BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

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

2026 NCQA HPA Standards and Guidelines/Elements: CR 1-13
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)

Effective Date: 01/01/1998
Revision Date: 9/30/2026
Next Review Date: 7/2027
Last Approved: 9/30/2026 Accreditation Team
Department: Network Management, Quality Improvement
Reference: 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
BCBSVT Credentialing Information Integrity Policy

Policy

Through a well-defined process, the Plan completes an initial verification of credentials before entering 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 or contracted groups 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 Exhibits A and or B (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.

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*[1]
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 / Provisional Credentialing

The Plan permits a one-time provisional credentialing for locum tenens applying to our network for the first time who works for a period of less than sixty (60) days. The Plan does not permit locum tenens to provide services to members prior to completion of provisional credentialing. The Plan will not hold practitioners in provisional status for longer than 60 calendar days. The Plan requires full credentialing of individual locum tenens whose services extend beyond sixty (60) days.

[1] 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 master's 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.

The Plan requires full credentialing for all other network practitioners and will consider these practitioners as non-participating until the Plan approves the practitioners' credentials.

Temporary / Interim / Provisional Licenses

The plan credentials practitioners who hold temporary licenses from the State of Vermont or interim licenses from the State of New Hampshire. The Plan does not credential practitioners who hold provisional licenses.

Facility-Based Providers

The 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.[2] 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.

[2] 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.

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.

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

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 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. Provisional Credentialing Criteria

The following requirements apply to locum tenen applying for network participation with Blue Cross VT for the first time, who work less than 60 calendar days. Please refer to Exhibit B for a complete list of credentialing elements required to complete an application. The provisional credentialing criteria is available to practitioners in this policy, in the provider manual via 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.
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.
   - 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.

2. Full Credentialing and Recredentialing Criteria

The following requirements apply to all other practitioners applying for credentialing with Blue Cross VT and locum tenens who work 60 calendar days or more. 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 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. 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). 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.
    - The Plan verifies completion of a practitioner's fellowship; however, this information is not communicated to members.
- 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.
- Race, ethnicity and language at the practitioner's discretion.
- 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.

3. Verification Process

The Blue Cross VT credentialing process uses the information listed in Exhibit A and or B of this policy to define the criteria and method of verifying a particular practitioner's credentials. Practitioner credentials must be current for at least 120 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 and or B.

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 (credentialing team) 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 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 to reconcile conflicting information. The credentialing team reviews information from the practitioner against the information collected from the primary source once again to verify that 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.

The Plan documents credentialing activities and verification in the credentialing file using a combination of our credentialing verification organizations (CVO) completed profile packet that includes the initials and dates of the verifier, or a checklist that includes for each verification; the source used, the date of verification, the signature, initials or typed initials of the person who verified the information and the report date, if applicable. Verifications performed in house are initialed/dated by the credentialing staff when received and electronically dated when they are uploaded into the applicant's credentialing file within the credentialing database.

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.

4. 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 clean credentialing criteria:
    a. Practitioners possess 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.

***** Does not apply to provisional credentialing.

5. 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 that do not meet the clean credentialing criteria. 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 relating to 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 threshold. 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 actions or licensure restrictions identified through FACIS Level 3, the Plan's ongoing sanction monitoring process. FACIS Level 3 screens through DHHS OIG, GSA SAM, OFAC SDN, Centers for Medicare & Medicaid Services - Opt Out List, plus State Medicaid sanctions, 42 HEAT sources and 51 AG Notice and Release sources, state level procurement/contractor debarment sources, as well as State Board and State Agency issued sanctions and disciplinary actions. The search includes information on disciplinary actions ranging from exclusions and debarments to letters of reprimand and probation.
    - 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 and proving this information is optional. 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.

6. 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 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 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 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 s and any recredentialing denials within thirty (30) 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 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, (including, for example, military assignment, medical leave and sabbatical), the credentialing team 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.

7. 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. 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.

8. Primary Source Verification

The Plan delegates its full 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. The plan performs the PSV functions for provisional credentialing.

