BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

My Provider Enrollment Portal 2.0

User Guide

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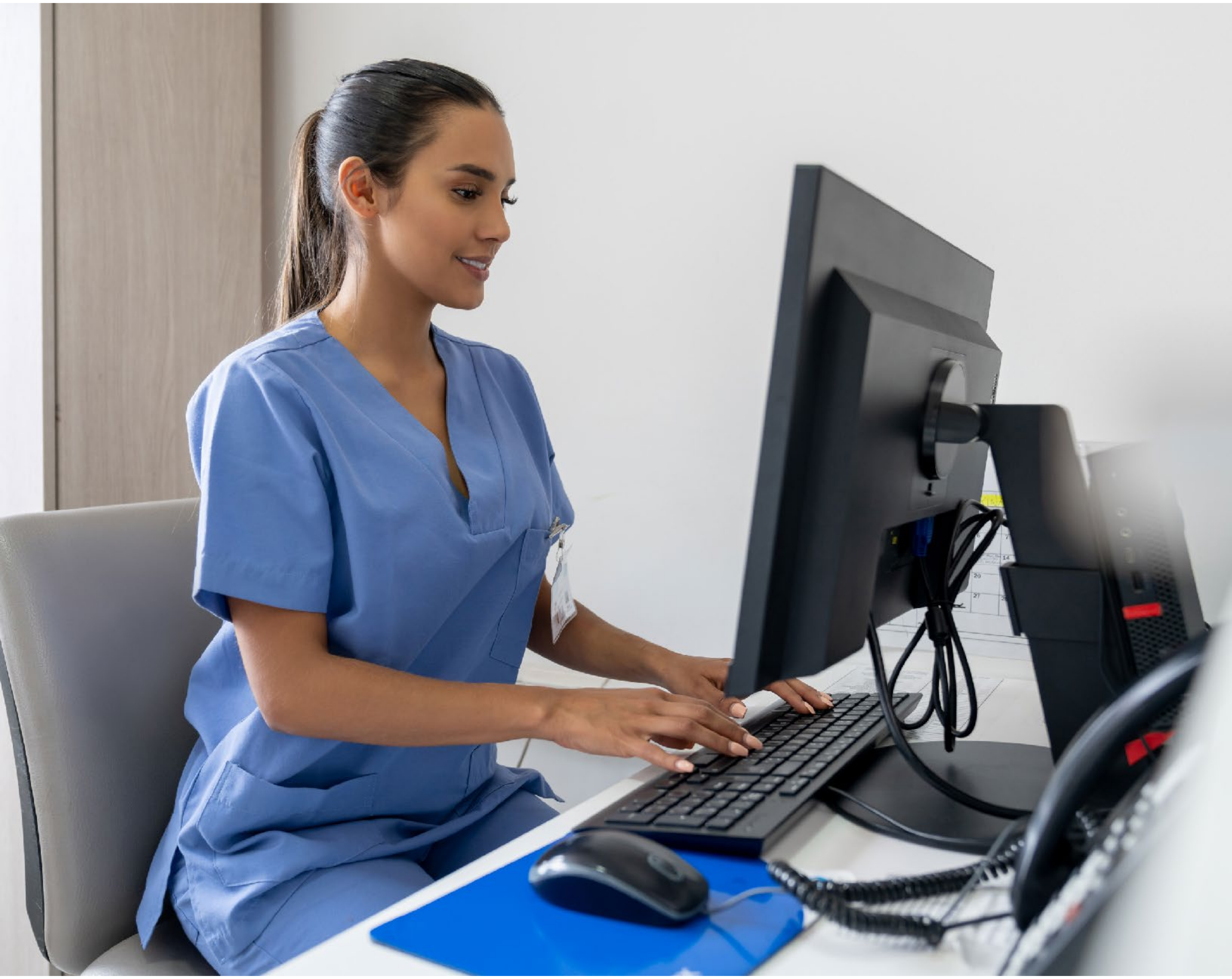
Overview

My Provider Enrollment Portal (MyPEP) is our provider enrollment tool. It offers a web-based solution for providers who are credentialed or are interested in credentialing with BlueCross or BlueChoice® HealthPlan. Use the portal to:

- Become a network provider.
- Receive automated status updates.
- Make certain updates for the physician or practice.
- Receive notifications when additional information is needed.
- And much more.

The portal is used for medical, behavioral health, dental, and virtual care enrollment. Overall, MyPEP helps streamline services and makes the provider enrollment process more efficient.



Contents

Enrollment Applications and Forms

Enrollment applications for BlueCross BlueShield of South Carolina include the following:

Application	Description
Enroll a Practitioner	New practitioners that want to enroll with BlueCross BlueShield of South Carolina.
Enroll a Group	New groups that want to enroll with BlueCross BlueShield of South Carolina.
Add Virtual Care	Practitioners or groups that want to render telemedicine and telehealth services.
Health Professional**	In-state, out-of-network practitioners that want to file claims to BlueCross BlueShield of South Carolina.
Behavioral Health**	New practitioners or groups that want to enroll in our behavioral health network.
Autism Provider Panel**	Applied behavior analysts that want to enroll in our autism provider panel.
Submit a Name Change	Request to change the doing business as (DBA) or legal business name of a practice.
Change of Address	Request to update the physical, pay to, correspondence and billing agency address.
Add a Satellite Location	Enrolled groups that have new locations that want to file claims to BlueCross BlueShield of South Carolina.
NPI Provider Notification	Out-of-state and out-of-network practitioners or groups that want to register their NPI with BlueCross BlueShield of South Carolina.
Request to Add a Practitioner	Adding a practitioner’s affiliation with a clinic, group, or institution.
Remove a Practitioner	Terminating a practitioner’s affiliation with a clinic, group, or institution.

** These are included with either the Enroll a Practitioner or Enroll a Group application. The responses to the questions will trigger the path the application takes.

For instance, if the specialty code (taxonomy) is related to behavioral health, the application will go down the path of behavioral health.

Another example is if the provider states their location is not in South Carolina and they select the out-of-network option, the application will go down the path of the NPI provider notification.

Checklists

Individual Provider Enrollment – Ancillary Providers

Note: Ancillary includes speech, physical and occupational therapists, and audiologists.

Checklist Items
Provider Enrollment Application
Copy of SC Medical or Practice License
Current Copy of Malpractice (Min. $1M/$3M)
Authorization to Bill for Services
Signed Contracts
Hold Harmless*
Appendix D*
Medicaid ID Number**

*Only if applying for BlueChoice®.

**Only if applying for Healthy Blue℠.

Individual Provider Enrollment – Dental Providers

The shaded areas indicate what is required.

Checklist Items	Oral Surgery	Routine
Provider Enrollment Application		
Copy of SC Medical or Practice License		
Drug Enforcement Administration (DEA) Certification*		
Current Copy of Malpractice (Min. $1M/$3M)		
Authorization to Bill for Services		
Signed Contracts	**Footnote 1**	**Footnote 2**
Professional Training		
Hold Harmless**		
Appendix D**		
Medicaid ID Number***		

*Only if applicable.

**Only if applying for BlueChoice.

***Only if applying for Healthy Blue℠.

[1]Medical contract, dental contract, or both.

[2]Dental contract only.

Individual Provider Enrollment – Advanced Practice Providers

Note: Advanced practice providers include nurse practitioners (NP), physician assistants (PA), certified registered nurse anesthetists (CRNA), certified nurse midwives, clinical nurse specialists (CNS) and hospital-based physicians.

The shaded areas indicate what is required.

Checklist Items	NP	PA	CRNA	Midwives	CNS	Hospitalist
Provider Enrollment Application						
Copy of SC Medical or Practice License						
Drug Enforcement Administration (DEA) Certification*						
Current Copy of Malpractice (Min. $1M/$3M)						
Authorization to Bill for Services						
Preceptor Information Form						
Protocols (Collaborative Agreement)						
Signed Contracts						
Hold Harmless**						
Appendix D**						
Medicaid ID Number***						
Professional Training****						

*Only if applicable.

