

Agenda

- Missing Documentation
- The Provider Enrollment Process
- Demographic Updates
- Recredentialing
- Contact Us

Missing Documentation

Missing Documentation

- The provider enrollment and recredentialing processes will only begin once all required documentation has been received.
- We contact the office and/or credentialing contact listed on the Provider Enrollment Application if we receive an application that is incomplete or missing documentation via email and phone.
- Outreach will be made to the provider for 60 days in an attempt to collect the missing items. If missing items are not received within that 60 days, the application will be returned, the enrollment process closed for that provider and a new COMPLETE enrollment packet will be required to re-start the enrollment process.

Missing Documentation

- 54 percent of enrollment applications are received incomplete!
- The enrollment process will NOT begin until all enrollment items have been received.
 - Even if just **one** item is missing, incomplete or contains inaccurate information, the process will not begin until that **one** item is received/corrected.
- Signature pages as well as effective dates for certain documents can expire while the application is waiting on missing items.

Missing Documentation

Five Common Missing or Incorrect Items

- 1. Current application
 - Previous versions of the Credentialing application are not accepted, visit SouthCarolinaBlues.com for current forms
- 2. Five-year work history, including current employer
 - I. Gaps longer than six months explained
 - II. Include schooling if work history is less than six months
- 3. Malpractice roster and/or coversheet with provider's name included
- 4. CLIA Form with ALL applications, except non-medical dental
 - I. Form must be filled out even if the provider does not have a CLIA certificate.
- 5. Unaltered contract pages with wet signatures

The enrollment process is performed to:

- Confirm accurate directories so members can find you.
- Ensure we have accurate and complete information on providers as well as the practice they are joining.
- Verify providers are in good standing.
- Confirm providers meet requirements.
- Validate practitioners' qualifications.

To begin the provider enrollment process, each provider must complete the Provider Enrollment Application and submit required documentation.

- To ensure that you are submitting a complete provider enrollment packet, please visit the Provider Enrollment section of www.SouthCarolinaBlues.com
- In the Provider Enrollment section, you will find instructions on how to enroll a new medical or dental provider, a behavioral health provider, laboratory, virtual health or patient-centered medical home (PCMH).
- You will also find instructions on updating demographic information, how to recredential an existing provider along with the forms required for these updates.

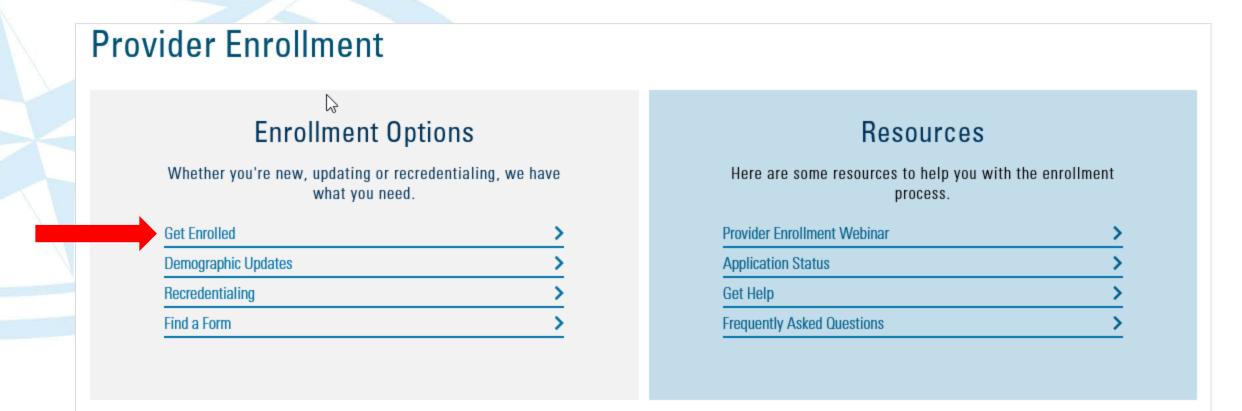
Clean Application Enrollment Process

- 1. We receive a complete enrollment packet via <u>provider.blue.enroll@bcbssc.com</u>.
- 2. We review the packet and confirm it is complete and send it to the Credentialing Committee for review. (Only complete and accurate enrollment packets will be sent to the Credentialing Committee.)
- 3. If the Credentialing Committee approves the application, we inform the provider's enrollment contact via email. If the provider is not approved, the enrollment packet goes to a Disciplinary Committee to approve or deny and a notification of the verdict is sent to the provider.
- 4. When the additional steps in the Enrollment process are completed a welcome email will be sent. The welcome email will include the provider's effective dates in our system. A welcome packet will also be sent to the provider. Once the provider receives our welcome email with effective dates, he or she can begin accepting patients and filing claims.

