

**SHANDS HEALTHCARE NETWORK**

**POLICY ON INITIAL AND RENEWED  
PARTICIPATION IN THE SHANDS HEALTHCARE  
NETWORK**

Approved by Credentials Committee 5/12/03

**Adopted by Shands Teaching Hospital and Clinics, Inc.  
Board of Directors**

## **SHANDS HEALTHCARE NETWORK**

### **POLICY ON INITIAL AND RENEWED PARTICIPATION IN THE SHANDS HEALTHCARE NETWORK**

#### **Foreword**

The Shands HealthCare Network (hereafter, "Network"), offers purchasers a single point of access to a provider network which includes a comprehensive array of health care resources. Shands HealthCare shall credential those providers identified in Article II of this Policy and shall not delegate the credentialing of these providers.

The Network shall include medical physicians, osteopathic physicians, dentists, podiatrists, and other independent health care professionals and physician extenders approved by the Board for participation in the Network and who have fully-executed agreements, except as stated in Article IV, Section 1. All members of the Network shall be subject to the Network policies and procedures, and are subject to review as part by quality assurance/improvement and utilization management programs, as applicable.

#### **ARTICLE I**

##### **DEFINITIONS**

The following definitions shall apply to terms in this Policy:

- (1) "Medical Director": the chief medical officer for the Shands HealthCare Network.
- (2) "Board": the Board of Directors of Shands HealthCare.
- (3) "Network": the medical and osteopathic physicians, dentists, podiatrists, and allied health professionals who are approved by the Board for participation in the Shands HealthCare Network.
- (4) "Credentials Committee": the standing committee established by the Board to review and act upon applications and reapplications for participation in the Network and conduct professional review of its providers.
- (5) "Medical Staff": medical and osteopathic physicians, dentists, and podiatrists who have met the requirements of this policy and who have received approval by the Board to participate in the Network, and have a fully-executed agreement to participate.
- (6) "Physicians": doctors of both medicine and osteopathy.
- (7) "Independent Health Care Professional": an individual, other than a physician, dentist or podiatrist, who is certified or otherwise authorized in or by the State of

Florida to independently (*i.e.*, not subject to the supervision of another) provide health related services in an area of practice, profession or discipline that has been approved by the Board to participate in the Network, as delineated in the Shands HealthCare Network Guidelines for Allied Health Professionals.

- (8) "Physician Extender": an individual who is licensed, certified or otherwise authorized in or by the State of Florida to provide health-related services subject to the supervision of a physician, in an area of practice, profession or discipline that has been approved by the Board to participate in the Network as delineated in the Shands HealthCare Network Guidelines for Allied Health Professionals (*e.g.*, ARNP, PA, CRNA, CNM).
- (9) "Practitioner": unless otherwise indicated by context, a physician, dentist, podiatrist, independent health care professional or physician extender who is or is applying to be a participant in the Network.
- (10) "Professional Review Body": the Board or the Credentials Committee, or any other person/committee, as appropriate, which has the authority to make an adverse recommendation or take an adverse action against a practitioner when assisting the Board in a professional review activity.
- (11) "Chair": the Medical Staff member who serves as Chair of the Credentials Committee.
- (12) "Credentials Subcommittee": the standing subcommittee of the Credentials Committee established to review and make recommendations to the Credentials Committee regarding credentialing for participating independent health care professionals and physician extenders.
- (13) "Provider": any individual credentialed under this policy as a participant in the Network.
- (14) "Allied Health Professional": An independent health care professional or physician extender.

## **ARTICLE II - SCOPE**

This Policy shall provide for credentialing and recredentialing of allopathic physicians, osteopathic physicians, dentists, podiatrists, independent health care professionals, and physician extenders who make application or are approved for participation in the Network. Prior to being provided a pre-application, the specific category of health professional must be approved for inclusion in the Network by the Board. Those categories of allied health professionals currently approved as participating providers shall be delineated in the Shands HealthCare Network Guidelines for Allied Health Professionals.

## **ARTICLE III – NETWORK DESCRIPTION**

### **Section 1. Purpose**

The purpose of the Network shall be:

- (a) To provide the organizational structure through which the benefits of participation in the network may be obtained by individual Providers, and the fulfillment of the obligations of Network participation ensured.
- (b) To provide healthcare consumers and purchasers access to a comprehensive and quality network of healthcare providers.
- (c) To monitor and evaluate the appropriateness and quality of the professional services supplied by Providers through Network quality assurance/improvement and utilization management programs.

### **Section 2. Responsibilities**

The responsibilities of the Network shall be:

- (a) To develop and implement credentialing criteria for participation in the Network, and to periodically review and evaluate the professional conduct and competence of Providers.
- (b) To assess and evaluate the quality of patient care delivered by Providers.
- (c) To implement this Policy and recommend modifications when needed.

## **ARTICLE IV – NETWORK PARTICIPATION**

### **Section 1. Participation**

Credentialing to participate in the Network is a privilege that may be granted by the Board, upon recommendation of the Credentials Committee, to those allopathic physicians, osteopathic physicians, dentists, podiatrists, independent health care professionals and physician extenders who meet the credentialing standards and requirements set forth in this Policy. In addition, participation in the Network requires that the practitioner have a fully-executed Shands HealthCare Network Provider Participation Agreement, or in the case of a

physician extender, that the physician extender's supervising physician have a fully-executed Provider Participation Agreement. Participation in the Network shall be determined without regard to race, creed, sex, disability or national origin. All Providers shall be subject to Network policies and procedures, and are subject to review by quality assurance/improvement programs and utilization management programs, as applicable.

## **Section 2. Basic Responsibilities**

Each participant in the Network shall:

- (a) Provide continuity of care for his/her patients at the customary and generally recognized professional level of quality.
- (b) Abide by current Network and applicable payor policies and procedures.
- (c) Discharge such Network responsibilities and duties for which he/she is responsible by participation, election, or otherwise.
- (d) Prepare and complete, in a timely manner, the medical records and/or other documentation required in the usual course of patient care.
- (e) Abide by generally accepted professional ethical standards.
- (f) Maintain medical staff privileges in good standing at a hospital owned or operated by Shands Teaching Hospital and Clinics, Inc, unless waived by the Board.
- (g) Maintain usual and customary office hours, and arrange adequate after hours access for all patients receiving healthcare services arranged by the Network.
- (h) Notify the Network when a new member has joined the provider's group, to assure that all other providers in the applicant's medical group or clinic on-call network are evaluated for participation in the Network.
- (i) Conform to Network standards for on-site facility assessment of the participant's practice area and review of the participant's medical recordkeeping practices, in accordance with Network policies and procedures.
- (j) Maintain current participation as a Medicare/Medicaid provider, as appropriate, unless waived by the Board.

