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

MY PROVIDER ENROLLMENT PORTAL

User Guide

OVERVIEW

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

Use the portal to:
- Become a network provider.
- Maintain enrollment.
- Obtain automated status updates.
- Receive notifications when additional information is needed and much more.

The portal is used for medical, behavioral health, dental, and virtual care enrollment. Also, there is a new component that allows providers to seek assistance with any enrollment questions or concerns they may have by submitting case comments.

Overall, MyPEP helps streamline services and makes the provider enrollment process more efficient.
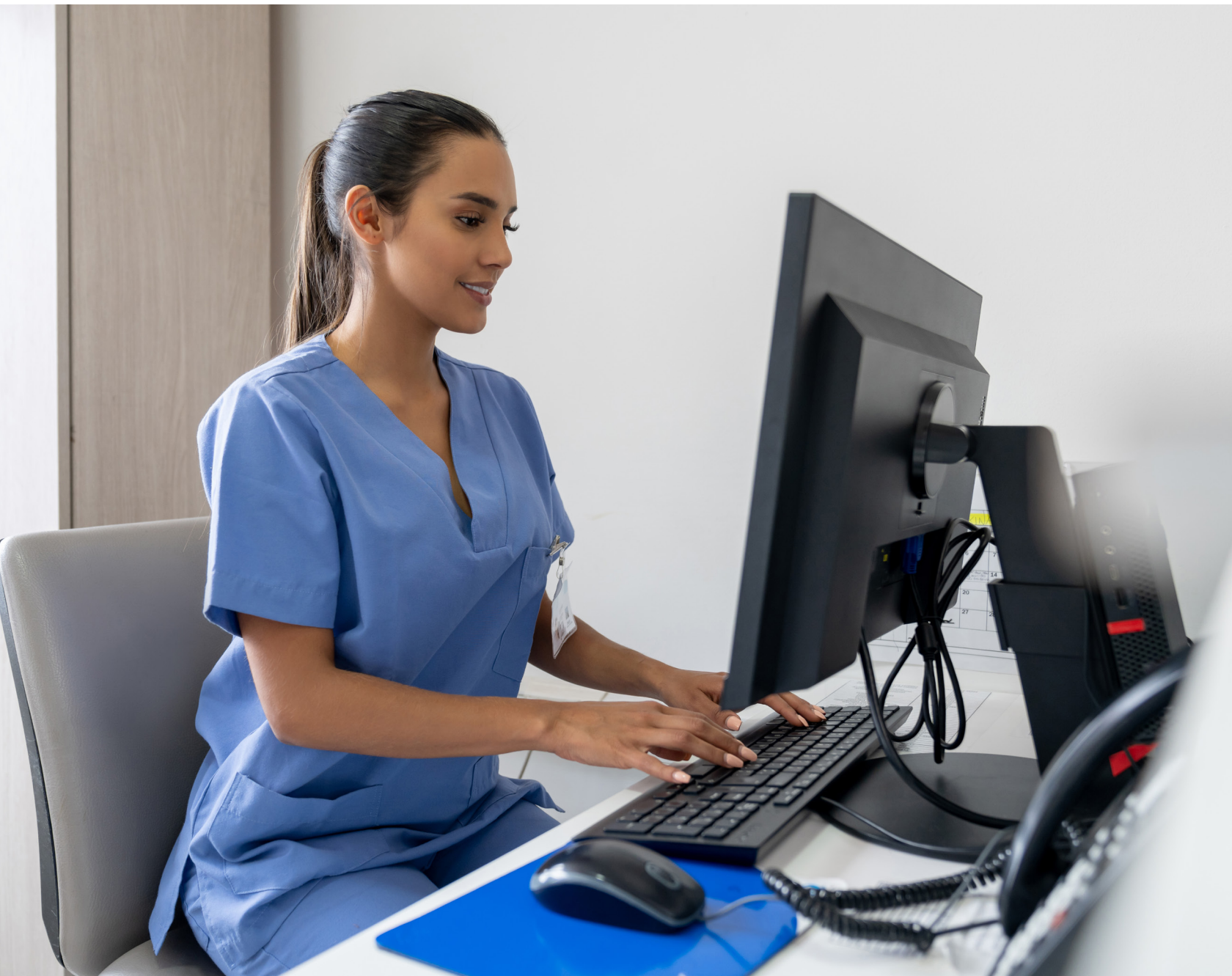
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ENROLLMENT APPLICATIONS AND FORMS

Enrollment applications and forms for BlueCross include the following:

Application or form	Used for ...
Individual Enrollment	New practitioners that want to enroll with BlueCross (not behavioral health)
Group Practice Enrollment	New groups that want to enroll with BlueCross
Facility Information Request	Medical facilities that want to credential with BlueCross
Virtual Care Services	Practitioners or groups that want to render telemedicine and telehealth services
Health Professional	In-state, out-of-network practitioners that want to file claims to BlueCross
Behavioral Health	New practitioners or groups that want to enroll in our behavioral health network
Autism Provider Panel	Applied behavior analysts that want to enroll in our autism provider panel
DBA Name Change	Changing the doing business as (DBA) name of a practice
Change of Address	Updating the physical, pay to, correspondence and billing agency address
Satellite Location	Enrolled groups that have new locations that want to file claims
NPI Provider Notification	Registering a National Provider Identifier (NPI) with BlueCross
Add or Terminate Practitioner	Adding or terminating a practitioner's affiliation with a clinic, group or institution

CHECKLISTS

Individual Provider Enrollment

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

Individual Checklist Items	Mid-Level	Physician	DDS*	DMD**	Ancillary	Chiro	Pharmacist
Provider Enrollment Application	■	■	■	■	■	■	■
Copy of SC Medical or Practice License	■	■	■	■	■	■	■
Drug Enforcement Administration (DEA) Certification	■	■	See Footnote 1	■			■
Current Copy of Malpractice (Min. $1M/$3M)	■	■	■	■	■	■	■
Authorization to Bill for Services	■	■	■	■	■	■	■
Clinical Lab Improvement Amendments (CLIA)	■	■		See Footnote 2	■	■	■
Nurse Practitioner Preceptor Form	■						
Signed Contracts	■	■	■	■	■	■	■
Hold Harmless – BlueChoice HealthPlan	■	■	■	■	■	■	■
Appendix D – BlueChoice HealthPlan	■	■	■	■	■	■	■
Professional Training		See Footnote 3	■	■	■	■	■
Additional Items for Medicaid							
Medicaid ID Number	■	■		See Footnote 2	■	■	■
Protocols (Written Agreement)	See Footnote 4						

[1] Only needed if applicable.

