

Provider Frequently Asked Questions (FAQ) January 2024

This document will be reviewed annually in December and updated accordingly.

CONTRACTING

1) What is the difference between contracting, credentialing, and enrollment?

Contracting is the process of becoming a participating provider. Other terms used to describe a contracted provider are “participating” and “in-network”. Blue Cross contracts at the clinic or facility level. A clinic (including sole proprietorships) or a facility contract with Blue Cross is required to be considered as a participating or in-network provider.

Credentialing is a formal process for verifying the credentials of certain practitioner and facility specialties. Blue Cross is accredited by the National Committee for Quality Assurance (NCQA) and follows their standards for credentialing providers. In accordance with the NCQA, Blue Cross does not credential non-participating facilities or individual practitioners that are not affiliated to a contracted clinic. Blue Cross will inform providers if practitioner or facility credentialing is required.

Enrollment is the process of adding provider demographic information into Blue Cross’s system that feeds claims processing.

2) How do I find out if my clinic or facility is contracted with Blue Cross?

Please call Provider Service at 651-662-5200 or 1-800-262-0820 to inquire as to whether the NPI of your clinic or facility is in-network.

To get through the Provider Service phone prompts, you may need to repeat “customer service” several times throughout the prompts to get through to a Provider Service representative if you don’t have a subscriber/member ID available.

If the representative you speak to is unable to answer your question, please ask to speak to someone in Provider Service who can, as not all representatives have access to the provider demographic system.

3) How do I apply for a contract with Blue Cross?

Please visit our website <https://www.bluecrossmn.com/providers/join-our-network> for information about becoming a participating provider.

4) I submitted a contract request. How will I know if Blue Cross received it?

In most cases, you will receive a response from the Provider Enrollment and Credentialing Screening email box within 3 business days.

5) How will I know if my contract request is denied by the network management team?

If your contract request is denied, you will receive an emailed letter within 45 calendar days. Please note that the 45 calendar days starts once we have received a complete (nothing missing) contract request from you.

Denied contract requests are sent to providers from the email box contract.request.response@bluecrossmn.com. Please note that these emails may end up in your spam email.

6) It's been over 45 calendar days, and I haven't heard anything about my contract request. What should I do?

If after 45 calendar days, you haven't had any response to your contract request, please send an email to provider.data.operations@bluecrossmn.com and **include the following in the subject line of the email:** "Status Check – over 45 days". *This area will not read or open emails that don't have this statement in the subject line.* In the body of your email, include the following information:

- Name of clinic and/or practitioner **(required)**
- Tax ID for the location **(required)**
- NPI for the location **(required)**
- NPI of any practitioners for which you sent a Minnesota Practitioner Change Form (or equivalent spreadsheet) **(required)**
- Which form you sent **(required)**
- The date the completed request was sent to us **(helpful)**
- The email address that was used to send the form(s) to us **(helpful)**

Please note that the 45 calendar days starts once we have received a complete (nothing missing) contract request form along with any other applicable forms or documentation.

7) How long does the contracting process take?

If a contract request is approved, the process will take up to 90 calendar days from the date of approval.

8) I'm a contracted provider but need to terminate my contract. How do I terminate my contract?

To terminate your contract with Blue Cross, please send written notice via certified mail to Blue Cross and Blue Shield of Minnesota, Attn: Provider Relations, R317, P.O. Box 64560, St. Paul, MN 55164-0560. For specific contract termination timeframes, please refer to your Provider Service Agreement.

9) I have recently been approved for a contract. Will the effective date of the contract be backdated to pay the claims for Blue Cross members I have seen in the past or am currently seeing?

No. Providers should not see Blue Cross members unless or until they receive an executed (signed by Blue Cross) contract or amendment. The executed contract will include the effective date of the contract. Any claims submitted prior to that time will either be denied or processed as out of network.

10) I have recently been approved for a contract. When can I start seeing Blue Cross's members?

Providers should not see Blue Cross members unless or until they receive an executed (signed by Blue Cross) contract or amendment. The executed contract will include the effective date of the contract. Any claims submitted prior to that time will either be denied or processed as out of network depending on the member's benefits.

11) My request for a contract was denied. What are my options for serving or continuing to serve Blue Cross members?

