Ongoing Monitoring of Practitioner Sanctions and Complaints Policy

This Policy is Applicable to the following sites:
Priority Health

Applicability Limited to: N/A

Reference #: 3242

Version #: 2

Effective Date: 03/11/2014

Functional Area: Provider Enrollment and Life Cycle

1. Purpose
Priority Health will monitor practitioners on an ongoing basis for sanctions and complaints and for general compliance with Priority Health policies/procedures/standards between Recredentialing cycles.

This policy was developed to maintain compliance with new NCQA Credentialing standards.

2. Policy

Medicare/Medicaid Sanctions - Priority Health reviews Medicare/Medicaid and applicable state information regarding practitioners who have received sanctions or limitations on licensure from various agencies as they are published or available.

Opt-Out Providers - Priority Health reviews the Medicare list of opt-out practitioners on the regional carrier websites on a monthly basis. Priority Health looks for the presence of its participating practitioners in the information.

State Licenses - Priority Health Credentialing staff will run an ongoing report of expired licenses and check the State Licensing Board web site to verify renewal to ensure all practitioners are currently licensed.

Board Certification - Priority Health Credentialing staff review and verify board certification and accreditation upon expiration to ensure compliance with policy/procedure/standards.

Complaints - Priority Health Credentialing staff will be kept informed of member complaints on practitioners as reported in the QI Summary and Detail reports.

Priority Health Credentialing staff will initiate investigation into other issues brought to their attention that may indicate a lack of compliance with Priority Health policies/procedures/standards. Examples are: credible media reports of a serious nature, issues identified from Provider Services Representative routine office visits, or other reports of a serious nature provided from a credible source.

Priority Health Credentialing staff will utilize the following sources for ongoing monitoring purposes:

a. OIG Sanctioned Provider Exclusion Database

b. OIG Sanctioned Provider Monthly Supplements
c. Applicable State Sanctioned Providers Cumulative Lists and/or Monthly Lists as available.

d. Applicable State Disciplinary Action Reports)

e. Applicable State Licensing

f. Board Certification/Accreditation bodies

g. Applicable State News Releases

h. Medicare Opt-out listings

i. Quality Concern Committee member complaint data

j. Credible media sources

k. Provider Services Representatives

l. Other credible sources

**Medicare/Medicaid Sanctions**

The OIG Exclusion Database report and/or monthly supplements will be downloaded from the OIG website at www.dhhs.gov/progorg/oig via the credentialing software system and will be compared against the current Priority Health practitioner and organizational provider network. These will be reviewed within 30 days of their release and compared against the practitioner and organization provider network. The results of each review will be documented in an Ongoing Monitoring log. The following will be documented on the log: 1) Date/Volume/Issue Reviewed; 2) Reviewed By/Date; 3) Practitioner/Organizational Provider Name(s); and 4) Results/Action Taken.

Per its agreement with applicable States and Centers for Medicare and Medicaid Services (CMS), Priority Health will immediately terminate the Medicaid and/or Medicare contract of any practitioner or organizational provider who appears on the OIG Excluded Provider list or the Sanctioned Provider lists after Priority Health has verified the current exclusion status.

A practitioner who holds commercial contracts with Priority Health will be given 90 days notice of termination of all commercial contracts. During the 90-day period, a PCP will be closed to new members and a specialist will be denied new referrals. However, the practitioner will have the first 30 days to provide documentation regarding the exclusion and their plan to remedy the issue. The Practitioner bears the full responsibility for providing information that CMS’ decision to exclude was inappropriate. Should the exclusion be remedied within the first 45 days, or if the action plan to remedy the issue is acceptable, continued participation with commercial contracts may be allowed. A complete investigation will be conducted to determine if any claims were paid following the date of exclusion and restitution of these monies may be required. Practitioners or organizational providers who have been terminated for Medicare/Medicaid exclusion may be allowed to reapply for participation after reinstatement at the sole discretion of Priority Health.
Opt-Out Provider

The Medicare Opt-out report of Michigan and Ohio providers will be printed on a quarterly basis. The list will be compared against all Medicare contracted providers in the Credentialing software system (Cactus). When a provider is identified as “opting out” after initial credentialing, the Credentialing Staff, in conjunction with the Contracting department, will initiate an inquiry in Facets to terminate Medicare contractual arrangements for the opt-out period. The Credentialing Staff will also update the Credentialing software system to reflect the opt-out status.

Licenses Sanctions/Limitations/Expiration

State license actions will be reviewed via the LEMM module in the Credentialing software system within 30 days of release and compared against the current Priority Health practitioner network. The results will be documented in an Ongoing Monitoring log. The Credentialing Staff will also update the Credentialing software system to reflect the action(s).

To ensure practitioners in the Priority Health network have renewed their licenses on a timely basis, license expiration reports will be run via the LEMM module from the Credentialing software system to determine any practitioner with an expired license. Any practitioner with an expired license will be contacted by phone to determine their renewal status. Priority Health Credentialing staff will document the call in the Expired License Log and follow up until license renewal is accomplished. Any practitioner who has not renewed their license within sixty (60) days of its expiration will be immediately terminated from the Priority Health network. Practitioners who are terminated for lapsed licensure may be allowed to reapply for participation at the sole discretion of Priority Health.

