

ALLINA HEALTH MEDICAL STAFF CREDENTIALING POLICY

Approved by the Allina Health Clinical Leadership Team, December 15, 2016

Amendments approved by the Allina Health Clinical Leadership Team, April 19, 2018

Allina Health Medical Staff Credentialing Policy

Section	Text	NCQA
ARTICLE 1. Introduction	<p>Allina Health System is a not-for-profit corporation, organized under the laws of the State of Minnesota. Allina Health’s mission is to serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.</p> <p>Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. Allina Health cares for patients from beginning to end of life through its clinics, hospitals, pharmacies, specialty care centers and specialty medical services that provide home care, senior transitions, hospice care, home oxygen and medical equipment, and emergency medical transportation services.</p> <p>The Allina Health Clinical Leadership Team has adopted this Credentialing Policy, which establishes the Allina Health Medical Staff and describes the process by which Allina Health determines which practitioners are accepted as members of its Medical Staff. This Policy outlines the standards, policies, and process for the acceptance, discipline and termination practitioners from the Allina Health Medical Staff. Allina Health credentialing determinations are guided by an evidence-based evaluation of each practitioner’s capability to provide safe, effective, efficient, and quality care to Allina Health patients, considering each practitioner’s background, credentials, and qualifications.</p> <p>Nothing in this Credentialing Policy limits Allina Health’s discretion in:</p> <ol style="list-style-type: none"> (1) Accepting, disciplining or terminating any practitioner’s participation in the Allina Health Medical Staff, (2) Hiring, managing, disciplining or terminating any practitioner’s employment with Allina Health, (3) Taking any action with regard to any contract or agreement, including an employment or 	CR1 Element A Factor 6

Section	Text	NCQA
	<p>professional services agreement, including its discretion and authority to enter into professional services agreements or to permit practitioners who may or may not be Allina Health employees to provide professional medical care and services to patients within Allina Health clinics and care settings.</p> <p>This Credentialing Policy may be changed from time to time with approval of the Allina Health Clinical Leadership Team. Any change in legal, regulatory, or accreditation requirements shall automatically be incorporated into this Credentialing Policy as of the requirement’s effective date. Any changes to this Policy will be effective and apply to all new and existing practitioners from the effective date of the change.</p> <p>For the purpose of all timelines set forth in this Policy, notice is deemed to be received by the individual on the earlier of the date on which delivery is acknowledged or confirmed (such as by email with read receipt, certified mail acknowledgement, delivery service confirmation) or three business days after the delivery date.</p> <p>No activities described in this Policy may be delegated unless specifically authorized by the terms of this Policy.</p>	
<p>ARTICLE 2 Committees</p> <p>Section 2.1 Allina Health Clinical Leadership Team</p>	<p>The Allina Health Clinical Leadership Team, chaired by and under the leadership of the Allina Health Chief Medical Officer, has responsibility and authority for the acceptance, discipline and termination of practitioners, as delegated and described in this Credentialing Policy. The Clinical Leadership Team is established according to its duly approved charter.</p>	<p>CR1 Element A Factor 10</p>
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p>	<p>The Allina Health Peer Review Committee is a standing committee of the Allina Health Clinical Leadership Team and is the designated credentialing committee for Allina Health.</p>	<p>CR2</p>
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p>	<p>The Allina Health Peer Review Committee is formed as a review organization and uses a peer-review process to gather and review information</p>	<p>CR2</p>

Section	Text	NCQA
<p>Section 2.2.1 Allina Health Peer Review Committee Purpose</p>	<p>relating to the care and treatment of patients for the purposes of:</p> <ul style="list-style-type: none"> (4) Evaluating the quality and safety of care rendered by medical professionals in Allina Health. (5) Determining whether a practitioner shall be granted participating status in the Allina Health Medical Staff, whether a participating practitioner’s participation status should be limited, suspended or revoked, and making recommendations regarding these matters to the Allina Health Clinical Leadership Team for action as appropriate. (6) Evaluating quality of care provided by health care medical professionals in Allina Health across all settings in which medical care is rendered to patients. (7) When systems issues affecting the quality or safety of medical care are identified in the course of evaluating medical professional care, referring those issues for follow-up to the appropriate department or committee within Allina Health. (8) Providing information to other affiliated or non-affiliated peer review organizations (as defined in Minn. Stat §145.61) for a purpose specified in Minn. Stat §145.61, as long as that information will further the purposes of a review organization as specified in Minn. Stat § 145.61. (9) Fulfilling such other purposes as may be permitted for review organizations pursuant to Minn. Stat. §145.61, as in place from time to time. 	
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p> <p>Section 2.2.2 Allina Health Peer Review Committee Membership</p>	<p>Only Allina Health employees are eligible to serve as committee members, and all committee members must be persons who are permitted to serve on a peer review organization as provided by Minnesota and Wisconsin law.</p>	

Section	Text	NCQA
Section 2.2.2.1 Eligibility for Committee Membership		
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p> <p>Section 2.2.3 Peer Review Committee Membership Appointment, Terms, Removal and Vacancies</p> <p>Section 2.2.3.1 Appointment of Peer Review Committee Members</p>	<p>The Allina Health Chief Medical Officer is a member, <i>ex officio</i> with vote. All other members of the Allina Health Peer Review Committee shall be appointed by the Allina Health Chief Medical Officer.</p> <p>The Chief Medical Officer may appoint any eligible individual to serve as a committee member, so long as the majority of members are Allina Health Medical Staff members who fairly reflect the range of practitioners (specialties, practitioner types, geographic location, and practice setting) that comprise the Allina Health Medical Staff. This does not mean that each practitioner type or specialty must be represented on the Committee.</p> <p>The Chief Medical Officer of Allina Health may appoint as many eligible members to the Allina Health Peer Review Committee as the Officer determines are needed to fulfill the purposes of the Allina Health Peer Review Committee, provided that the Committee must consist of at least three members.</p>	<p>CR1 Element A Factor 10</p> <p>CR2 Element A Factor 1</p>
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p> <p>Section 2.2.3 Peer Review Committee Membership Appointment, Terms, Removal and Vacancies</p> <p>Section 2.2.3.2 Peer Review Committee Member Terms</p>	<p>Appointed members serve until they resign their Allina Health Peer Review Committee membership by written notice to the Chief Medical Officer of Allina Health, or are removed according to Section 2.2.3.3. <i>Ex officio</i> members serve for as long as they hold the position on which their <i>ex officio</i> membership is based.</p>	
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p>	<p>Appointed members may be removed at any time by the Chief Medical Officer of Allina Health.</p>	<p>CR1 Element A Factor 10</p>

Section	Text	NCQA
<p>Section 2.2.3 Peer Review Committee Membership Appointment, Terms, Removal and Vacancies</p> <p>Section 2.2.3.3 Peer Review Committee Member Removal</p>		
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p> <p>Section 2.2.3 Peer Review Committee Membership Appointment, Terms, Removal and Vacancies</p> <p>Section 2.2.3.4 Peer Review Committee Member Vacancies</p>	<p>The Chief Medical Officer of Allina Health may, but is not required to, appoint an interim member to assume any vacant position on the Allina Health Peer Review Committee. This interim member shall serve until a person is duly appointed to the position, at which time the interim membership will automatically terminate.</p>	<p>CR1 Element A Factor 10</p>
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p> <p>Section 2.2.4 Peer Review Committee Chair</p>	<p>The Chief Medical Officer of Allina Health shall assign a member of the Allina Health Peer Review Committee to serve as its Chair. The Chair shall:</p> <ol style="list-style-type: none"> (1) Convene, conduct and be responsible for the agenda of all meetings of the Allina Health Peer Review Committee. (2) Assure orderly record keeping for the meetings and other proceedings of the Allina Health Peer Review Committee. (3) Assure that all required reports are made. (4) Serve as a liaison with the medical leader at other Allina Health operating units where Allina Health Medical Staff members provide services. (5) Provide reports to the Allina Health Clinical Leadership Team of the activities of the Allina Health Peer Review Committee as described in this Charter, and provide other reports as may be 	<p>CR1 Element A Factor 10</p>

Section	Text	NCQA
	<p>requested by the Clinical Leadership Team or the Chief Medical Officer of Allina Health.</p> <p>(6) Be responsible for enforcement and compliance with this charter and the policies and procedures of the Allina Health Medical Staff.</p> <p>(7) Assure that the conduct and records of the Allina Health Peer Review Committee are maintained in conformance with Minn. Stat. §145.61 – 145.67 and Wis. Stat. 146.38.</p> <p>(8) Appoint members or other Allina Health Medical Staff members to special subcommittees or workgroups for specified purposes, delegating and prescribing the respective powers and duties thereof, as necessary to carry out the purposes of the Allina Health Peer Review Committee.</p> <p>If at any time the Chair position is vacant, the Chief Medical Officer of Allina Health or designee shall assume the duties and authority of Chair until such time that a new Chair is assigned. The Chair or the Allina Health Chief Medical Officer may designate any member of the Allina Health Peer Review Committee to serve as Chair during times when the Chair is unavailable.</p>	
<p>ARTICLE 2 Committees</p> <p>Section 2.2 Allina Health Peer Review Committee</p> <p>Section 2.2.7 Subcommittees of the Peer Review Committee</p>	<p>The Allina Health Peer Review Committee Chair may appoint members to serve on standing or ad hoc subcommittees to conduct reviews or investigations or to render expedited approvals as described in Section 4.11.</p>	
<p>ARTICLE 2 Committees</p> <p>Section 2.3 Allina Health Appeals Committee</p>	<p>The Allina Health Appeals Committee is an ad hoc committee, appointed by the Allina Health Chief Medical Officer to hear and receive evidence, make findings of fact, and issue recommendations at a hearing conducted according to this Credentialing Policy. The Appeals Committee shall consist of at least three members who are Allina Health Medical Staff members in good standing who do not have prior involvement or participation in the matters under consideration. Knowledge of the matters under consideration do not preclude any individual</p>	

Section	Text	NCQA
	<p>from serving on the Appeals Committee. The Chief Medical Officer shall appoint one of the Appeals Committee members to serve as the Appeals Committee Chair. The Appeal Committee’s actions require the affirmative vote of a majority of the Committee’s membership. Appeals Committee members serve from the time of their appointment to the conclusion of the hearing. If for any reason a member is unable to complete service on the Appeals Committee before the conclusion of the hearing, the Chief Medical Officer may appoint a substitute member to serve in the absent member’s place for the remainder of the proceedings.</p> <p>At the discretion of the Allina Health General Counsel or designee, the Appeals Committee may be represented and advised by an outside attorney to be selected and retained by the General Counsel’s office.</p>	
<p>ARTICLE 2 Committees Section 2.4 Committee Procedures</p>	<p>The following procedures apply to all of the Committees listed above when they are performing activities under this Credentialing Policy.</p>	
<p>ARTICLE 2 Committees Section 2.4 Committee Procedures Section 2.4.1 Committee Meetings</p>	<p>Each committee shall meet as frequently as needed to accomplish its purpose and functions as determined by its Chair. The Chair may call a special meeting of the committee at any time. Written or printed notice stating the time, place and purpose of any regular or special meeting shall be delivered by Allina Health email (or by Allina Health internal mail, U.S. Mail to the address on record with the Chair, or personally by hand) to each member of the committee at least three work days before the meeting date. In an unusual situation where it is not possible to give the required advance notice, notice may be given to all members of the Allina Health Peer Review Committee in person or by telephone (or text or instant message with acknowledgement of receipt) and Allina Health email.</p>	
<p>ARTICLE 2 Committees Section 2.4 Committee Procedures</p>	<p>Attendance in person of a majority of the voting members of the committee constitutes a quorum at any committee meeting. Once a quorum is established, the business of a meeting may continue</p>	<p>CR2 Element A Factor 2</p>

