

CREDENTIALING STANDARDS MATRIX

This chart outlines Blue Cross Blue Shield of Nebraska Credentialing standards that all health care practitioners must meet (as applicable) and maintain in order to be accepted or continue to participate as a network practitioner. Blue Cross Blue Shield of Nebraska will not discriminate against any practitioners seeking qualification as a participating practitioner on the basis of age, sex, race, ethnicity or physical disability.

| STANDARD | <u>APPLIES TO THIS NETWORK</u> M = Medicare Advantage I = PAR P = PPO and Heartland Comp T = TriCare | <u>MD/DO</u> Physician (M, I, P, T) | <u>DPM</u> Podiatrist (M, I, P, T) | <u>DDS, DMD</u> Dental (M, I, P, T) | <u>DC</u> Chiropractor (M, I, P) (Must be in SecureCare Network to join PPO and Medicare Advantage. | <u>OTHER INDEPENDENT PRACTITIONERS</u> Optometrist (M, I, P,T) Physician Assistant (M, I, P, T) Certified Nurse Anesthetist (M, I, P, T) Certified Nurse Midwife (I, P,T) Certified Nurse Practitioner (M, I, P, T) Diabetic Educator (M, I, P) Audiologist (M, I, P) Occupational Therapist (M, I, P,T) Physical Therapist (M, I, P, T) Speech Therapist (M, I, P,T) | <u>BEHAVIORAL HEALTH</u> Licensed Psychologist (M, I, P, T) Licensed Mental Health Practitioner (I, P,T) Certified Masters in Social Work (M, I, P,T) Licensed Alcohol Drug Counselor (I, P) |
|---|---|--|--|---|--|--|---|
| Current unrestricted license | M, I, P, T | √ | √ | √ | √ | √ | √ CMSW must be licensed as a Mental Health Practitioner |
| Graduation from an accredited school | M, P, T | √ | √ | √ | √ | √ | √ |
| Current federal DEA/CDC certificate | M, P, T | √ | √ | √ | | √ When required for practice | |
| Sufficient malpractice insurance coverage \$1 million/incident \$3 million/aggregate | M, P, T | √ Or participate in NE Excess Fund | √ | √ | √ | √ | √ |
| Board Certification (Not required but verified for M, P, T when reported.) (If not board certified, highest level of education will be verified for M, P, T.) | M, P, T | √ ABMS or AOA | √ ABPOPPM or Amer. Board of Podiatric Surgery or Amer. Council of Certified Podiatric Physicians & Surgeons | √ ADA or advanced training in a specialty area: Endodontics, Oral & Maxillofacial Surg., Orthodontics & Dentofacial Orthopedics, Pediatric Dentistry, Periodontics or Prosthodontics | | (Copies of original PA, APRN, CNM, CRNA certification document) | |

| STANDARD | NETWORK | MD/DO | DMP | DDS/DMD | DC | OTHER | BEHAVIORAL HLTH |
|--|----------------|--------------|------------|--------------------|-----------|--------------------|------------------------|
| No loss/restrictions/limitations or relinquishment of hospital privileges that pose unacceptable risk to member* | M, P, T | √ | √ | √ If applicable | √ | √ If applicable | √ If applicable |
| No physical or medical impairment which would affect ability to practice* | M, P, T | √ | √ | √ | √ | √ | √ |
| No Medicare or Medicaid sanctions or evidence of fraud or other investigation by a regulatory agency that would pose unacceptable risk* | M, P, T | √ | √ | √ | √ | √ | √ |
| No malpractice actions settled against the practitioner which suggests a pattern of litigation predictive of significant member risk* | M, P, T | √ | √ | √ | √ | √ | √ |
| No unacceptable lapse in education process or work history* | M, P, T | √ | √ | √ | √ | √ | √ |
| No felony/misdemeanor conviction, guilty plea or behavior that would pose unacceptable member risk* | M, P, T | √ | √ | √ | √ | √ | √ |
| No denial, reprimand, restriction, limitation, suspension, revocation or probationary status of license or history of, that would pose unacceptable member risk* | M, P, T | √ | √ | √ | √ | √ | √ |

| STANDARD | NETWORK | MD/DO | DMP | DDS/DMD | DC | OTHER | BEHAVIORAL HLTH |
|---|---------|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| No sanction or disciplinary action by a professional society that would indicate the practitioner's behavior poses an unacceptable member risk* | M, P, T | √ | √ | √ | √ | √ | √ |
| No unacceptable business practice history or practice pattern profile* | M, P, T | √ | √ | √ | √ | √ | √ |
| Compliance with BCBSN standards for office/ facility environment and medical record keeping practices. | M, P, T | √ Varies by contract and specialty | √ When applicable | √ When applicable | √ When applicable | √ When applicable | √ When applicable |

Approved: Credentialing Committee 03/21/02
Quality Improvement Committee 04/25/02

Revised: Credentialing Committee 9/18/03
Quality Improvement Committee 10/23/03
Credentialing Committee 2/16/06
Quality Improvement Committee