TODAY'S MESSAGE

CREDENTIALING PROCESS CHANGE FOR PROFESSIONAL PROVIDERS

Effective Aug. 15, 2016, all network providers will be credentialed and recredentialed based on several changes to the Highmark Credentialing Policies and Procedures regarding board certification. These new requirements will be added to the *Highmark Blue Shield Office Manual* by Aug. 15, 2016. (See Chapter 2: "Provider Participation and Responsibilities," Unit 2: "Network Credentialing Procedures.")

What Processes Will Be Discontinued?

Initial applicants: Effective Aug. 15, 2016, the following exceptions to board certification will no longer be applicable and will be replaced by the new Geo Access exception (defined below).

50 percent rule: Fifty percent or more of the organizational-credentialed practice's associates are board certified in the same specialty, and the practitioner has completed an approved, applicable residency or fellowship in the specialty in which the practitioner is requesting to be credentialed.

Rural rule: Practitioners located in a rural location must have greater than five years of experience in the specialty in which they practice and have completed an approved, applicable residency or fellowship in the specialty of practice.

Recredentialing applicants: Effective Aug. 15, 2016, the 50 percent and rural exceptions to board certification will be replaced by the new Geo Access exception (defined below) at the time of the provider's next recredentialing cycle.

New Highmark Credentialing Policies and Procedures

Highmark credentialing requirements that are new to all providers are listed below and will be effective on Aug. 15, 2016.

NEW — All applicable West Virginia practitioners will be required to be board certified or meet one of the lack of board certification exceptions.

NEW — Geo Access exception to board certification

An annual Geo Access report will be generated, and practitioners who are not board certified will be evaluated using network access requirements for specialty and practice location(s).

Initial applicants:

If there is an access deficiency for any location, the practitioner's file will meet the exception.

If there are no access deficiencies in any location, the practitioner's file will not meet the exception and will be finalized as "Process Discontinued."

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Recredentialing applications:
If there is an access deficiency for any location, the practitioner's file will meet the exception.
If there are no access deficiencies in any location, the practitioner's file will not meet the exception and will be reviewed for board eligibility status of the practitioner.
If board eligible, the practitioner will be given a one-year approval with the expectation that he/she becomes board certified.
If not board eligible, the practitioner's file will be reviewed by the Credentials Committee for decision.

NEW — Dual Credentialing criteria:

Initial applicants requesting to be dual credentialed must be board certified or meet one of the board certification exceptions for each specialty requested. Each specialty not boarded/meets exception will be finalized as "Process Discontinued."
Recredentialing applicants requesting to add dual credentialing after the effective date of Aug. 15, 2016, must be board certified/meet exception in each additional specialty requested. If not board certified/meets exception in additional specialty requested, the file will be finalized as "Process Discontinued" for that specialty only.
Recredentialing applicants approved for dual credentialing prior to the effective date of Aug. 15, 2016, will be "grandfathered" into the network for lack of board certification.