

BLUE CROSS AND BLUE SHIELD OF KANSAS

Credentialing Program Plan Description



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Annual Review

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Credentialing Program Plan Description

OVERVIEW

The Blue Cross and Blue Shield of Kansas (BCBSKS) Credentialing Program Plan (Plan) shall be comprehensive to ensure that its Applicants meet the standards of professional licensure and certification. The process enables BCBSKS to recruit and retain a quality network of Applicants to serve its members and ensure ongoing access to care. It consistently and periodically assesses and evaluates an Applicant's ability to deliver quality care between credentialing and re-credentialing cycles, and it emphasizes and supports an Applicant's ability to successfully manage the health care of network members in a cost-effective manner. The Credentialing Program enables BCBSKS to ensure that all Applicants are continuously in compliance with BCBSKS policies and procedures and any other applicable regulatory and/or accreditation entity's requirements and/or standards.

I. PURPOSE

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

The Plan enables BCBSKS to ensure 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 requirements and procedures for verifying an Applicant by reviewing their qualifications to participate in the BCBSKS Network. The Plan also verifies the Applicants have met eligibility standards and requirements such as education, licensure, professional standing, services, 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 promote consistency of interpretation and application of policy requirements. BCBSKS shall not discriminate on the basis of 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 Credentialing Service Agreement/Statement of Work. These service agreements outline the scope of each parties' responsibilities to the agreement, timeframes, and the URAC delegation clause and are signed by Executive Officers of both organizations.

The Plan is reviewed and submitted annually to the Corporate Credentials Committee (Committee) and Steering Committee, the executive leadership team of BCBSKS, for approval. The credentialing policies and procedures are reviewed and approved annually by the Committee.

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The Plan's effectiveness report will be submitted annually to the Committee. This report will include the following information:

- 1) Number of Applicants credentialed and re-credentialed.
- 2) Average number of days to process an initial application.
- 3) Number of Applicants that are not in compliance with the re-credentialing schedule of every 36 months.

II. SCOPE

- A. Licensed Applicants seeking participation in the BCBSKS BlueCAP network shall meet established policy requirements.
- B. The Committee and Steering Committee reviews the Plan requirements annually.

III. EVALUATION AND ACCOUNTABILITY

ACCOUNTABLE COMMITTEES

- A. 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.
- B. The **Corporate Credentials Committee** which is chaired by the Chief Medical Officer (CMO) reports credentialing and re-credentialing activities to the Steering Committee at least annually. The Corporate Credentials Committee meets monthly to make determinations on all credentialing/re-credentialing applications. All other references to Committee will mean Corporate Credentials Committee.

IV. MEMBERSHIP

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

- A. Chair: Chief Medical Officer (CMO)
- B. Medical Director(s) of BCBSKS
- C. At least one Primary Care Physician who is a BCBSKS participating Provider and has no other role in BCBSKS's management activities.
- D. At least one Specialty Care Physician who is a BCBSKS participating Provider and has no other role in BCBSKS's management activities.
- E. External Committee members must have one of the following: an active practice, be contracting with BCBSKS, and/or Active/Unrestricted License to practice medicine in any United States jurisdiction.

Committee vacancies are filled through appointment by the CMO and BCBSKS staff.

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V. CONFIDENTIALITY and Conflict of Interest

A. 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.

VI. 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, 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.

The Committee Chair, CMO, is the senior clinical person responsible for the oversight of the clinical aspects of the Plan. In addition, the Chair may act on behalf of the Committee and approve all credentialing category "A" applications considered clean and any delegation rosters approved by a delegated entity and submitted for approval by BCBSKS in accordance to Plan standards. In the absence of the CMO, a Medical Director may approve such applications. The Professional Relations Director is responsible for the administrative aspects of the Plan. Credentialing staff provides support for Committee meetings.

References

- URAC P-CR 2
- URAC P-CR 4

Related Forms

- Conflict of Interest and Confidentiality Disclosure Statement

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Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Revision Approved By</i>
1/23/2019	Annual Review	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
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
2/23/2022	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

Practitioner and Facility Credentialing and Re-Credentialing	Effective Date: 4/1/2013
	Last Review Date: 3/2023
	Last Revision Date: 4/1/2013
	Next Review Date: 3/2024
	Owner: Manager, Credentialing
	Approving Authority: Corporate Credentials Committee

Document Overview

This document establishes a policy on credentialing and re-credentialing of Providers and Facilities.

Policy

Blue Cross and Blue Shield of Kansas (BCBSKS) shall establish guidelines and processes to credential and re-credential Providers/Facilities for participation in the BCBSKS network.

References

Related Forms

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Revision Approved By</i>
04/01/2013	New Policy	Corporate Credentials Committee
03/20/2023	Annual Approval	Steering Committee

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

Document Number	Document Name
PR-CRED-B001	Provider and Facility Credentialing and Re-Credentialing



Practitioner and Facility Credentialing and Re-Credentialing

Effective Date: 4/1/2013
Last Review Date: 3/2023
Last Revision Date: 2/2021
Next Review Date: 3/2024
Owner: Manager, Credentialing
Approving Authority: Corporate Credentials Committee

Background

This document establishes guidelines and processes with which Blue Cross and Blue Shield of Kansas (BCBSKS) credentials and re-credentials Providers/Facilities (referred to as "Applicants" herein) for participation in the BCBSKS network. It describes the requirements and procedures for processing of credentialing /re-credentialing applications of eligible Applicants for participation in the BCBSKS network.

Procedure

A. BCBSKS Credentialing of Applicants

A "Provider" is an individual who provides professional health care services and is licensed, certified, or registered by the state in which the services are performed.

A. An "Applicant" is any Provider or Facility being credentialed or re-credentialed by BCBSKS.

B. All Applicants must submit a fully completed, signed and dated application and attestation:

Any information that is missing, incomplete or outdated is requested directly from the Applicant. At the time of the credentialing decision to approve or deny, all elements of the application, including all primary source documents and the attestation signature, must be no more than 180 days old.

C. Non-Discrimination Statement:

When reviewing Applicants for network participation, BCBSKS shall not discriminate on the basis of race, sex, age, religion, national origin, sexual orientation or disability.

D. BCBSKS Credentialing Criteria:

- MDs, DOs, and Dental Surgeons
- MDs, DOs, DMD, and DDS in residency
- Dentists, Chiropractors, Podiatrists and Non-Physician Providers
- Behavioral Health Providers
- Facilities

E. Application:

Upon initial application all Applicants are required to complete a Council for Affordable Quality Healthcare (CAQH) application. At the time of initial credentialing, BCBSKS will obtain and verify documentation that demonstrates that the Applicant meets BCBSKS credentialing criteria for network participation. For Facilities see PR-CRED B006.

The application must include:

- Current state licensure information

- History of education
- Work history for at least 10 years with an explanation of any gaps over three months or more
- Evidence of current Drug Enforcement Agency (DEA) certificate (if applicable)
- Information regarding hospital privileges (if applicable)
- Information regarding institutional participating provider's accreditation status and/or Medicare Certification Status.
- A questionnaire that includes, at a minimum, questions regarding:
 - Professional liability claims history
 - Sanctions or penalties imposed by hospitals, licensing boards, government entities, and managed care organizations
 - Voluntary or involuntary relinquishment of privileges to practice in a facility
 - Any reason that would prevent the Applicant from performing the essential functions and duties as part of the clinical practice, with or without reasonable accommodation
 - Substance abuse problems
 - Felony or misdemeanor convictions or pending charges
 - Complaints or investigation regarding sexual misconduct
- Attestation/release in which the Applicant attests to the completeness and accuracy of the information on the application and authorizes BCBSKS to collect and verify the information.

F. Primary/Secondary Source Verification:

During the credentialing process, credentialing staff verifies the following primary/secondary sources by phone, email, fax, internet, or letter. The documentation must be dated no more than 180 days prior to Committee review.

