quality of all providers of health care services to patients. UPMC Pinnacle has developed and adopted credentialing standards and processes that meet or exceed those of The Joint Commission, the National Committee for Quality Assurance, Centers for Medicare and Medicaid Services, the Pennsylvania Department of Health and other applicable regulatory agencies.

POLICY: DELEGATED CREDENTIALING

Credentialing/recredentialing of Practitioners on behalf of other organizations may be delegated to UPMC Pinnacle in the event the following criteria are met:

- A.** UPMC Pinnacle as the delegated organization will sign a mutually agreed upon written contract or letter of agreement, which describes in detail the following:
 - 1. Definitions
 - 2. Obligations of UPMC Pinnacle
 - 3. Obligations of delegating organization
 - 4. Term and Termination matching the agreement between the hospital and delegator
 - 5. Insurance
 - 6. Indemnification
 - 7. Representations and Warranties
 - 8. General ProvisionsAttachments – Written policies and procedures of UPMC Pinnacle delegated credentialing and recredentialing processes.
- B.** UPMC Pinnacle has written policies and procedures for the credentialing/recredentialing of physicians and other licensed health care Practitioners, which meet or exceed the requirements of NCQA and/or the Pennsylvania Department of Health, Centers for Medicare & Medicaid Services and The Joint Commission, as appropriate.
- C.** UPMC Pinnacle has a credentialing committee that reviews applications and makes credentialing/recredentialing recommendations and/or decisions.
- D.** UPMC Pinnacle has basic qualifications, which are equivalent to or more stringent than the screening criteria of delegator.
- E.** UPMC Pinnacle's initial and recredentialing applications are signed and dated by the Practitioner and include all information specified in the Medical Staff Credentialing Policy.
- F.** Delegator retains the right, based on quality issues, to approve and/or terminate individual Practitioners and/or sites.
- G.** UPMC Pinnacle will report voluntary termination and reason through monthly credentialing reports to Delegator. Involuntary terminations will be reported as agreed upon in delegation agreement.
- H.** UPMC Pinnacle currently has specific delegation agreements as outlined and maintained by the Payor Relations Vice President, Director, or Manager.

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

- I. UPMC Pinnacle does not sub-delegate credentialing or recredentialing functions.

In order to ensure that all demographic information included within practitioner directories are consistent with credentialing data, including education, training, certification and specialty, Physician and Practitioner department at UPMC Pinnacle extracts all such information directly from the database maintained by Physician and Practitioner Services when completing provider rosters for a Delegator.

RESPONSIBILITY:

Physician and Practitioner Services will perform credentials verification for all applicable providers. UPMC Pinnacle has established a Credentials Committee, (hereafter referred to as "Credentials Committee") as the body charged to approval/disapproval in accordance with the requirements outlined in this policy, The Credentials Committee will be responsible for credentialing/rec credentialing all providers of direct patient health care for all categories of the UPMC Pinnacle Medical Staff – Active and Active Community (M.D., D.O., DDS, DMD, D.P.M), Allied Health Staff Members (CRNP, CNM, CRNA, PA-C, RD, RTPE, PhD., O.D., Psy.D.) as defined in the Medical Staff Bylaws. The Chief Medical Officer will have direct responsibility to ensure the credentialing program and activities and operations of the Credentials Committee meet all regulatory and accreditation requirements applicable to UPMC Pinnacle. The Chief Medical Officer is a permanent member of the Credentials Committee. Meetings of the Credentials Committee will be held at least monthly and additionally on an ad hoc basis as the need arises.

The Credentials Committee reviews in detail all information pertaining to each Practitioner available at the time of its regular monthly meeting. Until the credentialing process is complete in accordance with the Medical Staff Credentialing Policy and the Medical Staff Bylaws, Practitioners will not be able to provide treatment to UPMC Pinnacle patients.

If an applicant for appointment meets the following criteria, his or her application for appointment may be considered for expedited application process:

- A. Completion of a successful interview with the department chairperson or Chief Medical Officer (if applicable).
- B. Meets the established criteria for the clinical privileges requested (if applicable).
- C. File is complete and all information and verifications required in Part A & B of the Initial Appointment/Credentialing Section of this policy contain favorable evaluations.
- D. No unexplained gaps in training or work experience since matriculation from medical school.
- E. No pending or past investigations or reports of disciplinary action from the National Practitioner Data Bank or any licensing agency.
- F. File contains no other red flags e.g., frequent job changes or excessive claims activity.

