BlueCross BlueShield
of Mississippi

It's good to be Blue.

How-to Guide

eCredentialing

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"How To" Guide for Online Provider Credentialing
December 2012

Online Provider Credentialing is now available through *my*Blue Provider. The new online Provider Credentialing Tool will allow users to apply for network status for new providers, re-credential existing network providers, upload and electronically submit all supporting documents, verify status of your network application and receive all provider credentialing correspondence electronically. The following information will guide you through the screens to assist you in using the online Provider Credentialing Tool.

*my*Blue Provider Home Page – Initial Application Process

To submit a network enrollment application for a new provider, click on the 'Provider Enrollment Applications' link under the Transactions section located on the *my*Blue Provider Home Page. If the 'Provider Enrollment Applications' link is not listed, please contact your Super User to have the appropriate access granted to your current *my*Blue Provider profile. If additional assistance is needed to establish the appropriate *my*Blue Provider access, please contact our EDI Services Department at 1-800-826-4068.
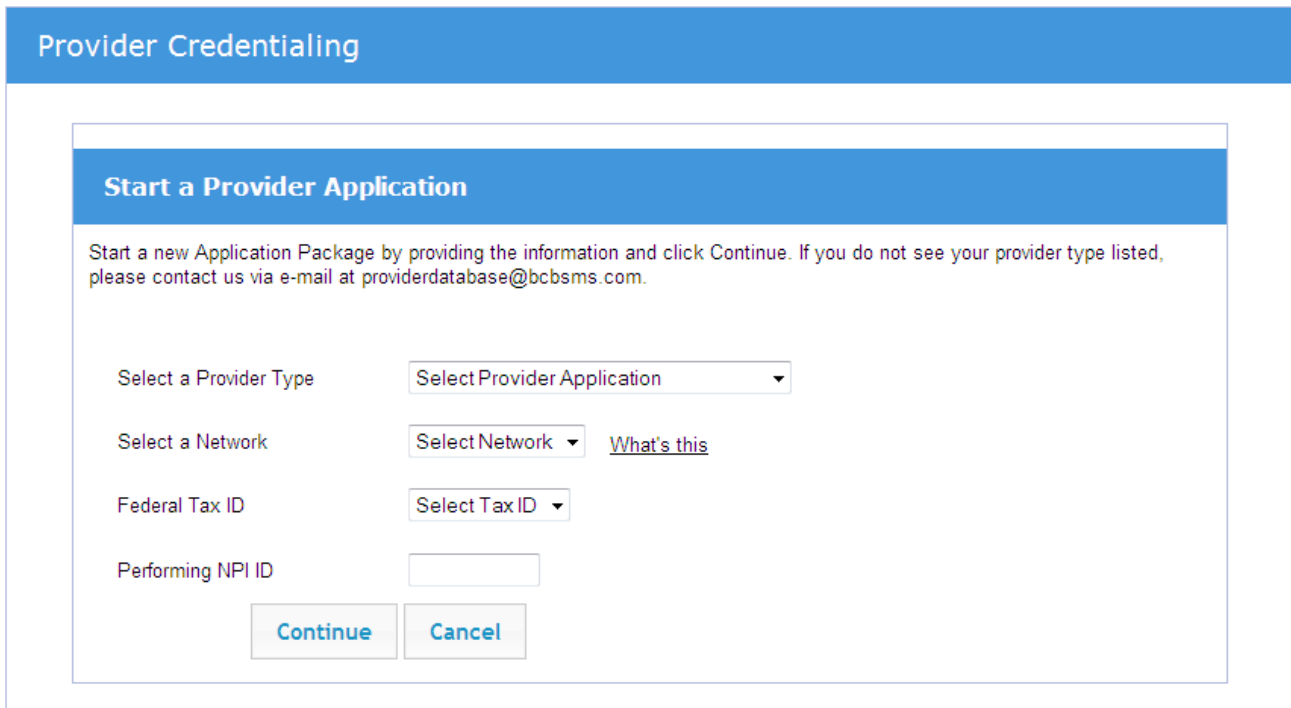
Provider Credentialing Home Screen – New Provider

The initial step of the provider enrollment process is selecting the provider type and which network in which you are requesting membership. Providers can apply for both the Blue Cross & Blue Shield of Mississippi (BCBSMS) and the State Employee Health Plan, a.k.a. Advanced Health Systems (AHS), Networks through this provider enrollment process.

Once you have selected the provider type and network, select the federal tax identification number the provider will be affiliated with and enter the provider's unique NPI number. If the federal tax identification number affiliated with this provider is not listed, please contact your Super User to have this tax identification number added to your current *my*Blue Provider profile. If additional assistance is needed to establish the appropriate tax identification numbers, please contact our EDI Services Department at 1-800-826-4068.

After the tax identification number and performing NPI number has been provided, click "Continue" to start a new application. **Once a new application has been started, it must be completed and submitted within three business days.**

Note: If the provider type selected is not eligible for enrollment in the network selected, an error message will be received. If no network is offered for the selected provider type, you are required however to complete an application package to validate your NPI number. This process will allow you to file claims for services provided to Blue Cross and Blue Shield and State Health Plan members.

Application Criteria Screen – New Provider

During the application process, the supporting information needed to determine if the provider meets the minimum criteria for acceptance in the respective network(s) will be required to be entered via the online application or uploaded as a document. Providers that do not have the ability to upload documents will be able to fax the information needed. The Application Criteria screen provides a summary of the applicable network criteria, as well as a list of the supporting information that will be needed to complete the credentialing process.

Provider Credentialing - Important Information regarding your Physician Application

Thank you for your interest in becoming a Blue Cross & Blue Shield of Mississippi (BCBSMS) and/or Advanced Health Systems (AHS) provider. Our online application process requires that you enter all required provider information and upload or fax related documents. The process is detailed. However, you will be "walked through" each step to ensure that you include all necessary information. Once you complete the application, you will submit it and all required documentation for our review. **Please note that we will not be able to review or process your application unless all required information and documentation is included.** Once the application is started, you must complete and submit it within three (3) business days, along with any required supporting documentation. Therefore, if for any reason your application is not completed and submitted within this time, it will be rejected. However, you may re-apply at a later date.

If you are applying for network participation, approval is contingent upon you meeting the requirements set forth in this online application, as well as the execution of all applicable agreements. This website will be the primary method of communication regarding your application. You should check the *my*Notifications section for any questions or responses to your application. **Important: If you are submitting an _initial_ application, please do not file claims until you have been notified to do so.**

Please see below for a summary of required information and criteria that you will need to meet and submit to be considered for network participation.

Physician Criteria

- Have a current, unrestricted DEA license. *NOTE: Providers who do not have Schedules 2, 2N, 3, 3N, 4 and 5 must provide a written explanation for the omission. These providers will be considered on an individual basis and may be asked to obtain all Schedules;*
- Be currently or previously board certified or currently board eligible through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) for MDs and DOs or the American Board of Oral and Maxillofacial Surgery for DMDs and DDSs. (Providers who are certified through foreign specialty boards will be considered on an individual basis relative to their equivalency of training as determined by Blue Cross & Blue Shield of Mississippi or AHS State Network and its Credentials Verification Committee.) *NOTE: Providers are considered board eligible for initial certification for five (5) years after residency has been completed or for the time-period set by the certifying board, whichever is less. Providers will not be considered board eligible for purposes of network participation after these time periods;*
- Have active hospital privileges at a hospital or sufficient referral mechanism for patient admission. *NOTE: Individual consideration is given based on practice and location;*
- Have valid Medicare and Medicaid provider numbers;
- Submit a completed application and network agreement(s);
- Submit claims electronically;
- Enroll in myAccessBlue for on-line access to benefits, eligibility, claims status and vouchers;
- Enroll in ACH for electronic payment;
- Have a current, unrestricted license to practice/operate in Mississippi and/or in other states where licensed;
- Maintain a minimum of $500,000 per occurrence/$1,000,000 aggregate professional liability coverage with an approved carrier. *NOTE: Individual consideration is given to providers with FTCA (Federal Tort Claims Act) coverage or MTCA (MS Tort Claims Act) coverage for employees of state governmental entities in accordance with Miss. Code Section 11-46-15. Documentation supporting the provider's coverage through these means must be provided;*
- Provide Malpractice Claims History Report(s) produced by your professional liability insurance carrier(s) reflecting the past 5 years or a NPDB report. Note: Providers who have had no malpractice claims must also submit this information. If the applicant completed their education during the past 5 years, a claims history report must be submitted reflecting all dates after completion. Please request from your current carrier as well as past carriers with whom you held a policy over the past 5 years;
- Be non-listed in OIG's Cumulative Sanctions Report (Medicare/Medicaid);
- Provide a completed W-9 form;
- Provide satisfactory responses to general questions regarding history of restrictions on licenses, privileges, convictions, etc.; history of malpractice claims; and health conditions affecting practice ability.

