WRAPAROUND MILWAUKEE **POLICY & PROCEDURE**	Date Issued: **11/15/07**	Date Revised:	Section: **PROVIDER NETWORK**	Policy No: **059**	Pages: **1 of 2** (2 Attachments)
☒ **Wraparound** ☒ **Wraparound/REACH** ☒ **FISS**	Effective Date: **7/1/07**	Subject: **PROVIDER APPLICANT RIGHT TO REQUEST INFORMATION AND CORRECT ERRONEOUS INFORMATION**			

I. POLICY

It is the policy of Wraparound Milwaukee/REACH/Family Intervention and Support Services (FISS) that all practitioners who participate in the Wraparound Milwaukee Provider Network credentialing and re-credentialing process have the right to request and receive information regarding the status of their application, and the right to request and 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.

DEFINITIONS:
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.

II. PROCEDURE

Requests Regarding Application Status
Practitioners' requests for 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.

Requests for Applicant Credentialing File Information
Practitioners requesting copies of their file must do so in writing, stating the reason for the request.

Requests for credentialing / re-credentialing application related information must be submitted in writing, and must include the reason for the request, date of the letter and applicant signature. Such requests will be processed as soon as possible, but no more than 30 days from the date 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.

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

Copies of the requested information will be forwarded to the applicant via standard U.S. mail, along with a letter (*see Attachment 1 – Sample)* explaining the applicant's right to correct erroneous information by submitting a written letter of explanation related to the erroneous information within fourteen (14) days of receipt of the credentialing file information request.

Right to Correct Erroneous Information

In the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner, Wraparound Milwaukee will notify the practitioner in writing within two weeks of the discrepancy. The applicant will have 30 days to correct erroneous information submitted by other parties and/or to correct his/her own information or the processing of his/her application will be terminated.

Applicant written explanations related to erroneous information (*see Attachment 2 – Sample)* will be reviewed by the Provider Network Coordinator, Provider Network Quality Assurance Specialist and/or Medical Director. The reviewer will contact the applicant (verbally or in writing) to confirm the written explanation. The corrected material will be included in the applicant's credentialing / re-credentialing file and submitted to the Credentialing Committee for review.

If no comments are received from the applicant within the fourteen (14) day time frame, it will be assumed that the applicant does not dispute the accuracy for the credentialing file information that has been forwarded to them.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILD AND ADOLESCENT COMMUNITY SERVICES

WRAPAROUND MILWAUKEE

PHONE: (414) 257-7611 **9201 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226** **FAX:(414) 257-7575**

(Date)

(Name)
(Address)
(City, State, Zip)

Dear _____:

Enclosed please find the information you requested from your credentialing/re-credentialing file. It includes information obtained for the review of your Universal Application. It does not include peer review protected information, references, recommendations, and/or information obtained from the National Practitioner Data Bank. If you wish to obtain the information from the National Practitioner Data Bank, you must request this directly from them at P.O. Box 10832, Chantilly, VA 20151 or phone (800) 767-6732.

Please review this information at your earliest convenience. You have a **right to correct any erroneous information**. You must notify the Wraparound Milwaukee Provider Network in writing within fourteen (14) days of the receipt of this letter of any information that you believe to be erroneous. Your written explanation will be included in your credentialing/re-credentialing file for review by the Provider Network Coordinator, Provider Network Quality Assurance Specialist and/or Medical Director.

If we do not receive a response from your within the fourteen (14) days, it will be assumed that you do not dispute any of the information provided to you for your review. If you have any further questions, please do not hesitate to contact us.

Sincerely,

Jeannine P. Maher
Provider Network Coordinator

cc: Provider Credentialing/Re-Credentialing File

WRAPAROUND MILWAUKEE
Provider Applicant Right Policy
Attachment 2

November 15, 2007

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

SAMPLE