

# PROVIDER ENROLLMENT



South Carolina

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Blue Cross Blue Shield Association.*

## DISCLAIMER

The information included is general and in no event should be deemed as a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.

# AGENDA

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



# **PROVIDER ENROLLMENT REQUIREMENTS**



# PROVIDER ENROLLMENT APPLICATIONS AND FORMS

Application	Description
Enroll a Practitioner	New practitioners that want to enroll with BlueCross BlueShield of South Carolina.
Enroll a Group	New groups that want to enroll with BlueCross BlueShield of South Carolina.
Add Virtual Care	Practitioners or groups that want to render telemedicine and telehealth services.
Health Professional**	<b>In-state, out-of-network</b> practitioners that want to file claims to BlueCross BlueShield of South Carolina.
Behavioral Health**	New practitioners or groups that want to enroll in our behavioral health network.
Autism Provider Panel**	Applied behavior analysts that want to enroll in our autism provider panel.
Add a Satellite Location	<b>Enrolled groups</b> that have <b>new locations</b> that want to file claims to BlueCross BlueShield of South Carolina.
Submit a Name Change	Request to change the doing business as (DBA) or legal business name of a practice.
Change of Address	Request to update the physical, pay to, correspondence or billing agency address.
NPI Provider Notification	<b>Out-of-state and out-of-network</b> practitioners or groups that want to register their NPI with BlueCross BlueShield of South Carolina.
Request to Add a Practitioner	Adding a practitioner's affiliation with a clinic, group or institution.
Remove a Practitioner	Terminating a practitioner's affiliation with a clinic, group or institution.

*\*\*These are included with either the Enroll a Practitioner or Enroll a Group application. The responses to the questions will trigger the path the application takes.*

# PROVIDER ENROLLMENT CHECKLISTS

## Individual Provider Enrollment

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

## Group Practice Enrollment

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

## Other

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

# EXAMPLE OF AN INDIVIDUAL ENROLLMENT CHECKLIST

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

\*Only if applicable.

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

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

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

# EXAMPLE OF A GROUP PRACTICE ENROLLMENT CHECKLIST

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

\*Only if applying for Healthy Blue.

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

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

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





# **OVERVIEW OF THE ENROLLMENT PROCESS**



# WHAT HAPPENS WHEN AN APPLICATION IS RECEIVED

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

## THINGS TO KEEP IN MIND

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

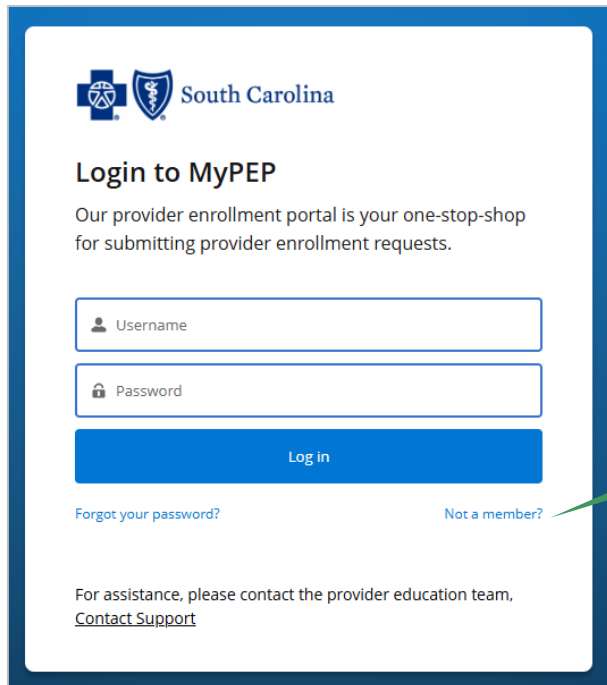



# **MY PROVIDER ENROLLMENT PORTAL**



# GETTING STARTED WITH MY PROVIDER ENROLLMENT PORTAL

- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
  - Providers>Provider Enrollment>**Join Our Networks**
- New users should select New User from the landing page of the portal.

A screenshot of the South Carolina MyPEP login page. The page has a blue header with the South Carolina logo and the text "South Carolina". Below the header, the text "Login to MyPEP" is displayed, followed by a description: "Our provider enrollment portal is your one-stop-shop for submitting provider enrollment requests." There are two input fields: "Username" and "Password", each with a small icon (a person for username, a lock for password). Below these fields is a blue "Log in" button. At the bottom of the login section, there are two links: "Forgot your password?" and "Not a member?". A green speech bubble points to the "Not a member?" link. At the very bottom of the page, there is a footer that reads: "For assistance, please contact the provider education team, [Contact Support](#)".

 South Carolina

**Login to MyPEP**

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

**Log in**

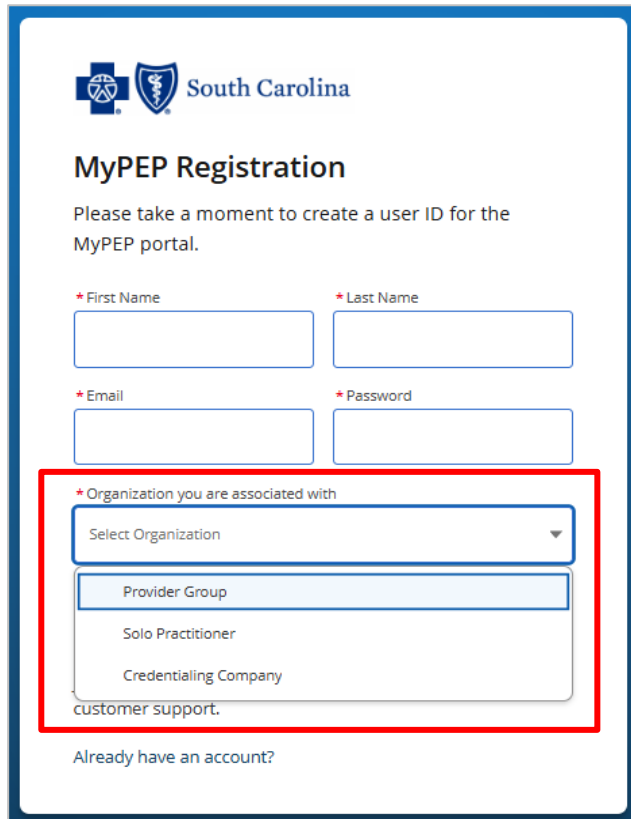
[Forgot your password?](#) [Not a member?](#)

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

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

# REGISTERING

- Options include: solo practitioner, provider group and credentialing company.



