

CREDENTIALING AND RE-CREDENTIALING



PROGRAM OVERVIEW

VSP® credentials its Network Providers in accordance with the standards and guidelines of the National Committee for Quality Assurance (NCQA), and other accrediting or regulatory agencies, as appropriate. The doctor network consists of Optometrists, Ophthalmologists, and Doctors of Osteopathy, and each is required to be an active participant in the Medicare program.

CONFIDENTIALITY

VSP maintains the confidentiality of all information obtained for the purposes of credentialing and recredentialing VSP doctors. Only staff in Network Development, the Credentialing Committee, and delegated entity(ies) have access to this confidential doctor information. VSP does not disclose confidential doctor information to any person or entity except with the written permission of the doctor or as otherwise permitted, required by contract or State and/or Federal law.

DELEGATION OF PRIMARY SOURCE VERIFICATION

VSP delegates the administrative activities of its credentialing to Aperture, Inc. an NCQA certified Credentialing Verification Organization (CVO).

In accordance with NCQA standards, Aperture verifies the presence and timelines of the following:

- Timeliness of current attestation
- All active state licenses
- Board certification of MDs and DOs
- Education and training
- DEA license as required by applicable state regulation
- CDS, if applicable
- Current individual doctor malpractice insurance coverage
- Malpractice claims history and/or sanctions
- Medicare/Medicaid sanctions via National Practitioner Database (NPDB), Office of the Inspector General (OIG), and System for Award Management (SAM)
- State Medicaid enrollment including State Agency suspension, exclusions, and terminations list, if applicable
- Hospital privileges loss or limitation of privileges
- Work history for initial applications only—application or curriculum vitae
- Medicare opt out
- Query the SSA Master Death
- National Plan and Provider Enumeration System (NPPES) – NPI NU=“Number”
- Office of Foreign Asset Control (OFAC)

APPLICATION

All applicants and existing doctors must complete and attest to the accuracy of their CAQH information and consent to the inspection of records and documents pertinent to the credentialing and recredentialing processes.

Doctors must complete the CAQH application or state-mandated application, that includes a current and signed attestation of the following:

- Physical and mental status
- Lack of impairment due to chemical dependency/substance abuse
- History of loss of license and/or felony convictions
- History of loss or limitation of privileges or disciplinary activity
- Current malpractice insurance coverage
- The correctness and completeness of the application

DOCTOR RIGHTS REGARDING APPLICATION

Doctors have the right to request the status of their credentialing and recredentialing application. The doctor's rights and VSP contact information are included in the application packet. The doctor can request, in writing, to review and correct information obtained from outside sources for the purposes of initial credentialing and recredentialing.

DOCTOR NOTIFICATION OF INFORMATION DISCREPANCY

If the information submitted by the doctor varies substantially from the primary source verification and/or VSP network requirements, VSP or Aperture will make multiple contacts to inform the doctor via mail, facsimile, or phone call. Failure to correct the information may result in a denial and/or termination from the VSP network.

DOCTOR FAILURE TO DISCLOSE ADVERSE INFORMATION

VSP applicants and existing doctors must provide complete and accurate information. If the doctor fails to disclose adverse actions, Aperture will make multiple contacts with the doctor electronically, by facsimile.

NON-DISCRIMINATION

The Credentialing Committee members sign a non-discrimination agreement that remains in effect during their term as a Committee member. The statement attests that all decisions made by the Committee are based on the doctor's credentials and VSP network participation criteria and not the doctor's age, gender, sexual orientation, race, ethnic/national identity, specialization, or special services the doctor may provide.



CREDENTIALING AND RECREDENTIALING TIMEFRAMES

The credentialing and recredentialing process follows these timeframes:

- All source verification occurs within 180 calendar days of doctor signature date and Credentialing Committee date.
- Aperture notifies the applicant doctor electronically, by facsimile or by certified mail, return receipt requested within 30 calendar days of receipt if the application is incomplete.
- VSP notifies applicant doctors of Credentialing Committee approval and all doctors of Credentialing Committee denial within 10 business days of Committee decision.
- Recredentialing of doctors occurs within 36 months of prior credentialing date in accordance with state and federal requirements and NCQA guidelines.

Note: Timeframes are adjusted to meet state-specific requirements. Verification concludes when the Credentialing Committee reaches the decision to approve or deny.

ADDITIONAL VSP NETWORK PARTICIPATION REQUIREMENTS

- All VSP services must be provided by a network doctor at a qualified office location. Each office location and doctor connected to the applicant doctor must be credentialed by VSP and meet network participation criteria.
- Each practice must have internet access to submit claims electronically and provide a valid email address to receive communications from VSP.
- Each practice must be able to receive a claim payment under one Tax Identification Number, electronically, via direct deposit.

INSURANCE, LICENSURE, AND CERTIFICATION



INSURANCE REQUIREMENT

Our network doctors must maintain malpractice insurance coverage, in individual or group coverage, in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. However, if a doctor participates in an active state patient compensation fund or excess liability program and meets that particular state's fund/program requirements, that doctor will be exempt from maintaining VSPs malpractice insurance coverage requirements. Doctors must notify us within 10 days of any lapse in professional or general liability insurance coverage and indemnify us against damage or claims stemming from a lack of insurance coverage. Insurance verification is done during the credentialing and recredentialing processes.

LICENSURE AND CERTIFICATION

Our network doctors must be licensed and in good standing as optometrists or ophthalmologists in the state(s) where they practice. We verify state licenses, state-controlled substance licenses (CDS), and federally controlled substance certificates (DEA) during the credentialing and recredentialing processes.

THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) CERTIFICATION: OPTOMETRISTS

Optometrists must be fully licensed and TPA certified.

BOARD CERTIFICATION: OPHTHALMOLOGISTS

All ophthalmologists must be board-certified by either the American Board of Ophthalmology (ABO), or the American Osteopathic Board of Ophthalmology and Otorhinolaryngology Certificate of Specialization (AOBOO).

A certificate from the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery isn't acceptable.

U.S. DRUG ENFORCEMENT ADMINISTRATION REQUIREMENTS

Ophthalmologists must maintain current authorization to prescribe medication following federal DEA and state requirements in each state where they see patients. In some states, optometrists must have current DEA licenses to get or maintain TPA certification and prescribe medicine to the fullest extent of that certification.

Some of our clients require optometrists to have DEA certificates. We support any such requirement.

MEDICARE

Medicare participation is required of all VSP network doctors in order to comply with the implementation of the Centers for Medicare and Medicaid Services' (CMS) Medicare Advantage program. VSP doctors are required to provide evidence of participation at initial and re-credentialing.