**Only if applying for BlueChoice.

***Only if applying for Healthy Blue.

****MDs, DOs, and DPMs require at least a residency.

Individual Provider Enrollment – Pharmacists

Checklist Items
Provider Enrollment Application
Copy of SC Medical or Practice License
Drug Enforcement Administration (DEA) Certification*
Current Copy of Malpractice (Min. $1M/$1M)
Authorization to Bill for Services
Signed Contracts
Hold Harmless**
Appendix D**
Medicaid ID Number***

*Only if applicable.

**Only if applying for BlueChoice.

***Only if applying for Healthy Blue.

Individual Provider Enrollment – Physicians and Chiropractors

Checklist Items
Provider Enrollment Application
Copy of SC Medical or Practice License
Drug Enforcement Administration (DEA) Certification*
Current Copy of Malpractice (Min. $1M/$3M)
Authorization to Bill for Services
Signed Contracts
Professional Training**
Hold Harmless***
Appendix D***
Medicaid ID Number****

*Only if applicable.

**MDs, DOs, and DPMs require at least a residency.

***Only if applying for BlueChoice.

****Only if applying for Healthy Blue.

Behavioral Health

Checklist Items
Behavioral Health or Autism Panel Application
IRS Verification of Tax ID (or W9)
Authorization to Bill for Services
Professional Agreements (includes Hold Harmless and Appendix C)
Copy of SC State License
Copy of DEA License (if applicable)
Copy of Board Certification (if applicable)
Copy of Driver's License or State-issued Identification
Protocols (Collaborative Agreement)* (NPs only)
Current Copy of Malpractice (Min. $1M/$3M)**

* Only for Nurse Practitioners.

**Required for MDs and DOs. All other behavioral health providers must have a minimum of $1M/$1M.

Group Practice Enrollment – Ambulance

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter

*Only if applying for Healthy Blue.

Group Practice Enrollment – Dental

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts*
Medicaid ID Number**
Add Practitioner Form***

*For oral surgeons applying for BlueChoice and Healthy Blue. All other contracts are based on the individual practitioner's credentialing status.

**Only if applying for Healthy Blue.

***For each physician being added to the group. This is under the Maintenance section of the portal. Note: If the provider is not credentialed, you must complete a full enrollment application.

Group Practice Enrollment – Durable Medical Equipment

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter with Medicare PTAN
Copy of Business License

*Only if applying for Healthy Blue.

Group Practice Enrollment – Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, and Ambulatory Surgery Centers

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter
Copy of Business License
Copy of DHEC License

*Only if applying for Healthy Blue.

Group Practice Enrollment – Pharmacy

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter with Medicare PTAN
Copy of DHEC License

*Only if applying for Healthy Blue.

Group Practice Enrollment – Physician Office

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts*
Medicaid ID Number**
Add Practitioner Form***

*Only BlueChoice and Healthy Blue. All other commercial contracts are based on the individual practitioner's credentialing status.

**Only if applying for Healthy Blue.

***For each physician being added to the group. This is under the Maintenance section of the portal. Note: If the provider is not credentialed, you must complete a full enrollment application.

Provider Updates

Change of Address

Form to Complete
Change of Address

Change of Business Name (Doing Business As or Legal Name)

Form to Complete
Business Name Change

Change of EIN

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Add Practitioner Form*

*For each physician being added to the group. This is under the Maintenance section of the portal. Note: If the provider is not credentialed, you must complete a full enrollment application.

Change of Group NPI

Checklist Items
Group Practice Application
Electronic Funds Transfer

Change of Banking Information

Form to Complete
Electronic Funds Transfer – Located on www.SouthCarolinaBlues.com

In State, Out-of-Network

Individual Physician

Checklist Items
Health Professional Application*
Authorization to Bill for Services*
IRS Verification of Tax ID (Letter 147C or CP 575 E)

*For each physician being added to the group.

Group Practice

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer Enrollment
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

Out-of-State, Out-of-Network

Checklist Items
NPI Notification Form
Copy of W9

Satellite Locations

Checklist Items
Satellite Location Application
Electronic Funds Transfer*
Add Practitioner Form**
Authorization to Bill for Services***
Hold Harmless***
Appendix D***

*Only if new banking information applies to the new location.

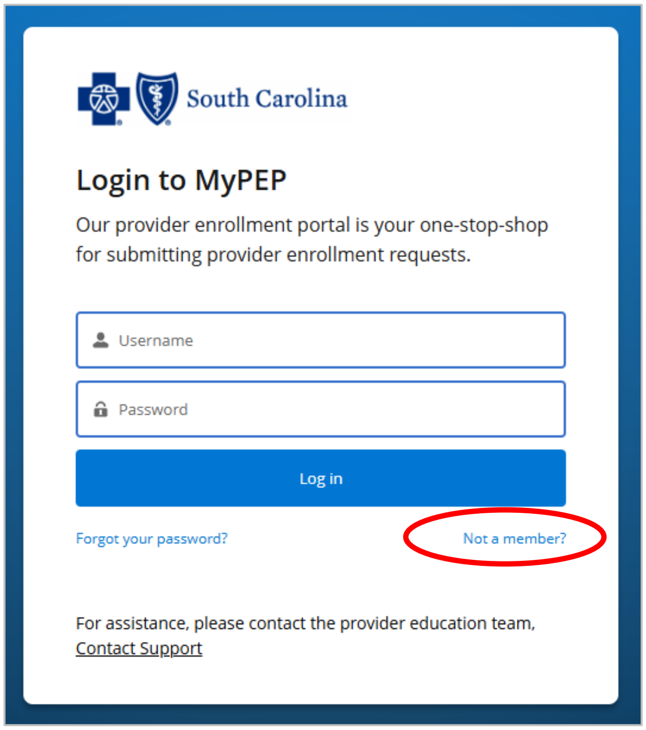
**For each physician being added to the group. This is under the Maintenance section of the portal. Note: If the provider is not credentialed, you must complete a full enrollment application.

***Only if the practitioner is not associated with other locations.

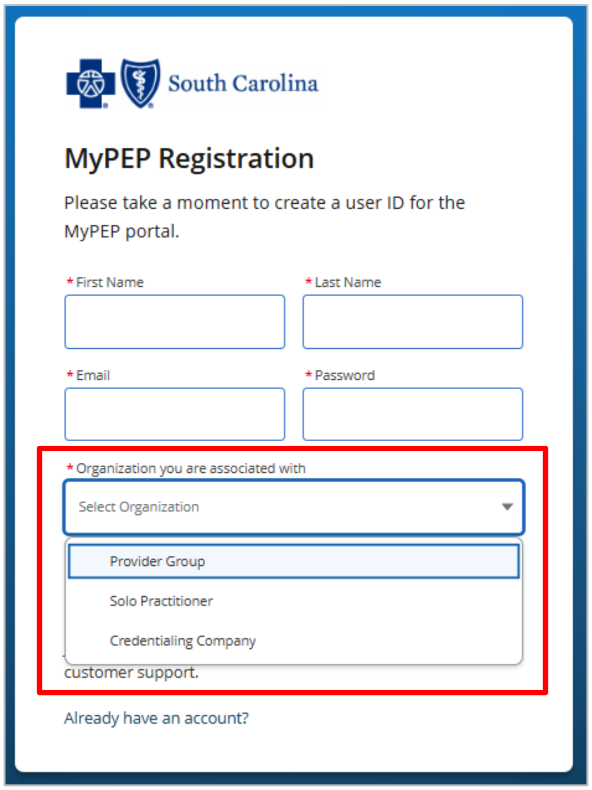
Registration

Access My Provider Enrollment Portal.