Section	Text	NCQA
Section 2.4.2 Quorum, Voting and Minutes	<p>and all actions shall be binding even though less than a quorum exists at a later time in the meeting.</p> <p>An action approved by the affirmative vote of a majority of members present and voting at a meeting at which a quorum has been established is the action of the committee.</p> <p>All actions of the committee, and all discussions about credentialing decisions, shall be recorded in minutes, which shall be maintained as described in section 2.4.5.</p>	
ARTICLE 2 Committees Section 2.4 Committee Procedures Section 2.4.3 Attendance by Teleconference	The Chair may approve attendance of a member at a committee meeting by telephone or other electronic voice, video or Web conference system so long as there is provision for audio participation. Upon approval by the Chair, this form of attendance shall constitute “in person” attendance for the purpose of establishing quorum. At the discretion of the Chair, meetings of the committee may be conducted virtually (i.e., through video conference or Web conference with audio).	
ARTICLE 2 Committees Section 2.4 Committee Procedures Section 2.4.4 Action Without Meeting	With the exception of review and consideration of practitioner credentials and practitioner credentialing actions, other actions the committee may take at a meeting may be taken without a meeting when authorized in writing or writings signed or consented to by authenticated email communication by that number of committee members that would be required to take the same action at a meeting at which all voting members are present. The written action shall be effective when signed or electronically consented to by the required number of members unless a different effective time is provided in the written action.	CR2 Element A Factor 2
ARTICLE 2 Committees Section 2.4 Committee Procedures Section 2.4.5 Immunity and Confidentiality	Immunity under Minnesota or Wisconsin law applies to the committees and any of their subcommittees or work groups when they are conducting activities to carry out the purposes of this Policy. It also applies to any individual acting for or on behalf of the committees in carrying out those purposes. All reports, recommendations, actions, minutes made or taken, or other related documents received or prepared by such groups or individual are confidential according to Minnesota and	CR1 Element A Factor 11 CRA3 Element A Factors 4, 5

Section	Text	NCQA
	<p>Wisconsin law; however, in accordance with those laws, such information may be disclosed as necessary, in the discretion of the Chair, to carry out the purposes described in this Policy.</p> <p>All credentialing files and information will be maintained according to Credentials Verification Office policies.</p> <p>The Chief Medical Officer, all members of the Clinical Leadership Team and the Allina Health Peer Review Committee, and all Allina Health staff who participate in the credentialing activities described in this Policy shall be employees of Allina Health, who, as Allina Health employees, are subject to the Allina Health Code of Conduct and Confidentiality and Non-Disclosure Policy and are required to complete training on and electronically attest to their understanding of, and agreement to comply with, these policies before assuming their duties as a new employee and annually thereafter.</p>	
<p>ARTICLE 2 Committees</p> <p>Section 2.4 Committee Procedures</p> <p>Section 2.4.6 Consultation of Other Persons</p>	<p>The Chairs or their designees may solicit and invite to committee meetings as needed one or more individuals to advise, counsel, provide information to, or furnish services to the Committee when necessary to achieve the purposes and functions set forth in this Policy.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.1 Requirement of Medical Staff Membership</p>	<p>Except as noted below, all practitioners listed in Section 3.2 must complete the application process and be approved according to the procedures described in this Policy before they are authorized to provide professional medical care and services to Allina Health patients within the scope of Allina Health employment or of a qualified professional services agreement.</p> <p>The following practitioners are not required to complete the credentialing process described in this Policy:</p> <ul style="list-style-type: none"> (1) Covering practitioners (e.g., locum tenens providers). (2) Practitioners who do not provide care to Allina Health patients in a treatment setting (e.g., courtesy consultants). 	<p>CR1 Element A Factors 1, 4</p> <p>CR2</p>

Section	Text	NCQA
	<p>(3) Practitioners who practice exclusively in an inpatient setting and provide care for organization members only because members are directed to the hospital or another inpatient setting.</p> <p>(4) Practitioners who practice exclusively in free-standing facilities and provide care for organization members only because members are directed to the facility.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.2 Eligibility for Medical Staff Membership</p>	<p>The following professionals are eligible for membership in the Allina Health Medical Staff when they are employed by Allina Health or contracted under a qualified professional services agreement to provide medical care and services to Allina Health patients in the scope of Allina Health employment or professional services agreement:</p> <p>(1) Physicians (M.D., D.O., M.B.B.S., or equivalent degrees)</p> <p>(2) Dentists</p> <p>(3) Podiatrists</p> <p>(4) Advance Practice Registered Nurses, including:</p> <ul style="list-style-type: none"> (a) Certified Nurse Practitioners (b) Certified Clinical Nurse Specialists (c) Certified Registered Nurse Anesthetists (d) Certified Nurse Midwives <p>(5) Physician Assistants</p> <p>(6) Chiropractors</p> <p>(7) Optometrists</p> <p>(8) Licensed Psychologists</p> <p>(9) Licensed Family and Marriage Therapists</p> <p>(10) Licensed Independent Clinical Social Workers</p>	<p>CR1 Element A Factor 1</p>
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.3</p>	<p>Except as may otherwise be provided in this Credentialing Policy, to be eligible to apply for and maintain membership in the Allina Health Medical Staff, a practitioner must satisfy each of the following threshold qualifications:</p>	<p>CR1 Element A Factor 3</p>

Section	Text	NCQA
<p>Threshold Qualifications for Medical Staff Membership</p>	<ul style="list-style-type: none"> <li data-bbox="570 226 1276 632">(1) Be a current employee of Allina Health or of a professional group practice that is party to a qualified professional services agreement with Allina Health, and, if a physician employed by Allina Health, be party to a duly executed employment agreement with Allina Health currently in effect, or be in the process of negotiating such an employment agreement, so long as an agreement is duly executed and in effect on or before membership is approved according to this Credentialing Policy. <li data-bbox="570 632 1276 716">(2) Assigned to professional medical practice within an Allina Health clinical practice location. <li data-bbox="570 716 1276 919">(3) Have a current, unrestricted license or registration to practice in the applicant’s or member’s profession in Minnesota, Wisconsin or both depending on the clinical practice location(s) to which the practitioner is assigned. <li data-bbox="570 919 1276 1123">(4) Have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, or been required to pay civil penalties for the same. <li data-bbox="570 1123 1276 1388">(5) Have never been convicted of, nor entered a plea of guilty or no contest to any felony or gross misdemeanor, nor have been convicted or, or entered a plea of guilty or no contest to any misdemeanor that relates to controlled substances, healthcare fraud and abuse, illegal drugs, or violence. <li data-bbox="570 1388 1276 1591">(6) Not be currently excluded from participation in Medicare, Medicaid or other federal or state governmental health care program and are not currently disqualified by a state background check. <li data-bbox="570 1591 1276 1751">(7) Have not within the previous five years had medical staff membership or clinical privileges or clinical employment denied, revoked, or terminated by any Allina Health operating unit¹ 	

¹ For purposes of this Policy, an Allina Health operating unit is any health care treatment facility owned in whole or in part operated by Allina Health.

Section	Text	NCQA
	<p>for reasons related to clinical competence or professional conduct.</p> <p>(8) Have not within the five years preceding the date of application had a license to practice suspended or revoked as a result of a disciplinary proceeding by any state licensing agency.</p> <p>(9) Where applicable to the practitioner’s professional medical practice in Allina Health, possess a current, unrestricted DEA registration.</p> <p>(10) Be certified by an appropriate specialty board as follows:</p> <ul style="list-style-type: none"> (a) If a physician, be currently certified by the appropriate specialty board of the American Board of Medical Specialties (“ABMS”) or the appropriate specialty board of the American Osteopathic Association (“AOA”), the Royal College of Physicians and Surgeons of Canada, the Family Physicians of Canada, or other medical specialty certification organization acceptable to the Allina Health Peer Review Committee and approved by the Allina Health Clinical Leadership Team; or be in the process of obtaining such certification, provided that certification is conferred within the particular specialty board’s eligibility period following graduation from the specialty training program; (b) If a podiatrist, be currently certified by the American Board of Foot and Ankle Surgery; (c) If an advanced practice registered nurse, be currently certified by a national certifying body recognized by the Minnesota Board of Nursing in the APRN role and population foci appropriate to the nurse’s educational preparation; (d) If a physician assistant, be currently certified by the National Commission on Certification of Physician Assistants, or its successor agency as approved by the Minnesota Board of Medical Practice; or 	

Section	Text	NCQA
	<p>(e) If a psychologist, be currently certified by the American Board of Professional Psychology if required by Allina Health for the professional services to be provided.</p> <p>(11) Have successfully completed post-graduate educational training, as required and defined by the applicable state licensing or registration agency having administrative oversight of the practitioner’s profession, or as otherwise defined by Allina Health, and have sufficient experience, qualifications and training for the practitioner’s professional practice within Allina Health, as determined by Allina Health in its sole discretion.</p> <p>(12) If the practitioner’s professional practice requires hospital privileges, as determined by Allina Health, have and maintain such privileges in good standing at one or more Allina Health hospitals.</p> <p>(13) Have completed all immunization and infection control and all orientation, education, training requirements of Allina Health, either at the time of application or within the time required by Allina Health in its sole discretion.</p> <p>In addition to each of the qualifications listed above, to be eligible to apply for renewal of membership, a member must also have met all Allina Health Medical Staff duties and responsibilities as described in this Credentialing Policy and have continued to meet all applicable qualifications, criteria, and responsibilities outlined in this Credentialing Policy, the written employment or professional services agreement, and Allina Health policies.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.4 Waiver of Threshold Qualifications for Medical Staff Membership</p>	<p>Any individual who does not satisfy a threshold condition for participation may request that it be waived. Waivers may be requested at the time of credentialing or at any time during an appointment term if a threshold qualification lapses. The individual requesting the waiver bears the burden of demonstrating that his or her qualifications are equivalent to, or exceed, the requirements of the condition in question.</p>	<p>CR1 Element A Factor 3</p>

Section	Text	NCQA
	<p>The Allina Health Clinical Leadership Team in its sole discretion, may waive specific threshold qualifications in exceptional cases after considering the findings and recommendations of the Allina Health Peer Review Committee, the specific qualifications of the individual in question, and the best interests of Allina Health and the patients it serves. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.</p> <p>No individual is entitled to a waiver, even for criteria that have been previously waived for the individual, or to a hearing or to any other procedures in this Credentialing Policy if the Allina Health Clinical Leadership Team decides not to grant a waiver. A determination not to waive threshold qualifications is not a “denial” of membership.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.5 Factors for Evaluation for Medical Staff Membership</p>	<p>Only those applicants who can document that they are qualified in all regards will be granted Allina Health Medical Staff membership. The Allina Health Peer Review Committee will evaluate the following factors as part of the initial application and renewal of participation application processes:</p> <ol style="list-style-type: none"> (1) Relevant education, training, experience, demonstrated current competence and judgment, and ability to perform the professional clinical services competently and safely. (2) Adherence to the ethics of the applicant’s profession. (3) Good reputation and character. (4) Ability, physically and mentally, to safely and competently perform the essential functions of the clinical care, treatment, and services in the scope of the applicant’s license and training, with or without reasonable accommodation. (5) Ability and commitment to meet Allina Health’s standards of professional conduct and ethics, including standards described in the Allina Health Code of Ethics and applicable Allina Health policies regarding ethical and respectful conduct and behavior; 	<p>CR1 Element A Factor 3</p> <p>CR2 Element A Factor 2</p>

Section	Text	NCQA
	<p>(6) Recognition of the importance of, and willingness to support, Allina Health’s commitment to safe quality care, and recognition that interpersonal skills of collaboration, communication, and collegiality are essential for the provision of safe, quality patient care.</p> <p>(7) Professional history, including whether the applicant:</p> <ul style="list-style-type: none"> (a) Has ever had, for reasons related to clinical competence or professional conduct, membership, privileges, employment, contract or participation status disciplined, suspended, restricted, limited, conditioned, denied, revoked, or terminated, or is currently or has ever been the subject of any peer review activity by any health care facility, health care provider, professional standards or certification body, third-party payer, clinic, medical staff, health plan, administrative or government agency, or any other health-related agency or organization. (b) Has ever resigned or relinquished membership, clinical privileges, clinical employment, or contract or participation status during an investigation of clinical competence or professional conduct or in exchange for not conducting such an investigation. (c) Has ever had a professional license revoked, suspended, or conditioned or been disciplined or agreed to a corrective action by any state licensing agency or has ever voluntarily or involuntarily relinquished, limited or restricted such licensure or registration. (d) Has ever been sanctioned by or excluded from participation in any health care plan or program, including but not limited to Medicare, Medicaid or other federal or state governmental health care program. (e) Has been party to or the subject of any claim, allegation, complaint, lawsuit, judgment, settlement or other incident that, in the sole 	

