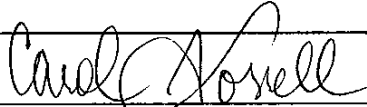
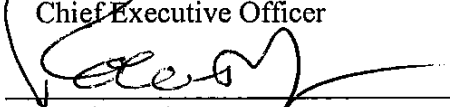
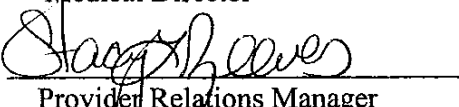
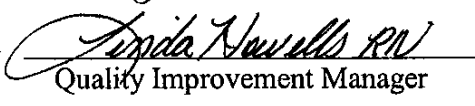


**KERN HEALTH SYSTEMS  
POLICIES AND PROCEDURES**

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SECTION: Quality Improvement		ISSUE DATE: January 31, 1996	
Review Date	08/29/97	06/00	02/02
Effective Date			04/01/03
Revision No.	1997-08	2000-06	2002-02

Approved		Date	2/27/02
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	2/26/02
	Medical Director		
Approved		Date	2/25/02
	Provider Relations Manager		
Approved		Date	2/22/02
	Quality Improvement Manager		

**POLICY<sup>1</sup>:**

Kern Health Systems (KHS) practitioners/providers identified through the quality improvement and utilization review processes as possessing performance deficiencies will be subject to disciplinary action as approved by the KHS Board of Directors. Prior to the initiation of disciplinary action, the Medical Director will notify the practitioner/provider in question in writing that a deficiency has been identified and will work with the provider to improve performance. Should these efforts not achieve satisfactory results, the disciplinary action process will be initiated by the Medical Director.

**PURPOSE:**

To define the KHS process of disciplinary action and corrective action plans for contract providers with noted deficiencies.

**PROCEDURE:**

**1.0 COURSES OF ACTION**

Questions about the performance of any contracted practitioner/provider are submitted to the Medical Director or his/her designee, who determines whether:

- A. To Conduct an investigation
- B. To attempt to resolve the matter through a Corrective Action Plan

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- C. To take or recommend routine disciplinary action
- D. To take summary disciplinary action

The Medical Director may take some or all of these actions concurrently.

**2.0 INVESTIGATIONS**

Investigations are conducted as expeditiously as is reasonable under the circumstances. The investigator talks to the practitioner/provider and gives him/her a reasonable opportunity to be heard regarding the matters alleged in the complaint. The investigator shall have full access to the practitioner's/provider's office records and may interview office staff and patients. In cases of suspected substance abuse, the investigator may require samples of body fluids and/or may seek the assistance of the Medical Board of California Diversion Program.

After reviewing the results of the investigation, the Medical Director determines whether to recommend a Corrective Action Plan, routine disciplinary action, or summary disciplinary action.

The Medical Director notifies the practitioner/provider of any disciplinary action or recommendation.

**3.0 CORRECTIVE ACTION PLAN**

A Corrective Action Plan (CAP) is an agreement between the provider and KHS that describes the problem and appropriate measures to achieve resolution. If the CAP includes the reassignment of patients, the Medical Director notifies the Chief Executive Officer to coordinate patient panel changes. Election to formulate a plan of provider's participation is voluntary, no additional procedural rights attach. A CAP may be combined with any disciplinary action.

**4.0 ROUTINE DISCIPLINARY ACTIONS**

Disciplinary action may consist of one or more of the following:

- A. Level 1 - Letter of reprimand; education
- B. Level 2 - For Primary Care Practitioners (PCPs), closure of practice to new patients for up to 120 days in any 12 month period and, for other practitioners, suspension of new patients or referrals for up to 120 days in any 12 month period
- C. Level 3 - For PCPs, closure of practice for more than 120 days in any 12 month period, or reduction of assigned members; and for other practitioners, closure of practice to new patients or referrals
- D. Level 4 - Suspension of privileges
- E. Level 5 - Termination of privileges.
- F. Level 6 - Termination of practitioner/provider contract.

Other disciplinary actions may be recommended, as appropriate to the circumstances.

