

BlueNewsSM for Providers



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

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My Provider Enrollment Portal

Understanding My Provider Enrollment Portal

BlueCross BlueShield of South Carolina implemented its new provider enrollment tool, My Provider Enrollment Portal (MyPEP), on April 4, 2022. All providers who credential with BlueCross can take advantage of the amazing features inside the new tool, including initiating new enrollments, recredentialing, making updates for their practice and more, all electronically!

For those who have submitted applications through our old enrollment process, don't worry. The applications will still be reviewed and processed accordingly. But going forward, be sure to submit new applications through the new portal.

Access MyPEP [here](#).

Things to note:

Initial sign-up

When signing up for MyPEP, please be mindful that multiple users are unable to share the same email address. For this reason, be sure to sign up with your individual email account instead of a group or shared email account to help avoid any issues with accessing the portal.

Case numbers

When submitting applications and forms, always keep track of your case numbers, as you need them to check statuses, submit case comments, upload contracts and more.

Statuses

You will see several statuses inside the portal, including the following:

- **In Progress** — The application or form is being worked on by the practitioner or an individual on the practitioner's behalf. It has not yet been completed and submitted.
- **Awaiting Signature** — The application or form has been completed by the practitioner or an individual on the practitioner's behalf and includes all required documents (located in the Documents section within the created case) and signatures. Once all signed documents are uploaded to the case and received by the BlueCross BlueShield of South Carolina enrollment team, the status will change to Under Review.

Note: While the application is in progress, the BlueCross BlueShield of South Carolina enrollment team will review and upload all applicable contracts to the case within two business days of receipt of the practitioner and related group information. This will ensure the contracts can be included with the application and other required forms.

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- **Awaiting Provider Response** — One or more items are needed from the provider to continue the enrollment process.
- **Under Review** — The application or form has been assigned to a BlueCross BlueShield of South Carolina enrollment team member and is being worked on.
- **Congratulations! Complete** — BlueCross has approved the application or form.
- **Denied** — BlueCross did not approve the application or form.
- **Canceled** — The application or form is no longer being worked on and has been closed by BlueCross.

Contracts

During the review process, a BlueCross enrollment team member will send the appropriate contracts to the practitioner or the individual who completed the application on the practitioner's behalf. He or she will send contracts through the portal under the associated case number to have the necessary signatures added.

The practitioner or the individual who completed the application on the practitioner's behalf will be notified by email. Once he or she has logged into the portal, a notification will be located at the bottom of the homepage advising that contracts are awaiting signature.

Be sure to download, print and have the practitioner sign contracts in ink. After, please upload signed contracts to the appropriate case. Once the enrollment team member receives the signed contracts, he or she will continue the process.

Case comments

There may be times when you have questions about a specific case. With the new Chatter feature, you can add case comments to ask direct questions about specific cases. Once the case comment is posted, the BlueCross enrollment team will get a

notification. Someone will review the comment and respond within two business days.

Note: Be detailed in your case comments and, when necessary, ask probing questions. This will help reduce the need for follow-up questions and allow for quicker resolution.

Support

Complete the support form for questions regarding correct applications and forms or if you don't see a provider you expected to see in the provider directory. Behavioral health providers need to include the provider's specialty in the description box, as well.

For specific questions on a case, please go into that case and submit a case comment. Someone will respond within two business days.

