

Credentialing Program Plan Charter



An independent licensee of Blue Cross Blue Shield Association

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OVERVIEW

The Blue Cross and Blue Shield of Kansas (BCBSKS) Credentialing Charter (Charter) is comprehensive to ensure that Applicants meet the standards of professional licensure and certification. The process enables BCBSKS to recruit and retain a quality network to serve its members and ensure ongoing access to care.

The Credentialing Program periodically and consistently assesses and evaluates an Applicant's ability to deliver quality care between credentialing and re-credentialing cycles, emphasizing and supporting an Applicant's ability to successfully manage the health care of network members in a cost-effective manner. This ensures all Applicants are in compliance with BCBSKS policies and procedures, as well as any other applicable regulatory and/or accreditation requirements and/or standards.

PURPOSE

"Applicant" is defined as any Practitioner or Facility being credentialed or re-credentialed by BCBSKS.

The Credentialing Program Plan (Plan) ensures that all Applicants are continuously in compliance with BCBSKS credentialing policies and procedures. Credentialing/re-credentialing policies and procedures ensure the systematic review of health care Applicants requesting participation with BCBSKS. The Plan includes procedures for verifying an Applicant and reviewing their qualifications to participate in the BCBSKS Network, confirming the Applicants have met eligibility standards and requirements such as education, licensure, professional standing, accreditation, accessibility, utilization and quality.

To maintain compliance with applicable state and federal laws, in verifying applications through credentialing/re-credentialing, by monitoring and reporting credentialing activities to BCBSKS Committees.

The Plan includes guidelines for all BCBSKS credentialing/re-credentialing activities. The guidelines eliminate unfair business practices – such as prejudice in favor of or against individual circumstances or actions – and promotes consistency of interpretation and application of policy requirements. BCBSKS does not discriminate based on race, sex, age, religion, national origin, sexual orientation or disability, and such will not be considered during the credentialing/re-credentialing process.

BCBSKS may delegate credentialing functions through a duly authorized signed Delegated Credentialing Service Agreement/Statement of Work. These service agreements outline the scope of each party's responsibilities to the agreement, timeframes and the URAC delegation clause and are signed by Executive Officers of both organizations.

GOALS

It is the goal of the BCBSKS Credentialing Program to complete all initial credentialing applications within 45 calendar days from the date all required elements of an application are received. This includes all primary source verification documents and a signed attestation that is no more than 180 days old at the time of submission. The Corporate Credentials Committee's decision will be emailed to the Applicant within 30 calendar days of the date of the decision to approve or deny an application. This goal supports timely access to care, compliance with regulatory standards and it ensures an efficient onboarding process for providers.

ANNUAL EVALUATION OBJECTIVE

The Credentialing Program Plan Charter is reviewed and submitted annually to the Corporate Credentials Committee (Committee) and the Steering Committee – the executive leadership team of BCBSKS. As part of this process, the credentialing policies and procedures are reviewed and approved by the committees each year.

The effectiveness of the Credentialing Plan will be evaluated and reported annually to the Committee. This report will include the following key metrics:

I. **Credentialing and Re-credentialing**

- a) Total number of Applicants credentialed and re-credentialed
- b) Number and percentage of applications processed in the 45 day goal
- c) Number and percentage of applications that did not meet the 45 day goal, along with documented reasons for delays
- d) For applications exceeding 45 days, corrective actions taken, including process adjustments, system improvements or staff retraining

II. **Re-credentialing Compliance**

- a) Number of Applicants not in compliance with the 3-year re-credentialing schedule and are therefore terminated/rejected

III. **Operational Metrics**

- a) Average number of days to credential an initial application
- b) Total number of initial credentialing applications processed during the previous 12-month period

The Credentialing department will present a comprehensive annual evaluation report to the Corporate Credentials Committee each June, with the previous calendar years' data outlining the performance of the Credentialing Program against defined goals. This evaluation supports continuous quality improvement and oversight of the Credentialing Program's effectiveness.

SCOPE

- I. Licensed Applicants seeking participation in the BCBSKS BlueCAP, Medicare Advantage, TriWest and Healthy Blue network shall meet established policy requirements.
- II. The Committee and Steering Committee reviews the Charter requirements annually.

ACCOUNTABILITY

Accountable Committees

- I. The **Steering Committee**, made up of executive officers of BCBSKS, serves as the oversight authority and has the ultimate responsibility for the Plan. The Steering Committee delegates oversight of the Plan and the responsibility for selection, credentialing and re-credentialing decisions to the Corporate Credentials Committee.
- II. The **Corporate Credentials Committee**, which is chaired by a Medical Director from the Medical Affairs Department, will report credentialing and re-credentialing activities to the Steering Committee annually. The Corporate Credentials Committee meets quarterly to make determinations on all credentialing/re-credentialing applications. All other references to Committee will mean Corporate Credentials Committee.

