



HSC

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Introduction

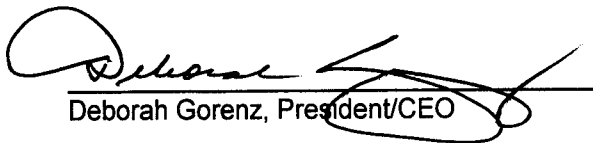
Hospital Services Corporation (HSC) assists hospitals, managed care organizations and other provider groups with credentials verification for health care practitioners. This process consists of gathering and verifying specific information in accordance with the standards developed by the Joint Commission for Accreditation of Healthcare Organizations (the Joint Commission), the National Committee for Quality Assurance (NCQA), the Utilization Review Accreditation Commission (URAC), and applicable state and federal regulatory requirements.

HSC's normal hours of operation are from 8:00 a.m. until 5:00 p.m. MT, Monday through Friday. For after hours messaging, a Credentials Verification Service (CVS) staff member may be accessed by dialing (505) 343-0070 and following the instructions given by the voice mail system to leave a message.

HSC has a custom-designed database that was developed to maintain the information necessary for the credentials verification process. The following procedures are designed to provide our CVS employees with the standards and guidelines to be used in the credentials verification process on behalf of our customers.

As each required document or verification is received, it is recorded in the database. All such forms and letters are generated through the CVS database by the auto-diary function, or may be generated manually by accessing the CVS database following the appropriate procedures.

These policies and procedures are revised on an on-going basis, but no less than annually, based upon a review of applicable standards and regulations. As the policies and procedures are updated, they are distributed electronically or by hard copy to each CVS staff person, appropriate customers, and applicable managers. All changes are discussed with the credentialing verification services staff during the annual revision process, with subsequent changes discussed at applicable monthly staff meetings.


Deborah Gorenz, President/CEO

5/16/11
Date

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**HOSPITAL SERVICES CORPORATION
CREDENTIALS VERIFICATION SERVICES
POLICIES AND PROCEDURES**

TABLE OF CONTENTS

I.	Application Process and Policy	
	A. The Joint Commission Introduction.....	1
	B. NCQA Introduction.....	1
	C. NCQA Managed Behavioral Healthcare Organizations Introduction.....	2
	D. URAC.....	2
	E. General Policies.....	2
	1. Timelines.....	2
	2. Follow-up Timelines.....	2
	3. Types of Practitioners to be Credentialed.....	3
	4. Credentials to be Primary Source Verified.....	4
	5. Individuals Responsible for Conducting Verifications.....	4
	6. Update Process for Aggregate Information.....	5
	7. Process for Reporting Credentials Information to Customers.....	6
	8. Verbal, Written & Internet Data Sources.....	6
	9. On-going Sanctions Monitoring.....	6
II.	Application Procedures	
	A. Initial and Reappointment Applications.....	7
	1. Curriculum Vitae/Resume/Work History.....	8
	2. Delineation of Privileges.....	9
	3. Follow-Up Letter.....	9
	4. Authorization/Release.....	9
	5. Provisional or Temporary Credentialing.....	10
	B. Primary Source Verifications.....	10
	1. Licensure.....	10
	2. Controlled Substance Registration (CSR).....	11
	3. Drug Enforcement Administration Certificate (DEA).....	11
	4. Insurance Coverage and Claims History.....	12
	5. Primary Specialty Certification (Board Certification).....	12
	6. Sub-specialty Certification.....	15
	7. Education/Training.....	15
	8. Data Bank Queries (NPDB and/or HIPDB).....	19
	9. State Board Queries.....	20
	10. Federation of State Medical Boards (FSMB).....	21
	11. Professional References.....	22
	12. Institutions/Hospital Affiliations (Joint Commission).....	22
	13. Clinical Privileges (NCQA).....	23
	14. Medicare/Medicaid Sanctions (NCQA).....	23
	C. File Completed and Closed.....	23
	D. Roster Management.....	24
III.	Hospital Customer Temporary Privileges Verifications.....	25

IV.	Hospital Customer File Maintenance Process	
	File Maintenance	25
	A. Primary Source Verifications	25
	B. Shipment of Documents	26
	C. Non-Responding Practitioners	26
V.	On-going Sanctions Monitoring Process	
	A. Medicare and Medicaid Sanctions	26
	B. Licensure Sanctions/Limitations	26
	C. OIG Sanctions Report Adverse Findings Verification	26
	D. Customer Notification	27
	E. Administration	27
VI.	Training, Communication, and Customer Satisfaction Measurement	
	Activities	
	A. Training and Flex Charts	27
	1. Training of CVS Staff	27
	2. Cross Training of Back-up Personnel	27
	3. Continuing Education	28
	B. Communication	28
	1. Management, Staff and Customers	28
	2. Organizational Structure	28
	C. Customer Satisfaction	29
	1. Customer Satisfaction Surveys	29
	2. Feedback from Customers	29
VII.	Internal Quality Improvement Program	
	A. Audits	30
	B. HSC Security Policy	30
	1. Maintenance of Confidential Information within the CVS Program	30
	2. Physical Access Control	32
	3. Personnel Management	32
	4. CVS Database/Electronic Access and Monitoring Systems	34
	5. Business Continuity/Disaster Recovery/Data Integrity	35
	C. CVS On-Line Access	38
	1. CVS On-Line Access Service	38
	2. CVS On-Line Application	38
	D. CVS Policy Changes	39
	1. Annual Review	39
	2. Interim and On-going Review	39
VIII.	Credentialing Verification Sources	40
IX.	Definitions and Other Information	40

I. Application Process and Policy

A. The Joint Commission Introduction

Hospital customers are governed by the standards developed by the Joint Commission for Accreditation of Health Care Organizations (the Joint Commission). Some customers may also comply with the standards established by the National Committee for Quality Assurance (NCQA). Licensing board customers follow standards established by applicable state statutes and regulations.

Hospital customers that request credentials verifications are typically in the process of either recruiting new practitioners or ensuring that current practitioners are accurately and timely recredentialed. The contractual turn-around time for any file is sixty (60) days or less. All files, with the exception of licensing board files, must comply with the applicable NCQA 120-day or 305-day rule and all other NCQA standards. Hospital customer files or other customer types of files may be reviewed by NCQA as substitution files during a survey in the same manner as managed care files and evaluated against all applicable NCQA standards to ensure that timely file follow-up is conducted; the database tracks a start date, diary date and close date. This tracks the process of every file from beginning to end. A diary date interval is usually 10 to 25 working days, depending on the type of file and whether or not a file is to be expedited. Once a new application, including the release and attestation, has been entered into the database, the verification letters will be generated overnight. Subsequently, the database will track the sent and received dates of every verification letter and will automatically generate follow-up letters for those verifications not received in specified intervals. Telephone follow-up with primary sources will begin at thirty (30) days. Depending on the item needed, it may be necessary to contact the practitioner directly. All documents received in connection with the credentials verification process must be date stamped on the date they are received.

B. NCQA Introduction

Managed Care Organization (“MCO”) and Managed Behavioral Healthcare Organization (“MBHO”) customers are governed by the standards developed by the National Committee for Quality Assurance (NCQA). HSC contracts with these customers to obtain credentials information for practitioners applying for panel membership with these organizations.

The National Committee for Quality Assurance (NCQA) was developed as a means to monitor and ensure these customers effectively maintain a mechanism to continually measure quality and improvement in the services they provide. Credentialing is one of the areas that NCQA monitors. MCOs must follow specific guidelines in order to be NCQA accredited. MBHOs must also follow specific guidelines in order to be NCQA accredited. Credentials Verification Organizations (CVOs) are given specific guidelines and standards to adhere to and may be NCQA certified. HSC incorporates NCQA guidelines in its credentials processes for both initial and recredential files, to ensure not only its own integrity, but the integrity of those who contract with HSC for credentials services. For answers to specific questions, contact NCQA.

C. NCQA Managed Behavioral Healthcare Organizations Introduction

The facilities and institutions addressed under these standards may be hospitals, residential treatment centers, residential rehabilitation centers, or other similar behavioral health organizations.

D. URAC Introduction

The Utilization Review Accreditation Commission (URAC) accredits various types of organizations such as health plans and preferred provider organizations. For those customers that are accredited by URAC, HSC will incorporate URAC standards into our processes for initial and recredentials files. URAC requires that the application and verifications not be more than 180 days old. Other URAC standards typically encompass many of the guidelines utilized by NCQA; and are, therefore, not itemized separately in these policies and procedures at this time

E. General Policies

1. Timelines

All primary source verifications must be *performed* and/or *received* within 120 days from the date of the practitioner's attestation, which is attached to the application form or application update document. The applicant's work history, application, and attestation must be obtained within 305 days of the date of the application and attestation. The applicant must attest to the correctness and completeness of the application content. Therefore, an attestation must always be included with the application. Except for the work history, application, and attestation, credentials information may not be more than 180 days old at the time of the customer's credentials committee review. The work history, application, and attestation may not be more than 365 days old at the time of the customer's credentials committee review. *Static credentials*, such as evidence of medical school graduation or completion of a residency, need to be verified only once and may be provided to numerous customers. All documents received by fax or mail in connection with the credentials verification process must be date stamped on the date they are received. All phone verifications must indicate the current date and name or initials of verifying party. Verifications should be signed or initialed by the CVS employee conducting the verification. To ensure that a timely and proper amount of follow-up is conducted, a diary system is in place. Every file has a start date, diary interval, and completed date. This tracks the progress of every file from beginning to end. A diary date interval is usually 10 to 25 working days, depending on the type of file, the type of document, and whether or not a file is to be expedited. The credentials file work process for follow-up is based on a file aging report that is pulled at regular intervals to ensure that all work-in-process credentialing files are continuously being monitored. The process is described in detail in the next section. This ensures that all files are continuously being monitored.

2. Follow-up Timelines

Applications are monitored by the CVS team and on-line status reports are available to customers. This allows customers to assist with non-responding practitioners. The diary interval for applications is 25 days. Follow-up timelines are based on regular work day flow or can be subject to change based on the individual requests of the customer. Current credentialing primary source document follow-up timelines are as follows:

a. 1 day (Age of file)

A written request is automatically generated through the diary at the time the file is initiated, and then either sent by fax, e-mail, or regular mail to the designated resource to request the required documents.

b. 15 days

A second written request is generated by our database and sent to the resource that has not complied with our first request. (If the second request is for a copy of an item, then the timeline interval is ten [10] days. If the second request is for a letter request, then the timeline interval is fifteen [15] days.)

c. 30 days

The open credentialing files, aged to thirty (30) days as identified by the database follow-up report, are assigned to a CVS follow-up analyst. Determination of the current status of the practitioner's file is performed through review of open items on the follow-up report and the database, along with relevant regulatory and customer standards. Then personal follow-up calls are made to secure the required missing items. This activity could also involve one or more of the following methods: fax, regular mail, voicemail, or e-mail, and is documented on the follow-up report module.

d. 40, 50, and 60 days

An analyst makes a second telephone call to the appropriate resource to request and secure the required document that has not arrived after the first and second written requests. This telephone call is triggered by the follow-up report generated by the database. Thereafter, follow-up continues for all open files as identified by the follow-up reports. As the file ages, the file may be pulled from our secure work-in-process file room to verify that database activity accurately reflects current status. Communication with the customer and/or practitioner may also occur at this time. This communication ensures that CVS meets the customers' needs and expectations according to the service agreement.

e. Weekly or As Needed (All files)

Appropriate communication methods are used to request and receive the required documents until the file may be closed.

