

Greater Oregon Behavioral Health, Inc.
Policies and Procedures



**200.31.03 - Ongoing Monitoring, Corrective Action,
Termination, and Appeals**

Version: 1

Status: Approved

1.0 Definitions

N/A.

2.0 Policy

GOBHI will monitor all credentialed practitioners on an ongoing basis. GOBHI shall use defined, procedurally just processes whenever denying, limiting, reducing or terminating a practitioner's participation on GOBHI's practitioner panel.

This policy outlines the following procedures:

- 2.1 Ongoing monitoring of sanctions, complaints, and adverse issues.
- 2.2 On-site assessments.
- 2.3 Routine corrective action.
- 2.4 Summary and automatic suspensions.
- 2.5 Termination with cause.
- 2.6 Termination without cause.
- 2.7 Practitioner appeal process.
- 2.8 Reporting serious quality issues.

3.0 Procedures

Ongoing monitoring of sanctions, complaints, and adverse issues:

- 3.1 GOBHI conducts ongoing monitoring at appropriate intervals between recredentialing cycles of all practitioners for:
 - 3.1.1 Medicare and Medicaid sanctions.
 - 3.1.2 State sanctions or limitations on professional licensure.
 - 3.1.3 Practitioner-specific member complaints.
 - 3.1.4 Identified adverse issues.
- 3.2 GOBHI subscribes to a sanction alert service (NPDB continuous query).
 - 3.2.1 This service provides alerts about the following:
 - 3.2.1.1 Medicare and Medicaid sanctions.
 - 3.2.1.2 State sanctions or limitations on professional licensure.
 - 3.2.2 Staff conducting credentialing are responsible for:

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.2.2.1 Reviewing information within 30 calendar days of a new alert.
 - 3.2.2.2 Documenting the review of information in the tracking log.
 - 3.2.2.3 Providing evidence of subscription to the alert service.
- 3.3 GOBHI maintains an electronic health record.
- 3.3.1 The record includes information about the following:
 - 3.3.1.1 Practitioner-specific member complaints.
 - 3.3.1.2 Information about identified adverse events.
 - 3.3.2 Staff conducting credentialing are responsible for reviewing this information on a monthly basis.
 - 3.3.2.1 Practitioner-specific member complaints:
 - 3.3.2.1.1 Both the specific complaint and the practitioner's history of complaints are evaluated.
 - 3.3.2.1.2 The history of complaints for all practitioners is evaluated at least every six (6) months.
 - 3.3.2.2 Information about identified adverse events:
 - 3.3.2.2.1 Both the specific adverse event and the practitioner's history of adverse events are evaluated.
 - 3.3.2.2.2 The history of adverse events for all practitioners is evaluated at least every six (6) months.
- 3.4 GOBHI maintains a record of ongoing monitoring activities. Staff conducting the credentialing:
- 3.4.1 Maintain tracking logs that document the receipt and review of:
 - 3.4.1.1 Medicare and Medicaid sanction information.
 - 3.4.1.2 State sanction or limitation on professional licensure information.
 - 3.4.1.3 Practitioner-specific member complaints.
 - 3.4.1.4 Information about identified adverse events.
 - 3.4.2 Report results of monitoring activities to the Credentialing Committee quarterly.
 - 3.4.3 Notify the physician responsible for credentialing if any GOBHI practitioner is:
 - 3.4.3.1 Listed on a Medicare and Medicaid sanction report.
 - 3.4.3.2 Listed on the state sanction or limitation on professional licensure report.
 - 3.4.3.3 Has a practitioner-specific member complaint or quality of care concern.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

3.4.3.4 Has an identified adverse event.

3.5 The Credentialing Committee:

3.5.1 Reviews the file of any practitioner who:

3.5.1.1 Is listed on a Medicare and Medicaid sanction report.

3.5.1.2 Is listed on the state sanction or limitation on professional licensure report.

3.5.1.3 Has a practitioner-specific member complaint.

3.5.1.4 Has an identified adverse event.

3.5.1.5 Has evidence of poor quality.

3.5.2 Takes actions as appropriate, according to policy and procedure, when instances of poor quality are identified.

On-site assessments:

3.6 GOBHI shall conduct office site visits for practitioners if either of the following occurs:

3.6.1 In any given 6-month period, there are at least two complaints against the practice related to:

3.6.1.1 Physical accessibility.

3.6.1.2 Physical appearance.

3.6.1.3 Adequacy of waiting room space and office room space.

3.6.2 If at any time a complaint is received about a practitioner's physical site that is considered, in GOBHI's sole discretion, to be a potential threat to member care and/or safety, GOBHI will conduct an office site visit based upon that complaint.

