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| <b>This policy applies to:</b><br><input checked="" type="checkbox"/> <i>Stanford Health Care</i><br><input checked="" type="checkbox"/> <i>Stanford Health Care – Tri-Valley</i><br><input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital Stanford</i> | <b>Date Written or Last Revision:</b><br>August 2025 |
| <b>Name of Policy</b><br>File Review (CAT II Assessments)   | <b>Page 1 of 9</b>                                   |
| <b>Departments Affected:</b><br>All Departments   |  |

I. PURPOSE

To establish mechanisms for reviewing relevant data that will serve as the basis for decisions regarding licensed health care providers file and to ensure adverse information is carefully reviewed before recommendation for appointment or reappointment.

II. POLICY STATEMENT

It is the policy of Stanford Health Care (“SHC”), Stanford Health Care – Tri-Valley (“SHCTV”), and Lucile Packard Children’s Hospital Stanford (“LPCHS”) to ensure all licensed health care providers are reviewed and ranked according to issues identified in their file.

III. FILE REVIEW

When all information has been gathered, the file is triaged by a Credentialing Coordinator/Medical Staff Coordinator and designated as either a Category 1 or Category 2 file. This file triage method ensures potentially adverse information is fully reviewed before recommending the provider for appointment or reappointment. Provider files are assigned Category 1 or Category 2 based on the following:

Category 1 – All verification and evaluation of credentials file is complete with no issues needing further discussion and verification of documents are received with no adverse response.

Category 2 Non-Regulatory - All verification and evaluation of credentials file is complete. There may be non-regulatory issues identified and the Chair of the Credentials Committee or designee were alerted. No further discussion or verification of documents are needed.

Category 2 – Additional evaluation by Department Head/Service Chief/Division Head and Credentials Committee(s) is required based on issues as indicated below. The Credentials Committee Chair can assess files prior to the full Credentials Committee meeting and make an assessment on whether or not the file should be presented to the full committee for review (See Appendix A)

1. General Issues:

- The applicant has experienced voluntary or involuntary termination of medical staff membership, or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another health care organization
- Unsatisfactory peer reference or prior affiliation information
- Disciplinary actions or reports filed by any verification organization (e.g NPDB, MBC, State Licensing Board, or a state or federal regulatory agency or there has been a criminal conviction)

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- Malpractice claim (s), see Appendix A for more information.
- Review of “yes” answers on attestation questions (*excluding question(s) related to student loans.*) depending on reason and if previously discussed, see Appendix A for more information.
- Derogatory or questionable information obtained from any source
- There are gaps in time for which the applicant has not accounted
- There are unresolved discrepancies between information the applicant submitted and information received from other sources.
- Applicant does not meet privileging criteria

2. Issues Specific to Reappointment:

- Health issues identified in reapplication, e.g., inability to perform essential functions, illegal drug use
- Privileges requested where the provider does not meet privileging criteria
- Activity not consistent with Medical Staff category
- Activity not consistent with privileging volume
- QA data referencing quality of care issues
- Peer references and/or prior affiliations indicate potential problems (e.g., difficulty with interpersonal relationships, minor patient care issues)

Completed application packets including all verifications and supporting documents will be forwarded to the appropriate Department Head/Service Chief/Division Head for review and recommendation to the Credentials Committee(s). All Category 2 files will be individually reviewed by the Credentials Committee Chair and/or the Credentials Committee(s) prior to being recommended to the respective Medical Executive Committee (MEC) of each facility.

A report, electronic communication, or electronic file must be available for the Credentials Committee(s) documenting the concerns, if the Department Head/Service Chief/Division Head does not wish to approve the application for appointment or reappointment based on:

- Perceived medical disciplinary cause or reason, indicating the potential for a provider’s conduct to be detrimental to patient safety or to the delivery of patient care; or
- Perceived conduct or professional competence which affects or could affect adversely the health or welfare of a patient or patients,

IV. APPROVAL PROCESS

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There is a Credentials Committee at each hospital which will meet in person monthly if there is a business need or more often as needed. The meeting may be canceled as determined by the Chairman. The membership of these committees is outlined in the medical staff Bylaws. All of these members vote on matters coming before the committee. At SHC & LPCH, thirty percent (30%) of the voting membership (but no less than [3]) of this committee shall be considered a quorum, at SHCTV we follow their Charter. Recommendation will be made in a nondiscriminatory manner and not based solely on an applicant’s race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patient in which the practitioner specializes. Each committee member will be asked to sign a Confidentiality Statement.

