

PROVIDER ENROLLMENT



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.*

AGENDA

- Provider Enrollment Requirements
- My Provider Enrollment Portal
- Enrollment Process Overview
- Reminders



PROVIDER ENROLLMENT REQUIREMENTS



PROVIDER ENROLLMENT REQUIREMENTS

Enrollment Applications and Forms

Application or form	Used for...
Individual Enrollment	New practitioners that want to enroll with BCBSSC (not Behavioral Health)
Group Practice Enrollment	New groups that want to enroll with BCBSSC
Facility Information Request	Medical facilities that want to credential with BCBSSC
Virtual Care Services	Practitioners or groups that want to render telemedicine and telehealth services
Health Professional	<u>In-state, out-of-network</u> practitioners that want to file claims to BCBSSC
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
DBA Name Change	Changing the doing business as (DBA) name of a practice
Change of Address	Updating the physical, pay to, correspondence and billing agency address
Satellite Location	<u>Enrolled groups</u> that have <u>new locations</u> that want to file claims
NPI Provider Notification	Registering an NPI with BCBSSC
Add or Terminate Practitioner	Adding or terminating a practitioner's affiliation with a clinic, group or institution

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Individual Enrollment

Checklist Items	Mid-Level	Physician	DDS*
Provider Enrollment Application			
Copy of SC Medical/Practice License			
DEA Certification			Note 1
Current Copy of Malpractice (Min. \$1M/\$3M)			
Authorization to Bill for Services			
Clinical Lab Improvement Amendments			
Nurse Practitioner Preceptor Form			
Signed Contracts			
Hold Harmless – BlueChoice HealthPlan			
Appendix D – BlueChoice HealthPlan			
Additional Items for Medicaid			
Medicaid ID Number			
Nurse Protocols			
Physician Assistant Protocols	Note 2		

Note: Shaded fields are required.

**Doctor of Dental Surgery*
1. Only needed if applicable.
2. Only needed for PAs.

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Individual Enrollment (Continued)

Checklist Items	DMD*	Ancillary	Chiro
Provider Enrollment Application			
Copy of SC Medical/Practice License			
DEA Certification			
Current Copy of Malpractice (Min. \$1M/\$3M)			
Authorization to Bill for Services			
Clinical Lab Improvement Amendments	Note 1		
Nurse Practitioner Preceptor Form			
Signed Contracts			
Hold Harmless – BlueChoice HealthPlan			
Appendix D – BlueChoice HealthPlan			
Additional Items for Medicaid			
Medicaid ID Number	Note 1		
Nurse Protocols			
Physician Assistant Protocols			

Note: Shaded fields are required.

**Doctor of Dental Medicine*
1. Only needed if the DMD is applying for medical networks.

PROVIDER ENROLLMENT REQUIREMENTS

What to Include:

Group Practice Enrollment

Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, ASCs*	Pharmacy	Dental
Group Practice Application						
IRS Verification of Tax ID (No W-9s)						
Electronic Funds Transfer Enrollment						
Application for Satellite Location						
Clinical Lab Improvement Amendments						
Signed Contracts						
Copy of CMS Letter						
Copy of Medicare PTAN Letter						
Copy of Business License						
Copy of DHEC License						
Additional Items for Medicaid						
Medicaid ID Number						

*Ambulatory Surgery Centers

Note: Shaded fields are required.

PROVIDER ENROLLMENT REQUIREMENTS

What to Include:

In-state, Out-of-network Enrollment

Checklist Items	Individual Enrollment	Group Practice Enrollment
Health Professional Application	Note 1	
Authorization to Bill for Services		
Group Practice Application	Note 2	
IRS Verification of Tax ID (No W-9s)	Note 2	
Electronic Funds Transfer Enrollment	Note 2	

Note: Shaded fields are required.

1. Needed for each individual being linked to the practice.
2. Needed if the group is not on file.

PROVIDER ENROLLMENT REQUIREMENTS

What to Include:

**Behavioral Health
Enrollment**

Checklist Items – All items are needed.

Behavioral Health Application

IRS Verification of Tax ID (or W-9)

CBA* Professional Agreements (Signed Contracts)

Hold Harmless Agreement

Appendix C

Copy of SC State License

Copy of DEA License, if applicable

Copy of Board Certification, if applicable

Nurse Protocols (NPs only)

Current Copy of Malpractice (Min. \$1M/\$3M)

