BlueCross BlueShield of Illinois

Provider Onboarding Form

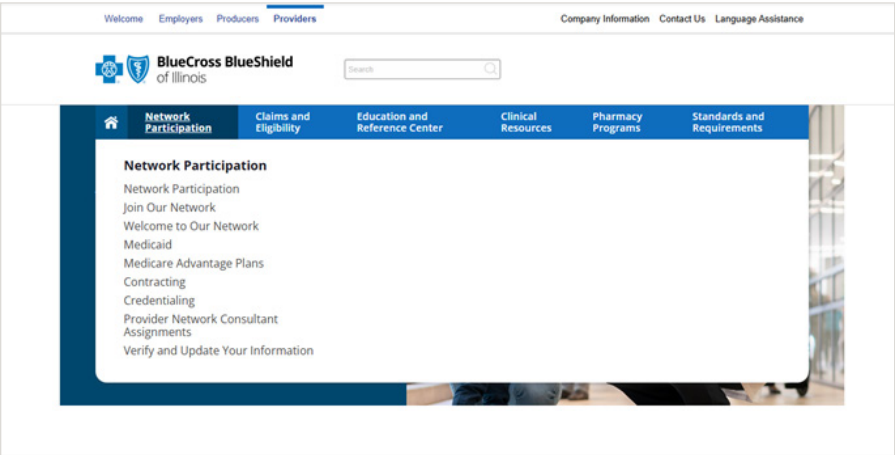
User Guide for Groups/Clinics

253471.0225

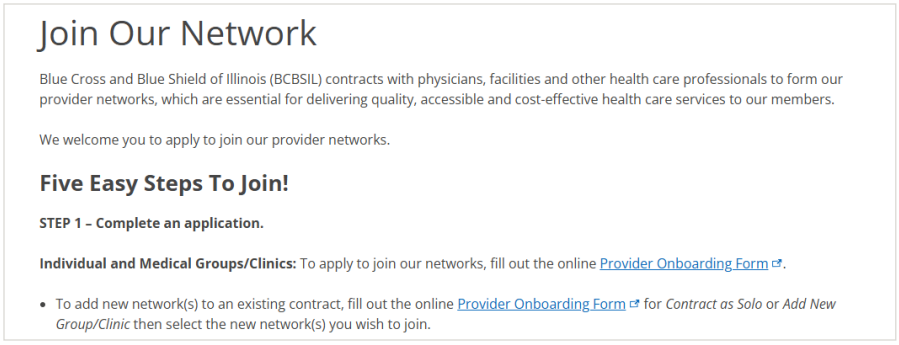
Contents

Access the Provider Onboarding Online Form

1. For best results use the **Google Chrome** browser.
2. To access the form from the Blue Cross and Blue Shield of Illinois website, click the **Providers** tab.



3. On the **Providers** tab, select the **Network Participation** tab and then select **Join Our Network** from the list of options.
4. Click the link to the **Provider Onboarding Form**.



Join Our Network

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with physicians, facilities and other health care professionals to form our provider networks, which are essential for delivering quality, accessible and cost-effective health care services to our members.

We welcome you to apply to join our provider networks.

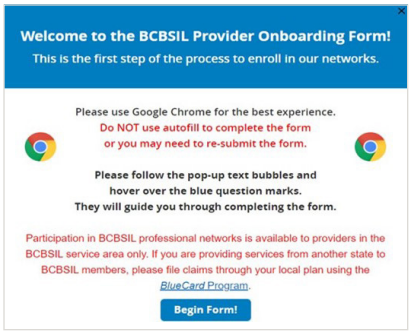
Five Easy Steps To Join!

STEP 1 – Complete an application.

Individual and Medical Groups/Clinics: To apply to join our networks, fill out the online Provider Onboarding Form.

- To add new network(s) to an existing contract, fill out the online Provider Onboarding Form for *Contract as Solo* or *Add New Group/Clinic* then select the new network(s) you wish to join.

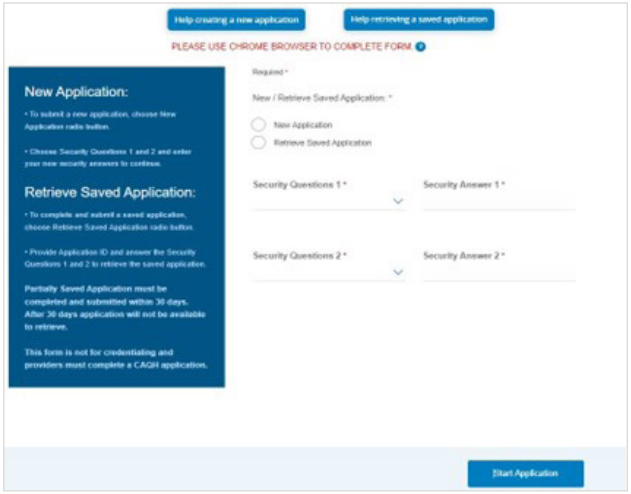
5. The Provider Enrollment form opens.
6. A disclaimer appears reminding you that there are additional processes outside of the enrollment process that need to happen before you are accepted as a participating provider.



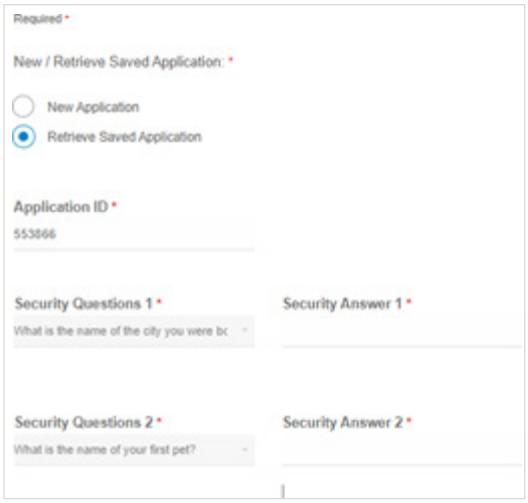
New Application or Retrieve Saved Application

Note: Click the ? for more information about the field.

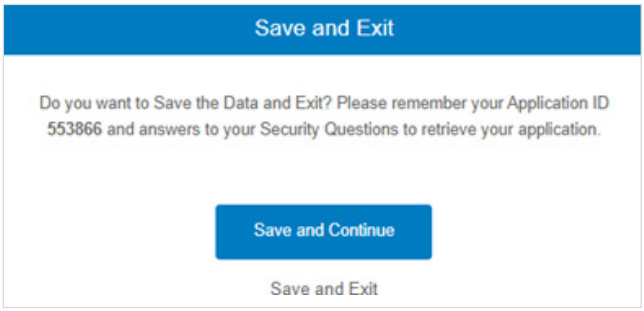
1. Use Chrome Browser and do not use autofill to complete the form.
2. To start a new application, select the New Application button and answer the security questions.
3. To retrieve a Saved application, enter the application ID and answer the security questions using the same answers used to complete the initial form (capitalization and spelling matter!).



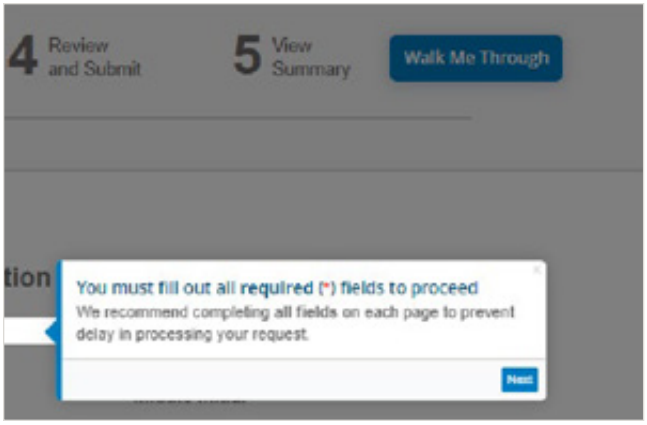
A Partially Saved Application must be completed and submitted within 30 days. After 30 days, the application will not be available to retrieve.



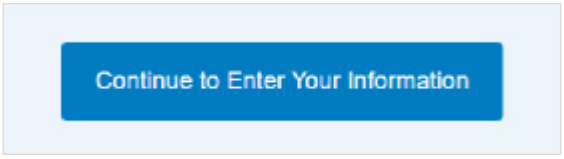
4. Click Save and Exit and be sure to note your Application ID number. You will need the Application ID and the answers to the security questions to log back in.



