

PROVIDER ENROLLMENT



South Carolina

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DISCLAIMER

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AGENDA

- Provider Enrollment Requirements
- Overview of the Enrollment Process
- My Provider Enrollment Portal
- Completing Clean Applications
- Making Corrections to Applications
- Important Reminders
- Available Resources



PROVIDER ENROLLMENT REQUIREMENTS



PROVIDER ENROLLMENT APPLICATIONS AND FORMS

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.
Facility Information Request	Medical facilities that want to credential 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.
Add a Satellite Location	Enrolled groups that have new locations that want to file claims to BlueCross BlueShield of South Carolina.
Submit a Name Change	Request to change the doing business as (DBA) name of a practice.
Change of Address	Request to update the physical, pay to, correspondence or billing agency address.
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.

PROVIDER ENROLLMENT CHECKLISTS

Individual Provider Enrollment

- Ancillary Providers
- Dental Providers
- Advanced Practice Providers
- Pharmacists
- Physicians and Chiropractors

Group Practice Enrollment

- Ambulance
- Dental
- Durable Medical Equipment
- Home Health, Hospice, etc.
- Pharmacy
- Physician Office

Other

- Behavioral Health
- In State, Out-of-Network
- Out-of-State, Out-of-Network
- Satellite Locations

Note: Visit www.SouthCarolinaBlues.com to review the available checklists.

EXAMPLE OF AN INDIVIDUAL ENROLLMENT CHECKLIST

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.

**Required for MDs, DOs and DPMs.

***Only if applying for BlueChoice HealthPlan.

****Only if applying for Healthy Blue.

EXAMPLE OF A GROUP PRACTICE ENROLLMENT CHECKLIST

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 if applying for Healthy Blue.

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

***For each physician being added to the group. This is under the Maintain section of the portal.

Note: If the provider is not credentialed, you must complete a full enrollment application.



OVERVIEW OF THE ENROLLMENT PROCESS



WHAT HAPPENS WHEN AN APPLICATION IS RECEIVED

- **The provider enrollment team reviews applications to determine if they are clean and completed.**
 - Only clean applications can be sent to the Credentialing Committee for review.
 - Applications that are incomplete or missing items are sent back to the provider, and they have **21 days** to return the necessary documentation.
 - If the missing items are not received, the application will be canceled on the 28th day.
- **Applications approved by the Credentialing Committee progress through the process and are sent to contracting for review.**
 - Applications that are not approved by the Credentialing Committee are sent to the Disciplinary Committee.
 - The outcome of the review is sent to the provider.
- **Once contracting reviews and executes the contracts, the application is sent to the enrollment team to load the provider into the system.**
 - If contracts are not executed, an explanation is sent to the provider.
- **After the provider is loaded into the system, a welcome email is sent to the provider and includes the network and affiliation dates.**

THINGS TO KEEP IN MIND

- **The Credentialing Committee reviews enrollment applications to ensure all required credentialing criteria is met.**
- **Network effective dates are determined by the Credentialing Committee's approval date per the following entity requirements:**
 - Utilization Review Accreditation Commission (URAC)
 - National Committee for Quality Assurance (NCQA)
 - South Carolina Department of Health and Human Services (SCHDDS), when applicable
- **Network effective dates cannot be backdated.**
- **Affiliation dates can be backdated.**
 - Affiliation dates are used to process commercial claims.
 - Can be backdated to the earliest start date for the practitioner, but no more than Jan. 1st of the previous year.



MY PROVIDER ENROLLMENT PORTAL

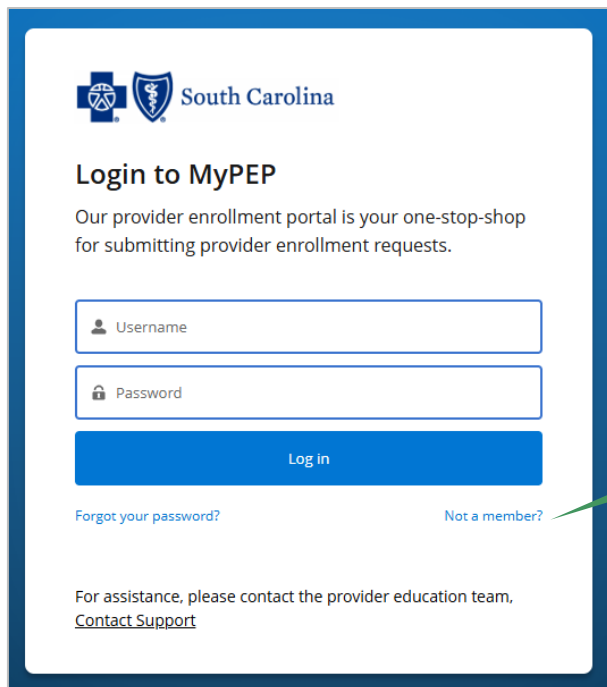



NEW AND IMPROVED MY PROVIDER ENROLLMENT PORTAL

- Coming soon, we will release our new and improved portal.
- The enhanced portal will make your interactions with enrollment smoother, more efficient and easier to manage.
- Key features and benefits:
 - Multiple user accounts linked to one Tax ID.
 - Simplified navigation.
 - Streamlined signing process with one event.
 - Clearer “action required” notifications.
 - Better application management.
 - Enhanced application tracking.
 - Personalized role selection for a customized experience.

GETTING STARTED WITH MY PROVIDER ENROLLMENT PORTAL

- Visit www.SouthCarolinaBlues.com.
 - Providers>Provider Enrollment>**Join Our Networks**
- New users should select New User from the landing page of the portal.



 South Carolina

Login to MyPEP

Our provider enrollment portal is your one-stop-shop for submitting provider enrollment requests.

[Log in](#)


[Forgot your password?](#) [Not a member?](#)

For assistance, please contact the provider education team, [Contact Support](#)

Select “Not a member?” if you’ve never signed up!

REGISTERING

- Options include: solo practitioner, provider group and 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

Select Organization ▼

- Provider Group
- Solo Practitioner
- Credentialing Company

customer support.

[Already have an account?](#)

The required details will vary based on the selection made.

MY PROVIDER ENROLLMENT PORTAL – HOME PAGE

Search...

Home Applications Enroll Maintain Support

My Provider Enrollment Portal

Enroll with BlueCross BlueShield of South Carolina

Enroll to BlueCross BlueShield of South Carolina and BlueChoice Health Plan

[Enrollment Options](#)

[Already enrolled, but want to make changes?](#)

#1 Join the largest health insurer in South Carolina

11,000+ Physicians and nearly every hospital in South Carolina

Thank you for your interest in joining our network

My Provider Enrollment Portal (MyPEP) is our new provider enrollment tool. It offers a web-based solution for providers who are credentialed or interested in credentialing with BlueCross BlueShield of South Carolina to complete the enrollment process.

