

# **Health Advantage**

## **Network Participation Appeal Policy and Procedures**

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# APPEALS FROM NETWORK PARTICIPATION OR CREDENTIALING DECISIONS

Eligible applicants and participating practitioners who dispute a network participation or credentialing decision of Health Advantage's Credentialing Committee or Health Advantage's management may appeal the decision in accordance with the appeals procedures outlined herein, subject to the limitations on the scope and availability of such appeal procedures as described in this policy.

## 1. Appeals Committee

All practitioner appeals shall be directed to and resolved by an Appeals Committee designated or approved for such purpose by the management of Health Advantage. Health Advantage reserves the right to determine in its sole discretion the membership and qualifications of any Appeals Committee designated or approved by its management.

The membership of the Appeals Committee, and the qualifications for its members, may be changed at any time without notice or formal action, at the sole discretion of Health Advantage.

## 2. Initiation of Appeal Process

Should a practitioner dispute a decision of the Credentialing Committee or Health Advantage, he or she must appeal the decision prior to taking any other action.

To initiate an appeal, the practitioner must, **within 14 calendar days** after a Credentialing Committee or other network participation decision was post-marked for mailing to the practitioner, deliver to the Provider Network Administrator written notice of the practitioner's request for an appeal.

If no valid request for an appeal is received by the Provider Network Administrator within 14 calendar days after the Credentialing Committee's or Health Advantage's decision was post-marked for mailing, the practitioner may not thereafter request and shall not be entitled to an appeal.

**NOTE:** Failure to deliver a valid request for appeal within the 14 days allotted shall constitute waiver by the practitioner of any right to appeal, as well as waiver of all objections to the decision of the Credentialing Committee or Health Advantage.

### **3. Conduct of Appeal Proceedings**

Upon receipt of a valid appeal request from an affected practitioner, the Appeals Committee will determine whether additional records or information are necessary or would be helpful in resolving the appeal, and may, in the sole discretion of the Appeals Committee, exercise any of the options outlined herein.

No practitioner shall have a right to personally appear before the Appeals Committee, but in all cases the affected practitioner will be afforded an opportunity to present his or her position, including information he or she deems relevant, to the Appeals Committee, either in writing or, upon invitation of the Appeals Committee in its sole discretion, in person.

Failure of an affected practitioner to cooperate with the Appeals Committee in the appeals review or failure to furnish with reasonable promptness any requested documents or information, alone shall constitute sufficient grounds, for exclusion or termination of the affected practitioner from the network(s), or for implementation of any option outlined herein.

The Appeals Committee's or Health Advantage's options may include but are not limited to any of the following:

- exclusion or termination from network participation;
- restriction, limitation or suspension of network participation;
- letters of reprimand or warning;
- 100% review of all reimbursement claims;
- random or focused chart audits;
- site visit requirements;
- provisional or probationary network participation;
- other actions deemed appropriate in the sole discretion of the Appeals Committee or Health Advantage.

After completion of its review, the Appeals Committee shall send to the affected practitioner, a letter setting forth the Appeals Committee decision. The decision of the Appeals Committee concerning any network participation or credentialing decision is final, and no further appeal shall be allowed.

**NOTE:** Appeal denials related to quality issues will be reported to the National Practitioner Data Bank.