

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
- Important Reminders
- Completing Clean Applications
- Making Corrections to Applications
- 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**	In-state, out-of-network 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	Enrolled groups that have new locations 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	Out-of-state and out-of-network 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 CHECKLIST FOR PHYSICIANS

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*****
Board Certification*****

*Must include past five years (active and inactive).

**Only if applicable.

***Required for MDs, DOs and DPMs.

****Only if applying for BlueChoice HealthPlan.

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

*****If board certified.

EXAMPLE OF A GROUP CHECKLIST FOR A 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 is under the Maintenance section of the portal.

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



OVERVIEW OF THE ENROLLMENT PROCESS



UNDERSTANDING THE GENERAL PROCESS OF AN APPLICATION



- After you complete and submit your application in My Provider Enrollment Portal, the application will be in the submitted status pending review.
- During the preliminary review, the application is assigned to an enrollment analyst for a high-level review to determine whether the application is clean (all the required information and items are included).*
- If the application is deemed clean, the analyst will send the application and agreements to the appropriate parties for electronic signatures.
- Once all appropriate parties have signed their applicable sections of the documents, the application will move to the next stage of the process.
- During the secondary review, the credentialing team takes a deeper look at the application, to include background checks for the practitioners, and sends the application to committee.*
- If everything is clear and approved by the committee, the application progresses to contracting.*
- During the final review, the enrollment team loads the provider into the system and sends a welcome notification to the credentialing contact that includes the network and affiliation dates.

**During these stages, any missing items or corrections needed will cause the application to be sent back to the provider. To prevent delays, be sure to review the checklists, include appropriate emails for signatures and answer disclosure questions correctly.*

7-7-7 RULE FOR MISSING ITEMS

- Once an application is reviewed and an analyst determines something is needed, they will add a case comment explaining the issue.
- When you receive a notice for missing items or corrections that are needed to an application, we encourage you to return the requested information or make the necessary corrections as soon as possible.
- An automated notification is sent every seven days (**up to 21 days**).
 - Day seven: You will receive the first notification.
 - Day 14: You will receive the second notification.
 - Day 21: You will receive the final notification.
- If the requested items or corrections are not received by day 21, the application will be up for cancellation.

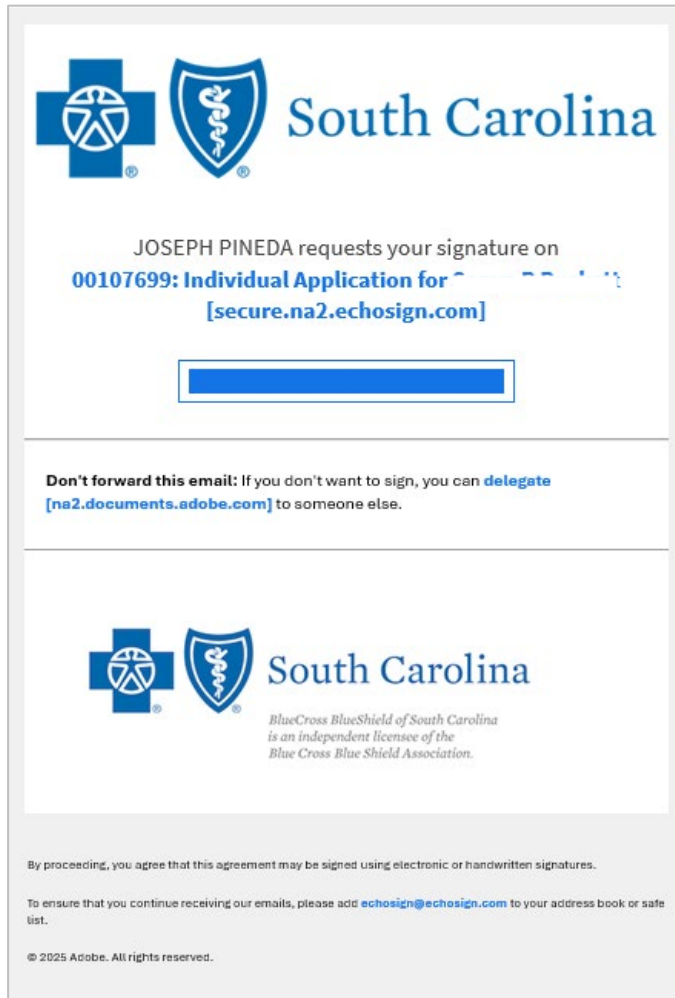
Note: The automated notifications will stop once the case is reviewed by the assigned analyst.