The image shows a registration form for the MyPEP portal in South Carolina. The form is titled "MyPEP Registration" and includes a sub-header "Please take a moment to create a user ID for the MyPEP portal." The form contains several input fields: "First Name", "Last Name", "Email", and "Password". Below these is a dropdown menu labeled "Organization you are associated with" with the placeholder text "Select Organization". The dropdown menu is open, showing three options: "Provider Group", "Solo Practitioner", and "Credentialing Company". A red rectangular box highlights the dropdown menu and its options. At the bottom of the form, there is a link that says "Already have an account?".

South Carolina

### MyPEP Registration

Please take a moment to create a user ID for the MyPEP portal.

\* First Name \* Last Name

\* Email \* Password

\* Organization you are associated with

Select Organization

Provider Group

Solo Practitioner

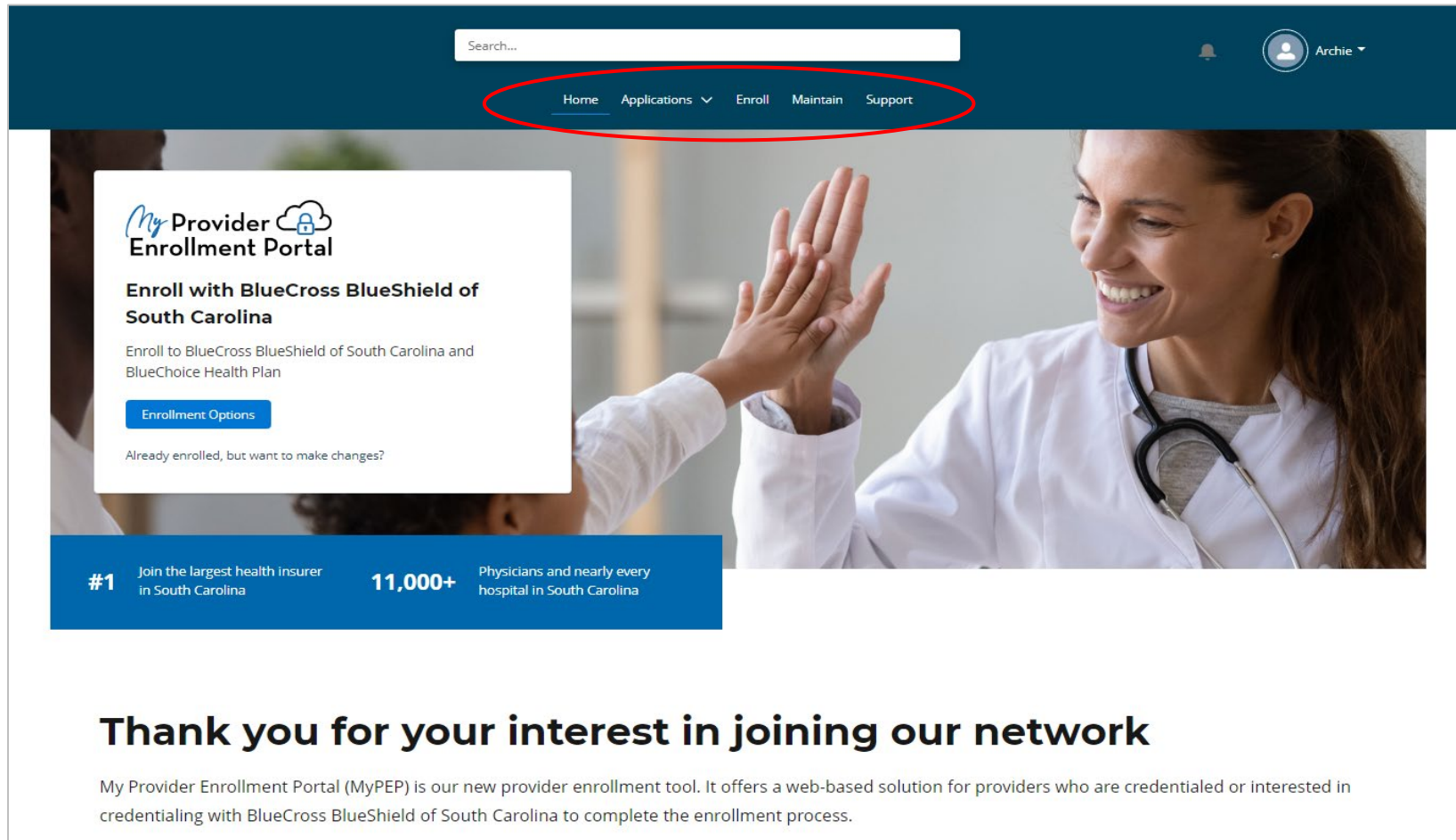
Credentialing Company

customer support.

Already have an account?

The required details will vary based on the selection made.

# MY PROVIDER ENROLLMENT PORTAL – HOME PAGE



The screenshot shows the home page of the My Provider Enrollment Portal. At the top, there is a dark blue header with a search bar on the left and a user profile icon labeled 'Archie' on the right. Below the header, a navigation menu is visible, with the 'Home' link highlighted by a red oval. The main content area features a large background image of a smiling female doctor in a white coat. On the left side of this image, there is a white box with the 'My Provider Enrollment Portal' logo and text encouraging enrollment with BlueCross BlueShield of South Carolina. Below this, there is a blue button labeled 'Enrollment Options' and a link for already enrolled providers. At the bottom left, a blue banner highlights that the insurer is the '#1' largest in South Carolina, with over 11,000+ physicians and hospitals. The bottom section of the page has a large heading 'Thank you for your interest in joining our network' followed by a paragraph explaining the MyPEP tool.

Search...

Home Applications ▾ Enroll Maintain Support

**My Provider Enrollment Portal**

**Enroll with BlueCross BlueShield of South Carolina**

Enroll to BlueCross BlueShield of South Carolina and BlueChoice Health Plan

[Enrollment Options](#)

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

**#1** Join the largest health insurer in South Carolina

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

## Thank you for your interest in joining our network

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

What you'll see under Applications.