9. Ongoing Monitoring

The Plan checks sanctions for any new providers during the provisional and initial credentialing process using NPDB and FACIS Level 3 that screens through DHHS OIG, GSA SAM, OFAC SDN, Centers for Medicare & Medicaid Services - Opt Out List, plus State Medicaid sanctions and exclusions, 42 HEAT sources and 51 AG Notice and Release sources, state level procurement/contractor debarment sources, as well as State Board and State Agency issued sanctions and disciplinary actions. The search includes information on disciplinary actions ranging from exclusions and debarments to letters of reprimand and probation.

The Plan also monitors all network practitioner sanctions, complaints about practitioners, and quality issues at least monthly between recredentialing cycles, including Medicare and Medicaid exclusions and collecting and reviewing expiration of licensure from the state licensing or certificate agency. License limitation information is monitored for all states in which the practitioner practices, even if those states are outside the Plan's service area or not states where the practitioner provides care to the Plan's

members. The Plan's delegates are expected to monitor at least monthly between recredentialing cycles, sanctions and licensure limitation information for all states in which the practitioner practices, even if those states are outside the Plan's service area or are not states where the practitioner provides care to the Plan's members, including at a minimum the OIG/GSA exclusion list, the OFAC sanctions list, the CMS preclusion list, Medicare and Medicaid exclusions State Medicaid sanctions and physician, and non-physician licensing boards. The delegate is also expected to collect and review expired licenses from the state licensing or certified agency.

The Plan identifies any adverse actions, licensure restrictions and license expirations through FACIS Level 3 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 requests additional documentation from the licensing board pertaining to reported adverse actions or licensing restrictions. The NQCC then reviews this information and acts on the information as outlined in the responsibilities section above.

The credentialing team confirms the license expiration date by querying the licensing website. Practitioners whose licenses are renewed without a lapse are recorded in the credentialing database. Practitioners whose license has lapsed or expired the Plan will initiate termination of the providers contract immediately.

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, the Plan will initiate termination of that provider's contract immediately.

The NQCC reviews potential quality concerns and member safety issues identified through the Plan's regular business activities. The *Quality of Care and Risk Investigation Policy* outlines the evaluation process, which includes investigating information from identified adverse events and all practitioner-specific member complaints upon receipt. If applicable, the practitioner's complaint history is also assessed. The Quality Improvement department conducts ongoing monitoring of all complaints for all practitioners, and adverse events, reporting to the committee biannually for complaints and monthly for adverse events.

When safety concerns or quality deficiencies are identified, the committee recommends appropriate interventions. Once determined, these interventions are implemented as needed to address quality and safety issues. Ongoing monitoring and interventions apply to all network practitioners, regardless of 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.

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. 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 will review this policy at least annually to ensure that it is consistent with current business practice and to incorporate the latest regulatory and accreditation standards. The internal NQCC members will review the policy before it is reviewed for approval by the Accreditation Team prior to signoff by the CMO.

