

		<h2>Policy and Procedure</h2>
<b>Name of Policy:</b>	Credentialing Progressive Disciplinary Actions for Providers	
<b>Policy Number:</b>	QI-CR-003	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Quality Improvement Department	
<b>Related Stakeholder(s):</b>	All Departments	
<b>Applies to:</b>	Associates and Providers	
<b>Original Effective Date:</b>	07/28/03	
<b>Last Revision Date:</b>	01/05/26	
<b>Last Review Date:</b>	05/27/26	
<b>OMHSAS Approval Date:</b>	05/27/26	
<b>Next Review Date:</b>	05/01/27	

**Policy:** PerformCare endeavors to treat Providers equally and fairly while ensuring appropriate handling of all quality issues identified relative to any Provider. This policy supports the long-term goal to improve the quality of treatment for PerformCare Members through application of a logical and assistive process of educating the Provider and, when education is insufficient, applying appropriate disciplinary actions implemented by the Credentialing Committee.

**Purpose:** To standardize the credentialing disciplinary process in response to quality issues, sanctions and complaints for network Providers.

**Definitions:**

**Facility:** This term is used in reference to an institution, or organization that provides services for enrollees. Examples include hospitals, licensed outpatient clinics, licensed partial programs, etc.

**Member Safety Concern:** An issue or concern with operations, staffing or the Providers’ environment that suggests potential harm could come to Members. This may include, but is not limited to, inadequate credentialing of program staff (such as lack of background checks for staff working with children), lack of staff, environmental risk such as severely damaged property, lack of medical resources to meet needs or any circumstance that could jeopardize a Members health or safety.

**PerformCare Associate:** Any employee or contractor of PerformCare.

**Practitioner:** This term is used to define an independent individual and/or group practice of similarly licensed practitioners (e.g., MD, Psychologist) contracted to provide services to PerformCare Members. In this case, the practitioner is not working for a licensed provider organization.

**Provider:** The term may be used interchangeably to represent an individual practitioner or a facility.

**QOCC:** Quality of Care Council serves to confidentially investigate, review and report potential quality of care concerns that are discovered through the course of daily operations by coordinating information gathering and pursuing follow-up via telephonic or written clarification, treatment record requests, Provider meetings, and non-routine site visits to resolve quality of care issues at the lowest level possible making a referral to the Credentialing Committee and/or Corporate Compliance when need is indicated.

**Acronyms:** **AE:** Account Executive  
**CAP:** Corrective Action Plan  
**CCM:** Clinical Care Manager  
**DEA:** Drug Enforcement Administration  
**HIPDB:** Healthcare Integrity and Protection Data Bank  
**NPDB:** National Practitioner Data Bank  
**OMHSAS:** Office of Mental Health and Substance Abuse Services  
**QM:** Quality Management  
**QOCC:** Quality of Care Council

**Procedure:**

1. A referral to Credentialing Committee for potential disciplinary action occurs due to one or more of the following:
  - 1.1. Efforts to resolve a quality concern at a lower level via Provider education efforts are unsuccessful;
  - 1.2. Attempts to review a quality-of-care concern are compromised or not supported by the Provider in the return of requested information;
  - 1.3. A PerformCare Associate review identifies a situation that could result in harm to Members;
  - 1.4. A Provider repeatedly fails to follow PerformCare administrative procedures after multiple coaching sessions and documented education about the concern;  
or
  - 1.5. Efforts to resolve a violation of PerformCare Policy and Procedure are not successful at a lower level.
2. The referral to Credentialing Committee will:
  - 2.1. Clearly delineate the area(s) that require improvement;

