2025

The Hub - Provider Application & Credentialing Portal

USER GUIDE FOR PROVIDERS AND ADMINISTRATIVE CONTACTS (ADMINS)

ARKANSAS BLUE CROSS BLUE SHIELD

Revision Date: October 1, 2025

Contents

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.

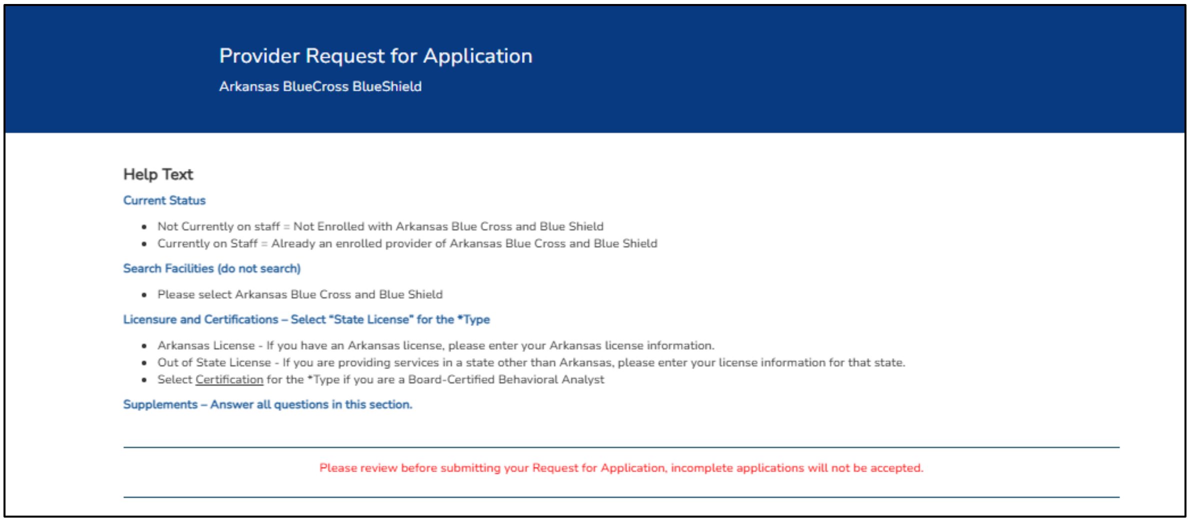
The RFA can also be accessed on the Arkansas Blue Cross and Blue Shield website here:

- 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.



Provider Request for Application
Arkansas BlueCross BlueShield

Help Text

Current Status

- Not Currently on staff = Not Enrolled with Arkansas Blue Cross and Blue Shield
- Currently on Staff = Already an enrolled provider of Arkansas Blue Cross and Blue Shield

Search Facilities (do not search)

- Please select Arkansas Blue Cross and Blue Shield

Licensure and Certifications – Select "State License" for the *Type

- Arkansas License - If you have an Arkansas license, please enter your Arkansas license information.
- Out of State License - If you are providing services in a state other than Arkansas, please enter your license information for that state.
- Select Certification for the *Type if you are a Board-Certified Behavioral Analyst

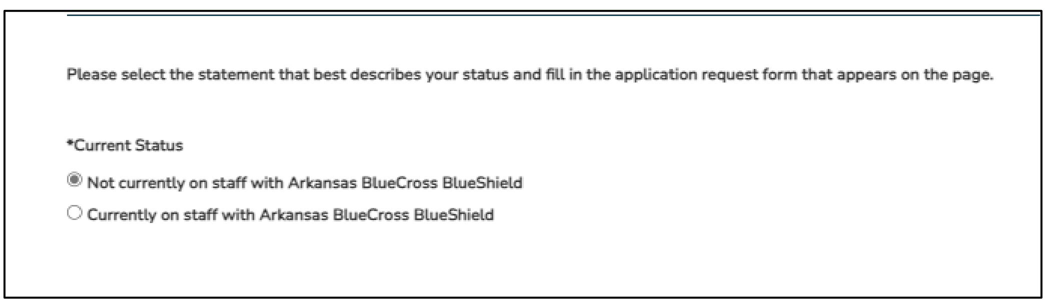
Supplements – Answer all questions in this section.

Please review before submitting your Request for Application, incomplete applications will not be accepted.

Current Status

Providers should always select "Not currently on staff" to complete the Request for Application. This option means the provider is not currently enrolled with Arkansas Blue Cross as an in-network provider.

Selecting "Currently on staff with Arkansas Blue Cross and Blue Shield" will direct the provider to the Hub login page. The RFA will not be able to be completed if this option is selected.



Please select the statement that best describes your status and fill in the application request form that appears on the page.

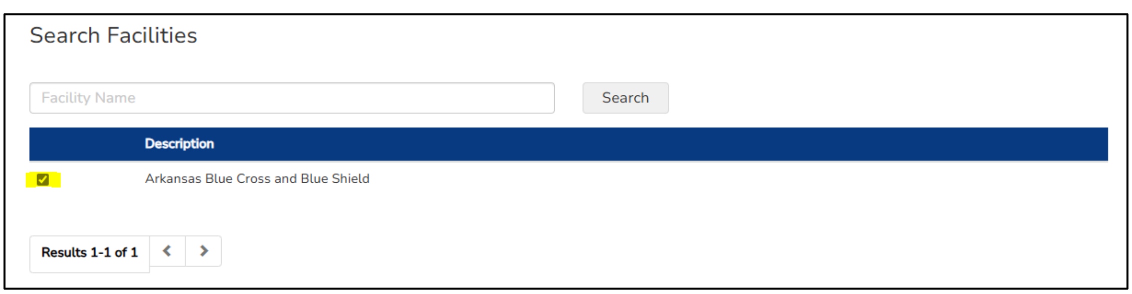
*Current Status

- (●) Not currently on staff with Arkansas BlueCross BlueShield
- ( ) Currently on staff with Arkansas BlueCross BlueShield

Search Facilities/Description

Do not enter a facility name or search this field.

All providers should check the box to select **Arkansas Blue Cross and Blue Shield**. If this box is *not* checked, it will cause an error in the RFA submission.



Search Facilities

Facility Name | Search

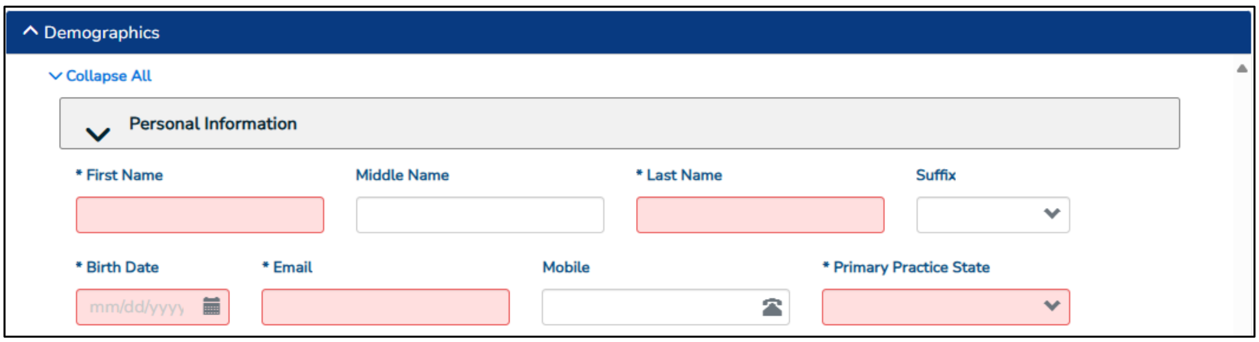
	Description
☑	Arkansas Blue Cross and Blue Shield

Results 1-1 of 1

Demographics

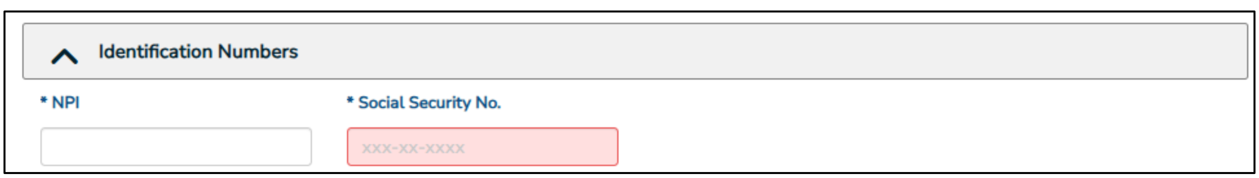
Personal Information

- **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).



Identification Numbers

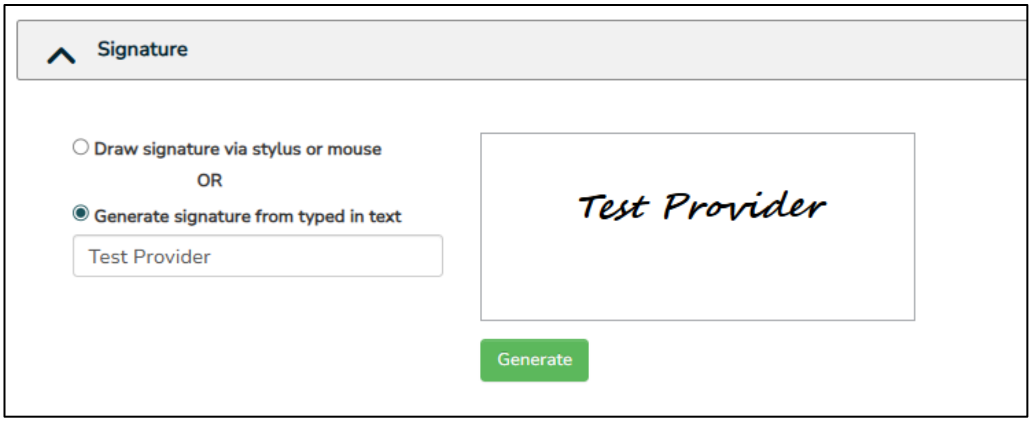
- **NPI**: Provider's individual NPI number
- **Social Security**: Provider's social security number



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**.



Licensure and Certifications

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

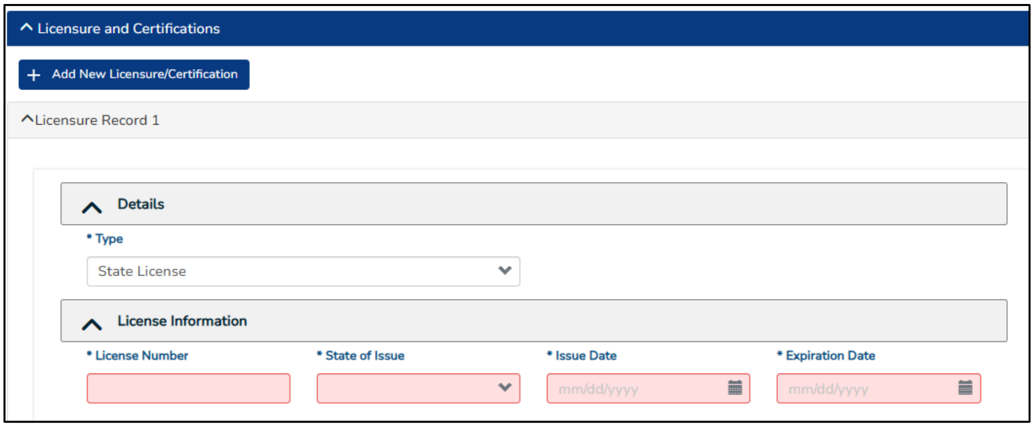
Click the **plus icon (+)** next to Add New Licensure/Certifications and select **Licensure Record 1**.

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**.

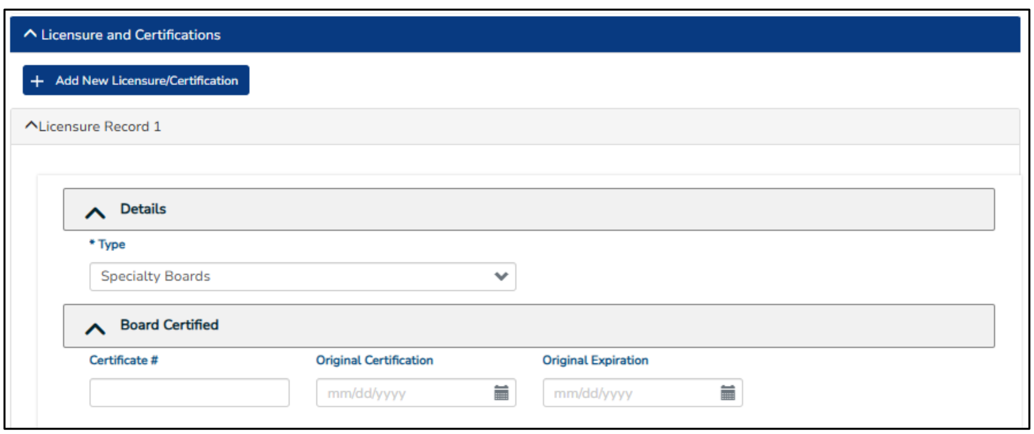
For MD or DO physicians with a primary practice location in a contiguous county to Arkansas who also have an Arkansas medical license:

- Enter the provider's Arkansas license information using the instructions above <u>AND</u> 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**.



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.



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

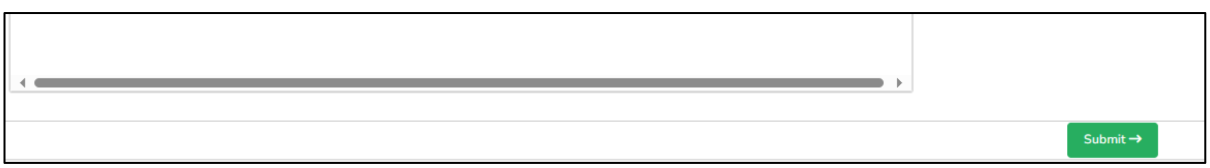
All questions in this section must be answered. Read them carefully and select the appropriate response.

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.

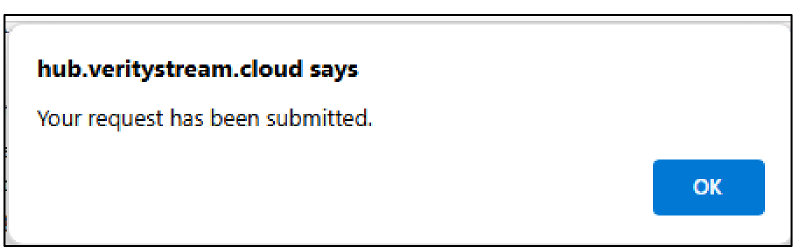
Submitting the Request for Application

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

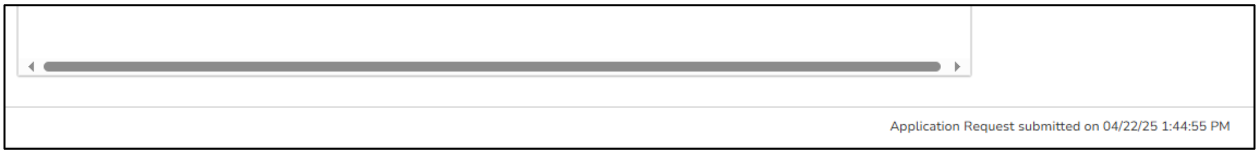
1. To submit the application, click **Submit**.



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.



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.

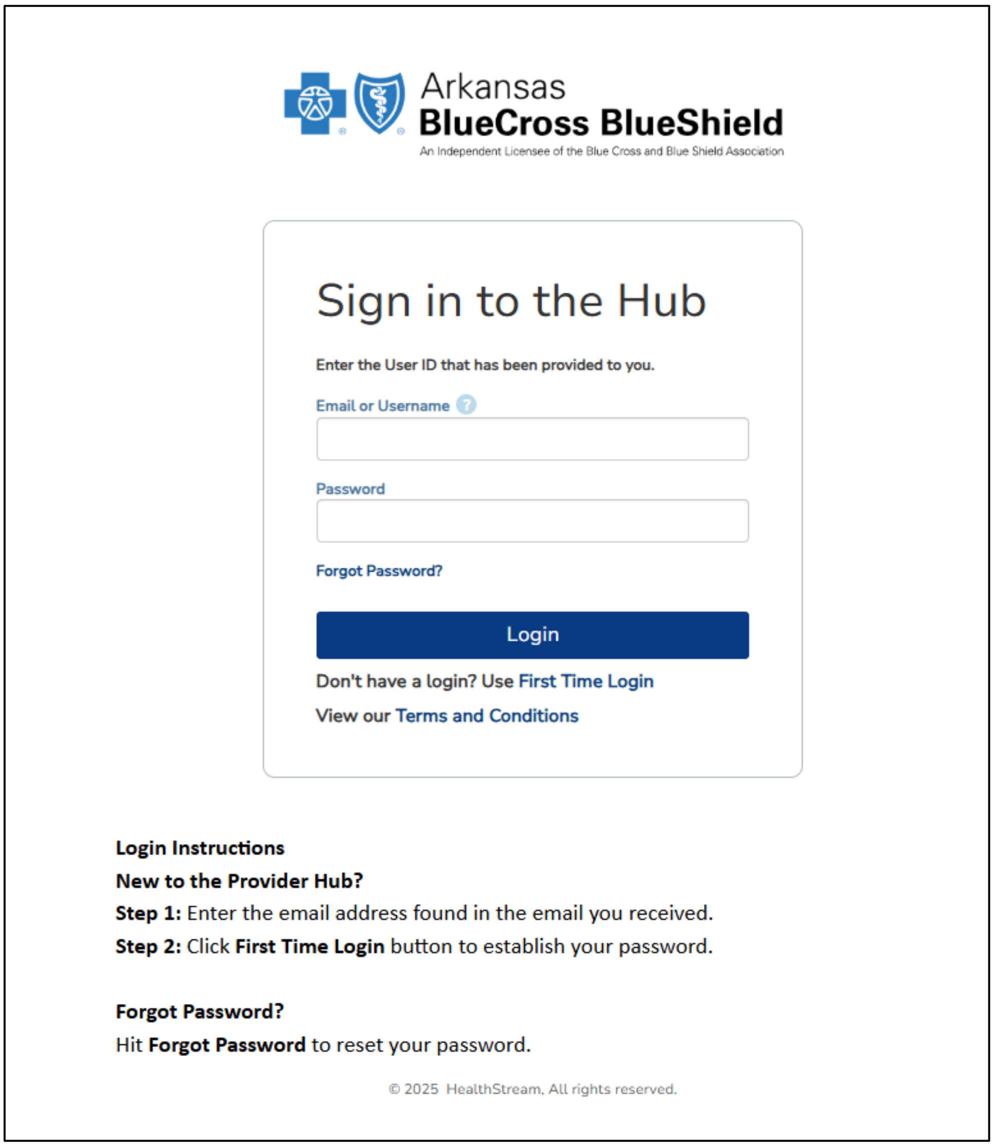
- **If the Request for Application is Accepted**: The provider and the admin will receive emails with a link to access the Hub to complete the application packet within 72 hours.
- **If the Request for Application is Declined**: The provider and admin will receive an email explaining the reason the application 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**.



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

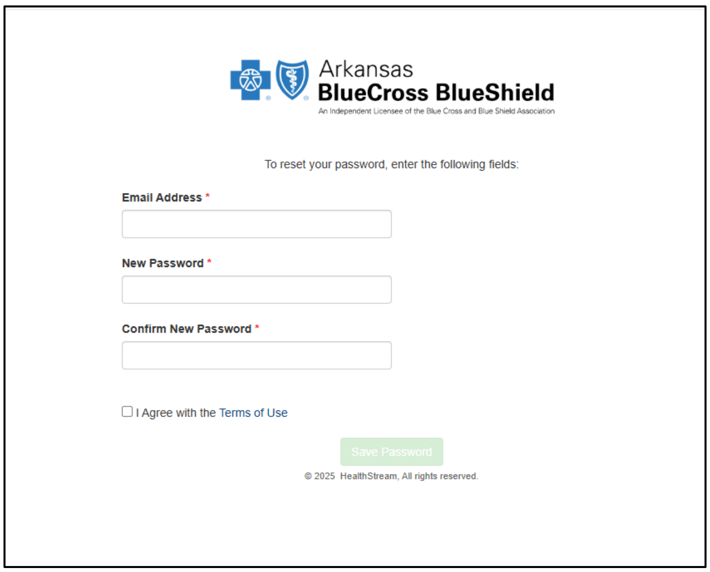
If the link does not appear to be a 'clickable' hyperlink, please copy and paste the following link into your web browser.

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'.

