South Carolina

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

PROVIDER ENROLLMENT

AGENDA

- Provider Enrollment Requirements
- Enrollment Process Overview
- Provider Enrollment Reminders
- My Provider Enrollment Portal Overview
- Completing a Clean Application
- Making Corrections to Applications
- Resources

PROVIDER ENROLLMENT REQUIREMENTS

PROVIDER ENROLLMENT REQUIREMENTS

Provider Enrollment Applications and Forms

Application or form	Used for…
Individual Enrollment	New practitioners that want to enroll with BlueCross (**not for Behavioral Health**)
Group Practice Enrollment	New groups that want to enroll with BlueCross
Facility Information Request	New medical facilities that want to credential with BlueCross
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 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
Doing Business As Name Change	Changing the doing business as (DBA) name of a practice
Change of Address	Updating the physical, pay to, correspondence or billing agency address
Satellite Location	Enrolled groups that have new locations that want to file claims
NPI Provider Notification	Out-of-state and out-of-network practitioners that need to register their NPI with BlueCross
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 – Ancillary Providers (Speech, Physical, Occupational and Audiology)

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

***Only if applying for BlueChoice HealthPlan.**

****Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Individual Enrollment – Dental Providers

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

***Only if applicable.**

****Only if applying for BlueChoice HealthPlan.**

*****Only if applying for Healthy Blue.**

1 Medical contract, dental contract or both.

2 Dental contract only.

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Individual Enrollment – Mid-Level Providers

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

NP: Nurse Practitioner

PA: Physician Assistant

CRNA: Certified Registered Nurse Anesthetist

CNS: Clinical Nurse Specialist

***Only if applicable.**

****Only if applying for BlueChoice HealthPlan.**

*****Only if applying for Healthy Blue.**

******Required for MDs, DOs and DPMs.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Individual Enrollment – Pharmacists

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

***Only if applicable.**

****Only if applying for BlueChoice HealthPlan.**

*****Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Individual Enrollment – Physicians and Chiropractors

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

***Only if applicable.**

****Required for MDs, DOs and DPMs.**

*****Only if applying for BlueChoice HealthPlan.**

******Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Group Practice Enrollment – Ambulance

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

***Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Group Practice Enrollment – Dental

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

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

****Only for oral surgeons applying for Healthy Blue.**

*****For each physician being added to the group. This form does not generate with the group application. It is under the Find a Form section of the portal. Note: If the provider is not credentialed, you must complete the Provider Enrollment application.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Group Practice Enrollment – Durable Medical Equipment

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

***Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Group Practice Enrollment – Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing and ASC

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

***Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Group Practice Enrollment – Pharmacy

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

***Only if applying for Healthy Blue.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Group Practice Enrollment – Physician Office

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

***Only 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 form does not generate with the group application. It is under the Find a Form section of the portal. Note: If the provider is not credentialed, you must complete the Provider Enrollment application.**

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Behavioral Health

Checklist Items
Behavioral Health or Autism Panel Application
IRS Verification of Tax ID (or W9)
Professional Agreements (includes Hold Harmless and Appendix C)
Copy of SC State License
Copy of DEA License (if applicable)
Copy of Board Certification (if applicable)
Nurse Protocols (NPs only)
Current Copy of Malpractice (Min. $1M/$3M)

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: In State, Out-of-Network

Individual Physician

Checklist Items
Health Professional Application*
Authorization to Bill for Services*

***Needed for each individual being linked to the practice.**

Group Practice

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer Enrollment

Note: Groups that wish to remain out-of-network must select "No" for the network participation question on the application.

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Out-of-State, Out-of-Network

Checklist Items
NPI Notification Form
Copy of W9

PROVIDER ENROLLMENT REQUIREMENTS

What to Include: Satellite Locations

Checklist Items
Satellite Location Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer*
Add Practitioner Form**
Authorization to Bill for Services***
Hold Harmless***
Appendix D***

***Only if a new NPI is being registered.**

****For each physician being added to the group. This form does not generate with the group application. It is under the Find a Form section of the portal. Note: If the provider is not credentialed, you must complete the Provider Enrollment application.**

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

PROVIDER ENROLLMENT REQUIREMENTS

Signature Requirements

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	**Electronic or wet**
Change of Address	**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®)	**Wet**
ALL Contracts	**Wet**

Behavioral Health Network	
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**

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 are notified **21 days** to submit the requested items.
     - If the missing items are not received within **28 days**, the application is canceled.
   - 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.
    - Up to Jan. 1st of the previous year (e.g., affiliations for 2024 can go back up to Jan. 1, 2023)
      - If the application is pending, email documentation requesting the backdated affiliation date to Provider.Requested.Info@bcbssc.com.
      - If the application is completed, fax the documentation to 803-264-4795.

PROVIDER ENROLLMENT REMINDERS

PROVIDER ENROLLMENT 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. Scan the documents and 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. Scan the documents and follow steps 1 – 2 and select Upload Files

Invalid dates

- Malpractice dates must be valid and active on or before the requested starts date.
- Signature dates on contracts and applications must be current.

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***

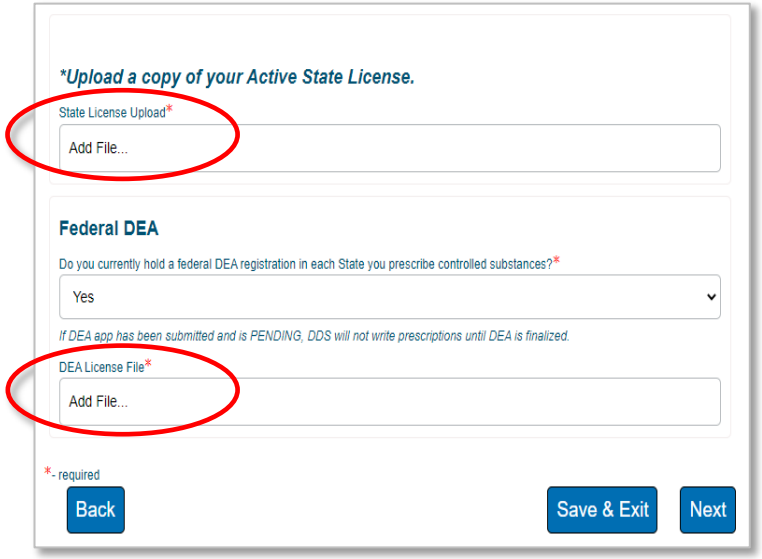
If the missing items are not received, the case will be placed in the "Canceled – Incomplete Submission" status. Once in this status, it cannot be reopened, and a new application must be completed.

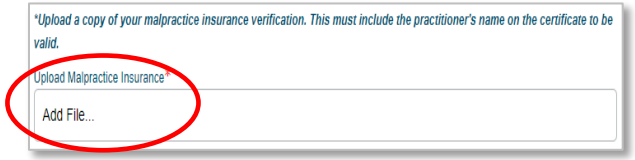
PROVIDER ENROLLMENT REMINDERS

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





IMPORTANT NOTE:

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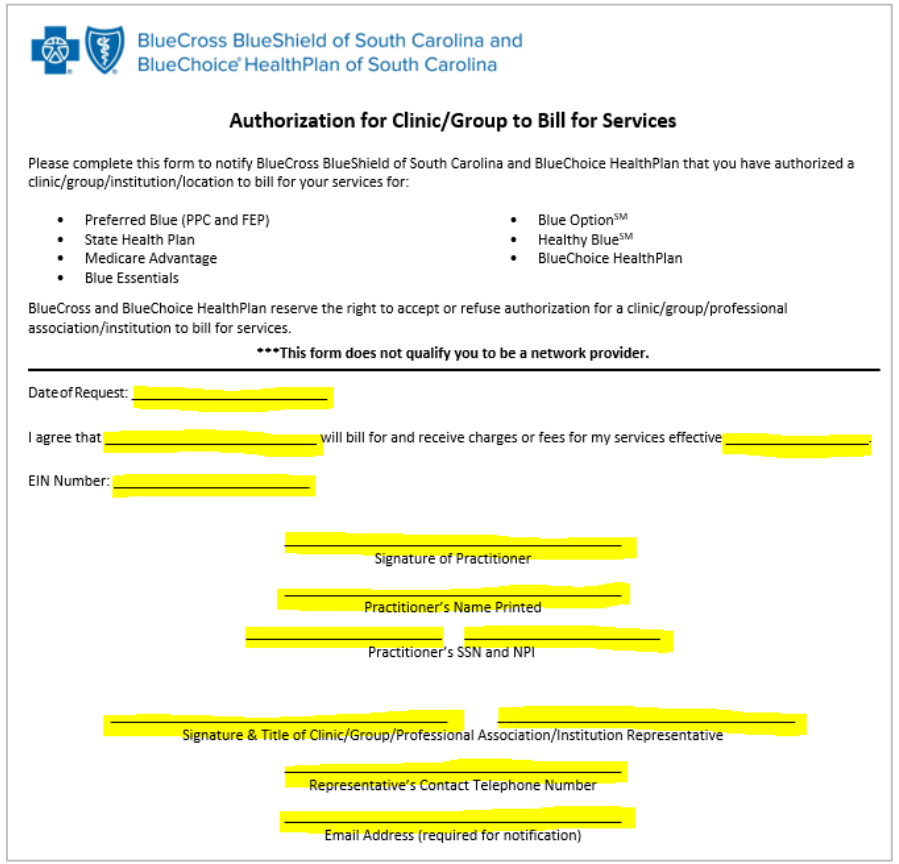
If the missing items are not received, the case will be placed in the "Canceled – Incomplete Submission" status. Once in this status, it cannot be reopened, and a new application must be completed.

PROVIDER ENROLLMENT 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 Option℠
- Healthy Blue℠
- 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 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 "Canceled – Incomplete Submission" status. Once in this status, it cannot be reopened, and a new application must be completed.

PROVIDER ENROLLMENT 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 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.

PROVIDER ENROLLMENT 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

Note: This list may not be all inclusive.
****Can join the Healthy Blue network.***

PROVIDER ENROLLMENT 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

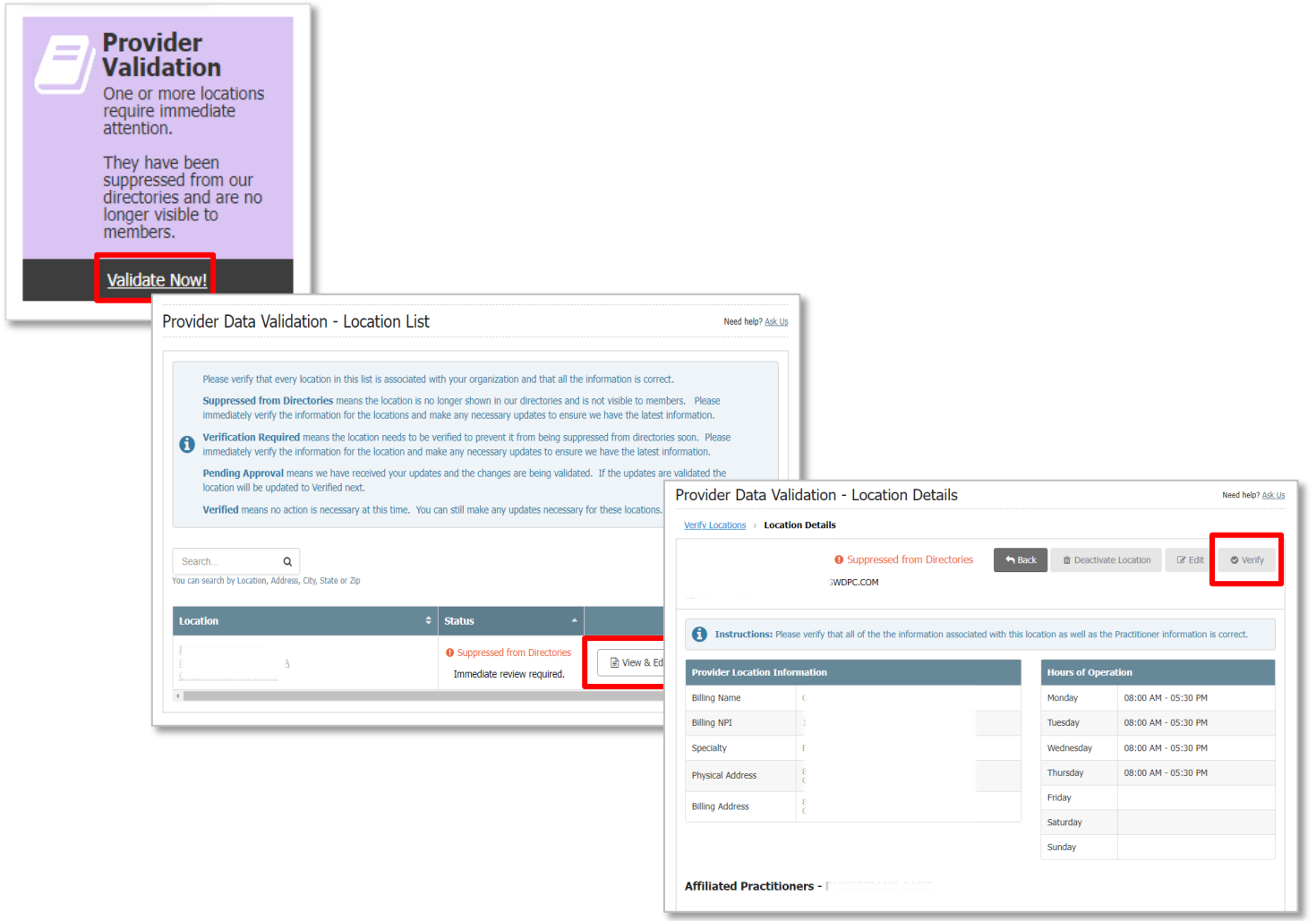
- M.D. Checkup

PROVIDER ENROLLMENT 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 Manager℠
  - 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



PROVIDER ENROLLMENT REMINDERS

Provider Updates – My Provider Enrollment Portal

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

PROVIDER ENROLLMENT REMINDERS

Provider Updates – M.D. Checkup

What is M.D. Checkup?

