

POLICY AND PROCEDURE

POLICY NAME: Practitioner Disciplinary Action and Reporting	POLICY ID: LA.CRED.07
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Credentialing and Provider Data Management
EFFECTIVE DATE: 08/2020	PRODUCT(S): All
REVIEWED/REVISED DATE: 10/20, 10/21, 09/22, 023/23	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

Policy to provide an overall outline of the work processes followed for practitioner disciplinary action and reporting requirements.

PURPOSE:

[Louisiana Healthcare Connections \(LHCC\)](#) ~~Te~~ ensures that participating practitioners are treated equitably and that any actions taken against a practitioner for quality reasons are reported to the appropriate authorities and the practitioner is offered a formal appeal process. This policy does not apply to practitioners who are initially applying for network participation.

SCOPE:

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

Adverse Action – includes summary suspension or termination for reasons relating to the practitioner's competence or professional conduct.

POLICY:

As part of LHCC's patient safety program, the Quality Improvement and Credentialing programs maintain an ongoing mechanism for monitoring information regarding the quality and safety of practitioner services. The Credentialing Committee is responsible to decide, based on the results of any investigation performed by the Medical Director, a peer review committee, or by the Credentialing Committee itself, whether the network participation of any practitioner should be suspended, restricted, or terminated.

Unless otherwise provided under the Health Care Quality Improvement Act (HCQIA), where the practitioner's network participation is to be suspended or terminated for reasons relating to the practitioner's competence or professional conduct and upon exhaustion of appeal rights, LHCC complies with any obligation to report any adverse action taken under this Policy and Procedure to the state licensure board and/or the NPDB as may be required under the provisions of the HCQIA, as amended from time to time.

Upon the Credentialing Committee's determination to alter the conditions of a practitioner's participation based on issue of quality of care or service, LHCC offers and informs the practitioner of the appeal process.

[LHCC will not enter into any relationship with anyone debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from non-procurement activities under regulations issued under Executive Orders.](#)

PROCEDURE:

I. Disciplinary Action

- A. LHCC may implement practitioner disciplinary actions, up to and including suspension, restriction, or termination of a practitioner's participation status with the LHCC network, based on non-

compliance with minimum administrative credentialing requirements or if imminent harm to patient health, fraud, or malfeasance is suspected.

- B. Disciplinary action is determined by the Medical Director and/or Credentialing Committee.
- C. If any individual staff or committee of LHCC receives information that appears to warrant the restriction, suspension, or termination of a practitioner's network participation, such information is referred to the Medical Director who investigates the information, up to and including referral to the Peer Review Committee.

II. Administrative Suspension

- A. The Medical Director, without consultation of the Credentialing Committee, may initiate an administrative suspension of a practitioner's network participation privileges for non-compliance with the minimum administrative requirements.
 - 1. Administrative non-compliance includes but is not limited to:
 - a. Practitioner's medical staff membership and clinical privileges at a network hospital, *if required*, are suspended or terminated and the practitioner has not established adequate arrangements with other network participating practitioners to assume coverage of the practitioner's patients;
 - b. Practitioner's state license or controlled substance number is revoked, suspended, restricted, or placed under probation; or
- B. Practitioner fails to maintain the required minimum amount of professional liability insurance. The administrative suspension is in effect immediately.
- C. Written notification of the administrative suspension is mailed to the practitioner via certified mail within 24 hours of the determination of non-compliance.
- D. Notification includes reason for the action and requirements and timeframe for resolution of the suspension. Suspension for administrative non-compliance is not subject to the appeal process.
- E. Failure to resolve the administrative non-compliance within the timeframe designated may result in practitioner termination from the network.
 - 1. Credentialing notifies LHCC and PDM to take appropriate action.
 - 2. PDM updates Provider Data Management System to modify participation status, as applicable.
- F. Providers who are terminated from the network based on administrative non-compliance, and then look to be reinstated, must complete the initial credentialing process if the break in service is more than thirty (30) calendar days or if it has been more than thirty-six (36) months since they were last credentialed.

