

Practitioner and Facility Credentialing and Re-Credentialing	Effective Date: 4/1/2013
	Last Review Date: 3/2024
	Last Revision Date: 2/2021
	Next Review Date: 3/2025
	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

“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 Council for Affordable Quality Healthcare (CAQH) application. Facilities will complete the paper application sent by Institutional or Professional Relations.
- C. Any information that is missing, incomplete or outdated is requested directly from the Applicant.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.
- D. 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.
- E. 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

F. 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. 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
- History of education including name of school, month and year of attendance, and explanation of gaps greater than three months.
- Work history for at least 10 years with an explanation of gaps greater than three months.
- Evidence of current Drug Enforcement Agency (DEA) certificate (if applicable)
- Information regarding hospital privileges or admitting arrangements are required on all MD's and DO's, exceptions are given for radiologist, pathologist, and anesthesiologist.
- Information regarding institutional participating provider's accreditation status.
- Medicare Certification Letter required for all institutional participating providers.
- 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.

G. 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 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.
2. Board certification, if applicable, via American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), American Medical

Association or a specialty board recognized by URAC. In lieu of board certification, Primary Source Verification of highest level of education beyond residency will be completed on all initial applications. Kansas Board of Healing Arts verifies residency as indicated in a letter from KSBHA 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."

3. Medicare/Medicaid sanctions activity (OIG).
4. National Practitioner Data Bank (NPDB).
5. Drug Enforcement Agency registration (DEA), if applicable.
6. 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 Sourced 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. Providers who are non-compliant with the Kansas Healthcare Stabilization Fund must become compliant before credentialing can be completed.
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 satisfactorily 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.

H. 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 email, 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 Applicants 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.
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. For Facilities see PR-CRED B006.

A. Re-credentialing Application:

1. Recredentialing will happen 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. Submission of a complete CAQH application and

required attachments must not contain intentional misrepresentations. 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 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. Due to failing to complete the recredentialing application timely. If the Applicant failed to return the re-credentialing application by the specified date notification will be sent by secure email or certified mail letting him/her know their contract has been cancelled.

2. CAQH application is required for all recredentialing applications. The re-credentialing criteria includes:
 - Current state licensure information. 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.
 - History of education to include name of school, month and year of graduation and explanation of gaps greater than three months.
 - Work history for at least 10 years with an explanation of any gaps greater than three months.
 - Evidence of current Drug Enforcement Agency (DEA) certificate (if applicable)
 - Information regarding hospital privileges or admitting arrangements are required on all MD's and DO's, exceptions are given for radiologist, pathologist, and anesthesiologist (if applicable)
 - Information regarding institutional participating provider's accreditation status
 - Medicare Certification Medicare Certification Letter required for all institutional participating providers.
 - 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

3. 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.
4. 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 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.
 - Board certification, if applicable, via American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), American Medical Association or a specialty board recognized by URAC. In lieu of board certification, Primary Source Verification of highest level of education beyond residency will be completed on all initial applications. Kansas Board of Healing Arts verifies residency as indicated in a letter from KSBHA 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
 - 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 Sourced Verified when applicable for specialties. HCSF is required for all MD's, DO's, PA's, Chiropractors, DPM's, CRNA's, and Nurse Midwife 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.

- 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 satisfactorily 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.

5. 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:
- A. 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.
 - B. 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
- D 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.
- E. 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)
- CAQH Sanction Track Module- which includes all state licensing boards, HHS, OIG, OPM, SAM.gov, and any other Medicare/Medicaid source that provides sanction data.
- BCBSKS Complaint Database
- Council for Affordable Quality Healthcare (CAQH) application completes ongoing monitoring of the Social Security Administration Death Mastery File, this will be verified.



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, the Applicant must maintain a current, active, unencumbered and unrestricted license to practice medicine in Kansas throughout the credentialing cycle.. 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.
- 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 of the credentialing decision. Expired board certification will be maintained for verification of education on re-credentialed applications.
- Work History: Verify any gaps in education greater than three months within 180 days of the credentialing decision.
- Malpractice History: Verified within 180 days of the credentialing decision.
- NPDB, Medical Board Licenses Queries, and Medicare/Medicaid Sanctions: Verified within 180 days of the credentialing decision.
 - Use of Primary Source and staff application review- Verification of credentialing documents 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 will review the application for the following:
 - Applicant has answered all questions and provided an explanation for all disclosure questions answered "YES".
 - History of any prior practice restrictions or challenges/findings by the licensing board, accredited organization, or Applicant organizations.
 - Clinical hospital privileges or admitting arrangements in good standing (through attestation by Applicant)
 - History of professional liability claims resulting in settlements or judgments against the Applicant.
 - Any type of current or active investigations by any licensing or appointing entity.
 - Currently free of Medicare/Medicaid sanction.
 - Currently free of adverse licensing actions.
 - History of felony conviction.
 - Consideration of pertinent BCBSKS quality performance



information as maintained by BCBSKS at the time of 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 by the 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 \$250,000.00 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 or equal to \$250,000.00
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 \$250,000.00 within 10years on Initial Credentialing Applicants.
2. Two or more malpractice claims with settlements greater than \$250,000.00 in a five-year period for a non-specialty Applicant.



3. Three or more malpractice claims with settlement greater than \$250,000.00 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 other BCBS 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.

5. 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 nightly.

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 or delegate 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 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 maybe adjusted according to State Licensing Board policies. Recredentialing will not exceed 60 days from required date.



Department: Professional Relations
Function: Credentialing

Procedure Number
PR-CRED-B001

Process Flow Chart *(if applicable)*

Related Forms *(if applicable)*

Validation

Review/Revision Log

<i>Effective Date</i>	<i>Description of Change</i>	<i>Revision 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-A001	Provider & Facility Credentialing & Re-Credentialing