Table of Contents

Introduction .......................................................................................................................................................... 2
Anthem public provider website .......................................................................................................................... 2
Council for Quality Affordable Healthcare (CAQH®) ......................................................................................... 2
Providers Requiring Credentialing – Medical ..................................................................................................... 3
  Facilities and Health Delivery Organizations (HDOs) ....................................................................................... 3
  Practitioners ................................................................................................................................................. 3
Providers Requiring Credentialing – Behavioral Health ..................................................................................... 4
  Facilities and Health Delivery Organizations (HDOs) ....................................................................................... 4
  Practitioners ................................................................................................................................................. 4
Providers Exempt from Credentialing .............................................................................................................. 4
  Facilities and Health Delivery Organizations (HDOs) ....................................................................................... 5
  Practitioners ................................................................................................................................................. 5
CAQH ProView™ credentialing helpful hints ..................................................................................................... 6
Online Provider Maintenance Form (PMF) – Helpful hints ............................................................................... 9
HDO/Facility Form – Helpful hints .................................................................................................................. 20
Provider Additions and Maintenance Reference Guide

Introduction

This document is intended as a reference tool for use primarily by professional practitioners whose organizations do not have a credentialing delegation agreement with Anthem. This document is broken into sections that cover material and forms available on Anthem Blue Cross and Blue Shield’s (Anthem’s) public provider website as well as information on the Council for Quality Affordable Healthcare (CAQH®) website credentialing tool. The information found in the credentialing sections list the most common practitioners that require credentialing. For complete information on credentialing, please see the credentialing section in our current Provider Manual available online by using the directions on page five or available here. Questions about this information should be directed to your local Anthem Network Relations Consultant.

Anthem public provider website

Anthem’s public provider website holds information and tools that make working with Anthem easier. Professional providers can access our website and the online Provider Maintenance Form by following the steps detailed below:
1. Log on to www.anthem.com
2. Scroll to the bottom of the page and choose “Tools for Providers” under “Partners in Health” to be redirected to the public provider website
3. On the provider website, select “Wisconsin” from the drop down box and click on the enter button.
4. On the Provider Home page click on the Answers@Anthem on the top horizontal menu bar
5. On the Answers@Anthem page, click on Provider Forms
6. On the Provider Forms page, click on the Online Provider Maintenance link to be taken to the online form for professional providers

Facility and Health Care Delivery Organizations (HDOs) can access our “Health Care Delivery Organization/Ancillary/Long Term Care Provider Application form by following the steps detailed below:
1. Log on to www.anthem.com
2. Scroll to the bottom of the page and choose “Tools for Providers” under “Partners in Health” to be redirected to the public provider website
3. On the provider website, select “Wisconsin” from the drop down box and click on the enter button.
4. On the Provider Home page click on the Answers@Anthem on the top horizontal menu bar
5. On the Answers@Anthem page, select the “HDO/Facility Form”

Council for Quality Affordable Healthcare (CAQH®)

The Council for Quality Affordable Healthcare (CAQH®), a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare(1). CAQH ProView™, formerly the Universal Provider Datasource® is the credentialing tool used for all professional providers who contract with Anthem. To apply for credentialing with Anthem, go to the CAQH web site at www.caqh.org and select CAQH ProView™ to register and enter credentialing information. There is no cost to providers to submit their applications. See CAQH ProView™ credentialing helpful hints section.

Website Link: http://www.caqh.org/overview.php

(1)About CAQH http://www.caqh.org/about/about-caqh
Providers Requiring Credentialing – Medical

Facilities and Health Delivery Organizations (HDOs)
- Ambulatory Surgical Centers
- Birthing Centers
- Convenient Care / Retail Health Clinics/Walk-In Clinics
- Federally Qualified Health Centers (FQHC)

- Home Health Agencies
- Home Infusion Therapy (when not associated with another currently credentialed HDO)
- Hospitals
- Intermediate Care Facilities

- Rural Health Clinics
- Skilled Nursing Facilities (Nursing Homes)
- Urgent Care Centers

Practitioners
Anthem credentials the following health care practitioners, when an independent relationship exists between Anthem and the Practitioner or the individual Practitioner is listed individually in Anthem’s provider network directory.