III. Administrative Termination

- A. Certain instances of administrative non-compliance result in immediate termination of network privileges. In cases where a practitioner is found to be excluded from participating in Medicare/Medicaid and/or federal procurement activities, network privileges are terminated immediately and do not require consultation with the Medical Director or Credentialing Committee.
 - 1. Credentialing notifies LHCC and PDM to take appropriate action.
 - 2. PDM updates Provider Data Management System to modify participation status, as applicable, and to update payclass information with the "SANCTIONED" payclass in order to prohibit payment under Medicare and/or Medicaid programs as of the effective date of the sanction date, even if retroactive. Provider Data Management validates that the interface to Amisys, the financial payment system, has occurred.
- B. Written notification of the administrative termination is mailed to the practitioner via certified mail within 24 hours of the determination of non-compliance. LHCC will provide notice through electronic means followed by a certified letter and mailed within one (1) business day. LHCC will notify LDH through email prior to provider notification
- C. Practitioners who are terminated from the network based on administrative non-compliance, and then look to be reinstated, must complete the initial credentialing process if the break in service is

more than thirty (30) calendar days or if it has been more than thirty-six (36) months since they were last credentialed.

IV. Summary Suspension and Termination

- A. Summary suspension and/or termination from the network may be initiated for concerns or allegations regarding patient safety or unprofessional conduct substantiated by documentation.
- B. For cases in which the Medical Director's investigation reveals a practitioner's conduct presents an imminent danger to the health of the practitioner, patients, employees, or other persons, the Medical Director may immediately initiate a summary suspension until such time that the Peer Review and/or Credentialing Committee can review the case and make a final determination.
 - 1. The summary suspension is in effect immediately.
 - 2. Written notification of the summary suspension is mailed to the practitioner via certified mail within one (1) business day of the initial determination. Notification included reason for the action and summary of the appeal rights and process. LHCC will notify LDH through email prior to provider notification
- C. The Medical Director conducts a full investigation of the case, up to and including Peer Review Committee review as indicated and presents the findings to the Credentialing Committee.
- D. After the Credentialing Committee receives a report from the Medical Director, the Committee may request further information directly from the practitioner or other sources.
- E. The Credentialing Committee may request that the practitioner appear before the Committee to discuss any issues relevant to the investigation.
- F. Once all information is gathered and reviewed, the Credentialing Committee determines if restriction, suspension, or termination is appropriate and make recommendations accordingly.
- G. The Credentialing Committee has complete discretion in recommending restriction, suspension, or termination of a practitioner's participation status and may base its recommendations on any factors it deems appropriate.
- H. The Credentialing Committee considers and proposes action regarding the matter within fifteen (15) days of receipt of the Medical Director's report, or at the next regularly scheduled meeting thereafter, unless circumstances require a longer time.
- I. If the Credentialing Committee's proposed decision is the restriction, suspension, or termination of a practitioner's network participation, the Committee gives the practitioner written notice of the proposed decision, including the proposed effective date of the action or termination, and a summary of the basis of the proposed decision.
 - 1. Credentialing notifies PDM to take appropriate action. Effective 2/1/2015, LHCC shall notify LDH of denial of a Provider credentialing application for program integrity-related reasons or otherwise limits the ability of Providers to participate for program integrity-related reasons.
 - 2. PDM updates Provider Data Management System to modify participation status, as applicable.
- J. If the suspension or termination is based on issues of quality of care or services, such notice also notifies the practitioner of the appeal process, including time frame to request a hearing.
 - 1. A request for appeal hearing must be submitted in writing within thirty (30) days from the date of the notice.
 - 2. If the practitioner does not submit a timely written request for a hearing, the Credentialing Committee's proposed decision becomes final.

V. National Practitioner Data Bank Reports

Adverse actions are reported by Credentialing to the NPDB and the appropriate state licensure board within fifteen (15) days from the date the adverse action was taken after exhaustion of appeal rights.

- A. LHCC submits the adverse actions report to legal representation for review prior to submission to the NPDB and/or state licensure board.
- B. NPDB reports are prepared by Credentialing under the guidance of LHCC Legal/Compliance and submitted using the Integrated Querying and Reporting Service (IQRS) at www.npdb.hrsa.gov.

