



South Carolina

# Provider Enrollment

BlueCross BlueShield of South Carolina

# Disclaimer

The information included is general and in no event should be deemed as 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 of Provider Enrollment

# Application Types

Application	Description
Enroll a Practitioner	New practitioners that want to enroll with BlueCross BlueShield of South Carolina.
Enroll a Group	New groups that want to enroll with BlueCross BlueShield of South Carolina.
Facility Information Request	Medical facilities that want to credential with BlueCross BlueShield of South Carolina.
Add Virtual Care	Practitioners or groups that want to render telemedicine and telehealth services.
Health Professional*	<b>In-state, out-of-network</b> practitioners that want to file claims to BlueCross BlueShield of South Carolina.
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.
Add a Satellite Location	<b>Enrolled groups</b> that have <b>new locations</b> that want to file claims to BlueCross BlueShield of South Carolina.
Submit a Name Change	Request to change the doing business as (DBA) name of a practice.
Change of Address	Request to update the physical, pay to, correspondence or billing agency address.
NPI Provider Notification*	<b>Out-of-state and out-of-network</b> practitioners or groups that want to register their NPI with BlueCross BlueShield of South Carolina.
Request to Add a Practitioner	Adding a practitioner's affiliation with a clinic, group or institution.
Remove a Practitioner	Terminating a practitioner's affiliation with a clinic, group or institution.

*\*These are included with either the Enroll a Practitioner or Enroll a Group application. The responses to the questions will trigger the path the application takes.*

# Understanding the General Process of an Application



- After you complete and submit your application in My Provider Enrollment Portal, the application will be in the submitted status pending review.
- During the preliminary review, the application is assigned to an enrollment analyst for a high-level review to determine whether the application is clean (all the required information and items are included).\*
- If the application is deemed clean, the analyst will send the application and agreements to the appropriate parties for electronic signatures.
- Once all appropriate parties have signed their applicable sections of the documents, the application will move to the next stage of the process.
- During the secondary review, the credentialing team takes a deeper look at the application, to include background checks for the practitioners, and sends the application to committee.\*
- If everything is clear and approved by the committee, the application progresses to contracting.\*
- During the final review, the enrollment team loads the provider into the system and sends a welcome notification to the credentialing contact that includes the network and affiliation dates.

*\*During these stages, any missing items or corrections needed will cause the application to be sent back to the provider. To prevent delays, be sure to review the checklists, include appropriate emails for signatures and answer disclosure questions correctly.*

# 7-7-7 Rule for Missing Items

- Once an application is reviewed and an analyst determines something is needed, they will add a case comment explaining the issue.
- When you receive a notice for missing items or corrections that are needed to an application, we encourage you to return the requested information or make the necessary corrections as soon as possible.
- An automated notification is sent every seven days (**up to 21 days**).
  - Day seven: You will receive the first notification.
  - Day 14: You will receive the second notification.
  - Day 21: You will receive the final notification.
- If the requested items or corrections are not received by day 21, the application will be up for cancellation.

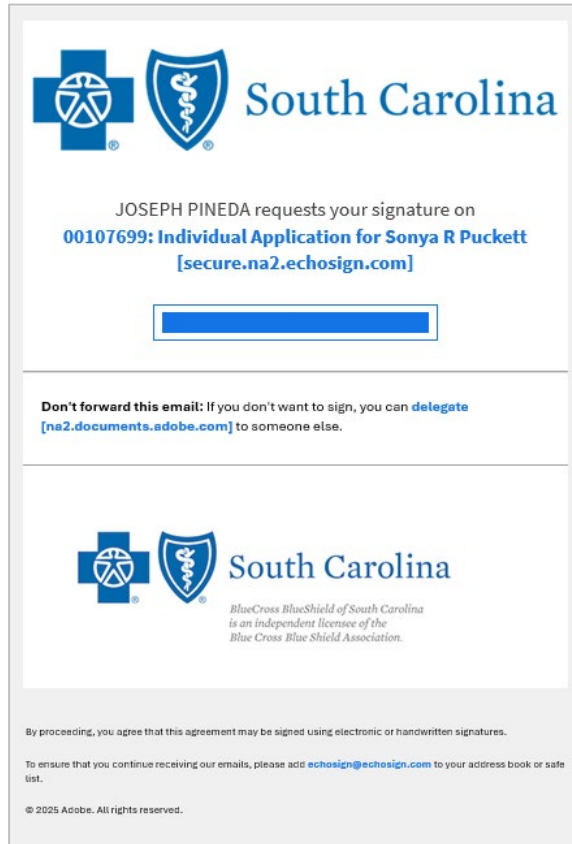
*Note: The automated notifications will stop once the case is reviewed by the assigned analyst.*

# E-signing Process

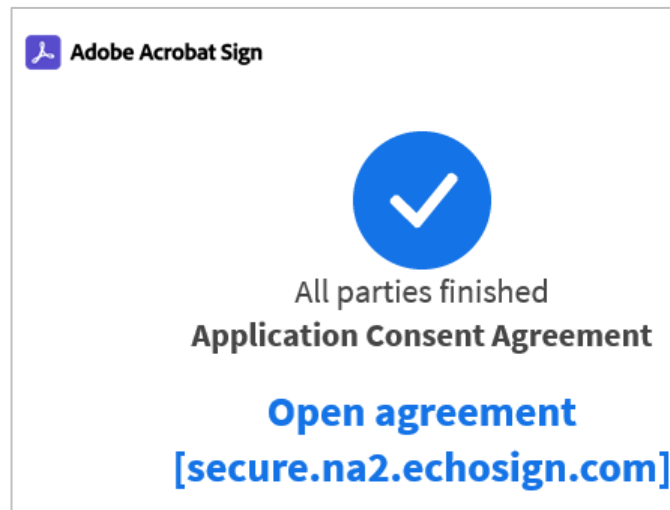
- As of June 9, 2025, applications, contracts and other enrollment related documents can be signed electronically.
- For each application type—whether for initial enrollment or maintenance—you will be prompted to provide specific email addresses for various roles, such as:
  - Practitioner
  - Credentialing contact
  - Fiduciary contact
- When documents are ready for signature:
  - An email will be sent to the first required signer (for example, the practitioner for an individual application).
  - Once they sign, the next designated contact (such as the credentialing contact) will receive their e-sign email.
  - When all applicable parties have signed their portion of the documents, they will receive confirmation via email.

*Note: When applicable, you must enter the practitioner's email address. It cannot be the email address for the practice.*

# Examples of E-sign Emails



All appropriate parties will receive the appropriate document to sign.



All appropriate parties will receive confirmation once completed.

*Note: Do not delete or ignore these emails—they are not spam or phishing attempts. Also, please do not respond to these emails.*

# Network and Affiliation Dates

- Network effective dates are based on the credentialing committee's approval date.
  - Network effective dates **cannot** be backdated.
- Affiliation dates are based on the practitioner's start date with the practice they are joining.
  - Affiliation dates can be backdated to the earliest start date for the practitioner, but no more than Jan. 1<sup>st</sup> of the previous year.
  - **This does not apply to the Healthy Blue network.**
    - This ensures we comply with South Carolina Department of Health and Human Services (SCDHHS) and National Committee for Quality Assurance (NCQA) standards and guidelines.



# Important Reminders

# Medicaid ID Requirements

- The Medicaid ID is needed for any practitioner or group that wishes to participate in the Healthy Blue network.
  - We encourage you to wait until you have the Medicaid ID number before beginning an application for the practitioner or group.
- The Medicaid ID must be registered with SCDHHS and **must be assigned to the practitioner or group NPI**, not the TIN.
- During the review process of an application, if the practitioner or group's Medicaid ID number is not validated or active with SCDHHS, they will not be considered for participation in the Healthy Blue network.