E-SIGNING PROCESS

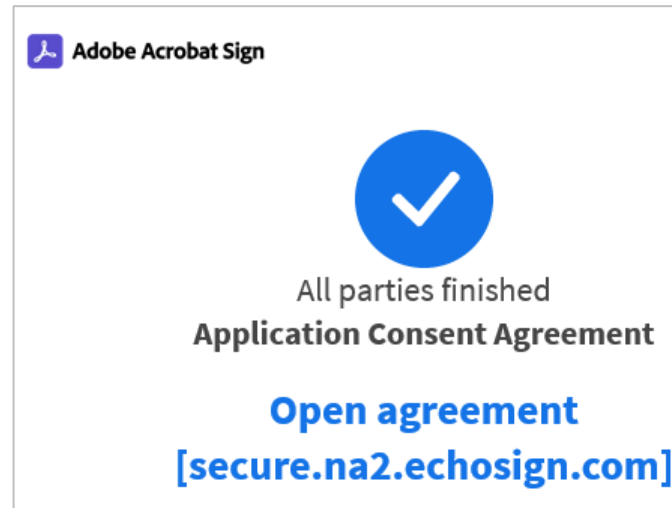
- As of June 9, 2025, applications, contracts and other enrollment related documents can be signed electronically.
- For each application type—whether for initial enrollment or maintenance—you will be prompted to provide specific email addresses for various roles, such as:
 - Practitioner
 - Credentialing contact
 - Fiduciary contact
- When documents are ready for signature:
 - An email will be sent to the first required signer (for example, the practitioner for an individual application).
 - Once they sign, the next designated contact (such as the credentialing contact) will receive their e-sign email.
 - When all applicable parties have signed their portion of the documents, they will receive confirmation via email.

Note: When applicable, you must enter the practitioner's email address. It cannot be the email address for the practice.

EXAMPLES OF E-SIGN EMAILS



All appropriate parties will receive the appropriate document to sign.



All appropriate parties will receive confirmation once completed.

Note: Do not delete or ignore these emails—they are not spam or phishing attempts. Also, please do not respond to these emails.

NETWORK AND AFFILIATION DATES

- Network effective dates are based on the credentialing committee's approval date.
 - Network effective dates **cannot** be backdated.
- Affiliation dates are based on the practitioner's start date with the practice they are joining.
 - Affiliation dates can be backdated to the earliest start date for the practitioner, but no more than Jan. 1st of the previous year.
 - **This does not apply to the Healthy Blue network**, as this ensures we comply with South Carolina Department of Health and Human Services (SCDHHS) and National Committee for Quality Assurance (NCQA) standards and guidelines.



IMPORTANT REMINDERS



MEDICAID ID REQUIREMENTS

- The Medicaid ID is needed for any practitioner or group that wishes to participate in the Healthy Blue network.
 - We encourage you to wait until you have the Medicaid ID number before beginning an application for the practitioner or group.
- The Medicaid ID must be registered with SCDHHS and **must be assigned to the practitioner or group NPI**, not the TIN.
- During the review process of an application, if the practitioner or group's Medicaid ID number is not validated or active with SCDHHS, they will not be considered for participation in the Healthy Blue network.