What you'll see under Applications.

My Started Applications

My In-Progress Applications

My Applications Action Required

My Closed Applications

MY PROVIDER ENROLLMENT PORTAL – APPLICATIONS PAGE



Applications

My Started Applications ▾

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



	Application ID ↑	Created Date	Application Status	Practitioner	Practice	Resume Application	
1	IA-0000000035	10/29/2024, 8:24 AM	In Progress				▾



My In-Progress Applications ▾

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



	Case Number ↑	Contact Name	Account Name	Subject	Status	Type	Date/Time Opened	
1	00001038	Terrence Archie	Brown Cardiology	Back to Mobility - Group	Submitted	Group	10/29/2024, 9:07 AM	▾
2	00001039	Terrence Archie	Brown Cardiology	J. Doe - Individual	Signed	Individual	10/29/2024, 9:07 AM	▾
3	00001041	Terrence Archie	Brown Cardiology	. - Satellite Location	Submitted	Satellite Location	10/29/2024, 11:07 AM	▾
4	00001042	Terrence Archie	Brown Cardiology	. - Business Name Change	Submitted	Business Name Change	10/29/2024, 11:10 AM	▾

MY PROVIDER ENROLLMENT PORTAL – APPLICATIONS PAGE

My Applications Requiring Action

2 items • Sorted by Case Number • Filtered by All cases - Action required, Closed, Case Record Type



	Case ...	Contact Name	Account Name	Subject	Status	Type	Date/Time Opened
1	00001084	Terrence Archie	Brown Cardiology	J. Doe - Individual	Submitted	Individual	11/3/2024, 9:43 AM

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	


MY PROVIDER ENROLLMENT PORTAL – ENROLL PAGE

  Archie ▾

[Home](#) [Applications](#) ▾ [Enroll](#) [Maintain](#) [Support](#)




Your enrollment essentials, all in one place.




Enroll

Enrolling with BCBS-SC is easy. First, tell us what you are trying to do. Are you enrolling a group practice? Are you enrolling a practitioner? Would you like to submit a facility information request? Make your selection and we will get some additional information to determine which of our networks apply (or to proceed and register out-of-network).




Enroll a Group

A group practice consists of more than one healthcare practitioner working together under a single organization & has an NPI (type II organization). Start here to submit a group practice enrollment application.



Enroll a Practitioner

A healthcare practitioner is any individual offering healthcare services & with an NPI (type I individual). Every practitioner offers their services through their individual practice or within a group practice. Start here to submit an enrollment application for a practitioner.



Facility Information Request

An organization that offers healthcare services, is not classified as a practitioner or group of practitioners, & has an NPI (type II organization), can submit a facility information request.

MY PROVIDER ENROLLMENT PORTAL – MAINTAIN PAGE

Search...

Home Applications ▾ Enroll Maintain Support

My Provider Enrollment Portal
Your enrollment essentials, all in one place.

Maintain

Here you can submit updates and requests to manage your practice and / or providers. Select from the menu below to get started.

- Add a satellite location**
Add a new satellite location to your profile to expand your services.
- Request to add a practitioner to practice**
Request to add a practitioner's association with your clinic, group, professional association, or institution.
- Remove a practitioner from practice**
Remove a practitioner's association with your clinic, group, professional association or institution.
- Change of address**
Update your location, billing, pay to or mailing/correspondence address to ensure you receive all correspondence and notifications.
- Add virtual care**
Add telehealth / telemedicine services to your profile to offer remote consultations and care. You must already be enrolled in BCBS networks to add this option.
- Submit a name change**
Submit a request to change your Doing Business As (DBA) name for accurate business representation.

MY PROVIDER ENROLLMENT PORTAL – SUPPORT PAGE

My Support Cases ▾

0 items • Sorted by Case Number • Filtered by My cases - Case Record Type ⚙️ ▾

Case Num... ↑ ▾ Contact Name ▾ Subject ▾ Status ▾ Priority ▾ Date/Time ... ▾ Case Owner ... ▾

CONTACT SUPPORT

Available types.

Search...

Home Applications ▾ Enroll Maintain Support

CONTACT MYPEP SUPPORT

TELL US HOW WE CAN HELP.

Got a technical problem? A suggestion? You've come to the right place.

We want to hear from you.

- Question: We moved some things around - let us know if you have a question. We'll get it answered, and you'll help us improve others' experience in the process.
- Feature request: Got a provider enrollment wish list? (we do, too!) Tell us what would make things easier for you - we'd love to relay the message to our tech teams.
- Login issue: Tell us if you, or anyone on your account, is having an issue logging in and we'll get to the bottom of it.
- Problem: Any other issue related to myPEP's site and navigating, this is the spot for it.
- Feedback: The good, the great, the fantastic! And anything not-so-great - we want to hear that, too, because we are always looking to improve.

Got an application question? Need help or an update?

Leave us a comment!
We see your comments - and leaving them where we know exactly which application, practitioner, or practice you are working on makes it so that we can get you answers even faster.

Leave us a comment on your open cases and we'll get back to you as soon as possible.

TYPE
--None-- ▾

SUBJECT

DESCRIPTION

[Upload File](#)

SUBMIT

- ✓ --None--
- Login Issue
- Feature Request
- Question
- Problem
- Feedback
- Access request

MY PROVIDER ENROLLMENT PORTAL – STATUS DETAILS

Submitted

The application and ***all required documents*** have been sent 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 clean.

Awaiting Signature

The application and applicable contracts have been sent to the provider (and other designated signers) for signatures.

Signed

The application and applicable contracts have been signed.

Secondary Review

The application has progressed to the next review stage.

MY PROVIDER ENROLLMENT PORTAL – STATUS DETAILS

Final Review

The application has reached the final review stage.

Approved

The application has been approved.

Denied

The application has been denied.

Cancelled

The application has been cancelled.

Withdrawn

The application has been withdrawn per the provider's request.



COMPLETING A CLEAN APPLICATION



STEPS TO SUBMITTING A CLEAN APPLICATION

1. Complete the enrollment application inside the portal.
2. Sign the application and contracts *electronically*.
 - These items will be available once the enrollment team sends the documents to you and the case is in the awaiting signature status.
3. If additional items are requested, submit those as soon as possible.

Clear navigation.