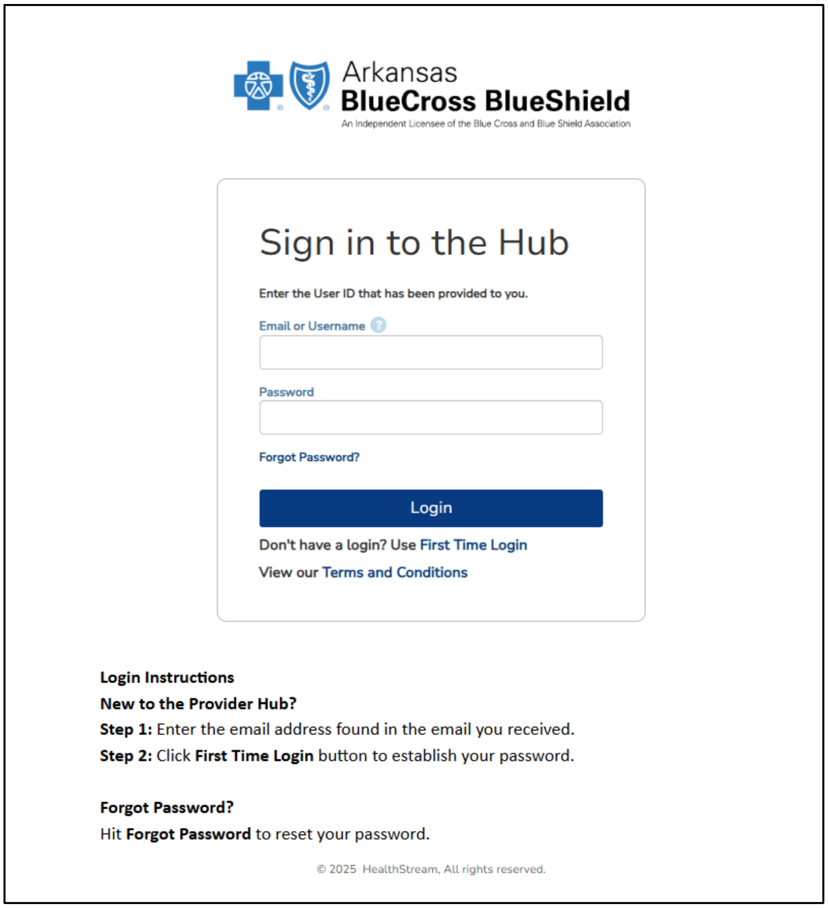
Please do not reply to this email as it is only used for admin purposes and not checked for new mail.

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**.



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.

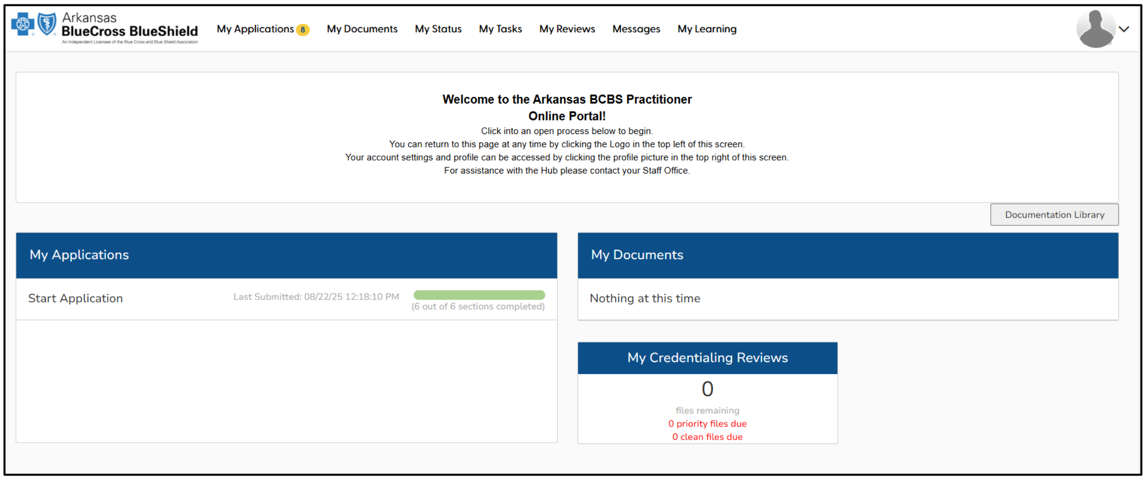


Forgot Password – Reset Password

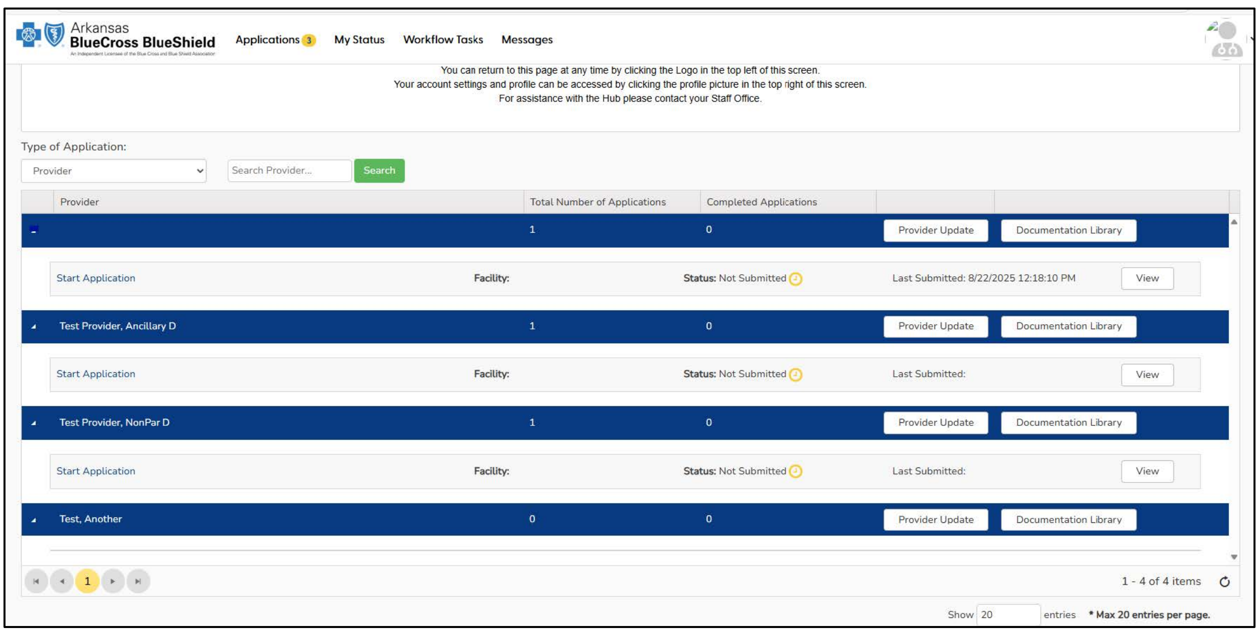
For forgotten passwords, enter your email address and click **Forgot Password**. You will receive an email with a link to reset your password. Follow the same steps as a first-time user to create a new password.

View of the Hub for Providers vs Admins

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



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



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 CCVS**).
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.

Initial Applications

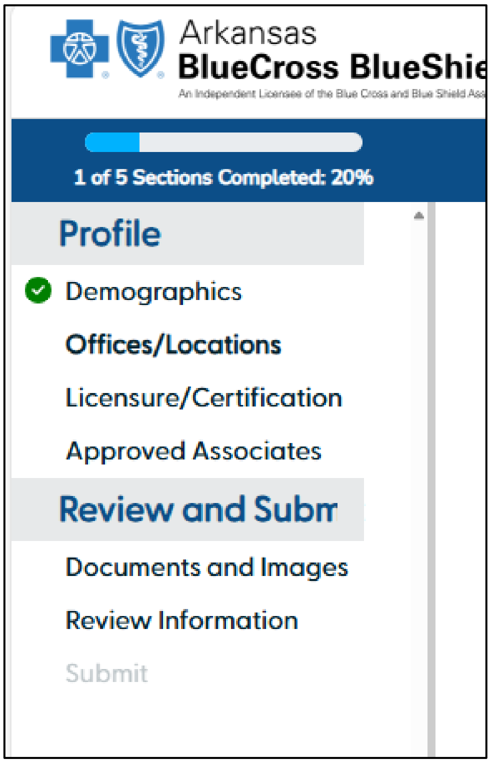
Important Tips

- 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.

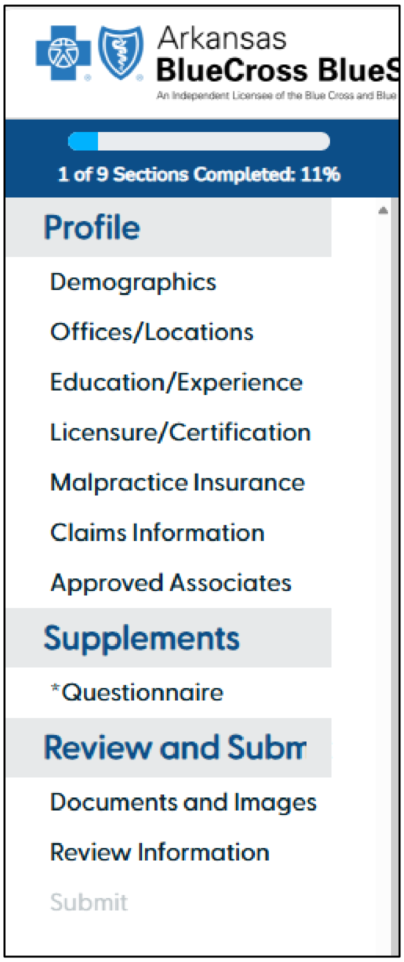
- Sections of the **Non-Par Provider Application** to be completed:



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.

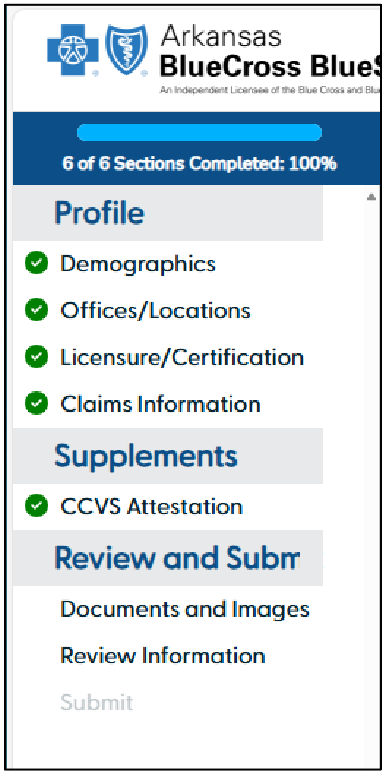
Sections of the **Ancillary or Out of State MD/DO Provider Application** to be completed:



Arkansas MD/DO Provider Applications

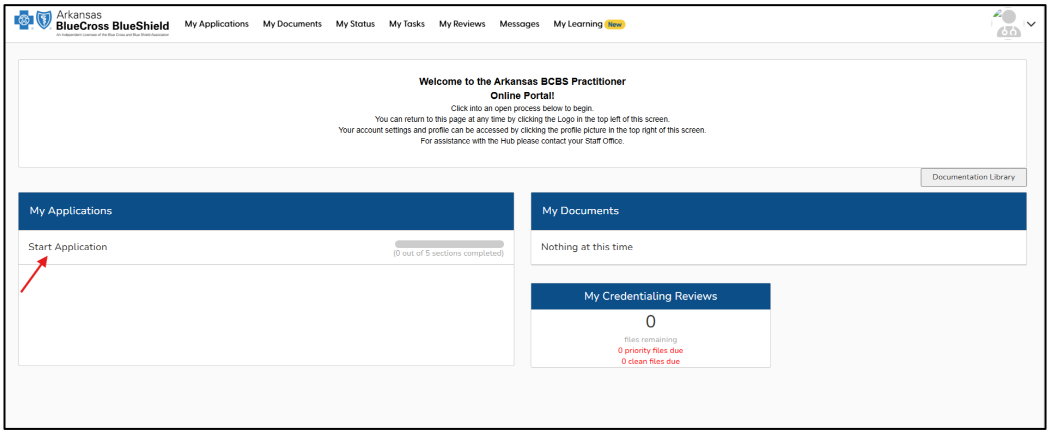
An MD or DO with an active Arkansas medical license will receive the Arkansas MD or DO application, if this is disclosed on the RFA. The application and forms are specific to Arkansas MDs and DOs and the requirements to Primary Source Verify (PSV) credentialing elements through CCVS. Contracts are available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

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



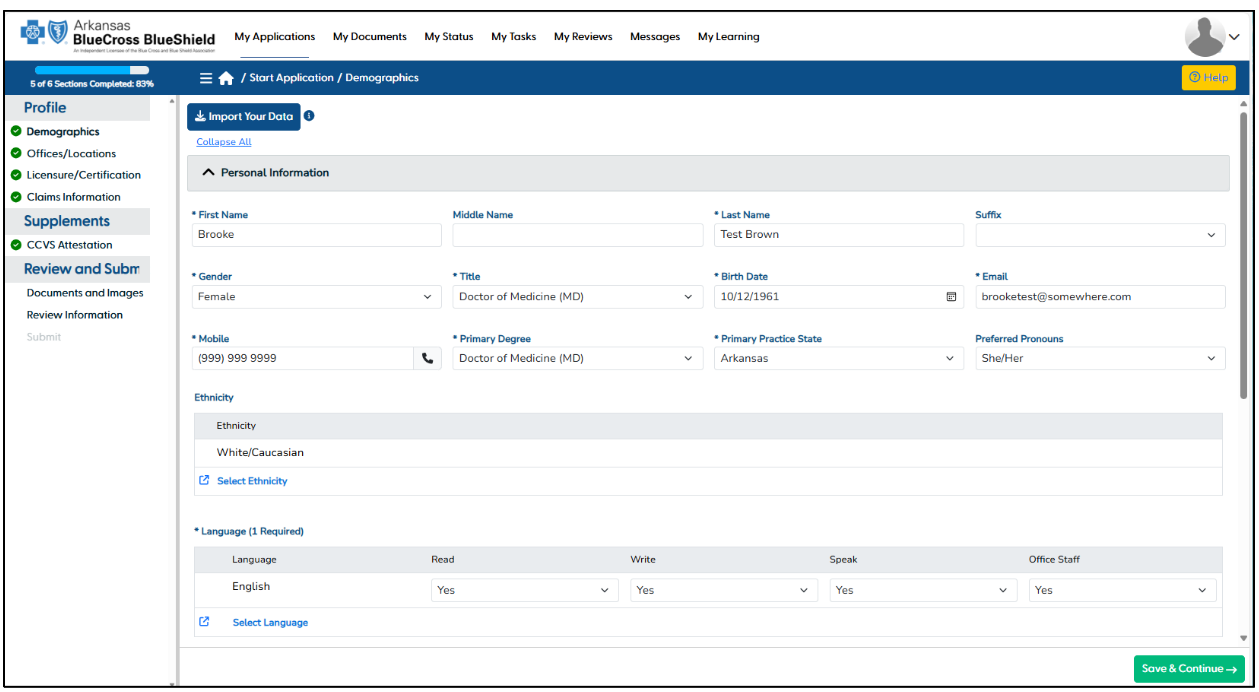
Completing the Provider Application

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.



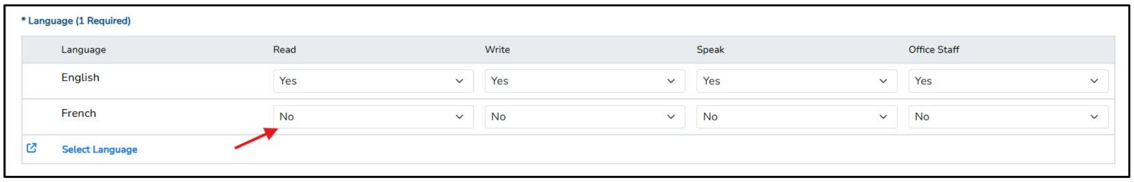
Demographics

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

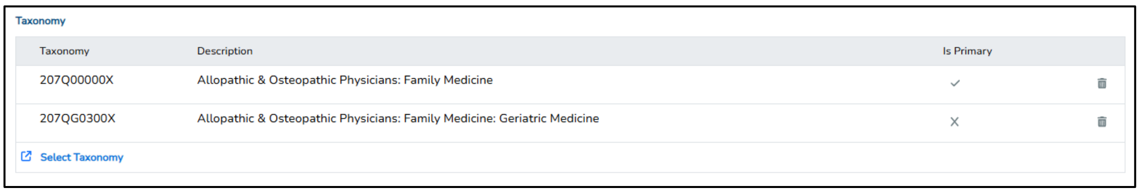


1. **Personal Information**: All fields with an asterisk (*) are required.
2. **Ethnicity**: Select the provider's ethnicity (optional).

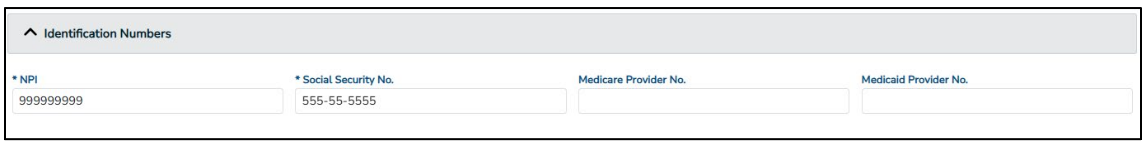
3. **Language**: After selecting the language, select **Yes** or **No** for each column (Read, Write, Speak, and Office Staff).



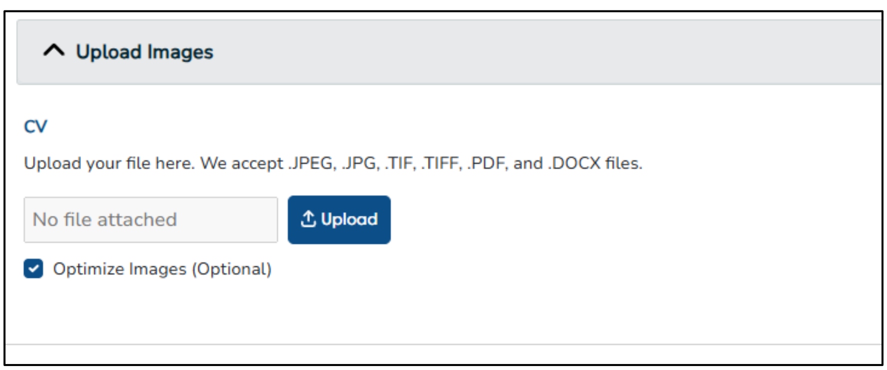
4. Click **Select Taxonomy Code**. If the provider has more than one taxonomy code, indicate which is primary by checking the X under **Is Primary**. This will change the X to a checkmark.



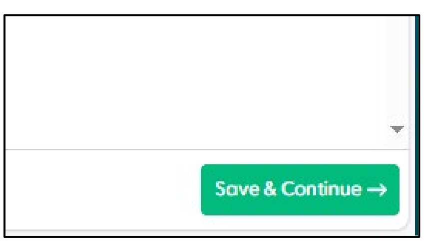
5. Verify any identification numbers (NPI, SSN, Medicare Number, Medicaid Number).



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

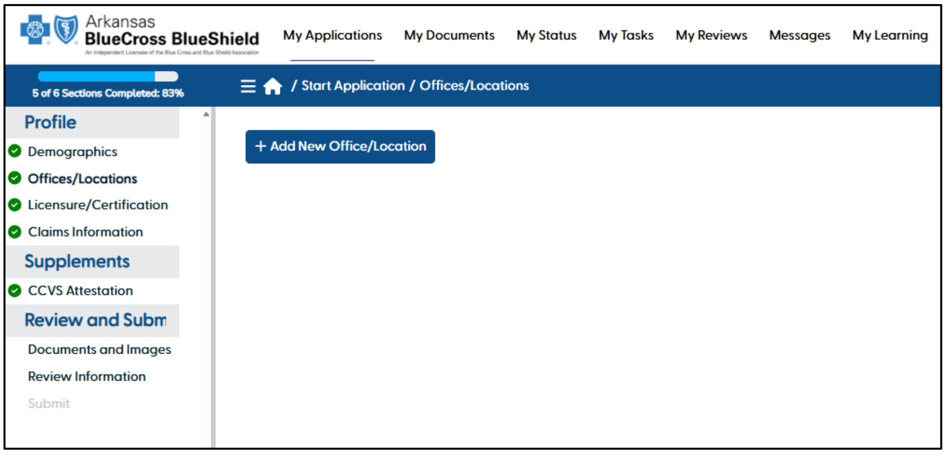


7. When finished, click **Save & Continue**.

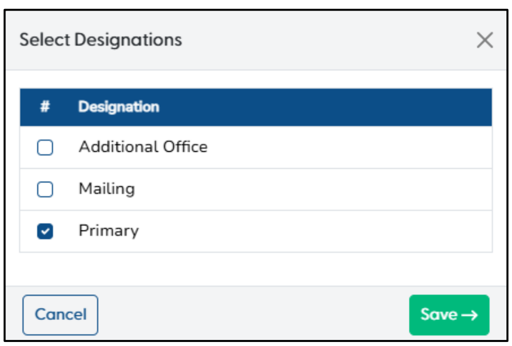


Offices/Locations

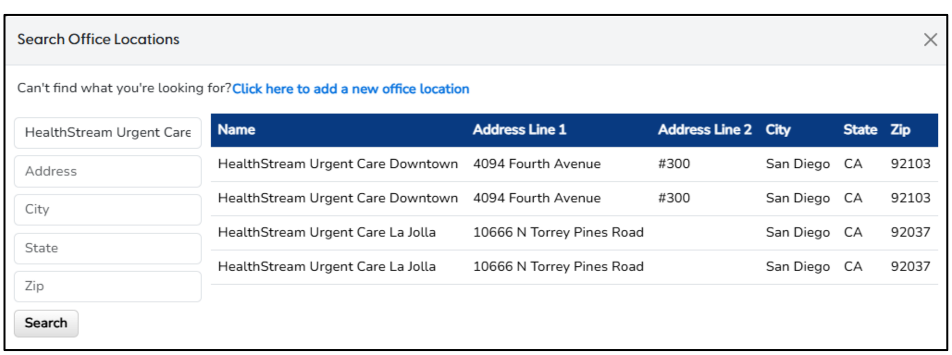
1. Click **+ Add New Office/Location**.