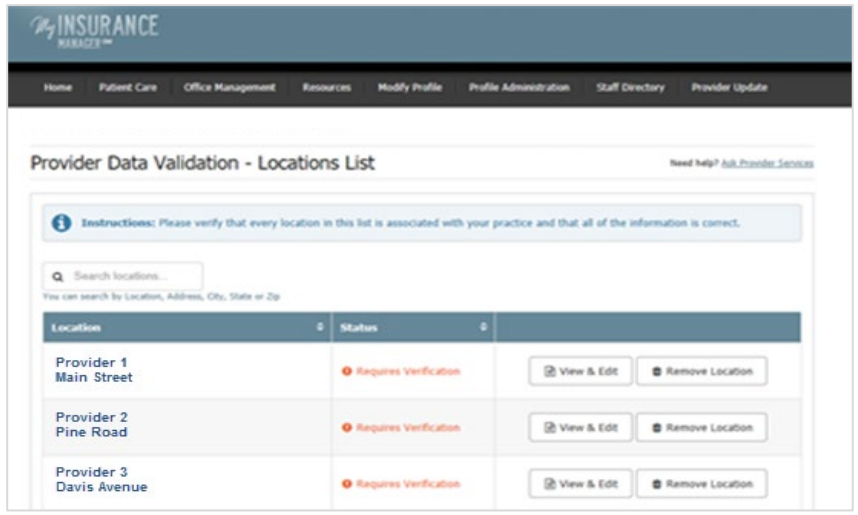
- Web-based tool used for provider demographic updates
- M.D. Checkup is accessible through My Insurance Manager

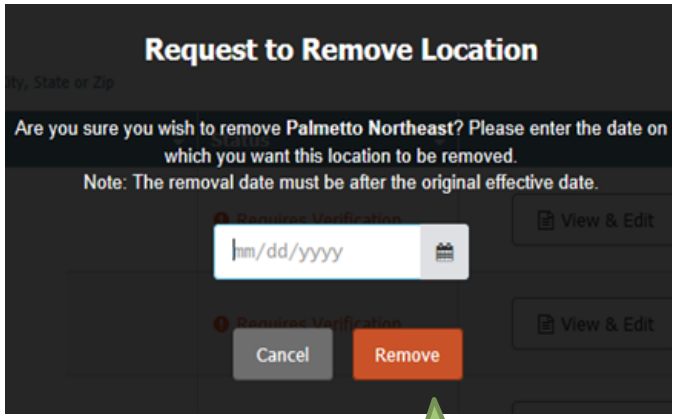
The following updates can be made through M.D. Checkup:

- 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 tax identification number.

PROVIDER ENROLLMENT REMINDERS

M.D. Checkup – Removing Locations





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

PROVIDER ENROLLMENT 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 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.

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Use the portal to:

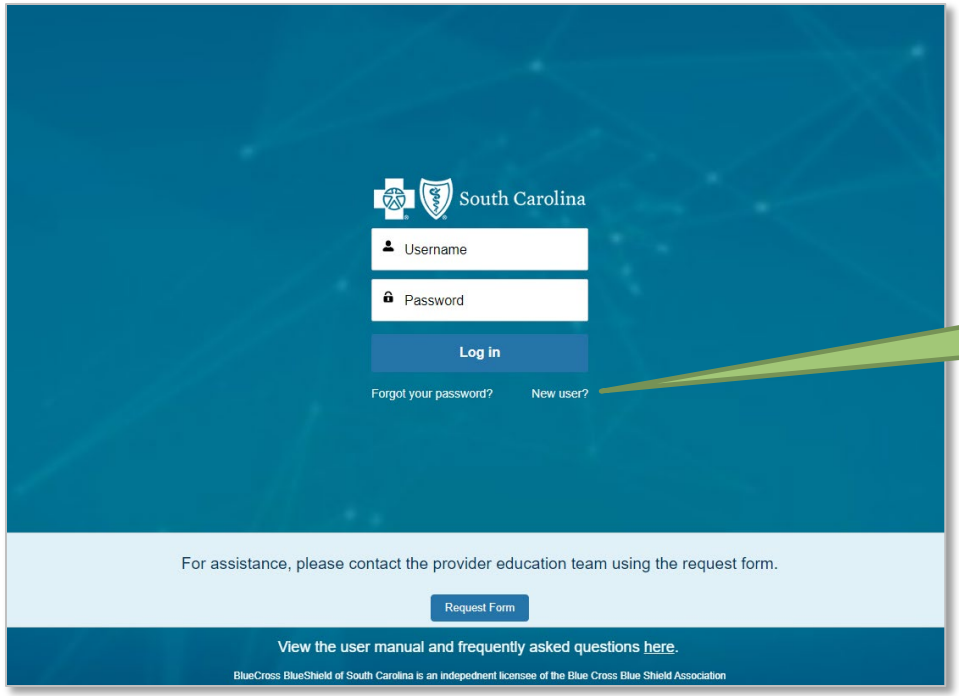
- Become a network provider.
- Receive automated status updates.
- Make certain updates for the physician or practice.
- Receive notifications when additional information is needed.

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Sign Up for Access to the Portal

Visit www.SouthCarolinaBlues.com

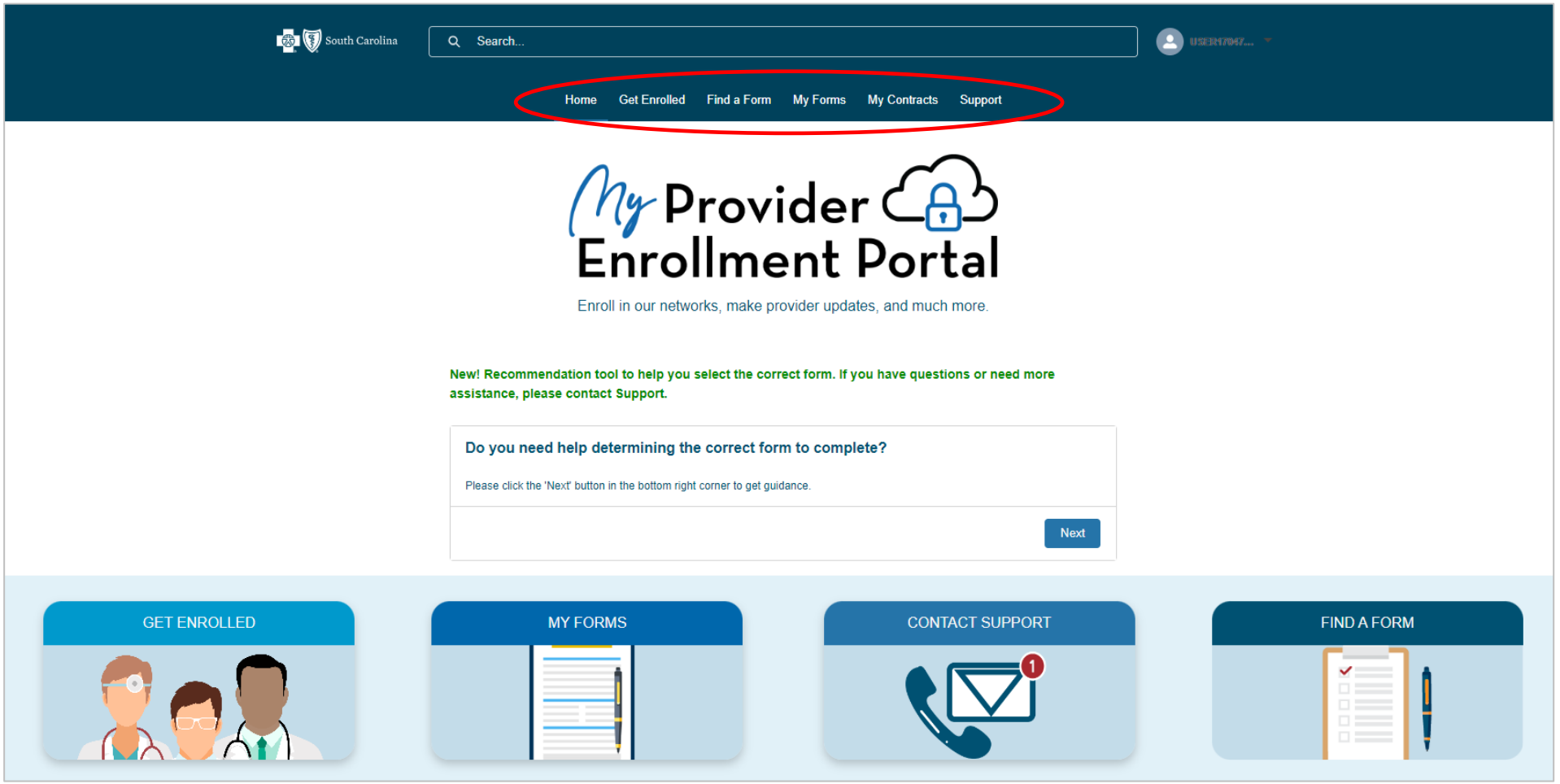
Providers>Provider Enrollment>My Provider Enrollment Portal



Select New user if you've never signed up!

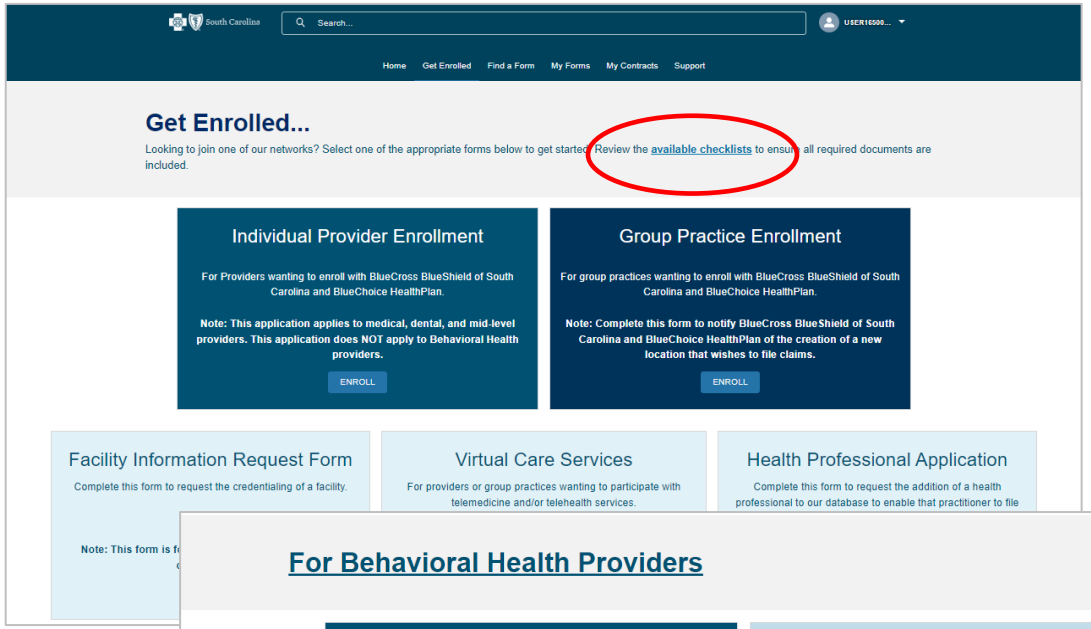
MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Home Page



MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Get Enrolled



Individual Checklist

Checklist Items	Advanced Practice Provider	Physician	DDS	DMD	Ancillary	Chiro	Pharmacist
Provider Enrollment Application	✓	✓	✓	✓	✓	✓	✓
Copy of SC Medical or Practice License	✓	✓	✓	✓	✓	✓	✓
Drug Enforcement Administration (DEA) Certification*	✓ Footnote 1	✓	✓	✓			✓
Current Copy of Malpractice (Min. $1M/$3M)	✓	✓	✓	✓	✓	✓	✓ Footnote 6
Authorization to Bill for Services	✓	✓	✓	✓	✓	✓	✓
Nurse Practitioner Preceptor Form	✓ Footnote 2						
Protocols (Written Agreement)	✓ Footnote 2						
Signed Contracts	✓	✓	✓ Footnote 4	✓ Footnote 5	✓	✓	✓
Hold Harmless**							
Appendix D**							
Professional Training***							
Medicaid ID Number****							

*Only if applicable.
**Only if applying for BlueChoice
***Required for MDs, DOs and D
****Only if applying for Healthy B

Group Practice Checklist

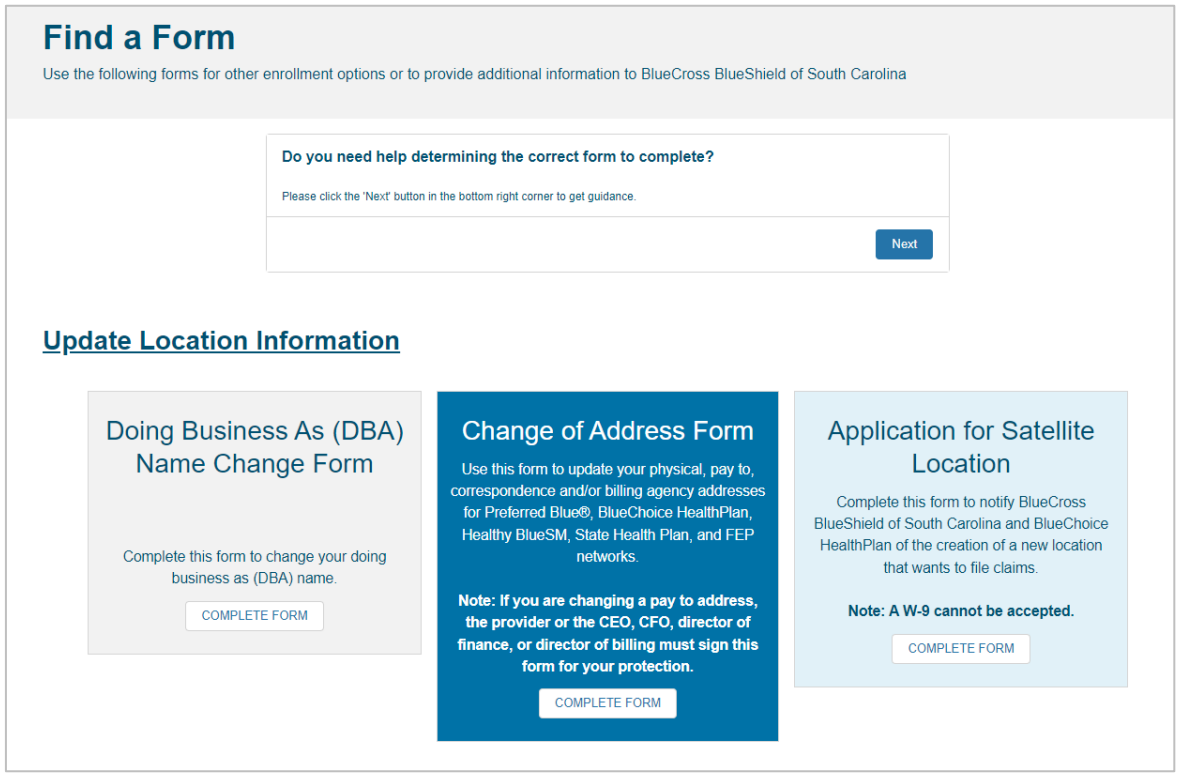
Checklist Items	Physician Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, ASC	Pharmacy	Dental
Group Practice Application	✓	✓	✓	✓	✓	✓
IRS Verification of Tax ID (Letter 147C or CP 575E)	✓	✓	✓	✓	✓	✓
Electronic Funds Transfer Enrollment	✓	✓	✓	✓	✓	✓
Signed Contracts	✓	✓	✓	✓	✓	✓ Footnote 2
Copy of CMS Letter		✓	✓ Footnote 1	✓	✓ Footnote 1	
Copy of Business License			✓	✓		
Copy of DHEC License				✓	✓	
Medicaid ID Number*	✓	✓	✓	✓	✓	✓
Copy of NPPES NPI Notification	✓	✓	✓	✓	✓	✓
Add Practitioner Forms**	✓	✓	✓			✓

