GHP offers providers dispute and appeals processes for expressing dissatisfaction with a non-medical GHP decision that directly impacts the provider and to challenge non-medical credentialing and/or termination decisions by GHP.

Provider credentialing denied by GHP
- If a provider communicates dissatisfaction with a credentialing determination, GHP credentials committee, at its next scheduled meeting, will review information provided by the provider and make a determination. If the provider's credentialing or recredentialing is denied, the provider has 30 business days from receipt of the notice to file an appeal.

Claims denied by GHP
- Informal Process – All participating providers should use the existing Claim Research Request Form (CRRF) process as outlined in the Claims Reconsideration Process section of this manual.
- Formal Process – If a participating provider sends another CRRF stating second level appeal, or requests additional review on a previously reviewed CRRF, the Provider Dispute/Appeals Committee (PDAC), will hear all formal provider appeals and make a determination within 60 days.

Termination of Participating Provider Agreement by GHP
- GHP may make decisions regarding a provider's continued participation that may result in suspension, non-renewal or termination of participation in accordance with the terms outlined in the provider's agreement with GHP. Suspension, non-renewal or termination of a provider's participation by GHP will entitle the provider to an appeal hearing through a GHP PAC committee upon timely and proper request by the provider for the appeal.

- To initiate an appeal request, send your written request for a hearing to GHP within 60 days of receipt of the notice of suspension, non-renewal or termination of participation. Appeal requests should be sent to:
  > **Provider Network Management**
  > **Geisinger Health Plan**
  > **100 North Academy Ave.**
  > **Danville, PA 17822-3220**

Please note: Providers who fail to request a PAC hearing within the timeframe will waive all rights to any such PAC hearing.

- Upon receipt of a timely request for a hearing, GHP will coordinate the PAC hearing process and schedule a PAC hearing. The PAC hearing will be held as soon as the arrangements for it may be reasonably made.   GHP will send a written notice to the requesting provider, including the date, time, and location of the hearing, at least 10 days before the hearing takes place.

[Type here]

Please note: A provider who fails, without good cause, to appear at a PAC hearing will be deemed to have waived their appeal rights.

- The Provider Appeal Committee (PAC) is an ad hoc committee appointed by a GHP medical director and will be comprised of at least three voting members. None of the voting members of the PAC may be in direct economic competition with the provider requesting an appeal hearing. If the participating provider requesting the appeal hearing is a practitioner, the majority of the PAC members must be peers. There must be one practitioner of the same specialty as the practitioner appointed to the PAC (preferably with similar or like training and board certification). A GHP medical director will designate one of the PAC members to act as the chairperson. A PAC representative will provide administrative support to schedule the hearing and will document the proceedings. All individuals selected to serve on the PAC will be required to consider and decide the case in good faith and with objectivity. Requesting providers will be informed of the PAC's final determination in writing within 45 days of the hearing.