

# Provider Credentialing



Why Capital Blue Cross credentials providers



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# Why Capital Blue Cross credentials providers

Provider credentialing is the process by which medical organizations verify the credentials of healthcare providers to ensure they have the required licenses, certifications, and skills to properly care for patients.

Our credentialing program is an objective and systematic process for review of the credentials of all providers applying to participate in our networks and support our managed care products.

We utilize procedures that comply with National Committee for Quality Assurance (NCQA); the Centers for Medicare & Medicaid Services (CMS); and Commonwealth of Pennsylvania Department of Health (DOH) regulations.

CMS and the Joint Commission on Accreditation of Healthcare Organizations both require that healthcare providers be credentialed. Healthcare organizations that do not follow the CMS regulations are not eligible for Medicare or Medicaid reimbursement.

# Who needs to be credentialed

Our credentialing program is applicable to all providers participating in the following networks:

- Capital Blue Cross
- Capital Advantage Insurance Company® (CAIC)
- Capital Advantage Assurance Company® (CAAC)
- Commercial HMO
- Medicare Advantage
- Vibra Health Plan

Please see the following slide for a comprehensive list of provider types.

# Who needs to be credentialed

## Providers requiring credentialing include:

Audiologist	Dietitian - Nutritionist	Physical Therapist
Acupuncturist	Genetic Counselor	Physician (MD, DO & Telehealth)
Behavioral Health Practitioners <sup>1</sup>	Neuropsychologist	Physician Assistant (Certified)
Certified Nurse Midwife	Optometrist	Podiatrist
Certified Nurse Anesthetist <sup>2</sup>	Oral Surgeon	Prosthodontist
Certified Registered Nurse Practitioner	Occupational Therapist	Speech Language Pathologist
Chiropractor		

<sup>1</sup>Include: Psychiatrists, Clinical Social Workers, Social Workers, Clinical Nurse Specialists, Master's Prepared Therapists, and Behavioral Specialists.

<sup>2</sup>Practicing outside inpatient or freestanding facility setting.

## How to begin the credentialing process

- Groups not contracted with Capital Blue Cross can begin the contracting and credentialing process by visiting our webpage at [CapitalBlueCross.com](https://www.CapitalBlueCross.com), choosing the Provider dropdown, and selecting the 'Join Our Network' option.
- Existing groups needing to add providers can submit requests using the Capital Blue Cross Provider Maintenance Tool. Access the tool via the Applications tab of our online provider portal.
- We use [CAQH ProView](#) as our exclusive provider credentialing application for currently contracted Capital Blue Cross providers. All providers must use the CAQH ProView application for credentialing and recredentialing. Healthcare providers must self-register with ProView before we will initiate the application process.

## How long the process takes

Credentialing information, including but not limited to, application, attestation, and all primary source verification, cannot be older than 180 days at the time of the credentialing decision. Providers not approved within 180 days must update application and attestation form on CAQH ProView. We reverify primary source verifications over 180 days.

Capital Blue Cross will notify participating physician providers of credentialing decisions within 60 days of the credentialing committee decision. Notification of completion of the credentialing process does not finalize Capital Blue Cross network(s) participation. A second notice of participation is issued confirming provider's effective dates. **Providers should not schedule services with Capital Blue Cross members until they receive this notification.**

Capital Blue Cross completes the recredentialing process at least once every three years. Consistent with NCQA, CMS, and DOH regulations and for the protection of our members, provider recredentialing is required. Recredentialing includes most of the same components as initial credentialing with an additional quality component added for review.



# Steps in the credentialing process

1. The request is received in the Contracting department.
2. Within five business days of receipt, Contracting processes the request and sends it to the Credentialing department.
3. Within three business days of receipt in the Credentialing department, Credentialing will request the Counsel for Affordable Quality Healthcare (CAQH) application and assign the task to be worked. (CAQH is the company that maintains the universal credentialing application that Capital Blue Cross uses.)
4. The Credentialing team will work the task in five to ten business days.
5. Credentialing will complete the task in Business Process Manager (BPM) and it will sit in a queue until Contracting has completed their task. (BPM is the software application that Capital Blue Cross uses to process providers' credentialing requests.)