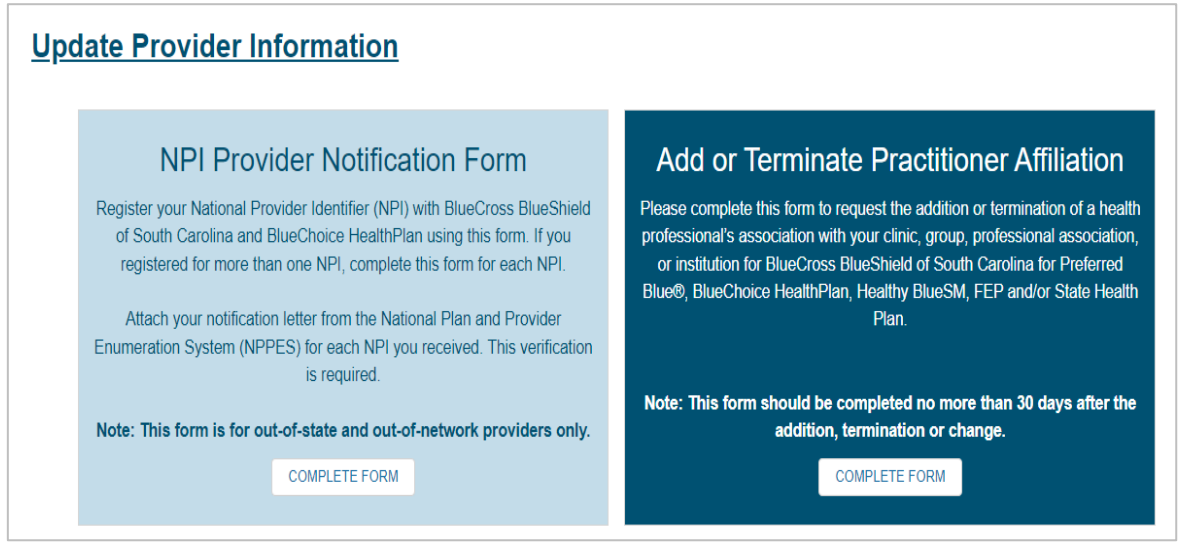
*Only if applying for Healthy Blue℠.
**For each physician being added to the group. This form does not generate with the group application. It is under the Find a Form section of the portal. Note: If the provider is not credentialed, you must complete the Provider Enrollment application.

[1]CMS letter must include Medicare PTAN.
[2]For oral surgeons applying for BlueChoice and Healthy Blue. All other contracts depend on the individual physician's credentialing status.

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

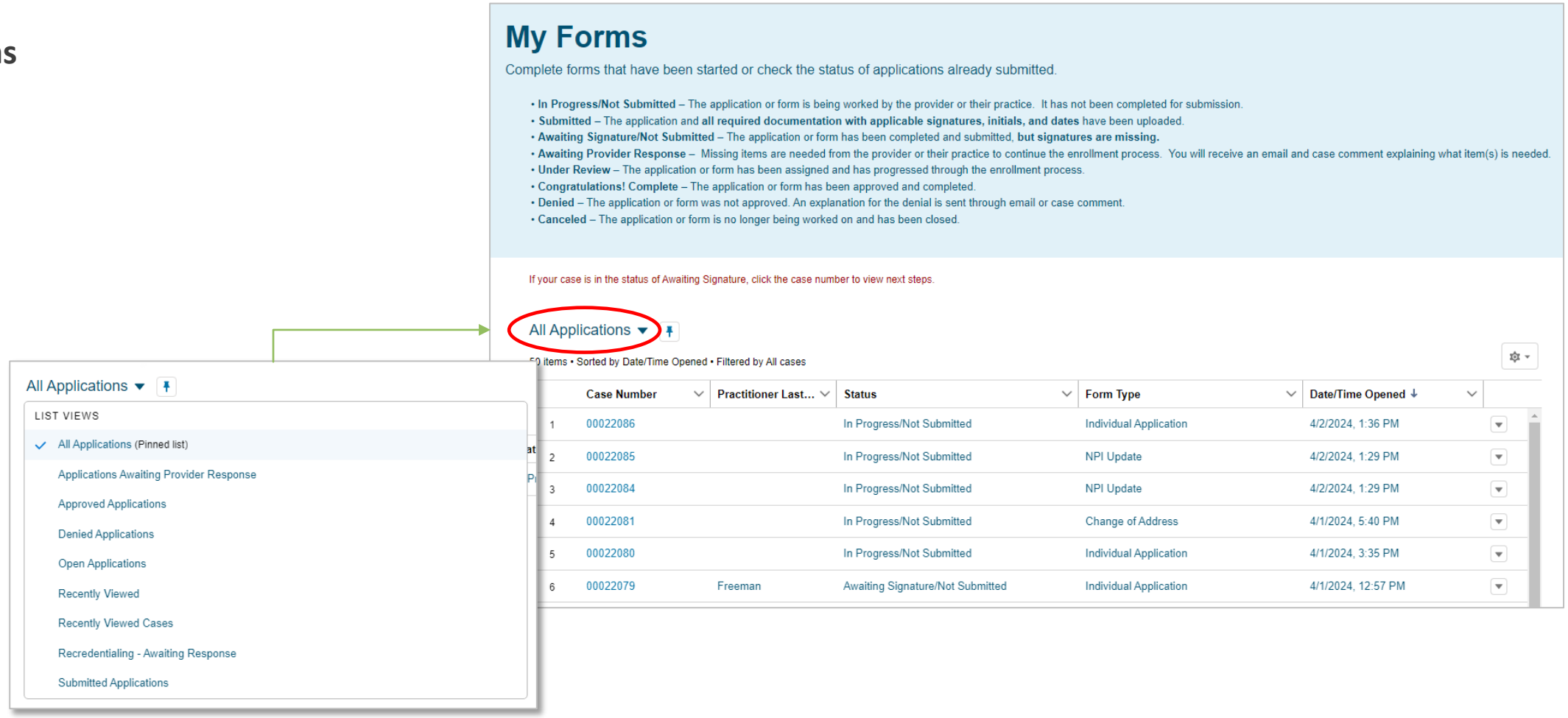
Find a Form





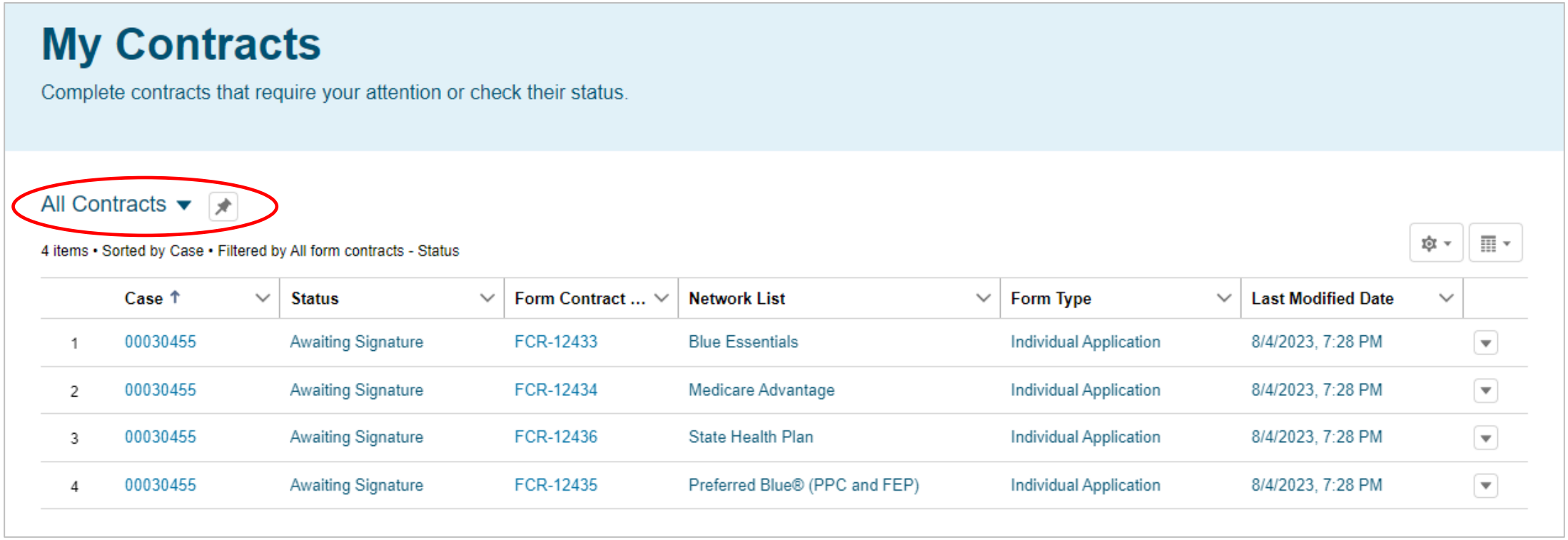
MY PROVIDER ENROLLMENT PORTAL OVERVIEW

My Forms



MY PROVIDER ENROLLMENT PORTAL OVERVIEW

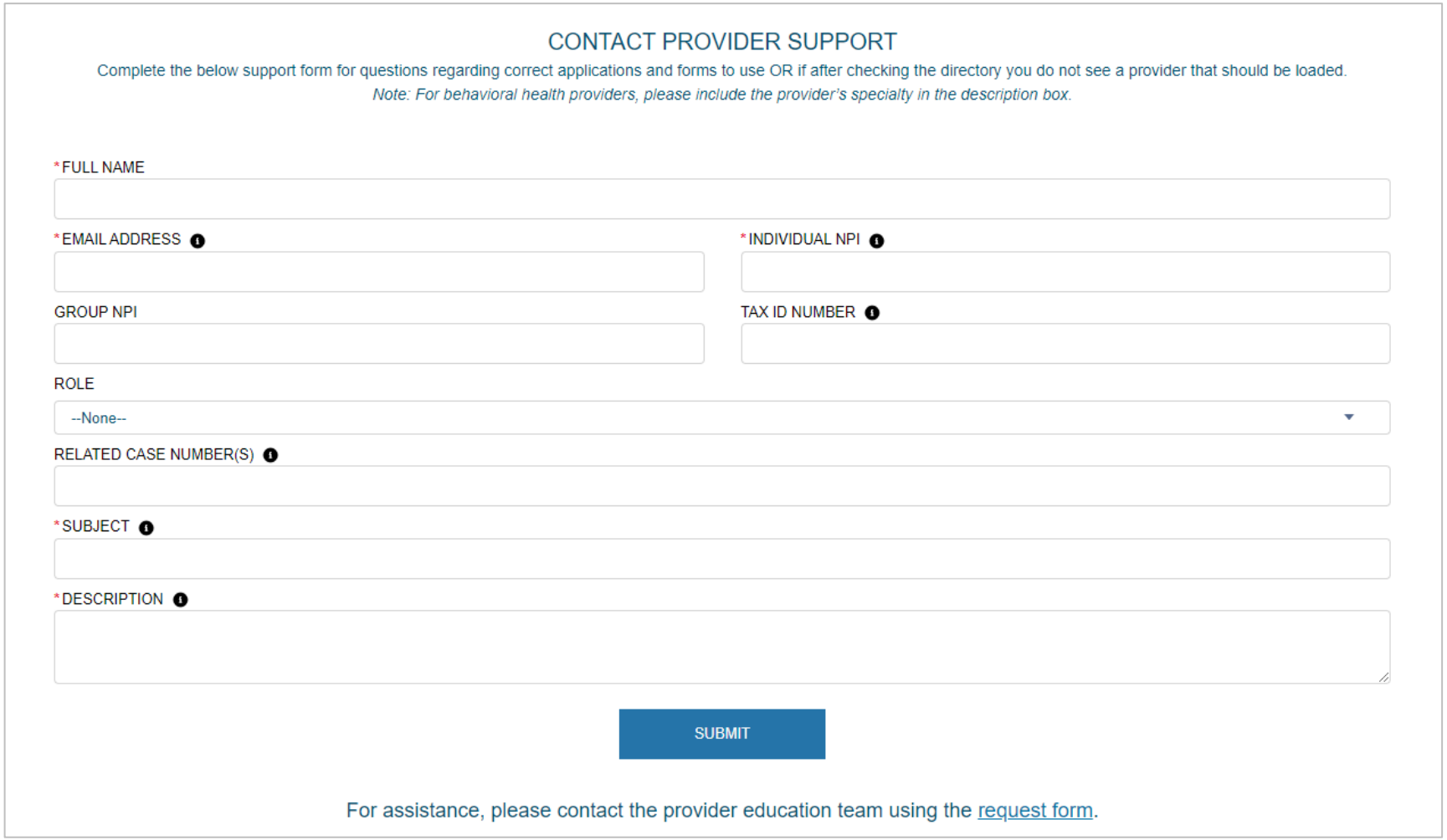
My Contracts



	Case	Status	Form Contract ...	Network List	Form Type	Last Modified Date
1	00030455	Awaiting Signature	FCR-12433	Blue Essentials	Individual Application	8/4/2023, 7:28 PM
2	00030455	Awaiting Signature	FCR-12434	Medicare Advantage	Individual Application	8/4/2023, 7:28 PM
3	00030455	Awaiting Signature	FCR-12436	State Health Plan	Individual Application	8/4/2023, 7:28 PM
4	00030455	Awaiting Signature	FCR-12435	Preferred Blue® (PPC and FEP)	Individual Application	8/4/2023, 7:28 PM

