BlueCross BlueShield of Texas

Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual

Section B (f)

Roles and Responsibilities - Credentialing

Important Notes:
Throughout this provider manual there will be instances when there are references unique to Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠. These specific requirements will be noted with the plan/network name. If a plan/network name is not specifically listed or the "Plan" is referenced, the information will apply to all products.

Capitated Medical Groups - Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral and prior authorization processes, contracting and claims-related questions. Additionally, health care providers who are not part of a capitated Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated Medical Group must also contact the applicable Medical Group for instructions. Health care providers who are contracted/affiliated with a capitated Medical Group are subject to that entity's procedures and requirements for the Plan's provider complaint resolution.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
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1 Overview

Providers who participate in Blue Cross and Blue Shield of Texas networks are required to complete a credentialing process prior to acceptance. Refer to the following for information on credentialing processes.

2 Credentialing Process for Office Based Providers

To start the credentialing process, office based physicians or professional providers submit the Provider Onboarding Form indicating they want to be in-network. This form is located on the Network Participation - How to Join page on the BCBSTX provider website.

The BCBSTX Types of Professional Providers Requiring Credentialing List indicates the providers that require credentialing for participation in our managed care networks.

Note:

- Residency must be completed prior to being a contracted provider.
- Physician Assistants must be board certified by the National Commission on Certification of Physician Assistants and maintain certification for continued participation
- For Urgent Care Centers, the physicians and professional providers working at the center must be credentialed by BCBSTX.

2.1 Facility Privilege Requirements

Certain office-based professional specialties who routinely perform procedures in a facility setting, must have privileges at an in-network **fa**cility where those procedures are performed.

Professional providers should refer to the TX Office-Based Provider Facility Admitting Privileges Requirements List to identify if your specialty requires admitting privileges and for the acceptable facility types.

You may be permitted to submit a signed Facility Coverage Letter in lieu of privileges, if indicated on the TX Office-Based Provider - Facility Admitting Privileges Requirements List. Note: Facility Coverage Letter must be submitted along with the onboarding application.
If you do not see your specialty on the list, no admitting privileges or Facility Coverage Letter is required.

2.2 Expedited Credential Process for Office Based Providers

BCBSTX will provide an expedited credentialing process which allows for a "provisional network participation" status if the provider applicant has:

- a valid BCBSTX Provider Record ID for claim payment
- submitted a current signed BCBSTX contract/agreement
- completed the Council for Affordable Quality Healthcare's (CAQH®) **Provider Data Portal** online
- application with "global" or "plan specific" authorization to BCBSTX (or if applicable, submits a
- completed TDI application)
- a valid license in the state by and in good standing with the Texas Licensing Boards

Providers will be notified of any missing information once the CAQH credentialing applications is reviewed for completeness. The review takes on average 8–10 calendar days.

Important

- If the applicant does not meet the "provisional network participation" requirements, the applicant must be fully credentialed and approved prior to being made effective.
- The licensing board for Psychologists (PhDs) does not provide an electronic verification method of a provider's license. PhDs will be fully credentialed and made effective after credentialing approval.
- Please allow for a sufficient period of time for the full credentialing process to be completed, before calling BCBSTX for a status update, as credentialing is a very involved process.

2.3 Initial Credentialing and Recredentialing Process

BCBSTX requires physicians and professional providers to use the **Council for Affordable Quality Healthcare's (CAQH®) Provider Data Portal** for initial credentialing and recredentialing. **CAQH, *a free online service***, allows physicians and professional providers to fill out **one** application to meet the credentialing data needs of multiple organizations. CAQH Provider Data Portal online credentialing application process supports our administrative simplification and paper reduction efforts. This solution also supports quality initiatives and helps to ensure the accuracy and integrity of our provider database. ***Providers are able to utilize*** *CAQH Provider Data Portal* ***at no cost.***

Texas health care providers who have a provider type listed in the CAQH Approved Provider Types List must apply for initial or continuing with BCBSTX through CAQH Provider Data Portal by accessing the CAQH website. Go to Getting Started with CAQH for additional information.