The Chairperson of the Credentials Committee or designee, acting for the committee as a whole, shall review the report from the department chairperson together with the appointment file. The Chairperson

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

of the Credentials Committee or designee shall determine whether the applicant meets all of the necessary qualifications for appointment and for the clinical privileges requested, if applicable. The Chairperson of the Credentials Committee or designee may obtain the assistance of one or more of the members of the Credentials Committee during the course of the Chairperson's review.

After completion of the review, the Chairperson of the Credentials Committee or designee shall present the applicant's name at the next scheduled Credentials Committee as having met the criteria for Expedited Application processing. This will be presented as information and forwarded to the next scheduled meeting of the Medical Executive Committee.

Hospital membership and privileging remains the responsibility of the Medical Staff Executive Committee. As per the Medical Staff Bylaws, the Board of Directors may, in whole or in part, adopt or reject the recommendation of the Medical Staff Executive Committee, or refer the recommendation back to the Medical Staff Executive Committee for further consideration, stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made.

SCOPE

All Medical Staff members and Allied Health Professionals who are employed or otherwise appointed to the UPMC Pinnacle Medical/Allied Health Staff will be credentialed prior to appointment and recertified at least every two (2) years.

CONFIDENTIALITY

Information acquired through the credentialing/recertification process is considered confidential. All individuals with file access shall make certain that all credentialing/recertification information remains confidential, except as otherwise provided by law. When a law enforcement agency or other government agency seeks Practitioner credentials information, Legal Counsel will be consulted prior to release of any information.

Absent a written, signed and dated consent of release by the Practitioner, disclosure of any information obtained through the credentialing/recertification process is prohibited, except as required by law. Such written consent to release this information shall be valid for no more than six (6) months. Practitioner credentialing information supplied to the UPMC Pinnacle Corporate Contact Center and/or patients for the purpose of selecting a provider of health care shall include only the following information: name, foreign/sign language capabilities, specialty, specialty board certification/eligibility, education/training, hospital affiliation(s), office address/phone number and years in practice. Under no circumstances will information regarding a Practitioner's age, race, marital status, home address/phone number or malpractice claims history be released to a patient.

In order to maintain the confidentiality of information obtained during the credentialing process, all such information is secured in Physician and Practitioner Services. Physician and Practitioner Services personnel have access to the files, which remain behind locked doors or electronically stored when Office personnel are not present. The Physician and Practitioner services office also maintains an electronic database to support credentialing information and functions. A limited number of UPMC Pinnacle employees have access to the database for modification

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

and/or viewing privileges and are granted the level of access required to appropriately perform their jobs. The Manager and Supervisor of Physician and Practitioner Services is the Administrator of the database and the only individual who has the authority to approve and/or modify the level of security access granted to each user.

All members of the Credentials Committee are required to sign a Confidentiality Agreement prior to having access to credentialing information. Pursuant to the Agreement, all members shall not discuss or in any way disclose the information reviewed during the course of their membership on the Committee to any entity or person outside of the Committee.

NONDISCRIMINATION

Practitioners who wish to be considered for employment and/or Medical Staff membership or Allied Health Staff clinical privileges must first meet the basic qualifications set forth in the Medical Staff Bylaws. Pursuant to UPMC Pinnacle's Medical Staff Bylaws Ethics and Nondiscrimination policies executed by all Credentials Committee members prior to the performance of their duties, all Practitioners who meet the applicable basic qualifications will be credentialed without regard to race, color, religious creed, ancestry, gender, age, marital status, sexual orientation, national origin, type of procedure or patient in which the practitioner specializes, qualified handicap or disability, unless such disability adversely affects the ability of the Practitioner to afford quality healthcare to patients; health care professionals who serve high risk populations or who specialize in treating costly conditions or any other characteristic protected by state, federal or local law.

To further preclude even the potential of any discriminatory practice, the Credentials Committee membership is comprised of a diverse Practitioner specialty mix, consisting of representatives from the departments of Anesthesiology, Cardiovascular Services, Emergency Medicine, Family Practice, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Orthopedics, Radiology and Surgery. Also, the Manager and Supervisor of Physician and Practitioner Services and legal counsel reviews all practitioner complaints with regard to the credentialing/recredentialing process to determine whether discrimination is alleged.