Section	Text	NCQA
	<p>discretion of Allina Health, singly or when considered together with one or more other incidents, indicates a potential competency or quality of care concern.</p> <p>(f) Has been party to or the subject of any claim, allegation, complaint, lawsuit, judgment, settlement or other incident that, in the sole discretion of Allina Health, singly or when considered together with one or more other incidents, indicates that the applicant has engaged in unprofessional conduct, unethical conduct, sexual misconduct, failure to maintain appropriate professional boundaries, false or negligently incorrect billing practices, or actions likely to deceive, defraud, or harm patients or the public.</p> <p>(8) information concerning peer review actions, discipline, or voluntary or involuntary corrective action, termination, limitation, restriction, reduction, denial, non-renewal, or loss of membership or clinical privileges at this or another hospital, health care facility, peer review organization, third-party payer, clinic, medical staff, or any health-related agency or organization.</p> <p>(9) Practitioner-specific clinical data and morbidity and mortality data, when available.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.6 Additional Factors for Evaluation for Renewal of Medical Staff Membership</p>	<p>Each application for renewal of Allina Health Medical Staff membership will be subject to consideration of all of the factors listed, above, along with the following additional factors:</p> <p>(1) The quality of the applicant’s patient contacts during the previous membership term.</p> <p>(2) The applicant’s current clinical competence, judgment, and safety in the treatment of patients, as determined by review of any relevant evidence, including but not limited to results of Allina Health’s performance improvement and peer review activities or other reasonable indicators of continuing qualifications adopted by the Allina Health Clinical Leadership Team.</p>	<p>CR1 Element A Factor 3</p> <p>CR2 Element A Factor 2</p>

Section	Text	NCQA
	<p>(3) The applicant’s fulfillment of the basic responsibilities and requirements of membership as set forth in this Credentialing Policy.</p> <p>(4) The applicant’s compliance with this Credentialing Policy, the written employment agreement, and all applicable Allina Health policies.</p> <p>(5) The resolution of any substantiated complaints received from patients or others regarding the applicant.</p> <p>(6) Whether the applicant is, at the time of application for renewal of participation, under review or investigation for questions regarding clinical competence and/or professional conduct by Allina Health, including at any hospital where the applicant has clinical privileges.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.7 Non-discrimination Policy</p>	<p>Criteria for membership in the Allina Health Medical Staff as set forth in this Credentialing Policy are to be applied uniformly to all applicants for initial and continued participation. Allina Health credentialing decisions will be made without discrimination on the basis of an applicant’s race, ethnic or national origin or identity, gender, age, sexual orientation, focus of practice (e.g., patients who receive public assistance benefits); creed, religion, color, disability unrelated to the provision of safe patient care, or on any other basis prohibited by state or federal law.</p> <p>The Chief Medical Officer, all members of the Clinical Leadership Team and the Allina Health Peer Review Committee, and all Allina Health staff who participate in the credentialing activities described in this Policy are subject to the Allina Health Code of Conduct and Respectful Workplace Policy and are required to complete training on and electronically attest to their understanding of, and agreement to comply with, these policies before assuming their duties as a new employee and annually thereafter.</p> <p>Allina Health maintains an Integrity Line, a confidential, 24-hour external resource which any person can access by toll-free telephone or on the web to report questions, concerns, or incidents</p>	<p>CR1 Element A Factors 7, 3</p>

Section	Text	NCQA
	<p>relating to ethical business conduct. Reports to the Integrity Line may be made anonymously. Reports to the Integrity Line are forwarded to the Allina Health Corporate Compliance Department, which coordinates investigation and follow-up of all reported concerns.</p> <p>The Clinical Leadership Team will oversee an annual audit of credentialing files and practitioner complaints to verify compliance with this non-discrimination policy.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.8 Conditions of Medical Staff Eligibility and Membership</p>	<p>The following statements are express conditions applicable to all applicants and members. Each applicant, as a condition of eligibility for membership, must agree to and accept that each of the following conditions applies: (a) whether or not membership is granted or renewed, (b) throughout the term of any membership term, and (c) as applicable, to any credentialing or other review organization inquiries Allina Health receives about the applicant or member at any time, whether or not the applicant or member is, at the time the inquiry is received, an Allina Health Allina Health Medical Staff member.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.8 Conditions of Medical Staff Eligibility and Membership</p> <p>Section 3.8.1 Immunity</p>	<p>To the fullest extent permitted by law, the applicant or member releases from any and all liability, and extends absolute immunity to Allina Health, its authorized representatives, other Allina Health Medical Staff members and any other individuals engaged or involved in peer review activities relating to the applicant or member with respect to any acts, communications or documents, recommendations or disclosures made consistent with this Credentialing Policy:</p> <ol style="list-style-type: none"> (1) Applications for membership or membership renewal; (2) Evaluations concerning membership renewal; (3) Proceedings for suspension, restriction, or reduction of clinical services or for revocation of Allina Health Medical Staff membership, or any other disciplinary sanction; (4) Precautionary suspension; 	

Section	Text	NCQA
	<p>(5) Hearings and appellate reviews;</p> <p>(6) Medical care evaluations;</p> <p>(7) Utilization reviews;</p> <p>(8) Other activities relating to the quality of patient care or professional conduct;</p> <p>(9) Matters or inquiries concerning the applicant’s or member’s professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; or</p> <p>(10) Any other matter that might directly or indirectly relate to the applicant’s or member’s competence to care for patients or professional conduct or to the orderly operation of the Allina Health clinical care services.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.8 Conditions of Medical Staff Eligibility and Membership</p> <p>Section 3.8.2 Authorization to Obtain Information</p>	<p>The applicant or member specifically authorizes Allina Health and its authorized representatives to consult with any third party who may have information on any matter reasonably having a bearing on the individual’s satisfaction of the criteria and qualifications for initial and continued membership to the Allina Health Medical Staff. This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be relevant to such questions. The applicant or member also specifically authorizes these same third parties to release such information to Allina Health and its authorized representatives upon request. The applicant or member agrees to sign necessary consent and release forms that third parties may require to release information consistent with this authorization. The applicant or member agrees to sign necessary consent forms to permit a criminal background check to be performed on the applicant or member and the results reported to Allina Health.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.8</p>	<p>The applicant or member specifically authorizes Allina Health and its authorized representatives to release such information to other hospitals, health care facilities or providers and their agents, who solicit the information for the purpose of evaluating</p>	<p>CRA3 Element A Factor 2</p>

Section	Text	NCQA
<p>Conditions of Medical Staff Eligibility and Membership</p> <p>Section 3.8.3 Authorization to Release Information</p>	<p>the individual’s professional qualifications pursuant to the individual’s request for membership and/or clinical privileges at such other hospitals or health care facilities or providers.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.8 Conditions of Medical Staff Eligibility and Membership</p> <p>Section 3.8.4 Authorization to Share Information among Components of Allina</p>	<p>The applicant or member specifically authorizes Allina Health and its components and their authorized representatives to share among the professional review bodies of Allina Health information pertaining to the individual’s clinical competence and/or professional conduct, including but not limited to information found in the individual’s quality or credentials files, the results of outside reviews, and the deliberations of any medical staff body, provided that the purpose of sharing such information is to further the quality of care delivered in any of the medical care settings of Allina. Allina Health will employ appropriate safeguards to limit distribution and use of the information to approved purposes. For purposes of this paragraph, “professional review bodies of Allina Health” include any professional review body (as that term is defined by 42 U.S.C. § 1151(11), as may be amended from time to time), any review organization (as that term is defined by Minnesota Statutes § 145.61, subd. 5, as may be amended from time to time), and any persons or organizations performing health care services review (as described in Wisconsin Statutes § 146.38, as may be amended from time to time) that is under the governance of the Board, either directly or through delegation of the Board’s powers to a committee or subcommittee, including a regional advisory board, including but not limited to the credentialing committees of any of the hospital medical staffs in the Allina Health System, any central verification office and other system-level review organizations within the Allina Health System.</p>	<p>CRA3 Element A Factor 2</p>
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.9</p>	<p>Every member of the Allina Health Medical Staff, as a condition of continued membership, shall assume and comply with each of the following basic responsibilities and requirements as are applicable to the member’s professional specialty and services, as</p>	

Section	Text	NCQA
<p>Basic Responsibilities and Requirements of Medical Staff Membership</p>	<p>a condition of consideration of the member’s application for membership or membership renewal.</p> <ol style="list-style-type: none"> <li data-bbox="570 317 1276 428">(1) Provide appropriate care and treatment to Allina Health patients for whom the member has responsibility. <li data-bbox="570 443 1276 737">(2) Abide by this Credentialing Policy, the member’s written employment agreement (if any), all applicable Allina Health Human Resources policies and procedures, and all other Allina Health policies applicable to the member, including but not limited to the Allina Health Code of Ethics and Allina Health policies regarding respectful conduct and behavior. <li data-bbox="570 751 1276 968">(3) Participate in quality improvement and peer review activities related to the member’s professional practice within Allina Health, and fulfill such other reasonable duties and responsibilities as are applicable to the member’s professional practice within Allina Health. <li data-bbox="570 982 1276 1199">(4) Constructively participate in the development, review, and revision of clinical protocols and pathways pertinent to the member’s professional practice in Allina Health, including those related to national, and Allina Health safety and care quality initiatives and core measures. <li data-bbox="570 1213 1276 1360">(5) Comply with Allina Health’s duly adopted clinical protocols and pathways related to the member’s professional practice in Allina Health, or document reasons for variance. <li data-bbox="570 1375 1276 1486">(6) Refrain from illegal or inappropriate fee splitting or other illegal inducements relating to patient referral. <li data-bbox="570 1501 1276 1696">(7) Refrain from delegating responsibility for diagnoses or care of patients to any individual who is not qualified to undertake this responsibility or who is not adequately supervised. <li data-bbox="570 1711 1276 1822">(8) Refrain from deceiving patients as to the identity of any individual providing treatment or services. 	

Section	Text	NCQA
	<p>(9) Seek consultation whenever necessary, consistent with Allina Health consultation guidelines.</p> <p>(10) Abide by generally recognized ethical principles applicable to the member’s profession.</p> <p>(11) Timely and adequately complete all medical and other required records for all patients as required by the member’s written employment agreement (if any) or professional services agreement, all applicable Allina Health Human Resources policies and procedures, and all other Allina Health policies applicable to the member.</p> <p>(12) Develop and maintain competency in the use of Allina Health’s recordkeeping and information systems, including but not limited to the medical record, billing, order-entry, and communications systems as are applicable to the member’s professional practice within Allina Health, including participation in required training for these systems, and comply with all Allina Health policies and procedures regarding the use of these systems.</p> <p>(13) Participate in the quality and safety monitoring and evaluation activities of Allina Health facilities and clinical services in which they conduct their professional practice for Allina Health.</p> <p>(14) Promptly notify the Allina Health Peer Review Committee of any change in the member’s eligibility for payments for third-party payers or for participation in Medicare, including any sanctions imposed or recommended by the federal Department of Health and Human Services, and/or the receipt of any inquiry, citation and/or quality denial letter concerning alleged quality problems in patient care, including but not limited to inquiries from licensing boards, certifying bodies, or peer review organizations.</p> <p>(15) Interact in a positive, professional, and cooperative manner with other health care professionals including other Allina Health Medical Staff members, licensed practitioners,</p>	

Section	Text	NCQA
	<p>medical assistants, nurses, and other Allina Health personnel; cooperate and work collegially with the Allina Health Medical Staff leadership and Allina Health management and administrators; present at Allina Health facilities physically and mentally capable of providing safe and competent care to patients; and otherwise act in a professional manner.</p> <p>(16) Participate in continuing education programs for the benefit of the member and for the benefit of other professionals and Allina Health clinical personnel.</p> <p>(17) Should any incident occur during the course of a membership term that relates to or affects the member’s continued ability to meet any of the threshold qualifications for membership, promptly provide information to the Allina Health Peer Review Committee about such incident sufficient for the Peer Review Committee’s review and assessment.</p> <p>(18) Provide to the Allina Health Peer Review Committee, with or without request, new or updated information as it occurs, that is pertinent to any question on the member’s most recent membership or membership renewal application form.</p> <p>(19) Provide to the Allina Health Peer Review Committee, with or without request, current information for contacting the member, including current home and business mailing addresses, telephone number(s) including mobile number, pager numbers, and e-mail address.</p> <p>(20) Assume such other reasonable duties and responsibilities as Allina Health shall require, consistent with the member’s employment agreement (if any) or professional service agreement.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership Section 3.10</p>	<p>All grants of membership in the Allina Health Medical Staff, whether for initial or renewal of membership, shall be for no greater than 36 months’ duration. This time period may be reduced for any reason as to specific applicants or members by the Allina Health Peer Review Committee. Any</p>	<p>CR4 Element A</p>

