

IDENT:	C&E 4
Type of Document:	Policy
Type of Policy:	Department
Applicability:	All
Owner's Dept:	Credentialing and Enrollment
Title of Owner:	Manager
Title of Approving Official:	UVMHN C&E Medical Director
Date Released (Published):	Amended and Restated 03/16/2018
Next Review Date:	1 year from last Date Approved



SUBJECT: Corrective Action and Appeal

PURPOSE: To ensure that alterations to a practitioner's participation in the Contracted Payors network(s) are handled in a systematic and just manner and affording the practitioner due process, the University of Vermont Health Network Credentialing & Enrollment ("UVMHN C&E") Department follows defined processes in accordance with this Policy C&E 4 and Policy C&E 10.

POLICY STATEMENT: The UVMHN C&E Department shall use defined, procedurally just processes whenever denying, limiting, reducing or terminating a practitioner's participation in the Contracted Payors network(s) and when implementing corrective action, up to and including termination, for practitioners who fail to meet the UVMHN C&E Department's eligibility criteria, performance expectations, and contractual obligations.

PROCEDURE:

Adverse Professional Action

One of the following actions that may be taken by the UVMHN C&E Department based on a practitioner's professional performance or behavior:

1. Routine Corrective Action.
2. Summary Suspension.
3. Automatic Suspension.
4. Termination with Cause.
5. (Other) Adverse credentialing or recredentialing decision.

Routine Corrective Action

1. 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 care or service.

Routine Corrective Action may include any of the following:

- 1.1. Verbal Warning.
- 1.2. Written Warning.
- 1.3. Corrective Action plan.
- 1.4. Probation.

The Medical Director may impose Verbal Warnings and Written Warnings based on an investigation of the occurrence prompting the Routine Corrective Action.

The Credentials Committee may impose a specific Corrective Action plan or probation based on a thorough investigation of the issue(s).

The Credentials Committee monitors both a practitioner's:

- 1.5. Compliance with the terms of any Routine Corrective Action.
- 1.6. Performance after the imposition of any Routine Corrective Action.
- 1.7. Monitoring of practitioner performance may include, one or more activities, including but not limited to:
 - 1.7.1. Heightened review of cases.
 - 1.7.2. Focused review of procedures.
 - 1.7.3. Submission of reports from the practitioner.
 - 1.7.4. Site visits.

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, the Credentials Committee will impose progressively more severe Routine Corrective Action.

The Credentials Committee may Terminate with Cause 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.

Summary Suspension

1. Summary Suspension is imposed whenever a practitioner's conduct requires immediate action to prevent harm to patients or reduce the substantial likelihood of immediate danger to the health or safety of members.
 - 1.1. The Medical Director may impose Summary Suspension.
 - 1.2. The practitioner is notified of the Summary Suspension verbally and/or by certified mail or paid courier.
 - 1.3. Summary Suspension is effective immediately.
 - 1.4. The Credentials Committee investigates the issue(s) that resulted in the Summary Suspension. The Credentials Committee may:
 - 1.4.1. Impose a Corrective Action plan.
 - 1.4.2. Remove the Summary Suspension.
 - 1.4.3. Continue the Summary Suspension for a defined period of time.
 - 1.4.4. Impose Termination with Cause.

Automatic Suspension

1. Automatic Suspension is deemed to occur immediately upon the occurrence of any one of the following events:
 - 1.1. 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 the Contracted Payor's members is revoked or suspended.
 - 1.2. The practitioner's DEA registration is revoked or suspended.
 - 1.3. The practitioner is convicted of a felony.
2. The Medical Director or Chief Executive Officer verifies that one of the specified events has occurred.

3. The practitioner is notified of the Automatic Suspension by certified mail or paid courier.
4. All new referrals to the practitioner cease as a result of the Automatic Suspension.
5. The Medical Director or an appropriate clinical designee determines whether or not circumstances warrant transferring the care of the Contracted Payor's patients currently under the care of the practitioner to another practitioner as a result of the Automatic Suspension.
6. The Credentials Committee investigates the event that resulted in the Automatic Suspension.
7. The Credentials Committee may:
 - 7.1. Impose a Corrective Action Plan.
 - 7.2. Remove the Automatic Suspension.
 - 7.3. Continue the Automatic Suspension.