Steps

- 1 **Let's Get Started**
Provider Identifiers
Network pre-qualifications
Network selection
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review
- 5 Submit

Let's Get Started

Practitioner - What to have ready

We'll walk you through setting up a new practitioner, and ensuring they are aligned with the correct group practice or established as an individual practice.

- Provider identifiers for the practitioner**
You'll need the practitioner's NPI Number (type I individual). You will also need the Social Security Number (SSN).
- Contact Information**
The full name, former surname(s), phone & preferred email are all important information we collect for each practitioner.
- Demographic Information**
In addition to capturing gender, race and ethnicity, we'll also capture the practitioner's language(s).
- Professional qualifications**
The practitioner's care specialty, state medical license, and board certification are all required.
- Education & professional training**
The practitioner's relevant degrees and training (including the highest degree) are required. We also require residency for MDs, DOs, & DPMs.
- Employment**
Aside from establishing current employment for the practitioner, we collect employment history up to 5 years (which can also span to include education and professional training).
- Authorization to Bill**
For practitioners that are part of a group practice, they will sign off for the group on their authorization to bill.

Next

Pay close attention to what's needed.

Steps

- 1 Let's Get Started
[Provider Identifiers](#)
Network selection
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review & Sign
- 5 Submit

Provider Identifiers

To get started, we need to run a search to see if you are already in our system. For practitioners, a Social Security Number and / or NPI Number (type I individual) will help us locate the correct practitioner.

Every practitioner is associated with a practice, be it a Group Practice or Individual Practice. The practice's Tax Id Number (TIN) and / or NPI Number (type II organization) will help us locate the correct practice.

Practitioner information

Enter the practitioner's Social Security Number (SSN) and the unique NPI Number (type I individual) to jump start this enrollment application.

* NPI Number (type I individual)

Practice information

Enter the practice's Tax Id Number (TIN) and NPI Number (type II organization) to identify the practice to which this practitioner is associated. Individual practices do not provide an NPI Number (type II organization); the practitioner's NPI Number (type I individual) is sufficient. If the practitioner has acquired a unique Tax Id Number (TIN), such as an EIN, it can be entered here. If the practitioner uses their SSN as the TIN for the individual practice, do not enter it here.

Practice Type

* Tax Id Number (TIN)

NPI Number (type II group)



How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 **Let's Get Started**
Provider Identifiers
[Provider search results](#)
Network pre-qualifications
Network selection
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review & Sign
- 5 Submit

Provider search results

No Group Found

We didn't find a group practice based on the lookup criteria you entered.

We didn't find a group practice based on the lookup criteria you entered. Here are some things you'll need to have ready:

1. Location information
2. Office contacts
3. Office hours
4. EFT information
5. Accreditations
6. and more

Click *Previous* to revisit your entry information; click *Next* to start fresh and we will walk you through our enrollment application.



How we protect your information ?

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[Previous](#)

[Next](#)

Steps

- 1 **Let's Get Started**
Provider Identifiers
Provider search results
[Network pre-qualifications](#)
Network selection
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review & Sign
- 5 Submit

Network pre-qualifications

Before we dig in, let's be sure we get aligned to the right provider networks.

Are all of your locations in South Carolina?

Yes No

Does the practice offer telehealth visits or participate in telemedicine consults?

Yes No

Are you a Behavioral Health or Autism Provider?

Behavioral Health Provider

Autism Provider

*Speciality Code

207Q00000X - Family Medicine Physician



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Previous

Next

Steps

- 1 Let's Get Started
 - Provider Identifiers
 - Provider search results
 - Network pre-qualifications
 - [Network selection](#)
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review & Sign
- 5 Submit

Network selection

Here are the available networks that align based on what we know. Select the networks for this enrollment application.

* Available Networks

<input type="checkbox"/> CBA Behavioral Health	<input type="checkbox"/> Preferred Blue	<input type="checkbox"/> Blue Essentials
<input type="checkbox"/> Healthy Blue	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> CBA Autism Panel
<input type="checkbox"/> Blue Options	<input type="checkbox"/> Blue Participating Dental	<input type="checkbox"/> State Health Plan
<input type="checkbox"/> BlueChoice HealthPlan		

Out of Network



How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Note that selecting a network does not guarantee approval; your application will be reviewed to determine eligibility.

Previous

Next

Steps

- 1 **Let's Get Started**
Provider Identifiers
Provider search results
Network pre-qualifications
Network selection
[Practice Information](#)
Business Information
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review & Sign
- 5 Submit

Practice Information

Please provide information about your primary practice. Your primary practice is the main location where you provide healthcare services.

Primary Practice

Your primary practice is the main location where you provide healthcare services.

* Practice Name

ABC Family

* Tax Id Number (TIN)

00-5555555

* NPI (type II organization)

0099999999

* Medicaid Id

01234567890

Medicare Number

Medicare Certificate Date

* Website

https://www.abcfamily.com

* Office Email

abcfamily@yahoo.com

Is this practice to be included in the directory?

Yes No



How we protect your information?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
 - Provider Identifiers
 - Provider search results
 - Network pre-qualifications
 - Network selection
 - Practice Information
 - [Business Information](#)
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review & Sign
- 5 Submit

Business Information

Please provide your business name, owner details.

Business Names

* Legal Business Name

ABC Family

* Doing Business As (DBA)

ABC Family

* Date Established

10-01-2024

I own the business / am a business owner.

I have additional business owners to add.

Business Tax Identification

* Type

CP 575 E

Tax Id Number (TIN)

005555555

Required Document

Please upload a copy of your CP575E

Upload Document

Please upload a copy of the required file(s) below.



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files



Business Example.docx

Successfully uploaded

Note: You may proceed with the form and upload this document at a later time.

Business License

All hospitals, institutions and other facilities must complete this section.

Business License #

Certification Date

Indicate the number of beds, excluding exempt units

Required Document

Please upload a copy of your Business License.

Upload Document

Please upload a copy of the required file(s) below.



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Note: You may proceed with the form and upload this document at a later time.

Save for later

Previous

Next

Steps





- 1 Group Information
- 2 **Location Details**
 - Location information
 - Hours of operation
 - Electronic funds transfer (EFT)
 - Accreditations
- 3 Practitioner Information
- 4 Upload Documents
- 5 Review
- 6 Submit

Location Details

Will we require a list of all satellite locations (that are possibly already in PIMS) or just the new satellite locations? If we are asking for the NEW satellite locations, then the verbiage needs to be updated to state NEW.

Location - What to Have Ready

Once we've established your primary location (either existing or new), you'll have an opportunity to add new satellite locations.