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

[3] DOs, DPMs and MDs require at minimum residency training.

[4] Only needed for physician assistants.

*Doctor of Dental Surgery (DDS)

**Doctor of Medicine in Dentistry (DMD)

In-State, Out-of-Network Provider Enrollment

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

Checklist Items
[1] Health Professional Application
[1] Authorization to Bill for Services
[2] Group Practice Application
[2] IRS Verification of Tax ID (No W9)
[2] Electronic Funds Transfer Enrollment

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

[2] Only needed if the group is not on file.

Group Practice Provider Enrollment

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

Group Practice Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing and Ambulatory Surgery Centers	Pharmacy	Dental
Group Practice Application	✓	✓	✓	✓	✓	✓
IRS Verification of Tax ID (No W9s)	✓	✓	✓	✓	✓	✓
Electronic Funds Transfer Enrollment	✓	✓	✓	✓	✓	✓
Application for Satellite Location (if applicable)	✓	✓	✓	✓	✓	✓
Clinical Lab Improvement Amendments (CLIA)	✓			✓	✓	
Signed Contracts	✓	✓	✓	✓	✓	✓
Copy of CMS Letter		✓	✓	✓	✓	
Copy of Medicare PTAN Letter			✓		✓	
Copy of Business License			✓	✓		
Copy of DHEC License				✓	✓	
Additional Items for Medicaid						
Medicaid ID Number	✓	✓	✓	✓	✓	

Behavioral Health Provider Enrollment

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

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

* Companion Benefit Alternatives (CBA)

ELECTRONIC VS. WET (INK) SIGNATURES

Medical Networks

Use this chart to determine whether an application or form can be signed electronically.

Application or Form	Signature Requirements
Provider Enrollment	Electronic or wet
Recredentialing	Electronic or wet
Facility Information Request	Electronic or wet
Health Professional	Electronic or wet
Doing Business As (DBA)	Electronic or wet
Change of Address	Electronic or wet
Add/Term Practitioner	Electronic or wet
Authorization To Bill	Electronic or wet
Electronic Funds Transfer (EFT)	Wet
Appendix D — BlueChoice HealthPlan	Wet
Hold Harmless — BlueChoice HealthPlan	Wet
All Contracts	Wet

Behavioral Health Networks

Use this chart to determine whether an application or form can be signed electronically.

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

GETTING ENROLLED

1. Getting Started
Access **My Provider Enrollment Portal**.

From the home page of the portal, select New user. Do keep in mind that only one email address, per person or practice, can be registered in the portal. For larger practices or offices, it is best to sign up using a shared email. This way, if someone leaves the practice, the cases can still be viewed by anyone at the practice that has access to the log in information.

If you run into any issues, or if you are unable to reset your password using the available link, please contact the provider education team using the request form.

