

Completion and acceptance of this enrollment form by BlueCross BlueShield of Tennessee, Inc. is not a guarantee of network participation. BlueCross BlueShield of Tennessee policies and procedures will govern appeals related to this Provider Enrollment Form. This enrollment form must be completed in its entirety to begin the contracting and credentialing process.

Provider Information				
Last Name	First Name	Middle Name	Suffix	Degree
Primary Practice State		Male Female Gender	Date of Birth	
Social Security Number	Individual NPI Number			
Licensure Number(s)	License Type(s)	State Issuing License	DEA Certification Number	
Requested Specialty(s)			PCP Specialist Practicing As	
Practice Group Name			Practice Group NPI	
Tax ID	OB Care Prenatal Care Accept Presumptive Eligibles Concierge Services Indicate any of the following services you offer			

CAQH Provider ID:

BlueCross BlueShield of Tennessee partners with CAQH Solutions, which offers providers a single point of entry for information. By applying for Network Participation via this form you agree to be included in our roster with CAQH.

If you are not registered with CAQH, you must start credentialing with BlueCross BlueShield of Tennessee by calling 1-800-924-7141 and ask to be added to our CAQH roster. We will request your participation in CAQH ProView™ by placing you on our roster. CAQH will contact you with your CAQH Provider ID and with further instructions.

Existing CAQH Providers:

If you are already registered and have a CAQH Provider ID, your information is current, and you have completed a CAQH ProView online application, be sure you have “authorized” BlueCross BlueShield of Tennessee to access your credentialing information. Complete your authorization by using the four easy steps below. (If you selected “global authorization,” then BlueCross BlueShield of Tennessee already has access to your data.)

To allow BlueCross BlueShield of Tennessee access to your data:

- Go to <https://proview.caqh.org> and enter your username and password.
- Select the Authorize tab (located under the CAQH logo).
- Scroll down and select BlueCross BlueShield of Tennessee or you may select Global Authorization.
- Select Save to submit your changes.

If you have questions about the CAQH Provider ID, please contact:

CAQH Helpdesk: 1-844-259-5347 | CAQH Email: proview@caqh.org | Website: <https://proview.caqh.org>

Provider Address				
Provider Primary Practice Location				
Primary Contact Name		Practice email address		
Phone Number	Fax Number			
Street Address		City	State	Zip
Credentialing/contracting Correspondence Address				
Primary Contact's Name		Email Address		
Phone Number	Fax Number			
Street Address		City	State	Zip
Select the Network(s) the Provider is applying for below				
Enrollment does not establish you or your practice as an in-network provider, as a separate contract process is required. Please note: Network availability may be limited or restricted depending on participation needs.				
Commercial Networks	Blue Network P (Preferred)	Blue Network S (Select)		Blue Network E (Essential)
Medicare Advantage Networks	BlueAdvantage (PPO)		BlueChoice (HMO)	
Dental	Preferred Dental		FEP Preferred Dental	
TennCare Networks	BlueCare	TennCareSelect	CoverKids	BlueCare Plus (HMO)
	Best Practice Network (BPN) – The Best Practice Network (BPN) is a sub-network of TennCareSelect providers serving the health care needs of children in State custody or at risk of entering State custody.			SelectCommunity
Networks (Additional Information)				
Complete the following information if you are a Primary Care Physician (PCP) applying for any TennCare Network.				
Please enter the MAXIMUM number of patients you will accept for any of the following TennCare Networks you selected				
Patient Total Limits	The networks listed below can combine to a maximum of 2,500 patients for MD/DO		The networks listed below can combine to a maximum of 1,250 patients for Nurse Practitioners/Physician Assistants (NP/PA)	
Provider Type	MD/DO		NP/PA	
BlueCare				
TennCareSelect				
BPN (Best Practice Network)				
BlueCare Plus				
SelectCommunity				
CoverKids				

