

NCQA Health Plan Accreditation - Credentialing & Recredentialing Standards (2022-2023)			PSV - Primary Source Verification
Item Number	Requirement Reference	Requirement Description	Primary Source Verification (PSV Process Supporting Evidence (Document Name and Page Number))
NCQA 1	NCQA CR 1 A (1)	The organization's policies and procedures specify: 1. The types of practitioners it credentials and recredentials.	PSV Operations Manual, page 4, Section: Providers Subject to Credentialing Verification
NCQA 2	NCQA CR 1 A (2)	The organization's policies and procedures specify: 2. The verification sources it uses.	PSV Operations Manual, page 23-26, Section: Verification Sources and Methods
NCQA 3	NCQA CR 1 A (3)	The organization's policies and procedures specify: 3. The criteria for credentialing and recredentialing.	PSV Operations Manual, page 7 and page 20 Section: Required Credentialing Elements Section: PSV Process Description
NCQA 4	NCQA CR 1 A (4)	The organization's policies and procedures specify: 4. The process for making credentialing and recredentialing decisions.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 5	NCQA CR 1 A (5)	The organization's policies and procedures specify: 5. The process for managing credentialing files that meet the organization's established criteria.	PSV Operations Manual, page 7, page 20, page 27 Section: Required Credentialing Elements Section: PSV Process Description Section: Credentialing Committee Sort Criteria
NCQA 6	NCQA CR 1 A (6)	The organization's policies and procedures specify: 6. The process for requiring that credentialing and recredentialing are conducted in a nondiscriminatory manner.	PSV Operations Manual, page 3, Section: Non-Discriminatory Requirements
NCQA 7	NCQA CR 1 A (7)	The organization's policies and procedures specify: 7. The process for notifying practitioners if information obtained during the organization's credentialing process varies substantially from the information they provided to the organization.	PSV Operations Manual, page 20-21, and page 23 Section: Primary Source Verification
NCQA 8	NCQA CR 1 A (8)	The organization's policies and procedures specify: 8. The process for notifying practitioners of the credentialing and recredentialing decision within 60 calendar days of the credentialing committee's decision.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 9	NCQA CR 1 A (9)	The organization's policies and procedures specify: 9. The medical director or other designated physician's direct responsibility and participation in the credentialing program.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.

NCQA 10	NCQA CR 1 A (10)	The organization specifies: 10. The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law.	Privacy, Security, and Confidentiality Policy, page 3-4 Sections: General Privacy and Information Security Obligations, & Data Collections, Creation, Use and Storage Access Control Policy, page 2 Section: Business Requirements of Access Control
NCQA 11	NCQA CR 1 A (11)	The organization specifies: 11. The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 12	NCQA CR 1 B (1)	The organization notifies practitioners about their right to: 1. Review information submitted to support their credentialing application.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 13	NCQA CR 1 B (2)	The organization notifies practitioners about their right to: 2. Correct erroneous information.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 14	NCQA CR 1 B (3)	The organization notifies practitioners about their right to: 3. Receive the status of their credentialing or recredentialing application, upon request.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 15	NCQA CR 1 C (1)	Credentialing System Controls The organization's credentialing process describes: 1. How primary source verification information is received, dated and stored.	Credentialing System Controls Policy, page 2 Section: Receipt of Credentialing Information
NCQA 16	NCQA CR 1 C (2)	Credentialing System Controls The organization's credentialing process describes: 2. How modified information is tracked and dated from its initial verification.	Credentialing System Controls Policy, page 2-3 Section: Tracking Modifications
NCQA 17	NCQA CR 1 C (3)	Credentialing System Controls The organization's credentialing process describes: 3. Titles or roles of staff who are authorized to review, modify and delete information, and circumstances when modification or deletion is appropriate.	Credentialing System Controls Policy, page 3 Section: Authorization to Modifications