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

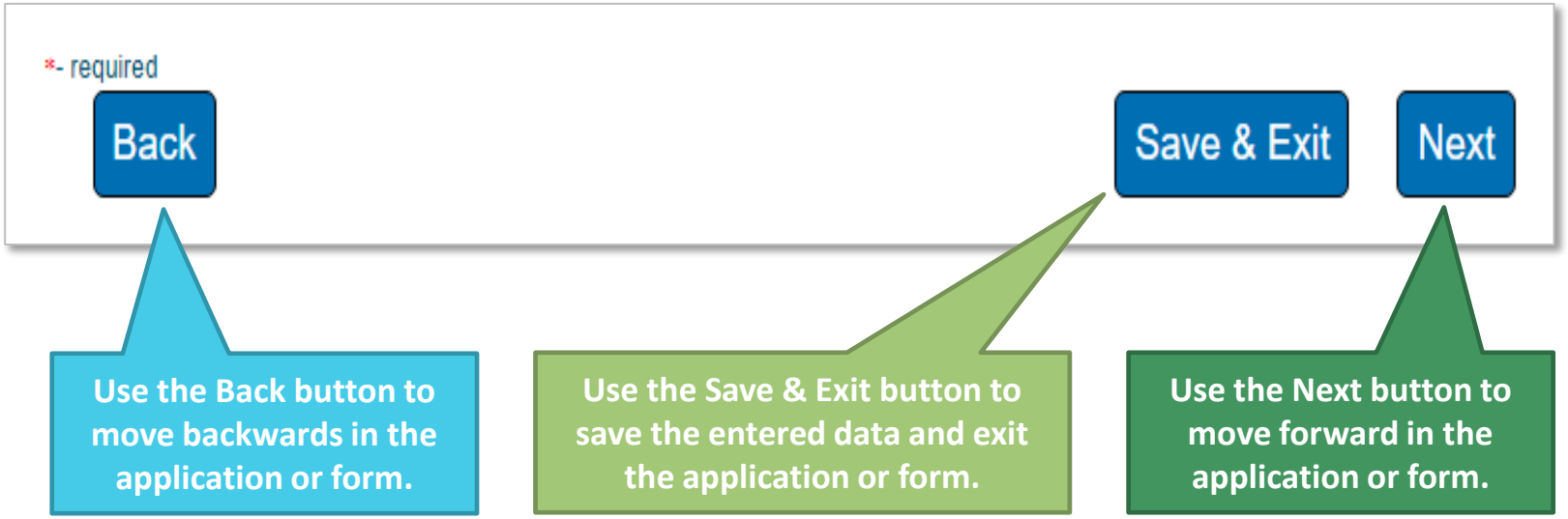
Support



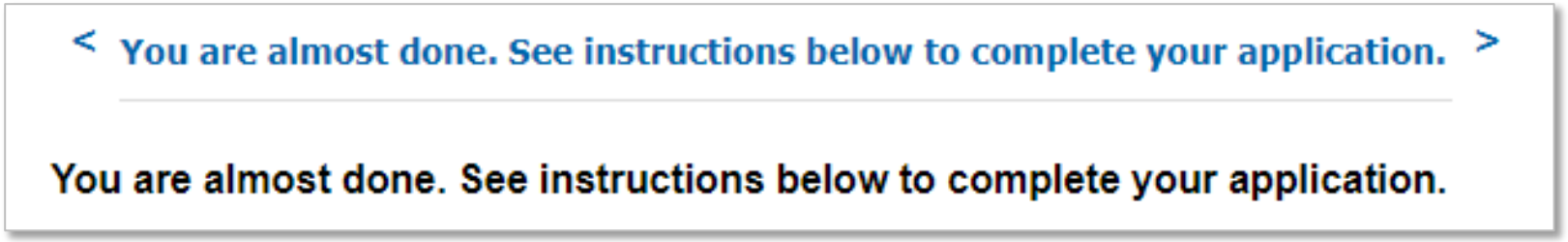
MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Navigation

Navigational buttons

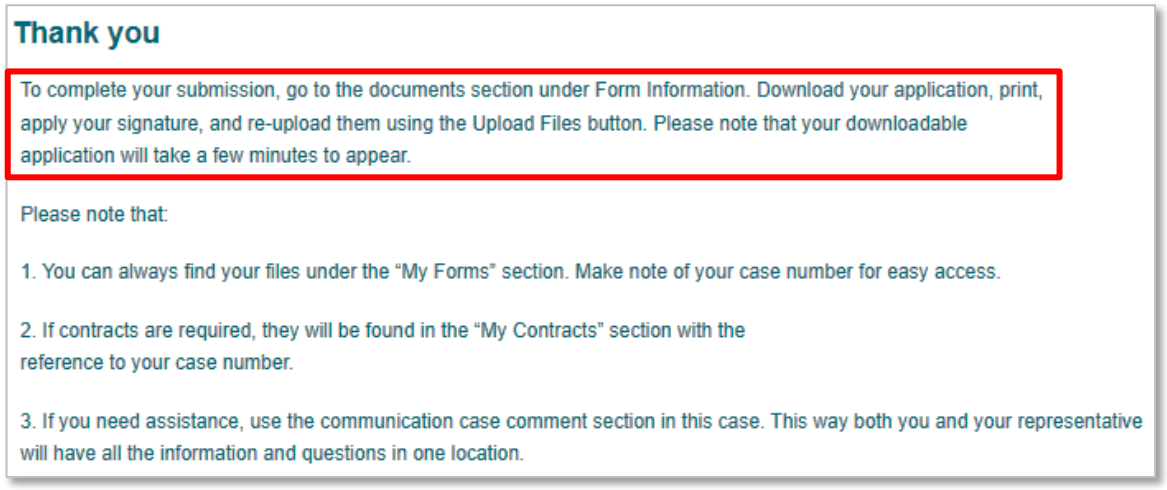


When you get here, you MUST select Next to submit the application.



MY PROVIDER ENROLLMENT PORTAL OVERVIEW

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)

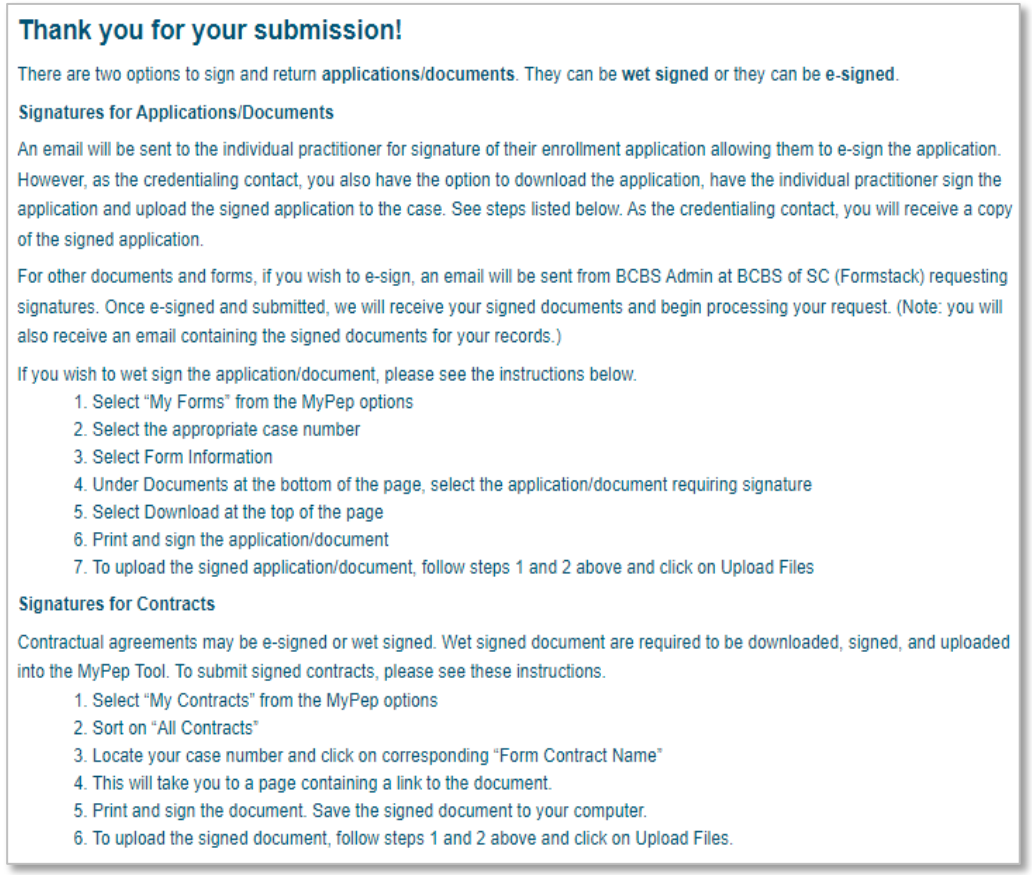
1. Select My Forms
2. Select the appropriate case number
3. Select Form Information
4. Under Documents, select the document(s) that require signature
5. Download the document(s) and have the signature(s) appended
6. Scan the signed documents and follow steps 1 – 4 and select Upload Files
7. Select the 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 OVERVIEW

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 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)

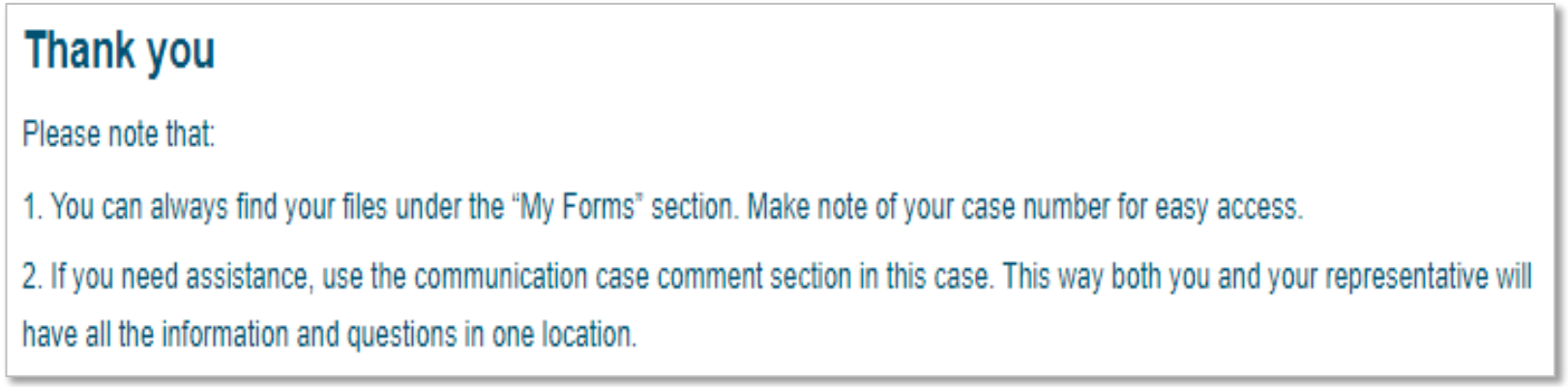
1. Select My Forms
2. Select the appropriate case number
3. Select Form Information
4. Under Documents, select the document(s) that require signature
5. Download the document(s) and have the signature(s) appended
6. Scan the signed documents and follow steps 1 – 4 and select Upload Files
7. Select the 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 OVERVIEW

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

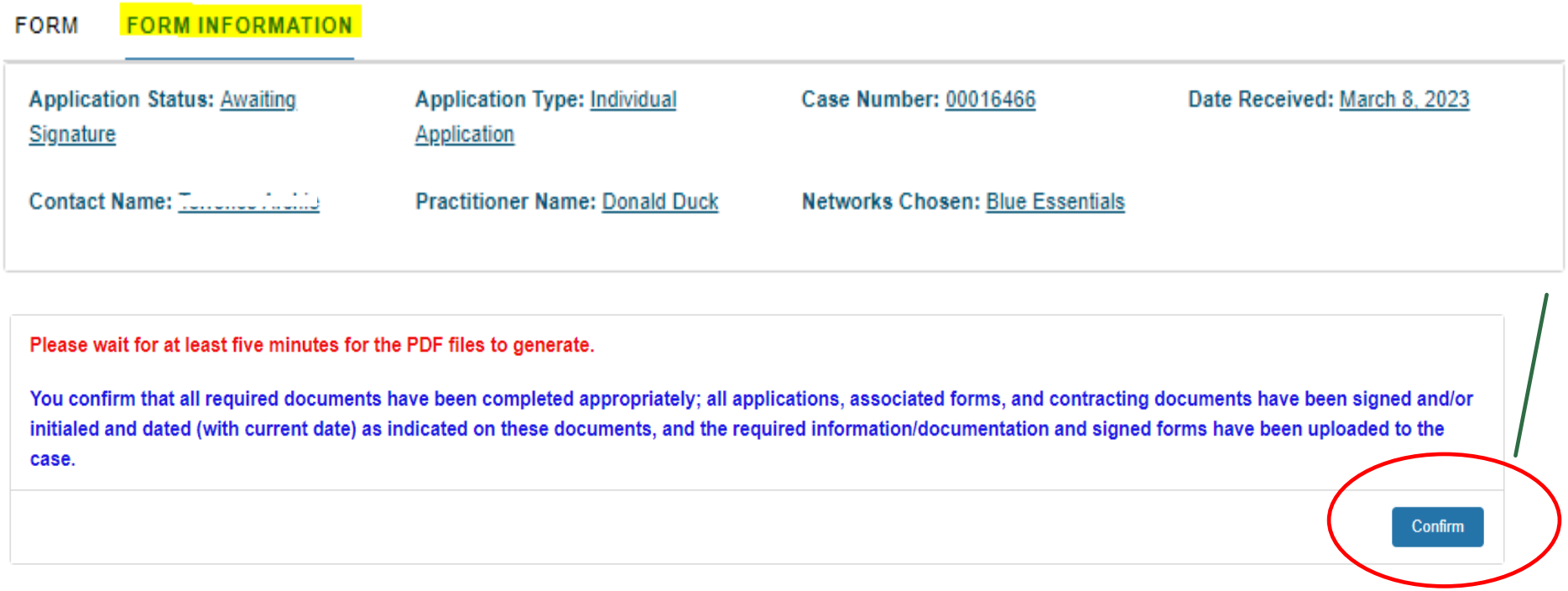


Includes:

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

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Confirmation Button – Provider Attestation



Only select this button AFTER the documents have generated and all required items have been uploaded.

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

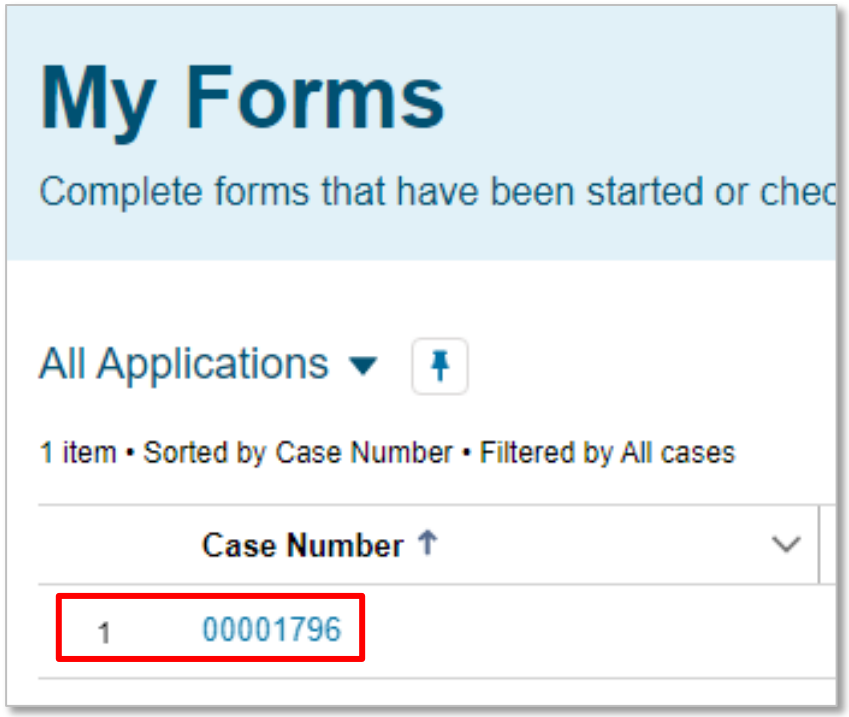
Important Items in the Portal

- Case numbers
- Statuses
- Contracts
- Case comments

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Case numbers

Generated with each application, form and support case.



