



Dear Physician/Provider,

We want to help you work as efficiently as possible. That's why we're pleased to tell you about BCBSRI.com and how you and your staff can use the site to access valuable information for your practice once you become a participating provider. All you need to do is register for a personal identification number (PIN). Here are just some of the site's many features:

- **View Remittance Advices (RAs) online** – Access the Correspondence Center to view your RAs.
- **View claim status** – Check the status of all claims submitted with your National Provider Identifier (NPI) number.
- **Check eligibility** – Verify effective dates of coverage, copayments, deductibles, and other information.
- **Review medical coverage policies** – Access our medical coverage policies quickly and easily.
- **Access provider publications** – Retrieve online publications, including:
  - **Provider Update** – Includes updates and information for our participating providers.
  - **Participating Provider Administrative Manual** – A comprehensive guide for participating providers with information on committee structures and roles, physician/provider rights and responsibilities, referrals and authorizations, members' rights and responsibilities, complaints, appeals, claims administration, and more.
  - **Blue Cross & Blue Shield of Rhode Island Practice Guidelines** – Includes clinical guidelines that we have adopted for acute, chronic, and behavioral healthcare.

Provider publications can be downloaded from BCBSRI.com for your convenience. You can also call if you'd like us to provide an orientation at your office about provider publications, and/or:

- **Online preauthorization requests** – This is a convenient way to submit pre-service or after-care authorization requests.
- **Our hospital comparison tool** – Research and review independent hospital comparisons provided by HealthShare.

### How to obtain a PIN:

Only physicians/providers who are participating with BCBSRI and have an NPI may obtain a PIN. To request one, please read and sign the attached Confidentiality and Security Guidelines form. **The practicing physician/provider's signature is required on this form.** Upon receipt of the PIN, the practicing physician/provider may choose to act as the System Administrator or delegate that responsibility to a staff member who can perform the duties outlined.

You will receive your PIN by mail within 10 business days after you have been approved as a participating provider. Please complete and return the attached form so that we may start the process of establishing your PIN. Thank you for applying for participation as a BCBSRI provider, and for providing quality care to our members.

Sincerely,

A handwritten signature in black ink that reads "Holly M. Vota".

Holly M. Vota  
Manager, Provider Information Management and Operations

## Confidentiality and Security Guidelines for Physicians/Providers

1. The practice will designate a System Administrator (SA) who is responsible for maintaining the confidentiality and security of BCBSRI members' information.
2. Blue Cross & Blue Shield of Rhode Island (BCBSRI) will provide the SA with a personal identification number (PIN). The SA will not share, disclose, or in any other way communicate the PIN to any other person without the prior written approval from BCBSRI.
3. The SA will assign unique user IDs and passwords to employees within the practice who have a need to access BCBSRI information in order to perform their job functions.
4. Access will be limited to authorized members of the practice who need access to the information in order to perform payment or healthcare business functions.
5. The SA will terminate user IDs and passwords immediately upon any employee status change.
6. The SA will notify BCBSRI by calling the Physician/Provider Service Center at (401) 274-4848 or 1-800-230-9050 or Blue Cross Dental at (401) 453-4700 or 1-800-831-2400 within one (1) business day of becoming aware of any inappropriate or unauthorized access, including but not limited to sharing passwords, accessing information for personal use, and any other misuse of the system and/or information.
7. Using the information provided by BCBSRI, the SA will perform routine, regular audits, or special audits upon BCBSRI's request.

Agreed and accepted to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Practice Name: \_\_\_\_\_

I would like to receive my Web PIN(s) via e-mail at: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Provider

\_\_\_\_\_  
Printed Name of Physician/Provider

\_\_\_\_\_  
Type 1 National Provider Identifier (NPI)

\_\_\_\_\_  
Type 2 National Provider Identifier (NPI)

### You can fax or mail this completed form to:

Attn: Provider Information Management and Operations  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903  
Fax: (401) 459-1774

**Questions?** Please call us at the appropriate phone number below.

**Physicians/Providers** – Physician/Provider Service Center: (401) 274-4848 or 1-800-230-9050

**Dentists** – Blue Cross Dental: (401) 453-4700 or 1-800-831-2400