

Physicians Advocacy Institute, Inc.

TIP SHEET FOR PHYSICIANS: REVIEWING AND DISPUTING PHYSICIAN RATING AND TIERING BY HEALTH PLANS

- Step 1** Collect and review all letters and documentation received from the health plan regarding your ranking or tiering.
- Determine deadline for submitting reconsideration request and what the process entails.
 - Determine when the ratings will become effective and publicized to patients.
- Step 2** Determine whether your state has a law governing appeals of physician rankings in tiered network programs and, if so, if that law applies to the particular program at issue.
- Many states have state laws covering commercial plans' tiering programs.
 - State law, however, may not apply to rankings performed by a Medicaid program, a Medicaid managed care program, CHIP, Medicare Advantage plans, or a Medicare supplemental benefit plan. If the plan/program that is ranking you is a program exempted from your state law, please follow the appeals process as noted in the plan's documentation.
 - Contact your state medical association if you are not sure regarding the laws in your state.
- Step 3** If you haven't been provided with enough information to analyze and/or challenge your rating, request your complete file and any additional data needed.
- Step 4** Determine the bases for your appeal, if possible, or request more information. The following are some common bases of appeals and/or information which can be submitted to supplement the Insurers' claims data:
- Incomplete and Inaccurate Demographic Information
 - For example, verify that you've been assigned to the correct specialty. For group practices, verify that all the physicians listed are in fact part of your practice. Make sure to correct any errors.

- Incorrect Attribution of Patients
 - If you believe that a patient has been wrongly attributed to you, request Insurer's attribution methodology and seek removal of the patient from the sample.
- Inadequate Sample Size Skewing Data
 - Seek to increase sample size where possible.
- Patient Outliers Skewing Data
 - Seek removal of any such patients from the sample.
- Inappropriate Application of "Quality" Measures
 - Verify that the "Quality" measures used were clinically based or based on nationally recognized quality standards.
 - Supplement claims data with clinical records to show treatment was actually rendered or that the recommended treatment was not appropriate for a particular patient or patients.
 - If treatment decision were based on additional patient diagnosis or co-morbid conditions not readily available from the claims data, supplement the data accordingly.

Step 5 Submit your reconsideration request timely.

Step 6 Follow procedures afforded by applicable law and the health plan for review of your dispute.

Step 7 If you believe that a health plan has not adhered to the requirements of state law, you may file a complaint with your state's Department of Insurance.

NOTICE: This information is provided as a commentary on legal issues and is not intended to provide advice on any specific legal matter. This information should NOT be considered legal advice and receipt of it does not create an attorney-client relationship. This is not a substitute for the advice of an attorney.