Provider Remote System Access Agreement You will complete this online. Necessary information includes:

- Name, job title, telephone number and email of the provider staff member who will be responsible for the organization's access to its online services with Blue Cross & Blue Shield of Mississippi and/or Advanced Health Systems, Inc.

Authorization Agreement for Automatic Deposits You will complete this online, print a copy for signature and upload or fax your signed document, voided check, and letter from the bank.

- Depository (Bank) Name

Provider Application Home Screen – New Provider

The Provider Application Home screen contains links to the enrollment application and any applicable agreements that must be completed. The agreements listed will be dependent on the provider and network types selected. This screen also provides links to upload any necessary supporting documents for the application. Based on the information entered on the initial screen, the NPI number and tax identification number will be automatically populated and listed on this screen for reference. The provider name will also be listed once the application has been started.

To start the application process, simply click on the application link.

Provider Credentialing - Physician   **Click Here for Network Criteria**

| NAME: Doe, Jane | NPI ID: 1234567890 | Tax ID: 987654321 |

1 Complete these online documents

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	N/A	Not Yet Started
2. BCBSMS Key Physician Agreement	N/A	Not Yet Started
3. AHS State Network Healthcare Professional Agreement	N/A	Not Yet Started
4. Electronic Submission of Claims (ESC) Agreement	N/A	Not Yet Started
5. Provider Remote System Access Agreement	N/A	Not Yet Started
6. Authorization Agreement for Automatic Deposits	N/A	Not Yet Started

2 Supporting Documentation

Some documents related to your practice are necessary. Others may be necessary based on the specifics of your practice. Please Upload or Fax all applicable supporting documentation for your application.

Documents to Upload	Last Activity Date	
Certificate of Liability Insurance	N/A	Upload documents
Claim History or National Practitioner Data Bank Report	N/A	Upload documents
State License	N/A	Upload documents
DEA Certificate	N/A	Upload documents
Hospital Privileges	N/A	Upload documents
CLIA Certificate/Waiver	N/A	Upload documents
Curriculum Vitae	N/A	Upload documents
Medicare/Medicaid Provider Number(s)	N/A	Upload documents
Authorization Agreement for Automatic Deposits	N/A	Upload documents
Electronic Submission of Claims (ESC) Agreement	N/A	Upload documents
W-9 Form	N/A	Upload documents

Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please click here for fax cover sheet.

3 Submit Application Packet for Credentialing

Please click the button below to submit the application packet. After you submit the application packet you will not be allowed to make any changes to the application other than viewing the submitted information.

[Back to View Applications]   [Submit Application]

Note: To review the minimum criteria for acceptance, click the "Network Criteria" link in the top right-hand corner of the page.

Provider Application – New Provider

The Provider Application is a multiple page electronic document that allows the user to enter the required provider information online. The user must complete the entire Provider Application before the application packet can be submitted for review. Required fields will be indicated by an asterisk.

Once all the required information is provided on a page, the user must click the "Save & Continue" button at the bottom of the page to save the information and proceed to the next page of the application.

Note: At any time during the application process, you may cancel the application and return at a later time to complete the application. However, you must "Save & Continue" to the next screen to prevent losing information that has already been entered. By clicking the "Save & Continue" button, you are saving your information. If any error messages exist, these messages must be resolved before the information can be saved. If you do not click "Save & Continue" before cancelling the application, any information entered on that page will be lost. **Reminder: Once a new application has been started, it must be completed and submitted within three business days.**

Provider Application – New Provider (Continued)

There are several pages of the application that require information to be "added" prior to continuing to the next page. These are pages where more than one set of information may apply. For example, a provider may practice at multiple locations or have multiple degrees from different universities. These pages will include an "Add" button in the corresponding section of the application. Once the initial set of information is "added," the user will be able to "add" additional information or click "Save & Continue" to save entered info and proceed to the next page of the application.

During the application process, providers will be asked to provide practice information. Only the practice locations associated with the available tax identification numbers should be entered on this screen. If the provider practices at additional locations associated with tax identification numbers that are not listed, the provider will need to complete an 'Additional Location Application' once the credentialing process has been completed. The 'Additional Location Application' is available under the Form Download section of *my*Blue Provider.

Note: Only the tax identification numbers associated with the user's *my*Blue Provider profile will be listed in the drop-down menu.

Provider Application – New Provider (Continued)

Once the practice location information has been entered, click the "Add Practice Location" button to save the practice location information. To add an additional location, enter the additional location information and click the "Add Practice Location" button to save the additional practice location information. Repeat this process for any additional locations.

Note: Once the information has been "added" the user will have the ability to edit or delete the information if needed.

After all application practice locations have been "added," click "Save & Continue" to save entered info and proceed to the next page of the application.

Provider Application – New Provider (Continued)

If for any reason the application is not able to be completed in its entirety after the application was initially started, the user will have **three business days** to complete and submit the application. As a reminder, the date of required completion will be displayed once the application has been started. An application that has not been completed will show as "In Progress" on the Provider Credentialing Home screen. The date of the last activity on the application will also be listed.

1 Complete these online documents by 07/29/2012

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	07/26/2012	In Progress
2. BCBSMS Key Physician Agreement	N/A	Not Yet Started
3. AHS State Network Healthcare Professional Agreement	N/A	Not Yet Started
4. Electronic Submission of Claims (ESC) Agreement	N/A	Not Yet Started
5. Provider Remote System Access Agreement	N/A	Not Yet Started
6. Authorization Agreement for Automatic Deposits	N/A	Not Yet Started

Once the application has been completed, it will show as "Completed." The user will also have the option of viewing the information entered in a PDF format for review prior to submission. Until the application is submitted, the user will also have the ability to edit the application as needed. Any changes to the application will require the provider to reconfirm any agreements or affirmations.

1 Complete these online documents by 07/29/2012

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	07/26/	Completed View Information
2. BCBSMS Key Physician Agreement	N/A	Not Yet Started
3. AHS State Network Healthcare Professional Agreement	N/A	Not Yet Started
4. Electronic Submission of Claims (ESC) Agreement	N/A	Not Yet Started
5. Provider Remote System Access Agreement	N/A	Not Yet Started
6. Authorization Agreement for Automatic Deposits	N/A	Not Yet Started

Provider Network Agreements – New Provider

Based on the network type selected, the Blue Cross & Blue Shield of Mississippi (BCBSMS), Advanced Health System (AHS), or both agreements will be listed as documents that require completion. If the user selected "No Networks" during the initial request, no agreements will be listed.