IMPORTANT INFORMATION FOR THE HEALTHY BLUE NETWORK

- When it comes to the credentialing process for the Healthy Blue network, providers have the right to:
 - Review information obtained from outside sources (i.e., state licensing boards) used to evaluate their credentialing application.
 - This does not include references, recommendations, or other peer-review protected information.
 - Correct any erroneous information submitted by outside sources.
 - If the credentialing staff identifies a discrepancy, they will notify the provider in writing (case comment).
 - Question the status of their credentialing application and receive a response by phone or email within seven calendar days to include:
 - The date their completed application was received.
 - Any outstanding items needed for completion.
 - The expected date of the credentialing decision.
- To exercise the above rights, please fax your inquiries to 803-870-9997.
 - Inquiries can be submitted using a free formed letter.

PROVIDER MEDICAL LICENSES AND WORK HISTORY

- For both the provider's medical licenses and work history, we need five years (60 consecutive months) of data.
- For medical licenses, you would include any applicable active and inactive licenses.
- For the work history, if there is a gap of six months or more, a detailed explanation is required for review.
 - When adding the work history in My Provider Enrollment Portal, we encourage you to list them in chronological order, starting with the current job.

EXPIRING DOCUMENTS

- All documents being uploaded with the application must be current and should not expire within 30 days. This includes:
 - Medical licenses
 - Malpractice (COI)
 - Be sure the copy uploaded covers the requested start date for the practitioner.
 - DEA license
 - CLIA certificates
- If the document is going to expire within 30 days of submission, be sure to include a copy of the current document and the new or updated document.

TAXONOMY AND LANGUAGES

- The taxonomy selected during the application process must coincide with the practitioner's medical license.
 - For example, a nurse practitioner may specialize in family medicine; however, they should not select family medicine as their taxonomy. Instead, they should select nurse practitioner based on their license.
- When completing the enrollment application, be sure to select all the applicable languages the practitioner speaks.
 - This information is included in our directories and allows patients to select provider's that meet their language needs.

MISROUTED INQUIRIES

- There are times when the provider enrollment team receives inappropriate requests related to:
 - Prior authorizations
 - Claims
 - Benefits
- For these types of inquiries, be sure to contact the appropriate Provider Services area based on the member's plan or use My Insurance ManagerSM.

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.
 - Include the provider's name and NPI.
- **The credentialing team reaches out when the provider's recredentialing dates is approaching.**
 - The team reaches out to the practice on file that the provider is affiliated with to see if they are actively working at the location. It is important that we have the most accurate and up-to-date contact information on file.
 - 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, a new enrollment application must be submitted.**

Note: Outreach begins two to three months in advance.

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

**Can join the Healthy Blue network.*

Note: This list may not be all inclusive.

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 ManagerSM).
 - You can also respond to the email received from Provider.Directory@bcbssc.com.
- For outreach purposes, it is important to have the correct contact information on file.
 - If contact information needs to be updated for your practice, you can submit a support case in My Provider Enrollment Portal.
 - If contacts are different based on the location, be sure to include the specific details.

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 FOR THE PRACTICE

- There are times in which you must make demographic updates to your practice or practitioner.
- Some updates can be made in My Provider Enrollment Portal, and some can be made using M.D. Checkup.

My Provider Enrollment Portal

- Submit a Name Change
- Change of Address
- Add a Satellite Location
- Request to Add a Practitioner
- Remove a Practitioner

M.D. Checkup

- Terminate (close) Location
- Change of Address
- Hours of Operations
- Add a Practitioner Affiliation
- Terminate Practitioner Affiliation

*Note: You can only add a practitioner in M.D. Checkup if they are **enrolled and associated** with the TIN.*

TERMINATING (CLOSING) LOCATIONS USING M.D. CHECKUP

- To close a location for your practice using M.D. Checkup:
 - Log into My Insurance Manager.
 - Select Provider Update.
 - Select Remove Location next to the location you wish to close.
 - Enter the effective date of change.
 - Select Remove.