1. Immediately upon submitting a report, the sender receives a confirmation number, and within four to six hours of submitting a report, a Report Verification Document is made available electronically to the sender. The sender verifies the data contained in the Report Verification Document, and corrects any erroneous information online.
- C. A copy of the Report Verification Document is printed and mailed to the appropriate state licensing board for its use as necessary or as required by state law.

V. Transition of Members of Suspended/Terminated Practitioners

- A. LHCC transitions members in accordance with the process outlined in policy LA.MBRS.27.Member Advisory of Provider Termination-PCP.

VI. Unique Practitioner Disciplinary Action and Reporting Requirements

- ~~2.1.~~ Policy/Procedure changes associated with mechanisms for reporting of quality deficiencies which result in suspension or termination of a network provider/ subcontractor(s) will be submitted to LDH for review and approval.
- ~~3.2.~~ Louisiana Healthcare Connections shall notify LDH of denial of a Provider credentialing application for program integrity-related reasons or otherwise limits the ability of Providers to participate for program integrity-related reasons.
- ~~4.3.~~ Louisiana Healthcare Connections will request written approval from LDH prior to terminating a provider agreement without cause when the provider is located in a Health Professional Shortage Area (HPSA).
- ~~5.4.~~ If Louisiana Healthcare Connections terminates a provider's contract for cause, notice will be provided through electronic means followed by a certified letter and mailed within one (1) business day. Louisiana Healthcare Connections will notify LDH through email prior to provider notification.
- ~~6.5.~~ All notifications will be made in compliance with Louisiana Act 489. If a provider is terminated cause, Louisiana Healthcare Connections will provide notice within one (1) business day of the decision being made. The notice will be through electronic means followed by a certified letter and mailed within one (1) business day. LHCC will notify LDH through email prior to provider.
- ~~7.6.~~ If provider fails to meet timely recredentialing requirements, termination notice shall be sent via certified mail effective fifteen (15) days from the date of the notice. Any claims for services delivered prior to the termination date will be paid by Louisiana Healthcare Connections.
- ~~8.7.~~ If termination of provider affects network adequacy, Louisiana Healthcare Connections will include in the notification the plan to notify LHCC members of such change and the strategy to ensure timely access for members through different in-network and/or out of network providers. If termination is related to LHCC Operations, the notification shall include the plan for ensuring there will be no stoppage or interruption of services to members.

REFERENCES:

ATTACHMENTS:

- A. Notice of Administrative Suspension
- B. Administrative Suspension Follow-up Notice
- C. Notice of Administrative Termination
- D. Notice of Summary Suspension
- E. Summary Suspension Follow-up Notice
- F. Closed File Letter – non-compliance with recred (standard)

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Converted Corporate (Centene) policy to local (LHCC) policy	10/2020
Annual Review	Reviewed for submission approval	10/2021
Annual Review	Formatting edits	09/2022
Ad Hoc Review	Reformatted to latest Policy Template Contract Assessment – added language to meet requirements	023/2014/23

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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Exhibit A

Date

VIA CERTIFIED MAIL

Provider Name

Address

City, State Zip

Dear Dr. _____:

We have become aware that you no longer meet minimum administrative credentialing requirements due to the following:

1. _____
2. _____

As a result, the Medical Director has initiated a Summary Suspension of your network participation, effective immediately.

Please supply documentation to demonstrate compliance with the minimum administrative credentialing requirements by [date]. This information should be submitted to my attention at the address noted above or via fax to _____. Failure to resolve the administrative non-compliance within the timeframe designated will result in termination of your network participation with our health plan.

If you should have any questions, please feel free to contact me at_____.

Sincerely,

Credentialing Specialist

CC: Provider File
Contracting & Provider Maintenance

| *Exhibit B*

Date

VIA CERTIFIED MAIL

Provider Name
Address
City, State Zip

Dear Dr. _____:

As previously communicated, your network participation with our health plan was placed under a Summary Suspension effective [date] pending receipt of documentation to demonstrate compliance with the minimum administrative credentialing requirements by [due date].

