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## Practitioner Credentialing Policy

### Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross VT or the Plan) evaluates and selects licensed independent practitioners to provide care to its members through the credentialing process. Upon application and at least every three years thereafter, the Plan verifies and evaluates practitioner credentials. This process ensures that practitioners participating in the Plan's network are qualified and competent to practice in their respective specialties and that they meet the Plan's standards for performance and delivery of high-quality clinical care and services.

### Scope

This policy applies to all physician and non-physician practitioners who wish to contract with the Plan. The policy applies to practitioners credentialed by the Plan's Network Quality and Credentialing Committee (NQCC) or by a delegated entity. Credentialing is not required for (a) facility-based practitioners (see page 4, below); (b) practitioners that may only provide services under the direct supervision of a licensed provider; (c) students, residents, and fellows; and (d) practitioner types whose services the Plan does not cover under any member certificates.

For facility provider credentialing and ancillary provider enrollment, please see Plan's Facility Credentialing Policy and Plan's Ancillary Provider Enrollment Policy.

### Regulatory/Accreditation Links

2024 NCQA HPA Standards and Guidelines/Elements: CR 1-7

State of Vermont Rule H-2009-03 Standards: 5.2A – 5.2J

18 V.S.A. § 9408a

Medicare Managed Care Manual, Chapter 6 (Medicare Advantage)

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**Reference:** [S:\P\\_REIM\Enrollment Information\Active Credentialing Info\Policies\Practitioner Credentialing Policy](S:\P_REIM\Enrollment Information\Active Credentialing Info\Policies\Practitioner Credentialing Policy)

### Policy Links:

BCBSVT Provider Appeals from Adverse Contract Actions and Related Reporting Policy

BCBSVT Facility Credentialing Policy

BCBSVT Ancillary Provider Enrollment Policy

BCBSVT Delegation and Oversight Policy

BCBSVT Quality of Care Risk Investigation Policy

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## Policy

Through a well-defined process, the Plan completes an initial verification of credentials before entering into a contractual relationship with providers. Blue Cross VT completes full credentialing prior to listing a health care practitioner in any marketing or member materials, such as provider directories. Blue Cross VT bases this process on standards set forth by the National Committee for Quality Assurance (NCQA), the State of Vermont in Rule H-2009-03, and the Centers for Medicare and Medicaid Services (CMS) in Chapter 6 of the Medicare Managed Care Manual.

The Plan will consider a provider a non-participating provider until the credentialing process is complete and the provider is accepted into the network. Providers joining existing, contracted groups, or individual providers entering into a contract with Blue Cross VT, are not eligible to render services to any Blue Cross and Blue Shield member (including CBA Blue, the Federal Employee Program and Vermont Blue Advantage) until they are fully enrolled and approved by the NQCC. Please note that for Medicare Advantage business, CMS rules apply and a provider whose credentialing has yet to be approved may not use a waiver process to bill the member directly.

Practitioners requesting participation in the Blue Cross VT network must complete a credentialing application provided by the Council for Affordable Quality Healthcare (CAQH) and meet the Plan's criteria for participation as set out in Exhibit A (Primary Source Verification (PSV) grid) of this policy.

At least every three years after the initial approval for participation, the Blue Cross VT NQCC formally reviews the credentials of its practitioners and makes decisions about continued participation in the Blue Cross VT network. The committee includes licensed providers and the Plan's medical director. Between recredentialing cycles, the Plan monitors practitioner sanctions, member complaints about providers, and quality issues. The committee takes appropriate action against practitioners when it identifies occurrences of poor quality. Except as otherwise provided by law, Blue Cross VT confidentially maintains all information obtained in the credentialing process.

This policy may be accessed at any time at [www.bluecrossvt.org](http://www.bluecrossvt.org).

The Plan requires credentialing for the practitioners listed in Table 1, unless they are facility-based, as explained on page 4. Please note the practitioner types flagged with an asterisk (\*) are not eligible to provide services to Medicare Advantage individuals and will not be enrolled in and credentialed for the Vermont Blue Advantage network.

Table 1.

Physicians (MDs or DOs)	Certified Nurse Midwives (CNMs)	Physical/Occupational Therapists (PTs/OTs)	Audiologists (MAS, AUD)
Dentists (DDSs, DMDs)	Advanced Practice Registered Nurse (APRN, ARNP)	Speech/Language Pathologists (SLPs)	Licensed Acupuncturists* <sup>1</sup>
Podiatrists (DPMs)	Physician Assistants (PA, PA-C)	Registered Dietitians (RDs)	Licensed Clinical Social Workers (CSW, LCSW)
Chiropractors (DCs)	Certified Nurse Anesthetists (CRNAs)	Athletic Trainers (ATC)*	Psychiatric Mental Health Nurse Practitioners (PMHNP)
Optometrists (OD)	Certified/Licensed/Professional Certified Midwives (CM)*	Anesthesiology Assistants (AA)	Licensed Alcohol and Drug Counselors (LADC)*
Naturopaths (ND)*	Clinical Nurse Specialists (CNS)	International Board-Certified Lactation Consultants (IBCLCs)*	Licensed Professional Counselors (LPC)*
Psychologists (MA*, PHD)	Board Certified Behavioral Analysts (BCBA, BCBA-D, BCaBA)*	Licensed Marriage and Family Therapists (LMFT)	Licensed Mental Health Counselors (LMHC)
Certified Diabetic Educators (CDE)	Pharmacist Performing Medication Therapy Management Outside of a Retail Pharmacy Setting*	Certified Nurse Practitioner (CNP)	License Genetic Counselor (LGC)*
Hearing Instrument Specialist (HIS)* or Hearing Aid Dispense*			

### Locum Tenens

Plan does not credential locum tenens who participate with the Plan for a period of less than sixty (60) days. The Plan permits locum tenens to provide services to members, subject to the requirements above. Plan will require credentialing of individual locum tenens whose services extend beyond sixty (60) days.

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<sup>1</sup> For Medicare Advantage, acupuncture services for lower back pain may be provided by (1) a licensed physician; or (2) a physician assistant, nurse practitioner, or clinical nurse specialist; or (3) “auxiliary personnel” who has a masters or doctoral level degree in acupuncture or Oriental Medicine and has a current, full, active and unrestricted license to practice acupuncture and is under the appropriate level of supervision of a licensed physician, physician assistant, nurse practitioner or clinical nurse specialist. If a Vermont-licensed acupuncturist is not also a physician, physician assistant, nurse practitioner, or clinical nurse specialist, or working under the supervision of one of these clinician types, that acupuncturist is not eligible to participate in the Medicare Advantage network.

## Facility-Based Providers

Plan does not require credentialing for facility-based providers. In general, “facility-based providers” are health care professionals who provide services to members incident to hospital services unless those health care professionals are separately identified in members’ literature (i.e., listed in the directory) as available to members.

A provider is not “facility-based” if:

- The provider is enrolled with Plan and bills under a tax identification number that is different than that of the facility; or
- Members are referred directly to the provider from another physician or organization.

Services provided by facility-based providers are generally billed by the facility, under the facility’s tax identification number, on a UB-04 claim form. Facility-based providers typically fall into the categories below, but this is not an exhaustive list; if the criteria above are met, Plan may treat the provider as facility-based:

- Hospitalists
- Radiologists
- Emergency practitioners
- Pathologists
- Anesthesiology practitioners
- Neonatologists
- Audiologists
- Physical Therapists/Occupational Therapists/Speech Language Pathologists
- Mental Health and Substance Use Disorder (MHSUD) practitioners

For Blue Cross VT commercial business only, Blue Cross VT does not require individual credentialing for practitioners providing services at Vermont designated agencies.<sup>2</sup> For Medicare Advantage business, however, Blue Cross VT does require individual credentialing for those practitioner types that are eligible to participate with Medicare that work at designated agencies.

Certain MHSUD programs (including, but not limited to, intensive outpatient programs or facility programs such as partial hospitalization or residential or inpatient) may qualify to be credentialed at the facility level, and these programs may employ the use of clinicians that are not otherwise eligible for credentialing (including but not limited to, state-certified qualified mental health practitioners (QMHPs) that perform crisis assessments). In those instances, credentialing for those individuals is not required as the services are billed at the facility level.

