South Carolina

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My Provider Enrollment Portal

User Guide

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Your Partners in Outstanding Quality, Satisfaction and Service

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Overview

My Provider Enrollment Portal (MyPEP) is our new provider enrollment tool. It offers a quick and easy way for all providers who credential with BlueCross BlueShield of South Carolina to complete the enrollment process. Use the portal to:

- Become a network provider.
- Maintain enrollment.
- Obtain automated status updates.
- Receive notifications when additional information is needed.
- And much more.

Providers can also submit case comments if they have questions on specific cases. Once the case comment is posted and received by an enrollment representative, he or she will respond.

Overall, MyPEP helps streamline services and makes the provider enrollment process more efficient.

Contents

Enrollment Applications and Forms

Enrollment applications and forms for BlueCross BlueShield of South Carolina (BCBSSC) include:

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	In-state, out-of-network 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	Enrolled groups that have new locations 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

Checklists

Individual Provider Enrollment

Use this checklist to determine which items are needed for a clean application based on your specialty type. Note: Mid-level includes nurse practitioners, physician assistants, certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists and hospital-based physicians. Ancillary includes speech, physical, occupational and audiology therapists.

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

[1]Only needed if applicable.

[2]Only needed if the DMD is applying for medical networks.

[3]Only needed for physician assistants.

*Doctor of Dental Surgery (DDS)

**Doctor of Medicine in Dentistry (DMD)

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Group Practice Provider Enrollment

Use this checklist to determine which items are needed for a clean application based on your group type.

Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, Ambulatory Surgery Centers	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						

In-State, Out-of-Network Provider Enrollment

Use this checklist to determine which items are needed for a clean application based on your enrollment type.

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

[1]Needed for each individual being linked to the practice.

Behavioral Health Provider Enrollment

Use this checklist to determine which items are needed for a clean application for behavioral health providers.

Checklist Items	
Behavioral Health Application	X
IRS Verification of Tax ID (or W-9)	X
CBA Professional Agreements (Signed Contracts)	X
Hold Harmless Agreement	X
Appendix C	X
Copy of SC State License	X
Copy of DEA License, if applicable	X
Copy of Board Certification, if applicable	X
Nurse Protocols (Nurse practitioners only)	X
Current Copy of Malpractice (Min. $1M/$3M)	X

Behaviroal health enrollment is managed by Companion Benefit Alternatives, Inc (CBA).

Electronic vs. Wet (Ink) Signatures

Use these charts to determine whether an application or form can be signed electronically.

Medical Networks

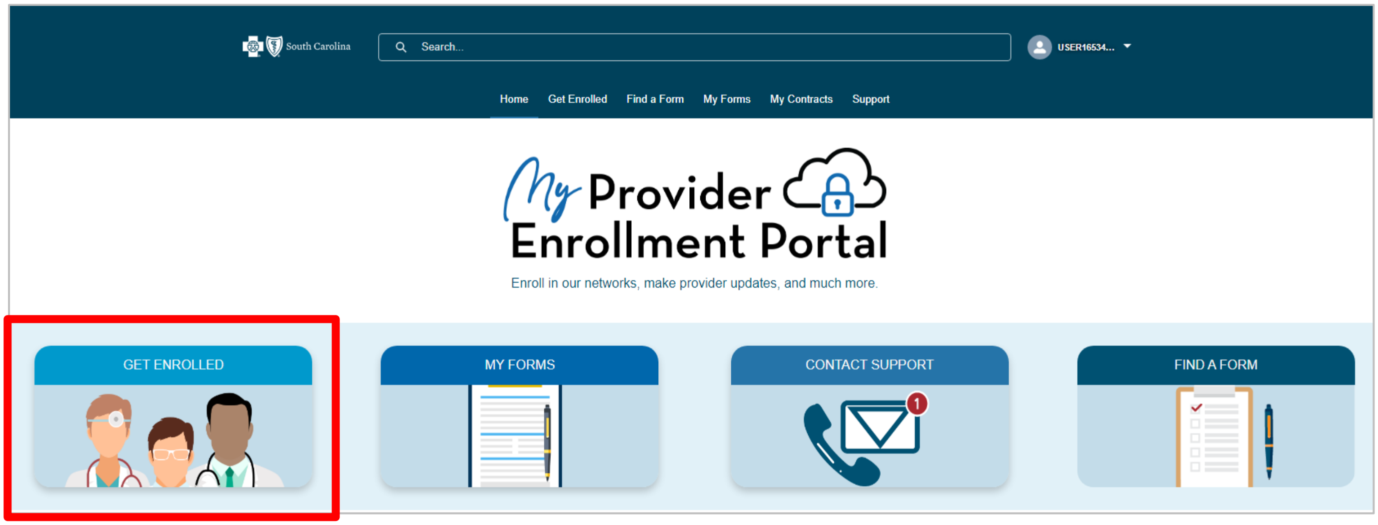
Application or Form	Signature Requirements
Provider Enrollment	**Electronic or wet**
Recredentialing	**Electronic or wet**
Facility Information Request	**Electronic or wet**
Health Professional	**Electronic or wet**
Doing Business As (DBA)	**Electronic or wet**
Change of Address (CoA)	**Electronic or wet**
Add/Term 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

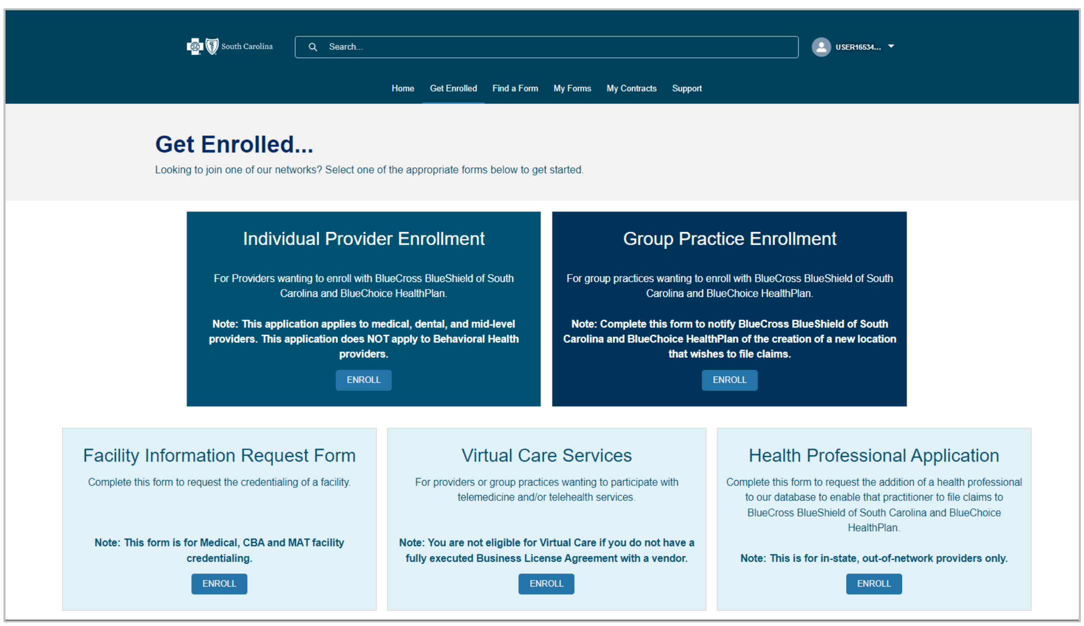
Application or Form	Signature Requirements
Behavioral Health	**Electronic or wet**
Autism Panel	**Electronic or wet**
Facility Information Request	**Electronic or wet**
Authorization to Bill	**Electronic or wet**
ALL Contracts	**Electronic or wet**