## **ARTICLE V – INITIAL PARTICIPATION**

### **PART A: QUALIFICATIONS FOR PARTICIPATION**

- A. Minimum Required Qualifications: Only physicians, dentists, podiatrists and allied health professionals who can document the following, as appropriate:

- Meet basic requirements set forth in Section IV (2) above may be considered for participation in the Network;
- Current, valid, unrestricted, Florida license or medical faculty certificate/dental faculty teaching permit;
- Current, valid Florida and Federal Drug Enforcement registration(s) (if required);
- Experience, education, training and judgment;
- Demonstrated clinical performance and current competence;
- Adherence to professional ethics and conduct ;
- Ability to care for patients safely and effectively;
- Reasonable communication skills;
- Professional liability insurance of a type and in an amount established by the Board;
- Completion of an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), American Podiatric Medical Association (APMA), or American Dental Association (ADA) approved residency;
- Clinical privileges in good standing at a hospital owned or operated by Shands Teaching Hospital and Clinics, Inc., unless waived by the Board;
- Practice in a specialty and geographic service location currently open to new membership;
- Lack of exclusion from participation as a Medicare or other federal program participating provider, and,
- Execution of a participation agreement in the form prescribed by the Network.

B. Waivers to the above may be granted only by the Board.

C. No practitioner shall be entitled to participate in the Shands HealthCare Network or to exercise particular privileges merely by virtue of licensure, certification by or membership in any professional organization, or privileges at any other healthcare organization.

## **PART B: TERM OF PARTICIPATION**

The privilege to participate in the Network shall be made by the Board, for a period not to exceed three years subject to terms of the Network Provider Agreement. The initial three year privilege is considered the Provisional Period, but review may occur sooner.

## **PART C: APPLICATION FOR INITIAL PARTICIPATION**

### **Section 1. Pre-application:**

A pre-application screening process shall be implemented to ascertain whether a practitioner meets the minimum objective criteria for participation as set forth in this Policy. Only those individuals shall be provided applications. Invitation to participate in the Network shall be contingent on the requirements of the Network, and the Network shall not be required to offer Network participation to all qualified applicants. The purpose for the pre-application screening process shall be to avoid the costly and time-consuming application process in those circumstances where an applicant fails to meet threshold qualifications.

## **Section 2. Application:**

The application for participation shall be submitted in writing on the prescribed form and signed by the applicant. The application shall include a request for the specific clinical specialty(ies) desired by the applicant. Only those specialties approved by the Board may be requested and shall require detailed information concerning the applicant's professional qualifications, including, at a minimum:

- (a) the names and complete addresses of at least four professionals who are familiar with the applicant's current clinical competency. Not more than one may be associated or about to be associated with the applicant in a professional practice. At least one reference shall be from the same professional and specialty area as the applicant; and none of the references may be related to the applicant;
- (b) the names and complete addresses of any and all hospitals or other healthcare institutions at which the applicant has ever worked or trained;
- (c) information as to whether there have been any previously successful or currently pending challenges which have or may result in any of the following being denied or voluntarily or involuntarily suspended, reduced, revoked, relinquished or withdrawn, or not renewed for any reason: membership status and/or clinical privileges at any hospital or healthcare institution; membership in local, state, or national professional organization; specialty Board Certification; license(s) to practice any profession in any jurisdiction; or Drug Enforcement Agency (DEA) Registration;
- (d) information as to whether the applicant has ever been subjected to any other disciplinary action by any of the institutions or agencies above, including, but not limited to, mandatory chart review, requirements for CME credits, probation (subsequent to initial probation period upon first application);
- (e) information regarding the applicant's current and past professional liability insurance coverage, the names of the insurance companies, and the amounts and classifications of such coverage;
- (f) information about whether any malpractice actions (including notice of intent), arbitrations, or other proceedings have ever been instituted against the applicant;
- (g) information about whether any professional liability carriers have ever denied, cancelled, limited, or not renewed the applicant's liability coverage;
- (h) information about whether the applicant has any physical or mental condition which would prevent her/him, with or without reasonable accommodation, from performing professional or medical practice duties required for the privileges requested;
- (i) information about whether the applicant has ever been reprimanded, censured, excluded, suspended, or disqualified by any private health insurance program, Medicare/Medicaid or other Federal health care programs;
- (j) information about whether the applicant's privileges have ever been limited, suspended,

revoked, or cancelled, either temporarily or permanently by any hospital or healthcare organization;

(k) information about whether the applicant has ever been convicted of a felony, or is presently under indictment for a felony;

(l) information about whether the applicant has ever engaged in the use of illegal drugs or any other substance that could impair the applicant's ability to perform his/her professional or medical practice duties;

(m) information about whether the applicant has ever been the subject of any investigation by a state license board, Medicare, Medicaid, hospital or managed care organization;

(n) a copy of the applicant's current license to practice in Florida;

(o) a copy of the applicant's DEA registration, if applicable;

(p) a copy of the applicant's current, dated Curriculum Vitae which reflects, at a minimum, all professional activity since degree awarded and all educational activities;

(q) a copy of the Educational Council for Foreign Medical Graduates (ECFMG) Certificate, if applicable;

(r) a copy of Board Certification or Board Admissibility letter, if applicable;

(s) a copy of the current certificate of liability coverage which indicates the effective dates, amount and coverage exclusions and identifies the applicant by name;

(t) the applicant's dated signature on the prescribed authorization and release form, as described in Article II, Section 4, "Undertakings", with such date being within 180 days of being presented to the Credentials Committee; and,

(u) such other information as the Board may require.

### **Section 3. Application Fee:**

An application fee may be required to help defray the costs of processing the application. Such fee shall be established by the Board.

### **Section 4. Undertakings:**

The following undertakings shall be applicable to every applicant and/or participant as a condition of consideration of such application for initial or renewed participation and as a condition of continued participation:

(a) an agreement to be bound by all policies, procedures of Shands HealthCare, and/or Shands HealthCare Network;

- (b) an acknowledgement of the right, upon request, to be informed of the status of the applicant's credentialing or recredentialing application;
- (c) an acknowledgement that the applicant has the burden of producing adequate information for a proper evaluation of the applicant's competence, character, ethics, health status and other qualifications and for resolving any questions about such qualifications;
- (d) an agreement to appear for an interview, if requested and acknowledgement that failure to produce requested information or appear for a requested interview will prevent the application from being evaluated and acted upon;
- (e) an agreement to undergo a physical and/or mental health examination at any time, at the request of the Credentials Committee or the Board. Such request shall be supported by a statement of reasons;
- (f) an attestation that the information in the application is true, complete and correct, and an agreement to notify Shands HealthCare, in writing and within thirty days, of any changes or additions to the information provided by the applicant;
- (g) an acknowledgement that as a condition of making an application, any misrepresentation, misstatement, or omission, may constitute cause for automatic and immediate rejection of the application, including acknowledgement that, in the event that approval has been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in immediate termination of participation;
- (h) a pledge to provide or arrange for the provision of continuous quality patient care for her/his patients if granted approval to participate in the Network;

Each applicant for initial or renewed participation shall specifically agree to these undertakings as part of the application.

