

## **SECTION 13 - PROVIDER SELECTION**

### **Selection and Inclusion of Qualified Providers Into the Network**

It is the policy of PHP to contract with qualified providers who meet all of the DHFS and CMS standards of assurance. Exceptions to this requirement include emergency medical services and non-clinical services, or as otherwise requested by PHP and approved by the DHFS or CMS.

PHP reviews potential Plan Providers for inclusion in its Provider Network to ensure they meet the Medicare and Medicaid requirements for certification as related to the service being provided. The review process conforms to the credential and re-credentialing requirements set forth in the Program's standards and policies and with any antidiscrimination provisions set forth in contracts and protocols of CMS, DHFS and governing state and federal laws.

PHP also selects qualified Plan Providers for all services not requiring the provider to be Medicare or Medicaid certified. PHP promotes delivery of services in a culturally competent manner to all Members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

PHP periodically reviews and assesses the need for additional providers in current and potential service areas in order to meet the physical, psychosocial and cultural needs of Members. In the event that a shortage of any one discipline/service area is identified, PHP then begins activity to recruit qualified providers in that discipline/service area.

### **Process For Selection and Inclusion Of Qualified Providers**

PHP receives and reviews all requests for the inclusion of a Provider into its provider network. The process includes an assessment of the current network to determine if there is the need for an additional provider in any identified specialty or geographic area. Upon determination, PHP performs the following process:

- Initiates contact with the potential provider and arranges for a face to face contact to assess the facility
- Provides the provider with details of the Program, including mission, vision and philosophy
- Reviews requirements and expectations of network providers
- Reviews the payment structure for services provided
- Reviews the terms of a sample copy of a Service Agreement, as appropriate
- Upon completion of the initial interview process PHP gathers information in accordance with PHP credentialing policies to verify the provider is a qualified candidate
- Upon satisfactory completion of verification of credentials, the potential provider is approached for a final decision about joining the network
- Upon receiving an affirmation of interest, PHP proposes and negotiates the terms of a Service Agreement
- Upon a full execution of the Service Agreement the Plan Provider is added to PHP's network Provider Directory and Provider Database

If an applicant is denied inclusion into the PHP provider network, the applicant will be notified with a letter stating the basis for the decision, the appeals process available (as stated below), and the date by which the appeal request must be received.

### **New Provider Applicant Denial and Appeal Policy**

The appeal policy applies to all physician applicants denied affiliation due to credentialing issues, but does not apply to non-physician denials based on business need.

Applicants must appeal within 30 calendar days after receiving written denial for affiliation. The appeal must be submitted in writing to the CHP Grievance and Appeals Coordinator (shown below). The Grievance and Appeals Coordinator will conduct a thorough review of all the available information and provide a written response to applicant within 30 calendar days of receipt of appeal. If the applicant is dissatisfied with the response of the CHP Grievance and Appeals Coordinator, he or she can appeal the decision within 10 days of receiving notice of the appeal decision by contacting the CHP Grievance and Appeals Coordinator for instructions on taking further action.

If you have any questions, or are requesting an appeal or want an expedited appeal, please contact the CHP Grievance and Appeals Coordinator at:

Community Health Partnership  
Attention: Grievance and Appeals Coordinator  
2240 EastRidge Center  
Eau Claire, WI 54701  
Telephone: 715-838-2900 or 800 842-1814  
Fax: 715-838-2910