# Information for the Healthy Blue Network

- When it comes to the credentialing process for the Healthy Blue network, providers have the right to:
  - Review information obtained from outside sources (i.e., state licensing boards) used to evaluate their credentialing application.
    - This does not include references, recommendations, or other peer-review protected information.
  - Correct any erroneous information submitted by outside sources.
    - If the credentialing staff identifies a discrepancy, they will notify the provider in writing (case comment).
  - Question the status of their credentialing application and receive a response by phone or email within seven calendar days to include:
    - The date their completed application was received.
    - Any outstanding items needed for completion.
    - The expected date of the credentialing decision.
- To exercise the above rights:
  - Submit a support case or a case comment if the application is still open and being worked.
  - Submit a faxed inquiry to 803-870-9997 if the application has been canceled.
    - Faxed inquiries can be submitted using a free formed letter.

# Provider Medical Licenses and Work History

- For both the provider's medical licenses and work history, we need five years (60 consecutive months) of data.
- For medical licenses, you would include any applicable active and inactive licenses.
- For the work history, if there is a gap of six months or more, a detailed explanation is required for review.
  - When adding the work history in My Provider Enrollment Portal, we encourage you to list them in chronological order, starting with the current job.

# Expiring Documents

- All documents being uploaded with the application must be current and should not expire within 30 days. This includes:
  - Medical licenses
  - Malpractice (COI)
    - Be sure the copy uploaded covers the requested start date for the practitioner.
  - DEA license
  - CLIA certificates
- If the document is going to expire within 30 days of submission, be sure to include a copy of the current document and the new or updated document.

# Taxonomy and Languages

- The taxonomy selected during the application process must coincide with the practitioner's medical license.
  - For example, a nurse practitioner may specialize in family medicine; however, they should not select family medicine as their taxonomy. Instead, they should select nurse practitioner based on their license.
- When completing the enrollment application, be sure to select all the applicable languages the practitioner speaks.
  - This information is included in our directories and allows patients to select provider's that meet their language needs.

# Recredentialing Process

- Recredentialing for network participating practitioners occurs every three years.
  - If you need to know the upcoming recredentialing dates for a provider, email [Recred.App@bcbssc.com](mailto:Recred.App@bcbssc.com).
    - Include the provider's name and NPI.
- The credentialing team reaches out when the provider's recredentialing dates is approaching.
  - The team reaches out to the practice on file that the provider is affiliated with to see if they are actively working at the location. It is important that we have the most accurate and up-to-date contact information on file.
    - If a response is not received after the first outreach, a second attempt is made in 14 days.
    - If a response is not received after the second outreach, a third attempt is made in seven days.
    - If a response is not received after the third and final outreach, the process to terminate the provider is initiated.
- If a provider is past due for their recredentialing or if the recredentialing is due within 60 days, a new enrollment application must be submitted.

*Note: Outreach begins two to three months in advance.*

# Non-credentialed Provider Types



*\*Can join the Healthy Blue network.*

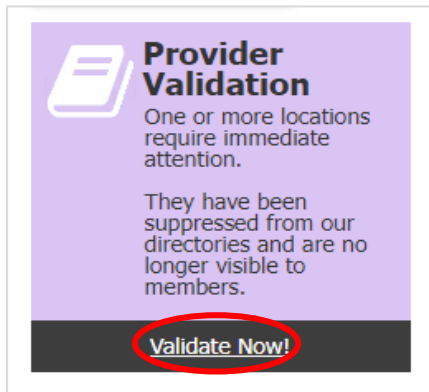
*Note: This list may not be all inclusive.*

# Provider Directory Validation

- Providers have been required to verify their demographic data at least every 90 days since Jan. 1, 2022.
  - This implementation was part of the No Surprises Act.
- Validation allows us to maintain accurate directories.
- Verification can be completed in M.D. Checkup (accessible through My Insurance Manager).
  - You can also respond to the email received from [Provider.Directory@bcbssc.com](mailto:Provider.Directory@bcbssc.com).
- For outreach purposes, it is important to have the correct contact information on file.
  - If contact information needs to be updated for your practice, you can submit a support case in My Provider Enrollment Portal.
    - If contacts are different based on the location, be sure to include the specific details.

# Location Suppression Due to Missing Validation

- Locations are suppressed in the provider directory if more than 90 days has passed since the last validation was made.
- To have the suppressed status updated, the profile administrator should:
  - Log into My Insurance Manager.
  - Select Validate Now in the Provider Validation box.
  - Select View an Edit from the location list.
  - Review the information, make any necessary updates and select Verify.



**Provider Validation**  
One or more locations require immediate attention.  
They have been suppressed from our directories and are no longer visible to members.

**Validate Now!**

### Provider Data Validation - Location List

Please verify that every location in this list is associated with your organization and that all the information is correct.

**Suppressed from Directories** means the location is no longer shown in our directories and is not visible to members. Please immediately verify the information for the locations and make any necessary updates to ensure we have the latest information.

**Verification Required** means the location needs to be verified to prevent it from being suppressed from directories soon. Please immediately verify the information for the location and make any necessary updates to ensure we have the latest information.

**Pending Approval** means we have received your updates and the changes are being validated. If the updates are validated the location will be updated to Verified next.

**Verified** means no action is necessary at this time. You can still make any updates necessary for these locations.

Search...

You can search by Location, Address, City, State or Zip

Location	Status	
PI 80 GE	Suppressed from Directories Immediate review required.	<b>View &amp; Edit</b> Deactivate Location

### Provider Data Validation - Location Details

Suppressed from Directories

Back Deactivate Location Edit **Verify**

WDPC.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		Hours of Operation	
Billing Name		Monday	08:00 AM - 05:30 PM
Billing NPI		Tuesday	08:00 AM - 05:30 PM
Specialty		Wednesday	08:00 AM - 05:30 PM
Physical Address		Thursday	08:00 AM - 05:30 PM
Billing Address		Friday	
		Saturday	
		Sunday	

Affiliated Practitioners -

# Making Demographic Updates

- There are times in which you must make demographic updates to your practice or practitioner.
- Some updates can be made in My Provider Enrollment Portal, and some can be made using MD Checkup.
- My Provider Enrollment Portal:
  - Submit a Name Change
  - Change of Address
  - Add a Satellite Location
  - Request to Add a Practitioner
  - Request to Remove a Practitioner
- MD Checkup
  - Terminate (close) Location
  - Change of Address
  - Hours of Operation
  - Add a Practitioner Affiliation\*
  - Terminate Practitioner Affiliation