As a result, the following action has been taken:

_____ Reinstatement of your Network Participation effective [date]

_____ Termination of your Network Participation effective [date]

If you should have any questions regarding this letter, please contact me at_____.

Sincerely,

Medical Director

CC: Provider File
Contracting & Provider Maintenance

Exhibit C

Date

VIA CERTIFIED MAIL

Provider Name

Address

City, State Zip

Dear Dr. _____:

We have become aware that you no longer meet minimum administrative requirements due to the following:

1. _____

As a result, your network participation with our health plan is terminated effective immediately as of the date of this letter. If you should have any questions, please feel free to contact me at_____.

Sincerely,

Medical Director

CC: Provider File
Contracting & Provider Maintenance

Exhibit D

VIA CERTIFIED MAIL

Date

[Provider Name]

Address

City, State Zip

Dear Dr. _____:

We have become aware of an alleged quality of care issue involving care provided by you on [date] at [facility/location]. Based on the seriousness of the alleged issue, the Medical Director has initiated a Summary Suspension of your Network privileges, effective immediately.

The Summary Suspension will remain in effect until a complete investigation and Peer Review process has been completed. You will be notified in writing of the outcome of the investigation and final action regarding your Network Participation Status.

If you should have any questions, please feel free to contact me at _____.

Sincerely,

Medical Director

CC: Provider File

Exhibit E

Date

VIA CERTIFIED MAIL

[Provider Name]

Address

City, State Zip

Dear Dr. _____:

As previously noted, your Network Participation with our health plan was put under a Summary Suspension effective [date] pending the outcome of a complete investigation.

The Louisiana Healthcare Connections Peer Review Committee reviewed the case on [date] and has assigned a severity level [0-5] with a corresponding recommended corrective action plan of: _____ Reinstatement of your Network Participation Privileges effective [date]

_____ Continued Suspension pending completion of ____[corrective action plan]_

_____ Termination of your Network Participation Privileges effective [date]

The Credentialing Committee agrees with the disciplinary action as noted above.

If your network participation is Restricted, Suspended or Terminated based on quality of care or service, you have the right to appeal the disciplinary action. You may request an appeal by submitting a written request to my attention at the address noted above within 30 days from receipt of this notice. Upon receipt of a timely written request for an appeal, we will notify you that a hearing will be scheduled, appoint a Hearing Committee to review the appeal, and will provide further information when a hearing date has been set. You have the right to be represented by an attorney or another person of your choice. If we do not receive a timely written request for an appeal, the proposed decision shall become final.

Where Network participation is suspended or terminated for reasons relating to the practitioner competence or professional conduct, we shall notify the appropriate authorities, including state agencies and NPDB, of the action.

Sincerely,

Medical Director

CC: Provider File

Exhibit F
(Closed File Letter - Non-compliance with Recred)

DATE

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

«First_Name» «Last_Name», «Degree»
«Attn»
«Address1»
«Address2»
«City», «State» «Zip»

Re: TERM NOTICE – CLOSED RECREDENTIALING FILE

Dear «First_Name» «Last_Name», «Degree»:

We have made several unsuccessful attempts to obtain the information necessary to complete the Recredentialing process. Current credentialing status is required for continued participation in the network. It is the sole responsibility of the applicant to produce all necessary information and documentation in a timely manner in order for us to conduct a thorough re-examination of your credentials.

We were unable to complete the recredentialing process due to missing, incomplete or expired items. The deadline for a complete application was <application deadline date>.

Your credentialing is now out of compliance as of «Practitioner_Credentilaing_Cycle_End_Dat» and your participation in the network is in the termination process. To reapply, you must contact the Provider Relations Department at phone number «Provider_Relations». Please include a complete application, or your CAQH number.

If you should have any questions, please feel free to contact Provider Relations at «Provider_Relations», or visit their website at «Link».

