Payment Policy | New Provider Credentialing Policy

EFFECTIVE DATE:01|01|2018
POLICY LAST UPDATED: 12|05|2017

OVERVIEW

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

The Policy provides guidelines for all BCBSRI credentialing decisions to ensure an objective and impartial review of all submissions. BCBSRI does not base credentialing 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

All providers contracted with BCBSRI to provide medical care must meet specific criteria in accordance with the credentialing requirements set forth in this Policy. The Credentialing Committee will review all applicants with a completed application. Based on the credentialing 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 his clinical designee.

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.

COVERAGE

Not applicable

BACKGROUND

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.

COMPLETED APPLICATION REQUIREMENTS

Listed below are the application requirements that need to be submitted at the time the application is submitted in order for the application to be considered complete and for 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 application that are required at the initial submission:

1. **Council for Affordable Quality Healthcare (CAQH) online application or Dental Application.**

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. Refer to the requirements in Appendix I.
- **24/7 Coverage** – Depending on provider type, the applicant must maintain coverage 24 hours-a-day, seven days-per-week. Refer to the requirements in Appendix I.
- **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. Refer to the requirements in Appendix I.
- **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. Refer to the requirements in Appendix I.
- **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). Refer to the requirements in Appendix I.

2. **Collaborative Agreement** – Physician Assistants (PAs) and Certified Nurse Midwives (CNMs) must provide a collaborative agreement; refer to the requirements in Appendix I.

Appendix I

Copy of
REQUIREMENT CHAR

3. **NP Questionnaire** – only required for Nurse Practitioners (NPs)
4. **W-9 Form**
5. **Type II NPI Form** – only applicable when billing with a group with an established type II NPI
6. **EIN Confirmation Letter** – only applicable for the providers that have a name/TIN mismatch with the IRS
7. **Email Update Form**
8. **Signed current BCBSRI Participating Provider Agreement**

9. **Site Visit** – Applicable only for new practices or locations within the BCBSRI network
10. **EFT Form with cancelled check** – not required for applicant billing with a group already participating with BCBSRI

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 of 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.

CODING

Not applicable.

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update, February 2018

REFERENCES

1. State of Rhode Island Rules and Regulations for the Certification of Health Plans (R23-17.13-CHP)
2. Medicare Managed Care Manual, Chapter 6, Section 60.3
3. NCQA Standards and Guidelines for the Accreditation of Health Plans
4. R.I. Gen. Laws §§ 27-18-83, 27-19-74, 27-20-70, and 27-41-87,