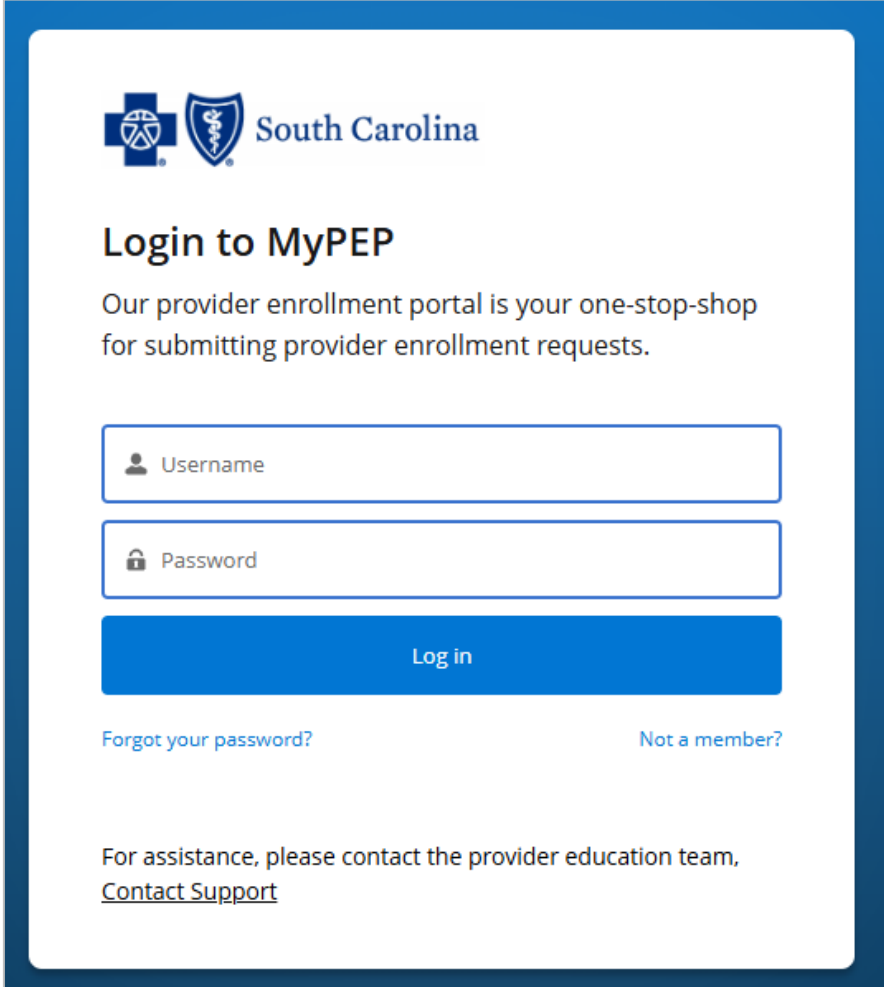
\*You can only add a practitioner through MD Checkup if the provider is enrolled and associated with the tax identification number.



# My Provider Enrollment Portal

# Getting Started

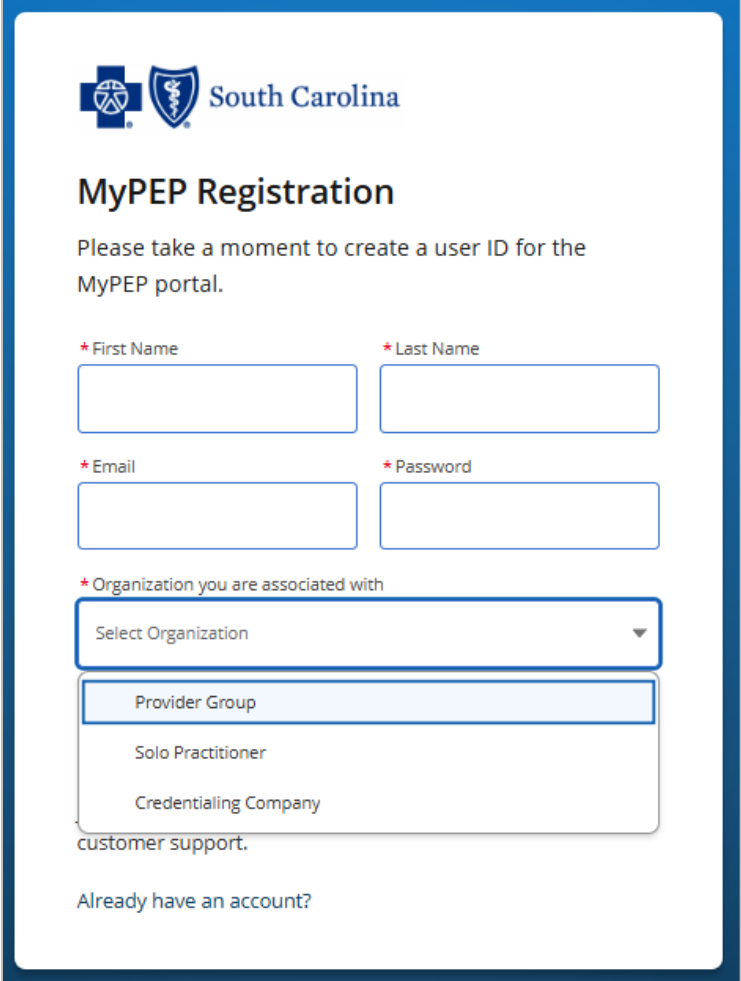
- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
  - Providers>Provider Enrollment>Join Our Networks
- Username format: **email.firstname.lastname**
- New users should select Not a member from the landing page of the portal.




The screenshot shows the login interface for the MyPEP portal. At the top left, there are two logos: a blue cross with a white circle inside, and a blue shield with a white cross and a white circle inside. To the right of these logos is the text "South Carolina". Below the logos is the heading "Login to MyPEP". Underneath the heading is a paragraph: "Our provider enrollment portal is your one-stop-shop for submitting provider enrollment requests." There are two input fields: the first is labeled "Username" with a person icon, and the second is labeled "Password" with a lock icon. Below the input fields is a blue button with the text "Log in". At the bottom of the form, there are two links: "Forgot your password?" on the left and "Not a member?" on the right. At the very bottom, there is a paragraph: "For assistance, please contact the provider education team, [Contact Support](#)".

# Registration

- Registration options include solo practitioner, provider group and credentialing company.
- The required details will vary based on the selection made.



 South Carolina

## MyPEP Registration

Please take a moment to create a user ID for the MyPEP portal.

