NEW PROVIDER APPLICATION (NPA) FORM INSTRUCTIONS
CONNECTICUT

Thank you for your interest in our network. This form should be used for all new providers applying for participation with Anthem Blue Cross and Blue Shield (Anthem). By completing this form, you are requesting participation with Anthem in Connecticut. Upon receipt of your completed New Provider Application Form, we will send you a Provider Agreement to sign. This will be sent via email (preferred) or US Postal Service. Once we have received your signed Provider Agreement and your Network Participation has been approved, we will notify you of your effective date. The effective date of your Network Participation will be the later of the date Anthem approves your participation or your signed Provider Agreement is received. Retroactive participation dates are not allowed.

Form Requirements
Please complete all applicable sections and fields on the form. Addresses should follow the US Postal Service Standards. Anthem requires credentialing for certain provider types, and those credentialed provider types must have a CAQH ID in order to complete the Application form. Providers for whom we require credentialing must complete the Credentialed Providers section of the form. Providers who offer ancillary services at a practice level (durable medical equipment, laboratories, ambulance, etc.) should complete the Ancillary Providers section of the form. Individual providers for whom we do not require credentialing should complete the Non-Credentialed Providers section of the form. If you are unsure which section of the form to complete, please refer to the Combined Provider Type list. Once all of the application elements are completed, check-off the “Attestation” box and select the “Submit” button at the bottom of the form to complete the submission.

Note: If multiple providers within your practice or affiliation are requesting participation with Anthem, please submit separate New Provider Application Forms for each provider requesting participation in our networks.

Closed Networks
Anthem has several ancillary networks that are currently closed to new providers. Any applications for closed networks must include information about special services or access offered by the applicant for review as an exception. Applications that do not include this information will not be reviewed.

Temporary Providers
Complete application as a Locum Tenens, providing effective and end dates, and send an email identifying why temporary participation is required, e.g., after hours, special skills, access need, etc.

Email reason with provider’s complete first and last name to: ct_provider_applications-sm@anthem.com

Necessary Documents
The following documents are required and necessary to complete the Application process. These documents must be submitted along with your Application and prior to your Network Participation being approved. Non receipt of these documents will delay the approval process. Copies may be submitted via email (preferred method), fax, or US Postal Service. See available submission addresses below.

Copy of License/Certification – If you are an Applied/ Certified Behavioral Analyst (ABA/ CBA) or Certified Midwife you must submit a copy of your license/certification along with your Application and prior to your Network Participation being approved.

Tax IRS Form W-9 - A copy of the W-9 form for the Tax Identification Number (TIN) you are practicing under must be submitted along with your Application and prior to your Network Participation being approved.
Proof of Required Malpractice Insurance - A copy of your current malpractice insurance certificate is required to verify the provider is covered by the appropriate professional liability coverage (see below for Malpractice Insurance Requirements)

Document Submission Addresses
Email Address: In the subject line, please include “Provider Last Name, Provider First Name (or Group Name if a Practice change); NPA Attachment” and submit attachments to: ct_provider_applications-sm@anthem.com

Fax Number:
  Attn: Provider Solutions
  RE: NPA Attachment
  (877) 266-3617

Mailing Address:
  Anthem Blue Cross and Blue Shield in Connecticut
  Attn: Provider Solutions
  P.O. Box 558
  North Haven CT, 06473-9957

General Definitions/Field Requirements
Accepting New Patients - This field is applicable to Primary Care Providers (PCPs) only, and indicates if a provider wishes to accept new members.

Contact/Submitter Information - This is the person who is submitting the form. If there are questions regarding the request, this is who Anthem will contact.

Correspondence Address - This is the address that correspondence should be sent to. If it is the same address as the practice address, the correspondence address fields do not need to be completed. Correspondence may include clinical information, welcome letters (if an email is not provided), agreements (if an email is not provided), and other mailings. Addresses should follow the US Postal Service Standards.