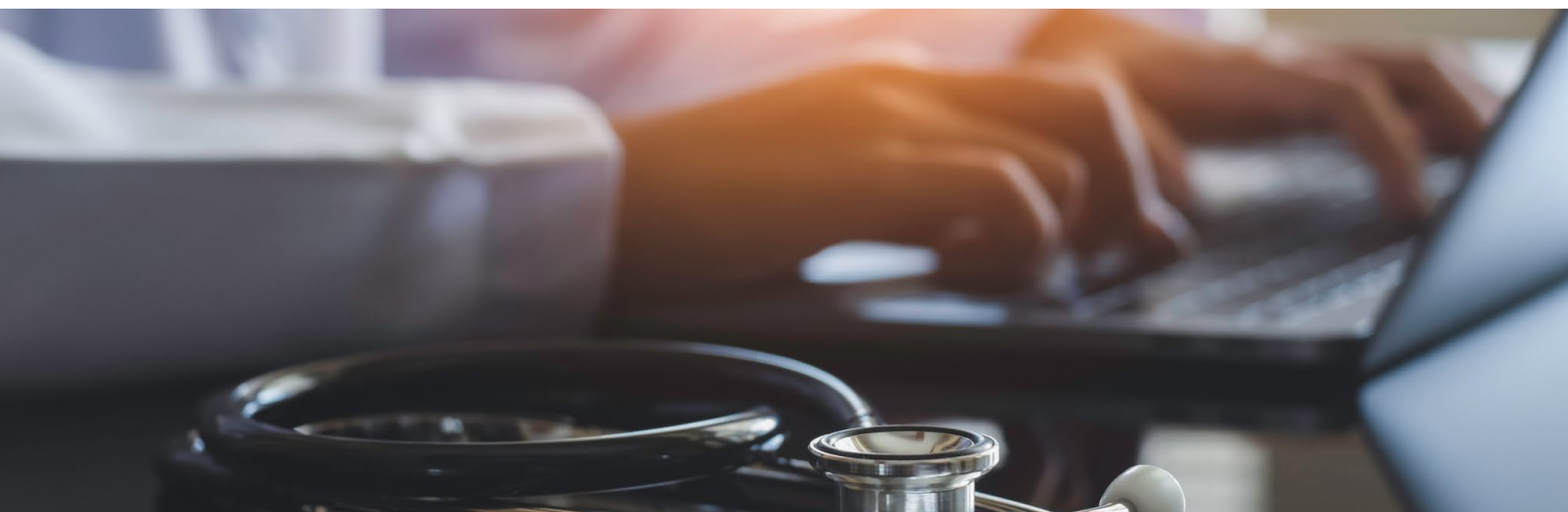
Note: The Support feature inside MyPEP is for enrollment questions only. Please use My Insurance ManagerSM, call the Provider Services number on the back of the member's ID card or use another appropriate avenue for questions related to authorizations, benefits, claims, eligibility, etc.

Provider education

For assistance with passwords, technical issues or questions that are not related to a specific case, please contact the provider education team at MyPEP.Portal@bcssc.com or 803-264-0009.

You can also view the manual and frequently asked questions [here](#).

Note: The above email address and phone number are for MyPEP inquiries only. Please use My Insurance Manager, call the Provider Services number on the back of the member's ID card or use another appropriate avenue for questions related to authorizations, benefits, claims, eligibility, etc.





Medicare Advantage Updates

Inpatient prior authorization

On June 1, 2022, BlueCross BlueShield of South Carolina's Medicare Advantage line of business will begin requiring prior authorization for all admissions at the inpatient level of care. A request for inpatient level of care will be reviewed by our Utilization Management team, including licensed nurses and physicians, using the MCG CareWeb guidelines, 26th edition. MCG is an independent company that provides clinical guidance to BlueCross BlueShield of South Carolina.

Clinical documentation must be submitted with any inpatient request. This documentation must include physician's notes, laboratory testing and other information that represents the severity of illness of the patient and the intensity of services being provided. If a request for an inpatient level of care does not meet the guidelines for approval, an outpatient observation level of care will be approved.

View more details on this upcoming change [here](#).

New partnership

As a reminder, on **April 25, 2022**, BlueCross BlueShield of South Carolina Medicare Advantage plans began requiring prior authorizations to be obtained through Avalon Health Care Solutions for certain laboratory codes. Avalon is a clinically driven company that uses evidence-based medicine to develop and deploy appropriate policies and protocols for the high-volume, dynamic and complex laboratory environment.