- 2.2. Document thoroughly all interventions with the Provider such as letters, meetings; site visits etc.;
  - 2.3. Provide the Credentialing Committee with a recommendation regarding the type of progressive discipline. The Credentialing Committee will consider the recommendation made with the Credentialing referral and may choose to follow that recommendation but has the discretion to apply other disciplinary action, as appropriate.
3. The Committee may recommend any of the following disciplinary actions:
- 3.1. Written Warning - A written warning is a formal letter from the PerformCare Credentialing Committee stating PerformCare's expectations. These issues must be addressed within a specific period to prevent further disciplinary action. The Written warning may be accompanied by a request for a CAP (section 3.2).
  - 3.2. CAP –PerformCare expects Providers to submit in writing a plan that addresses the identified issue(s). The issues will be clearly identified, reasonable, and specific. PerformCare will clearly identify the periods for submission of the CAP. The Provider will supply regular plan updates to the Credentialing Committee as directed. The Credentialing Committee will determine when the CAP and related reporting is satisfactory and can conclude.
    - 3.2.1. The Provider CAP must include the following elements:
      - 3.2.1.1. Required Action
      - 3.2.1.2. Action steps
      - 3.2.1.3. Person(s) responsible
      - 3.2.1.4. Timeframes for the changes to be effective
      - 3.2.1.5. Plan for self-monitoring progress on the CAP
      - 3.2.1.6. Evidence of completion
    - 3.2.2. Suspension of referrals will be considered in a case where a Provider CAP remains unresolved for six (6) months or longer and fails to show significant improvement in the opinion of the Credentialing Committee.
  - 3.3. Suspension of Referrals –Suspension of referrals is recommended when it appears that the Provider must focus on correcting concerns. A CAP is required (section 3.2).

- 3.3.1. PerformCare may conduct record reviews, site visits, interviews or other activities as required for monitoring progress.
- 3.3.2. Members currently in treatment at the time a suspension occurs shall be closely monitored through frequent CCM contacts and, when appropriate, Provider submitting treatment records or other required documentation for review on a regular, designated basis. Any new significant concerns that are identified during the CCM contacts, record reviews, or review of other documentation shall be reported to the Credentialing Committee for further review to determine if additional action is warranted.
- 3.3.3. PerformCare shall provide feedback to the Provider in writing from the Credentialing Committee Chairman or designee after each CAP submission to document progress toward removal of suspension. The update will confirm if suspension will continue or if it is to be lifted. The letter will also outline any additional significant concerns identified by the Credentialing Committee as well as actions that should be taken to correct the concerns. If the suspension is to continue, the letter will clearly state what objectives must be met in order to lift the suspension and the related timeframe.
- 3.3.4. PerformCare will provide technical assistance to the Provider as necessary and appropriate to correct issue(s) that lead to suspension of referrals.
- 3.4. Other requirements may be imposed at the discretion of the Credentialing Committee such as mandating reports or mandating submission of records.
- 3.5. The Director of QM, the Director of Operations, or their designee will make verbal notification of the Credentialing Committee decision to the provider within 2 business days of the decision.
- 3.6. Credentialing Committee Chairman or designee will notify the Provider in writing when the issue(s) are sufficiently resolved or if further action is to be taken within 7 calendar days of the Credentialing Committee's decision.
4. Summary and Automatic Suspensions
  - 4.1. Summary Suspension – A summary suspension is imposed by either the Medical Director; Executive Director or Director of Operations whenever conduct

requires immediate action to prevent harm to Members or there is immediate danger to health or safety.

