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- O. “Primary verification” means verification by the health carrier of a health care professional’s credentials based upon evidence obtained from the issuing source of the credential.
- P. “Secondary verification” means verification by the health carrier of a health care professional’s credentials based upon evidence obtained by means other than direct contact with the issuing source of the credential (e.g., copies of certificates provided by the applying health care professional).

Section 4. Applicability and Scope

This Act shall apply to health carriers that offer managed care plans.

Drafting Note: States may wish to consider accreditation by a nationally recognized private accrediting entity, with established and maintained standards, as evidence of meeting some or all of this Act’s requirements. Under such an approach, the accrediting entity shall make available to the state its current standards to demonstrate that the entity’s standards meet or exceed the state’s requirements. The private accrediting entity shall file or provide the state with documentation that a managed care plan has been accredited by the entity. A health carrier accredited by the private accrediting entity would then be deemed to have met the requirements of the relevant sections of this Act where comparable standards exist.

Section 5. General Responsibilities of the Health Carrier

- A. A health carrier shall:
 - (1) Establish written policies and procedures for credentialing verification of all health care professionals with whom the health carrier contracts and apply these standards consistently;
 - (2) Verify the credentials of a health care professional before entering into a contract with that health care professional. The medical director of the health carrier or other designated health care professional shall have responsibility for, and shall participate in, health care professional credentialing verification;
 - (3) Establish a credentialing verification committee consisting of licensed physicians and other health care professionals to review credentialing verification information and supporting documents and make decisions regarding credentialing verification;
 - (4) Make available for review by the applying health care professional upon written request all application and credentialing verification policies and procedures;
 - (5) Retain all records and documents relating to a health care professional’s credentialing verification process for at least [insert number] years; and
 - (6) Keep confidential all information obtained in the credentialing verification process, except as otherwise provided by law.
- B. Nothing in this Act shall be construed to require a health carrier to select a provider as a participating provider solely because the provider meets the health carrier’s credentialing verification standards, or to prevent a health carrier from utilizing separate or additional criteria in selecting the health care professionals with whom it contracts.

Health Care Professional Credentialing Verification Model Act

Drafting Note: In order to simplify the application process for health care professionals who are applying to multiple health carriers, it is recommended that states develop a basic uniform application to be used by all health carriers in the state. The basic application may then be augmented by the individual health carriers to obtain additional information as required by each health carrier.

Drafting Note: The information required in the practice history should include a chronological history of the health care professional's health care practice, including staff membership, practice privileges, professional associations, dates and places of practice, any action

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