Provider Credentialing - Physician   **Click Here for Network Criteria**

NAME: Doe, John   NPI ID: 1376754002   Tax ID: 753198932

1 **Complete these online documents by 07/29/2012**

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	07/26/2012	Completed View Information
2. BCBSMS Key Physician Agreement	N/A	Not Yet Started
3. AHS State Network Healthcare Professional Agreement	N/A	Not Yet Started
4. Electronic Submission of Claims (ESC) Agreement	N/A	Not Yet Started
5. Provider Remote System Access Agreement	N/A	Not Yet Started
6. Authorization Agreement for Automatic Deposits	N/A	Not Yet Started

2 **Supporting Documentation**

Some documents related to your practice are necessary. Others may be necessary based on the specifics of your practice. Please Upload or Fax all applicable supporting documentation for your application.

Documents to Upload	Last Activity Date	
Certificate of Liability Insurance	N/A	Upload documents
Claim History or National Practitioner Data Bank Report	N/A	Upload documents
State License	N/A	Upload documents
DEA Certificate	N/A	Upload documents
Hospital Privileges	N/A	Upload documents
CLIA Certificate/Waiver	N/A	Upload documents
Curriculum Vitae	N/A	Upload documents
Medicare/Medicaid Provider Number(s)	N/A	Upload documents
Authorization Agreement for Automatic Deposits	N/A	Upload documents
Electronic Submission of Claims (ESC) Agreement	N/A	Upload documents
W-9 Form	N/A	Upload documents

    Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please click here for fax cover sheet.

3 **Submit Application Packet for Credentialing**

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[Back to View Applications]   [Submit Application]

Provider Network Agreements – New Provider (Continued)

The Provider Network Agreements are a single page electronic document that allows the user to read the actual BCBSMS and/or AHS Network agreements. Once the user has read the network agreement and entered the needed provider information, the user must accept the agreement to be considered for acceptance in the corresponding network.

The BCBSMS Network Agreement allows the provider to indicate if they want to be included in the directory of Participating Network Providers.

Once the Provider Network Agreement has been completed and the provider's electronic signature has been provided, click "Save" to continue.

Additional Provider Agreements – New Provider

In addition to the Provider Application and Network Agreements, inclusion in the BCBSMS and/or AHS Networks requires providers to file claims electronically, receive payments electronically and have access to *my*Blue Provider. These agreements must also be completed prior to submitting the provider enrollment application for review. If your clinic already files claims electronically, receives payments electronically and has access to *my*Blue Provider, these agreements will not be required.

Provider Credentialing - Physician   **Click Here for Network Criteria**

NAME: Doe, John   NPI ID: 1376754002   Tax ID: 753198932

1 Complete these online documents by 07/29/2012

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	07/26/2012	Completed View Information
2. BCBSMS Key Physician Agreement	07/26/2012	Completed View Information
3. AHS State Network Healthcare Professional Agreement	07/26/2012	Completed View Information
4. Electronic Submission of Claims (ESC) Agreement	N/A	Not Yet Started
5. Provider Remote System Access Agreement	N/A	Not Yet Started
6. Authorization Agreement for Automatic Deposits	N/A	Not Yet Started

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Documents to Upload	Last Activity Date	
Certificate of Liability Insurance	N/A	Upload documents
Claim History or National Practitioner Data Bank Report	N/A	Upload documents
State License	N/A	Upload documents
DEA Certificate	N/A	Upload documents
Hospital Privileges	N/A	Upload documents
CLIA Certificate/Waiver	N/A	Upload documents
Curriculum Vitae	N/A	Upload documents
Medicare/Medicaid Provider Number(s)	N/A	Upload documents
Authorization Agreement for Automatic Deposits	N/A	Upload documents
Electronic Submission of Claims (ESC) Agreement	N/A	Upload documents
W-9 Form	N/A	Upload documents

Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please click here for fax cover sheet.

3 Submit Application Packet for Credentialing

Please click the button below to submit the application packet. After you submit the application packet you will not be allowed to make any changes to the application other than viewing the submitted information.

[Back to View Applications]   [Submit Application]

Electronic Submission of Claims Agreement

The Electronic Submission of Claims (ESC) Agreement is required in order to submit claims electronically for processing. Similar to the Network Agreements, this electronic document allows the user to read the actual ESC agreement. Once the user has read the ESC agreement and entered the needed provider information, the user must accept the agreement to be set up to file claims electronically.

If the Provider uses an authorized billing agency or clearinghouse to submit claims on the Provider's behalf, the billing and clearinghouse information will also be required.

Note: If the provider uses a billing agency or clearinghouse to file their claims, the ESC agreement will need to be physically signed by the billing or clearinghouse and submitted either by upload or fax to BCBSMS for review with all applicable signatures.

Agreement For Electronic Claims Submission

Please read the agreement details below.

> I. TERMS
> The Provider certifies and specifically agrees that:
> A. All services rendered were performed by the Provider or under the Provider's supervision in its facility.
> B. Authorization for payment to the Provider and for release of medical information has been fully executed by the patient. The required patient signature, or where applicable, appropriate signatures on behalf of patients, required physician certification/recertification, and PSRO certifications, where applicable, are on file and will be maintained by the Provider.
> C. Properly filed source documents will be maintained by the Provider who agrees that the Plan, or its designees, have the right to audit and confirm any information submitted. Any incorrect payments which are discovered as a result of such an audit will be adjusted according to applicable provisions of the Social Security Act as amended, regulations, guidelines and provisions contained in the Plan's contracts, and Plan policy guidelines.
> D. In the event the Provider discontinues its relationship with the Billing Agency or Clearinghouse, the Provider will notify the Plan immediately and will supply the successor Billing Agency's or Clearinghouse's name, address and contact personnel. Also, in the event of any such discontinuance, this Agreement will terminate immediately.
> E. In the event a Billing Agency or Clearinghouse is authorized by the Provider to

*Agreement Date: 11/26/2012

Tax Identification: 987654321

*Provider Name: John Doe, MD

Billing Agency Name: ACME Billing

Clearinghouse Name: ACME Clearinghouse

*Provider Electronic Signature: John M Doe, MD

*NPI: 1234567890

*Date Signed: 11/26/2012

PROVIDER hereby executes this Electronic Claims Agreement by clicking the box marked "I have read & accept the Electronic Claims Agreement" and through PROVIDER's electronic signature and NPI number entered above.

◉ **I have read & accept the Electronic Claims Agreement**
◯ **I do not accept**

[Save] [Cancel]

Electronic Submission of Claims Agreement (Continued)

In some cases, an electronic claims submission agreement may already be on file. Based on the tax identification number, if an agreement is already on file, a message will be received and an agreement will not be required.

Agreement For Electronic Claims Submission

Our records indicate you already have an Electronic Submission of Claims agreement on file. No further action is required. Click Done to complete the process.

Done

Remote System Access Agreement

The Remote System Access agreement is required in order to set a provider up with access to *my*Blue Provider. Once a provider has been set up with *my*Blue Provider access, the provider will have the ability to verify their patients' eligibility, benefits and claim status. The provider will also have access to a variety of electronic tools to assist the provider with providing the best quality of care to their Blue Cross and Blue Shield patients.

Provider Remote System Access Agreement

Please read the agreement details below.

1. ACCESS TO COMPUTER SYSTEM
Subject to the provisions of this paragraph, BCBSMS shall allow CLIENT controlled access to its provider web-site, myAccessBlue, to conduct activities for subscribers and their enrolled dependents covered under a Contract/Certificate. Such activities include, but are not limited to, member eligibility and benefits inquiry, claim status inquiry, view vouchers and medical policy. For purposes of this Agreement, Contract/Certificate means any Contract/Certificate issued or administered by BCBSMS, its subsidiaries and affiliates, entitling subscribers and their covered dependents to receive health care benefits as defined in the Contract/Certificate. CLIENT's access to BCBSMS' computer system shall be limited to Contracts/Certificates designated by BCBSMS.
2. CONFIDENTIAL AND PROPRIETARY INFORMATION
a. CLIENT understands and acknowledges that any and all of BCBSMS' information, data, or documentation accessed by CLIENT is considered confidential and/or proprietary (hereinafter referred to as "Confidential Information"). BCBSMS' Confidential Information includes, but is not limited to, information from myAccessBlue programs, applications, database files, as well as any other data, documentation, literature and material on its computer system.
b. CLIENT, as well as its officers, directors, and employees, shall at all times preserve the confidentiality of all Confidential Information and/or the proprietary system and shall not at any time, in manner or form, directly or indirectly, copy, disclose, duplicate, download, license, sell, reveal, divulge, transfer, publish or communicate, in whole or in

*Name:	*Client Name:
John Doe, MD	ACME Medical Clinic
*Agreement Date:	Tax Identification:
11/26/2012	987654321

Address

*Address Line 1:	Address Line 2:
1234 Main St	

*City:	*State:	*Zip Code:
Jackson	MISSISSIPPI	39215

*Provider's Electronic Signature:	*NPI:	*Title:	*Date:
John M Doe, MD	1234567890	Chief Executive Officer	11/26/2012

PROVIDER hereby executes this Provider Remote System Access Agreement by clicking the box marked "I have read & accept the Provider Remote System Access Agreement" and through PROVIDER's electronic signature and NPI number entered above.