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The Medical Director, in consultation with the Chief Executive Officer, is authorized to implement a Level 1 or , Level 2 disciplinary action upon his/her determination that such action is appropriate; provided, however, that if no investigation was conducted, the Medical Director must first talk to the practitioner/provider and give him/her a reasonable opportunity to be heard regarding the matters alleged in the complaint. The Medical Director reports any such actions to the Physician Advisory Committee or Quality Improvement/Utilization Management (QI/UM) Committee.

In cases involving quality of care rendered by physicians, podiatrists, dentists, and clinical psychologists (and such other individual practitioners as the QI/UM Committee may designate for Physician Advisory Committee oversight) where discipline at Level 3 or above is proposed, the Medical Director reports the results of any investigation and submits a recommendation to the Physician Advisory Committee, which shall determine the appropriate disciplinary action and direct its implementation. (The Physician Advisory Committee keeps the QI/UM Committee apprised of its activities through regular reports of its general activities.)

In all other cases where discipline at Level 3 or above is proposed, the Medical Director reports the results of the investigation and submits a recommendation to the Chief Executive Officer who, in consultation with the Medical Director, determines the appropriate disciplinary action and directs its implementation.

The Medical Director and Chief Executive Officer inform the Physician Advisory Committee and the QI/UM Committee of all disciplinary actions taken pursuant to this section. They may also inform the Board of Directors provided, however, that the Board shall not act on or receive information about any disciplinary matter (other than the identity of the provider and the fact that a disciplinary matter is pending) that may come before the Board in its capacity as hearing committee pursuant to *KHS Policy and Procedure #2.05 – Practitioner/Provider Hearings* until such time as the matter comes before the Board as the hearing committee.

Discipline at Level 3 or above is subject to the right and procedures set forth in *KHS Policy and Procedure #2.05 – Practitioner/Provider Hearings*

KHS reports serious quality deficiencies which result in suspension or termination of a practitioner to the appropriate authorities.<sup>2</sup> See *KHS Policy and Procedure #2.05 – Practitioner/Provider Hearings* for details.

**5.0 SUMMARY DISCIPLINARY ACTION**

If, after receipt of a complaint about a provider or after investigation of a complaint, the Medical Director or the Chief Executive Officer determines that there is imminent danger to the health of any patient or other individual, the Medical Director or the Chief Executive Officer may (i) suspend the providers status and require the provider to immediately discontinue all practice on

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behalf of Kern Health Systems; or (ii) impose restrictions and require the provider to discontinue those aspects of practice that endanger KHS Plan members.

In cases involving quality of care rendered by physicians, podiatrists, dentists, and clinical psychologists (and such other individual providers as the QI/UM Committee may designate for Physician Advisory Committee oversight) where discipline at Level 3 or above is proposed, any such action by the Medical Director or the Chief Executive Officer must be reviewed within 14 days by the responsible committee which may affirm, reverse, or modify the Medical Director's determination.

Summary disciplinary action is subject to the rights and procedures set forth in *KHS Policy and Procedure #2.05 –Practitioner/Provider Hearings* .

**6.0 MONITORING COMPLIANCE WITH CORRECTIVE ACTION PLAN**

The Medical Director monitors each CAP and regularly reports to the Board of Directors the status thereof. After completion of a CAP, the Quality Improvement Manager conducts follow-up reviews at 6 and 12 months, to help assure continuing resolution of the problem(s). If no deficiencies are noted, the matter is resolved at the end of the 12 month review period. If deficiencies are noted, the Medical Director reassesses the situation and determines whether an additional plan of correction or disciplinary action is needed.

**7.0 REINSTATEMENT**

A practitioner/provider who resigned with discipline pending or whose privileges were revoked following initiation of disciplinary action may not reapply for practitioner/provider status for two years from the date of the resignation or final decision of the Board of Directors, whichever is earlier.

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<sup>1</sup> Revision 2002-02: Annual review and DHS Comment Letter (05/31/01). Additional revisions per 09/19/01 DHS comment.

<sup>2</sup> DHS Contract Section 6.5.4.5