**Companion Benefit Alternatives*

PROVIDER ENROLLMENT REQUIREMENTS

E-signatures vs. Wet (ink) Signatures

Medical	Allowed Signature	Behavioral Health	Allowed Signature
Provider Enrollment	Electronic or wet	Behavioral Health	Electronic or wet
Recredentialing	Electronic or wet	Autism Panel	Electronic or wet
Facility Information Request	Electronic or wet	Facility Information Request	Electronic or wet
Health Professional	Electronic or wet	Authorization to Bill	Electronic or wet
Doing Business As (DBA)	Electronic or wet	All Contracts	Electronic or wet
Change of Address (COA)	Electronic or wet		
Add/Term Practitioner	Electronic or wet		
Authorization to Bill	Electronic or wet		
Electronic Funds Transfer (EFT)	Wet		
Appendix D (BlueChoice only)	Wet		
Hold Harmless (BlueChoice only)	Wet		
All Contracts	Wet		



MY PROVIDER ENROLLMENT PORTAL



MY PROVIDER ENROLLMENT PORTAL

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.

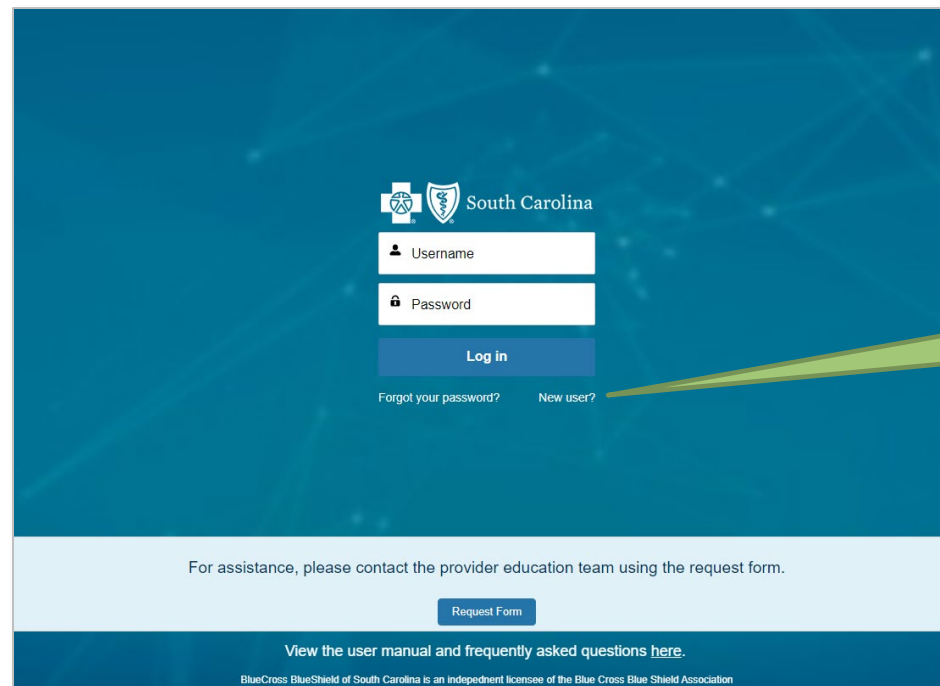


MY PROVIDER ENROLLMENT PORTAL

Sign Up for Access to the Portal

Visit www.SouthCarolinaBlues.com

Providers>Provider Enrollment>My Provider Enrollment Portal



The screenshot shows the login page for the South Carolina Blues provider enrollment portal. The page has a dark blue background with a light blue footer. At the top center, there is a logo for South Carolina Blues, which includes a cross and a shield. Below the logo are two input fields: "Username" and "Password". Below these fields is a blue "Log in" button. Underneath the "Log in" button are two links: "Forgot your password?" and "New user?". A green callout bubble points to the "New user?" link. At the bottom of the page, there is a light blue footer with the text "For assistance, please contact the provider education team using the request form." and a blue "Request Form" button. Below that is a link to "View the user manual and frequently asked questions here." and a small disclaimer at the very bottom: "BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association".

Select New user if you've never signed up!

MY PROVIDER ENROLLMENT PORTAL

Available Resources

Visit www.SouthCarolinaBlues.com

My Provider Enrollment Portal Manual

Providers>Tools and Resources>Guides>My Provider Enrollment Portal

My Provider Enrollment Portal FAQs

Providers>Tools and Resources>Frequent Questions>My Provider Enrollment Portal

MY PROVIDER ENROLLMENT PORTAL

Home Page

The screenshot displays the home page of the My Provider Enrollment Portal. At the top left, there is a logo for South Carolina. A search bar is located in the top center. On the top right, a user profile icon is labeled 'USER16500...'. Below the search bar is a navigation menu with the following items: Home, Get Enrolled, Find a Form, My Forms, My Contracts, and Support. The 'Home' link is highlighted with a red box. The main content area features the portal's logo, 'My Provider Enrollment Portal', with a padlock icon inside a cloud. Below the logo is the tagline: 'Enroll in our networks, make provider updates, and much more.' A horizontal row of four action buttons is displayed: 'GET ENROLLED' (with an icon of three medical professionals), 'MY FORMS' (with an icon of a document and a pen), 'CONTACT SUPPORT' (with an icon of a telephone and an envelope with a '1' notification), and 'FIND A FORM' (with an icon of a checklist and a pen). At the bottom of the page, a footer states: 'BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association'.