- Acupuncturists (non-MD/DO) who are licensed, certified or registered by the state to practice independently
- Audiologists who are licensed by the state to practice independently
- Chiropractors
- Doctors of Osteopathic Medicine
- Doctors of Podiatry
- Medical Doctors
- Medical therapists (e.g., physical therapists, speech therapists and occupational therapists) and other individual health care practitioners listed by name in Anthem’s Network directories require credentialing
- Optometrists providing Health Services under the Health Benefit Plan
- Oral and Maxillofacial surgeons
- Physician extenders - credentialed practitioners listed below will be displayed in Anthem provider directories. Hospital based practitioners do not need to be credentialed.
  - Clinical Nurse Specialist (If licensed as an Advanced Practice Nurse Prescriber (APNP) and board certified)
  - Certified Nurse Midwife (CNM)
  - Nurse Practitioner (APNP)
  - Physician Assistant (PA)

Registered Dieticians licensed to practice independently – Required for Medicare Advantage
Telemedicine practitioners that have an independent relationship with Anthem and who provide treatment services to members under the Health Benefits Plan
Provider Additions and Maintenance Reference Guide

Providers Requiring Credentialing – Behavioral Health

Facilities and Health Delivery Organizations (HDOs)
Behavioral Health Facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings including:
- Acute Care Hospital – Mental Health and/or Substance Use Disorders
- Adult Family Care/Foster Care Homes
- Ambulatory Detox
- Community Mental Health Centers (CMHC)
- Crisis Stabilization Units
- Intensive Family Intervention Services
- Intensive Outpatient Programs – Mental Health and/or Substance Abuse
- Methadone Maintenance Clinics
- Outpatient Mental Health Clinics
- Outpatient Substance Abuse Clinics
- Partial Hospitalization/Day Treatment – Mental Health and/or Substance Abuse
- Residential Treatment Centers (RTC) – Mental Health and/or Substance Abuse

Practitioners
*Only licensed practitioners are accepted. Practitioners with a training certificate will not be added*. Clinical Social Workers who are state certified or state licensed and have a master’s level training
Other behavioral health care specialists who are licensed, certified or registered by the state to practice independently
Psychiatric nurse practitioners who are nationally or state certified or state licensed or behavioral nurse specialists with master’s level training
Psychologist who are state certified or licensed and have a doctoral or master’s level training

*Behavioral health providers with a training licenses that are certified with ForwardHealth as a QTT are accepted for Medicaid contracted groups

Providers Exempt from Credentialing

Anthem contracts with many types of providers that do not require formal credentialing. However, to become a contracted provider or facility, insurance, verification of licensure by the applicable state licensing board and certain standards of participation as indicated in our Provider Manual must be met. The Provider Manual can be found on Anthem’s public provider website by following the directions below:
1. Log on to www.anthem.com
2. Scroll to the bottom of the page and choose “Tools for Providers” under “Partners in Health” to be redirected to the public provider website
3. On the provider website, select “Wisconsin” from the drop down box and click on the enter button.
4. On the Provider Home page click on the “Communications” on the top horizontal menu bar
5. On the Communications page, click on the Publications link
6. Select the Wisconsin Provider Manual
Providers Exempt from Credentialing continued

The providers listed below do not require formal credentialing but are subject to a certification requirement process including verification of licensure by the applicable state licensing agency and/or compliance with regulatory or state/federal contract requirements for the provision of services.