-  **Location addresses**
The physical address, as well as the billing & correspondence addresses, are necessary to complete this section.
-  **Location contacts**
Identify the office contacts for this location for credentialing, claims, billing, and others.
-  **EFT information**
Enter your financial institution's information so that we can quickly, efficiently process your claims. Note that you'll need a designated fiduciary contact as a signer
-  **Accreditations**
You'll need your accreditations as applicable, including the accrediting body, accreditation number, and the most recent assessment date.

- > What is a primary location?
- > What is a satellite location?
- > Why do I need to provide information about my primary location?



What you'll see...

As you move through the next pages, you'll find a side navigation menu that will guide you smoothly through each step of the process.



Primary Practice Location

Your main hub of operations, where the majority of your business activities take place.



Satellite Locations

Additional locations that help in supporting and expanding your business operations.

Pay close attention to what's needed.

Steps

- 1 Let's Get Started
- 2 Location Details
[Location information](#)
Hours of operation
Electronic funds transfer (EFT)
Accreditations
- 3 Practitioner Information
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Location information

Primary location information

Your primary location is your main hub of operations, where the majority of your business activities take place.

Physical Address

This is the physical address for your primary location; it is not a P.O. box.

* Street Address

123 Main St

* City

Columbia

* State

South Carolina

* Zip Code

29202

* Appointment Phone

(803) 555-1234

After Hours Phone

Fax

Is TDD available for accessibility for the hearing impaired?

Is location handicap accessible?

Does this location have 24/7 Phone Coverage?

Please select the language services offered at this location.

- Bilingual office staff
- Dedicated language services for specific language
- Language services vendor
- Health plan
- Remote video
- Telephone

Office Contact

Please enter this location's main office contact. You will have the opportunity to indicate below if they serve as a contact for additional roles.

* First Name

John

* Last Name

Doe

* Phone

(803) 555-1234

* Email

john.doe@abcfamily.com

Credentialing Contact

The Credentialing Contact is the same as the Office contact.

Claims Contact

The Claims Contact is the same as the Office contact.

Pay to/Billing Address

The Pay to/Billing Address is the same as the Physical Address.

Billing Contact

The Billing Contact is the same as the Office contact.

Correspondence Address

The Correspondence Address is the same as the Physical Address.

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Group Information
- 2 Location Details
 - Location information
 - [Hours of operation](#)
 - Electronic funds transfer (EFT)
 - Accreditations
- 3 Practitioner Information
- 4 Upload Documents
- 5 Review
- 6 Submit

Hours of operation

Please enter the hours of operation for the location, including the days and times your office is open to patients.

Applying Times to Open Days

Note that you can enter a single day's start time and end time. When you click the button *Copy Times*, we'll apply the entered times to each day of the week that the office is open.

Copy times to all open days

Day of the Week	* Start Time	To	* End Time	Open
Monday	08:30 am		05:00 pm	<input checked="" type="checkbox"/>
Day of the Week	* Start Time	To	* End Time	Open
Tuesday	08:30 am		05:00 pm	<input checked="" type="checkbox"/>
Day of the Week	* Start Time	To	* End Time	Open
Wednesday	08:30 am		05:00 pm	<input checked="" type="checkbox"/>
Day of the Week	* Start Time	To	* End Time	Open
Thursday	08:30 am		05:00 pm	<input checked="" type="checkbox"/>
Day of the Week	* Start Time	To	* End Time	Open
Friday	08:30 am		05:00 pm	<input checked="" type="checkbox"/>
Day of the Week	Start Time	To	End Time	Closed
Saturday				<input type="checkbox"/>
Day of the Week	Start Time	To	End Time	Closed
Sunday				<input type="checkbox"/>

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Location Details
Location information
Hours of operation
[Electronic funds transfer \(EFT\)](#)
Accreditations
- 3 Practitioner Information
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Electronic funds transfer (EFT)

Please provide your banking details to set up Electronic Funds Transfer (EFT) for payments. EFT allows for secure and efficient direct deposit of payments into your bank account, ensuring timely and accurate reimbursement for services rendered.

Financial Institution Information

Provide the details of your bank, including the bank name, account number, and routing number, to set up or update your EFT.

* Financial Institution Name

Bank of America

* Street Address

1000 Sumter St

* City

Columbia

* State

South Carolina

* Zip Code

29201

* Routing Number

999999999

* Account Number

111222333444

Requested EFT Start/Change Date

* Start Date

10-01-2024

Fiduciary Contact

Please enter a fiduciary contact who can confirm your banking information. This is typically a CFO, CEO, business owner or other individual with financial signing authority.

* Are you authorized to sign?

Yes No

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Location Details
 - Location information
 - Hours of operation
 - Electronic funds transfer (EFT)
 - [Accreditations](#)
- 3 Practitioner Information
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Accreditations

Please select *Yes* on the accreditations and certifications that pertain to your location and upload the corresponding document.

CLIA Certification

Enter your Clinical Laboratory Improvement Amendments (CLIA) certification details. All hospitals, institutions and other facilities must complete this section.

*** Does this location bill for lab services?**

Yes No

*** Do you have a CLIA certificate?**

Yes No

*** Certification Number**

AB987654

*** Test Numbers**

15

*** Effective Date**

09-01-2024



*** Expiration Date**

12-31-2026



Upload CLIA Certificate Document

Please upload a copy of the required file(s) below.



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files



CLIA Example.docx

Successfully uploaded



JCAHO Accreditation

Provide information on your Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation. All hospitals, institutions and other facilities must complete this section.

*** Are you a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited?**

Yes No

Cardiac Rehabilitation Certification

Input your Cardiac Rehabilitation Certification details. All hospitals, institutions and other facilities must complete this section.

*** Is your facility / entity cardiac rehabilitation certified?**

Yes No

Additional Accreditation

Select the type of accreditation and provide info.

Select the Accrediting Body

[Save for later](#)

[Previous](#)

[Next](#)







Steps

- 1 Let's Get Started
- 2 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational History & Training
 - Employment history
 - Hospital privileges
 - Patient Population
- 3 Upload Documents
- 4 Review
- 5 Submit

Practitioner Information

Practitioner - What to have ready

We'll walk you through setting up a new practitioner, and ensuring they are aligned with the correct group practice or established as an individual practice.

