

The Hub - Provider Application & Credentialing Portal

USER GUIDE FOR PROVIDERS AND ADMINISTRATIVE CONTACTS (ADMINS)

ARKANSAS BLUE CROSS BLUE SHIELD

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Overview

This document describes the process a provider or admin should follow to complete various tasks in the Hub.

This user guide applies to:

- Ancillary providers
- MD/DO providers licensed **outside** the state of Arkansas (in a contiguous county)
- Arkansas MD/DO providers

Request for Application (RFA)

Purpose

The purpose of the Request for Application (RFA) is to gather the minimal information from the provider needed to create a complete application “packet” for Initial Provider Enrollment.

The application packet will include the application, required credentialing forms, and contracts. The packet will be made available to the provider and the admin on the Hub after the Request for Application has been accepted

Accessing the RFA

Individual Providers (not in a delegated PHO) can access the Request for Application (RFA) here:

- <https://hub.veritystream.cloud/app/39307/ApplicationRequest>.

The RFA can also be accessed on the Arkansas Blue Cross and Blue Shield website here:

- <https://www.arkansasbluecross.com/providers/resource-center>

Instructions for Completing the RFA

The Request For Application can be completed by the provider or their admin. The RFA *cannot* be saved to finish later; it must be completed in a single session. The RFA can typically be completed in 15 minutes or less.

See the **Help Text** section at the top of the RFA page for instructions.

Demographics

Personal Information

- **Name:** Provider's name as it appears on their medical license
- **Birthdate:** Provider's date of birth
- **Email:** The provider's email address is required to log into the Hub to complete the application. The individual provider MUST submit their application through the Hub.
- **Mobile:** Multifactor Authentication (MFA) is necessary in order to access the Hub and complete/submit the application. MFA options are text or email. The provider's cell phone number must be provided for text MFA to be used. Otherwise, the email address will be used for the MFA process.
- **Primary Practice State:** Arkansas or contiguous state (where your primary practice is located).

The screenshot shows a web form titled "Demographics" with a sub-section "Personal Information". The form includes fields for First Name, Middle Name, Last Name, and a Suffix dropdown. Below these are fields for Birth Date (with a calendar icon), Email, Mobile (with a phone icon), and Primary Practice State (a dropdown menu). All input fields have a light red border.

Identification Numbers

- **NPI:** Provider's individual NPI number
- **Social Security:** Provider's social security number

The screenshot shows a web form titled "Identification Numbers". It contains two fields: "NPI" and "Social Security No.". The "Social Security No." field has a placeholder text "XXX-XX-XXXX" and a light red border.

Signature

Select **Generate provider signature from typed in text** and type the name of the provider.

Alternatively, select **Draw signature via stylus or mouse** and write the provider's name, then click **Generate**.

Signature

☐ Draw signature via stylus or mouse

OR

☒ Generate signature from typed in text

Test Provider

Test Provider

Generate

Licensure and Certifications

Click the **arrow** to expand the Licensure and Certifications section.

^ Licensure and Certifications

+ Add New Licensure/Certification

▼ Admin

▼ Supplements

Click the **plus icon (+)** next to Add New Licensure/Certifications and select **Licensure Record 1**.

For providers licensed in Arkansas:

- **Type:** Providers licensed in Arkansas should select **State License**.
- **License Number:** Enter the **license number** issued by the licensing board.
- **State of Issue:** Select **Arkansas**.
- **Issue Date:** Enter the license **original issue date**.
- **Expiration Date:** Enter the license **expiration date**.

For MD or DO physicians with a primary practice location in a contiguous county to Arkansas who also have an Arkansas medical license:

- Enter the provider's Arkansas license information using the instructions above AND enter a 2nd license:
 - **Type:** Select **Other State License**.
 - **License Number:** Enter the **license number** issued by the licensing board.
 - **Issue Date:** Enter the license **original issue date**.
 - **Expiration Date:** Enter the license **expiration date**.

The screenshot shows the 'Licensure and Certifications' section of a web application. At the top, there is a blue header with a dropdown arrow and the text 'Licensure and Certifications'. Below this is a button labeled '+ Add New Licensure/Certification'. Underneath is a section titled 'Licensure Record 1'. The form is divided into two main sections: 'Details' and 'License Information'. In the 'Details' section, there is a dropdown menu for 'Type' with 'State License' selected. The 'License Information' section contains four fields: 'License Number' (a red text box), 'State of Issue' (a dropdown menu), 'Issue Date' (a date picker with 'mm/dd/yyyy' placeholder), and 'Expiration Date' (a date picker with 'mm/dd/yyyy' placeholder).

For Board-Certified Behavior Analyst:

- **Type:** Select **Specialty Board**.
- **Certification Number:** Enter the **number** issued by the certification board.
- **State:** Select the state that issued the certification.
- **Start Date:** Enter the **original issue date** of the certification.
- **Expiration Date:** Enter the certification **expiration date**.
- **Document Link:** Upload a copy of your certification.

This screenshot shows the same 'Licensure and Certifications' form but configured for a 'Specialty Board'. The 'Type' dropdown menu now shows 'Specialty Boards' selected. The section below 'Details' is titled 'Board Certified'. It contains three fields: 'Certificate #' (a text box), 'Original Certification' (a date picker with 'mm/dd/yyyy' placeholder), and 'Original Expiration' (a date picker with 'mm/dd/yyyy' placeholder).

Admin

An Administrative Contact (Admin) is an individual who is granted access to log into the Admin account, allowing them to:

- view provider records
- make changes/updates to provider demographics
- review the Directory Update information
- submit requested provider changes or updates
- assist in completing credentialing/recredentialing applications, forms, and contracts

- **Search for Admin:** Click in the text box to open the search field.



- **Search Admins:** Enter the name or email address of the administrative contact for the provider.
 - If the admin is in the system, click their name to populate the field.
 - If the admin is not in the system, select “Click here if you can’t find your admin” to add the name and email of the admin.

Supplements

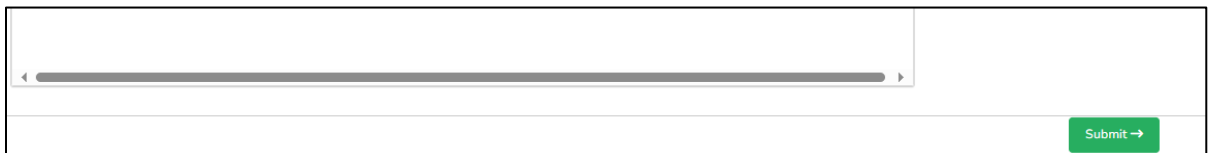
All questions in this section must be answered. Read them carefully and select the appropriate response.

Note: If a PHO or Group is selected from the list on questions 5 or 6, a PHO Profile must be attached to the Provider Application when submitted.

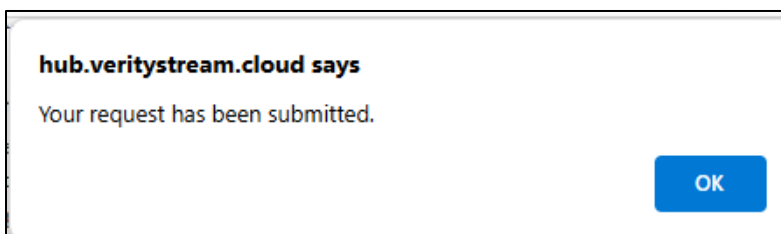
Submitting the Request for Application

Review your Request for Application for accuracy before submitting. Incomplete applications will not be accepted.

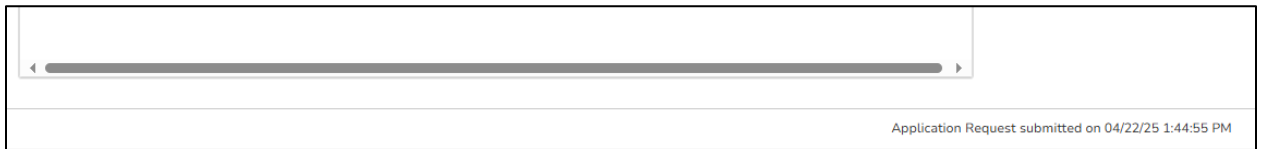
1. To submit the application, click **Submit**.



2. A message will appear stating the request has been submitted. Click **OK**.



The date and time of the submission will be displayed at the bottom of the screen.

A screenshot of a web interface showing a submission confirmation. At the top, there is a horizontal progress bar with a dark grey fill and a small dark grey circle at the end, indicating completion. Below the progress bar, the text "Application Request submitted on 04/22/25 1:44:55 PM" is displayed in a small font.

Once the Request for Application has been submitted, the information will be reviewed by Provider Network Operations, and the application will be accepted or declined.

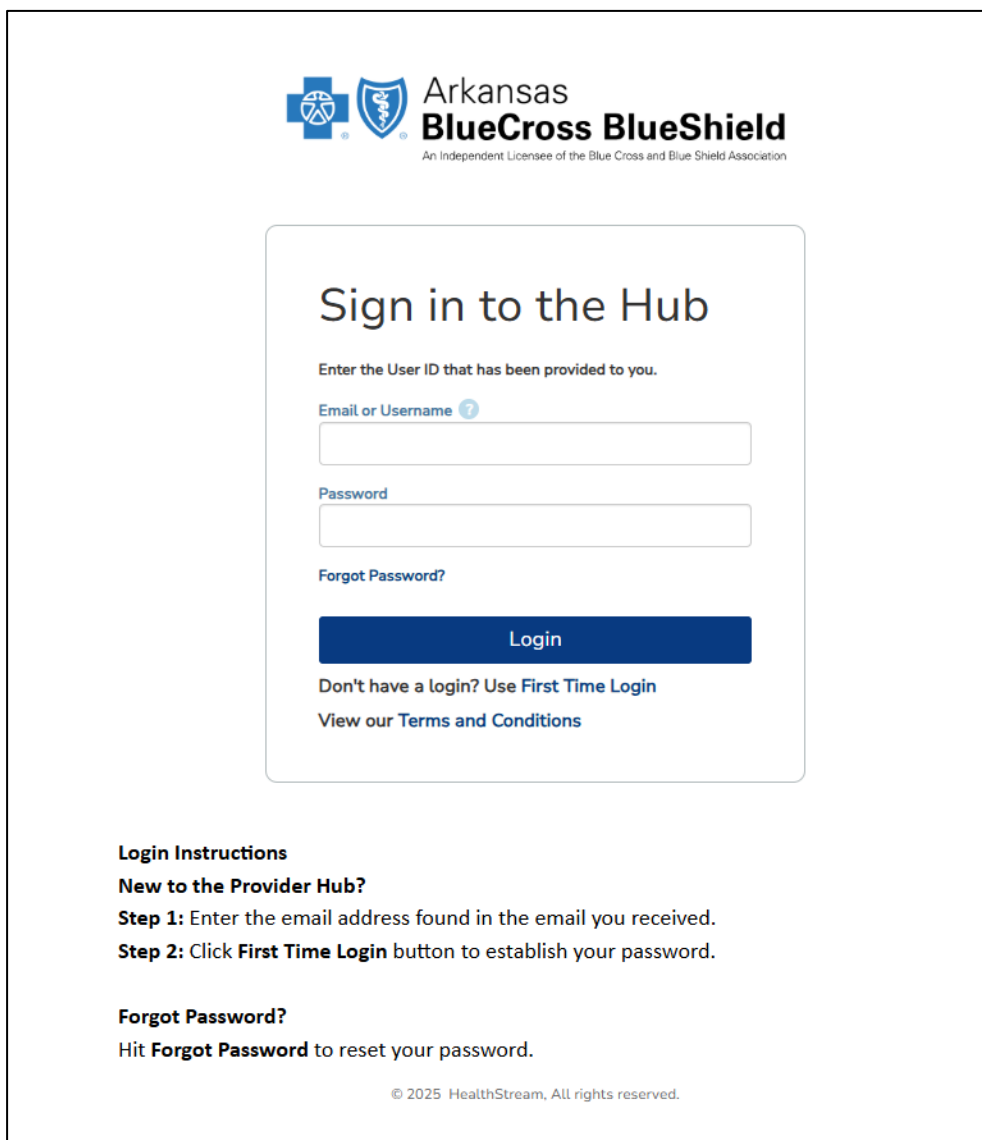
- **If the Request for Application is Accepted:** The provider and the admin will receive emails with a link to access the Hub to complete the application packet within 72 hours.
- **If the Request for Application is Declined:** The provider and admin will receive an email explaining the reason the application was declined. If you feel this was declined in error, reach out to the regional Network Development Representative to determine if the Request for Application needs to be re-submitted.

Accessing the Hub

Upon acceptance of the RFA, the provider and the admin (if one is added) should receive emails with a link to access the Hub to complete the application and set up a user login.

Create a New Hub User Account and Password (First Time Users)

1. Follow the link in the email.
2. On the Sign in to the Hub screen, enter your email address. This *must* be the email address that was provided on the RFA.
3. Under the Login button, click **First Time Login**.



The screenshot shows the login interface for the Arkansas BlueCross BlueShield Hub. At the top, the logo for Arkansas BlueCross BlueShield is displayed, with the text "An Independent Licensee of the Blue Cross and Blue Shield Association" below it. The main heading is "Sign in to the Hub". Below this, a prompt says "Enter the User ID that has been provided to you." There are two input fields: "Email or Username" and "Password". Below the password field is a link for "Forgot Password?". A blue "Login" button is centered below these fields. Under the button, there are two links: "Don't have a login? Use First Time Login" and "View our Terms and Conditions". At the bottom of the page, there is a section titled "Login Instructions" with the subheading "New to the Provider Hub?". It contains two steps: "Step 1: Enter the email address found in the email you received." and "Step 2: Click First Time Login button to establish your password." Below this is another section titled "Forgot Password?" with the instruction "Hit Forgot Password to reset your password." At the very bottom, a small copyright notice reads "© 2025 HealthStream, All rights reserved."

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Sign in to the Hub

Enter the User ID that has been provided to you.

Email or Username 

Password

[Forgot Password?](#)

Login

[Don't have a login? Use First Time Login](#)

[View our Terms and Conditions](#)

Login Instructions

New to the Provider Hub?

Step 1: Enter the email address found in the email you received.

Step 2: Click **First Time Login** button to establish your password.

Forgot Password?

Hit **Forgot Password** to reset your password.

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4. You will receive an email with a link to establish your password.

To reset your password for Provider Hub, please click on the link below.

[Link to Hub](#)

If the link does not appear to be a 'clickable' hyperlink, please copy and paste the following link into your web browser.

