

Initial Professional Participating Provider Credentialing

This setup is for individual, professional providers who work independently or as part of a professional group, practice, or clinic and includes behavioral health providers.

Application Instructions

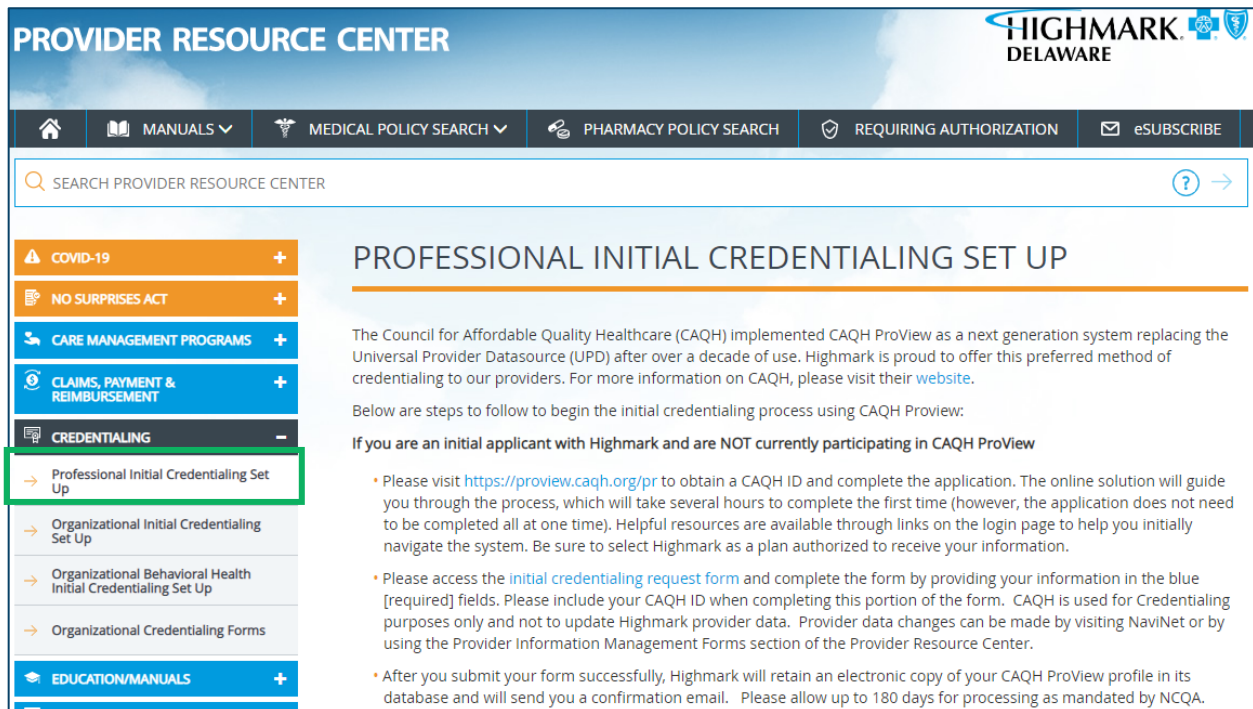
Prior to applying to Highmark Health Options, providers must enroll with the State. Instructions for enrolling with the Delaware Department of Medicaid and Medical Assistance (DMMA) are [available on the DMMA website](#).

Follow these three steps to set up and maintain a new practice:

1. Credential the individual providers
2. Establish an Assignment Account and add the current providers to that account
3. When providers are added or removed from the Assignment Account, [use the appropriate form](#).

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 “Professional Initial Credentialing Set Up” in the Credentialing dropdown on the right.



PROVIDER RESOURCE CENTER HIGHMARK DELAWARE

MANUALS MEDICAL POLICY SEARCH PHARMACY POLICY SEARCH REQUIRING AUTHORIZATION eSUBSCRIBE

SEARCH PROVIDER RESOURCE CENTER

PROFESSIONAL INITIAL CREDENTIALING SET UP

The Council for Affordable Quality Healthcare (CAQH) implemented CAQH ProView as a next generation system replacing the Universal Provider Datasource (UPD) after over a decade of use. Highmark is proud to offer this preferred method of credentialing to our providers. For more information on CAQH, please visit their [website](#).