You can read more about the partnership [here](#) and view the Medicare Advantage laboratory services that require a prior authorization [here](#).

You can request authorizations through [Avalon's PAS portal](#) on their website. If you do not have an account for the portal, you can request one [here](#).

New authorization requirements

As of April 4, 2022, the following services were included in the prior authorization requirements for our Medicare Advantage plans.

Testosterone replacement

J1071	J3121	J3145	J3490	S0149
11980				

Pneumatic compression devices

E0650	E0651	E0652	E0655	E0656
E0657	E0660	E0665	E0666	E0667
E0668	E0669	E0670	E0671	E0672
E0673	E0675			

IV iron therapy

J1439	J1756	J2916	Q0138
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Spinal cord stimulators for chronic pain

63650	63655	63661	63662	63663
63664	63685	63688	95970	95971
95972	L8680			

Left atrial appendage closure devices

33340	33267	33268	33269	33999
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Electronic bone growth stimulators

20975	E0747	E0748	E0749	E0760
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View the medical policies for these services [here](#).

View all prior authorization requirements for our Medicare Advantage plans [here](#).



Specialty Drug Updates

Applying medical policy criteria completely and accurately is critical to ensuring benefits and reimbursement are applied correctly to our members' claims. System updates are also necessary to ensure proper payments and medical policy alignment are applied.

The processing system of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan will be updated to better align the effectuation of our current medical policies around certain medical specialty drugs. We wanted to share this important information with you, our valued network provider, and thank you for servicing our members.

On April 25, 2022, the following drugs were impacted by this update:

- Actemra® (Tocilizumab) CAM 061
- Avastin® (Bevacizumab) . . . CAM 067, CAM 5107 and CAM 50118
- Remicade® (Infliximab) CAM 50115

On May 30, 2022, the following drugs will be impacted by this update:

- Tecentriq™ (Atezolizumab) CAM 150
- Darzalex® (Daratumumab) CAM 172
- Darzalex® FasPRO (Daratumumab) CAM 172
- Imfinzi® (Durvalumab) CAM 216
- Opdivo® (Nivolumab) CAM 106
- Soliris® (Eculizumab) CAM 220
- Ultomiris™ (Ravulizumab) CAM 220
- Yervoy® (Ipilimumab) CAM 091
- Entyvio™ (Vedolizumab) CAM 104

Additional drugs will be phased in at a later date.

Note: The medical policies have not changed. The diagnoses listed on each policy are not a guarantee of payment and are listed for your reference. They may not be all-inclusive.

We recommend frequently visiting the Medical Policies pages to remain abreast of any policy updates.

Once you have accessed the [Medical Policies](#) pages:

- 1 Key the policy number in the search box (e.g., CAM 061) and select Search.
- 2 Select Show Advanced Options.
- 3 Select Exact Phrase and select Search.
- 4 Select the corresponding policy.

If you have any questions, please feel free to contact the provider education team at 803-264-4730 or reach out to your education representative directly.





Fit To Fight

As a health plan, BlueCross BlueShield of South Carolina encourages its members to aim for healthier lifestyles and offers guidance to our providers on ways to guide their patients to achieve such goals, including weight management.

Several BlueCross plans offer incentives to members for completing goals that can help reduce stress, lose weight, increase exercise, eat better and more. To promote healthier weight, some plans also offer discounts on weight loss programs and gym memberships. The ultimate goal is to ensure your patients, our members, are fit to fight and live longer, healthier lives.

View more information on our BlueCross plans [here](#).



Need To Get in Touch With Provider Relations and Education?

Provider advocates are always eager to assist you. If you have a training request, please contact your county's designated provider advocate by using the **Provider Advocate Training Request Form**. For questions about an ongoing education initiative or a recent news bulletin, submit the **Provider Education Contact Form**. These forms are located on the Provider Advocates page of our provider websites.



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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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