Facilities and Health Delivery Organizations (HDOs)

The facilities listed below do not require a HDO application:
- Clinical laboratories (a CMS issued CLIA certificate or a hospital-based exemption from CLIA required for Medicare Advantage)
- End stage renal disease (ESRD) service providers (dialysis facilities)
- Home Infusion Therapy when associated with another credentialed HDO
- Portable x-ray suppliers

Practitioners

Practitioners with whom we have a contractual relationship do not require credentialing when the Practitioner:

- Practices exclusively in an inpatient setting and provides care for Anthem Covered Individuals only because Covered Individuals are directed to the hospital or another inpatient setting; OR
- Practices exclusively in free-standing facilities and provides care for Anthem Covered Individuals only because Covered Individuals are directed to the facility. Examples of this type of Practitioner include, but are not limited to:
  - Pathologists
  - Radiologists
  - Anesthesiologists
  - Neonatologists
  - Emergency Room Physicians
  - Urgent Care Center Physicians
  - Urgent Care Center mid-level providers (e.g. nurse practitioners, physician assistants)
  - Hospitalists
  - Pediatric Intensive Care Specialists
  - Other Intensive Care Specialists

The following behavioral health practitioners do not require a CAQH application, are not subject to professional conduct and competence review under Anthem’s credentialing program, but are subject to a certification requirement process including verification of licensure by the applicable state licensing board to independently provide behavioral health services and/or compliance with regulatory or state/federal contract requirements for the provision of services:

- Certified Behavioral Analysts
- Certified Addiction Counselors
- Substance Abuse Practitioners

Note: an individual who is contracted and practices in the office setting must be credentialed.

Non-contracted providers
Provider Additions and Maintenance Reference Guide

CAQH ProView™ credentialing helpful hints

CAQH launched CAQH ProView, the next generation of UPD in March, 2015. Created with feedback from healthcare providers and health plans, CAQH ProView offers new features that make it easier for providers to make updates, reducing the time and resources necessary to submit accurate, timely data to organizations that require that information.

Quick Reference Guides


Existing Providers – Sign on to ProView

Step 1 – Go online to [https://proview.caqh.org/pr](https://proview.caqh.org/pr)

For providers who were previously registered with the CAQH Universal Provider Datasource (UPD), you can initially sign-in with CAQH ProView by entering your existing UPD username and password and clicking “Sign-in”.

- Enter your current UPD username and password.
- Follow the prompts to create a new username and password.
- Choose and answer three security questions.
- Acknowledge the Terms of Service.
- Click “Update Account”
- Proceed to the CAQH ProView home page.

New Providers – Self-Registration

Step 1 – Go online to [https://proview.caqh.org/pr](https://proview.caqh.org/pr)

- Click “Register” and follow the prompts

Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number.

Once you have received your CAQH Provider ID Number, follow the next steps to complete your registration:

- Go online to [https://proview.caqh.org/pr](https://proview.caqh.org/pr)
- Click “Register.”
- Enter CAQH Provider ID Number.
- Enter your authentication data (e.g., SSN, DOB, etc.).
- Create username and password.
- Choose and answer three security questions.
- Acknowledge the Terms of Service.

Step 3 - Complete the Application and Review Data

Having the following information available will assist in completing the application

- CAQH-supplied Provider ID Number (received via email as part of Step 1 for new providers)
- Previously completed credentialing application if available (for reference)
- List of all previous and current practice locations
- Identification numbers, such as UPIN, Medicare, Medicaid and National Provider Identifier (NPI)
- Electronic (scanned) copies of your:
  - Curriculum Vitae
  - Medical License
  - DEA Certificate
  - CDS Certificate
CAQH ProView™ credentialing helpful hints continued

Step 3 - Complete the Application and Review Data continued

- IRS Form W-9
- Malpractice Insurance Face Sheet
- Summary of any pending or settled malpractice cases

- Enter the requested information within each section.
  - Use “Go to previous section” or “Save & Continue” to page forward or backward within your application.
  - It’s important to click on the “Save & Continue” button to save your information. If you close the browser without clicking “Save & Continue,” you will lose your information.

- Select “Review” to review your profile and to make any required fixes to your information. During “Review” you can do any of the following:

Step 4 – Authorize Access to your information.

Only you can authorize who has access to your information. For new CAQH ProView users, access the “Authorize” page from the left navigation.

