



South Carolina

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My Provider Enrollment Portal

User Manual

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Your Partners in Outstanding Quality, Satisfaction and Service

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In the event of any inconsistency between information contained in this handbook and the agreement(s) between you and BlueCross BlueShield of South Carolina and BlueChoice HealthPlan, the terms of such agreement(s) shall govern. The information included is general information and in no event should be deemed 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.

Overview

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

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

Providers can also access the new Chatter* component to submit case comments if they have questions on specific cases. Once the case comment is posted and received by an enrollment representative, he or shee will respond.

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

Note the following:

- Keep track of your case numbers, as these are needed to check the status of applications, submit case comments, complete contracts, and more.
- Reference the below table to see what can be electronically signed and what must be wet signed (in ink).

Medical	Allowed Signature	Behavioral Health	Allowed Signature
Provider Enrollment	Electronic or wet	Behavioral Health	Electronic or wet
Dental Enrollment	Electronic or wet	Autism Panel	Electronic or wet
Recredentialing	Electronic or wet	Facility Information	Electronic or wet
Facility Information Request	Electronic or wet	Authorization to Bill	Electronic or wet
Health Professional	Electronic or wet	All Contracts	Electronic or wet
Doing Business As	Electronic or wet		
Change of Address	Electronic or wet		
Add/Term Practitioner	Electronic or wet		
Authorization to Bill	Electronic or wet		
Electronic Funds Transfer	Wet		
Appendix D (BlueChoice)	Wet		
Hold Harmless (BlueChoice)	Wet		
All Contracts	Wet		

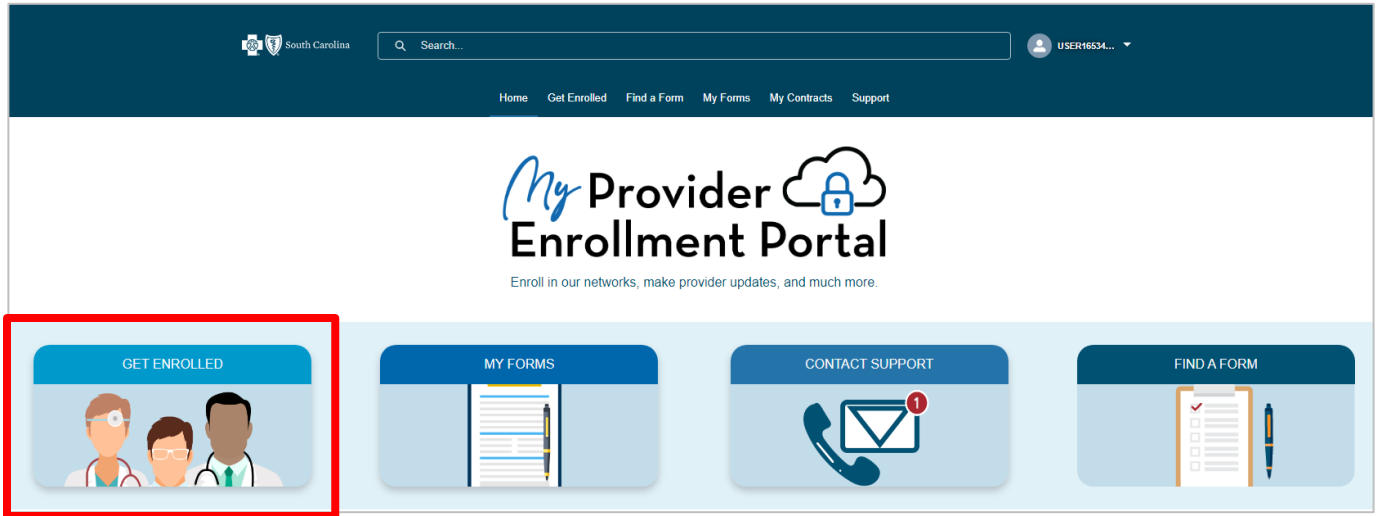
* Chatter is a feature that allows you to communicate and share information with the BlueCross.

