
Contract Request and Credentialing/Recredentialing Process

The following steps outline our processes for requesting a contract and becoming credentialed for participation in our networks. Because complete and current provider information is essential, the process begins with data collection. Any delays in receiving required information or access to your CAQH application can also delay the participation effective date.

1. Complete the appropriate contract request form at azblue.com/provider/contract-with-blue.
 - For professional provider requests, use the “Medical” or “Dental” form to include all required information (you must have a [CAQH provider ID](#)) and upload all required attachments. All professional providers must use CAQH for both initial credentialing and recredentialing. The CAQH application must be complete, up to date, and have a current attestation and authorization to grant AZ Blue permission to retrieve it.
 - For facility/group/ancillary provide requests, download, complete, and email the fillable PDF form to us at Cred@azblue.com or via fax at 602-864-3125.
2. When we receive your contract request form, we check that all required fields are complete. We can’t begin the credentialing/contracting process until we have all required information and have current permission to access your CAQH information. If required information is missing, or your access permission has expired, we reject the request and email the designated contact person to update and resubmit the form.
 - If we are unable to retrieve a CAQH credentialing application for a professional provider, we send a rejection email to the designated contact person. The provider must complete the CAQH application, authorize AZ Blue to retrieve it, and then re-submit the contract request.
 - As part of the initial screening process, certain types of facilities will be sent an additional questionnaire to complete.
3. After we have your completed contract request form and all required documentation:
 - If you are a facility, we will begin your credentialing review (see step 7 below).
 - If you are a professional provider, we will access your CAQH credentialing application (see steps 4 through 6 below).
4. Within seven days of accessing your CAQH application, we will screen it to be sure it includes all required documentation, such as:
 - a) A current certificate of insurance showing limits of at least 1M/3M
 - b) Work history for the last five years, including explanations for any time gaps exceeding 12 months
 - c) A detailed explanation for any adverse activity

If any information is missing, we will notify the designated contact. If we do not receive a response within 30 days, we will send a withdrawal letter and consider your application withdrawn. We will not take any further action on your contract request.
5. If all required information is included in your CAQH application, we will send you an acknowledgment of receipt and begin the credentialing review.
6. If you are eligible for an individual contract, we will send a contract for you to review. This contract is not a guarantee of participation and is dependent upon successfully completing the credentialing process. If the signed contract is not returned to us within 14 days of receipt, it could result in a delay in your participation effective date (upon credentialing approval).

Contract Request and Credentialing/Recredentialing Process

7. The first step in the credentialing review involves a preliminary check of the primary source verifications. If we discover that additional information is required for the Credentials Committee review, we will send a request to the designated contact. The response is due within seven calendar days. If we do not receive a response, your credentialing file will move forward “as is” to the Credentials Committee. Lack of needed information could result in an adverse decision.
8. The Credentials Committee will review and make its determination based on all submitted credentialing data. The committee will approve, deny, or propose an alternative contracting arrangement that could include a shorter-than-normal period before recredentialing.

Except for urgent care facilities, the normal credentialing cycle requires recredentialing every three years. Urgent care facilities must be recredentialled every two years. The committee may decide to admit a provider to the network contingent on a one-year or other credentialing cycle.
9. Following the committee review meeting, you will receive notice of the completed credentialing process and the committee’s decision.
10. Once credentialing is completed and approved, you will be assigned the next available effective date (typically 10 days after committee approval), unless you ask for a later, alternate date. This effective date only applies if you have sent us, or are working under, a signed provider participation agreement.
11. Unless you are working under a group agreement, we will then sign your agreement and email you a fully executed copy. Shortly after that, we will email you a welcome packet with an introductory letter, brochure, and checklist to get started. The letter will include contact information for your assigned Provider Relations Contact.

Note: You have the right to review information submitted to us by you or other sources in support of your credentialing application. You may also correct erroneous information.

Recredentialing

AZ Blue network providers must be recredentialled at least once every three years. Professional providers are required to submit a completed CAQH application as part of the recredentialing process. Failure to respond to recredentialing requests will result in termination of the provider contract. Providers are considered recredentialled unless otherwise notified.

In lieu of termination from the network, the Credentials Committee may decide to retain a provider contingent on recredentialing in less than three years. The committee’s decision notice will advise the provider of the shortened period, and that approval/retention is contingent on agreement to the shortened period.

Delegated entities

We contract with other companies to provide networks for certain benefits and plans, including American Specialty Health (ASH), Davis Vision, DenteMax, and TruHearing. These entities have their own contracting, credentialing, and recredentialing processes. For more network information, see Section 8.

[CAQH ProView™](#) is a national, online database that collects information to eliminate the need for professional providers to complete multiple credentialing applications for different healthcare organizations. A healthcare organization must be a “participating plan” with CAQH, and the provider must authorize the plan to access credentialing information. Use of CAQH is free for providers, and registration can be completed at [ProView.cagh.org](#). Providers must authorize AZ Blue to access their completed profile by using the authorization function in ProView. Providers are responsible for updating their information.

Davis Vision, DenteMax, and TruHearing are separate, independent companies, contracted with AZ Blue to provide healthcare services to AZ Blue providers and members.