



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

MY PROVIDER ENROLLMENT PORTAL

User Guide



OVERVIEW

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

Use the portal to:

- ◆ Become a network provider.
- ◆ Maintain enrollment.
- ◆ Get automated status updates.
- ◆ Receive notifications when additional information is needed.
- ◆ And much more.

The portal is used for medical, behavioral health, dental, and virtual care enrollment. Also, there is a new component that allows providers to get help with any enrollment questions or concerns they may have by submitting case comments. Overall, MyPEP streamlines services and makes the provider enrollment process more efficient.



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ENROLLMENT APPLICATIONS AND FORMS

Enrollment applications and forms for BlueCross include the following:

Application or form	Used for ...
Individual Enrollment	New practitioners that want to enroll with BlueCross (not behavioral health)
Group Practice Enrollment	New groups that want to enroll with BlueCross
Facility Information Request	Medical facilities that want to credential with BlueCross
Virtual Care Services	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
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
DBA Name Change	Changing the doing business as (DBA) name of a practice
Change of Address	Updating the physical, pay to, correspondence and billing agency address
Satellite Location	Enrolled groups that have new locations that want to file claims
NPI Provider Notification	Registering a National Provider Identifier (NPI) with BlueCross
Add or Terminate Practitioner	Adding or terminating a practitioner's affiliation with a clinic, group or institution

CHECKLISTS

Individual Provider Enrollment Checklist — Ancillary Providers

NOTE: Ancillary includes speech, physical, occupational and audiology therapists.

Checklist Items
Provider Enrollment Application
Copy of SC Medical or Practice License
Current Copy of Malpractice (Min. \$1M/\$3M)
Authorization to Bill for Services
Signed Contracts
Hold Harmless*
Appendix D*
Medicaid ID Number**

*Only if applying for BlueChoice HealthPlan. **Only if applying for Healthy Blue.

Individual Provider Enrollment Checklist — Dental Providers

The shaded areas indicate what is required.

Checklist Items	Oral Surgery	Routine
Provider Enrollment Application		
Copy of SC Medical or Practice License		
Drug Enforcement Administration (DEA) Certification*		
Current Copy of Malpractice (Min. \$1M/\$3M)		
Authorization to Bill for Services		
Signed Contracts	Footnote 1	Footnote 2
Professional Training		
Hold Harmless**		
Appendix D**		
Medicaid ID Number***		

*Only if applicable.

¹Medical contract, dental contract, or both.

**Only if applying for BlueChoice HealthPlan.

²Dental contract only.

**Only if applying for Healthy Blue.

Individual Provider Enrollment Checklist — Midlevel Providers

The shaded areas indicate what is required. NOTE: Midlevel includes nurse practitioners (NP), physician assistants (PA), certified registered nurse anesthetists (CRNA), certified nurse midwives, clinical nurse specialists (CNS) and hospital-based physicians.

Checklist Items	NP	PA	CRNA/AA	Midwife	CNS	Hospitalist
Provider Enrollment Application	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Copy of SC Medical or Practice License	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Drug Enforcement Administration (DEA) Certification*	Shaded	Shaded				Shaded
Current Copy of Malpractice (Min. \$1M/\$3M)	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Authorization to Bill for Services	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Nurse Practitioner Preceptor Form	Shaded	Shaded				
Protocols (Written Agreement)	Shaded	Shaded				
Signed Contracts	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Hold Harmless**	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Appendix D**	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Medicaid ID Number***	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Professional Training****						Shaded

*Only if applying for BlueChoice HealthPlan.

**Only if applying for Healthy Blue.

Checklist Items
Provider Enrollment Application
Copy of SC Medical or Practice License
Drug Enforcement Administration (DEA) Certification*
Current Copy of Malpractice (Min. \$1M/\$1M)
Authorization to Bill for Services
Signed Contracts
Hold Harmless**
Appendix D**
Medicaid ID Number***

*Only if applicable.

**Only if applying for BlueChoice® HealthPlan.

***Only if applying for Healthy Blue™.

Checklist Items
Provider Enrollment Application
Copy of SC Medical or Practice License
Drug Enforcement Administration (DEA) Certification*
Current Copy of Malpractice (Min. \$1M/\$3M)
Authorization to Bill for Services
Signed Contracts
Professional Training**
Hold Harmless***
Appendix D***
Medicaid ID Number****

*Only if applicable.

**Required for MDs, DOs and DPMs.

***Only if applying for BlueChoice HealthPlan.

****Only if applying for Healthy Blue.

Behavioral Health Checklist

Use this checklists to determine which items are needed for a clean application based on behavioral health enrollment.

Checklist Items
Behavioral Health or Autism Panel Application
IRS Verification of Tax ID (or W9)
Professional Agreements (includes Hold Harmless and Appendix C)
Copy of SC State License
Copy of DEA License (if applicable)
Copy of Board Certification (if applicable)
Nurse Protocols (NPs only)
Current Copy of Malpractice (Min. \$1M/\$3M)

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

*Only if applying for Healthy Blue.

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts*
Medicaid ID Number**
Add Practitioner Form***
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

*For oral surgeons applying for BlueChoice HealthPlan and Healthy Blue. All other contracts are based on the individual practitioner's credentialing status.

**Only for oral surgeons applying for Healthy Blue.

***For each physician being added to the group. This form does not generate with the group application. It is under the **Find a Form** section of the portal.

Note: *If the provider is not credentialed, you must complete the Provider Enrollment application.*

Group Practice Enrollment Checklist — Durable Medical Equipment

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter with Medicare PTAN
Copy of Business License
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

*Only if applying for Healthy Blue.

Group Practice Enrollment Checklist — Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing and Ambulatory Surgery Centers

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter
Copy of Business License
Copy of DHEC License
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

*Only if applying for Healthy Blue.

Group Practice Enrollment Checklist — Pharmacy

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts
Medicaid ID Number*
Copy of CMS Letter with Medicare PTAN
Copy of DHEC License

*Only if applying for Healthy Blue.

Group Practice Enrollment Checklist — Physician Office.

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts**
Medicaid ID Number*
Add Practitioner Form***

*Only if applying for Healthy Blue.

**Only BlueChoice and Healthy Blue. All other commercial contracts are based on the individual practitioner's credentialing status.

Provider Update Checklists

Use these checklists to determine which items are needed for specific updates.

Change of Address

Checklist Items

Change of Address Form

Change of Doing Business as Name

Checklist Items

Doing Business as Name Form

Change of EIN

Checklist Items

Group Practice Application

IRS Verification of Tax ID (Letter 147C or CP 575 E)

Electronic Funds Transfer

Signed Contracts

Add Practitioner Form*

Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

*For each physician being added to the group. This form does not generate with the group application. It is under the **Find a Form** section of the portal. Note: If the provider is not credentialed, you must complete the Provider Enrollment application.

Change of Group NPI

Checklist Items

Group Practice Application

Electronic Funds Transfer

Change of Banking Information

Checklist Items

Electronic Funds Transfer Form

Checklist — In-State, Out-of-Network

Use these checklists to determine which items are needed for a clean application if you are in South Carolina but wish to remain out of network.

Individual Physician

Checklist Items
Health Professional Application*
Authorization to Bill for Services*
IRS Verification of Tax ID (Letter 147C or CP 575 E)

*Needed for each individual being linked to the practice.

Group Practice

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer Enrollment
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

Note: Group practices that wish to remain out-of-network should select "No" for the network question on the application.

