



CAQH Frequently Asked Questions for HMO Groups and Providers

Q1: *Can I continue to use CredSmart?*

A1: As of July 1, 2010 CredSmart electronic initial credentialing applications are no longer being accepted. CredSmart recredentialing applications are no longer being accepted after Aug. 1, 2010.

Q2: *After the CredSmart electronic applications process is eliminated, can the MG/IPA still submit an Illinois Credentialing application to the credentialing department? If not, is the entire process going to be through CAQH?*

A2: No, paper State of Illinois Credentialing/Recredentialing Business Data Gathering Forms will not be accepted after July 1, 2010. The entire process must be completed through CAQH.

Q3: *What if I have a provider who does not participate with CAQH? Our MG/IPA does not have access to CAQH. What should I do in this instance?*

A3: In order for the provider to gain access to complete the on-line CAQH application, he/she will need to be added to the BCBSIL provider roster. To initiate this process, the MG/IPA will need to submit to BCBSIL the 3-page HMO application, service agreement, and NPI enumerator letter. This will allow us to set the provider up in our database. Once the provider is established, CAQH will mail the provider a welcome/registration packet that includes the provider's user name and password. Once this information is received, the provider, or designee, may begin the registration process and completion of the application.

Q4: *What is the turn around time for receiving a CAQH number for initial providers?*

A4: Once the provider is established in our database, the CAQH packet will be mailed within 3 business days. However, a MG/IPA can contact CAQH to obtain the provider's CAQH number and not wait for the packet to be received.

Q5: *Will CAQH numbers be sent to the MG/IPA or the provider?*

A5: CAQH numbers will be sent to the provider, since the provider owns the information.

Q6: *If a provider leaves gaps on the CAQH form, how will the Enterprise Credentialing Team handle this? Will they notify the provider or the MG/IPA?*

A6: If the provider leaves a gap, and does not provide an explanation to CAQH, the MG/IPA will be contacted to assist in gathering the information from the provider. If information is provided as to why the gap is present, it will be reviewed by the Medical Director and/or committee for an appropriate evaluation and decision.

Q7: Are we required to submit the BCBSIL Attestation or is the CAQH attestation sufficient?

A7: No, the CAQH attestation is sufficient.

Q8: How does a MG/IPA /large practice obtain the status of their provider application with CAQH?

A8: Since the provider owns the information, the provider would have to grant access to their information. However, in the future we plan to provide the MG/IPAs with reports delineating their provider's status in CAQH.

Q9: Can I (provider) authorize access to my CAQH record to my office staff?

A9: Yes, you can choose to provide your office staff with your unique user name and password. Also, you may authorize your practice administrator to input information for you through the Practice Manager Module (PMM). You will be responsible for verifying all information entered in the PMM on your behalf is accurate prior to importing the information into your record in the Universal Provider Data source. You are also responsible for the use and maintenance of your usernames and passwords.

The Practice Administrator Module is specifically designed for office managers, and will allow the office manager to create information for a provider's credentialing record, then copy/reuse this information for other providers in their group. The office manager will need to register as a Practice Administrator. Once the registration process is complete, the office manager will be assigned a username and password. The username and password may be used to associate providers to practice records that you create.

Q10: What can the MG/IPA do in the Practice Manager's Module?

A10: The MG/IPA can manage a list of providers for their practice with the ability to enter information related to:

1. Practice Locations
2. Hospital Affiliations
3. Professional Liability Insurance

Q11: Can a MG/IPA establish the same log in ID# for various providers within their group?

A11: Yes, in the Practice Manager's Module, the MG/IPA can establish the same login ID. The provider's login ID cannot be changed due to the ID number being unique to the provider.

Q12: How does a management company for a MG/IPA gain access to CAQH?

A12: A management company can set up a "Practice Manager's Module. (Refer to Q9)

Q13: How do I access without paying the fee?

A13: The provider can choose to grant the MG/IPA or large practice access to their account by providing their unique username and password.

Q14: If a provider does not have access to a computer, what options are available to complete the CAQH process?

A14: A provider may contact the CAQH Help Desk at (888) 599-1771 to complete an application over the phone or request a paper copy via mail. However, the provider will still be required to fax the supporting documents to finalize the CAQH application process.

Q15: Does BCBSIL have CAQH information posted on the website?

A15: Yes. You can visit the BCBSIL website at <http://www.bcbsil.com/provider/network/credentialing.html>. The website provides a guide to the CAQH process.

