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SUBJECT: Credentialing and Recredentialing Processes

PURPOSE: The University of Vermont Health Network Credentialing and Enrollment (“UVMHN C&E”) Department conducts credentialing and recredentialing of practitioners to ensure that the UVMHN C&E Department’s standards, criteria and standards for credentialing and recredentialing are met. Primary source verification of credentials is a part of the process to ensure validity of credentials. The UVMHN C&E Department verifies the credentials and information about practitioners to ensure that practitioners meet the required standards to provide care to patients. The UVMHN C&E Department conducts primary source verification of credentials to ensure that the information received from practitioners is accurate. Time limits are established for making credentialing and recredentialing decisions to ensure that information on a practitioner’s credentials and qualifications is current at the time of the decision.

POLICY STATEMENT: The UVMHN C&E Department initially evaluates the credentials of practitioners through a credentialing review and verification process. **All NCQA required verifications are obtained from a NCQA listed source.** The UVMHN C&E Department evaluates the credentials of practitioners at appropriate intervals through a recredentialing review and verification process. The UVMHN C&E Department identifies the sources to be used for verification of practitioner information and credentials and defines the practitioner information and credentials that require primary source verification. The UVMHN C&E Department establishes time limits for verification of practitioner information and credentials

PROCEDURE:

Credentials Verification Sources

1. Licensure: The UVMHN C&E Department verifies that the practitioner has an active non-temporary, non-training, professional license to practice in all states in which they will treat patients. The UVMHN C&E Department will verify licenses, current or past, as applicable to participation within the UVMHN Payor Network.
 - 1.1. For Vermont or New York Licenses verification must come directly from the state professional licensing agency. Any one of the following sources is acceptable:
 - 1.1.1. The state professional licensing agency.
 - 1.1.2. The state agency Internet site, if the state has an Internet site.
 - 1.2. For all other state licenses, verification must come from one of the following acceptable sources:
 - 1.2.1. The state professional licensing agency.
 - 1.2.2. The state agency Internet site, if the state has an Internet site.
 - 1.2.3. Federation of State Medical Boards (FSMB)

2. Drug Enforcement Administration (DEA): The UVMHN C&E Department verifies Drug Enforcement Administration (DEA) registration for all physicians and for practitioners with prescribing ability in all states in which they treat patients. The following sources is acceptable:
 - 2.1. The DEA Office of Diversion Control.
3. Education and Training for Physicians: The UVMHN C&E Department verifies education, training and board certification in the specialty in which a physician practices.
 - 3.1. For board certified physicians, any one of the following sources is acceptable. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if verification of board certification is used as a means to verify education and/or clinical training.
 - 3.1.1. The American Board of Medical Specialties (ABMS).
 - 3.1.2. The ABMS Display Agent “Certifacts”
 - 3.1.3. The AMA Physician Masterfile.
 - 3.1.4. The AOA Official Osteopathic Physician Profile Report or AOA Physician Master File.
 - 3.1.5. The Boards of The Royal Colleges.
 - 3.1.6. The College of Family Physicians of Canada (board certification only).
 - 3.1.7. The residency program.
 - 3.1.8. The fellowship program. Verification of fellowship does not meet the intent of verifying the highest level of education and training.
 - 3.2. For non-board certified physicians, verification of successful completion of an accredited residency (US or Canadian based) or fellowship program is required. The UVMHN C&E Department verifies training applicable to the practitioner’s proposed professional activities. Any one of the following sources is acceptable:
 - 3.2.1. The residency program.
 - 3.2.2. The fellowship program. Verification of fellowship does not meet the intent of verifying the highest level of education and training.
 - 3.2.3. The AMA Physician Masterfile.
 - 3.2.4. The AOA Official Osteopathic Physician Profile Report or AOA Physician Master File.
4. Education and Training for Oral Surgeons & Dentists: The UVMHN C&E Department verifies education and training, and board certification if appropriate, for oral surgeons & Dentists.
 - 4.1. The highest levels of education relevant to the practitioner’s professional license is verified. Any one of the following sources is acceptable:
 - 4.1.1. The professional dental school accredited by the Commission on Dental Accreditation (CODA).
 - 4.2. For those oral surgeons who indicate that they are board certified, the following source may be used to verify education and training. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training.
 - 4.2.1. The American Board of Oral and Maxillofacial Surgery.
 - 4.2.2. The specialty board issuing the certification.

5. Education and Training for Podiatrists: The UVMHN C&E Department verifies education and training, and board certification if appropriate, for podiatrists.
 - 5.1. The highest levels of education relevant to the practitioner's professional license is verified. Any one of the following sources is acceptable:
 - 5.1.1. The professional podiatry school.
 - 5.2. For those podiatrists who indicate that they are board certified, the following source may be used to verify education and training. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training.
 - 5.2.1. The American Board of Podiatric Medicine.
 - 5.2.2. The specialty board issuing the certification.
6. Education and Training for Ambulatory Pharmacist Clinicians: The UVMHN C&E Department verifies education and training, and board certification if appropriate, for Ambulatory Pharmacist Clinicians.
 - 6.1. The highest level of education relevant to the practitioner's professional license is verified. Any one of the following sources is acceptable:
 - 6.1.1. The professional pharmacy school.
 - 6.2. For those ambulatory pharmacist clinicians who indicate that they are board certified, the following source may be used to verify education and training. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training.
 - 6.2.1. Board of Pharmacy Specialties
 - 6.2.2. Specialty Pharmacy Certification Board
 - 6.2.3. The specialty board issuing the certification.
7. Education and Training for Optometrists: The UVMHN C&E Department verifies education and training, and board certification if appropriate, for Optometrists.
 - 7.1. The highest level of education relevant to the practitioner's professional license is verified. Any one of the following sources is acceptable:
 - 7.1.1. Accreditation Council on Optometric Education (ACOE) accredited school.
8. Education and Training for all other Practitioners: The UVMHN C&E Department verifies education, training and board certification in the specialty in which all other practitioners practice.
 - 8.1. UVMHN C&E verifies education and training applicable to the practitioner's proposed professional activities. At a minimum, UVMHN verifies the highest of the following levels obtained by the practitioner as appropriate: Board certification or graduation from professional school. Any one of the following sources is acceptable:
 - 8.1.1. The professional school.
 - 8.2. For those practitioners who indicate that they are board certified, the following source may be used to verify education and training:
 - 8.2.1. The board issuing the certification. Annually, The UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training.