Checklist Items
NPI Notification Form
Copy of W9

Checklist Items
Satellite Location Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer*
Add Practitioner Form**
Authorization to Bill for Services***
Hold Harmless***
Appendix D***
Copy of the National Plan and Provider Enumeration System (NPPES) NPI Notification

*Only if a new NPI is being registered.

For each physician being added to the group. This form does not generate with the group application. It is under the **Find a Form section of the portal. Note: If the provider is not credentialed, you must complete the Provider Enrollment application.

***Only if the practitioner is not associated with other locations.

ELECTRONIC VS. WET (INK) SIGNATURES

Medical Networks

Application or Form	Signature Requirements
Provider Enrollment	Electronic or wet
Recredentialing	Electronic or wet
Facility Information Request	Electronic or wet
Health Professional	Electronic or wet
Doing Business As (dba)	Electronic or wet
Change of Address	Electronic or wet
Add/Term Practitioner	Electronic or wet
Authorization To Bill	Electronic or wet
Electronic Funds Transfer (EFT)	Wet
Appendix D — BlueChoice HealthPlan	Wet
Hold Harmless — BlueChoice HealthPlan	Wet
All Contracts	Wet

Behavioral Health Networks

Application or Form	Signature Requirements
Behavioral Health	Electronic or wet
Autism Panel	Electronic or wet
Facility Information Request	Electronic or wet
Authorization To Bill	Electronic or wet
All Contracts	Electronic or wet

GETTING ENROLLED

1. Getting Started

Access [My Provider Enrollment Portal](#).

South Carolina

Username

Password

Log in

Forgot your password? **New user?**

Select New user if you've never signed up.

For assistance, please contact the provider education team using the request form.

Request Form

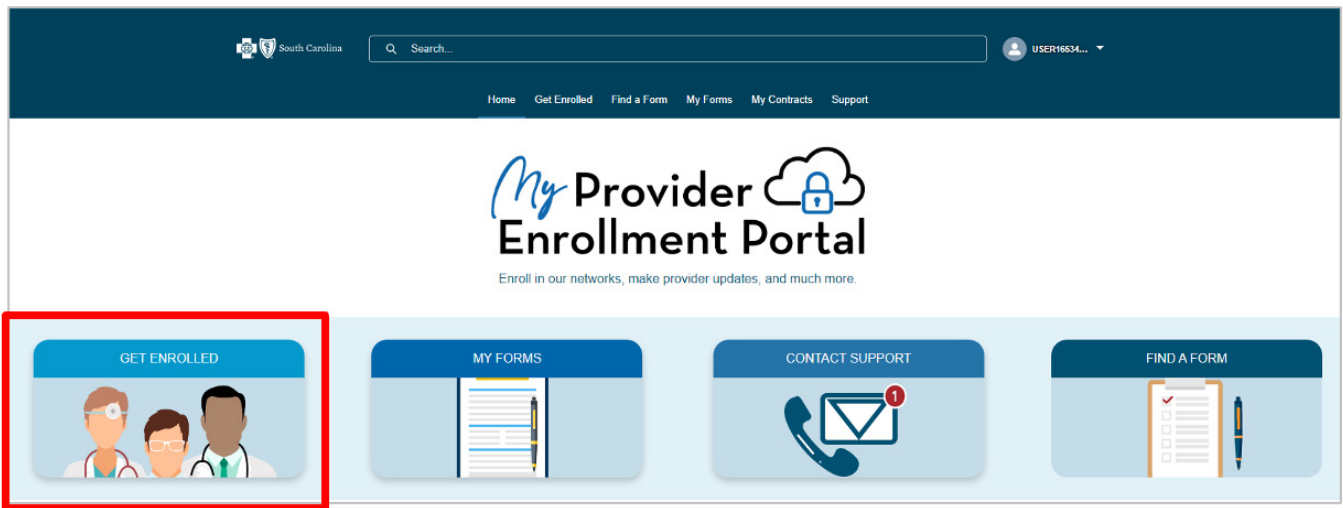
View the user manual and frequently asked questions [here](#).

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association

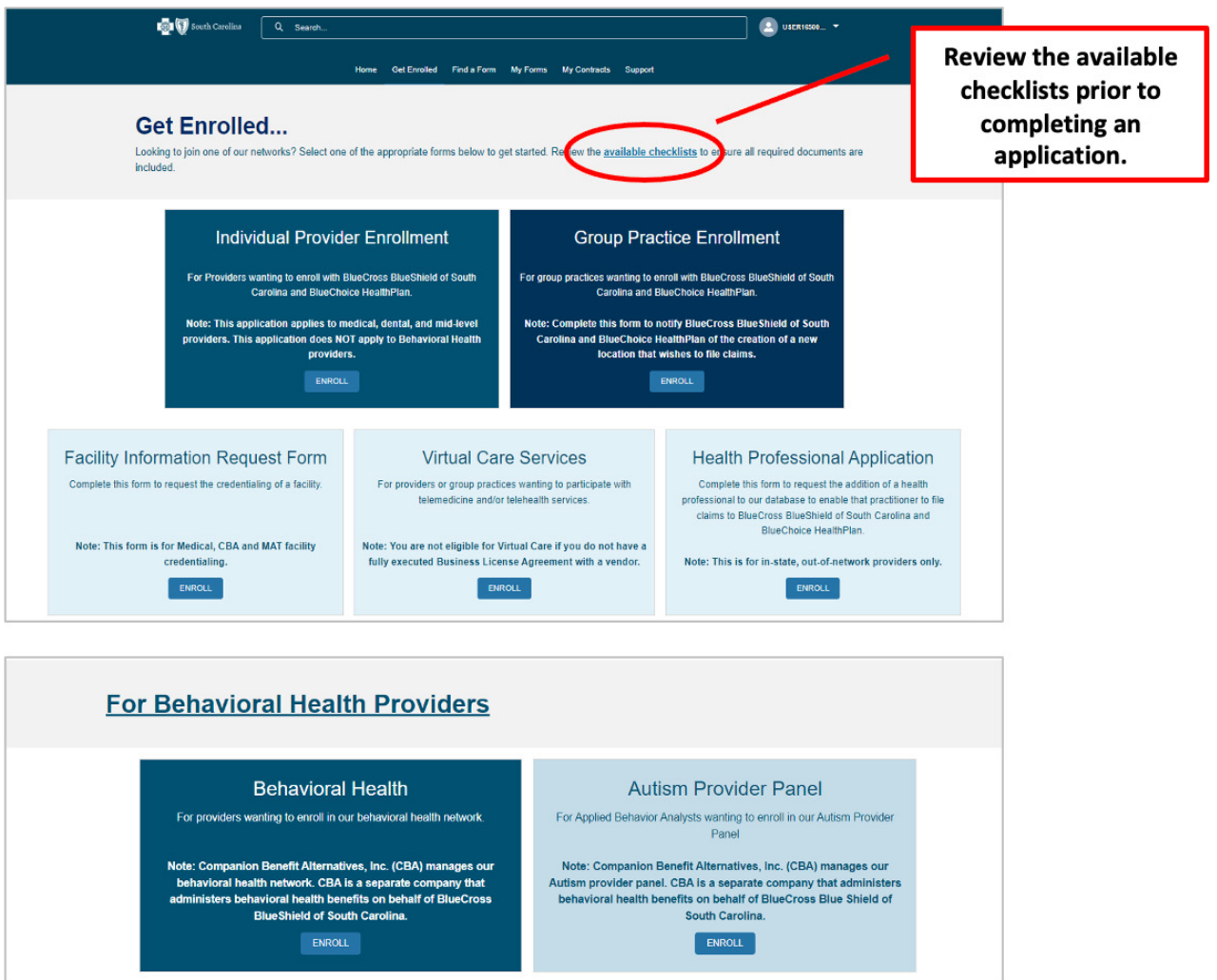
From the homepage of the portal, select **New user**. Keep in mind that only one email address per person or practice can be registered in the portal. For larger practices or offices, it is best to sign up using a shared email. This way, if someone leaves the practice, the cases can still be viewed by anyone at the practice who has access to the login information.