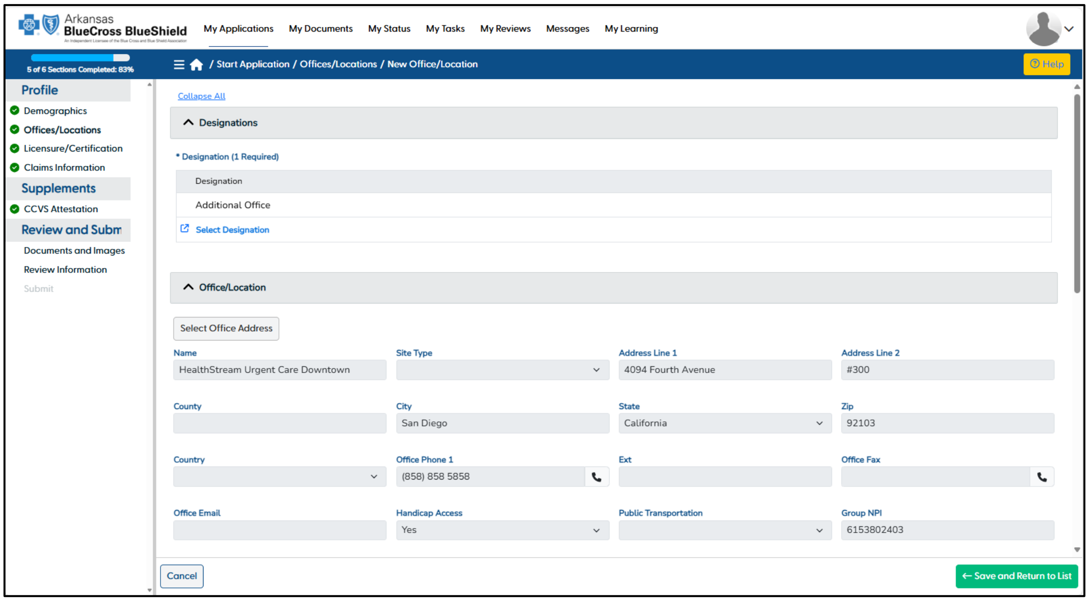
2. Select the location designation.
   The “Primary” address must be completed. This address must be your physical practice location address. To continue, click **Save**.



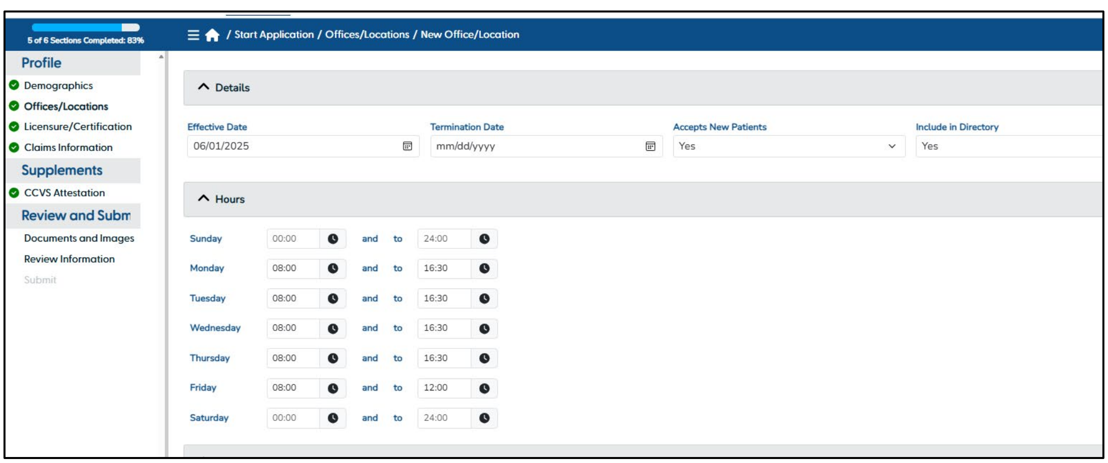
3. Search for your practice location by the NPI (preferred), organization name, or address. Click on the desired address (there may be multiple addresses listed – verify the correct location by the NPI number).
   Note: Do **not** use the “Can’t find what you are looking for? Click here to add a new office location” option.



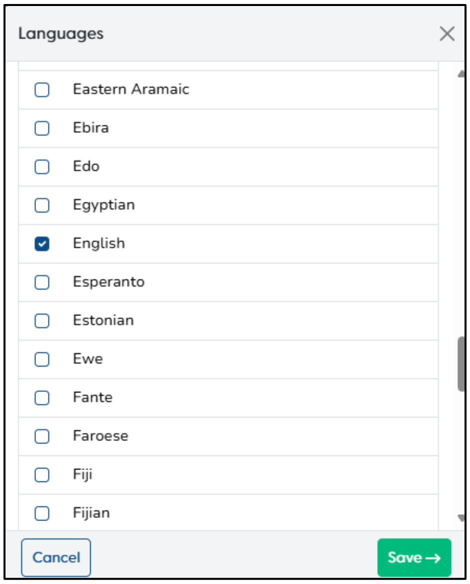
4. This will populate the Office/Location information from the organization.



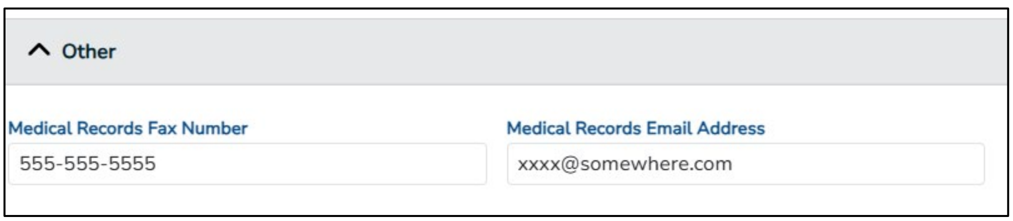
5. In the **Details** section, enter the **effective date**. This is the date the provider joins the organization. Ensure this date is correct, as claims will not pay for dates of service prior to the effective date. Do not enter a termination date.
6. For the **Accepts New Patients** and **Include in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



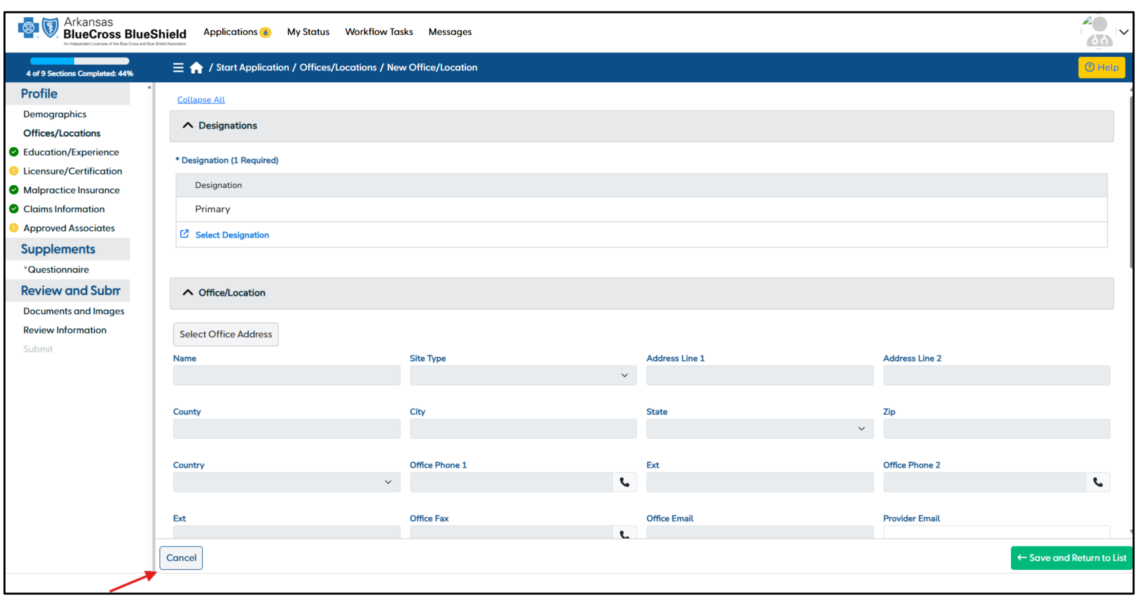
8. In the **Language** section, select the Languages for the location (choose as many that apply). To remove a selection, click again to uncheck any languages as needed.



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



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



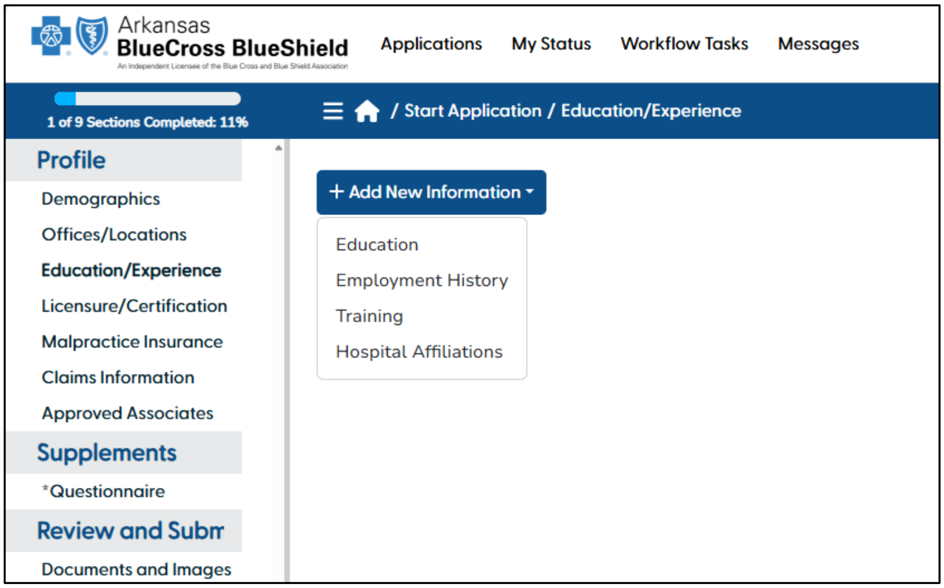
Tips for adding Offices/Locations:

- 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**.

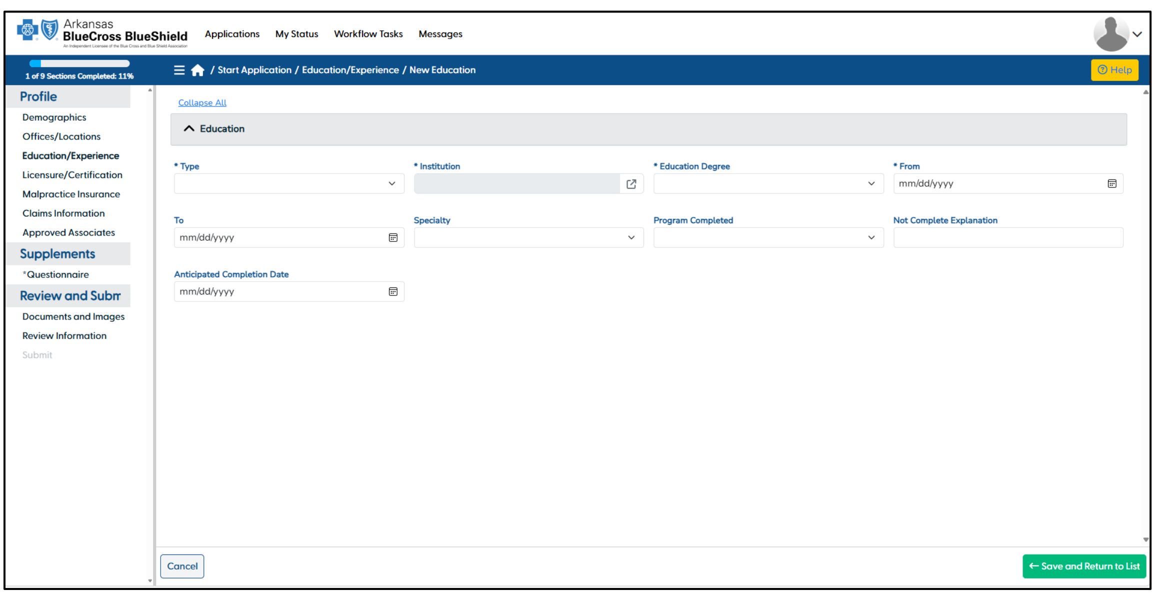
11. When all office/location information has been entered, click **Save & Continue**.

Education/Experience

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



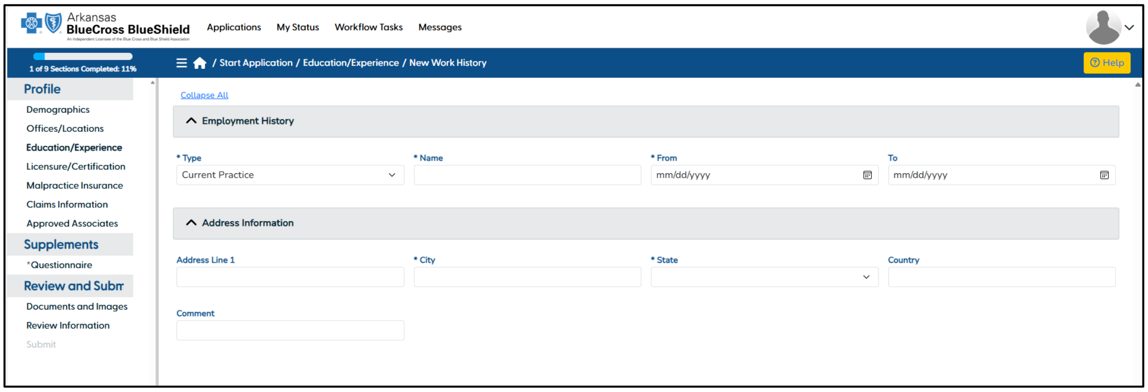
1. **Education:**
   - MD/DO Education Type = Medical School
   - Non-MD/DO Education Type = Graduate School



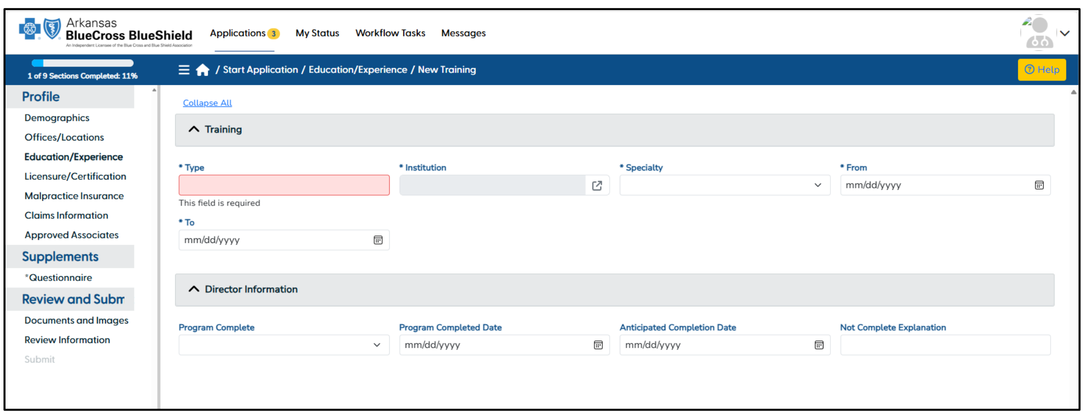
2. **Employment History:**
   - **Type**:
     - Current Practice - Include current employment.

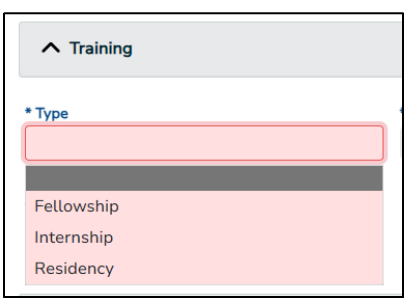
- Work History
- Gap – Add **Time Gap** if there are any gaps of time more than 30 days in the education to/from dates and/or work history dates. Non-medical work history should be listed as a time gap.
- Leave of Absence

- **Address** – City, State are required

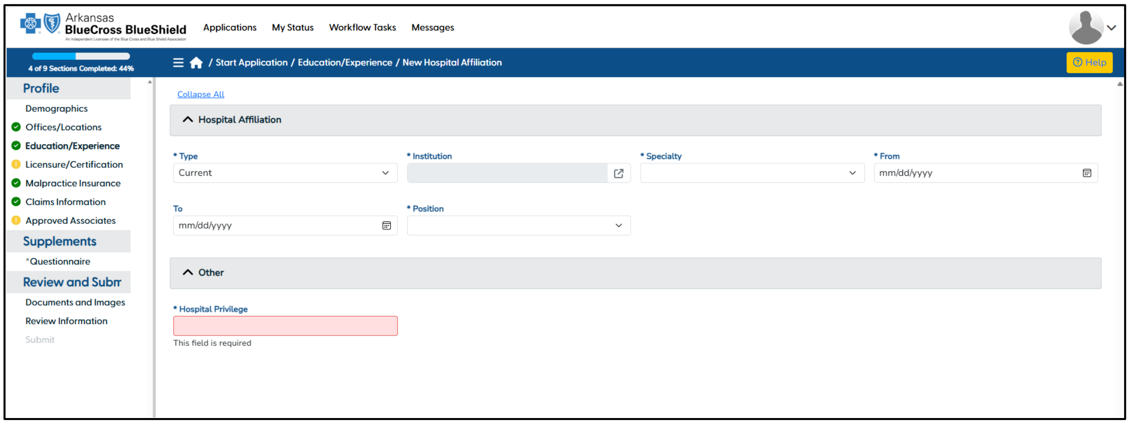


3. Training – Internship, Residency, Fellowship (MD/DO Only):





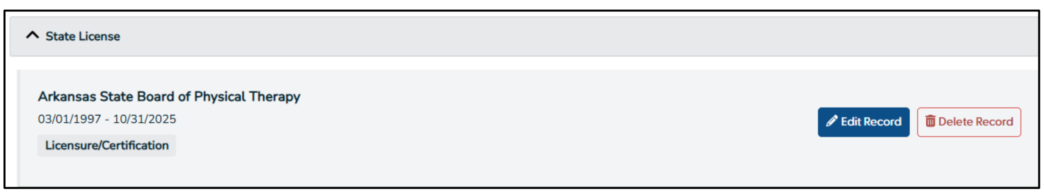
4. **Hospital Affiliation**
    - **Type**: Current
    - **Position**: Select from the dropdown menu the type of hospital privileges granted



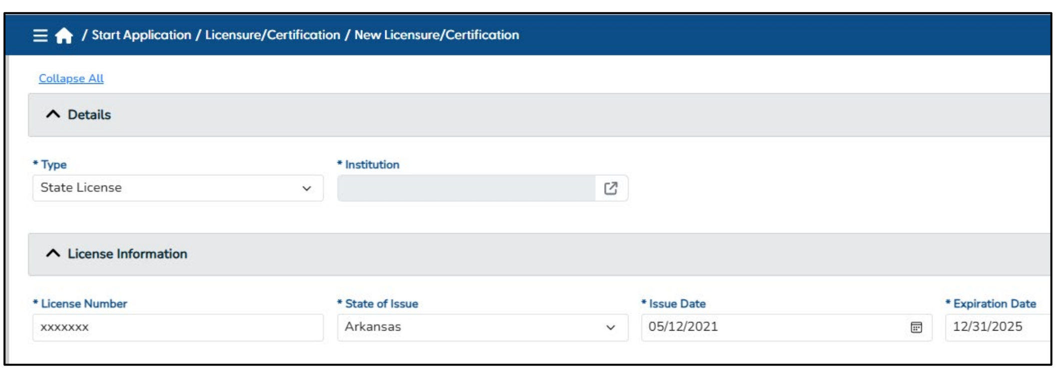
License/Certification

State License

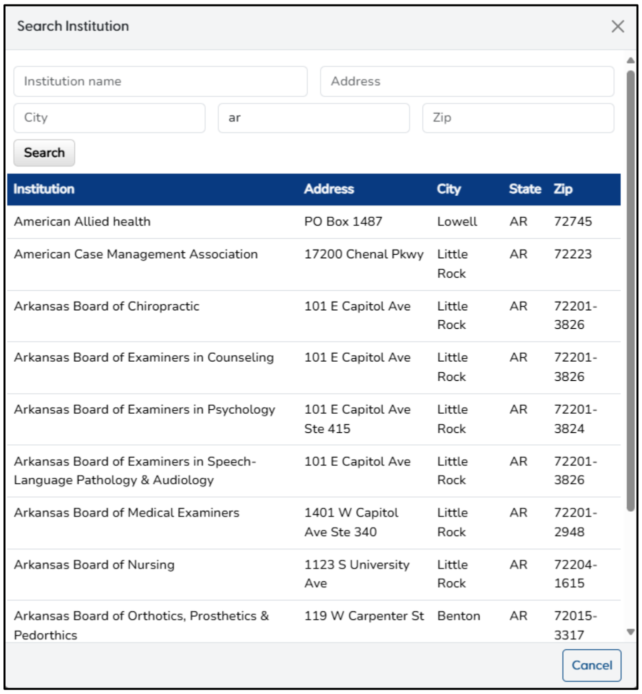
1. Your state license record must be edited. Click the blue **Edit Record** button. Expand each of the categories – Details, License Information, and License Status.



