


| | | |
|---|---|---|
|  <p>JOHNS HOPKINS M E D I C I N E</p> <p>JOHNS HOPKINS HEALTHCARE</p> | <p>JOHNS HOPKINS HEALTHCARE</p> | <p>Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15</p> |
| | <p>Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business</p> | <p>Page 1 of 9</p> |

ACTION

- Revised Policy
- Superseding Policy Number: _____
- Repealing Policy Number:

POLICY:


1. The Johns Hopkins HealthCare LLC (JHHC) Credentialing Department ensures that mechanisms are available to individual/ organizational practitioners through which JHHC will review corrective actions imposed on an individual/ organizational practitioner.
2. Individual/organizational practitioners whose participation in the JHHC network is significantly altered by a decision of the Special Credentials Review Committee (SCRC) due to professional competency or conduct, have the right to appeal that decision.
3. Individual/ organizational practitioners who are initially denied network participation due to administrative issues have the right to re-consideration by an authorized representative of the organization.
4. Individual/ organizational practitioners who are initially denied network participation not due to administrative issues have no right to appeal.
5. Individual/ organizational practitioners who are terminated from the network due to revocation of license, conviction of claims fraud, or due to appearing on the Office of the Inspector General (OIG) List of Excluded Individual/Entities (LEIE) are not entitled to a dispute resolution process.

SCOPE:

This policy applies to all participating individual/ organizational practitioners in the JHHC practitioner network(s).

These procedures are available to any individual/ organizational practitioner against whom JHHC has taken administrative actions that affects or places conditions upon the individual/ organizational practitioner's network status.

This procedure is not applicable where there was no practitioner action to review. This procedure does not preclude JHHC from immediately suspending or restricting an individual/ organizational practitioner's network status, subject to subsequent procedures,

| | | |
|--|--|---|
|  <p>JOHNS HOPKINS M E D I C I N E</p> <hr/> <p>JOHNS HOPKINS H E A L T H C A R E</p> | <p>JOHNS HOPKINS HEALTHCARE</p> | <p>Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15</p> |
| | | <p>Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business</p> |


where in the judgment of JHHC, failure to take such action may pose a threat or imminent danger to the health of any JHHC member.

Furthermore, this procedure does not preclude JHHC from immediately suspending or restricting an individual/ organizational practitioner’s network status, subject to subsequent procedures, in the event of loss of license, loss of Medicare/Medicaid certification, loss of DEA or CDS certificate, loss of professional liability insurance, or appears on the Office of the Inspector General (OIG) List of Excluded Individual/Entities (LEIE).

RESPONSIBILITIES

1. The Senior Director of Provider Relations (PR) monitors individual/ organizational practitioner compliance with contractual requirements. Further, the Senior Director of Provider Relations initiates corrective actions when deemed appropriate, or makes recommendations to the SCRC for termination of network participation for serious breach of contract.
2. The Credentialing Manager monitors periodic reports created by the Quality Improvement (QI) department regarding complaints and quality investigations of individual/ organizational practitioners pertaining to professional competency or conduct. The Credentialing Manager reports to the SCRC any individual/ organizational practitioner with significant or reportable actions as reported by the QI department.
3. The Credentialing Manager presents to the SCRC any individual/ organizational practitioner who is deemed to pose a significant risk regarding patient safety or substandard medical care.
4. The Credentialing Manager or designee coordinates individual/ organizational practitioner appeals with the SCRC Chairperson, the members of the Appeal Panel, and the individual/ organizational practitioner and his/her/ their representatives, as appropriate.
5. The Credentialing Manager ensures that appropriate written communication has been sent to the individual/ organizational practitioner regarding decisions pertaining to network participation.
6. The SCRC renders decisions regarding ongoing network participation based upon quality of care investigations, ongoing sanctions monitoring, professional misconduct, and contractual compliance.

