



Binder:	<u>Credentialing Committee</u>	
Policy Number & Title:	<u>QM.CRD.03.01 Appeal Process</u>	
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Approval:	<i>Rafael P. Delacruz M.D.</i>	Title: Vice President & Chief Medical Officer

POLICY

The participating practitioner has the right to appeal a decision of OSF HealthPlans and to appear before an Appeals Committee. This Policy shall not apply if the appeal is being submitted on behalf of a Member pursuant to the Member’s rights under the applicable Evidence of Coverage.

PROCEDURE

Medical Management

1. If the situation is emergent or urgent, the participating practitioner should contact the Medical Director. A determination will be made on a same day basis.
2. For non-urgent situations the participating practitioner must notify the Medical Director in writing of his/her request to appeal within 30 days of notification of OSF HealthPlans’ decision. Such appeal should include a complete narrative and all related supporting documentation.
3. The Medical Director will review the information and respond with a decision in writing within 30 days from the date the appeal is received.
4. If the participating practitioner is not satisfied with the decision made by the Medical Director, the participating practitioner may appeal the determination. The participating practitioner must notify the Appeals Committee in writing within 30 days of receipt of the Medical Director’s decision and include all documentation regarding the case.
5. The participating practitioner shall not have the right to appear in person before the Appeals Committee on a medical management issue.
6. The Appeals Committee will review the case and make a recommendation to the Plan within 30 days of receipt of the appeal. The participating practitioner will be notified of the Plan’s decision in writing via certified mail.
7. The decision of the Appeals Committee shall be final and binding upon both parties.

Credentialing

1. OSF HealthPlans notifies the practitioner via certified mail, return-receipt-requested, that the practitioner has failed to meet OSF HealthPlans' credentialing criteria and, if applicable, that a "Professional Review Action" (as defined below) against the practitioner has been proposed.
2. If a Professional Review Action has been proposed, the notice shall include: (i) the fact that a Professional Review Action against the practitioner has been proposed and a description of the proposed action; (ii) the reasons for the proposed action; (iii) a statement that the practitioner has the right to request a hearing before the Appeals Committee; (iv) any time limits within which to request a hearing and the manner of requesting a hearing; and (v) a summary of the practitioner's hearing rights.
3. The practitioner may submit an appeal and request for hearing to OSF HealthPlans in writing within 30 working days of the termination notice. If no request for appeal is received by OSF HealthPlans within such time, the practitioner's hearing rights are waived, and the practitioner's contract will terminate 60 days after the initial termination notice is received.
4. Upon receipt of a written request for appeal, OSF HealthPlans will present pertinent copies to the Appeals Committee, which shall proceed to convene a hearing as provided in OSF HealthPlans' Appeal Process Policy.
5. The decision of the Appeals Committee shall be final and binding upon both parties.
6. The practitioner will be notified in writing of the final decision of the Appeals Committee within 10 working days of the date of the decision.

Corrective Action

1. When determined by OSF HealthPlans to be necessary, OSF HealthPlans notifies practitioner via certified mail, returned-receipt-requested, that corrective action is necessary for continued participation in OSF HealthPlans.
2. OSF HealthPlans' notification letter will outline specific areas for correction and timeframe for compliance.
3. If a Professional Review Action has been proposed, the notice shall include:
 - A. The fact that a Professional Review Action against the practitioner has been proposed and a description of the proposed action;
 - B. The reasons for the proposed action;
 - C. A statement that the practitioner has the right to request a hearing before the Appeals Committee;
 - D. Any time limits within which to request a hearing and the manner of requesting a hearing; and
 - E. A summary of the practitioner's hearing rights.
4. The practitioner may submit an appeal to OSF HealthPlans in writing within 10 working days of the termination notice. If no request for appeal is received by OSF HealthPlans within such time, the practitioner's hearing rights are waived, and the proposed corrective action will take effect 30 days from the date of the letter constituting the initial notice of corrective action.