2. After logging in to the portal, select Get Enrolled.
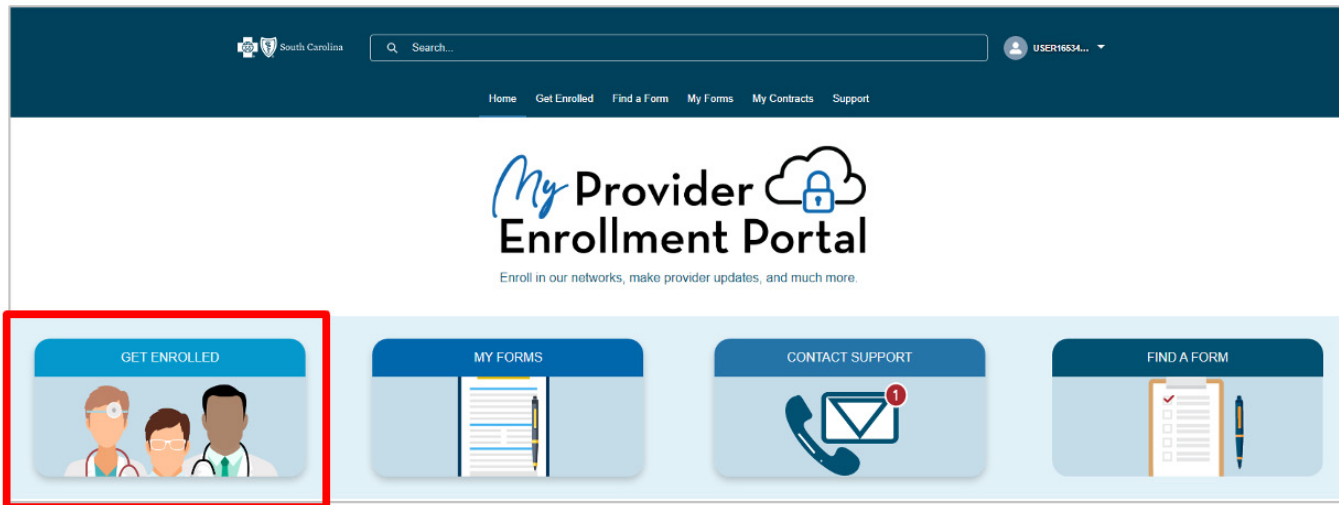
3. Select one of the available options.
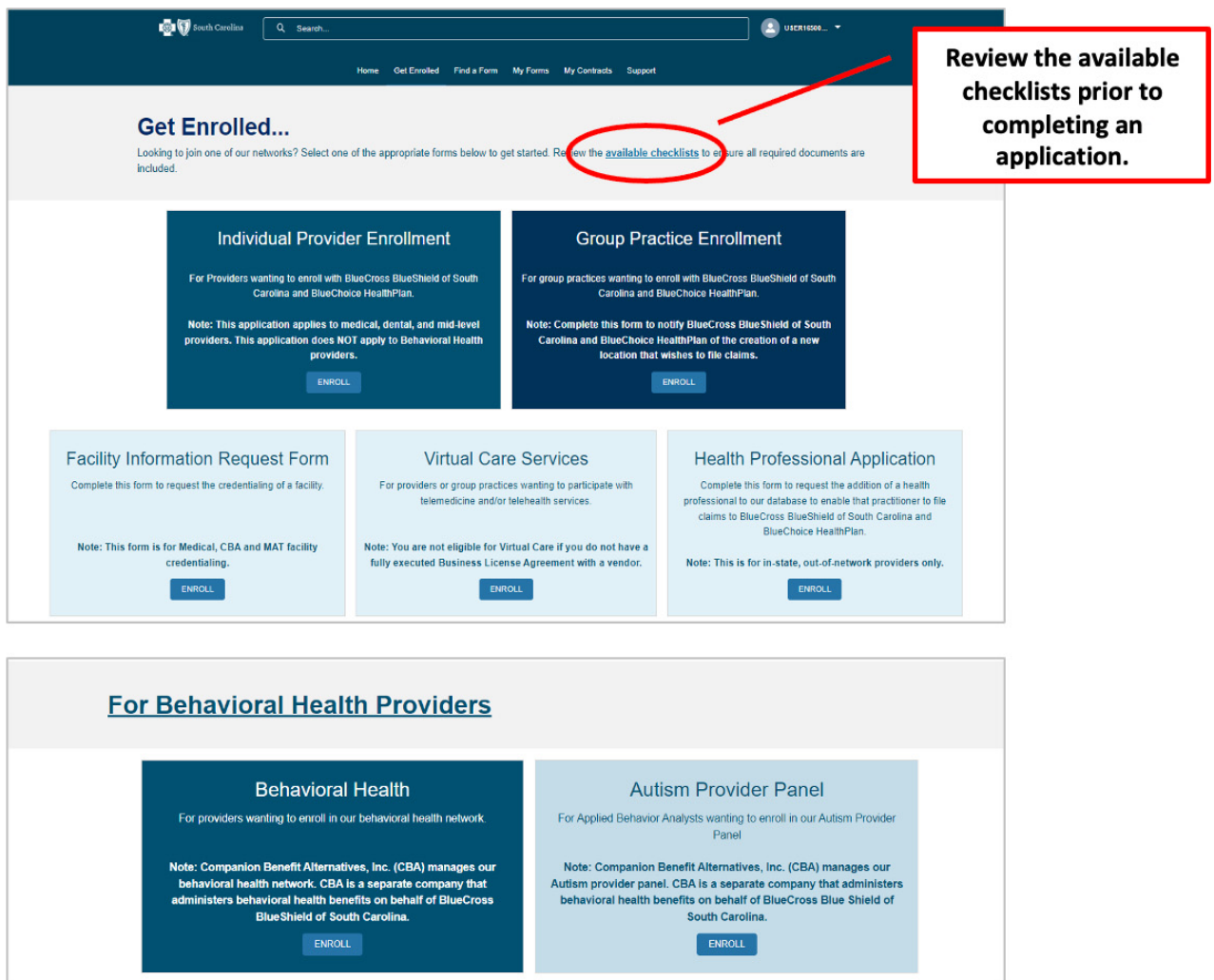
Note: The application and requirements will vary based on the enrollment option selected.

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

Provider Enrollment Application

Provide the following information and then click Next to continue.

* Networks (Select all that apply)

Available		Selected	
Blue Essentials	▶		▲
Blue Option℠			
BlueChoice HealthPlan	◀		▼
Healthy Blue℠			
Medicare Advantage			
Preferred Blue® (PPC and FEP)			

* Your Role

--None--

* Provider's License Type ⓘ

--None--

* Credentialing Contact First Name

* Credentialing Contact Last Name

* Credentialing Contact Email

you@example.com

* Phone

Note: The email format must be a valid format. Ex. johnsmith@healthcare.com

* Preferred Method of Contact

--None--

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

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

Provider Enrollment Application

Applicant Information   Medical/Professional Education   Professional Training   >

Applicant Information

First Name*

[   ]

Last Name*

[   ]

Middle Initial

[   ]

Suffix

[   ]

Maiden Name

[   ]

Gender(optional): M/F

[--select an item-- ▾]

Race*

[--select an item-- ▾]

Ethnicity*

[--select an item-- ▾]

Title (if applicable)

[   ]

Professional Designation*

[--select an item-- ▾]

Social Security #*

[Enter 9 Digit SSN (No hyphens)]

National Provider ID#*

[Enter 10 Digit NPI]

*- required

Back   **Save & Exit**   **Next**

Use the Back button to move backwards in the application or form.

Use the Save & Exit button to save the entered data and exit the application or form.
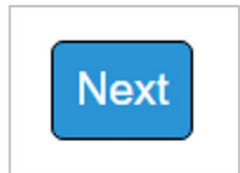
Use the Next button to move forward in the application or form.

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

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

> < You are almost done. See instructions below to complete your application. >
>
> You are almost done. See instructions below to complete your application.

Next

7. To complete your submission, you must sign the application.
   Do the following:
   a. Select My Forms.
   b. Select the appropriate case number.
   c. Select Form Information.
   d. Under Documents, select the document(s) that require signature.
   e. Download the document(s) and have the appropriate signature(s) appended.
   f. Follow steps A – D and select Upload Files.
   g. Select the Confirm button to attest that all required documentation with applicable signatures, initials and dates have been uploaded.

FORM   **FORM INFORMATION**

Application Status: Awaiting Signature	Application Type: Individual Application	Case Number: 00016466	Date Received: March 8, 2023
Contact Name: ̄ ̄ ̄ ̄ ̄ ̄ ̄ ̄	Practitioner Name: Donald Duck	Networks Chosen: Blue Essentials	

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

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

Note: Only select the Confirm button after the documents have generated and all required items have been uploaded.

