

# Appeals Process

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First Choice Health PPO Network (FCH PPO) decision to deny an initial application for network participation is not appealable.

An initial application is defined as an application submitted by a provider who is not currently credentialed and/or contracted with FCH PPO.

Providers denied initial network participation are not eligible to reapply for at least one year from the date of the denial or until any specified terms for reapplication have been satisfied

Providers denied initial network participation more than once are not eligible to reapply for network participation for at least five years from the most recent date of denial.

If FCH PPO places a provider on suspension, imposes a corrective action plan, or terminates the provider for failure to meet participation criteria, the provider has the right to appeal the decision and the right to legal representation. Appeal hearings are set forth herein to assure that the effected provider is afforded all rights to which he/she is entitled.

## Level One Appeal

1. The provider will be notified of termination, suspension, imposition of corrective action plan, or denial within 10 business days of the action and/or approval of minutes. The notification will be forwarded via registered certified return receipt mail.
2. Upon receipt of notification of termination, suspension, imposition of corrective action plan, or denial, the provider may submit a request for an appeal.
3. The appeal request must be in writing and must contain details of the provider's issues with the decision or the decision making process.
4. The appeal request must be received within 30 days of the date of receipt of the written notice of termination, suspension, imposition of corrective action plan, or denial.
5. Within 10 business days of receipt of the provider's appeal request, the provider will be notified in writing (via certified mail) of receipt of appeal and of the anticipated Credentialing Committee review date.
6. The appeal will be reviewed by the Credentialing Committee within 60 days of receipt of appeal, unless FCH PPO and appealing provider both agree to a different timeline.
7. The Credentialing Committee will review the appeal and move to uphold or not uphold the original decision by a majority vote.

8. The provider will be notified of the outcome within 10 business days of approval of the associated Credentialing Committee minutes.
9. If the decision of the Credentialing Committee is to uphold the original decision, the provider may then request a Level II Appeal.

## Level Two Appeal

1. Provider may request in writing a hearing with the Level II Appeals Committee. The request must be received by FCH PPO within 30 days of receipt by the provider of the Level One Appeal decision.
2. Within 10 business days of receipt of the provider's appeal, the provider will be notified in writing (via certified mail) of receipt of appeal and of the anticipated Appeals Committee review date.
3. Provider will receive a summary of his/her rights and a description of the Level II Appeals process within 10 business days of receipt of request for a Level II Appeal.
4. The appeal will be reviewed by the Appeals Committee within 60 days of receipt of appeal, unless FCH PPO and appealing Provider both agree to a different timeline.
5. Provider will have the right to legal representation. Any costs related to such representation are the provider's responsibility.
6. The provider and/or Legal Representative will be notified 30 days in advance of the scheduled hearing.
7. If the hearing date is not acceptable to the provider and/or Legal Representative, a one-time written request to re-schedule the hearing may be submitted to FCH PPO. FCH PPO will move the provider to the next scheduled hearing date.
8. Additional request for rescheduling the hearing will not be honored unless extenuating circumstances exist. If extenuating circumstances do not exist, the final determination of the Level I Appeals Committee will be considered binding. Extenuating circumstances include, but are not limited to, health issues verified by a licensed physician who certifies in writing that the provider is unable to participate in the hearing, and natural disasters.
9. The Credentialing Compliance Manager will forward second requests to the FCH PPO Legal Representative and/or the Credentialing Committee Chair for a final decision.
10. FCH PPO will maintain a FCH PPO Level II Appeal Hearing Schedule, as well as a FCH PPO Level II Appeal Hearing Agenda. Hearings will take place every other month at the designated time.
11. Provider will have a right to receive a full set of all written materials and documentation considered by the Credentialing Committee in making its decision with regard to provider's appeal.
12. Documents will be forwarded (via carrier) to the members, the provider and/or legal representative 10 business days prior to the hearing.
13. Provider will have the right to present information and other documentation determined to be relevant by the hearing officer.

14. Provider will have the right to submit a written statement at the close of the hearing.
15. The voting members of the Level II Appeals Committee are appointed by the President & CEO or his/her designee. Voting members will be selected from the FCH PPO Board of Directors, the FCH PPO Quality Improvement Council the FCH PPO Medical Advisory Committee, and/or community health care providers. Prior participation in the credentialing process of the appellant disqualifies a candidate from participating in the Level II Appeals Committee.
16. The Level II Appeals Committee will consist of not less than two (2) actively practicing health care providers, with at least one of them being in the same practice category (i.e., MD/DO, Naturopath, Chiropractor, etc).
17. Decisions of the Appeals Committee are reached by majority vote. A quorum consists of three (3) voting members, to include at least two (2) health care providers.
18. The FCH President and CEO or his/her designee will serve as the hearing officer.
19. At the discretion of the Credentialing Committee, a representative may be appointed to act as a liaison to the Level II Appeals Committee to provide pertinent history summarizing the Credentialing Committee's decision, if desired by the Level II Appeals Committee.
20. Formal minutes will be taken at the meeting.
21. The Appeals Committee will have access to all written materials and documentation that were reviewed by the Credentialing Committee.
22. Decisions regarding the appeal will be determined by majority vote of the voting members constituting the Level II Appeals Committee.
23. The written notification of the decision will be sent to the provider within ten (10) business days of the meeting.
24. The written notification will be sent via registered mail, and the notice will be deemed received and final upon signature and date of the receipt.
25. The decision of the Level II Appeals Committee will be final and binding for all involved parties.