My Started Applications

My In-Progress Applications

My Applications Action Required

My Closed Applications

# MY PROVIDER ENROLLMENT PORTAL – STARTED APPLICATIONS

Applications



## My Started Applications ▾

13 items • Sorted by Application Type • Filtered by My applications - Application Status



Application Type ↑	Application Status ▾	NPI Type I ▾	NPI Type II ▾	Resume Application ▾	Created Date ▾	▾
1	In Progress				3/31/2025, 7:28 AM	▾
2	In Progress				4/2/2025, 10:13 AM	▾
3	In Progress				4/29/2025, 8:45 AM	▾
4	Individual				3/26/2025, 7:56 AM	▾
5	Individual			Resume	4/2/2025, 10:30 AM	▾
6	Individual			Resume	4/29/2025, 8:35 AM	▾
7	Individual			Resume	5/9/2025, 9:19 AM	▾
8	Individual			Resume	6/23/2025, 7:42 AM	▾
9	Individual			Resume	7/1/2025, 7:06 AM	▾
10	Satellite Location			Resume	6/19/2025, 5:23 AM	▾



# MY PROVIDER ENROLLMENT PORTAL – IN PROGRESS APPLICATIONS

## My In-Progress Applications ▾

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



	Case Number ↑ ▾	Type ▾	Provider ▾	Status ▾	Date/Time Opened ▾	
1	00031578	Group	Aesthetic Smiles of Myrtle Beach	Signed	3/31/2025, 7:37 AM	▾
2	00031581	Individual	Terrence Archie - MAGNOLIA ENDOCRINOLOGY LLC	Submitted	3/31/2025, 8:02 AM	▾
3	00031583	Virtual Care	MAGNOLIA ENDOCRINOLOGY LLC	Signed	3/31/2025, 8:29 AM	▾
4	00031584	Change of Address		Signed	3/31/2025, 8:36 AM	▾
5	00031585	Request to Add Practitioner	DAVID YOUNIE - FLOSSY PEDIATRIC DENTISTRY	Submitted	3/31/2025, 8:52 AM	▾
6	00031590	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	3/31/2025, 10:40 AM	▾
7	00031612	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	4/1/2025, 8:05 AM	▾
8	00031614	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	4/1/2025, 8:12 AM	▾
9	00031664	Request to Term Practitioner	TIMOTHY KAYLOR - ZONE PHYSICAL THERAPY	Submitted	4/2/2025, 5:18 AM	▾
10	00031668	Business Name Change	Provider Relations LLC	Submitted	4/2/2025, 5:53 AM	▾

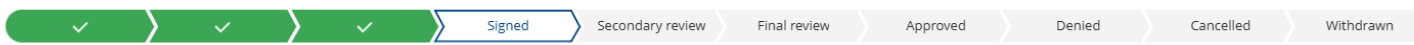
# MY PROVIDER ENROLLMENT PORTAL – APPLICATIONS NEED ACTION

## My Applications Requiring Action ▾

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



	Case Number ↑	Type	Provider	Status	Date/Time Opened
1	00031578	Group	Aesthetic Sm		
2	00031583	Virtual Care	MAGNOLIA E		



### Case #00031578 - Group Application

Provider  
Aesthetic Smiles of Myrtle Beach

Status  
Signed

Application Type  
Group

Case Reference Number  
Case #00031578

Case Contact  
Kristen Ward - Provider Relations LLC

Requested Networks

### Action Required

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

[Launch Application](#)

### Action Items

1 of 1 Item

Action Item Name	Issue	Next steps
South Carolina - Missing	Missing	Re-open application, correct & re-submit.

### Case Comments (2)

[New](#)

User	Public	Created Da...	Comment
User173...	<input checked="" type="checkbox"/>	3/31/2025, ...	Action Item - Name: South Carolina - Missing, Status: Open, Issue: Missing
User173...	<input checked="" type="checkbox"/>	3/31/2025, ...	Please add at least one provider to this location by using the Add Practitioner function when you relaunch the application. Thank you

[View All](#)

Open Agreements

# MY PROVIDER ENROLLMENT PORTAL – CLOSED APPLICATIONS

## My Closed Applications ▾

1 item • Sorted by Case Number • Filtered by All cases - Closed, Case Record Type • Updated a few seconds ago

⚙️ ▾


📄 ▾

🔄



🔼

	Case Number ↑ ▾	Subject ▾	Status ▾	Provider ▾	
1	00032461	<a href="#">R. DASILVA - Request to Term Practitioner</a>	Approved	ROBERT DASILVA - MIDLANDS ORTHOPAEDICS & NEUROSURGERY PA	▾


# MY PROVIDER ENROLLMENT PORTAL – ENROLL PAGE


 South Carolina

Search...

  Bravo ▾

Home Applications ▾ Enroll Maintenance Support






Your enrollment essentials, all in one place.


