

Notice of Practitioner Rights
Addendum to the Texas Standardized Credentialing Application

I. RIGHT OF REVIEW

As an applicant for credentialing/re-credentialing, you have a right to review information obtained by IPA for the purpose of evaluating your credentialing or re-credentialing application. This includes non-privileged information obtained from any outside source (e.g., Malpractice insurance carriers, state licensing boards, National Practitioner Data Bank) but does not extend to review of information, references, or recommendations protected by law from disclosure. You may request to review such information at any time by sending a written request via fax or letter to the Credentialing Manager at 2295-D Huntington Dr., San Marino, CA, 91108; fax number 866-265-2544. The Credentialing Manager, or designee, will notify you within 72 hours of the date and time when such information will be available at the IPA Credentialing Department located in San Marino, California.

II. RIGHT, UPON REQUEST, TO BE INFORMED OF STATUS OF CREDENTIALING/RE-CREDENTIALING APPLICATION

You have the right to be informed, upon request, of the status of your credentialing and/or recredentialing application. You may request such information by sending a written request via fax or letter to the Manager of Credentialing at the above cited address/fax number. You will be notified in writing and within no more than ten (10) working days of receiving your fax or letter, by return fax or letter, of the current status of your application with respect to outstanding information required to complete the application process.

III. NOTIFICATION OF DISCREPANCY

Practitioners will be notified when information obtained by primary sources varies substantially from information provided on the practitioner's application. Examples of information at substantial variance include reports of a practitioner's malpractice claims history, actions taken against a practitioner's license/certification, suspension or termination of hospital privileges or board certification expiration when one or more of these examples have **not** been reported by the practitioner on his/her application. Sources will not be revealed if information obtained is not intended for verification of credentialing elements or is protected from disclosure by law.

IV. CORRECTION OF ERRONEOUS INFORMATION

If a practitioner believes that erroneous information has been supplied to IPA by primary sources, the practitioner may correct such information by submitting written notification to the Director of Medical Services. Practitioners must submit a written notice (via fax or letter) along with a detailed explanation to the Director of Medical Services at 2295-D Huntington Dr., San Marino, CA, 91108; fax number 866-265-2544. Notification to IPA must occur within 48 hours of IPA notification to the practitioner of a discrepancy as provided in Section II or within 24 hours of a practitioner's review of his/her credential file as provided in Section I.

Upon receipt of notification from the practitioner, IPA will re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the practitioner's credential file. If, upon re-review, primary source information remains inconsistent with practitioner's notification, the Director of Medical Services will so notify the practitioner via fax or letter. The practitioner may then provide proof of correction by the primary source body to IPA Director of Medical Services via fax or letter at the address above within ten (10) working days. The Director of Medical Services will re-verify primary source information if such documentation is provided. If, after ten (10) working days, primary source information remains in dispute, the practitioner will be subject to Adverse Action, up to administrative denial/termination.

Print Name: _____

Signature: _____ Date: _____
(Stamped Signature is not acceptable)