



# Back To Basics

2024 ANNUAL PROVIDER SUMMIT



South Carolina

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

# Provider Relations and Education – Mission Statement

Provider Education and Relations' mission is to serve as liaisons between BlueCross BlueShield of South Carolina, BlueChoice HealthPlan, Healthy Blue<sup>SM</sup> and the health care community to promote positive relationships through continued education and problem resolution.

# Provider Relations and Education — Commercial Territory Map


## Commercial Consultants


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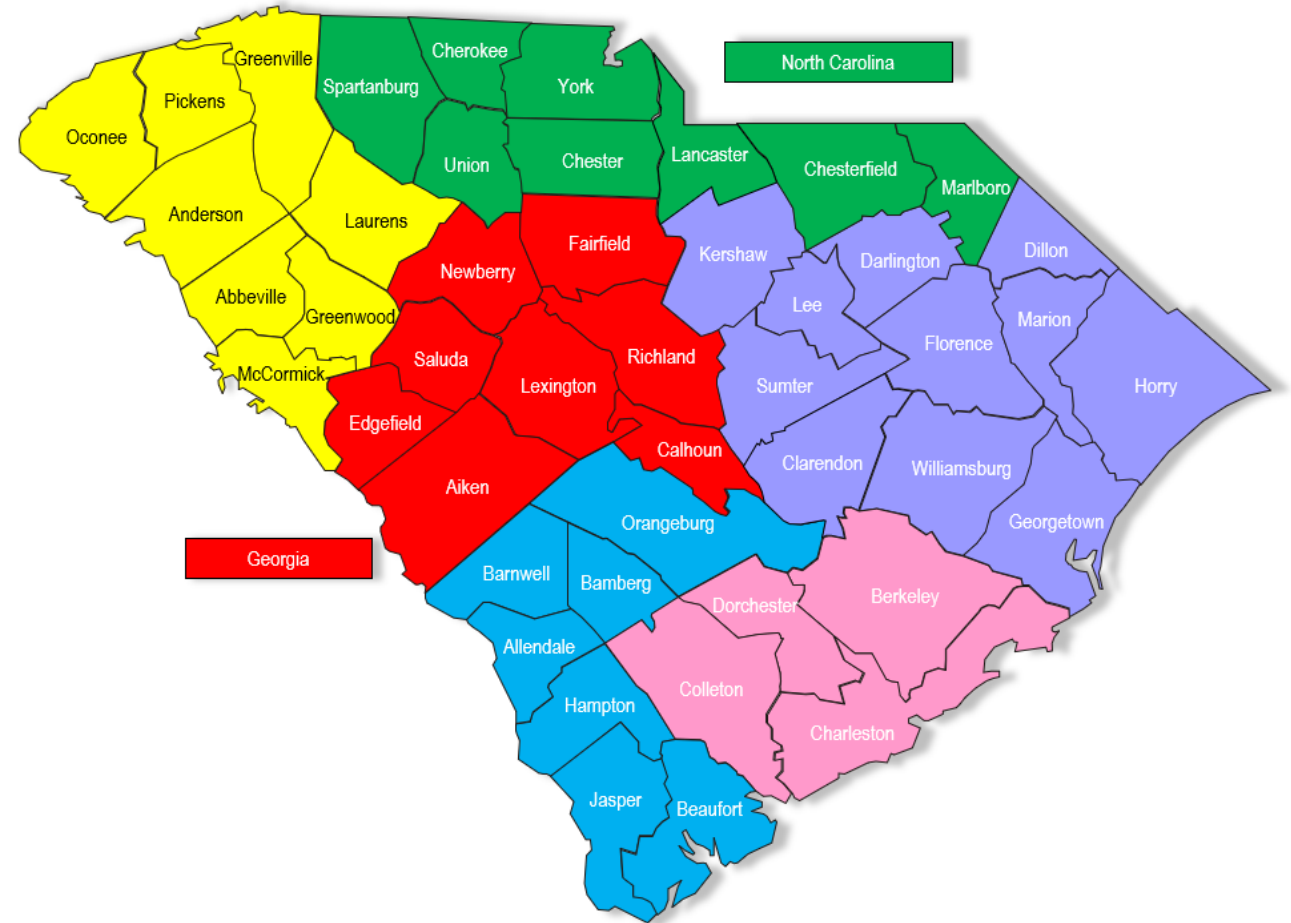
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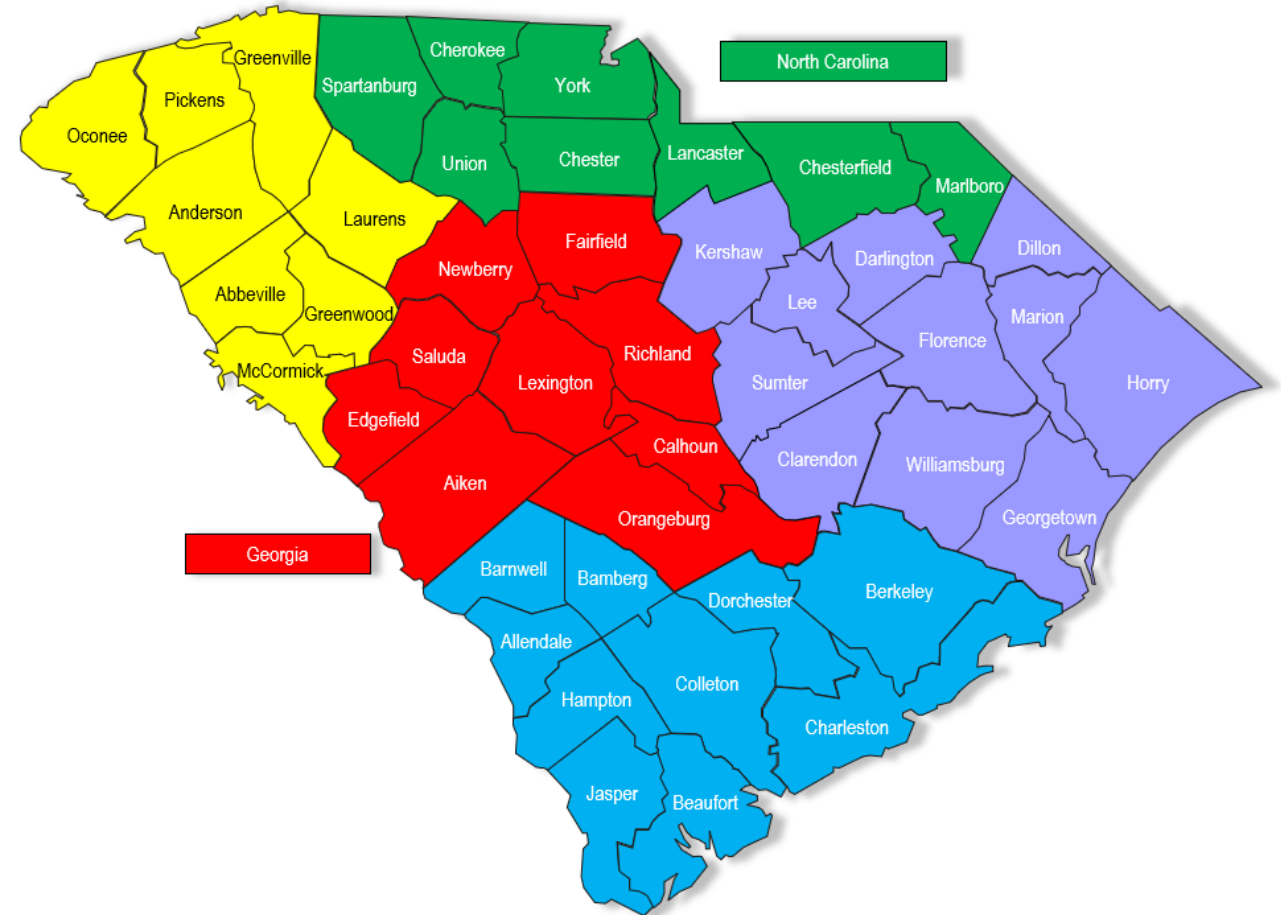


