



Independent licensees of the Blue Cross Blue Shield Association.

Provider Enrollment

Frequently Asked Questions

1. How does a practice change its legal business name (not their “doing business as” name)?

To change the legal business name of the practice, the request can be sent via email to Provider.Requested.Info@bcbssc.com. The practice would need to include an updated IRS document showing the new name (Letter 147C, CP 575 E, Tax Coupon 8109-C).

2. How does a physician change their name if they get married?

If a physician gets married and needs to change their name, they should submit an updated copy of their medical license (include the effective date) to Provider.Requested.Info@bcbssc.com.

3. Can providers see patients before completing the credentialing process?

We encourage providers to wait until credentialing is completed, and they receive their welcome packets, before seeing patients.

4. Can a physician become part of any network?

No. Physicians can only join networks where their group is currently contracted. For instance, a physician may request to join the State Health Plan, Medicare Advantage and Healthy BlueSM. However, if their group only has a contract with Preferred Blue[®], that is the only network the physician can join.

5. Does a physician need to be affiliated with all locations under a facility or practice?

No. If the physician is affiliated to the main location of the facility or practice, their claims will process for all associated locations. Physicians are only affiliated to facilities or practices where they are actively and regularly seeing patients.

6. What is needed to update the change of ownership for a practice?

If the tax identification number (TIN) or National Provider Identifier (NPI) has changed, new enrollment paperwork is needed. The practice would need to complete the Group Application.

This is also true if the owners change, but the TIN and NPI remain the same. The notification can be sent via email to Provider.Requested.Info@bcbssc.com.

7. Can provider affiliations be completed through M.D. Checkup?

Provider affiliations can only be completed through M.D. Checkup if the physician is already enrolled and associated with the TIN of the practice.

If you are trying to affiliate a physician to a location under a different TIN, you would need to complete the Request to Add or Terminate Practitioner form.

Example:

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

Dr. Tommy is enrolled and associated with TIN A and works at location 1. He will begin seeing patients at location 2. Because he is already associated with the TIN, you can complete the new affiliation through M.D. Checkup.

Dr. Tommy is enrolled, but not associated with TIN B. He will begin seeing patients at TIN B. Because he is not associated with TIN B, you would need to complete the Request to Add or Terminate Practitioner form.

8. Which enrollment applications and forms are used at BlueCross BlueShield of South Carolina?

The enrollment applications and forms used at BlueCross include:

Application or form	Used for...
Individual Enrollment	New practitioners that want to enroll with BlueCross (not Behavioral Health)
Group Practice Enrollment	New groups that want to enroll with BlueCross
Facility Information Request	Medical facilities that want to credential with BlueCross
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 BlueCross
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 BlueCross
Add or Terminate Practitioner	Adding or terminating a practitioner's affiliation with a clinic, group or institution

9. Are electronic signatures accepted?

Use these tables to determine which documents can be signed electronically.

Medical Networks

Application or Form	Signature Requirements
Provider Enrollment	Electronic or wet
Recredentialing	Electronic or wet
Facility Information Request	Electronic or wet
Health Professional	Electronic or wet
Doing Business As (DBA)	Electronic or wet
Change of Address (CoA)	Electronic or wet
Add or Terminate Practitioner	Electronic or wet
Authorization to Bill	Electronic or wet
Electronic Funds Transfer (EFT)	Wet
Appendix D (BlueChoice HealthPlan)	Wet
Hold Harmless (BlueChoice® HealthPlan)	Wet
ALL Contracts	Wet

Behavioral Health Networks

Application or Form	Signature Requirements
Behavioral Health	Electronic or wet
Autism Panel	Electronic or wet
Facility Information Request	Electronic or wet
Authorization To Bill	Electronic or wet
ALL Contracts	Electronic or wet

10. Can a 'DO' provider specialty type join the Healthy Blue network?

No. Providers with the specialty of 'DO' (other) cannot join the Healthy Blue network as a true specialty type is needed. This specialty is used for us to verify our federally qualified health centers (FQHC) and

rural health clinic (RHC) locations. They are not actual locations that offices can request to be loaded. Each 'DO' location must have a corresponding multi-specialty location with the same address on file.

11. How does the recredentialing process work?

Recredentialing occurs every three years. Our credentialing team reaches out when the provider's recredentialing date is approaching.

First, the credentialing team calls to see if the provider is actively working at the location on file. If so, the application is sent via email or fax. If a response is not received after the first attempt, a second attempt is made in 14 days. If a response is not 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 provider misses their recredentialing date, they will be termed, and new enrollment will be required.

12. How long do providers have to provide missing items?

When applications are missing items, notification is made every seven days with a 21-day max. If the missing items are not received, the case will be canceled on the 28th day due to incomplete submission. Once a case has been canceled, a new application must be submitted.

13. How can I check the status of a submitted application?

If the application was submitted through [My Provider Enrollment Portal](#), you can verify the status under My Forms.

14. How can a provider update their TIN?

To update the TIN, the provider would need to complete a new individual or group application.

15. How can a provider update their NPI?

To update the NPI, the provider would need to complete a new individual or group application.

16. Are providers automatically enrolled in telehealth?

No. Providers would need to complete a separate virtual care application to be considered for telehealth services.

17. What is the difference between the effective date and the affiliation date?

The effective date is the date that the provider is approved by the Credentialing Committee and this date cannot be changed.

The affiliation date is the date in which a provider can render services with an established group. This date can be backdated up to Jan. 1st of the previous year. For instance, the affiliation date for applications received in 2023 can be backdated to Jan. 1, 2022.

If the application is pending, email a copy of the claim to Provider.Requested.Info@bcbsc.com. If the application is completed, fax a copy of the claim to 803-264-4795.