Board Certification/Accreditation Expiration

Board Certification/Accreditation expiration is tracked via the ABMS Direct Select module in the Credentialing software system. Credentialing staff review board certification and accreditation upon expiration. A verification to confirm either renewal or expiration is completed. If renewed, the credentialing system is updated with the new expiration date. Any practitioner/organization (provider) with an expired date that has not been renewed will be contacted to determine their renewal status. If the certification/accreditation expired and the provider does not intend to renew, the credentialing system will be updated and the file will be reviewed and evaluated according to Priority Health’s Acceptance and Continued participation criteria to ensure that the provider meets criteria. Providers deemed to not meet criteria and who do not qualify for an exception will be terminated from the Priority Health network. Providers who are terminated for expired board certification/accreditation may be allowed to reapply for participation at the sole discretion of Priority Health.

Complaints

All member complaints regarding potential quality of care and/or service are reviewed via the Quality Improvement process. This process is fully described in Policy #2/0022/R6 Management of Clinical, Service and Confidentiality Concerns and Procedure #2/5000/R8 Management of Clinical, Service and Confidentiality Concerns and the Quality Concern Committee Process Flowchart and accompanying notes. Credentialing staff participates in the QI process. Member complaints are documented in QI Summary and Detail reports, and an on-going log is maintained to allow for the tracking and trending of member complaints about practitioners. Credentialing staff will identify and review any practitioner with 3 or more complaints during the previous 6-month period. A review that identifies a practitioner with a code trend will initiate a request of a Priority Health representative who will meet with the practitioner. Any follow up visit will be documented in the appropriate Priority Health system(s). If the identified trends are not corrected, the information will be reviewed with the Chief Medical Officer, his physician staff designee and/or the Credentialing Committee for recommended action. The Credentialing department will compile biannual reports which will aggregate all complaints and present the report to the Credentialing
Committee. All findings from the biannual report will be reviewed with the Credentialing Committee to determine any course of corrective action. The range of actions available to the Credentialing Committee is fully described in the Disciplinary Action and Practitioner Appeal policy. Credentialing Committee review and any action taken will be documented in the Credentialing Committee minutes and the practitioner’s credentialing file.

Priority Health has set standards and thresholds for office-site criteria and medical/treatment record-keeping practices for all practitioners within its network for each of the following categories:

- Physical Accessibility
- Physical Appearance
- Adequacy of waiting and examining room space
- Availability of appointments (defined)
- Adequacy of treatment record keeping

Priority Health will conduct an office site visit if it receives a member complaint about the quality of a practitioner’s office related to the criteria listed above.

**Adverse Events**

Priority Health QI Specialists (RNs) and Behavioral Health Case Managers will identify potential adverse events of quality of care and/or deaths of unusual circumstances through routine performance of concurrent and retrospective review. Identified potential quality issues will be investigated and forwarded to the Credentialing Committee for peer review as necessary. The Credentialing staff will enter the adverse event into the Credentialing software system and will present a biannual report summarizing all adverse events for the most current six (6) month period to the Credentialing Committee in conjunction with the biannual summary report of member complaints. The range of actions available to the Credentialing Committee is fully described in the Disciplinary Action and Practitioner Appeal policy. Credentialing Committee review and any action taken will be documented in the Credentialing Committee minutes and the practitioner’s credentialing file.

**Other Identified Quality Issues**

If a Priority Health participating practitioner is listed on a report or other information source, or if Priority Health determines there is evidence of poor quality or a lack of compliance to policies/procedures/standards, Priority Health will reassess the practitioner’s ability to perform the services that he or she is under contract to provide.

Priority Health Credentialing department will present the identified issue to the Credentialing Committee at its next regularly scheduled meeting. The Credentialing Committee will assess the information and will take action as deemed necessary. The range of actions available to the Credentialing Committee is fully described in the Disciplinary Action and Practitioner Appeal policy. Credentialing Committee review and any action taken will be documented in the Credentialing Committee minutes and the practitioner’s credentialing file.

3. **Revisions**
   
   7/11/01, 12/5/01, 9/4/02, 9/3/03, 6/2/04, 8/4/04, 1/5/05, 3/2/05, 2/1/06, 4/12/06, 12/05/07, 7/1/09, 12/7/11, 8/1/2013
   
   Priority Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

4. **References**
   
   NCOA 2004 Credentialing Standard 9, QCC Charter, Quality Concern Committee Process Flowchart and Process Notes, Michigan Department of Community Health, Medical Services Administration
Sanctioned, Providers Semi-annual Cumulative List and Monthly Bulletins and corresponding log, OIG, Sanctioned Providers log, Medicare Opt-out log, Medicare Managed Care Manual (Chapter 6: Relationship with Providers), Michigan Department of Community Health, Bureau of Health Professions Disciplinary Action Report and corresponding log, Management of Clinical, Service and Confidentiality Concerns Policy #2/0022, Management of Clinical,, Service and Confidentiality Concerns Procedure #2/5000, Disciplinary Action and Practitioner Appeal Policy 160013R0, Quality Management Surveillance Policy #2/0003

5. Policy Development and Approval

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6. Keywords
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