Behavioral Healthcare Providers

Provider Handbook

2020 Edition

I. Table of Contents

Introduction

Behavioral Healthcare Providers (BHP) is a nonprofit corporation dedicated to enhancing behavioral health through providing quality health care services since 1995. BHP has established a comprehensive, multi-state network of managed behavioral services. This managed network offers the complete continuum of integrated managed behavioral care, providing ambulatory, residential, acute, and supportive behavioral services. BHP's psychiatrists, psychologists, and therapists have the experience and ability to work effectively with managed care organizations. As a managed care provider network, BHP can negotiate contracts, and effectively case manages the spectrum of behavioral services. BHP offers geographic convenience, expedited access, and quality outcomes provided by an efficiently managed network of professionals. BHP desires to improve behavioral care delivery systems while helping people and communities improve their behavioral and emotional health. BHP has experience in delivering care in clinically and financially integrated systems of primary care and behavioral professionals.

BHP maintains compliance with National Committee for Quality Assurance (NCQA) guidelines for Managed Behavioral Healthcare Organization and is knowledgeable about DHS guidelines.

BHP is a wholly owned subsidiary of MHealth Fairview.

Mission Statement

BHP is a nonprofit behavioral health care organization dedicated to helping people and communities reach their potential. BHP is dedicated to enhancing behavioral health through innovation.

I. Contact Information

Department	Phone	Fax	Email
Contract & Credentialing	763-545-1746, option 4	763-486-4436	nservices@bhpnet.com
Diagnostic Evaluation Center (DEC)	763-210-4690	763-486-4439	DECHelp@bhpnet.com
Primary Access Department	763-210-4670	763-486-4439	Intakedept@bhpnet.com
Main Number/Reception	763-525-1746 1-866-604-2739	763-486-4436	N/A
Care Management (Utilization Review)	763-486-4445	763-486-4437	CMmail@bhpnet.com
Quality Improvement	763-210-4687	769-486-4437	Quality@bhpnet.com

II. Website

BHP provides updates to behavioral health information and services through our website www.bhpcare.com
The website includes the following:

- Most Recent Provider Manual
- Documents and Forms
- Level of Care Guidelines
- Clinical Practice Guidelines
- Quality and Preventative Health Information
- Case Management program Information
- Credentialing links and information
- Notice of Privacy Practices for BHP
- Member Rights and Responsibilities
- Provider Search Feature Including Location and Specialization

III. Network Services

Behavioral Healthcare Providers (BHP) has a robust and comprehensive network of over 5,500 combined programs and providers throughout Minnesota and bordering states. Our network includes hospitals, substance abuse facilities, community mental health centers, psychiatrists, psychologists, licensed clinical social workers, licensed practicing professional counselors, clinical nurse specialists and licensed marriage and family therapists.

A. Information Changes

The MN Uniform Practitioner Change Form is required to change a provider's information including;

- Primary practice location
- Billing address location
- Phone/Fax/Email changes
- Name changes
- Social Security Number (SSN) or Tax Identification Number (TIN) ✞ National Provider Identifier (NPI)

B. Credentialing Criteria

BHP credentials and re-credentials providers and facilities in compliance with NCQA accreditation standards and applicable state and federal laws. The BHP Clinical Team makes decisions regarding credentialing and re-credentialing.

Minimum criteria for consideration as a Provider in the BHP Network include:

- Be licensed for independent practice
- Maintain acceptable level of professional liability insurance (preferred coverage is $1,000,000 occurrence/$3,000,000 aggregate but may vary according to State law or Plan requirements) ✞ Have an email address and access to the internet
- Have 24-hour coverage

C. Site Visits

As part of the credentialing or re-credentialing process, BHP may conduct a structured site visit of offices/locations. Site visits include an evaluation using the BHP site visit standards and BHP clinical recordkeeping standards. Any site visit will be arranged in advance.