Contents

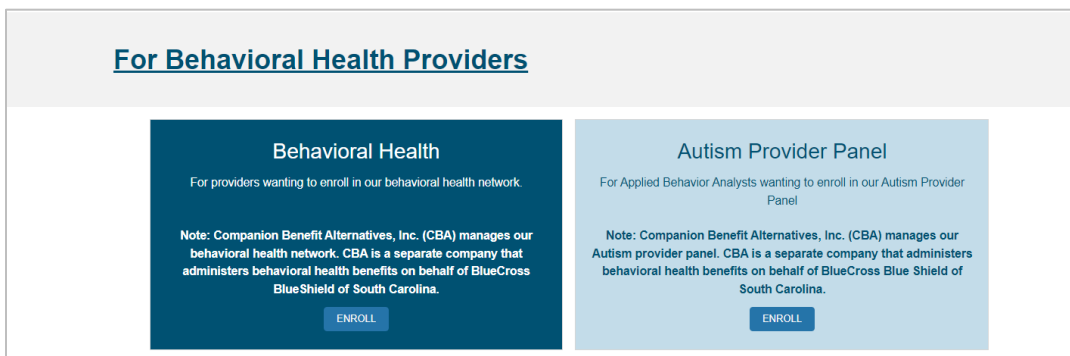
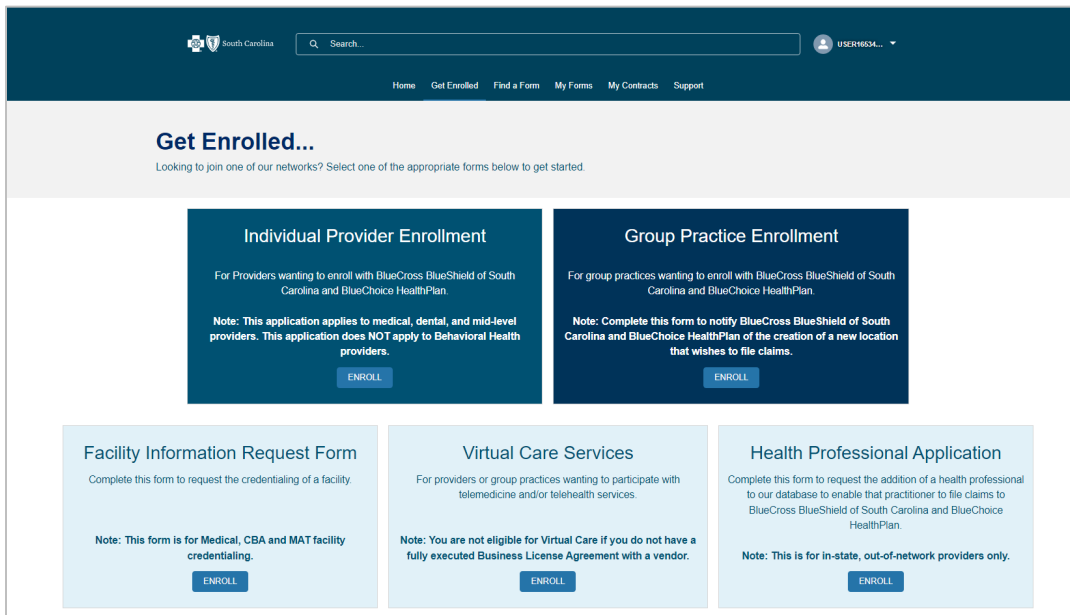
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Getting Enrolled

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



2. Select one of the available options.



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

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

Provider Enrollment Application

Provide the following information and then click Next to continue.

