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**Primary Source Verification Operations Manual****Policy Number:** OPS.900**Version:** 01**Contact:** Mina Stier**Original Effective Date:** 08.02.2016**Last Reviewed:** 06.15.2022**Next Review/Approval Date:** 06.30.2023

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## PSV Operations Manual

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## Primary Source Verification Operations Manual



### I. Introduction/Overview

Verisys and Aperture are consolidating under a single brand, Verisys. Verisys is a Credentialing Verifying Organization (CVO) performing Primary Source Verification (PSV) services. The scope of this manual policy is to document the Primary Source Verification activities performed on Advantage and Synergy (proprietary credentialing operating systems.) The CVO contracts with health plans to collect Credentialing Applications and perform Primary Source Verification (PSV) of those credentialing applications. The CVO is certified by NCQA, accredited by URAC, and compliant with applicable CMS requirements

The CVO sub-delegates Site Visits for client agreements that include the delegation of Site Visits. The CVO performs delegation oversight in accordance with policies and procedures. The CVO does not delegate any other PSV activities.

### II. Non-Discriminatory Requirements

The CVO does not discriminate based on an applicant's race, ethnic or national identity, religion, disability, gender, age, sexual orientation, marital status, the types of procedures a practitioner performs, or the types of patients a provider sees.

### III. Definitions

Term	Definition
Provider	Any Practitioner or Organizational / Facility Provider that provides health care services under contract with the CVO's customer. In the case of a Provider seeking initial credentialing, "Provider" may include a practitioner or organization that has not yet, but is in the process of, executing a contract with the CVO's customer.
Practitioner	Any individual health care professional permitted by law to provide health care or services.
Organizational Providers /Facilities	Health care facilities, such as hospitals, skilled nursing facilities, nursing homes, birthing centers, behavioral health care, freestanding surgical centers, and Ancillary Service Providers, which provide health care services.
Primary Source Verification (PSV)	Primary Source Verification (PSV) is the act of validating an applicant's credentials from the original issuing entity or primary source.
Credentialing	The review of qualifications and other relevant information pertaining to a Provider who seeks to participate in a health plan's network.
Recredentialing	Recredentialing of Providers is performed typically every two to three years and in accordance with regulatory agencies and accreditation bodies.
File	Used as a universal term to refer to a single provider's credentialing application verification results and summary.

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Provider Profile	Final summary report of the credentialing application verification findings and results; it is the evidence of the primary source verification.
Credentialing Element	An individual credential that is verified, such as a DEA, State License, Specialty Board Certification; often referred to as “Element.”

### IV. PSV Staff Roles and Responsibilities

**Operations Management:** the team responsible for PSV operations; accountable to meeting accreditation standards, quality thresholds, and performance level requirements. Responsibility includes the oversight and development of the operations staff that perform the Primary Source Verification on the credentialing applications.

**Verification Coordinator (VC):** responsible for coordinating the verification of credentials as supplied on the provider credentialing application, includes proving assurance that timely requests for information are submitted to third party sources, monitoring for information to be returned, following up when information requested is not returned, and maintaining accuracy and data integrity in reporting the results.

**Verification Specialist (VS):** responsible for working with third parties who supply verification(s) of provider credentials, including assurance that requests that are sent in a way that expedites the process for receiving information, complies with the requirements and preferences for each third party, and uses the most effective communication channels, where requests for verifications include required consent forms and proper payments when fees are charged.

**Final Reviewer:** responsible to perform an additional quality review of the completed and verified credentialing application; returns errors to staff for correction and assures that the mistakes are accurately fixed.

**Quality Director:** responsible for the Quality team that maintains the PSV Knowledge Base (“Wiki”), provides New-Hire training, internal audit functions (including trending errors and feedback on improvement opportunities), chairs the Quality Improvement Committee, and coordinates internal Change-Control process.

### Providers Subject to Credentialing Verification

The scope of providers may include individual healthcare practitioners and organizational / facility providers that provide health care services to consumers. Health plans submit a work-order to the CVO in order to initiate the PSV activities on the practitioners in scope of the Health Plan’s credentialing program.

This includes, but is not limited to, physicians, chiropractors, podiatrists, dentists, mid-level practitioners, behavioral health practitioners, vision care practitioners, and allied health practitioners (physical therapists, respiratory therapists, etc.).



It also includes organizations and facilities such as Hospitals, Acute Inpatient Facilities, Free-standing Surgical Centers, Home Health Agencies and Community Based Services, Ambulance/Transportation Services, Laboratories, Imaging Centers, Skilled Nursing Facilities, Medical Equipment Providers, as well as Behavioral facilities (Inpatient, Residential, Ambulatory and others).

#### V. Credentialing Application

The Credentialing Application used by the CVO is determined by the Health Plan (CVO client.) The CVO supports the use of state-mandated applications, client-custom applications, and the CAQH Universal Provider Application, as well as other application forms as requested.

In accordance with the customer agreement, the CVO will collect the credentialing application.

- For health plans who retain responsibility to collect the applications, the CVO will receive the credentialing applications from the customer (CVO client) and then commence PSV.
- For clients who have delegated the CVO to mail the credentialing application, the CVO will send the application form (as determined by the customer) and follow up with the practitioner to ensure timely submission. The CVO's standard follow-up schedule allows 60 days for the practitioner to return the credentialing application, with reminders occurring via phone, fax or mail on or around Day 15, Day 30, and Day 45.
- For clients who have delegated CAQH, Availity, or another vendor-portal to collect the credentialing application and have authorized the CVO to retrieve on their behalf, the CVO will submit a request to extract the Credentialing Application and monitor for timely receipt.

For non-responder situations, the CVO will stop processing the work in accordance with the customer agreement and notify the customer the credentialing application was not received within the agreed upon time frame and PSV will not be performed.

For situations where a response to the request for the application has delivered information that the Provider is Retired, Deceased, Non-Participating, Delegated, on Leave of Absence or where indications are the Provider has Relocated (No Forwarding Address) or requests are returned as Invalid Address/ Undeliverable, the CVO will stop processing the work in accordance with the customer agreement and notify the customer that the PSV will not be performed.

The Credentialing Application will contain this information when required to meet NCQA standards (although the credentialing application used by the CVO is determined by the customer):

- Reasons for the inability to perform the essential functions of the position;
- Lack of present illegal drug use;
- History of loss licensure;
- Felony convictions;

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- History of loss or limitation of privileges or disciplinary actions;
- Current malpractice insurance coverage; and
- Current and signed attestation confirming the correctness and completeness of the application.

The Credentialing Application will contain this information when required to meet URAC standards (although the credentialing application used by the CVO is determined by the customer):

- History of education and professional training, including board certification status;
- State licensure information, including current licensure and history of licensure in all jurisdictions;
- Evidence of current Drug Enforcement Agency (DEA) certificate or state-controlled dangerous substance license;
- Proof of liability insurance;
- Professional liability claims history;
- History of sanctions;
- History of loss or limitation of privileges or disciplinary activity;
- Hospital affiliations or privileges, if applicable;
- Disclosure of any physical, mental or substance abuse problems that could, without reasonable accommodation, impede the practitioner's ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of patients;
- A signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge; and
- A signed and dated statement authorizing the organization to collect any information necessary to verify the information in the credentialing application.

Applications are evaluated for completeness and must have the required information in order to obtain verifications of all required credentialing elements. A completed application is expected to be signed and dated, have data in applicable sections, include the submission of all necessary supporting information to perform Primary Source Verification, and have no additional information missing or incomplete as required by the client agreement. When all required information (necessary to perform PSV and/or as required by the customer agreement) is received from the provider, an Application Complete Date is entered into the system. To comply with CMS and URAC requirements, the Credentialing Application must be 120 days old or less. To comply with NCQA requirements, the Credentialing Application must be 305 days old or less. If the Application ages beyond acceptability during the PSV process, an updated signed and dated Attestation, with an accompanying Questionnaire, must be collected.

