SECTION 12.

AUTOMATIC SUSPENSION AND REVOCATION

12.1 License

If a practitioner's license to practice his/her profession in the Commonwealth of Pennsylvania is revoked or suspended by a licensing or certifying authority, the practitioner's Medical Staff appointment and clinical privileges of such practitioner shall immediately and automatically be revoked.

Whenever a licensing or certifying authority imposes probation, limitations or restrictions on a practitioner's license or certification other than revocation or suspension of his/her license, the respective or joint MBCs shall review the licensing or certifying authority's action and the grounds therefor. The MBC shall determine whether either the grounds for the authority's action or the effect of that action should result in a suspension, revocation, limitation or modification of the affected practitioner's Medical Staff appointment and/or clinical privileges in order to ensure that the practitioner is practicing within the scope of his or her license or certification, is acting within the standards and requirements of these Bylaws, and patient safety and quality of care is not compromised. The MBC shall promptly take appropriate action consistent with such findings and consistent with these Bylaws. The MEC action shall be effective immediately upon imposition by the MBC, and shall be communicated promptly to the respective Hospital Board consistent with Section 11.4.

When the action of the licensing agency has been to revoke or suspend the practitioner's license or certification, any subsequent request for the opportunity to practice at the Hospital after the practitioner has regained his/her license or certification shall only be by application for appointment to the Medical Staff as a new applicant.

12.2 Drug Enforcement Administration (DEA) Number

A practitioner whose DEA number is revoked, suspended or voluntarily relinquished after the commencement of an investigation by a law enforcement agency, shall immediately and automatically be divested of his/her right to prescribe medications covered by such number. The MEC shall treat the matter as a request for corrective action, and the procedures in Section 11.1 and in the succeeding sections shall be followed.

12.3 Failure to Satisfy Special Appearance Requirement

A practitioner who fails to satisfy the requirements of Section 7.5.4 shall automatically be suspended from exercising his/her clinical privileges as may be determined in accordance with the provisions of said Section 7.5.4. The suspension shall continue until removed by the MBC, or until the practitioner's privileges are automatically revoked in accordance with Section 7.5.4.
12.4 Felony Conviction

Upon exhaustion of appeals after conviction of a felony of a practitioner in any court of the United States, either federal or state, the practitioner's staff appointment and clinical privileges shall automatically be revoked. Revocation pursuant to this section of the Bylaws does not preclude the practitioner from subsequently applying for Medical Staff appointment in accordance with the Bylaws, and provided that the nature and circumstances of the felony conviction shall be fully considered in assessing eligibility for Medical Staff membership and clinical privileges.

12.5 Medical Records and Health Information Management.

The medical records committee is authorized by these Bylaws to establish specific time limits in which Hospital charts must be completed and to establish fines or regulations on Hospital privileges, including suspension of privileges upon due notice, for failure to complete medical records within the time limits. Privileges lost by temporary suspension for reasons outlined in this section may be reinstated without application to the Medical Staff when the records are deemed complete by the Chair of the Medical Records Committee in consultation with the Director of Health Information Management, provided however that the practitioner's failure to complete medical records before the expiration of a thirty (30) day suspension shall constitute an automatic revocation of Medical Staff membership and privileges. This does not preclude imposition of summary suspension or any other corrective action taken under these Bylaws for the practitioner's failure, or repeated failure, to meet Medical Staff standards or requirements.

12.6 Medicare, Medicaid, TriCare or other federal programs.

Whenever a practitioner is sanctioned or barred from Medicare, Medicaid, TriCare or other federal programs, Medical Staff membership and clinical privileges shall be considered automatically relinquished as of the date such action becomes effective. Any practitioner listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals are Entities will be considered to have automatically relinquished his or her privileges.

12.7 Failure to participate in an evaluation.

A practitioner who fails to participate in an evaluation of his/her qualifications for Medical Staff membership or privileges as required under these Bylaws (whether an evaluation of physical or mental health or of clinical management skills), shall, after written notice and warning, have all privileges automatically suspended. Failure to comply within thirty (30) days will be considered a voluntary resignation from the Medical Staff and automatic revocation of clinical privileges.

12.8 Failure to pay Medical Staff dues.

A practitioner who fails to timely pay Medical Staff dues shall, after written notice and warning, have all privileges automatically suspended. Continued failure to comply after thirty (30) days thereafter will be considered a voluntary resignation from the Medical Staff and automatic revocation of clinical privileges.

12.9 Failure to become board certified.
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The Medical Staff will deem a practitioner who fails to become board certified in compliance with these Bylaws, or the rules, regulations, or policies of his/her department, to have relinquished immediately and voluntarily his or her Medical Staff appointment and clinical privileges unless upon recommendation from the MEC, the respective Hospital Board grants an exception, for a good cause. Any disagreement between the Hospital boards shall be resolved by the Inter-Hospital Committee, pursuant to Section 2.9.1.

12.10 Failure to Return a Complete Reappointment Application.

Failure to return or complete a reappointment application at least ninety (90) days prior to expiration of privileges, will result in institution of the “Failure to Return Reappointment Application” with automatic suspension of membership and privileges by written notice to practitioner.

12.11 Failure to Execute Release and/or Provide Documents.

A practitioner who fails to execute a general or specific release of information and/or provide documents when requested by the President of the Medical Staff, President of the Hospital or designee to evaluate the competency and credentialing/privileging qualifications of the practitioner shall, after written notice and warning, have all privileges automatically suspended. If the practitioner executes the release and/or provides the documents within thirty (30) days of notice of the automatic suspension, the MEC may reinstate the practitioner’s clinical privileges, subject to approval by the respective Hospital Board. Thereafter, the practitioner shall be deemed to have resigned voluntarily from the Medical Staff, and the practitioner must reapply for staff membership and privileges.

12.12 Procedural Rights

A practitioner whose appointment or privileges have been automatically suspended or revoked, or another action has been taken, by operation of this Section 12 may, within thirty (30) days of the date of such action, appeal directly to the respective Hospital Board by providing written documentation or evidence solely for purposes of establishing that the automatic suspension, revocation or other action was imposed in error in that the event giving rise to the action did not occur or has been rescinded. The hearing and any subsequent proceedings shall not be conducted in accordance with the provisions of Section 14, but shall be conducted and decided solely within the discretion of the respective Hospital Board. Any disagreement between the Hospital Boards in deciding the matter shall be resolved by the Inter-Hospital Committee, pursuant to Section 2.9.1. Further, the imposition of an automatic suspension, revocation, or other action does not preclude initiation of correction action pursuant to Section 11.

12.13 MEC Deliberation

Following any action taken or warranted as described in Section 12 above, MEC may, but is not required to, review and consider the facts, and may recommend to the respective Hospital Board such further corrective action, or the reinstatement of clinical privileges under appropriate circumstances, to be considered and either approved or rejected by the respective Hospital Board. Any disagreement between the Hospital Boards in deciding the matter shall be resolved by the Inter-Hospital Committee, subject to final review and approval by the Summit Board pursuant to Section 2.9.1.