



Delaware Provider Guide to Credentialing

General Credentialing & Provider Data Management (PDM)

1. What is Availity?

Availity® is a company that operates a multi-payer provider portal, called Availity Essentials, with easy-to-use online tools for health care providers to facilitate managing the business side of health care.

Visit [Availity Essentials](#) to discover how to use their support tools, contact Availity Client Services, and find on-demand training options.

For information on the transition, visit [Highmark's website](#).

2. What is Provider Data Maintenance (PDM)?

The Provider Data Maintenance (PDM) tool allows professional providers to view and update their practice information. Most changes will be updated in real time.

[PDM User Guide](#)

3. How do I enroll a new Professional provider for credentialing?

If enrolled with the provider portal, visit Provider Data Maintenance (PDM), select "**Request Credentialing**," and complete the required data fields.

Alternatively, providers may complete the [Initial Credentialing Request Form](#).

4. How do I check the status of a Professional Provider Credentialing request?

If enrolled with the provider portal, visit Provider Data Maintenance (PDM) and select "**Review Credentialing Status**."

Note: Highmark has launched a dedicated live phone line for providers with questions about credentialing, standard contracts and the provider file directory. Reference the chart

below for the appropriate region. An all-inclusive list of phone numbers can be found on the Provider Resource Center, under [Contact us](#) in the upper right-hand corner.

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

5. How will I know when credentialing is approved?

Our Contracting team will add the eligible networks upon approval, and a Network Welcome Letter will be sent, detailing participation and effective dates.

Note: The Welcome Letter will not be sent out until the fully executed group contract has been received by Highmark and the provider has successfully been added to our networks.

6. How do I apply for Organizational Credentialing?

For Delaware Facility and Ancillary providers including Urgent Care Center/Retail Clinics and Behavioral Health Facility/Centers, complete the [Initial Application for Facility and Ancillary Providers](#).

7. How do I check the status of an Organizational Provider's Credentialing?

To check the status of a Facility or Ancillary application, please contact Highmark Provider Services for your Region (reference chart above).

Professional Providers (Practitioners)

1. What is a Professional Provider?

Professional Providers are practitioners. They are individuals who are credentialed and/or licensed to provide care.

2. What is an Advanced Practice Provider (APP)?

Advanced Practice Providers, also known as '**Mid-Level Providers**,' are trained health care providers who have a defined scope of practice. This means that they are trained and legally permitted to provide healthcare in fewer situations than physicians but more than other health professionals.

Note: Adding a Practitioner as a Mid-Level Practitioner does not require credentialing. This will allow for the Practitioner to be billed directly with their own NPI. Advanced Practice Providers are not listed in the directory.

3. What is the difference between enumerating an Advanced Practice Provider (APP) and Credentialing?

Enumerating an Advanced Practice Provider bypasses the credentialing process. APPs are added to all eligible Highmark Networks as a Mid-Level provider for billing purposes; however, APPs are not listed in the directory.

APPs are reimbursed at a lower rate than fully credentialed providers. For further information on the reimbursement reduction, review the [Reimbursement Policy for Advanced Practice Providers](#).

Form: [Advanced Practice Provider \(APP\) Enumeration Form](#)

4. What specialties are considered for Advanced Practice Providers?

Pennsylvania (PA), West Virginia (WV), and Delaware (DE) APP Eligible Practitioner Specialties:

Certified Midwife, Certified Registered Nurse (CRN) Clinical Nurse Spec, Certified Registered Nurse Anesthetist (CRNA), CRN Clinical Nurse Spec – Mental Health, CRN practitioner, CRNP PCP, Licensed Associate Marriage and Family Therapist (LAMFT) - Effective 06/01/2024 (PA or DE only), Licensed Associate Professional Counselor (LAPC) - Effective 06/01/2024 (PA or DE only), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Marriage and Family Therapists (MFT), Midwifery, PA PCP,

Pharmacist - WV or DE Enumeration Only (Must be practicing in WV or DE. Degree type will be Registered Pharmacist (RP)), Physician Assistant (PA), Psychology, Social Worker (SW)

New York (NY) APP Eligible Practitioner Specialties:

Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Marriage and Family Therapists (MFT)

Note: Advanced Practice Providers are not listed in the directory.

5. How often is credentialing needed for Professional Providers?

Network practitioners must be recredentialed at least every three (3) years.

6. How will I know when recredentiaing is due for Professional Providers?

Highmark will initiate the recredentiaing process approximately six months prior to the recredentiaing due date. Notification will be sent to the practitioner's Primary Practice advising recredentiaing is due.

7. I received a letter stating it is time for me/my provider to be recredentialed. What do I need to do?

1. Log in to CAQH ProView and grant global access to Highmark, if not already done.
2. Ensure the CAQH application is up to date and has been re-attested to.

Checking expired documents such as malpractice insurance, as incomplete or expired data could result in delays completing the recredentiaing process.

8. How do I add a new practitioner to my existing practice?

Registered [Availity](#) users can use the PDM tool to add a new practitioner; or complete the [Addition Request to Existing Assignment Account form](#).