- On the “Authorize” page, you have two options to select which listed organization(s)** you would like to receive your information:
  - “All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider.” -OR-
  - “Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below.” Be sure that Anthem is included in your selection.

- Select one and click “Save” to proceed to the next step in the process.

Step 5 – Verify your data entry - Attest

- Select “Attest” from the top navigation bar.
- Click “Review” to display a summary of the data you entered.
- Review your data summary to make sure it is complete. You may save or print your data summary.
- Select “Attest” to certify that you have carefully reviewed all information contained within your profile and all information provided by you is true, correct, and complete to the best of your knowledge.

Step 6 – Submit Supporting Documents*

After you complete your attestation, CAQH ProView enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. The file types accepted are PDF, TIF or JPEG formats. To do so, follow these steps:

- The “Documents” or “Review” pages will inform you what documents are needed to complete your application.
- Upload the supporting documents (e.g., DEA certificates, State medical license(s), Malpractice insurance policy face sheet, W-9 forms, etc.) directly to CAQH ProView.

Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized.
CAQH ProView™ credentialing helpful hints continued

Step 7 - Authorization, Attestation, and Release Form
When you initially complete your data profile and attestation, a signed release form is required for your data profile to be complete. To submit a release form, you need to perform the following steps:

- Download the form from the “Mandatory Attestation Documents” section on the “Documents” page.
- Sign the form and upload it to CAQH ProView.

Step 8 – Application Complete & Accepted
- CAQH will notify you when the application is considered complete and accepted
  - Most common reasons for delays
    - Incomplete application
    - Missing supporting documentation
    - Failure to respond to CAQH’s request for additional information
    - A CAQH application that is not current (re-attestation)
    - Primary address is not current
    - Minimum of 10 years of work history is not present on application

Step 9 – Complete the Anthem online Provider Maintenance Form
- Once acceptance is received you may complete the online provider maintenance form including the CAQH ID number.

Re-Attestation – Maintain the accuracy of your data
- If you have entered your data and attested before, the “Re-Attest” section on CAQH allows you to attest to the accuracy of your data without having to re-enter it.
- Re-Attestation is required every 120 days. CAQH will send a reminder to the provider to “Re-Attest” to the accuracy of the provider’s information.
- Re-attestation works the same as the initial attestation process.
  - Log on to https://proview.caqh.org/pr, at the home page, select “Attest” and follow the directions.

Please Note: Issuance of a CAQH ID does not add this provider to Anthem Blue Cross Blue Shield’s system, either as contracted or out of network. You will still need to complete the necessary processes for this to occur.

To add a practitioner to your already contracted group please complete the Online Provider Maintenance Form at this link: Online Provider Maintenance Form

To request a new contract with Anthem BlueCross BlueShield please complete the WI Provider Letter of Intent form located on the “Join our Network” menu tab on our public provider website. Page link: Join Our Network
Provider Additions and Maintenance Reference Guide

Online Provider Maintenance Form (PMF) – Helpful hints

Use the online provider maintenance form to add new professional practitioners, termination practitioners that leave your practice and maintain your practice demographic (address and billing) information.

Hint 1 - One (1) Submission per Tax Identification Number (TIN)
Hint 2 - One (1) Submission per rendering provider
Hint 3 - To complete the form for updates that impact more than one rendering provider - such as an address change, please leave Section C blank and enter explanatory comments in Section L or attach a roster in Section K

Note: You can combine multiple practitioners on the same submission if there are demographic changes only to the group’s records.

Initial Provider Maintenance Form Question

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

Wisconsin Providers select “No if not participating” in Wisconsin Medicaid BadgerCare Plus. Select “Yes” if participating in Wisconsin Medicaid BadgerCare Plus and be sure to complete Section C.

Section A – General Information - This section pertains to GROUP information only.

