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| <p>SUBJECT: CREDENTIALING POLICY REVIEW UPDATES AND APPROVAL</p> <p>SECTION: CREDENTIALING</p> <p>POLICY NUMBER: CR-09</p> | <p>EFFECTIVE DATE: 1/01</p> |
| <p><i>Applies to all products administered by the Plan except when changed by contract</i></p> | |

Policy Statement: To assure development, implementation, reassessment and approval of all Credentialing Policies and assure continuity across all Corporate Divisions. Credentialing policies will be solely for documented operational or regulatory requirements.

Process:

1. All policies developed for the purpose of credentialing and recredentialing must be presented to, and approved by the Plan’s Corporate Credentialing Committee.
2. A Plan Medical Director or the Corporate Credentialing Committee may develop a policy or request that specialty subcommittees are involved in the credentialing policy development process.
3. All new policies will be effective the first of the month following committee approval, unless otherwise stated.
4. The Credentialing Staff will be responsible for determining when, if necessary, and by what means, any changes in the credentialing policies should be communicated to its credentialed providers.
5. All policies shall be reviewed at least every two years or more frequently as needed (e.g. State requirement, accreditation requirements).

Committee Approvals:

Corporate Credentialing Committee 6/16/03, 3/21/05, 2/21/07, 2/18/09, 2/16/11, 2/20/13, 2/18/15, 11/15/17, 11/20/19

MCOCC 11/13/00

HCBMC 12/7/00

Original Source: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-9