## Enroll

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




### Enroll a Group

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



### Enroll a Practitioner

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

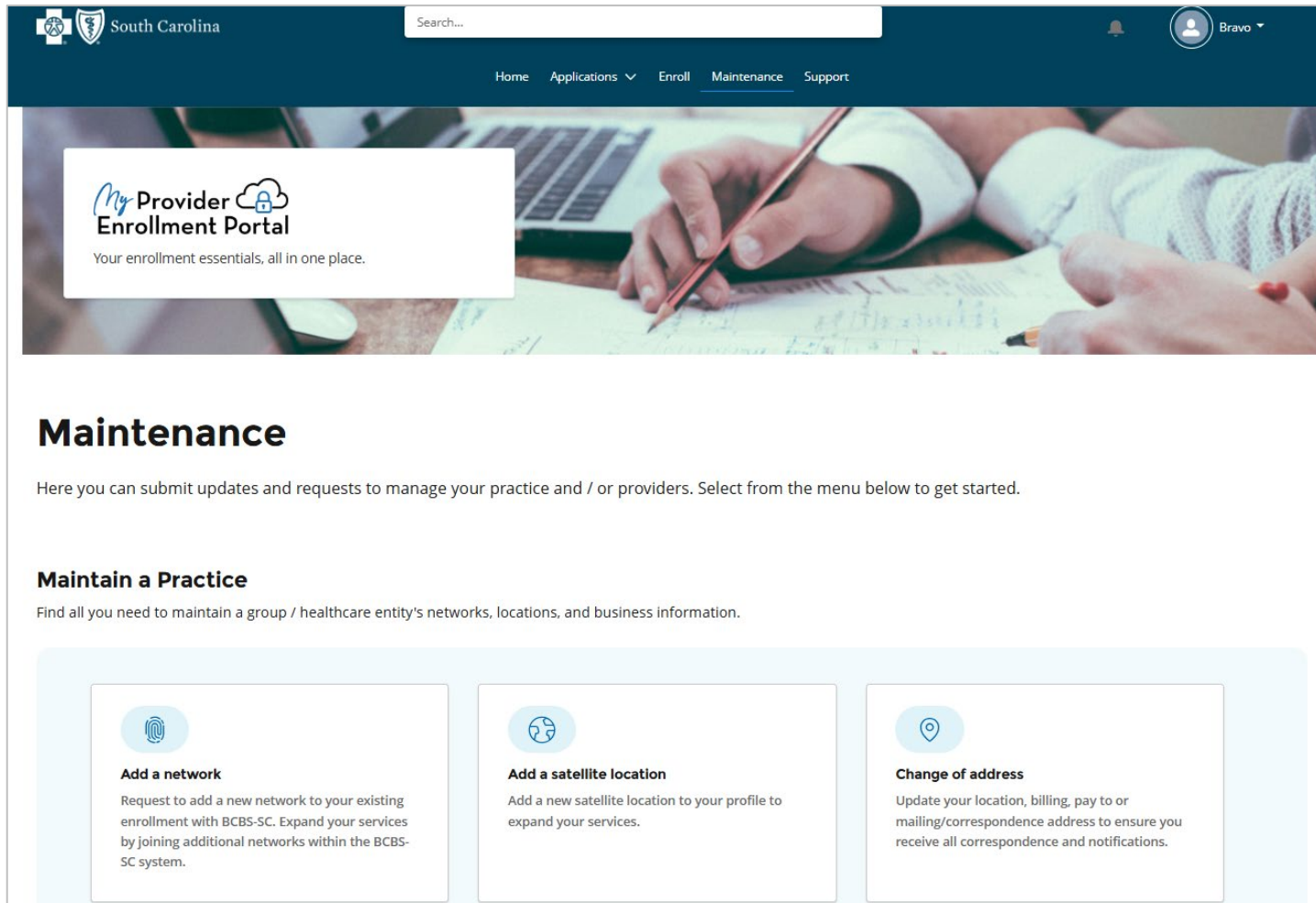


### Facility Application

COMING SOON

To request a Facility Application, please submit a support case.

# MY PROVIDER ENROLLMENT PORTAL – MAINTENANCE PAGE



The screenshot shows the 'My Provider Enrollment Portal' interface. At the top, there's a dark blue header with the South Carolina logo, a search bar, and a user profile 'Bravo'. Below the header is a navigation bar with links: Home, Applications, Enroll, Maintenance (highlighted), and Support. The main content area features a large banner image of hands writing on a document. Below the banner is a white box with the portal logo and tagline: 'Your enrollment essentials, all in one place.' The section is titled 'Maintenance' and includes a sub-header 'Maintain a Practice' with a description: 'Find all you need to maintain a group / healthcare entity's networks, locations, and business information.' Below this are three cards: 'Add a network' (with a fingerprint icon), 'Add a satellite location' (with a globe icon), and 'Change of address' (with a location pin icon). Each card contains a brief description of the action.

South Carolina

Search...

Home Applications Enroll Maintenance Support


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

## Maintenance

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


### Maintain a Practice

Find all you need to maintain a group / healthcare entity's networks, locations, and business information.




#### Add a network

Request to add a new network to your existing enrollment with BCBS-SC. Expand your services by joining additional networks within the BCBS-SC system.



#### Add a satellite location

Add a new satellite location to your profile to expand your services.



#### Change of address

Update your location, billing, pay to or mailing/correspondence address to ensure you receive all correspondence and notifications.

The Maintenance page includes options for maintaining a practice and maintaining a group's practitioners.

For **maintaining a practice**, you can:

- Add a network
- Add a satellite location
- Change an address
- Add virtual care
- Submit a name change
- Update an NPI

For **maintaining a group's practitioner**, you can:

- Request to add a practitioner to a location
- Request a new network for a practitioner
- Remove a practitioner from a practice or location

# MY PROVIDER ENROLLMENT PORTAL – SUPPORT PAGE

CONTACT SUPPORT

## My Support Cases ▾

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



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

Available types.

Search...



Archie ▾

Home Applications ▾ Enroll Maintain Support

### CONTACT MYPEP SUPPORT

TELL US HOW WE CAN HELP.

TYPE

--None--

SUBJECT

DESCRIPTION

Upload File

SUBMIT

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

We want to hear from you.

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

Got an application question? Need help or an update?

Leave us a comment!

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

✓ --None--

Login Issue

Feature Request

Question

Problem

Feedback

Access request

## MY PROVIDER ENROLLMENT PORTAL – STATUS DETAILS

### Submitted

- The application and all required documents have been sent to BlueCross BlueShield of South Carolina for review. Note: Submitted does not mean completed.

### Preliminary Review

- The application is in the first review stage to ensure it's clean.

### Awaiting Signature

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

### Signed

- The application and applicable contracts have been signed.

### Secondary Review

- The application has progressed to the next review stage.

## MY PROVIDER ENROLLMENT PORTAL – STATUS DETAILS

### Final Review

- The application has reached the final review stage.

### Approved

- The application has been approved.

### Denied

- The application has been denied.

### Cancelled

- The application has been cancelled.

### Withdrawn

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





# **COMPLETING A CLEAN APPLICATION**






# STEPS TO SUBMITTING A CLEAN APPLICATION

1. Complete the enrollment application inside the portal.
2. Sign the application and contracts ***electronically***.
  - The documents that must be signed will be sent to the appropriate parties included on the application.
    - **It is important to include the correct email addresses for each individual (i.e., provider, fiduciary contact, credentialing contact, etc.).**
  - These items will be available once the enrollment team sends the documents to you, and the case is in the awaiting signature status.
3. If additional items are requested, submit those as soon as possible.

# Example of Practitioner Enrollment

Clear navigation.

South Carolina

 Bravo ▾

HomeApplications ▾EnrollMaintenanceSupport

### Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

## Let's Get Started

View our application checklist below to enroll a Practitioner with their Individual Practice. When you are ready, click *Next* to begin.

### Practitioner - What to have ready

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

Next

## Steps

- 1 Let's Get Started
- 2 **Group / Provider Look-Up**  
Network pre-qualifications
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Group / Provider Look-Up

We need provider identifiers to search and identify if the practitioner and/or practice is already enrolled with BCBS-SC. For practitioners, we take the NPI number (type I individual); for practices, we take the Tax Id Number (TIN) and the NPI number (type II organization).



You Need to enter either TaxId or NPI Type II to proceed

### Practice information

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

**IMPORTANT NOTE - CRITICAL DATA ELEMENTS:** Ensure that you enter the correct Tax ID and NPI. These fields **CANNOT** be updated/corrected once submitted, if entered incorrectly this case will be cancelled and you will be required to start a new Individual Application.

Tax Id Number (TIN)

NPI Number (type II group)

☐ This practitioner is a solo practitioner filing claims with only one NPI.

### Practitioner information

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

\* NPI Number (type I individual)



### How we protect your information ?

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

[Save for later](#)

[Previous](#)

[Next](#)

Steps

1

Let's Get Started

2

Group / Provider Look-Up

Search results

Network pre-qualifications

3

Network selection

4

Practitioner Information

5

Licenses and Professional Certifications

6

Location Details

7

Practice Locations

8

Review Your Application

9

Submit

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


Search results

Practice found

Based on the TIN you entered, please select the corresponding Legal Business below and click 'Next' to continue.