Exceptions:

1. BCBSTX's requirement of use of CAQH Provider Data Portal does not apply to physicians and professional providers participating through delegated credentialing agreements/contracts or who are solely practicing in a hospital based environment.
2. Texas physicians and professional providers who do not have a provider type listed in the **CAQH Approved Provider Types List** must go to the TDI website to access and complete a Texas Standardized Credentialing Application and email it to BCBSTX at IncompleteCredentialingApplication@bcbstx.com along with the required supporting documents referenced below:
   - State medical license(s)
   - Drug Enforcement Administration (DEA) Certificate
   - Malpractice insurance face sheet
   - Summary of any pending or settled malpractice case(s) – if within 10 or less years old
   - Curriculum Vitae
   - Signed Attestation (page 18 of online application – print & sign)
   - Written Protocol (Nurse Practitioners only)

2.4 Getting Started with CAQH

Activating your Registration with CAQH Provider Data Portal

Physicians and professional providers must have a CAQH Provider ID to register and begin the credentialing or recredentialing process.

Refer to Getting Started with CAQH for information. The requirements of creating and/or updating your CAQH profile is important.

Failure to finalize your CAQH application within 45 days will cause the BCBSTX credentialing process to be discontinued and you will be required to start the process over.

If you have any questions on accessing the CAQH Provider Data Portal, you may contact the CAQH Help Desk at **1- 888-599-1771** for assistance**.**

Visit the CAQH website for more information about the CAQH Provider Data Portal and the application process or access CAQH Credentialing Frequently Asked Questions.

Additional Resources

CAQH Contact Information

- Help Desk: **1-888-599-1771**
  Hours: 6 a.m. – 8 p.m., CST, Monday – Thursday
  6 a.m. – 6 p.m., CST, Friday

- Online Application System Help Desk Email Address: caqh.uphelp@acsgs.com

3 Credentialing Process for Ancillary/Hospital Providers

For the ancillary provider specialties listed below, once you have an established provider record ID, you will need to complete the Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire to begin the credentialing process. Along with the questionnaire, you may need to include additional information by specialty. Refer to the Credentialing and Contracting Process for Ancillary Providers page on the provider website for the **Ancillary Credentialing Checklists** by specialty which indicates what additional information by specialty is required. Submit the Questionnaire and any additional information to the appropriate email address listed by specialty.

- Ambulance
- Ambulatory Surgery Centers
- Birthing Center
- Brain Injury (Post-Acute) Facilities
- Cardiac Catheter Lab
- Diabetes Management
- Disease Management (Only Provider Questionnaire is required)
- Durable Medical Equipment
- Endoscopy Center
- Free Standing ER
- Free Standing Imaging
- Hearing Aid Supplier
- Home Dialysis
- Home Health
- Home Infusion Therapy
- Hospice
- Independent Laboratories
- Long Term Acute Care
- Orthotics and Prosthetics
- Psychiatric Day Treatment
- Psychiatric Hospital
- Radiation Therapy
- Rehab Facilities - Inpatient Only
- Renal Dialysis
- Skilled Nursing Facilities
- Sleep Studies Center
- Substance Abuse Facility

When your information is received you will be assigned a case number. Cases are worked in the order they are received. This process can take up to 90 days to complete.

Notes:

- Incomplete or duplicate applications could result in a delay.
- Completion of the credentialing forms in no way guarantees BCBSTX acceptance into any BCBSTX Managed Care, Medicaid, Medicare Advantage or Triwest/VA networks. Provider will be notified by letter when credentialing is approved.
- Once the provider receives confirmation that credentialing is approved, the provider should contact the Ancillary Contracting mailbox listed above by specialty to initiate the contracting process.

4 Verification Process for Facility (Hospital) Based Providers

Hospital or facility based are providers who practice primarily in at least one of the Facility types in the grid below. All Facility affiliations must be listed on the Provider Onboarding Form. Eligible specialties include, but are not limited to Anesthesia, Emergency Medicine, Hospitalist, Neonatology, Pathology and Radiology.

Facility Type

Ambulatory Surgical Center (ASC)	Pediatric Hospital
Cancer Center	Psychiatric Hospital
General Acute Care Hospital	Rehabilitation Facility
Hospital Based Substance Use Disorder	Substance Use Disorder Facility
Long Term Acute Care	Teaching Hospital

Note: Facility Based Providers practicing in a Free Standing Emergency Room (FSER) or Skilled Nursing Facility (SNF)I, ***who have current credentialing through an In-Network BCBSTX Facility Type listed above,*** do not require direct credentialing through BCBSTX. Providers who only provide services at an FSER/SNF and who do not have current credentialing through an In-Network BCBSTX Facility Type listed above, will require direct credentialing through BCBSTX.