- 4.1.1. A summary suspension is effective immediately and is immediately reported to the PerformCare Executive Management Team and the HealthChoices Primary Contractor(s). The provider will be notified of the summary suspension via a telephone call and e-mail immediately following the decision.
- 4.1.2. In the event of a summary suspension, a team comprised of the Director of QM, Executive Director, Medical Director, or designee and any other appropriate PerformCare staff will be convened within three (3) business days to assess the risk and need for ongoing suspension.
- 4.2. Automatic Suspension –Automatic suspension shall be imposed for an indefinite period of time for the following:
  - 4.2.1. Provider is no longer fit to provide services due to a legal concern.
  - 4.2.2. State entity bans admissions to a facility.
  - 4.2.3. Automatic suspension shall be effective immediately and is immediately reported to the PerformCare Executive Management Team and the HealthChoices Primary Contractor(s).
  - 4.2.4. The AE or Director of Operations will notify the PerformCare Clinical Team through the Provider Data Update email process.
- 4.3. For Both Summary and Automatic Suspensions:
  - 4.3.1. Any suspension is discussed in the next scheduled Credentialing Committee meeting to assess the need for termination, or other disciplinary action as noted above.
  - 4.3.2. Members currently in treatment at the time a suspension occurs shall be closely monitored through frequent CCM Contacts and, when appropriate, Provider submitting treatment records or other required documentation for review on a regular, designated basis.
    - 4.3.2.1. The Clinical Department will reach out to Members/families and assist in coordinating appropriate care, including transfer as required.
    - 4.3.2.2. The PerformCare Clinical Department shall provide to the HealthChoices Primary Contractor(s) updates regarding Members currently in the care of the provider at the time of the suspension of referrals.

- 4.3.3. The circumstances for summary or automatic suspension listed above are not comprehensive and PerformCare retains the right to impose a suspension of referrals if there is reason to believe Member care is in jeopardy.
5. Lifting of Summary and Automatic Suspensions
  - 5.1. Summary Suspension - The Credentialing Committee may lift a summary suspension upon confirmation that immediate Member safety concerns are resolved and receipt of a comprehensive and acceptable CAP from Provider. A plan for ongoing monitoring by PerformCare must also be in place.
  - 5.2. Automatic Suspension - The Credentialing Committee may lift an automatic suspension after the issue that prompted the automatic suspension is resolved.
  - 5.3. Credentialing Committee may elect to impose a partial lift on the suspension by setting a limit on the number of Members that can be served for a period determined by the Committee - not to exceed 6 months - to assure that issues are resolved.
6. Transfer of Members(s) to Alternate Providers
  - 6.1. If there is clear evidence that Members are not receiving treatment they require during the disciplinary process or in the event of a suspension, the Credentialing Committee or Medical Director or designee may recommend that the Provider be required to transfer Members to other active Providers contingent upon clinical review and concurrence.
  - 6.2. As noted in Sections 4.3.2.1-4.3.2.2, the Clinical Department will take the lead role in the transfer of Members and notifications to the HealthChoices Primary Contractor(s). The CCM will evaluate the case and consult with a Physician Advisor as needed to determine if transfer is in the best interest of the Member. If transfer is clinically indicated, Members must be offered choice as appropriate.
7. Termination of Provider
  - 7.1. The Credentialing Committee under the following circumstances may terminate provider network status.
    - 7.1.1. License revocation/suspension
    - 7.1.2. DEA License revocation/suspension
    - 7.1.3. Felony conviction
    - 7.1.4. Repeated or severe quality of care issues
    - 7.1.5. Breach of Provider contract
    - 7.1.6. Failure to comply with requested corrective actions or established PerformCare Policy and Procedure.

- 7.1.7. Failure by Provider to fully correct a matter that prompted suspension of referrals within twelve (12) months may result in termination of the Provider from the network. Failure to show progress in the opinion of the Credentialing Committee within six (6) months may also be considered cause for termination.
- 7.2. The PerformCare Management team shall notify the appropriate HealthChoices Primary Contractor(s) of actions taken concerning a provider prior to implementation with the exception of immediate Member safety concerns. Notifications shall be made via PerformCare's standard protocols (i.e.; Credentialing Committee packets; and/or invitations to participate in Credentialing Committee and/or monitoring meetings).
- 7.3. All terminations and suspensions for a quality-of-care concern of 30 Days or greater will be reported to the NPDB in accordance with reporting requirements established in the NPDB/ HIPDB Guidebook within 15 business days of the action.
- 7.4. PerformCare Director of Operations or designee will notify OMHSAS via the appropriate HealthChoices Primary Contractor(s) within one (1) business day of any change in the composition of the Provider network that affects the ability for PerformCare to meet required access standards for covered services.
- 7.5. PerformCare Director of Operations or designee will simultaneously notify OMHSAS and the HealthChoices Primary Contractor(s) of any credentialing actions taken with a Provider that may also affect the Providers' licensing.
- 7.6. Providers may appeal any Credentialing Committee disciplinary actions - including Suspensions and Terminations - via the appeal process as described in *QI-CR-005-Credentialing Committee*. In the event of appeal, the Credentialing Committee disciplinary action - including Suspensions and Terminations - remains in place until the conclusion of appeal proceedings.