- “Practice Tax ID Number (EIN/SSN)” – Required Field
- “Group Practice Name” – Required Field
- “Wisconsin Provider Id Number”
  o If you do not know your 12-digit Anthem Provider Identification Number (PIN), please enter twelve (9) nines in this field.
- “Group National Provider Identification Number” – Required field
- “If Group Practice, # of physicians in practice”
  o This is intended to be the number of practitioners that submission pertains to and usually equals one (see Hint 2 above)
- Remember to check the box to receive Rapid Updates (bi-monthly Network Update newsletter and eUPDATES that bring you important information between newsletters)
Online Provider Maintenance Form (PMF) – Helpful hints continued

Section B – Reason for Submitting

- “Effective Date of Add, Change or Delete” – Required field
  - In order to maintain the accuracy of our provider data and pay claims accurately, it is imperative that providers notify Anthem Blue Cross and Blue Shield no less than 30 days prior to making changes to their provider files as indicated in the provider’s contract with Anthem. Effective dates will be set one month after Anthem is notified of a complete provider application. Claims with dates of service prior to the effective date will process as non-participating.

- “Reason for Submitting Form” – Required field
  - Adding Provider” or “Adding Provider To Location”
    - The difference between these two fields are:
      - “Adding Provider” is used when a provider is NOT already affiliated with the group and is being added to the group for the first time.
      - “Adding Provider to Location” is used when a provider is already affiliated with the group, but is being added to a new location within that group.
  - Deleting Provider” & “Reason for Deleting Provider”
    - If deleting a provider from a group, please provide a specific detailed reason if known (i.e. moved out of state, retired, or death) within the comments box. This information will be used to determine if Wisconsin Continuity of Care is applicable.
### Section C – Provider Information

This section pertains to only the **RENDERING PROVIDER** information. If there is no rendering provider (e.g. ambulance service), put the group NPI in this section. **Most information in this section is required.**

| 1. | Include provider name (name submitted must match name format on 1500 HCFA form), title, Social Security number, date of birth, gender, specialty, professional license number and CAQH id (specific to Credentialing). |
| 2. | To update multiple providers, complete and submit this form for each provider. |
| 3. | Indicates required fields for physician update. |

#### Specialty Information

- Please enter the specialty of the rendering provider that the submission is for.
- If the practitioner is a physician extender (e.g. Advanced nurse practitioner, Certified nurse midwife, Physician assistant, etc.) select PCP or the appropriate specialty according to the type of services rendered.
- Indicate if a provider is a locum tenen.
Online Provider Maintenance Form (PMF) – Helpful hints continued

Section C – Provider Information continued

- Hospitalist/Hospital-Based Provider radio button
  - Hospital-Based- Radiology/ER/Path/Anesthesiology if in a Hospital Setting
- National Provider Identification Number - Required for all practitioners that are not exempt from NPI. Processing cannot be completed without this information.

- "CAQH ID Number"
  - Required for all practitioners that are credentialed. Processing cannot be completed without this information.
  - Note: Be sure that the practitioner’s CAQH credentialing application is complete, re-attested and accepted by CAQH. See section CAQH ProView™ Credentialing helpful hints section.

- If you check Medical for Type of Service Provided you must select a Group/Clinic type

Wisconsin Medicaid BadgerCare Plus Providers Section

It is critical that this section be completed by any providers contracted and/or rendering services to Anthem Medicaid (BadgerCare Plus) members. Providers can find more information on ForwardHealth certification and enrollment at: https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx?topic=2

- Enter any ForwardHealth Certified NPI for the practitioner included in this form.
- How will this NPI be billed question must be answered. Select the appropriate radio button that matches with the provider information as set-up through the ForwardHealth Certification
  - As both billing and rendering (Biller/Performer)
  - As rendering provider only (Performer only)
  - As group provider only (Biller only) along with the Certification or Recertification date. Note: *Recertification date cannot be completed if Certification date is filled out.
- ForwardHealth Certification. Providers who need to confirm this information should log on to the ForwardHealth website at: https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/Search.aspx to review specific information.
  - Enter the ForwardHealth certification effective date provided by ForwardHealth.
  - Enter the ForwardHealth recertification date provided by ForwardHealth. Note: *Recertification date cannot be completed if Certification date is not filled in.

