



**EFFECTIVE DATE:** 01|01|2018

**POLICY LAST UPDATED:** 04|21|2021

## OVERVIEW

The purpose of this Blue Cross & Blue Shield of Rhode (BCBSRI) Provider Credentialing and Recredentialing Policy, herein referred to as “Policy,” is to ensure the systematic review of health care providers requesting participation/continuing participation with BCBSRI, and to define what BCBSRI will consider as a completed credentialing/recredentialing application. The Policy includes requirements for verifying Providers by reviewing their qualifications to practice.

The Policy provides guidelines for all BCBSRI credentialing/recredentialing decisions to ensure an objective and impartial review of all submissions/reviews. BCBSRI does not base credentialing/recredentialing decisions for a provider who is acting within the scope of that provider’s license or certification under applicable state law on that provider’s race, ethnic/national identity, gender, age, sexual orientation or patient type (e.g., Medicaid) in which the practitioner specializes

## MEDICAL CRITERIA

Not applicable.

## PRIOR AUTHORIZATION

Not applicable.

## POLICY STATEMENT

### New or Existing Provider

BCBSRI credentials providers per the requirements outlined by the following regulatory bodies:

- Rhode Island Department of Health and/or the Office of the Health Insurance Commissioner
- Centers for Medicare and Medicaid Services
- National Committee for Quality Assurance

Additionally, R.I. Gen. Laws § 27-18-83, 27-19-74, 27-20-70, and 27-41-87, provide statutory requirements for the provider credentialing process.

All providers contracted with BCBSRI to provide medical care must meet specific criteria in accordance with the credentialing/recredentialing requirements set forth in this Policy. The Credentialing Committee will review all applicants/recredentialing providers with a completed application. Based on the credentialing/recredentialing criteria, the committee will either approve or deny the application. Providers who have been denied participation status due to not meeting BCBSRI’s credentialing criteria or have been terminated for cause, cannot reapply for participation consideration within 12 months of their previous denial/termination date.

This process will take place under the supervision of the Chief Medical Officer or their clinical designee.

For new providers, BCBSRI will issue a decision regarding the credentialing application of a provider no later than 45 calendar days after the date of receipt of a complete credentialing application.

BCBSRI credentials the following list of non-behavioral health providers

- Acupuncture

- Asthma Educator
- Audiology
- Certified Diabetic Outpatient Educator
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Certified Registered Nurse First Assist
- Chiropractor
- Clinical Nurse Specialist
- Clinical Nurse Specialist
- Dental Medicine
- Dental Surgery
- Dietician and Nutritionist
- Doctor of Medicine
- Doctor of Osteopathic Medicine
- Lactation Consultant
- Nurse Practitioner
- Occupational Therapy
- Optometry
- Physical Therapy
- Physician Assistant
- Podiatry
- Registered Optician
- Speech and Language Pathology

### **Behavioral Health Providers**

BCBSRI credentials the following independently licensed behavioral health clinicians:

- Psychiatrists (MD)
- Psychologists
- Psychiatric Neurologist (MD)
- Child/Adolescent Psychiatrist (MD)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner-Behavioral Health (NP)
- Psychologists (PhD, PsyD)
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Mental Health Counselors (LMHC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Behavior Analysts (LBA)
- Mental Health Counselor

Only independently licensed behavioral health clinicians may render services to a BCBSRI member in an outpatient professional setting. BCBSRI does not have a supervisory protocol arrangement whereby a Master's-level clinician can render services under a supervising clinician with an independent license. BCBSRI does not allow for a Master's-level (non-independently licensed) clinician to render services to our members in an outpatient professional setting. BCBSRI does not credential Licensed Clinical Social Workers (LCSWs).

BCBSRI does not credential Licensed Chemical Dependency Professionals (LCDP). LCDPs who render services in a contracted substance use disorder facility may be eligible for reimbursement in accordance with the facility's agreement with BCBSRI.

## NEW PROVIDER CREDENTIALING PROCESS

### Completed Application Requirements

Listed below are the application requirements that need to be submitted at the time the application is submitted for the application to be considered complete. This information is used by the Credentialing Committee to make a decision on whether they will accept the provider as a participating provider in the network. The documentation must be dated no more than one hundred eighty (180) days prior to submission of the application.

### The following are aspects of the Council for Affordable Quality Healthcare (CAQH) online application or Dental Application that are required at the initial submission:

The following are some of the key components of the CAQH application, but this is not meant to be an all-inclusive list. All required components of the CAQH or Dental application must be completed and included with the application.