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



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



4. Click the name of the applicable board.

5. Ensure your license number, effective date, and expiration date are correct.

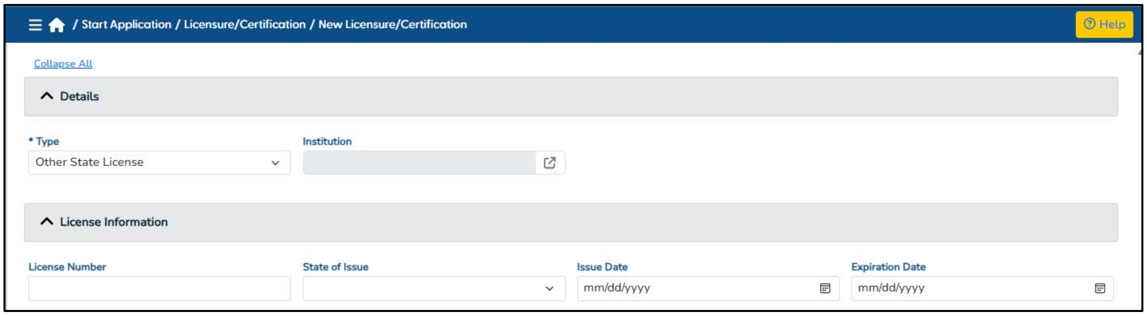
6. Complete the questions under License Status.

7. In the Independent Practice field, select **Yes**, if applicable.

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

Other State License (Active License from Another State)

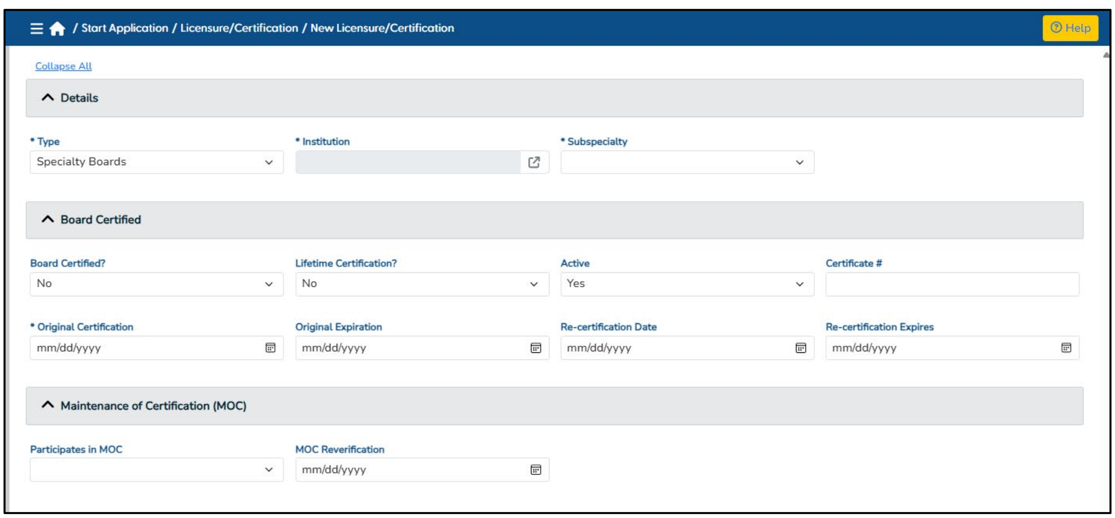
- To add another state license, click **+ Add new Licensure/Certification** and select **Other State license**.



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**

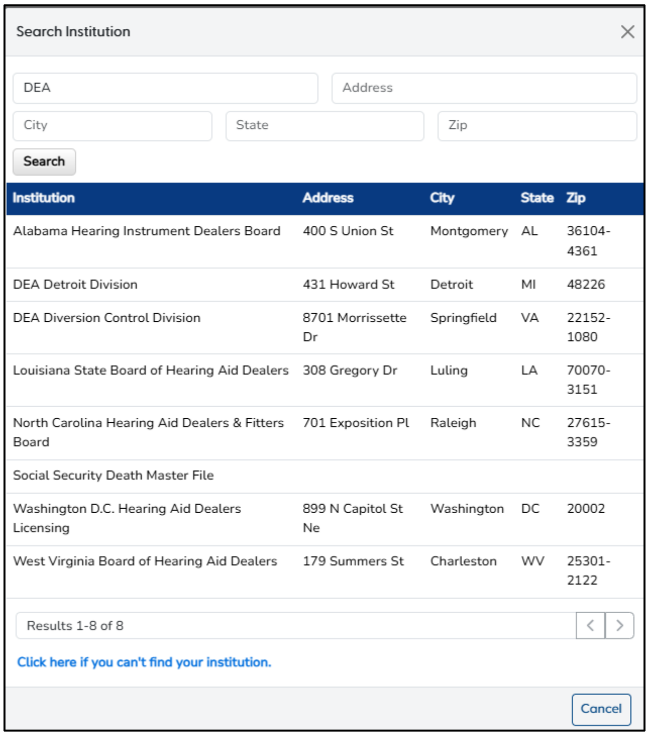


Certification

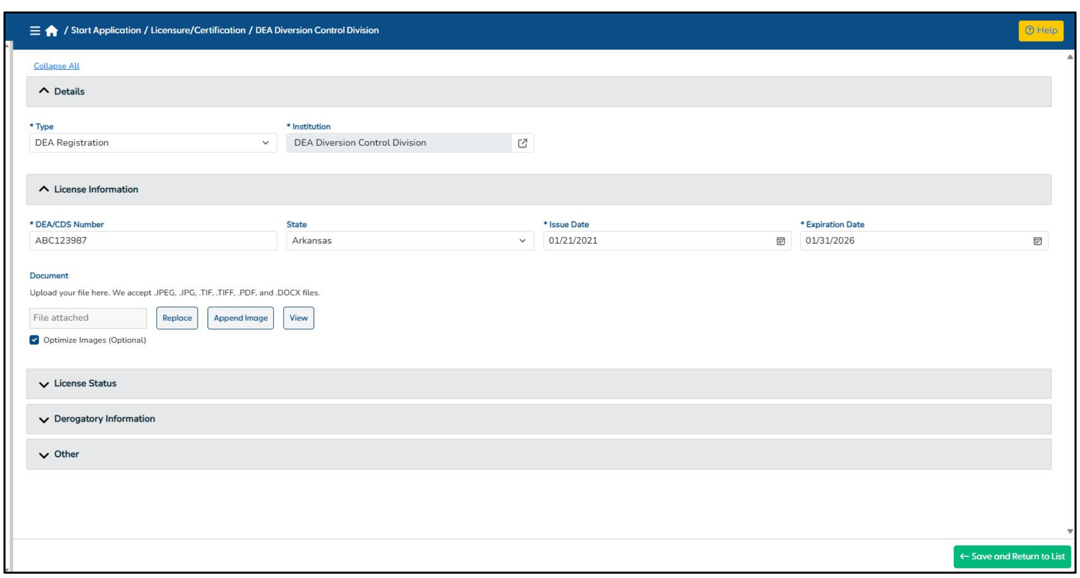
This section is not required.

DEA Registration

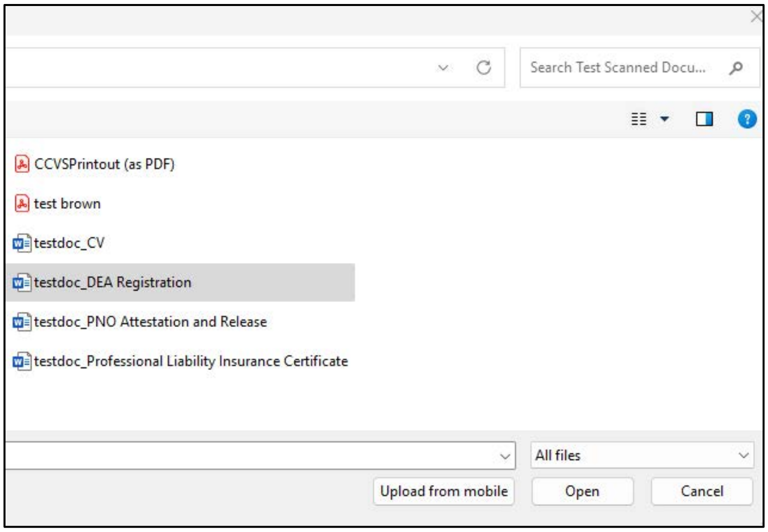
1. To add a DEA Registration, select **+ Add new Licensure/Certification** and select **DEA Registration**. If the provider has an Arkansas license and has a DEA, you must complete this section and answer the Arkansas Prescription Monitoring Program (PMP) questions.
2. Select **DEA Diversion Control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



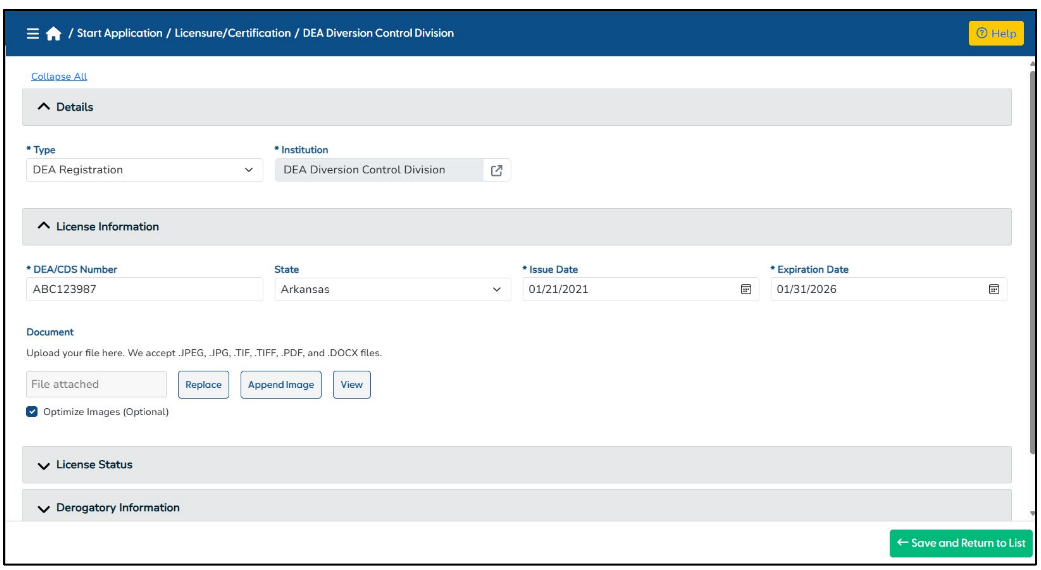
3. Add the DEA number, State, Issue Date, Expiration Date, and upload a copy of your DEA Diversion Control Registration.



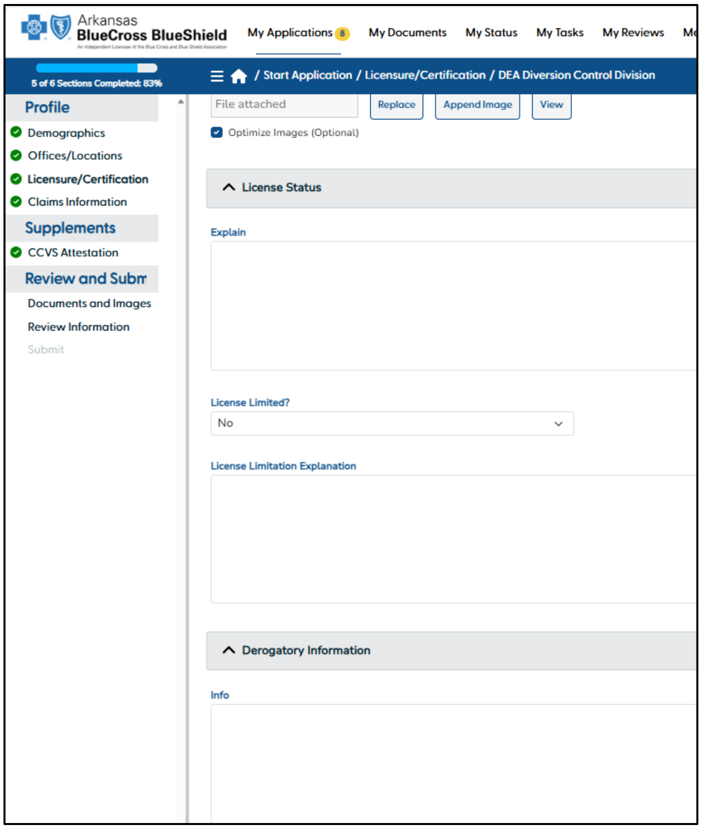
4. To upload the document, click **Upload**, select the appropriate file to upload, and click **Open**.



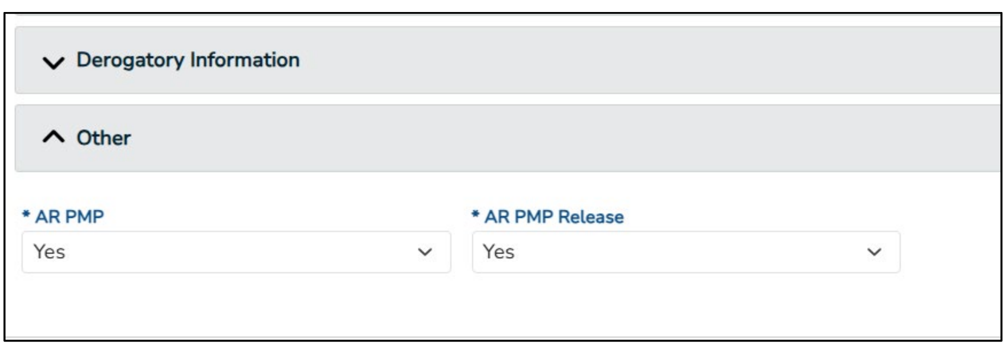
5. After uploading the document, buttons to Replace, Append Image, or View will be displayed.



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)

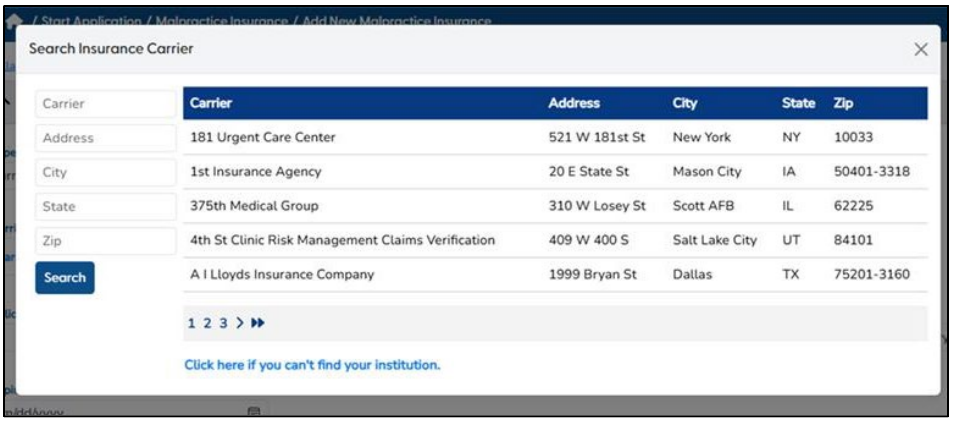


10. When finished, click **Save & Return to List**.
11. When all licenses and board certifications have been completed, click **Save & Continue**.

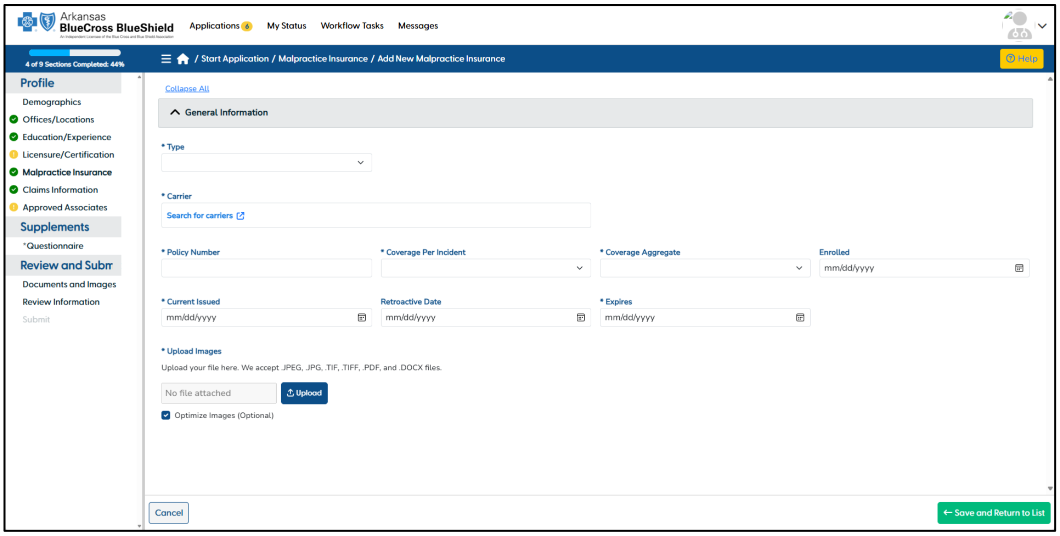
Malpractice Insurance

1. On the Malpractice Insurance screen, click **+ Add New Malpractice Insurance**.
2. Complete all required fields.
    - When adding your **Carrier s**earch 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.



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

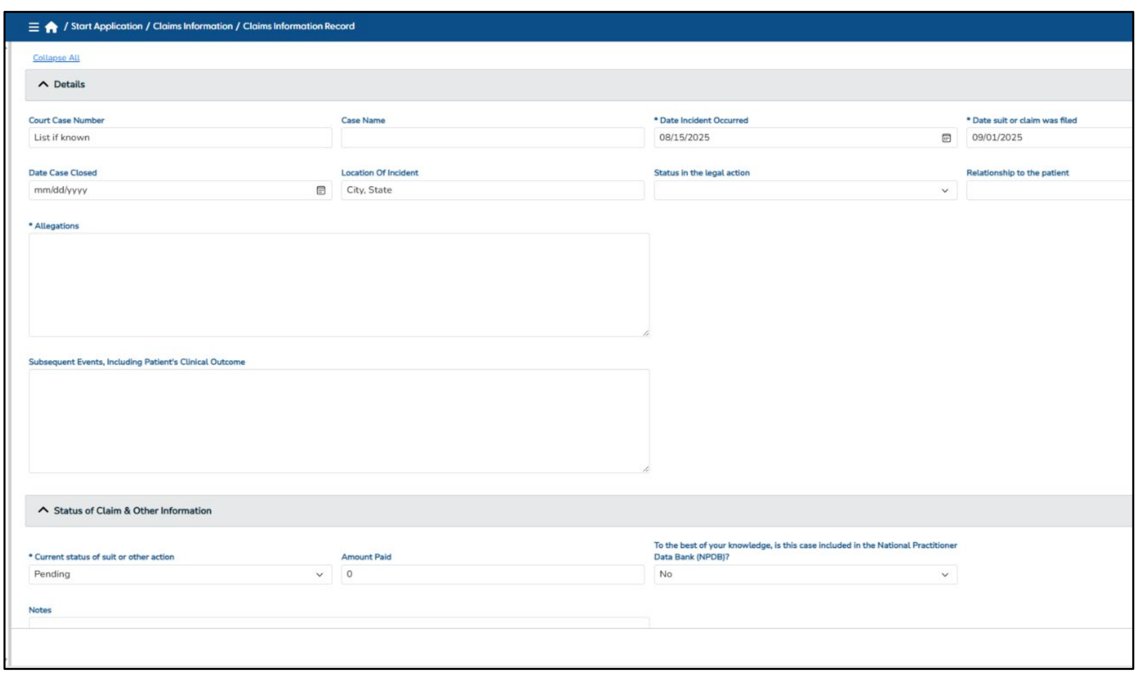


2. Once this section is complete, click **Save and Return to List** and then **Save & Continue**.

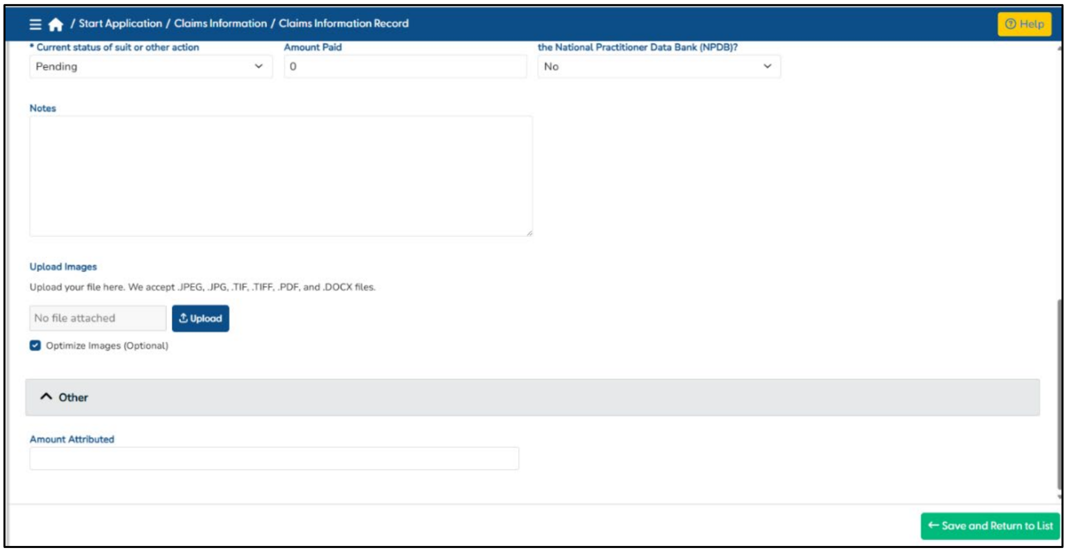
Claims Information

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:



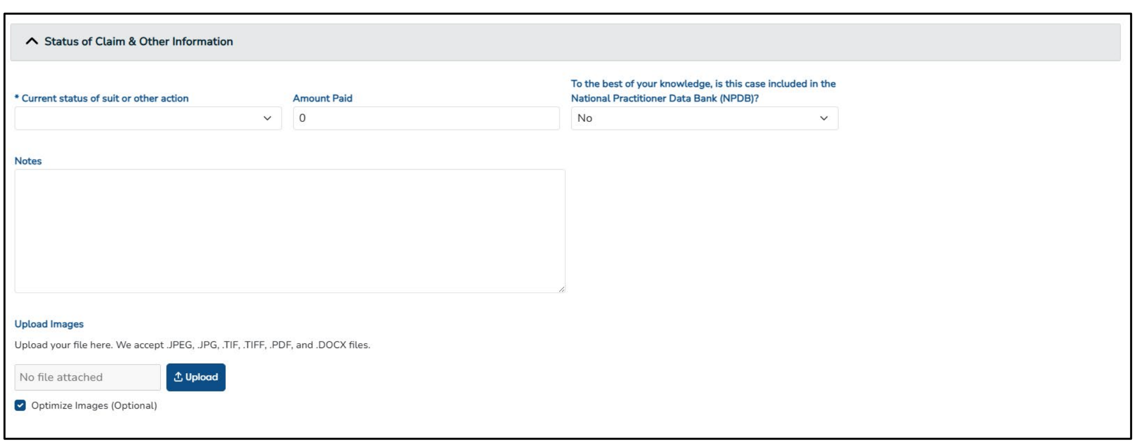
3. Complete the information in the **Status of Claim & Other Information** section.
    - Upload any documentation you would like to be considered when reviewing the malpractice case.
    - When finished, click **Save & Return to List**.
    - Add a new record for each malpractice case (if needed).