If you run into any issues, or if you are unable to reset your password using the available link, please contact the provider education team using the request form.

2. After logging in to the portal, select Get Enrolled.



3. Select one of the available options.



Note: The application and requirements will vary based on the enrollment option selected.

4. Begin the application by completing all required fields. Select each network you wish to participate with. For multiple networks, press the Ctrl key on your keyboard and select each desired network. Once you've finished, select Next.

Provider Enrollment Application

Provide the following information and then click Next to continue.

*** Networks (Select all that apply)**

<p>Available</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 150px;"><p>Blue Essentials</p><p>Blue OptionSM</p><p>BlueChoice HealthPlan</p><p>Healthy BlueSM</p><p>Medicare Advantage</p><p>Preferred Blue® (PPC and FEP)</p></div>	<p>Selected</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 150px;"></div>
---	--

<p>* Your Role</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	<p>* Provider's License Type ⓘ</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>
<p>* Credentialing Contact First Name</p> <div style="border: 1px solid #ccc; padding: 2px; height: 20px;"></div>	<p>* Credentialing Contact Last Name</p> <div style="border: 1px solid #ccc; padding: 2px; height: 20px;"></div>
<p>* Credentialing Contact Email</p> <div style="border: 1px solid #ccc; padding: 2px;">you@example.com</div>	<p>* Phone</p> <div style="border: 1px solid #ccc; padding: 2px; height: 20px;"></div>
<p><i>Note: The email format must be a valid format. Ex. johnsmith@healthcare.com</i></p>	
<p>* Preferred Method of Contact</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	

Note: For the individual provider enrollment application, the practice start date, employment start date and authorization to bill dates must match.

5. Complete all required fields of the application. Select Next to move forward. At any time, you can select Save & Exit. This will save all entered data. Once you return to the case, you will pick up where you left off.

Provider Enrollment Application

Applicant Information Medical/Professional Education Professional Training ⌂ >

Applicant Information

First Name*

Last Name*

Middle Initial

Suffix

Maiden Name

Gender(optional): M/F

Race*

Ethnicity*

Title (if applicable)

Professional Designation*

Social Security #*

National Provider ID#*

*- required

Use the Back button to move backwards in the application or form.

Use the Save & Exit button to save the entered data and exit the application or form.

Use the Next button to move forward in the application or form.

Note: The headers will let you know which section of the application you are currently in.

6. Once you have completed all sections of the application, select Next.

[<](#) **You are almost done. See instructions below to complete your application.** [>](#)

You are almost done. See instructions below to complete your application.

Next

7. To complete your submission, you must sign the application:

- a. Select My Forms.
- b. Select the appropriate case number.
- c. Select Form Information.
- d. Under Documents, select the document(s) that require signature.
- e. Download the document(s) and have the appropriate signature(s) appended.
- f. Follow steps A – D and select Upload Files.
- g. Select the Confirm button to attest that all required documentation with applicable signatures, initials and dates have been uploaded.

FORM INFORMATION FORM

Application Status: Awaiting Signature	Application Type: Individual Application	Case Number: 00022079	Date Received:
Contact Name: Provider Education	Practitioner Name: Steve Freeman	Networks Chosen: Blue Essentials ; BlueChoice HealthPlan ; Medicare Advantage ; State Health Plan ; Blue OptionSM ; Healthy BlueSM Preferred Blue® (PPC and FEP)	

Please wait for at least five minutes for the PDF files to generate.

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

Note: Only select the Confirm button after the documents have generated and all required items have been uploaded.

SUBMISSION MESSAGES

Message for **MEDICAL DOCUMENTS** that must be signed

After completing the application or form, you will receive a message that provides the next steps for submission.

Thank you

To complete your submission, go to the documents section under Form Information. Download your application, print, apply your signature, and re-upload them using the Upload Files button. Please note that your downloadable application will take a few minutes to appear.

Please note that:

1. You can always find your files under the "My Forms" section. Make note of your case number for easy access.
2. If contracts are required, they will be found in the "My Contracts" section with the reference to your case number.
3. If you need assistance, use the communication case comment section in this case. This way both you and your representative will have all the information and questions in one location.

For applications and forms (electronic or wet signature)

1. Select My Forms.
2. Select the appropriate case number.
3. Select Form Information.
4. Under Documents, select the document(s) that require signature.
5. Download the document(s) and have the signature(s) appended.
6. Follow steps 1 – 4 and select Upload Files.
7. Select the Confirm button to attest that all required documentation with applicable signatures, initials and dates have been uploaded.

For contracts (wet signature)

1. Select My Contracts.
2. Select the appropriate form contract name that corresponds with your case number.
3. Under Download Contract, select the link to download the contract.
4. Sign the contract.
5. Follow steps 1 – 2 and select Upload Files.

Message for **BEHAVIORAL HEALTH DOCUMENTS** that must be signed.

After completing the application or form, you will receive a message that provides the next steps for submission.

Thank you for your submission!

There are two options to sign and return applications/documents. They can be **wet signed** or they can be **e-signed**.

Signatures for Applications/Documents

An email will be sent to the individual practitioner for signature of their enrollment application allowing them to e-sign the application. However, as the credentialing contact, you also have the option to download the application, have the individual practitioner sign the application and upload the signed application to the case. See steps listed below. As the credentialing contact, you will receive a copy of the signed application.

For other documents and forms, if you wish to e-sign, an email will be sent from BCBS Admin at BCBS of SC (Formstack) requesting signatures. Once e-signed and submitted, we will receive your signed documents and begin processing your request. (Note: you will

For applications (if wet signing)

1. Select My Forms.
2. Select the appropriate case number.
3. Select Form Information.
4. Under Documents, select the document(s) that require signature.
5. Download the document(s) and have the signature(s) appended.
6. Follow steps 1 – 4 and select Upload Files.
7. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded.

For contracts (if wet signature)

1. Select My Contracts.
2. Select the appropriate form contract name that corresponds with your case number.
3. Under Download Contract, select the link to download the contract.
4. Sign the contract.
5. Follow steps 1 – 2 and select Upload Files.

Message for **DOCUMENTS** that **DO NOT** have to be signed.

After completing the application or form, you will receive a message that provides the next steps for submission.

