



BlueCross BlueShield
of Illinois

2025 Provider Manual – Credentialing Standards

Confidential and Proprietary

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

TABLE OF CONTENTS

Overview..... 3

Network Eligible Providers 3

Credentialing Process 3

Data Verification 3

Credentialing Updates..... 4

Update BCBSIL of information changes 4

Check Credentialing Status..... 4

Recredentialing 4

Appointment and Reappointment Reports..... 5

 Reports..... 5

Network Departicipation and Termination 6

Confidential and Proprietary

Overview

Through the credentialing process, we review and validate the professional qualifications of physicians and certain other providers who apply for participation in our networks. This process ensures that providers meet our professional standards.

Network Eligible Providers

Providers including, but not limited to, the provider types listed below, must complete the credentialing process and be recredentialled every three years:

- **Professional providers:** MD, DO, PsyD, PHD, AUD, BCBA, OD, DC, CNM, DPM, LCSW, LCPC, LMFT, PA, APN, APRN, ANP and CNP, CNS, RD, LAC and DN.
- **Institutional providers:** Hospitals and Ancillary (such as skilled nursing facilities, home health, home infusion, durable medical equipment suppliers, etc.)
- **Independent Labs**

Credentialing Process

We use information from the [CAQH Provider Data Portal](#) to support the credentialing process.

The CAQH Provider Data Portal allows providers to self-report professional and practice information to BCBSIL. If you don't have a CAQH account already, you'll need to [register](#).

Quick Tips

1. Complete all application questions.
2. Ensure all sections of the application are complete and accurate.
3. **Authorize BCBSIL so we can access your credentialing information.**
4. Attest to your data profile.
5. Upload supporting documentation.

Refer to the [CAQH Provider Data Portal for Providers User Guide](#) for additional information.

BCBSIL may contact you to supplement, clarify or confirm certain responses on your application. You may be required to submit additional documentation in some situations, in addition to the information you submit through the CAQH Provider Data Portal.

Data Verification

We're working with Verisys to verify your credentialing data after you enter it into the CAQH Provider Data Portal. **Verisys may contact you on behalf of BCBSIL** and request that you:

- Re-attest to your data's accuracy, or
- Complete your credentialing application by entering or attaching missing information in CAQH Provider Data Portal

Please respond as soon as possible to help complete the credentialing process. You'll receive written notification of your status when the credentialing process is completed.

Credentialing Updates

Keeping your information current is your responsibility, and you must do so with CAQH and BCBSIL.

CAQH will send you automatic reminders to review and attest to the accuracy of your data. Use the CAQH Provider Data Portal to report any changes to your practice, in accordance with the time frames outlined in the state of Illinois Health Care Professional Credentials Data Collection Act, as follows:

- Within five business days for state health care professional license revocation, federal drug enforcement agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in professional liability coverage required by a health care entity, health care plan or hospital, or conviction of a felony.
- Within 45 days from the date you knew of the change, for any other information provided on your credentialing application, i.e., practice address, hospital affiliation, etc.

You must enter your changes into the CAQH Provider Data Portal for us to access during the credentialing and recredentialing process. Only the health plans that participate in the CAQH Provider Data Portal and for which you have authorized access will receive any changes.

Update BCBSIL of information changes

It is important that you **also** inform BCBSIL of changes to your practice or demographic information. Learn more on our [Verify and Update Your Information](#) page.

Check Credentialing Status

To check the status of your credentialing process, enter your NPI or license number in our [Credentialing Status Checker](#).

Recredentialing

CAQH requires you to review and attest to your data once every six months. BCBSIL recredentials network providers every three years in accordance with state of Illinois requirements. The state selected the last digit of the physician's Social Security number to create the [single cycle](#).

At the time you are scheduled for recredentialing, BCBSIL will add you to the CAQH roster to receive your application. If your application is expired or missing information, CAQH will contact to update your information. You will continue to receive recredentialing notices up to and including notice of termination of participation.

We work with Verisys to verify credentialing and recredentialing data. Verisys may contact you on our behalf and ask you to re-attest to your data accuracy.

Once the recredentialing process is completed, you are considered approved unless otherwise notified. If not approved, a letter with details will be mailed within 10 business days.