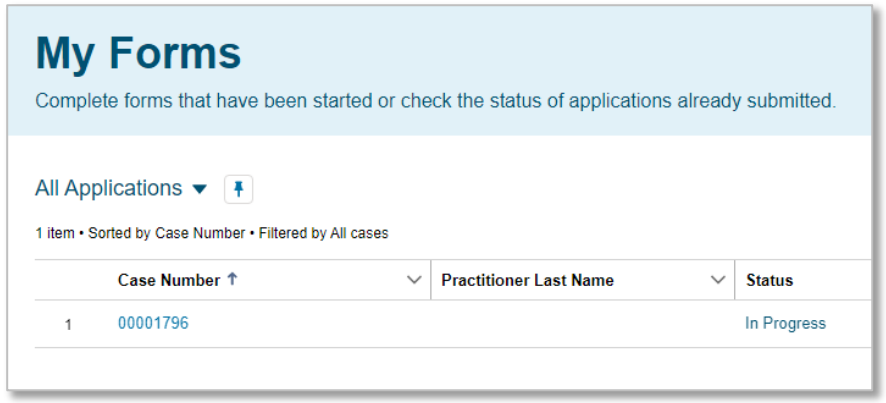
Case numbers are used for:

- Checking statuses
- Submitting case comments
- Uploading provider contracts

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Statuses

Changes as the application or form progresses.



Statuses include:

- In Progress/Not Submitted
- Submitted
- Awaiting Signature/Not Submitted
- Awaiting Provider Response
- Under Review
- Congratulations! Complete
- Denied
- Canceled

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

In progress/Not Submitted	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/Not Submitted	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.

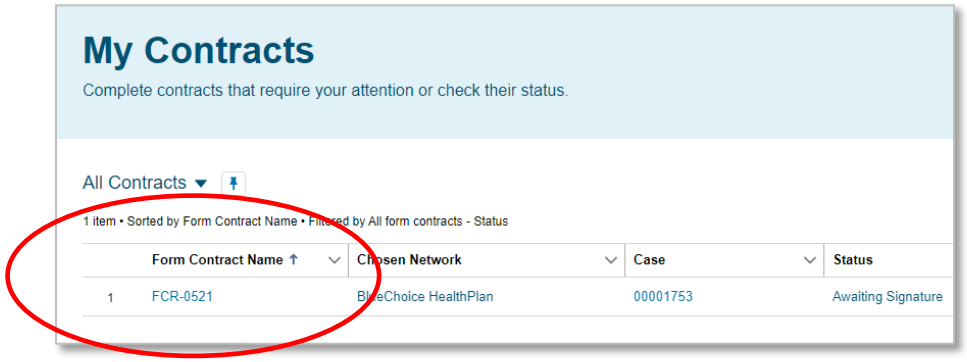
MY PROVIDER ENROLLMENT PORTAL OVERVIEW

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 OVERVIEW

Contracts

Provided during the application review process.



Steps for contracts:

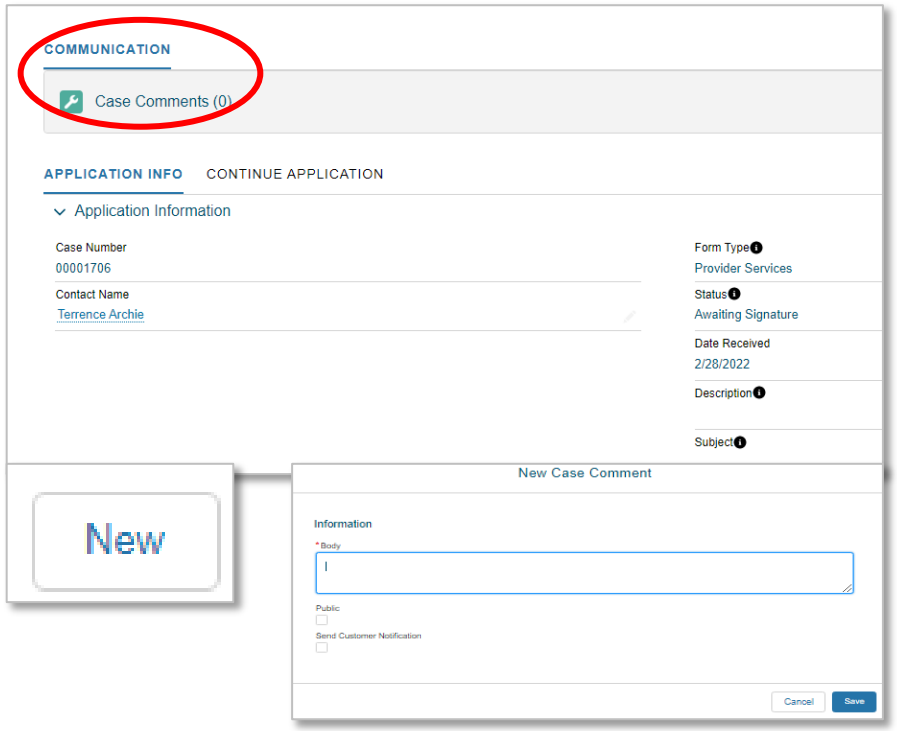
1. Download the contract(s)
2. Print the contract(s)
3. Have the practitioner sign the contract(s) in ink
4. Upload the signed contract(s) to the appropriate case

Note: Behavioral health contracts can be signed electronically.

MY PROVIDER ENROLLMENT PORTAL OVERVIEW

Case comments

Use for case specific questions (applications and forms).



Steps for case comments:

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

COMPLETING A CLEAN APPLICATION

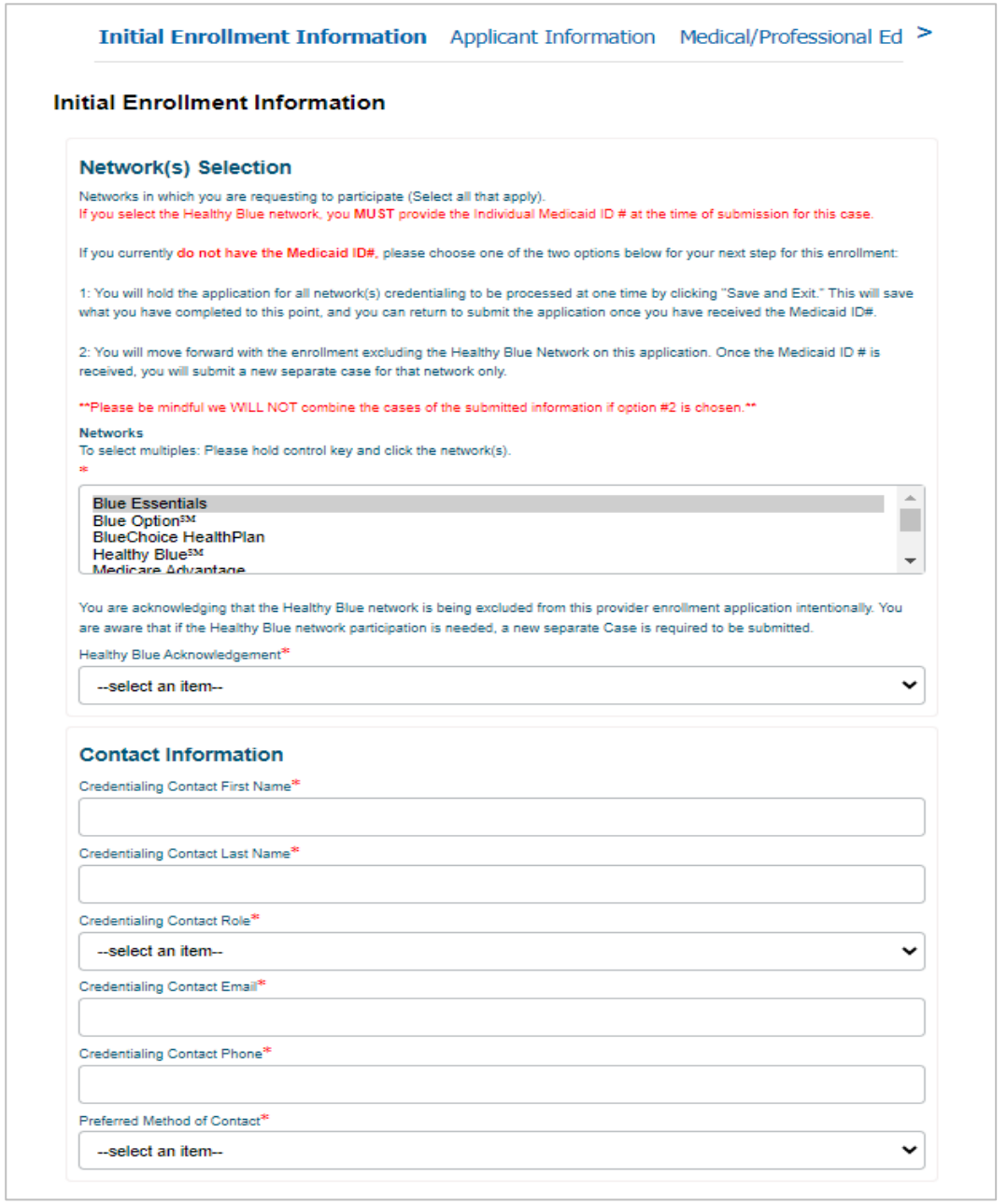
COMPLETING A CLEAN APPLICATION

Steps to Submitting a Clean Application

1. Complete the enrollment application inside My Provider Enrollment Portal.
2. Download, print and sign (include signatures, initials and dates) the application and authorization to bill.
   - Documents will be listed under Form Information.
3. Upload the signed documents back to the case.
   - Select My Forms.
   - Select the case number.
   - Select Form Information.
   - Select Upload Files.
4. Download, print and sign (include signatures and dates) all applicable contracts.
5. Upload the signed contracts to the case.

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****

Start with the appropriate checklist.



Provider Enrollment Application

Applicant Information | Medical/Professional Education | Professional Training | L >

Applicant Information

First Name*
Angelica

Last Name*
Pickles

Middle Initial

Suffix

Maiden Name

Gender(optional): M/F
--select an item--

Race*
White

Ethnicity*
Not Hispanic or Latino

Title (if applicable)

Provider's License Type*
Physician

Professional Designation*
MD

Social Security #*
001122334

National Provider ID#*
9632587410

Birth Date (MM/DD/YYYY)*
02/01/1987

Provider Email Address*
angelica.pickles@abctesting.com

ECFMG # (if applicable)

What date will this provider start working for your practice (MM/DD/YYYY)*
11/13/2023

Must match Authorization to Bill.

