

# CREDENTIALING AND RECREDENTIALING REQUIREMENTS FOR DENTAL AND ORAL & MAXILLOFACIAL SURGERY PROVIDERS

## BACKGROUND

Blue Cross Blue Shield of Massachusetts credentials all dentists who have applied to participate in our networks before we offer the dentist an Agreement. You may not bill for or be paid for services provided to our members until we return the signed and executed Agreement. Your initial welcome letter will communicate the effective date of network participation and the networks in which the practitioner is participating.

## INFORMATION REQUIRED FOR CREDENTIALING AND RECREDENTIALING

**Dentist and Oral & Maxillofacial Surgery** [Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD) or Medical Doctor (MD)] must submit the following current, valid information:

- Complete Dental Application with a current signed and dated Attestation and Release of Information
- Training (Education)
  - Dentist training:
    - Must be in a 4-year dental program accredited by the American Dental Association (ADA); Pediatric dentistry includes an additional 2 years of pediatric training
  - Oral Maxillofacial Surgeon (OMS) training:
    - Four-year graduate degree in dentistry followed by four-year hospital surgical residency
    - Must meet the current training requirements for board certification in the specialty for which they are applying, or be board certified by the American Board of Oral and Maxillofacial Surgery (ABOMS)
- Current, valid, unrestricted license
- Copy of your Federal and State Drug Enforcement Administration (DEA) certificates (does not apply to orthodontists). If you do not have a DEA, submit the name and NPI of the participating provider who will prescribe for you
- 10-year work history including education. List the start and end in month/year format (Initials only)
- Written explanation of any gaps of 6 months or more
- Current malpractice insurance coverage with limits of 1m/3m
- Copy of permits for anesthesia, as applicable:
  - Permit A: Include Advanced CPR certificate
  - Permit B or C: Include current facility permit
- Oral Maxillofacial Surgeons must also provide the following:
  - Certification in Advanced Cardiac Life Support (ACLS)
  - Must have an admitting arrangement with a Blue Cross-credentialed physician who has privileges at a Blue Cross-participating acute care hospital
- Malpractice information questions found on page 5 of the dental application
- 24-hour coverage by a Blue Cross of Massachusetts-credentialed dental practitioner

We will not credential providers who have federal sanctions.

## HOW TO APPLY FOR CREDENTIALING

To apply for credentialing, the provider should:

- Submit a signed, dated version of your updated Authorization and Release form with the recredentialing application
- Have a current, valid, and unrestricted Massachusetts license or (if applicable) a license in the state in which the practitioner will be treating our members
- Submit a copy of the practitioner's current Curriculum Vitae, in month, date format
- Maintain professional malpractice insurance in the minimum of \$1 million per occurrence/\$3 million in the aggregate

## ADDITIONAL REQUIREMENTS

- We require full participation of all dentists in a group practice. The group must notify us when an individual provider in the group practice intends to terminate, extend, or alter participation in the group practice, or if an individual provider wants to join the existing group practice.
- Our Dental Network Management staff may conduct an onsite review of the facility's physical/structural qualities, infection control and sterilization protocols, medical emergency preparedness, radiation safety, and patient record review.

## ONGOING MONITORING

We may conduct an office site visit to inspect for any inadequacies we've been made aware of related to physical accessibility, physical appearance, adequacy of waiting and examining room space, availability of appointments, or treatment record keeping. We will take into account the severity of the issue in determining the need for a site visit.

As part of the credentialing and recredentialing process, we check the National Practitioner Data Bank (NPDB) and review reports from Medicare, licensing boards, and other entities for evidence of malpractice settlements, state sanctions, and license limitations.

## CREDENTIALING COMMITTEE REVIEW

Please ensure that your application is complete and includes all supporting documentation. After our credentialing staff reviews your application for completeness, the Credentialing Committee will review your application for approval or denial. The Credentialing Committee reserves the right to de-credential a practitioner who does not meet our standards and credentialing and recredentialing criteria at any time.

You will be notified of the Committee's initial credentialing decision within four business days. Within thirty (30) days of a denial decision, you may submit a written request for reconsideration.

## CONFIDENTIALITY AND RIGHT TO REVIEW

We will maintain the confidentiality of all information you submit as part of the credentialing or recredentialing process as required by law. You have the right to review information we obtain for the purposes of credentialing and recredentialing, including outside sources such as malpractice carriers, insurance carriers, state licensing boards, an AMA profile, and NPDB reports. This right does not apply to information we obtain for purposes other than credentialing and recredentialing, or information that is prohibited from disclosure. You may address any inconsistencies between information you provide and information we obtain and have the right to request the application status by writing or calling us.

We do not make credentialing decisions based on a practitioner's race, ethnic or national identity, gender, age, or sexual orientation. We reserve the right to review and update our recredentialing and recredentialing policies periodically.

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