Provider Guide to Credentialing

General Credentialing & Provider Data Management

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Section 1: Key Technology & Portals

The modern healthcare ecosystem relies on integrated digital tools to streamline credentialing and administrative processes. Highmark has transitioned its primary provider portal functions to enhance efficiency, accuracy, and real-time data maintenance.

1.1 Availity Essentials

- **What is it?** Availity® is a leading multi-payer provider portal (Availity Essentials) that provides easy-to-use, secure online tools for healthcare providers. This platform allows providers to coordinate administrative, clinical, and financial communications with Highmark and other participating health plans.

1.2 Provider Data Maintenance (PDM)

- **What is it?** The Provider Data Maintenance (PDM) tool is a specialized application within Highmark's Payer Spaces in Availity that enables professional providers to view, verify, and update their practice information. Credentialing can also be initiated through this tool.
- **Real-Time Updates:** Most demographic and practice changes submitted through the PDM tool are updated in Highmark's systems in real time, reducing administrative lag.
- **User Guide:** Providers can refer to the detailed PDM User Guide for step-by-step navigation instructions.

1.3 Provider Resource Center (PRC)

- **What is it?** The Provider Resource Center is the primary external website and information hub for healthcare providers who participate in or interact with Highmark networks. It serves as a centralized location where providers can access operational, credentialing, policy, educational, and communication resources.
- **Electronic Forms:** Electronic forms are submitted directly to Highmark via this website. You may need to upload documentation/provide additional research during parts of these forms. Please feel free to take the time to research these items and input the responses.
- **Where can you find forms?** Under Resources and Education > Forms > Provider Information Management Forms.

1.4 CertifyOS Provider Portal

- **What is it?** The CertifyOS Provider Portal is an updated, and comprehensive tool used to request Initial Credentialing and/or Recredentialing applications. All Professional and Organizational Providers will access the CertifyOS portal from Highmark's Credentialing page.
- **Communications:** If additional information is needed for a credentialing request, CertifyOS may contact the provider by email at **CertifyOutreachRequest@highmarkhealth.org**.
- **Real-Time updates:** Registered users will be able to track the status of their application in real time. All Providers will access the CertifyOS portal from Highmark's Credentialing page.

- **User Guide:** Providers can refer to the detailed CertifyOS Provider Portal Guide for step-by-step navigation instructions.

Section 2: Professional Providers (Practitioners)

This section covers the credentialing life cycle, enrollment procedures, and practice updates for individual practitioners.

2.1 Professional Provider Definition

Professional Providers (Practitioners) are individual healthcare professionals who are credentialed and/or licensed to deliver care. They submit claims using the CMS-1500 (or electronic 837P) format.

2.2 Initial Enrollment & Credentialing Process

To begin practicing and billing within the Highmark network, individual practitioners must complete initial credentialing.

1. **CAQH:** To begin the credentialing process, providers must have an active CAQH ProView® profile. New applicants should create and complete a CAQH ProView® application to obtain a CAQH Provider ID. Existing applicants must review and update their CAQH profile and complete any required re-attestation to ensure their information is current.
2. **Portal Submission (Preferred):** If registered with the provider portal, log in to Highmark's Payer Spaces in Availity and then navigate to **Provider Data Maintenance (PDM),** select" *Request Credentialing*" and complete all mandatory fields.
3. **Alternative Submission**: If the provider is not yet registered on the portal, they must complete the Credentialing request by using the CertifyOS Provider Portal.
4. **Approval and Network Activation**: Highmark does not send an explicit notification when the credentialing process itself is approved. Instead, upon credentialing approval, Highmark's Contracting Area applies the eligible networks to the provider.
5. **Checking Status:** Practitioners can check their application status in real time through PDM by selecting *Review Credentialing Status* or through the CertifyOS Provider Portal, which provides status updates throughout the credentialing process. For additional credentialing or recredentialing status questions, providers may submit the Credentialing Status Inquiry form. Providers may also contact their regional Provider Services team for assistance; see Section 7 for contact information.
6. **Contract (Network Agreement):** Once your application has been approved, Highmark will send you a Provider Contract (Network Agreement). Please promptly sign and return the executed agreement to proceed with network participation. For your convenience, use the Contract Upload Form.
7. Once networks are active, a formal **Network Welcome Letter** is mailed to the provider, detailing network participation, and effective dates.

