

# PROVIDER ENROLLMENT APPLICATION

**A new, quick and intuitive way to enroll and become a participating provider with Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY)**

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Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this presentation is specific to the MMC and CHPlus programs only.

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# Submit an enrollment application online

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Digital provider enrollment is a way to enroll to become a participating provider with Highmark BCBSWNY to serve Medicaid members. The tool is hosted in the Availity Portal.\* It uses Council for Affordable Quality Healthcare, Inc. (CAQH) ProView® to extract data from the provider's CAQH profile.

## You can use the application to:

- Add new providers to an existing participating group.
- Contract and enroll as a new individual provider or group of providers.

Currently, **ancillary** and **facility** providers are the only excluded provider types. These providers should continue to use the current enrollment process.

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# General rules for submitting an application

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If the provider has a CAQH profile (PCPs and specialists):

- Ensure the CAQH ProView profile is in *Initial Profile Complete* or *Re-Attestation* status.
- Ensure the CAQH ProView profile is attested and Highmark BCBSWNY is authorized to access.

The CAQH ProView profile data must be correct and complete with all specialty information saved into the profile. **Primary specialty is mandatory.** The primary specialty is the specialty that will be listed in the directory.

New profiles will remain in *Profile Data Submitted* status until CAQH has approved the profile.

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# General rules for submitting an application (cont.)

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For help, visit **CAQH ProView for Providers and Practice Managers**.

The organization must be registered with Availity and have an Availity login ID under the organization. The Availity user ID should be assigned the role of *Provider Enrollment*.

# Before you get started

1. Register your organization on <https://www.availity.com>:
  - Create your personal user account under your organization within Availity:
    - Under *More*, select **Add User** or **Maintain User**.
    - Assign the user the role of **Provider Enrollment**.
2. Update your CAQH profile and complete the following:
  - Review and attest your CAQH profile.
  - Ensure Highmark BCBSWNY is authorized to view your CAQH data.
  - Select a primary specialty.
3. Start your *Provider Enrollment* application process:
  - Under *Payer Spaces*, select the **Highmark BCBSWNY logo**, then select **Applications** and **Provider Enrollment**.

Roles for [REDACTED]

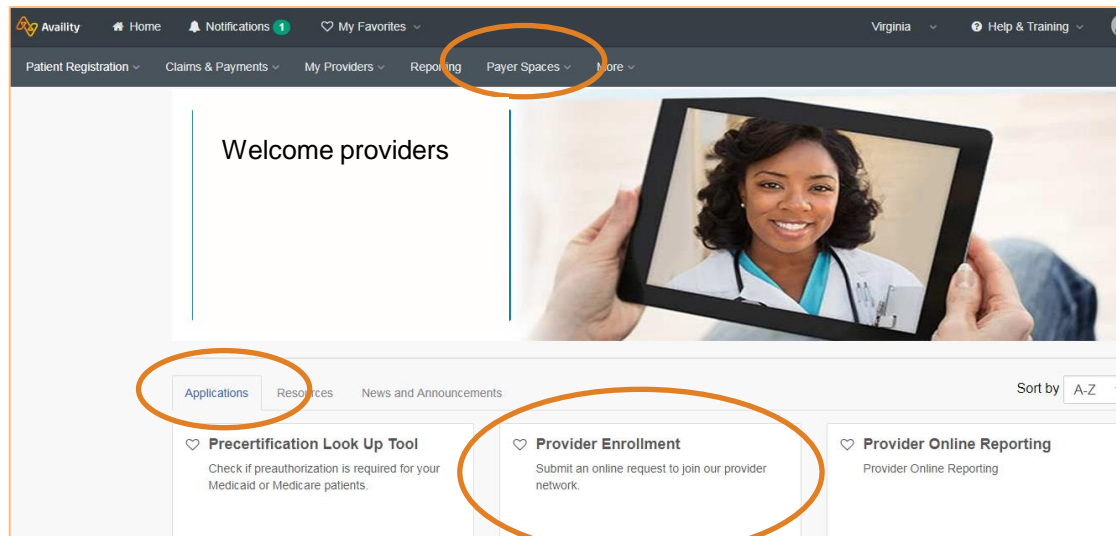
Choose the best option:  This user needs a new set of roles.  This user needs the same set of roles as an existing user.

