Provider Services	ASPIRE HEALTH PLAN	Effective Date: 01/01/2014	
		Policy #: AHP-PS005	
	Provider Network Ongoing Monitoring and Interventions – CR 5	**Review Date:** 6/16/2022	**Applicable to:** ☑ Medicare Advantage ☑ Commercial ☑ Anthem HMO ☑ Blue Shield Trio
	Approver's Name & Title	Eva Balint, MD - Chief Medical Officer	

1.0 PURPOSE

1.1 AHP identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.

2.0 POLICY

2.1 This policy applies to all Aspire Health Plan (AHP) contracted Providers, regardless of network affiliation.[1]

2.2 AHP conducts ongoing monitoring of Practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate actions against Practitioners when it identifies occurrences of poor quality, on a monthly basis.

2.3 AHP maintains a documented process for monitoring whether network Providers have opted out of participating in the Medicare Program.

2.4 AHP verifies that contracted Providers have not been terminated as Medi-Cal Providers or placed on the Suspended and Ineligible Provider List.

2.5 AHP maintains a documented process for monitoring whether its Practitioners are included in the Centers for Medicare & Medicaid Services (CMS) Preclusion List, to ensure compliance with the 2019 Medicare Program Final Rule.

2.6 AHP subscribes to a sanctions alert service and maintains a documented process and the evidence required for this screening and notification process.

2.7 AHP will notify the respective Delegates of any findings and the actions decided by the Credentialing Committee regarding the Practitioners identified through the outgoing monitoring of sanctions, complaints, and quality issues between recredentialing cycles.

2.8 AHP verifies and ensures Practitioners maintain an active license and, as applicable, an active Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certificate.

3.0 PROCEDURE

3.1 AHP utilizes the OIG's Exclusion Database website, https://exclusions.oig.hhs.gov/ via MDStaff to conduct the Ongoing Monitoring of Sanctions screenings for AHPs credentialed and contracted Practitioners. All results are reviewed within (thirty (30) calendar days of receipt of the search results. New findings are presented to the next scheduled Network Provider

[1] NCQA, 2022 HP Standards and Guidelines, CR 5, Element A, Factor 5

Credentialing Committee, for review and discussion.

3.1.1 On a monthly basis, via MDStaff, the Credentialing Specialist(s) or designee will review the OIG Exclusion Database verification results for screening to ensure compliance. The sanction screening services provides screening across various Federal and State agencies, to include those required by AHP, as noted in this policy.

3.1.2 All reviews for Ongoing Monitoring of Sanctions are tracked in a Sanctions Log maintained by the Credentialing Department. This Log will include the following information:

3.1.2.1 Name of Institution or Agency issuing the Sanction

3.1.2.2 Date Publication was released

3.1.2.3 Date report was reviewed

3.1.2.4 Providers identified

3.1.2.5 Description of the Sanction or finding

3.1.2.6 Name of person reviewing the report

3.1.3 All Findings are referred to the following departments and people and are included in the next schedule Provider Network Credentialing Committee Meeting:

3.1.3.1 AHP Provider Network Credentialing Committee Chairperson/Medical Director is:

3.1.3.1.1 Responsible for reviewing the sanction in preparation for the upcoming Credentialing Committee discussion.

3.1.3.1.2 Notifying the following Departments or people if additional information regarding the Provider, is needed or helpful prior or during the Credentialing Committee meeting:

3.1.3.1.2.1 Credentialing, may include but is not limited to:

3.1.3.1.2.1.1 Licensure Status

3.1.3.1.2.1.2 DEA Status

3.1.3.1.2.1.3 Education and Training

3.1.3.1.2.1.4 Practice Locations

3.1.3.1.2.1.5 Advanced Practice Practitioners under his/her supervision (if applicable)

3.1.3.1.2.1.6 Membership counts

3.1.3.1.2.1.7 National Practitioners Data Bank (NPDB) History

3.1.3.1.2.1.8 Delegated IPA affiliations

3.1.3.1.2.2 Utilization Management

3.1.3.1.2.2.1 Facility Site Review/Medical Record Audit Status (if applicable)

3.1.3.1.2.2.2 Quality improvement activities

3.1.3.1.2.2.3 Grievance History

3.1.3.1.2.2.4 Narcotics Audits (if needed, will work with Pharmacy to coordinate)

3.1.3.1.2.3 Chief Medical Office (CMO)

3.1.3.1.2.4 VP Medicare Operations Aspire Health Plan, Aspire Medicare Advantage Operations

3.1.3.1.2.5 Director of Compliance

3.1.3.1.2.6 Dir Health Plan Operations Aspire Compliance, Aspire Medicare Advantage Operations

3.1.3.1.2.7 Provider Networks and Contracts Manager

3.1.3.1.2.8 Credentialing Specialist

3.1.3.1.3 Responsible for the Provider Network Credentialing Committee packet compilation and coordination with the Provider Services Administrative Assistant for distribution to the Provider Network Credentialing Committee packet.

