Provider Enrollment

Frequently Asked Questions

1. **How does a practice change its legal business name (not their "doing business as" name)?**

   To change the legal business name of the practice, complete the **Submit a Name Change** application in My Provider Enrollment Portal. The practice must include an updated IRS document showing the new name (Letter 147C or CP 575).

2. **How does a physician change their name if they get married?**

   If a physician gets married and needs to update their name in our system, they should submit a support case in My Provider Enrollment Portal. Be sure to include the effective date of the change with the request. Note: The Labor, Licensing and Regulation (LLR) must match the requested name change.

3. **If a practitioner retires and wants to return to the practice, is new enrollment required?**

   Yes. If a practitioner retires and is termed from our system (usually within three business days), a new enrollment application must be submitted if they wish to join our networks again.

4. **Can providers see patients before completing the credentialing process?**

   We encourage providers to wait until credentialing is fully completed, and they receive their welcome packets, before seeing patients.

5. **Do I need to submit an application for each network?**

   No. Only one application needs to be submitted. When completing the application, you can select the networks you wish to join.

6. **Can a physician become part of any network?**

   No. Physicians can only join networks where their group is currently contracted. For instance, a physician may request to join the State Health Plan, Medicare Advantage and Healthy Blue℠. However, if their group only has a contract with Preferred Blue®, that is the only network the physician can join.

7. **Does a physician need to be affiliated with all locations under a facility or practice?**

   No. Physicians are only affiliated to facilities or practices where they are actively working and regularly seeing patients.

8. **What is needed to update the change of ownership for a practice?**

If the tax identification number (TIN) or National Provider Identifier (NPI) has changed, new enrollment paperwork is needed, and the practice must complete a new group application.

Also, if the owners change, but the TIN and NPI remain the same, a new group application must be submitted.

9. **Can provider affiliations be completed through M.D. Checkup?**

Provider affiliations can only be completed through M.D. Checkup if the physician is already enrolled and associated with the TIN of the practice.

If you are trying to affiliate a physician to a location under a different TIN, you would need to complete the Request to Add or Terminate Practitioner form.

Example:

- TIN A – 123456789
    - Location 1
    - Location 2
- TIN B – 987654321

Dr. Tommy is enrolled and associated with TIN A and works at location 1. He will begin seeing patients at location 2. Because he is already associated with the TIN, you can complete the new affiliation through M.D. Checkup.

Dr. Tommy is enrolled, but not associated with TIN B. He will begin seeing patients at TIN B. Because he is not associated with TIN B, you would need to complete the Request to Add or Terminate Practitioner form.

10. **Which enrollment applications are used at BlueCross BlueShield of South Carolina?**

The enrollment applications used at BlueCross include:

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.
Add Virtual Care	Practitioners or groups that want to render telemedicine and telehealth services.
Health Professional**	In-state, out-of-network 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.
Submit a Name Change	Request to change the doing business as (DBA) or legal business name of a practice.

Change of Address	Request to update the physical, pay to, correspondence and billing agency address.
Add a Satellite Location	Enrolled groups that have new locations that want to file claims to BlueCross BlueShield of South Carolina.
NPI Provider Notification	Out-of-state and out-of-network 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.

For instance, if the specialty code (taxonomy) is related to behavioral health, the application will go down the path of behavioral health.

Another example is if the provider states their location is not in South Carolina and they select the out-of-network option, the application will go down the path of the NPI provider notification.

11. **Are electronic signatures accepted?**

    Yes, in My Provider Enrollment Portal 2.0, electronic signatures are accepted.

12. **Whose email address should I include for the e-signing process?**

    Please make sure that all required signers' email addresses are entered in the appropriate fields within the application. For example, if the application type requires the practitioner's email address, be sure to enter the practitioner's email in that field. In this scenario, only the practitioner's email will be acceptable.

    Accurate email entry ensures each signer receives the correct documents to review and sign. Missing or incorrect emails may cause delays.

13. **Where do the e-sign emails come from?**

    Currently, e-sign emails and reminders will come from the following email addresses:

    - **Initial and reminder e-signature emails**: JOSEPH PINEDA via Adobe Acrobat Sign <echosign@echosign.com>
    - **Other email communications (i.e., missing items, reminder for missing items, etc.)**: noreply@salesforce.com; on behalf of; BCBS MyPEP <noreply.mypep@bcbssc.com>

    Do not delete or ignore these emails. They are not spam or phishing attempts. Be sure your practice accepts all incoming emails from the @bcbssc.com domain to ensure you receive the necessary emails.

14. **How do I sign documents electronically?**

    When completing the e-sign in Adobe, ensure that the signature type is set to "Type," not "Image."

- During the first signature, please confirm the field shows Type.
- If it shows Image, you will need to switch it to Type before submitting.