*** Networks (Select all that apply)**

<p>Available</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 150px;"><p>Blue Essentials</p><p>Blue OptionSM</p><p>BlueChoice HealthPlan</p><p>Healthy BlueSM</p><p>Medicare Advantage</p><p>Preferred Blue® (PPC and FEP)</p></div>	<p>Selected</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 150px;"></div>
---	--

<p>* Your Role</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	<p>* Provider's License Type ⓘ</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>
<p>* Credentialing Contact First Name</p> <div style="border: 1px solid #ccc; padding: 2px; height: 20px;"></div>	<p>* Credentialing Contact Last Name</p> <div style="border: 1px solid #ccc; padding: 2px; height: 20px;"></div>
<p>* Credentialing Contact Email</p> <div style="border: 1px solid #ccc; padding: 2px;">you@example.com</div>	<p>* Phone</p> <div style="border: 1px solid #ccc; padding: 2px; height: 20px;"></div>
<p><i>Note: The email format must be a valid format. Ex. johnsmith@healthcare.com</i></p>	
<p>* Preferred Method of Contact</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	

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

Provider Enrollment Application

Applicant Information Medical/Professional Education Professional Training [↶](#) [➤](#)

Applicant Information

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Suffix	<input type="text"/>
Maiden Name	<input type="text"/>
Gender(optional): M/F	<input type="text" value="--select an item--"/>
Race*	<input type="text" value="--select an item--"/>
Ethnicity*	<input type="text" value="--select an item--"/>
Title (if applicable)	<input type="text"/>
Professional Designation*	<input type="text" value="--select an item--"/>
Social Security #*	<input type="text" value="Enter 9 Digit SSN (No hyphens)"/>
National Provider ID#*	<input type="text" value="Enter 10 Digit NPI"/>

*- required

Back

Save & Exit

Next

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

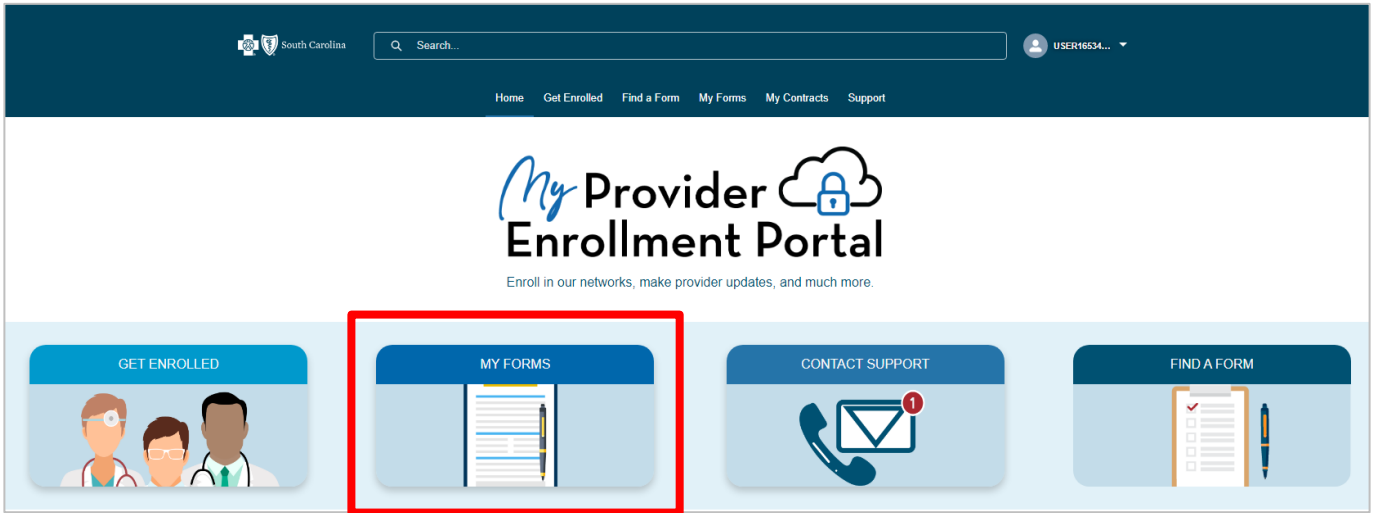
5. Once you have completed all sections of the application, select Generate PDF for signature.