The screenshot shows the 'My Insurance Manager' interface. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory, and Provider Update. The main heading is 'Provider Data Validation - Locations List'. Below this is an information box with instructions: 'Please verify that every location in this list is associated with your practice and that all of the information is correct.' There is a search bar labeled 'Search locations...' with a note 'You can search by Location, Address, City, State or Zip'. A table lists three locations: 'Provider 1 Main Street', 'Provider 2 Pine Road', and 'Provider 3 Davis Avenue'. Each location has a 'Status' column with a red icon and the word 'Request'.

Location	Status
Provider 1 Main Street	Request
Provider 2 Pine Road	Request
Provider 3 Davis Avenue	Request

The modal dialog is titled 'Request to Remove Location'. It asks: 'Are you sure you wish to remove Palmetto Northeast? Please enter the date on which you want this location to be removed.' A note states: 'Note: The removal date must be after the original effective date.' There is a date input field with a calendar icon and a placeholder 'mm/dd/yyyy'. Below the input field are 'Cancel' and 'Remove' buttons. To the right of the input field is a 'View & Edit' button. The background is dark grey.

Request to Remove Location

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

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

mm/dd/yyyy

Cancel Remove View & Edit

ADDING PRACTITIONER AFFILIATIONS USING 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 ***Request to Add Practitioner*** application 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.



MY PROVIDER ENROLLMENT PORTAL



GETTING STARTED WITH MY PROVIDER ENROLLMENT PORTAL

- Visit www.SouthCarolinaBlues.com.
 - Providers>Provider Enrollment>**Join Our Networks**
- Username format: **email.firstname.lastname**
- New users should select Not a member from the landing page of the portal.



Login to MyPEP

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

Log in

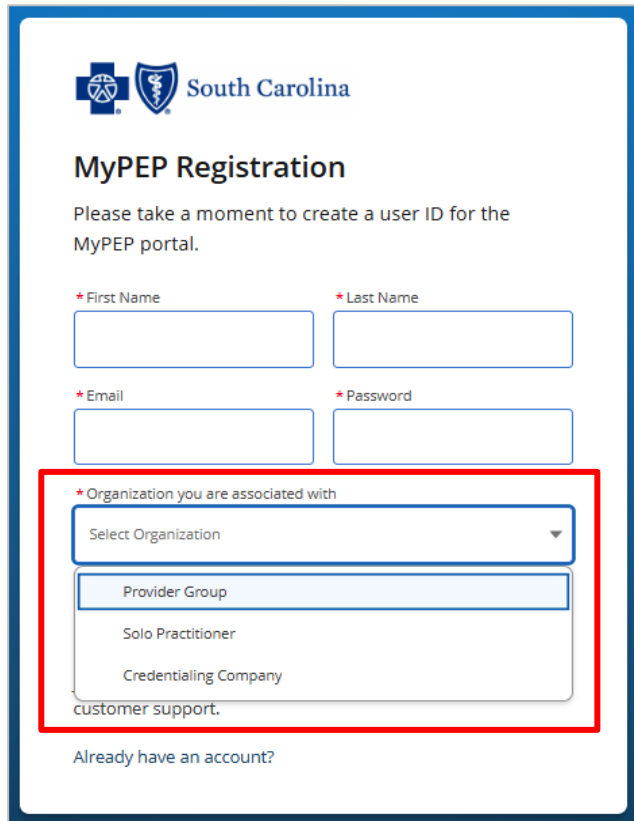
[Forgot your password?](#)

[Not a member?](#)

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

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". The entire dropdown menu area is highlighted with a red border. 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