Tom Weigel, MD

Signature:_____

Tom Weigel, MD
Chief Medical Officer, Blue Cross VT or Plan

Revisions

Date of Change	Effective Date	Overview of Change
1/1/2025	7/1/2025	Modified notifying practitioners of the credentialing and recredentialing decision from 60 to 30 calendar days from the credentialing committee's decision.
3/31/2025	7/1/2025	Added criteria for practitioner sanctions, complaints and other adverse events found during ongoing monitoring that need to be reviewed by the credentialing committee.
3/31/2025	7/1/2025	Modified verification time limit from 180 to 120 calendar days.
3/31/2025	7/1/2025	Add the process for documenting information and activities in credentialing files.
3/31/2025	7/1/2025	Change document format to align with our Brand recommendations.
3/31/2025	7/1/2025	Updated annual review section.
3/31/2025	7/1/2025	Updated NCQA date.
3/31/2025	7/1/2025	Removed specialty LADC and MA as exclusions from Medicare.
3/31/2025	7/1/2025	Remove confidentiality and information security section, to be incorporated into the Credentialing Information Integrity policy.
3/31/2025	7/1/2025	Added race, ethnicity and language.
3/31/2025	7/1/2025	Added Medicare exclusions language.
3/31/2025	7/1/2025	Added language to address expired license protocol.
3/31/2025	7/1/2025	Added language to address appropriate interventions protocol.
3/31/2025	7/1/2025	Added language to support provisional credentialing of locum tenens.
9/19/2025	5/27/2026	Removed language that prohibits independent practitioners from rendering services until they are credentialed.
2/4/2026	5/27/2026	Modified application attestation in PSV grid.
3/19/2026	5/27/2026	Added language to support acceptance of temporary licenses from the State of Vermont or interim licenses from the State of New Hampshire.
4/21/2026	5/27/2026	Added language to support NCQA 2026 HPA Policy updates to CR 5A F3 to include monitoring sanctions and licensure limitation information for all states in which the practitioner practices, even if those states are outside the Plan's service area or are not states where the practitioner provides care to the Plan's members.
4/21/2026	5/27/2026	Added page number in footer.
8/31/2026	9/30/2026	Added VT to the states in our servicing area that have opted out of the federal CRNA physician-supervision requirement.

9/16/2026	9/30/2026	Add verbiage to the hospital privileges credentialing criteria for MDs & DOs to exclude practitioners who practice exclusively via telemedicine.
9/16/2026	9/30/2026	Added clarifying language to the Naturopath DEA requirement.
9/23/2026	9/30/2026	Moved signature after the policy per Legals request.

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.

Practitioner Type: ALL				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
Council for Affordable Quality Healthcare (CAQH) Application	Vermont General Assembly, Act 191	• https://proview.caqh.org/Login	Application must be attested to no more than 180 days prior to the quality review and credentialing committee's review	
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://apps.health.vermont.gov/cavu/ • https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx • https://apps.health.vermont.gov/cavu/ • https://nhlicenses.nh.gov/verification/ See also individual practitioner types	• Verification of licensure within each state the practitioner holds or has held a license. E ach licensing board must be queried. • If practitioner provides obstetrical services to include home births, the practitioner must have a childbirth endorsement on his/her license.	The following provider types are not licensed in the State of VT: International Board-Certified Lactation Consultant, and Certified Diabetic Educators. 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". – see individual practitioner types
License sanctions	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://iqrs.npdb.hrsa.gov/ • https://www.healthvermont.gov/systems/medical-practice-board • https://www.sec.state.vt.us/professional-regulation/conduct-decisions.aspx See also individual practitioner types	• Verification of license sanctions within each state the practitioner holds or has held a license.	
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	See individual practitioner types https://apps.deadiversion.usdoj.gov/RDA/		
Liability coverage	VT Rule H-2009-03 • 5.2E4 Current year NCQA HP Standards and Guidelines	• Copy of professional liability insurance coverage current at the time of committee decision. • See also individual practitioner types	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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	See individual practitioner types	Required at initial credentialing only	
Board Certification	• Current year NCQA HP Standards and Guidelines	• http://www.abms.org/ • https://profiles.ama-assn.org/amaprofiles/	Verification of expiration date(s) must be within 120 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**
		• https://aoaprofiles.org/		
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	See individual practitioner types		
Hospital Privileges	None	See individual practitioner types		
Work history	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Application • Curriculum Vitae (CV)	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	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• Malpractice carrier • https://iqrs.npdb.hrsa.gov/	Query must be completed within 120 days prior to the credentialing decision.	
Medicare and Medicaid Sanctions	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://qrs.npdb.hrsa.gov/		
Attestation and Release of Information	Rule H-2009-03 • 5.2E3 Current year NCQA HP Standards and Guidelines	• Application • Signed attestation • See also individual practitioner types	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

