FAIR HEARING POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

CONTENTS

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the CCC Glossary.

1 PURPOSE

1.1 This policy provides a fair and unbiased process for providers or facilities to receive a fair hearing in the event that their credential is denied or suspended by Cascade Health Alliance.

2 SCOPE

2.1 This policy applies to all providers and facilities who are credentialed by Cascade Health Alliance to provide services to its members and have had their credential either denied, revoked, or suspended.

3 POLICY STATEMENT

3.1 Cascade Health Alliance provides a fair and unbiased process by which providers and/or facilities may appeal a decision made by CHA's Quality Management Committee to either deny, suspend, or revoke a provider's or facility's credential based on board actions, exclusions or sanctions.

3.2 The Quality Management Committee's decision upon the completion of the hearing/appeal is final. Providers or facilities who disagree with the QMC's decision upon appeal may file a further appeal directly with the Oregon Health Authority according to *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01.*

3.3 Members of CHA's Quality Management Committee who have a personal or professional relationship with the party requesting an appeal of the Committee's decision will declare their relationship with the aggrieved party and excuse themselves from the hearing process.

3.4 Employees of CHA may not participate in decision deliberations of the Committee during the appeals process after evidence and testimony has been presented.

3.5 The Committee is responsible for documenting its deliberations and decision.

3.6 Aggrieved parties may exercise the right to represent themselves or provide representation on their behalf.

4 PROCEDURE

4.1 Appeals must be made in writing to the Credentialing Specialist and must include a formal request for appeal, the reason for the appeal, and provide all supporting documentation at the time the request is made within one year of the credentialing denial, suspension, or revocation.

4.1.1 The Credentialing Specialist will note the date and time the appeal was received and by what source (i.e. electronic mail, fax, in person, certified mail, etc.) and forward it in its entirety to the Chair of the Quality Management Committee for review.

4.2 The Chair of the Quality Management Committee (QMC) will forward copies of the information received to all members of the QMC and schedule the date of the hearing with the Committee, Credentialing Specialist, and the aggrieved provider or facility representative.

4.3 The Quality Management Committee will review all appeal requests, including evidence submitted by both the provider or facility and Cascade Health Alliance's Credentialing Specialist, by scheduling a formal review with all parties present at the next scheduled QMC meeting, but no longer than 45 days from the date of the appeal request.

4.3.1 The Provider or facility may request an expedited hearing to occur outside of a regularly scheduled QMC meeting. The request will be granted if a majority of the QMC members can attend in order to render a fair decision.

4.3.2 Expedited appeals will be heard within 10 business days of the request for an expedition.

4.4 The Quality Management Committee will render a decision within 5 business days of the hearing. Notification of the decision will be made in writing and sent to the appealing provider or facility as well as the CHA Credentialing Specialist within 5 business days of the date the decision was made.

4.5 The provider or facility may appeal the final determination of Cascade Health Alliance to the Oregon Health Authority according to *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01*.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

5.1 The Quality Management Committee has oversight over the hearing and appeal process.

5.1.1 The Director of Quality Management is responsible for the execution of this policy.

5.1.2 The Credentialing Specialist is responsible for gathering all evidence to be presented during the hearing and appeal process.

5.1.3 This policy will be reviewed annually to evaluate its continuing effectiveness and compliance with all applicable Oregon Administrative Rules and contract stipulations, and best practice.

Reporting

5.2 No additional reporting is required.

Records Management

5.3 The Credentialing Specialist will maintain all records relevant to the administration of this policy, including those documents submitted and received by the Quality Management Committee as evidence, in the aggrieved party's credentialing file.

6 DEFINITIONS

Terms and Definitions

6.1 **Adverse Event**: An injury that occurs while a member is receiving health care services from a provider or facility.

6.2 **Aggrieved Provider or Facility:** The provider or facility whose credential has been denied, suspended, or revoked, and who is filing an appeal of that decision.

6.3 **QMC:** Quality Management Committee of Cascade Health Alliance

7 RELATED LEGISLATION AND DOCUMENTS

7.1 OAR 410-141-3120

8 FEEDBACK

8.1 CCC Team Members may provide feedback about this document by emailing policyfeedback@cascadecomp.com.

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Quality Management Committee
Committee Review Dates	09/09/2018, 10/04/2018, 08/2019
Approval Dates	10/04/2018; 08/01/2019

10 APPENDIX

10.1 APPENDIX 1: *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01*

APPEAL PROCESS FOR SANCTIONS, EXCLUSIONS, OR BOARD ACTIONS

1. ASSUMPTIONS:

   1.1. Any denied files must be maintained for three years.

      1.1.1. Files must contain specific reasons for denial. This information is protected under ORS 41.675.

   1.2. Suspended files will be held until a final determination has been made, at which time they will either be classified as denied or reinstated.

      1.2.1. Suspended files must contain specific reasons for the suspension. This information is protected under ORS 41.675.

   1.3. Background checks, license verification, and sanction monitoring will be conducted according to the timelines stated in the *Credentialing and Sanction Monitoring PP09002.01*.

      1.3.1. Discrepancies, variances, and sanctions will be reported to the Director of Quality Management, Medical Director and Compliance Officer according to the *Credentialing Policy PP09002,* and *Credentialing and Sanction Monitoring PP09002.01*.

2. REFERENCES: The following publications are sources for this Appendix:

   2.1. OAR 410-141-3120

   2.2. OAR 410-130-0610

   2.3. Patient Protection and Affordable Care Act Section 6402

   2.4. Oregon Health Plan, Health Plan Services Contract #143110-11

   2.5. 42 CFR 438.12

   2.6. 42 CFR 438.214

   2.7. 42 CFR 455.400-455.470 (excluding 455.60)

3. EXECUTION:

   3.1. This policy describes the process by which Cascade Health Alliance manages disciplinary actions and sanctions imposed by external regulatory bodies against practitioners.

   3.2. Providers and facilities are notified by CHA in writing of denied, revoked, or suspended credentials within 1 business days of the decision to deny, revoke, or suspend.

   3.3. Appeal Process:

      3.3.1. Appeals must be made in writing to the Credentialing Specialist and must include a formal request for appeal, the reason for the appeal and all supporting documentation.

         3.3.1.1. Appeals must be submitted within 30 days of the date of denial, revocation, or suspension.

3.3.1.2. The Credentialing Specialist will note the date and time the appeal was received and by what source (electronic mail, fax, in person, certified mail, etc.) and forward it in its entirety to the Chair of the Quality Management Committee for review.

3.3.2. The Chair of the Quality Management Committee (QMC) will forward copies of the information received to all members of the QMC.

3.3.3. The Quality Management Committee will review all appeal requests, including evidence submitted by both the Provider or facility and Cascade Health Alliance's Credentialing Specialist, and schedule a formal hearing with all parties present at the next scheduled QMC meeting, but no longer than 45 days from the date of the appeal request.

3.3.3.1. The Provider or facility may request an expedited hearing outside of a regularly scheduled QMC meeting. The request will be granted if a majority of the QMC members can attend to render a fair decision.

3.3.3.2. Expedited appeals will be heard within 10 business days of the request for an expedition.

3.3.4. The Quality Management Committee will render a decision within five business days of the hearing. Formal, written notification of the decision will be sent to the aggrieved provider or facility as well as the CHA Credentialing Specialist within five business days of the date the decision was made.

3.3.5. The Provider or facility may appeal the final determination of Cascade Health Alliance's QMC to the Oregon Health Authority in accordance with OAR 410-141-3120 (5) and OAR 410-141-3120 (6).