

**MEDICAL STAFF BYLAWS
BAYSTATE NOBLE HOSPITAL CORPORATION
APPENDIX 2 - CREDENTIALING PROCEDURES**

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**MEDICAL STAFF BYLAWS
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APPENDIX 2 - CREDENTIALING PROCEDURES**

PART ONE: APPOINTMENT PROCEDURES

1.1 APPLICATION

A request for an application must be submitted to the Office of the CAO, attention of the Medical Staff Office, which shall respond to the request and notify the applicable Department Chief of the request. Upon such request, the Medical Staff Office may, but is not required to, send to the practitioner a pre-application questionnaire or ask the practitioner questions related to the minimum or threshold criteria for Medical Staff membership and clinical privileges. Any practitioner who does not satisfy the minimum or threshold criteria will not be provided an application form and will be so notified by the Medical Staff Office, after consultation with the Department Chief. A practitioner who is determined to be ineligible to receive an application because he or she does not satisfy the minimum or threshold criteria for Medical Staff membership or clinical privileges is not entitled to the hearing and appellate review rights provided in Appendix Three, Corrective Actions and Fair Hearings.

An application for Medical Staff membership must be submitted by the applicant in writing and on such form as approved by the Office of the CAO after receiving any recommendations of the Credentials Committee and the Medical Staff Executive Committee. Prior to the application being submitted, the applicant will be provided a copy or summary of, or access to a copy or summary of, the bylaws of the Medical Staff and Hospital, the rules, regulations, and policies of the Medical Staff and departments, as appropriate.

Notwithstanding any provision of this Appendix 2, Credentialing Procedures, Affiliated Staff members shall be appointed to the Medical Staff, consistent with these Medical Staff Bylaws, without clinical privileges. Applications for Affiliated Staff membership shall be submitted to an appropriate Department Chief, as determined by the Office of the CAO, for review of the practitioner's qualifications for Medical Staff membership and shall otherwise be processed consistent with this Appendix 2.

For the purposes of the provisions of this Appendix 2 concerning the processing of applications and the collection and verification of information for appointment and reappointment to the Medical Staff, the term "Hospital" as defined in the Medical Staff Bylaws and the term "Medical Staff Office" as used in this Appendix 2 also shall include an individual or entity who provides professional credentialing processing and information collection and verification services to the Hospital, in furtherance of the Qualified Patient Care Assessment Program, and pursuant to the Massachusetts Board of Registration in Medicine regulations, as amended from time to time.

1.2 APPLICATION CONTENT

Without qualifying in any way every applicant's burden of producing a complete application, the Hospital will make an initial attempt to obtain and produce primary source verification documentation for the professional licenses, board certifications, and Massachusetts

and federal Drug Enforcement Administration controlled substances registrations of applicants. Every applicant must submit a complete application furnishing information, consistent with relevant law, including the Massachusetts Board of Registration in Medicine regulations as amended from time to time, concerning at least the following:

- (a) Undergraduate, medical school, post-graduate training, and continuing medical education, including the name of each institution, degrees granted, program completed, dates attended, and names of practitioners monitoring the applicant's performance or other professional references;
- (b) All current valid medical, dental, podiatry, and other professional licensures or certifications; and current valid Massachusetts and federal Drug Enforcement Administration (DEA) controlled substances registrations, and any other controlled substances registration, with the date and number of each. A copy of the current Massachusetts license and of the most recent application to the Massachusetts Board of Registration in Medicine or other licensing authority for initial or renewal licensure; and a copy of the current Massachusetts and DEA controlled substances registrations;
- (c) Specialty or subspecialty board certification or eligibility status to sit for the examination;
- (d) A current valid National Provider Identifier number;
- (e) A current valid picture ID issued by a state or federal agency, such as a driver's license or passport;
- (f) Written documentation of all immunizations and vaccinations required under Baystate Health, Inc., Hospital, Medical Staff, and department rules, regulations, and policies, as amended from time to time;
- (g) Any physical or mental impairment, including alcohol or substance abuse, that adversely affects, or could adversely affect, the ability of the applicant to exercise his or her clinical privileges or to fulfill patient care and Medical Staff obligations;
- (h) Professional liability insurance coverage and information on malpractice claims history and experience (suits and settlements made, concluded and pending) for at least the past ten (10) years, including the names of present and past insurance carriers;
- (i) Any pending or completed action involving any adverse change concerning or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary relinquishment (by resignation or expiration) of: license or certificate to practice any profession in any state or county; DEA or other controlled substances registration; membership or fellowship in local, state, or national professional organizations; faculty membership at any medical or other professional school; staff membership status, prerogatives, or clinical privileges at

any other hospital, clinic, or other health care facility, professional liability insurance; or eligibility to participate in and submit claims to any federal health care program;

- (j) Any pending or completed investigation or action concerning his or her permission or ability to participate in research or scholarly activities, or to serve as a faculty member, at any institution or health care facility;
- (k) Location of offices; names and addresses of other practitioners with whom the applicant is or was associated and inclusive dates of such association; names and locations of any other hospital, clinic, managed care organization, or other health care facility where the applicant provides or provided clinical services, with the inclusive dates of each affiliation, status held, and general scope of clinical privileges; confirmation of good standing at such other health care facilities; and the reasons for any disassociation or discontinuance of employment, practice, other association, or privileges at any of the named health care facilities;
- (l) Department assignment, Medical Staff category, and specific clinical privileges requested;
- (m) Any criminal convictions or criminal proceedings, in accordance with relevant law;
- (n) References as required by this Appendix 2, Credentialing Procedures;
- (o) A current valid email address; and
- (p) Statements that the applicant has been notified of and agrees to the scope and extent of the authorization, confidentiality, immunity, and release provisions of the Medical Staff Bylaws and this Appendix 2, Credentialing Procedures.

1.3 REFERENCES

The application must include the names of three (3) medical or health care professionals, preferably not newly associated or about to become partners with the applicant in professional practice or personally related to him or her, who have personal knowledge of the applicant's current clinical ability, ethical character, health status, and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from the Medical Staff or Hospital.

The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time and at least one must have had organizational responsibilities for supervision of his or her performance (e.g., Department Chief, Division Clinical Leader, Training Program Director).

1.4 EFFECT OF APPLICATION

An applicant must sign the application for appointment to the Medical Staff. By so signing, the applicant:

- (a) Attests to the truth, accuracy, and completeness of all information furnished and acknowledges that any significant misstatement in or omission from the application constitutes grounds for denial of appointment or of reappointment, for automatic termination from the Medical Staff, or other disciplinary action;
- (b) Signifies his or her willingness to appear for interviews in connection with his or her application;
- (c) Agrees to abide by the terms of the bylaws, policies, procedures, standards, rules, and regulations, of the Medical Staff and the Hospital if granted membership and clinical privileges and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not membership and privileges are granted;
- (d) Agrees to provide for continuous care for his or her patients, to provide care at the level of quality and efficiency generally recognized as appropriate at facilities such as the Hospital, and to maintain an ethical practice;
- (e) Agrees to keep Hospital representatives up to date on any change made or proposed in the status of his or her professional license to practice, DEA or other controlled substances registration, professional liability insurance coverage, membership or clinical privileges at any other institution or health care facility or as a participating provider in any managed care organization or network if related to professional competence or conduct, and on the status of current or initiation of new malpractice claims, and regarding eligibility to participate in and submit claims to any federal health care program;
- (f) Authorizes and consents to Hospital representatives consulting with, requesting and receiving information from, and providing information to licensing authorities, regulatory agencies, professional colleagues, references, associates, hospitals, clinics, managed care organizations, health care facilities, and others who may have or may request from the Hospital information bearing on professional or ethical qualifications and competence and consents to Hospital representatives inspecting all records and documents that may be material to evaluation of said qualifications and competence;
- (g) Releases from liability and holds harmless all those who review, act on, or provide information regarding the applicant's competence, professional ethics, utilization practice patterns, character, physical and mental health status, and other qualifications for Medical Staff appointment and clinical privileges to the fullest extent permitted under relevant law;