Practitioner Type: Physician (MD and DO)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner https://apps.deadiversion.usdoj.gov/RDA/ • State specific CDS website, as applicable	May not apply to Radiologists or Pathologists Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.	Practitioners, including telehealth, who do not have a DEA in the state they see our members, should have a plan in place of who will prescribe controlled substances. The plan can be as simple as the practitioner saying they would refer the member to their PCP, urgent care, or ER. Document the practitioners plan in the provider's credentialing file.
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	MD • https://profiles.ama-assn.org/amaprofiles/ • Transcript from Medical School • (ECFMG) for international medical graduates licensed after 1986 • State licensing board DO • Transcript from Medical School • https://profiles.ama-assn.org/amaprofiles/ • https://www.doprofiles.org/ • American Osteopathic Association (AOA) Osteopathic Physician Profile Report or AOA Physician Master File • State licensing board	Must verify highest level of these three educational activities the practitioner completed: medical school, residency, or board certification.	
Board Certification	• Current year NCQA HP Standards and Guidelines	• http://www.abms.org/ • https://profiles.ama-assn.org/amaprofiles/ • https://aoaprofiles.org/	Verification of expiration date(s) must be within 120 days prior to credentialing committee decision	
Hospital privileges	• None	• Application • Signed attestation	May not apply to Radiologists or Pathologists. Evidence of admitting arrangements through a Plan credentialed physician, should the practitioner not have hospital privileges.	Psychiatrists may have hospital admitting privileges, but it is not a Plan requirement. Generally, the patient will be directed to the Emergency Department by the provider, evaluated by an in-house provider who has hospital privileges and admitted by that provider, if in-patient care is necessary. Practitioners practicing exclusively via telemedicine may have hospital admitting arrangements, but this is not required by the Plan.

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	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx • http://www.fclb.org/ • • https://iqrs.npdb.hrsa.gov/ •		
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx		

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

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner • • https://apps.deadiversion.usdoj.gov/RDA/State specific CDS website, as applicable	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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• Dental School • https://www.aboms.org/ • Residency training program	Must verify highest level of these three educational activities the practitioner completed: medical school, residency, or board certification.	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.aboms.org/	Verification(s) of expiration date(s) must be within 120 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	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner • https://apps.deadiversion.usdoj.gov/RDA/ • State specific CDS website, as applicable	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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• Podiatry School • Residency training program • https://www.abpmed.org/ • •	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

Practitioner Type: Podiatrist (DPM)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.abpmed.org/	Verification(s) of expiration date(s) must be within120 days prior to credentialing committee decision	

Practitioner Type: Optometrist (OD)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitionerhttps://apps.deadiversion.usdoj.gov/RDA/	DEA is required if they are prescribing controlled substances. Otherwise, the NPI number is sufficient for prescriptions. Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers behalf.	

Practitioner Type: Advanced Practice Registered Nurse Practitioner (NP, APRN, ARNP)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	The appropriate state licensure to practice as a NP needs to be in place.	
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner https://apps.deadiversion.usdoj.gov/RDA/	DEA may not apply to this provider type. 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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx		
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx • Certification by a national APRN specialty certifying organization.	Verification(s) of expiration date(s) must be within 120 days prior to credentialing committee decision Medicare Advantage requires board certified by one of the recognized national certifying bodies: • American Academy of Nurse Practitioners • American Nurses Credentialing Center • National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties	

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

Practitioner Type: Advanced Practice Registered Nurse Practitioner (NP, APRN, ARNP)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
			• Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses) • Oncology Nurses Certification Corporation • AACN Certification Corporation • National Board on Certification of Hospice and Palliative Nurses.	
Hospital privileges	• None	• Application • Signed attestation		NP, APRN, ARNP's may have hospital admitting privileges, but this is not required by the Plan. Generally, the patient will be directed to the Emergency Department by the provider, evaluated by an in-house provider who has hospital privileges and admitted by that provider, if in-patient care is necessary.

