

Who Should Use This Form

- Physicians new to Anthem and interested in contracting under a Tax ID that is currently non-participating
- Physicians contracted under a group but also interested in contracting Individually under their own Tax ID
- Physicians already contracted under their own Tax ID but who are now adding a **SECOND physician**
- Physician Groups interested in contracting under a Tax ID that is currently non-participating
- CRNA's interested in contracting as a CRNA-only Group or Individually

How to Request an Individual or Group Agreement Packet and Contract

Follow the steps below to receive Anthem's commercial, PPO & Workers' Compensation contract packet for physicians or CRNA's practicing in California. Note: If you are interested in contracting for the Workers' Compensation Network ONLY, please contact WCCContractingServices@anthemwc.com.

STEP 1: Determine if you are eligible for a Prudent Buyer (PPO) Physician Contract.

We offer commercial PPO & Worker's Compensation contracts to the following provider types* practicing in **California**:

- M.D.
- D.O.
- (CRNA) Certified Registered Nurse Anesthetist
- D.P.M
- D.D.S. / D.M.D. – with a primary specialty of Oral Maxillo-Facial Surgery

*If your license type is not listed above, please refer to our [website](#) to determine the appropriate network based on your specialty.

STEP 2: Complete and e-mail the Agreement Packet Request Form to CAPhysicianApp@anthem.com

What Happens Next

The Anthem Blue Cross, California Physician Application Team will review your request, determine the physician's credentialing status, then email the pertinent agreement packet to the e-mail address you've provided.

Note: If credentialing is required, Anthem Blue Cross participates in the Council for Affordable Quality Healthcare (CAQH). CAQH, a non-profit alliance of the nation's leading health plans and networks, has developed a national database for credentialing information. The use of this database, which is compliant with California State and National Accreditation requirements, allows physicians a secure, online format for storage and communication of credentialing and practice information. **IMPORTANT:** We do not accept printouts of the CAQH Data Summary screens or CPPAs (California Participation Physician Applications). All information must be available for viewing online via the CAQH website.

If you do not have a CAQH Provider ID and credentialing is required, you may register by following the prompts on the CAQH website at <https://proview.caqh.org/PR/Registration>.

If you already have a CAQH user ID, please review your profile and confirm that you have granted reading rights to Anthem Blue Cross. If you have not and need help, please contact CAQH via their website at <https://proview.caqh.org> or by phone at 1 (888)599-1771.

For any questions regarding the contracting process, or if you would like to check the status of your application, you may email us at CAPhysicianApp@Anthem.com. **NOTE:** If credentialing is required, the review can take up to 90 days.



Commercial PPO Individual, Group & CRNA Agreement Packet Request Form

- 1) This form should be used if you are interested in participating with Anthem Blue Cross' Commercial PPO and Workers' Compensation networks for medical services.
 - 2) This form may only be used by **Physicians, Certified Registered Nurse Anesthetists or Dentists*** practicing in California.
 - 3) To begin the process you must possess 1) an unrestricted Medical, Dental or Nurse Anesthetist License, 2) an individual National Provider Identifier Number (a.k.a., Type 1 NPI), and 3) a Tax Identification Number
 - 4) This form should NOT be used to add new physicians to your existing, Prudent Buyer PPO Group Contract.
- *This applies only to Dentists with a primary specialty of Oral Maxillo-Facial Surgery.**

Contact Name:

Contact e-Mail Address:

We are also interested in being displayed as an Urgent Care Center: Y / N

E-Mail address for Packet- if different from above:

Tax ID:

Business Name:

Group (Type 2) NPI:

Primary Practice Address:

City, State and Zip code:

Practice Phone Number:

Physician or CRNA Name <small>If you have more than 5 providers on your roster, please attach a separate sheet</small>	Primary and Secondary Specialties	License No. (including prefix)	Individual NPI Number	CAQH# (or date of birth if no CAQH)	Is the physician strictly facility-based?

Please **E-MAIL** the completed form to CAPhysicianApp@anthem.com

Once we receive your request, please allow approximately 24-48 hours for processing. Please submit all status update requests/questions via email to CAPhysicianApp@anthem.com. **IMPORTANT: Our emails are often sent through a secure site, so please be sure to periodically check your SPAM folder for a response.**