

INLAND EMPIRE HEALTH PLAN

PEER REVIEW (LEVEL I) AND CREDENTIALING APPEAL

Denial, Reduction, Suspension or Termination of Practitioner Status

(Adopted April 14, 1997)

(Amended January 2023)

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Purpose:

- A. To provide 1) a mechanism for peer review of IEHP Providers of Service (Practitioners), 2) a process for Practitioner to request review of negative peer review recommendations, decisions, and actions, for any reason related to quality of care issues, non-quality of care issues, and/or credentialing requirements, including, but not limited to, denial, reduction, suspension or termination of Practitioner status, as requested by the Inland Empire Health Plan (IEHP) Peer Review Subcommittee, the IEHP Quality Management (QM) Committee, the IEHP Credentialing Subcommittee, of the IEHP Medical Director, and 3) a mechanism for appropriate action.

Scope:

- A. The following policies and procedures apply to all Practitioners participating or requesting participation as a Provider for IEHP, including, but not limited to, the following licentiates: Physicians (MD), Osteopathic Physician (DO), Podiatrists (DPM), Pharmacists (Pharm D or RPh), Oral Surgeons (DDS or DMD), Optometrists (OD), Chiropractors (DC), Audiologists, Clinical Psychologists, (PhD), Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Midwives (NM), Licensed Midwives (LM), Physical Therapists (PT), Occupational Therapists (OT), and Speech/Language Therapists (S/LT), psychiatrists, psychologists, master level clinical nurses, Licensed Clinical Social Workers (LCSW), Marriage, Family and Child Counselors (MFCC/LMFT), Licensed Professional Clinical Counselor (LPCC), and other behavioral health professionals licensed to provide behavioral health services in the state of California.

Policy:

- A. A Provider's status or participation may be denied, reduced, suspended or terminated for any lawful reason, including, but not limited to, a lapse in basic qualifications such as licensure, insurance, or required medical staff privileges or admission coverage at an IEHP contracted hospital; a determination by IEHP that the Practitioner cannot be relied upon to deliver the quality or efficiency of patient care required by IEHP; a determination by IEHP that the Practitioner cannot be relied upon to follow IEHP's clinical or business guidelines or directives; or a change in IEHP's business needs.
- B. A Practitioner may request review of any initial adverse recommendation, decision or action by IEHP that is based on quality of care issues, non-quality of care issues, and/or credentialing requirements, that impact his or her participation status with IEHP, including denial, reduction, suspension, or termination of his or her participation status with IEHP, in accordance with the Level I Review procedures, as provided herein.

Procedure:

- A. Issues raised about either an applicant or a participating Practitioner's credentialing packet or performance as a Practitioner shall be considered initially by the IEHP Medical Director, who shall have the discretion to investigate and to determine the necessary and appropriate response and intervention as delegated to the IEHP Medical Director as a member of the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee. His/her options shall include, but not be limited to, maintaining a record of the matter without further investigation or action; investigating the matter personally and making a report and recommendation to the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee, as warranted; or referring the matter to the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee for investigation and the preparation of a report and recommendation to the IEHP Medical Director.
- B. In instances where there may be an imminent danger to the health of any individual, the IEHP Medical Director and/or the IEHP Peer Review Subcommittee may summarily restrict or suspend the participating Practitioner's privilege to provide patient care services, effective immediately upon written notice to the Practitioner. The notice shall be in the same format as described in Section 3 herein, pending consideration and action by the IEHP Peer Review Subcommittee. The IEHP Peer Review Subcommittee may continue to enforce the reduction or suspension pending further action.
- C. If an unfavorable recommendation, decision or action is made or taken by the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee for a reason relating to quality of care issues, non-quality of care issues, and/or credentialing requirements, the Practitioner shall be entitled to a Level I Review. The Practitioner shall be sent a written notice, by FedEx, with a return receipt, of the recommendation or decision and shall be afforded thirty (30) days in which to respond in writing to request a Level I Review. A copy of the "IEHP Peer Review Level I and Credentialing Appeal" document shall be provided with the notice. The notice will state:
 - 1. The action which has been proposed against the Practitioner;
 - 2. A brief description of the factual basis for the proposed action;
 - 3. That the Practitioner has the right to request that a Level I Review be conducted by the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee;
 - 4. That a Level I Review must be requested by the Practitioner in writing, addressed to the IEHP Medical Director within thirty (30) days of the date of receipt of the notice by the Practitioner. The Practitioner's written request for a Level I Review must state the reasons for the request clearly, and if the Practitioner wishes to exercise the right to present information orally at the Level I Review meeting as provided in Section 4b below.
 - 5. A brief summary of the Practitioner's rights at the Level I Review, as set forth in Section 4 below;

