The Credentialing Process
Agenda

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BlueCross BlueShield of South Carolina, BlueChoice® HealthPlan of South Carolina and BlueChoice HealthPlan Medicaid use the credentialing process to validate practitioners’ qualifications.

BlueCross and BlueChoice® credential all physicians and mid-level providers applying for participation in any of our networks.

BlueChoice HealthPlan Medicaid requires the Uniform Credentialing Application to credential all physicians and all mid-level providers.
Our Credentialing Process:

- We receive the application.
- We review the application to ensure it is complete and includes all required documentation.
- We send “clean” applications to the Credentialing Committee for review.
- If the Credentialing Committee approves the application, we send a notification via email, and mail a welcome packet to the provider.
- If the Credentialing Committee does not approve the application, it is sent to the Provider Disciplinary Committee.
- The Provider Disciplinary Committee either approves or denies the application.
- We send a notification to the provider.
Credentialing Applications

You can find initial and recredentialing applications and information on both websites.
BlueCross, BlueChoice and BlueChoice HealthPlan Medicaid require providers to complete the SCUCA.

You can find this form in the Forms section of our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).
<table>
<thead>
<tr>
<th>Documentation Item</th>
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<tbody>
<tr>
<td>Current DEA certificate or license copy</td>
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<tr>
<td>Proof of malpractice coverage, including supplemental coverage</td>
</tr>
<tr>
<td>Electronic Claims Filing Requirement form</td>
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<tr>
<td>National Provider Identifier (NPI)/National Plan and Provider Enumeration System (NPPES) confirmation letter or email</td>
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<tr>
<td>A signed contract signature page for each network in which you wish to participate</td>
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<tr>
<td>Copy of IRS document validating the Employer Identification Number for a new location (Letter 147C, CP 575 E or tax coupon 8109-C)</td>
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<tr>
<td>Medicare Certification Letter</td>
</tr>
<tr>
<td>Authorization For Clinic/Group to Bill For Services form (if applicable)</td>
</tr>
<tr>
<td>Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment form (for a new location)</td>
</tr>
<tr>
<td>Electronic Funds Transfer (EFT) Terms and Conditions form (for a new location)</td>
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BlueChoice HealthPlan Medicaid requires this additional documentation:

Disclosure of Ownership form (SCDHHS Form 1514) - Federal Medicaid regulations require that all Medicaid providers disclose the name, address and other identifying information for each person with an ownership or controlling interest, and any subcontractor for which the provider has a 5 percent or more interest. (You should submit this once per Tax Identification Number.)

CLIA certificate for each location.
Dental credentialing is for the participating dental and State Dental Plus networks.

Other plans that use the Participating Dental Network include:

- BlueCross Federal Employee Program (FEP) BlueDental<sup>SM</sup>
- FEP Basic and Standard
- GRID members

GRID is a separate company that offers a dental network on behalf of BlueCross and BlueChoice.

- Companion Life

Life insurance is offered by Companion Life. Because Companion Life is a separate company from BlueCross, Companion Life will be responsible for all services related to life insurance.
The Credentialing Process

- Initial Dental Credentialing
  - Use the South Carolina Dental Credentialing Application
- Recredentialing occurs every three years.

Please email or fax your completed application and documentation to:

✓ provider.cert@bcbssc.com
✓ Initial Credentialing – Fax: 803-870-8919
✓ Recredentialing – Fax: 803-264-4080
✓ Provider Updates (demographics) – Fax: 803-264-4795
✓ EFT – Fax: 803-870-8065

Make sure you include ALL REQUIRED documentation, as we will not process applications that are missing required information.
Companion Benefit Alternatives (CBA) coordinates credentialing for mental health practitioners. CBA is a separate company that administers mental health and substance abuse benefits on behalf of BlueCross and BlueChoice.

Link Our Directory To Your Site - Send us the website address for your practice, hospital or group and we will link to it from our online directory.
The Telemedicine Services Application form is located in the Forms section of our website. Submit this form for us to consider your practice to conduct consultations via telemedicine. Email the application, along with supporting documentation, to provider.cert@bcbssc.com.
We Received Your Application … What Happens Next?

We review your application to make sure it includes all requested documentation and that the documentation is current.

