

Credentialing Criteria – Dentists, Chiropractors, Podiatrists, and Non-Physician Providers	Effective Date: 04/2013
	Last Review Date: 03/2024
	Last Revision Date: 01/2018
	Next Review Date: 03/2025
	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. Applicant must have a current, active, unencumbered, 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 probation or limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. A license on probation or with limitations or restrictions does not meet the definition of full clinical level of practice. A temporary license will only be accepted from the Behavioral Science Regulatory Board for a Master Level Provider seeking clinical hours to advance their license.
3. Any review/action taken by the licensing board will be reviewed on an individual basis.
4. 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, and includes the Applicants name, effective and expiration dates. If the Applicants malpractice coverage is part of a group policy, then submission of the groups professional liability certificate indicating coverage in Kansas, the groups roster indicating who is covered by the policy on the group's letterhead, or an email received with signature line clearly stating the name of the group for the Applicant being credentialed will be accepted as verification of the Applicants individual coverage. 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. Providers who are non-compliant with the Kansas Healthcare Stabilization Fund must become compliant before credentialing can be completed.

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.

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>
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
02/28/2024	Annual Review	Corporate Credentials Committee
04/01/2024	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