9. Work History: The UVMHN C&E Department verifies work history with clarification of work history gaps of six (6) months or greater. Any one of the following sources is acceptable:
 - 9.1. A copy of the practitioner's resume or curriculum vitae (CV).
 - 9.2. Documentation of work history in the application.
10. Insurance Coverage: The UVMHN C&E Department obtains information about professional liability insurance coverage. Current liability insurance coverage limits established by UVMHN C&E Department are \$1Million/\$3 Million minimum.
 - 10.1. Obtaining and viewing a copy of the certificate of professional liability insurance policy declaration page.
11. Liability Insurance History: The UVMHN C&E Department verifies professional liability history. Any one of the following sources is acceptable:
 - 11.1. The National Practitioner Databank (NPDB).
 - 11.2. The practitioner's professional liability carrier.
12. Sanctions: The UVMHN C&E Department obtains information about Medicare and/or Medicaid sanctions from the below NCQA listed sources:
 - 12.1. The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources:
 - 12.1.1. The National Practitioner Databank (NPDB).
 - 12.1.2. Medicare Exclusion Database System for Award Management (SAM).
 - 12.1.3. The Federation of State Medical Boards (FSMB).
 - 12.1.4. AMA Physician Master File
 - 12.2. The organization obtains Medicare sanction information from the following sources:
 - 12.2.1. The National Practitioner Databank (NPDB).
 - 12.2.2. Medicare Exclusion Database System for Award Management (SAM).
 - 12.2.3. The Federation of State Medical Boards (FSMB).
 - 12.2.4. AMA Physician Master File
13. Exclusions: The UVMHN C&E Department obtains information about Medicare and/or Medicaid exclusions from the below NCQA listed sources:
 - 13.1. Medicaid
 - 13.1.1. The Medicaid agency.
 - 13.1.2. The List of Excluded or Terminated Individuals and Entities, maintained by the Office of Inspector General (OIG/ HHS), NY State Office of Medicaid Inspector General (NY OIG/NY OMIG), and available on the Internet.
 - 13.2. Medicare
 - 13.2.1. Medicare Exclusion Database System for Award Management (SAM).

- 13.2.2. The List of Excluded or Terminated Individuals and Entities, maintained by the Office of Inspector General (OIG/ HHS), NY State Office of Medicaid Inspector General (NY OIG/NY OMIG), and available on the Internet.
14. The Medicare Preclusion List (required as of 04/01/2019)
15. Social Security Death Master File: The UVMHN C&E Department verifies that a provider is not listed through query to the Social Security Death Master File.
16. Criminal Background Checks: The UVMHN C&E Department performs Criminal Background Checks on all candidates for whom UVMHN C&E provides the credentialing. These background checks are part of the provider's credentialing record. The UVMHN C&E Department verifies criminal history via Certiphi.
17. License Restrictions: The UVMHN C&E Department obtains information about sanctions, restrictions or limitations on a practitioner's professional license. Any one of the following sources is acceptable:
 - 17.1. The National Practitioner Databank (NPDB).
 - 17.2. The state professional licensing agency.
 - 17.2.1. OPMC for NY State License
18. Privileges: The UVMHN C&E Department obtains information about physicians' privileges. Physicians and other admitting practitioners must identify a hospital where they are privileged, or, for physicians and other practitioners without hospital privileges, documentation of an alternative arrangement with hospital's hospitalist program or another provider with privileges is required. The UVMHN C&E Department verifies privileges with the hospital.
19. National Provider Identifier: The UVMHN C&E Department verifies the providers NPI number through query to the CMS National Plan and Provider Enumeration System (NPPES NPI Registry).
20. Office of Foreign Assets Control: The UVMHN C&E Department obtains information about Specially Designated Nationals or Blocked Persons through query to the Office of Foreign Assets Control (OFAC) of the US Department of the Treasury.
21. Medicare Status: The UVMHN C&E Department obtains information about Medicare Opt-Out by query to the National Government Services Internet site. UVMHN C&E will not credential any providers who have opted out of Medicare for services provided under a UVMHN tax ID number.
22. MMIS Number: The UVMHN C&E Department checks for MMIS numbers for NY Medicaid at initial and recredential for applicable contracted payors.

Credentials Verification Processes

1. The credentials of all applicants are verified to determine if they meet the UVMHN C&E Department's standards for credentialing and recredentialing.
2. The UVMHN C&E Department verifies the credentials of all practitioners at least every three years thereafter to determine if they continue to meet the UVMHN C&E standards for credentialing.
3. Practitioner credentials are verified using one of the methods identified below for each credential.
4. Professional License: Verification must come directly from the state professional licensing agency. One of the following methods is used to verify that the practitioner has an active non-temporary or non-training

professional license to practice in the state in which they see patients. The UVMHN C&E Department will verify licenses held in, but not limited to, Vermont and New York:

- 4.1. Contacting the state professional licensing agency by telephone, mail, fax, email or internet.
 - 4.1.1. A copy of the practitioner's consent to release information is sent with all requests regardless of request format, as applicable.
 - 4.1.2. Verbal communication is documented in the practitioner's file including:
 - 4.1.2.1. The name and contact information of the person providing the information.
 - 4.1.2.2. The date the information is obtained.
 - 4.1.2.3. The signature or initials of the individual obtaining the information.
 - 4.1.3. Printed verification from a state agency Internet site.
5. Drug Enforcement Administration (DEA) Registration: This credential is applicable for all physicians and for non-physician practitioners with prescribing ability in the state in which they treat patients. One of the following methods is used to verify the practitioner's DEA registration:
 - 5.1. Printing the entry from The DEA Office of Diversion Control. The date the information is obtained is documented in the practitioner's file along with the signature or initials of the individual obtaining the information.
 - 5.2. Verbal communication is documented in the practitioner's file including:
 - 5.2.1. The name and contact information of the person providing the information.
 - 5.2.2. The date the information is obtained.
 - 5.2.3. The signature or initials of the individual obtaining the information.
6. Pending Drug Enforcement Administration (DEA) Registration: If the practitioner's DEA registration is pending, they must provide documentation of an alternative arrangement with an in network UVMHN practitioner with a valid DEA registration who will write all prescriptions requiring a DEA number for them until they have a valid DEA registration.
7. Drug Enforcement Administration (DEA) Not Obtained: All physicians and non-physician practitioners with prescribing ability in the state in which they treat patients who do not prescribe medications requiring DEA registration must:
 - 7.1. Provide an explanation of the reason(s) the practitioner does not prescribe these medications.
 - 7.2. Provide a description of a formal arrangement with a practitioner with a valid DEA registration to write all prescriptions requiring a DEA number for the patients who need prescriptions for these medications.
 - 7.3. Provide an approval of any alternative arrangements by the Medical Director, then presented at the next Credentials Committee meeting.
8. Drug Enforcement Administration (DEA) Not Applicable: This requirement does not apply to Pathologist, Diagnostic Radiologist, Certified Registered Nurse Anesthetist, Anesthetist Assistant, Ambulatory Pharmacist Clinician, Optometrist, or practitioners whose scope of practice is limited to interpreting studies, such as EKGs and sleep studies, or any other provider not eligible to obtain a DEA registration.
9. Education and Training for Physicians: The UVMHN C&E Department requires verification of successful completion of residency (US or Canadian based) or fellowship for physicians who are not board certified,

including, physicians in practice prior to the inception of the applicable board, and physicians eligible/admissible for board certification according to the guidelines of the specialty in which the Physician has trained and who are actively in pursuit of such certification. Such training does not need to be verified for physicians whose board certification in the specialty in which they practice has been verified. One of the following methods is used to verify the residency or fellowship training applicable to the physician's proposed professional activities. Physicians who meet the requirements of their respective board, but are not yet board certified, must become certified within the time frame allowed by the applicable specialty board.

9.1. Contacting the residency or fellowship program by telephone, mail, fax, email or internet.

9.1.1. A copy of the practitioner's consent to release information is sent with mail, fax, email or internet requests as applicable.

9.1.2. Verbal communication is documented in the practitioner's file including:

9.1.2.1. The name and contact information of the person providing the information.

9.1.2.2. The date the information is obtained.

9.1.2.3. The signature or initials of the individual obtaining the information.

9.2. Verifying the entry in the AMA Physician Masterfile and documenting the following in the practitioner's file:

9.2.1. The name, contact information and edition date of the verification source.

9.2.2. The date the information is obtained.

9.2.3. The signature or initials of the individual obtaining the information.

9.3. Verifying the entry in the most current AOA Official Osteopathic Physician Profile Report or AOA Physician Master File and documenting the following in the practitioner's file:

9.3.1. The name, contact information and edition date of the verification source.

9.3.2. The date the information is obtained.

9.3.3. The signature or initials of the individual obtaining the information.

9.4. Sealed transcripts submitted by practitioner that are in the institution's sealed envelope with an unbroken institution seal.

9.4.1.1. Inspects the contents of the envelope.

9.4.1.2. Confirms that the transcript shows the practitioner graduated from the appropriate training program.

9.4.1.3. Documents the date of verification and the signature or initials of the individual receiving the information in the practitioner's file.

10. Education and Training for Oral Surgeons & Dentists: Education and training is verified for oral surgeons as is relevant to the practitioner's licensure. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training. One of the following methods is used to verify education and training for oral surgeons:

10.1. Contacting the professional school by telephone, mail, fax, email or internet.

10.1.1. A copy of the practitioner's release of information form is sent with mail, fax, email or internet requests, as applicable.

10.1.2. Verbal communication is documented in the practitioner's file including:

- 10.1.2.1. The name and contact information of the person providing the information.
 - 10.1.2.2. The date the information is obtained.
 - 10.1.2.3. The signature or initials of the individual who obtains the information.
 - 10.2. Contacting the American Board of Oral Maxillofacial Surgeons.
 - 10.3. Sealed transcripts submitted by practitioner that are in the institution's sealed envelope with an unbroken institution seal.
 - 10.3.1.1. Inspects the contents of the envelope.
 - 10.3.1.2. Confirms that the transcript shows the practitioner graduated from the appropriate training program.
 - 10.3.1.3. Documents the date of verification and the signature or initials of the individual receiving the information in the practitioner's file.
- 11. Education and Training for Podiatrists: Education and training is verified for podiatrists as is relevant to the practitioner's licensure. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training. One of the following methods is used to verify education and training for podiatrists:
 - 11.1. Contacting the professional podiatry school by telephone, mail, fax, email or internet.
 - 11.1.1. A copy of the practitioner's release of information form is sent with mail, fax, email or internet requests, as applicable.
 - 11.1.2. Verbal communication is documented in the practitioner's file including:
 - 11.1.2.1. The name and contact information of the person providing the information.
 - 11.1.2.2. The date the information is obtained.
 - 11.1.2.3. The signature or initials of the individual who obtains the information.
 - 11.2. Sealed transcripts submitted by practitioner that are in the institution's sealed envelope with an unbroken institution seal.
 - 11.2.1.1. Inspects the contents of the envelope.
 - 11.2.1.2. Confirms that the transcript shows the practitioner graduated from the appropriate training program.
 - 11.2.1.3. Documents the date of verification and the signature or initials of the individual receiving the information in the practitioner's file.
- 12. Education and Training for Ambulatory Pharmacist Clinicians: Education and training is verified for pharmacists as is relevant to the practitioner's licensure. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training. One of the following methods is used to verify education and training for pharmacists:
 - 12.1. Contacting the professional pharmacy school by telephone, mail, fax, email or internet.
 - 12.1.1. A copy of the practitioner's release of information form is sent with mail, fax, email or internet requests, as applicable.
 - 12.1.2. Verbal communication is documented in the practitioner's file including:
 - 12.1.2.1. The name and contact information of the person providing the information.