After receiving Clinical Department/Service review, the application packet may be reviewed by the Credentials Committee Chair prior to each full Credentials Committee Meeting (review may also occur electronically) then processed through the Credentials Committee(s), Medical Executive Committee (MEC), and Hospital Board(s) of Directors at each applicable facility for final approval. If an application for appointment or reappointment is deferred at any of these levels due to a need for further information, the Credentials Office will assist in the follow-up process. Upon request and/or as a follow up to the credentialing process as outlined above, the provider will be informed of the status of their appointment or reappointment throughout the credentialing process. Any and all requests for further information will be made in writing and forwarded to the provider via internal mail system, email and/or regular mail methods.

When the appointment or reappointment has been approved by the Board(s) of Directors, the Credentials Office will send an email confirmation to each provider indicating that their request for appointment or reappointment has received final approval from the respective Board of Directors no later than 60 days of final approval. At this time, the Credentialing database is updated and information is maintained on an online roster assessable by the medical group.

For any denied applications, the information will be reviewed by Medical Executive Committee (MEC) to ensure that applications are not being denied based on discrimination as noted above.

1. RELATED DOCUMENTS

- Stanford Health Care Medical Staff Bylaws, Rules and Regulations
- Stanford Health Care – Tri-Valley Medical Staff Bylaws, Rules and Regulations
- Lucile Packard Children's Hospital Stanford Medical Staff Bylaws, Rules and Regulations
- Credentials Policies and Procedures

B. **Expedited Credentials File Review:**

The SHC & LPCH committee review process for credentials files will occur electronically on a weekly or as needed basis in order to expedite the review and approval of Category 1 and Category 2 Non-

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Regulatory credentials files. A list of these files will be sent electronically to members of the Credentials Committee, Medical Executive Committee(MEC) and Hospital Board each week or as needed to facilitate the approval process. Votes from at least 2 people on each committee will constitute a quorum. Minutes of the weekly meetings will be maintained electronically. Category 2 files will be reviewed on a case by case basis by the credentials committee chair who may require review by the full credentials committee with recommendations to the MEC and Hospital Board. Files with the Category 2 desingation may be expedited upon approval of the Credentials Committee Chair and/or the Credentials Committee after the issue(s) have been resolved.

For any denied applications, the information will be reviewed by Medical Executive Committee (MEC) to ensure that applications are not being denied based on discrimination as noted above.

#### V. DOCUMENT INFORMATION

- A. Legal Authority/References  
JCAHO Standards  
NCQA Standards  
Title 22 Regulations

- B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services in May, 2006.

- C. Gatekeeper of Original Document

The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Credentials Department and in the Medical Staff Office.

- D. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Credentials Department.

- E. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

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F. Review and Revision History

Revision – September, 2000 (Approved by HCC 9/18/00), 3/02, 12/02, 7/03, 6/05, 10/06, 10/07, 3/10, 2/13, Administrative Clarification 6/13, 3/24

G. Local Approvals

Credentials Committee (2) – 3/02, 7/03, 6/05, 10/06; 11/07, 4/10, 3/14, 9/15(LPCH), 10/15(SHC), 9/17, 3/22 (SHC/LPCH), LPCH 6/18, LPCH 8/18, 11/18, SHCVC 6/21,SHC 7/21,4/23 LPCH 8/2, SHC – TV 8/25  
LPCH Policy Committee – 4/10, 9/17, 6/18. 12/18, 8/21  
Medical Executive Committee (2) – 4/02, 8/03, 7/05, 11/06, 12/07, 5/10, 4/13, 4/14, 10/15 (LPCH), 11/15(SHC), 9/17, 7/22 (SHC/LPCH), LPCH, 6/18, LPCH, 9/18, SHC/LPCH 12/18, SHCVC 7/21, SHC 7/21/4/23, LPCH 8/21, SHC – TV 8/25

