



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

January 19, 2017

Disaffiliation Date: 03/20/2017

MEGAN M EDISON, MD  
8485 ALGOMA AVE  
ROCKFORD, MI 49341

NPI: 1780657478

Dear MEGAN M EDISON:

Blue Cross Blue Shield of Michigan has reviewed your request for continued affiliation and, after careful review and consideration, we were unable to approve your continued affiliation with these networks:

- Partnered (36)
- Medicare Plus Blue PPO (61)
- BCN Commercial (36)
- PPO TRUST (55)
- MA PFFS (Medicare Advantage Private Fee for Service)

**The committee's decision for disaffiliation was based on the following:**

- Failure to have and maintain Board Certification by BCBSM recognized Board

Board certification is a mandatory requirement for all managed care networks. Once this requirement is met or within two years of the date of this letter, you may reapply. Note that BCBSM managed care networks only recognize certain boards. Please refer to our BCBSM or BCN provider manual for our list of acceptable boards.

If you have new documentation or information relevant to this decision, you must submit a written request for appeal or reconsideration within 30 days of receipt of this letter. We are required to notify your members of your forthcoming termination date if an appeal is not received within the 30-day period.

- You have the right to a hearing before a panel of individuals, appointed by BCN, who are not in direct economic competition with you.
- You have the right to representation by an attorney or a person of your choice.
- You have the right to a record of the proceedings, copies of which you may obtain upon payment of reasonable charges associated with the preparation of the record.
- You have the right to call and question witnesses.
- You have the right to present evidence determined to be relevant by the hearing chair.
- You have the right to submit a written statement at the end of the hearing.
- You have the right to receive the written recommendation of the panel, including the basis for the recommendation, and the written decision that includes a statement of the basis for the decision.



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Please mail your appeal or reconsideration to:

Corporate Credentialing and Program Support  
Blue Cross Blue Shield of Michigan  
P.O. Box 5043  
Southfield, MI 48076-5043

Please note that this is an administrative denial and is not reportable to the National Practitioner Data Bank.

**If you do not appeal or request reconsideration or your appeal or reconsideration is denied, it will be necessary to transition your patients.**

If you have any questions regarding the information in this letter, call Provider Enrollment and Data Management at 1-800-822-2761.

Sincerely,

Three handwritten signatures in black ink, corresponding to the names listed below.

Hashim M. Yar, MD - Ravi Govila, MD - Raymond D. Hobbs, MD  
Medical Directors  
Blue Care Network/Blue Cross Blue Shield of Michigan

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