

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	<u>Vermont General Assembly, Act 191</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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/ <p>See also individual practitioner types</p>	<ul style="list-style-type: none"> Verification of licensure within each state the practitioner holds or has held a license. Each 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. 	Exceptions: International Board-Certified Lactation Consultant, Behavioral Analysts and Dietitians – see individual practitioner types
License sanctions	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E2 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://iqrs.npdb.hrsa.gov/ https://www.healthvermont.gov/systems/medical-practice-board https://www.sec.state.vt.us/professional-regulation/conduct-decisions.aspx <p>See also individual practitioner types</p>	<ul style="list-style-type: none"> Verification of license sanctions within each state the practitioner holds or has held a license. 	
DEA/CDS	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	See individual practitioner types		
Liability coverage	<u>VT Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E4 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	See individual practitioner types	Required at initial credentialing only	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <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"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Application Curriculum Vitae (CV) 	<p>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.</p> <p>Review and explanation of gaps greater than 6 months</p> <p>Required at initial credentialing only</p>	
Professional liability claim history	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E2 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Malpractice carrier https://iqrs.npdb.hrsa.gov/ 	Query must be completed within 180 days prior to the credentialing 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
Medicare and Medicaid Sanctions	<u>Rule H-2009-03</u> • 5.2E2 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://qrs.npdb.hrsa.gov/ 		
Attestation and Release of Information	<u>Rule H-2009-03</u> • 5.2E3 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.deaiversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl State specific CDS website, as applicable 	May not apply to Radiologists or Pathologists	
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<u>MD</u> <ul style="list-style-type: none"> https://profiles.ama-assn.org/amaprofiles/ Transcript from Medical School (ECFMG) for international medical graduates licensed after 1986 State licensing board <u>DO</u> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> <u>Current year NCQA HP Standards and Guidelines</u> 	<ul style="list-style-type: none"> http://www.abms.org/ https://profiles.ama-assn.org/amaprofiles/ https://aoaprofiles.org/ 	Verification of expiration date(s) must be within 180 days prior to credentialing committee decision	
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> http://www.abms.org/ https://profiles.ama-assn.org/amaprofiles/ 	Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision	
Hospital privileges	<ul style="list-style-type: none"> <u>None</u> 	<ul style="list-style-type: none"> Application Signed attestation 	Evidence of admitting arrangements through a Plan credentialed physician, should the practitioner not have hospital privileges.	

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> <ul style="list-style-type: none"> 5.2E2 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://secure.vtprofessionals.org/Lookup/LicenseLookup.aspx http://www.fclb.org/ https://iqrs.npdb.hrsa.gov/ 		
Education and training	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl State specific CDS website, as applicable 	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> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.aboms.org/ 	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> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.abpmed.org/ 	Verification(s) of expiration date(s) must be within 180 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 	DEA is required if they are prescribing controlled substances. Otherwise, the NPI number is sufficient for prescriptions.	

Practitioner Type: Advanced Practice Registered Nurse Practitioner (NP, APRN, ARNP)				
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 NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 	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 NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx 		
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"> 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 180 days prior to credentialing committee decision	
Hospital privileges	• <u>None</u>	<ul style="list-style-type: none"> Application Signed attestation 	May not apply to this provider type if services are not provided in a hospital setting	

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
DEA/CDS	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 	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 NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Evidence of certification by the American College of Nurse-Midwives (ACNM) or the ACNM Certification Council. 	<ul style="list-style-type: none"> Evidence of certification by the: <ul style="list-style-type: none"> 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 Copy of Physician oversight agreement for admitting privileges at hospital for practitioners performing births at a hospital 	
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"> Certification by a national APRN specialty certifying organization; 	Verification(s) of expiration date(s) must be within 180 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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA 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"> http://www.ncbde.org/ 	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"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx 	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	https://www.cdmnet.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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 	If the licensure states "with prescriptive authority" the DEA must be present with the application. If not, the Plan should request further written explanation.	
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"> 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://profiles.ama-assn.org/amaprofiles/ 		
Hospital privileges	• <u>None</u>	<ul style="list-style-type: none"> Application Signed attestation 	Practitioner must function under the supervision and general direction of an anesthesiologist.	

Practitioner Type: Naturopath (ND)				
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 NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 		
Liability coverage	<u>VT Rule H-2009-03</u> • 5.2E4 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx Transcript from Medical School 		
Hospital privileges	• <u>None</u>	<ul style="list-style-type: none"> Application Signed attestation 	Evidence of admitting arrangements through a Plan credentialed physician,	

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

Practitioner Type: Certified Athletic Trainer (ATC)				
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>	<ul style="list-style-type: none"> Written confirmation of certification by the Board of Certification (BOC) http://www.bocatc.org/ 		
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"> 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	<u>VT Rule H-2009-03</u> • 5.2E4 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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.	
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"> https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx 		
Attestation and Release of Information	<u>Rule H-2009-03</u> • 5.2E3 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Application Signed attestation 	<ul style="list-style-type: none"> 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 oversight 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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx 		
Attestation and Release of Information	<u>Rule H-2009-03</u> • 5.2E3 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Application Signed attestation 	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://www.sec.state.vt.us/professional-regulation/licensee-lookup.aspx <p>OR:</p> <ul style="list-style-type: none"> https://nhlicenses.nh.gov/verification/ 	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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.	

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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E2 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://iblce.org/resources/disciplinary-procedures/ 		
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>		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	

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

Practitioner Type: Pharmacist (Medical Office Setting)				
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"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>		See education above.	

Practitioner Type: Physician Assistant (PA, PA-C)				
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"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Paper copy from practitioner https://apps.deadiversion.usdoj.gov/webforms2/spring/validationLogin?execution=elsl 	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> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> https://apps.health.vermont.gov/cavu/ 		
Specialty Certification	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Certification of National Commission on Certification of Physician Assistants (NCCPA) http://www.nccpa.net/Public 	Verification(s) of expiration date(s) must be within 180 days prior to credentialing committee decision	
Hospital privileges	<ul style="list-style-type: none"> <u>None</u> 	<ul style="list-style-type: 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E3 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> Application Signed attestation 	<ul style="list-style-type: none"> 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. 	

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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	• 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA 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	

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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	• 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	• Paper copy from practitioner • https://apps.deadiversion.usdoj.gov/webforms2/spring/validationLogin?execution=els	DEA may not apply to this provider type. The license will state the practitioner has prescriptive authority.	
Education and training	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	• 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 (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.	

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

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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2EI <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).	

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	<u>Rule H-2009-03</u> <ul style="list-style-type: none"> 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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	<u>Rule H-2009-03</u> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> The Vermont Alcohol & Drug Addiction Certification Board - http://vtcertificationboard.org/home/ 		
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"> 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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	<ul style="list-style-type: none"> 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. BCaBA'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> • 5.2E <u>Current year NCQA HP Standards and Guidelines</u>	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	<u>Rule H-2009-03</u> • 5.2E1 <u>Current year NCQA HP Standards and Guidelines</u>	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	