If you are currently serving Blue Cross members, please encourage them to contact the number on the back of their member card or Customer Service at 651-662-8000 or 1-800-382-2000 to discuss their options relating to services provided by out of network providers.

If you need to submit an out of network claim(s) and are in Blue Cross's contracting area, please complete and submit a "Non-participating set-up request form." This form can be found at the "Provider demographic updates" link at <https://www.bluecrossmn.com/providers/provider-demographic-updates>. Please be aware that out of network claim(s) may not be paid. Whether to pay out of network claims is dependent on the member's benefits.

Note: You can find the Blue Cross contracting area at the “Join our network” link at <https://www.bluecrossmn.com/providers/join-our-network>.

If you are not in Blue Cross’s contracting area, please contact your local Blue Cross plan to find out how to submit claims. To find out who your local plan is, visit <https://www.bcbs.com/>.

Please note: The department that makes contracting decisions does not accept appeals and they are not able to communicate with providers regarding contract denials.

12) If my practice moves out of Blue Cross’s contracting area, am I still able to serve my patients that have Blue Cross insurance?

No, at least not as a participating provider. If you move out of the Blue Cross contracting area, you will need to notify Blue Cross by completing the Provider Clinic/Branch Closure form. This form can be found at the “Provider demographic updates” link at <https://www.bluecrossmn.com/providers/provider-demographic-updates>. Scroll down to “Report a clinic or location closing.”

13) I’m working for an employer that is a participating provider. I have already been credentialed by Blue Cross. If I start my own practice, will Blue Cross allow me to continue to serve the patients that I currently serve through my current employer?

It depends on whether your new practice is approved for a contract. Please visit the link <https://www.bluecrossmn.com/providers/join-our-network> to determine if Blue Cross is accepting contract requests for your practice’s specialty. If contract requests are accepted, there will be instructions on how to apply for a contract.

14) I am a contracted provider. How can I get a copy of my practice contract?

You can request a copy of your contract by emailing request.contract.renewal@bluecrossmn.com. Please include the name of your practice, Tax ID, and NPI in your email.

15) Do I have to serve Blue Plus’s members that are enrolled in Minnesota Health Care Programs?

Yes, Blue Cross requires contracted providers to serve Blue Plus members that are enrolled in Minnesota Health Care Programs with limited exceptions depending on the provider’s specialty.

ENROLLMENT AND PROVIDER DEMOGRAPHIC UPDATES

16) What is the difference between contracting, credentialing, and enrollment?

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Enrollment is the process of adding provider demographic information into Blue Cross’s system that feeds claims processing.

17) How do I make changes to my practice’s demographic data?

Instructions and forms for updating provider demographic data can be found at <https://www.bluecrossmn.com/providers/provider-demographic-updates>.

18) I submitted a MN Uniform Practitioner Change form to add a practitioner to my practice. When can they start seeing Blue Cross members?

You will be notified when the practitioner’s credentialing and/or enrollment are completed. Please allow 45 calendar days for this process. Do not have the practitioner serve Blue Cross members until you have been notified that it is okay to do so. Please note that the 45 calendar days starts once we have received a complete (nothing missing) form from you.

19) My practice has gone through an ownership change. What does Blue Cross need from me in this situation?

Notify Blue Cross of the ownership change by completing the Tax ID Change form. This form can be found at the “Provider demographic updates” link at <https://www.bluecrossmn.com/providers/provider-demographic-updates>. Scroll down to “Change tax ID”.

20) The NPI for my practice has changed. What does Blue Cross need from me in this situation?

Notify Blue Cross of the NPI change by completing the Provider Demographic Change form. This form can be found at the “Provider demographic updates” link at <https://www.bluecrossmn.com/providers/provider-demographic-updates>. Scroll down to “Update NPI”.

21) How can I find out if a practitioner is or has been affiliated to my practice?

Providers can review the Provider Directory Validation tool. Instructions for how to use the tool can be found at <https://www.bluecrossmn.com/providers/education-center>. Scroll down the page to “Provider directory validation” and click on the PDF.

You can also contact Provider Service at 651-662-5200 or 1-800-262-0820 to ask if the practitioner is affiliated to your practice.

