

# Health PLUS+

## Notice of Applicant Rights

Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the UnityPoint Health Plus credentialing staff via telephone or in writing to inquire as to the status of their application.

Credentialing staff will respond to the applicant's request for information either via telephone or in writing of the status of their application. UnityPoint Health Plus is not required to provide the applicant with information that is peer-review protected. Information reported to the National Practitioner Data Bank (NPDB) is considered confidential and shall not be disclosed. An applicant will be advised that they may complete a self-query to obtain information that is contained in the NPDB.

Applicants have the right to review the information submitted in support of their Credentialing application. This review is at the applicant's request.

The applicant will be notified in writing of initial credentialing decisions within sixty (60) days of being reviewed for credentialing.

Credentialing Staff will notify the applicant in writing of any information obtained during the credentialing process that varies significantly from the information provided to the network by the applicant.

Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to UnityPoint Health Plus by other individuals or organizations contacted as part of the credentialing and/or recredentialing process, credentialing staff will contact the applicant via fax, email or postal mail within 60 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.

The applicant will submit any corrections in writing within fourteen (14) calendar days to the Credentialing Staff. Any additional documentation will be kept in the applicant's credential file.

All Providers have the right to appeal, in writing, any decision made by the Medical Advisory Committee within 30 calendar days of receipt of written notification of the decision.