

PRACTITIONER INITIAL AND RECREDENTIALING STANDARDS MATRIX

This chart outlines Blue Cross and Blue Shield of Nebraska's (BCBSNE) credentialing standards that all health care providers must meet (as applicable) and maintain in order to be accepted or continue to participate as a network provider. BCBSNE will not discriminate against any providers seeking qualification as a participating provider on the basis of age, sex, race, ethnicity or physical disability. **[CR 4 (h)]**

Standard	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health
	Physician	Podiatrist	Dental	Chiropractor (Must be in SecureCare Network)	Optometrist Physician Assistant Certified Nurse Anesthetist Certified Nurse Midwife Advanced Registered Nurse Practitioner *Diabetic Educator Audiologist Occupational Therapist Physical Therapist Speech Therapist Licensed Medical Nutrition Therapist **Lactation Consultant	Licensed Psychologist Licensed Mental Health Practitioner Certified Masters in Social Work (CMSW) Licensed Alcohol Drug Counselor Genetic Counselor *Applied Behavior Analyst
BCBSNE makes the final decision of network inclusion	√	√	√	√	√	√
Current license unrestricted	√	√	√	√	√ (Not applicable for IBCLC's)	√ Nebraska CMSW must be licensed as a Mental Health Practitioner

Standard	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health
Graduation from an accredited school	√	√	√	√	√	√
Current Federal DEA/CDS certificate	√ If applicable	√ If applicable	√ If applicable		√ If applicable	
Sufficient malpractice insurance coverage (\$500,000 per occurrence/ \$1,000,000 aggregate)	√ Or participate in NE Excess Fund	√	√	√	√	√
Board Certification	√ American Board of Medical Specialties (ABMS) or American Osteopathic Information Association (AOIA) (Not required, verified when reported.) (If not board certified, highest level of education will be verified.)		√ Advanced training in a specialty area: Oral and Maxillofacial Surgery (Not required, verified when reported.)	√ (If not board certified, highest level of education will be verified.)	√ *American Dietetic Association's Commission for Didactic Program in Dietetics, **Lactation certification from International Board Certification Consultants	√ *Behavior Analyst Certification Board
Specialty and Subspecialty Training - Completion of fellowship during or after residency. Completion of assessment of knowledge or clinical judgement in subspecialty discipline.	√	√	√	√	√	√ If applicable

Standard	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health
Residency Training- Completion of appropriate residency training is required for MD/DO, DPM's, and Dentists as recognized by the American Medical, Osteopathic, Podiatric and Dental specialty boards. All other practitioners must have completed appropriate education/training.	√	√	√	√	√	√
Hospital Privileges (Attestation of hospital and staff category will be accepted.)	√ If applicable	√ If applicable	√ If applicable		√ If applicable	√ If applicable
No loss/restrictions/ limitations or relinquishment of hospital privileges that pose unacceptable risk to member	√ If applicable	√ If applicable	√ If applicable		√ If applicable	√ If applicable
No physical or medical impairment which would affect ability to practice	√	√	√	√	√	√
No Medicare or Medicaid sanctions, evidence of fraud or other investigation by a regulatory agency that would pose unacceptable risk to member	√	√	√	√	√	√
No malpractice actions against the provider which suggests a pattern of litigation predictive of significant member risk	√	√	√	√	√	√

Standard	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health
No unacceptable lapse in education process or work history	√	√	√	√	√	√
No discrepancies or inconsistencies between application, supporting documentation, and primary source verifications	√	√	√	√	√	√
No felony/misdemeanor conviction, guilty plea or behavior that would pose unacceptable member risk	√	√	√	√	√	√
No history nor denial, reprimand, restriction, limitation, suspension, revocation or probationary status of license, that would pose unacceptable member risk	√	√	√	√	√	√
No sanction or disciplinary action by a professional society that would indicate the provider's behavior poses an unacceptable member risk	√	√	√	√	√	√
No unacceptable business practice history or practice pattern profile. This may include, but is not limited to, network participation, denials or terminations, member complaints, special investigation unit activities, and/or quality program information.	√	√	√	√	√	√
Compliance with BCBSNE standards for office/facility environment and medical record keeping practices	√ If applicable	√ If applicable	√ If applicable	√ If applicable	√ If applicable	√ If applicable

Credentialing Standards Matrix **[NM 3(a)(b)(c)] [CR 4 (b)(d)(e)] [CR 5(a-i)]**

-Residents are not credentialed for services that are part of their training or education. If a resident is moonlighting outside of his/her residency training program and has a **full medical license**, the resident may be credentialed for the moonlighting practice location only.