3. Types of Practitioners to be Credentialed

a. The Joint Commission

The following practitioner types are to be credentialed within the scope of the Joint Commission requirements: physicians (MDs, DOs), dentists (DDSs), podiatrists (DPMs), chiropractors (DCs), psychiatrists or physicians certified in addiction medicine (MDs and DOs), licensed or certified psychologists (MAs, or PhDs), licensed or certified clinical social workers (MSWs), licensed clinical nurse specialists (MSNs), licensed psychiatric nurse practitioners (NPs), physical therapists (PTs), occupational therapists (OTs), and surgical technicians (STs) as well as other licensed, certified or registered behavioral healthcare specialists and any other professional as requested by the customer.

b. NCQA MCO

The following practitioner types are to be credentialed within the scope of NCQA requirements: physicians (MDs, DOs), dentists (DDSs), podiatrists (DPMs),

chiropractors (DCs), psychiatrists or physicians certified in addiction medicine (MDs) and DOs), licensed or certified psychologists (PsychDs, MAs, or PhDs), licensed or certified clinical social workers (MSWs), licensed clinical nurse specialists (MSNs), licensed psychiatric nurse practitioners (NPs), other licensed, certified or registered behavioral healthcare specialists and any other professional as requested by the customer.

c. NCQA MBHO

The following practitioner types are to be credentialed within the scope of NCQA MBHO requirements: psychiatrists and other physicians, doctoral and/or master's level psychologists who are state certified or licensed, master's level clinical social workers who are state certified or licensed, master's level clinical nurse specialists or psychiatric nurse practitioners who are state certified or licensed to practice independently, and other behavioral health specialists who are state certified or licensed to practice independently.

4. Credentials to be Primary Source Verified

HSC ensures credential applications used by our customers and their practitioners capture information necessary to comply with credentialing standards. The information listed below includes elements required in applications we utilize. Most of our customers use the HSC application. It is extremely important to note that the Joint Commission and NCQA require that the following credentials be verified from approved primary sources in full accordance with the standards set forth by the current published regulatory standards by the Joint Commission and NCQA:

- *Practitioner application with attestation and authorization to release information*
- *Licensure and medical board sanctions*
- *Hospital clinical privileges*
- *Primary specialty certification, board certification or residency completion/graduation from medical or professional school*
- *Professional liability claims history (through the NPDB)*
- *Evidence of medical malpractice insurance coverage (copy of face sheet or declaration page or as indicated on the practitioner's application)*
- *DEA and/or state drug license certificates (CSR), or CSR verification*
- *Work history (evident on a resume/CV/application for previous 5 years)*
- *Specialized training (MBHO only)*
- *National Practitioner Data Bank query (or Federation of State Medical Boards, if appropriate)*
- *Medicare and Medicaid sanctions (based on the NPDB query)*

Note: NCQA does not require that the DEA certificate or the CSR certificate be primary source verified, and a copy of either certificate is valid. A current legible copy of either of these certificates or primary source verification of a CSR is sufficient.

5. Individuals Responsible for Conducting Verifications

The CVS staff is responsible for processing credentials verifications. The Credentials Verification Services Manager is responsible for overseeing and ensuring all verifications are done in accordance with the applicable regulatory standards. All credentials department staff members understand, and are annually reviewed to ensure adherence

to our core principles which include maintaining confidentiality of the information, ensuring document integrity and fulfilling the needs of our customers per regulatory standard.

Staff members utilize methods described herein to access approved verification websites, contact appropriate sources, and process information in accordance with policy and procedures established with the intent of meeting all regulatory standards and customer expectations for quality, accuracy and timeliness. All information is contained in both hard and electronic copy in the provider file and is reflected accurately in the CVS database.

Completed files are made available to our customers through their requested delivery method. File contents may be shared with customers through telephone calls, face-to-face meetings, e-mail, mail, or fax, or posted on our secure FTP site.

6. Update Process for Aggregate Information

Several aggregate information sources utilized in the process of credentials verifications include the following:

- *BoardCertifiedDocs.com*: Used for board certification verification. This web-based service is subscribed to annually and is approved by NCQA and the Joint Commission for primary source verification of board certifications. For those practitioners who state on their application that they are board certified in a specialty included at this website, the CVS credentials analyst verifies certification and prints the verification.
- *Other Board Verification Methods*: Accessed through approved on-line sites and through contact with other boards utilizing the communication method prescribed by that independent body.
- *Hospital Affiliation Rosters and Spreadsheets*: Used for verification of primary admitting facility and/or work history affiliations. Updated rosters must be received from the hospital affiliation at least every 90 days, or may be accessed on-line for those affiliations that offer this type of service. Rosters and accompanying documentation must contain practitioner names, type of affiliation, dates of affiliation, and status of affiliation, such as good standing.
- *OIG Sanctions Report*: Used for verification of Medicare/Medicaid Sanctions information. This is accessed through the OIG/EPLS website on an on-going basis and queried for those physicians excluded from participating in federally funded programs such as Medicare and Medicaid.
- *State Licensing Boards*: Used for querying licensure sanctions information on an on-going basis. This is accessed through the individual state board website listings of those practitioners with sanctions against their license, or other derogatory reports associated with their professional licenses.
- *National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB)*: Used to assist eligible entities in investigating the qualifications and credentials of health care practitioners, providers, and suppliers. Entities must meet eligibility requirements and be registered with the Data Bank in order to query or report. The NPDB receives and discloses information related to the professional competence and conduct of physicians, dentists and, in some cases, other health care practitioners. The HIPDB

receives and discloses information related to final adverse actions taken against health care practitioners, providers, and suppliers.

7. Process for Reporting Credentials Information to Customers

Customers have on-line access to various reports that show the status of the practitioner verification files. Such reports include application status, applications not received, files completed and practitioner roster reports.

It is imperative that customers are aware of adverse actions taken against a practitioner. Such actions may include:

- *loss of license*
- *state sanctions, restrictions, and/or limitations in scope of practice, as defined by the state licensing authority*
- *loss or limitation of hospital privileges*
- *loss or surrender of a DEA or CSR registration*
- *loss of malpractice insurance*
- *Medicare or Medicaid sanctions*
- *professional liability claims settlement*

This information would typically be obtained by HSC on behalf of a customer during the initial appointment, reappointment, or continuous file maintenance verification process, as stipulated in HSC's contractual agreements with the customer. If, for instance, HSC contracts with a customer to perform only initial appointments and reappointments, HSC will notify the customer of any actions or sanctions discovered during these processes, but do not continue to gather such information at any other time.

If HSC contracts with a customer for initial appointments and continuous file maintenance, then HSC will notify said customer of any actions or sanctions discovered during the initial appointment process, and thereafter upon verifications of any expiring documents as stipulated in the contractual agreement. If HSC contracts with a customer for sanctions monitoring, HSC will notify this customer of any actions or sanctions discovered each time the available sanctions information is accessed and received by HSC. HSC is not responsible for notifying the customer of actions or sanctions that occur at any other time.

The customer and/or practitioner have the right to request resolution of errors in, or omissions of, data collected by HSC during the credentials verification process. However, HSC is not responsible for errors or omissions in data provided to us by the sources of such data.

8. Verbal, Written and Internet Data Sources

HSC uses verbal, written, and web-based data to verify credentials information. When using web-based verifications, credentials analysts must use the website of the appropriate NCQA approved source for that element. Verbal and website verifications require a statement in the credentialing file that is dated and either signed or initialed by the credentials analyst who verified the information. Written verifications may take the form of a letter, fax, or documented review of cumulative reports, such as a roster,

released by the primary source of credentialing data. For web-based and other electronic verifications, the date generated by the source when the information is retrieved is the date used by NCQA for determining timeliness of the verification.

9. On-going Sanctions Monitoring

HSC monitors for practitioner sanctions information from primary sources for those customers requesting this additional service. Between recredentialing cycles or at a pre-established schedule, the following sanctions types may be monitored:

- *Medicare and Medicaid sanctions from the OIG on-line sanctions report.*
- *Professional licensure sanctions from the applicable state licensing authority such as the Board of Medical Examiners, the Board of Osteopathic Medicine, the Board of Chiropractic Medicine and others, as requested by the customer.*

HSC regularly obtains and reviews documentation on sanctions from primary sources within thirty (30) days of its release and discloses to all customers according to the contractual agreement any and all disciplinary actions including Medicare/Medicaid sanctions and sanctions or limitations on licensure taken against its practitioners. Additional detail regarding this process can be found in Section VI: On-going Sanctions Monitoring Process.

II. Application Procedures

A. Initial and Reappointment Applications

The customer must indicate to HSC which application, (i.e., Customer's Application, HSC application, or other applications) they wish to be used during the credentials verification process. If HSC already has the customer's practitioner in its database, HSC's pre-populated application may be sent to the practitioner for review and updates, new signature pages, and attestation. Alternatively, the practitioner may be directed to HSC's secure on-line application, which is pre-populated real time during its completion. Additionally, the practitioner may be sent the customer's approved application and release. Regardless of the application used, a cover letter is also sent requesting the practitioner to complete the application, electronically or hard copy, sign the release and attestation, and return or submit to HSC along with current copies of the practitioner's curriculum vitae, license, Drug Enforcement Agency certification, Controlled Substance registration, and medical malpractice insurance certification. Other appropriate documents that may be requested include privilege request forms or facility specific documents. NCQA and the Joint Commission require that the application include a statement by the practitioner regarding reasons for any inability to perform the essential functions of the position, with or without accommodations; lack of present illegal drug use; history of loss of license and/or felony convictions; and history of loss or limitation of privileges or disciplinary activity. These questions are included on HSC's electronic and hard copy statewide applications in the Professional Practice Questionnaire (PPQ) section of the application.

The practitioner must attest to the correctness and completeness of the PPQ and application. The NCQA 305-day rule is applicable for the processing of practitioner applications and is measured from the date of the practitioner's attestation on the application. Affirmative responses to the PPQ must be accompanied by an explanation

of the circumstances of that event. If supplied by the customer, a copy of their by-laws and/or policies and procedures or rules and regulations is also made available on-line.