In cases where the credentialing application is deemed incomplete, the CVO will contact the provider to obtain the missing information. The CVO will vary the type of outreach (communication method) based on the data missing and based on the information provided on the application (for example, if email is acceptable but an email address is not provided, the

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CVO may use fax). The CVO will monitor for information to be returned and follow up when responses are not received timely, escalating, and compressing time frames as due dates near.

When written documentation is sent to a practitioner to collect missing information, the CVO sends a request via a “Missing Information Letter.” It is sent via fax, email, or mail. An illustration of the template for the communication is included in Appendix 1.

The CVO’s process requires data to be provided from third parties to validate and verify provider information. The CVO does not release data to third parties, but instead receives data from third parties. In the event a business need would arise for an exception, the CVO requires the provider to supply authorization and consent for the release of information.

### VI. Primary Source Verification

The PSV process verifies and reports the results of each provider’s credentials. The aim is to complete the work in the most cost-effective and expeditious manner, while meeting strict quality criteria and adhering to applicable standards set forth by accrediting and certifying bodies, as well as meet state and federal regulatory agencies.

#### A. Required Credentialing Elements

CVO Operations uses an internal and proprietary knowledge base, often referred to as the “Knowledge Base” or “KB” which is part of a “PSV Wiki” or “Wiki.” It, along with other information available on an internal SharePoint site, serves as the repository for requirements and information regarding standard processes, training material, policies, procedures, and state and regulatory credentialing requirements along with other PSV tools used for file processing. The Knowledge Base is accessed by all PSV staff on a secure shared site and lends itself to consistency and thorough processing of work.

The following table provides detail pertaining to the CVO requirements as it relates to each credential element. The information below are commonly delegated elements for the CVO to process, however each contracted client will have their own customized requirements that are documented in the Knowledge Base. In the event the requirements differ, the CVO follows the requirements in the Knowledge Base.

Elements	Requirements	Provider Type: Practitioner or Facility?
<b>Demographics &amp; Office Information</b>	Demographics and Office information will be collected on the credentialing application. If information is left blank, unless specifically contracted or needed to obtain a verification, the CVO will not consider the application incomplete.  The following information is included: Name, SSN (Practitioners only), DOB (Practitioners only), Provider/Facility Type, Practicing	Both

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	<p>Specialty (for Practitioners), Medicaid Number, Medicare Number, UPIN, Practice Name and Practice Contact Information (Address, Phone, and Fax).</p> <p>If required by the PSV agreement, the TAX ID will also be collected for each practice.</p>	
<b>NPI</b>	<p>The NPI Number is a single 10-digit numeric identifier specific to the provider.</p> <p>If applicable to the PSV agreement, the CVO will collect the NPI number (Type 1 and/or Type 2 as specified in the contract).</p> <p>The NPI is collected via the credentialing application and/or via the NPPEs website query, in accordance with the customer contract, during initial credentialing and recredentialing.</p> <p>Terminology:</p> <p>National Provider Identifier – The purpose of the National Provider Identifier (NPI) is to uniquely identify a health care provider in standard transactions, such as:</p> <ul style="list-style-type: none"> <li>● health care claims;</li> <li>● prescriptions;</li> <li>● in internal files to link proprietary provider identification numbers and other information;</li> <li>● in coordination of benefits between health plans;</li> <li>● in patient medical record systems; and</li> <li>● in program integrity files, and in other ways.</li> </ul>	Both
<b>Site Review</b>	<p>If applicable to the PSV agreement, Site Visits are conducted by a Site-Visit Vendor.</p>	Both
<b>Accreditation &amp; Certification</b>	<p>If applicable to the PSV agreement, the CVO will verify Accreditation and Certifications indicated on the credentialing application that are listed in scope below. The verification is conducted at initial credentialing and recredentialing.</p>	<p>Facility</p> <p>CLIA Certification may also apply to Practitioners</p>



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	<p>The verifications apply primarily to organizations/facilities, however the CLIA certification applies to both types of providers (practitioners and organizations/facilities).</p> <p>If the organization/facility indicates they have BOTH accreditation with one of the entities in the list below and also indicate they are CMS (Medicare) certified, BOTH must be verified via a copy of the accreditation/ certification status or via a website.</p> <p>If the organization/facility indicates accreditations with one or more entities BUT indicates no CMS (Medicare) certification, the CVO will compare the Facility Accreditations or Certifications listed on the application, to the list below. The CVO will confirm at least one is verified via a copy of the certification, or by verifying against the source website.</p> <p>If the application does not include an Accreditation/Certification section and no copies of accreditations or certifications are received, the CVO will contact the organization/facility to confirm if they do (or do not) hold any accreditation or certification credentials. If they do not, the CVO notifies the client via the Profile there are no accreditations/certifications held. If they do, the CVO will collect documentation to verify the applicable credential.</p> <p>The following are accreditation and certification organizations:</p> <ul style="list-style-type: none"> <li>● Accreditation Association of Ambulatory Health Care(AAAHC);</li> <li>● Accreditation Commission for Health Care (ACHC, hospice/Home Health);</li> <li>● American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF);</li> <li>● Clinical Laboratory Improvement Amendments (CLIA);</li> <li>● College of American Pathologists (CAP);</li> <li>● Commission on Accreditation of Rehabilitation Facilities (CARF) *NOTE - Continuing Care Accreditation Commission (CCAC) and CARF have merged;</li> <li>● Commission on Office Laboratory Accreditation (COLA);</li> <li>● Community Health Action Partnership (CHAP);</li> <li>● Council on Accreditation (COA);</li> <li>● Det Norske Veritas Healthcare, Inc (DNV);</li> <li>● Healthcare Facility Accreditation Program (HFAP);</li> </ul>	<p>Offices with Labs</p>
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	<ul style="list-style-type: none"> <li>● Joint Commission for the Accreditation of Health Care Organizations (JC aka JCAHO);</li> <li>● Medicare (Nursing Homes only);</li> <li>● Medicare Proof of Certification or CMS audit report for Medicare Certification;</li> <li>● Medicare website for Ambulatory Surgical Centers (ASCs); and</li> <li>● Medicare website for Rural Health Clinics (RHCs).</li> </ul>	
<b>Site Survey (CMS Medicare Survey / State Agency Survey )</b>	If applicable to the PSV agreement, the CVO will verify the completion of a Site Survey (including the Plan of Correction when applicable) by collecting a copy of the Survey completed within the last 36 months or a current Revalidation Letter from CMS. If neither are available, the CVO will collect a Confirmation of Recertification that confirms the organization's continued participation.	Facility
<b>State License</b>	<p>If applicable to the PSV agreement, the CVO will verify licenses to practice, through the issuing board, in the states where the provider is currently practicing and in the applicable field of practice.</p> <p>'Practicing states' is determined by the office addresses and hospital affiliations listed on the application. The verification will be performed during initial and recredentialing and applies to practitioners and organizations/facilities.</p> <p>If the source indicates additional qualifications are part of the licensure, that information will be captured during the license verification. (This includes items such as Nurse Practitioner qualifications and Optometrists with TPA/DPA licensing.)</p> <p>If the source indicates the practitioner holds a temporary license, the license will be verified to indicate the license is temporary.</p> <p>A nurse practicing in a state that is part of the Nurse Compact is only allowed to have one license. That one license allows them to practice in all the states that are part of that Compact. The home state, based on residency, issues the license. Nurses practicing in a state(s) that do not belong to the Compact will have to be licensed in each practicing state. The single source for verifications for all states in the Compact is <a href="http://nursys.com/Index.aspx">http://nursys.com/Index.aspx</a>.</p>	Both