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<sup>2</sup> See 18 V.S.A. § 8907 (Designation of agencies to provide mental health and developmental disability services); “Designated and Specialized Service Agencies,” Vermont Agency of Human Services, Department of Health, <https://mentalhealth.vermont.gov/individuals-and-families/designated-and-specialized-service-agencies>

Please note that Plan individually credentials clinicians working at urgent care centers. These clinicians are not considered to be facility based.

The Plan does not permit provisional credentialing for any practitioners applying for participation with the Plan. The Plan requires full credentialing for all network practitioners and will consider these practitioners as non-participating until the Plan approves the practitioners' credentials.

The Plan does not credential practitioners with provisional or interim licenses. A practitioner must meet all requirements for full licensure (including, for example, completion of any required clinical fellowship) before applying to enroll in Plan's networks.

### **Physician Assistants**

Blue Cross VT will enroll and credential physician assistants (PAs), which are defined and governed by V.S.A. Title 26 Chapter 31. To be eligible, the PA must enter into a qualifying Practice Agreement with a supervising physician prior to engaging in practice as a PA. The supervising physician must practice in the same field as the PA and be appropriately licensed with no current disciplinary action or disciplinary proceedings ongoing.

If the supervising physician is not also credentialed with Blue Cross VT, the PA is obligated to notify Provider Contracting at [providercontracting@bcbsvt.com](mailto:providercontracting@bcbsvt.com) if:

- a. The supervising physician's license is revoked or suspended, and/or
- b. The supervising physician is subject to any other form of disciplinary action by their licensing body.

### **1. Credentialing and Recredentialing Criteria**

The following requirements apply to all practitioners applying for credentialing with Blue Cross VT. The Plan requests additional credentialing elements for individual, specific practitioner types based on their scope of practice, training and licensure requirements. Please refer to Exhibit A for a complete list of credentialing elements required to complete an application. Unless otherwise noted, the listed elements are needed for both initial credentialing and recredentialing within the three-year period. The credentialing and recredentialing criteria are available to practitioners in this policy, in the provider manual via [www.bluecrossvt.org](http://www.bluecrossvt.org) or upon written request. For inclusion in the Medicare Advantage network, in addition to the requirements below, the provider must also be eligible to enroll as a Medicare provider.

- a) All practitioners (as outlined in scope of this policy) must complete a CAQH credentialing application electronically.
- b) All credentialed practitioners must keep their CAQH application current and re-attest to the accuracy of the data quarterly. The Plan conducts recredentialing verifications at least every three years.
- c) The completed application must include the following:

- Current state license(s) in each state where the practitioner provides care to Blue Cross VT members.
- If applicable to the practitioner's specialty, current hospital privileges at a network facility and the identified primary admitting facility on the CAQH application. If the practitioner does not have admitting privileges at a network facility, practitioner submits evidence of admitting arrangements through another Plan-credentialed physician.
- Current copy of valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate in each state where the practitioner provides care to Blue Cross VT members.
- Board certification information if the practitioner reports that he or she is board certified, and the certification is applicable to the intended field of practice. Note that effective May 15, 2021, MDs and DOs must supply proof of board certification or board eligibility as part of the application. Exceptions to this requirement will be considered on a case-by-case basis at Plan's discretion.
- Education and training information if the practitioner does not report board certification (initial credentialing only). Note that effective May 15, 2021, MDs and DOs must supply proof of board certification or board eligibility as part of the application. Exceptions to this requirement will be considered on a case-by-case basis at Plan's discretion. Plan reserves the right to defer to the appropriate Vermont State licensing board to confirm education and training of some practitioner types where the state law requires the board to confirm education before issuing a license.
- An application or curriculum vitae illustrating at least five years of relevant work history; if a practitioner has practiced fewer than five years, then the work history must encompass the period from initial licensure to application. (Applies to initial credentialing only.)
- Copy of professional liability insurance coverage current at the time of committee decision, with a minimum of \$1 million per occurrence and \$3 million in the aggregate, or evidence of federal or state tort immunity.
- Any history of professional liability claims that resulted in settlement or judgments paid on behalf of the practitioner for at least the last five years.
- Professional disclosure statements (see application) which include the following:
  1. Reason for any inability to perform the essential functions of the position with or without accommodation.
  2. Lack of present illegal drug use.
  3. History of loss of license and felony convictions.
  4. History of loss or limitation of privileges or disciplinary activity.
  5. Attestation to the correctness and completeness of the application.
- Method for meeting the Plan's after-hours availability requirement.

## **2. Verification Process**

The Blue Cross VT credentialing process uses the information listed in Exhibit A of this policy to define the criteria and method of verifying a particular practitioner's credentials. Practitioner credentials must be current for at least 180 days prior to the NQCC review. Blue Cross VT uses primary sources accepted by accreditation and regulatory bodies to verify submitted information as indicated in Exhibit A.

The Plan expects all credentialed practitioners to keep their CAQH applications current and re-attest to the accuracy of the data quarterly. The Plan conducts verifications for recredentialing at least every thirty-six (36) months.

If any information on the CAQH application varies substantially from the information the organization receives from other resources, such as primary verification entities, the Plan alerts the practitioner directly. The credentialing team lead or credentialing analyst notifies the practitioner either in writing or by telephone of the findings. The correspondence includes the following information:

- The timeframe for changes
- The format for submitting corrections
- The person to whom the corrections must be submitted

The credentialing team lead or credentialing analyst may provide a copy of the application to the practitioner in order to clarify the inconsistent information. The notice to the practitioner does not include copies of confidential, peer-review protected information, such as National Practitioner Data Bank reports, or information received from primary verification agencies.

The Plan may ask the practitioner to update the CAQH application or return a written response to the credentialing team lead or credentialing analyst to reconcile conflicting information. The credentialing team lead or credentialing analyst reviews information from the practitioner against the information collected from the primary source once again to verify that the discrepancy no longer exists. The Plan documents the corrections in the electronic files and evaluates the corrected responses against the criteria set forth in this policy. Corrected applications may require a review from the NQCC if they do not meet criteria.

When Blue Cross VT finishes the verifications, the Chief Medical Officer (CMO) or an equally qualified designee may approve the credentialing files that meet the established standards outlined below. Evidence of the CMO's or designee's approval includes a unique electronic signature, or in the case of a designee, a handwritten signature on a list of all practitioners who meet the established criteria.

### **3. Medical Director**

The CMO, or a practitioner designated by the CMO, assumes the following responsibilities within the credentialing program:

1. Chair the NQCC
2. Approval of the credentialing files independent of NQCC consideration if the application includes all required elements and meets the following standards:
  - a. Practitioner possesses an unrestricted license to practice in the state where the practitioner sees, or plans to see, Blue Cross VT members
  - b. Practitioner possesses an unrestricted, current, Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) license to prescribe or administer medications within the state the practitioner sees, or plans to see, Blue Cross VT

- members. If the practitioner's DEA registration is pending, they must provide documentation of an alternative arrangement with an in-network practitioner with a valid DEA registration who will write all prescriptions requiring a DEA number for them until they have a valid DEA registration.
- c. Practitioner possesses unrestricted hospital privileges at a network facility if the practitioner's specialty requires such privileges
  - d. No affirmative responses to inquiries about professional review actions and other adverse findings present on the application
  - e. The absence of licensure sanctions and adverse findings on NPDB report
  - f. No adverse findings identified during primary source verification
  - g. One of the following findings on the primary source verification:
    - ✓ Adverse events that occurred more than 5 years from the next scheduled NQCC meeting, or
    - ✓ Adverse findings that have been dismissed, or
    - ✓ Adverse findings that have judgments or settlements within 5 years of less than \$200,000.
3. Designate a clinician of equal qualification to approve credentialing and recredentialing files that meet the criteria outlined above
  4. Request additional information from the practitioner required to make an informed credentialing decision
  5. Recommend incomplete credentialing applications and applications needing further consideration to the NQCC
  6. May independently make any of the following decisions on applications that remain incomplete despite outreach to the practitioner for more information:
    - a. The Plan does not enter into a contract with the practitioner upon initial application
    - b. The Plan terminates its contract with the practitioner for failure to provide information adequate for a recredentialing decision
    - c. The Plan terminates its contract for failure to cooperate with the credentialing process upon initial credentialing or recredentialing
  7. If the Plan takes action against a practitioner for quality reasons, report the actions to the appropriate legal authorities, in conjunction with the Plan's legal department. The Plan's Practitioner Appeals from Adverse Contract Actions and Related Reporting Policy outlines the range of actions available for reporting to authorities.

