



Professional provider maintenance

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Current functionality as of December 2025

- Update Electronic Funds Transfer (EFT) information.
- Group name change.
- Change primary address.
- Third party authority contact information.
- Change remittance address.
- Change SSA address/contacts.
- Change/add:
 - Additional site locations.
 - Correspondence address.
 - Medical records address and contact.
 - IVR address.
- Group office hours.
- Terminate alternate address.
- Openness status by product by practitioner.
- Change directory indicators by address by practitioner.
- View product participation.
- Change practitioner:
 - Name (FN, MI, LN).
 - Gender.
 - Languages.
- View status of request.
- New or existing provider to an existing group.
- New group.
- Group terminations.
- Practitioner terminations.
- Provider attestation.



Close

Please select your Tax ID

[Participating Provider First Tier, Downstream, and Related Entity \(FDR\) Annual Attestation Form](#)

Next

The provider will be identified at Availity® log in and the Tax ID drop down will populate based on the login information.

Select the appropriate tax ID for review and click *Next*. To add a new group with a TIN not already associated with the log in, select *Add New TIN* from the drop down and click *Next*.

- [Back to selection](#)
- [View Request Status](#)
- [Update Electronic Funds Transfer](#)
- [Add Practitioner](#)
- [Add New Group](#)
- [Terminate Group](#)
- [Terminate Practitioner](#)
- Last Attested on:
12/19/2025
- Attestation due:
03/19/2026
- [Update Attestations](#)

Provider Groups for Tax ID
Close

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name

Requestor Email

Requestor Phone Number

Requestor Title

Requestor Fax Number

Filter by Group Name
Filter by NPI
Filter by Specialty
Filter by Specialist

All
All
All
All

Apply Filter
Clear Filter

Name	TIN#	NPI	ID	Primary Specialty	PCP/Specialist
				Clinic/Oth Grp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries
Previous 1 Next

After a TIN is selected, the main provider selection screen is displayed. To make any selections, first enter the requestor name, requestor email, and requestor phone number. The requestor title and requestor fax number are optional fields. Once the requestor information is entered, select a specific group or go directly to update or submit any requests options by selecting the appropriate selection on the left side toolbar. Click *Back to selection* (left side toolbar) to return to the Tax ID selection screen.

Notes:



- In the top right of each screen is the *Close* option. *Close* will exit the user completely from the tool.
- Required fields are denoted with an asterisk.

Electronic Funds Transfer

To update Electronic Funds Transfer (EFT) information, once the requestor information is entered, select *Update Electronic Funds Transfer* selection from the left side toolbar.

[Back to selection](#)

[View Request Status](#)

[Update Electronic Funds Transfer](#)

[Add Practitioner](#)

[Add New Group](#)

[Terminate Group](#)

[Terminate Practitioner](#)

Last Attested on:
12/19/2025

Attestation due:
03/19/2026

[Update Attestations](#)

Provider Groups for Tax ID
Close

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

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Requestor Name Requestor Email Requestor Phone Number

Requestor Title Requestor Fax Number

Filter by Group Name Filter by NPI Filter by Specialty Filter by Specialist

[Apply Filter](#) [Clear Filter](#)

Name	TIN#	NPI	ID	Primary Specialty	PCP/Specialist
				Clinic/Oth Grp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries Previous 1 Next

To Update Electronic Funds Transfer (EFT) information, once the requestor information is entered, select *Update Electronic Funds Transfer* selection from the left side toolbar.

Providers for Tax ID (* indicates required fields)

*Effective Date for requested change

01/28/2026

*Routing Number

*Account Number

*Account Type

- Savings
- Checking

Search

*Bank Name

Select all

Select	Provider Name	Provider NPI	CBC Provider ID	Provider Type	Routing Number	Account Number	EFT Status	Effective Date	Remittance Status	Participating
<input type="checkbox"/>							Paper Check		Paper Remittance and 835	No
<input type="checkbox"/>							Current EFT	10/20/2015	Electronic Remittance and 835	Yes

Showing 1 to 2 of 2 entries

Provider agrees to submit a new EFT authorization Form and give a thirty (30) day prior written notice to Capital Blue Cross of any changes in its depository information, ABA number, other payment instructions, or any changes in information on this form (such as a new provider contact person, etc.).

Update

Cancel

Current EFT settings are displayed along with a list of providers under the TIN. To change or add banking information, enter the Effective Date (will auto-populate with today's date, but is updatable), Bank Routing Number, Account Number, and Account Type. Select *Search*, if Bank Name is available, it will auto-populate, otherwise Bank Name will be a freeform text box where data will need to be entered. Changes can be applied to individual providers or to all providers under the TIN by clicking *Select all*. The user must attest to the change by clicking the attestation box prior to selecting *Update*. Click *Update* to process the request which will return user to the Main Screen. Click *Cancel* to discard the request and return to the main menu.

- [Back to selection](#)
- [View Request Status](#)
- [Update Electronic Funds Transfer](#)
- [Add Practitioner](#)
- [Add New Group](#)
- [Terminate Group](#)
- [Terminate Practitioner](#)
- Last Attested on:
12/19/2025
- Attestation due:
03/19/2026
- [Update Attestations](#)

Provider Groups for Tax ID
Close

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name

Requestor Email

Requestor Phone Number

Requestor Title

Requestor Fax Number

Filter by Group Name

Filter by NPI

Filter by Specialty

Filter by Specialist

Name	TIN#	NPI	ID	Primary Specialty	PCP/Specialist
<input type="text"/>				Clinic/Oth Grp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries
Previous Next

To access specific provider information such as Tax Information, Group Name Change, Group NPI Change, Addresses, Networks, and Practitioner, click on a provider name highlighted in blue, located under the name column.

Tax information

Return to Main Selection
Tax Information
Group Name Change
Group NPI Change
+ Professional Addresses
Additional Site Locations
Networks
Practitioner
View Request Status

Tax Info Close

Tax ID
[Text Input]

Address Line 1 [Text Input] Address Line 2 [Text Input]

City [Text Input] State [Text Input] Zip Code [Text Input]

Phone Number [Text Input] Ext [Text Input] Fax Number [Text Input] Email [Text Input]

Tax Information displays the selected group tax information. The Tax Information screen is read-only. Any tax changes should be communicated through the Group Provider Engagement Consultant. If you are unsure which Provider Engagement Consultant is assigned to your practice, please visit Provider Engagement Consultant look up tool ([CapitalBlueCross.com](https://www.CapitalBlueCross.com)) and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

Group Info

Group Type: Clinic or Provider Group
Primary Specialty: Clinic/Oth Grp Prac/MultiSpec
Secondary Specialty: [Text Input]

CBC ID: [Text Input]
Taxonomy: 208D00000X

Fed Qualified Health Center: Yes No
Rural Health Center: Yes No

Primary NPI: [Text Input]
Additional NPIs: [List Box]

Telehealth Provider: Yes No
Lab Arrangement: [Dropdown]

BDC: [List Box]

The Group Info screen displays high-level group information and is read-only. Group Name and Group NPI changes are available using the left side toolbar. Any additional changes will need to be communicated through the group Provider Engagement Consultant.

Group name change

Return to Main Selection
Tax Information
Group Name Change
Group NPI Change
+ Professional Addresses
Additional Site Locations
Networks
Practitioner
View Request Status

Tax Info Close

Tax ID
Address Line 1 Address Line 2
City State Zip Code
Phone Number Ext Fax Number Email

Once the group is selected, click *Group Name Change* located on the left-hand toolbar.

Group Name Change

Group Name
Group Type Primary Specialty Secondary Specialty
Clinic or Provider Group Clinic/Oth Grp Prac/MultiSpec
CBC ID Taxonomy Fed Qualified Health Center Rural Health Center
208D00000X Yes No Yes No
Primary NPI Additional NPIs Telehealth Provider Lab Arrangement
Yes No
BDC
Update Cancel

Enter the updated DBA name under Group Name. Click *Update* to submit the change. Click *Cancel* to return to the main screen without submitting any updates.

Group NPI change

Once the group is selected, click *Group NPI Change* located on the left-hand toolbar.

To change the NPI, enter the new NPI and click *Search NPES for NPI*.

When search is completed, it will present the NPES Name and additional options for the newly entered NPI.

If the NPI is found on NPES, the NPES name is returned. The provider can then decide to use the new NPI as the Primary NPI or as an Additional NPI (ANPI).

What will be done with the previous Primary NPI?

- We will continue to submit claims
- Retain for claims runout
- Nothing, terminate immediately

If *Use for Primary NPI* is selected, choose one of the three options instructing how we are to handle the previous primary NPI that was on the group. For '*We will continue to submit claims*' selection, the NPI would be retained as an Additional NPI (ANPI). '*Retain for claims runout*' would add previous NPI as a Historical NPI (HNPI). '*Nothing, terminate immediately*' will delete the NPI from the record. The user can also make changes to their ANPIs by changing the current ANPI status: Active, Terminate but retain for claims runout, or Terminate immediately.

Click update to submit the change. *Cancel* will return to the main screen without submitting any updates. If a new NPI was entered, the value will need to be deleted, and a selection will need to be entered prior to being able to click *Cancel*.

Primary address

Once the group is selected click the + button beside Professional Addresses to view all the address options available.

The image shows a web interface with a sidebar menu on the left and two main panels on the right. The sidebar menu includes the following items: [Return to Main Selection](#), [Tax Information](#), [Group Name Change](#), [Group NPI Change](#), [Professional Addresses](#) (highlighted with a red box), [Primary](#) (highlighted with a red box), [Correspondence](#), [Remittance](#), [Medical Records](#), [SSA Address](#), [IVR](#), [Additional Site Locations](#), [Networks](#), [Practitioner](#), and [View Request Status](#).

The **Tax Info** panel (top right) contains the following fields: Tax ID, Address Line 1, Address Line 2, City, State, Zip Code, Phone Number, Ext, Fax Number, and Email.

The **Group Info** panel (bottom right) contains the following fields: Group Type (Clinic or Provider Group), Primary Specialty (Clinic/Oth Grp Prac/MultiSpec), Secondary Specialty, CBC ID, Taxonomy (208D00000X), Fed Qualified Health Center (radio buttons for Yes and No, with No selected), and Rural Health Center (radio buttons for Yes and No, with No selected).

Selecting *Primary* will display the current active primary address information. The primary address can be updated but not terminated. Effective date for requested change defaults to the current date but is updatable.

- Return to Main Selection
- Tax Information
- Group Name Change
- Group NPI Change
- + Professional Addresses
- Additional Site Locations
- Networks
- Practitioner
- View Request Status

Primary Address
Close

(* indicates required fields)

*Effective Date for requested change

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (ie. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?
 Yes
 No

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup
Standardize Address

*Phone Number Ext Fax Number *Public Facing Email

Services Performed At This Location
 *Is Telehealth available for this location?
 Yes
 No

Handicapped Accessible? Yes No Print In Directory? Yes No

Third Party Authority - if the TPA is a company, enter it in the Last Name/Company field

First Name Last Name / Company Middle Initial

Title

Phone Phone Ext Fax

Web address

Hours of Operation (0:00) Clear office hours Clone office hours

Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Status

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	11-01-2013		Open to New Patients
Advance PPO Tiered 1	08-01-2025		Open to New Patients
KHP Commercial HMO Network	11-01-2013		Open to New Patients
Medicare Advantage PPO Network	07-27-2012		Open to New Patients
Capital Advantage PPO Tiered 2	08-01-2025		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	07-27-2012		Open to New Patients
PPO Network	07-27-2012		Open to New Patients
Convenience PPO Tiered 2	08-01-2025		Open to New Patients
Performance PPO Select Network	08-01-2020		Open to New Patients

Showing 1 to 10 of 13 entries

Previous **1** 2 Next

Practitioners

Practitioner Name	Relationship to This Address	Openness Status
	Yes - primary	View / edit
	No	View / edit

[Update](#)

[Reset](#)

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (ie. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

- Yes
- No

Existing Group ID from search

Existing Group Name from search

[Existing Group ID Search](#)

Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

Back

Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

Select	Provider ID	NPI	Provider Name
Select			

Back

A response to the following question is required when making changes to the primary address. Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (e.g., change from SSN to EIN, change of ownership, entity acquiring existing practice(s))? If the answer is yes, additional information is displayed, click the *Existing Group ID Search* button. Search by NPI or search by name, then select *Search*, which will return provider results. If the provider is in the search results, click *Select*. If the update is not connected to an acquisition or merger, answer no.

Users are encouraged to use the ZIP Code lookup option for address changes, which will help determine city and county based upon the ZIP Code entered. Standardize address option is required on all address changes.