Hospital Board Approvals (2)

4/02, 8/03, 7/05, 11/06, 12/07, 5/10, 4/13, 4/14, 10/15(LPCH), 11/15(SHC), 9/17, 7/22 (SHC/LPCH), LPCH 6/18, LPCH 9/18, 12/18, SHCVC 7/21, SHC 7/21/4/23, LPCH 8/21, SHC – TV 8/25

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**Direct inquiries to:  
Director, Medical Staff Services, (650) 497-8920  
SHC and LPCHS**

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**APPENDIX A - How to Route Cat II files Through Credentialing Committee**

| ISSUE  | LPCHS  | SHC   | SHCTV   |
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| Multiple State Licenses  | Not Considered a CAT II  | Not considered a CAT II   | More than 5 active state licenses and practitioner is not a telehealth practitioner will be reviewed by the full Committee. |
| For initial applicants: Any open or closed Claims history for new appointments even if the pay out was \$0 and even if the applicant was dismissed from the claim. | These will be assessed by the Chair and determined if full committee review is necessary. Claims that occurred during training will not be considered a CAT II   | Not considered a CAT II file for a single case with payout less than \$30,000. Any file with more than a single case will be reviewed by Credentials Committee Chair and determined if full committee review is necessary | These will be reviewed by the full Committee.   |
| For reappointment applications: Any new claims, settled claims, or open claims which have not been closed since the prior reappointment.                           | These will be assessed by the Chair and determined if full committee review is necessary. Claims that occurred during training will not be considered a CAT II.  | Not considered a CAT II file for a single case with payout less than \$30,000. Any file with more than a single case will be reviewed by Credentials Committee Chair and determined if full committee review is necessary | These will be reviewed by the full Committee.   |
| No/Low volume  | If volume criteria are not met, then notification will be sent to the provider, Service Chief and Deputy Chief (for community physicians). These will be reviewed by the Credentials Committee Chair and discussed at the full meeting as necessary. | These will be assessed by the Chair and determined if full committee review is necessary  | These will be reviewed by the full Committee.   |
| Only pending item, out-of-state DEA address or request for a CA DEA (accompanied with a receipt showing assigned DEA number, full schedules, & fee paid)           | Not Considered a CAT II  | Not Considered a CAT II   | These will be reviewed by the full Committee.   |
| Applying for DEA, but delayed in obtaining   | These will be assessed by the Credentials Committee Chair and determined if full committee review is necessary   | These will be assessed by the Credentials Committee Chair and determined if full committee review is  | These will be reviewed by the full Committee.   |

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|   |  | necessary  |  |
| Requesting DEA exemption  | Specialties outlined in the Bylaws allowed for DEA exemption will not require CAT II routing. These will be flagged for review and approval by Service Chief and by the Credentials Committee Chair, and discussed at the full meeting as necessary. All other specialties will be assessed by the Credentials Committee Chair and determined if full committee review is necessary. | Specialties outlined in the Bylaws allowed for DEA exemption will not require CAT II routing. No other exemptions allowed. | Specialties outlined in the Bylaws allowed for DEA exemption will not require CAT II routing. No other exemptions allowed. |
| No clinical Activity for previous two years   | These will be assessed by the Chair and determined if full committee review is necessary   | These will be assessed by the Chair and determined if full committee review is necessary.                                  | These will be reviewed by the full Committee.  |
| 805 report (exclude MBC report for non change of address. This will be reviewed by Committee Chair)   | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be assessed by the Chair and determined if full committee review is necessary.                                  | These will be reviewed by the full Committee.  |
| Peer Reference with a rating of less than 3 on a 1 to 5 scale (Unsatisfactory peer reference)   | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be assessed by the Chair and determined if full committee review is necessary.                                  | These will be reviewed by the full Committee.  |
| Unsatisfactory prior affiliation information or negative response from prior affiliation  | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be assessed by the Chair and determined if full committee review is necessary.                                  | These will be reviewed by the full Committee.  |
| Provider attests to drug use or criminal activity/background check (The Well Being Committee will not review any items over 7 years old. So these will not be considered a CAT II ) | Refer to Well Being Committee<br>These will be assessed by the Chair and determined if full committee review is necessary  | Refer to Well Being Committee<br>These will be assessed by the Chair and determined if full committee review is necessary. | These will be reviewed by the full Committee.<br>Refer to Well Being Committee   |
| Provider attests to drug use or criminal activity/background check (which has been reviewed at previous credentialing committee)  | Not Considered a CAT II  | Not Considered a CAT II  | Not a Red Flag.  |