Thank you

Please note that:

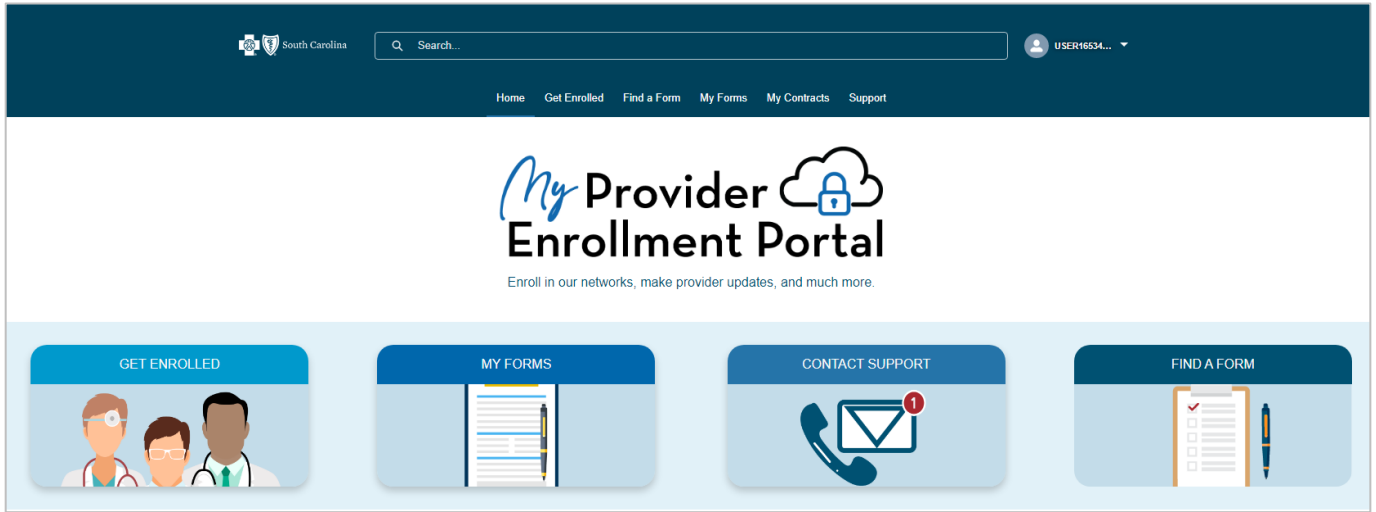
1. You can always find your files under the "My Forms" section. Make note of your case number for easy access.
2. If you need assistance, use the communication case comment section in this case. This way both you and your representative will have all the information and questions in one location.

Includes:

- ◆ NPI Provider Notification form
- ◆ Satellite Location application
- ◆ Virtual Care application

CONTINUING APPLICATIONS

1. After logging into the portal, select My Forms.



2. Locate the case number associated with the application you need to continue and select the case number.

The screenshot shows the 'My Forms' page. The title 'My Forms' is displayed in a large, bold font. Below the title is a subtitle: 'Complete forms that have been started or check the status of applications already submitted.' A red text note reads: 'If your case is in the status of Awaiting Signature, click the case number to view next steps.' Below this is a filter dropdown set to 'All Applications' and a refresh icon. The page indicates '50+ items • Sorted by Case Number • Filtered by All cases' and includes a settings gear icon. The main content is a table with the following data:

	Case Number ↓	Practitioner Last Name	Status	Form Type	
1	00004483		In Progress	Individual Application	▼
2	00004480	Joe	In Progress	Individual Application	▼
3	00004338		In Progress	NPI Update	▼
4	00004337		Submitted	Virtual Care	▼
5	00004336		Congratulations! Complete	Virtual Care	▼
6	00004334		In Progress	NPI Update	▼
7	00004332	tiger	Awaiting Signature	Health Professional	▼
8	00004330	Mike	Awaiting Signature	Request to Add/Term Provider	▼
9	00004328		In Progress	DBA Name Change	▼
10	00004323		Awaiting Signature	DBA Name Change	▼
11	00004194	Ealy	Denied	Individual Application	▼
12	00004182		In Progress	Change of Address	▼

Note: The list view automatically defaults to All Applications, but you can choose from one of several options.

LIST VIEWS

✓ All Applications (Pinned list)

Applications Awaiting Provider Response

Approved Applications

Denied Applications

Open Applications

Recently Viewed

Recently Viewed Cases

Recredentialing - Awaiting Response

Submitted Applications

3. The case will pick up where you left off. Proceed with completing the application.

FORM FORM INFORMATION

Provider Enrollment Application

Applicant Information Medical/Professional Education Professional Training ⌵ >

Applicant Information

First Name*

Last Name*

Middle Initial

Suffix

Maiden Name

Gender(optional): M/F

Race*

Ethnicity*

Title (if applicable)

Professional Designation*

*- required

4. Once you have completed all sections of the application, select Next.

< You are almost done. See instructions below to complete your application. >

You are almost done. See instructions below to complete your application.

Next

5. To complete your submission, you must sign the application.

Do the following:

- a. Select My Forms.
- b. Select the appropriate case number.
- c. Select Form Information.
- d. Under Documents, select the document(s) that require signature.
- e. Download the document(s) and have the appropriate signature(s) appended.
- f. Follow steps A – D and select Upload Files.
- g. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded.

FORM INFORMATION FORM

Application Status: [Awaiting Signature](#)

Application Type: [Individual Application](#)

Case Number: [00022079](#)

Date Received:

Contact Name: [Provider Education](#)

Practitioner Name: [Steve Freeman](#)

Networks Chosen: [Blue Essentials](#); [BlueChoice HealthPlan](#); [Medicare Advantage](#); [State Health Plan](#); [Blue Option™](#); [Healthy Blue™](#); [Preferred Blue® \(PPC and FEP\)](#)

Please wait for at least five minutes for the PDF files to generate.

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

Note: Only select the Confirm button after the documents have generated and all required items have been uploaded.

SIGNING CONTRACTS

As mentioned in the overview, all contract pages except for the one for behavioral health require wet signatures (in ink). After logging in to the portal, if you need to sign a contract, you will get a notification at the bottom of the screen.

1. Select View next to the contract.

CONTRACTS AWAITING SIGNATURE			
Form Contract Name	Network List	Form Type	Contract
FCR-0223	Dental	Individual Application	View
View All			

2. The case number associated with the contract will be listed, along with the network that corresponds to the contract. Select the link to download and print the contract. Once the contract has been wet signed (in ink), select Upload Files. This will let you add the signed contract pages to the portal.

Your Contracts Awaiting Signature

HELP:

This page contains the contracts that require your signature based on the Network that you have chosen to enroll in.

To download your contracts, click the link under **DOWNLOAD CONTRACT**.

Once you have signed the required contracts, upload them using the **UPLOAD FILES** button below.

If you are unsure what this contract is for, click the link under **CASE** to see which application this contract is associated with.

Contract Information

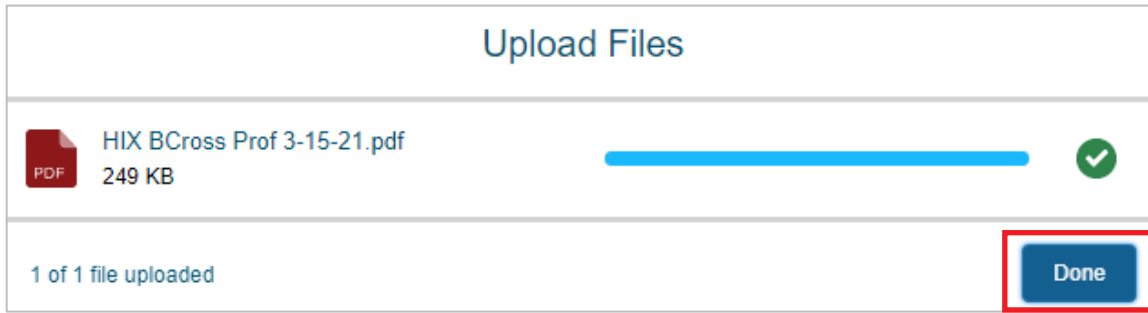
Form Contract Name FCR-0223	Status Awaiting Signature
Case 00003966	Chosen Network Dental
Form Type Individual Application	Download Contract https://bcbssc12.my.salesforce.com/sfc/p/5f000000H7sW/a/5f000000XhLS/AH13UXDIccHFdzyVS1b93gJrjJ2.d5SnIJ2mhDI.IM
Contact's Email t.w.archie1990@gmail.com	

