 <small>University of New Mexico Physicians</small>	<b>POLICY/PROCEDURE</b>	No.	11402
	<b>General Guidelines for the Credentialing of Providers</b>	Effective Date	5/20/2014
		Revision Letter	<b>A</b>
		Applies To:	<b>UNMMG</b>

## 1.0 Purpose

The purpose of this policy/procedure of the UNM Medical Group, Inc. (UNMMG) is to provide guidelines for Credentialing Reappointment and Corrective Action of providers at the UNMMG clinics and Dental programs.

## 2.0 Scope

The policy/procedure applies to all UNMMG providers whose clinical practice requires Credentialing and Privileging to provide services in UNMMG clinics/Dental programs.

## 3.0 Policy

This policy/procedure shall ensure the following:

- 3.1 UNMMG will Credential, Recredential and implement provider Corrective Actions in accordance with applicable accreditation criteria, organizational policies/procedures contracts, laws and regulations to include but not be limited to a Reappointment review at least every 2 years which includes a review of the provider's clinical activities, skills, change in abilities, qualifications, quality of care and reverification of information that could have changed over time.
- 3.2 As outlined in the Interim Memorandum of Agreement (MOU) to Provide Credentialing Verification Services by the UNM Hospital, the UNM School of Medicine, and the Office of Clinical Affairs, as may be modified from time to time, and/or other applicable agreements the UNM Health System Central Verification Office (CVO) shall collect information regarding each provider's current licensure status, training, experience, competence and ability to perform requested privileges.
- 3.3 UNMMG Governing Body and Reporting Structure
  - 3.3.1 The UNMMG Board of Directors (BOD), the Governing Body for the UNMMG reports to the UNM Health Sciences Center Board of Directors which in turn reports to the UNM Board of Regents. The BOD is empowered to provide oversight for UNMMG business and clinical operations.
  - 3.3.2 The UNMMG Practice Oversight Committee (POC) was chartered by the UNMMG BOD on May 2, 2012 with delegated authority to address issues

of quality and safety for UNMMG clinical operations which are coordinated by Ambulatory Practice Operations (APO). The POC meets regularly and as needed for special considerations. The activity of the POC and its work groups is reported to the BOD on no less than on a quarterly basis.

3.3.3 The UNMMG Governing Body, the BOD and its delegate the POC shall follow a clear, standardized process for Credentialing and Privileging providers.

3.3.4 To this end, the POC created a subcommittee, the Credentialing Work Group (CWG) which it empowered to review and provide the POC with input on the Credentialing and Privileging process. .

#### 3.4 Corrective Action

3.4.1 In the event it is necessary to administer Corrective Action to providers, whenever possible, disciplinary action will be taken with the intention of correcting performance and/or conduct problems with providers.

3.4.2 UNMMG retains the right to apply Corrective Action individually with the merits of each matter without creating precedents for the treatment of other incidents that may arise in the future.

3.4.3 Corrective Action may include actions up to and including termination.

3.5 UNMMG shall adhere to the Credentialing process s described herein and in related documents such as the (? whose) Medical Staff By-Laws.

## 4.0 Definitions

4.1 Credentialing. Credentialing is the process of assessing and confirming the qualifications of a licensed or certified health care provider.

4.2 Privileging. Privileging is the process where a specific scope and content of patient care services, i.e., clinical privileges, are authorized for a healthcare practitioner by the BOD based upon an evaluation of the individual's credentials and performance.

4.3 Reappointment. Reappointment as required by accreditation standards refers to the process that occurs at least every two (2) years in which credentialed providers are required to renew clinical privileges and reappoint to the clinical staff.

4.4 Corrective Action(s). Corrective Action(s) refers to disciplinary action taken with the intention of correcting performance and/or conduct problems of providers.

- 4.5 Professional Review AKA Peer Review. Professional Review refers to the evaluation of work by one or more people of similar competence to the producers of the work (Peers). It constitutes a form of self-regulation by qualified members of a profession within the relevant field. Peer Review methods are employed to maintain standards of quality, improve performance, and provide credibility.
- 4.6 Governing Body. Governing Body means a group of people who formulate policy and direct an organization/institution along with its management.
- 4.7 Clinical Staff Categories.
- 4.7.1 Active Clinical Staff. Active Clinical Staff consists of physicians, dentists, podiatrists and doctoral-level clinical psychologists (counselors) or Allied Health Professionals who meet Credentialing qualifications and are regularly involved in the care of patients in UNMMG APO. As assigned, Active Clinical Staff members will provide continuous care and supervision for their patients within their area of professional competence and/or will arrange suitable alternatives for such care and supervision on an as needed basis. Physician members of the Active Clinical Staff shall be considered attending medical providers. In addition,
- 4.7.1.1 Active Clinical Staff assume all functions and responsibilities in accordance with their clinical privileges as determined by their clinical Chief of Service and/or Department Chair (if not the same individual).
- 4.7.1.2 Active Clinical Staff members are appointed to a specific clinical department and can exercise clinical privileges granted through the Credentialing process.
- 4.7.1.3 Active Clinical Staff may prescribe medications, treatments, order ancillary/ other patient care services and may perform patient care services within the scope of their license and in accordance with the scope of privileges granted to the practitioner.
- 4.7.2 Allied Health Professionals (AHP). "AHP consists of clinicians whose primary license, certification, or professional degree is as an Advanced Practice Nurses (APN), Clinical Nurse Specialists (CNS), Certified Nurse Practitioners (CNP), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), Physician Assistants-Certified (PA-C), clinician pharmacists (PharmD), or Doctors of Oriental Medicine (DOM), licensed optometrists (OD), and such other AHP as may be recognized by the BOD from time to time as required by law, accreditation standards, or the discretion of the BOD.

4.7.3 Other Health Professionals (OHPS): OHPS not identified as AHP members but requiring Credentialing will be processed per written policy of the Clinical Staff and by this policy/procedure. Examples of OHPs include Social Workers (LISW), Licensed Massage Therapists (LMT) and Nutritionists (LN).

4.8 Primary Source Verification. Primary Source Verification means verifying the information provided by an applicant from the source that conferred the qualification upon the applicant, is considered the best method to confirm education and training.

## **5.0 Responsibilities**

5.1 The Chief Medical Officer (CMO)/designee shall ensure compliance to this policy/procedure.

## **6.0 Procedure for Credentialing/Appointment, Re-appointment, Corrective Action, Fair Hearing and Appeal**

6.1 Credentialing/Appointment

6.1.1 Verification of Current Licensure

6.1.1.1 Verification of current licensure ensures that applicants have a legal right to practice within the organization, as required by state and/or federal law;

6.1.1.2 Verification of licensure is completed before granting initial privileges, re-privileging and when the provider's professional license expires.