<https://hub.veritystream>

This link will expire in 24 hours. If your link has expired, re-request your password from the Provider Hub login screen by clicking 'Forgot Password'.

Please do not reply to this email as it is only used for admin purposes and not checked for new mail.

5. Enter your email address and the password you select.
6. Confirm your password.
7. Click the **I agree with the Terms of Use** checkbox.
8. Click **Save Password**.



To reset your password, enter the following fields:

Email Address *

New Password *

Confirm New Password *

☐ I Agree with the [Terms of Use](#)

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Log in to the Hub

1. Log into the Hub using your email address and password.
2. You will be prompted to enter a code sent to you via email or text message.
If you did not include your cell phone number in the RFA, you must select to receive the MFA code by email.



Arkansas
BlueCross BlueShield
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Sign in to the Hub

Enter the User ID that has been provided to you.

Email or Username 

Password

[Forgot Password?](#)

Login

Don't have a login? Use [First Time Login](#)

[View our Terms and Conditions](#)

Login Instructions

New to the Provider Hub?

Step 1: Enter the email address found in the email you received.

Step 2: Click **First Time Login** button to establish your password.

Forgot Password?

Hit **Forgot Password** to reset your password.

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Forgot Password – Reset Password

For forgotten passwords, enter your email address and click **Forgot Password**. You will receive an email with a link to reset your password. Follow the same steps as a first-time user to create a new password.

View of the Hub for Providers vs Admins

In the Hub, the provider will only see their own provider record information.

The screenshot shows the 'Arkansas BlueCross BlueShield' Online Portal for Providers. The header includes the logo and navigation links: My Applications, My Documents, My Status, My Tasks, My Reviews, Messages, and My Learning. A user profile icon is in the top right. The main content area has a welcome message and instructions. Below this, there are three main sections: 'My Applications' with a 'Start Application' button and a progress bar (6 out of 6 sections completed), 'My Documents' with a 'Nothing at this time' message, and 'My Credentialing Reviews' showing 0 files remaining, 0 priority files due, and 0 clean files due. A 'Documentation Library' button is also present.

An admin will be able to view provider records for all providers they serve as admins.

The screenshot shows the 'Arkansas BlueCross BlueShield' Online Portal for Admins. The header includes the logo and navigation links: Applications, My Status, Workflow Tasks, and Messages. A user profile icon is in the top right. The main content area has a search bar for 'Type of Application' and a 'Search' button. Below this is a table with columns: Provider, Total Number of Applications, Completed Applications, and buttons for 'Provider Update' and 'Documentation Library'. The table lists four providers: 'Test Provider, Ancillary D', 'Test Provider, NonPar D', and 'Test, Another'. Each provider has a 'Start Application' button, a 'Facility' field, a 'Status' field (Not Submitted), and a 'Last Submitted' date. A 'View' button is also present for each provider. The bottom of the page shows a pagination bar with '1 - 4 of 4 items' and a 'Show 20 entries * Max 20 entries per page.' option.

Important Tips for Providers and Admins

Providers with Multiple Groups/Multiple Admins

- In the Hub, a provider can have more than one admin and each admin will have access to update provider data. Each admin (as well as the provider) will receive an email when any Directory Updates or recredentialing applications are sent to the Hub to be completed.
- Only one admin or provider needs to complete the applications or updates.
- Credentialing and Recredentialing applications will continue to be visible to the admin and provider until they have been processed by Provider Network Operations.

Locations of Other Groups

- When updating an address on a provider record, ensure you are only updating locations you are authorized to update (locations within your organization).
- When terminating an address on a provider record, ensure you are only terminating locations you are authorized to update (locations with your organization).

Delete Buttons

- There may be “delete” buttons on the screen in various places in the Hub. **Do not click on any delete buttons.**

Termination Dates

- **When a location needs to be closed**, enter a termination date for the last day of the month in which the location should no longer be associated with your organization.
- Never use a termination date prior to the current date.

Adding a Location

- Additional practice locations can be added to a provider’s record, if the provider already has at least one location with the group.
- There can only be ONE primary location; all others will be additional locations.

Documentation to Upload

Documents for Ancillary Providers and Out-of-State MD/DOs

Any individual provider that is not an MD or DO or Out-of-State MD or DOs (MDs and DOs that do not have an AR license) should upload these completed documents.

1. Copy of the current Certificate of Professional Liability insurance certificate. This should show:
 - the carrier/agent information
 - effective date and expiration date
 - policy number
 - must indicate “professional liability insurance” coverage, with the minimum limits of coverage (\$1 million/\$3 million)
 - the provider’s name on the certificate of insurance or attached roster
2. CV and a copy of certification if APRN providing mental health services.
3. BCBA (Behavioral Analyst) – copy of certification.
4. Documentation to be considered/reviewed related to malpractice case or technical issue (action taken against license, hospital privileges, DEA, etc.). The questions on the application or re-cred will still need to be answered; this would be supporting or additional information.

Documents for Arkansas Licensed MDs or DOs Documents

1. CV if providing telemedicine services (**required for C CVS**).
2. Documentation to be considered/reviewed related to malpractice case or technical issue (action taken against license, hospital privileges, DEA, criminal charges, etc.). The questions on the application or re-cred will still need to be answered; this would be supporting or additional information.

Submitted Applications in the Hub

When the provider submits an initial application or recredentialing application, a green “Submitted” icon displays below the provider’s name, and the status shows submitted with a last submitted date.

Start Application Submitted	Facility:	Status: Submitted *No information required	Last Submitted: 6/4/2025 6:37:55 AM	View
--------------------------------	-----------	--	-------------------------------------	------

Initial Applications

Important Tips

- An admin can sign into their admin account, complete the initial application for the provider, and save the work.
- An admin cannot submit an initial application on behalf of the provider.
- The provider must log into the Hub and review the application, forms, and contracts to be signed for network participation. The provider must **Review** and **Submit** applications.
- **When adding a location to the provider, the effective date should be the date the provider joined your organization (group).**

Non-Par Applications

- On the RFA, if the question “Are you requesting to be a Non-Participating Provider?” is answered **Yes**, a non-par provider application will be available to complete on the Hub. There are no additional forms or contracts. The provider will not be credentialed and will be considered out-of-network.
- **Requirements for the Non-Par Application:**
 - An active individual NPI number
 - An active medical license
 - An active practice location in an eligible location (AR or contiguous county) that is either:
 - a. Linked to an enrolled organization (clinic) (or submit an application for a new organization), or
 - b. A private practice using an individual NPI number to file claims.

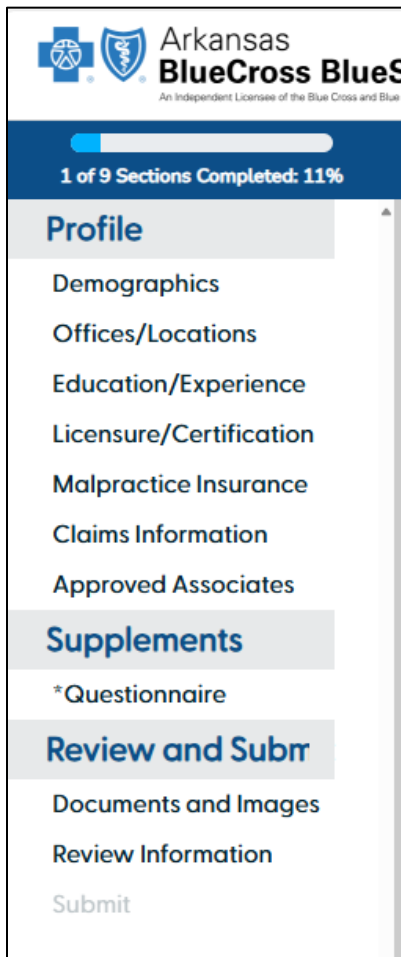
- Sections of the **Non-Par Provider Application** to be completed:

The screenshot shows the top portion of a web application for Arkansas BlueCross BlueShield. At the top left is the logo, which consists of a blue cross and a blue shield. To the right of the logo, the text reads "Arkansas BlueCross BlueShield" in a bold, sans-serif font. Below this, in a smaller font, it says "An Independent Licensee of the Blue Cross and Blue Shield Association". Below the header is a dark blue progress bar with a white segment on the left. Below the progress bar, the text "1 of 5 Sections Completed: 20%" is displayed in white. Below the progress bar is a navigation menu with a light gray background. The menu items are: "Profile" (in bold blue text), "Demographics" (with a green checkmark icon to its left), "Offices/Locations", "Licensure/Certification", "Approved Associates", "Review and Submit" (in bold blue text), "Documents and Images", "Review Information", and "Submit" (in a lighter gray text).

Ancillary or Out of State MD/DO Provider Applications

Ancillary providers or Out-of-State MDs or DOs do not require PSV through CCVS and will have a PNO questionnaire to complete. Contracts are available for review and signature through the Hub.

Sections of the **Ancillary or Out of State MD/DO Provider Application** to be completed:



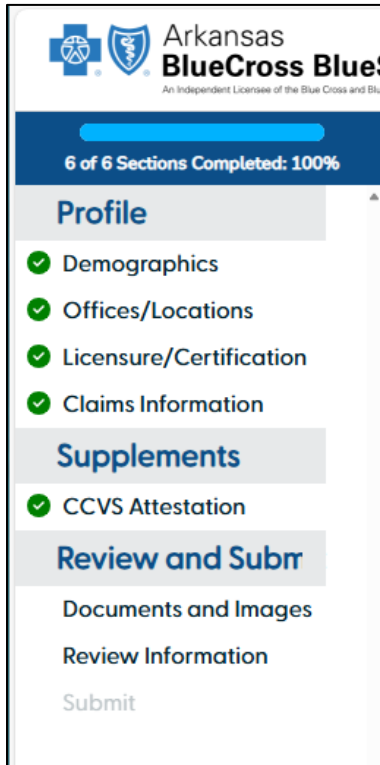
The screenshot displays the application interface for Arkansas BlueCross BlueShield. At the top, the logo and name are visible. Below the header, a progress bar indicates "1 of 9 Sections Completed: 11%". The main navigation menu is listed on the left side, with sections highlighted in blue:

- Profile**
 - Demographics
 - Offices/Locations
 - Education/Experience
 - Licensure/Certification
 - Malpractice Insurance
 - Claims Information
 - Approved Associates
- Supplements**
 - *Questionnaire
- Review and Submit**
 - Documents and Images
 - Review Information
 - Submit

Arkansas MD/DO Provider Applications

An MD or DO with an active Arkansas medical license will receive the Arkansas MD or DO application, if this is disclosed on the RFA. The application and forms are specific to Arkansas MDs and DOs and the requirements to Primary Source Verify (PSV) credentialing elements through CCVS. Contracts are available for review and signature through the Hub.

Sections of the **Arkansas MD/DO Provider Application** to be Completed:



The screenshot shows the top portion of the Arkansas MD/DO Provider Application interface. At the top left is the Arkansas BlueCross BlueShield logo, which includes a blue cross and a shield with a caduceus. To the right of the logo, the text reads "Arkansas BlueCross BlueShield" and "An Independent Licensee of the Blue Cross and Blue Shield of Arkansas". Below the logo, a blue progress bar indicates "6 of 6 Sections Completed: 100%". Underneath the progress bar is a navigation menu with the following items: "Profile" (highlighted in a light gray box), "Demographics" (with a green checkmark), "Offices/Locations" (with a green checkmark), "Licensure/Certification" (with a green checkmark), "Claims Information" (with a green checkmark), "Supplements" (highlighted in a light gray box), "CCVS Attestation" (with a green checkmark), "Review and Subr" (highlighted in a light gray box), "Documents and Images", "Review Information", and "Submit".

Completing the Provider Application

1. Once the RFA has been submitted and accepted, the provider and admin will receive an email with instructions to log into the Hub (see [Accessing the Hub](#) for more information).
2. Click **Start Application** to complete the application.

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My Applications My Documents My Status My Tasks My Reviews Messages My Learning

Welcome to the Arkansas BCBS Practitioner Online Portal!
Click into an open process below to begin.
You can return to this page at any time by clicking the Logo in the top left of this screen.
Your account settings and profile can be accessed by clicking the profile picture in the top right of this screen.
For assistance with the Hub please contact your Staff Office.

Documentation Library

My Applications
Start Application (0 out of 5 sections completed)

My Documents
Nothing at this time

My Credentialing Reviews
0
Files remaining
0 priority files due
0 clean files due

Demographics

Complete the blank fields and review any information in the pre-populated fields.

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My Applications My Documents My Status My Tasks My Reviews Messages My Learning

5 of 6 Sections Completed: 83%

Start Application / Demographics

Profile
Demographics
Offices/Locations
Licensure/Certification
Claims Information
Supplements
CCVS Attestation
Review and Submit
Documents and Images
Review Information
Submit

Import Your Data
Collapse All

Personal Information

* First Name: Brooke Middle Name: Last Name: Test Brown Suffix:
* Gender: Female * Title: Doctor of Medicine (MD) * Birth Date: 10/12/1961 * Email: brooketest@somewhere.com
* Mobile: (999) 999 9999 * Primary Degree: Doctor of Medicine (MD) * Primary Practice State: Arkansas Preferred Pronouns: She/Her
Ethnicity: White/Caucasian
* Language (1 Required): English Read: Yes Write: Yes Speak: Yes Office Staff: Yes

Save & Continue →

1. **Personal Information:** All fields with an asterisk (*) are required.
2. **Ethnicity:** Select the provider's ethnicity (optional).

3. **Language:** After selecting the language, select **Yes** or **No** for each column (Read, Write, Speak, and Office Staff).

* Language (1 Required)				
Language	Read	Write	Speak	Office Staff
English	Yes	Yes	Yes	Yes
French	No	No	No	No

[Select Language](#)

4. Click **Select Taxonomy Code**. If the provider has more than one taxonomy code, indicate which is primary by checking the X under **Is Primary**. This will change the X to a checkmark.

Taxonomy		
Taxonomy	Description	Is Primary
207Q0000X	Allopathic & Osteopathic Physicians: Family Medicine	✓
207QG0300X	Allopathic & Osteopathic Physicians: Family Medicine: Geriatric Medicine	X

[Select Taxonomy](#)

5. Verify any identification numbers (NPI, SSN, Medicare Number, Medicaid Number).

^ Identification Numbers			
* NPI	* Social Security No.	Medicare Provider No.	Medicaid Provider No.
999999999	555-55-5555		

6. Upload Images - CV (Required for Telemedicine MD/DO and APRN's providing Mental Health Services)

^ Upload Images

CV

Upload your file here. We accept .JPEG, .JPG, .TIF, .TIFF, .PDF, and .DOCX files.

