



Policy: GG.1607
Title: **Monitoring Adverse Actions**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 11/13/2024

Effective Date: 12/01/1995

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy establishes a process for ongoing monitoring of the actions taken by external entities including, without limitation, licensing boards or agencies, regulatory agencies and/or other entities against CalOptima Health Practitioners or Organizational Providers (OPs).

II. POLICY

A. CalOptima Health and its Health Networks shall perform ongoing monitoring of a Practitioner or OPs sanctions, complaints, adverse actions, and quality issues between recredentialing cycles.

B. Adverse actions include, but are not limited to, the following:

1. Any adverse action by the Medical Board of California, or the appropriate licensing board/agency, taken or pending, including, but not limited to, an accusation filed, temporary restraining order or interim suspension order sought or obtained, public letter of reprimand, or any formal restriction, probation, suspension, or revocation of licensure, or cease of practice with charges pending;
2. An action taken by a Peer Review Body (as defined in State or Federal law), or other organizations, that results in the filing of a report under Business & Professions Code Sections 805 or 805.01 with the Medical Board of California or the appropriate licensing board/agency and/or a report with the National Practitioner Data Bank (NPDB);
3. A revocation of a Drug Enforcement Agency (DEA) license;
4. A conviction of a felony or misdemeanor of moral turpitude;
5. An action against a certification under the Medicare or Medicaid programs;
6. A cancellation, non-renewal, or material reduction in medical liability insurance policy coverage;
7. An action taken by the California Department of Public Health, Division of Licensing and Certification;

8. An action taken by the Health and Human Services Office of the Inspector General (OIG) including placement on the List of Excluded Individuals/Entities (LEIE);
 9. An action taken by System for Award Management (SAM) to list a provider as debarred, excluded or otherwise ineligible to contract;
 10. Placement of the provider on the CMS Preclusion List;
 11. Placement of the provider on the Medi-Cal Procedure/Drug Code Limitation List;
 12. Adding the provider to the Department of Health Care Service (DHCS) Restricted Provider Database (RPD);
 13. To the extent applicable, National Plan and Provider Enumeration System (NPPES);
 14. Placement of the provider on the DHCS Suspended and Ineligible Provider List; or
 15. Placement of the provider on the Medicare Opt-Out List.
- C. CalOptima Health shall refer information of adverse actions taken against CalOptima Health Practitioners or OPs to CalOptima Health's Quality Improvement Department and Medical Director for review and referral to the Credentialing Peer Review Committee (CPRC) for consideration as part of the quality review process at re-credentialing and between credentialing cycles.
- D. Adverse actions that impact a provider's participation in federal or state health care programs, including, but not limited to, debarments, suspension, and exclusion will be immediately referred to CalOptima Health's Regulatory Affairs & Compliance Department for evaluation of potential compliance actions (*e.g.*, overpayment refunds) in accordance with CalOptima Health's Policy HH.2021: Exclusion and Preclusion Monitoring.

III. PROCEDURE

- A. CalOptima Health monitors Practitioners and OPs on an ongoing basis to identify adverse actions that may affect participation in CalOptima Health programs.
- B. CalOptima Health monitors various state and federal boards, agencies, and databanks for adverse actions including:
 1. OIG exclusion list including placement on the List of Excluded Individuals/Entities (LEIE): upon credentialing and recredentialing and ongoing on a monthly basis;
 2. SAM list: upon credentialing and recredentialing and ongoing on a monthly basis;
 3. Business & Professions Code Sections 805 and 805.01 reports upon credentialing and recredentialing, and continuous monitoring through NPDB reports as updates are released;
 4. Medicare Opt-Out Physicians: upon credentialing and recredentialing and ongoing on a quarterly basis;
 5. Medi-Cal Provider Suspended and Ineligible list: upon credentialing and recredentialing and ongoing on a monthly basis;