\* First Name

\* Last Name

\* Email

\* Password

\* Organization you are associated with

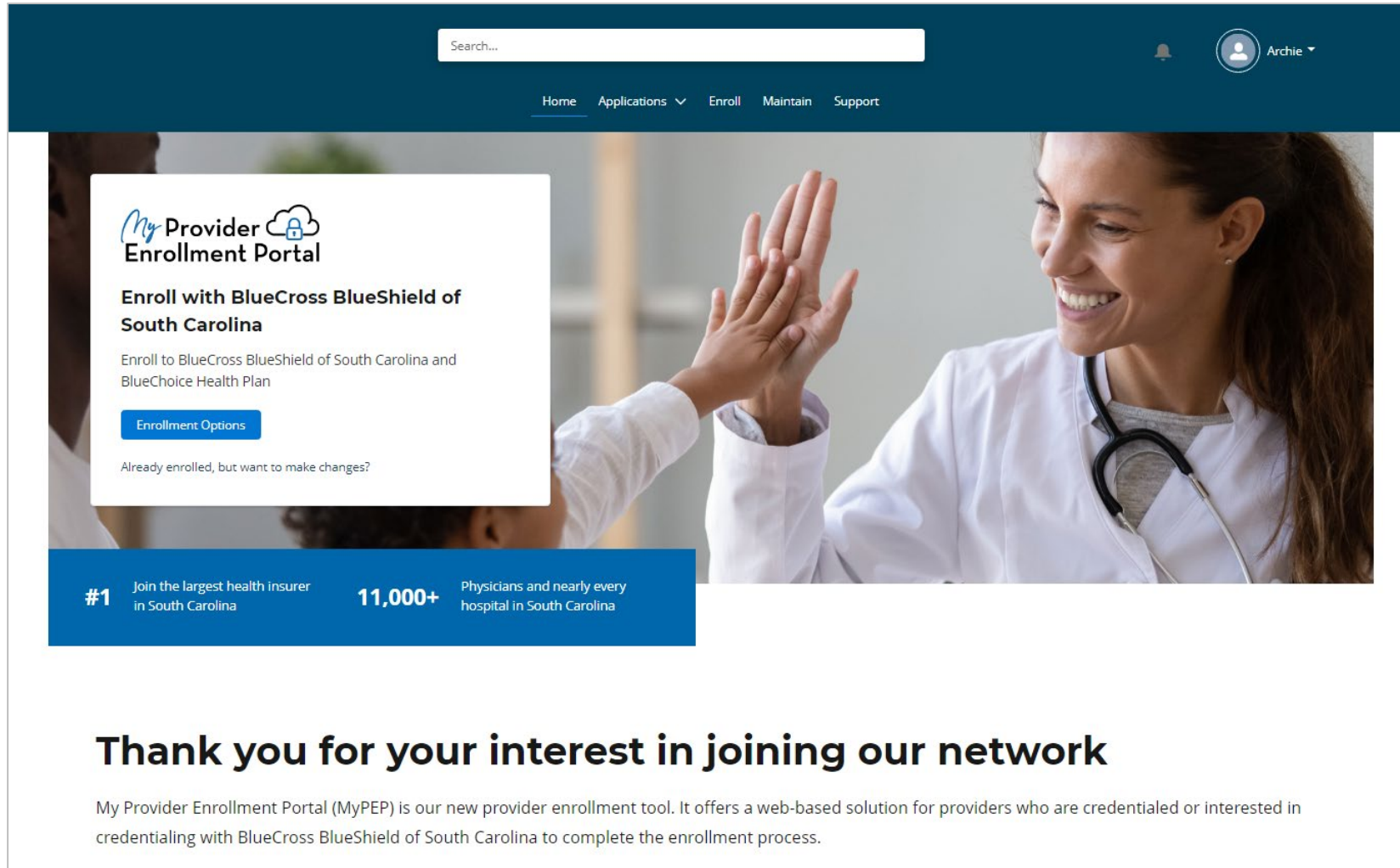
Select Organization ▼

- Provider Group
- Solo Practitioner
- Credentialing Company

customer support.

Already have an account?

# My Provider Enrollment Portal - Home Page



The screenshot shows the home page of the My Provider Enrollment Portal. At the top, there is a dark blue navigation bar with a search bar on the left and a user profile icon labeled 'Archie' on the right. Below the navigation bar is a main banner area featuring a photograph of a smiling female doctor in a white lab coat with a stethoscope, high-fiving a child. Overlaid on the left side of the banner is a white card with the portal's logo and enrollment information. Below the banner is a blue bar with statistics. At the bottom, there is a large heading and a paragraph of introductory text.

Search...

Home Applications ▾ Enroll Maintain Support

**My Provider Enrollment Portal**

**Enroll with BlueCross BlueShield of South Carolina**

Enroll to BlueCross BlueShield of South Carolina and BlueChoice Health Plan

[Enrollment Options](#)

Already enrolled, but want to make changes?

**#1** Join the largest health insurer in South Carolina

**11,000+** Physicians and nearly every hospital in South Carolina

## Thank you for your interest in joining our network

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

# My Provider Enrollment Portal - Started Applications



Applications

## My Started Applications ▾

13 items • Sorted by Application Type • Filtered by My applications - Application Status



Application Type ↑	Application Status	NPI Type I	NPI Type II	Resume Application	Created Date	
1	In Progress				3/31/2025, 7:28 AM	▾
2	In Progress				4/2/2025, 10:13 AM	▾
3	In Progress				4/29/2025, 8:45 AM	▾
4 Individual	In Progress				3/26/2025, 7:56 AM	▾
5 Individual	In Progress			Resume	4/2/2025, 10:30 AM	▾
6 Individual	In Progress			Resume	4/29/2025, 8:35 AM	▾
7 Individual	In Progress			Resume	5/9/2025, 9:19 AM	▾
8 Individual	In Progress	1555555555		Resume	6/23/2025, 7:42 AM	▾
9 Individual	In Progress	1777777777		Resume	7/1/2025, 7:06 AM	▾
10 Satellite Location	In Progress		1444444444	Resume	6/19/2025, 5:23 AM	▾

# My Provider Enrollment Portal - In Progress Applications

## My In-Progress Applications ▾

41 items • Sorted by Case Number • Filtered by All cases - Status, Closed, Case Record Type



	Case Number ↑ ▾	Type ▾	Provider ▾	Status ▾	Date/Time Opened ▾	
1	00031578	Group	Aesthetic Smiles of Myrtle Beach	Signed	3/31/2025, 7:37 AM	▾
2	00031581	Individual	Terrence Archie - MAGNOLIA ENDOCRINOLOGY LLC	Submitted	3/31/2025, 8:02 AM	▾
3	00031583	Virtual Care	MAGNOLIA ENDOCRINOLOGY LLC	Signed	3/31/2025, 8:29 AM	▾
4	00031584	Change of Address		Signed	3/31/2025, 8:36 AM	▾
5	00031585	Request to Add Practitioner	DAVID YOUNIE - FLOSSY PEDIATRIC DENTISTRY	Submitted	3/31/2025, 8:52 AM	▾
6	00031590	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	3/31/2025, 10:40 AM	▾
7	00031612	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	4/1/2025, 8:05 AM	▾
8	00031614	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	4/1/2025, 8:12 AM	▾
9	00031664	Request to Term Practitioner	TIMOTHY KAYLOR - ZONE PHYSICAL THERAPY	Submitted	4/2/2025, 5:18 AM	▾
10	00031668	Business Name Change	Provider Relations LLC	Submitted	4/2/2025, 5:53 AM	▾

# My Provider Enrollment Portal - Action Needed

## My Applications Requiring Action

2 items • Sorted by Case Number • Filtered by All cases - Action required, Closed, Case Record Type



Case Number ↑	Type	Provider	Status	Date/Time Opened
1	00031578	Group	<div><span>✓</span> <span>✓</span> <span>✓</span> <span>Signed</span> <span>Secondary review</span> <span>Final review</span> <span>Approved</span> <span>Denied</span> <span>Cancelled</span> <span>Withdrawn</span></div>	
2	00031583	Virtual Care		

### Case #00031578 - Group Application

Provider: Aesthetic Smiles of Myrtle Beach  
Status: Signed  
Application Type: Group  
Case Reference Number: Case #00031578  
Case Contact: Kristen Ward - Provider Relations LLC  
Requested Networks:

### Action Required

Review the *Action Items* list and any case comments for additional detail.

[Launch Application](#)

### Action Items

1 of 1 item

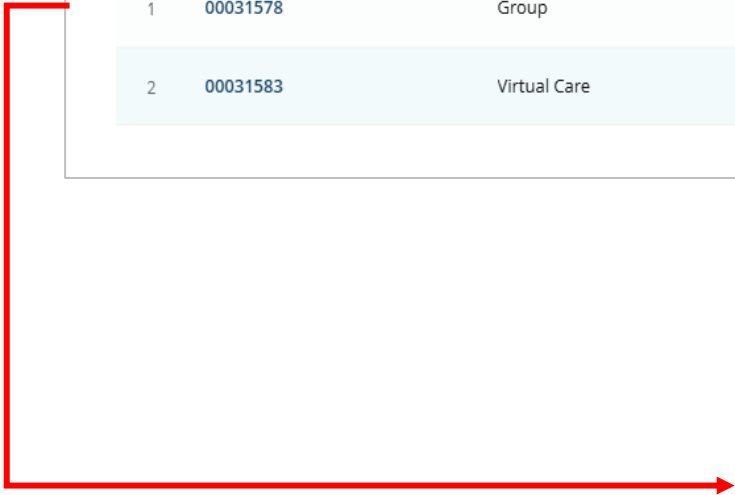
Action Item Name	Issue	Next steps
South Carolina - Missing	Missing	Re-open application, correct & re-submit.

