Blue Choice PPO^{SM} and Blue High Performance Network® (BlueHPN)® Provider Manual - Provider Roles and Responsibilities - How To Join

Important Note

> Throughout this provider manual there will be instances when there are references unique to **Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program** These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "**Plan**" is referenced, the information will apply to **all PPO** products.

In this Section

The following topics are covered in this section:

Blue Choice PPO and Blue High Performance Network (BlueHPN) Provider Manual - Provider Roles and Responsibilities - How To Join

How to Join Overview

Review information on how to get a Blue Cross and Blue Shield of Texas provider Record ID so that you can submit claims as well as the steps needed to become an in-network provider.

Provider Onboarding Process

Before you can join the BCBSTX **Blue Choice PPO** provider networks or send claims electronically as an out-of-network provider, you will need to be assigned a BCBSTX Provider Record ID. A Provider Record ID does not automatically activate network participation. Claims will be processed out-of-network, until the provider who has requested network participation, on the Provider Onboarding form, has been approved and activated in the network.

The [Provider Onboarding Process](#) allows providers to submit required information to be considered for participation in these **Plans.**

To get set up:

Physicians, Professional Providers and Hospital/Facility Based Providers:

Complete the [Provider Onboarding Form](#). For best results, please utilize Google Chrome. Those providers who want to be in-network will have additional fields to complete on the form. Providers can select the question mark icon, where available, if they need assistance with those fields.

Professional Providers:
- If you do not already have a Provider Record ID established with BCBSTX that matches your billing information (Rendering NPI, Billing NPI and TIN), you will need to complete the Provider Onboarding Form.
- A complete, signed and dated W9 and a copy of each provider's license is required with all new group and solo practitioner Provider Onboarding Form submissions.

Group Provider Additional Onboarding Instructions:
- Complete the Provider Onboarding Form using the group information.
- Complete the required Provider Roster for providers that need to be affiliated with your group Tax ID and Billing NPI. (For existing groups – please only send new providers and not a full roster).
- You must download the required Provider Roster and submit in the provided format. One Tax ID per onboarding request but you can add multiple providers under that tax ID on the roster.

NOTE: Submitting incorrect rosters or missing rosters may result in your application being returned.

Blue Choice PPO and Blue High Performance Network (BlueHPN)
Provider Manual - Provider Roles and Responsibilities - How To Join

Provider Onboarding Process, cont.	**Hospital Based** • New individual providers will need to provide the name of each hospital or Ambulatory Surgery Center that the provider services in the **Hospital Admitting Privileges** field(s)of the P**rovider Onboarding Form**. • Group Providers need to include the name of all Hospital and/or Ambulatory Surgery Centers that they service in the **Hospital Privileges** and/or **Ambulatory Surgery Centers Privileges** columns of the Provider Onboarding **Roster.** **Ancillary Providers** • Complete the [Ancillary Provider Record Request Form](#) and fax to the number on the form along with the supporting documents indicated on the form. • Once you are notified your Provider Record ID has been created, refer to the [Credentialing and Contracting Process for Ancillary Providers](#). **Hospital Providers** Submit your information to the appropriate [Network Management Office location](#).
Provider Onboarding Process - Notes	**Please Note:** After you submit your Provider Onboarding form, you will receive a confirmation email with a case number. Obtaining a BCBSTX Provider Record ID does not automatically activate the networks. When you indicate on the Provider Onboarding Form that you want to be a participating provider, you will be sent the contracts along with instructions on how to complete and submit your contract(s). Claims will be processed out-of-network, until the provider is contracted, approved and activated in the network. A complete, signed and dated W9 and a copy of each provider's license is required with your Provider Onboarding application submission.
Case Status Checker	If you have completed a Provider Onboarding form and would like to check the status, enter the case number you received in your confirmation email in our [Case Status Checker](#).

How to Join Plan Networks

BCBSTX contracts with health care providers to form our provider networks which are essential for delivering quality, accessible and cost-effective health care services to our members.

Contracting:

- **Hospital Providers:** submit your information to the appropriate [Network Management Office](#) location.

- **Ancillary Providers:** complete the [Ancillary Provider Record Request Form](#) and email to the address on the form.

- **Physicians, Professional Providers and Hospital/Facility Based Providers*****:** complete the Provider Onboarding Form indicating that you want to be a participating provider and you will be sent the contract(s) you are eligible for along with instructions on how to complete and submit your contract(s).

- Residency must be completed before becoming a contracted provider.