1. A valid license to practice in Kansas via licensing agency/boards
2. Board certification, if applicable, via American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or a specialty board recognized by URAC. In lieu of board certification, Primary Source Verification of highest level of education will be completed on all initial applications as verified by the Kansas Board of Healing Arts letter dated February 1, 2012, which states: "MD, DO, DPM, DC- The professional school is required to complete the Board's form with the program's seal or notary's seal affixed. In addition, the official transcripts and notarized copy of the diploma must be provided. All post-graduate training is verified by one of two means: 1) the Board's form can be completed by the residency director with the program's seal or notary seal affixed or 2) if the Applicant is unable to provide the form, a notarized copy of the certificate indicating satisfactory completion of training can be provided."
3. Medicare/Medicaid sanctions activity (OIG).
4. National Practitioner Data Bank (NPDB).
5. Drug Enforcement Agency registration (DEA), if applicable.
6. An appropriate level of medical malpractice insurance maintained as verified

by the insurer, and includes the Applicant name, effective and expiration dates. A group roster or email will be accepted as verification of the named individual Applicant on a group malpractice insurance certificate.

7. Accreditation Status and/or Medicare Certification Status.
8. Providers in Residency- verify successful completion of at least one year of post-graduate training from a residency program and are in good standing in subsequent years as monitored through yearly credentialing and Applicants attesting to continued participation in an accredited residency program until satisfactory completion of residency program.
9. Credentialing staff members will review and verify primary source information provided on the application by documenting the date, their initials/electronic name and who provided the information. This information will be kept in the Applicant's file.

G. Erroneous Information

1. Applicant's Right of Review/Request for Current Network Status – An Applicant has the right to review information obtained by BCBSKS for the purpose of evaluating his/her credentialing or re-credentialing application. This includes non-privileged information obtained from any outside source (e.g., malpractice insurance carriers, state licensing boards,) but does not extend to review of information, references or recommendations protected by law from disclosure. An Applicant has the right to request his/her status within the BCBSKS network. Upon written request, the credentialing staff will provide details of his/her status in the credentialing or re-credentialing process.
2. Right of Review – An Applicant may request to review such information at any time by sending a written request via letter or fax to the Manager of Credentialing. The Manager of Credentialing will notify the Applicant within three business days of the date when such information will be available for review with the Manager of Credentialing.
3. Notification of Discrepancy – Credentialing staff will notify Applicants via email, letter, telephone call, or fax when information obtained by primary sources varies substantially from information provided on the Applicant's application. Credentialing staff will not reveal sources if information obtained is not intended for verification of credentialing elements or are protected from disclosure by law.
4. Correction of Erroneous Information – If an Applicant believes erroneous information has been supplied to BCBSKS by primary sources, the Applicant may correct such information by submitting written notification to the credentialing department. Applicants must submit written notice via email, letter, telephone verification or fax, along with a detailed explanation to the Manager of Credentialing. Notification to BCBSKS must occur within three business days of BCBSKS's notification to the Applicant

of a discrepancy, or within one business day of an Applicant's review of the credentialing file. If after 10 business days the primary source information remains in dispute, the Applicant may be subject to action, up to and including denial of initial application.

Credentialing staff would contact the Applicant if any information received from primary sources differs from what was disclosed on the application. The Applicant has the right to correct erroneous information. Any deficiencies are documented and attached to the Applicant's file. BCBSKS is responsible to review the file for completeness, accuracy, and conflicting information prior to submission to the Committee for consideration.

- II. BCBSKS Re-credentialing of Applicants (see definition Section 1, Credentialing) BCBSKS re-credentials all Applicants within three years of their last credentialing or re-credentialing date. The intent of the process is to identify any changes that may affect the Applicant's ability to perform the services they are under contract to provide.

BCBSKS will review a current CAQH application at the time of re-credentialing, or if the Applicant does not have access to CAQH, a pre-filled application from BCBSKS's credentialing database will be emailed to the Applicant to update as applicable and to sign and date. The signature included in the re-credentialing application cannot be dated more than 180 days prior to Committee review. For Facilities see PR-CRED B006.

A. Re-credentialing Application:

1. Re-credentialing notification – Applicants go through the re-credentialing review process at least 36 months after the date of the last credentialing decision. This cycle begins with the date of the initial credentialing decision and ends with the date of the Committee during the month of the original decision. The schedule for the re-credentialing will be maintained and tracked in the credentialing database. All re-credentialing applications will be tracked, and notification sent to Applicants who do not have a CAQH application following the tracking schedule process. It is the expectation of BCBSKS to maintain the CAQH application however, BCBSKS will provide a pre-filled re-credentialing application to Applicants without a CAQH application 60 days prior to the end of the re-credentialing cycle. The Applicant is required to update and return a signed re-credentialing application and meet all applicable standards for continued participation. If a re-credentialing application is not received credentialing staff will contact the Applicant as a reminder to return the application. This may be accomplished by phone, fax, email, or mail. If the credentialing staff is having difficulties contacting the Applicant, they will contact the Professional Relations Representative (Provider Rep) to

follow up with the Applicant. Failure to respond by the date of the Committee during that month will result in the Applicant's contract being cancelled.

If the Applicant failed to return the re-credentialing application by the specified date notification will be sent by certified mail letting him/her know their contract has been cancelled.

Applicants who have a current CAQH application can be processed and prepared for evaluation. If the attestation is expired credentialing staff will either notify the Applicant by email, phone, or fax to remind him/her to update their application. Failure to update the application will result in the Provider Rep being asked to follow up with the Applicant. Failure to respond by the date of the Committee during that month will result in the Applicant's contract being cancelled.

2. BCBSKS will provide a re-credentialing application to all Applicants scheduled for re-credentialing. The re-credentialing criteria includes:
 - Current state licensure information
 - History of education
 - Work history for at least 10 years with an explanation of any gaps over three months or more
 - Evidence of current Drug Enforcement Agency (DEA) certificate (if applicable)
 - Information regarding hospital privileges (if applicable)
 - Information regarding institutional participating provider's accreditation status and/or Medicare Certification Status
 - A questionnaire that includes, at a minimum, questions regarding:
 - Professional liability claims history
 - Sanctions or penalties imposed by hospitals, licensing boards, government entities, and managed care organizations
 - Voluntary or involuntary relinquishment of privileges to practice in a facility.
 - Any reason that would prevent the Applicant from performing the essential functions and duties as part of the clinical practice, with or without reasonable accommodation
 - Substance abuse problems
 - Felony or misdemeanor convictions or pending charges
 - Complaints or investigations regarding sexual misconduct
 - Attestation/release in which the Applicant attests to the completeness and accuracy of the information on the application and authorizes BCBSKS to collect and verify the information.

3. Primary Source Verification:

During the re-credentialing process, credentialing staff verifies the following primary sources by phone, email, fax, internet, or letter. The documentation must be dated no more than 180 days prior to Committee

review.

- A valid license to practice in Kansas via licensing agency/boards
- Board certification, if applicable, via American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or a specialty board recognized by URAC. In lieu of board certification, Primary Source Verification of highest level of education will be completed on all initial applications as verified by the Kansas Board of Healing Arts letter dated February 1, 2012, which states: "MD, DO, DPM, DC- The professional school is required to complete the Board's form with the programs seal or notary's seal affixed. In addition, the official transcripts and notarized copy of the diploma must be provided. All post-graduate training is verified by one of two means: 1) the Board's form can be completed by the residency director with the program's seal or notary seal affixed or 2) if the Applicant is unable to provide the form, a notarized copy of the certificate indicating satisfactory completion of training can be provided."
- Medicare/Medicaid sanction activity (OIG)
- National Practitioner Data Bank (NPDB)
- Drug Enforcement Agency registration (DEA), if applicable
- An appropriate level of medical malpractice insurance maintained as verified by the insurer, and includes the Applicant name, effective and expiration dates. A group roster or email will be accepted as verification of the named individual Applicant on a group malpractice insurance certificate.
- Accreditation Status and/or Medicare Certification Status
- Providers in Residency- verify successful completion of at least one year of post-graduate training from a residency program and are in good standing in subsequent years as monitored through yearly credentialing and verification of continued participation in residency program until satisfactory completion of residency program.

Credentialing staff members will review and verify primary source information provided on the application by documenting the date, their initials/electronic name and who provided the information. This information will be kept in the Applicant's file.

4. All Applicants must submit a fully completed, signed, and dated application and attestation – Any information that is missing, incomplete or outdated is requested directly from the Applicant. At the time of the credentialing decision to approve or deny, all elements of the application, including all primary source documents and the attestation signature, must be no more than 180 days old.