- (h) Agrees to submit to any physical or mental exam if requested by the Board of Trustees, the Medical Staff Executive Committee, the Credentials Committee, or Department Chief; and, if there is a known physical or mental impairment, including alcohol or substance abuse, to provide evidence that the impairment does not affect the applicant's ability to exercise the clinical privileges requested or to fulfill patient care and Medical Staff obligations;
- (i) Agrees to maintain and to fulfill his or her obligations with respect to the confidentiality of patient information, including individually identifiable health information, in compliance with all Medical Staff and Hospital bylaws, policies, procedures, standards, rules, regulations, and relevant law, including the federal Health Insurance Portability and Accountability Act and related regulations, to participate in an organized health care arrangement with the Hospital, a Baystate Health affiliated covered entity, solely for purposes of compliance therewith, and to execute any agreements or other documents as may be required by law or reasonably requested by the Medical Staff or Hospital concerning the confidentiality of patient information; and
- (j) Acknowledges that he or she has been notified of and agrees to the scope and extent of the authorization, immunity, and release provisions of the Medical Staff Bylaws, including Article X.

1.5 PROCESSING THE APPLICATION

1.5.1 Applicant's Burden

The applicant has the burden of producing a complete application, which must include adequate information for a proper evaluation of his or her qualifications for Medical Staff membership and requested clinical privileges, Medical Staff category, and department affiliation, including experience, training, clinical competence, utilization practice patterns, ability to work cooperatively with others, and health status, and of resolving any doubts concerning his or her qualifications, and of satisfying any reasonable requests by the Medical Staff or Hospital for information or clarification concerning his or her qualifications, including requests for a mental or physical health exam.

The applicant also has the burden of supplementing his or her pending application to keep such pending application information current and to disclose any significant changed circumstances concerning such pending application. The failure to so update an application constitutes grounds for denial of appointment or reappointment, for automatic termination from the Medical Staff, or other disciplinary action.

The determination of whether an application is complete at any stage during the credentialing process shall be made by the Office of the CAO, acting through the Medical Staff Office. Representatives of the Medical Staff Office will promptly notify the applicant if a pending application is incomplete for any reason and at any stage during the credentialing process. This must be a special notice and must indicate the nature of the

additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.

At any stage during the credentialing process, the Hospital may determine that a practitioner does not satisfy the minimum or threshold criteria for requested Medical Staff membership or clinical privileges. Representatives of the Medical Staff Office will notify the practitioner in writing of a determination that he or she does not satisfy such minimum or threshold criteria, and the practitioner's application will not be further processed. A practitioner whose application is not processed because he or she is determined to be ineligible for Medical Staff membership or clinical privileges because of a failure to satisfy minimum or threshold criteria is not entitled to the hearing and appellate review rights provided in Appendix Three, Corrective Actions and Fair Hearings.

1.5.2 Collection and Verification of Information

Representatives of the Medical Staff Office, working with the Chair of the Credentials Committee, organize and coordinate the collection and verification of the references, licensure, experience, professional liability insurance coverage, malpractice claims history information for the past ten (10) years, and other qualification evidence submitted. Verification shall include but not be limited to sending a copy of the list of clinical privileges requested by the applicant to, at least, his or her most recent affiliations and a request for specific information regarding his or her competence in exercising those privileges, as well as checking the National Practitioner Data Bank and the Office of the Inspector General's List of Excluded Individuals/Entities or otherwise concerning the applicant's eligibility to participate in and submit claims to federal health care programs.

Representatives of the Medical Staff Office will promptly notify the applicant if a pending application is incomplete for any reason, including any reason related to a problem regarding the collection or verification of application information, in accordance with the procedure and with the consequences set forth in Section 1.5.1 above. When collection and verification of application information is accomplished to the satisfaction of the Office of the CAO, the Medical Staff Office transmits the application and all supporting materials to the chief of each department in which the applicant seeks privileges.

1.5.3 Medical Staff Input

Any Medical Staff member may submit, in writing, to the applicable Department Chief or to the Credentials Committee a written statement containing relevant information regarding an applicant's qualifications for membership or the privileges requested. Any such Member may request or may be requested to confer with the Department Chief or the Credentials Committee to discuss his or her statement.

1.5.4 Department and Division Evaluation

The chief of each department in which the applicant seeks privileges reviews the application and its supporting documentation, may solicit the opinion of his or her department members on the application, and forwards to the Credentials Committee a written recommendation consistent with Section 1.5.9 below. Where applicable, the clinical leader of each division in which the applicant seeks privileges prepares a similar recommendation and forwards it to the Department Chief and the Credentials Committee. All information sought or required by the Department Chief or Division Clinical Leader as part of his or her evaluation must be included with these recommendations.

A Department Chief or his or her designee conducts an interview with the applicant. If a Department Chief or Division Clinical Leader requires further information, he or she may defer transmitting his or her recommendation, but, overall, the combined deferral time should not exceed thirty (30) days without good cause. In case of a deferral, the applicable Department Chief or Division Clinical Leader must notify, through the Medical Staff Office, the applicant, the Chair of the Credentials Committee, and the Medical Staff President, in writing, of the deferral and the grounds. If the applicant is required to provide additional information, including any explanation, specific release, or authorization to allow Hospital representatives to obtain information, the applicant shall be sent a special notice that must indicate the nature of the additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.

1.5.5 Credentials Committee Evaluation

The Credentials Committee reviews the application, the supporting documentation, the recommendations from the Department Chiefs and Division Clinical Leaders, and any other relevant information made available to or requested by it. If the Credentials Committee requires further information, it may defer transmitting its report but generally for not more than thirty (30) days, and it must notify, through the Medical Staff Office, the applicant and the Medical Staff President in writing of the deferral and the grounds. If the applicant is required to provide additional information, including any explanation, specific release, or authorization to allow Hospital representatives to obtain information, the applicant shall be sent a special notice that must indicate the nature of the additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.

The Credentials Committee prepares its written report consistent with Section 1.5.9 below, and transmits it to the Medical Staff Executive Committee at or before the next regular meeting of the Medical Staff Executive Committee.

1.5.6 Medical Staff Executive Committee Recommendation

The Medical Staff Executive Committee at its next regular meeting upon or after receiving the report of the Credentials Committee, reviews it, as well as the recommendations of the Department Chief and the Division Clinical Leaders, and any other relevant information made available to or requested by it. The Medical Staff Executive Committee may defer the application or prepare a written report consistent with Section 1.5.9 below.

1.5.7 Effect of Medical Staff Executive Committee Recommendation

- (a) *Deferral:* A determination by the Medical Staff Executive Committee to defer the application for further consideration must, except for good cause, be followed up within thirty (30) days with its report and recommendations. The Medical Staff President promptly sends the applicant special notice, through the Medical Staff Office, of the deferral and any request for additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.
- (b) *Favorable Recommendation:* A Medical Staff Executive Committee recommendation that is favorable to the applicant is forwarded promptly, together with supporting documentation, directly to the Board of Trustees, through the Office of the CAO. Supporting documentation may constitute an executive summary of the application form and of its accompanying information, the reports and recommendations of the Department Chiefs, the Division Clinical Leaders, Credentials Committee, and Medical Staff Executive Committee and shall include any minority reports generated pursuant to Section 1.5.9 below.
- (c) *Adverse Recommendation:* An adverse recommendation by the Medical Staff Executive Committee is forwarded to the Office of the CAO, which immediately informs the applicant by special notice of the recommendation, and the applicant is then entitled to the procedural rights consistent with Appendix 3, Corrective Actions and Fair Hearings.