5. You may utilize the **Walk Me Through** button to get helpful tips as you complete the application. **You must fill out all required red asterisk (*) fields to proceed.**



6. Click the **Continue to Enter Your Information** button at the bottom of the screen.



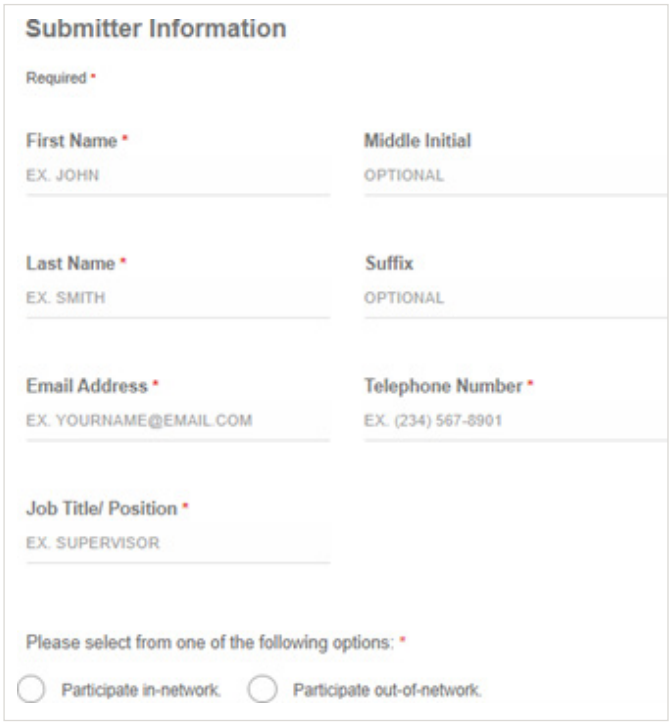
Select Participation

This section allows you to enter submitter information and to select the type of participation you prefer.

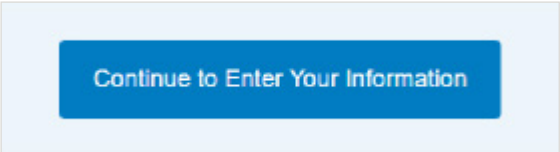
1. Enter the name and contact information of the person submitting the form. **All email correspondence related to this case will go to this contact.**

Select whether to **participate in network** or **participate out-of-network**.

If you are a dental provider and would like to be setup as out-of-network for medical claims, select **out-of-network**.



2. Click the **Continue to Enter Your Information** button.



Next, you will have the option to select Add New Group/Clinic or Add Providers to an Existing Group/Clinic.

Add New Group/Clinic

Use this option if you are a brand-new group, have a new clinic with a new NPI, or wish to add a new network to your contract. For example, you wish to add Blue Choice PPO℠ to your existing PPO contract.

Click here to advance to page 5 for instructions on **Add New Group/Clinic**.

Add Providers to an Existing Group/Clinic

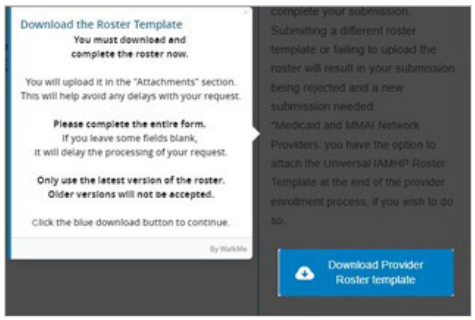
Use this option to add new providers to a group that is already contracted with BCBSIL.

Click here to proceed to page 7 for further instructions to **Add Provider to an Existing Group/Clinic**.

In Network – Add New Group/Clinic

Contracting is the process by which a group applies for and obtains participation in the Blue Cross and Blue Shield of Illinois network(s).

1. Please note that as a group/clinic, you will be required to complete the Roster.



2. Select the **Add New Group/Clinic** button if you intend to contract as a Group/Clinic.

Note: If you wish to participate in our networks as an LLC, please complete the "Add New Group/Clinic" application and provide your type 2 NPI.

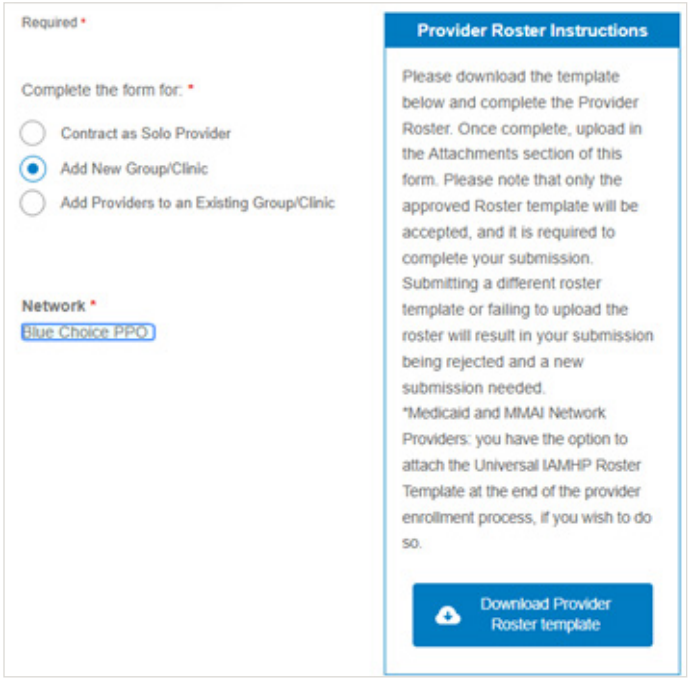
Note: If you need to change demographics under your current contract, please use the **Demographic Change Form**.

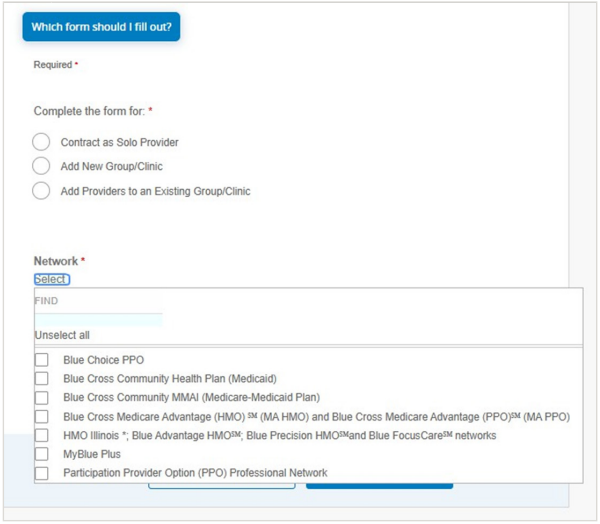
Note: If your Tax ID is registered with the IRS as a group or corporation (PC, LLC, PLLC, S-Corp) you must contract with BCBSIL as a group and not a solo provider even if there is only one rendering provider within your group. Please refer to the 147-C form issued from the IRS.

Quick Tip: If you wish to contract with our commercial PPO plans, you must select PPO Network and you may select Blue Choice PPO. This network is narrower and differs in its reimbursement from the PPO network.

Quick Tip: If you wish to participate in Blue Cross Community Health Plans℠ or Blue Cross Community MMAI (Medicare-Medicaid Plan)℠, you must be registered with the Illinois Department of Healthcare and Family Services on the Illinois Medicaid Program Advanced Cloud Technology file.

Quick Tip: BCBSIL does not contract directly with providers for HMO Illinois®; Blue Advantage HMO℠; and Blue Precision HMO℠ networks. To participate in these networks, contact a Medical Group/IPA contracting with BCBSIL by viewing the **HMO Medical Group/IPA listing**. Click **Continue to Enrollment**.





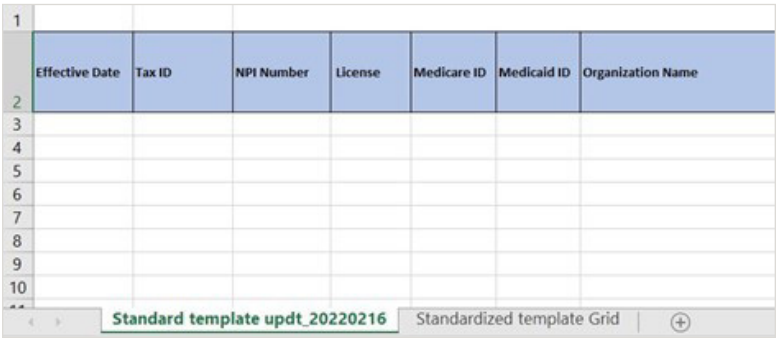
Download the roster template.

Roster Template

1. The roster template is an Excel document that will be filled out like a form. Please leave the roster in the Excel format and do not convert to other formats such as Numbers or PDF.
2. The roster template may be downloaded and completed at a later time. Please save the application and note your application ID to log back into the form without losing your data.
3. Please be sure to always download the most recent roster template as we make updates periodically and cannot accept outdated formats.
4. Complete one line (row) for each rendering provider/service location/specialty to be added.

Quick Tip: If a provider has two specialties, each specialty should be listed on its own line (row).

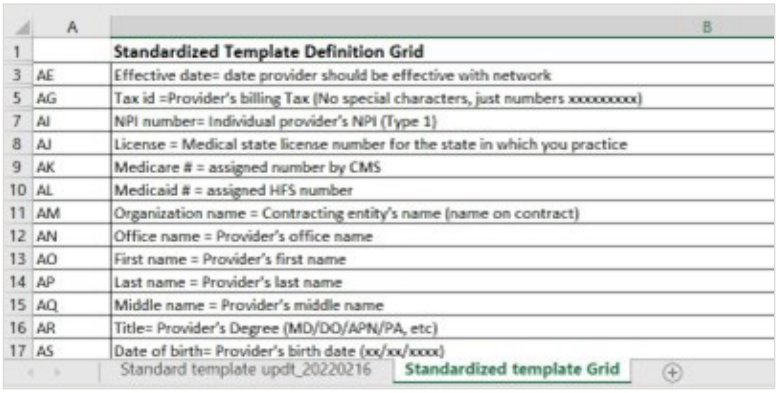
Note: Please be sure to scroll all the way to the right to view all columns.