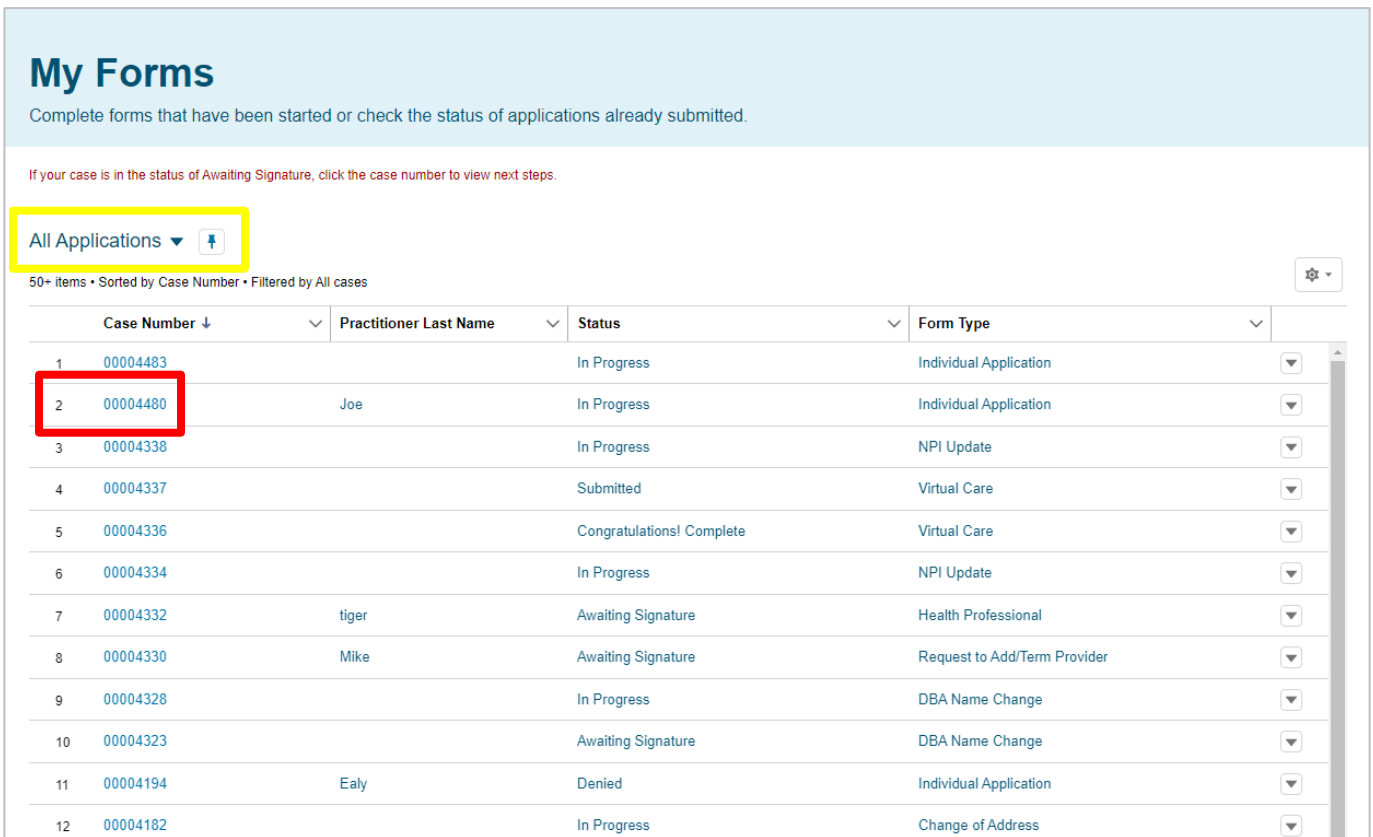
6. To complete your submission, the application must be wet signed (in ink). Do the following:
 - a. Select My Forms
 - b. Select the appropriate case number
 - c. Under Documents, select the document(s)
 - d. Download the document(s)
 - e. Print and have the appropriate signature(s) appended
 - f. Upload the document(s) back to the case

Continuing Applications

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



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



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

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 from where you left off. Proceed with completing the application.

