

IDENT:	C&E 6
Type of Document:	Policy
Type of Policy:	Department
Applicability:	All
Owner's Dept:	Credentialing & Enrollment
Title of Owner:	Director
Title of Approving Official:	UVMHN C&E Medical Director
Date Released (Published):	Amended and Restated 02/21/2025
Next Review Date:	1 year from last Date Approved

**SUBJECT:** Ongoing Monitoring

**PURPOSE:** Ongoing Monitoring of Sanctions, Exclusions, Complaints, License Expiration 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 from NCQA listed sources at appropriate intervals between recredentialing cycles of all practitioners for:
  - 1.1. Medicare and/or Medicaid sanctions.
  - 1.2. Medicare and/or Medicaid exclusion
  - 1.3. Medicare Opt out
  - 1.4. OFAC
  - 1.5. State sanctions or limitations on professional licensure.
    - 1.5.1. Each state in which practitioner treats patients.
  - 1.6. Practitioner-specific member/patient complaints.
    - 1.6.1. Both the specific complaint and the practitioner’s history of issues are evaluated.
    - 1.6.2. The history of complaints for all practitioners is evaluated at least every six (6) months.
  - 1.7. Payor Complaints
  - 1.8. Practitioner Complaints
  - 1.9. Site Visit Complaints
  - 1.10. Medical Record Complaints
  - 1.11. Identified adverse issues, including information known to the UVMHN C&E Department regarding injury to patients while receiving care from the practitioner.
    - 1.11.1. 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.
  - 1.12. Preclusion List
  - 1.13. License Expiration Monitoring:
    - 1.13.1. The UVMHN Department monitors license expiration at a minimum on a monthly basis.

- 1.13.2. License issue date and expiration date are maintained in software system.
- 1.13.3. Notification of license expiration is sent to practitioners prior to expiration.
- 1.13.4. UVMHN reviews expiration of licensure from the state licensing or certification agency (as applicable).

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 and/or Medicaid exclusions)
    - 2.1.3. Medicare Opt Out
    - 2.1.4. OFAC
    - 2.1.5. State sanction or limitation on professional licensure information.
    - 2.1.6. Practitioner-specific Member/patient complaints.
    - 2.1.7. Payor Complaints
    - 2.1.8. Practitioner Complaints
    - 2.1.9. Site Visit Complaints
    - 2.1.10. Medical Record Complaints
    - 2.1.11. Information from identified adverse events.
    - 2.1.12. 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 and/or Medicaid exclusion, Medicare Opt Out, OFAC, 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 and/or Medicaid exclusion, Medicare Opt Out, OFAC, 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 and/or Medicaid exclusion, Medicare Opt Out, OFAC, 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 who has an identified Adverse Event.
  - 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 billing practitioners, including but not limited to, physicians, oral surgeons, podiatrists, ambulatory pharmacist clinicians, 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

<b>Date Reviewed/ Revised/Approved:</b>	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, 02/16/2024, 02/21/2025
---	--

**REVIEWERS:** Michael D’Amico, M.D., Medical Director  
Holly Turner, Network Director, MSS, Credentialing & Provider Enrollment

**OWNER'S NAME:** Holly Turner, CPCs, CPMSM, Network Director, MSS, Credentialing & Provider Enrollment

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



## Medicare/Medicaid & License Monitoring/Sanctions Log

Year 2025

## Semi Annual Summary:

## Annual Summary:

Summary Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Source:	VT License	- Vermont Medical Practice Board & Secretary of State
	NY License	- Office of the Professions
	SAM	- System for Award Management- SAM.gov
	OIG Exclusions	- Office of Inspector General; Department of Health & Human Service
	OFAC	- Office of Foreign Assets Control
	Medicare Opt Out	- NGS Medicare
	Preclusion	- Preclusion list provided by contracted payors

**Medicare/Medicaid & License Monitoring/Sanctions Information Sheet**

Name of practitioner:	
Date of sanction/issue:	
Incident date:	
Type of sanction/issue:	
Brief description of sanction/issue:	
Date reported to the UVMHN C&E Credentials Committee:	
Resolution/actions of the sanction/issue:	
# of complaints within 6 month timeframe:	
Does this office need a site visit?	

Complaint Received by: \_\_\_\_\_

**Complaints & Adverse Events Log**

**Year 2025**

Month	Patient Complaints	Payor Complaints	Site Visit Complaints	Practitioner Complaints	Medical Record Complaints	Adverse Events	Reviewed by	Reviewed on	Committee review date
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

Semi Annual Summary:

Annual Summary:

Summary Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Complaint/Quality Issue Information Sheet**

Name of practitioner or office location:	
Date of complaint/quality issue:	
Incident date:	
Type of complaint/quality issue:	
Brief description of complaint/quality issue:	
Date reported to the UVMHN C&E Credentials Committee:	
Resolution/actions of the complaint/quality issue:	
# of complaints within 6 month timeframe:	
Does this office need a site visit?	

Complaint Received by: \_\_\_\_\_