MY PROVIDER ENROLLMENT PORTAL

Get Enrolled

The screenshot displays the 'MY PROVIDER ENROLLMENT PORTAL' website. At the top, there is a navigation bar with the South Carolina logo, a search bar, and a user profile dropdown. Below the navigation bar, the main heading is 'Get Enrolled...'. Underneath this heading, a line of text reads: 'Looking to join one of our networks? Select one of the appropriate forms below to get started. Review the [available checklists](#) to ensure all required documents are included.' The phrase 'Review the available checklists' is circled in red. A green callout box with a pointer to this link contains the text: 'Review the available checklists prior to completing an application.' Below this text, there are six enrollment options, each with an 'ENROLL' button: 'Individual Provider Enrollment', 'Group Practice Enrollment', 'Facility Information Request Form', 'Virtual Care Services', 'Health Professional Application', 'Behavioral Health', and 'Autism Provider Panel'. Each option includes a brief description and a note.

Get Enrolled...
Looking to join one of our networks? Select one of the appropriate forms below to get started. Review the [available checklists](#) to ensure all required documents are included.

Individual Provider Enrollment
For Providers wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.
Note: This application applies to medical, dental, and mid-level providers. This application does NOT apply to Behavioral Health providers.
ENROLL

Group Practice Enrollment
For group practices wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.
Note: Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wishes to file claims.
ENROLL

Facility Information Request Form
Complete this form to request the credentialing of a facility.
Note: This form is for Medical, CBA and MAT facility credentialing.
ENROLL

Virtual Care Services
For providers or group practices wanting to participate with telemedicine and/or telehealth services.
Note: You are not eligible for Virtual Care if you do not have a fully executed Business License Agreement with a vendor.
ENROLL

Health Professional Application
Complete this form to request the addition of a health professional to our database to enable that practitioner to file claims to BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.
Note: This is for in-state, out-of-network providers only.
ENROLL

For Behavioral Health Providers

Behavioral Health
For providers wanting to enroll in our behavioral health network.
Note: Companion Benefit Alternatives, Inc. (CBA) manages our behavioral health network. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross BlueShield of South Carolina.
ENROLL

Autism Provider Panel
For Applied Behavior Analysts wanting to enroll in our Autism Provider Panel.
Note: Companion Benefit Alternatives, Inc. (CBA) manages our Autism provider panel. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross Blue Shield of South Carolina.
ENROLL

Review the available checklists prior to completing an application.

MY PROVIDER ENROLLMENT PORTAL

Find a Form

Home Get Enrolled Find a Form My Forms My Contracts Support

Find a Form

Use the following forms for other enrollment options or to provide additional information to BlueCross BlueShield of South Carolina

Update Location Information

Doing Business As (DBA) Name Change Form

Complete this form to change your doing business as (DBA) name.

ENROLL

Change of Address Form

Use this form to update your physical, pay to, correspondence and/or billing agency addresses for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, State Health Plan, and FEP networks.

Note: If you are changing a pay to address, the provider or the CEO, CFO, director of finance, or director of billing must sign this form for your protection.

ENROLL

Application for Satellite Location

Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wants to file claims.

Note: A W-9 cannot be accepted.

ENROLL

Update Provider Information

NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. If you registered for more than one NPI, complete this form for each NPI.

Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.

Note: This form is for out-of-state and out-of-network providers only.

ENROLL

Add or Terminate Practitioner Affiliation

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association, or institution for BlueCross BlueShield of South Carolina for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, FEP and/or State Health Plan.

Note: This form should be completed no more than 30 days after the addition, termination or change.

ENROLL

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MY PROVIDER ENROLLMENT PORTAL

My Forms

The screenshot displays the 'My Forms' section of a provider enrollment portal. At the top, a navigation bar includes links for Home, Get Enrolled, Find a Form, My Forms, My Contracts, and Support. Below this, the 'My Forms' title is followed by a subtitle: 'Complete forms that have been started or check the status of applications already submitted.' A dropdown menu labeled 'All Applications' is circled in red, with a green arrow pointing to it. Below the dropdown, the text '1 item • Sorted by Case Number • Filtered by All cases' is visible. A table with columns for Case Number, Practitioner Last Name, Status, and Form Type contains one entry: Case Number 00001796, Status In Progress, and Form Type Group Application. A settings icon is located in the top right corner of the table area. A callout box on the left shows the expanded dropdown menu, listing various filter options under the heading 'LIST VIEWS': All Applications (Pinned list), Applications Awaiting Provider Response, Approved Applications, Denied Applications, Open Applications, Recently Viewed, Recently Viewed Cases, Recredentialing - Awaiting Response, and Submitted Applications.

