

Quick Reference Guide: Credentialing Status & Escalation

This guide provides Highmark providers with information on checking credential status and escalating inquiries.

1. Credentialing Processing Time Update:

Once a complete application is received, our goal is to complete credentialing within 45 days. In some cases, processing may take longer depending on application details or current volume. Thank you for your patience as we diligently work each request.

2. Checking Credentialing Status via Availity:

Highmark's PDM (and PFM*) require a user to select a group NPI to get started. If a practitioner isn't added to a group, the option to select them will not be available.

Follow these steps to check your credentialing status:

- **Step 1:** Log into [Availity](#) using your credentials.
- **Step 2:** Click on Payer Spaces.
- **Step 3:** Select the appropriate health plan.
- **Step 4:** Scroll down and click on Provider Data Maintenance.
- **Step 5:** Select an organization and click Submit to enter the PDM platform.
- **Step 6:** Click on the Select button to the left of the practice/provider's name to view/update.
- **Step 7:** Click on the link near the top of the page next to "Pended Requests", "Request Credentialing", and "Review Submitted Changes" to Review Credentialing Status.

**PFM (Provider File Maintenance Tool that is available for PA, WV, and DE regions only.*

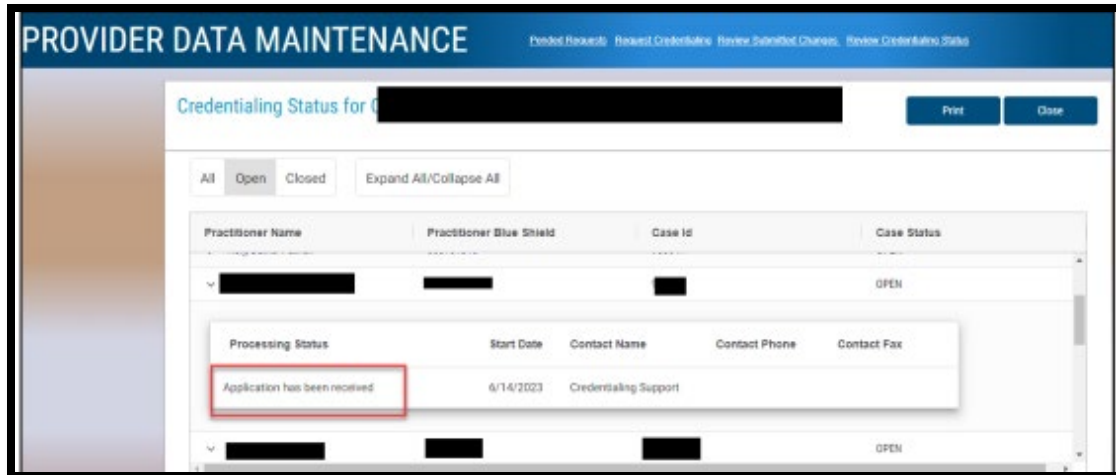


Figure 1: Example shows application was received.

Key Reminders for Availability:

- **Case Status Column:** Check this column for the application's status (e.g., CLOSED, OPEN).
- **Processing Status:** When status is "OPEN," the text will advise if action is needed from the practitioner or if processing is underway. The Start Date, Contact Name, and Contact Phone information will display in this table.
- **Recredentialing Status:** When checking recredentialing status, ensure you select Highmark as a plan authorized to receive your information. If the Cred Status is "OPEN," read the text to determine if action is required from the practitioner or if processing is underway.

3. When and How to Submit an Escalated Credentialing Inquiry:

- **Escalate if:** it has been more than 45 days without outreach or an update from a credentialing specialist.
- **Escalate when:** credentialing inquiries require analysis and/or research.
- **How to Escalate:** for more direct support, we recently launched live phone assistance for providers with questions about credentialing, standard contracts, and the provider file directory. This dedicated line is designed to get you the answers you need quickly.
 - **Dedicated Phone Line:** Simply call your regional Provider Service Center and select the Credentialing option from the Interactive Voice Response (IVR) menu.
 - Visit Highmark's Provider Resource Center, select [Contact Us](#) in the upper right-hand corner for a full list of contact number per region.

