Provider Onboarding Form

User Guide for Individual/Solo Providers

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

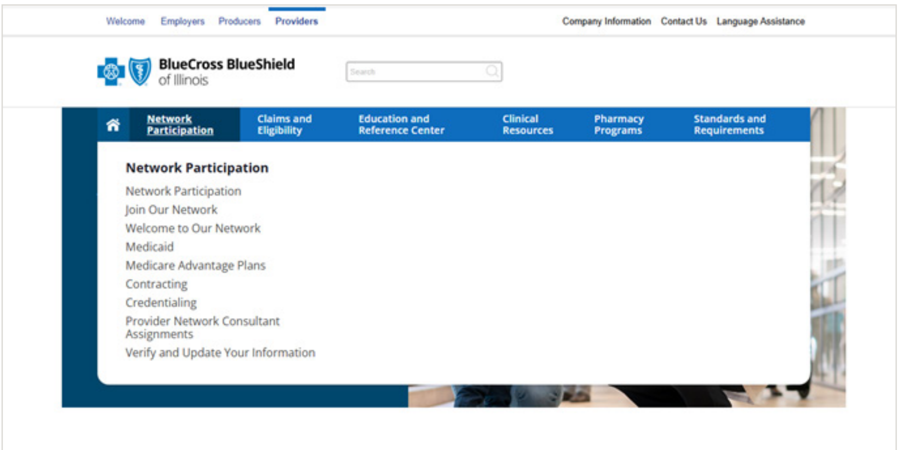
253470.1124

Access the Provider Onboarding Online Form 1
New Application or Retrieve Saved Application 2
Select Participation 3
In Network – Contract as a Solo Provider 4
Disclaimer 5
Enroll as a Provider 5
A. Practitioner Information 5
B. Personal Information 6
C. Additional Personal & Practitioner Information 7
D. Office Physical Location 8
E. Additional Addresses & Contact Information 13
F. Practice Information 14
G. Questionnaire – Section is not applicable to your plan 14
H. Attachments 15
I. Comments 16
J. Attestation 16
Review and Submit 16
View Summary 18
Email Confirmation 19

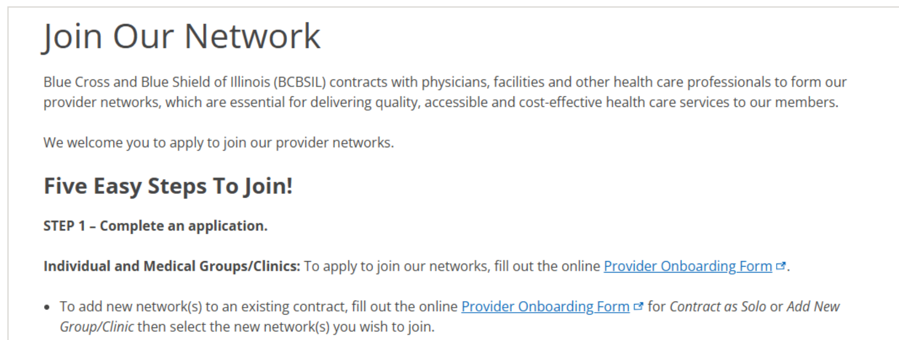
Contents

Access the Provider Onboarding Online Form

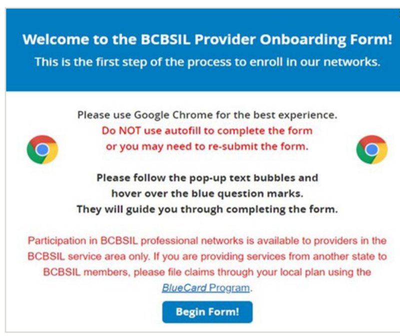
1. For best results use the **Google Chrome** browser.
2. To access the form from the Blue Cross and Blue Shield of Illinois website, click the **Providers** tab.



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**.



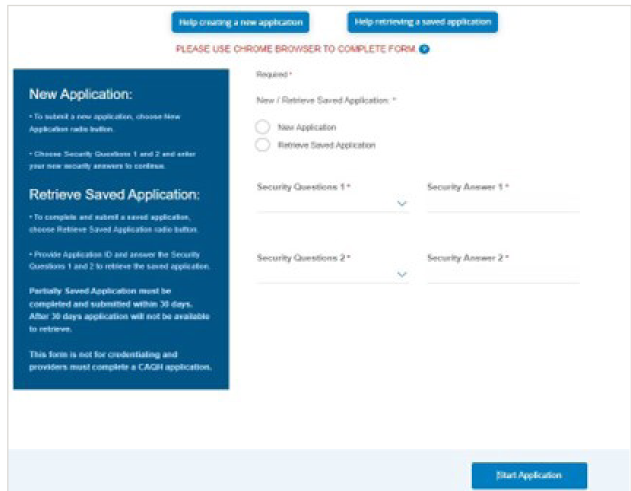
5. The Provider Enrollment form opens.
6. A disclaimer appears reminding you that there are additional processes outside of the enrollment process that need to happen before you are accepted as a participating provider.



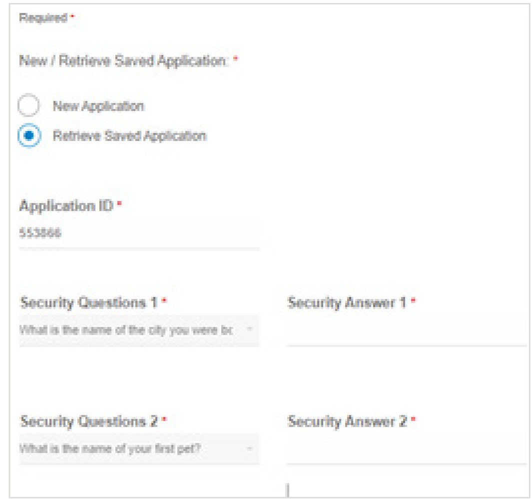
New Application or Retrieve Saved Application

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

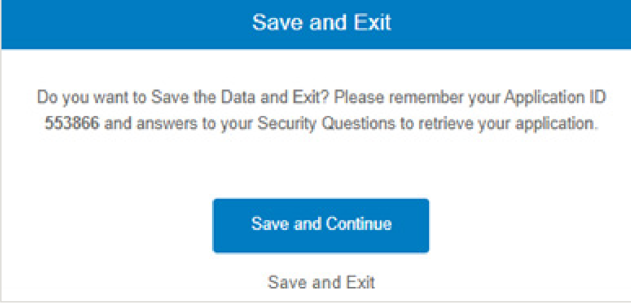
1. Use Chrome Brower and do not use autofill to complete the form.
2. To start a new application, select the New Application button and answer the security questions.



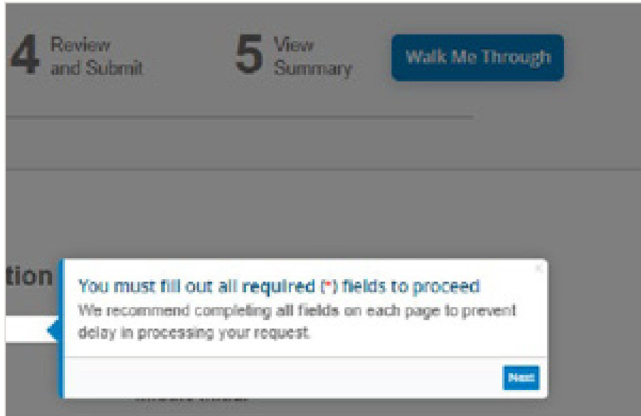
3. To retrieve a Saved application, enter the application ID and answer the security questions using the same answers used to complete the initial form (capitalization and spelling matter!)
A Partially Saved Application must be completed and submitted within 30 days. After 30 days, the application will not be available to retrieve.



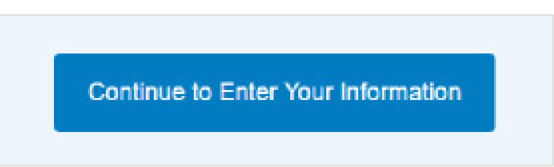
4. Click Save and Exit and be sure to note your Application ID number. You will need the Application ID and the answers to the security questions to log back in.



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.