	Effective Date	Tax ID	NPI Number	License	Medicare ID	Medicaid ID	Organization Name
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Standard template updt_20220216 | Standardized template Grid

5. Use the Standardized Template Grid Tab to find more details about information that is being requested.

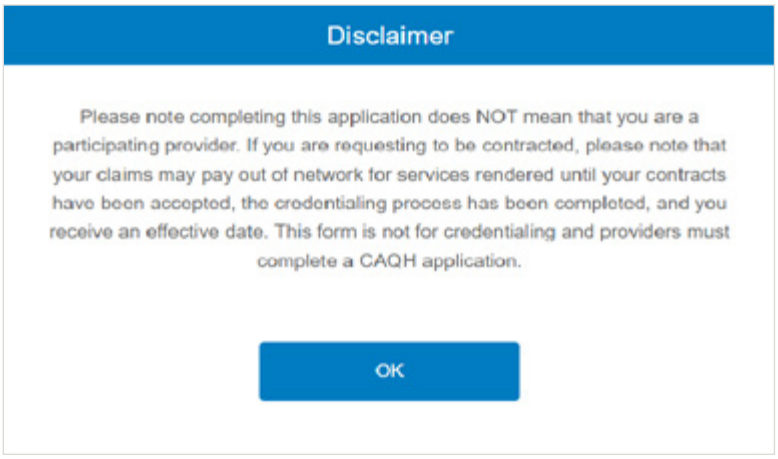


	A	B
1		**Standardized Template Definition Grid**
3	AE	Effective date= date provider should be effective with network
5	AG	Tax id =Provider's billing Tax (No special characters, just numbers xxxxxxxxx)
7	AI	NPI number= Individual provider's NPI (Type 1)
8	AJ	License = Medical state license number for the state in which you practice
9	AK	Medicare # = assigned number by CMS
10	AL	Medicaid # = assigned HFS number
11	AM	Organization name = Contracting entity's name (name on contract)
12	AN	Office name = Provider's office name
13	AO	First name = Provider's first name
14	AP	Last name = Provider's last name
15	AQ	Middle name = Provider's middle name
16	AR	Title= Provider's Degree (MD/DO/APN/PA, etc)
17	AS	Date of birth= Provider's birth date (xx/xx/xxxx)

Standard template updt_20220216 | Standardized template Grid

Disclaimer

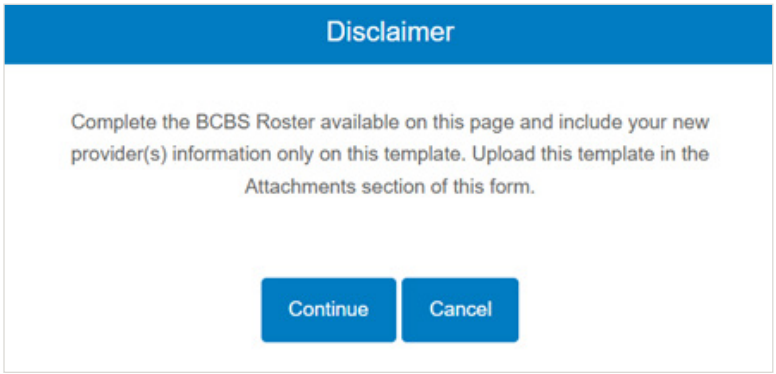
On the next screen you will see this **Disclaimer**. You must wait until your application has processed before you are considered a contracted provider.



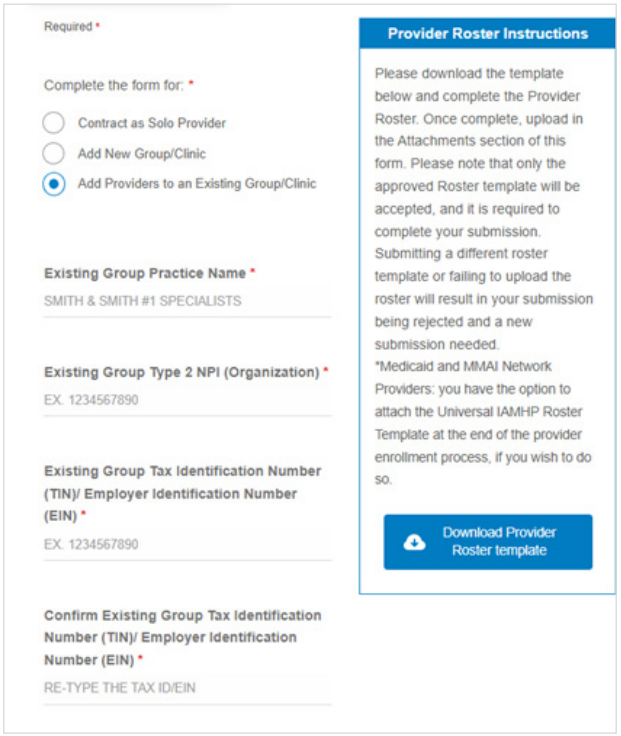
Click here to continue to **Enroll as a Provider**.

In Network – Add Providers to an Existing Group/Clinic

Use this option to add new providers to a group that is already contracted with BCBSIL. You will see the disclaimer below telling you to complete the roster with only the new provider/s that you are adding to the group. You will not list providers who are already linked to the group.



Complete the fields and download the roster template.



Roster Template

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3. Please be sure to always download the most recent roster template as we make updates periodically and cannot accept outdated formats.
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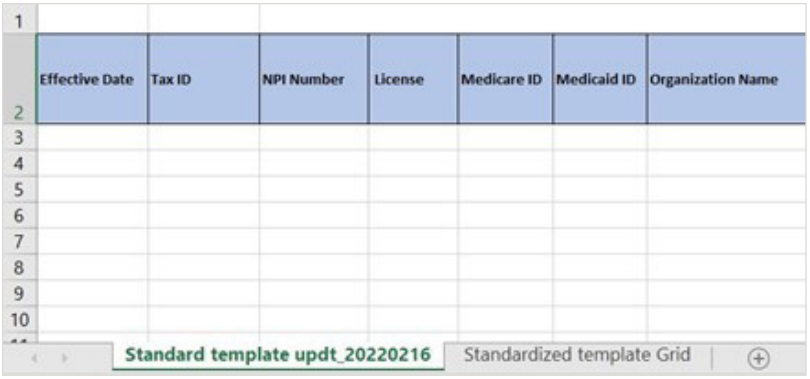
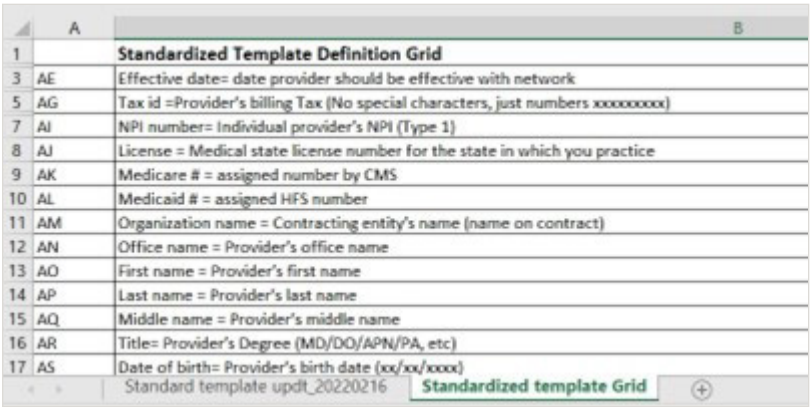
Note: Please be sure to scroll all the way to the right to view all columns.



Use the Standardized Template Grid Tab to find more details about information that is being requested.



	A	B
1		**Standardized Template Definition Grid**
3	AE	Effective date= date provider should be effective with network
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9	AK	Medicare # = assigned number by CMS
10	AL	Medicaid # = assigned HFS number
11	AM	Organization name = Contracting entity's name (name on contract)
12	AN	Office name = Provider's office name
13	AO	First name = Provider's first name
14	AP	Last name = Provider's last name
15	AQ	Middle name = Provider's middle name
16	AR	Title= Provider's Degree (MD/DO/APN/PA, etc)
17	AS	Date of birth= Provider's birth date (xx/xx/xxxx)

Disclaimer

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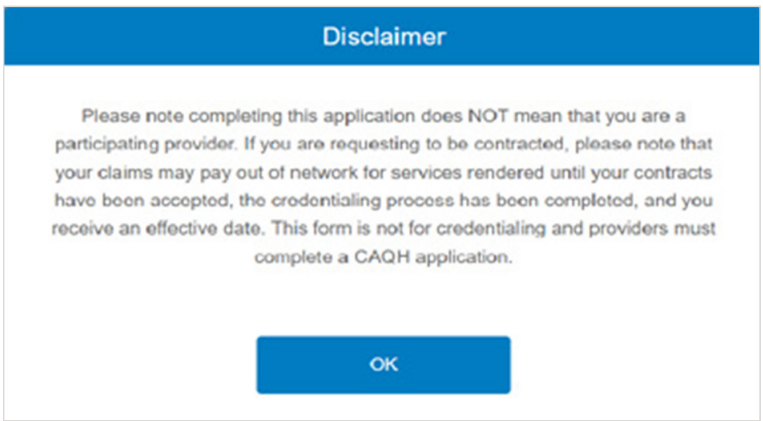


You will continue past the Disclaimer and complete section G Attachments. Please see page 14.