In November 1996, The New Mexico Medical Society and The New Mexico Hospital Association implemented the New Mexico Statewide Application©. Since that time, the vast majority of healthcare organizations, including hospitals, managed care organizations, independent practitioner associations, private practice physician groups and clinic-based organizations, have agreed to utilize the form or accept the form for their credentials verifications. This copyrighted application was the result of collaborative efforts between the New Mexico Medical Society and the New Mexico Hospital Association to reduce duplicative efforts, minimize administrative costs for those practitioners required to complete multiple forms for the different hospitals and managed care organizations throughout the State, and to streamline the overall credentials verification processes taking place in New Mexico. This application is reviewed on at least an annual basis according to applicable Joint Commission, NCQA or other standards, and based upon feedback received from users, and if appropriate, the application is updated. The copyrighted application can be used by non-customers with the consent of HSC.

If HSC does not receive the completed or updated application within twenty-five (25) days after a request has been sent to the practitioner, follow-up application request letters are automatically generated in twenty-five (25)-day intervals. After three (3) requests have been made for a completed or updated application with no response, the database will place this provider on hold (20 days after the 3rd request) and no additional requests will be generated. Prior to the provider being placed on hold in the database, an automated alert is e-mailed to the customer. The e-mail includes the dates on which the requests were sent, and the address, phone number and fax number for the provider stored in the database. The e-mail prompts the customer to inactivate the provider, or update the address, if necessary, and includes a link to the on-line system where this information can be updated. Customers and analysts have access to this hold status through an on-line report.

NOTE: To enhance the usefulness and clarity of this document, it should be assumed that all the following information detailing processing of an initial credentialing file shall also apply to the processing of a recredentials file unless an exception is noted at the end of each section.

1. Curriculum Vitae/Resume/Work History

Practitioners are required to provide their work history as part of the initial application process. This work history may be provided on the application, a resume or curriculum vitae (CV). NCQA does not require primary source verification of the work history. The Joint Commission does require primary source verification of work history for the last five (5) years, and some Joint Commission customers require verification of work history for a longer period of time. However, for NCQA files there must be five (5) years of work history evident in the file either on the application, the curriculum vitae or resume, including the beginning and ending month and year for each work history position. NCQA also requires that the work history include the practice sites or other locations at which the practitioner actually worked in order to meet this requirement. For example, a practitioner's practice location may be listed as part of the practitioner's work history to meet this requirement, but consulting privileges at a hospital does not meet this

requirement since these consulting privileges could have been sporadic. HSC is not required to verify work history from primary sources for NCQA files, but NCQA requires a review of any work history gap of six (6) months or more either verbally or in writing. NCQA allows for telephone clarification of such gaps in work history of less than one (1) year. Such communication will be documented appropriately as a verbal verification. Any work history gap that is or exceeds one (1) year in length must be clarified in writing.

Recredentialing Applications: Work history gap identification and verification is not required for NCQA recredentialing files.

2. Delineation of Privileges

Privilege forms may be a component of the appointment packet for a hospital or other Joint Commission customer. Privilege forms are specific to each customer with which we contract. The customer informs HSC as to what privileges the practitioner has applied for during the hospital's initial request for a practitioner's appointment. HSC will direct practitioners to our website where they may download the appropriate privileges. The practitioner must complete and return the privilege forms with the application for appointment. Copies of the privileges requested by a practitioner are sent with verification letters for that practitioner for professional references, affiliation verifications, and education verifications. Privilege request forms are not required for NCQA customers.

3. Follow-Up Letter

Many times it is necessary to follow up with the practitioner after receiving the application in order to obtain additional information. A follow-up letter is used to inform the practitioner that HSC is in receipt of the application. The primary source verification (PSV) process can begin if the application included the release and attestation. The missing required information is requested in this letter. We refer to this document as the "copy request letter." The first practitioner request is manually generated by the CVS staff member, and two subsequent requests are generated during the automated diary process at specified intervals.

4. Authorization/Release

A blank copy of the HSC release and attestation is made available on-line to the practitioner at the time that the application for appointment is sent. This release must be signed and dated by the practitioner before the processing of the file may begin, as it authorizes HSC to obtain information regarding the practitioner. The release may be used on behalf of multiple customers for up to five (5) years after the date it was originally signed by the practitioner. All releases received must be date stamped on the date they are received. Verification of board certification, drug registrations, licensure, and other publicly available information may begin prior to receipt of the release. Application and file documents that include a restriction (initialed in the "authority to redisclose" section) shall only be distributed to those customers, if any, listed at the top of the release page. If the provider has restricted the release but does not specify the entities to which the information is being restricted, the completed file will be made available to all requesting customers.

All documentation obtained by HSC on behalf of its customers is considered confidential and is maintained in accordance with the confidentiality provisions of HCQIA, HIPAA, the New Mexico and other states' equivalent of the Review Organizational Immunity Act, and the New Mexico and other states' equivalent of the Medical Practice Act. Information obtained by HSC is preserved and maintained exclusively for the benefit of HSC's customers. The information will be released to a third party only with the written consent of the customer and the applicant, pursuant to the Designation and Authorization for Release and Re-disclosure of Information ("Release") form. Except for those items that are available as public records, HSC may not verify information on behalf of any customer without first obtaining the written consent of the applicant.

5. Provisional or Temporary Credentialing

NCQA does not recognize provisional credentialing, therefore, HSC does not offer this service to its customers. However, upon request by a customer, HSC will process itemized requests.

Joint Commission customers with by-laws that require recredentialing to immediately take place one (1) year following the initial credentialing often refer to this group of practitioners as "provisional". In those cases the practitioners are tracked in the CVS database as recredentialals.

B. Primary Source Verifications

Note: Information that is deemed public record may be verified prior to receiving a practitioner's dated, written authorization or release. Such items include professional licensure, board certification, and drug registrations.

1. Licensure

All current professional licenses must be primary source verified. For example, the Board of Nursing must be contacted for RNs, and the Medical Board must be contacted for MDs. Primary source verification information specific to the practitioner's discipline must be documented on a license verification form or printed from the appropriate website. Practitioners are requested to list all previously and currently held licenses in all other states. Verification of all licenses held will be completed for an initial appointment for a Joint Commission customer. For an NCQA file, verification of the practitioner's license must only be performed for those states where the practitioner provides care for members of the customer-managed care organization. All license verifications will include information regarding previous or current sanctions, restrictions on licensure and/or limitations on the scope of license. Verification of licensure may begin prior to receipt of the release and approved on-line sources are acceptable to complete this task. HSC's analysts are provided with links to all available websites. If sanctions reports are indicated, a request via telephone or fax must be made to the Board to obtain the report if the sanctions report is not available on-line. All on-line verifications are to be initialed and dated by the analyst conducting the verification. Verifications may be electronically initialed and dated by the system as well.

Recredentialals Applications: For Joint Commission recredentialals files, all licenses that were current during the interim recredentialals period, or since the last appointment, will be verified.

Minimum Acceptable Verification:

Verification of current license number, license sanctions, and expiration date through the appropriate licensure board within 120-day time limit. Joint Commission files must include a copy of the current, primary license.

2. Controlled Substance Registration (CSR)

A copy of the controlled substance certificate may be obtained from the practitioner. This certificate may be verified by telephone, on-line, or through written correspondence to the State Board of Pharmacy. HSC's analysts are provided links to all available websites.

Although HSC may obtain a copy of and verify the state controlled substance registration (CSR), NCQA only requires that a copy of the state CSR or the DEA certificate be obtained, not both, and neither is required to be primary source verified. Therefore, in the event one of the drug registrations has been obtained by HSC for an NCQA file, the file will not be delayed and will be forwarded with the minimum required verification. A verification of the CSR may substitute for a copy of either the CSR or DEA.

Chiropractors:

DEA and CSR certificates are not applicable for chiropractors.

Dentists:

CSR certificates are not applicable for dentists; however, DEA certificates may be applicable in some cases.

Minimum Acceptable Verification:

Joint Commission: Copy or verification of current state controlled substance registration number, status of registration (i.e., active and in good standing), and expiration date through the State Board of Pharmacy, and a copy of the DEA.

NCQA: Copy of CSR or DEA, or CSR primary source verification. For dentists, a copy of the DEA is required if the dentist prescribes medications.

3. Drug Enforcement Administration Certificate (DEA)

A current copy of the certificate is obtained from the practitioner. DEA certificates do not need to be primary source verified. Some practitioners, such as radiologists and pathologists, may not have a DEA certificate. The DEA certificate does not have to be obtained within the 120-day NCQA time frame, but it must be current and may not expire during the 180-day time frame for our customers.

Although HSC obtains a copy of the DEA certificate and verifies the state controlled substance registration (CSR), NCQA only requires that a copy of the state CSR or the DEA certificate be obtained, not both, and neither is required to be primary source verified. Therefore, in the event one of the drug registrations has been obtained by HSC

for an NCQA file, the file will not be delayed, and will be forwarded with the minimum required verification.

Chiropractors:

DEA certificates are not applicable for chiropractors.

Dentists:

DEA certificates are required for dentists who prescribe medications. The CSR is not applicable.

Minimum Acceptable Verification:

Joint Commission: Verification of Drug Enforcement Administration registration by obtaining a copy of current certificate.

NCQA: Copy of CSR or DEA, or CSR primary source verification. For dentists, a copy of the DEA is required if the dentist prescribes medications.

4. Insurance Coverage and Claims History

HSC must obtain a copy of the current malpractice coverage certificate that shows the policy dates and amount of coverage. The copy may be obtained from the malpractice insurance carrier or the practitioner.

For NCQA files, HSC must also verify a practitioner's claims history for the previous five (5) years by either querying the NPDB, or by obtaining written verification from the malpractice insurance carrier. For Joint Commission files, HSC requests five (5) years of claims history by contacting the insurance carriers directly, although the NPDB query is sufficient for this verification.

To obtain verification from the malpractice insurance carrier, we send the request letter generated by the CVS database to the insurance company, along with a copy of the signed release, requesting verification of current insurance coverage, expiration date, and policy limits, and a copy of the last five (5) years of claims history. If a practitioner has a claims history, it should be noted in the database in the appropriate section so that a notation prints on the customer profile. To expedite insurance coverage verification, the request may be forwarded to the carrier by fax.

Minimum Acceptable Verification:

Verification of current insurance coverage, expiration date and limits from the insurance carrier or by obtaining a current insurance certificate from the practitioner. Verification of five (5) years of claims history through the insurance carrier or NPDB within 120-day time limit. (Note: The Joint Commission requires verification of five (5) years of claims history through both the insurance carrier and NPDB for current insurance coverage; NCQA allows either of the above methods of verification.)

5. Primary Specialty Certification (Board Certification)

a. Joint Commission

Medical Doctors (MDs), Doctors of Osteopathy (DOs), Doctors of Dental Science (DDSs), and Doctors of Podiatric Medicine (DPMs), Certified Nurse Practitioners (CNPs), Physician Assistants (PAs), Certified Nurse Midwives (CNMs), and others may all be board certified. Board certification may last for a period of time prescribed by the board, or may never expire as determined by the board and noted on the verification statement. Verification of board certification may begin prior to receipt of the release and is subject to the 120-day rule.