3.1.4 The Provider Network Credentialing Committee meets monthly and reviews all the Practitioners identified through the Ongoing Monitoring of Sanctions Process, Practitioners escalated from the Medical Director(s) for POIs, Practitioners escalated from the Grievance Trend Committee, and any new Provider(s) requesting for participation through one (1) or more of our Delegated IPA networks with adverse history. The Provider Network Credentialing Committee will review each of the Providers and give thoughtful consideration to the information collected and presented for review. The Provider Network Credentialing Committee obtains meaningful advice from participating Practitioners during their decision process. All discussions and actions will be documented in the Provider Network Credentialing Committee meeting minutes and will be reviewed and approved at the following Provider Network Credentialing Committee meeting.

3.1.5 AHP will provide evidence of ongoing monitoring and appropriate interventions by:

3.1.5.1 AHP collects and reviews information from the following sources for Medicare and Medicaid sanctions

3.1.5.1.1 List of Excluded Individuals and Entities (maintained by OIG) as the verification source for Medicare Sanctions, and review the report on a monthly basis, within thirty (30) days of its release.

3.1.5.1.2 If a Practitioner is identified, the Credentialing Specialist will review the

OIG Exclusions Report and confirm the findings.

3.1.5.1.2.1 Practitioners identified on the HHS-Office of Inspector General (OIG) Exclusions Report will be administratively terminated for all lines of business, without appeal rights due to AHP prohibiting employment of contracting with Practitioners (or entities that employ or contract with such Practitioners) that are excluded/sanctioned from participation.

3.1.5.1.2.1.1 Members will be reassigned to new Practitioners

3.1.5.1.2.1.2 The Provider will be presented to Provider Network Credentialing Committee as an administrative termination, for further review and discussion. Credentialing Committee discussion will include Utilization Management (UM) and Grievance Department findings to include any additional prior quality of care issues and Member complaints for the Provider.[1]

3.1.6 The AHP Credentialing Department collects and reviews information via BreEZe Online Services or directly from the licensing Board via phone, email or mail, for reviewing sanctions or limitations on licensure. The verifications must be verified through:

3.1.6.1 Physicians

3.1.6.1.1 Medical Board of California (M.D.)

3.1.6.1.2 Subscription for email notifications of accusations, licensure suspensions, restrictions, or surrenders, distributed by the Medical Board of California

3.1.6.1.3 Osteopathic Medical Board of California (D.O.)

3.1.6.2 Chiropractors

3.1.6.2.1 California Board of Chiropractic Examiners (D.C.)

3.1.6.3 Oral Surgeons

3.1.6.3.1 Dental Board of California (D.D.S., D.M.D)

3.1.6.4 Podiatrists

3.1.6.4.1 Board of Podiatric Medicine (D.P.M.)

3.1.6.5 Non-physician healthcare Practitioners

3.1.6.5.1 Board of Behavioral Sciences (L.M.F.T., L.C.S.W., M.F.C.C.)

3.1.6.5.1.1 Subscriber list to obtain enforcement actions

3.1.6.5.2 Board of Psychology (Ph.D., Psy.D.)

3.1.6.5.2.1 Subscriber list to obtain enforcement actions

3.1.6.5.3 California Board of Occupational Therapy (O.T.)

3.1.6.5.3.1 Monthly Hot Sheet List of disciplinary actions via email to enfprg.enfprg@dcs.ca.gov

3.1.6.5.4 California State Board of Optometry (O.D.)

3.1.6.5.5 Physical Therapy Board of California (P.T.)

3.1.6.5.6 Physician Assistant Committee (P.A., P.A.-C)

3.1.6.5.7 California Board of Registered Nursing (C.N.M., N.P.)

3.1.6.5.8 Speech-Language Pathology & Audiology Board (S.P., Au)

3.1.6.5.9 Acupuncture Board (L.Ac.).[2]

3.1.7 AHP Appeals and Grievances Department is responsible for collecting and reviewing complaints and will:

3.1.7.1 Investigate Practitioner-specific Member complaints upon their receipt and evaluates the Practitioner's history of complaints, if applicable.

