



**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan (GCHP)
Credentials / Peer Review Committee Meeting**

Executive Conference Room at Gold Coast Health Plan
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Thursday, March 12, 2015
4:00 p.m.

AGENDA

CALL TO ORDER / ROLL CALL / INTRODUCTIONS

PUBLIC COMMENT A Speaker Card must be completed and submitted to the CMO's assistant by anyone wishing to comment:

- **Public Comment** - Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
- **Agenda Item Comment** - Comments within the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during Committee's consideration of the item.

1. OLD BUSINESS

a. Medi-Cal Expansion Update

Dr. Reeves

2. APPROVAL

a. [Fair Hearing Policy](#)

Kim Osajda

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMISSION AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE CHIEF MEDICAL OFFICER, 711 E. DAILY DRIVE, SUITE #106, CAMARILLO, CA.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LUPE AT (805) 437-5594. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan
March 12, 2015 Credentials / Peer Review Committee Meeting Agenda (*continued*)**

LOCATION: Executive Conference Room, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010

TIME: 4:00 p.m.

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CLOSED SESSION

- | | | |
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| a. | Approve Minutes from December 11, 2014 Meeting | Committee |
| b. | Follow-up of Board Actions against Providers | Dr. Reeves |
| c. | Potential Quality Issue (PQI) Report | Kim Osajda |
| d. | Delegation Oversight Report | Angel Vargas |
| e. | Discrimination and Grievance Report | Kim Osajda |
| f. | Facility Site Review Non-Compliance Report | Terry Wagemann |
| g. | Provider Credentialing | Committee |

Announcement from Closed Session, if any.

ADJOURNMENT

Unless otherwise determined, the next regular meeting of the Credentials / Peer Review Committee will be held on June 30, 2015 at 4:00 p.m. in the Executive Conference Room at 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

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| Title: Fair Hearing Policy | Policy Number: |
| Department: Quality Improvement | Effective Date: |
| CEO Approved: | Revised: |

Purpose:

To describe the Provider appeal process for instances in which Gold Coast Health Plan has altered the condition of practitioner’s participation based on issues of quality of care or services.

Policy:

To ensure that there is a formal process to notify practitioners of potential termination, suspension or limitation of their privileges because of issue of quality of care or services and provide a method whereby practitioners may appeal Gold Coast Health Plan decisions regarding their credentialing.

Definitions:

Include any definitions for terms utilized throughout this Policy & Procedure.

Procedure:

Right to a Fair Hearing Process – Gold Coast Health Plan has a formal process to notify practitioners of the potential termination, suspension or limitation of their privileges and provide a method whereby practitioners may appeal Gold Coast Health Plan’s adverse decisions regarding their credentialing. ~~There is no Fair Hearing available to practitioners who have been suspended, terminated or whose practice has been limited when there has been a loss of State License or practice limitation by a state licensing agency or the practitioner has been suspended or removed by the OIG from providing care in the Medicare or Medicaid Programs.~~

A. Automatic Suspension – Practitioners whose practice or program participation has been suspended, terminated or limited by a state licensing or certification agency, the Department of Health Care Services, or U.S. Department of Health and Human Services, including the Centers for Medicare and Medicaid Services or the Office of the Inspector General, shall be automatically suspended. No hearing procedure or further review is available for such suspensions.

B. Summary Suspension – The Gold Coast Health Plan Chief Medical Officer may summarily suspend a practitioner’s privileges, without a hearing, if the Chief Medical Officer determines that a substantial risk of harm to members or any other person will exist unless immediate action is taken. The summary suspension is effective upon oral or written notice to the practitioner, and the suspension will be taken under consideration at the next Credentials/Peer Review Committee meeting.

A-C. Notice of Action or Proposed Action – when there has been an adverse determination by the Credentials/Peer Review Committee, the Chief Medical Officer will give the affected practitioner written notice of the proposed action and of the practitioner’s right to request a formal hearing. The Gold Coast Health Plan notice to the Plan Practitioners will state:

- That a professional review action has been brought against the practitioner; and a brief description will be sent including the reasons for the proposed action; a summary of the Practitioner’s appeal rights and process will be provided.
- That the practitioner may request a hearing within thirty (30) calendar days following the date of the receipt of the notification.
- That failure to request a hearing within the above time period will be deemed a waiver of the right to a hearing on the matter that is the subject of the notice.
- That if the practitioner chooses to have a fair hearing, he/she may be represented by an attorney.