Providers should obtain a provider record ID and indicate your request to participate in the networks. When completing the form or roster:

- Ensure all provider information is included on the on- boarding form and roster. Completing this information up front and accurately, in its entirety, will prevent delays in processing. Examples: Name, date of birth, NPI, social security number, gender, tax ID, etc.
- **New individual providers** must list the name of each facility that they service in the comments section of the **Provider Onboarding Form**.
- **Group providers should submit** using the provider roster template. Enter a Y in the Hospital/Facility Based Provider column and enter the facility the provider is servicing in the "Hospital/Facility Name or NPI" section.
- **Existing contracted groups should only include the providers they are adding** using the provider roster template.

For new groups and individual providers, upon receipt of the fully completed Provider Onboarding Form, and roster (for group providers), you will be sent the contracts for which you are eligible to participate along with instructions on how to complete and submit your signed contract(s). Providers will be processed upon receipt of the signed contracts.

5 Credentialing Process Hospitals or Facilities

BCBSTX Hospital/Facility Credentialing Program consists of a fully accredited National Committee for Quality Assurance (NCQA) Managed Care Organization (MCO) Standard based program that requires the credentialing of hospital/facility and ancillary providers requesting participation or continued participation in **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health** networks.

BCBSTX credentials all facility providers that contract to provide health care to **Plan** members.

Hospitals or Facilities that wish to participate or continue participation in the network should complete the Facility Credentialing and Recredentialing application. The Hospital/Facility Network Representative can provide you with this application. The credentialing/recredentialing process includes the review of each Hospital/Facility provider's application or recredentialing packet.

Standard credentialing procedures for the processing of the initial application or recredentialing packet data include but may not be limited to the verification of:

- Current state licensure from the state and federal licensing bodies
- Current liability coverage and aggregate rates as defined by the BCBSTX credentialing criteria, and
- Current accreditations and certifications as defined by BCBSTX credentialing criteria.

If a Centers for Medicare and Medicaid Services (CMS) or Texas Department of State Health Services (TDSHS) survey has not been completed within 3 years of the credentialing/recredentialing decision, an On-Site Assessment may be required at the discretion of BCBSTX based on the market's needs.

All documentation submitted for review to BCBSTX must meet all credentialing criteria time frames as stipulated in the BCBSTX credentialing criteria (i.e., expiration dates of liability coverage, DEA, licensure, attestation signature, accreditation/certification, etc.) that is required by all regulatory agencies.

6 Credentialing Updates

Keeping your information current with CAQH and BCBSTX is your responsibility.

CAQH Provider Data Portal

You will be sent automatic reminders to review and attest to the accuracy of your data. Use CAQH Provider Data Portal to report any changes to your practice.

Note: *You must enter your changes into CAQH Provider Data Portal for BCBSTX to access during the credentialing and recredentialing process. Only health plans that participate in CAQH Provider Data Portal database that you have authorized access will receive any changes.*

BCBSTX Provider File Updates:
BCBSTX members rely on the accuracy of the provider information in our online Provider Finder®. Therefore, it's very important that you also inform BCBSTX of changes to your practice. If you are a participating provider with BCBSTX, you may request most changes online by using the online Demographic Change Form.

7 Recredentialing

The process of recredentialing is identical to that for credentialing and is consistent with NCQA and State of Texas requirements.

- ***If you are an existing user of CAQH,*** you are required to review and attest to your data once every four (4) months.
- ***At the time you are scheduled for recredentialing,*** BCBSTX will send your name, via its roster, to CAQH to determine if you have already completed the CAQH Provider Data Portal credentialing process and authorized BCBSTX or selected "global authorization". If so, BCBSTX will be able to obtain current information and initiate the recredentialing process without having to contact you.
- ***If your credentialing application (for recredentialing) is not available to BCBSTX through CAQH because***
    1. **you have not completed the CAQH Provider Data Portal credentialing process** - CAQH will mail you a welcome kit that includes access and registration instructions, along with your personal CAQH Provider ID, allowing you to obtain immediate access to CAQH Provider Data Portal via the internet to complete and submit your application.
    2. If you are a physician or professional provider who does not have **a provider type listed in the CAQH Approved Provider Types list**, you must go to the TDI website to access and complete a Texas Standardized Credentialing Application, and fax or mail the completed application along with the required supporting documents referenced below:
        - State medical license(s)
        - Drug Enforcement Administration (DEA) Certificate
        - Controlled and Dangerous Substances (DPS) Certificate
        - Malpractice insurance face sheet
        - Summary of any pending or settled malpractice cases(s) – *if within 10 or less years old*
        - Curriculum Vitae
        - Signed Attestation *(page 18 of online application – print & sign)*
        - Written Protocol *(Nurse Practitioners only)*

Note: Recredentialing Decision Notification *– Upon completion of the recredentialing process, providers are considered approved unless notified otherwise. Notifications of the determinations other than approval will be mailed within 10 business days of the decision.*

Facility Privilege Requirements
Certain office-based professional specialties who routinely perform procedures in a facility setting, must have privileges at an in- network facility where those procedures are performed.

