

# BlueNews<sup>SM</sup> for Providers



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina

## IMPORTANT INFORMATION ON SATELLITE LOCATIONS

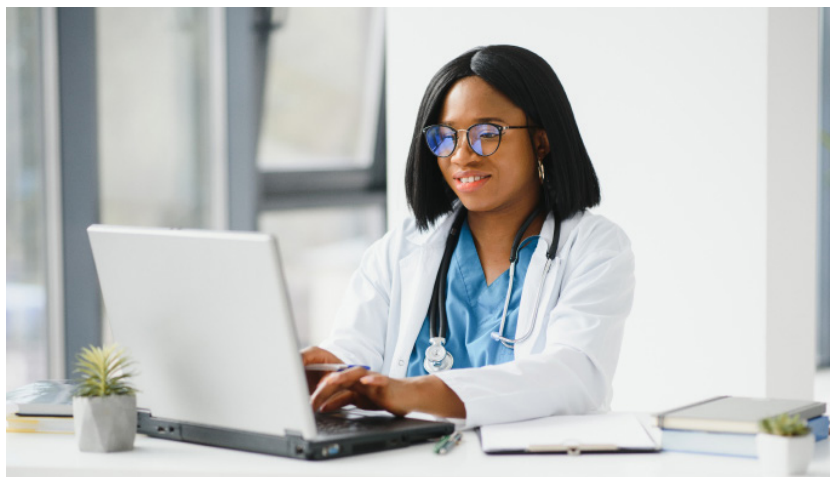
As a reminder, on June 1, 2023, My Provider Enrollment Portal (MyPEP) became the only source for completing the provider enrollment process. This is for all providers interested in credentialing with BlueCross BlueShield of South Carolina, or those already credentialed.

Providers have questioned the number of locations they can add when completing an application. In MyPEP, you can add the primary

location and a secondary location. Additional locations can be added through M.D. Checkup after the initial application has been approved, and you receive your welcome notice.

Do the following steps to add the practitioner to additional locations. Again, this must be completed after the application is approved and the welcome notice is received.

1. Log into My Insurance Manager<sup>SM</sup>.
2. Select Provider Update from the navigation toolbar.
3. Select View & Edit next to the location you want to add the practitioner to.
4. Under Affiliated Practitioners, select Add Practitioner.
5. Once completed, select Verify.



### Important Information On Satellite Locations

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Transplants

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For Providers From  
Progenyhealth

# BLUE DISTINCTION CENTERS FOR TRANSPLANTS

As of Nov. 1, 2023, BlueCross discontinued the facility waiver request for Blue Distinction Centers for Transplants (BDCT) for all plans. Requests for non-BDCT facilities will be denied if a BDCT facility is required.

However, members have the option to appeal the decision if they desire to use a non-BDCT facility for transplant care. We will honor all BDCT waiver requests approved prior to Nov. 1, 2023.

**Note:** Providers will have the option to submit a reconsideration request following a denial. Please reference the denial letter for instruction on how and where to send the request. It will differ depending on the line of business.

## REMINDER: PREVENTIVE FLU VACCINES

BlueCross always wants its members to stay healthy.

Since we are in the flu season, we encourage eligible members to get their flu vaccines to reduce the chance of infection.



## PROVIDER ENROLLMENT 7 - 7 - 7 RULE

BlueCross' provider enrollment process has undergone a transformation with the implementation of MyPEP, which is our web-based solution for credentialed providers or those interested in credentialing with BlueCross to complete the enrollment process.

Since its implementation in 2022, continuous upgrades and enhancements have improved the portal's performance. One of the enhancements was the addition of the automated notifications for missing items. While this process is not new, we had not enacted this process in MyPEP to date. Due to recent timeliness regulations from the South Carolina Department of Health and Human Services and other entities, it is now necessary for us to implement this process.

### What this means for you:

If we receive an application but it has missing items, we will send an automated notification every seven days, with a 21-day maximum. The notification goes to the contact email address listed on the application. It will include which items are missing. Once we receive the missing information, we will review the application. The additional notifications will stop.

If we do not receive the missing items within 21 days, the case will be placed into a "Canceled — Incomplete Submission" status. Once in this status, we cannot reopen the application. The provider must submit a new application.

For questions on this bulletin, please contact the Provider Education team at [Provider.Education@bcbssc.com](mailto:Provider.Education@bcbssc.com) or 803-264-4730.

# SIGNING YOUR PROVIDER ENROLLMENT DOCUMENTS

With the historical processes ending, the following options are no longer available when submitting BlueCross' provider enrollment applications:

- Download applications or forms from the website.
- Complete the forms by hand.
- Fax or email the complete application or form, along with required documentation to the enrollment team.

MyPEP has streamlined and improved the efficiency of the provider enrollment process.

All provider enrollment processes must go through MyPEP. This includes initial enrollment, updates and corrections. Once you complete the application in the portal, the system will generate the required documents that must be signed prior to selecting the Confirm button. **You must sign the system generated documents. We cannot accept historical documents uploaded to the case.** This includes any saved applications. Doing this will result in a missing item notification. This can cause delays in the process.