The HSC initial appointment application inquires as to whether the practitioner is board certified and if so, in what area. The practitioner may also include a copy of a board certificate, card, or letter from the board to indicate certification. If a practitioner states that he or she is, in fact, board certified, HSC verifies this information through the current appropriate resource, which may include on-line sites such as BoardCertifiedDocs.com or others, or by mail or fax. Certification may also be verified by obtaining telephone or written verification from the appropriate board.

If a practitioner is board certified by a recognized board and this certification has been verified, then NCQA does not require further verification of education and training, as board certification is considered the highest level. Education and training for dentists can also be verified with a dental board if HSC obtains confirmation annually that the board performs primary source verification of the education and training.

If a practitioner indicates that he or she is board certified, board certification must be verified by one of the following means:

- confirmation from the ABMS, its member boards, or through an official ABMS agent
- confirmation from the appropriate specialty board
- entry in the AMA Physician Master File
- entry in the AOA Physician Master File
- utilization of the approved on-line site, such as BoardCertifiedDocs.com
- utilization of the prescribed method dictated by the specific board

Minimum Acceptable Verification:

Verification of primary specialty certification through the appropriate on-line sources, or by obtaining telephone or written confirmation from the appropriate board.

b. MCO/MBHO Only

The practitioner application inquires as to whether the practitioner is board certified and if so, in what area. If the practitioner states that he is, in fact, board certified by a recognized board, then HSC must verify this information through the appropriate approved source.

For practitioners who are not board certified, verification of completion of the highest level of education, not including fellowships, meets the standard.

Dentists:

NCQA standards apply only to dentists who provide care under a medical benefit program. Board certification is an acceptable source of verification for dental education and residency training if written confirmation is obtained annually from the board that it performs primary source verification.

Completion of dental education may be confirmed by the dental school. Residency training may be confirmed by the appropriate specialty program. Dental school graduation and completion of residency training may be confirmed from the state licensing agency if HSC ascertains that the state agency conducts primary verification of these credentials. HSC should receive written verification from the state licensing agency at least annually if it utilizes this method for verification.

Chiropractors:

Graduation from a chiropractic college may be confirmed through documentation from an accredited chiropractic college whose graduates are recognized as candidates for licensure by the regulatory authority issuing the license at the time the license was issued. Graduation may be confirmed by the state licensing agency if the agency conducts primary source verification of this credential. HSC will ascertain that the state agency conducts primary source verification prior to accepting this as an appropriate verification.

Verification of board certification for chiropractors is not applicable. Certain optional postgraduate programs of continuing education (such as specialty councils) may lead to designation of "board certified", which represents additional education in a particular area of emphasis. Currently, these non-accredited programs are not regulated in the same way as medical boards.

Podiatrists (DPMs):

The practitioner application inquires as to whether the practitioner is board certified and if so, in what area. If the podiatrist states that he is in fact board certified, then HSC must verify this information through the appropriate board.

If the podiatrist is board certified, podiatry school and residency may be verified from one of the following:

- The appropriate specialty board if HSC may provide evidence that the certifying board conducts primary verification of podiatry school graduation and completion of a residency.
- Entry in a podiatric specialty board master file if HSC may provide evidence that the certifying board conducts primary verification of podiatry school graduation and completion of a residency.
- Confirmation by the state licensing agency if HSC may provide recent evidence that the state agency conducts primary verification of board status. Verification from the state licensing agency should be received at least annually.

If the podiatrist is not board certified, or if the above organizations do not verify that they have conducted primary verification as part of their certification requirements, completion

of residency training may be verified by obtaining confirmation by the residency training program.

If the podiatrist has not completed a residency, graduation from podiatry school may be verified by obtaining confirmation by the podiatry medical school.

Minimum Acceptable Verification:

Verification of primary specialty board certification through the appropriate primary source subject to the 120-day time frame.

6. Sub-specialty Certification

Sub-specialty certifications are verified in the same manner as primary specialty certifications.

Minimum Acceptable Verification:

Verification of sub-specialty board certification through the appropriate primary source subject to the 120-day time frame.

7. Education/Training

For the Joint Commission files, all education and training must be primary source verified. For NCQA files, education and training need not be verified if a practitioner is board certified by a recognized board, unless otherwise stated in the contractual agreement with the customer. Board certification may be used to verify education and training only if that specialty board primary source verifies education and/or training. If a practitioner is not board certified, verification of completion of the highest level of education achieved will meet this requirement. For those practitioners who have not completed a residency program, verification of graduation from the medical/professional school fully meets this requirement for NCQA. Therefore, HSC will first determine if the practitioner is board certified by a recognized board, and if not, will then proceed to verify residency or medical/professional school. The procedures for verification of medical school and residency are as follows:

Recredentialing Applications: Education verification is not required for recredentialing files.

a. Medical School Graduation

Verification of medical/professional school graduation is required by the Joint Commission. For NCQA files, primary source verification of medical/podiatry/osteopathic (professional) school is only necessary if the practitioner is not board certified, or is certified by a non-physician/podiatrist/osteopathic physician specialty board and has not completed a residency or internship. The application requests information regarding where the practitioner received his medical/professional degree. The CVS database will generate a letter to verify this education. NCQA and the Joint Commission also accept the American Medical Association (AMA) profile and the American Osteopathic Association (AOA) profile as primary source verification of this information. If used, an AMA search is conducted on-line through the AMA website, www.ama-assn.org, and for which there is a pass-through charge. Some customers

require advance approval to use the AMA website due to the cost associated with this verification. Any information AMA has on file for DOs will be limited so it is best to contact the educational institution directly and forego performing an AMA search for DOs unless absolutely necessary. AMA will not have information on podiatrists or dentists. If the DO is a member of the American Osteopathic Association, a profile on the DO may be obtained, for which there is a pass-through charge. Verification of medical/professional school graduation is considered a *static* verification. This means that medical/professional school graduation must only be verified once, and the information may be used for multiple customers since the verification does not expire.

The Internet may assist in obtaining the names of medical schools, addresses, and telephone numbers.

When attempting to expedite an application, HSC may send the letters of verification for medical school graduation and obtain an AMA profile to expedite the process.

Verify medical/dental/podiatry/osteopathic education through the following sources:

- confirmation from the medical/dental/podiatry/osteopathic school
- entry in the AMA Physician Master File
- entry in the AOA Physician Master File; or
- confirmation from the Educational Commission for Foreign Medical Graduates for international medical graduates licensed after 1986

Exception: If a physician indicates that education and training was completed through the AMA's Fifth Pathway program, the education and training must be verified through the AMA. It is not acceptable to verify this type of education and training directly with the school.

Minimum Acceptable Verification:

Verification of medical school graduation through written correspondence with the medical/professional school, telephone confirmation with the medical/professional school, or by obtaining a profile from the American Medical Association or the American Osteopathic Association, or by obtaining verification from the Educational Commission for Foreign Medical Graduates (ECFMG), as appropriate.

b. Internship and Residency

The application requests information regarding where the practitioner completed his internship and/or residency, which is referred to as post-graduate training. The Joint Commission also accepts the American Medical Association profile or the American Osteopathic Association profile as primary source verification of this information. Verification of post-graduate training is considered a *static* verification. This means that this must only be verified once, and the information may be used for multiple customers since the verification does not expire.

In order to obtain telephone verification, the appropriate telephonic verification form is used by the CVS staff member.

When attempting to expedite an application, HSC sends letters of verification for education and training and obtains an AMA or AOA profile to expedite the process. Verify completion of an internship/residency through the following sources:

Physicians/Dentists/Podiatrists/Osteopathic Physicians:

- confirmation from the internship/residency training program
- entry in the AMA Physician Master File
- entry in the AOA Physician Master File, or
- confirmation from the state licensing agency if HSC ascertains that the state agency conducts primary source verification of post-graduate training.

Minimum Acceptable Verification:

Verification of internship/residency through written correspondence or telephone confirmation with the facility, or by obtaining a profile from the American Medical Association or the American Osteopathic Association, or other state licensing agency, as applicable.

c. Fellowship

The application requests information regarding where the practitioner completed his fellowship. Not all practitioners complete a fellowship. HSC will send the letter generated by the CVS database to verify that this information is accurate. NCQA and the Joint Commission accept the American Medical Association profile and the American Osteopathic Association profile as primary source verification of this information. Verification of fellowship is considered a *static* verification. This means that the fellowship must only be verified once, and the information may be used for multiple customers since the verification does not expire. Verification of the fellowship is not required by NCQA and does not substitute as verification of the highest level of training, but may be a customer requirement. If a practitioner completed both a residency and fellowship, HSC will only verify the residency unless we have a customer request to also verify the fellowship. In no case will a fellowship verification substitute for verification of the residency.

When attempting to expedite an application, HSC may send letters of verification for education and training and obtain an AMA or AOA profile to expedite the process.

Minimum Acceptable Verification:

For Joint Commission files, verification of fellowship through written correspondence or telephone confirmation with the facility, or by obtaining a profile from the American Medical Association.

d. Non-Physician Behavioral Health Care Professionals

HSC must obtain written verification of completion of any special training that the practitioner has received from the school or training program that provided the training or confirmation from the state licensing agency if HSC can obtain recent evidence that the state agency conducts primary source verification of professional school training. The

scope of this NCQA requirement does not include continuing education for behavioral health practitioners, such as for hypnosis.

e. Foreign Medical School Graduate

From time-to-time, a physician will have graduated from a foreign medical school that requires verification through the Educational Commission for Foreign Medical Graduates (ECFMG). The practitioner will have been assigned an ECFMG number, which is needed for the verification letter. If the ECFMG number is not included on the application, it must be obtained from the physician. HSC will request ECFMG Certification on-line directly to ECFMG to verify medical school graduation. There is a charge for this verification. NCQA and the Joint Commission accept the American Medical Association profile and the American Osteopathic Association profile as primary source verification of this information, and the ECFMG number is not necessary for this query. Canadian and Puerto Rican medical school graduates are not issued an ECFMG number; therefore, verification is performed directly with the Canadian or Puerto Rican medical school or facility. It typically takes from two (2) to three (3) weeks for this verification. Verification from the ECFMG is valid for only those practitioners licensed after 1986.

Minimum Acceptable Verification:

Verification of foreign medical school graduation through written correspondence with the Educational Council for Foreign Medical Graduates.

f. Other Practitioners

Verification of professional school graduation is required by the Joint Commission. For NCQA files, primary source verification of professional school is only necessary if the practitioner is not board certified by a recognized board. The application requests information regarding where the practitioner received his professional degree. The CVS database will generate a letter to verify that this information is accurate. Verification of professional school graduation is considered a *static* verification. This means that professional school graduation must only be verified once, and the information may be used for multiple customers since the verification does not expire. Because the Educational Council for Foreign Medical Graduates does not include non-physician practitioners, foreign education may be obtained by contacting the foreign professional school or through the appropriate licensing board after confirmation that the licensing board primary source verified the education.

Verify professional education through the following sources:

- confirmation from the professional school
- confirmation from the appropriate licensing board after confirming that the licensing board primary source verified the education

Minimum Acceptable Verification:

Verification of professional school graduation through written or telephone confirmation with the professional school, or through the appropriate licensing board after confirmation that the licensing board primary source verified the education.