6.1.2 Verification of Education and Relevant Training

6.1.2.1 Verification of education and relevant training, Primary Source Verification, provides the organization with insight into an applicant's background and clinical skill set;

6.1.2.2 UNMMG may choose to contract with a Credentials Verification Organization (CVO) to conduct Primary Source Verification; and

6.1.2.3 In instances when Primary Source Verification is not possible, organizations may use a reliable secondary source. Reliable secondary sources include another hospital that has documented a Primary Source Verification of an applicant's credentials or a designated equivalent source.

### 6.1.3 Verification of Experience, Ability and Current Competence

6.1.3.1 UNMMG must verify a provider's experience, ability and current competence in performing any requested privilege, that is, any care, treatment or service that a practitioner may perform;

6.1.3.2 UNMMG bases Privileging decisions on the areas of general competencies as defined by specialty and applicable departments.

#### 6.1.3.3 Patient Care:

Providers shall demonstrate the ability to provide patient care that is compassionate, appropriate and effective for the treatment of health problems, the promotion of health, and the prevention of disease.

#### 6.1.3.4 Medical/ Dental Clinical Knowledge

Providers shall demonstrate the knowledge of established and developing biomedical, clinical and social sciences, and be able to apply that knowledge to patient care and the education of others.

#### 6.1.3.5 Practice-Based Learning and Improvement

Providers shall be able to utilize scientific evidence and scientific methods to investigate, evaluate and improve patient care practices.

#### 6.1.3.6 Interpersonal and Communications Skills

Provider's shall be able to demonstrate interpersonal and communication skills such that they are able to establish and maintain professional relationships with patients, families and members of the healthcare team.

#### 6.1.3.7 Professionalism

Providers shall be able to demonstrate a commitment to continuous professional development, ethical practice and understanding of diversity in a manner that is respectful and responsible towards patients, the profession and society at large.

### 6.1.3.8 Systems-Based Practice

Providers shall be able to demonstrate a “big-picture” view and responsiveness toward the larger context and system of healthcare, as well as demonstrate the ability to effectively and efficiently utilize system resources to provide the highest quality and value to patients.

## 6.2 Reappointment

6.2.1 The provider’s request for Reappointment to the staff and renewal of clinical privileges requires the following:

6.2.1.1 Confirmation of compliance with the organization’s policies and procedures, rules and regulations.

6.2.1.2 Primary Source Verification by the CVO of current medical license to practice in the state.

6.2.1.3 Current Drug Enforcement Agency certificate and state Controlled Drug Certificate verified by Primary Source Verification.

6.2.1.4 Review of organization performance improvement activities when evaluating professional performance, judgment and clinical or technical skills.

6.2.1.5 Board certification is re-verified if there has been a change in status or if it is time for recertification.

6.2.1.6 Verification of education, training and experience if changed since initial Privileging and appointment.

6.2.1.7 Malpractice coverage that is usually verified by a copy of insurance certificate.

6.2.1.8 Primary Source Verification reports of any medical liability suits filed, pending or settled during the time period of initial appointment and Reappointment.

6.2.1.9 A query of the National Practitioner Data Bank (NPDB)

6.2.2 Provider requesting Reappointment must sign a statement declaring:

6.2.2.1 He/she can perform care, treatment and services he/she has been providing.

- 6.2.2.2 No restrictions on practice of medicine by medical disciplinary boards, state licensing boards or Professional Review organizations. This verified by the NPDB.
  - 6.2.2.3 No drug or other substance abuse.
  - 6.2.2.4 No felony convictions since initial appointment.
  - 6.2.2.5 No sanctions on participation in Medicare and Medicaid programs verified by Primary Source Verification.
  - 6.2.2.6 No new health conditions that may impair the provider's ability to practice medicine.
  - 6.2.2.7 No change or reduction of privileges at other healthcare organizations that a practitioner may practice. This includes any voluntary reductions of privileges.
  - 6.2.3 Applicants for Reappointment will provide documentation of Continuing Medical Education (CME) credit and the specialty-boarded recommendation or the CME mandated by the state for re-licensure.
  - 6.2.4 After all recredentialing information is obtained; it is forwarded to the UNMMG CWG for re-credentialing review.
  - 6.2.5 All recommendations by UNMMG CWG are forwarded to the UNMMG POC along with the completed file.
  - 6.2.6 The UNMMG POC will review and make recommendations on applications for Reappointment which will be recorded in committee meeting minutes.
  - 6.2.7 Reappointment applications will be presented to the BOD for final approval.
- 6.3 Corrective Action
- 6.3.1 Condition of Privileges
    - 6.3.1.1 As a condition of privileges conferred, every provider privileged to practice at UNMMG agrees to participate in and be subject to quality assurance and Professional Review activities wherein the quality of patient care, professionalism, and ethical conduct of a privileged provider is reviewed; to serve as a reviewer in appropriate cases; and to provide information when requested by a UNMMG Professional Review body/investigator.
  - 6.3.2 General Provisions

- 6.3.2.1 Professional Peer Review applies only to Active Clinical Staff. The hearing and appeal procedures for any other providers practicing at UNMMG clinics will be in accordance with the UNMMG Policies and Procedures.
- 6.3.2.2 When warranted, nothing in these policies/procedures will preclude collegial or informal efforts to address questions or concerns related to aspects of an Active Clinical Staff member's practice and conduct that may adversely affect patient care at the UNMMG.
- 6.3.2.3 It is the goal of this Section to provide prompt, thorough, and fair resolution to matters addressed through this Section. Therefore, a reasonable effort shall be made to conclude the review processes referenced in this policy/procedure within ninety (90) days of the service of notice as provided in this policy/procedure. The POC shall have the authority to adopt policies, procedures, and guidelines in order to effectuate this goal.
- 6.3.2.4 All Active Clinical Staff Professional Peer Reviews will be conducted in accordance with the UNMMG policies and all applicable state and federal laws and regulations.
- 6.3.2.5 Professional Peer Review actions will be reported as required to the appropriate state licensing board or the National Practitioner Data Bank, as required by the Health Care Quality Improvement Act or other applicable federal or state laws or regulations.
- 6.3.2.6 The affected Active Clinical Staff member may engage legal counsel, at the affected member's expense, to advise and assist the affected member at any stage of the proceedings described in this policy. The affected member shall not have the right to have legal counsel participate by speaking on his or her behalf during a Professional Peer Review activity or other proceedings described in this policy, except as specifically provided for by this policy or at the sole discretion of the involved CMO, the Credentialing Work Group, the POC, any Committee formed pursuant to BOD and this policy.