Section	Text	NCQA
Duration of Medical Staff Membership	<p>recommendation or action to grant membership for a term of less than three years is not an adverse action and does not entitle the applicant member to a hearing under this Credentialing Policy.</p> <p>If Allina Health has documentation of a practitioner’s leave of absence due to active military assignment, maternity leave or sabbatical, and the practitioner is unable to be recredentialed within the 36-month timeframe due to the leave of absence for any of those reasons, the practitioner must be recredentialed within 60 calendar days of the practitioner’s return to practice following the leave.</p>	
<p>ARTICLE 3 Allina Health Medical Staff Membership</p> <p>Section 3.11 Voluntary Relinquishment of Medical Staff Membership</p>	<p>A member shall be deemed to have voluntarily relinquished membership upon and simultaneous with voluntary resignation of employment from Allina Health or qualified professional services contractor at any time during the membership period. A member who voluntarily relinquishes membership shall reasonably cooperate with the Allina Health leadership to ensure continuity of appropriate and timely care of patients. If re-employed by Allina Health or qualified professional services contractor, the practitioner must be credentialed as an initial applicant according to the procedures in this Credentialing Policy to resume membership unless the effective date of employment is 30 days or less from the effective date of the previous relinquishment.</p>	CR1
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.1 Application for Initial Medical Staff Membership</p>	<p>An individual requesting an application for membership will receive a communication that explains the application process, outlines the threshold criteria for membership and provides an application form.</p>	CR1 Element A Factor 4
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.2 Application for Renewal of Medical Staff Membership</p>	<p>Each current member who is eligible for Allina Health Medical Staff membership renewal must complete a membership renewal application form. An application for membership renewal shall be furnished to members at least four months before the expiration of their current membership term.</p>	

Section	Text	NCQA
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.3 Application Forms</p>	<p>Applications for membership or membership renewal to the Allina Health Medical Staff shall be submitted on forms approved by the Allina Health Chief Medical Officer or designee.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.4 Applicant's Acknowledgment</p>	<p>The applicant's signature on the application form shall constitute the applicant's acknowledgment:</p> <ol style="list-style-type: none"> (1) That the applicant agrees to comply with this Credentialing Policy and all applicable Allina Health and Allina Health policies as are in effect and amended from time to time. (2) That the information in the application is true, complete, and correct to the best of the applicant's knowledge. (3) That the hearing and appeal procedures set forth this Credentialing Policy shall be the sole and exclusive remedy with respect to any peer review action taken by Allina Health to which those hearing and appeal procedures apply. (4) That the applicant expressly accepts each of the conditions for application and membership set forth in this Credentialing Policy. (5) That the applicant accepts and agrees to fulfill the basic responsibilities of applicants and members as are set forth in this Credentialing Policy. 	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.5 Submission of the Application</p>	<p>The application for Allina Health Medical Staff membership, with all required documents, shall be submitted by the applicant to the Credentials Verification Office.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.6</p>	<p>The applicant bears the burden of:</p> <ol style="list-style-type: none"> (1) Producing adequate information for a proper evaluation of his/her competence, character, ethics and other qualifications, and of resolving any doubts about those qualifications; 	

Section	Text	NCQA
<p>Burden of Providing Information and Submitting a Complete Application</p>	<p>(2) Providing evidence that all the statements made and information given on the application are true and correct; and</p> <p>(3) Ensuring that the application is complete, including ensuring that adequate responses from references have been received and providing additional information that may be requested to be provided following the submission of the Application, including signing necessary consent or release forms that third parties may require to release information consistent with this authorization.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.7 Incomplete Application</p>	<p>An application shall be deemed complete when all questions on the application form have been answered, when all supporting documentation has been supplied, including but not limited to receipt of all requested professional and peer references; and when all information has been verified. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time during the evaluation. Incomplete applications will not be processed. There is no right to a hearing or other procedures under this Credentialing Policy for the suspension of processing an incomplete application.</p> <p>An application for initial membership will be deemed withdrawn if it remains incomplete more than 45 days after it was submitted, or, if new, additional, or clarifying information is requested, 45 days after the applicant has been notified of the additional information required. Applicants who fail to complete their applications within these timeframes will be notified that their application will not be processed. The Allina Health Peer Review Committee Chair may, in his or her sole discretion and for good cause shown, extend this deadline upon request by the Practitioner.</p> <p>In the case of applications for membership renewal, applicants must return the application to the Credentials Verification Office at least two months before the member's then-current membership term expires, with all questions on the application form answered and including all supporting information required by the application to be provided by the</p>	

Section	Text	NCQA
	<p>applicant. All other supporting information must be received by the Credentials Verification Office, and all information must be verified, at least 30 days before the current membership expiration date. If the renewal application is not complete, as defined above, at least 30 days before the expiration date, the member’s application for membership renewal will not be processed, and the membership, if any, will automatically expire at the end of the then-current term of membership. The Allina Health Peer Review Committee Chair may extend this deadline up to an additional 15 days upon request by the applicant for good cause shown, unless it is not possible to complete all required verifications and reviews before the end of the then-current term of membership. The automatic expiration of membership shall be deemed a voluntary relinquishment and is not grounds for a hearing or appeal under this Credentialing Policy. The practitioner may reapply for initial membership according to this Credentialing Policy at a later date when all required information is available and all threshold qualifications are met.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.8 Misstatements or Omissions in the Application</p>	<p>The discovery of any misrepresentation or substantial misstatement in, or substantial omission from, the application before the application process is completed is grounds to stop further processing of the application. The applicant will be notified in writing of the nature of the apparent misrepresentation, misstatement, or omission, and will be permitted to provide a written response or correction of the application, which must be received by the Credentials Verification Office within two weeks of the applicant’s receipt of the notice. If the applicant submits a correction, the correction will be noted and the application will continue to be processed. If no response is received, and the application is still pending, the application will be treated as incomplete. Otherwise, the applicant’s response will be reviewed by the Allina Health Peer Review Committee, which will make a determination as to whether the application should be processed further. If the Allina Health Peer Review Committee determines that the application should continue to be processed, then processing</p>	<p>CR1 Element A Factor 8</p> <p>CR1 Element B Factor 2</p>

Section	Text	NCQA
	<p>shall continue, but the record of the apparent misrepresentation, misstatement or omission, and the applicant’s response will be included with the application materials that are forwarded to the Allina Health Peer Review Committee for final determination. If the Allina Health Peer Review Committee determines that the application should not continue to be processed, the application will not be processed further and will be deemed to have been withdrawn and will be returned to the applicant.</p> <p>The determination to cease processing of the application shall be without a right to a hearing or other procedures under this Credentialing Policy.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.9 Preliminary Review of Application and Primary Source Verification</p>	<p>As a preliminary step, the Allina Health Credentials Verification Office will review the application to determine that the application is complete and that the individual satisfies all threshold criteria. The Credentials Verification Office will then verify information provided in the application with primary sources according to the Credential Verification Office policies and procedures. If, after conducting the preliminary review and completing the verification of information, the application appears complete, and the individual appears to satisfy all threshold qualifications, the Credentials Verification Office will transmit the application and all supporting materials to the Allina Health Peer Review Committee’s designee, who will direct the packet to the assigned evaluator as described in Section 4.10.</p> <p>If, during the preliminary review and verification process, or any time during the application process before a decision is made to approve the application, it becomes apparent that the applicant does not meet the threshold qualifications, the application will not be processed further. If the applicant is granted a waiver of threshold qualifications according to the terms of this Credentialing Policy, processing of the application will resume. In all other cases, the applicant will be notified of the termination of further application processing, and the applicant shall not be entitled to a hearing or any of the procedures provided in this Credentialing Policy.</p>	<p>CR1 Element A Factor 5, 2</p>

Section	Text	NCQA
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.10 Provisional Approval Process</p>	<p>If requested by the Chief Medical Officer or the Allina Health Peer Review Committee Chair, an initial applicant whose application has been deemed complete as described in the previous section, may be granted provisional approval by the Chief Medical Officer if the Credentials Verification Office has completed verification of the applicant’s current, valid license to practice and the results of the National Practitioner Data Bank query, according to the Credentials Verification Office’s policies. The application will continue to be processed as described in this Article.</p> <p>Provisional approval may be revoked at any time during the application process for any reason, and shall be revoked if the application process is stopped due to discovery that applicant does not meet threshold qualifications, the application becomes incomplete due to the need for additional information, or the discovery of a misrepresentation or substantial misstatement in, or substantial omission from, the application. Provisional approval expires upon a final decision being made on the applicant or 60 days from the date it is granted, whichever occurs first, and is not renewable.</p>	<p>CR1 Element A</p>
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.11 Evaluator Review and Report</p>	<p>After transmittal of the application from the Credentials Verification Office, an evaluator assigned by the Chair of the Allina Health Peer Review Committee will evaluate the applicant’s education, training, experience, and professional conduct and make inquiries with respect to the same to others who may have knowledge about the applicant’s qualifications. As part of the evaluation, the assigned evaluator may request to meet with the applicant to discuss any aspect of the application, the applicant’s qualifications. The assigned evaluator will provide to the Allina Health Peer Review committee a written report summarizing the evaluation.</p> <p>The evaluator’s written report shall indicate whether the application is appropriate for expedited review procedure or whether the application should be processed according to the full Allina Health Peer Review Committee review procedure.</p>	<p>CR2 Element A Factor 1</p>

Section	Text	NCQA
	<p>The assigned evaluator shall be an Allina Health Medical Staff Member and must be available to the Allina Health Peer Review Committee to answer any questions that may be raised regarding the evaluator’s report.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.12 Expedited Medical Staff Membership Review Procedure</p> <p>Section 4.12.1 Eligibility for Expedited Review Procedure</p>	<p>Following the evaluator’s review, a completed application for membership or membership renewal may be processed according to the expedited procedure set forth in this section, if the assigned evaluator recommends expedited review and the application meets each of the following conditions:</p> <ol style="list-style-type: none"> (1) The applicant has successfully completed all required professional education and post-graduate training as applicable to the applicant’s discipline and specialty, with a consistent and excellent record, with no disciplinary actions taken or conditions imposed during education or training. (2) The applicant has not changed practice locations more than three times in the past 10 years. (3) All reference evaluations are completed and received within a reasonable time of the initial request. (4) All references contain only favorable evaluations, including unqualified recommendations for membership. (5) Any gaps in the applicant’s education or work history are adequately explained. (6) The applicant’s claims activity (including past malpractice claims and settlements) is reasonable, as determined by the evaluator, in light of his or her specialty and there have been no adverse malpractice judgments. (7) There are no current challenges or previously successful challenges to licensure or registration including any involuntary termination, limitation, restriction, reduction, denial, or loss of licensure or certification or other disciplinary action related to licensure or certification, and no current or pending investigation related to licensure or certification. 	<p>CR1 Element A Factor 5</p> <p>CR2 Element A Factor 3</p>