-  **Contact Information**
The full name, former surname(s), phone & preferred email are all important information we collect for each practitioner.
-  **Demographic Information**
In addition to capturing gender, race and ethnicity, we'll also capture the practitioner's language(s).
-  **Professional qualifications**
The practitioner's care specialty, state medical license, and board certification are all required.
-  **Employment**
Aside from establishing current employment for the practitioner, we collect employment history up to 5 years (which can also span to include education and professional training).
-  **Education & professional training**
The practitioner's relevant degrees and training (including the highest degree) are required. We also require residency for MDs, DOs, & DPMs.
-  **Authorization to Bill**
For practitioners that are part of a group practice, they will sign off for the group on their authorization to bill.

[Previous](#)

[Next](#)

Pay close attention to what's needed.

Steps

- 1 Let's Get Started
- 2 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational History & Training
 - Employment history
 - Hospital privileges
 - Patient Population
- 3 Upload Documents
- 4 Review
- 5 Submit

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

Practitioner information

Contact information

Please enter the practitioner's name and identifying information as accurately as possible to ensure smooth processing.

* First Name	Middle Name	* Last Name
<input type="text" value="Jason"/>	<input type="text"/>	<input type="text" value="Doe"/>
Title	Suffix	Former surnames/Maiden Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Social Security Number	* Date of Birth	Tax Id
<input type="text" value="444-11-4444"/>	<input type="text" value="07-13-1970"/>	<input type="text"/>
NPI Group	* NPI Number (type I individual)	Medicaid ID
<input type="text"/>	<input type="text" value="1444444444"/>	<input type="text"/>
Medicare Number	<input type="text"/>	

Preferred Email

Please provide the practitioner's preferred email so that they will be able to sign their application package.

* Practitioner's preferred email

Demographic information

Providing language information is important and will be displayed in the directory

* Gender	* Race	* Ethnicity
<input type="text" value="Male"/>	<input type="text" value="Black or African American"/>	<input type="text" value="Not Hispanic or Latino"/>

Languages

* Primary Spoken Language	* Secondary Language	* Do you provide a translation service?
<input type="text" value="English"/>	<input type="text" value="French"/>	<input type="text" value="No"/>

* Do you offer Sign Language?

Yes No

Authorization to bill

The practitioner will sign off an authorization to bill alongside the practice. Please verify the date this authorization to bill is to take effect. This is the date from which the practitioner is allowed to submit claims for services rendered. This date should align with the practitioner's start date with the group practice.

Auth to Bill Effective Date

I authorize to bill on my behalf

Save for later

Previous

Next

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 **Practitioner Information**
 - Practitioner information
 - Professional qualifications**
 - Educational history
 - Professional training
 - Employment history
 - Hospital privileges
 - Patient Population
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Professional qualifications

As we review your application, we will look to ensure that the care taxonomy specialty code(s) you enter align to the credentials you provide. Please take a moment to select the correct specialty and provide the pertinent license(s) and certification(s) so that the credentialing process is a smooth one.

Care Taxonomy Lookup

The practitioner's care taxonomy & specialty help ensure we get the right credentials for verification. Please enter the 10-character code, or use a keyword search, to find your specialty. We can take up to two specialties.

* Primary Speciality

207Q0000X - Family Medicine Physician

Secondary Speciality

State Medical License

Enter all state medical license detail, including the issue date and expiration date.

* Professional Designation

MD - Medical Doctor

* Provider's License Type

State Medical License

* License Number

ABC9999

* State

South Carolina

* Issue Date

01-13-2015

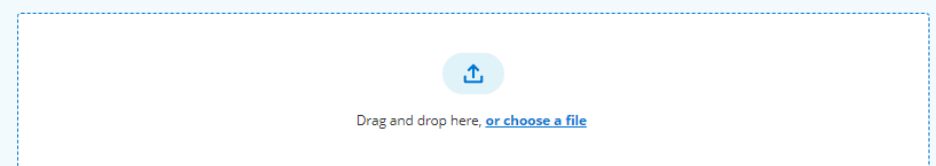
* Expiration Date

12-31-2025

Upload State Medical License Document

Please upload a copy of the required file(s) below.

Please upload a copy of the required file(s) below.



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files



State Example.docx
Successfully uploaded



Save for later

Previous

Next

Educational History & Training

Educational History

Please provide detailed information about your educational history, including degrees earned, institutions attended, and date of completion, to help us verify your academic qualifications.



What determines a full education

Please be sure to include the institution you have less than 5 years of employment picture of the practitioner's professional

* Educational Level	Medical School	* Program Name	MD
* Start Month	August	* Year	2005
* End Month	December	* Year	2014
* City	Greenville	State	South Carolina

Degree Conferred

Individual asserts they have completed their education and holds the qualifications associated with the degree.

[Delete](#) [Add Degree](#)

* Educational Level	Masters Program	* Program Name	Biology
* Start Month	August	* Year	2001
* End Month	March		
* City	Rock Hill	State	South Carolina

Degree Conferred

Individual asserts they have completed their education and holds the qualifications associated with the degree.

Professional Training

If the practitioner has completed an internship, fellowship or residency, please provide details of the training. You may add additional entries / remove entries.

Add Trainings

Training

* Training Type	Professional Training	* Institution Name	USC Greenville
* Program Name	Residency	City	Greenville
Country	United States	State	South Carolina

I am actively taking this training/program

* Start Date	02-03-2015	* End Date	12-31-2017
--------------	------------	------------	------------

Cultural Competency Training

We verify that our practitioners have completed a cultural competency training as part of our enrollment process. Have you completed a cultural competency training?

Yes No

Complete your training at [MyDiversePatients.com](#)

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational history
 - Professional training
 - Employment history**
 - Hospital privileges
 - Patient Population
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Employment history

Employment History

Please provide detailed information about the past five years of your employment history. Be sure to provide an explanation for work history gaps; any gap greater than 6 months requires an explanation.

Delete

Add Additional Employment

Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name * Start Month * Year

Are you currently employed at this organization?

Yes No

Employment Gap

For any employment gap greater than 6 months, please provide additional information for this timeframe.

Practitioner had gap of employment.

Delete

Add Additional Employment

Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name * Start Month * Year * End Month * End Year

Are you currently employed at this organization?

Yes No

Employment Gap

For any employment gap greater than 6 months, please provide additional information for this timeframe.

Practitioner had gap of employment.

Save for later

Previous

Next

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational history
 - Professional training
 - Employment history
 - [Hospital privileges](#)
 - Patient Population

- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Hospital privileges

Hospital Privilege Information

Do you have privileges at any hospital facility?

* Do you have privileges at any hospital facility?

Yes No

Describe arrangements for hospital care:

Send the patient to the emergency room.