D. Practitioner Rights

BHP makes available the information provided in a practitioner's credentialing file for their review. This policy also makes allowance for the practitioner to be able to ensure that all information is accurate, to their best understanding and knowledge, and for ensuring confidentiality. This includes notification of the following situations or information:

- The right to review information submitted to support their credentialing application;
- The right to check the status of the application and publicly available documents at any time during the credentialing process;
- The right to correct erroneous information such as substantial variation in the information collected during the credentialing process versus the information submitted by the practitioner.
- Notification of these rights and of the credentialing decision within 60 calendar days of the decision

IV. Referral Population

As a provider in the BHP network, you will receive referrals for patients through several service lines.

Diagnostic Evaluation Center (DEC®) service is an innovative, best practices model where licensed mental health professionals evaluate patients who are experiencing a behavioral crisis. This application is a series of comprehensive questions used to formulate a risk evaluation for the next appropriate level of care for behavioral crisis patients. The consistent process advances coordination of information between care providers on behalf of the patients, may reduce unnecessary admissions, and inpatient claim denials. For the patient, it provides access to appointments through our provider network and/or community resources and next day follow up support. When a release is signed by a patient, the DEC assessment can be released to providers.

Primary Access is a service that bridges the gap between medical providers and behavioral health services. Patients are referred for behavioral services by their primary care provider and/or clinic.

BHP Managed Population are patients with an insurance product contracted with BHP for utilization management. Care Management staff assist members in scheduling behavioral services such as individual therapy, chemical health assessments, psychological testing, etc. This population currently consists of PreferredOne commercial insurance products.

For all patients referred through BHP's service lines it is the expectation that providers and programs provide attendance outcomes for each patient scheduled. It is the goal of BHP to ensure all patients receive the necessary services to meet their behavioral health needs.

V. Utilization Management Program

A. Utilization Management Program

The purpose of the Utilization Management (UM) Program is to provide effective and efficient quality of care and services to our members. We provide impartial access to care, and fair and consistent UM decision making that ensures the delivery of quality care while maximizing benefits and minimizing cost. The objectives of the UM Program are the following:

- To identify the designated senior practitioner involved in the UM program implementation.
- To define UM staff responsibilities and accountability for UM activities;
- To describe the scope, structure, and content of the UM program;
- To describe policies and procedures used to manage utilization review; and
- To outline UM program evaluation and approval.

B. Decision-Making Turnaround Time Requirements

It is important to both the member and practitioner that a request for treatment is responded to quickly. This ensures that treatment continues in order to minimize the disruption in provision of healthcare. BHP follows State of Minnesota statutes and NCQA guidelines to determine turnaround time requirements.

If the decision is to deny the request, all standard denial and appeal options apply.

Decision Type	Approval Decision	Approval Notification	Approval Notification Type	Denial Decision	Denial Notification	Denial Notification Type
Urgent Preservice	72 hours from request	72 hours from request	Written, telephonic	72 hours from request	72 hours from request	Written, telephonic
Urgent Concurrent	24 hours from request	24 hours from request	Written, telephonic	24 hours from request	24 hours from request	Written, telephonic
Standard (non-urgent) Preservice	10 calendar days from request	10 calendar days from request	Written, telephonic	10 calendar days from request	10 calendar days from request	Written, telephonic
Post Service	30 calendar days from request	30 calendar days from request	Written, telephonic	30 calendar days from request	30 calendar days from request	Written, telephonic

A practitioner may request that a UM decision be expedited by contacting BHP's Care Management department via telephone or in writing. Standard (non-urgent) Preservice allows UM decisions to be made within 72 hours of request for expedited reviews.

If additional information is requested and not received, NCQA standards allow for the following UM decision making options:

- If there is no reply, the Medical Director may make a decision based on the information provided;
- The Medical Director may make a decision to deny the request;
- UM staff may extend the UM decision making timeframe

BHP allows for the following extension timeframes, based on NCQA and State of Minnesota statutes.

Decision Type	Extension
Urgent Pre-service	48 Hours
Urgent Concurrent	72 Hours
Standard (non-urgent) Preservice	15 Calendar days
Post-Service	15 Calendar days

C. Denial and Appeal Process

The purpose of our appeal process is to ensure a member's right to appeal an adverse utilization decision, and that the appeal is completed within specified time frames.

