Practitioner Rights Policy

1. Purpose

This policy will define a practitioner's right to review information obtained during the credentialing or recredentialing process and to correct erroneous information or information that varies substantially from what the practitioner supplies.

2. Policy

A practitioner is afforded the following rights during the credentialing or recredentialing process:

a) A practitioner in the credentialing or recredentialing process is afforded the right to review certain information obtained from an outside source that is used to evaluate their credentialing application. A practitioner may review information obtained from malpractice carriers, state licensing boards and board certification agencies. This information may be reviewed by the practitioner upon request. A practitioner does not have the right to review information that is protected under peer review laws, such as, National Practitioner Data Bank (NPDB) responses, professional references, hospital affiliation questionnaires, recommendations from training institutions or responses from the Federation of State Medical Boards (FSMB).

b) If information is obtained from other sources during the credentialing or recredentialing process that varies substantially from that provided by the practitioner, a member of the credentialing department will notify the applicant verbally or in writing of the discrepancy. The practitioner will be given the opportunity to clarify and correct the discrepancy(ies) and/or erroneous information by responding verbally or in writing within 15 days of the notification. In some instances, a written response may be required. Verbal responses shall be provided to a member of the credentialing department who will document, in writing, the conversation and the practitioner's response. The Credentialing department employee will sign and date the documentation and place in the practitioner's file. If the practitioner prefers or is requested to respond in writing, a written response is to be sent to: Priority Health, Attn: Credentialing Department, 1231 East Beltline, NE, Grand Rapids, MI 49525. Written responses will be date stamped and placed in the practitioner's file.

c) A practitioner has the right, upon request, to be informed of the status of their initial application or recredentialing application. A practitioner may make this request verbally or in writing to any member of the Credentialing department. When the request is made verbally, the Credentialing department team member will provide the status verbally. If the request by the practitioner is made in writing, a Credentialing department team member will respond verbally, if appropriate, or in writing if requested by the practitioner. A copy of any written request by the practitioner or written response from a Credentialing department team member will be maintained in the practitioner's credentialing file. The practitioner can be informed as to which verifications items have been received or not received and will be informed of any discrepancy(ies) or other information that varies substantially from that provided by the practitioner as described in item b. above.

A practitioner is notified of these rights through the provider manual at priorityhealth.com as well as through the practitioner's initial credentialing application on Prism.

3. Revisions

12**/**98 annual review; 5/99 revisions; 8/99 revisions, 11/99 revisions & annual review, 12/00 revision & annual review, 8/01 revisions & annual review; 9/02 annual review, 6/03 revisions, 10/03 annual

review, 10/04 annual review, 11/07 biennial review, 12/7/11, 8/14/19, revision 8/29/23, 8/9/2024, 7/15/2025, 7/17/2026

Priority Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

Policies Superseded and Replaced: Formerly part of Policy #2/0030/R3 – Practitioner Credentialing, Recredentialing and Hearing Policy & Procedure.

4. References

NCQA Credentialing Standards, Priority Health adheres to CMS requirements as outlined and/or defined in the Medicare Managed Care Manual (Chapter 6: Relationship with Providers).