SUBMISSION MESSAGES

Message for **MEDICAL DOCUMENTS** that must be signed

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

Thank you

To complete your submission, go to the documents section under Form Information. Download your application, print, apply your signature, and re-upload them using the Upload Files button. Please note that your downloadable application will take a few minutes to appear.

Please note that:

1. You can always find your files under the "My Forms" section. Make note of your case number for easy access.

2. If contracts are required, they will be found in the "My Contracts" section with the reference to your case number.

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

For applications and forms (electronic or wet signature)

1. Select My Forms.
2. Select the appropriate case number.
3. Select Form Information.
4. Under Documents, select the document(s) that require signature.
5. Download the document(s) and have the signature(s) appended.
6. Follow steps 1 – 4 and select Upload Files.
7. Select the Confirm button to attest that all required documentation with applicable signatures, initials and dates have been uploaded.

For contracts (wet signature)

1. Select My Contracts.
2. Select the appropriate form contract name that corresponds with your case number.
3. Under Download Contract, select the link to download the contract.
4. Sign the contract.
5. Follow steps 1 – 2 and select Upload Files.

Message for BEHAVIORAL HEALTH DOCUMENTS that must be signed.

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

Thank you for your submission!

There are two options to sign and return **applications/documents**. They can be **wet signed** or they can be **e-signed**.

Signatures for Applications/Documents

An email will be sent to the individual practitioner for signature of their enrollment application allowing them to e-sign the application. However, as the credentialing contact, you also have the option to download the application, have the individual practitioner sign the application and upload the signed application to the case. See steps listed below. As the credentialing contact, you will receive a copy of the signed application.

For other documents and forms, if you wish to e-sign, an email will be sent from BCBS Admin at BCBS of SC (Formstack) requesting signatures. Once e-signed and submitted, we will receive your signed documents and begin processing your request. (Note: you will

For applications (if wet signing)

1. Select My Forms.
2. Select the appropriate case number.
3. Select Form Information.
4. Under Documents, select the document(s) that require signature.
5. Download the document(s) and have the signature(s) appended.
6. Follow steps 1 – 4 and select Upload Files.
7. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded.

For contracts (if wet signature)

1. Select My Contracts.
2. Select the appropriate form contract name that corresponds with your case number.
3. Under Download Contract, select the link to download the contract.
4. Sign the contract.
5. Follow steps 1 – 2 and select Upload Files.

Message for DOCUMENTS that DO NOT have to be signed.

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

Thank you

Please note that:

1. You can always find your files under the "My Forms" section. Make note of your case number for easy access.

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

Includes:

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

CONTINUING APPLICATIONS

1. After logging into the portal, select My Forms.
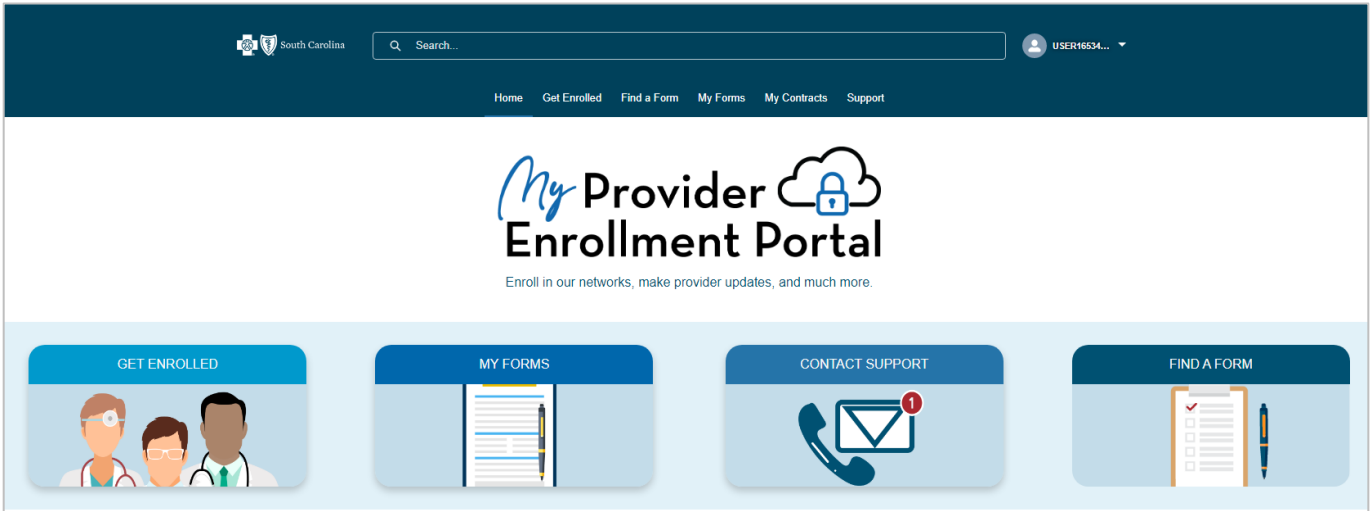
2. Locate the case number associated with the application you need to continue and select the case number.

My Forms

Complete forms that have been started or check the status of applications already submitted.

If your case is in the status of Awaiting Signature, click the case number to view next steps.

All Applications ▼

50+ items • Sorted by Case Number • Filtered by All cases

	Case Number ↓	Practitioner Last Name	Status	Form Type	
1	00004483		In Progress	Individual Application	▼
2	00004480	Joe	In Progress	Individual Application	▼
3	00004338		In Progress	NPI Update	▼
4	00004337		Submitted	Virtual Care	▼
5	00004336		Congratulations! Complete	Virtual Care	▼
6	00004334		In Progress	NPI Update	▼
7	00004332	tiger	Awaiting Signature	Health Professional	▼
8	00004330	Mike	Awaiting Signature	Request to Add/Term Provider	▼
9	00004328		In Progress	DBA Name Change	▼
10	00004323		Awaiting Signature	DBA Name Change	▼
11	00004194	Ealy	Denied	Individual Application	▼
12	00004182		In Progress	Change of Address	▼

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

LIST VIEWS

✓ All Applications (Pinned list)

Applications Awaiting Provider Response

Approved Applications

Denied Applications

Open Applications

Recently Viewed

Recently Viewed Cases

Recredentialing - Awaiting Response

Submitted Applications

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

FORM   FORM INFORMATION

Provider Enrollment Application

Applicant Information   Medical/Professional Education   Professional Training   S >

Applicant Information

First Name*

Mighty

Last Name*

Joe

Middle Initial

Suffix

Maiden Name

Gender(optional): M/F

--select an item--

Race*

Other

Ethnicity*

Declined to Answer

Title (if applicable)

Professional Designation*

MD

*- required

Back   Save & Exit   Next

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

> You are almost done. See instructions below to complete your application. >

You are almost done. See instructions below to complete your application.

