TPQVO, LLC NCQA CREDENTIALS VERIFICATION SERVICES

Verification Type	Initial	Recredentialing
Licensure		
Current State License (Primary State)*	Yes	Yes
Licensure History	Yes	NA
DEA Registration		
 Verification through NTIS database 	Yes	Yes
Copy of certificate if available	Yes	Yes
Education and Training		
 Highest level of professional education or 	Yes	NA
 Board Certification 	Yes	Yes
Work History (past 5 years): either from		
 CV from applicant, or 		
 Information from application 		
All gaps exceeding 6 months must be explained in writi	ng by applicant	
Professional Claims History***	Yes	Yes
Professional Insurance (on application)	Yes	Yes
Medical or Other Health Board Sanctions***	Yes	Yes
NPDB query (if TPQVO designated as agent)	Yes	Yes
OIG Medicare Medicaid Exclusions List	Yes	Yes
Ongoing Monitoring o	f Sanctions	
Primary State License*	Yes	Yes
OIG Monthly Sanctions List	Yes	Yes

^{*} Primary state is the state in which the TPQVO client healthcare facility, network or plan operates.

^{**} Depends upon recredentialing schedule. Some NCQA clients choose to recredential every 2 years, so TPQVO checks back to the last recredentialing period. If client chooses a 3 year recredentialing cycle, TPQVO will check back 3 years.

^{***}May be obtained from NPDB query