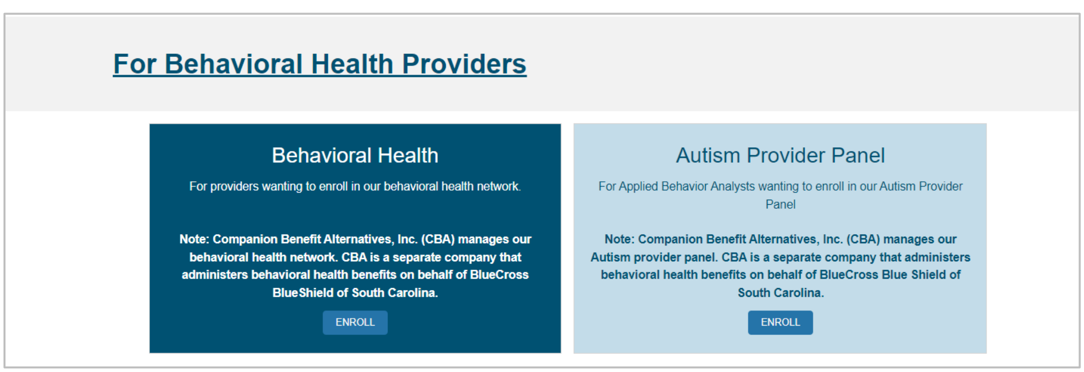
Getting Enrolled

1. After logging into the portal, select Get Enrolled.



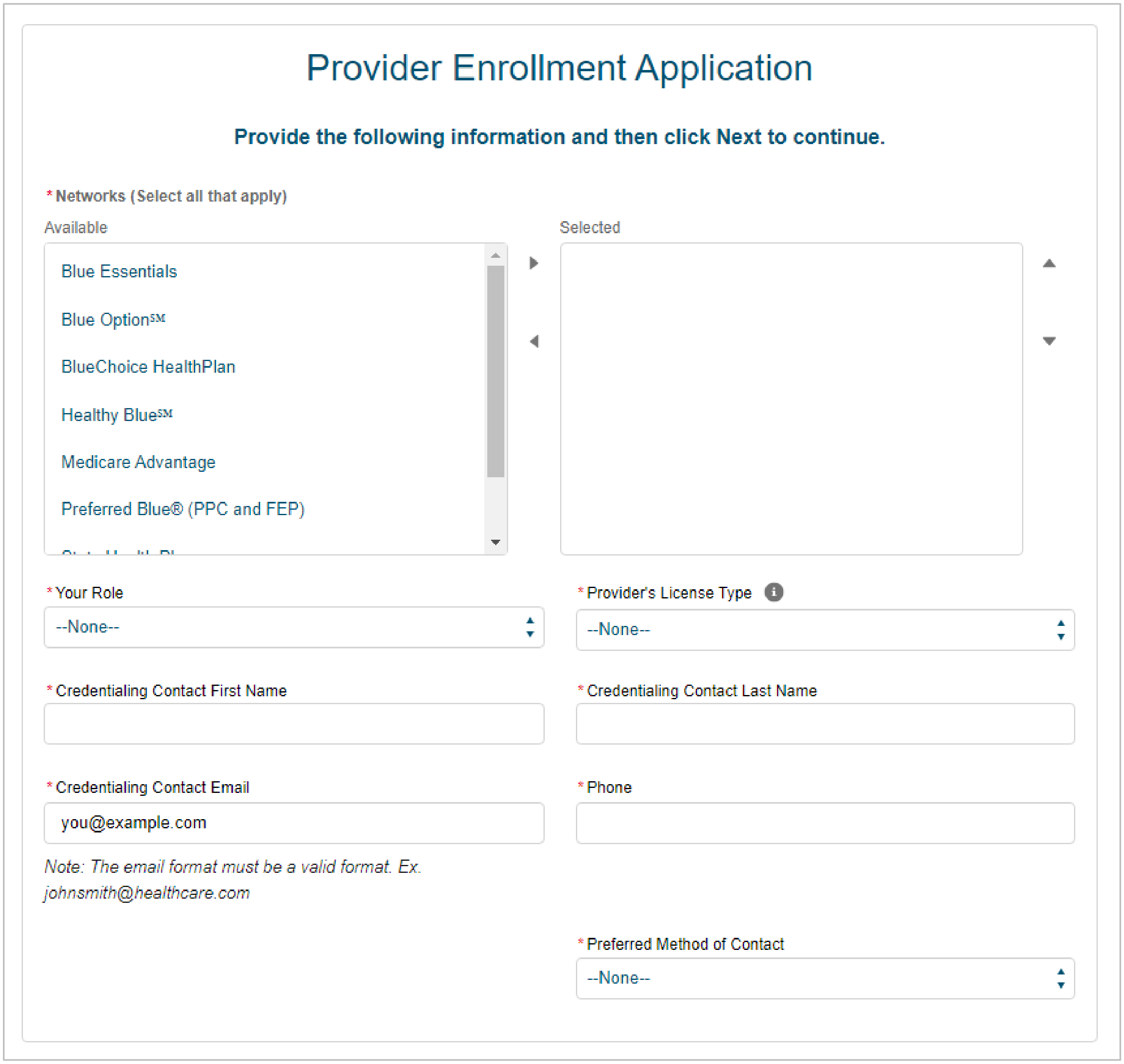
2. Select one of the available options.





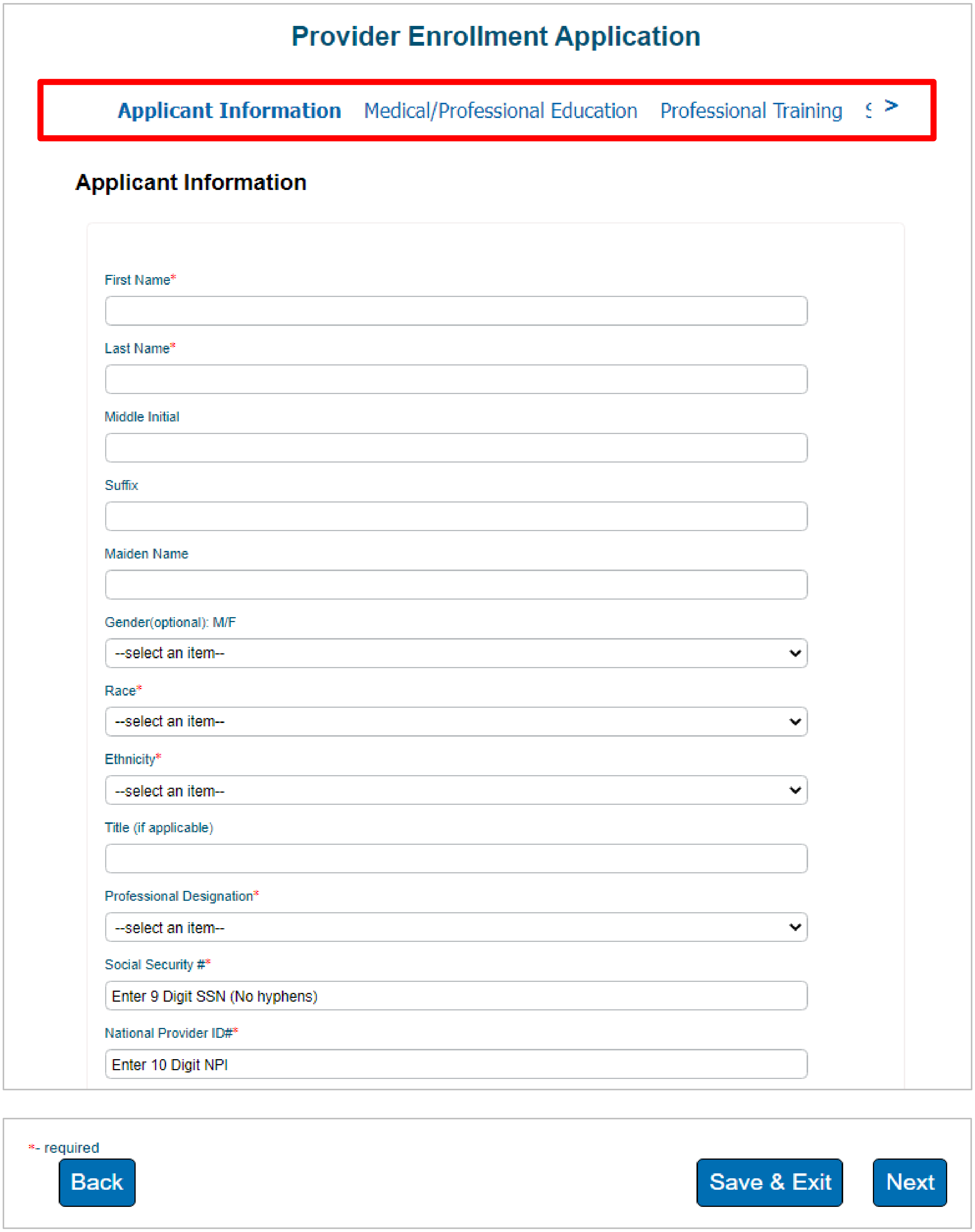
Note: The application and requirements will vary based on the enrollment option selected.

3. Begin the application by completing all required fields. Select each network you wish to participate with. For multiple networks, press the Ctrl key on your keyboard and select each desired network. Once you've finished, select Next.



Note: For the Individual Provider Enrollment application, the practice start date, employment start date and authorization to bill dates MUST match.

4. Complete all required fields of the application. Select Next to move forward. At any time, you can select Save & Exit. This will save all entered data and once you return to the case, you will pick up from where you left off.



Note: The headers will let you know which section of the application you are currently in.

5. Once you have completed all sections of the application, select Next.

6. To complete your submission, the application must be signed. Do the following:
    a. Select My Forms
    b. Select the appropriate case number
    c. Select Form Information
    d. Under Documents, select the document(s) that require signature
    e. Download the document(s) and have the appropriate signature(s) appended
    f. Follow steps A – D and select Upload Files

Submission Messages

After completing the application or form, you will receive a message that provides the next steps for submission.