No file attached
Upload

☒ Optimize Images (Optional)

7. When finished, click **Save & Continue**.

Save & Continue →

Offices/Locations

1. Click **+ Add New Office/Location**.

The screenshot shows the Arkansas BlueCross BlueShield application interface. The top navigation bar includes links for 'My Applications', 'My Documents', 'My Status', 'My Tasks', 'My Reviews', 'Messages', and 'My Learning'. Below this, a progress bar indicates '5 of 6 Sections Completed: 83%'. The main content area is titled 'Start Application / Offices/Locations'. On the left, a sidebar lists sections: Profile, Demographics, Offices/Locations (highlighted), Licensure/Certification, Claims Information, Supplements, CCVS Attestation, Review and Submit, Documents and Images, Review Information, and Submit. A '+ Add New Office/Location' button is visible in the main content area.

2. Select the location designation.

The “Primary” address must be completed. This address must be your physical practice location address. To continue, click **Save**.

The 'Select Designations' dialog box shows three options: 'Additional Office', 'Mailing', and 'Primary'. The 'Primary' option is selected with a checkmark. At the bottom, there are 'Cancel' and 'Save →' buttons.

3. Search for your practice location by the NPI (preferred), organization name, or address. Click on the desired address (there may be multiple addresses listed – verify the correct location by the NPI number).

Note: Do not use the “Can’t find what you are looking for? Click here to add a new office location” option.

The 'Search Office Locations' dialog box shows a search interface with input fields for 'HealthStream Urgent Care', 'Address', 'City', 'State', and 'Zip'. A 'Search' button is at the bottom left. A table of results is displayed on the right, showing four entries for 'HealthStream Urgent Care' locations in San Diego, CA. The table has columns for Name, Address Line 1, Address Line 2, City, State, and Zip.

Name	Address Line 1	Address Line 2	City	State	Zip
HealthStream Urgent Care Downtown	4094 Fourth Avenue	#300	San Diego	CA	92103
HealthStream Urgent Care Downtown	4094 Fourth Avenue	#300	San Diego	CA	92103
HealthStream Urgent Care La Jolla	10666 N Torrey Pines Road		San Diego	CA	92037
HealthStream Urgent Care La Jolla	10666 N Torrey Pines Road		San Diego	CA	92037

- This will populate the Office/Location information from the organization.

Arkansas BlueCross BlueShield

My Applications My Documents My Status My Tasks My Reviews Messages My Learning

Start Application / Offices/Locations / New Office/Location

5 of 6 Sections Completed: 83%

Profile

- Demographics
- Offices/Locations
- Licensure/Certification
- Claims Information
- Supplements
- CCVS Attestation
- Review and Submit
- Documents and Images
- Review Information

Submit

Designations

Designation (1 Required)

Designation

Additional Office

Select Designation

Office/Location

Select Office Address

Name Site Type Address Line 1 Address Line 2

HealthStream Urgent Care Downtown 4094 Fourth Avenue #300

County City State Zip

San Diego California 92103

Country Office Phone 1 Ext Office Fax

(858) 858 5858

Office Email Handicap Access Public Transportation Group NPI

Yes 6153802403

Cancel Save and Return to List

- In the **Details** section, enter the **effective date**. This is the date the provider joins the organization. Ensure this date is correct, as claims will not pay for dates of service prior to the effective date. Do not enter a termination date.
- For the **Accepts New Patients** and **Include in Directory** fields, select **Yes** or **No** for each.
- In the **Hours** section, add the business hours for the provider at this location using Military time.

Start Application / Offices/Locations / New Office/Location

5 of 6 Sections Completed: 83%

Details

Effective Date Termination Date Accepts New Patients Include in Directory

06/01/2025 mm/dd/yyyy Yes Yes

Hours

Day	Start Time	End Time
Sunday	00:00	24:00
Monday	08:00	16:30
Tuesday	08:00	16:30
Wednesday	08:00	16:30
Thursday	08:00	16:30
Friday	08:00	12:00
Saturday	00:00	24:00

- In the **Language** section, select the Languages for the location (choose as many that apply). To remove a selection, click again to uncheck any languages as needed.

Languages

☐ Eastern Aramaic
☐ Ebira
☐ Edo
☐ Egyptian
☒ English
☐ Esperanto
☐ Estonian
☐ Ewe
☐ Fante
☐ Faroese
☐ Fiji
☐ Fijian

Cancel
Save →

9. In the **Other** section, enter the provider’s medical records fax number and/or email address.

^ Other

Medical Records Fax Number

555-555-5555

Medical Records Email Address

xxxx@somewhere.com

10. When finished, click **Save & Return to List**.
- If the wrong organization was selected, click **Cancel** to select a different organization.

Arkansas
BlueCross BlueShield

Applications
My Status
Workflow Tasks
Messages

4 of 9 Sections Completed 44%

/ Start Application / Offices/Locations / New Office/Location

Profile
Demographics
Offices/Locations
Education/Experience
Licensure/Certification
Malpractice Insurance
Claims Information
Approved Associates
Supplements
Questionnaire
Review and Submit
Documents and Images
Review Information
Submit

Collaps All

^ Designations

* Designation (1 Required)

Designation
Primary
Select Designation

^ Office/Location

Select Office Address

Name
Site Type
Address Line 1
Address Line 2

Country
City
State
Zip

Country
Office Phone 1
Ext
Office Phone 2

Ext
Office Fax
Office Email
Provider Email

Cancel
Save and Return to List

25 | Page

Tips for adding Offices/Locations:

- If you want to edit the address/location information you just added, click **Edit**.
- If you want to delete the address/location you just added, click **Delete Record**.
- To add another address/location with the same organization, or with a different organization, click + **Add New Office/Location**, select **Additional Office** and follow the same process.
- To add a mailing address, click + **Add New Office/Location**, select **Mailing**, and repeat this process.
- If you click add a new office/location in error, click **Cancel**.

11. When all office/location information has been entered, click **Save & Continue**.

Education/Experience

Click **+ Add New Information** and select Education, Employment History, Training, and Hospital Affiliations in the drop-down menu.

The screenshot shows the top navigation bar with the Arkansas BlueCross BlueShield logo and links for Applications, My Status, Workflow Tasks, and Messages. Below this is a progress bar indicating '1 of 9 Sections Completed: 11%'. The main navigation menu on the left includes Profile, Demographics, Offices/Locations, Education/Experience (highlighted), Licensure/Certification, Malpractice Insurance, Claims Information, Approved Associates, Supplements, *Questionnaire, Review and Submit, and Documents and Images. The 'Education/Experience' section is expanded, showing a '+ Add New Information' button and a dropdown menu with options: Education, Employment History, Training, and Hospital Affiliations.

1. Education:

- MD/DO Education Type = Medical School
- Non-MD/DO Education Type = Graduate School

The screenshot shows the 'New Education' form. The left sidebar is the same as the previous screenshot. The main content area is titled 'New Education' and contains a 'Collapse All' link. The form fields are organized into a grid:

Type	Institution	Education Degree	From
To	Specialty	Program Completed	Not Complete Explanation
Anticipated Completion Date			

At the bottom of the form, there are 'Cancel' and 'Save and Return to List' buttons.

2. Employment History:

- **Type:**
 - Current Practice - Include current employment.

- Work History
- Gap – Add **Time Gap** if there are any gaps of time more than 30 days in the education to/from dates and/or work history dates. Non-medical work history should be listed as a time gap.
- Leave of Absence
- **Address** – City, State are required

3. Training – Internship, Residency, Fellowship (MD/DO Only):

4. Hospital Affiliation

- **Type:** Current
- **Position:** Select from the dropdown menu the type of hospital privileges granted

The screenshot shows the 'New Hospital Affiliation' form within the Arkansas BlueCross BlueShield application. The left sidebar contains a 'Profile' menu with options like Demographics, Officers/Locations, Education/Experience, and License/Certification. The main form area has a 'Hospital Affiliation' section with fields for Type (Current), Institution, Specialty, From (mm/dd/yyyy), To (mm/dd/yyyy), and Position. Below this is an 'Other' section with a 'Hospital Privilege' field, which is currently empty and has a red border with the text 'This field is required'.

License/Certification

State License

1. Your state license record must be edited. Click the blue **Edit Record** button. Expand each of the categories – Details, License Information, and License Status.

The screenshot shows a 'State License' record for the 'Arkansas State Board of Physical Therapy'. It displays the license dates '03/01/1997 - 10/31/2025' and the category 'License/Certification'. There are two buttons: a blue 'Edit Record' button and a red 'Delete Record' button.

2. Under the **Details** section, select **State License** and select the **institution** (required) by clicking the icon in the Institution field.

The screenshot shows the 'New License/Certification' form. The 'Details' section has a 'Type' dropdown set to 'State License' and an 'Institution' field with a selection icon. The 'License Information' section has fields for 'License Number' (xxxxxxx), 'State of Issue' (Arkansas), 'Issue Date' (05/12/2021), and 'Expiration Date' (12/31/2025).

3. Search for the appropriate licensing board using any of the search fields listed.

Search Institution

Institution name

Address

City

ar

Zip

Search

Institution	Address	City	State	Zip
American Allied health	PO Box 1487	Lowell	AR	72745
American Case Management Association	17200 Chenal Pkwy	Little Rock	AR	72223
Arkansas Board of Chiropractic	101 E Capitol Ave	Little Rock	AR	72201-3826
Arkansas Board of Examiners in Counseling	101 E Capitol Ave	Little Rock	AR	72201-3826
Arkansas Board of Examiners in Psychology	101 E Capitol Ave Ste 415	Little Rock	AR	72201-3824
Arkansas Board of Examiners in Speech-Language Pathology & Audiology	101 E Capitol Ave	Little Rock	AR	72201-3826
Arkansas Board of Medical Examiners	1401 W Capitol Ave Ste 340	Little Rock	AR	72201-2948
Arkansas Board of Nursing	1123 S University Ave	Little Rock	AR	72204-1615
Arkansas Board of Orthotics, Prosthetics & Pedorthics	119 W Carpenter St	Benton	AR	72015-3317

Cancel

4. Click the name of the applicable board.
5. Ensure your license number, effective date, and expiration date are correct.
6. Complete the questions under License Status.
7. In the Independent Practice field, select **Yes**, if applicable.

Other

Independent Practice

No

8. When finished, click **Save and Return to List**.

Other State License (Active License from Another State)

- To add another state license, click + **Add new Licensure/Certification** and select **Other State license**.

The screenshot shows the 'New Licensure/Certification' form. The breadcrumb trail is '/ Start Application / Licensure/Certification / New Licensure/Certification'. A 'Collapse All' link is at the top left. The 'Details' section is expanded, showing '* Type' as 'Other State License' and an empty 'Institution' field. The 'License Information' section is also expanded, showing fields for 'License Number', 'State of Issue' (a dropdown), 'Issue Date' (mm/dd/yyyy), and 'Expiration Date' (mm/dd/yyyy). A 'Help' button is in the top right corner.

Specialty Boards

Board Certified Behavioral Analyst certification and MD/DO Board Certification.

- To add Board Certification, click + **Add new Licensure/Certification** and select **Specialty Boards**

The screenshot shows the 'New Licensure/Certification' form for 'Specialty Boards'. The breadcrumb trail is '/ Start Application / Licensure/Certification / New Licensure/Certification'. A 'Collapse All' link is at the top left. The 'Details' section is expanded, showing '* Type' as 'Specialty Boards', an empty '* Institution' field, and an empty '* Subspecialty' dropdown. The 'Board Certified' section is expanded, showing 'Board Certified?' as 'No', 'Lifetime Certification?' as 'No', 'Active' as 'Yes', and an empty 'Certificate #' field. Below this are four date fields: '* Original Certification' (mm/dd/yyyy), 'Original Expiration' (mm/dd/yyyy), 'Re-certification Date' (mm/dd/yyyy), and 'Re-certification Expires' (mm/dd/yyyy). The 'Maintenance of Certification (MOC)' section is also expanded, showing 'Participates in MOC' as a dropdown and 'MOC Reverification' (mm/dd/yyyy). A 'Help' button is in the top right corner.

Certification

This section is not required.

DEA Registration

1. To add a DEA Registration, select **+ Add new Licensure/Certification** and select **DEA Registration**. If the provider has an Arkansas license and has a DEA, you must complete this section and answer the Arkansas Prescription Monitoring Program (PMP) questions.
2. Select **DEA Diversion Control Division** for the institution.

Search Institution

DEA

Address

City

State

Zip

Search

Institution	Address	City	State	Zip
Alabama Hearing Instrument Dealers Board	400 S Union St	Montgomery	AL	36104-4361
DEA Detroit Division	431 Howard St	Detroit	MI	48226
DEA Diversion Control Division	8701 Morrisette Dr	Springfield	VA	22152-1080
Louisiana State Board of Hearing Aid Dealers	308 Gregory Dr	Luling	LA	70070-3151
North Carolina Hearing Aid Dealers & Fitters Board	701 Exposition Pl	Raleigh	NC	27615-3359
Social Security Death Master File				
Washington D.C. Hearing Aid Dealers Licensing	899 N Capitol St Ne	Washington	DC	20002
West Virginia Board of Hearing Aid Dealers	179 Summers St	Charleston	WV	25301-2122

Results 1-8 of 8

[Click here if you can't find your institution.](#)

Cancel

3. Add the DEA number, State, Issue Date, Expiration Date, and upload a copy of your DEA Diversion Control Registration.

Start Application / Licensure/Certification / DEA Diversion Control Division

Collapse All

Details

Type

DEA Registration

Institution

DEA Diversion Control Division

License Information

DEA/CDS Number

ABC123987

State

Arkansas

Issue Date

01/21/2021

Expiration Date

01/31/2026

Document

Upload your file here. We accept .JPEG, .JPG, .TIF, .PDF, and .DOCX files.

