SELF-SERVING TOOLS

South Carolina

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

DISCLAIMER

The information included is general and in no event should be deemed as a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.

AGENDA

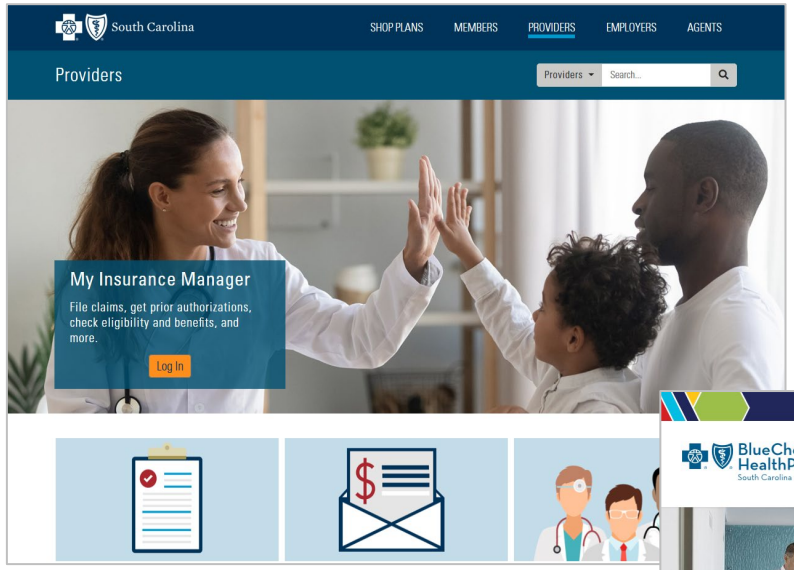
- Website Review
- My Insurance Manager[SM]
- My Remit Manager
- M.D. Checkup
- Voice Response Unit

WEBSITE REVIEW

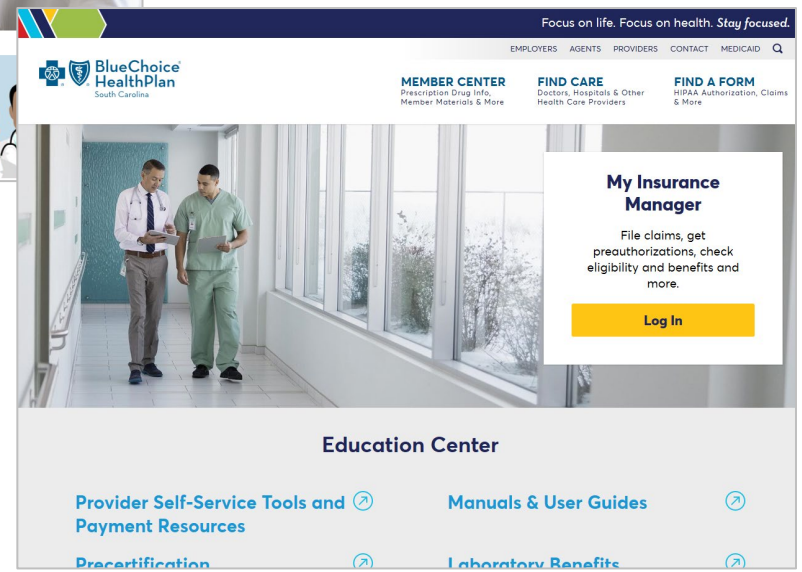
WHAT'S AVAILABLE ON OUR WEBSITES

Provider Pages of Our Websites Include:

- Educational materials
- Access to various secure web tools
  - My Insurance Manager
  - My Remit Manager
  - M.D. Checkup

