16 – Credentialing

Overview

Introduction

Credentialing is the process by which Blue Cross and Blue Shield of New Mexico (BCBSNM) ensures that the physicians and certain other providers meet the professional standards that are described in the Credentialing Policy. The credentialing standards cover areas such as education, advanced training, board certification, licensure, disciplinary action, and legal action.

Credentialing is not synonymous with participation on a BCBSNM network. A physician or other provider may be denied participation in a BCBSNM network because the specialty or area of service is already adequately represented. Only physicians or other providers who are determined by the Credentialing Committee as having met credentialing standards are eligible to participate with BCBSNM. Due to state regulations and National Committee for Quality Assurance (NCQA) standards, we are required to perform primary source verification on a number of elements used for establishing credentials.

In the event that the credentialing information obtained from other sources varies substantially from that attested to by the provider, and the discrepancy affects or is likely to adversely affect the credentialing or recredentialing decision, we will notify the provider of the discrepancy. The provider will have the right to review information provided in support of his or her application and to correct erroneous information. Providers have the right to review information obtained by BCBSNM at any time except for information or recommendations that are protected by peer review. The provider has the right to receive the status of their credentialing or recredentialing application, upon request.

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Overview, Continued

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Medical Record Documentation Standards
16.1 Initial Credentialing

Initial credentialing occurs when a provider has not previously been credentialed by BCBSNM. The Credentialing Committee evaluates whether the provider meets credentialing standards. Information used in this deliberation includes, but is not limited to the following:

- Adequacy of training
- Appropriate licensure
- Appropriate board certification status (if applicable)
- Adequate backup coverage
- Appropriate hospital privileges (if applicable)
- Satisfactory record related to disciplinary, legal, licensing, substance abuse, and medical-legal history
- Adequate access and availability
- Adequate liability insurance coverage
- Adequate medical record keeping systems

Providers who do not meet credentialing standards may not participate in the BCBSNM networks.

**Note:** Before you can join the BCBSNM Provider Networks, you will need to be assigned a Provider Record. Please refer to [Section 3, Provider Services](#) of this manual for more information.

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Credentialing Process

Providers must use the Council for Affordable Quality Healthcare's (CAQH®) Universal Provider Datasource (UPD®) for initial credentialing and recredentialing. UPD, a **free online service**, allows providers to fill out **one** application to meet the credentialing data needs of multiple organizations. The UPD online credentialing application process supports our administrative simplification and paper reduction efforts. This solution also supports quality initiatives and helps to ensure the accuracy and integrity of our provider database.

CAQH is a not-for-profit collaborative alliance of the nation’s leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the UPD.

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16.1 Initial Credentialing, Continued

All New Mexico providers applying for initial or continuing participation with BCBSNM will be required to complete and submit their credentialing and recredentialing applications through UPD by accessing the CAQH website. Providers that do not have internet access may submit their application via fax to CAQH by first contacting the CAQH Help Desk at 888-599-1771.

**Note:** BCBSNM’s requirement of use of the UPD does not apply to physicians and other professional providers participating through delegated credentialing agreements/contracts or are solely practicing in a hospital based environment.

**Additional Resources**

<table>
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<th>CAQH Contact Information</th>
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<td>Help Desk (888) 599-1771</td>
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<td><strong>Online Application System:</strong> <a href="https://upd.caqh.org/oas/">https://upd.caqh.org/oas/</a></td>
</tr>
<tr>
<td>Help Desk E-mail Address: <a href="mailto:caqh.uphelp@acsgs.com">caqh.uphelp@acsgs.com</a></td>
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<tr>
<td>Help Desk Hours: 5 a.m. – 7 p.m., MT, Monday – Thursday 5 a.m. – 5 p.m., MT, Friday</td>
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<td>Fax Supporting Documentation to: (866) 293-0414</td>
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**Provider and Practice Administrator Quick Reference Guide:**

*The Council for Affordable Quality Healthcare, Inc. (CAQH) is a not-for-profit collaborative alliance of the nation’s leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the Universal Provider Datasource.*

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16.1 Initial Credentialing, Continued

Office Based Physicians or Other Professional Providers

BCBSNM requires full credentialing of the physicians and other professional providers listed below for participation in the networks.