- **Professional Liability Insurance** –Applicants must maintain professional liability insurance coverage in the amount of at least one million dollars (\$1,000,000) each occurrence and three million dollars (\$3,000,000) aggregate with an insurance carrier licensed in the state of practice or approved by BCBSRI.
- **Medical License** – A copy of a current medical license must be attached to the application
- **Board Certification** – If board certified, provide documentation indicating board certification.
- **After Hour Coverage** – Primary Care Physicians (PCPs) must provide after-hour coverage for members who are unable to see a provider during the usual office hours.
- **24/7 Coverage** – Depending on provider type, the applicant must maintain coverage 24 hours-a-day, seven days-per-week.
- **Federal DEA Certificate**– The applicant must maintain a valid, unrestricted Drug Enforcement Administration (DEA) certificate, if applicable to the applicant’s specialty, in each state in which he/she practices.
- **Education/Training** – Based on the education listed within the application, the applicant will be reviewed at the highest level of education completed at the time the application was submitted., except in the case of resident graduates who meet all other requirements, who can be offered transitional status, becoming effective upon successful graduation from the training program
- **Office Hours** – For PCPs only, office hours of twenty (20) hours per week or three days per week with appropriate coverage arrangements are required.
- **Hospital Privileges** - Applicants must have admitting privileges to at least one contracted hospital or a plan on how they would admit BCBSRI members to a contracted hospital. Privileges at the applicant's primary hospital will be verified (primary hospital is defined as that hospital where the greatest percentage of the applicant's admitting activity takes place).
- **NP Questionnaire** – only required for Nurse Practitioners (NPs)
- **W-9 Form**
- **Type II NPI Form** – only applicable when billing with a group with an established type II NPI
- **EIN Confirmation Letter** – only applicable for the providers that have a name/TIN mismatch with the IRS
- **Email Update Form**
- **Signed current BCBSRI Participating Provider Agreement**
- **Site Visit** – Applicable only for new practices or locations within the BCBSRI network
- **EFT Form with cancelled check** – not required for applicant billing with a group already participating with BCBSRI

### Certified Nurse Midwives (CNMs)

In addition to the above requirements, a Certified Nurse Midwives (CNMs) must provide a collaborative agreement

Once an application is deemed complete, the documents are reviewed and presented to the Credentialing Committee. If no issues are identified and the application is approved by the Credentialing Committee, the effective date will be the day following the Credentialing Committee approval date, and the applicant will be sent notice within 10 business days. If all the required application components are not provided, the application will be discontinued from the credentialing process and the provider will receive notification of the discontinuation. If the provider still wishes to be a part of the network, they will be required to start the process again.

### **DENIED APPLICATIONS**

The Committee will consider the following prior to issuing a denial of credentialing application. This is not an all-inclusive list and other factors may be considered when issuing a denial.

- Substandard credentials;
- Omission, misrepresentation, or falsification of information on the credentialing application;
- Information obtained during the provider's previous participation with BCBSRI;
- Noncompliance with the Policy; and/or
- Circumstances that may pose an immediate risk to members as determined by the Committee.

For each denial of credentialing application, BCBSRI will send the applicant a written notice of denial of credentialing application, with the reasons for denial.

### **RECREREDENTIALING PROCESS**

**BCBSRI will initiate recredentialing on the 2-year anniversary of your last credentialing/recredentialing date. This process is to ensure that BCBSRI meets the NCQA 3-year recredentialing requirement. Providers need to ensure that the following information is up to date in CAQH.**

- **Professional Liability Insurance** – Applicants must maintain professional liability insurance coverage in the amount of at least one million dollars (\$1,000,000) each occurrence and three million dollars (\$3,000,000) aggregate with an insurance carrier licensed in the state of practice or approved by BCBSRI.
- **Medical License** – A copy of a current medical license must be attached to the application
- **Board Certification** – If board certified, provide documentation indicating board certification.
- **After Hour Coverage** – Primary Care Physicians (PCPs) must provide after-hour coverage for members who are unable to see a provider during the usual office hours.
- **24/7 Coverage** – Depending on provider type, the applicant must maintain coverage 24 hours-a-day, seven days-per-week.
- **Federal DEA Certificate**– The applicant must maintain a valid, unrestricted Drug Enforcement Administration (DEA) certificate, if applicable to the applicant's specialty, in each state in which he/she practices.
- **Office Hours** – For PCPs only, office hours of twenty (20) hours per week or three days per week with appropriate coverage arrangements are required.
- **Hospital Privileges** - Applicants must have admitting privileges to at least one contracted hospital or a plan on how they would admit BCBSRI members to a contracted hospital. Privileges at the applicant's primary hospital will be verified (primary hospital is defined as that hospital where the greatest percentage of the applicant's admitting activity takes place). **Certified Nurse Midwives (CNMs)**

**In addition to the above requirements, a Certified Nurse Midwives (CNMs) must provide a collaborative agreement**

### **Denied Recredentialing**

Provider will be notified by mail of pending termination. A termination letter will be sent along with appeal rights and process for appeal.

**The following attachment is a reference guide of the above requirement.**

## Provider Requirement Chart

**Provider Directory** Please note not all information reviewed as part of an approved credentialing/recredentialing application will be posted in the BCBSRI Provider Directory such as residency information and board certification. All newly credentialed/recredentialed providers will be published in the BCBSRI Provider Directory unless BCBSRI receives notification from the provider to be excluded from the Directory or the provider practices at a location that does not allow appointments to be scheduled.

### **COVERAGE**

Not applicable

### **CODING**

Not applicable.

### **RELATED POLICIES**

Not applicable.

### **PUBLISHED**

Provider Update, June 2021

Provider Update, September 2019

Provider Update, February 2018

### **REFERENCES**

1. Department of Business Regulation 230-RICR-20-30-9 Network Health Plan
2. Medicare Managed Care Manual, Chapter 6, Section 60.3
3. NCQA Standards and Guidelines for the Accreditation of Health Plans
3. R.I. Gen. Laws §§ 27-18-83, 27-19-74, 27-20-70, and 27-41-87,

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