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- That the action, if implemented, must be reported to the Medical Board of California under Business and Professions Code Section 805 and/or the National Practitioner Data Bank under 45 Code of Federal regulations, Part 60, as applicable.

B.D. Request for a Formal Hearing - The practitioner will have thirty (30) days following the date of receipt of Gold Coast Health Plan's notice of an adverse action to request a formal hearing. The request must be submitted in writing directed to the Quality Department Director and received by Gold Coast Health Plan at its administrative offices within the prescribed period. A copy must be sent to the Chief Medical Officer and the Chief Executive Officer of Gold Coast Health Plan. If Gold Coast Health Plan Provider does not request a formal hearing within the time and in the manner prescribed, he/she will be deemed to have [accepted-waived his or her right to appeal](#) the recommendation, decision, or action involved and it will be adopted by the Credentials/Peer Review Committee (C/PRC) as the final action.

C.E. Upon receiving a request for a formal hearing, the Quality Department Director will, in consultation with the Chief Executive Officer and the Chief Medical Officer, promptly schedule and arrange for the hearing. The practitioner will be given notice of the time, place, and date of the hearing. The date of the commencement of the hearing will be not less than thirty (30) days no more than sixty (60) days from the date that the Quality Improvement Director received the request for a hearing.

D.F. Notice of Charges

A notice of charges or reasons may be sent along with or separate from the notice of hearing, further specifying, as appropriate, the acts or omissions with which the practitioner is charged. This supplemental notice will provide a list of the patient records, if any, which are to be discussed at the hearing, if that information has not been provided previously. The practitioner will be given notice of the names and addresses of the individuals, as then reasonably known or anticipated, who are expected to give testimony or evidence in support of the action at the hearing. This notice will be updated, as necessary and appropriate, at least ten (10) days prior to the commencement of the hearing.

At least ten (10) working days prior to the hearing, the practitioner will furnish to the Quality Improvement Director a written list of names and addresses of the individuals, so far as then reasonably known or anticipated, who will give testimony or evidence in support of the practitioner at the hearing.

Witness lists will be amended when additional witnesses are reasonably known or anticipated. A failure by either party to comply with this requirement is good cause to postpone the hearing.

E.G. Hearing Committee

The Chief Executive Officer, Chief Medical Officer, and Provider Relations Director, will appoint a Hearing Committee consisting of at least three (3) practitioners with current Gold Coast Health Plan Provider Agreements who have the requisite expertise to ensure an efficacious and fair hearing. The hearing panel members will be impartial, will not have actively participated in the formal consideration of the matter at any previous level (i.e., they will not have acted as an accuser, investigator, fact finder, or initial decision maker in the same matter), will not be in direct economic competition with the affected practitioner, and will stand to gain no direct financial benefit from the outcome of the hearing. Whenever possible, at least one member should practice the same specialty as the affected practitioner. The Quality Improvement Director



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will designate a chairperson who will preside in the manner described below, and handle all prehearing matters and preside unless and until a hearing officer, as described below is appointed.

If the Gold Coast Health Plan does not have a provider or providers available within its provider network that meet all of the above requirements, Gold Coast Health Plan may appoint an appropriate provider from its tertiary network or from the local community to participate in the Hearing Committee.

The Chief Executive Officer will have the discretion, in lieu of appointing a hearing panel as described above, to enter into an agreement with the practitioner and the Chief Medical Officer to hold the hearing before an arbitrator or arbitrators mutually acceptable to both parties. Failure or refusal to exercise this discretion will not constitute a failure to provide a fair hearing.

F.H. Hearing Officer

The Chief Executive Officer, Chief Medical Officer, and Quality Improvement Director may appoint a hearing officer to preside at the hearing. The hearing officer will be an attorney-at-law qualified to preside over a formal hearing and preferably have experience in professional peer review proceedings. He/she will not be biased for or against the practitioner, will not be in a position to gain direct financial benefit from the outcome, and will not act as a prosecuting officer or as an advocate for any party. He/she may participate in the deliberations and act as a legal advisor, but will not be entitled to vote.

G.I. Presiding Officer

The presiding officer at the hearing will be the hearing officer described above. The presiding officer will act to assure that all participants in the hearing have a reasonable opportunity to be heard and to present all relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. If the presiding officer determines that either party is not proceeding as described he/she may take such discretionary action as seems warranted by the circumstances. He/she will be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing, and will have the authority and discretion, in accordance with these provisions, to grant continuances; to rule on disputed discovery requests; to decide when evidence may not be introduced; to rule on challenges to Hearing Committee members; to rule on challenges to him/herself serving as a presiding officer, to rule on questions which are raised prior to or during the hearing pertaining to matters of law, procedure, or the admissibility of evidence; and to exercise discretion in formulating such additional procedures as are not inconsistent with these hearing policies and procedures and are deemed reasonably necessary to effect an expeditious and efficient fair hearing.

