



Credentialing Office Policy and Procedure

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| Title: RIGHT OF NOTIFICATION AND CORRECTION OF INFORMATION | Policy Number: CO 1.3 |
| Regulation Reference: NCQA CR1.B | Effective Date: 04-01-2012 Last Annual Review Date: 11-04-2024 Last Revision Date: 03-25-2022 (Revision History on last page) |

Policy Statement:

Paul L. Foster School of Medicine’s (PLFSOM) Professional Staff application information shall be gathered in a manner that ensures credentialing decisions are based on the most accurate and current information possible. Practitioners shall be notified if information gathered during the credentialing process varies substantially from what is provided in the application, and he/she shall have the right to review said information and correct erroneous information supplied by another party.

Procedure:

All information received will be handled in a manner that ensures the confidentiality of the source and the named practitioner to the greatest extent possible.

1. The Credentialing Office will gather information on professional staff applications and to provide notice in accordance with the following procedure. All peer references, primary sources verifications, queries, etc. shall be routed to the Credentialing Office.
2. Questionable references from all incoming verifications and peer references will be flagged and brought to the attention of the Director of Clinical Operations, Department Chair and TTUHSC Credentials Committee for review.
3. When reference letters make vague reference to professional problems, or contain significant omissions, the Department Chair or his/her designee and/or the Credentialing Manager and/or Credentials Committee Chair should initiate telephone calls to references, previous/present hospital affiliations, training programs or any other organization to obtain additional information regarding the statements and/or omissions.
4. A memo to file will be typed summarizing the content of said discussions and placed in the practitioner’s credentialing file.
5. In all cases, references that have given questionable verbal references should be encouraged to put the comments in writing. Information should be gathered to the degree that no one is uncomfortable recommending an applicant for privileges and membership.
6. Written documentation of the rights below will be sent by the Credentialing Office to the applicant as part of any and all credentialing applications, including, but not limited to: initial credentialing, re-credentialing, and requests for additional privileges and special temporary privileges. The document will notify the practitioners or applicants of their rights as indicated below:

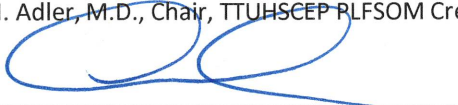
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- a. Right to review information obtained by the Credentialing Office to evaluate their credentialing application. The evaluation includes information obtained from any outside source (malpractice insurance carriers, state licensing boards, etc., excluding peer references or other information that is peer reviewed protected).
 - b. Right to be notified in the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner. The Credentialing Office will notify the practitioner verbally and in writing within two days from the time the contested information is received. The practitioner shall return any written responses to the Credentialing Office within 5-10 days of receipt of the initial notification.
 - c. Right to be informed of the status of their application, upon request. The individual practitioner may have supervised access to his/her files during office hours (8 am - 5 pm). The files may not be removed and may be read only in the presence of the Credentialing Staff. If any complaints are contained in the files, a written summary of complaints, deleting the names of the persons making the reports will be placed in the file before it is made available to the individual physician. The Credentialing Office will prepare the summary within two days from date requested.
7. Contested information that may be subject to correction by practitioners includes the following:
- a. Actions on a license.
 - b. Malpractice claims history.
 - c. Suspension or termination of hospital privileges.
 - d. Suspension or termination of board-certification status.

This policy does not require the PLFSOM or the Credentialing Office to disclose to practitioners any information provided by references or recommendations or other information that is peer review protected.

8. All corrected and/or modified information received from the practitioner or by the primary source verification, via fax, email or mail, by any staff member of the Credentialing Office shall document the reason for modification, must be date-stamped, initialed and placed in the applicant's permanent paper or electronic credential file. Documents received are never modified by the Credentialing Office. Updates are only made to the database system when corrected and/or modified information is received, by either fax, email or mail, from the provider or the actual primary source verification/verifier, in order to maintain accuracy of provider's data. The Credentialing Office shall document the reason for modification. All credentialing forms will be placed in the provider's permanent paper and/or electronic credentialing file. All documents received in the credentialing process shall then be taken through the Credentialing approval process.

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| Policy Number: CO 1.3 | Version Number: 1.0 | |
| Signatory approval on file by: | Approved: | Adam H. Adler, M.D., Chair, TTUHSC P-PLFSOM Credentials Committee  |

| Revision History | | |
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| | Credentials Committee | Dean Approval |
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