PLAN OPERATIONS	Advantage Dental From DentaQuest			
	Policy and Procedure			
	Policy Name:	**Provider Credentialing Appeal Rights**	Policy ID:	**PLANCG-45**
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	04/26/2024
	States:	Oregon	Last Review Date:	04/26/2024
	Application:	Medicaid	Effective Date:	04/27/2024

PURPOSE
To establish the Dental Care Organization's (DCO's) policy for permitting and processing provider appeals on credentialing and re-credentialing decisions.

POLICY
Providers whose participation in the DCO's network has been denied, reduced, suspended, or terminated for quality of care/medical disciplinary causes or reasons are provided notice and opportunity for an appeal. This policy does not apply to practitioners who are administratively denied admittance to, or administratively terminated from, the DCO network. The following procedures are for use in all appeals filed with the DCO involving any disagreement or dissatisfaction with the DCO's contracting denials or terminations due to quality. The DCO shall afford providers the full use of the procedures listed below and shall cooperate in the Provider Contracting hearings process set forth below.

The DCO shall inform providers in writing about the DCO's appeal procedures. The provider shall be informed through the Provider Training process, the Contracting Denial Letter, or the Termination of Agreement Notice. The DCO shall assure the provider of the confidentiality in the appeal process.

1. DESIGNATED STAFF FOR APPEAL PROCESS:
DCO has designated the following staff responsible for the appeals in the credentialing and re-credentialing process:

   A. Vice President of Clinical Services or their designee(s), who are licensed dentists, shall be responsible for review and oversight of the appeal process. The responsible party ensures, by review, that all appeals are managed, documented, and reported according to written procedure.

   B. The DCO's Plan Processing Department shall be responsible for receiving, processing and responding to provider contracting appeals. The Plan Processing Department will prepare an analysis of all appeals for review by the Peer Review and Credentialing Committee.

   C. The Peer Review and Credentialing Committee meets quarterly and shall review all appeals at that time.

2. APPEAL AND HEARING PROCESS:

   A. Termination of Contract Notifications and Declination of Contracting Notifications are sent within 14 days after review by the designated staff. The notification shall include the reasons for the action, the DCO policies and procedures that led to the committee's adverse determination, and detailed instructions on how to request an appeal (informal reconsideration or formal hearing). The provider may appeal a Notification through the DCO Appeal process through the following process:

1) The provider must file an appeal, in writing, with the DCO no later than 45 calendar days from the date on the written notification. Any appeal received by DCO will be promptly transferred to the Plan Processing Department to begin the appeal process.

2) The provider has a reasonable opportunity to present evidence and allegations in writing. Providers have an opportunity, before and during the appeal process, to examine the provider's file, including credentialing records and any other documents or records to be considered during the appeal process.

3) The provider may include a representative or legal representative in the appeal process.

4) DCO shall resolve each appeal and send the provider a Notice of Appeal Resolution no later than 14 days from the date that the Peer Review and Credentialing Committee reviews the appeal. The DCO must provide a written Notice of Appeal Resolution to the provider. The written Notice of Appeal Resolution must include the results of the appeal and the date it was completed. If the resolution was not in the provider's favor, the notice must also include the reasons for the resolution. Affected Providers who are not successful in overturning the original committee decision during an informal reconsideration are automatically afforded a fair hearing, upon request in writing within 30 days from the date of notice of the denial. A provider must request a reconsideration or fair hearing in writing.

3. NOTIFICATION TO AUTHORITIES:

A. If the provider's contract was terminated due to quality issues, the DCO is required to report to the following entities:
   1) The provider's state Board of Dentistry
   2) National Provider Data Bank
   3) Applicable Coordinated Care Organization(s)

REFERENCES
42 CFR 438.214 Provider selection
OAR 410-141-3510 Provider Contracting and Credentialing
OAR 410-120-1580 Provider Appeals — Administrative Review
OAR 410-141-3560 Resolving Contract Disputes Between Health Care Entities and CCOs

Revision History

Date:	Description
03/12/2015	Approval and adoption.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on CCO partner audit findings.
03/12/2018	Updates based on annual review.
05/20/2019	Updates based on annual review.

12/09/2019	Conversion to revised policy and procedure format and naming convention.
12/30/2020	Updates based on annual review.
11/16/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.
12/31/2022	Updates based on annual review.
02/27/2023	Updates based on annual review.
04/25/2024	Updates based on annual review.