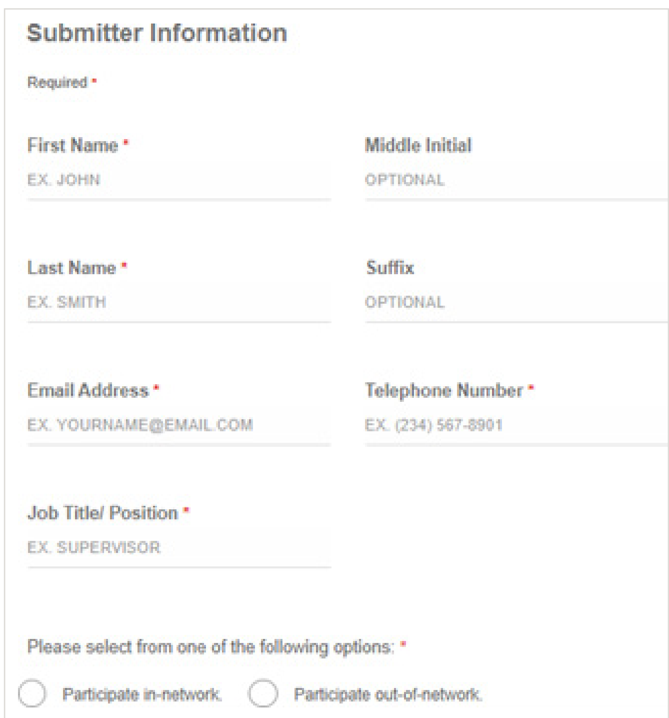
Select Participation

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

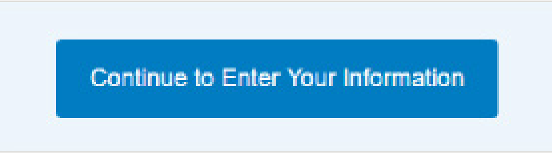
1. Enter the name and contact information of the person submitting the form. **All email correspondence related to this case will go to this contact.**

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**.



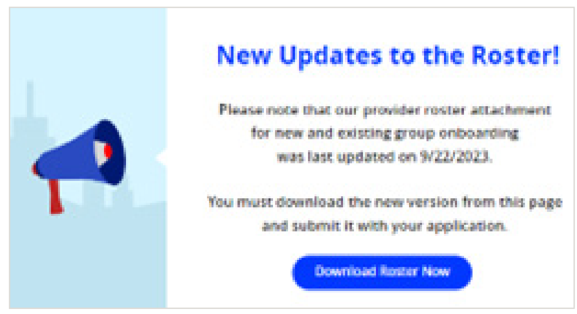
2. Click the **Continue to Enter Your Information** button.



In Network – Contract as a Solo Provider

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

1. Please note that as an individual provider you will not complete the Roster.

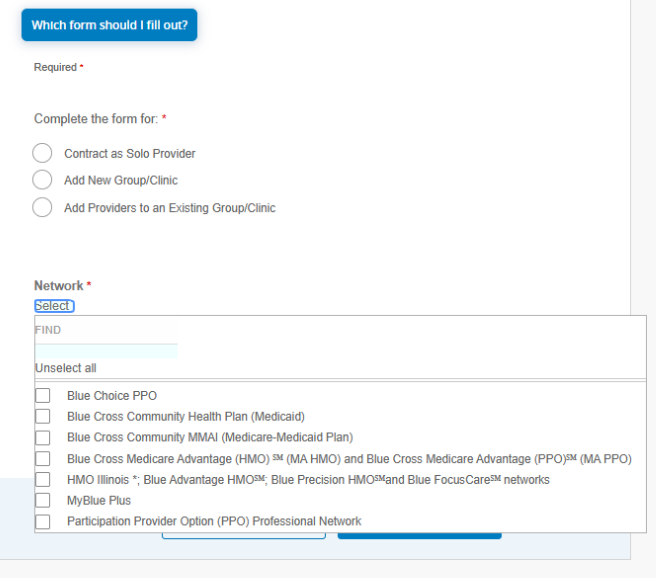


2. Select the **Contract as Solo Provider** button if you intend to contract as an Individual.
Note: If your Tax ID is registered with the IRS as a group or corporation (PC, LLC, PLLC, S-Corp) you must contract with Blue Cross and Blue Shield of Illinois as a group and not a solo provider even if there is only one rendering provider within your group. Please refer to the 147-C form issued from the IRS.

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

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.

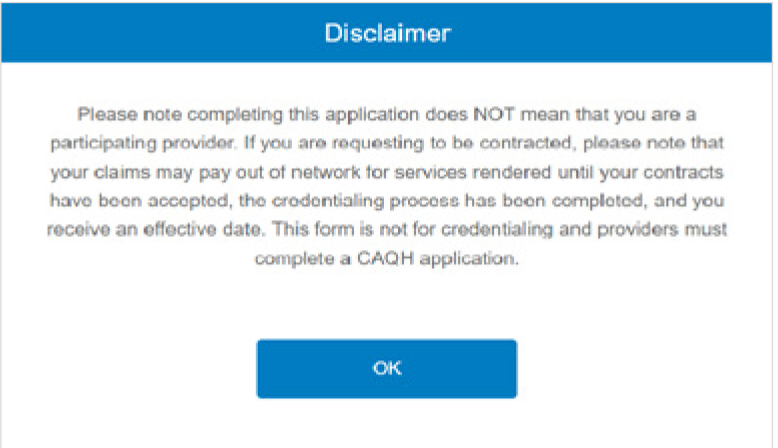
Quick Tip: If you wish to participate in Blue Cross Community Health Plans℠ or Blue Cross Community MMAI (Medicare-Medicaid Plan)℠, you must be registered with the Illinois Department of Healthcare and Family Services on the Illinois Medicaid Program Advanced Cloud Technology file.



Click **Continue to Enrollment**.

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.



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. Practitioner Information

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

2. Indicate if the provider is currently in a **residency program**.

Note: If a user selects that they are in a residency program they will not be able to proceed with the form.

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.

3. Select the primary provider type and primary provider specialty from the drop-down list.

Credentialing is the process by which Blue Cross and Blue Shield of Illinois reviews and validates the professional qualifications of physicians and certain other providers who apply for participation in our networks, ensuring they meet our professional standards.

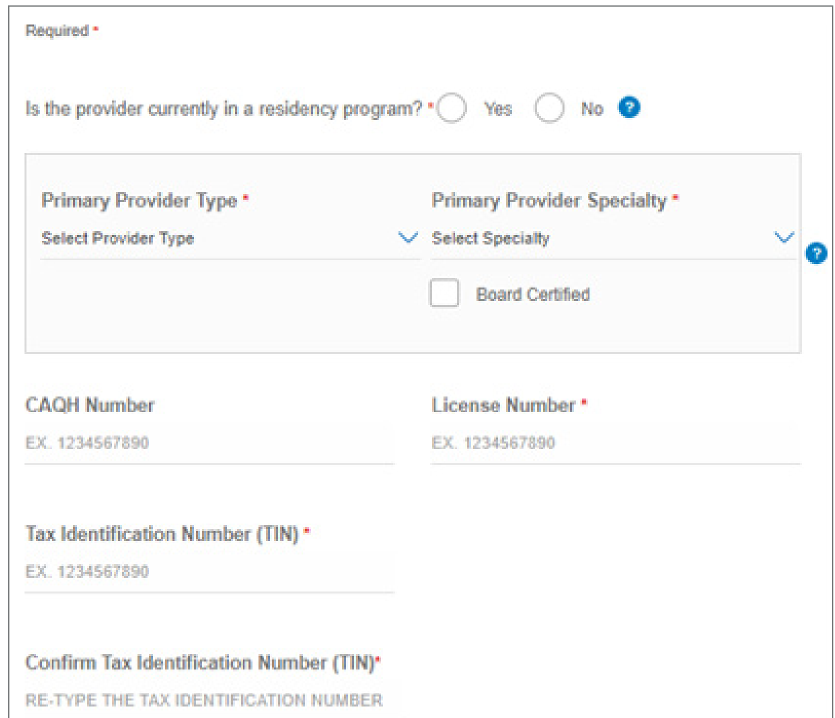
Note: If the provider type requires Credentialing, you will be prompted for the Council for Affordable Quality Healthcare® number. The system checks to validate the number entered. **Learn more**.