### Case Comments (2)

User	Public	Created Da...	Comment
User173...	<input checked="" type="checkbox"/>	3/31/2025, ...	Action Item - Name: South Carolina - Missing, Status: Open, Issue: Missing
User173...	<input checked="" type="checkbox"/>	3/31/2025, ...	Please add at least one provider to this location by using the Add Practitioner function when you relaunch the application. Thank you

[View All](#)

### Open Agreements



# My Provider Enrollment Portal - Closed Applications

## My Closed Applications ▾


1 item • Sorted by Case Number • Filtered by All cases - Closed, Case Record Type • Updated a few seconds ago

🔍 Search this list...





	Case Number ↑	Subject ▾	Status ▾	Provider ▾	
1	00032461	<a href="#">R. DASILVA - Request to Term Practitioner</a>	Approved	ROBERT DASILVA - MIDLANDS ORTHOPAEDICS & NEUROSURGERY PA	▾


# My Provider Enrollment Portal - Enroll Page

 South Carolina

[Home](#) [Applications](#) [Enroll](#) [Maintenance](#) [Support](#)








Your enrollment essentials, all in one place.


## Enroll

Enrolling with BCBS-SC is easy. First, tell us what you are trying to do. Are you enrolling a group practice? Are you enrolling a practitioner? Make your selection and we will get some additional information to determine which of our networks apply (or to proceed and register out-of-network).




### Enroll a Group

A group practice consists of more than one healthcare practitioner working together under a single organization & has an NPI (type II organization). Start here to submit a group practice enrollment application.



### Enroll a Practitioner

A healthcare practitioner is any individual offering healthcare services & with an NPI (type I individual). Every practitioner offers their services through their individual practice or within a group practice. Start here to submit an enrollment application for a practitioner.



### Facility Application

**COMING SOON**

To request a Facility Application, please submit a support case.

# My Provider Enrollment Portal - Maintenance Page

The screenshot shows the top navigation bar of the My Provider Enrollment Portal. On the left is the South Carolina logo. In the center is a search bar. On the right is a user profile icon labeled 'Bravo'. Below the navigation bar is a dark blue menu with links for Home, Applications, Enroll, Maintenance (which is highlighted), and Support. The main content area features a hero image of hands writing on a document. Overlaid on the left is a white box with the 'My Provider Enrollment Portal' logo and the tagline 'Your enrollment essentials, all in one place.' Below the hero image is the section header 'Maintenance' and a paragraph: 'Here you can submit updates and requests to manage your practice and / or providers. Select from the menu below to get started.'

## Maintain a Practice

Find all you need to maintain a group / healthcare entity's networks, locations, and business information.

A grid of six white cards with light blue borders and icons. The first card is titled 'Add a network' and describes adding a new network to an existing enrollment. The second card is titled 'Add a satellite location' and describes adding a new location to expand services. The third card is partially visible and titled 'Change...'. Below these are three more cards, each with a different icon, but their titles and descriptions are not fully visible.

## Maintain a Group's Practitioner

For enrolled practitioners and enrolled groups, update requests are easy. With the group's Tax Id Number (TIN) and the practitioner's NPI (type I individual) you will be able to add a practitioner to the group and the practice and/or location, add a network, and also remove a practitioner from the practice and/or location.

A grid of three white cards with light blue borders and icons. The first card is titled 'Request to add practitioner to practice/location' and describes adding a practitioner's association. The second card is titled 'Request new network for practitioner' and describes adding a new network for an enrolled practitioner. The third card is titled 'Remove a practitioner from practice' and describes removing a practitioner's association. At the bottom left of the grid is a blue button labeled 'Back Home'.

# My Provider Enrollment Portal - Support Page



Archie ▾

[Home](#) [Applications ▾](#) [Enroll](#) [Maintain](#) [Support](#)

## CONTACT MYPEP SUPPORT

TELL US HOW WE CAN HELP.

TYPE

--None-- ▾

SUBJECT

DESCRIPTION

 [Upload File](#)

**SUBMIT**

Got a technical problem? A suggestion? You've come to the right place.

We want to hear from you.

- **Question:** We moved some things around - let us know if you have a question. We'll get it answered, and you'll help us improve others' experience in the process.
- **Feature request:** Got a provider enrollment wish list? (we do, too!) Tell us what would make things easier for you - we'd love to relay the message to our tech teams.
- **Login issue:** Tell us if you, or anyone on your account, is having an issue logging in and we'll get to the bottom of it.
- **Problem:** Any other issue related to myPEP's site and navigating, this is the spot for it.
- **Feedback:** The good, the great, the fantastic! And anything not-so-great - we want to hear that, too, because we are always looking to improve.

Got an application question? Need help or an update?

Leave us a comment!

We see your comments - and leaving them where we know exactly which application, practitioner, or practice you are working on makes it so that we can get you answers even faster.

Leave us a comment on your open cases and we'll get back to you as soon as possible.



# Completing a Clean Application

# Steps to Submit a Clean Application

1. Complete the enrollment application inside the portal.
2. Sign the application and agreements electronically.
  - The documents that must be signed will be sent to the appropriate parties included on the application.
    - It is important to include the correct email addresses for each individual (i.e., provider, fiduciary contact, etc.)
  - These items will be available once the enrollment team sends the documents to you, and the case is in the awaiting signature status.
3. If additional items are requested, submit those as soon as possible.

# Example of an Individual Enrollment Application

The screenshot shows a web application interface for an individual enrollment application. The header is dark blue with the South Carolina logo on the left, a search bar in the center, and a user profile icon labeled 'Bravo' on the right. Below the header is a navigation menu with links for Home, Applications (with a dropdown arrow), Enroll, Maintenance, and Support. The main content area is white and features a 'Steps' sidebar on the left, a 'Let's Get Started' section with a light blue callout box, and a 'Next' button at the bottom right.

**South Carolina**

Search...

Bravo

Home Applications ▾ Enroll Maintenance Support

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

## Let's Get Started

View our application checklist below to enroll a Practitioner with their Individual Practice. When you are ready, click *Next* to begin.

**Practitioner - What to have ready**

We'll walk you through setting up a new practitioner, and ensuring they are aligned with the correct group practice or established as an individual practice.


Next

# Example of an Individual Enrollment Application - Group/Provider Lookup

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Group / Provider Look-Up

We need provider identifiers to search and identify if the practitioner and/or practice is already enrolled with BCBS-SC. For practitioners, we take the NPI number (type I individual); for practices, we take the Tax Id Number (TIN) and the NPI number (type II organization).

 You Need to enter either Taxid or NPI Type II to proceed

### Practice information

Enter the practice's Tax Id Number (TIN) and NPI Number (type II organization) to identify the practice to which this practitioner is associated. Individual practices do not provide an NPI Number (type II organization); the practitioner's NPI Number (type I individual) is sufficient. If the practitioner has acquired a unique Tax Id Number (TIN), such as an EIN, it can be entered here. If the practitioner uses their SSN as the TIN for the individual practice, do not enter it here.

**IMPORTANT NOTE - CRITICAL DATA ELEMENTS:** Ensure that you enter the correct Tax ID and NPI. These fields **CANNOT** be updated/corrected once submitted, if entered incorrectly this case will be cancelled and you will be required to start a new Individual Application.

Tax Id Number (TIN)  NPI Number (type II group)

This practitioner is a solo practitioner filing claims with only one NPI.

### Practitioner information

Enter the practitioner's unique NPI Number (type I individual) to jump start this enrollment application.