INITIAL APPOINTMENT/CREDENTIALING

The respective duties and obligations of each of the individuals and committees involved in the credentialing process are as follows.

- A. Practitioner:** The Practitioner requests and subsequently submits a completed signed and dated release of information form; clinical privilege form, if applicable to the position; together with the following current information:
1. Provide documentation of PA State licensure;
 2. Provide documentation of Drug Enforcement Agency (DEA) or CDS, if applicable, in all states in which the practitioner practices, or a signed DEA waiver;
 3. Proof of current professional liability insurance (such certificate shall include the dates and amounts of coverage together with the policy number). For practitioners practicing in the Commonwealth of Pennsylvania, proof of current professional liability insurance in accordance with the requirements and amounts set by State Law;

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

4. Educational Council for Foreign Medical Graduates (ECFMG) certificate, if applicable;
5. Provide documentation of prior liability insurance and detailed explanation of all professional liability claims, open and closed, whether or not formal litigation was or has been commenced, including the caption of each claim that was or is currently in formal litigation; date of occurrence of the incident upon which the claim is based; explanation of the claim(s) stated against you and current disposition, including the dollar amount of any settlement or judgment paid on your behalf;
6. Curriculum vitae (to document a complete work history, including current);
7. Copies of Medical School diploma, Residency/Fellowship Certificate, Board Certifications and any other pertinent licensure information.
8. Practice Agreement /Collaborative Agreement, with State approval, when applicable

The application form shall include an attestation of completeness/correctness, authorization for release of information, and statements regarding: (i) reasons for inability to perform job functions; (ii) lack of present illegal drug use; (iii) history of loss of license; (iv) history of felony convictions; (v) history of loss or limitation to clinical privileges; (vi) history of any disciplinary actions; (vii) current malpractice insurance coverage and (viii) sanctions by State, with restrictions on licensure/practice; (ix) Medicare/Medical Assistance or any government participation (x) meets current CME requirements as required by the applicable Pennsylvania State Licensing Board(s).

The hospital will verify that the applicant requesting approval is the same practitioner identified in the credentialing documents. Valid methods of identification include ID issued by a state or federal agency (e.g. driver's license or passport). Identification must be verified before the practitioner is issued a Hospital ID badge and before beginning clinical activities.

- B. Physician and Practitioner Services:** All applications are reviewed for completeness. Incomplete applications will be returned to the Practitioner for completion. All complete applications will be dated and initialed upon receipt.

Written primary source verification of the following information is obtained from the sources indicated or from sources otherwise acceptable by any Joint Commission, National Committee for Quality Assurance, or Department of Health primary source, as applicable and as provided in their credentialing standards. Verifications may be made over the internet or telephone as necessary for timely processing of applications. When telephone or internet verifications are necessary, such verifications will specify the source, date, and the source representative who verified the data and must include the signature or initials of the person who verified the information. Electronic verifications will be dated and initialed and documented accordingly in the credentials file. A checklist is created in the credentialing database summarizing verification sources, verification dates, report date and initials or signature of person verifying file.

1. PA License: Licensure board(s) indicating the Practitioner has a current/valid, unrestricted license in good standing to practice in the Commonwealth of Pennsylvania;

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

2. Clinical Privileges: From primary admitting facilities that clinical privileges are/were current and in good standing without any restrictions or, if no current clinical privileges, written documentation of inpatient coverage arrangements;
3. DEA Certificate: Copy of current, unrestricted certificate or confirmation from DEA Office in Philadelphia that the unrestricted certificate has been issued. Such confirmation will include the certificate number, the date issued, and registered in the state of primary practice (e.g. Pennsylvania). If the Practitioner has not been issued a valid DEA certificate at the time of appointment, a current active attending Physician must provide coverage to write all prescriptions requiring a DEA number for the prescribing Practitioner until such time as the Practitioner has been issued a valid DEA certificate;
4. Malpractice Claims History: Query the National Practitioner Data Bank (NPDB) in accordance with the Health Care Quality Improvement Act of 1986, and primary insurance carrier(s).