3.1.7.2 Evaluates the history of complaints for all Practitioner's history of complaints at least every six (6) months.

3.1.7.3 Quality or collecting and reviewing complaints received by Delegates must be forwarded to AHP, since they are not delegated for these activities.

3.1.7.4 Policy and evidence may be found in the Appeals and Grievances Department.[3]

3.1.8 AHP Utilization Management Department is responsible for collecting and reviewing information from identified adverse events and will:

3.1.8.1 Monitoring for adverse events occurs every six (6) months

3.1.8.2 Quality/collecting and reviewing adverse events received by Delegates must be forwarded to AHP, since they are not delegated for these activities

3.1.8.3 Policy and evidence may be found in the Utilization Management Department[4]

3.1.9 AHP will implement appropriate interventions when it identifies instances of poor quality related for factors 1-4 may be found in the Utilization Management Management, Grievance and Appeals, and/or Credentialing Department and documented in the Provider Network Credentialing Committee minutes. This process will determine if there is evidence of poor quality that could affect the health and safety of its Members and implement the appropriate policy based on actions/intervention.

[2] NCQA, 2022 HP Standards and Guidelines, CR 5, Element A, Factor 2
[3] NCQA, 2022 HP Standards and Guidelines, CR 5, Element A, Factor 3
[4] NCQA, 2022 HP Standards and Guidelines, CR 5, Element A, Factor 4

3.1.9.1 At a minimum, Providers identified through ongoing monitoring for licensure actions, sanctions, adverse history, grievances and/or complaints, must be fully discussed and reviewed by the Credentialing
Committee. The reason for review must be considered and documented in the meeting minutes.

3.1.9.1.1 Interventions can be identified in one of the following:

3.1.9.1.1.1 Committee minutes

3.1.9.1.1.2 Practitioners files

3.1.9.1.1.3 Delegate file binders[5]

3.1.9.2 AHP ensures and monitors whether network physicians have opted out of participating in the Medicare Program through the Ongoing Monitoring process via MDStaff, and ensures they are conducting their screening for Medicare Opt Out, using one of the SMS.gov Opt-Out sites.

3.1.9.2.1 AHP must review the Opt-Out Report from one of the CMS.gov sites most current list available and within thirty (30) calendar days of its release

3.1.9.2.2 Certain healthcare Providers categories cannot opt-out of Medicare. These include Chiropractors, physical therapists and occupational therapists in independent practice.

3.1.9.2.2.1 If a Practitioner is identified on the report for Medicare Opt-out, the Credentialing Specialist reviews the information via hard copies, electronic or one of the CMS.gov Opt-Out sites, to confirm the findings.

3.1.9.2.2.1.1 Providers identified on the Centers for Medicare & Medicaid Services (CMS) Preclusions List will be automatically terminated for all lines of business, without appeal rights

3.1.9.2.2.1.1.1 All Members assigned to suspended Practitioners will be reassigned to Practitioners

3.1.9.2.2.1.1.2 The Practitioner will be presented to the Peer Review Subcommittee as an administrative termination and for further review and discussion. Peer Review Subcommittee discussion will include Quality Management (QM and Appeals and Grievances Department findings to include any additional prior quality of care issues and member complaints for the Provider[66]

3.1.9.3 AHP uses sanctions alert service, MDStaff, for the ongoing monitoring or data collections and alert services, AHP will ensure to:

[5] NCQA, 2022 HP Standards and Guidelines, CR 5, Element A, Factor 5
[6] 2019 Medicare Program Final Rule, “Preclusions List Requirements”

3.1.9.3.1.1.1 Have evidence of its subscription to the sanctions alert service during the look back period.

3.1.9.3.1.1.2 On a monthly basis, MDStaff's verification crawler queries all Credentialed Providers, for sanction screening. MDStaff's verification crawler, reaches out to the source, submits the query, then pulls and stores a copy of the primary source verification. The sanction screening services provides screening across various Federal and State agencies, to include those required by AHP, as noted in this policy

3.1.9.3.1.1.3 List of sanctions screened can be made available upon request to AHPs Compliance Department.

3.1.9.3.1.1.4 If a sanction is identified, AHP will receive an alert via the MDStaff application.

3.1.9.3.1.1.5 Upon receipt, the Credentialing Specialist will review the report within thirty (30) calendar days of their notification.

3.1.9.3.1.1.5.1 If no reports were received for ongoing monitoring AHP will documented in subsequent Credentialing Committee Meeting Minutes.