eCommerce Contact Information

eCommerce Contact Name	eCommerce Email address
Phone Number	Fax Number

Claim Submission

Who will submit your claims (Select one)	Select ONE option and include all applicable information. (If you are unsure of the submitter's identification number, verify this information with your vendor before completing.)		
Filing Direct with Purchased Software or In-House Software	Software Company Name		
	Submitter Identification Number	Phone Number	Ext
	List existing mailboxes if associated with a group. (Ex: UBAAA.X12, PTAAA.X12, ECAAAA.X12)		
	Reports Mailbox Name	Remits Mailbox Name	
Filing with Third Party/Billing Agent	Provide information only for the agency that submits claims to BlueCross BlueShield of Tennessee.		
	Billing Agent / Clearinghouse Name		
	Billing Contact	Phone Number	Ext
	Third Party Submitter Identification Number (Required)		
	Street	City	State
Retrieval of Remits/Reports through Secure File Gateway (SFG)			
Claims Acknowledgement (277CA)**	277CA reports will be routed to the claims submitter. **NOTE: If a third party submits your claims, the third party will receive the 277CA Reports.		
Electronic Remittance Advice (835)			
<p>BlueCross BlueShield of Tennessee is pleased to participate in EnrollHub™, a CAQH Solution™ that allows providers to enroll in electronic funds transfer (EFT) and electronic remittance advice (ERA) with multiple payers through a single online process at no cost to the provider.</p> <p>EnrollHub facilitates compliance with the 2014 EFT/ERA mandate under the Affordable Care Act, eliminates administrative redundancies and creates significant time and cost savings.</p> <p>Visit https://proview.caqh.org to sign up today.</p> <p>Please confirm that you have completed EFT/ERA enrollment via EnrollHub. Your application is not complete without EFT/ERA enrollment.</p> <p>Initials</p>			
Additional ANSI Transactions			
270 Eligibility	276 Claim Inquiry	Please contact the eBusiness Service Center at (423) 535-5717 or e-mail: eBusiness_service@BCBST.com for Technical Support assistance.	
<p>Note: It is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by BlueCross BlueShield of Tennessee. An electronic control number (ECTN) is issued for each EDI claim received and serves as the receipt confirmation. ANSI Format Testing information, Companion Guides, Edit Listings, Secure File Gateway System Information, and the HIPAA Compliance Self-Testing Web Tool are available on BlueCross BlueShield of Tennessee's website at: http://www.bcbst.com/providers/ecomm/HIPAA/CertTestDetails.pdf, http://www.bcbst.com/providers/ebusiness/technical-information.page and http://www.bcbst.com/providers/ecomm/HIPAA/ANSI_SelfTestingProc.pdf</p>			

Additional ANSI Transactions

The client sending and receiving data will:

- Maintain adequate security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files or source documents;
- Maintain complete accurate and unaltered copies of all Source Documents from all Data Transmissions for no less than six (6) years;
- Provide information, documents and other cooperation necessary to assist BlueCross BlueShield of Tennessee in research as it pertains to problem resolution;
- Hold BlueCross BlueShield of Tennessee harmless from any and all claims, actions, damages, liabilities, cost, or expenses, including, without limitation, reasonable attorneys' fees, arising out of any act or omission of performance by the provider, provider's employees or business associates;
- Understand it is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by BlueCross BlueShield of Tennessee (An electronic control number is issued for each EDI claim received and serves as the receipt confirmation);
- Understand it is the provider and submitter's responsibility to retrieve the BlueCross BlueShield of Tennessee 277CA files and review them for any claims rejections needing to be corrected and resubmitted; and
- Understand that any assigned individual User IDs should not be shared, and should be used only by that individual.

HTTPS Protocol (Individual Account) should not be hardcoded into any system or script.

The Provider's User ID and password serve as their electronic signature, and the provider will be liable for improper sharing including any illegal acts when using the password. User IDs and passwords are not part of the provider's capital property and should not be given to the new owner of that operation. A new owner must obtain their own User ID and password.

High-Tech Imaging Provider Information

High-Tech Imaging Providers – Please indicate below the services provided and the addresses where the equipment is located.

MRI	Street Address	City	State	Zip
MRA	Street Address	City	State	Zip
MRS	Street Address	City	State	Zip
CT	Street Address	City	State	Zip
CTA	Street Address	City	State	Zip
Pet Scan	Street Address	City	State	Zip
Nuclear Cardiology	Street Address	City	State	Zip

Certification of Professional History and Provider Responsibilities

As a condition of my participation in any BlueCross BlueShield of Tennessee product network, I agree to maintain general liability insurance coverage with reasonable limits and workers' compensation insurance coverage in accordance with applicable state law. I agree to maintain that coverage continuously while participating in any BlueCross BlueShield of Tennessee product network, and will provide acceptable proof of coverage to BlueCross upon request.

I, the undersigned practitioner, certify that the above and any additional information provided is complete, accurate, and true. I acknowledge that falsification, inaccuracy, or failure to fully disclose any information requested is grounds for rejection of practitioner's application for any BlueCross Provider Networks. I hereby authorize BlueCross BlueShield of Tennessee to query the National Practitioner Data Bank (NPDB) and further release BlueCross from any and all liability arising from querying and reporting to the HIPDB as required by 45 CFR Part 61, except to the extent BlueCross has actual knowledge of the falsity of the reported information. I further agree that any dispute relating to or arising in connection with this application must be resolved in accordance with applicable BlueCross BlueShield of Tennessee policies and procedures.

Signature

Date

Authorized Individual Information

Authorized Individual's Name

Email Address

Phone Number

Fax Number

Address

City

State

Zip

Instructions for Form Submission

Please select **one** of the options below to submit your Provider Enrollment Form. Call **1-800-924-7141** if you have any questions.

Fax to: (423) 535-1985

Mail to: BlueCross BlueShield of Tennessee
Provider Network Services
1 Cameron Hill Circle, Suite 0007
Chattanooga, TN 37402

E-mail to:
Contracts_Reqs_GM@bcbst.com