- **Urgent Care Centers** must meet the following requirements:
  - Extended hours – UCC must be open weekday evenings until at least 7:00 p.m. Weekend hours preferred but not required.
  - Defibrillator - If not physically adjacent to an Emergency Room, UCC must have a defibrillator in their office.
  - Tax ID Number - UCC must have its own provider record and Tax ID number.
  - UCC Summary – UCC must complete the Urgent Care Center Summary (included in the application packet) and return it along with their application.
  - Claims must be billed on CMS-1500.
  - Physicians working at the center must be credentialed by BCBSTX.
  - Providers must have a specialty in Emergency Medicine, Family Practice, Internal Medicine, OBGyn or Pediatrics and must meet the BCBSTX network credentialing criteria

  *Note: For facility based providers which include, but are not limited to, Anesthesia, Emergency Medicine, Hospitalist, Neonatology, Pathology and Radiology, the following information is verified in order to be in-network:

  - Hospital or Ambulatory Surgical Center privileges
  - Type 1 NPI #
  - Texas State Board of Medical Examiners license (temporary permit is acceptable) or appropriate Texas license
  - Provider must be physically located in the state of Texas
  - Certificate/AANA # (applicable to CRNA providers only)
  - NCAA Certificate (applicable to Anesthesia Assistant providers only)

Blue Choice PPO and Blue High Performance Network (BlueHPN) Provider Manual - Provider Roles and Responsibilities - How To Join

How to Join Plan Networks, cont.

Credentialing:

Providers who participate in our networks are required to complete a credentialing process prior to acceptance.

When Physician and professional providers complete the Provider Onboarding Form they need to indicate that they want to be in-network and we will send the applicable provider agreements.. When BCBSTX receives their signed agreements, the credentialing process is initiated. You will be notified when your networks are active.

Refer to provider manual section B-f **Roles and Responsibilities - Credentialing** for additional credentialing information.

Other Important Information:

Once you are part of our networks, we strongly encourage your participation in all electronic options available including electronic data interchange. EDI transactions help to ensure timeliness, accuracy and security of claims-related information. Please visit the [Electronic Commerce](#) section of our provider website under "Claims and Eligibility", for details on how to sign up for these electronic solutions.

We would like to provide you with more information about becoming a participating provider for BCBSTX. Please check out the following:

- [Provider Orientation](#)
- [Blue Review Newsletters](#)

Blue Choice PPO and Blue High Performance Network (BlueHPN) Provider Manual - Provider Roles and Responsibilities - How To Join

Change in Status or Changes Affecting Your BCBSTX Provider Record ID

You may submit changes directly to BCBSTX by going to the provider website under the **Network Participation** tab, then scroll down to – **Update Your Information** and complete/submit the Demographic Change Form or by contacting your Network Management office.

Please notify us of changes to the following information:

- Name
- Physical address (primary, secondary, tertiary)
- Billing address
- Email address
- Telephone number
- Tax ID
- Specialty or sub-specialty
- Practice information/status
- Board certification
- NPI Number change
- TIN/SS number change
- Moving from Group to Solo practice
- Moving from Solo to Group practice
- Moving from Group to Group practice
- Back up/covering physicians or professional providers

Note: In-network Providers or Groups, prior to changing a TAX ID or requesting termination from a provider network, (excluding Par Plan Agreement) contact your Network Management Office before completing this form.

You should submit all changes at least 30 days in advance of the effective date of the change. Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new provider record.

Reminders

- BCBSTX will not change, add or delete information related to your Provider Record ID on a retroactive basis. All changes to your Provider Record ID will be effective with a future date.
- All Provider Record ID effective dates will be established as of the date that completed information is received at the BCBSTX office. This will apply to all additions, changes, and cancellations.

Change in Status or Changes Affecting Your BCBSTX Provider Record ID, cont.	- Retroactive Provider Record ID effective dates will not be established. - Retroactive network participation effective dates will not be established. - Keeping BCBSTX informed of any changes you make allows for appropriate claims processing, as well as maintaining the **Plan** Provider Directories with current and accurate information. Providers can check status of their submitted Provider Onboarding Form or the Demographic change form by entering their case # from the confirmation email in the <u>Case Status Checker</u>.
Termination of Unused Provider Record ID	Please Note: BCBSTX may automatically cancel a Provider Record ID that does not have any claim dates of service within a 24 month time period. Terming of the Provider Record ID will also result in termination of associated networks. Provider record IDs are specific to billing/rendering NPI's and Tax Identification Numbers.