8. Data Bank Queries (NPDB and/or HIPDB)

The National Practitioner Data Bank (NPDB) is queried at the time of initial appointment, reappointment, and temporary privileges by specific customer request, or when the physician is requesting additional privileges. The Data Bank is used to query for any disciplinary actions taken, restrictions on licensure and limitations on scope of practice or claims against the practitioner, and whether or not there are any Medicaid/Medicare sanctions against the practitioner. Any actions taken against a practitioner before 1990 have not been reported to the Data Bank. The Data Bank query must be specific to each customer. In other words, *it is not acceptable to use one customer's query for another customer*. HSC obtains authorization to query on behalf of our customers.

The following information must be obtained from the practitioner before a query of the database may be completed:

- First and last name*
- Gender*
- Type of practitioner, i.e. MD, DO, etc.
- Date of birth*
- Social security number*
- Home or work address*
- Medical school attended
- Year of medical school graduation*
- Drug Enforcement Agency (DEA) certificate number
- Current license number*
- All expired license numbers, and the states in which the licenses were issued
- The Data Bank code that pertains to the practitioner's medical specialty

*Information that must be entered (required fields) in order to process the Data Bank query. Without these required fields, the Data Bank will not process your query. It is always best to enter as much information as available to ensure the accuracy of the query.

All hospitals, health maintenance organizations and certain other approved organizations are authorized to query the National Practitioner Data Bank. In some cases, however, a customer may not fall into the category of those organizations authorized to query the data bank. In these situations, the Federation of State Medical Boards may be queried. Please refer to the NCQA Standards for the requirements necessary for an organization to query the NPDB.

In addition to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank is also available for query. These queries are performed using the NPDB/HIPDB website at www.npdb-hipdb.gov. Upon querying the NPDB and/or the HIPDB, the analyst will place a copy of the NPDB/HIPDB report in the credentials file for that customer, as well as noting the receipt date of the report and whether any reportable actions were found on the customer profile. Many HSC customers rely upon HSC's profile in lieu of utilizing the entire file so it is critical that HSC maintain copies of the NPDB and HIPDB reports in their respective files.

Minimum Acceptable Verification:

Verification of actions/sanctions against a practitioner by querying the National Practitioner Data Bank within the 120-day time frame.

9. State Board Queries

Physicians:

Regarding any previous or current state sanctions, restrictions on licensure, and/or limitations on scope of practice, HSC queries the following sources for sanctions or limitations on licensure:

- National Practitioner Data Bank (NPDB)
- Healthcare Integrity and Protection Databank (HIPDB)
- Federation of State Medical Boards (FSMB)
- Or the appropriate state board or agency

This may be done at the time of license verification and included on the license verification form.

Information on sanctions, restrictions on licensure, and/or limitations scope of practice must cover the most recent five (5)-year period available through the data source. If practitioners were licensed in more than one state in the most recent five (5)-year period, the query must include all states in which they worked. The query may be written or verbal. Verbal verification requires that the information received is documented on the applicable form, such as the *license verification form*, and that it be initialed by the credentials analyst. HSC will notify its customers of actions taken against a practitioner by including information on the practitioner profile upon completion of a file. (Refer to *Process for Reporting Credentials Information to Customers*).

Chiropractors:

Verification should come directly from one of the following sources:

- Appropriate State Board of Chiropractic Examiners and be documented on the *license verification form*
- HIPDB
- Or from the Federation of Chiropractic Licensing Boards' Chiropractic Information Network/Board Action Databank (CIN-BAD).

Dentists:

Verification should come directly from one of the following sources:

- Appropriate State Board of Dental Examiners
- HIPDB
- NPDB

Podiatrists:

Verification should come directly from one of the following sources:

- Appropriate State Board of Podiatric Examiners
- HIPDB
- Or the Federation of Podiatric Medical Boards.

Non-physician Behavioral Health Care Professionals

Verification should come directly from one of the following sources:

- Appropriate state agency
- HIPDB
- State licensure or certification board

Note: Practitioner self-query does not satisfy this standard.

NCQA now accepts the use of the Proactive Disclosure Service (PDS) of the National Practitioner Data Bank (NPDB) for verification of malpractice history, initial sanctions information, on-going monitoring, recredentialing verification of malpractice history, and limitations on licensure and sanction information.

Minimum Acceptable Verification:

Verification of licensure sanctions, restrictions and/or limitations on scope of practice for the previous five (5) years through the appropriate state licensing board, the appropriate databank, or approved state licensing or certification board.

10. Federation of State Medical Boards (FSMB)

Upon request, the Federation of State Medical Boards may be queried on behalf of a hospital or other customers. This query assists our customers by providing additional information that might be useful during the credentialing process, including Medicare/Medicaid sanctions. The FSMB will not have information on podiatrists or dentists.

In order to query the Federation of State Medical Boards, the following information must be obtained:

- First and last name*
- Gender*
- Whether the practitioner is an M.D., D.O., or P.A.
- Date of birth
- Social security number
- Medical school attended
- Year of medical school graduation
- Current license number*
- All expired license numbers, and the states in which the licenses were issued
- The Data Bank code that pertains to the practitioner's medical specialty

*Information that must be entered (required fields) in order to process the Data Bank query. Without these required fields, the Data Bank will not process your query. It is

always best to enter as much information as available to ensure the accuracy of the query.

The FSMB may not specify the nature of the disciplinary action taken against a license. Specific information may be obtained from the appropriate medical board.

Minimum Acceptable Verification:

Verification of actions/sanctions against a practitioner by querying the Federation of State Medical Boards within the 120-day time frame per customer request. Verification is not required if the customer is authorized to query the National Practitioner Data Bank.

11. Professional References

The application for appointment will include the names and addresses of the practitioner's peer references. A letter is generated and sent by mail or fax by the CVS database to all references listed on the application with a copy of the practitioner's release and privilege forms, if applicable. At least two (2) valid references must be obtained for each practitioner.

Some customer specifications mandate more than two (2) references. Practitioners must list references that are at least of the same professional discipline. For example, an MD must list three (3) other MDs as references. NCQA does not require that professional references be obtained and an application which does not include listed references will not be delayed. However, some NCQA customers require that we request references on behalf of their practitioners.

Minimum Acceptable Verification:

Joint Commission: Written verification of a minimum of two (2) professional references from the same professional discipline.

NCQA: None

12. Institutions/Hospital Affiliations (Joint Commission)

A letter is generated by the CVS database to verify all current and previous hospital and institutional affiliations that the practitioner lists on his initial application, resume or curriculum vitae for the previous five (5) year period, or as specified in the contractual agreement with the customer. This requirement is not applicable for NCQA files.

Minimum Acceptable Verification

Joint Commission: Written, telephone, roster, or on-line verification of all current and previous hospital and institutional affiliations. The analyst will initial and date all telephone, roster, and on-line verifications.

13. Clinical Privileges (NCQA)

Verbal or written confirmation from the practitioner's *primary* admitting facility that the practitioner has clinical privileges in good standing is not required by NCQA but is typically required by NCQA customers. Verification includes the date of appointment, status of appointment and current standing. A letter is generated by the CVS database for this verification. Written correspondence should be directed to the appropriate department of the facility.

The following types of practitioners may not have primary admitting facility privileges:

- Consulting physicians
- Locum tenens physicians
- Courtesy physicians
- Clinic physicians
- Dermatologists, radiologists, and pathologists (but not limited to these)
- Dentists (Dentistry is an office-based health discipline. Less than one (1) percent of dental care is delivered in the hospital setting, therefore, verification of hospital privileges is not performed if the dentist has strictly an office-based practice.)
- Other licensed professionals such as social workers and counselors

Minimum Acceptable Verification:

If required by the NCQA customer, verification of clinical privileges in good standing from the practitioner's primary admitting facility by written correspondence, telephone, or roster verification within the 305-day time frame. A letter of explanation regarding admitting arrangements and signed by the admitting physician may also be acceptable.

14. Medicare/Medicaid Sanctions (NCQA)

Verification of the practitioner's Medicare and Medicaid status is performed by conducting a National Practitioner Data Bank query. At the request of a customer, HSC may verify Medicare/Medicaid status by accessing the OIG's website and querying the exclusionary listing.

Verification of Medicare/Medicaid sanctions is not applicable to dentists.

Minimum Acceptable Verification:

Verification of Medicare/Medicaid sanctions through the National Practitioner Data Bank within the 120-day time frame.

C. File Completed and Closed

Once all required information has been gathered for a practitioner, the file is sent to the customer either by mail, fax, or e-mail, or by scanning and posting it to HSC's secure server to be downloaded by the customer. State licensure board customers receive original documents.

The file closing steps taken are:

- Review the file, place the documents in close order, and perform a closing audit for accuracy, appropriateness, and completeness.
- Enter the NPDB date for the next day, and the file completed date for two (2) days later, and print the Provider Profile.
- Review the Provider Profile for accuracy and completeness.
- Print the Provider Profile.
- Sign and date the Provider Profile and place the file in the designated NPDB query basket for next morning processing.
- The NPDB query takes place in the morning by the program assistant team. Approximately two (2) hours later the query results are queued and printed. The appropriate NPDB and/or HIPDB is attached to the profile with the balance of the credentialing documents and placed in the audit tray in the secure file room.
- The completed credentialing file is audited and signed off by a designated analyst to ensure file integrity. If a credentialing file is found to be non-compliant, the file will not be signed by the auditing analyst. Errors are recorded by the auditor on the closer's daily audit log by type for trending analysis, and then the file is returned to the follow-up team and finally, back to the analyst closer.
- The follow-up analyst reviews the marked errors on the profile, corrects and/or discusses notations with the closer and/or auditor.
- The file auditor then reviews file for corrections and signs off, as appropriate.
- The credentialing file is scanned as an electronic file to the practitioner's record the following day and shipped by the method designated by the customer.

Due to the higher volume of files for certain customers, files may be shipped in batches. If files are shipped in a batch, it is critical that shipment dates coincide with customers' credentials committee dates to ensure sufficient time is allowed for any additional preparation that is required by the customer. Customers, according to contractual agreements, are billed according to the close date of the file.

If the customer has asked for a Joint Commission file to be expedited and HSC is awaiting documents, it is acceptable to send the file with the customer's permission, and forward the outstanding documents by fax, mail, or email, or by scanning and posting them as soon as they are received. The profile is documented with the note "Shipped with Pending Items", and a list of the pending items. It is imperative that follow through occur in a timely manner to ensure the customer receives the outstanding documents. Those documents are received, entered into our database, and sent to appropriate customers in accordance with their prescribed method and scheduled frequency. This exception does not apply to NCQA files.