Section	Text	NCQA
	<p>(8) There has been no involuntary termination, limitation, restriction, reduction, denial or loss of medical staff membership or clinical privileges at any hospital or other health care entity or organization.</p> <p>(9) There has been no investigation into and no disciplinary action taken relating to the applicant’s membership or clinical privileges at any hospital or other health care entity or organization.</p> <p>(10) There is no evidence in the application or information obtained during the credentialing process that raises a question about the applicant’s physical or mental ability to safely perform the essential functions of the professional services or to otherwise fulfill the responsibilities of membership.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.12 Expedited Medical Staff Membership Review Procedure</p> <p>Section 4.12.2 Review and Approval by the Allina Health Peer Review Committee Chair</p>	<p>The Allina Health Peer Review Committee Chair or a subcommittee of the Allina Health Peer Review Committee may approve an application that meets all the criteria specified above. If the Allina Health Peer Review Committee Chair or Allina Health Peer Review Committee subcommittee does not approve the application, the application will proceed to the Allina Health Peer Review Committee for review according to the standard application review process. The decision of the Allina Health Peer Review Committee Chair or subcommittee to approve an application shall be deemed to be the decision of the Allina Health Peer Review Committee, and is effective immediately upon the Chair’s or subcommittee’s approval.</p>	<p>CR1 Element A Factor 5</p> <p>CR2 Element A Factor 2</p>
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.13 Allina Health Peer Review Committee Standard Review Procedure</p>	<p>For all other applications not eligible for the expedited initial membership procedure, or if the Allina Health Peer Review Committee Chair or Allina Health Peer Review Committee subcommittee does not approve the application in the expedited process, the full Allina Health Peer Review Committee shall review the application and consider the report prepared by the assigned evaluator and determine whether to approve the application.</p>	<p>CR2 Element A Factor 2</p>

Section	Text	NCQA
	<p>The Allina Health Peer Review Committee will examine evidence of the applicant’s character, professional competence, qualifications, prior behavior and ethical standing and shall determine, through information contained in references given by the applicant and from other sources available to the committee, including the report and findings from the assigned evaluator, whether the applicant has established and satisfied all of the necessary qualifications for membership.</p> <p>The Allina Health Peer Review Committee has complete discretion in reviewing applications and deciding upon the acceptance, conditional acceptance or denial of the application. The Allina Health Peer Review Committee may request further information from the applicant, table an application pending the outcome of an investigation or inquiry by any licensing authority, organization or institution, or take any other action it deems appropriate.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.13 Allina Health Peer Review Committee Standard Review Procedure</p> <p>Section 4.13.1 Personal Appearance</p>	<p>Applicants have no right to appear before the Allina Health Peer Review Committee, but the Allina Health Peer Review Committee, as part of its examination, may request or require the applicant to meet with the committee or with selected members of the committee on one or more occasions to discuss any aspect of the application or the applicant’s qualifications. If the applicant fails or refuses to appear for a meeting after receiving written notice of the Allina Health Peer Review Committee’s requirement to appear, the application will be deemed to be withdrawn. In the case of a failure to appear for good cause shown, the Allina Health Peer Review Committee may in its sole discretion continue processing the application.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.13 Allina Health Peer Review Committee Standard Review Procedure</p>	<p>If, after determining an applicant is otherwise qualified for membership, there remains a question about an applicant’s physical or mental ability to safely perform the essential functions of the professional services required by Allina Health or to otherwise fulfill the responsibilities of membership, the Allina Health Peer Review Committee may require a medical examination of the applicant by one or more physicians or practitioners as selected</p>	

Section	Text	NCQA
<p>Section 4.13.2 Physical or Mental Examination</p>	<p>by the Allina Health Practitioner Health & Wellness Committee. After review of the medical examination findings, and discussion with the applicant if appropriate, the Practitioner Health & Wellness Committee will make a recommendation to the Allina Health Peer Review Committee regarding the applicant’s physical or mental ability to perform, with or without accommodation, the essential functions of the professional services required by Allina Health and/or the responsibilities of membership. Failure of an applicant to undergo such an examination within a reasonable time after being requested to do so in writing by the Practitioner Health & Wellness Committee, or to otherwise cooperate with the Practitioner Health & Wellness Committee’s evaluation, shall be deemed a voluntary withdrawal of the application for membership, and all processing of the application shall cease.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.13 Allina Health Peer Review Committee Standard Review Procedure</p> <p>Section 4.13.3 Allina Health Peer Review Committee Determination</p>	<p>The Allina Health Peer Review Committee has complete discretion in reviewing applications and deciding upon the acceptance or conditional acceptance of the application so long as conditions do not entitle the applicant to a hearing under Article 8 of this Policy and to recommend any appealable action listed in Section 8.1 of this Policy. The Allina Health Peer Review Committee may table an application pending the outcome of an investigation of the applicant by any licensing authority, organization or institution, or take any other action it deems appropriate. The Allina Health Peer Review Committee may base its decision on any facts and circumstances it deems appropriate and relevant.</p> <p>If the Allina Health Peer Review Committee accepts or conditionally accepts the application (so long as conditions imposed do not entitle the applicant to a hearing under Article 8 of this Policy), Allina Health will notify initial applicants of the Allina Health Peer Review Committee’s decision in writing within 60 days of the Committee’s decision, which may be delivered by U.S. Mail, electronic mail, or Allina Health interoffice mail.</p> <p>If the Allina Health Peer Review Committee makes a recommendation on an application that entitles the</p>	<p>CR1 Element A Factor 9</p>

Section	Text	NCQA
	<p>applicant to a hearing under Article 8 of this Policy, the Allina Health Chief Medical Officer or designee will notify the applicant in writing of the recommendation according to Section 8.3 of this Policy.</p>	
<p>ARTICLE 4 Application for Allina Health Medical Staff Membership</p> <p>Section 4.14 Members' Rights</p>	<p>Current Allina Health Medical Staff members will be afforded a reasonable opportunity to inspect items in their own credentialing file upon a written request addressed to the Chief Medical Officer and the member's signed release from liability for republication of the information, to be given on a form required by Allina Health in its sole discretion. Within 30 days of the Chief Medical Officer's receipt of the member's request and release the Officer or designee will provide the member copies of the following documents if specifically requested and to the extent the information exists and is maintained in the member's credentialing file:</p> <ol style="list-style-type: none"> (1) The Practitioner's applications for membership and renewal of membership, with all attachments submitted by the member; (2) Information gathered in the course of verifying, evaluating, or otherwise investigating the member's applications for membership and renewal of membership, except for confidential reference information obtained from third parties; (3) Results of queries to the National Practitioner Data Bank regarding the member; (4) Performance improvement trend sheets data, and reports concerning the member's practice at Allina Health, including quality profiles; (5) Correspondence between Allina Health and the member; and (6) Information concerning the member's compliance with other Medical Staff membership requirements. <p>In the Chief Medical Officer's sole discretion, a member may be given access to other information that is maintained in the credentialing file, except that members shall not be allowed access to third-party references, recommendations, or other</p>	<p>CR1 Element B Factors 1, 2 & 3</p>

Section	Text	NCQA
	<p>confidential or legally protected information unless the member is entitled to access the information under state law at the time the request is made.</p> <p>Allina Health Medical Staff members may request that information in their application file be corrected or deleted. The request must be submitted in writing (email is acceptable) to the Credentials Verification Office (credentialing@allina.com) and must demonstrate good cause for the correction or deletion. The Credentials Verification Office will attempt to verify the correction or deletion, if applicable, and, if verified, will make the correction or deletion. Otherwise, the request will be presented to the Chief Medical Officer for approval. If approved, the Credentials Verification Office will document the correction in the application file. The applicant or member will be notified in writing of the Chief Medical Officer’s decision, and, if the request is denied, the reason for it. The written request for correction or deletion will be maintained in the application file in either case.</p> <p>Applicants may request information about the status of their credentialing or recredentialing application by contacting the Credentials Verification Office.</p>	
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.1 Applicability of Procedures</p>	<p>The Allina Health Peer Review Committee, on its own initiative or following a recommendation from Allina Health administrative, clinical or quality management staff, may forward a recommendation to the Allina Health Clinical Leadership Team regarding the imposition of disciplinary action upon any member of the Allina Health Medical Staff as it deems appropriate due to concerns about clinical competence or professional conduct, including but not limited to concerns about any one or more of the following:</p> <ol style="list-style-type: none"> (1) The clinical competence or clinical practice of any Allina Health Medical Staff member; (2) The care, treatment or medical management of one or more patients by any Allina Health Medical Staff member; (3) The known or suspected violation by any Allina Health Medical Staff member of applicable 	

Section	Text	NCQA
	<p>clinical, behavioral, or ethical standards applicable to the member or the member’s clinical professional, including requirements specified in this Credentialing Policy, in the member’s written employment agreement (if any) or professional services agreement, any Allina Health Human Resources policies and procedures, and any other Allina Health and Allina Health policies applicable to the member; or</p> <p>(4) Behavior or conduct on the part of any Allina Health Medical Staff member that is considered lower than the standards of the Allina Health or disruptive of the orderly operation of Allina Health clinical services, including the inability or refusal of the member to work harmoniously with others as determined by Allina Health.</p>	
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.2 Collegial Intervention</p>	<p>Allina Health values a collegial, professional environment of practice, and in that spirit, encourages collegial and educational efforts to address questions about an individual’s clinical practice and/or professional conduct when appropriate and likely to lead to timely, satisfactory resolution of concerns. The goal of collegial interventions is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised. Collegial interventions are not investigations or disciplinary proceedings.</p> <p>Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring, focused professional practice evaluation, and additional training or education, including efforts documented in any agreed-upon performance improvement plan</p> <p>Allina Health clinical and administrative leaders, including but not limited to medical directors, site clinical leaders, clinic managers, and risk and safety department staff may be authorized by the Allina Health Peer Review Committee or its Chair to engage in collegial intervention efforts with Allina Health Medical Staff members on behalf of the Allina Health Peer Review Committee and, when they are specifically authorized to do so, are deemed to be conducting such efforts at the direction of the</p>	<p>CR6 Element A Factor 1</p>

Section	Text	NCQA
	<p>Allina Health Peer Review Committee. Collegial efforts are considered part of Allina Health’s health care provider quality and safety review, evaluation, performance improvement and professional peer review activities.</p> <p>The relevant Allina Health leader will determine whether it is appropriate to include documentation of collegial intervention efforts with an Allina Health Medical Staff member in that member’s confidential file and whether to provide the member the opportunity to review it and respond in writing. Any written response submitted shall be maintained in that member’s file along with the original documentation.</p> <p>Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the sole discretion of Allina Health to undertake. Collegial intervention efforts may be coordinated with other Allina Health peer review committees (such as peer review committees at Allina Health hospitals where a member has clinical privileges) as deemed appropriate by Allina Health.</p>	
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.3 Allina Health Peer Review Committee Review Process</p>	<p>Concerns or questions such as those described above, whether or not addressed through collegial intervention, are subject to review by the Allina Health Peer Review Committee according to the Allina Health Peer Review Committee review procedures described below.</p>	<p>CR6 Element A Factor 1</p>
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.4 Initiation of an Investigation</p>	<p>If, in the opinion of the Allina Health Peer Review Committee or the Clinical Leadership Team, as the case may be, the information available is sufficient to warrant a recommendation for discipline, the recommendation of discipline may be made without need for further investigation. The Committee or Clinical Leadership Team, as the case may be, shall provide the member an opportunity to meet with the Committee/Team or with one or more members of the Committee/Team (as determined by the Chair) before making such a recommendation.</p>	<p>CR6 Element A Factor 1</p>

Section	Text	NCQA
	<p>Otherwise, if the Allina Health Peer Review Committee determines that questions or concerns are of such nature that disciplinary measures may be warranted, the Committee may commence an investigation to determine whether and which disciplinary measures are appropriate. The Allina Health Peer Review Committee commences an investigation by taking such action at a duly noticed meeting at which quorum is established. The Allina Health Clinical Leadership Team may also similarly commence an investigation at a duly noticed meeting at which quorum is established.</p> <p>The Allina Health Peer Review Committee may conduct the investigation or it may delegate the investigation to an ad hoc committee. The committee that conducts the investigation is referred to hereafter as the “investigating committee.”</p>	
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.5 Investigating Committee Resources; External Review</p>	<p>The investigating committee shall have available to it the full resources of Allina Health to aid in its work in investigation, focused monitoring, application review or other peer review activity, as well as the authority to use outside consultants as required. An outside consultant or agency may be used, but is not required to be used, whenever the investigating committee determines that:</p> <ol style="list-style-type: none"> (1) The clinical expertise needed to conduct the review is not available within Allina Health; or (2) The individual under review is likely to raise, or has raised, questions about the objectivity of Allina Health reviewers; or (3) Recommendations from committees or reviewers are ambiguous or conflicting; (4) Individuals with the necessary clinical expertise in the Allina Health would not be able to conduct a review without risk of allegations of bias, even if such allegations are unfounded; or (5) The investigating committee determines that it is otherwise consistent with the interests of Allina Health in conducting the review to obtain an outside review. 	<p>CR6 Element A Factor 1</p>