Organization may utilize Proactive Disclosure Services (PDS) of the National Practitioner Data Bank for verification of malpractice history, initial sanction information, ongoing monitoring, recredentialing and limitations on licensure and sanction information. UPMC Pinnacle determines the method of documentation used in the credentialing/recredentialing process that said practitioner was registered in the PDS.

5. Board Certification: As applicable, but at a minimum at appointment and time of expiration/recertification, board certification will be verified for physicians and allied health staff members as provided through available resources such as:
 - Board Certified Docs;
 - Podiatrists: Podiatric specialty board or entry in a podiatry specialty board master file;
 - Physician Assistants: National Commission on Certification of Physician Assistants (NCCPA)
 - Certified Registered Nurse Practitioners: American Nurses Credentialing Center or the American Academy of Nurse Practitioners
 - Certified Registered Nurse Anesthetists: National Board of Certification & Recertification for Nurse Anesthetists
6. Education and Training:
 - a. Verification of medical school, graduation, internship, residency, and fellowship training from any of the following sources:
 - Medical School; and
 - Internship, residency and fellowship – training program directors
 - AMA Fifth Pathway Program
 - b. Foreign Graduates:
 - Education Commission for Foreign Medical Graduates (ECFMG)

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

- c. Dentists/Oral Surgeons:
 - Dental school; and
 - Residency training program director.
- d. Podiatrists:
 - Podiatric school; and
 - Residency training program director.
- e. Other Practitioners (including advanced practice clinicians)
Completion of education and training from the following sources:
 - Professional school; and
 - Training program director, if applicable.
7. Malpractice Coverage: Professional liability insurance carrier.
8. Federation of State Medical Boards of the United States: All MD,s, DO's and PA-C's will be queried through the FSMB.
9. Sanctions/Limitations on Licensure and Sanctions by Medicare/Medical Assistance and Patient Complaints: Query the appropriate state agencies or licensure boards and other acceptable primary source verification sources such as NPDB, OIG reports, Medichex, SAM/Excluded Parties List System (System for Award Management);
10. Medicare Opt Out: As per UPMC Pinnacle employment contracts, Medicare Opt Out is not permitted. Physician and Practitioner Services queries the Medicare Opt Out Lists and a copy of the verification document is included in the provider file. During initial appointment / credentialing, Physician and Practitioner Services Department verifies enrollment or initiates initial enrollment with Medicare and a copy of the Medicare Welcome letter is kept in the provider's electronic file. Ongoing monitoring of Medicare Opt Out shall occur on a continuous basis (at least monthly) by reviewing the Medicare Opt Out Lists.
11. Ongoing monitoring of complaints and adverse events shall occur on a continuous basis (at least monthly) through Pennsylvania State Board Licensing Sanction Reports, patient complaints and others, as applicable. Ongoing monitoring of sanctions for Medicare/Medicaid shall occur on a continuous basis through Medicare Opt Out monitoring and OIG reporting, SAM/EPLS, Pennsylvania Department of Public Welfare reports reviewed by the UPMC Pinnacle Corporate Compliance Office. Adverse information or the identification of quality of care concerns will immediately be reported to medical staff leadership and the appropriate actions taken in accordance with the Medical Staff Bylaws.
12. Work History: Documentation of at least five (5) years uninterrupted work history will be gathered on the application and/or curriculum vitae including beginning and ending month and year for each entry. Any gap exceeding three (3) months will require a written and signed explanation from the applicant which will be documented in the credentials file.
13. For all new staff employed by the UPMC Pinnacle, background verifications and drug testing will be conducted through an agency designated by the UPMC Pinnacle

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

Human Resources Department in accordance with policies and procedures.

14. Verification of National Provider Identification (NPI) #
15. Verification of Medicaid ID #
16. Query of the Death Master Query to meet the CMS Medical Program Integrity Toolkit to Address Frequent Findings 42 CFR 455.436 requirement, "The Social Security Administration's Death Master File (SSADMf) must be searched at the time of initial and reappointment credentialing to ensure that Medicaid is not being billed in the name of a deceased provider." Physician and Practitioner Services will verify this requirement is met using a third-party (Verisys).

