

PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA, INC.

**POLICY & PROCEDURE**

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Policy Title: Provider - Professional Review

Origination Date: 08/08/2013

Policy No.: PRS0300

Revision Date: 05/07/2018

Section: Provider Services

Review Date: 07/14/2023

Approved By: Gail Doran, EVP/COO

Approved Date: 05/07/2018

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**Purpose**

The professional review process outlines the mechanism for the review of professional conduct of a provider or applicant under the Peer Review Plan. These reviews can be with regards to alleged professional misconduct, in appropriate or substandard professional performance, unethical behavior adversely affecting the delivery of health services or other facts and circumstances that, if true, would support imposition of an adverse action.

**Policy**

PHP's Peer Review Plan provides a system for the proper conduct of an investigation into the facts and circumstances of a particular complaint. Providers hearing and appeal procedures appropriate to a particular complaint initiated at the request of the affected health care provider.

**Procedure(s)**

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**Definitions**

**Adverse Action** – any action or recommendation to take action, primarily based upon an evaluation of the competence or professional conduct of a Provider or Applicant in rendering patient care, which action results in or could result in, a denial, refusal to renew, material restriction, suspension, revocation or termination of Privileges.

**Applicant** – a licensed health care provider who has submitted an application to PHP seeking to become a Provider.

**Covered Person** – an individual (1) enrolled for coverage under a benefit contract issued by PHP; (2) enrolled for coverage under a benefit contracted issued by a health benefits entity affiliated with PHP through ownership, contract, partnership or joint venture; or (3) enrolled for coverage under a benefit contract administered by PHP.

**Days** – with respect to time allowed for delivery or receipt of any notice, calendar days (i.e., including Saturdays, Sundays, and legal holidays) unless the due date for such notice or receipt falls on a Saturday, Sunday or legal holiday, in which case, the due date shall be the first date immediately following which is not a Saturday, Sunday or legal holiday.

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**Health Services** – health care services and supplies offered by Provider which are covered under the Covered Person's benefit contract.

**Participating Provider** – an individual health care provider who is a party to a Provider Participation Agreement with PHP or who is identified as an eligible Provider under a Provider Group Participation Agreement with PHP, or an individual health care provider who is affiliated with a Participating Provider.

**PHP** – Physicians Health Plan of Northern Indiana, Inc. an Indiana not-for-profit corporation and its affiliated entities.

**Privileges** – the right of a Participating Provider to provide Health Services to Covered Person.

**Provider(s)** – licensed health care providers: a physician, dentist, podiatrist, chiropractor, optometrist, psychologist, pharmacist, registered nurse, practical nurse, physical therapist, nurse practitioner, occupational therapist or clinical social worker, physician assistant, respiratory therapist or midwife – in each instance who is under contract with PHP, or is affiliated with an individual or group practice under contract with PHP, to provide Health Services to Covered Person.

#### **Professional Review – Non Suspension or limitation of license**

1. A request for professional review can be submitted by the Credentials Committee, Quality Improvement Committee, a written complaint from a covered person or at the request of the Board of Directors, The Chief Executive Officer or the Medical Director. All requests for professional review will be forwarded to the Medical Director who will review and when appropriate review with the Professional Review Oversight Committee (PROC). In matters where a provider or applicant is engaged in a behavior or who is practicing in a manner that pose a significant risk to the health, welfare, or safety of consumers the Medical Director can initiate immediate suspension of the providers participation status pending further investigation of the matter.
2. The PROC will initiate the investigation process of the underlying circumstances of the complaint as described in the Peer Review Plan. All investigation is to be completed within 30 days of the initiation of the investigation. The affected provider or applicant will be notified of the investigation and will be given an opportunity to discuss, explain or refute the accusations.
3. The decision of the Investigation Committee shall be embodied in a written recommendation. Unless the recommendation calls for the imposition of Adverse Action, the decision of the Investigation Committee with respect thereto shall be final and binding. If the recommendation calls for the imposition of Adverse Action, the provider in question will be advised of his Right to Hearing and Appellate Review, as described in Article VIII of the Peer Review Plan.

#### **Professional Review – Suspension or limitation of license**

In the following instances a providers privileges maybe suspended or limited.

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1. When a provider or applicants license or other legal credential authorizing practice in a state is revoked or suspended or whenever a providers Indiana controlled substance certificate and/or DEA certificate is revoked, limited or suspended, the provider or applicant will be terminated as of the date such action became effective.
2. When a provider or applicants license or other legal credential authorizing practice in a state is limited or restricted by the applicable licensing or certifying authority, any privileges within the scope of the limitation or restriction shall automatically be limited or restricted in the same manner as of the date such action became effective and throughout its term.
3. When a provider is placed on probation by the applicable licensing or certifying authority, his or her privileges will automatically become subject to the same terms and conditions of the probation as of the date of the action and throughout its term.

**References:**

**Standard / Regulation #:**

**Accreditation Standard:**

**Revision Dates History:** (only required first time entered into C360)

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Provider Dispute Resolution Letter  
Professional Competency/Conduct Cases  
Level 1

Date

Provider Name

Address

Address

Address

Dear:

This letter is being sent to inform you of the resolution of your dispute received by Physicians Health Plan of Northern Indiana (PHPNI) on (Insert date). PHPNI's level One Review Panel, consisting of qualified individuals and providers, thoroughly considered all information submitted for your dispute request and has made the following determination.

*Insert Level 1 Panel Review Determination Here*

If you disagree with the Level 1 review determination, you may request a Second Level Review through PHPNI by contacting the organization representative listed below. PHPNI will conduct a Second Level Review utilizing a panel of qualified individuals and providers who were not involved in the original investigation or the First Level Review. PHPNI will resolve the Level 2 dispute requests within 15 days and convey the determination in writing. The second level review with PHPNI is the final level of review.

If you have any questions regarding the dispute resolution process please contact PHPNI at (260)432-6690, ext. 361; (800) 982-6257; or (260) 459-2600 for the hearing impaired.

Sincerely,

Jennifer Horn  
Customer Relations/Quality Assurance Coordinator

PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA, INC.

**POLICY & PROCEDURE**

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Provider Disputes Resolution Letter  
Professional Competency/Conduct Cases  
Level 2

Date

Provider Name  
Address  
Address

Dear Dr.:

This letter is being sent to inform you of the resolution of your dispute request received by Physician's Health Plan of Northern Indiana (PHPNI) on (insert date). PHPNI's Level Two Review Panel, consisting of qualified individuals and providers, thoroughly considered all information submitted for your dispute request and has made the following determination.

*Insert Level 2 Review Panel Determination Here*

This Level 2 review determination is the final review option for this dispute.

If you have any questions regarding the dispute resolution process please contact PHPNI at (260) 432-6690, ext. 361; (800) 982-6257, ext. 361; or (260) 459-2600 for the hearing impaired.

Sincerely,

Jennifer Horn  
Customer Relations/Quality Assurance Coordinator