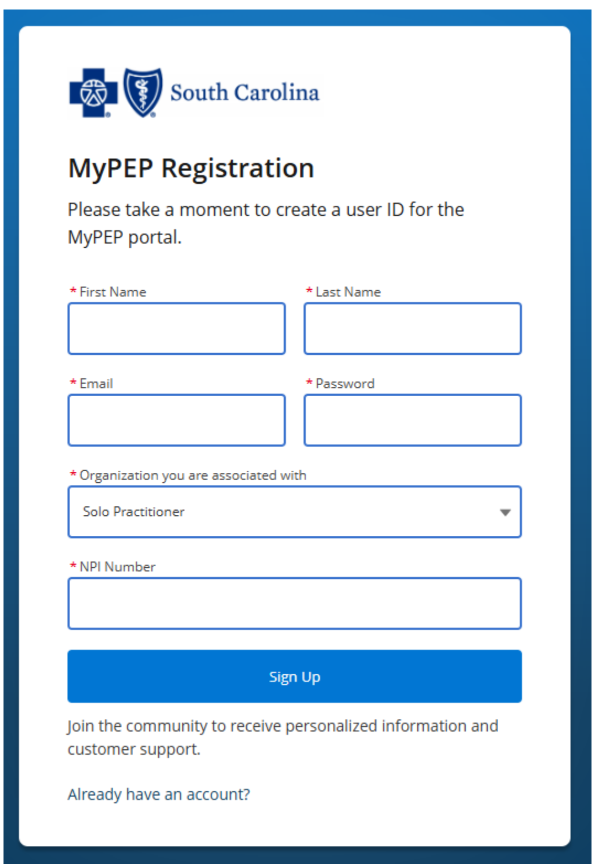
New users should select “**Not a member?**” from the landing page.



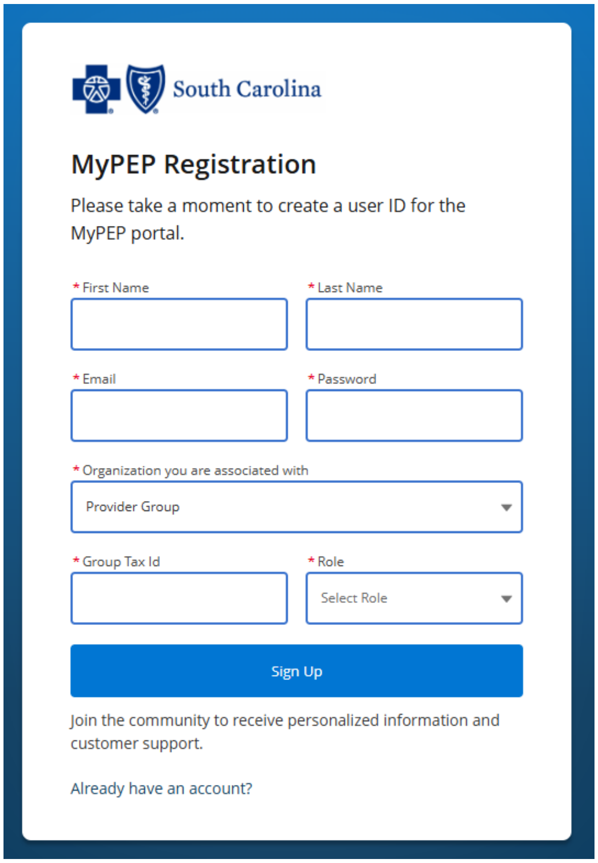
You have three options to choose from: **solo practitioner**, **provider group** and **credentialing company**. Credentialing company is reserved for third-party companies hired by providers to complete their provider enrollment. These would not be the practice’s employees. Note: The required details will vary based on the selection made.



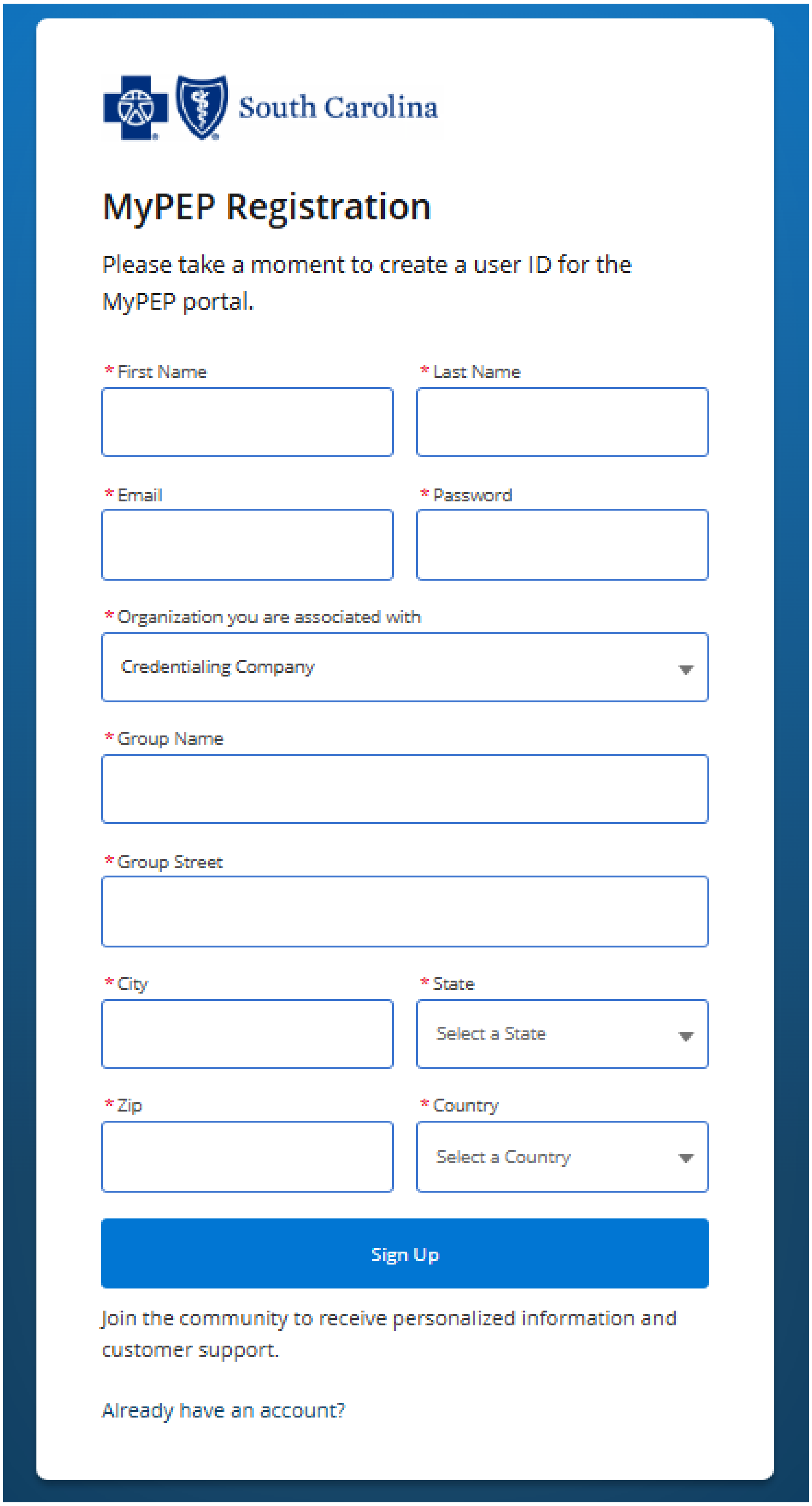
Solo Practitioner



Provider Group



Credentialing Company



South Carolina

MyPEP Registration

Please take a moment to create a user ID for the MyPEP portal.

