

Anthem BCBS Credentialing Process



Initial Credentialing

Each practitioner or HDO must complete a standard application form when applying for initial participation in one or more of Anthem networks or plan programs. This application may be a state mandated form or a standard form created by or deemed acceptable by Anthem. For practitioners, the Council for Affordable Quality Health care (CAQH), a Universal Credentialing Datasource is utilized. CAQH built the first national provider credentialing database system, which is designed to eliminate the duplicate collection and updating of provider information for health plans, hospitals and practitioners. To learn more about CAQH, visit the CAQH website at www.CAQH.org.

Anthem will verify those elements related to an applicants' legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within one hundred eighty (180) calendar days prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.



Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards.

During the recredentialing process, Anthem will review verification of the credentialing data as described in the tables under Initial Credentialing unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

All applicable practitioners and HDOs in the network within the scope of Anthem Credentialing Program are required to be recredentialled every three (3) years unless otherwise required by contract or state regulations.



Provider Maintenance Form (PMF)



Information for Kentucky

 **Change State**

Welcome Providers

Access resources to help health care professionals do what they do best—care for our members.

Join Us!

Interested in joining our provider network? We look forward to working with you to provide quality services to our members.

Begin Application

Welcome to the New Provider Experience

To get started, please indicate the market where you practice and your provider type below. To learn more about the application process before you begin, see [Getting Started with Anthem](#).

State

Kentucky 

If your state isn't listed, go to bcbs.com

Provider type

Specialty Care Provider 

Does your organization have an existing Availity account?

- Yes** **No**

Continue

Availity Portal

Find important self-service tools exclusively at www.availity.com.


Access our secured site to check eligibility and benefits, manage claims, view remittances, and complete secured administrative tasks online.

[Login](#)

Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements

View requirements for Local Plan and BlueCard Out-of-Area members.

[Enter](#)



Find a Doctor

Search our online provider directory when you need a doctor, hospital or other health care provider.

[Enter](#)

Join Our Network

Thank you for your interest in wanting to join Anthem Blue Cross and Blue Shield (Anthem) in Kentucky as a network provider. We seek to establish professional contracts with exceptional providers, and look forward to working with you to provide quality service for our members. Participation in our networks is based on member access and the need for specific provider services.

If you are a non-contracted provider and would like to join Anthem's network, you will need to complete the [Provider Enrollment Form](#) and fax it to KY National Provider Solutions @ (855)384-4872.

We also require you to complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

These forms are for physicians, providers, professionals and ancillary providers to apply for participation with Anthem Blue Cross and Blue Shield in KY. The information provided will be used to determine contract eligibility and to draft legal documents for signatures.

Providers (if applicable) must have a complete CAQH application. An incomplete application will delay the credentialing process. Contact information: 888-599-1771 or <https://proview.caqh.org>

CHANGE OF TAX ID NUMBER

If you are an existing provider changing your Tax ID number, please complete the [Provider Enrollment Form](#) and fax it to KY National Provider Solutions @ (855)384-4872. We also require you to complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

Please note that a TIN change requires a new Anthem contract, reissue of Anthem PINS, and a minimum of 30 days advance notice. Claims cannot be submitted under a new TIN until National Provider Solutions has confirmed system load and approved claim release.

ADDING ADDITIONAL NETWORKS

If you are already contracted with Anthem and are interested in participating in additional networks, please complete a [Provider Enrollment Form](#) and also complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

Eligible providers applying for ANTHEM KY MEDICAID, INDIANA MEDICAID, HEALTHY INDIANA, HOOSIER CARE CONNECT or HOOSIER HEALTHWISE must be enrolled through the state and have an active Medicaid number.

CONTACT US

If you have contract questions please call KY National Provider Solutions (NPS) at 800-205-5870 or you can reach out to us through email (preferred):

East.Team-KYProviderEngagement&Contracting@Wellpoint.com

West.Team-KYProviderEngagement&Contracting@Wellpoint.com

[Practitioner Credentialing Rights](#)

PMF Link

<https://central.provider.anthem.com/mwpmf/PMFControllerServlet>



Provider Maintenance Form

November 04, 2019

Welcome to Anthem's Provider Maintenance Form. This site gives you the capability to submit the Provider Maintenance Form electronically.

Do you currently participate in and want to update information or wish to apply for participation in the Medicaid State Sponsored networks and/or Healthy Indiana Plan (HIP) managed by Anthem?

Attention Anthem Blue Cross and Blue Shield of Kentucky Providers: If you currently participate in the state of Kentucky's Medicaid program or would like to enroll, please select "No".

Yes

No

Continue

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Independent licensees of the Blue Cross and Blue Shield Association.

SECTION A: (GENERAL INFORMATION)

Tax ID, Group Name, etc.

SECTION B: (REASON FOR SUBMITTING)

Adding/Terminating Provider, Adding/Deleting Address, Specialty Change, Name Change, etc.

SECTION C: (PROVIDER INFORMATION)

Name, NPI, Date of Birth, etc.

Healthy Indiana Plan and Indiana Medicaid information

APRN or Physician Assistant—Specify whether supporting a PCP or Specialist

SECTION D: (PROVIDERS OF AUTISM ONLY)

SECTION E: (PRACTICE ADDRESS)

Primary and Remit address

SECTION F: (ADDRESS INFORMATION CHANGE)

Only complete if changing address

SECTION G: (ADDITIONAL OFFICE LOCATIONS)

Additional locations in addition to the group's primary address

SECTION K: (ATTACHMENTS)

Any additional information

SECTION L: (COMMENTS)

Free text to be specific on what is being requested

Questions?