### 6.3.3 Professional Review

- 6.3.3.1 The Governing Body, the POC, or any other committee of the UNMMG staff, authorized to conduct "Professional Review activity" as defined in this policy/procedure, constitutes a



“Professional Review body” as defined in (this policy/procedure or which one is being referenced?) and in the Healthcare Quality Improvement Act (HCQIA), and/or a “review organization” as defined in the (whose) Bylaws and in ROIA (Define). Every “Professional Review body” will be accorded all privileges and immunities afforded to it under state and federal laws, rules, and regulations.

Professional (Peer) Review is a defined term. Does Professional Review activity as used here reference a separate definition?

#### 6.3.4 Focus of and Standards for Professional Review.

6.3.4.1 A Professional Review of a member may be undertaken in furtherance of quality of patient care whenever the patient care activities or conduct of an Active Clinical Staff member are considered to adversely affect or potentially adversely affect the health, safety or welfare of a patient through delivery of patient care in UNMMG; or is otherwise disruptive to UNMMG clinical operations; or is considered to be in violation of applicable policies/procedure, or is below the standards of conduct, practice, professionalism or ethics defined by this policy/procedure, the CMO, the UNMMG Code of Conduct, national professional organizations, or any state licensure act or regulations that may be applicable to the affected member. More specifically, to satisfy the standards for Professional Review actions as set forth in HCQIA, 42 U.S.C., the Active Clinical Staff acknowledges that a Professional Review action must be taken.

#### 6.3.5 Request for Professional Review

6.3.5.1 A Professional Review of a member may be requested by the CMO, a Department Chair or clinical division chief, or a chairperson of any standing committee of UNMMG. Any member in good standing may recommend to the CMO, a Department Chair or a clinical division chief, or a Clinical Staff Standing Committee chairperson, that a Professional Review be requested. The written request for Professional Review of a member will be delivered to the CMO on behalf of the CWG and supported by reference to specific grounds for the request, with copies to the CMO, the affected member, and the affected member’s Department Chair.

#### 6.3.6 Notice of Professional Review

- 6.3.6.1 The CMO, on behalf of the Credentialing Work Group, will provide immediate written notice of a request for Professional Review to the affected Member and to the applicable Department Chair. The notice will state the date and time of the next regularly scheduled CWG meeting at which time the request will be reviewed, unless by mutual consent of the CMO, the affected member, and the Department Chair, the date of review by the CWG shall be set for a different date.
- 6.3.7 Practice Oversight Committee Response to Request for Professional Review
- 6.3.7.1 At the CWG meeting, the CWG may in its sole and absolute discretion, if it reasonably determines that it needs further information prior to taking or not taking a Professional Review action as described in this policy, refer the request for a Professional Review for investigation to an independent outside reviewer, to the CMO. Alternatively, the CWG may, in its sole and absolute discretion, resolve to do nothing with the request or may do as follows:
- 6.3.7.2 When, in the opinion of the CMO, allegations in a written request for Professional Review of a member do not rise to a level ordinarily requiring invocation of Professional Review and/or Corrective Action, the CWG may refer the matter to the CMO or his/her designee for further evaluation, with an opportunity for the affected member to be heard in a manner to be decided by the CMO or his/her designee.
- 6.3.7.3 Action by the CMO or his/her designee resulting from such inquiries may not adversely affect the member, his or her membership on the UNMMG Staff, or the exercise of his or her privileges beyond thirteen (13) days without further investigation and action of the CWG as set forth more fully in this policy.
- 6.3.7.4 Documentation regarding the act or omission leading to any such evaluation under this sub-section will be maintained in the affected member's Credentialing file and may be considered in any subsequent Credentialing review or Professional Review of the member, along with the provider's compliance or failure to comply with the Corrective Action. The affected member will not be entitled to hearing or appeal procedures as set forth in this policy. The CMO or his/her designee will report on such review and actions at the next regularly scheduled CWG meeting.

### 6.3.8 Authority of Credentialing Work Group

6.3.8.1 The CWG shall at all times during the pendency of any investigation retain authority and discretion to take whatever action that may be warranted to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at UNMMG or in the best interests of patient care at the UNMMG or at other clinical facilities as assigned by the UNMMG, including summary suspension, termination of the investigative process or other action.

### 6.3.9. Review by Practice Oversight Committee

6.3.9.1 The POC will review the report of findings and recommendations submitted by the CWG appointed pursuant to this policy, the report from the CMO resulting from the referral contemplated in this policy, or the report of an assigned outside reviewer resulting from the referral contemplated in this policy, as the case may be, at its next regularly scheduled meeting or at a special. If any member of the POC has any personal involvement or interest in the matter being investigated or any other conflict of interest, that member shall not sit on the committee during the discussion of Corrective Action, nor shall such member vote or take any action, formal or informal, which may influence the decision for Corrective Action.

### 6.3.10 Recommendation of Action by Practice Oversight Committee

6.3.10.1 Within thirty (30) days of receipt of a report with findings and recommendations of the POC appointed pursuant to this policy, a report from the CMO resulting from referral to the same contemplated in this policy, or a report of an assigned outside reviewer resulting from referral the same contemplated in this policy, as the case may be, the POC, based upon such findings and recommendations, shall recommend action which may include, without limitation:

6.3.10.1.1 Determining that no Corrective Action be taken;

6.3.10.1.2 Deferring action for a reasonable time where circumstances warrant;

6.3.10.1.3 Issuing letters of admonition, warning, reprimand, or censure. In the event such letters are issued, they will be included in the affected

member's Clinical Staff and promotion files, and the affected member may make a written response, which shall be placed in the member's Clinical Staff and promotion files;

- 6.3.10.1.4 Directing the UNMMG staff member to undergo a medical and/or psychiatric examination by a physician chosen by the POC to include treatment and/or counseling if recommended by the physician or other medical professional chosen by the POC;
- 6.3.10.1.5 Recommending the imposition of terms of probation or limitation upon continued UNMMG staff membership or the exercise of clinical privileges including, without limitation, requirements for co-admission, mandatory consultation or monitoring;
- 6.3.10.1.6 Recommending reduction, modification, suspension or revocation of clinical privileges;
- 6.3.10.1.7 Recommending reduction or limitation of any prerogatives directly related to UNMMG Staff membership; or
- 6.3.10.1.8 Recommending suspension, modification, probation, or revocation of UNMMG Staff Membership.

#### 6.3.11 Notice of Recommended Action

- 6.3.11.1 The CMO, on behalf of the POC, will deliver notice of the POC's recommended action in respect of a decision made under this policy to the affected member in a writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the member, by verified hand-delivery to the member, or other means reasonably expected to provide actual notice to the member within ten (10) business days of the POC meeting at which the recommendation was adopted as described in this policy above, with copies to the CMO, the affected member's Department Chair, and the affected member's UNMMG Staff Credentialing file.