To get through the Provider Service phone prompts, you may need to repeat “customer service” several times throughout the prompts to get through to a Provider Service representative if you don’t have a subscriber/member ID available.

If the representative you speak to is unable to answer your question, please ask to speak to someone in Provider Service who can, as not all representatives have access to the provider demographic system.

22) How long does it take Blue Cross to update my demographic data?

In general, allow between 45 and 60 calendar days for most demographic updates. Contract requests or adding additional locations generally takes up to 90 calendar days. Please note that the 45, 60, or 90 calendar days start once a complete (nothing missing) form(s) is submitted to us.

23) How can I check on the status of a requested demographic change?

Please allow up to 45 calendar days before requesting a status check. If, after 45 calendar days you haven’t heard anything from us about your submission, please send an email to provider.data.operations@bluecrossmn.com and **include the following in the subject line of the email:** “Status Check – over 45 days”. *This area will not read or open*

emails that don't have this statement in the subject line. In the body of your email, include the following information:

- Name of clinic and/or practitioner **(required)**
- Tax ID for the location **(required)**
- NPI for the location **(required)**
- NPI of any practitioners for which you submitted a Minnesota Practitioner Change Form (or equivalent spreadsheet) **(required)**
- Which form you submitted **(required)**
- The date the completed request was submitted to us **(helpful)**
- The email address that was used to submit the form(s) to us **(helpful)**

Please note that the 45 calendar days starts once we have received a complete (nothing missing) contract request form along with any other applicable forms or documentation.

CREDENTIALING

24) What is the difference between contracting, credentialing, and enrollment?

Contracting is the process of becoming a participating provider. Other terms used to describe a contracted provider are “participating” and “in-network”. Blue Cross contracts at the clinic or facility level. A clinic (including sole proprietorships) or a facility contract with Blue Cross is required to be considered as a participating or in-network provider.

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Enrollment is the process of adding provider demographic information into Blue Cross’s system that feeds claims processing.

25) Does my practice and/or affiliated practitioners need to be credentialed?

The Blue Cross Credentialing team will advise providers if credentialing is required, including how to submit a credentialing application. Please do not submit a credentialing application unless specifically asked to do so by the Blue Cross Credentialing team.

26) Where can I find the status of my credentialing application?

Please allow up to 45 calendar days before requesting a status check. If, after 45 calendar days you haven’t heard anything from us about your submission, please send an email to provider.data.operations@bluecrossmn.com and **include the following in the subject line of the email:** “Status Check – over 45 days”. *This area will not read or open emails that don't have this statement in the subject line.* In the body of your email, include the following information:

- Name of clinic and/or practitioner **(required)**
- Tax ID for the location **(required)**
- NPI for the location **(required)**
- NPI of any practitioners for which you submitted a credentialing (or equivalent spreadsheet) **(required)**
- Which form you submitted **(required)**
- How you submitted the form (i.e., email or MCC Apply Smart) **(required)**
- The date the completed request was submitted to us **(helpful)**

- The email address that was used to submit the form(s) to us (**helpful**)

Please note that the 45 calendar days starts once we have received a complete (nothing missing) contract request form along with any other applicable forms or documentation.

27) Where can I find the credentialing applications?

The Blue Cross Credentialing team will advise providers if credentialing is required, including where to find and/or how to submit a credentialing application. Please do not submit a credentialing application unless specifically asked to do so by the Blue Cross Credentialing team.

28) I submitted a credentialing application. When can the practitioner or facility start seeing Blue Cross members?

Practitioners nor facilities should see Blue Cross members until they receive notification from Blue Cross that it is okay to do so. Any claims submitted prior to that time will either be denied or processed as out of network depending on the member's benefits.

29) How do I find out when my practitioners or facility needs to be recredentialed?

The Blue Cross Credentialing team is not able to respond to this question from providers. However, the team will notify you 3-4 months prior to the recredentialed due date.

30) I submitted a recredentialed application. Will I be notified once recredentialed is complete?

The Blue Cross Credentialing team is not able to notify providers when recredentialed is complete. However, the team will notify you if recredentialed is not completed.

31) What are my credentialing rights as a provider?

