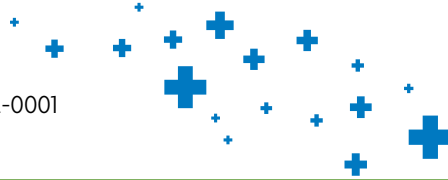




BlueCare
Tennessee
1 Cameron Hill Circle
Chattanooga, TN 27402-0001
bluecare.bcbst.com



BlueCareSM
TennCareSelect

CHOICES Home Community-Based Services (HCBS) Program Enrollment Form

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

Reason for Submission			
<input type="checkbox"/> New Provider		<input type="checkbox"/> Request to Add Additional HCBS Services	
Provider Information			
Legal Entity Name <i>(Should match copy of Tax Coupon Booklet, online snapshot, or 147C letter from the IRS)</i>			
dba Name (if applicable)			
Federal Tax ID Number		National Provider Identification (NPI)	
State Medicaid Number			
Services (Select all that apply)			
<input type="checkbox"/> Assisted Care Living Facility	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Personal Care Attendant	
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Personal Emergency Response System	<input type="checkbox"/> Personal Care Services	
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> In-Patient Respite Care	<input type="checkbox"/> In-Home Respite Care	
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Minor Home Modifications	<input type="checkbox"/> Pest Control	
<input type="checkbox"/> Community Living Supports			
Provider Location Information			
Primary Location			
Street Address		City	State Zip
Phone Number		Fax Number	
Contact Name		Title	
Email address			

Primary Mail Address

Street Address or PO Box	City	State	Zip
Phone Number	Fax Number		
Contact Name	Contact Title		
Contact Email address			

Payment/Remit Address

Street Address or PO Box	City	State	Zip
Phone Number	Fax Number		
Billing Contact Name	Billing Contact Title		
Billing Contact Email address			

Electronic Visit Verification (EVV)

EVV Contact Name	EVV Contact Title
EVV Contact Phone Number	EVV Contact Fax Number
EVV Contact email	

Authorized Individual Information

I attest that the information supplied on this enrollment form for participation with BlueCare Tennessee in the CHOICES HCBS Program is accurate.

Signature	Date
Printed Name	Title

Additional Information to be returned with application

- Copy of State Licensure required for services delivered. (If no state license is required, submit a copy of city/county general business license.)
- Copy of State licensing agency's most recent audit/inspection approval letter
- Disclosure of Ownership and Controlling Interest Statement <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html>
- Service Delivery Area(s) for Statewide HCBS Waiver Providers
- Form 147C IRS (Contact the IRS at 800-829-4933 for a copy, if needed)
- Documentation Verifying Financial Capacity (Provide Current Z-Score – CLS Providers Only)
- Proof of General and/or Professional Liability Certificate of Insurance (Minimum Coverage of \$500,000)

Instructions for Form Submission

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

Fax: (423) 591-9491	E-mail: ChoicesCtrtRqt_GM@bcbst.com
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Additional Location Information

(Complete this section if you have more than one location operating under the same Tax ID Number. If different Tax ID Numbers, please complete a separate form.)

Additional Location #2

Street Address	City	State	Zip
Phone Number		Fax Number	

Additional Location #3

Street Address	City	State	Zip
Phone Number		Fax Number	

Additional Location #4

Street Address	City	State	Zip
Phone Number		Fax Number	

Additional Location #5

Street Address	City	State	Zip
Phone Number		Fax Number	

Additional Location #6

Street Address	City	State	Zip
Phone Number		Fax Number	

Counties where services are provided. (Select all that apply)

East Tennessee		Middle Tennessee		West Tennessee
<input type="checkbox"/> Anderson	<input type="checkbox"/> Knox	<input type="checkbox"/> Bedford	<input type="checkbox"/> Maury	<input type="checkbox"/> Benton
<input type="checkbox"/> Bledsoe	<input type="checkbox"/> Loudon	<input type="checkbox"/> Cannon	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Carroll
<input type="checkbox"/> Blount	<input type="checkbox"/> Marion	<input type="checkbox"/> Cheatham	<input type="checkbox"/> Moore	<input type="checkbox"/> Chester
<input type="checkbox"/> Bradley	<input type="checkbox"/> McMinn	<input type="checkbox"/> Clay	<input type="checkbox"/> Overton	<input type="checkbox"/> Crockett
<input type="checkbox"/> Campbell	<input type="checkbox"/> Meigs	<input type="checkbox"/> Coffee	<input type="checkbox"/> Perry	<input type="checkbox"/> Decatur
<input type="checkbox"/> Carter	<input type="checkbox"/> Monroe	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Pickett	<input type="checkbox"/> Dyer
<input type="checkbox"/> Claiborne	<input type="checkbox"/> Morgan	<input type="checkbox"/> Davidson	<input type="checkbox"/> Putnam	<input type="checkbox"/> Fayette
<input type="checkbox"/> Cocke	<input type="checkbox"/> Polk	<input type="checkbox"/> DeKalb	<input type="checkbox"/> Robertson	<input type="checkbox"/> Gibson
<input type="checkbox"/> Franklin	<input type="checkbox"/> Rhea	<input type="checkbox"/> Dickson	<input type="checkbox"/> Rutherford	<input type="checkbox"/> Hardeman
<input type="checkbox"/> Grainger	<input type="checkbox"/> Roane	<input type="checkbox"/> Fentress	<input type="checkbox"/> Smith	<input type="checkbox"/> Hardin
<input type="checkbox"/> Greene	<input type="checkbox"/> Scott	<input type="checkbox"/> Giles	<input type="checkbox"/> Stewart	<input type="checkbox"/> Haywood
<input type="checkbox"/> Grundy	<input type="checkbox"/> Sequatchie	<input type="checkbox"/> Hickman	<input type="checkbox"/> Sumner	<input type="checkbox"/> Henderson
<input type="checkbox"/> Hamblen	<input type="checkbox"/> Sevier	<input type="checkbox"/> Houston	<input type="checkbox"/> Trousdale	<input type="checkbox"/> Henry
<input type="checkbox"/> Hamilton	<input type="checkbox"/> Sullivan	<input type="checkbox"/> Humphreys	<input type="checkbox"/> Van Buren	<input type="checkbox"/> Lake
<input type="checkbox"/> Hancock	<input type="checkbox"/> Unicoi	<input type="checkbox"/> Jackson	<input type="checkbox"/> Warren	<input type="checkbox"/> Lauderdale
<input type="checkbox"/> Hawkins	<input type="checkbox"/> Union	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Wayne	<input type="checkbox"/> Madison
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Washington	<input type="checkbox"/> Lewis	<input type="checkbox"/> White	<input type="checkbox"/> McNairy
<input type="checkbox"/> Johnson		<input type="checkbox"/> Lincoln	<input type="checkbox"/> Williamson	<input type="checkbox"/> Obion
		<input type="checkbox"/> Macon	<input type="checkbox"/> Wilson	<input type="checkbox"/> Shelby
		<input type="checkbox"/> Marshall		<input type="checkbox"/> Tipton
				<input type="checkbox"/> Weakley

Provide any additional detail regarding the counties you service, as needed