- MDs and DOs
- DDSs (oral and maxillofacial surgery)
- licensed physical therapists, occupational therapists
- optometrists, audiologists, speech and language pathologists
- behavioral health providers*
- physician assistants, surgical assistants, advanced practice nurses, certified midwives, registered nurse first assistants, when required
- podiatrists
- chiropractors
- acupunctureists

* The licensing board for psychologists (PhDs) does not provide a quick verification method of a provider’s license. PhDs will be fully credentialed and made effective after credentialing approval.

Note: If you are a provider that requires one of the following additional forms listed below, you must complete and forward by fax to 866-290-7718 or 505-816-2688.

- Hospital Coverage Letter – required for those providers who do not have admitting privileges at a participating network hospital
- Behavioral Health Professional Areas of Expertise – required for all behavioral health professionals
- APN Prescribing Authority Supplemental Questionnaire – required for an Advanced Practice Nurse who plans to prescribe controlled substances and holds a current DEA and State Controlled Substance Certificate.
- PA Prescribing Authority Supplemental Questionnaire – required for a Physician Assistant who plans to prescribe controlled substances and holds a current DEA and State Controlled Substance Certificate.

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16.1 Initial Credentialing, Continued

Follow the table below to submit a request for contracting/participating in the New Mexico networks.

- Eligible specialties include, but are not limited to, anesthesia, emergency medicine, radiology, pathology, neonatology and hospitalist.
- The facility based application **only** applies to providers who practice **exclusively** in a facility, **either a hospital OR a freestanding outpatient facility**.

Hospital or facility based providers must have the following:
- Hospital privileges
- Type 1 NPI #
- New Mexico State Board of Medical Examiners license (temporary permit is acceptable) or appropriate New Mexico licensure
- Certificate/AANA# (applicable to CRNA providers only)

**Note**: A BCBSNM provider record does not automatically activate the New Mexico network. Claims will be processed out-of-network until the provider has applied for network participation, been approved and activated in the network.

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<th>Then…</th>
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<td>with a medical group that is currently contracted with New Mexico networks</td>
<td>complete the <a href="#">Facility Based Provider Application</a> and fax to 866-290-7718 or 505-816-2688.</td>
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| a solo practitioner or medical group interested in contracting as a facility based provider with New Mexico network | • Request a BCBSNM Provider Record for each provider billing under the Tax Identification Number. *(Note: If applicable record does not already exist)*  
• Complete the [Facility Based Provider Application](#) and fax to 866-290-7718 or 505-816-2688. |
16.2 Getting Started with CAQH

Activating Your UPD Registration

Participating providers must have a CAQH Provider ID to register and begin the credentialing process.

First Time Users

- **If you are not registered with CAQH** – When you obtain a BCBSNM Provider Record for claim payment and submit a current signed BCBSNM contract/agreement, BCBSNM will add your name to its roster with CAQH. CAQH will then mail the access and registration instructions to you, along with your personal CAQH Provider ID, allowing you to obtain immediate access to the UPD via the Internet.
- When you receive your CAQH Provider ID, go to the [CAQH website](#) to register.

**Note:** Registration and completion of the online application is free. Once registration is completed, you may use your UPD user name and password to log in at any time.

Existing Users

If you are already registered with CAQH and completed your UPD application through your participation with another health plan, log in to the UPD and add BCBSNM as one of the health plans that can access your information.

Refer to Authorize Tab instructions in the [CAQH Reference Guide](#).

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16.2 Getting Started with CAQH, Continued

Completing the Application Process

The UPD standardized application is a single, standard online form that meets the needs of all participating health care organizations. When completing the application, you will need to indicate which participating health plans and health care organizations you authorize to access your application data. All provider data you submit through the UPD service is maintained by CAQH in a secure, state-of-the-art data center.

When you are ready to begin entering your data, log in to the UPD with your user name and password. The online guide will describe the materials and information needed to complete the application.

View the application process.

Also refer to the Provider and practice administrator reference guide.

If you have any questions on accessing the UPD database, you may contact the CAQH Help Desk at (888) 599-1771 for assistance.

Note: BCBSNM may need to supplement, clarify or confirm certain responses on your application with you. Therefore, you may be required to provide us with supplemental documentation in some situations, in addition to the information you submit through the UPD.

Visit the CAQH website for more information about the UPD and the application process.

Updating your Information

Keeping your information current with CAQH and BCBSNM is your responsibility.

Updating your BCBSNM provider file:
BCBSNM members rely on the accuracy of the provider information in our online Provider Finder®. This is why it’s very important that you inform BCBSNM whenever any of your practice information changes. If you are a participating provider with BCBSNM, you may request most changes online by emailing us.