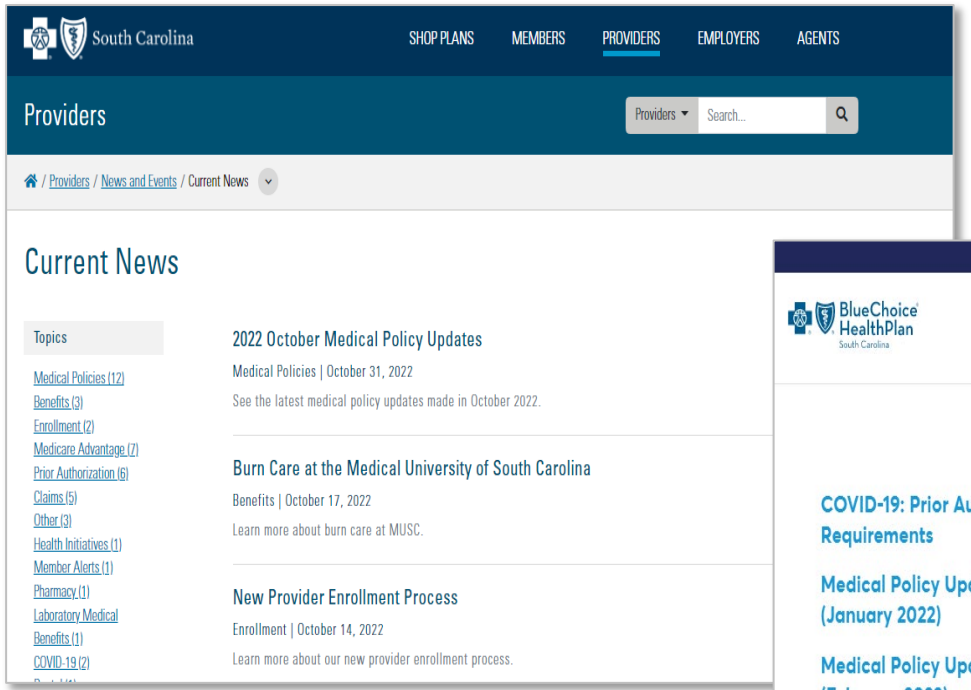


www.SouthCarolinaBlues.com

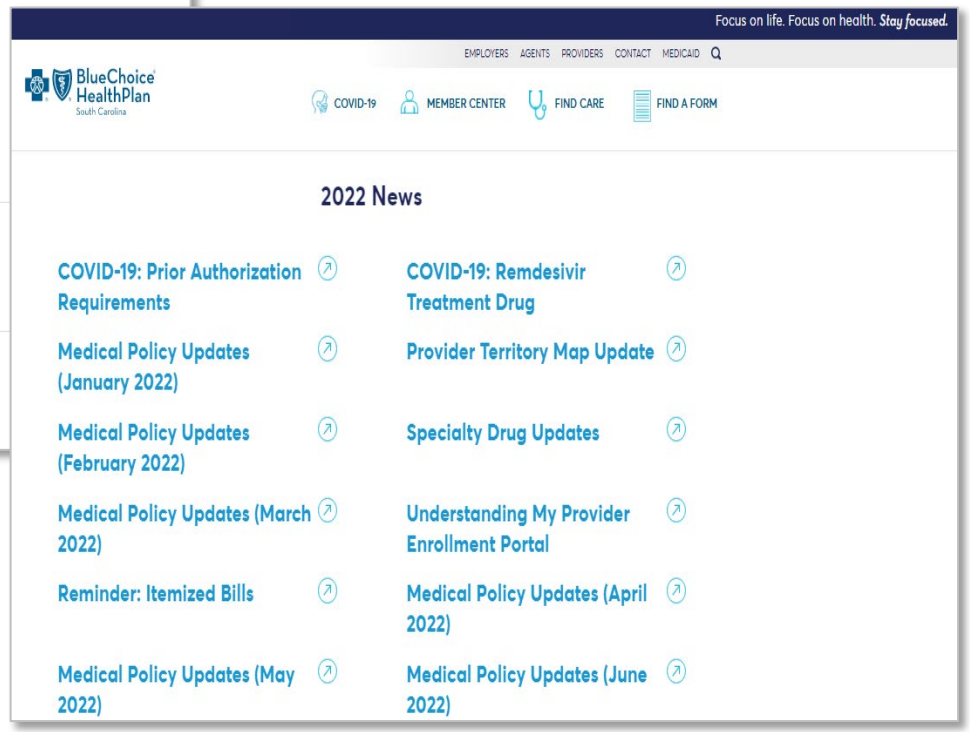


www.BlueChoiceSC.com

PROVIDER BULLETINS

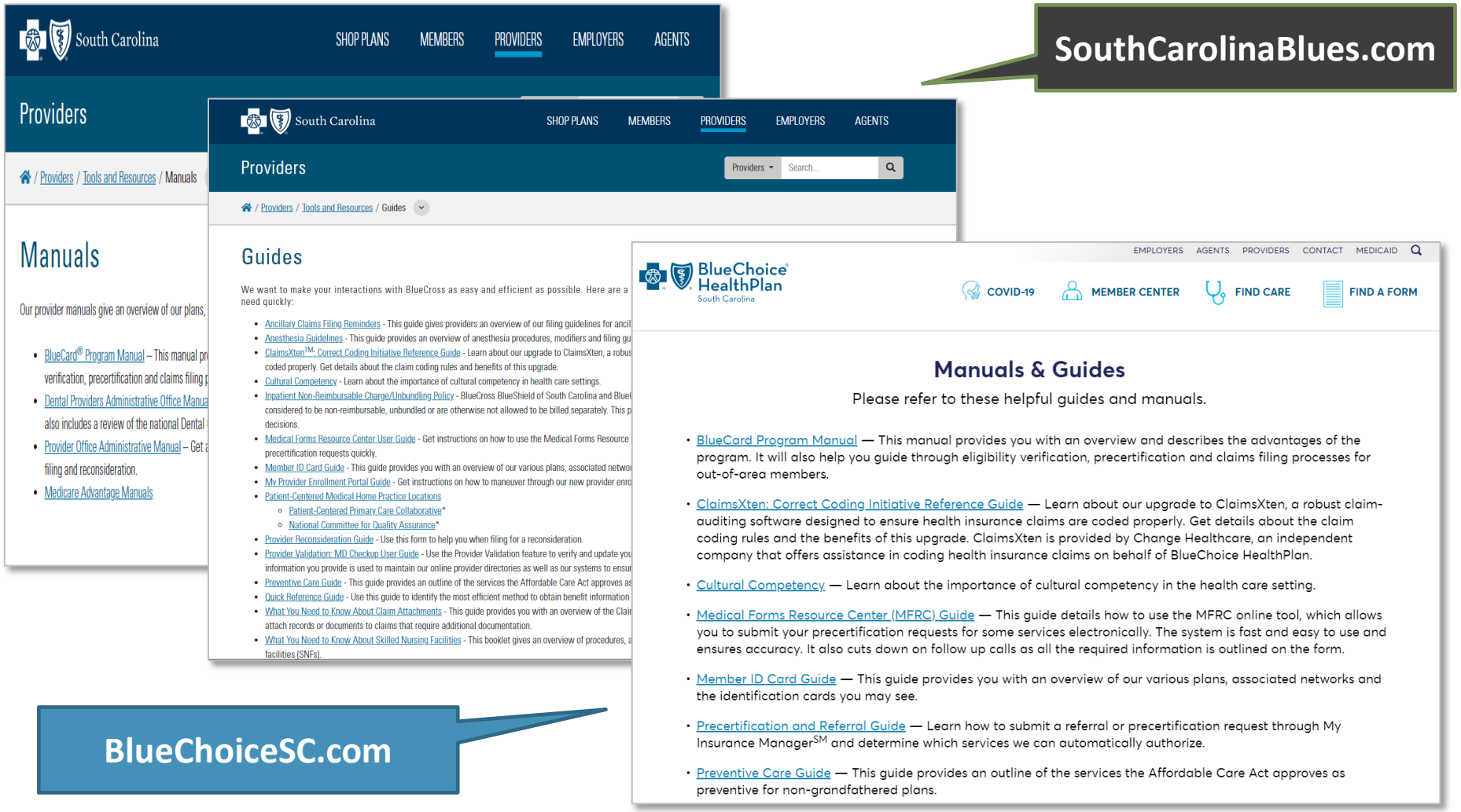


SouthCarolinaBlues.com



BlueChoiceSC.com

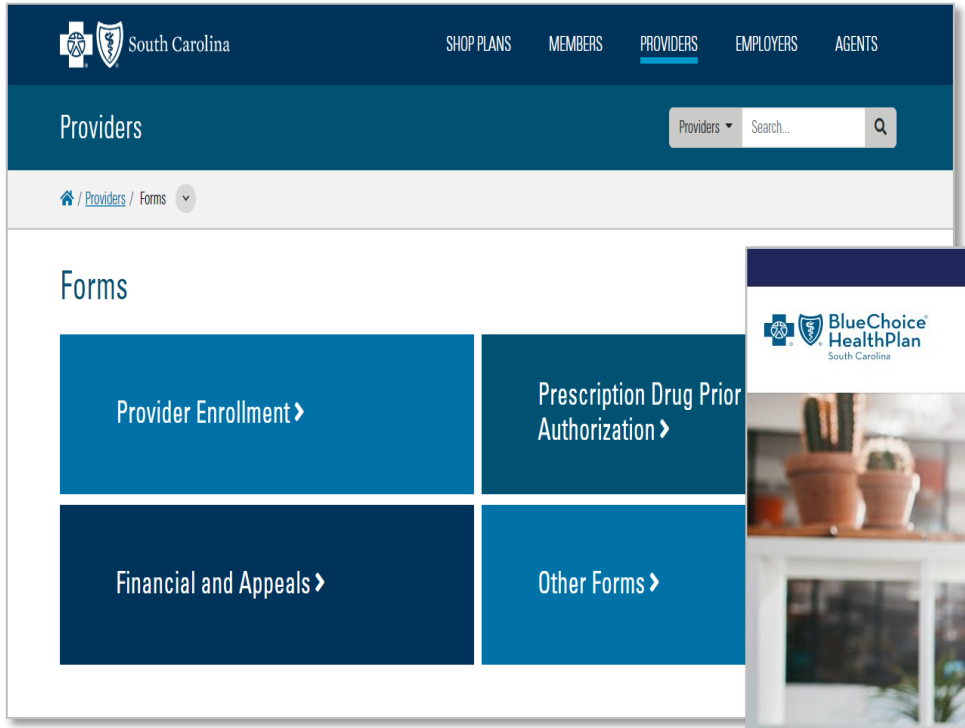
MANUALS AND GUIDES



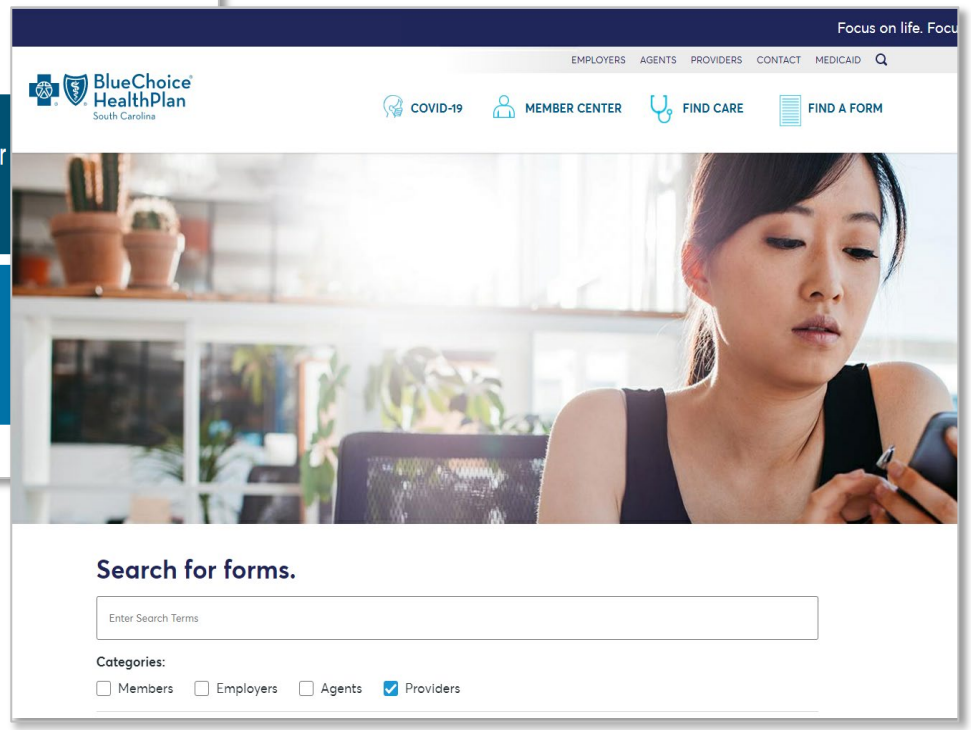
SouthCarolinaBlues.com

BlueChoiceSC.com

FORMS

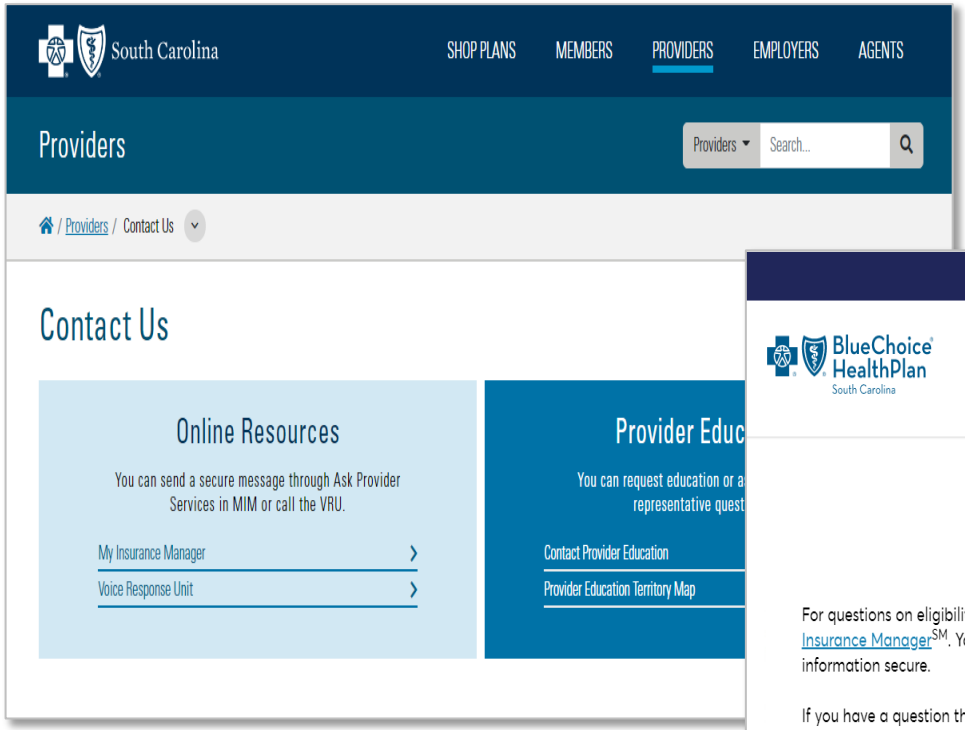


SouthCarolinaBlues.com

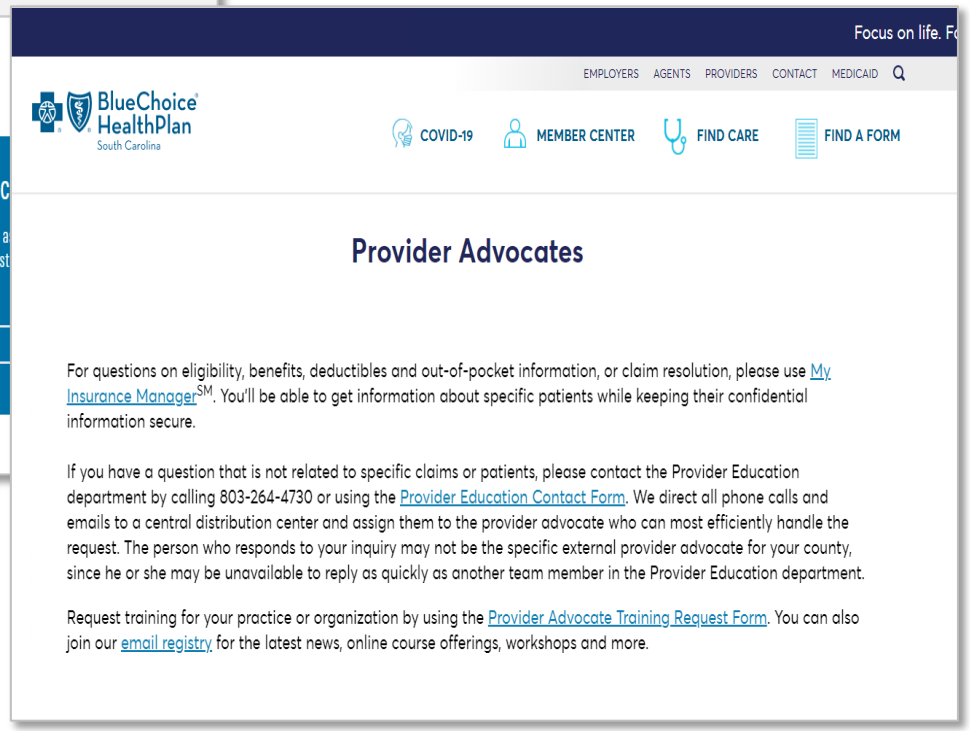


BlueChoiceSC.com

CONTACT US



SouthCarolinaBlues.com



BlueChoiceSC.com

MY INSURANCE MANAGER

OVERVIEW OF MY INSURANCE MANAGER

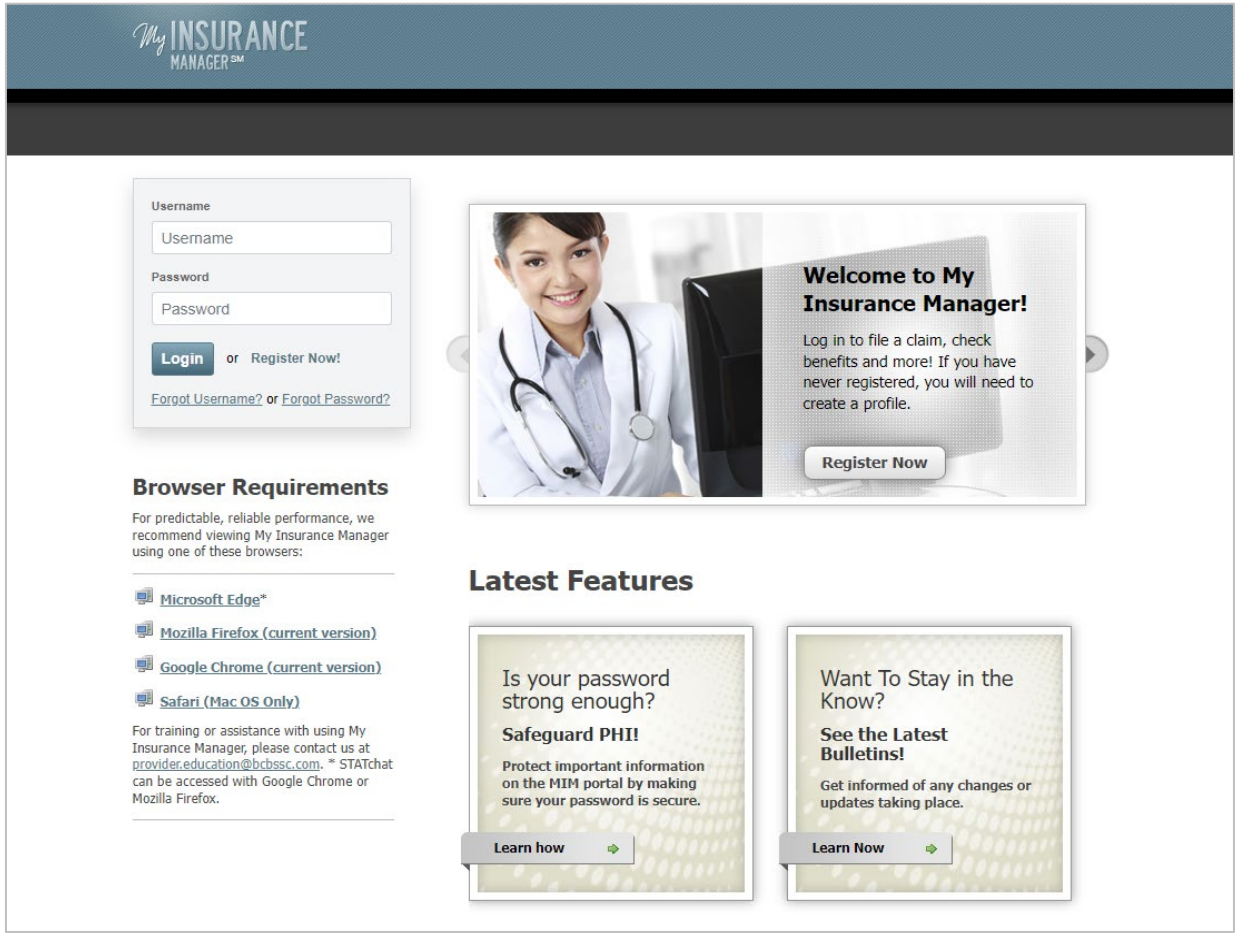
My Insurance Manager is a web-based tool that gives providers quick and easy access to patient information.

Use MIM to:

- Get eligibility and benefits.
- Access claims status.
- Request prior authorizations.
- And much more.

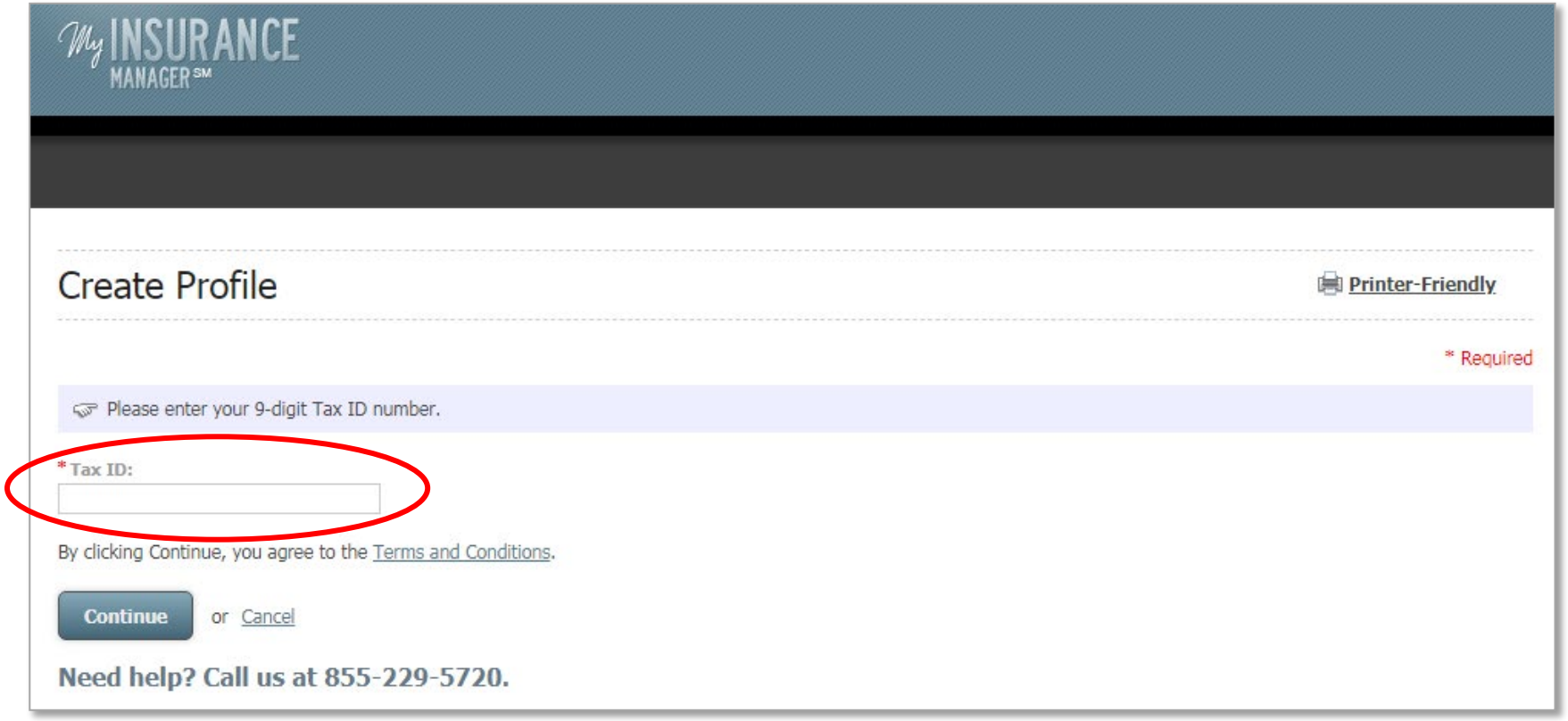
GETTING STARTED

- Visit one of the websites:
  - www.SouthCarolinaBlues.com
  - www.BlueChoiceSC.com
- Select the available link to My Insurance Manager.
- From the home page, select ***Register Now*** if you're a first-time user.