3.7 Credentialing staff:

3.7.1 Receives ongoing information about quality of practitioner office site member complaints.

3.7.2 Maintains a rolling tracking record of all quality of practitioner office site Member complaints including:

3.7.2.1 The name of the practitioner or the office location.

3.7.2.2 The date of the complaint.

3.7.2.3 The type of complaint.

3.7.2.4 A brief description of the nature of the complaint.

3.7.2.5 The resolution of the complaint.

3.7.3 Reviews:

3.7.3.1 The type of complaint.

3.7.3.2 The number of complaints in a specific category in a rolling six month period.

3.7.3.3 Determines if an office site visit is needed.

3.7.4 Reports results of monitoring activities to the Credentialing Committee quarterly.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.8 When the quality of practitioner office site member complaint threshold is triggered, staff conducting the credentialing notify the quality assurance department that an office site visit needs to be scheduled.
- 3.9 Quality assurance staff schedule the office site visit:
 - 3.9.1 Within sixty (60) calendar days of the date of the third complaint related to physical accessibility, physical appearance, and adequacy of waiting room space and treatment/examination room space.
 - 3.9.2 Within thirty (30) calendar days of a single complaint determined to be a potential treat to member care or safety.
- 3.10 Clinical staff are not required to conduct the review of the site because actual medical/treatment records are not reviewed.
- 3.11 The following instrument is used to collect data about the site:
 - 3.11.1 GOBHI's on site facility and practitioner assessment form.
 - 3.11.2 The site is reviewed for:
 - 3.11.2.1 Physical accessibility.
 - 3.11.2.2 Physical appearance.
 - 3.11.2.3 Adequacy of waiting and treatment/examination room space.
 - 3.11.2.4 Adequacy of medical/treatment record keeping.
- 3.12 The reviewer:
 - 3.12.1 Assesses and scores each of the elements on the data collection instrument.
 - 3.12.2 Determines the compliance percentage at the conclusion of the visit.
 - 3.12.3 Shares findings with the practitioner or his or her representative at the conclusion of the review.
 - 3.12.4 Upon request, makes copies of the data collection instrument available to the practitioner or his or her representative.
- 3.13 GOBHI's on site facility and practitioner assessment form.
 - 3.13.1 Includes questions to assess the following elements:
 - 3.13.1.1 Physical appearance of the office.
 - 3.13.1.2 Physical accessibility of the office.
 - 3.13.1.3 Adequacy of patient space including the waiting area and treatment room/examination room(s).
 - 3.13.1.4 Adequacy of seating capacity.
 - 3.13.1.5 Adequacy of lighting in the waiting areas and the treatment/examination room(s).