Next

5. To complete your submission, you must sign the application.
   Do the following:
   a. Select My Forms.
   b. Select the appropriate case number.
   c. Select Form Information.
   d. Under Documents, select the document(s) that require signature.
   e. Download the document(s) and have the appropriate signature(s) appended.
   f. Follow steps A – D and select Upload Files.
   g. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded.

FORM   FORM INFORMATION

Application Status: Awaiting Signature	Application Type: Individual Application	Case Number: 00016466	Date Received: March 8, 2023
Contact Name: ˍˍˍˍˍˍˍˍ	Practitioner Name: Donald Duck	Networks Chosen: Blue Essentials	

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

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

Note: Only select the Confirm button after the documents have generated and all required items have been uploaded.

SIGNING CONTRACTS

As mentioned in the overview, all contract pages except for the one for behavioral health require wet signatures (in ink). After logging in to the portal, if you need to sign a contract, you will get a notification at the bottom of the screen.

1. **Select View next to the contract.**

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

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

Upload Files

PDF HIX BCross Prof 3-15-21.pdf 249 KB	━━━━━━━━━━━━	✓

1 of 1 file uploaded   **Done**
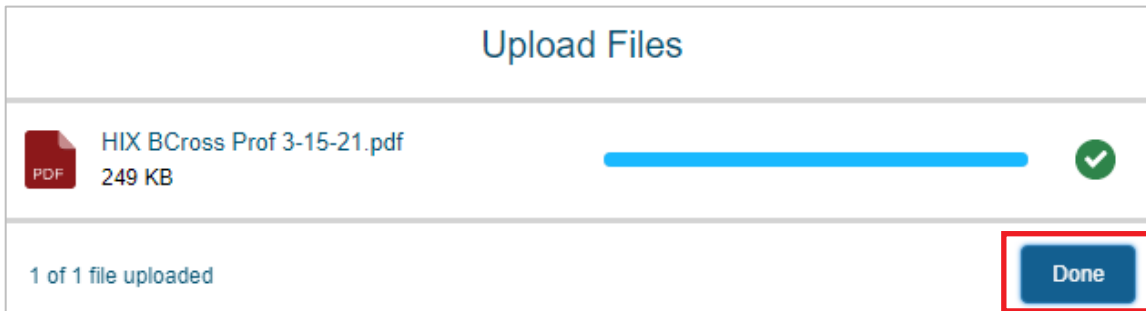
4. You will see where the file has been uploaded.

📄 **Files (1)**   Upload Files

PDF HIX BCross Prof 3-15-21
Aug 19, 2022 • 249KB • pdf
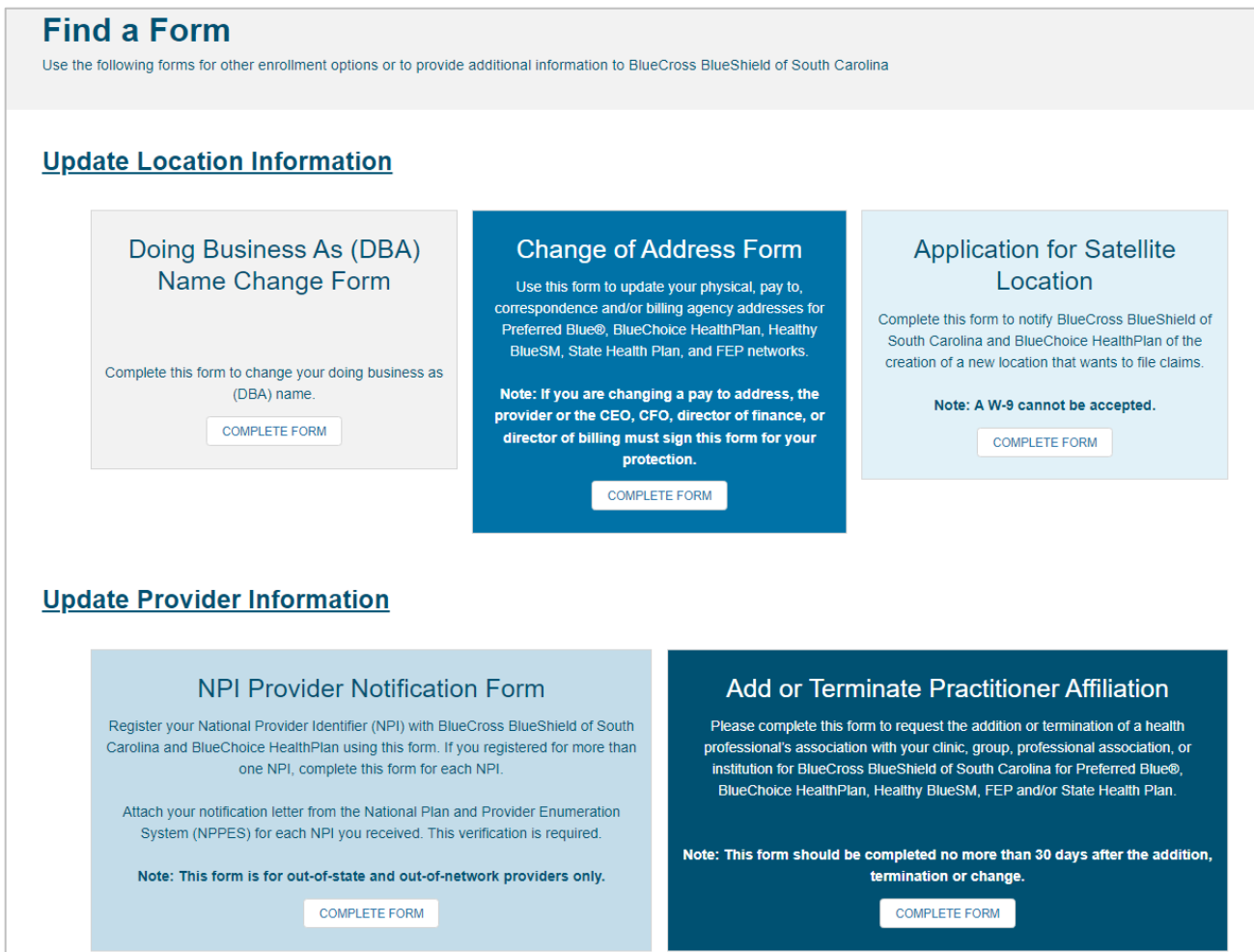
View All