- The effective date is the date the credentialing committee approves the application per Utilization Review Accreditation Commission (URAC) requirements.
- Back dating of network dates set by committee are not allowed.
- The credentialing committee reviews all enrollment packets to ensure providers meet credentialing criteria, including URAC, the National Committee for Quality Assurance (NCQA) or South Carolina's Department of Health and Human Services (SCDHHS)-required items.

The Provider Enrollment page gives you options to enroll in our networks, update your information or recredential. You also have access to valuable resources.





Select **Enrollment Information** to learn how to add a new provider to your practice.



- 1. Open the Checklist.
- Complete and collect all necessary forms.
- 3. You will need network contract pages. Click here to request the contract pages.
- 4. Submit **completed**enrollment applications to
 Provider.Blue.Enroll@bcbssc.
 com.

New Provider Enrollment

To enroll in our health or dental network, use the Checklist for Initial Provider Enrollment.

Follow these steps:

- Use the checklist to find what forms you need.
- 2. Complete the forms and collect any required documentation.
- 3. Use this online form to request network contract pages.
- 4. Submit your completed application, including all required signatures and documentation to Provider.Blue.Enroll@bcbssc.com.

When you'll hear from us:

- When we receive your entire application
- · If we need any additional materials
- When your application moves to the onboarding phase
- · When your enrollment is complete

Have Questions? Contact us.

The enrollment process will begin when all items are received and complete.

Checklist

- We have included an interactive Provider Enrollment Checklist in the application.
- Each requirement is linked with a form or example.
- This checklist outlines each form that is required for each provider type.
- Mid-levels are required to complete the full application for Healthy Blue (Medicaid). An abbreviated two-page application is required for commercial networks.



CHECKLIST FOR INITIAL PROVIDER ENROLLMENT

Submit all documentation to Provider.Blue.Enroll@bcbssc.com.

Use this checklist to determine which forms you need based on your specialty type. **Each checklist item is hyperlinked to forms or examples for your reference.** Note: Mid-levels include NP, PA, CRNA, CNM, CNS and hospital-based physicians. Ancillary includes speech, physical, occupational and audiology therapists.

	Checklist Items	Mid-Level	Physician	DDS	DMD	Ancillary	Chiro
Α	Provider Enrollment Application	See Footnote 1			See Footnote 7		
В	Registration Form for Mid-Level and Hospital-Based Providers						
C	SC Dental Credentialing Application ²						
D	Copy of SC Medical/Practice License						
E	DEA Certification ⁴			See Footnote	See Footnote 3		
F	Current Copy of Molpractice Insurance (Minimum \$1M/\$3M) (Must include the provider's name or a roster with the provider name to be valid.)						
G	Authorization for Clinic/Group to Bill for Services ⁵						
Н	Clinical Lab Improvement Amendments (CLIA) Form				See Footnote 7		
1	NP Preceptor Form						
J	Network Contracts (send in arequest)						
K	Hold Harmless for BlueChoice HealthPlan						
L	Appendix D for BlueChoice HealthPlan						
	Additional Items for Medicaid						
М	Medicaid ID Number ⁶				See Footnote 7		
N	Nurse Protocols						

If you are a mid-level provider who wants to be enrolled in our Medicaid network, fill out the Provider Enrollment Application.

If the provider performs any routine dental services, the Dental Credentialing Application is needed. *Required for M.D.s, DOs, ODs, NPs and PAs.
*A copy is included in the Provider Enrollment Application.
*On the Provider Enrollment Application.π
*Required when DMD is applying for medical networks.





Dental Credentialing

- Dental credentialing is for the Participating Dental and State Dental Plus networks.
- Other plans that use the Participating Dental Network include:
 - BlueCross Federal Employee Program (FEP)
 BlueDentalSM
 - FEP Basic and Standard
 - GRID members
- For **Initial Credentialing** use the South Carolina Dental Credentialing Application.



DENTAL CREDENTIALING APPLICATION

We cannot process this Credentialing Application until you complete it in full.