- This policy applies to both mental health and chemical dependency services.
- An American Board of Psychiatry and Neurology Certified Psychiatrist make the final determination to deny. The review, determination, and notification are completed in a timely manner.
- BHP Care Management staff consistently make available and use a standard peer review and appeal process for the reconsideration of utilization determination to not certify requested service(s).
- Peer Reviewers are either board-certified physicians or doctoral level licensed psychologists, as required, for all denials and appeals.
- An appeal is available at the request of the facility, practitioner, patient, or representative for the reconsideration of a utilization determination.
- The appeal process may be requested in writing or telephonically following the determination.
- Standard appeals are completed within 30 calendar days for Pre-service requests and 60 calendar days for a Post-service requests.
- BHP makes available an expedited appeal completed within 72 hours of the request.

For questions or further discussion concerning a request, an appropriate peer reviewer is available telephonically to discuss the UM determination based on medical necessity and/or clinical appropriateness. A request to schedule a telephone conference with a peer reviewer can be initiated by contacting BHP's Care Management department.

D. Affirmative Statement Regarding Incentives

All UM decision making is based only on appropriateness of care and existence of coverage. BHP does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage for services. BHP employs no financial incentive payment arrangements with its UM staff and consultants.

BHP does not use incentives to encourage barriers to care and service. BHP is prohibited from making decisions regarding hiring, promoting or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

E. Services

Triage - When necessary, BHP licensed staff are responsible for triage and assessing the degree of risk and/or severity of members' symptoms. They assist in determining the level of care needed and the urgency of appointment scheduling.

Case management - Care managers provide complex case management through our Personalized Outreach Program (POP). These patients are identified by the following:

- All members that are triaged as a crisis call with licensed BHP staff
- All members with inpatient mental health admissions
- By request of a provider, UR staff, Case Manager, or other involved party
- Members taking certain high-risk psychotropic medications
- By request of a member
- Through UR data (treatment plans, clinical information received, etc.)

Discharge Planning - By an interdisciplinary coordination of efforts, Care Managers are available to aid patients or providers in developing a feasible plan for care following release from an inpatient or outpatient program. Care Managers will assist in scheduling behavioral health services as needed.

VI. Quality

A. Clinical Quality Activities

BHP continues to monitor and assess clinical quality activities that reflect our organization's delivery system and member population. We assess and evaluate at least three meaningful clinical issues that address the following considerations:

- Are meaningful and relevant to BHP's enrollees;
- Uses measures that are objective and quantifiable;
- Uses measures that are based on current scientific knowledge;
- Establishes goals or benchmarks for each measure;
- Data collection methods identify the appropriate population, draws appropriate samples and collect valid data;
- Data collected is quantitatively and qualitatively analyzed;
- Identifies opportunities for improvement, implements intervention to improve and measures the effectiveness of the interventions**.**

The data collected during the UM process provides an array of reporting capabilities that allows BHP to design clinical quality activities and UM activities that address and satisfy the considerations listed above. BHP's Care management system is internally designed to meet the varying requirements by health plan and to capture extensive data that allows BHP to develop reports that are used in the daily monitoring and planning of quality and UM activities. An analysis of potential underutilization or over utilization of services is done annually. The results of this analysis are documented in the QMI year-end report.

B. Quality Improvement Activities

Scheduling of Appointments for DEC Patients prior to Discharge from Emergency Department

When patients are discharged from an emergency department, attendance and follow through with outpatient recommendations improve when patients are scheduled for their appointments prior to discharge from the emergency department. BHP is pursuing a QIA that would work to increase the instances patients are scheduled with a follow-up appointment prior to leaving the emergency department after a DEC visit.

Coordination of Care between DEC services and Primary Care Providers

Coordination of care between behavioral and medical providers has been a long-standing BHP quality initiative. BHP will monitor coordination of care between DEC services and Primary Care Providers and will look at ways to increase the number of instances in which coordination occurs.