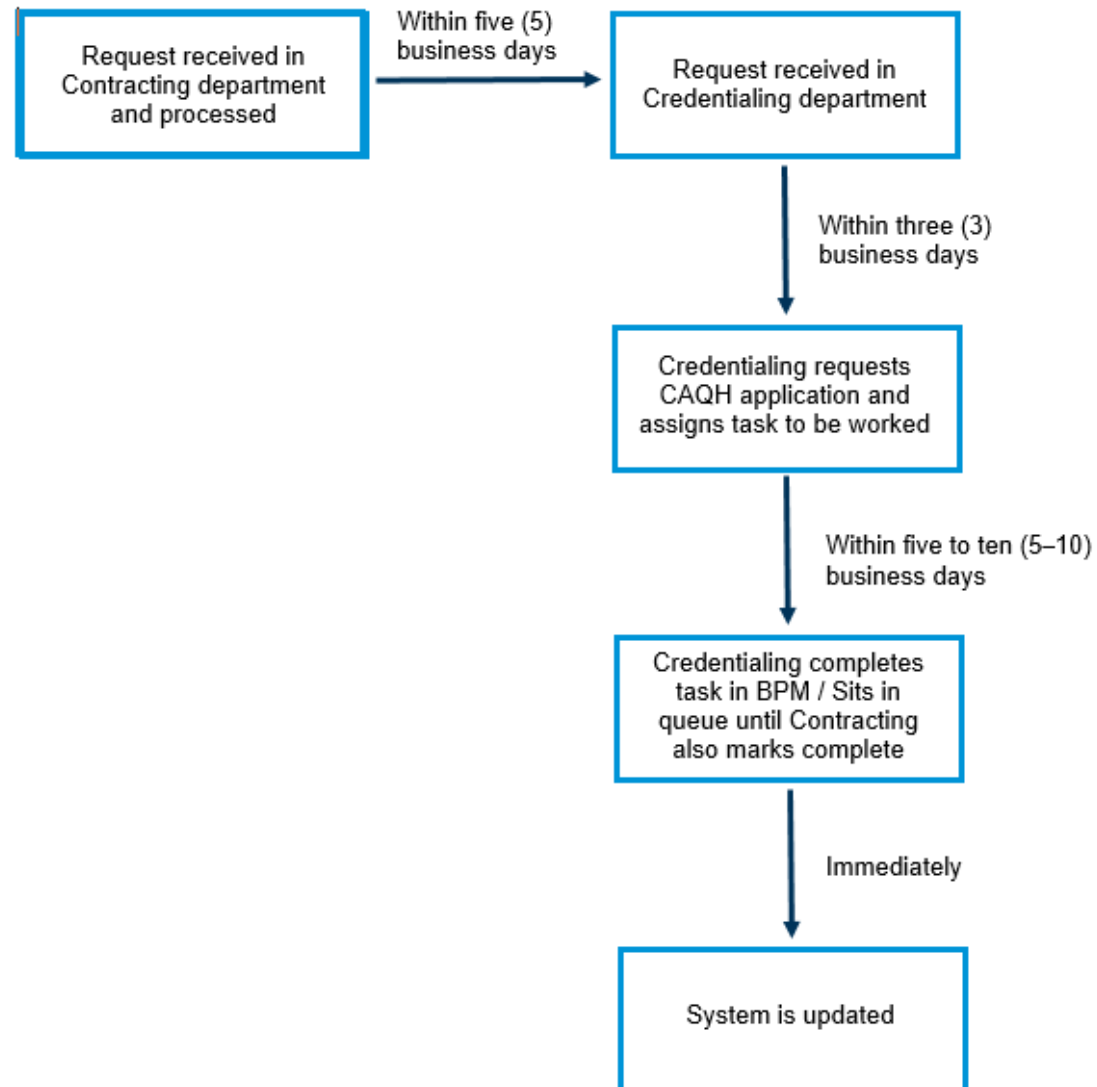
# Steps in the credentialing process

6. Once Contracting and Credentialing mark the BPM task as complete, the system will be updated.

## **Exceptions:**

- If the request fails for a system edit, it will drop to Provider Data for review. Provider Data will work the task within five business days and either complete it and update the system or return it to the provider for missing information.
- If an application is incomplete or if a provider is flagged in Credentialing and needs to be reviewed by the committee for approval, this will add an additional 15 to 30 days to the process.

# Steps in the credentialing process



## Additional information and resources

- Detailed credentialing process information is included in the Capital Blue Cross Provider Manual. The Provider Manual is located in the Provider Library under Education and Manuals.
- For CAQH assistance or questions, please call **888.599.1771**.

Thank You