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational history
 - Professional training
 - Employment history
 - Hospital privileges
 - [Patient Population](#)
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Patient Population

Population Details

Please answer the following questions regarding the practitioner's patient population.

*** Are there patient gender restrictions?**

Yes No

*** Are there patient age limitations?**

Yes No

*** Minimum Patient...**

*** Maximum Patien...**

*** Do you have any other patient limitations?**

Yes No

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 Practitioner Information
- 4 **Upload Documents**
Speciality Board Certification
Malpractice Insurance
Federal DEA license
- 5 Review & Sign
- 6 Submit

Upload Documents

Upload your licenses

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Practitioner Information
- 3 Upload Documents
[Speciality Board Certification](#)
Malpractice Insurance
Federal DEA license
- 4 Review
- 5 Submit

Speciality Board Certification

Please take a moment to review your information for accuracy before we begin your application

***Are you board certified?**

Yes No

Are you qualified to sit for the examination?

Yes No

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Practitioner Information
- 3 Upload Documents
 - Speciality Board Certification
 - Malpractice Insurance**
 - Federal DEA license
- 4 Review
- 5 Submit


Malpractice Insurance

* Carrier's Name	<input type="text" value="Cover Me"/>	* Policy Number	<input type="text" value="911"/>
* Street	<input type="text" value="1500 Hampton St."/>	* City	<input type="text" value="Columbia"/>
* State	<input type="text" value="South Carolina"/>	* Zip Code	<input type="text" value="29201"/>
* Effective Date	<input type="text" value="09-01-2024"/>	* Expiration Date	<input type="text" value="09-01-2025"/>
* Coverage Amount (Each Occurrence)	<input type="text" value="\$1 million"/>	* Coverage Amount (Aggregate)	<input type="text" value="\$3 million"/>

[Add Additional Insurance](#)

Upload Malpractice Insurance Document


Please upload a copy of the required file(s) below.



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files

-  **Malpractice Example.docx**
Successfully uploaded 

[Save for later](#)

[Previous](#)

[Next](#)

Select if more than one is needed due to malpractice crossover dates.

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 Practitioner Information
- 4 Upload Documents
 - Speciality Board Certification
 - Malpractice Insurance
 - [Federal DEA license](#)
- 5 Review & Sign
- 6 Submit

Federal DEA license

Is the practitioner eligible to hold a DEA license?

*** Are you eligible to hold a DEA license?**

Yes No

*** Is the practitioner DEA certified?**

Yes No

*** License #**

AB1234567

*** Issue Date**

01-01-2015

Upload DEA Registration Document

Please upload a copy of the required file(s) below.



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files



DEA Example.docx
Successfully uploaded



[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Practitioner Information
- 3 Upload Documents
- 4 Review
- 5 Submit

Review

Save for later

Previous

Next

Note: Review your application before selecting Next. Also, if any additional uploads are needed, they will be requested here.

Steps

- 1 Let's Get Started
- 2 Location Details
- 3 Practitioner Information
- 4 Upload Documents
- 5 Review & Sign
- 6 Submit

Submit

[Save for later](#)

[Previous](#)

[Submit Application](#)

Search...



Archie ▾

[Home](#) [Applications ▾](#) [Enroll](#) [Maintain](#) [Support](#)



Case #00001084 - Individual Application

Provider Name James Doe	Status Submitted
Provider Practice ABC Family	Case Reference Number Case #00001084
Requested Networks <i>Blue Essentials;BlueChoice HealthPlan;Healthy Blue;Preferred Blue;State Health Plan</i>	Contact Name Terrence Archie
Application Type Individual	Contact Practice / Company Brown Cardiology

Case Comments (0) [New](#)

Open Agreements

No Action required at this time.



BlueCross BlueShield South Carolina
Application Consent Agreement
[secure.na2.echosign.com]

Review and sign
[secure.na2.echosign.com]

After you sign, and [ty.....com](https://secure.na2.echosign.com) and
[tra.....sc.com](https://secure.na2.echosign.com) complete **Application Consent Agreement**, all
parties will receive a final PDF copy.



By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

© 2024 Adobe. All rights reserved.

All appropriate parties will receive the appropriate document to sign.

All appropriate parties will receive confirmation once completed.



All parties finished
Application Consent Agreement

Open agreement
[secure.na2.echosign.com]

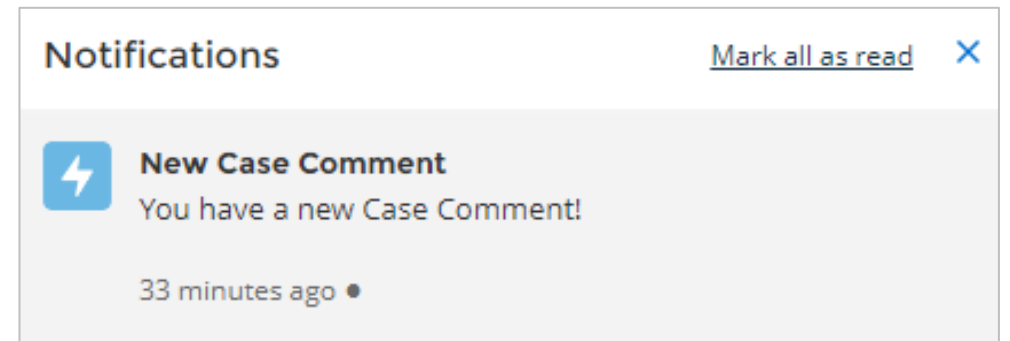
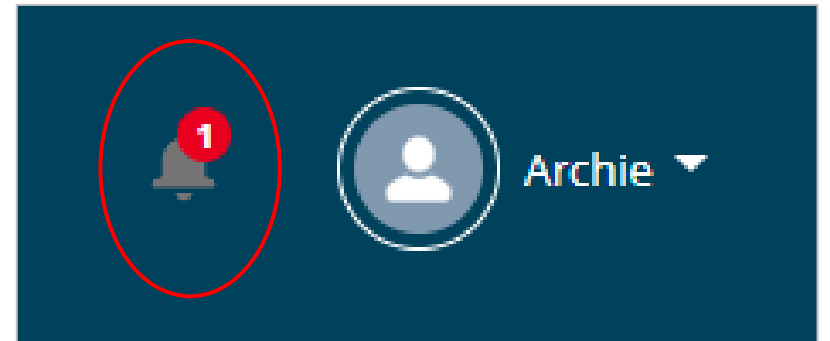


MAKING CORRECTIONS TO AN APPLICATION



MISSING ITEMS?

