

Termination Appeal Process for PPO Network Providers2

PPO Hospital Accreditation Requirements4

Policy Name:	Termination Appeal Process for PPO Network Providers	BCBSIL Corporate Policy
Effective Date:	October 1, 2002	
Revision Date:		

Policy:

A process exists to allow individual providers, physicians or medical groups (the “Provider”) in the BCBSIL PPO Network (“Network”) to appeal Mutual Participation Agreement and PPO Plus Addendum to the Mutual Participation Agreement (the “Agreement”) immediate termination (with cause) decisions of BCBSIL.

Purpose:

Providers in the Network receive notification of termination decisions of BCBSIL which include the decisions, and may include the reason for the decision and the process to appeal the decision.

Procedure:

Practitioners or institutions appealing a termination decision must notify the Network Management Medical Director in writing of the reason for appealing within thirty days of receipt of the termination letter. An appeal follows the process below:

- The Network Management Medical Director passes the appeal and supporting information, on to the First level Appeals Subcommittee of the PSC, which consists of one network Medical Director, one Director of Provider Services, the Senior Manager of Provider Services.
- The Subcommittee reviews the information within thirty days of receipt of the appeal request and makes a determination as to whether to uphold the original decision and deny participation or to reverse it and allow the practitioner or institution to participate.
- If the decision is to uphold the original determination, the practitioner or institution has the opportunity, within thirty days of receipt of notification, to a second level appeal. This may be requested by submission of a written statement as to the reason for appealing further.
- The Network Medical Director brings this letter and relevant information to a meeting of the PSC at which time the practitioner or institution may be present, within 30 days of the appeal request.
- The PSC reviews the matter and the Second Level Appeals Subcommittee (consisting of PSC members not on the First Level Subcommittee) makes a final determination to either uphold the original decision and deny participation, or reverse it and allow the practitioner or institution to participate.

Termination Appeal Process for PPO Network Providers
Page 2 of 2

- The Provider will be notified of the final decision in writing.
- The second level appeal is the final determination for the plan, and is not able to be appealed.
- All appeals should be sent in care of the following address:

Attn: Network Management Medical Director
Blue Cross Blue Shield of Illinois
300 E. Randolph, 25th floor
Chicago, IL 60601

Policy Name: PPO Hospital Accreditation Requirements
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**Approval
Signature:**



Vice President, Provider Affairs

Policy:

BCBSIL requires hospitals contracted under the Participating Provider Option (PPO) program to be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA). Further, hospitals are required to notify BCBSIL immediately of any change in accreditation status.

Under the PPO program, BCBSIL may issue a policy waiver to non-accredited hospitals based on the following.

- Services performed by the non-accredited hospital are unique and require special consideration.
- The non-accredited hospital is in a rural / outlying location and proximity to the nearest PPO contracted hospital exceeds 10 miles.
- The hospital has a pending JCAHO or AOA survey. *Note: BCBSIL will not issue a waiver to hospitals which have failed to meet the accreditation standards of JCAHO or AOA unless a survey is pending.*

Notification of a change in accreditation status and / or policy waiver requests should be directed to the Vice President of Provider Affairs.