H.J. Pre-Hearing Procedures

It will be the duty of the practitioner and the Chief Medical Officer to exercise reasonable diligence in notifying the presiding officer of any pending or anticipated procedural dispute, as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made expeditiously. Objection to any such pre-hearing decisions will be raised at the hearing and when so raised will be reflected on the record.

I.K. Discovery



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Rights of Discovery and Copying

The affected practitioner may inspect and copy (at his/her own expense) any documentary information relevant to the charges that the Medical Director has in his/her possession or control. The Chief Medical Officer may inspect and copy (at Gold Coast Health Plan expense) any documentary information relevant to the charges that the affected practitioner has in his/her control. This right of inspection and copying does not create or imply an obligation to modify or create documents in order to satisfy a request for information. Requests for discovery must be met as soon as practicable. Failure to comply with reasonable discovery requests at least thirty (30) days prior to the hearing will be good cause for a continuance of the hearing.

Limits on Discovery

The presiding officer, upon the request of either side, may impose safeguards including, but not necessarily limited to, the denial of a discovery request on any of the following grounds:

- I. The information refers solely to individually identifiable practitioners other than the affected practitioner.
- II. The safeguard is warranted to protect peer review.
- III. The safeguard is warranted to protect justice.

In ruling in discovery disputes, the factors that may be considered include:

- I. Whether the information sought may be introduced to support or defend the charges.
- II. Whether the information is "exculpatory" in that it would dispute or cast doubt upon the charges or "exculpatory" in that it would prove or help support the charges and/or recommendation.
- III. The burden on the party of producing the requested information.
- IV. Other discovery requests the party has previously made.

J. Pre-Hearing Document Exchange

The parties must exchange all documents that will be introduced at the hearing at least ten (10) days prior to the hearing. A failure to comply with this rule is good cause for the presiding officer to grant a continuance. Repeated failures to comply will be good cause for the presiding officer to limit introduction of any documents not provided to the other side in a timely manner.

K-M. Representation

Hearings are provided for the purpose of addressing issues of professional conduct or competence in healthcare. Accordingly, the practitioner may be represented by an attorney or another person of their choice if he/she so chooses. In no case may the Chief Medical Officer or designee be represented by an attorney if the practitioner is not represented. At least 20 calendar days prior to the date of the hearing, the practitioner must notify the Chief Executive Officer of Gold Coast Health Plan if he/she will be represented by an attorney. The foregoing will not be deemed to deprive any party of its right to the assistance of an attorney for the purpose of preparing for the hearing. The practitioner and the Chief Medical Officer or designee may each be represented at the hearing by a licensed practitioner who is not an attorney.



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L.N. Failure to Appear

Failure without good cause of the practitioner to appear and proceed at the hearing will be deemed to constitute voluntary acceptance of the recommendation or action involved and it will thereupon become the final action of Gold Coast Health Plan.

M.O. Postponements and Extensions

After a timely request for a hearing has been received as described above, postponements and extensions of time beyond the times expressly permitted in this Fair Hearing [Plan Procedure](#) may be effected upon agreement of the parties or granted by the presiding officer on a showing of good cause and subject to the presiding officer's discretion to assure that the hearing proceedings are completed in a reasonably expeditious manner under the circumstances.

N.P. Record of the Hearing

The Hearing Committee will maintain a record of the hearing by using a qualified secretary to record the hearing or by tape recording the proceedings. The practitioner will be entitled to receive a copy of the transcript of recording upon paying the reasonable cost for preparing the records. The presiding officer may, but is not required to, order the oral evidence be taken under oath.

O.Q. Rights of the Parties

Both parties will have the following rights, which will be exercised in an efficient and expeditious manner and within reasonable limitations imposed by the presiding officer: to ask Hearing Committee members and/or the presiding officer questions which are directly related to determining whether they meet the qualifications set forth ~~in this Fair Hearing Plan by Gold Coast Health Plan~~ and to challenge such members or the presiding officer; to call and examine witnesses; to introduce relevant documents and other evidence; to receive all information made available to the Hearing Committee; to cross-examine or otherwise attempt to impeach any witness who testifies orally on any matter relevant to the issues; and otherwise to rebut any evidence. The practitioner may be called by the Chief Medical Officer and examined as if under cross-examination. The Hearing Committee and the presiding officer may ~~interrogate-examine~~ the witnesses or call additional witnesses, as the Committee deems appropriate. Each party has the right to submit a written statement at the close of the hearing. The Hearing Committee may request such a statement to be filed following the conclusion of the presentation of oral testimony.