File attached

Replace

Append Image

View

Optimize Images (Optional)

☒

License Status

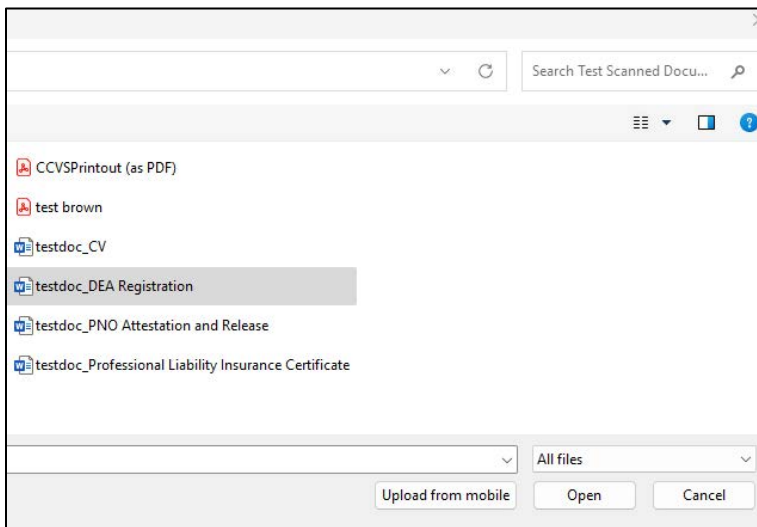
Derogatory Information

Other

Save and Return to List

32 | Page

4. To upload the document, click **Upload**, select the appropriate file to upload, and click **Open**.



5. After uploading the document, buttons to Replace, Append Image, or View will be displayed.

A screenshot of a web application form for the DEA Diversion Control Division. The form has a blue header with a home icon and the text "Start Application / Licensure/Certification / DEA Diversion Control Division". There is a "Help" button in the top right corner. The form is divided into several sections: "Details" with fields for "Type" (DEA Registration) and "Institution" (DEA Diversion Control Division); "License Information" with fields for "DEA/CDS Number" (ABC123987), "State" (Arkansas), "Issue Date" (01/21/2021), and "Expiration Date" (01/31/2026); "Document" with a "File attached" button and "Replace", "Append Image", and "View" buttons; "License Status" and "Derogatory Information" sections. There is a "Save and Return to List" button at the bottom right.

6. Complete the **License Status**, **Derogatory Information**, and **Other Sanctions** sections.
7. If the license is limited, select **Yes** and give a brief explanation.
8. If there is derogatory information about your DEA, please provide an explanation.

9. Participation in the Arkansas Prescription Monitoring Program is required for providers with an Arkansas license. Both questions in the **Other** section of the DEA license must be answered.
- AR PMP – Is the provider enrolled in the Arkansas Prescription Monitoring Program (PMP)?
 - AR PMP Release – Has the provider signed a release? (this is one of the forms signed by the provider in the Hub)

10. When finished, click **Save & Return to List**.
11. When all licenses and board certifications have been completed, click **Save & Continue**.

Malpractice Insurance

1. On the Malpractice Insurance screen, click **+ Add New Malpractice Insurance**.
2. Complete all required fields.
 - When adding your **Carrier** search for carriers to select the appropriate one.If you cannot locate your carrier, select **Click here if you can't find your institution** to manually enter the information.

Carrier	Address	City	State	Zip
181 Urgent Care Center	521 W 181st St	New York	NY	10033
1st Insurance Agency	20 E State St	Mason City	IA	50401-3318
375th Medical Group	310 W Losey St	Scott AFB	IL	62225
4th St Clinic Risk Management Claims Verification	409 W 400 S	Salt Lake City	UT	84101
A I Lloyds Insurance Company	1999 Bryan St	Dallas	TX	75201-3160

* Institution Name

* Address

* City

* State

* Zip

Cancel Save ->

- In the **Upload Images** section, you must upload your Certificate of Insurance with your name listed as covered.

2. Once this section is complete, click **Save and Return to List** and then **Save & Continue**.

Claims Information

If the provider has any malpractice cases that are pending, or if money was paid out due to a settled case or found for the plaintiff, the malpractice case must be reported.

1. Click **Add New Claims Information**.
2. Complete the information under the **Details** section:

3. Complete the information in the **Status of Claim & Other Information** section.
 - Upload any documentation you would like to be considered when reviewing the malpractice case.
 - When finished, click **Save & Return to List**.
 - Add a new record for each malpractice case (if needed).

Technical Issues

Includes criminal charges, license issues, hospital privilege issues, etc.

1. Complete the information in the **Status of Claim & Other Information** section. Add additional details in the **Notes** field.
2. Upload any documentation you would like to be considered when reviewing the malpractice case.
3. When finished, click **Save & Return to List**.
4. Add a new record for each technical issue (if needed).

Approved Associates

Collaborating physician or supervising physician for APRNs and PAs.

1. Click **Grab Name** to search for the physician.
2. Complete the required fields.
3. List all collaborating physicians.

The screenshot shows the 'Add New Approved Associate' form in the Arkansas BlueCross BlueShield system. The left sidebar lists sections: Profile, Demographics, Offices/Locations, Education/Experience, Licensure/Certification, Malpractice Insurance, Claims Information, Approved Associates, Supplements, Questionnaire, Review and Submit, Documents and Images, Review Information, and Submit. The main content area is titled 'Details' and includes a 'Grab Name' button. Below this are fields for 'Type', 'From' (mm/dd/yyyy), 'To' (mm/dd/yyyy), and 'Full Name'. There are also fields for 'Title', 'Procedure Authorized', 'Primary' (No/Yes), and 'Alternate' (No/Yes). A 'Comments' text area is at the bottom.

Supplements (Ancillary and Out of State MD/DO only)

1. Complete the questionnaire. All questions must be answered, and you must provide an explanation for any "Yes" answers.
2. When finished, click **Save & Continue**.

The screenshot shows the 'Supplements' form in the Arkansas BlueCross BlueShield system. The left sidebar lists sections: Profile, Demographics, Education/Experience, Licensure/Certification, Malpractice Insurance, Supplements, Questionnaire, Review and Submit, Documents and Images, Review Information, and Submit. The main content area is titled 'Supplement' and includes a 'Collapse All' button. Below this is a text area for 'Please answer each of the following questions in full. If the answer to any question is YES, please provide full explanation of the details in the note area.' The first question is '1. Have your privileges or medical staff membership at any hospital or other healthcare organization ever been denied, suspended, diminished, voluntarily or involuntarily relinquished, surrendered while under investigation, revoked or not renewed, or is such action pending?' with a dropdown menu. The second question is '2. Are there now or have there ever been any criminal charges brought against you, other than a minor traffic violation?' with a dropdown menu.

Supplements (Arkansas MD/DO only)

1. Complete the CCVS Attestation questionnaire. Answer all questions and provide an explanation if required. This information will be presented on the CCVS form and sent to CCVS.
2. When finished, click **Save & Continue**.

The screenshot shows the 'Supplements' section of the application. The left sidebar lists sections: Profile, Demographics, Offices/Locations, Licensure/Certification, Claims Information, Supplements, CCVS Attestation, Review and Submit, Documents and Images, Review Information, and Submit. The 'Supplements' section is active. The main content area has a 'Collapse All' link and a 'Supplement' header. Below the header, it says 'Please answer each of the following questions in full. If the answer to any question is YES, please provide full explanation of the details in the note area.' A question is listed: '1. Do you currently maintain individual or group malpractice insurance coverage?' with a dropdown menu showing 'Yes'. Below the question, there is a text area labeled 'If NO, list reason:'.

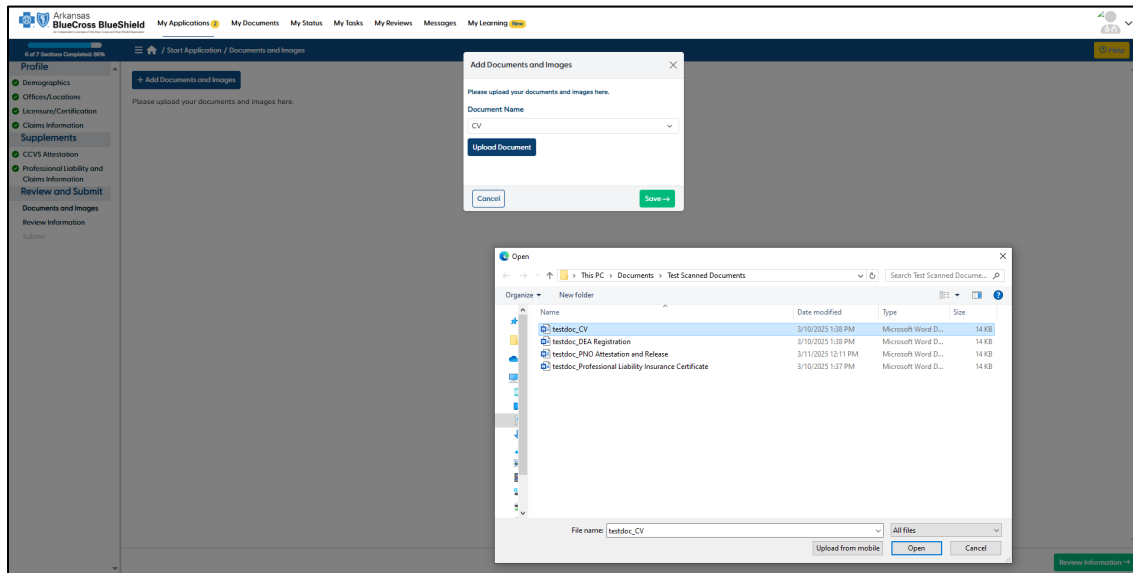
Documents and Images

Upload additional documentation, if applicable.

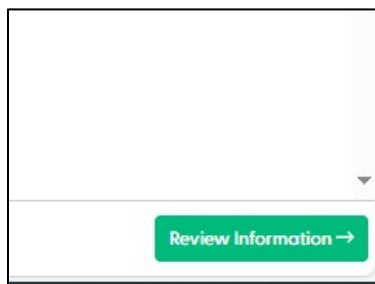
Note: If a PHO or Group was selected on the Request for Application, a PHO Profile / Group Notification must be uploaded.

The screenshot shows the 'Add Documents and Images' dialog box. It has a close button (X) in the top right corner. The text inside says 'Please upload your documents and images here.' Below this, there is a 'Document Name' dropdown menu. The dropdown is open, showing a list of document types: PHO Profile, Current Hospital Affiliation, Current Malpractice Insurance, CV, Prior Malpractice Insurance, CCVS Attestation and Renewal, PDF Document, CCVS Authorization and Release, PNO Attestation and Release for Individual Providers, Authorization Form for Clinic/Group Billing and HealthStream Account Administration Access, CCVS Profile, PHO Profile (highlighted), License, PNO Attestation and Release Form - Organizations, Provider File Updates, Malpractice Case Documentation, Documentation of action taken against (License, Hospital Privilege, DEA, etc), and National Practitioner Data Bank.

1. Click **+ Add Documents and Images**.
2. In the **Select a document** drop-down list, select the desired document name, then click **Upload Document**.
3. Select the document from your computer to be uploaded and click **Open**. Then, click **Save**.

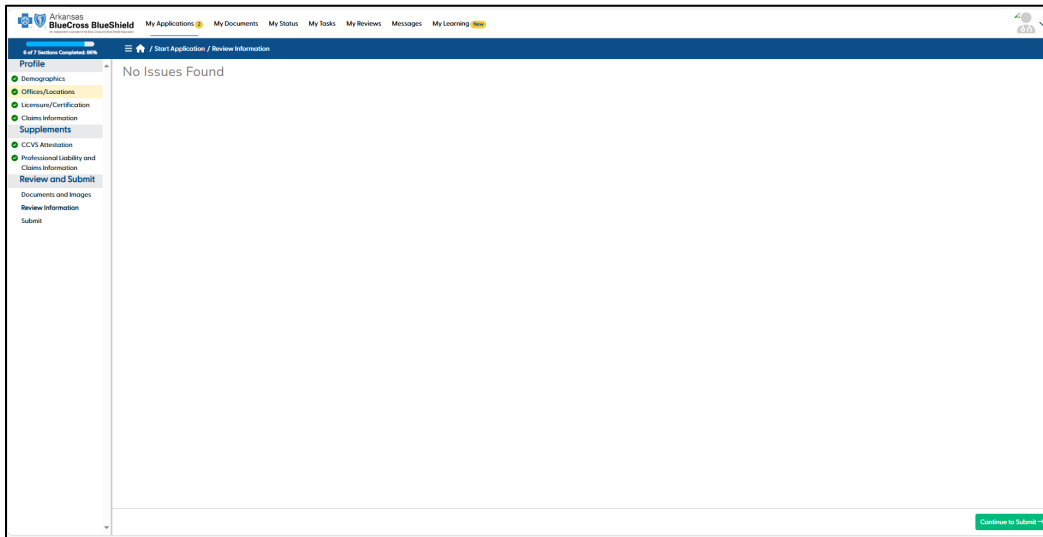


4. You can view, replace, append, or delete uploaded files by clicking the appropriate button.
5. To upload additional documents, click **+ Add Documents and Images** again.
6. When finished, click **Review Information**.



Review Information

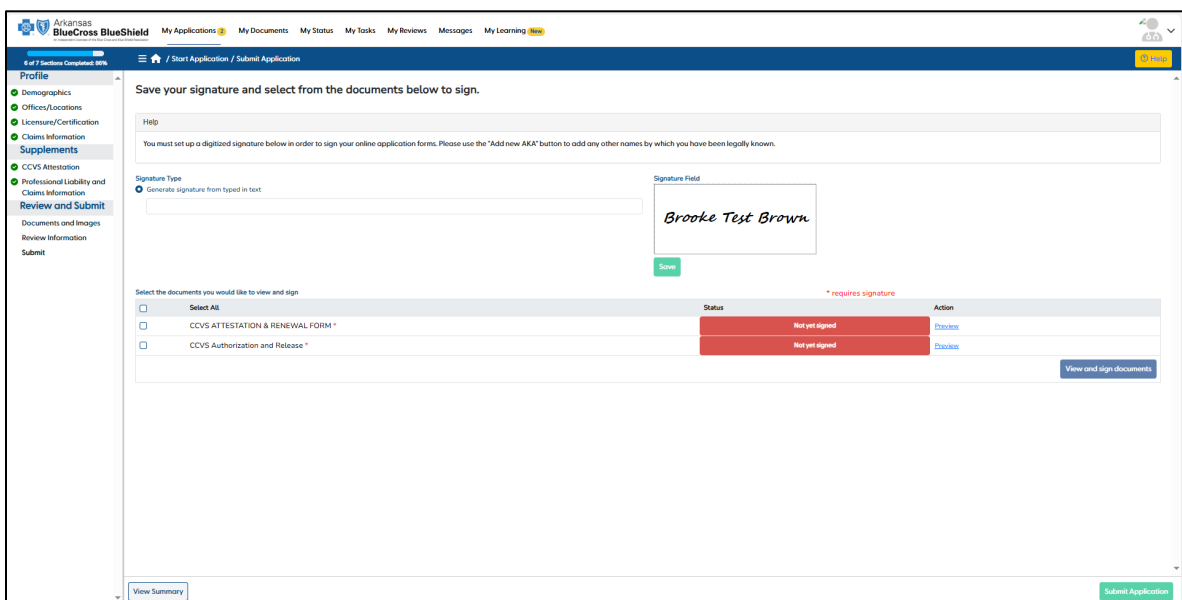
- The provider must log in to their Hub account and review and submit the provider application.
 - If no issues were found, click **Continue to Submit**.
- If issues were found, they must be corrected before the application can be submitted.