Section	Text	NCQA
	The affected individual does not have the right to demand or require an outside review.	
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.6 Physical or Mental Examination</p>	The investigating committee may also require a physical and mental examination of the member by one or more health care practitioners satisfactory to the committee and require that the results of such examination be made available for the committee’s consideration.	CR6 Element A Factor 1
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.7 Opportunity to Meet with Investigating Committee</p>	The individual being investigated shall have an opportunity to meet with the investigating committee before it makes its report and recommendation. The committee will give the individual at least three business days’ advance written notice of the meeting date, time, and place and of the general questions being investigated. At this meeting, the individual is to be given the opportunity to discuss, explain or refute the questions which gave rise to the investigation. The investigating committee will include a summary of the meeting with its report and recommendation. This meeting is not a hearing. No one attending this meeting is entitled to have legal counsel present at the meeting.	CR6 Element A Factor 1
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.8 Time for Completion of Investigation</p>	The investigating committee shall make a reasonable effort to complete the investigation and issue its report within 30 days of the commencement of the investigation, provided that an outside review is not necessary. When an outside review is necessary, the investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of receiving the results of the outside review, and within a total of 90-120 days of the commencement of the investigation. These time frames are intended as guidelines and do not create any right of an individual to have an investigation completed within such time periods. In the event the committee is unable to complete the investigation and issue its report within these time frames, it will inform the individual of the reasons for the delay and the approximate date on which it expects to complete the investigation.	CR6 Element A Factor 1

Section	Text	NCQA
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.9 Investigating Committee Report and Recommendations</p>	<p>At the conclusion of the investigation, the investigating committee shall prepare a report with its findings, conclusions, and recommendations.</p> <p>The recommendations may include one or more of the following actions:</p> <ol style="list-style-type: none"> (1) Dismissal of the concern if no disciplinary action is justified; (2) Issuance of a written warning; (3) Issuance of a letter of reprimand; (4) Imposition of conditions for continued membership in the Allina Health Medical Staff; (5) Requirement of consultation; (6) Reduction, restriction, or limitation of clinical practice in the Allina Health Medical Staff; (7) Suspension of clinical practice in the Allina Health Medical Staff for a term; (8) Revocation of Allina Health Medical Staff membership; or (9) Such other recommendations as it deems necessary or appropriate. <p>In making its recommendations, the investigating committee shall strive to achieve a consensus as to what is in the best interests of patient care and the provision of safe, high quality clinical care in Allina Health, while balancing fairness to the individual, recognizing that fairness does not require that the individual agree with the recommendation.</p> <p>If the Allina Health Peer Review Committee appointed the investigating committee, the investigating committee must forward its report and recommendations to the Allina Health Peer Review Committee for review and recommendation.</p>	<p>CR6 Element A Factor 1</p>
<p>ARTICLE 5 Procedures for Addressing Clinical Competence or Professional Conduct Concerns</p> <p>Section 5.10</p>	<p>After reviewing the findings and recommendation of the investigating committee, the Allina Health Peer Review Committee shall:</p> <ol style="list-style-type: none"> (1) Adopt the recommendation of the investigating committee; or 	<p>CR6 Element A Factor 3</p>

Section	Text	NCQA
Allina Health Peer Review Committee Action	<p>(2) Return the matter to the investigating committee for purposes of providing clarification or conducting additional investigation as directed; or</p> <p>(3) Formulate a different recommendation if the Committee disagrees with the investigating committee’s recommendation, specifying in a written report to accompany its recommendation, along with supporting information, the reasons for its disagreement with the investigating committee’s recommendation.</p> <p>The recommendation of the Allina Health Peer Review Committee shall be promptly forwarded to the Allina Health Chief Medical Officer.</p> <p>If the recommendation entitles the affected individual to request a hearing according to the Review and Challenge Procedures in this Policy, the Allina Health Chief Medical Officer will promptly notify the affected individual in writing, delivered by any method that will provide evidence of the date of receipt. The Chief Medical Officer will then hold the recommendation until after the individual has exercised or waived the right to a hearing as provided in this Policy.</p>	
<p>ARTICLE 6 Precautionary Suspension or Restriction of Clinical Practice</p> <p>Section 6.1 Grounds for Precautionary Suspension</p>	<p>The Allina Health Chief Medical Officer, Allina Health Peer Review Committee Chair, or designee of either have the authority to suspend or restrict all or any portion of any Allina Health Medical Staff member’s clinical practice in Allina Health whenever, in the sole discretion and based on the professional judgment of the Allina Health Chief Medical Officer, Allina Health Peer Review Committee Chair, or designee, failure to take such action may result in an imminent danger to the health, safety, or welfare of any individual. Such precautionary suspension or restriction shall be deemed an interim precautionary step in the professional review activity related to the ultimate professional review action that may be taken with respect to the suspended individual but is not a complete professional review action in and of itself. It shall not imply any final finding of responsibility for the situation that caused the suspension.</p>	<p>CR6 Element A Factor 1</p>

Section	Text	NCQA
<p>ARTICLE 6 Precautionary Suspension or Restriction of Clinical Practice</p> <p>Section 6.2 Effective Date of Precautionary Suspension or Restriction</p>	<p>Such precautionary suspension or restriction shall become effective immediately upon imposition, shall immediately be reported in writing to the Allina Health Chief Medical Officer (if not imposed by the Chief Medical Officer), and shall remain in effect unless or until modified by the Allina Health Peer Review Committee. The Allina Health Peer Review Committee Chair, or designee, will give written notice of the precautionary suspension to the affected individual as soon after its imposition as is practicable.</p>	<p>CR6 Element A Factor 3</p>
<p>ARTICLE 6 Precautionary Suspension or Restriction of Clinical Practice</p> <p>Section 6.3 Allina Health Peer Review Committee Procedure upon Precautionary Suspension</p>	<p>The Allina Health Peer Review Committee will review the matter resulting in a precautionary suspension or restriction within a reasonable time under the circumstances, not to exceed 14 calendar days. Prior to, or as part of, this review, at the discretion of the Allina Health Peer Review Committee or its Chair, the individual may be given an opportunity to meet with the Allina Health Peer Review Committee. The individual may propose ways other than precautionary suspension or restriction to prevent imminent danger to the health, safety, or welfare of others.</p> <p>After considering the matters resulting in the suspension or restriction and the individual's response, if any, the Allina Health Peer Review Committee shall determine whether there is sufficient information to warrant a recommendation of disciplinary action to the Allina Health Clinical Leadership Team or whether it is necessary to commence an investigation according to this Policy. The Allina Health Peer Review Committee will also determine whether the precautionary suspension or restriction should be continued, modified, or terminated pending the completion of the investigation (and hearing, if applicable).</p>	<p>CR6 Element A Factor 3</p>
<p>ARTICLE 6 Precautionary Suspension or Restriction of Clinical Practice</p> <p>Section 6.4 No right to Hearing or Appeal Based on</p>	<p>There is no right to a hearing based on the imposition or continuation of a precautionary suspension or restriction.</p>	<p>CR6 Element A Factor 3</p>

Section	Text	NCQA
Precautionary Suspension or Restriction		
<p>ARTICLE 6 Precautionary Suspension or Restriction of Clinical Practice</p> <p>Section 6.5 Care of Suspended Individual's Patient</p>	<p>Immediately upon the imposition of a precautionary suspension, the appropriate Allina Health clinical leader will assign another practitioner the responsibility for care of the suspended individual's patients. The wishes of the patient shall be considered in the selection of a substitute. It shall be the duty of all Allina Health Medical Staff members to cooperate with the Allina Health Peer Review Committee in enforcing all suspensions.</p>	
<p>ARTICLE 7 Automatic Relinquishment or Restriction of Privileges or Membership</p> <p>Section 7.1 Failure to Maintain Threshold Qualifications</p>	<p>In the instances described below, an individual's membership in the Allina Health Medical Staff may be automatically suspended or terminated, which action shall be final without further review or a right to a hearing or other procedures described in this Policy.</p> <p>All members must promptly report to the Allina Health Peer Review Committee any failure to meet or lapse of, whether permanent or temporary, any of the threshold qualifications for membership as set forth in this Policy, unless the threshold qualification was previously waived for the particular member by the Allina Health Clinical Leadership Team in writing. Unless previously waived, membership will be automatically suspended upon the occurrence of the lapse or failure.</p> <p>In the case of action taken by any licensing board, court, or government agency to place conditions, limits, or restrictions on the member's professional license, DEA authorization (if applicable), participation status in government health care programs, or other authorization to provide patient care, the member shall promptly report the action to Allina Health Peer Review Committee, and the member's clinical practice in Allina Health will be automatically subject to the same conditions, limits, or restrictions as have been placed by the licensing board, court, or government agency.</p> <p>If the limitation, lapse, or failure of a threshold qualification is temporary, and the matter is resolved within 30 days of its effective date, membership</p>	<p>CR1</p> <p>CR4</p>

Section	Text	NCQA
	<p>may be automatically reinstated. If not resolved within 30 days, Allina Health Medical Staff membership will be automatically terminated without right to hearing procedures described in this Policy. The practitioner may apply to be returned to the Allina Health Medical Staff, and the application will be processed and considered as an initial application according to the procedures in this Policy, including re-verification of credentials that are no longer within verification time limits specified in Credentials Verification Office policies.</p>	
<p>ARTICLE 7 Automatic Relinquishment or Restriction of Privileges or Membership</p> <p>Section 7.2 Misstatements or Omissions in the Application Discovered After Granting of Membership and/or Clinical Privileges</p>	<p>If at any time after membership or membership renewal is granted it is discovered that there is an apparent substantial misrepresentation, misstatement or omission in the application for membership, the apparent misrepresentation, misstatement or omission will be referred to the Allina Health Peer Review Committee for review.</p> <p>The Allina Health Peer Review Committee Chair will notify the member in writing of the nature of the apparent misrepresentation, misstatement, or omission, and the member will be requested to provide a written response or correction of the application, which must be received by the Peer Review Committee Chair within two weeks of the member's receipt of the notice. If the member submits a timely correction, the correction will be noted. The application and the member's response will be reviewed by the Allina Health Peer Review Committee to determine whether the correction is acceptable or whether application contains an actual, material misrepresentation, misstatement, or omission. If the Allina Health Peer Review Committee determines that the application contains an actual, material misrepresentation, misstatement, or omission, it will forward its determination to the Allina Health Clinical Leadership Team. If the Clinical Leadership Team concurs, the individual's Allina Health membership will be automatically terminated.</p> <p>In determining whether an apparent misrepresentation, misstatement, or omission is actual or material, the Allina Health Peer Review Committee or Allina Health Clinical Leadership</p>	<p>CR1 Element A Factor 8</p>

Section	Text	NCQA
	<p>Team may require that the member appear before the committee, or before an ad hoc subcommittee of the committee, to further discuss and explain the information provided in the application. Either committee may request and consider relevant information available from other sources for purposes of making this determination.</p>	
<p>ARTICLE 7 Automatic Relinquishment or Restriction of Privileges or Membership</p> <p>Section 7.3 Failure to Provide Requested Information</p>	<p>Membership is subject to automatic suspension if at any time the member fails to provide required information in response to a written request by the Allina Health Peer Review Committee, Allina Health Clinical Leadership Team, the Chairs of either committee, or the Allina Health Chief Medical Officer. The automatic suspension will begin when the member receives notice from the Chair of the Allina Health Peer Review Committee that the requested information is overdue (which shall not be less than 15 days from the date of the member’s receipt of the written request for the information), and it shall continue until the required information is provided to the satisfaction of the requesting party. If the required information is provided within 30 days of the suspension, membership may be automatically reinstated. After 30 days, if the information has not been provided to the satisfaction of the requesting party, Allina Health Medical Staff membership will be automatically terminated without right to hearing procedures described in this Policy. The practitioner may apply to be returned to the Allina Health Medical Staff, and the application will be processed and considered as an initial application according to the procedures in this Policy, including re-verification of credentials that are no longer within verification time limits specified in Credentials Verification Office policies.</p>	<p>CR1 CR4</p>
<p>ARTICLE 7 Automatic Relinquishment or Restriction of Privileges or Membership</p> <p>Section 7.3 Action Taken on Medical Staff Membership or</p>	<p>Upon a final determination by the applicable Allina Health governing body to take any action to deny, restrict, limit, suspend, decrease, or revoke a member’s clinical privileges at or membership to the staff of any other health care facility within Allina Health, regardless of the reason for the action; including but not limited to actions taken based upon the Member’s clinical competence or professional conduct, or upon the imposition of a precautionary</p>	

