

IMPORTANT CREDENTIALING INFORMATION AND RIGHTS FOR PARTICIPATING PROVIDERS

Once you have been initially accepted in the GEHA/Connection Dental Network, you will be considered to be approved in the recredentialing process we perform every three years unless you are otherwise notified by us. You must continue to meet or exceed GEHA's credentialing criteria, applicable accreditation standards, and state requirements in order to remain in the network. Material adverse credentialing information received by the network will be considered by our Peer Review Committee, Medical Director and/or Dental Director in accordance with the GEHA/Connection Dental Network Credentialing, Recredentialing and Quality Assurance Program Policies and Procedures.

You will be notified in writing of any change in your status of participation in our network unless you voluntarily terminate your participation, and you may have the right to appeal certain adverse changes in your status. Information regarding voluntary termination and network participation appeals rights is included in the GEHA/Connection Dental Network General Policies & Procedures, Policy No. 1, Network Appeals/Disputes, which is included in this Provider Manual. GEHA has the right to determine the composition of its Connection Dental Network and any subset thereof.

You are the right to review credentialing information obtained from outside sources (e.g., malpractice insurance carriers and state licensing boards) that supports your credentialing application. GEHA/Connection Dental Network is not required to make available:

- References
- Recommendations
- Peer-review protected information
- Information prohibited by state or federal law to be disclosed
- The verification source used when credentials could not be obtained

You have the right to correct any missing, incorrect or conflicting credentialing information that we receive about you. If we determine there are variances in your information, we will notify you in writing within 30 days of our determination. You should respond as quickly as possible by email, facsimile or regular mail and send the information to the contact person identified in your letter, or you may call us with the information and we will document the call. You must respond to our request within your 180-day credentialing period unless a shorter timeframe is required by your state's laws. Any additional information you provide to us will be considered in your credentialing process and placed in your credentialing file.

Upon request, you have the right to be informed of the status of your credentialing application, and the network will provide the status to you within two (2) business days of your request. Your credentialing application may be in one of the following statuses:

- Received
- In Process
- Complete

You have the right to have your credentialing application processed in a non-discriminatory manner.

If a Participating Provider does not submit required recredentialing information within the 180-day recredentialing process deadline or if a Participating Provider does not submit information that is requested by the Peer Review Committee during an initial credentialing, recredentialing or quality assurance program review, the Participating Provider will be considered voluntarily terminated from the network and must reapply to join.

If you have questions or concerns about your credentialing rights, please contact us at:

GEHA/Connection Dental Network
Attn: Credentialing Department
P.O. Box 6707
Lee's Summit, MO 64064
Phone (800) 505-8880, Option 5
Fax (816) 257-4438