	Role(s)
<input checked="" type="checkbox"/>	Base Role
<input type="checkbox"/>	Authorization and Referral Inquiry
<input type="checkbox"/>	Authorization and Referral Request
<input type="checkbox"/>	Claim Status
<input type="checkbox"/>	Claims
<input type="checkbox"/>	Clinician
<input type="checkbox"/>	EDI Management
<input type="checkbox"/>	Eligibility and Benefits
<input type="checkbox"/>	Express Entry
<input type="checkbox"/>	Medical Staff
<input type="checkbox"/>	New Eligibility and Benefits
<input type="checkbox"/>	Office Staff
<input type="checkbox"/>	Physician
<input type="checkbox"/>	Provider Data Management
<input type="checkbox"/>	Provider Enrollment
<input type="checkbox"/>	Provider Enrollment and Contracting

# Enroll through the Availity Portal

The enrollment application is located on the Availity Portal:

- Navigate to <https://www.availity.com>.
- After logging in, select **Payer Spaces**.
- Select the **Highmark Blue Cross Blue Shield of Western New York** logo.
- Select **Applications**, then **Provider Enrollment**.



# Enrollment dashboard

*My Dashboard* is the place to track your submission.

Select **Begin new application** to start the enrollment process.

The left-hand navigation options allow providers to find their applications and check their status.

The screenshot shows the Avallity enrollment dashboard. At the top is a navigation bar with the Avallity logo, Home, Notifications (1), My Favorites, and a dropdown for Virginia. Below this is a secondary menu with Patient Registration, Claims & Payments, My Providers, Clinical, Reporting, Payer Spaces, and More. The main content area features a 'My Dashboard' widget showing 80 total applications. Below this is a 'Search my applications' section with a 'Begin new application +' button. The left-hand navigation pane includes 'Recent Applications', 'Incomplete Applications', and 'Submitted Applications'. The main content area displays two application cards: one for Jane Doe (Application ID: PR-2281) with a 'Submitted' status (11/02/2018) and one for John Doe (Application ID: PR-2246) with a 'Ready to See Members' status (11/01/2018). Both cards show Group NPI, Group Name, Submitted Date, and Submitted By (Lauren Trionfo).

Group NPI	Group Name	Submitted Date	Submitted By
1234567890	Example Group 1	11/02/2018	Lauren Trionfo
1234567899	Example Group Name	11/01/2018	Lauren Trionfo

*Real-time* status updates of your applications

# Begin the enrollment process

Select your information below to confirm your ability to continue:

Which organization is this for? ⓘ  
Select Organization ▼

What is the tax ID for this? ⓘ  
Choose Tax ID ▼

What type of provider are you?  
Provider Type ▼

- Provider Type
- Ancillary Provider or Allied Health Provider
- Behavioral Health
- Primary Care Provider (PCP)**
- Specialty Care Provider
- Other - No CAQH/Non-Credentialed

Select the organization name.

Select the tax ID.

Select the provider type. This will direct the provider to the correct enrollment experience.

Ancillary providers will be directed to the provider website for instructions.

## Notification

[Return to dashboard](#)





We are still working on this digital experience for the selection you made. Please use the existing application to enroll as a provider.

Use Existing Application





# Choose an application type

Which organization is this for? 

Select Organization 


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What is the tax ID for this? 


Choose Tax ID 

---

What type of provider are you?

Provider Type 

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Application type 

Import my CAQH profile

Use State Application

[Continue](#) [Return to dashboard](#)

Select one of the application types to start the application process.

Import the provider's CAQH data into the application automatically.

Submit the provider's Provider Source data as part of the application.

# What would you like to do?

Select to enroll as an individual provider and get a contract.

Select to add providers to an existing group.

Select to create a new provider group and receive a contract.

What would you like to do?

[Return to dashboard](#)

- Enroll as an individual provider**  
An individual/solo practitioner, or an individual provider within a group but contracting individually
- Join an existing group**  
An existing group that is already participating with an existing group contract
- Create a new provider group**  
Enrolling a new group of providers wanting to participate under a new group contract

[Begin new application](#)

# The application process

The stage bar indicates where you are in the process.