### **Section 5. Burden of Providing Information:**

The applicant shall have the burden of providing adequate information for a proper evaluation of her/his competence, character, ethics, and other qualifications, and of resolving any questions about such qualifications, and the right to correct erroneous information not subject to peer review or other legal privilege. The applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct. Should information obtained during the verification process differ substantially from that provided by the practitioner, the practitioner shall be informed, in writing, of such discrepancies and shall be afforded the opportunity to explain and correct the original information provided. An application is not considered complete until all information requested by the Network has been received, including: an application form with all required responses provided; verification of all necessary information; adequate responses from references; and any other additional information deemed necessary and appropriate. It is the responsibility of the applicant to ensure that the application is complete. An application shall be deemed incomplete if at any time during the evaluation the need arises for new, additional, or clarifying information. An incomplete application will not be processed. An application shall be considered expired if not submitted to the Credentials Committee within 180

days of the date of the applicant's signature on the attestation and release form.

Should information provided in the application for initial participation or renewal change during the course of participation, the practitioner must provide notice of such change and sufficient information about such change for the Credentials Committee's review and assessment. At any time, the practitioner may review the information submitted by the practitioner in support of her/his application, not subject to peer review or other legal privilege. The applicant shall be allowed to review information obtained to evaluate the application that is not peer review protected or otherwise confidential.

### **Section 6. Authorization to Obtain Information:**

The following statements, which shall be included on the application form and which form a part of this policy, are express conditions applicable to any applicant, and/or any Network participant. By applying for initial Network participation, or renewal of participation, the applicant expressly accepts these conditions during the processing and consideration of his/her application, whether or not he/she is granted approval. This acceptance also applies during the time of any initial credentialing or recredentialing.

(a) Authorization to Obtain Information: The applicant shall specifically authorize Shands HealthCare to inspect all records and documents that may be material to evaluating the applicant's professional qualifications and competence to practice in the requested specialty, as well as the applicant's moral and ethical qualifications. The applicant shall specifically authorize Shands HealthCare and its authorized representatives to consult with any individual(s) and/or entities who may have information, including, but not limited to, otherwise privileged or confidential information, bearing on the professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on the satisfaction of the criteria for participation. The applicant shall specifically authorize said individual(s) and/or entities, which shall include but not be limited to: (1) insurance companies; (2) The National Practitioner Data Bank; (3) The Federation of State Medical Boards; (4) personal references; (5) specialty boards; (6) health care plans; (7) schools; (8) employers; (9) hospitals or facilities with which the applicant has been in association; (10) state licensing boards; (11) claims adjusters, attorneys or others who may have information regarding professional liability claims or lawsuits; and (12) residency training programs, to release said information to the facilities and/or programs of Shands HealthCare, upon request and receipt of a copy of the applicant's consent and release form.

(b) Immunity: The applicant shall specifically agree to release from any and all liability, to the fullest extent permitted by law, all individuals and organizations who provide information to Shands HealthCare in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for participation/renewal of participation, including otherwise privileged and confidential information, as regards the application and/or continued participation.

(c) Authorization to Release Information: The applicant shall specifically authorize Shands HealthCare to release information to managed care organizations with which Shands HealthCare may become affiliated and with which applicant desires to participate, and

release Shands HealthCare from any and all liability for providing information concerning the applicant's competence, ethics, character, and other qualifications for initial participation/renewal of participation, including otherwise privileged and confidential information, so long as such release of information is given without malice and in good faith.

The applicant shall authorize Shands HealthCare to disclose and make available to any Shands HealthCare hospital/facility/program to which the applicant has made or makes application, any and all information contained in her/his application and/or obtained as a result thereof.

## **PART D: PROCESSING APPLICATIONS**

### **Section 1. Credentialing Verification Department:**

Upon receipt of a completed application, the Credentialing Verification Department shall verify the information provided with the primary source of the information, including, but not limited to the following, in accordance with both the methods and timeframes prescribed by NCQA and JCAHO Standards:

- Current valid license to practice;
- A valid DEA registration, as applicable;
- Education and training related to the specialty requested;
- Board Certification if the practitioner states on the application that s/he is Board Certified;
- Work history;
- History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner;
- Status of clinical privileges at the Shands HealthCare participating hospital designated by the practitioner as the primary admitting facility, as applicable, and;
- Current, adequate, malpractice insurance.

In addition, the following information shall be acquired prior to Credentials Committee review and within the timeframes established by NCQA and JCAHO Standards:

- Acceptable site evaluation of the office practice site of all primary care practitioners, obstetrician-gynecologists, and high-volume behavioral health care practitioners;
- National Practitioner Data Bank, if applicable;
- Information regarding sanctions or limitations on licensure, as applicable, and;

- Sanction activity by Medicare/Medicaid and other Federal healthcare programs.

When all verifications have been received, following the procedures outlined in the “Medical Staff Credentialing Policy and Procedure for Primary Verification of Initial Application for Participation in the Shands HealthCare Network” or the “Allied Health Credentialing Policy and Procedure for Primary Verification of Initial Application for Participation in the Shands HealthCare Network”, and are within the allowable verification time limits as defined by the NCQA, the application shall be submitted to the next-scheduled Credentials Committee meeting for review. Upon request, the applicant shall be informed of the status of her/his application.

## **Section 2. Credentials Committee:**

The Credentials Committee shall review the application, the supporting documentation, recommendations, evidence of adherence to accepted professional ethical standards and behavior, and such other information available that may be relevant to consideration of the applicant's qualifications for participation and specialty requested.

(a) If a recommendation is favorable to the applicant, the recommendation shall be forwarded to the Board for final action. Upon a positive recommendation by the Credentials Committee and full execution of a Network participation agreement, applicants may be submitted to managed care organizations as participants in the Network, pending final approval by the Board. All recommendations to approve participation must also recommend the specific clinical specialty to be granted.

(b) If an adverse recommendation is made, either with respect to participation or the scope of services, the reason for such recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the Credentials Committee, all of which shall be forwarded to the Medical Director or his/her designee. The Medical Director or her/his designee shall promptly notify the applicant, by hand delivery or certified mail, return receipt requested, of the proposed adverse recommendation and of the applicant's right to a hearing, if any, in accordance with the Fair Hearing procedure set forth in Article VII.

(c) If the applicant waives her/his right to a hearing, or does not have such right pursuant to Article VII, the Medical Director or her/his designee shall forward the Credentials Committee's recommendation with supporting documentation to the Board for final action. If the applicant exercises her/his right to a hearing, the Credentials Committee may reconsider its adverse recommendation after receiving the Hearing Panel report and recommendation. The Credentials Committee shall forward its final recommendation to the Board for final action.

## **Section 4: Deferral:**

When the recommendation of the Credentials Committee is to defer the application for further consideration, the applicant shall be notified of the reason for deferral by hand delivery or certified

mail, return receipt requested. The committee must make a subsequent recommendation within 60 days.