D. Roster Management

To ensure that the correct practitioners are credentialed in a timely manner, it is the responsibility of the customer to notify HSC of any changes to their roster of practitioners that may impact on the credentialing process. Mailing addresses, phone numbers and fax numbers, as well as next recredentialing dates need to be updated regularly to ensure that the roster is up to date. Practitioners may also need to be added to the roster or inactivated (termed) from the roster over time. Customers can notify CVS staff of these types of changes using a variety of methods, including the use of roster spreadsheet templates, our online roster management system, or via daily communications with CVS staff members. Online reports and automated e-mails from

our system inform customers of potentially unresponsive practitioners and assist customers in identifying roster information that may need to be updated. If the customer fails to notify HSC in a timely manner of changes to their roster, the customer may be billed for any credentialing activity (including file maintenance), that was completed prior to the notification of the change

III. Hospital Customer Temporary Privileges Verifications

Temporary privileges are issued by many Joint Commission customers in order to provide coverage for active staff or during other extenuating circumstances. If a customer indicates they need to privilege a practitioner temporarily, the customer will outline the particular process to be followed. Appropriate items will be acquired and sent to the customer. HSC must have a valid, signed release to request, process and forward any required documents. We will continue to request, receive, and process remaining items to complete the file in accordance with the Joint Commission standards. These items are sent to the customer via mail, email, scanning and posting, or fax as they are received.

Items missing from a shipped Joint Commission file are referred to as "pending items". Those items are requested by HSC and forwarded to the appropriate customer when received. In order to ensure attention to these items, we request a pending item report from our database to focus follow-up activity on these outstanding documents.

IV. Hospital Customer File Maintenance Process

File Maintenance (FM) is a process offered to primarily Joint Commission customers for performing primary source verification on licensure, board certification, state drug registration (if applicable), Drug Enforcement Agency registration, and medical malpractice insurance, as they expire. The CVS database tracks all expiration dates throughout the calendar year, generating verification letters for items that have expired and must be re-verified. Verifications are forwarded to the appropriate customer/organization as they are received. This ensures that all licenses, board certifications, drug registrations, and malpractice insurance policies are kept current in the customer file. File maintenance is billed one (1) year after shipment of a file, and it is not billed in the same year in which a file is shipped to the customer unless that customer requests a file out of the normal processing sequence.

A. Primary Source Verifications

1. All Required Documents

Practitioners are required to provide a copy of their state license(s), DEA, CSR (if applicable) and certificate of insurance (COI) if any of these items has expired. Requests may be either generated by the CVS database, a copy request letter, or by telephone to the provider.

All verifications are subject to the same standards outlined previously in the Primary Source Verifications section. License verifications will include obtaining information regarding previous or current sanctions, restrictions, or limitations on the scope of practice. Insurance verifications and claims history must be received directly from the insurance company.

Minimum Acceptable Verification:

File Maintenance items are subject to the same standards for minimum acceptable verification as outlined in previous sections for the processing of applications.

B. Shipment of Documents

Items that have been verified upon their expiration are copied and/or scanned and forwarded to the customer at a predetermined frequency, either established by HSC or as requested by the customer. Customers are not billed for file maintenance in the year in which a recredentials file is processed unless the year is determined to be a “file maintenance year”.

C. Non-Responding Practitioners

Due to the potential issue of practitioners not responding to requests for information in a timely manner, HSC has developed a File Maintenance Report to more effectively monitor those practitioners whose files are not up-to-date with regard to current copies of licenses, board verifications, drug registrations, and insurance policies. Prior to the expiration of each file maintenance item, an automated alert is e-mailed to the customer. The e-mail includes the item type and expiration date. The e-mail prompts the customer to inactivate the provider, or update the address, if necessary, and includes a link to the on-line system where this information can be updated. Customers can also see details of any expired or soon-to-expire items using reports available from CVS Online.

V. On-Going Sanctions Monitoring Process

A. Medicare and Medicaid Sanctions

HSC accesses the downloadable file via the Internet website at <http://oig.hhs.gov/fraud/exclusions/database.html>. A data reconfiguration is run which saves the data template for query against the HSC database comparison table that is designed to query practitioner data by customer. Step-by-step instructions for this download query are located in the CVS Department’s electronic Policies and Procedures folder.

B. Licensure Sanctions/Limitations

HSC queries the applicable state licensing boards for adverse findings by following the instructions located in the CVS On-going Sanctions Monitoring Policy and Procedure.

C. OIG Sanctions Report Adverse Findings Verification

Date of birth and social security number are verified on-line with the OIG and traced back to the practitioner to ensure positive identification.

D. Customer Notification

If a customer’s practitioner is listed on a report or other information source, or if the source information is determined to be inadequate or of poor quality, HSC will notify the

customer on the documenting report through e-mail and/or by telephone. In-process files include sanctions alerts on the profile. Alerts and notifications include loss or limitation of license, sanctions (state, Medicare, Medicaid), and liability claims settlements.

E. Administration

The reporting of sanctions findings including loss or limitation of license, state sanctions, restrictions and/or limitations in scope of practice, as defined by each licensing agent and Medicare or Medicaid sanctions, will be sent to the customer upon receipt.

The CVS analysts maintain copies of corresponding sanctions reports in the CVS Department's electronic Sanctions folder. Individual provider sanctions are scanned with the file and kept in both hard-copy and electronic formats for future reference as those documents may be required.

Information may be gained from either: a) the normal processing of a file; b) an OIG/EPLS query which is done for each file for customers who request this report; or c) a monthly OIG query.

VI. Training, Communication, and Customer Satisfaction Measurement Activities

A. Training and Flex Charts

The flex chart and training checklist form serves two purposes. The flex chart portion is for cross training staff for every job duty within the department. The training checklists are to be used to train new employees within their job function. The flex chart and training checklist also helps to ensure department and organizational sustainability in the event of turnover or expansion.

1. Training of CVS Staff

HSC has an intensive 16-week training program for its credentials analysts. The weekly modules range from orientation to follow-up, input, close, auditing, and customer service training for analysts. Each module has three-way weekly completion sign-off by the trainee, trainer, and department manager.

2. Cross Training of Back-Up Personnel

Cross training provides flexibility to meet customer needs. The CVS Department may use other HSC personnel for selected tasks, and also strives for maximum cross training within the department to cover unexpected absenteeism or to meet short-term customer demands.

The flex chart is utilized for cross training and is detailed below.

a. Flex charts are used to ensure all positions within HSC are backed up and/or have all documentation in place. A personal flex chart is completed within six (6) months of any new hire. Additionally, any new job duties must be added to the flex chart and training must occur. Flex charts must be updated semi-annually during the annual and interim

performance evaluation periods, or before the start of a new employee. This will ensure that any added job duties are included in the flex chart and training checklist.

b. Training checklists are used to ensure all new employees are properly trained on all job functions within their position. The CVS manager has a department combined flex chart and training checklist that lists each employee within the department, and his or her assigned activities. During the first ninety (90) days of employment, the manager will ensure that the new employee is trained in each area of responsibility. Once training has occurred, the trainer and trainee will initial the areas completed. The completed training checklist is submitted to Human Resources with the ninety (90)-day evaluation.

3. Continuing Education

HSC is committed to identifying and providing pertinent continuing education for the CVS Manager and CVS staff. This may include the following, as well as other opportunities:

- Attendance at National Association of Medical Staff Services annual convention
- Attendance and membership in the New Mexico Association of Medical Staff Services
- Attendance and participation in national standards seminars and workshops
- Networking with local medical staff appointment personnel
- On-going certification education
- Daily follow-up and training within CVS and with our credentialing partners
- Attendance at customer User's Group Meetings
- Involvement in Quality New Mexico activities, both internal and external

B. Communication

1. Management, Staff, and Customers

The CVS Manager meets with the President/CEO at least monthly to review progress and on-going issues involving the program including, but not limited to, marketing, customer satisfaction, financial progress, interpretation of standards, workload, productivity, quality, clerical support, and operations.

Monthly staff meetings are conducted to keep all CVS staff members abreast of changing standards, customer issues, database updates, departmental and individual performance, on-going education, and any other business items pertaining to the on-going processing of credential files. CVS staff members are required to attend and are encouraged to submit discussion items for inclusion on the agenda that is coordinated by the CVS Manager.

New customers are asked to complete a CVS Contract Implementation Checklist. This checklist helps mitigate some of the customer issues experienced with new customers who are not accustomed to using a credentials verification organization. The checklist improves the communication between the credentials analysts and new customers as operational expectations are more clearly defined in the checklist than in the contract language.

2. Organizational Structure

HSC is a dynamic organization that enjoys an extremely close relationship with the health care community in multiple states. Strengths of the organization which contribute to the efficiency and quality of the CVS department include:

- Readily available access to management
- Quick response to customer requests and changes
- Close relationship and access to customers
- Back-up resources available throughout the organization

C. Customer Satisfaction

Quality and customer satisfaction are measured using a number of formal and informal methods including but, not limited to, the following:

1. Customer Satisfaction Surveys

HSC includes in every recredentials application a short survey which asks questions about the provider's perceptions regarding the process and their experience. Results of those surveys are detailed and comments shared with staff, management, and customers. Results are compiled in the "Summary of Provider Satisfaction Data".

2. Feedback From Customers

Feedback regarding the quality and timeliness of HSC's work is obtained in a variety of ways from customers. This on-going and frequent exchange of information takes place through telephone conversations and e-mail and during scheduled and non-scheduled face-to-face meetings. Those formal meetings include:

- Visits with selected customers
- Other visits scheduled on an as-needed basis, or when CVS staff are in the vicinity of a particular client
- Annual (or more frequent) visits to LAC customers (Louisiana)
- Annual visits to NMHA member facilities by HSC's President
- Routine visits by members of the HSC team
- User group meetings
- Feedback and direction from Board members

HSC determines its customer requirements and expectations through direct interactions with customers and potential customers. Listening and learning methods include in-person visits, customer satisfaction surveys, customer user's groups, board meetings and other means as outlined in the Listening and Learning posts chart.

Information gathered during these interactions and communications is used to validate current processes and to gather ideas for improvement and potential new services. This information is also shared with staff. Aggregate information on issues raised and charts can be found in the documents titled, "Summary of Customer Reported Error Data."

VII. Internal Quality Improvement Program

HSC subscribes to the Malcolm Baldrige Criteria for Performance Excellence. In 2005 HSC applied for and achieved Quality New Mexico's Pinon recognition. During 2006 and again in both 2008 and 2009, the organization achieved the next level, Roadrunner recognition. The CVS Department utilizes the Baldrige criteria for its performance improvement activities.

A. Audits

There are three types of reviews conducted on customer files:

- Daily audits of all files shipped to customers (100% of shipped files)
- Quarterly random audits of files (5% of files closed)
- Special audits mandated by the identification of performance issues

Each day, CVS analysts audit all completed files to ensure accuracy and completeness before the file is shipped or transmitted to the customer. To ensure independent review, the auditor is an analyst who did not close (final processing step) the file. Upon completion of the audit, the auditor completes and signs the audit checklist and the final page of the system-generated profile. Errors detected by the auditor are communicated to the analyst who closed the file and corrective action is taken prior to transmission of the file to the customer. The errors are also captured in our daily audit spreadsheet and are tracked, trended and shared with staff members. These error logs become the basis for additional staff training and continuous process improvements. The audit results (processing quality) are also part of the analyst's performance review. Aggregate data and charts representing this task can be found on the document titled, "Summary of Daily Audit Data."