⦿ **I have read & accept the Provider Remote System Access Agreement**
○ **I do not accept**

Save   Cancel

Remote System Access Agreement (Continued)

In some cases, a Remote System Access agreement may already be on file. Based on the tax identification number, if an agreement is already on file, a message will be received and an agreement will not be required.

Provider Remote System Access Agreement

Our records indicate you already have a Remote System Access agreement on file. No further action is required. Click Done to complete the process.

Done

Authorization Agreement for Automatic Deposits

Unlike the Electronic Submission of Claims and Remote System Access agreements, the user will need to verify if an Authorization Agreement for Automatic Deposits (ACH) is on file prior to being able to complete the form. To verify if an ACH agreement is already on file, the appropriate Voucher ID must be selected. The Voucher ID is the number associated with the Provider Remittance Statement. In most cases, this number will be related to the tax identification number.

Once the Voucher ID is selected, click "Continue" to verify if an ACH agreement is already on file. If an agreement is already on file, a message will be received that ACH information is already on file. If this message is received, an ACH agreement will not be required. Click "Done" to return to the Provider Application Home screen.

Note: If ACH information is already on file, the user can update the ACH information if needed. An updated ACH form, however, will be required to be submitted along with supporting banking documentation.

If an agreement is not already on file, you will be taken directly to the electronic ACH agreement for completion.

Authorization Agreement for Automatic Deposits (Continued)

The Authorization Agreement for Automatic Deposits (ACH) is required in order to be paid electronically. **The ACH agreement can be filled out electronically but is required to be physically signed and electronically submitted with a voided check and a letter of verification from the bank.**

Once the ACH agreement has been completed, click the "Save" button to continue.

Authorization Agreement for Automatic Deposits (Continued)

Once the ACH agreement has been saved, **it must be printed, physically signed and electronically submitted with a voided check and a letter of verification from the bank.** To print the ACH agreement, click the "Print" button on the Application Home Page.

1 Complete these online documents by 07/29/2012		
Documents	**Last Activity Date**	**Status**
1. Mississippi Network Physician Application	07/26/2012	Completed View Information
2. BCBSMS Key Physician Agreement	07/26/2012	Completed View Information
3. AHS State Network Healthcare Professional Agreement	07/26/2012	Completed View Information
4. Electronic Submission of Claims (ESC) Agreement	07/26/2012	Completed View Information
5. Provider Remote System Access Agreement	07/26/2012	Completed View Information
6. Authorization Agreement for Automatic Deposits	07/26/2012	Completed Print

After you click the "Print" button, the ACH agreement will open as a PDF document with the information entered listed in the appropriate fields. Once the ACH agreement has been printed, the form must be physically signed by the Authority Contact and a witness. **The signed ACH form should then be submitted with a voided check and a letter of verification from the bank.**

AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS

We hereby authorize Blue Cross & Blue Shield of Mississippi to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error, or adjustments for any credit entries in error, to our checking account as indicated below at the depository financial institution named below, and to credit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

[X] Initial Request   [ ] Change Request   Effective Date of Change: _____

Type of account: [X] Checking   [ ] Savings

Company Name: ACME MEDICAL CLINIC   Provider Identification #: _____

Depository (Bank) Name: STATE BANK   Branch: DOWNTOWN

City: JACKSON   State: MS   ZIP: 39211   - _____

Transit/ABA #: 123456789   Account #: 0123456789

Tax Identification #: 987654321

[X] Please check here if this banking information applies to all tax identification numbers associated with your practice.

This authority is to remain in full force and effect until Blue Cross & Blue Shield of Mississippi has received written notification from us of its termination in such time and in such manner as to afford Blue Cross & Blue Shield of Mississippi and Depository a reasonable opportunity to act on it.

Name: JOHN SMITH

Title: CHIEF FINANCIAL OFFICER

Signature: _____   Date: _____

Email Address: EMAIL@EMAIL.COM

Note: Person signing must be the Chief Financial Officer or Managing Partner and must be an authorized account representative for the checking account listed above. Also, a witness signature must be included below.

Witness: _____   Date: _____

Please indicate below alternate contact information for your facility/office if Blue Cross & Blue Shield of Mississippi should contact someone other than the Chief Financial Officer or Managing Partner regarding this project.

Name: SALLY SUE SMITH   Title: OFFICE MANAGER

Phone Number: 6015555555   Email Address: EMAIL@EMAIL.COM

Please obtain a letter from your bank verifying the routing and account numbers related to your designated bank account.

Supporting Documentation

Once the application and the agreements have all been completed, supporting documentation will need to be provided for review. Please refer to the Network Criteria Information link to determine what information is required to be submitted for review. **It is imperative that all the necessary supporting documentation is provided prior to submission to prevent any unnecessary delays in the application review process.**

A listing of all required documents is available under 'Documents to Upload' for you to ensure all necessary supporting documents are provided. To upload the necessary documents for review, click the "Upload Documents" link listed to the right of the corresponding document. To submit additional documentation that is not listed in the 'Documents to Upload' section, click the link near the bottom of the section to submit other additional documents.

Provider Credentialing - Physician   Click Here for Network Criteria

NAME: Doe, John	NPI ID: 1376754002	Tax ID: 753198932

1 Complete these online documents by 07/29/2012

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2. BCBSMS Key Physician Agreement	07/26/2012	Completed View Information
3. AHS State Network Healthcare Professional Agreement	07/26/2012	Completed View Information
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DEA Certificate	N/A	Upload documents
Hospital Privileges	N/A	Upload documents
CLIA Certificate/Waiver	N/A	Upload documents
Curriculum Vitae	N/A	Upload documents
Medicare/Medicaid Provider Number(s)	N/A	Upload documents
Authorization Agreement for Automatic Deposits	N/A	Upload documents
Electronic Submission of Claims (ESC) Agreement	N/A	Upload documents
W-9 Form	N/A	Upload documents

Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please click here for fax cover sheet.