- 12.1.2.2. The date the information is obtained.
 - 12.1.2.3. The signature or initials of the individual who obtains the information.
 - 12.2. Sealed transcripts submitted by practitioner that are in the institution's sealed envelope with an unbroken institution seal.
 - 12.2.1.1. Inspects the contents of the envelope.
 - 12.2.1.2. Confirms that the transcript shows the practitioner graduated from the appropriate training program.
 - 12.2.1.3. Documents the date of verification and the signature or initials of the individual receiving the information in the practitioner's file.
- 13. Education and Training for Optometrists: Education and training is verified for Optometrist as is relevant to the practitioner's licensure. Annually, the UVMHN C&E Department confirms primary source verification by each professional board if used to verify education and training. One of the following methods is used to verify education and training for Optometrist:
 - 13.1. Contacting the professional program accredited by the Accreditation Council on Optometric Education (ACOE) school by telephone, mail, fax, email or internet.
 - 13.1.1. A copy of the practitioner's release of information form is sent with mail, fax, email or internet requests, as applicable.
 - 13.1.2. Verbal communication is documented in the practitioner's file including:
 - 13.1.2.1. The name and contact information of the person providing the information.
 - 13.1.2.2. The date the information is obtained.
 - 13.1.2.3. The signature or initials of the individual who obtains the information.
 - 13.2. Sealed transcripts submitted by practitioner that are in the institution's sealed envelope with an unbroken institution seal.
 - 13.2.1.1. Inspects the contents of the envelope.
 - 13.2.1.2. Confirms that the transcript shows the practitioner graduated from the appropriate training program.
 - 13.2.1.3. Documents the date of verification and the signature or initials of the individual receiving the information in the practitioner's file.
- 14. Education and Training for all other practitioners: Education and training is verified all other practitioners relevant to the individual practitioner's licensure. Annually, the UVMHN C&E Department verifies primary source verification by each professional board if verification of board certification is used as a means to verify education and/or clinical training. One of the following methods is used to verify education and training:
 - 14.1. Contacting the professional school by telephone, mail, fax, email or internet.
 - 14.1.1. A copy of the practitioner's release of information form is sent with mail, fax, email or internet requests as applicable.
 - 14.1.2. Verbal communication is documented in the practitioner's file including:
 - 14.1.2.1. The name and contact information of the person providing the information.
 - 14.1.2.2. The date the information is obtained.

- 14.1.2.3. The signature or initials of the individual who obtains the information.
- 14.2. Sealed transcripts submitted by practitioner that are in the institution's sealed envelope with an unbroken institution seal.
 - 14.2.1.1. Inspects the contents of the envelope.
 - 14.2.1.2. Confirms that the transcript shows the practitioner graduated from the appropriate training program.
 - 14.2.1.3. Documents the date of verification and the signature or initials of the individual receiving the information in the practitioner's file.
- 15. Board Certification for Physicians: Verification of board certification in the specialty in which they practice must be based on the information of any approved source.
 - 15.1. The UVMHN C&E Department documents the expiration date of the board certification within the practitioner's file.
 - 15.1.1. If the practitioner's board certification does not expire the UVMHN C&E Department:
 - 15.1.1.1. Verifies the lifetime certification status using approved sources.
 - 15.1.1.2. Documents the date of verification and the signature or initials of the individual obtaining the information in the practitioner's file.
 - 15.1.2. If the applicable Medical Board does not provide the expiration date for the practitioner's board certification, the UVMHN C&E Department:
 - 15.1.2.1. Verifies that the board certification is current using approved sources.
 - 15.1.2.2. Documents the date of verification and the signature or initials of the individual obtaining the information in the practitioner's file.
 - 15.1.3. If the applicable Medical Board provides the expiration date for the practitioner's board certification, the UVMHN C&E Department:
 - 15.1.3.1. Verifies that the board certification is current using approved sources.
 - 15.1.3.2. Documents the date of verification and the signature or initials of the individual obtaining the information in the practitioner's file.
 - 15.2. One of the following methods is used to verify board certification for those physicians who indicate that they are board certified:
 - 15.2.1. Contacting the American Board of Medical Specialties (ABMS) by telephone, mail, fax, email or internet.
 - 15.2.1.1. A copy of the practitioner's consent to release information is sent with mail, fax, email or internet requests as applicable.
 - 15.2.1.2. Verbal communication is documented in the practitioner's file including:
 - 15.2.1.2.1. The name and contact information of the person providing the information.
 - 15.2.1.2.2. The date the information is obtained.
 - 15.2.1.2.3. The signature or initials of the individual obtaining the information.

