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**Subject: Notifying Authorities & Provider Appeal  
Rights**

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**Page 1 of 5**

**Objective:**

- I. To ensure THA uses objective evidence and patient care considerations to decide on the means of altering its relationship with a practitioner who does not meet its quality standards.
- II. To ensure an objective appeals process for providers who may have been denied credentialing, or recredentialing privileges with the Tuality Health Alliance (THA) and offers this appeal process to the provider prior to reporting any action to the appropriate authorities.
- III. To ensure that providers are treated fairly and uniformly in accordance with the THA Bylaws.
- IV. To ensure a timely and uniform reporting process.

**Policy:**

- I. The scope of THA's Provider Appeal Rights policy includes THA Full, Associate, Preferred or Extended Contracted and Ancillary Providers.
- II. Decisions about altering a provider's relationship with THA are based on information that is submitted by the provider, as well as objective evidence. Decisions are guided by patient care considerations.
- III. Providers who fail to comply with established standards and/or policies relating to quality of care and service, utilization of resources, compliance with administrative processes, and/or credentialing standards may be subject to suspension or termination by THA or asked to comply with a corrective action plan that is mutually agreed upon.
- IV. Reasons for termination or limiting a provider's relationship with THA may include but is not limited to:
  - A. Incompetence
  - B. Unethical practice
  - C. Conviction of a felony
  - D. Illegal or abuse of personal use of drugs and alcohol

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**Subject: Notifying Authorities & Provider Appeal  
Rights**

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**Page 2 of 5**

- E. Revocation or suspension of license to practice
  - F. Loss or reduction of malpractice coverage below minimum
  - G. Being placed on probation or limitation by the appropriate licensing agency
  - H. Losing or having a non-voluntary reduction in staff privileges
  - I. Medicare or Medicaid sanctions or exclusions
- V. In the event that there is information obtained from reporting agencies, or there is evidence of concern with a provider's clinical practice related to quality of care and/or service, the THA Medical Director or Plan Director will submit the issue to the Quality Management Committee (QMC) for review and consideration.
- VI. The QMC will determine if committee intervention is warranted, and the level of intervention mandate. The THA Quality Management Plan calls for the QMC to choose one of the following actions:
- A. Review and dismiss
  - B. Review and track
  - C. Review and decide to conduct a complete review of the provider file.
- VII. The appropriate peer review letter is sent to the provider by registered return receipt mail that includes appeal rights and information on the peer review process.
- VIII. The QMC will review the case. They will make a determination whether or not the provider has complied with the criteria.
- IX. The QMC will follow the process in the THA by-laws section 5.3.
- A. The QMC makes a preliminary determination that the member has complied with the criteria established for membership. This will apply to information or criteria for credentialing, recredentialing, or maintaining an ongoing relationship with THA

**OR**

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**Subject: Notifying Authorities & Provider Appeal  
Rights**

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**Page 3 of 5**

- B. The provider is given sufficient notice of the prospective decision of the QMC to terminate his/her relationship to allow the provider to defend these charges.
  - 1. Written notification is sent to the provider when the QMC is reviewing a professional action. Written notification includes:
    - a. The reasons for the action
    - b. A summary of their appeal rights and process during the appeal
    - c. Their right to a hearing and the specific time period of 30 days allowed after the notification for submitting the request
    - d. Their right to be represented by an attorney or another person of their choice
    - e. The appointment of a hearing officer or a panel of peers to review the appeal
  
- C. “The provider is granted a hearing at which evidence sufficient to establish that the provider has failed to comply with the criteria is presented.”
  - 1. This will apply to information in the provider’s file that establishes the provider has not met the criteria for credentialing or recredentialing or continued participation with THA.
  - 2. The provider is given at least 30 days after the notification to request a hearing.
  - 3. Refer to THA Policy 10-11 Restriction, Suspension, or Termination of a Provider should the provider request a hearing.
  
- D. The provider is given an opportunity to rebut the evidence presented at the hearing by cross-examining the QMC’s witnesses and calling his/her own witnesses.
  
- E. As an alternative to C. and D. above, which may be exercised at the provider’s option, the provider is given a reasonable period of time to rebut the QMC’s allegations in a written response.
  
- X. The QMC’s final decision is based upon the evidence presented at the hearing or the provider’s response if any.
  
- XI. The Board of Directors by two-thirds vote agrees that the provider does not

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**Subject: Notifying Authorities & Provider Appeal  
Rights**

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**Page 4 of 5**

- meet the criteria for maintaining an established relationship with THA by the QMC. This will apply to the recredentialing or continued participation decision.
- XII. The THA Administrative Coordinator, on behalf of THA, will submit a written report to the Oregon Medical Board (OMB) and the National Provider Data Bank (NPDB) within 15 days of a final adverse action decision of the THA Board of Directors against one of its THA plan members after all administrative appeals are exhausted. The following information would be included in the notification:
- A. Name of physician involved
  - B. Description of the acts or omissions or other reasons for the action
  - C. Other information regarding the circumstances of the action
- XIII. THA must submit a report of any professional review action:
- A. Against one of its THA panel members or contracted providers based on reasons related to professional competence or professional conduct which adversely affects, or could adversely affect, the health or welfare of a patient. This includes actions, which constitute termination of provider membership with THA.
  - B. Surrender or restriction of THA physician panel membership or contract privileges while under investigation for possible professional incompetence or improper professional conduct or in return for not conducting an investigation or professional review action.
- XIV. A copy of the Adverse Action Report is maintained in the provider's THA quality assurance file.
- XV. The provider will be given written notice of the THA Board's decision by certified mail, return receipt within 30 days. The written notice includes the specific reasons for the decision.
- XVI. All information obtained in the appeals process is considered confidential and will not be discussed outside of the appropriate committee meeting.

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**Subject: Notifying Authorities & Provider Appeal  
Rights** **Page 5 of 5**

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Refer: THA Policy X-11 Restriction, Suspension, or Termination of Physician  
NCQA Standard CR 10 Notification to Authorities and Practitioner Appeal  
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**THA Plan Director**

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**THA Medical Director**