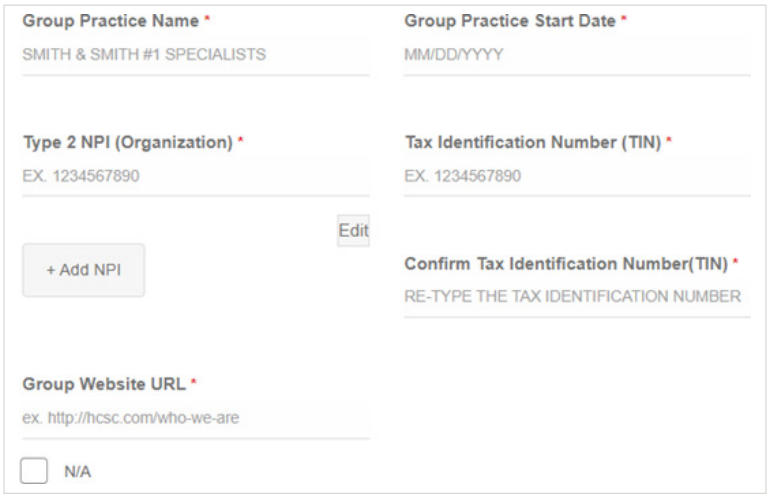
Enroll as a Provider

In this section you will provide important details about the individual provider or group/clinic and the services they will provide.

A. Group Practice Information

1. Open the section by clicking the arrow in the title bar.

2.

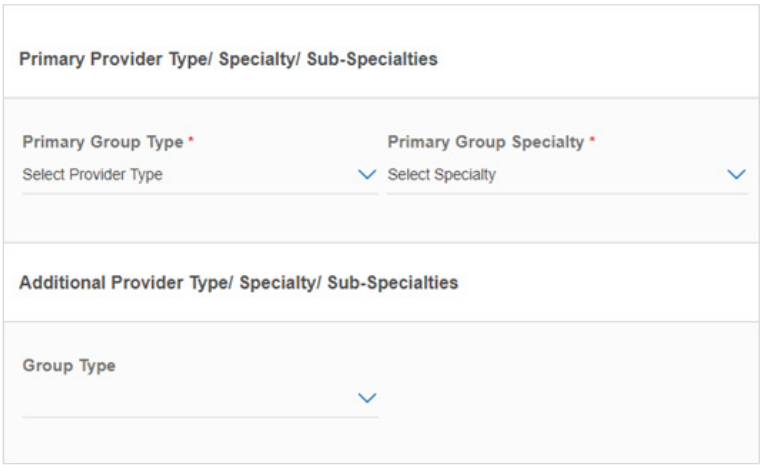


B. Additional Group Practitioner Information

1. Open the section by clicking the arrow in the title bar.

This section is where you will select the group type, specialty and any addition provider type, specialty, or sub-specialties that are needed.

2. Enter Provider Type/Specialty/Sub-Specialties



Click **Continue to Enrollment**.

C. Office Physical Location

Please save your location information first before you continue to the next section. Accepting New Patients: if you are participating in specific networks, please include them in the Comments section.

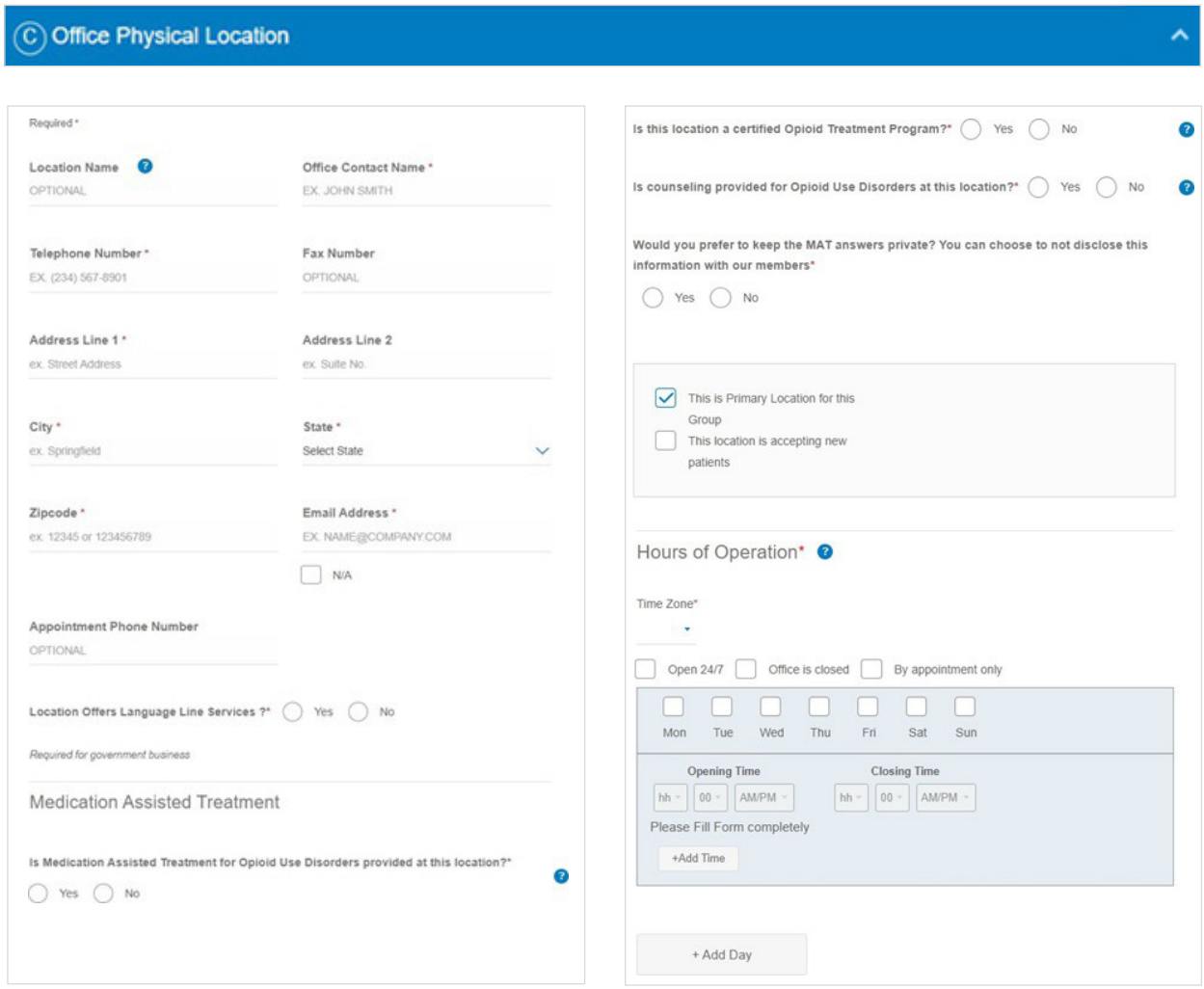
Note: Office Physical Location Address:

- A suggested Address will populate that is validated by the United States Postal Service.
- A PO BOX is not a valid entry for the Office Physical Location Address.

Note: Click the ? for more information about the field.

1. Open the section by clicking the arrow in the title bar.

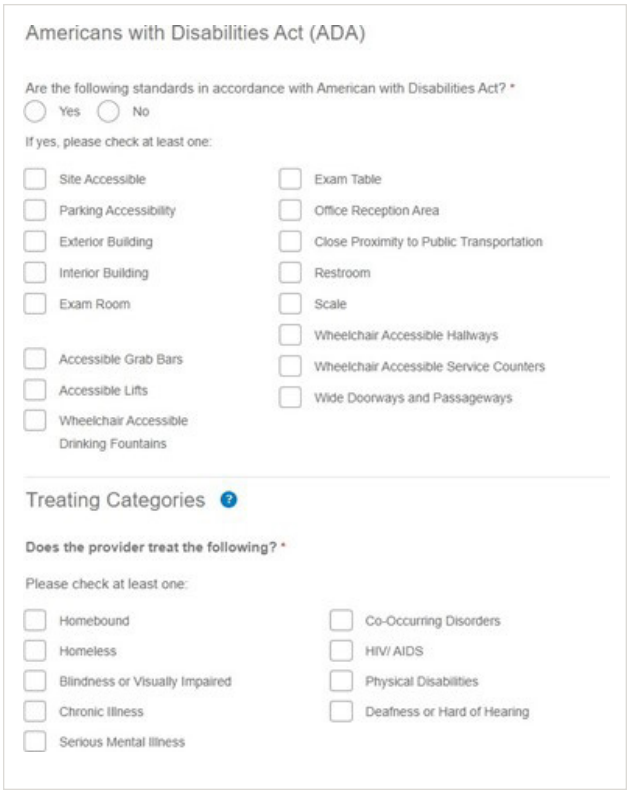
At a minimum, complete all required (*) fields. However, if additional data is recommended be sure to enter it now to prevent a delay in the processing of your request.