NOTE: 1-9 above are necessary to comply with National Committee for Quality Assurance standards; however, all Practitioners seeking Medical Staff membership or Allied Health Staff clinical privileges may have additional primary source verifications completed to meet The Joint Commission and the Department of Health standards, as applicable (i.e. training, peer references, etc) as outlined in the Medical Staff Credentialing Policy.

Practitioner has the right, upon request, to be informed of the status of their application.

Practitioners have the right to review information obtained in support of their credentialing/recredentialing application, except information that is peer review protected, such as peer references. If the practitioner would like to review information from outside sources, that practitioner must specify which information he/she would like to review and fax their request to Physician & Practitioner Services. The request will be presented to the Chief Medical Officer and UPMC Pinnacle legal counsel for review and approval prior to the release of any information.

Any information obtained during the credentialing process that varies substantially from information supplied to UPMC Pinnacle by the Practitioner will be conveyed in writing to the Practitioner within a reasonable period of time, not to exceed thirty (30) calendar days. The Practitioner will have the right to explain and/or correct any erroneous information in writing within 30 calendar days. All discrepancies are documented until an appropriate response is received from the Practitioner. Such explanations/corrections to discrepancies should be sent to: Physician and Practitioner Services, 409 South 2nd Street, Suite 2F, Harrisburg, PA 17104. When necessary, explanations/corrections can be provided to Physician and Practitioner Services via telephone or electronic mail. These explanations/corrections from Practitioners will be maintained as a permanent part of the credentials file.

Notification of Practitioners Rights – These rights are outlined in the initial and reappointment applications. Practitioners are also provided a copy of the Policy, Delegated Credentialing-Recredentialing during the initial and reappointment processes.

Upon completion of the credentialing process the Practitioner's credentialing information will be presented to the Credentials Committee for review. Credentialing information including the application and all primary source verifications for Practitioners shall not be older than 180 days at the time of Credentials Committee review. If Physician and Practitioner Services, within the 180-day timeframe, cannot obtain the required primary source information, the Practitioner shall be required to sign and date a copy of his/her original application re-attesting to its accuracy and completeness.

Medical and Allied Health Staff clinical privileges requests will be forwarded for review

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

and approval by the appropriate departmental chair/section chief with the Initial Appointment Interview form/Reappointment form. Clinical Privileges will be reviewed and recommended for approval by the Credentials Committee, Medical Staff Executive Committee and provided to the Board of Directors for final approval as outlined in the Medical Staff Bylaws.

- C. Credentials Committee:** The Credentials Committee will review in detail all adverse credentialing information supplied by Practitioner or obtained by Physician and Practitioner Services through the credentialing process including, but not limited to, malpractice claims history, peer references, training program director comments, gaps in training/work history and actions against licensure or privileges and Medicare-Medical Assistance sanctions/suspensions. The Credentials Committee is responsible for making decisions to approve/disapprove or recommend credentialing/appointment in accordance with the procedures in the Medical Staff Bylaws. The Credentials Committee may decide to defer making a decision/recommendation until additional information and/or documentation is obtained. When a decision/recommendation is deferred, a member of the Credentials Committee will take responsibility to obtain the necessary additional information/documentation prior to the next meeting of the Credentials Committee.

The Credentials Committee will review malpractice information noting trends and/or significant aspects of each case as one measurement to assess competency.

- D. Physician and Practitioner Services:** The Physician and Practitioner Services department will correspond with all Practitioners regarding credentialing/appointment decisions of the Credentials Committee within 10 calendar days. Denial of / adverse recommendations of credentials approval will be forwarded to the Medical Executive Committee, the Quality and Safety Committee and the Board of Directors for further review/action. The reason for denial or adverse recommendations will be detailed in a letter signed by the Chairman of the Board or designee and shall include notification in writing of the appropriate appeals process together with rationale for the denial decision.

Physician and Practitioner Services will also:

1. Distribute a listing via email of Credentials Committee determinations to all appropriate departments and third party payors who maintain contracted/delegated credentialing arrangements with UPMC Pinnacle.

- E. Medical Executive Committee:** The Medical Executive Committee will review the initial credentialing decision of the Credentials Committee and provide recommendations for final decision for Medical Staff membership or Allied Health Staff clinical privileges by the Board of Directors.
- F. Board of Directors:** The Board of Directors will review the recommendations of the Medical Staff Executive Committee and make final decisions regarding Medical Staff membership or Allied Health Staff clinical privileging credentialing/appointment.