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	Licenses, when granted by an authority outside the US states & territories, are not confirmed via the PSV process.	
<b>State License Sanction History</b>	<p>If applicable to the PSV agreement, the CVO will verify the license sanction history of all practitioners via the NPDB.</p> <p>During initial credentialing, at least the most recent 5 years of license history available through the license board and/or NPDB will be verified.</p> <p>During recredentialing, the previous 3 years of license actions history will be verified through the license board and/or NPDB.</p> <p>If there are any sanctions found older than the needed 3 or 5-year time limit, the license should be verified with the status of "Verified/Qual." The verification will state "Sanction History older than X [either 5 or 3] years" on the Profile.</p> <p>If the sanction information is returned from the National Practitioner Data Bank query, the detailed information (as reported about the license sanction) will be provided in the response from the NPDB; additional information will not be collected.</p> <p>If a license sanction history is indicated from a source other than NPDB, and the sanction detail is not included in the NPDB query response, and indications are that the sanction occurred in the time frame being examined (5 years for initial, 3 years for recredentialing) then the sanction detail will be obtained from the license board or appropriate source.</p> <p>If the practitioner was licensed in more than one state during the 3 or 5-year timeframe, the license sanction verifications, via the NPDB, will include all states in which he/she worked during that period.</p>	Both
<b>DEA</b>	<p>If applicable to the PSV agreement, the CVO will verify DEA at initial credentialing and recredentialing via the DEA dataset, a copy of a current certificate, the Department of Justice or appropriate state pharmaceutical agency for providers that indicate they hold a DEA.</p> <p>Applicable practitioner types include MD, DO, DMD, DDS, DPM and mid-level practitioners if indicated on the "Mid-Level Practitioners Authorization by State" document published by the DEA.</p>	Both

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	<p>If the practitioner does not hold a DEA, the CVO will collect the name of the designated practitioner or group who writes prescriptions on their behalf, or the CVO will collect an explanation on why prescribing controlled substances is not part of the Practitioners scope of practice and how patients are cared for if they would ever require a prescription for a controlled substance.</p> <p>Effective for credentialing decisions made on or after July 1, 2007, the organization must provide evidence of verification of a valid DEA certificate, as applicable to the practitioner type, in every state in which the practitioner provides care (practicing states) to the organization's members. 'Practicing states' is determined by the current office addresses and hospital affiliations listed on the Application. The CVO will also confirm that any other additional offices listed on the application or CV, which are in other states, are also checked for additional DEAs. In situations where a practitioner practices in multiple states, but only one DEA can be verified, the Provider Profile will indicate this information. Likewise, in situations where a practitioner has recently moved from one state to another, or is in the process of moving, the VC will attempt to verify the DEA in both states (where the practitioner moved <i>from</i>, and the state the practitioner is <i>moving to</i>). As applicable, the Provider Profile will indicate the DEA states and verification results of each state. Files will <i>NOT</i> be returned as incomplete for DEA as long as at least one DEA is verified or if the provider has indicated he does not hold a DEA.</p> <p>The DEA license is not applicable for many provider types. As an illustrative example, DEA is not applicable for chiropractors or counselors nor DME Suppliers or Home Health Agencies. In addition, DEA license may be available to a practitioner in one state, but not another (such as a Nurse Practitioner).</p>	
<p><b>CDS</b></p>	<p>The CDS is the state certification for a practitioner to prescribe controlled substances.</p> <p>If applicable to the PSV agreement, the CVO will verify the CDS certification for initial and recredentialing when a practitioner indicates the credential is applicable on the credentialing application and when the DEA is not able to be verified.</p>	<p>Practitioner</p>

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	<p>If a state requires the verification of both the DEA and CDS, Verisys will verify both.</p> <p>CDS certifications are only applicable to certain provider types and certain states.</p> <p>Holding a DEA does not necessarily mean the practitioner holds a CDS. For example, DEA is not applicable for chiropractors and CDS certificates are not applicable for dentists; however, a dentist may possibly hold a DEA certificate.</p>	
<b>Specialty Board Certification</b>	<p>If applicable to the PSV agreement, the CVO will verify Specialty Board Certification for all practitioners that indicate a specialty certification on the credentialing application for initial and recredentialing.</p> <p>Board certification verification requires the specialty board name and certification expiration date. If the specialty board does NOT provide the expiration date, the CVO will verify that the board certification is current, and the expiration date will be left blank. A comment will be provided indicating the source will not or does not provide the expiration date.</p> <p>In an effort to mitigate lag time in the ABMS reporting renewed certifications, if a physician (MD or DO) submits documentation (i.e., letter from the board) with their application that indicates current board certification status, even if the ABMS is indicating their status as expired, the CVO will verify directly with the appropriate individual certifying board. This extra verification may cause time delays and result in additional costs (pass-through charges) for the client.</p> <p>If a Doctor of Osteopathy (DO) indicates board certification via the ABMS but is not found to be certified through the ABMS, the CVO will also check the AOA for possible board certification; this will result in additional costs (pass-through charges) for the client.</p>	Practitioner
<b>Education / Training</b>	<p>If applicable to the PSV agreement, Education and/or Training is verified only at Initial Credentialing for practitioners.</p> <p>Verification is completed for the highest level of education or training (for levels as recognized by NCOA as described below*), and if this verification is not related to the practitioner's primary</p>	Practitioner

	<p>practicing specialty, an additional verification of education (one that is related to the primary practicing specialty) is confirmed.</p> <p>Education and training, since they do not expire or change once achieved and verified, do not require re-verification.</p> <p>*NCQA does not recognize all levels of education to meet the standards:</p> <p>NCQA does not recognize verification of Internships, Fellowships, and Advanced Certification Programs as satisfying the education requirement.</p> <p>These will not be verified by the CVO unless required in order to confirm education/training has been completed in the primary practicing specialty.</p> <ul style="list-style-type: none"> <li>● Physicians: Verification of the highest level of education and training for physicians to include completed residency or medical/podiatry/dental school, as applicable.</li> <li>● Podiatrists/Dentists: Verification of the highest level of education and training for podiatrists and dentists to include either completed residency or medical/podiatry/dental school, as applicable.</li> <li>● Other Practitioners: Verification of the highest professional college degree for nurses, non-physician behavioral health, vision, alternative health, chiropractic, and allied health practitioners.</li> </ul> <p>(Verification of internships and residencies will not be completed for nurses, non-physician behavioral health, vision, alternative health, chiropractic, and allied health practitioners.)</p> <p>Education and training that require the CVO to make outreach to a foreign country will generally have 1 attempt made to collect the verification; follow-up attempts may occur if time permits.</p> <p>Completion of <i>AMA's Fifth Pathway program</i>: If physicians state that education and training were completed through the AMA's Fifth Pathway program, the CVO will verify this via the AMA.</p> <p>Verification of education and training can be satisfied by the ABMS or AOA Member Specialty Boards. Verification of education and training can be satisfied by other Specialty Board Certifications where the CVO has obtained, approved, and has on file, annual documentation that the certification board in question confirms verification of education and/or training as a pre-requisite to granting certification. The CVO refers to this as a verification via</p>	
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	<p>“hierarchy”. Likewise, education and training can also be satisfied, using the License Board hierarchy method, if the provider is licensed and if the CVO has the required documentation, and the CVO has confirmed the institution meets requirements as a “hierarchy” verification source.</p> <p>Expired board certifications, with appropriate documentation on file, may be used to verify education and training.</p> <p>Expired licensure (even if the license board did verify the education at the time the original license was issued) may not be used to verify education and training.</p> <p>When using the Board Certification or License verification to satisfy the verification of education and training, the CVO will confirm the credential was attained after the completion of the education and training in question.</p> <p>The CVO will verify education and training as provided on the credentialing application, however NCQA only recognizes residency programs that have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA) in the United States or by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada.</p> <p>For education information, when the full mm/dd/yyyy information is not available, default dates may be used as defined in the following table:</p> <table border="1" data-bbox="537 1289 1271 1472"> <thead> <tr> <th>Practitioner Type</th> <th>Default Date for Initial Credentialing</th> <th>Default Date for Recredentialing</th> <th>Default Date for Initial Credentialing</th> <th>Default Date for Recredentialing</th> </tr> </thead> <tbody> <tr> <td>Physician (MD/DO)</td> <td>01/01/2010</td> <td>01/01/2010</td> <td>01/01/2010</td> <td>01/01/2010</td> </tr> <tr> <td>Physician (Nurse Practitioner)</td> <td>01/01/2010</td> <td>01/01/2010</td> <td>01/01/2010</td> <td>01/01/2010</td> </tr> <tr> <td>Physician (Nurse Anesthetist)</td> <td>01/01/2010</td> <td>01/01/2010</td> <td>01/01/2010</td> <td>01/01/2010</td> </tr> </tbody> </table>	Practitioner Type	Default Date for Initial Credentialing	Default Date for Recredentialing	Default Date for Initial Credentialing	Default Date for Recredentialing	Physician (MD/DO)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	Physician (Nurse Practitioner)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	Physician (Nurse Anesthetist)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	
Practitioner Type	Default Date for Initial Credentialing	Default Date for Recredentialing	Default Date for Initial Credentialing	Default Date for Recredentialing																		
Physician (MD/DO)	01/01/2010	01/01/2010	01/01/2010	01/01/2010																		
Physician (Nurse Practitioner)	01/01/2010	01/01/2010	01/01/2010	01/01/2010																		
Physician (Nurse Anesthetist)	01/01/2010	01/01/2010	01/01/2010	01/01/2010																		
<p><b>Insurance (Professional Liability &amp; General Liability)</b></p>	<p>If applicable to the PSV agreement, verify the provider’s insurance coverage at initial and recredentialing.</p> <p>For practitioners, verify professional liability insurance.</p> <p>For facilities, verify general liability insurance AND professional liability insurance.</p>	<p>Both</p>																				

