

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
NOTICE TO PRACTITIONERS OF CREDENTIALING RIGHTS/RESPONSIBILITIES

I. Right of Review

As an applicant for credentialing/re-credentialing, you have a right to review non-privileged information obtained for the purpose of evaluating your application. This includes information obtained from outside sources such as liability insurance carriers, Medical Boards, and the National Practitioner Data Bank. It does not include review of information that is privileged, such as references or recommendations which are protected by law from disclosure.

You may request to review such information at any time by sending a written request via fax, letter, or email to Provider Relations Credentialing at Partnership HealthPlan of California, 4665 Business Center Drive, Fairfield, CA 94534, fax number (707) 207-0436, Credentialing@Partnershiphp.org. Following receipt of your request, you will be contacted by the Director, or his/her designee, within five working days in order to arrange a date and time for review of the information at the Partnership HealthPlan of California.

II. Right, Upon Request, to be Informed of Status of Credentialing/Re-credentialing Application

You have the right to be informed, upon request, of the status of your credentialing and/or re-credentialing application. You may request such information by sending a written request via fax, or email, to the Provider Relations Credentialing Specialist at the above cited fax/email address. You will be notified in writing and within no more than ten (10) working days of receiving your fax, or email, by return fax, or email, of the current status of your application with respect to outstanding information required to complete the application process.

III. Notification of Discrepancy

You will be notified in writing, by email, immediately when information obtained by primary sources varies significantly from information provided on your application. Sources will not be revealed if information obtained is not intended for verification of credentialing elements or is protected from disclosure by law.

IV. Correction of Erroneous Information

If you believe that erroneous information has been supplied to Partnership HealthPlan of California by primary sources, you may correct such information by submitting written notification to the Director of Provider Relations at the above cited address/fax/email. Your notification must include a detailed explanation of the discrepancy and must be returned to Partnership HealthPlan of California within three working days of your credentials file review date and/or the date that Partnership HealthPlan of California notified you of the discrepancy. Upon receipt of your notification, Partnership HealthPlan of California will re-verify the primary source information under consideration. If the primary source information has changed, an immediate correction will be made to your credentials file. You will be notified of this action. If the primary source information remains inconsistent with your notification, you will be advised of the same through letter, fax, or email. You will be requested to provide proof of correction by the primary source to the Director of Provider Relations of Partnership HealthPlan of California via letter, fax, or email as cited above within ten working days. All documents will be forwarded to the PHC Medical Director for review and presented to the credentials committee for action.