

Provider Network Enrollment Frequently Asked Questions

1) What is the Provider Network Enrollment Process?

Provider Network Enrollment is the process of credentialing and contracting of Tennessee and surrounding county providers for participation in BlueCross BlueShield of Tennessee (BCBST) networks. Credentialing and Contracting are two separate departments and processes but they are completed consecutively when a provider submits a Provider Enrollment Application to BCBST. The BCBST Provider Enrollment Application includes both Contracting and Credentialing questions that are unique to each of these departments.

Providers must go through the Credentialing process to participate in BCBST networks.

2) How do I start the Provider Network Enrollment process?

Go to bcbst.com under the Provider section and select Contract Request. This will bring up the Online Contract Request form. Or you can contact the Provider Network Services department at 1-800-924-7141 and choose "Option 2" or say "Contracting".

3) What information do I need to complete on the Online Contract Request Form?

Fill in all applicable information on the form related to the provider you are requesting participation for. There are a few fields that may not apply to your provider and the form is self-explanatory.

4) What is the next step after I complete the Online Contract Request Form and submit it to BCBST?

Within 5 to 7 business days you will receive a packet of information to complete for the provider which includes a Provider Enrollment Application, contracts requested and other pertinent information. Complete the packet and return it to BCBST within 90 days. If you have any questions regarding the information you receive, contact the Provider Network Services Department by calling 1-800-924-7141 and saying "Contracting" or choosing "Option 2."

5) How long does the Provider Network Enrollment process take?

There are several factors that determine the length of time it takes to complete the Provider Network Enrollment process.

If the Provider Enrollment Application is "complete" and all required information has been received, contracting and credentialing should take approximately thirty (30) days. A provider must pass credentialing before a BCBST contract can be executed and loaded into the claims adjudication system for claims processing.

Once credentialed, the provider's effective date will be the date they were approved by the Credentialing Committee. If contracts have not been received prior to the credentialing process, the provider's effective date will be the date the contracts are received by BCBST.

Please refer to section XIV Credentialing and section XV Provider Networks of the BCBST Provider Administration Manual for more information.

6) What could delay the Provider Network Enrollment process?

The most frequent delay is missing information on the Provider Enrollment Application.

Once a provider enrollment packet is sent to a provider, BCBST asks that the Enrollment Application and contracts are returned to BCBST within 30 days of the date of the BCBST cover letter that is in the enrollment packet. The reason for the 30 days is due to the possibility of changes in Amendments and/or Network Attachments. After 30 days, BCBST will need to send out new contracts.

7) If I have sent in all requested information but have not yet received the BCBST “Welcome” letter, can I see members and just hold the claims?

Providers should not see BCBST members until they have received their confirmed acceptance network effective date “Welcome” letter. Any claim submitted with a date of service prior to the effective date will deny as “out of network” and possibly create a much larger member out of pocket expense.

If there is a question related to the status of contracts that have been submitted you may contact our Provider Network Service Team by calling 1-800-924-7141 and selecting “Option 2” or by saying Contracting”.

8) Should I wait to obtain my Medicare and/or Medicaid number before I request participation in the BCBST networks?

For Commercial lines of Business providers do not have to wait to obtain a Medicare or Medicaid number to request participation in BCBST networks. BlueCare lines of business must have a Medicaid number provided prior to claims reimbursement.

9) What is the best way to contact a representative regarding Credentialing?

Inquiries regarding the Credentialing process should be addressed to:

*BlueCross BlueShield of Tennessee
Attn: Credentialing Department – CH 2.4
1 Cameron Hill Cr, Ste 0007
Chattanooga, TN 37402-0007*

*Or by calling 1-800-357-0395
Or by faxing 1-423-535-6711*

10) What is the best way to contact a representative regarding Contracting?

Inquiries regarding the Contracting process should be addressed to:

*BlueCross BlueShield of Tennessee
Attn: Provider Network Services Department – CH 2.4
1 Cameron Hill Cr. Ste 0007
Chattanooga, TN 37402-0007*

*Or by calling 1-800-924-7141 – Option 2 or say “Contracting”
Or by faxing 1-423-535-5808 or 1-423-535-3606*

11) How long does it take for a provider to be enrolled for electronic claims filing?

Seven (7) days is the turn around time once a “complete” enrollment application is received.

12) How often must providers be recredentialed?

All practitioners will be recredentialed at a minimum of every three (3) years. The date of recredentiaing will be based on the date of initial credentialing.

13) Where can I find a list of the BCBST approved specialties?

A listing of all approved BCBST specialties can be found in the BCBST Provider Administration Manual, section XIV.

14) Will BCBST perform a site visit as part of the initial credentialing process?

Only primary care practitioner and OB/GYN office site visits are performed by BCBST prior to or within sixty (60) days of completion of the initial credentialing process.

15) Does my Malpractice insurance have to be in effect at the time I request participation in a network?

Yes. Malpractice coverage in amounts of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate is required before participation can be allowed.

16) How can I determine the criteria required for participation in BCBST networks?

The BCBST Network Participation Criteria can be found in the Provider Administration Manual, section XV.

17) Is a physician required to have admitting privileges at a BCBST participating hospital?

Potential applicants must maintain admitting privileges (or provision for coverage by a BCBST participating provider) with a BCBST network hospital. Any exceptions must be approved by BCBST. Please review the Commercial Provider Administration Manual Section XIV "Credentialing" or BlueCare Provider Administration Manual Section XVII "Credentialing" to review specific requirements for specialists.

18) If my application for participation is denied, how long before I can reapply?

Providers denied participation in a BCBST network for anything other than network need, may not be considered for reapplication for one (1) year from the date of denial.