

Provider Enrollment Application Checklist



Enrollment Application Instructions

If the Enrollment Application is missing any of the required forms or information, it will be returned to you via email and you will have to resubmit the entire application. All applications are reviewed on a first come first serve basis and **resubmissions will be entered at the bottom of the queue**. Corrections will no longer be accepted via email.

Enrollment Application

1. Provider Enrollment Form: Required for all providers
 - All information listed **must match the CAQH application exactly**. This includes: the individual NPI, license number, DOB, the tax ID the provider will be billing under, Medicare/Medicaid status and numbers, and practice addresses
 - **Please note:** The addresses indicated on the Provider Enrollment Form should be the physical addresses where the provider will be practicing. These addresses **must match the CAQH application exactly** including suite number, phone numbers, fax numbers, and tax ID
 - If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Provider Enrollment Form must be submitted with the appropriately branded form for each region
2. CAQH: Required for all providers
 - A CAQH application must be completely filled out and attested to
 - Once complete, you need to grant access to our Credentialing Department to view the CAQH application
 - All information listed on the CAQH application **must match the Provider Enrollment Form exactly**
 - For further guidance regarding CAQH applications, please visit their website (<https://proview.cagh.org>) or call 1-888-599-1771
3. Practitioner Disclosure of Ownership and Control: Required for all providers
 - Section 1: Disclosing Entity/Applicant should list the information of the provider for which the application is being submitted
 - All questions in Section 6 must be answered
 - All five (5) lines on the signature page must be completed
 - If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Disclosure Form must be submitted with the appropriately branded form for each region
4. Participating Provider Owner/Manager Disclosure Certification (PPOMDC): Required for contracted providers
 - Certification Category: must choose one
 - All statements in Section D must be checked
 - The form must be signed and dated **by the applicant**
5. Proof of Malpractice Insurance: Required for all providers

6. Nurse Practitioner Agreement/Acknowledgement: Required for Nurse Practitioners **ONLY**
- Must be signed by both the Nurse Practitioner applicant and the collaborating/sponsoring physician
 - The collaborating/sponsoring physician must be a participating provider
 - o The most recent version of this form, dated 08/12/19, is required. All other versions of this form are unacceptable. All of our current forms are available on our website:
 - o <https://www.bsneny.com/content/neny/provider/network.html>
- Please note:** As we do not contract directly with Nurse Practitioners, we mirror the collaborating physician in specialty, contracted lines of business, and practice restrictions
- If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Nurse Practitioner Agreement must be submitted with the appropriately branded form for each region
7. Supervision Data Form: Required for Physician Assistants (PA), Certified Registered Nurse Anesthetists (CRNA), and Registered Nurse First Assist (RNFA) **ONLY**
- The supervising physician must be a participating provider
 - Must be signed by the applicant
 - The most recent version of this form, dated 08/12/19, is required. All other versions of this form are unacceptable. All of our current forms are available on our website:
 - o <https://www.bsneny.com/content/neny/provider/network.html>
 - **Please note:** As we do not contract directly with Physician Assistants, Certified Registered Nurse Anesthetists (CRNA), or Registered Nurse First Assist (RNFA) we mirror the collaborating physician in specialty, contracted lines of business, and practice restrictions
 - If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Supervision Data Form must be submitted with the appropriately branded form for each region
 - Independent Nurse Practitioner An Independent Nurse Practitioner will receive an individual contract

Submission Processes

To submit an initial Enrollment Application:

- Fax to: 716-887-2056
- Email to: provider_data_mgmt@bsneny.com
 - o The subject line of the email must list the applicant's NPI **ONLY**

To resubmit an Enrollment Application with corrections:

- Fax to: 716-887-2056
- Email to: provider_data_mgmt@bsneny.com
 - o The subject line of the email must list the applicant's NPI **ONLY**

To check the status of an Enrollment Application:

- Prior to checking the status of an Enrollment Application, please allow at least 30 days from the time the application was submitted or resubmitted.
- For status updates email:
 - Mary Shea: Mary.Shea@highmark.com
 - Zyneva Wilson: Zyneva.Wilson@highmark.com

To returned signed contract pages:

- Email: provider_contracts@bsneny.com
- Returning the signed contract pages to any other email address will delay the credentialing process

To submit a Provider Demographic Change Form:

- All Provider Demographic Change Forms are handled by our Provider File Department
- Fax to: 844-769-5876
- Email to: provider_data_mgmt@bsneny.com
 - o The subject line of the email must list the provider's NPI **ONLY**

To check the status of a Provider Demographic Change Form:

- Prior to checking the status of a Provider Demographic Change Form, please allow 45 days from the date the form was submitted
- For status updates, call Provider Service at 1-800-444-4552

To determine if a provider is already participating, please call Provider Service at 1-800-444-4552

Enrollment Application Checklist

Form	Required For	Notes
<input type="checkbox"/> Provider Enrollment Form (If the provider will be working in both the Western and Northeastern New York Blue plan service areas, an Enrollment Form must be submitted with the appropriately branded form for both regions)	All Providers	The following information is included and matches the CAQH application exactly : <ul style="list-style-type: none"> • The individual NPI, License number, • DOB, • Tax ID the provider will be billing under • Medicare/Medicaid status and number • Practice addresses The addresses indicated on the Provider Enrollment Form are the physical addresses where the provider will be practicing. These addresses match the CAQH exactly including suite number, phone numbers, fax numbers, and tax ID EXACTLY .
<input type="checkbox"/> CAQH Application	All Providers	<ul style="list-style-type: none"> • CAQH application is completely filled out and attested to • Once complete, access was given to view the CAQH • All information provided on the Provider Enrollment Form matches the CAQH application exactly
<input type="checkbox"/> Practitioner Disclosure of Ownership and Control (If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Disclosure Form must be submitted with the appropriately branded form for both regions)	All Providers	<ul style="list-style-type: none"> • Section 1 lists the information of the provider for which the application is being submitted • All questions in Section 6 are answered • All five (5) lines on the signature page are completed
<input type="checkbox"/> Proof of Malpractice Insurance	All Providers	<ul style="list-style-type: none"> • Policy number, time frame of policy, and claim limits included
<input type="checkbox"/> Participating Provider Owner/Manager Disclosure Certification (PPOMDC)	All Providers EXCEPT PA, NP, CRNA, RNFA	<ul style="list-style-type: none"> • Certification Category: one box has been checked • All statements in Section D are checked • Form is signed and dated by the applicant
<input type="checkbox"/> Nurse Practitioner Agreement/Acknowledgement (If the provider will be working in both the Western and Northeastern New York Blue plan service areas, an Agreement must be submitted with the appropriately branded form for both regions)	Nurse Practitioners ONLY	<ul style="list-style-type: none"> • Collaborating/sponsoring physician is a participating provider • Signed by both the Nurse Practitioner applicant and the collaborating/sponsoring physician
<input type="checkbox"/> Supervision Data Form (If the provider will be working in both the Western and Northeastern New York Blue plan service areas, a Supervision Data Form must be submitted with the appropriately branded form for both regions)	Physician Assistants, CRNAs, and RNFA's ONLY	<ul style="list-style-type: none"> • Supervising physician is a participating provider • Signed and dated by the applicant