Message 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

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 the contract
4. Sign the contract
5. Follow steps 1 – 2 and select Upload Files

Message for behavioral health documents that must be signed.

> **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 document 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

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 the contract
4. Sign the contract
5. Follow steps 1 – 2 and select Upload Files

Message 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.

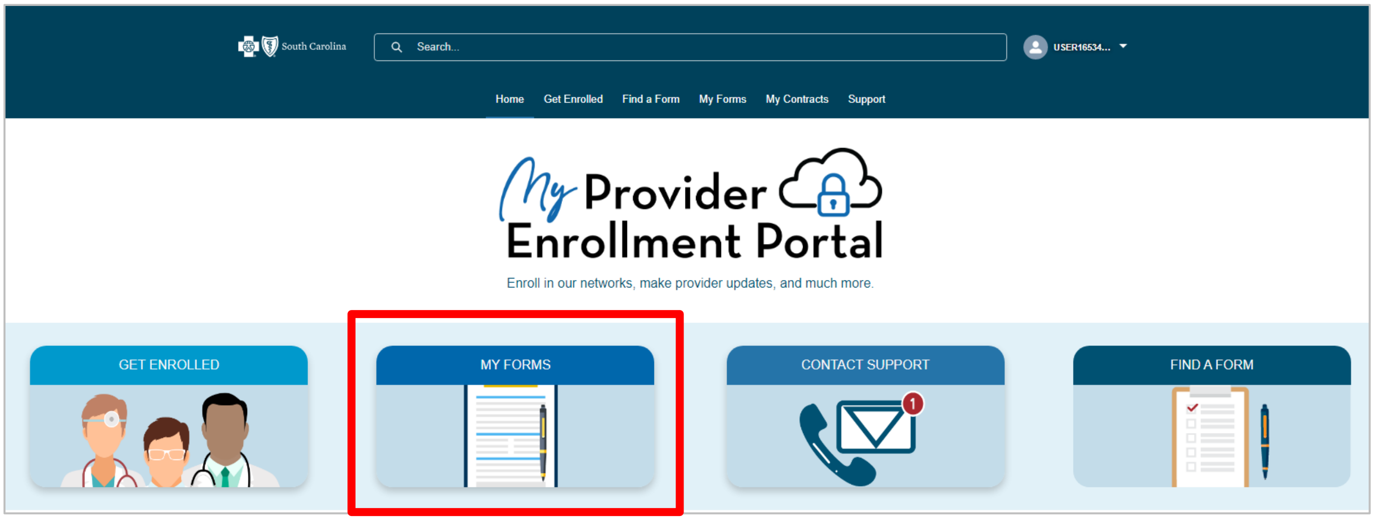
2. If you need assistance, use the communication case comment section in this case. This way both you and your representative will have all the information and questions in one location.

Includes:

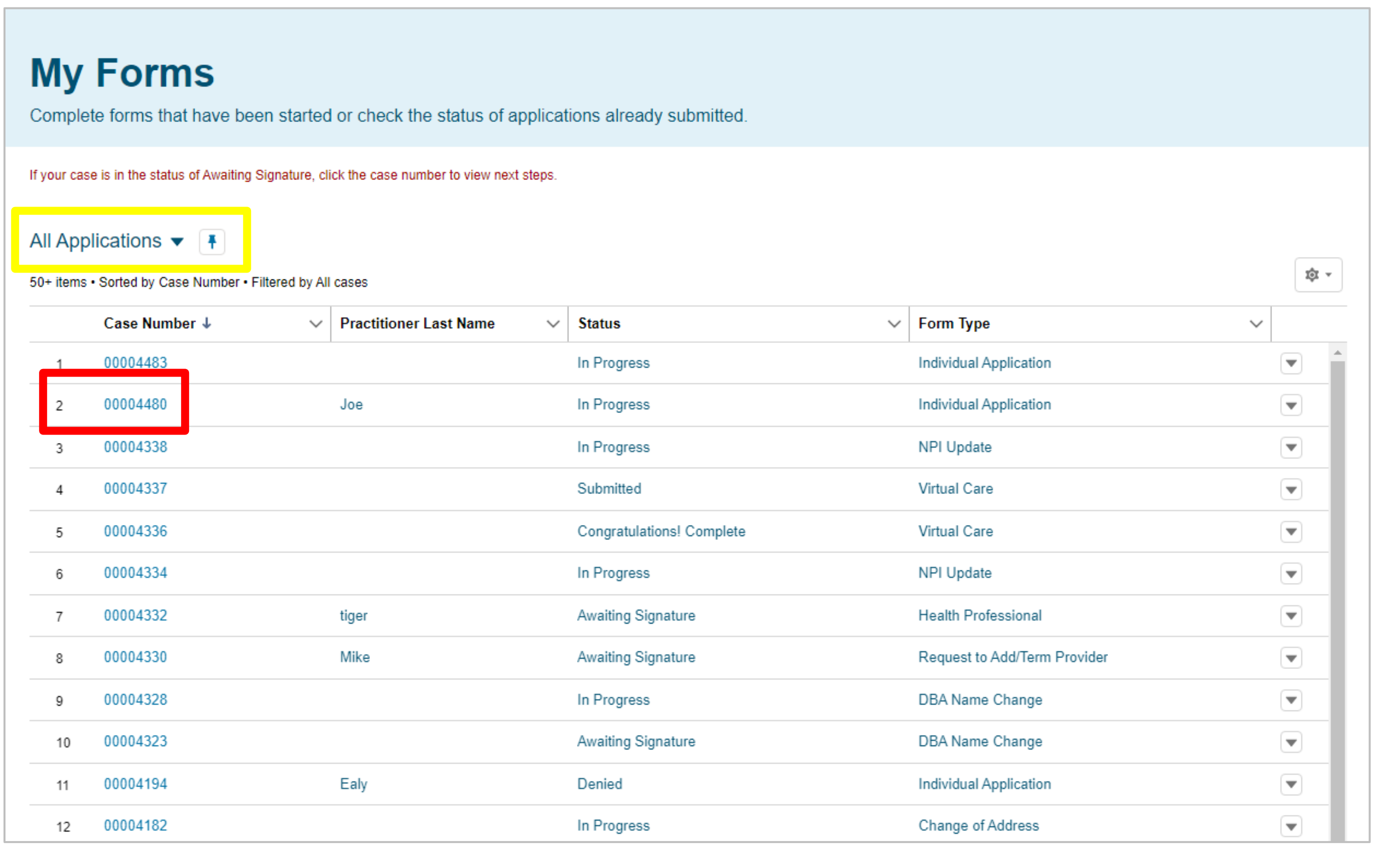
- NPI Provider Notification form
- Satellite Location application
- Virtual Care application

Continuing Applications

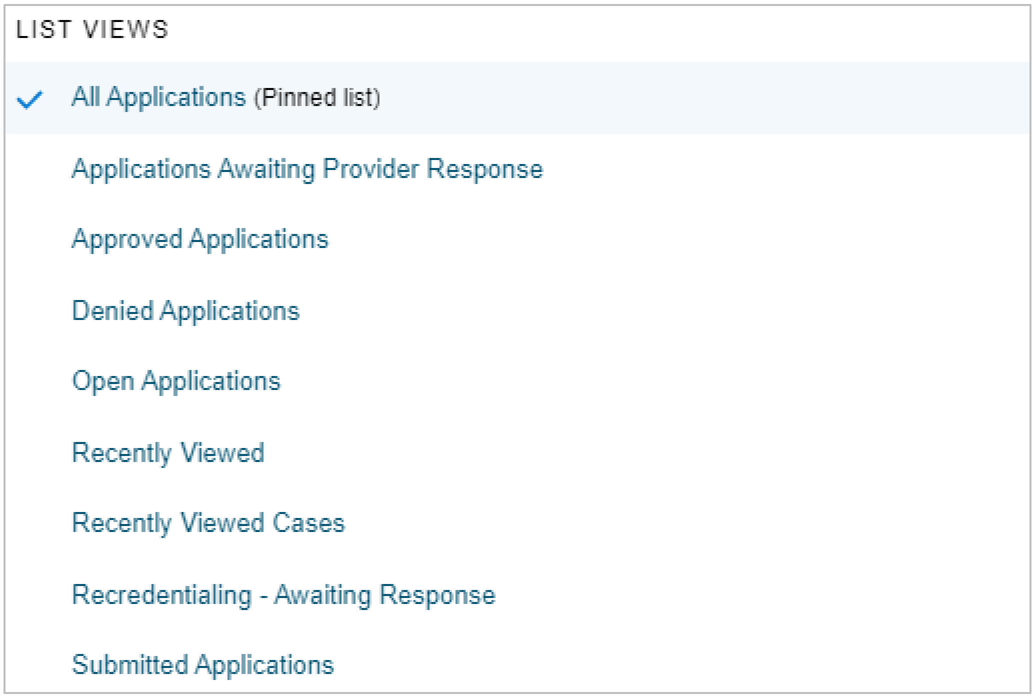
1. After logging into the portal, select My Forms.