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

FINDING A FORM

1. After logging in to the portal, select Find a Form.

2. Select the appropriate option.

Find a Form

Use the following forms for other enrollment options or to provide additional information to BlueCross BlueShield of South Carolina

Update Location Information

Doing Business As (DBA) Name Change Form

Complete this form to change your doing business as (DBA) name.

COMPLETE FORM

Change of Address Form

Use this form to update your physical, pay to, correspondence and/or billing agency addresses for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, State Health Plan, and FEP networks.

Note: If you are changing a pay to address, the provider or the CEO, CFO, director of finance, or director of billing must sign this form for your protection.

COMPLETE FORM

Application for Satellite Location

Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wants to file claims.

Note: A W-9 cannot be accepted.

COMPLETE FORM

Update Provider Information

NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. If you registered for more than one NPI, complete this form for each NPI.

Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.

Note: This form is for out-of-state and out-of-network providers only.

COMPLETE FORM

Add or Terminate Practitioner Affiliation

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association, or institution for BlueCross BlueShield of South Carolina for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, FEP and/or State Health Plan.

Note: This form should be completed no more than 30 days after the addition, termination or change.

COMPLETE FORM

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

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

> ## You are about to begin a Doing Business As (DBA) Name Change Form.
>
> **Click Next to continue.**
>
> [Next]

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

Office Name Change Form

First Name*

[   ]

Last Name*

[   ]

Title

[   ]

Contact Phone Number*

[   ]

TIN / EIN*

[Enter 9 Digit TIN   ]

NPI*

[Enter 10 Digit NPI   ]

Old DBA Name*

[   ]

New DBA Name*

[   ]

Effective Date of Change*

[   ]

Email Address *

[   ]

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

File Upload

[Add File...   ]

*- required

[Back]   [Save & Exit]   [Next]

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

You are almost done. See instructions below to complete your application.

Next

6. To complete your submission, you must sign the application.
   Do the following:
   a. Select My Forms.
   b. Select the appropriate case number.
   c. Select Form Information.
   d. Under Documents, select the document(s) that require signature.
   e. Download the document(s) and have the appropriate signature(s) appended.
   f. Follow steps A – D and select Upload Files.
   g. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded.

FORM   **FORM INFORMATION**

Application Status: Awaiting Signature

Application Type: DBA Name Change

Case Number: 00016475

Date Received: March 10, 2023

Contact Name: Terrence Archie

If you have missing information, they will appear here:

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

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

Note: Only select the Confirm button after the documents have generated and all required items have been uploaded.

APPLICATION AND FORM STATUSES

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

In Progress/Not Submitted

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

Submitted

The application and **all required documentation with applicable signatures, initials and dates** have been uploaded.

Awaiting Signture/Not Submitted

The application or form has been completed and submitted, **but signatures are missing**.

Awaiting provider response

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

> *Note:* An automated notification for missing items is sent every seven days (21-day max) until the information is received. If the missing items are not received, the case will be placed in the "Canceled – Incomplete Submission" status. Once in this status, it cannot be reopened, and a new application must be completed.

Under review

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

Congratulations! Complete

The application or form has been approved and completed.

Denied

The application or form was not approved. An explanation for the denial is sent through email or case comment.

Canceled

The application or form is no longer being worked and has been closed.

SEEKING PORTAL ASSISTANCE

MyPEP comes with two forms of communication to help you along the way: case comments and support cases.

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

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

Case Comments

1. After logging in to the portal, select My Forms.
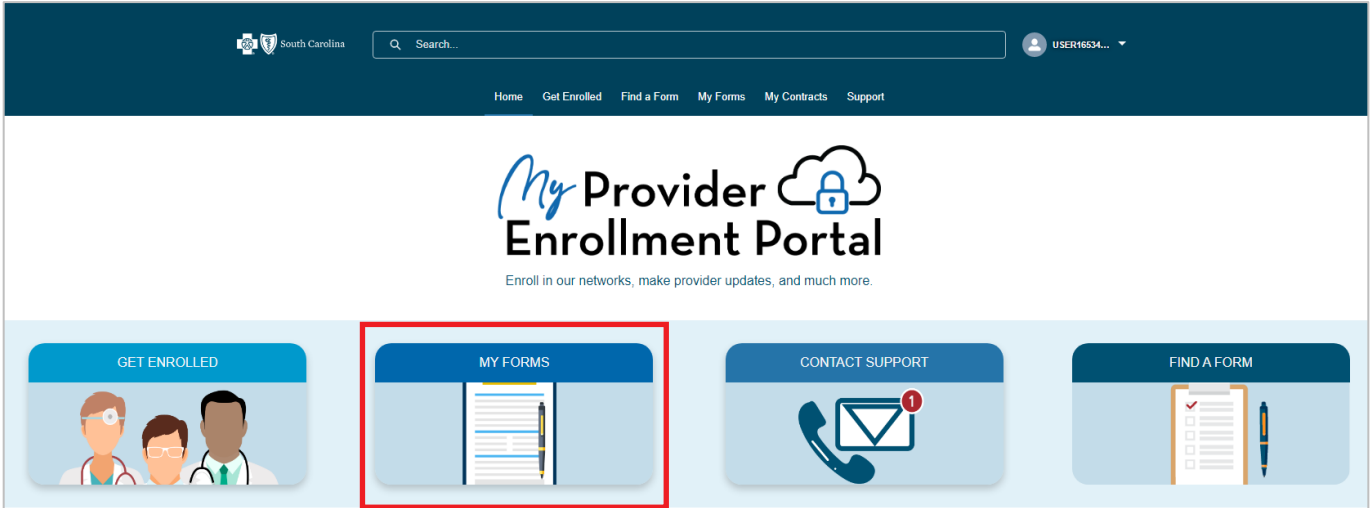
2. Locate your case number and then select it.