Please visit the link <https://www.bluecrossmn.com/providers/join-our-network>. Scroll down to #4 "Respond to credentialing request (if applicable)". You will see the link to the Credentialing and Recredentialed Policy Manual. Click on the document and search for "rights".

32) How does my practice become a delegated credentialing provider?

The first tier of requirements to become a credentialing delegate include:

- Contracted with Blue Cross for at least 1 year
- Accredited by the National Committee for Quality Assurance (NCQA) in Credentialing and Recredentialed
- Employ a minimum of 300 practitioners that are licensed to practice in Minnesota or our contracting area (i.e., counties bordering Minnesota)
- Meet all Blue Cross credentialing requirements

For more information on delegation requirements, please visit the link <https://www.bluecrossmn.com/providers/join-our-network>. Scroll down to #4 "Respond to credentialing request (if applicable)". You will see the link to the Credentialing and Recredentialed Policy Manual. Click on the document and search for "delegation".

33) My practice is contracted with Blue Cross. However, when I submitted a credentialing application for one of our practitioners, it was returned saying that the location is not on file. What does that mean and how can I resolve it?

This means that the location is not set up in our billing system. You will need to submit a Contract Request Form along with Minnesota Uniform Practitioner Change Forms for each practitioner at the location. This form can be found at the "Provider demographic updates" link at <https://www.bluecrossmn.com/providers/provider-demographic-updates>. Scroll down to "Add a new location".

34) What are narrow networks?

Narrow networks are curated (i.e., carefully, and thoughtfully chosen) each year by Blue Cross based on cost, quality, and other factors. These networks include fewer providers to choose from and have a lower premium than broad networks.

35) Is there a list of the narrow networks?

For a list of the narrow networks, visit <https://www.bluecrossmn.com/providers/education-center> and scroll down to “Commercial network guide”.

36) How can I find out if my practice is included in a narrow network and/or in which networks my practice is included?

Please call Provider Service at 651-662-5200 or 1-800-262-0820 to inquire as to whether you are in any of the narrow networks or to ask in which networks your practice is included.

To get through the Provider Service phone prompts, you may need to repeat “customer service” several times throughout the prompts to get through to a Provider Service representative if you don’t have a subscriber/member ID available. You will also want to have the name of the narrow networks you are calling about.

If the representative you speak to is unable to answer your question, please ask to speak to someone in Provider Service who can, as not all representatives have access to the provider demographic system.

37) My practice is not in a narrow network, but I have Blue Cross members asking for services. What should I tell these members?

If you are currently serving a Blue Cross member(s) in a narrow network, please encourage the member to call the telephone number on the back of their ID card or call Customer Service at 651-662-8000 or 1-800-382-2000 to discuss their options for seeing a non-participating provider.

ELECTRONIC FUND TRANSFER (EFT)

38) How can my practice get set up for EFT?

The form to request EFT changes is only accessible on the Availity Essentials portal. To access it, log in or register at [Availity.com/Essentials](https://www.availity.com/essentials) and see the Resources tab in Blue Cross Blue Shield Minnesota Payer Spaces. The form is called “NEW-Electronic Funds Transfer (EFT) Form”. **User must have access to the Minnesota Region on Availity Essentials in order to use the EFT form.**

39) I received an email after submitting my EFT form stating that it was incomplete. I don’t have the information to complete it. What can I do?

If you are missing information, you may need to contact your current and/or former bank to obtain the routing number and bank account number. Once you submit a completed form along with a voided check or bank letter, you may resubmit the form to provider.data@bluecrossmn.com.

40) Why did I receive a call from Blue Cross to verify the validity of the information on my EFT form?

To prevent fraudulent activity, Blue Cross reaches out by phone and email to confirm the validity of the request.

41) How long does the EFT set-up or change process take?

Due to the various checks and balances associated with this process, please allow up to 90 calendar days for the process to be completed. In the meantime, you will receive paper checks in the mail.

PROVIDER DIRECTORIES

42) Why are some of the practitioners in my practice not showing up in the provider directories?

The most common reasons that practitioners do not show up in the provider directories include:

- The practitioner doesn't see patients at the location at least once per week. The Centers for Medicare and Medicaid (CMS) require Provider Directories to only display practitioners at locations where patients can call and make an appointment with the practitioner. Practitioners that may fill in at a certain location less than once per week will not be displayed in the provider directories. For example, a hospitalist would not be displayed in the provider directory because members cannot make appointments with them.
- The practice may have requested that the practitioner not be displayed in the provider directory.