Once you've Signed your Contract, Upload it Below

Files (0) [Upload Files](#)

[Upload Files](#)
Or drop files

3. Once the file has been uploaded, select Done.



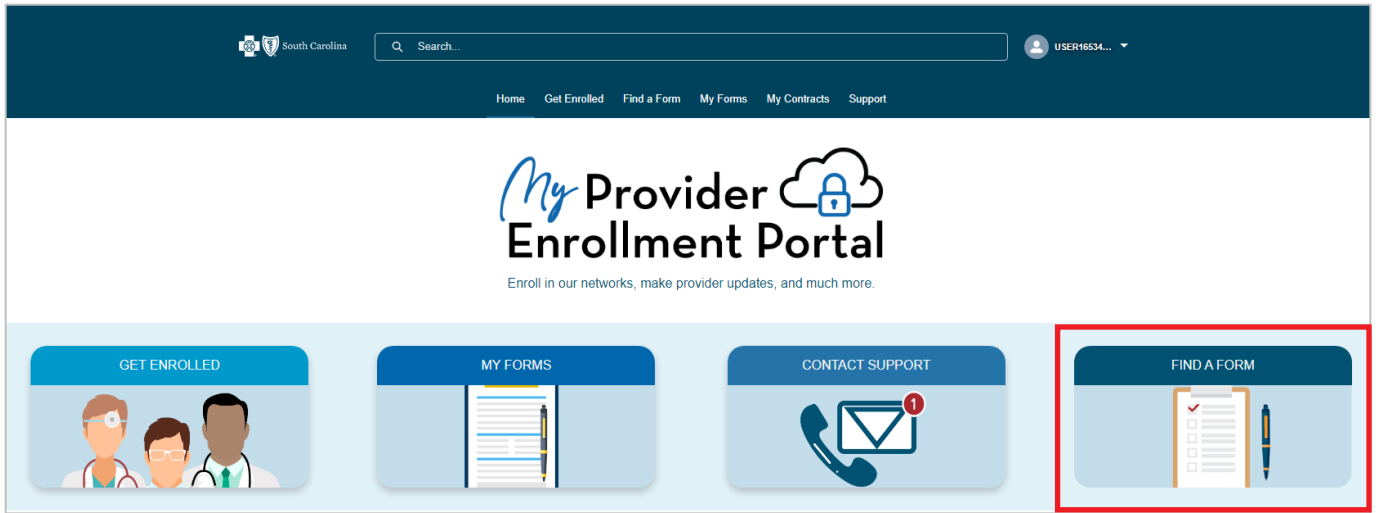
4. You will see where the file has been uploaded.



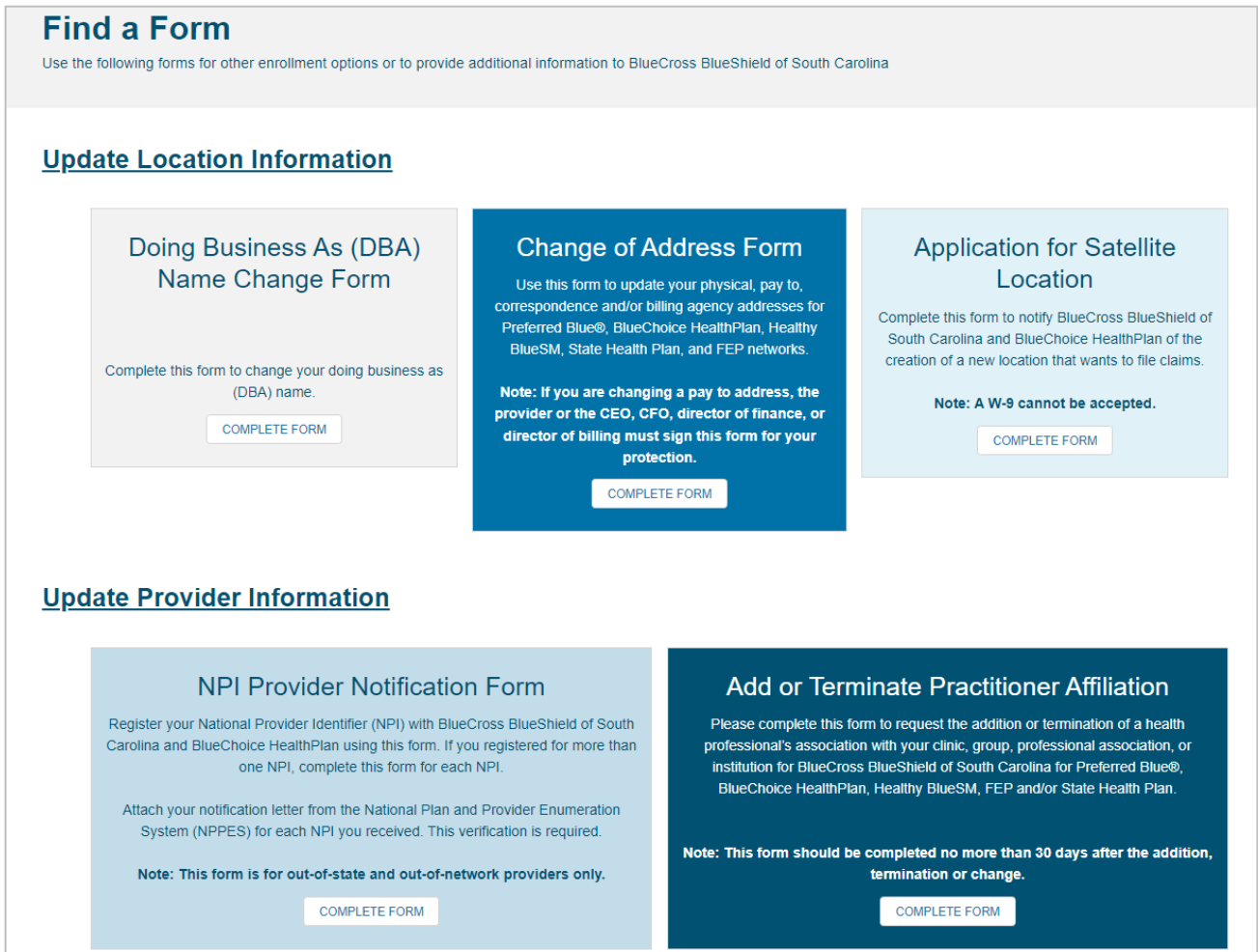
At this time, no further action is needed. The enrollment team will be notified once the contract pages have been uploaded. If additional documentation or a correction is needed, you will be notified via email and case comment.

FINDING A FORM

1. After logging in to the portal, select Find a Form.



2. Select the appropriate option.



Note: The form and requirements will vary based on the form option selected.

3. You will get confirmation on the type of form you're about to complete. Select Next.

You are about to begin a Doing Business As (DBA) Name Change Form.

Click Next to continue.

Next

4. Complete all required fields of the form. Select Next to move forward. At any time, you can select Save & Exit. This will save all entered data. Once you return to the case, you will pick up where you left off.