Use the following steps to sign the **system generated documents**:

1. Select My Forms.
2. Select the appropriate case number.
3. Select Form Information.
4. Under Documents, select the documents that require signature.
5. Download and print the documents.
6. Scan the signed documents. Follow steps 1 – 4 to select Upload Files.

Once **all required documents with applicable signatures, initials and dates have been uploaded**, select the Confirm button.

Do not select the Confirm button until you have completed all the steps. Selecting Confirm will submit the documents to us.

If they are not signed, we cannot start the review process. The documents will be returned for missing signatures.

For additional guidance on MyPEP and the provider enrollment process, review the [available resources](#) online today.



# PUBLIX NOW PARTICIPATES WITH THE SMBM PROGRAM

On Jan. 1, 2024, Publix joined the Specialty Medical Benefit Management (SMBM) program to manage specialty medications for its members.

On Jan. 1, 2024, Publix joined the Specialty Medical Benefit Management (SMBM) program to manage specialty medications for its members. Specialty medications are often covered under the medical benefit. Medications can be costly and may not be covered the same for each member. It is important to determine whether the use of these medications meet coverage criteria before a specialty drug is provided.

The SMBM program also includes requirements for self-administered drugs and site-of-care requirements. These factors could impact coverage. Additional information on the program, including the available drug lists, is on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

We encourage you to not print the drug lists as they are reviewed and updated regularly.

If you have any questions, or need additional assistance, please contact the Provider Services number on the back of the member's identification card.

# IMPORTANT UPDATES FOR STATCHAT

Do you have questions about your claim and cannot find the answer on My Insurance Manager<sup>SM</sup> (MIM)? You can speak with a representative in Provider Services using STATchat to get more help. STATchat is an easy tool to use and is accessible through MIM.

We have made recent updates to the port requirements. It is important for you to let your information systems team know about these changes to ensure you have a seamless transition.

The media IPs and port ranges for SIP calls in all regions includes 54.172.60.0/23, 34.203.250.0/23 and 168.86.128.0/18. This should be added to your firewall rules. Additionally, the UDP port range was expanded to 10,000 – 60,000.

**Review the following table for additional details:**

## Port Requirements

Component	Address	Client-side port used	Server-side port used	Protocol
Signaling	*.twilio.com	Any (1,024 to 65,535)	443	TCP
TRP	54.172.60.0/23, 34.203.250.0/23, 168.86.128.0/18	Any (1,024 to 65,535)	10,000 - 60,000	UDP

# REMINDER: 90-DAY PROVIDER VALIDATION REQUIREMENTS

Provider demographic data can change frequently throughout the year and in our networks. To ensure our members know where to find the right physicians or facilities for the care they need, it is vital that we validate the accuracy of their contact information regularly.

As a reminder, on Jan. 1, 2022, the Consolidated Appropriations Act (CAA) required providers to verify or update their demographic data at least every 90 days. If more than 90 days has passed since the provider's last validation, we must suppress them from our directories.

Use M.D. Checkup, located in My Insurance Manager (MIM), to validate your demographic data. Validations are determined based on the number of days since the provider's last validation. **To perform the validation, do the following:**

1. Log into MIM.
2. In the purple box labeled "Provider Validation," select Validate Now.
3. For each location with a status of "Verification Required," select View & Edit.
4. Review and edit the information if needed. Then select Verify.

**To update suppressed locations due to missing the 90-day validation period, do the following:**

1. Log into MIM.
2. In the purple box labeled "Provider Validation," select Validate Now.
3. For each location with a status of "Suppressed from Directories," select View & Edit.
4. Review and edit the information if needed. Then select Verify.

We receive the provider's data automatically once validated in MIM and update our directories.

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# NEW ASSISTANCE FOR PROVIDERS FROM PROGENYHEALTH

On Oct. 9, 2023, BlueCross began working with ProgenyHealth®. ProgenyHealth specializes in neonatal care management services, and their program will enhance services for our members.

With this program, ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers will collaborate closely with our members and attending physicians and nurses. This approach promotes healthy outcomes for BlueCross' premature and medically complex newborns.

**Which plans are included:**

- This program will apply to BlueChoice® HealthPlan, fully insured businesses (major group, small group and individual plans) and some self-insured plans.
- This program will not include state employees and retirees covered through PEBA's State Health Plan or Medicare Advantage.

*(...continued on pg 5.)*

# NEW ASSISTANCE FOR PROVIDERS FROM PROGENYHEALTH

(...continued from pg 4.)

## Benefits of working with ProgenyHealth include:

- The support of a team who understands the complexity and stress of managing infants in the neonatal intensive care unit (NICU) and who will collaborate with you to achieve the best outcomes.
- A collaborative and proactive approach to care management that supports timely and safe discharges home.
- The resources of a company that believes in sharing best practices and works with NICUs nationwide to improve the health outcomes of our next generation.

In the program, families will have dedicated care managers who will provide support and education, while having access to an “on-call” staff member 24/7. For our hospitals, ProgenyHealth will serve as a liaison for BlueCross. ProgenyHealth will provide inpatient review services and assist with the discharge planning process to ensure a smooth transition to the home setting.

## What you need to do:

The process for notifying BlueCross of infant admissions to the NICU or a special care nursery is not changing. Continue to follow the existing process if you plan to admit an infant to the NICU or a special care nursery.



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

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**Benefits Disclaimer:** The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

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