43) How do I get changes made to the information in the provider directory?

To display or suppress individual practitioners, complete the Minnesota Uniform Practitioner Change Form. This form can be found at the "Provider demographic updates" link at <https://www.bluecrossmn.com/providers/provider-demographic-updates>. Scroll down to "Directory suppress a practitioner or remove a directory suppression."

PROVIDER SERVICE

44) What is the number for Provider Service?

The number for Provider Service is 651-662-5200 or 1-800-262-0820.

45) How do I get through to Provider Service without a subscriber/member ID?

To get through the prompts, you may need to repeat "customer service" several times throughout the prompts to get through to a Provider Service representative if you don't have a subscriber/member ID available.

46) Are there any self-serve tools for providers to use?

- Providers may utilize Availity Essentials for self-service related to provider authorizations and referrals, eligibility, and benefit information, claim entry and status checks, remittance advices, and more. There is also a function for providers to electronically message with Provider Service.

Visit [Availity.com/Essentials](https://www.availity.com/essentials) to register or log in.

Please note that any demographic changes made in the Availity portal, do not come through to Blue Cross. Instructions and forms for updating provider demographic data can be found at <https://www.bluecrossmn.com/providers/provider-demographic-updates>.

- To find out if a practitioner has been affiliated to a location, providers can review the Provider Directory Validation tool. Instructions for how to use the tool can be found at <https://www.bluecrossmn.com/providers/education-center>. Scroll down the page to "Provider directory validation" and click on the PDF.

FEE SCHEDULES

47) I am a contracted provider; how can I get a copy of my fee schedule/reimbursement rates?

You can request a copy of your fee schedule by emailing fee.schedule.allowance.request@bluecrossmn.com

Please include the name of your practice, Tax ID, and Type 2 NPI (if you are a solo practitioner without a Type 2 NPI, use your Type 1 NPI) in your email request.

CLAIMS QUESTIONS FOR COMMERCIAL, MEDICARE, AND MINNESOTA HEALTH CARE PROGRAMS

48) I have questions about claims. What should I do?

For commercial or Medicare claims questions, please call Provider Service at 651-662-5200 or 1-800-262-0820. For Minnesota Health Care Programs claims questions, please call 651-662-9962 or 1-866-518-8448.

To get through the Provider Service phone prompts, you may need to repeat “customer service” several times throughout the prompts to get through to a Provider Service representative if you don’t have a subscriber/member ID available.

If the representative you speak to is unable to answer your question, please ask to speak to someone in Provider Service who can.

ELDERLY WAIVER SERVICES

49) Where can I find out more about providing elderly waiver services (e.g., adult day services, meals, homemaker services, etc.)

Contact Bridgeview at 1-800-584-9488 or email EWProviders@Bridgeviewco.com.

OTHER QUESTIONS

50) I have a question that is not included on this FAQ. How can I get those answers?

Contact Provider Service at 651-662-5200 or 1-800-262-0820. If the representative you speak to can’t help you, ask them to coordinate the answers to your questions internally and get back to you vs. advising you to send an email to a specific Blue Cross email box. The majority of the Blue Cross provider email boxes are only for submitting demographic updates or credentialing applications. They are not staffed to answer questions or escalate questions internally.

51) Is there a specific contact assigned to answer my provider questions if I am a contracted provider?

No, Provider Service serves as the point of contact for provider questions. Contact Provider Service at 651-662-5200 or 1-800-262-0820.

52) Provider Service has advised me to contact specific email boxes at Blue Cross for help, but I don’t get any responses. What should I do?

The majority of the Blue Cross provider email boxes are only for submitting demographic updates or credentialing applications. They are not staffed to answer questions or escalate questions internally.

Contact Provider Service at 651-662-5200 or 1-800-262-0820. If the representative you speak to can’t help you, ask them to coordinate the answers to your questions internally and get back to you vs. advising you to send an email to a specific Blue Cross email box.

This FAQ is owned by Provider Data Operations and Credentialing.