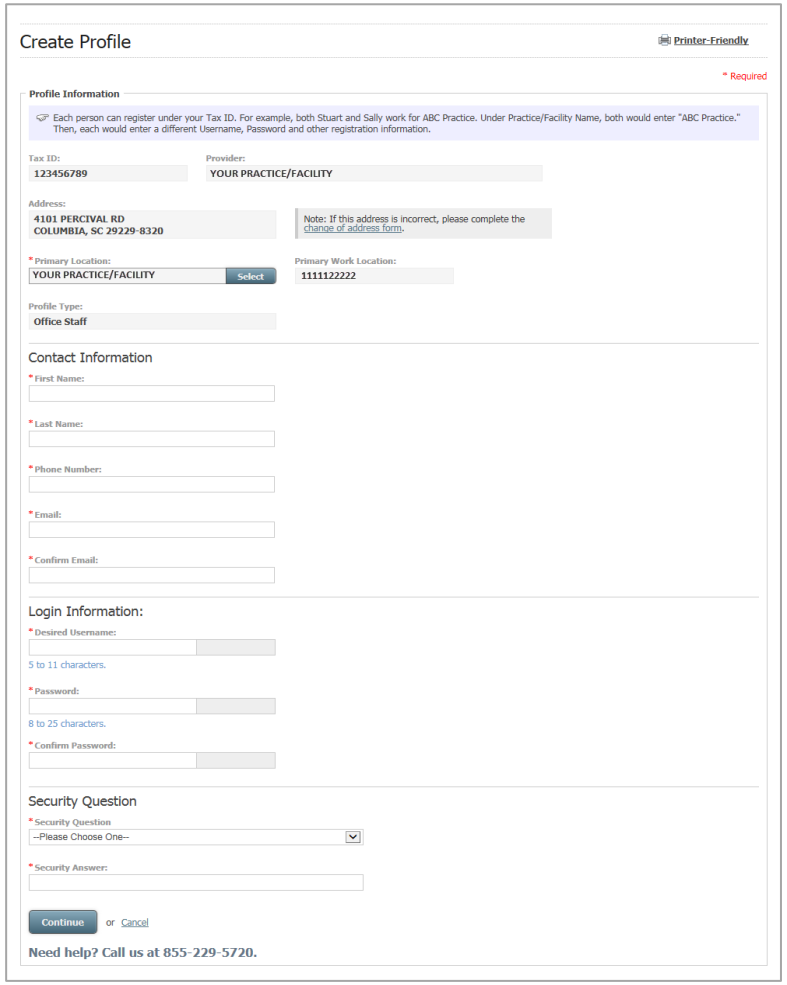
CREATING A PROFILE

When creating a profile, the 9-digit Tax ID must be entered. Select **Continue**.



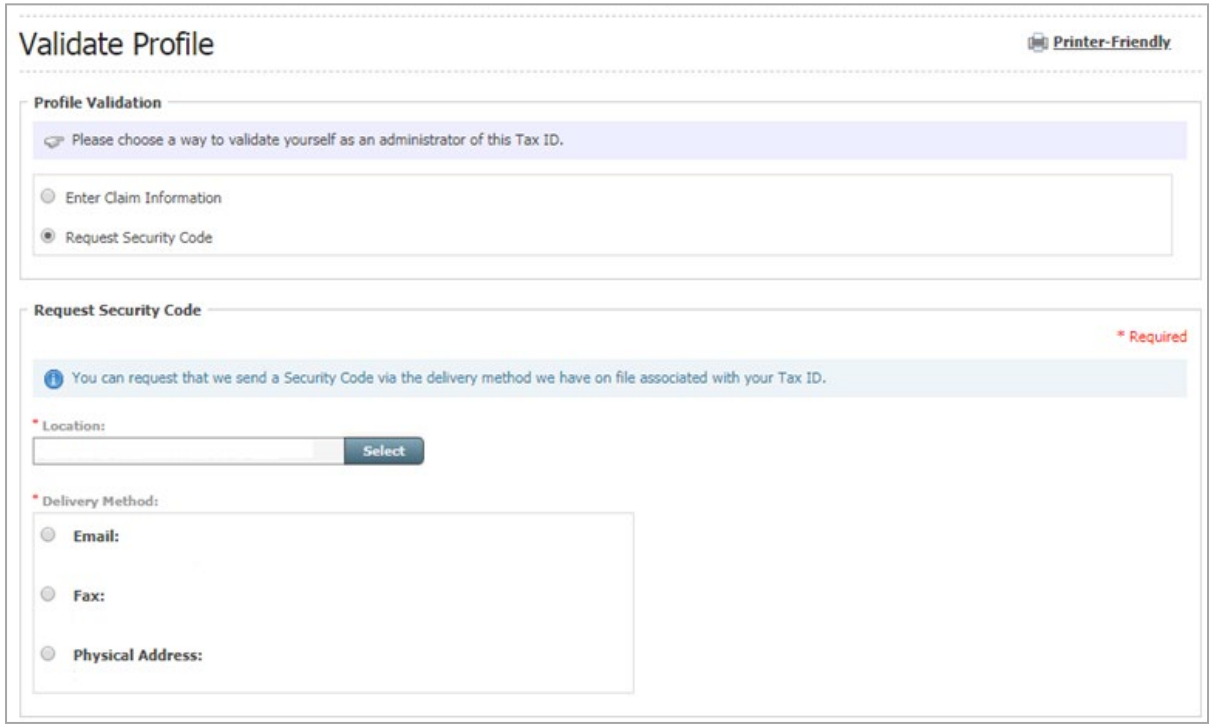
CREATING A PROFILE (CONTINUED)

- The information associated with the Tax ID entered will auto-populate.
  - If there are multiple locations associated with the provider's practice, they will be given the option to select the primary location.
- Enter the remaining contact and login information, along with selecting a security question.
- Select **Continue**.



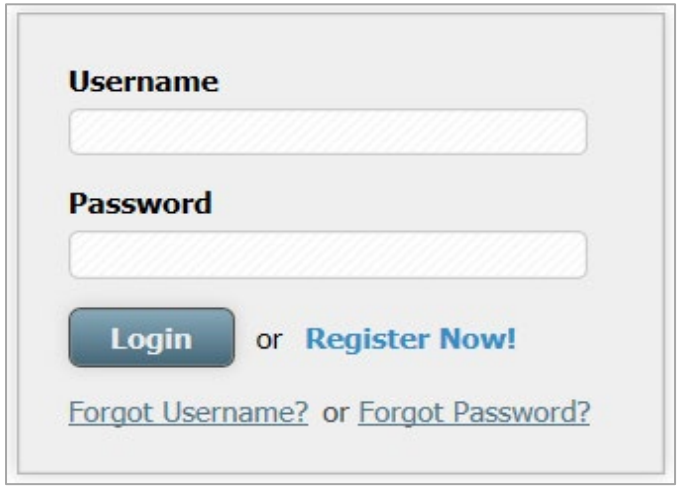
CREATING A PROFILE (CONTINUED)

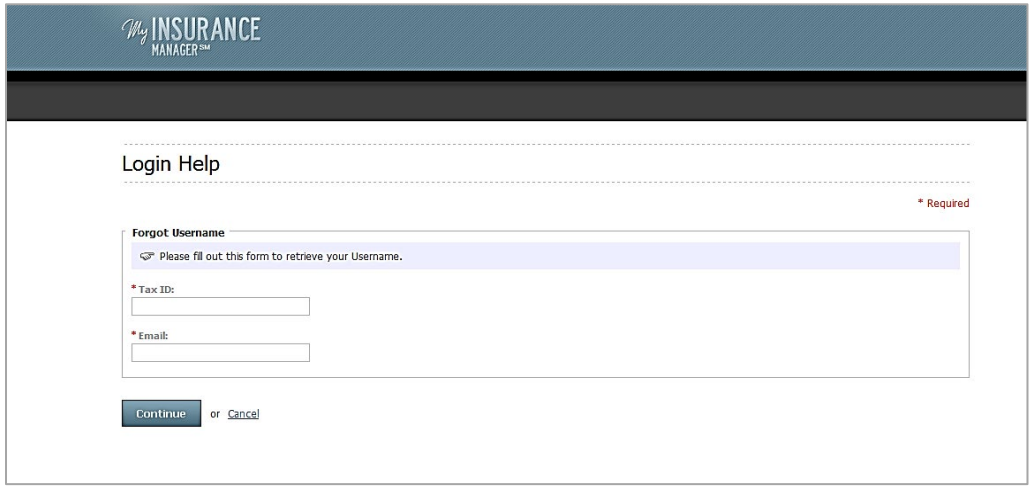
If registering as the administrator, validation must be made by selecting: **Enter Claim Information** or **Request Security Code**. Also, select the delivery method to receive the code.



LOG INTO MY INSURANCE MANAGER

- After completing registration, it can take up to two business days for the profile to be approved.
  - If the practice already has an established Profile Administrator, they can approve profiles immediately.
- When the profile is approved, use your username and password to log in.

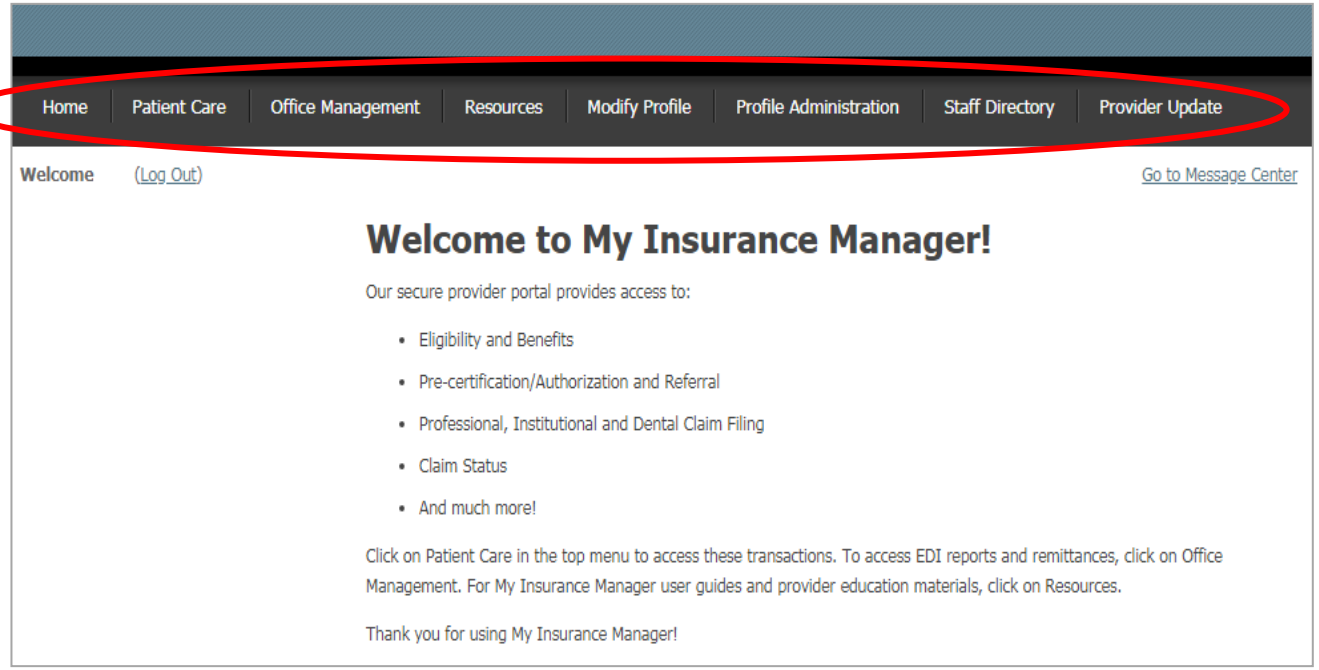




NAVIGATIONAL OPTIONS

The following administrative tabs will be located at the top of the homepage:

- Patient Care
- Office Management
- Resources
- Modify Profile
- Profile Administration
  - Only available for administrators
- Staff Directory
- Provider Update (M.D. Checkup)



PATIENT CARE

Patient Care is categorized by Health and Dental.