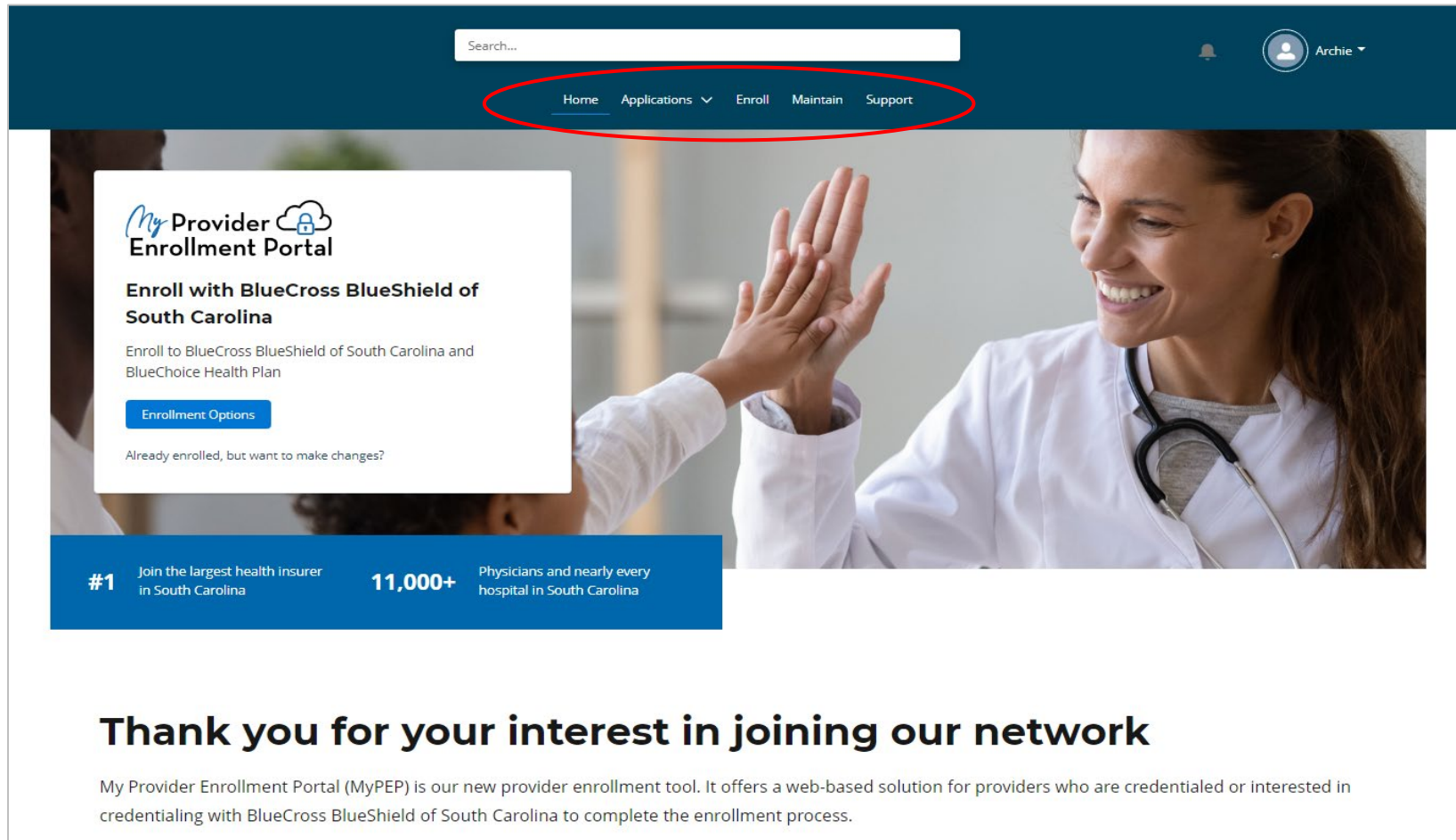
Credentialing Company

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 image of a smiling female doctor in a white coat. Overlaid on the left side of this image is a white box containing the portal's logo, the text 'Enroll with BlueCross BlueShield of South Carolina', a brief description of the enrollment process, an 'Enrollment Options' button, and a link for already enrolled providers. Below this, a blue banner displays statistics: '#1 Join the largest health insurer in South Carolina', '11,000+', and 'Physicians and nearly every hospital in South Carolina'. At the bottom, a large heading reads 'Thank you for your interest in joining our network', followed by a paragraph explaining the My Provider Enrollment Portal (MyPEP) as a web-based solution for provider enrollment.

