

How to Add Physicians to your Group Contract - Follow the steps below to add new Physicians to your existing PPO & Workers' Compensation Group contract.

NOTE: A Group is considered to be 2 or more physicians. If the physician you are now adding will be the **second** physician on your roster, you must sign a Group contract. Please return to the [Join Our Networks](#) page and select the link *Contracting under a Tax ID as a new PPO Group or Individual*.

STEP 1: Determine if Credentialing is Required

If any of the following apply, credentialing **may not** be required for your physician

- The provider is a CRNA or is a physician that is strictly hospital-based or is a hospitalist (a letter specifying the physician is a "hospitalist" or "hospital-based" is required and must include his/her name, specialties and affiliated hospital)
- The physician is part of a delegated medical group that has made arrangements with Anthem Blue Cross to handle the credentialing process (you may contact us to verify this arrangement if you are unsure)
- The physician is already an existing PPO provider under a different Tax ID and was successfully credentialed within the last three years (you may contact us to verify this information if you are unsure)

STEP 2: Complete the Appropriate Form/Letter

If	Then
The Provider is a CRNA	A completed CRNA Agreement may be required. To request one, provide a Letter of Intent that includes your Group Tax ID, the CRNA's Name and NPI and his/her Practice Location – including Zip Code.
Credentialing is NOT required for Physician	Complete the Physician Profile Form - signature and date required.
Credentialing is required for Physician	Write a Letter of Intent (on your letterhead) requesting to add the physician to your contract. The letter must include all of the following: <ul style="list-style-type: none"> • Group Tax ID • Physician's Name • Physician's Type 1 NPI (Individual) • Physician's License Number • Physician's CAQH# (You may register new physicians for a CAQH# by following the prompts at their website: https://proview.caqh.org/PR/Registration)

STEP 3: Complete the [Admitting Hospital Verification form](#)

Note: Not required for CRNAs.

STEP 4: E-Mail your Forms/Letters to Anthem at CAPhysicianApp@Anthem.com

Note: Remember to include a "Hospitalist" or "Hospital-Based" letter in your email, if applicable.

What Happens Next

The Anthem Blue Cross, California Physician Application Team will review your completed Physician Profile Form or CAQH application. If credentialing is required, and all of the required information is provided in CAQH, we will forward the application to the Credentialing Department. The review process may take up to 90 days. Once approved, the Credentialing department will send an approval letter to the physician and notify our Provider Database Department to add the physician to your contract.

If credentialing is not required, and all of the required information is provided, we will forward the application to the Provider Database Department for loading.

If you have any questions, please email us at CAPhysicianApp@Anthem.com.



Physician Profile Form

ANTHEM USE ONLY

Delegated	*Hospital-Based	*Hospitalist
*Hospitalist or Hospital-Based verification letter required.		
Per Diem	Locum Tenens	If temporary please indicate
Neither		expected duration of employment:

Name (Last, First, MI)/Provider Type (M.D., D.O., D.P.M.)		Date of Birth:	Gender:
Primary Practice Address (include city, state & zip):		Primary Practice Telephone and Fax Number: PH#: _____ Fax# _____	
Directory Display?		Office Days and Hours:	
Secondary Practice Address (include city, state & zip):		Secondary Practice Telephone and Fax Number: PH#: _____ Fax# _____	
Directory Display?		Office Days and Hours:	
Mailing Address (If different from Practice Address):		Credentialing Contact Name (regarding this form):	
		Phone# _____	E-Mail: _____
Check / EOB Address (include city, state & zip):		Practice/Office E-Mail Address:	
		Office Mgr/Admin Name:	
		Telephone and Fax Numbers: PH#: _____ Fax# _____	
Languages (other than English) Spoken by Physician:		Languages (other than English) Spoken by Staff:	
List Current HOSPITAL Affiliations:		City/Campus where Hospital is Located	Status (e.g., Active, Provisional, Courtesy, etc.)
_____		_____	_____
_____		_____	_____
_____		_____	_____
Medical School (Include Graduation Date):		Medical School City, State & Zip:	
Primary Specialty:		Certifying Board:	Lifetime:
Board Cert?		Initial Cert Date:	Re-Cert Date:
		Exp Date:	
Secondary Specialty:		Certifying Board:	Lifetime:
Board Cert?		Initial Cert Date	Re-Cert Date
		Exp Date:	
Tax ID Number (for which physician is now being added/contracted):		NPI Number Individual :	/ Group:
CA License Number:	Expiration Date:	CAQH Number:	
DEA Number (CA Practice):	Expiration Date:	Malpractice Carrier/Policy Number:	
Malpractice Coverage Amt:	Expiration Date:	Physician Signature and Date:	

