

## Provider Information Management & Operations (PRIMO) Group or Practitioner Enrollment

This document will explain the appropriate means to submit a group or provider enrollment request to Blue Cross and Blue Shield of North Carolina.

Requests can be emailed to [providerupdates@bcbsnc.com](mailto:providerupdates@bcbsnc.com) or faxed to 919-765-4349.

Normal processing time can vary between requests sent to Commercial or Blue Medicare. Average processing time will be between 10 to 30 business days.

Complete provider demographic details (e.g. Name, NPI, IRS Number, Locations, Medicare Number) and effective date must be provided. If a Medicare Number is not available at the time of enrollment, once obtained a follow up email is required to be sent to [providerupdates@bcbsnc.com](mailto:providerupdates@bcbsnc.com)

**Notice:** Incomplete requests will not be accepted for processing. Requests that are incomplete or are missing information will be returned to sender. The request will need to be resubmitted with complete information to be processed.

Step	Action
<b>1</b>	<b>New Group Enrollment</b> <ul style="list-style-type: none"><li>A. Completed Group Enrollment Application(s)</li><li>B. Updated W9</li><li>C. Individual Enrollment Applications for all practitioners not currently active in BCBSNC</li><li>D. Copies of current practitioner medical licenses &amp; NPI registry verifications</li><li>E. Request should be submitted 30 days prior to the effective date. Network participation effective date can be affected by failure to submit timely.</li></ul>
<b>2</b>	<b>Adding a Practitioner to an Existing Group</b> <ul style="list-style-type: none"><li>A. Completed Individual Enrollment Application<ul style="list-style-type: none"><li>1. Indicate the location(s) where the provider will be consistently available to see members</li></ul></li><li>B. Copy of current medical license &amp; NPI registry verification</li><li>C. For Contracted Participating Groups<ul style="list-style-type: none"><li>1. Credentialing must be completed, when applicable, prior to plan enrollment</li></ul></li><li>D. Request should be submitted 30 days prior to the effective date. Network participation effective date can be affected by failure to submit timely</li></ul>
<b>3</b>	<b>New Solo Practice</b> <ul style="list-style-type: none"><li>A. Completed Individual Enrollment Application(s) (must include office phone number)</li><li>B. Updated W9</li><li>C. Copy of current medical license and NPI registry verification</li><li>D. Request should be submitted 30 days prior to the effective date. Network participation effective date can be affected by failure to submit timely</li></ul>

**In the event you have any questions or need assistance please call 1-800-777-1643 opt 6.**