

## Primary Source Verification Policy



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### Primary Source Verification Policy

**Policy Number:** OPS.700

**Version:** 03

**Contact:** Mina Stier

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**Next Review/Approval Date:** 08.31.2023

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## Primary Source Verification Policy



**POLICY:** Verisys will process and verify credentialing elements, and credentialing applications to meet federal and state regulations, in a non-discriminatory manner, and in accordance with NCQA, URAC, and CMS CVO standards, unless otherwise specified by the contract or customer agreement.

**SCOPE:** Operations, Product, Client Operations

**PROCEDURES:**

**I. NCQA:** For applicable client agreements, Verisys will meet the following NCQA requirements.

- A. Verisys will collect and report licensure from the state licensing agency.
- B. Verisys will collect and report DEA or CDS certification from the primary source or NCQA approved sources.
- C. Verisys will collect and report professional education and training from the primary source or NCQA-approved sources.
- D. Verisys will verify and report practitioner board certification status from the primary source or NCQA-approved sources.
- E. Verisys will collect and report work history through the practitioner's application or curriculum vitae.
- F. Verisys will collect and report malpractice claims history from the primary source or NCQA approved sources.
- G. Verisys will collect and report state licensing board sanctions from the primary source or NCQA-approved sources.
- H. Verisys will collect and report Medicare/Medicaid sanctions from the primary source or NCQA-approved sources.
- I. Verisys will process applications and attestations according to NCQA standards and guidelines; the application will include practitioner health status and history of loss or limitation of license or privileges and other issues that may affect patient care; the contents of the application will include a current and signed attestation; the contents of the application will address the below items:
  - Reasons for inability to perform the essential functions of the position;
  - Lack of present illegal drug use;

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

**II. URAC:** For applicable client agreements, Verisys will meet the following URAC requirements:

A. Verisys, when delegated to collect the credentialing application from the practitioner, will require a practitioner to submit a credentialing application with the following information:

- History of education and professional training, including board certification status;
- State licensure information, including current license(s) and history of licensure in all jurisdictions;
- Evidence of current Drug Enforcement Agency (DEA) certificate or state controlled dangerous substance certificate, as applicable;
- 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;
- Attestation statement, signed and dated, attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge;
- Authorization statement, signed and dated, authorizing the organization to collect any information; and
- Any other necessary to verify the information in the credentialing application.

B. Verisys will review credentialing information for completeness, accuracy, and conflicting information.

C. Verisys will accept additional information from practitioners to correct incomplete, inaccurate or conflicting credentialing information. Verisys will communicate with clients and/or practitioners regarding incomplete, inaccurate, or conflicting credentialing information (via the Profile).

D. Verisys will verify the following practitioner credentials using primary sources:

- State licensure; and
- Board certification, if applicable, or highest level of professional education.

E. Verisys will not accept or transfer any credentialing application as part of a complete PSV credentialing event that is:

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- Signed and dated more than 180 days to the submission or transfer; and
- Contains primary or secondary source verification information collected more than six (6) months prior to the submission or transfer.

F. Verisys will document and report the following to the client or appropriate sources as defined by the client agreement:

- Findings and results related to the credentialing application and verifications;
- Attempts by the organization to retrieve information from the practitioner or other entities as applicable; and
- Status information of a practitioner in the credential's verification process.

**III. CMS:** For applicable client agreements, Verisys will meet the following CMS credentialing standards for credentialing:

A. When delegated to perform application gathering, Verisys will collect a completed application; the application will be signed, dated and will include an attestation by the applicant of the correctness and completeness of the application; the information will be no more than four months old when the findings are reported to the customer (wherein the customer will be responsible for the information to be no more than six (6) months old on the date on which the health care professional is determined (for example, by a credentialing committee) to be eligible for appointment or contract).

B. When delegated to perform application gathering, Verisys will collect an application that includes a work history covering at least five (5) years (initial credentialing) and a statement by the applicant regarding (initial and recredentialing): (1) Any limitations in ability to perform the functions of the position, with or without accommodation; (2) History of loss of license and/or felony convictions; and (3) History of loss or limitation of privileges or disciplinary activity. (**NOTE:** Work history refers to relevant work that is applicable to the position being sought. If the applicant is a new health care professional, he/she may not have five (5) years of relevant work history).

C. Verisys will verify information from primary sources and secondary sources; Verisys will follow nationally recognized accrediting organizations guidelines on appropriate primary sources for verifying credentials.

D. Verisys will verify the following credentials from primary sources:

- Current valid license to practice;
- Education and training records, including evidence of graduation from the appropriate professional school and completion of a residency or specialty training, if applicable: Verification is required only at initial credentialing and only for the highest level of education or training attained; and
- Board certification in each clinical specialty area for which the health care professional is being credentialed if he/she states that he/she is board certified on the application. If board certification is verified, Verisys will accept this as also

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satisfying the requirement to verify education and training, provided that board uses primary source verification for education and training.

E. Verisys will collect other credentialing information, as applicable:

- Clinical privileges in good standing at the hospital designated by the health care professional as the primary admitting facility if the physician or other health care professional has admitting privileges; this information will be obtained by contacting the facility, obtaining a copy of the practitioner director or attestation by the health care professional;
- Current malpractice insurance; this information will be obtained via the malpractice carrier, a copy of the insurance face sheet, or attestation by the health care professional;
- A valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate; this information will be obtained through confirmation with Department of Justice, DEA Controlled Substance Registrant (CSR) dataset or with CDS verification or by obtaining a copy of the (DEA or CDS) certificate;
- A history of professional liability claims that resulted in settlements or judgments paid by, or on behalf of the health care professional; this information will be obtained from the malpractice carrier or from the National Practitioner Data Bank;
- For physicians, any other information from the National Practitioner Data Bank;
- Information about sanctions or limitations on licensure from the applicable state licensing agency or board, or from a group such as the Federation of State Medical Boards or National Practitioner Data Bank; and
- Eligibility for participation in Medicare (including Exclusion checks and Opt-out provider checks).