- If items are missing, you will see a notification once you log in.
- After selecting the notification bell, you will see details on the notice.



CORRECTING APPLICATIONS

- All corrections must be made in the portal.
 - Allows the system to track the corrections and applies them to the appropriate fields
 - The newly system generated document will include the corrections and should be resigned.
- Handwritten or other altered corrections are not accepted and will be returned.

STEPS FOR MAKING CORRECTIONS

- Review the action required.
- Select ***Launch Application*** to make the necessary corrections or to supply the requested items.

Action Required

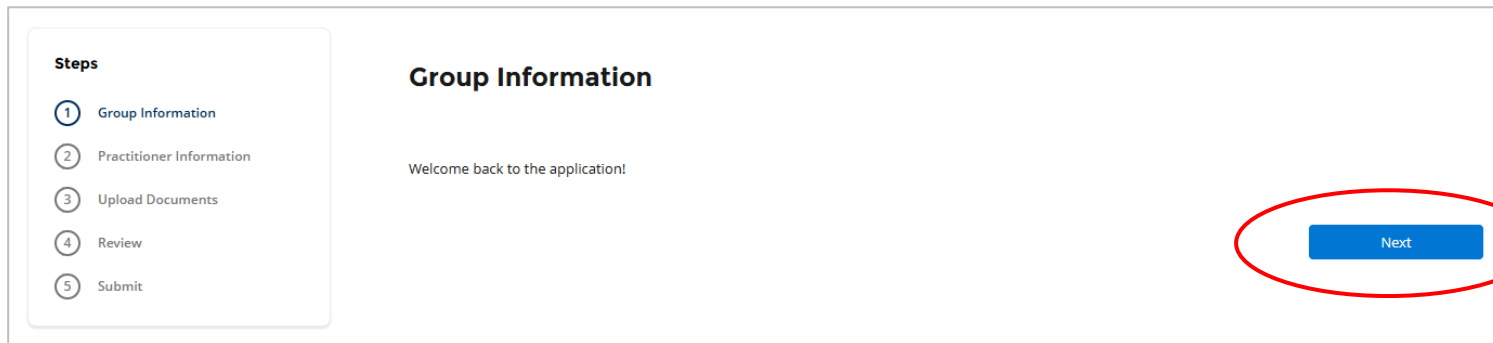
Review the *Action Items* list and any case comments for additional detail.

[Launch Application](#)

Action Items		
1 of 1 item		
Action Item Name	Issue	Next steps
Signer - Missing	Missing	Re-open application, correct & re-submit.

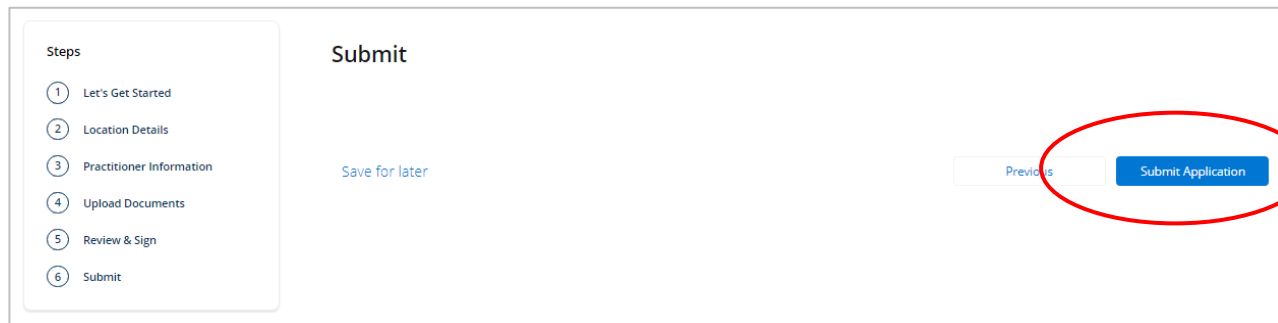
STEPS FOR MAKING CORRECTIONS (CONTINUED)

- You'll see the "Welcome back" message.
- Select **Next** to begin the process.



The screenshot shows a multi-step process interface. On the left, a 'Steps' sidebar lists five steps: 1. Group Information, 2. Practitioner Information, 3. Upload Documents, 4. Review, and 5. Submit. The main content area is titled 'Group Information' and contains the text 'Welcome back to the application!'. A blue 'Next' button is located at the bottom right of the main content area and is circled in red.

- Once all the necessary corrections are made, resubmit the case.



The screenshot shows a multi-step process interface. On the left, a 'Steps' sidebar lists six steps: 1. Let's Get Started, 2. Location Details, 3. Practitioner Information, 4. Upload Documents, 5. Review & Sign, and 6. Submit. The main content area is titled 'Submit' and contains the text 'Save for later'. At the bottom right, there are two buttons: a light blue 'Previous' button and a dark blue 'Submit Application' button. The 'Submit Application' button is circled in red.



IMPORTANT REMINDERS



MISSING ITEMS THAT COULD DELAY THE ENROLLMENT PROCESS

Incorrectly signed applications or contracts

- All applications and contracts must be signed by the appropriate parties (i.e., provider, fiduciary contact, etc.)

Invalid dates

- Malpractice dates must be valid and active on or before the requested start date.
- State licenses must be active with current dates.

Incomplete submissions or documentation

- Licenses, certificates (CLIA, when applicable) and malpractice verification must be included with the application.

IMPORTANT NOTE:

An automated notification for missing items is sent every seven days until the information is received. Outreach is made on:

- **Day 7 – First request**
- **Day 14 – Second request**
- **Day 21 – Third (final) request**

If the missing items are not received, the case will be placed in the “Cancelled” status.

RECREREDENTIALING PROCESS

- **Recredentialing for established providers occurs every three years.**
 - If you need to know the upcoming recredentialing dates for a provider, email Recred.App@bcbssc.com.
 - Include the provider's name and NPI.
- **The credentialing team reaches out when the provider's recredentialing dates is approaching.**
 - First, the team calls to see if the provider is actively working at the location we have on file. If they are, the recredentialing application is sent by email or fax.
 - If a response is not received after the first outreach, a second attempt is made in 14 days.
 - If a response is not received after the second outreach, a third attempt is made in seven days.
 - If a response is not received after the third and final outreach, the process to terminate the provider is initiated.
- **If the recredentialing date is missed, the provider is termed, and new enrollment is required.**

NON-CREDENTIALLED PROVIDERS

Acupuncturists

Associate
Counselors

Christian
Science
Practitioners

Diabetes
Education

Dieticians*

Education
Specialists

Homeopaths

Lay Midwives

Massage
Therapists

Naturopaths

Occupational
Therapy
Assistants

Physical
Therapy
Assistants

Psychology
Assistants

Recreational
Therapists

School
Psychologists

Sports Trainers

Technicians

Note: This list may not be all inclusive.

