SUBJECT: Ongoing Monitoring

PURPOSE: Ongoing Monitoring of Sanctions, Complaints and Adverse Events

POLICY STATEMENT: The University of Vermont Health Network Credentialing & Enrollment (“UVMHN C&E”) Department shall maintain credentialing and recredentialing processes that include participation by a range of practitioner types. The UVMHN C&E Department shall maintain processes to monitor for quality issues.

PROCEDURE:

1. The UVMHN C&E Department conducts ongoing monitoring at appropriate intervals between recredentialing cycles of all practitioners for:
   1.1. Medicare and/or Medicaid sanctions.
   1.2. Medicare Opt Out
   1.3. State sanctions or limitations on professional licensure.
       1.3.1. Each state in which practitioner treats patients.
   1.4. Practitioner-specific patient complaints.
       1.4.1. Both the specific complaint and the practitioner’s history of issues are evaluated.
       1.4.2. The history of complaints for all practitioners is evaluated at least every six (6) months.
   1.5. Payor Complaints
   1.6. Practitioner Complaints
   1.7. Site Visit Complaints
   1.8. Medical Record Complaints
   1.9. Identified adverse issues, including information known to the UVMHN C&E Department regarding injury to patients while receiving care from the practitioner.
       1.9.1. The history of adverse events for all practitioners is evaluated at least every six (6) months, including information known to the UVMHN C&E Department regarding injury to patients while receiving care from the practitioner.
   1.10. Preclusion List

2. The UVMHN C&E Department:
   2.1. Maintains tracking logs that document the receipt and review of:
       2.1.1. Medicare and/or Medicaid sanction information.
       2.1.2. Medicare Opt Out
2.1.3. State sanction or limitation on professional licensure information.

2.1.4. Practitioner-specific Member/patient complaints.

2.1.5. Payor Complaints

2.1.6. Practitioner Complaints

2.1.7. Site Visit Complaints

2.1.8. Medical Record Complaints

2.1.9. Information from identified adverse events.

2.1.10. Preclusion List

2.2. Reports results of monitoring activities to the Credentials Committee monthly.

2.3. Notifies the Medical Director if any practitioner is listed on a Medicare and/or Medicaid sanction report, Medicare Opt Out, Preclusion List, State sanction or limitation on professional licensure report, has a practitioner-specific patient complaint, Payor Complaint, Practitioner Complaint, Site Visit Complaint, Medical Record Complaint or has an identified Adverse Event.

2.4. Acts on the file of any practitioner who is listed on a Medicare and/or Medicaid sanction report, Medicare Opt Out, Preclusion List, State sanction or limitation on professional licensure report, has a practitioner-specific patient complaint, Payor Complaint, Practitioner Complaint, Site Visit, Complaint, Medical Record Complaint or has an identified Adverse Event and notifies the Credentialing Committee. (See Policy C&E 10).

3. The Credentials Committee:

3.1. Reviews any practitioner who is listed on a Medicare and/or Medicaid sanction report, Medicare Opt Out, Preclusion List, State sanction or limitation on professional licensure report, Payor Complaint, Practitioner Complaint, Site Visit Complaint, Medical Record Complaint or who has evidence of poor quality.

3.2. Takes actions as appropriate, according to policy and procedure, when instances of poor quality are identified. (See Policy C&E 4)

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

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 UVMHN C&E Medical Director to credential and recredential practitioners.

“Medical Director” means the UVMHN C&E Medical Director 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 Health Care Partner to provide health care services to Members.
“Practitioner” means the UVMHN Health Care Partners 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.

“The University of Vermont Health Network’s Health Care Partners” (“UVMHN Health Care Partners”) means The University of Vermont Medical Center, Central Vermont Medical Center, Porter Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, Alice Hyde Medical Center and any other entity to join UVMHN as a Health Care Partner.

RELATED POLICIES:

C&E 1 Credentials Plan  
C&E 4 Corrective Action & Appeals  
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, 04/21/2017, 03/16/2018, 01/18/2019, 02/21/2020, 02/19/2021, 01/21/2022, 02/17/2023

REVIEWERS:
Michael D’Amico, M.D., Medical Director
Holly Turner, Director Credentialing and Enrollment

OWNER'S NAME: Holly Turner, CPCS, CPMSM, Director Credentialing and Enrollment

APPROVING OFFICIAL'S NAME: Michael D’Amico, M.D., Medical Director