



<b>Title:</b>	Ongoing Monitoring of Sanctions, Complaints, Adverse Actions, and Quality Issues				
<b>Department/Line of Business:</b>	Provider Network Operations / All Lines of Business				
<b>Approver(s):</b>	SWHP/ICSW Credentialing Committee				
<b>Location/Region/Division:</b>	SWHP				
<b>Document Number:</b>	SWHP.PNO.015.P				
<b>Effective Date:</b>	11/13/2018	<b>Last Review/ Revision Date:</b>	11/13/2018	<b>Origination Date:</b>	12/11/2001

## LINE OF BUSINESS

This document applies to the following line(s) of business:  
All Lines of Business

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE)** – provides information to healthcare practitioners or providers, patients, and others regarding individuals and entities excluded from participation in Medicare, Medicaid, and other Federal healthcare programs.

**Texas State Board of Medical Examiners** – meets at least four (4) times a year and as needed. The board action is published on their website and includes those practitioners or providers with sanctions or limitations on their licensure and other actions taken. The webmaster also sends e-mail announcements detailing board actions as they occur.

## POLICY

To provide quality and safety of care to its members, Scott & White Health Plan (SWHP)/Insurance Company of Scott & White (ICSW) monitors for sanctions, tracks complaints, adverse events and quality issues against practitioners throughout the thirty-six (36) month time frame between formal recredentialing. Review activities may include, but are not limited to: evaluation of objective evidence from Utilization Management activities, grievances, complaints, identified adverse events, Medicare and Medicaid sanctions or limitations on licensure, facility site reviews, and medical record reviews.

## PROCEDURE

### Data Review

SWHP/ICSW collects information from the following sources to identify SWHP/ICSW practitioners or providers who have received identified quality issues, sanctions, or limitations on licensure. Reports are reviewed by the Credentialing Committee no later than thirty (30) days from release.

SOURCE	FREQUENCY OF MONITOR
Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE)	Reviewed monthly by Compliance Department.
Texas State Board of Medical Examiners website and/or news bulletins per email	Reviewed monthly & ongoing as warranted by Credentialing Department.
Texas State Board of Podiatric Medical Examiners	Reviewed monthly by Credentialing Department.
State Board of Chiropractor Examiners	Reviewed monthly by Credentialing Department.
Texas State Board of Dental Examiners	Reviewed monthly by Credentialing Department.
Complaints	Reviewed and processed on a weekly basis by Appeals and Grievances.
Care/Adverse Events/Sentinel Events	Reviewed and processed on a weekly basis by SWHP Medical Directors.
Medicare Opt Out Report	Quarterly State report released and reviewed by Credentialing Department.

## Complaints/Adverse Events

In addition, complaints or adverse events regarding practitioners are tracked and trended by practitioner through the SWHP/ICSW Complaint Database on monthly basis. A report of practitioners who has three (3) complaints or adverse events of any type in a rolling twenty-four (24) month period are presented to the Credentialing 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 or significant variation from the standard of care 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 SWHP/ICSW Chief Medical Officer or Designated Physician. Immediate referral is made from the Peer Review Committee to the SWHP/ICSW Chief Medical Officer or Designated Physician and Credentialing 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 also submits a formal report of all resolved adverse events to the Credentialing Committee every six (6) months for review. Based on their review, the Credentialing Committee may require additional corrective action, or alter the practitioner's participation with SWHP/ICSW (see related policy SWHP.PNO.024.P Range of Actions to Improve Performance/ Altering the Conditions of Participation policy).

## Formal Action

The Credentialing 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

## 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 SWHP/ICSW member, the Chief Medical Officer, or his Designated Physician, may immediately

summarily restrict or suspend the practitioner's ability to provide health services to SWHP/ICSW members. (See related policy SWHP.PNO.024.P Range of Actions to Improve Performance/ Altering the Conditions of Participation)

## Fraud, Waste and Abuse Committee

When a Fraud, Waste and Abuse Investigation is completed, the investigator reports the potential Fraud, Waste or Abuse and the following will be initiated:

1. Findings are shared with the FWA Committee for recommendations
2. The Credentialing Committee is notified of any findings and/or outcomes identified against providers
3. Supporting documentation is shared with Credentialing Committee

## Reporting to Proper Authorities

SWHP/ICSW reports serious quality deficiencies of practitioners/providers to the proper authorities to include the Texas State Board of Medical Examiners, the NPDB and other agencies as deemed appropriate. (See related policy SWHP.PNO.017.P Review and Reporting of Final Adverse Actions)

## Fair Hearing

When a practitioner receives a notice of an adverse decision (based on a practitioner's quality of care, competence or professional conduct) the Credentialing Committee invokes the right to a fair hearing process, and he/she is given the right to a fair hearing before a Hearing Committee. (See related policy SWHP.PNO.016.P Practitioner Appeal Process)

## ATTACHMENTS

None.

## RELATED DOCUMENTS

Practitioner Appeal Process (SWHP.PNO.016.P)

Range of Actions to Improve Performance/ Altering the Conditions of Participation (SWHP.PNO.024.P)

Review and Reporting of Final Adverse Actions (SWHP.PNO.017.P)

## REFERENCES

National Committee for Quality Assurance (NCQA): CR-5 & CR 6 Standards

42 CFR 1001.1901

Texas Administrative Code, Title 28 Insurance, Part 1, Chapter 11 Health Maintenance Organization

Centers for Medicaid and Medicare Services (CMS) – Medicare Managed Care Manual, Chapter 6

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott & White Health Plan. Further, the information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.