

n00262

Reporting to the Proper Authorities

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services (NHP/NHIC/NH TPA/NHAS) NHP/NHIC/NH TPA/NHAS monitors the quality of member care that is rendered by its contracted providers. It is NHP/NHIC/NH TPA/NHAS's policy to report Adverse Actions, as that term is defined in this Policy, to proper 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/NHIC/NH TPA/NHAS reviews the professional conduct and quality of care of its network practitioners and providers (collectively "Contracted Providers"). NHP/NHIC/NH TPA/NHAS has established standards of quality ("Quality Standards") applicable to Contracted Providers to ensure that services are rendered to members in a manner that is safe, clinically appropriate, is consistent with professional ethical standards, and does not pose a risk to the health, safety, or welfare of its members. In the event NHP/NHIC/NH TPA/NHAS determines that the conduct of a Contracted Provider violates NHP/NHIC/NH TPA/NHAS Quality Standards, NHP/NHIC/NH TPA/NHAS shall take appropriate action with respect to such provider.

The following shall constitute grounds for Adverse Action:

- A. Violation of NHP/NHIC/NH TPA/NHAS 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 any accreditation organizations and/or 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/NHIC/NH TPA/NHAS members.

NHP/NHIC/NH TPA/NHAS, in consultation with its Credentials Committee, shall review conduct mentioned 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 to be taken with respect to dealing with a practitioner who engages in conduct above, NHP/NHIC/NH TPA/NHAS shall evaluate objective evidence to determine if the conduct in question poses a risk, 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/NHIC/NH TPA/NHAS members.

Procedure for Reporting to Proper Authorities:

I. Wisconsin Department of Safety and Professional Services (“DPS”) NHP/NHIC/NH TPA/NHAS shall electronically submit the NPDB (including HIPDB information) to the DPS within 30 calendar days from the date action was taken for further investigation by the DPS.

II. NPDB which includes:

- A. NHP/NHIC/NH TPA/NHAS will report to the NPDB 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/NHIC/NH TPA/NHAS shall report:
 - 1. Any Adverse Action taken against a Contracted Provider by NHP/NHIC/NH TPA/NHAS lasting more than 30 calendar days consistent with this policy.
 - 2. When a Contracted Provider voluntarily terminates their participation while under investigation or possible professional incompetence or improper professional conduct
 - 3. When a Contracted Provider voluntarily terminates their participation, in return for not conducting such an investigation or taking any professional review action.
- B. Communication to the NPDB is completed after the practitioner has exhausted their rights under the Fair Hearing Process (see Policy n00261).
- C. NHP/NHIC/NH TPA/NHAS’s Credentialing Department will be designated as the entity representative to submit reports from the NHP/NHIC/NH TPA/NHAS Medical Director or Designated Physician to the NPDB.
- D. Reports are to be completed by using the report form available on the NPDB’s website. The report is sent electronically to the NPDB 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: 12/4/2024	Next Review Date: 12/1/2025
Regulatory Body: NCQA, CMS	Approving Committee: Credentialing Committee	Policy Entity: NHP/NHIC/NH TPA/NHAS/
Policy Owner: Andrea Albright	Department of Ownership: Credentialing	Revision Number: 11
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 3/19/2020 – Annual Review 3/18/2021 – Annual Review 3/17/2022 – Annual Review 2/2/2023 – Annual Review 1/8/2024 – Annual Review 12/2024-Updated to reflect new NCQA standards & TPA verbiage.		