Appointment and Reappointment Reports

Appointment is the action taken by a specific network that affects a practitioner participation in any network.

Practitioners seeking to participate in certain networks may require appointment to that network. Management staff reviews the credentialing information, along with any additional information required for the appointment determination and makes a decision about appointment. A list of practitioners appointed is brought to the Provider Selection Committee (PSC) by the network for review. Medical Groups/IPAs and practitioners are usually notified of the appointment decision within 30 calendar days. If the network's decision is not to appoint, the practitioner may have the opportunity to appeal the decision using the appeals policy for that network.

Information relating to credentialing elements and requirements are reviewed by the PSC or the Medical Director, and a credentialing determination is made regarding the practitioner's eligibility for participation in a credentialed network.

Reappointment is the action taken by a specific network that affects continued participation in any network. The PSC reviews and makes a recommendation based on information obtained through the recredentialing process. The PSC either recommends reappointment or non-reappointment. The management staff of the network has final responsibility for making a determination as to whether the practitioner is reappointed to the network for non-credentialed practitioners. Medical Groups/IPAs and practitioners are notified via the BCBSIL website of the reappointment decision usually within 30 calendar days.

Practitioners may have the opportunity to appeal a determination not to reappoint using the appeals policy for that network.

Reports

BCBSIL applies a single credentialing process so that a provider is credentialed once and may then apply for any managed care network that requires credentialing prior to participation.

A monthly report of credentialed and appointed providers is posted on the [Appointment/Reappointment](#) web page to provide notification of the effective date with Blue Choice PPOSM, PPO, Blue High Performance Network[®] and the HMO products.

- The **Blue Choice PPO product report** lists providers in alphabetical order and includes the effective date of their appointment/reappointment and contracting group name.
- The **HMO product report** is sorted by HMO Medical Group/IPA affiliation and lists the effective date of each practitioner's appointment/reappointment date. This report includes those providers appointed/reappointed for HMO products.
- The **Blue Advantage HMOSM report** is sorted by HMO Medical Group/IPA affiliation and lists the effective date of each practitioner's appointment/reappointment date. This report includes those providers appointed/reappointed for HMO products.
- The **Blue Precision HMOSM report** is sorted by HMO Medical Group/IPA affiliation and lists the effective date of each practitioner's appointment/reappointment date. This report includes those providers appointed/reappointed for HMO products.
- The **MyBlue PlusSM – POS product report** lists providers in alphabetical order and includes the effective date of their appointment/reappointment and contracting group name.
- The **PPO product report** lists providers in alphabetical order and includes the effective date of their appointment/reappointment and contracting group name.

- The **BlueHPN® product report** lists providers in alphabetical order and includes the effective date of their appointment/reappointment and contracting group name.

Network Deparicipation and Termination

Deparicipation means termination of participation of a practitioner from a network. When performance by a practitioner does not meet network standards, the network may place the provider on monitoring and/or undertake corrective action. Monitoring persists until the issues creating the action have been resolved, or the network takes other action, including involuntary/voluntary deparicipation. For providers participating in BlueHPN this may include maintenance of performance on certain quality measures.

IL Network Management/Enterprise Credentialing or the Special Investigations Dept. (SID) may report to the Provider Selection Committee (PSC) any practitioner placed on monitoring/corrective action or deparicipated as a result of conduct or practice that could impair the integrity of other networks or is deemed to be unprofessional, unethical or illegal. Such conduct or practice includes, but is not limited to:

- Loss, suspension or probation of license or hospital privileges
- Felony charges
- A quality of care or member satisfaction issue
- Failure to meet site visit requirements.
- Refusal to cooperate with BCBSIL and/or contracted network policies and procedures.
- Suspected fraud
- Abusive billing practices
- Financial insolvency

A provider that receives a network deparicipation/termination may have appeal rights, as determined by the PSC in the PSC's sole discretion. Providers may timely submit appeal requests along with supporting documentation, if applicable, for PSC's consideration per the instructions and within the designated appeal period stated in the deparicipation/termination correspondence.

When a provider is terminated for administrative and/or performance issues related to network performance standards and unrelated to the physician's or professional provider's ability to practice, reporting is not required. In cases that involve suspected fraud by a physician or provider, the individual is reported to the SID, who may report the situation to the appropriate authorities.