

SECTION 18 - PROTOCOL FOR ASSESSING THE QUALITY OF A PLAN PROVIDER

*** Not intended for routine re-credentialing, but for exceptional circumstances.**

PHP has the responsibility and authority to review and evaluate professional activities and conduct, as well as the utilization of services and reasonable charges of Plan Providers. Practices of Plan Providers may be reviewed on the basis of any of the following:

- Index cases suggesting possible quality of care and/or service problems
- Data generated through PHP's quality improvement program
- Charging patterns and utilization of services
- Failure to adhere to the rules and regulations of PHP or any other matter involving the care and treatment of Members

The purpose of review is to evaluate a Plan Provider's practice in relation to affiliation with PHP. Documentation may include positive and negative elements which will be communicated to the Plan Provider. Where indicated, a review may be suggested by PHP's Medical Director or his/her designee, PHP's Peer Review Committee or PHP's Quality Improvement Committee. Requests for reviews conducted by PHP are documented and supported by reference to the specific activities or conduct constituting the basis for the review.

If the professional activities, conduct, utilization of services or reasonable charges of any Plan Provider are considered to be unacceptable to the Provider's professional peers or seriously disruptive to PHP operations, a review may be requested by any Member. All requests for review must be in writing and be made to PHP's Medical Director or his/her designee and be supported by the specific activities or conduct constituting the grounds for the request.

PHP's Medical Director and/or his or her designee will investigate and evaluate the request. If appropriate, PHP will meet with and counsel the Plan Provider and discuss areas of professional activities, conduct, and utilization of services or reasonable charges that are unacceptable. As an alternative, PHP may refer the matter to its Peer Review or Quality Improvement Committee for investigation and follow-up.

If the review request is referred to the Peer Review or Quality Improvement Committee, they will investigate and implement peer review to evaluate the Provider's practice and/or affiliation. The Plan Provider will be evaluated regarding his/her ability to diagnose and treat patients, ability to work with others, patient relationships, utilization of services and charging patterns. The reviewing committee may consider the following in its investigation:

- Adequacy of medical records
- Ethical behavior or judgment
- Patient complaints
- Proficiency and procedure for filing claims

The Plan Provider will have an opportunity to meet with the reviewing committee to discuss, explain or refute the activities or conduct in question following an adverse determination.

PHP's Peer Review or Quality Improvement Committee will prepare a recommendation and report. The report will be sent certified mail and will outline appeal rights. The Committee may recommend additional professional training, limitations on the provider's practice, limits on utilization of services, changes in charging patterns, work habits, improving interpersonal relationships, peer supervision, counseling or imposition of sanctions or disaffiliation with PHP.

Failure by the Plan Provider to improve the activities or conduct after being directed may result in suspension or termination from the PHP Provider Network.