For both Health and Dental services, the following options include:

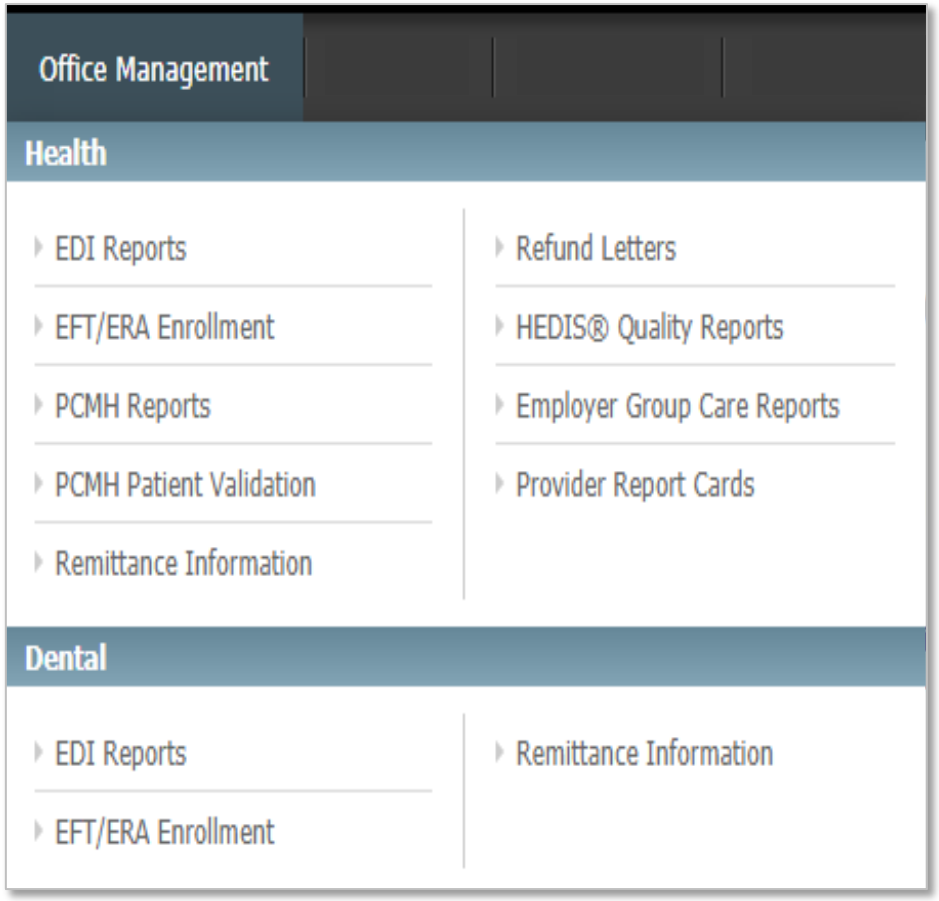
- View claims status
- Check eligibility and benefits
- Request prior authorizations
- and much more.

OFFICE MANAGEMENT

For both Health and Dental services, available options include EDI reports, enroll for EFT/ERA and view remittance information.

Additional options for Health services include:

- PCMH Reports/Patient Validation *
- Refund Letters
- HEDIS® Reports
- Employer Group Care Reports
- Provider Report Cards



***This report only applies and shows up for PCMH providers.**

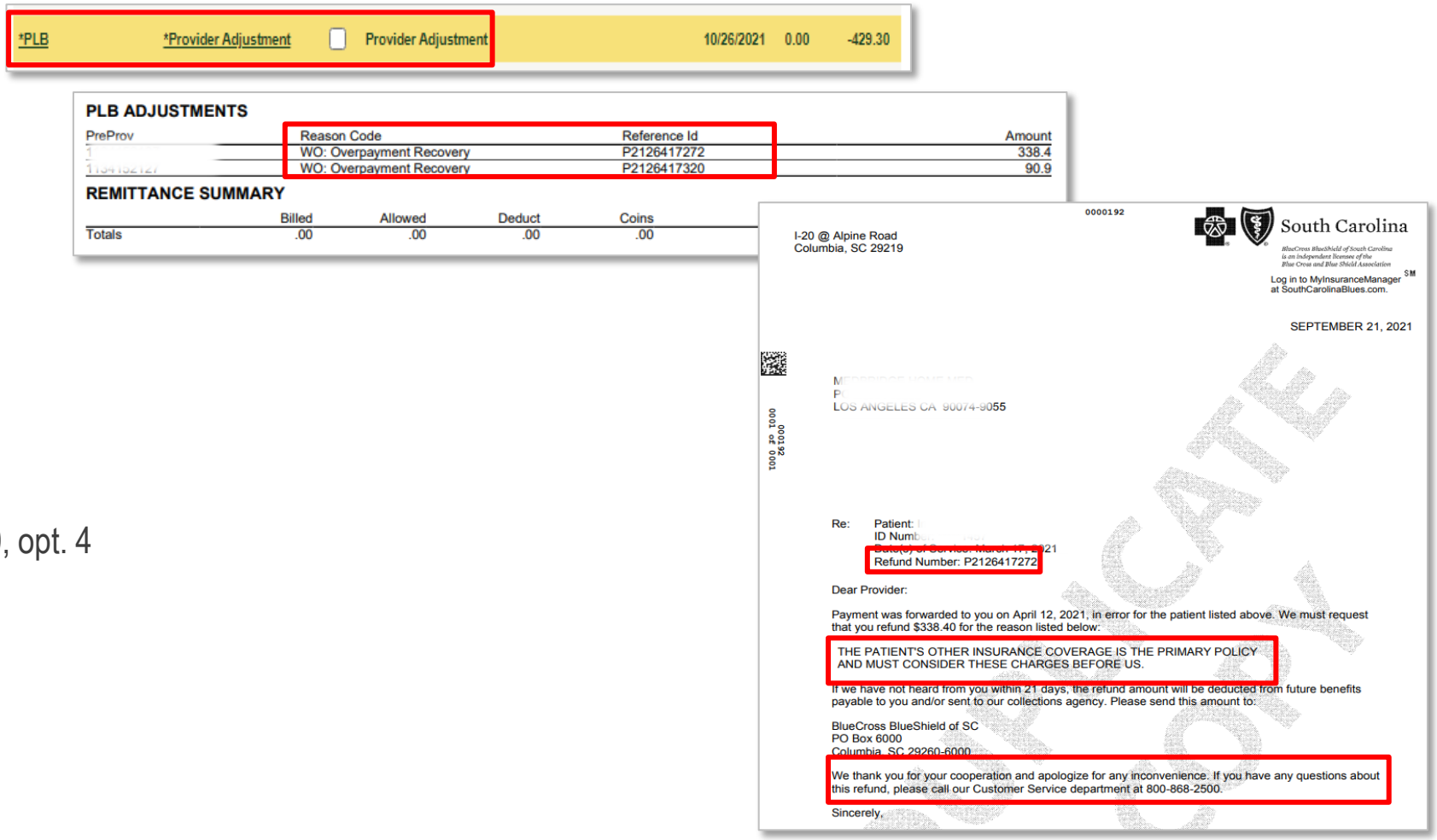
OFFICE MANAGEMENT – REFUND LETTERS

Refund letters include:

- Reason for the refund
- Refund control number (RCN)
- Claim details
- Patient details

For further questions:

- Call Provider Services: 800-868-2510, opt. 4



*PLB | *Provider Adjustment | Provider Adjustment | 10/26/2021 | 0.00 | -429.30

PLB ADJUSTMENTS

PreProv	Reason Code	Reference Id	Amount
	WO: Overpayment Recovery	P2126417272	338.4
	WO: Overpayment Recovery	P2126417320	90.9

REMITTANCE SUMMARY

	Billed	Allowed	Deduct	Coins
Totals	.00	.00	.00	.00

0000192

I-20 @ Alpine Road
Columbia, SC 29219

South Carolina

Log in to MyInsuranceManager at SouthCarolinaBlues.com.

SEPTEMBER 21, 2021

LOS ANGELES CA 90074-9055

Re: Patient:
ID Num:
Refund Number: P2126417272

Dear Provider:

Payment was forwarded to you on April 12, 2021, in error for the patient listed above. We must request that you refund $338.40 for the reason listed below:

THE PATIENT'S OTHER INSURANCE COVERAGE IS THE PRIMARY POLICY AND MUST CONSIDER THESE CHARGES BEFORE US.

If we have not heard from you within 21 days, the refund amount will be deducted from future benefits payable to you and/or sent to our collections agency. Please send this amount to:

BlueCross BlueShield of SC
PO Box 6000
Columbia, SC 29260-6000

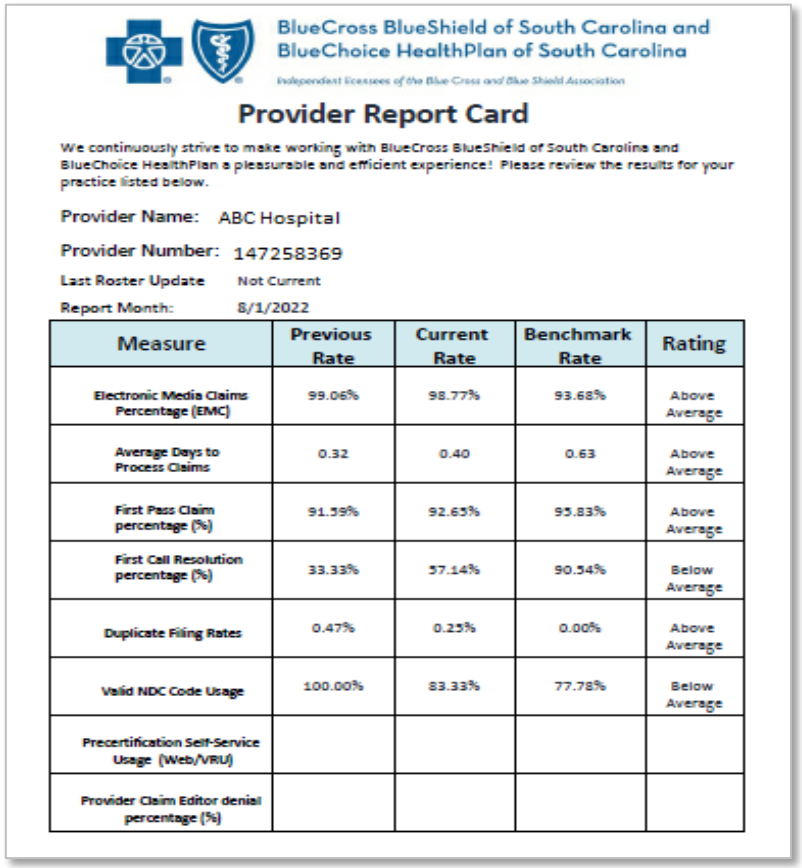
We thank you for your cooperation and apologize for any inconvenience. If you have any questions about this refund, please call our Customer Service department at 800-868-2500.

Sincerely,

OFFICE MANAGEMENT – PROVIDER REPORT CARDS

Provider Report Cards provide:

- Electronic Media Claims Percentages
- Average Days to Process Claims
- First Pass Claim Percentages
- First Call Resolution Percentages
- Duplicate Filing Rates
- Valid NDC Code Usage
- Precertification Self-Service Usage
- Provider Claim Editor Denial Percentage



BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Provider Report Card

We continuously strive to make working with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan a pleasurable and efficient experience! Please review the results for your practice listed below.

Provider Name: ABC Hospital

Provider Number: 147258369

Last Roster Update: Not Current

Report Month: 8/1/2022

Measure	Previous Rate	Current Rate	Benchmark Rate	Rating
Electronic Media Claims Percentage (EMC)	99.06%	98.77%	93.68%	Above Average
Average Days to Process Claims	0.32	0.40	0.63	Above Average
First Pass Claim percentage (%)	91.59%	92.65%	95.83%	Above Average
First Call Resolution percentage (%)	33.33%	57.14%	90.54%	Below Average
Duplicate Filing Rates	0.47%	0.25%	0.00%	Above Average
Valid NDC Code Usage	100.00%	83.33%	77.78%	Below Average
Precertification Self-Service Usage (Web/VRU)				
Provider Claim Editor denial percentage (%)				

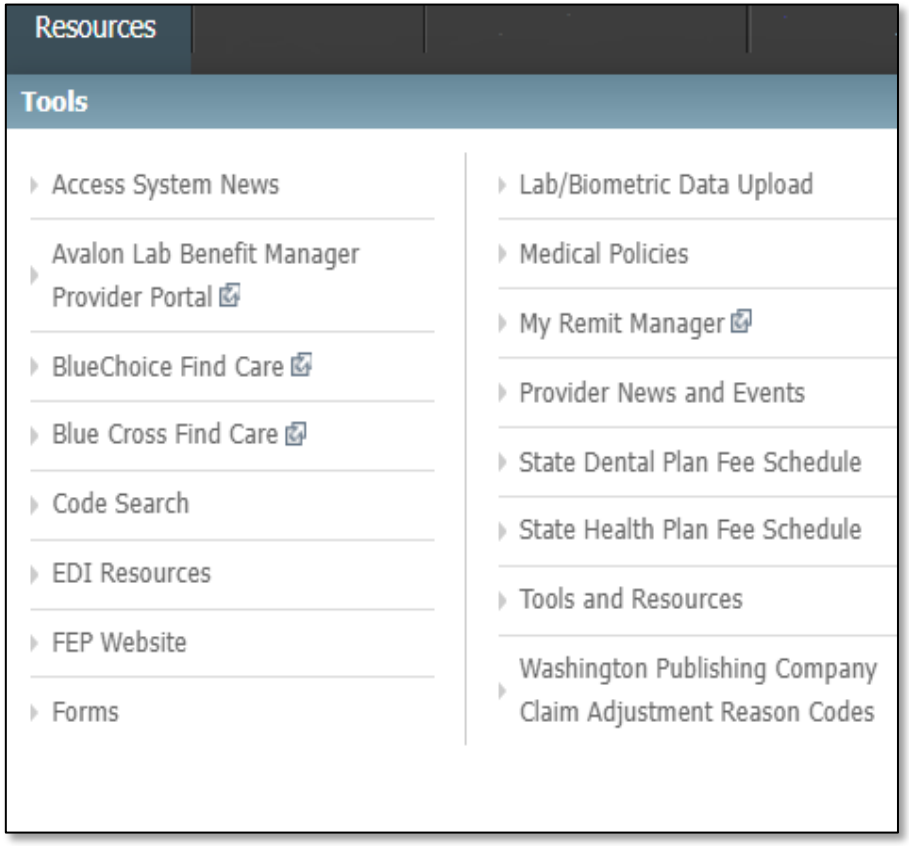
Note: Empty fields indicate there was no data available for the measure during that period.

RESOURCES

Resources provides beneficial information, some of which may route to a separate website.