Technical Issues

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

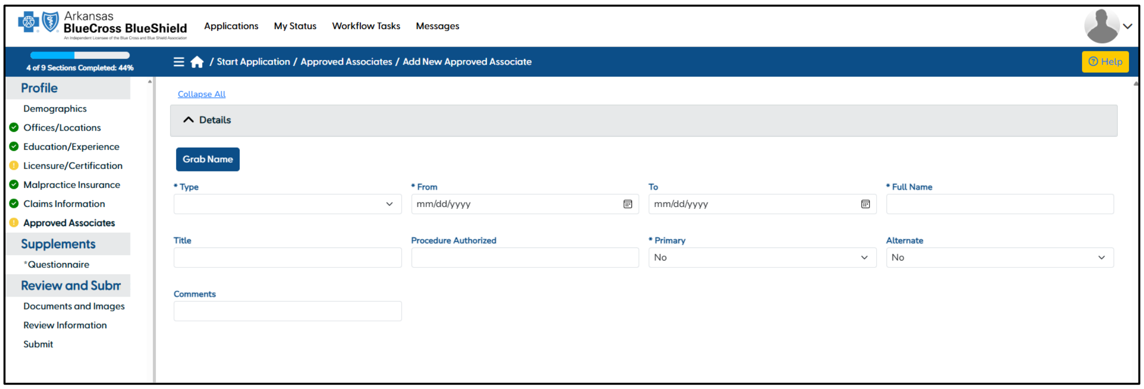
1. Complete the information in the **Status of Claim & Other Information** section. Add additional details in the **Notes** field.
2. Upload any documentation you would like to be considered when reviewing the malpractice case.
3. When finished, click **Save & Return to List**.
4. Add a new record for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



Approved Associates

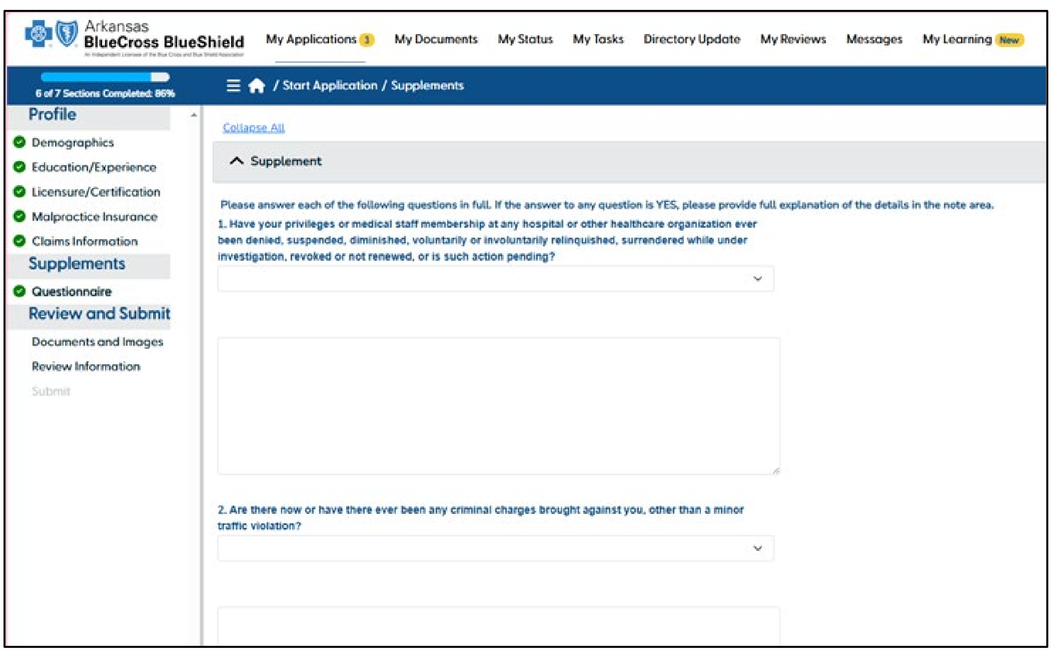
Collaborating physician or supervising physician for APRNs and PAs.

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



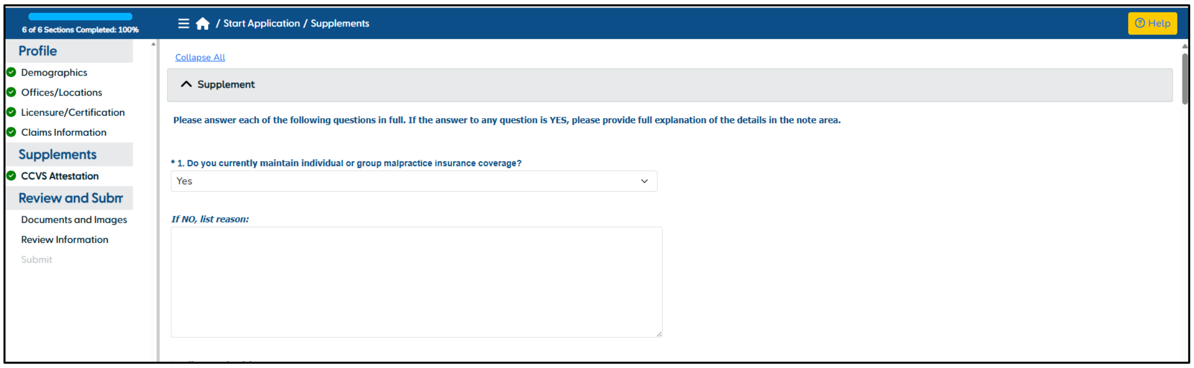
Supplements (Ancillary and Out of State MD/DO only)

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**.



Supplements (Arkansas MD/DO only)

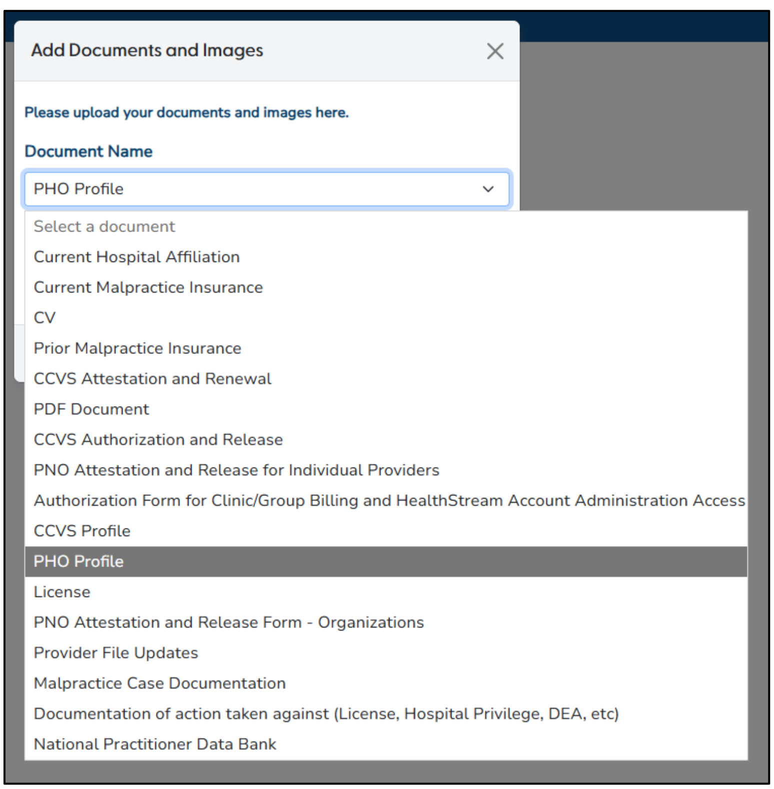
1. Complete the CCVS Attestation questionnaire. Answer all questions and provide an explanation if required. This information will be presented on the CCVS form and sent to CCVS.
2. When finished, click **Save & Continue**.



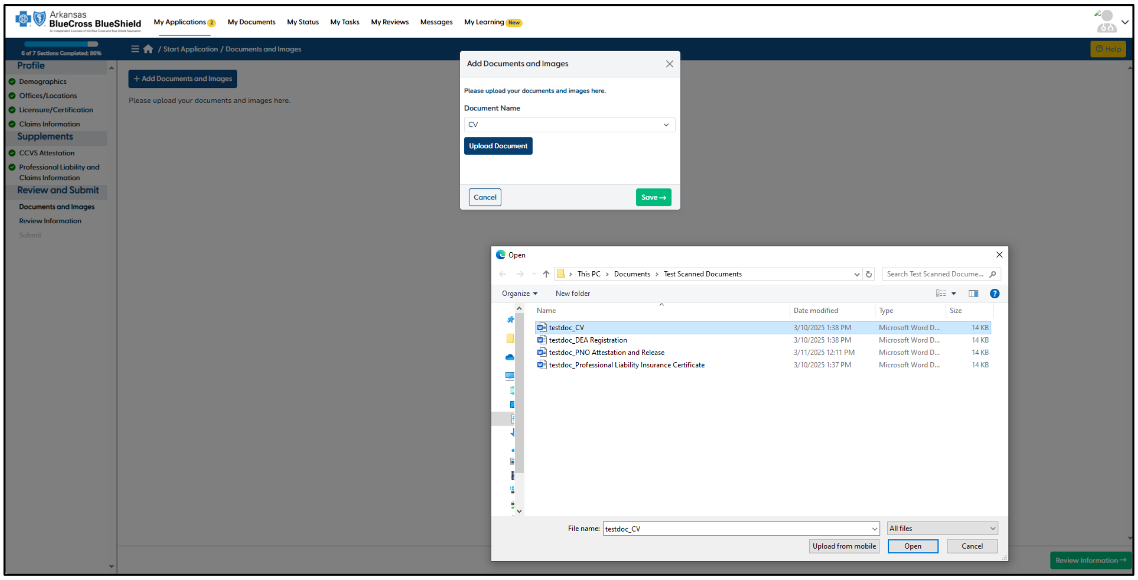
Documents and Images

Upload additional documentation, if applicable.

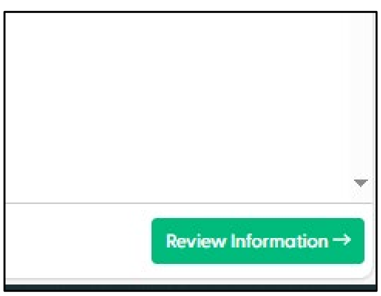
Note: If a PHO or Group was selected on the Request for Application, a PHO Profile / Group Notification must be uploaded.



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**.

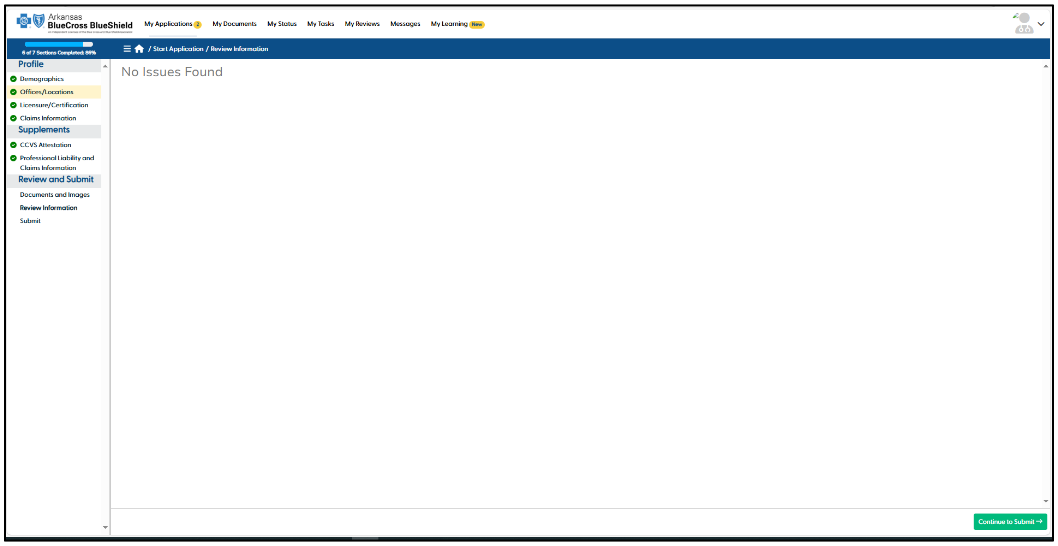


4. You can view, replace, append, or delete uploaded files by clicking the appropriate button.
5. To upload additional documents, click **+ Add Documents and Images** again.
6. When finished, click **Review Information**.



Review Information

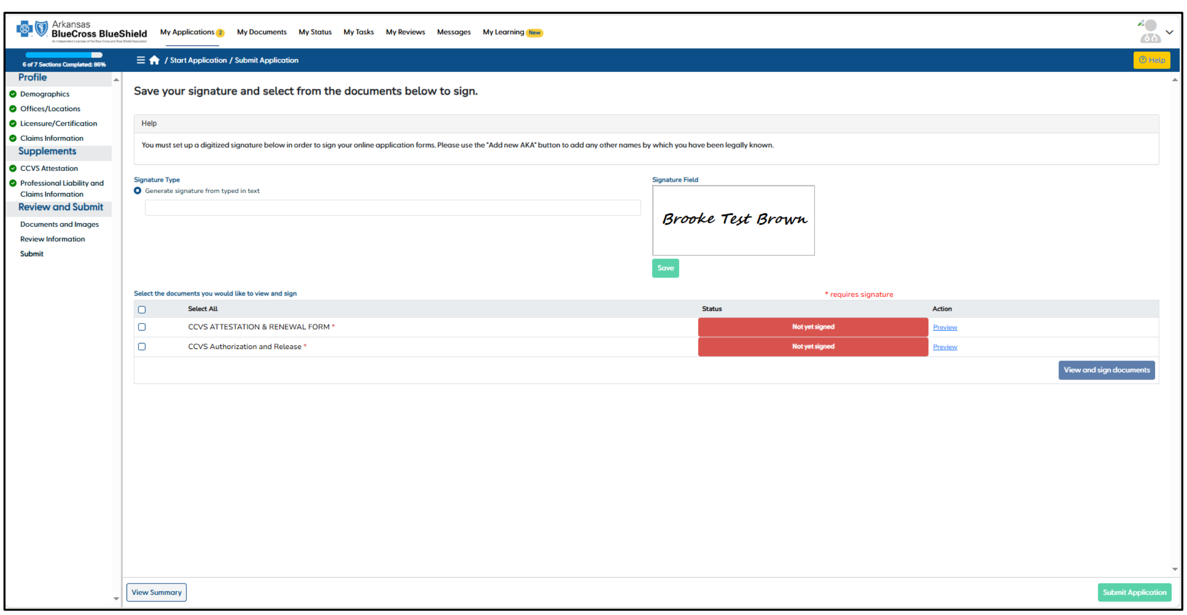
- The provider must log in to their Hub account and review and submit the provider application.
- If no issues were found, click **Continue to Submit**.
  If issues were found, they must be corrected before the application can be submitted.



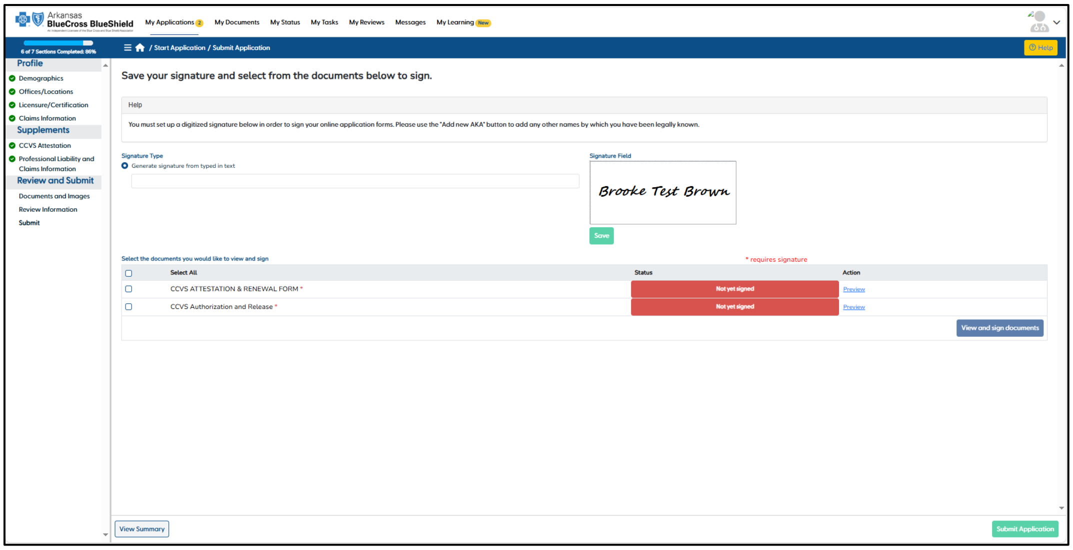
Submit Application

Review and sign the application and related documents.

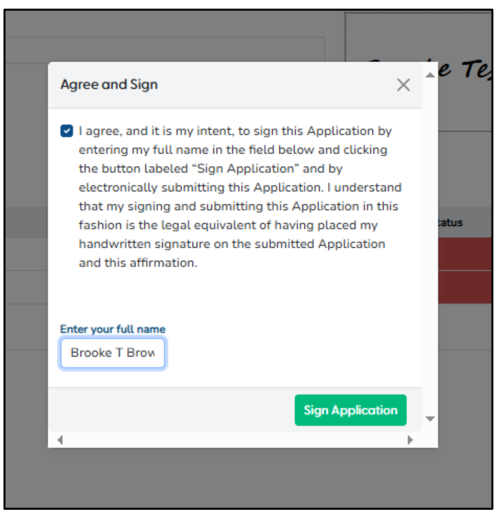
1. In the Signature Type field, type your **full name** to generate your signature in the Signature Field. Click **Save**.



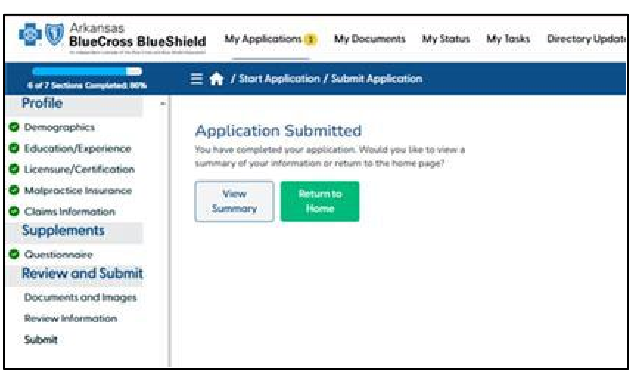
2. In the documents section, click the **checkboxes** next to each document, then click **View and sign documents**.