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	<p>The declaration (Dec) sheet or malpractice page is not required as a NCQA standard; NCQA requires the insurance information be collected and attested to with the credentialing data. The Dec sheet is required by URAC.</p> <p>The insurance verification should include the name of the practitioner, dates, and amounts of the current malpractice insurance coverage.</p> <p>If the Dec sheet is the verification source and it does not include the name of the practitioner, then information indicating the practitioner's affiliation to the Organization must be substantiated.</p> <p>When a practitioner has 'special' coverage, such as through the Patient Compensation Fund that some states provide, coverage through the Federal Tort Claims Act (FTCA), or coverage referred to as "Goes Bare" in Florida, a verification and/or a comment will be entered on the profile.</p>	
<b>Malpractice Claims History</b>	<p>If applicable to the PSV agreement, the CVO will verify the malpractice claims history, for all provider types, via a query to the NPDB at Initial Credentialing. The NPDB includes data that exceeds the requirement for the look-back period of 5 years for initial credentialing and 3 years for recredentialing.</p> <p>Additionally, if the practitioner responds to the questionnaire in an unfavorable manner regarding their malpractice claims history, and has not provided an explanation, the CVO will collect an explanation from the practitioner.</p>	Both
<b>NPDB</b>	<p>If applicable to the PSV agreement, and if delegated by the customer, an NPDB query will be performed for all providers (practitioners and organization/facilities) during initial and recredentialing.</p>	Both
<b>Medicare / Medicaid Sanctions and Exclusions</b>	<p>If applicable to the PSV agreement, Medicare and Medicaid sanctions are verified at Initial and Recredentialing.</p>	Both



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	<p>The verification of these sanctions is satisfied by one of the below queries.</p> <ul style="list-style-type: none"> <li>● NPDB Query</li> <li>● OIG/LEIE Query</li> <li>● GSA/ELPS/SAM Query</li> </ul> <p>Although not a standard requirement, if applicable to the PSV agreement, more than one of the above sources may be queried.</p> <p>In addition, if applicable to the PSV agreement, a query will be performed on owners/managing employees disclosed in the credentialing application on the following sources:</p> <ul style="list-style-type: none"> <li>● OIG/LEIE Query</li> <li>● GSA/ELPS/SAM Query</li> </ul>	
<b>Social Security Number</b>	<p>If applicable to the PSV agreement, the Social Security Administration Death Master File will be queried at initial and recredentialing.</p> <p>The query will be performed on each Practitioner's Social Security Number (but not applicable to the Organization/Facility).</p> <p>If applicable to the PSV agreement, the query will be performed on owners/managing employees disclosed in the credentialing application (this is applicable to both practitioners and organizations/facilities files).</p>	Both
<b>Hospital Affiliations</b>	<p>If applicable to the PSV agreement, Verisys will verify the provider's hospital affiliations, for any provider that indicates privileges, at initial and recredentialing via the appropriate application question(s) being answered with an accompanying signed and dated attestation statement.</p> <p>The primary hospital is the hospital designated by the practitioner as their primary facility, however if no designation is made by the practitioner, the first hospital listed on the application will be designated as the primary facility.</p>	Practitioner
<b>Work History / CV</b>	<p>If applicable to the PSV agreement, work history is self-disclosed by the practitioner and reported at Initial Credentialing only.</p> <p>The application or CV is reviewed and must contain at least a current 5-year work history that includes the month and year for</p>	Practitioner

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	<p>each work episode. The date the work history was reviewed by the VC is indicated on the profile in the verification.</p> <p>If the practitioner has practiced less than 5 years, the start time should go back to the date of first state license being issued or the date the education/training was completed.</p> <p>If the start date is 5 years or less, and only a month and year is provided, the CVO will use a default date of the last day of the month. If the start date exceeds the 5-year time frame, the CVO uses 12/31 as a default month/day.</p> <p>Explanations of gaps exceeding 6 months must be submitted by the provider either verbally or in writing. Gaps greater than 1 year must be explained in writing. Phone/verbal explanation of gaps must include the name of the person providing the detail.</p> <p>If gaps exist that are in excess of 6 months and no explanation has been received from the practitioner after appropriate follow-up attempts, the work history will be verified to indicate a quality concern relating to the lack of explanation.</p> <p>If a gap exists at the beginning of the look-back period, the CVO will confirm the gap does not exceed 6 months. If the gap is in excess of 6 months (even when the gap starts before the look-back period) then the CVO will collect an explanation from the provider.</p> <p>Work history should include enough relevant history to reflect where the practitioner practices on a daily basis.</p> <p>Work History should exclude society memberships, association memberships, and business/company board affiliations. A practitioner's hospital affiliation may be included as work history in cases when the practitioner is a Hospitalist.</p>	
<p><b>Disclosure Questions / Attestation</b></p>	<p>If applicable to the PSV agreement, a current signed and dated attestation statement and completed application questionnaire, which examines the provider's current and previous professional experiences, will be collected at Initial Credentialing and Recredentialing and should include, but not be limited to, questions regarding:</p> <ul style="list-style-type: none"> <li>● Lack of illegal drug use and disclosure of substance abuse;</li> <li>● History of loss of license, any sanction, and felony convictions, including DEA;</li> <li>● History of loss/limitation of clinical privileges or disciplinary activity;</li> <li>● Reasons for any inability to perform the essential functions of the position, with or without</li> </ul>	<p>Practitioner</p>