\* NPI Number (type I individual)

### How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

[Save for later](#) [Previous](#) [Next](#)

### Steps

- 1 Let's Get Started
- 2 **Group / Provider Look-Up**  
Network pre-qualifications
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

# Example of an Individual Enrollment Application - Search Results

**Steps**

- 1 Let's Get Started
- 2 Group / Provider Look-Up  
[Search results](#)  
Network pre-qualifications
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit


This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

## Search results

**Practice found**

Based on the TIN you entered, please select the corresponding practice below and click 'Next' to continue.

**March Madness Family Health, LLC**  
Tax ID: 579999999

 Select before proceeding

View when practice is found.

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link


## Search results

**Practice not found**

We did not find a practice based on the Tax Id Number (TIN) and/or NPI (type II organization) you entered. Click 'Next' to continue with your Individual Application.

**Please Note:** Upon completion of this Individual Application, you must also complete a separate Group Application via the portal to complete the overall individual enrollment process.

If you need assistance with this process, please reach out to MyPep.Portal@BCBSSC.COM.

  
**How we protect your information ?**  
We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Previous **Next**

View when practice is not found.

# Example of an Individual Enrollment Application - Network Pre-Qualifications

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up  
Search results  
[Network pre-qualifications](#)
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

## Network pre-qualifications

### Care Taxonomy

The practitioner's care taxonomy & specialty help ensure we get the right credentials for verification. Please enter the 10-character code, or use a keyword search, to find your specialty. We can take up to two specialties.

Speciality Code

- 207Q00000X - Family Medicine Physician
- 106H00000X - Marriage & Family Therapist
- 3645P0810X - Child & Family Psychiatric/Mental Health Clinical Nurse Specialist
- 3645F0001X - Family Health Clinical Nurse Specialist
- 207VC0300X - Complex Family Planning Physician
- 207QA0000X - Adolescent Medicine (Family Medicine) Physician
- 207QA0401X - Addiction Medicine (Family Medicine) Physician
- 207QB0002X - Obesity Medicine (Family Medicine) Physician
- 207QG0300X - Geriatric Medicine (Family Medicine) Physician
- 207QH0002X - Hospice and Palliative Medicine (Family Medicine) Physician
- 207QS0010X - Sports Medicine (Family Medicine) Physician



### How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Previous

Next

# Example of an Individual Enrollment Application - Network Selection

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 **Network selection**
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Network selection

Here are the available networks that align based on what we know. Select the networks for this enrollment application.

### \* Available Networks

BlueChoice  
HealthPlan

Blue Options

Preferred Blue

Blue Essentials

State Health  
Plan

Healthy Blue

Medicare  
Advantage

Error: Available Networks is required.

Out of Network



### How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Note that selecting a network does not guarantee approval; your application will be reviewed to determine eligibility.

# Example of an Individual Enrollment Application - Practitioner Information Checklist

## Steps


- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
  - Practitioner information
  - Professional qualifications
  - Educational History & Training
  - Employment history
  - Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit


This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link


## Practitioner Information


### Practitioner - What to have ready


We'll walk you through setting up a new practitioner, and ensuring they are aligned with the correct group practice or established as an individual practice.


 **Contact Information**  
The full name, former surname(s), phone & preferred email for the provider is required.\*


 **Demographic Information**  
Provider demographic information such as name, date of birth, NPI, social security number, gender, ethnicity, etc. will be asked and an answer required.

 **Professional qualifications**  
The practitioners care specialty, state medical license, board certifications, DEA\*\* are all required. Provider's individual Medicaid Number.\*\*\*

 **Malpractice**  
Certificate of Insurance for the effective date to current coverage period are required.

 **Employment**  
Current employer and previous employers' history up to 5 years (which can also span to include education and professional training).

 **Education & professional training**  
The practitioner's relevant degrees and training (including the highest degree) are required. We also require MDs, DOs, and DPMs to provide their residency information.

 **Signatures**  
The provider will be required to sign all contracts, Authorization to bill, Hold Harmless\*, Attestation of the accuracy of the application information. Office Representative will be required to sign the Representative portion of the Authorization to bill.

# Example of an Individual Enrollment Application - Practitioner Information

This Omniscrypt is saved automatically. To resume the Omniscrypt later, Copy the link or Email me the link

## Practitioner information

Please enter the practitioner's name and identifying information as accurately as possible to ensure smooth processing.

* First Name	Middle Name	* Last Name
<input type="text" value="jason"/>	<input type="text"/>	<input type="text" value="Doe"/>
* Title	Suffix	Former surnames/Maiden Name
<input type="text" value="MD"/>	<input type="text"/>	<input type="text"/>
* Social Security Number	* Date of Birth	Tax Id
<input type="text" value="000-11-0000"/>	<input type="text" value="07-13-1970"/>	<input type="text" value="579999999"/>
NPI Group	* NPI Number (type I individual)	Medicaid ID
<input type="text" value="122222222"/>	<input type="text" value="133333333"/>	<input type="text"/>
Medicare Number	* Provider Type	* Professional Designation
<input type="text"/>	<input type="text" value="Primary Care"/>	<input type="text" value="MD - Medical Doctor"/>

**Preferred Email**

Please provide the practitioner's preferred email so that they will be able to sign their application package. This is required to process your case without the practitioner's email.

\* Practitioner's Email

## Demographic information

Please provide all required demographic information, including full name, date of birth, NPI, Social Security number, and other relevant information, as requested. Gender, race, ethnicity, and languages spoken are optional. If you prefer not to answer optional questions, you may select "Declined to Answer" or "Unknown", where applicable. Additional spoken languages will be published in the provider directory to help members select providers who meet their language needs.

* Gender	* Race	* Ethnicity
<input type="text" value="Male"/>	<input type="text" value="Black or African American"/>	<input type="text" value="Declined to Answer"/>

## Languages

Language(s) Spoken (other than English)- 1	Language(s) Spoken (other than English)- 2
<input type="text"/>	<input type="text"/>

## Authorization to bill

Please confirm the effective date of this authorization. The Authorization to Bill date marks when the group will begin billing for services on behalf of the practitioner. It should coincide with the practitioner's start date at the group practice.

\* Auth to Bill Effective Date

Save for later

Previous **Next**

# Example of an Individual Enrollment Application - Professional Qualifications

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## Professional qualifications

As we review your application, we will look to ensure that the care taxonomy specialty code(s) you enter align to the credentials you provide. Please take a moment to select the correct specialty and provide the pertinent license(s) and certification(s) so that the credentialing process is a smooth one.

### Care Taxonomy Lookup

The practitioner's care taxonomy & specialty help ensure we get the right credentials for verification. Please enter the 10-character code, or use a keyword search, to find your specialty. We can take up to two specialties.

\*Primary Taxonomy  
207Q0000X - Family Medicine Physician

Secondary Taxonomy

Do you wish to be listed in our provider directory with a specialty that is different from your primary taxonomy?  
 Yes  No

### State Medical License

Enter all state medical license details, including the issue date and expiration date. Autism provider

\*Professional Designation  
MD - Medical Doctor

\*Provider's License Type  
State Medical License

\*License Number  
ABC

\*State  
South Carolina

\*Issue Date  
01-13-2020

\*Expiration Date  
12-31-2025



\*License Status  
Active

### Upload Document

Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

### Uploaded Files

 **State Example.docx**  
Successfully uploaded 

[Save for later](#) [Previous](#) [Next](#)


# Example of an Individual Enrollment Application - Education History and Training

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## Educational History & Training

### Educational History

Please provide detailed information about your educational history, including degrees earned, institutions attended, and your academic qualifications.



**What determines a full educational history?**  
Please be sure to include the institution where the practitioner received you have less than 5 years of employment history, include additional education picture of the practitioner's professional timeline.