ZIP Code lookup

Zip Code Lookup

Locations within zip code

Select	City	County
<input type="checkbox"/>	Camp Hill Brm	Cumberland
<input type="checkbox"/>	Camp Hill	Cumberland
<input type="checkbox"/>	Shiremanstown	Cumberland

Showing 1 to 3 of 3 entries

To perform a ZIP Code Lookup, address line 1 and the ZIP Code must be entered onto the main screen. After *Zip Code Lookup* is clicked, this box is displayed. Select which city and county are correct by clicking *Select* next to the appropriate row. Click *Use selected match* to return to the address screen. Click *Cancel* to close the box, discard any selections, and return to the address screen.



Note:

ZIP Code lookup is available on each of the address screens.

Standardize address

Standardize Address

Address Type:

Entered Address

Address Line 1

Address Line 2

City State Zip Code

Potential Address Matches

Select	Address Line 1	Address Line 2	City	State	Zip Code
<input checked="" type="checkbox"/>					

Showing 1 to 1 of 1 entries

[Use selected address](#)

Address standardization will align the entered address with USPS standards. If multiple addresses are found, multiple rows will appear. Select the desired address and click *Use selected address*. The Standardize Address box is closed, and the Primary Address screen is displayed.

Primary address continued

Services Performed At This Location

*Is Telehealth available for this location?

- Yes
 No

Handicapped Accessible? Print In Directory?

- Yes No

- Yes No

Third Party Authority - if the TPA is a company, enter it in the Last Name/Company field

First Name

Last Name / Company

Middle Initial

Title

Phone

Phone Ext

Fax

Web address

Existing services will be displayed; however, they cannot be added to or removed from the group at this time. *Is Telehealth available for this location* requires a response when initiating changes to the address. Handicap indicators and third-party authority information can be updated. Print in directory indicators cannot be changed at the group level and are driven by practitioner level selections.

Hours of Operation (0:00)		Clear office hours		Clone office hours			
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office hours can be entered day by day or by entering one day's hours on Sunday hours, then click *Clone office hours* if the hours apply to all days. Click *Clear office hours* to delete all hours.

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	07-01-2012		Open to New Patients
KHP Commercial HMO Network	07-01-2012		Open to New Patients
Medicare Advantage PPO Network	07-01-2012		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	07-01-2012		Open to New Patients
PPO Network	07-01-2012		Open to New Patients
Medicare Advantage HMO Network	07-01-2012		Open to New Patients
Traditional/Indemnity Network	07-01-2012		Open to New Patients

Showing 1 to 8 of 8 entries

Previous 1 Next

Group Level Open Status is displayed by product and is informational only. Group Level Open Status is a rollup of the combined Practitioner Level Open Status.

Practitioners

Practitioner Name	Relationship to This Address	Openness Status
	Yes - primary	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit

Showing 1 to 10 of 11 entries Previous 1 2 Next

[Update](#) [Reset](#)

A list of active practitioners is displayed along with their relationship to the address. If the practitioner carries the address, *Yes* will be displayed. *No* indicates the provider is not servicing members at the address. *Yes - primary* indicates the address is the practitioner’s primary address.

To change the practitioner’s address relationship, directory indicator, or openness status, click *View/edit* beside the practitioner’s name. If no changes are being made to the practitioner, *Update* will submit address changes and must be clicked for all group level and practitioner level changes. Click *Reset* to return the screen to its original state.

Practitioner openness status

Practitioner Openness Status

Currently affiliated with this address? Yes - primary

Select an action

- No address affiliation change
- Remove from this address
- Make Primary - retain existing primary address
- Make Primary - terminate existing primary address
- Add to this address

Print in Directory?

- Yes
- No

The Practitioner Openness Status screen allows the user to change the practitioner's address relationship, address directory indicator, and openness status by product.

Practitioner Openness Status

Currently affiliated with this address? No

Select an action

- No address affiliation change
- Remove from this address
- Make Primary - retain existing primary address
- Make Primary - terminate existing primary address
- Add to this address

If the practitioner is not currently linked to the address, '*Select an action*' section must be updated to indicate the practitioner is being linked to the location in order for directory indicator and openness status to be displayed.

Address relationship:

- **No address affiliation change:** The relationship to the address remains as is.
- **Remove from this address:** Practitioner is not seeing patients at this address, therefore, should no longer be affiliated. If this is the practitioner's primary address, a new primary address must be selected prior to removing. Option is only visible if practitioner is already actively linked to location.
- **Make Primary – retain existing primary address:** This address will be marked as the new primary and the existing primary address will be added as an alternate address.

- **Make Primary – terminate existing primary address:** This address will be marked as the new primary and the existing primary address will be terminated.
- **Add to this address:** Adds this address as an additional site to the practitioner.

Activity to any of these options is evaluated once the request is submitted, allowing for possible group level changes. Example: if all practitioners are currently not printing in the directory, the group is currently not printing in the directory. A change is made to one practitioner, making that practitioner display in the directory, which then will change the group’s directory indicator to print in the directory. Openness status if all practitioners are listed as Closed based upon Network, the group will be listed as Closed.

Network Description	Effective Date	Termination Date	Action
	06-15-2020		<input type="radio"/> Open to New Patients <input type="radio"/> Accepts Existing Patients <input checked="" type="radio"/> Closed

Each product a practitioner participates with is displayed along with the network effective date, termination date, and product openness. The user can change openness status for one or all products. Changes are evaluated upon submission, which may change the group’s network product openness status.

Click *Apply* to submit the practitioner change. However, to submit the full change, click *Update* on the group’s primary address screen. If *Update* is not clicked at group level, neither group level changes nor practitioner level changes will be submitted. Click *Cancel* to discard changes and return to the group’s primary address screen. Click *Reset* to return the screen to its original state and discard any updates.

Correspondence address

This address is used for mailings to the provider (letters, not checks).

[Return to Main Selection](#)

- Tax Information
- Group Name Change
- Group NPI Change
- Professional Addresses**
- Primary
- Correspondence**
- Remittance
- Medical Records
- SSA Address
- IVR
- Additional Site Locations
- Networks
- Practitioner
- View Request Status

Tax Info

Close

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

CBC ID Taxonomy Fed Qualified Health Center Yes No Rural Health Center Yes No

Select *Correspondence*, under Professional Addresses section.

[Return to Main Selection](#)

- Tax Information
- Group Name Change
- Group NPI Change
- + Professional Addresses**
- Additional Site Locations
- Networks
- Practitioner
- View Request Status

Correspondence Address

Close

(* indicates required fields)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

*Effective Date for requested change

Phone Number Ext Fax Number *Email

Current active correspondence address information is displayed. The correspondence address can be updated but not terminated, or a new address can be added if one does not exist. Users are encouraged to use the ZIP Code Lookup option. Standardize Address option is required on all address changes. Click *Update* to submit the request or *Reset* to return the screen to its original state and discard any updates.

Remittance address

This is used when information needs to be mailed to provider regarding payments or tax documents.

[Return to Main Selection](#)

- Tax Information
- Group Name Change
- Group NPI Change
- Professional Addresses**
 - Primary
 - Correspondence
 - Remittance**
 - Medical Records
 - SSA Address
 - IVR
- Additional Site Locations
- Networks
- Practitioner
- View Request Status

Tax Info

[Close](#)

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

CBC ID Taxonomy Fed Qualified Health Center Yes No Rural Health Center Yes No

Select *Remittance*, under Professional Addresses section.

[Return to Main Selection](#)

- Tax Information
- Group Name Change
- Group NPI Change
- + Professional Addresses**
- Additional Site Locations
- Networks
- Practitioner
- View Request Status

Remittance Address

[Close](#)

(* indicates required fields)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

*Effective Date for requested change

Phone Number Ext Fax Number Email

[Update](#) [Reset](#)

Current active remittance address information is displayed. The remittance address can be updated but not terminated, or a new address can be added if one does not exist. Users are encouraged to use the ZIP Code Lookup option. Standardize address option is required on all address changes. Click *Update* to submit the request or *Reset* to return the screen to its original state and discard any updates.

Medical records address

This address is for the location and contact names of where medical records are stored.

[Return to Main Selection](#)

- [Tax Information](#)
- [Group Name Change](#)
- [Group NPI Change](#)
- [Professional Addresses](#)**
 - [Primary Correspondence Remittance](#)
 - [Medical Records](#)**
 - [SSA Address](#)
 - [IVR](#)
- [Additional Site Locations](#)
- [Networks](#)
- [Practitioner](#)
- [View Request Status](#)

Tax Info

Close

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

Clinic or Provider Group Clinic/Oth Grp Prac/MultiSpec

CBC ID Taxonomy Fed Qualified Health Center Yes No Rural Health Center Yes No

Select Medical Records, under Professional Addresses section.

[Return to Main Selection](#)

- [Tax Information](#)
- [Group Name Change](#)
- [Group NPI Change](#)
- [Professional Addresses](#)**
 - [Primary Correspondence Remittance](#)
 - [Medical Records](#)**
 - [SSA Address](#)
 - [IVR](#)
- [Additional Site Locations](#)
- [Networks](#)
- [Practitioner](#)
- [View Request Status](#)

Medical Records Address

Close

(* indicates required fields)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

Effective Date for requested change

*Phone Number Ext Fax Number *Email

Medical Records Contact

*First Name *Last Name Middle Initial

Title

*Phone Phone Ext Fax

[Update](#) [Reset](#)

Current active medical records address information is displayed. The medical records address can be updated but not terminated, or a new address can be added if one does not exist. Users are encouraged to use the ZIP Code Lookup option. Standardize address option is required on all address changes. Click *Update* to submit the request or *Reset* to return the screen to its original state and discard any updates.

Single Signing Authority (SSA) address

This address is used when sending information related to contract/agreement.

Return to Main Selection

Tax Information

Group Name Change

Group NPI Change

Professional Addresses

- Primary
- Correspondence
- Remittance
- Medical Records
- SSA Address
- IVR

Additional Site Locations

Networks

Practitioner

View Request Status

Tax Info

Close

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

CBC ID Taxonomy Fed Qualified Health Center Rural Health Center

Yes No Yes No

Select SSA Address, under Professional Addresses section.

Return to Main Selection

Tax Information

Group Name Change

Group NPI Change

+ Professional Addresses

Additional Site Locations

Networks

Practitioner

View Request Status

Single Signing Authority Address

Close

(* indicates required fields)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup Standardize Address

*Effective Date for requested change

*Phone Number Ext Fax Number *Email

Current active SSA address information is displayed. The SSA address can be updated but not terminated. *Effective Date for requested change* defaults to the current date but is updatable. Users are encouraged to use the ZIP Code Lookup option. Standardize address option is required on all address changes.

Single Signing Authority Contact

*First Name *Last Name Middle Initial

*Title

*Phone Phone Ext Fax

Contact Individual

*First Name *Last Name Middle Initial

*Title

*Phone Phone Ext Fax

Current active SSA and contact information is displayed. Changes can be made with all asterisk marked fields being required. Click *Update* to submit the request or *Reset* to discard any changes.

Interactive voice response (IVR) numbers

This fax number is used by Capital Blue Cross clinical staff for all preauths.

[Return to Main Selection](#)

- [Tax Information](#)
- [Group Name Change](#)
- [Group NPI Change](#)
- [Professional Addresses](#)**
- [Primary Correspondence Remittance Medical Records SSA Address](#)
- [IVR](#)**
- [Additional Site Locations](#)
- [Networks](#)
- [Practitioner](#)
- [View Request Status](#)

Tax Info

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

CBC ID Taxonomy Fed Qualified Health Center Rural Health Center

Select IVR, under Professional Addresses section.

[Return to Main Selection](#)

- [Tax Information](#)
- [Group Name Change](#)
- [Group NPI Change](#)
- [+ Professional Addresses](#)**
- [Additional Site Locations](#)
- [Networks](#)
- [Practitioner](#)
- [View Request Status](#)

Interactive Voice Response (IVR) Numbers

Location Name	Fax	
		View More

Showing 1 to 1 of 1 entries

Previous **1** Next

[New IVR number](#)

IVR is a dedicated fax number for the **secure** faxing of any documents containing protected Personal Health Information.

Current active IVR information is displayed. Changes can be made by clicking *View More* located beside *existing IVR*.

Update Interactive Voice Response (IVR) Numbers

(* indicates required fields)

* Address Line 1

* City

* State

* Zip Code

* Fax

* Effective Date for requested change

Termination reason (If applicable, max 255 characters.)

Changes can be made with all asterisk marked fields being required. Click *Update* to submit the request, *Terminate* to term the existing record, or *Cancel* to exit the screen and discard changes.