5. Upon receipt of a written request for appeal, OSF HealthPlans will present the record to the Appeals Committee, which shall proceed to convene a hearing as provided in OSF HealthPlans' Appeal Process Policy.
6. The decision of the Appeals Committee shall be final and binding upon both parties.
7. The practitioner will be notified in writing via certified mail, return receipt requested of the final decision of the Appeals Committee within 10 working days of the date of the decision.
8. If the proposed corrective action is not a Professional Review Action, or if the practitioner wishes to accept the proposed corrective action plan, the practitioner must agree in writing to comply with the corrective action plan within 10 working days from receipt of the letter.
9. Failure to respond will be considered as a decision by practitioner to not comply with the corrective action plan and may result in termination of practitioner's participation in the Plan.
10. Practitioner may request, or be asked, to meet with the Medical Director and/or the Appeals Committee to review the corrective action plan.
11. The appropriate OSF HealthPlans Committee(s) along with the Medical Director will monitor the corrective action by the practitioner.
12. After completion of the corrective action plan, OSF HealthPlans will determine whether the practitioner:
 - A. will be reinstated with no quality checks
 - B. will be reinstated with a quality check done in the future
 - C. will be terminated
13. OSF HealthPlans will notify the practitioner via certified mail, return-receipt-requested, of the Plan's decision following completion of the corrective action plan. If the decision would constitute a Professional Review Action, the process described in paragraphs 3 through 7 above shall be followed.

Summary Suspension

1. The Medical Director may summarily suspend a practitioner's participation in OSF HealthPlans without hearing or appeal for a period of not longer than 14 days during which an investigation is being conducted to determine the need for a Professional Review Action.
2. The Medical Director may summarily suspend a practitioner's participation in OSF HealthPlans without hearing or appeal where the failure to take such an action may (in the professional judgment of the Medical Director) result in an imminent danger to the health of any individual.
3. If a summary suspension has been imposed, OSF HealthPlans shall send a written notice to the practitioner, which shall include:
 - A. The fact that a Professional Review Action against the practitioner has been proposed and a description of the proposed action;
 - B. The reasons for the proposed action;
 - C. A statement that the practitioner has the right to request a hearing before the Appeals Committee;
 - D. Any time limits within which to request a hearing and the manner of requesting a hearing, and;
 - E. A summary of the practitioner's hearing rights.

4. The practitioner may submit an appeal to OSF HealthPlans in writing within 10 working days of the notice. Failure by the practitioner to submit a written appeal within such time shall constitute a waiver of practitioner's appeal rights.
5. Upon receipt of a written request for appeal, OSF HealthPlans will present pertinent copies to the Appeals Committee, which shall proceed to convene a hearing as provided in OSF HealthPlans' Appeal Process Policy.
6. The Appeals Committee may continue the suspension during the pendency of the appeal or may terminate the suspension and reinstate the practitioner during the appeal.
7. The decision of the Appeals Committee shall be final and binding upon both parties.
8. The practitioner will be notified in writing via certified mail, return receipt requested of the final decision of the Appeals Committee within 10 working days of the date of the decision.

Termination

1. When OSF HealthPlans has determined that a practitioner's participation agreement is to be terminated, the practitioner is notified via certified mail, return-receipt-requested.
2. If the proposed termination would constitute a Professional Review Action, the notice shall include:
 - A. The fact that a Professional Review Action against the practitioner has been proposed and a description of the proposed action;
 - B. The reasons for the proposed action;
 - C. A statement that the practitioner has the right to request a hearing before the Appeals Committee;
 - D. Any time limits within which to request a hearing and the manner of requesting a hearing; and
 - E. A summary of the practitioner's hearing rights.
3. The practitioner may submit an appeal and request for hearing to OSF HealthPlans in writing within 10 working days of the termination notice. If no request for appeal is received by OSF HealthPlans within such time, the practitioner's hearing rights are waived, and the practitioner's contract will terminate 60 days after the initial termination notice is received.
4. Upon receipt of a written request for appeal, OSF HealthPlans will present the record to the Appeals Committee, which shall proceed to convene a hearing as provided in OSF HealthPlans' Appeal Process Policy.
5. The decision of the Appeals Committee shall be final and binding upon both parties.
6. The practitioner will be notified in writing via certified mail, return receipt requested of the final decision of the Appeals Committee within 10 working days of the date of the decision.
7. If the termination would not constitute a Professional Review Action, the practitioner may submit an appeal to OSF HealthPlans of the decision within 10 working days of the receipt notice.
8. The appeal must include all supporting documentation.
9. The Appeals Committee will review the case within 10 working days of receipt and recommend action to OSF HealthPlans.
10. OSF HealthPlans will notify the practitioner via certified mail, return-receipt-requested, of the Plan's decision. This is the final determination.

All appeals should be addressed to the Quality Management Department at OSF HealthPlans.

OSF HealthPlans' decision following this Appeal Process is the final determination and is binding upon the parties.

The term "Professional Review Action" means an action or recommendation which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual practitioner and which conduct affects or could affect adversely the health or welfare of a Member or Members.