

Provider Credentialing

Regence BlueShield uses its credentialing process to provide members with a selection of physicians and other health care professionals who have demonstrated backgrounds consistent with the delivery of high quality, cost-effective health care. Regence BlueShield has established criteria that are used to evaluate a provider's credentials. The credentialing criteria serve as the foundation for determining a provider's eligibility and continued eligibility on all Regence BlueShield networks. Providers are expected to remain in compliance with credentialing criteria at all times.

Please review the information available in the Contracts/Credentialing section of our *Provider Web Site*. The following links are especially helpful to potential providers:

- **Provider Types** lists specific information about what providers we contract with and which networks are currently accepting new applicants
- **Credentialing** identifies the specific information necessary to apply for credentialing
- **eContracting** outlines our electronic contracting process whereby providers receive and respond to agreement documents in a Health Insurance Portability and Accountability Act (HIPAA)-secure environment via their personal email accounts. We recommend all providers register for eContracting.

Access to the Provider Center is required for eContracting. Visit the Provider Center section of this manual for more information.

Individual Provider Credentialing

Initial Credentialing

Regence BlueShield requires that all providers falling within the scope of the Credentialing Program complete the initial credentialing process prior to contracting. Only those applicants licensed in Idaho, Oregon, Utah or Washington (as applicable based on practice location) and in those specialties recognized by Regence BlueShield will be considered. Providers whose credentialing approval status has lapsed more than 120 days will be required to resubmit an initial application.

Upon receipt of a completed application, the application is reviewed and information is verified before being reviewed for final approval of participation. Incomplete submissions will delay the process. To inquire regarding the status of an application, providers can contact the Credentialing department by telephone at 1 (888) 258-3435 or by email at regence_credentialing@regence.com.

Once credentials have been reviewed, if they are approved by the Credentialing Committee, the provider will receive an email from Credentialing notifying him or her that his or her credentials have been approved.

Providers who have been denied initial participation do not have the right to submit an appeal. Refer to the **participation criteria** for additional information.

Recredentialing

Regence BlueShield requires that all providers falling within the scope of the Regence BlueShield Credentialing Program complete the recredentialing process at least every three years. Providers whose contracting status has lapsed more than 120 days will be required to resubmit an initial application.

The recredentialing process is initiated by the Credentialing Department based on the last credentialing or recredentialing approval date. To streamline the process, Regence BlueShield has developed a recredentialing profile that is populated with information previously submitted to Regence BlueShield. The recredentialing request is sent six months prior to the recredentialing due date. All providers are expected to respond to the request for recredentialing in a timely manner. Additional information analyzed at the time of recredentialing may include, but is not limited to, member complaints and quality improvement activities. All providers must be recredentialled and approved for continued network participation. After completing the recredentialing process, providers will only be contacted by the Credentialing Department in the event of an adverse decision or conditional approval status. Providers must agree to these conditions in order for contracts to be maintained.

Providers who have been terminated from network participation have the right to appeal. Refer to the provider contract **termination appeals process** for additional information. Physicians or other health care professionals leaving a delegated entity must notify Regence BlueShield and are subject to recredentialing guidelines.

Delegated Credentialing

Regence BlueShield may delegate credentialing activities to contracted provider groups whose membership includes a minimum of 350 providers. Provider groups must demonstrate the ability to meet Regence BlueShield's performance standards. Credentialing for organizational providers and facilities cannot be delegated. Regence BlueShield retains the right to approve new physicians, other health care professionals and facilities and to terminate or suspend individual physicians or other health care professionals as necessary and appropriate.

Organizational Provider Credentialing

Facilities are recognized by Regence BlueShield as organizational providers. These facilities may include but are not limited to:

- Child Birthing Centers
- Hospice Care Centers
- Home Health Agencies
- Skilled Nursing Facilities
- Hospital Medical Centers
- Ambulatory Surgery Centers
- Behavioral Health Care Organizations

All contracted organizational providers are expected to be in compliance with all credentialing criteria.

Initial Credentialing

Regence BlueShield requires that all organizational providers that fall within the scope of the Credentialing Program complete the credentialing process prior to contracting. Refer to the **credentialing criteria** for a listing of organizational providers that require credentialing. Organizational providers whose credentialing approval status has lapsed more than 120 days will be required to resubmit an initial application.

Organizational providers that have changed ownership and are required to complete the site survey process by the state and Medicare must be initially credentialed under the new ownership. If the state and Medicare allow the acquisition without the application and site survey process, credentialing is not required.

A completed application is reviewed using a variety of national and state data sources before being considered for final approval of participation. Incomplete submissions will delay the process. Organizational providers that have been denied initial participation do not have the right to submit an appeal. Refer to the participation criteria for additional information.

Recredentialing

Regence BlueShield requires that all organizational providers that fall within the scope of the Regence BlueShield Credentialing Program complete the recredentialing process at least every three years. Organizational providers whose contracting status has lapsed more than 120 days will be required to resubmit an initial application.

The recredentialing process is initiated by the Credentialing Department based on the last credentialing or recredentialing approval date. The recredentialing request is generally sent out six months prior to the recredentialing due date. All organizational providers are expected to respond to the request for recredentialing in a timely manner. Upon receipt, the application is reviewed using a variety of national and state data sources. Additional information analyzed at the time of recredentialing may include member complaints. All organizational providers must be recredentialled and approved for continued network participation. After completing the recredentialing process, organizational providers will only be contacted by the Credentialing Department in the case of an adverse decision or conditional approval status. Organizational providers must agree to these conditions in order for contracts to be maintained.

Organizational providers that have been terminated from network participation have the right to appeal. Refer to the provider contract **termination appeals process** for additional information.

Locum Tenens and Temporary Provider Policy

When a provider is on medical leave or vacation, a *locum tenens* provider is identified and authorized by that provider to treat for his or her patients during the time they are out of the office. Below is Regence BlueShield's policy for assigning and billing for locum tenens providers.

Locum Tenens Provider Requirements and Process

1. The locum tenens must be identified and authorized by the Regence BlueShield contracted provider.
2. To be considered for locum tenens status, the temporary provider must be one of the following provider types:
 - Doctor of Medicine (MD)
 - Doctor of Osteopathy (DO)
 - Doctor of Podiatry (DPM)
 - Doctor of Chiropractic (DC)
 - Doctor of Optometry (OD)
 - Doctor of Naturopathy (ND)
 - Advanced Registered Nurse Practitioner (ARNP)
 - Physicians Assistant (PA)
3. The locum tenens must be licensed in the State of Washington and only perform services within their scope of license.
4. All procedures performed and billed by the locum tenens must have CPT4 modifier **Q6** *Service furnished by a locum tenens physician* attached to the procedure code. Enter the modifier in box 24D on the *CMS-1500* claim form.
5. The use of a locum tenens provider by a contracted provider is limited to **60** days per 12-month period. However, Regence BlueShield may, within its sole discretion, and under exceptional circumstances, grant an extension.
6. The locum tenens provider should bill Regence BlueShield using the Regence BlueShield tax ID and rider number of the contracted provider for whom they are substituting.
7. Other health care professionals not mentioned in the list above may make their own arrangements for substitute personnel. However, if a Regence BlueShield member sees a non-contracted provider, they may receive reduced or no benefits for the services provided.