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	▾

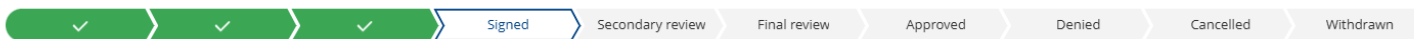
MY PROVIDER ENROLLMENT PORTAL – APPLICATIONS NEED ACTION

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...	☒	3/31/2025, ...	Action Item - Name: South Carolina - Missing, Status: Open, Issue: Missing
User173...	☒	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

⚙️ ▾

📊 ▾

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	Case Number ↑ ▾	Subject ▾	Status ▾	Provider ▾	
1	00032461	R. DASILVA - Request to Term Practitioner	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.

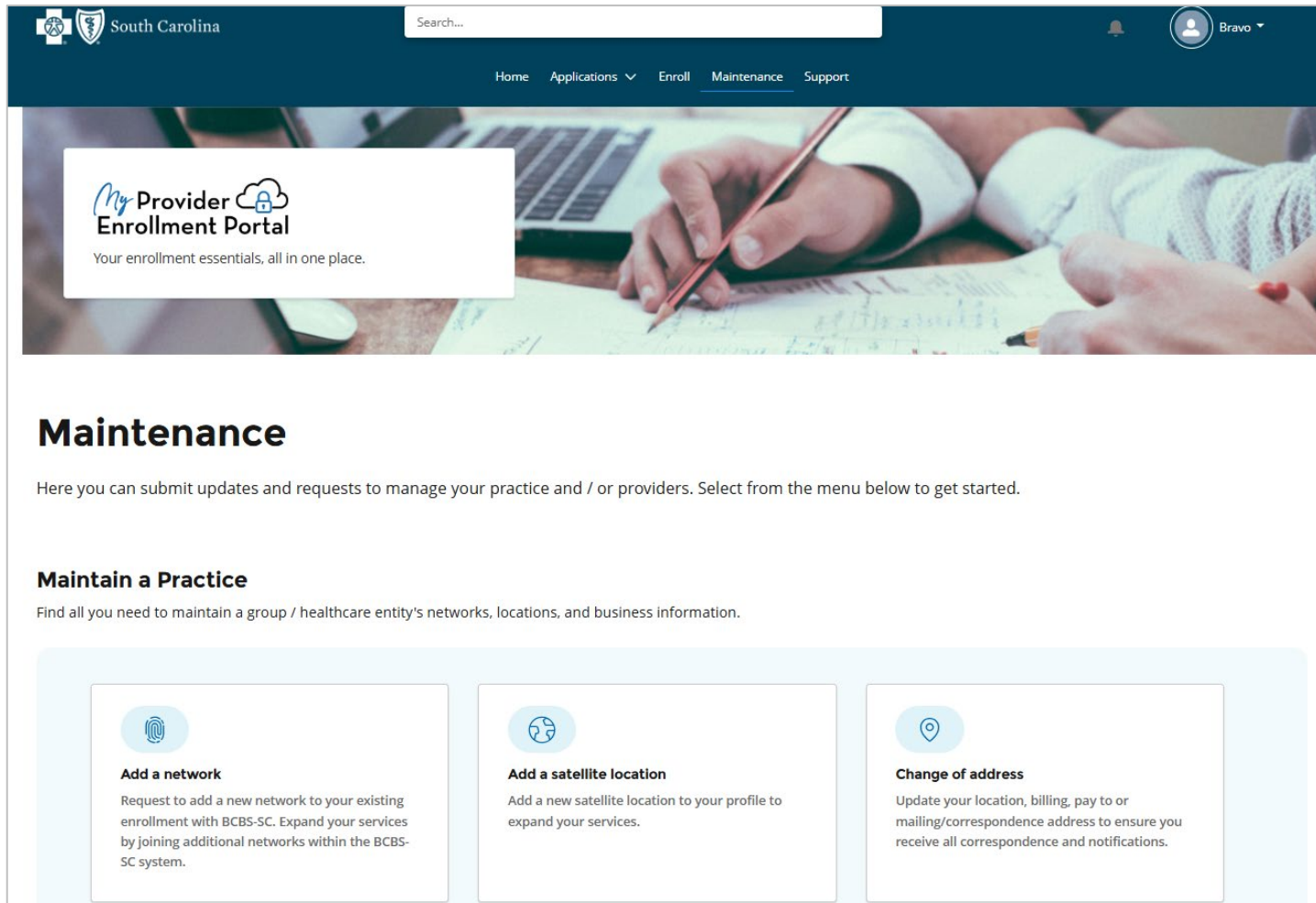


Facility Application

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' with a subtext: 'Here you can submit updates and requests to manage your practice and / or providers. Select from the menu below to get started.' Underneath is a sub-section 'Maintain a Practice' with the text: 'Find all you need to maintain a group / healthcare entity's networks, locations, and business information.' At the bottom, there are three light blue boxes with icons and text: 'Add a network' (network icon), 'Add a satellite location' (globe icon), and 'Change of address' (location pin icon).

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 ▾

[Home](#) [Applications ▾](#) [Enroll](#) [Maintenance](#) [Support](#)

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

View when practice is found.

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 a 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

View when practice is not found.

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](#)

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.

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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

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 Omniscript is saved automatically. To resume the Omniscript later, Copy the link or Email me the link

Practitioner information

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

*First Name	Middle Name	*Last Name
Jason		Doe
*Title	Suffix	Former surnames/Maiden Names
MD		
*Social Security Number	*Date of Birth	Tax Id
000-11-0000	07-13-1970	579999999
NPI Group	*NPI Number (type I individual)	Medicaid ID
122222222	133333333	
Medicare Number	*Provider Type	*Professional Designation
	Primary Care	MD - Medical Doctor

Preferred Email

Please provide the practitioner's preferred email so that they will be able to sign their application package. This is required as we cannot process your case without the practitioner's email.

* Practitioner's Email

Demographic information