NCQA 18	NCQA CR 1 C (4)	Credentialing System Controls The organization's credentialing process describes: 4. The security controls in place to protect the information from unauthorized modification.	Credentialing System Controls Policy, page 3-4 Section: Securing information Access Control Policy, page 2-10 Section: Business Requirements of Access Control Section: User Access Management Section: User Responsibilities Section: System and Application Access Control
NCQA 19	NCQA CR 1 C (5)	Credentialing System Controls The organization's credentialing process describes: 5. How the organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable.	Credentialing System Controls Policy, page 5-6 Section: Compliance Monitoring
NCQA 20	NCQA CR 1 D (1)	At least annually, the organization demonstrates that it monitors compliance with its CR controls, as described in Element C, factor 5, by: 1. Identifying all modifications to credentialing and recredentialing information that did not meet the organization's policies and procedures for modifications.	Credentialing System Controls Policy, page 5, Section: Oversight of the Controls
NCQA 21	NCQA CR 1 D (2)	At least annually, the organization demonstrates that it monitors compliance with its CR controls, as described in Element C, factor 5, by: 2. Analyzing all instances of modifications that did not meet the organization's policies and procedures for modifications.	Credentialing System Controls Policy, page 5, Section: Oversight of the Controls
NCQA 22	NCQA CR 1 D (3)	At least annually, the organization demonstrates that it monitors compliance with its CR controls, as described in Element C, factor 5, by: 3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.	Credentialing System Controls Policy, page 5, Section: Oversight of the Controls
NCQA 23	NCQA CR 2 A (1)	The organization's Credentialing Committee: 1. Uses participating practitioners to provide advice and expertise for credentialing decisions.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 24	NCQA CR 2 A (2)	The organization's Credentialing Committee: 2. Reviews credentials for practitioners who do not meet established thresholds.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 25	NCQA CR 2 A (3)	The organization's Credentialing Committee: 3. Ensures that files that meet established criteria are reviewed and approved by a medical director, designated physician or Credentialing Committee.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.

NCQA 26	NCQA CR 3 A (1)	The organization verifies that the following are within the prescribed time limits: 1. A current and valid license to practice.	Primary Source Verification Policy, page 1 Section/Leter: A PSV Operations Manual, page 10-11 Section: State License
NCQA 27	NCQA CR 3 A (2)	The organization verifies that the following are within the prescribed time limits: 2. A valid DEA or CDS certificate, if applicable.	Primary Source Verification Policy, page 1 Section/Leter: B PSV Operations Manual, page 11-12 Section: DEA Section: CDS
NCQA 28	NCQA CR 3 A (3)	The organization verifies that the following are within the prescribed time limits: 3. Education and training as specified in the explanation.	Primary Source Verification Policy, page 1 Section/Letter: C PSV Operations Manual, page 13-15 Section: Education/Training
NCQA 29	NCQA CR 3 A (4)	The organization verifies that the following are within the prescribed time limits: 4. Board certification status, if applicable.	Primary Source Verification Policy, page 1 Section/Leter: D PSV Operations Manual, page 13 Section: Specialty Board Certification
NCQA 30	NCQA CR 3 A (5)	The organization verifies that the following are within the prescribed time limits: 5. Work history.	Primary Source Verification Policy, page 1 Section/Leter: E PSV Operations Manual, page 17-18 Section: Work History / CV
NCQA 31	NCQA CR 3 A (6)	The organization verifies that the following are within the prescribed time limits: 6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner.	Primary Source Verification Policy, page 1 Section/Leter: F PSV Operations Manual, page 16 Section: Malpractice Claims History
NCQA 32	NCQA CR 3 B (1)	The organization verifies the following sanction information for credentialing: 1. State sanctions, restrictions on licensure or limitations on scope of practice.	Primary Source Verification Policy, page 1 Section/Leter: G PSV Operations Manual, page 11 Section: State License Sanction History