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

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

You will get notification that the case comment has been created. It will be displayed under the Communication header. New comments will appear directly above the previous comment.
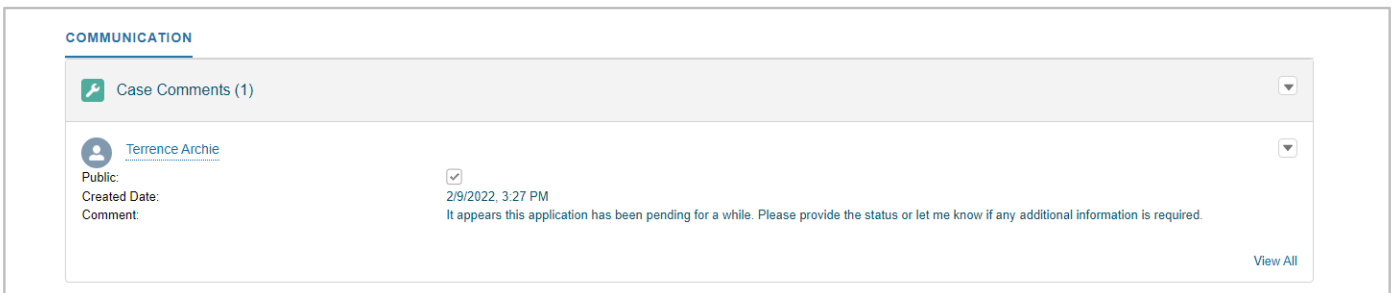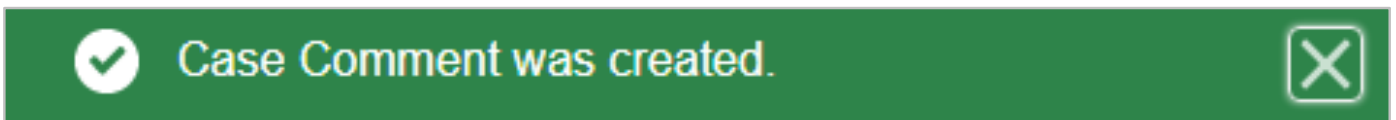
SUPPORT FEATURE

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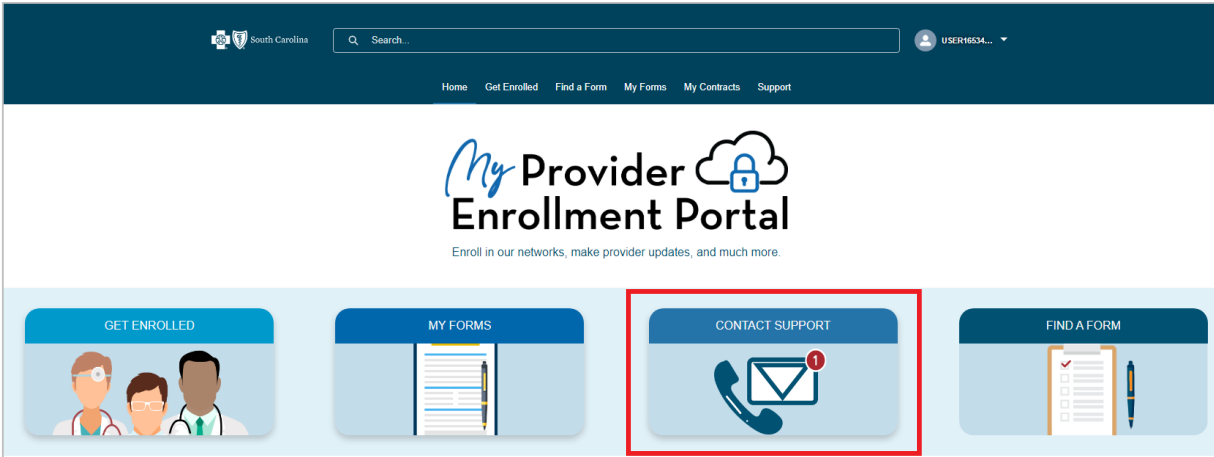
2. On the Contact Support Form, be sure to complete all fields. Like case comments, provide specific details and ask probing questions. Once you've finished, select Submit.