Language(s) Spoken (other than English)*
× English

What language services are offered through your practice?*
× Telephone

Area(s) of Specialty

Primary*
DERMATOLOGY

Include in Directory
☑

Sub-Specialty
--select an item--

Include in Directory
☐

Primary Taxonomy*
229N00000X

Provider Type*
Specialist

Save & Exit | Next

Provider Enrollment Application

Medical/Professional Education Professional Training License(s) Speciality E >

Medical/Professional Education

Name of School*

Clemson University

Start Date (MM/DD/YYYY)*

08/08/2005

Graduation Date (MM/DD/YYYY)*

12/16/2013

Country*

United States

City*

Clemson

State*

SC

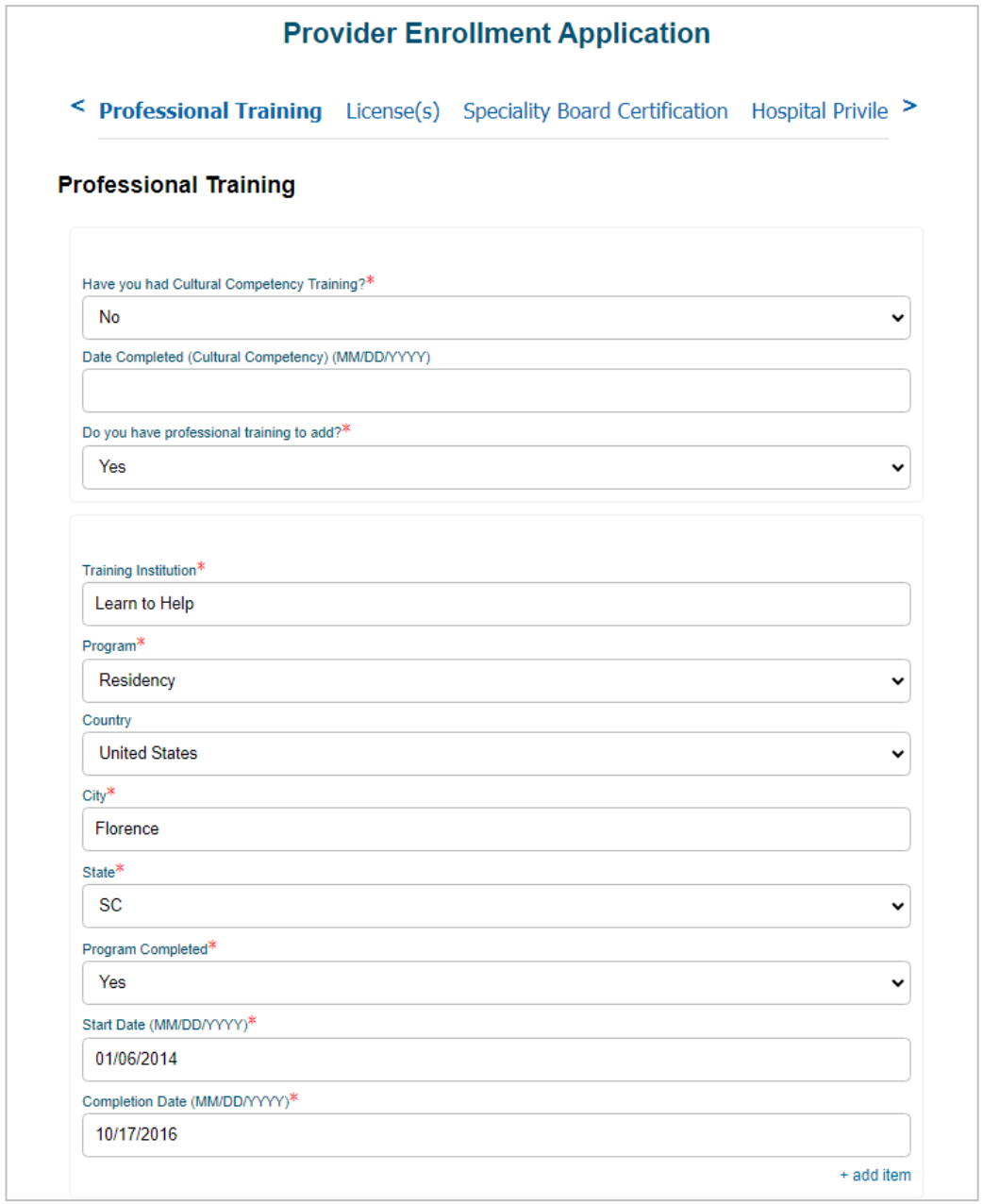
Degree*

Doctorate

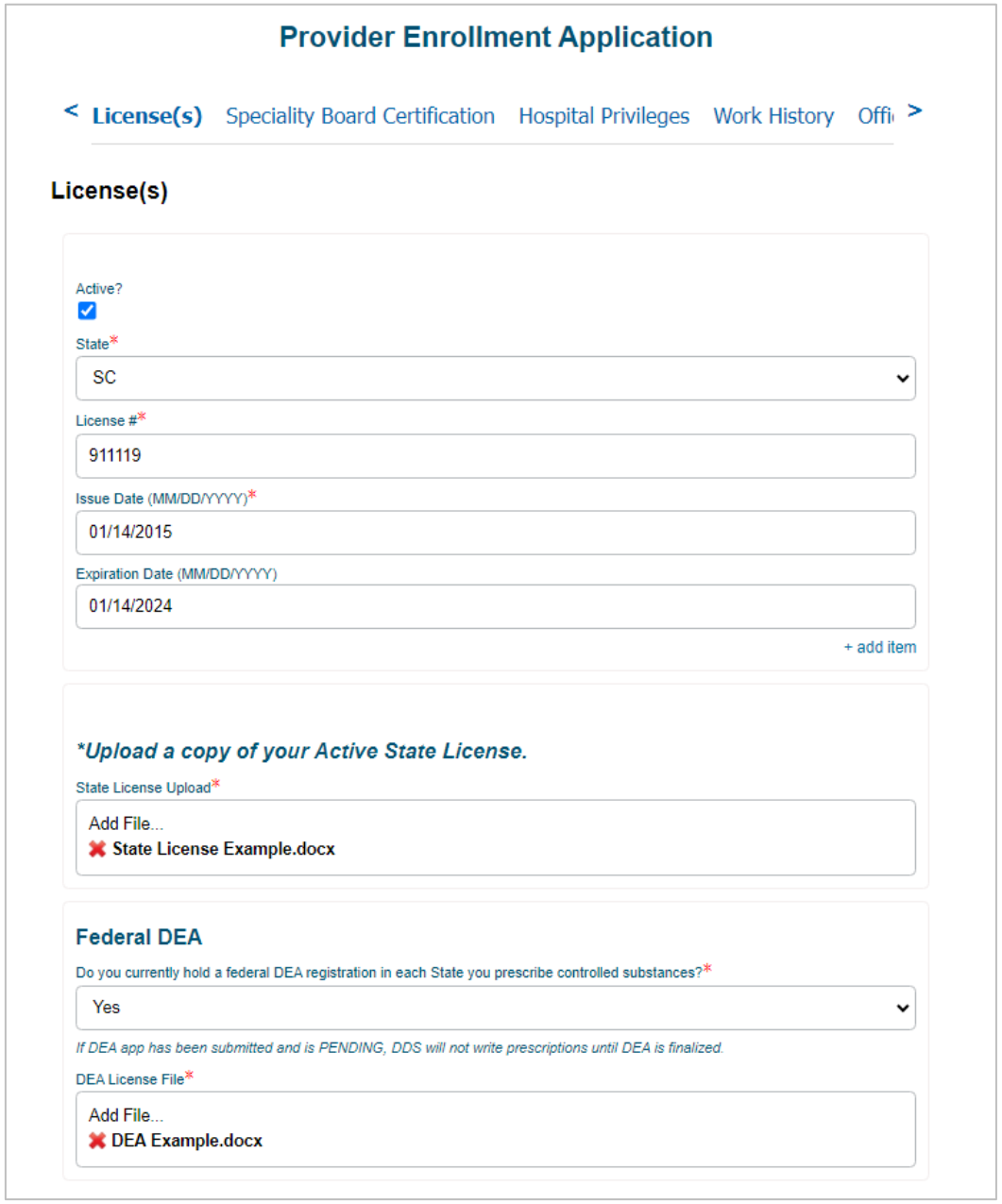
+ add item

*- required

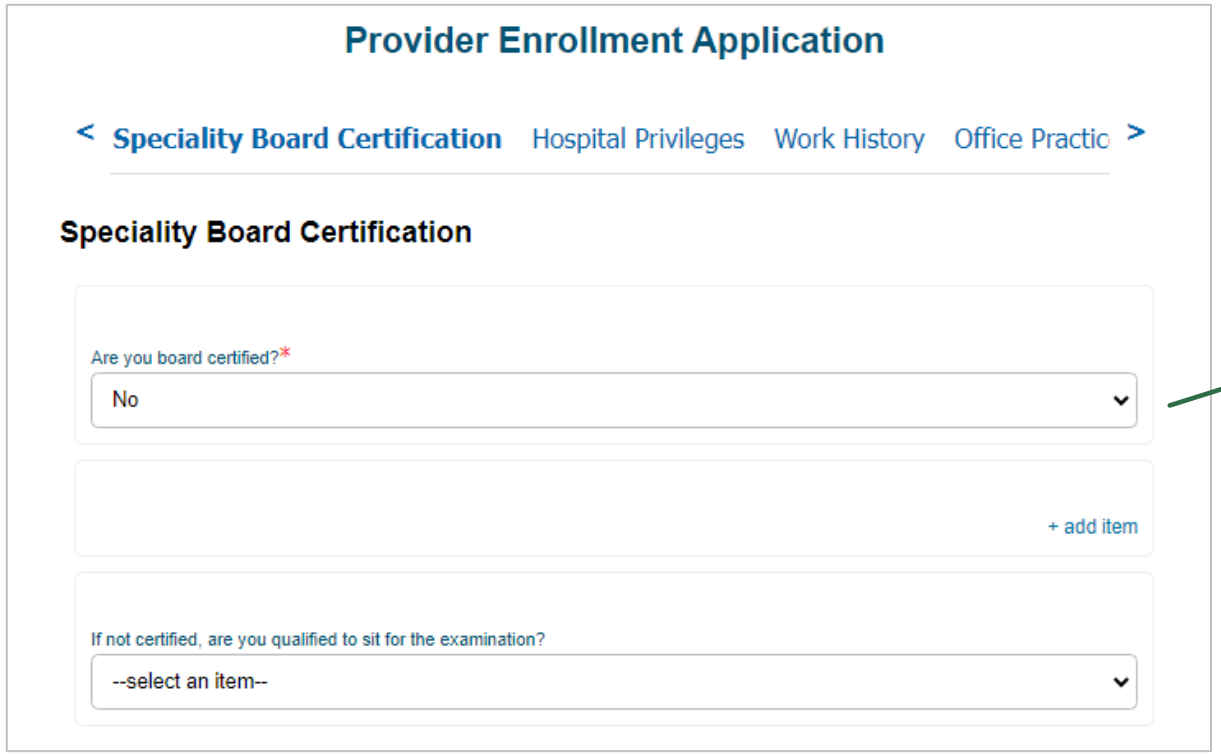
Back Save & Exit Next



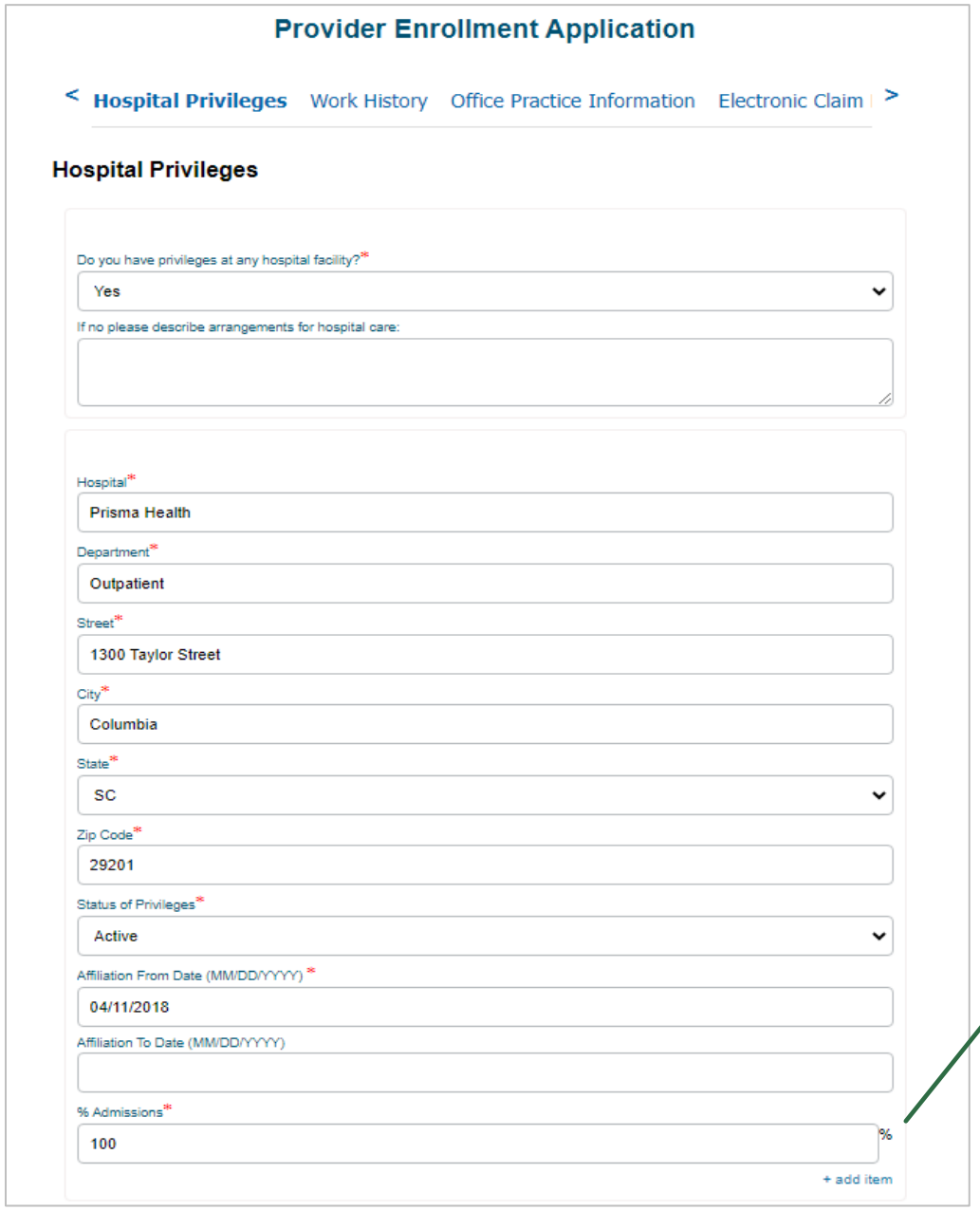
DOs, DPMs and MDs must have a minimum of residency training for credentialing.



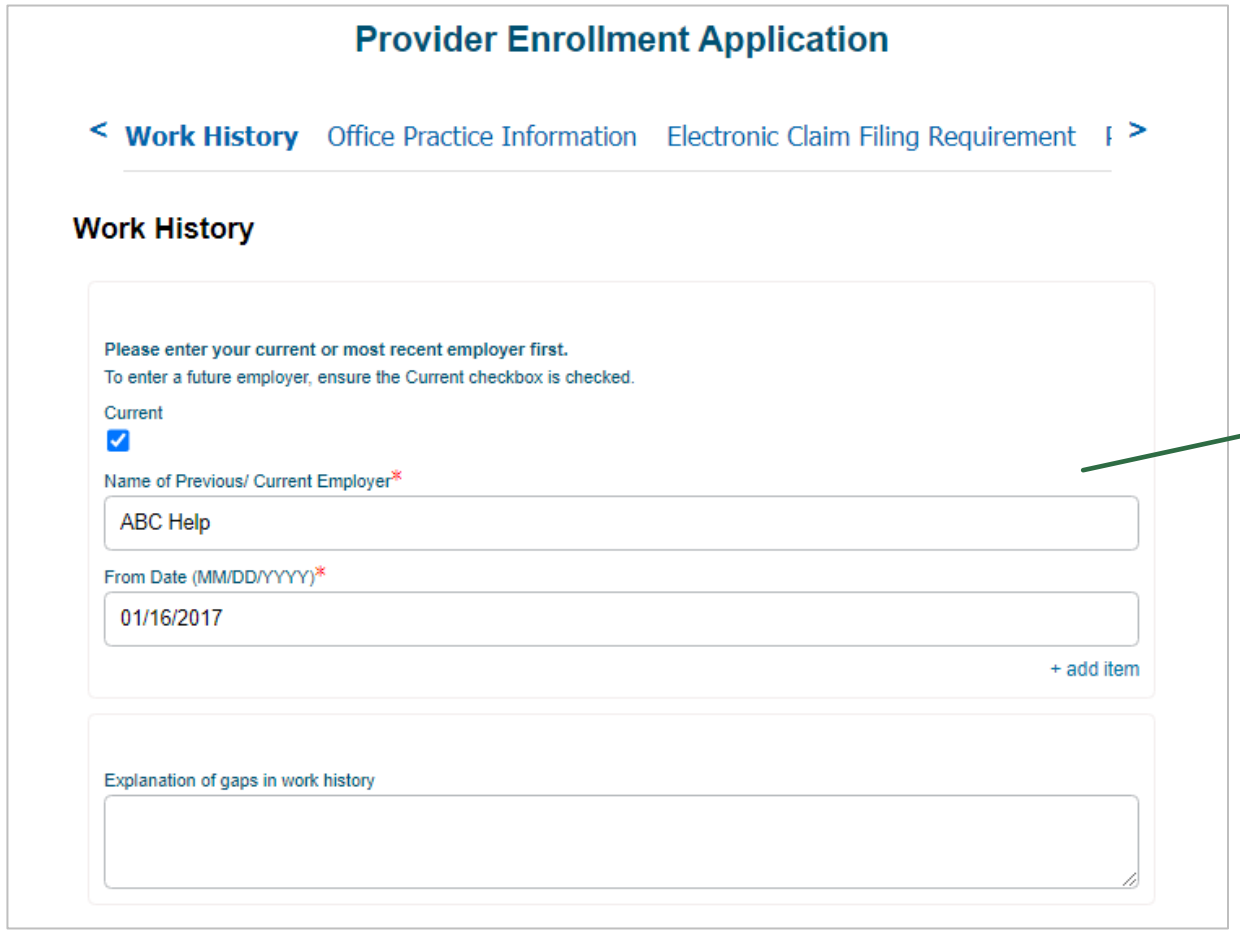
Licenses must be active on or before the requested start date for the practice.



