SUBJECT: **Ancillary Provider Enrollment Policy**	
BUSINESS OWNERS: Network Management Provider Contracting	
APPROVED BY Lou McLaren 12/18/20 _____ Lou McLaren Director of Provider Services Scott Frey _____12/18/20_____ Scott Frey Director of Network Management	**ORIGINAL EFFECTIVE DATE:** 12/20 **REVISED:** N/A **NEXT REVIEW DATE:** 12/2021 (policy reviewed annually)
APPLIES TO: All Lines of Business	

REGULATORY / ACCREDITATION LINKS:

- Medicare Managed Care Manual, Chapter 6

POLICY LINKS:

Practitioner Credentialing Policy
Facility Credentialing Policy
Quality of Care Risk Investigations Policy
BCBSVT Provider Appeals from Adverse Contract Actions and Related Reporting Policy

I. Purpose

Blue Cross and Blue Shield of Vermont (BCBSVT or Plan) requires "ancillary providers," which includes, but is not limited to, durable medical equipment (DME) suppliers, independent clinical laboratories (labs), and home infusion therapy (HIT) providers, or any other provider that does not clearly fit into the category of a professional provider or an institutional provider, to meet Plan's requirements for performance and delivery of high quality clinical care, services, and items.

II. Scope

Eligible ancillary providers requesting participation in the Plan network must submit information to the provider contracting team and satisfy the enrollment/participation requirements (see Section IV of this policy) before entering a contractual relationship with Plan. At least every three years after the initial approval for participation, the provider contracting department requests updated information from the ancillary providers and makes decisions about continued participation in Plan's network. The Plan conducts ongoing monitoring of ancillary provider sanctions, member complaints, and quality issues. The Plan takes appropriate action against ancillary providers when it identifies occurrences of poor quality. Ancillary providers may obtain a copy of this policy at any time on Plan's website at www.bcbsvt.com.

III. Enrollment/ Participation Requirements

Ancillary provider applicants must provide evidence of the following information to be considered for network participation

1. DME
    a. Proof of insurance (minimum $1M/$3M liability)
    b. Proof of license (if applicable). Note: If a provider has separate licenses for different locations covered by the provider's contract with BCBSVT, the provider should submit proof of license for each location.
    c. Proof of accreditation by one of the following (NOTE: If provider has separate accreditations for different locations covered by the provider's contract with BCBSVT, the provider should submit proof of license for each location):
        i. Accreditation Commission for Health Care (ACHC)
        ii. Community Health Accreditation Program (CHAP)
        iii. The Compliance Team Inc. of Exemplary Providers (TCT)
        iv. Healthcare Quality Association on Accreditation (HQAA)
        v. The Joint Commission (TJC)
        vi. The Board for Orthotist/Prosthetist Certification (BOC)
        vii. American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCs)
    d. To the extent the provider wishes to participate in the Vermont Blue Advantage Medicare Advantage network, provider must submit proof of participation with Medicare.

2. HIT
    a. Proof of insurance (minimum $1M/$3M liability)
    b. Proof of license (retail pharmacy, VT)
    c. Proof of accreditation by one of the following:
        i. Accreditation Commission for Health Care Inc. (ACHC)
        ii. Community Health Accreditation Program (CHAP)
        iii. The Joint Commission (TJC)
    d. Proof of applicable registrations and certificates (including, but not limited to, Federal Drug Enforcement Agency (DEA) Certificate)
    e. Proof the pharmacist holds a current, valid, and unrestricted Vermont license
    f. NOTE: if the provider has separate accreditations and/or licenses for different locations covered by the BCBSVT contract, the provider should submit copies of information for each location.
    g. To the extent provider wishes to participate in the Vermont Blue Advantage Medicare Advantage network, provider must submit proof of participation with Medicare.

3. Lab. In general, BCBSVT uses a laboratory benefit manager for its independent laboratory network. For the limited circumstances where BCBSVT contracts with a lab directly, the lab must submit proof of insurance, proof of license, and proof of accreditation/certifications. To the extent provider wishes to participate in the Vermont Blue Advantage Medicare Advantage network, provider must submit proof of participation with Medicare.

IV. Procedure

Once Plan receives an enrollment request, a Plan contract analyst reviews the request for completeness. If the request is not complete, the contract analyst will follow up with the applicant for further details. If the application is complete, the contract analyst requests the credentialing verification organization determine whether the provider is subject to any sanctions or exclusions from Medicare/Medicaid, or other federal healthcare programs via query of the OIG/GSA materials, as well as the Office of Foreign Assets Control (OFAC) sanctions list, and federal preclusion list. Next, the contract analyst evaluates whether there is a demand for the provider's services and, if so, works to negotiate an agreement. Plan's director of provider services has the authority to approve a final application and contract for an ancillary provider.

V. Acceptance into the Network

When an ancillary provider's application has been approved, the effective date will be determined by the contract analyst, working together with network management to set up the ancillary provider in the claims payment system and in the provider directory as a network provider.

VI. Ongoing Monitoring and Confirmation of Eligibility

At least every three years, Plan's provider contracting department will review the accreditation and licensing (and, for Medicare Advantage providers, participation with CMS) status for each ancillary provider.

VII. Confidentiality

To the extent any materials received during the enrollment process are subject to Plan's corporate confidentiality policy, the materials are kept confidential.

VIII. Policy Review

Provider Contracting and Network Management will review this policy every year, or as needed, to ensure consistency with current business practice and applicable standards.