Home Get Enrolled Find a Form My Forms My Contracts Support

My Forms

Complete forms that have been started or check the status of applications already submitted.

All Applications ▾ ⚙

1 item • Sorted by Case Number • Filtered by All cases ⚙

Case Number ↑	Practitioner Last Name	Status	Form Type
1 00001796		In Progress	Group Application

at
Pr

LIST VIEWS

- ✓ All Applications (Pinned list)
- Applications Awaiting Provider Response
- Approved Applications
- Denied Applications
- Open Applications
- Recently Viewed
- Recently Viewed Cases
- Recredentialing - Awaiting Response
- Submitted Applications

MY PROVIDER ENROLLMENT PORTAL

My Contracts

The screenshot displays the 'My Contracts' section of a provider enrollment portal. The navigation bar at the top includes links for Home, Get Enrolled, Find a Form, My Forms, My Contracts, and Support. The main heading is 'My Contracts' with a subtitle: 'Complete contracts that require your attention or check their status.' Below this, there is a dropdown menu for 'Recently Viewed' (circled in red) and a search bar labeled 'Search this list...'. The table below has columns for 'Form Contract Name', 'Status', and 'Network List', and currently shows '0 items'. A callout box highlights the 'Recently Viewed' dropdown menu, which lists three options: 'All Contracts', 'Contracts Awaiting Signature', and 'Recently Viewed (Pinned list)' (which is selected with a checkmark).

Home Get Enrolled Find a Form My Forms My Contracts Support

My Contracts

Complete contracts that require your attention or check their status.

Recently Viewed ▾

0 items

Search this list...

Form Contract Name	Status	Network List
0 items		

LIST VIEWS

- All Contracts
- Contracts Awaiting Signature
- ✓ Recently Viewed (Pinned list)

MY PROVIDER ENROLLMENT PORTAL

Support

CONTACT PROVIDER SUPPORT

Complete the below support form for questions regarding correct applications and forms to use OR if after checking the directory you do not see a provider that should be loaded.

Note: For behavioral health providers, please include the provider's specialty in the description box.

*FULL NAME

*EMAIL ADDRESS ⓘ

*INDIVIDUAL NPI ⓘ

GROUP NPI

TAX ID NUMBER ⓘ

ROLE

*SUBJECT ⓘ

*DESCRIPTION ⓘ

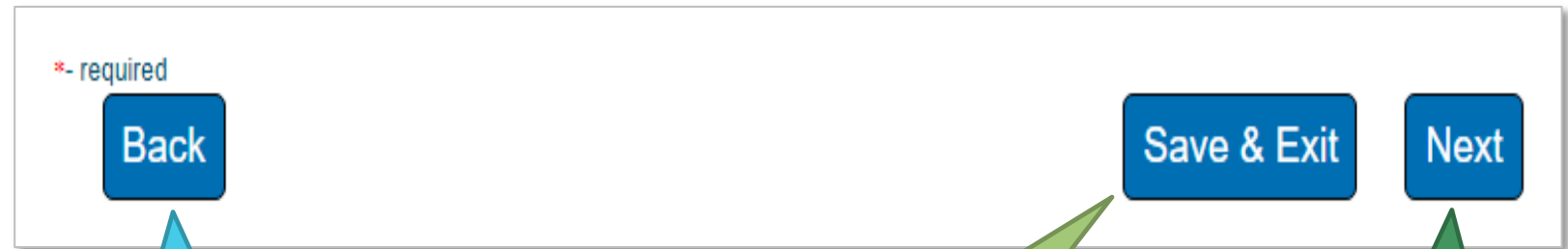
SUBMIT

For assistance, please contact the provider education team using the [request form](#).

MY PROVIDER ENROLLMENT PORTAL

Navigation

Navigational buttons



Use the Back button to move backwards in the application or form.

Use the Save & Exit button to save the entered data and exit the application or form.

Use the Next button to move forward in the application or form.

When you get here, you MUST select Next to submit the application.



< You are almost done. See instructions below to complete your application. >

You are almost done. See instructions below to complete your application.

MY PROVIDER ENROLLMENT PORTAL

Next Steps for Medical Documents That **Must be Signed.**

Thank you

To complete your submission, go to the documents section under Form Information. Download your application, print, apply your signature, and re-upload them using the Upload Files button. Please note that your downloadable application will take a few minutes to appear.