Please maintain a copy of this Credentialing Application for your records.

Please note that your individual dentist contract is portable and we will apply it to all current locations where you are practicing as identified in this application.

The information contained in this application will be used by the contracting entity of each participation agreement and for each network you wish to participate in, including those of affiliates.

The Credentialing Application is complete when:					
You have signed and dated it (Rubber Stamped and Electronic Signatures Are Not Acceptable)					
You have attached current copies of these: ✓ Dental license (provide copies for EVERY state in which you are licensed)					
 Federal DEA registration for EVERY ENTITY in which the DDS is prescribing controlled substances (or documetnation DEA is pending). 					
✓ American Board/Specialty Certificate (if applicable)					
 Professional Liability Insurance Declaration Page for each state in which you practice — showing policy limits, dentist's name, policy number, effective and expiration dates If expiration date is within weeks of this application, submit updated documentation. 					
For multiple practice locations, please attach a separate sheet with the practice information.					
A signed contract signature page for the Participating Dental Network. If you need a copy of the Participating Dental Network contract, please email your requests to: Provider.Cert@bcbssc.com					

Fax completed application, documentation and contract signature page(s) to 803-870-8919.

Notice of Applicant's Right

You may review or request the status of your application and information from publicity available documents at any time during the verification process. This does not include documents protected by hospital policy and/or applicable state laws. If there are discrepancies in the information received during the credentialing process, we will notify and allow you an opportunity to correct erroneous information submitted by another party within 30 days of submitting your application. This includes information submitted by an outside primary source, such as a professional insurance carrier, state-licensed board and/or the National Practitioner Data Bank and the Healthcare Integrity Protection Data Bank.

Confidentiality Statement

Information gathered as part of the credentialing or re-credentialing process is maintained in a confidential manner and will not be communicated or reproduced. The provision is designed to safeguard information and ensure confidentiality.

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Behavioral Health Credentialing

Now Available

Behavioral health providers can now apply for network enrollment via an online application at www.CompanionBenefitAlternatives.com.

- Send general inquiries to cba.provrep@companiongroup.com
- If you have enrollment questions, please contact CBA at 800-868-1032, ext. 25744.



BEHAVIORAL HEALTH PROVIDER CREDENTIALING APPLICATION

APPL	LICATION CHECKLIST:
[]	Completed application.
ii	Completed W9 form or appropriate IRS documentation (Letter 147C, CP 575 E or tax coupon
-	8109-C) if this is a new office location.
[]	A signed network agreement for each network you wish to apply.
	 Companion Benefit Alternative (CBA) Professional Agreement
	CBA Health Insurance Exchange Addendum
	 BlueChoice[®] HealthPlan Healthy Blue^(sm) Medicaid MCO Agreement
[]	Copy of state license.
ìί	Copy of Drug Enforcement Administration (DEA) license (if applicable).
iί	Copy of board certification (if applicable).

Copy of protocol (advanced practice registered nurses). Proof of current malpractice coverage.*

Completed disclosure of ownership and control interest statement (required for Medicaid MCO

Medical Doctors = JUA/PCF1 or \$1,000,000/\$3,000.000 *Coverage limits vary: All others = \$1,000,000/\$1,000,000

Our health plan partners no longer use paper remittances. This includes paper remittance advices and paper checks. You will receive payments and remittance advices electronically. If your group or practice is not currently enrolled in the Electronic Funds Transfer (EFT) program, be sure to complete both the Terms and Conditions for Electronic Payment and the Electronic Funds Transfer Enrollment Form and return them with your application.

CBA is a separate company that provides behavioral health benefits on behalf of BlueChoice® HealthPlan and BlueCross® BlueShield® of South Carolina. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.

Please enclose all information and allow at least 30 days for processing before checking on the application status. We cannot process applications until we receive all information. Retain a copy of all application materials for your records.

> RETURN APPLICATION TO: Companion Benefit Alternatives, Inc. ATTN: Provider Network Coordinator AX-315 P.O. Box 100185 Columbia, SC 29202 Fax Number: 803-714-6456

JUA = Joint Underwriting Association; PCF = Patient Compensation Fund G/CBA/Form/Behavioral Health Network Services FPN042-Credentialing Application Page 1 of 12

Behavioral Health Credentialing

- Companion Benefit
 Alternatives (CBA)
 coordinates credentialing
 for mental health
 practitioners.
- Complete these steps to enroll with CBA.

