Initial Credentialing and Recredentialing Process

Beginning in April 2018, BCBSTX will be utilizing the services of a Centralized Verification Organization (CVO). All new and currently contracted Medicaid professional and facility providers with BCBSTX will begin to receive notifications from Aperture® who is the CVO that BCBSTX is using, regarding initial credentialing events and information about the new common recredentialing date that will be assigned. Informational notifications, provider presentations, facility applications and instructions, a webinar, and FAQs can be found on the following sites: https://connect.tahp.org/news/379282/CVO-Implementation-Updates.htm

Facility Providers ONLY: Facilities can submit their credentialing application through Availity™. An Availity portal demonstration for providers is located

here: https://360.articulate.com/review/content/ce05cf82-dd85-4c73-9368-0a081fb42574/review

If you have questions, please contact your local Network Management Office: mail to: TexasMedicaidNetworkDepartment@bcbstx.com

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Aperture is a trademark of Aperture Credentialing, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. "Aperture" provides administrative services to BCBSTX. If you have any questions about the products or services offered by such vendor, you should contact the vendor directly

BCBSTX requires physicians and other professional providers to use the Council for Affordable Quality Healthcare's (CAQH®* ProView) for initial credentialing and recredentialing. CAQH ProView, a free online service, allows physicians and other professional providers to fill out one application to meet the credentialing data needs of multiple organizations. The CAQH ProView database 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. Providers will be able to utilize the ProView database at no cost.

Texas physicians and other professional providers who have a provider type listed in the **CAQH Approved Provider Types** list below must apply for initial or continuing participation with BCBSTX

through the CAQH ProView database by accessing the CAQH website. Go to Getting Started with CAQH ProView.

CAQH Approved Provider Types

CAQH will only accept providers who have a provider type on their approved provider types list:

CAQH Approved Provider Types	
Standard	Medical Doctor (MD), Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD),
Provider	Doctor of Podiatric Medicine (DPM), Doctor of Chiropractics (DC), Doctor of Osteopathy (DO)
Types	
Allied	Acupuncturist (ACU), Audiologist (AUD), Biofeedback Technician (BT), Alcohol/Drug
Provider	Counselor (ADC), Christian Science Practitioner (CSP), Clinical Nurse Specialist (CNS),
Types	Clinical Psychologist (CP), Clinical Social Worker (CSW), Professional Counselor (PC),
	Licensed Practical Nurse (LPN), Massage Therapist (MT), Marriage/Family Therapist (MFT),
	Naturopath (ND), Neuropsychologist (NEU), Midwife (MW), Nurse Midwife (NMW), Nurse
	Practitioner (NP), Nutritionist (LN), Occupational Therapist (OT), Optometrist (OD), Optician
	(DT), Physicial Therapist (PT), Registered Dietician (RD), Registered Nurse (RN), Certified
	Registered Nurse Anesthetist (CRNA), Registered Nurse First Assistant (RNFA), Respiratory
	Therapist (RT), Speech Pathologist (SLP)

Exceptions:

- BCBSTX's requirement of use of the CAQH ProView database does not apply to physicians and other professional providers participating through delegated credentialing agreements/contracts or are solely practicing in a hospital based environment.
- 2. Texas physicians and other professional providers who do not have a provider type listed in the above CAQH Approved Provider Types list must go to the <u>TDI website</u>

 to access and complete a Texas Standardized Credentialing Application, and fax or mail to BCBSTX the completed application along with the required supporting documents referenced below:
 - State medical license(s)
 - o Drug Enforcement Administration (DEA) Certificate
 - Malpractice insurance face sheet
 - Summary of any pending or settled malpractice case(s) if within 10 or less years old
 - Curriculum Vitae
 - Signed Attestation (page 18 of online application print and sign)

o Written Protocol (Nurse Practitioners only)

Additional Forms Required by BCBSTX for Credentialing

If you are a physician or other professional provider that requires one of the following additional forms listed below, you must complete the form(s) and forward to BCBSTX:

- Hospital Coverage Letter required to be submitted to BCBSTX for those providers who do not have admitting privileges at a participating network hospital.
- Behavioral Health Form required to be submitted to BCBSTX for all Behavioral Health Providers.
- <u>APN Supplemental Questionnaire Prescribing Authority</u> required for a APN who plans to prescribe controlled substances and holds a current DEA and State Controlled Substance Certificate.
- PA Supplemental Questionnaire Prescribing Authority required for a PA who plans to prescribe
 controlled substances and holds a current DEA.
- Optometrist Supplemental Questionnaire Prescribing Authority required for Therapeutic
 Optometrist and Optometric Glaucoma Specialist who plan to prescribe controlled substances and hold a current DEA and DPS Certificate.
- PA Supervising Physician and Protocols & Duties Supplemental Questionnaire required for Physician Assistants to provide the name of their Supervising Physician and attest to having protocol/duties.
- APN Supervising Physician and Protocols & Duties Supplemental Questionnaire required for APN to provide the name of their Supervising Physician and attest to having protocol/duties.
- Ophthalmology Treatment Expertise Required for Ophthalmologists to indicate if their practice includes retinal surgery.

Forward completed application packet to BCBSTX:

Fax to: 972-996-8230 (preferred method)

or

Mail to:

Blue Cross and Blue Shield of Texas

Attn: Provider Administration

P.O. Box 65067

Dallas, TX 75265-0267