Credentialing is required for Professional Provider Types: MD, DO, PsyD, PHD, AUD, BCBA, OD, DC, CNM, DPM, LCSW, LCPC, LMFT, PA, APN, ANP, CNP, CNS, LAC, DN and RD.

Enter a valid IL license or IN license if you are in Lake County, IN.

Quick Tip: Enter the Tax ID twice. Once the TAX ID is entered into the Confirm Tax Identification field, be sure click out of the box to ensure it matches the first TIN entered.

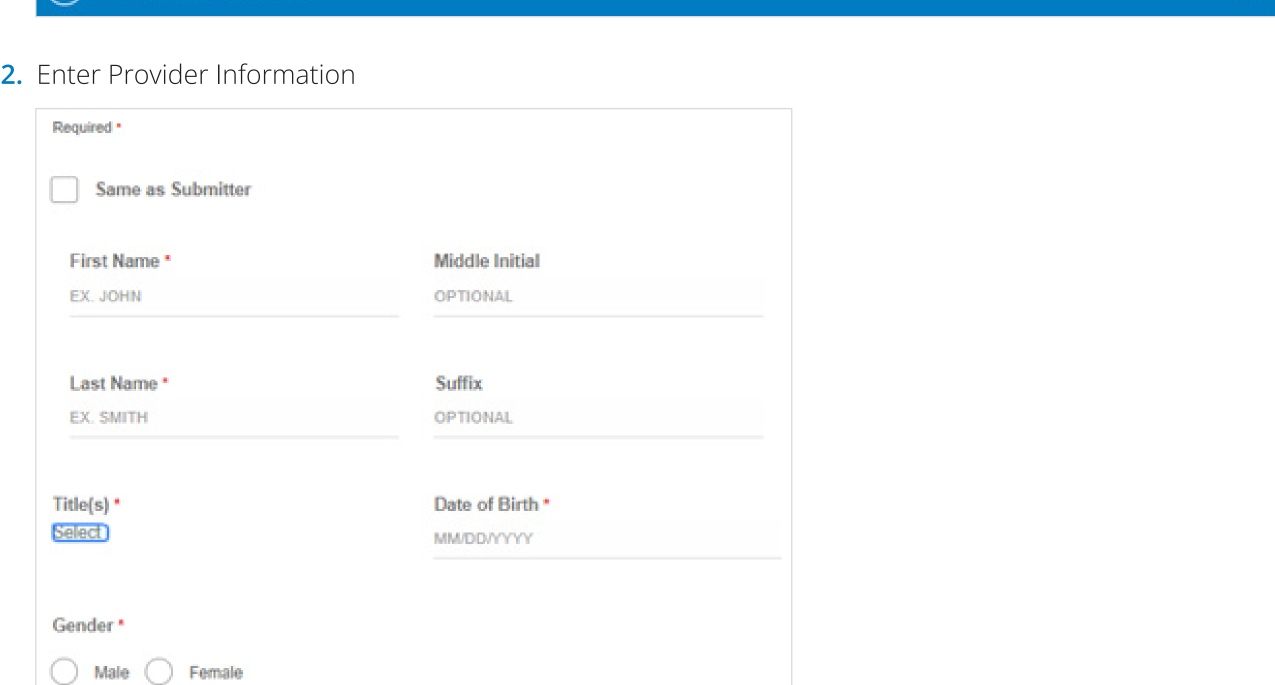
Note: An individual provider may contract under their Social Security Number or for more security, their IRS issued Tax ID.



B. Personal Information

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.



2. Enter Provider Information

Click **Continue to Enrollment**.

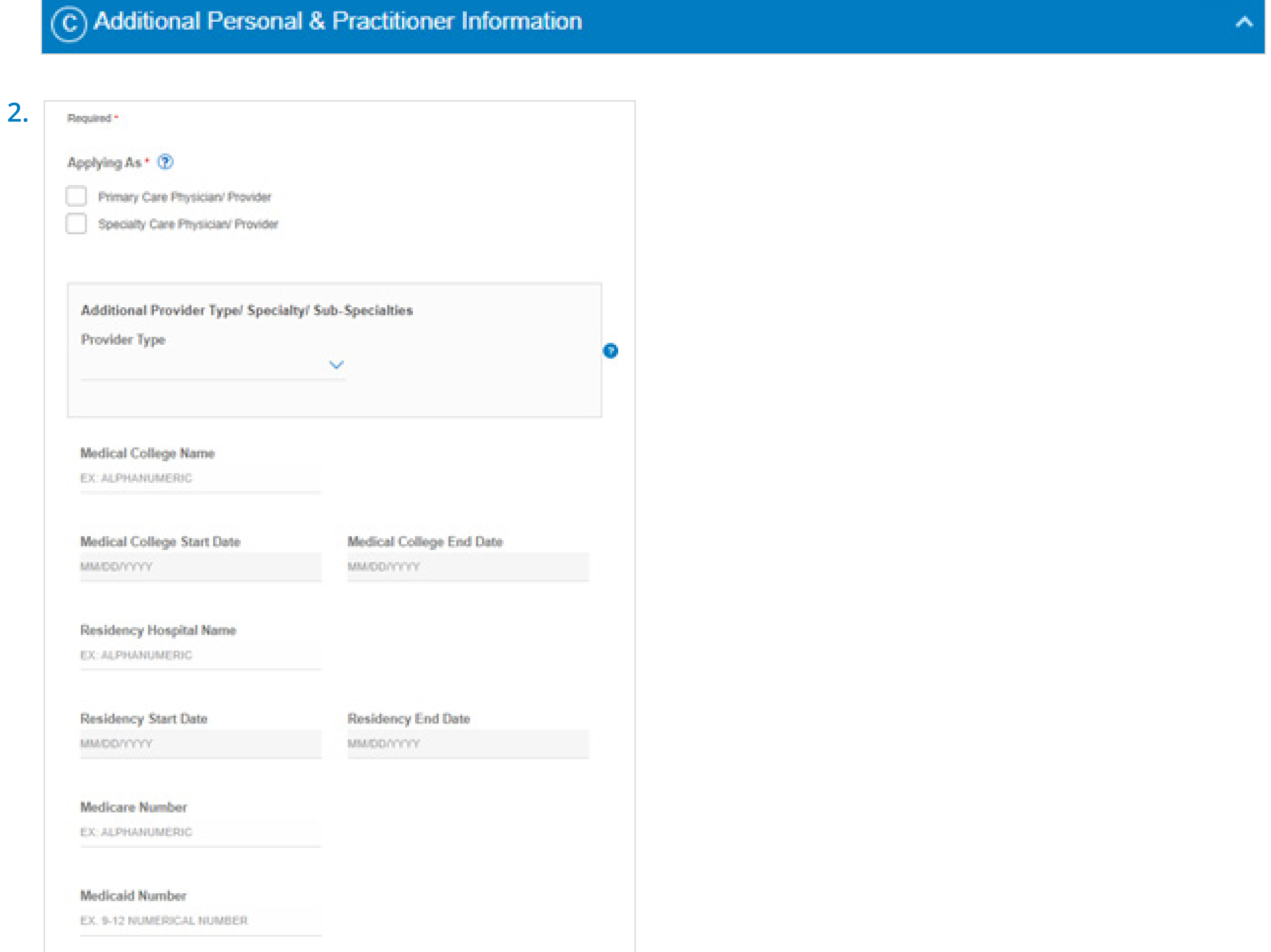
C. Additional Personal & Practitioner Information

The section contains additional personal information about the individual. 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.

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.