- 15.2.2. Contacting an American Board of Medical Specialties (ABMS) member board or an official ABMS Display Agent, where a dated certificate of primary-source authenticity has been provided, by telephone, mail, fax, email or internet.
 - 15.2.2.1. A copy of the practitioner's consent to release information is sent with mail, fax, email or internet requests, as applicable.
 - 15.2.2.2. Verbal communication is documented in the practitioner's file including:
 - 15.2.2.2.1. The name and contact information of the person providing the information.
 - 15.2.2.2.2. The date the information is obtained.
 - 15.2.2.2.3. The signature or initials of the individual obtaining the information.
- 15.2.3. Verifying the entry in the AMA Physician Masterfile and documenting the following in the practitioner's file:
 - 15.2.3.1. The date the information is obtained.
 - 15.2.3.2. The signature or initials of the individual obtaining the information.
- 15.2.4. Verifying the entry in the most current AOA Official Osteopathic Physician Profile Report or AOA Physician Master File and documenting the following in the practitioner's file:
 - 15.2.4.1. The date the information is obtained.
 - 15.2.4.2. The signature or initials of the individual obtaining the information.
- 15.3. For those physicians who indicate that they are certified by a non-ABMS, non-AOA, or the non-The Royal Colleges, the Credentials Committee:
 - 15.3.1. Decides on a case-by-case basis whether to accept the board certification.
 - 15.3.2. Annually obtains written confirmation from the non-ABMS or non-AOA, or the non-The Royal Colleges, board that it performs primary source verification of education and training if used to verify education and training.
- 16. Board Certification for Non-Physicians: If the practitioner is board certified and the UVMHN C&E Department communicates this to patients, UVMHN C&E Department verifies board certification in the specialty in which they practice for non-physicians.
 - 16.1. Education and training are verified for board certified non-physicians.
 - 16.2. For those non-physicians who indicate that they are certified by a specialty board, verification is obtained from the specialty board by telephone, mail, fax, email or internet.
 - 16.2.1. A copy of the practitioner's consent to release information is sent with mail, fax, email or internet requests as applicable.
 - 16.2.2. Verbal communication is documented in the practitioner's file including:
 - 16.2.2.1. The name and contact information of the person providing the information.
 - 16.2.2.2. The date the information is obtained.
 - 16.2.2.3. The signature or initials of the individual obtaining the information.
- 17. Work History: A minimum of five (5) years of work history is required if the practitioner has at least five (5) years of work history.

- 17.1. One of the following methods is used to verify the practitioner's work history:
 - 17.1.1. Reading the practitioner's resume or curriculum vitae (CV) to verify the work history and to identify any gaps and documenting the date of review and the signature or initials of the individual completing the review.
 - 17.1.2. Reading the work history on the practitioner's application to verify the work history and to identify any gaps and documenting the date of review and the signature or initials of the individual completing the review.
- 17.2. If there is a work history gap of:
 - 17.2.1. Six (6) months or greater, the practitioner is contacted by telephone, mail, fax, email or internet for an explanation of the gap.
 - 17.2.1.1. The results of any verbal communication are documented in the practitioner's file including the date the information is obtained and the signature or initials of the individual obtaining the information.
 - 17.2.1.2. Written responses are placed in the practitioner's file along with documentation of the date the response was received and the signature or initials of the individual receiving the response.
 - 17.2.2. One (1) year or more, the practitioner is contacted by telephone, mail, fax, email or internet for an explanation of the gap.
 - 17.2.2.1. Work history gaps of one (1) year or more require written clarification from the practitioner.
 - 17.2.2.2. Written responses are placed in the practitioner's file along with documentation of the date the response was received and the signature or initials of the individual receiving the response.
18. Professional Liability Claims History: The professional liability settlements are obtained by query of the National practitioner Databank (NPDB) or directly from the practitioner's professional liability carrier.
19. Sanctions, Restrictions, or Limitations on Professional License: Obtains information about sanctions, restrictions or limitations on all professional licenses held, available through the data source and for each state in which the practitioner worked or trained, as applicable, using one of the following methods:
 - 19.1. Query of the National practitioner Databank (NPDB).
 - 19.2. Contacting the state professional licensing agency by telephone, mail, fax, email or internet to obtain information about previous or current sanctions, restrictions on licensure or limitations on scope of practice.
 - 19.2.1. A copy of the practitioner's consent to release information is sent with mail, fax, email or internet requests, as applicable.
 - 19.2.2. Verbal communication is documented in the practitioner's file including:
 - 19.2.2.1. The name and contact information of the person providing the information.
 - 19.2.2.2. The date the information is obtained.
 - 19.2.2.3. The signature or initials of the individual who obtains the information.
 - 19.3. Printing information about previous or current state sanctions, restrictions on professional license or limitations on scope of practice from a state agency Internet site.