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	<p>accommodation, that may impede the practitioner's ability to provide care, according to accepted standards of professional performance or pose a threat to the health or safety of patients;</p> <ul style="list-style-type: none"> <li>• Current malpractice insurance coverage;</li> <li>• History of malpractice settlements or judgments; and</li> <li>• Correctness and completeness of the application.</li> </ul> <p>Electronic signatures are acceptable.</p> <p>Applications older than the time frames required (by NCQA, URAC, or CMS) should not be accepted unless the practitioner has also submitted an updated (re-signed and re-dated) attestation statement and completed questionnaire.</p> <p>Attestation statement signatures and dates are subject to re-signing and re-dating if they expire while the file is in process.</p> <p>In the event an application is received with missing pages, the CVO will make outreach to collect the missing pages. This will not be considered “incomplete” if the missing pages are not obtained <u>and</u> if the file can be completed without the missing pages.</p> <p>In the event an application is received but missing the questionnaire or attestation, or the questionnaire or attestation was received incomplete or out of date, the CVO will make outreach attempts to obtain or collect a completed questionnaire and attestation form that matches to the application form originally submitted by the practitioner.</p> <p>If any of the responses on the questionnaire are answered unfavorably, supporting documentation explaining the unfavorable response is required from the provider.</p>	
<b>State Medicare Opt-Out</b>	If applicable to the PSV agreement, the Medicare Opt-Out website will be queried at initial and recredentialing.	Practitioner
<b>State Medicaid Exclusion</b>	<p>If applicable to the PSV agreement, the state’s Medicaid Exclusion website will be queried at initial and recredentialing.</p> <p>The query will be performed on each practitioner (but not applicable to the Organization/Facility).</p>	Practitioner

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	The query will be done for the practicing state, as defined by the office location(s).	
<b>Disclosure of Ownership Form</b>	If applicable to the PSV agreement, a Disclosure of Ownership Form will be collected at initial credentialing and at recredentialing.	Both
<b>Medicaid Enrollment</b>	<p>If applicable to the PSV agreement, the Medicaid Enrollment Letter or Medicaid Enrollment Attestation will be collected from the provider as part of the credentialing application.</p> <p>If applicable to the PSV agreement, and if a verification source is available to the CVO, then the CVO will verify Medicaid Enrollment via the state’s Medicaid Authority (website or master data file.)</p>	Practitioner

Additional queries or verifications may be contracted outside of the items detailed above. These will be processed in accordance with the customer agreement and requirements will be published in the Knowledge Base.

## B. Primary Source Verification

High level flow chart of the PSV Process:



### PSV Process Description:

Once the credentialing application is collected, it is processed by a Verification Coordinator (VC). It is standard procedure for the VC to initially review the credentialing application within 3 business days of when the file was assigned to them. The VC reviews the applications for completeness and obtains any missing information or clarifying information needed from the provider to resolve material discrepancies in the application or accompanying materials submitted by the provider. The VC will monitor for responses to be returned and follow-up as needed to ensure information is received in a timely manner. (The CVO process does not

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include notification to the practitioner of quality concerns, application integrity issues, or inaccurate responses identified after the PSV Process. The notification of the PSV findings is included in the PSV deliverable (the Profile) and sent to the client who maintains the responsibility to assess the PSV results, render credentialing decisions, and notify practitioners in accordance with the client's credentialing policies.)

When the application is complete, the verification process is initiated. The operating system (Advantage/Synergy) has business rules that automate some of the outreach process and verification process. When the required data is present for a particular credentialing element, the verification process is initiated. As an illustrative example: When the provider's name, DEA number, DEA state, and schedules are entered into the operating system, then an automated process will check this data against the DEA data to confirm accuracy. If the data matches, the system will record the data associated with the validation and this will be returned as the evidence of the PSV with the Provider Profile. The verification evidence will reflect the system automated workflow (AWF) was involved in the verification and the VC will review the results as part of the final quality review. If the data does not match the DEA source information, the system will not reflect a verification of the DEA (instead the VC will be tasked with manually reviewing the data against the third-party source to resolve and validate and reflect the accurate information.)

The VC is responsible to monitor the system to assure seamless processing. The VC also performs verifications manually that are not automated by the system. The VC is responsible to see that all required information is verified on the credentialing application, complying to the CVO policies, and in accordance with the procedures documented in the Training Manual and requirements detailed in the Knowledge Base. Each credentialing element (e.g., DEA, State License) is verified using sources of data that meet accreditation and regulatory requirements as well as comply with the requirements of the PSV agreement.

The operating system relies on some verifications to be performed by a Verification Specialist (VS). This done when the third-party source has specialized requirements in regard to outreach and communication, and/or has unique requirements for accompanying data or forms to be submitted with the request for information, and/or when requests are required to be bundled in groups, and/or when there is a payment requirement such as where a check must be included, credit card information provided, or where fees are assessed and invoiced.

Verifications may be written, e-mailed, faxed, electronic, via phone, or in some instances, photocopied documents. The credentialing element, verification date, name of the CVO staff verifying the information, and the source of the verification is part of the verification checklist and is included on the practitioner profile and documented in the CVO workflow system.

When accepting phone verifications, the name of the person supplying the verification is indicated in the system. When an automated verification is performed by the system (electronic match to source data in the system), the profile shows "AWF" (Automated Work Force). When written verifications are received the verification date is recorded as the date the verification was performed by the 3rd party, or the received date, or the date the verification image was viewed by the associate.



In the event the verification is made via a website, and in accordance with accreditation guidelines, the website must have been reviewed and approved by the CVO to meet the requirements for the definition of primary source verification. The data used on the site must be from the specific primary source (or equivalent-primary sources / approved secondary sources such as: AMA, AOA, Official Display Agents of ABMS) and the data on the site must be confirmed to be the same information that would be supplied if a direct contact method would be used.

As a Certified/Accredited CVO, the CVO's verification operations, practices, and procedures have been audited and deemed in compliance with the rigorous primary source verification standards of both NCQA and URAC. As a result, and because of the increasing pressures to reduce health care costs, it is not the CVO's standard practice to provide screen prints of website query or verification results unless explicitly required by the customer agreement. The Profile is the credentialing checklist and is the evidence of the verification. As the CVO receives PSV data, a checklist of required information is entered into the credentialing operating system's data base and displayed on the Profile (the PSV Evidence). The information captured includes issuing entity, expiration date, verification source, date verified, person conducting the verification; also, if there is an identifier (such as a certificate number or license number) included, that information will be captured. Any adverse findings or quality issues indicated by the third party will also be disclosed on the Profile.

Verifications have a shelf-life for the CVO. In accordance with accreditation standards, when an item is verified by the primary source, it is considered valid and true for up to 120 days. After 120 days, the verification "expires", and it must be verified again. Education and Training verifications are an exception to this shelf-life rule, as they are not subject to change (for example, a license may expire but a graduation date does not expire and does not change). All shelf-life rules follow accreditation standards.

As a file reaches its due date, where the deadline for completion has arrived and not all required verifications have been returned, attempts for the information escalate, where a sense of urgency is encouraged, and influence is used to urge third-party sources to comply and provide the needed information and verification. If the source does not comply with internal timelines, and required information is not received by the contractual due date, the file is resolved as "incomplete" (non-responder, missing one or more required items). A final quality review is performed prior to delivery of the credentialing file for the committee to review.

The CVO workflow system can be configured to monitor for late documentation to arrive. If contracted by the client, this service is provided by the CVO. In cases where a missing verification arrives shortly after a file is resolved as incomplete, the information is added to the PSV file and the client is notified.

If the file due date is not near, but all required credential elements are all verified, the credentialing file (the Profile) is completed early (in accordance with the PSV agreement) and ahead of the due date.

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During the final quality review process, if errors are identified, the VC is accountable to process the corrections and provide accurate information to clients. By process design, the person who made the error is provided the feedback and opportunity to correct the mistake.

The PSV process does not include making any judgement as to the appropriateness to the information garnered during the verification of the credentialing application nor does it include determinations on final approval or denial of the practitioner or facility into the client's network.