Below are steps to follow to begin the initial credentialing process using CAQH Proview:

If you are an initial applicant with Highmark and are NOT currently participating in CAQH ProView

- Please visit <https://proview.caqh.org/pr> to obtain a CAQH ID and complete the application. The online solution will guide you through the process, which will take several hours to complete the first time (however, the application does not need to be completed all at one time). Helpful resources are available through links on the login page to help you initially navigate the system. Be sure to select Highmark as a plan authorized to receive your information.
- Please access the [initial credentialing request form](#) and complete the form by providing your information in the blue [required] fields. Please include your CAQH ID when completing this portion of the form. CAQH is used for Credentialing purposes only and not to update Highmark provider data. Provider data changes can be made by visiting NaviNet or by using the Provider Information Management Forms section of the Provider Resource Center.
- After you submit your form successfully, Highmark will retain an electronic copy of your CAQH ProView profile in its database and will send you a confirmation email. Please allow up to 180 days for processing as mandated by NCQA.

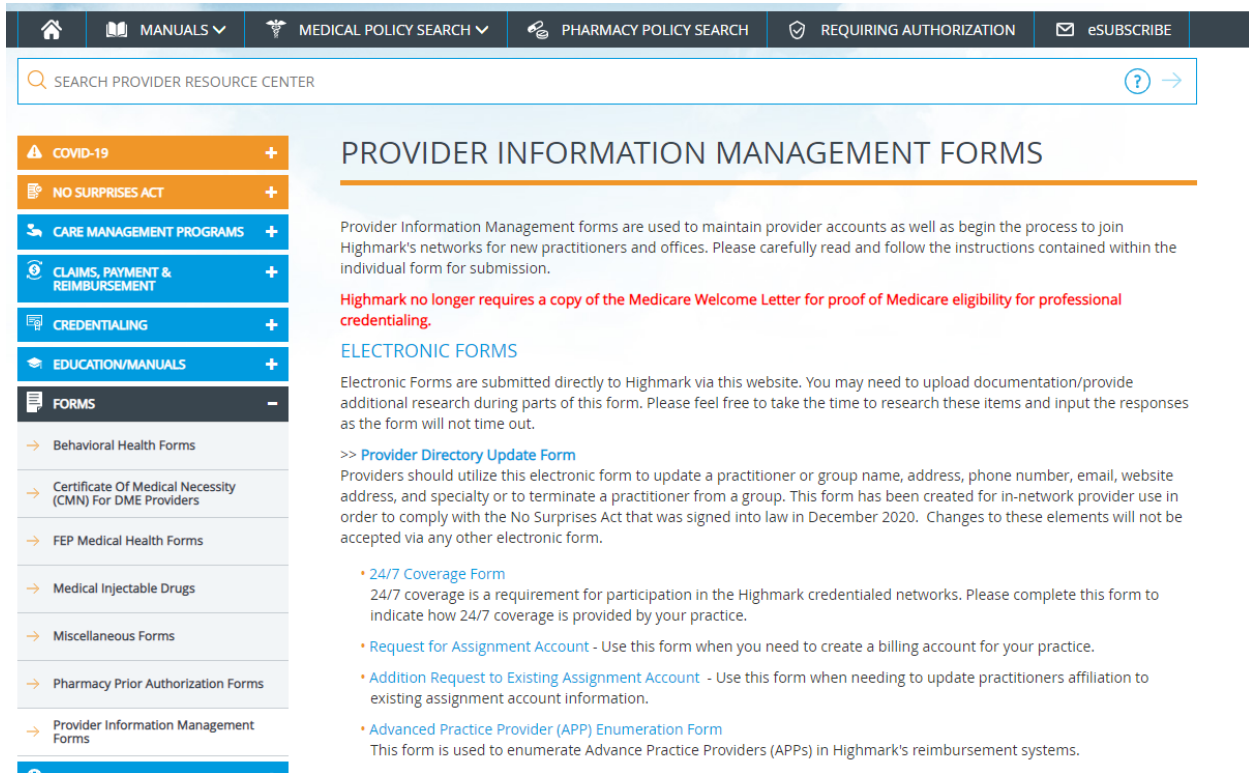
Be prepared to upload the following documents:

1. A completed and signed copy of the [Delaware Medicaid Disclosure Statement](#).
2. FQHC – CMS approval documentation
3. Groups with 10 or more providers:
 - a. Mid-level practitioner roster including, as applicable:
 - Practitioner first and last name
 - Type 1 NPI
 - Date of birth
 - CAQH ID
 - Promise ID
 - b. Credentialed provider roster must include the following information, if applicable:
 - Practitioner first and last name
 - Type 1 NPI
 - Date of birth
 - CAQH ID
 - Promise ID
 - Specialist role
 - Will the providers be participating in medication assisted treatment (MAT)? Yes or No
 - If yes, is the provider a:
 1. MAT provider who is DEA waived
 2. MAT provider who is not DEA waived
 3. MAT provider who provides counseling in conjunction with MAT
 - If yes, provide X-DEA number and certificate
 - If yes, provide address and phone number of location where MAT services are provided
4. Providers with compact license – compact license
5. Be advised Provider Information Management may request additional documents during the credentialing process

The following mid-level providers may be enumerated instead of credentialed. Enumeration allows the mid-level practitioner to bill allowable services under their scope of practice under their own name, but they will not be listed as a provider in the Provider Directory.

079 – CRN Anesthetist
081 – Social Worker (PA and DE – only eligible as mid-level)
082 – Physician Assistant (PA and DE – only eligible as mid-level)
097 – CRN Clinical Nurse Specialist
093 – Marriage and Family Therapists
096 – CRN Clinical Nurse Specialist – Mental Health
101 – CRN Practitioner
146 – CRNP PCP
287 – Licensed Professional Counselor
299 – Licensed Clinical Social Worker
610 – Physician Assistant CP (PA and DE – only eligible as mid-level)
631 – Pharmacist (WV only)

Complete the [Request for Assignment Account form](#).



The screenshot shows the Highmark Provider Resource Center interface. At the top, there is a navigation bar with links for Home, Manuals, Medical Policy Search, Pharmacy Policy Search, Requiring Authorization, and eSubscribe. Below this is a search bar for the Provider Resource Center. A sidebar on the left lists various categories: COVID-19, No Surprises Act, Care Management Programs, Claims, Payment & Reimbursement, Credentialing, Education/Manuals, and Forms. The 'Forms' category is expanded, showing a list of form types including Behavioral Health Forms, Certificate of Medical Necessity (CMN) For DME Providers, FEP Medical Health Forms, Medical Injectable Drugs, Miscellaneous Forms, Pharmacy Prior Authorization Forms, and Provider Information Management Forms. The main content area is titled 'PROVIDER INFORMATION MANAGEMENT FORMS' and contains the following text:

Provider Information Management forms are used to maintain provider accounts as well as begin the process to join Highmark's networks for new practitioners and offices. Please carefully read and follow the instructions contained within the individual form for submission.

Highmark no longer requires a copy of the Medicare Welcome Letter for proof of Medicare eligibility for professional credentialing.

ELECTRONIC FORMS

Electronic Forms are submitted directly to Highmark via this website. You may need to upload documentation/provide additional research during parts of this form. Please feel free to take the time to research these items and input the responses as the form will not time out.

>> **Provider Directory Update 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 has been created for in-network provider use in order 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.

- **24/7 Coverage Form**
24/7 coverage is a requirement for participation in the Highmark credentialed networks. Please complete this form to indicate how 24/7 coverage is provided by your practice.
- **Request for Assignment Account** - Use this form when you need to create a billing account for your practice.
- **Addition Request to Existing Assignment Account** - Use this form when needing to update practitioners affiliation to existing assignment account information.
- **Advanced Practice Provider (APP) Enumeration Form**
This form is used to enumerate Advance Practice Providers (APPs) in Highmark's reimbursement systems.

On this screen, select the appropriate type of account and continue to follow the form and upload documents as indicated. Do not use this to add a practitioner. Use the link in Step 3 at the beginning of this document.

Do you wish to add a practitioner to an existing assignment account or create a new billing practice?

Note - If changing your tax id, please select "Create a new billing practice".

Add a Practitioner
 Create a new billing practice
 Create a new facility-based billing practice

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.