19.3.1. OPMC for NY License

20. Medicare and Medicaid Exclusion & Sanctions: Obtains information about Medicare and/or Medicaid exclusions & sanctions by query of the National Practitioner Databank (NPDB). Obtains information about Medicare and/or Medicaid sanctions by QGenda Sanction Automation query of the System for Award Management (SAM), Office of the Inspector General (OIG/HHS), Medicare Opt Out or NY Office of the Medicaid Inspector General (NY OIG /NY OMIG).
 - 20.1. The QGenda Sanction Automation system directly queries the primary source for each of the applicable exclusion & sanctions noted. A provider specific report is returned for each inquiry made utilizing the Sanction Automation tool. (QGenda Sanction Automation URLs attached)
21. Preclusion List: Obtains information by query to the Preclusion List
 - 21.1. Preclusion List is supplied to UVMHN C&E by contracted payor via spreadsheet.
22. Social Security Death Master File: Verifies that providers are not listed on the Social Security Death Master File. Obtains information by QGenda Sanction Automation query to the Social Security Administrations Death Master File.
23. Criminal Background Checks: The UVMHN C&E Department performs Criminal Background Checks on all candidates for whom UVMHN C&E performs the credentialing. These background checks are part of the provider's credentialing record. The UVMHN C&E Department verifies criminal history via Certiphi.
24. National Provider Identifier: Verifies providers NPI number on the NPPES NPI Registry.
25. Professional Liability Insurance Coverage: Requires that practitioners submit a copy of their current professional liability certificate of insurance.
 - 25.1. The certificate of insurance is reviewed to verify that coverage is in the amount required (\$1Million/\$3Million-minimum), that the policy is in effect, and to determine the policy expiration date.
26. Privileges: Physicians are required to attest that they have privileges in good standing at their hospital or for physicians without hospital privileges, documentation of an alternative arrangement with hospital's hospitalist program or other provider with privileges and to any history of loss or limitation of privileges or disciplinary action(s).
 - 26.1. The hospital is queried.
 - 26.1.1. A copy of the practitioner's consent to release information is sent with mail, fax, email or internet requests, as applicable.
 - 26.1.2. Verbal communication is documented in the practitioner's file including:
 - 26.1.2.1. The name and contact information of the person providing the information.
 - 26.1.2.2. The date the information is obtained.
 - 26.1.2.3. The signature or initials of the individual who obtains the information.
 - 26.2. The application is reviewed to verify current privileges and any history of loss or limitation of privileges or disciplinary action(s).
 - 26.3. If a physician does not have privileges, they must provide documentation of alternative arrangements for inpatient coverage for his or her patients should any of them require hospitalization.

Additional Requirements

1. Payor delegated credentialing agreements may require site visits. Practitioners must cooperate and comply with the UVMHN C&E conducting of Payor required site visits, including, but not limited to, assessments of environmental safety features, accessibility, compliance with the standards of the Americans with Disabilities Act, and medical record keeping practices at the time of initial credentialing and recredentialing.
2. Practitioners credentialed as a primary care practitioner who is qualified to practice a specialty care service may request to be credentialed in accordance with the Credentials Plan to provide specialty care services only if such primary care practitioner is board certified both as a primary care provider and in his/her specialty.
3. Practitioners credentialed as a specialty care practitioner who is qualified to practice as a primary care practitioner may request to be credentialed in accordance with the Credentials Plan to provide primary care services only if such specialty care practitioner is board certified both as a specialty care provider and in a designated primary care service specialty.

Payor Responsibilities

1. Payors delegating credentialing processes to UVMHN C&E reserve the right to accept or reject a participant in the Payor's participant network, in accordance with the Payor's delegated credentialing agreement with UVMHN C&E.
2. Payors contracted with UVMHN C&E may, at their sole discretion, and in accordance with the NCQA Standards, VT Rule H 09-03, as applicable, state and federal law, and the applicable Payor's credentialing requirements, conduct annual audits, or more frequently as deemed necessary by Payor, to verify the UVMHN C&E compliance with the Payor's delegated credentialing requirements. Payors are required to provide the UVMHN C&E with advance written notice outlining the scope of requested audits.

MONITORING PLAN:

Time Limits for Credentials Information

1. Credentials and other relevant information must be verified and available for review by the Credentialing Committee before the committee makes a decision to credential or recredential a practitioner, as applicable.
2. Credentials and other information requiring verification in the one-hundred-twenty (120) calendar day period directly preceding the Credentialing Committee decision date are (180 days for files processed and approved prior to 07/01/2025):
 - 2.1. NPI.
 - 2.2. Professional license.
 - 2.3. DEA.
 - 2.4. Board certification.
 - 2.5. Liability insurance history.
 - 2.6. Malpractice Insurance Certificate.
 - 2.7. Information on state sanctions, restrictions on licensure or limitations on scope of practice.
 - 2.8. Information on Medicare and/or Medicaid sanctions & Exclusions.
 - 2.9. OFAC.

- 2.10. Medicare Opt Out Status.
- 2.11. Social Security Death Master File.
- 2.12. Education and Training.
- 2.13. Application.
 - 2.13.1. Reason(s) for any inability to perform the essential functions of the position, with or without accommodation.
 - 2.13.2. Lack of present illegal drug use.
 - 2.13.3. History of loss of license and felony convictions.
 - 2.13.4. History of loss or limitation of privileges or disciplinary activity.
 - 2.13.5. Current liability insurance coverage.
 - 2.13.6. The correctness and completeness of the application.
- 3. Credentials and other information requiring verification in the one-hundred eighty (180) calendar day period directly preceding the Credentialing Committee decision date are:
 - 3.1. Work History (365 days for files processed and approved prior to 07/01/2025)
- 4. Credentials that must be valid and in effect at the time of the Credentials Committee decision are:
 - 4.1. The practitioner's professional license must be in effect at the time of the Credentials Committee decision.
 - 4.2. DEA registration for all physicians and for non-physician practitioners with prescribing ability in the state in which they treat patients. The practitioner's DEA registration must be in effect at the time of the Credentials Committee decision or practitioner must provide documentation of alternative arrangements.

Exceeding Time Limits for Credentials

- 1. All credentials that have a verification time limit must be re-verified and updated if the time limit will be exceeded on the date of the Credentials Committee decision. The same sources used to initially verify the credentials are used to re-verify the credentials.
- 2. The application and the attestation must be updated including practitioner signature and date.
 - 2.1. The practitioner must document any changes in the information on the application and sign and date the attestation once again.
 - 2.2. UVMHN C&E follows NCQA time limit for the provider's signature and date on the UVMHN C&E attestation. 180 days for files processed and approved after 07/01/2025. Files processed and approved prior to 07/01/2025 have 365 days.
- 3. Credentials must be valid and in effect at the time of the Credentials Committee decision. The Credentials Specialist contacts the practitioner to obtain current information if a credential will not be in effect at the time of the Credentials Committee decision.
- 4. Evidence that each credentialing element was verified or received prior to, and in effect at the time of, the Credentials Committee decision will be provided to the Credentials Committee.
 - 4.1. Documents received in the UVMHN C&E Department are date stamped upon receipt.