CAQH Universal Provider Datasource (UPD):
You will be sent automatic reminders from CAQH to review and attest to the accuracy of your data. Use the UPD database to report any changes to your practice.
16.3 Recredentialing

Recredentialing occurs at regular intervals after initial credentialing. Currently the interval is 36 months, but this interval could change. Contact the Network Services Department for the most current information.

As a part of recredentialing, the Credentialing Committee evaluates whether the provider continues to meet credentialing standards. Information used in this deliberation includes, but is not limited to the following:

- Disciplinary, legal, licensing, substance abuse, or medical-legal actions occurring since last review
- Maintenance of adequate malpractice insurance
- Adequate medical record keeping
- Adequate medical record documentation (standards for medical record documentation are with the attachments at the end of this section)
- Member or patient complaints and compliments
- Cooperation with quality assurance and other activities in accordance with the expectations of providers to cooperate with these activities
- Participation in professional committees
- Participation in quality improvement, condition management, and clinical practice guideline activities

Providers who do not meet recredentialing standards may not continue to participate in the BCBSNM networks unless BCBSNM executive management determines there is a compelling reason to dismiss a minor issue in a case that otherwise meets the intent of passing recredentialing standards.

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16.3 Recredentialing, Continued

The process of recredentialing is identical to that for credentialing, and is consistent with NCQA and State of New Mexico requirements.

If you are not currently registered with CAQH, BCBSNM will add your name to its roster with CAQH. CAQH will then mail to you the access and registration instructions, along with your personal CAQH Provider ID, allowing you to obtain immediate access to the Universal Provider Datasource (UPD) via the Internet to complete and submit your application. This will help you to conform to the requirements of your provider contract/agreement to continue your participation with BCBSNM's networks.

If you are an existing user of CAQH, you are required to review and attest to your data once every four months. At the time you are scheduled for recredentialing, BCBSNM will send your name to CAQH to determine if you have already completed the UPD credentialing process and authorized BCBSNM or selected "global authorization". If so, BCBSNM will be able to obtain current information from the UPD database and complete the recredentialing process without having to contact you.

If you are contracted for the Medicaid network, a provider disclosure must be completed and submitted with your current documents to CAQH as part of the complete application packet.

Note: If you are a provider that requires one of the following additional forms listed below, you must complete and forward by fax or mail to BCBSNM as indicated below.

- **Hospital Coverage Letter** – required for those providers who do not have admitting privileges at a network hospital.
- **Behavioral Health Professional Areas of Expertise** – required for all behavioral health professionals.
- **APN Prescribing Authority Supplemental Questionnaire** – required for an Advanced Practice Nurse who plans to prescribe controlled substances and holds a current DEA and State Controlled Substance Certificate.
- **PA Prescribing Authority Supplemental Questionnaire** – required for a Physician Assistant who plans to prescribe controlled substances and holds a current DEA and State Controlled Substance Certificate.
16.3 Recredentialing, Continued

Re-credentialing Process (continued)

Forward applicable completed form(s) to BCBSNM:
Fax to: 866-290-7718 or 505-816-2688 (preferred method)
or
Mail to:
Blue Cross and Blue Shield of New Mexico
Network Services Department
P.O. Box 27630
Albuquerque, NM 87125-7630
16.4 Site Visits

Site Visits

As part of credentialing or other special Quality Improvement projects, BCBSNM may need to visit your practice. The purpose is to establish that the site meets safety standards, that appropriate clinical and record keeping policy and processes are in place, and that medical record practices meet BCBSNM Medical Record Documentation standards. In addition, if we receive a pattern of complaints from our members, we will schedule a site visit in follow-up. Prior notification of any visit will include information on the nature of the visit and what aspects of the site and/or care processes will be monitored. A site visit score of 75% is required for the site visit to be in compliance with credentialing standards.

The site visit is an excellent opportunity to meet face-to-face and share information. We may take advantage of such visits to provide practice support tools (guidelines, reminders, and patient give-aways). We hope you will also use these visits as an opportunity to get questions answered, give feedback, and get to know our staff. Our goal is to be as minimally intrusive and maximally helpful as possible.

