

## Provider De-listing Policy

In this policy, 'Providers' are health professionals recognised by HCF for the purpose of the payment of benefits for general treatment provided to privately insured Australians.

'HCF' means The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746 and any of its Related Bodies Corporate that are registered private health insurers.

### Definition

For a number of reasons HCF may decide to end its relationship with a Provider in the long-term interest of its members. This is known as 'de-listing'.

### HCF Provider Recognition

Recognition requirements vary based on the state and modality of the Provider. For specific requirements based on your state and speciality please call our Provider Relations Team on [02 9290 0158](tel:0292900158).

The 'HCF recognition criteria' is to ensure:

- Benefits are only paid for services rendered by Providers who meet minimum standards of competence, quality and integrity;
- Benefits are only paid for services rendered by Providers who are 'HCF Recognised Providers' (sometimes referred to as 'HCF approved' or 'HCF registered' Providers); and
- Industry and government requirements are met.

Additionally, we expect HCF Recognised Providers to act in good faith and ensure that the conditions listed under 'Why HCF may de-list a Provider' are not breached.

### Why may HCF de-list a Provider

HCF may decide to de-list a Provider if it finds that the Provider has engaged in conduct that:

- (a) is unlawful, in the sense that the Provider has been convicted of a criminal offence or a civil penalty has been imposed on the Provider or a criminal offence has been proven but no conviction recorded;
- (b) is improper or unprofessional, in the sense that professional disciplinary proceedings have resulted in a finding adverse to the Provider;
- (c) amounts to a breach of any contractual agreement which the Provider has with HCF;
- (d) is such that HCF reasonably concludes that the conduct would be unacceptable to the general body of Providers in that discipline;
- (e) is, in HCF's reasonable opinion, unsatisfactory as regards billing;
- (f) results in a materially greater amount of benefits being paid by HCF to the Provider when compared with the benefits that HCF pays to the Provider's competitors for the treatment of comparable conditions;
- (g) is adverse to the interests, business or reputation of HCF; or
- (h) is substantial non-compliance with requests made of the Provider by HCF in connection with a review of the Provider under this policy.

In these cases, benefits will not be payable for any service supplied by that Provider unless HCF is satisfied that the member claiming benefits was not aware of the de-listing at the time the service was provided, or HCF otherwise considers that the member would suffer hardship if the benefits were not paid.

**How is the decision made?**

When determining whether to de-list a Provider, HCF will conduct an internal review of information obtained about the Provider against the criteria listed above. The selection of the person(s) who will perform the internal review or the composition of any committee appointed to perform that review will be determined by HCF alone.

HCF may, in its sole discretion, decide to initiate a review of a Provider by appointing a review panel comprised of other professionals who practise or are expert in the same field as the Provider. That panel may request from the Provider de-identified information about the Provider’s treatment of members (including such information as treatment plans, records and scans). The panel will then review that information against the de-listing criteria and make a recommendation to HCF as to whether the Provider should or should not be de-listed. HCF will then, in its sole discretion, make the decision whether to de-list the Provider.

HCF will make all reasonable attempts to communicate its decision to the Provider in writing. However, the de-listing of a Provider is effective whether or not the Provider in fact receives notice of their de-listing.

In serious cases, HCF may suspend the payment of benefits to the Provider or suspend the use of electronic claiming facilities during its investigation, or while the determination process takes place (or both).

**How long is a Provider de-listed for?**

In some cases, HCF may advise the Provider of a date after which the Provider can reapply for recognition with HCF. In such cases, reinstatement of recognition is based on the Provider being able to reasonably satisfy HCF’s concerns.

**Who can I contact to find out more?**

Contact a member of our Claims Review Team Mon-Fri 9am-5pm EST on **1800 727 721** for more information.

**Lodging an appeal**

A Provider may appeal to HCF against their de-listing. An appeal must be received by HCF within 7 days after the date shown on the notice of de-listing issued by HCF.

HCF will aim to provide a response to any appeal within 7 days after receipt. If HCF requires further time it will advise the Provider of the expected timeframe. The Provider’s recognition will remain in place during the appeal process (except for cases in which HCF has suspended the payment of benefits to the Provider).

HCF will make all reasonable attempts to notify the Provider of its final decision in writing. However, the de-listing is effective whether or not the Provider in fact receives notice of their de-listing.

If the Provider is not satisfied with the response, the Provider can write to or contact the HCF internal dispute resolution officer or one of the external dispute resolution schemes set out below.

**Useful Contacts**

<p>HCF Complaints 1800 727 721</p> <p>Internal Dispute Resolution Officer HCF GPO Box 4242 Sydney, NSW 2000</p>	<p>Private Health Insurance Ombudsman Complaints 1800 640 695 <a href="http://www.phio.org.au/complaints">www.phio.org.au/complaints</a></p>	<p>Privacy Complaints 1300 363 992</p> <p>Office of the Australian Information Commissioner GPO Box 5218 Sydney, NSW 2001</p>
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