**Professional Training**

If the practitioner has completed an internship, fellowship or residency, please update the selection from the dropdown provided and enter detail for this professional training. You may add additional entries / remove entries.

Add Trainings [Add Additional Training](#)

**Training**

\* Training Type: Professional Training  
\* Institution Name: USC  
\* Program Name: Residency  
City: Columbia  
Country: United States  
State: South Carolina  
 I am actively taking this training/program  
\* Start Date: 02-01-2016  
\* End Date: 12-31-2018

**Cultural Competency Training**

We verify that our practitioners have completed a cultural competency training as part of our enrollment process. Have you completed a cultural competency training?  
 Yes  No  
Complete your training at <https://thinkculturalhealth.hhs.gov/>

[Save for later](#) [Previous](#) [Next](#)

**Steps**

- Let's Get Started
- Group / Provider Look-Up
- Network selection
- Practitioner Information**
  - Practitioner Information
  - Professional qualifications
  - Educational History & Training**
  - Employment history
  - Hospital privileges
- Licenses and Professional Certifications
- Location Details
- Practice Locations
- Review Your Application
- Submit

\* Educational Level: Medical School  
\* Institution Name: OTHER  
\* Please Specify Institution: USC  
\* Degree Type: MD - DOCTOR OF MEDICINE  
\* Start Month: January  
\* Year: 2010  
\* End Month: November  
\* Year: 2016  
\* Country: United States  
\* City: Columbia  
State: South Carolina

**Degree Conferred**

Individual asserts they have completed their education and holds the qualifications associated with that degree

# Example of an Individual Enrollment Application - Employment History

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
  - Practitioner information
  - Professional qualifications
  - Educational History & Training
  - Employment history**
  - Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

## Employment history

### Employment History

Please provide detailed information about the past five years of your employment history. Be sure to provide an explanation for work history gaps; any gap greater than 6 months requires an explanation.

Delete Add Additional Employment

### Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name \* Start Month \* Year  
March Madness Family Health, LLC August 2025

Are you currently employed at this organization?

Yes  No

Delete Add Additional Employment

### Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name \* Start Month \* Year \* End Month \* End Year  
ABC Family January 2019 July 2025

Are you currently employed at this organization?

Yes  No

### Employment Gap

For any employment gap greater than 6 months, please provide additional information for this timeframe.

Practitioner had gap of employment.

# Example of an Individual Enrollment Application - Hospital Privileges

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## Hospital privileges

### Hospital Privilege Information

Do you have privileges at any hospital facility?

Yes  No

\* Describe arrangements for hospital care:

Refer the patient to the nearest facility.

[Save for later](#) [Previous](#) [Next](#)

**Steps**

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
  - Practitioner information
  - Professional qualifications
  - Educational History & Training
  - Employment history
  - [Hospital privileges](#)
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

Note: Hospital privileges are based on admitting privileges.

# Example of an Individual Enrollment Application - Licenses and Certifications

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications  
Speciality Board Certification  
Malpractice Insurance
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

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## Licenses and Professional Certifications

This next section will collect applicable requirements, including board certification, DEA license, and malpractice insurance.

[Save for later](#)

[Previous](#)

[Next](#)

# Example of an Individual Enrollment Application - Specialty Board Certification

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications  
[Speciality Board Certification](#)  
Malpractice Insurance
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Speciality Board Certification

Providers who hold multiple board certifications should enter their primary certification details and upload copies of all certifications.

**\* Are you board certified?**

Yes  No

Are you qualified to sit for the examination?

Yes  No

[Save for later](#)

[Previous](#)

[Next](#)

# Example of an Individual Enrollment Application - Malpractice Insurance


This Omniscrypt is saved automatically. To resume the Omniscrypt later, Copy the link or Email me the link

## Malpractice Insurance

[Add Additional Insurance](#)

* Effective Date	<input type="text" value="01-01-2025"/>	* Expiration Date	<input type="text" value="01-01-2026"/>
* Coverage Amount (Each Occurrence)	<input type="text" value="\$1 million"/>	* Coverage Amount (Aggregate)	<input type="text" value="\$3 million"/>
* Carrier's Name	<input type="text" value="Cover Me"/>	* Policy Number	<input type="text" value="911"/>
* Country	<input type="text" value="United States"/>	* Street	<input type="text" value="1500 Hampton St"/>
* City	<input type="text" value="Columbia"/>	* State	<input type="text" value="South Carolina"/>
* Zip/Postal Code	<input type="text" value="29201"/>		



### Upload Document



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

### Uploaded Files

 Malpractice Example.docx Successfully uploaded	
---	---

# Example of an Individual Enrollment Application - Federal DEA License

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Federal DEA license

Does this practitioner hold a DEA certification?

Yes  No  N/A

\* License #  \* Issue Date


\* ExpirationDate  \* License Status

### Upload Document

Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

### Uploaded Files

 **DEA Example.docx**  
Successfully uploaded

[Save for later](#) [Previous](#) [Next](#)

# Example of an Individual Enrollment Application - Location Details

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Location Details

A primary and additional locations can be added to this application. (Up to 5 per application).

### Location - What to Have Ready

Once we've established your primary location (either existing or new), you'll have an opportunity to add new satellite locations.

- Location addresses**  
The physical address, as well as, the billing & correspondence addresses are necessary to complete this section. Make sure to have your phone number available for these addresses as well.
- Location contacts**  
Identify the office contacts for this location for credentialing, claims, billing, and others.
- Clinical Laboratory Improvement Amendment**  
If you are CLIA certified, please submit a copy of the certification for each location listed on this application.

> What is a primary location?

[Save for later](#) [Previous](#) [Next](#)

# Example of an Individual Enrollment Application - Practice Location

This Omniscript is saved automatically. To resume the Omniscript later, Copy the link or Email me the link

## Practice Locations

**Primary location information**  
Your primary location is your main hub of operations.

\* Office practice name  
March Madness

\* Group Tax Id Number (TIN)  
57-9999999

\* Group NPI #  
133333333

\* Does this provider see patients at this location?  
 Yes  No

\* If yes, do they accept new patients at this location?  
 Yes  No

\* Do you accept Medicaid patients?  
 Yes  No

\* Do you offer Sign Language?  
 Yes  No

\* Do you provide a translation service?  
No

**Patient Population**

\* Are there patient gender restrictions?  
 Yes  No

\* Are there patient age limitations?  
 Yes  No

\* Do you have any other patient limitations?  
 Yes  No

**Physical Address**  
This is the physical address for your primary location; it is not a P.O. box.  
Should the Provider display in the Directory at this location?  
 Yes  No

\* Street Address  
123 Ohio St

\* City  
Columbia

\* State  
South Carolina

\* County  
Richland

\* Zip Code  
29202-

\* Appointment Phone  
(803) 555-1234

After Hours Phone

Fax

Please select the language services offered at this location.  
 Bilingual office staff  Dedicated language services for specific language  Language services vendor  
 Health plan  Remote video  Telephone

**Office Contact**  
Please enter this location's main office contact. You will have the opportunity to add additional contacts for this location.  
contact for additional roles.

\* First Name  
Kyle

\* Last Name  
Barker

\* Email  
mmadness@help.com

**Credentialing Contact**  
 The Credentialing Contact is the same as the Office contact.

**Claims Contact**  
 The Claims Contact is the same as the Office contact.

**Pay to/Billing Address**

**Billing Contact**  
 The Billing Contact is the same as the Office contact.

**Correspondence Address**  
 The Correspondence Address is the same as the Physical Address.

**CLIA Certification**  
Enter your Clinical Laboratory Improvement Amendments (CLIA) certification details. All hospitals, institutions and other facilities must complete this section.  
\* Does this location bill for lab services?  
 Yes  No

[Save for later](#)

[Previous](#) [Next](#)

# Example of an Individual Enrollment Application - Review Application

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Review Your Application

You are almost ready to submit this enrollment request!