**Section 5: Board Approval:**

The Board of Directors has final responsibility for approval or disapproval of all applications for participation, continued participation, and/or approved specialty. Notification of the Board's decision shall be sent to the applicant, in writing, within 60 calendar days. Such approval shall not automatically activate the applicant's participation in the Network if the applicant has not executed a participation agreement in the form prescribed by the Network. Adverse decisions shall be sent by certified mail, return receipt requested.

**Section 6: Time for Final Action:**

Once received from the applicant, a completed application must be acted upon by the Credentials Committee and the Board within 90 days, unless the process has been delayed by a hearing or unless otherwise waived by the Board for good cause.

**PART D: PARTICIPATION PRIOR TO RESIDENCY COMPLETION**

In order to avoid undue hardship on the applicant, processing of an application prior to the completion of residency training may be warranted. In such cases, participation shall be contingent upon final documentation of residency completion.

**ARTICLE VI - SPECIALTY DESIGNATION**

**Section 1. General:**

Each individual who has been approved for participation in the Network shall be entitled to practice only those specialty(ies) specifically approved by the Board. The specialty recommended to the Board shall be based upon the applicant's education, training, experience, demonstrated current competence and ability to perform within that specialty. The applicant shall have the burden of establishing her/his qualifications for and competence to practice within the requested specialty.

**Section 2. Application for Changes in Specialty:**

Whenever, during the term of an Network participation, an individual desires to practice in additional or different specialties, s/he shall make the request in writing, stating in detail the specific additional specialties desired and the participant's relevant recent training and experience which justify such additional specialty designations. The request will be processed in the same manner as an application for initial Network participation.

**Section 3. Request for Temporary Privileges:**

Temporary privileges to participate in the Network shall not be granted. Only participants who have been reviewed and recommended for participation by the Credentials Committee shall be submitted to managed care plans as participating providers.

## **ARTICLE VII - RECREDENTIALING FOR NETWORK PARTICIPATION**

### **PART A. Application:**

Each practitioner who wishes to renew his/her privileges in the Network shall be responsible for returning a completed participation renewal application meeting those requirements specified in Article V, Part C, accompanied by all required supporting documents, by a specified deadline. Failure to submit an application by the requested deadline may result in automatic expiration of participation and termination from the Network, if insufficient time is remaining in which to process the application before current participation expires. In applying for renewal of participation, the practitioner shall have the burden of producing adequate information to assure that s/he continues to meet those criteria outlined in Article V of this Policy. If granted by the Board, renewal of participation shall be for a period not to exceed two years.

### **PART B. Factors to be Considered:**

Each recommendation concerning renewal of Network participation, where applicable, shall be based, in part, upon the participants:

- (a) ethical behavior, current clinical competence, clinical judgment and quality of care in the treatment of patients;
- (b) compliance with applicable Shands HealthCare bylaws, policies and procedures;
- (c) professional behavior, cooperation with personnel as it relates to patient care or the orderly operation of the Network, and general attitude toward patients, the Shands HealthCare Network and its personnel;
- (d) ability to perform the specialty requested;
- (e) satisfactory completion of continuing education requirements related to the individual's specialty; and,
- (f) any other findings relevant to the practitioner's competence and ability to perform her/his professional duties and responsibilities.

### **PART C. PROCESSING APPLICATIONS:**

#### **Section 1. Credentialing Verification Department:**

Upon receipt of a completed application for renewal of Network participation, the Credentialing Verification Department shall verify the information provided with the primary source of the information, including, but not limited to the following, in accordance with NCQA and JCAHO Standards:

- Current, valid license to practice;

- A valid DEA registration, as applicable;
- Board Certification, if the practitioner states that he/she is Board Certified;
- History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner;
- Status of clinical privileges at hospital designated as primary admitting facility, as applicable;
- Current, adequate, malpractice insurance;
- National Practitioner Data Bank, if applicable;
- Information regarding sanctions or limitations on licensure, as applicable; and,
- Previous sanction activity by Medicare, Medicaid and other Federal health care program exclusions

In addition, Shands HealthCare shall request from any managed care plan delegating credentialing to Shands HealthCare, the following information for primary care practitioners and high-volume behavioral health care practitioners, which shall be included in the renewal application:

- Member complaints;
- Information from quality improvement activities.

When all verifications have been received and are within the allowable verification time limits as defined by the NCQA, the application shall be submitted to the next-scheduled Credentials Committee meeting for review.

**Section 2. Credentials Committee:**

The completed application and supporting documents shall be forwarded to the Credentials Committee for evaluation of the practitioner's continued qualifications based on meeting the essential requirements of Article IV & V, demonstrated competence, professional performance, judgment, and clinical/technical skills, as indicated by quality monitoring and evaluation activities and other reasonable indicators of continuing qualifications acquired from managed care organizations of the individual's ability to perform the within the specialty granted. Upon completion of the Credentials Committee review, the procedure provided in Article V, Part D (Processing Applications) shall be followed.

**ARTICLE VIII - LEAVE OF ABSENCE**

Persons who plan to take a leave of absence from participation in the Network must notify the Network to permit evaluation of continuing privileging status and participation agreement.

## **ARTICLE IX – CORRECTIVE ACTIONS**

### **Section 1. Summary Suspension of Participation Prior to Investigation:**

(a) The Medical Director, the chair of the Credentials Committee, or the Chair of the Board shall each have the authority to summarily suspend or restrict all or any portion of the participation of a Network participant upon a reasonable belief that failure to take such action may result in imminent danger to the health and/or safety of any individual. Such suspension shall be deemed an interim precautionary step in the professional review activity and shall not imply a final finding of responsibility for the situation that prompted the suspension.

(b) Any individual who exercises authority under subsection (a) to summarily suspend Network participation must immediately report this action in writing to the Medical Director. Such summary suspension shall become effective immediately upon imposition and remain in effect unless or until modified by the Medical Director or the Board.

(c) The Medical Director shall initiate an investigation of the matter prompting the summary suspension in accordance with Section 4 of this Article. Such investigation must be completed within 14 days of the suspension or reasons for the delay shall be transmitted to the Board so that it may consider, as soon as practicable, whether the suspension should be lifted prior to its completion. If the suspension is for concerns regarding practice within a Shands HealthCare facility, the facility investigation may serve as the Network investigation.

(d) Immediately upon the imposition of a summary suspension, the practitioner shall take all necessary action to ensure that s/he effects the summary suspension with respect to Network patients including, as necessary, transfer the care of the suspended member's patients to another Network participant. In making such a transfer, the wishes of the patient shall be considered whenever possible. The Network may notify appropriate managed care plans of such suspension, in accordance with its contractual obligation, or if deemed necessary to ensure enforcement of the suspension.