For the latest updates, always visit  
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

# Provider Relations and Education — Healthy Blue Territory Map

## Healthy Blue Consultants

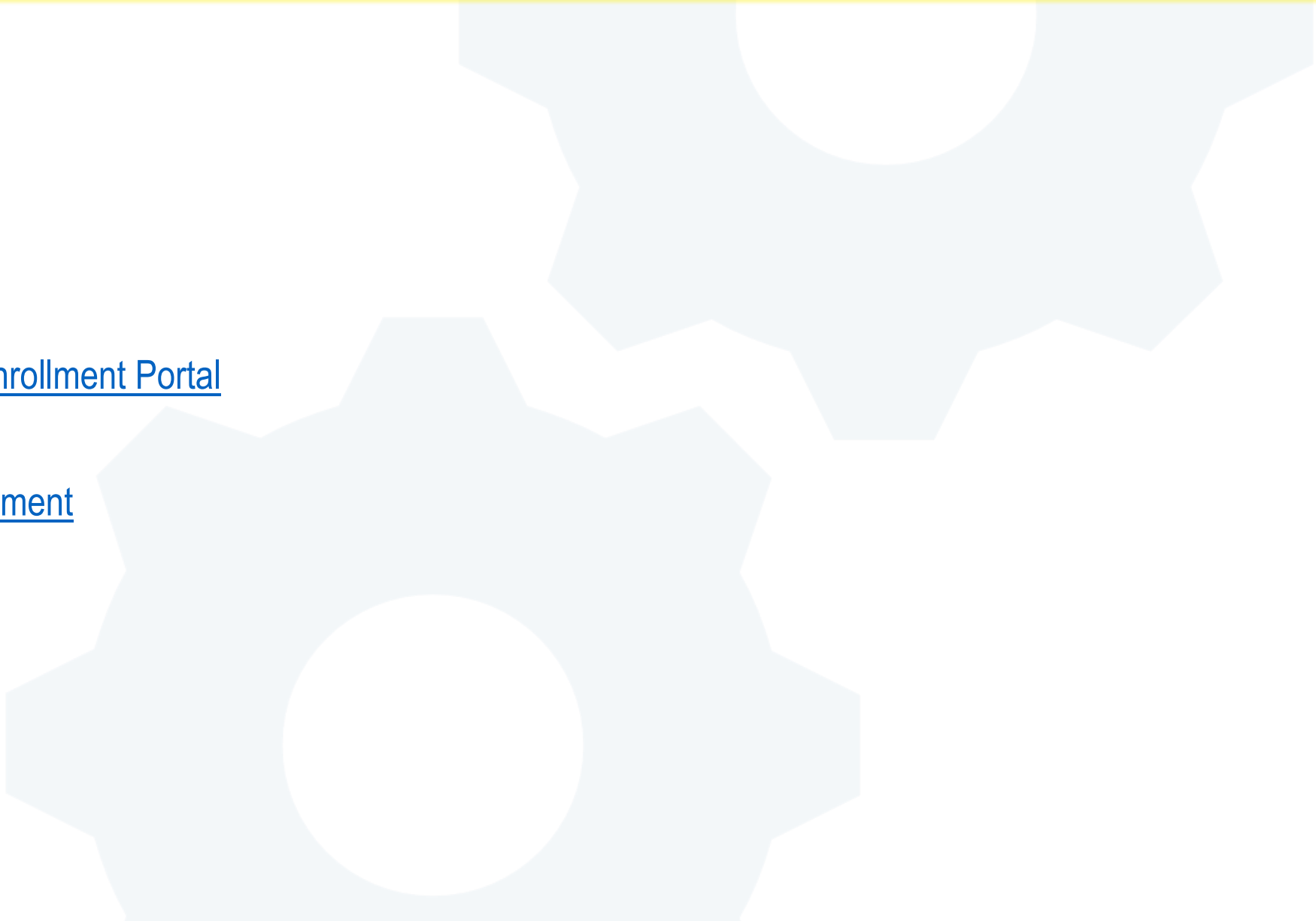
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For the latest updates, always visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com).




# Topics

- [Authorizations](#)
  - [Benefits](#)
  - [Claims](#)
  - [Dental](#)
  - [Healthy Blue<sup>SM</sup>](#)
  - [My Provider Enrollment Portal](#)
  - [Pharmacy](#)
  - [Provider Enrollment](#)
  - [Quality](#)
  - [Web Tools](#)
- 

# Authorizations



# Agenda

- Authorizations 101
  - Authorization Tools
  - Special Programs
  - Upcoming Changes
  - Resources
- 
- The background of the slide features a decorative graphic of three interlocking gears. The gears are rendered in a light blue, semi-transparent style, giving them a subtle, watermark-like appearance. They are positioned in the lower half of the slide, with one gear in the foreground and two others behind it, creating a sense of depth and mechanical movement.



# Authorizations 101



# Authorizations 101

## Overview

The health plan uses authorizations to determine whether a service is medically necessary, or if it is a covered benefit for the member.

## Other terms for authorization

- Prior approval
- Precertification (or precert)

*Note: Authorizations are not a guarantee of payment and requirements may vary per plan.*

# Authorizations 101

## Services Requiring Authorization

The following services require authorization for most plans:

- Elective inpatient services (including maternity)
- Skilled nursing facility admission
- Home health and hospice
- DME when the purchase price or rental is \$XXX<sup>1</sup> or more
- Mental health and substance abuse
- High tech imaging<sup>2</sup> (MRIs, MRAs, CT Scans, PET Scans)
- Certain medications included under the medical benefit

<sup>1</sup> DME dollar thresholds vary per plan but are typically \$500 or \$1,000. Please note threshold amounts can be lower than \$500.

<sup>2</sup> These services are typically handled by NIA Magellan.