6. That the Level I Review shall take place before the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee; and
7. That the action, if implemented, must be reported to the Medical Board of California under California Business and Professions Code Section 805 or 809 as applicable, National Practitioner Data Bank (NPDB), and/or under any other applicable federal or state law.

D. A Practitioner's rights at the Level I Review include:

1. Right to present any additional written material for review by the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee.
2. Right to present any information orally to the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee in person at the time of the meeting for the Level I Review.
3. If the Level I Review is not requested by the Practitioner within the time and in the manner specified, all administrative Level I Review rights of the Practitioner shall be deemed waived, and the decision made by the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee shall be final.

E. If Level I Review is requested within the time and in the manner specified, the IEHP Medical Director shall arrange for the review to be conducted at the next scheduled meeting of the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee, and the Practitioner shall be sent a written notice via FedEx stating the date, time, and place of the Level I Review meeting. The Practitioner's written response to the notice of action or proposed action shall be summarized in or attached to a report to the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee which shall be written by the IEHP Medical Director, as a member of the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee.

F. As provided in this "IEHP Peer Review Level I and Credentialing Appeal", the Level I Review shall include an opportunity for the Practitioner to present information and arguments in writing and/or orally. However, the Level I Review meeting is not a hearing, and the procedural rights associated with formal peer review hearings do not apply in Level I Review. At a Level I Review meeting, Practitioners may not be represented by a licensed attorney; however, they have a right to be represented by a non-attorney representative of their choice. The IEHP Peer Review Subcommittee and IEHP Credentialing Subcommittee shall have the discretion to prescribe such additional procedural elements as it deems appropriate to the circumstances. When the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee is satisfied that sufficient information and arguments have been presented in this review process, it shall recommend or take such action as it deems appropriate and send written notice via FedEx to the Practitioner.

G. In cases where the decision by the IEHP Peer Review Subcommittee or Credentialing Subcommittee for the Level I Review will result in the denial, suspension, reduction or termination of the Practitioner's participation status with IEHP, the written notice will include the following:

1. The Level I Review decision, including a brief description of the proposed recommendation, decision or action and the reasons for it;
2. That the action, if implemented, must be reported to the Medical Board of California under Business and Professions Code Section 805 or 809 as applicable, National Practitioner Data Bank (NPDB), or under any other applicable federal or state law;
3. That the Practitioner may request a Level II Appeal hearing for adverse peer review decisions
4. That a Level II Appeal hearing must be requested in writing, within thirty (30) days of receipt of the notice by the Practitioner and the request must include a statement of the grounds for requesting a Level II Appeal;
5. A brief summary of the Practitioner's rights with respect to the Level II Appeal hearing;
6. A statement that the Practitioner is required to exhaust the administrative remedies of the Level II Appeal hearing prior to seeking judicial review of the recommendations, decisions or actions of the IEHP Peer Review Subcommittee or IEHP Credentialing Subcommittee; and
7. The Level II Appeal proceeding shall take place before a Hearing Officer, selected by the IEHP Medical Director in accordance with the procedures set forth in the Level II Appeal document, and the final action shall be taken by the Peer Review Subcommittee or Credentialing Subcommittee.