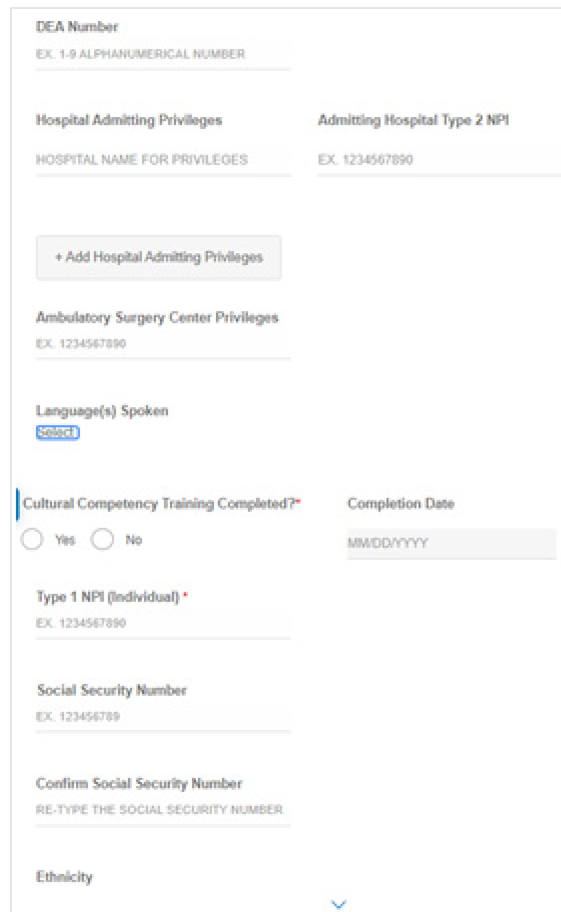


2.

3. ***Note:*** If the NPI number is invalid, you will receive a message. You will have to attach your NPI Enumerator Response in the Attachments section of this enrollment form.

If the NPI number is not recognized by nppes.com, the system will not allow you to submit the application.

4. **Quick Tip:** Cultural Competency Training is recommended for providers requesting participation in Medicaid networks.



D. Office Physical Location

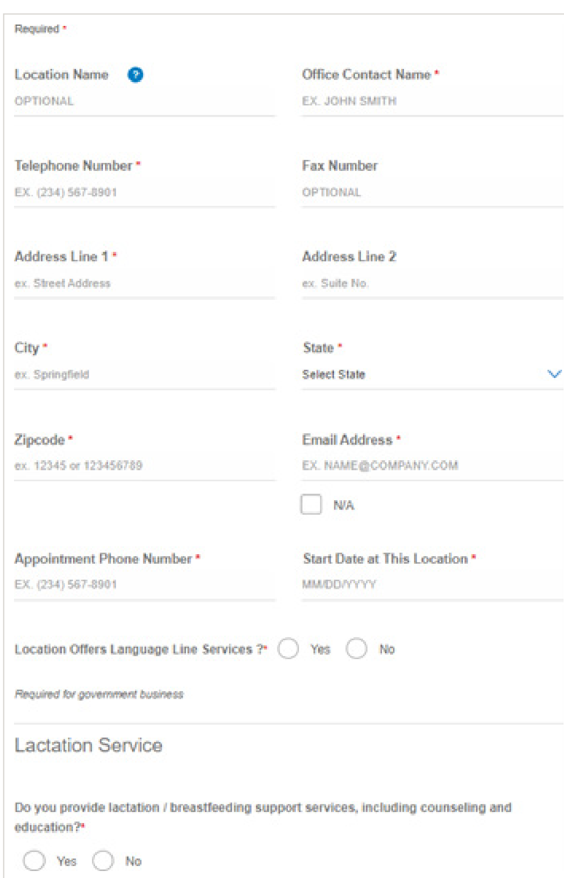
Enter information about the physical location(s) of the office(s).

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

2. If you have multiple offices in one Street Address, be sure to include the Suite Number for each.

Note: A PO Box is not a valid entry for the Office Physical Location Address.

Note: You can enter multiple locations.



Required *

Location Name

OPTIONAL

Office Contact Name *

EX. JOHN SMITH

Telephone Number *

EX. (234) 567-8901

Fax Number

OPTIONAL

Address Line 1 *

ex. Street Address

Address Line 2

ex. Suite No.

City *

ex. Springfield

State *

Select State

Zipcode *

ex. 12345 or 123456789

Email Address *

EX. NAME@COMPANY.COM

N/A

Appointment Phone Number *

EX. (234) 567-8901

Start Date at This Location *

MM/DD/YYYY

Location Offers Language Line Services ?* Yes No

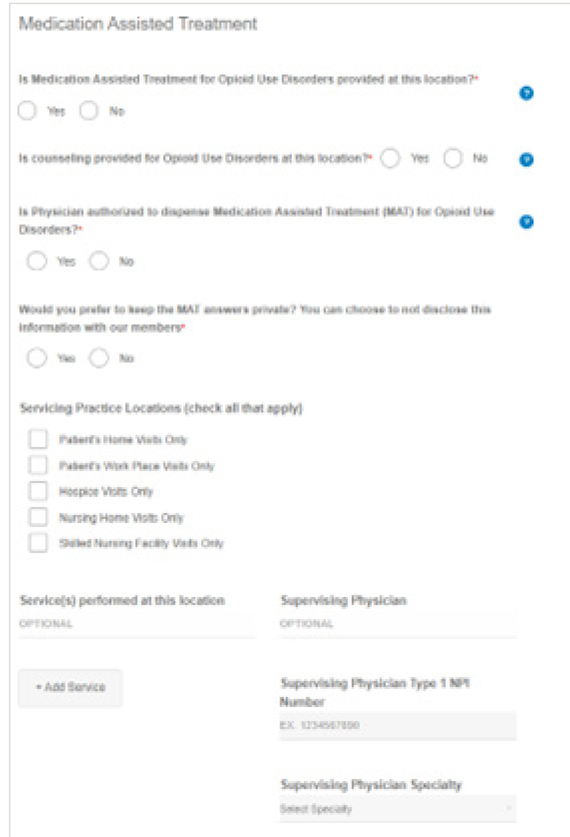
Required for government business

Lactation Service

Do you provide lactation / breastfeeding support services, including counseling and education?*

Yes No

3. 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.



Medication Assisted Treatment

Is Medication Assisted Treatment for Opioid Use Disorders provided at this location?*

Yes No

Is counseling provided for Opioid Use Disorders at this location?* Yes No

Is Physician authorized to dispense Medication Assisted Treatment (MAT) for Opioid Use Disorders?*

Yes No

Would you prefer to keep the MAT answers private? You can choose to not disclose this information with our members*

Yes No

Servicing Practice Locations (check all that apply)

Patient's Home Visits Only

Patient's Work Place Visits Only

Hospice Visits Only

Nursing Home Visits Only

Skilled Nursing Facility Visits Only

Service(s) performed at this location

OPTIONAL

Supervising Physician

OPTIONAL

+ Add Service

Supervising Physician Type 1 NPI Number

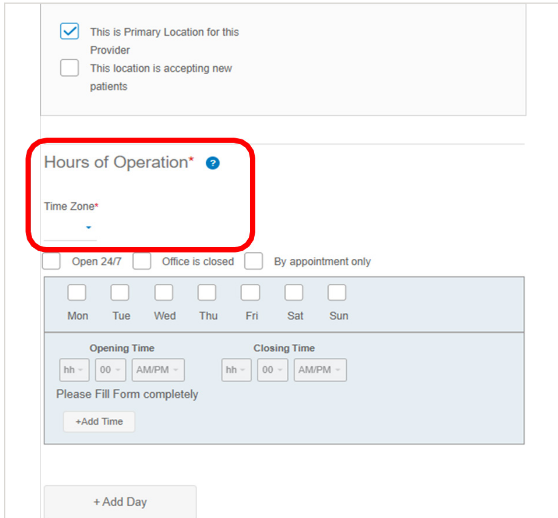
EX. 1234567890

Supervising Physician Specialty

Select Specialty

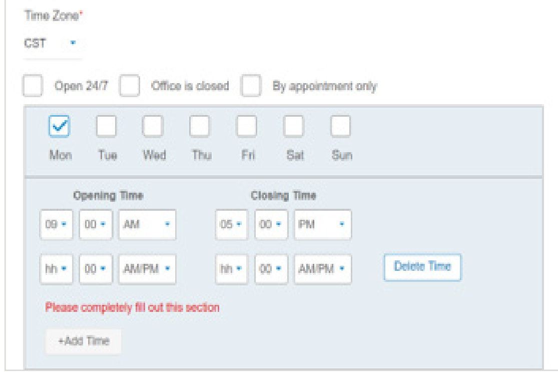
4. Enter Hours of Operation.

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.