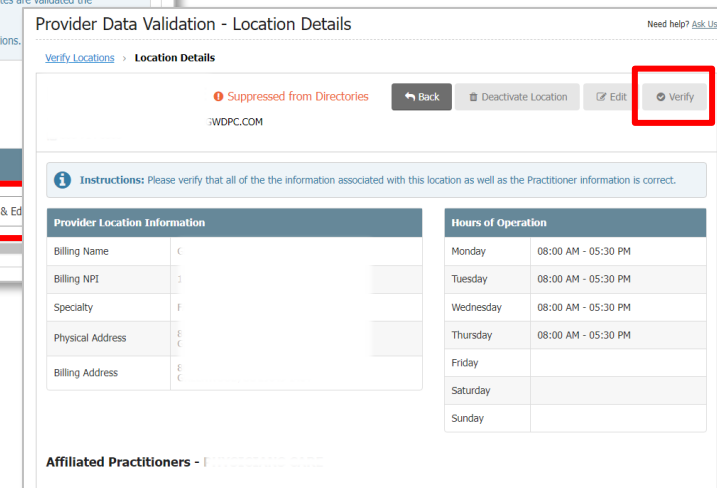
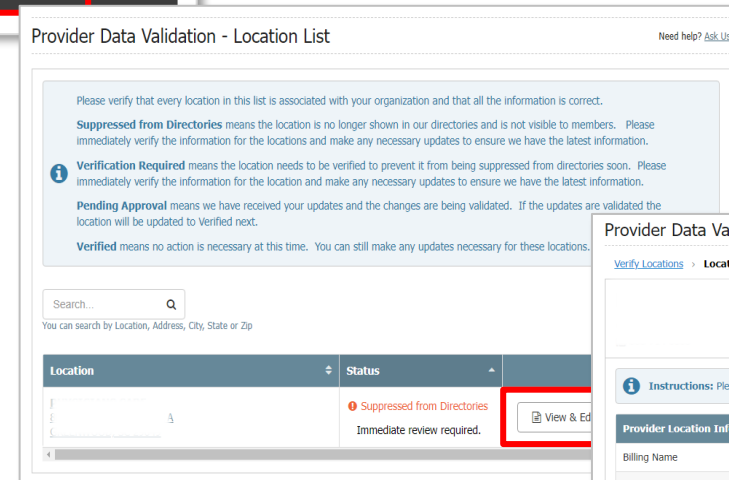
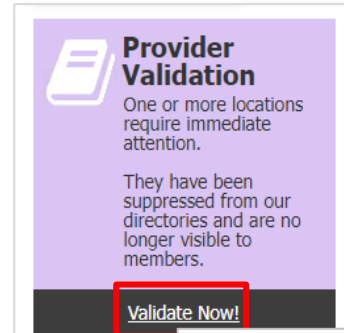
**Can join the Healthy Blue network.*

PROVIDER DIRECTORY VALIDATION

- Providers have been required to verify their demographic data at least ***every 90 days*** since Jan. 1, 2022.
 - This implementation was part of the No Surprises Act.
- Validation allows us to maintain accurate directories.
- Verification can be completed in M.D. Checkup (accessible through My Insurance ManagerSM).
 - You can also respond to the email received from Provider.Directory@bcbssc.com.

LOCATION SUPPRESSIONS DUE TO MISSING VALIDATION

- Locations are suppressed in the provider directory if more than 90 days has passed since the last validation was made.
- To have the suppressed status updated, the profile administrator should:
 - Log into My Insurance Manager.
 - Select Validate Now in the Provider Validation box.
 - Select View an Edit from the location list.
 - Review the information, make any necessary updates and select Verify.



MAKING DEMOGRAPHIC UPDATES

My Provider Enrollment Portal

- Doing Business As Name Change
- Change of Address
- Satellite Location
- Add or Terminate Practitioner Affiliation

M.D. Checkup

- Terminate (close) Location
- Add or Terminate Practitioner Affiliation

*Note: You can only add a practitioner in M.D. Checkup if they are **enrolled and associated** with the tax identification number (TIN).*

REMOVING (CLOSING) LOCATIONS IN M.D. CHECKUP

My INSURANCE MANAGER™

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory Provider Update

Provider Data Validation - Locations List

Need help? Ask Provider Services

Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.

Search locations...

You can search by Location, Address, City, State or Zip

Location	Status	
Provider 1 Main Street	Requires Verification	View & Edit Remove Location
Provider 2 Pine Road	Requires Verification	View & Edit Remove Location
Provider 3 Davis Avenue	Requires Verification	View & Edit Remove Location

Request to Remove Location

City, State or Zip

Are you sure you wish to remove **Palmetto Northeast**? Please enter the date on which you want this location to be removed.

Note: The removal date must be after the original effective date.

Requires Verification

mm/dd/yyyy

View & Edit

Requires Verification

View & Edit

Cancel Remove

View & Edit

Remove Location

DO NOT use this function to remove a location from your VIEW!

ADDING PRACTITIONER AFFILIATIONS IN M.D. CHECKUP

- The practitioner must be *enrolled and associated* with the Tax ID.
 - If you are trying to add a practitioner to a different Tax ID, you must complete and submit the *Add Practitioner Form* in My Provider Enrollment Portal.
- Example:
 - TIN A – 123456789
 - Location 1: 123 Omega St., Columbia, SC 29203
 - Location 2: 456 Alpha Rd., Hopkins, SC 29061
 - TIN B – 987654321

Dr. Jane Doe is enrolled and associated with TIN A. She works at location 1 but is scheduled to see patients at location 2. She will be submitting claims for location 2 and needs to be added. Because Dr. Doe is already associated with TIN A, she can be added to location 2 through M.D. Checkup.

Dr. Jane Doe is enrolled but not associated with TIN B. She is scheduled to see patients at this new location. Because Dr. Doe is not associated with TIN B, the Add Practitioner Form must be completed and submitted through My Provider Enrollment Portal.



RESOURCES



AVAILABLE RESOURCES

- Visit www.SouthCarolinaBlues.com and use the following path to access great resources for the portal and provider enrollment.
 - Providers>Provider Enrollment>***Join Our Networks***

My Provider Enrollment Portal Manual

Provider Enrollment Presentation

Provider Enrollment FAQs



THANK YOU!