Behavioral Health

Companion Benefit Alternatives, Inc. (CBA) manages our behavioral health network. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross BlueShield of South Carolina.

Want to join this network? You'll need to do the following:

- Complete and sign the <u>CBA Practitioner Credentialing Application</u>.
- 2. Complete and sign the CBA Professional Agreement. Please email CBA.ProvRep@companiongroup.com to request this document.
- 3. Sign the Hold Harmless Agreement (HMA) (Appendix C of the CBA Professional Agreement).
- 4. Include:
 - 1. A copy of your South Carolina state license
 - 2. A copy of your DEA license, if applicable
 - 3. A copy of the protocol (nurse practitioners only)
 - 4. Proof of current malpractice coverage

You can submit these items via mail or fax to:

Companion Benefit Alternatives, Inc.

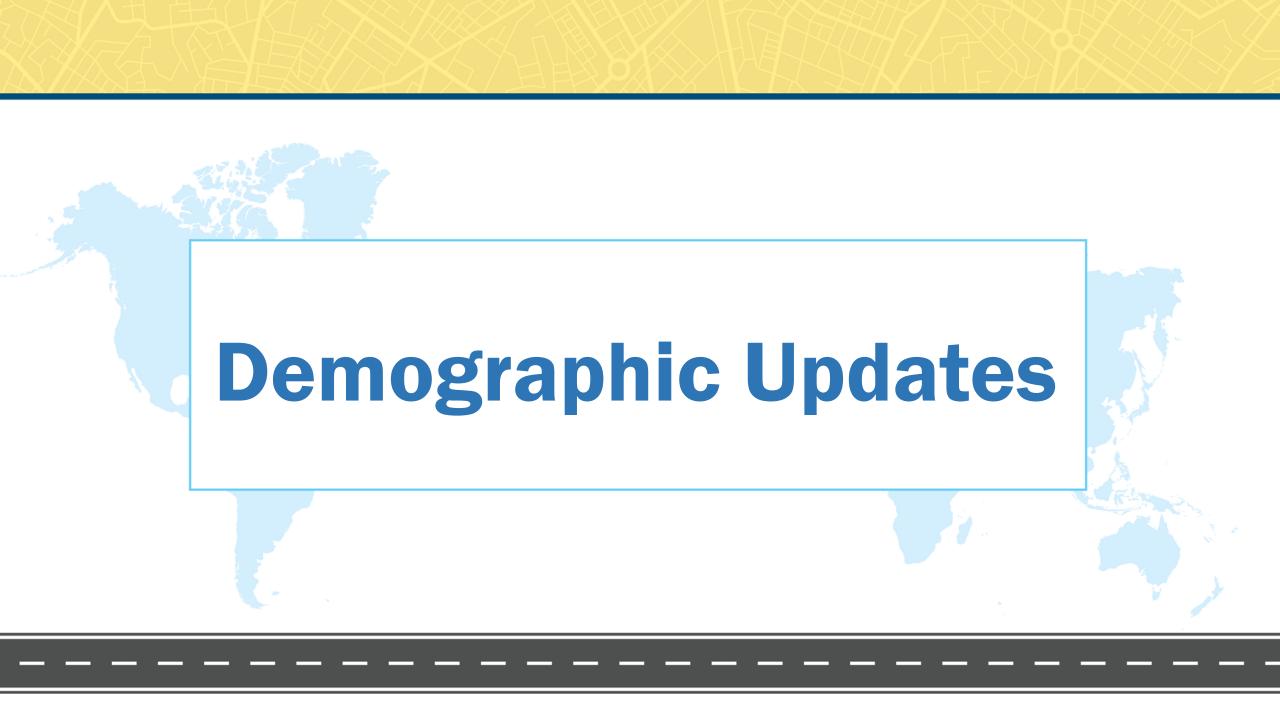
ATTN: Network Coordinator AX-315

P.O. Box 100185

Columbia, SC 29202

Fax: 803-714-6456



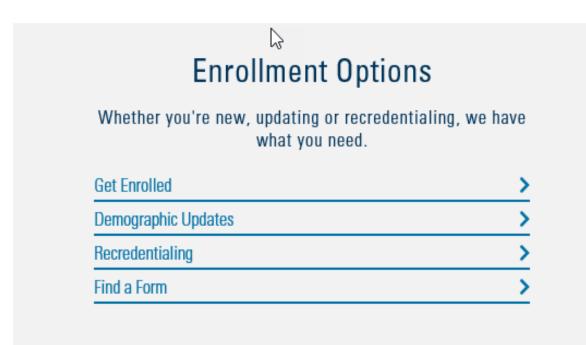




You can make updates easily through Medical Directory Check Up (M.D. CheckUp).