Termination With Cause

1. The Medical Director, on behalf of the Credentials Committee, immediately conducts an investigation for possible Termination with Cause whenever one of the following events occurs:
 - 1.1. A confirmed serious quality of care issue is learned of by the UVMHN C&E Department.
 - 1.2. The practitioner's professional license or other legal credential authorizing him or her to practice in any state or jurisdiction is revoked, suspended, terminated for any reason, or rendered inactive.
 - 1.3. The practitioner's DEA registration is revoked or suspended.
 - 1.4. Professional Review Action(s) by any of the following:
 - 1.4.1. State or jurisdiction issuing a professional license or otherwise certifying the practitioner for independent practice.
 - 1.4.2. Federal agencies.
 - 1.4.3. Professional organizations.
 - 1.4.4. Other regulatory organizations.
 - 1.5. Non-compliance with any of the UVMHN C&E Department's policies and procedures.
 - 1.6. Failure to comply with the terms of a UVMHN C&E Department Corrective Action Plan.
 - 1.7. Material misrepresentation of information on the application for credentialing or recredentialing or for re-application for continued credentialing.
 - 1.8. Cancellation or failure to renew or maintain professional liability insurance with a minimum of \$1 Million/\$3 Million.
 - 1.9. The practitioner is convicted of a felony.
2. After thoroughly reviewing the event(s), the Medical Director may:
 - 2.1. Determine that no action is required.
 - 2.2. Impose Routine Corrective Action (see IV. A., above).
 - 2.3. Determine that the practitioner's participation with Contracted Payor network(s) be Terminated with Cause.
 - 2.3.1. The Medical Director makes the final decision regarding Termination with Cause and notifies the UVMHN C&E Department of his or her decision.

- 2.3.2. The Medical Director notifies the Credentials Committee of the decision to Terminate with Cause a practitioner.
3. The UVMHN C&E Department notifies the practitioner in writing via certified mail or paid courier of the action taken including the reason(s), the practitioner's right and the process to appeal the action.

Practitioner Appeal Process for Adverse Determinations

1. A practitioner is notified in writing by certified mail or paid courier if he or she is the subject of any Adverse Determination including:
 - 1.1. Routine Corrective Action.
 - 1.2. Summary Suspension.
 - 1.3. Automatic Suspension.
 - 1.4. Termination with Cause.
 - 1.5. Other adverse credentialing or recredentialing decision.
2. The written notification to the practitioner includes:
 - 2.1. Notice that an Adverse Determination has been brought against the practitioner.
 - 2.2. The reason(s) for the adverse decision.
 - 2.3. Informing the practitioner about the appeal process and that he or she has the right to:
 - 2.3.1. Request a hearing.
 - 2.3.2. Be present at the hearing.
 - 2.3.3. Be represented by an attorney or another person of his or her choice at the hearing.
 - 2.3.4. Call, examine and cross-examine witnesses.
 - 2.3.5. Present relevant information.
 - 2.3.6. Submit a written statement at the close of the hearing.
 - 2.3.7. Request a different date and time if he or she wishes to attend and is not able to attend on the scheduled day.
 - 2.4. Informing the practitioner that the UVMHN C&E Department may:
 - 2.4.1. Be represented by an attorney.
 - 2.4.2. Call witnesses to the hearing, including a list of the witnesses the UVMHN C&E Department intends to call, if any.
 - 2.5. Informing the practitioner that he or she has thirty (30) calendar days to request an appeal of the action and an explanation of the process to do so.
 - 2.5.1. The practitioner must send a written request for appeal to the Medical Director.
3. The UVMHN C&E Department notifies the UVMHN C&E Board of Directors and schedules an Appeal Committee meeting within thirty (30) calendar days of a practitioner's request for an appeal.
4. The UVMHN C&E Department or designee notifies the practitioner of the date, time and place of the Appeal Committee meeting in writing by certified mail or paid courier.
5. The UVMHN C&E Board of Directors appoints the members of the Appeal Committee which is composed of practitioners who:

- 5.1. Are not in direct economic competition with the practitioner being reviewed.
- 5.2. Were not involved in making the Adverse Determination.
6. Appeal Committee membership includes three clinical professionals:
 - 6.1. The Medical Director or designee, provided that individual was not involved in the initial decision being brought for appeal.
 - 6.2. Two physician representatives appointed by the Board of Directors.
 - 6.3. At least one of the Appeal Committee members will be a practitioner of the same or similar discipline as the appealing practitioner.
7. The majority of the Appeals Committee shall be peers of the affected practitioner. (Medicare Advantage guideline)
8. The Appeal Committee reviews:
 - 8.1. The practitioner's reason for the appeal request.
 - 8.2. The results of the investigation that led to the Adverse Determination(s).
 - 8.3. The evidence presented by the UVMHN C&E Department to the Credentials Committee.
 - 8.4. Additional and new information submitted by the practitioner or the UVMHN C&E Department, if any.
9. The Appeal Committee makes a decision.
 - 9.1. The Medical Director:
 - 9.1.1. Is notified of the decision, if not present at the meeting.
 - 9.1.2. Sends the practitioner written notification of the decision via certified mail or paid courier, including the reason(s) for the decision, within (2) two business days of the date of the decision. The Medical Director may direct the UVMHN C&E Department to issue such notice to the practitioner.
 - 9.1.3. Notifies the UVMHN C&E Board of Directors of the decision.
10. The action of the Appeal Committee is final. There is no other level of appeal to UVMHN C&E.

Reporting Serious Quality Issues

1. The Credentials Committee investigates serious quality of care issues and takes action(s) as appropriate to the results of the investigation.
2. Only final action(s) by the Credentials Committee 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. The UVMHN C&E Department's legal counsel reviews all action(s) before a report is submitted to any of the monitoring agencies.
4. The following action(s) taken by the Credentials Committee are reported to monitoring agencies by the Medical Director or designee:
 - 4.1. Any Professional Review Action based on a practitioner's professional competence or professional conduct that adversely affects his or her privileges.
 - 4.2. Surrender or restriction of clinical privileges while the practitioner is under investigation for possible professional incompetence or improper professional conduct.

- 5. The following monitoring agencies are notified by the Medical Director or designee of adverse decisions within (7) seven calendar days of the final action:
 - 5.1. National Practitioner Data Bank (NPDB).
 - 5.2. Appropriate state licensing or regulatory agencies.

MONITORING PLAN: Policy will be monitored in accordance with Policy C&E 6 Ongoing Monitoring.

DEFINITIONS:

“Adverse Event” means patient harm as a result of medical care or in a hospital. (HHS OIG OEI-01-08-00590)

“Credentials Committee” means a committee appointed by the UVMHN C&E Board of Directors and chaired by the Medical Director to credential and recredential practitioners.

“Medical Director” means the practitioner appointed by the UVMHN C&E Board of Directors to be the chairperson to the UVMHN C&E Credentials Committee and to be responsible for the decisions of the Credentials Committee.

“Member” means a patient that has health care insurance with a Payor.

“Payor” means an insurance company that has entered into an agreement with a UVMHN Affiliate to provide health care services to Members.

“Practitioner” means the UVMHN Affiliate employed practitioners, including but not limited to, physicians, oral surgeons, podiatrists, nurse practitioners, physician assistants, psychologists, social workers, other masters’ level clinicians, and all other health care practitioners.

“Professional Review Action” means an action or recommendation made by a professional review body while conducting professional review. A professional review action is made on the basis of the competence or professional conduct of a practitioner whose conduct affects or could affect adversely the health or welfare of a patient.

“The University of Vermont Health Network’s Affiliates” (“UVMHN Affiliates”) means The University of Vermont Medical Center, The University of Vermont Medical Group – NY, Central Vermont Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, and any other entity to join UVMHN as an Affiliate.

RELATED POLICIES:

- C&E 1 Credentials Plan
- C&E 10 Credentialing and Recredentialing Processes

REFERENCES: National Committee for Quality Assurance
Vermont Rule H-2009-03

Date Reviewed/ Revised/Approved:	Restated/Reformatted from Credentials Plan approved: 2/13/2012, 11/26/2012, 4/19/2013, 10/3/2013, 8/1/2014, 2/20/2015, 7/17/2015, 6/20/2016, 01/20/2017, 03/16/2018
---	---

REVIEWERS: Patricia Fisher, M.D., Medical Director
Holly Turner, Manager Credentialing and Enrollment

Credentialing and Enrollment Department
Policy C&E 4: Corrective Action and Appeal

Katarina Tomin, Manager Medical Staff Services
Carmone Austin, Director Contracting & Revenue Strategy

OWNER'S NAME: Holly Turner, Manager Credentialing and Enrollment

APPROVING OFFICIAL'S NAME: Patricia Fisher, M.D., Medical Director