Add Interactive Voice Response (IVR) Number

(* indicates required fields)

* Address Line 1

* City

* State

* Zip Code

* Fax

* Effective Date for requested change

New IVRs can be added with all asterisk marked fields being required. Click *Add* to submit the request or *Cancel* to exit the screen and discard changes.

Additional Site Location

(* indicates required fields)

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (ie. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

- Yes
 No

Existing Group ID from search

Existing Group Name from search

Existing Group ID Search

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup

Standardize Address

*Effective Date for requested change

Currently active additional site address information is displayed. Effective date for requested change defaults to the current date but is updatable.

Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

Select	Provider ID	NPI	Provider Name
Select			

A response to the following question is required when making changes to the existing alternate address or adding a new alternate location: is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (e.g., changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))? If the answer is yes, additional information is displayed, click the *Existing Group ID* search button.

Search by NPI or Search by name, then select *Search*, which will return provider results. If the provider is in the search results, click *Select*. If the update is not connected to an acquisition or merger, answer no.

*Phone Number Ext Fax Number Public Facing Email

Web address

*Is Telehealth available for this location?

Yes

No

Handicapped Accessible? Print In Directory?

Yes No Yes No

Hours of Operation (0:00) [Clear office hours](#) [Clone office hours](#)

Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A response to the following questions is required when making changes to an address: Is Telehealth available for this location?, Handicapped Accessible?

At the Group Level Additional Site Location screen, Handicap indicators can be updated but print in directory indicators cannot. Print in Directory indicators are a rollup of all practitioner directory indicators that are associated with the address.

Office hours are required for service locations and can be entered day by day or after entering one day's hours, click *Clone Office Hours* to copy the same hours to all days. Click *Clear Office Hours* to delete all hours.

Office Status

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	11-01-2013		Open to New Patients
Advance PPO Tiered 1	08-01-2025		Open to New Patients
KHP Commercial HMO Network	11-01-2013		Open to New Patients
Medicare Advantage PPO Network	07-27-2012		Open to New Patients
Capital Advantage PPO Tiered 2	08-01-2025		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	07-27-2012		Open to New Patients
PPO Network	07-27-2012		Open to New Patients
Convenience PPO Tiered 2	08-01-2025		Open to New Patients
Performance PPO Select Network	08-01-2020		Open to New Patients

Showing 1 to 10 of 13 entries

Previous **1** 2 Next

Group level open status is displayed by product and is informational only. Group level open status is a rollup of the combined practitioner level open status and can be changed by updating individual practitioners' openness status.

Group Level Additional Site Location screen – view more and add new option

Warning message indicating address can't be terminated until all practitioners are assigned a new primary address.

Practitioner Name	Relationship to This Address	Openness Status
	No	View / edit
	No	View / edit
	No	View / edit
	Yes	View / edit
	Yes	View / edit
	No	View / edit
	Yes	View / edit
	No	View / edit
	Yes	View / edit
	Yes	View / edit

Showing 1 to 10 of 184 entries Previous **1** 2 3 4 5 ... 19 Next

Update
Terminate
Cancel
Reset

Termination reason (if applicable, max 255 characters.)

Address cannot be terminated because it is the primary address for at least 1 practitioner

Termination reason is a free text field and must be completed prior to clicking 'Terminate'

A list of active practitioners is displayed along with their relationship to the address. If the practitioner carries the address, *Yes* will be displayed. *No* indicates the provider is not serving members at the address and *Yes – primary* indicates the address is the practitioner's primary address.

To change the practitioner's address relationship, directory indicator, or openness status, click *View/edit*. If no changes are being made to the practitioner, click *Update* to submit address changes. Click *Terminate* to terminate the address and provide the required termination reason. Click *Cancel* to return to the main Additional Site Location selection screen or *Reset* to return the screen to its original state. If at least one practitioner has an address that is primary, a warning message is displayed, and that location cannot be terminated. A new primary site will need to be selected for the practitioner(s) before terminating the address.

Practitioner Openness Status

Currently affiliated with this address? Yes - primary

Select an action

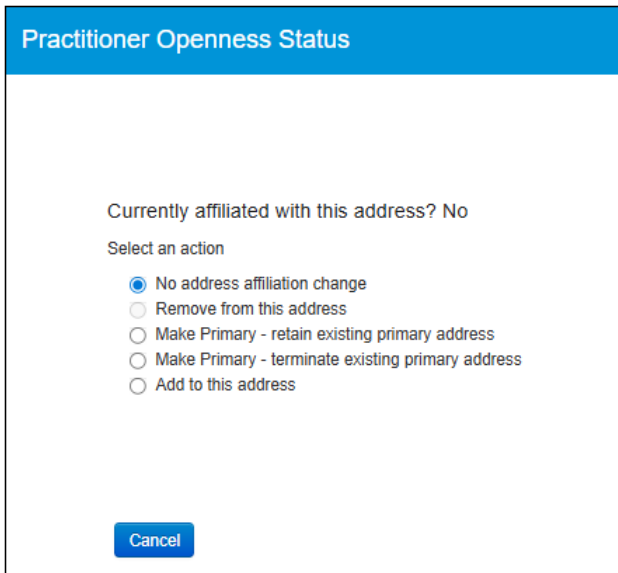
- No address affiliation change
- Remove from this address
- Make Primary - retain existing primary address
- Make Primary - terminate existing primary address
- Add to this address

Print in Directory?

- Yes
- No

Network Description	Effective Date	Termination Date	Action
	06-15-2020		<div style="border: 1px solid gray; padding: 5px;"> <ul style="list-style-type: none"> <input type="radio"/> Open to New Patients <input type="radio"/> Accepts Existing Patients <input checked="" type="radio"/> Closed </div>

The Practitioner Openness Status screen allows the user to change the practitioner's address relationship, address directory indicator, and openness status by product.



The screenshot shows a dialog box titled "Practitioner Openness Status". Inside the dialog, the text "Currently affiliated with this address? No" is displayed. Below this, the instruction "Select an action" is followed by five radio button options: "No address affiliation change" (which is selected), "Remove from this address", "Make Primary - retain existing primary address", "Make Primary - terminate existing primary address", and "Add to this address". A blue "Cancel" button is located at the bottom left of the dialog box.

If the practitioner is not currently linked to the address, '*Select an action*' section must be updated to indicate the practitioner is being linked to the location in order for directory indicator and openness status to be displayed.

Address relationship:

- **No address affiliation change:** The relationship to the address remains as is.
- **Remove from this address:** Practitioner is not seeing patients at this address therefore should no longer be affiliated. If this is the practitioner's primary address a new primary address must be selected prior to removing. Option is only visible if practitioner is already actively linked to location.
- **Make Primary - retain existing primary address:** This address will be marked as the new primary and the existing primary address will be added as an alternate address.
- **Make Primary - terminate existing primary address:** This address will be marked as the new primary and the existing primary address will be terminated.
- **Add to this address:** Adds this address as an additional site to the practitioner.

Activity to any of these options is evaluated once the request is submitted, allowing for possible group level changes. Example: if all practitioners are currently not printing in the directory, the group is currently not printing in the directory. A change is made to one practitioner, making that practitioner display in the directory, which then will change the group's directory indicator to print in the directory. Openness status if all practitioners are listed as Closed based upon Network, the group will be listed as Closed.

Each product a practitioner participates with is displayed along with the network effective date, termination date, and product openness. The user can change openness status for one or all products. Changes are evaluated upon submission and may change the group's network product openness status.

Clicking *Apply* submits the practitioner change; however, to submit the full change you must also click *Update* on the Group Level Additional Site Address screen. If *Update* is not clicked at group level, neither group level changes nor practitioner level changes will be submitted. Click *Cancel* to discard changes and return to the Group Additional Site Location screen. Click *Reset* to return the screen to its original state and discard any updates.

Networks

- [Return to Main Selection](#)
- [Tax Information](#)
- [Group Name Change](#)
- [Group NPI Change](#)
- [- Professional Addresses](#)
 - [Primary](#)
 - [Correspondence](#)
 - [Remittance](#)
 - [Medical Records](#)
 - [SSA Address](#)
 - [TVR](#)
- [Additional Site Locations](#)
- [Networks](#)
- [Practitioner](#)
- [View Request Status](#)

Tax Info Close

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

CBC ID Taxonomy Fed Qualified Health Center Yes No Rural Health Center Yes No

Select Networks.

- [Return to Main Selection](#)
- [Tax Information](#)
- [Group Name Change](#)
- [Group NPI Change](#)
- [+ Professional Addresses](#)
- [Additional Site Locations](#)
- [Networks](#)
- [Practitioner](#)
- [View Request Status](#)

Networks Close

Network	Effective Date	Term Date	Status	Print in Directory?	Accepting New Patients?	Min Patient Age	Max Patient Age	PCP / Specialist
Advance PPO Tiered 1	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
CHIP HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
KHP Commercial HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Medicare Advantage PPO Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Capital Advantage PPO Tiered 2	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
CareConnect Network	10-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
POS Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
PPO Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Convenience PPO Tiered 2	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Performance PPO Selected Network	08-01-2020		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Medicare Advantage HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Traditional/Indemnity Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
PPO Choice Select Tiered Network 2	07-01-2022		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist

Showing 1 to 13 of 13 entries

Network participation, Effective Date, Print in Directory, Accepting New Patients, Min/Max patient age ranges, and PCP/Specialist status by product is displayed.



Changes cannot be made from this screen and is informational only.

Practitioner

[Return to Main Selection](#)

[Tax Information](#)

[Group Name Change](#)

[Group NPI Change](#)

[- Professional Addresses](#)

[Primary](#)

[Correspondence](#)

[Remittance](#)

[Medical Records](#)

[SSA Address](#)

[IVR](#)

[Additional Site Locations](#)

[Networks](#)

[Practitioner](#)

[View Request Status](#)

Tax Info Close

Tax ID

Address Line 1 Address Line 2

City State Zip Code

Phone Number Ext Fax Number Email

Group Info

Group Type Primary Specialty Secondary Specialty

Clinic or Provider Group Clinic/Oth Grp Prac/MultiSpec

CBC ID Taxonomy Fed Qualified Health Center Rural Health Center

208D00000X Yes No Yes No

Select Practitioner.

Practitioners for Close

Select a practitioner

Filter by Name

Filter by CBC Practitioner ID

Filter by NPI

Filter by Primary Specialty

Filter by Secondary Specialty

Filter by PCP/Specialist

Apply Filter
Clear Filter

Name	CBC Practitioner ID	NPI	Primary Specialty	Secondary Specialty	PCP/Specialist
<input style="border: 2px solid orange;" type="text"/>			Physical Therapy		
			Speech-Language Pathologist		
			Physical Therapy		
			Speech-Language Pathologist		
			Physical Therapy		
			Occupational Therapy		
			Speech-Language Pathologist		
			Occupational Therapy		
			Physical Therapy		
			Speech-Language Pathologist		

Showing 1 to 10 of 363 entries Previous 1 2 3 4 5 ... 37 Next

Back to selection

When *Practitioner* is selected, all active group practitioners are displayed. A practitioner can be selected by clicking on the practitioner's name. Practitioners can also be found by filtering the list by Name, Capital Blue Cross Practitioner ID, NPI, Primary or Secondary Specialty, or by type (PCP vs. Specialist). Click *Back to selection* to return to the main group selection menu.

Practitioner information

Return to Practitioner Selection

Practitioner Information

Primary Address

Additional Site Locations

Networks

Practitioner Information

Close

Practitioner name changes require an upload of the revised license to show the updated practitioner name. You will be prompted for it after successful submission.

*Last Name *First Name Middle Initial

Title *Gender Ethnicity

DO Male
 Female American Indian or Alaska Native
 Asian
 Black or African American
 Does not wish to disclose
 Hispanic, Latino or Spanish Origin
 Native Hawaiian or Other Pacific Islander
 Other or I identify as more than one race
 Unknown/Not Sure
 White

NPI CBC Practitioner ID

Licenses Hospital Affiliations (* indicates primary) Specialties

Languages (*indicates primary) Available Languages

*English

(Afri) Drom
Abkhazian
Afar
African
Akan
Albanian
American Sign Language
Amharic
Arabic
Armenian

Medicare Participant

Yes
 No

Select Populations Served:

Select	Description
<input type="checkbox"/>	Populations Served-Men's Issues
<input type="checkbox"/>	Populations Served-Women's Issues
<input type="checkbox"/>	Populations Served-Seniors/Geriatric >65
<input type="checkbox"/>	Populations Served-Adolescents
<input type="checkbox"/>	Populations Served-Adults 18-64
<input type="checkbox"/>	Populations Served-LGBTQ2
<input type="checkbox"/>	Populations Served-Older Children 6-12
<input type="checkbox"/>	Populations Served-Young Children <5

Once a Practitioner is selected, the Practitioner Information displays. Updates are available for practitioner's name, gender, ethnicity, languages and populations served only. Title, NPI, Capital Blue Cross Practitioner ID, licenses, hospital affiliations and specialties are informational only. Any changes should be made through the Group Provider Engagement Consultant. If you are unsure which Provider Engagement Consultant is assigned to your practice, please visit Provider Engagement Consultant look up tool ([CapitalBlueCross.com](https://www.CapitalBlueCross.com)) and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

To add or remove a language, highlight a language from the Languages box or Available Languages box and use the center arrows to make changes. The primary language can be changed by highlighting a language in the Languages box and clicking *Select Primary*. Ethnicity and populations served are available to be updated but are not required information. Click *Update* to submit the request and return to the main practitioner selection menu or *Reset* to discard any changes.