PROCEDURES:


| | | |
|--|---|---|
|  <p>JOHNS HOPKINS M E D I C I N E</p> <hr/> <p>JOHNS HOPKINS H E A L T H C A R E</p> | <p>JOHNS HOPKINS HEALTHCARE</p> | <p>Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15</p> |
| | <p>Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business</p> | <p>Page 3 of 9</p> |

I. Initial Determination regarding Contractual Issues:

- A. The JHHC Provider Relations Department monitors individual/ organizational practitioner compliance with contract requirements as outlined in the JHHC participating Provider Service Agreement including but not limited to: access and availability of services, back-up call coverage, referrals, non-discrimination, utilization management procedures, inspections and audits, medical record-keeping, and confidentiality. These activities may result in implementing a corrective action, recommendation for improvement or a recommendation for termination of network status.
- B. When JHHC determines that a corrective action is necessary for any participating individual/ organizational practitioner, the Senior Director of Provider Relations, or designee, shall send the affected individual/ organizational practitioner written notice. At a minimum, the written notice must state:
 - 1. Corrective action has been determined as necessary;
 - 2. The reason(s) for the corrective action;
 - 3. Any supporting information reviewed by JHHC;
 - 4. The terms of the corrective action;
- a. After such action is taken and communicated to the individual/ organizational practitioner, an affected practitioner may request reconsideration. The request for reconsideration must be directed to the Senior Director of Provider Relations in writing within 30 days.
- b. Upon receipt of a written request for reconsideration, the Senior Director of Provider Relations will arrange for evaluation and reconsideration of the matter by the JHHC Chief Operating Office or a designee not involved in the original decision.
- c. The reconsideration decision of the Chief Operating Officer or his designee is final.

II. Initial Determinations regarding Professional Competency or Conduct:

- A. The Credentialing Department may discover adverse issue(s) of professional competency or conduct during the credentialing or re-credentialing process. Additionally, adverse issue(s) may be discovered during ongoing monitoring activities between credentialing cycles.
- B. The Credentialing Manager may discover, through routine reporting from the QI department, actions of concern against an individual/ organizational practitioner through an investigation of that individual/ organizational practitioner's professional practice or due to a member complaint against the individual/ organizational practitioner.
- C. The Credentialing Department conducts a risk assessment of the issue(s) and

| | | |
|--|--|---|
|  JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTHCARE | JOHNS HOPKINS HEALTHCARE | Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15 |
| | Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business | Page 4 of 9 |


forwards the issue to the SCRC for a decision regarding the individual/ organizational practitioner’s participation status.

- D. The SCRC may decide to:
1. Initiate a corrective action against the individual/ organizational practitioner; or,
 2. Make a recommendation to the individual/ organizational practitioner for improving professional competency or conduct; or,
 3. Monitor the individual/ organizational practitioner’s activity with JHHC members over a course of time (i.e., Track and Trend); or,
 4. Suspend, restrict or terminate the individual/ organizational practitioner’s ongoing participation in the JHHC network(s).
- E. After notifying the individual/ organizational practitioner of the SCRC determination, an affected individual/ organizational practitioner may request a review of the initial determination. This will not preclude JHHC from an immediate suspension or restriction of an individual/ organizational practitioner’s network status, subject to subsequent administrative review, where the failure to take such an action may result in an imminent danger to the health of any JHHC member.

III. Notification of Initial Determination:

- A. When JHHC determines that action is necessary for any participating individual/ organizational practitioner, the JHHC Medical Director, the Chief Medical Officer, the Senior Director of Provider Relations, the Credentialing Manager, or one of their designees shall send the affected individual/ organizational practitioner written notice. At a minimum, the written notice must state:
1. Action has been determined as necessary;
 2. The reason(s) for the action;
 3. Any supporting information reviewed by JHHC;
 4. The terms of the action;
 5. The individual/ organizational practitioner has the right to request a First Level Panel (“FLP”) review on the action subject to the following:
 1. The appeal hearing will take place via paper file review, however the individual/ organizational practitioner has the right to personal a appearance before the panel;
 2. The individual/ organizational practitioner has the right to be represented by or to have legal counsel, or another person of the practitioner’s choice, during the appeals process or present at the hearing.
 6. A review must be requested within thirty (30) days of the date of notice of credentialing action in writing to the Credentialing Manager;
- B. The Notice of Initial Determination must be sent to the individual/ organizational practitioner by first-class certified U.S. Postal Service or Federal Express.


IV. First and Second Level (FLP/ SLP) Review :

| | | |
|---|---------------------------------|--|
|  JOHNS HOPKINS M E D I C I N E <hr/> JOHNS HOPKINS HEALTHCARE | JOHNS HOPKINS HEALTHCARE | Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15 |
| | | Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business |

1. Based on availability, the Chairperson of the SCRC, or designee, will appoint three qualified individuals to a First/ Second Level Panel. The persons appointed shall meet the following requirements:
 - a. At least one person shall be a participating practitioner who is a clinical peer of the appellant and who is not otherwise involved in JHHC network management operations activities. For the purpose of this requirement, a clinical peer is a practitioner with the same type of license; for physicians, of the same specialty.
 - b. The panel shall not include any individual who is in direct economic competition with the appellant or who is professionally associated with or related to the appellant or who otherwise might directly benefit from the outcome.
 - c. Knowledge of the matter shall not preclude any individual from serving as a member of the FLP/ SLP; however, panel member may not have been involved with any earlier decision concerning the initial determination or corrective action.