Most used resources include:

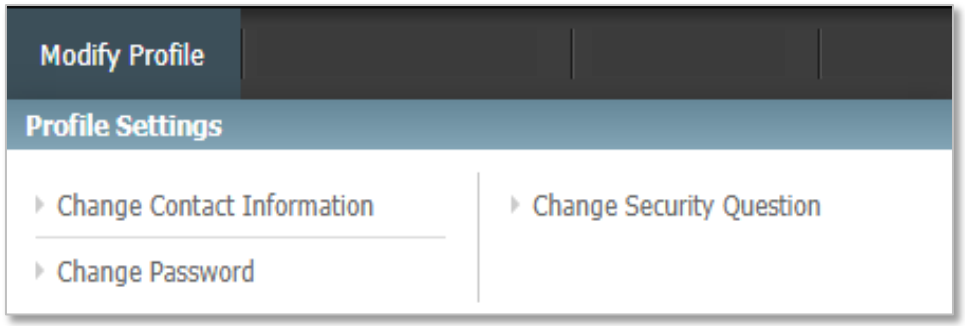
- Avalon Lab Benefit Manager Provider Portal
- Medical Policies
- My Remit Manager



MODIFY PROFILE

If changes are needed to your profile, simply look under Modify Profile. Options include:

- Change Contact Information
- Change Password
- Change Security Question

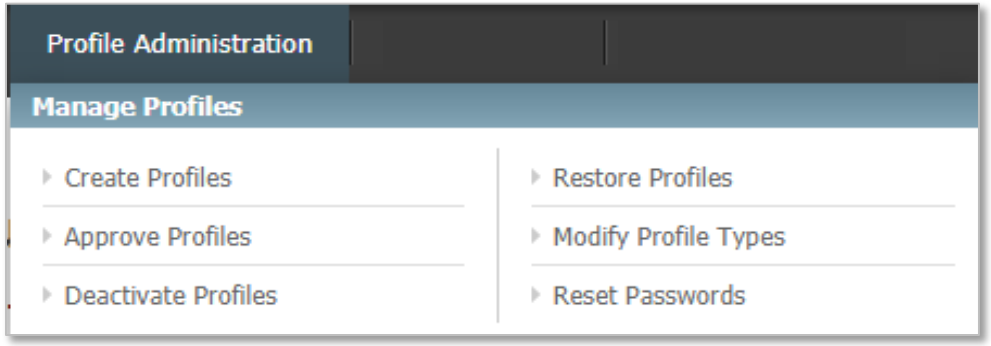


PROFILE ADMINISTRATION

Profile Administration is available for the administrator(s) for the practice to:

- Create Profiles
- Approve Profiles
- Deactivate Profiles
- Restore Profiles
- Modify Profile Types
- Reset Passwords

Only available for Profile Administrators.



Note: If someone no longer works at your practice, deactivate their profile. Also, if you are the profile administrator and plan to leave, make someone else the profile administrator.

STAFF DIRECTORY AND PROVIDER UPDATE

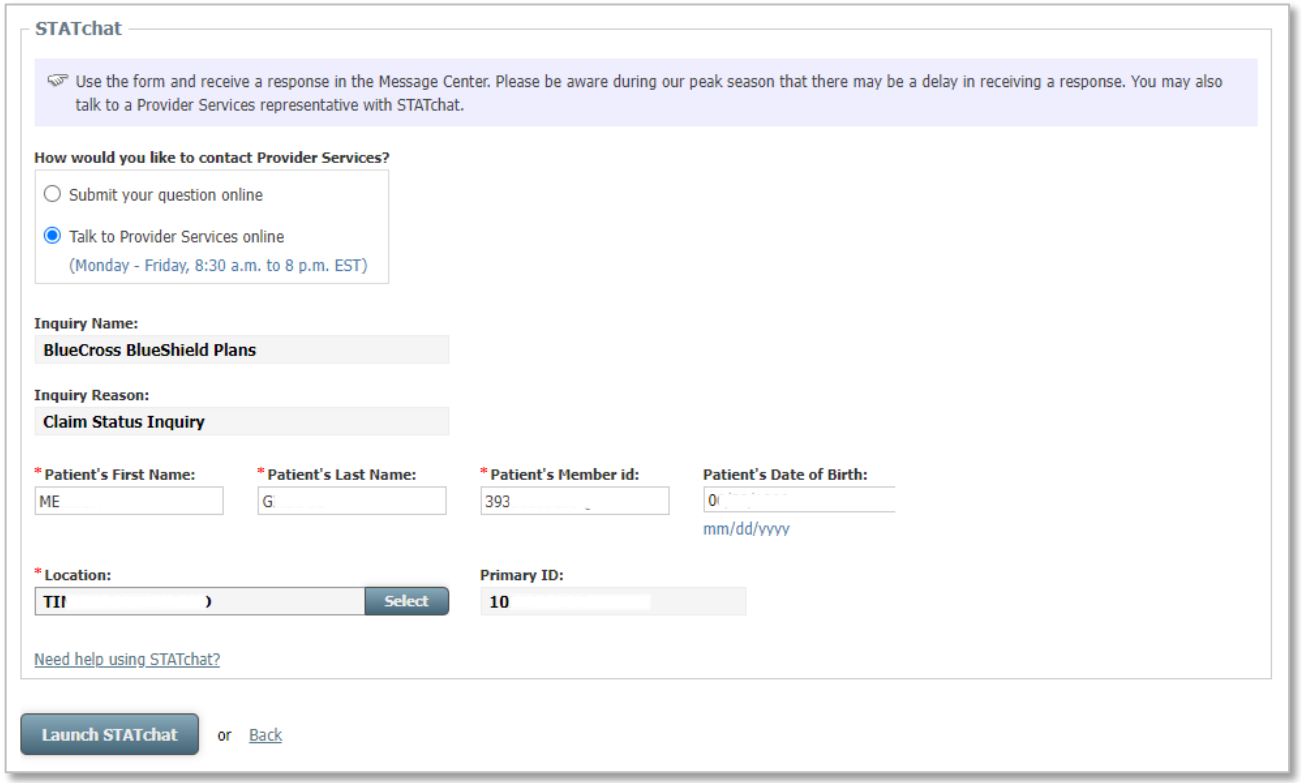
- Staff Directory provides a list of profiles associated with the Tax ID in MIM.
- Provider Update (M.D. Checkup) allows updates or validations to be made to the demographic information we have in the Provider Directory.
  - As of Jan. 1, 2022, this is required at least **every 90 days**, as part of the Consolidated Appropriations Act (CAA).
    - Locations are suppressed if validations are not made.

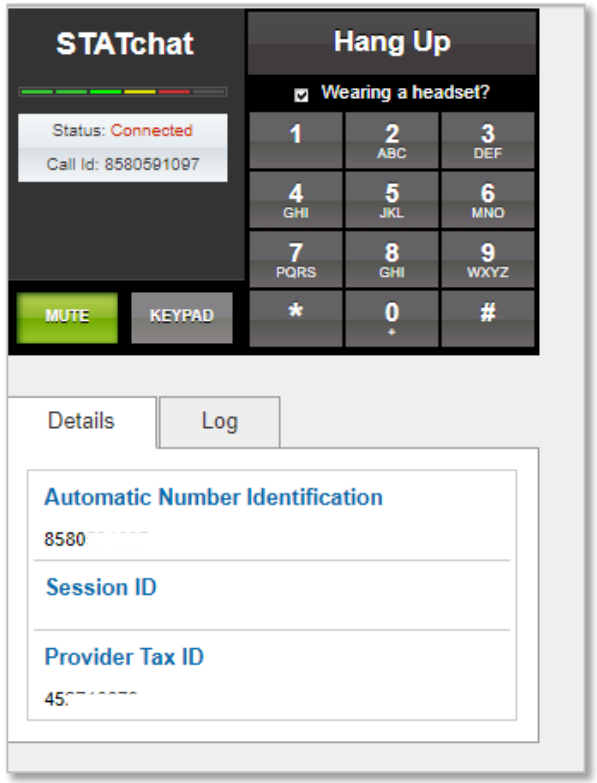
TROUBLESHOOTING TIPS

- Complete the registration process to avoid limited access features.
  - If credentialing is pending, be sure to wait until you receive confirmation that it is completed.
- Be sure to use one of the recommended browsers:
  - Internet Explorer (IE) 10 or higher
  - Mozilla Firefox
  - Google Chrome
  - Safari
- On Sundays from 5 p.m. to midnight EST, MIM is unavailable for maintenance.
- For technical issues, call Technical Support at 855-229-5720.

STATCHAT

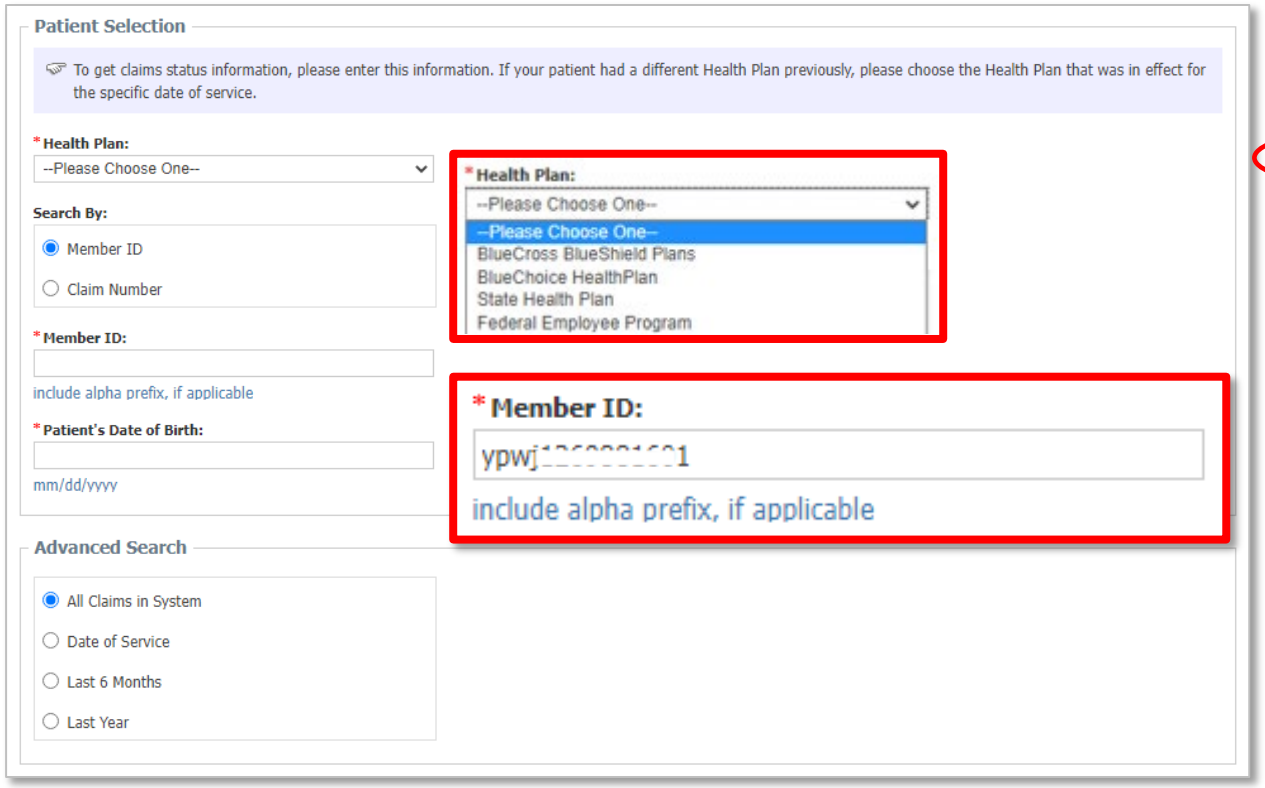
Allows providers speak to a Provider Services advocate through their computer, using an internet connection.

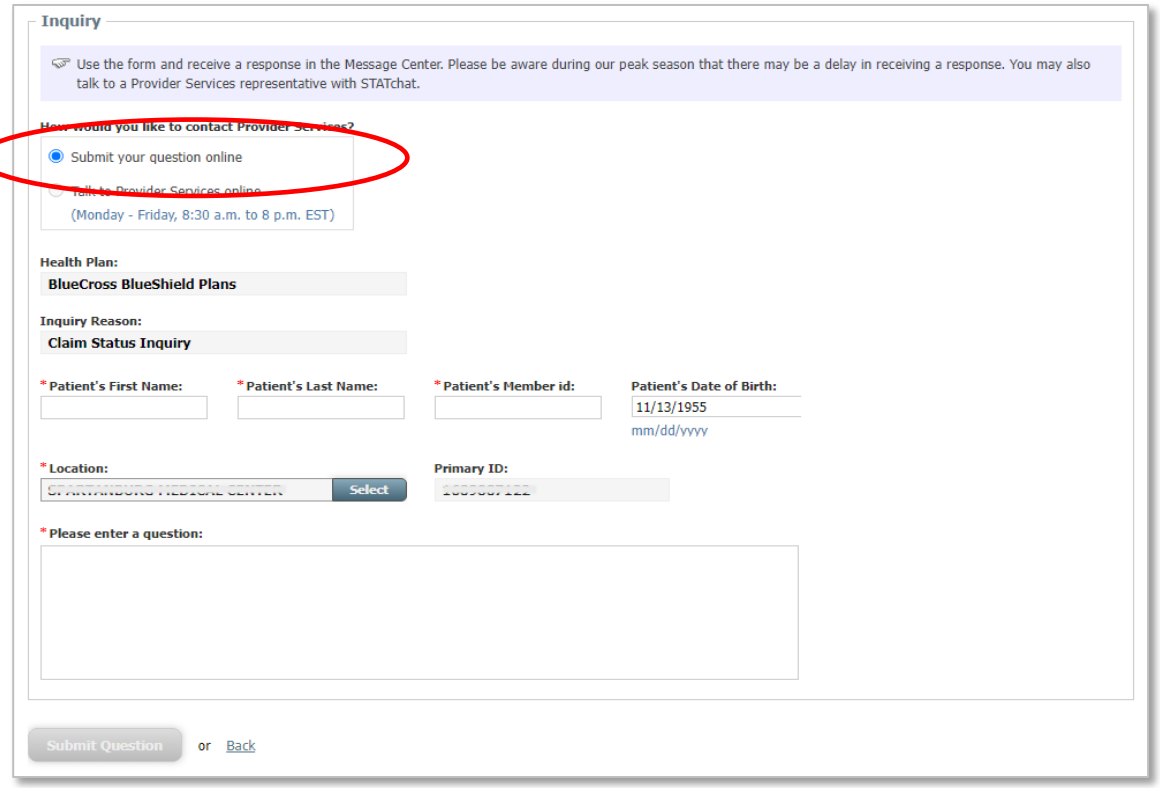




ASK PROVIDER SERVICES

Offers providers a way to submit secured web inquiries for assistance with claims.