3 Submit Application Packet for Credentialing

Please click the button below to submit the application packet. After you submit the application packet you will not be allowed to make any changes to the application other than viewing the submitted information.
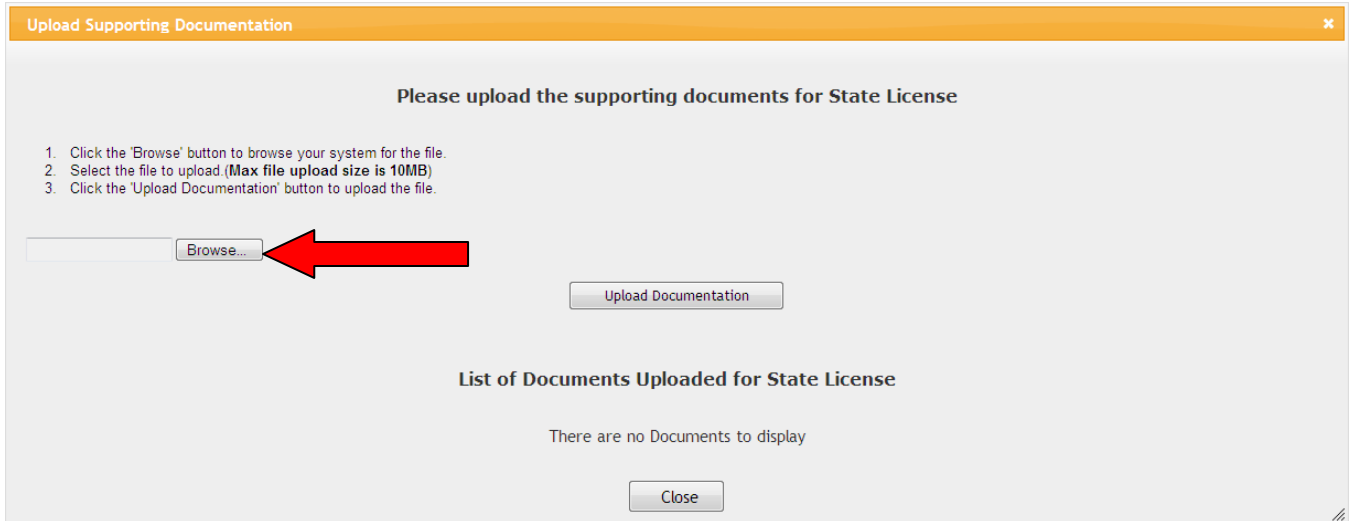
[Back to View Applications]   [Submit Application]

Note: Providers that do not have the ability to upload supporting documents may print a specialized fax cover sheet and fax in the necessary supporting documentation.

Uploading Supporting Documentation

Once you click the 'Upload Documents' link, an upload box will appear.

Click the 'Browse' button to select the corresponding file on your system that you wish to provide as supporting documentation for your application. Once you have selected the corresponding file, click the 'Open' button to return to the upload box.
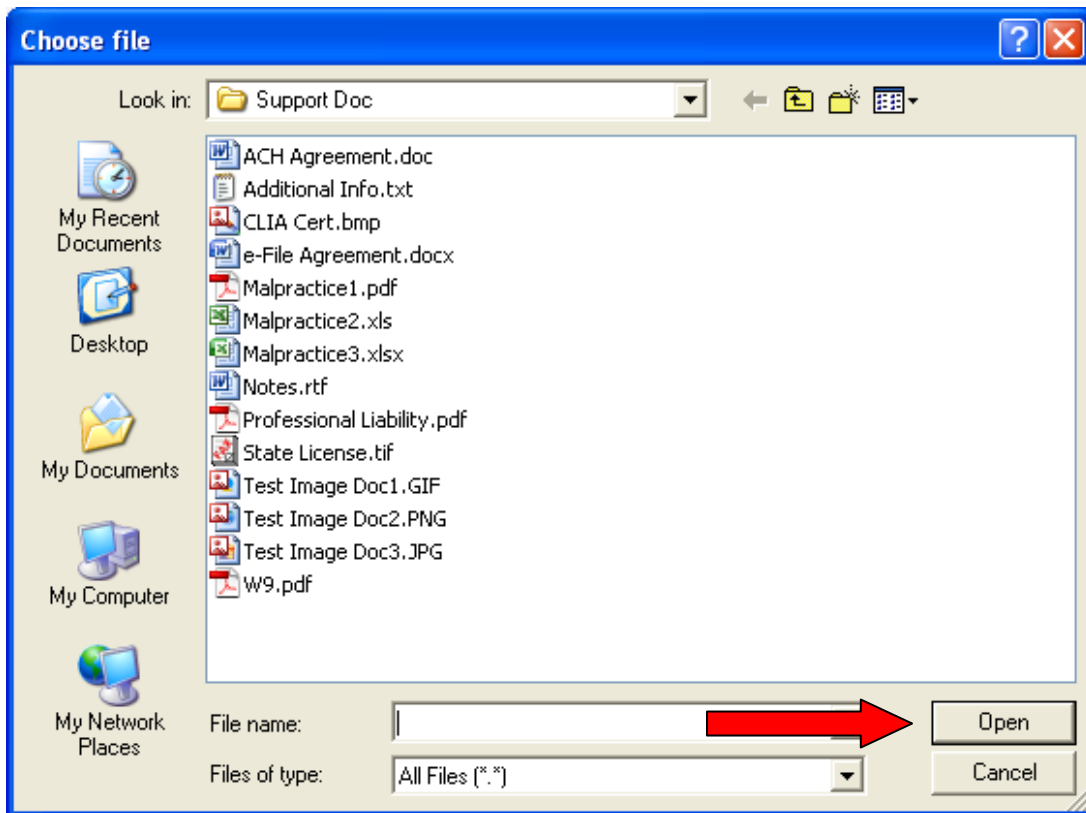
Uploading Supporting Documentation (Continued.)

After you have selected the appropriate file, click the "Upload Documentation" button to upload the file. Once the file has been uploaded, there will an option to view the uploaded document to ensure the appropriate document was uploaded and to remove the document if the incorrect document was uploaded.

If you have more than one file that needs to be provided for supporting documentation, click the 'Browse' button again to select any additional files on your system that you wish to provide as supporting documentation for your application.
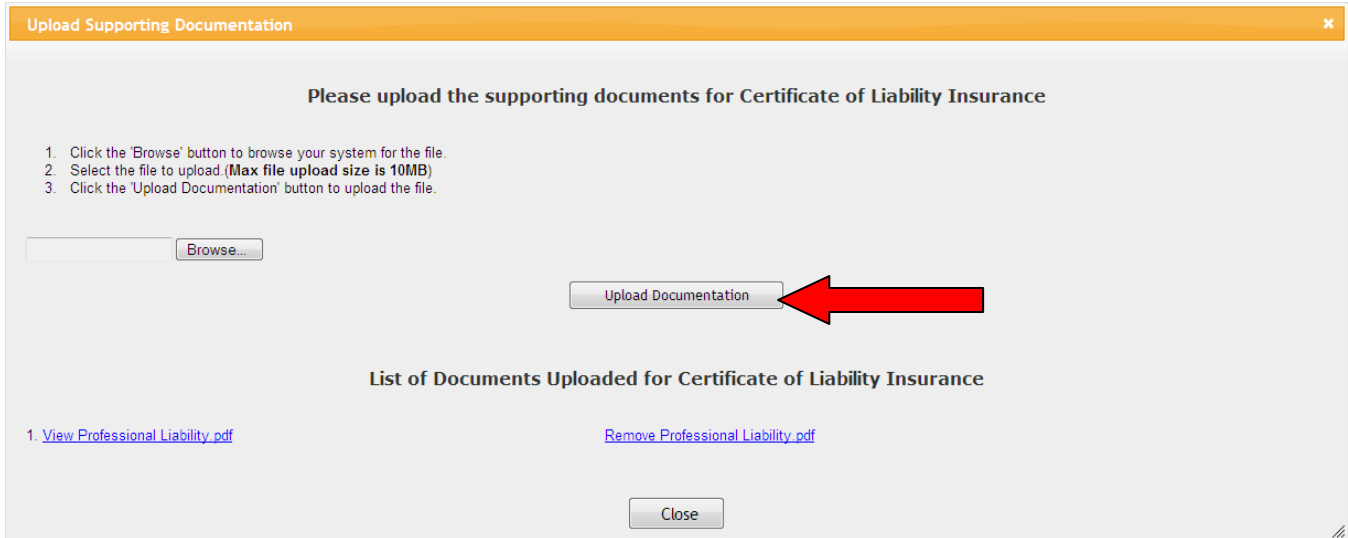
Once you have uploaded all necessary supporting medical documentation, click the 'Close' button to return to the Provider Application Home Page. Once the documentation has been uploaded, the link will show as "View Documents." The date of the last activity on the document will also be listed.