#### **4. Network Quality and Credentialing Committee**

The Plan maintains a NQCC consisting of at least six Blue Cross VT-credentialed practitioners, including the Plan's medical directors. These practitioners represent a variety of practice areas and provide the Plan with meaningful advice and expertise on credentialing decisions. Committee members meet monthly and require a quorum of four members, no more than two of whom must be Plan medical directors. The role of the NQCC is to conduct quality reviews of individual practitioners to ensure ongoing member safety and quality care for Blue Cross VT members.

The NQCC reviews applications and supporting documentation referred by the Plan's medical director. The NQCC makes credentialing, recredentialing and quality action decisions in a confidential, non-



discriminatory manner. Annually, each member of the NQCC signs a confidentiality and affirmative statement attesting to review and provide thoughtful consideration to the credentials and quality information of each practitioner applying to participate in the Plan's network.

The NQCC bases its recommendations on a quality review, of practitioner-specific complaints and adverse events, recognizing that its recommendations apply for all Plan products. Blue Cross Vermont investigates all complaints and adverse events referencing the Quality of Care Risk Investigation Policy. A more detailed investigation occurs when the volume of complaints or adverse events within the reporting period exceeds our thresholds. Per the referenced policy, the thresholds are any quality of care complaint or issue/concern that ranks in the yellow or red categories, OR the subject of three cases within 18 months ranking in the green or blue categories (See Quality of Care Risk Investigation Policy for breakdown of the risk categories). The clinical quality consultant reports the findings of our monthly adverse event monitoring to the NQCC, implements interventions as needed and documents the results of the actions proposed. If complaints or adverse events involving practitioners do not exceed the thresholds, the data is tracked and trended for future monitoring. It is not the role of the NQCC to deny a practitioner's participation based on anything except quality concerns. The NQCC may not recommend participation in one Plan product, but not another.

NQCC member responsibilities include:

1. Review and thoughtfully consider the credentials, performance appraisal, and other quality-related information of each practitioner, making recommendations with regard to initial or continued participation in the Plan's networks.
2. Request information not specifically described herein if the committee determines that such information would assist the committee in verifying the credentials of the applicant.
3. Interview applicants as it deems appropriate.
4. Engage a practitioner in the same specialty as the applicant when questions arise about an applicant's qualifications. The committee may request, as it deems appropriate, that the same specialty practitioner review the applicant's file, interview the applicant, or meet with the NQCC.
5. Recommend approval of credentialing or recredentialing of practitioners for a period of up to three years. Alternatively, the committee may recommend, based on quality concerns, approval for a shorter period, with a follow-up review by the committee for later consideration.
6. Recommend denial of credentialing or recredentialing, as appropriate, for reasons that may include:
  - a. Failure to cooperate with the Plan's care management or quality improvement programs and policies
  - b. Loss, relinquishment, or limitations of clinical privileges
  - c. Lack of privileges at a network facility if the committee determines the lack of facility privileges at the facility may compromise the ability of the physician to deliver the full range of services included in the physician's specialty
  - d. Lack of facility privileges at a network facility that may unduly burden Blue Cross VT members financially
  - e. Failure to meet the Plan's selection criteria related to their specialty
  - f. Reasons found, by the sole discretion of the committee, that inclusion of the practitioner in the Plan's network might harm the Plan or Plan members

7. Review quality information (and recommend corrective action as appropriate, up to and including termination) related to a network practitioner outside of the regular credentialing cycle including but not limited to:
  - Adverse events or licensure restrictions identified through the Plan's ongoing sanction monitoring process
  - Practitioners having three or more complaints within an 18-month period as identified in the Plan's routine complaint monitoring
  - Any quality-of-care issues identified through the Plan's member complaint, chart review, claim denial process, or other activities
  - Failure to meet the Plan's requirements for specialty practice

The Plan does not make credentialing decisions based on applicant's race, ethnic/national identity, gender, age, sexual orientation, or patient type. The Plan does not deny network status because the applicant treats a substantial number of expensive or uncompensated care patients. The NQCC does not consider any of these factors when making a credentialing decision. All NQCC members sign a participation agreement pledging non-discrimination when making credentialing decisions. The credentialing team lead ensures this non-discriminatory policy by comparing the approval listing report against any denial and assessing for trends based on applicant's race, ethnic/national identity, gender, age, sexual orientation, or patient type. The Plan also monitors provider complaints to determine if there are complaints alleging discrimination in the credentialing process and acts on them as appropriate. Annually, the credentialing analyst will report on credentialing process outcomes, including denials and provider complaints, to quality council.

## **5. Acceptance to the Network**

For practitioners approved by the CMO or by recommendation from the NQCC, the effective date in the network is typically the date of the approval. However, should the approval date be prior to the date the practitioner signs his/her participation contract, the effective date will be the date the Plan executes the contract.

Upon initial credentialing approval, the credentialing team lead or credentialing analyst makes the approval available to the network management (NM) enrollment team, who sets up the practitioner in the claims payments system and in the provider directory as a network practitioner.

Upon recredentialing approval, the credentialing team lead or credentialing analyst makes the approval available to the NM enrollment team who verifies setup in the provider directory and claims payment system as a network practitioner.

The Plan notifies practitioners in writing of all initial credentialing decisions and any recredentialing denials within sixty (60) days of the decision date, to include, if applicable, the reason for denial and their right to appeal the decision. We provide recredentialing approval notifications upon request. Credentialing timeliness is reported annually to the accreditation team to ensure completion of the credentialing and recredentialing process and notifications in a timely manner. The credentialing team lead or credentialing analyst makes recommendations for process improvements when the Plan does

not meet thresholds. Providers on a military assignment, maternity leave or sabbatical must notify the Plan of their expected length of leave. During the time of sabbatical, the Plan will not market the provider in any directories and will have members temporarily reassigned to another Plan provider if a covering provider within the affected practice is not identified.

If recredentialing occurs during the provider's absence, Blue Cross VT places the credentialing file on hold and extends the recredentialing date to sixty (60) calendar days after the expected date of return. Upon return from the practitioner's leave of absence, the credentialing analyst verifies that the practitioner possesses a valid license to practice before the practitioner rejoins the network. Recredentialing begins and the practitioner's continued participation in the network depends on the practitioner's continued compliance with the recredentialing process.

## **6. Delegation**

The Plan may delegate the credentialing and recredentialing process to a Plan-approved delegate. If the delegate is NCQA-certified for credentialing and recredentialing, the Plan requires notification of such certification annually as part of the delegate oversight audit. The Plan's Delegation Oversight Policy describes the process used to manage delegation.

Credentialing delegates submit an electronic report to the Plan following completion of credentialing. The report includes, but is not limited to, whether the practitioner is board certified, the type of board certification held, and various other information required for comprehensive credentialing analysis and reporting. Note that effective May 15, 2021, MDs and DOs must supply proof of board certification or board eligibility as part of the application. Exceptions to this requirement will be considered on a case-by-case basis at the Plan's discretion. Practitioners approved for participation in the Plan's networks via a delegated credentialing process become effective in the Plan's network the day the Plan receives all information it needs to complete the set-up. The Plan's Delegation Oversight Policy describes the reporting process.

## **7. Primary Source Verification**

The Plan delegates its primary source verification (PSV) function to a credentialing verification organization (CVO) certified by NCQA in credentialing. Annually, the CVO must provide the Plan with its current NCQA certification to qualify for continued delegation of PSV functions.