FORM FORM INFORMATION

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

Race*

Ethnicity*

Title (if applicable)

Professional Designation*

*- required

4. Once you have completed all sections of the application, select Generate PDF for signature.



5. To complete your submission, the application must be wet signed (in ink). Do the following:
 - a. Select My Forms
 - b. Select the appropriate case number
 - c. Under Documents, select the document(s)
 - d. Download the document(s)
 - e. Print and have the appropriate signature(s) appended
 - f. Upload the document(s) back to the case

Signing Contracts

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

1. Select View next to the contract.

CONTRACTS AWAITING SIGNATURE			
Form Contract Name	Network List	Form Type	Contract
FCR-0223	Dental	Individual Application	View

[View All](#)

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

Your Contracts Awaiting Signature

HELP:

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

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

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

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

Contract Information

Form Contract Name	Status
FCR-0223	Awaiting Signature
Case	Chosen Network
00003966	Dental
Form Type	Download Contract
Individual Application	https://bcbscv12.my.salesforce.com/sfc/p/5f00000H7sW/a/5f000000XhLS/AH13UXDlmcCHFdyVS1b93gJrJ2.d5SnJ2mhDI.IM
Contact's Email	

Once you've Signed your Contract, Upload it Below



Files (0) [Upload Files](#)

[Upload Files](#)

Or drop files

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

Upload Files

	HIX BCross Prof 3-15-21.pdf 249 KB	<div style="width: 100%; height: 10px; background-color: #00aaff; border: 1px solid #00aaff;"></div>	
---	---------------------------------------	--	---

1 of 1 file uploaded

Done

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

 Files (1)Upload Files

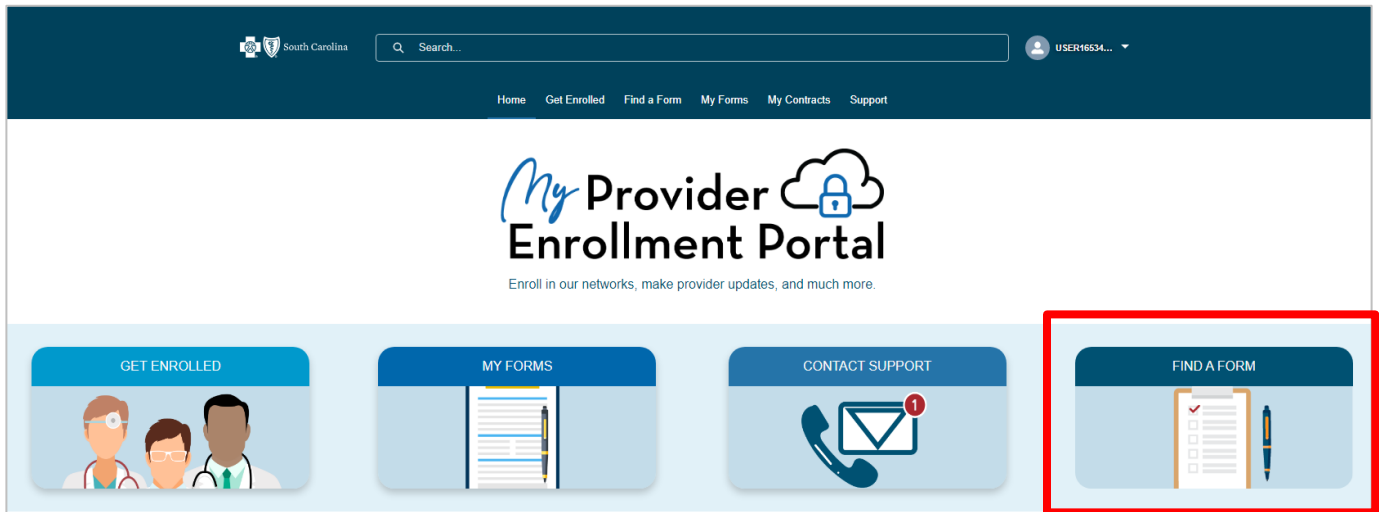
	HIX BCross Prof 3-15-21 Aug 19, 2022 • 249KB • pdf	
---	---	--

[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 into 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 receive confirmation on the type of form you're about to complete. Select Next.