Faxing Supporting Documentation

If you are unable to upload the necessary supporting documentation, you will need to fax the supporting documentation using the specialized fax cover sheet provided. Simply click the link for the fax cover sheet and print the fax cover sheet prior to submitting your application. Once you have submitted your application, fax the supporting documentation immediately to prevent any delays in handling your application. **If the supporting medical documentation is not received within 24 hours of application submission, your application will be closed without review.**

Provider Credentialing - Physician

[Click Here for Network Criteria]

NAME: Doe, John	NPI ID: 1376754002	Tax ID: 753198932

1 Complete these online documents by 07/29/2012

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	07/26/2012	Completed View Information
2. BCBSMS Key Physician Agreement	07/26/2012	Completed View Information
3. AHS State Network Healthcare Professional Agreement	07/26/2012	Completed View Information
4. Electronic Submission of Claims (ESC) Agreement	07/26/2012	Completed View Information
5. Provider Remote System Access Agreement	07/26/2012	Completed View Information
6. Authorization Agreement for Automatic Deposits	07/26/2012	Completed Print

2 Supporting Documentation

Some documents related to your practice are necessary. Others may be necessary based on the specifics of your practice. Please Upload or Fax all applicable supporting documentation for your application.

Documents to Upload	Last Activity Date	
Certificate of Liability Insurance	N/A	Upload documents
Claim History or National Practitioner Data Bank Report	N/A	Upload documents
State License	N/A	Upload documents
DEA Certificate	N/A	Upload documents
Hospital Privileges	N/A	Upload documents
CLIA Certificate/Waiver	N/A	Upload documents
Curriculum Vitae	N/A	Upload documents
Medicare/Medicaid Provider Number(s)	N/A	Upload documents
Authorization Agreement for Automatic Deposits	N/A	Upload documents
Electronic Submission of Claims (ESC) Agreement	N/A	Upload documents
W-9 Form	N/A	Upload documents

    Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please **click here for fax cover sheet.**

3 Submit Application Packet for Credentialing

Please click the button below to submit the application packet. After you submit the application packet you will not be allowed to make any changes to the application other than viewing the submitted information.

[Back to View Applications] [Submit Application]

Faxing Supporting Documentation (Continued)

Any supporting documentation that is faxed must be faxed using the specialized fax cover sheet provided. The specialized fax cover sheet contains a bar code unique to your application. This bar code ensures any faxed supporting documentation is appended to the appropriate application packet. Failure to use the specialized fax cover will result in delays in the processing of your application.

BlueCross BlueShield of Mississippi

It's good to be Blue.

Provider Credentialing
Fax Cover Sheet

ATTENTION: CREDENTIALING TEAM

FROM: ACME Medical Clinic

PROVIDER TYPE:
Physician

TAX ID:
987654321

For this documentation to be processed in a timely and accurate manner, please follow these instructions:

1) Print this page.
2) Place this sheet on top of the requested information.
3) Fax this cover sheet with requested information to **601-664-5120**.

Failure to follow these instructions may result in a delay in processing.

1) Documentation submitted under this fax cover sheet **must** be applicable to the specific provider above.
2) Only this fax cover sheet may be used for faxing the requested information for this provider.

Confidentiality and Privacy Notice

The information contained in this message, and attachments hereto, is confidential and it may be subject to attorney/client privilege or the attorney work product doctrine, and may contain Protected Health Information that is subject to use and disclosure restrictions under federal law. It is intended only for the use of the individual or entity named above. If the recipient or reader of this message is not the intended recipient, or the employee or agent responsible to deliver this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this message in error, please notify us immediately so that we may arrange for the return of the original material. All recipients are expected to maintain appropriate protections on the information contained herein.

BCBS 25554   Rev. 9/12

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, is an independent licensee of the Blue Cross and Blue Shield Association.

C R E D 0 1 2 3 3 1 8 0 0 3 9 4 8

Application Submission – New Provider

Once you have completed the application, any applicable agreements and uploaded the necessary supporting documentation (or printed the fax cover sheet), the application packet is ready to be submitted for credentialing review. To submit the application packet, click the "Submit Application" button located at the bottom of the screen.

Provider Credentialing - Physician   **Click Here for Network Criteria**

NAME: Doe, John   NPI ID: 1376754002   Tax ID: 753198932

1 Complete these online documents by 07/29/2012

Documents	Last Activity Date	Status
1. Mississippi Network Physician Application	07/26/2012	Completed View Information
2. BCBSMS Key Physician Agreement	07/26/2012	Completed View Information
3. AHS State Network Healthcare Professional Agreement	07/26/2012	Completed View Information
4. Electronic Submission of Claims (ESC) Agreement	07/26/2012	Completed View Information
5. Provider Remote System Access Agreement	07/26/2012	Completed View Information
6. Authorization Agreement for Automatic Deposits	07/26/2012	Completed Print

2 Supporting Documentation

Some documents related to your practice are necessary. Others may be necessary based on the specifics of your practice. Please Upload or Fax all applicable supporting documentation for your application.

Documents to Upload	Last Activity Date	
Certificate of Liability Insurance	07/26/2012	View documents
Claim History or National Practitioner Data Bank Report	07/26/2012	View documents
State License	07/26/2012	View documents
DEA Certificate	07/26/2012	View documents
Hospital Privileges	07/26/2012	View documents
CLIA Certificate/Waiver	07/26/2012	View documents
Curriculum Vitae	07/26/2012	View documents
Medicare/Medicaid Provider Number(s)	07/26/2012	View documents
Authorization Agreement for Automatic Deposits	07/26/2012	View documents
Electronic Submission of Claims (ESC) Agreement	07/26/2012	View documents
W-9 Form	07/26/2012	View documents

   Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please click here for fax cover sheet.

3 Submit Application Packet for Credentialing

Please click the button below to submit the application packet. After you submit the application packet you will not be allowed to make any changes to the application other than viewing the submitted information.

Back to View Applications   **Submit Application**

Prior to submission, the application and any applicable agreements must be completed. Also, please verify all required supporting documentation has been uploaded or is being faxed to prevent any delays in the processing of your application. If any required supporting documentation is not provided at the time of submission, the missing supporting documentation will be requested through *my*Notifications and the provider will have 10 calendar days to provide the requested information or the application will be closed without further review. Please refer to the following "Application Status – Additional Information Required" section of this document for more information on providing requested information.

Application Submission – New Provider (Continued)

After clicking the "Submit Application" button, you will need to indicate whether all the necessary supporting documentation has been uploaded or if additional documentation will be faxed to finalize the submission process. This will ensure your application is not rejected due to missing documentation that is in the process of being faxed for review.

Before You Submit the Application:

Please select one of the options before submitting the application.

○ Completed Application - Uploaded Supporting Documents

○ Completed Application - Pending Fax Documents

[Submit Application]   [Cancel]

Once you have finalized the submission process, you will receive a verification message acknowledging the receipt of the application. This message will also include a link to the Provider Credentialing Home Screen if you need to submit another new provider application.

Information:

Your request has been received by Blue Cross & Blue Shield of Mississippi. You may check the status of your request by clicking on the *my*Notifications section on the home page.

To submit another application, please click here.

*my*Blue Provider Home Page – Recredential Application Process

All current Participating Network Providers are required to be recredentialed every three years. A notification will be sent to all Network Providers notifying them that it is time for recredentialing 60 days prior to their renewal date. This notification will be sent through the *my*Notifications function of *my*Blue Provider.

Note: Access to the Provider Credentialing section of *my*Notifications will be automatically given to all Super Users. If you handle the provider credentialing for your clinic or organization and do not have access to the Provider Credentialing section of *my*Notifications, please contact your Super User to have your *my*Blue Provider profile updated. If additional assistance is needed to establish the appropriate *my*Notifications access, please contact our EDI Services Department at 1-800-826-4068.

