



Department: Provider Network Solutions  
Function: Credentialing

Procedure Number:  
PR-CRED-B06

## Credentialing Criteria - Facilities

Effective Date: 4/1/2013
Last Review Date: 10/2025
Last Revision Date: 10/2025
Next Review Date: 10/2026
Owner: Manager, Credentialing
Approving Authority: Corporate Credentials Committee

## Background

Each Facility that applies for participation will be evaluated using the following criteria established by the Corporate Credentials Committee.

### Facilities to include but are not limited to:

Acute Care Hospital; Ambulance Service; Ambulatory Surgical Center; Dialysis Facility; Durable Medical Equipment; Federally Qualified Health Center; Free Standing Birth Center; Free Standing Sleep Laboratory; Health Department; Home Health Agency; Home Infusion; Hospice; Independent Clinical Laboratory; Outpatient Substance Abuse Facility; Pharmacy; Residential Treatment Facility; Rural Health Clinic; Skilled Nursing Facility.

Facilities may also offer and/or operate Intensive Outpatient Program (IOP) or Partial Hospitalization Program (PHP) services as permitted by their accreditation. Blue Cross and Blue Shield of Kansas (BCBSKS) credentials facilities based on licensure and not on the individual programs offered. This includes credentialing of Acute Care Hospitals, Critical Access Hospitals and stand-alone Residential Treatment Facilities and/or Inpatient Substance Abuse Facilities. Therefore, IOP or PHP programs are not separately credentialed by BCBSKS, but may be provided under the umbrella of a credentialed and appropriately licensed/accredited facility.

## Procedure Criteria

1. Current and unrestricted Kansas license or registration, if applicable, and following any other applicable State or Federal requirements
2. Clinical Laboratory Improvement Amendment Certification, if applicable
3. Medicare/Medicaid certification or participation letter
4. Liability insurance as required by the State
5. Accreditation or exemption notice and/or site survey documentation
6. Signed authorization in which the Applicant attests to the completeness and accuracy of the information and authorizes BCBSKS to collect and verify the information

The outlined criteria must be maintained on an on-going basis by all Facilities that participate with Blue Cross and Blue Shield of Kansas. Facilities will complete a paper application every 36 months after the date of the last credential decision.

**Process Flow Chart** *(if applicable)*

**Related Forms** *(if applicable)*

**Validation**

**Review/Revision Log**

<b>Effective Date</b>	<b>Description of Change</b>	<b>Approved By</b>
02/26/2020	Annual Review	Corporate Credentials Committee
03/02/2020	Annual Review	Steering Committee
02/24/2021	Annual Review	Corporate Credentials Committee
03/08/2021	Annual Review	Steering Committee
02/23/2022	Annual Review	Corporate Credentials Committee
03/21/2022	Annual Review	Steering Committee
02/22/2023	Annual Review	Corporate Credentials Committee
03/20/2023	Annual Review	Steering Committee
02/28/2024	Annual Review	Corporate Credentials Committee
4/1/2014	Annual Review	Steering Committee
4/1/2025	Updated facilities to include and criteria	Corporate Credentials Committee
08/27/2025	Policy updated to clarify that BCBSKS credentials facilities based on licensure rather than individual programs such as IOP or PHP.	Corporate Credentials Committee
10/06/2025	Policy updated to clarify that BCBSKS credentials facilities based on licensure rather than individual programs such as IOP or PHP.	Steering Committee

**Associated Documents** *(e.g., policies, procedures, process, standards)*

<b>Document Number</b>	<b>Document Name</b>
PR-CRED-A001	Practitioner & Facility Credentialing & Re-Credentialing