The navigation bar prompts for the information that is required throughout the application process.

Depending on the application type, these choices will vary.

The screenshot displays a web application interface for creating a new provider group. At the top, a navigation bar shows three stages: '1 Getting Started' (highlighted with a blue box), '2 Additional Information', and '3 Application Completion'. Below this, the main heading is 'Getting Started' with the sub-heading 'Create a new provider group'. A descriptive text states: 'In this step, you will enter required information for the new group that your providers want to join.' To the left, a vertical navigation bar lists five steps: 'Group Information' (active, with a pencil icon), 'Provider Information', 'Address Information', 'Network Selections', and 'Review All Information'. The main content area is titled 'Step One: Group Information' and contains a form with the following fields: 'Group/Legal Entity Name', 'Doing Business As (DBA) Name', 'Group NPI (Type 2)', 'Group Tax ID', and 'Group Website'. A green button labeled 'Move to Provider Information' is located at the bottom of the form.

# Step 1: getting started — group information

My Dashboard  
128 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

## Getting Started

Create a new provider group

In this step, you will enter required information for the new group that your providers want to join.

- Group Information
- Provider Information
- Address Information
- Network Selections
- Review All Information

### Step One: Group Information

Please enter your group information to help identify the creation of the new provider group.

Group/Legal Entity Name

Doing Business As (DBA) Name

Group NPI (Type 2)      Group Tax ID

Group Website

Move to Provider Information

Provide group information when you are adding a provider to an existing group or enrolling a new provider group.

# Step 1: getting started — provider information

My Dashboard 123 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

## Getting Started

Join an existing group

In this step, you will begin to add the providers. We'll be collecting information already captured in their CAQH profile. An up-to-date and attested CAQH profile is necessary in the enrollment process.

- Group Information
- Provider Information
  - Select Providers
  - Review CAQH Information
- Address Information

You must select one or more providers before assigning them to your existing group.

### Step Two: Provider Information

How many providers will you be adding to your existing group?

2

Provider 1 - Jane Doe Remove X

CAQH Number	Individual NPI (Type 1)	Clear Provider
1122334455	1234567890	

Anticipated Hire Date

—

Provider Remove X

CAQH Number	Individual NPI (Type 1)	Find Provider
_____	_____	<small>Don't have a CAQH Number?</small>

Anticipated Hire Date ?

MM/DD/YYYY 📅

Select the number of providers to enroll.

Select **Find Provider** — This pulls data from CAQH.

Providers must have an attested CAQH profile and have authorized Highmark BCBSWNY to access their data.

Enter the CAQH and NPI number for the provider.

# Step 1: getting started — provider information (cont.)

The application may prompt the provider for additional data:

- Review the information for each provider.
- Complete any missing data. The red bar indicates a required field.

The screenshot displays the 'Getting Started' interface for creating a new provider group. The left sidebar shows a progress list: 'Group Information' (completed), 'Provider Information' (active), 'Select Provider' (completed), 'Review OIGI Information' (completed), 'Address Information' (pending), 'Network Selections' (pending), and 'Review All Information' (pending). The main content area is titled 'Step Two: Provider Information' and shows a form for 'Jane Doe'. The form includes fields for 'NPI Number' (1234567890) and 'OIGI Number' (1122334455). Under 'Personal Information', there is a 'Professional Title' dropdown, a 'Provider's Birth/DOB' field with a red bar indicating it is required, a 'Gender' dropdown, and a 'Date of Birth' field. Below this is a section for 'Non-English Languages Spoken by the Provider' with a 'Choose' dropdown and an 'Add Another Language' button. The 'Specialist Panel Information' section includes a 'Panel Status' dropdown with options 'New patients only' and 'Current patients only', and fields for 'Minimum Age' and 'Maximum Age'.

# Step 1: getting started — address information

My Dashboard  
158 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

## Getting Started

Create a new provider group

In this step, you will be viewing all addresses and other information stored in CAQH for your new providers. Please select, or enter, the correct information prior to moving to the next step.

- Group Information
- Provider Information
- Address Information**
  - Primary Practice
  - Correspondence
  - Billing/Remittance
  - Office Manager
- Network Selections

### Step Three: Provider Addresses

Please identify the **Primary Practice Address** by selecting it from the list of addresses found in CAQH. If the address is not listed, you will be able to enter it manually.

