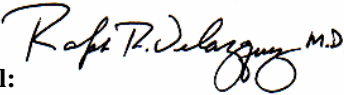




Binder:	<u>Credentialing Committee</u>	
Policy Number		
& Title:	<u>QM.CRD.25 Use of Practitioner Case Reviews</u>	
	Original	
Author:	<u>Linda Gonias</u>	Date: <u>4/1/98</u>
	Revision	
Replaces:	<u>N/A</u>	Date(s): <u>2/19/99, 2/18/00, 5/24/00, 2/16/01, 4/26/02, 4/4/03 4/28/05, 4/25/07</u>
Approval:		Title: VP & Chief Medical Officer

POLICY

It is the policy of OSF HealthPlans to utilize Board Certified practitioner case reviewers in the credentialing and recredentialing process.

PROCEDURE

1. The Credentialing Specialist will forward malpractice issues to the Medical Director during the credentialing/re-credentialing process with the exception of the following:
 - A. Any settlement of \$50,000 or less, not to exceed 2 in 5 years
 - B. Any cases which are in the discovery phase or pending, not to exceed 1 in the past 3 years
 - C. Any cases which were dismissed

2. The Medical Director will review information provided by practitioners who have more than one case in the discovery phase or pending and make a recommendation to the Credentialing Committee.

3. All malpractice issues, which meet the criteria for a case review, will first be forwarded to the Medical Director for review.
 - A. The Medical Director will decide if the explanation provided is adequate or if additional information is necessary.
 - B. If the explanation is adequate, the file will be forwarded to the Credentialing Committee with a recommendation from the Medical Director.
 - C. If the explanation is not adequate, the file will be pended for further information and the Medical Director may request a Practitioner Case Reviewer.
 - D. The practitioner case reviewers for the appropriate specialty will review the file and make one of the following recommendations:
 - Approval
 - Denial
 - Request further information for Committee review

- E. In the event a malpractice issue is discovered on an OSFHP practitioner case reviewer, OSFHP will utilize another Board Certified practitioner to review their file.
- 4. Summaries of cases from insurance carriers will not be accepted as explanations and those files that meet these criteria will be pended immediately for further information without the review of the Medical Director.

NOTE: The Medical Director can make recommendations and act as a case reviewer in the appropriate cases.