For purposes of appointment, an “adverse recommendation” by the Medical Staff Executive Committee is defined as set forth in Appendix 3, Corrective Actions and Fair Hearings.

1.5.8 Board of Trustees Action

- (a) *On Favorable Recommendation:* The Board of Trustees may adopt or reject, in whole or in part, a favorable recommendation 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 must be made back to the Board of Trustees. If the action of the Board of Trustees is favorable to the applicant, it is effective as the final action. If the Board of Trustees, after complying with the provisions of Section 1.5.10 below, takes adverse action, the Office of the CAO promptly so notifies the applicant by special notice, and the applicant is then entitled to the procedural rights consistent with Appendix 3, Corrective Actions and Fair Hearings.

- (b) *Without Benefit of Recommendation:* The following procedure shall be followed if the Board of Trustees, in its determination, does not receive a recommendation from the Medical Staff Executive Committee within the time frame consistent with Section 1.5.12 below, or within any reasonable extension of that time frame resulting from the deferral to obtain additional information, explanation, release, or authorization, or from the implementation of procedures set forth in Appendix 3, Corrective Actions and Fair Hearings, or from any other good cause. The Board of Trustees may, after notifying the Medical Staff Executive Committee of its intent, including a reasonable period of time for response, take action on its own initiative, employing the same type of information usually considered by the Medical Staff. Favorable action by the Board of Trustees is effective as the final action. If the Board of Trustees takes adverse action, the Office of the CAO promptly so informs the applicant by special notice, and the applicant is then entitled to the procedural rights consistent with Appendix 3, Corrective Actions and Fair Hearings.
- (c) *After Procedural Rights:* In the case of an adverse recommendation by the Medical Staff Executive Committee, the Board of Trustees takes final action in the matter as provided in Appendix 3, Corrective Actions and Fair Hearings.

For the purposes of appointment, an “adverse action” by the Board of Trustees is defined as set forth in Appendix 3, Corrective Actions and Fair Hearings.

1.5.9 Documentation of Recommendations and Actions

The written recommendation of each individual or group required to act on an application must include recommendations as to approval or denial of and any special limitations on Medical Staff appointment, category of Medical Staff membership and prerogatives, department affiliation, and scope of clinical privileges.

All documentation and information received by any individual or group, during or as part of the evaluation process, must be included with the application as part of the individual’s credentials file and, as appropriate or requested, transmitted with such recommendations. The reasons for each recommendation or action to deny, restrict, or otherwise limit membership or privileges must be stated, with reference to the completed

application and all other documentation considered. Any minority views at any point in the process must also be documented in a minority report which states the reason for the differing view and the information on which it is based and the alternative recommendation, if any. This minority report must be transmitted with the majority recommendation.

1.5.10 Conflict Resolution

Whenever the Board of Trustees determines that it will decide an individual's credentialing matter contrary to the recommendation of the Medical Staff Executive Committee, the matter shall be submitted to an advisory committee for review and report to the Board of Trustees before the Board of Trustees takes final action; provided that, in cases concerning the elements of a focused professional practice evaluation, the matter will be subject to referral back to the Medical Staff Executive Committee consistent with Section 1.5.8 of this Appendix 2. The size of any advisory committee established under this Section 1.5.10 shall be decided jointly by the Chair of the Board of Trustees and the President of the Medical Staff, each of whom shall appoint the same number of members to the advisory committee from the Board of Trustees and from the Medical Staff Executive Committee, respectively. This Section 1.5.10 shall not apply to any matter subject to Appendix 3, Corrective Actions and Fair Hearings.

1.5.11 Notice of Final Action

- (a) Notice of final action is given through the Office of the CAO and is sent to the applicant by special notice and to the Medical Staff President, the Medical Staff Executive Committee, and the applicable Department Chiefs and Division Clinical Leaders.
- (b) Notice of any final action to appoint favorable to the applicant includes: (1) the Medical Staff category to which the applicant is appointed; (2) the department and, if applicable, the division, service, or other subunit to which he or she is assigned; (3) the clinical privileges he or she may exercise; and (4) any special conditions attached to the appointment.

1.5.12 Time Periods For Processing - Suggested Guidelines

All individuals and groups required to participate in the processing of an application for Medical Staff appointment must do so in a timely and good faith manner and, except for obtaining required additional information or for other good cause, each application shall be processed within the following suggested time period guidelines:

- | | | |
|-----|---|--|
| (a) | Medical Staff Office | 14 days (after collection and verification of application information accomplished to satisfaction of the Office of the CAO) |
| (b) | Department Chiefs and, if applicable, Division Clinical Leaders | 30 days (combined time) after receiving material from the Medical Staff Office |

- | | | |
|-----|-----------------------------------|--|
| (c) | Credentials Committee | Next regular meeting at which or after recommendation of Department Chiefs and, if applicable, Division Clinical Leaders is received |
| (d) | Medical Staff Executive Committee | Next regular meeting at which or after report of Credentials Committee is received |
| (e) | Board of Trustees | Next regular meeting at which or after report of Medical Staff Executive Committee is received. |

If the application is not processed within the suggested guidelines, a written notification will be provided by the Medical Staff Office or the Department Chief to the Chair of the Credentials Committee, stating the reason for the delay and the time required to complete the processing of the Medical Staff application.

These time periods are to be deemed suggested guidelines and are not directives and do not create any rights for a practitioner to have an application processed within these precise time periods. If the provisions of Appendix 3, Corrective Actions and Fair Hearings, are activated, the time requirements provided therein govern the continued processing of the application. If the recommendation or action does not occur at a particular step in the process and the delay is without apparent cause, the next higher authority may immediately proceed to consider the application and supporting information or may be directed by the Medical Staff President, on behalf of the Medical Staff Executive Committee, or by the Office of the CAO, on behalf of the Board of Trustees, to so proceed.

1.6 REAPPLICATION AFTER RESIGNATION, APPLICATION WITHDRAWAL, OR ADVERSE ACTION

Except as otherwise provided in the Medical Staff Bylaws or as determined by the Credentials Committee in light of exceptional circumstances, an applicant or Medical Staff member who has resigned, or who has voluntarily withdrawn, or is deemed to have voluntarily withdrawn, or has received a final adverse action regarding, an application for appointment, reappointment, Medical Staff category, department assignment, or clinical privileges is not eligible to reapply to the Medical Staff or for the resigned, withdrawn, or denied category, department, or privileges for a period of one (1) year from the effective date of the resignation or application withdrawal or from the date of the notice of the final adverse action. Any such reapplication is processed in accordance with the procedures set forth in Section 1.5 of this Appendix 2, Credentialing Procedures, and the applicant or Medical Staff member must submit such additional information as the Medical Staff or Hospital may reasonably require to demonstrate that the basis for any earlier incomplete application or adverse action no longer exists. Failure to provide such information is deemed a voluntarily withdrawal of the application.

Notwithstanding the above, a Medical Staff member who has voluntarily resigned or elected not to apply for reappointment may reapply for Medical Staff membership and clinical privileges within one (1) year from the effective date of such voluntary resignation or expiration of appointment if there had been no concerns regarding the clinical competence or professional conduct of such Medical Staff member at the time of such resignation or expiration of appointment, as determined by the Office of the CAO after recommendation of the Medical Staff President, and subject to such application processing fee as may be established by the Office of the CAO from time to time. Any such reapplication is processed in accordance with the procedures set forth in Section 1.5 of this Appendix 2, Credentialing Procedures.

No applicant or Medical Staff member may submit or have in process at any given time more than one application for appointment, reappointment, Medical Staff category, a particular department assignment, or the same clinical privileges.