Practitioner primary address

[Return to Practitioner Selection](#)
[Practitioner Information](#)
Primary Address
[Additional Site Locations](#)
[Networks](#)

Primary Address
Close

Group Name

Practitioner Name

Address Line 1 Address Line 2

City State Zip Code County

Phone Number Ext Fax Number

Print In Directory?

Yes No

Office Status

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	11-01-2013		Open to New Patients
Advance PPO Tiered 1	08-01-2025		Open to New Patients
KHP Commercial HMO Network	11-01-2013		Open to New Patients
Medicare Advantage PPO Network	02-15-2013		Open to New Patients
Capital Advantage PPO Tiered 2	08-01-2025		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	02-15-2013		Open to New Patients
PPO Network	02-15-2013		Open to New Patients
Convenience PPO Tiered 2	08-01-2025		Open to New Patients
Performance PPO Select Network	08-01-2020		Open to New Patients

Showing 1 to 10 of 13 entries Previous 1 2 Next

Once a Practitioner is selected, Practitioner Information is available to either update or view. Select Primary Address to view address, directory indicators, product participation, and openness status is displayed and is informational only. Practitioner primary address changes can be made by accessing the address from the Group Level Primary or Alternate Address menu options.

Practitioner additional site locations

Return to Practitioner Selection
Close

[Practitioner Information](#)
[Primary Address](#)
[Additional Site Locations](#)
[Networks](#)

Additional Site Locations

Group Name

Practitioner Name

Filter by City
All

Filter by Zip Code
All

Filter by County
All

Apply Filter
Clear Filter

Location	City	State	Zip	County	
	Camp Hill	PA	17011-7102	Cumberland	View More
	Chambersburg	PA	17202-8586	Franklin	View More
	Dover	PA	17315-3705	York	View More
	Elizabethtown	PA	17022-3200	Lancaster	View More
	Harrisburg	PA	17111-3543	Dauphin	View More
	Harrisburg	PA	17110-0957	Dauphin	View More
	Harrisburg	PA	17100-4758	Dauphin	View More
	Hershey	PA	17033-3411	Dauphin	View More
	Hershey	PA	17033-2402	Dauphin	View More
	Lancaster	PA	17603-4642	Lancaster	View More

Showing 1 to 10 of 19 entries

Previous
1
2
Next

Once a Practitioner is selected, Practitioner Information is available to either update or view. Select Additional Site Location to view additional site locations are displayed and can be filtered by city, ZIP Code, or county. Once the desired address is found, click *View More* to display the full address. From the Practitioner Selection menu, additional site locations are informational only. If changes are needed, the address must be accessed from the Group Level Primary Address or Additional Site Location menu options.

Additional Site Location
Close

Group Name

Practitioner Name

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*County

*Phone Number

Ext

*Fax Number

Print in Directory?

Yes No

Office Status

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	11-01-2013		Open to New Patients
Advance PPO Tiered 1	08-01-2025		Open to New Patients
KHP Commercial HMO Network	11-01-2013		Open to New Patients
Medicare Advantage PPO Network	02-15-2013		Open to New Patients
Capital Advantage PPO Tiered 2	08-01-2025		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	02-15-2013		Open to New Patients
PPO Network	02-15-2013		Open to New Patients
Convenience PPO Tiered 2	08-01-2025		Open to New Patients
Performance PPO Select Network	08-01-2020		Open to New Patients

Showing 1 to 10 of 13 entries

Previous
1
2
Next

Cancel



Address, directory indicators, product participation, and openness status are displayed and are informational only.

Practitioner networks

- [Return to Practitioner Selection](#)
- [Practitioner Information](#)
- [Primary Address](#)
- [Additional Site Locations](#)
- [Networks](#)

Networks Close								
Group Name								
Practitioner Name								
Network	Effective Date	Term Date	Status	Print in Directory?	Accepting New Patients?	Min Patient Age	Max Patient Age	PCP / Specialist
Advance PPO Tiered 1	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
CHIP HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
KHP Commercial HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Medicare Advantage PPO Network	02-15-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Capital Advantage PPO Tiered 2	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
CareConnect Network	10-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
POS Network	02-15-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
PPO Network	02-15-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Convenience PPO Tiered 2	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Performance PPO Select Network	08-01-2020		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Medicare Advantage HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
Traditional/Indemnity Network	02-15-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist
PPO Choice Select Tiered Network 2	07-01-2022		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients	0	99	Specialist

Showing 1 to 13 of 13 entries



Network participation is displayed and is informational only.

Add a new or existing practitioner to an existing group

Back to selection
View Request Status
Update Electronic Funds Transfer
Add Practitioner
Add New Group
Terminate Group
Terminate Practitioner
Last Attested on:
12/19/2025
Attestation due:
03/19/2026
Update Attestations

Provider Groups for Tax ID

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name: Requestor Email: Requestor Phone Number:

Requestor Title: Requestor Fax Number:

Filter by Group Name: All Filter by NPI: All Filter by Specialty: All Filter by Specialist: All [Apply Filter](#) [Clear Filter](#)

Name	TIME	NPI	ID	Primary Specialty	PCP/Specialist
				Clinic/Oth Grp Prac/Mult/Spec	Specialist

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

After entering the Requester's Name, Requester Email address, and Requestor Phone Number, click *Add Practitioner* located on the left hand toolbar.

Add Practitioner

*Practitioner NPI

[Practitioner NPI Lookup](#)

[Back](#)

- Trans id:

Enter practitioner's NPI and click *Practitioner NPI Lookup*. This lookup uses NPPES to validate the NPI listed. *Back* would return to Main Screen.

Complete all mandatory (*) fields. If the practitioner is already in our system name existing information will be displayed NPI and gender are read only. The following information can be updated for existing providers: Date of Birth, NPI, Social Security Number (selecting *View / Edit SSN* to update), Ethnicity and Populations Served. If practitioner is not in our system all information that is mandatory will need to be completed.

Add Practitioner

*First Name Middle Initial *Last Name *Date Of Birth

*Date practitioner joined the practice: Providers must be credentialed and participating to provide service to Capital Blue Cross members. Active participation status may not be effective the same date that the practitioner joined the practice. Please contact your Provider Relation Consultants with questions.

*NPI number: *Provider Type: *Provider Title:

*Provider Specialty 1: Provider Specialty 2: *CAQH Provider ID:

*Social Security Number: [View / Edit SSN](#)

*Gender: Male Female
 Ethnicity: American Indian or Alaska Native Asian Black or African American Does not wish to disclose Hispanic, Latino or Spanish Origin Native Hawaiian or Other Pacific Islander Other or I identify as more than one race Unknown/Not Sure White
 *Is this the result of an acquisition or merger (i.e., change for ownership, entity acquiring existing practice(s)?: Yes No

Existing Group Practitioner ID from search:
 Existing Group Name from search:
[Existing Practitioner ID Search](#)

- Select Populations Served:**
- | Select | Description |
|--------------------------|--|
| <input type="checkbox"/> | Populations Served-Men's Issues |
| <input type="checkbox"/> | Populations Served-Women's Issues |
| <input type="checkbox"/> | Populations Served-Seniors/Geriatric >65 |
| <input type="checkbox"/> | Populations Served-Adolescents |
| <input type="checkbox"/> | Populations Served-Adults 18-64 |
| <input type="checkbox"/> | Populations Served-LGBTQ2 |
| <input type="checkbox"/> | Populations Served-Older Children 6-12 |
| <input type="checkbox"/> | Populations Served-Young Children <5 |

Current Licenses

Licensed State	State License Number

Showing 1 to 2 of 2 entries Previous 1 Next

New Licenses

Licensed State	State License Number
No data available in table	

Showing 0 to 0 of 0 entries Previous Next

License State: License ID: License Effective Date:

Add New License

Clear New Licenses

Languages

Languages (*indicates primary)

*English

< >
Select Primary

Available Languages

(Afan) Oromo
Abkhazian
Afar
Afrikaans
Akan
Albanian
American Sign Language
Amharic
Arabic
Armenian

Hospital Affiliations (* indicates primary)

Affiliations

--

< >
Select Primary

Available Affiliations

--

Groups

Filter by Tax ID: Filter by Group Name: Filter by NPI: Filter by Specialty: Filter by Specialist:

Name (click to see addresses below)	Tax ID	NPI	ID	Primary Specialty	Secondary Specialty	PCP/Specialist

Click on the group name the practitioner is being added to. If there are multiple practice sites, one or all the sites may be chosen, but one must be chosen as the practitioner's primary site. Practitioner is only able to print in four locations at the group, can be linked to more but only print in four locations. If the practitioner is being linked to a new location on the group, click *Add New Address* and complete the mandatory information. When completed, click *Add*.

Addresses for

Add New Address

Select all	Location	City	Type	Primary	Print In Directory	Handicapped Access	Openness Status
<input type="checkbox"/>		Allentown	PRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Open to New Patients <input type="radio"/> Accepts Existing Patients <input type="radio"/> Closed

Showing 1 to 1 of 1 entries

Previous 1 Next

Add

Cancel

- Trans id: c2fd7404-36e8-41a1-bd45-2bccb140824c

If Add New Address is selected complete the Mandatory Information.

New Additional Site Location for Practitioner

(* indicates required fields)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

*Phone Number Ext Fax Number Public Facing Email

Web address

*Is Telehealth available for this location?
 Yes
 No

Handicapped Accessible? Yes No Print In Directory? Yes No

Hours of Operation (0:00)

Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Status

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	11-01-2013		Open to New Patients
Advance PPO Tiered 1	08-01-2025		Open to New Patients
KHP Commercial HMO Network	11-01-2013		Open to New Patients
Medicare Advantage PPO Network	07-27-2012		Open to New Patients
Capital Advantage PPO Tiered 2	08-01-2025		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	07-27-2012		Open to New Patients
PPO Network	07-27-2012		Open to New Patients
Convenience PPO Tiered 2	08-01-2025		Open to New Patients
Performance PPO Select Network	08-01-2020		Open to New Patients

Showing 1 to 10 of 13 entries Previous 2 Next

Add will add the new location to the address list, Cancel will Cancel the action of adding a new location, Reset will clear the screen and allow the New Address Site Location screen to be completed.

When *Add* is clicked, a second screen will appear where the information entered may be reviewed.

Addresses for Adult Medicine and Geriatrics [Add New Address](#)

Select all	Location	City	Type	Primary	Print In Directory	Handicapped Access	Openness Status
<input type="checkbox"/>		Allentown	PRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Open to New Patients <input type="radio"/> Accepts Existing Patients <input type="radio"/> Closed
<input type="checkbox"/>		Allentown	PRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Open to New Patients <input type="radio"/> Accepts Existing Patients <input type="radio"/> Closed
<input checked="" type="checkbox"/>		Camp Hill	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Open to New Patients <input type="radio"/> Accepts Existing Patients <input type="radio"/> Closed

Showing 1 to 3 of 3 entries Previous 1 Next

[Add](#) [Cancel](#)

When all information has been verified, click *Add*, the Practitioner Attestations screen will appear, use the drop down to select yes or no, then select continue.

Practitioner Attestations

Is this provider's professional activities performed wholly within a hospital?

[Continue](#) [Cancel](#)

If No is selected the following screen will appear.

Practitioner Attestations

Is this provider's professional activities performed wholly within a hospital?

No

I attest that the provider has a Collaborative Agreement with a Capital Blue Cross participating provider, and this document will be attached to this request upon submission.

Work History section of CAQH has been complete to include last 5 years of employment and/or explanation of gaps in employment or a CV is included capturing entire work history.

CAQH application been updated to include the new group for which the practitioner is being added.