Submit Application

Review and sign the application and related documents.

1. In the Signature Type field, type your **full name** to generate your signature in the Signature Field. Click **Save**.



Select the documents you would like to view and sign	Status	Action
☐ Select All		
☐ CCVS ATTESTATION & RENEWAL FORM *	Not yet signed	Review
☐ CCVS Authorization and Release *	Not yet signed	Review

-
2. In the documents section, click the **checkboxes** next to each document, then click **View and sign documents**.

Arkansas BlueCross BlueShield

My Applications My Documents My Status My Tasks My Reviews Messages My Learning

6 of 7 Sections Completed: 90%

Start Application / Submit Application

Profile

- Demographics
- Education/Experience
- Licensure/Certification
- Claims Information
- Supplements
- CCVS Attestation
- Professional Liability and Claims Information
- Review and Submit

Documents and Images

Review Information

Submit

Save your signature and select from the documents below to sign.

Help

You must set up a digitized signature below in order to sign your online application forms. Please use the "Add new AKA" button to add any other names by which you have been legally known.

Signature Type

- Generate signature from typed in text

Signature Field

Brooke Test Brown

Select the documents you would like to view and sign

Select All	Status	Action
☐	CCVS ATTESTATION & RENEWAL FORM *	Not yet signed Review
☐	CCVS Authorization and Release *	Not yet signed Review

View and sign documents

View Summary

Submit Application

-
-
3. Click the checkbox next to **I agree**, enter your **full name**, then click **Sign Application**.

Agree and Sign

☒ I agree, and it is my intent, to sign this Application by entering my full name in the field below and clicking the button labeled "Sign Application" and by electronically submitting this Application. I understand that my signing and submitting this Application in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Application and this affirmation.

Enter your full name

Brooke T Brow

Sign Application

-
-
-
4. When finished, click **Submit Application**.

Arkansas BlueCross BlueShield

My Applications My Documents My Status My Tasks Directory Update

6 of 7 Sections Completed: 90%

Start Application / Submit Application

Profile

- Demographics
- Education/Experience
- Licensure/Certification
- Malpractice Insurance
- Claims Information
- Supplements
- Questionnaire
- Review and Submit

Documents and Images

Review Information

Submit

Application Submitted

You have completed your application. Would you like to view a summary of your information or return to the home page?

View Summary

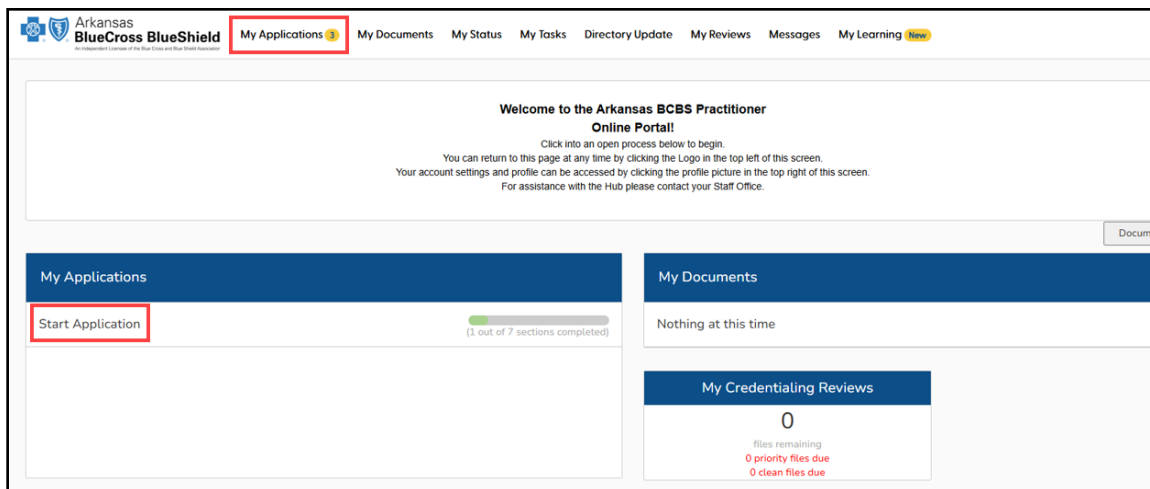
Return to Home

Recredentialing Application – Ancillary Providers and Out-of-State MDs or DOs

Providers must be recredentialed every three years and will receive a notification about recredentialing in the Hub.

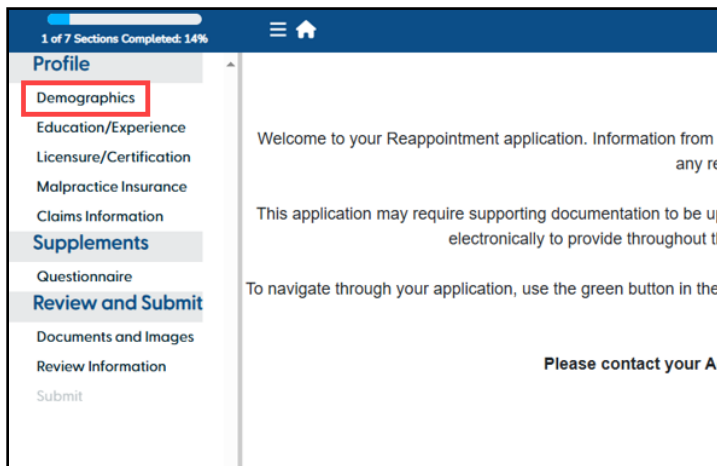
Notification of Recredentialing Application

1. Six months prior to the recredentialing due date, the provider and admin should receive an email advising them to log into the Hub and complete the recredentialing application.
2. Follow the link in the email and log into the Hub.
3. In the Hub, select the **My Applications** menu, then click **Start Application**.



Demographics

1. On the left sidebar, click **Demographics** to begin the application.



2. Verify the demographic information is correct and update as needed.

A screenshot of the Arkansas BlueCross BlueShield application interface showing the 'Demographics' section. The form includes fields for Personal Information (First Name, Last Name, Title, Birth Date, Email, Mobile) and Identification Numbers (NPI, Social Security No.). The form is outlined with a red border.

3. When finished, click **Save & Continue**.

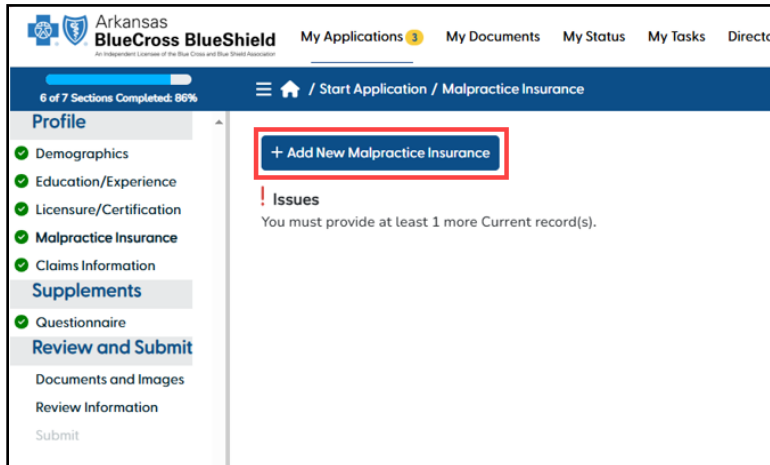
Education/Experience & Licensure/Certification

1. Review and update the information on the **Education/Experience** and **Licensure/Certification** screens.
2. Click **Save & Continue** to proceed through the application.

Malpractice Insurance

1. On the **Malpractice Insurance** screen, if there is no insurance listed, click **Add New Malpractice Insurance**.

If the correct insurance carrier is already listed, proceed to the next section.



Arkansas BlueCross BlueShield

My Applications 3 My Documents My Status My Tasks Director

6 of 7 Sections Completed: 86%

Start Application / Malpractice Insurance

Profile

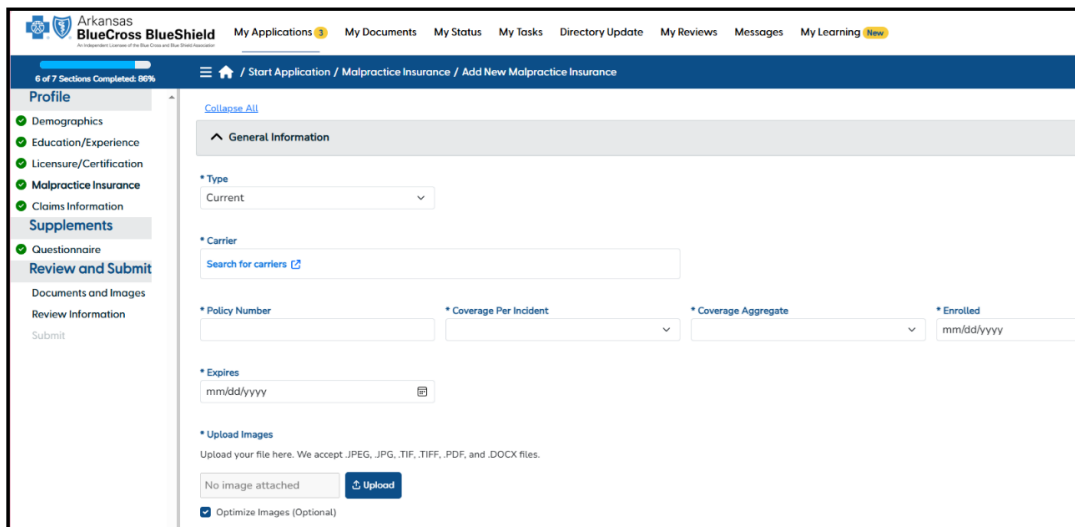
- Demographics
- Education/Experience
- Licensure/Certification
- Malpractice Insurance
- Claims Information
- Supplements
- Questionnaire
- Review and Submit
- Documents and Images
- Review Information
- Submit

+ Add New Malpractice Insurance

Issues

You must provide at least 1 more Current record(s).

2. Enter the provider's malpractice insurance information. All fields are required.



Arkansas BlueCross BlueShield

My Applications 3 My Documents My Status My Tasks Directory Update My Reviews Messages My Learning New

6 of 7 Sections Completed: 86%

Start Application / Malpractice Insurance / Add New Malpractice Insurance

Profile

- Demographics
- Education/Experience
- Licensure/Certification
- Malpractice Insurance
- Claims Information
- Supplements
- Questionnaire
- Review and Submit
- Documents and Images
- Review Information
- Submit

Collapsible All

General Information

* Type
Current

* Carrier
Search for carriers

* Policy Number * Coverage Per Incident * Coverage Aggregate * Enrolled
mm/dd/yyyy

* Expires
mm/dd/yyyy

* Upload Images
Upload your file here. We accept .JPG, .JPG, .TIF, .TIFF, .PDF, and .DOCX files.
No image attached Upload

☒ Optimize Images (Optional)

3. In the Carrier field, click **Search for carriers** to select the appropriate carrier.
If your carrier is not listed, select **Click here if you can't find your institution** to manually enter the information.

Carrier	Address	City	State	Zip
181 Urgent Care Center	521 W 181st St	New York	NY	10033
1st Insurance Agency	20 E State St	Mason City	IA	50401-3318
375th Medical Group	310 W Losey St	Scott AFB	IL	62225
4th St Clinic Risk Management Claims Verification	409 W 400 S	Salt Lake City	UT	84101
A I Lloyds Insurance Company	1999 Bryan St	Dallas	TX	75201-3160

[Click here if you can't find your institution.](#)

Institution Not Found

* Institution Name

* Address

* City

* State

* Zip

4. Verify all fields have been populated.
Note: The **Upload Image** field must be a copy of your Certificate of Insurance with your name listed as covered.
5. When finished entering malpractice insurance information, click **Save and Return to List**.
Then, click **Save & Continue**.

Claims Information

1. On the Claims Information screen, add any malpractice claims, if necessary.
2. Update any pending malpractice cases, if necessary.
3. When finished, click **Save & Continue**.

Questionnaire

1. The next screen is the **Questionnaire**. Answer **Yes** or **No** to all questions.

Note: When answering **Yes** to any question, **provide an explanation** in the corresponding text field.

The screenshot displays the Arkansas BlueCross BlueShield application interface. The top navigation bar includes links for My Applications, My Documents, My Status, My Tasks, Directory Update, My Reviews, Messages, and My Learning. A progress bar indicates that 6 of 7 sections are completed (86%). The left sidebar lists the application sections: Profile, Demographics, Education/Experience, Licensure/Certification, Malpractice Insurance, Claims Information, Supplements, Questionnaire, Review and Submit, Documents and Images, Review Information, and Submit. The main content area is titled 'Start Application / Supplements' and shows a 'Supplement' section with a 'Collapse All' link. The questionnaire questions are as follows:

Please answer each of the following questions in full. If the answer to any question is YES, please provide full explanation of the details in the note area.

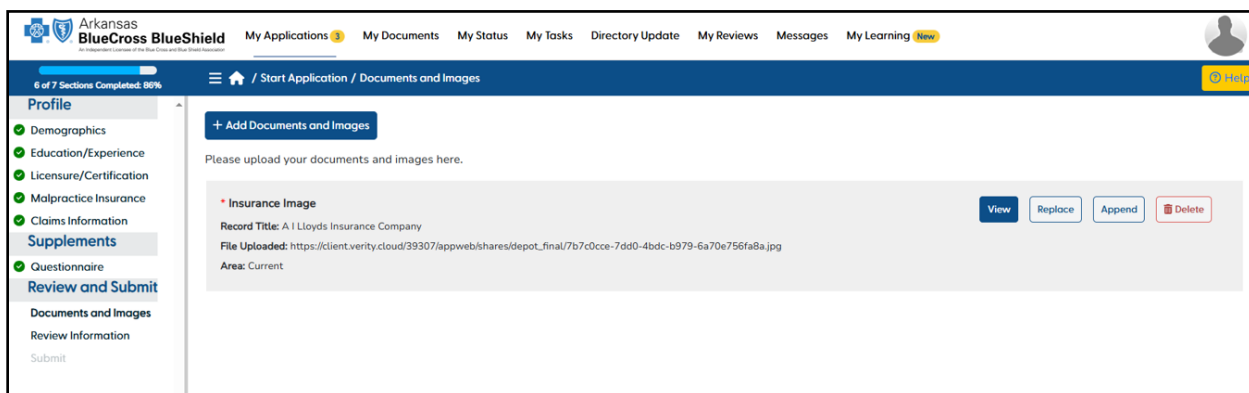
1. Have your privileges or medical staff membership at any hospital or other healthcare organization ever been denied, suspended, diminished, voluntarily or involuntarily relinquished, surrendered while under investigation, revoked or not renewed, or is such action pending?