9. How do I remove a practitioner from my practice?

Registered [Availity](#) users can use the PDM tool to delete a practitioner; or complete the [Provider Directory Update Form](#).

10. How do I change or add a new specialty to a practitioner's specialty?

Changes to a credentialed practitioner specialty can be requested by registered Availity users via the PDM tool, or by completing the [Provider Directory Update Form](#).

11. What is a Facility Based Provider Affirmation Statement?

A Facility Based Provider Affirmation Statement (also referred to as a PARE Attestation) should be used when services are delivered exclusively in a participating skilled nursing facility, participating ambulatory surgery center, inpatient hospital and/or freestanding inpatient or outpatient facility setting.

Note: Pare Providers are not listed in the directory.

Form: [Facility Based Provider Affirmation Statement](#)

Organizational Providers

1. What does 'Organizational' mean?

Organizational refers to Facility and/or Ancillary Providers. These are brick and mortar entities that provide care or services.

2. What is a facility?

Highmark defines "facilities" as those providers billing for services on the UB-04/837I format.

3. What is an Ancillary Provider?

Ancillary providers are freestanding and facility-based providers billing for services on the 1500/837P format.

4. What is an Urgent Care Center?

Urgent Care Centers provide the same services as a family doctor, including diagnosis and treatment of minor illnesses, sprains, and other injuries, as well as X-rays and blood tests. They are usually open 12 hours a day during the week and eight hours a day on weekends. Appointments are not required.

5. What is a Retail Clinic?

Retail Clinics provide basic health care services. They are usually located in drugstores and open all week, offering evening and weekend hours. Retail clinics are staffed by Certified

Registered Nurse Practitioners who diagnose and treat common health problems such as colds, flu, or rashes.

6. What Specialties are considered 'Behavioral Health' for credentialing purposes?

Inpatient Mental Health, Inpatient Residential Treatment Center - Substance Abuse, Outpatient Alcohol and Drug Counseling Agency with Practitioners, Outpatient IOP & PHP, Outpatient Autism Provider, Outpatient Mental Health, Outpatient Methadone Clinic, Outpatient Substance Abuse Behavioral Health Counseling Agency.

7. I am an Organizational provider with multiple locations. Do I need to credential them all?

Yes, Highmark credentials Organizational Providers at each location. When an existing entity is adding a new location, the new location must be credentialed before network participation.

8. How often is credentialing needed for Organizational Providers?

Organizational providers must be recertified at least every three (3) years. Atypical Provider Types are credentialed annually.

9. How will I know when it is time to recertify for Organizational Providers?

Highmark will initiate the recertification process approximately six months prior to the recertification due date. Notification will be sent to the Organizational provider advising recertification is due.

10. I received a letter stating it is time for my organization to be recertified. What do I need to do?

Complete the [Recertification Application for Facility and Ancillary Providers](#).

Note: You will be asked to upload supporting documents as applicable (e.g., Licensure, Medicare Approval, Accreditation).

11. How do I change my address? (Including Main practice, Mailing, Credentialing Mailing, and/or Check address)

For Organizational Providers: Complete the [Highmark Facility/Ancillary Change Form](#).

Provider Data Maintenance & Account Management

1. What is an Assignment Account?

Assignment Account is the Plan's term for a single provider or group of providers who wish to assign their right of payment to a single entity under a tax identification number.

2. How do I set up a new group practice with Highmark?

To create a new group practice with Highmark, complete the [Request for New Billing Practice \(Assignment Account\)](#). This form should not be used if you already have a group account with Highmark.

3. My contact information has changed; how can I update my phone number / fax number / email address?

For Professional Providers: Registered Availability users can update contact information via the PDM tool, or by completing the [Provider Directory Update Form](#).

4. How do I report a Leave of Absence?

Complete the [Leave of Absence form](#).

5. How do I report a return to practice, from a Leave of Absence?

When a provider is returning to practice from a Leave of Absence, complete the [Leave of Absence Form](#). This will allow for the reinstatement of network credentialing.

6. How can I terminate an existing Assignment Account?

Complete the [Provider Directory Update Form](#). When asked, "What element would you like to update?" select "**Terminate Practitioner from Practice Location(s) and/or Terminate Practitioner from Assignment Account.**"

When asked, "Do you wish to completely terminate a provider from your billing group?" Select **yes**.

You will be prompted to complete a "**Practice Termination Template.**" The Assignment Account will automatically be terminated when the last active practitioner in the group is terminated.

7. I need to terminate my existing Assignment Account AND ALSO create a new Assignment Account. What should I do?

1. Complete the [Request for New Practice \(Assignment Account\) form](#)
 - Wait to receive confirmation advising that a new account has been established.
2. Once confirmation is received, complete the [Provider Directory Update Form](#) to terminate the old account.

8. How can I report a Change in Ownership for my Organization?

Any changes in ownership which may include the Legal Name, Doing Business As name, NPI or Tax ID information should be reported using the [Change of Ownership \(CHOW\) Form](#).

