MOGO		Policy & Procedure			
Company:	Moda Health	Department Name:	Quality Programs		
Subject:	Practitioner Rights- Credentialing and Recredentialing				
Adopted Date:	01/05	Review/Revision Date:	05/06, 05/07, 5/08, 6/09, 4/10, 8/11, 8/12, 8/13		
Page Number:		Next Annual Review Date:	8/14		
Division:	Credentialing				
		al ⊠ Advantage (Medicare) ⊠ Community Health (Medicaid)			

## I. Policy

Practitioners have rights during the credentialing and recredentialing process and are notified of these rights through various means.

### II. Practitioners have the right to:

- A. Credentialing and recredentialing decisions that are not based on the practitioner's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures performed (provided such procedures are legal under US law) or patients in which the practitioner specializes.
- B. Review information the practitioner submitted to Moda Health to support their credentialing application.
- C. Correct erroneous information discovered during the verification process.
- D. Request and be informed of the credentialing application status.
- E. Withdraw, in writing, the application at any time.
- F. Have the confidentiality of the application and all supporting documents protected and the information used for the sole purpose of application verification, peer review and panel participation decisions, subject to any disclosures required under state or federal law..
- G. Be notified of these rights.

### III. Other Rights

Participating practitioners have the right to appeal application denials and adverse action taken by Moda Health as outlined in the Appeal of Moda Health Adverse Action.

#### IV. Notification sources:

Practitioners are notified of their rights in the Moda Health participating provider administrative manuals and the Moda Health website.

#### V. Facets/Moda Health Help/Document Search Words

**Practitioner Rights** 

#### VI. Related Policies & Procedures

ΑII

#### VII. Related Form(s)

#### **VII. Revision Activity**

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
1/08	Annual review	5/07

3/08	Annual review	5/08
4/09	Annual review	6/09
4/10	Annual review	5/10
6/11	Annual review	8/11
7/12	Annual review	8/12
5/13	Annual review	8/13

# IX. Affected Departments

Date manager input requested:
Date manager input supplied:

X. References: CMS Managed Care Manual, Chapter 6, Section 50 and NCQA Standard CR1