- B. Correction of Erroneous Information: Non-Discrimination Statement:
When reviewing Applicants for network participation, BCBSKS shall not discriminate based on race, sex, age, religion, national origin, sexual orientation, or disability.
- C. Erroneous Information:
- Applicant's Right of Review/Request for Current Network Status – An Applicant has the right to review information obtained by BCBSKS for the purpose of evaluating his/her credentialing or re-credentialing application. This includes non-privileged information obtained from any outside source (e.g., malpractice insurance carriers, state licensing boards) but does not extend to review of information, references or recommendations protected by law from disclosure. An Applicant has the right to request his/her status within the BCBSKS network. Upon written request, the credentialing staff will provide details of his/her status in the credentialing or re-credentialing process.
 - Right of Review – An Applicant may request to review such information at any time by sending a written request via letter or fax to the Manager of Credentialing. The Manager of Credentialing will notify the Applicant within three business days of the date when such information will be available for review with the Manager of Credentialing.
 - Notification of Discrepancy – Credentialing staff will notify Applicants via email, letter, telephone call, or fax when information obtained by primary sources varies substantially from information provided on the Applicant's application. Credentialing staff will not reveal sources if information obtained is not intended for verification of credentialing elements or are protected from disclosure by law.
- D.
- If an Applicant believes erroneous information has been supplied to BCBSKS by primary sources, the Applicant may correct such information by submitting written notification to the credentialing department. Applicants must submit written notice via email, letter, telephone verification or fax, along with a detailed explanation to the Manager of Credentialing. Notification to BCBSKS must occur within three business days of BCBSKS's notification to the Applicant of a discrepancy, or within one business day of an Applicant's review of the credentialing file. If after 10 business days the primary source information remains in dispute, the Applicant will be subject to action, up to and including denial of initial application. Credentialing staff would contact the Applicant if any information received from primary sources differs from what was disclosed on the application. The Applicant has the right to correct

erroneous information. Any deficiencies are documented and attached to the Applicant's file. BCBSKS is responsible to review the file for completeness, accuracy, and conflicting information prior to submission to the Committee for consideration.

III. Time Frames

The process of credentialing/re-credentialing Applicants is 180 days from the attestation date on the credentialing application, contingent upon required information being received on a timely basis.

IV. Confidentiality Policy

BCBSKS abides by confidentiality requirements contained in the Privacy Act and HIPAA and shall hold in confidence all data and information it acquires in relation to this policy.

All documents are confidential, maintained in a secure data base and locked files, and accessed by authorized personnel only

All Committee minutes are maintained in a computer file with restricted access and are password protected. Committee members maintain the confidentiality of all discussions, deliberations, records, and other information generated in connection with credentialing activities. External members will sign a "Confidentiality Statement" annually which is maintained in an electronic file. All credentialing/re-credentialing information is stored in an electronic format, is password protected and can only be accessed by authorized BCBSKS staff.

V. Participating Providers Credentialing Monitoring:

On a monthly basis, all Providers are routinely monitored for any disciplinary actions published by the following organizations:

- Kansas State Board of Healing Arts (KSBOHA)
- Kansas State Board of Nursing (KSBN)
- Kansas State Behavioral Science Regulatory Board (KSRB)
- Kansas State Board of Examiners in Optometry
- Kansas Dental Board (KDS)
- Health and Human Services/Office of Inspector General (HHS/OIG)
- Excluded Parties List System (EPLS)
- BCBSKS Complaint Database

It is BCBSKS requirement that Providers maintain a current, unrestricted license to practice. If the 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.

- VI. Verification of Information: (Schedule will be adhered to as follows)
- Licensure: Verified within 180 days, license must be current at the time of the credentialing decision and the Applicant must maintain an active unrestricted licensethroughout the credentialing cycle.
 - DEA- Certificate must be in effect at the time of the credentialing decision, if applicable.
 - Board Certification/Highest level of education verification: Verified within 180 days ofthe credentialing decision. Expired board certification will be maintained for verification of education on re-credentialed applications.
 - Work History: Verify any gaps in education over three months within 180 days of thecredentialing decision.
 - Malpractice History: Verified within 180 days of the credentialing decision.
 - NPDB, Medical Board Licenses Queries, and Medicare/Medicaid Sanctions: Verifiedwithin 180 days of the credentialing decision.
Use of Primary Source and Staff Application Review- Verification of credentialingdocuments must be obtained from primary sources. Oral and internet materials/documentation must be dated and initialed by the staff member who verified the credentials.
 - In addition to verification of information as listed above, the credentialing staff willreview the application for the following:
 - Applicant has answered all questions and provided an explanation for alldisclosure questions answered "YES".
 - History of any prior practice restrictions or challenges/findings by the licensingboard, accredited organization, or Applicant organizations.
 - Clinical hospital privileges in good standing (through attestation by Applicant)
 - History of professional liability claims resulting in settlements or judgments againstthe Applicant.
 - Any type of current or active investigations by any licensing or appointing entity.
 - Currently free of Medicare/Medicaid sanction.
 - Currently free of licensing challenge.
 - History of felony conviction.
 - Consideration of pertinent BCBSKS quality performance information asmaintained by BCBSKS at the time of re-credentialing.
- VII. Performance Monitoring:
Monthly, the credentialing staff will review at least two of the Applicant's performance reports. Any reports that do not meet BCBSKS Compliance Rates will be evaluated bythe Committee during the re-credentialing review.
- VIII. Process Before Presentation:
The credentialing staff obtains documentation and verifies evidence for each Applicant to confirm that all applicable requirements have been met in

accordance with BCBSKS credentialing and re-credentialing policies and procedures. To ensure accuracy of all collected information, either the Manager of Credentialing or Nurse Coordinator of Credentialing will conduct peer review on all files prior to the Committee meeting.

IX. Presentation of Files:

Credentialing and re-credentialing application files are categorized as:

A. Category A

1. The Applicant has completed all applicable sections of the credentialing application.
2. Where indicated, the Applicant has signed and dated the credentialing application. All necessary support documentation has been submitted and is included with the credentialing application in the Applicants file.
3. The file meets BCBSKS Credentialing Criteria and meets the minimum URAC credentialing standards.

An application with adverse history previously reviewed by Committee and with no new adverse history or new Applicants with malpractice history greater than 10 years old or settlement amounts less than \$150,000.00 can be placed in a Category A. All files will be presented in a list format for review/approval by the CMO or a Medical Director on a weekly basis.

B. Category B

An application reviewed with minor adverse history:

1. Malpractice settlements under \$150,000.00
2. Malpractice information pending disposition
3. Previously presented to Committee with extensive malpractice settlements and no new malpractice claims or adverse history
4. Previously presented to Committee with adverse license history and no new malpractice history.

C. Category C

Applications with the following adverse actions are automatically referred to the Committee for additional review and approval.

1. History of malpractice claims with settlements greater than \$150,000.00 within 10 years on Initial Credentialing Applicants.
2. Two or more malpractice claims with settlements greater than \$150,000.00 in a five-year period for a non-specialty Applicant.
3. Three or more malpractice claims with settlement greater than \$150,000.00 in a five-year period for a surgical specialty Applicant.
4. All claims resulting in death will be reviewed on an individual basis.
5. Licensure, DEA, Medicare/Medicaid, or hospital privileges which have sanctions, restrictions, and limitations.
6. Felony convictions, any misdemeanor or court-martial convictions will be reviewed on an individual basis.

7. Quality/patterns of care concerns.
 8. Consider terminations of participation by another HMO, PPO, and PHO, including BCBSKS or any of its subsidiaries.
 9. Any application that the credentialing staff feels warrants additional review by the Committee.
- X. Corporate Credentials Committee:
- A. Committee Members
The BCBSKS Chief Medical Officer (CMO) shall appoint the BCBSKS Committee members. The Committee Chairperson shall be the BCBSKS CMO, in the absence of the CMO a Medical Director will serve as the Committee Chairperson. The voting members will have full 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.
Following initial approval into the network by the Committee all Applicants are re-credentialed every 36 months. In addition, BCBSKS conducts ongoing monitoring of sanctions and complaints. All Applicants must comply with BCBSKS credentialing policies and procedures.
 - B. Meeting Frequency:
The Committee meets at regularly scheduled times monthly. Pre-Credentials Review, consisting of BCBSKS CMO and/or Medical Directors, Credentialing Manager and Credentialing Nurse Coordinator recommends initial and/or re-credentialed Applicants for the Consent Agenda. If all recommendations are agreed upon, approvals will be confirmed via email from the Committee. If all recommendations are not agreed upon, the regularly scheduled meeting will proceed as scheduled.
 - C. Voting Procedure and Quorum:
Committee members have voting privileges and all actions shall be taken by a majority vote. Committee members may attend by email or conference call. A quorum is established when there is a minimum of three Committee members in attendance.
- XI. Committee Actions:
- The BCBSKS Pre Credentials Review will review all Category C providers in advance of the regularly scheduled Committee meeting and make recommendations for action at the scheduled meeting. This process will permit appropriate category C Applicants to be considered in a consent agenda fashion with recommendations to approve, deny, or cancel if all Committee members agree with the recommendations. When any Committee member disagrees with the recommendation made by BCBSKS Pre Credentials Review or wish to discuss an individual Applicant for any reason the file will be pulled from the

consent agenda for discussion at the scheduled meeting.

