

n00255

Process for Ongoing Monitoring of Sanctions, Complaints, Adverse Events and Quality Issues

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

To ensure the quality and safety of care to its members, Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/ NHIC/NH TPA/NHAS) monitors for practitioner sanctions, complaints, and quality issues between recredentialing cycles. This is consistent with NHP/NHIC/NH TPA/NHAS values.

Policy Detail:

Network Health Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/ NHIC/NH TPA/NHAS) identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.

1. Collecting and reviewing Medicare and Medicaid sanctions
 - a. Providers are enrolled during the initial Credentialing process with the National Practitioner Data Bank (NPDB). At that time, they are also enrolled in the Continuous Query with the NPDB. Any reports are sent to NHP/NHIC/NH TPA/NHAS within 24 hours of a report received by the NPDB.
 - b. All reports will be received by the Credentialing team will be forwarded to the Chief Medical Officer within two business days of receipt from the NPDB and forwarded for CMO or designee's review and recommendation for action.
 - c. The report and outcome are presented at the next regularly scheduled Credential Committee meeting. Credentialing Committee recommend action to address quality and safety issues identified.
2. Collecting and reviewing Medicare and Medicaid exclusions
 - a. List of Excluded Individuals and Entities is verified using the OIG and available over the internet.
 - b. All reports will be received by the Credentialing team will be forwarded to the Chief Medical Officer within two business days of receipt from the NPDB and forwarded for CMO or designee's review and recommendation for action.
 - c. The report and outcome are presented at the next regularly scheduled Credential Committee meeting. Credentialing Committee recommend action to address

quality and safety issues identified.

3. Collecting and reviewing licensure sanctions, limitations, and expiration information
 - a. Providers are enrolled during the initial Credentialing process with the National Practitioner Data Bank (NPDB). At that time, they are also enrolled in the Continuous Query with the NPDB. Any reports are sent to NHP/NHIC/NH TPA/NHAS within 24 hours of a report received by the NPDB.
 - b. All reports will be received by the Credentialing team will be forwarded to the Chief Medical Officer within two business days of receipt from the NPDB and forwarded for CMO or designee's review and recommendation for action.
 - c. The report and outcome are presented at the next regularly scheduled Credential Committee meeting. Credentialing Committee recommend action to address quality and safety issues identified.
4. Collecting and reviewing complaints
 - a. NHP/NHIC/NH TPA/NHAS investigates all practitioner-specific member complaints upon their receipt and evaluates the practitioner's history of complaints, if applicable, and
 - b. Evaluates the history of all complaints for all practitioners at least every 6 months.
 - c. All reports will be received by the Credentialing team will be forwarded to the Chief Medical Officer within two business days of receipt from the NPDB and forwarded for CMO or designee's review. Upon review, a provider may be termed, suspended, or no action taken.
 - d. The report and outcome are presented at the next regularly scheduled Credential Committee meeting.
5. Adverse events
 - a. Evaluates the history of all adverse events for all practitioners at monthly.
 - b. All reports will be received by the Credentialing team will be forwarded to the Chief Medical Officer within two business days of receipt from the NPDB and forwarded for CMO or designee's review. Upon review, a provider may be termed, suspended, or no action taken.
 - c. The report and outcome are presented at the next regularly scheduled Credential Committee meeting.

NHP/NHIC/NH TPA/NHAS Credentials Committee reports the findings to its Peer-Review Committee at the next meeting after the Credentials Committee has reviewed, when appropriate. Practitioners with complaints or adverse events indicating harm to a member (Severity Level 2 or 3) or significant variation from the standard of care (Severity Level C) will be investigated and reviewed at the Peer Review Committee for a decision regarding appropriate follow-up actions. The Peer Review committee recommends appropriate corrective action plans or other follow-up actions, which are implemented by the NHP/NHIC/NH TPA/NHAS Chief Medical Officer or Designated Physician. Immediate referral will be made from the Peer Review Committee to the NHP/NHIC/NH TPA/NHAS Chief Medical Officer or Designated Physician and Credentials Committee when the adverse event or complaint is of such severity that altering the conditions of the practitioner's participation may be necessary. The Peer Review Committee will also submit a formal report of all resolved adverse events to the Credentials Committee every 6 months for review. Based on their review, the Credentials Committee may require additional corrective action or alter the practitioner's participation with NHP/ NHIC/NH TPA/NHAS (see related policy 00264 Range of Actions to Improve Performance/ Altering the Conditions of Participation policy).

I. Formal Action

- a. The Credentials Committee has the right to decide to terminate a practitioner without cause if the practitioner:
 - 1. Has had his/her license revoked, suspended, or otherwise limited.
 - 2. Has been 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. Has been censured or excluded by Medicare/Medicaid

II. Summary Action:

- a. 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/NH TPA/NHAS member, the Chief Medical Officer, or his Designated Physician, may immediately summarily restrict or suspend the practitioner’s ability to provide health services to NHP/NHIC/NH TPA/NHAS members. (See related policy n00264 - Range of Actions to Improve Performance Altering the Conditions of Participation (1))

III. Reporting to Proper Authorities:

- a. See related policy n00262 - Reporting to Proper Authorities for more details.

IV. Fair Hearing and Appellate Review:

- a. See related policy n00261 - Fair Hearing Review Process for more details.

Definitions:

None

Regulatory Citations:

None

Related Policies:

[n00264 - Range of Actions to Improve Performance/Altering the Conditions of Participation](#)

[n00261 – Fair Hearing Review Process](#)

[n00262 – Reporting to the Proper Authorities](#)

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Revision Reason:

08/18/16 – Transferred to new policy template

10/26/17 – Annual review

05/24/18 – Added verbiage to the fair hearing and appellate review criteria

04/18/19 – Annual update

04/02/2020 – Annual Review

04/01/2021-Annual update

4/7/2022 - Annual review

5/5/2022 - added verbiage to support peer review process

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11/2024-Updated to include TPA verbiage and reflect NCQA changes