CAQH application has been attested to within the last 30 days with current supporting documents uploaded and Capital Blue Cross is authorized to view the CAQH application.

[Continue](#) [Cancel](#)

Practitioner Attestations

Is this provider's professional activities performed wholly within a hospital?

No

Work History section of CAQH has been complete to include last 5 years of employment and/or explanation of gaps in employment or a CV is included capturing entire work history.

CAQH application been updated to include the new group for which the practitioner is being added.

CAQH application has been attested to within the last 30 days with current supporting documents uploaded and Capital Blue Cross is authorized to view the CAQH application.

[Continue](#) [Cancel](#)

Depending on the provider type, will determine which screen will be displayed. After completing this screen, click *Continue*. Clicking *Cancel* will take you back to the previous page discarding the information on the Attestation page. The Add Practitioner Summary of Changes screen will appear, at the bottom of the screen select *Process Update* to process or *Return* to return to the previous page.

Practitioner Attestations

Is this provider's professional activities performed wholly within a hospital?

Yes

[Continue](#) [Cancel](#)

If Yes is selected, click *Continue*. Clicking *Cancel* will take you back to the previous page discarding the information on the Practitioner Attestations page.

The Add Practitioner Summary of Changes screen will appear, at the bottom of the screen select *Process Update* to process or *Return* to return to the previous page.

Add Practitioner Summary Of Changes

*First Name Middle Initial *Last Name *Date Of Birth

Date practitioner joined the practice:

*NPI number:

*Provider Type *Provider Title

*Provider Specialty 1: Provider Specialty 2: *CAQH Provider ID:

*Social Security Number:

*Gender: Male Female

Ethnicity: American Indian or Alaska Native Asian Black or African American Does not wish to disclose Hispanic, Latino or Spanish Origin Native Hawaiian or Other Pacific Islander Other or I identify as more than one race Unknown/Not Sure White

*Is this the result of an acquisition or merger (i.e., change for ownership, entity acquiring existing practice(s)?) Yes No

Existing Group Practitioner ID from search:

Existing Group Name from search:

Select Populations Served:

Select	Description
<input type="checkbox"/>	Populations Served-Men's Issues
<input type="checkbox"/>	Populations Served-Women's Issues
<input type="checkbox"/>	Populations Served-Seniors/Geriatric >65
<input type="checkbox"/>	Populations Served-Adolescents
<input type="checkbox"/>	Populations Served-Adults 18-64
<input type="checkbox"/>	Populations Served-LGBTQ2
<input type="checkbox"/>	Populations Served-Older Children 6-12
<input type="checkbox"/>	Populations Served-Young Children <5

Current Licenses

Licensed State	State License Number

Showing 1 to 2 of 2 entries Previous Next

New Licenses

Licensed State	State License Number
No data available in table	

Showing 0 to 0 of 0 entries Previous Next

Languages

Languages (*Indicates primary)

*English

Hospital Affiliations (* indicates primary)

Affiliations

When all information has been verified, click *Process Update* at the bottom of the page or *Return* to return to the previous page. If you click *Process Update* and errors are on the Add Practitioner screen it will take you back to the previous page allowing you to update any of the mandatory information. *Process Update* must be selected from the Summary of Changes screen for the Add Practitioner Request to be submitted.

Adding a new group

Important information before you begin this request:


If you start the request and leave before finalizing, you may lose all the information that was entered. It is important that you have all the information available when starting the request.

The following information is required when requesting a new group:

- W9.
- Third Party Authority information (if applicable).
- All new group information along with all practitioners' demographics that will be added to the group.
- EFT banking information.

Select an existing tax ID or add a new tax ID, then click *Next*.

Read the disclaimer below and enter the requester's information, then click *Add New Group*.

Close

Please select your Tax ID

Select one ▼

Next

Provider Groups for Tax IDClose

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Requestor Name <input type="text"/>	Requestor Email <input type="text"/>	Requestor Phone Number <input type="text"/>
Requestor Title <input type="text"/>	Requestor Fax Number <input type="text"/>	

Update Electronic Funds Transfer Add Practitioner Add New Group

Tax ID information

New Group Tax Info

Please have copies of your W-9, MA 14 (if applicable) and TPA (if applicable) forms ready for uploading in either JPG or PDF format. You will be prompted for them later.

Tax ID

Tax ID entity type
Select one

Tax ID type
EIN

Legal Name

Address Line 1 Address Line 2

City State Zip Code County

Philadelphia PA 19178-3311 Philadelphia

Phone Number Ext Fax Number Email

If Tax ID was selected the Tax Info section will be read only. Any tax changes should be communicated through the Group Provider Engagement Consultant. If you are unsure which Provider Engagement Consultant is assigned to your practice, please visit Provider Engagement Consultant look up tool (CapitalBlueCross.com) and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

Add new TIN selection.

*Tax ID

Tax ID Lookup - Click before continuing

*Tax ID entity type
Select one

*Tax ID type
Select one

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Phone Number Ext Fax Number Email

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup **Standardize Address**

Proceed to Pay Group

Cancel

Enter tax ID and click *Tax ID Lookup*.

If information is available, the screen will be auto display and made read only.

If Tax ID entered is new all asterisked information will need to be completed before proceeding.

ZIP Code Lookup can be used to help determine city and county combination. Standardization is required for all addresses.

Proceed to Par Group will take you to the next stop, *Cancel* will return you to the Tax Selection screen.

New Group Info (* indicates required fields)

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (i.e. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

Yes
 No

Existing Group ID from search

Existing Group Name from search

Existing Group ID Search

*Provider Type

*Group NPI

Group NPI Lookup

Group Name from Lookup

*Group Name (DBA)

Verify the DBA name pulled from the lookup is what should be displayed in the provider directory as the practice name. This field can be changed.

Proceed to Addresses **Proceed to Practitioners** **Proceed to EFT/EDI information** **Summary** **Cancel**

If Yes is answered to, *Is this the result of a change in your Tax identification Number (TIN), an acquisition or merger*. Pop up will be presented. Once New Group is created, the old existing group termination will need to be submitted.

dev.capbluecross.com says

Select the Provider ID in which the Group was previously associated with (i.e. old SSN/EIN, previous owner). Separate request must be submitted in Availability to terminate affiliation with the previous Provider ID.



Provider type options:



- Primary Care Physician.
- Primary Care Physician/Specialist.
- Specialist.
- Urgent Care center.
- Virtual care only.

Virtual care providers groups are defined as provider groups offering services solely online without any onsite locations.

If the Provider Type is Primary Care Physician or Primary Care Physician/Specialist, additional information is required prior to proceeding.

Lab Arrangement:
Description:

Additional information is required prior to proceeding. FQHC designation, Rural Health Center designation and details on where the provider performs their services.

*Are you a FQHC?

- Yes
- No

*Is this provider's professional activities performed wholly within a hospital?

- Yes
- No, this group has a delegated credentialing agreement with Capital Blue Cross, and the providers on this new group are a new initial provider to your health system
- No, this group has a delegated credentialing agreement with Capital Blue Cross, and the providers on this new group are not a new initial provider to your health system
- No, this group does not have a delegated credentialing agreement with Capital Blue Cross

*Are you a Rural Health Center?

- Yes
- No

*Do you have covering providers? (required if solo PCP only)

- Yes
- No

[Proceed to Addresses](#) [Proceed to Practitioners](#) [Proceed to EFT/EDI information](#) [Summary](#) [Cancel](#)

If the new group is a primary care physician or a primary care physician/specialist and only one provider is being added to the group, the request will require covering provider arrangements.

Covering provider arrangements

*Do you have covering providers? (required if solo PCP only)

Yes
 No

You can search by NPI and/or Name. Do not use wildcards.

Search type:

Provider Group
 Practitioner

Search for NPI:

Search by Name (no wildcards):

[Search](#)

[Clear New Covering Providers](#)

Covering Providers

Name ▲	NPI ↕	Address ↕	City ↕	Zip Code ↕
No data available in table				

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

Searching functionality is available to locate the covering provider. Searching by NPI and name are available to locate a provider group or practitioner. Click *Search* once information is entered.

Results for Covering Provider Search

Select	Practitioner Name	Provider Name ▲	NPI	Address	City
<input type="checkbox"/>					
<input type="checkbox"/>					

Search will take you to a results page. Locate the provider group or practitioner you are searching for and select. Selection can be one to many.

[Add Selected Covering Providers](#) [Clear selected Covering Providers](#) [Back](#)

Once covering provider(s) is/are selected, click *Add Selected Covering Providers*. This will add the covering provider to the Covering Providers box displayed on the screen.

Covering Providers

Name ▲	NPI	Address	City	Zip Code

Showing 1 to 2 of 2 entries

Previous 1 Next

Once all the covering providers are selected and displayed in the Covering Providers box, click *Back* if display is correct. If wrong providers are selected, *Clear* selected covering providers can be used to remove those displayed in the Covering Providers box and will keep you on the results page.

Covering providers search can be used as many times as needed to gather all the necessary covering provider arrangements.

When the New Group information is completed, select *Proceed to Addresses* button at the bottom of the page.

[Proceed to Addresses](#)

[Proceed to Practitioners](#)

[Proceed to EFT/EDI information](#)

[Summary](#)

[Cancel](#)

Add addresses

Select the address type from the drop-down menu and click *Continue to selected address*.

Required addresses consist of Correspondence, Medical Records, Primary, Remittance, and SSA addresses.

Group Address Entry

*Address type

Select one

Note: Correspondence, Medical Records, Primary, Remittance and SSA addresses are required.

- Trans id:

Select the address type in the drop down that is being completed and click *Continue* which will take you to the selected address entry screen.

Correspondence address

This address is used for mailings to the provider (letters, not checks).

In this section, enter the correspondence address for the new group. All required fields must be completed which is indicated by the asterisk on the page. You may use *Clone from another address* if additional addresses have already been provided and it is the same as this new correspondence address that is being entered. Users are encouraged to use the ZIP Code Lookup option if information is needed for the city and county combinations for the ZIP Code entered. Standardize address option is required on all addresses.

Add / Update New Correspondence Address

[Clone from another address](#)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

*Phone Number Ext Fax Number Email

[Add / Update](#) [Cancel](#) [Reset](#)

Once address is entered and standardization has been completed, click *Add/Update* to accept the correspondence address. *Cancel* will not retain information entered and will return to the previous Address Selection screen. *Reset* will clear the page and allow the user to re-enter the address information.

Remittance address

This is used when information needs to be mailed to provider regarding payments or tax documents.

In this section, enter the remittance address for the new group. All required fields must be completed which is indicated by the asterisk on the page. You may use *Clone from another address* if additional addresses have already been provided and it is the same as this new Remittance Address that is being entered. Users are encouraged to use the ZIP Code Lookup option if information is needed for the city and county combinations for the ZIP Code entered. Standardize address option is required on all addresses.

Add / Update New Remittance Address

Clone from another address

*Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
*City	*State	*Zip Code	*County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup

Standardize Address

*Phone Number	Ext	Fax Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add / Update

Cancel

Reset

Once address is entered and standardization has been completed, click *Add/Update* to accept the remittance address. *Cancel* will not retain information entered and will return to the previous Address Selection screen. *Reset* will clear the page and allow the user to re-enter the address information.

Medical records address

This address is for the location and contact names of where medical records are stored.

In this section, enter the medical records address for the new group. All required fields must be completed which is indicated by the asterisk on the page. You may use *Clone from another address* if additional addresses have already been provided and it is the same as this new medical records address that is being entered. *Clone* will not contain previous contacts. Users are encouraged to use the ZIP Code Lookup option if information is needed for the city and county combinations for the ZIP Code entered. Standardize address option is required on all addresses.

Add / Update New Medical Records Address

[Clone from another address](#)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

*Phone Number Ext Fax Number Email

Medical Records Contact

*First Name *Last Name Middle Initial

*Title

*Phone Phone Ext Fax

[Add / Update](#) [Cancel](#) [Reset](#)

Once address is entered and standardization has been completed, click *Add/Update* to accept the medical records address. *Cancel* will not retain information entered and will return to the previous Address Selection screen. *Reset* will clear the page and allow the user to re-enter the address information.

Single Signing Authority (SSA) address

This address is used when sending information related to contract/agreement.

In this section, enter the Single Signing Authority (SSA) Address for the new group. All required fields must be completed which is indicated by the asterisk on the page. You may use *Clone from another address* if additional addresses have already been provided and it is the same as this new SSA Address that is being entered. Clone will not contain previous contacts. Users are encouraged to use the ZIP Code Lookup option if information is needed for the city and county combinations for the ZIP Code entered. Standardize address option is required on all addresses. Email address entered for this address is used for contractual related correspondence.