March Madness Family Health, LLC

Tax ID: 579999999

 Select before proceeding

Steps

1

Let's Get Started

2

Group / Provider Look-Up

Search results

Network pre-qualifications

3

Network selection

4

Practitioner Information

5

Licenses and Professional Certifications

6

Location Details

7

Practice Locations

8

Review Your Application

9

Submit

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


Search results

Practice not found

We did not find an practice based on the Tax Id Number (TIN) and/or NPI (type II organization) you entered. Click 'Next' to continue with your Individual Application.

**Please Note:** Upon completion of this Individual Application, you must also complete a separate Group Application via the portal to complete the overall individual enrollment process.

If you need assistance with this process, please reach out to MyPep.Portal@BCBSSC.COM.

**How we protect your information ?**

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

Previous

Next

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up  
Search results  
[Network pre-qualifications](#)
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
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- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Network pre-qualifications

### Care Taxonomy

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

Speciality Code

- 207Q00000X - Family Medicine Physician
- 106H00000X - Marriage & Family Therapist
- 364SP0810X - Child & Family Psychiatric/Mental Health Clinical Nurse Specialist
- 364SF0001X - Family Health Clinical Nurse Specialist
- 207VC0300X - Complex Family Planning Physician
- 207QA0000X - Adolescent Medicine (Family Medicine) Physician
- 207QA0401X - Addiction Medicine (Family Medicine) Physician
- 207QB0002X - Obesity Medicine (Family Medicine) Physician
- 207QG0300X - Geriatric Medicine (Family Medicine) Physician
- 207QH0002X - Hospice and Palliative Medicine (Family Medicine) Physician
- 207QS0010X - Sports Medicine (Family Medicine) Physician



### How we protect your information ?

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

[Previous](#)[Next](#)

## Steps

- 1 Let's Get Started
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Network selection

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

### \* Available Networks

BlueChoice  
HealthPlan

Blue Options

Preferred Blue

Blue Essentials

State Health  
Plan

Healthy Blue

Medicare  
Advantage

Error: Available Networks is required.

☐ Out of Network



### How we protect your information ?

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

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

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
  - Practitioner information
  - Professional qualifications
  - Educational History & Training
  - Employment history
  - Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

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

## Practitioner Information

### Practitioner - What to have ready

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



#### Contact Information

The full name, former surname(s), phone & preferred email for the provider is required.\*



#### Demographic Information

Provider demographic information such as name, date of birth, NPI, social security number, gender, ethnicity, etc. will be asked and an answer required.



#### Professional qualifications

The practitioners care specialty, state medical license, board certifications, DEA\*\* are all required. Provider's individual Medicaid Number.\*\*\*



#### Malpractice

Certificate of Insurance for the effective date to current coverage period are required.



#### Employment

Current employer and previous employers' history up to 5 years (which can also span to include education and professional training).



#### Education & professional training

The practitioner's relevant degrees and training (including the highest degree) are required. We also require MDs, DOs, and DPMs to provide their residency information.



#### Signatures

The provider will be required to sign all contracts, Authorization to bill, Hold Harmless\*, Attestation of the accuracy of the application information. Office Representative will be required to sign the Representative portion of the Authorization to bill.



Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**  
[Practitioner Information](#)  
Professional qualifications  
Educational History & Training  
Employment history  
Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

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

## Practitioner information

### Contact information

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

* First Name	Middle Name	* Last Name
<input type="text" value="Jason"/>	<input type="text"/>	<input type="text" value="Doe"/>
* Title	Suffix	Former surnames/Maiden Names
<input type="text" value="MD"/>	<input type="text"/>	<input type="text"/>
* Social Security Number	* Date of Birth	Tax Id
<input type="text" value="000-11-0000"/>	<input type="text" value="07-13-1970"/>	<input type="text" value="579999999"/>
* NPI Number (type I individual)	Medicaid ID	Medicare Number
<input type="text" value="1888888888"/>	<input type="text"/>	<input type="text"/>
* Provider Type		
<input type="text" value="Primary Care"/>		

### Demographic information

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

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

### Languages

### Authorization to bill

Please confirm the effective date of this authorization. The Authorization to Bill date marks when the group will begin billing for services on behalf of the practitioner. It should coincide with the practitioner's start date at the group practice.

* Auth to Bill Effective Date
<input type="text" value="08-04-2025"/>

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
  - Practitioner Information
  - Professional qualifications
  - Educational History & Training
  - Employment history
  - Hospital privileges
- 5 Licenses and Professional Certifications
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This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

## Professional qualifications

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

### Care Taxonomy Lookup

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

\* Primary Taxonomy

207Q00000X - Family Medicine Physician

Secondary Taxonomy

Do you wish to be listed in our provider directory with a specialty that is different from your primary taxonomy?

☐ Yes ☒ No

### State Medical License

Enter all state medical license details, including the issue date and expiration date. Autism providers, please enter your c

\* Professional Designation

MD - Medical Doctor

\* Provider's License Type

State Medical License

\* License Number

ABC1234

\* State

South Carolina

\* Issue Date

01-13-2020

\* Expiration Date

12-31-2025

\* License Status

Active

### Upload Document



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

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

### Uploaded Files



State Example.docx

Successfully uploaded



[Save for later](#)

[Previous](#)

[Next](#)

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
  - Practitioner Information
  - Professional qualifications
  - Educational History & Training**
  - Employment history
  - Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
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This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

## Educational History & Training

### Educational History

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



#### What determines a full educational history?

Please be sure to include the institution where the practitioner received their most advanced medical education. If you have less than 5 years of employment history, include additional educational history to provide a complete picture of the practitioner's professional timeline.

* Educational Level	* Institution Name	* Please Specify Institution Name.
Medical School	OTHER	USC
* Degree Type	* Start Month	* Year
MD - DOCTOR OF MEDICINE	January	2010
* End Month	* Year	* Country
November	2016	United States
* City	State	
Columbia	South Carolina	

#### Degree Conferred

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

## Professional Training

If the practitioner has completed an internship, fellowship or residency, please update the selection from the dropdown provided and enter detail for this professional training. You may add additional entries / remove entries.

☒ Add Trainings

[Add Additional Training](#)

### Training

* Training Type	* Institution Name
Professional Training	USC
* Program Name	City
Residency	Columbia
Country	State
United States	South Carolina
<input type="checkbox"/> I am actively taking this training/program	
* Start Date	* End Date
02-01-2016	12-31-2018

## Cultural Competency Training

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

☐ Yes ☒ No

Complete your training at <https://thinkculturalhealth.hhs.gov/>

[Save for later](#)

[Previous](#)

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## Steps

- 1 Let's Get Started
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- 4 **Practitioner Information**  
Practitioner information  
Professional qualifications  
Educational History & Training  
[Employment history](#)  
Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Employment history

### Employment History

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

Delete

[Add Additional Employment](#)

### Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name \* Start Month \* Year

Are you currently employed at this organization?

