

n00255

Process for Ongoing Monitoring of Sanctions, Complaints, Adverse Events and Quality Issues

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

To ensure the quality and safety of care to its members, Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) monitors for sanctions, tracks complaints, adverse events and quality issues against practitioners throughout the 36-month time frame between formal re-credentialing. This is consistent with NHP/NHIC/NHAS values.

Policy Detail:

To ensure the quality and safety of care to its members, NHP/NHIC/NHAS monitors for sanctions and tracks complaints, adverse events and quality issues against practitioners during the 36-month timeframe between formal re-credentialing. This is done through monthly queries and reports from the:

- Office of the Inspector General (OIG) Medicare/Medicaid Sanctions Activity Report.
- The State of Wisconsin Department of Safety and Professional Services (Report of suspensions, terminations, restrictions, limitations).
- Medicare Opt Out Report - Quarterly State Reports released/received are reviewed immediately by the Medical Staff Coordinator. If a credentialed practitioner is identified on the report the Medical Director or Physician Designee is sent the report and action is taken accordingly. The report is reviewed by the Credentialing Committee within 30 days of receipt.
- Proactive Disclosure Service (PDS). This process is done on an automatic continuous monitoring basis with reports from the National Practitioner Data Base (NPDB). This process means that as new information is received on an enrolled practitioner NHP/NHIC/NHAS's Medical Director or Designated Physician is alerted and appropriate action is taken within 30 calendar days in accordance with related NHP/NHIC/NHAS policies.

I. Complaints/Adverse Events:

In addition, complaints or adverse events regarding practitioners are tracked and trended by practitioner through the NHP/NHIC/NHAS Complaint Database on monthly basis. A report of any practitioners who has three complaints or adverse events of any type in a rolling 24-month period will be presented to the Credentials Committee on a monthly basis for review and implementation of corrective action, when appropriate. Practitioners with quality of care complaints or adverse events indicating harm to a member (Severity Level 2 or 3) or significant variation from the standard of care (Severity Level C) will be investigated and reviewed at the Peer Review Committee for a decision regarding appropriate follow-up actions. The Peer Review committee recommends appropriate corrective action plans or other follow-up actions, which are implemented by the NHP/NHIC/NHAS Medical Director or Designated Physician. Immediate referral will be made from the Peer Review Committee to the NHP/NHIC/NHAS Medical Director or Designated Physician and Credentials Committee when the adverse event or complaint is of such severity that altering the conditions of the practitioner's participation may be necessary. The Peer Review Committee will also submit a formal report of all resolved adverse events to the Credentials Committee every 6 months for review. Based on their review, the Credentials Committee may require additional corrective action, or alter the practitioner's participation with NHP/ NHIC/NHAS (see related policy 00264 Range of Actions to Improve Performance/ Altering the Conditions of Participation policy).

II. Formal Action:

The Credentials Committee has the right to decide to terminate a practitioner without cause if the practitioner:

- Has had his/her license revoked, suspended or otherwise limited
- Has been placed on probation, reprimanded, fined or has had his/her practice restricted by any state or federal agency in the United States that disciplines practitioners
- Has been censured or excluded by Medicare/Medicaid

III. Summary Action:

Whenever a practitioner's conduct is such that a failure to take action may result in imminent danger to the health or safety of any NHP/NHIC/NHAS member, the Medical Director, or his Designated Physician, may immediately summarily restrict or suspend the practitioner's ability to provide health services to NHP/NHIC/NHAS members. (See related policy n00264 Range of Actions to Improve Performance/ Altering the Conditions of Participation)

IV. Reporting to Proper Authorities:

NHP/NHIC/NHAS will report serious quality deficiencies of practitioners/providers to the proper authorities to include the Wisconsin Department of Safety and Professional Services, the NPDB and other agencies as deemed appropriate. (See related policy n00262 Reporting to the Proper Authorities)

V. Fair Hearing and Appellate Review:

The following adverse decisions of the Credentials Committee, if (and only if) taken for reasons of a practitioner's quality of care, competence or professional conduct, shall constitute grounds for a fair hearing and appellate review:

- A. When a practitioner receives a notice of an adverse decision by the Credentials Committee that would invoke the right to a fair hearing process, he/she is given the right to a fair hearing before a Hearing Committee. If upon consideration of the written report and recommendation of the Hearing Committee, the Credentials Committee decision is upheld, the practitioner may request an appellate review before the NHP/NHIC/NHAS Board of Directors for a final decision. (See related policy n00261 Fair Hearing and Appellate Review Process)
- Denial of a practitioner’s application to become a NHP/NHIC/NHAS Provider
 - Restriction or suspension of the practitioner’s participation as a NHP/NHIC/NHAS provider for more than 30 calendar days
 - Termination of the practitioner’s participation as a NHP/NHIC/NHAS provider or the inability to maintain continued participation in our network in any way that jeopardizes the safety of our patients
 - Termination or non-renewal of the practitioner’s Provider Agreement.

Definitions:

None

Regulatory Citations:

None

Related Policies:

- [n00264 - Range of Actions to Improve Performance/Altering the Conditions of Participation](#)
- [n00261 – Fair Hearing Review Process](#)
- [n00262 – Reporting to the Proper Authorities](#)

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