Overview

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 Medical Director and/or 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. Please provide BCBSNM with your CAQH Provider ID.

The credentialing process for providers is initiated on the receipt of a completed credentialing application by BCBSNM. Once an applicant submits a credentialing application, BCBSNM will respond, via certified mail, whether the application is complete and accepted, or is incomplete and what information is missing. BCBSNM will make a decision regarding the credentialing application and notify the applicant within 45 days, by certified mail and email (if available), after the receipt of a completed credentialing application. If the credentialing application decision is delayed beyond 45 days and the provider has submitted clean claims for covered services, the provider may then submit a Credentialing and Reimbursement Dispute Resolution Form. For additional information regarding provider payment and provider credentialing requirements, see Sections 13.10.28.1, et seq., NMAC.

In some cases, credentialing information obtained from other sources may vary substantially from that attested to by the applicant, i.e., physician or provider. If the discrepancy affects or may adversely affect the credentialing or recredentialing decision, BCBSNM Credentialing will notify the applicant in writing, prior to the final decision, of the discrepancy. The applicant will have the right to review information submitted to support their credentialing application including information obtained by the Health Plan from outside sources. However, information that is peer review protected, e.g., references, recommendations, other third party information, will not be disclosed. BCBSNM Credentialing will allow the applicant thirty (30) calendar days to comment and/or correct the erroneous information. Credentialing decisions will not be made until the applicant has responded to, or if the response time has exceeded the thirty (30) calendar days allocated. Upon request, the applicant may receive the status of their credentialing or recredentialing application.
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16.1 Initial Credentialing

16.1.1 Overview

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, for more information.

16.1.2 Credentialing Process

Providers must use the Council for Affordable Quality Healthcare’s (CAQH®) ProView™ for initial credentialing and recredentialing. CAQH ProView, a free online service, allows providers to fill out one application to meet the credentialing data needs of multiple organizations. The CAQH ProView 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.

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 CAQH ProView by accessing the CAQH website. Providers that do not have internet access may submit their application via mail to CAQH by first contacting the CAQH Help Desk at 888-599-1771.

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

Providers can obtain the current status of their credentialing application by contacting the Provider Relations Representative assigned to the provider’s region.

A full list of Provider Relations Representatives is available in the Network Contact List under the Contact Us section of the BCBSNM provider website, bcbsnm.com/provider.

16.2.4 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
• acupuncturists

*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.

16.2 Getting Started with CAQH

16.2.1 Activating your CQAH ProView 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 unique CAQH Provider ID, allowing you to obtain immediate access to CAQH ProView 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 CAQH ProView user name and password to log in at any time.

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

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

16.2.2 Completing the CAQH Credentialing Profile

The CAQH ProView utility is a single, standard profile that meets the needs of all participating health care organizations. When completing the profile, you will need to indicate which participating health plans and health care organizations you authorize to access your profile data. All provider data you submit through CAQH ProView 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 CAQH ProView with your user name and password. The online guide will describe the materials and information needed to complete the profile.
For more information about how to complete your ProView profile, please refer to the CAQH ProView Provider User Guide and the Provider Quick Reference Guide.

If you have any questions on accessing CAQH ProView, 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 profile with you. Therefore, you may be required to provide us with supplemental documentation in some situations, in addition to the information you submit through CAQH ProView.

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

16.2.3 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 ProView:
You will be sent automatic reminders from CAQH to review and attest to the accuracy of your data. Use CAQH ProView to report any changes to your practice.

16.3 Recredentialing

16.3.1 Overview

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
- Member or patient complaints
Providers who do not meet recredentialing standards may not continue to participate in the BCBSNM networks.

### 16.3.2 Recredentialing Process

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

Please provide BCBSNM with your CAQH Provider ID.

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 CAQH ProView 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 six months. At the time you are scheduled for recredentialing, BCBSNM will send your name to CAQH to determine if you have already completed the CAQH ProView credentialing process and authorized BCBSNM or selected “global authorization”. If so, BCBSNM will be able to obtain current information from the CAQH ProView database and complete the recredentialing process without having to contact you.

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

If you are unable to utilize the CAQH ProView utility, contact your BCBSNM Provider Network Representative to begin a manual credentialing process.

### 16.4 Appeals of 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 Grievances.
16.5 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.

16.6 Attachments

- Credentialing and Reimbursement Dispute Resolution Form
- 13.10.28 NMAC