Add / Update New SSA Address

[Clone from another address](#)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

*Phone Number Ext Fax Number *Email

Single Signing Authority Contact

*First Name *Last Name Middle Initial

*Title

*Phone Phone Ext Fax

Contact Individual

*First Name *Last Name Middle Initial

*Title

*Phone Phone Ext Fax

[Add / Update](#) [Cancel](#) [Reset](#)

Once address is entered and standardization has been completed, click *Add/Update* to accept the medical records address. *Cancel* will not retain information entered and will return to the previous Address Selection screen. *Reset* will clear the page and allow the user to re-enter the address information.

Interactive voice response (IVR) numbers

This fax number is used by Capital Blue Cross clinical staff for all preauthorizations.

Address Line 1, City, State, ZIP Code, and Fax Number is required when entering an IVR record. One to many can be entered with the new group request.

Add / Update New IVR Addresses				
IVR Address Line 1	City	State	Zip Code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV0 Address Line 1	City	State	Zip Code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV1 Address Line 1	City	State	Zip Code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV2 Address Line 1	City	State	Zip Code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV3 Address Line 1	City	State	Zip Code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV4 Address Line 1	City	State	Zip Code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Once all data elements are entered, click *Add/Update* to accept the IVR record(s). *Cancel* will not retain information entered and will return to the previous Address Selection screen. *Delete* will clear the page and allow the user to re-enter the information.

Primary address

In this section, enter the primary address of the new group, handicapped accessibility, telehealth accessibility, web address, third party authority (if applicable) and office hours. All required fields must be completed which is indicated by the asterisk on the page. You may use *Clone from another address* if additional addresses have already been provided and it is the same as this new primary address. Users are encouraged to use the ZIP Code Lookup option if information is needed for the city and county combinations for the ZIP Code entered. Standardize address option is required on all addresses.

Add / Update New Primary Address

Clone from another address

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.
Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.
For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup

Standardize Address

*Phone Number Ext Fax Number Email

Web address

*Is Telehealth available for this location? Handicapped Accessible?

Yes No
 Yes No

Third Party Authority

First Name Last Name Middle Initial

Company Name

Title

Phone Phone Ext Fax

*Hours of Operation (0:00)

Clear office hours

Clone office hours

Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Practitioners at this address

NPI	Practitioner Name
No data available in table	

Showing 0 to 0 of 0 entries Previous Next

Once address is entered and standardization has been completed, click *Add/Update* to accept the primary address. *Cancel* will not retain information entered and will return to the previous Address Selection screen. *Reset* will clear the page and allow the user to re-enter the address information.

Additional site address

If the new group has more than one service location, select address option add additional site to enter all additional service locations.

In this section, enter the additional site information for the new group. All required fields must be completed which is indicated by the asterisk on the page. Users are encouraged to use the ZIP Code Lookup option if information is needed for the City and County combinations for the ZIP Code entered. Standardize address option is required on all addresses.

Add / Update New Additional Site Address

[Clone from another address](#)

*Address Line 1 Address Line 2

*City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

*Phone Number Ext Fax Number Email

Web address

*Is Telehealth available for this location? Yes No

Handicapped Accessible? Yes No

*Hours of Operation (0:00) [Clear office hours](#) [Clone office hours](#)

Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Practitioners at this address

NPI	Practitioner Name
No data available in table	

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

[Add / Update](#) [Cancel](#) [Reset](#)

Once address is entered and standardization has been completed, click *Add/Update* to accept the alternate address. *Cancel* will not retain information entered and will return to the previous address selection screen. *Reset* will clear the page and allow the user to re-enter the address information.

Once all addresses are complete, select the *Back* button on the Group Address Entry screen to continue.

Group Address Entry

*Address type
Add SSA

Note: Correspondence, Medical Records, Primary, Remittance and SSA addresses are required.

Continue to selected address Back

If all required addresses have *not* been entered a message that indicates “in progress” will be displayed. All required addresses are required before the New Group Request can be submitted.

In progress

Proceed to Addresses Proceed to Practitioners Proceed to EFT/EDI information Summary Cancel

Completed

Proceed to Addresses Proceed to Practitioners Proceed to EFT/EDI information Summary Cancel

Click *Proceed to Practitioners* at the bottom the page for the ability to add practitioners to the new group.



Note:

When a task is completed, the word “Completed” is shown above the buttons at the bottom of the page.

Add practitioners to new group

Enter the practitioner's NPI that will be added to the group and select *Practitioner NPI Lookup* to proceed. NPI Lookup will validate NPI entered against NPPES.

Add Practitioner to New Group Close

*Practitioner NPI

Practitioner NPI Lookup

Cancel

- Trans id:

Practitioner information

Complete all mandatory (*) fields. If the practitioner is already in our system name, NPI and gender will be read only. If any of this information is incorrect, the group the practitioner is linked to will need to update this information. If practitioner is already in our system the following information will be updatable: name, date of birth, Social Security Number (by selecting *View/Edit SNN* button), ethnicity and populations served. Depending on the provider title, will determine which questions will appear below the Social Security Number box. If practitioner is not in our system all information that is mandatory will need to be completed. The questions that appear are mandatory and must be completed to continue.

Add Practitioner to New Group

*First Name	Middle Initial	*Last Name	*Date Of Birth
-------------	----------------	------------	----------------

*Date practitioner joined the practice: Providers must be credentialed and participating to provide service to Capital Blue Cross members. Active participation status may not be effective the same date that the practitioner joined the practice. Please contact your Provider Relation Consultants with questions.

*NPI number: *Provider Type: *Provider Title:

*Provider Specialty 1: Provider Specialty 2: *CAQH Provider ID:

*Social Security Number: [View / Edit SSN](#)

I attest that the provider has a Collaborative Agreement with a Capital Blue Cross participating provider, and this document will be attached to this request upon submission.

Work History section of CAQH has been complete to include last 5 years of employment and/or explanation of gaps in employment or a CV is included capturing entire work history.

CAQH application been updated to include the new group for which the practitioner is being added.

CAQH application has been attested to within the last 30 days with current supporting documents uploaded and Capital Blue Cross is authorized to view the CAQH application.

Add Practitioner to New Group Close

*First Name	Middle Initial	*Last Name	*Date Of Birth
-------------	----------------	------------	----------------

*Date practitioner joined the practice: Providers must be credentialed and participating to provide service to Capital Blue Cross members. Active participation status may not be effective the same date that the practitioner joined the practice. Please contact your Provider Relation Consultants with questions.

*NPI number: *Provider Type: *Provider Title:

*Provider Specialty 1: Provider Specialty 2: *CAQH Provider ID:

*Social Security Number: [View / Edit SSN](#)

Work History section of CAQH has been complete to include last 5 years of employment and/or explanation of gaps in employment or a CV is included capturing entire work history.

CAQH application been updated to include the new group for which the practitioner is being added.

CAQH application has been attested to within the last 30 days with current supporting documents uploaded and Capital Blue Cross is authorized to view the CAQH application.

*Gender:

Male
 Female

Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Does not wish to disclose
- Hispanic, Latino or Spanish Origin
- Native Hawaiian or Other Pacific Islander
- Other or I identify as more than one race
- Unknown/Not Sure
- White

Select Populations Served:

Select	Description
<input type="checkbox"/>	Populations Served-Men's Issues
<input type="checkbox"/>	Populations Served-Women's Issues
<input type="checkbox"/>	Populations Served-Seniors/Geriatric >65
<input type="checkbox"/>	Populations Served-Adolescents
<input type="checkbox"/>	Populations Served-Adults 18-64
<input type="checkbox"/>	Populations Served-LGBTQ2
<input type="checkbox"/>	Populations Served-Older Children 6-12
<input type="checkbox"/>	Populations Served-Young Children <5

Current Licenses

Licensed State	State License Number
PA	

Showing 1 to 1 of 1 entries Previous **1** Next

New Licenses

Licensed State	State License Number
No data available in table	

Showing 0 to 0 of 0 entries Previous Next

License State: License ID: License Effective Date:

[Add New License](#) [Clear New Licenses](#)

Languages

Languages (*indicates primary)

*English

(Afan) Oromo
Abkhazian
Afar
Afrikaans
Akan
Albanian
Amharic
Arabic
Armenian
Assamese

[Select Primary](#)

Hospital Affiliations (* indicates primary)

Affiliations

*UPMC Pinnacle Hospitals

Berwick Hospital Center
Brandywine Hospital
Chambersburg Hospital
Coordinated Health Orthopedic Hospital LLC
Doyelstown Hospital
Encompass Health Rehab Hospital of Mechanicsburg
Encompass Health Rehab Hospital of Nittany Valley
Encompass Health Rehab Hospital of Reading LLC
Encompass Health Rehabilitation Hospital of York
Ephrata Community Hospital

[Select Primary](#)

Provider information (continued)

Addresses - one address must be selected as primary

Select	Location	City ▲	Type	Primary	Print In Directory
<input type="checkbox"/>		Harrisburg	PRI	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Showing 1 to 1 of 1 entries

Previous 1 Next

Assign

Done

If more than one address is being added to this new group all addresses will display. All Group Service Locations need to be added prior to Practitioner being provided. You have the option to select one to many locations. Each practitioner must be linked to at least one location and one address indicated as their primary location. Practitioner is only able to print in four locations at the group, can be linked to more but only print in four locations.

Click *Assign* if you are adding more than one practitioner. Which will take you back to the Practitioner NPI search screen. If you are only adding one practitioner, click *Done*.

EFT/EDI information

Select the *Proceed to EFT/EDI information* button at the bottom of the page.

Completed Completed

[Proceed to Addresses](#) [Proceed to Practitioners](#) [Proceed to EFT/EDI information](#) [Summary](#) [Cancel](#)

Enter the electronic transaction information below. Enter routing number and click *Search*. If information is available, it will return Bank Name as readable only. If no information is returned, Bank Name will need to be completed. Enter Account Number and Account Type. Review EDI information and select the appropriate options.

Electronic Transaction Info Close

Providers for Tax ID 232700908 (* indicates required fields)

*Routing Number
 Savings
 Checking

*Bank Name

Provider agrees to submit a new EFT authorization Form and give a thirty (30) day prior written notice to Capital Blue Cross of any changes in its depository information, ABA number, other payment instructions, or any changes in information on this form (such as a new provider contact person, etc.)

Electronic Data Interchange (EDI) Election Form

Provider Preference for grouping (bulking) Claim Payment Remittance Advice

Method of Retrieval

Clearing House

Name Contact Name

Phone Number Email

Vendor

Name Contact Name

Phone Number Email

Please check all transactions you wish to receive electronically from Capital Blue Cross, CAIC, CAAC and Keystone Health Plan Central.

- Statement of Remittance (eSOR), Debit Balance Report (eDBR), Claims Rejected to Member (eCRR)
- Submission of HIPAA-compliant ANSI 837P (Professional Claims)
- Submission of HIPAA-compliant ANSI 837I (Institutional Claims)
- Submission of HIPAA-compliant ANSI 270/271 (Eligibility)
- Submission of HIPAA-compliant ANSI 276/277 (Claim status)
- Submission of HIPAA-compliant ANSI 278 (Health Services Review)
- Receipt of HIPAA-compliant ANSI 835 (Remittance)

Other (describe):

If you enroll in one or more of the above electronic services, you agree to receive all your reports electronically for the selected service(s), and you will no longer receive a paper report by mail at any time. For the Statement of Remittance service, you will be able to access the most recent twelve (12) months of online reports, which shall be available for quick, convenient access.

The Provider understands that Capital Blue Cross will be relying on this representation for claims processing purposes and for purposes of releasing confidential information. Provider confirms that the Agent has signed a written agreement pursuant to which it has agreed to preserve any information which is received from Capital Blue Cross as confidential, and in accordance with all laws and regulations.

Further, in consideration of Capital Blue Cross' acceptance of the Agent, the Provider agrees that it will indemnify and hold Capital Blue Cross harmless for any and all damages, claims, and expenses that Capital Blue Cross may incur or that may be asserted against Capital Blue Cross as a result of the negligent or intentional actions of the Agent in carrying out its duties in connection with the purposes noted above.

Capital Blue Cross shall be entitled to rely on this until revoked in writing.

Provider understands that Capital Blue Cross reserves the right to modify its policies relating to the release of confidential information, including the release of the subscriber information to providers or their Agents, at any time.

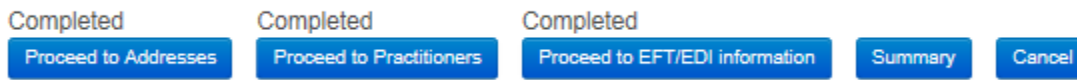
Accept

Cancel

When completed, select the *Accept* button at the bottom of the page. Cancel will not retain the information entered and return you to the previous screen.

