

November 2, 2015

Removing an Affiliate or Partner Provider

- Beginning of a month
- Immediate

Removing a Program Provider at the Beginning of a Month

Policy

This process begins on December 1, 2015 and is based upon Section 2.3(L) of the Contract and is used when an UMP Plus ACP Network (ACP Network) is removing an Affiliate or Partner as a Program Provider with a separate tax identification number (TIN) to its network.

The Health Care Authority (HCA), ACP Networks, and the Uniform Medical Plan third party administrator (UMP TPA) will use this process to remove a Program Provider.

An ACP Network may remove a Program Provider only on the first of a month when such removal is within the control of the ACP Network.

If any due date in the process lands on a non-business day, then the due date defaults to the last business day before the due date.

This process is not used when an ACP Network is removing a practitioner, for example, a primary care physician, from a Partner Provider.

Process

1. ACP Network emails the form to the HCA. The ACP Network Contract Manager emails the 022015ACP form to the HCA's ACP Operations Mailbox, HCAACPOps@hca.wa.gov.
 - a. Removing an Affiliate Provider with dates consistent with those specified in Section 2.3(L).
 - i. Whenever possible, the form must be emailed no later than the first of a month two full months before the proposed termination date of an Affiliate Provider.
 - ii. For example, if the effective date of an Affiliate Provider will be June 1, then the form must be emailed no later than April 1.
 - b. In the case of elective Removal of a Partner Provider with dates consistent with those specified in Section 2.3(L).
 - i. If the HCA receives the form between January 1 and June 30, then the ACP Network may assign January 1 of the subsequent Plan Year as the termination date.
 - ii. If the HCA receives the form between July 1 and December 31, then the ACP Network may assign January 1 of the second subsequent Plan Year as the termination date.
 - iii. For example, if the form was received on June 15, 2016, then the Partner Provider would leave the Contractor's network effective January

- 1, 2017. If the form was received on July 15, 2016, then the Partner Provider would leave the ACP Network effective January 1, 2018.
- iv. The HCA will develop and implement an operational and communications plan.
 1. The plan will prepare for the Partner Provider to be removed starting with the open enrollment period associated with the plan year of termination.
 2. The ACP Network and UMP TPA will work with the HCA to develop the plan.
 2. Resolving concerns. Throughout the process the HCA may discuss with ACP Network staff concerns about the notice and how to resolve them.
 3. HCA reviews the form and communicates any discrepancies to the ACP Network. HCA enters the form into the Provider Network Tracking Log.
 - a. The PEBB ACP Account Manager verifies within 5 full business days that
 - i. The HCA received an *Affiliate* Provider on the form at least 2 months before the termination date.
 - ii. The HCA received a *Partner* Provider on the form with a termination date consistent with those in Step 1(b).
 - iii. Determine if the removed provider was associated with any assignment of exclusive attribution as an overlapping provider and verify that necessary adjustments have been made.
 - iv. The PEBB ACP Account Manager sends an email to the ACP Network Provider Roster Point Person that notes any discrepancies in the exclusivity assignment or effective date.
 1. PSHVN: Ilir Cerekja, Ilir.Cerekja@virginiamason.org
 2. UWMedACN: Michele Fisher, mafisher@uw.edu
 4. Failure to satisfy network requirements. The HCA Contract Manager has 10 full business days to email the ACP Contract Manager that the departure of a Partner Provider from the Network will result in the ACP's failure to satisfy network requirements. The HCA Contract Manager will communicate the HCA's observations of network failure in an email to the ACP Contract Manager.
 - a. Network Corrective Action Plan. Section 2.3(L) permits an ACP Network 30 calendar days from the date of the HCA's notice to develop a corrective action plan on how it will maintain a sufficient number of providers to assure Covered Services are accessible to the relevant PEBB population.
 - i. The ACP Network and HCA may engage in discussions on the adequacy of the network and possible remedies to address any gaps or concerns.
 - b. HCA response to Network Corrective Action Plan. Section 2.3(L) permits the HCA Contract Manager 30 calendar days from receipt of the plan to inform the ACP Network Contract Manager if the corrective action plan submitted is acceptable.

- i. The HCA will consider the ACP Network’s corrective action plan in good faith and the HCA and ACP Network may work jointly on remedies that achieve an adequate network for members, which may include:
 1. Contracting with other health care providers.
 2. Limiting the service area to those counties with an adequate network of providers.
 - c. Terminate the Contract for cause. If the HCA determines in good faith that the ACP Network’s corrective action plan is inadequate because it fails to satisfy network requirements, then the HCA may terminate the contract for cause under Section 3.34(A).
 - i. The HCA Contract Manager uses the ACP Network Termination Process.
5. ACP Network sends Monthly Provider Change Roster (Change Roster) to the HCA. The ACP Network Roster Point Person emails the removal of a Program Provider in the Change Roster to the HCA at HCAACPOps@hca.wa.gov.
 - a. The Change Roster may be emailed no later than the 15th of a month at least 1½ months before the termination date. For example, if the termination date on the Change Roster is June 1, then the Change Roster may be emailed no later than April 15.
6. HCA reviews the entire Change Roster. The PEBB ACP Account Manager uses the HCA Reviews Monthly Provider Change Roster process to review the Change Roster.

Immediate Removal of a Program Provider

Policy

An ACP Network may immediately remove an Affiliate or Partner Program Provider that:

- Fails to maintain appropriate licensure
- Has relevant privileges suspended or terminated
- Is excluded from Medicare, Medicaid, or other government programs
- Is convicted of a felony
- Fails to satisfy the credentialing requirements of its Affiliated Provider Agreement with the Network or its Participating Partner Agreement with the UMP TPA

Process

1. ACP Network contacts the HCA. The ACP Contract Manager emails the HCA Contract Manager and specifies the reason for immediately removing a Program Provider and proposes a termination date.
2. Operational and Communications Action Plan. If both parties mutually agree that an immediate removal of a Program Provider is necessary, then both parties will develop an operational and communications action plan for removing the Provider that includes at least the following:

- a. For an *Affiliate* Provider, the termination date agreed upon by the ACP Contract Manager and the HCA Contract Manager.
- b. A communication plan that specifies necessary information and messages for enrolled members, elected officials, managers, staff, health care providers or other stakeholders.
- c. Necessary tasks to be performed by the ACP Network, HCA, and UMP TPA.
- d. The PEBB ACP Account Manager will be the lead for preparing the plan and will manage the action plan.

Form 022015ACP

Removing an Affiliate or Partner Provider to an ACP Network

Provider Name:	
Provider Tax Identification Number (TIN):	
Partner or Affiliate?	
Termination Date: (ACP Network assigns anticipated termination date)	
Was the Provider in more than one Network?	
Approximate Number of Health Care Providers: Approximate Number of PCPs: Approximate Number of Specialists: Name(s) of Hospitals:	
Name(s) of Service Area Counties Covered:	