


BCBS Mid-Level Enrollment

Begin by clicking the link below and submitting the Provider Maintenance Form to enroll Nurse Practitioners and Physician Assistants to comply with the new mid-level contract language and billing mechanism.

<https://central.provider.anthem.com/mwpmf/entpmf/landingpage?brand=gaabcbs>

Step by Step

Select "Organization" and click "Next"



GEORGIA

Provider Maintenance Form

The Provider Maintenance Form (PMF) is used to request changes to existing practice profiles of Georgia physicians, practitioners, professionals and ancillary providers with Anthem Blue Cross Blue Shield.

First time users should view all Informational Tool Tips ⓘ to ensure the form is submitted accurately.

Change requests should be submitted by the provider, the practice manager or a designated person of authority.

As a general rule, a minimum of 30 days advance notice of a provider demographic and/or practice change is required. Refer to the requirements in your Provider Agreement.

Certain changes may be assigned a future effective date.

Contractual guidelines may supersede the requested effective date of requests.

For change(s) that require submission of an updated IRS Form, W9, or other documentation, attach them to the form in-line prior to submitting.


Please select either Individual or Organization

Individual	Organization
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An Individual is a unique healthcare provider who serves patients in one or many organizations.

+ Individual Change Type Descriptions

Next



Complete all required information on the form. Click "Next."



General Information

Select Updates

Specify Change Details

Review and Attest

[< Back to Landing Page](#)

Changes for multiple providers must be submitted separately.

Organization Details

* Indicates a Required Field

Effective Date *

Contractual guidelines may supersede effective date request



09/01/2020

Networks *

Which networks will this update affect?

- Commercial
- Medicare

Practice Details *

Memorial Family Practice

Memorial Family Practice

581234567

1123456789

NPI Exempt



Practice Office Location *

123 Main Street

Address Line 2

Savannah Georgia 31405

Chatham

Contact Information *

Who is filling out this form?

Melissa Gibbs

enrollment@email.com

(912) 691-5711

CANCEL

[Returns to Landing Page](#)



NEXT

Select the "Roster or List Updates" and click "Next."



General Information

Select Updates

Specify Change Details

Review and Attest

Select all items you would like to update.

NOTE: Changes for multiple providers must be submitted separately.

[< Back to General Information Page](#)

Accepting New Patients

Address - Add Location

Address - Terminate

Email Address

Handicapped Accessibility

Languages Spoken

National Provider Identifier (NPI)

Network Participation

Office Hours / Days of Operation

Phone / Fax Number

Provider Leaving Group

Remove Provider From Location

Roster or List Updates

Tax Identification Number (TIN)

Termination of Provider Participation Agreement

Update Organization Name

Web Address

Next


1 Items Selected

Select "Roster or List Updates" section and list how many mid-level providers you are adding. Select the "Attachments" section and upload the following:

1. Roster of all Mid-Levels to be added with Provider Name, Provider Credential, Provider Specialty, Provider NPI, Provider License, Provider DEA number, Practice Name, TIN, Practice Address, Practice Phone, Practice Fax, Practice NPI, and Office Hours listed. **In the description box, when uploading this document, make a note "ONLY ADD THESE PROVIDERS TO TIN _____, DO NOT CHANGE ANY OTHER PARTICIPATION."
2. A copy of each provider's medical license
3. A copy of malpractice face sheet
4. A copy each provider's DEA, if applicable

To upload these documents click "Choose File" select the file to upload and click "Upload File." You must do this for each document. Next, click "Review for Submission."

The screenshot shows the 'Specify Change Details' step of the Anthem Georgia Provider Maintenance Form. The breadcrumb navigation at the top includes 'General Information', 'Select Updates', 'Specify Change Details' (highlighted), and 'Review and Attest'. The main content area is titled 'Add details for selected updates. * Indicates a Required Field' and includes a link to '< Back to Select Updates Page All Data Entered Will Be Saved'. On the left, a sidebar displays provider information for 'Memorial Family Practice': NPI 1123456789, TIN #####4567, Address 123 Main Street, Savannah, Georgia 31405, and Change Effective Date 09/01/2020. The main form is divided into two sections: 'Roster or List Updates' and 'Attachments'. The 'Roster or List Updates' section contains a text box for 'Number of Providers Impacted' with the value '8' and a 'Yes/No' toggle for 'I Am a Delegated Credentialing Entity.' The 'Attachments' section includes instructions on supported file types (MS Word, MS Excel, jpg, pdf, gif, txt, csv) and a 10 MB limit. It features a 'Choose File' button, a description text box, and an 'Upload File' button. Below these is a table header with columns for 'File Name', 'Size', and 'Description'. At the bottom right, a red arrow points to the 'Review for Submission' button.

Anthem  GEORGIA
Provider Maintenance Form

General Information | Select Updates | **Specify Change Details** | Review and Attest

Add details for selected updates. * Indicates a Required Field [< Back to Select Updates Page](#)
All Data Entered Will Be Saved

Name
Memorial Family Practice

NPI
1123456789

TIN
#####4567

Address
123 Main Street, Savannah, Georgia
31405

Change Effective Date
09/01/2020

Roster or List Updates

If you have been authorized to submit a list of provider updates, please enter the number of providers impacted, expand the attachments section below and upload the list.

Number of Providers Impacted

8

I Am a Delegated Credentialing Entity.

Yes No

Attachments

Please upload documentation to support the information entered on this form. You will be allowed to attach MS Word, MS Excel, 'jpg', 'pdf', 'gif', 'txt' or 'csv' file types. There is a combined limit of 10 MB for all attachments.

Choose File: **Choose File** No file chosen


Description of Attachment:

Upload File: **Upload File**

File Name	Size	Description
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Review for Submission

Save a copy of this summary screen as proof of what was submitted. Click “Attest”, check the box that appears and click “Submit.”

Anthem  GEORGIA
Provider Maintenance Form

General Information Select Updates Specify Change Details **Review and Attest**

Review for Submission

General Information  
All changes made on this form will apply to the information entered in the General Information.

Effective Date
Date: 09/01/2020


Networks
Network: Commercial
Network: Medicare

Practice Details
Practice Name: Memorial Family Practice
Practice D.B.A.: Memorial Family Practice

Organization Tax
Identification Number: 581234567
Organization National
Provider Identifier: 1123456789


Practice Office Location
Address: 123 Main Street
City: Savannah
State: Georgia
Zip Code: 31405
County: Chatham

Contact Information
First Name: Melissa
Last Name: Gibbs
Email: enrollment@email.com
Phone Number: (912) 691-5711

Specified Change Details 

Roster or List Updates
Number of Providers Impacted: 8
I Am a Delegated Credentialing Entity: No

Attachments
File Name: Cardiologist_Pathologist Locums FDR 09.10.2020.xlsx
File Size: 0.01 MB

 **Attest**

The next page will be a confirmation of submission and will have a tracking number. **Save a copy of this screen as proof of submission.** BCBS will reach out with confirmation when the request has been complete. It is important to keep track of the provided tracking numbers because this is how BCBS will identify that the request has been complete. When you receive an email stating the P# is complete, reach out to the assigned provider rep for the area (see attached list) to confirm the load.