New group summary

The next step is reviewing the summary to ensure the information entered is accurate.

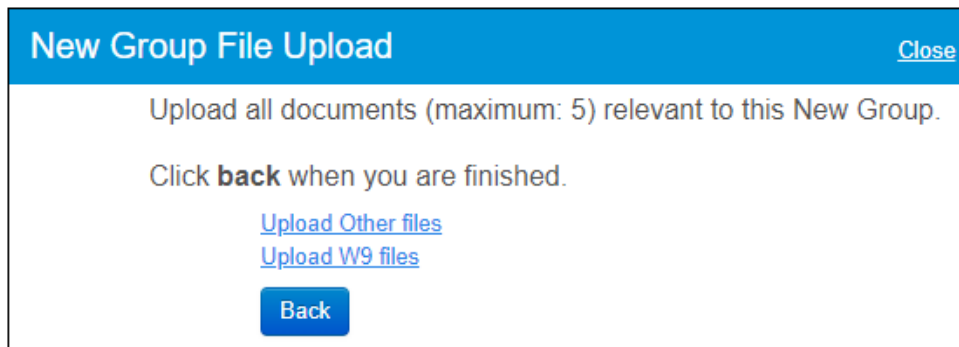


After the summary is reviewed and if no changes are needed, click the *Submit* button at the bottom of the page. Or if changes are needed, click the *Back* button and select the appropriate action to make any necessary updates.

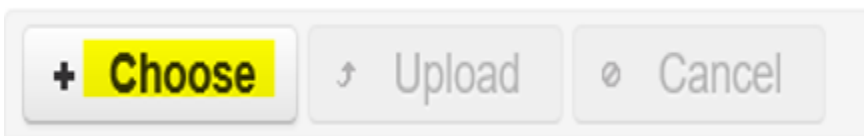


New group submission

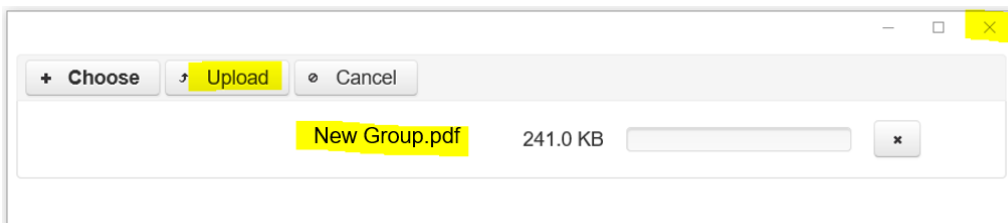
After *Submit* is clicked, the following screen appears:



Click *Upload W9 files* to attach the W9 for the group. Any other files can be loaded by clicking *Upload Other files*. File types that may be uploaded are: PDF, JPG, JPEG, JPE, or JIF. (File/document types that cannot be uploaded are Word, Excel, emails, etc.).



Click *Choose* to navigate to the destination of the saved documents. Double click on the document to be attached.



The name of the file will appear. Click *Upload*, then click on upper right *X* to close this box.

If additional documents need to be uploaded, choose the second document that has been saved and begin the same process again until all documents have been uploaded. Four attachments can be added during one upload process, but you can use the upload process (from the New Group File Upload page) as many times as needed to attach all the necessary documents. Once all documents have been uploaded, click *Back*.

Conclusion

Your transaction has been accepted.

[Go to top of application](#)

Confirmation that the new group request has been successfully entered and submitted. An automated email will be sent to the email entered at the beginning of the task indicating the request has been received. Please check email to ensure automated email is received, reviewing Junk folder if necessary to locate. Automated emails will be received throughout the process of the new group request. Click *Go to top of application* to navigate back to the search criteria screen.

Group terminations

Complete requester information.

- [Back to selection](#)
- [View Request Status](#)
- [Update Electronic Funds Transfer](#)
- [Add Practitioner](#)
- [Add New Group](#)
- [Terminate Group](#)
- [Terminate Practitioner](#)
- Last Attested on:
12/19/2025
- Attestation due:
03/19/2026
- [Update Attestations](#)

Provider Groups for Tax ID Close

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name Requestor Email Requestor Phone Number

Requestor Title Requestor Fax Number

Filter by Group Name: All | Filter by NPI: All | Filter by Speciality: All | Filter by Specialist: All [Apply Filter](#) [Clear Filter](#)

Name	TIN#	NPI	ID	Primary Speciality	PCP/Specialist
				Clinic/Oth Gp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries Previous **1** Next

Select Terminate Group from the menu bar.

Provider Groups for Tax ID

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Requestor Name Ms. Provider Requestor Email MsProvider@Provider.net Requestor Phone Number 717-999-9999

Requestor Title Requestor Fax Number

*Termination Effective Date

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (i.e. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

Yes
 No

Comments

*Termination Reason

Requestor information entered on the main page will transfer to the Group Termination screen. The requestor information can be altered on this page.

*Termination Effective Date

12/20/2023

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (i.e. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

- Yes
- No

New Group ID from search

New Group Name from search

New Group ID Search

Provider Search

Search by NPI

Search by Name (do not use wild cards)

Comments

*Termination Reason

Filter by Group Name

All

Filter by NPI

All

Filter by CBC ID

All

Filter by Specialty

All

Filter by Par Status

All

Apply Filter

Clear Filter

Termination Effective Date: Enter termination date. Please note, this is not a guarantee that this date will be applied based on Capital Blue Cross' termination policy.

Answer Acquisition/Merger question.

Yes or No Response: Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (i.e. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

If Yes, additional information is required. Search functionality is displayed to locate the new group that was already created due to this acquisition/merger.

Comments: Can be entered on the request but are not required.

Termination Reason: Select from the drop-down option.

Select: Select the group(s) for termination. This action will terminate the group(s) selected completely from the network.

Groups

Select the groups below to terminate. If a group below is not selectable, a termination is in process for that group, or it is non-participating.

Select all	Name	TIN#	NPI	CBC ID	Primary Specialty	Provider Type	Participating
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Once the group(s) have been selected, continue with the *Submit termination* button or use the *Back* button to return to the previous page.



Click Proceed if ok, Modify to make changes or Back to discard - Trans id:

Please verify the group(s) selected are to be terminated, prior to proceeding.

Once validation is completed, select *Proceed* to complete the request. If changes are identified in the validation, click *Modify* to change the request, or *Back* to return to the previous screen without any submission.



The message below will appear at the bottom of the screen as an indicator that your transaction was submitted.

Termination submitted - Trans id:

An automated email will be sent to the email entered at the beginning of the task indicating the request has been received additional notifications will be received throughout the process.

Practitioner terminations

Complete requester information.

- [Back to selection](#)
- [View Request Status](#)
- [Update Electronic Funds Transfer](#)
- [Add Practitioner](#)
- [Add New Group](#)
- [Terminate Group](#)
- [Terminate Practitioner](#)**
- Last Attested on:
12/19/2025
- Attestation due:
03/19/2026
- [Update Attestations](#)

Provider Groups for Tax ID Close

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name Requestor Email Requestor Phone Number

Requestor Title Requestor Fax Number

Filter by Group Name: Filter by NPI: Filter by Specialty: Filter by Specialist: [Apply Filter](#) [Clear Filter](#)

Name	TIN#	NPI	ID	Primary Specialty	PCP/Specialist
				Clinic/Oth Grp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries Previous 1 Next

Select Terminate Practitioner from the menu bar.

Search for the practitioner using any of the options below, then click *Search*.

Terminate Practitioner Search

Enter any combination of search criteria. Partial names can be used.

Search by First Name

Search by Last Name

Search by Title

Search by NPI

Search by Group Practitioner ID

[Search](#) [Back](#)

Select the applicable practitioner (depending on what the search criterion is, there may be only one result).

Practitioner Search Results Close

Click on a practitioner below to continue.

Name	NPI
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

Showing 1 to 10 of 10 entries

[Back](#)

- Trans id:

Termination Effective Date: Enter termination date. Please note, this is not a guarantee that this date will be applied based on Capital Blue Cross' termination policy.

Comments: Can be entered on the request but are not required.

Termination Reason: Select from the drop-down option.

Yes or No Response: Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (e.g., changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?

If Yes, additional information is required. Search functionality is displayed to locate the new practitioner record that was already created due to this acquisition/merger.

Terminate Practitioner

Practitioner to be terminated:

*Termination Effective Date

Comments

*Termination Reason

*Is this the result of an acquisition or merger (i.e., change for ownership, entity acquiring existing practice(s))?

- Yes
 No

Existing Group Practitioner ID from search

Existing Group Name from search

[New Practitioner ID Search](#)

Filter by Group Name

Filter by NPI

Filter by CBC ID

Filter by Par Status

Filter by Specialty

Filter by Group CBC ID

[Apply Filter](#)

[Clear Filter](#)

Groups

Select the groups from which to terminate the Practitioner. If a group is unselectable, another action is in process.
 *Practitioner is the only practitioner at the group. Please go to Group Terms and terminate at the group level.

Select all	Group Name	Group NPI	Group CBC ID	Group Status	Group Primary Specialty	Group Secondary Specialty	Group Prac CBC ID
<input type="checkbox"/>							

Showing 1 to 1 of 1 entries

[Submit termination](#)

[Back](#)

Select: Select the group(s) from which the practitioner should be terminated. This action will terminate the practitioner completely from the network for the group(s) selected.

Submit Request: Select the *Submit termination* button or *Back* to return to the previous screen.

Please verify the group(s) selected are those the practitioner is to be terminated from, prior to proceeding.

Once validation is completed, select *Proceed* to complete the request. If changes are identified in the validation, click *Modify* to change the request, or *Back* to return to the previous screen without any submission.

Proceed

Modify

Back

The message below will appear at the bottom of the screen as an indicator that your transaction was submitted.

Termination submitted - Trans id:

An automated email will be sent to the email entered at the beginning of the task indicating the request has been received additional notifications will be received throughout the process.

Provider attestation

Complete required requestor information: requestor name, requestor email, and requestor phone number. Attestation is required once every 90 days. The Last Attested on date indicates the date the last attestation was completed. Attestation due indicates the date the next attestation is due. If Attestation is past due, information will appear in Red and all other functionalities will be suppressed until the Attestation is completed.

Please note, if you start the request and leave before finalizing, you may lose all the information that was entered. If the Tax ID is also connected to a Facility record, both the Professional and Facility Attestation will need to be completed for the attestation to be considered complete.

- Back to selection
- View Request Status
- Update Electronic Funds Transfer
- Add Practitioner
- Add New Group
- Terminate Group
- Terminate Practitioner

Last Attested on: 12/19/2025

Attestation due: 03/19/2026

Update Attestations

Provider Groups for Tax ID

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name Requestor Email Requestor Phone Number

Requestor Title Requestor Fax Number

Filter by Group Name Filter by NPI Filter by Specialty Filter by Specialist

Apply Filter Clear Filter

Name	TIN#	NPI	ID	Primary Specialty	PCP/Specialist
				Clinic/Oth Grp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries Previous 1 Next

Select *Update Attestation* from the left sided tool bar.

Attestation for Tax ID

Note: If you have both facilities and groups under this tax id, you will need to complete separate attestations for them to be in compliance.

Attestor Information

Requestor Name Requestor Email Requestor Phone Number

Requestor Title Requestor Fax Number

Group Name	Group ID	Group NPI	Revised and Approved
			No

Showing 1 to 1 of 1 entries

Attestation Date: 02/02/2026

Comments:

System Comments:

If you are attesting with changes, you are attesting that you will submit any additional changes within 3 business days

Approve Attestation **Approve Attestation With Changes** **Return to Main Selection**

Once *Update Attestation* is selected, you will be brought to the screen above. Select hyperlink for group name listed to begin reviewing the necessary data that must be attested to. Please note, there may be several groups to review (“Groups” includes all participating groups associated with the Tax ID selected when logging into the application, which is also available at the top of the screen).