**Always check benefits and eligibility for authorization requirements**

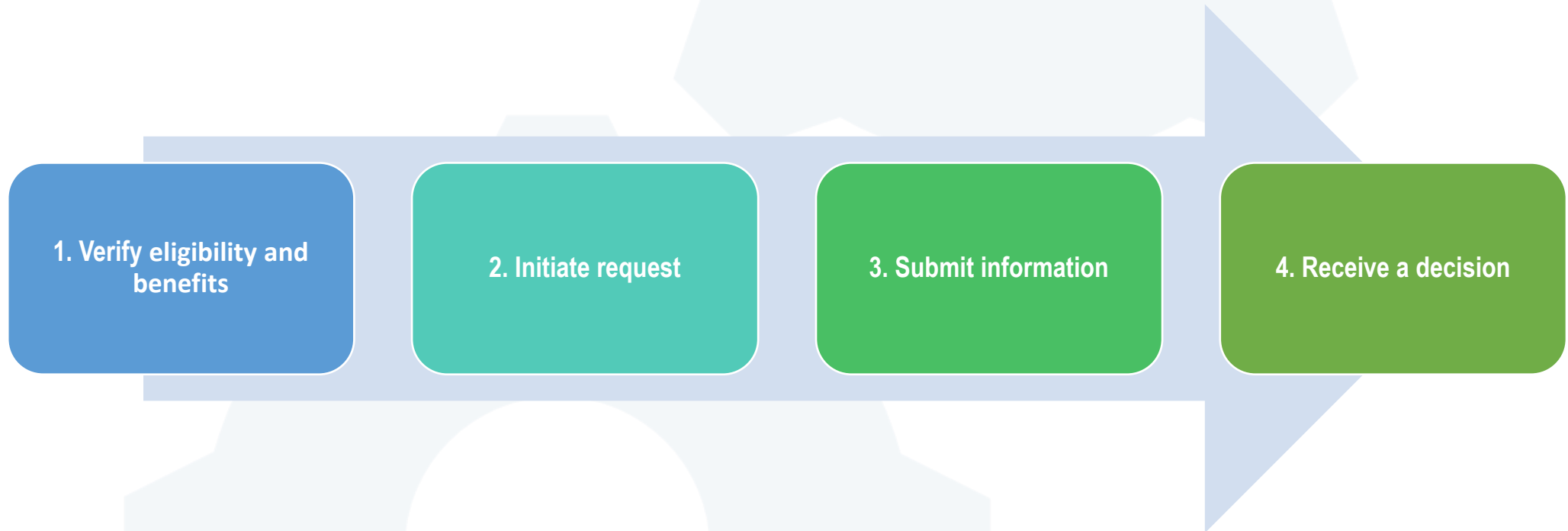
# Authorizations 101

## General Guidelines for Authorizations

- Submit elective requests prior to rendering services.
- Submit requests once and allow time for review.
- Services must be covered under the member's plan.
- Members must have active coverage at the time of request.
- Submit a notification of emergency admission within 24 – 48 hours of admission.
- Include the date of service on the appropriate forms.
- Mark requests as urgent **ONLY** when they are urgent.

# Authorizations 101

## Authorization Process





# Authorizations 101

## Authorization Methods

Authorizations can be requested using one of the following avenues:

- My Insurance Manager<sup>SM</sup> - **Preferred**
  - Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).
- Medical Forms Resource Center (MFRC) - **Preferred**
  - Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com), [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com), or [www.FormsResource.Center](http://www.FormsResource.Center).
- Fax
  - Numbers located on fax form
- Phone
  - Check the member's ID card.
  - Phone requests should include:
    - MD and nurse's name.
    - Therapist's name (if the member is receiving therapy within 15 days of start of care and after evaluations).
      - BlueCross requires a signed Plan of Care (POC/485) within 30 days of start of care, per CAM 222.

**Note: All methods listed are for South Carolina members.**

# Authorizations 101

## Required Information for Authorizations

### Patient Details

- Name, ID number and date of birth

### Service Details

- CPT/HCPCS codes with correct units, diagnosis codes and MD orders

### Location Details

- Name of facility, address and tax ID/NPI
- Name of rendering physician or office, address and tax ID/NPI

### Contact Information

- Call back number and fax number

### Date of Service

- Date when services are being rendered

### Clinical Documentation

- How long the problem has been occurring, attempted treatments, conservative medications, studies (e.g., labs, imaging, assessments), etc.

# Authorizations 101

## Commonly Requested Authorizations

- Breast reductions
  - Clinicals should include height, weight, BMI and the number of grams to be removed.
- Hysterectomies
  - Clinicals should include recent imaging and conservative measures (or why they were not done).
- Surgeries
  - Clinicals should include attempted conservative therapies.
- Home Health
  - Clinicals should include:
    - MD/therapist name.
    - Treatment location.
    - Home health visit notes and homebound status.
    - Functional status for therapy.
    - Wound measurements, if applicable.



