

BlueCross Enrollment Process

Our goal is to complete these steps in the enrollment process within 45 days.

Getting Started

There are a few requirements and steps you must take before we can begin the enrollment process.


- › You must have an NPI registered through NPPES, to begin.
- › Register with the Council for Affordable Healthcare, Inc. (CAQH) and get an ID number.
 - Give us access to your data and attest that it's correct no more than 90 days prior to giving us access.
- › You must have an account with Availity®. To register, access Availity and locate the BlueCross BlueShield payer space.
- › Set up an electronic funds transfer (EFT), as well as electronic claims and remittance, through our vendor, Change Healthcare.

To alter an existing contract, please contact your network manager before submitting an application.



1. INTAKE AUDIT

Our teams confirm that we've received all your information and will contact you for additional documentation, if needed.

- › We may send a letter asking for additional information needed to complete the review of your application. 
- › You may receive a discontinuance letter if we aren't able to process your request.



4. ENROLLMENT AUDIT

Our teams review documentation to make sure all enrollment requirements are met, that you're credentialed or pre-approved, and that contracts are completed.



5. PROVIDER ENROLLMENT


We add the approved networks to your records and configure your information in our systems to make sure claims will be paid correctly and that all information displays correctly in our directory.

- › We'll send applicable acceptance letters with effective dates for all contracted networks.



2. CREDENTIALING

We verify all information received from providers applying to be in network with BlueCross.

- › We may send a letter asking for additional credentialing criteria we need to complete your application. 
- › We'll send a credentialing acceptance letter when our review's complete.

Please Note: the date listed is the credentialing approval date not your network participation date, which you'll receive during Provider Enrollment.
- › If we're unable to credential a provider, we'll send a credentialing denied letter.



6. ECOMMERCE

Our teams will set up your EFT, remittance advice and claims submission.

- › You'll receive a letter confirming that the provider has been approved to transmit claims through our vendor.
- › We'll send a letter letting you know that EFT is set up, and payments will be made electronically through the account you set up with Change Healthcare.

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3. CONTRACTING

At this step, we approve or deny requests for participation in various BlueCross networks and send out the appropriate contracts.

- › We'll send a denial notice if the network applied for isn't available to the provider.

Note: Approved contracts, amendments and other related communications will be sent through DocuSign or emailed from us.



- › Direct questions to: Contracts_Reqs_GM@bcbst.com.



- › To check an application status any time, visit the payor space on Availity: Provider Enrollment, Updates and Changes, Provider Type/Request Type/Track a Request.



These communications require a response. Failure to respond will cause your application to be delayed or discontinued.