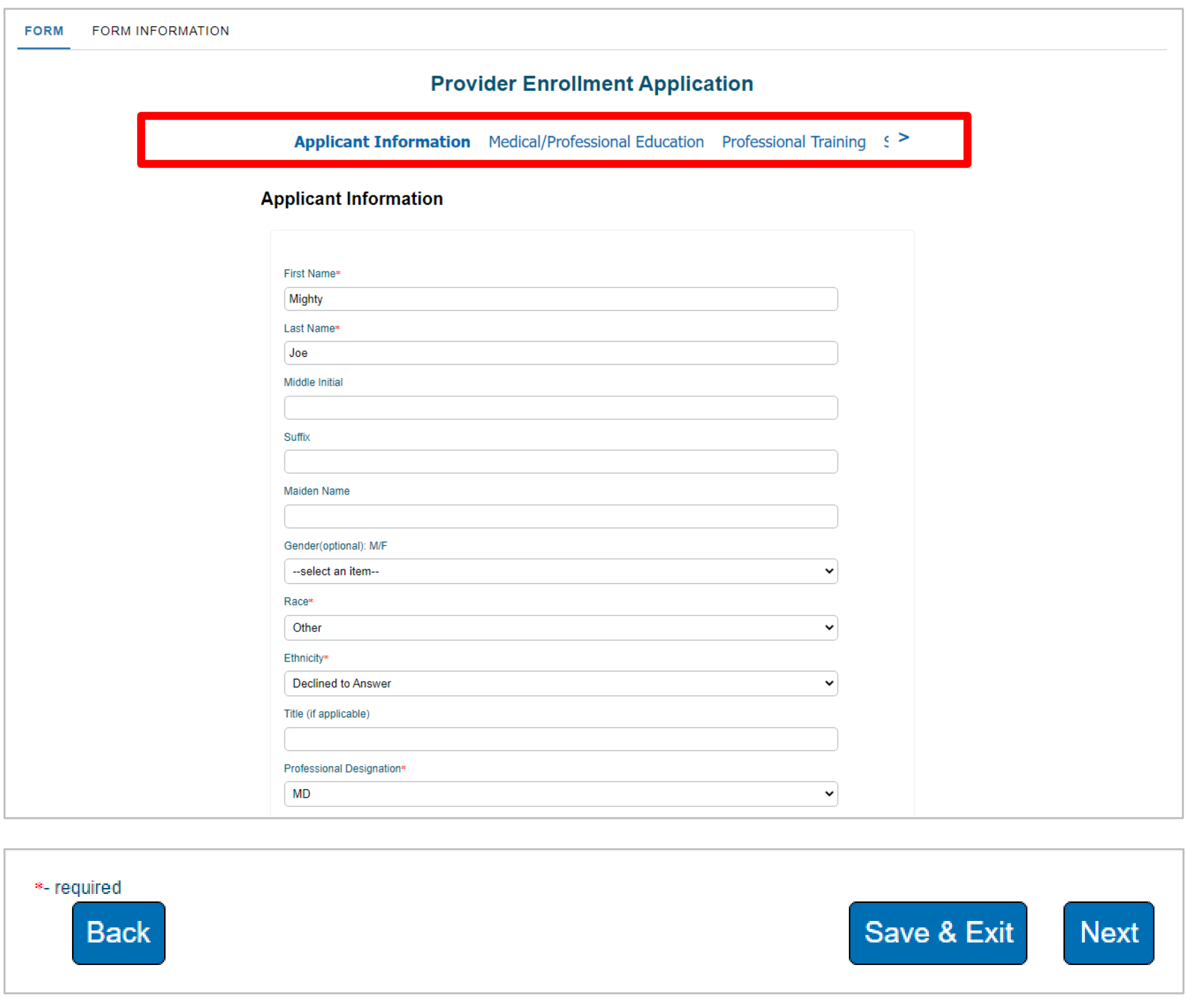
2. Locate the case number associated with the application you need to continue and select the case number.



Note: The list view automatically defaults to All Applications, but you can choose from one of the following options:



3. The case will pick up from where you left off. Proceed with completing the application.



4. Once you have completed all sections of the application, select Next.

5. To complete your submission, the application must be signed. Do the following:

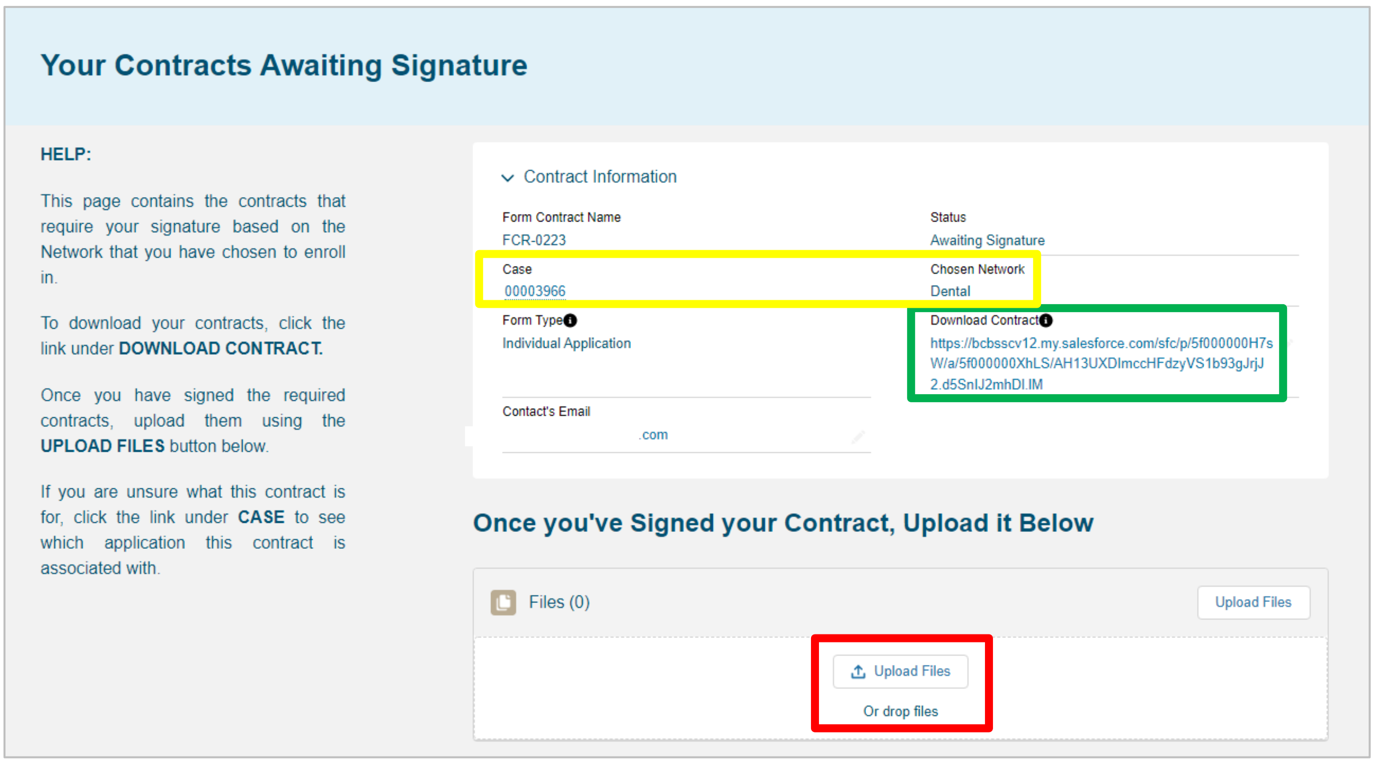
    a. Select My Forms
    b. Select the appropriate case number
    c. Select Form Information
    d. Under Documents, select the document(s) that require signature
    e. Download the document(s) and have the appropriate signature(s) appended
    f. Follow steps A – D and select Upload Files

Signing Contracts

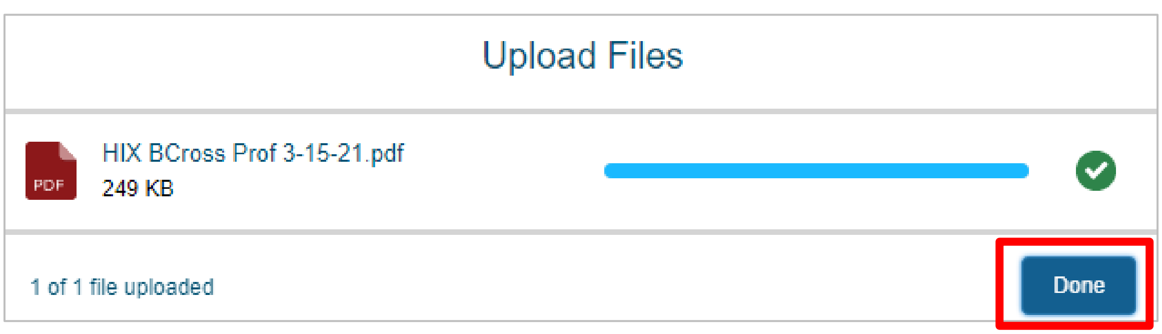
As mentioned above in the overview, all contract pages except for Behavioral Health require wet signatures (in ink). After logging into the portal, if you need to sign a contract, you will receive a notification at the bottom of the screen.