The Committee agenda will include Category C Applicants who qualify for the consent agenda and those that remain on the regular agenda for Committee review and discussion. Typical consent agenda Applicants are those considered to have non-controversial recommendations as determined by the BCBSKS credentialing staff. All consent agenda Applicants require a majority approval from the Committee members present at the regularly scheduled meeting. If a committee member wishes to pull a Category C file listed on the consent agenda for further discussion, those files will be added to the regular agenda for discussion and final determination.

The BCBSKS Pre Credentials Review Team can offer the following recommendations:

- Approve for three years-consent agenda item
- Approve as a one year provisional-consent agenda item
- Deny/Cancel based off specific criteria- consent agenda item
- Pend for additional information-consent agenda item if a re-credentialing Applicant
- Requires discussion by Committee-regular agenda item

XII. Denial/Cancellation Based off Explicit Criteria:

For items that require clarification, or for which any Committee member requests Committee discussion, the item will be added to the regular agenda. Any desired clarifications or requests for new information should be requested by the Committee member prior to the day of the scheduled meeting. This will allow time for staff to obtain the desired information or request clarification from the Applicant. Any new information received will be provided to all Committee members in advanced of the scheduled meeting.

1. The Committee may approve, deny, cancel, or pend for additional information, or in the case where the file contains complex malpractice claims or indication of potential substandard clinical practice patterns, refer the file to an external peer provider for input.
2. The Committee may also request additional clinical peer input related to standards of care for a particular specialty and the review will be conducted by a peer of the same specialty.
 - Reports and recommendations obtained from the external peer review will be reviewed and documentation kept in the file.
3. The Committee may 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.
4. Files pended for additional information may not be pended for more than 60 days. If the information cannot be obtained within the timeframe, the Committee may choose to administratively deny/cancel for failure to comply.

The Applicant can request reconsideration if he/she is willing to submit the requested information within 30 calendar days from receipt of the letter and file documentation remains current and within the 180-day timeframe.

- Any denials/restrictions will be followed in accordance with BCBSKS Reconsideration Policy and Procedures if applicable.

XIII. Record Keeping:

Committee business shall be documented and a permanent signed and dated record of meeting proceedings, findings, and actions shall be stored in an electronic file that is password protected. Confidentiality of the meeting minutes, discussions, deliberations, and decisions made shall be strictly maintained. All documents are confidential, maintained in electronic files, and accessed by authorized personnel only.

XIV. File Retention:

Credentialing files shall be retained for at least seven years. Credentialing files are protected and confidential. Each Applicant has an electronic file containing current credentialing cycle plus one additional past credentialing cycle in the credentialing database and is secured by two different login requirements by the employee. Additional history is stored securely incorporate imaging. File cabinets containing Applicant files shall be locked and/or secured after normal business hours. Electronic files are backed up every night.

XV. Credentialing File Quality Audits:

The purpose of the credentialing file audit is to assure that all policy and procedures are being followed in accordance with URAC Credentialing Standards and BCBSKS policies and procedures. On a monthly basis, five percent of all files will be reviewed/audited by the Credentialing Manager and presented to Committee for approval. The file audit results will be documented in the Committee minutes.

XVI. Provider Directory Updates/Removal:

- A. All Applicants must be approved by the Committee prior to being listed in the provider directory.
- B. For those Applicants no longer active in the BCBSKS network the credentialing staff will notify the Provider Network Services department to update their records within five business days of notification.



XVII Emergency Protocol

BCBSKS will offer Temporary and Conditional Contracting to certain healthcare providers during National and Local Emergency Declarations allowing certain providers to become contracting providers prior to credentialing. Credentialing of the Provider will occur within 60 days of contracting and will follow current BCBSKS criteria for provider types. During Emergency Declarations credentialing and recredentialing time frames may be adjusted according to State Licensing Board policies. Recredentialing will not exceed 60 days from required date.

Process Flow Chart *(if applicable)*
See attached document

Related Forms *(if applicable)*


Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Revision Approved By</i>
01/23/2019	Revision	Corporate Credentials Committee
03/04/2019	Annual Review	Steering Committee
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

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

Document Number	Document Name
PR-CRED-A001	Provider & Facility Credentialing & Re-Credentialing

	Department: Professional Relations Policy Function: Credentialing	Policy Number PR-CRED-A002

<h2>Credentialing Reconsideration</h2>	Effective Date: 4/1/2013
	Last Review Date: 3/2023
	Last Revision Date: 4/1/2013
	Next Review Date: 3/2024
	Owner: Manager, Credentialing
Approving Authority: Corporate Credentials Committee	

Document Overview

This document establishes a policy on credentialing reconsideration.

Policy

Blue Cross and Blue Shield of Kansas (BCBSKS) shall provide a reconsideration process as outlined by the state and federal laws to afford providers due process pertaining to BCBSKS decisions affecting their credentialing status. BCBSKS may act against providers up to and including network termination for providers that do not meet BCBSKS criteria, reasonable quality standards of care or have complaints/grievances made against them.

References

Related Forms

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Revision Approved By</i>
04/01/2013	New Procedure	Corporate Credential Committee
03/20/2023	Annual Approval	Steering Committee

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

Document Number	Document Name
PR-CRED-B002	Credentialing Reconsideration

Credentialing Reconsideration

Effective Date: 04/2013
Last Review Date: 03/2023
Last Revision Date: 02/2017
Next Review Date: 03/2024
Owner: Credentialing Manager
Approving Authority: Corporate Credentials Committee

Background

This document outlines the process BCBSKS will follow when a Provider/Facility (to be referred to as Applicant herein) applies for reconsideration after being denied/cancelled by the BCBSKS Corporate Credentials Committee (Committee).

Procedure

An "**Applicant**" is any Provider or Facility being credentialed or re-credentialed by BCBSKS.

I. Right to Reconsideration Process:

- A. BCBSKS will notify the Applicant in writing within 10 business days after the Committee determines to cancel or deny. The written notice of denial/cancellation shall be completed by the Director of Professional Relations and sent by certified mail to the Applicant. The written notice will include an explanation for the denial/cancellation and a copy of BCBSKS credentialing criteria. Such notification shall include a copy of the reconsideration rights set forth herein. BCBSKS will take no action regarding such Applicants (other than in the case of refusing to accept the Applicants initial application) until reconsideration rights are exhausted.
- B. Circumstances When Reconsideration/Appeal is not Available:
 1. If the Committee denies/cancels credentialing status for an Applicant because one or more of the following reasons, the reconsideration and appeal process described below will not be available to such Applicant.
 - a) Applicant's Professional License is not at full clinical scope of practice
 - b) Limitations or Restrictions against the Applicant's DEA registration
 - c) Applicant is unable to supply credentialing staff with documentation of successful completion of at least three years post-graduate training or equivalent work experience
 - d) Applicant is currently subject to any sanctions imposed by any CMS program or by the Federal Employee Health Benefit Program, including but not limited to being excluded, suspended, or otherwise ineligible to participate in any state or federal healthcare program.
 2. If an Applicant's regulatory board suspends or revokes his/her license, that Applicant's BCBSKS network contract is cancelled by operation of the terms of the contract. When credentialing staff members become aware of such suspension or revocation, they shall notify the Committee, but the

Committee is not required to take any specific action since the Applicant's contract will terminate of its own accord. Credentialing staff shall also notify the appropriate internal departments of such suspension or revocation to ensure that appropriate administrative action is taken.

