

n00264

Range of Actions to Improve Performance/Altering the Conditions of Participation

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Only professionally competent practitioners (defined as physicians and non-physicians) who continuously meet the qualifications and standards established by Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) shall be allowed to contract with NHP/NHIC/NHAS and provide health care services to NHP/NHIC/NHAS members.

Policy Detail:

Only professionally competent practitioners who continuously meet the qualifications and standards established by NHP/NHIC/NHAS shall be allowed to contract with NHP/NHIC/NHAS and provide health care services to NHP/NHIC/NHAS members. If NHP/NHIC/NHAS obtains information or evidence of deficiencies in the quality of care rendered to NHP/NHIC/NHAS members by a practitioner or if a practitioner has failed or is failing to comply with or meet NHP/NHIC/NHAS's qualifications and standards for NHP/NHIC/NHAS practitioners, NHP/NHIC/NHAS shall follow the procedures set forth below.

Procedure Detail:

I. RANGE OF ACTIONS

A. Informal Action

1. The Credentials Committee or Peer Review Committee may recommend to the Medical Director or his/her Designated Physician, informal actions to improve performance, to include, but not limited to:
 - a. Counsel practitioner orally or in writing
 - b. Offer educational opportunities

- c. Initiate retrospective or concurrent monitoring of practitioner's practice, e.g. practitioner-specific member satisfaction surveys, medical/treatment record review. Practitioner shall be made aware of such monitoring and results of such monitoring are to be forwarded and/or discussed with the practitioner.
- d. The practitioner shall be given the opportunity to discuss the informal action with the Medical Director/Designated Physician. Informal actions shall be documented in the practitioner's credential file or peer review file. Informal actions shall not constitute a restriction of the practitioner's participation or grounds for an appellate review.

B. Formal Action

- 1. A formal investigation may be initiated whenever NHP/NHIC/NHAS obtains reliable information which indicates that a practitioner may have exhibited acts, demeanor, or conduct or rendered professional service to NHP/NHIC/NHAS members that is/are reasonably likely to be:
 - a. Detrimental to patient health or safety or to the delivery of quality patient care to NHP/NHIC/NHAS members
 - b. Unethical
 - c. Contrary to NHP/NHIC/NHAS's policies and procedures or to informal corrective actions already taken
 - d. Below applicable professional standards e. Disruptive of NHP/NHIC/NHAS's operations
 - e. An improper use of NHP/NHIC/NHAS's resources
- 2. Whenever information suggests that corrective action may be warranted, NHP/NHIC/NHAS shall promptly investigate the allegations made against the practitioner and review all information received regarding the practitioner. If available, additional relevant information, i.e., copies of medical/treatment records, peer reviewer conclusions shall be obtained concerning the quality of the care rendered by the practitioner and/or the practitioner's professional competence, conduct or services which fail to comply with NHP/NHIC/NHAS's qualifications and standards. NHP/ NHIC/NHAS

shall give the practitioner an opportunity to respond to the allegations and furnish information to support his/her response.

3. As soon as practicable after concluding an investigation and review, NHP/ NHIC/NHAS shall submit to the Peer Review Committee or Credentials Committee:
 - a. All information, documentation and/or reports obtained by NHP/NHIC/NHAS to include practitioner's response and supporting documents, if practitioner provided such response.
 - b. Written findings concerning the results of the investigation and review
4. Upon review, the Peer Review Committee or the Credentials Committee considers any and all relevant factors, including, but not limited to:
 - a. Noncompliance with legal requirements applicable to the practice of practitioner's profession
 - b. Failure to render patient care within the generally recognized professional level of quality and efficiency as established by NHP/NHIC/NHAS
 - c. Identified problems with the practitioner's rendering of professional services to NHP/NHIC/NHAS members
 - d. Physical or mental impairment which affects the practitioner's ability to practice his or her profession with reasonable skill and safety
 - e. Evaluation by an objective peer identifying concerns regarding professional competency and qualifications; and
 - f. Violation of ethical principles of practitioner's profession.
5. The Peer Review Committee acts as an investigative body in review of member complaints and may recommend that corrective action be taken. Recommended informal actions shall be forwarded to the Medical Director or Designated Physician. Recommendations that may alter the conditions of the practitioner's participation with NHP/NHIC/NHAS shall be forwarded to the Credentials Committee.

6. The Credentials Committee has the authority to perform Peer Review functions. These functions will be reflected in separate Peer Review minutes. The Credentials Committee has the authority to make final decisions on the conditions of the practitioner's participation with NHP/NHIC/NHAS.
7. Recommendations/Decisions may include, but are not limited to:
 - a. No corrective action should be taken, based upon findings that there was no credible evidence for the allegations. Findings should be clearly documented in the practitioner's credentials or peer review file.
 - b. Deferring action for a reasonable time.
 - c. Issuing of an informal action as previously described in this policy.
 - d. Imposition of terms of probation or special limitation upon continued participation with NHP/NHIC/NHAS including, but not limited to, requirements for co-admissions, mandatory consultation, or monitoring.
 - e. Restriction or limitation of any prerogatives directly related to the practitioner's delivery of care to NHP/NHIC/NHAS members.
 - f. Restriction, suspension or termination of practitioner's ability to provide health care services to NHP/NHIC/NHAS members. If suspension is recommended, the terms and duration of the suspension and the conditions that must be met before suspension is ended shall be stated.
 - g. Taking other corrective actions deemed necessary and appropriate under the circumstances.
8. The final decision for corrective action shall be documented in the practitioner's credentials or peer review file and in meeting minutes.
9. The Medical Director or Designated Physician will notify the practitioner of the decision of corrective action by certified letter/and or electronic notification, i.e. email. If the practitioner's ability to provide health care services to NHP/NHIC/NHAS members is to be restricted, suspended, or terminated if, and only if, for reasons related to quality of