6. Medical Board of California notifications: as published via e-mail notifications of license suspensions, restrictions, revocations, surrenders and disciplinary actions;
 7. California State Licensing Boards for all Practitioners within FACETS: upon credentialing and recredentialing and checked monthly and quarterly as reports are published;
 8. CMS Preclusion List as published by CMS: upon credentialing and recredentialing and ongoing on a monthly basis;
 9. Medi-Cal Procedure/Drug Code Limitation List: upon credentialing and recredentialing and on a monthly basis; and
 10. DHCS Restricted Provider Database (RPD) on a monthly basis.
- C. CalOptima Health shall review all information within thirty (30) calendar days of its release.
 - D. Any adverse actions identified through ongoing monitoring shall be tracked and as appropriate, communicated via Provider Alert to the CalOptima Health Medical Director, Provider Relations, Health Network Relations, Contracting, and Provider Data Management Systems (PDMS) Departments.
 - E. Upon credentialing and recredentialing, adverse actions identified in the ongoing monitoring databanks will be summarized and added to the Practitioner and OP file.
 - F. The QI Department shall report, in a confidential manner, all adverse action findings to the CPRC.
 - G. CalOptima Health shall also monitor and consider internal quality data (e.g., potential quality issues (PQIs), and Member Grievances) between recredentialing cycles as in accordance with CalOptima Health Policies GG.1611: Potential Quality Issue Review Process, HH.1102: Member Grievance, MA.9002: Member Grievance Process.
 - H. The QI Department shall forward all Practitioner and OP potential quality issues received from internal and external sources to a CalOptima Health Medical Director for review and potential action, in accordance with CalOptima Health Policy GG.1611: Potential Quality Issue Review Process.
 - I. CalOptima Health shall inform affected Practitioners or OPs of the adverse action finding and resulting action through a written notification via certified mail within thirty (30) calendar days. The letter will include information regarding the appeal process in accordance with CalOptima Health Policies HH.1101: CalOptima Health Provider Complaint, and MA.9006: Provider Complaint Process.
 - J. CalOptima Health's Quality Improvement Department shall maintain credentialing information in a Credentialing file, in accordance with CalOptima Health Policy GG.1604: Confidentiality of Credentialing Files and shall ensure that all Credentialing files are up-to-date.
 - K. All suspensions, terminations, and exclusions from any licensing, regulating agency, or databank will be reported through the Regulatory Affairs & Compliance Department to the Department of Health Care Services (DHCS) within ten (10) calendar days of final notification to CalOptima Health.
1. The report to DHCS shall include the following:

- a. Contract status (by delegated entity, if applicable) with the named provider.
 - b. The number of Members receiving services from the provider by all lines of business including any delegated entity, or LTSS.
- L. Any actions that may affect provider directories will follow processes outlined in CalOptima Health Policy EE.1101: Additions, Changes, and Terminations to CalOptima Health Provider Information, CalOptima Health Provider Directory, and Web-Based Directory.

IV. ATTACHMENT(S)

- A. Ongoing Monitoring Website Information Matrix

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health PACE Program Agreement
- D. CalOptima Health Policy EE.1101: Additions, Changes and Terminations to CalOptima Health Provider Information, CalOptima Health Providers Directory, and Web-based Directory
- E. CalOptima Health Policy GG.1604: Confidentiality of Credentialing Files
- F. CalOptima Health Policy GG.1611: Potential Quality Issue Review Process
- G. CalOptima Health Policy GG.1615: Corrective Action Plan for Practitioners and Organizational Providers
- H. CalOptima Health Policy GG.1616: Fair Hearing Plan for Practitioners
- I. CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint
- J. CalOptima Health Policy HH.1102: Member Grievance
- K. CalOptima Health Policy HH.2021: Exclusion and Preclusion Monitoring
- L. CalOptima Health Policy MA.9002: Enrollee Grievance Process
- M. CalOptima Health Policy MA.9006: Contracted Provider Complaint Process
- N. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-003: Medi-Cal Network Provider and Subcontractor Terminations (Supersedes APL 16-001)
- O. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013: Provider Credentialing/Rec credentialing and Screening/Enrollment (Supersedes APL 19-004)
- P. Title 42 United States Code §11101 et seq.
- Q. California Welfare and Institutions Code, §14044
- R. California Business and Professions Code, §§805 and 805.01

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
08/04/2017	Department of Health Care Services (DHCS)	Approved as Submitted
03/25/2020	Department of Health Care Services (DHCS)	Approved as Submitted
09/23/2020	Department of Health Care Services (DHCS)	Approved as Submitted
10/26/2022	Department of Health Care Services (DHCS)	Approved as Submitted
01/09/2023	Department of Health Care Services (DHCS)	Approved as Submitted
10/31/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