* First Name

* Last Name

* Email

* Password

* Organization you are associated with

Credentialing Company

* Group Name

* Group Street

* City

* State

Select a State

* Zip

* Country

Select a Country

Sign Up

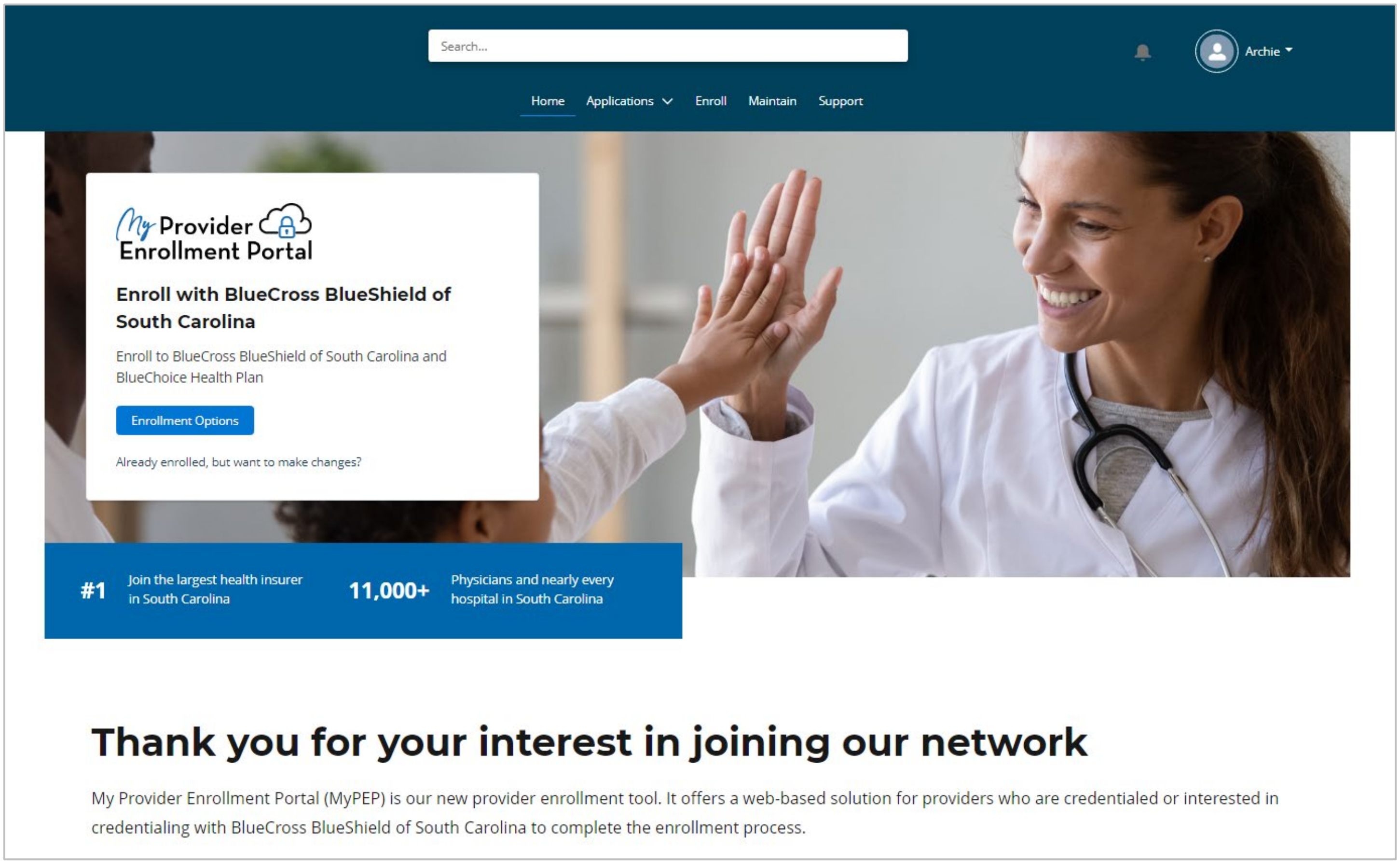
Join the community to receive personalized information and customer support.

Already have an account?

The group name should be the group name of the credentialing company the user is working with and not the name of the provider group they are attempting to enroll.

Sections of the Portal

Home Page



Note: Under "**Applications**", you will see four options:

- **My Started Applications** – Applications that have not been submitted.
- **My In-Progress Applications** – Applications that have been submitted and are being worked by the BlueCross BlueShield of South Carolina provider enrollment team.
- **My Applications Action Required** – Applications that have been submitted but need your attention to complete the enrollment process.
- **My Closed Applications** – Applications that have been completed (approved, denied, cancelled, or withdrawn).

My Started Applications

Applications

My Started Applications

1 item • Sorted by Application Type • Filtered by My applications - Application Status

	Application Type	Application Status	Practice Name	Practitioner Name	Resume Application	Created Date
1	Individual	In Progress			Resume	3/26/2025, 7:56 AM

If a case has not been submitted, it will be under **My Started Applications**. It will not have a case number but will show that it is In Progress. To proceed with completing the application, select **Resume**.

My In-Progress Applications

My In-Progress Applications

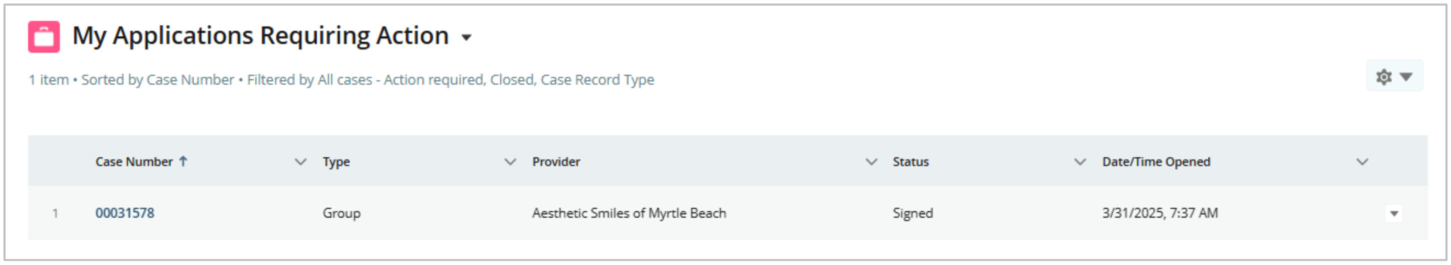
17 items • Sorted by Case Number • Filtered by All cases - Status, Closed, Case Record Type

	Case Number	Type	Provider	Status	Date/Time Opened
1	00031578	Group	[redacted]	Signed	3/31/2025, 7:37 AM
2	00031581	Individual	[redacted]	Submitted	3/31/2025, 8:02 AM
3	00031583	Virtual Care	[redacted]	Signed	3/31/2025, 8:29 AM
4	00031584	Change of Address		Signed	3/31/2025, 8:36 AM
5	00031585	Request to Add Practitioner	[redacted]	Submitted	3/31/2025, 8:52 AM
6	00031590	Request to Add Practitioner	[redacted]	Submitted	3/31/2025, 10:40 AM
7	00031612	Request to Add Practitioner	[redacted]	Submitted	4/1/2025, 8:05 AM
8	00031614	Request to Add Practitioner	[redacted]	Submitted	4/1/2025, 8:12 AM
9	00031664	Request to Term Practitioner	[redacted]	Awaiting signature	4/2/2025, 5:18 AM
10	00031668	Business Name Change	[redacted]	Awaiting signature	4/2/2025, 5:53 AM

Once a case has been submitted and received by BlueCross BlueShield of South Carolina, it will move under **My In-Progress Applications**. Here, you will see the assigned case numbers, type of application, provider information, status and the date and time it was completed.

Refer to the Status Details section of the manual to see what these statuses mean.

My Applications Requiring Action



My Applications Requiring Action

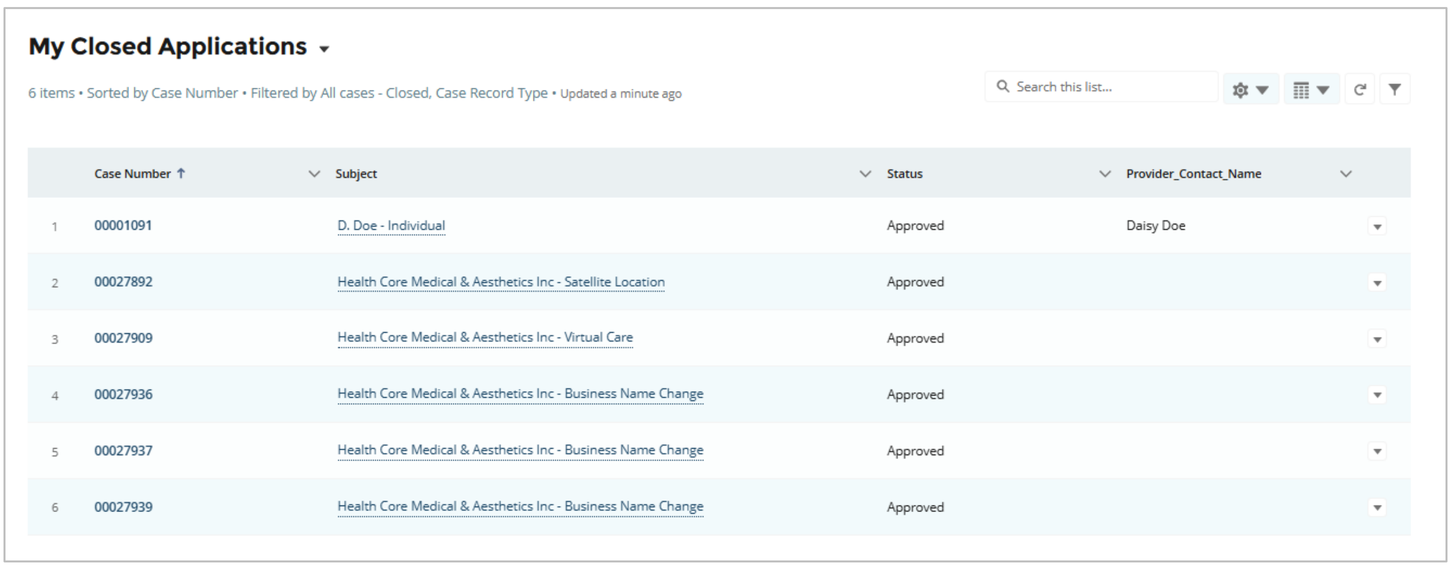
1 item • Sorted by Case Number • Filtered by All cases - Action required, Closed, Case Record Type