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

Click Next to continue.

[Next](#)

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

Office Name Change Form

First Name*

Last Name*

Title

*- required

[Back](#) [Save & Exit](#) [Next](#)

5. Once you have completed all sections of the form, select Generate PDF for signature.



6. If the form requires a wet signature (in ink), to complete your submission, do the following:
 - a. Select My Forms
 - b. Select the appropriate case number
 - c. Under Documents, select the document(s)
 - d. Download the document(s)
 - e. Print and have the appropriate signature(s) appended
 - f. Upload the document(s) back to the case

Seeking Portal Assistance

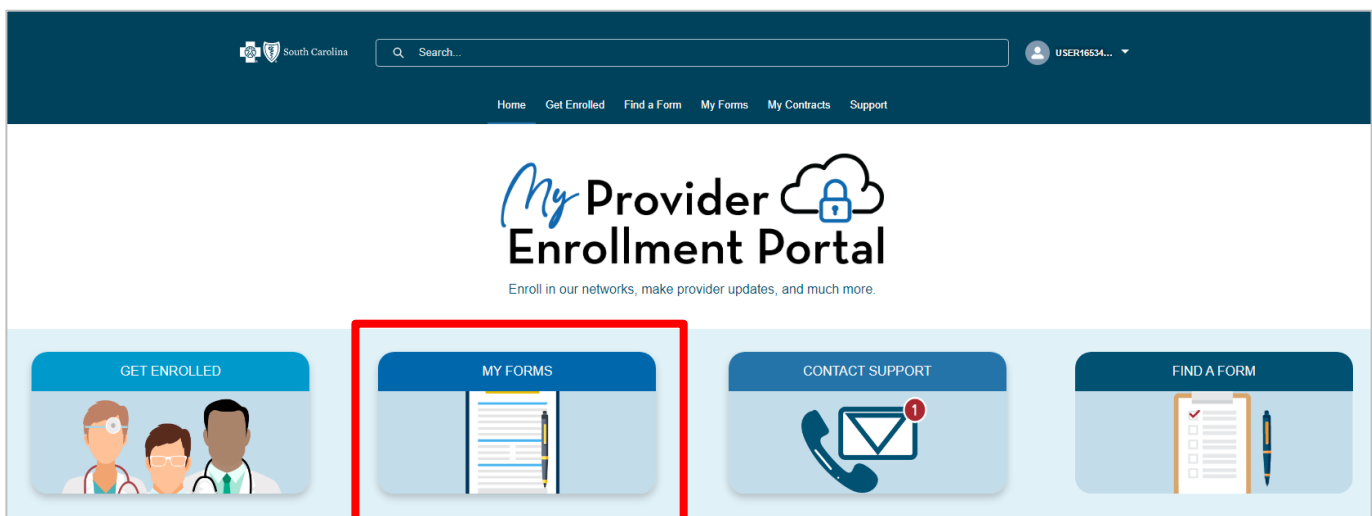
My Provider Enrollment Portal comes with two forms of communication to help you along the way: case comments and support cases.