We verify this information from the primary source:

- Licensure
- Education
- Board Certifications
All completed applications:

- Are sent to the Credentialing Committee for review.
- The timeframe for approving “clean” applications is less than 30 days.
- The effective date will be the date the Credentialing Committee approves the application. We do not backdate effective dates.
Applications with Missing Documentation or Incomplete Documentation

If your application is incomplete or missing any documentation, we will attempt to contact you once per week, for three weeks, by any one of these methods:

Phone  Email  Fax

As soon as we receive the outstanding information, we will send the application to the very next Credentialing Committee meeting.
Applications with Missing Documentation or Incomplete Documentation

The effective date will be the date the Credentialing Committee approves the application. We do not backdate effective dates.

Once we approve your application, we will send a notification email to you within a couple of days of the Credentialing Committee approval, followed by a welcome packet.
Applications Requiring a Focused Review

There are some instances in which an application must go through a focused review by the Credentialing Committee. We conduct focused reviews every two months (beginning in February of each year).

We require focused reviews in these circumstances:

- If the physician has had any malpractice occurrences and/or sanctions
- If the physician answered “Yes” to any of the health and history questions in the application
Applications Requiring a Focused Review

During focused reviews, the committee discusses any malpractice events or sanctions, and then votes on whether or not to approve the application.
Denial of an Application Occurs When:

Providers do not meet credentialing criteria, which includes a long list of items that need to be satisfied according to the Utilization Review Accreditation Commission (URAC), the National Committee for Quality Assurance (NCQA) or South Carolina’s Department of Health and Human Services (SCDHHS). There are also state requirements that you must meet. For example, having inadequate malpractice coverage would be a reason for denial of an application.
Denial of an Application Occurs When:

The Credentialing Committee votes to deny after a focused review.
We require re-credentialing every three years.

Our credentialing staff will contact you to let you know when it is time for you to complete this update.

You can find the South Carolina Uniform Credentials Update form in the Forms section of our websites.

Once completed, please return the form and all required documentation via email to recredentialing.app@bcbssc.com, or by fax at 803-870-9997.
Per the Centers for Medicare and Medicaid Services (CMS), we are now required to verify the information contained in our provider files quarterly. This includes verification of information, such as your address, phone number, office hours, website, email and affiliated physicians.
Initially, we are emailing secure electronic forms to all provider offices to validate this information. This email will come from provider.directory@bcbssc.com. We appreciate your prompt response.

You should also send notification of any changes to your office demographics to provider.cert@bcbssc.com.
Provider Updates we need to know about:

- Providers’ names
- Fax number
- Email of Person to contact for provider updates
- Provider no longer accepting new patients
- Practice address
- Practice office hours
- Provider accepting new patients
- Physician joining or leaving your practice
- Telephone number
- Practice URL (website)
- Age range and gender of patients accepted
- New or closed satellite location
You can find these forms in the Forms section of our websites:

- South Carolina Uniform Credentialing Application
- Registration Form for Mid-Level and Hospital-Based Providers
- South Carolina Uniform Credentials Update form
- Request to Add or Terminate Practitioner Affiliation
- Change of Address
- Application for Satellite Location to File Claims or to Change Employer Identification Number (EIN)
- NPI Notification form
- Electronic Funds Transfer (EFT) Electronic Remittance Advice (ERA) Enrollment form
- EFT Terms and Conditions form
Electronic Solutions for Provider Updates
In 2016, providers will be able to complete quarterly CMS requirements in a simple electronic format
Helpful Resources

Network & Credentialing Status

Email: provider.cert@bcbssc.com
Fax: (803) 264-4795

Electronic Funds Transfer (EFT)

Email: Provider.EFT@bcbssc.com
Fax: 803-870-8065
Attn: EFT Coordinator

Credentialing Presentation

www.SouthCarolinaBlues.com
www.BlueChoiceSC.com
www.BlueChoiceSCMedicaid.com
Credentialing Reminders

If the initial application is missing required documentation, the credentialing process can take longer.

Contact provider.cert@bcbssc.com to determine the status of your credentialing application once the application is in the review period. The review period begins after we receive all required documentation.
You can see patients while your application is in the credentialing process. Claims, however, are not guaranteed to process as in network until the credentialing process is complete.
Questions?