Using the "Type" signature option ensures the signature includes the required date and time stamp, which is necessary for the enrollment team and additional reviewers. Signatures submitted using the "Image" option will be returned for correction, potentially delaying processing.

15. **How does the recredentialing process work?**

Recredentialing occurs every three years. Our credentialing team reaches out when the provider's recredentialing date is approaching.

First, the credentialing team calls to see if the provider is actively working at the location on file. If so, the application is sent via email or fax. If a response is not received after the first attempt, a second attempt is made in 14 days. If a response is not received after the second attempt, a third attempt is made in seven days. If no response is received after the third (final) attempt, the status change process begins.

If the provider misses their recredentialing date, they will be termed, and new enrollment will be required.

16. **How long do providers have to provide missing items?**

When applications are missing items, notification is made every seven days with a 21-day max. If the missing items are not received, the case will be canceled on the 28th day due to incomplete submission. Once a case has been canceled, a new application must be submitted.

17. **How can I check the status of a submitted application?**

To check the status of a submitted application, go to My Provider Enrollment Portal. In the navigation bar, select Applications, then **My In-Progress Applications**. The status will be displayed in the Status column.

18. **How can a provider update their TIN?**

To update the TIN, the provider would need to complete a new practitioner or group application.

19. **How can a provider update their NPI?**

To update the NPI, the provider would need to complete a new practitioner or group application.

20. **Are providers automatically enrolled in telehealth?**

No. Providers would need to complete a separate virtual care application to be considered for telehealth services.

21. **What is the difference between the effective date and the affiliation date?**

The effective date is the date that the provider is approved by the Credentialing Committee, and it cannot be backdated.

The affiliation date is the date in which a provider can render services with an established group. This date can be backdated up to Jan. 1st of the previous year.

22. How often do providers have to validate their demographic information?

With the implementation of the No Surprises Act which went into effect on Jan. 1, 2022, providers are required to validate their demographic data **at least every 90 days**. If more than 90 days has passed since the providers' last validation, we are required to suppress them from our directories.

23. Which provider types are not credentialed by BlueCross?

BlueCross will not credential the following provider types. Note: this list may not be all inclusive.

Acupuncturists	Associate Counselors	Christian Science Practitioners	Diabetes Education	Dieticians*	Education Specialists
Homeopaths	Lay Midwives	Massage Therapists	Naturopaths	Occupations Therapy Assistants	Physical Therapy Assistants
Psychology Assistants	Recreational Therapists	School Psychologists	Speech Therapy Assistants	Sports Trainers	Technicians

*Dieticians can join the Healthy Blue network.

24. What happens if a location is closed through M.D. Checkup?

If a location is closed in M.D. Checkup, it will be closed in our claims system. Only complete this action when you truly want to terminate the location. Once a location is terminated, it cannot be undone, and you must complete a new Satellite Location application.

25. Does My Provider Enrollment Portal replace M.D. Checkup?

No. My Provider Enrollment Portal does not replace M.D. Checkup. Certain updates can be made in My Provider Enrollment Portal:

- Submit a Name Change
- Change of Address
- Add a Satellite Location
- Request to Add a Practitioner
- Remove a Practitioner

Certain updates can be made in M.D. Checkup:

- Terminate (close) Location
- Change of Address
- Hours of Operation
- Add a Practitioner Affiliation

- Terminate Practitioner Affiliation

26. What do the different statuses mean?

- **Submitted** – The application and all required documents have been submitted to BlueCross BlueShield of South Carolina for review. Note: Submitted does not mean completed.

- **Preliminary Review** – The application is in the first review stage to ensure it's a clean application.

- **Awaiting Signature** – The application and applicable contracts have been sent to the provider (and other designated signers) and are awaiting signatures.

- **Signed** – The application and applicable contracts have been signed and returned to BlueCross BlueShield of South Carolina.

- **Secondary Review** – The application has been determined to be a clean application* and progressed to the next review stage of prime source verification.

- **Final Review** – The application has passed prime source verification and reached the final review stage.

- **Approved** – The application is completed and has been approved.

- **Denied** – The application is completed but has been denied.

- **Cancelled** – The application has been cancelled.

- **Withdrawn** – The application has been withdrawn per the provider's request.

*A clean application is one that includes all the required signatures, licenses, certificates, and valid dates.

27. Who can we contact for questions about submitted cases?
For case-specific questions, submit a **case comment** within the case. This allows the enrollment team to review the question and respond once the case has been assigned. To submit a case comment, do the following:

- Go to Applications, then **My In-Progress Applications**.

- Select the case number.

- On the right-hand side, select **New** next to Case Comments.

- Enter your comment or question.

- Select Save.

28. How do I verify if a provider is loaded into the BlueCross system?

Submit a support case in My Provider Enrollment Portal.

29. Where do I go if I need to reset my password for My Provider Enrollment Portal?

Select the "Forgot your password?" link.