2. Are there now or have there ever been any criminal charges brought against you, other than a minor traffic violation?

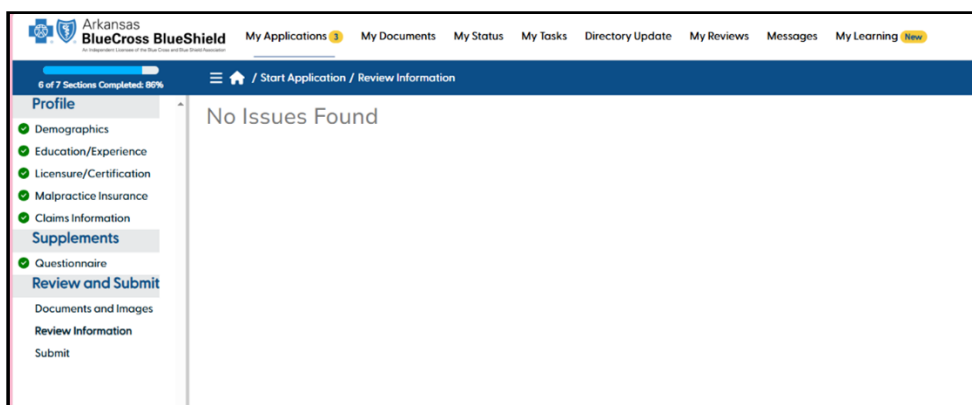
2. When finished, click **Save & Continue**.

Review and Submit

1. The next section is the **Review and Submit** portion of the application.
On the **Documents and Images** screen, any documents you have submitted should be displayed, such as malpractice insurance documents, licenses, etc.



2. If the information is correct, click **Review Information** on the left side panel to proceed.
3. The Hub will review the application and verify all mandatory fields were completed. A message will display if no issues are found.
If any issues are found, correct them in order to submit the application.



4. If no issues are found, click **Continue to Submit**.
5. On the **Submit Application** screen, enter your name in the Signature Type field. This generates an electronic signature.
6. If there are additional documents listed that require a signature, select each document and click **View and sign documents**.
7. When finished, click **Submit Application**.

Arkansas BlueCross BlueShield

My Applications My Documents My Status My Tasks Directory Update My Reviews Messages My Learning

6 of 7 Sections Completed: 60%

/ Start Application / Submit Application

Profile

- Demographics
- Education/Experience
- Licensure/Certification
- Malpractice Insurance
- Claims Information
- Supplements
- Questionnaire
- Review and Submit
- Documents and Images
- Review Information
- Submit

Save your signature and select from the documents below to sign.

Help

You must set up a digitized signature below in order to sign your online application forms. Please use the "Add new AKA" button to add any other names by which you have been legally known.

Signature Type

- Generate signature from typed in text

Signature Field

Brittany Smith Test

Save

Select the documents you would like to view and sign

Select the documents you would like to view and sign	Status	Action
☐ Select All		
☐ Applicant's Consent and Release Form OneClick to CVO *	Not yet signed	Review
☐ CredentialStream Consent and Release *	Not yet signed	Review
☐ CredentialStream Reappointment Application Form (MD/LIP) *	Not yet signed	Review

View and sign documents

View Summary

Submit Application

- A message will display indicating the recredentialing application has been submitted to Arkansas Blue Cross Blue Shield for review and processing.

Arkansas BlueCross BlueShield

My Applications My Documents My Status My Tasks Directory Update

6 of 7 Sections Completed: 86%

/ Start Application / Submit Application

Profile

- Demographics
- Education/Experience
- Licensure/Certification
- Malpractice Insurance
- Claims Information
- Supplements
- Questionnaire
- Review and Submit
- Documents and Images
- Review Information
- Submit

Application Submitted

You have completed your application. Would you like to view a summary of your information or return to the home page?

View Summary

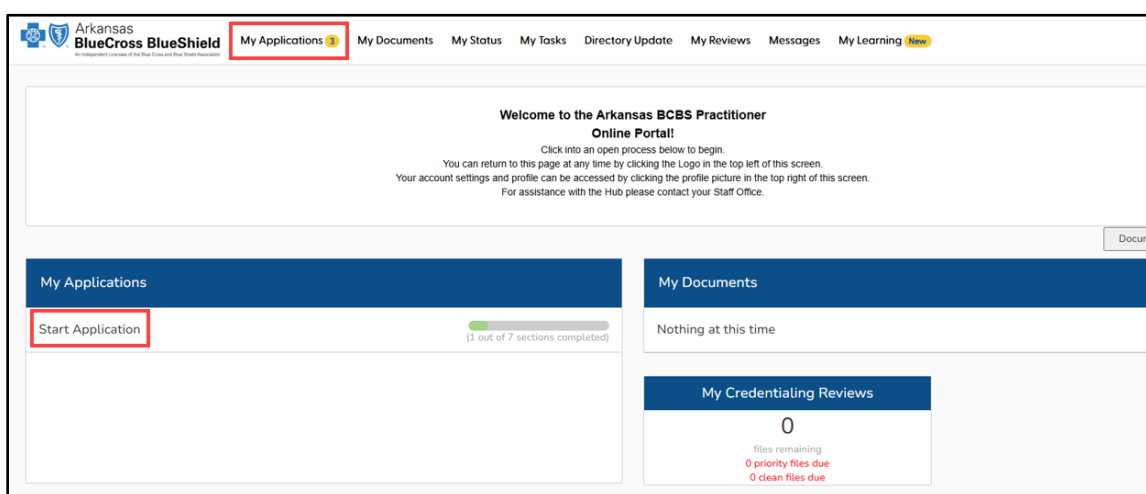
Return to Home

Recredentialing Application Arkansas MDs and DOs

Arkansas MD and DO providers must be recredentialed every three years and will receive notification about recredentialing in the Hub.

Notification of Recredentialing Application

1. Six months prior to recredentialing due date, the provider and admin(s) should receive an email advising them to log into the Hub and complete the recredentialing application.
2. Follow the link in the email and log into the Hub.
3. In the Hub, select the **My Applications** menu, then click **Start Application**.



Demographics

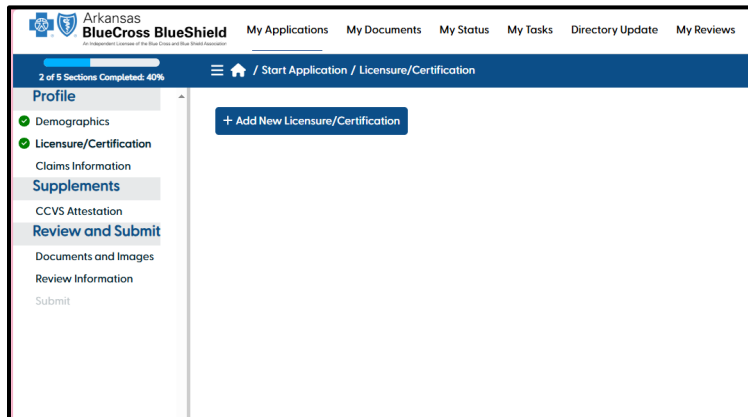
1. On the left sidebar, click **Demographics** to begin the application.
2. Verify the demographic information is correct and update as needed.

A screenshot of the 'Start Application / Demographics' form. The left sidebar shows a progress bar for '6 of 6 Sections Completed: 100%' and a list of sections: Profile, Demographics (selected), Offices/Locations, Licensure/Certification, Claims Information, Supplements, CCVS Attestation, Review and Submit, Documents and Images, and Review Information. The main form area is titled 'Personal Information' and contains several fields: First Name (Brooke), Middle Name (Test Brown), Last Name (Test Brown), Suffix (dropdown), Gender (Female), Title (Doctor of Medicine (MD)), Birth Date (10/12/1961), Email (Brooke@somewhere.com), Mobile ((999) 999 9999), Primary Degree (Doctor of Medicine (MD)), Primary Practice State (Arkansas), Preferred Pronouns (She/Her), and Ethnicity. There is an 'Import Your Data' button and a 'Collapse All' link at the top of the form.

3. When finished, click **Save & Continue**.

Licensure/Certification

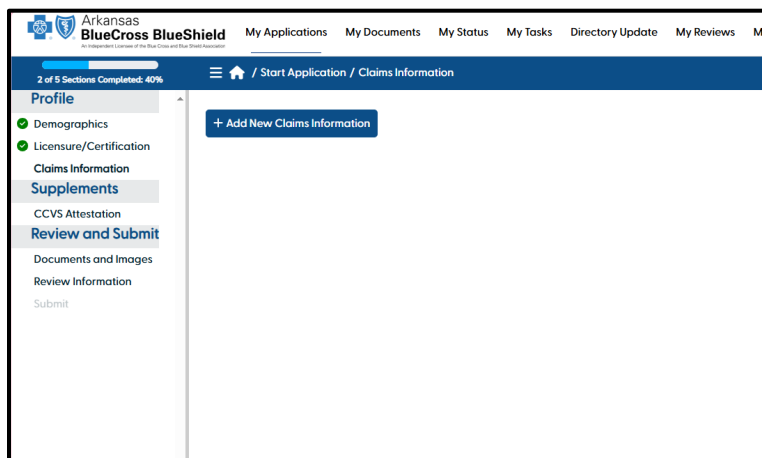
1. Review and update the information on the **Licensure/Certification** screen. Add any new license/DEA information, if necessary.
2. Click **Save & Continue** to proceed through the application.



The screenshot shows the 'Licensure/Certification' screen in the Arkansas BlueCross BlueShield application. The top navigation bar includes 'My Applications', 'My Documents', 'My Status', 'My Tasks', 'Directory Update', and 'My Reviews'. The left sidebar shows a progress bar for '2 of 5 Sections Completed: 40%' and a list of sections: Profile, Demographics, Licensure/Certification (highlighted), Claims Information, Supplements, CCVS Attestation, Review and Submit, Documents and Images, Review Information, and Submit. The main content area has a blue button labeled '+ Add New Licensure/Certification'.

Claims Information

1. On the Claims Information screen, add any malpractice claims, if necessary.
2. Update any pending malpractice cases, if necessary.

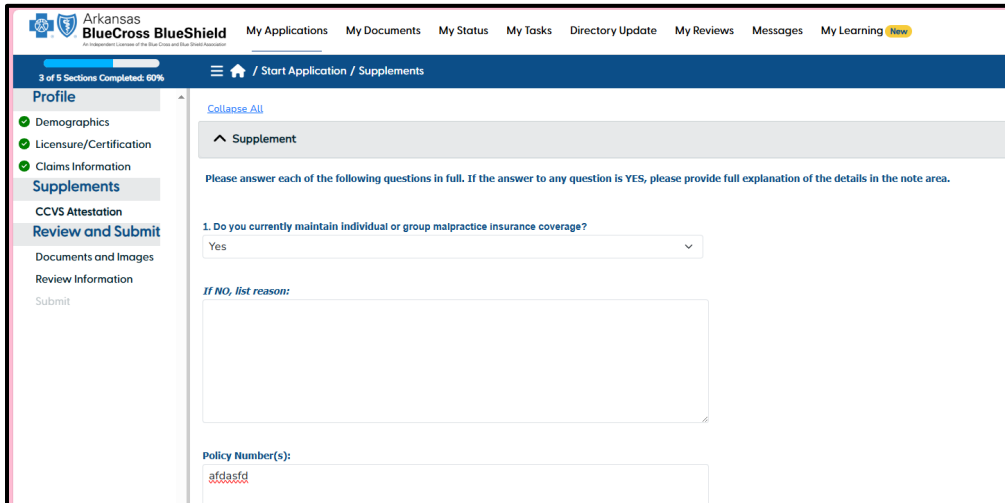


The screenshot shows the 'Claims Information' screen in the Arkansas BlueCross BlueShield application. The top navigation bar includes 'My Applications', 'My Documents', 'My Status', 'My Tasks', 'Directory Update', and 'My Reviews'. The left sidebar shows a progress bar for '2 of 5 Sections Completed: 40%' and a list of sections: Profile, Demographics, Licensure/Certification, Claims Information (highlighted), Supplements, CCVS Attestation, Review and Submit, Documents and Images, Review Information, and Submit. The main content area has a blue button labeled '+ Add New Claims Information'.

3. When finished, click **Save & Continue**.

CCVS Attestation

1. On the CCVS screen, answer **Yes** or **No** to each question. If you answer yes to any question, provide an explanation.

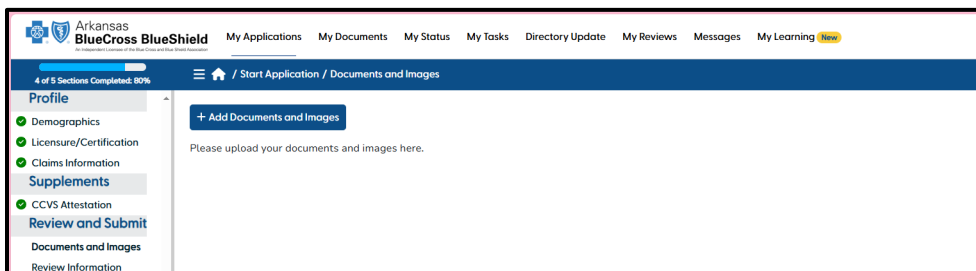
The screenshot shows the 'Supplements' section of the application. The left sidebar indicates '3 of 5 Sections Completed: 60%' and lists 'Profile', 'Supplements', and 'Review and Submit'. The main content area is titled 'Supplement' and contains a question: '1. Do you currently maintain individual or group malpractice insurance coverage?'. Below the question is a dropdown menu with 'Yes' selected. A text area for 'If NO, list reason:' is visible. At the bottom, there is a 'Policy Number(s):' field with the placeholder text 'afdasfd'.

