

## CREDENTIALING 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	Applies to this Network	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health	Other Provider Types
	P = PPO	Physician (P)	Podiatrist (P)	Dental (P)	Chiropractor (P)  (Must be in SecureCare Network to join PPO)	Optometrist (P) Physician Assistant (P) Certified Nurse Anesthetist (P) Certified Nurse Midwife (P) Advanced Registered Nurse Practitioner (P) *Diabetic Educator (P) Audiologist (P) Occupational Therapist (P) Physical Therapist (P) Speech Therapist (P) **Lactation Consultant (P)	Licensed Psychologist (P) Licensed Mental Health Practitioner (P) Certified Masters in Social Work (P) (CMSW) Licensed Alcohol Drug Counselor (P) *Applied Behavior Analyst (P)	Acute inpatient facilities (P) Home Health Agencies Skilled Nursing Facilities/Swing Bed (P) Durable Medical Equipment (P) Hospice (P) Rehabilitation (P) Ambulatory Surgical Center (P) Ambulance (P) Birthing Centers (P) Licensed Mental Health Clinics (P) Residential Treatment Centers (P) Independent Clinical Laboratory (P) Diabetic Education Program (P) Renal Dialysis Facilities (P) Urgent Care Centers (P)
BCBSNE makes the final decision of network inclusion	P	√	√	√	√	√	√	√
Current license unrestricted	P	√	√	√	√	√ (Not applicable for IBCLC's)	√ Nebraska CMSW must be licensed as a Mental Health Practitioner	√ If applicable

Standard	Applies to this Network	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health	Other Provider Types
Graduation from an accredited school	P	√	√	√	√	√	√	
Current Federal DEA/CDS certificate	P	√ If applicable	√ If applicable	√ If applicable		√ If applicable		
Sufficient malpractice insurance coverage (\$500,000 per occurrence/ \$1,000,000 aggregate)	P	√ Or participate in NE Excess Fund	√	√	√	√	√	√
Board Certification	P	√ American Board of Medical Specialties (ABMS) or American Osteopathic Information Association (AOIA) (Not required but verified for P when reported.)  (If not board certified, highest level of education will be verified for P.)		√ Advanced training in a specialty area: Oral and Maxillofacial Surgery (Not required but verified for P when reported.)	√ (If not board certified, highest level of education will be verified for P.)	√ *American Dietetic Association's Commission for Didactic Program in Dietetics, **Lactation certification from International Board Certification Consultants	√ *Behavior Analyst Certification Board	
Hospital Privileges  (will accept attestation of hospital and staff category)	P	√ If applicable	√ If applicable	√ If applicable		√ If applicable	√ If applicable	
Medicare Certification	P							√ If applicable
Accreditation	P							√ If applicable

Standard	Applies to this Network	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health	Other Provider Types
No loss/restrictions/limitations or relinquishment of hospital privileges that pose unacceptable risk to member	P	√ If applicable	√ If applicable	√ If applicable		√ If applicable	√ If applicable	
No physical or medical impairment which would affect ability to practice	P	√	√	√	√	√	√	
No Medicare or Medicaid sanctions, evidence of fraud or other investigation by a regulatory agency that would pose unacceptable risk to member	P	√	√	√	√	√	√	√
No malpractice actions settled against the provider which suggests a pattern of litigation predictive of significant member risk	P	√	√	√	√	√	√	√

Standard	Applies to this Network	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health	Other Provider Types
No unacceptable lapse in education process or work history	P	√	√	√	√	√	√	
No discrepancies or inconsistencies between application, supporting documentation, and primary source verifications	P	√	√	√	√	√	√	√
No felony/misdemeanor conviction, guilty plea or behavior that would pose unacceptable member risk	P	√	√	√	√	√	√	
No history nor denial, reprimand, restriction, limitation, suspension, revocation or probationary status of license, that would pose unacceptable member risk	P	√	√	√	√	√	√	√
No sanction or disciplinary action by a professional society that would indicate the provider's behavior poses an unacceptable member risk	P	√	√	√	√	√	√	√

Standard	Applies to this Network	MD/DO	DPM	DDS/DMD	DC	Other Independent Practitioners	Behavioral Health	Other Provider Types
No unacceptable business practice history or practice pattern profile	P	√	√	√	√	√	√	√
Compliance with BCBSNE standards for office/facility environment and medical record keeping practices	P	√ If applicable	√ If applicable	√ If applicable	√ If applicable	√ If applicable	√ If applicable	√ If applicable