

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 11/15/07	Reviewed: 9/27/12 By: WA Last Revision: 5/25/11	Section: PROVIDER NETWORK	Policy No: 062	Pages: 1 of 2 (1 Attachment)
☒ Wraparound ☒ Wraparound-REACH ☒ FISS ☒ Project O-Yeah	Effective Date: 1/1/12	Subject: PROVIDER CREDENTIALING CONFIDENTIALITY APPLICANT RIGHT TO INFORMATION			

I. POLICY

It is the policy of Wraparound Milwaukee that application information pertaining to clinicians applying to become providers in the Wraparound Milwaukee Provider Network will be kept confidential and that applicants have the right to request and receive information regarding the status of their application and the right to review information collected as part of the practitioner credentialing process. The applicant's right to obtain application related information does not apply to any references, recommendations or other information that may be peer review protected.

II. PROCEDURE

Confidentiality

All practitioner Universal Applications and credentialing related correspondence, reports, etc., will be maintained in an applicant specific file.

All practitioner credentialing files will be maintained in a locked file cabinet.

All staff working with the practitioner files will be instructed in confidentiality procedures. Access to practitioner credentialing files will be restricted to Wraparound Milwaukee Provider Network and Quality Assurance staff that assist in processing or work directly with the practitioner applications, or Quality Management staff that are investigating a complaint that has been filed against a Practitioner/Provider.

All Credentialing Committee members will sign a Non-Discrimination / Confidentiality statement annually.

Credentialing Committee meetings will be held at the Wraparound Milwaukee Administrative offices. The meetings will be held in a closed-door conference room to ensure privacy. Documents copied for review by the Credentialing Committee that are not returned to the applicants' credentialing files will be destroyed either by shredding or by placing them in the locked confidential recycling bin.

Requests Regarding Application Status

Practitioners requesting information on the status of their application will be addressed within 48 hours of receipt of the request for information. Responses will generally be made by phone or email.

Request for Information

Practitioners requesting copies of their file must do so in writing, stating the reason for the request.

Peer Review Protected Information

Includes information such as references, recommendations or information obtained from the National Practitioner Data Bank (NPDB).

Credentialing / Re-Credentialing Information

Includes information obtained through any outside primary source verification such as malpractice insurance carriers and state licensing boards, to be used during the practitioner credentialing or re-credentialing process.

Requests for credentialing / re-credentialing application related information are to be submitted in writing, dated and signed by the applicant. Such requests will be processed as soon as possible, but no more than 30 days from the date

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Provider Credentialing Confidentiality Policy

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that the signed and dated written request is received by the Wraparound Milwaukee Provider Network.

Applicant written requests for information will be stamped with the date that the request is received by Wraparound Milwaukee. The request will be reviewed by the Provider Network Coordinator, Provider Network Quality Assurance Specialist and/or Medical Director. Wraparound Milwaukee reserves the right to limit information that is released to the applicant's universal application and associated documents submitted by the applicant as part of the credentialing / re-credentialing process and any additional information obtained during the credentialing process that is not peer review related.

Requests for information will be kept in the applicant's credentialing file.

The requested information will be forwarded to the applicant via standard U.S. mail, along with a letter explaining the applicant's right to correct erroneous information.

Reviewed & Approved by: _____



Bruce Kamradt, Director

November 15, 2007

SAMPLE

To Whom It May Concern:

RE: Universal Application
Request to Correct Erroneous Information

I am writing this letter to inform you that there are some corrections that need to be made to the Universal Application that I submitted. The errors are in the Practice Affiliation section of the application. Please accept this letter as a request to correct the erroneous information with the updated information attached.

If you have any questions, please feel free to contact me at (555) 555-5555.

Sincerely,

John Smith, LCSW
Smith Counseling Center