

Brighton Health Plan Solutions (BHPS) Credentialing Process

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INDIVIDUAL PROVIDER CREDENTIALING

All individual providers seeking participation in our provider network must go through the credentialing process.

The following are the minimum requirements for individual provider participation qualification:

- Application and attestation, Magnacare/MagnaCare Casualty/Create® or current, attested CAQH profile
- Signed contract
- Current and valid license to practice
- Appropriate training, including board certification
- Current malpractice insurance with minimum limits of \$1,000,000/3,000,000
- DEA (if prescribing controlled substances)
- Acceptable malpractice and sanction history

To request an application for **individual** participation, email recruitmentrequests@magnacare.com.

All application submissions must include a W-9 form.

Per New York State law, notification of the credentialing decision by the Provider Credentialing Committee will be mailed within 90 days of the receipt of a completed application. If the application is incomplete, notification will be sent to the credentialing contact email address provided on the CAQH profile or, in the absence of CAQH, the email provided on the application. For individual application status, email credentialingupdates@magnacare.com.



ORGANIZATIONAL CREDENTIALING

All groups seeking participation in our provider network must go through the organizational credentialing process.

The following are the minimum requirements for organizational provider participation qualification:

- Current license to operate
- Appropriate licensure
- Current malpractice insurance
- Current Accreditation or a state or CMS survey
- Acceptable malpractice and sanction history
- Organizational providers credentialed include:
 - Ambulatory Surgery Centers (free-standing only)
 - Ambulette
 - Ambulance Service
 - Alcohol and Substance Abuse
 - Audiologic Test and Dispense
 - Cardiac Monitoring
 - Durable Medical Equipment
 - Home Infusion
 - Inpatient Substance Abuse
 - In-patient Mental Health
 - In-patient Rehabilitation
 - Lithotripsy
 - Lymphedema Treatment
 - Home Health Care Agencies
 - Out-patient Rehab Centers
 - Prosthetics or Orthotics
 - Hospitals
 - Skilled Nursing Facilities
 - Sleep Study Centers
 - Behavioral Health Centers
 - Birthing Centers (free-standing)
 - Hospice
 - Dialysis Centers
 - Urgent Care Centers
 - Women's Health
 - Radiology
 - Free-standing Clinics

To request group participation, email customerserviceinquiries@magnacare.com with the following information:

- Group name
- Group specialty
- Group address
- Group NPI
- Group TIN
- Requestor's name and contact information

If our panel is open for the group specialty, an application will be forwarded to the requestor by our network team. After receipt of the application and appropriate attachments, applicable verifications will be completed and a decision will be made by our Provider Credentialing Committee. Notification of the decision will be made accordingly.

RE-CREDENTIALING

■ INDIVIDUAL RE-CREDENTIALING

All participating individual providers are re-credentialed within 36 months.

Six (6) months prior to the provider's re-credentialing date, CAQH (the Council for Affordable Quality Health) will be utilized to gather the information needed. All CAQH profiles should be kept up to date and attested to, and Brighton Health Plan Solutions should have permission to access the profile. If all information is current, re-credentialing will be completed. Once approved by our Provider Credentialing Committee, a letter will be mailed notifying of the re-credentialing approval.

If the provider's profile is not complete or attested, or cannot be accessed, a letter will be generated and sent to the most recent credentialing contact. If there is any missing information for re-credentialing, our best efforts will be made to collect what is needed. Failure to respond to missing information needed for re-credentialing may result in termination from the plan.

■ ORGANIZATIONAL RE-CREDENTIALING:

All participating groups are re-credentialed within 36 months.

Six (6) months prior to the re-credentialing date, an application will be sent to the credentialing contact on file. The completed application with all requested documents should be returned to recredentialing@magnacare.com in timely manner.

After review by the network team and the Provider Credentialing Committee, a decision will be made and the notification will be forwarded.

If there is any missing information for re-credentialing, our best efforts will be made to collect what is needed. Failure to respond to missing information needed for re-credentialing may result in termination from the plan.