Section	Text	NCQA
Privileges Within the System	<p>suspension or restriction of privileges; the member’s Allina Health practice will be automatically relinquished to the same extent as the original action taken at the other Allina Health facility. The automatic relinquishment will take effect immediately upon notice to the Chief Medical Officer of the action taken by the other Allina Health facility.</p> <p>The Clinical Leadership Team may waive the automatic relinquishment in whole or in part in exceptional cases after considering the findings of the Allina Health Peer Review Committee, the qualifications of the individual in question, and the best interests of Allina Health and its patients. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals. No individual is entitled to a waiver or to a hearing or to any other procedures in this Credentialing Policy if the Clinical Leadership Team determines not to grant a waiver. A determination not to waive the automatic relinquishment is not a “denial” of membership.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.1 Appealable Actions</p>	<p>An applicant or member of the Allina Health Medical Staff is entitled to a hearing whenever the Allina Health Peer Review Committee recommends any of the actions listed below as to the applicant or member.² The affected practitioner is also entitled to a hearing before the Clinical Leadership Team’s determination is final whenever the Allina Health Clinical Leadership Team determines, without a similar recommendation from the Allina Health Peer Review Committee, to take any of the actions listed below:</p> <ol style="list-style-type: none"> (1) Denial of an application for membership or renewal of membership for reasons related to clinical competence or professional conduct. (2) Revocation of membership for reasons related to clinical competence or professional conduct. (3) Suspension of membership for greater than 30 days for reasons related to clinical competence or professional conduct (does not include 	<p>CR6 Element A Factor 1</p>

² Hereafter in this Article 8, an applicant or member is referred to as “affected practitioner.”

Section	Text	NCQA
	<p>automatic/administrative or precautionary suspensions).</p> <p>(4) Limitation or restriction of clinical practice in the Allina Health for a period of more than 30 days for reasons related to clinical competence or professional conduct.</p> <p>(5) Imposition of mandatory continuous, concurrent proctoring or consultation for a period of more than 30 days for reasons related to clinical competence or professional conduct.</p> <p>(6) Imposition of a requirement for retraining or additional training for reasons related to clinical competence or professional conduct, if the requirement causes the individual to suspend clinical practice in Allina Health for greater than 30 days.</p> <p>(7) Any action recommended to be taken by the Allina Health Peer Review Committee or Allina Health Clinical Leadership Team that, when final, would require a report to the National Practitioner Data Bank (does not include a member’s voluntary surrender or failure to renew membership while under or to avoid investigation).</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.2 Unappealable Actions</p>	<p>The following actions, among others, do not constitute grounds for a hearing under this Credentialing Policy, but will take effect without the right to a hearing or appeal:</p> <p>(1) Voluntary or automatic relinquishment of membership, clinical practice or Allina Health employment.</p> <p>(2) Issuance of a letter of guidance, warning, reprimand, or performance improvement plan.</p> <p>(3) Imposition of any non-mandatory or non-concurrent proctoring or concurring consultation requirement.</p> <p>(4) A requirement for retraining, additional training or continuing education except as described above.</p>	<p>CR6 Element A Factor 1</p>

Section	Text	NCQA
	<p>(5) The imposition of an automatic/administrative or precautionary suspension.</p> <p>(6) The denial of a request for leave of absence or for an extension of a leave.</p> <p>(7) Any action that does not require a report to the National Practitioner Data Bank.</p> <p>(8) Any action not based upon the affected practitioner’s clinical competence or professional conduct.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.3 Notice of Proposed Action</p>	<p>When a recommendation is made that entitles an affected practitioner to request a hearing, the Allina Health Chief Medical Officer or designee will notify the affected practitioner in writing of the recommendation, delivered by any method that will provide evidence of the date of receipt, within 10 calendar days from the date the recommendation was made. This notice will contain the following:</p> <p>(1) A description of the proposed adverse professional review action and the general reasons for it.</p> <p>(2) Notice that the individual has the right to request a hearing on the proposed action within 30 calendar days of the individual’s receipt of the notice.</p> <p>(3) A statement of the following rights of the individual in the hearing:</p> <p>(a) To be represented by an attorney or other person of the individual’s choice,</p> <p>(b) To have a record made of the proceedings, copies of which may be obtained by the individual upon payment of any reasonable charges associated with the preparation thereof,</p> <p>(c) To call, examine, and cross-examine witnesses,</p> <p>(d) To present evidence determined to be relevant by the Appeals Committee Chair, regardless of its admissibility in a court of law, and</p>	<p>CR6 Element A Factors 3, 4</p>

Section	Text	NCQA
	<p>(e) To submit a written statement at the close of the hearing.</p> <p>(Alternatively, a copy of these Fair Hearing Procedures may be enclosed with the notice, which shall serve to satisfy this requirement to summarize the individual’s rights in the hearing.)</p> <p>(4) A statement that failure by the individual to properly and timely request a hearing will result in a waiver of any right to a hearing and appeal.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.4 Request for a Hearing</p>	<p>An affected practitioner must request a hearing in writing, delivered to the Allina Health Chief Medical Officer within 30 calendar days following the date of the receipt of the notice to request a hearing. The request may delivered by any method that will provide evidence of delivery and receipt. If the practitioner will be represented by an attorney or other person of the individual’s choice, the request must identify the name and contact information of the attorney or representative, if known.</p>	<p>CR6 Element A Factor 3</p>
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.5 Waiver of Right to Hearing</p>	<p>If the affected practitioner does not request a hearing within the time and in the manner specified above, or if the practitioner gives written notice of waiver of the right to a hearing at any time before the Clinical Leadership Team delivers notice of its final decision according to these fair hearing procedures, the practitioner will be deemed to have waived the right to appeal and to have accepted the recommended action. The recommended action will become effective immediately upon final action by the Allina Health Clinical Leadership Team. The Allina Health Chief Medical Officer will send written notice to the affected practitioner of any waiver and final Allina Health Clinical Leadership Team action. The notice may be delivered by any method that will provide evidence of the date of receipt.</p>	

Section	Text	NCQA
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.6 Notice of Hearing</p>	<p>Upon a timely and proper request for a hearing, the Allina Health Chief Medical Officer will schedule the hearing before the Allina Health Appeals Committee. The Allina Health Chief Medical Officer or designee will deliver written notice of the hearing to the affected practitioner at least 30 calendar days before the hearing. The notice may be delivered by any method that will provide evidence of the date of receipt. The notice will include the following:</p> <ol style="list-style-type: none"> (1) The time, place and date of the hearing. (2) The name of the Allina Health practitioner who will speak for the Allina Health Peer Review Committee or Allina Health Clinical Leadership Team (depending on which committee proposed the adverse professional review action) in support of the proposed action, as selected by the Committee or Team Chair (who may select him or herself). (3) The names of the Allina Health Appeals Committee members, and the name and contact information of the attorney selected by the Allina Health General Counsel or designee to represent and advise the Appeals Committee, if any. (4) The name and contact information of the lead attorney if any, selected by the Allina Health General Counsel or designee to represent and advise the Allina Health Peer Review Committee or Allina Health Clinical Leadership Team (depending on which committee proposed the adverse professional review action) and its representative. (5) A proposed list of witnesses, as known at that time, expected to give testimony or present evidence at the hearing regarding the recommendation. 	<p>CR6 Element A Factor 3</p>
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.7 Failure to Appear</p>	<p>Failure, without good cause, of the affected practitioner to appear and proceed at the hearing will be deemed to constitute voluntary acceptance of the recommendations or actions pending, which will</p>	

Section	Text	NCQA
	then be forwarded to the Allina Health Clinical Leadership Team for final action.	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.8 Postponements and Extensions</p>	<p>Postponements and extensions of time beyond any time limit set forth in this Plan may be requested by anyone but will be permitted only by the Allina Health Appeals Committee or its Chair or by the Allina Health Chief Medical Officer on a showing of good cause.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.9 Disclosure of Information</p>	<p>There is no right to discovery in connection with the hearing. The parties will disclose information to each other in advance of the hearing as described below, except that disclosure of information from Allina Health to either the affected practitioner or the practitioner’s counsel is subject the practitioner’s and counsel’s written confidentiality agreement as set forth in Appendix A to this Policy. The member is responsible for returning the signed agreement to the Allina Health Chief Medical Officer or designee by any method that will provide evidence of the dates of delivery and receipt.</p> <p>Upon receipt of the fully executed confidentiality agreement, the Allina Health Chief Medical Officer or designee will disclose the following information to the affected practitioner and the practitioner’s attorney:</p> <ol style="list-style-type: none"> (1) Copies of, or reasonable access to, all patient medical records referred to in the statement of reasons for the proposed adverse professional review action. (2) Reports by reviewers or outside experts relied upon by the Allina Health Peer Review Committee or the Allina Health Clinical Leadership Team. (3) Copies of relevant Allina Health Peer Review Committee or Allina Health Clinical Leadership Team minutes, redacted to show only those portions of minutes that are related to the proposed adverse professional review action. (4) Copies of any other documents relied upon by the Allina Health Peer Review Committee or Allina Health Clinical Leadership Team in 	

Section	Text	NCQA
	<p>making the proposed adverse professional review action.</p> <p>If the Allina Health Chief Medical Officer or designee does not receive the signed agreement in time to allow at least five business days before the hearing date, the member will be deemed to have waived the right to receive the information in advance of the hearing.</p> <p>No later than five business days before the hearing, the member is required to deliver to the Allina Health Chief Medical Officer or designee, by any method that will provide evidence of delivery and receipt, the following information:</p> <ol style="list-style-type: none"> (1) A proposed list of witnesses, as known at that time, expected to give testimony or present evidence on behalf of the member at the hearing; and (2) A list of the member’s proposed exhibits, including but not limited to reports by any outside experts relied upon by the member, attaching copies of any documents that were not disclosed to the member as listed above. <p>Disclosure of all documents and information is subject to all peer review protections or privileges according to applicable federal or state law.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.10 Pre-Hearing Conference</p>	<p>The Chair of the Allina Health Appeals Committee, at his/her sole discretion, may require the member, member’s counsel, the Committee Representative, and counsel for the committee to participate in a pre-hearing conference with the Appeals Committee Chair for the purpose of resolving all procedural questions in advance of the hearing. The Appeals Committee Chair may specifically require that:</p> <ol style="list-style-type: none"> (1) All documentary evidence to be exchanged by the parties be exchanged prior to this conference. (2) Any objections to the documents be made at this conference so that the Appeals Committee Chair may resolve such objections. (3) Documents or testimony be excluded if they are unrelated to the reasons for the unfavorable 	

Section	Text	NCQA
	<p>recommendation or unrelated to the affected practitioner’s qualifications for membership.</p> <p>(4) The names of all witnesses and a brief statement of their anticipated testimony be exchanged by the parties if not previously provided.</p> <p>(5) The time granted to each witness’ testimony and cross-examination be agreed upon, or determined by the Appeals Committee Chair, in advance.</p> <p>(6) Witnesses and documents not provided and agreed upon in advance of the hearing be excluded from the hearing, except upon a showing of good cause.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.11 Record of Hearing</p>	<p>The Allina Health Chief Medical Officer or designee will arrange for a record to be made of the hearing, which may be by audio or video recording or by a stenographic reporter who is present at the hearing to make a record of the hearing. The cost of the video recording or stenographic reporter will be borne by Allina Health, but the affected practitioner is responsible for paying the reasonable charges associated with preparation of any transcript thereof if a transcript is requested by the practitioner.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.12 Rights of Both Sides</p>	<p>At a hearing both sides will have the following rights, subject to reasonable limits determined by the Appeals Committee Chair:</p> <p>(1) To call and examine witnesses to the extent available and willing to testify;</p> <p>(2) To introduce exhibits and other relevant evidence;</p> <p>(3) To cross-examine any witness on any matter relevant to the issues;</p> <p>(4) To rebut any evidence;</p> <p>(5) To representation by counsel who may call, examine, and cross-examine witnesses and present the case;</p> <p>(6) To impeach any witness;</p>	<p>CR6 Element A Factors 3, 4</p>

