



## Post Graduate Training Criteria

Effective Date: 10/01/2013

Last Review Date: 03/2021

Last Revision Date: 01/2018

Next Review Date: 03/2022

Owner: Credentialing Manager

## Background

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

## 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 Blue Cross and Blue Shield of Kansas.

**Process Flow Chart (if applicable)**

**Related Forms**

**Validation (if applicable)**

**Revision Log**

<i>Effective Date</i>	<i>Description of Change</i>	<i>Revision Approved By</i>
08/28/2013	Initial Approval	Corporate Credentials Committee
10/01/2013	Final approval	BCBSKS Board of Directors
03/04/2014	No revisions.	Credentialing Manager
03/25/2015	#2 - Removed 'or' after probation	Corporate Credentials Committee
03/30/2015	Annual Review	Steering Committee
02/24/2015	Revised	Corporate Credentials Committee
03/07/2016	Annual Review	Steering Committee
02/22/2017	Annual Review	Corporate Credentials Committee
02/27/2017	Annual Review	Steering Committee
01/24/2018	Annual Review	Corporate Credentials Committee
03/05/2018	Annual Review	Steering Committee
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

**Policies Supported by this Procedure**

<i>Corporate Policies</i>	<i>Departmental Policies</i>