

**Subject: Provider Credentialing Appeal Rights & Notifying  
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**Objective:**

- I. To ensure that Health Share/Tuality Health Alliance (THA) uses objective evidence and considers patients' wellbeing when deciding to alter relationships with practitioners who do not meet credentialing and quality standards.
- II. To ensure that THA has an objective process by which providers who may have been denied credentialing or re-credentialing privileges may appeal the denial.
- III. To ensure a timely and uniform process by which the appropriate authorities are notified of an alteration in the THA-provider relationship (e.g. provider termination).
- IV. To ensure that providers are treated fairly and uniformly in accordance with THA bylaws.

**Policy:**

- I. This THA policy applies to THA Full, Associate, Preferred or Extended Contract, and Ancillary Providers.
- II. Providers who fail to comply with established standards and/or policies relating to quality of care and service, utilization of resources, administrative processes, and/or credentialing may be asked to comply with a mutually agreed-upon corrective action plan or may be subject to THA suspension or termination.
- III. The reasons for which a provider may be suspended or terminated may include, but are not limited to:
  - Incompetence;
  - Unethical practice;
  - Felony Conviction;
  - Abuse and/or illegal use of drugs or alcohol;
  - Revocation or suspension of license to practice;
  - Loss or reduction of malpractice coverage below minimum;
  - Probation or limitation by the appropriate licensing agency;
  - Loss or reduction of Tuality Healthcare Medical Staff privileges; or
  - Medicare or Medicaid sanctions or exclusions.
- IV. In the event that there is information obtained from reporting agencies or other evidence of concern pertaining to a provider's clinical practice, the THA Medical Director or designee will submit the case to the THA Quality Management Committee (QMC) for review and consideration.

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- a. The QMC will determine if committee intervention is warranted, and if so, what level of intervention to mandate. The QMC may choose one of the following interventions:
    - Provider review and case dismissal;
    - Provider review and provider monitoring; and/or
    - Provider review, leading to a complete review of the provider file.
  - b. Following a complete review of the provider file, the QMC will make a determination concerning whether or not the provider has complied with established credentialing and quality criteria.
  - c. A QMC peer review letter, as appropriate, is sent to the provider by registered return receipt mail; the letter includes information on the peer review process, specific reasons for the decision and provider suspension or termination appeal rights.
- V. The QMC will follow the process in the *THA Bylaws* (section 5.3):
1. The QMC reviews the provider and makes a preliminary determination that he/she has complied with the criteria established for THA panel membership.  
**OR**
  2. The QMC reviews the provider and makes a preliminary determination to limit privileges, suspend, or terminate him/her. The provider is given sufficient written notice of the prospective decision of the QMC to suspend or terminate his/her relationship, allowing the provider to defend these charges. QMC written notification includes:
    - Specific reasons for the prospective decision/action;
    - A summary of the provider's appeal rights and appeal process;
    - The provider's right to a hearing and the specific hearing request period of 30 days following the notification;
    - The provider's right to be represented by an attorney or another person of his/her choice; and
    - The appointment of a hearing officer or a panel of peers to review the appeal.
- a. The provider is given a reasonable period of time to appeal the QMC's allegations in a written response.  
**AND/OR**
  - b. The provider is given at least 30 days after the notification to request a hearing at which evidence sufficient to establish that the provider has failed to comply with credentialing or quality criteria is presented.
    - The provider is given at least 30 days after the notification to request a hearing.

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- If a hearing is chosen, the provider will therein be given an opportunity to rebut the evidence presented at the hearing by cross-examining the QMC witnesses and calling his/her own witnesses.
- VI. The final QMC decision of continued participation, monitored participation, restriction/suspension, or termination, is based upon the evidence presented within the provider's written appeal and/or at the hearing.
- VII. If the QMC decides to limit, suspend, or terminate the provider, the THA Board of Directors will agree by two-thirds vote that the provider does not meet the criteria for maintaining an established relationship with THA. The provider will be given detailed written notice of the THA Board decision by certified, return receipt mail within 30 days.
- VIII. All information obtained through the provider appeals and/or hearing process is considered confidential and will not be discussed outside of the appropriate QMC or Board meetings.
- IX. The THA Administrative Coordinator will submit a written report to the Oregon Medical Board (OMB), the Oregon State Board of Nursing (OSBN) and the National Provider Data Bank (NPDB) within 15 days of a final adverse action decision of the THA Board against a THA Provider. The following information is included in the submitted report:
- Name of provider;
  - Description of the acts or omissions or other reasons for the adverse action; and
  - Other information regarding the circumstances of the action.
- X. THA must compile a report of any professional review action against a THA Provider based on reasons related to professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient. A copy of any Adverse Action Report is maintained in the provider's THA quality assurance file.
- XI. THA must surrender or restrict a provider's THA physician panel membership or contract privileges while he/she is under investigation for possible professional incompetence or misconduct.

**References:** Health Share RAE Participation Agreement

NCQA Standard CR 10 Notification to Authorities and Practitioner Appeal Rights

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THA Policy X-11: Restriction, Suspension, or Termination of Physician

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