#### 6.3.12 Summary Suspension or Restriction

- 6.3.12.1 In General. The CMO, or the Department Chair have the authority to take immediate action to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at UNMMG or in the best interests of patient care at UNMMG or at other clinical facilities as assigned by UNMMG, by summarily suspending or restricting all or any portion of the clinical privileges of a member without the benefit of a hearing or personal appearance.
- 6.3.12.2 Effectiveness of the Summary Suspension or Restriction. The summary suspension or restriction will become effective upon the date specified in the notice or, if no date is specified, then immediately.
- 6.3.12.3 Notice to the Affected Member. The person imposing the summary suspension or restriction will provide written notice of the suspension or restriction, including a summary of specific grounds for the action, to the affected member, the affected member's CMO, and the Department Chair. The CMO will inform the CWG of the suspension or restriction at its next regularly scheduled meeting or at a special meeting thereof called for that purpose.
- 6.3.12.4 Interim Patient Care Coverage Requirements. The affected member's Department Chair or designee, the affected member's immediate supervisor, will provide for alternative medical coverage for the suspended member's clinical responsibilities at UNMMG.
- 6.3.12.5 Hearing Rights With Respect to Summary Suspension or Restriction. Except as provided otherwise in this policy, only when the suspension or restriction of clinical privileges of an Active Clinical Staff Member continues or is imposed for a period of greater than fourteen (14) consecutive calendar days, will that affected member be entitled to request a hearing as provided in this policy.
- 6.3.12.6 Right to Rescind Summary Suspension or Restriction. The CMO may rescind summary suspension or restriction with notice to the person or body that originally imposed the suspension or restriction, the POC, the affected member, and the affected Active Clinical Staff Member's Clinical or Department Chair.
- 6.3.12.7 Credentialing Work Group Review. Within thirty (30) days following the imposition of a summary restriction or suspension, the CWG shall review and consider the action.

When necessary, the CWG shall have the option, but not the obligation, to direct a further investigation of the issues or circumstances underlying the summary suspension or restriction in accordance with the procedures and processes identified in this policy. In no event shall any meeting of the CWG or the POC, with or without the attendance of the affected member, constitute a "hearing" as that term is used in this policy. The CWG may recommend action to continue, modify or terminate the summary restriction or suspension and shall promptly notify the affected member and CMO of its recommended action.

6.3.12.8 Effect of Termination of Summary Suspension or Restriction within Initial Imposition Period. If summary suspension or restriction is terminated within fourteen (14) consecutive calendar days after imposition, a hearing requested pursuant to this policy shall be deemed to be no longer necessary and no such hearing will be held.

6.3.12.9 Recommendation of Action by the CWG. After a hearing conducted as described and provided in this policy, the CWG may recommend action to continue, modify or terminate the terms of the summary suspension or restriction, or may recommend to the Governing Body that the affected member's clinical privileges be restored, restricted, reduced, or revoked. If the CWG recommends an action that adversely affects the affected member's membership on the UNMMG Staff or the exercise of his or her privileges, the affected member will be entitled to request an appellate review in accordance with this policy. The terms of the summary suspension or restriction will remain in effect pending a final decision by the Governing Body.

6.3.12.10 When no Hearing Requested. If no hearing, as described by this policy, is requested by the affected member within the time specified therein, and the summary suspension or restriction continues beyond fourteen (14) calendar days, the CWG may recommend action to continue, modify or terminate the terms of the summary suspension or restriction, or the POC may recommend to the Governing Body that the affected Member's clinical privileges be revoked, and the affected member shall have no right of hearing or of appeal.

### 6.3.13 Report to the Governing Body

6.3.13.1 The CMO or designee will report to the POC any recommended action that adversely affects the affected

member to the Governing Body in closed or executive session during the Governing Body's next regularly scheduled meeting.

#### 6.3.14 Right to Invoke Hearing and Appeal Procedures

6.3.14.1 In the event the recommended action of the Practice Oversight Committee adversely affects the affected member or Applicant, such affected member or Applicant will be entitled to invoke the hearing and appeal procedures as set forth in these Policies and Procedures. More specifically, any recommended action by the Practice Oversight Committee which, if adopted by the Governing Body or its designee, would involuntarily terminate a member's membership on the Clinical Staff, deny an Applicant's appointment to the Clinical Staff, deny a member's Reappointment to the Clinical Staff, reduce, modify, suspend, or revoke the member's clinical privileges for more than fourteen (14) days, will entitle the applicant or the affected member to invoke hearing and appeal procedures provided in the Policies and Procedures. All other actions recommended by the POC, including but not limited to a verbal admonishment, letter of admonition, letter of reprimand, imposition of probation or requirement of medical or behavioral consultation, restriction or suspension of privileges for less than fourteen (14) days, imposition of a focused Professional Review or assessment of an affected member's clinical or professional performance on an interval less than the two (2) year Reappointment cycle, or imposition of a monitoring program which may include regular meetings with a designated monitor, will be final and shall not, under any circumstance, give rise to a right to a hearing or appeal as set forth in these policies/procedures.

#### 6.3.15 Adequate Notice and Hearing Standard

6.3.15.1 The POC shall be deemed to have met the adequate notice and hearing requirement in connection with this policy/procedure with respect to an affected member or applicant (as the case may be) if the notice of proposed action from the CMO to the affected member contains the following information:

6.3.15.1.1 A Professional Review action or denial of appointment or Reappointment has been proposed to be taken against the affected member or Applicant;

6.3.15.1.2 Reasons for the proposed action of the POC;

- 6.3.15.1.3 That the affected member or Applicant has the right to request a hearing on the proposed action;
- 6.3.15.1.4 Any time limit (not less than thirty (30) days) within which to request such a hearing; and
- 6.3.15.1.5 A summary of the affected member's or Applicant's rights in the hearing including the following:
  - 6.3.15.1.5.1 The hearing shall be held as determined by the POC no less than thirty (30) days following the notice and to conclude within sixty (60) days of being convened, at the election of the POC, before either.
  - 6.3.15.1.5.2 An arbitrator mutually acceptable to the affected member or Applicant and the POC, or
  - 6.3.15.1.5.3 A hearing officer who is appointed by the POC and who is not in direct economic competition with the affected member or Applicant; or
  - 6.3.15.1.5.4 An ad hoc Hearing Committee appointed by the POC as provided under Section 13 of this policy/procedure.
- 6.3.15.1.6 The right of the affected member to a hearing may be forfeited if the affected member fails, without good cause, to appear at the hearing;
- 6.3.15.1.7 In the hearing, the affected member or applicant has the rights noted below:
  - 6.3.15.1.7.1 To representation by an attorney or other person of his/her choice;