Practitioners requesting appeal that are participating with the Medicare Advantage line of business shall have a panel of two participating practitioners who are clinical peers of the appellant, and one other practitioner that meets criteria b and c above.

2. The FLP/ SLP will afford the appellant the review rights as specified in this procedure. For purposes of this review process, it is not necessary that panel members meet in person to discuss the case; other mechanisms may be used, if necessary, to ensure a fair and impartial review. *e.g., teleconference, etc.*
3. The Credentialing Manager, or designee, will gather all documents related to the original determination and the documents submitted by the appellant to support his/her/ their appeal and will forward the Appeal File to each of the Appeal Panel members within ten (10) days of receipt of the documents from the appellant. Except in cases where an in- person appeal hearing is requested, members of the Appeal Panel will have ten (10) days to review the appeal file, and render a recommendation. The Panelists may elect to convene a meeting in which the Panelists may discuss their opinions for recommendations to the SCRC. Such a meeting may be held by teleconference call. The Credentialing Manager will facilitate the scheduling of the meeting to be held at the convenience of the Panelists. The recommendation of the FLP/ SLP Member will be based on the preponderance of the evidence, noting that the burden of proof always remains with the individual/ organizational practitioner to explain his/ her/ their actions or lack of action.


| | | |
|--|---|---|
|  <p>JOHNS HOPKINS M E D I C I N E</p> <hr/> <p>JOHNS HOPKINS H E A L T H C A R E</p> | <p>JOHNS HOPKINS HEALTHCARE</p> | <p>Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15</p> |
| | <p>Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business</p> | <p>Page 6 of 9</p> |

4. In the event a practitioner requests an in-person hearing before the FLP or SLP, the following procedural rights shall be afforded:
 - a.)The Chairperson of the SCRC, or his/her designee, will convene the Appeal Panel within no less than thirty (30) days and no more than sixty (60) days from the date of receipt of the FLP/ SLP review request. The designated credentialing staff person will ensure that the hearing is scheduled at a time convenient for all members of the FLP/ SLP and the practitioner.
 - b.)The practitioner will receive written notice of the date, time and location of the hearing, which date shall not be less than thirty (30) days after the date of the notice.
 - c.)The individual/ organizational practitioner has the right to be represented by or to have legal counsel present at the hearing.
 - d.)The burden of proof remains with individual/ organizational practitioner to explain his/ her/their actions or lack of actions.
 - e.)The individual/ organizational practitioner may submit a written statement for the FLP/SLP's consideration;
 - f.)The individual/ organizational practitioner may submit the written statements of others for the FLP/SLP's consideration.
 - g.)The Chairperson or his/her designee will serve as the hearing officer.
 - h.)The notice of the hearing date will also provide a list of witnesses (if any) expected to testify at the hearing on behalf of the SCRC.
 - i.)The individual/ organizational practitioner has the right to call and cross examine witnesses.
 - j.)The individual/organizational practitioner has the right to present evidence.
 - k.)The individual/organizational practitioner has the right to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of reasonable charges associated with the preparation thereof.
 - l.)The individual/organizational practitioner has the right to submit a written statement at the close of the hearing,
 - m.)Failure to appear on the part of the practitioner does not prohibit the FLP/SLP members from rendering their recommendations

5. After the conclusion of the hearing each member of the FLP/SLP will submit their recommendation to the designated credentialing staff person.

The FLP/ SLP Member may recommend to:

1. Uphold the initial determination; or
 2. Overturn the initial determination; or
 3. Modify the initial determination.
6. The Credentialing Manager will collect the recommendations from each FLP/ SLP Member and write a summary statement for the review of the SCRC.

| | | |
|---|--|---|
|  JOHNS HOPKINS M E D I C I N E <hr/> JOHNS HOPKINS HEALTHCARE | JOHNS HOPKINS HEALTHCARE | Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15 |
| | Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business | Page 7 of 9 |

7. The recommendations of the FLP/ SLP will be considered by the SCRC at its next regularly scheduled monthly meeting but not to exceed sixty (60) days from the receipt of the appellant’s request for a First/ Second Level Review. The Credentialing Manager may schedule a special session of the SCRC to review FLP/SLP recommendations. These sessions may be telephonic, in person, or electronic via email.
8. The SCRC has the final decision regarding the outcome of the FLP/ SLP. The SCRC may decide to accept the recommendation of the FLP/ SLP to overturn or uphold the original determination; or modify the recommendation of the FLP/SLP and implement a modified action against the appellant (different from the initial determination).


