

# Join Our Network

Thank you for your interest in wanting to join Anthem Blue Cross and Blue Shield (Anthem) in Kentucky as a network provider. We seek to establish professional contracts with exceptional providers, and look forward to working with you to provide quality service for our members. Participation in our networks is based on member access and the need for specific provider services.

If you are a non-contracted provider and would like to join Anthem's network, you will need to complete the [Provider Enrollment Form](#) and fax it to KY National Provider Solutions @ (888)384-4872.

We also require you to complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

These forms are for physicians, providers, professionals and ancillary providers to apply for participation with Anthem Blue Cross and Blue Shield in KY. The information provided will be used to determine contract eligibility and to draft legal documents for signatures.

Providers (if applicable) must have a complete CAQH application. An incomplete application will delay the credentialing process. Contact information: 888-599-1771 or <https://proview.caqh.org>

## CHANGE OF TAX ID NUMBER

If you are an existing provider changing your Tax ID number, please complete the [Provider Enrollment Form](#) and fax it to KY National Provider Solutions @ (888)384-4872. We also require you to complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

Please note that a TIN change requires a new Anthem contract, reissue of Anthem PINS, and a minimum of 30 days advance notice. Claims cannot be submitted under a new TIN until National Provider Solutions has confirmed system load and approved claim release.

## ADDING ADDITIONAL NETWORKS

If you are already contracted with Anthem and are interested in participating in additional networks, please complete a [Provider Enrollment Form](#) and also complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

Eligible providers applying for ANTHEM KY MEDICAID, INDIANA MEDICAID, HEALTHY INDIANA, HOOSIER CARE CONNECT or HOOSIER HEALTHWISE must be enrolled through the state and have an active Medicaid number.

## CONTACT US

If you have contract questions please call KY National Provider Solutions (NPS) at 800-205-5870 or you can reach out to us through email (preferred):

[East.Team-KYProviderEngagement&Contracting@Wellpoint.com](mailto:East.Team-KYProviderEngagement&Contracting@Wellpoint.com)

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## **Practitioner Credentialing Rights**