Follow-Up After IP Discharge

This activity works to improve patient attendance of follow-up appointments post discharge from an IP facility. BHP monitors whether a patient is scheduled with a follow-up appointment by the hospital post discharge and if one is not in place offers to schedule an appointment. If an appointment is scheduled by BHP, attendance information is also obtained. BHP also documents how quickly the patient is scheduled post discharge. BHP's goal is that most patients will have a follow-up appointment within 30 days of discharge.

Response Rate for Patient Satisfaction Surveys

Obtaining feedback from member and patients is a key step in improving patient care and responding to patient needs. BHP will monitor and improve patient survey response rates in order to ensure that a representative sample of patients have been heard through survey feedback.

C. Clinical Practice Guidelines

BHP currently has five clinical practice guidelines related to the following:

- The assessment and/or treatment of ADHD *(American Academy of Child and Adolescent Psychiatry)*
- The assessment and treatment of Major Depressive Disorder *(American Psychiatric Association)*
- The treatment of Bipolar Disorder *(American Psychiatric Association)*
- The assessment and treatment of Substance Use Disorders *(American Psychiatric Association)*
- The assessment and treatment of Autism Spectrum Disorder *(American Academy of Child and Adolescent Psychiatry)*

BHP has adopted guidelines from nationally recognized agencies. Each guideline is reviewed and updated at least every two years or sooner if the national guidelines are updated prior to the two-year review. The guidelines are reviewed annually in the Quality Improvement Committee and are published to the BHP website for members and providers to review.

D. Behavioral Screening Program

BHP has two defined behavioral health screening programs; one is designed to screen for co-existing mental health and substance use disorders, the other is designed to screen for Generalized Anxiety Disorder. The screening program for co-existing conditions utilizes results from the PHQ-9 and the CAGE-AID, while the screening program for Generalized Anxiety Disorder utilizes the GAD-7 screening tool. These screening programs assist BHP staff in identifying potential mental health and substance use concerns in members. BHP uses the results of these screening programs to help members access and schedule appropriate behavioral health services and also coordinates care by relaying the results of the screening program to any providers or practitioners the member is scheduled with. The co-existing screening program is administered to eligible members through BHP's Intake department and through the Complex Case Management Program (POP). The screening program for Generalized Anxiety Disorder is also administered through the Complex Case Management Program (POP).

E. Affirmative Statement Relating to Communication with Patients

Patients shall be given by their attending practitioner complete and current information concerning diagnosis, treatment alternatives, risks and prognosis as required by the practitioner's legal duty to disclose. This information shall be in terms and language that patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall

include the likely results of the treatment and alternatives. This information shall be given to the patient, guardian, or other persons designated by the patient and his or her representative when deemed advisable. Individuals have the right to refuse this information. The patients shall have the right to a candid discussion of the appropriate or medically necessary treatment options, including medication treatment, for their conditions, regardless of cost or benefit.

VII. Privacy Information

A. Confidentiality of Records

The practitioners and staff in the BHP network provide case and utilization management to patients in need of mental health and chemical dependency services. To ensure compliance with confidentiality requirements as set out by regulatory agencies, the following parameters have been established:

- Each staff is required to sign a confidentiality document that states the employee's intent to comply with confidentiality protocols and federal and state laws governing confidential information. This document is signed upon the first date of employment and kept on file with the Operations Director.

- Security measures have been taken at the BHP operations site to ensure the safe keeping of confidential information. These measures include the following:

- Office space where confidential information is stored requires a security card for access;

- Entry into the computer system requires an employee specific password. An employee's job classification dictates the level of access they are allowed, as such, access into the database that contains confidential information is restricted;

- All patient information is kept within file cabinets that are locked and not accessible to anyone except appropriate BHP employees;

- Confidential information is used solely for the purposes of utilization review, quality assurance, discharge planning, case management, intake and referral, and billing. This information is shared only with organizations or persons who have the authority to receive such information.

- When required, a release of information is obtained from the member. The member has the right to approve or refuse the release of identifiable personal information, except when release is required by law.

- In the care and treatment of a minor or adults who are unable to exercise rational judgment or give informed consent, release of information will be obtained in writing from the parent or person with legal guardianship or custody.