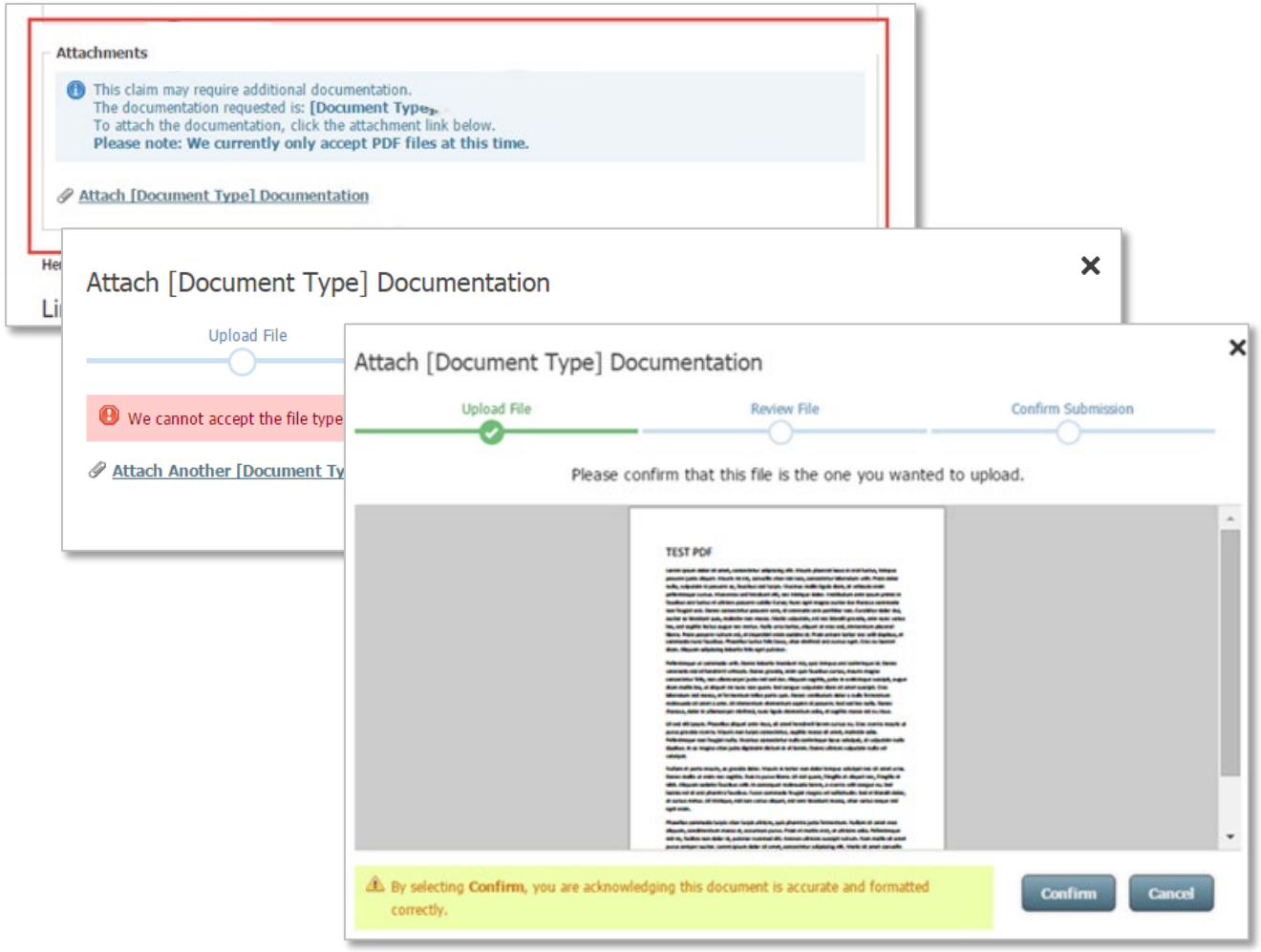




CLAIM ATTACHMENTS

Allows providers to upload clinical information directly to their claim for the following requests:

- Accident questionnaire
- Certificate of medical necessity (for durable medical equipment)
- Medical records
- Other health insurance
- Primary carrier explanation of benefits
- Provider reconsideration



MY REMIT MANAGER

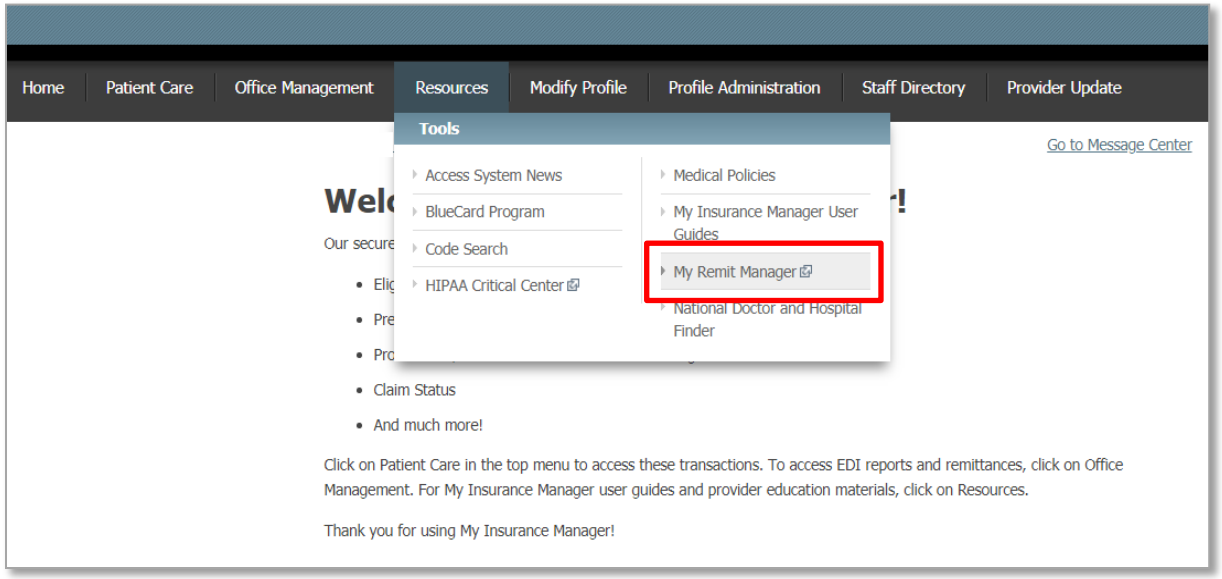
OVERVIEW OF MY REMIT MANAGER

Web-based tool used to track payments and pull electronic remittance advices.

Use My Remit Manager to:

- View electronic remittance advices.
- View information categorized by check number or patient.
- Print individual remittances by patient or group.

AVAILABLE OPTIONS TO ACCESS MY REMIT MANAGER

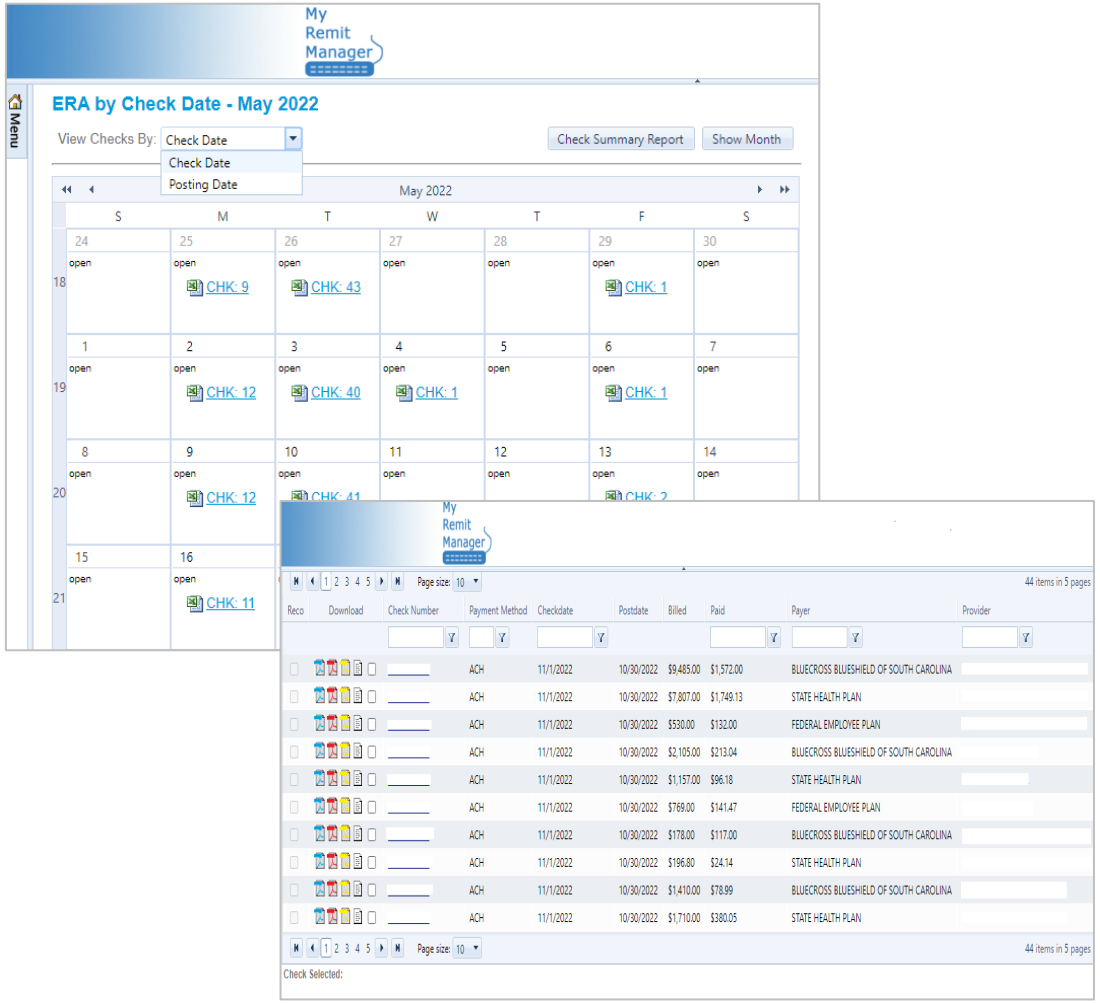


Within My Insurance Manager

External My Insurance Manager

MY REMIT MANAGER THROUGH MY INSURANCE MANAGER

- Sort and view checks by the check date or posting date
- Select the Adobe icon to view the Remit
- Select the check number to view
  - Members associated with the check
  - Date of service
  - Processed status (paid or denied)
  - Amount billed and paid

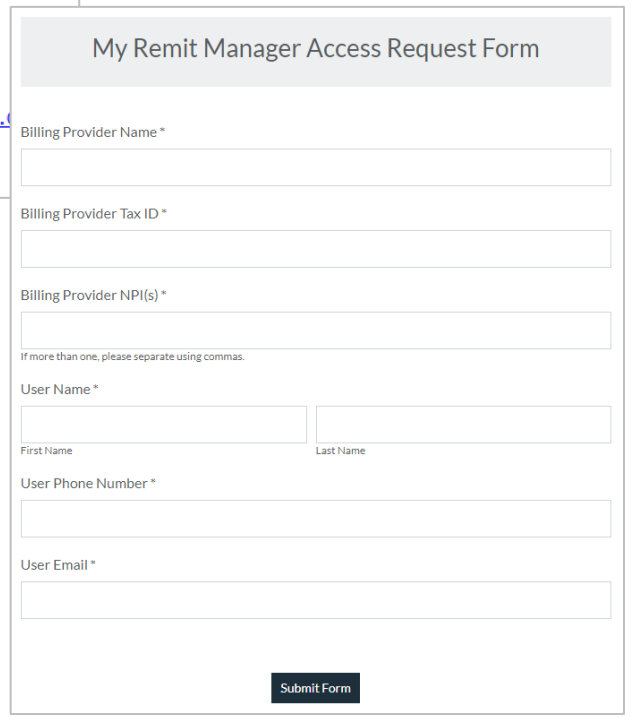


EXTERNAL VERSION OF MY REMIT MANAGER

- Link: https://client.webclaims.com/v07_03/
- To sign up or for password resets, email EDI.Services@bcbssc.com.
  - The MRM Access Request Form can also be completed, which is located on www.SouthCarolinaBlues.com.

  Providers>Tools and Resources>My Remit Manager

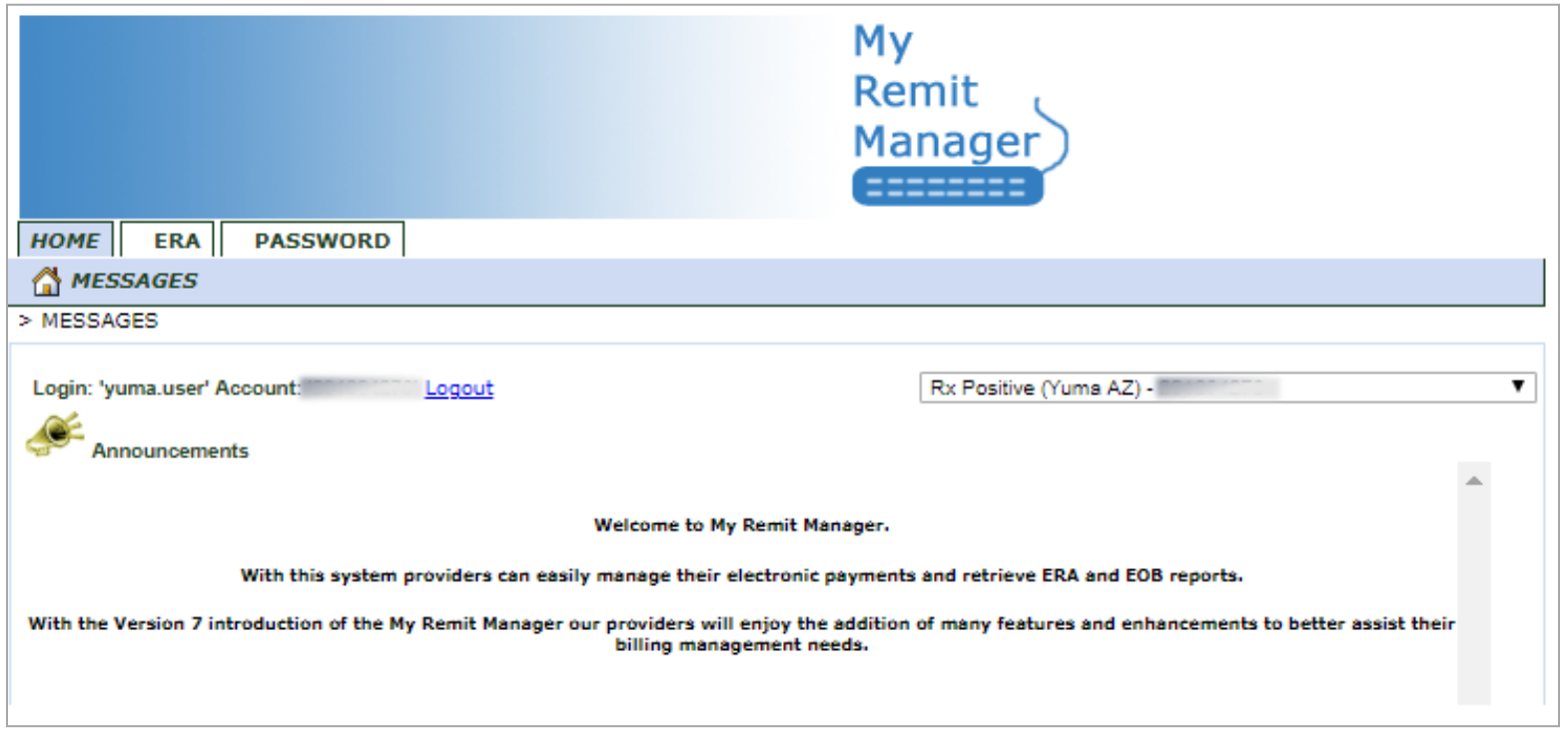
- New registrants will receive their username and password, along with instructions via email.



