

What to Expect During Organizational Recredentialing

Approximately six (6) months prior to the end of the three-year credentialing cycle, Highmark will send a letter to notify the Organization that it is time for recredentialing.

- The recredentialing process must be completed online by visiting the Provider Resource Center and completing the [Recredentialing Application for Facility and Ancillary Providers](#).
- When the Recredentialing Application for Facility and Ancillary Providers is received, a Highmark Credentialing Specialist will be assigned to the application for review.
 - If additional information should be needed to complete the recredentialing process, the Credentialing Specialist assigned to the application will reach out via E-Mail to the Credentialing Contact. If there is no Credentialing Contact information available, they will defer to the Main Practice email address or fax number given on the application. Be sure to check all Spam and Junk folders for incoming emails from Highmark.
 - Highmark will make several attempts to collect the additional information.
 - Failure to respond will be deemed as your intention to terminate from the Highmark Network(s) and your patients will be notified that you are no longer a participating provider.
 - If credentialing is terminated, the Organization must reapply as an initial provider.
- Completed applications are reviewed by the Highmark Medical Director and/or the Network Quality and Credentials Committee.
 - The Organization can continue to see patients and bill for services as a participating, in-network provider unless a letter is received from the Highmark Medical Director and/or the Network Quality and Credentials Committee indicating otherwise.
 - Adverse decisions are communicated to the practitioner by letter within sixty (60) days.
- Terminated providers may request an appeal. Full appeal rights will be detailed within the termination letter received. The request for an appeal must be in writing, sent via email or facsimile transmission, and received by Highmark at the email address or facsimile number indicated as applicable, no later than thirty (30) calendar days from the date the termination letter is received.

This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.