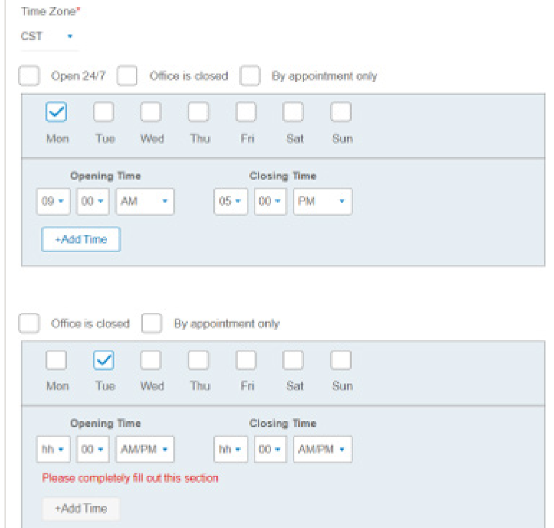


Tips for **Hours of Operation**

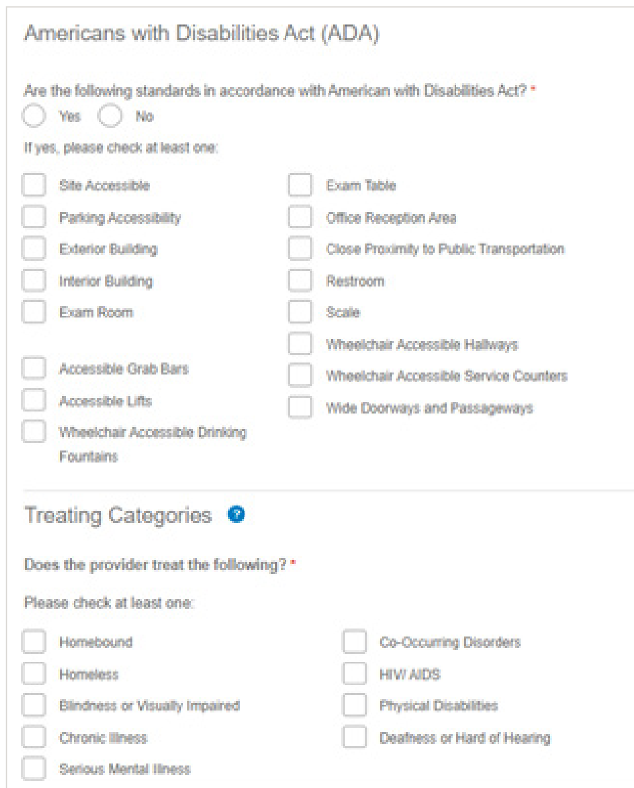
- Add Time allows a maximum of three time sets.
- Times cannot overlap.



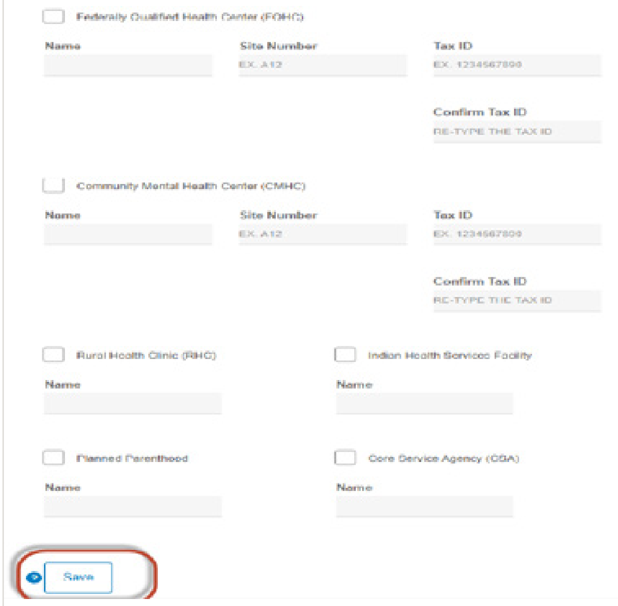
- Add Day function allows a maximum of 7 days.
- Each day can be used only once in a single time block.



If any of the network(s) selected in the **Enter Your Information** section are Medicare or Medicaid networks, the Treating Categories are required.



5. Please enter details, if applicable.



Click **Save**.

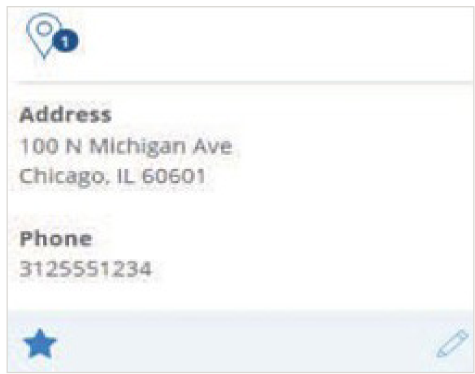
Note: It is important that you do this after creating each location. You will not be able to proceed with the enrollment process until the location is saved.

6. Once you save the location, a **Card View** is created.

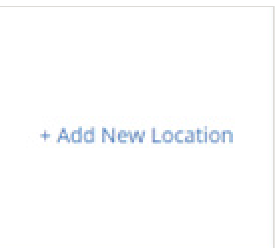
Note: The ★ indicates that this location is the Primary Location.

If you need to edit the information, click . Don't forget to save your changes.

Review the information.



7. If you need to add additional locations, click the **Add New Location** button.



8. Complete the applicable information and click **Save**.
9. **Cancel** button cancels your changes and returns you to the Card View.

Delete button deletes the location.

E. Additional Addresses & Contact Information

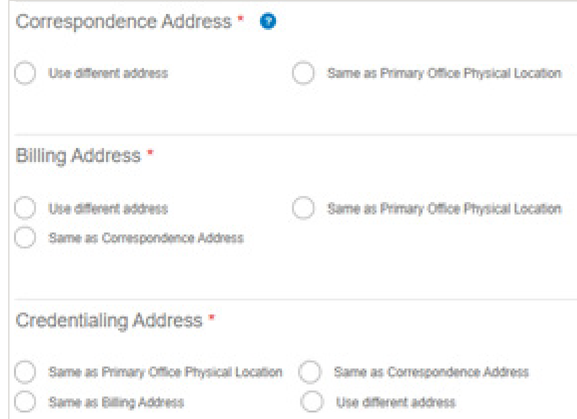
Enter any additional addresses and contact information for the locations.

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

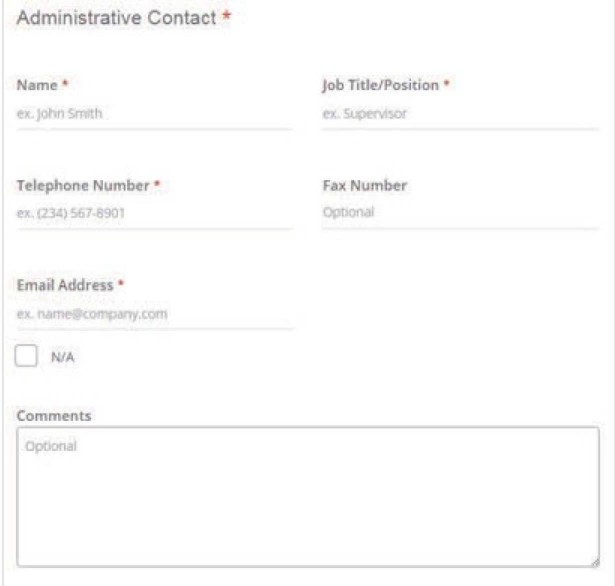
E Additional Addresses & Contact Information

2. You can enter different addresses for each of the address requirements or use the same address(es). Designate which address to use by selecting the appropriate option for each address type.

If you chose to use a different address, you are prompted to enter it.