☒ Yes ☐ No

Delete

[Add Additional Employment](#)

### Employment Entry

Provide the timeframe and detail for the employment entry.

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

Are you currently employed at this organization?

☐ Yes ☒ No

### Employment Gap

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

☐ Practitioner had gap of employment.

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**  
Practitioner information  
Professional qualifications  
Educational History & Training  
Employment history  
[Hospital privileges](#)
- 5 Licenses and Professional Certifications
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Hospital privileges

### Hospital Privilege Information

Do you have privileges at any hospital facility?

☐ Yes ☒ No

\* Describe arrangements for hospital care:

Refer the patient to the nearest facility.

[Save for later](#)

[Previous](#)

[Next](#)

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 **Licenses and Professional Certifications**  
Speciality Board Certification  
Malpractice Insurance
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Licenses and Professional Certifications

This next section will collect applicable requirements, including board certification, DEA license, and malpractice insurance.

[Save for later](#)

[Previous](#)

[Next](#)

## Steps

- 1 Let's Get Started
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- 4 Practitioner Information
- 5 Licenses and Professional Certifications  
[Speciality Board Certification](#)  
Malpractice Insurance
- 6 Location Details
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- 8 Review Your Application
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Speciality Board Certification

Providers who hold multiple board certifications should enter their primary certification details and upload copies of all certifications.

**\* Are you board certified?**

☐ Yes ☒ No

Are you qualified to sit for the examination?

☐ Yes ☒ No

[Save for later](#)

[Previous](#)

[Next](#)

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
  - Speciality Board Certification
  - [Malpractice Insurance](#)
  - Federal DEA license
- 6 Location Details
- 7 Practice Locations
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Malpractice Insurance

[Add Additional Insurance](#)

* Carrier's Name	* Policy Number
<input type="text" value="Cover Me"/>	<input type="text" value="911"/>
* Country	* Street
<input type="text" value="United States"/>	<input type="text" value="1500 Hampton St"/>
* City	* State
<input type="text" value="Columbia"/>	<input type="text" value="South Carolina"/>
* Zip/Postal Code	* Effective Date
<input type="text" value="29203"/>	<input type="text" value="01-01-2025"/>
* Expiration Date	* Coverage Amount (Each Occurrence)
<input type="text" value="12-31-2026"/>	<input type="text" value="\$1 million"/>
* Coverage Amount (Aggregate)	
<input type="text" value="\$3 million"/>	

### Upload Document



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

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

### Uploaded Files



Malpractice Example.docx  
Successfully uploaded

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



## Steps

- 1 Let's Get Started
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- 5 **Licenses and Professional Certifications**  
Speciality Board Certification  
Malpractice Insurance  
[Federal DEA license](#)
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
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This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

## Federal DEA license

Does this practitioner hold a DEA certification?

☒ Yes ☐ No ☐ N/A

\* License #

ABC987

\* Issue Date

01-01-2020

\* ExpirationDate

12-31-2025

\* License Status

Active

### Upload Document



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

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

### Uploaded Files



DEA Example.docx  
Successfully uploaded



[Save for later](#)

[Previous](#)

[Next](#)

## Steps

- 1 Let's Get Started
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## Location Details

A primary and additional locations can be added to this application. (Up to 5 per application).

### Location - What to Have Ready

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



#### Location addresses

The physical address, as well as, the billing & correspondence addresses are necessary to complete this section. Make sure to have your phone number available for these addresses as well.



#### Location contacts

Identify the office contacts for this location for credentialing, claims, billing, and others.



#### Clinical Laboratory Improvement Amendment

If you are CLIA certified, please submit a copy of the certification for each location listed on this application.

> [What is a primary location?](#)

[Save for later](#)

[Previous](#)

[Next](#)

Steps

- 1 Let's Get Started
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Practice Locations

### Primary location information

Your primary location is your main hub of operations, where the

* Office practice name	* Office
<input type="text" value="March Madness"/>	<input type="text" value="mma"/>
Group Tax Id Number (TIN)	Practice
<input type="text" value="57-9999999"/>	<input type="text"/>
Group NPI #	Group M
<input type="text"/>	<input type="text"/>

\* Does this provider see patients at this location?

☒ Yes ☐ No

\* If yes, do they accept new patients at this location?

☒ Yes ☐ No

\* Do you accept Medicaid patients?

☐ Yes ☒ No

\* Practitioner's preferred email

\* Do you offer Sign Language?

☐ Yes ☒ No

\* Do you provide a translation service?

### Patient Population

\* Are there patient gender restrictions?

☐ Yes ☒ No

\* Are there patient age limitations?

☐ Yes ☒ No

\* Do you have any other patient limitations?

☐ Yes ☒ No

### Physical Address

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

Should the Provider display in the Directory at this location?

☒ Yes ☐ No

\* Street Address

\* City

\* State

\* County

\* Zip Code

\* Appointment Phone

After Hours Phone

Fax

Please select the language services offered at this location.

☐ Bilingual office staff ☐ Dedicated language services for specific lang

☐ Health plan ☐ Remote video ☒ Telephone

### Office Contact

Please enter this location's main office contact. You will have the opportunity to add additional roles.

\* First Name

\* Last Name

\* Email

### Credentialing Contact

☒ The Credentialing Contact is the same as the Office contact.

### Claims Contact

☒ The Claims Contact is the same as the Office contact.

### Pay to/Billing Address

### Billing Contact

☒ The Billing Contact is the same as the Office contact.

### Correspondence Address

☒ The Correspondence Address is the same as the Physical Address.

### CLIA Certification

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

\* Does this location bill for lab services?

☐ Yes ☒ No

[Save for later](#)

[Previous](#)

[Next](#)

## Steps

- 1 Let's Get Started
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This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Review Your Application

You are almost ready to submit this enrollment request!

If document upload sections appear below, please upload all required files before clicking "**Next**" to submit your application.  
If no upload sections are shown, simply click "**Next**" to proceed to the final step and submit your application.

[Save for later](#)

[Previous](#)

[Next](#)

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

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
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- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Submit

[Save for later](#)

[Previous](#)

[Submit Application](#)

Submitted

Preliminary review

Awaiting signature

Signed

Secondary review

Final review

Approved

Denied

Cancelled

Withdrawn

Case #00032921 - Individual Application

Provider

Jason Doe - March Madness Family Health

Application Type

Individual

Requested Networks

Blue Essentials;BlueChoice HealthPlan;Medicare Advantage;Preferred Blue

Status

Submitted


Case Reference Number

Case #00032921

Case Contact


Kristen Ward - Provider Relations LLC

No action required at this time.

