

# Provider Checklist: Initial Credentialing

## Initial Credentialing

1. **Initial Credentialing Request:** Required for all professional providers.

All information must be listed as it appears on the CAQH Application.

**Please note:** The primary practice address indicated on the request should be the physical location where the provider is practicing. The address must match CAQH.

If the Initial Credentialing Request is missing any required information, one of our Credentialing Specialists will call, email, or fax the credentialing contact to obtain the necessary information. Delays responding to these requests can slow the process and/or cause your credentialing case to be closed for missing documentation.

2. **CAQH:** Required for all providers.
  - A CAQH application must be filled out and the attestation complete.
  - Select Highmark when attesting, so that the Credentialing Department has access to your application.
  - All information listed on the CAQH should match the Initial Credentialing Request.
  - For further guidance regarding CAQH applications, please visit their website (<https://proview.cagh.org>) or call 1-888-599-1771.
3. **Urgent Care Center/Medical Aid Unit (MAU) & Retail Clinic Application**
  - Required for Urgent Care Centers or Retail Clinics
4. **Behavioral Health Application for Organizational Providers**
  - Required for Behavioral Health Facility/Centers
5. **Initial Application for Facility and Ancillary Providers**
  - Required for all other Facility and Ancillary providers not listed above
6. **NYS Participating Provider Owner/Manager Disclosure Certification (PPOMDC):** Required for contracted providers.
  - Certification Category: Must choose one.
  - All statements in Section D must be checked.
  - The form must be signed and dated by the applicant.
7. **Proof of Malpractice Insurance or Certificate of Insurance (COI):** Required for all providers.
8. **Nurse Practitioner Agreement/Acknowledgement:** Required for Nurse Practitioners
  - Must be signed by both the Nurse Practitioner applicant and the collaborating/sponsoring physician.
  - The collaborating/sponsoring physician must be a participating provider.

The most recent version of this form, dated 08/12/19, is required. All other versions of this form are unacceptable.

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.

**Please note:** As we do not contract directly with Nurse Practitioners (NP), we mirror the collaborating physician in specialty, contracted lines of business, and practice restrictions.

- If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Nurse Practitioner Agreement must be submitted with the appropriately branded form for each region.

*If New York State 3,600 practice hour requirements are satisfied, NPs may follow the Initial Credentialing Request form to credential separately as a CRNP.*

9. **Supervision Data Form:** Required for Physician Assistants (PA), Certified Registered Nurse Anesthetists (CRNA), and Registered Nurse First Assist (RNFA) **ONLY**.

- The supervising physician of the applicant must be a participating provider. The form must be signed by the applicant.
- The most recent version of this form, dated 08/12/19, is required. All other versions of this form are unacceptable.

**Please note:** As we do not contract directly with Physician Assistants, Certified Registered Nurse Anesthetists (CRNA), or Registered Nurse First Assist (RNFA) - we mirror the collaborating physician in specialty, contracted lines of business, and practice restrictions.

- If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Supervision Data Form must be submitted with the appropriately branded form for each region.

## Submission Process

To submit an Initial Credentialing Request, [CLICK HERE](#) to complete the online form.

- A Credentialing Specialist will attempt to contact the provider via email, phone, or fax to obtain any additional information.
- If making corrections to the CAQH, remember to re-attest so that Highmark Inc. has access to the most updated information.

### To check the status of the Initial Credentialing request:

To ensure your application has been received, please visit NaviNet® and follow these steps:

1. Select Provider File Management from the left-hand Workflows for This Plan menu
  - a. If there is more than one group, select the applicable group from the dropdown, and then click on Go.
2. Select the Review Credentialing Status link. The Case Status field will indicate the progress of the practitioner's credentialing application.
3. Click on the arrow before the practitioner's name to view details.
4. By selecting Expand All, you can view credentialing details for all practitioners in the group.

### To correct erroneous information:

Providers can update information by correcting the content listed on the CAQH. Please re-attest so that information will be made available to Highmark Inc.

**To returned signed contract pages:**

Email: [provider\\_contracts@bcbswny.com](mailto:provider_contracts@bcbswny.com) (WNY) and [provider\\_contracts@bsneny.com](mailto:provider_contracts@bsneny.com) (NENY)

- Select the email address based on the appropriate network region.
- Returning the signed contract pages to any other email address will delay the credentialing process.

**To request a copy of your contract:**

Providers must direct a written request for a copy of their contract to:

- Fax: 1-800-236-8641
- Mail: Highmark Blue Shield  
Provider Information Management  
P.O. Box 898842  
Camp Hill, PA 17089-8842

Upon receipt of the request, Highmark’s Provider Information Management will provide the requestor one copy of their participating physician contract, unless otherwise requested. Requests take fifteen (15) business days to process.

