

EFFECTIVE DATE: 01 | 18 | 2023

POLICY LAST REVIEWED: 05 | 15 | 2025

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.

The BCBSRI Credentialing process may have additional education and training requirements for providers who seek to be credentialed in certain specialties (e.g. Orthopedics, Cardiology, Behavioral Health).

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
- Doulas
- 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)
- Physician Assistants-Behavioral Health (PA)*
- Psychologists (PhD, PsyD)
- Licensed Chemical Dependency Professionals (LCDP)
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Mental Health Counselors (LMHC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Behavior Analysts (LBA)
- Licensed Mental Health Counselor (LMHC)

BCBSRI will require that all LCDP's are individually credentialed by February 1, 2025. To individually credential your LCDP's today, you can do so by clicking [here](#).

*BCBSRI requires a Physician's Assistant seeking a Behavioral Health designation to have completed a recognized 1-year fellowship in Behavioral Health or provide documentation of a minimum of a year of clinical experience in a Behavioral Health setting. In addition, Physician Assistants with a designation of Behavioral Health will only be allowed to render and bill for behavioral health services.

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 per OHIC requirements to make a credentialing determination and to set up the provider in the BCBSRI Claims System for claims adjudication. 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.

- Provider demographics to include name, current mailing address *
- **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.*
- **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
- **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). *
- **History of any revocation, suspension probationary status or other disciplinary action regarding provider's license, registration, or certificate.** *
- **History of professional liability claims and descriptions of any settlements or judgements paid to a claimant in connection with a professional liability claim.** *

* Signifies a required element for a complete application per OHIC guidelines.

Administrative Requirements.

In order to become a participating provider, the following documents are required. This will allow BCBSRI to establish a provider in our system to support claims adjudication and demonstrate compliance with the BCBSRI administrative policies:

- **Signed current BCBSRI Participating Provider Agreement ****
- **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**
- **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.**
- **Office Hours** – For PCPs only, office hours of twenty (20) hours per week or three days per week with appropriate coverage arrangements are required.**
- **NP/PA Questionnaire** – only required for Nurse Practitioners (NPs)/ Physician Assistants (PAs)**
- **Site Visit/Desk Audit**– 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 **

** signifies a required element for set up in the BCBSRI system to support claims participating claims adjudication.

Upon receipt of an application, providers are notified every 15 days with a status of their application. The applicant will also be notified within 5 business days once an application is deemed complete, at which time the documents will be reviewed and presented to the next scheduled 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 or 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.

- Provider demographics to include name, current mailing address *
- **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. *
- **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. *
- **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). *

- **History of any revocation, suspension probationary status or other disciplinary action regarding provider's license, registration, or certificate.** *
- **History of professional liability claims and descriptions of any settlements or judgements paid to a claimant in connection with a professional liability claim.**
- **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.
- **Office Hours** – For PCPs only, office hours of twenty (20) hours per week or three days per week with appropriate coverage arrangements are required.

* signifies a required element for a complete application per OHIC guidelines.

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/recredentialled 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

Behavioral Health Supervisory Protocol for Licensed Clinical Social Workers and Post Doctorate Clinicians

PUBLISHED

Provider Update, June 2025

Provider Update, July 2024

Provider Update, March 2023

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.