## **8. Ongoing Monitoring**

In addition to checking sanctions for any new providers during the initial credentialing process, including a review of the Office of Inspector General (OIG)/ General Services Administration (GSA) exclusion list, the Office of Foreign Assets Control (OFAC) sanctions list, the CMS preclusion list, the Medicare Opt-Out list, and the Vermont, New Hampshire, New York and Massachusetts physician, and non-physician licensing boards, the Plan also monitors all network practitioner sanctions, complaints about

practitioners, and quality issues on an ongoing basis between recredentialing cycles. The Plan's delegates (contracted physician-hospital organizations (PHOs) and CVO) query the OIG/GSA exclusion list, the OFAC sanctions list, the CMS preclusion list, and the Vermont, New Hampshire, New York and Massachusetts physician, and non-physician licensing boards monthly. The Plan receives any adverse events or licensure restrictions identified by the delegates within thirty (30) calendar days of release. Each delegate and CVO must inform the Plan of the date of the query, practitioner name, and sanction identified. The non-CVO delegate must include actions taken, follow up and corrective action plan if applicable.

The credentialing team lead or credentialing analyst requests additional documentation from the licensing board pertaining to reported adverse events or licensing restrictions. The NQCC then reviews this information and acts on the information as outlined in the responsibilities section above.

To the extent a monitoring report shows that a provider has been excluded or terminated from Federally funded health care programs, including Medicare, or is otherwise unable to accept federal funds, Plan will initiate termination of that provider's contract immediately.

The NQCC also reviews instances of possible poor quality and member safety issues identified by the Plan through its regular business activities. The committee takes appropriate action against practitioners when it identifies safety issues or occurrences of poor quality. The Blue Cross VT Quality of Care and Risk Investigation Policy describes this process. This applies to all practitioners in the network independent of the credentialing entity.

The Plan uses a standardized site-visit survey tool that incorporates office-site criteria used to address complaints about an office environment. The Plan follows set performance standards and thresholds for physical accessibility, physical appearance, adequacy of waiting and examining room space, and adequacy of medical/treatment record keeping. The Plan monitors member complaints and implements appropriate interventions as outlined in the Blue Cross VT Quality of Care and Risk Investigations Policy. Plan delegates in the credentialing process do not perform this function.

The Plan reserves the right to terminate any Plan network practitioner based on the ongoing sanction monitoring reports or because of proven instances of poor quality of care to members, regardless of whether the Plan or the Plan's delegate made the initial or subsequent credentialing decision.

## **9. Confidentiality and Information Security**

Blue Cross VT keeps all information obtained in the credentialing and review process confidential, except as otherwise provided by law. Electronic records are only accessible by approved user groups set up within the user application. All Plan employees and committee members sign a confidentiality statement as a condition of employment and participation on the committee. All materials and processes are subject to the standards outlined in the corporate confidentiality and security policies. The Plan retains all credentialing information, whether paper or electronic, for a minimum of two credentialing cycles or for six years, whichever is longer. For providers enrolling in the Medicare Advantage network, Plan will follow retention requirements of CMS.

The minutes and records of the NQCC are confidential and privileged under 26 V.S.A. §1443, except as otherwise provided in Vermont Rule 09-03.

Customer Resource Management (CRM) is housed on a Blue Cross VT server that is secured in a locked room. Access to the room that houses Blue Cross VT server is governed by ID card access badges and PINs, two factor authentication.

**Credentialing system access:** The network management (NM) manager is the only authorizing agent who can grant access to new users. The credentialing team lead will email the NM manager a request to submit a system access request to the CRM consultant for approval and appropriate access. Access to credentialing application and data are classified into a secure credentialing user group. User groups are defined based on the user's job function and level of authority to access, modify, or delete information. Access to the credentialing applications and secure credentialing database is limited to the CRM consultants, chief medical officer (or designee), and the credentialing team lead or business analyst. CRM consultants customize user groups by making appropriate information visible for a specific user group, the credentialing team lead or business analyst. CRM consultant will assign user role as requested by the NM manager to ensure an appropriate level of access. User roles within the groups are read, write and/or modified capabilities. The chief medical officer (or designee), credentialing team lead or business analyst, and CRM consultants have read, write and modification access to the credentialing records. The CRM consultant is also responsible for terminating user credentials immediately upon notification of employee's departure from the organization.

Only the credentialing team lead or credentialing analyst have access to download the completed primary source verification PDF report from the CVO's secure portal and upload it into the Plan's secure credentialing database. To maintain an accurate credentialing file, modifications to PSV documentation and recording of credentialing and recredentialing dates, may be required. The credentialing function of the CRM system has an audit log which tracks all historical additions, modifications, changes and deletions. The audit log feature includes the following elements:

- Table name (item or element being modified)
- Action taken (Insert, update, delete)
- User making the change
- Change date and time
- Reason for change
  - Staff documents reason for the change in the credentialing system controls notes section of the provider's credentialing record
  
- The credentialing team lead and credentialing analyst are authorized to review, modify, or delete appropriate credentialing information before a credentialing decision is made. Examples of appropriate modifications or deletions include, but are not limited to:
  - **Modifications**
    - Updates to verification of expired credentials
    - Corrections to inaccurate or out of date data
  - **Deletions**
    - Remove erroneous data including duplicate data

The credentialing team lead and credentialing analyst records a description of the error in the notes section of the practitioner's credentialing record, and emails notification to the CVO with the error description and the course of action the CVO needs to take to fix the error. The credentialing team lead or credentialing analyst downloads the corrected PSV report from the CVO's portal and retains both documents in the credentialing database, identifying the corrected document in the system. Credentialing and recredentialing dates are modified from the original recording when a data entry error or a system glitch occurs that creates erroneous dates. As noted above, the CRM system audit log records all entries, including the change made, who made the change and when the change was made to the record. The credentialing team lead and credentialing analyst records a description of the error in the notes section of the practitioner's credentialing record to explain the reason why the change was made. CRM consultants have authority to delete records.

Access to CRM is obtained through the network single sign on password. Users are required to change their network password every 90 days using complex standards of a minimum of eight characters or when staff suspects their password is compromised:

- Uppercase characters (A-Z)
- Lowercase characters (a-z)
- Numbers (0-9)
- Non-alphanumeric characters (e.g., -, !, \$, #, %)

In addition to standard corporate security and system audits, the Plan will audit credentialing files at least annually. The credentialing team lead will pull a report from CRM that identifies modifications made to credentialing reports from their original recording. The credentialing team lead will conduct of a random sample of 5% or 50 files (whichever is less) of initial and recredential files approved in the previous year with modifications. The audit consists of assessing whether modifications in credentialing files meets the requirements in this policy, including making the modification for an acceptable business reason by an authorized individual who documents the reason for the modification. If the audit reveals modifications that do not comply with policy requirements, the credentialing team lead will analyze the factors contributing to modifications not allowed under this policy, so that appropriate corrective action can be implemented. Once the audit is complete, the director of network management and the accreditation team will review the results, taking any needed actions.

When the audit reveals modifications not allowed under this policy, that will trigger the credentialing team lead, along with the clinical quality consultant from quality improvement and the Accreditation Program manager to implement a quarterly monitoring process. They will conduct an audit of a random sample of credential files approved in the previous quarter. Sample will be minimum of 5% or 50 files (whichever is less) approved in the previous quarter that were modified. Results of these audits will be recorded internally and shared with the director of network management and the accreditation team. The quarterly monitoring process will remain in place for three consecutive quarters until findings demonstrate improvement.