NCQA 33	NCQA CR 3 B (2)	The organization verifies the following sanction information for credentialing: 2. Medicare and Medicaid sanctions.	Primary Source Verification Policy, page 1 Section/Leter: H PSV Operations Manual, page 16-17 Section: Medicare / Medicaid Sanctions and Exclusions
NCQA 34	NCQA CR 3 C (1)	Applications for credentialing include the following: 1. Reasons for inability to perform the essential functions of the position.	Primary Source Verification Policy, page 2 Section/Leter: I PSV Operations Manual, page 18 Section: Disclosure Questions / Attestation
NCQA 35	NCQA CR 3 C (2)	Applications for credentialing include the following: 2. Lack of present illegal drug use.	Primary Source Verification Policy, page 2 Section/Letter: I PSV Operations Manual, page 18 Section: Disclosure Questions / Attestation
NCQA 36	NCQA CR 3 C (3)	Applications for credentialing include the following: 3. History of loss of license and felony convictions.	Primary Source Verification Policy, page 2-3 Section/Letter: I PSV Operations Manual, page 18 Section: Disclosure Questions / Attestation
NCQA 37	NCQA CR 3 C (4)	Applications for credentialing include the following: 4. History of loss or limitation of privileges or disciplinary actions.	Primary Source Verification Policy, page 2-3 Section/Letter: I PSV Operations Manual, page 18 Section: Disclosure Questions / Attestation
NCQA 38	NCQA CR 3 C (5)	Applications for credentialing include the following: 5. Current malpractice insurance coverage.	Primary Source Verification Policy, page 2-3 Section/Letter: I PSV Operations Manual, page 15-16 Section: Insurance
NCQA 39	NCQA CR 3 C (6)	Applications for credentialing include the following: 6. Current and signed attestation confirming the correctness and completeness of the application.	Primary Source Verification Policy, page 2-3 Section/Letter: I PSV Operations Manual, page 18-19 Section: Disclosure Questions / Attestation

NCQA 40	NCQA CR 4 A	The length of the recredentialing cycle is within the required 36-month time frame.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 41	NCQA CR 5 A (1)	The organization implements ongoing monitoring and makes appropriate interventions by: 1. Collecting and reviewing Medicare and Medicaid sanctions.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 42	NCQA CR 5 A (2)	The organization implements ongoing monitoring and makes appropriate interventions by: 2. Collecting and reviewing sanctions or limitations on licensure.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 43	NCQA CR 5 A (3)	The organization implements ongoing monitoring and makes appropriate interventions by: 3. Collecting and reviewing complaints.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 44	NCQA CR 5 A (4)	The organization implements ongoing monitoring and makes appropriate interventions by: 4. Collecting information from identified adverse events.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 45	NCQA CR 5 A (5)	The organization implements ongoing monitoring and makes appropriate interventions by: 5. Implementing appropriate interventions when it identifies instances of poor quality related to factors 1–4.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 46	NCQA CR 6 A (1)	The organization has policies and procedures for: 1. The range of actions available to the organization.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 47	NCQA CR 6 A (2)	The organization has policies and procedures for: 2. Making the appeal process known to practitioners.	Not applicable. Health Plan retains this responsibility; it is not delegated to the CVO.
NCQA 48	NCQA CR 7 A (1)	The organization's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every three years thereafter, it: 1. Confirms that the provider is in good standing with state and federal regulatory bodies.	PSV Operations Manual, page 7 -20 Section: Primary Source Verification, Required Elements
NCQA 49	NCQA CR 7 A (2)	The organization's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every three years thereafter, it: 2. Confirms that the provider has been reviewed and approved by an accrediting body.	PSV Operations Manual, page 8 Section: Primary Source Verification, Required Elements (Accreditation & Certification)
NCQA 50	NCQA CR 7 A (3)	The organization's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every three years thereafter, it: 3. Conducts an onsite quality assessment if the provider is not accredited.	PSV Operations Manual, page 8-10 Page 8: Site Visit Page 10: Site Survey