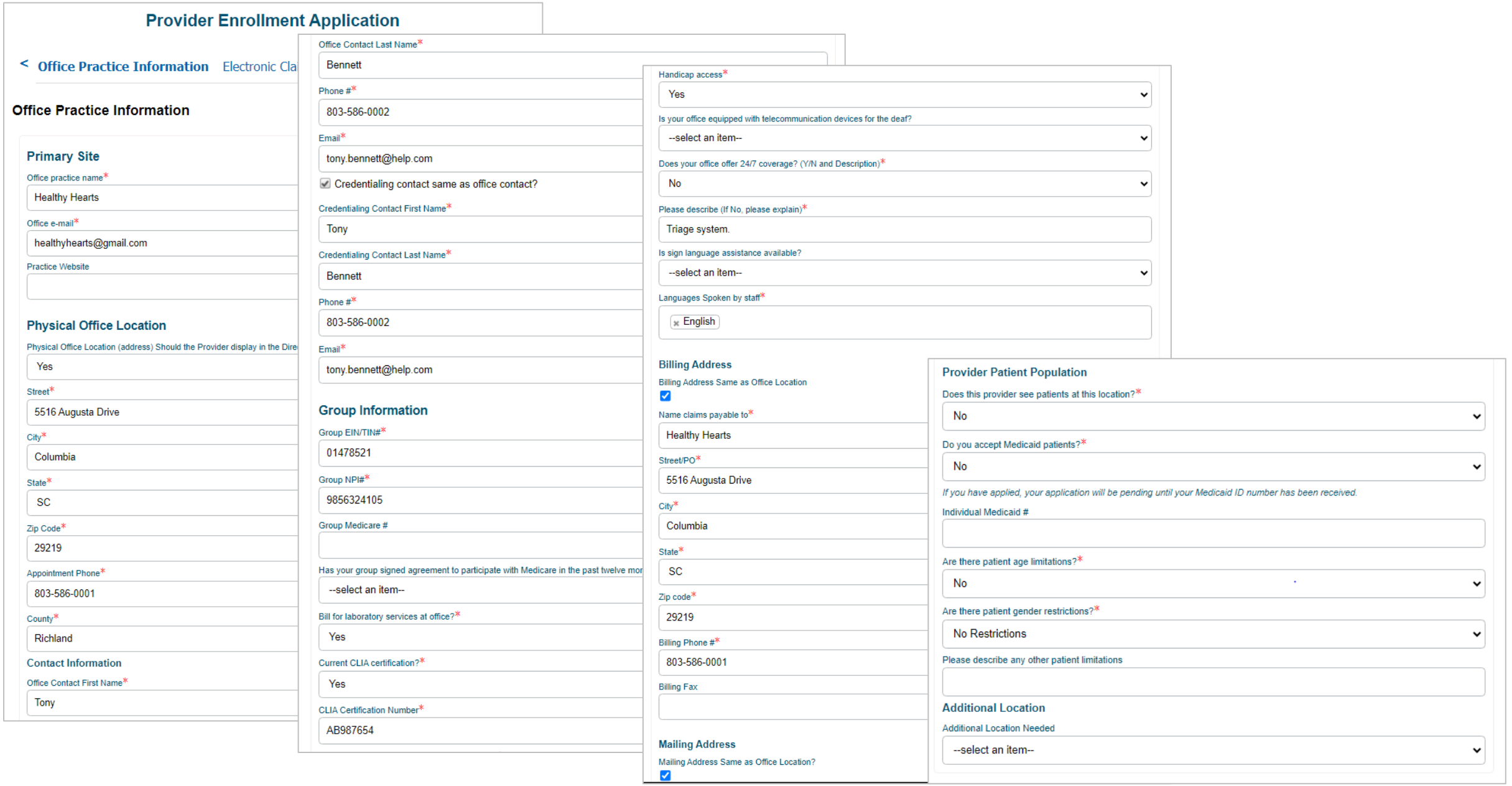
If you select Yes, additional details are required.



Admissions must total 100%. If there are multiple privileges, the <u>TOTAL</u> should be 100 combined, not separately.



Be sure to select the 'Current' box if the provider is currently working for the practice. Additionally, if their work history does not cover five years, please include an explanation.


Provider Enrollment Application
< Office Practice Information Electronic Cla
Office Practice Information
Primary Site
Office practice name*
Healthy Hearts
Office e-mail*
healthyhearts@gmail.com
Practice Website
Physical Office Location
Physical Office Location (address) Should the Provider display in the Dire
Yes
Street*
5516 Augusta Drive
City*
Columbia
State*
SC
Zip Code*
29219
Appointment Phone*
803-586-0001
County*
Richland
Contact Information
Office Contact First Name*
Tony
Office Contact Last Name*
Bennett
Phone #*
803-586-0002
Email*
tony.bennett@help.com
Credentialing contact same as office contact?
Credentialing Contact First Name*
Tony
Credentialing Contact Last Name*
Bennett
Phone #*
803-586-0002
Email*
tony.bennett@help.com
Group Information
Group EIN/TIN#*
01478521
Group NPI#*
9856324105
Group Medicare #
Has your group signed agreement to participate with Medicare in the past twelve mor
--select an item--
Bill for laboratory services at office?*
Yes
Current CLIA certification?*
Yes
CLIA Certification Number*
AB987654
Handicap access*
Yes
Is your office equipped with telecommunication devices for the deaf?
--select an item--
Does your office offer 24/7 coverage? (Y/N and Description)*
No
Please describe (If No, please explain)*
Triage system.
Is sign language assistance available?
--select an item--
Languages Spoken by staff*
English
Billing Address
Billing Address Same as Office Location
Name claims payable to*
Healthy Hearts
Street/PO*
5516 Augusta Drive
City*
Columbia
State*
SC
Zip code*
29219
Billing Phone #*
803-586-0001
Billing Fax
Mailing Address
Mailing Address Same as Office Location?
Provider Patient Population
Does this provider see patients at this location?*
No
Do you accept Medicaid patients?*
No
If you have applied, your application will be pending until your Medicaid ID number has been received.
Individual Medicaid #
Are there patient age limitations?*
No
Are there patient gender restrictions?*
No Restrictions
Please describe any other patient limitations
Additional Location
Additional Location Needed
--select an item--

Provider Enrollment Application

< **Provider Disclosure Information** Malpractice Insurance Auth to Bill You are >

Provider Disclosure Information

If you are filling out this application on behalf of a provider, please skip this section. This section must be completed by the provider.

If you answer yes to any of the questions listed below, include a detailed explanation of each answer. The explanation must accompany the application for it to be considered a complete application.

1. Do you have any pending misdemeanor or felony charges?*
No

2. Have you ever been convicted of a felony?*
No

3. Has your license to practice medicine in any jurisdiction ever been voluntarily or involuntarily denied, restricted, suspended, challenged, revoked, conditioned or otherwise limited?*
No

4. In the past five years and up to and including the present, have you had any ongoing physical or mental impairment or condition which would make you unable, with or without reasonable accommodation, to perform the essential functions of a practitioner in your area of practice, or unable to perform those essential functions without a direct threat to the health and safety of others?*
No

5. Considering the essential functions of a practitioner in your area of practice is the past five years and up to and including the present, have you suffered from any communicable health condition that could pose a significant health and safety risk to your patients?*
No

6. Have you ever been publicly reprimanded or disciplined by a professional licensing agency or board?*
No

7. Has your DEA certification or state-controlled drug permit ever been restricted, suspended, revoked, voluntarily relinquished or otherwise limited?*
No

8. Have any of your privileges or memberships at any hospital or institution ever been denied, suspended, reduced, revoked, not renewed or otherwise limited?*
No

9. Has your participation in Medicare, Medicaid, or any other government program ever been limited, curtailed or have you voluntarily excluded yourself from any of these programs?*
No

10. Has your participation in an Insurance Company network ever been limited or terminated?*
No

11. In the past five year and up to the present, have you had a history of chemical dependency or substance abuse that might affect your ability to competently and safely perform the essential functions of a practitioner in your area of practice?*
No

12. In the past five years and up to and including the present, have you had or do you have any mental or physical condition or do you take any medications that might affect your ability to competently and safely perform the essential functions of a practitioner in your area of practice?*
No

13. Has any malpractice carrier ever made an out-of-court settlement or paid a judgement of a medical malpractice claim on your behalf or are any medical malpractice suits pending against you?*
No

14. Has your professional liability insurer ever placed conditions or restrictions on your coverage or ability to obtain coverage?*
No

Provider Enrollment Application

< **Malpractice Insurance** Auth to Bill You are almost done. See instructions below >

Malpractice Insurance

Malpractice Insurance

Carrier's Name*
You're Covered, LLC

Policy Number*
911

Street*
1563 Ohio Street

City*
Columbia

State*
SC

Zip*
29203

Effective Date (MM/DD/YYYY)*
04/15/2019

Expiration Date (MM/DD/YYYY)*
04/15/2024

Additional coverage will be needed if the minimum coverage requirements are not met. Minimum coverage for mid-levels is $1 mil / $1 mil. Minimum coverage for all others is $1 mil / $3 mil.

Amount of Coverage (Each occurence)*
$1 million

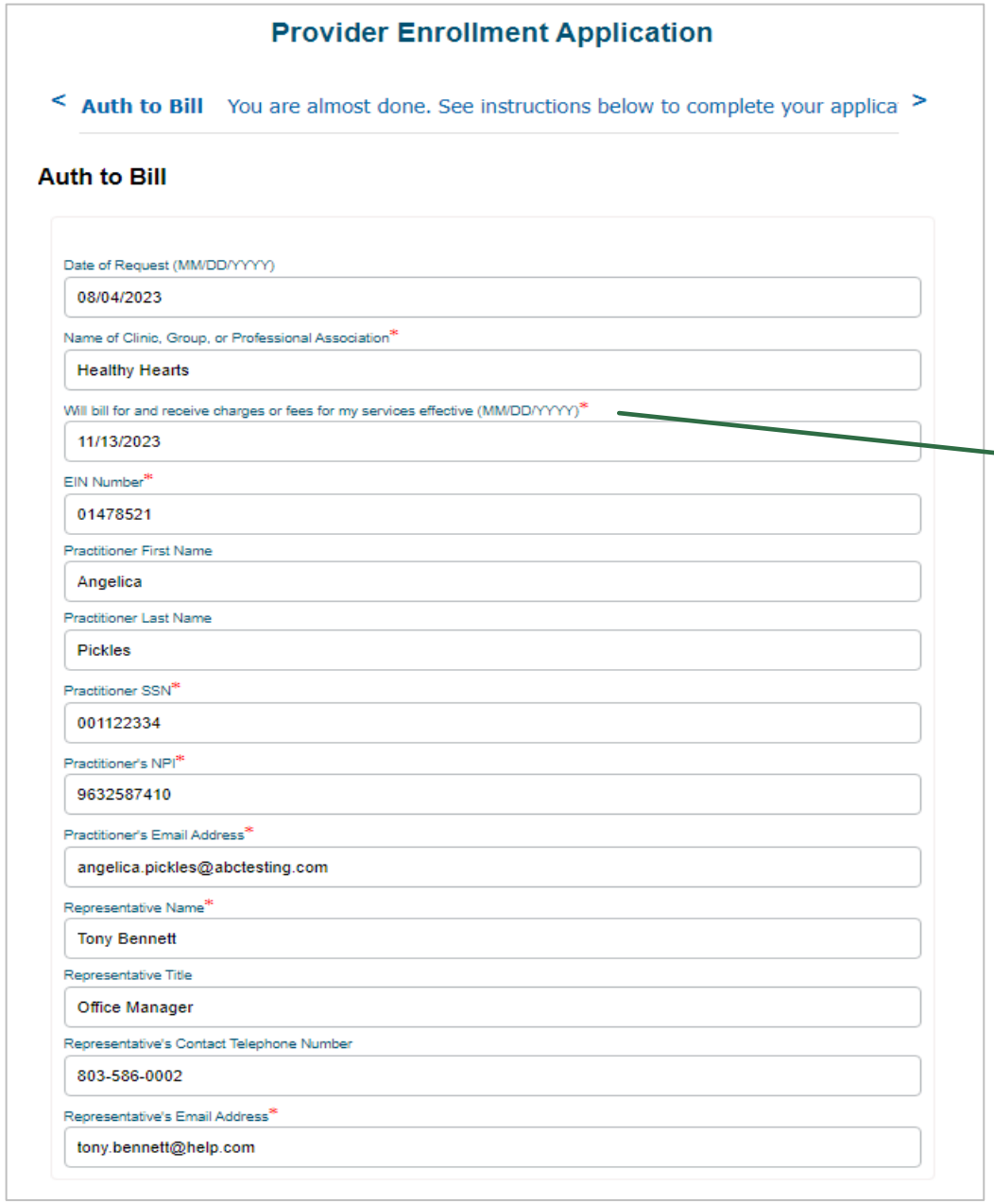
Amount of Coverage (Aggregate)*
$3 million

Malpractice must be active on or before the requested start date for the practice.