### **Section 2. Grounds for Initiating an Investigation:**

Whenever, on the basis of information and belief, those individuals exercising authority under Section 1(a), or a majority of the Credentials Committee, has cause to question:

(a) the clinical competence of any Network participant;

(b) the care or treatment of a patient or patients or management of a case by any Network participant;

(c) the conduct of any Network participant with regards to applicable ethical standards or a violation of applicable bylaws, policies, procedures, rules or regulations of Shands HealthCare or the Shands HealthCare Network, including, but not limited to any Shands HealthCare or payor quality improvement, risk management, and utilization review programs; or

(d) the conduct of any Network participant that may be considered lower than the standards of the Network or disruptive to the orderly operation of the Network,

a written request for an investigation of the matter shall be addressed to the Medical Director, making specific reference to the incident(s), activity(ies) or conduct that constitutes the basis for the request. The Medical Director shall determine the need for further action in accordance with the investigation procedures outlined in this Article. Nothing in this Article is meant to restrict the ability of any medical review or peer review committee to conduct a review or informal investigation of a participant's practice in connection with such committee's quality improvement and/or assurance responsibilities.

### **Section 3. Suspension of Participation During Investigation:**

(a) At any time during an investigation, the Medical Director or Credentials Committee, may suspend participation of the participant being investigated whenever failure to take such actions may result in an imminent danger to the health and/or safety of any individual. This suspension shall be deemed to be administrative in nature and does not indicate the validity of the charges.

(b) The suspension shall become effective immediately upon imposition and remain in effect unless or until modified by the Board. If such a suspension is placed into effect, the investigation must be completed within 21 days of the suspension, or reasons for the delay shall be transmitted to the Board so that it may consider whether the suspension should be lifted prior to completion of the investigation.

### **Section 4. Investigative Procedure:**

If, after receiving the request for investigation, the Medical Director determines:

(a) the request for investigation contains sufficient information to support a recommendation, s/he shall, in concert with the Credentials Committee, make a recommendation for action to the Board, with or without a personal interview with the participant; or

(b) the request for investigation does not contain sufficient information to support a recommendation, the Medical Director shall immediately appoint an Ad Hoc Investigating Committee.

(1) An Ad Hoc Investigating Committee shall consist of up to three practitioners, any of whom may or may not be participants in the Network. If possible, this committee shall not include partners, associates, or relatives of the subject of the investigation, nor practitioners in direct economic competition with the subject of the investigation.

(2) The investigating committee shall have available to it the full resources of the Shands HealthCare Network to aid in its work, as well as the authority to use outside consultants as required.

(3) The investigating committee may require a physical and/or mental examination of the member by a physician(s) satisfactory to the committee and that the results of such examination be made available for the committee's consideration.

(4) The subject of the investigation shall have an opportunity to meet with the investigating committee before it makes its report. At this meeting (but not, as a matter of right, in advance of it) the participant shall be informed of the general nature of the evidence supporting the investigation and shall be invited to discuss, explain or refute it. The proceedings of an investigating committee are considered an administrative matter and not an adversarial proceeding. This interview does not constitute a hearing, and none of the procedural rules provided in this Policy with respect to hearings, including the right to have legal counsel present, apply. A summary of such interview shall be made by the investigating committee and included with its report to the Credentials Committee.

(5) The investigating committee shall make a report of the evidence and its findings to the Credentials Committee. A recommendation for appropriate action shall be made to the Board, in accordance with Section 5.

**Section 5. Recommendations for Corrective Actions:**

(a) In acting after the investigation, the Credentials Committee may recommend:

- (1) that no action is justified;
- (2) issuance of a written warning;
- (3) issuance of a letter of reprimand;
- (4) probation;
- (5) a requirement for consultation;
- (6) reduction in level of credentialing;
- (7) suspension of credentialing for a term;
- (8) revocation of credentials; or
- (9) such other recommendations as it deem necessary or appropriate.

(b) If the recommendation of the Credentials Committee would entitle the affected member to a hearing in accordance with Article VII, the recommendation shall be forwarded to the Medical Director who shall promptly notify the affected participant by hand-delivery or certified mail, return receipt requested, of her/his right to a hearing. The Medical Director shall then hold the recommendation until after the member has exercised or waived her/his

right to a hearing and appeal within 30 days as provided in Article VII. At that time, the Medical Director shall forward the recommendation of the Committee, together with all supporting documentation, to the Board. The Medical Director or her/his designee shall be available to the Board to answer any questions that may be raised with respect to the recommendation.

(c) If the recommendation of the Credentials Committee would not entitle the individual to a hearing, in accordance with Article VII, Section 2, the action shall take effect immediately. A report of the action taken and reasons therefore shall be made to the Board by the Medical Director and the action shall stand unless modified by the Board.

(d) In the event the Board considers modification of an action of the Credentials Committee taken pursuant to subsection (c), and such modification would entitle the individual to a hearing, the affected participant, shall be notified by the Medical Director, and no final action thereon shall be taken by the Board until the individual has exercised or waived her/his right to a hearing and appeal.

## **Section 6. Summary Suspension After Investigation**

After an investigation, the Credentials Committee has the authority to summarily suspend or restrict all or any portion of the investigated participant's Network participation upon a reasonable belief that failure to take such action may result in an imminent danger to the health and/or safety of any individual. Such suspension/restriction shall remain in effect until the conclusion of the corrective action process, including the exercise/waiver of hearing and appeal rights, unless modified by the Board.

## **Section 7. Automatic Suspension or Termination of Participation:**

Suspension or termination of participation shall occur automatically, upon the occurrence of any of the following events:

(a) Termination of hospital privileges at any participating Shands HealthCare Network facility for quality of care issues shall result in automatic termination from Network participation.

(b) Revocation of license to practice shall result in automatic termination of participation. Suspension of license to practice shall result in automatic suspension of all participation for a concomitant period of time.

(c) Failure to take appropriate steps to cause license renewal, thereby rendering the license inactive, shall result in automatic suspension of all participation. The suspension shall remain in effect until proof of current licensure has been submitted.

(d) Failure to report to the Network any restriction or condition imposed on or probation with respect to the participant's license within thirty (30) days of the imposition of such restriction, condition or probation shall result in automatic termination of participation.

(e) Revocation of license to prescribe or administer any controlled substances, if required

for the exercise of the participant's specialty, shall result in automatic termination of participation.

(f) Failure to appear at a Shands HealthCare meeting to which the appointee has been invited, and at which a discussion of the participant's suspected deviation from standard clinical or professional practice is scheduled, unless excused by the Medical Director upon a showing of good cause, shall result in automatic termination of participation. Such termination will be automatically rescinded upon the participant's participation in a rescheduled conference; provided that the participant requests rescheduling within 14 days of the original conference date.

(g) Failure to maintain the minimum profession liability insurance coverage established by the Board shall result in automatic termination of participation, unless the appointee has requested waiver of such requirement from the Board and is awaiting final action on such request.

(h) Failure to return renewal application within timeframes allowed.

(i) Exclusion from participation in Medicare/Medicaid or other Federal healthcare programs, shall result in automatic revocation of participation.

(j) Termination of the Provider Participation Agreement shall result in automatic termination of Network credentialing.