*my*Notifications – Recredential Notifications

Notification of a provider's recredentialing requirement will be listed with a "Pending Recredentialing" status. These notifications will be valid for 60 days from the date of creation. **If a completed recredentialing application is not received within 60 days, the provider will be subject to termination from the network(s) and will be required to re-apply for future network participation.**

To view the recredentialing information, click on the corresponding message to open the message detail. The message will contain a link to the Application Home Screen.

Provider Credentialing Home Screen – Existing Network Provider

The Provider Credentialing Home Screen will display a list of all open network provider applications based on your clinic's tax identification number. This screen will be bypassed if you click the link within the *my*Notifications message. The applications for providers that are due for recredentialing will be listed with a "Pending Recredentialing" status under My Provider Applications. Click on the applicable NPI number link of the provider that requires recredentialing to begin the recredentialing process.

Note: Providers that participate in both the BCBSMS and AHS Networks will have a network indicator of "Both" and will only have to complete the recredentialing process once for both networks.

Provider Application Home Screen – Existing Network Provider

Once you have accessed the application pending recredentialing, you will notice that the provider application is already in progress. This is already "in progress" because the information that is currently on file for this provider has been preloaded to the application for you to review and edit as necessary.

To complete the provider application, simply click on the application link.

Please remember that once an application has been started, it must be completed and submitted within three business days.

Provider Application – Existing Network Provider

The Provider Application for an existing network provider will be preloaded with certain information that is currently on file for the applicable network provider. The user will have the ability to update their existing provider information and provide any missing required information online. The user must complete the entire Provider Application before the recredentialing application packet can be submitted for review. Required fields will be indicated by an asterisk.

Once all the required information has been reviewed and updated as needed, the user will have to click the "Save & Continue" button at the bottom of the page to save the information and proceed to the next page of the application.

Note: At any time during the application process, you may cancel the application and return at a later time to complete the application. However, you must "Save & Continue" to the next screen to prevent losing information that has already been entered. By clicking the "Save & Continue" button, you are saving your information. If any error messages exist, these messages must be resolved before the information can be saved. If you do not click "Save & Continue" before cancelling the application, any information entered on that page will be lost. **Reminder: Once a new application has been started, it must be completed and submitted within three business days.**

Provider Application – Existing Network Provider (Continued)

For the pages of the application where more than one set of information may apply, any information that is on file for the network provider will be listed as an existing record. In these situations, the user will need to review each existing record(s) to verify all information is still accurate. To review the record, click the "Edit" link and the information contained in the corresponding record will be populated in the appropriate fields for that page. Once the information has been updated and/or any missing required information has been provided, click the "Add" button to save the changes.

For existing network providers, only the practice locations associated with the available tax identification numbers will be pre-populated on this screen. If the provider practices at additional locations associated with tax identification numbers that are not listed, these locations must be listed later in the application under work history.

Once all the existing records have been reviewed and updated as needed, click "Save & Continue" to proceed to the next page of the application.

Note: If the existing information is no longer valid, the user will have the ability to delete the invalid record.

Additional Provider Agreements – Existing Network Provider

BCBSMS and/or AHS Networks Providers are required to file claims electronically, receive payments electronically and have access to *my*Blue Provider. Although these agreements should already be on file for Network Providers, verification will be required prior to submitting the provider recredentialing application for review. If any of these agreements are not currently on file, a completed agreement will be required prior to submitting the provider recredentialing application for review.

To verify if these agreements are on file, click on the link for each of the corresponding agreements.

1 Complete these online documents by 09/02/2012		
Documents	**Last Activity Date**	**Status**
1. Mississippi Network Physician Application	08/30/2012	Completed View Information
2. Electronic Submission of Claims (ESC) Agreement	N/A	Not Yet Started
3. Provider Remote System Access Agreement	N/A	Not Yet Started
4. Authorization Agreement for Automatic Deposits	N/A	Not Yet Started

Electronic Submission of Claims Agreement

Based on the provider's tax identification number, if an electronic claims submission agreement is already on file, a message will be received and an agreement will not be required.

Agreement For Electronic Claims Submission

Our records indicate you already have an Electronic Submission of Claims agreement on file. No further action is required. Click Done to complete the process.

Done

For information on completing an Electronic Submission of Claims agreement, please refer to the previous "Electronic Submission of Claims Agreement" section of this document.

Remote System Access Agreement

Based on the provider's tax identification number, if a Remote System Access agreement is already on file, a message will be received and an agreement will not be required.

Provider Remote System Access Agreement

Our records indicate you already have a Remote System Access agreement on file. No further action is required. Click Done to complete the process.

Done

For information on completing a Remote System Access agreement, please refer to the previous "Remote System Access Agreement" section of this document.

Authorization Agreement for Automatic Deposits

To verify if an Authorization Agreement for Automatic Deposits (ACH) agreement is already on file, the Voucher ID must be selected. The Voucher ID is the number associated with the Provider Remittance Statement. In most cases, this number will be related to the tax identification number.

Once the Voucher ID is selected, click "Continue" to verify if an ACH agreement is already on file. If an agreement is already on file, a message will be received that ACH information is already on file. If this message is received, an ACH agreement will not be required. Click "Done" to return to the Provider Application Home screen.

Note: If ACH information is already on file, the user can update the ACH information if needed. An updated ACH form, however, will be required to be submitted along with supporting banking documentation.

If an agreement is not already on file, you will be taken directly to the electronic ACH agreement for completion. For information on completing an ACH agreement, please refer to the previous "Authorization Agreement for Automatic Deposits" section of this document.

Supporting Documentation – Existing Network Provider

Once the application and any applicable agreements have been completed, updated supporting documentation will need to be provided for review. Please refer to the Network Criteria Information link to determine what information is required to be submitted for network review. **It is imperative that all necessary supporting documentation is provided prior to submission to prevent any unnecessary delays in the application recredentialing process.**

To upload the necessary documents for review, click the "Upload Documents" link listed to the right of the corresponding document.

2 Supporting Documentation

Some documents related to your practice are necessary. Others may be necessary based on the specifics of your practice. Please Upload or Fax all applicable supporting documentation for your application.

Documents to Upload	Last Activity Date	
Certificate of Liability Insurance	N/A	Upload documents
Claim History or National Practitioner Data Bank Report	N/A	Upload documents
State License	N/A	Upload documents
DEA Certificate	N/A	Upload documents
Hospital Privileges	N/A	Upload documents
CLIA Certificate/Waiver		Upload documents
Curriculum Vitae	N/A	Upload documents
Medicare/Medicaid Provider Number(s)	N/A	Upload documents
Authorization Agreement for Automatic Deposits	N/A	Upload documents
Electronic Submission of Claims (ESC) Agreement	N/A	Upload documents
W-9 Form	N/A	Upload documents

Click here to download the required W-9 form Upon completion, sign and upload or fax.

Click here to submit other additional documents.

If you are unable to upload documents, please click here for fax cover sheet.

Note: Providers that do not have the ability to upload supporting documents will be able to print a specialized fax cover sheet and fax in the necessary supporting documentation.

For more information on uploading or faxing supporting documentation, please refer to the previous "Uploading Supporting Documentation" and "Faxing Supporting Documentation" sections of this document.

Once you have completed the application, any applicable agreements and uploaded the necessary supporting documentation (or printed the fax cover sheet), the application packet is ready to be submitted for recredentialing review. To submit the application packet, click the "Submit Application" button located at the bottom of the screen.

3 Submit Application Packet for Credentialing

Please click the button below to submit the application packet. After you submit the application packet you will not be allowed to make any changes to the application other than viewing the submitted information.

> Back to View Applications   Submit Application

For more information on submitting you application for review, please refer to the previous "Application Submission" section of this document.

Provider Credentialing Home Screen – Provider No Longer With Clinic

In some cases, the existing network provider may no longer be with the clinic receiving the recredentialing notice. In this case, the user has the ability to cancel the provider's recredentialing application. To cancel a provider's recredentialing application, click the "Cancel Provider" link listed under the Action column.

