BlueCross BlueShield of Mississippi

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BCBSMS/AHS Network Provider Checklist
Licensed Clinical Social Worker (LCSW)

Before beginning the Network Application Process, please ensure that the below listed components are current and accessible. All required documentation listed below will be accessed from your CAQH ProView® profile. Providers that are interested in participating in the BCBSMS and/or AHS Network(s) must first create a CAQH ProView® profile, or if you have already created a CAQH ProView® Profile, please ensure that you have completed your CAQH ProView® Attestation within the past 120 days and designated BCBSMS as an organization allowed to view your profile. The below components are the minimum components required for BCBSMS and/or AHS Network participation.* All data elements contained within your CAQH ProView® should be current at all times to ensure BCBSMS can accurately maintain and monitor your information and credentials for continued Network participation.

* Please note LSWs and LMSWs are not eligible for participation in either the BCBSMS or AHS Networks, but may submit a request for enrollment to render services at in-network level benefits to eligible Federal Employee Program (FEP) and Out of State Blue Cross Blue Shield ("BlueCard") Members.

	Network Application Requirements/Required Documentation	✓
Licensure	Current, unrestricted professional licensure to practice in Mississippi with the Mississippi State Board of Examiners for Social Workers & Family Therapists	
CAQH ProView Profile	Maintain a current and actively attested CAQH ProView® profile	
DEA License	N/A	
Board Certification	N/A	
Hospital Privileges	N/A	
Medicare Provider Number	Valid Medicare provider number	
Sanctions	Non-listed in OIG's Cumulative Sanctions Report (Medicare/Medicaid), SAM.gov Exclusion list, and/or State Medicaid Exclusion list(s); no history of Medicare/Medicaid sanctions as reviewed through the National Practitioner Databank	
Malpractice Coverage	Minimum of $500,000 per occurrence/$1,000,000 aggregate professional liability coverage with an approved carrier listed with the Mississippi Department of Insurance	
Malpractice Claims History Report	Maintain an approved Malpractice Claims History Report as reviewed through the National Practitioner Databank	
History of Prior Convictions	Has not been convicted or pled nolo contendere (or its equivalent) or had a civil judgment entered or civil settlement agreement for conduct that related to the duties and responsibilities of the licensed occupation, including but not limited to health insurance fraud, fraud of any nature, dishonesty and/or the ability, capacity and fitness to perform the duties and discharge the responsibilities of the licensed occupation	
Disclosure Questions	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	
Tax ID Verification	Copy of IRS Form 147c letter for Tax ID verification for the clinic/facility enrolled ***Note:*** A completed and current W-9 form may be accepted if this is not available	
Practice Site Location	Practice site location must be maintained in a commercial healthcare setting that is designated for patient diagnosis and treatment. Practice site location cannot be part of a personal/private home or residential structure	
Electronic Claims Filing	Ability to file claims electronically either via ClearingHouse, direct or through BCBSMS myBlue Claims Direct	