| Major Hospital<br>A Major Health Partner | Information Sharing Policy<br>MS-22 |
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| Does this policy meet a regulatory standard?<br>Yes ____ No _X___ | Formulated by: Medical Staff Office<br>Approved by: Medical Executive Committee and Board of Directors<br>Effective Date: 07/29/2019 |

PURPOSE: **To establish and communicate to Members of the Medical Staff the nature and treatment of the credentialing files maintained with respect to every credentialed practitioner.**

1. **Maintenance and Contents of Credentials Files - A Credentialing File is maintained for each practitioner who has requested or received privileges at Major Hospital. These Credentialing Files are maintained by the Medical Staff Office via secure electronic format. The following information is maintained in each practitioner's Credentialing File:**
   - 1.1. Applications for appointment and clinical privileges, with all supporting documentation;
   - 1.2. Applications for reappointment, requested changes in staff status or clinical privileges, with all supporting documentation;
   - 1.3. Notations of telephone conversations or emails concerning the practitioner's qualifications, including date of conversation, identification of parties to the conversation, and information received and/or discussed;
   - 1.4. Any and all correspondence from third parties including, but not limited to, letters of reference, confidential evaluation forms and other documents provided by persons having knowledge or information concerning an applicant's or member's training, clinical practice or professional competence or conduct at any other health facility or medical school;
   - 1.5. National Practitioner Data Bank reports;
   - 1.6. Criminal Background Checks
   - 1.7. Any periodic review and appraisal forms completed by the appropriate department/clinical services chairman, including those completed at the time of application for appointment or reappointment;
   - 1.8. Any routine quality assessment and improvement reports; and
   - 1.9. Information concerning the practitioner's use of the Hospital.
   - 1.10. All other information gathered in the course of verifying, evaluating, or otherwise investigating applications for appointment, reappointment or changes in staff status or clinical privileges;

2. **Limits On Access to Practitioner's Credentials File**
   - 2.1 Access by practitioner: A practitioner can view contents of his/her Credentials File upon reasonable request to the Medical Staff Office. The practitioner may view or obtain copies of the materials that he/she has provided, certificates of insurance, or FPPE or OPPE reports. The Medical Staff Office cannot share with the practitioner copies or digital

images of queries such as the National Practitioner Data Bank reports, letters of reference, etc.

2.2 Access by Medical Staff and Hospital personnel: The following individuals will be permitted access to a practitioner's Credentials File: any member of Medical Executive Staff, Administration, Medical Staff Office personnel; others participating in Hospital's credentialing process; legal counsel for any of the foregoing individuals. These individuals will be permitted to copy materials in the practitioner's Credentials File only for legitimate business purposes related to the granting, denying, limiting, suspending, or otherwise regulating the practitioner's membership and privileges on the Medical Staff.

**3. <u>Inquiries from Other Hospitals</u>:**

3.1 If another health organization inquires about a practitioner's Medical Staff membership and/or privileges, a link is provided for online verification. The response states that the practitioner has met the necessary requirements to maintain membership on the Medical Staff, including professional, moral, ethical, and physical requirements. It also states the dates of staff membership; staff status (e.g., Active); and type of privileges granted. If there are negative circumstances concerning the practitioner, the CEO or authorized designee will respond. In some cases, such as temporary privileges or pending applications, the online verification link is not applicable and the Medical Staff Office will respond upon receipt of signed authorization to release the information.

3.2 <u>Requests to the Medical Staff Office from another hospital concerning Ongoing or Focused Professional Practice Evaluation (OPPE or FPPE) Reports</u>. When a release form, applicable to professional practice evaluation is provided with the request, the Medical Staff Office will release the reports to the requesting health care organization. In cases where the evaluation contains a considerable number of triggers or an improvement plan, the Medical Staff Office will communicate with the practitioner for further direction prior to releasing the reports.

3.3 <u>Requests to the Medical Staff Office from another hospital concerning Clinical Activity Reports</u>. Requests for provider activity are necessary when a practitioner is credentialed at a facility and there is low or no volume or when applying for clinical privileges at another facility. A release form typically allows the disclosure of clinical activity reports that are void of any patient specific information.

3.4 <u>Inquiries from Other Outside Persons</u>: From time to time, Major Hospital/Major Health Partners receives inquiries concerning a practitioner's membership and/or credentials from governmental agencies, regulatory bodies, courts, and/or attorneys. The Medical Staff

Office will only make information available to such persons if it determines that it is required to do so by applicable laws or regulations.

**4. Reviewed & Revised**

| Reviewed | Revised |
|---|---|
| 06/30/25 | 06/27/22 |
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**References:**

**IC 16-21-2-8 Retrospective medical review; medical staff committee members; immunity;**

**IC 34-30-15 Health Care: Privileged Communications of Health Care Provider Peer Review Committees**

**Major Hospital Medical Staff Bylaws Credentialing Manual 1.2.2 (k) and Corrective Action Manual 1.1.5**

5. **Does this policy meet a regulatory requirement? __ Yes _X_No**