If document upload sections appear below, please upload all required files before clicking "**Next**" to submit your application.

If no upload sections are shown, simply click "**Next**" to proceed to the final step and submit your application.

[Save for later](#)

[Previous](#)

[Next](#)

# Example of an Individual Enrollment Application - Submit

## Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

## Submit

[Save for later](#)

[Previous](#)

[Submit Application](#)

# Example of an Individual Enrollment Application - Confirmation

Submitted Preliminary review Awaiting signature Signed Secondary review Final review Approved Denied Cancelled Withdrawn

**Case #00032921 - Individual Application**

Provider Jason Doe - March Madness Family Health	Status Submitted
Application Type Individual	Case Reference Number Case #00032921
	Case Contact Kristen Ward - Provider Relations LLC

Requested Networks  
*Blue Essentials;BlueChoice HealthPlan;Medicare Advantage;Preferred Blue*

Case Comments (0) [New](#)

Open Agreements

Files (0) [Add Files](#)

[Upload Files](#)

Or drop files

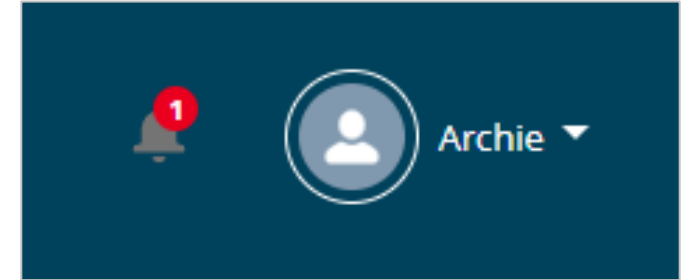
No action required at this time.



# Making Corrections to an Application

# Correcting Applications

- Currently, corrections can only be made to group or individual enrollment applications.
  - Corrections cannot be made to maintenance applications.
    - If an error or mistake is made after submission, a case comment must be made on the current case requesting to have it canceled, and a new maintenance application must be submitted.
- If items are missing or corrections are needed for an application, you will see a notification once you log into the portal.
- After selecting the notification bell, you will see that there is a new case comment for you to review.
- All corrections must be made in the portal.
  - Handwritten or other altered corrections are not accepted and will be returned.



# Steps for Making Corrections - Launch Application

- Review the action required.
- Select Launch Application to make the necessary corrections or to supply the requested items.

**Action Required**

Review the *Action Items* list and any case comments for additional detail.

[Launch Application](#)

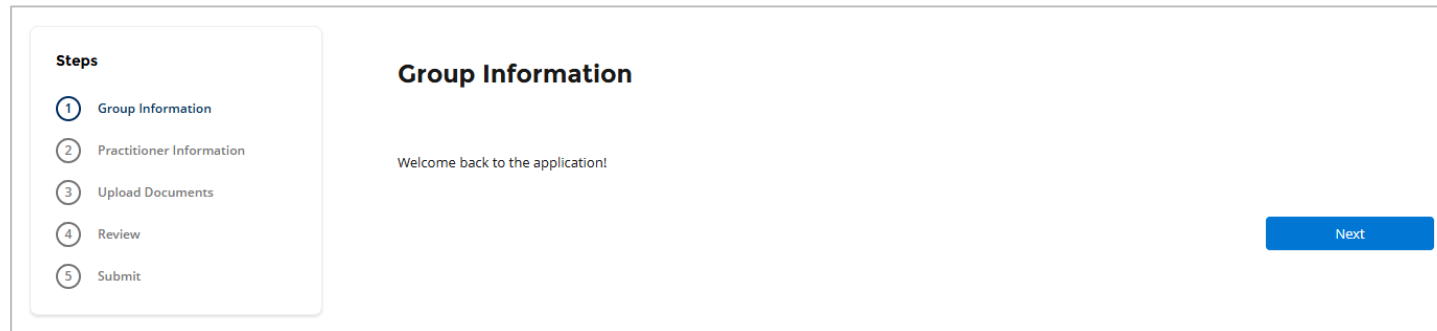
**Action Items**

1 of 1 item

Action Item Name	Issue	Next steps
Signer - Missing	Missing	Re-open application, correct & re-submit.

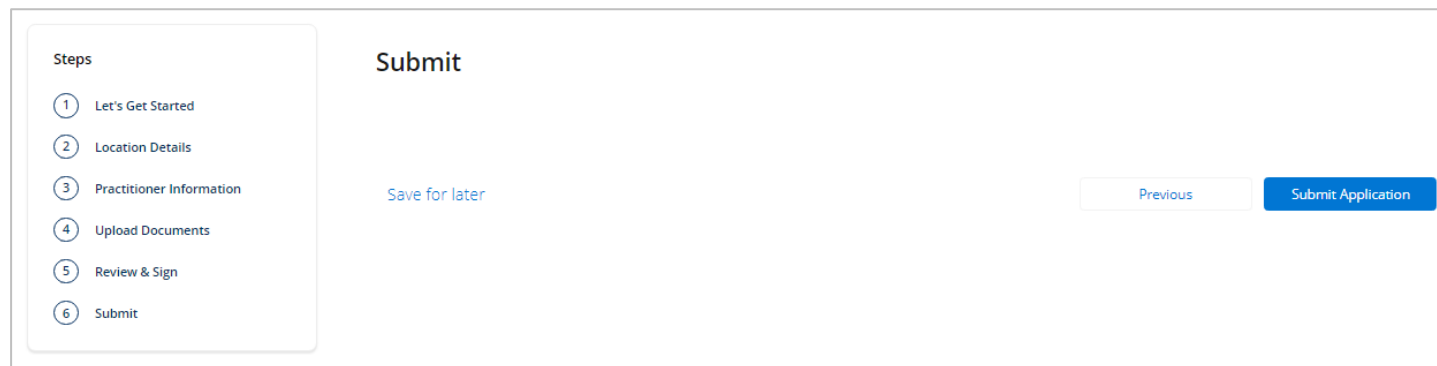
# Steps for Making Corrections - Make Updates

- You'll see the "Welcome back" message.
- Select Next to begin the process.



The screenshot shows a multi-step process interface. On the left, a vertical sidebar titled "Steps" contains five items: 1 Group Information (highlighted with a blue circle), 2 Practitioner Information, 3 Upload Documents, 4 Review, and 5 Submit. The main content area is titled "Group Information" and displays the message "Welcome back to the application!". A blue button labeled "Next" is positioned in the bottom right corner of the main area.

- Once all the necessary corrections are made, resubmit the case.



The screenshot shows a multi-step process interface. On the left, a vertical sidebar titled "Steps" contains six items: 1 Let's Get Started, 2 Location Details, 3 Practitioner Information (highlighted with a blue circle), 4 Upload Documents, 5 Review & Sign, and 6 Submit. The main content area is titled "Submit" and displays the text "Save for later". At the bottom right, there are two buttons: a white button labeled "Previous" and a blue button labeled "Submit Application".



# Available Resources

# Resources for Provider Enrollment

- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and use the following path to access great resources for the portal and provider enrollment.
  - Providers>Provider Enrollment>Resources
- Resources include:
  - My Provider Enrollment Portal manual
  - Provider Enrollment presentation
  - Provider Enrollment FAQs
  - Checklists
    - Shows you what to gather to make the process seamless
  - “How to” videos



**THANK YOU!**