2.3 Advanced Practice Providers (APPs) / Mid-Level Providers

Advanced Practice Providers (APPs), commonly known as Mid-Level Providers, have a defined scope of clinical practice. They are permitted to render care under a broader physician-led framework or within their independent scope as legally authorized.

Specialties Classed as APPs:

- Physician Assistant (PA)
- Nurse Practitioner (NP) / Certified Registered Nurse Practitioner (CRNP) PCP
- Clinical Nurse Specialist (CNS)
- Clinical Psychologist
- Master's Prepared Behavioral Health Therapists (e.g., Licensed Clinical Social Workers [LCSW], Licensed and Associate Marriage and Family Counselors, Licensed Professional Counselors [LPC])
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Registered Nurse Psychiatric Mental Health Nurse
- Licensed Social Workers (LSW)

Enumeration vs. Credentialing:

- **Enumeration** is a streamlined process that bypasses formal credentialing. APPs are enumerated to be added to all eligible Highmark networks for billing purposes under their own National Provider Identifier (NPI).
- To enumerate an APP, complete the Advanced Practice Provider (APP) Enumeration Form.

- **Directory Exclusions:** APPs/Mid-Level providers are **not** listed in Highmark's public provider directory.
- **Reimbursement:** Enumerated APPs are typically reimbursed at a reduced rate compared to fully credentialed physicians. Providers should review Reimbursement Policy RP-010: Advanced Practice Providers and Incident-To Billing and the general Reimbursement Policy for Advanced Practice Providers for details.

2.4 Managing Practitioner Practice Assignments

- **Adding a Practitioner to an Existing Practice:** To affiliate a new practitioner with an established billing group, complete the electronic Addition Request to Existing Assignment Account Form.
- Request for New Billing Practice (Assignment Account)**:** To create a billing account for your practice or when billing as a solo practitioner.
- **Removing a Practitioner:** To terminate a practitioner's association with a practice location or billing group, complete the Provider Directory Update Form.
- **Changing or Adding a Specialty:** To add or update a practicing specialty on a practitioner's profile, complete the Provider Directory Update Form.
- **Facility-Based Provider Affirmation (PARE Attestation):** Practitioners who work *exclusively* within participating institutional facilities (e.g., skilled nursing facilities, ambulatory surgery centers, inpatient/outpatient hospital settings) must execute a Facility Based Provider Affirmation Statement (PARE Attestation). This bypasses public directory listings and is strictly for facility-based billing.
- **Provider Directory Update Form:** Provider Directory Update Form

2.5 Practitioner Recredentialing

- **Frequency:** Network practitioners must undergo recredentialing at least once every **three (3) years** to maintain active network participation.
- **Timeline:** Highmark initiates recredentialing **six (6) months** prior to the practitioner's cycle expiration. A formal notification letter is mailed to the practitioner's Primary Practice.
- **Required Actions:**

1. Ensure the practitioner's CAQH ProView profile is fully up-to-date and re-attested.
2. Grant *global access* to Highmark within CAQH ProView.
3. Verify that all supporting documents (such as state licenses, DEA certificates, and malpractice insurance) are active. Incomplete, expired, or un-attested CAQH data will cause processing delays and can lead to network termination.

- **Checking Status:** Practitioners can check their application status in real time through PDM by selecting **Review Credentialing Status**. For additional questions about credentialing or recredentialing status, providers may submit the **Credentialing Status Inquiry form.** Providers may also contact their regional Provider Services team for assistance; see Section 7 for contact information.

Section 3: Organizational Providers (Facility & Ancillary)

Organizational providers represent physical, brick-and-mortar entities that provide institutional, outpatient, or ancillary healthcare services.