1. Select View next to the contract.

2. The case number associated with the contract will be listed, along with the network that corresponds to the contract. Select the link to download and print the contract. Once the contract has been wet signed (in ink), select Upload Files. This will let you to add the signed contract pages to the portal.



3. Once the file has been uploaded, select Done.

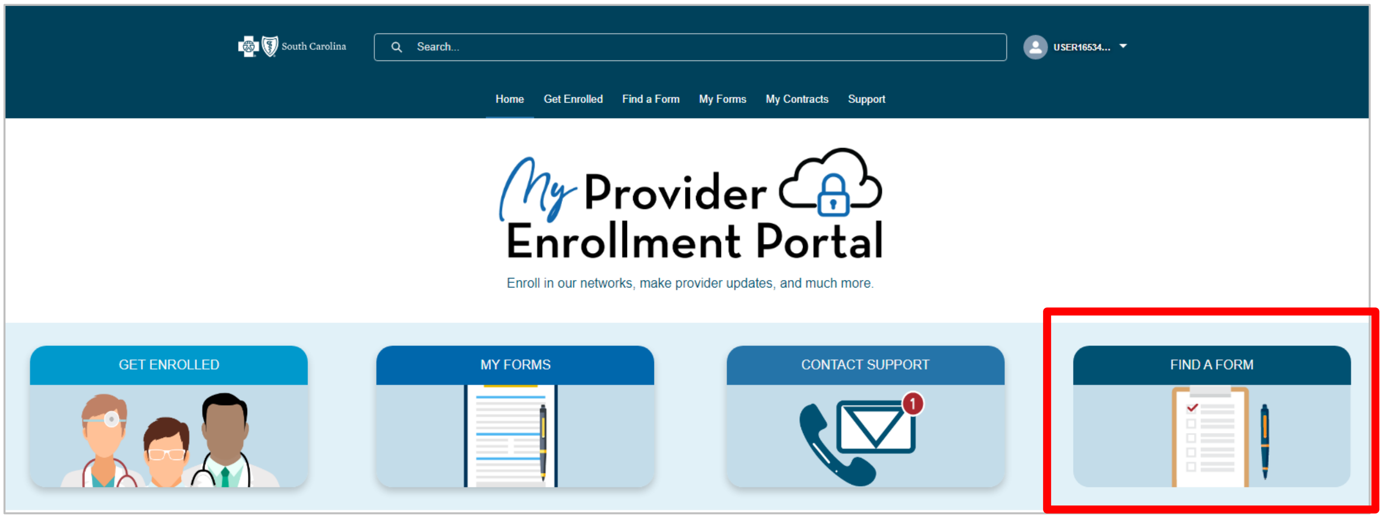


4. You will see where the file has been uploaded.

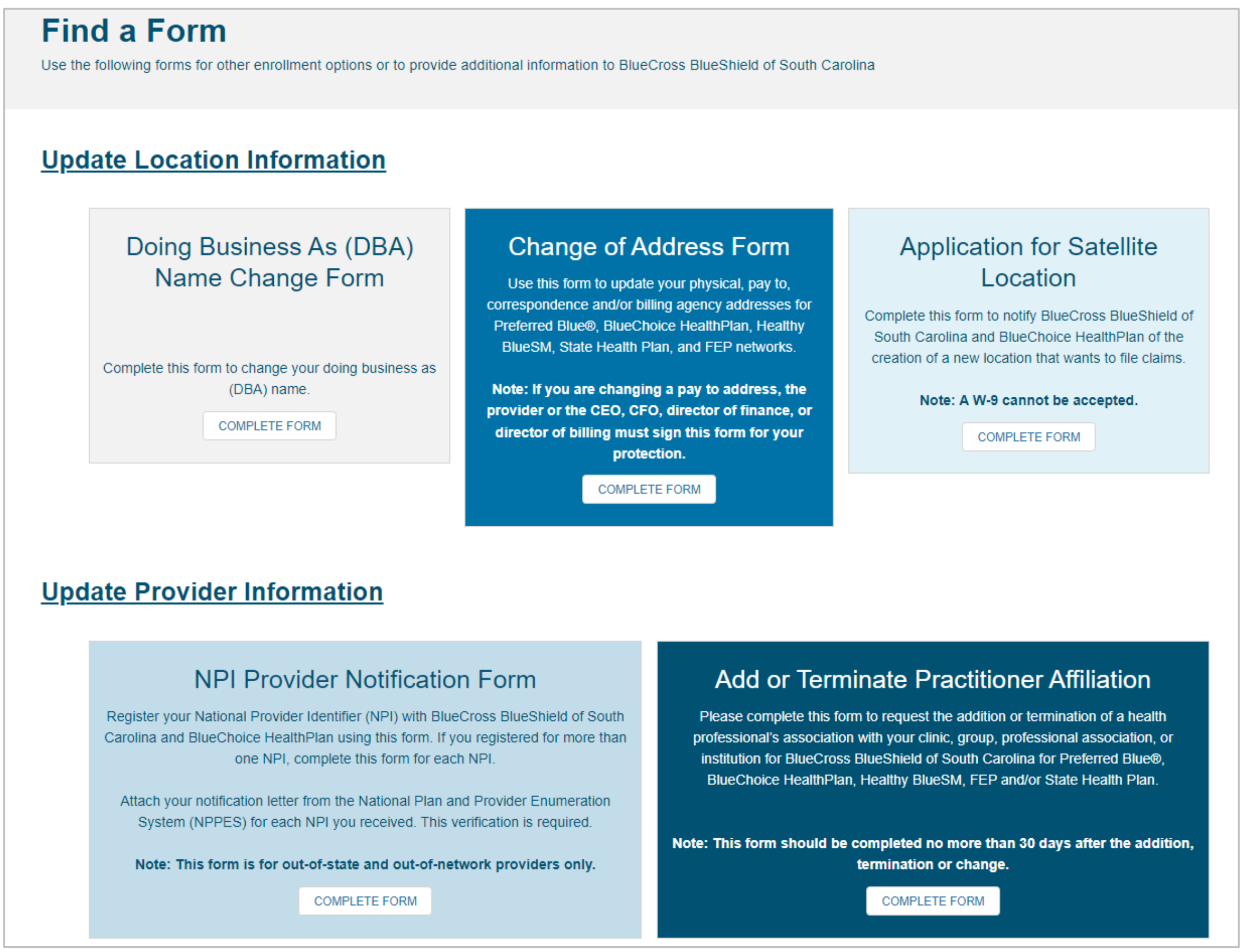
At this time, no further action is needed. The enrollment team will be notified once the contract pages have been uploaded. If additional documentation or a correction is needed, you will be notified via email and case comment.

Finding a Form

1. After logging into the portal, select Find a Form.



2. Select the appropriate option.



Note: The form and requirements will vary based on the form option selected.