Other sections are to be completed only if needed for additional providers.
Provider Additions and Maintenance Reference Guide

Online Provider Maintenance Form (PMF) – Helpful hints continued

Section D- Providers of Autism only

If you are a psychiatrist, psychologist, licensed clinical social worker, speech therapist or occupational therapist qualified to provide autism services please follow the instructions below.

If you are a qualified provider of autism services under Wisconsin Statute 632.895(12m) please complete the Qualified Autism Provider Certification.

1. Log on to [www.anthem.com](http://www.anthem.com)
2. Scroll to the bottom of the page and choose “Tools for Providers” under “Partners in Health” to be redirected to the public provider website
3. On the provider website, select “Wisconsin” from the drop down box and click on the enter button.
4. On the Provider Home page click on the Answers@Anthem on the top horizontal menu bar
5. On the Answers@Anthem page, click on Provider Forms
6. Complete, print, sign and scan the appropriate Qualified Autism Provider Certification form. Attach the scanned form to the Provider Maintenance Form (PMF) in section K or fax it to 262-523-4783.
Online Provider Maintenance Form (PMF) – Helpful hints continued

Section E - Practice Address - This section may be used in Anthem directories, please do not enter personal information.

1. Practice Address Information:
   - City:
   - State:
   - Zip:
   - County:
   - Phone Number (for patient appointments):
   - Fax Number:

2. Group PPO Address Information:
   - Languages spoken by Office Staff:
   - Email Address for Payment:
   - Contact Name for Payment:

3. Access to Public Transportation?
   - Yes
   - No

4. Handicap Accessible?
   - Yes
   - No

5. Evening Hours?
   - Yes
   - No

6. List this address in the Provider Directory?
   - Yes
   - No

7. Time Zone of Office Hours:
   - [ ]

8. Does This Site Offer:
   - ECI (Early Childhood Intervention)
   - EPSDT (Early and Periodic, Screening, Diagnosis and Treatment)

9. Do You Provide Care for:
   - ABS (Aged, Blind, and Disabled)
   - CSCHN (Children with Special Healthcare Needs)

10. National Provider Identification Number:
    - [ ]

11. Please enter Medicare Information:
    - Medicare Group Number:
    - Medicare Individual Number:

12. Please enter Medicaid Information:
    - Medicaid Group number plus alpha:
    - Medicaid Individual Number:

13. Please enter Kentucky Medicaid Program Information:
    - [ ]

- This is the primary practice information for the rendering provider.
- 9 digit zip code is required - link to: USPS Zip Code Look Up
- Email must be filled in, preferably group email
- E-mail Address through Days office is open fields apply to the group practice.
- If the request is an address change, this section is for the OLD address.
- Phone number should be primary scheduling number
- Fax number should be primary scheduling number
Online Provider Maintenance Form (PMF) – Helpful hints continued

- Payment Address Information
  - This can be a PO Box. Remember when billing claims the PO Box can be submitted in the Pay To Loop (EDI claims transactions) if it is different from a physical billing address.
  - "National Provider Identification Number" - Please be sure to include the applicable billing NPI number to ensure accurate claim processing. Specify Box 33 or Loop 2100AA EDI Field

- Enter Medicare and Medicaid Group Information

Section F - Address Information Change - This section may be used in Anthem directories, please do not enter personal information. This is used only when requesting an address change. The NEW address should be entered in this section.

<table>
<thead>
<tr>
<th>Practice Address Information</th>
<th>Address for Payment Information</th>
<th>Days office is open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td>(99999-9999)</td>
<td></td>
</tr>
<tr>
<td>Phone Number (patient appointments):</td>
<td>(5555555555)</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(5555555555)</td>
<td></td>
</tr>
<tr>
<td>Street/Trade Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Languages spoken by Office Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address for Payment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Name for Payment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Public Transportation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handicap Accessible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening Hours?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List this address in the Provider Directory?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Zone of Office Hours:</td>
<td>(Choose an offset)</td>
<td></td>
</tr>
</tbody>
</table>

