



SECTION 10

Credentialing and Provider Rights

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Overview

eternalHealth maintains a comprehensive credentialing and recredentialing program designed to ensure participating providers meet applicable professional, regulatory, accreditation, and quality standards. The credentialing process supports member safety, quality of care, network adequacy, and compliance with Centers for Medicare & Medicaid Services (CMS) and accreditation requirements.

Credentialing activities are conducted in a fair, objective, and nondiscriminatory manner and are intended to verify the qualifications, professional competence, and eligibility of providers participating in the eternalHealth network.

Credentialing Program

The eternalHealth Credentialing Program evaluates providers before participation in the network and periodically thereafter through the recredentialing process. Credentialing reviews may include verification of:

- Professional licensure
- Board certification, when applicable
- Education and training
- Work history
- Professional liability coverage
- Medicare and Medicaid sanctions
- Office and practice information
- Hospital privileges, when applicable
- Malpractice history
- Regulatory compliance status

Credentialing and recredentialing activities are conducted in accordance with applicable CMS requirements, state regulations, accreditation standards, and eternalHealth policies and procedures.

Credentialing Standards

Providers participating in the eternalHealth network must maintain all qualifications necessary to practice within their specialty and scope of service.

Participating providers are expected to:

- Maintain an active and unrestricted professional license.
- Maintain all required certifications and registrations.
- Maintain professional liability insurance consistent with contractual requirements.
- Comply with Medicare participation requirements.
- Maintain all required hospital privileges or approved coverage arrangements, when applicable.
- Remain free from exclusions, sanctions, or debarment from participation in federal healthcare programs.

Providers are responsible for notifying eternalHealth of any material change that may affect credentialing status or network participation.

Provider Rights During Credentialing

Applicants and participating providers have specific rights throughout the credentialing and recredentialing process.

These rights are intended to promote fairness, transparency, and due process during credentialing reviews. Notification of these rights is provided during the credentialing process and through this Provider Manual.

Right to Be Informed of Credentialing Application Status

Providers have the right to request information regarding the status of a credentialing or recredentialing application.

Upon receipt of a written request, eternalHealth will provide information regarding the status of the application, including any outstanding items necessary to complete the credentialing review process.

Status information may include:

- Outstanding verification requirements
- Missing documentation
- Delays in obtaining verification information
- Discrepancies identified during review

Right to Review Credentialing Information

Applicants have the right to review information submitted in support of their credentialing application and information obtained from primary source verification activities.

This may include information obtained from:

- State licensing boards
- Certification organizations
- Professional liability carriers
- Educational institutions
- Other credentialing verification sources

Peer review materials, protected quality review information, and other confidential information that is protected by law are not available for review.

Right to Correct Erroneous Information

If the credentialing process identifies information that differs substantially from information submitted by the provider, eternalHealth will notify the provider of the discrepancy.

The provider may:

- Submit corrected information.
- Provide additional supporting documentation.
- Submit a written explanation regarding the discrepancy.

The notification will include:

- A description of the discrepancy.
- Instructions for submitting corrections.
- Required documentation, if applicable.
- Applicable submission deadlines.
- Contact information for credentialing staff.

Providers are responsible for submitting corrections within the timeframe specified by eternalHealth.

Notification of Credentialing Decisions

Providers will receive notification regarding credentialing and recredentialing decisions within applicable regulatory and accreditation timeframes.

Notification may include:

- Approval decisions
- Denial decisions
- Requests for additional information
- Corrective action requirements, when applicable

All credentialing determinations are based on established credentialing criteria and applicable policies.

Credentialing Confidentiality

eternalHealth is committed to maintaining the confidentiality of information collected and maintained during the credentialing and recredentialing process.

Credentialing files are maintained in a secure manner and accessed only by individuals with a legitimate business need related to credentialing activities.

Information obtained through peer review processes and quality evaluation activities may be protected under applicable federal and state laws and may not be disclosed except as permitted by law.

Credentialing Nondiscrimination Policy

eternalHealth does not discriminate against providers during credentialing, recredentialing, network participation, or other provider-related activities.

Credentialing decisions are not based on:

- Race
- Color
- National origin
- Religion
- Age
- Disability
- Sex
- Sexual orientation
- Marital status
- Protected veteran status
- Any other status protected by applicable law

Credentialing decisions are also not based upon the types of procedures performed by a provider or the populations served by a provider. All decisions are based on objective credentialing criteria and qualification standards.

Review of Information on File

With the exception of information protected by peer review confidentiality or applicable law, providers may request access to information maintained by eternalHealth in support of credentialing evaluations.

Providers have the right to:

- Request review of credentialing file information.
- Submit corrections to inaccurate information.
- Provide clarification regarding discrepancies.

- Request updates to provider data maintained by eternalHealth.

Requests should be submitted in writing to the Credentialing Department or Provider Relations Department.

Provider Responsibilities

Participating providers are responsible for:

- Maintaining current licensure and certifications.
- Maintaining an active CAQH profile.
- Providing complete and accurate credentialing information.
- Cooperating with credentialing and recredentialing activities.
- Reporting material changes affecting credentialing status.
- Maintaining professional liability insurance as required.
- Responding timely to requests for documentation or verification.

Failure to comply with credentialing requirements may result in delays in participation, corrective actions, suspension, termination, or other actions consistent with the Provider Agreement and applicable regulatory requirements.