Professional providers should refer to the TX Office-Based Provider Facility Admitting Privileges Requirements List to identify if your specialty requires admitting privileges and for the acceptable Facility types.

You may be permitted to submit a signed Facility Coverage Letter in lieu of privileges, if indicated on the TX Office-Based Provider - Facility Admitting Privileges Requirements List. Note: Facility Coverage Letter must be submitted along with the onboarding application.

If you do not see your specialty on the list, no admitting privileges or Facility Coverage Letter is required.

CAQH Credentialing Frequently Asked Questions
Refer to the "Credentialing Process for Office Based Physicians or Professional Providers" on the Network Participation - How to Join page on the provider website for more information.

8 Medical Advisory Committee

The Medical Advisory Committee conducts regularly scheduled meetings, or as needed, to review the health care provider applicants for credentialing and recredentialing.

The Committee provides peer recommendations for approval or denial of a health care provider applicant files, reviews regular reports of **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health** credentialing activities, and reviews/recommends action to resolve health care provider appeals. The Committee also reviews and resolves quality of care issues.

The BCBSTX credentialing process includes a review of each health care provider applicant's file. Training, experience and the ability to deliver care that meets the medical standards of the community are an integral part of the process.

Health care providers also have the right to be notified of any information obtained during the credentialing process that varies substantially from the information provided on the health care provider applications. Health care providers also have the right to correct erroneous information submitted by another party. Health care providers, upon request, have the right to be informed of the status of their credentialing or recredentialing application.

Note: *Initial applicants will be notified of the decision (approval or denial) upon completion of credentialing. Existing BCBSTX network health care providers in recredentialing will be notified only if an adverse decision, such as termination, is made.*

9 Credentialing Review Requests

Any health care provider may seek a review of a decision related to initial credentialing or recredentialing decision on their continued participation in **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health.**

9.1 Submitting Review Requests

Requests for review must be submitted in writing within 10 calendar days from the date of the denial/termination letter. Written requests should be addressed to the Medical Director. The requests should include any supporting documentation or facts the health care provider feels would be beneficial for review.

9.2 Credentialing Review Process

The following table describes the review process:

STAG	DESCRIPTION
1	The health care provider submits an appeal request to the Credentialing Committ
2	The Credentialing Committee reviews the appeal request.
3	The provider will be provided the decision in writing.

Continued network participation by the health care provider poses imminent harm to patient health; or

9.3 Provider Termination Process

Providers who do not meet credentialing criteria or have Quality of Care issues are reviewed by the Credentialing Committee.

- BCBSTX may immediately terminate a health care provider's network participation if we determine that:
  - Continued network participation by the health care provider poses imminent harm to patient health; or
  - The provider's license has been revoked; or
  - There has been fraud or malfeasance.
- Written notice shall be provided to the health care provider of the reason(s) for termination.
- A health care provider may, within ten days (10) days of the written termination notice, request an appeal in writing.
- A health care provider may, within 30 days of the written termination notice, request in writing that a review of the termination decision be conducted by a different Advisory Peer Review Panel to consider whether the termination action was correct under the terms of the Provider Contract/Agreement.

- BCBSTX will not notify Members of the provider's termination until 30 days prior to the effective date of such termination or the time the Advisory Peer Review Panel makes a formal recommendation. However, if a provider is terminated for reasons related to imminent harm, BCBSTX may notify Members immediately.
- Within 60 days following receipt of the health care provider's written request for review, BCBSTX will notify the provider of its review decision.
- Upon request, BCBSTX will provide the health care provider with a copy of the recommendation of the Advisory Peer Review Panel, The Panel's recommendation must be considered by BCBSTX but is non-binding.

The Council for Affordable Quality Healthcare, Inc. (CAQH) is a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs.

CAQH is solely responsible for its products and services, including CAQH Provider Data Portal.