REAPPOINTMENT/RECREREDENTIALING:

All UPMC Pinnacle Practitioners are recredentialed and reappointed at least every two years. Recredentialing can also be performed on an ad hoc basis if deemed medically or administratively necessary or as required by Medical Staff Bylaws for changes in hospital clinical

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

privileges. The recredentialing process consists of the collection, verification and analysis of information with respect to the period of time from initial appointment to the time the Practitioner is being considered for reappointment, and at least every two years thereafter. As applicable, Practitioner performance with respect to utilization, quality management, patient satisfaction and/or complaints together with hospital medical record completion, blood/tissue review, and infection control results are an integral part of the Ongoing Professional Practice Evaluation and will be considered during the recredentialing review for reappointment.

- A. Physician and Practitioner Services:** No less than 60 (sixty) days prior to the expiration of the initial appointment/last reappointment cycle of all Practitioners, Practitioners will receive reappointment data sheets and consents for release of information together with new hospital privilege forms, where appropriate. All Practitioners applying for reappointment must complete the reappointment forms and return them Physician and Practitioner Services.

A reminder email / final notice will be sent to the Practitioner advising them that failure to return the completed reappointment packet will result in automatic termination effective the date the current appointment cycle ends.

- B. Practitioner:** Practitioners requesting renewed or new clinical privileges in conjunction with biennial reappointment are required to submit reasonable evidence of ability to perform the privileges being requested. Practitioner has the right, upon request, to be informed of the status of their application.

- C. Physician and Practitioner Services:** The recredentialing process includes reverification through primary sources of any applicable items listed in the Initial Appointment/Credentialing Section, above.

Any information obtained during the recredentialing process that varies substantially from the information supplied by the Practitioner will be conveyed in writing to the Practitioner within a reasonable time frame, not to exceed thirty (30) calendar days. The Practitioner will have the right to explain and/or correct any erroneous information in writing within 30 calendar days in accordance with the procedure outlined in Section B. of the Initial Appointment/Credentialing Section, above.

Physician and Practitioner Services provides complete recredentialing information for presentation to Credentials Committee, Medical Executive Committee and Board of Directors, as appropriate. Clinical Privileges will be renewed, revoked or revised by the appropriate hospital governing body.

- D. Physician and Practitioner Services:** Upon completion of the recredentialing process and satisfactory review of applicable quality data, the Department Chairman and where appropriate, Division Chief, recommends either reappointment or termination, and the granting of clinical privileges. The Practitioner's recredentialing information will then be presented to the Credentials Committee for review.
- E. Credentials Committee:** The Credentials Committee will review in detail all adverse credentialing information supplied by Practitioner or obtained by Physician and Practitioner Services through the credentialing process including, but not limited to, malpractice claims history, peer references, training program director comments, gaps in training/work history and

UPMC PINNACLE

PROVIDER ENROLLMENT CREDENTIALING POLICIES AND PROCEDURES

actions against licensure or privileges and Medicare-Medical Assistance sanctions/suspensions. The Credentials Committee is responsible for making decisions to approve/disapprove or recommend credentialing/appointment in accordance with the procedures in the Medical Staff Bylaws. The Credentials Committee may decide to defer making a decision/recommendation until additional information and/or documentation is obtained. When a decision/recommendation is deferred, a member of the Credentials Committee will take responsibility to obtain the necessary additional information/documentation prior to the next meeting of the Credentials Committee.

- F. **Medical Executive Committee:** The Medical Executive Committee will review the initial credentialing decision of the Credentials Committee and provide recommendations for final decision for Medical Staff membership or Allied Health Staff clinical privileges by the Board of Directors.
- G. **Board of Directors:** The Board of Directors will review the recommendations of the Medical Staff Executive Committee and make final decisions regarding Medical Staff membership or Allied Health Staff clinical privileging credentialing/appointment.
- H. **Reporting:** Serious quality deficiencies resulting in Practitioner's suspension, termination or limitation of privileges will be reported to the appropriate authorities in accordance with the procedures outlined in the National Practitioner Data Bank Guidebook and to the appropriate licensing board(s) as required by law.

APPROVALS: Credentials Committee: April 17, 2013

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February 15, 2017

April 19, 2017

September 20, 2017