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TITLE 64
JOINT LEGISLATIVE RULE
THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AND
THE OFFICES OF THE INSURANCE COMMISSIONER

SERIES 89B
CREDENTIALING VERIFICATION ORGANIZATION

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§64-89B-1. General.

1.1. Scope. -- The purpose of this rule is to establish criteria for the selection of the statewide credentialing verification organization (CVO) and to establish guidelines for the CVO's activities.

1.2. Authority. -- W. Va. Code §§16-1A-9 and 33-2-10.

1.3. Filing Date. -- April 20, 2012.

1.4. Effective Date. -- July 1, 2012.

§64-89B-2. Definitions.

2.1. "Commissioner" means the West Virginia Insurance Commissioner.

2.2. "Completed and Clean Credentialing Application" means an application that is completed in its entirety, including all required supporting documents and signatures.

2.3. "Credentialing" means the process used to assess and validate the qualifications of a health care practitioner, including, but not limited to, an evaluation of licensure status, education, training, experience, competence and professional judgment.

2.4. "Credentialing entity" means any health care facility, payor or network that requires credentialing of health care practitioners; "credentialing entity" has the same meaning ascribed to "health care entity" in W. Va. Code of St. Rules 64, 114 CSR 3.4.

2.5. "Credentialing Verification Organization" or "CVO" means an entity that performs primary source verification of a health care practitioner's training, education and experience.

2.6. "Health Care Practitioner" or "practitioner" means a health care provider who is licensed, certified, or otherwise authorized to provide health care services, as designated by the Secretary and Commissioner to be subject to the uniform credentialing and recredentialing forms.

2.7. "Joint Commission," formerly known as the Joint Commission on Accreditation of Healthcare Organizations or "JCAHO," is a private sector, United States-based, not-for-profit organization that operates voluntary accreditation for hospitals and other health care organizations.

2.8. "National Committee for Quality Assurance" or "NCQA" is a private, 501(c) (3) not–for-profit organization that evaluates and certifies credentialing verification organizations.

2.9. "Network" means an organization that represents or contracts with a defined set of health care practitioners under contract to provide health care services to a payor's enrollees.

2.10. "Payor" means any entity required to be licensed by the Commissioner that, in return for premiums paid by or on behalf of enrollees, indemnifies such enrollees or reimburses health care practitioners for medical or other services provided to enrollees by health care practitioners; payor includes third-party administrators required to be licensed by or registered with the Commissioner.

2.11. "Primary source verification procedure" means the procedure used by a CVO to, in accordance with the National Committee for Quality Assurance standards, collect, verify and maintain the accuracy of documents and other credentialing information submitted in connection with a health care practitioner's application to be credentialed.

2.12. "Request for Proposals" or "RFP" means that step in the state purchasing process in which a state agency requests that vendors submit bids to perform services or deliver goods.

2.13. "Secretary" means the Secretary of the West Virginia Department of Health and Human Resources.

2.14. "Statewide credentialing verification organization" means the credentialing verification organization selected pursuant to the provisions of W. Va. Code §16-1A-5 and this rule.

2.15. "Uniform Credentialing Committee" or "UCC" means the advisory group established pursuant to W. Va. Code §16-1A-4.

2.16. "Verification Profile" means a document or electronic file that contains practitioner-specific information requested by a credentialing entity.

§64-89B-3. Selection of the Credentialing Verification Organization.

3.1. On or before July 1, 2012, the Secretary and Commissioner shall form a three-person evaluation committee to take the necessary actions for the selection of a statewide CVO. The Secretary and Commissioner shall each select one member of the committee, and these two

members shall select the third member; this committee will act on behalf of the two agencies during the purchasing process through the award of the contract. The Uniform Credentialing Committee will serve as an advisor to such evaluation committee.

3.2. The evaluation committee will seek approval to select a statewide CVO through the RFP process and, if approved, may use the RFP process for the planning phase prior to writing the contract specifications, including use of a Request for Information (RFI) to conduct market research to obtain additional information from other agencies, vendors and public and private entities.

3.3. On or before January 1, 2013, the evaluation committee will submit an RFP to the Purchasing Division for release pursuant to Purchasing Division procedures. This RFP shall include a preference for in-state vendors and may permit the opportunity for a Pre-bid Conference.

3.4. In its response to the RFP, an applicant must, at a minimum, demonstrate that it:

3.4.a. Meets NCQA's Core Requirements in the Standards & Guidelines for Certification of Credential Verification Organizations for all standards related to "Written Policies and Procedures" and "Protecting Credentialing Information";

3.4.b. Is currently accredited by NCQA as meeting the following certification options: License to Practice; DEA Certification; Education and Training; Malpractice Claims History; CVO Application and Attestation Content; Application Processing; Medicare/Medicaid Sanctions; Medical Board Sanctions; Ongoing Monitoring of Sanctions; and Work History;

3.4.c. Is able to demonstrate compliance with the Joint Commission's standards for credentialing and with all federal and state credentialing regulations; and

3.4.d. Maintains an errors and omissions insurance policy in amounts deemed to be adequate by the Secretary and Insurance Commissioner in the RFP.

