

**EVOLENT HEALTH LLC
POLICY AND PROCEDURE**



POLICY NUMBER: NVR.011.E.KY
REVISION DATE: 05/30/2019
PAGE NUMBER: 1 of 3

POLICY TITLE: Practitioner Credentialing Rights
DEPARTMENT: Provider Credentialing
ORIGINAL DATE: February 2016

Approver(s): Sharlee LeBleu, Director, Credentialing Operations

Policy Review Committee Approval Date: May 30, 2019

Product Applicability: mark all applicable products below:

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large				
	<i>States:</i> <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____				
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input checked="" type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All				
	<input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____				
OTHER	<input type="checkbox"/> Self-funded/ASO				

Regulatory Requirements: National Committee for Quality Assurance (NCQA) CR 1, Element B and Kentucky Department of Medicaid Services Contract Section 28.2.

Related Documents: NVR.010.E Practitioner Credentialing & Recredentialing and NVR.012.E Organizational Provider Credentialing and Recredentialing

PURPOSE

The purpose of this policy is to provide guidance to allow all Evolent Health (Evolent) provider applicants the opportunity to review information received through the credentialing and recredentialing processes. Evolent notifies provider when information received varies substantially from information originally submitted by the provider.

DEFINITIONS

Credentialing: The process by which Evolent reviews and evaluates the qualifications of licensed independent providers to provide services to members of clients' networks. Network approval is determined by the extent to which applicants meet regulatory requirements for education, licensure, professional standing, service availability, and accessibility, as well as the company or client's requirements for utilization and quality improvement.

Recredentialing: The process by which Evolent evaluates performance monitoring data and re-verifies the credentialing information that is subject to change over time.

Type II Practitioner: Practitioners not meeting all credential verification guidelines and/or have a history of malpractice suits and/or adverse professional actions.

POLICY

Evolent Health (Evolent) provides all prospective practitioner applicants and practitioners scheduled for credentialing/recredentialing process with notification of their right to review information obtained that varies substantially from the information provided by the practitioner. In addition, Evolent also notifies the practitioner in the event that information obtained through the credentialing/recredentialing process differs from the information submitted by the practitioner. Practitioners are also notified of their right to correct erroneous information.

PROCEDURE

- I. Practitioner Notification of Rights to Review Credentialing Information and Request Application Status:
 - a. Upon request, the practitioner has the right to review his/her information obtained during the credentialing/recredentialing review process including information from any outside primary source utilized for credentials verification.
- II. Practitioner Notification of Discrepancies in Credentialing Information:
 - a. If information is obtained through the credentialing/recredentialing process that varies substantially from that submitted in the practitioner's application, the provider credentialing coordinator notifies the practitioner via letter of the discrepancies, allowing them the opportunity to review and, if necessary, correct erroneous information
 - b. Practitioner applicants have 10 business days from the date of receipt of the letter to respond to the discrepancies. Rebuttals must be submitted in writing to the provider credentialing department for review.
 - c. If additional information or clarification is received, the provider credentialing coordinator places the additional information submitted by the practitioner in his/her folder annotating him/her as a Type II practitioner for review. The practitioner's information is then presented for review, provided all other requirements have been met.
- III. Practitioner Notification of Credentialing or Recredentialing Application Status:
 - a. Upon request, the practitioner has the right to receive status updates of

his/her credentialing or recredentialing application.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	12/2016
Change of Policy Ownership from John Olivarri to Joel Scott	04/09/2018
- Annual Review & Structural Adoption - Change of Policy Ownership from Joel Scott to Sharlee LeBleu	05/30/2019