3.1 Key Definitions

- **Facility:** Providers that bill services using institutional UB-04 claims or the electronic 837I format.
- **Ancillary Provider**: Freestanding and facility-based entities that bill services on professional CMS-1500 claims (or electronic 837P format).
- **Urgent Care Center (UCC**): Walk-in clinics providing basic diagnostic and treatment services (e.g., minor injuries, sprains, X-rays, blood tests) comparable to primary care offices. They are typically open 12 hours/day on weekdays and 8 hours/day on weekends, and do not require appointments.
- **Medical Aid Unit (MAU):** [*Delaware Only*]: In Delaware, urgent care facilities that are *not* licensed as Freestanding Emergency Centers are credentialed and termed "Medical Aid Units" (MAUs). If licensed as a Freestanding Emergency Center, the facility is credentialed as an Urgent Care Center.
- **Retail Clinic (RC**): Drugstore-based clinics staffed by Certified Registered Nurse Practitioners who diagnose and treat common ailments (colds, rashes, flu). They feature evening and weekend hours and provide basic, low-acuity services.

3.2 Credentialed Behavioral Health Organizational Specialties

Highmark credentials the following behavioral health facility and agency types:

- Inpatient Mental Health Facilities
- Inpatient Residential Treatment Centers - Substance Abuse
- Outpatient Alcohol and Drug Counseling Agencies (with Practitioners)
- Outpatient Intensive Outpatient Programs (IOP) & Partial Hospitalization Programs (PHP)
- Outpatient Autism Providers
- Outpatient Mental Health Agencies
- Outpatient Methadone Clinics
- Outpatient Substance Abuse Behavioral Health Counseling Agencies

3.3 Initial Enrollment & Multi-Location Credentialing

- **Location-Specific Credentialing**: Highmark credentials organizational providers at *each individual physical location*. If an existing credentialed entity adds a new site, that specific location must be credentialed and contracted before billing network claims.
- **Application**: To apply for initial organizational credentialing, visit the CertifyOS Provider Portal
- **Checking Status:** Organizational providers can view real-time credentialing status through the CertifyOS Provider Portal. For additional questions about credentialing or recredentialing status, providers may submit the **Credentialing Status Inquiry form**. Providers may also contact their regional Provider Services team for assistance; see Section 7 for contact information.
- **Contract (Network Agreement):** The organizational provider will receive the contract agreement by email for review and signature. The signed agreement must be returned and fully executed before the provider may bill under the contract.

3.4 Recredentialing Requirements

- **Frequency:** Standard Facility and Ancillary providers must undergo recredentialing every ***three (3) years****." Atypical Provider Types*" are subject to *annual* recredentialing.
- **Timeline**: Highmark sends a notification letter ***six (6) months*** prior to the recredentialing due date.
- **Required Actions:** Log into the CertifyOS Provider Portal to complete the Recredentialing request. Applicants must upload updated supporting documents, including active Licensure, Medicare Approval letters, and Joint Commission or other accrediting body Accreditations.

3.5 Updating Organizational Details

- **Address Changes**: To modify an organizational provider's Main Practice, Mailing, Credentialing Mailing, or Check (remittance) address, complete the Highmark Facility/Ancillary Change Form. **NOTE**: At this time, Facility/Ancillary Providers are not able to use Highmark's Data Maintenance (PDM) tool in Availity.

Section 4: Account & Practice Management

This section details rules surrounding billing configurations, Tax ID (TIN) setups, leaves of absence, and ownership transitions.

4.1 Assignment Accounts

An **Assignment Account** is Highmark's term for a single provider or a group practice of providers who choose to assign their right to payment to a single legal entity operating under a specific Tax Identification Number (TIN).

- **Setting Up a New Group Practice**: To establish a new group billing configuration under a TIN, complete the Request for Assignment Account. This form should not be used if the group already holds an active Assignment Account.
- **Terminating a Practitioner from an Assignment Account**:
    1. Access the Provider Directory Update Form.
    2. Select "*Terminate Practitioner from Assignment Account*" under the element update question.

3. The Assignment Account will automatically terminate when the last remaining active practitioner in the billing group is terminated.