Click on **Demographic Updates** to update your information.

Provider Enrollment



Resources Here are some resources to help you with the enrollment process. Provider Enrollment Webinar Application Status Get Help Frequently Asked Questions



- M.D. Checkup allows you to view information for all associated locations and affiliated practitioners for each location.
- You can update information at any time.
- We require verification for each location on a quarterly basis.
 - January 1 March 31
 - April 1 June 30
 - July 1 September 30
 - October 1 December 31

Demographic Updates

Has your information changed? It's important for us to know. You can easily make updates with MD Checkup. Access MD Checkup through My Insurance ManagerSM to:

- Update your practice address.
- Change or add where an already-enrolled physician practices within your group. The tax ID number must be the same.
- · Terminate a provider.
- Update your office/directory information.



To learn more, access the MD Checkup User Guide.

Other Provider Updates

- Authorization to Bill Affiliate a practitioner to a new group
- Change of Address Form Update billing address(es)
- <u>Doing Business As (DBA) Name Change Form</u> (In order to update the Legal Business Name for a provider group, we require a copy of the most current official IRS letter for the entity. Examples include an IRS LTR 147C, CP267, CP 575 A, CP 575 E, CP-224 or tax coupon 8109-C. Send to <u>Provider.Blue.Updates@bcbssc.com</u>) W-9s are not accepted.
- <u>Electronic Funds Transfer (EFT) and Electronic Remittance Advise (ERA) Enrollment Form/EFT Terms and</u>
 Conditions
- Request to Add or Terminate Practitioner Affiliation Add, terminate or change practitioner affiliation
- <u>Satellite Location Application</u> Add a new location to file claims to an existing group or change your tax identification number.



- MD Checkup is available within My Insurance ManagerSM.
- Verify Confirm information shown is current and accurate.
- Update Once a change has been made, Update must be selected to confirm and accept the change.
- View & Edit Access and edit location information (addresses, telephone number, fax number, hours of operation, etc.).



- Remove Location Enter or select a date to indicate that a location shown in the Location List is no longer active or part of the organization. (NOTE: This action inactivates/closes the location in our claims payment system, do NOT use this action to remove a location from your VIEW in M.D.Checkup!)
- Remove Practitioner Enter or select a date to indicate that a
 practitioner is no longer participating with the specific location. (NOTE:
 If you need to remove a practitioner from one of your locations and
 add to another location, you MUST complete the ADD function first,
 otherwise you may remove the practitioner from your view.)
- Add Practitioner Add a practitioner to the specific location by using the Add Practitioner's search function. You will only find practitioners that are already affiliated to your tax ID, if you need to add a new practitioner, please complete the appropriate forms located on our website.



Why are these updates so critical? You could be losing patients!

- Keeping the provider directory accurate and up to date is essential to the health plan and to the providers.
- If you receive the notice to update your demographic information, please do not just click accept without fully reviewing the information.
- If you are not the correct person that should be reviewing this data,
 please send this to the appropriate person who can accurately validate.



Common Errors Found During Secret Shopper

- Appointment phone numbers are incorrect A patient calls and cannot reach the office to make an appointment. Patients will choose to call another practice.
- Practitioners are listed at locations where they do not practice A patient calls to schedule an appointment with a certain practitioner. They are told he is not at this location. Patients get frustrated and may choose another practice.
- **Practitioners listed as accepting new patients** Patients call to make a new patient appointment and are told that physician's panel is closed. Patients get frustrated and may choose a another practice.
- Staff unaware of updates Sometimes updates are made but the staff is not aware. Be sure staff knows about all demographic updates.