The PSV Results (the Profile) include notification to the client when credentialing information obtained through the PSV process differs substantially or materially from the information provided by the practitioner, including updated and erroneous information. This is evidenced through the verification statuses and descriptive comments that are standard to the PSV deliverable (the Profile.) Each contracted health plan is responsible for making the credentialing decision according to their own credentialing policies, including notifying providers of the credentialing decision and the rights of providers to review and correct erroneous information, as well as notification of the process to appeal the credentialing decision.

Clients have access to CVO.one, the secure client portal for Primary Source Verification status information, reports, and client's network-provider data. The PSV results are delivered via secure electronic transmissions (such as via a SFTP or secure file transfer protocol) and/or via CVOOne.com for clients to retrieve, review, and submit to their Credentialing Committee.

The PSV results will include the CVO Profile (PSV evidence and findings), the Credentialing Application, documentation submitted by the practitioner, the NPDB Response, and any documentation of quality issues/adverse actions (e.g., sanctions, malpractice claims.)

### C. Verification Sources and Methods

The following table describes each credential element, the sources used to confirm the credential, and the means and methods employed to validate the information.

As a reminder, each individual client contract outlines the elements that are in scope. This list is a super-set of items processed for CVO customers.

Element	Verification Source(s)	Verification Method(s)
NPI	NPDES	Website
Accreditation (e.g., CARF, TJC)	Provider Accreditation Board	Certificate Image Website Query
Certification (e.g., CMS, CLIA)	Provider Accreditation Board	Certificate Image Website Query
State License	License Board	Paper Roster

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		<p>Electronic Roster</p> <p>Website</p> <p>Written Confirmation</p> <p>Verbal Confirmation</p> <p>License Certificate Image (Facility Organizations Only)</p>
State License Sanction History	State Professional License Board Data Bank (NPDB Query)	<p>Paper Roster</p> <p>Electronic Roster</p> <p>Website</p> <p>Written Confirmation</p> <p>Verbal Confirmation</p>
DEA	DEA <i>Practitioner (only supplies certificate image)</i>	<p>Electronic Roster</p> <p>Website</p> <p>Certificate Image</p>
CDS	State CDS Licensing Board <i>Practitioner (only supplies certificate image)</i>	<p>Paper Roster</p> <p>Electronic Roster</p> <p>Website</p> <p>Written Confirmation</p> <p>Certificate Image</p> <p>Verbal Confirmation</p>
Specialty Board Certification	Specialty Board ABMS or official display agent AOA	<p>Electronic Roster</p> <p>Website</p> <p>Written Confirmation</p> <p>Verbal Confirmation</p>
Residency Training	Institution (School/Hospital) AMA Masterfile AOA License Board	<p>Electronic Roster</p> <p>Website</p> <p>Written Confirmation</p> <p>Verbal Confirmation</p>



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	Specialty Board Certification	
Medical or Professional School	Institution (School/Hospital) AMA Masterfile AOA License Board Specialty Board Certification National Student Clearinghouse/Degree Verify ECFMG (foreign medical students graduating 1986 or after)	Electronic Roster Website Written Confirmation Verbal Confirmation
Insurance (Professional Liability & General Liability)	Provider	Certificate Image Declaration Page Credentialing Application & Attestation
Claims History	Data Bank (NPDB Query)	Written Confirmation (Query Response)
NPDB	Data Bank (NPDB Query)	Written Confirmation (Query Response)
Medicare / Medicaid Sanctions	Data Bank (NPDB Query) OIG/LEIE GSA/ELPS/SAM	Website Query
Social Security #	SSA Death Master File	Website Query Electronic Roster
Hospital Affiliations	Provider  Hospital	Credentialing Application/Attestation  Paper Roster Electronic Roster



		Website Written Confirmation Verbal Confirmation
Work History	Provider	Credentialing Application/Attestation
Disclosure Questions	Provider	Credentialing Application/Attestation
State Medicare Opt-Out	State's Designated Medicare Source for Opt Out	Website Query
State Medicaid Exclusion	State's Designated Medicaid Exclusion Source	Website Query

#### D. Verification Statuses

For each element verified, they will contain a verification status or "standing." It is used to reflect the information validated by the source. They are as follows:

##### 1. Verified

Used whenever a credential has been confirmed and no quality issues are present. No flag will be displayed on the profile.

Used if there are minor or inconsequential discrepancies in the source data as compared to data provided by the practitioner. When minor or inconsequential discrepancies are identified a verification-comment is optional and not required to be entered.

When discrepancies are identified, and in the judgment of the CVO, the discrepancies are considered to be significant or material to the credentialing outcome, a comment must be entered on the profile to explain to the Client.

If the CVO questions whether to use the verification standing of Verified vs. Verified/Qual, operations management is consulted.

##### 2. Ver/Qual

An abbreviation for Verified with Quality Issues Indicated.

Used whenever adverse information is indicated, such as a material discrepancy or such as a sanction or disciplinary action (quality issue) is found, during the course of a verification.

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Although Medicare Opt-Out is a voluntary action and not a sanction, the Ver/Qual status is used to indicate practitioner has opted out of Medicare participation.

The status is used when a work history gap in excess of 6 months is identified and substantiated by the practitioner.

In the case of a Ver/Qual standing, a flag will display on the profile. There will also be a verification comment to provide applicable details.

### 3. Verified Expired/Not Valid

Used whenever the practitioner overtly indicates on the application the presence of a credential, however, the source shows no evidence of the practitioner having the credential.

Used when an attempt to verify a credential has been unsuccessful because the source indicates the credential is expired (as in the case when it is not being renewed or in the renewal process.).

Used when an attempt to verify a credential has been unsuccessful, but a response or information has been received to illustrate, such as the following applicable scenarios:

- Facility has closed;
- Records have been lost or destroyed or are otherwise permanently unavailable;
- Major catastrophe has incapacitated the source.

A verification comment is required be entered as an explanation on the Profile.

A flag will be displayed on the profile. The file will not be considered incomplete for this reason.

### 4. Verified Via Attestation By

Used when the credentialing element is verified from the application and attestation.

### 5. Verified Via CV/App By

Used when the practitioner's work history is present on the documentation received by the CVO (Curriculum Vitae (Resume) or App (Credentialing Application)).

### 6. Verified By Automatic Workforce (AWF)

Used when an automated, electronic verification is performed by the system (electronic match to source data in the system).

## VII. Credentialing Committee Sort Criteria

In accordance with customer agreements, initial and recredentialing results will be evaluated upon the completion of PSV by an automated Clean/Adverse-Risk Sort Process. Based on the findings, the credentialing File will be categorized into a Clean Sort or Adverse-Risk Sort.

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The details on the criteria that define the sort results are described below.

### A. Clean Sort

PSV Files that do not fall into the Adverse-Risk sort will be placed into the Clean Sort Category.

### B. Adverse/Risk Sort

PSV Files having verification results that fall into the category for additional review will be placed into the Adverse-Risk Sort category. The criteria are specific to a customer. In general, negative findings related to the PSV are identified and sorted to assist with processing and preparation for potential additional scrutiny in the Credentialing Committee Meeting.

As part of the PSV delegation, the CVO does not make the credentialing decisions; the CVO programmatically sorts the PSV results into different categories to assist in the Credentialing Committee decision processing.

Below are scenarios to illustrate the conditions that may be sorted as Adverse Risk. These are common examples and not specific to a particular customer agreement.

Disclaimer: Each client contract may differ. If an item is not in scope of PSV agreement, then it will not be assessed in the clean/risk sort process.