RETURN FORM TO: Anthem Blue Cross, Prudent Buyer PPO Contracting at CPhysicianApp@Anthem.com

Admitting Hospital Verification Form

Dear Physician,

In order to be eligible for consideration as an Anthem Blue Cross (Anthem) contracted physician, you must have active admitting privileges to one of our contracted hospitals in California. However, we will accept certain alternate arrangements in lieu of admitting privileges or, depending on your specialty, we may waive the requirement. Please review the four selections below, check off the one that is applicable and sign and return this form with your application to CAPhysicianApp@Anthem.com or to the mailing address indicated on your contract.

- I have **ACTIVE (not pending) admitting privileges to the Anthem contracted California hospitals listed in Table A (below).**
- My **primary & secondary (and tertiary, if applicable) specialties are ALL listed in Table B (below). Therefore, I do not require admitting privileges.**
- I have made arrangements for another **ANTHEM CONTRACTED physician, WITH THE SAME SPECIALTY, to admit on my behalf because my admitting privileges are pending or I do not intend to obtain privileges.**
The physician's name is _____, his/her lic# is _____ and his/her specialties are _____ . He/she has **ACTIVE** admitting privileges to the California hospitals listed in Table A (below).
- I have made arrangements to admit patients through the **Hospitalist Program at an Anthem contracted hospital in CA because my admitting privileges are pending or I do not intend to obtain privileges.** The name of the Hospitalist Group is _____ and they admit to the following Anthem hospital: _____ in the city of _____.

TABLE A: Anthem Contracted Hospitals

Anthem Contracted Hospital Name	Location: City/Campus	Type of Active Privileges
		<input type="checkbox"/> Attending/ <input type="checkbox"/> Courtsey/ <input type="checkbox"/> Associate/ <input type="checkbox"/> Provisional/ <input type="checkbox"/> Full/ <input type="checkbox"/> Temp
		<input type="checkbox"/> Attending/ <input type="checkbox"/> Courtsey/ <input type="checkbox"/> Associate/ <input type="checkbox"/> Provisional/ <input type="checkbox"/> Full/ <input type="checkbox"/> Temp
		<input type="checkbox"/> Attending/ <input type="checkbox"/> Courtsey/ <input type="checkbox"/> Associate/ <input type="checkbox"/> Provisional/ <input type="checkbox"/> Full/ <input type="checkbox"/> Temp

NOTE: Please notify us immediately if there is any change in hospital privileges.

Signature of Physician Applicant

Date

Name of Physician Applicant (print)

TABLE B: Provider types/specialties excluded from Anthem's admitting hospital requirement

Addiction Medicine/Addictionology	Neuromusculoskeletal Medicine & Osteopathic Manipulative Medicine	Podiatrists
Allergy & Immunology		Psychiatry
Anesthesiologists	Nuclear Medicine	Psychologists
Certified Registered Nurse Anesthetists	Occupational Medicine	Public Health & General Preventive Health
Dermatology	Ophthalmology	Radiation Oncology (practicing at a CIHQ, TJC, NIAHO- or HFAP-approved facility)
Genetics	Pain Management	Rheumatology
Licensed Professional Counselors	Pathologists	Social Worker
Marriage and Family Therapists/Counselors	Physical Medicine & Rehab (Physiatrists)	

All other MD and DO provider types, within the scope of Anthem's Prudent Buyer PPO Physician Contracting, and dentists who practice as Oral-Maxillofacial Surgeons are required to have hospital privileges or appropriate admitting arrangements. This includes all PCP providers (family physicians, pediatricians, internists, & general practitioners) and Specialty Providers other than those specifically exempted by the listings above. **Note for Physicians with Multiple Specialties: All specialties must be indicated on this table in order for the admitting hospital requirement to be waived.**

If you have questions about this document, please email CAPhysicianApp@Anthem.com.