3.1.9.4 AHP is responsible for notifying the Practitioner's respective Delegated networks of any findings and the actions decided by the Peer Review Subcommittee Committee within thirty (30) days of the decision, to include, but not limited to:

3.1.9.4.1 Date(s) of the Credentialing Committee the Practitioner was reviewed;

3.1.9.4.2 Date of the Credentialing Committee decision;

3.1.9.4.3 AHPs Plan of action for the Practitioner;

3.1.9.4.4 Frequency of monitoring (if applicable); and

3.1.9.4.5 Any follow-ups scheduled

3.1.9.4.5.1 All Practitioners identified through the ongoing monitoring will be presented to AHPs Peer Review Subcommittee for review and decision

3.1.9.4.5.1.1 AHP reserves the right to approve, deny, terminate or otherwise limit Practitioner participation in the AHP network for any reason including quality issues.

3.1.9.4.5.1.1.1 If a Provider is denied participation due to quality of care and of an 805 was filed with the appropriate licensing agency and the National Practitioner Data Bank (NPDB) than the Provider is not eligible to reapply

3.1.9.4.5.1.1.2 For administrative terminations or denials, he/she may reapply after one (1) year

3.1.9.4.5.1.1.3 Practitioners can appeal adverse decision by the AHP Peer Review Subcommittee as delineated in the APHs Peer Review Process and Level I Review and Level II Appeal (see attachments, “AHP Peer Review Process and Level I Review” and AHP Peer Review Process and Level II Appeal”)

3.1.9.5 On a monthly basis AHP will run a report of all licensures and DEA’s that have or will expire within thirty (3) days

3.1.9.5.1 For all Licensures, AHP will verify the Practitioner’s licensure with the appropriate licensing agency and ensure that the practitioners’ licensure is valid and current

3.1.9.5.1.1 For all Practitioners whose licensures are not valid and current, AHP will send notification to the Provider terminating the practitioner administratively, for all line of business, for not having a current license to practice

3.1.9.5.1.1.1 The letter notification will:

3.1.9.5.1.1.1.1 Include a CC: to the Practitioners affiliated networks

3.1.9.5.1.1.1.2 A termination effective date, which will take effect the day after the licensure was no longer valid

3.1.9.5.1.1.1.3 A current copy of the licensure verification as an enclosure

3.1.9.5.1.1.2 All Members assigned to the Practitioner will be reassigned to other Practitioners

3.1.9.5.1.1.3 The Practitioner will be presented to the Peer Review Subcommittee as an administrative termination for further review and discussion. Peer Review Subcommittee discussion will include Quality Management (QM) and Grievance and Appeals Department findings to include any additional prior quality of care issues and Member complaints for the Provider.

3.1.9.5.2 For all Practitioners with expired DEA certificates, AHP will verify the DEA certificate through the DEA Number website, to ensure the Practitioners DEA certificate is valid and current.

3.1.9.5.2.1 For all DEA Certificates that are no longer valid, the Credentialing Specialist will reach out to the Practitioners office to obtain the Practitioners:

3.1.9.5.2.1.1 New DEA Number

3.1.9.5.2.1.2 The Practitioners prescribing arrangements until the Practitioner obtains a new DEA

3.1.9.5.2.1.3 Written explanation for the Practitioner not having a DEA, which will be presented to the Peer Review Subcommittee for review and discussion

3.1.9.5.2.1.3.1 The Practitioner will be presented to the Peer Review Subcommittee for his/her DEA prescribing arrangements for further review and discussion. Peer Review Subcommittee discussion will include Quality Management (QM) and Grievance and Appeals Department findings to include any additional prior quality of care issues and Member complaints for the Provider.

3.1.9.5.3 Practitioners are responsible for notifying AHP of any licensure and DEA changes within thirty (30) days of the change. The notification must include:

3.1.9.5.3.1 Date the practitioner was aware

3.1.9.5.3.2 Type of change

3.1.9.5.3.3 Effective date of the change.

1.0 TRAINING

1.1 Training is provided to each employee at the new employee orientation within 90 days of hire, when there are updates to the policies, and annually thereafter.

2.0 REVIEW PERIOD

2.1 Regulatory and compliance policies are reviewed by the Policy Owner annually at a minimum (more frequently if a change, regulatory or otherwise, that causes a change to the policy).

3.0 REGULATORY REQUIREMENTS AND REFERENCES

3.1 National Committee for Quality Assurance (NCQA), 2022 HP Standards and Guidelines

4.0 POLICY VIOLATION

4.1 Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.