



<b>Title:</b>	Range of Actions to Improve Performance/Altering the Conditions of Participation				
<b>Department/Line of Business:</b>	Provider Network Operations / All Lines of Business				
<b>Approver(s):</b>	SWHP/ICSW Credentialing Committee				
<b>Location/Region/Division:</b>	SWHP				
<b>Document Number:</b>	SWHP.PNO.024.P				
<b>Effective Date:</b>	04/14/2021	<b>Last Review/ Revision Date:</b>	04/14/2021	<b>Origination Date:</b>	06/12/2018

## LINE OF BUSINESS

This document applies to the following line(s) of business:  
All Lines of Business

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

None.

## POLICY

Only professionally competent practitioners (defined as physicians and non-physicians) who continuously meet the qualifications and standards established by Scott & White Health Plan / Insurance Companies of Scott & White (SWHP/ICSW) is allowed to contract with SWHP/ICSW and provide health care services to SWHP/ICSW members.

## PROCEDURE

If SWHP/ICSW obtains information or evidence of deficiencies in the quality of care rendered to SWHP/ICSW members by a practitioner or if a practitioner has failed, or is failing to comply with or meet SWHP/ICSW's qualifications and standards for SWHP/ICSW practitioners, SWHP/ICSW follows the procedures set forth below.

### Range of Actions

#### **Informal Action**

The Credentials Committee or Peer Review Committee may recommend to the Medical Director or his/her Designated Physician, informal actions to improve performance, to include, but not limited to:

- Counseling practitioner orally or in writing
- Suggestions of educational opportunities
- Initiating retrospective or concurrent monitoring of practitioner's practice, e.g. practitioner-specific member satisfaction surveys, medical/treatment record review. Practitioner is made aware of such monitoring and results of such monitoring are to be forwarded and/or discussed with the practitioner.
- The practitioner is given the opportunity to discuss the informal action with the Medical Director/Designated Physician. Informal actions are documented in the practitioner's credential file or peer review file. Informal actions do not constitute a restriction of the practitioner's participation.

## Formal Action

1. A formal investigation may be initiated whenever SWHP/ICSW obtains reliable information which indicates that a practitioner may have exhibited acts, demeanor, or conduct or rendered professional service to SWHP/ICSW members that is/are reasonably likely to be:
  - Detrimental to patient health or safety or to the delivery of quality patient care to SWHP/ICSW members
  - Unethical
  - Contrary to SWHP/ICSW's policies and procedures or to informal corrective actions already taken
  - Below applicable professional standards
  - Disruptive of SWHP/ICSW's operations
  - An improper use of SWHP/ICSW's resources
2. Whenever information suggests that corrective action may be warranted, SWHP/ICSW promptly investigates the allegations made against the practitioner and reviews information received regarding the practitioner. If available, additional relevant information, i.e., copies of medical/treatment records, peer reviewer conclusions are obtained concerning the quality of the care rendered by the practitioner and/or the practitioner's professional competence, conduct or services which fail to comply with SWHP/ICSW's qualifications and standards. SWHP/ICSW gives the practitioner an opportunity to respond to the allegations and furnish information to support his/her response.
3. As soon as practicable after concluding an investigation and review, SWHP/ICSW submits to the Peer Review Committee or Credentials Committee:
  - Information, documentation and/or reports obtained by SWHP/ICSW to include practitioner's response and supporting documents, if practitioner provided such response.
  - Written findings concerning the results of the investigation and review
4. Upon review, the Peer Review Committee or the Credentials Committee considers any relevant factors, including, but not limited to:
  - Noncompliance with legal requirements applicable to the practice of practitioner's profession
  - Failure to render patient care within the generally recognized professional level of quality and efficiency as established by SWHP/ICSW
  - Identified problems with the practitioner's rendering of professional services to SWHP/ICSW members
  - Physical or mental impairment which affects the practitioner's ability to practice his or her profession with reasonable skill and safety
  - Evaluation by an objective peer identifying concerns regarding professional competency and qualifications; and
  - Violation of ethical principles of practitioner's profession.
5. The Peer Review Committee acts as an investigative body to review of member complaints related to Quality of Care and may recommend that corrective action be taken. Recommended informal actions are forwarded to the Chief Medical Officer or Designated Physician. Recommendations that may alter the conditions of the practitioner's participation with SWHP/ICSW are forwarded to the Credentials Committee.
6. The Credentials Committee has the authority to perform Peer Review functions. These functions are reflected in separate Peer Review minutes. The Credentials Committee has the authority to make final decisions on the conditions of the practitioner's participation with SWHP/ICSW.
7. Recommendations/Decisions may include, but are not limited to:
  - No corrective action is taken, based upon findings that there was no credible evidence for the allegations. Findings are clearly documented in the practitioner's credentials or peer review file.
  - Deferring action for a reasonable time.
  - Issuing of an informal action as previously described in this policy.
  - Imposition of terms of probation or special limitation upon continued participation with SWHP/ICSW including, but not limited to, requirements for co-admissions, mandatory consultation, or monitoring.
  - Restriction or limitation of any prerogatives directly related to the practitioner's delivery of care to SWHP/ICSW members.