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



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

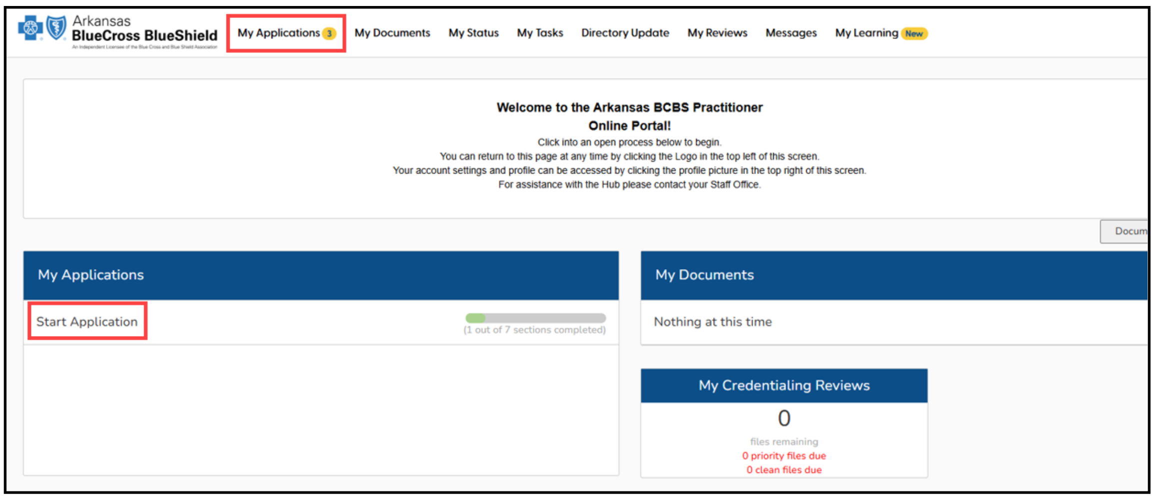


Recredentialing Application – Ancillary Providers and Out-of-State MDs or DOs

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

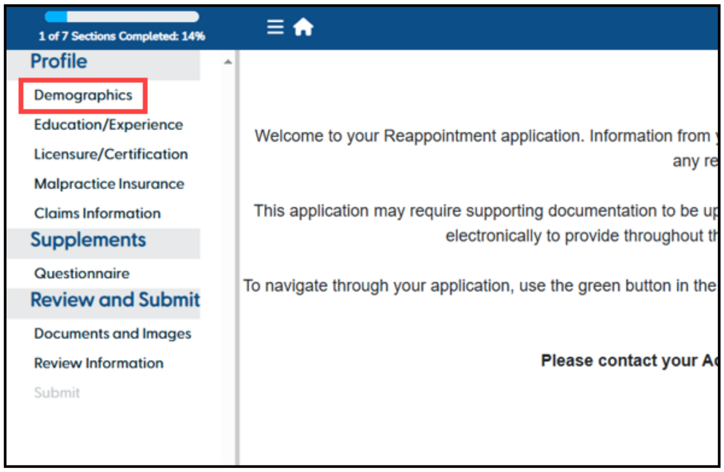
Notification of Recredentialing Application

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**.

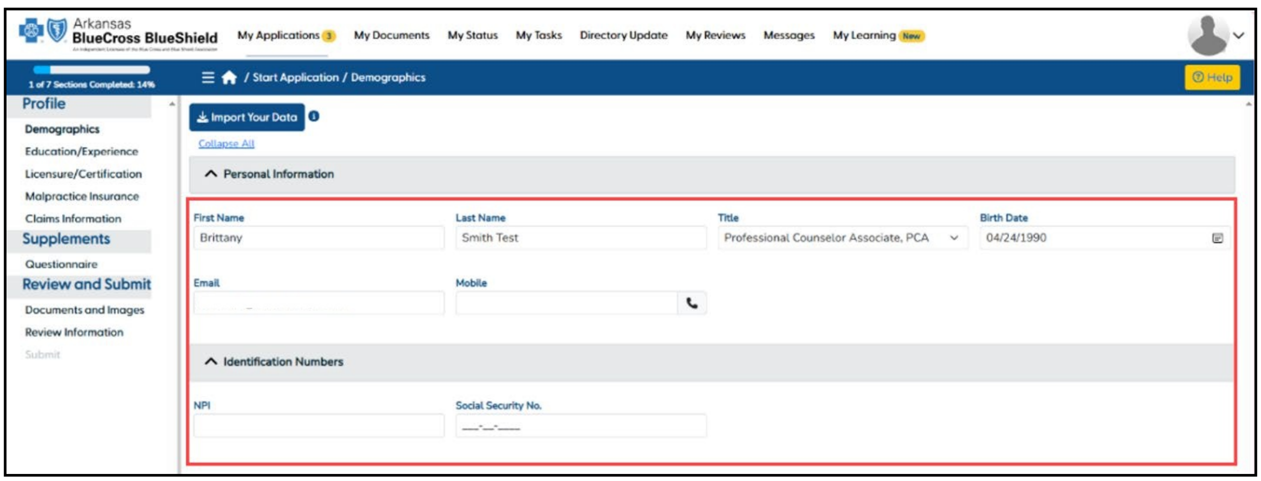


Demographics

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



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



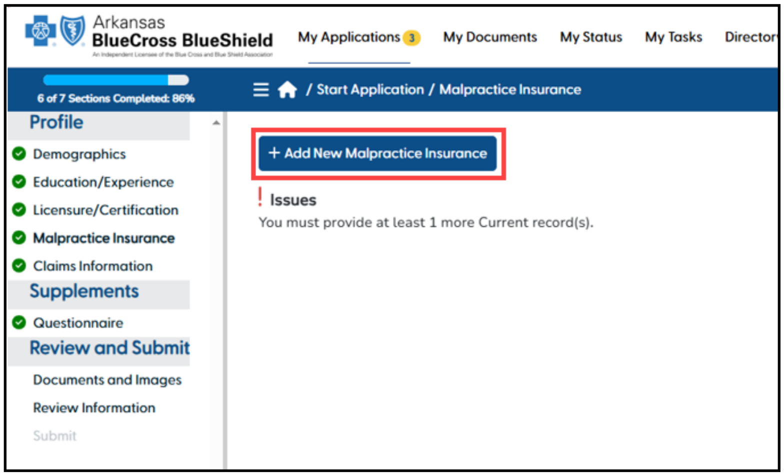
3. When finished, click **Save & Continue.**

Education/Experience & Licensure/Certification

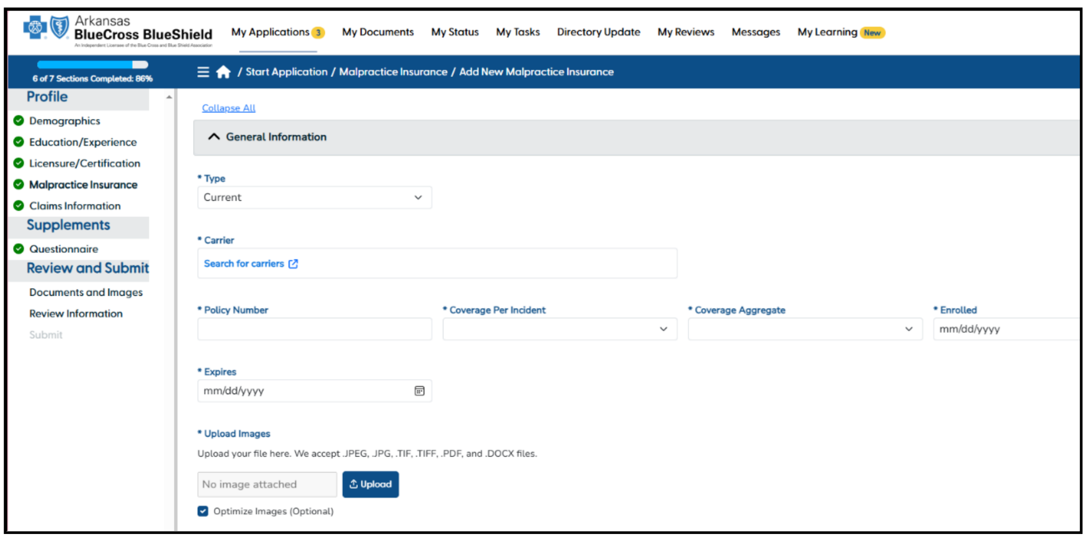
1. Review and update the information on the **Education/Experience** and **Licensure/Certification** screens.
2. Click **Save & Continue** to proceed through the application.

Malpractice Insurance

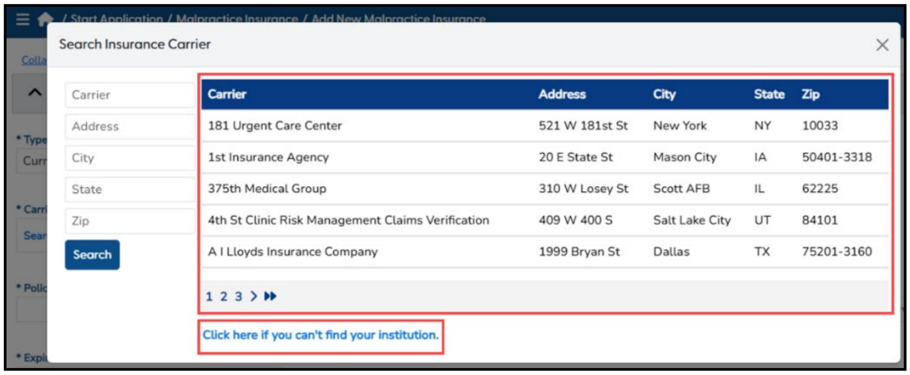
1. On the **Malpractice Insurance** screen, if there is no insurance listed, click **Add New Malpractice Insurance**.
   If the correct insurance carrier is already listed, proceed to the next section.

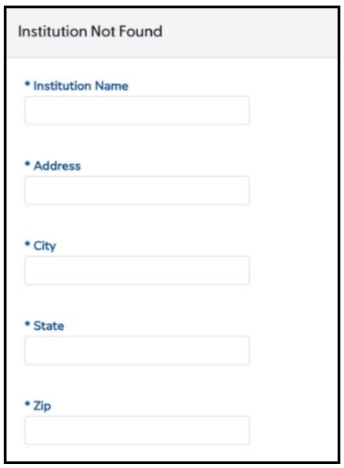


2. Enter the provider's malpractice insurance information. All fields are required.



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.





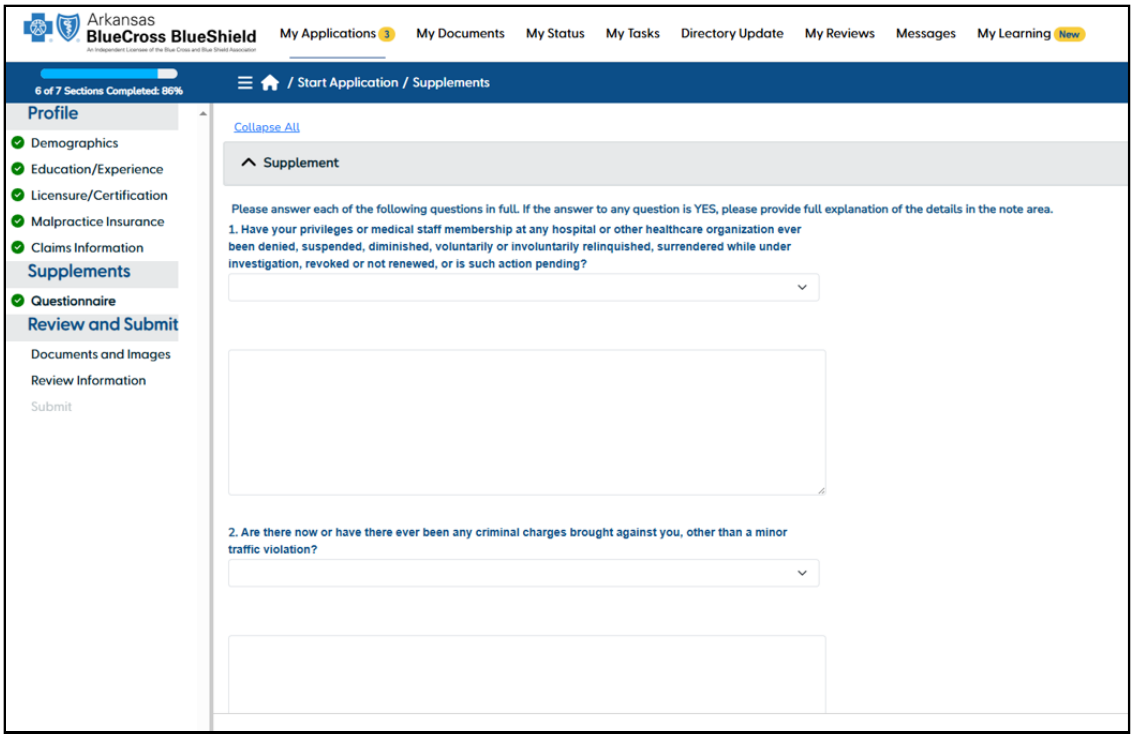
4. Verify all fields have been populated.
   Note: The **Upload Image** field must be a copy of your Certificate of Insurance with your name listed as covered.
5. When finished entering malpractice insurance information, click **Save and Return to List**. Then, click **Save & Continue**.

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

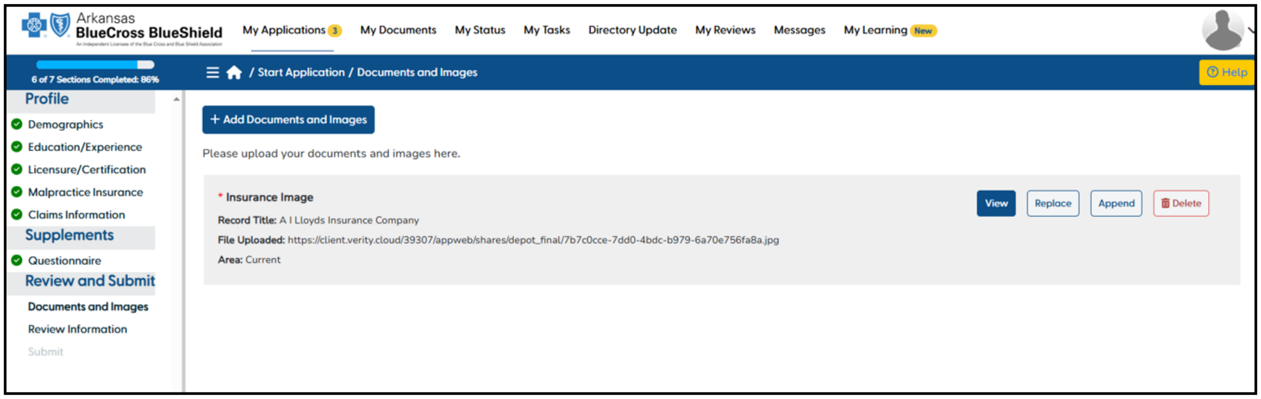
1. The next screen is the **Questionnaire**. Answer **Yes** or **No** to all questions.
   Note: When answering **Yes** to any question, **provide an explanation** in the corresponding text field.



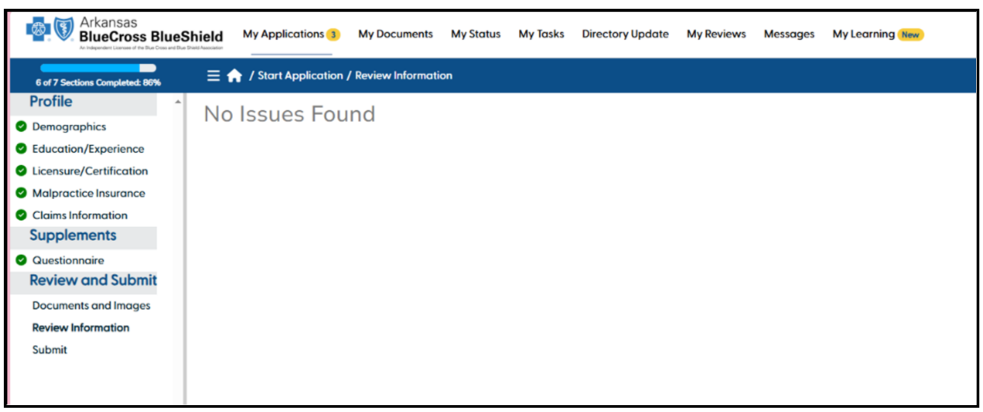
2. When finished, click **Save & Continue**.

Review and Submit

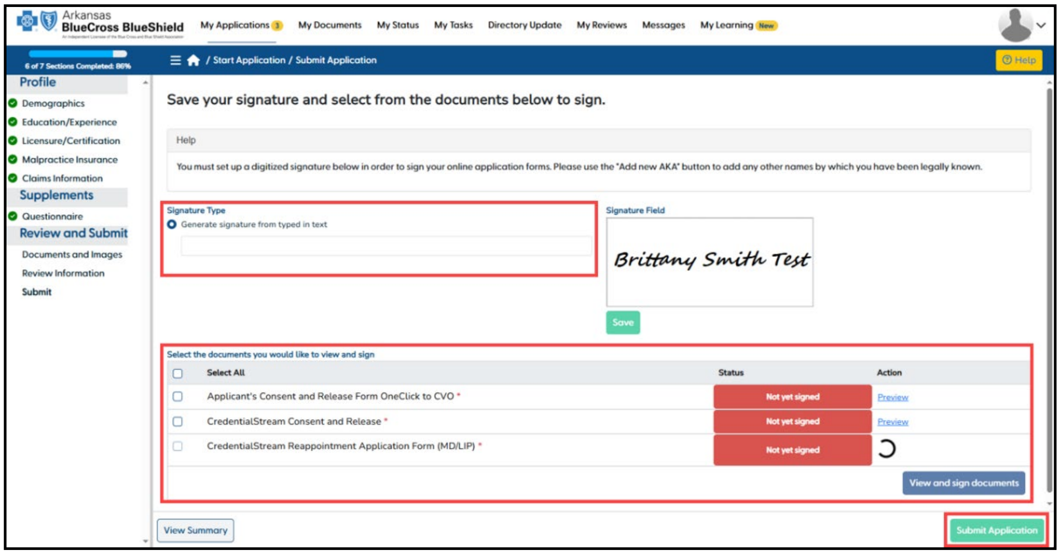
1. The next section is the **Review and Submit** portion of the application.
   On the **Documents and Images** screen, any documents you have submitted should be displayed, such as malpractice insurance documents, licenses, etc.



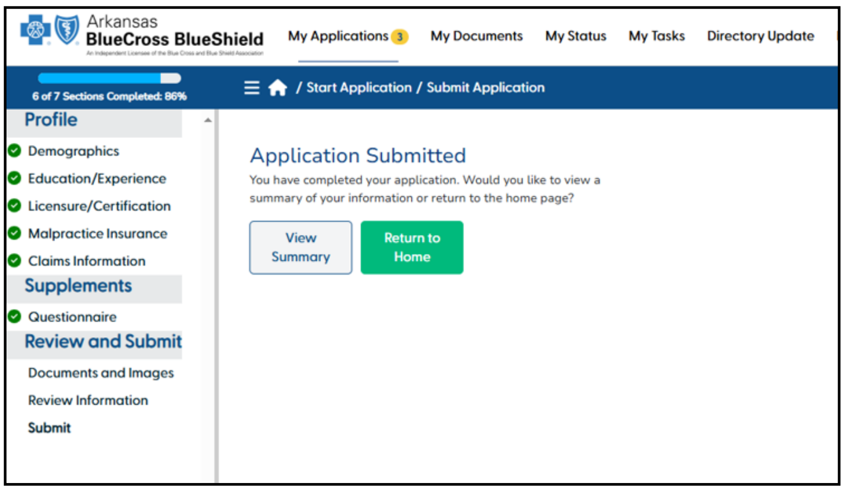
2. If the information is correct, click **Review Information** on the left side panel to proceed.
3. The Hub will review the application and verify all mandatory fields were completed. A message will display if no issues are found.
   If any issues are found, correct them in order to submit the application.



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**.



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

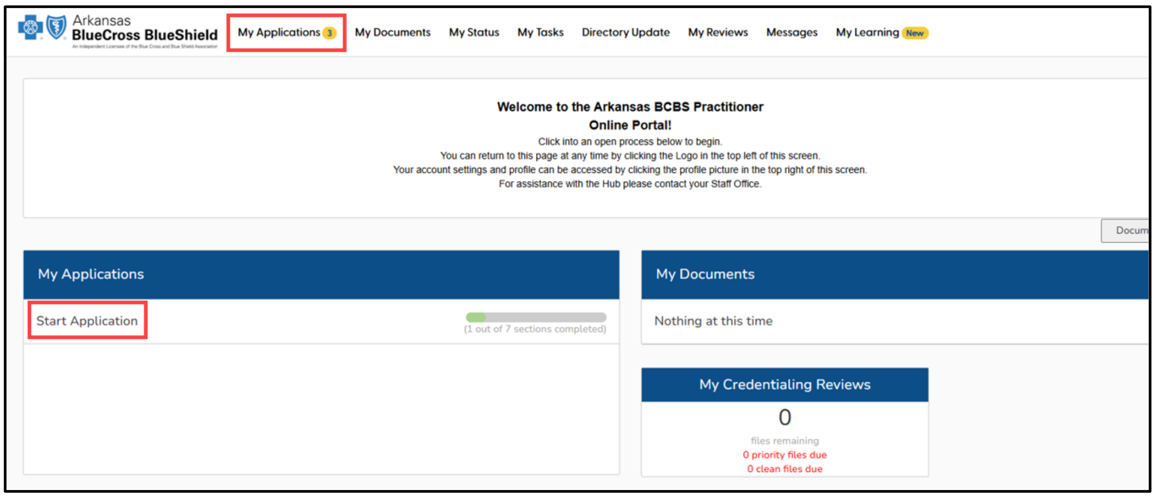


Recredentialing Application Arkansas MDs and DOs

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

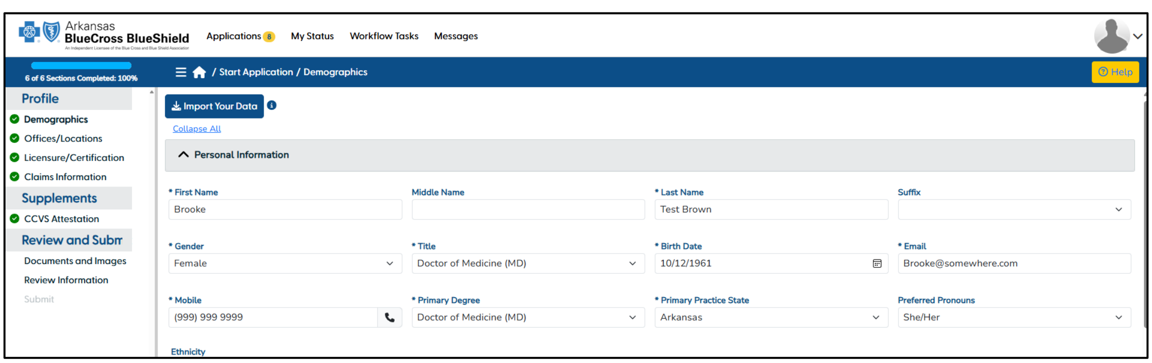
Notification of Recredentialing Application

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.