State	Toll Free Number
Delaware	800-346-6262
West Virginia	800-543-7822
Western PA (Professional)	800-547-3627
Central PA and NEPA (Professional)	866-731-8080
Central PA and NEPA (Facility)	866-803-3708
SEPA	844-945-5525
New York	800-950-0051

- **Additional support:** [Credentialing Status Inquiry Form](#)
 - Provider still can submit credentialing status inquiries directly to Highmark’s credentialing team through this form on the [Provider Resource Center](#). Navigate to Provider Network, Credentialing and then select either Professional or Organizational.

4. Tips for Faster Resolution:

- **Complete Submissions:** Double-check that all required documents are included in the application.
- **Prompt Responses:** Respond promptly to Highmark requests for additional information.
- **Check Inbox and SPAM:** Highmark will use the credentialing contact information from your Initial Credentialing Request for all follow-up communications. Check your inbox and SPAM folders regularly for important updates and requests.
- **Avoid Duplicate Requests:** Highmark prefers that you call the dedicated phone line first, but you still have the option to use the Credentialing Status Inquiry form only after the 45-day threshold to avoid unnecessary delays. Please avoid duplication by refraining from calling and using the form.

Frequently Asked Questions

Provider Contracts

For Professional standard contracts:

- **Question:** How can I request a copy of my provider's contract?
 - **Answer:** Visit the Provider Resource Center under Resources & Education, select Provider Information Management forms > Request to be a Highmark Participating Provider.
- **Question:** How do I return my signed contract to Highmark?
 - **Answer:** Visit the Provider Resource Center under Resources & Education, select Provider Information Management forms > Contract Upload Form.

For Ancillary contracts:

To request a copy, or questions related to your contract can be directed to the [Ancillary Provider Strategy Intake Form](#).

- Ancillary Vendors include Ambulance, Durable Medical Equipment, Hospice, Lab, Skilled Nursing Facility and Urgent Care.
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Credentialing

- **Question:** How can I request a copy of the Welcome Letter?
 - **Answer:** Visit the Provider Resource Center under Resources & Education, select Provider Information Management forms > Credentialing Status Inquiry Form
 - **Answer:** Once a fully executed group contract has been received by Highmark and the provider has been successfully added to our networks, the Welcome Letter will be sent to indicate the provider's in-network status.
- **Question:** What is the turnaround time for my APP Enumeration request?
 - **Answer:** Our average turnaround time for APP Enumeration requests is 15 business days.
- **Question:** What happens after the Highmark Initial Credentialing Request is submitted?
 - **Answer:** Highmark will cross-reference the information to CAQH. If any additional information is needed, the provider will receive a letter or email notifying them of such.

- **Question:** What is the timeframe to review credentialing applications?
 - **Answer:** Our goal is to review the request within 45 days of receipt. However, processing times can vary if additional information is needed or during periods of high volume.
- **Question:** Why did my credentialing case get shut down?
 - **Answer:** Credentialing Specialists will make at least 3 attempts to develop via email/letter for additional information needed to complete the credentialing process. If the information has not been obtained or is incomplete, the provider's credentialing cases will be shut down.
- **Question:** Can Credentialing documentation be mailed or does it have to be uploaded?
 - **Answer:** All requested information can be uploaded on the respective electronic form or attached to an email and sent to the Credentialing Specialist assigned to their case.

Fee Schedules

- **Question:** Where to find the fee schedule prior to signing the contract?
 - **Answer:** Fee schedules can be reviewed on Availity, under Claims & Payment, select Fee Schedule Listing. Requests for fee schedules for most frequently reported procedures can also be submitted *in writing* to the address below. Please include your provider's name, address, and NPI (National Provider Identifier) on your request.

Highmark Blue Shield
Fee Based Pricing and Analysis
P.O. Box 890089
Camp Hill, PA 17089-0089

Provider Information Management (PIM)

- **Question:** How do I change the NPI of a group already established?
 - **Answer:** Visit the Provider Resource Center under Resources & Education, select Provider Information Management forms > Provider Change Form.
- **Question:** How do I change the Tax ID of a group already established?
 - **Answer:** For Organizational Providers, visit the Provider Resource Center under Resources & Education, select Provider Information Management forms > Change of Ownership Form.

- **Question:** What is the general time after submission for a PIM form?
 - **Answer:** Highmark's goal is to review your form response and respond within 15 business days. However, we do experience delays and backlogs and may require additional time to process your request.

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