PART TWO: REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

2.1.1 From Staff Member

At least one hundred twenty (120) days prior to the date of expiration of a Member's appointment, the Medical Staff Office notifies him or her of the date of expiration and sends him or her an application for reappointment to be completed by a deadline determined by the Office of the CAO. At least ninety (90) days prior to the expiration date, the Member must furnish, in writing, on the application for reappointment:

- (a) Complete information to bring his or her file current on the items listed in Section 1.2 of this Appendix 2, Credentialing Procedures, including but not limited to current licensure and DEA and other controlled substances registration, professional liability insurance coverage and experience, other institutional affiliations and status thereat, board certification status, professional references, disciplinary actions pending or completed, health status changes, and information regarding the Member's eligibility to participate in and submit claims to federal health care programs;
- (b) Information concerning continuing training and education external to the Hospital during the preceding period;
- (c) Specific requests for additions to or deletions from the clinical privileges presently held, with any basis for changes; and
- (d) Requests for changes in Medical Staff category or department, division, service, or other clinical subunit, assignments.

If the Member has not returned his or her completed application for reappointment by the ninetieth (90th) day prior to the date of expiration of the Member's appointment, the Medical Staff Office shall send him or her special notice that his or her

application has not been received. Failure, without good cause, to provide the fully completed reappointment application with all of the above information by the deadline determined by the Office of the CAO and set forth in such notice shall result in automatic termination of membership and of all clinical privileges at the expiration of the current term.

The Medical Staff Office verifies the information provided on the reappointment application and notifies the Member of any information inadequacies or verification problems. The Member has the burden of producing a complete application for reappointment and resolving any doubts about the information. The determination of whether an application for reappointment is complete at any stage during the credentialing process shall be made by the Office of the CAO, acting through the Medical Staff Office. Representatives of the Medical Staff Office will promptly notify the Member if a pending application for reappointment is incomplete for any reason and at any stage during the credentialing process. This must be sent by special notice, which must indicate the nature of the additional information the applicant is to provide by the deadline determined by the Office of the CAO. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner by such deadline shall be deemed a voluntary withdrawal of the application.

When collection and verification of application information is accomplished to the satisfaction of the Office of the CAO, the Medical Staff Office transmits the reappointment application and all the supporting information and the Member's credentials file or relevant portions thereof, with the information required by Section 2.1.2 below, to the chief of each department in which the Member exercised privileges during the last period of appointment.

2.1.2 From Other Sources

The Office of the CAO shall designate appropriate Hospital or Medical Staff personnel to collect for each Medical Staff member's credentials file all relevant information regarding the individual's professional and collegial activities, performance, and conduct in the Hospital. Such information includes, without limitation: pattern of care and utilization as demonstrated in the findings of quality assessment and improvement activities; participation in relevant internal teaching and continuing education activities; level and amount of clinical activity (patient care contacts) at the Hospital; clinical performance and exercise of clinical privileges; sanctions imposed or pending and any other problems; health status; attendance at Medical Staff meetings; participation as a Medical Staff officer, committee member, or chair, or in any other position on the Medical Staff or at the Hospital; timely and accurate completion and preparation of medical records; cooperativeness in working with other practitioners and Hospital personnel; general attitude towards his or her patients and the Hospital; such information as is collected and verified during the appointment procedures as set forth in Section 1.5.2, including checking the National Practitioner Data Bank and the Office of the Inspector General's List of Excluded Individuals/Entities or otherwise concerning the applicant's eligibility to participate in and submit claims to federal health care programs;

and compliance with all applicable bylaws, policies, procedures, standards, rules, and regulations of the Hospital and Medical Staff.

2.2 DEPARTMENT AND DIVISION EVALUATION

Each chief of a department and clinical leader of a division, if any, in which the Medical Staff member requests or has exercised privileges reviews the reappointment application and its supporting information and pertinent aspects of the Member's file and evaluates the information and the privileges requested. The applicable chiefs and clinical leaders forward to the Credentials Committee a written recommendation, which shall take into consideration whether or not he or she has observed or been informed of any conduct that indicates physical or mental impairment, including alcohol or substance abuse, affecting the practitioner's ability to exercise his or her clinical privileges and to fulfill patient care and Medical Staff obligations, and which shall contain recommendations for any special limitations on reappointment, non-reappointment, Medical Staff category, department assignment, and clinical privileges. Included in the chiefs' and clinical leaders' recommendations must be any documentation or information contained in the department's files that was not previously transmitted to the Medical Staff Office concerning the Member's clinical performance, fulfillment of Medical Staff membership obligations, or satisfaction of any other qualifications for membership or clinical privileges granted.

2.3 COMMITTEE EVALUATION

The Credentials Committee reviews and evaluates the reappointment application and its supporting information, other pertinent aspects of the Member's file, the chiefs' and clinical leaders' reports, and all other relevant information available to it and prepares a written report with recommendations for and any special limitations on reappointment or nonreappointment and Medical Staff category, department assignment, and clinical privileges. The Credentials Committee report is transmitted with the chiefs' and clinical leaders' reports and supporting documentation, as required, to the Medical Staff Executive Committee.

If the Credentials Committee is considering a recommendation that would deny reappointment, deny a requested change in Medical Staff category or clinical privileges, or reduce clinical privileges of any Medical Staff member, the Chair of the Credentials Committee shall notify the Medical Staff member of the general tenor of the possible recommendation and ask him or her if he or she desires to meet with the Credentials Committee prior to any final recommendations by the Credentials Committee. At such meetings, the affected Member shall be informed of the general nature of the evidence supporting the recommendation contemplated and shall be invited to discuss, explain, or refute it. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in Appendix 3, Corrective Actions and Fair Hearings, with respect to hearings or otherwise shall apply. The Credentials Committee shall indicate, as part of its report to the Medical Staff Executive Committee, whether such a meeting occurred, the general nature of the comments made thereat, and the impact, if any, on the Credentials Committee's recommendation.

2.4 FINAL PROCESSING AND BOARD OF TRUSTEES ACTION

Final processing of reappointments follows the procedure set forth in this Appendix 2, Credentialing Procedures, Part One, Sections 1.5.6 and thereafter. For purposes of reappointment, an “adverse recommendation” by the Medical Staff Executive Committee and an “adverse action” by the Board of Trustees are as defined in Appendix 3, Corrective Actions and Fair Hearings.

2.5 DOCUMENTATION OF RECOMMENDATIONS AND ACTION

The report of each individual or group required to act on an appointment shall state the reasons for each adverse recommendation made or action taken, with specific reference to the Medical Staff member’s credentials file and all other documentation considered. In addition to any other information contained in a credentials file that may support a nonreappointment recommendation or action, any individual or group required to recommend or act on a reappointment may consider the lack of or very minimal involvement at the Hospital by a Medical Staff member over the last period of appointment in patient care, teaching, or other activities as grounds for a recommendation or action to not reappoint such Member. Any minority views at any point in the process must be documented in a minority report which states the reason for the differing view and the information on which it is based and the alternative recommendation, if any. This minority report must be transmitted with the majority report.

2.6 TIME PERIODS FOR PROCESSING

Transmittal of the notice to a Medical Staff member and his or her providing updated information is to be carried out in accordance with Section 2.1.1 of this Appendix 2, Credentialing Procedures. Thereafter and except for good cause, all individuals and groups required to recommend or act must complete such recommendation or action so that all reappointment reports and recommendations are acted on by the Board of Trustees prior to the expiration of Medical Staff membership of the Member whose reappointment is being processed.