**Related Policies:** *QI-004 Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues*  
*QI-CR-001 Credentialing and Re-credentialing Criteria-Facilities*  
*QI-CR-002 Credentialing and Re-credentialing Criteria-Practitioners*

*QI-CR-005-Credentialing Committee*

**Related Reports:** None

**Source Documents  
and References:** None

**Superseded Policies  
and/or Procedures:** *PR-024 Progressive Disciplinary Actions for Providers*

**Attachments:** *Attachment 1 Provider Referral to Credentialing Committee  
Form Template*

Approved by:



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Primary Stakeholder

## Memorandum

<b>TO:</b>	CREDENTIALING COMMITTEE
	Check all that apply:
<b>CC:</b>	<input type="checkbox"/> Medical Director
	<input type="checkbox"/> Executive Director
	<input type="checkbox"/> Director of Quality Management
	<input type="checkbox"/> Director of Operations
	<input type="checkbox"/> Director of Clinical Operations
<b>FROM:</b>	
<b>DATE:</b>	
<b>RE:</b>	PROVIDER REFERRAL to CREDENTIALING COMMITTEE

<b>PROVIDER NAME:</b>	
<b>LEVEL(S) of CARE:</b>	
<b>CONTRACT(S):</b>	

<b>Referral Issue (Progressive Discipline citation – select only the items that apply) when:</b>			
	1.1 Efforts to resolve a quality concern at a lower level via Provider education efforts are unsuccessful;		
	1.2 Attempts to review a quality of care concern are compromised or not supported by the Provider in the return of requested information;		
	1.3 A PerformCare Associate review identifies a situation that could result in harm to Members;		
	1.4 A Provider repeatedly fails to follow PerformCare administrative procedures after multiple coaching sessions and documented education about the concern; or		
	1.5 Efforts to resolve a violation of PerformCare Policy and Procedure are not successful at a lower level.		
<b>Membership Data</b>			
<b>Date of Data Update:</b>			
<b>Total Number of Members Receiving Services:</b>			
<b>Breakdown of Members Receiving Services by County</b>			
<b>Number of Members:</b>	<b>County Name:</b>	<b>Number of Members:</b>	<b>County Name:</b>
<b>INDICATE CURRENT STATUS OF LICENSURE:</b>			

<b>Dates Monitored</b> (Prior to being sent to Credentialing)	<b>Overview of the Concerns Warranting Referral to the Credentialing Committee</b> (include QOCC number if applicable)	<b>Violation Origination</b> (Regulation, Bulletin, Policy & Procedure, Public Document)	<b>PerformCare Efforts to Date</b>

<b>Date Reviewed</b>	<b>Overview of the Concerns Warranting Referral to the Credentialing Committee (Continued)</b>	<b>Violation Origination (Regulation, Bulletin, Policy &amp; Procedure, Public Document) (Continued)</b>	<b>PerformCare Efforts to Date (Continued)</b>

<b>Date Reviewed</b>	<b>Overview of the Concerns Warranting Referral to the Credentialing Committee (Continued)</b>	<b>Violation Origination (Regulation, Bulletin, Policy &amp; Procedure, Public Document) (Continued)</b>	<b>PerformCare Efforts to Date (Continued)</b>