Attestation for Tax ID							Close
Group Information							
Provider ID	Provider Name	Provider Type	Provider Primary Specialty	Provider Secondary Specialty	Taxonomy	Website	
		Clinic or Provider Group	Clinic/Oth Grp Prac/MultiSpec		208D00000X		
Showing 1 to 1 of 1 entries							

Networks

Network	Effective Date	Term Date	Status	Print in Directory?	Accepting New Patients?	Min Patient Age	Max Patient Age	PCP / Specialist
Advance PPO Tiered 1	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
CHIP HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
KHP Commercial HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
Medicare Advantage PPO Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
Capital Advantage PPO Tiered 2	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
CareConnect Network	10-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
POS Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
PPO Network	07-27-2012		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
Convenience PPO Tiered 2	08-01-2025		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
Performance PPO Select Network	08-01-2020		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist
Medicare Advantage HMO Network	11-01-2013		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No	Open to new patients		99	Specialist

Once you select the Group Name, the above informational screens will appear which show data for the selected group including networks and site location. Group Information and Network sections are display only, if changes are needed to the Facility Name, that functionality exists within the Group Name Change section outside of the Attestation functionality.

Practitioners

ID	NPI	Name	Title	Gender	Taxonomy	Primary Specialty	Secondary Specialty	License	Primary Language	Additional Language	Primary Hosp Affl	Additional Hosp Affl

Showing 1 to 10 of 279 entries

Previous 1 2 3 4 5 ... 28 Next

After reviewing networks, practitioners associated with the group selected will be displayed. Please note, there may be several pages of practitioners, each grouping of practitioners will need to be validated for accuracy. If any information needs to change under the practitioner section, select the hyperlinked name to submit any necessary changes. Updates are available for the following categories: Name, Gender, Ethnicity, Languages, Population Served. Title, NPI, Capital Blue Cross Practitioner ID, licenses, hospital affiliations and specialties are information only. Any changes should be made through the Group Provider Engagement Consultant. If you are unsure which Provider Engagement Consultant is assigned to your practice, please visit Provider Engagement Consultant look up tool (CapitalBlueCross.com) and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

Practitioner Information Close

(* indicates required fields)

Practitioner name changes require an upload of the revised license to show the updated practitioner name. You will be prompted for it after successful submission.

*Last Name *First Name Middle Initial

Title *Gender Male Female

Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Does not wish to disclose
- Hispanic, Latino or Spanish Origin
- Native Hawaiian or Other Pacific Islander
- Other or I identify as more than one race
- Unknown/Not Sure
- White

NPI CBC Practitioner ID

Licenses Hospital Affiliations (* indicates primary) Specialties

Languages (*indicates primary)

Available Languages

- (Afan) Oromo
- Abkhazian
- Abur
- Afrikaans
- Akan
- Albanian
- American Sign Language
- Amharic
- Arabic
- Armenian

Medicare Participant

Yes No

Select Populations Served:

Select	Description
<input type="checkbox"/>	Populations Served-Men's Issues
<input type="checkbox"/>	Populations Served-Women's Issues
<input type="checkbox"/>	Populations Served-Seniors/Geriatric >65
<input type="checkbox"/>	Populations Served-Adolescents
<input type="checkbox"/>	Populations Served-Adults 18-64
<input type="checkbox"/>	Populations Served-LGBTQ2
<input type="checkbox"/>	Populations Served-Older Children 6-12
<input type="checkbox"/>	Populations Served-Young Children <5

- Trans id: 556de3df-1cdf-4b25-8930-450645e506e7-0015

Update the practitioner information that contained discrepancies and select *Update* to save and submit all necessary changes. Name changes require attestation validation before submission can be received, message will appear on the screen.

Please note, *Reset* will take the screen back to the original state and *Return to Attestation* will NOT submit any changes and will return the user back to the attestation screen.

This function can be repeated for all practitioners that need to be updated.

Practitioner information submitted - Trans id:

A change is being processed for this practitioner. No changes can be made until this request is complete.

After the practitioner information is updated and submitted, select *Return to Attestation* to go back to the Group Information page to continue reviewing the attestation information.

Site Locations

Edit	Service Address Line 1	Line 2	City	State	Zip Code	Phone #	Fax #	Email	Telehealth	Director/ Indicator	Primary / Alternate
											Primary

Office Hours:

Day	Open 1	Close 1	Open 2	Close 2

Practitioners:

Name	ID	Print In Directory	CHIP	KHP	MA-PPO	POS	POE	PPO	MA-HMO	TRA	HPN	CAP
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR

Showing 1 to 10 of 46 entries

Previous Next

After reviewing all practitioners, next the service locations which will be displayed. Showing the primary address, the associated office hours and the practitioners affiliated with this service location. Please note, there may be several pages of practitioners affiliated with the location; each grouping of practitioners will need to be validated for accuracy before completing attestation. To edit address, office hours or practitioner affiliations (including office status), select *Edit*.

Edit, will present you with the address screen allowing for updates to be submitted.

Primary Address Close

(* indicates required fields)

*Effective Date for requested change

*Is this the result of a change in your Tax Identification Number (TIN), an acquisition or merger (ie. changing from SSN to EIN, change of ownership, entity acquiring existing practice(s))?
 Yes
 No

*Address Line 1
 Address Line 2
 *City *State *Zip Code *County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.
 Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#) [Standardize Address](#)

*Phone Number Ext Fax Number Email

Services Performed At This Location
 *Is Telehealth available for this location?
 Yes
 No

Handicapped Accessible? Yes No
 Print In Directory? Yes No

Third Party Authority - if the TPA is a company, enter it in the Last Name/Company field

First Name Last Name / Company Middle Initial
 Title
 Phone Phone Ext Fax
 Web address

Hours of Operation (0:00) [Clear office hours](#) [Clone office hours](#)

Sunday
 Monday 8:00 am 5:00 pm
 Tuesday 8:00 am 5:00 pm
 Wednesday 8:00 am 5:00 pm
 Thursday 8:00 am 5:00 pm
 Friday 8:00 am 5:00 pm
 Saturday

Office Status

Network Description	Effective Date	Termination Date	Description
CHIP HMO Network	03-01-2023		Open to New Patients
KHP Commercial HMO Network	07-01-2013		Open to New Patients
Medicare Advantage PPO Network	03-01-2023		Open to New Patients
CareConnect Network	10-01-2013		Open to New Patients
POS Network	07-01-2013		Open to New Patients
PPO Network	07-01-2013		Open to New Patients
Medicare Advantage HMO Network	03-01-2023		Open to New Patients
Traditional/Indemnity Network	07-01-2013		Open to New Patients

Showing 1 to 8 of 8 entries

Previous Next

Practitioners

Practitioner Name	Relationship to This Address	Openness Status
	No	View / edit
	No	View / edit
	Yes - primary	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit
	No	View / edit

Showing 1 to 10 of 278 entries Previous **1** 2 3 4 5 ... 28 Next

- Trans id:

[Update](#) [Reset](#) [Return to Attestation](#)

All information can be edited. Please note, there may be several pages for office status and practitioner affiliations.

Once all changes are made, select *Update* to save and submit any necessary updates.

Please note, *Reset* will return the screen back to its original state and *Return to Attestation* will NOT submit any changes and will return the user back to the attestation screen.

Update submitted for processing - Trans id:

[Update](#) [Terminate](#) [Return to Attestation](#) [Reset](#)

Termination reason (If applicable, max 255 characters.)

Address cannot be terminated because it is the primary address for at least 1 practitioner

After the address information is updated and submitted, select *Return to Attestation* to go back to the Group Information page to continue reviewing the attestation information.

Edit	Service Address Line 1	Line 2	City	State	Zip Code	Phone #	Fax #	Email	Telehealth No	Directory Indicator Yes	Primary / Alternate Alternate
----------------------	------------------------	--------	------	-------	----------	---------	-------	-------	------------------	----------------------------	----------------------------------

Office Hours:

Day	Open 1	Close 1	Open 2	Close 2
Monday	8:00 am	5:00 pm		
Tuesday	8:00 am	5:00 pm		
Wednesday	8:00 am	5:00 pm		
Thursday	8:00 am	5:00 pm		
Friday	8:00 am	5:00 pm		

Practitioners:

Name	ID	Print In Directory	CHP	KHP	MA-PPD	POS	POE	PPD	MA-HMO	TRA	HPN	CAP
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		No	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR
		Yes	Open	Open	Open	Open	NON-PAR	Open	Open	Open	NON-PAR	NON-PAR

Showing 1 to 10 of 26 entries

Previous 1 2 3 Next

The last part to review is all alternate service locations. Please note, there may be several pages of Practitioners affiliated with these service locations, each grouping of practitioners will need to be validated for accuracy before completing attestation.

[Submit Attestation](#) [Cancel](#)

Trans id

Once all information has been reviewed and any necessary updates are submitted, click *Submit Attestation* which will complete the check for this group. If *Cancel* is selected, it will return the user back to the previous participating attestation listing screen.

Attestation for Tax ID
Close

Attestor Information

Requestor Name: Requestor Email: Requestor Phone Number:

Requestor Title: Requestor Fax Number:

Group Name	Group ID	Group NPI	Reviewed and Approved

Showing 1 to 2 of 2 entries

Attestation Date:

Comments:

System Comments:

If you are attesting with changes, you are attesting that you will submit any additional changes within 3 business days

[Approve Attestation](#)
[Approve Attestation With Changes](#)
[Return to Main Selection](#)

Group attestation reviewed and approved - Trans id

Once you click *Submit Attestation* for the group reviewed, the user will be returned to the Attestation screen to continue reviewing any additional groups associated with the Tax ID selected. The group that was just reviewed and approved, will be marked with a “Yes” under the Reviewed and Approve column. Each group listed must be reviewed by completing the steps above to review for accuracy and submit updates for any discrepancies. Please note, there may be several groups to review.

Attestation for Tax ID Close

Attestor Information

Requestor Name: Ms. Provider
 Requestor Email: MsProvider@Provider.net
 Requestor Phone Number: 717-793-8010
 Requestor Title:
 Requestor Fax Number:

Group Name	Group ID	Group NPI	Reviewed and Approved

Showing 1 to 2 of 2 entries

Attestation Date: 11/25/2024

Comments:

System Comments:

If you are attesting with changes, you are attesting that you will submit any additional changes within 3 business days

Attestation submitted - Trans id: ■

Once all groups listed have been reviewed, the column labeled Reviewed and Approved will contain ‘Yes’ listed next to each group name. To submit the attestation, select *Approve Attestation* if all information is accurate or any necessary changes have been submitted or *Approve Attestation with Changes* if changes are identified and cannot be submitted at this time. Attestation is not submitted until the *Approve Attestation* or *Approve Attestation With Changes* button is selected. An automated email is received when the attestation is completed.

Approve Attestation indicates all information is accurate and no further changes need to be made OR changes that needed to be made have been made prior to approving the attestation.

Approve Attestation with Changes indicates that all groups have been reviewed and changes need to be made but cannot be completed at this time. Detailed comments are required to indicate the necessary changes that will be submitted at a later date. Please note, the submitter will have three business days to make any necessary updates to the group information in the application. Submitter is responsible for submitting any necessary updates that were not completed while reviewing the Attestation, before the account will not be able to make any other changes in the application.

Attestation submitted - Trans id:

Once you select *Approve Attestation* or *Approve Attestation with Changes*, the attestation request will be submitted, and you will be returned to the Main Screen.

Return to Main Selection will remove any ‘Review and Approved’ records that have been reviewed and return you to the Main Screen, which will NOT submit the attestation request.

Attestation past due

- [Back to selection](#)
- [View Request Status](#)
- [Update Electronic Funds Transfer](#)
- [Add Practitioner](#)
- [Add New Group](#)
- [Terminate Group](#)
- [Terminate Practitioner](#)
- Last Attested on:**
10/19/2025
- Attestation due:**
01/17/2026
- [Update Attestations](#)

Provider Groups for Tax ID
Close

Requestor Information

The Centers for Medicare & Medicaid Services (CMS) require that Capital Blue Cross assure and maintain accurate online provider directories. Inaccurate data can put Capital Blue Cross in noncompliance and at risk with CMS. By entering your name below, you are validating to Capital Blue Cross and CMS that the information in this change request and existing information is accurate and any changes that occur to this data will be submitted to Capital Blue Cross.

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name	Requestor Email	Requestor Phone Number
Requestor Title	Requestor Fax Number	

Powerback Rehabilitation LLC

Filter by Group Name	Filter by NPI	Filter by Specialty	Filter by Specialist	
<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	
Apply Filter		Clear Filter		

Name	TIN#	NPI	ID	Primary Specialty	PCP/Specialist
				Clinic/Oth Grp Prac/MultiSpec	Specialist

Showing 1 to 1 of 1 entries Previous 1 Next

If an attestation is not received within the 90 days from, the 'Last Attested on' text will appear in red and functionality of the tool will not be available until the outstanding attestation is reviewed and submitted. Once the attestation is submitted, all functionality will be available. Attestation is not submitted until the *Approve Attestation* or *Approve Attestation With Changes* button is selected. An automated email is received when the attestation is completed.