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.13.1.6 Cleanliness of the waiting area and the treatment/examination room(s).
 - 3.13.1.7 Availability of appointments for Members with non-life-threatening emergencies, urgent care needs and routine care needs.
 - 3.13.1.8 Forms and procedures, including those to consent to the release of information used in the office.
 - 3.13.1.9 Confidentiality of medical/treatment records
 - 3.13.1.10 Security of medical/treatment record storage.
 - 3.13.1.11 Medical/treatment record organization (which may include review of a blinded or mock-up record).
 - 3.13.1.12 Documentation practices.
 - 3.13.1.13 Ease of retrieving medical/treatment records.
 - 3.13.2 Requires that the site meet GOBHI's performance expectations as defined on the instrument.
- 3.14 When the site visit results in performance in one or more areas that is below GOBHI's performance goals, a letter is sent to the practitioner:
- 3.14.1 Describing the deficiencies.
 - 3.14.2 Identifying the target areas for improvement.
 - 3.14.3 Explaining any corrective action that is required, the format for presenting additional information and the staff conducting the credentialing to whom questions or responses should be directed.
- 3.15 A corrective action plan is developed for any office site that does not meet GOBHI's performance goals.
- 3.15.1 Staff collaborates with the practitioner or practitioner representative to develop the corrective action plan.
 - 3.15.1.1 The lower the score the more intensive the action plan.
 - 3.15.1.2 The corrective action plan must be submitted to the quality assurance department within ten (10) business days after the date of the site visit.
- 3.16 Action plans must be implemented within six months of the initial site visit, sooner if the nature of the deficiencies warrants.
- 3.17 The effectiveness of the actions taken to comply with standards will be evaluated at least every six (6) months.
- 3.17.1 Follow-up visits will occur at least every six (6) months, until a deficient office site meets GOBHI's thresholds, if visual inspection is necessary to confirm corrections have been made appropriately.
 - 3.17.2 If the quality assurance department determines that adequate documentation has been submitted to provide evidence of correction, a follow-up office site visit may not be conducted.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.18 Documentation of the initial office site visit, subsequent follow-up site visits, the corrective action plan and all related correspondence will be placed in the practitioner's file.
- 3.19 The Credentialing Committee reviews and approves action plans and monitors subsequent data on performance. If, after a reasonable period of time, considering the nature of the deficiency(s) not to exceed one (1) year, there has not been adequate correction, GOBHI reserves the right to terminate the practitioner from the network.
- 3.20 If the office site meets the complaint threshold subsequent to correcting deficiencies a follow-up visit will be conducted within sixty (60) calendar days of meeting the threshold.
 - 3.20.1 A site visit is required, but only for the specific standard pertaining to the complaint.
 - 3.20.2 A corrective action plan may be implemented as described above.

Corrective action:

- 3.21 Routine Corrective Action is initiated whenever the activity or professional conduct of a Practitioner is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality and cost effective care or service.
- 3.22 Routine Corrective Action may include any of the following:
 - 3.22.1 Verbal Warning.
 - 3.22.2 Written Warning.
 - 3.22.3 Corrective Action Plan.
 - 3.22.4 Probation.
- 3.23 The physician responsible for credentialing may impose Verbal Warnings and Written Warnings based on an investigation of the occurrence prompting the Routine Corrective Action.
- 3.24 The Credentialing Committee may impose a specific Corrective Action Plan or Probation based on a thorough investigation of the issue(s).
- 3.25 The Credentialing Committee monitors both a Practitioner's:
 - 3.25.1 Compliance with the terms of any Routine Corrective Action.
 - 3.25.2 Performance after the imposition of any Routine Corrective Action.
- 3.26 Monitoring of Practitioner performance may include, one or more activities, including but not limited to:
 - 3.26.1 Heightened review of cases.
 - 3.26.2 Focused review of procedures.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.26.3 Review of compliance with GOBHI's adopted clinical practice guidelines.
- 3.26.4 Submission of reports from the Practitioner.
- 3.26.5 Site visits.
- 3.27 If the Practitioner does not alter the performance or behavior that is the cause for the Routine Corrective Action or fails to comply with terms of the Corrective Action Plan, progressively more severe Routine Corrective Action is imposed.
- 3.28 The Credentialing Committee may recommend Termination With Cause to the Board of Directors for a Practitioner who does not comply with the terms of a Corrective Action Plan or who persists in not altering the performance or behavior that was the cause for the Routine Corrective Action
- 3.29 Summary Suspension is imposed whenever a Practitioner's conduct requires immediate action to prevent harm to members or reduce the substantial likelihood of immediate danger to the health or safety of members.
- 3.30 The physician responsible for credentialing or Chief Executive Officer may impose Summary Suspension.
- 3.31 The Practitioner is notified of the Summary Suspension by certified mail or confirmed facsimile transmission.
- 3.32 Summary Suspension is effective immediately.
- 3.33 All new referrals to the Practitioner cease during the term of the Summary Suspension.
- 3.34 The Credentialing Committee investigates the issue(s) that resulted in the Summary Suspension.
- 3.35 The Credentialing Committee may:
 - 3.35.1 Impose a Corrective Action Plan.
 - 3.35.2 Remove the Summary Suspension.
 - 3.35.3 Continue the Suspension for a defined time.
 - 3.35.4 Recommend Termination With Cause to the Board of Directors.
- 3.36 Automatic Suspension is deemed to occur immediately upon the occurrence of any one of the following events:
 - 3.36.1 The Practitioner's Professional License or other legal credential authorizing him or her to practice in the state or other jurisdiction where the Practitioner treats GOBHI's members is revoked or suspended.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.36.2 The Practitioner's DEA registration or CDS certificate is revoked or suspended.
- 3.36.3 The Practitioner is convicted of a felony.
- 3.37 The physician responsible for credentialing or Chief Executive Officer verifies that one of the specified events has occurred.
- 3.38 The Practitioner is notified of the Automatic Suspension by certified mail or confirmed facsimile transmission.
- 3.39 All new referrals to the Practitioner cease as a result of the Automatic Suspension.
- 3.40 The physician responsible for credentialing or an appropriate clinical designee determines whether or not circumstances warrant transferring the care of GOBHI's members currently under the care of the Practitioner to another Practitioner as a result of the Automatic Suspension.
- 3.41 The Credentialing Committee investigates the event that resulted in the Automatic Suspension.
- 3.42 The Credentialing Committee may:
 - 3.42.1 Impose a Corrective Action Plan.
 - 3.42.2 Remove the Automatic Suspension.
 - 3.42.3 Continue the Automatic Suspension.
 - 3.42.4 Recommend Termination With Cause to the Board of Directors.
- 3.43 The Credentialing Committee conducts an investigation for possible Termination With Cause whenever one of the following events occurs:
 - 3.43.1 A confirmed serious quality of care issue is identified by GOBHI.
 - 3.43.2 The Practitioner's Professional License or other legal credential authorizing him or her to practice in any state or jurisdiction is revoked or suspended.
 - 3.43.3 The Practitioner's DEA registration or CDS certificate is revoked or suspended.
 - 3.43.4 Professional Review Action(s) by any of the following:
 - 3.43.4.1 State or jurisdiction issuing a Professional License or otherwise certifying the Practitioner for independent practice.
 - 3.43.4.2 Federal agencies.
 - 3.43.4.3 Professional organizations.
 - 3.43.4.4 Other regulatory organizations.
 - 3.43.5 Violations of GOBHI's Practitioner contractual agreement or GOBHI's guidelines.
 - 3.43.6 Failure to comply with the terms of a Corrective Action Plan.
 - 3.43.7 Material misrepresentation of information on the application for participation or for continued participation.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.43.8 Cancellation or failure to renew or maintain professional liability insurance in the amounts acceptable to GOBHI.
- 3.43.9 The Practitioner is convicted of a felony.
- 3.44 After thoroughly reviewing the issues involved, the Credentialing Committee may:
 - 3.44.1 Determine that no action is required.
 - 3.44.2 Impose Routine Corrective Action.
 - 3.44.3 Recommend to the Board of Directors that the Practitioner's contractual agreement be Terminated With Cause.
- 3.45 The Board of Directors makes the final decision regarding Termination With Cause and notifies the quality assurance department of its decision.
- 3.46 The quality assurance department notifies the Practitioner in writing via certified mail of the action including the reason(s) and the right and process to appeal the action.
- 3.47 A Practitioner is notified in writing by certified mail if he or she is the subject of any:
 - 3.47.1 Adverse Professional Determination, including:
 - 3.47.1.1 Routine Corrective Action.
 - 3.47.1.2 Summary Suspension.
 - 3.47.1.3 Automatic Suspension.
 - 3.47.1.4 Termination With Cause.
 - 3.47.1.5 Other adverse credentialing or recredentialing decision.
 - 3.47.1.6 Termination Without Cause.
- 3.48 The written notification to the Practitioner includes:
 - 3.48.1 Notice that an Adverse Professional Determination has been brought against the Practitioner.
 - 3.48.2 The reason(s) for the decision.
 - 3.48.3 Informing the Practitioner about the Appeal process and that he or she has the right to:
 - 3.48.3.1 Request a hearing.
 - 3.48.3.2 Be present at the hearing.
 - 3.48.3.3 Be represented by an attorney or another person of his or her choice at the hearing.
 - 3.48.3.4 Call, examine and cross-examine witnesses.
 - 3.48.3.5 Present relevant information.
 - 3.48.3.6 Submit a written statement at the close of the hearing.
 - 3.48.3.7 Request a different date and time if he or she wishes to attend and is not able to attend on the scheduled day.
 - 3.48.4 Informing the Practitioner that GOBHI may:
 - 3.48.4.1 Be represented by an attorney.