	Case Number	Type	Provider	Status	Date/Time Opened
1	00031578	Group	Aesthetic Smiles of Myrtle Beach	Signed	3/31/2025, 7:37 AM

Applications that need something from you to continue the enrollment process will be listed under **My Applications Requiring Action**. You will receive a notification along with a case comment to explain what is needed. Refer to the [Making Corrections to an Application] section to see how this process works.

Be sure to submit the requested items or corrections as soon as you receive the notification. This will reduce any processing delays. Also, always reference the application case number when communicating with BlueCross BlueShield of South Caroling about your application.

My Closed Applications



My Closed Applications

6 items • Sorted by Case Number • Filtered by All cases - Closed, Case Record Type • Updated a minute ago

Search this list...

	Case Number	Subject	Status	Provider_Contact_Name
1	00001091	D. Doe - Individual	Approved	Daisy Doe
2	00027892	Health Core Medical & Aesthetics Inc - Satellite Location	Approved	
3	00027909	Health Core Medical & Aesthetics Inc - Virtual Care	Approved	
4	00027936	Health Core Medical & Aesthetics Inc - Business Name Change	Approved	
5	00027937	Health Core Medical & Aesthetics Inc - Business Name Change	Approved	
6	00027939	Health Core Medical & Aesthetics Inc - Business Name Change	Approved	

When an application has been completed, it will move under the **My Closed Applications** section. Cases here could be in one of the following statuses:

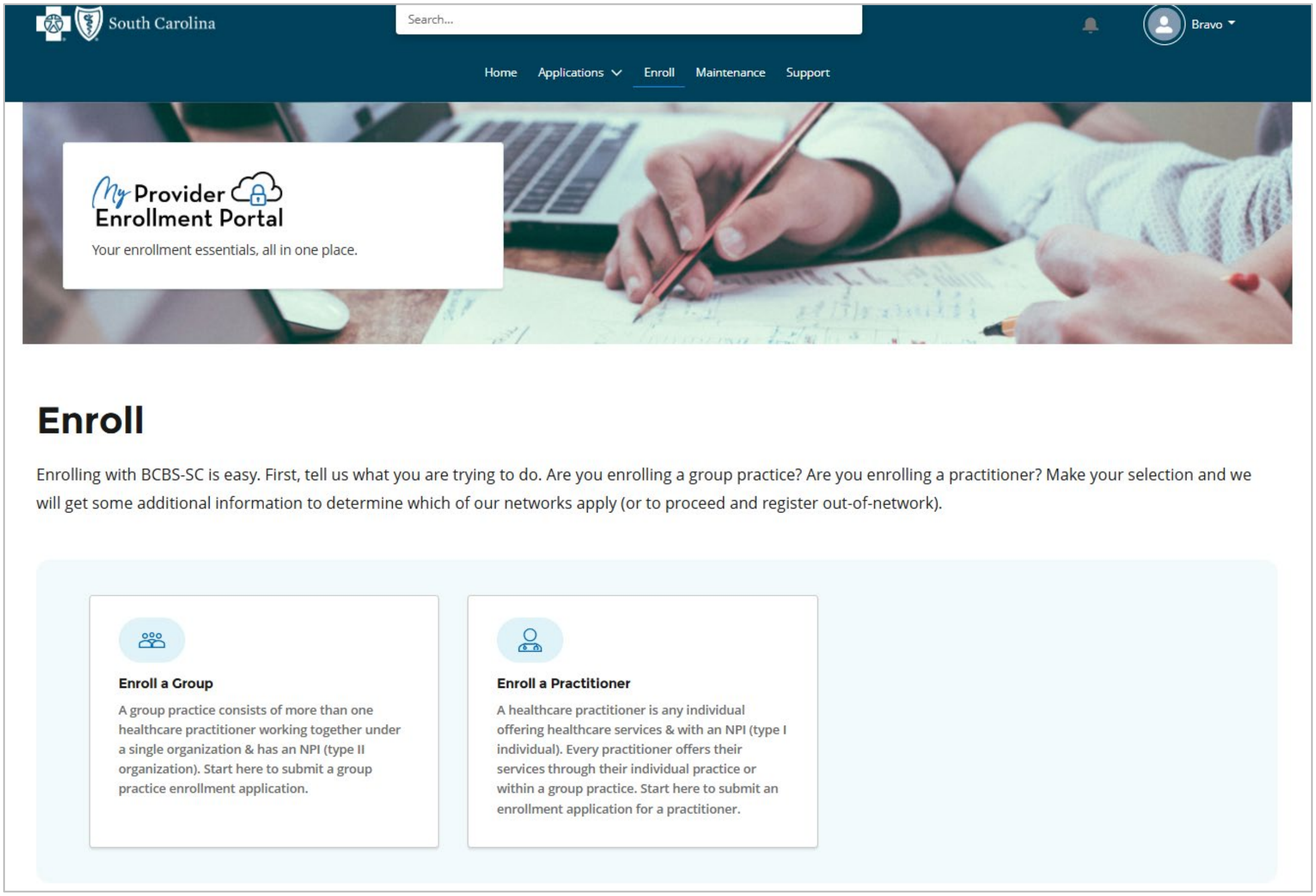
- Approved
- Denied
- Cancelled
- Withdrawn

Refer to the [Status Details] section of the manual to see what these statuses mean.

Enroll Page

The Enroll page includes two options:

- Enroll a group
- Enroll a practitioner



A group practice consists of more than one healthcare practitioner working together under a single organization and has an NPI.

A practitioner is an individual offering healthcare services and has an NPI. Practitioners can offer services through their individual practice or within a group practice.