Please note that:

1. You can always find your files under the "My Forms" section. Make note of your case number for easy access.
2. If contracts are required, they will be found in the "My Contracts" section with the reference to your case number.
3. If you need assistance, use the communication case comment section in this case. This way both you and your representative will have all the information and questions in one location.

For applications and forms (Electronic or wet signature)

1. Select My Forms
2. Select the appropriate case number
3. Select Form Information
4. Under Documents, select the document(s) that require signature
5. Download the document(s) and have the signature(s) appended
6. Follow steps 1 – 4 and select Upload Files
7. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded

For contracts (Wet signature)

1. Select My Contracts
2. Select the appropriate form contract name that corresponds with your case number
3. Under Download Contract, select the link to download and sign the contract
4. Follow steps 1 – 2 and select Upload Files

MY PROVIDER ENROLLMENT PORTAL

Next Steps for Behavioral Health Documents That **Must be Signed (CBA).**

Thank you for your submission!

There are two options to sign and return applications/documents. They can be **wet signed** or they can be **e-signed**.

Signatures for Applications/Documents

An email will be sent to the individual practitioner for signature of their enrollment application allowing them to e-sign the application. However, as the credentialing contact, you also have the option to download the application, have the individual practitioner sign the application and upload the signed application to the case. See steps listed below. As the credentialing contact, you will receive a copy of the signed application.

For other documents and forms, if you wish to e-sign, an email will be sent from BCBS Admin at BCBS of SC (Formstack) requesting signatures. Once e-signed and submitted, we will receive your signed documents and begin processing your request. (Note: you will also receive an email containing the signed documents for your records.)

If you wish to wet sign the application/document, please see the instructions below.

1. Select "My Forms" from the MyPep options
2. Select the appropriate case number
3. Select Form Information
4. Under Documents at the bottom of the page, select the application/document requiring signature
5. Select Download at the top of the page
6. Print and sign the application/document
7. To upload the signed application/document, follow steps 1 and 2 above and click on Upload Files

Signatures for Contracts

Contractual agreements may be e-signed or wet signed. Wet signed documents are required to be downloaded, signed, and uploaded into the MyPep Tool. To submit signed contracts, please see these instructions.

1. Select "My Contracts" from the MyPep options
2. Sort on "All Contracts"
3. Locate your case number and click on corresponding "Form Contract Name"
4. This will take you to a page containing a link to the document.
5. Print and sign the document. Save the signed document to your computer.
6. To upload the signed document, follow steps 1 and 2 above and click on Upload Files.

For applications (if wet signing)

1. Select My Forms
2. Select the appropriate case number
3. Select Form Information
4. Under Documents, select the document(s) that require signature
5. Download the document(s) and have the signature(s) appended
6. Follow steps 1 – 4 and select Upload Files
7. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded

For contracts (if wet signing)

1. Select My Contracts
2. Select the appropriate form contract name that corresponds with your case number
3. Under Download Contract, select the link to download and sign the contract
4. Follow steps 1 – 2 and select Upload Files

MY PROVIDER ENROLLMENT PORTAL

Next Steps for Documents That Do Not Have to be Signed.

Thank you

Please note that:

1. You can always find your files under the "My Forms" section. Make note of your case number for easy access.
2. If you need assistance, use the communication case comment section in this case. This way both you and your representative will have all the information and questions in one location.

Includes:

- NPI Provider Notification form
- Satellite Location application
- Virtual Care application

MY PROVIDER ENROLLMENT PORTAL

Confirmation Button – Provider Attestation

FORM **FORM INFORMATION**

Application Status: Awaiting Signature	Application Type: Individual Application	Case Number: 00016466	Date Received: March 8, 2023
Contact Name: Terrence Fleming	Practitioner Name: Donald Duck	Networks Chosen: Blue Essentials	

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

MY PROVIDER ENROLLMENT PORTAL

Important Items in the Portal

Case numbers

Statuses

Contracts

Case Comments

MY PROVIDER ENROLLMENT PORTAL

Case numbers

Generated with each application, form and support case.

My Forms
Complete forms that have been started or checked

All Applications ▼

1 item • Sorted by Case Number • Filtered by All cases

	Case Number ↑
1	00001796

Case numbers are used for:

- Checking statuses
- Submitting case comments
- Uploading provider contracts

MY PROVIDER ENROLLMENT PORTAL

Statuses

Changes as the application or form progresses.

My Forms
Complete forms that have been started or check the status of applications already submitted.

All Applications ▾ ↑

1 item • Sorted by Case Number • Filtered by All cases

	Case Number ↑ ▾	Practitioner Last Name ▾	Status
1	00001796		In Progress

Statuses include:

- In Progress
- Submitted
- Awaiting Signature
- Awaiting Provider Response
- Under Review
- Congratulations! Complete
- Denied
- Canceled

MY PROVIDER ENROLLMENT PORTAL

In progress

The application or form is being worked by the provider or their practice. It has not been completed for submission.