The time periods specified are to guide such individuals and groups in accomplishing their tasks. If, for good cause, the processing of the reappointment is delayed and the reappointment is not acted on before the expiration of the Member’s current appointment, the Member’s Medical Staff membership and clinical privileges terminate automatically on the Member’s appointment expiration date and are not reinstated unless and until the Board of Trustees approves the pending reappointment application. If delay without apparent cause occurs at any step in the processing and is attributable to a Medical Staff or Hospital authority, the next higher authority may be directed by the Medical Staff President, on behalf of the Medical Staff Executive Committee, or by the Office of the CAO, on behalf of the Board of Trustees, to so proceed. If the delay is attributed to the Member’s failure to provide information required by Section 2.1.1, his or her Medical Staff membership terminates automatically on the Member’s appointment expiration date.

2.7 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES

A Medical Staff member may, either in connection with reappointment or at any other time, request modification of his or her Medical Staff category, department, service, or other clinical subunit, assignment, or clinical privileges by submitting a written request to the Medical Staff Office. A modification request is processed according to the procedures outlined in Section 1.5 of this Appendix 2, Credentialing Procedures, and must contain all pertinent information supportive of the request.

PART THREE: MEMBERSHIP

3.1 QUALIFICATIONS FOR MEMBERSHIP

Every practitioner who seeks or enjoys Medical Staff membership shall, at the time of application, appointment, and continuously thereafter, demonstrate to the satisfaction of the Medical Staff and the Medical Center the following qualifications set forth below in this section regarding his or her character, competence, training, experience, judgment, and any other qualifications and requirements of his or her Medical Staff category and as otherwise consistent with the Medical Staff Bylaws. Qualifications for membership are evaluated as part of the credentialing process at the Hospital, which includes but is not limited to the appointment and reappointment processes and which is intended to encompass an assessment for proficiency in the areas of general competencies adapted from the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties joint initiative.

3.1.1 Licensure

To have and maintain a currently valid license issued by the Commonwealth of Massachusetts to practice medicine, dentistry, or podiatry, which is not subject to any conditions or restrictions that adversely affect, or are inconsistent with, the practitioner's ability to have Medical Staff membership or exercise clinical privileges at the Hospital.

3.1.2 Professional Education and Training

To be a graduate of an approved medical or dental school, school of osteopathy, or school of podiatric medicine, or certified by the Education Council for Foreign Medical Graduates, and, if a physician, satisfactory completion of an approved residency; if a dentist, satisfactory completion of at least one year in an approved dental internship; if a podiatrist, satisfactory completion of at least one year in an approved podiatric residency or for podiatrists receiving their degrees before January 1, 1987, satisfactory completion of at least one year in an approved preceptorship program. For purposes of this section, an "approved" school is one accredited at the time of the practitioner's graduation by the Liaison Committee on Medical Education, by the American Osteopathic Association, by the American Dental Association, or by the American Podiatric Medical Association and the Massachusetts Board of Registration in Podiatry. An "approved" residency or internship is one accredited at the time of the practitioner's training by the Accreditation Council for Graduate Medical Education, by the American Osteopathic Association, by the American Dental Association, or by the American

Podiatric Medical Association and the Massachusetts Board of Registration in Podiatry. Practitioners who became Members of the Medical Staff prior to October 11, 2016 and who had received a waiver of this requirement for satisfactory completion of an approved residency or internship shall be exempt from such requirement by reason of such waiver.

Except for practitioners seeking or holding membership on the Affiliated Staff of the Medical Staff, to have and maintain certification by a member board of the American Board of Medical Specialties, the American Osteopathic Association, the American Board of Podiatric Medicine, or a board recognized by the American Dental Association Physician Members of the Medical Staff appointed effective on or after October 11, 2016, must attain board certification within five (5) years from the date of completion of their residency or fellowship. Podiatrist, dentist, and oral surgeon Members of the Medical Staff appointed effective on or after October 11, 2016, must attain board certification within five (5) years from the date they first became eligible for such board certification. A practitioner with multiple board certifications must maintain certification with the board most relevant to the practitioner's requested clinical privileges. Members of the Medical Staff appointed effective on or prior to October 11, 2016, and whose membership was current on October 11, 2016, shall be exempt from this requirement to have and maintain board certification. If a physician Member of the Medical Staff appointed effective on or after October 11, 2016, or a podiatrist, dentist, or oral surgeon Member of the Medical Staff appointed effective on or after October 11, 2016, fails to attain board certification within five (5) years from the date of completion of his or her residency or fellowship, or within five (5) years from the date he or she first became eligible for such board certification, respectively, or fails to maintain the required board certification, his or her Medical Staff membership and clinical privileges shall be automatically terminated for failure to satisfy this board certification qualification, which is a minimum or threshold criterion for Medical Staff membership and clinical privileges.

The Board of Trustees may grant a waiver of any qualification for membership under this section if such waiver is endorsed by the applicable Department Chief, the Credentials Committee, and the Medical Staff Executive Committee and such waiver will serve the best interests of patient care.

3.1.3 Clinical Performance

To have, exhibit, demonstrate, and evidence current experience, clinical performance, clinical results, and utilization practice patterns, documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency given the current state of the healing arts.

3.1.4 Professional Conduct and Cooperativeness

To have, exhibit, demonstrate, and evidence professional conduct and cooperativeness, including the ability to work and cooperate with and to communicate and relate to other Medical Staff members, members of other health disciplines, Hospital management, employees, and other personnel, the Board of Trustees, patients, visitors, and the community in general, in a courteous and professional manner, in a manner that

is respectful of Hospital property, and in a manner that is not disruptive to Hospital operations.

3.1.5 Satisfaction of Membership Obligations

To satisfy, perform, and fulfill the obligations of Medical Staff membership consistent with the Medical Staff Bylaws, including obligations of Medical Staff membership set forth in Section 3.2 below, as well as obligations of Medical Staff membership specific to his or her staff category and to his or her department, division, service, or other subunit affiliation.

3.1.6 Professional Ethics and Conduct

To be of high moral character and to adhere to generally recognized standards and codes of medical and professional ethics and conduct.

3.1.7 Ability to Perform Duties

To have sufficient physical, mental, behavioral, and cognitive abilities and to demonstrate appropriate professional judgment and conduct to permit the practitioner to fulfill all duties, responsibilities and obligations of membership and to exercise all clinical privileges requested and granted safely and competently.

3.1.8 Immunizations and Vaccinations.

To have and maintain documentation of all immunizations and vaccinations required under Baystate Health, Inc., Hospital, Medical Staff, and department rules, regulations, and policies, as amended from time to time.

3.1.9 Professional Liability Insurance

To have and maintain documented adequate professional liability insurance consistent with relevant law and Medical Staff or departmental policy.

3.1.10 Eligibility to Participate in Federal Health Care Programs

To be and remain eligible, and not be sanctioned, excluded, or otherwise ineligible, to participate in and submit claims to federal health care programs.

3.1.11 National Practitioner Identifier Number

To have and maintain a current valid National Provider Identifier (“NPI”) number and to comply with all relevant payment and other provisions regarding the NPI.