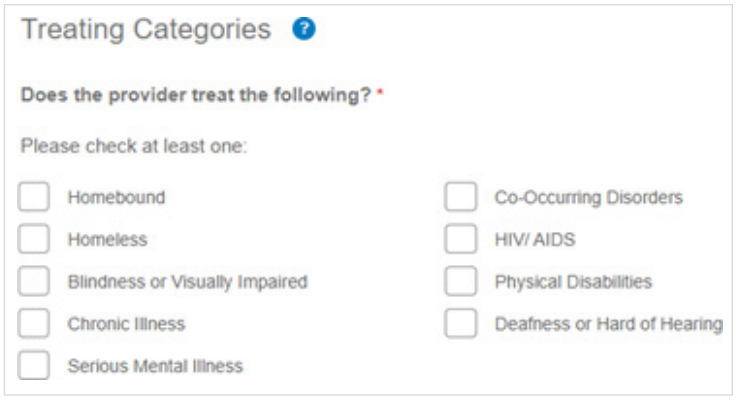


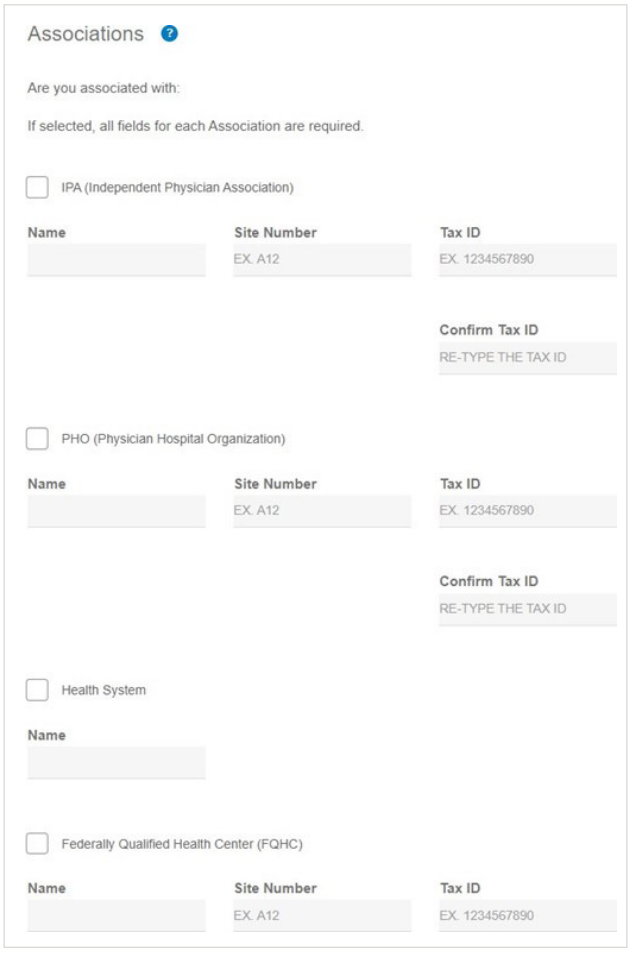
Tips for **Hours of Operation**

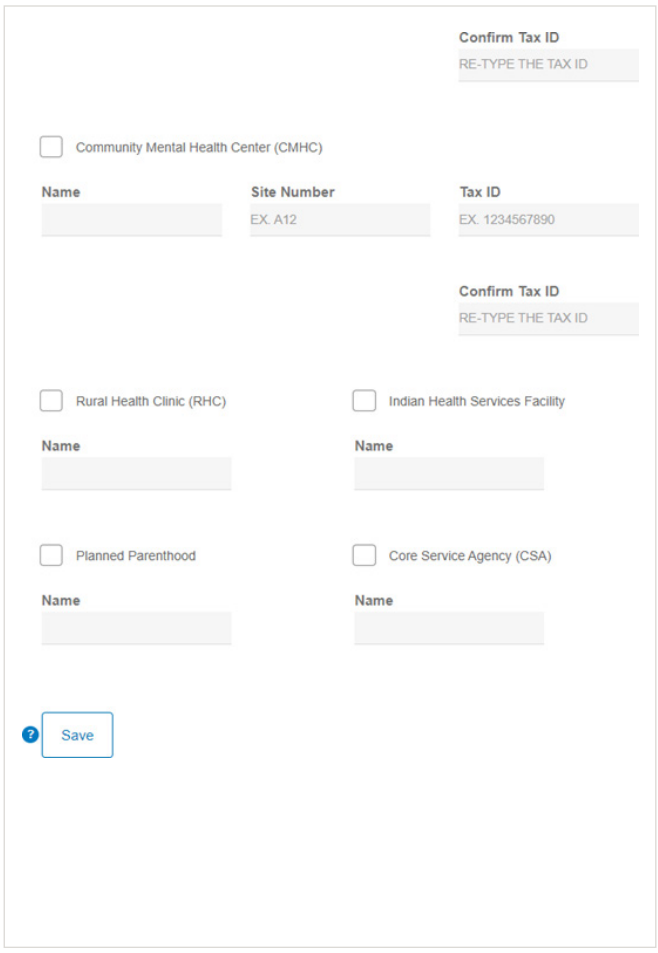
- Add Time allows a maximum of 3 time sets.
- Times cannot overlap. Enter Hours of Operation.

Note: Be sure to enter the Time Zone and if this is the Primary Location for this provider. You may also select the Option to include this location is accepting new patients.

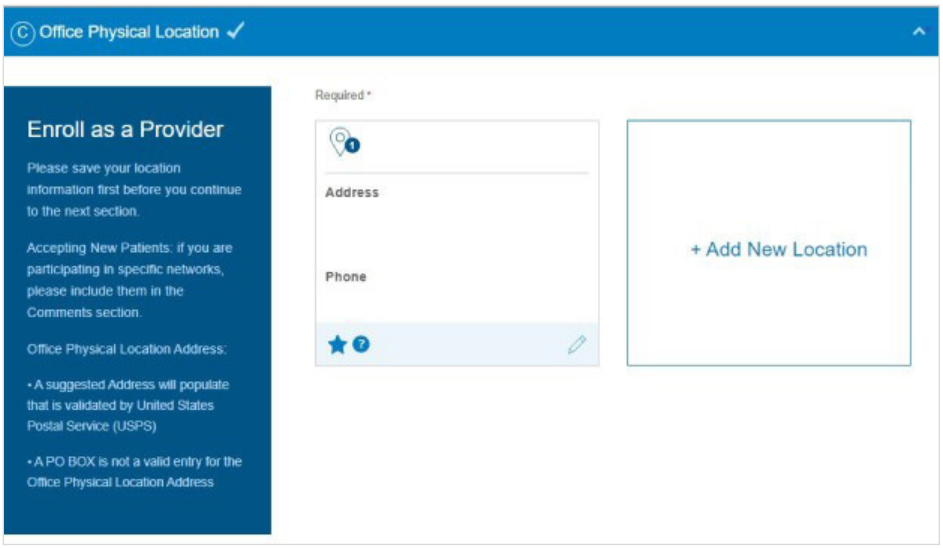

Americans with Disabilities Act (ADA)
Are the following standards in accordance with American with Disabilities Act? *
Yes
No
If yes, please check at least one:
Site Accessible
Parking Accessibility
Exterior Building
Interior Building
Exam Room
Accessible Grab Bars
Accessible Lifts
Wheelchair Accessible Drinking Fountains
Exam Table
Office Reception Area
Close Proximity to Public Transportation
Restroom
Scale
Wheelchair Accessible Hallways
Wheelchair Accessible Service Counters
Wide Doorways and Passageways
Treating Categories
Does the provider treat the following? *
Please check at least one:
Homebound
Homeless
Blindness or Visually Impaired
Chronic Illness
Serious Mental Illness
Co-Occurring Disorders
HIV/ AIDS
Physical Disabilities
Deafness or Hard of Hearing


Treating Categories
Does the provider treat the following? *
Please check at least one:
Homebound
Homeless
Blindness or Visually Impaired
Chronic Illness
Serious Mental Illness
Co-Occurring Disorders
HIV/ AIDS
Physical Disabilities
Deafness or Hard of Hearing


Associations
Are you associated with:
If selected, all fields for each Association are required.
IPA (Independent Physician Association)
Name
Site Number
EX. A12
Tax ID
EX. 1234567890
Confirm Tax ID
RE-TYPE THE TAX ID
PHO (Physician Hospital Organization)
Health System
Federally Qualified Health Center (FQHC)


Confirm Tax ID
RE-TYPE THE TAX ID
Community Mental Health Center (CMHC)
Name
Site Number
EX. A12
Tax ID
EX. 1234567890
Rural Health Clinic (RHC)
Indian Health Services Facility
Planned Parenthood
Core Service Agency (CSA)
Save

3. Once the save button is hit, it will condense and look like this. If you have any additional locations, you will select "Add New Location." If not, you will continue to the next section.

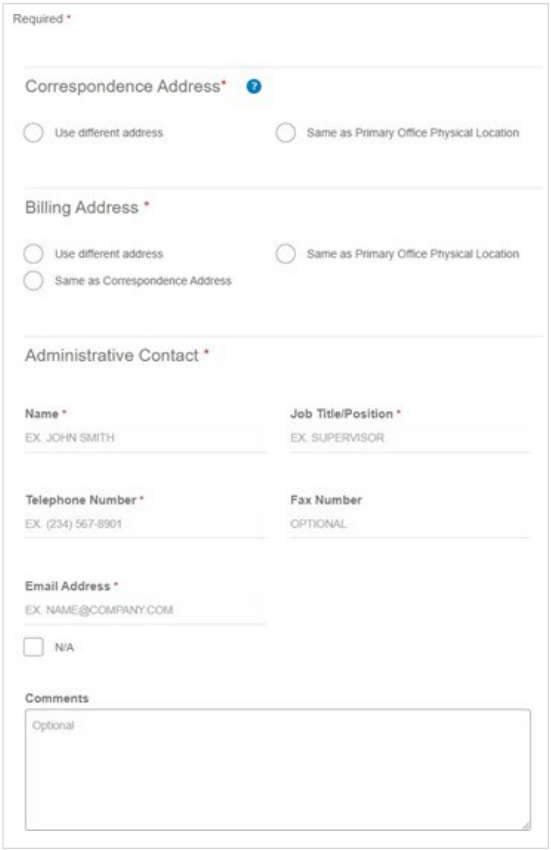


D. Additional Addresses & Contact Information

Enter information about the correspondence address, the billing address, and the administrative contact.