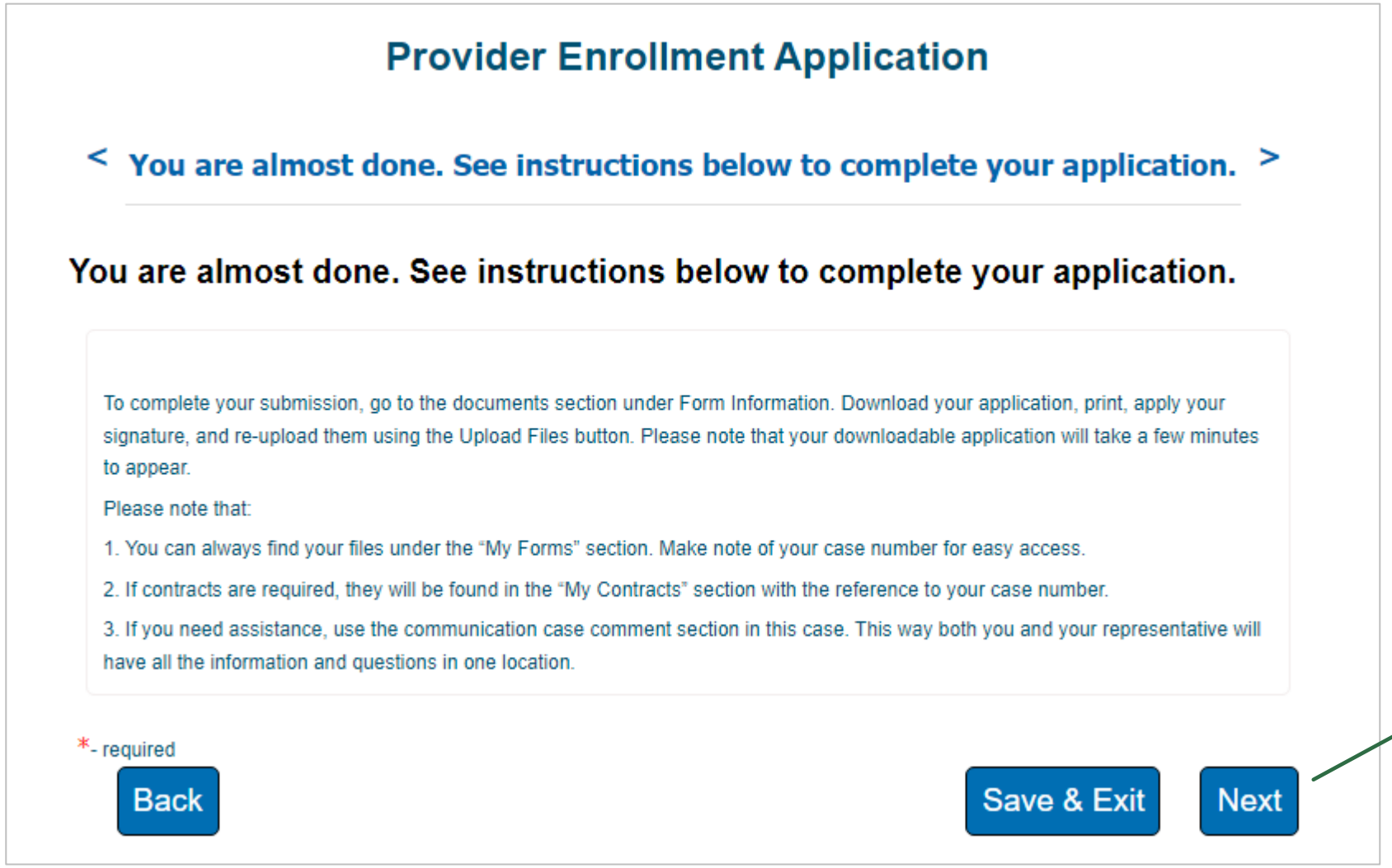
**Upload a copy of your malpractice insurance verification. This must include the practitioner's name on the certificate to be valid.*

Upload Malpractice Insurance*

Add File...
Malpractice Example.docx



Must match the requested start date with the practice on page one of the application.


Provider Enrollment Application
< You are almost done. See instructions below to complete your application. >
You are almost done. See instructions below to complete your application.
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.
*- required
Back
Save & Exit
Next

Select Next.

My Form

COMMUNICATION

Case Comments (0)

FORM | FORM INFORMATION

Application Status: Awaiting Signature
Application Type: Individual Application
Case Number: 00030455
Date Received: August 4, 2023

Contact Name: Terrence Archie
Practitioner Name: Angelica Pickles
Networks Chosen: Blue Essentials;Medicare Advantage;State Health Plan;Preferred Blue® (PPC and FEP)

Please wait for at least five minutes for the PDF files to generate.

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

Files (4) Upload Files

Authorization to Bill -- 2023-08-04 12_58pm.pdf
Aug 4, 2023 • 142KB • pdf

Provider Enrollment Application -- 2023-08-04 12_58pm.pdf
Aug 4, 2023 • 350KB • pdf

State License Example.docx
Aug 4, 2023 • 12KB • docx

Malpractice Example.docx
Aug 4, 2023 • 12KB • docx

If some of your files do not generate, Select Upload Files to add any missing documents.

FORM FORM INFORMATION

Application Status: Submitted

Application Type: Individual Application

Case Number: 00030455

Date Received: August 4, 2023

Contact Name: Terrence Archie

Practitioner Name: Angelica Pickles

Networks Chosen: Blue Essentials;Medicare Advantage;State Health Plan;Preferred Blue® (PPC and FEP)

Thank you for uploading your documents.

CONTRACTS AWAITING SIGNATURE

Form Contract Name	Network List	Form Type	Contract
FCR-12433	Blue Essentials	Individual Application	View
FCR-12434	Medicare Advantage	Individual Application	View
FCR-12435	Preferred Blue® (PPC and FEP)	Individual Application	View
FCR-12436	State Health Plan	Individual Application	View

View All

Remember to download, sign and upload the contracts to your case.

Your Contracts Awaiting Signature

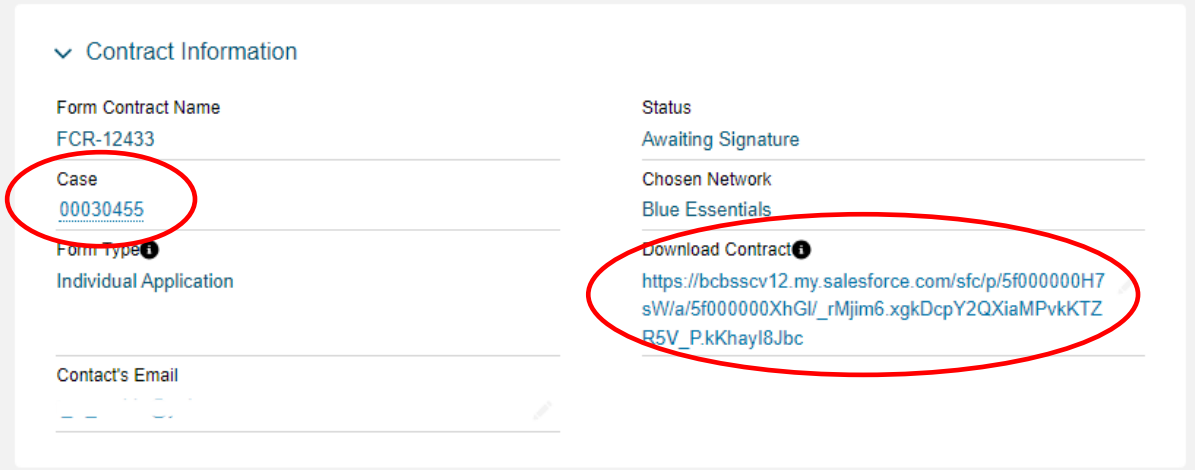
HELP:

This page contains the contracts that require your signature based on the Network that you have chosen to enroll in.

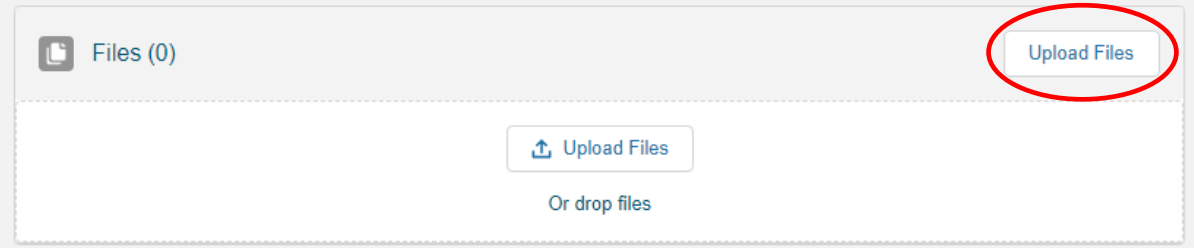
To download your contracts, click the link under **DOWNLOAD CONTRACT.**

Once you have signed the required contracts, upload them using the **UPLOAD FILES** button below.

If you are unsure what this contract is for, click the link under **CASE** to see which application this contract is associated with.



Once you've Signed your Contract, Upload it Below



MAKING CORRECTIONS TO AN APPLICATION

MAKING CORRECTIONS TO AN APPLICATION

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 generated documented will have the corrections and should be printed, signed, dated and initialed.
- Handwritten corrections will not be accepted and will be returned.

MAKING CORRECTIONS TO AN APPLICATION

Below is the information we are missing:

Here are your next steps:

1. If you are **ONLY** correcting information in the application:

- **CLICK** the Form tab to make your corrections in the application.
- **CLICK** the **NEXT** button at the bottom of each section.
- **AFTER** clicking the last **NEXT** button, **WAIT** until the new forms generate
- **DOWNLOAD** the updated PDFs to have them signed.

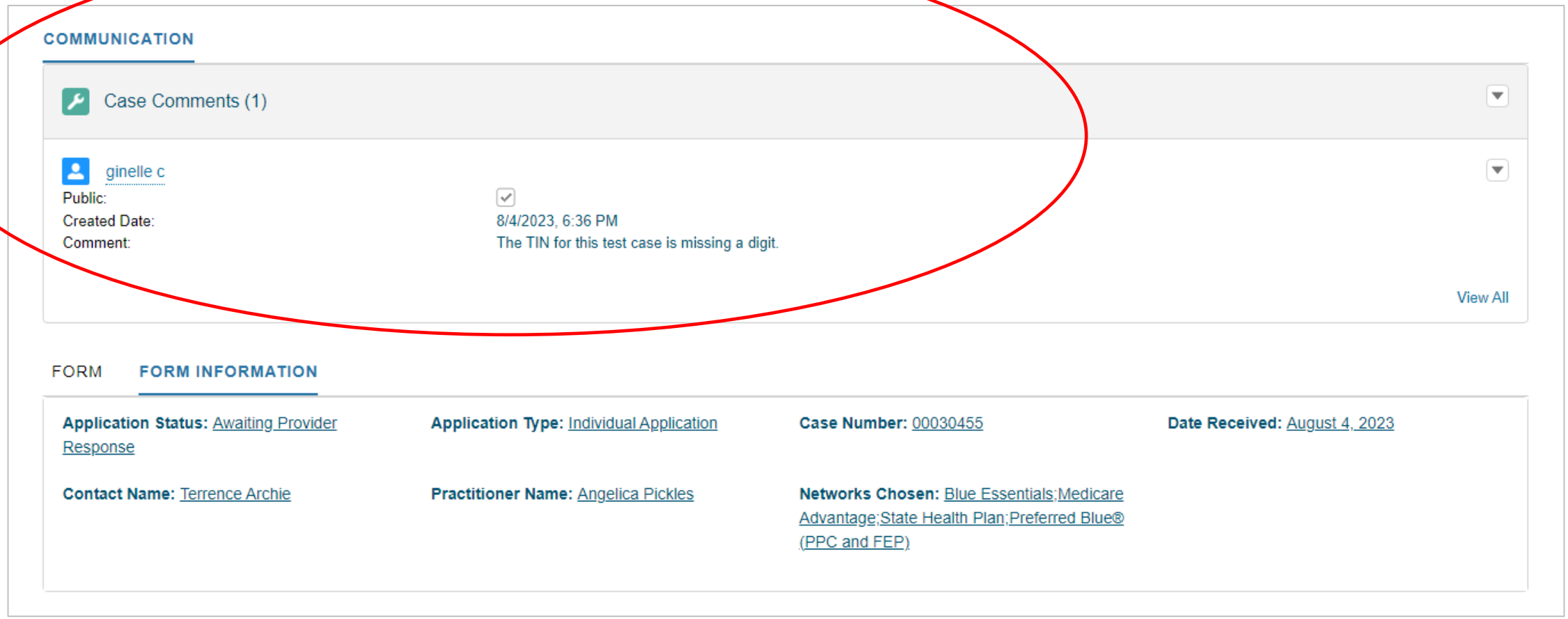
2. If you are **ONLY** uploading files and **DID NOT** correct any information in the application:

- **UPLOAD** your files **FIRST.**
- **CLICK** the **CONFIRM** button below the Documents section.

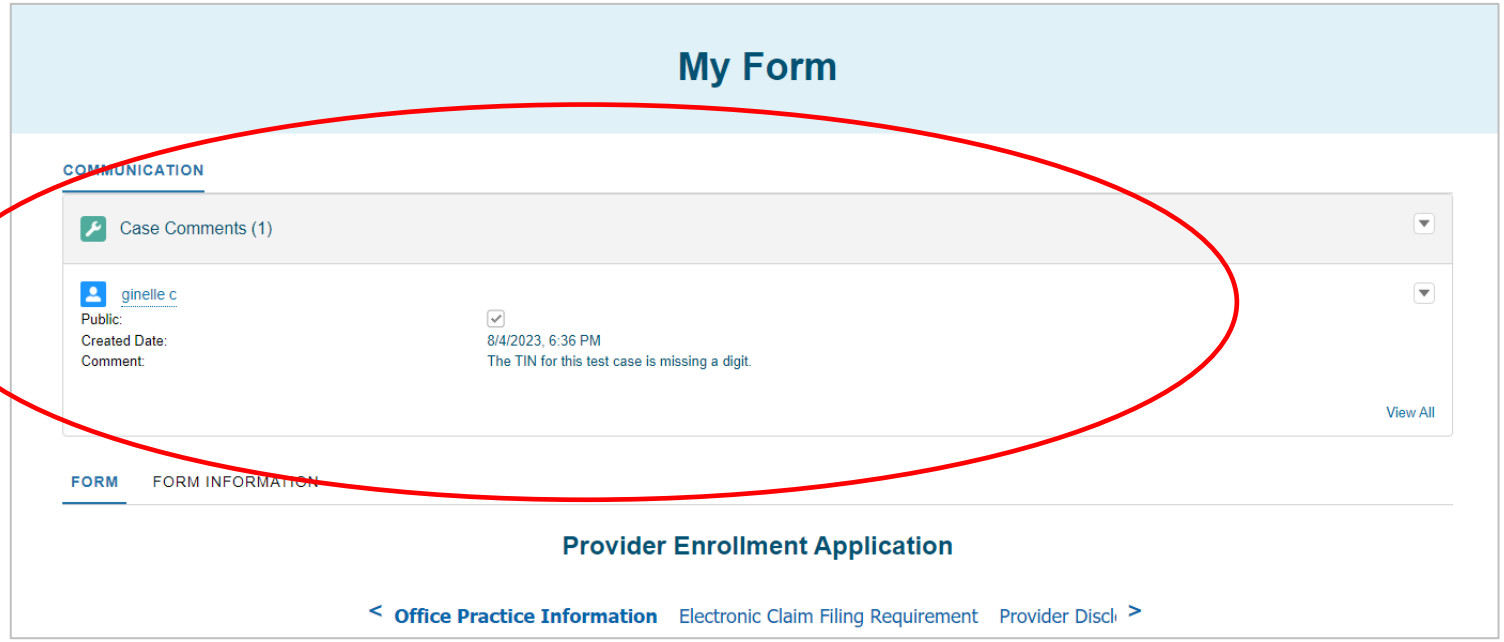
3. If you are correcting information in the application **AND** uploading files:

- **CORRECT** the information in the form like in Step 1 **FIRST.**
- **UPLOAD** the applicable files after the new PDFs are generated like in Step 2.
- **AFTER** your signed documents have been uploaded, click the **CONFIRM** button below the Documents section.

MAKING CORRECTIONS TO AN APPLICATION



MAKING CORRECTIONS TO AN APPLICATION



RESOURCES

RESOURCES

Available Resources

Visit www.SouthCarolinaBlues.com and follow the path:

Providers>Provider Enrollment>My Provider Enrollment Portal

My Provider Enrollment Portal Manual

Provider Enrollment Presentation

Provider Enrollment FAQs

THANK YOU!