

Enrollment and Credentialing

Are you interested in joining the provider networks for Michigan's largest health insurer, Blue Cross Blue Shield of Michigan, and Michigan's largest HMO, Blue Care Network? Here's an overview of the steps involved.

1

Gather the required documents

Use these checklists to gather the documents you need before you start:

- [Professional Enrollment Required Document Checklist](#)
- [Facility Enrollment Required Document Checklist](#)

Then, find the appropriate application and signature documents.

- Go to bcbsm.com/providers.
- Click on [Enrollment](#) and then click on [Enroll or Make Changes](#).
- Follow the prompts to find the forms and documents page for your provider type.

2

Complete and submit the application and signature documents

Download the application form and any required documents. Complete the documents electronically. Remember to sign and date the application form and signature documents. Your application must include:

- The application form
- Any required documents (from the document checklist)
- Signature documents

Fax to **1-866-900-0250**.

Failure to sign and date the documents or to include all required documents may result in denial or delays in processing your request.

3

Await notification of enrollment outcome

Allow 30 days or more for Blue Cross to process your application. You'll receive a letter letting you know that you're successfully enrolled or why your application is denied.

4

Credentialing

Most of our networks require credentialing. Here's how this works:

- **Professional providers**
Complete the [CAQH Provider Data Portal application](#).^{*}
Make sure:
 - All your information is current, accurate and you have included all supporting documentation (such as license, malpractice insurance, work history).
 - Blue Cross is authorized to pull your application so we can perform primary source verification.
- **Organizational providers**
The enrollment application also serves as your credentialing application. A site visit may be required as part of the credentialing process.

Once credentialing is complete, you will receive a decision letter. Maintenance of credentialing is required every three years. Learn about [credentialing rights](#).

5

BCN Enrollment

You may need to sign additional contracts to participate with Blue Care Network or BCN AdvantageSM. If required, they will be sent via DocuSign to the authorized signer for the provider.

Once the contracts are signed and returned, you'll receive a letter advising of your BCN or BCN Advantage effective dates.

Key information you need to know

- **Questions about enrollment or credentialing**

Call **1-800-822-2761**, 8 a.m. to 4 p.m. Monday through Friday.

Please allow 30 days for processing prior to requesting a status.

- **Make sure you're "Active" with a network before providing services**

The full process includes both enrollment and credentialing. You will receive letters from Blue Cross throughout the process.

Always look at your profile that is included with the letter. You can only be reimbursed for seeing patients whose coverage is part of a network for which you're listed as "Active" in the Network status column.

- **When billing, use the correct taxonomy code**

For more information, see the article, [Be sure to use the correct provider taxonomy code to avoid payment delays](#).

- **Ongoing attestation is required**

Once you're enrolled and credentialed, you must review and attest to your information once every 90 days, even if nothing has changed.

- For practitioners: This happens through CAQH profile at caqh.org.^{*} Or call **1-888-599-1771**. In addition to the 90-day attestation, some data requires attestation once every 120 days.
- For organizational providers: This happens through our provider portal at availability.com^{*} or call **1-800-AVAILITY (282-4548)**.

More information is available at [Provider Data Attestations](#) and in the article, [Reminder: Attest to provider data as required](#).

- **Enrollment for dental providers**

Dental providers should refer to the [Blue DentalSM Provider Summary Guide](#) or [Provider frequently asked questions](#) document.

- **Enrollment tool for group administrators**

Administrators of professional groups can add and remove practitioners from their group using the Provider Enrollment and Change Self-Service tool. [Learn more](#).

^{*}Clicking this link will take you to a website that isn't controlled by Blue Cross Blue Shield of Michigan and Blue Care Network. While we recommend this site, we're not responsible for its content.

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