- 4.2. Documents that are sent by facsimile include the date of receipt printed on the facsimile, are date stamped or have a handwritten date and signature or initials entered by the receiving individual.
5. Documents printed from a web site contain the print date, or are date stamped and include a handwritten date and signature or initials entered by Credentialing staff.
6. A Credentialing Checklist is generated for each credentialing and recredentialing file as a summary for the Credentials Committee.

DEFINITIONS:

“Credentialing Checklist” means the summary form generated by the UVMHN C&E Department staff for each practitioner credential file for use by the Credentials Committee.

“Credentials Committee” means a committee appointed by the UVMHN C&E Board of Directors and chaired by the UVMHN C&E Medical Director to credential and recredential practitioners.

“Medical Director” means the UVMHN C&E Medical Director appointed by the UVMHN C&E Board of Directors to be the chairperson to the UVMHN C&E Credentials Committee and to be responsible for the decisions of the Credentials Committee.

“Practitioner” means the UVMHN Health Care Partners billing practitioners, including but not limited to, physicians, oral surgeons, podiatrists, ambulatory pharmacist clinicians, nurse practitioners, physician assistants, psychologists, social workers, other masters’ level clinicians, and all other health care practitioners.

“Recredentialing Checklist” means the summary form generated by the UVMHN C&E Department staff for each practitioner recredential file for use by the Credentials Committee.

“The University of Vermont Health Network’s Health Care Partners” (“UVMHN Health Care Partners”) means The University of Vermont Medical Center, Central Vermont Medical Center, Porter Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, Alice Hyde Medical Center and any other entity to join UVMHN as a Health Care Partner.

RELATED POLICIES:

C&E 1 Credentials Plan
C&E 2 Credentials Committee
C&E 3 Nondiscrimination
C&E 4 Corrective Action & Appeals
C&E 7 Informing Practitioners
C&E 8 Practitioner Confidentiality
C&E 9 Application & Eligibility

REFERENCES: National Committee for Quality Assurance
Vermont Rule H-2009-03

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|---|--|
| Date Reviewed/ Revised/Approved: | Restated/Reformatted from Credentials Plan approved: 2/13/2012, 11/26/2012, 4/19/2013, 10/3/2013, 8/1/2014, 2/20/2015, 7/17/2015, 6/20/2016, 01/20/2017, 04/21/2017, 03/16/2018, 01/18/2019, 02/21/2020, 02/19/2021, 01/21/2022, 02/17/2023, 08/18/2023, 02/16/2024, 02/21/2025 |
|---|--|

REVIEWERS: Michael D'Amico, M.D., Medical Director
Holly Turner, Network Director, MSS, Credentialing & Provider Enrollment

OWNER'S NAME: Holly Turner, CPCS, CPMSM, Network Director, MSS, Credentialing & Provider Enrollment

APPROVING OFFICIAL'S NAME: Michael D'Amico, MD, Medical Director



NPDB

QGenda Sanction Automations

- Source: National Practitioner Data Bank (<https://www.npdb.hrsa.gov>)
- Required Info
 - The following individual fields/records populated
 - Birth Date
 - Gender
 - Address (Address Line 1, City, State, Zip)
 - State License record
 - At least 1 of the following 3 is also required
 - SSN
 - Tax ID
 - Education record

SAM

- Source: The System for Award Management (<https://sam.gov/data-services/Exclusions?privacy=Public>)
- Required Info
 - Name, NPI, SSN

Medicare Opt-Out

- Source: National Medicare Opt-Out Database (<https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits>)
- Required Info
 - Name, NPI

Death Master

- Source: Social Security Administration's Death Master File (https://www.ssa.gov/dataexchange/request_dmf.html)
- Required Info
 - Name, DOB, SSN

OIG

- Source: Office of Inspector General - List of Excluded Individuals/Entities (https://web.archive.org/web/20210802151948/https://oig.hhs.gov/exclusions/exclusions_list.asp)
- Required Info
 - Name, NPI, DOB

OFAC

- Source: Office of Foreign Assets Control - Non-Specially Designated Nationals (<https://home.treasury.gov/policy-issues/financial-sanctions/specially-designated-nationals-and-blocked-persons-list-sdn-human-readable-lists>)
- Required Info
 - Name, NPI

State Sanctions and Exclusions

- Source: State Medicaid Exclusion Lists (multiple websites contribute to this automation, available on request)
- Required Info
 - Name, NPI, DOB