3. Enter the information for the **Administrative Contact**.

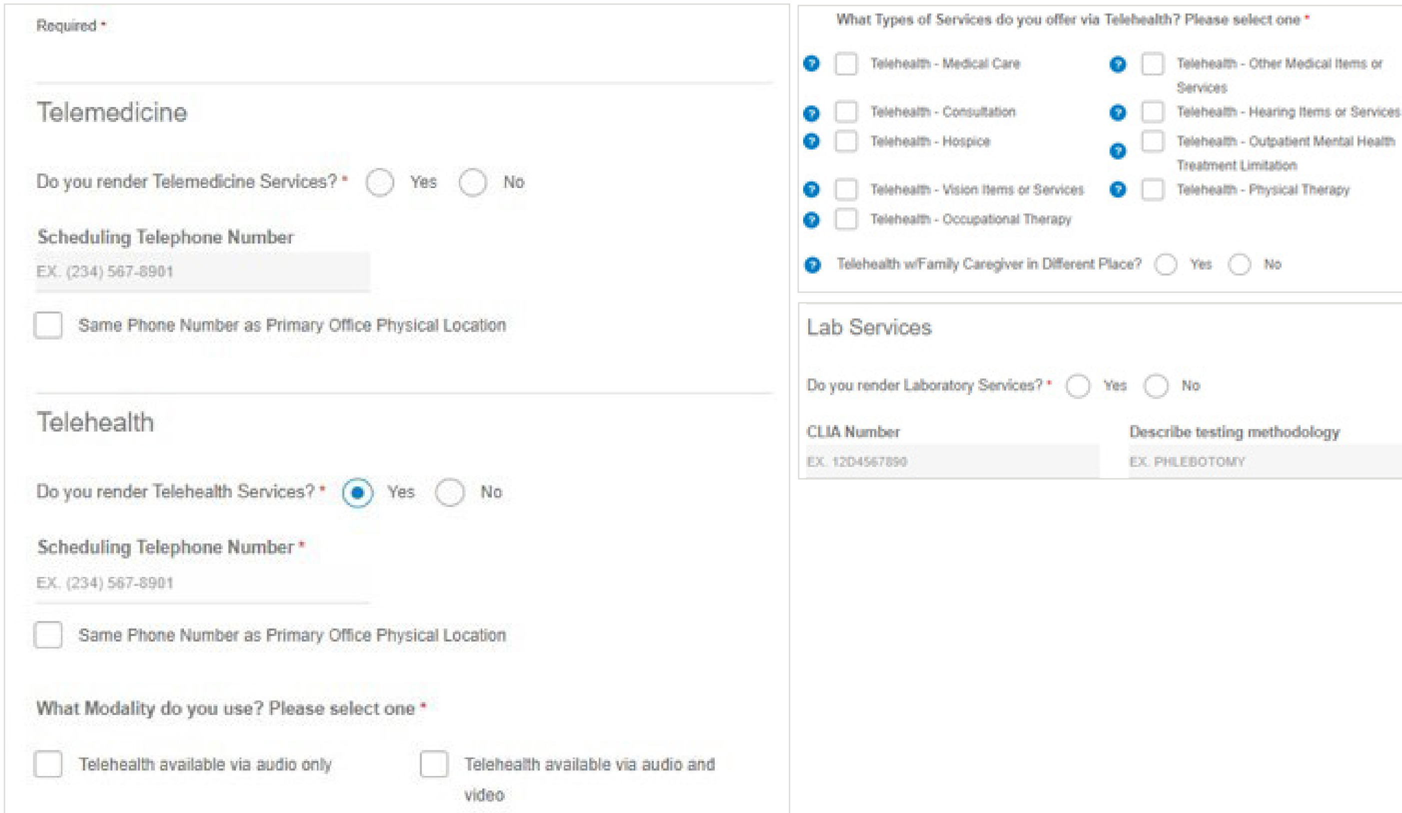


F. Practice Information

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

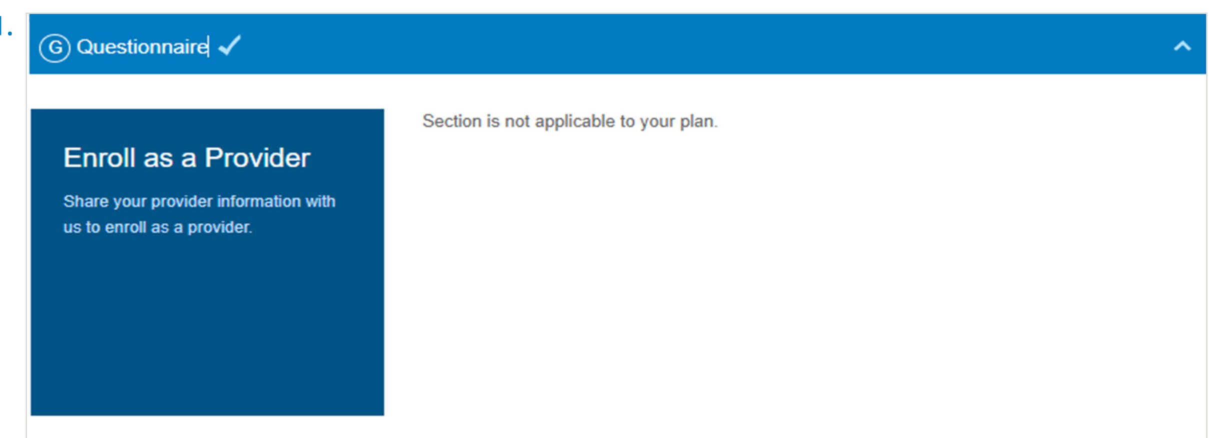
1. Open the section by clicking the arrow in the title bar.

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.



G. Questionnaire – Section is not applicable to your plan

1.



H. Attachments

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

1.

2. Select the **document type** from the list.

Required Documents:

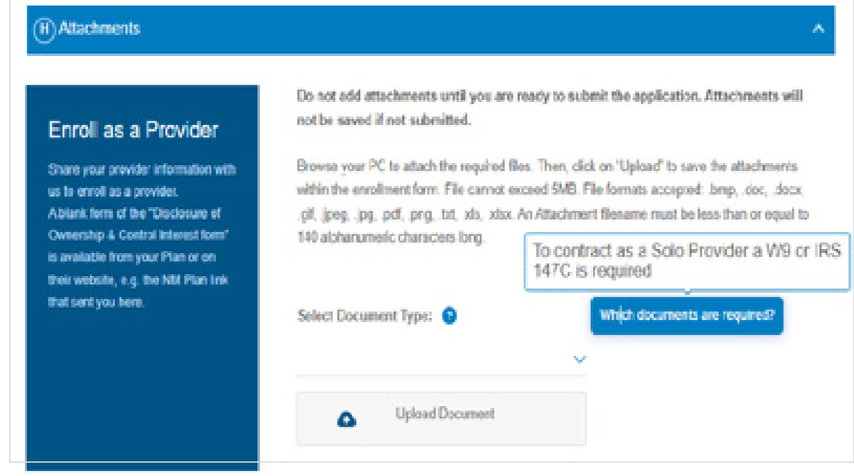
All the document types are not required. We require a W-9 or IRS 147C for Individual provider enrollment.

3. Click the Upload **Document button**.

Locate the file on your hard drive and upload. Repeat steps 2-4 for each document.

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

Note: Be sure you are attaching the correct document to the document type.



Attachment Tips

- Only attach the documents requested in the list.
- Size cannot exceed 5MB.
- File names cannot exceed 140 characters.
- File types accepted: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .pdf, .png.

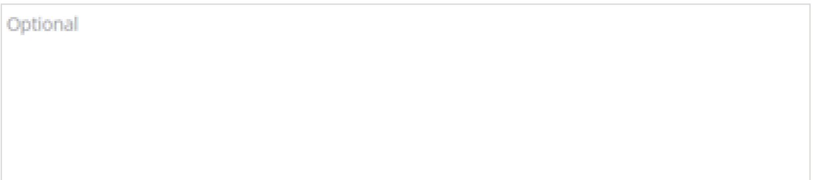
If you uploaded a document in error, click **Remove** to delete it.

I. 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.

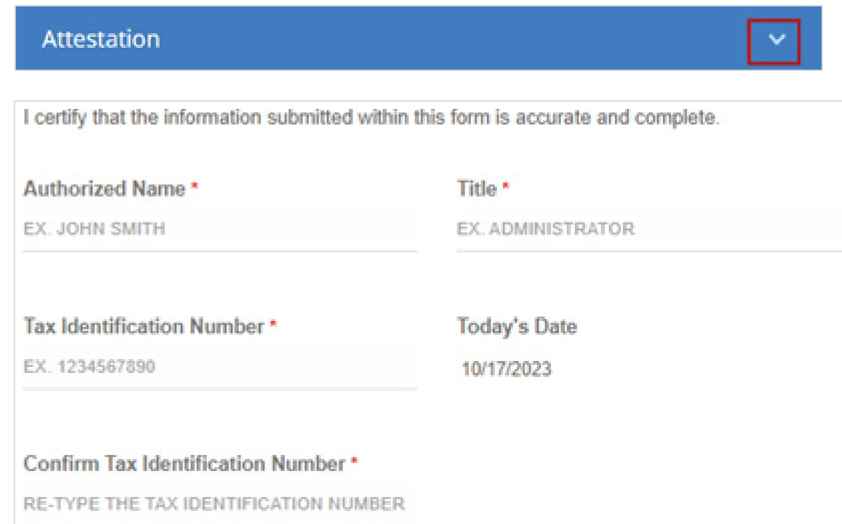


J. Attestation

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.