2. When finished, click **Save & Continue**.

Review and Submit

1. On the **Documents and Images** screen, **upload a CV** if your practice provides **telehealth services**. To do this, click **Add Documents and Images**.

If you do not provide telehealth services, no documents need to be uploaded on this screen.

The screenshot shows the 'Documents and Images' section of the application. The left sidebar indicates '4 of 5 Sections Completed: 80%' and lists 'Profile', 'Supplements', and 'Review and Submit'. The main content area has a blue button labeled '+ Add Documents and Images' and the text 'Please upload your documents and images here.'

2. Click **Review Information**.
3. The Hub will review the application and verify all mandatory fields were completed. A message will display if no issues are found.

If any issues are found, correct them in order to submit the application.

4. If no issues are found, click **Continue to Submit**.
5. On the **Submit Application** screen, enter your name in the Signature Type field. This generates an electronic signature.
6. If there are additional documents listed that require a signature, select each document and click **View and sign documents**.

Select the documents you would like to view and sign	Status	Action
☐ Select All		
☐ CCVS ATTESTATION & RENEWAL FORM *	Not yet signed	Preview
☐ CCVS Authorization and Release *	Not yet signed	Preview
☐ PNO Attestation and Release Individual *	Not yet signed	Preview

Buttons: [View Summary](#), [View and sign documents](#), [Submit Application](#)

7. After reviewing each document for accuracy, enter your **full name** and click **Sign Application**.

8. When finished, click **Submit Application**.

Select the documents you would like to view and sign * requires signature

Select All	Status	Action
☒	Completed →	View
☒	Completed →	View
☒	Completed →	View

[View and sign documents](#)

[View Summary](#) [Submit Application](#)

9. A message will display indicating the recredentialing application has been submitted to Arkansas Blue Cross Blue Shield for review and processing.

Arkansas BlueCross BlueShield

My Applications My Documents My Status My Tasks Directory Update My Reviews Messages My Learning New

4 of 5 Sections Completed: 80%

Start Application / Submit Application Help

Profile

- Demographics
- Licensure/Certification
- Claims Information

Supplements

- CCVS Attestation

Review and Submit

- Documents and Images
- Review Information
- Submit

Application Submitted

You have completed your application. Would you like to view a summary of your information or return to the home page?

[View Summary](#) [Return to Home](#)

[View Summary](#)

Application Submitted on 4/29/2025 at 8:41 AM

Provider Updates

Provider updates can be made at any time through the Hub. Updates can be submitted by the provider or the administrative contact(s).

Information that can be updated:

- Personal Information
- Languages
- License and Certification
- Current Professional Liability Insurance
- Taxonomy Code
- Approved Associates (collaborative practice physician for NP and PAs)
- Offices / Locations
- Office Hours
- Office locations: See [Adding an Office Location](#) and [Terminating an Office Location](#).

Note: Providers should only have one primary location. All others will be additional locations.

Adding an Office Location

1. Click **Add New Office Address**.
2. Select the **Office Designation**. Click **Save**.
3. Search for the Office/Location.
 - Name Field – Search by NPI or organization name
 - Address Field – Search by address
4. Select the address to be added.
5. Enter the **effective date** (the date the provider joined this location).
6. Enter the **provider's office hours**.
7. Click **Save**.
8. Click **Submit**.

Arkansas BlueCross BlueShield

Applications My Status Workflow Tasks Messages

* Specialties, Tax IDs, Contacts, and Languages may be updated once your address record has been added, if applicable. Click "Save" then return to your record to fill in any additional information.

▼ Collapse All

Designations

Additional Office

Select Designations

Office or Location

Select Office Address

Address Line 1: 4094 Fourth Avenue
Address Line 2: #300
City: San Diego
County: San Diego
Provider Phone 1:
Handicap Access: true

Details

Effective Date: mm/dd/yyyy
Termination Date: mm/dd/yyyy
Accepts New Patients: No

Provider Hours

Sunday	00:00	and	24:00
Monday	00:00	and	24:00
Tuesday	00:00	and	24:00
Wednesday	00:00	and	24:00

Submit
Click to submit your changes for review

Cancel and Return to List

Save

Terminating an Office Location

1. Select the location to be termed.
2. In the dropdown, change Active to **Inactive**.
3. Enter the termination date. Do not use a prior date.

We suggest using the last calendar day of the current month, or if a future date, the last calendar day of the month the provider will be leaving.

Note: Never use the delete button to remove an address or any other information in the Hub.

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Applications My Status Workflow Tasks Messages

General Information
Licensure/Certification
Malpractice Insurance
Taxonomy
Approved Associates
Offices/Locations

Submit
Click to submit your changes for review

Office or Location

Select Office Address

Address Line 1: 4094 Fourth Avenue
Address Line 2: #300
City: San Diego
County: San Diego
Provider Phone 1:
Handicap Access: true

Details

Effective Date:
Termination Date:
Accepts New Patients: No

Provider Hours

Day	Start	End
Sunday	00:00	24:00
Monday	00:00	24:00
Tuesday	00:00	24:00
Wednesday	00:00	24:00
Thursday	00:00	12:00
Friday	00:00	24:00
Saturday	00:00	24:00

Other

Cancel and Return to List Save

Directory Updates

As of January 1st, 2022, the No Surprises Act requires that provider directories are up to date with the most current and accurate information. Arkansas Blue Cross and Blue Shield uses the Hub to keep provider information updated.

Note: The Directory Update will include all practice locations we have listed for the provider at all organizations (clinics) the provider is linked to.

1. Every 90 days, a notification email is sent to the provider and any administrative contacts on file. The provider or admin can review and submit the 90-Day Directory Update.
2. If no changes are needed, click **Submit**.

Information to Verify/Correct:

- Provider Name: First Middle Last
- Gender
- Preferred Pronouns
- Ethnic Origin
- Cell Phone
- Email
- NPI number
- Office locations: See [Adding an Office Location](#) and [Terminating an Office Location](#).

Note: Providers should only have one primary location. All others will be additional locations.

- Office Hours
- Languages

Adding an Existing Provider to an Organization (Clinic)

1. Organization Admin log into the Hub
2. On the homepage, change the Type of Application dropdown to **Organizations**.
3. Locate the Organization the provider is joining and click the **Documentation Library** button.
4. Open the **Clinic and Admin Authorization Form**.
5. Fill out the form. Save the document to your computer (it will need to be attached to the new clinic application in a later step). The admin's name and email is required.
Note: A separate authorization form will be needed for each provider the clinic is associated with.
6. Open the **Organization Update (Clinic)**, attach the clinic auth form to the Supplement section, and submit the update.

Enrolling a New Organization

Completing an Organization Request for Application (RFA)

The Organization Request for Application is required to start the Organization enrollment process for all organizations and can be found on the Arkansas Blue Cross Blue Shield website at (Link).

1. Complete the Organization Request for Application and email it to the Network Development Representative in your region.
2. When the Organization RFA has been processed, an email will be sent with instructions to log into the Hub to complete the Organization Application.

Application for New Organization (Clinic)

1. After submitting a request for a new organization, the organization admin will receive an email with a link to the Hub portal.
2. Log in using your email and password. If you are a first-time user, click **First Time Login** to set your password.
3. On the homepage, change the Type of Application dropdown to **Organizations**.
4. Click the **Documentation Library** button for the clinic.

Welcome to the Arkansas BCBS Practitioner Online Portal!

Click into an open process below to begin.
 You can return to this page at any time by clicking the Logo in the top left of this screen.
 Your account settings and profile can be accessed by clicking the profile picture in the top right of this screen.
 For assistance with the Hub please contact your Staff Office.

Type of Application:
 Organizations Search Organization...

Organization	Total Number of Applications	Completed Applications	
Test Organization Home Health Agency	1	0	Documentation Library
Test Organization New Clinic	2	1	Documentation Library

PNO New Clinic Update Facility: Status: Not Submitted ⚠ Last Submitted:

PNO New Clinic Application Facility: Status: Submitted ✔ Last Submitted:

✔ *No information required

1 - 2 of 2 items

- Open the **Clinic and Admin Authorization Form**.

Documentation Library ✕

PNO Attestation and Release Form Organization

[Clinic and Admin Authorization Form](#)

- Fill out the form. Save the document to your computer (it will need to be uploaded/attached to the new clinic application in a later step).
- Note:** A separate authorization form will be needed for each provider the clinic is associated with.
- Return to the homepage and click the **PNO New Clinic Application** link to access the application.

Welcome to the Arkansas BCBS Practitioner Online Portal!

Click into an open process below to begin.
You can return to this page at any time by clicking the Logo in the top left of this screen.
Your account settings and profile can be accessed by clicking the profile picture in the top right of this screen.
For assistance with the Hub please contact your Staff Office.

Type of Application:

Organizations

Search Organization...

Search

Organization	Total Number of Applications	Completed Applications
▶ Test Organization Home Health Agency	1	0
▶ Test Organization New Clinic	2	1

PNO New Clinic Update

PNO New Clinic Application

Submitted

Facility:

Status: Not Submitted ⚠

Last Submitted:

Facility:

Status: Submitted ✅

*No information required

Last Submitted:

⏪ ⏴ 1 ⏵ ⏩

Demographics

1. Complete the blank fields and review any information in the pre-populated fields. All fields marked with an asterisk (*) are required.

🏠 / PNO New Clinic Application / Demographics
Need help?

*** Name**

Test Organization New Clinic

*** Doing Business As**

Test Organization New Clinic

*** Handicap Access**

Yes

*** Address Line 1**

731 Sesame Street

*** Email**

*** Tax ID**

454545454

*** Tax ID Issued**

01/01/2025

*** Group NPI**

*** Group NPI Issued**

01/24/2025

⤴ Other

Organization Type/Subtype

Clinic / Clinic

*** Original Effective Date**

01/01/2025

*** Tax ID Name**

Test Organization New Clinic

*** Medical Records Fax Number**

Save and Continue →

2. When finished, click **Save and Continue**.

Demographics - Hours

1. Enter the clinic's office hours in military (24-hour) time for each day of the week (Monday – Sunday).

2. If closed for lunch, specify the time; otherwise, leave blank and only complete the first and last fields for each day.
3. When finished, click **Save and Continue**.

Demographics – Other Addresses

1. Click **Add New Other Address**.
2. In the Address Type dropdown, select **Billing**.
3. Complete the blank fields and review any information in the pre-populated fields. All fields marked with an asterisk (*) are required.
4. When finished, click **Save**.
5. Click **Add New Other Address** again.
6. In the Address Type dropdown, select **Mailing**.
7. Complete the blank fields and review any information in the pre-populated fields. All fields marked with an asterisk (*) are required.
8. When finished, click **Save**.
9. When both the **Billing** and **Mailing** addresses have been completed, click **Save and Continue**.

Note: Submit only a Billing and Mailing address. Do not select any of the other address types.

The screenshot shows a web application interface for 'PNO New Clinic Application' with a sub-tab 'Other Addresses'. A dropdown menu for '* Address Type' is open, showing several options. Two red arrows point to 'Billing' and 'Mailing' in the dropdown. Another red arrow points to the 'Other Addresses' tab in the top navigation bar.

* Address Type
Additional Office
Billing
Mailing
Previous
Primary
Primary per Organization
Referring

Additional Details

1. Under Coverage > Age Restrictions, indicate if the clinic only sees patients within a certain age group.

2. Under ADA > ADA Accessibility, indicate if the clinic is handicapped accessible.

Home / PNO New Clinic Application / Additional [Need help?](#)

▼ Collapse All

▲ Coverage

Age Restrictions

▲ Anesthesia

▲ ADA

ADA Accessibility

No ▼

▲ Minority Owned Business

3. When finished, click **Save and Continue**.

Organization Application Forms

1. Under Authorization Form for Clinic/Group Billing, **upload** the completed authorization form(s) you downloaded from the Documentation Library.

5 of 5 Sections Completed: 100%

Demographics

Demographics-Hours

Demographics-Other Addresses

Additional Details

Supplements

Organization Application Forms

Organization Address

Review and Submit

Documents and Images

Review Information

Submit

Provider Network Organization Attestation and Release (Entity)
Download fillable form, complete and reupload here:

No image [UPLOAD](#)

☒ Optimize Images (optional)

Organization Specific Attestation (if applicable):
Download fillable form, complete and reupload here:

No image [UPLOAD](#)

☒ Optimize Images (optional)

Authorization Form For Clinic/Group Billing and HealthStream Account Administration Access
Download fillable form, complete and reupload here:

No image [UPLOAD](#)

☒ Optimize Images (optional)

Lucet Facility Services Provided
Download fillable form, complete and reupload here:

2. Scroll down the list and locate the Tax ID Verification section. Upload a copy of the clinic's W-9 or IRS Letter.

5 of 5 Sections Completed: 100%

- Demographics
- Demographics-Hours
- Demographics-Other Addresses
- Additional Details

Supplements

- Organization Application Forms
- Organization Address
- Review and Submit**
- Documents and Images
- Review Information
- Submit

No image

☒ Optimize Images (optional)

Organization Application Instructions:
Please upload the appropriate documentation below.

Tax ID Verification:
Upload a copy of your W-9 or IRS Letter here:

No image

☒ Optimize Images (optional)

Professional Liability Insurance Certificate
Upload a copy of your current certificate of insurance:

No image

☒ Optimize Images (optional)

- When finished, click **Save and Continue**.

Organization Address

- Enter the completed address for the primary location and any additional locations.
- Include phone and fax numbers.

Documents and Images

- Do not add any documents to the Documents and Images section.

Review Information

- Review all entered information for errors and completeness. If the application finds any issues, click **Fix Issue(s)** to correct them.

! Issues Found

The following data requires your attention.

Demographics	Total Issue(s): 3	Fix Issue(s)
Demographics		
Missing: 'Email', 'Group NPI', 'Medical Records Fax Number'		

- When all required fields have been completed, and required documents attached, click **Continue to Submit**, then click **Submit Application**.

Application for New Organization (Facility)

1. After submitting a request for a new organization, the organization admin will receive an email with a link to the Hub portal.
2. Log in using your email and password. If you are a first-time user, click **First Time Login** to set your password.
3. On the homepage, change the Type of Application dropdown to **Organizations**.
4. Click the **Documentation Library** button for the facility.
5. Access and download each document to your computer. Fill out and sign the form(s) as needed. The completed documents will need to be uploaded/attached to the new facility application in a later step).
6. Return to the homepage and click the **PNO Organization Facility Application** link to access the application.

Demographics

1. Complete the blank fields and review any information in the pre-populated fields. All fields marked with an asterisk (*) are required.