3.5. The evaluation committee will use its best efforts to select a vendor and award a contract on or before April 1, 2013.

§64-89B-4. Duties and Timelines of the Credentialing Verification Organization.

4.1. The CVO shall be responsible for accepting and processing all credentialing applications required of health care practitioners, including verification of all credentialing information by generally accepted procedures endorsed and certified by NCQA, the Joint Commission and other relevant regulatory agencies.

4.1.a. All verifications shall be electronically recorded in order to document the specific verification query, request attempt type, date and number and response information.

4.1.b. When primary source verification is not obtainable due to circumstances outside the CVO's control, such as facility closures or missing and inaccessible records, this will be noted in the practitioner's electronic and paper file and will appear on the CVO's verification printout.

4.1.c. Initial verification profiles of new credentialing applicants shall be completed by CVO within 30 days after its receipt of a completed and clean credentialing application form. The CVO shall have procedures in place to provide expedited processing of initial applications upon request by the practitioner or credentialing entity.

4.1.d. After a practitioner's initial credentialing application has been completed and verified, subsequent requests for completed verifications profiles shall be delivered to requesting credentialing entity, with prior release and authorization, within 15 days of request, with allowances for emergency expedited requests.

4.2. Upon receipt of a completed recredentialing application form, the CVO shall provide a verification profile within 30 days, with provisions for an expedited process upon request.

4.3. It is the responsibility of every credentialing entity contracting with the CVO to obtain authorizations signed by the practitioner seeking to be credentialed and to furnish such forms to the CVO.

§64-89B-5. Fees.

5.1. The CVO shall establish a reasonable fee schedule for credentialing entities' use of the credentialing services provided and shall include such schedule in its RFP response.

5.1.a. The fee schedule should be comparable to that used by other vendors providing comparable credentialing services.

5.1.b. Any increase in fees must be approved by the Secretary and Commissioner in accordance with the state Purchasing Division's procedures for amendments of contracts and after consultation with the advisory committee during the RFP process.

5.2. The statewide CVO may also assess each practitioner a reasonable annual fee in accordance with an approved schedule.

§64-89B-6. Enforcement.

6.1. Beginning July 1, 2015, or as soon thereafter as a contract with a statewide CVO has been executed, all credentialing entities shall use the statewide CVO in their credentialing and recredentialing processes for the primary source verification of credentialing information.

6.2. Each practitioner subject to credentialing shall submit an application and such credentialing information as the CVO may request; the CVO may terminate the credentialing process on the basis of a practitioner's unjustified failure to submit information within a period of 30 days of a request and may retain any fees paid by the practitioner and the credentialing entity.

6.3. Violations of this rule by an insurer may be enforced by the Commissioner pursuant to the sanctions and penalties set forth in W. Va. Code §33-3-11.

6.4. Complaints and allegations of violations of this rule may be filed with either the Secretary or Commissioner, each of whom may refer any such complaint to the other if he or she determines it to be more appropriate for the other agency to process it.

§64-89B-7. Use and Maintenance of Confidential Data Gathered by the CVO.

7.1. The CVO shall establish and maintain procedures that ensure the confidentiality and integrity of all practitioners' credentialing information in accordance with standards promulgated by NCQA, the Joint Commission and any applicable state and federal regulatory agencies.

7.2. The CVO shall develop procedures to ensure that credentialing information is only provided to the applicable practitioner and to credentialing entities after a complete and valid practitioner's authorization and release has been obtained and is on file.

7.3. Credentialing information shall not be used for any purposes other than review by credentialing entities of the professional background, competency and qualifications, and credential or the renewal of credentials of a health care practitioner or appeals there from except as provided in subsection 7.4 of this section. All credentialing information is exempt from disclosure under the provisions of the Freedom of Information Act and from disclosure pursuant to civil law subpoena and discovery processes.

7.4. Credentialing information may be disclosed in the following circumstances:

7.4.a. In appeals of credentialing decisions or to peer review and quality improvement committees, subject to protections provided in W. Va. Code §30-3C-3;

7.4.b. In matters in which an action or order of a professional licensing board or other state or federal regulatory agency is at issue, including any proceeding brought by or on behalf of a health care practitioner or a patient or by a regulatory body that challenges the actions, omissions or conduct of a credentialing entity with respect to a credentialing decision, or;

7.4.c. When authorized by the health care practitioner to whom the credentialing information relates, but only to the extent that the disclosure is information that the practitioner provided directly to the statewide CVO.

§64-89B-8. Recredentialing.

8.1. Except as provided in subsection 8.3 of this section, during the third year after the completion of a practitioner's initial credentialing, each practitioner is subject to recredentialing by the last day of the practitioner's birth month and by the same date every third year thereafter.

8.2. The CVO shall be responsible for notifying each practitioner of their recredentialing date in a timely manner.

8.3. In order to accommodate health care facilities with recredentialing schedule variances, these credentialing entities are responsible for monitoring their credentialing profiles with their internal credentialing schedules and for notifying their practitioners of their recredentialing dates.