Sincerely,
ReCredentialing Department
cc: practitioner file

Exhibit F
(Closed File Letter - Non-compliance with recred - Louisiana Only)

Date

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

«First_Name» «Last_Name», «Degree»
«Attn»
«Address1»
«Address2»
«City», «State» «Zip»

Re: TERM NOTICE – CLOSED RECREDENTIALING FILE

Dear «First_Name» «Last_Name», «Degree»:

We have made several unsuccessful attempts to obtain the information necessary to complete the Recredentialing process. Current credentialing status is required for continued participation in the network. It is the sole responsibility of the applicant to produce all necessary information and documentation in a timely manner in order for us to conduct a thorough re-examination of your credentials.

We were unable to complete the recredentialing process due to missing, incomplete or expired items. The deadline for a complete application was <application deadline date>.

Your credentialing is now out of compliance as of «Practitioner_Credentilaing_Cycle_End_Date» and your participation in the network is in the termination process. To reapply, you must contact the Provider Relations Department at phone number «Provider_Relations». Please include a complete application, or your CAQH number.

If you believe that this deficiency was caused by your good faith reliance on misinformation by {MCO name here}, or there is no deficiency, or the deficiency cannot be remedied within fifteen days based on your reliance on misinformation from {MCO name here} and you assert that you acted without fault or fraudulent behavior, you may seek review of the matter by the Louisiana Department of Health by sending a written request to:

Kate Stewart, Attn: Program Integrity
Louisiana Department of Health
PO Box 91030
Baton Rouge, LA 70821

Your written request must be received by the Department within ten (10) calendar days of your receipt of this notification. Supporting documentation that proves absence of fault or fraudulent intent by producing documents from {MCO name here} that bears incorrect information must be submitted within fifteen (15) calendar days of your receipt of this notification. Within thirty (30) days of receipt of your request, you will receive written notification of the Department's decision.

Sincerely,
ReCredentialing Department
cc: practitioner file

Exhibit G

Date

VIA CERTIFIED MAIL

[Provider Name]
Address
City, State Zip

Dear Dr. _____:

Our Credentialing Committee reviewed your Recredentialing Application for Membership in our Provider network at their meeting on _____.

The Committee did not approve your application, as of the date mentioned in paragraph one, for the following reasons:

1. _____
2. _____

During the Re-credentialing process, our health plan obtained information from various outside sources to evaluate your application. You have the right to review any primary source information that we collected during this process. However, this does not include references or recommendations or other information that is peer review protected.

If you believe any of this information to be erroneous, please submit a written explanation within thirty (30) days receipt of this letter directly to my attention at the above noted address. A phone call will be made to your office confirming our receipt of your written explanation. If no correspondence is received within 30 days, we will assume that you do not wish to dispute the accuracy of the information collected to evaluate your re-credentialing application.

If your network participation is Restricted, Suspended or Terminated based on quality of care or service, you have the right to appeal the disciplinary action. You may request an appeal by submitting a written request to my attention at the address noted above within 30 days from receipt of this notice. Upon receipt of a timely written request for an appeal, we will notify you that a hearing will be scheduled, appoint a Hearing Committee to review the appeal, and will provide further information when a hearing

date has been set. You have the right to be represented by an attorney or another person of your choice. If we do not receive a timely written request for an appeal, the proposed decision shall become final.

Where Network participation is suspended or terminated for reasons relating to the practitioner competence or professional conduct, we shall notify the appropriate authorities, including state agencies and NPDB, of the action.

The name, address, and telephone number of the credentialing staff member serving as your contact person with respect to the credentialing matters described in this notice is «Cred_First_Name» «Cred_Last_Name», «Cred_Address1» «Cred_City», «Cred_State» «Cred_Zip» «Cred_Phone».

Sincerely,

Manager, Credentialing

cc: Medical Director
Provider Services & Contracting Department

Exhibit A

Date

VIA CERTIFIED MAIL

Provider Name
Address
City, State Zip

Dear Dr. _____:

We have become aware that you no longer meet minimum administrative credentialing requirements due to the following:

1. _____
2. _____

As a result, the Medical Director has initiated a Summary Suspension of your network participation, effective immediately.

Please supply documentation to demonstrate compliance with the minimum administrative credentialing requirements by [date]. This information should be submitted to my attention at the address noted above or via fax to _____. Failure to resolve the administrative non-compliance within the timeframe designated will result in termination of your network participation with our health plan.