Applicants do not have reconsideration rights where there is no dispute as to whether Applicants satisfy all eligibility criteria or when BCBSKS has denied the application for business reasons.

Applicants who disagree with BCBSKS's determination to deny/cancel their credentialing status, or limit their practice, or grant provisional approval as contracting Applicants must exhaust the following reconsideration process.

II. Reconsideration

A. Notice to the Right of Reconsideration

This process consists of the original review of the Applicants credentials at the time of application and at the time of re-credentialing occurring at a minimum of every three years. Credentialing criteria are available on BCBSKS's website <http://www.bcbsks.com>.

III. Committee Actions:

- A. The Committee may approve, deny, cancel, or pend for additional information, or in the case where the file contains complex malpractice claims or indication of potential substandard clinical practice patterns, refer the file to external peer Applicant for input.
- B. The Committee may also request additional clinical peer input related to standards of care for a particular specialty and the peer reviewer will be a Provider in the same specialty.
 - Reports and recommendations obtained from external peer review will be reviewed and the documentation kept in the file.
- C. The Committee may 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.
- D. Files pended for additional information may not be pended for more than 60 days. If the information cannot be obtained within the timeframe, the Committee may choose to administratively deny for failure to complete and comply with the BCBSKS credentialing process. A letter will be sent to the Applicant within 10 business days notifying them that the file was administratively denied for failure to comply. The Applicant can request reconsideration if he/she is willing to submit the requested information within 30 business days from receipt of the letter and the file documentation remains current and within the 180-day time-frame.

- E. Initial Applicants approved participation in the BCBSKS network will receive written notification of approval within 10 days of the Committee's decision.
- F. Re-credentialed Applicant approved continued participation in the BCBSKS network will not receive a written notification unless credentialing status changes.

IV. Initial/Re-credentialing Applicant:

- A. The Committee reviews each Applicant's credentialing file that fails to meet the BCBSKS Criteria and URAC standards. If an Applicant does not meet the BCBSKS criteria and URAC standards or there is evidence they do not adhere to BCBSKS policies and procedures, the Committee may deny/cancel or restrict participation in the BCBSKS network. A letter will be sent by the Director of Professional Relations and sent by certified mail to the Applicant within 10 business days if the decision results in denial/cancellation or restriction of participation.

V. Reconsideration:

- A. If the Committee denies/cancels or restricts an Applicant's participation status, they will allow the Applicant to resubmit supporting documentation for reconsideration within 30 calendar days from receipt of the letter and the file documentation remains current and within the 180-day time-frame. If the denial/cancellation or restriction is upheld by the Committee, the Applicant may submit a written request for a first level of reconsideration within 30 calendar days of the date BCBSKS sends notice of the denial/cancellation or restriction to the Applicant. The Applicant will be notified within 10 business days following review of the additional information and the decision of the Committee.

VI. First Level Reconsideration Panel:

- A. All disputes are referred to a first-level appeal panel consisting of at least three qualified individuals, of which at least one must be a participating provider who is not otherwise involved in network management and who is a clinical peer of the participating Applicant that files the dispute. BCBSKS will have 60 days from receipt of the First Level Reconsideration request to convene a first level of appeal panel. The Applicant will be notified within 10 business days following review of the additional information and the decision of the Committee.
- B. **Definition of "Panel"**
Each panel of three requires participation of at least one participating provider who is a clinical peer and not involved with the day-to-day operation of the organization, including participation on other Committees.

VII. Second Level Reconsideration Panel:

- A. If the first-level appeal panel upholds the denial/cancellation or restriction, the Applicant may submit a written request for a second level appeal. BCBSKS will convene an external second level, three-member, appeal panel consisting of at least one member who must be a contracting provider not otherwise involved in network management and who is a clinical peer of the Applicant who filed the dispute. None of the second level panel may have been members of the first level appeal panel. BCBSKS will have 60 days from receipt of the second level appeal request to convene a second-level appeal panel. The Applicant will be notified within 10 business days following review of the additional information and the decision of the Committee.

The results of the appeals process shall be binding on both the Applicant and BCBSKS subject only to the provision for binding arbitration previously stated in Policy Memo 1.

For every Applicant whose denial or cancellation status is upheld, credentialing staff will report the decision to the Applicant's regulatory board and the National Practitioner Data Bank.

VIII. Participating Provider Credentialing Monitoring:

On a monthly basis, all Providers are routinely monitored for any disciplinary actions published by the following organizations:

- Kansas State Board of Healing Arts (KBOHA)
- Kansas State Board of Nursing (KSNB)
- Kansas State Behavioral Sciences Regulatory Board (KSRB)
- Kansas State Board of Examiners in Optometry
- Kansas Dental Board (KDB)
- Health and Human Services/Office of Inspector General (HHS/OIG)
- Excluded Parties List System (EPLS)
- BCBSKS Complaint Database

If an Applicant's regulatory board suspends or revokes his/her license during the appeal process, that Applicant's BCBSKS network contract is canceled by operation of the terms of the contract. When credentialing staff members become aware of such suspension or revocation, they shall notify the Committee, but the Committee is not required to take any specific action since the Applicant's contract will terminate of its own accord. Credentialing staff shall also notify the appropriate internal departments of such suspension or revocation to ensure that appropriate administrative action is taken. Appeal process will be discontinued if Applicant's license is suspended or revoked.

Process Flow Chart *(if applicable)*

Related Forms *(if applicable)*

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
1/23/2019	Annual Review	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
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

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

Document Number	Document Name
PR-CRED-A002	Credentialing Reconsideration

Credentialing Criteria – Dentists, Chiropractors, Podiatrists, and Non-Physician Providers

Effective Date: 04/2013
Last Review Date: 03/2023
Last Revision Date: 01/2018
Next Review Date: 03/2024
Owner: Credentialing Manager
Approving Authority: Corporate Credentials Committee

Background

Each non-physician provider that applies for participation will be evaluated using the following criteria established by the Corporate Credentials Committee.

Procedure

Criteria

1. Completion of appropriate training/degree from approved school/programs as required by national, state, or local requirements to obtain licensure, registration, or certification to practice his/her profession.
2. Current and unrestricted license to practice in Kansas. The licensure must be at full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to limitations on the scope of practice ordinarily granted all other Applicants for similar specialty in the granting jurisdiction. A licensure with limitations or restrictions does not meet the definition of full clinical level of practice. A license on probation with or without restrictions or limitations will be reviewed on an individual basis.
3. Any review/action taken by the licensing board will be reviewed on an individual basis.
4. In order to participate as a contracting provider with BCBSKS, all non-physician Applicants must complete the CAQH credentialing application.
5. Current and unrestricted DEA number, as appropriate, for practice.
6. Hospital staff membership with privileges, if appropriate, and without any restrictions on privileges for practice in at least one Blue Cross Blue Shield of Kansas, Inc. contracting hospital in the community or an established referral process to assure access of in-patient care to insured/patient based on geographic location. Providers who have lost admitting or clinical privileges due to any disciplinary measures or who have voluntarily resigned privileges to avoid loss of privileges or other disciplinary measures will be reviewed on

- an individual basis.
7. Current professional liability coverage which meets or exceeds minimum limits, as established by the State of Kansas as verified by the insurer, and includes the Applicant's name, effective and expiration dates. A group roster or email, received on the group's letterhead, will be accepted as verification of the named individual Applicant on a group malpractice insurance certificate. Coverage through the Kansas Healthcare Stabilization Fund (HCSF) is required and can be Primary Source Verified when applicable for specialties. HCSF is required for all MDs, DOs, PAs, Chiropractors, DPMs, CRNAs and Nurse Midwives who are licensed in the State of Kansas.
 8. In instances when there is a history of involvement in a malpractice suit(s), arbitration, or settlement during the ten-year period preceding the initial credentialing process, or the interval between re-credentialing processes, evidence that this history does not demonstrate probable future sub-standard professional performance. Absence of patterns of behavior to suggest quality of care concerns.
 9. No sanctions placed upon him/her by Medicaid, Medicare, or exclusions by Federal Employee Health Benefit Program. If Applicant has such history, Applicant will be denied credentialing if Applicant: (1) is currently excluded, suspended, or otherwise ineligible to participate in any state or federal healthcare programs, including but not limited to Medicare, Medicaid or Federal Employee Health Benefit Program or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a state or federal health care program, after a period of exclusion, suspension or ineligibility.
 10. Absence of a history of disciplinary actions affecting applicant's professional license or other required certification. For Applicants with such history, evidence that this history does not currently affect Applicant's ability to perform professional duties, for which the Applicant is contracted, or does not demonstrate probable future sub-standard performance.