Does this site offer:
- ECHO (Early Childhood Intervention)
- EPST (Early and Periodic Screening, Diagnosis and Treatment)

Do you provide care for:
- ABD (Aged, Blind and Disabled)
- CHCO (Children with Special Healthcare Needs)

National Provider Identification Number:
- [9999999999]

Please enter Medicare Information:
- Medicare Group Number:
- Medicare Individual Number:

Please enter Medicaid Information:
- Medicaid Group Number plus state:
- Medicaid Individual Number:

Please enter Kentucky Medicaid Program Information:
- Are you currently participating in the Kentucky Medicaid Program? [Yes/No]
- Kentucky Medicaid ID:
- For more information on the Kentucky Medicaid ID enrollment process and for specific enrollment requirements by provider type, please visit the provider enrollment site for the Kentucky Cabinet for Health and Family Services, located here. These forms may be submitted to your local Medicaid Provider Relations team to facilitate this enrollment process.
## Online Provider Maintenance Form (PMF) – Helpful hints continued

- 9 digit zip code is required - link to [USPS Zip Code Look Up](#)
- Email must be filled in, preferably group email
- E-mail Address through Days office is open fields apply to the group practice.
- Payment Address Information
  - This can be a PO Box. Remember when billing claims the PO Box can be submitted in the Pay To Loop (EDI claims transactions) if it is different from a physical billing address.
  - "National Provider Identification Number" - Please be sure to include the applicable billing NPI number to ensure accurate claim processing. Specify Box 33 or Loop 2100AA EDI Field

### Section G – Additional Office Locations

- This section may be used in Anthem directories, please do not enter personal information. This is used to report two to five additional practice locations for the rendering providers. If you need more than five locations, you may indicate the demographics for the additional locations in Section L or attach to Section K.

<table>
<thead>
<tr>
<th>Second Practice Information</th>
<th>Practice Address Information</th>
<th>Address for Payment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Practice Name:</td>
<td></td>
<td>Same as Address: [ ]</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
<td>Rent for this Practice Address is same as Section C [ ]</td>
</tr>
<tr>
<td>City:</td>
<td></td>
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</tr>
<tr>
<td>Phone Number(s) for patient appointments:</td>
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<td>[9999999999]</td>
</tr>
<tr>
<td>Fax Number:</td>
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<td>[9999999999]</td>
</tr>
<tr>
<td>Group Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Languages spoken by Office Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address to Pay:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Name for Payment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Public Transportation?:</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Handicap Accessible?:</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Elevator Accessible?:</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>List this address in the Provider Directory:</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Time Zone of Office Hours:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does This Site Offer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECI (Early Childhood Intervention):</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>EPSDT (Early and Periodic Screening, Diagnosis and Treatment):</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Do You Provide Care for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABD (Aged, Blind and Disabled):</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>CSHCN (Children with Special Healthcare Needs):</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Days Office is open:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mon:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Tue:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Wed:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Thu:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Fri:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Sat:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Sun:</td>
<td>[ ] Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Open:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed:</td>
<td></td>
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</tr>
</tbody>
</table>

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October 1, 2017
**Online Provider Maintenance Form (PMF) – Helpful hints continued**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>National Provider Identification Number:</td>
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</tr>
<tr>
<td>Please enter Medicare Information:</td>
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</tr>
<tr>
<td>Medicare Group Number:</td>
<td></td>
</tr>
<tr>
<td>Medicare Individual Number:</td>
<td></td>
</tr>
<tr>
<td>Please enter Medicaid Information:</td>
<td></td>
</tr>
<tr>
<td>Medicaid Group Number plus alpha:</td>
<td></td>
</tr>
<tr>
<td>Medicaid Individual Number:</td>
<td></td>
</tr>
<tr>
<td>Please enter Kentucky Medicaid Program Information:</td>
<td></td>
</tr>
<tr>
<td>Kentucky Medicaid ID:</td>
<td></td>
</tr>
</tbody>
</table>

**Payment Address Information**
- Email: Fill in, preferably group email
- E-mail Address through Days Office is open fields apply to the group practice.
- PO Box: Remember when billing claims the PO Box can be submitted in the Pay To Loop (EDI claims transactions) if it is different from a physical billing address.
- "National Provider Identification Number": Please be sure to include the applicable billing NPI number to ensure accurate claim processing. Specify Box 33 or Loop 2100AA EDI Field

**Section H – Covering Physicians (Note: For PCP and OB/GYNs in HMO Networks Only)**
- This section is not a required or a significant field for Wisconsin at this time.

