



Department: Provider Network Solutions  
Function: Credentialing

Procedure Number:  
PR-CRED-B001

## Practitioner and Facility Credentialing and Recredentialing

Effective Date: 4/1/2013

Last Review Date: 10/2025

Last Revision Date: 9/2025

Next Review Date: 9/2026

Owner: Manager, Credentialing

Approving Authority: Corporate  
Credentials Committee

### 1. Purpose and Scope

This policy outlines the standards and processes by which Blue Cross and Blue Shield of Kansas (BCBSKS) credentials and recredentials Practitioners and Facilities (“Applicants”) for participation in the BCBSKS provider network.

Credentialing ensures that Applicants meet required qualifications, licensure, training and professional standards. Recredentialing identifies changes that may affect an Applicant’s continued eligibility.

### 2. Definitions

- Provider: An individual licensed, certified or registered to deliver health care services.
- Facility: An Institutional Provider (e.g., hospital, ASC, clinic) that meets BCBSKS accreditation and Medicare/Medicaid certification standards.
- Applicant: Any Provider or Facility seeking credentialing or recredentialing by BCBSKS.
- Committee: Corporate Credentials Committee

### 3. Credentialing Process

#### 3.1 Application

- Practitioners must complete a Council for Affordable Quality Healthcare (CAQH) application.
- Facilities must complete the BCBSKS facility application.
- Applications and supporting documents must be current, complete and signed/attested.
- All application elements, including primary source verifications, must be no more than 180 days old at the time of review.
- At the time of initial credentialing, BCBSKS will obtain and verify documentation that demonstrates that the Applicant meets BCBSKS credentialing criteria for network participation.

#### 3.2 Required Documentation

Applicants must provide:

- Current, unrestricted state licensure.
  - o Applicants must have a current, active, unencumbered and unrestricted license to practice medicine in Kansas. The licensure must be at the full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to probation or limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. A license on probation or with limitations or restrictions does not meet the definition of full clinical level of practice. A temporary license will only be accepted from the Behavioral Science Regulatory Board for a Master Level Provider seeking

clinical hours to advance their license.

- History of education and training with explanations for gaps greater than three months.
- Ten years of work history (or since graduation), with explanations for gaps greater than three months.
- DEA registration (if applicable)
- Hospital privileges or admitting arrangements (for MDs/DOs, with exceptions)
- Accreditation status (facilities)
- Medicare certification (facilities)
- Medicaid certification (facilities)
- Proof of current malpractice insurance coverage meeting Kansas requirements.
  - o Including the Applicant's name, effective and expiration dates. If the Applicant's malpractice coverage is part of a group policy, then submission of the groups professional liability certificate indicating coverage in Kansas; the groups roster indicating who is covered by the policy on the group's letterhead; or an email received with signature line clearly stating the name of the group for the Applicant being credentialed will be accepted as verification of the Applicants individual coverage.
- Proof of participation in the Kansas Healthcare Stabilization Fund (HCSF).
  - o HCSF is required for all MDs; DOs; PAs; Chiropractors; DPMs; CRNAs; and Nurse Midwives who are licensed in the State of Kansas. Providers who are non-compliant with the Kansas Healthcare Stabilization Fund must become compliant before credentialing can be completed.
- Disclosure of professional liability claims, sanctions, privilege actions, criminal convictions, substance use, or misconduct investigations.
- Signed attestation verifying accuracy of the application.

### 3.3 Primary Source Verification

BCBSKS will verify, at minimum:

- Licensure
- Board certification or highest level of education (if not certified)
- Drug Enforcement Agency (DEA) registration (if applicable)
- Medicare/Medicaid sanctions activity (OIG)
- National Practitioner Data Bank (NPDB)
- Professional liability coverage
- Accreditation/Medicare certification (facilities)

In addition to verification of information listed, the credentialing staff will review the application for the following.

- o Applicants that answered all questions and provided an explanation for all disclosure questions answered "YES".
- o History of any prior practice restrictions or challenges/findings by the licensing board, accredited organization or Applicant organizations.
- o Clinical hospital privileges or admitting arrangements in good standing (through attestation by Applicant)
- o History of professional liability claims resulting in settlements or judgments against the Applicant.

- Any type of current or active investigations by any licensing or appointing entity.
- Currently free of Medicare/Medicaid sanction.
- Currently free of adverse licensing actions.
- History of felony conviction.
- Consideration of pertinent BCBSKS quality performance information as maintained by BCBSKS at the time of recredentialing.

#### **4. Recredentialing Process**

- Applicants must be recredentialed every three years.
- The cycle begins from the date of the last credentialing or recredentialing decision.
- Applicants must maintain compliance with all credentialing standards throughout their participation.
- Failure to comply with recredentialing requirements by the due date may result in contract cancellation.

#### **5. Categories of Credentialing Files**

##### *Category A*

- Applicants with complete files that meet all credentialing standards and URAC requirements.
- Effective each Thursday with a 3-year recredentialing cycle.
- Presented to the Committee in list format quarterly.
- Applicants with adverse history previously reviewed by Committee with no new adverse history or new Applicants with malpractice history greater than 10-years-old or settlement amounts less than \$250,000.00.

##### *Category B*

- Applicants with minor adverse history (malpractice settlements under or equal to \$250,000, or previously reviewed issues with no new concerns).
- Malpractice information pending disposition.
- Previously presented to Committee with extensive malpractice settlements and no new malpractice claims or adverse history
- Previously presented to Committee with adverse license history and no new malpractice history.
- Effective each Thursday with a 1-year provisional recredentialing cycle.
- Presented to the Committee in list format quarterly.