# Authorization Tools



# Authorization Tools

## My Insurance Manager (MIM)

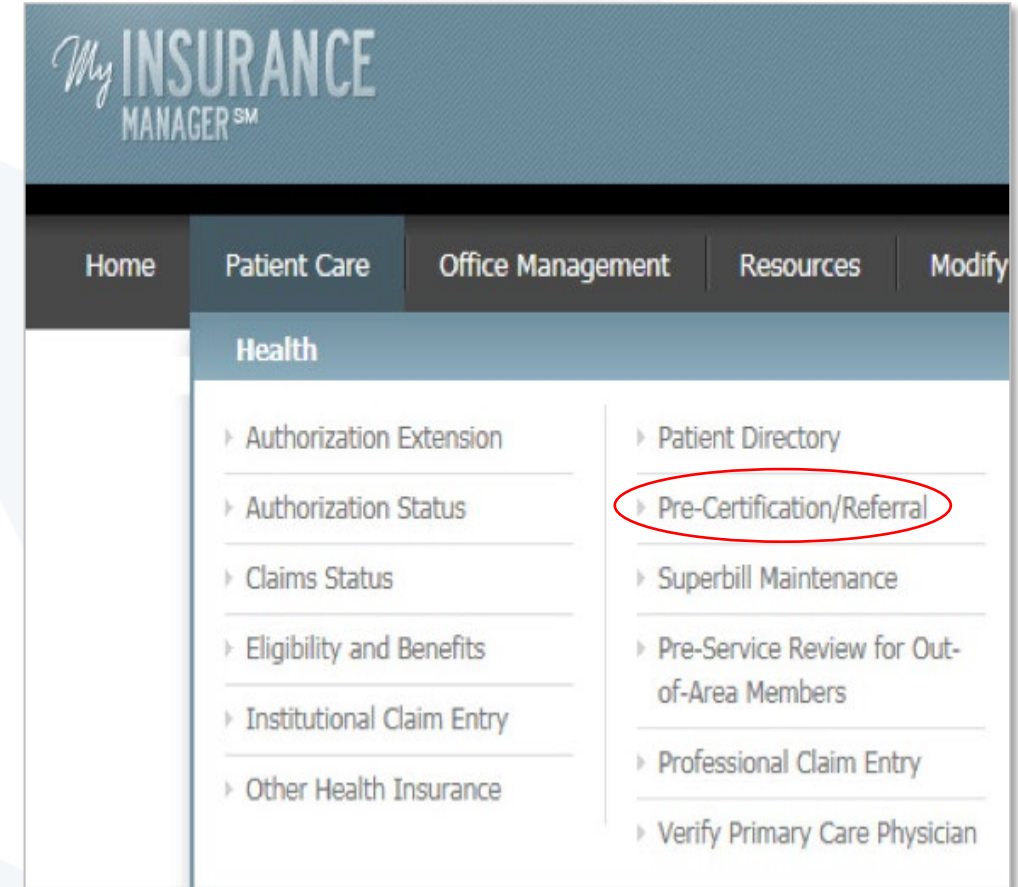
There are two options for obtaining authorizations through MIM:

### Fast-Track

- Hundreds of available options
- Automated authorization number

### Custom Request

- Allows specific details to be entered
- Authorization will pend for review; if approved, authorization number is provided



Note: MIM should be used for initial authorization requests. Please fax clinical documentation for updates or continued stay reviews.

# Authorization Tools

## My Insurance Manager (MIM) — Clinical Attachments

Clinicals are needed for authorization reviews. When prompted, be sure to:

- Select Attach Clinical Documentation.
- Upload file(s)
  - PDF format
  - 30 MB limit

The screenshot shows the 'Pre-Certification/Referrals' form in the My Insurance Manager (MIM) system. The form is divided into several sections:

- Header:** Navigation tabs (Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory) and user information (Welcome, YOUR NAME of YOUR PRACTICE/FACILITY, Log Out, Go to Message Center).
- Form Title:** Pre-Certification/Referrals (Printer-Friendly).
- Date of Service:** 02/13/2017.
- Insurance:** Plan Name: BlueCross BlueShield Plans, Member ID: ZCZ065922516805.
- Patient:** Patient's Name: MICHAEL TESTING, Date of Birth: 10/01/1958. A 'Change Patient' button is located below.
- Diagnosis Information:** A required section with a dropdown menu for diagnosis codes. A message states: 'This transaction can only be associated with ICD-10 codes. If you are typing in a code, please verify it is a valid ICD-10 code.' Fields for 'Principal Diagnosis' and 'Date of Diagnosis' are present. A link 'Add Additional Diagnosis Codes' is available.
- Clinical Information:** A dropdown menu for department identifier. A message states: 'If you need to identify the department within your organization that made this request, please enter a department identifier.'
- Attach Clinical Documentation:** A link with a document icon, circled in red.
- Service Type Selection:** Radio buttons for 'Institutional', 'Professional', and 'None'.
- Additional Patient Level Information:** Fields for 'From Event Date', 'To Event Date', and 'Discharge Date' with date pickers.
- Footer:** 'Continue' or 'Back' buttons and a 'Start Over' link.