- Information is shared internally to avoid duplication of requests for information. Only necessary information is shared internally with those individuals who need access to information to complete case/utilization management, quality improvement, billing, and intake and referral tasks.

- When requested from an employer, all patient data do not implicitly or explicitly identify the member, unless the member provides specific consent.

- When information is released, the patient's identity is protected as required.

- Original records are only released in accordance with Federal or State laws, court orders or subpoenas. Otherwise, copies are released upon request and with consent as outlined above.

B. Privacy Practices

Please refer to the Notice of Privacy Practices found at www.bhpcare.com. This notice explains how personal information and protected health information are collected, used, and disclosed to third parties. BHP has implemented security measures to prevent the unauthorized release or access to personal information.

When a member performs a search on www.bhpcare.com , BHP does not record any information identifying the member and/or link the visitor to the search performed.

VIII. MHealth Fairview and Behavioral Healthcare Providers Code of Professional Behavior

MHealth Fairview's Vision

Our passion for excellence for our patients drives us, in partnership with the University of Minnesota, to be the best health care delivery system in America.

To this end, we the staff of MHealth Fairview and Behavioral Healthcare Providers, acknowledge the guiding code for our profession and commit to:

- Place the patient at the center of all we do
- Apply the best science we know
- Model the highest level of professionalism
- Actively engage as a collaborative member of the care team
- Be aware of, and comply with the rules

A. Place the patient at the center of all we do

1. I am readily available and approachable
2. I discuss medical conditions and medically appropriate treatment choices available with patient 3. I advocate for the patient

4. I collaborate with other members of the care team to coordinate care.
5. I respect patient confidentiality
6. I respect patient diversity
7. I encourage questions and respond to them openly
8. I respect the important role of family and friends
9. I will do my best to meet patient needs within the constraints of science, ethics and available resources.

B. Apply the best science we know

1. I maintain professional knowledge by attending continuing education, reading and learning from colleagues
2. I avoid treatment and procedures that are not in keeping with the latest science
3. I consult with experts in all professions and I don't provide care outside my area of expertise
4. I acknowledge by my actions and words that I am an educator for patients, family and colleagues and I have a duty to apply the best possible science to that role.
5. I disclose real or potential conflicts of interest that may create the perception of bias.

C. Model the highest level of professionalism

1. I share information and knowledge proactively with other members of the care team
2. I communicate effectively with colleagues and avoid rude behavior
3. I maintain a respectful manner
4. I challenge the professional judgment of others in a polite manner and I do not speak negatively of other health providers to patients and families
5. I model appearance and deportment in a way that provides confidence and comfort to the patients.
6. I will refrain from sexual contact or romantic relationships with a current patient.
7. I refrain from conduct and activities that may impair professional judgment and ability to act competently

D. Actively engage as a collaborative member of the care team

1. I actively participate in team conversations, meetings and rounds related to care
2. I am willing to actively engage in medical staff committees
3. I am willing to share helpful information
4. I listen to others
5. I communicate effectively with referring physicians
6. I respond to colleagues and staff in a timely manner
7. I manage hand-offs well

E. Be aware of and comply with the rules

1. I have an obligation to follow pertinent Fairview policies
2. I help create and sustain standards of care delivery

3. I monitor my own behavior and the behavior of others
4. I provide honest feedback and coaching to others when needed

IX. Disruptive/Abusive Behavior by Health Care Practitioners

MHealth Fairview and Behavioral Healthcare Providers System Policy

Purpose: To assure a safe work environment for all employees and practitioners associated with MHealth Fairview and Behavioral Healthcare Providers.