- 6.3.15.1.7.2 To have a record made of the proceedings, copies of which may be obtained by the affected member or applicant upon payment of reasonable charges associated with the preparation thereof;
- 6.3.15.1.7.3 To call, examine, and cross-examine witnesses;
- 6.3.15.1.7.4 To present evidence determined to be relevant by the hearing officer, arbitrator, or hearing officer designated by an ad hoc Hearing Committee, as the case may be, regardless of its admissibility in a court of law; and
- 6.3.15.1.7.5 To submit a written statement at the close of the hearing; and
- 6.3.15.1.8 Upon completion of the hearing, the affected member or Applicant has the right:
  - 6.3.15.1.8.1 To promptly receive the written report and recommendations of the arbitrator, the hearing officer, or the ad hoc Hearing Committee, as the case may be under the circumstances (the "Fair Hearing Report"), including a statement of the basis for the Fair Hearing Report; and
  - 6.3.15.1.8.2 To promptly receive the written decision of the POC after having taken into consideration the Fair Hearing Report, including a statement of the basis for the decision.

### 6.3.16 Affect of Failure to Timely Request a Hearing.

- 6.3.16.1 If the affected member does not timely exercise his or her right to a hearing under these policies/procedures, the POC shall forward its recommended action(s) to the Governing Body for review and final action in accordance with these policies/procedures.

### 6.3.17 Notice of Hearing

- 6.3.17.1 If a hearing is requested by the affected member on a timely basis with respect to a recommendation of the POC as to which a right to a hearing exists under and pursuant to these policies/procedures, the CMO shall provide the affected member with notice stating the place, time and date of the hearing, which date shall not be less than thirty (30) calendar days after the date of the notice, along with a list of the witnesses (if any) expected to testify at the hearing on behalf of the POC.

### 6.3.18 Reservation of Rights re Credentialing Work Group Timeliness

- 6.3.18.1 The CWG's failure to meet any conditions of timeliness or to meet a particular time deadline set forth in this policy/procedure shall not, in itself, constitute a failure on the part of the CWG to meet the standards of this policy/procedure or to have deprived the affected member of his or her due process rights under this policy or under HCQIA.

### 6.3.19 Administrative or Automatic Relinquishment of Privileges or Limitation of UNMMG Staff Member

- 6.3.19.1 The following shall result in administrative or automatic relinquishment or revocation of a UNMMG Active Clinical Staff member's membership and/or clinical privileges and shall not entitle the affected UNMMG Active Clinical Staff member to rights provided under this policy.

- 6.3.19.1.1 Medical Records. Failure to comply with UNMMG clinical documentation policies and requirements may result in the administrative suspension of a UNMMG Active Clinical Staff member, provided that the suspension must be preceded by a written warning to the member from the CMO or their designate that the member has fourteen (14) calendar days

to comply with UNMMG clinical documentation policies and requirements or administrative suspension may be imposed. The CMO or his/her designate will provide the UNMMG Active Clinical Staff member and their-clinical or Department Chair with a copy of the written warning. If the CMO/designate subsequently initiates an administrative suspension, he/she will provide the UNMMG Active Clinical Staff member and their clinical or associate Department Chair with immediate written notification of the administrative suspension. The suspension will be in effect for the time specified in the notice of suspension, but may not exceed ten (10) consecutive calendar days. If the UNMMG Active Clinical Staff member has more than thirty (30) administrative suspension days in a consecutive twelve (12) month period, that member shall be deemed to have automatically and voluntarily resigned from the UNMMG Active Clinical Staff, said resignation to take effect upon acceptance by the member's Department Chair.

- 6.3.19.1.2 Licensure. Action by a state licensing board revoking or suspending a UNMMG Active Clinical Staff member's license, or the expiration of such licensure, will automatically suspend the member's clinical privileges. A UNMMG staff member whose license has been so revoked or suspended must immediately report such action to the CMO and to the member's Department Chair. A UNMMG staff member's failure to report such information shall be deemed to be automatic and voluntary resignation by the member from the UNMMG Active Clinical Staff, said resignation to take effect upon acceptance by the member's Department Chair. Following receipt of such report, the CWG will review the UNMMG staff member's qualifications and the CWG will make recommendations to the POC regarding the staff member's privileges and s appointment. Action by a state licensing board restricting or stipulating a UNMMG staff member's license, or placing the member on

probationary status, must be immediately reported by the member to the CMO and to the member's Department Chair. A UNMMG staff member's failure to report such an action on the member's license shall be deemed to be an automatic and voluntary resignation by the member from the UNMMG Active Clinical Staff, said resignation to take effect upon acceptance by the member's Department Chair.

- 6.3.19.1.3 Drug Enforcement Administration (DEA) Certificate. If a UNMMG staff member's DEA certificate is revoked, suspended, stayed, restricted, or subject to probation, such action, and its terms shall automatically apply to his/her clinical privileges to prescribe, dispense, or administer medications covered by that certificate. If a UNMMG staff member's DEA certificate expires without renewal, the member's clinical privileges to prescribe, dispense, or administer medications covered by that certificate shall be automatically suspended until the member has provided sufficient evidence of a certificate renewal. Any such revocation, suspension, stay, or restriction must be immediately reported by the staff member to the CMO and to the member's Department Chair.
- 6.3.19.1.4 Loss of UNMMG Staff Appointment. A UNMMG Active Clinical Staff member who loses their staff appointment will automatically lose their UNMMG staff membership without further action required of the CWG or Governing Body without right to a hearing or appeal procedures provided by this policy. The UNMMG staff member will be accorded appropriate due process procedures pursuant to UNMMG policies/procedures, as applicable.
- 6.3.19.1.5 Loss of Privileges at Other Health Care Organization. An Active Clinical Staff member who, as a condition of employment with the UNMMG, has clinical privileges at another health care organization, and whose clinical privileges are reduced, suspended, or revoked

by that other health care organization, must immediately report such action to the UNMMG CMO and the UNM Associate Dean for Clinical Affairs and the staff member's UNM Clinical or Associate Department Chair.

