

n00262

Reporting to the Proper Authorities

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (collectively referred to as “NHP”) monitors the quality of member care that is rendered by its contracted providers. It is NHP’s policy to report Adverse Actions, as that term is defined in this Policy, to the appropriate authorities. Such authorities include, but are not limited to, the Wisconsin Department of Safety and Professional Services and the National Practitioner Data Bank (NPDB) which includes the Healthcare Integrity and Protection Data Bank (HIPDB) information.

Policy Detail:

NHP reviews the professional conduct and quality of care of its network practitioners and providers (collectively “Contracted Providers”). NHP has established standards of quality (“Quality Standards”) applicable to Contracted Providers to ensure that services are rendered to NHP members in a manner that is safe, clinically appropriate, are consistent with professional ethical standards and do not pose a risk to the health, safety or welfare of its members. In the event that NHP determines that conduct of a Contracted Provider violates NHP Quality Standards, NHP shall take appropriate action with respect to such provider. Appropriate action shall include but shall not be limited to; limitation, suspension or termination from the network as NHP, in consultation with its Credentialing Committee, deems appropriate under the circumstances giving rise to the action (hereinafter “Adverse Action”). When appropriate, NHP shall report the conduct, as well as any Adverse Action to the proper authorities in accordance with the procedures outlined below.

The following shall constitute grounds for Adverse Action:

- A. Violation of NHP Quality Standards.
- B. Medical malpractice claims, payments or settlements
- C. Federal and state licensure and certification actions
- D. Adverse clinical privileges actions
- E. Adverse professional society membership actions
- F. Negative actions or findings by private accreditation organizations and peer review organizations
- G. Health care-related criminal convictions and civil judgments
- H. Exclusions from participation in a Federal or state health care program (including Medicare and Medicaid exclusions)

- I. Other adjudicated actions or decisions involving conduct that is unsafe, clinically inappropriate, not consistent with professional ethical standards or poses a risk to the health, safety or welfare of NHP members.

NHP, in consultation with its Credentials Committee, shall review conduct giving rise to sections A. through I. above, and shall determine the appropriate nature and scope of Adverse Action to be taken with respect to such conduct. When determining the proper course of Adverse Action to be taken with respect to dealing with a practitioner who engages in conduct giving rise to A. through I. above, NHP shall evaluate objective evidence and engage in patient-care considerations, specifically, whether the conduct in question poses a risk that the Contracted Provider will, or is able to, provide care in a manner that is safe, clinically appropriate, consistent with professional ethical standards and does not pose a risk to the health, safety or welfare of NHP members.

Procedure for Reporting to Proper Authorities:

- I. Wisconsin Department of Safety and Professional Services (“DSPS”)

- A. NHP shall mail a copy or electronically send all reports submitted to the NPDB (including HIPDB information) to the DSPS within 30 calendar days from the date the Adverse Action was taken. NHP shall submit a written report to the DSPS regarding all Adverse Actions taken with respect to Contracted Providers for further investigation by the DSPS.

- II. NPDB which includes - HIPDB information.

- A. NHP will report to the NPDB which includes - HIPDB information in compliance with Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986. In accordance with the foregoing, NHP shall report:

1. Any Adverse Action taken against a Contracted Provider lasting more than 30 calendar days for any action constituting grounds for Adverse Action consistent with Policy N00262, as well as the conduct giving rise to the Adverse Action, or
2. When a Contracted Provider voluntarily terminates its participation while under investigation or possible professional incompetence or improper professional conduct or
3. When a Contracted Provider voluntarily terminates its participation, in return for not conducting such an investigation or taking any professional review action.

- B. Notification applies to physicians and non-physicians.

- C. Communication to the NPDB which includes - HIPDB information is completed after the practitioner has exhausted their rights under the Fair Hearing Process (see Policy n00261).

- D. NHP Credentialing Department registered NPDB which includes - HIPDB users will be designated as the entity representative to submit reports from the NHP Medical Director or Designated Physician to the NPDB which includes - HIPDB.

E. Reports are to be completed by using the report form available on the NPDB’s website. The report may be printed and sent by certified mail or by electronic notification to the Wisconsin Department of Safety and Professional Services within 30 calendar days from the date the adverse action was taken. The report is sent electronically to the NPDB and as applicable may include HIPDB reporting information through the NPDB web site within 30 calendar days from the date the adverse action was taken. (Refer to NPDB Guidebook or to NPDB Help line 1-800-767-6732 for detailed instructions).

Regulatory Citations:

None

Related Policies:

[n00261 Fair Hearing Review Policy](#)

Related Documents:

None

Origination Date: 06/03/1997	Approval Date: 04/08/2021	Next Review Date: 04/08/2022
Regulatory Body: NCQA, CMS	Approving Committee: Credentialing Committee	Policy Entity: NHP/NHIC/NHAS
Policy Owner: Andrea Albright	Department of Ownership: Credentialing	Revision Number: 6
Revision Reason: 8/18/16 – Transferred to new policy template 10/18/16 – Updated to new policy owner 9/13/17 – Annual update 8/23/18 – Annual review 3/20/19 – Updated verbiage 4/1/2021-Annual review		