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

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

Case Comments

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



2. Locate your case number and then select it.

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

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

COMMUNICATION

Case Comments (0)

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

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

New Case Comment

Information



* Body

Public



Send Customer Notification



Cancel

Save

 **Case Comment was created.** 

COMMUNICATION

 Case Comments (1) 

 [Terrence Archie](#) 

Public:

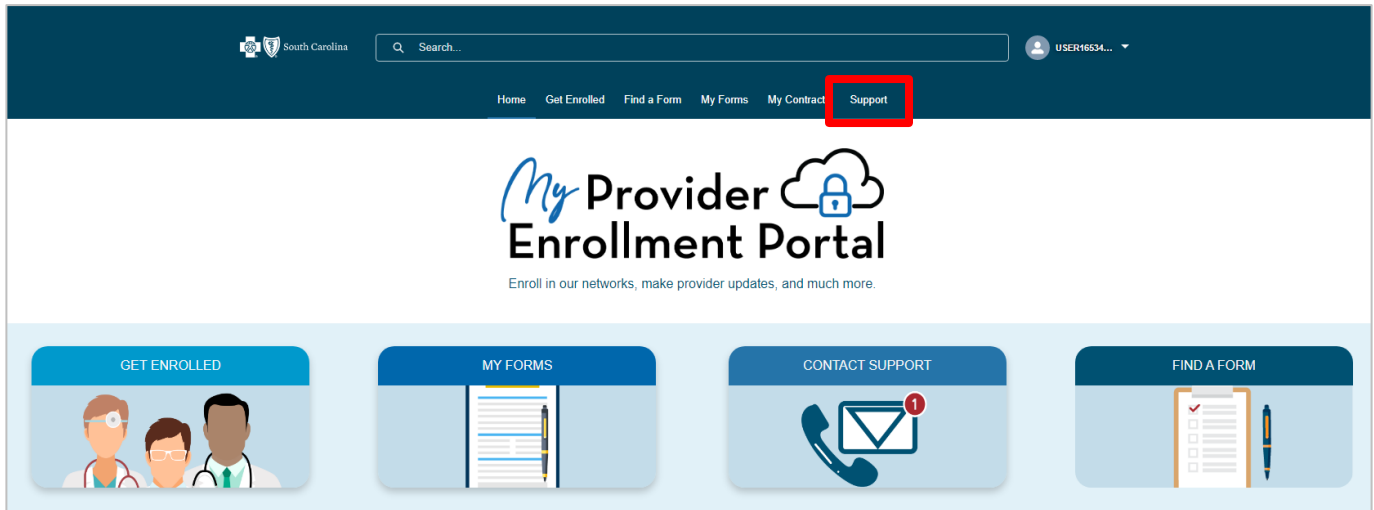
Created Date: 2/9/2022, 3:27 PM

Comment: It appears this application has been pending for a while. Please provide the status or let me know if any additional information is required.

[View All](#)

Support Feature

1. After logging into the portal, select Support in the task bar.



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.

CONTACT PROVIDER SUPPORT

Complete the below support form for questions regarding correct applications and forms to use OR if after checking the directory you do not see a provider that should be loaded.
Note: For behavioral health providers, please include the provider's specialty in the description box.

Full Name

*EMAIL ADDRESS ⓘ

GROUP NPI

ROLE

--None--

*SUBJECT ⓘ

*DESCRIPTION ⓘ

SUBMIT

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

South Carolina

Case 00004484 was created.

Home Get Enrolled Find a Form My Forms My Contracts Support

CONTACT PROVIDER SUPPORT

Complete the below support form for questions regarding correct applications and forms to use OR if after checking the directory you do not see a provider that should be loaded.
Note: For behavioral health providers, please include the provider's specialty in the description box.

YOUR SUPPORT FORM HAS BEEN SUBMITTED.

We'll get back to you as soon as we can. To check the status of your support form, go to My Forms and select the appropriate case number.

Case summary

Subject: Testing ABC, 123

Description: This is just a test.

Case Number: 00004484

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

South Carolina

Home Get Enrolled Find a Form My Forms My Contracts Support

My Provider Enrollment Portal

Enroll in our networks, make provider updates, and much more.

GET ENROLLED

MY FORMS

CONTACT SUPPORT

FIND A FORM

- 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 receive an email notification with the outcome of the review.

Hello Terrence,

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

Comment: Hello Terrence

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

Lauren

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

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

Thank you,

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Provider Enrollment Department



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

Independent licensees of the Blue Cross and Blue Shield Association