The screenshot shows the 'Demographics' section of the 'PNO Organization Facility Application'. The form is titled 'PNO Organization Facility Application / Demographics' and includes a 'Need help?' button. The form contains several fields, some of which are pre-populated and some are blank. The fields are organized into a grid-like structure. The 'Name' field is pre-populated with 'Test Organization Home Health Agency'. The 'Doing Business As' field is blank. The 'Handicap Access' field is a dropdown menu with 'No' selected. The 'Address Line 1' field is pre-populated with '601 Railroad Ave'. The 'Email' field is pre-populated with 'debbie@123Somewhere.com'. The 'Tax ID' field is pre-populated with '3245'. The 'Tax ID Issued' field is pre-populated with '05/01/2025'. The 'Group NPI' field is pre-populated with '1457122046'. The 'Group NPI Issued' field is a date picker with 'mm/dd/yyyy' selected. The 'Medicaid Number' field is blank. The 'Medicare Number' field is pre-populated with 'none'. The 'Medicare Number Issued' field is a date picker with 'mm/dd/yyyy' selected. There is an 'Other' section with a plus icon and a minus icon. The 'Original Effective Date' field is pre-populated with '05/01/2025'. The 'Tax ID Name' field is pre-populated with 'Test Organization Home Health Agn'.

2. When finished, click **Save and Continue**.

Demographics - Hours

1. Enter the clinic's office hours in military (24-hour) time for each day of the week (Monday – Sunday).
2. If closed for lunch, specify the time; otherwise, leave blank and only complete the first and last fields for each day.

3. When finished, click **Save and Continue**.

The screenshot shows the 'Daily Hours' form. At the top, there is a breadcrumb trail: 'PNO Organization Facility Application / Daily Hours'. Below this, there is a section titled 'Evenings?' with a dropdown menu currently set to 'No'. The main part of the form consists of seven rows, one for each day of the week (Monday through Sunday). Each row contains two time range inputs. For example, Monday shows '00:00 to 12:00' followed by 'and' and then '12:00 to 24:00'. Each input field has a small 'to' label and a dropdown arrow on the right side.

Demographics – Other Addresses

1. Click **Add New Other Address**.
2. In the Address Type dropdown, select **Billing**.

The screenshot shows the 'Other Addresses' form. At the top, there is a breadcrumb trail: 'PNO Organization Facility Application / Other Addresses'. Below this, there is a section titled '* Address Type' with a dropdown menu. The dropdown menu is open, showing four options: 'Additional Office', 'Billing', 'Mailing', and 'Primary'. A red arrow points to the 'Billing' option, indicating it should be selected.

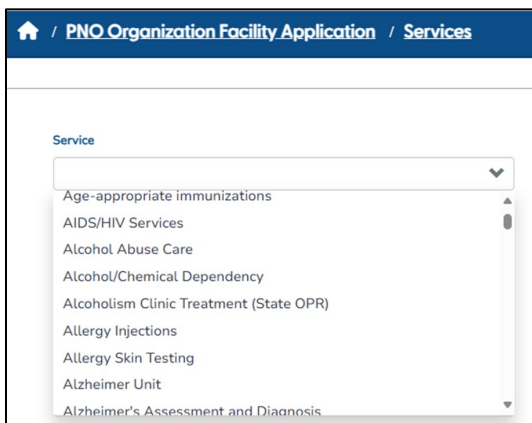
3. Complete the blank fields and review any information in the pre-populated fields. All fields marked with an asterisk (*) are required.
4. When finished, click **Save**.
5. Click **Add New Other Address** again.
6. In the Address Type dropdown, select **Mailing**.

7. Complete the blank fields and review any information in the pre-populated fields. All fields marked with an asterisk (*) are required.
8. When finished, click **Save**.
9. When both the **Billing** and **Mailing** addresses have been completed, click **Save and Continue**.

Note: Submit only a Billing and Mailing address. Do not select any of the other address types.

Demographics - Services

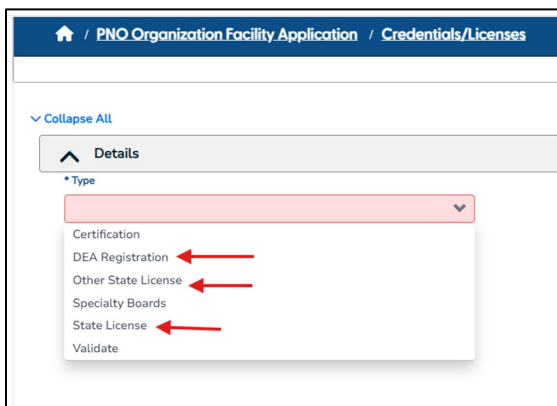
1. Add any specialty services your facility offers.
2. Save each service entry; you can edit or delete if entered in error.



The screenshot shows the 'Services' dropdown menu in the 'PNO Organization Facility Application'. The menu is open, displaying a list of services: Age-appropriate immunizations, AIDS/HIV Services, Alcohol Abuse Care, Alcohol/Chemical Dependency, Alcoholism Clinic Treatment (State OPR), Allergy Injections, Allergy Skin Testing, Alzheimer Unit, and Alzheimer's Assessment and Diagnosis. The 'Alzheimer Unit' is currently selected.

Credentials/Licenses

1. Click **Add New License** and select the license type (state, DEA, etc.).
2. Fill in the license details: institution, license number, state of issue, issue/expiration dates, and active status.



The screenshot shows the 'Credentials/Licenses' form in the 'PNO Organization Facility Application'. The 'Details' section is expanded, showing a dropdown menu for 'Type'. The dropdown menu is open, displaying a list of license types: Certification, DEA Registration, Other State License, Specialty Boards, State License, and Validate. Red arrows point to 'DEA Registration', 'Other State License', and 'State License'.

Accreditation (Optional)

- Upload any accreditation documents (if available) to assist with verification.

The screenshot shows the 'Accreditation' section of the 'PNO Organization Facility Application'. The breadcrumb trail is 'PNO Organization Facility Application / Accreditation'. A 'Need help?' button is in the top right. A 'Collapse All' link is on the left. The 'Details' section is expanded, showing fields for 'Accrediting Organization' (dropdown), 'Service' (dropdown), 'Accreditation Classification' (text), 'Certification Number' (text), 'Status' (text), 'Term' (text), and 'Expires' (calendar). Below these is a 'Scanned Link' section with an upload button and a checkbox for 'Optimize Images (optional)'. The 'Survey' section is collapsed, showing 'Last Survey Date' and 'Survey Scheduled' (both with calendar icons). Another 'Scanned Link' section is at the bottom.

Additional Details

1. Under Coverage > Age Restrictions, indicate if the clinic only sees patients within a certain age group.
2. Under ADA > ADA Accessibility, indicate if the clinic is handicapped accessible.
3. When finished, click **Save and Continue**.

Beds

1. Click **Add Beds**.
2. Enter the appropriate number in the Occupancy Count, Licensed Inpatient Beds, and Staffed Inpatient Beds fields.

The screenshot shows the 'Beds' section of the 'PNO Organization Facility Application'. The breadcrumb trail is 'PNO Organization Facility Application / Beds'. A 'Need help?' button is in the top right. A 'Collapse All' link is on the left. The 'Details' section is expanded, showing three numeric input fields: 'Occupancy Count', 'Licensed Inpatient Beds', and 'Staffed Inpatient Beds', each with a value of 0 and a spinner control.

3. When finished, click **Save**.

Malpractice Carriers

1. Enter malpractice insurance details.
2. Upload a copy of certificate of insurance showing professional liability insurance.

The screenshot shows a web application interface for 'New Malpractice Insurance'. The breadcrumb trail at the top reads: 'PNO Organization Facility Application / Malpractice Insurance / New Malpractice Insurance'. A 'Need help?' button is in the top right. The form is titled 'General Information' and includes a 'Collapse All' link. It features several input fields: 'Type' (a dropdown menu), 'Carrier' (a search bar with a magnifying glass icon), 'Policy Number', 'Coverage Per Incident' (a dropdown menu), 'Coverage Aggregate' (a dropdown menu), 'Enrolled' (a date field with a calendar icon), 'Tail?' (a dropdown menu with 'No' selected), 'Current Issued' (a date field with a calendar icon), 'Retroactive Date' (a date field with a calendar icon), 'Expires' (a date field with a calendar icon), 'Private?' (a dropdown menu with 'No' selected), and three 'Comment' text areas. At the bottom left is a 'Return to List' link, and at the bottom right is a green 'Save' button.

3. When finished, click **Save and Continue**.

Facility Application Supplement

1. Fill out the facility application supplement, answering facility-type-specific questions and ownership/control details.
2. When finished, click **Save and Continue**.

Organization Application Forms

1. Upload any completed forms you downloaded from the Documentation Library.
2. When finished, click **Save and Continue**.

Documents and Images

- Do not add any documents to the Documents and Images section.

Review Information

1. Review all entered information for errors and completeness. If the application finds any issues, click **Fix Issue(s)** to correct them.
2. When all required fields have been completed, and required documents attached, click **Continue to Submit**, then click **Submit Application**.

Out of State Organization or Non-Pay Organization Application

1. After submitting a Request for Application (Organization) form, the organization admin will receive an email with a link to the Hub portal.
2. The organization admin should login in using their email and password. First-time users, should click **First Time Login** to set their password.
3. On the homepage, change the Type of Application dropdown to **Organizations**.
4. Complete the demographic information on the application.
5. When finished, submit the application.

Recredentialing Application – Facility

1. Contracted organizations are recredentialed every 36 months.
2. Six months prior to the recredentialing due date, the organization will receive an email notification to log into the Hub and complete the recredentialing application.
3. Review the information in the application for accuracy and make updates if needed.
4. The Documentation Library contains forms that will need to be signed and uploaded in the Supplement section of the application.
5. When finished, submit the organization recredentialing application.

The Hub Apply Portal FAQs

Account Setup

- **After I submit my provider's information on the Provider and Administrative Contact Request for Information (RFI), when will our Hub account be setup?**
 - After providers and/or their administrative contact provide their contact information on the RFI (<https://www.arkansasbluecross.com/providers/provider-and-admin-request-for-information>), accounts for the Hub will be setup soon thereafter. Emails regarding your account creation will come from ArkBlueCrossCredentialing@verity.cloud. Please follow the instructions provided in the email to finish your account creation.
- **Can a provider or administrative contact have more than one primary email address?**
 - Providers and administrative contacts can have multiple email addresses associated with them in the Hub, but they can only have one primary email address that is used for all Hub communications and login.
- **My organization uses the Hub for our internal credentialing. Do I need a separate Hub account for credentialing with Arkansas Blue Cross?**
 - A provider or administrative contact that uses the Hub with another organization will need to create a separate account with Arkansas Blue Cross' version of the Hub. Their other account information will not transfer to the Arkansas Blue Cross version.
- **Does a provider need to have their own Hub Apply Portal ("Hub") account?**
 - Yes, all providers that are contracted directly with Arkansas Blue Cross must have their own Hub username and password. Providers can assign an administrative contact to manage their applications and contracts on their behalf. While administrative contacts can fill out applications, contracts, and other forms for the provider, an administrative contact cannot submit documents on the provider's behalf if the document requires a signature. All document types that require a signature must be signed electronically in the Hub by the provider using their own Hub account.
 - The email address for the provider cannot be set to a general email box (e.g., credentialing@clinicname.com) or be set to the same email address as their administrative contact. Each non-delegated provider must have their own unique email address in the Hub Apply Portal.

Administrative Contacts

- **Can an administrative contact submit applications, contracts, or other forms on the provider's behalf?**
 - While administrative contacts can fill out applications, contracts, and other forms for the provider, an administrative contact cannot submit documents on the provider's behalf if the document requires a signature. All document types that require a signature must be signed electronically in the Hub by the provider using their own Hub account.
- **Can a provider have more than one administrative contact linked to their account?**
 - Yes, providers may have multiple administrative contacts linked to their account to support their credentialing.
- **Does an administrative contact need to have multiple accounts to manage providers from multiple organizations?**
 - No, administrative contacts should only have one account and can manage multiple providers from multiple organizations from their one account.
- **Can a provider link themselves to an administrative contact in the Hub?**
 - Yes, if a provider needs to add an administrative contact to their account, there is a process to do so in the Hub.
- **How will administrative contacts and providers be notified when credentialing tasks are due?**
 - Providers will be sent an email from ArkBlueCrossCredentialing@verity.cloud indicating that a credentialing task needs to be completed in the Hub Apply Portal. The administrative contacts for each provider will be carbon copied ("cc'd") on each of these emails. Providers or their administrative contacts can login to the Hub Apply Portal to complete the credentialing task. Only providers can submit applications or other forms that require a signature.

Using the Hub Quick Reference

Use the chart below to quickly identify how to do certain tasks in the Hub.

Task	Method to Complete
Add a new provider to an organization	Complete the Request for Application (RFA) in the Hub: https://hub.veritystream.cloud/app/39307/ApplicationRequest
Link a provider to an existing organization	Complete the Admin and Authorization Form located in the Organization Document Library. When complete, upload the document through the Organization Update.
Create a new organization	Complete the Request for Application (Organization) form located on: https://www.arkansasbluecross.com/providers/resource-center/provider-forms
Add a new location to an existing organization	Access the Organization Update task in the Hub under the name of the organization and complete the desired fields.
Complete the Directory Update	A task will be assigned to each provider and their admin in the Hub and an email notification will be sent when the task is due.
Update provider information (demographics, offices, etc.)	For updates outside of the Directory Update, you may update provider information by selecting "Provider Update" next to the provider's name in the Hub.
Update the Organization phone number, office hours, etc.	Access the Organization Update task in the Hub under the name of the organization and complete the desired fields.
EFT related updates	There are no changes to EFT processes related to the Hub Apply Portal. New EFTs should be submitted by email to eftprovidernetwork@arkbluecross.com . Contact your Network Development Representative for a copy of the required form. Changes to EFTs should be made through Availity.
Terminate provider from	Access Provider Update in the Hub. Select Office/Locations then the location the provider should be terminated from.

an organization	Under Details, add the Termination date (select the end of the current month; do not backdate).
Terminate an organization	Access the Organization Update task in the Hub under the name of the organization and complete the desired fields.
Add an admin to a clinic	A current admin for the clinic should send an email to providernetwork@arkbluecross.com requesting the new admin to be linked to the clinic.
Add an admin to a provider	A current admin for the provider should send an email to providernetwork@arkbluecross.com requesting the new admin to be linked to the provider.