The CVS department conducts an internal quality assessment focus review on a quarterly basis to identify opportunities for improvement, with specific emphasis on the eleven (11) NCQA elements. It is the intent of the focus reviews to provide more timely information with regard to the accuracy and completeness of the files they are receiving from HSC. Aggregate data and charts representing this task can be found on the document titled, "Summary of Internal Audit Data."

Special audits or evaluation of data may be initiated as the result customer feedback, data analysis, and regulatory change, or based on observation of potential non-compliant circumstances identified by a variety of external and internal sources. Over the past two (2) years examples of these types of audits include but are not limited to: 1) evaluation of file turn-around times using alternative start dates; 2) audit of files to ensure a residency verification was present in cases where the provider completed a fellowship; 3) analysis of the time interval between credentialing events; and 4) evaluation of provider response times.

B. HSC Security Policy

HSC must treat as strictly confidential all credentials including, but not limited to, information from monitoring organizations that are not publicly available. HSC recognizes that the release of such information to entities other than professional peer review and accrediting bodies may be prejudicial to the interests of the practitioner.

HSC maintains a system to ensure the security and accuracy of the information it gathers, so as to provide its customers with valid data upon which to make decisions.

Implementation of the security policy and on-going attention to these issues are achieved by the organizational and departmental orientations, including training checklists and flex charts, emphasis on the importance of confidentiality, as documented by the signed confidentiality agreement, on-going high level emphasis, as documented in our HSC Handbook, and on-going department level emphasis in daily interactions and staff meetings.

HSC values the following principles regarding confidentiality and security:

1. Maintenance of Confidential Information within the CVS Program

a. All documentation obtained by HSC on behalf of the customer shall be considered confidential and shall be maintained in accordance with the confidentiality provisions of HCQIA, HIPAA, the applicable state's Review Organizational Immunity Act, and the applicable state's Medical Practices Act. The Credentials Verification Services Agreement, sections 8 and 14, specify terms requiring confidentiality of information obtained.

b. HIPAA Provisions: It is not the customary practice of HSC to obtain information containing patient information. However, all credentials files have the potential to contain patient information as a result of the primary source verifications obtained by HSC on behalf of its customers. Such verifications include claims history verifications, licensure sanctions verifications, and National Practitioner Data Bank reports, among others. Due to this potential, all confidentiality and privacy provisions apply to patient information, as well as practitioner information. Patient information may not be disclosed in any manner except as specified by the contractual agreements and authorization releases HSC obtains prior to processing credentials verifications.

HSC may also gather information from the practitioner regarding his or her medical condition; however, this information is obtained through an authorization of release of information that was designed to meet HIPAA requirements.

c. Information obtained by HSC will be preserved and maintained exclusively for the benefit of HSC's customers. The information will be duplicated and released to a third party only with the written consent of the applicant, pursuant to the Designation and Authorization for Release and Re-disclosure of Information ("Release") form.

d. HSC may not release information to any customer without first obtaining the written consent of the applicant.

e. If applicant requests information contained in the CVS Database, HSC will instruct the requestor to contact the customer to submit the request. HSC will not release any verification document to a non-customer.

f. Upon hire, all new CVS employees are given a thorough orientation to the credentials security system and confidentiality procedures. This process is supported by the Policy and Procedure Manual, a one-on-one orientation and training, audits, the Confidentiality Statement, Employee Handbook and Orientation Checklist.

- g.** All employees have a signed Confidentiality Statement in their personnel file.
- h.** The CVS Manager thoroughly reviews all policies and procedures with all new employees during orientation, with particular attention focused on the confidentiality and security policies as set forth herein.
- i.** All CVS employees sign a statement stating they have received a thorough orientation as to their job responsibilities, and the confidentiality and security policies and procedures. This documents that all new employees have completed the orientation process, have reviewed all policies and procedures, and understand the significance of the confidentiality and security policies stipulated by the CVS policies and procedures.
- j.** HSC agrees that if an actual or potential organizational conflict of interest is identified during performance, HSC will immediately make a full disclosure in writing to the customer.

2. Physical Access Control

- a.** Credentialing files are maintained in locked file room. The Credentialing Manager, Senior Lead Analyst, and key CVS staff are the only authorized individuals with keys to this area.
The computer room and IT areas are secured and locked environments. The CIO, IT staff and the Human Resources Manager are the only authorized individuals with keys to these areas.
- b.** File cabinets and CVS file storage rooms are locked at all times when a staff member is not present. A log is kept by the CVS Program Assistant to track the security of the file room. The log demonstrates every instance when the file room is locked. The log is reviewed at the end of each month and signed off by CVS Manager to ensure file room security compliance. The completed logs are then scanned to the P-drive under CVS.
- c.** All computers in the CVS department, with the exception of the diary computer, are logged off and password protected at the close of each business day. The diary computer office is locked and is screen saver password protected. The IT Department computers are maintained in locked office areas after hours and screen saver passwords are always in effect.
- d.** Keys to the file cabinets and the CVS file room are held by the CVS Manager, selected CVS staff members, and the HSC Human Resources Manager.
- e.** HSC requires that all visitors sign in at the reception desk and wear a visitor's tag.
- f.** The building's monitored security alarm system is automatically set every night at 10:30 p.m. Only current employees of NMHA and HSC have the alarm code which activates and deactivates the building's security system. The alarm codes are changed periodically at the Human Resources Manager's discretion.

3. Personnel Management

- a.** All new employees are given a thorough orientation to the details of the security rules and measures in place within the CVS department and HSC.
- b.** Access to the CVS database is limited to CVS personnel, IT personnel and the company President; therefore, no read/write controls have been employed. Cross trained employees may access the database with direct supervision of the CVS Manager or assigned staff.
- c.** The ability to update, delete, and reorganize information in the CVS database program is limited to the CVS authorized staff, IT personnel and the company President.
- d.** Information is entered into the CVS database from the hard copy file. The hard copy file is the official document and is date stamped at the time of receipt. If telephone verification is done, the date of the verification is noted on the form used for the verification, and the party verifying the information is noted, as well as the name of the CVS employee conducting the verification. This enables all verifications to be tracked according to when they were received and who received them so that it is very apparent which verifications are most current. This also establishes a historical tracking mechanism within each file since each document is date stamped. The CVS database is then updated accordingly mirroring the hard copy file. The CVS database also keeps a file history of all electronic changes made to the data tables. That file is tied to who made the changes and can be traced back to a specific person.
- e.** The CVS database is an electronic storage mechanism of the hard copy file. The hard copy file is the official information source and, therefore, the information contained in the database is an accurate representation of the hard copy file. The determination of the validity of the information stored in the database is based upon the information contained in the hard copy file. Because the hard copy file is the official information source, it is to be referenced during the data entry process. A complete copy of the hard copy file is provided to the customer, and a copy is retained by HSC.

The CVS retention policy is as follows:

- CVS maintains an internal file folder of applicable practitioner documents that are received from the practitioner, the primary verification source, and phone verifications.
 - This collected hardcopy set of documents, labeled either an initial or recredentials file, is maintained in a locked file room during processing.
 - Completed files will then be transmitted to the customer.
 - The hard copy file is then stored by completed date, by month and year, in a locked storage room for a period of two (2) years.
 - At the end of two (2) years, each month's completed files are placed in a locked shred bin.
 - The e-file is stored in the CVS database.
- f.** The CVS database has an on-going tracking mechanism of all activity. This mechanism tracks who is logged onto the system and when they log off so the department may account for the daily activity in the database.

g. Any confidential credentials documentation deemed discardable is placed in a secure container for shredding. Confidential information is material that includes any identifying information such as a physician's name, social security number, date of birth, registration/license numbers, or other similar personal data.

4. CVS Database/Electronic Access and Monitoring Systems

a. The CVS database program is password protected and accessible only to CVS employees, IT personnel, and the company President.

b. Each CVS employee has a username and password for the CVS database program and network passwords are changed every three months. The database keeps track of when passwords have been changed and prompts the user to change the password prior to expiration.

c. Upon an employee's termination, their network usernames and passwords are withdrawn, as is their access to the building. Keys are also retrieved. The CVS database username and passwords are also removed. At the discretion of the Human Resources Manager, the building alarm codes may also be changed.

d. The appropriate levels of authorization are allocated to each employee user based on their job description. Information Technology personnel are authorized to manage the programming language of the CVS database. The CVS Manager is authorized to update the CVS database based upon the hard copy file and to manage the integrity of the CVS database in those areas that training has occurred. The credentials analysts, assistant analysts and program assistants are authorized to update the CVS database based upon the hard copy file, and their respective assigned job function.

e. The ability to print information and reports from the CVS database is password protected. Access is granted only to those who have been issued a CVS database username and password. If documents are to be discarded, they are shredded to protect the confidentiality of those documents.

f. All CVS employees and cross-trained employees must utilize the screen saver password option that will eliminate any unauthorized access to CVS computers while those employees are away from their work stations.

g. All CVS employees and cross-trained employees are required to log off their computers if they are going to be away from their workstations for more than 30 minutes at one time. Screen savers are set to activate prior to 30 minutes.

h. The CVS database diary system runs at night and is located on a computer in the file room. This computer must remain on (active) overnight to allow the CVS database to run its nightly diary system and produce documents and reports. The screen saver password option is always employed to guard against any unauthorized access to the CVS database, and the CVS file room is locked during this period. This area is locked; and the only keys are available to the IT staff, and the Human Resources Manager.

i. HSC's network operating system enables the network administrator of HSC to create a group, assign specific users to the group and allow only those users assigned to the aforementioned group to access the CVS database program. The process of logging

onto the HSC network requires the employee at HSC to type their unique log in name on the computer keyboard. Every employee at HSC is required to enter a password that is attached to their unique log in name. Only the members of the CVS group have the network rights required to start the initiation of the CVS database program. The program is started by double clicking the CVS database icon that is only located on CVS authorized computers. In addition, the application itself is password protected. The person who is starting the initiation of the CVS application must know their CVS database program username and password in order to fully access the application. This process enables HSC to employ a two-tiered software protection approach to secure the integrity of the CVS database program.