Maintenance Page

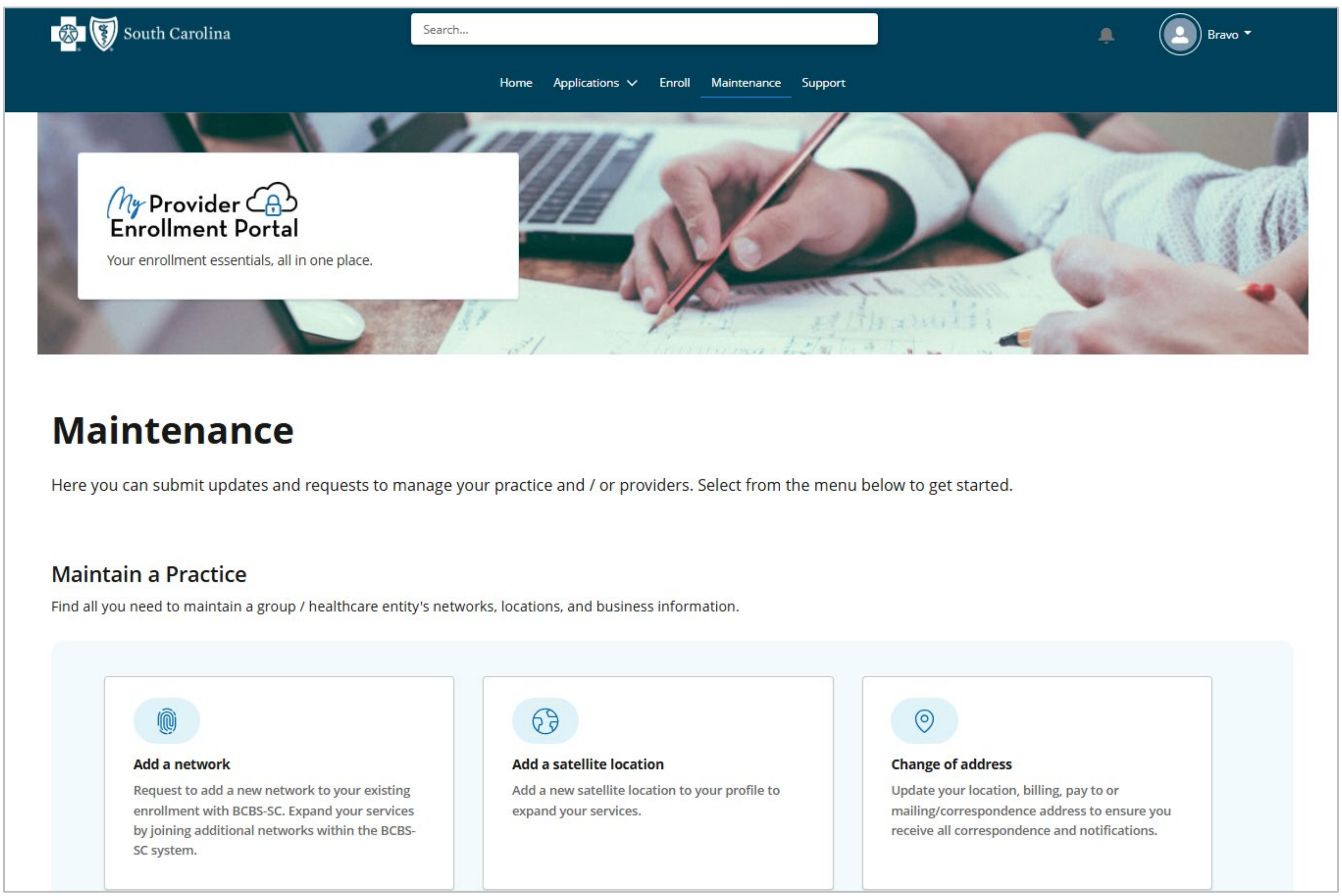
The Maintenance page includes options for maintaining a practice and maintaining a group's practitioners.

For **maintaining a practice**, you can:

- Add a network
- Add a satellite location
- Change an address
- Add virtual care
- Submit a name change
- Update an NPI

For **maintaining a group's practitioner**, you can:

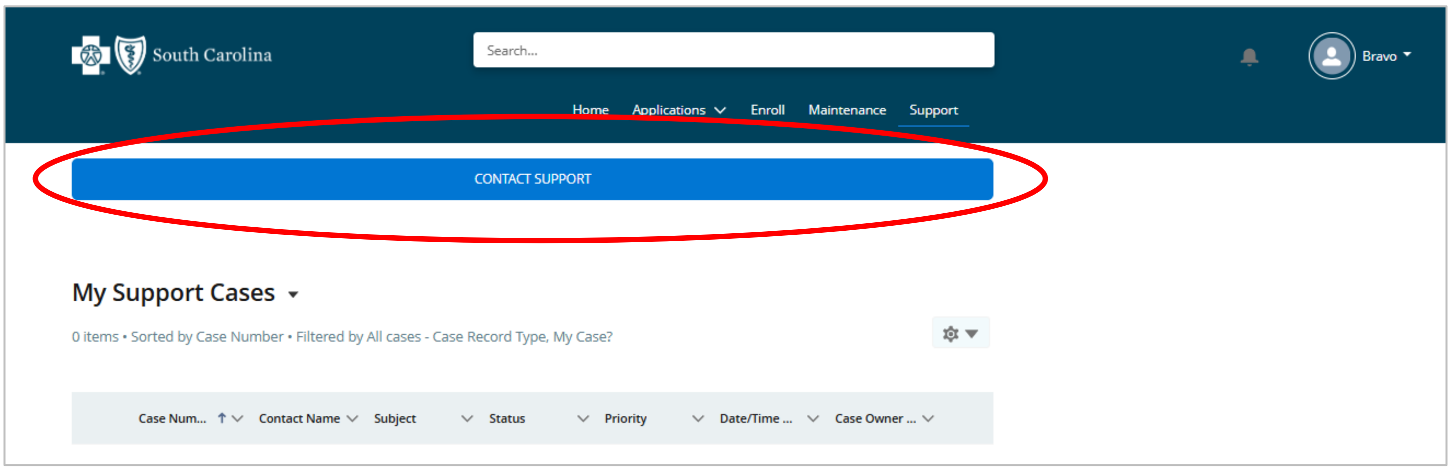
- Request to add a practitioner to a location
- Request a new network for a practitioner
- Remove a practitioner from a practice or location

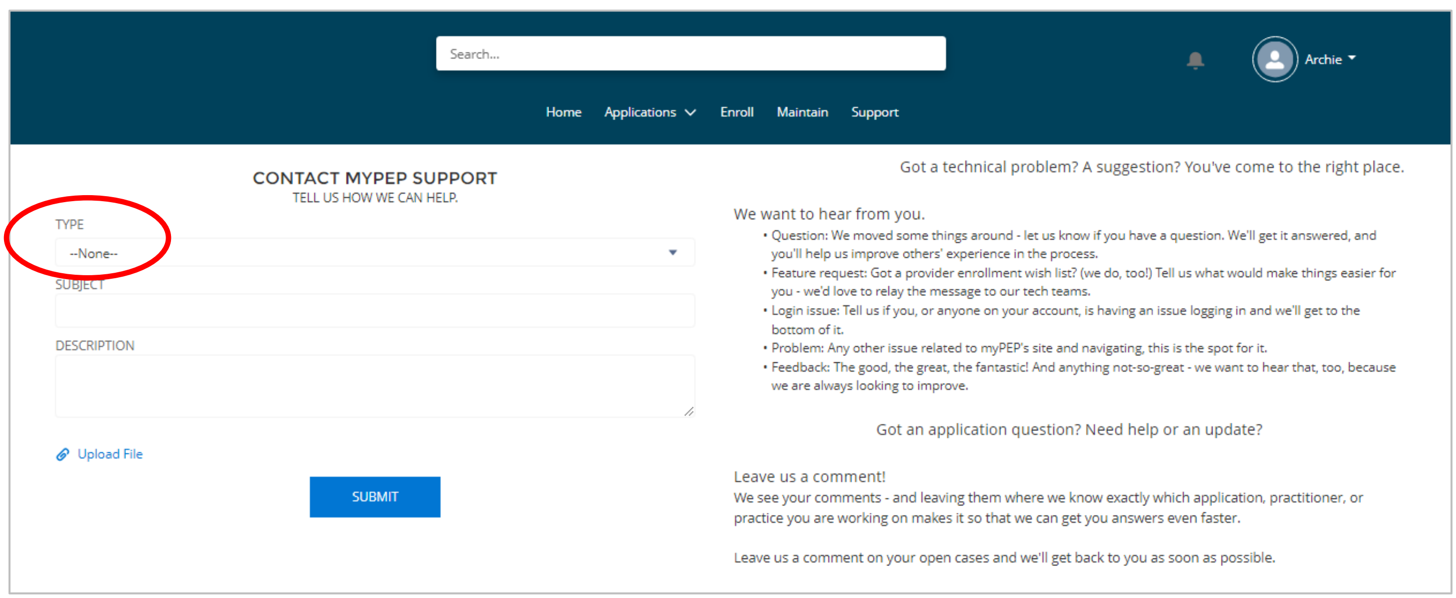


Support Page

Support page will display any support cases that you submitted. You will also have the option to Contact Support to submit a new request. Additionally, when submitting a request, you will see the following types of requests available:

- Login issue.
- Feature request.
- Question.
- Problem.
- Feedback.
- Access request.





Keep in mind that support cases are not linked to a specific application case. Support cases are used for general questions or assistance.

