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 \odot 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.





Next



GEORGIA Provider Maintenance Form

General Information Select Updates Specify Change Details Review and Attest < Back to Landing Page Changes for multiple providers **Organization Details** must be submitted separately. Effective Date * Contractual guidelines may supersode effective date request 09/01/2020 100 Networks * Which networks will this update affect? Commercial Medicare Practice Details * Memorial Family Practice Memorial Family Practice 581234567 1123456789 O NPI Exempt Practice Office Location * 123 Main Street Address Line 2 31405 Savannah Georgia Chatham Contact Information * Who is filling out this form? Melissa Gibbs enrollment@email.com (912) 691-5711



GEORGIA Provider Maintenance Form

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

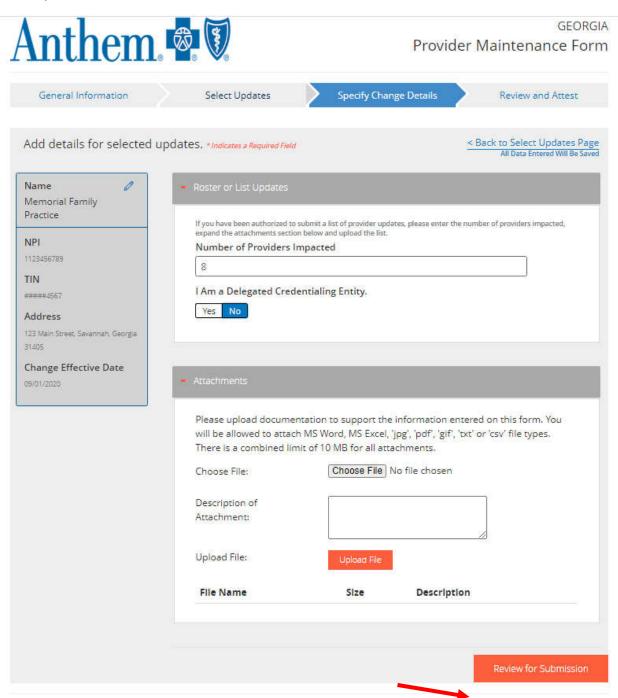


1 Items Selected

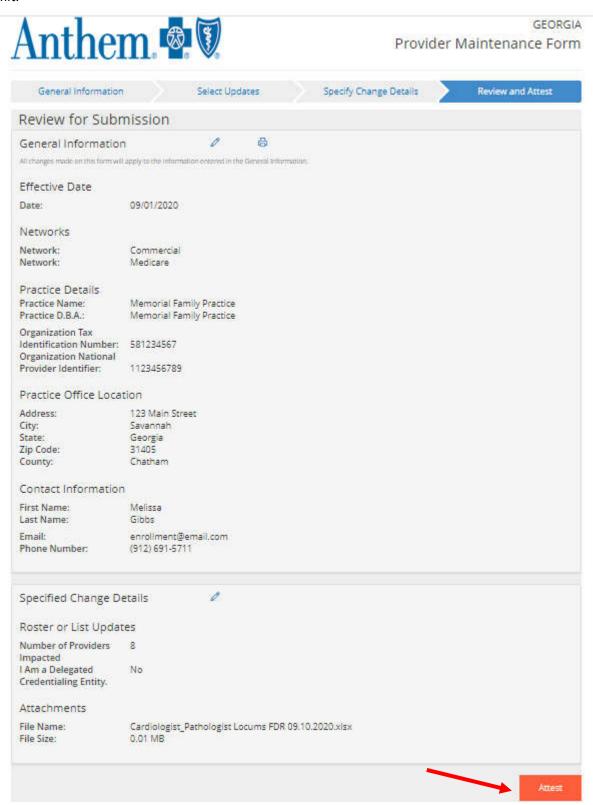
Select "Roster or List Updates" section and list how many mid-level providers you are adding. Select the "Attachments" section and upload the following:

- 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."



<u>Save a copy of this summary screen as proof of what was submitted.</u> Click "Attest", check the box that appears and click "Submit."



The next page will be a confirmation of submission and will have a tracking number. <u>Save a copy of this screen as proof of submission</u>. 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.