3.2 OBLIGATIONS OF MEMBERSHIP

Every practitioner who seeks or enjoys Medical Staff membership shall, at the time of application, appointment, and continuously thereafter, satisfy, perform, and fulfill to the

satisfaction of the Medical Staff and the Hospital his or her Medical Staff obligations, which shall include the following:

- (a) To provide his or her patients with care at the level of quality and efficiency generally recognized as appropriate at facilities such as the Hospital and maintain an ethical practice;
- (b) To abide by the Medical Staff Bylaws, the Hospital bylaws, and all other policies, procedures, standards, codes of conduct, rules and regulations of the Hospital and Medical Staff, including its departments and any divisions, services, or other subunits, as well as applicable policies and codes of conduct of Baystate Health, Inc.;
- (c) To discharge such Medical Staff, committee, department and Hospital functions and obligations for which he or she is responsible by Medical Staff category assignment, appointment, election, or otherwise, including the obligation of each Member to appear at and participate in meetings with his or her Division Clinical Leader or Department Chief or with committees, departments, divisions, services, or other clinical subunits, concerning his or her clinical performance or professional conduct and concerning quality assessment, risk management, utilization review, corporate compliance, evaluation, monitoring, performance improvement, or patient care assessment program activities, as well as related education and training programs as may be required from time to time;
- (d) To participate in the on-call roster, as determined by the Chief of the Department (or Division Clinical Leader) in which the Member holds clinical privileges consistent with Article III, Sections 3.2.2(b)(1) and 3.3.2(a) of the Bylaws. A Member assigned to be the designated on-call practitioner is responsible for providing care to any inpatient on any unit of the Hospital referred to the service for which he or she is providing on-call coverage, for providing care to patients in the Emergency Department (“ED”) in need of such services, and, when a patient’s condition so warrants, for providing outpatient follow-up care to the patient for the specific acute episode of illness or injury for which the patient presented to the ED. Such follow-up care may not be conditioned on advance payment, plan enrollment, insurance coverage status, or the patient’s ability to pay. The patient should schedule such follow-up within the time period suggested at discharge. If the patient does not call the Member’s office within the period of time suggested at discharge, the Member is no longer responsible for rendering follow-up care to the patient;
- (e) To prepare and complete, in timely fashion, the medical and other required records for all patients he or she admits or in any way provides care to in the Hospital facilities;
- (f) To comply with the rules and regulations of the Medical Staff regarding patient medical history and physical examination (“H&P”) requirements, which at a minimum shall comply with the following requirement of the Medicare conditions

of participation for hospitals: that an H&P be completed and documented for each patient by a qualified individual, as defined in accordance with relevant law and all applicable Medical Staff and Hospital bylaws, policies, procedures and standards, and rules and regulations, no more than thirty (30) days before or twenty-four (24) hours after the patient's admission or registration, but prior to surgery or a procedure requiring anesthesia services. The H&P must be placed on the patient's medical record within twenty-four (24) hours after admission or registration. When the H&P is completed within thirty (30) days before admission or registration, an updated physical examination for any changes in the patient's condition must be completed and documented in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.

- (g) To provide or arrange for appropriate and timely medical coverage and care for patients for whom he or she is responsible in compliance with all Medical Staff and departmental rules and regulations, relevant law, and accreditation standards, including those regarding medical histories and physical examinations;
- (h) To submit to any physical or mental exam if requested by the Board of Trustees, the Medical Staff Executive Committee, the Credentials Committee, or Department Chief; and, if there is a known physical or mental impairment, to provide evidence that the impairment does not affect the applicant's ability to exercise his or her clinical privileges and to fulfill patient care and Medical Staff obligations;
- (i) To maintain the confidentiality of patient information, including individually identifiable health information, in compliance with all Medical Staff and Hospital bylaws, policies, procedures, standards, rules, regulations, and relevant law, including the federal Health Insurance Portability and Accountability Act and related regulations, to participate in an organized health care arrangement with the Hospital, solely for purposes of compliance therewith, and to execute any agreements or other documents as may be required by law or reasonably requested by the Medical Staff or Hospital concerning the confidentiality of patient information;
- (j) To abide by relevant law, as well as policies, procedures, standards, rules and regulations of the Hospital and Medical Staff, concerning billing procedures and other regulatory compliance issues, including to refrain from fee splitting and other inducements relating to patient referral;
- (k) To comply with all Baystate Health, Inc. and Hospital policies, including policies concerning the confidentiality, privacy, and security of patient information, and to take reasonable steps to educate and train the Member's employees, agents, and representatives, if any, concerning, and ensure their compliance with, such policies;

- (l) To notify immediately the Medical Staff Office in writing of any change in his or her contact information, including home or office addresses, telephone numbers, fax numbers, or email addresses;
- (m) To report immediately to the Medical Staff President, the Office of the CAO, or his or her Department Chief, the occurrence or proposed imposition of any of the following or the commencement of any proceeding that could result in any of the following:
 - (1) Any termination, revocation, restriction, non-renewal, lapse, expiration, suspension, surrender, resignation, or probation of his or her license to practice, or any voluntary agreement not to practice, consent agreement, or other agreement concerning his or her license to practice into which he or she has entered with the Massachusetts Board of Registration in Medicine, the Massachusetts Board of Registration in Podiatry, or the Massachusetts Board of Registration in Dentistry;
 - (2) Any termination, revocation, restriction, non-renewal, suspension, surrender, lapse, or probation of his or her DEA or other controlled substances registration;
 - (3) Any failure to maintain a demonstrated adequate amount of professional liability insurance and any material change in the status of pending or the initiation of any new malpractice claims;
 - (4) Any failure (if a Member of the Medical Staff appointed effective on or after October 11, 2016) to attain board certification within five (5) years from the date of completion of his or her residency or fellowship if a physician Member or within five (5) years from the date he or she first became eligible for such board certification if a podiatrist, dentist, or oral surgeon Member, or to maintain his or her required board certification;
 - (5) Any change in the status of his or her membership or clinical privileges at any other institution or health care facility or as a participating provider in any managed care organization or network membership if related to professional competence or conduct; and the imposition of any “disciplinary action,” as defined in the regulations of the Massachusetts Board of Registration in Medicine (regardless of whether the practitioner is a physician, dentist, oral surgeon, or podiatrist), by any other institution or health care facility;
 - (6) Any change in the status of his or her permission or ability to participate in research or scholarly activities, or to serve as a faculty member, at any institution or health care facility;
 - (7) Any contract or agreement into which the practitioner has entered with the Massachusetts Medical Society Physician Health Services or similar entity;

- (8) Any felony conviction; and
- (9) Any exclusion or other sanction or restriction concerning his or her eligibility to participate in and submit claims to any federal health care program.
- (n) To report immediately to the Medical Staff President, the Office of the CAO, or his or her Department Chief, any change in his or her physical or mental condition, including alcohol or substance abuse, that adversely affects or could adversely affect his or her ability to exercise his or her clinical privileges or to fulfill patient care and Medical Staff obligations.

3.3 EFFECTS ON OTHER AFFILIATIONS OR CURRENT STATUS

No practitioner is automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because he or she: (a) is licensed to practice in this or in any other state; (b) is a member of any professional organization; (c) is certified by any clinical board; (d) is a member of a medical school faculty; (e) had or presently has a staff membership or privileges at any other health care facility or in any other practice setting; or (f) previously had Medical Staff membership or certain privileges at the Hospital.

3.4 NONDISCRIMINATION

With respect to Medical Staff membership and clinical privileges, the Hospital shall not discriminate in any unlawful manner against any practitioner on the basis of age, race, color, sex, religion, national origin, ancestry, gender identity or expression, sexual orientation, disability, military status, or any other characteristic that is protected by law.

PART FOUR: CLINICAL PRIVILEGES

4.1 EXERCISE OF PRIVILEGES

All practitioners who are permitted to provide patient care at the Hospital must have delineated clinical privileges in accordance with the Medical Staff Bylaws. A practitioner providing clinical services at the Hospital, including any practitioner who may have clinical privileges to provide specifically delineated services via telemedicine link, may exercise only those clinical privileges specifically granted to him or her by the Board of Trustees or as provided in this Part Four regarding temporary or emergency privileges. Regardless of the level of privileges granted, each practitioner must pledge to provide or arrange for continuous medical care for his or her patients at any Hospital facility and to obtain consultation, when necessary for the safety of his or her patient or when required by the bylaws, policies, procedures, standards, rules, and regulations of the Medical Staff or the Hospital.