18. How often do providers have to validate their demographic information?

With the implementation of the No Surprises Act which went into effect on Jan. 1, 2022, providers are required to validate their demographic data at least every 90 days. If more than 90 days has passed since the providers' last validation, we are required to suppress them from our directories.

19. Which provider types are not credentialed by BlueCross?

BlueCross will not credential the following provider types. Note: this list may not be all inclusive.

Acupuncturists	Associate Counselors	Christian Science Practitioners	Diabetes Education	Dieticians	Education Specialists
Homeopaths	Lay Midwives	Massage Therapists	Naturopaths	Occupations Therapy Assistants	Physical Therapy Assistants
Psychology Assistants	Recreational Therapists	School Psychologists	Speech Therapy Assistants	Sports Trainers	Technicians

20. What happens if a location is closed through M.D. Checkup?

If a location is closed in M.D. Checkup, it will be closed in our claims system. Only complete this action when you truly want to terminate the location. Once a location is terminated, it cannot be undone, and providers would have to complete a new Satellite Location application.

My Provider Enrollment Portal (MyPEP)

Frequently Asked Questions

1. What is My Provider Enrollment Portal (MyPEP)?

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.

2. When did MyPEP become available?

MyPEP launched April 4, 2022.

3. If a provider started their enrollment process through the historical method (fax or email), would they need to resubmit through MyPEP?

No. If providers started the enrollment process via fax or email, those applications will be reviewed and processed accordingly. However, going forward, be sure to submit new applications through MyPEP.

4. How can I access MyPEP?

MyPEP is accessible through the Provider Enrollment section of www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

5. What type of enrollment can be done through MyPEP?

MyPEP is used to submit medical, behavioral health, dental and virtual care enrollment applications.

6. Does MyPEP replace M.D. Checkup?

No, MyPEP does not replace M.D. Checkup. Certain updates can be made in the new portal, but all provider validations must be made through M.D. Checkup. Address updates can also be completed through M.D. Checkup.

7. What do the different statuses mean?

- **In Progress/not submitted** – The application or form is being worked by the provider or their practice and has not been completed for submission.
- **Submitted** – The application and **all required documentation with applicable signatures, initials and dates** have been uploaded.
- **Awaiting Signature/not submitted** – The application or form has been completed and submitted, **but signatures are missing**.
- **Awaiting Provider Response** – There are missing items needed to continue the enrollment process. Please review the case comments and emails to see what items are needed.
- **Under Review** – The application or form has been assigned and has progressed through the enrollment process.
- **Denied** – The application or form was not approved by BlueCross. The provider's office will receive an explanation of the denial via email.

- **Canceled** – The application or form is no longer being worked on and has been closed by BlueCross.
- **Congratulations! Complete** – The application or form has been approved by BlueCross.

8. Who can we contact for questions about submitted cases?

For case-specific questions, submit a **case comment** within the case. This allows the enrollment team to review the question and respond once the case has been assigned. To submit a case comment, do the following:

- Go to My Forms.
- Select the case number.
- Under Communications, select Case Comments.
- Select New.
- Enter your comment or question. (Be thorough and ask probing questions.)
- Select Save.

9. Who can we contact for technical issues with MyPEP?

Contact the provider education team using the [request form](#).

10. If I need to know what application or form to use, where do I go?

Use the Support form located inside the portal.

11. How do I verify if a provider is loaded into the BlueCross system?

Use the Support form located inside the portal.

12. How do I check the status of a submitted application or form?

After submitting an application or form, make note of the case number provided. Go to My Forms, locate the case number and view the status.

13. If I have questions about the status of my application or form, where do I go?

For case specific questions, be sure to submit a case comment within the case. This allows the enrollment team to review the question and respond. To submit a case comment, do the following:

- Go to My Forms.
- Select the case number.
- Under Communications, select Case Comments.
- Select New.
- Enter your comment or question. (Be thorough and ask probing questions.)
- Select Save.

14. If I have technical issues with the portal, who do I contact?

Contact the Provider Education team using the [request form](#).

15. Where do I go if I need to reset my password?

Select the “Forgot your password?” link.

16. If I need to change or update my “Doing Business As” (DBA) name, where do I go?

Complete the Doing Business As form under the Find a Form section.

17. If I need to change or update my address(es), where do I go?

Complete the Change of Address form under the Find a Form section.

18. If I need to add a location to my practice, where do I go?

Complete the Satellite Location application under the Find a Form section.

19. If I need to register my National Provider Identifier (NPI) with BlueCross, where do I go?

Complete the NPI Provider Notification form under the Find a Form section.

20. If I am an individual practitioner that wants to join one of BlueCross’s networks, where do I go?

Complete the Individual Provider Enrollment application under the Get Enrolled section.

21. If I am a new group practice that wants to join one of BlueCross’s networks, where do I go?

Complete the Group Practice Enrollment application under the Get Enrolled section.

22. If I want to render virtual care services (telehealth or telemedicine), where do I go?

Complete the Virtual Care Services application under the Get Enrolled section.

23. If I am a behavioral health practitioner that wants to join one of BlueCross’s networks, where do I go?

Complete the Behavioral Health application under the Get Enrolled section.

24. If I am an applied behavior analyst that wants to join the Autism Provider Panel, where do I go?

Complete the Autism Provider Panel application under the Get Enrolled section.

25. If I need to credential a facility, where do I go?

Complete the Facility Information Request form under the Get Enrolled section.

26. I am in South Carolina, but out-of-network and need to submit claims. Where do I go?

Complete the Health Professional application under the Get Enrolled section.

27. How will I complete my contracts?

You will be notified in the portal when contracts are awaiting signature. The case number associated with the contract(s) will be listed, along with a link to download the contract. Once you download the contract and sign it, upload the contract back to the associated case.