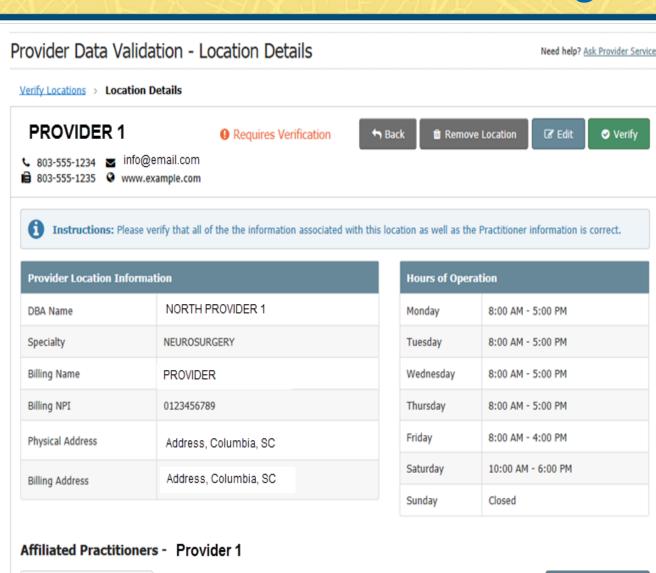


Add Practitione

The Location Details screen shows the practice details:

- Address
- Telephone
- Fax
- Email
- Website
- Hours of operation
- Affiliated practitioners

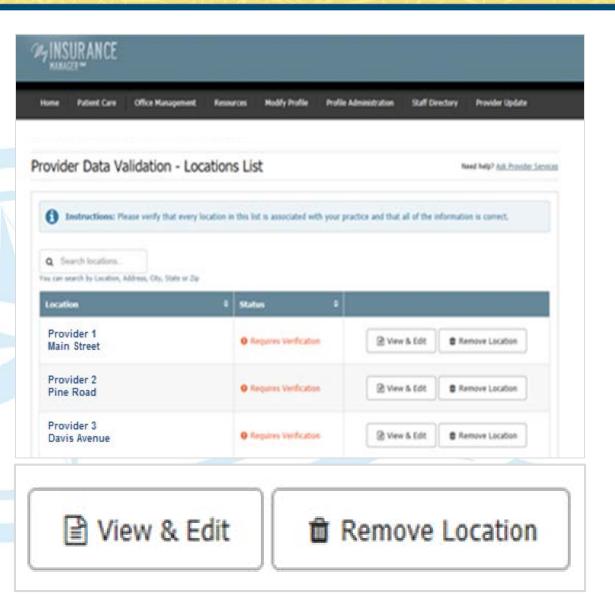
The Edit function allows users to modify the information shown.



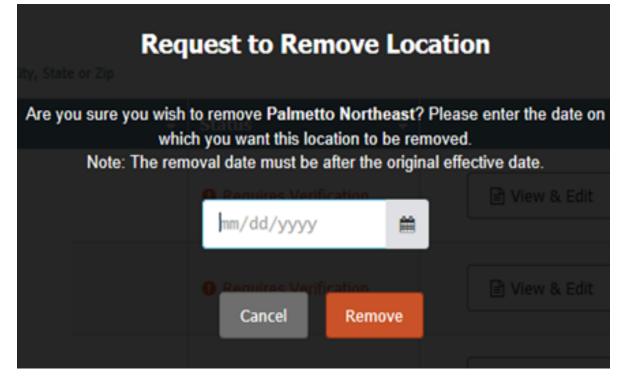
Search.