Date	Meeting
06/01/2017	Regular Meeting of the CalOptima Board of Directors
11/29/2018	Regular Meeting of the CalOptima Credentialing Peer Review Committee
02/12/2019	Regular Meeting of the CalOptima Quality Improvement Committee
09/18/2019	Regular Meeting of the CalOptima Quality Assurance Committee
10/03/2019	Regular Meeting of the CalOptima Board of Directors
04/07/2022	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	12/01/1995	GG.1607	Credentialing, Adverse Activity Files	Medi-Cal
Revised	08/01/1998	GG.1607	Credentialing, Adverse Activity Files	Medi-Cal
Revised	11/01/1999	GG.1607	Credentialing, Adverse Activity Files	Medi-Cal
Revised	04/01/2007	GG.1607	Credentialing, Adverse Activity Files	Medi-Cal
Revised	11/01/2011	GG.1607	Adverse Activity Process	Medi-Cal
Revised	02/01/2013	GG.1607	Adverse Activity Process	Medi-Cal OneCare
Revised	06/01/2014	GG.1607	Adverse Activity Process	Medi-Cal OneCare OneCare Connect
Revised	06/01/2017	GG.1607	Monitoring Adverse Activities	Medi-Cal OneCare OneCare Connect PACE
Revised	10/03/2019	GG.1607	Monitoring Adverse Actions	Medi-Cal OneCare OneCare Connect PACE
Revised	04/01/2020	GG.1607	Monitoring Adverse Actions	Medi-Cal OneCare OneCare Connect PACE
Revised	04/07/2022	GG.1607	Monitoring Adverse Actions	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1607	Monitoring Adverse Actions	Medi-Cal OneCare PACE
Revised	10/01/2023	GG.1607	Monitoring Adverse Actions	Medi-Cal OneCare PACE
Revised	10/01/2024	GG.1607	Monitoring Adverse Actions	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Behavioral Health Providers	For purposes of this policy, a licensed practitioner including, but not limited to, physicians, nurse specialists, psychiatric nurse practitioners, licensed psychologists (PhD or PsyD), licensed clinical social worker (LCSW), marriage and family therapist (MFT or MFCC), professional clinical counselors and qualified autism service providers, furnishing covered services.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Grievance	<p><u>Medi-Cal</u>: Any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or CalOptima Health's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by CalOptima Health to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other CalOptima Health processes. If CalOptima Health is unable to distinguish between a Grievance and an inquiry, it must be considered a Grievance.</p> <p><u>OneCare</u>: An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken. A grievance does not include, and is distinct from, a dispute of the appeal of an organization determination or coverage determination or an LEP determination.</p> <p><u>PACE</u>: A complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished, as defined by the federal PACE regulation 42 CFR Section 460.120.</p>
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Long Term Support Services (LTSS) Providers	For purposes of this policy, A licensed practitioner such as physicians, NMP's, social workers, and nurse managers
Member	A beneficiary enrolled in a CalOptima Health program.
Non-Physician Medical Practitioner (NMP)	<p><u>Med-Cal</u>: A nurse midwife, physician's assistant, or nurse practitioner who provides primary care.</p> <p><u>PACE</u>: A nurse practitioner or Physician assistant authorized to provide Primary Care under Physician supervision.</p>

Term	Definition
Organizational Providers (OP)	<p><u>Medi-Cal</u>: Organizations or institutions that are contracted to provide medical services such as hospitals, home health agencies, nursing facilities (includes skilled nursing, long term care, and sub-acute), free standing ambulatory surgical centers, hospice services, community clinics including Federally Qualified Health Centers, urgent care centers, End-Stage renal disease services (dialysis centers), Residential Care Facility for the Elderly (RCFE), Community Based Adult Services (CBAS), durable medical equipment suppliers, radiology centers, clinical laboratories, outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers, diabetes centers, portable x-ray suppliers.</p> <p><u>OneCare</u>: Hospitals, Intermediate Care Facilities (ICF), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N), Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H), Skilled Nursing Facilities (SNF), sub-acute facilities-adult, sub-acute facilities-pediatric, home health agencies, extended care facility, nursing home, free-standing surgical center, seating clinic, urgent care centers, radiology facilities, laboratory facilities, pathology facilities, and Durable Medical Equipment (DME) vendors.</p>
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Midwife (LM) Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Service Health Delivery Organizations (HDO)	Organizations that are contracted to provide services that support member needs such as ambulance, non-emergency medical transportation, durable medical equipment and providers of other member facing services such as, transportation services, meal services, and homecare services.
Substance Use Disorder (SUD) Providers	Licensed, certified or registered by one of the following: a physician licensed by the Medical Board of California, a psychologist licensed by the Board of Psychology, a clinical social worker or marriage and family therapist licensed by California Board of Behavioral Sciences, or an intern registered with California Board of Psychology or California Board of Behavioral sciences.