| State List | State | State Exclusion Sources | State Exclusion Website |
|----------------------|-------|--|---|
| Alabama | AL | Alabama Medicaid Suspended Providers | https://medicaid.alabama.gov/content/8.0_Fraud/8.7_Suspended_Providers.aspx |
| Alaska | AK | Alaska Medicaid Program Integrity | https://dhss.alaska.gov/Commissioner/Pages/ProgramIntegrity/default.aspx |
| Arizona | AZ | N/A | |
| Arkansas | AR | Arkansas Department of Human Services Excluded Provider List | https://dhs.arkansas.gov/dhs/portal/Exclusions/PublicSearch/ |
| California | CA | California Suspended and Ineligible Provider List | https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx |
| Colorado | CO | Colorado Terminated Provider List | https://hcpf.colorado.gov/provider-termination |
| Connecticut | CT | Connecticut Quality Assurance Administrative Actions List | https://portal.ct.gov/DSS/Quality-Assurance/Quality-Assurance-Administrative-Actions-List |
| Delaware | DE | Delaware Sanctioned Provider Report | https://medicaid.dhss.delaware.gov/provider/Home/ProgramIntegrityLanding/t/abid/2102/Default.aspx?AspxAutoDetectCookieSupport=1 |
| District of Columbia | DC | Washington DC Excluded Parties List | https://ocp.dc.gov/page/excluded-parties-list |
| Florida | FL | Florida Agency for Health Care Administration Public Record Search | https://apps.ahca.myflorida.com/dm_web/(S(jhukfa44pvqw1usc5nej2q1h))/Default.aspx#Final_Orders |
| Georgia | GA | Georgia OIG Exclusions List | https://dch.georgia.gov/office-inspector-general/georgia-oig-exclusions-list |
| Hawaii | HI | Hawaii Provider Exclusion/Reinstatement List | https://medquest.hawaii.gov/en/plans-providers/provider-exclusion-reinstatement-list.html |
| Idaho | ID | Idaho Medicaid Exclusion List | https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/information-medicaid-providers |
| Illinois | IL | Illinois Sanctions List | https://www2.illinois.gov/hfs/oig/Pages/SanctionsList.aspx |
| Indiana | IN | Indiana Termination of Provider Participation in Medicaid and CHIP | https://www.in.gov/fssa/ompp/provider-information4/termination-of-provider-participation-in-medicaid-and-chip/ |
| Iowa | IA | Iowa Medicaid Sanction List | https://dhs.iowa.gov/ime/providers/program-integrity |
| Kansas | KS | Kansas Medicaid Program Integrity | https://www.kdhe.ks.gov/172/Medicaid |
| Kentucky | KY | Kentucky Provider Terminated and Excluded Provider List | https://chfs.ky.gov/agencies/dms/dpi/p/e/Pages/terminated.aspx |
| Louisiana | LA | Louisiana State Adverse Actions List | https://adverseactions.lidh.la.gov/SelSearch |
| Maine | ME | Maine List of Excluded Individuals/Entities | https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX |
| Maryland | MD | Maryland MMA Providers and Other Entities Sanctioned List | https://health.maryland.gov/mmcp/pag es/About-our-programs.aspx |

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|----------------|----|---|---|
| Massachusetts | MA | Massachusetts List of Suspended and Excluded Providers | https://www.mass.gov/service-details/learn-about-suspended-or-excluded-masshealth-providers |
| Michigan | MI | Michigan List of Sanctioned Providers | https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-16459--,00.html |
| Minnesota | MN | Minnesota Excluded Provider Lists | https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-295094 |
| Mississippi | MS | Mississippi Provider Terminations | https://medicaid.ms.gov/providers/provider-terminations/ |
| Missouri | MO | Missouri Provider Sanctions | https://mmac.mo.gov/providers/provider-sanctions/ |
| Montana | MT | Montana Excluded or Terminated Medicaid Providers | https://dphhs.mt.gov/MontanaHealthcarePrograms/TerminatedExcludedProviders |
| Nebraska | NE | Nebraska Medicaid Sanctioned Providers | https://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx |
| Nevada | NV | Nevada Provider Exclusions and Sanctions | https://dhcfp.nv.gov/Providers/PI/PSExclusions/ |
| New Hampshire | NH | New Hampshire Medicaid Provider Exclusion and Sanction List | https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-provider-relations |
| New Jersey | NJ | New Jersey Debarment List | https://nj.gov/comptroller/resources/index.shtml |
| New Jersey | NJ | New Jersey Consolidated Debarment Report | https://www.state.nj.us/treasury/revenue/debarment/index.shtml |
| New Mexico | NM | N/A | |
| New York | NY | New York Medicaid Exclusions | https://omig.ny.gov/medicaid-fraud/medicaid-exclusions |
| North Carolina | NC | North Carolina Medicaid Fraud and Abuse | https://medicaid.ncdhhs.gov/providers/excluded-providers |
| North Dakota | ND | North Dakota Medical Services - Fraud and Abuse | https://www.nd.gov/dhs/services/medicalsev/medicaid/fraud-abuse.html |
| Ohio | OH | Ohio Medicaid Provider Exclusion and Suspension List | https://medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-enrollment/provider-exclusion-and-suspension-list |
| Oklahoma | OK | N/A | |
| Oregon | OR | Oregon Health Plan Sanctioned Providers | https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx |
| Pennsylvania | PA | Pennsylvania Medichcek (Precluded Providers) List | https://www.humanservices.state.pa.us/Medchk/MedchkSearch |
| Rhode Island | RI | N/A | |
| South Carolina | SC | South Carolina Excluded Providers | https://www.scdhhs.gov/site-page/bureau-compliance-and-performance-review |
| South Dakota | SD | N/A | |
| Tennessee | TN | Tennessee Program Integrity | https://www.tn.gov/tennicare/fraud-and-abuse/program-integrity.html |

Credentialing and Enrollment Department
Policy C&E 10: Credentialing and Recredentialing

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|---------------|----|---|---|
| Texas | TX | Texas OIG Exclusions | https://oig.hhsc.state.tx.us/oigportal2/Exclusions |
| Utah | UT | N/A | |
| Vermont | VT | Vermont Excluded Providers List | http://www.vtmedicaid.com/#/provEnrollExcluded |
| Virginia | VA | N/A | |
| Washington | WA | Washington Provider Termination and Exclusion List | https://www.hca.wa.gov/billers-providers-partners/apple-health-medicare-providers/provider-termination-and-exclusion-list |
| West Virginia | WV | West Virginia Medicaid Provider Exclusions and Terminations | https://www.wvmmis.com/WV%20Medicaid%20Provider%20SanctionedExclusion/Forms/AllItems.aspx |
| Wisconsin | WI | N/A | |
| Wyoming | WY | Wyoming Medicaid Provider Exclusion List | https://health.wyo.gov/healthcarefin/medicaid/ |