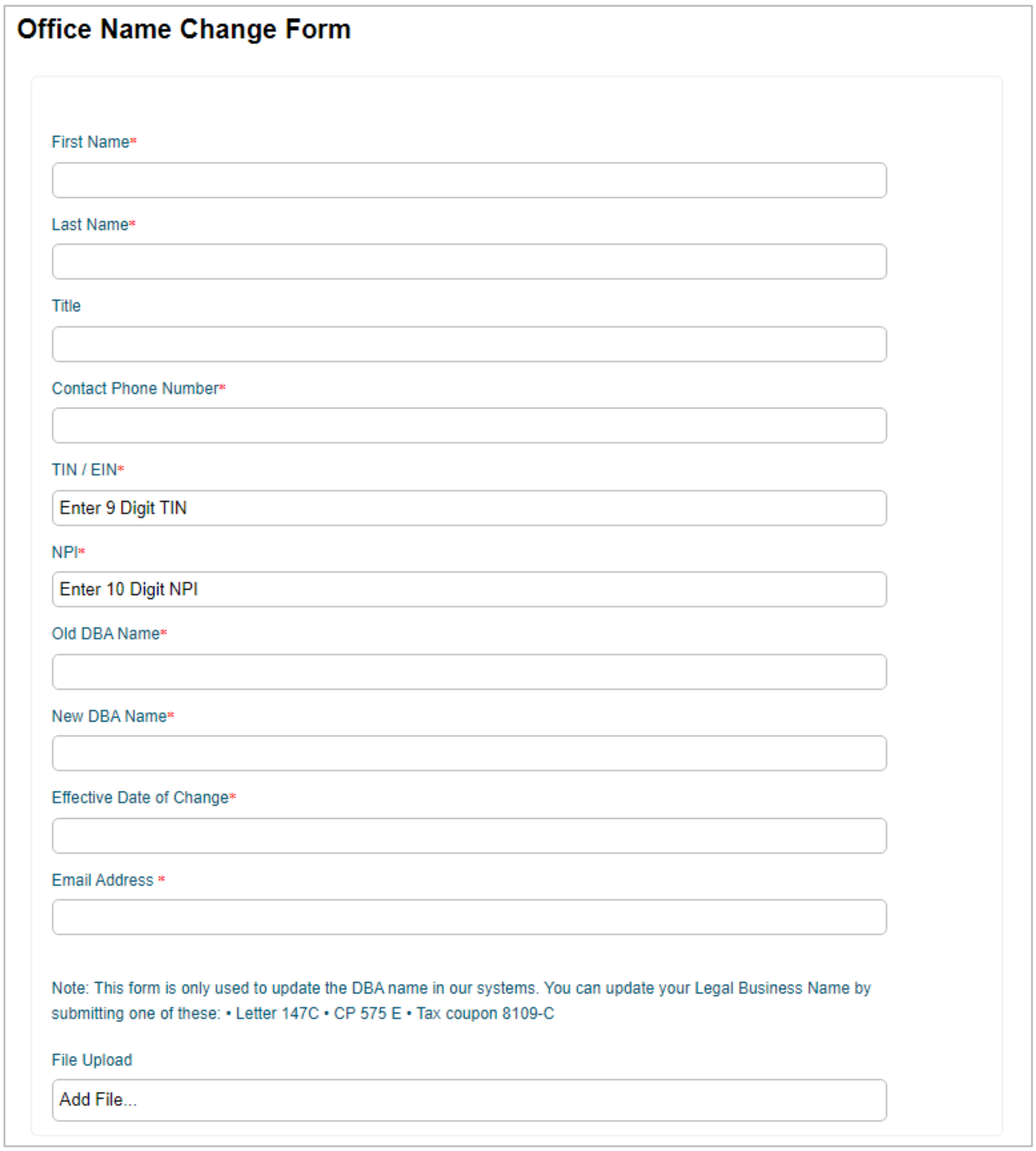
3. You will receive confirmation on the type of form you're about to complete. Select Next.

You are about to begin a Doing Business As (DBA) Name Change Form.

Click Next to continue.

Next

4. Complete all required fields of the form. Select Next to move forward. At any time, you can select Save & Exit. This will save all entered data and once you return to the case, you will pick up from where you left off.



Office Name Change Form

First Name*

Last Name*

Title

Contact Phone Number*

TIN / EIN*

Enter 9 Digit TIN

NPI*

Enter 10 Digit NPI

Old DBA Name*

New DBA Name*

Effective Date of Change*

Email Address *

Note: This form is only used to update the DBA name in our systems. You can update your Legal Business Name by submitting one of these: • Letter 147C • CP 575 E • Tax coupon 8109-C

File Upload

Add File...

*- required

Back

Save & Exit

Next

5. Once you have completed all sections of the form, select Next.

6. If the form requires a wet signature (in ink), to complete your submission, do the following:
    a. Select My Forms
    b. Select the appropriate case number
    c. Select Form Information
    d. Under Documents, select the document(s) that require signature
    e. Download the document(s) and have the appropriate signature(s) appended
    f. Follow steps A – D and select Upload Files

Application and Form Statuses

Below are the different statuses that will be seen in the portal.

In progress

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

Awaiting signature (or submitted)

The application or form has been completed and submitted. Ensure **ALL signed and required documents** have been included while the case is in this status.

Note: Cases remain in this status until they have been assigned to an enrollment representative.

Awaiting provider response

Missing items are needed from the provider or their practice to continue the enrollment process. You will receive an email and case comment explaining what item(s) is needed.

Note: This is an automated notification that goes out until the item(s) are received and the case is reviewed again by the enrollment representative.

Under review

The application for form has been assigned and has progressed through the enrollment process.

Congratulations! Complete

The application or form has been approved and completed.

Denied

The application or form was not approved. An 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.

Seeking Portal Assistance

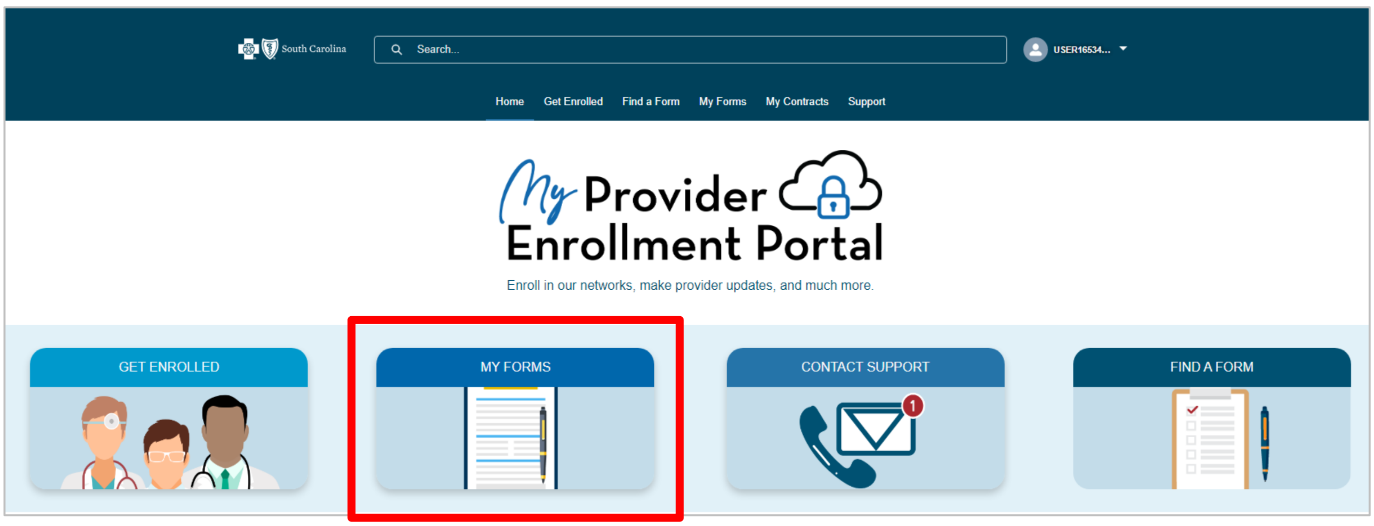
My Provider Enrollment Portal comes with two forms of communication to help you along the way: case comments and support cases.

Case comments are communications submitted by the provider's office or a member of BlueCross' enrollment team related to a specific application that has been started or submitted. Case comments are recorded in the portal and remain linked to each case.