Please provide all required demographic information, including full name, date of birth, NPI, Social Security number, and other relevant information, as requested. Gender, race, ethnicity, and languages spoken are optional. If you prefer not to answer optional questions, you may select "Declined to Answer" or "Unknown", where applicable. Additional spoken languages will be published in the provider directory to help members select providers who meet their language needs.

*Gender	*Race	*Ethnicity
Male	Black or African American	Declined to Answer

Languages

Language(s) Spoken (other than English)- 1	Language(s) Spoken (other than English)- 2

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

[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
- 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

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 code

* 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](#)

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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

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
☐ 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](#)

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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](#)

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
- 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](#)

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](#)

Note: Hospital privileges are based on admitting privileges.

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](#)

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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](#)

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
- 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](#)

Malpractice Insurance

[Add Additional Insurance](#)

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

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
- 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

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

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
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
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This Omniscrypt is saved automatically. To resume the Omniscrypt later, Copy the link or Email me the link

Practice Locations

Primary location information

Your primary location is your main hub of operations

* Office practice name

March Madness

* Group Tax Id Number (TIN)

57-9999999

* Group NPI #

133333333

* 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

* Do you offer Sign Language?

☐ Yes ☒ No

* Do you provide a translation service?

No

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

123 Ohio St

* City

Columbia

* State

South Carolina

* County

Richland

* Zip Code

29202-

* Appointment Phone

(803) 555-1234

After Hours Phone

Fax

Please select the language services offered at this location.