Office Name Change Form

First Name*

Last Name*

Title

Contact Phone Number*

TIN / EIN*

NPI*

Old DBA Name*

New DBA Name*

Effective Date of Change*

Email Address *

Note: This form is only used to update the DBA name in our systems. You can update your Legal Business Name by submitting one of these: • Letter 147C • CP 575 E • Tax coupon 8109-C

File Upload

*- required

Back Save & Exit Next

5. Once you have completed all sections of the form, select Next.

You are almost done. See instructions below to complete your application.

Next

6. To complete your submission, you must sign the application.

Do the following:

- a. Select My Forms.
- b. Select the appropriate case number.
- c. Select Form Information.
- d. Under Documents, select the document(s) that require signature.
- e. Download the document(s) and have the appropriate signature(s) appended.
- f. Follow steps A – D and select Upload Files.
- g. Select the Confirm button to attest that **all required documentation with applicable signatures, initials and dates** have been uploaded.

FORM **FORM INFORMATION**

Application Status: Awaiting Signature	Application Type: DBA Name Change	Case Number: 00016475	Date Received: March 10, 2023
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Contact Name: [Terrence Archie](#)

If you have missing information, they will appear here:

Please wait for at least five minutes for the PDF files to generate.

You confirm that all required documents have been completed appropriately; all applications, associated forms, and contracting documents have been signed and/or initialed and dated (with current date) as indicated on these documents, and the required information/documentation and signed forms have been uploaded to the case.

Confirm

Thank you for uploading your documents.

Note: Only select the Confirm button after the documents have generated and all required items have been uploaded.

APPLICATION AND FORM STATUSES

Below are the different statuses that will be seen in the portal.

In Progress/Not Submitted

The application or form is being worked by the provider or their practice. It has not been completed for submission.

Submitted

The application and **all required documentation with applicable signatures, initials and dates** have been uploaded.

Awaiting Signature/Not Submitted

The application or form has been completed and submitted, **but signatures are missing**.

Awaiting Provider Response

Missing items are needed from the provider or their practice to continue the enrollment process. You will receive an email and case comment explaining what item(s) is needed.

***Note:** An automated notification for missing items is sent every seven days (21-day max) until the information is received. If the missing items are not received, the case will be placed in the “Canceled – Incomplete Submission” status. Once in this status, it cannot be reopened, and a new application must be completed.*

Under Review

The application for form has been assigned and has progressed through the enrollment process.

Congratulations! Complete

The application or form has been approved and completed.

Denied

The application or form was not approved. An explanation for the denial is sent through email or case comment.

Canceled

The application or form is no longer being worked and has been closed.

SEEKING PORTAL ASSISTANCE

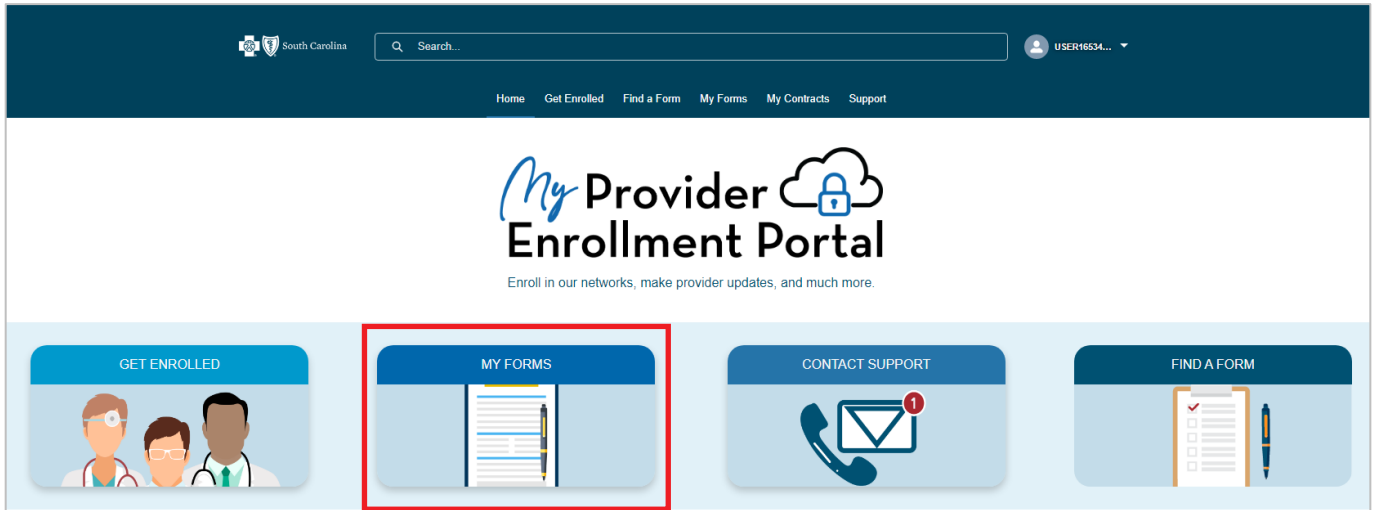
MyPEP comes with two forms of communication to help you along the way: case comments and support cases.

Case comments are communications submitted by the provider's office or a member of BlueCross' enrollment team related to a specific application that has been started or submitted. Case comments are recorded in the portal and remain linked to each case.

Support cases allow provider offices to submit stand-alone questions that are not related to a specific application. Unlike case comments, support cases are not recorded and are not linked to a specific case.

Case Comments

1. After logging in to the portal, select My Forms.



2. Locate your case number and then select it.

My Forms

Complete forms that have been started or check the status of applications already submitted.

If your case is in the status of **Awaiting Signature**, click the case number to view next steps.