# Authorization Tools

## Medical Forms Resource Center (MFRC)

Complete requests in three easy steps:

1. Enter the facility and patient details.
2. Include all required clinicals.
3. Submit the request.

*Benefits of using the MFRC:*

- Offers various types of authorizations
- Guides you through the required documentation
- Receives priority processing

**STEP 1**  
FACILITY & PATIENT INFORMATION

**STEP 2**  
CLINICAL INFORMATION

**STEP 3**  
COMPLETE FORM

### Facility & Patient Information

**Instructions:**  
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. **Please print your request at the end of the submission process for your records.**

**Facility Information**

Facility's Name\*

Attending MD First Name\*

Attending MD Last Name\*

Requesting MD First Name\*

Requesting MD Last Name\*

Phone\*

Fax\*

Facility's Tax I.D.\*  ?

Facility's NPI\*  ?

**STEP 1**  
FACILITY & PATIENT INFORMATION

**STEP 2**  
CLINICAL INFORMATION

**STEP 3**  
COMPLETE FORM

### Step 2 - Clinical Information

**Instructions:**  
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. **Please print your request at the end of the submission process for your records.**

Begin Date of Service\*

End Date of Service\*

**CPT/HCPCS Codes**

CPT/HCPCS Code\*

[ADD ANOTHER](#)

**Diagnosis Codes**

Diagnosis Code\*

[ADD ANOTHER](#)

**Type of Service**

Chemotherapy	+
Durable Medical Equipment	+
Home Health/Hospice	+
Admissions/Inpatient	+
LTAC/SNF/Rehab	+
Maternity	+
Medications	+
Office	+
Outpatient	+
Student Health Notification	+

# Authorization Tools

## Medical Forms Resource Center (Continued)

### Examples of MFRC request

>\*\*\*\*\*HYSTERECTOMY\*\*\*\*\*<

DIAGNOSIS:  
PELVIC PAIN

COMPREHESIVE EVALUATION?  
FALSE

COMPREHENSIVE EVAL DETAILS:

LAPROSCOPIC, ENDOSCOPIC, OR IMAGING STUDIES?  
TRUE

DETAILS OF STUDIES:  
TV US PERFORMED 10/14/19

HOW LONG AS PAIN BEEN PRESENT?  
YEARS BUT WORSENING LATELY PT FEELS DUE TO ESSURE COILS

DETAILS OF UTERINE SPARING TX:

SIGNATURE:

>\*\*\*\*\*BREAST REDUCTION\*\*\*\*\*<

GENDER: FEMALE

HEIGHT: 5'4

WEIGHT: 187

BMI: 36.3

BRA SIZE: 42 H

R BREAST VOLUME: 2400

L BREAST VOLUME: 2400

GRAMS TO REMOVE RIGHT: 600 GRAMS

GRAMS TO REMOVE LEFT: 600 GRAMS

NIPPLE POSITION R: 36 CM

NIPPLE POSITION L: 36 CM

ASSOCIATED SYMPTOMS: RASHES CONSTANTLY BETWEEN AND UNDER BREASTS,  
NECK PAIN, SHOULDER PAIN, HEADACHES, BURNING SENSATIONS AND NUMBNESS  
TO CERVICAL AND THORACIC ARE

DURATION OF SYMPTOMS: 2 YEARS

TREATMENTS TRIED: MEDICATIONS, PHYSICAL THERAPY, SPECIAL SUPPORT BRAS

SUPPORT BRA DURATION: 2 YEARS

MEDICATIONS TRIED: IBUPROFEN FOR 2 YEARS

PHYSICAL THERAPY DURATION: 12 WEEKS

IS THE PATIENT IN PAIN? YES|

PAIN SCALE: 8/10

SIGNATURE:



# Authorization Tools

## Fax Requests

When submitting requests via fax, include the Authorization Request Form or a coversheet with the following information:

Patient details (name, ID card number, and date of birth)

CPT/HCPCS and diagnosis codes

Provider location and date of service

Contact phone and fax number

*To access this information:*

Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and follow the path:  
*Providers>Prior Authorization>Precertification Request Form*

*For Mailing Images:*

**Focus Review/Health Care Services**  
I-20 @ Alpine Rd., AX-630  
Columbia, SC 29219-0001

# Authorization Tools

## Fax Requests — Coversheet

*Example of appropriate fax request coversheet*

Required Information	Included?
Patient (Name, DOB and ID number)	Yes
Service (CPT and Diagnosis codes)	Yes
Location (Name, Address, Tax/NPI)	Yes
Contact (Phone and Fax number)	Yes
Date of Service	Yes

**ABC Plastic Surgery**  
123 Alphabet St., Suite 150  
Spartanburg, SC 29301  
Phone 864-123-4567  
Fax 864-987-6543

**fax**

TO: Authorizations FROM: Jimmy

FAX: 803-264-0183 PAGES: 3

PHONE: 800-334-7287 DATE: 1/24/2020

RE: Mighty Joe Young CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

Comments:

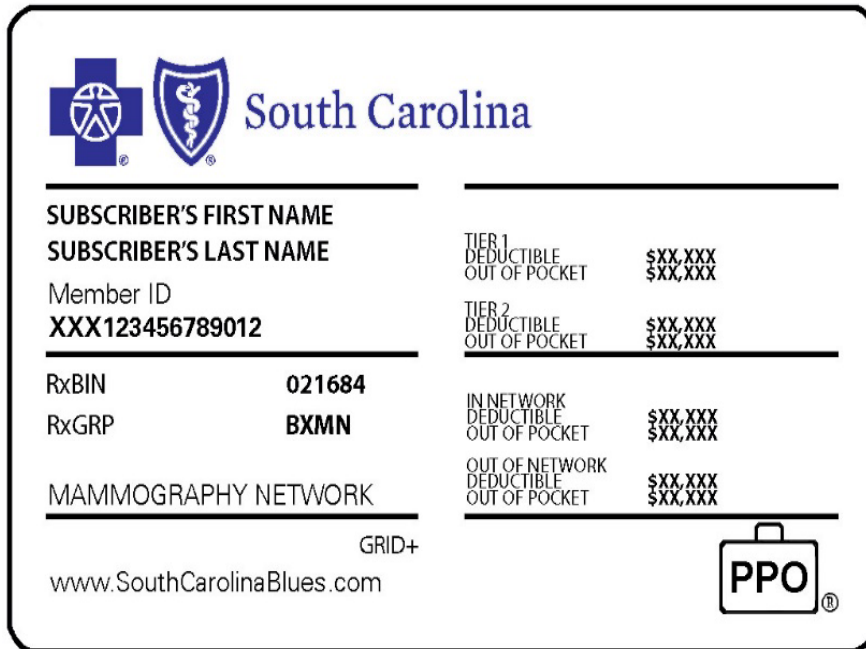
ID Number: ZYX0987654321  
DOB: 11/14/2003  
Outpatient Surgery, NPI 1472583690  
Dr. Minnie Musketeer, NPI 3692581470  
CPT Codes: 11446, 13152, 14060  
DX Code: D23.22  
DOS: 05/11/2020


# Authorization Tools

## Phone Requests

Contact the number on the back of the member's ID card.

Number will vary per plan.



 South Carolina

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SUBSCRIBER'S FIRST NAME \_\_\_\_\_  
SUBSCRIBER'S LAST NAME \_\_\_\_\_

Member ID  
**XXX123456789012**

---

RxBIN                   **021684**  
RxGRP                   **BXMN**


---

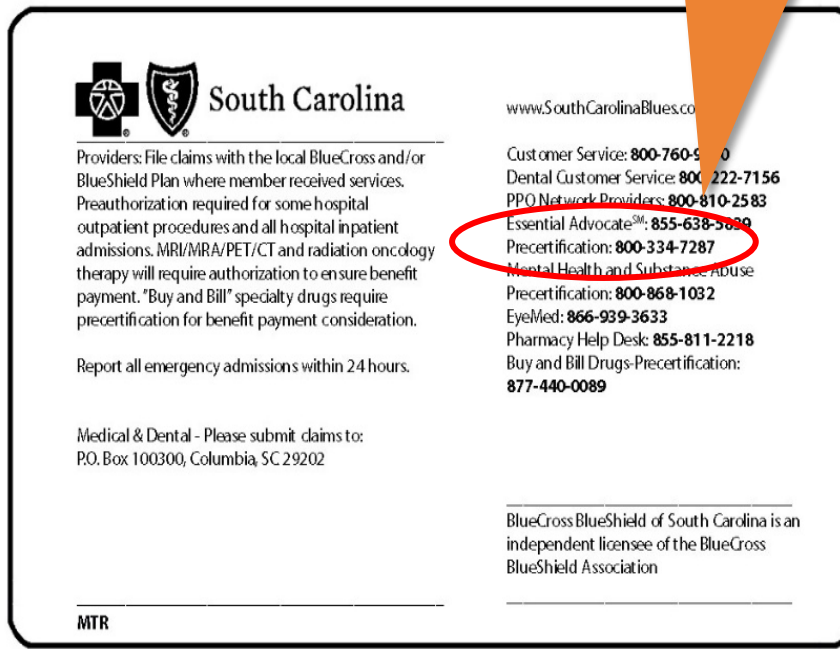
MAMMOGRAPHY NETWORK \_\_\_\_\_


GRID+

www.SouthCarolinaBlues.com

TIER 1 DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX
TIER 2 DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX
IN NETWORK DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX
OUT OF NETWORK DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX





 South Carolina

www.SouthCarolinaBlues.com

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.

Report all emergency admissions within 24 hours.

