

Provider enrollment FAQ

- Q: Is an Availity Essentials* account required to use the provider enrollment tool?
- A: Yes.
- Q: Where can I find the Provider Enrollment option?
- A: Under Payer Spaces.
- Q: Which provider types have access to the Availity Provider Enrollment tool?
- A: All professional provider types are able to enroll using the Availity Provider Enrollment tool, including Nurse practitioners (NPs) and physician's assistants (PAs).
- Q: Which provider type should I select in Availity to enroll/add a mid-level provider?
- A: If behavioral health midlevel, then you would select *specialist*. If NP/PA, then you need to select based on how they are practicing.
- Q: What is the turnaround time once the application is submitted?
- A: Within 30 days upon receipt of a complete application
- Q: What is the considered a complete application?
- A: A complete network participation application is defined as:
 - Completing all required fields on the online application.
 - Attaching a current W-9 (if applicable).
 - Having a complete or re-attested CAQH profile (if applicable).
 - Attaching supporting documentation for the following specialties:
 - o Certified registered nurse anesthetists (CRNA):
 - Please attach a copy of your CRNA certificate to the online *Application*.
 - o Board certified behavior analyst (BCBA):
 - Please attach a copy of your BCBA certificate to the online *Application*.
 - o Certified surgical first assistant (CSFA):
 - Please attach a copy of your CSFA certificate to the online *Application*.
 - o Licensed clinical addiction counselor (LCAC):
 - Please attach a copy of your LCAC certificate to the online *Application*.
- Q: Will I receive notification if our application is incomplete?
- A: Yes, providers will be notified within five days vis email in the event the application is determined to be incomplete.
- Q: Will I receive email correspondence when enrollment is complete, or should I continue checking the website?
- A: Anthem Blue Cross and Blue Shield will send a welcome letter when the enrollment loading is completed, and this is when you can begin submitting claims.

https://providers.anthem.com/in

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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^{*} Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

- Q: What tool should our ancillary providers use?
- A: Ancillary providers should continue to use the *Online Provider Maintenance Form (PMF)*



Email is the quickest and most direct way to receive important information from Anthem Blue Cross and Blue Shield.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (https://bit.ly/2XN9y9o).