MEMBERSHIP

The Corporate Credentials Committee consists of, at minimum, the following Members:

- A. Chair: Medical Director of BCBSKS
- B. At least one Physician who is a BCBSKS participating Provider and has no other role in BCBSKS's management activities.
- C. At least one Specialty Care Physician or Practitioner and one Primary Care Physician.
- D. External Committee members must have one of the following: an active practice, be contracting with BCBSKS, or be active/exempt, current and unrestricted license to practice medicine in at least one United States jurisdiction.

Committee vacancies are filled through appointments by the Medical Director and BCBSKS staff.

CONFIDENTIALITY and CONFLICT OF INTEREST

Each member and any other individuals attending Committee meetings shall be required to maintain strict confidentiality of all information communicated during credentialing activities. Every Committee member shall sign a Confidentiality and Conflict of Interest Disclosure Statement annually.

PARTICIPATION AGREEMENT

By signing the Participation Agreement, each member affirms their commitment to serve in good faith as a Member of the BCBSKS Corporate Credentials Committee. Members agree to uphold the responsibilities, standards and expectations outlined in this Credentialing Charter Policy and to actively participate in all committee functions. This agreement confirms the member's acceptance of a three-year term and their commitment to consistently support the integrity, confidentiality and objective decision-making required of the Committee.

RESPONSIBILITIES

The Committee is responsible for:

- A. Establishing and periodically reviewing the policies and procedures governing the credentialing operation and criteria for participation.
- B. Ensuring re-credentialing is performed in compliance with the Plan guidelines.
- C. Credentialing Staff will monitor and report activities of state licensing boards for any restrictions, limitations, suspensions, revocations or terminations.
- D. Credentialing Staff will monitor and report sanction, suspensions, revocations and termination activities to ensure due process.
- E. Credentialing staff will report credentialing activities to the Steering Committee at least annually and to external entities (i.e., licensing boards and National Practitioner Data Bank (NPDB) as deemed applicable.
- F. Seeking and evaluating clinical peer input when discussing standards of care for a like specialty Applicant.
- G. Credentialing staff will ensure minutes of all Committee meetings are maintained, including all actions by the Committee.
- H. When reviewing Applicants, BCBSKS shall not discriminate based on race, sex, age, religion, national origin, sexual orientation or disability.
- J. At the time of re-credentialing, staff will conduct an evaluation of Applicant performance information by BCBSKS, including member complaints information collected by the Quality Management Program (QMP).
- K. BCBSKS retains authority to make the final credentialing determination regarding any provider in which credentialing is delegated to another entity.

Credentialing Program Plan

The Medical Director is a senior clinical person who has responsibilities for the oversight of the clinical aspects of the Plan. The Vice President, Provider Network Solutions is responsible for the administrative aspects of the Plan. Credentialing staff provides support for Committee meetings. The Corporate Credentials Committee meets quarterly to make determinations on all credentialing/re-credentialing applications.

References

- URAC HP/MHP version 8.1 standards CR 1, CR 2

Related Forms

- Conflict of Interest and Confidentiality Agreement
- Corporate Credentials Committee Participation Agreement

Credentialing Program Plan

Revision Log

Effective Date	Description of Change	Revision Approved By
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 <ul style="list-style-type: none"> • Individual Policies removed and made as standalone policies. 	Corporate Credentials Committee
04/01/2024	Annual Review <ul style="list-style-type: none"> • Individual Policies removed and made as standalone policies. 	Steering Committee
08/27/2025	Annual Review <ul style="list-style-type: none"> • Revision made to incorporate <ul style="list-style-type: none"> ○ Program Goal ○ Program Annual Evaluation Objective 	Corporate Credentials Committee
10/06/2025	Annual Review <ul style="list-style-type: none"> • Revision made to incorporate <ul style="list-style-type: none"> ○ Program Goal ○ Program Annual Evaluation Objective 	Steering Committee
01/2026	Revisions made throughout policy <ul style="list-style-type: none"> • Goals <ul style="list-style-type: none"> ○ Decision email from 10 to 30 days • Scope <ul style="list-style-type: none"> ○ Added TriWest and Health Blue to make participation all inclusive • Membership <ul style="list-style-type: none"> ○ Removed CMO and replaced with Medical Director of Medical Fairs ○ Removed Medical Director(s) of BCBSKS ○ Added the term Practitioner to Specialty Care Physician • Responsibilities <ul style="list-style-type: none"> ○ Removed Delegation Rosters ○ Replaced Professional Relations Director to Vice President, Provider Network Solutions <p>Added Participation Agreement Section</p>	Corporate Credentials Committee
01/2026	Revisions made throughout policy as noted above.	Steering Committee