1. Open the section by clicking the arrow in the title bar.

Note: You can use an existing address OR choose "use different address." If you select "use different address" you will be prompted to enter it. Do NOT use autofill to complete the form or you may need to re-submit the form.

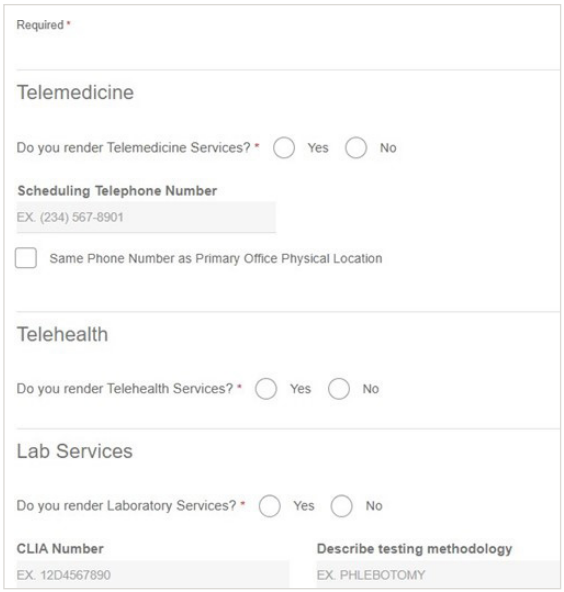


E. Practice Information

This section contains information specific to the services the practice offers.

1. Open the section by clicking the arrow in the title bar.

2. Enter the **Telemedicine** and **Telehealth** information. At a minimum, complete all required (*) fields. However, if additional data is recommended be sure to enter it now to prevent a delay in the processing of your request.



F. Questionnaire

Note: This section will remain blank as it does not apply to our Group/Clinic Onboarding.

G. Attachments

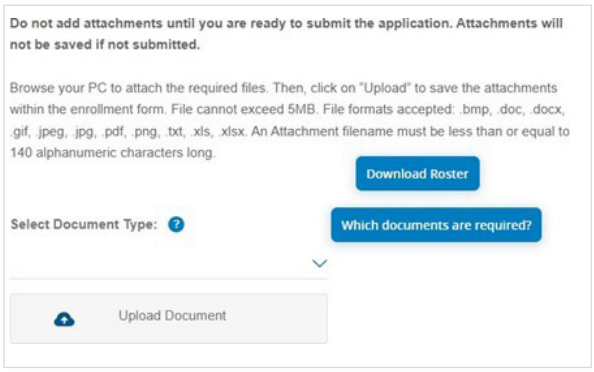
In this section you will attach all the supporting documentation needed to complete your enrollment.

1. 

Note: To contract as a New Group/Clinic, a W9 or IRS 147C is required. A Provider Roster is required. Please see the "Read Me" tab within the Roster for detailed instructions on how to add additional locations.

Note: The "Disclosure of Ownership & Control Interest form" is not required by BCBSIL.

Note: Independent Lab Providers: Complete the **Independent Lab Questionnaire** and attach here.



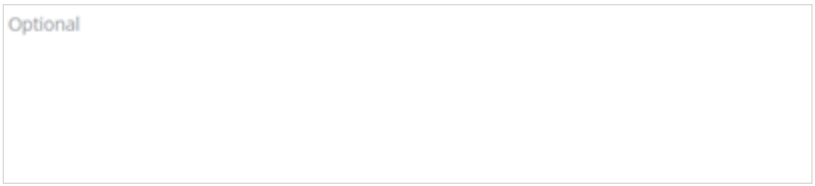
If you uploaded a document in error, click **Remove** to delete it.

H. Comments

This section allows you to enter comments.

1. Open the section by clicking the arrow in the title bar.

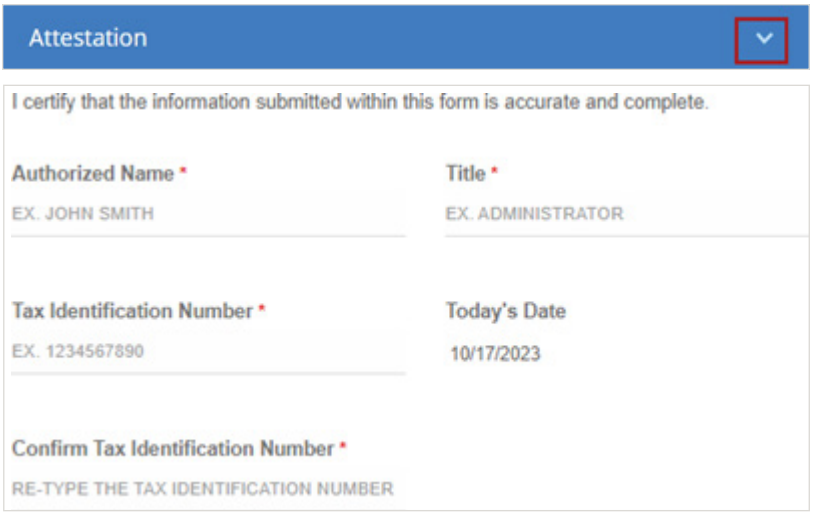
2. Type any comments, up to 2000 characters.

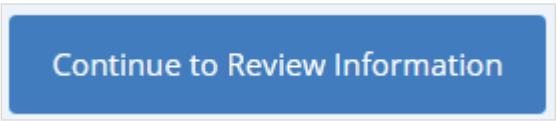


I. Attestation

This section serves as your confirmation that all information entered is accurate and complete.