Practitioner Type: Certified Nurse Midwife (CNM) 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	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitionerhttps://apps.deadiversion.usdoj.gov/RDA/	DEA may not apply to this provider type. 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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• Evidence of certification by the American College of Nurse-Midwives (ACNM) or the ACNM Certification Council.	• Evidence of certification by the: ○ American Association of Nurse Practitioners (AANP) ○ American Nurses Credentialing Center (ANCC) ○ American Midwifery Certification Board (AMCB) (formerly ACNM) ○ The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) ○ American Association of Critical Care Nurses (AACN) ○ National Certification Corporation (NCC) ○ Pediatric Nursing Certification Board (PNCB) • Copy of Provider's Transport Plan for independent providers performing births outside of the hospital setting. https://www.sec.state.vt.us/media/166494/plan-for-consultation-emergency-transfer-and-transport.pdf	

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

Practitioner Type: Certified Nurse Midwife (CNM) 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**
			• Copy of Physician oversite agreement for admitting privileges at hospital for practitioners performing births at a hospital	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Certification by a national APRN specialty certifying organization.	Verification(s) of expiration date(s) must be within 120 days prior to credentialing committee decision	

Practitioner Type: Physical/Occupational Therapist (PT/OT)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx		

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

Practitioner Type: Audiologist (MA, AUD) and Speech Language Pathologist (SLP)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx		

Practitioner Type: Certified Diabetic Educator (CDE)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	Primary source verification accepted only via written confirmation from the National Certification Board for Diabetes Educators. (NCBDE) • http://www.ncbde.org/	Certification and maintenance of Certification by the National Certification Board for Diabetes Educators.	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	Certification and maintenance of Certification by the National Certification Board for Diabetes Educators.		

Practitioner Type: Registered Dietician (RD)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	• Vermont certification/licensure • Licensure if practitioner practices in a jurisdiction that requires a license.	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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	https://www.cdrnet.org/	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

Practitioner Type: Certified Registered Nurse Anesthetist (CRNA)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner https://apps.deadiversion.usdoj.gov/RDA/	If the licensure states "with prescriptive authority" the DEA must be present with the application. If not, the Plan should request further written explanation. 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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://profiles.ama-assn.org/amaprofiles/ • Transcript from Medical School • Certification by the Council on Certification of Nurse Anesthetists	Certification by the Council on Certification of Nurse Anesthetists	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://profiles.ama-assn.org/amaprofiles/		
Hospital privileges	• None	• Application • Signed attestation	Practitioner must function under the supervision and direction of a physician.	VT, NH & MA have opted out of the federal CRNA federal CRNA physician-supervision requirement https://www.aana.com/news/vermont-opts-out-of-physician-supervision-of-crnas/

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

Practitioner Type: Naturopath (ND)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner https://apps.deadiversion.usdoj.gov /RDA/	Will accept an explanation from the provider of the arrangements in place for a designated practitioner to write prescriptions on the providers' behalf.	
Liability coverage	VT Rule H-2009-03 • 5.2E4 Current year NCQA HP Standards and Guidelines	• Copy of professional liability insurance coverage current at the time of committee decision.	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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx • Transcript from Medical School		
Hospital privileges	• None	• Application • Signed attestation		Naturopath's may have hospital admitting privileges, but this is not required by the Plan. Generally, the patient will be directed to the Emergency Department by the provider, evaluated by an in-house provider who has hospital privileges and admitted by that provider, if in-patient care is necessary.

Practitioner Type: Certified Athletic Trainer (ATC)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• Written confirmation of certification by the Board of Certification (BOC) http://www.bocatc.org/		
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Certification by the Board of Certification (BOC) for Athletic Trainer • http://www.bocatc.org/		

Practitioner Type: Licensed Midwife (LM)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Liability coverage	VT Rule H-2009-03 • 5.2E4	• Copy of professional liability insurance coverage current at the time of committee decision.	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.	

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

Practitioner Type: Licensed Midwife (LM)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
	Current year NCQA HP Standards and Guidelines			
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx		
Attestation and Release of Information	Rule H-2009-03 • 5.2E3 Current year NCQA HP Standards and Guidelines	• Application • Signed attestation	• 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. • Copy of Provider's Transport Plan for independent providers performing births outside of the hospital setting. https://www.sec.state.vt.us/media/166494/plan-for-consultation-emergency-transfer-and-transport.pdf • Copy of Physician oversite agreement for admitting privileges at hospital for practitioners performing births at a hospital.	

