



Credentialing Criteria-Post Graduate Training

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| Effective Date: 10/13/2018 |
| 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 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. 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. 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. 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, 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 group roster the group's letterhead, or an email received with signature line clearly stating the facility 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. 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

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 |
| 02/22/2023 | Annual Review | Corporate Credentials Committee |
| 03/20/2023 | Annual Review | Steering Committee |
| 02/28/2024 | Annual Review | Corporate Credentials Committee |
| 04/01/2024 | Annual Review | Steering Committee |

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 |
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