4.2 BASES FOR PRIVILEGES DETERMINATIONS

Clinical practice privileges are granted in accordance with prior and continuing education and training, current experience, utilization practice patterns, and demonstrated current competence and judgment as documented and verified in each practitioner's credentials file.

Additional factors that may be used in determining privileges are those specified in this Appendix 2, Credentialing Procedures, the geographic location of the practitioner, availability of qualified medical coverage in his or her absence, an adequate level of professional liability insurance, and the frequency with which particular privileges are exercised. The bases for clinical privileges determination may also include review of the records of the patients treated by a practitioner in an office setting, in other hospitals, or in other health care facilities, and the practitioner has the obligation, consistent with relevant law, to produce such records, or to facilitate the production or authorization of the production of such records, if so requested by any Hospital or Medical Staff representative.

The bases for privileges determinations for current Medical Staff members in connection with reappraisal or a requested change in privileges, also include observed clinical performance and documentation of quality assessment, risk management, utilization review, evaluation, and monitoring activities concerning the Member, and in the case of additional privileges requested, evidence of appropriate training and experience supportive of the request.

4.3 DELINEATING PRIVILEGES

4.3.1 Department Responsibility

Each department must define, in writing, the operative, invasive, and other special procedures, the conditions, and other criteria for the delineation of clinical privileges that fall exclusively within its clinical area, including different levels of severity or complexity and the requisite training, experience, or other qualifications required. Such department criteria for delineating clinical privileges also shall recommend, identify and define, and include similar information for, any privileges that may be granted to be performed via telemedicine link, in compliance with Medical Staff and Hospital bylaws, policies, procedures, standards, rules, and regulations, standards of The Joint Commission, and relevant law.

Such department criteria for delineating clinical privileges are to be approved by the Credentials Committee, the Medical Staff Executive Committee, and the Board of Trustees, must be periodically reviewed and revised, and form the basis for delineating privileges within the department. Where a clinical privilege will be exercised in more than one department, the development of the criteria will be the responsibility of the Credentials Committee, in consultation with each of the departments affected. Any criteria developed by the Credentials Committee are to be approved by the Medical Staff Executive Committee and the Board of Trustees, and must be periodically reviewed and revised, and form the basis for delineating such privileges.

4.3.2 Consultation and Other Conditions

There may be attached to any grant of privileges, in addition to requirements for consultation in specified circumstances provided for in the bylaws, policies, procedures, standards, rules, and regulations of the Medical Staff or the Hospital, special requirements for consultation as condition to the exercise of particular privileges.

As part of his or her request for clinical privileges, each practitioner pledges that, in dealing with cases outside his or her training and usual area of practice, he or she will seek appropriate consultation or refer to a practitioner who has experience in such cases and acknowledges that his or her request for clinical privileges is subject to Hospital and Medical Staff bylaws, policies, procedures, standards, rules, and regulations.

4.3.3 Procedure for Delineating Privileges

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant or Medical Staff member. Specific requests also must be submitted for temporary privileges and for modifications of privileges in the interim between reappraisals. All requests for clinical privileges are processed in accordance with the procedures outlined in this Appendix 2, Credentialing Procedures.

4.3.4 Special Conditions for Oral Surgeons, Dentists, and Podiatrists

Requests for clinical privileges from oral surgeons, dentists, and podiatrists are processed in accordance with this Appendix 2, Credentialing Procedures. Surgical privileges performed by oral surgeons and dentists are under the overall supervision of the Chief of the Department of Surgery and the Clinical Leader of any Division of Dentistry, Division of Oral Surgery or other appropriate division, if any. Surgical procedures performed by podiatrists are under the overall supervision of the Chief of the Department of Surgery and any Clinical Leader of the Division of Orthopedics or other appropriate division, if any. The exercise of clinical privileges by oral surgeons, dentists, and podiatrists, and any special conditions concerning such privileges with respect to medical histories and physical examinations or otherwise, shall be set forth in the Medical Staff and departmental rules and regulations.

The Hospital will report to the relevant licensing board (i.e., Massachusetts Board of Registration in Dentistry or Massachusetts Board of Registration in Podiatry) any action concerning any practitioner who is an oral surgeon, dentist, or podiatrist if such action would be reportable under relevant law to the Massachusetts Board of Registration in Medicine if the practitioner were a physician. The Hospital will report to the National Practitioner Data Bank any action concerning a practitioner who is a podiatrist if such action would be reportable under relevant law to the National Practitioner Data Bank if the practitioner were a physician, dentist, or oral surgeon.

4.4 EMERGENCY PRIVILEGES

In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent or in which the life of a patient is in immediate danger and any delay in administering treatment could add to that danger, any practitioner is authorized, when better alternative sources of care are not reasonably available, to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the practitioner's license but regardless of department affiliation, Medical Staff category, or clinical privileges. A practitioner exercising emergency privileges is obligated to summon all

consultative assistance deemed necessary and to arrange, within the scope of his or her area of responsibility, for appropriate follow-up care.

4.5 TEMPORARY PRIVILEGES

4.5.1 Conditions

Temporary privileges may be granted only consistent with this Section 4.5. Special requirements of consultation and reporting may be imposed by the chief of the department responsible for supervision. Any practitioner requesting or exercising temporary privileges is subject to and must abide by the bylaws, policies, procedures, standards, rules, and regulations of the Medical Staff and Hospital.

4.5.2 Circumstances

Upon the recommendation of the Medical Staff President or designee, the Office of the CAO may grant temporary privileges in the following circumstances:

- (a) *Pendency of Initial Application:* To a Medical Staff applicant, but only after: receipt of a completed Medical Staff initial application form; notice to the Credentials Committee and the Medical Staff Executive Committee; verification of the qualifications required by Sections 3.1.1 and 3.1.2 of this Appendix 2, Credentialing Procedures, of DEA or other controlled substances registration, and of adequate professional liability insurance coverage; fully positive responses from all references and from most recent hospital affiliations; and approval by the Chief of the Department. Temporary privileges of this nature generally should be granted for a period of thirty (30) days, and, consistent with regulations of the Massachusetts Board of Registration in Medicine as may be amended from time to time, may not be granted for more than one hundred twenty (120) days in any one year period.
- (b) *Important Patient Care Need:* To a practitioner to meet an important patient care need but only after: (i) receipt of a written request for the specific privileges desired; and (ii) written and timely evidence of Massachusetts licensure, DEA or other controlled substances registration, adequate professional liability insurance coverage, and a fully positive reference from a responsible Medical Staff authority at the practitioner's current principal hospital affiliation who is known to or otherwise verified by the Department Chief or Medical Staff President. Temporary privileges of this nature may be granted for a total of no more than thirty (30) days in any one year period, after which the practitioner must apply for appointment of Medical Staff membership and clinical privileges.

4.5.3 Termination

The Office of the CAO may, after consultation with the Medical Staff President or Department Chief(s) responsible for supervision, terminate any or all of a practitioner's

temporary privileges, provided that where the life or well-being of a patient is determined to be endangered, the termination also may be effected by any person entitled to impose summary suspensions as set forth in the Medical Staff Bylaws, Appendix 3, Corrective Actions and Fair Hearings. In the event of any such termination, the practitioner's patients then in the Hospital will be assigned to another practitioner by the Department Chief responsible for supervision. The wishes of the patient will be considered, where feasible, in choosing a substitute practitioner.

4.5.4 Rights of the Practitioner

A practitioner is not entitled to any of the procedural rights afforded by Appendix 3, Corrective Actions and Fair Hearings, because his or her request for temporary privileges is refused in whole or in part.