Request for a Level II Appeal

- A. The Practitioner shall have thirty (30) days following the date of receipt of a notice of an adverse recommendation, decision or action resulting from a Level I Review to request a formal Level II Appeal. The request must be submitted in writing, directed to the IEHP Medical Director, and must be received at IEHP within the prescribed period. If the Practitioner does not request a formal Level II Appeal within the time and in the manner prescribed, they shall be deemed to have accepted the recommendation, decision, or action involved, and shall be deemed to have waived all administrative appellate review rights, and the recommendation, decision, or action may be adopted by the Peer Review Subcommittee or IEHP Credentialing Subcommittee as IEHP's final action.

Reporting

- A. IEHP shall comply with the reporting requirements of the Medical Board of California (MBOC) as required by law. IEHP shall comply with the reporting requirements of the California Business and Professions Code, the Federal Health Care Quality Improvement Act, and the National Practitioner Data Bank (NPDB) regarding adverse credentialing and peer review actions. The Practitioner will be notified of the reports and its contents.
- B. MBOC requires reports whenever: a licentiate's application for staff privileges or membership is

denied or rejected for a medical disciplinary cause or reason; a licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason; restrictions are imposed or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of thirty (30) days or more for any 12-month period, for a medical disciplinary cause or reason; and/or a licentiate's resignation or leave of absence from membership, staff, or employment following notice of impending investigation based on information indicating medical disciplinary cause or reason.

- C. MBOC requires an 805 report¹ whenever a peer review body makes a final decision or recommendation regarding the disciplinary action that results in a final proposed action to be taken against a licentiate based on the peer review body's determination. This decision is following formal investigation of the licentiate that any of the facts listed below have occurred, regardless of whether a hearing is held pursuant to Section 809 of the California Business and Professions Code.²

- D. IEHP complies with all reporting requirements of the Medical Board of California, the Dental Board of California, the Osteopathic Medical Board of California, the Board of Podiatric Medicine, the California Board of Behavioral Sciences, the Board of Psychology, and the Physician Assistant Board, and other licensing agencies, and National Practitioners Data Bank (NPDB) as required by law. IEHP also complies with the reporting requirements of the California Business and Professions Code and the Federal Health Care Quality Improvement Act regarding adverse credentialing decisions. IEHP notifies the Practitioner of such reporting and its contents in writing.
 - 1. Actions that are reported to the Medical Board of California, the Dental Board of California, the Osteopathic Medical Board of California, the Board of Podiatric Medicine, the California Board of Behavioral Sciences, the Board of Psychology, the Physician Assistant Board, other licensing agencies, and National Practitioners Data Bank (NPDB) as applicable and required by law, include a decision to deny or reject a Practitioner's application for staff privileges or membership for a medical disciplinary cause or reason; a decision to terminate or revoke a Practitioner's membership, staff privileges or employment for a medical disciplinary cause or reason; restrictions imposed or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of thirty (30) days or more for any twelve (12) month period, for a medical disciplinary cause or reasons; and/or a Practitioner's resignation or leave of absence from membership, staff, or employment following notice of impending investigation based on information indicating medical disciplinary cause or reason.
 - 2. An 805.01 will be filed if a recommendation or final decision based on any of the following:
 - a. Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury or to one or more patients in such a manner as to be dangerous or injurious to any person or the public
 - b. The use of, or prescribing for or administering to him/herself, any controlled substance; or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages,

¹ California Business and Professions Code § 805

² California Business and Professions Code § 809

to the extent or in such a manner as to be dangerous or injurious to the licensee, or any other persons, or the public, or to the extent that such impairs the ability of the licensee to practice safely

- c. Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without good faith effort prior examination of the patient and medical reason therefore.
- d. Sexual misconduct with one or more patients during a course of treatment or an examination.³

Confidentiality

- A. All credentialing and peer review records and proceedings shall be confidential and protected to the fullest extent allowed by Section 1157 of the California Evidence Code, and any other applicable law.

³ California Business and Professions Code § 805.01