##### *Category C*

- History of malpractice claims with settlements greater than \$250,000 within 10 years on initial credentialing Applicants.
- Two or more malpractice claims with settlements greater than \$250,000 in a 5-year period for a non-specialty Applicant.
- Three or more malpractice claims with settlement greater than \$250,000 in a five-year period for a surgical specialty Applicant.
- All claims resulting in death will be reviewed on an individual basis.
- Licensure, DEA, Medicare/Medicaid or hospital privileges which have sanctions, restrictions, and limitations.
- Felony convictions, any misdemeanor or court-martial convictions will be reviewed on an individual basis.

- Quality/patterns of care concerns.
- Consider termination of participation by another HMO, PPO and PHO, including other BCBS or any of its subsidiaries.
- Any application that the credentialing staff feels warrants additional review by the Committee.
- Presented and reviewed individually by the Committee quarterly.

## **6. Committee Operations**

### *6.1 Membership*

The Corporate Credentials Committee is chaired by the BCBSKS Chief Medical Officer (CMO) or designee. Members are appointed by the CMO and have full voting authority for all credentialing decisions for contracting Applicants. The Committee retains the right to approve, deny, suspend or terminate any Applicant's participation in the BCBSKS network.

### *6.2 Meeting Frequency*

- Committee meets quarterly: April, July, October and January.
- Meetings may be held in person or via conference call.

### *6.3 Quorum and Attendance*

- Quorum is three members.
- Members must attend at least two of the four meetings per year.
- Actions require majority vote.

### *6.4 Committee Actions*

At each quarterly meeting, the Committee will:

- Review Category C files.
- Acknowledge lists of Category A and B providers effective during the quarter.
- Approve an application for up to three years or may choose to limit the approval to less than three years if the Committee determines that more frequent review is necessary. The Committee's decision will be mailed to the Applicant within 10 calendar days of the date of the decision.

For Category C files, the Committee may:

- Approve for three years.
  - Approve as a one-year provisional.
  - Deny/Cancel based on explicit criteria.
- Pend for additional information.

## **7. Denial/Cancellation Based on Explicit Criteria**

Applications may be denied or participation cancelled if any of the following apply:

1. Unresolved sanctions, restrictions or limitations on licensure, DEA, Medicare/Medicaid participation or hospital privileges.
2. Malpractice history indicating significant quality-of-care concerns (e.g., large settlements, repeated claims or claims involving patient death).
3. Felony convictions or serious misdemeanors related to professional practice.
4. Documented evidence of substandard clinical practice or quality of care.
5. Termination or exclusion from other networks (HMO, PPO, PHO or other BCBS entities).

## **8. Applicant Rights**

Applicants have the right to:

- Review non-privileged information obtained during credentialing.
- Be notified of discrepancies and correct erroneous information.
- Request reconsideration following a denial or cancellation, consistent with BCBSKS policy.

## **9. Monitoring and Ongoing Review**

- BCBSKS will monitor providers monthly for sanctions, disciplinary actions or complaints by the following organizations.

- o Kansas State Board of Healing Arts (KSBOHA)
  - o Kansas State Board of Nursing (KSBN)
  - o Kansas State Behavioral Science Regulatory Board (KSRB)
  - o Kansas State Board of Examiners in Optometry
  - o Kansas Dental Board (KDS)
  - o Health and Human Services/Office of Inspector General (HHS/OIG)
  - o CAQH Sanction Track Module, which includes all state licensing boards, HHS, OIG, OPM, SAM.gov and any other Medicare/Medicaid source that provides sanction data.
  - o BCBSKS Complaint Database
  - o Council for Affordable Quality Healthcare (CAQH) application completes ongoing monitoring of the Social Security Administration Death Mastery File, which will be verified.
- Performance reports will be reviewed as part of the recredentialing process.
- If a Provider's restriction affects his/her ability to practice, the action is reviewed by the Committee. Actions taken by the Committee are documented and maintained in the file will be reviewed on an individual basis to determine whether any action is warranted or needs to be reported at the next scheduled Committee.

## **10. Confidentiality**

All credentialing information, applications and committee materials are confidential and will be securely maintained in compliance with HIPAA and BCBSKS privacy policies.

## **11. Records and Retention**

- Credentialing files will be retained for seven years.
- Files will be secured electronically with restricted access.

## **12. File Quality Audits**

- Five percent of files will be audited monthly by the Credentialing Manager (or delegate).
- Results will be reported to the Committee.

## **13. Provider Directory Updates/Removal**

- All Applicants must be approved by Committee prior to being listed in the Provider Directory.
- For Applicants no longer active in the BCBSKS network, the credentialing staff will notify the Provider Network Solutions Enrollment department to update records within five business days of notification.

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## 14. Emergency Protocol

During national or local emergency declarations, BCBSKS may offer temporary or conditional contracting prior to credentialing. Providers must complete full credentialing within 60 days.

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

### Related Forms *(if applicable)*

### Validation

### Revision Log

<b><i>Effective Date</i></b>	<b><i>Description of Change</i></b>	<b><i>Revision Approved By</i></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
04/01/2024	Annual Review	Steering Committee
09/24/2025	Annual Review Policy Revision	Corporate Credentials Committee
10/2025	Annual Review Policy Revision	Steering Committee

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

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