1. Open the section by clicking the arrow in the title bar.

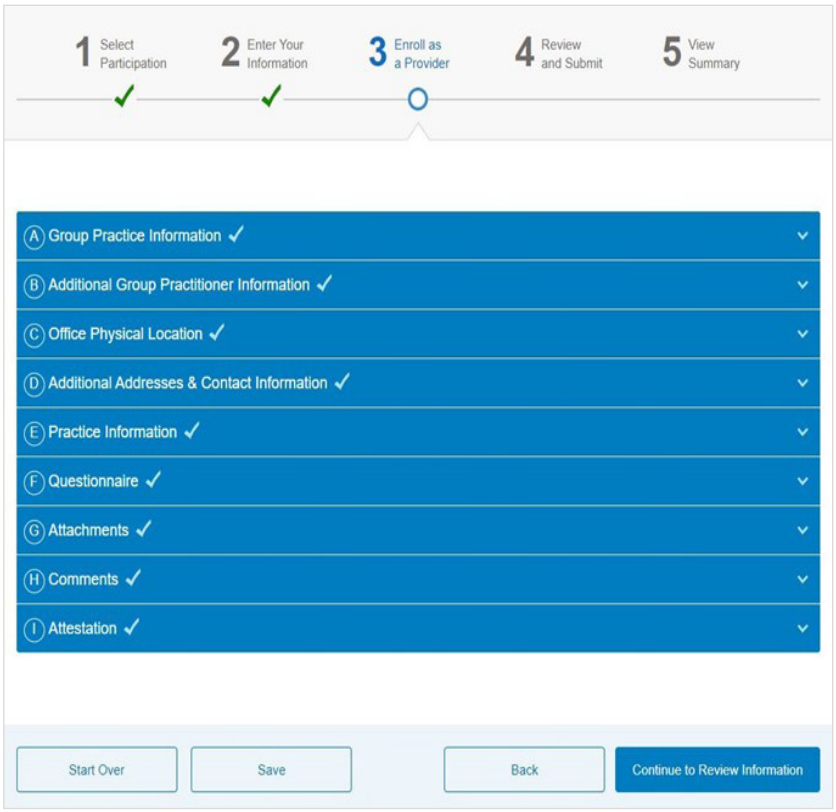




Review and Submit

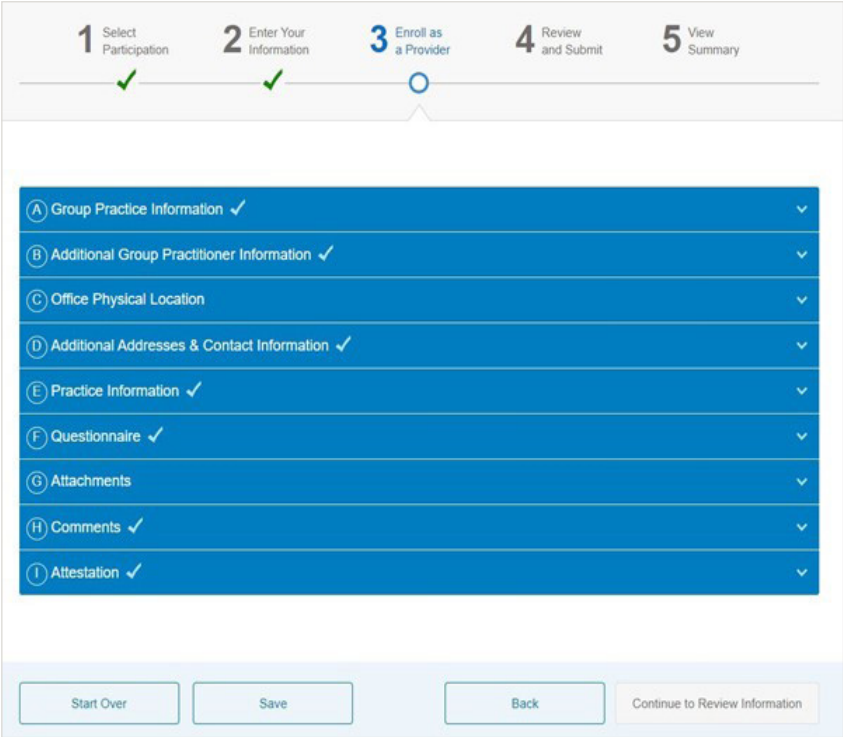
1. Open each section by clicking the blue title bar for that section. Once each section is complete, a checkmark will appear on the section header, and you will be able to proceed through the form.Example of a complete form. All

sections have a checkmark and the **Continue to Review Information** button is active.

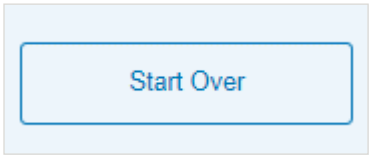


Click **Continue to Review Information**

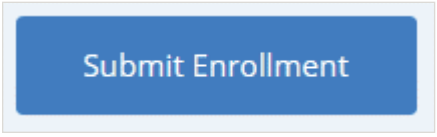
2. Example of incomplete application. Checkmarks are missing in Sections C and G and the **Continue to Review Information** button is greyed out. Please go back and complete the missing information. Once completed, the **Continue to Review** button will become active and change color to **blue**.



3. If you want to abandon this enrollment and start over, click the **Start Over** button. You will lose all the data you have previously entered. You will receive a confirmation message asking if you are sure you want to do this.

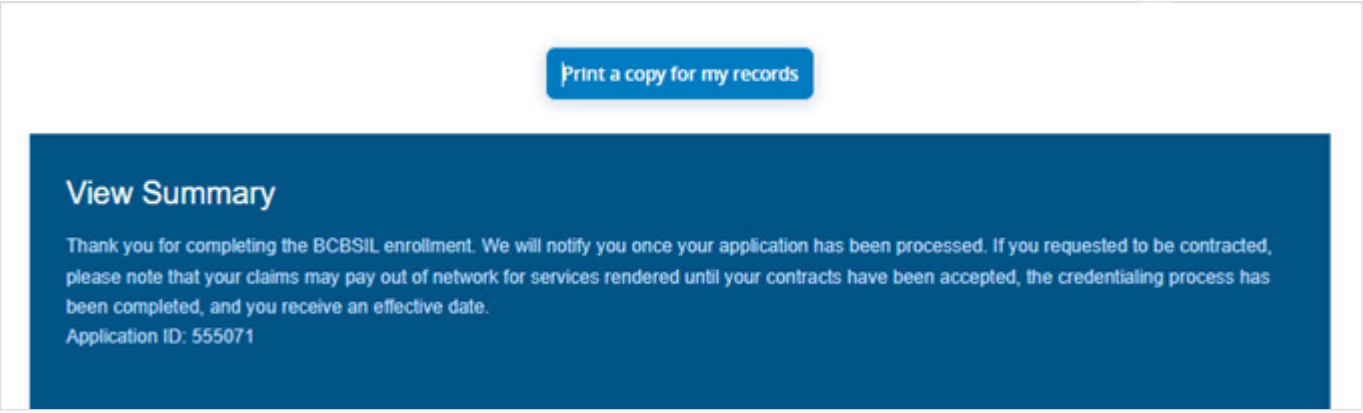


4. When you are sure all data is complete and correct, click **Submit Enrollment**.

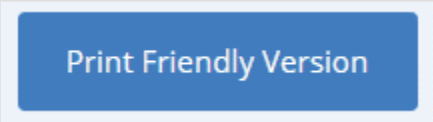


View Summary

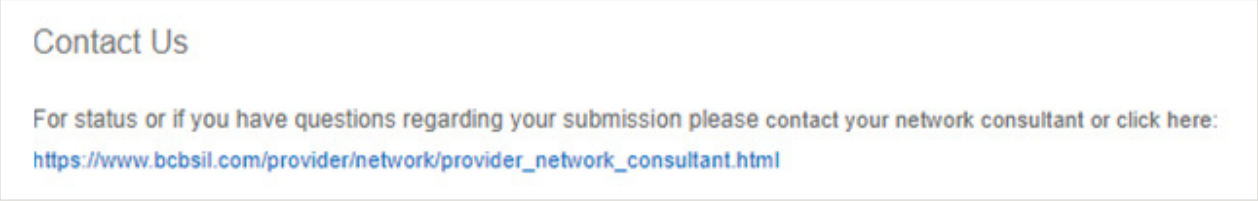
1. Once you have submitted your enrollment, you will receive a summary page that shows the data that you entered and submitted. The Application ID is listed in the View Summary header.



2. If you want to print the summary, click the **Print Friendly Version**. You can then print the summary or save it as a PDF.

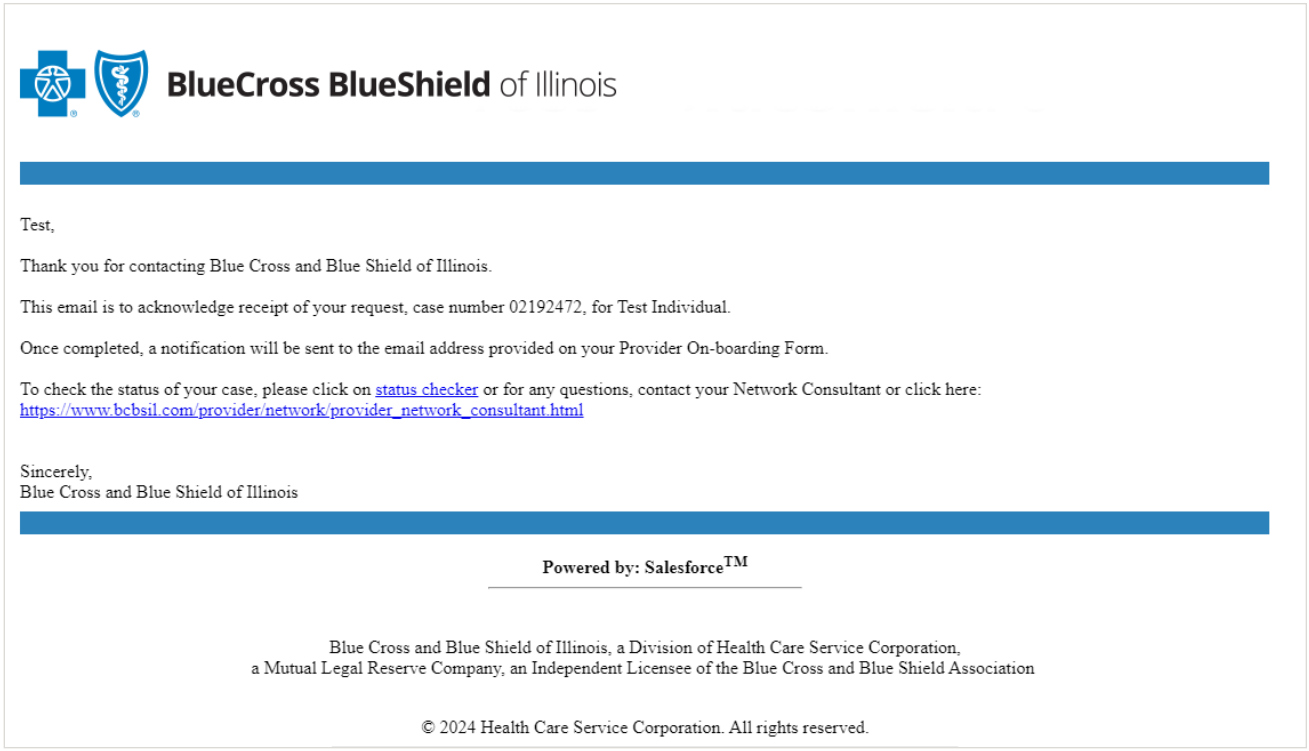


3. If you have questions about your enrollment, contact the team at Blue Cross and Blue Shield of Illinois using the **Provider Network Consultant Assignments list**.



Email Confirmation

1. An email confirmation will be sent from BCBSIL to the contact listed on the Submitter Information page. The case number is listed in the email. The Case number (not the application ID) should be used to check Case Status in the Case Status Checker or when emailing your assigned Provider Network Consultant or PNC Mailbox.



BlueCross BlueShield of Illinois

Test,

Thank you for contacting Blue Cross and Blue Shield of Illinois.

This email is to acknowledge receipt of your request, case number 02192472, for Test Individual.