I. In accordance with Fairview's values and the Fairview Medical Staff/Allied Health Staff Code of Professional Behavior, it is the policy of Fairview that no practitioner or employee shall be subject to unlawful discrimination because of race, color, creed, gender, national origin, disability or sexual orientation. This requires that all hospital personnel, allied health professionals and members of the Medical Staff (collectively "Practitioners") conduct themselves in a professional and cooperative manner and not engage in disruptive or abusive behavior. For purposes of this Policy, disruptive or abusive behavior is defined to include, but is not limited to the following behaviors and conduct:
    a. Verbal, written or physical contacts with others that are of an improper personal nature, abusive, threatening, belittling, berating and/or irrelevant, or go beyond the bounds of fair professional conduct
    b. Impertinent, degrading or inappropriate comments, written or illustrated in the medical record or other documents, impugning the quality of care in the hospital or hospital policy or otherwise criticizing the hospital or particular individuals such as physicians, nurses, other hospital personnel, patients or visitors
    c. Profanity or similarly offensive language while in the hospital and/or while speaking with nurses, other hospital personnel, patients or other people
    d. Non-constructive criticism addressed in such a way as to intimidate, undermine confidence, belittle or impute stupidity or incompetence
    e. Unwelcome sexual advances, requests for sexual favors or any verbal or physical conduct of a sexual nature
    f. Verbal, visual/non-verbal or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it
    g. Conduct that interferes with work performance by creating a hostile, offensive or intimidating work environment
    h. Unwillingness to work cooperatively and harmoniously with other members of the Medical Staff and hospital staff
    i. Behavior that disrupts obstructs or intimidates the orderly conduct of hospital or medical staff business
    j. Retaliation for filing a complaint, raising a concern or providing input and feedback

k. Idiosyncratic requirements imposed on hospital staffs which have nothing to do with improving patient care and serve only to burden staff and complicate their work
l. The use of social media related to Fairview should be appropriate and aligned with Fairview values, policies and code of conduct. Social media postings that are not compliant with Fairview policies or code of conduct, including discriminatory remarks, harassment, threats of violence, disclosure of a patient's Protected Health Information or confidential information or similar inappropriate or unlawful conduct is not allowed. Patient information should never be posted on social media.

Procedure:

For a Disruptive/Abusive Practitioner

I. This Procedure outlines collegial and educational efforts to be used by Medical Staff leaders in order to address conduct by Practitioners who do not meet this Policy. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised and, thus, avoid the necessity of proceeding through the disciplinary process in the Medical Staff Credentials and Hearing Policy.

II. Fairview encourages effective conflict resolution and intervention at the earliest opportunity between the parties involved before the situation escalates. It is the desire and expectation of the Medical Staff and hospital leadership that individuals who engage in disruptive or abusive behavior have an opportunity to modify their behavior and develop conflict resolution skills. The procedure provides for an appropriate process in the event the behavior is severe or there is a continued pattern of abuse.

III. Notwithstanding anything to the contrary herein, this procedure is meant to be flexible and not a mandatory procedure for all cases. The steps and processes recommended here can be flexible depending on the seriousness of the situation and other factors. An issue may be brought to the next level in the organization at any time during the process. There may be a single incident of inappropriate conduct, or a continuation of conduct, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. The Administrator or Medical Staff leadership may decide whether this procedure or some other method of follow-up is indicated in their discretion. This procedure is subject to the procedures and other requirements in the hospital's Medical Staff Bylaws, Medical Staff Credentials and Hearing Policy, Medical Staff Rules and Regulations, the FHS Medical Staff Code of Professional Behavior and the Allied Health Practitioners Policy on Scope of Practice, which supersede it in connection with Medical Staff.

IV. These efforts are intended to be collegial, with the goal of being helpful to the Practitioner in understanding that certain conduct is inappropriate and unacceptable.
The following procedure should be considered, as appropriate.
    a. Issue resolution is encouraged and preferred closest to the level that it occurred.

b. If person-to-person communication has not been effective or the aggrieved individual does not wish to communicate directly with the Practitioner, it is recommended that the aggrieved individual follow the following process:
    i. If Practitioner to employee, aggrieved employee contacts his/her Manager as described below.
    ii. If this is a Practitioner to patient issue, the patient contacts a Patient Representative.
    iii. If this is a Practitioner to Practitioner issue, the aggrieved Practitioner contacts the VPMA, or designee, as described below.