If you should have any questions, please feel free to contact me at_____.

Sincerely,

Credentialing Specialist

CC: Provider File
Contracting & Provider Maintenance

Exhibit B

Date

VIA CERTIFIED MAIL

Provider Name
Address
City, State Zip

Dear Dr. _____:

As previously communicated, your network participation with our health plan was placed under a Summary Suspension effective [date] pending receipt of documentation to demonstrate compliance with the minimum administrative credentialing requirements by [due date].

As a result, the following action has been taken:

_____ Reinstatement of your Network Participation effective [date]

_____ Termination of your Network Participation effective [date]

If you should have any questions regarding this letter, please contact me at_____.

Sincerely,

Medical Director

CC: Provider File
Contracting & Provider Maintenance

Exhibit C

Date

VIA CERTIFIED MAIL

Provider Name

Address

City, State Zip

Dear Dr. _____:

We have become aware that you no longer meet minimum administrative requirements due to the following:

2. _____

As a result, your network participation with our health plan is terminated effective immediately as of the date of this letter. If you should have any questions, please feel free to contact me at_____.

Sincerely,

Medical Director

CC: Provider File
Contracting & Provider Maintenance

Exhibit D

VIA CERTIFIED MAIL

Date

[Provider Name]

Address

City, State Zip

Dear Dr. _____:

We have become aware of an alleged quality of care issue involving care provided by you on [date] at [facility/location]. Based on the seriousness of the alleged issue, the Medical Director has initiated a Summary Suspension of your Network privileges, effective immediately.

The Summary Suspension will remain in effect until a complete investigation and Peer Review process has been completed. You will be notified in writing of the outcome of the investigation and final action regarding your Network Participation Status.

If you should have any questions, please feel free to contact me at _____.

Sincerely,

Medical Director

CC: Provider File

Exhibit E

Date

VIA CERTIFIED MAIL

[Provider Name]
Address
City, State Zip

Dear Dr. _____:

As previously noted, your Network Participation with our health plan was put under a Summary Suspension effective [date] pending the outcome of a complete investigation.

The Louisiana Healthcare Connections Peer Review Committee reviewed the case on [date] and has assigned a severity level [0-5] with a corresponding recommended corrective action plan of:

_____ Reinstatement of your Network Participation Privileges effective [date]

_____ Continued Suspension pending completion of ____[corrective action plan]_

_____ Termination of your Network Participation Privileges effective [date]

The Credentialing Committee agrees with the disciplinary action as noted above.

If your network participation is Restricted, Suspended or Terminated based on quality of care or service, you have the right to appeal the disciplinary action. You may request an appeal by submitting a written request to my attention at the address noted above within 30 days from receipt of this notice. Upon receipt of a timely written request for an appeal, we will notify you that a hearing will be scheduled, appoint a Hearing Committee to review the appeal, and will provide further information when a hearing date has been set. You have the right to be represented by an attorney or another person of your choice. If we do not receive a timely written request for an appeal, the proposed decision shall become final.

Where Network participation is suspended or terminated for reasons relating to the practitioner competence or professional conduct, we shall notify the appropriate authorities, including state agencies and NPDB, of the action.

Sincerely,

Medical Director

CC: Provider File

Exhibit F
(Closed File Letter - Non-compliance with Recred)

DATE

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

«First_Name» «Last_Name», «Degree»

«Attn»

«Address1»

«Address2»

«City», «State» «Zip»

Re: TERM NOTICE – CLOSED RECREDENTIALING FILE

Dear «First_Name» «Last_Name», «Degree»:

We have made several unsuccessful attempts to obtain the information necessary to complete the Recredentialing process. Current credentialing status is required for continued participation in the network. It is the sole responsibility of the applicant to produce all necessary information and documentation in a timely manner in order for us to conduct a thorough re-examination of your credentials.

We were unable to complete the recredentialing process due to missing, incomplete or expired items. The deadline for a complete application was <application deadline date>.