 Case Comments (0)

New

Open Agreements

 Files (0)

Add Files

Upload Files

Or drop files



BlueCross BlueShield South Carolina  
**Application Consent Agreement**  
[\[secure.na2.echosign.com\]](https://secure.na2.echosign.com)

**Review and sign**  
[\[secure.na2.echosign.com\]](https://secure.na2.echosign.com)

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



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

To ensure that you continue receiving our emails, please add [echosign@echosign.com](mailto:echosign@echosign.com) to your address book or  
safe list.

© 2024 Adobe. All rights reserved.

All appropriate parties will  
receive the appropriate  
document to sign.

All appropriate parties will  
receive confirmation once  
completed.



All parties finished  
**Application Consent Agreement**

**Open agreement**  
[\[secure.na2.echosign.com\]](https://secure.na2.echosign.com)



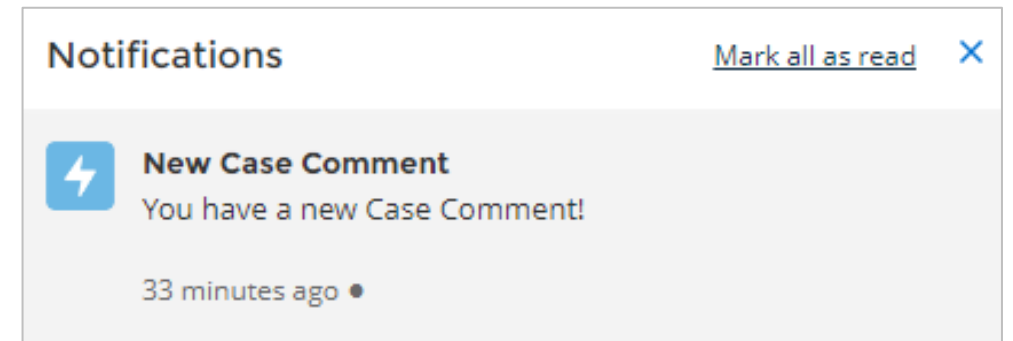
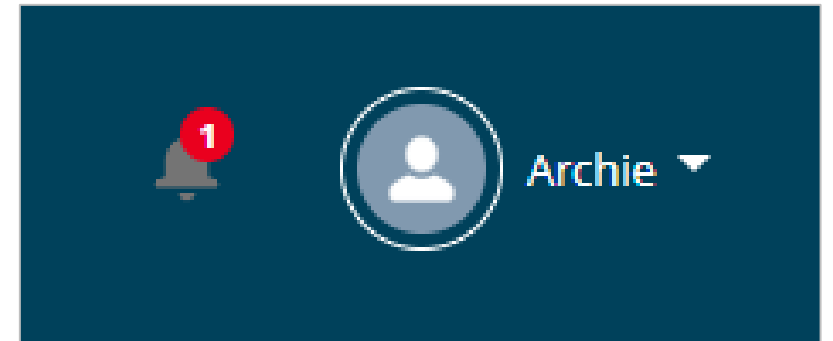
# **MAKING CORRECTIONS TO AN APPLICATION**





# MISSING ITEMS?

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



# CORRECTING APPLICATIONS

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

# STEPS FOR MAKING CORRECTIONS

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

Action Required

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

Launch Application

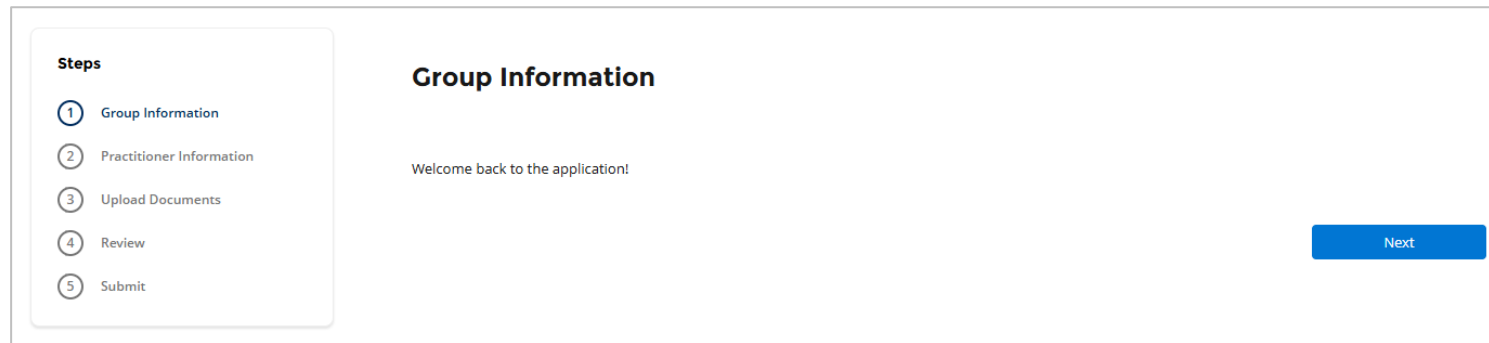
Action Items

1 of 1 item

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

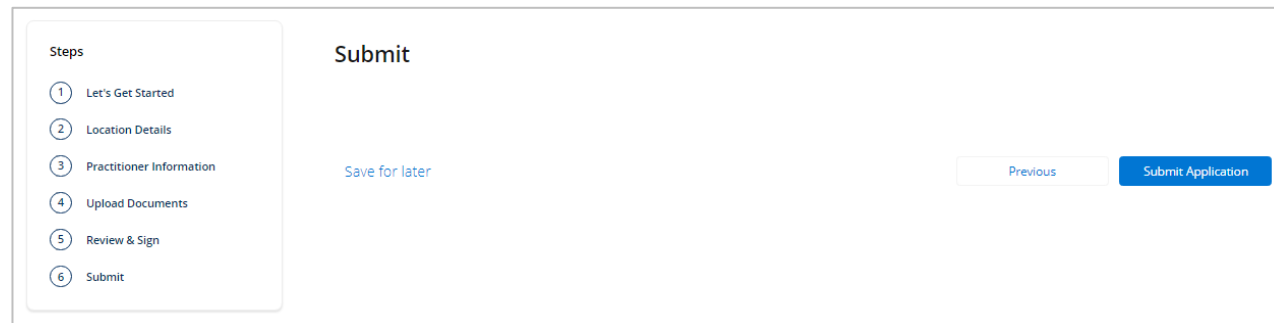
# STEPS FOR MAKING CORRECTIONS (CONTINUED)

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



The screenshot shows a web interface for a multi-step process. On the left, a sidebar titled "Steps" contains a vertical list of five items: 1 Group Information, 2 Practitioner Information, 3 Upload Documents, 4 Review, and 5 Submit. The first item, "1 Group Information", is highlighted with a blue circle around the number. The main content area is titled "Group Information" and displays the text "Welcome back to the application!". At the bottom right of the main area is a blue button labeled "Next".