5. Business Continuity/Disaster Recovery/Data Integrity.

- a. HSC's business continuity and disaster recovery plan addresses procedures for ensuring the continuity of the business in the case of an emergency or disaster that requires the business to make adjustments to normal business activities for a prolonged period of time. The focus is on restoration of customer operations. Alternative work arrangements include employees working from home, on alternative schedules, and/or at a separate facility owned by HSC.
- b. HSC has several security/preventive measures, technical redundancies, and back-up procedures, as follows:
 - HSC has a Checkpoint firewall deployed to protect our network against external threats.
 - HSC performs an annual independent vulnerability scan and assessment to verify that our network and computer systems are properly protected from external attacks.
 - HSC uses ESET antivirus and all of our inbound and outbound emails are filtered by MessageLabs for potential viruses and threats.
 - All authorized external access to the internal HSC system is via secure encrypted VPN access.
 - All access to our web based services involving information transfer such as our online practitioner credentialing application service and our online reporting and roster management services are deployed using Secure Socket Layer (SSL).
 - Electronic transfer of completed verification files can be done via either Secure FTP (SFTP) or secure/encrypted email.
 - HSC deploys the concept of "least privilege" in our network and computer system security model utilizing security groups in our windows active directory structure. All additions/changes/deletions of user accounts and user access are initiated using a form completed by the applicable business unit manager and verify by the Information Technology Department.
 - HSC utilizes Subversion for our production program source and revision control.
 - HSC is in the process of deploying a network monitoring system that will monitor and alert for the following: Computer Room power, CPU utilization, SQL Server DB health, IIS services, Exchange services, Scheduled tasks, Event/System/Application Log monitoring, FTP/HTTP. Upon alert, the Systems Administrator will log the incident and notify the IT Manager who will then notify the President/CEO and/or the applicable Business Unit Manager.

- HSC utilizes computer room temperature sensors that will monitor for the appropriate temperature and alert IT personnel via text/email message. HSC plans to deploy water/moisture sensors in 2011.
- HSC's building is locked 24/7 and has controlled access.
- HSC's server room is locked 24/7 and can only be accessed by authorized IT staff. All access by non-IT personnel is logged.
- HSC performs daily back-up computer tapes of all servers and data. Full back-up tapes are taken to an offsite safety deposit box where it is environmentally protected. Twice weekly, all data and applications are fully backed up, and incremental backups are performed each evening.
- HSC also maintains off-site documentation of all server configurations in the same safety deposit box.
- HSC also has redundancy protection in the following areas:
 - (2) HP's R5500 UPS, PDS, and ERM uninterruptible power supply devices with enough battery backup to "hold" the entire computer center for up to 2.5 hours inclusive of networks.
 - The Storage Area Network (SAN) allows for hot back-up of all servers, and HSC has 3 spare servers. The SAN is a standard HP SAN solution and represents a long running active product line of SAN models within HP that are all compatible with each other, such as: the MSA1000, MSA1000A, MSA1500, EVA4000, and the EVA8000. This means that, depending on the type of disaster, all disks can physically be pulled in less than five minutes for all production databases and easily be transferred to the back-up facility where a clone SAN can be quickly installed. HSC, of course, has all data on tape, but using the SAN's physical disks would greatly enhance the up-time window for HSC's critical applications at the back-up facility.
 - Two computer room cooling units are deployed with one acting as a fail-over in the event of a failure of the primary chiller. A third, off-line, spare cooling unit can be immediately deployed, if necessary.

c. Data Backup Overview.

A backup system is in place to ensure that in the event of a system crash, the information contained in the CVS database program will not be lost. This backup system runs on a nightly basis. HSC employs the accepted and standard backup system of child, parent, and grandparent. The child represents the nightly backup of the file server. The parent represents the end of the week backup of the file server. The grandparent represents the end of the month backup of the file server.

The HP Open View Storage Data Protector Version 5.50 is the recognized leader of tape backup software for all types of enterprise server solutions. HP's Data Protector Software incorporates a GUI console management tool that enables the System Administrator to quickly ascertain whether the backup of the file server has been successful. The System Administrator may further investigate the daily backup by utilizing a management tool that may review the backup down to the individual file level. By reviewing this log every morning, the System Administrator may determine whether or not the backup system ran correctly the previous evening. An electronic log is kept in the HP Data Protector Software's data base that shows the status of all backup "sessions".

On a daily basis, per the standard operations procedure detailed in the HSC IT Operations Manual, the Systems Administrator reviews the backup system log and status of the previous backup “sessions” within the backup system software.

In the event of an abnormality or error related to the HSC System backup process, the Systems Administrator will log the event as an “incident” in the HSC IT request system for tracking and inform the IT manager of the abnormal event/error. Depending upon the severity and nature of the event/error, the IT Manager will inform the HSC President/CEO and/or the applicable Business Unit Manager (CVS in this case) of the cause and corrective action as well as the estimated risk to the organization, if applicable.

The parent backup tape that represents the weekly backup of the file server is transported off site to a local bank safety deposit box for storage in a fireproof safe. HSC stores four (4) consecutive weeks of backup tapes, as well as the previous four (4) months in this safe. This ensures that in the event of a disaster in which all hard copy files and database files were destroyed, CVS would access the HP Data Protector tapes to retrieve all backup files in order to reconstruct hard copy files.

In the event of a power failure, the server will continue to operate on an uninterrupted power supply, enabling staff to safely shut it down within a sufficient amount of time without damaging the integrity of the program or data.

C. CVS On-Line Access

1. CVS On-Line Access Service

The CVS On-Line Access Service allows customers to view their practitioner files in the CVS database for status queries and multiple reporting capabilities 24 hours a day, 7 days a week.

- a.** The customer notifies the CVS Manager or analyst of their request to utilize the CVS On-Line Access Service by completing an On-line Access User Request Form.
- b.** The CVS Analyst assigns a username and password to the customer following the guidelines prescribed by the Information Technology Department.
- c.** The customer then updates his/her password every sixty (60) days as required by the CVS On-Line Access Service.

The CVS On-Line Access Service provides a robust set of security and audit controls. This service only allows the customer to view a subset of the information contained in the CVS database. Each relevant piece of information is represented by an “Information Rule” that is executed to retrieve or update the information. Each Information Rule has an Access Control List associated with it that explicitly defines which individual user or groups of users are allowed to execute the rule. If a user is not allowed to run the Information Rule, that information is simply not available or displayed to that user.

The following outline represents the security measures employed by the CVS On-Line Access Service:

- Isolated network using a state-of-the-art Checkpoint firewall software and a Cisco 2611 network router using Cisco's recommended Access Control List (ACL) security rules.
- Encryption - Front-end: Secure Sockets Layer (SSL) between the customer and the application server.
- Encryption - Backend: ISAPI/NSAPI plug-in between Web Server, and the application server.
- Authentication: installed network authentication and other security controls.
- Security: server and platforms in a controlled locked area (cool-room).
- MS Windows 2003 Operating System – the configuration eliminates operating system weaknesses through procedure and administration.
- MS Windows 2003 Operating System network Active Directory and user level security.

There are several security and access levels based on a user's membership in a group (i.e., the Administrative Services level or the Client Services level). The service currently uses a basic system of user ID and passwords to authenticate users. The service administrator(s) may also assign users to one or more group and then control access based on the group name rather than an individual user ID. This helps categorize groups in a "role-based" manner to track access by group.

2. CVS On-Line Application

Utilizing the same secure methods as for the on-line access service, HSC has developed a completely automated on-line credentials application. Practitioners are directed to our secure website and allowed to create a password and ID to log in and complete the application process. Applications are pre-populated based upon the latest available data on the practitioner, and the practitioner has thirty (30) days to complete and submit his or her application. For more information about the step-by-step upload process, please refer to the Application Upload Process located in the shared drive policies and procedures.

D. CVS Policy Changes

The policies and procedures for CVS are reviewed by the President/CEO, CVS Manager, and the Operations Coordinator on no less than an annual basis and are kept current according to the Joint Commission and NCQA standards. As applicable, all CVS department team members are consulted regarding any updates to the policy and procedures. During the review period, individual staff members may be singled out for policy and procedure review due to their expertise regarding a certain section. All policy changes are communicated to staff formally in staff meetings and informally during day-to-day communications.

1. Annual Review

- a. The CVS Manager conducts (at a minimum) an annual review of the CVS Policies and Procedures.
- b. Any revised documents are presented to the President/CEO for review and approval.

- c. Upon approval by the President/CEO, the revised policies and procedures are distributed to the appropriate staff members and customers.
- d. All outdated policies and procedures are archived in the “Archived P & P’s” binder or the Old P & P’s electronic folder.

2. Interim and On-going Review

- a. The CVS Manager and CVS analysts continually monitor the Joint Commission and NCQA regulations and guidelines, as changes become available, to ensure all policies and procedures are updated and implemented accordingly.
- b. As improvement areas are identified, the CVS Manager makes revisions to the policies and procedures in order to implement quality control activities in a timely manner.
- c. These changes are then incorporated into the policies and procedures current revision file. They are communicated internally during day-to-day interaction and/or communicated/reinforced during staff meetings. They are communicated externally (if necessary) through either the formal Interim Policy Change Document or during task force meetings, via phone calls, e-mails or other appropriate, available resources.

VIII. Credentials Verification Sources

HSC maintains the contact information for its credentials verification sources in the CVS database. On-line, telephone and written verification sources are updated, as necessary, and include the latest recognized sources for verifications. These sources are maintained in the various tables for easy access by the analysts.

IX. Definitions and Other Information

The Federation of State Medical Boards may be queried at the request of a hospital or other customer if there are “red flags” in the practitioner’s file. A red flag might be that the physician is licensed to practice in multiple states, or the physician has indicated that action was taken against a state medical license, or actions have been reported to the National Practitioner Data Bank. This additional query assists our customers by providing additional information that might be useful during the credentialing process. The FSMB will not have information on podiatrists or dentists.

The Joint Commission (Joint Commission) has developed guidelines to monitor the quality and effectiveness of the care provided by hospitals. Credentialing is an area that the Joint Commission monitors and surveys for uniformity and consistency within hospitals. HSC has incorporated the Joint Commission guidelines and standards in its procedures for the purpose of providing credentialing services to hospitals.

The National Committee for Quality Improvement (NCQA) was developed as a means to monitor and ensure managed care organizations effectively maintain a mechanism to continually measure quality and improvement in the services they provide. Credentialing is one of the areas NCQA monitors. Managed care organizations (MCOs) must follow specific guidelines in order to be NCQA accredited. Managed Behavioral Healthcare Organizations (MBHOs) must also follow specific guidelines in order to be NCQA

accredited. Credentials Verification Organizations (CVOs) are also given specific guidelines to adhere to and may also be NCQA accredited. HSC incorporates NCQA guidelines in its credentials activities to ensure not only its own integrity, but the integrity of those who contract with HSC for credentials services.

The National Practitioner Data Bank must be queried at the time of initial appointment, reappointment, temporary privileges, or when the physician is requesting additional privileges. The data bank became effective in 1990 and is used to determine if there are pending disciplinary actions taken or other claims against the practitioner. Any actions taken against a practitioner before 1990 have not been reported to the data bank. The data bank must be accessed on the DOS prompt; not through Windows. The data bank query must be specific to each customer. In other words, *it is not acceptable to use one customer's query for another customer*. HSC obtains authorization to query on behalf of our customers.

The New Mexico Statewide Application was developed by HSC, and the NM Medical Society, with the intent to ease provider frustration, reduce paperwork, and expedite the processing of verifications in our state.

Primary source verification is defined as seeking confirmation of education, licensure, registration, certification and membership directly from the institution, association, or organization with which the practitioner claims affiliation.

Static verifications such as medical school graduation need only be verified once and may be used for multiple customers since the verification does not expire.

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