- 6.3.19.1.6 Exclusion from federal and/or state health care programs, investigation, and conviction of crimes.
- 6.3.19.2 Responsibilities of a UNMMG staff member. Within seventy-two (72) hours of a UNMMG Active Clinical Staff member becoming aware that they are under investigation for possible violations of federal and/or state health care program requirements, or any criminal laws, or that they have been excluded from participation in a federal and/or state health care program, they must give written notice of such investigation or exclusion to the CMO and to their Department Chair. A UNMMG staff member who is under such a criminal investigation shall be responsible for retaining their legal counsel and for any legal fees and costs associated with the investigation and any subsequent legal proceedings.
- 6.3.19.3 Revocation. A UNMMG Active Clinical Staff member who is excluded from participation in a federal and/or state health care program, or who is convicted of any felony whether or not related to the provision of health care, shall be deemed to have automatically and voluntarily resigned from the UNMMG staff without any further action required of the CWG or the Governing Body, said resignation to take effect upon acceptance by the member's Department Chair. The UNMMG staff member shall be responsible for any fines or fees imposed as a result of such exclusion, imprisonment, probation, or diversion program. The UNMMG staff member shall have no right nor be entitled to hearing or appeal procedures as described and set forth in this policy as a result of such a revocation of clinical privileges and UNMMG staff membership.
- 6.3.19.4 Notice. Patient Care; Further Corrective Action. Whenever a UNMMG Active Clinical staff member's privileges are automatically suspended or terminated in whole or in part, notice of such suspension/termination shall immediately be given by the CMO, to the staff member and the staff member's Department Chair. Giving such notice is not, however, required in order for the automatic

suspension/termination to become effective. In the event of such automatic suspension/termination, the UNMMG staff member's patients shall be assigned to another UNMMG Staff member by the member's clinical or associate Department Chair. Within thirty (30) days after automatic suspension/termination of a UNMMG staff member's privileges, the CWG shall convene to review and consider facts, and may recommend such other and further Corrective Action as it deems appropriate following the procedures set forth in this policy.

6.3.19.5 There shall be no right to the hearing and appeal procedures as set forth in this policy as a result of an Active Clinical Staff member's automatic suspension or termination of privileges as described in this policy/procedure.

#### 6.3.20 Effectiveness of Decisions

6.3.20.1 After a hearing as provided in this policy, the decision of the POC adversely affecting the affected member's membership on the UNMMG Active Clinical Staff or the exercise of their privileges will be effective upon final action of the Governing Body, subject to any appeal rights set forth this policy. If the affected member has been summarily suspended, the suspension will continue in effect until final decision of the Governing Body, subject to any appeal rights set forth in this policy.

#### 6.3.21 Effect of Reduction, Suspension, or Revocation of Privileges on UNMMG Staff Membership.

6.3.21.1 Revocation of all clinical privileges automatically results in loss of UNMMG Active Clinical Staff membership.

6.3.21.2 Reduction, suspension, or revocation of clinical privileges for a period greater than thirty (30) calendar days; or the acceptance of the surrender of clinical privileges by a UNMMG Active Clinical Staff member while under investigation by the UNMMG relating to possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding, shall be reported to the appropriate licensing board and/or the NPDB, as required by professional ethical considerations, and applicable laws, rules, and regulations.

## 6.4 Fair Hearing and Appeal

### 6.4.1 General Appellate Review Procedures

6.4.1.1 Any hearing or appellate review will be conducted in accordance with procedures set forth in Section 8 of this policy/procedure (Please verify that reference is correct. I do not have a copy of the referenced By-Laws.)

### 6.4.2 Exhaustion of Remedies

6.4.2.1 If an adverse action as described in Section 8 of this policy/procedure (Check reference & provide if this reference is incorrect.) is taken or recommended, the affected member must exhaust the remedies afforded by this policy/procedure (Check Reference) before resorting to legal action.

### 6.4.3 Appointment of an Arbitrator, a Hearing Officer, or a Mec ad hoc Hearing Committee

6.4.3.1 Appointment of Fair Hearing Adjudicator(s). If a hearing is requested by the affected member on a timely basis in accordance with Sections 8 of this policy/procedure, the POC, in its sole and absolute discretion, will appoint either an arbitrator, a Hearing Officer, or a MEC ad hoc Hearing Committee to administer the fair hearing process contemplated in this section. A Hearing Officer or arbitrator duly appointed shall be considered a committee of one.

6.4.3.2 Composition of an ad hoc Hearing Committee. If the POC determines to appoint an ad hoc Hearing Committee, that committee shall consist of three members of the Active Clinical Staff who are not in direct economic competition with the affected member. No member who was actively involved in the investigation of the matter or who participated in the decision of the POC as to which the hearing is requested, will be appointed a member of the MEC ad hoc Hearing Committee.

6.4.3.3 Selection of Chair of ad hoc Hearing Committee. If the POC appoints an ad hoc Hearing Committee, that committee will select one of its members to serve as the Chair who will preside over the hearing. The identities of the members of the Hearing Committee and Chair shall be made known to

the member or applicant promptly upon acceptance of appointment.

#### 6.4.4 Notice of Hearing

6.4.4.1 Scheduling of Hearing; Notice to be provided to member. If a hearing is requested by the affected member or applicant on a timely basis in accordance with this policy/procedure, the arbitrator, the Hearing Officer, or the ad hoc Hearing Committee, as the case may be, will schedule a hearing, with a view to complying with the timeline set forth in this policy/procedure, through the Associate Dean for Clinical Affairs or CMO, who will notify the affected member or applicant by certified or registered U.S. mail, return receipt requested, to the last address provided by the member, by verified hand-delivery to the member or applicant, or other means reasonably expected to provide actual notice to the member or applicant;

6.4.4.2 Contents of Notice of Hearing. The notice of hearing to the affected member or applicant shall set forth:

6.4.4.2.1 The reasons for the proposed action;

6.4.4.2.2 The place, time and date of the hearing, which date shall not be less than thirty (30) calendar days after the date of the notice or as is practicable or as negotiated by the parties;

6.4.4.2.3 A list of the witnesses (if any) expected to testify at the hearing on behalf of the Active Clinical Staff member; and

6.4.4.2.4 A summary of the affected member's rights at the hearing, as described in this policy/procedure.

6.4.4.2.5 The identity (ies) of the POC or the arbitrator or CMO as the case may be.

#### 6.4.5 Conduct of Hearing and Pre-Hearing Procedures

6.4.5.1 No Proxy Voting. In the event that the POC shall have made the determination to appoint an ad hoc Hearing Committee to administer and preside over the hearing, no member of the ad hoc Hearing Committee may participate or vote by proxy.