11. Absence of any felony convictions. Misdemeanor or court-martial convictions will be reviewed on an individual basis.
12. No current drug or alcohol abuse. Absence of a history of chemical dependency/substance abuse. For those Applicants who have such history, evidence that the Applicant is participating in, or has completed a prescribed, monitored treatment program, and that no further current chemical dependency or substance abuse exists.
13. Fraudulent information or misrepresentation on the CAQH application or paper application sent to BCBSKS or with any information submitted for the credentialing process may result in denial/cancellation from the BCBSKS network.
14. The Credentials Committee shall evaluate all information submitted, including but not limited to supporting documentation provided by the provider during the application process, when determining a decision to approve or deny a provider's credentialing status.
15. The Credentials Committee shall be responsible for evaluating provider applications that do not meet all criteria and give thoughtful consideration to both the credentialing elements and all information provided before making a final credentials committee determination.
16. The Credentials Committee shall be responsible for evaluating provider applications that do not meet all criteria and give thoughtful consideration to both the credentialing elements and all information provided before making a final credentials committee determination.

The above criteria must be maintained on an on-going basis by all providers who contract with BlueCross and Blue Shield of Kansas.

Process Flow Chart *(if applicable)*

Related Forms *(if applicable)*

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
1/23/2019	Annual Review	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
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
02/22/2022	Annual Review	Corporate Credentials Committee
03/20/2023	Annual Review	Steering Committee

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

Document Number	Document Name
PR-CRED-B001	Practitioner and Facility Credentialing and Re-Credentialing
PR-CRED-B002	Credentialing Reconsiderations

Credentialing Criteria – Behavioral Health Providers

Effective Date: 04/2013
Last Review Date: 03/2023
Last Revision Date: 01/2018
Next Review Date: 03/2024
Owner: Credentialing Manager
Approving Authority: Corporate Credentials Committee

Background

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

Procedure

Criteria

1. Completion of appropriate training/degree from approved school/programs as required by national, state, or local requirements to obtain licensure, registration, or certification to practice his/her profession.
2. Current and unrestricted license to practice in Kansas. The licensure must be at full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to limitations on the scope of practice ordinarily granted all other Applicants for similar specialty in the granting jurisdiction. A licensure with limitations or restrictions does not meet the definition of full clinical level of practice. A license on probation with or without restrictions or limitations will be reviewed on an individual basis.
3. In order to participate as a contracting provider with BCBSKS, all Applicants must complete the CAQH credentialing application.
4. Any review/action taken by the licensing board will be reviewed on an individual basis.
5. Current and unrestricted DEA number, as appropriate, for practice.
6. Current professional liability coverage which meets or exceeds minimum limits, as established by the State of Kansas as verified by the insurer, and includes the Applicant's name, effective and expiration dates. A group roster or email, received on the group's letterhead, will be accepted as verification of the named individual Applicant on a group malpractice insurance certificate. Coverage through the Kansas Healthcare Stabilization Fund (HCSF) is required and can be Primary Source Verified when applicable for specialties.
7. In instances when there is a history of involvement in a malpractice suit(s), arbitration, or settlement during the ten-year period preceding the initial credentialing process, or the interval

- between re-credentialing processes, evidence that this history does not demonstrate probable future sub-standard professional performance.
8. Absence of patterns of behavior to suggest quality of care concerns.
 9. No sanctions placed upon him/her by Medicaid, Medicare, or exclusions by Federal Employee Health Benefit Program. If Applicant has such history, Applicant will be denied credentialing if Applicant: (1) is currently excluded, suspended, or otherwise ineligible to participate in any state or federal healthcare programs, including but not limited to Medicare, Medicaid or Federal Employee Health Benefit Program or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a state or federal health care program, after a period of exclusion, suspension, or ineligibility.
 10. Absence of a history of disciplinary actions affecting Applicant's professional license or other required certification. For Applicants with such history, evidence that this history does not currently affect Applicant's ability to perform professional duties, for which the Applicant is contracted, or does not demonstrate probable future sub-standard performance.
 11. Absence of any felony convictions. Misdemeanor or court-martial convictions will be reviewed on an individual basis.
 12. No **current** drug or alcohol abuse. Absence of a **history** of chemical dependency/substance abuse. For those Applicants who have such history, evidence that the Applicant is participating in, or has completed a prescribed, monitored treatment program, and that no further current chemical dependency or substance abuse exists.
 13. The Credentials Committee shall evaluate all information submitted, including but not limited to supporting documentation provided by the Applicant during the application process, when determining a decision to approve or deny an Applicant's credentialing status.
 14. The Credentials Committee shall be responsible for evaluating Practitioners applications that do not meet all criteria and give thoughtful consideration to both the credentialing elements and all information provided before making a final credentials committee determination.
 15. Fraudulent information or misrepresentation on the CAQH application or paper application sent to BCBSKS or with any information submitted for the credentialing process may result in denial/cancellation from the BCBSKS network.

The above criteria must be maintained on an on-going basis by all Providers who contract with BCBSKS.

Process Flow Chart *(if applicable)*

Related Forms *(if applicable)*

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
01/23/2019	Annual Review	Corporate Credentials Committee
03/04/2019	Annual Review	Steering Committee
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

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

Document Number	Document Name
PR-CRED-B001	Practitioner and Facility Credentialing and Recredentialing
PR-CRED-A002	Credentialing Reconsideration
PR-CRED-B002	Credentialing Reconsideration



Credentialing Criteria – Doctor of Medicine, Osteopathy or Oral Surgery

Effective Date: 4/1/2013
Last Review Date: 3/2023
Last Revision Date: 1/2018
Next Review Date: 3/2024
Owner: Manager, Credentialing
Approving Authority: Corporate Credential Committee

Background

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

Procedure Criteria

1. Graduation with a D.O., M.D., D.M.D. or D.D.S. degree, from an approved school/programs as required by national, state, or local requirements to obtain licensure, registration, or certification to practice his/her profession.
2. Current and unrestricted license to practice medicine in Kansas. The licensure must be at full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. A licensure with limitations or restrictions does not meet the definition of full clinical level of practice. A license on probation with or without restrictions or limitations will be reviewed on an individual basis.
3. Any review/action taken by the licensing board will be reviewed on an individual basis.
4. All providers must supply documentation of successful completion of at least three years postgraduate training or board certification in the primary specialty. In lieu of educational requirement, equivalent experience may be considered based on work history, interview, and recommendations. Board certification is strongly recommended.
5. In order to participate as a contracting provider with BCBSKS, all providers must be in agreement to complete the CAQH credentialing application.
6. Current and unrestricted DEA number, as appropriate, for practice.
7. Current unrestricted hospital staff clinical and admitting privileges, if appropriate, for the declared primary specialty without any restrictions on privileges granted by a Blue Cross and Blue Shield of Kansas contracting/participating hospital. Physicians without

admitting privileges may be approved, if there is evidence of an established referral process to assure access of in-patient care, or if the physician has adequate coverage for required hospital care, twenty-four (24) hours per day, seven days per week. Physicians who have lost admitting or clinical privileges due to any disciplinary measures or who have voluntarily resigned privileges to avoid loss of privileges or other disciplinary measures will be reviewed on an individual basis.