## **10. Practitioner Rights in the Credentialing Process**

The Plan informs practitioners of their rights regarding the credentialing process in the cover letter that accompanies the practitioner enrollment and credentialing packet and is available online at [www.bluecrossvt.org](http://www.bluecrossvt.org). These rights are as follows:

- a. Receive information about the status of their credentialing application no later than sixty (60) days after the Plan receives the completed credentialing application; and every thirty (30) days thereafter until the Plan makes a final credentialing determination; or on request at any time during the credentialing process.
- b. Review the credentialing file. Practitioners may request to review the information submitted in support of their credentialing applications. A practitioner may be granted access, during regular business hours at an agreed upon appointment time, to review his or her credentialing information in the presence of the credentialing analyst.
- c. Correct erroneous or inaccurate information. The practitioner must correct erroneous information received from verification sources directly with the verifying source.
- d. Notify the Plan of any changes in the status of any of the items enumerated in this policy at any time.
- e. Receive the status of their credentialing or recredentialing applications, upon request to the Plan.
- f. In the event the Plan takes action against a practitioner for quality reasons and is required to report the action to the appropriate authorities, the Plan offers the practitioner the right to a formal appeal as outlined in the Blue Cross VT Provider Appeals from Adverse Contract Actions and Related Reporting Policy.

## **11. Annual Review**

The credentialing team lead and credentialing analyst will review this policy annually to ensure that it is consistent with current business practice and to incorporate the latest regulatory and accreditation standards. The NQCC will review the policy before signoff by the CMO.

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

Grid format: Practitioner Type ALL indicates the acceptable sources for verification are applicable to all practitioner types.  
Review the applicable sections for acceptable sources for verification applicable to specific practitioner types.

<b>Practitioner Type: ALL</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Council for Affordable Quality Healthcare (CAQH) Application	<u>Vermont General Assembly, Act 191</u>	<ul style="list-style-type: none"> <li><a href="https://proview.caqh.org/Login">https://proview.caqh.org/Login</a></li> </ul>	Application must be attested to no more than 180 days prior to the quality review and credentialing committee's review	
License to practice	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://apps.health.vermont.gov/cavu/">https://apps.health.vermont.gov/cavu/</a></li> <li><a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> <li><a href="https://apps.health.vermont.gov/cavu/">https://apps.health.vermont.gov/cavu/</a></li> <li><a href="https://nhlicenses.nh.gov/verification/">https://nhlicenses.nh.gov/verification/</a></li> </ul> <p>See also individual practitioner types</p>	<ul style="list-style-type: none"> <li>Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried.</li> <li>If practitioner provides obstetrical services to include home births, the practitioner must have a childbirth endorsement on his/her license.</li> </ul>	<p>The following provider types are not licensed in the State of VT: International Board-Certified Lactation Consultant, and Certified Diabetic Educators.</p> <p>Dietitians -The State of Vermont Office of Professional Regulations (OPR) does not require a license to practice dietetics in the State, however they offer a certification which is a voluntary credential offered by OPR. Applicants who meet certain qualifications requirements are eligible to receive a certification and to hold themselves out as a "certified dietician".</p> <p>– see individual practitioner types</p>
License sanctions	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E2</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://iqrs.npdb.hrsa.gov/">https://iqrs.npdb.hrsa.gov/</a></li> <li><a href="https://www.healthvermont.gov/systems/medical-practice-board">https://www.healthvermont.gov/systems/medical-practice-board</a></li> <li><a href="https://www.sec.state.vt.us/professional-regulation/conduct-decisions.aspx">https://www.sec.state.vt.us/professional-regulation/conduct-decisions.aspx</a></li> </ul> <p>See also individual practitioner types</p>	<ul style="list-style-type: none"> <li>Verification of license sanctions within each state the practitioner holds or has held a license.</li> </ul>	
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<p>See individual practitioner types</p> <p><a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></p>		
Liability coverage	<u>VT Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E4</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Copy of professional liability insurance coverage current at the time of committee decision.</li> <li>See also individual practitioner types</li> </ul>	Minimum of \$1 million per occurrence and \$3 million in the aggregate, or, evidence of federal or state tort immunity	Verified by BCBSVT – not delegated.
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	See individual practitioner types	Required at initial credentialing only	
Board Certification	<ul style="list-style-type: none"> <li><u>Current year NCOA HP Standards and Guidelines</u></li> </ul>	<ul style="list-style-type: none"> <li><a href="http://www.abms.org/">http://www.abms.org/</a></li> <li><a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a></li> </ul>	Verification of expiration date(s) must be within 180 days prior to credentialing committee decision	



**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

**Practitioner Type: ALL**

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
		<ul style="list-style-type: none"> <li><a href="https://aoaprofiles.org/">https://aoaprofiles.org/</a></li> </ul>		
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	See individual practitioner types		
Hospital Privileges	<u>None</u>	See individual practitioner types		
Work history	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Application</li> <li>Curriculum Vitae (CV)</li> </ul>	Minimum 5 years of work in a health care profession. If practitioner has fewer than 5 years, then work history starts at the time of initial licensure.  Review and explanation of gaps greater than 6 months  Required at initial credentialing only	
Professional liability claim history	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E2</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Malpractice carrier</li> <li><a href="https://iqrs.npdb.hrsa.gov/">https://iqrs.npdb.hrsa.gov/</a></li> </ul>	Query must be completed within 180 days prior to the credentialing decision.	
Medicare and Medicaid Sanctions	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E2</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://qrs.npdb.hrsa.gov/">https://qrs.npdb.hrsa.gov/</a></li> </ul>		
Attestation and Release of Information	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E3</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Application</li> <li>Signed attestation</li> <li>See also individual practitioner types</li> </ul>	Attestation addressing: 1) reasons for inability to perform the essential functions of the positions with or without accommodation; 2) lack of present illegal drug use; 3) history of loss of license and felony conviction; 4) history of loss or limitation of privileges or disciplinary actions; 5) correctness and completeness of the application.  Attestation verifying the practitioner does/does not perform home deliveries (if applicable)	

**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

<b>Practitioner Type: Physician (MD and DO)</b>				
<b>Credentialing Requirement</b>	<b>Governing Entities</b>	<b>Acceptable Sources for Verification</b>	<b>BCBSVT Requirements</b>	<b>Comments and Exception Criteria</b>
DEA/CDS	<ul style="list-style-type: none"> <li>Rule H-2009-03</li> <li>5.2E1</li> <li>Current year NCOA HP Standards and Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Paper copy from practitioner <a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></li> <li>State specific CDS website, as applicable</li> </ul>	<p>May not apply to Radiologists or Pathologists</p> <p>Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.</p>	
Education and training	<ul style="list-style-type: none"> <li>Rule H-2009-03</li> <li>5.2E</li> <li>Current year NCOA HP Standards and Guidelines</li> </ul>	<p><b>MD</b></p> <ul style="list-style-type: none"> <li><a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a></li> <li>Transcript from Medical School</li> <li>(ECFMG) for international medical graduates licensed after 1986</li> <li>State licensing board</li> </ul> <p><b>DO</b></p> <ul style="list-style-type: none"> <li>Transcript from Medical School</li> <li><a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a></li> <li><a href="https://www.doprofiles.org/">https://www.doprofiles.org/</a></li> <li>American Osteopathic Association (AOA) Osteopathic Physician Profile Report or AOA Physician Master File</li> <li>State licensing board</li> </ul>	<p>Must verify highest level of these three educational activities the practitioner completed: medical school, residency, or board certification.</p>	
Board Certification	<ul style="list-style-type: none"> <li>Current year NCOA HP Standards and Guidelines</li> </ul>	<ul style="list-style-type: none"> <li><a href="http://www.abms.org/">http://www.abms.org/</a></li> <li><a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a></li> <li><a href="https://aoaprofiles.org/">https://aoaprofiles.org/</a></li> </ul>	<p>Verification of expiration date(s) must be within 180 days prior to credentialing committee decision</p>	
Hospital privileges	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Application</li> <li>Signed attestation</li> </ul>	<p>Evidence of admitting arrangements through a Plan credentialed physician, should the practitioner not have hospital privileges.</p>	<p>Psychiatrists can have admitting privileges, but the Plan doesn't require it. Generally, / typically, psychiatrist direct the patient to the ED, who will then be evaluated by an in-house psychiatrist and admitted by them if necessary.</p>