Effective Date - This is the date that the provider will start practicing at a location. This date should only be completed if a future date is being requested. Participation effective dates are determined by the latter of the date that the provider is approved by Anthem or the date that the signed agreement is received back by Anthem. Retroactive participation dates are not allowed.

Email Address - This is the email address that should be used for electronic communications. This may include newsletters, agreements, amendments, welcome letters and other communications. Please ensure that Anthem emails do not default to your “junk” email, as this will be our main means of communication in the future.

IPA or PHO Affiliation - This field is applicable to those providers who participate with a local Physician Hospital Organization (PHO) on Independent Practice Association (IPA).

Indian Tribal Unit (ITU) - This field is applicable to those providers who are members of an Indian Tribal Unit as defined by the Affordable Care Act.

Licenses - Providers must have a permanent license with the state in which they are providing services (Connecticut or a valid contiguous county in one of the bordering states). Temporary licenses are not accepted.

Malpractice Insurance Requirements - Liability/medical malpractice liability insurance specifics are required. Participating/network providers are required to have the following minimum insurance coverage and limits:
1. Professional liability/medical malpractice liability insurance with limits of not less than $1,000,000 per claim and $3,000,000 in the aggregate;
2. Workers’ Compensation coverage with statutory limits and Employers Liability insurance;
3. Commercial general liability insurance for Facilities with limits of not less than $1,000,000 per occurrence and $2,000,000 in the aggregate for bodily injury and property damage, including personal injury and contractual liability coverage.

If you have not provided us with a copy of your current malpractice insurance certificate your application will not be processed until we have received the necessary information or documents.

**National Provider Identifier (NPI)** - This is a 10-digit identification number issued by the Centers for Medicare & Medicaid Services (CMS) to health care providers under the Health Insurance Portability & Accountability Act (HIPAA). It is used to identify individuals (Type 1) and organizations (Type 2). An NPI is necessary to file a claim and receive reimbursement from Anthem. To apply for an NPI, visit the [National Plan & Provider Enumeration System (NPPES) website](https://nppes.cms.hhs.gov/).

**Payment/Remittance Address** - This is the address that payment and remittance advices should be sent to. If the payment/remittance address is the same address as the practice address, the payment/remittance address fields may be left blank. Addresses should follow the [US Postal Service Standards](https://www.usps.com/).

**Phone Number** - This is the practice/office phone number members would call to schedule appointments.

**Practice Address** - This is the address that is to be listed in the directory. This is the address where the provider practice is physically located. Addresses should follow the [US Postal Service Standards](https://www.usps.com/).

**Provider Type** - This is the provider classification the request is applicable to (e.g., MD, DO, RPT, DC, etc.). Refer to drop-down in the form field for the various classifications.

**Specialty** - This is the board certified (ABMS) specialty held by the provider.

**Tax Identification Number (TIN)** - This is an IRS issued 9-digit identification number issued for tax purposes. This will either be a group level number, or sometimes a social security number if practicing as a solo provider.

**Taxonomy Code** - This is a 10-digit alphanumeric sequence that identifies a type of provider, area of specialty, and type of service. It is linked to the National Provider Identifier (NPI). If multiple taxonomy codes apply, separate using a comma.

**What is CAQH and Credentialing?**
For more information on the CAQH and the Credentialing process, reference the [CAQH and Credentialing FAQ](https://www.caqh.org/).

**What happens after I submit my application to Anthem?**
After your Application and all of the necessary supporting attachments are received by Anthem, we will send you a Participation Agreement that outlines the terms of your participation and the obligations of Anthem. Once your application is processed and approved, your signed Participation Agreement is received, and you have successfully been credentialed, Anthem will notify you of the outcome of our review and your effective date. This notification will be delivered electronically via e-mail, unless an email address is unavailable. You can begin seeing Anthem members as in-network once you have received our approval notification that contains your effective date. **Anthem does not allow retroactive effective dates.**

If you file claims to us prior to the Anthem effective date notification, claims may process at the non-participating provider benefit level, and Anthem will not be obligated to adjust affected claims, and you will not be permitted to balance bill the member for the difference between your charge and the Anthem allowed amount.