Once completed, a notification will be sent to the email address provided on your Provider On-boarding Form.

To check the status of your case, please click on status checker or for any questions, contact your Network Consultant or click here: https://www.bcbsil.com/provider/network/provider_network_consultant.html

Sincerely,
Blue Cross and Blue Shield of Illinois

Powered by: Salesforce™

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

2. To check the status of your credentialing process, enter your NPI or license number in our **Credentialing Status Checker link**.

If you have questions about your enrollment, contact your assigned PNC or PNC Mailbox. **Professional PNC Assignment List**.

3. Once the application has completed processing and you are accepted as a provider into our Networks, you will receive a Welcome email with your networks and network effective dates. The Welcome email will be sent to the Submitter's email address.

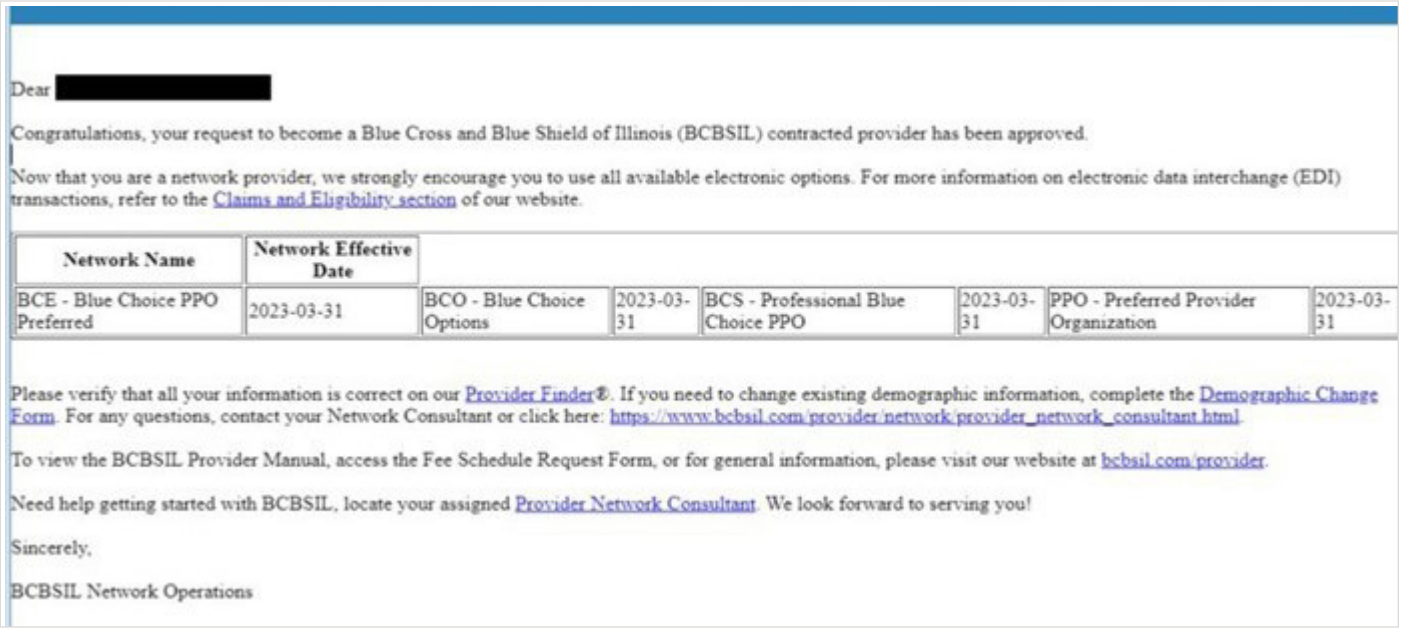
Please check the Provider Finder® to ensure your information is accurate.

To check the Provider Finder, click on link to the **provider website**.

Scroll down to bottom, click on Provider Finder

If any Demographic Information needs to be updated, please complete the **Demographic Change Form**.

Sample Welcome Email



Dear [redacted]

Congratulations, your request to become a Blue Cross and Blue Shield of Illinois (BCBSIL) contracted provider has been approved.

Now that you are a network provider, we strongly encourage you to use all available electronic options. For more information on electronic data interchange (EDI) transactions, refer to the Claims and Eligibility section of our website.

Network Name	Network Effective Date						
BCE - Blue Choice PPO Preferred	2023-03-31	BCO - Blue Choice Options	2023-03-31	BCS - Professional Blue Choice PPO	2023-03-31	PPO - Preferred Provider Organization	2023-03-31

Please verify that all your information is correct on our Provider Finder®. If you need to change existing demographic information, complete the Demographic Change Form. For any questions, contact your Network Consultant or click here: https://www.bcbsil.com/provider/network/provider_network_consultant.html.

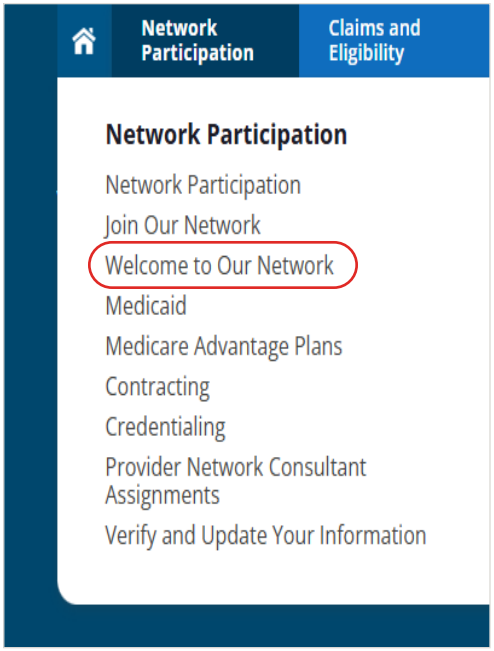
To view the BCBSIL Provider Manual, access the Fee Schedule Request Form, or for general information, please visit our website at bcbsil.com/provider.

Need help getting started with BCBSIL, locate your assigned Provider Network Consultant. We look forward to serving you!

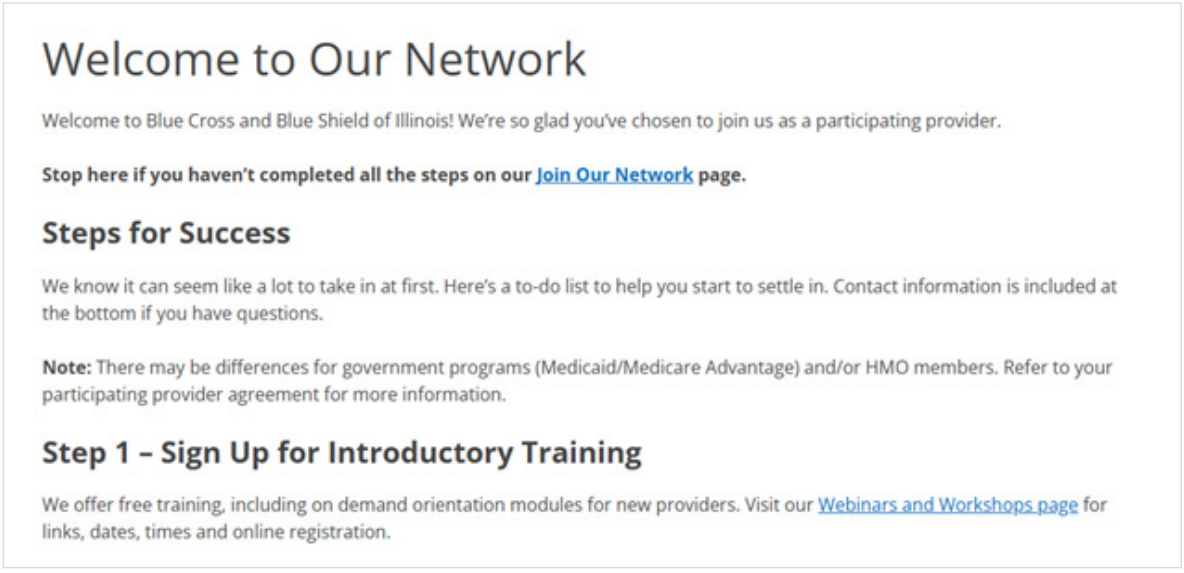
Sincerely,

BCBSIL Network Operations

4. If you are new to Blue Cross and Blue Shield of Illinois be sure to visit the **Welcome to Our Network page** on our website where we list helpful tools and resources to get you started.



5. The page lists many helpful resources for both new and established providers.



Welcome to Our Network

Welcome to Blue Cross and Blue Shield of Illinois! We're so glad you've chosen to join us as a participating provider.

Stop here if you haven't completed all the steps on our Join Our Network page.

Steps for Success

We know it can seem like a lot to take in at first. Here's a to-do list to help you start to settle in. Contact information is included at the bottom if you have questions.

Note: There may be differences for government programs (Medicaid/Medicare Advantage) and/or HMO members. Refer to your participating provider agreement for more information.

Step 1 – Sign Up for Introductory Training

We offer free training, including on demand orientation modules for new providers. Visit our Webinars and Workshops page for links, dates, times and online registration.

If you have questions related to the Provider Onboarding Form or the Onboarding Process, please contact your assigned PNC or PNC Mailbox. Be sure to include all provider information: Name, Tax ID, NPIs, Case number, etc. **Professional PNC Assignment List**.