

## Organizational, Facility, and Ancillary Initial Credentialing

This setup is for facility-type, ancillary, and home- and community-based practitioners.

Facility-type providers include:

- Psychiatric facilities
- Substance abuse treatment centers
- Skilled nursing facilities
- State-owned psychiatric facilities
- Ambulatory surgery centers
- Renal dialysis facilities
- Hospice
- Home health
- Comprehensive outpatient rehabilitation facilities and rehabilitation hospitals
- Long-term acute care facilities
- Alcohol rehabilitation facilities

Ancillary providers include:

- Ambulance
- Durable medical equipment
- Home infusion
- Orthotics and prosthetics
- Independent laboratories
- Personal Emergency Response System
- Specialized medical equipment (e.g., assistive technology)
- Support for self-directed attendant care

Home- and community-based providers include:

- Adult day care
- Assisted care living facility
- Attendant care
- Day habilitation
- Home delivered meals
- Homemaker chore
- In-home respite and in-patient respite
- Minor home modification

## Application Instructions

Prior to applying to Highmark Health Options, providers must enroll with the State. Instructions for enrolling with the Delaware Department of Medicaid and Medical Assistance (DMMA) are [available on the DMMA website](#).

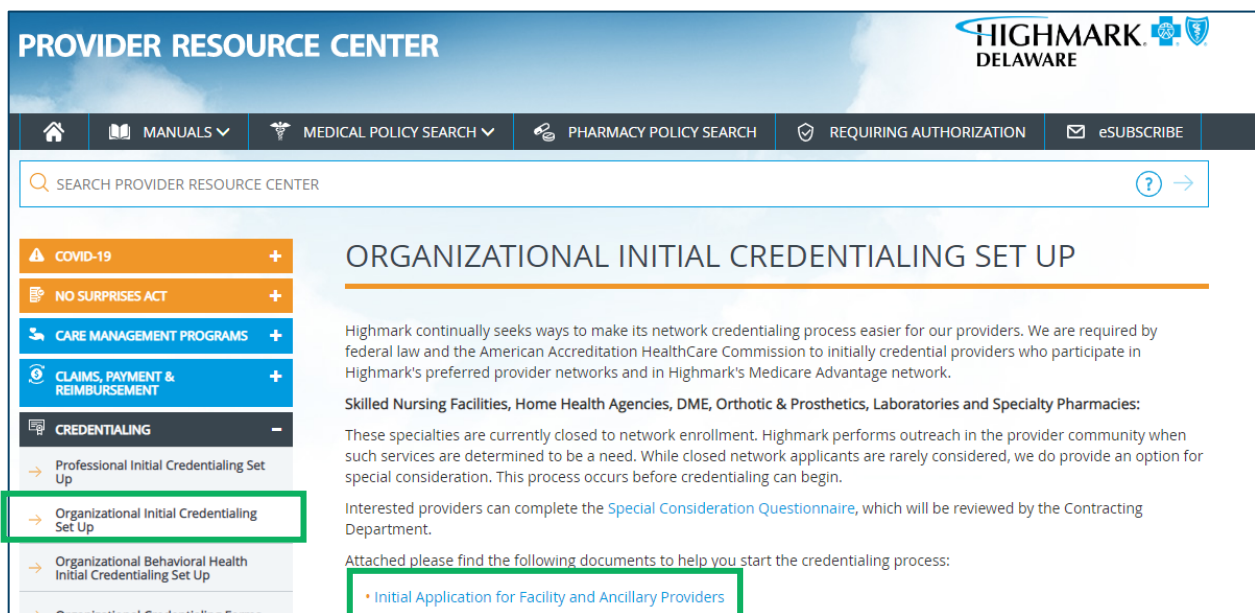
The following information is required to complete the application:

1. A current copy of the state healthcare license, if required, or a current copy of the provider's state business license, if required.

2. Proof of CMS Certification, if required:
  - a. PECOS web printout showing revalidation status. Visit [pecos.cms.hhs.gov](https://pecos.cms.hhs.gov) for details.
  - b. Medicare Administrative Contractor (MAC) letter confirming revalidation application is approved.
  - c. MAC letter confirming initial enrollment is approved.
  - d. Documents must include name, address, National Provider Identifier (NPI) number, Medicare number effective date or revalidation date.
  - e. For durable medical equipment prosthetic orthotic suppliers, dates must not be older than three years. All other provider types, dates must not be older than five years.
  - f. A current copy of the state agency survey for CMS Certification, if applicable.
3. NPI number.
  - a. Providers with more than one NPI must submit a separate application for each NPI.
4. A copy of the provider's Professional Liability Insurance Certificate.
5. One of the following items:
  - a. A copy of applicable accreditation certificates with expiration dates if applicable to the provider's specialty, or
  - b. A copy of the provider's state site survey report. If there are deficiencies in the state site survey, include the state-approved plan of correction.
6. A completed and signed copy of the [Delaware Medicaid Disclosure Statement](#).
7. Site survey or accreditation, as applicable.
8. State of Delaware Business license and/or DHSS License.
9. [Review the credentialing and contracting requirements](#) for your specialty.

**NOTE:** An incomplete application cannot be saved and completed at a later time. The entire application must be completed in one session.

[Start the credentialing process](#) by visiting the Highmark BCBS Delaware Provider Resource Center. Click on "Organizational Initial Credentialing Set Up" in the Credentialing dropdown on the right. Then, click "Initial Application for Facility and Ancillary Providers."



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**ORGANIZATIONAL INITIAL CREDENTIALING SET UP**

Highmark continually seeks ways to make its network credentialing process easier for our providers. We are required by federal law and the American Accreditation HealthCare Commission to initially credential providers who participate in Highmark's preferred provider networks and in Highmark's Medicare Advantage network.

**Skilled Nursing Facilities, Home Health Agencies, DME, Orthotic & Prosthetics, Laboratories and Specialty Pharmacies:**

These specialties are currently closed to network enrollment. Highmark performs outreach in the provider community when such services are determined to be a need. While closed network applicants are rarely considered, we do provide an option for special consideration. This process occurs before credentialing can begin.

Interested providers can complete the [Special Consideration Questionnaire](#), which will be reviewed by the Contracting Department.

Attached please find the following documents to help you start the credentialing process:

- [Initial Application for Facility and Ancillary Providers](#)

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

In this field, enter the provider's legal name. The tax ID and NPI will be entered later in the form.



Provider Legal Name Associated with Tax ID

Do you have a DBA Name?

Yes

No

Continue to complete the required fields and upload documents as indicated. Providers will receive a confirmation email after submitting the form. Save the confirmation number from the confirmation email to quickly follow up on the status of the application.