8. Current professional liability coverage which meets or exceeds minimum limits as established by the State of Kansas as verified by the insurer, and includes the Applicant's name, effective and expiration dates. A group roster or email, received on the group's letterhead, will be accepted as verification of the named individual Applicant on a group malpractice insurance certificate. Coverage through the Kansas Healthcare Stabilization Fund (HCSF) is required and can be Primary Source Verified when applicable for specialties. HCSF is required for all MDs, DOs, PAs, Chiropractors, DPM's, CRNAs, and Nurse Midwives who are licensed in the State of Kansas.
9. In instances when there is a history of involvement in a malpractice suit(s), arbitration, or settlement during the 10-year period preceding the initial credentialing process, or the interval between re-credentialing processes, evidence that this history does not demonstrate probable future sub-standard professional performance.
10. Absence of patterns of behavior to suggest quality of care concerns.
11. No sanctions placed upon him/her by Medicaid, Medicare, or exclusions by Federal Employee Health Benefit Program. If applicant has such history, applicant will be denied credentialing if applicant: (1) is currently excluded, suspended, or otherwise ineligible to participate in any state or federal healthcare programs, including but not limited to Medicare, Medicaid or Federal Employee Health Benefit Program or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a state or federal health care program, after a period of exclusion, suspension, or ineligibility.
12. No disciplinary actions pending or imposed.
13. Absence of any felony convictions. Any misdemeanor or court-martial convictions will be reviewed on an individual basis.
14. No **current** drug or alcohol abuse. Absence of a **history** of chemical dependency/substance abuse. For those applicants who have such history, evidence that the applicant is participating in, or has completed a prescribed, monitored treatment program, and

- that no further current chemical dependency or substance abuse exists.
15. Fraudulent information or misrepresentation on the CAQH application or paper application sent to BCBSKS or with any information submitted for the credentialing process may result in denial/cancellation from the BCBSKS network.
 16. The Credentials Committee shall evaluate all information submitted, including but not limited to supporting documentation provided by the provider during the application process, when determining a decision to approve or deny a provider's credentialing status.
 17. The Credentials Committee shall be responsible for evaluating provider applications that do not meet all criteria and give thoughtful consideration to both the credentialing elements and all information provided before making a final credentials committee determination.

The above criteria must be maintained on an on-going basis by all providers who contract with BlueCross and Blue Shield of Kansas.

Process Flow Chart *(if applicable)*

Related Forms *(if applicable)*

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
01/23/2019	Annual Review	Corporate Credentials Committee
03/04/2019	Annual Review	Steering Committee
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



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

Document Number	Document Name
PR-CRED-A002	Credentialing Reconsideration
PR-CRED-B002	Credentialing Reconsideration
PR-CRED-B001	Practitioner and Facility Credentialing and Re-Credentialing

<h2>Credentialing Criteria - Facilities</h2>	Effective Date: 4/1/2013
	Last Review Date: 3/2023
	Last Revision Date: 3/2019
	Next Review Date: 3/2024
	Owner: Manager, Credentialing
	Approving Authority: Corporate Credentials Committee

Background

Each Facility that applies for participation, to include but not limited to acute inpatient hospitals, free-standing surgical centers, and home health agencies, will be evaluated using the following criteria established by the Corporate Credentials Committee.

Procedure Criteria

1. Current and unrestricted Kansas license, if applicable, and is in compliance with any other applicable State or Federal requirements.
2. Medicare/Medicaid certified and must maintain Medicare/Medicaid certification at all times. Medicare/Medicaid certification will be verified by CMS spreadsheet.
3. Liability insurance as required by the State.
4. Is reviewed and approved by an appropriate accrediting body, if applicable. Accrediting bodies include The Joint Commission (JCAHO), the Accreditation Association for Ambulatory Health Care, the Commission on Community Health Accreditation Program (CHAP), and the Continuing Care Accreditation Commission. PSV is not required, if facilities are accredited, they must provide evidence of such.
5. No Medicare/Medicaid sanctions.
6. Must complete the recredentialing application at least every thirty-six months.

The above criteria must be maintained on an on-going basis by all facilities who participate with Blue Cross and Blue Shield of Kansas

Process Flow Chart *(if applicable)*

Related Forms (if applicable)

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
1/23/2019	Revised	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
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

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

Document Number	Document Name
PR-CRED-A001	Practitioner & Facility Credentialing & Re-Credentialing



Credentialing Criteria-Post Graduate Training

Effective Date: 10/13
Last Review Date: 03/2023
Last Revision Date: 01/2018
Next Review Date: 03/2024
Owner: Credentialing Manager
Approving Authority: Corporate Credentials Committee

Background

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

Procedure

Criteria

1. Graduation with a D.O. or M.D., D.M.D. or D.D.S. degree, from an approved school/programs as required by national, state, or local requirements to obtain licensure, registration, or certification to practice his/her profession.
2. Current and unrestricted license to practice medicine in Kansas. The licensure must be at full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. A licensure on with limitations or restrictions does not meet the definition of full clinical level of practice. A license on probation with or without restrictions or limitations will be reviewed on an individual basis
3. Any review/action taken by the licensing board will be reviewed on an individual basis.
4. All Applicants must successfully complete one year of postgraduate training from an accredited residency program and be in good standing in subsequent years until satisfactory completion of the residency program.
5. In order to participate as a contracting provider with BCBSKS, all Applicants must complete the CAQH credentialing application.
6. Current and unrestricted DEA number, as appropriate, for practice.
7. Current professional liability coverage which meets or exceeds minimum limits as established by the State of Kansas as verified by the insurer, and includes the Applicants name, effective and expiration dates. A group roster or email, received on the group's letterhead, will be accepted as verification of the named individual Applicant on a group malpractice insurance certificate. Coverage through the Kansas Healthcare Stabilization Fund (HCSF) is required and can be Primary Source Verified when applicable for specialties. HCSF is required for all MDs, DOs, PAs, Chiropractors, DPM's, CRNAs, and Nurse Midwives who are licensed in the State of Kansas.
8. Absence of patterns of behavior to suggest quality of care concerns.
9. No sanctions placed upon him/her by Medicaid, Medicare, or exclusions by Federal Employee Health Benefit Program. If applicant has such history,

- applicant will be denied credentialing if applicant: (1) is currently excluded, suspended, or otherwise ineligible to participate in any state or federal healthcare programs, including but not limited to Medicare, Medicaid or Federal Employee Health Benefit Program or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a state or federal health care program, after a period of exclusion, suspension, or ineligibility.
10. In instances when there is a history of involvement in a malpractice suit(s), arbitration, or settlement during the 10-year period preceding the initial credentialing process, or the interval between re-credentialing processes, evidence that this history does not demonstrate probable future substandard professional performance.
 11. No disciplinary actions pending or imposed.
 12. Absence of any felony convictions. Misdemeanor or court-martial convictions will be reviewed on an individual basis.
 13. No **current** drug or alcohol abuse. Absence of a **history** of chemical dependency/substance abuse. For those applicants who have such history, evidence that the applicant is participating in, or has completed a prescribed, monitored treatment program, and that no further current chemical dependency or substance abuse exists.
 14. Fraudulent information or misrepresentation on the CAQH application or paper application sent to BCBSKS or with any information submitted for the credentialing process may result in denial/cancellation from the BCBSKS network.
 15. The Credentials Committee shall evaluate all information submitted, including but not limited to supporting documentation provided by the Provider during the application process, when determining a decision to approve or deny an Applicant's credentialing status.
 16. The Credentials Committee shall be responsible for evaluating applications that do not meet all criteria and give thoughtful consideration to both the credentialing elements and all information provided before making a final credentials committee determination.

The above criteria must be maintained on an on-going basis by all Providers who contract with BlueCross and Blue Shield of Kansas.

Process Flow Chart (*if applicable*)

Related Forms (*if applicable*)

Validation
None

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
01/23/2019	Annual Review	Corporate Credentials Committee
03/4/2019	Annual Review	Steering Committee
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

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

Document Number	Document Name
PR-CRED-B001	Practitioner and Facility Credentialing and Re-Credentialing
PR-CRED-A002	Credentialing Reconsideration
PR-CRED-B002	Credentialing Reconsideration

<h2>Credentialing Delegation</h2>	Effective Date: 5/13/2013
	Last Review Date: 3/2023
	Last Revision Date: 3/2022
	Next Review Date: 3/2024
	Owner: Manager, Credentialing
	Approving Authority: Corporate Credentials Committee

Background

The corporate policy and procedure on delegated health plan (LS-DELE-A001, Company Procedure LS-DELE-B001) functions must be followed in addition to any department level procedures defined below.

Procedure

When seeking an entity to perform credentialing functions for BCBSKS, the corporate delegation policies and procedures will be followed in addition to the requirements established by the credentialing program.

