



BlueCross BlueShield  
of New Mexico

Blue Cross  
Community Centennial<sup>SM</sup>  
*A Centennial Care Plan*



# Provider Credentialing & Re-credentialing Process

1/9/2014

Note: Materials are subject to change based on ongoing feedback, newly communicated information and internal revisions.

Services are funded in part under a contract with the State of New Mexico.

Blue Cross and Blue Shield of New Mexico refers to HCSC Insurance Services Company (HISC), which is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company. Both HISC and HCSC are Independent Licensees of the Blue Cross and Blue Shield Association.



# Credentialing & Re-credentialing

Providers will maintain compliance with all Credentialing/Re-credentialing standards, State, and Federal regulations as a condition of continued participation.

- It is the responsibility of the applicant to provide all updates as a requirement of continued participation. Failure to do so may be grounds for termination.
- Changes in provider demographic information or changes in licensure or accreditation status will be reported immediately upon availability to BCBSNM Network Management Office and to the New Mexico Centennial Care Provider web portal.

<https://nmmedicaid.acs-inc.com/static/providerlogin.htm>



# Credentialing & Re-credentialing

Prior to contracting, and during re-credentialing (every three (3) years), BCBSNM verifies that the applicant is in good standing with state and federal regulatory bodies by requiring the following:

- Complete the business application (Initial Credentialing Only);
- Compliance with all state and federal licensing and regulatory requirements (i.e. licensing boards, accrediting bodies, CMS);
- An active license that has not been revoked, terminated, probated, or suspended;



# Credentialing & Re-credentialing

- Current Accreditation or certification by an industry recognized accrediting body as specified in the accreditation/certification section for each institutional provider type;
- Proof of liability insurance;
- Absence of Medicare and Medicaid suspensions or exclusions;
- Completed Provider Disclosure of Ownership and Control Interest Form.
- Any other documentation necessary to establish that credentialing/re-credentialing standards are met and that the applicant meets and continues to meet all applicable state and federal regulations.



# Credentialing & Re-credentialing

- All New Mexico providers applying for initial or continuing participation with BCBSNM will be required to complete and submit their credentialing or re-credentialing application by accessing the CAQH application website.
- The Application can be completed on-line and can be accessed at <http://upd.caqh.org/oas/>
- Additional Resources and CAQH Contact Information:
- Help Desk E-mail Address:  
[caqh.uphelp@acsgs.com](mailto:caqh.uphelp@acsgs.com)
- Faxing Supporting Documentation to: (866) 293-0414.
- Help Desk Hours:
  - 5 a.m. -7 p.m. MT, Monday – Thursday
  - 5 a.m. -5 p.m. MT, Friday



## **Application Review**

- Credentialing Department reviews provider applications to ensure all required documentation is received.

## **Site Visits**

- All Primary Care Physicians, OBGYN's and BH Practitioners will require a site visit.
- The BCBSNM Quality Department will make contact to schedule required site visits.



# Credentialing & Re-credentialing

The process of Re-credentialing is identical to that for credentialing, and is consistent with NCQA and State of New Mexico requirements and is required every three (3) years.

- CAQH will send providers a notification every 120 days instructing them to visit their website at <http://upd.caqh.org/oas/> to update their online application and re-attest that the information is accurate and complete.
- This process maintains the on-line application in a state of constant readiness so that it is available to health plans and hospitals for initial credentialing and re-credentialing as needed.