**Section I – Patient Information (Note: For Behavioral Health Providers Only)**
- This section may be used in Anthem directories. This is used to report the types of members/patients seen by the rendering provider.

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October 1, 2017
Section J – Providers’ Self-Reported Areas of Expertise (Note: For Behavioral Health Providers Only) - This section may be used in Anthem directories. This is used to report the rendering providers’ area(s) of expertise.

Section K – Attachments
Please attach any documents that you think would be pertinent to this submission.

Section L- Comments - It is very important that the submitter enters their name, telephone number and email address here.
Online Provider Maintenance Form (PMF) – Helpful hints continued

- If you entered an email address, confirmation of the affiliation of your rendering provider will be sent via email. If you did not enter an email address, an affiliation letter will be sent to the rendering provider’s primary location billing address.
- Any additional comments to support the appropriate loading of your rendering provider should be included in this section.
- If the submission is for a change that impacts multiple providers, please elaborate on the specifics here.
- **W-2 employed practitioners** - Please indicate whether or not this provider is a W-2 employed provider or will be receiving a 1099.

Submit the Form
When you press the submit button, the system will review the content and alert you to any required fields that are missing or inaccurate. When the form is accepted you will see a screen indicating successful submission. Please make a note of Confirmation Number for your records.
Provider Additions and Maintenance Reference Guide

HDO/Facility Form – Helpful hints

Use the HDO/Facility form to provide Anthem with all information needed to complete the credentialing and verification process. Upon completion, the signed form and all attachments should be faxed to 262-523-4783 or sent via regular mail to:
Anthem Blue Cross and Blue Shield of Wisconsin
Attention: Network Provider Solutions
N17 W24340 Riverwood Drive
Waukesha, WI 53188.

Section 1 – Enclosures
Submit all applicable documents from the list below with your completed and signed application. *Failure to submit a complete application with all applicable documents will result in the application being returned.

Section 2 – Provider type
Use the check boxes to indicate the type of facility or Health Care Delivery Organization (HDO)

Section 3 – Provider Identification and Credentialing Information
Enter business and credentialing contact information

Section 4 – Primary Office/Service address
Enter location information including applicable Medicare, Medicaid, Long Term Care Vendor, Taxonomy, Tax Identification and National Provider Identification numbers. Include site accessibility (e.g. ADA requirements). *If there are multiple service locations, separate sheets need to be completed for each location.

Section 5 – Primary Office Billing Information
Enter billing information including contact name.

Section 6 – Licensure/Operating Certificate
Complete section and be sure to include a copy of current licensure and CLIA certification if applicable.

Section 7 – Accreditation/Certification
Check appropriate accrediting organization and dates. If not accredited please complete section B.

Section 8 – General and Professional Liability Insurance
Enter general and professional liability insurance information and be sure to include a copy of current insurance face sheets in attachments. *If self-insured, answer all questions on page 7

Section 9 – Provider Directory
Complete information about your facility or HDO to be included in Anthem’s provider directories

Section 10 – Credentialing Questions
Respond to three questions. Include a separate explanation sheet for any questions answered “Yes”

Section 11 – Attestation Questions
Respond to all questions. Include a separate explanation sheet for any questions answered “Yes”. If malpractice insurance is provided through self-insurance trust or program, a company officer (i.e. President, Vice-President, Chief Financial Officer or Chief Operating Officer) must sign the attestation statement in this section.

Section 12 - Attestation Statement
Review and sign the statement indicating accuracy of information provided.

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