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

Additional requirements specific to credentialing delegation:

Non URAC Accredited:

1. BCBSKS retains authority to make the final credentialing determination regarding any provider in which credentialing is delegated to another entity.
2. BCBSKS will conduct an initial audit within 60 days of executing the delegated credentialing service agreement and conduct an audit every three years when the audit scores are 90% or above.
 - If scores fall below 90% audit will be conducted every six months until the scores are above 90% at which time annual audits will be conducted until Committee is satisfied with compliance of 90% audit scores.
 - BCBSKS retains the right to terminate delegation contract if vendor is not performing to standard.
3. BCBSKS will conduct virtual audits of each entity that performs credentialing functions on our behalf. BCBSKS reserves the right to conduct onsite audits as deemed necessary. The Manager of Credentialing will send a written notification via email or certified mail of specified date, time, and files for audit within five business days.
4. Surveys conducted electronically require a random selection of delegated credentialing files be made available to BCBSKS in the time specified in the notice of audit. The Manager of Credentialing will send a written notification via

email or certified mail of specified date, time, and files for audit within two business days.

5. Provides and annual report on delegated credentialing oversight if conducted to the Committee.
6. Conduct annual Policy and Procedure Review to confirm compliance with URAC and BCBSKS standards.

URAC Accredited Delegation

1. BCBSKS retains authority to make the final credentialing determination regarding any provider in which credentialing is delegated to another entity.
2. Conduct annual policy and procedure review to confirm compliance with URAC and BCBSKS standards as necessary for annual compliance.
3. Provides an annual report on delegated credentialing oversight if conducted to the committee.
4. BCBSKS will request a copy of the URAC credentialing file audit score and any corrective action resulting from the URAC on-site audit.

Process Flow Chart *(if applicable)*

None

Related Forms *(if applicable)*

Delegated Audit Tool-Initial Applications
Delegated Audit Tool-Recredentialed Applications

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
1/23/2019	Annual Review	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
2/26/2020	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



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

Document Number	Document Name
LS-DELE-A001	Vendors Performing Delegated Health Plan Functions: Selection, Contract Requirements, and Oversight
LS-DELE-B001	Vendors Performing Delegated Health Plan Functions: Selection, Contract Requirements, and Oversight

Provider Suspension Mechanism for Consumer Safety	Effective Date: 3/2016
	Last Review Date: 3/2023
	Last Revision Date: 2/2016
	Next Review Date: 3/2024
	Owner: Manager, Credentialing
	Approving Authority: Corporate Credentialing Committee

Background

This document establishes guidelines and processes with which Blue Cross and Blue Shield of Kansas (BCBSKS) may immediately suspend, pending investigation, a contracting Practitioner from the network when, in the opinion of the Pre-Credentials Review Team (PCRT), composed of the CMO, the Medical Directors, Director of Professional Relations, Credentialing Nurse Coordinator and Credentialing Manager, the Applicant is engaged in behavior or who is practicing in a manner that appears to pose a significant risk to the health, welfare, or safety of BCBSKS members. The investigation whether to suspend a provider from the network is initiated on an expedited basis.

Procedure

- I. Procedure- Any investigations related to consumer safety will be handled on an expedited basis.**
 - 1. Determine Practitioner is engaging in behavior or practicing in a manner that appearsto pose a significant risk by reviewing:
 - Media coverage
 - Court Document
 - Member Complaint
 - Other available sources
 - 2. Present all collected derogatory information immediately to CMO or Medical Directorfor review and recommendation to convene the PCRT.
 - 3. Expedite a meeting with the PCRT and legal staff for review of all information andfinal decision.

- II. Suspension**
 - 1. When the PCRT determines a Practitioner is to be suspended from the network forconsumer safety reasons, a letter will be sent by the Director of Professional Relations to the Practitioner.
 - 2. Letter will include:
 - a. The date suspension begins
 - b. The reason(s) for the suspension
 - c. First Level Reconsideration rights including timeframe for submission.

- d. Requirements to maintain Credentialing Criteria
 - At any time during the Suspension period if the Practitioner's licensing board takes action to Suspend, Revoke, or otherwise limit Practitioner's license action will be taken according to Credentialing Criteria.
 - e. Statement detailing requirements of Practitioner to notify BCBSKS members of his/her non par status
- I. Email distributed internally to temporarily remove Practitioner from Provider Directory, pending further review.
 - II. Notify Corporate Credentials Committee of decision and add to agenda for next monthly meeting.

III. Reconsideration

Refer to Reconsideration Procedure PR-CRED-B002

If Practitioner fails to request Reconsideration within 30 days from the date of the suspension letter the Practitioner's contracting status will be cancelled. A Certified Letter will be sent from the Director of Professional Relations to notify the Practitioner of the cancellation. The Practitioner will then have to complete the requirements of a new Practitioner when reapplying for participation.

Process Flow Chart *(if applicable)*

None

Related Forms *(if applicable)*

None

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
01/23/2019	Annual Review	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
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

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

Document Number	Document Name
PR-CRED-B002	Credentialing Reconsideration



Credentialing Criteria - Pharmacist

Effective Date: 1/2018
Last Review Date: 3/2023
Last Revision Date: 11/2017
Next Review Date: 3/2024
Owner: Manager, Credentialing
Approving Authority: Corporate Credentials Committee

Background

Collaborative drug therapy management (CDTM) is the practice of pharmacy in which a pharmacist performs certain pharmaceutical-related patient care functions for a specific patient. Pharmacists engaged in CDTM, and direct patient care shall possess the education, training, and experience necessary to function effectively, efficiently, and responsibly in that role. Each provider that applies for participation will be evaluated using the following criteria established by the Corporate Credentials Committee.

Procedure

Criteria

1. Graduation with a Pharmacy Doctorate (Pharm.D.) or Bachelor of Science in Pharmacy (B.S. Pharm) from an accredited school of pharmacy as recognized by national, state or local requirements to obtain licensure, registration or certification to practice pharmacy.
2. Current and unrestricted license to practice pharmacy in Kansas. The licensure must be at full clinical level of practice. Full clinical level is defined as an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. A licensure with limitation or restrictions, whether or not on probation, does not meet the definition of full clinical level of practice.
3. Any review/action taken by the licensing board will be reviewed on an individual basis.
4. All pharmacist providers must supply documentation of successful completion of:
 - a. Postgraduate year one pharmacy residency (PGY1), OR
 - b. Earned a Board of Pharmacy Specialties (BPS) or Commission for Certification in Geriatric Pharmacy (CCGP) certificate, OR
 - c. In lieu of PGY1, BPS or CCGP, at least three years of documented experience involving direct patient care.
5. In order to participate as a contracting provider with BCBSKS, all providers must agree complete the CAQH credentialing application.
6. Current professional liability coverage which meets or exceeds minimum limits as established by the State of Kansas
7. In instances when there is a history of involvement in a malpractice suit(s), arbitration, or settlement during the 10 -year period preceding the initial credentialing process, or the interval between re-credentialing process, evidence

that this history does not demonstrate probable future sub-standard performance.

8. Absence of patterns of behavior to suggest quality of care concerns.
9. No sanctions placed upon him/her by Medicaid, Medicare, or exclusion by Federal Employee Health Benefit Program. If applicant has such history, applicant will be denied credentialing if applicant: (1) is currently excluded, suspended, or otherwise ineligible to participate in any state or federal healthcare programs, including but not limited to Medicare, Medicaid, or Federal Employee Health Benefit Program or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a state or federal health care program, after a period of exclusion, suspension, or ineligibility.
10. No disciplinary actions pending or imposed.
11. Absence of any felony convictions. Any misdemeanor or court-martial convictions will be reviewed on an individual basis.
12. No current drug or alcohol abuse. Absence of a history of chemical dependency/substance abuse. For those applicants who have such history, evidence that the applicant is participating in, or has completed a prescribed, monitored treatment program, and that no further current chemical dependency or substance abuse exists.
13. The Credentials Committee shall evaluate all information submitted, including but not limited to supporting documentation provided by the provider during the application process, when determining a decision to approve or deny a provider's credentialing status.
14. The Credentials Committee shall be responsible for evaluating provider applications that do not meet all criteria and give thoughtful consideration to both the credentialing elements and all information provided before making a final Credentials Committee determination.



Process Flow Chart *(if applicable)*
None

Related Forms *(if applicable)*
None

Validation
N/A

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Approved By</i>
1/23/2019	Annual Review	Corporate Credentials Committee
3/4/2019	Annual Review	Steering Committee
2/26/2020	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

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

Document Number	Document Name
PR-CRED-B001	Practitioner and Facility Credentialing and Re-Credentialing
PR-CRED-A002	Credentialing Reconsideration
PR-CRED-B002	Credentialing Reconsideration