

Policy Number & Title:	05-02 Participant, Preferred Provider and Collaborator Appeals
Responsible Department:	Contracting
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Original Implementation Date:	July 19, 2016
Revision Effective Date:	June 1, 2022

- I. **Purpose:** To outline the guidance for Participants, Preferred Providers and Collaborators to appeal a determination, decision or final action made or taken by OneCare in relation to the Participant's, Preferred Provider's or Collaborator's participation in an ACO Program(s) (hereinafter "Determination").
- II. **Scope:** This policy applies to Participants, Preferred Providers and Collaborators (collectively "Network Provider(s)") contracted with OneCare and the OneCare Workforce.
- III. **Definitions:** Capitalized terms have the same definition as defined in OneCare's *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Appeals Committee means a committee comprised of the Chief Medical Officer, Chief Operating Officer, Vice President of Finance, Director of Payment Reform, and Director of Value Based Care.

Level One Appeal means the first opportunity for a Network Provider to present a written challenge to an appealable ACO Determination.

Level Two Appeal means the second, voluntary opportunity for a Network Provider to present a written challenge to an appealable ACO Determination.

- IV. **Policy:** OneCare shall make diligent efforts to respond to concerns and questions from Network Providers relating to their participation in ACO Programs. This shall include consultation, problem solving and evaluating issues raised using OneCare's data to support informed determinations. In the circumstances where those efforts do not result in agreement on an appealable issue, Network Providers may appeal in accordance with this policy.

- A. **Appealable Issues** – final decisions and determinations by ACO related to a Network Provider's performance under the First Amended and Restated Participant and Preferred Provider Risk Agreement or Collaborator Agreement are appealable. However, if the ACO may not appeal an issue under its ACO Program Agreement, Network Providers may not appeal the issue (by way of example, calculation of total programmatic shared savings may not be appealed by ACO or Network Providers). Appealable issues include:

- Apportionment of shared savings or loss (risk) to Network Providers,;
- Calculation of capitated or other alternative, non-fee-for-service program payments, including payments, distributions and assessments provided for in the Program of Payments;
- Discipline, sanction, or termination of a Participant, Preferred Provider, Provider or Collaborator;

- B. **Level One Appeal**

A Network Provider must request a Level One Appeal in writing to the ACO Contracting Department within sixty (60) days of the date it receives notice of the disputed issue(s). Network Providers may not seek remedies outside of the process described in this policy without first

submitting and receiving a determination from OneCare on a Level One Appeal. A Level One Appeal is a condition that must be met before any other remedies are sought.

Upon receipt of the appeal, the issue will be referred to the Director of the department most related to the appealed issue(s) who will gather the necessary information and consult as appropriate to determine the Level One Appeal. OneCare shall make diligent efforts to collect all information that is relevant to the determination, and to provide a fair opportunity for the Network Provider to fully present its position.

The ACO will issue a written decision determining the appeal (grant, deny or partially grant or deny) within sixty (60) days of the closing of the record, which will happen after the Network Provider has been given a fair opportunity to submit information to support its appeal. The decision will include the supporting rationale and will direct any required actions by the Network Provider or ACO.

ACO may extend any deadlines in the process for good cause, such as the need to gather additional information from the Network Provider, information from third parties, complexity or voluminous documents.

C. Level Two Appeal

If dissatisfied with a Level One Appeals Determination, a Network Provider may submit a voluntary Level Two Appeal in writing to the ACO Contracting Department within sixty (60) days of the date of the ACO's written Level One Appeal Determination.

Level Two Appeals will be determined by the Appeals Committee, with a minimum of three members of the Committee participating. The Appeals Committee will receive the Level One Appeals materials as well as any additional information the Network Provider wishes to present.

The Network Provider or the ACO may request a meeting to discuss the Level Two Appeal. The ACO and Network Provider will cooperate to schedule and participate in that meeting through appropriate and convenient means, including videoconference, telephone, or in person). The ACO will keep a record of the proceedings.

The ACO will issue a written Determination for the Level Two Appeal (grant, deny, or partially grant or deny) within sixty (60) days of the closing of the record, which will happen after the Network Provider has been given a fair opportunity to submit information to support its appeal. The Determination will include the supporting rationale and will direct any required actions by the Network Provider or ACO.

The ACO may extend any deadlines in the process for good cause, such as the need to gather additional information from the Network Provider, information from third parties, complexity or voluminous documents.

V. Appeal Submission

Submit appeals to:

OneCare Vermont Accountable Care Organization, LLC

Attn: Director, ACO Contracting

356 Mountain View Drive, Suite 301

Colchester, VT 05446; and,

Contracting@onecarevt.org (Please put "Provider Appeal" in the subject line)

VI. Review Process: This Policy will be reviewed annually and in accordance with OneCare's ACO Payer Program Agreements and regulatory obligations.

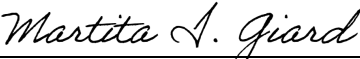


VII. References:

- OneCare's Policy and Procedure Glossary
- ACO Payer Program Agreements
- GMCB Rule 5.000

VIII. Related Policies/Procedures: N/A

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

	05/20/2022
Director, ACO Contracting	Date
	05/31/2022
Assistant General Counsel Contracting and Clinical Innovation	Date
	06/17/2022
Chief Operating Officer	Date