**Practitioner Credentialing & Rights**

Practitioners are notified of their right to review and correct erroneous information obtained in the credentialing or re-credentialing process. This includes information from any outside primary source (state licensing boards, malpractice insurance carriers). The right to review does not extend to references or recommendations or other information is peer review protected or if disclosure is prohibited by law. Before a decision is made, they may also ascertain the status of their application or reapplication at any time by contacting the Credentials Department at:

Email: [credentialingadmin@imperialhealthholdings.com](mailto:credentialingadmin@imperialhealthholdings.com)

Practitioners receive notification of their rights by IMAS during the verification process or the appeal process if they do not meet their criteria after receiving a denial or termination of the network during the credentialing/recredentialing process.

If credentialing information obtained from other sources varies from that provided by the practitioner, the credential coordinator will notify the practitioner in writing for their response within ten working days.

The Credentialing Coordinator will make three attempts to collect the corrected information from the practitioner. Telephone, fax, email or letter are all acceptable forms of communication. The credentialing coordinator will advise the practitioner of acceptable formats when submitting corrected information.

Corrected information is accepted by the Credentialing Coordinator and documented in the credentialing system. The practitioner’s application is pended until a decision is made by the Credentialing Committee.

The Credentialing Coordinator will date stamp receipt of corrected information and this information is kept in the practitioner’s credential file maintained within the department. If the Credentialing Coordinator is unable to obtain the requested information, terminated practitioners can correct discrepant information under the IMAS appeal policy. Practitioners are notified that appeals must be submitted within (30) days.

Practitioners are notified of these rights in the Provider Manual and company website.