<input checked="" type="radio"/> Address 1, City, State, Zip code	Phone Number (617) 283-3333
<input type="radio"/> Address 2, City, State, Zip code	Phone Number (617) 283-3333
<input type="radio"/> Address not found? Enter it manually.	

[Move to Correspondence](#)

[Return to dashboard](#) | [Terms of Use](#)

If addresses are required, this step captures all the address information and contacts.

We are collecting the:

- Primary practice address.
- Correspondence address.
- Billing/remittance address and contact.
- Office manager contact.

Choose an address/contact or add a new one (if needed).

# Step 1: getting started — network selections

My Dashboard  
99 Total Applications

1 Getting Started

2 Additional Information

3 Application Completion

## Getting Started

### Create a new provider group

In this step, you will see the available network(s) for your contract. These network selections are based on the information you have provided.

✓ Group Information

✓ Provider Information

✓ Address Information

✎ Network Selections

✕ Review All Information

## Step Four: Network Selections

To become a participating provider, select one or more networks to join.

- Network 1
- Network 2
- Network 3
- Network 4

Review All Information

[Return to dashboard](#) | [Terms of Use](#)

Some applications require contracts. If prompted, select the provider networks in which they will participate.

The network selections will reflect the products available in the state to which they are applying.



# Step 1: getting started — review all information

My Dashboard 97 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

## Getting Started

Create a new provider group

In this step, you are reviewing all group and provider information added. Please review the information to make sure it is accurate prior to submitting.

- Group Information
- Provider Information
- Address Information
- Network Selections
- Review All Information

### Step Five: Review All Information

#### Group Information

Group Name: test\_group

Group NPI: 1356343610	Group Tax ID: 111111111
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Added providers

Jane Doe

#### Address Information

Primary Practice

Address: 1201 BROAD ROCK BLVD, RICHMOND, VA 23249

Email Address: --	Phone Number: (344) 334-3436
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General Correspondence

Review the data and select any of the *Edit* buttons to edit the data in that section.

# Step 2: additional information —documents required

**My Dashboard** 158 Total Applications

1 Getting Started **2 Additional Information** 3 Application Completion

## Additional Information

Create a new provider group

In this step, you will review all required documents for each provider. Some documents have been pulled from their CAQH profile. Please make sure all required documents have been uploaded.

- Documents Required
- Hospital Affiliations
- Service Locations
- Contract Signer

Documents found in CAQH were uploaded on your behalf. Please provide all missing documents.

### Step One: Documents Required

Jane Doe	1 Document(s) Needed
Group Name	1 Document(s) Needed

W-9

Drop file here or [Upload a file](#)

[Move to Hospital Affiliations](#)

In stage two, documents and additional information are collected:

- Documents are collected at the provider and group level.
- Drag and drop files or use the upload feature to add documents to the application.

# Step 2: additional information — hospital affiliations

My Dashboard 157 Total Applications | 1 Getting Started | **2 Additional Information** | 3 Application Completion

## Additional Information

Create a new provider group

In this step, you can assign the hospitals where the provider is affiliated.

- Documents Required
- Hospital Affiliations** (Eric Jones)
- Service Locations
- Contract Signer

### Step Two: Hospital Affiliations

**Jane Doe**

NPI Number	CAQH Number
1234567890	1122334455

Primary Hospital Affiliations

Arizona State Hospital

Other Current Affiliations

Andalusia Regional Hospital

Previous Affiliations

Benson Hospital

[Move to Service Locations](#)

If prompted, review each provider's hospital affiliation information and provide any missing information.

# Step 2: additional information — service locations

My Dashboard 158 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

## Additional Information

Create a new provider group

In this step, you can assign the service locations where the provider will be practicing.

- Documents Required
- Hospital Affiliations
- Service Locations**
  - Select Addresses
  - Review Information
  - Assign Providers
- Contract Signer

All addresses listed below were found in CAQH. Please select all locations that the provider is currently practicing at.

### Step Three: Service Locations

<input checked="" type="checkbox"/> 1300 MASTERS CT, CHESAPEAKE, VA 23320	Group Primary
<input checked="" type="checkbox"/> 1970 ROANOKE BLVD, Chesape...	

