What to Expect During Organizational Credentialing

Initial Organizational Credentialing

1. **Application Submission:** Facility and Ancillary Providers (including Urgent Care Centers and Freestanding Behavioral Health Organizational Providers): Please complete the Initial Application for Facility and Ancillary Providers.
    - **Closed Network Specialties:** Certain specialties are currently closed to network enrollment. These are clearly identified on the Initial Application for Facility and Ancillary Providers.
    - **Special Consideration:** While enrollment in closed specialties is rare, Highmark offers a special consideration process. Interested providers may complete the Special Consideration Questionnaire for review by the Contracting Department. This review precedes the initiation of the credentialing process.

2. Application Processing and Review: Initial applications are processed in the order of receipt. Upon receipt of a completed application, a Highmark representative will be assigned for review.

- **Geographic Access (GEO Access) Analysis** (for Urgent Care Centers only): For Urgent Care Centers, a GEO access analysis will be conducted to assess the number of Highmark members and existing Urgent Care Centers within a reasonable radius of the provider's ZIP code. Highmark reserves the right to approve or deny network participation based on the results of this analysis.

3. Request for Additional Information: If additional information is required to complete the credentialing process, the assigned Credentialing Specialist will contact the designated Credentialing Contact via email. If no Credentialing Contact is provided, communications will be directed to the email address or fax number listed as the Main Practice on the application. Please check all spam and junk folders for Highmark communications.

- Failure to provide requested information will result in the discontinuation of the credentialing process. In such cases, a new application must be submitted to re-initiate the process.

4. Network Participation Decision

- **Approval:** If Highmark approves network participation, a contract will be issued to the provider for signature and return. It is crucial to note that claims should not be billed until all credentialing and contracting steps are fully completed; claims submitted prematurely will be rejected.
- **Denial:** In the event of a denial of network participation, written notification will be provided to the applicant within 60 calendar days.

Organizational Recredentialing

Approximately six months prior to the end of the three-year credentialing cycle, Highmark will send a letter to notify the Organization that it is time for recredentialing.

1. **Application Submission**: Complete the Recredentialing Application for Facility and Ancillary Providers.
2. **Application Review and Specialist Assignment**: Upon receipt of your application, a Highmark Credentialing Specialist will be assigned for review.
    - Highmark will contact your designated Credentialing Contact via email. If no Credentialing Contact is listed, communications will be sent to the Main Practice email address or fax number provided on the application. Regularly check your Spam and Junk folders for emails from Highmark.
    - **Important Note**: Highmark will make multiple attempts to collect any missing information. Failure to respond will be interpreted as an intent to terminate your participation in Highmark Network(s), and your patients will be notified. If credentialing is terminated, you must reapply as an initial provider.
4. **Final Review**: Completed applications are reviewed by the Highmark Medical Director and/or the Network Quality and Credentials Committee.
    - Your organization may continue to see patients and bill for services as a participating, in-network provider unless you receive a letter from the Highmark Medical Director and/or the Network Quality and Credentials Committee indicating an adverse decision.
    - **Adverse decisions will be communicated by letter within 60 days.**
6. **Appeal Process for Terminated Providers**: If your organization's credentialing is terminated, you have the right to appeal. Full appeal rights and instructions will be detailed in the termination letter.
    - Action Required: A written appeal request must be sent via email or facsimile transmission to the indicated Highmark address/number within 30 calendar days of receiving the termination letter.

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