Section	Text	NCQA
	<p>(7) To submit memoranda concerning any issue of law or fact (which memoranda become part of the record); and</p> <p>(8) To submit a written statement at the close of the hearing.</p> <p>The practitioner requesting the hearing may be called and examined as if under cross-examination, even if the practitioner does not testify in his/her own behalf.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.13 Admissibility of Evidence</p>	<p>The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence may be admitted by the Appeals Committee Chair if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Hearsay evidence may not be excluded merely because it is hearsay. Each party has the right to submit a memorandum of points and authorities, and the Appeals Committee Chair may request such a memorandum to be filed following the close of the hearing. Members of the Appeals Committee, in their sole discretion, may question witnesses, call additional witnesses or request additional documentary evidence.</p> <p>Evidence ruled inadmissible by the Appeals Committee Chair may not be considered by the Appeals Committee but must be made part of the record.</p> <p>If the physical and/or mental competence of the member is at issue, the Appeals Committee may require the member to present for an examination by one or more physicians or other appropriate practitioners selected by the Appeals Committee.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.14 Official Notice</p>	<p>The Appeals Committee Chair will have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of the State of Minnesota. Participants in the hearing will be informed of the matters to be officially noticed and such matters will</p>	

Section	Text	NCQA
	<p>be noted in the record of the hearing. Either party will 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 must be granted, if requested, to present written rebuttal of any evidence admitted on official notice.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.15 Burden of Proof</p>	<p>(1) When a hearing relates to a new applicant, the applicant will have the burden of proving, by clear and convincing evidence, that the proposed adverse professional review action lacks any factual basis or that the conclusions drawn from the facts are arbitrary and capricious.</p> <p>(2) In all other cases, the Committee Representative will have the initial obligation to present evidence in support of the committee’s proposed adverse professional review action. The member is thereafter responsible for supporting the challenge to the proposed action by clear and convincing evidence that the action lacks any factual basis or that the conclusions drawn from the facts are arbitrary and capricious.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.16 Appeals Committee’s Recommendations</p>	<p>The recommendation of the Appeals Committee must be based on the evidence produced at the hearing. This evidence may consist of the following:</p> <p>(1) Oral testimony of witnesses;</p> <p>(2) Memoranda of points and authorities presented in connection with the hearing;</p> <p>(3) Any information regarding the person who requested the hearing so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it;</p> <p>(4) Any and all applications, references, and accompanying documents;</p> <p>(5) Medical records; and</p> <p>(6) Any other information that has been admitted at the hearing, including but not limited to statements submitted at the close of the hearing.</p>	

Section	Text	NCQA
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.17 Recess and Conclusion</p>	<p>The Appeals Committee Chair may recess and reconvene the hearing, without special notice, for the convenience of the parties or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of evidence by the parties and for questions by the Appeals Committee, unless otherwise directed by the Appeals Committee Chair, the hearing will be closed.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.18 Deliberations and Decision of the Appeals Committee</p>	<p>Within 20 calendar days after the hearing is closed, if practicable, the Appeals Committee will meet privately to conduct its deliberations. The Appeals Committee may uphold, reject, or modify the action under appeal. The Appeals Committee’s recommendation must be given in writing to the Allina Health Chief Medical Officer or designee, and accompanied by a report containing a concise statement of the reasons for the recommendation. Upon the delivery of the recommendation and report to the Chief Medical Officer or designee, the hearing will be deemed finally adjourned.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.19 Final Determination</p>	<p>No more than 10 calendar days following receipt of the Appeals Committee’s decision and report, the Allina Health Chief Medical Officer must convene a meeting of the Allina Health Clinical Leadership Team to review and discuss the Appeals Committee report and recommendation and make a final determination to accept, modify or reject the Appeals Committee’s recommendation. The Clinical Leadership Team may also refer the matter back to the Appeals Committee for additional review. The Clinical Leadership Team must render its final decision in writing, including a statement of the specific reasons for the decision. The Chief Medical Officer must deliver a copy of the Clinical Leadership Team’s final decision to the affected practitioner by any method that will provide evidence of the date of receipt.</p>	<p>CR6 Element A Factor 3</p>
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.20 Reporting to Authorities</p>	<p>The Chief Medical Officer or designee shall report the Clinical Leadership Team’s final decision to the Minnesota or Wisconsin health licensing board that issued the affected practitioner’s license (or both if the practitioner is licensed in both states) if the decision is to uphold a recommendation to take any</p>	<p>CR6 Element A Factor 2</p>

Section	Text	NCQA
	<p>of the appealable actions listed in Section 8.1 upon the practitioner’s membership. The Chief Medical Officer or designee shall report a practitioner’s voluntary relinquishment of membership under Section 3.11 if the voluntary relinquishment effective date is after an investigation is commenced (or after a recommendation is made if no investigation is initiated) according to Section 5.4 and before the conclusion of proceedings described in this Article. Reports to the state health licensing board shall be made in writing within 30 days of the date of final decision or the voluntary relinquishment effective date.</p> <p>If the affected practitioner is a physician or dentist, the Chief Medical Officer will also direct the Allina Health National Practitioner Data Bank (NPDB) administrator to submit a report of the decision or relinquishment to the NPDB, using the NPDB’s secure online system, within 30 days of the decision or relinquishment.</p> <p>The Chief Medical Officer or designee will make all other reports that are required by state and federal law, in the manner and within the timeframes specified in law.</p>	
<p>ARTICLE 8 Fair Hearing Procedures</p> <p>Section 8.21 Right to One Hearing Only</p>	<p>No applicant or Allina Health Medical Staff member will be entitled to more than one hearing on any matter which may be subject of an appeal. In the event that the Allina Health Clinical Leadership Team takes action to deny initial appointment or reappointment to the Allina Health Medical Staff to an applicant or to revoke or terminate the Medical Staff membership of a current member, the affected practitioner may not, within five years from the date of the Allina Health Clinical Leadership Team’s decision, apply for Allina Health Medical Staff appointment, or for medical staff membership or clinical privileges at any Allina facility unless the Allina Health Board or duly authorized designee determines otherwise.</p>	

Appendix A

Confidentiality Agreement

This Confidentiality Agreement (the Agreement) is effective as of _____, 20__ (the Effective Date) by and between PRACTITIONER'S NAME, (LAST NAME), and LAW FIRM NAME, attorneys for LAST NAME, in the Proceedings (defined below) (Recipients) and Allina Health System, a Minnesota non-profit corporation (Allina).

Recipients have requested, and Allina agrees to provide Recipients, access to certain of Allina's Confidential Information (as defined below) for the sole purpose of assisting the Recipients in participating in the peer review proceedings of the Allina Health Medical Staff regarding the Medical Staff membership LAST NAME and any related matters or proceedings (Proceedings).

The Allina Health Medical Staff Credentialing Policy (Credentialing Policy) states at Section 8.9: "There is no right to discovery in connection with the hearing." Allina agrees to provide information to Recipients, subject to this Agreement, that LAST NAME is entitled to receive in a hearing under the Credentialing Policy, which requires a stipulation be signed by both parties that such documents will be maintained as confidential and may not be disclosed or used for any purpose outside of the hearing. That information is as follows:

- (a) Copies of, or reasonable access to, all patient medical records referred to in the statement of reasons for the proposed adverse professional review action.
- (b) Reports by reviewers or outside experts relied upon by the Allina Health Peer Review Committee or the Allina Health Clinical Leadership Team.
- (c) Copies of relevant Allina Health Peer Review Committee or Allina Health Clinical Leadership Team minutes, redacted to show only those portions of minutes that are related to the proposed adverse professional review action.
- (d) Copies of any other documents relied upon by the Allina Health Peer Review Committee or Allina Health Clinical Leadership Team in making the proposed adverse professional review action.

(Credentialing Policy, § 8.9.) This Agreement satisfies the stipulation referenced in the above section of the Credentialing Policy. Accordingly, the parties agree as follows:

1. Confidential Information. "Confidential Information" means the information described in Section 8.9 of the Credentialing Policy and also means any Allina patients' names, addresses, physical and mental conditions, health care needs, sicknesses, diseases, claims information, and any other information disclosed by Allina or any of its affiliates regarding Allina patients. "Confidential Information" specifically includes, but is not limited to, medical records of Allina patients offered as evidence in the course of the Proceedings.

"Confidential Information" also includes information that is confidential data and information acquired by a review organization under Minn. Stat. § 145.64, including but not limited to documents entered into evidence, transcripts of oral testimony, and any other records of the Proceedings. "Confidential Information" also includes any notes, analyses, data, interpretations, or documents that contain or are based upon any such information. The parties acknowledge that

the disclosure of such information is necessary to carry out one or more purposes of a review organization.

“Confidential Information” does not include information that: (a) is or becomes generally available to the public other than as a result of an unauthorized disclosure by a Recipient; (b) is independently developed by a Recipient without reliance in any way on the Confidential Information provided by Allina or its affiliates; or (c) is disclosed to a Recipient by a third party not bound by any duty of confidentiality to Allina or its affiliate or imposed by law.

2. Nondisclosure and Return of Information. Recipients will maintain the confidentiality of, and will not discuss, use, disclose or reproduce, the Confidential Information except as necessary to carry out the Proceedings. The Confidential Information may be disclosed only to those employees, witnesses, or contractors of a Recipient who have a need to know the information for purposes of the Proceedings. Recipients acknowledge that any unauthorized disclosure is a misdemeanor under Minn. Stat. § 145.66.

Recipients will, at the Recipients’ sole expense, take all reasonable measures to restrain Recipients’ employees, witnesses, and contractors from unauthorized use or disclosure of Confidential Information.

Recipients further agree to return to or destroy (at Allina’s option) any document or other item provided to or prepared by Recipients containing Confidential Information at the conclusion of the Proceedings, except that **LAW FIRM NAME**, in accordance with its policies and procedures for retention of client documents, may retain a file copy of documents or other items containing Confidential Information that was provided to or prepared by Recipients. Except as provided in this paragraph, Recipients further agree not to retain any copies of Confidential Information after the conclusion of the Proceedings. Recipients may retain Confidential Information until the Proceedings are concluded, including any appeal or court action relating to the Proceedings.

3. No Obligation to Disclose. This Agreement shall not create any obligations on the part of Allina to disclose information to Recipients that are greater than the obligations set forth in the Medical Staff Bylaws or in law. In particular, Allina is not required to disclose information, including but not limited to protected health information, if Allina has a good faith belief that disclosure of the information may result in a violation of any statutory, contractual or common law duty of confidentiality or that disclosure of the information may violate or result in a waiver of any privileges or immunities.

4. Remedies. Allina reserves all rights and remedies available in law. Further, if a Recipient breaches or threatens to breach this Agreement, each Recipient stipulates that Allina’s remedies at law will be inadequate and agrees not to oppose any action taken by Allina to seek specific performance or injunctive relief to prevent the breach. Such an action may be in addition to and is not in lieu of any and all other remedies at law or in equity that Allina may have to prevent or remedy the breach.

5. No Limitation or Waiver. This Agreement shall not be construed as a limitation on Allina’s obligations to provide Recipients information or a waiver by Recipients that Allina is not required to disclose information to Recipients as part of Dr. **LAST NAME**’s rights to a fair hearing under the Medical Staff Bylaws or in law. This Agreement shall not be construed as a waiver or limitation on any right that Dr. **LAST NAME** has under the Medical Staff Bylaws.

Further, nothing in this Agreement shall be construed as authorizing Allina to provide Confidential Information about Dr. **LAST NAME** beyond what is required or permitted by law.

5. Miscellaneous. This Agreement is binding upon the parties and their respective successors and assigns, principals and representatives. This Agreement does not permit Recipients to create or incur any liability of any kind, express or implied, against, in the name of or on behalf of Allina or any of its affiliates. No failure or delay on the part of Allina in exercising any right under this Agreement will operate as a waiver of any rights under this Agreement. This agreement will be governed by the laws of the State of Minnesota. The obligations set forth in this Agreement are perpetual.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the day and year first written above.

ALLINA HEALTH SYSTEM

LAW FIRM NAME

By: _____

By: _____

Its: Associate General Counsel

Its: _____

Date: _____

Date: _____

PRACTITIONER NAME

Date: _____