All Applications ▾ ↑

50+ items • Sorted by Case Number • Filtered by All cases

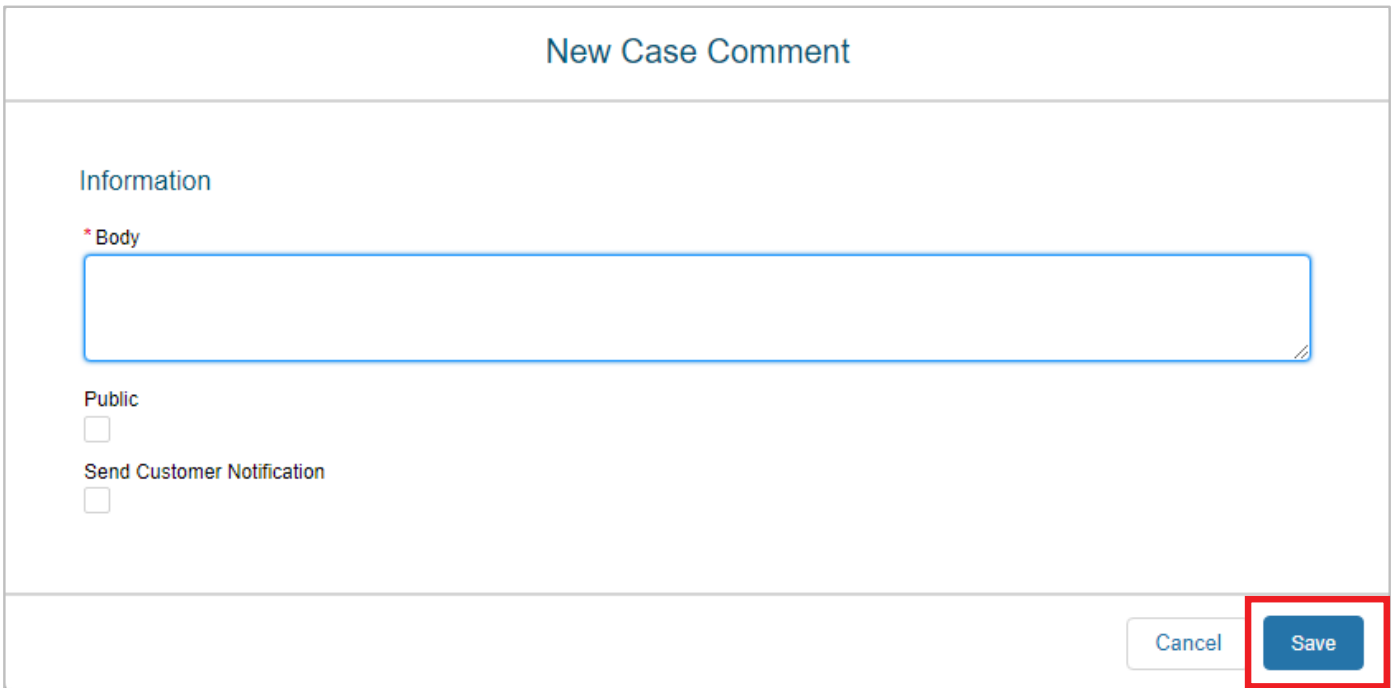
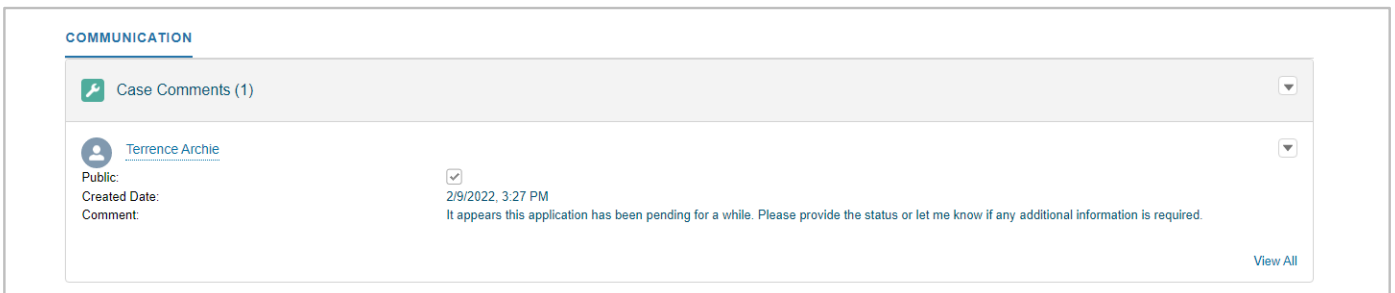
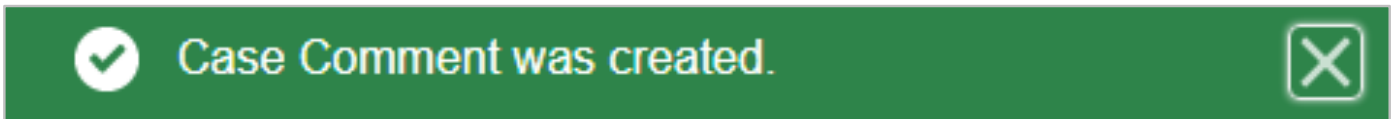
Case Number ↓	Practitioner Last Name	Status	Form Type
1 00004483		In Progress	Individual Application
2 00004480	Joe	In Progress	Individual Application
3 00004338		In Progress	NPI Update
4 00004337		Submitted	Virtual Care
5 00004336		Congratulations! Complete	Virtual Care
6 00004334		In Progress	NPI Update
7 00004332	tiger	Awaiting Signature	Health Professional
8 00004330	Mike	Awaiting Signature	Request to Add/Term Provider
9 00004328		In Progress	DBA Name Change
10 00004323		Awaiting Signature	DBA Name Change
11 00004194	Ealy	Denied	Individual Application
12 00004182		In Progress	Change of Address

3. Under the Communication header, you will notice the option for case comments. Select the arrow on the far right-hand side. Then select New to add a case comment.



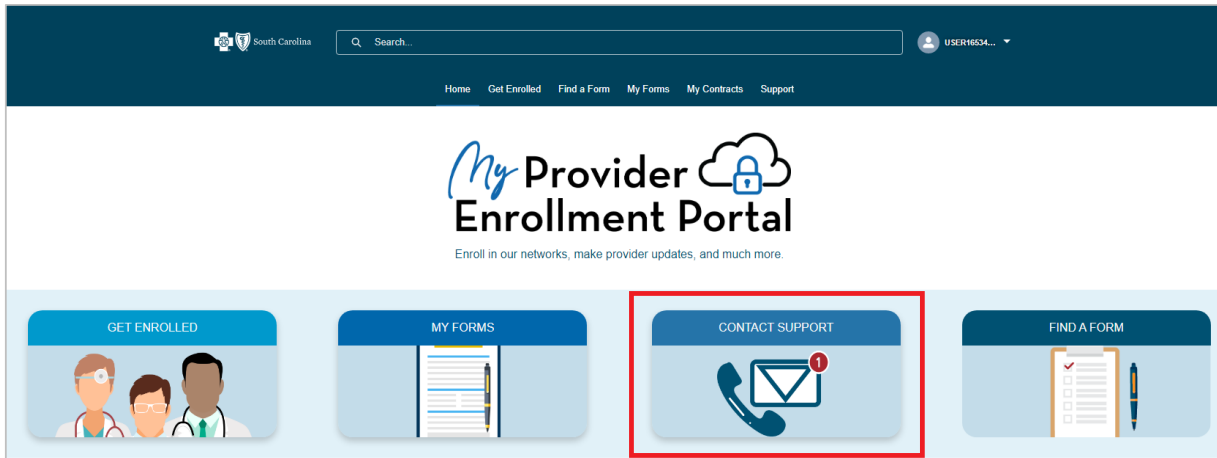
4. The New Case Comment window will appear, allowing you to add questions or comments for the selected application. In the body, provide specific details and ask probing questions. This will help the enrollment team research your inquiry thoroughly and helps reduce the need for follow-up questions. Once you've finished, select Save.

You will get notification that the case comment has been created. It will be displayed under the Communication header. New comments will appear directly above the previous comment.

A screenshot of a 'New Case Comment' form. The title 'New Case Comment' is centered at the top. Below the title is a section labeled 'Information'. Under 'Information', there is a field labeled '* Body' with a large empty text area below it. Below the text area are two checkboxes: 'Public' and 'Send Customer Notification'. At the bottom right of the form, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red rectangular box.

SUPPORT FEATURE

1. After logging in to the portal, select Contact Support.



2. On the Contact Support Form, be sure to complete all fields. Like case comments, provide specific details and ask probing questions. Once you've finished, select Submit.

The screenshot shows the 'CONTACT PROVIDER SUPPORT' form. The title is 'CONTACT PROVIDER SUPPORT' with a subtitle: 'Complete the below support form for questions regarding correct applications and forms to use OR if after checking the directory you do not see a provider that should be loaded. Note: For behavioral health providers, please include the provider's specialty in the description box.' The form includes the following fields: 'Full Name', '*EMAIL ADDRESS', '*INDIVIDUAL NPI', 'GROUP NPI', 'TAX ID NUMBER', 'ROLE' (a dropdown menu currently showing '--None--'), '*SUBJECT', and '*DESCRIPTION'. A blue 'SUBMIT' button is located at the bottom center of the form.