V. Notification of First Level Review

A.The JHHC Chief Medical Officer or designee will notify the appellant of the SCRC’s decision, in writing, within five (5) business days following the SCRC decision via first-class certified U.S. Postal Service or Federal Express.

1. At a minimum, the written notice must state and include:
 - a. The FLP’s decision(s) and rationale;
 - b. The effect of the FLP’s decision(s) on the initial determination;
 - c. A list of any material that was used in the FLP’s discussion, that is not already available to the practitioner;
 - d. The individual/ organizational practitioner has the right to request a Second Level Panel (“SLP”) review on the action subject to the following:
 1. The appeal hearing will take place via paper file review, however the individual/ organizational practitioner has the right to personal a appearance before the panel;
 2. The individual/ organizational practitioner has the right to be represented by or to have legal counsel, or another person of the practitioner’s choice, during the appeals process or present at the hearing.
 3. A review must be requested within thirty (30) days of the date of notice of credentialing action in writing to the Credentialing Manager;
 4. The determination at the conclusion of the Second Level Review is final with no further administrative appeal.

VI. Notification of Second Level Review:

1. The JHHC Chief Medical Officer or designee will notify the appellant of the SCRC’s decision, in writing, within five (5) business days following the SCRC decision via first-class certified U.S. Postal Service or Federal Express.
2. At a minimum, the written notice must state and include:

| | | |
|---|---|---|
|  <p>JOHNS HOPKINS M E D I C I N E</p> <hr/> <p>JOHNS HOPKINS HEALTHCARE</p> | <p>JOHNS HOPKINS HEALTHCARE</p> | <p>Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15</p> |
| | <p>Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business</p> | <p>Page 8 of 9</p> |


- a. The SCRC's decision(s) and rationale;
- b. The effect of the SCRC's decision(s) on the initial determination and subsequent appeal;
- c. A list of any materials that were used in the SLP's discussion, that is not already available to the provider;
- d. The individual/ organizational practitioner has no further right of appeal.

The fact that the occurrence will/will not be reported to governing agencies as required.

IV. Monitoring of Actions:

- A. Monitoring of actions for professional competency or conduct will be the responsibility of the Credentialing Department. Monitoring of corrective actions for administrative issues will be the responsibility of the Provider Relations Department. Actions may include but are not limited to the following:
 1. No Action - If it is determined that no violation has occurred, no action may be taken. No action may also be taken if the individual/ organizational practitioner does not have a history of violating JHHC requirements and the violation is determined to be unintentional, minor and unlikely to reoccur.
 2. Practitioner education - Education may be recommended if the individual/ organizational practitioner does not have a previous violation for a similar issue and if the violation appears to be due to the individual/ organizational practitioner's lack of education.
 3. Close the individual/ organizational practitioner's panel
 4. Impose a contract sanction – If investigations reveal the individual/ organizational practitioner knowingly violated a JHHC requirement, a contract sanction may be applied.
 5. Terminate the provider service agreement – Agreement termination may be imposed if the violation has occurred previously and represents a pattern.

- B. Documentation of this process will be maintained in the individual/ organizational practitioner's credentialing File.

| | | |
|---|--|---|
|  JOHNS HOPKINS M E D I C I N E <hr/> JOHNS HOPKINS HEALTHCARE | JOHNS HOPKINS HEALTHCARE | Policy Number: PCR.005 Effective Date: 1/1/10 Revision Date: 5/13/15 Review Date: 8/26/15 |
| | Subject: Practitioner Discipline and Appeals Department: Credentialing Lines of Business: All Lines of Business | Page 9 of 9 |

REFERENCE:

NCQA Credentialing Standards HP
JHHC PCR.004 Termination of Network Participation
JHHC MSQI.008 Quality of Care Review
CMS Guidelines

SIGNATURES:

Approval Signature: _____ Date: _____
Credentialing Manager

Approval Signature: _____ Date: _____
Director of Operations Support

Review/Revision Dates: 6/10/04, 11/28/05, 12/18/06, 12/20/07, 12/22/08; 12/21/09;
10/18/2010; 10/17/2011; 11/12/2012, 9/1/13, 10/13/14, 8/26/15