

PROVIDER Blue

Updates to Provider Enrollment, Effective June 1, 2023

As you are aware, BlueCross BlueShield of South Carolina's provider enrollment process has undergone a transformation with the implementation of *My Provider Enrollment Portal* (MyPEP). MyPEP is our web-based solution for credentialed providers or those interested in credentialing with BlueCross to complete the enrollment process. Since we started using it in 2022, continuous upgrades and enhancements have improved the portal's performance.

Beginning June 1, 2023, MyPEP will be the sole source for completing the provider enrollment processes and communications. All other processes (fax, email and phone) will end.

What this means for you:

The existing email addresses and phone number for provider enrollment will be out of service:

- Provider.Blue.Enroll@bcbsc.com
- Provider.Blue.Updates@bcbsc.com
- 800-868-2510, option 5

We will review applications received prior to June 1, 2023, for completion. We will contact you and give you a fax number or email address to submit minimal data required to complete the review.

Depending on where your application is in the process, we may ask you to resubmit it through the portal to meet all requirements of the application.

What you should do:

If you're not already using the portal, we encourage you to sign up as soon as possible. Follow these steps to sign up:

- Visit www.SouthCarolinaBlues.com.
- Go to Providers, and then select Provider Enrollment.
- Select My Provider Enrollment Portal.
- Select the link to the portal.
- Select New user? on the homepage.
- Enter the name and email address.
- Select Sign Up.

It is best to sign up using a shared group email address. This allows anyone with access to the login to view cases created or submitted for the practice.

We have *resources* available for quick help with MyPEP.

If you have questions, please contact the Provider Education team at Provider.Education@bcbsc.com or 803-264-4730.



Medicare Advantage Partners With Integrated Home Care Services

On May 5, 2023, BlueCross BlueShield of South Carolina announced its agreement with Integrated Home Care Services (IHCS) for the coordination and provision of durable medical equipment (DME), home health and home infusion services to our Medicare Advantage line of business.

Effective July 5, 2023, all DME, home health and home infusion services will require prior authorization by IHCS. Please fax all prescriptions, medical orders and discharge orders to IHCS at 844-215-4265. Its customer service team is available if you have questions or need help with an order. You can contact the team at 844-215-4264.

See the list of [HCPCS codes](#) that will require prior authorization. This list is a general reference and may not be all-inclusive.

For questions, please contact the Medicare Advantage team at 855-204-2744.

Reminder: Corrected Claims

After submitting a claim to BlueCross, you may notice that it needs to be changed. If this happens, you will need to submit a corrected claim for processing. As a reminder, it is important to submit corrected claims properly to avoid getting a duplicate denial due to the previous claim having already been filed.

To properly submit a corrected claim, you need these four items:

1. Frequency Code 7, indicating an adjustment, placed in Box 22 of the CMS-1500 form (Resubmission Code)

This corresponds to the CLM05-3 segment in the 2300 Loop of the electronic claim file.

2. The BlueCross original claim number (ICN or DCN) placed in Box 22 of the CMS-1500 form (Original Ref. No.)

This corresponds to an REF segment with an F8 qualifier in the 2300 Loop of the electronic file.

3. A brief description for the reason of the adjustment (e.g., new service line, added modifier, etc.) placed in Box 19 of the CMS-1500 form (Additional Claim Information)

This corresponds to an NTE segment in the 2300 Loop of the electronic file.

4. All claim lines that need to be processed, including existing lines, corrected lines or additional lines

If filing a corrected claim through My Insurance Manager:

1. Under the Patient Care menu, select Professional Claim Entry.

2. Select a plan and indicate whether the plan is the primary payer.

3. Select the billing location, rendering provider and/or referring provider when prompted. You can choose a patient or manually enter the patient's information on the Patient Information page.

4. On the Claim Information page, select Replacement of Prior Claim from the Claim Type menu. Enter the prior claim number in the required field.

5. Enter the new information from the line of your claim.

6. Include all lines that need to be processed, including existing lines, corrected lines or additional lines.

7. Once completed, select Continue.

8. Confirm the claim information is accurate, and then select Submit.

Reminder: BlueEssentialsSM — Special Networks

Reedy Network:

- The prefixes are RBX and RBN.
- Members must reside in Greenville, Laurens, Oconee or Pickens County.
- Members can only use the Prisma Health Upstate network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

Cooper Network:

- The prefixes are MBX and MBY.
- Members must reside in Berkeley, Charleston, Dorchester, Orangeburg or Williamsburg County.
- Members can only use the MUSC Health Alliance network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

Congaree Network:

- The prefixes are CNN and CNS.
- Members must reside in Kershaw, Lexington or Richland County.
- The network includes Lexington Medical Center and MUSC Health.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

Pee Dee Network:

- The prefixes are PEQ and PEZ.
- Members must reside in Florence, Georgetown, Horry or Marion County.
- The network includes Conway Medical Center, MUSC Health and Tidelands Health.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

BlueExtendSM:

- The prefix is BXZ.
- Cards reflect the network BlueExtend network exclusive provider organization (EPO).
- Members must use providers participating in the BlueEssentials network when receiving services in South Carolina.
- Members will have access to the BlueCard Program when traveling outside of South Carolina but must use a network participating provider (PPO).
- Members do not have out-of-network benefits, except in the event of an emergency.

Blue VirtuConnect:

- The prefixes are ZCF and ZCU.
- Members must reside in Aiken, Anderson, Spartanburg or York County.
- Members can only use the BlueEssentials network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

IMPORTANT: These members are not part of the historical and broader BlueCross Individual Health Insurance Exchange preferred provider network. This product is separate from the other Affordable Care Act network products.

Medical Policy Updates

BlueCross frequently revises the medical policies used to make clinical determinations for a member's coverage. Review the [latest medical policy updates](#).

We encourage you to visit the [Medical Policies and Clinical Guidelines](#) pages regularly to stay abreast of these changes and to read any policy in its entirety.