- 6.4.5.2 Record of Proceedings. An audio recording or a transcript prepared by a Certified Shorthand Reporter shall be made of the hearing and copies made available to the parties, upon payment by the party requesting copies of reasonable charges associated with the preparation thereof.
- 6.4.5.3 Personal Presence Requirement. The personal presence of the affected member is required at the hearing. If the affected member fails to appear at the hearing, without good cause, his/her right to a hearing may be forfeited, as determined at the sole discretion of the POC, and the affected member will be deemed to have accepted the adverse recommendation of the POC.
- 6.4.5.4 Postponements. The arbitrator, CMO, or the ad hoc Hearing Committee, as the case may be, may grant postponements of a hearing only for good cause, as determined at the sole discretion of such arbitrator, Hearing Officer or ad hoc Hearing Committee.
- 6.4.5.5 Representation by Legal Counsel. The affected member may retain an attorney, at the affected member's expense, to represent him/her at the hearing, or may select an Active Clinical Staff member in good standing or a member of the affected member's local professional society to assist the affected member at the hearing, including but not limited to the direct examination and cross examination of witnesses.
- 6.4.5.6 Order of Procedure. The arbitrator, Hearing Officer, CMO, or ad hoc Hearing Committee Chair will preside over the hearing, determine and maintain order of procedure, and ensure that all participants have a reasonable opportunity to submit evidence.
- 6.4.5.7 Evidence. Evidence determined to be relevant by the arbitrator, Hearing Officer CMO, or ad hoc Hearing Committee Chair may be presented at the hearing, regardless of whether such evidence would be admissible in a court of law. Before the hearing, the affected member and the POC may submit memoranda concerning any issue, which memoranda will become part of the hearing record.
- 6.4.5.8 Burden of Proof. The Practice Oversight Committee must present evidence in support of the POC's adverse recommended action. The burden of proof shall be upon the member or applicant to prove by a preponderance of the evidence that the recommended adverse action is justified.

- 6.4.5.9 Witnesses; Examination; Cross-Examination. Subject to reasonable limitations as imposed by the arbitrator, Hearing Officer, CMO or ad hoc Hearing Committee Chair, as the case may be, all parties may call and examine witnesses, introduce evidence, cross-examine the other party's witnesses, challenge the other party's witnesses, and rebut evidence. Witnesses will be sworn by a person authorized to administer oaths in the State of New Mexico before testifying.
- 6.4.5.10 Pre-Hearing Discovery. Discovery prior to the hearing is limited as the hearing is administrative and advisory in nature. No discovery (i.e., depositions, interrogatories, requests for admission, document production, etc.) as ordinarily contemplated in state or federal litigation matters will be permitted except as expressly provide in this section of the policy/procedure. Witness interviews, other than that of Active Clinical Staff members, are at the discretion of the proposed witness. No depositions are permitted except under extraordinary circumstances. Any discovery disputes shall be addressed by the arbitrator, Hearing Officer CMO, or the ad hoc Hearing Committee Chair, as the case may be, in a timely fashion. The decision of the arbitrator, Hearing Officer, CMO or the ad hoc Hearing Committee Chair, as the case may be, is final.
- 6.4.5.11 Exchange of Evidence. Five (5) business days prior to the hearing, the POC and the affected member will each submit to the arbitrator, Hearing Officer, CMO, or ad hoc Hearing Committee Chair, as the case may be, and exchanged with each other a list of witnesses they intend to call at the hearing as well as copies of any documentary evidence they intend to present during the hearing.
- 6.4.5.12 Closing Written Statement. The affected member and the POC will each be permitted to submit a written statement at the end of the hearing, or within a reasonable number of days after the hearing as specified by the arbitrator, Hearing Officer, CMO, or ad hoc Hearing Committee Chair, as the case may be. A copy of the written statement shall also be provided to the opposing party.
- 6.4.5.13 Recesses. The arbitrator, Hearing Officer, CMO, or ad hoc Hearing Committee Chair, as the case may be, may recess and reconvene hearings for the convenience of the participants or for obtaining new evidence.

6.4.5.14 Concluding the Hearing. After all relevant evidence has been presented, as determined by the arbitrator, Hearing Officer, CMO, or ad hoc Hearing Committee Chair, as the case may be, the hearing will be closed. The arbitrator, Hearing Officer, or ad hoc Hearing committee, as the case may be, will deliberate in closed session, without the parties present. Upon conclusion of the closed session, the hearing will terminate.

#### 6.4.6 Practice Oversight Committee Representation at the Hearing

6.4.6.1 The POC will appoint a voting member of the POC to represent the POC at the hearing, to present facts in support of the POC's adverse recommended action, and to call, examine, and cross-examine witnesses. To the extent that the affected member retains legal counsel to represent him or her at the hearing, the POC may be represented at the hearing by an attorney in or retained through the Office of University Counsel.

#### 6.4.7 Report and Recommendation

6.4.7.1 The arbitrator, Hearing Officer, CMO or ad hoc Hearing Committee, as the case may be, will deliver his, her or its written report and recommendations with respect to the recommended action of the POC giving rising to the hearing, along with a copy of the hearing record, to the POC, through the UNMMG CMO/designee, within ten (10) business days after termination of the hearing, with a copy delivered to the affected member, to the Associate Dean for Clinical Affairs, CMO, and to the affected member's Clinical Department Chair.

#### 6.4.8 Action upon the Report and Recommendation

6.4.8.1 At its next regular meeting, at a special meeting called for that purpose, or as soon thereafter as practicable, the POC will consider and act upon the report and recommendations submitted to POC as provided in this policy/procedure. The Associate Dean for Clinical Affairs, CMO will inform the affected member of the POC's decision, in writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the affected member, by verified hand-delivery to the member, or by other reasonable means expected to provide actual notice to the affected member, at the earliest practicable date after the POC renders its decision.

#### 6.4.9 Right of Appeal

- 6.4.9.1 General. If the POC's recommended action adversely affects an applicant for membership on the Active Clinical Staff or an affected member's membership on the Active Clinical Staff or the exercise of his or her privileges, the member may appeal that recommended action to the Governing Body, through the Associate Dean for Clinical Affairs, CMO, as provided in this policy and procedure.
- 6.4.9.2 Manner of Requesting Appellate Review. The affected member shall request such an appellate review by delivering, by first class U.S. Mail or hand-delivery, a written request for such review to the Governing Body, through the Associate Dean for Clinical Affairs, CMO, within fifteen (15) calendar days after the affected member receives notice of an adverse POC recommended action.
- 6.4.9.3 Effect of Failing to Request Appellate Review. If the affected member does not submit a written request for appellate review within fifteen (15) calendar days after the member receives the POC's adverse recommended action, the member will be deemed to have waived the member's right to an appellate review and to have accepted the adverse recommended action.

#### 6.4.10 Nature of Appellate Review by the Governing Body

- 6.4.10.1 If an affected member timely requests an appellate review and the matter is subject to an appellate review, the appellate review will be based only upon the hearing record on which the POC's adverse recommended action is based, supplemented only by written statements of the affected member and the POC. If the affected member desires to be afforded the opportunity to have oral arguments, the affected member must include within the request for appellate review a request that the Governing Body also hear oral arguments. The right to oral argument is within the sole and absolute discretion of the Appellate Review Committee contemplated and formed under this policy and procedure.

