

NC Medical Society & NC Medical Group Management Association
Strengthening the Payer/Provider Partnership
from Onboarding to Point of Care

August 16, 2022

Attendee Registration Q&A

- 1. What options exist for solo and small practices for expediting onboarding processes?**

BCBSNC Response: The onboarding process is the same regardless of practice size. We would like to understand how we can better serve our solo and small practices – we will include this in our workgroup agenda.

- 2. CAQH for recredentialing**

BCBSNC Response: BCBSNC requires practitioners to use CAQH for recredentialing and we will soon be requiring CAQH for initial credentialing.

- 3. Would you please address any plans to improve the prior authorization process?**

BCBSNC Response: Pending.

- 4. The delay in getting providers credentialed.**

BCBSNC Response: Currently, it takes ~ 30 days to credential a physician. The enrollment process (post credentialing) for linking provider to group is taking 60 days. We are working to bring these down by implementing automation and process redesign.

- 5. Services denied due to “benefit maximums reached” (36471) but CSR tells us patient hasn’t met the maximum and appeals are ignored.**

BCBSNC Response: Pending.

- 6. Credentialing requirements – Are the old applications still required even though they have an active CAQH?**

BCBSNC Response: If the provider has a current and up to date CAQH application, the old application is no longer required. We prefer you to use CAQH and update your information within Proview as it has been adjusted to meet the requirements of the NC DOI.

- 7. Is the Statement of Supervision still a viable form or is now obsolete?**

BCBSNC Response: The Statement of Supervision (SOS) can be used but must be submitted under the Supervising MD's NPI and effective with BCBSNC when the provider was seeing members. We have modified the SOS and can be used when you are waiting for a provider to be linked to a group after credentialing has occurred.

8. Why are CRNAs not linked to group as they are with other commercial payers?

BCNBSC Response: CRNA's should be linked to a group. If you have an example that can be shared when we did not link appropriately, please send to providerupdates@bcbsnc.com

9. Why are TAP Blocks and Nerve Blocks denied for no prior authorization?

BCBSNC Response: Pending.

10. Why is it taking so long to add credentialed providers to our group?

BCBSNC Response: The enrollment process has a backlog right now. You can use the modified SOS while you wait for your provider to be linked. We are working towards changing internal processes and building automation to improve turnaround times.

11. Will BCBSNC develop an online provider enrollment portal? Can BCBSNC email a response when an application is received?

BCBSNC Response: Yes, we have funding and a plan to develop an online self-service provider enrollment portal. This is a major initiative under the Provider Partnerships Program. The self-service provider portal will be automated and show real-time status of enrollment. Today, one of our bottlenecks is the intake process. Due to the manual nature of triaging these incoming requests we are not able to email receipt confirmation. We understand that this is important and will bring this to our working group for interim options.

12. What is the preferred mode of communication with regards to provider onboarding status?

BCBSNC Response: Today, you should send your request to providerupdates.bcbsnc.com to ensure proper triage and until portal is in place. In the subject line of the email please use STATUS UPDATE (uppercase) so we can quickly see that you are requesting status.

13. Will you continue to use CAQH?

BCBSNC Response: Yes