Upon the occurrence of any of the foregoing events, the Medical Director shall promptly give notice, by hand-delivery or certified mail, return receipt requested, of the automatic termination or suspension to the affected practitioner, and the specific grounds for the termination/suspension. Within ten (10) days of receipt of such notice, the affected practitioner may present written evidence to the Medical Director that negates the grounds for the automatic suspension or termination. If the Medical Director determines, in his/her sole discretion, that the written evidence is sufficient to negate the grounds for the automatic suspension or termination, s/he shall so notify the affected practitioner and the automatic suspension or termination shall be considered void from the beginning.

### **Section 8. Confidentiality And Reporting:**

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are deemed confidential pursuant to the provisions of federal or state statute providing protection to peer review or related activities and to the provision of such policies regarding confidentiality as may be adopted by the Board. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this Policy shall be considered to be acting on behalf of the Shands HealthCare Network and its Board when engaged in such professional review activities and thus shall be deemed the "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

Reports of actions taken pursuant to this Policy shall be made by Shands HealthCare to such agencies as may be required by law or by delegated credentialing agreements.

## **ARTICLE X – FAIR HEARING AND APPEALS PROCEDURES**

### **PART A: INITIATION AND SCHEDULING OF A HEARING**

#### **Section 1. Right to Hearing:**

Except as provided in Section 2, a practitioner is only entitled to a hearing whenever any of the following adverse recommendations, or adverse actions without a recommendation, has been made or taken by the Credentials Committee, or by the Board, in the event the Board intends to take such adverse action without a similar recommendation from the Credentials Committee:

- (a) denial of initial application for participation;
- (b) denial of application for renewal of participation;
- (c) revocation of participation;
- (d) denial of requested initial specialty;
- (e) denial of requested change in specialty;
- (f) imposition of mandatory concurring consultation requirement.

No practitioner shall be entitled to more than one hearing with respect to the subject matter of any proposed adverse recommendation or action giving rise to a hearing right. A hearing right provided as to an initial or proposed adverse recommendation or action satisfies the requirements for a hearing right as to the final recommendation or action which is based on the same subject matter.

#### **Section 2. Actions Not Giving Rise to Hearing Right:**

A recommendation for, or imposition of, any of the following actions by the Credentials Committee, or Board does not constitute grounds for a hearing:

- (a) denial of initial application, or renewal of privileges, or revocation of practitioner participation based on an inability to meet any one of the minimum objective criteria for privileging set forth in Article V, Part A of this policy;
- (b) automatic suspension of participation or termination of participation pursuant to Article IX, Section 6 of this Policy;
- (c) summary suspension pursuant to Article IX, Sections 1, 3 and 6;
- (d) requirement for supervision or observation of a practitioner which does not restrict the level of participation of the practitioner;
- (e) a general consultation or corrective counseling requirement;
- (f) issuance of a letter of warning, admonition or reprimand;

(g) denial of a request for waiver from the Board of any participation criteria set forth in Article V, Part A of this policy.

**Section 3. Notice of Adverse Recommendation or Action and Request for Hearing:**

(a) When a recommendation is made or action is taken that entitles an individual to a hearing prior to final action of the Board, the affected practitioner shall promptly be given written notice by the Medical Director, by hand-delivery or certified mail, return receipt requested. This notice shall contain:

(1) a statement of the recommendation/action made/taken and the general reasons for it;

(2) a statement that the individual has a right to a hearing on the recommendation and thirty (30) days from receipt of the notice to request such hearing;

(3) a statement that failure to request a hearing in the time and manner specified will result in a waiver of the practitioner's right to a hearing and acceptance of the adverse recommendation; and

(4) a summary of the practitioner's rights during the hearing as provided for in Part B of this Article.

(b) The affected practitioner shall have thirty (30) days from the date of receipt of such notice, as indicated by the return receipt, to submit a written request for a hearing to the Medical Director.

(c) If the affected practitioner does not submit a written request for a hearing within thirty (30) days of receipt of the notice, s/he shall be deemed to have waived her/his right to such hearing and to have accepted the recommendation and/or action, and any action taken by the Board shall be deemed final.

**Section 4. Scheduling and Notice of Hearing:**

Within fifteen (15) days of receipt of the affected practitioner's written request for a hearing, the Medical Director shall schedule the hearing and give written notice of its time, place and date, by hand-delivery or certified mail, return receipt requested, to the practitioner. The hearing shall begin as soon as practical, but no sooner than thirty (30) days from the date of notice of the hearing, unless an earlier hearing date has been specifically agreed to in writing by the affected practitioner.

(a) The notice shall also:

(1) include a concise statement of the specific reasons for the recommendation giving rise to the hearing;

(2) list the patient records and other information supporting the recommendation;

(3) in accordance with Section 5 of this Part, list the witnesses who are expected to testify or present evidence at the hearing in support of the recommendation, and inform the practitioner of her/his obligation to provide the Medical Director within fifteen (15) days of receipt of the notice with a list of witnesses s/he expects to testify or present evidence on her/his behalf; and

(4) inform the practitioner of her/his right to be represented at the hearing by an attorney or other person of her/his choice and her/his obligation to advise the Medical Director within fifteen (15) days of receipt of the notice of the name and address of such attorney or other person.

(b) The statement of reasons and list of supporting documents may be amended or supplemented at any time, even during the hearing, provided that the new material is relevant to the affected practitioner, and that the practitioner and her/his representative have sufficient time to study the new information and rebut it.

### **Section 5. Exchange of Witness Lists:**

A written list of the names and title and/or relevant position, addresses and phone numbers of the individuals expected to give testimony or present evidence in support of the recommendation giving rise to the hearing shall be provided to the affected practitioner with the notice of hearing. Within fifteen (15) days of receiving the notice of the hearing, the affected practitioner shall provide a written list of names and titles and/or relevant positions of the individuals expected to give testimony or present evidence at the hearing on her/his behalf. The witness list of either party may be supplemented or amended at any time prior to the hearing, provided that notice of the change is given to the other party.

## **PART B: HEARING PROCEDURE**

The purpose of the hearing shall be to recommend a course of action to the Board, and the duties of the Hearing Panel shall be so defined and so carried out. The hearing shall be conducted in as informal a manner as possible, subject to the rules and procedures set forth in this policy.

### **Section 1. Appointment of Hearing Panel or Hearing Officer:**

When a hearing is requested, the Medical Director, after considering the recommendations of the Credentials Committee (and that of the Chair of the Board, if the hearing is occasioned by a Board determination), shall appoint a Hearing Panel or Hearing Officer.

(a) A Hearing Panel shall be composed of not less than three practitioners. Appointees to the Hearing Panel shall not have actively participated in the consideration of the matter involved at any previous level. Nor shall the Hearing Panel include any individual who is in direct economic competition with the affected practitioner, nor any individual who is professionally associated with or related to the practitioner. Knowledge of the matter involved, however, shall not preclude any individual from serving as a member of the Hearing Panel. The Medical Director shall designate a Chair of the Hearing Panel.