☐ Bilingual office staff ☐ Dedicated language services for specific language ☐ Language services vendor

☐ Health plan ☐ Remote video ☒ Telephone

Office Contact

Please enter this location's main office contact. You will have the opportunity to indicate below if they serve as a contact for additional roles.

* First Name

Kyle

* Last Name

Barker

* Email

mmadness@help.com

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](#)

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[Next](#)

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

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
- 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](#)

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

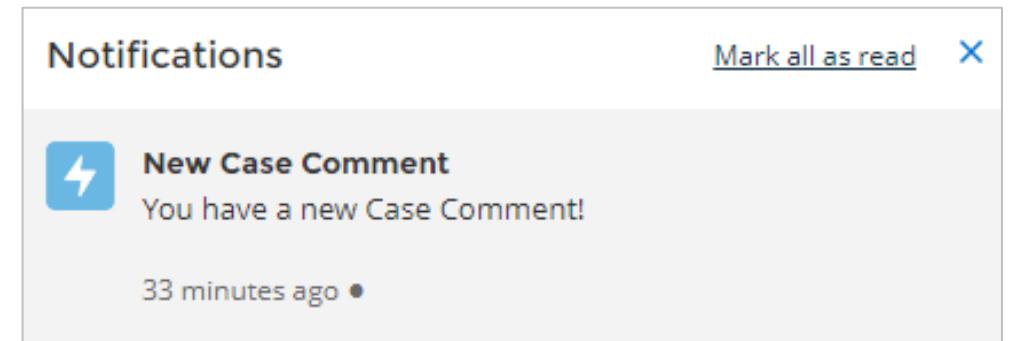
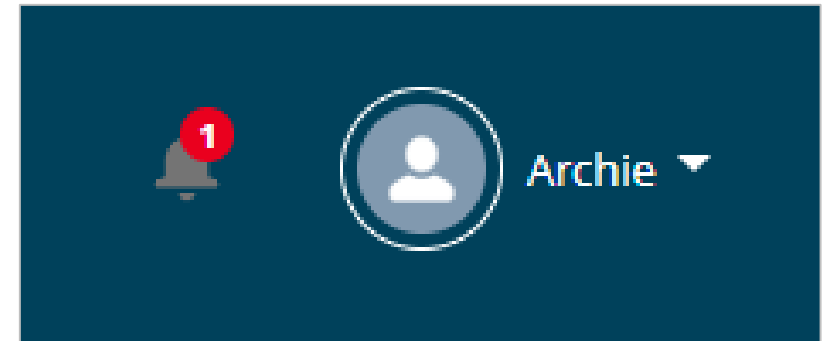


MAKING CORRECTIONS TO AN APPLICATION



CORRECTING APPLICATIONS

- Currently, corrections can only be made to group or individual enrollment applications.
 - Corrections cannot be made to maintenance applications.
 - If an error or mistake is made after submission, a case comment must be made on the current case requesting to have it canceled, and a new maintenance application must be submitted.
- If items are missing or corrections are needed for an application, you will see a notification once you log into the portal.
- After selecting the notification bell, you will see that there is a new case comment for you to review.
- All corrections must be made in the portal.
 - 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 'Steps' sidebar lists five items: 1 Group Information (highlighted with a blue circle), 2 Practitioner Information, 3 Upload Documents, 4 Review, and 5 Submit. The main area is titled 'Group Information' and contains the text 'Welcome back to the application!'. A blue 'Next' button is located in the bottom right corner of the main area.

- 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 'Steps' sidebar lists six items: 1 Let's Get Started, 2 Location Details, 3 Practitioner Information, 4 Upload Documents, 5 Review & Sign, and 6 Submit (highlighted with a blue circle). The main area is titled 'Submit' and contains the text 'Save for later'. At the bottom right, there are two buttons: a light blue 'Previous' button and a dark blue 'Submit Application' button.



RESOURCES



AVAILABLE RESOURCES

- Visit 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

Checklists

“How to” Videos



THANK YOU!