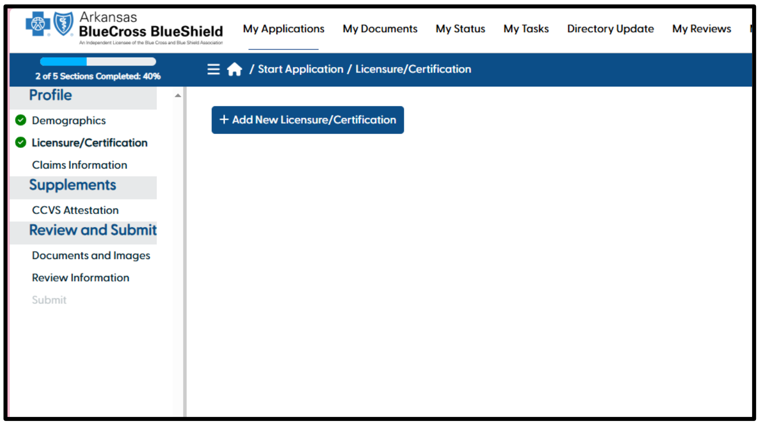


3. When finished, click **Save & Continue.**

Licensure/Certification

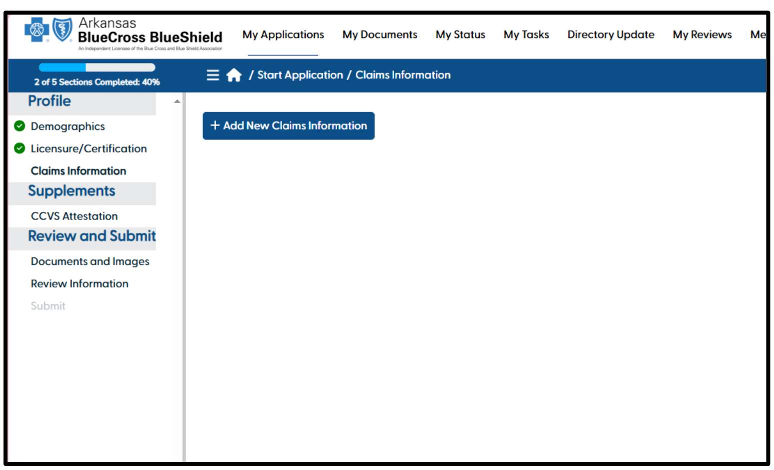
1. Review and update the information on the **Licensure/Certification** screen. Add any new license/DEA information, if necessary.

2. Click **Save & Continue** to proceed through the application.



Claims Information

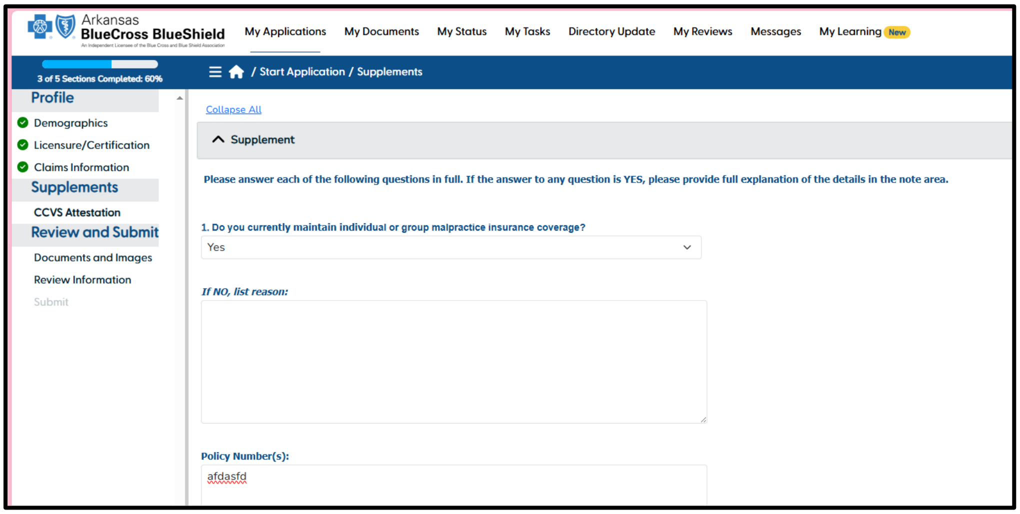
1. On the Claims Information screen, add any malpractice claims, if necessary.
2. Update any pending malpractice cases, if necessary.



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

CCVS Attestation

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

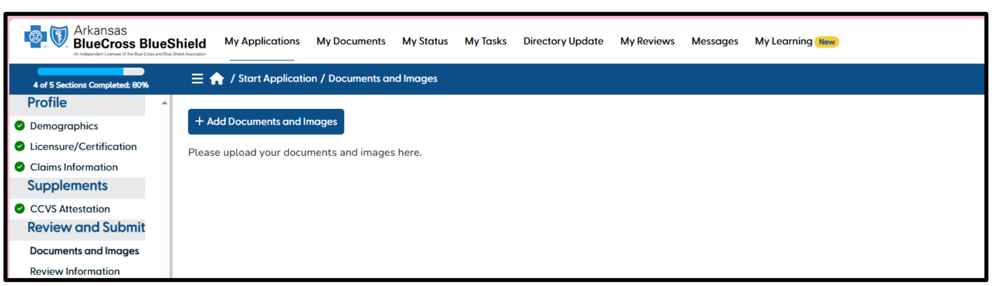


2. When finished, click **Save & Continue**.

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**.

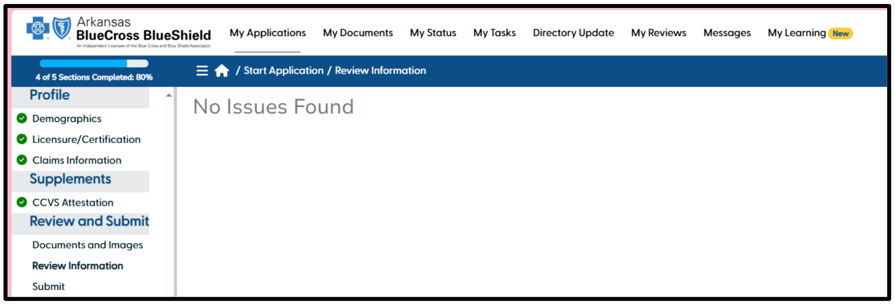
   If you do not provide telehealth services, no documents need to be uploaded on this screen.



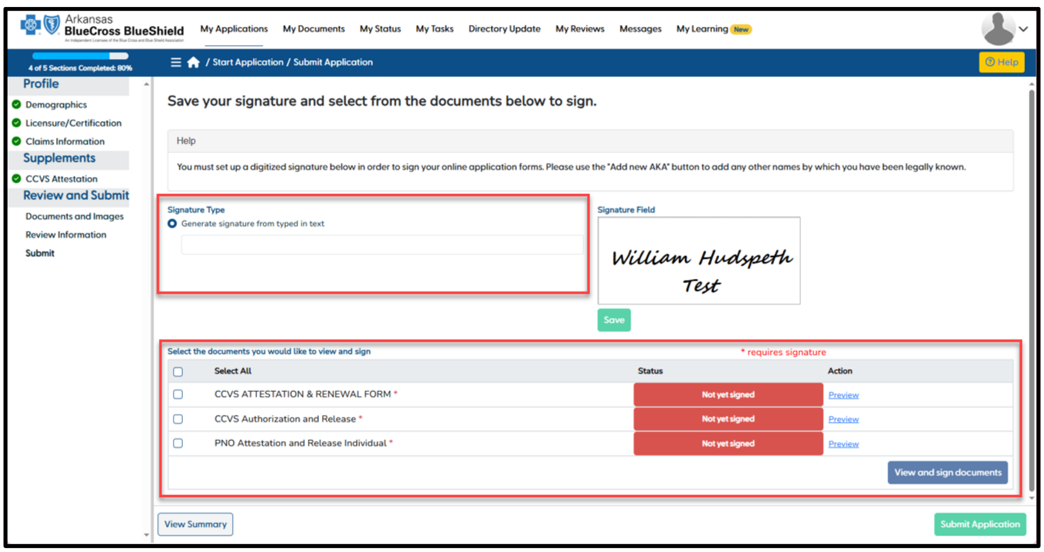
2. Click **Review Information**.

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

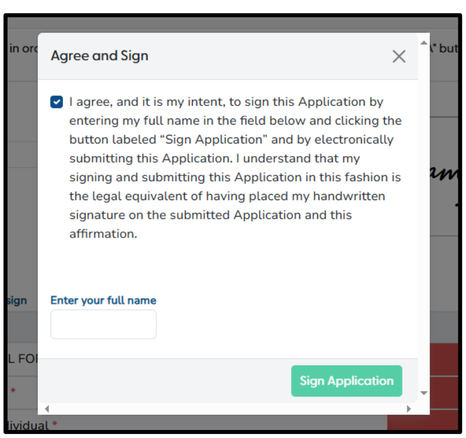
   If any issues are found, correct them in order to submit the application.



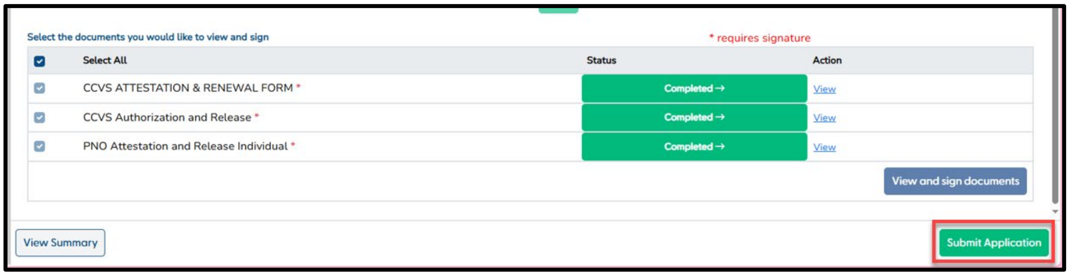
4. If no issues are found, click **Continue to Submit**.
5. On the **Submit Application** screen, enter your name in the Signature Type field. This generates an electronic signature.
6. If there are additional documents listed that require a signature, select each document and click **View and sign documents**.



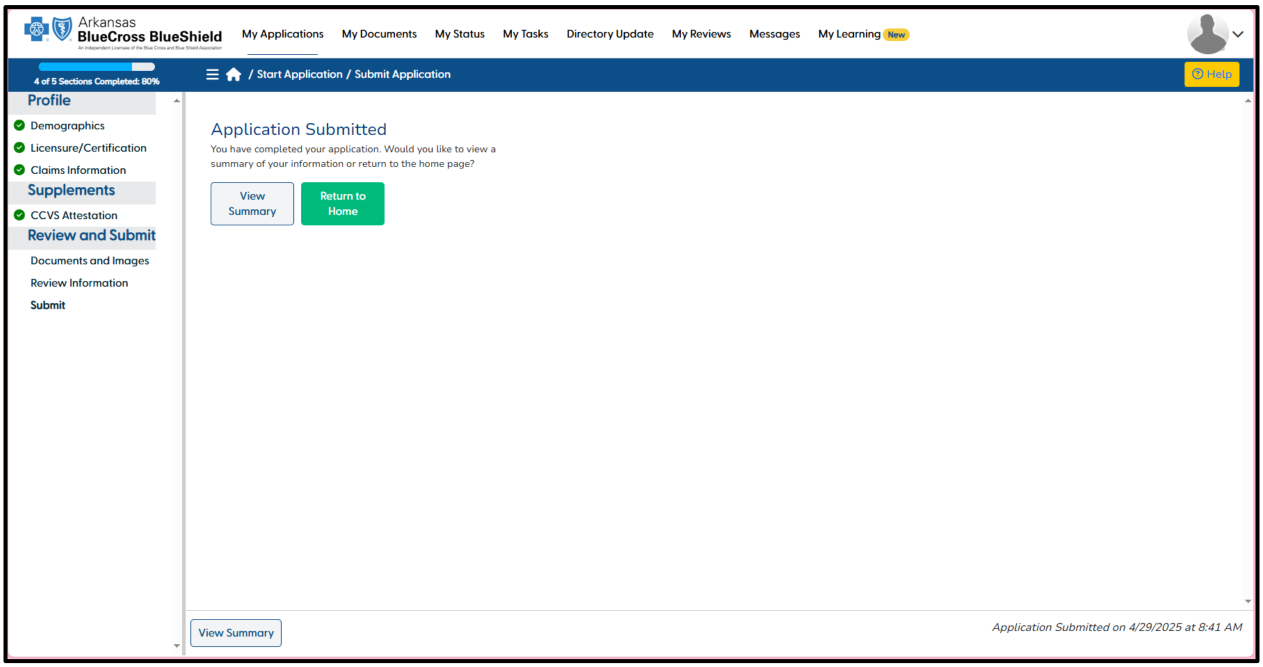
7. After reviewing each document for accuracy, enter your **full name** and click **Sign Application**.



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



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



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).

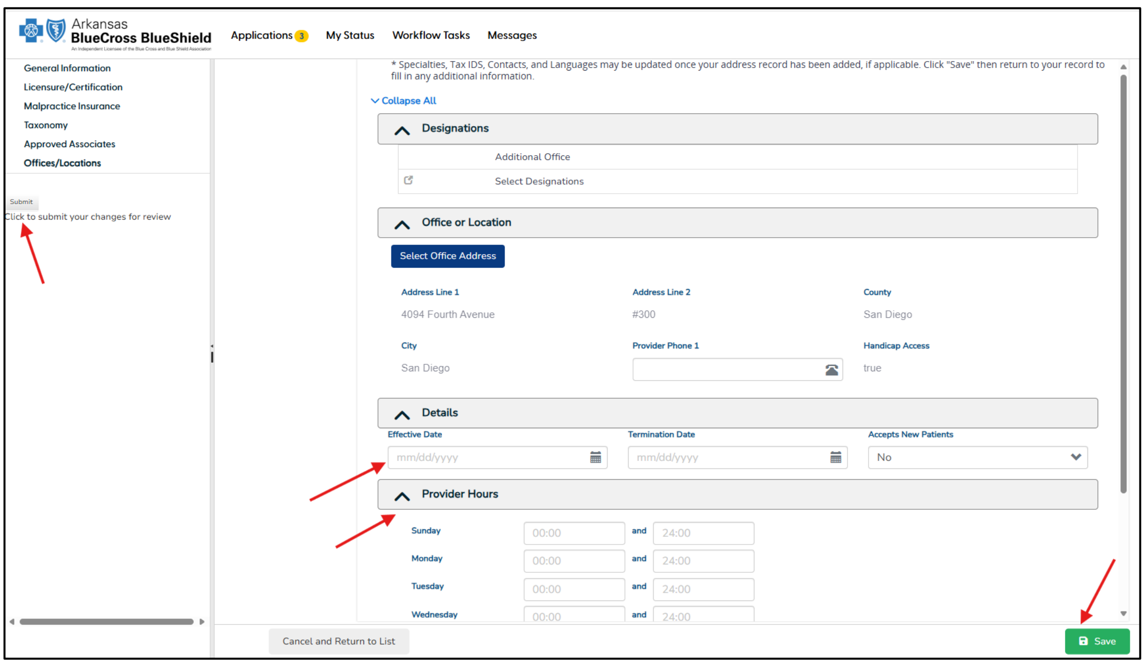
Information that can be updated:

- 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 Terming an Office Location.

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

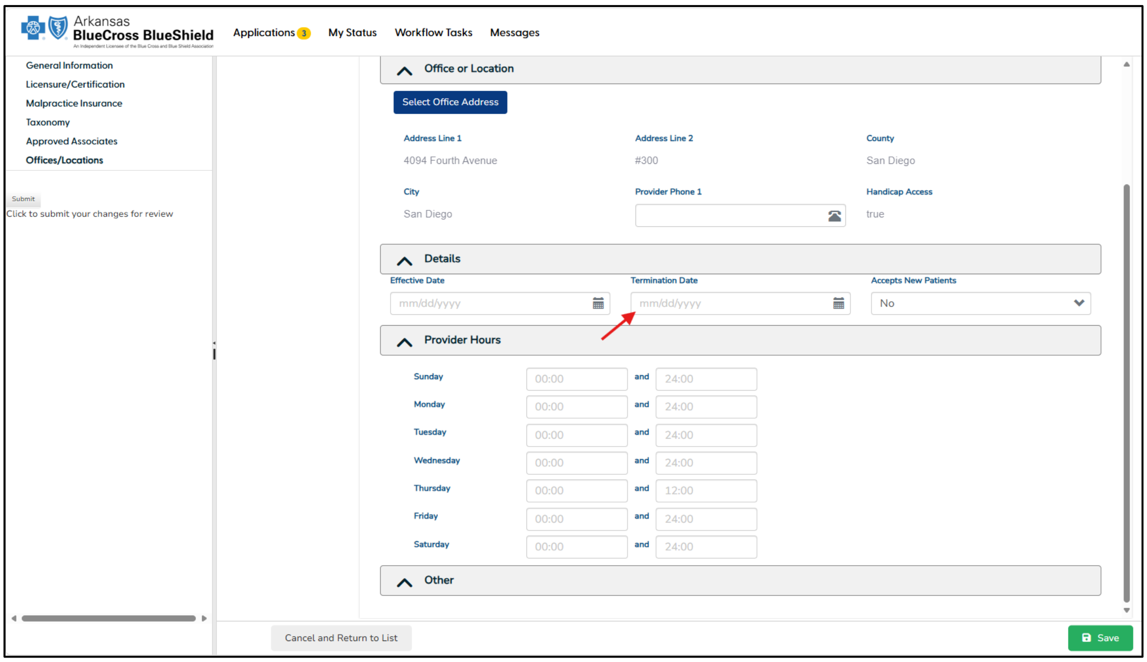
Adding an Office Location

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**.



Terming 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.



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 Terming 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

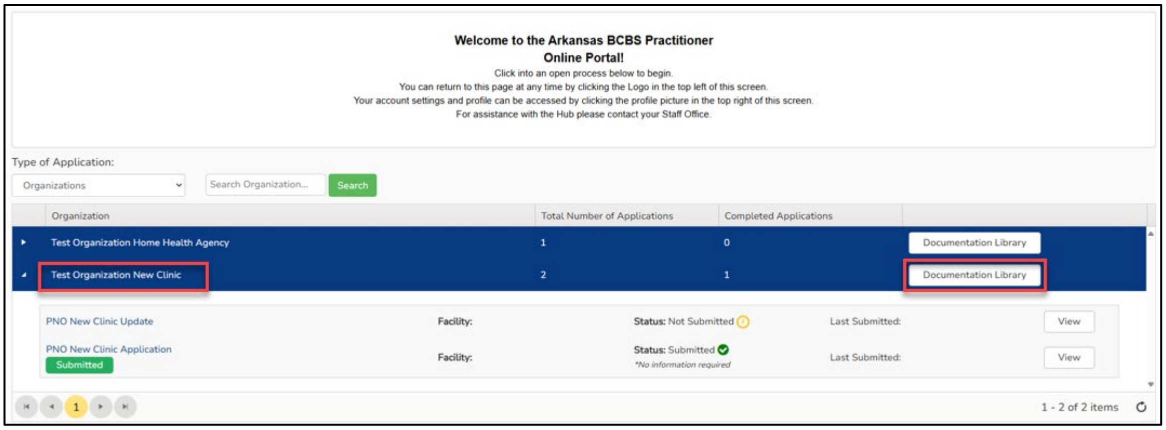
Completing an Organization Request for Application (RFA)

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).

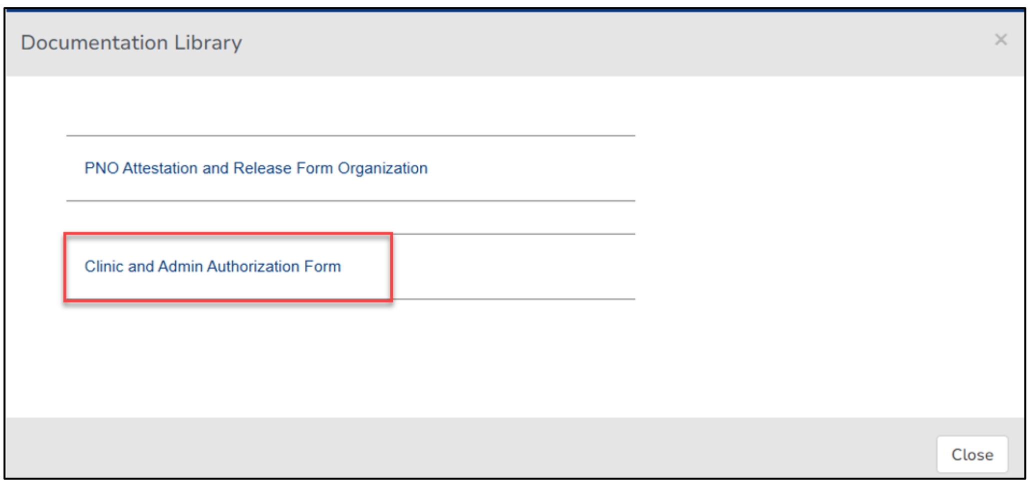
1. Complete the Organization Request for Application and email it to the Network Development Representative in your region.
2. When the Organization RFA has been processed, an email will be sent with instructions to log into the Hub to complete the Organization Application.