Submitted

The application and **all required documentation with applicable signatures, initials and dates** have been uploaded.

Awaiting signature

The application or form has been completed and submitted, **but signatures are missing.**

Awaiting provider response

Missing items are needed to continue the credentialing process.

MY PROVIDER ENROLLMENT PORTAL

Under review

The application or form has been assigned and has progressed through the credentialing process.

**Congratulations!
Complete**

The application or form has been approved.

Denied

The application or form was not approved.

Note: Explanation for the denial is sent through email or case comment.

Canceled


The application or form is no longer being worked and has been closed.

MY PROVIDER ENROLLMENT PORTAL

Contracts

Provided during the application review process.

My Contracts
Complete contracts that require your attention or check their status.

All Contracts ▾ 

1 item • Sorted by Form Contract Name • Filtered by All form contracts - Status

	Form Contract Name ↑ ▾	Chosen Network ▾	Case ▾	Status
1	FCR-0521	BlueChoice HealthPlan	00001753	Awaiting Signature

Steps for contracts:

1. Download the contract(s)
2. Print the contract(s)
3. Have the practitioner sign the contract(s) in ink
4. Upload the signed contract(s) to the appropriate case

Note: Behavioral health contracts can be signed electronically.

MY PROVIDER ENROLLMENT PORTAL

Case comments

Use for case specific questions (applications and forms).

The screenshot displays the 'COMMUNICATION' section of the portal. A red box highlights the 'Case Comments (0)' link. Below it, the 'APPLICATION INFO' section is visible, showing details for Case Number 00001706, Contact Name Terrence Archie, Form Type Provider Services, Status Awaiting Signature, Date Received 2/28/2022, and Description. A 'New Case Comment' dialog box is open, featuring a 'New' button and a text area for the comment body. The dialog also includes checkboxes for 'Public' and 'Send Customer Notification', and 'Cancel' and 'Save' buttons at the bottom.

Steps for case comments:

1. Select Case Comments
2. Select New
3. Enter your comment or question in the body
4. Select Save



OVERVIEW OF THE ENROLLMENT PROCESS



OVERVIEW OF THE ENROLLMENT PROCESS

Clean Application Process

1. Enrollment team receives complete enrollment application
2. Application is reviewed for completion and sent to the Credentialing Committee
 - Only complete and accurate applications are sent to the committee.
 - For applications with missing/incomplete documentation, providers have **21 days** to submit the requested items.
 - Non-approved applications go to the Disciplinary Committee for approval or denial
 - The verdict is sent to the provider.
3. Approved applications are sent to Contracting for review
 - Approved contracts are executed
4. Welcome email and packet (with effective dates) is sent to the provider

OVERVIEW OF THE ENROLLMENT PROCESS

Clean Application Process – Things to Keep in Mind

- The Credentialing Committee reviews all enrollment applications to ensure all required credentialing criteria are met:
 - Utilization Review Accreditation Commission (URAC)
 - National Committee for Quality Assurance (NCQA)
 - South Carolina Department of Health & Human Services (SCDHHS), when applicable
- Effective dates are based on the Credentialing Committee's approval date, per URAC requirements
- Backdating **network dates** is not allowed
 - Affiliation dates can be backdated, but no more than 45 days from the date the completed information is received from the provider
 - For requested dates greater than 45 days, a hard copy claim must be submitted for review
 - If the application is pending, email the claim to Provider.Requested.Info@bcssc.com
 - If the application is completed, fax the claim to 803-264-4795



REMINDERS



REMINDERS

Missing items – Common Missing Items That Cause Delays in the Processing of Applications

Unsigned applications and contracts

For applications

1. Select My Forms
2. Select the appropriate case number
3. Select Form Information
4. Under Documents, select the document(s) that require signature
5. Download the document(s) and have the signature(s) appended
6. Follow steps 1 – 4 and select Upload Files
7. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded

For contracts

1. Select My Contracts
2. Select the appropriate form contract name that corresponds with your case number
3. Under Download Contract, select the link to download and sign the contract
4. Follow steps 1 – 2 and select Upload Files

Invalid dates

- Malpractice dates must be valid within **90 days** of submission
- Signature dates must be valid within **45 days** of submission
- Application dates must be within **150 days** from the date signed when the file is determined complete

IMPORTANT NOTE:

An automated notification for missing items is sent every seven days (21-day max) until the information is received. If the missing items are not received, the case will be placed in the “Canceled – Incomplete Submission” status. Once in this status, it cannot be reopened, and a new application must be completed.