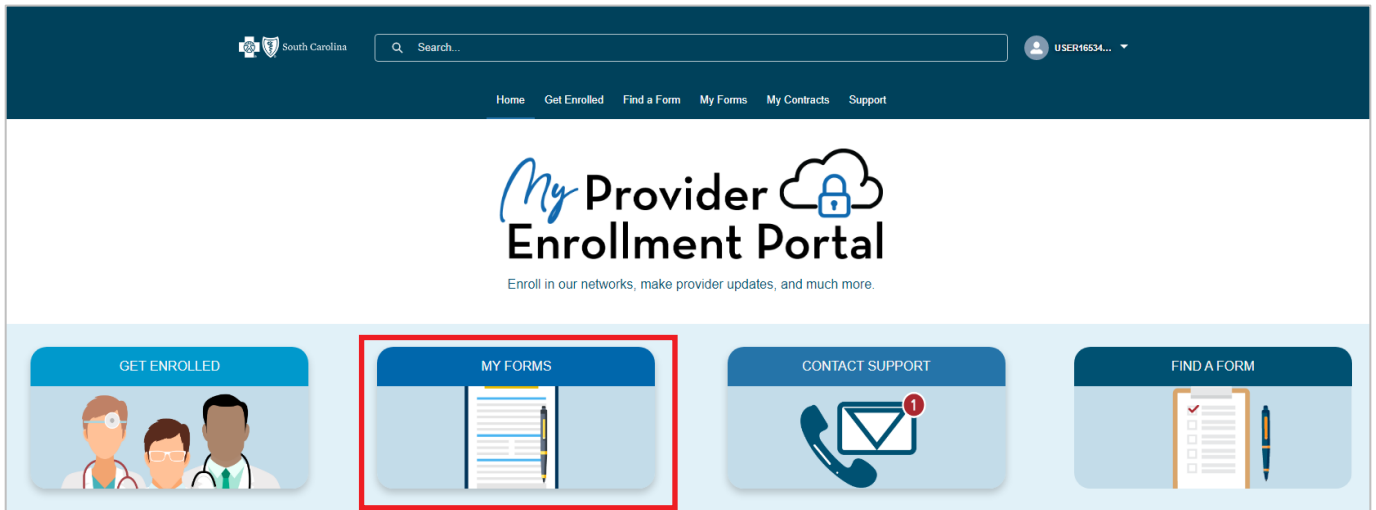
3. When you submit the support form, you will get confirmation, including the case number, which you can use to check the status of the request.

The screenshot shows the confirmation page for the 'CONTACT PROVIDER SUPPORT' form. At the top, a green notification banner states 'Case 00004484 was created.' Below the navigation bar, the title is 'CONTACT PROVIDER SUPPORT' with the same subtitle as the previous form. The main heading is 'YOUR SUPPORT FORM HAS BEEN SUBMITTED.' followed by the text: 'We'll get back to you as soon as we can. To check the status of your support form, go to My Forms and select the appropriate case number.' Below this is a 'Case summary' table:

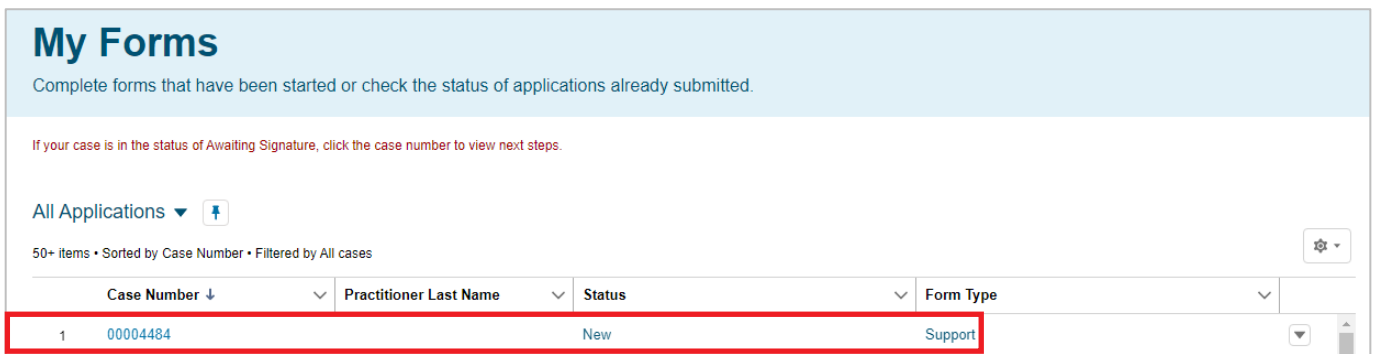
Subject:	Testing ABC, 123
Description:	This is just a test.
Case Number:	00004484

The 'Case Number' row is highlighted with a red rectangular box.

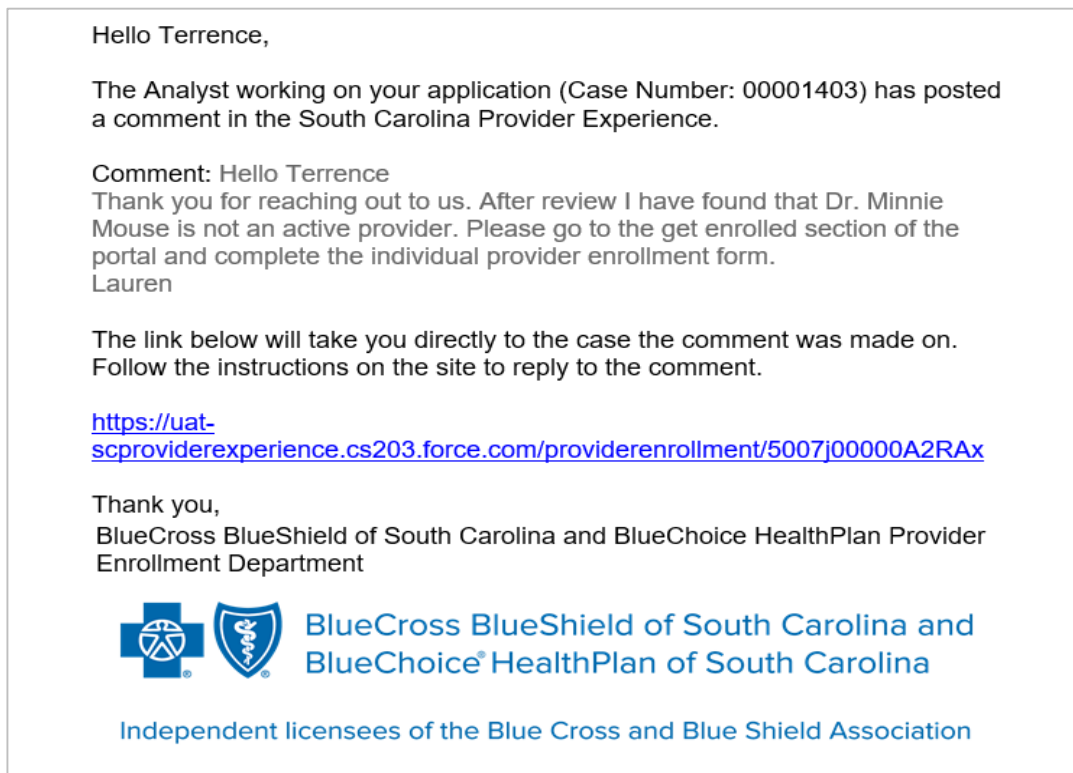
4. To check the status of the support request, from the homepage, select My Forms in the task bar.



5. Locate the case number associated with the support request and check the status column.



6. Once the case has been reviewed, you will get an email notification with the outcome of the review.





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