



Provider Enrollment

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
 - I. 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



Provider Enrollment Process

Provider Enrollment Process

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.

Provider Enrollment Process

- 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 provider.blue.enroll@bcbssc.com.
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.

Provider Enrollment Process

- 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.

Provider Enrollment Process

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

Click **Get Enrolled** to start a new enrollment.

Provider Enrollment

Enrollment Options

Whether you're new, updating or recredentialing, we have what you need.

- [Get Enrolled](#) >
- [Demographic Updates](#) >
- [Recredentialing](#) >
- [Find a Form](#) >

Resources

Here are some resources to help you with the enrollment process.

- [Provider Enrollment Webinar](#) >
- [Application Status](#) >
- [Get Help](#) >
- [Frequently Asked Questions](#) >

Provider Enrollment Process

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

Individual Provider Enrollment

For providers wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

- [Provider Enrollment Checklist >](#)
- [Provider Enrollment Application >](#)
- [New Provider Enrollment >](#)
- [Get Help >](#)

Group Practice Enrollment

For group practices wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

- [Group Enrollment Checklist >](#)
- [Application for Clinic/Group Enrollment >](#)
- [Practice Enrollment >](#)
- [Get Help >](#)

[Laboratory >](#)

[Behavioral Health >](#)

[Forms >](#)

[Virtual Care >](#)

[Patient-Centered Medical Home >](#)

Provider Enrollment Process

1. Open the Checklist.
2. 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:

1. 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@bcssc.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
A Provider Enrollment Application	See Footnote 1			See Footnote 7		
B 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 3	See Footnote 3		
F Current Copy of Malpractice 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						
H Clinical Lab Improvement Amendments (CLIA) Form				See Footnote 7		
I NP Preceptor Form						
J Network Contracts (send in a request)						
K Hold Harmless for BlueChoice HealthPlan						
L Appendix D for BlueChoice HealthPlan						
Additional Items for Medicaid						
M Medicaid ID Number ⁶				See Footnote 7		
N Nurse Protocols						

¹If you are a mid-level provider who wants to be enrolled in our Medicaid network, fill out the Provider Enrollment Application.

²If the provider performs any routine dental services, the Dental Credentialing Application is needed.
³If applicable.

⁴Required for M.D.s, D.O.s, O.D.s, NPs and PAs.
⁵A copy is included in the Provider Enrollment Application.
⁶On the Provider Enrollment Application.
⁷Required 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 documentation 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@bcbsc.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 publicly 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.

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

APPLICATION CHECKLIST:

- Completed application.
- 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.
- Copy of Drug Enforcement Administration (DEA) license (if applicable).
- 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 network).

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

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:

1. Complete and sign the [CBA Practitioner Credentialing Application](#).
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

CBA is a separate company that administers mental health and substance abuse benefits on behalf of BlueCross and BlueChoice HealthPlan.



Demographic Updates

Demographic Updates

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

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

Provider Enrollment

Enrollment Options

Whether you're new, updating or recredentialing, we have what you need.

- [Get Enrolled](#)
- [Demographic Updates](#)
- [Recredentialing](#)
- [Find a Form](#)

Resources

Here are some resources to help you with the enrollment process.


- [Provider Enrollment Webinar](#)
- [Application Status](#)
- [Get Help](#)
- [Frequently Asked Questions](#)

Demographic Updates

- 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 Manager](#)SM 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)
- [Doing Business As \(DBA\) Name Change Form](#) - (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 Provider.Blue.Updates@bcbsc.com) W-9s are not accepted.
- [Electronic Funds Transfer \(EFT\) and Electronic Remittance Advise \(ERA\) Enrollment Form/EFT Terms and Conditions](#)
- [Request to Add or Terminate Practitioner Affiliation](#) - Add, terminate or change practitioner affiliation
- [Satellite Location Application](#) - Add a new location to file claims to an existing group or change your tax identification number.

Demographic Updates

- 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.).

Demographic Updates

- **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.

Demographic Updates

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.

Demographic Updates

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.

Demographic Updates

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.

Provider Data Validation - Location Details

Need help? [Ask Provider Services](#)

[Verify Locations](#) > Location Details

PROVIDER 1

Requires Verification

Back

Remove Location

Edit

Verify

803-555-1234 info@email.com
803-555-1235 www.example.com

Instructions: Please verify that all of the the information associated with this location as well as the Practitioner information is correct.

Provider Location Information

DBA Name	NORTH PROVIDER 1
Specialty	NEUROSURGERY
Billing Name	PROVIDER
Billing NPI	0123456789
Physical Address	Address, Columbia, SC
Billing Address	Address, Columbia, SC

Hours of Operation

Monday	8:00 AM - 5:00 PM
Tuesday	8:00 AM - 5:00 PM
Wednesday	8:00 AM - 5:00 PM
Thursday	8:00 AM - 5:00 PM
Friday	8:00 AM - 4:00 PM
Saturday	10:00 AM - 6:00 PM
Sunday	Closed

Affiliated Practitioners - Provider 1

Search...

You can search by Practitioner Name, NPI or Specialty

+ Add Practitioner

Demographic Updates

The screenshot shows the 'Provider Data Validation - Locations List' page. At the top, there is a navigation bar with links: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory, and Provider Update. Below the navigation bar, there is a search bar labeled 'Search locations' and a note: 'You can search by Location, Address, City, State or Zip'. The main content area contains a table with three columns: 'Location', 'Status', and 'Actions'. The table lists three providers, each with a 'Requires Verification' status and 'View & Edit' and 'Remove Location' buttons.

Location	Status	Actions
Provider 1 Main Street	Requires Verification	View & Edit Remove Location
Provider 2 Pine Road	Requires Verification	View & Edit Remove Location
Provider 3 Davis Avenue	Requires Verification	View & Edit Remove Location

This block shows two large buttons side-by-side. The left button is labeled 'View & Edit' and features a document icon. The right button is labeled 'Remove Location' and features a trash can icon.

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.**

The screenshot shows a dark-themed dialog box titled 'Request to Remove Location'. The text inside asks: 'Are you sure you wish to remove Palmetto Northeast? Please enter the date on which you want this location to be removed.' Below this, 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 'Remove' button. Other buttons like 'View & Edit' and 'Cancel' are also visible.



Recredentialing

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.

[Home](#) / [Providers](#) / [Provider Enrollment](#) / Recredentialing

Recredentialing

Is it time for you to go through the recredentialing process? You'll need to complete the [South Carolina Uniform Managed Care 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)
- [Clinical Laboratory Improvement Amendment \(CLIA\) Certification Verification Form](#). 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 Recred.App@cbssc.com.

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

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 – Provider.Blue.Enroll@bcbssc.com
- Returning Documentation – Provider.Requested.Info@bcbssc.com
- Provider Demographic Updates – Provider.Blue.Updates@bcbssc.com
- Recredentialing – Recred.App@bcbssc.com

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

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
3. 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 HealthPlan

Your First Name

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?



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

Independent licensees of the Blue Cross and Blue Shield Association

