

What to Expect During Initial Organizational Credentialing

Certain specialties are currently closed to network enrollment. Specialties currently closed to network enrollment are indicated as such on the [Initial Application for Facility and Ancillary Providers](#).

- While closed network applicants are rarely considered, we do provide an option for special consideration. Interested providers can complete the [Special Consideration Questionnaire](#), which will be reviewed by the Contracting Department. This process occurs before credentialing can begin.

Facility/Ancillary Providers should complete the [Initial Application for Facility and Ancillary Providers](#).

Freestanding Behavioral Health Facilities/Centers should complete the [Behavioral Health Application for Organizational Providers](#).

Urgent Care Centers should complete the [Urgent Care Center/Medical Aid Unit and Retail Clinic Application](#). GEO access analysis will be completed to determine the number of members and existing Urgent Care Centers within a reasonable radius of the provider's ZIP Code. Highmark may approve or deny provider network participation based on the results of the GEO access analysis.

- Initial applications are processed in the order received. When a completed application is received, a Highmark Credentialing Specialist will be assigned to the application for review.
 - If additional information should be needed to complete the credentialing process, the Credentialing Specialist assigned to the application will reach out via email to the Credentialing Contact. If there is no Credentialing Contact information available, they will defer to the email address or fax number given as the Main Practice email/fax number on the application. Be sure to check all Spam and Junk folders for incoming emails from Highmark.
 - If we do not receive the information needed, we will discontinue the credentialing process.
 - If credentialing is discontinued, you must reapply by completing a new application.
- If Highmark approves network participation, a contract is sent to the provider to sign and return to Highmark. **No claims should be billed until all steps are completed; claims submitted prior to completing all steps will reject.**
- If Highmark denies network participation, written notification will be sent within sixty (60) calendar days.

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