NCQA 51	NCQA CR 7 B	The organization includes at least the following medical providers in its assessment: 1.Hospitals.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 52	NCQA CR 7 B	The organization includes at least the following medical providers in its assessment: 2.Home health agencies.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 53	NCQA CR 7 B	The organization includes at least the following medical providers in its assessment: 3.Skilled nursing facilities.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 54	NCQA CR 7 B	The organization includes at least the following medical providers in its assessment: 4.Free-standing surgical centers.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 55	NCQA CR 7 C	The organization includes behavioral health care facilities providing mental health or substance abuse services in the following settings: 1.Inpatient.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 56	NCQA CR 7 C	The organization includes behavioral health care facilities providing mental health or substance abuse services in the following settings: 2.Residential.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 57	NCQA CR 7 C	The organization includes behavioral health care facilities providing mental health or substance abuse services in the following settings: 3.Ambulatory.	PSV Operations Manual, page 5-6 Section: Providers Subject to Credentialing Verification
NCQA 58	NCQA CR 7 D	The organization assesses contracted medical health care providers against the requirements and within the time frame in Element A.	PSV Operations Manual, page 7-20 Section: Required Credentialing Elements PSV Operations Manual, page 22 Section: PSV Process Description (paragraph beginning with "Verifications have a shelf-life for the CVO.")
NCQA 59	NCQA CR 7 E	The organization assesses contracted behavioral healthcare providers against the requirements and within the time frame in Element A.	PSV Operations Manual, page 7-20 Section: Required Credentialing Elements PSV Operations Manual, page 22 Section: PSV Process Description (paragraph beginning with "Verifications have a shelf-life for the CVO.")
NCQA 60	NCQA CR 8 A (Sub-Delegation of CR)	The written delegation agreement: 1.Is mutually agreed upon.	Vender and Delegate Oversight Policy, page 2 Section: Written Agreement

NCQA 61	NCQA CR 8 A (2)	The written delegation agreement: 2.Describes the delegated activities and the responsibilities of the organization and the delegated entity.	Vender and Delegate Oversight Policy, page 2 Section: Written Agreement (a)
NCQA 62	NCQA CR 8 A (3)	The written delegation agreement: 3.Requires at least semiannual reporting by the delegated entity to the organization.	Vender and Delegate Oversight Policy, page 2 Section: Written Agreement (e)
NCQA 63	NCQA CR 8 A (4)	The written delegation agreement: 4.Describes the process by which the organization evaluates the delegated entity's performance.	Vender and Delegate Oversight Policy, page 3 Section: Monitoring
NCQA 64	NCQA CR 8 A (5)	The written delegation agreement: 5.Specifies that the organization retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making.	Vender and Delegate Oversight Policy, page 2 Section: Written Agreement (j)
NCQA 65	NCQA CR 8 A (6)	The written delegation agreement: 6.Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.	Vender and Delegate Oversight Policy, page 2 Section: Written Agreement (g)
NCQA 66	NCQA CR 8 B	For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.	Vender and Delegate Oversight Policy, page 3 Section: Pre-Delegation
NCQA 67	NCQA CR 8 C (1)	For delegation arrangements in effect for 12 months or longer, the organization: 1.Annually reviews its delegate's credentialing policies and procedures.	Vender and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)
NCQA 68	NCQA CR 8 C (2)	For delegation arrangements in effect for 12 months or longer, the organization: 2.Annually audits credentialing and recredentialing files against NCQA standards for each year that delegation has been in effect..	Vender and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)
NCQA 69	NCQA CR 8 C (3)	For delegation arrangements in effect for 12 months or longer, the organization: 3.Annually evaluates delegate performance against NCQA standards for delegated activities.	Vender and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)
NCQA 70	NCQA CR 8 C (4)	For delegation arrangements in effect for 12 months or longer, the organization: 4.Semiannually evaluates regular reports, as specified in Element A.	Vender and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)
NCQA 71	NCQA CR 8 C (5)	For delegation arrangements in effect for 12 months or longer, the organization: 5.Annually monitors the delegate's credentialing system security controls to ensure that the delegate monitors its compliance with the delegation agreement or with the delegate's policies and procedures at least annually.	Vender and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)

NCQA 72	NCQA CR 8 C (6)	For delegation arrangements in effect for 12 months or longer, the organization: 6. Annually acts on all findings from factor 5 for each delegate and implements a quarterly monitoring process until each delegate demonstrates improvement for one finding over three consecutive quarters.	Vendor and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)
NCQA 73	NCQA CR 8 D	For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identified and followed up on opportunities for improvement, if applicable.	Vendor and Delegate Oversight Policy, page 3-4 Section: Monitoring (e)