To cancel a provider's recredentialing application, the date of termination and the reason for termination will be required. A contact name will also be required in case additional information is needed. Once the additional information has been provided, click "Save" to continue.

Note: Blue Cross & Blue Shield of Mississippi should be notified immediately when an existing network provider leaves a clinic for any reason. The "Cancel Provider Application" function should not be used as the primary means of notification. Notifications of termination should be sent with a completed 'Provider Administration Communication Form' to providerdatabase@bcbsms.com. The 'Provider Administration Communication Form' is available under the Form Download section of *my*Blue Provider.

Application Status – *my*Notifications

After you have submitted the application and provided all the necessary supporting documentation, the status of the application will be available through *my*Notifications under Provider Credentialing.

Application Status – *my*Notifications (Continued)

Upon entering the Provider Credentialing section of *my*Notifications, all unopened messages will be displayed. If the application you are searching for is not listed, you will have the ability to search all applications submitted using the search options provided.

Based on the status of the message, you will be able to determine if your application has been sent for review, if it is in the process of being reviewed, if additional information is needed for review or if the review of your application has been completed. It is important to monitor any outstanding applications daily to ensure any requested additional information is provided promptly.

Provider Credentialing

Search Options

Status All		NPI	Tax ID All
Unopened ☑		Date From	Date To

[Search] [Reset]

Search Results
8 records found, displaying all records.

	ID	Last Update	Tax ID	NPI	Status	...er Name	Provider Type
☆	3610	11/15/2012 2:00 PM	987654321	0123456789	Pending Recredentialing	Sally S. Smith, OD	Physician
☆	3603	11/14/2012 2:00 PM	987654321	1234567890	Sent	John M. Doe, MD	Physician
☆	3602	11/19/2012 2:13 PM	987654321	0123456789	Pending Fax Receipt	John L. Smith, MD	Physician
☆	3599	11/12/2012 7:41 PM	987654321	1234567890	In Process	John M. Doe, OT	Occupational Therapist
☆	3598	11/12/2012 7:41 PM	987654321	0123456789	Additional Information Required	Thomas A. Jones, LMSW	Licensed Master Social Worker
☆	3597	11/12/2012 7:41 PM	987654321	1234567890	Additional Information Sent	Jane R Doe, FNP	Nurse Practitioner
☆	3596	11/12/2012 7:41 PM	987654321	0123456789	Complete	John M. Doe, MD	Physician
☆	3595	11/12/2012 7:41 PM	987654321	1234567890	Pending Recredentialing	Chad T. Chiro, DC	Chiropractor

A complete listing of the different statuses and what each status means is provided below. Please note the statuses with an '*' require action from you.

- *Pending Recredentialing: The existing network provider needs to renew their network status.
- Sent: Completed application packet with supporting documentation has been sent for review.
- Pending Fax Receipt: Completed application received but BCBSMS is still awaiting the receipt of faxed supporting documentation. Supporting documentation should be faxed in immediately to prevent the application from being closed for non-receipt of the supporting documentation.
- In Process: Completed application packet is currently in the credentialing process.
- *Additional Information Required: Additional supporting documentation or clarification of information entered is needed to complete the credentialing process. Requested additional information should be provided immediately to prevent the application from being closed for non-receipt of the requested information.
- Additional Information Request Cancelled: Additional documentation is no longer needed.
- Additional Information Sent: Requested additional information received and sent for review.
- Complete: Provider credentialing process has been completed.
- Closed – Not Completed Timely: Provider credentialing process discontinued due to non-receipt of supporting documentation or requested additional information.

Application Status – Additional Information Required

If during the review of your application, additional information is determined to be needed, the information will be requested through *my*Notifications and the message will be listed with an "Additional Information Required" status. To determine what additional information is needed for review, click the corresponding message to view the request.

	ID	Last Update	Tax ID	NPI	Status	Provider Name	Provider Type
☆	3610	11/15/2012 2:00 PM	987654321	0123456789	Pending Recredentialing	Sally S. Smith, OD	Physician
☆	3603	11/14/2012 2:00 PM	987654321	1234567890	Sent	John M. Doe, MD	Physician
☆	3602	11/19/2012 2:13 PM	987654321	0123456789	Pending Fax Receipt	John L. Smith, MD	Physician
☆	3599	11/12/2012 7:41 PM	987654321	1234567890	In Process	John M. Doe, OT	Occupational Therapist
☆	3598	11/12/2012 7:41 PM	987654321	0123456789	Additional Information Required ← MSW		Licensed Master Social Worker
☆	3597	11/12/2012 7:41 PM	987654321	1234567890	Additional Information Sent	Jane R Doe, FNP	Nurse Practitioner
☆	3596	11/12/2012 7:41 PM	987654321	0123456789	Complete	John M. Doe, MD	Physician

The additional information needed for review will be listed in the "Request" section of the Application Detail Screen. The "Request" section will also provide you with the ability to either upload the requested additional information or print a specialized fax cover sheet to fax the requested additional information. If the information requested in not available, you can respond to the request with a detailed explanation as to why the requested information is not available. **If the requested additional information is not received within 10 calendar days of the request, the application will be closed without further review.**

Provider Credentialing

🖨 Printable Version   Return to *my*Notifications

Message Information
ID: 3647
Create Date: 11/27/2012 5:39 PM
Close Date:
Status: Additional Information Required

Provider Information
Provider Name: John Doe, MD
Provider Type: Physician
Provider NPI: 1234567890
Provider ID:
Tax ID: 987654321

Network
Request Type: Initial
Network: Both

Request

The following information is needed to complete credentialing:
- Claims History Report
  Please provide report

[Upload Documents] [Fax Documents] [Information Not Available] ←

Once the additional information has been uploaded or faxed, the status of the message will be updated to "Additional Information Sent" to indicate the requested information has been provided.

Note: If the requested information is not available, the processing of your application may be delayed or your application may be denied for not meeting the required network criteria.

Application Status – Complete

After the review of the application has been completed, an approval or denial/termination will be sent through *my*Notifications and the message will be listed with a "Complete" status. To determine whether or not your application was approved for network participation, click the corresponding message to view the response.

	ID	Last Update	Tax ID	NPI	Status	Provider Name	Provider Type
☆	3596	11/12/2012 7:41 PM	987654321	0123456789	Complete	Doe, MD	Physician

The response to your application for initial or continued network participation will be listed in the comments of the "Note Log" section of the Application Detail Screen. If your application was approved for network participation, the appropriate network approval letter(s) showing your network effective or renewal date will be provided in the "Attached Documentation" section. For new providers, the appropriate signed network agreement(s) will also be provided. If your application was denied for initial or continued network participation, the appropriate network denial/termination letter showing the reason for the denial/termination will be provided. For existing providers that have their network status terminated, the termination letter will include the effective date of their network termination.

Provider Credentialing

🖨 Printable Version

Return to *my*Notifications

Message Information
ID: 3641
Create Date: 11/27/2012 4:47 PM
Close Date:
Status: Complete

Provider Information
Provider Name: John Doe, MD
Provider Type: Physician
Provider NPI: 1234567890
Provider ID:
Tax ID: 987654321

Network
Request Type: Initial
Network: Both

Attached Documentation

- BCBS_Approval.pdf
- BCBS Signed agreement
- AHS_Approval.pdf
- AHS Signed agreement

Note Log

Type	Date	Comment
Update from BCBSMS	11/28/2012 9:42 AM	The BCBSMS credentialing team has completed the application credentialing process. Please reference the attached document(s) for details.

Providers that are denied network participation or had their network status terminated, may reapply for network participation once all network criteria has been met.

If you have any questions regarding the network credentialing process, please contact us via the Contact Blue function of *my*Blue Provider. If you need any assistance establishing the appropriate *my*Blue Provider access, please contact our EDI Services Department at 1-800-826-4068.