16.5 Appeals to Network Terminations

Appeals to Network Terminations

A provider who does not continue to meet credentialing standards will no longer be eligible for participation in the network. In those cases, BCBSNM will terminate its provider agreements with the provider. When a provider’s relationship is terminated, BCBSNM offers a full set of appeal rights, including the right to correct erroneous information and the right to an informal fair hearing in compliance with all applicable Division of Insurance regulations regarding provider terminations contained within the New Mexico Managed Health Care Plan Rule. These appeal rights are described in detail in Section 15, Resolution of Provider Disputes.
16.6 Delegation

Under certain infrequent circumstances, some functions ordinarily assumed by BCBSNM are delegated. For example, as discussed above, primary source verification of credentials may be delegated to a Credentials Verification Organization (CVO). Credentialing functions, utilization management, and quality management may be delegated to other entities such as Independent Practice Associations (IPAs). Such delegation is always established through written agreement.

Physicians and other providers who are contracted with entities to whom BCBSNM has delegated certain functions should be aware that BCBSNM retains ultimate authority for that function.

For example, a physician may be credentialed by an IPA that contracts its services to BCBSNM. If that IPA has been granted delegated status for credentialing, it would not be necessary for the physician to undergo separate credentialing by BCBSNM. However, the participation of that physician with BCBSNM remains subject to that physician meeting BCBSNM credentialing standards. Regardless of whether the physician has been credentialed by the IPA, if BCBSNM determines that the physician does not meet credentialing standards, that physician may be denied participation with BCBSNM.

If the IPA loses its delegated status for any reason (such as contractual changes), BCBSNM will re-assume responsibility for credentialing and recredentialing of providers who continue to serve on the BCBSNM network. However, the fact that a provider met credentialing standards with a delegated IPA does not assure or guarantee that BCBSNM credentialing standards are met, or that BCBSNM will pursue a contract with that provider.

Questions about delegation should be directed to the delegated entity or to the QMI Department at BCBSNM.
16.7 Medical Record Documentation Standards

The medical record is often key to quality of care, particularly as the complexity of medical care grows. Medical Record Documentation Standards for BCBSNM network providers are included in the Attachments section below. Providers are expected to be in full compliance with medical record documentation standards.

16.8 Attachments

Medical Records Documentation Standards
Medical Records
Documentation Standards

A. Confidentiality and Security Standards:
1. Records treated as confidential information
2. Stored in a centralized secure location accessible only to authorized personnel who are periodically provided training for confidentiality and security of patient information
3. Retrievable in timely manner by office staff and practitioners
4. Confidential information is released only in accordance with applicable state and federal laws
5. Appropriate safeguards are in place to protect the confidentiality of the medical record, in compliance with applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA)

B. Minimum Documentation Standards:
1. Record must be legible, timely, current, detailed and organized to permit effective and confidential patient care and quality review
2. Each chart entry must be dated
3. Each chart entry must have author identification and title with a legible signature and co-signature (if applicable)
4. Two forms of patient identification information must be noted on each printed page (e.g., name and DOB)
5. Personal biographical data (i.e., date of birth, sex, race/ethnicity, mailing/residential address, employer, telephone number(s), emergency contact information, marital status, consent forms, guardianship information)
6. Signed release of information allowing for communication between behavioral health provider and primary care provider. If member refuses to allow such communication, this should be documented (behavioral health only)
7. Past medical history for patients seen two or more times includes:
   a. Problem list for tracking significant illness and conditions
   b. Relevant family history
   c. Medication history to include medication strength, directions, and effectiveness of medication
   d. Social history, including but not limited to, tobacco and alcohol use and/or substance abuse for ages 12 and older
8. Allergies and the adverse reactions in a uniform location of the record; or notation of no known allergy (NKA) or no known drug allergy (NKDA), if applicable
9. History or other subjective data and physical exam or other objective data for the presenting complaint, including relevant psychological and social conditions affecting the patient’s physical and behavioral health status
10. For medications prescribed, documentation must include name, strength, amount, direction for use, and refills. Effectiveness should be documented upon follow up.

11. Diagnosis is documented for each patient visit

12. Treatment/follow up plan and patient discharge instructions for each encounter

13. Preventive health services reviewed and documented for patients of all ages, such as but not limited to, immunizations, well visits, weight counseling and BMI assessment, etc. (physical health only)

14. Diagnostic test results and other prescribed therapies, with evidence of provider review and patient notification of abnormal results

15. Coordination of care between providers to include referrals, with evidence of provider review and treatment plan integration of consultation, therapy, home health, emergency care and other reports

16. Advance directives or the documentation of discussion of advance directives for ages 18 and older (physical health only)