For example, if a credentialed practitioner needs to change their name on file with BlueCross BlueShield of South Carolina, they can submit a support case to include the effective date of the change, along with a copy of their updated medical license.

Support cases go to our provider enrollment team, and you will be notified once a response is provided.

Status Details

The portal includes the following statuses:

- **Submitted** – The application and all required documents have been submitted to BlueCross BlueShield of South Carolina for review. Note: Submitted does not mean completed.
- **Preliminary Review** – The application is in the first review stage to ensure it's a clean application.
- **Awaiting Signature** – The application and applicable contracts have been sent to the provider (and other designated signers) and are awaiting signatures.
- **Signed** – The application and applicable contracts have been signed and returned to BlueCross BlueShield of South Carolina.
- **Secondary Review** – The application has been determined to be a clean application* and progressed to the next review stage of prime source verification.
- **Final Review** – The application has passed prime source verification and reached the final review stage.
- **Approved** – The application is completed and has been approved.
- **Denied** – The application is completed but has been denied.
- **Cancelled** – The application has been cancelled.
- **Withdrawn** – The application has been withdrawn per the provider's request.

*A clean application is one that includes all the required signatures, licenses, certificates, and valid dates.

Completing Clean Applications

Enrolling with BlueCross BlueShield of South Carolina is easy, as well as making maintenance updates for your group or practitioner. You can use the following steps in this guide to assist you with submitting clean applications. You can also visit the **Provider Enrollment** section of www.SouthCarolinaBlues.com to view the available video guides for each application type.

Enroll a Practitioner

1. After logging into My Provider Enrollment Portal, select **Enroll** from the navigation bar.
2. Select **Enroll a Practitioner**.
3. From the Let's Get Started page, select **Next**.
4. Enter group's tax ID and the practitioner's NPI, then select **Next**.
5. If the group is on file, the search results will pull the group. Select the group, then select **Next**.

Alert: If the group is not on file, you must submit a new group application.

6. Enter the specialty for the practitioner, then select **Next**.
7. Choose the networks you wish to join for the new location, then select **Next**.

Note: If you would like to remain out-of-network, check the appropriate box.

8. Review the list of what you should have ready to proceed with filling out the practitioner's information, then select **Next**.
9. Enter all the required practitioner information, then select **Next**.

Alert: Be sure to include the practitioner's email address in the appropriate field. This ensures the application is sent to them during the e-signing process. Also, be mindful that the authorization to bill date should match the practitioner's start date with the practice.

10. Enter all the required professional qualifications, then select **Next**.
11. Enter the practitioner's education and training details, then select **Next**.

Note: If the institution is not listed, select Other and include the details for the institution.

12. Enter the practitioner's employment history, then select **Next**.

Alert: The employment history must cover five years, or 60 months. Any gaps greater than six months requires an explanation.

13. Enter any applicable hospital privileges, then select **Next**. If the practitioner does not have any privileges, select **No**, then select **Next**.

Note: If you select No, be sure to include an explanation of the arrangements for hospital care.

14. Enter the patient population for the provider, then select **Next**.
15. Prepare to upload any applicable licensures and certifications. Select **Next**.
16. Tell us whether the practitioner is board certified. If yes, upload a copy of the certification, then select **Next**.
17. Provide the malpractice insurance details, then select **Next**.

Alert: The malpractice must cover the practitioner's start date with the practice. If the malpractice is set to expire within 60 days, be sure to upload an additional malpractice showing the practitioner is covered.

18. Tell us whether the practitioner holds a DEA license. If so, include the details and upload a copy of the license, then select **Next**. If the practitioner does not have a license, be sure to provide the delegated prescriber's information.
19. Choose the primary location for the practitioner based on the locations we have on file for the group. Select **Add Existing Location**. If you need to create a new primary location, select the appropriate checkbox, then select **Next**.
20. Enter the practice location details, then select **Next**.
21. Review all the information you entered to ensure it is accurate. If changes are needed, select **Previous**. If no changes are needed, select **Next**.
22. Lastly, select **Submit Application**.

Enroll a Group

1. After logging into My Provider Enrollment Portal, select **Enroll** from the navigation bar.
2. Select **Enroll a Group**.
3. Enter the Tax ID and select **Next**.
4. If the group is not on file, the search results will indicate that we did not find an entity based on the tax ID you entered. Select **Next**.

Alert: If the tax ID entered pulls a group that's already on file, you should not proceed with submitting a new group application.

5. Select **Start the Group Application**.
6. Enter the specialty for the group, then select **Next**.
7. Choose the networks you wish to join for the new location, then select **Next**.

Note: If you would like to remain out-of-network, check the appropriate box.

8. Enter the business information, then select **Next**.
9. Enter the location information and contact details, then select **Next**.
10. Choose the answers to the access and communication questions, then select **Next**.
11. Enter the office hours, then select **Next**.

Alert: If the office hours are the same for each day, after you enter the hours for Monday, you can select "Copy times to all open days," and the hours will prepopulate for you.

12. Enter the banking information, then select **Next**.

Alert: If you are not authorized to sign as the fiduciary contact, enter the name and contact details for the person that is authorized to sign.

13. If you have practitioners that work at the practice, select "I will provide practitioner information." If your group type does not have practitioners, select, "Not applicable." Then, select **Next**.

Alert: If the practitioner is not already enrolled, you will need to complete a new practitioner enrollment application.

14. Add any necessary accreditation information, then select **Next**.

15. Review all the information you entered to ensure it is accurate. If changes are needed, select **Previous**. If no changes are needed, select **Next**.
16. Lastly, select **Submit Application**.

Adding a Network to a Practice

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Practice header select **Add a network**.
3. Enter the Tax ID and select **Next**.

Alert: If the tax ID entered does not pull a group that's on file, you will be prompted to start a new group application.

4. Select the radio button next to the practice location you wish to add a new network to, then select **Next**.

Note: If the practice location has existing networks, you will be provided with a list of the networks.

5. Select the network effective date, followed by the new networks you wish to add the location to, then select **Next**.
6. You will receive a "thank you for submission" message along with what to expect next. Select **Finish**.

Adding a Satellite Location to a Practice

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Practice header select **Add a satellite location**.
3. Enter the Tax ID and select **Next**.

Alert: If the tax ID entered does not pull a group that's on file, you will be prompted to answer some additional questions.

4. Select the practice name, then select **Next**.
5. Enter the specialty for the group, then select **Next**.
6. Choose the networks you wish to join for the new location, then select **Next**.
7. Enter the primary practice details, then select **Next**.
8. Enter the business information, then select **Next**.
9. Review the list of what you should have ready to proceed with the facility details, then select **Next**.
10. Enter the location information, then select **Next**.
11. Enter the office hours, then select **Next**.

Alert: If the office hours are the same for each day, after you enter the hours for Monday, you can select "Copy times to all open days," and the hours will prepopulate for you.

12. Enter the banking information, then select **Next**.

Alert: If the banking information is the same for this new location, select Yes for the appropriate question. If the banking information is different, proceed with completing this section. Also, if you are not authorized to sign as the fiduciary contact, enter the name and contact details for the person that is authorized to sign.

13. Add any necessary accreditation information, then select **Next**.
14. Add the practitioners that will be working at this new location, then select **Next**.

Alert: If the practitioner is not already enrolled, you will need to complete a new practitioner enrollment application.

15. Review all the information you entered to ensure it is accurate. If changes are needed, select **Previous**. If no changes are needed, select **Next**.
16. Lastly, select **Submit Application**.

Changing the Address for a Practice

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Practice header select **Change of address**.
3. Enter the Tax ID and select **Next**.
4. If the group is on file, their information will populate. Check the box next to the group's name and select **Next**.

Alert: If the tax ID entered does not pull a group that's on file, you will receive a notice and will be prompted to verify the information. If you believe the tax ID is correct, proceed with completing the form.

5. Enter the effective date for the change along with the group's NPI. Enter the new details for the address you wish to change, then select **Next**.

Note: You can update more than one address, if needed.

6. You will receive a "thank you for submission" message along with what to expect next. Select **Finish**.

Adding Virtual Care to a Practice

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Practice header select **Add virtual care**.
3. Enter the Tax ID and select **Next**.

Alert: If the tax ID entered does not pull a group that's on file, you will be notified to verify the information, and if needed, you must start a new group application.