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



The screenshot shows a web interface for a multi-step process. On the left, a sidebar titled "Steps" contains a vertical list of six items: 1 Let's Get Started, 2 Location Details, 3 Practitioner Information, 4 Upload Documents, 5 Review & Sign, and 6 Submit. The sixth item, "6 Submit", is highlighted with a blue circle around the number. The main content area is titled "Submit" and displays the text "Save for later" in blue. At the bottom right of the main area are two buttons: a light blue button labeled "Previous" and a dark blue button labeled "Submit Application".



# **IMPORTANT REMINDERS**



# MISSING ITEMS THAT COULD DELAY THE ENROLLMENT PROCESS

## Incorrectly signed applications or contracts

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

## Invalid dates

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

## Incomplete submissions or documentation

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

### IMPORTANT NOTE:

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

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

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

# RECREREDENTIALING PROCESS

- **Recredentialing for network participating practitioners occurs every three years.**
  - If you need to know the upcoming recredentialing dates for a provider, email [Recred.App@bcbssc.com](mailto:Recred.App@bcbssc.com).
    - Include the provider's name and NPI.
- **The credentialing team reaches out when the provider's recredentialing dates is approaching.**
  - First, the team calls to see if the provider is actively working at the location we have on file. If they are, the recredentialing application is sent by email or fax.
    - If a response is not received after the first outreach, a second attempt is made in 14 days.
    - If a response is not received after the second outreach, a third attempt is made in seven days.
    - If a response is not received after the third and final outreach, the process to terminate the provider is initiated.
- **If a provider is past due for their recredentialing or if the recredentialing is due within 60 days, and new enrollment application must be submitted.**

# NON-CREDENTIALLED PROVIDERS

Acupuncturists

Associate  
Counselors

Christian  
Science  
Practitioners

Diabetes  
Education

Dieticians\*

Education  
Specialists

Homeopaths

Lay Midwives

Massage  
Therapists

Naturopaths

Occupational  
Therapy  
Assistants

Physical  
Therapy  
Assistants

Psychology  
Assistants

Recreational  
Therapists

School  
Psychologists

Sports Trainers

Technicians

*Note: This list may not be all inclusive.*

*\*Can join the Healthy Blue network.*

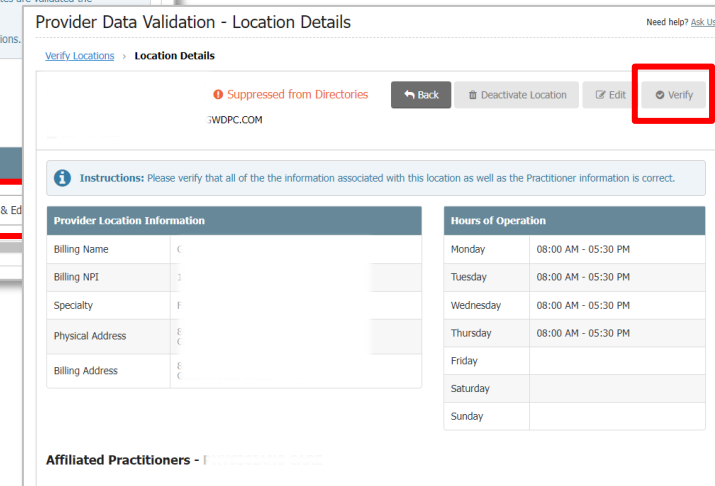
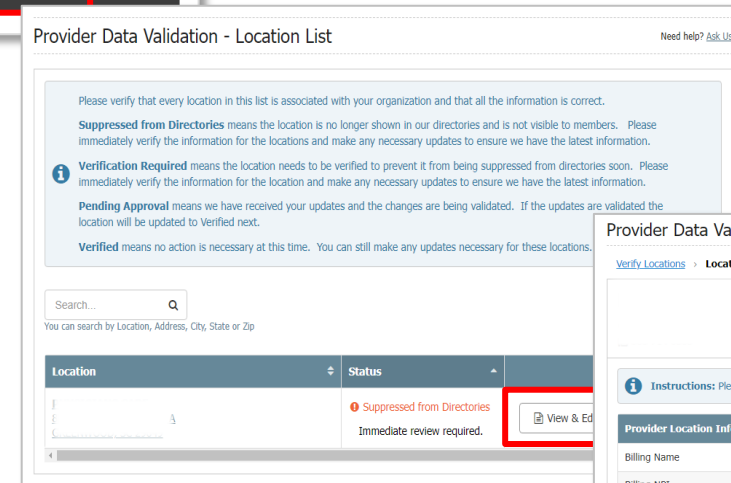
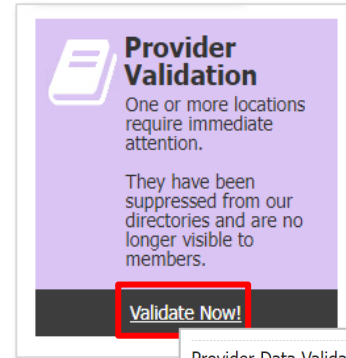


# PROVIDER DIRECTORY VALIDATION

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

# LOCATION SUPPRESSIONS DUE TO MISSING VALIDATION

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



# MAKING DEMOGRAPHIC UPDATES

## My Provider Enrollment Portal

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

## M.D. Checkup

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

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

# REMOVING (CLOSING) LOCATIONS IN M.D. CHECKUP

**My INSURANCE**  
KIRAZZI™

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

### Provider Data Validation - Locations List

[Need help? Ask Provider Services](#)

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

Search locations...

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

Location	Status	
Provider 1 Main Street	Requires Verification	<a href="#">View &amp; Edit</a> <a href="#">Remove Location</a>
Provider 2 Pine Road	Requires Verification	<a href="#">View &amp; Edit</a> <a href="#">Remove Location</a>
Provider 3 Davis Avenue	Requires Verification	<a href="#">View &amp; Edit</a> <a href="#">Remove Location</a>

### Request to Remove Location

City, State or Zip

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

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

[Requires Verification](#) [View & Edit](#)

[Requires Verification](#) [View & Edit](#)

[Cancel](#) [Remove](#)

[View & Edit](#) [Remove Location](#)

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

# ADDING PRACTITIONER AFFILIATIONS IN M.D. CHECKUP

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

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

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



# RESOURCES



## AVAILABLE RESOURCES

- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and use the following path to access great resources for the portal and provider enrollment.
  - Providers>Provider Enrollment>***Join Our Networks***

**My Provider Enrollment Portal Manual**

**Provider Enrollment Presentation**

**Provider Enrollment FAQs**



**THANK YOU!**