WHAT YOU SEE IN THE EXTERNAL VERSION OF MY REMIT MANAGER

What You Will See

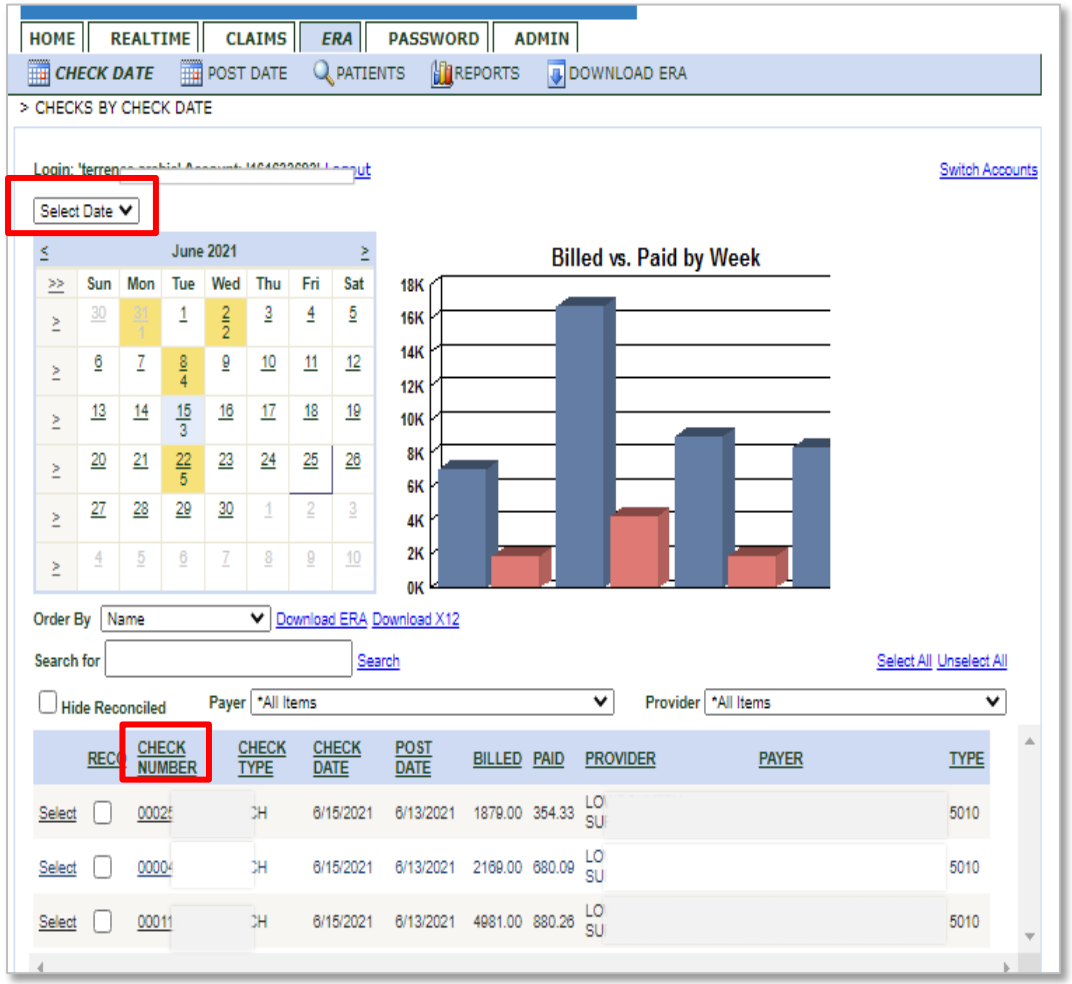
Click the ERA tab to view check and remittance information.



ERA TAB IN THE EXTERNAL VERSION OF MY REMIT MANAGER

ERA Tab – Check Date

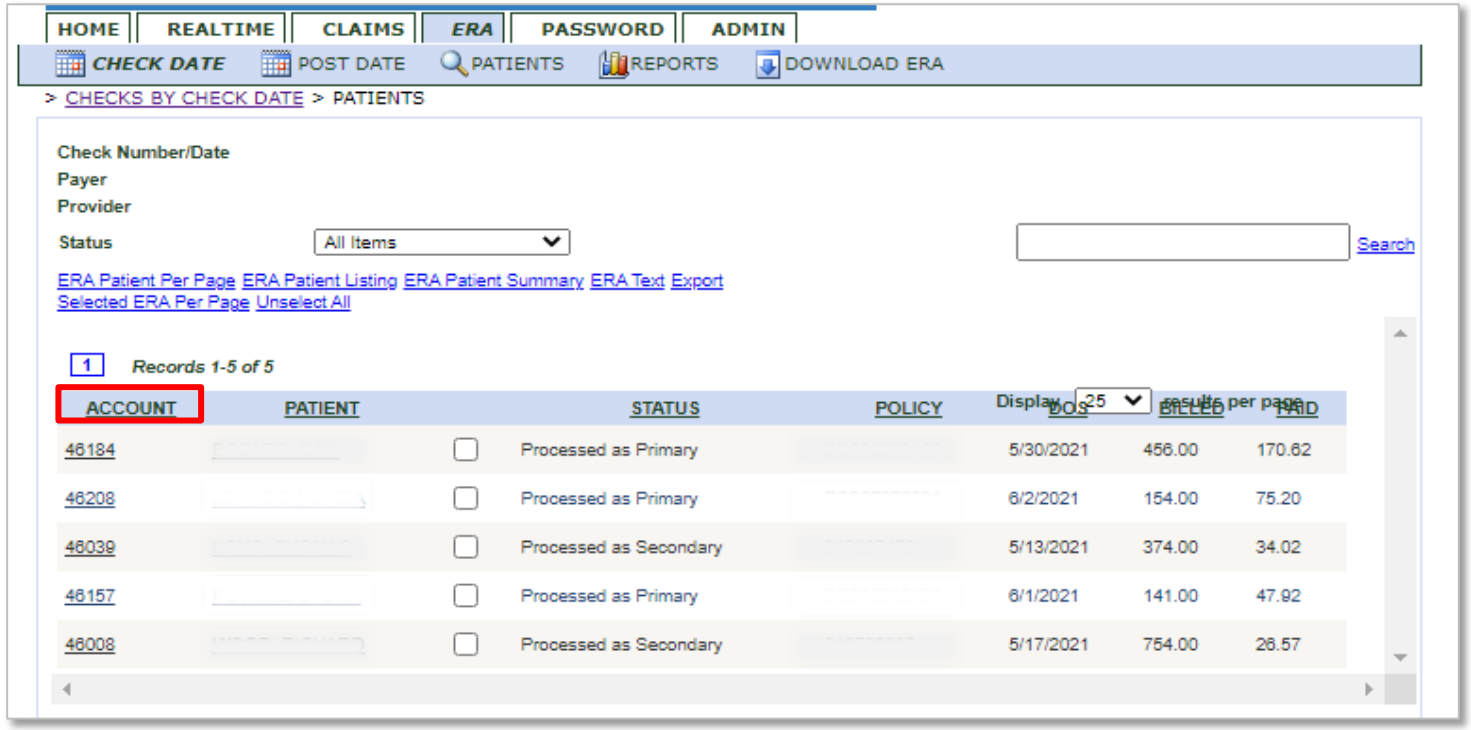
- Select the date of the remittance needed.
- Select the associated check number.



MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER (CONTINUED)

ERA Tab – Check Date (Continued)

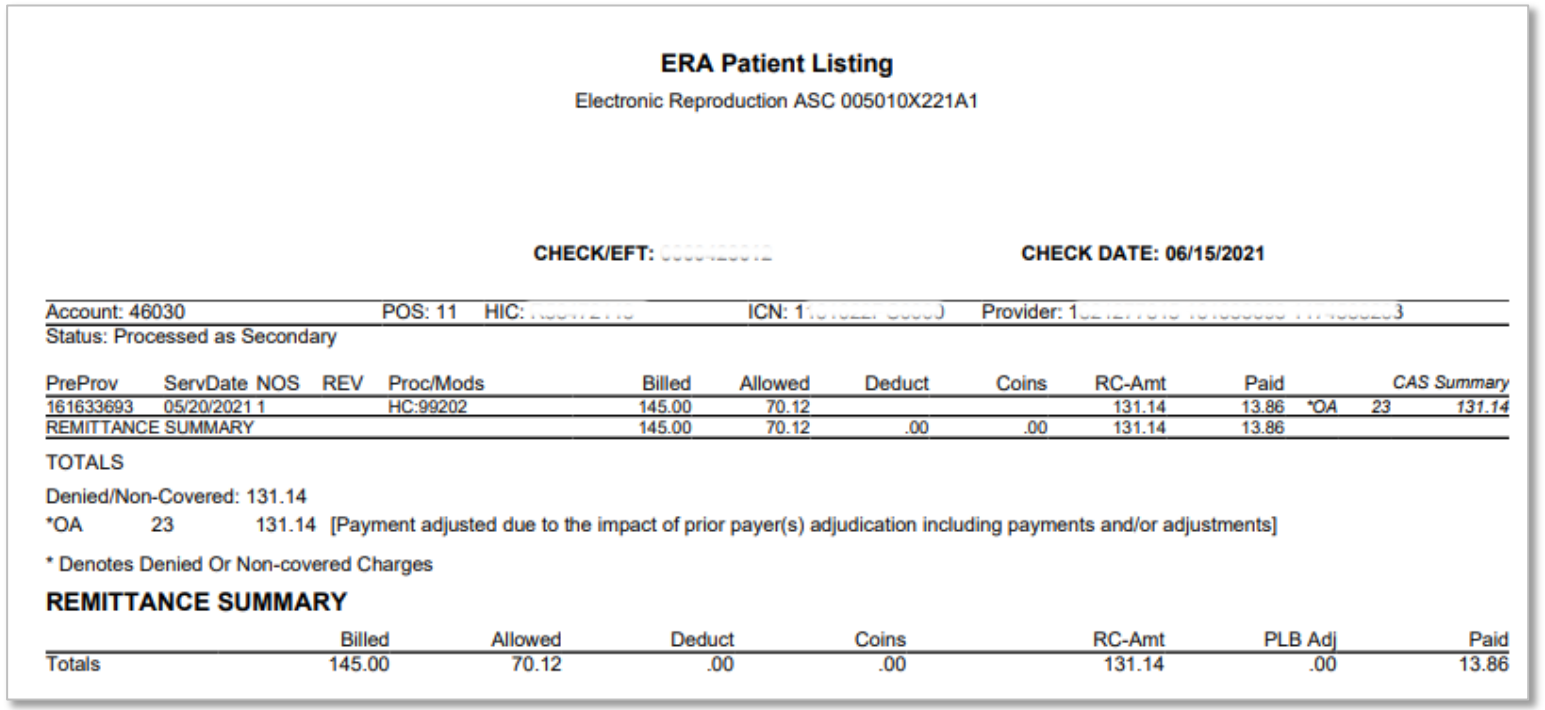
Select the account of the patient.



REMIT EXAMPLE IN EXTERNAL MY REMIT MANAGER

Remittance

Below is an example of how the remittance will pull.