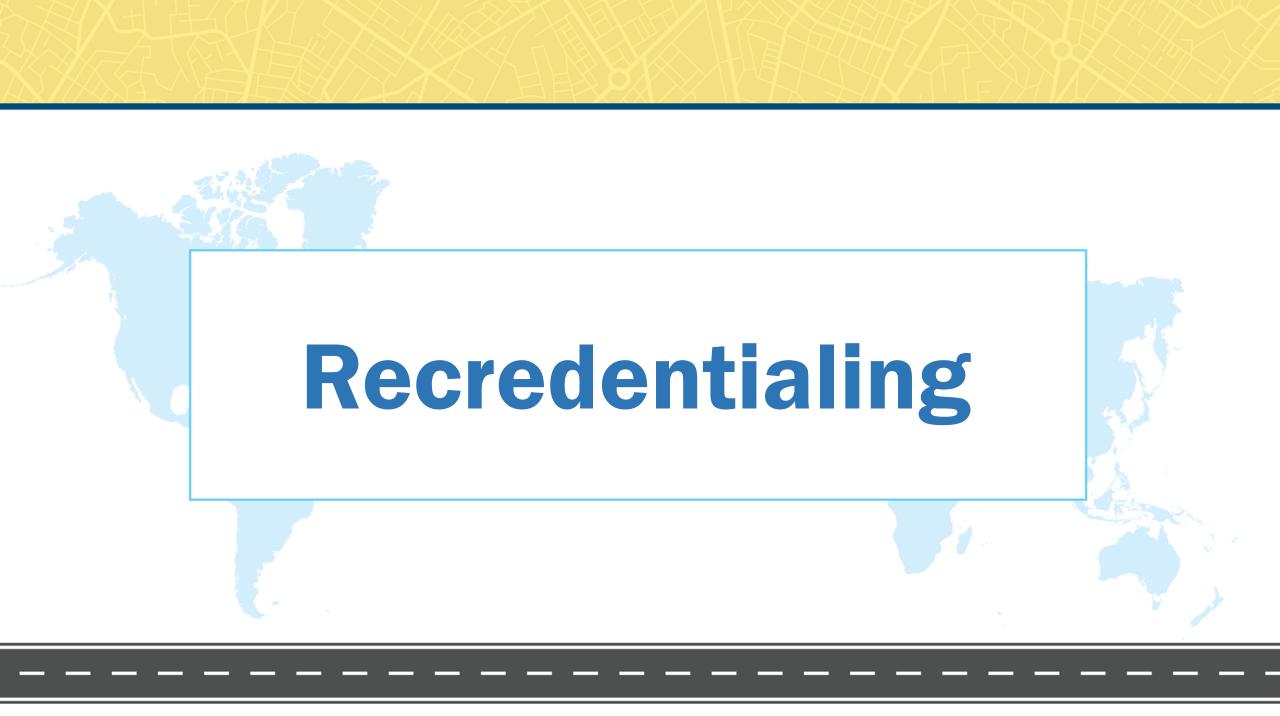
You can search by Practitioner Name, NPI or Specialty





If you click on Remove Location, you are closing out that location in our system as well as removing it from the directory. Do NOT use to remove location from your VIEW.





Recredentialing

- Established providers are required to recredential every three years.
- You can access the forms necessary to recredential by clicking on Recredentialing.
- If the provider 30 days past the recredentialing date, the provider must re-enroll by submitting initial provider enrollment information.

★ / Providers / Provider Enrollment / Recredentialing
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Recredentialing

Is it time for you to go through the recredentialing process? You'll need to complete the <u>South Carolina Uniform Managed Care</u> Practitioner Credentials Update Form.

Additional Documentation

We'll also need the following:

- Copy of your state license(s)
- · Copy of your current DEA Registration, if applicable
- Proof of current malpractice insurance/COI (must be a minimum of \$1MM/\$3MM)
- <u>Clinical Laboratory Improvement Amendment (CLIA) Certification Verification Form</u>. Please include a separate form for each location where you render lab services.

Submitting Your Recredentialing Materials

You can send these items to us via fax or email.