**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

**Practitioner Type: Chiropractor (DC)**

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License sanctions	<u>Rule H-2009-03</u> • 5.2E2 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx">https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx</a></li> <li><a href="http://www.fclb.org/">http://www.fclb.org/</a></li> <li><a href="https://iqls.npdb.hrsa.gov/">https://iqls.npdb.hrsa.gov/</a></li> </ul>		
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx">https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx</a></li> </ul>		

**Practitioner Type: Dentist/Oral Surgeon (DDS and DMD)**

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Paper copy from practitioner</li> <li><a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a> State specific CDS website, as applicable</li> </ul>	If no DEA is present, the practitioner must document why he/she does not carry one.  Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.	
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Dental School</li> <li><a href="https://www.aboms.org/">https://www.aboms.org/</a></li> <li>Residency training program</li> </ul>	Must verify highest level of these three educational activities the practitioner completed: medical school, residency, or board certification.	
Specialty Certification	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.aboms.org/">https://www.aboms.org/</a></li> </ul>	Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision	

**Practitioner Type: Podiatrist (DPM)**

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Paper copy from practitioner</li> <li><a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></li> <li>State specific CDS website, as applicable</li> </ul>	DEA may not apply to this provider type. If no DEA is present, the practitioner must document why he/she does not carry one.	
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Podiatry School</li> <li>Residency training program</li> <li><a href="https://www.abpmed.org/">https://www.abpmed.org/</a></li> </ul>	Must verify highest level of these three educational activities the practitioner completed: medical school, residency, or board certification.	

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Podiatrist (DPM)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.abpmed.org/">https://www.abpmed.org/</a></li> <li>•</li> <li>•</li> </ul>	Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision	

<b>Practitioner Type: Optometrist (OD)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Paper copy from practitioner <a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></li> </ul>	<p>DEA is required if they are prescribing controlled substances. Otherwise, the NPI number is sufficient for prescriptions.</p> <p>Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.</p>	

<b>Practitioner Type: Advanced Practice Registered Nurse Practitioner (NP, APRN, ARNP)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	The appropriate state licensure to practice as a NP needs to be in place.	
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Paper copy from practitioner <a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></li> </ul>	<p>DEA may not apply to this provider type. If no DEA is present, the practitioner must document why he/she does not carry one.</p> <p>Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.</p>	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>		
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> <li>• Certification by a national APRN specialty certifying organization.</li> </ul>	<p>Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision</p> <p>Medicare Advantage requires board certified by one of the recognized national certifying bodies:</p> <ul style="list-style-type: none"> <li>• American Academy of Nurse Practitioners</li> <li>• American Nurses Credentialing Center</li> <li>• National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties</li> </ul>	

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Advanced Practice Registered Nurse Practitioner (NP, APRN, ARNP)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
			<ul style="list-style-type: none"> <li>Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses)</li> <li>Oncology Nurses Certification Corporation</li> <li>AACN Certification Corporation</li> <li>National Board on Certification of Hospice and Palliative Nurses.</li> </ul>	
Hospital privileges	<ul style="list-style-type: none"> <li><u>None</u></li> </ul>	<ul style="list-style-type: none"> <li>Application</li> <li>Signed attestation</li> </ul>		NP, APRN, ARNP's can have admitting privileges, but the Plan doesn't require it. Generally, / typically, they direct the patient to the ED, who will then be evaluated and admitted if necessary.

<b>Practitioner Type: Certified Nurse Midwife (CNM)</b>				
CNM's are subject to the jurisdiction of the board of nursing				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> <li>Current year NCQA HP Standards and Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Paper copy from practitioner <a href="https://apps.deaiversio n.usdoj.gov/RDA/">https://apps.deaiversio n.usdoj.gov/RDA/</a></li> </ul>	<p>DEA may not apply to this provider type. If no DEA is present, the practitioner must document why he/she does not carry one.</p> <p>Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.</p>	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> <li>Current year NCQA HP Standards and Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of certification by the American College of Nurse-Midwives (ACNM) or the ACNM Certification Council.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of certification by the: <ul style="list-style-type: none"> <li>American Association of Nurse Practitioners (AANP)</li> <li>American Nurses Credentialing Center (ANCC)</li> <li>American Midwifery Certification Board (AMCB) (formerly ACNM)</li> <li>The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA)</li> <li>American Association of Critical Care Nurses (AACN)</li> <li>National Certification Corporation (NCC)</li> <li>Pediatric Nursing Certification Board (PNCB)</li> </ul> </li> <li>Copy of Provider's Transport Plan for independent providers performing births outside of the hospital setting. <a href="https://www.sec.state.vt.us/media/166494/plan-for-consultation-emergency-transfer-and-transport.pdf">https://www.sec.state.vt.us/media/166494/plan-for-consultation-emergency-transfer-and-transport.pdf</a></li> <li>Copy of Physician oversight agreement for admitting privileges at hospital for practitioners performing births at a hospital</li> </ul>	

**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

<b>Practitioner Type: Certified Nurse Midwife (CNM)</b>				
CNM's are subject to the jurisdiction of the board of nursing				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Certification by a national APRN specialty certifying organization.</li> </ul>	Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision	

<b>Practitioner Type: Physical/Occupational Therapist (PT/OT)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>		

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Audiologist (MA, AUD) and Speech Language Pathologist (SLP)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>		

<b>Practitioner Type: Certified Diabetic Educator (CDE)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	Primary source verification accepted only via written confirmation from the National Certification Board for Diabetes Educators. (NCBDE) <ul style="list-style-type: none"> <li>• <a href="http://www.ncbde.org/">http://www.ncbde.org/</a></li> </ul>	Certification and maintenance of Certification by the National Certification Board for Diabetes Educators.	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	Certification and maintenance of Certification by the National Certification Board for Diabetes Educators.		

<b>Practitioner Type: Registered Dietician (RD)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>• Vermont certification/licensure</li> <li>• Licensure if practitioner practices in a jurisdiction that requires a license.</li> </ul>	The State of Vermont Office of Professional Regulations (OPR) does not require a license to practice dietetics in the State, however they offer a certification which is a voluntary credential offered by OPR. Applicants who meet certain qualifications requirements are eligible to receive a certification and to hold themselves out as a "certified dietician".
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<a href="https://www.cdrnet.org/">https://www.cdrnet.org/</a>	Registered Dietician or have certification and maintenance of certification by the Commission on Dietetic Registration (CDR).	

**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

<b>Practitioner Type: Certified Registered Nurse Anesthetist (CRNA)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> <li>• <u>Current year NCQA HP Standards and Guidelines</u></li> </ul>	<ul style="list-style-type: none"> <li>• Paper copy from practitioner <a href="https://apps.dea diversion.usdoj.gov/RDA/">https://apps.dea diversion.usdoj.gov /RDA/</a></li> </ul>	<p>If the licensure states “with prescriptive authority” the DEA must be present with the application. If not, the Plan should request further written explanation.</p> <p>Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.</p>	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> <li>• <u>Current year NCQA HP Standards and Guidelines</u></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a></li> <li>• Transcript from Medical School</li> <li>• Certification by the Council on Certification of Nurse Anesthetists</li> </ul>	Certification by the Council on Certification of Nurse Anesthetists	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> <li>• <u>Current year NCQA HP Standards and Guidelines</u></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a></li> </ul>		
Hospital privileges	<ul style="list-style-type: none"> <li>• <u>None</u></li> </ul>	<ul style="list-style-type: none"> <li>• Application</li> <li>• Signed attestation</li> </ul>	Practitioner must function under the supervision and direction of a physician.	<p>NH has opted out of According to the American Association of Nurse Anesthesiology, in 2001 CMS changed the federal physician supervision rule for nurse anesthetist to allow state governors to opt out of this facility reimbursement requirement. New Hampshire is one of the opt-out states that requires CRNA supervision. Vermont, however, requires CRNA supervision. Here’s the link with the info. <a href="https://www.aana.com/membership/become-a-crna/crna-fact-sheet">https://www.aana.com/membership/become-a-crna/crna-fact-sheet</a></p>



**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Naturopath (ND)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Paper copy from practitioner <a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></li> </ul>		
Liability coverage	<u>VT Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E4</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Copy of professional liability insurance coverage current at the time of committee decision.</li> </ul>	Minimum of \$1 million per occurrence and \$3 million in the aggregate, or, evidence of federal or state tort immunity. Evidence of coverage for home deliveries if applicable.	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> <li>• Transcript from Medical School</li> </ul>		
Hospital privileges	<ul style="list-style-type: none"> <li>• <u>None</u></li> </ul>	<ul style="list-style-type: none"> <li>• Application</li> <li>• Signed attestation</li> </ul>		Naturopath's can have admitting privileges, but the Plan doesn't require it. Generally, / typically, they direct the patient to the ED, who will then be evaluated and admitted if necessary.