P.R. Rules of Evidence

Rules relating to the examination of witnesses and the presentation of evidence in courts of law will not apply in any hearing conducted hereunder. Any relevant evidence, including hearsay, will be admitted by the presiding officer if it is the sort of evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs. However, the Chief Medical Officer may object to the introduction of any evidence that was requested of an applicant but not provided during the credentialing process. Such objections will be sustained by the presiding officer unless the applicant can prove that the information could not have been produced previously in the exercise of reasonable diligence.



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Q.S. Basis of Decision

The decision of the Hearing Committee will be based on the evidence produced at the hearing and any written statements submitted to the Hearing Committee.

R.T. Burden of Going Forward and Burden of Proof

In all cases, the Chief Medical Officer will have the burden of initially presenting evidence to support his/her action. Thereafter the burden differs, depending upon whether the practitioner is applying for an agreement or already has one that is in effect.

1. If the Chief Medical Officer recommendation is to deny an agreement, the practitioner will have the burden of persuading the Hearing Committee, by a preponderance of the evidence, that he/she is sufficiently qualified to be awarded such an agreement in accordance with the professional standards of Gold Coast Health Plan.

This burden requires the production of information which allows for an adequate evaluation and resolution of reasonable doubts concerning the practitioner's qualifications, subject to the Chief Medical Officer right to object to the production of certain evidence pursuant to Section P above.

2. If the Chief Medical Officer's action involves the termination of an existing Agreement or the suspension, reduction or limitation of privileges to perform patient care services, the Chief Medical Officer will have the burden of persuading the Hearing Committee by a preponderance of the evidence that his/her action is reasonable and warranted. The term "reasonable and warranted" means within the range of reasonable and warranted alternatives available, and not necessarily that the action is the only measure or the best measure that could be taken in the opinion of the Hearing Committee.

S.U. Recommended Decision

Within thirty (30) days of the final adjournment of the hearing, the Hearing Committee will issue a written recommended decision which will include findings of fact and conclusions, articulating the connection between the evidence produced at the hearing and the result. Recommended decisions adverse to the practitioner will include instructions for submitting an appeal to the Board of Commissioners. A copy will be sent to the Chief Medical Officer, the Provider Relations Director, the practitioner involved, and the Chief Executive Officer. Final action Recommended decisions will be reported submitted to the Board of Com-missioners for final action as provided below.

Comment [A1]: Assuming the Board considers each Hearing Committee decision, there should be a way for practitioners to communicate their objections to the Board. We are assuming that all committee decisions are submitted to the Board for final adoption. Let us know if we're wrong about that.

Board of Commissioners Final Action:

The Board of Commissioners will take final action on all recommended decisions submitted by the Hearing Committee. There will be no right of appeal to de novo review of the of the Hearing Committee's decision or to oral argument before the Board of Commissioners following a formal hearing. However, the Board of Commissioners will have the discretion to defer taking final action pending such further proceedings as it may direct or allow, including but not necessarily limited to further proceedings before the Hearing Committee, further fact finding at the Board of Commissioners level, or an opportunity for oral and/or written argument at the Board of Commissioners level. The Board of Commissioners will endeavor to take final action as soon as



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possible. If the Board of Commissioners is satisfied that the Hearing Committee's decision follows from a fair hearing and is consistent with the applicable burden of proof as described in Section R above it will adopt that decision as the final action of Gold Coast Health Plan. If the Board of Commissioners concludes that the Hearing Committee's decision does not follow from a fair hearing and/or is not consistent with the applicable burden of proof, the Board of Commissioners will ~~proceed as it deems necessary and appropriate to address any unfairness and render a final decision that is consistent with the applicable burden of proof modify or reject the decision as the final action of Gold Coast Health Plan, or require further proceedings as set forth above.~~

The final decision of the Board of Commissioners will be conveyed to the practitioner in letter-form within thirty (30) calendar days of the Board's reaching its final decision.

Attachments:

N/A

References:

N/A

Revision History:

| Review Date | Revised Date | Approved By |
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