(b) As an alternative to a Hearing Panel, the Medical Director may appoint a Hearing

Officer to perform the functions that would otherwise be carried out by the Hearing Panel. The Hearing Officer may be an attorney. The Hearing Officer may not be an individual who is in direct economic competition with the affected practitioner, and shall not act as a prosecuting officer or as an advocate to either side at the hearing. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer to the Hearing Officer, unless the context would clearly otherwise require.

## **Section 2. Appointment of Presiding Officer:**

The Medical Director shall select a person to act as the Presiding Officer during the hearing.

(a) The Presiding Officer may either be the Chair of the Hearing Panel, or an individual who is not a member of the hearing panel, including an attorney, who meets the criteria set forth in Section 1(a).

(b) The Presiding Officer shall:

(1) act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral testimony and/or documentary evidence and that decorum is maintained throughout the hearing;

(2) determine the order of proceeding throughout the hearing;

(3) have the authority and discretion to make rulings, consistent with this Policy, on all questions of procedure and admissibility of evidence;

(4) have the authority to remove any person who is disruptive to the orderly and professional process of the hearing;

(c) The Presiding Officer may be advised on these matters by legal counsel to Shands HealthCare.

(d) The Presiding Officer must not act as a prosecuting officer, or as an advocate for either side at the hearing. S/he may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but shall not be entitled to vote on its recommendations, unless s/he is the Chair of the Hearing Panel.

## **Section 3. Rights of Affected Practitioner:**

During the hearing, the affected practitioner has the right to:

(a) representation by an attorney or any other person of her/his choice;

(b) call, examine and cross-examine witnesses;

(c) present evidence determined to be relevant by the Presiding Officer; and

(d) submit a written statement at the close of the hearing, in accordance with Section 10(e) of this Part.

#### **Section 4. Rights of the Network:**

During the hearing, the Professional Review Body whose recommendation prompted the hearing has the right to:

- (a) representation at the hearing by a Network participant, or by an attorney, if the affected practitioner is represented by an attorney;
- (b) call, examine and cross-examine witnesses, including the affected practitioner;
- (c) present evidence determined to be relevant by the Presiding Officer; and
- (d) submit a written statement at the close of the hearing, in accordance with Section 10(e) of this Part.

#### **Section 5. Discovery:**

Each party shall provide to the other copies of documents upon which it plans to rely as evidence at the hearing, or otherwise provide to the Hearing Panel at least 10 days prior to the hearing. The privilege or confidentiality to which any such document is subject by law or policy shall not be waived by either party's production. No other discovery is required.

#### **Section 6. Postponement of Hearing:**

Postponement of the hearing beyond the time originally noticed may be requested by either party, but permitted only by the Medical Director upon a showing of good cause.

#### **Section 7. Failure to Appear:**

The personal presence of the affected practitioner at the hearing is required. Failure of the affected practitioner to appear for the hearing, without good cause as determined by the Presiding Officer, shall be deemed to constitute acceptance of the recommendation(s) or action(s) pending. Such recommendation(s) or pending action(s) shall become final and effective upon Board action.

#### **Section 8. Attendance by Panel Members:**

Recognizing that it may not be possible for all members of the Hearing Panel to be continually present during the hearing, and the importance of concluding a hearing within a reasonable timeframe, the hearing shall continue even though all members of the Hearing Panel are not present at all times. The fact that not all panel members were physically present at all times during the hearing shall not invalidate it.

#### **Section 9. Hearing Record:**

- (a) The Hearing Panel shall maintain a record of the hearing by securing the presence of a

court reporter or by an electronic recording of the proceedings. The cost of such reporter shall be borne by the Network, but copies of the transcripts shall be provided to the affected practitioner at her/his expense.

(b) The Hearing Panel may, but shall not be required to, order that oral evidence is taken only on oath or affirmation administered by a person entitled to notarize documents in this State.

#### **Section 10. Presentation of Evidence:**

(a) The Professional Review Body whose recommendation prompted the hearing shall present its evidence first. Upon completion of its presentation, the affected practitioner shall present her/his evidence. The Professional Review Body shall then have an opportunity to rebut any evidence presented by the affected practitioner.

(b) Both parties to the hearing shall be permitted to present evidence determined to be relevant by the Presiding Officer, regardless of the admissibility of such evidence in a court of law. The Presiding Officer shall admit any evidence, which is commonly relied upon by reasonably prudent persons in the conduct of serious affairs.

(c) The Hearing Panel may interrogate the witnesses, call additional witnesses, or request documentary evidence, if it deems it appropriate.

(d) The Hearing Panel shall have the discretion to take official notice of any relevant matters as to which the Panel believes there can be no reasonable dispute. Official notice may also be taken of generally recognized technical or scientific facts within the Hearing Panel's members' specialized knowledge. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

(e) At the close of the hearing, each party shall have the right to submit a written statement concerning any issue, procedure, or alleged fact. Such written statement may take the form of a memorandum of points and authorities. The Hearing Panel may request that such a statement or memorandum be filed by either party.

#### **Section 11. Standard of Proof:**

The affected practitioner has the burden of proving that the recommendation that prompted the hearing was unreasonable, not sustained by the evidence, or otherwise unfounded. Unless s/he so proves, the Hearing Panel shall recommend in favor of the Professional Review Body making the recommendation.

#### **Section 12. Adjournment and Conclusion:**

The Presiding Officer may, without special notice, adjourn and reconvene the hearing at the

convenience of the participants. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

### **Section 13. Deliberations and Recommendation of the Hearing Panel:**

- (a) Within twenty (20) days after conclusion of the hearing, the Hearing Panel shall:
  - (1) conduct its deliberations outside the presence of any other person, except the Presiding Officer, and upon the request of the Hearing Panel, appropriate Network support personnel (including the Shands HealthCare attorney);
  - (2) render a recommendation in accordance with subsection (b), accompanied by a report containing a concise summary of the reasons justifying the Hearing Panel's recommendation; and
  - (3) deliver its recommendation and report to the Medical Director.
- (b) The recommendation shall be based on the evidence produced at the hearing, which may include: oral testimony of witnesses; documentary evidence admitted during the hearing; all officially noticed matters; any other evidence that has been admitted. In addition, the Hearing Panel may consider any written statement or memorandum of points and authorities submitted by the parties. The recommendation shall comport with the burden of proof requirement set forth in Section 11 of this Part. Agreement by a majority of all the members of the Hearing Panel shall be required for the issuance by the Hearing Panel of any recommendation or report.
- (c) Upon its receipt, the Medical Director shall forward the Hearing Panel's recommendation and report, along with all supporting documentation, to the Board for further action. The Medical Director shall also send a copy of the recommendation and report to the Credentials Committee for informational purposes, and by hand-delivery or certified mail, return receipt requested, to the affected practitioner.