<b>Practitioner Type: Certified Athletic Trainer (ATC)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Written confirmation of certification by the Board of Certification (BOC) <a href="http://www.bocatc.org/">http://www.bocatc.org/</a></li> </ul>		
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Certification by the Board of Certification (BOC) for Athletic Trainer</li> <li>• <a href="http://www.bocatc.org/">http://www.bocatc.org/</a></li> </ul>		

<b>Practitioner Type: Licensed Midwife (LM)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Liability coverage	<u>VT Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E4</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Copy of professional liability insurance coverage current at the time of committee decision.</li> </ul>	Minimum of \$1 million per occurrence and \$3 million in the aggregate, or, evidence of federal or state tort immunity. Evidence of coverage for home deliveries.	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>		

**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

<b>Practitioner Type: Licensed Midwife (LM)</b>				
<b>Credentialing Requirement</b>	<b>Governing Entities</b>	<b>Acceptable Sources for Verification</b>	<b>BCBSVT Requirements</b>	<b>Comments and Exception Criteria</b>
Attestation and Release of Information	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E3</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Application</li> <li>• Signed attestation</li> </ul>	<ul style="list-style-type: none"> <li>• Attestation addressing: 1) reasons for inability to perform the essential functions of the positions with or without accommodation; 2) lack of present illegal drug use; 3) history of loss of license and felony conviction; 4) history of loss or limitation of privileges or disciplinary actions; 5) correctness and completeness of the application.</li> <li>• Attestation verifying the practitioner does/does not perform home deliveries.</li> <li>• Copy of Provider's Transport Plan for independent providers performing births outside of the hospital setting.  <a href="https://www.sec.state.vt.us/media/166494/plan-for-consultation-emergency-transfer-and-transport.pdf">https://www.sec.state.vt.us/media/166494/plan-for-consultation-emergency-transfer-and-transport.pdf</a></li> <li>• Copy of Physician oversight agreement for admitting privileges at hospital for practitioners performing births at a hospital.</li> </ul>	

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Anesthesiology Assistant (AA)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>		
Attestation and Release of Information	<u>Rule H-2009-03</u> • 5.2E3 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Application</li> <li>• Signed attestation</li> </ul>	<ul style="list-style-type: none"> <li>• Attestation addressing: 1) reasons for inability to perform the essential functions of the positions with or without accommodation; 2) lack of present illegal drug use; 3) history of loss of license and felony conviction; 4) history of loss or limitation of privileges or disciplinary actions; 5) correctness and completeness of the application.</li> <li>• Practitioner must provide written statement of a BCBSVT credentialed anesthesiologist providing direct supervision.</li> </ul>	

<b>Practitioner Type: Acupuncturists (L.Ac.)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul> <p style="text-align: center;">OR:</p> <ul style="list-style-type: none"> <li>• <a href="https://nhlicenses.nh.gov/verification/">https://nhlicenses.nh.gov/verification/</a></li> </ul>	<ul style="list-style-type: none"> <li>• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried.</li> <li>• Practitioner must be licensed by the state of Vermont as a Naturopathic Provider or Acupuncturist. Acupuncture detoxification technicians are not licensed in the state of Vermont and are not eligible for participation in the BCBSVT network.</li> </ul>	
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	The Vermont Secretary of State Office of Professional Regulation verifies acupuncturist's education and training. BCBSVT does not conduct independent verification of education and training for acupuncturists who hold an active and unencumbered VT license.	

<b>Practitioner Type: Hearing Instrument Specialist (HIS) or Hearing Aid Dispense</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried.</li> </ul>	Audiologist do not require a separate license to dispense hearing aids.
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>• Verification of licensure meets educational requirement. Higher education (Master's, BA) not required for licensure.</li> </ul>	Hearing aid dispense is the same as the Hearing Instrument Specialist in the State of Vermont

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: International Board-Certified Lactation Consultant (IBCLC)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Verification done directly with the International Board of Certified Lactation Consultant Examiners (IBLCE)</li> <li>• <a href="http://americas.iblce.org/">http://americas.iblce.org/</a></li> <li>• Verification form (N:\Credentialing\IBCLC Certification Verification.pdf) is required by the IBLCE via mail or fax. The practitioner must complete with enrollment information in order to proceed with primary source verification.</li> </ul>	<p>Vermont does not license lactation consultants. BCBSVT does not require a Vermont license for Lactation Consultants.</p> <p>BCBSVT requires certification from the International Board of Lactation Consultant Examiners (IBLCE) in order to enroll in BCBSVT networks as a lactation consultant.</p> <p><b>Verification via the online IBLCE registry is NOT an acceptable source of PSV.</b></p>	
License sanctions	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E2</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://iblce.org/resources/disciplinary-procedures/">https://iblce.org/resources/disciplinary-procedures/</a></li> </ul>		
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	The IBCLE verifies education prior to taking the board.	N/A – included in IBCLE certification	

<b>Practitioner Type: Pharmacist (Medical Office Setting)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	<p>Criteria are applicable to pharmacists without dispensing duties* and excludes pharmacists in a retail setting</p> <p><a href="https://sos.vermont.gov/pharmacy/statutes-rules-resources/">https://sos.vermont.gov/pharmacy/statutes-rules-resources/</a> click Administrative Rules hyperlink then scroll to page 13.</p> <p>Retail pharmacist “dispense” (among other duties). However, pharmacists that we want to provide MTM services do not dispense. While it is permissible for a retail pharmacist to provide MTM, we want to excluded retail pharmacists from performing MTM at this time.</p>	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>		<p>Postgraduate year one pharmacy residency (PGY1)</p> <p>OR</p> <p>Earned a Board of Pharmacy Specialties (BPS) or Commission for Certification in Geriatric Pharmacy (CCGP) certificate,</p> <p>OR</p> <p>3 years documented face-to-face direct patient care.</p>	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul>		See education above.	

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Pharmacist (Medical Office Setting)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
	<u>Current year NCQA HP Standards and Guidelines</u>			

<b>Practitioner Type: Physician Assistant (PA, PA-C)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Paper copy from practitioner <a href="https://apps.dea.diversion.usdoj.gov/RDA/">https://apps.dea.diversion.usdoj.gov/RDA/</a></li> </ul>	<p>DEA may not apply to this provider type. If no DEA is present, the practitioner must document why he/she does not carry one.</p> <p>Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.</p>	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://apps.health.vermont.gov/cavu/">https://apps.health.vermont.gov/cavu/</a></li> </ul>		
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Certification of National Commission on Certification of Physician Assistants (NCCPA) <a href="http://www.nccpa.net/Public">http://www.nccpa.net/Public</a></li> </ul>	<p>Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision</p>	
Hospital privileges	<ul style="list-style-type: none"> <li>• <u>None</u></li> </ul>	<ul style="list-style-type: none"> <li>• Application</li> <li>• Signed attestation</li> </ul>	<p>May not apply to this provider type if services are not provided in a hospital setting</p>	
Attestation and Release of Information	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E3</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• Application</li> <li>• Signed attestation</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Provider's practice agreement in place with a MD or DO, in accordance with Vermont State law (Title 26: Chapter 31).</li> <li>• PA's working independently (i.e., not within the same practice as a MD/DO with whom the PA has a practice agreement), BCBSVT requires the PA to submit, at the time of enrollment, the name of the MD or DO with whom the PA has a practice agreement.</li> </ul>	