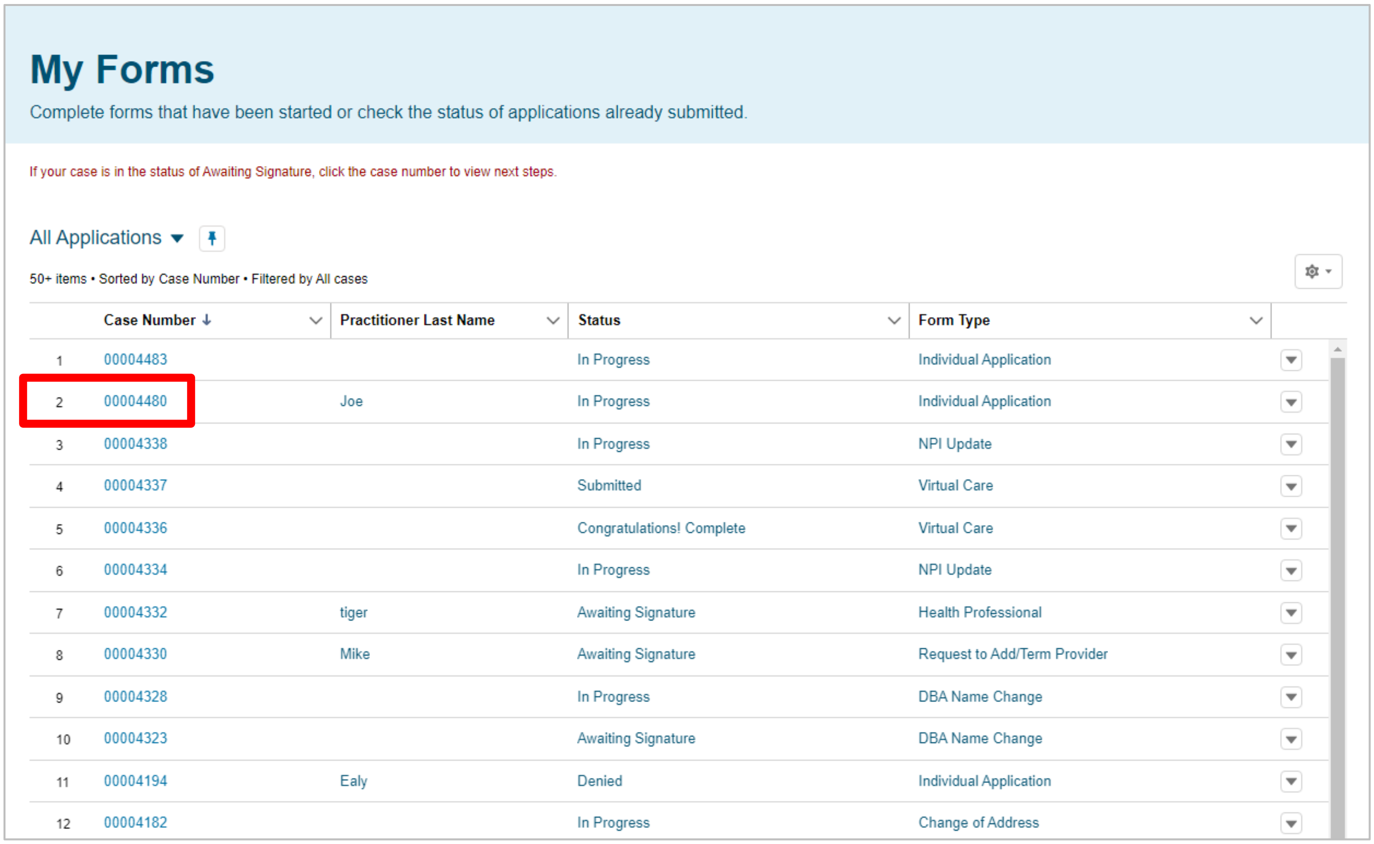
Support cases allow provider offices to submit standalone questions that are not related to a specific application. Unlike case comments, support cases are not recorded and are not linked to a specific case.

Case Comments

1. After logging into the portal, select My Forms.



2. Locate your case number and then select it.



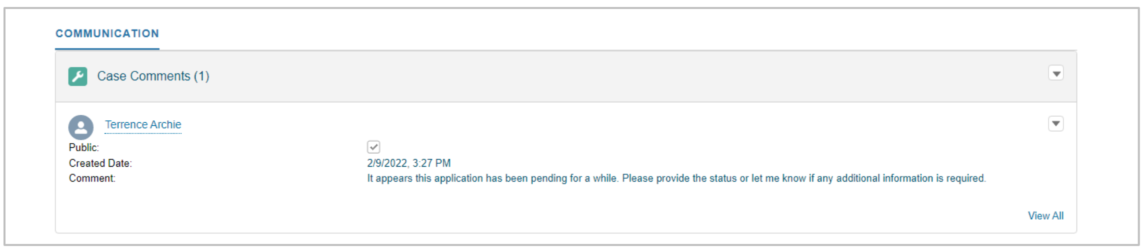
3. Under the Communication header, you will notice the option for case comments. Select the arrow on the far right-hand side and then select New to add a case comment.

4. The New Case Comment window will appear, allowing you to add questions or comments for the selected application. In the body, provide specific details and ask probing questions. This will help the enrollment team research your inquiry thoroughly and helps reduce the need for follow-up questions. Once you've finished, select Save.

   You will receive notification that the case comment has been created and it will be displayed under the Communication header. New comments will appear directly above the previous comment.

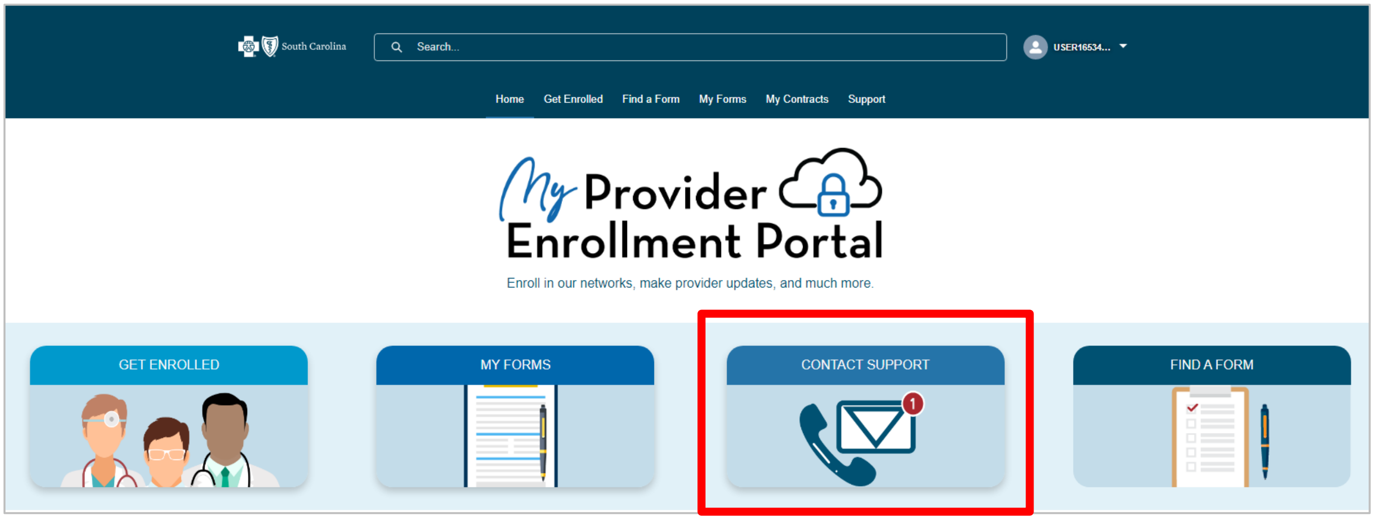

New Case Comment
Information
* Body
Public
Send Customer Notification
Cancel
Save


Case Comment was created.

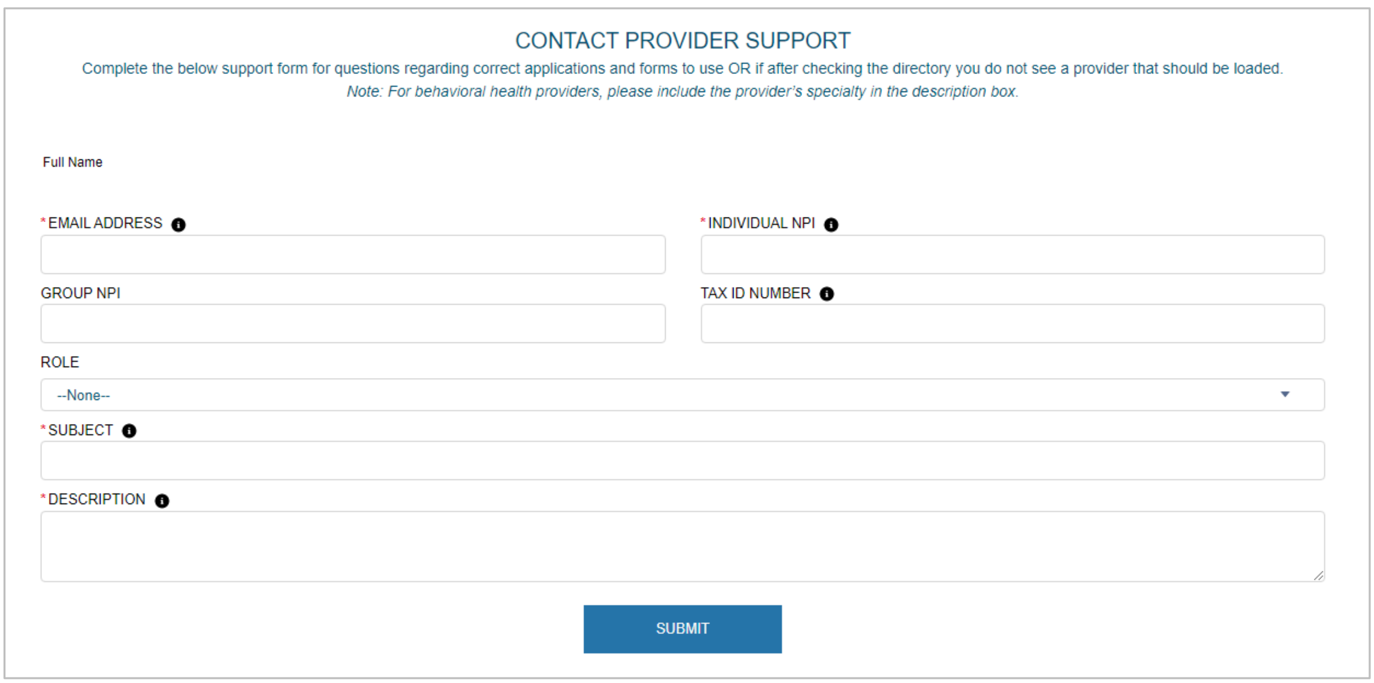

COMMUNICATION
Case Comments (1)
Terrence Archie
Public:
Created Date:
Comment:
2/9/2022, 3:27 PM
It appears this application has been pending for a while. Please provide the status or let me know if any additional information is required.
View All