ERA Patient Listing

Electronic Reproduction ASC 005010X221A1

CHECK/EFT: **CHECK DATE: 06/15/2021**

Account: 46030 POS: 11 HIC: ICN: Provider:

Status: Processed as Secondary

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid			*CAS Summary*
161633693	05/20/2021	1		HC:99202	145.00	70.12			131.14	13.86	*OA	23	131.14
REMITTANCE SUMMARY					145.00	70.12	.00	.00	131.14	13.86			

TOTALS

Denied/Non-Covered: 131.14

*OA 23 131.14 [Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments]

* Denotes Denied Or Non-covered Charges

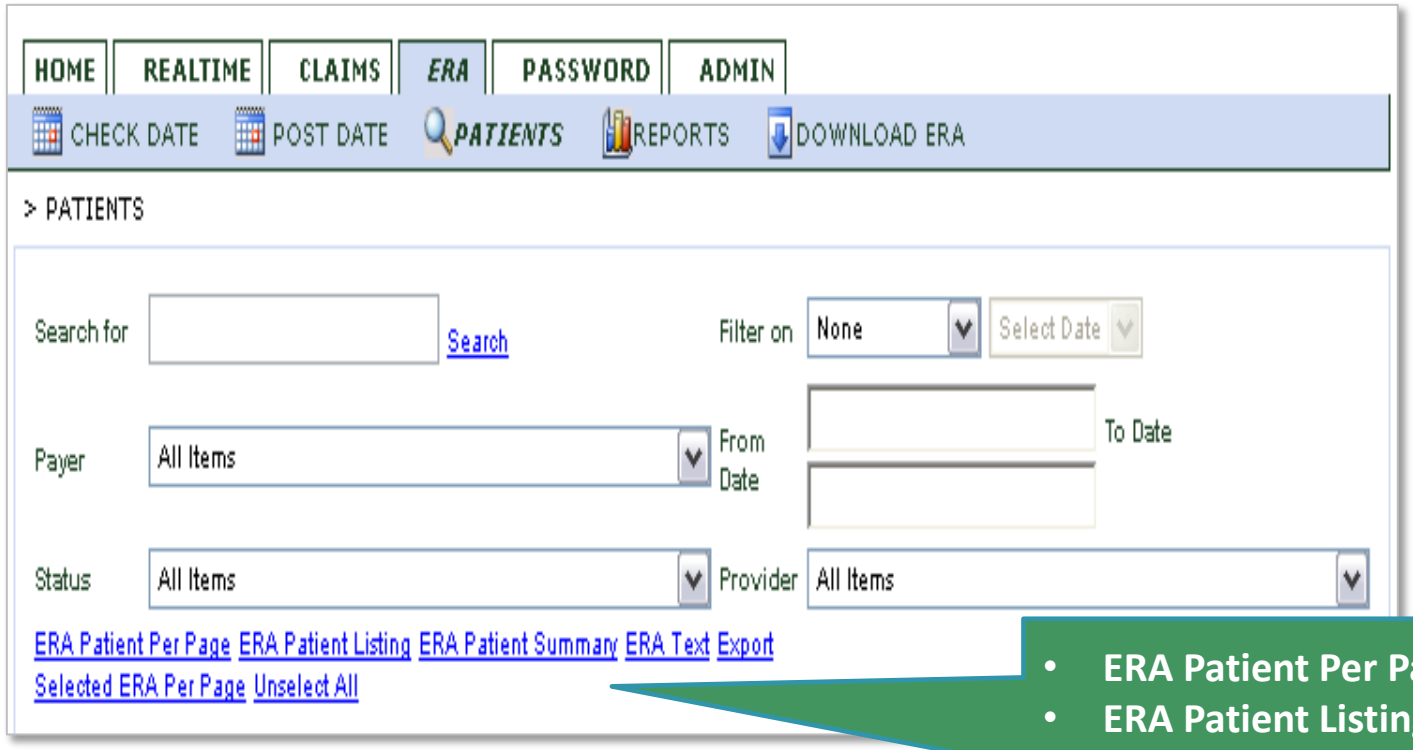
REMITTANCE SUMMARY

	Billed	Allowed	Deduct	Coins	RC-Amt	PLB Adj	Paid
Totals	145.00	70.12	.00	.00	131.14	.00	13.86

PULLING REPORTS IN EXTERNAL MY REMIT MANAGER

ERA Tab – Patient Search

- Enter the patient's name in last Name, first Name format.



- **ERA Patient Per Page**
- **ERA Patient Listing**
- **ERA Patient Summary**
- **ERA Text**
- **Export Selected ERA Per Page**
- **Unselect All**

M.D. CHECKUP

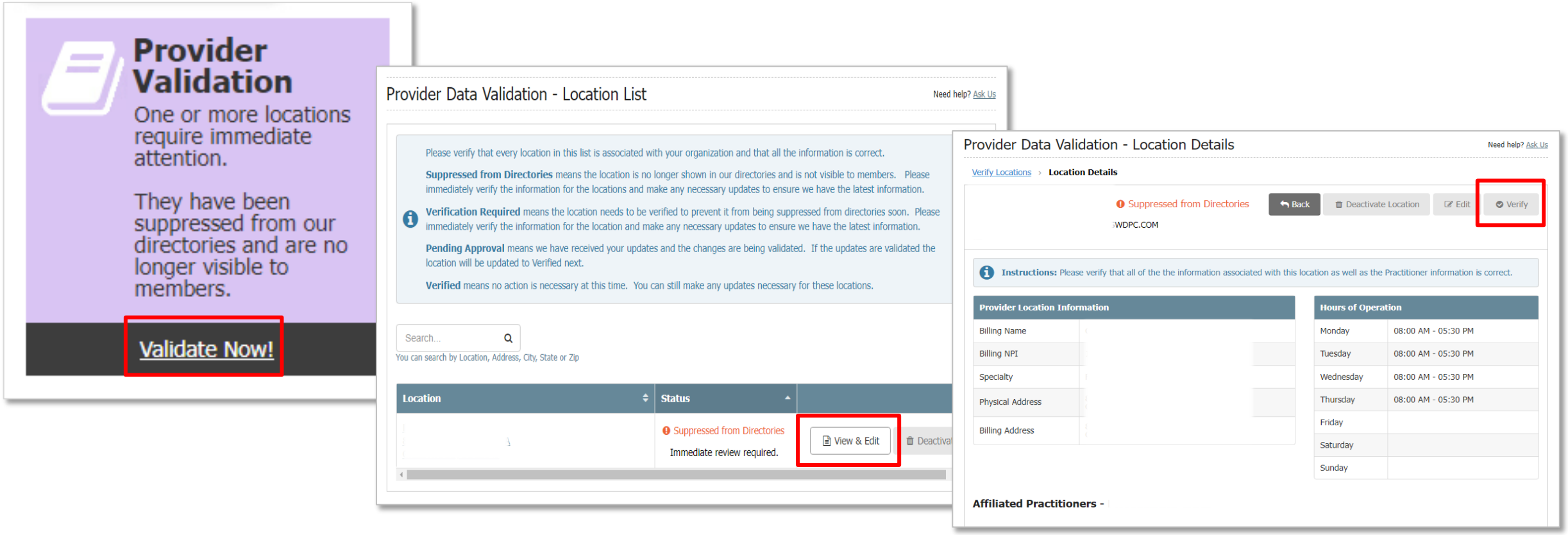
OVERVIEW OF M.D. CHECKUP

M.D. Checkup is a web-based tool that lets providers update certain demographic updates for their practice.

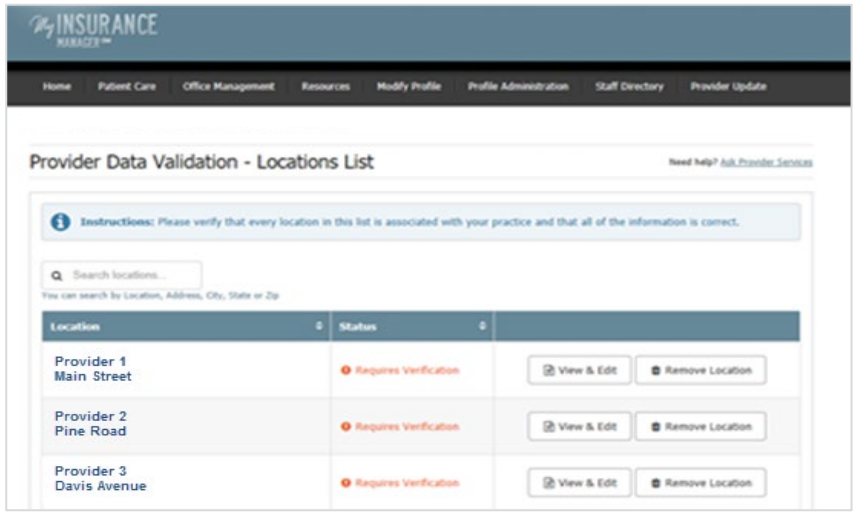
Use M.D. Checkup to:

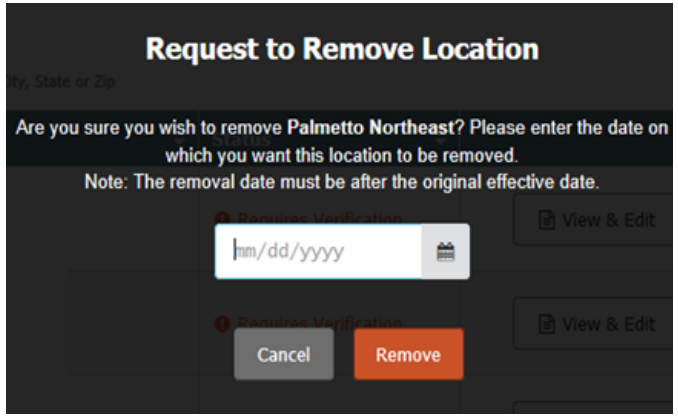
- Update the business name.
- Change the address of the practice.
- Add or terminate a location.
- Add or terminate a provider affiliation.
  - This can only be done if the provider is already enrolled and associated with the base tax identification number.

PROVIDER DIRECTORY VALIDATION



REMOVING (CLOSING) LOCATIONS





Providers SHOULD NOT use this function to remove a location from their VIEW!

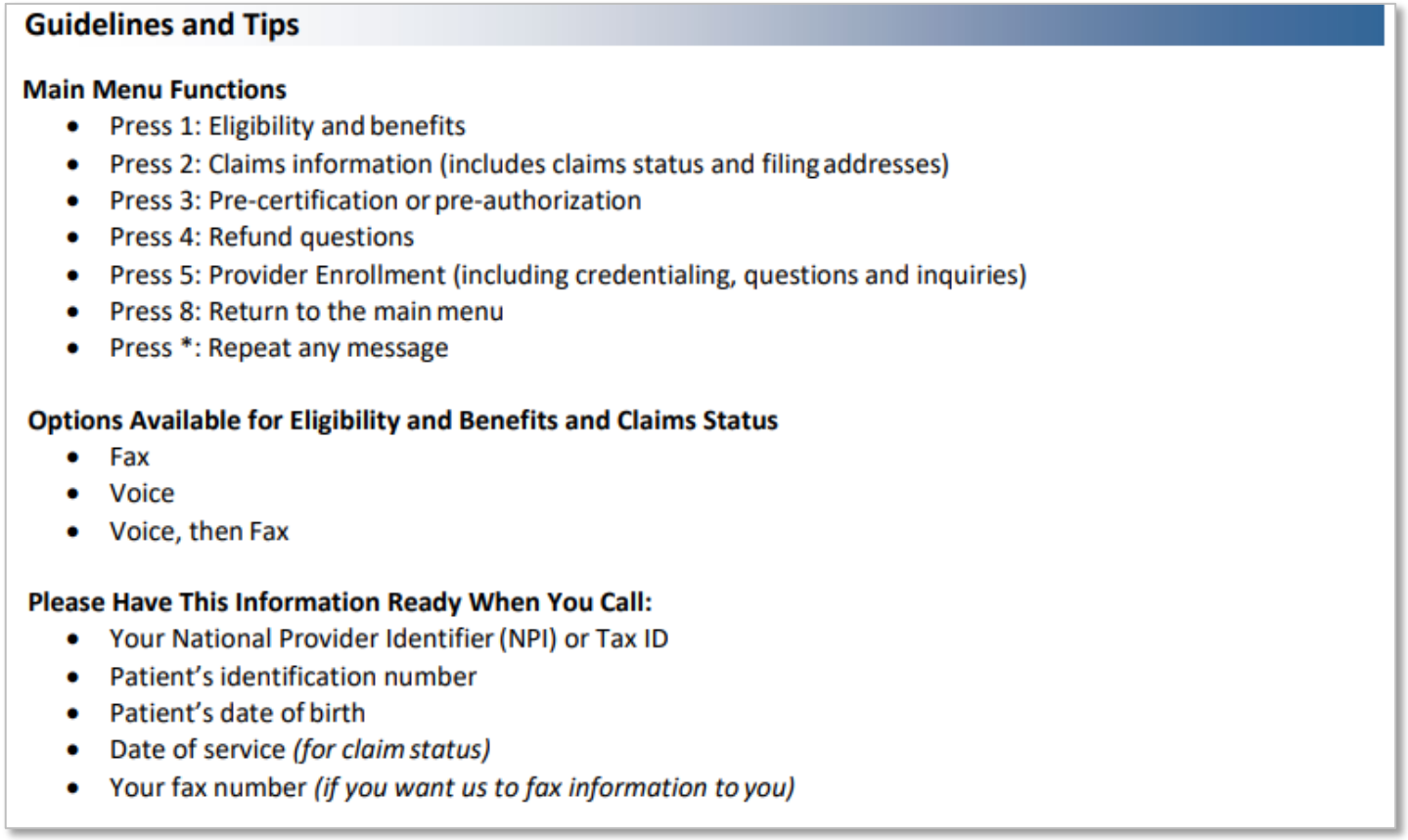
VOICE RESPONSE UNIT

OVERVIEW OF THE VOICE RESPONSE UNIT (VRU)

The VRU is a fully automated tool that offers quick and easy information over the phone.

Use the VRU to:

- Check eligibility and benefits.
- Obtain effective dates.
- Receive group numbers.
- Retrieve claims status.
- Get authorization details.
- Recoupments / Refunds Details



Guidelines and Tips

Main Menu Functions

- Press 1: Eligibility and benefits
- Press 2: Claims information (includes claims status and filing addresses)
- Press 3: Pre-certification or pre-authorization
- Press 4: Refund questions
- Press 5: Provider Enrollment (including credentialing, questions and inquiries)
- Press 8: Return to the main menu
- Press *: Repeat any message

Options Available for Eligibility and Benefits and Claims Status

- Fax
- Voice
- Voice, then Fax

Please Have This Information Ready When You Call:

- Your National Provider Identifier (NPI) or Tax ID
- Patient's identification number
- Patient's date of birth
- Date of service *(for claim status)*
- Your fax number *(if you want us to fax information to you)*

HOW TO REACH THE VRU

- **Call one of the following numbers to use the voice response unit:**
  - Columbia or Lexington: 803-788-8562
  - Other locations in South Carolina: 800-868-2510
  - Outside of South Carolina: 800-334-2583
  - BlueChoice® HealthPlan:800-868-2528
  - State Health Plan: 800-444-4311
  - Federal Employee Program: 888-930-2345
  - BlueCard Eligibility: 800-676-BLUE (2583)
- **Be sure to have the following information ready:**
  - Your Tax ID or NPI
  - Patient identification number (including the prefix)
  - Patient’s date of birth
  - Date of service (if related to claims)

THANK YOU