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## Ongoing Monitoring of Practitioner Sanctions and Complaints Policy

### 1. Purpose

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.

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

### 2. Policy

**Medicare/Medicaid Sanctions or Debarments** - Priority Health reviews Medicare/Medicaid and applicable state information regarding practitioners who have received preclusions, sanctions or limitations on licensure from various agencies as they are published or available.

**Opt-Out Providers** - Priority Health reviews the Medicare list of opt-out practitioners on the regional carrier websites on a monthly basis. Priority Health looks for the presence of its participating practitioners in the information.

**State Licenses** - Priority Health Credentialing staff will monitor expired licenses and check the State Licensing Board web site to verify renewal and/or disciplinary actions to ensure all practitioners are licensed and in good standing.

**Board Certification** - Priority Health Credentialing staff review and verify board certification and accreditation at initial credentialing, recredentialing or upon expiration to ensure compliance with policy/procedure/standards.

**Complaints** - Priority Health Credentialing staff will be kept informed of member complaints on practitioners as reported in the QI Summary and Detail reports.

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 List of Excluded Individuals and Entries database (LEIE)
- b. OIG List of Excluded Individuals and Entities database (LEIE) Monthly Supplements
- c. FEHB Program Department Record, published by the Office of Personnel Management, Office of the Inspector General. (Debarred Provider List)
- d. Applicable State Sanctioned Providers Cumulative Lists and/or Monthly Lists as available.
- e. Applicable State Preclusion Providers Cumulative Lists and/or Monthly Lists as available
- f. Applicable State Disciplinary Action Reports (DAR)
- g. Applicable State licensing agencies
- h. Board Certification/Accreditation bodies

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- i. Applicable State news releases
- j. Medicare Opt-out listings
- k. Quality Concern Committee member complaint data
- l. Credible media sources
- m. Priority Health employees
- n. Other credible sources

### **Medicare/Medicaid Sanctions**

Through the automated Streamline Verify process, the OIG List of Excluded Individuals and Entries database (LEIE), all state sanctioned provider lists including the Michigan Medicaid Sanction Provider List (MSA), Preclusion Provider lists, and/or the Debarred Provider List will be compared against the current Priority Health practitioner and organizational provider network. Results will be reviewed within 30 days of their release by the Priority Health Provider Adverse Action Committee (PAAC) and compared against the practitioner and organization provider network. Per its agreement with applicable States and Centers for Medicare and Medicaid Services (CMS) and/or the FEHB Program, Priority Health will immediately terminate the Medicaid, Medicare, FEHB contract of any practitioner or organizational provider who appears on the OIG List of Excluded Individuals and Entries database (LEIE), all state sanctioned provider lists including the Michigan Medicaid Sanction Provider List (MSA), Preclusion Provider lists, and/or the Debarred Provider List after Priority Health has verified the current exclusion status. Priority Health will additionally terminate all commercial contracts. The results are documented in the provider data management systems.

The Practitioner bears the full responsibility for providing information that a state or federal decision to exclude was inappropriate. 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 state or federal exclusion may be allowed to reapply for participation after reinstatement at the sole discretion of Priority Health.

### **Opt-Out Provider**

The Medicare Opt-out report of Michigan and Ohio providers will be monitored on a monthly basis. The list will be compared against all Medicare contracted providers in the provider data management system. When a provider is identified as “opting out” after initial credentialing, the Credentialing Staff will add Medicare Opt Out agreements for the opt-out period in the provider data management system to prevent claims payment.

### **License Actions/Expiration**

State license actions will be reviewed upon notification of an action, as identified in the Disciplinary Action Report (DAR) during monthly ongoing monitoring, or as identified in CAQH Sanctions Track at the time of the provider’s initial or recredentialing cycle. Results will be reviewed within 30 days of their release by the Credentialing department and compared against the practitioner and organization provider network. Priority Health reviews reasons for disciplinary action and takes appropriate action up to and including termination. Any action resulting in a termination will be reported on the Network Provider Adverse Action Reporting form and sent to the Manager of the Special Investigation Unit (SIU) who will then report to the appropriate state or regulatory agencies. The results are documented in the provider data management systems.

License expirations are tracked in the Credentialing software system. Licenses will be verified upon expiration by the Credentialing department. Any practitioner who has not renewed their license within Entities will reference associated Documentation contained within this document as applicable  
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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.

### **Board Certification/Accreditation Expiration**

Board Certification/Accreditation expiration is tracked in the Credentialing software system. The Credentialing department review board certification and accreditation at initial credentialing, recredentialing or upon expiration. A verification to confirm either renewal or expiration is completed. If renewed, the credentialing system is updated with the new expiration date. Any practitioner/organization (provider) with an expired date that has not been renewed will be updated to a non-certified status. If the certification/accreditation expired, the credentialing system will be updated and the file will be reviewed and evaluated according to Priority Health's Acceptance and Continued participation criteria to ensure that the provider meets criteria. Providers deemed to not meet criteria and who do not qualify for an exception will be terminated from the Priority Health network. Providers who are terminated for expired board certification/accreditation may be allowed to reapply for participation at the sole discretion of Priority Health.

### **Complaints**

All member complaints regarding potential quality of care and/or service are reviewed via the Quality Improvement process. This process is fully described in Policy #2/002/R12 Surveillance of Clinical, Service and Confidentiality Concerns and in Procedure #2/5000/R13 Management of Clinical, Service and Confidentiality Concerns. Credentialing staff participates in the QI process. Member complaints are documented in quarterly detail reports. An on-going log is maintained to allow for the tracking and trending of member complaints about practitioners. Credentialing staff will identify and review any practitioner with 3 or more complaints during the previous 6-month period. Organizations are monitored and reviewed on a case by case basis. Direct communications with the practitioner will be initiated when a review that identifies a practitioner with an unfavorable code trend in order to facilitate resolution and/or education. Should an on-site visit be recommended, it will be documented in the appropriate Priority Health system(s). 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. All findings meeting thresholds or determined to be egregious 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 may 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 Quality Improvement Specialists (RNs) 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. Credentialing staff participates in the QI process. Member adverse events are documented in quarterly detail reports, and an on-going log is maintained to

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allow for the tracking and trending of adverse events about practitioners. Credentialing staff will identify and review any practitioner with 3 or more adverse events during the previous 6-month period. Organizations are monitored and reviewed on a case by case basis. Direct communications with the practitioner will be initiated when a review that identifies a practitioner with an unfavorable code trend in order to facilitate resolution and/or education. Should an on-site visit be recommended, it will be documented in the appropriate Priority Health system(s). 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. All findings meeting thresholds or determined to be egregious 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.

### **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.

The 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 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.

### **3. Revisions**

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, 12/05/07, 7/1/09, 12/7/11, 8/1/2013, 2/6/2019, 8/6/19,8/29/23, revision 6/20/24

Priority Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

### **4. References**

NCQA Credentialing Standard, 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), FEHB Contract, Michigan Department of Community Health, Bureau of Health Professions Disciplinary Action Report and corresponding log, Surveillance of Clinical, Service and Confidentiality Concerns Policy #2/0022/R12, Management of Clinical,, Service and Confidentiality Concerns Procedure #2/5000/R13, Disciplinary Action and Practitioner Appeal Policy, , Regulatory Screenings: Excluded Individuals, Entities, Debarment #24167