

**Blue Cross and Blue Shield of Oklahoma**  
**BlueLincs HMO**  
**Recredentialing Criteria Requirements**

1. **Prerequisite:** Applicants applying to participate in **BlueChoice**, **BluePreferred**, and **Blue Plan65 Select** networks must also be participating in the **BlueTraditional** network.
2. **Licensure:** Must have a current and valid Oklahoma license free from any administrative fines, reprimands, restrictions, sanctions, probation, or disciplinary actions (voluntary or mandated) during the previous three(3) years. Exceptions may be made by the Medical Director and/or the Credentialing Committee.
3. **Out of State License:** If previously licensed in another state, that state license must be free from any reprimands, restrictions, sanctions, probation, or disciplinary actions (voluntary or mandated) during the previous three(3) years. Exceptions may be made by the Medical Director and/or the Credentialing Committee.
4. **DEA and BNDD:** Must have current, valid, and unrestricted DEA and BNDD certificates. A current, legible, unaltered copy of each certificate should be submitted with the application. Exceptions may be made for selected specialists who do not require a DEA or BNDD for their scope of practice.
5. **Board Certification:**  
**MD/DO/DPM:** Must either (1) board certified in primary specialty by the American Board of Medical Specialties, American Osteopathic Association, American Board of Podiatric Surgery or American Board of Podiatric Orthopedics and Primary Podiatric Medicine or (2) must have successfully completed an ACGME, AOA, APMA or ABPOPPM accredited postgraduate training program in primary specialty. Exceptions may be made in underserved, rural communities.
  - Emergency Medicine/Urgent Care physicians may be board certified or completed a residency in a primary care specialty.
6. **Malpractice insurance:** Minimum: \$500,000 per occurrence and \$1,000,000 aggregate or the limits required by the hospital where privileges are held, **whichever is greater**. A current, legible copy of the declaration page must be submitted with the application. (An invoice or binder is not acceptable.)
7. **Hospital Privileges:** Must be a member in good standing of the medical staff of at least one network hospital. All hospital privileges must be free from any history of restrictions or suspensions, either voluntarily or involuntarily. If the physician does not have privileges at a participating network hospital, a letter must be submitted by a participating physician or hospitalist group with privileges that agrees to admit and treat the applicant's patients.
  - Hospital staff privileges are not required for Specialists practicing in the following areas: Allergy, Anesthesiology, Dermatology, Emergency Medicine/Urgent Care, Nuclear Medicine, Occupational Medicine, Ophthalmology, Pain Management, Pathology, Podiatry, Radiology, and Radiation Oncology.**Call coverage:** Must provide call coverage 24 hours per day, seven days per week and make arrangements with a designated "covering provider" who participates in (or is applying for participation in) the BlueLincs HMO network.
  - Allergy, Dermatology, Dermatopathology, Emergency Medicine/Urgent Care, Hospitalists, Occupational Medicine, Pathologists and Blue Plan65 Select applicants do not have to meet this requirement.
8. **Substance abuse/illegal drug:** Must be currently free from substance abuse/illegal drug use and any reprimands, restrictions, sanctions, probation, or disciplinary action (voluntary or mandated) for such abuse during the past three (3) years. Recommendations from the Oklahoma State Medical Association Health Professionals Program will be considered.
9. **Malpractice Claims History:** Malpractice history regarding claims, settlements, and judgments during the past three (3) years must be submitted with the application.
10. **Felony Convictions:** Must be free from any history of fraud or felony convictions.
11. **Medicare/Medicaid Sanctions:** Must be in good standing with Medicare and Medicaid and be free from any state/federal sanctions during the past three (3) years.
12. **Disciplinary Actions:** Must submit history of all disciplinary action taken by any board, facility, clinic, or professional governing body during the past three (3) years.

**Note: Practitioners have the right to review information obtained in regard to their credentialing application.**