Special Considerations & Closed Networks

1. What is Special Consideration?

Special Consideration is a process to consider network participation in certain markets where select specialties are closed to network enrollment.

If special consideration is approved, you will receive an application. Upon completion, the contracting and credentialing process to proceed with your request for Network participation.

If special consideration is denied, you will receive a denial letter from our Contracting Department.

Form: [Special Consideration Questionnaire](#)

2. What specialties have closed networks?

Durable Medical Equipment, Home Health Agencies, Hospice, In-Home Supportive Care, Skilled Nursing Facilities, Laboratories, and Orthotics and Prosthetics.

Note: Certain specialties are currently closed to network enrollment. In some markets, providers must submit additional documentation to be considered for network participation. This will occur before credentialing begins.

Key Terminology Glossary

Advanced Practice Providers (APP) - Also known as 'Mid-Level Providers' - are trained health care providers who have a defined scope of practice. This means that they are trained and legally permitted to provide healthcare in fewer situations than physicians but more than other health professionals.

Note: Adding a Practitioner as an Advanced Practice Provider does not require credentialing. This will allow the Practitioner to bill Highmark directly with their own NPI. This type of provider is not listed in the directory.

Ancillary Providers - Also known as Organizational Providers, Ancillary Providers are freestanding and facility-based providers billing on a 1500 claim form.

Assignment Account - The Plan's term for a single provider or group of providers who wish to assign their right of payment to a single entity under a tax identification number.

Availity® - Availity is a company that operates a multi-payer provider portal, called Availity Essentials, with easy-to-use online tools for health care providers. Established in 2001, Availity connects providers to health plans in the United States with tools for patient eligibility and benefits, claims status, and authorization to facilitate the business side of health care.

Certify OS – Highmark's new credentialing platform is powered by Certify OS, which will significantly improve turnaround times for credentialing applications.

Electronic Forms - All PIM forms are now electronic; eliminating the need to fax or email paper forms.

Enumeration - The process of obtaining a Highmark Identification Number to bill and submit claims to Highmark's reimbursement systems. Any billing provider that has been assigned a Blue Shield number has been enumerated.

Facility Providers - Also known as Organizational Providers, Facility Providers are medical entities billing on a UB-04 claim form.

Facility-Based Professional Providers (PARE Providers) - Practitioners who provide services to members exclusively in a participating facility such as skilled nursing facility, ambulatory surgery center, inpatient hospital and/or freestanding inpatient or outpatient facility setting and for members only because they are directed to the facility setting.

Medical Aid Units (MAUs) - Medical Aid Unit applies to Delaware providers only. In Delaware, a facility is an "Urgent Care Center (UCC)" and credentialed as such only if they are licensed as a Freestanding Emergency Center. Facilities providing urgent care that are not licensed as a Freestanding Emergency Center are called and credentialed as "Medical Aid Units (MAUs.)"

Organizational Providers - Refers to Facility and/or Ancillary Providers. These are brick and mortar entities that provide care or services.

PDM- The Provider Data Maintenance tool enables professional providers to view and update their practice information. Because Highmark relies on this information for member directories and efficient claims processing, it is essential that Highmark has the most current information about your practice.

Professional Providers - Non-institutional practitioners who provide care. They have the appropriate credentials to submit 1500 claim forms for medical services rendered.

Recredentialing - Re-verifying information to maintain network participation. Notification is sent approximately six months prior to the three-year credentialing period.

Recredentialing process - A letter will be sent when the recredentialing process begins, approximately six months prior to the recredentialing due date.

Retail Clinics (RC) - These provide basic health care services. They are usually located in drugstores and open all week. They offer evening and weekend hours. Retail clinics are staffed by Certified Registered Nurse Practitioners who diagnose and treat common health problems such as colds, the flu, or rashes.

Special Consideration - A process to consider network participation in certain markets where select specialties are closed to network enrollment.

Specialty Pharmacy - Serves patients with complex, chronic diseases delivering specialized clinical services.

Urgent Care Centers (UCC) – A facility offering services, like a family doctor, such as diagnosing and treating minor illnesses, sprains, and other injuries. Other services can be provided such as X-rays and blood tests. UCCs are typically open 12 hours on weekdays and 8 hours on weekends, and no appointment is needed.

Important Forms & Resources

[Advanced Practice Provider \(APP\) Enumeration Form](#)

[Addition Request to Existing Assignment Account](#)

[Change of Ownership \(CHOW\) Form](#)

[Facility Based Provider Affirmation Statement](#)

[Highmark Facility/Ancillary Change Form](#)

DE Providers Only: [Initial Application for Facility and Ancillary Providers](#)

[Initial Credentialing Request Form](#)

[Leave of Absence Form](#)

[Provider Directory Update Form](#)

[Recredentialing Application for Facility and Ancillary Providers](#)

[Request for New Billing Practice \(Assignment Account\)](#)

[Request to Add a New Practitioner to Existing Practice](#)

[Special Consideration Questionnaire](#)

Highmark References:

[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](#)

[Provider Manual](#)

[Highmark PRC \(Provider Resource Center\)](#)

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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.

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