TITLE: REAPPOINTMENT APPLICATION PROCESS

PURPOSE: To set forth the criteria for assessing application for reappointment to the Medical Staff and evaluating privilege requests. This policy only applies to eligible healthcare professionals seeking reappointment of membership and/or clinical privileges to the Medical Staff.

GENERAL PROVISIONS
A. By applying for reappointment to the Medical Staff, the Applicant acknowledges responsibility to uphold the Medical Staff Bylaws, Rules and Regulations, and Policies and Procedures and agrees that throughout any period of Membership and/or Appointment, he/she will comply with the responsibilities as they exist and as they are modified.

BURDEN OF PRODUCING INFORMATION
A. The Medical Staff will provide a reappointment application, hospital specific forms and documents for completion at least one hundred twenty (120) days prior to the expiration of privileges.
B. The Applicant will have thirty (30) days from the date of the notification to submit the application, hospital specific forms and supporting documents.
C. The Applicant shall have the burden of producing information for adequate evaluation of the qualifications and suitability for the requested reappointment of membership and/or clinical privileges.
D. Failure to submit the reappointment application at least forty five (45) days after receipt may be considered as a voluntary resignation of Medical Staff privileges at the end of the current term. Voluntary resignations will not be reported to the NPDB as an adverse action unless the applicant is under an investigation.

TERM OF APPOINTMENT
A. Reappointments to the Medical Staff shall be for a period not to exceed two (2) years during which the provider shall be subject to Ongoing Professional Practice Evaluation (OPPE) as set for in the Medical Staff Bylaws.
B. Community East/North – Reappointment of providers at the age of seventy-five (75) years and older will occur on an annual basis.

APPLICATION VERIFICATION PROCESS
A. Each application for reappointment will not be processed until all questions and provisions are answered.
B. The verification shall include, but is not limited to, the following items:
   a. Current licensure and registrations;
   b. Professional board certification/eligibility status;
   c. Hospital and surgery center affiliations;
   d. Current malpractice coverage and current claims history status;
   e. Any pending or completed disciplinary actions or sanctions;
   f. Criminal Background Check;
   g. National Practitioner Data Bank;
   h. Performance and conduct in this hospital and/or other healthcare organizations
   i. Verification of compliance with Medical Records Chart Requirements
      i. Providers will not be eligible for reappointment until outstanding fines are received – see Deficiency and Fine Notification Medical Staff Policy
APPLICATION APPROVAL PROCESS

A. If an application for reappointment is submitted timely, but the Board has not acted on it prior to the expiration of the member’s current term of appointment, the President, on behalf of the Board, shall have the authority to grant the individual an interim appointment and clinical privileges until such time as the Board acts on the reappointment application. However, if the reappointment application is not submitted timely, the individual’s appointment and clinical privileges shall automatically expire at the end of his/her current term as set forth in paragraph (D) above, and the individual may not practice until his/her reappointment is processed as set forth in this Policy.

B. Once a completed application has been received and all information has been verified, the Medical Staff Office shall notify the Department Chairman (East & North and South) to review the practitioner’s file. The Department Chairman shall make a written recommendation to the Credentials Committee to accept or deny the application.

C. The Credentials Committee will review the practitioner’s file. If no issues of significance are found, the Credentials Committee will recommend the file for approval to the Quality Assurance Council of the Medical Executive Committee (MEC).

D. The Quality Assurance Council of the Medical Executive Committee will review the recommendations from the Credentials Committee and will forward its recommendations to the Quality of Care Committee, a subcommittee of the Board.

E. If the Quality of Care Committee is in agreement with the recommendations from the Credentials Committee and the Quality Assurance Council of the MEC, the recommendations will be sent to the Board for final approval.

F. The Medical Staff Office will send notification of approval to the applicant within 10 days of the approval.

G. When the recommendation of the Medical Executive Committee is an “Adverse Recommendation”, as defined in the Bylaws, to the Applicant, the Hospital President shall notify the Applicant within ten (10) days, by certified mail, requesting return receipt. No such Adverse Recommendation shall be forwarded to the Board of Directors for action purposes until the applicant has waived, or has been deemed to have waived Applicant’s right to a hearing and appeal as provided in the Medical Staff Bylaws, Rules and Regulations, Policies and Procedures, if eligible. A recommendation of an appointment period less than two (2) years is not considered an “Adverse Recommendation” and does not qualify under such rights.

No adverse recommendation from the QA Council of the MEC or the Quality of Care Committee will be forwarded to the Board until the practitioner has exercised or waived his/her right to a hearing as provided in the Medical Staff Bylaws.

East/North Medical Executive Council Approval: 11/19/02; 06/21/05; 4/21/09 11/15/11; 01/20/15; 9/19/17; 03/12/19
South Medical Executive Council Approval: 02/13/06; 4/13/09; 11/12/12; 12/09/14; 10/10/17; 03/12/19
Board of Directors Approval: 12/02/02; 7/11/05; 6/1/09; 2/09/2015; 11/13/17; 5/13/19
CHVH Medical Executive Council Approval: 03/27/06; 4/27/09
CHVH Board of Managers Approval: 04/24/06; 5/26/09