

Provider Information Management & Operations (PRIMO) Removal, Termination, and Transfer Requests

This document will explain the appropriate way to submit a request to Blue Cross and Blue Shield of North Carolina (BCBSNC) for removal of an individual practitioner from a group's practitioner roster, termination of the network participation agreement of a solo practitioner or group, or request for approval of a transfer or assignment related to a practice's merger or acquisition.

Requests can be emailed to providerupdates@bcbsnc.com or faxed to 919-765-4349.

Normal processing time can vary between requests sent to Commercial or Blue Medicare. Average processing time will be between 10 to 30 business days.

Complete provider details (e.g. Name, NPI, IRS Number, Locations) and the termination date must be provided.

Notice: Incomplete requests will not be accepted for processing. Requests that are incomplete or are missing information will be returned to sender. The request will need to be resubmitted with complete information to be processed.

Step	Action
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1 Practitioner Leaving a Group

- A. Request on letterhead (must be signed by the practitioner being removed if the group is not the requestor)
- B. Reason for removal (e.g. retired, left practice, moved out of state)
- C. Indicate any necessary member moves for continuity of care
- D. Request should be submitted 30 days prior to the termination date or such other period of time as specified in your network participation agreement or the practitioner roster attached to same

2 Solo Practitioner or Group Termination of Contract

- A. Request on letterhead
- B. Reason for termination (e.g. retired, closed practice, network status change)
- C. Request should be submitted 90 days prior to the termination date or such other period of time as specified in your network participation agreement

3 Practice is being Purchased by Another Entity (Mergers & Acquisitions)

- A. Request on letterhead
- B. List the new Tax ID information and contact for acquiring party
- C. Indicate any necessary member moves for continuity of care
- D. Request should be submitted 90 days prior to the termination date or such other period of time as specified in your network participation agreement
- E. The new group cannot be formed without the completed enrollment application(s) and new W9 (see group and practitioner enrollment change information for instructions)

In the event you have any questions or need assistance please call 1-800-777-1643 opt 6