## **PART C: APPELLATE REVIEW**

### **Section 1. Request for Appellate Review:**

Within 10 days of notification of an adverse recommendation from the Hearing Panel, the affected practitioner may request appellate review. The request shall be in writing, and shall be delivered to the Medical Director by hand-delivery or by certified mail, return receipt requested, and shall include a brief statement of the grounds for the appeal. The Medical Director shall promptly forward the request to the Chair of the Board. If such appellate review is not requested in a timely fashion and the manner required, the affected practitioner shall be deemed to have waived her/his right to an appeal and to have accepted the adverse recommendation of the Hearing Panel.

### **Section 2. Grounds for Appeal:**

The grounds for an appeal are that:

- (a) there was substantial failure on the part of the Hearing Panel to comply with this Policy and/or the Hospital or Medical Staff bylaws, so as to deny a fair hearing; or
- (b) the recommendations of the Hearing Panel were made arbitrarily, capriciously, or with prejudice; or
- (c) the recommendations of the Hearing Panel were not supported by the evidence.

**Section 3. Scheduling and Notice of Appellate Review:**

Within 10 days of receipt of a request for an appeal, the Chair of the Board shall schedule and arrange for an appellate review. The date of appellate review shall be not less than 20 days, nor more than 30 days, from the date of receipt of the request; provided, however, that when a request for appellate review is from an appointee who is under a suspension then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not more than 14 days from the date of receipt of the request. The Medical Director shall give the affected practitioner notice of the time, place, and date of the appellate review by hand-delivery or by certified mail, return receipt requested. The time for appellate review may be extended by the Chair of the Board for good cause. The Chair of the Appellate Review Panel may, without special notice, adjourn and reconvene the review meeting at the convenience of the participants.

**Section 4. Appointment of Appellate Review Panel:**

- (a) The Chair of the Board shall appoint a Review Panel composed of not less than five persons, who may be members of the Board or others, including but not limited to reputable persons both inside and outside the Network, to consider the record upon which the Hearing Panel recommendation was made.
- (b) Appointees to the Appellate Review Panel shall not have actively participated in the consideration of the matter involved at any previous level. Nor shall it include any individual who is in direct economic competition with the affected practitioner, nor any individual who is professionally associated with or related to the practitioner. Knowledge of the matter involved, however, shall not preclude any individual from serving as a member of the Appellate Review Panel. The Chair of the Board shall designate a Chair of the Appellate Review Panel.

**Section 5. Attendance by Appellate Review Panel Members:**

A majority of the members of the Appellate Review Panel must be present at each meeting of the Panel.

**Section 6. Purpose and Standard of Appellate Review:**

- (a) The purpose of the Appellate Review is to ascertain the fairness of the hearing procedure and to determine whether the recommendation of the Hearing Panel is supported by the evidence and other testimony and documents submitted at the hearing. The Appellate Review Panel shall review the hearing record, including all documentary evidence and any written statements submitted by the parties before making its determinations and

recommendations to the Board.

(b) The Appellate Review Panel shall uphold the recommendation of the Hearing Panel unless it finds that:

(1) the Hearing Panel's recommendation was not supported by substantial evidence in the record, or was arbitrary, capricious, or made with prejudice;

(2) the procedures followed in reaching the recommendation were not fair or not in substantial compliance with this Policy.

### **Section 7. Additional Evidence:**

(a) The Appellate Review Panel may not accept additional oral or written evidence, unless so directed by the Chairman of Board upon a good faith belief that the affected practitioner was unfairly denied the opportunity to present such evidence at the hearing.

(b) Nevertheless, the Appellate Review Panel may, in its sole discretion, invite the affected practitioner to appear and make a statement.

### **Section 8. Recommendation of the Appellate Review Panel:**

(a) Within fourteen (14) days of the date noticed for the Appellate Review, the Appellate Review Panel shall forward its recommendation and report of the reasons for the recommendation to the Board and the Medical Director. The recommendation shall comport with the standard of review set forth in Section 6 of this Part. If the Appellate Review Panel's recommendation does not uphold the Hearing Panel's recommendation, it may recommend referral back to the Hearing Panel or the Credentials Committee, as appropriate, with instructions for remedial action. Agreement by a majority of all the members of the Appellate Review Panel shall be required for the issuance by the Panel of any recommendation or report.

(b) Upon its receipt, the Medical Director shall forward the Appellate Review Panel's recommendation and report to the Hearing Panel, and the Credentials Committee, and by hand-delivery or certified mail, return receipt requested, to the affected practitioner.

## **PART D: FINAL DECISION OF THE BOARD**

### **Section 1. Final Board Action:**

(a) The Board may affirm, modify or reverse the recommendation presented to it for final action, after exhaustion or waiver of hearing and appeal rights, or, in its sole discretion, refer the matter for further review and recommendations, to be completed within 30 days or less, as per the Board's direction.

(b) If the Board proposes an adverse final action inconsistent with that of the final recommendation before it, the Chair of the Board shall consult with a majority of the Credentials Committee before taking such final action.

(c) Final Board action shall be rendered in writing to the Medical Director within 30 days of receipt of the final recommendation. The Medical Director shall promptly deliver copies thereof by hand or by certified mail, return receipt requested, to the affected practitioner, and the panel providing the recommendation, and shall distribute to other committees as appropriate.

**Section 2. Further Review:**

Except where the matter is referred for further action and recommendation in accordance with Section 1 of this Part, the final decision of the Board following the hearing and appeal process, or if waived, following the recommendation of the Credentials Committee, shall be effective immediately and shall not be subject to further review. No practitioner shall be entitled as a matter of right to more than one hearing or appellate review on any single matter.

**PART E: REAPPLICATION TO THE STAFF AFTER ADVERSE FINAL ACTION:**

In the event that the Board denies initial participation or renewal of participation to the practitioner, or revokes or terminates the practitioner's participation, that practitioner may not again apply for Network participation for a period of five years, unless the Board provides otherwise in its written final decision.

**ARTICLE XI – CONFIDENTIALITY**

Individuals engaged in the Network credentialing activities, including corrective action activities, shall maintain the confidentiality of all information available to them as a result of the credentialing process. In particular, information supplied by the applicant in the application shall remain confidential and shall be reported and/or released only in accordance with applicable policies, delegated credentialing agreements, or statute. The Network shall take all reasonable steps to maintain the confidentiality of the credentialing information, including securing the credentialing files from unauthorized access.

**ARTICLE XII - AMENDMENTS**

**Section 1. Initiation:**

Amendments to this policy may be initiated by the Board, the Medical Director, or the Credentials Committee

**Section 2. Credentials Committee Recommendation:**

Amendments may be recommended to the Board upon a majority vote of the members of the Credentials Committee present and voting at any meeting of that committee where a quorum exists, and approval by the Medical Director.

**Section 3. Adoption and Distribution:**

An amendment shall be effective upon adoption by the Board, and distributed thereupon to all Network participants.

**Section 4. Review:**

This policy shall be reviewed and revised as necessary, but at least biennially.

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