[Move to Review Information](#)

[Return to dashboard](#) | [Terms of Use](#)

- If prompted, there are three steps within *Service Locations*:
- Select the actual addresses where providers practice.
  - Review information for each location to ensure the accuracy of data.
  - Assign providers to those service locations.

# Step 2: additional information — contract signer

My Dashboard  
157 Total Applications

1 Getting Started

2 Additional Information

3 Application Completion

## Additional Information

### Create a new provider group

In this step, we are collecting information so we can send out the contract for e-signature. The contract can only be signed by an authorized signer.



Documents Required



Hospital Affiliations



Service Locations



Contract Signer

### Step Four: Contract Signer

Please provide the name and address for the individual authorized to sign the contract.

#### Contact Details

First Name

Last Name

Job Title

Email Address

Confirm Email Address

#### Signatory Address

Primary Practice Address

1201 BROAD ROCK BLVD, RICHM...

Correspondence Address

1970 ROANOKE BLVD, SALEM, VA 24153

Billing/Remittance Address

123 East Main Street, , VA 22212

Add Address

Some applications require contracts. If prompted, supply the name and information for the person authorized to sign the contract when enrolling a new solo provider or provider group.

Choose the address for the signatory or enter a new one.


# Step 3: Completion

1 Getting Started Completed 10/15/2023 2 Additional Information Completed 10/15/2023 3 Completion Review Completed Information

## Application Completion

Join an existing group

We have received all your information and will begin the review process. Check your dashboard for updates on the progress of your application. Thank you!

 Application Completion

Group Name		Group Application ID
Jane Doe		GR-8063
CAQH Number	NPI Number	Application ID
1122334455	1234567890	PR-10375
Provider Type	Anticipated Hire Date	
Specialist		

[Go to dashboard](#)

**Application ID PR-10375**

This is the final stage of the application process.

- Each provider will have an **application ID**.
- The application ID allows the provider to view the status on each individual application.

### To check the status of your application:

Select the **Go to dashboard** button to go back to the dashboard and **view the application status**. You will need the **application ID** to check your status.

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# Before you are ready to see members

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- You must complete the *Provider Enrollment* application.
- You must pass credentialing if applicable to your specialty type:
  - Refer to the provider manual for providers that require credentialing.
  - Go to <https://providerpublic.mybcbswny.com> and select Resources > Provider Manual and Guides.
- You must have a fully executed contract:
  - The contract is not valid until signed by provider and Highmark BCBSWNY, and the provider has met credentialing requirements.

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# Troubleshooting tips

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When working in the application, you may run into technical issues or questions. These quick tips will help you navigate this new platform by addressing some of the commonly asked questions:

- **If you see an error message when adding provider information, ensure:**
  - A **primary specialty** has been selected in CAQH ProView.
  - The provider's CAQH ProView profile has been **attested**.
  - The provider's CAQH ProView profile has **designated Highmark BCBSWNY** as an authorized user.
  - The provider's CAQH profile is in **Initial Profile Complete status**. If the profile is new, CAQH reviews the profile before moving it to Initial Profile Complete status.
  - **All documentation has been uploaded** in CAQH.
- If the system is down, you will receive a *System Not Available* message. Your application will be saved, but you will need to finish at a later time. If you experience issues with Availity organization registration, call Availity support at **1-800-282-4548 (1-800-AVAILITY)** or visit the **Contact Us** page on the Availity Portal.



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# Troubleshooting tips (cont.)

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## For CAQH issues:

- If you see error messages after you select **Find Provider**, check if there is no primary specialty chosen in CAQH or if the primary specialty information is incomplete:
  - The CAQH profile must be in either *Initial Profile Complete* or *Re-Attestation* status.
  - *Profile Data Submitted* status is shown when a new profile has been created and submitted to CAQH, but the profile has not been approved by CAQH.

### PROVIDER SEARCH RESULTS

[Refine Search](#)

Provider Name	Birth Date	Primary Practice State	Roster Status	Provider Status
Joe Smith	07/23/1969	TN	Active	Profile Data Submitted



## <https://providerpublic.mybcbswny.com>

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