REMINDERS

Missing items – Common Missing Items That Cause Delays in the Processing of Applications (Continued)

Incomplete submissions

- Missing a copy of the following:
 - State/medical license
 - DEA license
 - CLIA certificate
 - Malpractice verification

**Upload a copy of your Active State License.*

State License Upload*

Add File...

Federal DEA

Do you currently hold a federal DEA registration in each State you prescribe controlled substances?*

Yes

If DEA app has been submitted and is PENDING, DDS will not write prescriptions until DEA is finalized.

DEA License File*

Add File...

*- required

Back Save & Exit Next

Note: - If you are CLIA certified, please submit copy of the certificate*

Add File...

**Upload a copy of your malpractice insurance verification. This must include the practitioner's name on the certificate to be valid.*

Upload Malpractice Insurance*

Add File...

IMPORTANT NOTE:


An automated notification for missing items is sent every seven days (21-day max) until the information is received. If the missing items are not received, the case will be placed in the "Canceled – Incomplete Submission" status. Once in this status, it cannot be reopened, and a new application must be completed.

REMINDERS

Missing items – Common Missing Items That Cause Delays in the Processing of Applications (Continued)

Incomplete documentation

- Authorization to Bill missing effective dates and representative details

 BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

Authorization for Clinic/Group to Bill for Services

Please complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan that you have authorized a clinic/group/institution/location to bill for your services for:

- Preferred Blue (PPC and FEP)
- State Health Plan
- Medicare Advantage
- Blue Essentials
- Blue OptionSM
- Healthy BlueSM
- BlueChoice HealthPlan

BlueCross and BlueChoice HealthPlan reserve the right to accept or refuse authorization for a clinic/group/professional association/institution to bill for services.

*****This form does not qualify you to be a network provider.**

Date of Request: _____

I agree that _____ will bill for and receive charges or fees for my services effective _____

EIN Number: _____

Signature of Practitioner

Practitioner's Name Printed

Practitioner's SSN and NPI

Signature & Title of Clinic/Group/Professional Association/Institution Representative

Representative's Contact Telephone Number

Email Address (required for notification)

All highlighted fields
MUST be completed.

IMPORTANT NOTE:

An automated notification for missing items is sent every seven days (21-day max) until the information is received. If the missing items are not received, the case will be placed in the "Canceled – Incomplete Submission" status. Once in this status, it cannot be reopened, and a new application must be completed.

REMINDERS

Recredentialing

- Recredentialing occurs every three years.
- Our credentialing team makes outreach when the provider's recredentialing date is approaching.
 - First, they call to see if the provider is actively working at the location on file. If so, the application is sent via email or fax.
 - If no response is received after the first attempt, a second attempt is made in **14 days**.
 - If no response is received after the second attempt, a third attempt is made in **seven days**.
 - If no response is received after the third (final) attempt, the status change process begins.
- If the recredentialing date is missed, the provider is termed, and new enrollment is required.

Note: Be sure the credentialing contact email address is current as this is what's used for outreach.

REMINDERS

Non-credentialed 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

REMINDERS

Provider Directory Validation

As of **Jan. 1, 2022**, providers are required to verify their demographic data at least **every 90 days**. Our provider directory team also makes outreach every 90 days to ensure validation.

Note: Be sure the credentialing contact email address is current as this is what's used for outreach.

Importance of Validation

- Allows us to maintain accurate directories
- Ensures members know where to find you