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

4. To check the status of the support request, from the homepage, select My Forms in the task bar.
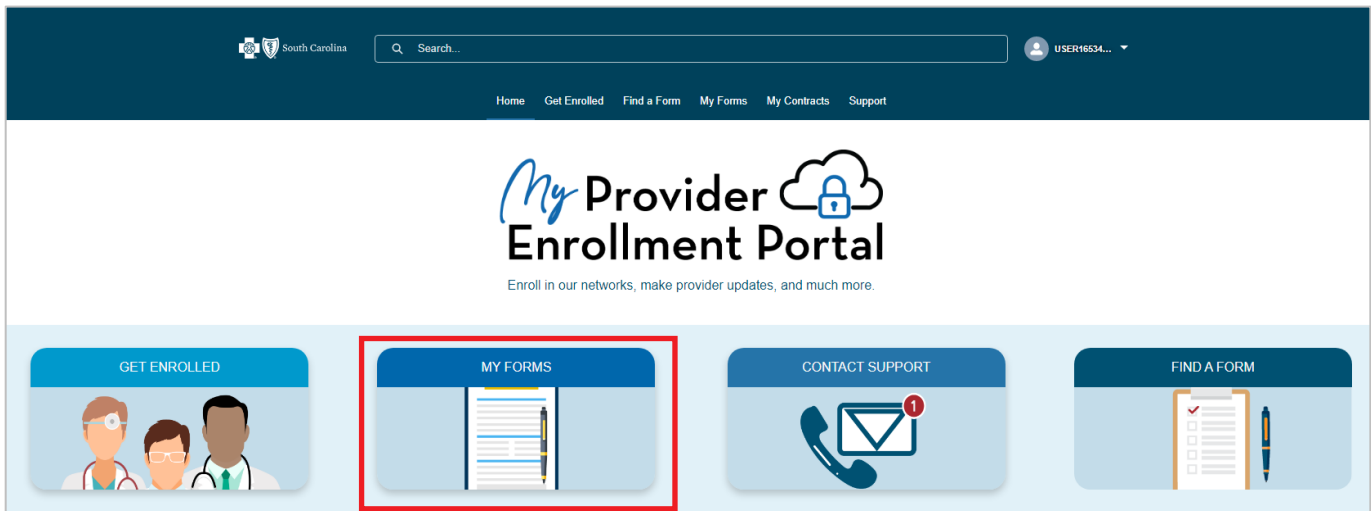
5. Locate the case number associated with the support request and check the status column.

My Forms

Complete forms that have been started or check the status of applications already submitted.

If your case is in the status of Awaiting Signature, click the case number to view next steps.
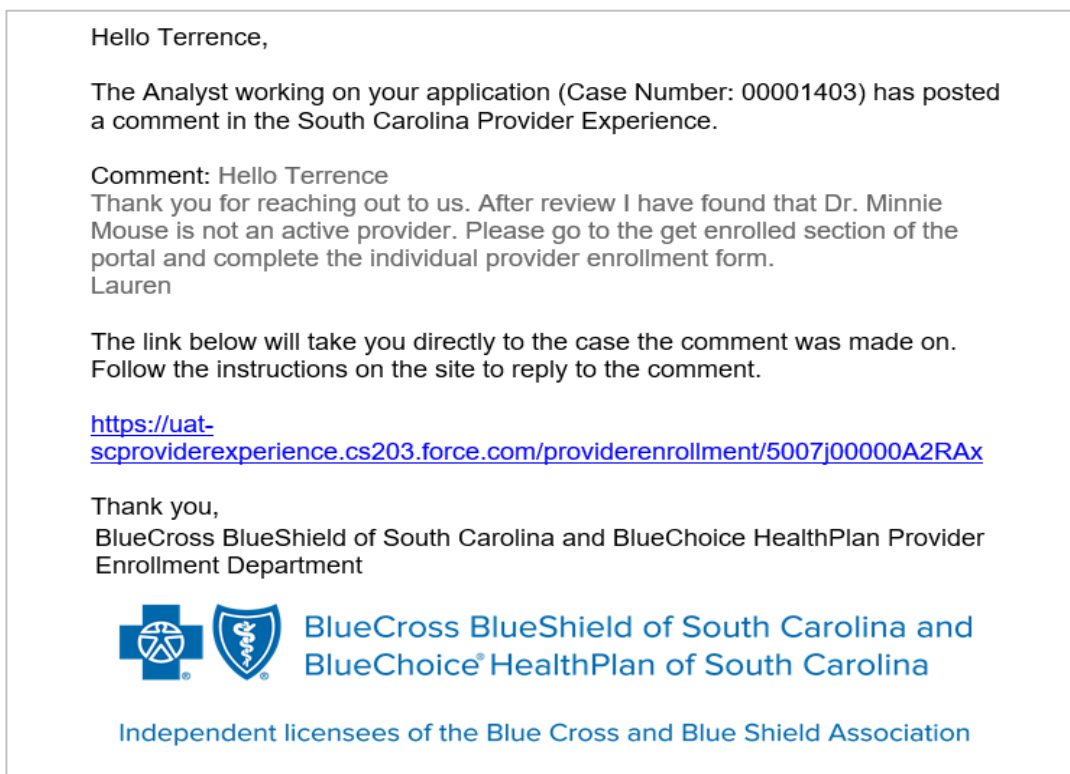
All Applications ▼ 📌

50+ items • Sorted by Case Number • Filtered by All cases

	Case Number ↓	Practitioner Last Name	Status	Form Type	
1	00004484		New	Support	▼
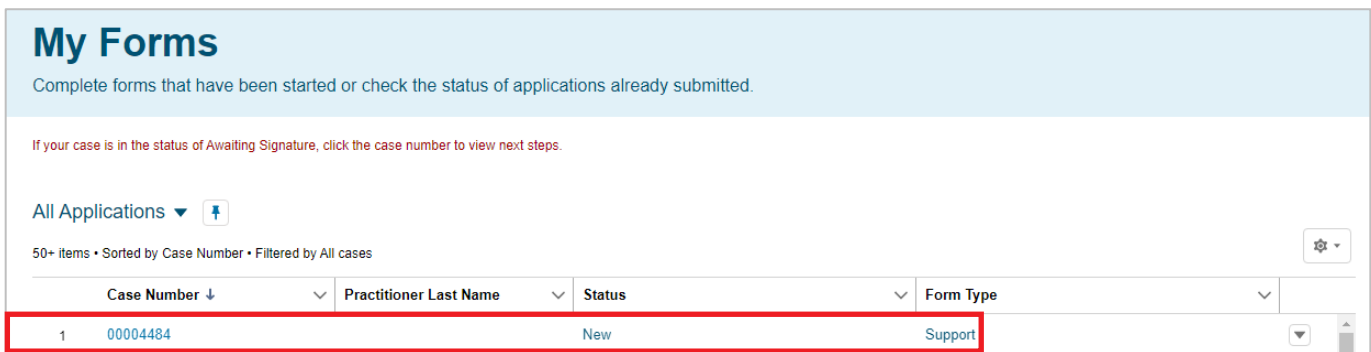
6. Once the case has been reviewed, you will get an email notification with the outcome of the review.

Hello Terrence,

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

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

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

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

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

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

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