Support Feature

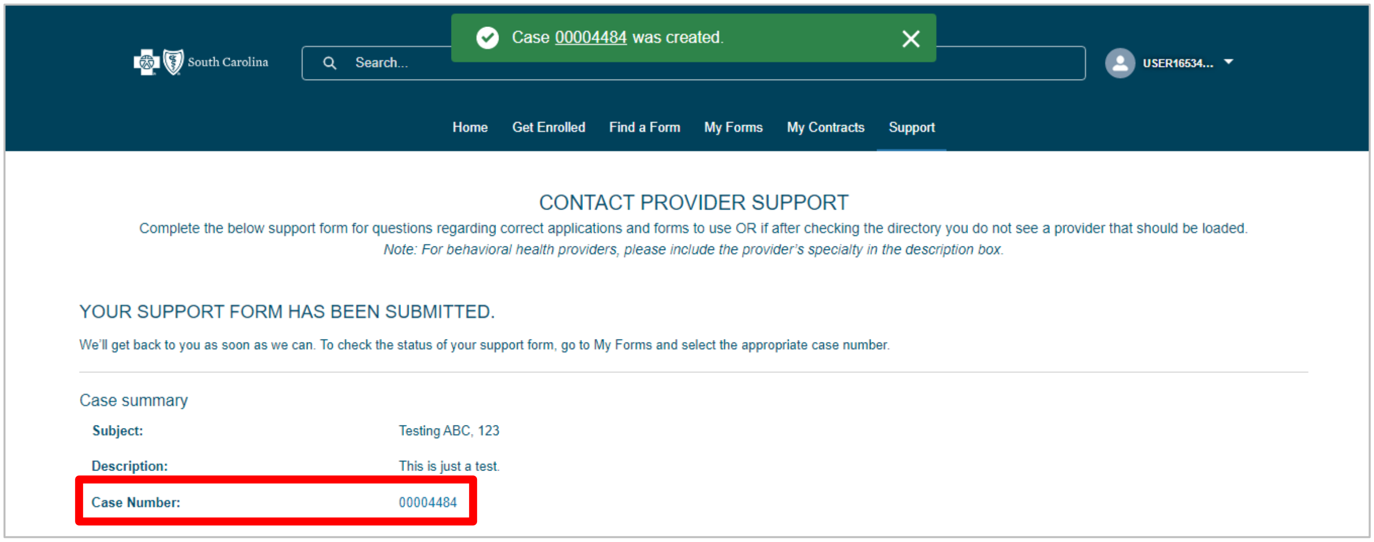
1. After logging into the portal, select Contact Support.



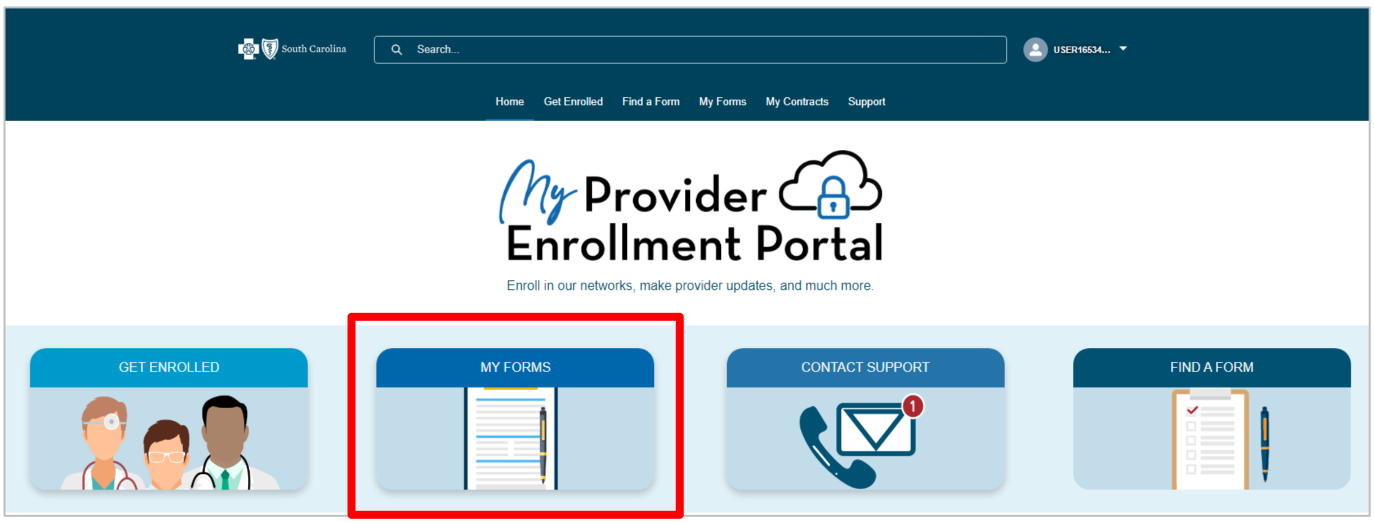
2. On the Contact Support Form, be sure to complete all fields. Like case comments, provide specific details and ask probing questions. Once you've finished, select Submit.



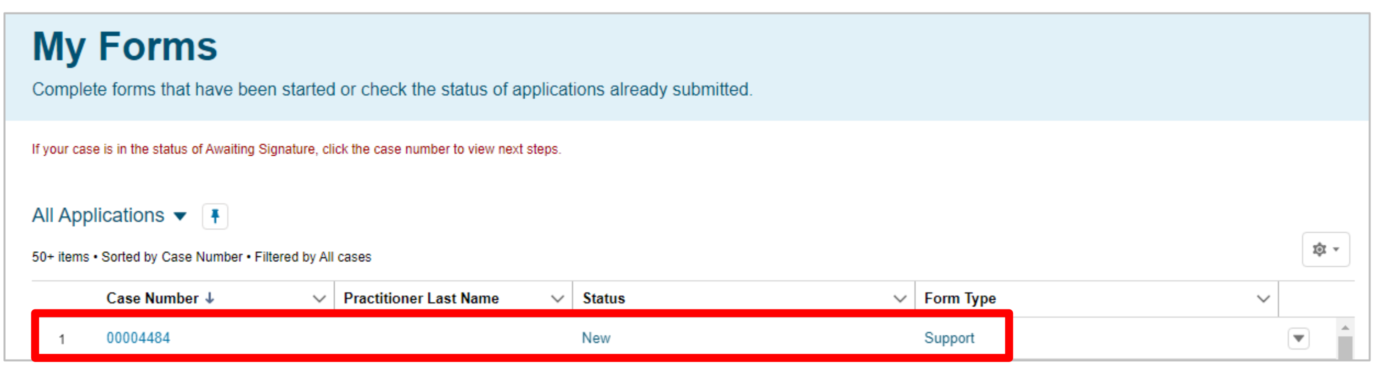
3. When you submit the support form, you will receive confirmation including the case number, which you can use to check the status of the request.



4. To check the status of the support request, from the home page, select My Forms in the task bar.



5. Locate the case number associated with the support request and check the status column.



6. Once the case has been reviewed, you will receive an email notification with the outcome of the review.

Hello Terrence,

The Analyst working on your application (Case Number: 00001403) has posted a comment in the South Carolina Provider Experience.

Comment: Hello Terrence
Thank you for reaching out to us. After review I have found that Dr. Minnie Mouse is not an active provider. Please go to the get enrolled section of the portal and complete the individual provider enrollment form.
Lauren

The link below will take you directly to the case the comment was made on. Follow the instructions on the site to reply to the comment.

https://uat-scproviderexperience.cs203.force.com/providerenrollment/5007j00000A2RAx

Thank you,
BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Provider Enrollment Department

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

Independent licensees of the Blue Cross and Blue Shield Association