c. A nurse or any other hospital employee who observes, or is subjected to, inappropriate conduct by a Practitioner may notify his/her supervisor about the incident or, if his/her supervisor's behavior is at issue, they may notify the VPMA or designee. Any Practitioner who observes such behavior by another Practitioner may notify the VPMA, or designee, directly. Upon learning of the occurrence of an incident of inappropriate conduct, the VPMA may request that the individual who reported the incident document it in writing. In the alternative, the VPMA may document the incident as reported.

d. The documentation should include relevant facts as appropriate, such as: (a) the date and time of the incident; (b) a factual description of the questionable behavior; (c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident; (d) the circumstances which precipitated the incident; (e) the names of other witnesses to the incident; (f) consequences, if any, of the behavior as it relates to patient care, personnel or Hospital operations; (g) any action taken to intervene in, or remedy, the incident; and (h) the name and signature of the individual reporting the complaint of inappropriate conduct.

e. The VPMA, or designee, shall forward the report to Credentials Committee or MEC as appropriate. The VPMA, or designee, Credentials Committee or MEC, Chief of Staff or appropriate members of Administration shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.

f. The specific response and disciplinary action, if appropriate, shall be determined on a case by case basis after review of all the relevant facts. If the VPMA, or designee, determines that an incident of inappropriate conduct has likely occurred, the VPMA, or designee, has several options available to him/her, including, but not limited to, the following:
    i. Notify the Practitioner that a complaint has been received and invite that Practitioner to obtain more information about it if he/she desires.
    ii. Send the Practitioner a letter of guidance about the incident.
    iii. Send the Practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing. iv. Forward the report to the

Credentials Committee and/or MEC, as appropriate, for its review and consideration and action, as appropriate.

v. The VPMA, or designee, and/or the Credentials Committee/MEC may meet with the Practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question.

vi. The VPMA's, or designee or Credentials Committee's/MEC's efforts can also be used to educate the Practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the Practitioner's conduct suggests that such concerns led to the behavior. Other sources of support or counseling can also be identified for the Practitioner, as appropriate.

V. The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the Practitioner during these efforts, unless the VPMA, or designee, determines in advance that it is appropriate to do so. In any case, the Practitioner shall be advised that any retaliation against the person reporting the concern, whether the specific identity is disclosed or not, may be grounds for immediate disciplinary action pursuant to the Credentialing Policy.

VI. Communication to all parties involved, including the Practitioner, is important as the issue is brought forward. When the issue is resolved all involved parties receive communication of outcome.

VII. If additional complaints are received concerning a Practitioner, the VPMA, or designee, may continue to utilize the collegial and educational steps noted in this procedure as long as it s/he believes that there is still a reasonable likelihood that those efforts will resolve the concerns. At any point in this process, however, the VPMA, or designee, may refer the matter to the Credentials Committee and/or MEC, as appropriate, for review and action in accordance with the Credentials Policy.

VIII. When the VPMA, or designee, refers a matter to the Credentials Committee or MEC for its review and action, the Credentials Committee/MEC shall be fully apprised of the previous warnings issued to the Practitioner and the actions that were taken to address the concerns.

IX. Employees deliberately making false claims are subject to disciplinary action up to and including termination.

X. In order to effectuate the objectives of this Procedure, and except as otherwise may be determined by the VPMA, or designee, or the Credentials Committee and/or MEC, as required by the applicable Credentials Policy, the Practitioner's counsel shall not attend any of the meetings described above.

X. Process for Resolution of Disruptive/Abusive Conduct by Practitioners

Escalation of Issues/Concerns**

- Disruptive behavior observed
- Incident reported

↓

- Communication with offending practitioner and/or supervisor

↓ If not resolved

- Documentation of offending behavior (who, what, where, when, etc.)

↓ If not resolved

- Inform medical staff/leadership/administration
- Informal inquiry, review by medical staff leadership

↓ If not resolved

- Meet with offending practitioner (medical staff leadership)

↓ If warranted

- Administration or medical staff leadership requests review under Credentials Policy process.

* Matter may be referred to medical staff leadership at any time during process for formal handling under Credentials and Hearing Policy process

** Each step-in process reflects escalation due to seriousness of conduct or continued misconduct