

## OSI Alternate Application for Dental Credentialing

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*For use when a dental health insurance carrier requests Superintendent approval to use a credentialing application form other than CAQH.*

**Rule basis:** 13.10.37.7(G) NMAC defines a “ credentialing application” as the application form provided by CAQH, along with one additional application form approved by the Superintendent. Each carrier is authorized to use two forms in total: the CAQH form and one Superintendent-approved form, available upon the carrier’s formal request. 13.10.37.7(AA) NMAC defines “uniform credentialing forms” as the forms used by CAQH or another form agreed to between the dental provider and carrier and approved by the Superintendent, including revisions and electronic versions. 13.10.37.10(E) NMAC limits additional information requests to information required by the uniform forms, the rule, or information reasonably related to the application and connected to nationally recognized credentialing standards for dental providers.

**Submission instruction:** Complete all sections and include the required supporting documents including proposed alternate dental credentialing forms. Once completed upload the full request in SERFF. Filing instructions are in SERFF. OSI approval must be received before the alternate form is used as an approved credentialing application form under 13.10.37 NMAC.

### Section 1. Carrier Information

<b>Carrier legal name</b>	
<b>NAIC number</b>	
<b>SERFF tracking number, if applicable</b>	
<b>Line(s) of business / dental network(s)</b>	
<b>Carrier contact person</b>	
<b>Title</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Mailing address</b>	

## Section 2. Type of Request

<b>Requested effective date of use for Form</b> (3-year max approval)	
<b>Will the form be used electronically?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will a paper format be available upon request?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

The carrier requests Superintendent approval to use:

- A carrier-developed dental credentialing form
- A delegated credentialing entity's form
- A form required by another state
- A nationally recognized accrediting organization-based form
- Other: \_\_\_\_\_

**This request applies to (select all that apply):**

- Initial credentialing
- Re-credentialing
- Dentists
- Dental hygienists
- Both dentists and dental hygienists

## Section 3. Reason for Requesting Use of a Non-CAQH Form

Explain why the carrier is requesting to use a form other than CAQH. The explanation must identify the operational, accreditation, provider-access, technical, or legal reason for deviating from CAQH.

1. Why is the CAQH form insufficient for this carrier's dental credentialing process?
2. What specific issue or burden is the alternate form intended to address?
3. How does the alternate form support a uniform and efficient dental provider credentialing process?

**Section 4. Information Limitation Attestation**

The carrier must attest that the proposed alternate form does not require information beyond what is permitted by 13.10.37.10(E) NMAC.

- The proposed form does not require dental providers to submit information not required by uniform credentialing or re-credentialing forms or 13.10.37 NMAC, except for information or documentation reasonably related to the application.
- Any additional information requested is connected to nationally recognized credentialing standards for dental providers.
- The carrier has attached a list identifying every field or document requirement in the proposed form that is not included in CAQH, with an explanation of why each item is necessary.

**Carrier Certification**

I certify that the information submitted in this request is true, accurate, and complete to the best of my knowledge. I further certify that the carrier will not require dental providers to submit information beyond what is permitted by 13.10.37 NMAC and that the proposed alternate form will not be used unless and until approved by the Superintendent or the Superintendent’s designee.

<b>Authorized carrier representative</b>	
<b>Title</b>	
<b>Signature</b>	
<b>Date</b>	