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

Practitioner Type: Anesthesiology Assistant (AA)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx		
Attestation and Release of Information	Rule H-2009-03 • 5.2E3 Current year NCQA HP Standards and Guidelines	• Application • Signed attestation	• 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. • Practitioner must provide written statement of a BCBSVT credentialed anesthesiologist providing direct supervision.	

Practitioner Type: Acupuncturists (L.Ac.)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx OR: • https://nhlicenses.nh.gov/verification/	• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried. • 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.	
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	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.	

Practitioner Type: Hearing Instrument Specialist (HIS) or Hearing Aid Dispense

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried.	Audiologists do not require a separate license to dispense hearing aids.
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	• Verification of licensure meets educational requirement. Higher education (Master's, BA) not required for licensure.	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

Practitioner Type: International Board-Certified Lactation Consultant (IBCLC)				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Verification done directly with the International Board of Certified Lactation Consultant Examiners (IBLCE) • http://americas.iblce.org/ • 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.	Vermont does not license lactation consultants. BCBSVT does not require a Vermont license for Lactation Consultants. BCBSVT requires certification from the International Board of Lactation Consultant Examiners (IBLCE) in order to enroll in BCBSVT networks as a lactation consultant. **Verification via the online IBCLE registry is NOT an acceptable source of PSV.**	
License sanctions	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://iblce.org/resources/disciplinary-procedures/		
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	The IBCLE verifies education prior to taking the board.	N/A – included in IBCLE certification	

Practitioner Type: Pharmacist (Medical Office Setting)				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	Criteria are applicable to pharmacists without dispensing duties* and excludes pharmacists in a retail setting https://sos.vermont.gov/pharmacy/statutes-rules-resources/ click Administrative Rules hyperlink then scroll to page 13. 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.	
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines		Postgraduate year one pharmacy residency (PGY1) OR Earned a Board of Pharmacy Specialties (BPS) or Commission for Certification in Geriatric Pharmacy (CCGP) certificate, OR 3 years documented face-to-face direct patient care.	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines		See education above.	

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

Practitioner Type: Physician Assistant (PA, PA-C)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner https://apps.deadiversion.usdoj.gov/RDA/	DEA may not apply to this provider type. 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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://apps.health.vermont.gov/cavu/		
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Certification of National Commission on Certification of Physician Assistants (NCCPA) http://www.nccpa.net/Public	Verification(s) of expiration date(s) must be within 120 days prior to credentialing committee decision	
Hospital privileges	• None	• Application • Signed attestation	May not apply to this provider type if services are not provided in a hospital setting	
Attestation and Release of Information	Rule H-2009-03 • 5.2E3 Current year NCQA HP Standards and Guidelines	• Application • Signed attestation	• Copy of Provider's practice agreement in place with a MD or DO, in accordance with Vermont State law (Title 26: Chapter 31). • 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.	

Practitioner Type: Licensed Genetic Counselor (LGC)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://forms.nh.gov/licenseverification • https://madph.mylicense.com/verification/	• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried.	Vermont does not license these providers yet and are not eligible to enroll. New York is actively working on creating licensures and are not eligible to enroll.
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.oplc.nh.gov/genetic-counselors-governing-board • • https://www.mass.gov/orgs/board-of-registration-of-genetic-counselors		
Attestation and Release of Information	Rule H-2009-03 • 5.2E3 Current year NCQA HP Standards and Guidelines	• Application • Signed attestation.		