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

- 3.48.4.2 Call witnesses to the hearing, including a list of the witnesses GOBHI intends to call, if any.
- 3.48.5 Informing the Practitioner that he or she:
 - 3.48.5.1 Has thirty (30) calendar days to request an Appeal of the action.
 - 3.48.5.2 Must submit a written request for Appeal to the physician responsible for credentialing within thirty (30) calendar days.
- 3.49 Termination Without Cause is not subject to Appeal but the Credentialing Committee will consider Practitioner input as described in the procedure on Termination Without Cause.
- 3.50 The physician responsible for credentialing schedules an Appeal Committee meeting within thirty (30) calendar days of a Practitioner's request for an Appeal.
- 3.51 The physician responsible for credentialing or designee notifies the practitioner of the date, time and place of the Appeal Committee meeting in writing by certified mail.
- 3.52 The Appeal Committee is composed of Practitioners who:
 - 3.52.1 Are not in direct economic competition with the Practitioner being reviewed.
 - 3.52.2 Were not involved in making the Adverse Professional Determination.
- 3.53 Appeal Committee membership includes three clinical professionals:
 - 3.53.1 The physician responsible for credentialing or designee.
 - 3.53.2 A Physician Reviewer or physician member of one of GOBHI's committees.
 - 3.53.3 A Practitioner of the same discipline as the appealing Practitioner.
- 3.54 The Appeal Committee reviews:
 - 3.54.1 The Practitioner's reason for the Appeal request.
 - 3.54.2 The results of the investigation that led to action(s).
 - 3.54.3 The evidence presented.
 - 3.54.4 Additional and new information submitted by the Practitioner or GOBHI, if any.
- 3.55 The Appeal Committee makes a decision.
 - 3.55.1 The physician responsible for credentialing is notified of the decision.
 - 3.55.2 The physician responsible for credentialing sends the Practitioner written notification of the decision via certified mail, including the

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

reason(s) for the decision, within (2) two business days of the date of the decision.

- 3.56 The action of the Appeal Committee is final.
- 3.57 The Credentialing Committee investigates serious quality of care issues and takes action(s) as appropriate to the results of the investigation.
- 3.58 Only final action(s) by GOBHI are reported. The final action(s) are reached after considering all available information including the findings of the Appeal Committee, if any was convened.
- 3.59 GOBHI's legal counsel and Compliance Department reviews all action(s) before a report is submitted to any of the monitoring agencies.
- 3.60 The following action(s) taken by GOBHI are reported to monitoring agencies:
 - 3.60.1 Any Professional Review Action based on a Practitioner's professional competence or professional conduct that adversely affects his or her clinical privileges.
 - 3.60.2 Surrender or restriction of clinical privileges while the Practitioner is under investigation for possible professional incompetence or improper professional conduct.
- 3.61 The physician responsible for credentialing notifies the following monitoring agencies of adverse decisions within seven (7) seven calendar days of the final action:
 - 3.61.1 National Practitioner Data Bank (NPDB).
 - 3.61.2 Appropriate state licensing or regulatory agencies
- 3.62 GOBHI may terminate Practitioners without cause based on business needs.
 - 3.62.1 This decision may be made by GOBHI's management and reported to the Credentialing Committee.
 - 3.62.2 Credentialing Committee action is not required except as described below.
- 3.63 Termination Without Cause is not related to Practitioner performance, quality of care or service, or a material breach of contract.
- 3.64 GOBHI may terminate a Practitioner's contractual agreement without cause upon (90) ninety days written notice, or other time frame as may be specified in the contractual agreement, to the Practitioner.
- 3.65 Termination Without Cause includes the periodic removal of Practitioners from the network when there are more Practitioners than needed to meet GOBHI's

200.31.03 - Ongoing Monitoring, Corrective Action, Termination, and Appeals

accessibility and availability standards and to provide adequate care to members in a specific geographical area.

- 3.66 Termination Without Cause is not a reportable matter to any monitoring agency including the NPDB.
- 3.67 Termination Without Cause is not subject to Appeal.
 - 3.67.1 The Practitioner may, however, submit a concise statement describing the reasons he or she believes the termination should not be effected.
 - 3.67.2 The Credentialing Committee reviews this statement at the next scheduled meeting after its receipt.
 - 3.67.3 The Credentialing Committee makes a non-binding recommendation regarding Termination Without Cause to GOBHI's management.
 - 3.67.4 The Practitioner is not entitled to any further review of this matter.

4.0 Compliance Criteria

N/A.