4.6 DISASTER PRIVILEGES

Disaster privileges may be granted only in the event of a major disaster (*i.e.*, when the Hospital's emergency management plan is activated and the Hospital is unable to handle immediate patient needs), consistent with relevant standards of The Joint Commission, as may be amended from time to time, and in accordance with relevant Medical Staff and Hospital policies and procedures for granting disaster privileges, as may be amended from time to time. The Office of the CAO, and any other individual so authorized in the Hospital's policies and procedures, as may be amended from time to time, shall be responsible for granting disaster privileges.

4.7 EMTALA COMPLIANCE

The Hospital will comply with the Federal Emergency Medical Treatment & Labor Act ("EMTALA"), including by providing appropriate medical screening examinations as required under EMTALA. Members of the Medical Staff and Associate Professional Staff who have been granted clinical privileges to practice in the Department of Emergency Medicine and the Department of Obstetrics & Gynecology shall be deemed Qualified Medical Persons for purposes of conducting such medical screening examinations.

PART FIVE: TERM OF APPOINTMENT, FOCUSED PROFESSIONAL PRACTICE EVALUATION, AND CONTRACTUAL PROFESSIONAL SERVICES

5.1 GENERALLY

All practitioners who practice at the Hospital must have and continuously maintain Medical Staff membership and delineated clinical privileges. The right of a practitioner to practice at the Hospital, including the use of Hospital facilities, is automatically terminated when Medical Staff membership expires or is otherwise terminated. Similarly, the right of a practitioner to exercise clinical privileges at the Hospital is automatically restricted or terminated to the extent that such delineated clinical privileges are restricted or terminated. Appointments and reappointments of Medical Staff membership and grants of clinical privileges are for a period of two (2) years except that:

- (a) The Board of Trustees, on its own initiative or after considering the recommendations of applicable department officers, the Credentials Committee, and the Medical Staff Executive Committee, may set a more frequent reappraisal period for any Medical Staff category or for the exercise of any particular privileges or may impose other conditions in general with respect to membership or privileges or for Members whose behavior, conduct, or capabilities suggest a need for a different reappraisal;
- (b) Corrective action or other disciplinary action concerning membership or clinical privileges may be initiated at any time consistent with the Medical Staff Bylaws; and
- (c) In the case of a practitioner providing professional services by contract or employment, termination or expiration of such contract or employment may result in a shorter period of membership or privileges consistent with Section 5.3 below.

5.2 FOCUSED PROFESSIONAL PRACTICE EVALUATION

5.2.1 Applicability of Focused Professional Practice Evaluation

Consistent with the standards of The Joint Commission and Medical Staff and Hospital policy, a period of focused professional practice evaluation shall be implemented for all grants of initial and increased privileges and whenever a question arises regarding a practitioner's ability to provide safe, high-quality care. A focused professional practice evaluation is not an investigation or a corrective action as defined in the Medical Staff Bylaws and does not entitle a practitioner to the hearing and appellate review rights provided in Appendix 3, Corrective Actions and Fair Hearings.

5.2.2 Status and Privileges During Focused Professional Practice Evaluation

During the focused professional practice evaluation, a practitioner must demonstrate all of the qualifications, may exercise all of the prerogatives, and must fulfill all of the obligations of his or her Medical Staff category; and, he or she may exercise all of the clinical privileges granted to him or her. The exercise of prerogatives and clinical privileges by a practitioner during the focused professional practice evaluation is subject to any conditions or limitations imposed as part of his or her appointment to the Medical Staff or grant of privileges.

5.2.3 Procedural Rights Regarding Focused Professional Practice Evaluation

Whenever a focused professional practice evaluation, including any extension of such focused professional practice evaluation, concludes with an adverse recommendation by the Medical Staff Executive Committee or adverse action by the Board of Trustees, the Office of the CAO will provide the practitioner with special notice of such adverse recommendation or adverse action consistent with Appendix 3, Corrective Actions and Fair Hearings.

5.3 PRACTITIONERS PROVIDING CONTRACTUAL PROFESSIONAL SERVICES

5.3.1 Qualifications For Membership and Privileges

A practitioner, including any medico-administrative officer, who is or who will be providing professional services pursuant to any employment or other contract between the practitioner and the Hospital or affiliated entity or other entity (such as the holder of an exclusive contract with the Hospital or affiliated entity) must meet the same membership qualifications, must be evaluated for appointment, reappointment, and clinical privileges in the same manner, must fulfill all the obligations of his or her Medical Staff category, and must abide by all Medical Staff and Hospital bylaws, policies, procedures, standards, rules, and regulations with respect to Medical Staff membership and the exercise of clinical privileges as any other applicant or Medical Staff member.

5.3.2 Effect of Adverse Change in Membership or Privileges on Contract

When there is an adverse change in the Medical Staff membership or clinical privileges of a practitioner who provides professional services pursuant to a contract described in Section 5.3.1 above, the effect of any such adverse change on the continuation of such contract is governed solely by the terms of such contract. If such a contract with the Hospital or affiliated entity is silent on the matter, the effect of any such adverse change on the continuation of such contract will be determined by the Hospital or affiliated entity.

5.3.3 Effect of Contract Termination on Membership or Privileges

The effect of termination of a contract described in Section 5.3.1 above on the practitioner's Medical Staff membership status or clinical privileges is governed solely by the terms of such contract. If such contract is silent on the matter, then such contract termination alone will not automatically adversely affect the practitioner's Medical Staff membership status or clinical privileges but does not preclude the initiation of corrective or other disciplinary action consistent with Medical Staff Bylaws; provided, however, that if the terminated contract concerned in any way the provision of professional services for which the Hospital or affiliated entity has an exclusive contractual arrangement, then the practitioner may not thereafter exercise any clinical privileges concerning such professional services.

PART SIX: LEAVES OF ABSENCE AND RESIGNATIONS

6.1 LEAVE OF ABSENCE

A Medical Staff member may, for good cause, request a voluntary leave of absence by giving written notice to the chief of the department in which he or she has his or her principal affiliation for review, recommendation, and transmittal to the Credentials Committee and on to the Medical Staff Executive Committee. The request must state the approximate period of time of the leave, which may not exceed one (1) year, except for military service. During the period of the leave, the clinical privileges, prerogatives, and responsibilities of the Medical Staff

member are suspended. The Medical Staff Executive Committee shall make a report and recommendation on the requested leave of absence to the Board of Trustees for final action.

6.2 TERMINATION OF LEAVE OF ABSENCE

The Medical Staff member must, at least thirty (30) days prior to the termination of the leave, or may at any earlier time, request reinstatement by sending a written notice to the Office of the CAO, with a copy to the member's Department Chief. The Medical Staff member must provide evidence of a currently valid license to practice that is not subject to any conditions or restrictions that adversely affect, or are inconsistent with, the practitioner's ability to have Medical Staff membership or exercise clinical privileges at the Hospital, DEA controlled substance registration, and professional liability insurance coverage, if any of the same expired during the leave. If requested by the Medical Staff or the Hospital, the Medical Staff member also shall submit a written summary of relevant activities during the leave and any other information relevant to the appointment or reappointment procedures set forth in this Appendix 2, Credentialing Procedures. If the practitioner's reappointment date occurred during the leave, or if his or her reappointment date is fewer than three (3) months ahead, he or she must complete the full application for initial appointment when requesting reinstatement. The procedures in Part Two of Appendix 2, Credentialing Procedures, as applicable, are followed in evaluating and acting on the reinstatement request.

The failure of a Member on a leave of absence to seek reinstatement consistent with this Section 6.2 prior to the expiration of such leave shall result in automatic termination of membership and clinical privileges at the expiration of such leave.

6.3 RESIGNATION

A Medical Staff member may resign by giving written notice to the chief of the department in which he or she has principal affiliation, which notice shall be forwarded to the Credentials Committee, to the Medical Staff Executive Committee, and to the Board of Trustees for final action.

November 13, 2018