Criteria Reasons	Illustrative Example
Provider Non-Responder File	Provider has not responded to the requests to submit his/her recredentialing application by the due date.
Incomplete File	License Board has not provided the verification needed by the due date required for Credentialing Committee.
Non-Profile File	Response to the request to submit a recredentialing application comes back indicating the provider retired.
Adverse NPI	NPI number on app didn't match data from NPDES.
Adverse State License	State License verified as Expired (s/he doesn't have a license to practice in the state).
DEA Verification Issue	Provider practices in two states. Provider only has a DEA License in one of those states.
CDS Verification Issue	Provider's CDS has expired; renewal not able to be confirmed; the CDS is still listed as expired on source.
Adverse PLI	Professional Liability Insurance not provided or has expired.
Adverse PLI Limits	Limits for occurrence/aggregate amounts are less than 1m / 3m.

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Adverse OIG	OIG query response indicated sanctions/quality issues.
Adverse GSA	GSA (ELPS/SAM) query response indicated sanctions/quality issues.
Adverse SSA DMF	Social Security Administration indicated SSN belongs to deceased person.
Adverse Attestation	Attestation date not present.
NPDB Issue	NPDB is returned with findings/reports.
Questionnaire Issue	Adverse information disclosed on questionnaire.
License with Quality issues	License verified to have sanctions.
Sanctions Present	Actions disclosed (from any source).
Adverse Accreditation/Certification	If source indicates sanction or quality issues. Note this is not likely to happen as Accreditation/Certification is usually not awarded in case of quality issues.
Board(s) with Quality Issues	Source indicates sanction or quality issues. Note this is not likely to happen as usually the Board would just not certify the practitioner.
Adverse Work History (initial only)	Work History has a disclosed or undisclosed “gap” that is in excess of 6 months (e.g., Sabbatical, Maternity Leave).

### VIII. Provider Profile

A final report of the PSV Evidence (called the Profile) is generated at the completion of the PSV process that summarizes the results and provides evidence of the third-party verifications. The PSV results (the Profile) vary based on each provider’s credentialing application, the credentials they hold, and findings of the verification process. For example: a practitioner that does not prescribe drugs (such as a counselor or therapist) would not have a DEA license. In addition, a client contract that does not require a specific verification (e.g., NPI, SSA DMF, and Medicare Opt-Out are examples of elements that are not standard requirements for all contracts) would not have the verification on the profile.

A mock-up provider sample of a Profile is included in Appendix 2 (Sample Profile – Practitioner) and Appendix 3 (Sample Profile – Organization/Facility).

### IX. Ongoing Sanctions Monitoring (OSM)

Clients may contract with the CVO to perform Ongoing Monitoring of Sanctions, which is an additional service offered separately from Primary Source Verification. The OSM service monitors for new sanctions or exclusions on a Practitioner. It includes monitoring of license

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sanctions and Medicare/Medicaid exclusions. Details of this service are described in the customer contract and the Ongoing Sanctions Monitoring Policy.

Clients who have contracted for Ongoing Sanctions Monitoring are responsible for submitting a roster/network file to the CVO. This is the list of providers that will be monitored against the CVO's Sanction Database. These clients will be provided regular reports (twice monthly) detailing practitioners who have been sanctioned since the last reporting cycle. The monitoring includes collection of State License actions and Medicare & Medicaid exclusions and debarments; sources are used that meet NCQA standards.

The sanction information will be reported within 15 days of receipt by the CVO, in accordance with the twice monthly reporting cycle. The customer is expected to review the information within 30 days of receiving the information from the CVO's sanctions alert service.

Each record contains a confidence level regarding the results. A high confidence number indicates a high confidence match. As the number of identifiers decrease or the matched data elements become partial, the confidence level decreases. Additional details on the definitions of confidence level and the matching criteria are provided when this service is implemented.

Clients who have contracted for Ongoing Sanctions Monitoring are responsible for reviewing, investigating, and evaluating the information provided by the CVO, in order to assess the practitioner's ability to perform their designated job or services.

The CVO does not provide or conduct the ongoing monitoring of member complaints, hospital privileges, clinical performance, nor malpractice settlements or judgements. The CVO does not provide services to support provider interventions as part of the ongoing monitoring service.

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## Appendix 1 Communication Template

1.

<p><b>Apertium's Easy Response System</b></p> <p>Please allow 2 business days (48 hours) for processing faxed documents and 10 days for mailed documents.</p>
<p><b>Fax:</b> Fax your response with this cover page to [display fax number]</p> <p><b>Call:</b> Talk to our Customer Service Representative by calling [display phone number]</p> <p><b>Mail:</b> Send your response with this cover page to: Apertium, PO Box 221048 Louisville, KY 40222-1048</p>

### URGENT

[Date]

**Credentials Request For:**

[Name of Practitioner &amp; Address]

**Health Plan(s) Requesting Information:**

[Client Name]

**From:** [Name of Requestor]

**Purpose of this communication:**

Documentation needed to complete your application is missing, incomplete, or expired.

In order to renew your participation with the provider network(s) listed above, you will need to complete and return the requested documentation within three days of receipt of this notice so that the processing of your application can be completed.

If you have already submitted this information, please disregard this notice.

**Items Requested:**

[List of items requested]

**IMPORTANT:** Please include this bar-coded cover sheet in your response to this request. The bar code is a unique code that corresponds to your credentialing file. Thank you for your assistance.

Confidentiality Notice: The documents accompanying this telecopy transmission contain confidential information. This information is intended only for use by the individual or entity named above. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

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### Appendix 2 Sample Profile – Individual Practitioner

Profile Header includes Provider Name, Provider ID, Client Name, Type of Credentialing (Initial/Recred)

Demographics	Social Security Number:	123-45-6789
	Date of Birth:	MM/DD/YYYY
	Provider Type:	Medical Doctor
	Primary Specialty:	Bariatric Surgery
	Other Specialties:	Internal Medicine-Gastroenterology
	Languages:	English
	Medicaid Number(s):	1234567 – GA
	Medicare Number(s):	123X456789
	UPIN Number(s):	D12345
NPI Information	<b><u>NPI</u></b>	
	<b>Number:</b>	<b>1234567890</b>
	Verified By:	MRagain
	Verified On:	01/15/2020
	Verification Source:	NPPES Registry Search, Internet Site, Electronic
Office Information	Practice Name:	<b><u>Georgia Bariatric Center (Primary)</u></b>
	Address:	1234 MAIN STREET ATLANTA, GA 45404
	Phone:	(123) 456-7890
	Fax:	(098) 765-4321
	Tax ID:	138886888
Licensure	<b><u>Professional License</u></b>	
	Issued By	Georgia Composite Medical Board



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Number: 123416  
 Original License Date: 05/30/2007  
 License Type: Medical License  
 Level of Licensure: [No Information Provided] 1  
 Expiration Date: 2/02/2016  
 Verified By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Georgia Composite Medical Board,  
 Internet Site, Electronic

### **DEA**

State: Georgia  
 Number: BF12311234  
 Expiration Date: 09/30/2017  
 Schedules: 2 2n 3 3n 4 5  
 Verified By: MRagains  
 Verified On: 1/15/2020  
 Verification source: DEA CSR Dataset, Version 01/02/2020,  
 Electronic

### Education and Training

#### **Board Certification**

Specialty: Internal Medicine - Gastroenterology  
 Certifying Board: American Board of Internal Medicine  
 Effective Date: 10/31/2004  
 Expiration Date: Good For Life  
 Verified By: Automated Workforce  
 Verified On: 01/13/2020

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Verification Source: ABMS Data, Version 12/09/2020,  
Copyright, Electronic