care, competence or professional conduct, NHP/NHIC/NHAS will inform practitioner of his/her right to fair hearing and appellate review and may be required to report such findings to the Wisconsin Department of Safety and Professional Services, the National Practitioner Data Bank and the Healthcare Integrity Protection Data Bank. (See policy Fair Hearing and Appeal Process and Reporting to the Proper Authorities)

C. Summary Action

1. Despite the status of any investigation, 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 summarily restrict or suspend the practitioner's ability to provide health services to NHP/NHIC/NHAS members. Unless otherwise stated, such summary restriction or suspension (summary action) shall become effective immediately upon imposition, and the Medical Director, or his Designated Physician, shall promptly give notice to the affected practitioner. The notice shall generally describe the reasons for the summary action.
2. The summary action may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary action, the practitioner's patients who are NHP/NHIC/NHAS members shall be promptly assigned to another NHP/NHIC/NHAS practitioner, considering, where feasible, the wishes of the member in the choice of a substitute NHP/NHIC/NHAS practitioner.

II. Special Consideration Criteria

- A. Practitioners who have or have had a chemical dependency/substance abuse problem or other physical, emotional, or mental disability which impairs or could impair the practitioner's ability to carry out professional obligations in a manner that meets the standard of care in the community that may affect their practice may be selected or retained as a participating practitioner with special consideration of approval. Practitioners who are selected or retained must be reevaluated for continued participation on an annual basis or as determined by the Credentials Committee. The request for special consideration must be accompanied by all of the following:

1. Chemical Dependency/Substance Abuse

2. A complete credentialing application/recredentialing application with supporting documents.
3. A dependency treatment history including the date that therapy began, names and addresses of the professional and institutional providers of rehabilitation care, type of therapy/care provided, and the date that therapy ended, if applicable.
4. The current status of dependency treatment must be provided and verified by the rehabilitation program director.
5. Statement from the Chief of Staff of primary hospital noting that there are no ongoing concerns regarding substance abuse.

B. Other Physical, Emotional, or Mental Disability

1. A complete credentialing application/recredentialing application with supporting documents.
2. A statement from the practitioner listing accommodations that could be made to allow the practitioner to practice.

III. Criteria for Termination

- A. The Credentials Committee has the right to consider any or all of the following criteria in making decisions to terminate, a practitioner's participation in NHP/NHIC/NHAS. Criteria for termination include, but are not limited to the following:
1. If a plan hospital is terminated and the practitioner does not have clinical privileges or does not intend to obtain privileges or provide appropriate inpatient coverage arrangements at any other plan hospital, or if a practitioner's hospital staff privileges are or have been refused, revoked, suspended, or reduced.
 2. If practitioner has or has had his/her license, DEA certificate or practice privileges revoked, suspended or otherwise limited, or if he/she is or was 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.
 3. If a practitioner is or was censured or excluded (e.g., suspended or disqualified) by Medicare/Medicaid.

4. If a practitioner is indicted for a felony or is or was convicted of a felony.
 5. If a practitioner fails to comply with the recredentialing application or process or submits false or incomplete information in an application form or with respect to credentials or does not meet recredentialing criteria for continued participation in NHP/NHIC/NHAS.
 6. If a practitioner fails to comply with any provision of the practitioner's contract.
 7. If a practitioner renders or has rendered services outside the scope of his/ her license, certificate, or other appropriate authorization.
 8. If a practitioner submits or has submitted erroneous, improper or incomplete claims.
 9. If a practitioner fails to maintain malpractice insurance that meets NHP/ NHIC/NHAS's credentialing/rec credentialing guidelines.
 10. If a practitioner is unavailable to his clinical practice for a period of time exceeding twelve weeks per calendar year which affects the continuity of care provided to plan members.
 11. If a practitioner has or had an untreated chemical dependency/substance abuse problem, consistent with the requirements of the Americans with Disabilities (ADA) Act.
 12. If a practitioner fails to comply with procedures implemented in connection with the administration of utilization review or fails to cooperate with quality improvement activities.
 13. If a practitioner submits claims that are in violation of the practitioner's contract.
- B. For terminations the practitioner will be notified of termination in writing. Termination will be effective in accordance with the practitioner's contract.

Definitions:

None

Regulatory Citations:

None

Related Policies:

[n00261 Fair Hearing and Appellate Review Process](#)

Related Documents:

None

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