

NHP/NHIC-Process for Ongoing Monitoring of Sanctions, Complaints and Quality Issues

Abstract/Purpose:

To ensure the quality and safety of care to its members, Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) monitors for sanctions, tracks complaints and quality issues against practitioners throughout the 36 month time frame between formal recredentialing. This is consistent with the Affinity mission and the Affinity values of service and integrity.

I. **POLICY:**

To ensure the quality and safety of care to its members, Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) monitors for sanctions and tracks complaints against practitioners during the 36 month timeframe between formal recredentialing. This is done through monthly queries and reports from the:

- Office of the Inspector General (OIG) Medicare/Medicaid Sanctions Activity Report
- The State of WI Department of Regulation and Licensing (Report of suspensions, terminations, restrictions, limitations).
- Medicare Opt Out Report.

Complaints:

In addition, complaints regarding practitioners are tracked and trended by practitioner through the NHP/NHIC Complaint Database on monthly basis. A report of any practitioners who has three complaints of any type in a rolling 24 month period will be presented to the Credentials Committee on a monthly basis for review and implementation of corrective action, when appropriate. Practitioners with quality of care 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 Medical Director (See related Customer Service Policy Complaint/Appeal Resolution Policy and Procedure, AHS Severity Level Alphanumeric Indicators, and NHP/NHIC-QI Quality of Care Complaint Guidelines 2005). Immediate referral will be made from the Peer Review Committee to the NHP/NHIC Medical Director 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 (see related NHP/NHIC-Range of Actions to Improve Performance/Altering the Conditions of Participation policy # 415).

Formal Action:

The Credentials Committee has the right to decide to terminate a practitioner without cause if the practitioner:

- Has had his/her license revoked, suspended or otherwise limited
- 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
- Has been censured or excluded by Medicare/Medicaid

Summary Action:

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 member, the Medical Director, or his designee, may immediately summarily restrict or suspend the practitioner’s ability to provide health services to NHP/NHIC members. (See related Credentialing Policy Range of Actions to Improve Performance/Altering the Conditions of Participation)

Reporting to Proper Authorities:

NHP/NHIC will report serious quality deficiencies of practitioners/providers to the proper authorities to include the State of Wisconsin Department of Regulation and Licensing, the National Practitioner Data Bank (NPDB) - Healthcare Integrity and Protection Data Bank (HIPDB) and other agencies as deemed appropriate. (See related Credentialing Policy Reporting to the Proper Authorities)

Fair Hearing and Appellate Review:

The following adverse decisions of the Credentials Committee, if (and only if) taken for reasons of a practitioner’s quality of care, competence or professional conduct, shall constitute grounds for a fair hearing and appellate review:

- Denial of a practitioner’s application to become a NHP/NHIC Provider
- Restriction or suspension of the practitioner’s participation as a NHP/NHIC provider for more than 30 days
- Termination of the practitioner’s participation as a NHP/NHIC provider
- Termination or non-renewal of the practitioner’s Provider Agreement.

When a practitioner receives a notice of an adverse decision by the Credentials Committee that would invoke the right to a fair hearing process, he/she is given the right to a fair hearing before a Hearing Committee. If upon consideration of the written report and recommendation of the Hearing Committee, the Credentials Committee decision is upheld, the practitioner may request an appellate review before the NHP/NHIC Board of Directors for a final decision. (See related Credentialing Policy Fair Hearing and Appellate Review Process)