Comment: Verifies Education/Training

### **Fellowship**

Program Type: Bariatric Surgery

Institution: Harvard Medical School – Boston, MA

Dates Attended: 07/2003 – 06/2004

Verified By: MRagain

Verified On: 01/15/2020

Verification Source: Education Letter, Image

### **Residency**

Program Type: Internal Medicine – Gastroenterology

Institution: University of Texas at Houston

Dates Attended: 07/2002 – 06/2003

### **Residency**

Program Type: Internal Medicine

Institution: Baylor Hospital – Grapevine

Dates Attended: 07/1999 – 06/2002

### **Doctorate**

Degree: Medical Doctor

Institution: Baylor College of Medicine – Houston, TX

Dates Attended: 07/1995 – 06/1999

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### Insurance

#### Professional Liability Insurance

Carrier: State Volunteer Mutual Insurance Company

Claim Limit: \$1,000,000.00

Aggregate Limit: \$3,000,000.00

Effective Date: 10/01/2019

Expiration Date: 10/01/2020

Verified By: MRagain

Verified On: 01/15/2020

Verification Source: Liability Insurance, Image

### Queries

#### NPDB:

Verified By: Automated Workforce NPDB

Verified On: 01/15/2020

Verification Source: NPDB Response, Image

NPDB satisfies license sanction history and malpractice claims history

#### GSA:

Verified By: MRagain

Verified On: 01/15/2020

Verification Source: System for Award Management, Internet Site, Electronic

#### OIG:

Verified By: MRagain

Verified On: 01/15/2020

Verification Source: Office of Inspector General, HHS, Internet Site, Electronic

#### SSA DeathMaster:

Verified By: MRagain

Verified On: 01/15/2020

Verification Source: SSA DMF, Electronic

### Hospitals

#### Georgia Regional Hospital at Atlanta – Decatur, GA (Primary)

Staff Category: Active

## Primary Source Verification Operations Manual



Verified ViaAttestation By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Application Signed & Dated, Image

**Atlanta Medical Center –  
Atlanta, GA**

Staff Category: Active  
 Verified ViaAttestation By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Application Signed & Dated, Image

### Work History

**Georgia Bariatric Center**

Dates: 06/2012 – Present  
 VerifiedViaCV/App By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Application Signed & Dated, Image

**Non-Work**

Dates: 06/2011 – 6/2012  
 VerifiedViaCV/App By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Application Signed & Dated, Image  
 Verification Comment: Not working; caring for sick family member

**Cumberland Health Group**

Dates: 06/2000 – 05/2011  
 VerifiedViaCV/App By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Application Signed & Dated, Image

### PSV Dates

Attestation Signature Date: 12/15/2019  
 Consent and Release Date: 12/15/2019

### Verification Coordinator:

MRagain

The VC Associate is the signatory confirming all verified credentials on this checklist as of the "Created At" date and time stamp.

### Questionnaire

No Issues

### Actions

No Issues

### Attempts



# Primary Source Verification Operations Manual



Primary Delivery Folder Attached

Created at: 1/16/2020 11:57:44

## Primary Source Verification Operations Manual



### Appendix 3 Sample Profile – Organization/Facility Provider

Profile Header includes Provider Name, Provider ID, Client Name, Type of Credentialing (Initial/Recred)

#### Facility

Information	Facility Type:	Skilled Nursing Facility (SNF)
	Tax ID:	012345678
	Medicare:	123456
	Medicaid:	7654321
NPI Information	<b><u>NPI</u></b>	
	Number:	<b>1234567890</b>
	Verified By:	MRagain
	Verified On:	01/15/2020
	Verification Source:	NPI Registry Search, Internet Site, Electronic

#### Office

Information	Facility Name:	<b><u>RCR Star Georgia, Inc (Primary)</u></b>
	Address:	1234 MAIN STREET ATLANTA, GA 45404
	Phone:	(123) 456-7890
	Fax:	(098) 765-4321
	Tax ID:	138886888

#### Accreditation

##### **Certification**

Certifying Board	Centers for Medicare & Medicaid Services (CMS)
Certificate Number:	123456
Effective Date:	10/24/2013
Accreditation Date:	

## Primary Source Verification Operations Manual



Licensure

Expiration Date: [No Information Provided]  
 Verified By: [No Information Provided]  
 Verified On: MRagain  
 Verification Source: 01/15/2020  
 Comments: Letter of Accreditation, Image  
 No expiration date given

### Professional License

Issued By:  
 Number: Georgia Health Authority Public Health  
 Division  
 Original License Date: 123416  
 License Type: 05/30/2007  
 Level of Licensure: Other  
 Expiration Date: [No Information Provided]  
 Verified By: 12/02/2020  
 Verified On: MRagain  
 Verification Source: 01/15/2020  
 Comments: License, Image  
 License Type: Health Care Facility

Insurance

### Malpractice Liability Insurance

Carrier: State Volunteer Mutual Insurance  
 Claims Limit: Company  
 Aggregate Limit: \$1,000,000.00  
 Effective Date: \$3,000,000.00  
 Expiration Date: 10/01/2019  
 Verified By: 10/01/2020

## Primary Source Verification Operations Manual



Verified On: MRagain  
 Verification Source: 01/15/2015  
 Liability Insurance, Image

### **General Liability Insurance**

Carrier: Evanston Insurance Company  
 Claims Limit: \$1,000,000.00  
 Aggregate Limit: \$3,000,000.00  
 Effective Date: 12/31/2019  
 Expiration Date: 12/31/2020  
 Verified By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Liability Insurance, Image

### Queries

#### **NPDB:**

Verified By: Automated Workforce NPDB  
 Verified On: 01/15/2020  
 Verification Source: NPDB Response, Image

NPDB satisfies license sanction history and malpractice claims history

#### **GSA:**

Verified By: MRagain  
 Verified On: 01/15/22020  
 Verification Source: System for Award Management,  
 Internet Site, Electronic

#### **OIG:**

Verified By: MRagain  
 Verified On: 01/15/2020  
 Verification Source: Office of Inspector General, HHS,  
 Internet Site, Electronic



## Primary Source Verification Operations Manual



### PSV Dates

Attestation Signature Date: 12/15/2019  
Consent and Release Date: 12/15/2019

### Verification Coordinator:

MRagain

The VC Associate is the signatory confirming all verified credentials on this checklist as of the "Created At" date and time stamp.

### Questionnaire

No Issues

### Actions

No Issues

### Attempts

Primary Delivery Folder Attached

Created at: 1/16/2020 11:57:44



## REVISIONS LOG

Approval Date	Change Summary	Reason for Change
8/2/2016	Created document to replace PSV007 with new template	Compliance
1/30/2017	Template Modification	Annual Review
3/31/2017	N/A	Annual Review
3/13/2018	Statement added about scope of document; information provided about delegation of PSV activities; details on requirements for authorization & release; additional description added about evidence provided of PSV; clarifying information included about the late document monitoring configurations and correcting the source list to include ECFMG as an acceptable education source.	Annual Review
9/7/2018	Added clarifying language on pg. 19 and 21; NCQA standards clarification (7/31/2018)	NCQA Standards
7/23/2019	N/A	Annual Review
6/17/2020	<p>Providers: Added Behavioral facilities to the examples of in-scope providers.</p> <p>Credentialing Application, portal: In addition to CAQH, referred to Availity and other-vendor portals.</p> <p>DEA Requirement: Listed the applicable provider types and updated to align with new NCQA standard around the prescribe plan and included Facilities as providers that could have a DEA.</p> <p>Work History: Added clarification that any gaps in the look-back period (even those at the very beginning of the time frame) will be assessed for length to determine if the gap is in excess of six months.</p> <p>Medicare Opt-Out &amp; Medicaid Enrollment &amp; Hospital Affiliations: updated description regarding changed/expanded acceptable verification sources.</p>	Annual Review
6/17/2021	Updated company logo; updated to use "CVO" as the description of the company consistently throughout the document	Annual Review.
6/15/2022	Updated logo and template; removed references to NTIS related to DEA	Annual Review