<b>Practitioner Type: Licensed Genetic Counselor (LGC)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>• <a href="https://forms.nh.gov/licenseverification">https://forms.nh.gov/licenseverification</a></li> <li>• <a href="https://madph.mylicense.com/verification/">https://madph.mylicense.com/verification/</a></li> </ul>	<ul style="list-style-type: none"> <li>• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried.</li> </ul>	<ul style="list-style-type: none"> <li>• Vermont does not license these providers yet and are not eligible to enroll.</li> <li>• New York is actively working on creating licensure and are not eligible to enroll.</li> </ul>
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://www.oplc.nh.gov/genetic-counselors-governing-board">https://www.oplc.nh.gov/genetic-counselors-governing-board</a></li> </ul>		

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Primary Source Verification by Practitioner Type  
Exhibit A**

<b>Practitioner Type: Licensed Genetic Counselor (LGC)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
	<u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.mass.gov/orgs/board-of-registration-of-genetic-counselors">https://www.mass.gov/orgs/board-of-registration-of-genetic-counselors</a></li> </ul>		
Attestation and Release of Information	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E3</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Application</li> <li>Signed attestation.</li> </ul>		

<b>Practitioner Type: Psychologists (MA, PHD)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	The licensing agency verifies the practitioner has had supervised clinical experience(s), inclusive of pre-doctoral internships and post-doctoral supervised experience	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	A) Council for the National Register of Health Service Providers in Psychology certified; or B) American Board of Professional Psychology Diplomate in Clinical, Counseling, Family Psychology, Neuropsychology or Health Psychology; or C) Completed an APA-accredited Clinical or Counseling re-specialization program with completion of an APA-accredited internship	Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision	

<b>Practitioner Type: Clinical Social Worker (CSW) (MSW) Licensed Clinical Social Worker (LCSW)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	To be eligible for licensing as a clinical social worker an applicant must have received a master's degree or doctorate from an accredited social work education program and completed 3,000 hours of supervised practice of clinical social work	

<b>Practitioner Type: Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Psychiatric Mental Health Nurse Practitioner (PMHNP)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCOA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>Paper copy from practitioner <a href="https://apps.dea diversion.usdoj.gov/RDA/">https://apps.dea diversion.usdoj.gov/RDA/</a></li> </ul>	DEA may not apply to this provider type. The license will state the practitioner has prescriptive authority.	

**Blue Cross and Blue Shield of Vermont  
Primary Source Verification by Practitioner Type  
Exhibit A**

<b>Practitioner Type: Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Psychiatric Mental Health Nurse Practitioner (PMHNP)</b>				
<b>Credentialing Requirement</b>	<b>Governing Entities</b>	<b>Acceptable Sources for Verification</b>	<b>BCBSVT Requirements</b>	<b>Comments and Exception Criteria</b>
			Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	The VT licensing agency verifies the practitioners holds Board Certification as a Psychiatric Mental Health Clinical Nurse Specialist (PMHCNS-BC) or Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) issued by the American Nurses Credentialing Center (ANCC) with specialty as: <ul style="list-style-type: none"> <li>Clinical Nurse Specialist in Child and Adolescent Mental Health Nursing</li> <li>Clinical Nurse Specialist in Adult Psychiatric and Mental Health Nursing</li> <li>Adult Psychiatric and Mental Health Nurse Practitioner; or</li> <li>Family Psychiatric and Mental Health Nurse Practitioner.</li> </ul> The applicable endorsement is listed on the practitioner's license.	

<b>Practitioner Type: Licensed Professional Counselor (LPC), Licensed Mental Health Counselor (LMHC)</b>				
<b>Credentialing Requirement</b>	<b>Governing Entities</b>	<b>Acceptable Sources for Verification</b>	<b>BCBSVT Requirements</b>	<b>Comments and Exception Criteria</b>
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	Primary source verification of written exam, degree and supervised experience is completed by the state licensing board:	

<b>MHSA Practitioner Type: Certified Employee Assistance Professional (CEAP)</b>				
<b>In order to provide EAP services, the EAP practitioners/providers must meet criteria for network participation in one of the professional categories defined above and the specialty certification requirements as outlined below.</b>				
<b>Credentialing Requirement</b>	<b>Governing Entities</b>	<b>Acceptable Sources for Verification</b>	<b>BCBSVT Requirements</b>	<b>Comments and Exception Criteria</b>
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://secure.vtprofessionals.org/lookup/LicenseLookup.aspx">https://secure.vtprofessionals.org/lookup/LicenseLookup.aspx</a></li> </ul>	Primary source verification of written exam, degree and supervised experience is completed by the state licensing board:	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	Certification by Employee Assistance Certification Commission EACC	Certified as an Employee Assistance Professional (CEAP) issued by the Employee Assistance Certification Commission (EACC) of the Employee Assistance Professional Association (EAPA).	

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Licensed Marriage and Family Therapist (LMFT)</b>				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> Current year NCQA HP Standards and Guidelines	<ul style="list-style-type: none"> <li>• <a href="https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx">https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx</a></li> </ul>	Vermont licensing board verifies the applicant completed a graduate degree program in marriage and family therapy accredited by the commission; or; obtained a graduate degree focusing on marriage and family therapy	



**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

<b>Practitioner Type: Licensed Alcohol and Drug Counselor (LADC)</b>				
This applies to anyone with any of the following certifications: NCACI, NCACII, MAC, NDS, CAC, SAP, ASE, CAP, CAS, CADC, ACADCA, CDC, LCDC, CDP, CAODC, CADDTP, DADP, CAODC-A, CAODC-CS.				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li>The Vermont Alcohol &amp; Drug Addiction Certification Board - <a href="http://vtcertificationboard.org/home/">http://vtcertificationboard.org/home/</a></li> </ul>		
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors.aspx">https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors.aspx</a></li> </ul>	Applicants must have received a master's degree or doctorate in human services field from an accredited educational institution, including degrees in counseling, social work, psychology or in an allied mental health field.	
Specialty Certification	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> <li><a href="https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors.aspx">https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors.aspx</a></li> </ul>	Counselors who have been certified at the reciprocal level by a member board of the International Certification and Reciprocity Consortium/Alcohol & Other Drug Abuse Inc. (IC&RC) may be accepted for an Approved Counselor credentials from the Division of Alcohol and Drug Abuse Programs	

<b>Practitioner Type: Certified Behavioral Analyst (BCBA, BCBA-D, BCaBA)</b>				
This applies to the following certification types: Board Certified Behavioral Analyst (BCBA) BCBA-D (Doctorate level) Board Certified Assistant Behavioral Analyst (BCaBA). The BCBA and BCBA-D are certified mental health professionals with a graduate degree. The BCaBA obtains direct supervision from a BCBA.				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<a href="http://www.bacb.com">http://www.bacb.com</a>	Applicants must meet, at a minimum, the degree requirements and supervised fieldwork criteria set forth by Board Certified Behavioral Analyst Certification Board (BACB) and be actively certified by BACB.  Education and supervised fieldwork are verified and approved by the BACB prior to issuing certification.	
Specialty Certification	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<a href="http://www.bacb.com">http://www.bacb.com</a>	Applicants must be actively certified as a Board Certified Behavioral Analyst (BCBA) in order to be eligible for participation in BCBSVT networks	

**Blue Cross and Blue Shield of Vermont**  
**Primary Source Verification by Practitioner Type**  
**Exhibit A**

**Practitioner Type: Health and Wellness Coaches**

This applies to the following certification type: National Board for Health and Wellness Coaching (NBHWC). NBC-HWC's are not licensed by the state of Vermont.

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<a href="https://nbhwc.org/">https://nbhwc.org/</a>	Applicants must have graduated from a NBHWC approved education program, completed the NBHWC required practice sessions and pass the NBHWC National Certification Exam administered by the National Board of Medical Examiners.	
Board Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> <li>• 5.2E1</li> </ul> <u>Current year NCQA HP Standards and Guidelines</u>	<a href="https://nbhwc.org/">https://nbhwc.org/</a>	Applicants must hold current National Certification (NBC-HWC) by the NBHWC in order to be eligible for participation in the BCBSVT networks.	
Work history				Not required