Your credentialing is now out of compliance as of «Practitioner_Credentilaing_Cycle_End_Dat» and your participation in the network is in the termination process. To reapply, you must contact the Provider Relations Department at phone number «Provider_Relations». Please include a complete application, or your CAQH number.

If you should have any questions, please feel free to contact Provider Relations at «Provider_Relations», or visit their website at «Link».

Sincerely,
ReCredentialing Department
cc: practitioner file

Exhibit F
(Closed File Letter - Non-compliance with recred - Louisiana Only)

Date

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

«First_Name» «Last_Name», «Degree»

«Attn»

«Address1»

«Address2»

«City», «State» «Zip»

Re: TERM NOTICE – CLOSED RECREDENTIALING FILE

Dear «First_Name» «Last_Name», «Degree»:

We have made several unsuccessful attempts to obtain the information necessary to complete the Recredentialing process. Current credentialing status is required for continued participation in the network. It is the sole responsibility of the applicant to produce all necessary information and documentation in a timely manner in order for us to conduct a thorough re-examination of your credentials.

We were unable to complete the recredentialing process due to missing, incomplete or expired items. The deadline for a complete application was <application deadline date>.

Your credentialing is now out of compliance as of «Practitioner_Credentilaing_Cycle_End_Date» and your participation in the network is in the termination process. To reapply, you must contact the Provider Relations Department at phone number «Provider_Relations». Please include a complete application, or your CAQH number.

If you believe that this deficiency was caused by your good faith reliance on misinformation by {MCO name here}, or there is no deficiency, or the deficiency cannot be remedied within fifteen days based on your reliance on misinformation from {MCO name here} and you assert that you acted without fault or fraudulent behavior, you may seek review of the matter by the Louisiana Department of Health by sending a written request to:

Kate Stewart, Attn: Program Integrity
Louisiana Department of Health
PO Box 91030
Baton Rouge, LA 70821

Your written request must be received by the Department within ten (10) calendar days of your receipt of this notification. Supporting documentation that proves absence of fault or fraudulent intent by producing documents from {MCO name here} that bears incorrect information must be submitted within fifteen (15) calendar days of your receipt of this notification. Within thirty (30) days of receipt of your request, you will receive written notification of the Department's decision.

Sincerely,
ReCredentialing Department
cc: practitioner file

Exhibit G

Date

VIA CERTIFIED MAIL

[Provider Name]
Address
City, State Zip

Dear Dr. _____:

Our Credentialing Committee reviewed your Recredentialing Application for Membership in our Provider network at their meeting on _____.

The Committee did not approve your application, as of the date mentioned in paragraph one, for the following reasons:

2. _____
2. _____

During the Re-credentialing process, our health plan obtained information from various outside sources to evaluate your application. You have the right to review any primary source information that we collected during this process. However, this does not include references or recommendations or other information that is peer review protected.

If you believe any of this information to be erroneous, please submit a written explanation within thirty (30) days receipt of this letter directly to my attention at the above noted address. A phone call will be made to your office confirming our receipt of your written explanation. If no correspondence is received within 30 days, we will assume that you do not wish to dispute the accuracy of the information collected to evaluate your re-credentialing application.

If your network participation is Restricted, Suspended or Terminated based on quality of care or service, you have the right to appeal the disciplinary action. You may request an appeal by submitting a written request to my attention at the address noted above within 30 days from receipt of this notice. Upon receipt of a timely written request for an appeal, we will notify you that a hearing will be scheduled, appoint a Hearing Committee to review the appeal, and will provide further information when a hearing date has been set. You have the right to be represented by an attorney or another person of your choice. If we do not receive a timely written request for an appeal, the proposed decision shall become final.

Where Network participation is suspended or terminated for reasons relating to the practitioner competence or professional conduct, we shall notify the appropriate authorities, including state agencies and NPDB, of the action.

The name, address, and telephone number of the credentialing staff member serving as your contact person with respect to the credentialing matters described in this notice is «Cred_First_Name» «Cred_Last_Name», «Cred_Address1» «Cred_City», «Cred_State» «Cred_Zip» «Cred_Phone».

Sincerely,

Manager, Credentialing

cc: Medical Director
Provider Services & Contracting Department