

Notification of Practitioner's Responsibilities

Pursuant to the terms and conditions of the Participation Agreement, practitioners are required to notify CCHS PO immediately of any of the following:

- 1) Sanctions, suspensions, revocations or restrictions by:
 - a. Medicare, Medicaid or any other governmental payor;
 - b. Any state licensing board;
 - c. DEA or any other entity for improper prescribing procedures;
 - d. Any certifying boards or organizations;
 - e. Any hospital at which the practitioner has had privileges or is on the medical staff (other than for medical records violation); or
 - f. Any third party reimbursement program, HMO, PPO or other managed care organization in which the practitioner has had medical, professional appointment, membership or privileges.
- 2) Disciplinary action by any state or local medical society, specialty society or state board of medical examiners;
- 3) Denial, reduction, restriction, revocation, limitation, suspension, loss or termination of any hospital privileges or any disciplinary activity by a hospital at which a practitioner has privileges or is a member of the medical staff;
- 4) Denial of membership or denial of renewal by any medical organization;
- 5) Loss of license;
- 6) Mental or physical illness that interferes or limits the applicant's ability to practice medicine;
- 7) Denial, cancellation or refusal by any malpractice insurance carrier;
- 8) Initiation of litigation against the practitioner by any patient, or initiation of an investigation by a regulatory licensing body;
- 9) Indictment for, arrest for or conviction of any criminal charge and/or other violations of law; and
- 10) Practitioner or practitioner group's insurance is insolvent or files bankruptcy.

Notification of the above information should be in writing and should be forwarded to:

Email: faragot@ccf.org

Fax: (216) 442-1396

Mail:

Attn: Credentialing Office

Cleveland Clinic Health System Physician Organization

6801 Brecksville Road Ste 20

Independence, OH 44131