Please allow ample time for processing before checking the request status.

**To submit a Provider Directory Update Form (*previously known as the Demographic Change Form*):**

Providers should utilize this electronic form to update a practitioner or group name, address, phone number, email, website address, and specialty or to terminate a practitioner from a group. This form was created for in-network provider use to comply with the No Surprises Act that was signed into law in December 2020. Changes to these elements will not be accepted via any other electronic form.

**To check the status of a Provider Directory Update Form:**

Upon completion, the authorized individual who completed the form will get a confirmation email that their update has been completed. NaviNet-enabled providers can view their changes.

**To determine if a provider is already participating:**

NaviNet-enabled providers will be able to search practitioners which are already participating.

Provider will still have the option to call: *HMNY local Provider Service* at 1-800-950-0051

## Initial Credentialing Checklist

Form	Required for	Notes
<b>Initial Credentialing Request form</b>	Professional Providers	<p>The following information is included and matches the CAQH application exactly:</p> <ul style="list-style-type: none"> <li>• The individual NPI</li> <li>• License number</li> <li>• DOB</li> <li>• Tax ID the provider will be billing under</li> <li>• Medicare/Medicaid status and number</li> <li>• Practice address</li> </ul> <p>The primary practice address indicated on the Initial Credentialing Request Form is the physical addresses where the provider will be practicing. This address should match the CAQH exactly including suite number, phone numbers, fax numbers, and tax ID.</p>
<b>CAQH Application</b>	Professional Providers	<ul style="list-style-type: none"> <li>• CAQH application is filled out and attested to <ul style="list-style-type: none"> <li>• Once complete, access was given to view the CAQH</li> </ul> </li> <li>• All information provided on the Initial Credentialing Request Form matches the CAQH application exactly.</li> </ul>
<b>Proof of Malpractice Insurance</b>	All Providers	<ul style="list-style-type: none"> <li>• Policy number, time limit of policy, and claim limits included.</li> </ul>
<b>Participating Provider Owner/Manager Disclosure Certification (PPOMDC)</b>	All Providers	<ul style="list-style-type: none"> <li>• Certification Category: one box has been checked</li> <li>• All statements in Section D are checked.</li> <li>• Form is signed and dated by the applicant</li> </ul>
<b>Initial Credentialing Application for Facility and Ancillary Providers</b>	Facility and/or Ancillary Providers	To request initial credentialing and initiate provider contracts.
<b>Behavioral Health Application for Facility &amp; Ancillary Providers</b>	Facility and/or Ancillary Providers	To request initial credentialing and initiate provider contracts.
<b>Urgent Care Center/Medical Aid Unit (MAU) &amp; Retail Clinic Application</b>	Urgent Care Centers, Medical Aid Unit (MAU) and Retail Clinic only	To request initial credentialing and initiate provider contracts.
<b>Advanced Practice Provider (APP) Enumeration Form</b>	<ul style="list-style-type: none"> <li>• Physician Assistant</li> <li>• Clinical Nurse Specialist</li> <li>• Nurse Practitioner</li> <li>• Clinical Psychologists</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced Practice Providers (APPs) give providers the option to bypass the credentialing process.</li> </ul>

	<ul style="list-style-type: none"> <li>• All master’s prepared Behavioral Health Therapists, including Licensed Clinical Social Workers</li> <li>Licensed and Associate Marriage and Family Counselors</li> <li>• Licensed Professional Counselors</li> <li>• Certified Register Nurse Practitioner PCP</li> <li>• Certified Registered Nurse Anesthetist</li> <li>• Certified Registered Nurse</li> <li>• Psychiatric Mental Health Nurse</li> <li>• Licensed Social Workers</li> </ul>	<ul style="list-style-type: none"> <li>• APPs are added to all eligible Highmark Networks as a Mid-Level provider for billing purposes</li> </ul>
<p><b>Facility based provider affirmation statement</b></p>	<p>Providers delivering services exclusively in a:</p> <ul style="list-style-type: none"> <li>• Participating skilled nursing facility</li> <li>• Participating ambulatory surgery center</li> <li>• Inpatient hospital</li> <li>• Freestanding inpatient</li> <li>• Outpatient facility setting</li> </ul>	<ul style="list-style-type: none"> <li>• Also referred to as the Pare affirmation.</li> <li>• Bypasses the credentialing process.</li> </ul>