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| When privilege criteria has not been met, but privileges <u>have been</u> approved by service chief.  | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be reviewed by the full Committee. |
| When privilege criteria has been met, and privileges <u>have not</u> been approved by service chief   | These will be assessed by the Chair and determined if full committee review is necessary   | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be reviewed by the full Committee. |
| FPPE implemented as a result of Peer Review   | Review as CAT II at Full Meeting   | Review as CAT II at Full Meeting   | These will be reviewed by the full Committee. |
| Reappointment zero cases for particular privilege (proctor assigned)  | These will be assessed by the Chair and determined if full committee review is necessary<br>These will be assessed by the Chair and determined if full committee review is necessary         | Not considered a CAT II  | These will be reviewed by the full Committee. |
| SHC Staff or LPCH Staff, Category II files presenting at LPCHS or SHC   | As per the Bylaws.<br>For applicants applying for SHC Staff (formerly SHC Consulting Staff), any approved file and approved Category II by SHC will be accepted and not considered a CAT II. | As per the Bylaws.<br>For applicants applying for LPCH Staff, any Category II reviewed and approved by LPCHS will be accepted and not considered a CAT II. | N/A   |
| The applicant has experienced voluntary or involuntary termination of medical staff membership, or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another health care organization | These will be assessed by the Chair and determined if full committee review is necessary   | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be reviewed by the full Committee. |
| Disciplinary actions or reports filed by any verification organization (e.g., NPDB, MBC, State Licensing Board, or a state or federal regulatory agency or there has been a criminal conviction)                      | These will be assessed by the Chair and determined if full committee review is necessary   | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be reviewed by the full Committee. |
| Derogatory or questionable information obtained from any source   | These will be assessed by the Chair and determined if full committee review is necessary   | These will be assessed by the Chair and determined if full committee review is necessary.  | These will be reviewed by the full Committee. |

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| Review of any “yes” answers on attestation questions   | These will be assessed by the Chair and determined if full committee review is necessary. A "Yes" answer for a previously discussed CATII item with no new information it is not considered a CATII. A "Yes" answer for an item determined to not be a CATII in this Fast Track policy is not considered a CATII. | These will be assessed by the Chair and determined if full committee review is necessary. A "Yes" answer for a previously discussed CATII item with no new information it is not considered a CATII. A "Yes" answer for an item determined to not be a CATII in this Fast Track policy is not considered a CATII. | These will be reviewed by the full Committee. |
| There are gaps in time for which the applicant has not accounted   | These will be assessed by the Chair and determined if full committee review is necessary  | These will be assessed by the Chair and determined if full committee review is necessary.   | These will be reviewed by the full Committee. |
| There are unresolved discrepancies between information the applicant submitted and information received from other sources.  | These will be assessed by the Chair and determined if full committee review is necessary  | These will be assessed by the Chair and determined if full committee review is necessary.   | These will be reviewed by the full Committee. |
| Health issues identified in reapplication, e.g., inability to perform essential functions, illegal drug use  | These will be assessed by the Chair and determined if full committee review is necessary  | These will be assessed by the Chair and determined if full committee review is necessary.   | These will be reviewed by the full Committee. |
| Initial applicant has NOT actively practiced in his or her intended field for at least 2 of the preceeding 4 years at an TJC accredited acute care facility. (Those who have graduated from clinical residency/fellowship within the last 18 months are exempt from this requirement.) | Not Considered a CAT II   | Not Considered a CAT II   | These will be reviewed by the full Committee. |