4. Select the group's name, then select **Next**.
5. Answer the virtual care business associate agreement question, then select **Next**.
6. Choose which virtual services you wish to provide, along with the vendor details and attestation responses, then select **Next**.
7. Add the practitioners that will be providing virtual care services at your location, then select **Next**.
8. Review the confirmation page, then select **Next**.

Changing the Name of Practice

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Practice header select **Submit a name change**.
3. Choose the type of change you would like to make, then select **Next**.
4. For the **doing business as name change**, choose the effective date of change. Enter the tax ID and NPI for the practice, along with the current and new doing business as name, then select **Confirm**.
5. You will receive a "thank you for submission" message along with what to expect next. Select **Finish**.

6. For the **legal name change**, choose the effective date of change. Enter the tax ID and NPI for the practice, along with the address. Include the current and new legal name. Check the box telling us you are authorized to sign and approve this change OR enter the authorized signer's email address. Lastly, upload one of the appropriate IRS documents for verification, then select **Confirm**.
7. You will receive a "thank you for submission" message along with what to expect next. Select **Finish**.

NPI Provider Notification

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Practice header select **Update NPI**.
3. Enter all the required information, upload a copy of your W9, then select **Next**.
4. You will receive a confirmation message. Select **Finish**.

Adding a Practitioner to a Practice or Location

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Group's Practitioner header select **Request to add practitioner to practice or location**.
3. On the next page, enter the group's tax identification number, followed by the practitioner's NPI and select **Next**.

Alert: If you receive a notification that the group or practitioner is not found, you may need to complete a new group or practitioner enrollment application.

4. If the group and practitioner are on file, you will be prompted to confirm both. Select the radio button next to the group and the practitioner, then select **Next**.
5. On this page, enter the credentialing contact's email address as well as the practitioner's email address. Also, include the effective date of the request. You will be provided with a list of locations associated with the tax identification number you entered for the group. Select the radio button next to the location you wish to add the practitioner to, then select **Next**.

Note: If there are multiple locations, you can select more than one.

Alert: If you do not see the location you wish to add the practitioner to from the list, select the check box next to "I don't see the location I need in this list." You will be prompted to complete a new satellite location application.

6. You will receive a "thank you for submission" message along with what to expect next. Select **Finish**.

Removing a Practitioner from a Practice or Location

1. After logging into My Provider Enrollment Portal select **Maintenance** from the navigation bar.
2. Under the Maintain a Group's Practitioner header select **Remove a practitioner from practice**.
3. On the next page, enter the group's tax identification number, followed by the practitioner's NPI and select **Next**.

Alert: If you receive a notification that the group or practitioner is not found, you may need to complete a new group or practitioner enrollment application.

4. If the group and practitioner are on file, you will be prompted to confirm both. Select the radio button next to the group and the practitioner, then select **Next**.
5. On this page, enter the credentialing contact's email address. Also, include the effective date of the request. You will be provided with a list of locations associated with the tax identification number you entered for the group. Select the radio button next to the location you wish to remove the practitioner from, then select **Next**.

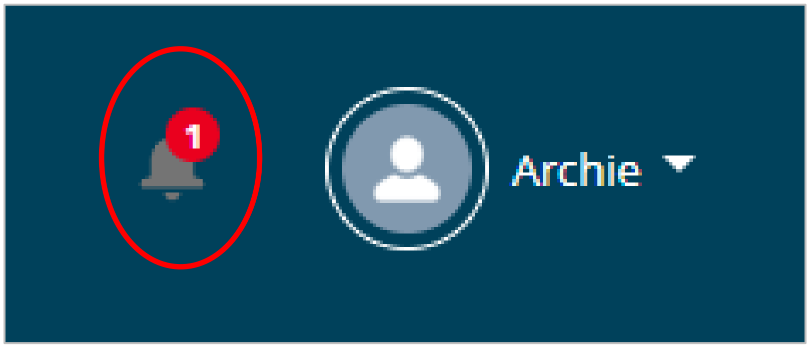
Note: If there are multiple locations, you can select more than one.

Alert: If you do not see the location you wish to remove the practitioner from in the list, select the check box next to "I don't see the location I need in this list." You will be prompted to complete a new satellite location application.

6. You will receive a "thank you for submission" message along with what to expect next. Select **Finish**.

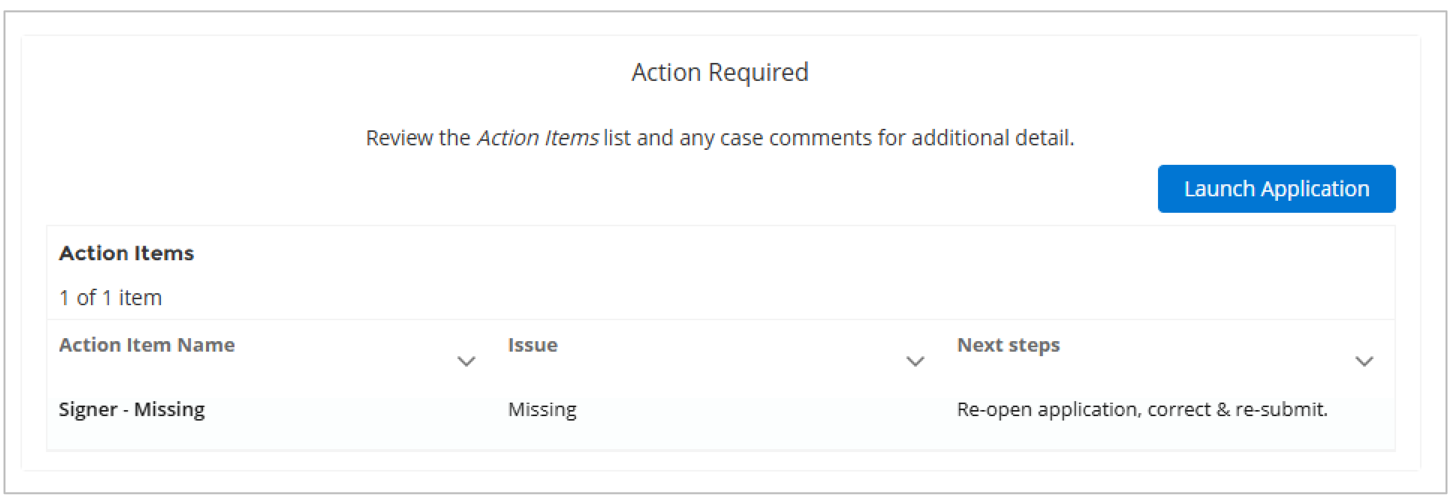
Making Corrections to an Application

If corrections are required, you will receive a notification in the portal. Note: All corrections must be made in the portal. Handwritten or other altered corrections are not accepted and will be returned.



Once you click the notification bell, you will see that there is a case comment available.

Click the **New Case Comment** notice.



Review the necessary action items. To begin making the corrections, select **Launch Application**. You will see the “Welcome back” message. Select **Next** to go through the application to make the necessary corrections.

Once all the corrections are made, resubmit the application.

Important Reminders

Review these important reminders as they will help reduce any delays in the enrollment process.

- All applications and contracts must be signed by the appropriate parties (i.e., provider, fiduciary contact, etc.).
- The provider's malpractice dates must be valid and active on or before the requested start date with the practice.
- State licenses must be active with current dates.
- All applicable licensures and certifications must be included with the application.

If any items are missing, an automated notification will be sent to the provider every seven days (with a max of 21 days) until the requested information is received.

Outreach is made on:

- Day 7 – Initial request
- Day 14 – Second request
- Day 21 – Final request

If the missing items are not received the application will be cancelled, and a new application must be completed. **To avoid this, be sure to submit a complete, clean application the first time to prevent unnecessary delays in getting enrolled into the BlueCross BlueShield of South Carolina networks.**

If you need additional help with understating the provider enrollment process, contact your dedicated Provider Relations Consultant or email MyPEP.Portal@bcbssc.com.

We are glad to have you in our family of networks.

In the event of any inconsistency between the information in this handbook and agreement(s) between you and BlueCross BlueShield of South Carolina or BlueChoice HealthPlan, the terms of such agreement(s) shall govern. The information included is general and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.