- Restriction, suspension, or termination of practitioner's ability to provide health care services to SWHP/ICSW members. If suspension is recommended, the terms and duration of the suspension and the conditions that are met before suspension is ended are stated.
  - Taking other corrective actions deemed necessary and appropriate under the circumstances.
8. The final decision for corrective action is documented in the practitioner's credentials or peer review file and in meeting minutes.
  9. The Chief Medical Officer or Designated Physician notifies the practitioner of the decision of corrective action by certified letter. If the practitioner's ability to provide health care services to SWHP/ICSW members is to be restricted, suspended, or terminated if, and only if, for reasons related to quality of care, competence or professional conduct, SWHP/ICSW informs practitioner of his/her right to fair hearing and may be required to report such findings to the Texas Medical Board and the National Practitioner Data Bank. (See policy SWHP.PNO.017.P Review and Reporting of Final Adverse Actions)

### **Summary Action**

1. Despite the status of any investigation, whenever a practitioner's conduct is such that a failure to take action may result in imminent danger to the health or safety of any SWHP/ICSW member, the Chief Medical Officer, or Designated Physician, may summarily restrict or suspend the practitioner's ability to provide health services to SWHP/ICSW members. Unless otherwise stated, such summary restriction or suspension (summary action) becomes effective immediately upon imposition, and the Chief Medical Officer, or Designated Physician, promptly gives notice to the affected practitioner. The notice generally describes the reasons for the summary action.
2. The summary action may be limited in duration and remains in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary action, the practitioner's patients who are SWHP/ICSW members are promptly assigned to another SWHP/ICSW practitioner, considering, where feasible, the wishes of the member in the choice of a substitute SWHP/ICSW practitioner.

### **Criteria for Termination**

1. The Credentialing Committee has the right to consider any of the following criteria in making decisions to terminate, a practitioner's participation in SWHP/ICSW. Criteria for termination include, but are not limited to the following:
  - If a plan hospital is terminated and the practitioner does not have clinical privileges or does not intend to obtain privileges or provide appropriate inpatient coverage arrangements at any other plan hospital, or if a practitioner's hospital staff privileges are or have been refused, revoked, suspended, or reduced.
  - If practitioner has or has had his/her license, DEA certificate or practice privileges revoked, suspended or otherwise limited, or if he/she is or was placed on probation, reprimanded, fined or has had his/her practice restricted by any state or federal agency in the United States that disciplines practitioners.
  - If a practitioner is or was censured or excluded (e.g., suspended or disqualified) by Medicare/Medicaid
  - If a practitioner is indicted for a felony or is or was convicted of a felony.
  - If a practitioner fails to comply with the recredentialing application or process or submits false or incomplete information in an application form or with respect to credentials or does not meet recredentialing criteria for continued participation in SWHP/ICSW.
  - If a practitioner fails to comply with any provision of the practitioner's contract.
  - If a practitioner renders or has rendered services outside the scope of his/ her license, certificate, or other appropriate authorization.
  - If a practitioner submits or has submitted erroneous, improper, or incomplete claims.
  - If a practitioner fails to maintain malpractice insurance that meets SWHP/ICSW's credentialing/rec credentialing guidelines.
  - If a practitioner is unavailable to his clinical practice for a period of time exceeding twelve weeks per calendar year which affects the continuity of care provided to plan members.
  - If a practitioner has or had an untreated chemical dependency/substance abuse problem, consistent with the requirements of the Americans with Disabilities Act (ADA).
  - If a practitioner fails to comply with procedures implemented in connection with the administration of utilization review or fails to cooperate with quality improvement activities.

- If a practitioner submits claims that are in violation of the practitioner's contract.
2. For terminations the practitioner is notified of termination in writing. Termination is effective in accordance with the practitioner's contract.

## ATTACHMENTS

None.

## RELATED DOCUMENTS

Practitioner Appeal Process (SWHP.PNO.016.P)  
Review and Reporting of Final Adverse Actions (SWHP.PNO.017.P)

## REFERENCES

National Committee for Quality Assurance (NCQA): CR 5 & 6 Standards  
Texas Administrative Code, Title 28 Insurance, Part 1, Chapter 11 Health Maintenance Organization  
Centers for Medicare & Medicaid Services (CMS) – Medicare Managed Care Manual, Chapter 6 Sections 30 & 60.4

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