#### 6.4.11 Process of Appellate Review

- 6.4.11.1 If the Associate Dean for Clinical Affairs or CMO receives a timely request for appellate review, such appellate review will be administered by the Governing Body, as follows:
- 6.4.11.2 Notice to the Governing Body of Pendency of Appeal and Delivery of the Record. The Associate Dean for Clinical Affairs

or CMO will provide notice of the request for appellate review to the Governing Body at its next regular meeting or as soon thereafter as practicable. As soon as practicable thereafter, the Associate Dean for Clinical Affairs or CMO shall cause a complete copy of the record of the proceedings before the POC with respect to which the affected member has requested appellate review to be provided to the Chair of the Governing Body.

- 6.4.11.3 Appointment of Appellate Review Committee. The Governing Body will appoint three (3) of its members as an Appellate Review Committee to hear the appeal and conduct the appellate review.
- 6.4.11.4 Scheduling of Appellate Review. The Governing Body will schedule a date for review, including a time and place for oral arguments, if requested by the affected member and granted by the Governing Body, and will notify the affected member through the Dean or the Associate Dean for Clinical Affairs or CMO. The Associate Dean for Clinical Affairs or CMO will promptly notify the affected member of the date, time and place of the Governing Body's scheduled appellate review, in writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the member, verified hand-delivery, or other means reasonably expected to provide actual notice to the member. In this connection, the date for the appellate review will be not less than thirty (30) calendar days from the date of the Governing Body's notice to the affected member.
- 6.4.11.5 Access to the Record. The affected member will have access to the report, record, and audio recording, if any, of the hearing.
- 6.4.11.6 Written Statement of the Affected Member. Within ten (10) working days from the date of the notice of the appellate review, the affected member may submit to the Appellate Review Committee and the POC representative, through the Associate Dean for Clinical Affairs or CMO, a written statement specifying the substantive and procedural matters with which the affected member disagrees and the reasons for such disagreement. The written statement may address any matters raised at any step in the process related to the appeal, and the affected member may retain legal counsel, at the expense of the affected member, to assist in preparation of the statement.

- 6.4.11.7 Written Statement of the Practice Oversight Committee. If the affected member elects to submit the written statement contemplated under this policy and procedure), the POC may, within ten (10) working days after receipt of the affected member's statement, submit a written response to the Governing Body, through the POC who will provide a copy to the Appellate Review Committee and to the affected member. The copy to the affected member will be delivered by certified or registered U.S. mail, return receipt requested; to the last address provided by the member, by verified hand-delivery or by other means reasonably expected to provide actual notice to the member.
- 6.4.11.8 The Review. At the scheduled time for the review, the Appellate Review Committee will review the record of the hearing, consider the written statements, if any, submitted by the affected member and the MEC, and hear oral argument, if requested by the affected member as provided in this policy and procedure and granted, for the purpose of determining if the POC's adverse recommended action is not clearly erroneous (a definite and firm conviction that a mistake has been committed) and not arbitrary or capricious. For purposes of this policy/procedure, "substantial evidence" means such relevant evidence as a reasonable person might accept as adequate to support a conclusion.
- 6.4.11.9 Oral Argument. If a request for oral argument is made by the affected member and granted by the Appellate Review Committee, the affected member and the representative of the POC may address the Appellate Review Committee regarding the POC's adverse recommended action and to answer questions proffered by the Appellate Review Committee. If the Appellate Review Committee hears oral argument, the affected member may retain legal counsel, at the affected member's expense, to attend the hearing to provide advice to the affected member, but such legal counsel may not participate in the appellate review, unless permitted by the Appellate Review Committee, in its sole discretion. In this connection, the Appellate Review Committee may also permit the POC to obtain the assistance of an attorney in or retained by the Office of University Counsel.
- 6.4.11.10 Legal Counsel for the Appellate Review Committee. The Appellate Review Committee will be assisted by counsel provided by the Office of University Counsel during the course of the appeal procedure.

6.4.11.11 New or Additional Matters. New or additional matters not raised during the POC hearing or otherwise reflected in the hearing record may be introduced during appellate review only under very unusual circumstances, and in the sole discretion of the Appellate Review Committee.

6.4.11.12 Deliberation and Report and Recommendation. After oral argument, the Appellate Review Committee will deliberate in closed session. As soon after the close of deliberations as is possible but no later than thirty (30) calendar days thereafter, the Appellate Review Committee will submit a written report and recommendations to the Governing Body.

#### 6.4.12 Final Decision by the Governing Body

6.4.12.1 The Governing Body will issue a final written decision on the matter, including a statement of the basis for its decision, as soon as practicable after receipt of the Appellate Review Committee's recommendations. The Governing Body will provide notice of their decision to the POC and the affected member through the Associate Dean for Clinical Affairs or CMO. In turn, the Associate Dean for Clinical Affairs or CMO will provide notice of the Governing Body's final decision to the affected member by certified or registered U.S. mail, return receipt requested, to the last address provided by the member, by verified hand delivery, or by other means reasonably expected to provide actual notice to the member.



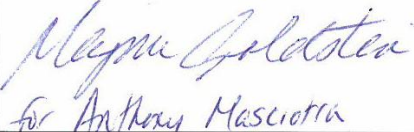
#### 6.4.13 Single Right of Relief

6.4.13.1 Notwithstanding any other provision of this policy/procedure, no member will be entitled, as a matter of right, to more than one hearing and one appellate review on any matter that is the subject of a Professional Review action by the POC.

#### 6.4.14 Post-Appeal Actions

6.4.14.1 After a final decision by the Governing Body, the Associate Dean for Clinical Affairs or CMO will report any adverse Professional Review action against the privileges of the affected member as required by HCQIA or other applicable laws or regulations to the appropriate licensing board, the NPDB, and/or to other parties, including other entities and agencies to whom the UNMMG APO is contractually required to report.

### 7.0 Document Approvals

Role	Position	Name	Signature	Date
<b>Document Preparation (Approval as to form, format, process and content)</b>				
Approver	Policy Specialist	Sharon Scaltrito		5/20/2014
<b>Official Approvers</b>				
Owner/ Approver	CMO	Robert Fritch, D.O.		5/20/2014
Final Approver	CEO	Anthony Masciotra		5/20/2014

### 8.0 Revision History

Effective Date	Revision Letter	Document Author	Description of Change
5/20/2014	A	Robert Fritch, D.O., Jessica Bean	Initial Release