How to Validate Information

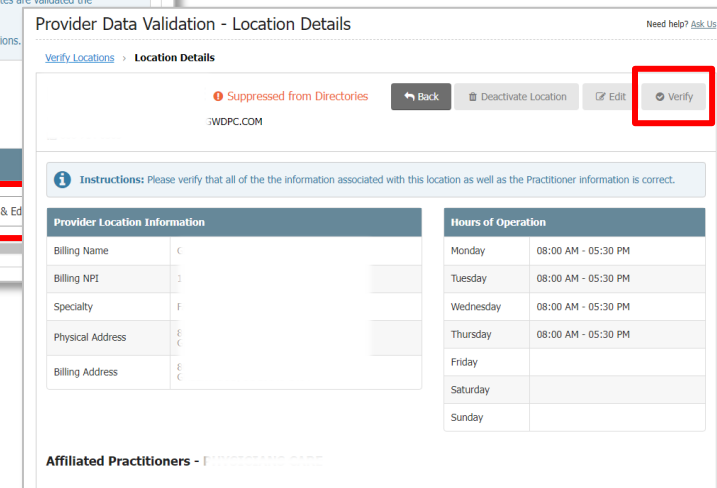
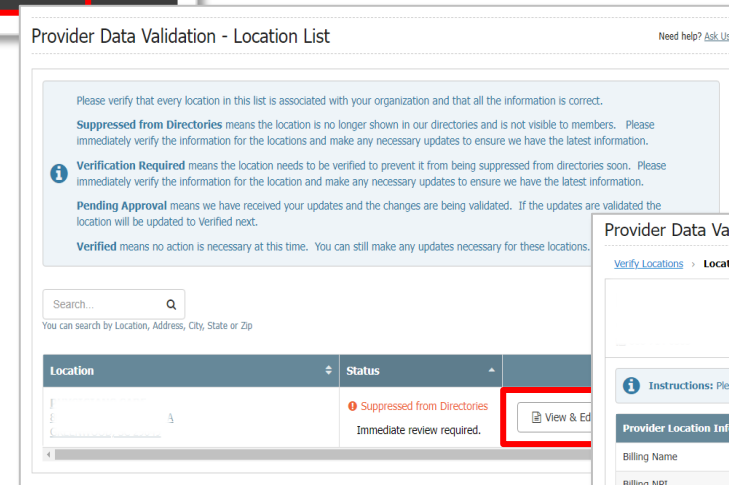
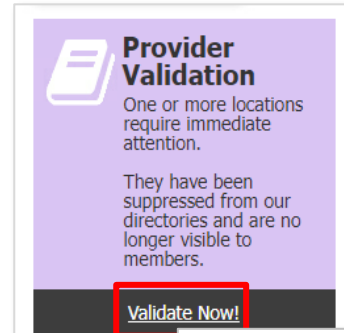
- M.D. Checkup

REMINDERS

Provider Directory Validation (Continued)

Has your location been suppressed?

- Locations are suppressed in the provider directory if more than 90 days has passed since the last validation was made, per the CAA guidelines.
- To have the suppressed status updated, the group administrator should:
 - Log into My Insurance ManagerSM
 - Select Validate Now in the Provider Validation box
 - Select View and Edit from the location(s) listed
 - Review the information, make the necessary updates, if needed, and select Verify



REMINDERS

Provider Updates – My Provider Enrollment Portal (Preferred method)

The following updates can be made using My Provider Enrollment Portal

- Business name change
 - Using the Doing Business As (DBA) Name Change form
- Address change
 - Using the Change of Address form
- NPI update
 - Using the NPI Provider Notification form
- Adding a location
 - Using the Application for Satellite Location form
- Adding or terminating practitioner affiliation
 - Using the Add or Terminate Practitioner Affiliation form

REMINDERS

Provider Updates – M.D. Checkup

What is M.D. Checkup?

- Web-based tool used for provider demographic updates
- M.D. Checkup is accessible through My Insurance Manager

The following updates can be made through M.D. Checkup:

- Business name change
- Address change
- Adding or terminating a location
- Adding or terminating a practitioner affiliation
 - You can only add a practitioner in M.D. checkup if they are enrolled and associated with the base tax identification number



REMINDERS

M.D. Checkup – Removing Locations

A screenshot of the "Insurance Wizard" web application. The page title is "Provider Data Validation - Locations List". It features a search bar and a table with three rows of location data. Each row has a "View & Edit" button and a "Remove Location" button. The "Remove Location" buttons are highlighted with a red border.

Location	Status	View & Edit	Remove Location
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

A close-up of the two buttons from the previous screenshot: "View & Edit" and "Remove Location". The "Remove Location" button has a trash can icon to its left.

A screenshot of a "Request to Remove Location" dialog box. It asks the user to confirm the removal of a location and to enter a date. The date input field is highlighted with a red border. Below the input field are "Cancel" and "Remove" buttons. The "Remove" button is highlighted with a red border.

Request to Remove Location

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.

mm/dd/yyyy

Cancel Remove

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

REMINDERS

M.D. Checkup – Adding Practitioner Affiliations

To add a practitioner affiliation through M.D. Checkup:

- The practitioner must be enrolled and associated with the base tax identification number (TIN).
 - Submit the Add/Terminate Practitioner Affiliation form to add a practitioner to a location under a different TIN.

Example:

- *TIN A – 123456789*
 - Location 1
 - Location 2
- *TIN B – 987654321*

Dr. Tommy Pickles **is associated** with TIN A and works at Location 1. He can be added to Location 2 through M.D. Checkup.

Dr. Tommy Pickles **is not associated** with TIN B. To be added to this location, the Add/Terminate Practitioner Affiliation form must be submitted.



REMINDERS

Appointment Availability

Primary Care Physicians

- New and established patient visits
 - Scheduled within 15 days
- Urgent appointments
 - Scheduled within 48 hours

Specialists

- New and established patient visits
 - Scheduled within 30 days
- Urgent appointments
 - Scheduled within 48 hours



THANK YOU FOR ATTENDING