- **Transitioning Assignment Accounts (Creating New & Terminating Old):** If a practice must close an existing Assignment Account and open a new one:

4. Submit the Request for New Practice (Assignment Account) Form. This request can also be completed through Highmark's Provider Data Maintenance (PDM) tool in Availity.
5. Wait for confirmation that the new account has been established in Highmark's systems.
6. Once confirmed, submit the Provider Directory Update Form to terminate the old account.
   - If you are resigning at the **TIN level,** please submit the Request to Terminate a Contracted Network.
   - **Terminating a Highmark Contract:** If you are resigning at the **TIN level,** please submit the Request to Terminate a Contracted Network.

4.2 Provider Leaves of Absence (LOA)

- **Reporting and Returning from LOA:** If a practitioner takes an extended leave of absence or is returning from LOA, the practice must complete the electronic Leave of Absence Form and select the appropriate reporting or return/reinstatement option.

4.3 Change of Ownership (CHOW)

- **Organizational CHOW**: any structural changes in ownership—including updates to the legal name, Doing Business As (DBA) name, National Provider Identifier (NPI), or Tax ID (TIN)—must be reported using the Change of Ownership (CHOW) Form.

Section 5: Closed Networks & Special Consideration

In certain highly saturated geographic markets or specialty categories, Highmark restricts new provider network enrollment.

5.1 Highmark Network Status: Closed Specialties

The table below outlines the specialties that are currently closed to new network enrollment, along with localized exceptions where network capacity still exists.

Specialty Type	Network Status	Exceptions to Closed Status
Durable Medical Equipment (DME)	Closed	No exceptions. Network is closed across all territories.
Home Health Agencies	Closed	Network capacity exists for Delaware (DE) Medicare only.
Hospice	Closed	No exceptions. Network is closed across all territories.

Specialty Type	Network Status	Exceptions to Closed Status
In-Home Supportive Care	Closed	Network capacity exists for Pennsylvania (PA) Medicare only and New York (NY) Medicaid only.
Laboratory	Closed	No exceptions. Network is closed across all territories.
Specialty Pharmacy	Closed	No exceptions. Network is closed across all territories.
Skilled Nursing Facilities (SNF)	Closed	Network capacity exists for Delaware (DE) Medicare only.

**Note: In closed markets, providers must successfully complete the Special Consideration process before credentialing can be initiated. **

5.2 The Special Consideration Process

Special Consideration is a review process used to evaluate network participation requests in markets where specialties are closed to open enrollment.

8. **Initial Questionnaire**: Providers seeking participation must complete and submit the Special Consideration for Credentialing form.
9. **Review and Outcome**:
    - **If Approved**: The application will be forwarded to the Credentialing department to process your application.
    - **If Denied**: The provider will receive a formal denial letter from Highmark's Contracting Department.

Section 6: Consolidated Form & Link Directory

6.1 Highmark Policy & Support Manuals

- Reimbursement Policy RP-010 Advanced Practice Providers and Incident-To Billing
- Reimbursement Policy RP-046 Telemedicine and Telehealth Services
- Organizational Provider Participation, Credentialing and Contracting Requirements
- Highmark Provider Manual
- Highmark Provider Resource Center (PRC)
- **Credentialing Status Inquiry form:** Providers may use this form to submit questions about credentialing or recredentialing status.

Section 7: Regional Contact Information

For credentialing status checks, general inquiries, or escalations, providers have the option to contact the appropriate regional Highmark Provider Services office. If you have questions about credentialing or your application status, click **Contact Us** in the upper-right corner of the Provider Resource Center welcome page.

State / Region	Contact Type	Toll-Free Number
Delaware	General	**800-346-6262**
West Virginia	General	**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	General	**844-945-5525**
New York	General	**800-950-0051**

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Care Benefits Inc., or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Availity is an independent company that contracts with Highmark to offer provider portal services.

CertifyOS is a separate company that performs provider credentialing services.

**Note: All references to "Highmark" in this guide are references to the specific local licensee that provides the members’ benefits or benefit administration. **