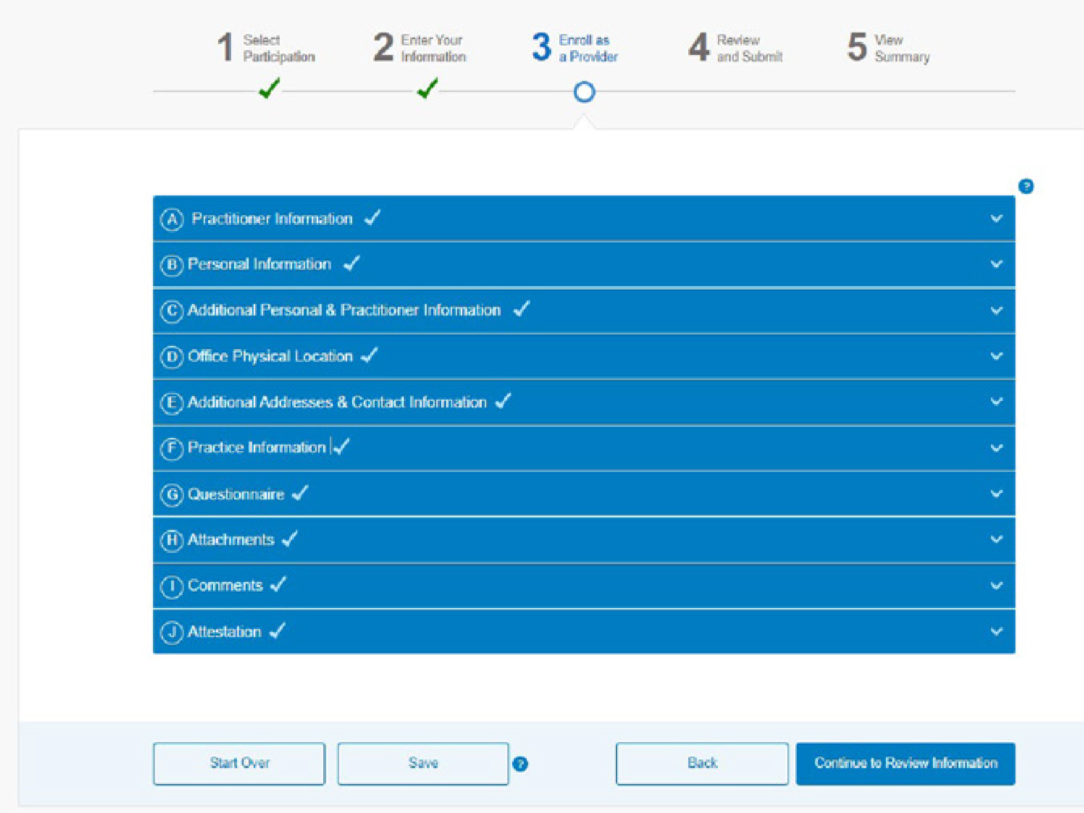
Attestation



Review and Submit

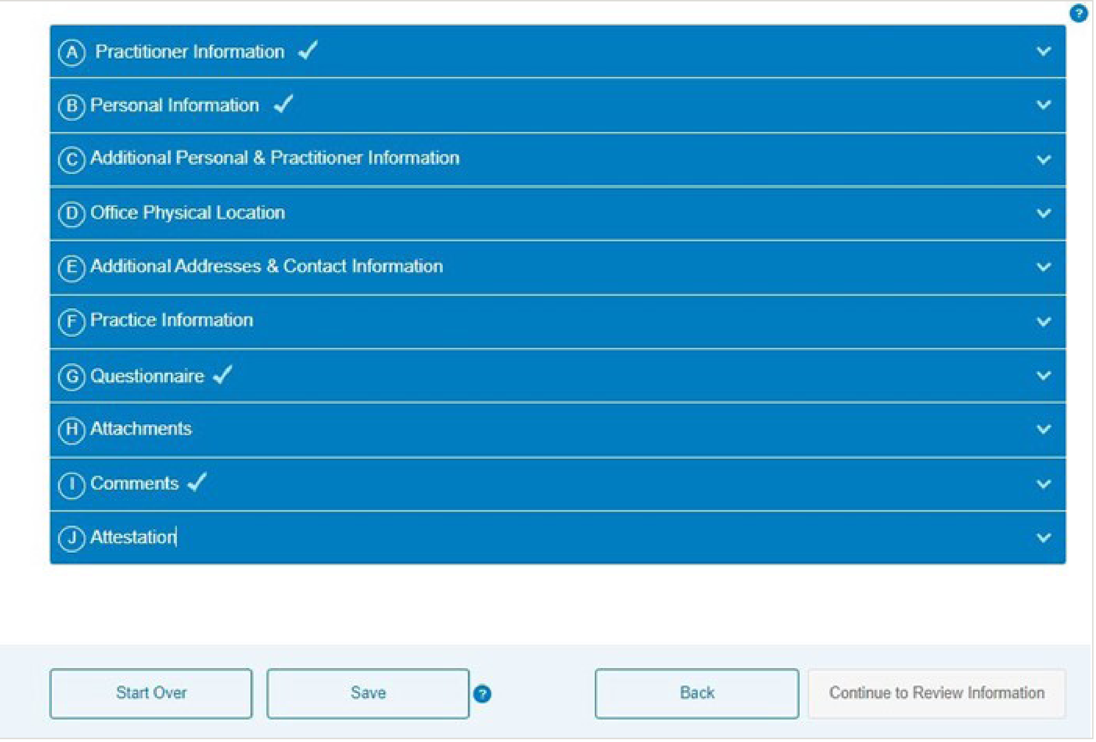
1. Open each section by clicking the blue title bar for that section. Once each section is complete, a checkmark will appear on the section header, and you will be able to proceed through the form.

2. Example of a complete form. All sections have a checkmark and the **Continue to Review Information** button is active.



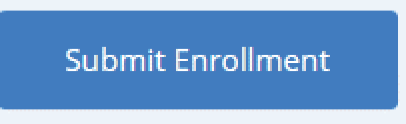
Click **Continue to Review Information**

3. Example of incomplete application. Checkmarks are missing in Sections C, **D, E,** F, H and J 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**.



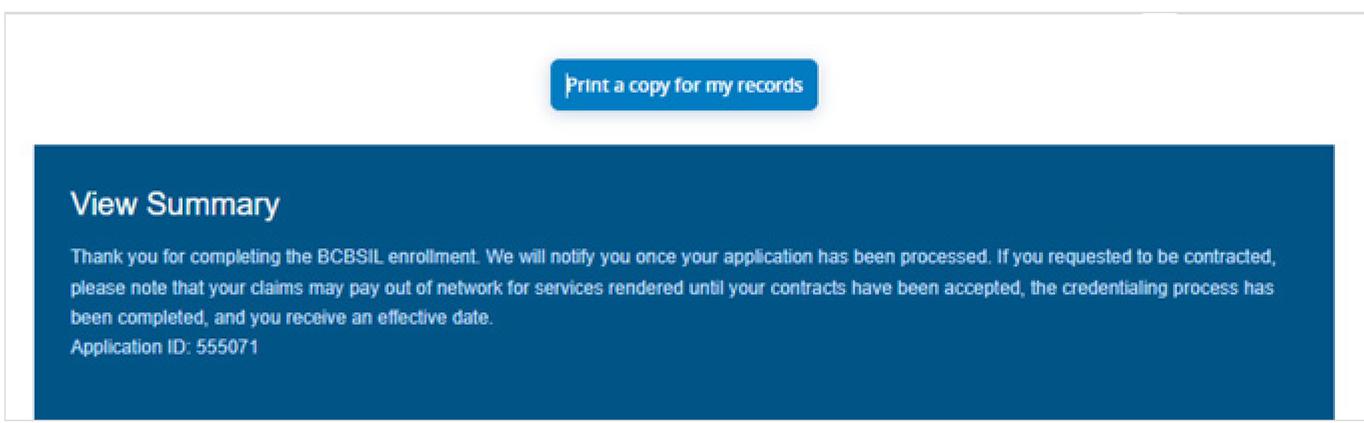
4. If you want to abandon this enrollment and start over, click the **Start Over** button. You will lose all the data you have previously entered. You will receive a confirmation message asking if you are sure you want to do this.

