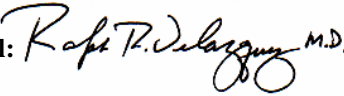




Binder:	<u>Credentialing Committee</u>		
Policy Number			
& Title:	<u>QM.CRD.15 Ongoing Monitoring of Sanctions and Complaints</u>		
		Original	
Author:	<u>Jeff Wright</u>	Date:	<u>10/18/02</u>
		Revision	
Replaces:	<u>Review of State Sanctions for OSFHP Providers</u>	Date(s):	<u>4/4/03; 4/28/05; 8/25/05, 3/7/06, 3/08</u>
Approval:		Title:	VP & Chief Medical Officer

POLICY

It is the policy of OSF HealthPlans to monitor participating providers for disciplinary actions and sanctions on an ongoing basis.

PROCEDURE

1. The Credentialing Specialist reviews the following reports on a monthly basis for the purpose of ongoing monitoring of practitioners:
 - A. The Federal Register
 1. OSF HealthPlans reviews the Federal Register on a monthly basis.
 2. The OSF HealthPlans Compliance Manager accesses the Federal Register and prints a copy.
 3. The Credentialing Specialist reviews the Federal Register for any contracted OSF HealthPlans practitioner or provider. If a match is identified, the Credentialing Specialist will request a complete explanation from the practitioner.
 4. Based on the reason for the disciplinary action, the Credentialing Specialist will consult with the Associate Medical Director or the Chief Medical Officer and will present the case at the next scheduled monthly Credentialing Committee meeting. The Credentialing Committee will make a recommendation on the final plan of action.
 5. The Credentialing Specialist will file the information in the provider’s credentialing folder.
 6. An excel spreadsheet will be maintained as an auditing tool to show compliance with this policy.
 - B. Department of Health and Humans Services OIG Reports is reviewed for the purpose of Medicare and/or Medicaid sanctions, as well as any other federal program sanctions.
 1. OSF HealthPlans reviews the OIG Exclusions and Reimbursement on a monthly basis.
 2. The Credentialing Specialist accesses the OIG website and downloads the exclusions and reinstatement file.
 3. The Credentialing Specialist runs the OIG sweep in the Cactus Credentialing System.

4. The Credentialing Specialist reviews all practitioners that are identified as a possible match. If a match is identified, the Credentialing Specialist will request a complete explanation from the practitioner.
 5. Based on the reason for the disciplinary action, the Credentialing Specialist will consult with the Associate Medical Director or the Chief Medical Officer and will present the case at the next scheduled monthly Credentialing Committee meeting if a match is identified. The Credentialing Committee will make the recommendation on the final plan of action.
 6. The Credentialing Specialist will file the information in the provider's credentialing folder.
 7. Cactus Credentialing software tracks the date the last OIG sweep was done and this shall be accepted as the auditing trail to show compliance with this policy.
 8. The Credentialing Committee will ensure that the last date of verifying Medicare/Medicaid sanctions, as specified on the Credentialing/Recredentialing checklist, will be within the last 6 months prior to the credentialing/recredentialing date.
- C. The Illinois Department of Professional Regulation's Monthly Disciplinary Report is reviewed for the purpose of state sanctions or limitations on licensure.
1. OSF HealthPlans reviews the Illinois Department of Financial and Professional Regulations Disciplinary Report on a monthly basis.
 2. The OSF HealthPlans Credentialing Specialist accesses the Disciplinary Report within 60 days of it being published and prints a copy.
 3. The Credentialing Specialist reviews the Disciplinary Report for any contracted OSF HealthPlans practitioner or provider. If a match is identified, the Credentialing Specialist will request a complete explanation from the practitioner.
 4. Based on the reason for the disciplinary action, the Credentialing Specialist will consult with the Associate Medical Director or the Chief Medical Officer and will present the case at the next scheduled monthly Credentialing Committee meeting. The Credentialing Committee will make a recommendation on the final plan of action.
 5. The Credentialing Specialist will file the information in the provider's credentialing folder.
 6. An excel spreadsheet will be maintained as an auditing tool to show compliance with this policy.
- D. The Illinois Department of Public Health's Quarterly Report is reviewed for the purpose of state fines and charges against Nursing Homes.
1. OSF HealthPlans reviews the Illinois Department of Public Health's quarterly reports for violations on a quarterly basis.
 2. The OSF HealthPlans Credentialing Specialist accesses the Disciplinary Report within 60 days of it being published and prints a copy.
 3. The Credentialing Specialist reviews the Violation Report for contracted OSF HealthPlans nursing homes. If a match is found, the Credentialing Specialist will print out a copy of the violations.
 4. The copy of the violations will be forwarded to the Medical Director or the Associate Medical Director for review. It will be the decision of the Medical or Associate Medical Director of the information that will go to the Credentialing Committee for review.
 5. The Credentialing Specialist will put a copy in the Provider file.
 6. An excel spreadsheet will be maintained as an auditing tool to show compliance with this policy.

2. Member complaints including quality of care complaints are documented by the Member Services department each time a complaint is received. A report of these complaints is produced on a weekly basis for review and/or follow-up by the Quality Management and Provider Relations departments.

The Credentialing Specialist reviews the report at least quarterly to identify complaints against participating providers. These complaints are researched by the Credentialing Specialist and the following actions are taken:

- Each complaint is summarized and reported quarterly by provider to the Credentialing Committee in an executive summary report.
- The above report is placed in the file of the respective provider(s) for review at their designated recredentialing time.
- Complaints are reported on a quarterly basis to the Credentialing Committee in an aggregate format for the prior 12-month period. The aggregate report will identify any issues or trends related to a specific practitioner and/or practice site.