

POLICY NUMBER: Policy #2/0041/R9

POLICY TITLE: Ongoing Monitoring of Practitioner Sanctions and Complaints

POLICY STATEMENT: 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.

EFFECTIVE DATE: 7/11/01

REVIEW DATE: 7/11/01, revisions 12/5/01, revisions 9/4/02, 9/3/03, revisions 6/2/04, revisions 8/4/04, revisions 1/5/05, revisions 3/2/05, 2/1/06 revisions, 4/12/06 revisions, 12/05/07, 7/1/09 CMS revisions

STATUS: New policy

APPROVAL COMMITTEE/DATE: 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, 12/5/07

DISTRIBUTION/SECURITY: All staff/No security required

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

POLICY DESCRIPTION:

Priority Health reviews Medicare/Medicaid and State of Michigan information regarding practitioners who have received sanctions or limitations on licensure from various agencies as they are published or available. Priority Health will review the Medicare list of opt-out providers on the regional carrier website on a monthly basis. Priority Health looks for the presence of its participating practitioners and providers in the information.

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

Priority Health Credentialing staff will also be kept informed of member complaints and on practitioners by the Quality Concern Committee.

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. Michigan Department of Community Health (MDCH), Medical Services Administration (MSA) Sanctioned Providers Semi-annual Cumulative List and Monthly Bulletins
- d. MDCH, Bureau of Health Professions, Disciplinary Action Report

- e. State of Michigan Licensing Board (www.cis.state.mi.us/pay/)
- f. MDCH, News Releases (<http://www.michigan.gov/mdch/0,1607,7-132-8347---M,00.html>)
- g. Medicare Opt-out listing (<http://www.wpsic.com/medicare/provenroll/enroll.shtml>)
- h. Quality Concern Committee member complaint data
- i. Credible media sources
- j. Provider Services Representatives
- k. Other credible sources

Medicare/Medicaid Sanctions

The OIG Exclusion Database report will be downloaded from the OIG website at www.dhhs.gov/progorg/oig and will be compared against the current Priority Health practitioner and organizational provider network. Additionally, the OIG Monthly Supplements and the Semi-annual Cumulative Lists and Monthly Bulletins published by the Michigan Department of Community Health Medical Services Administration will be reviewed within 30 days of their release and compared against the practitioner and organizational provider network. The results of each review will be documented on the OIG Sanctioned Providers log and the Michigan Department of Community Health, Medical Services Administration Sanctioned Providers log, respectively. The following will be documented on the appropriate log: 1) Date/Volume/Issue Reviewed; 2) Reviewed By/Date; 3) Practitioner/Organizational Provider Name(s)/DOB; and 4) Results/Action Taken.

Per its agreement with the State of Michigan Department of Community Health (DCH), 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 MSA Sanctioned Provider list after Priority Health has verified the current exclusion status.

A practitioner or provider 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 or provider 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.

Medicare Opt-Out Provider

The Medicare Opt-out report of Michigan providers, at www.wpsic.com/medicare/provenroll/enroll.shtml, will be printed on a quarterly basis. The list will be compared against all Medicare contracted providers in the Credentialing software system (Cactus). If a Medicare provider is found on the opt-out list, the provider will be added to a spreadsheet of Michigan opt-out providers. The spreadsheet will be maintained on a Priority Health shared network drive for access by the Health Management and Contracting departments. When a provider is identified as "opting out" after initial credentialing, the Credentialing Manager or Credentialing Coordinator, in conjunction with the Contracting department, will initiate an inquiry in Facets to terminate Medicare

contractual arrangements for the opt-out period. The Credentialing Manager or Credentialing Coordinator will also update Cactus to reflect the opt-out status.

Sanctions/Limitations/Expiration on Licensure

The MDCH, Bureau of Health Professions, Disciplinary Action Report* is mailed to Priority Health's Sr. Credentialing Manager. The Disciplinary Action Report will be reviewed within 30 days of its release and compared against the current Priority Health practitioner network. The results will be documented on the MDCH, Bureau of Health Professions Disciplinary Action Report log.

To ensure practitioners in the Priority Health network have renewed their Michigan licenses on a timely basis, a monthly report will be run from Cactus to determine any practitioner with an expired license. Credentialing staff will update expired licenses by checking the Michigan Licensing Board web site. 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.

In an effort to stay abreast of State-wide actions taken against a provider's license, the Priority Health Credentialing Staff will monitor, at least weekly, the MDCH web site (<http://www.michigan.gov/mdch/0,1607,7-132-8347---M,00.html>) for current press releases effecting our community and plan-wide membership.

*Currently this report is issued bi-monthly, but released inconsistently, by the State of Michigan, MDCH. It is mailed to Priority Health to the attention of the Sr. Manager of Credentialing. Due to the inconsistency of release, Priority Health Credentialing staff checks the MDCH website on a monthly basis to check for the most current report.

Complaints

All member complaints regarding potential quality of care and/or service are reviewed via the Quality Concern Committee 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. A Credentialing department representative is a member of the committee. Member complaints are documented in minutes of the QCC and a yearly, on-going log is maintained to allow for the tracking and trending of member complaints about practitioners. A credentialing department representative will meet with the chairman of the Quality Concern Committee on a quarterly basis to 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 Provider Network Services representative who will meet with the practitioner. Any follow up visit will be documented in Facets. 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 (RN's) 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 department will enter the adverse event into their credentialing software, VisualCactus, 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 are 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.

Policy Review:

Priority Health's Ongoing Monitoring of Practitioner Sanctions and Complaints Policy will be reviewed at least biennially, and revised as needed.

SUPPORTING DOCUMENTATION:

- NCQA 2004 Credentialing Standard 9
- Management of Clinical, Service and Confidentiality Concerns Policy #2/0022
- Management of Clinical, Service and Confidentiality Concerns Procedure #2/5000
- 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
- Disciplinary Action and Practitioner Appeal Policy #2/0042
- Quality Management Surveillance Policy #2/0003

OPERATIONAL AREAS IMPACTED: QI-Credentialing

SPECIAL NOTES (I.E., PRODUCTS AFFECTED): This policy applies to all products.