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

Practitioner Type: Psychologists (MA, PHD)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	The licensing agency verifies the practitioner has had supervised clinical experience(s), inclusive of pre-doctoral internships and post-doctoral supervised experience	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	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 120 days prior to credentialing committee decision	

Practitioner Type: Clinical Social Worker (CSW) (MSW) Licensed Clinical Social Worker (LCSW)

Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	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	

Practitioner Type: Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Psychiatric Mental Health Nurse Practitioner (PMHNP)

Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
DEA/CDS	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• Paper copy from practitioner https://apps.deadiversion.usdoj.gov/RDA/	DEA may not apply to this provider type. The license will state the practitioner has prescriptive authority. 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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	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	

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

Practitioner Type: Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Psychiatric Mental Health Nurse Practitioner (PMHNP)				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
			(PMHNP-BC) issued by the American Nurses Credentialing Center (ANCC) with specialty as: • Clinical Nurse Specialist in Child and Adolescent Mental Health Nursing • Clinical Nurse Specialist in Adult Psychiatric and Mental Health Nursing • Adult Psychiatric and Mental Health Nurse Practitioner; or • Family Psychiatric and Mental Health Nurse Practitioner. The applicable endorsement is listed on the practitioner's license.	

Practitioner Type: Licensed Professional Counselor (LPC), Licensed Mental Health Counselor (LMHC)				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	Primary source verification of written exam, degree and supervised experience is completed by the state licensing board:	

MHSA Practitioner Type: Certified Employee Assistance Professional (CEAP) 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.				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx	Primary source verification of written exam, degree and supervised experience is completed by the state licensing board:	
Specialty Certification	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	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).	

Practitioner Type: Licensed Marriage and Family Therapist (LMFT)				
Credentialing Requirement	Governing Entities	Acceptable Sources for Verification	BCBSVT Requirements	Comments and Exception Criteria
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx	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

Practitioner Type: Licensed Alcohol and Drug Counselor (LADC)

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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• The Vermont Alcohol & Drug Addiction Certification Board - http://vtcertificationboard.org/home/		
Education and training	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors.aspx	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	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors.aspx	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	

Practitioner Type: Certified Behavioral Analyst (BCBA, BCBA-D, BCaBA)

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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	http://www.bacb.com	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	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	http://www.bacb.com	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	Rule H-2009-03 • 5.2E Current year NCQA HP Standards and Guidelines	https://nbhwc.org/	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	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	https://nbhwc.org/	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

Blue Cross and Blue Shield of Vermont
Provisional Credentialing
Primary Source Verification
Exhibit B

Practitioner Type: Locum Tenen				
Credentialing Requirement	**Governing Entities**	**Acceptable Sources for Verification**	**BCBSVT Requirements**	**Comments and Exception Criteria**
Council for Affordable Quality Healthcare (CAQH) Application	Vermont General Assembly, Act 191	• https://proview.caqh.org/Login	Application must be attested to no more than 180 days prior to the quality review and credentialing committee's review	
License to practice	Rule H-2009-03 • 5.2E1 Current year NCQA HP Standards and Guidelines	• https://apps.health.vermont.gov/cavu/ • https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx • https://apps.health.vermont.gov/cavu/ • https://nhlicenses.nh.gov/verification/	• Verification of licensure within each state the practitioner holds or has held a license. Each licensing board must be queried. • Verification within 120 calendar days from decision date.	The following provider types are not licensed in the State of VT: International Board-Certified Lactation Consultant, and Certified Diabetic Educators.
License sanctions	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://iqrs.npdb.hrsa.gov/	Verification of license sanctions within each state the practitioner holds or has held a license.	
Liability coverage	VT Rule H-2009-03 • 5.2E4 Current year NCQA HP Standards and Guidelines	• Copy of professional liability insurance coverage current at the time of approval.	Minimum of $1 million per occurrence and $3 million in the aggregate, or evidence of federal or state tort immunity	
Professional liability claim history	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://iqrs.npdb.hrsa.gov/	Verification within 120 calendar days from decision date.	
Medicare and Medicaid Sanctions	Rule H-2009-03 • 5.2E2 Current year NCQA HP Standards and Guidelines	• https://iqrs.npdb.hrsa.gov/		
Attestation and Release of Information	Rule H-2009-03 • 5.2E3 Current year NCQA HP Standards and Guidelines	• Application • Signed attestation •	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) Current malpractice insurance coverage; 6) Practitioner race, ethnicity and language; 5) Current and signed attestation confirming the correctness and completeness of the application.	