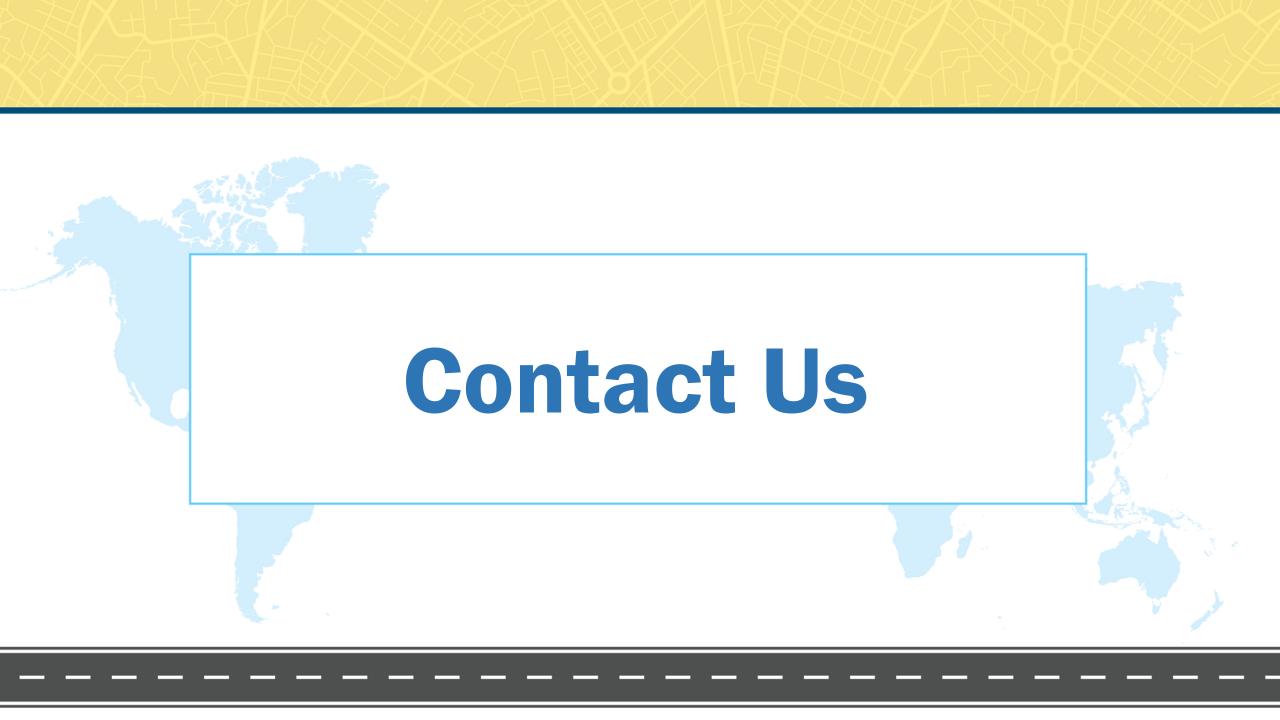
- Fax to 803-870-9997.
- Email to <u>Recred.App@bcbssc.com</u>.

Recredentialing

Our credentialing staff will notify you when it is time for you to complete this update.

The recredentialing process consists of a **5 page South Carolina Uniform Managed Care Practitioner Credentials Update Form**. This is an abbreviated version of the Provider Enrollment Application, so the same guidelines apply:

- Office/credentialing contact, phone number and email address is needed.
- Hospital Admitting information is required. If the provider does not admit, an admitting plan must be submitted.
- Providers will need to submit a copy of their malpractice coverage that will not expire within 30 days.
- If the provider answers **Yes** to any question on **page 2**, a detailed explanation is required.
- Signature dates on page 2, 3 and 5 must be less than 150 days old.



Contact Us

BlueCross BlueShield of South Carolina, BlueChoice HealthPlan and Healthy BlueSM have streamlined the Provider Enrollment Process to improve the enrollment experience.

- Initial Enrollment Applications <u>Provider.Blue.Enroll@bcbssc.com</u>
- Returning Documentation <u>Provider.Requested.Info@bcbssc.com</u>
- Provider Demographic Updates <u>Provider.Blue.Updates@bcbssc.com</u>
- Recredentialing <u>Recred.App@bcbssc.com</u>

Do not email Provider.Cert@bcbssc.com – This email address is no longer monitored.

Note: Do not send your email to multiple addresses.

Contact Us

- BlueCross BlueShield of South Carolina, BlueChoice HealthPlan and Healthy BlueSM streamlined the Provider Enrollment Process to improve the enrollment experience.
- Fill out the online form to ask questions via email. Do not email directly.
- This form contains all the information needed to respond to inquiries quickly and accurately.

Get Help

Your First Name

If you need help with the provider enrollment process, please fill out this form. Someone will contact you within two business days.

To see which forms are needed for provider enrollment, please see the individual checklist and group checklist.

If you're checking on the status of an application, please note we will contact you at these points in the application process:

- 1. When we receive your entire application
- 2. If we need any additional documentation
- When your application is moving to the onboarding phase
- 4. When your enrollment is complete and you are enrolled with BlueCross BlueShield of South Carolina and/or BlueChoice HealthPla

Your Last Name			
Your Email			
Your Phone Number			
Provider's First Name			
Provider's Last Name			
Provider's Specialty			
Provider's Individual NPI			

Contact Us

- Use the VRU to check status of a submitted application or ask questions.
- Call Provider Services at 1-800-868-2510 and select option 5.
 - Press 1 to check the status of an application.
- The phone lines will be available Monday through Friday from 8 a.m. to 4:30 p.m.
- There will not be a voicemail option.
- This line is for credentialing questions only.

Questions?



Independent licensees of the Blue Cross and Blue Shield Association