5. 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.

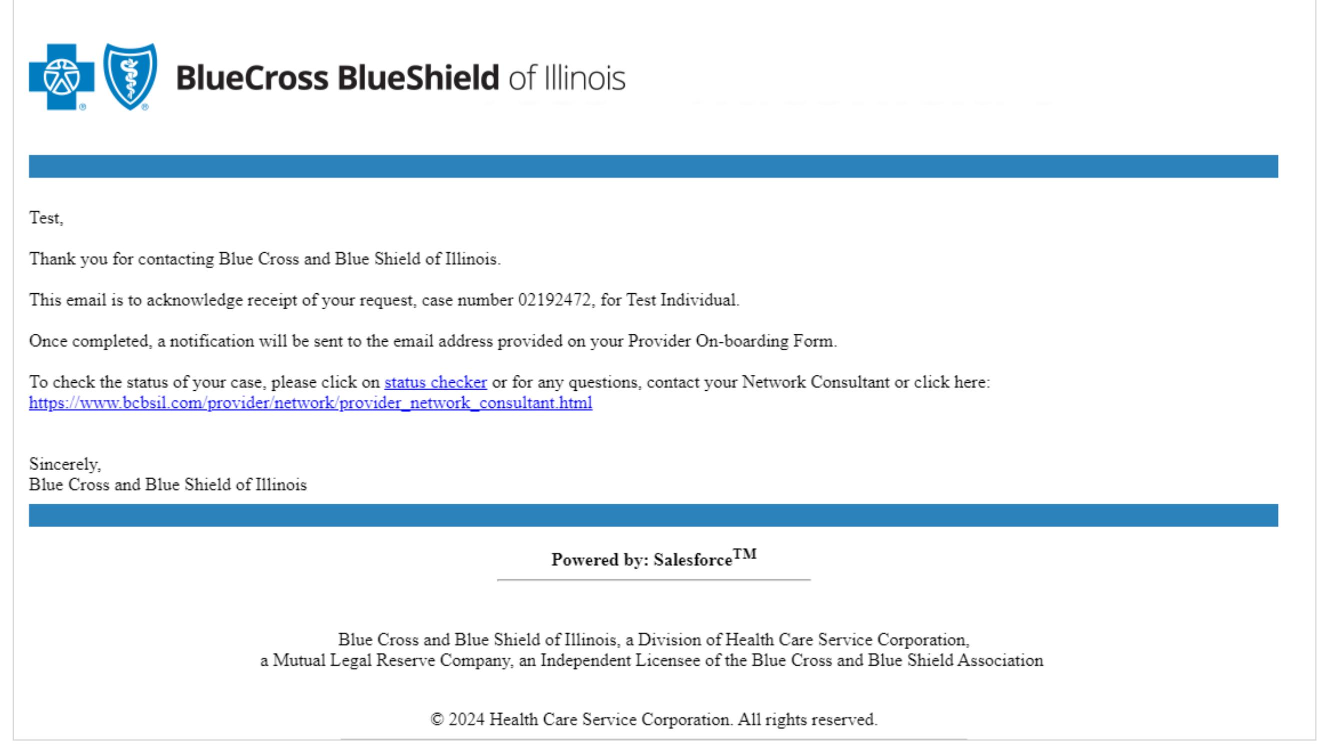
3. If you have questions about your enrollment, contact our team using the **Provider Network Consultant Assignments list.**

Contact Us

For status or if you have questions regarding your submission please contact your network consultant or click here:
https://www.bcbsil.com/provider/network/provider_network_consultant.html

Email Confirmation

1. An email confirmation will be sent from Blue Cross and Blue Shield of Illinois 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

© 2024 Health Care Service Corporation. All rights reserved.

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.

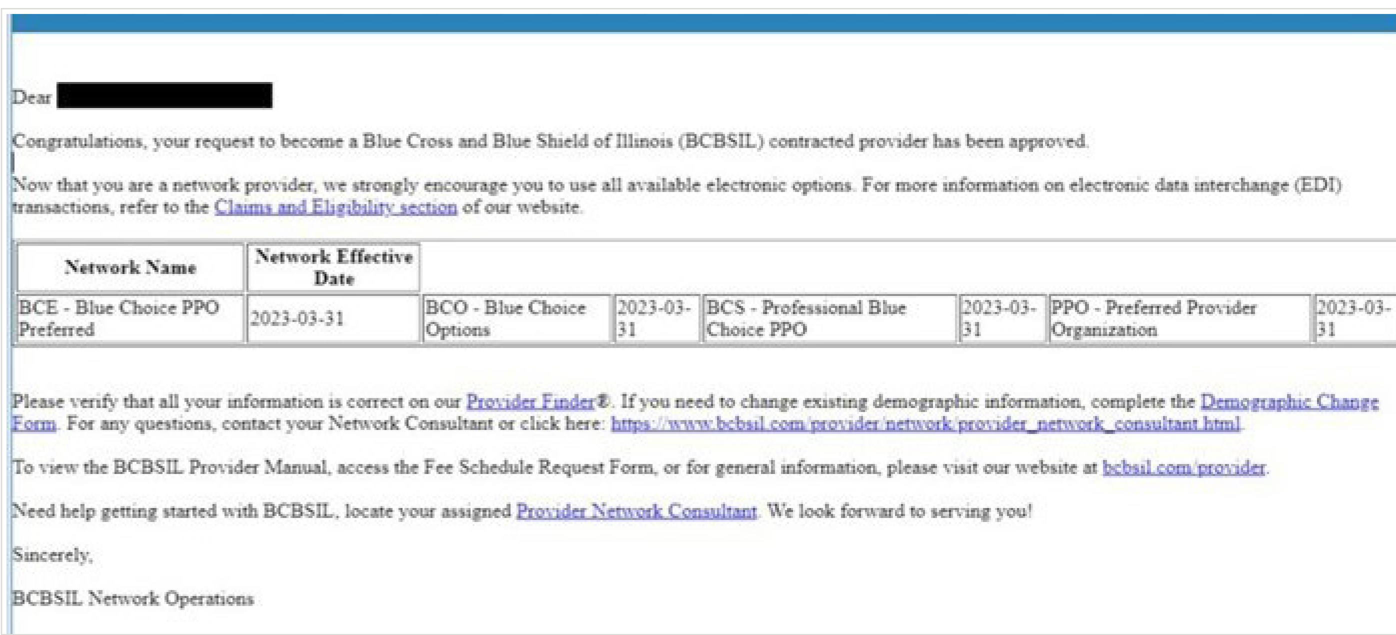
Please check the Provider Finder to ensure your information is accurate.

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.

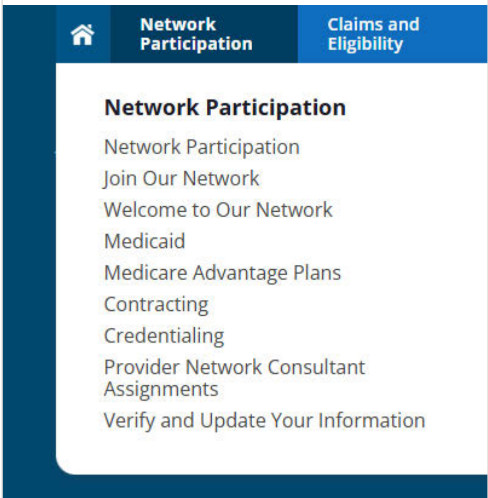
To view the BCBSIL Provider Manual, access the Fee Schedule Request Form, or for general information, please visit our website at bcbsil.com/provider.

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**.