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.



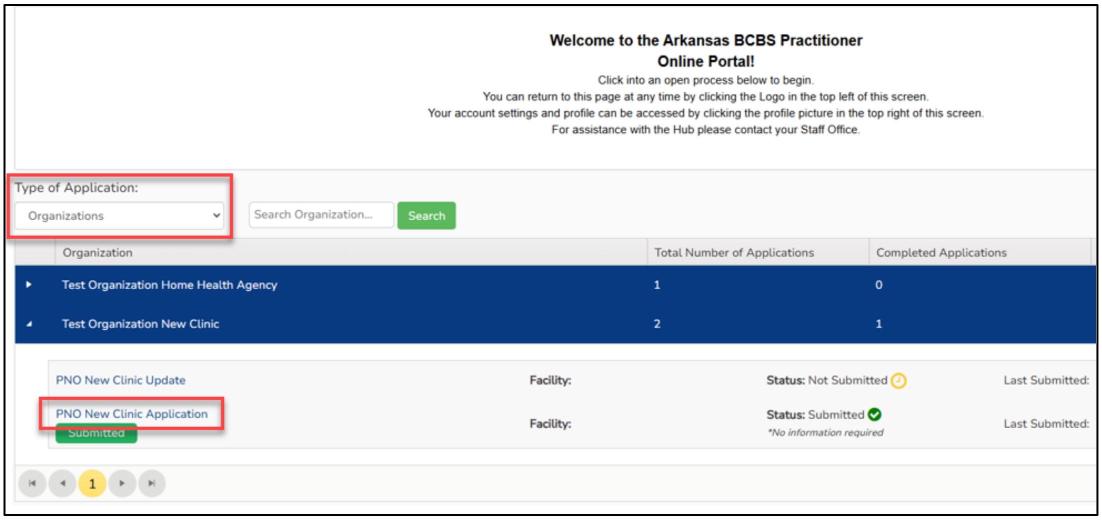
5. Open the **Clinic and Admin Authorization Form**.



6. 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).

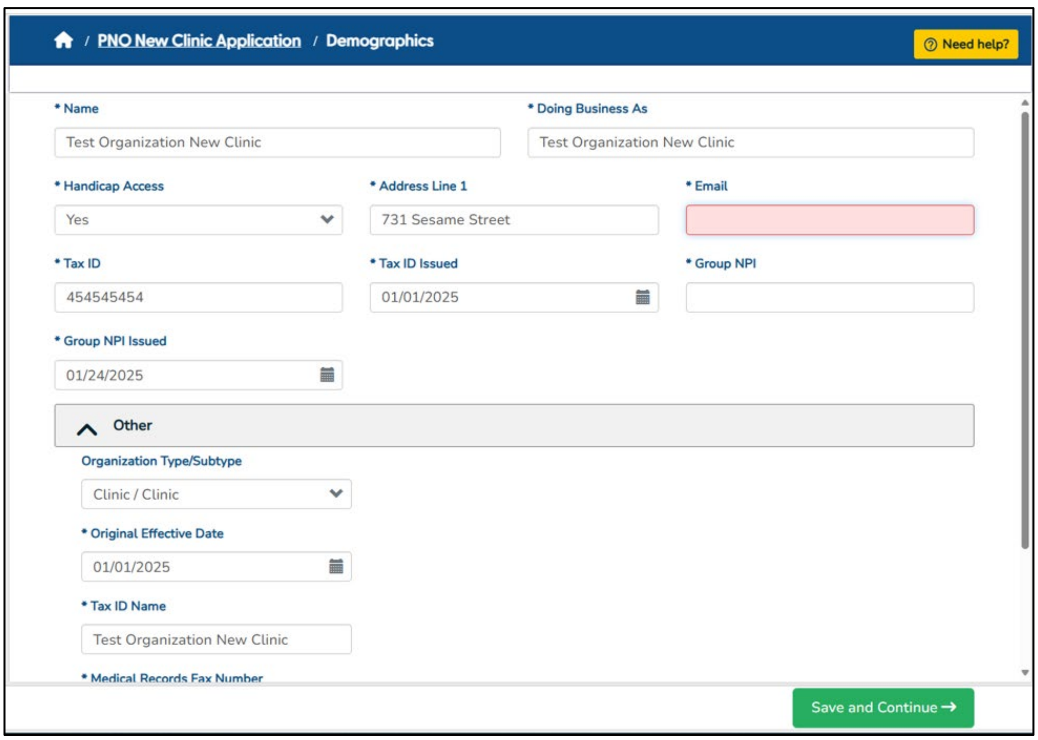
   Note: A separate authorization form will be needed for each provider the clinic is associated with.

7. Return to the homepage and click the **PNO New Clinic 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.



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**.**

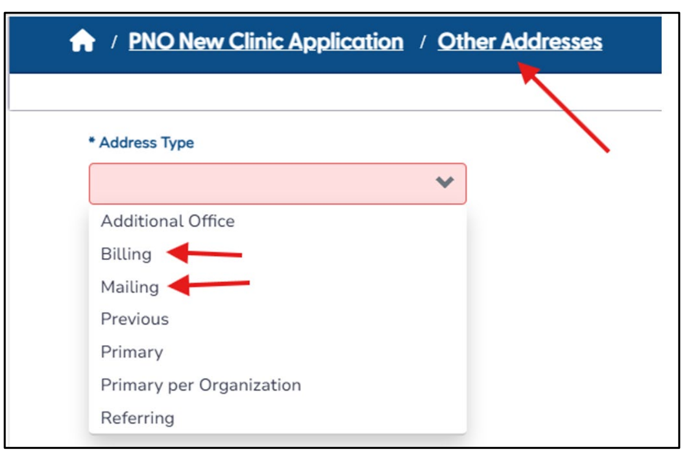
6. In the Address Type dropdown, select **Mailing**.

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**.

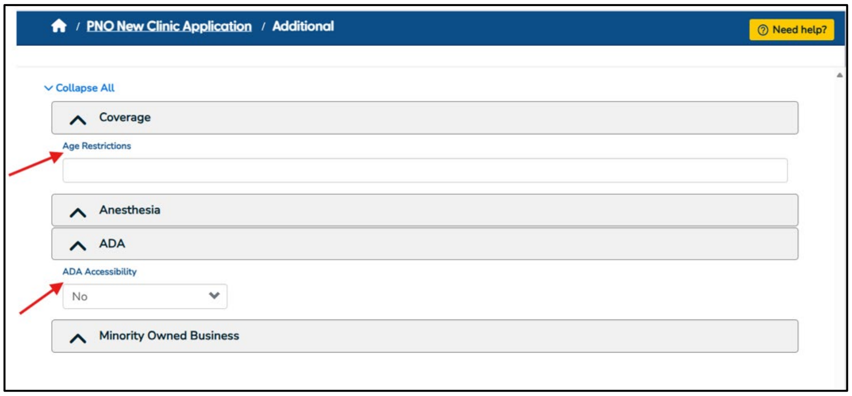
   Note: Submit only a Billing and Mailing address. Do not select any of the other address types.



Additional Details

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

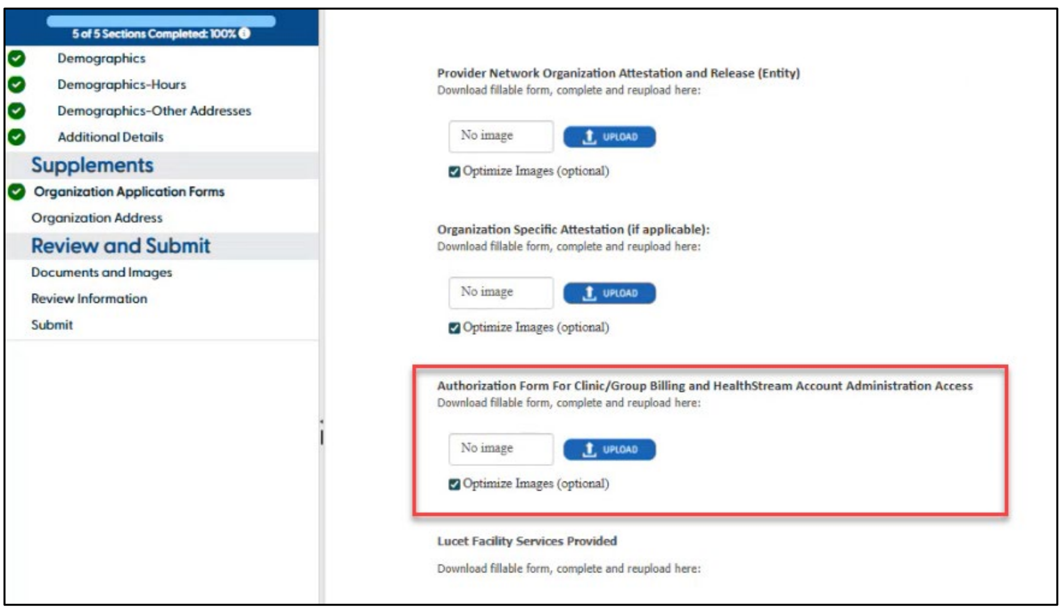
2. Under ADA > ADA Accessibility, indicate if the clinic is handicapped accessible.



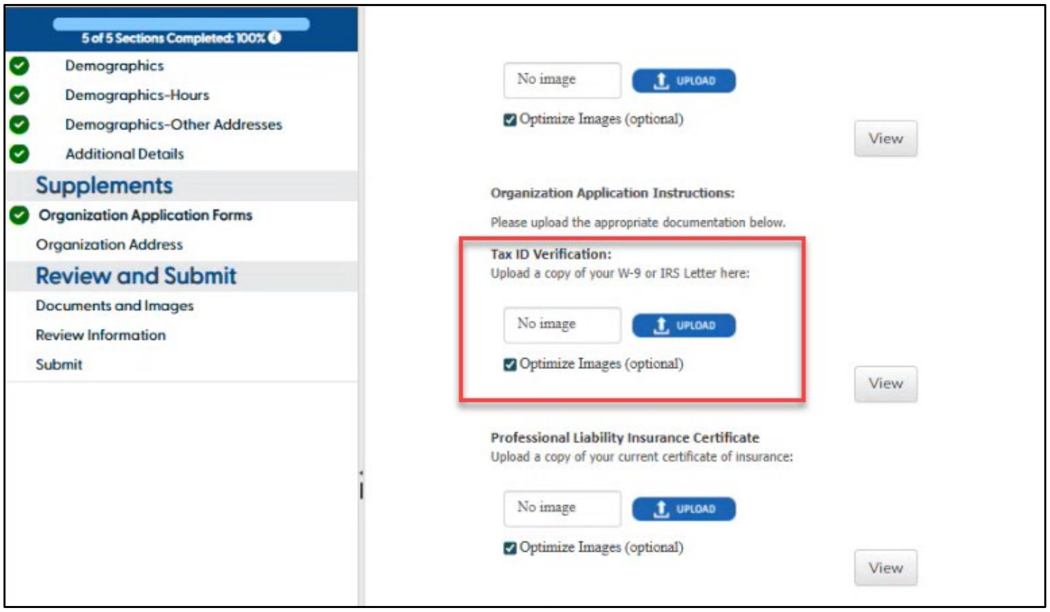
3. When finished, click **Save and Continue**.

Organization Application Forms

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



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



3. 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

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

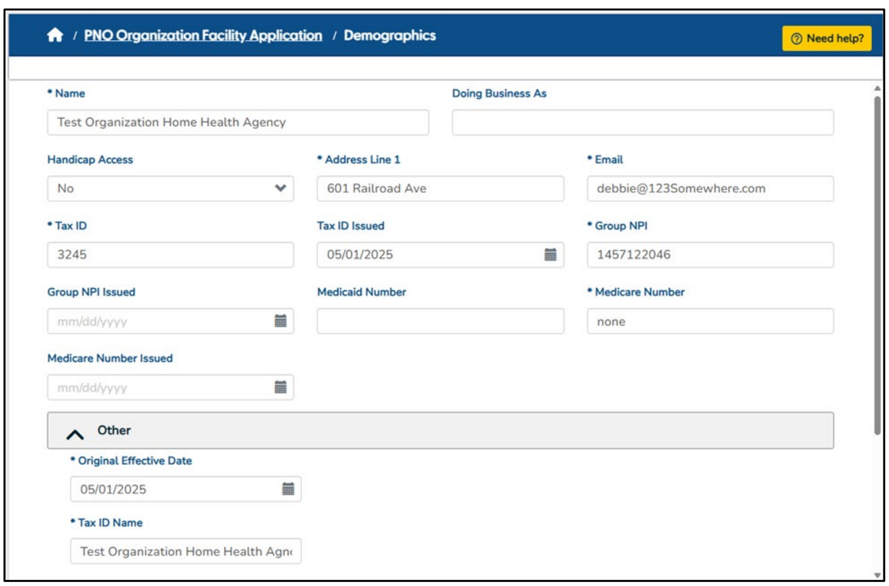
2. When all required fields have been completed, and required documents attached, click **Continue to Submit**, then click **Submit Application**.

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.



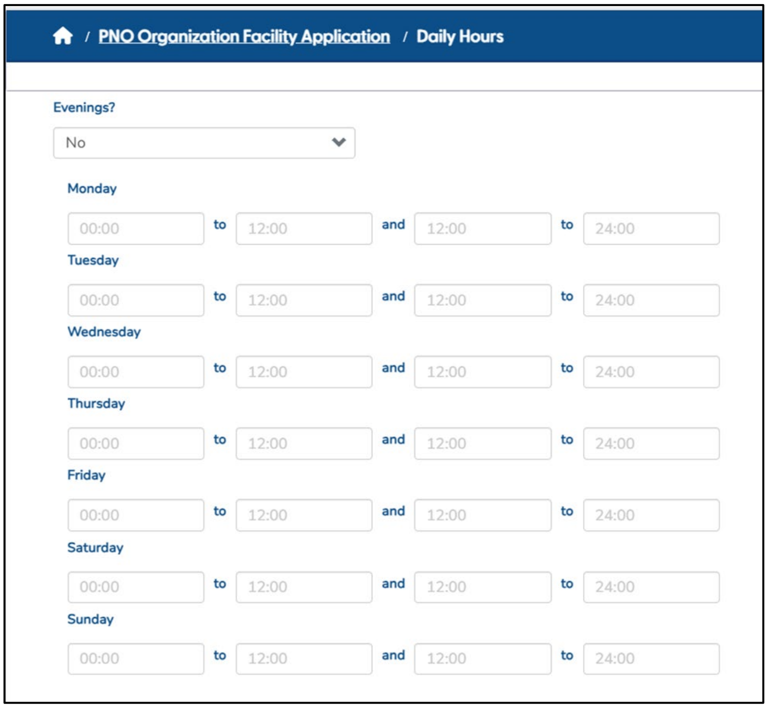
2. When finished, click **Save and Continue**.

Demographics - Hours

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

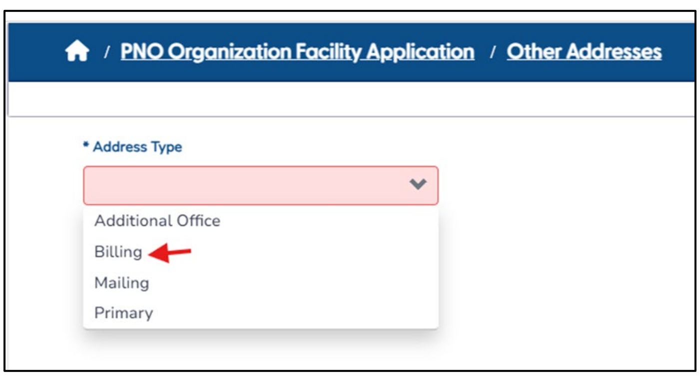
2. If closed for lunch, specify the time; otherwise, leave blank and only complete the first and last fields for each day.

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.

Demographics - Services

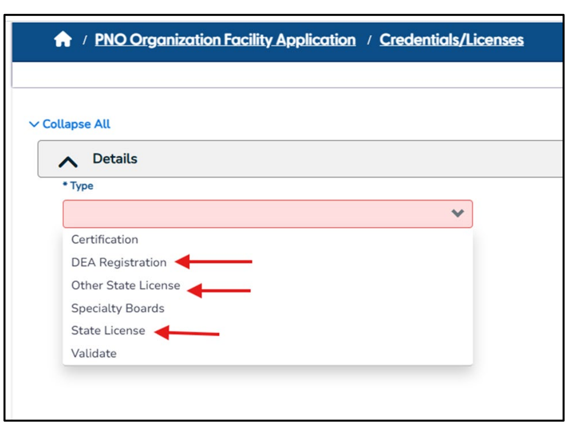
1. Add any specialty services your facility offers.

2. Save each service entry; you can edit or delete if entered in error.

Credentials/Licenses

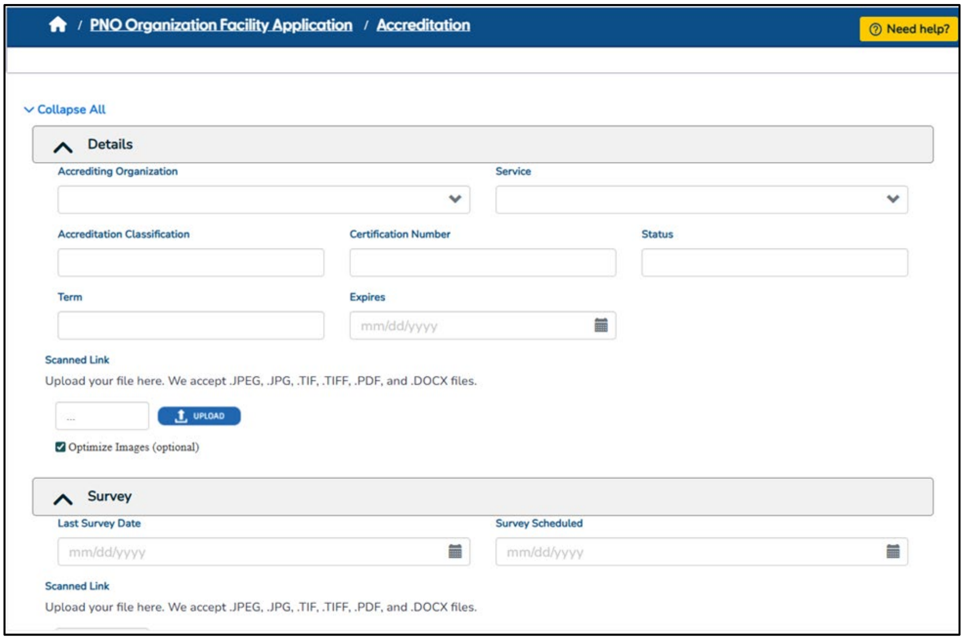
1. Click **Add New License** and select the license type (state, DEA, etc.).

2. Fill in the license details: institution, license number, state of issue, issue/expiration dates, and active status.



Accreditation (Optional)

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

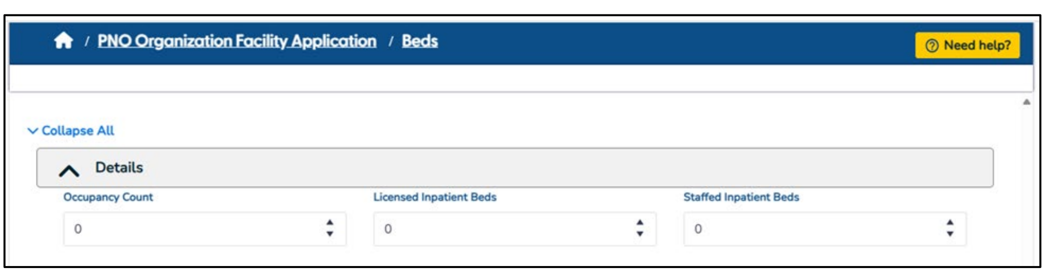


Additional Details

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.

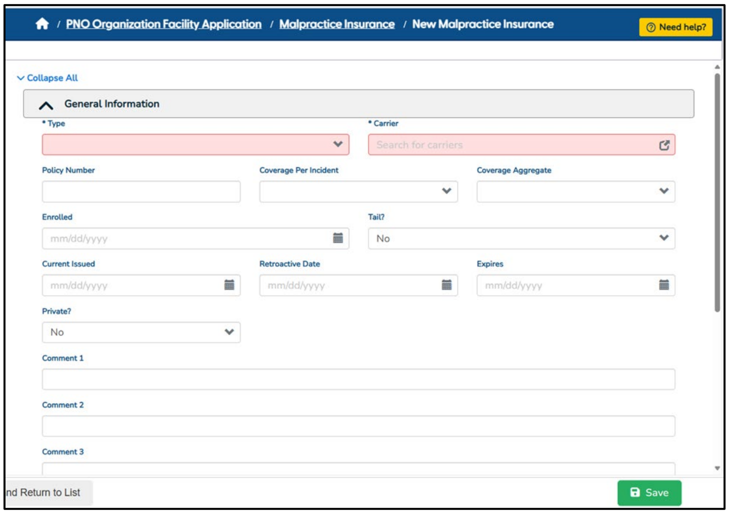


3. When finished, click **Save**.

Malpractice Carriers

1. Enter malpractice insurance details.

2. Upload a copy of certificate of insurance showing professional liability insurance.



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.