Q16: Will BCBSIL continue to accept the Illinois State form? (IL law prohibits the use of any additional forms where fields already exist on the IL state form).

A16: Yes, the provider or the provider's designee must complete the online CAQH application and select the IL State form (IL providers). Under the Illinois Department of Professional and Financial Regulations Administrative Code Title 77: Public Health Section 965.130 Use of Uniform Credentialing Forms Section E: This section does not prohibit or *restrict the right of a health care entity, health care plan or hospital to request additional information necessary for credentialing or recredentialing.* (Section 15(i) of the Act) Nothing in this Part prohibits a pre-application process from being in place at a health care entity, health care plan, or hospital.

Q17: Is the MG/IPA responsible for forwarding copies of the current HMO Application form (renamed Pre-application Form), signed medical service agreements, and a copy of the enumerator letter verifying NPI assignment?

A17: Yes, for initial providers only.

Q18: Is the HMO Application Form (renamed Pre-application Form) to be used for both credentialing and recredentialing applications?

A18: No, the application form is for initial credentialing only. For recredentialing, providers are rostered in CAQH based on the single cycle Recredentialing schedule to determine if their information is complete and accessible to BCBSIL. If both criteria are met, the CAQH application will be pulled and processed from Recredentialing. If one of these criteria is missing, the provider will be notified by CAQH to complete, update and/or authorize BCBSIL to access their information.

Q19: Can the MG/IPA provide the information requested on the HMO Application Form (renamed Pre-application Form) on a database form or profile? Will this still be acceptable as long as it is complete and in similar format?

A19: Yes, a different form is acceptable.

Q20: On page 2 of the HMO Application form (renamed Pre-application Form), what is the definition of Primary Specialty versus Practice Specialty 1?

A20: The primary specialty and the practicing specialty could be one in the same. For example, a provider may be board certified and practicing in Internal Medicine; whereas, Internal Medicine is considered the primary and practicing specialty. However, a provider could be board certified in Internal Medicine but practicing in Gastroenterology, whereas, Internal Medicine would be the primary and Gastroenterology the practicing specialty.

Q21: Do we need to submit a separate request to add an HMO and BCH provider, who is joining the same group?

A21: No, only one request for CAQH is required; both networks will be added for processing.

Q22: *We currently request to ‘link’ new MG/IPA providers who are already credentialed with HMO Illinois or BlueAdvantage HMO. What will be required to request a ‘link’?*

A22: To request a link, a profile is needed that includes the provider’s demographic information (eg. name, license, specialty, primary office address, and phone number) and a signed medical service agreement.

Q23: *How are providers notified that it is time for Recredentialing?*

A23: When the provider is rostered by BCBSIL, CAQH will notify new providers to complete the initial CAQH process and existing providers to complete updates, if applicable. Also, the MG/IPA is notified in a roster format via email that it is time for their provider(s) to be recredentialed.

Q24: *BCBSIL will request information from the MG/IPA for providers undergoing recredentialing. Will we still receive the same type of recredentialing requests?*

A24: Yes, the MG/IPA credentialing coordinator will receive a roster identifying providers that are incomplete or not accessible in CAQH. Providers that are in CAQH and all of their information is complete, will not appear on the MG/IPA Recred roster.

Q25: *What method should be used to request a recredentialing application for a provider?*

A25: BCBSIL will determine if the provider is in CAQH and if we have access to their data. If accessible and complete, the application will be downloaded and the recredentialing process will begin. If the provider is not accessible or information is incomplete, the provider will appear on your recred roster. CAQH will reach out to those providers to request that the appropriate information/updates be completed to allow BCBSIL to access their data.

Q26: *What is the MG/IPAs responsibility to ensure the provider is recredentialed?*

A26: Follow-up with your providers to ensure they are checking their mail and/or making the appropriate updates in CAQH.

Q27: *The current credentialing staff has been very helpful in the credentialing process. Going forward, will the MG/IPA have credentialing analysts to contact when questions arise?*

A27: No, the MG/IPA will not have a Credentialing analyst to contact. However, there will be a designated person to respond to Credentialing questions. Please contact your HMO Provider Network Consultant (PNC). For initial credentialing, the MG/IPAs will need to follow-up with their HMO PNC for status. If there is a problem with the application, the Enterprise Credentialing Team will contact the MG/IPA to request additional information and provide follow-up contact information. When a provider is being re-credentialed, the MG/IPA will be notified and general contact information will be provided.