F. There are states that have legislation that require the Health Plans to communicate with providers regarding the credentialing application and credentialing decision statuses. If the Health Plan is subject to a state regulation, and if the Health Plan requests Verisys to do the action(s) on their behalf during the delegated primary source verification process, and if Verisys agrees, then Verisys will communicate to providers, in accordance with the regulatory requirement, as delegated in the agreement.

**V. PSV Operations:** Verisys will follow the guidelines outlined in the training materials and process documentation in processing and verifying credentialing applications. Verisys will perform the services outlined in the client agreement. In the case of conflicting requirements, Verisys will follow the client agreement.

**VI. Limitations:** Verisys will not perform the following activities, in accordance with PSV activities, as they are not delegated functions and are out of scope of the CVO service, unless otherwise specified in the customer agreement:

- Verisys will not determine the health plan's Recredentialing Cycle or Recredentialing

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Dates.

- Verisys will not notify healthcare providers of Primary Source Verification results, including erroneous information or of information obtained during the Primary Source Verification process that varies substantially from the information they provided to the organization; Verisys will notify the customer (health plan) of such findings.
- Verisys will not make credentialing and recredentialing decisions.
- Verisys will not notify providers of the credentialing decision.
- Verisys will not inform affected providers of their appeal rights or about the appeal process.
- Verisys will not create, maintain, or update provider directories.
- Verisys will not collect, monitor, review, or implement interventions related to member complaints or adverse events that occur in between credentialing events.
- Verisys does not have medical records and therefore will not provide access to medical records.
- Verisys will not communicate with the providers about information that is not related to the Primary Source Verification of the credentialing application; Verisys will not communicate regarding practitioner rights, clinical criteria, patient education programs, nor performance feedback.
- Verisys will not set Site performance standards; Verisys will not implement interventions to monitor member complaints for provider sites.
- Verisys will not be involved in decisions that would suspend or terminate providers and Verisys will not report such actions to authorities.

### **DEFINITIONS:**

**NCQA:** The National Committee for Quality Assurance. A private not-for-profit organization that creates measures and standards that measure performance of healthcare organizations.

**URAC:** Utilization Review Accreditation Commission, provides accreditation for healthcare organizations to demonstrate and highlight their commitment to utilization review quality and accountability.

**CMS:** Center for Medicare & Medicaid Services. A federal agency that administers the nation's major healthcare programs including Medicare, Medicaid, and CHIP.

**Primary Source:** An organization or entity with legal responsibility for originating a document and ensuring the accuracy of the information it conveys.

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**Practitioner:** Any person, professional, or business entity, who practices or delivers medical services or goods.

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### AFFILIATE PROCESSES/DOCUMENTS:

PSV Operations Manual  
 PSV Knowledge Base (“Wiki”) - Will this change now that we have Relay?  
 Annual Data Integrity Audit of Aggregate Data Sources (Desktop Procedure PSV025)  
 Obtaining and Updating External Verification Sources / Aggregate Data (Desktop Procedure PSV037)  
 Maintaining Hierarchy and Grace Letters (Desktop Procedure PSV046)  
 Verification Source Ordering and Payment (Desktop Procedure GA001)  
 Verification Data Timeliness (Desktop Procedure GA002)  
 Verisys Operations Information Management (VHive)  
 Sanctions Monitoring and Reporting  
 Professional License Monitoring and Reporting  
 Malpractice History Verification and Reporting  
 Work History Verification and Reporting  
 Education and Training Verification and Reporting  
 Customer and State Rules  
 Individual Sanction Rules

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### REVISIONS LOG

Approval Date	Change Summary	Reason for Change
8/2/2016	Policy Created This policy combines and replaces the following: PSV005 Incomplete PSV Follow up Procedure PSV004 Application Follow up Non-Responder PSV007 Verification & Reporting of Credentialing PSV033 Non-Profile Return Process	Annual Review
1/30/2017	Template/Logo Modification	Annual Review
1/30/2018	Template/Logo Modification	Annual Review
1/23/2019	Template/Logo Modification	Annual Review
1/23/2020	Template/Logo Modification	Annual Review
1/13/2021	Template/Logo Modification	Annual Review
1/20/2022	Template/Logo Modification - updated formatting - changed Aperture to Verisys - name changed to Primary Source Verification Policy	Annual Review

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	<ul style="list-style-type: none"> <li>- changed PSV Operations Manual and PSV Knowledge Base to a generic statement that applies to both operations departments.</li> <li>- added definitions</li> <li>- added legacy Verisys Ops process docs to Affiliated Documents.</li> <li>- added ISO 9001 compliance references</li> </ul>	
6/15/2022	Removed references to NTIS as a source for DEA information.	Compliance
8/18/2022	Addition to the policy to indicate Verisys will communicate to providers, in support of state regulations which require Health Plans to communicate to providers, when the actions are delegated to Verisys in the client contract.	Compliance

### REFERENCES

Source	Citation
NCQA CVO	CVO 4 -13
NCQA CR	CR 3-5
URAC CVO	CVO 3, 5-8, 10
ISO 9001	§8.2.2 - Determining Requirements for products and services
CMS	Managed Care Manual §60.3