Medical & Dental - Please submit claims to:  
P.O. Box 100300, Columbia, SC 29202

Customer Service: **800-760-5000**  
Dental Customer Service: **800-222-7156**  
PPO Network Providers: **800-810-2583**  
Essential Advocate<sup>SM</sup>: **855-638-5899**  
Precertification: **800-334-7287**  
Mental Health and Substance Abuse Precertification: **800-868-1032**  
EyeMed: **866-939-3633**  
Pharmacy Help Desk: **855-811-2218**  
Buy and Bill Drugs-Precertification: **877-440-0089**

BlueCross BlueShield of South Carolina is an independent licensee of the BlueCross BlueShield Association

MTR

**Note: Phone requests should include the MD and nurse's name. The therapist's name is needed if the member is receiving therapy within 15 days of start of care and after evaluations. BlueCross requires a signed Plan of Care (POC/485) within 30 days of start of care, per CAM 222.**

# Authorization Tools

## BlueCard Prior Authorization Lookup

Authorizations for **out-of-state members** can be verified and obtained in two steps:

1. Use the BlueCard Prior Authorization Tool.
2. Initiate the authorization through My Insurance Manager.

**Providers** Providers

[Home](#) / [Providers](#) / [Policies and Authorizations](#) / [Prior Authorization](#) / [BlueCard Prior Authorization/Medical Policies](#)

### BlueCard Prior Authorization/Medical Policies

Need prior authorization for a patient who is a member of another Blue plan? If prior authorization is required, you can initiate the process through [My Insurance Manager](#)<sup>SM</sup>. Once you've logged in, go to Patient Care. Then select "Pre-Service Review for Out-of-Area Members" from the menu.

To view an out-of-area Blue Plan's medical policy or general prior authorization information, please select the type of information you need, enter the first three letters of the identification number on the member's Blue Cross and/or Blue Shield card, and click Submit.

**Type of Information**  
Please select only one.

Medical Policy  
 General Precertification/Preauthorization Information

This field is required.

Alpha Prefix

This field is required.

If you experience difficulties or need additional information, please contact 800-676-BLUE.

**My INSURANCE MANAGER**<sup>SM</sup>

Home Patient Care Office Management Resources Modify Profile

Welcome, **Health**

- Authorization Extension
- Authorization Status
- Claims Status
- Eligibility and Benefits
- Institutional Claim Entry
- Other Health Insurance
- Patient Directory
- Pre-Certification/Referral
- Superbill Maintenance
- Pre-Service Review for Out-of-Area Members
- Professional Claim Entry
- Verify Primary Care Physician

**Dental**

- Claims Status
- Dental Claim Entry
- Eligibility and Benefits
- Other Dental Insurance
- Patient Directory
- Superbill Maintenance
- Pre-Treatment Estimate Entry
- Pre-Treatment Estimate Status



# Special Programs



# Special Programs

**Third-party vendors that manage select authorizations for certain plans include:**

- NIA Magellan
- Avalon Healthcare Solutions
- Specialty Pharmacy Manager (MBMNow)
- Companion Benefit Alternatives (CBA)

*Note: These are independent organizations that offer utilization management on behalf of BlueCross and BlueChoice.*

# Special Programs

## NIA Magellan

*Types of authorization for most plans:*

- Radiation Oncology
- Advanced Radiology
- Musculoskeletal Care (MSK)

*To request an authorization:*

- Visit [www.RadMD.com](http://www.RadMD.com).
- Call 866-500-7664 for BlueCross members.
- Call 888-642-9181 for BlueChoice members.

**Magellan**  
HEALTH<sup>SM</sup>

# Special Programs

## Avalon Healthcare Solutions



*Authorizations for lab services in the following settings:*

- Office
- Outpatient facility
- Independent laboratory

*To request an authorization:*

- Prior Authorization System (PAS) through My Insurance Manager
- Phone: 844-227-5769
- Fax: 813-751-3760

**Note: Avalon does not review requests for services provided in an emergency room, ambulatory surgery center or hospital inpatient place of service.**



# Special Programs



**LEVERAGING LAB VALUE INSIGHTS TO IMPACT CKD EARLY  
DETECTION, CARE OUTCOMES, AND COSTS**



**John Campbell, MD**  
AVP, Commercial  
Clinical Operations &  
Sr. Medical Director,  
Blue Cross NC



**Sherry Mullies**  
Strategic Planning &  
Performance, Manager  
Vendor Strategy, Blue  
Cross NC



**Nate Henderson,  
DO, FACP**  
Chief Medical Officer &  
VP, Clinical Quality,  
BCBSSC



**Bart Strickland**  
VP, Provider Services  
& Health Care  
Systems, BCBSSC

**TIME**  2 - 3 p.m. EDT **DATE**  Tuesday, September 19

**REGISTER NOW**



**Recording and slides are available at:**

[Webinars — Avalon Healthcare Solutions  
\(avalonhcs.com\)](https://www.avalonhcs.com)

Avalon hosted a panel of experts from the health insurance industry to discuss the management of chronic kidney disease (CKD) through lab values, which can provide early identification and intervention:

- How Lab Value Insights can help health plans achieve improved value-based outcomes and reduce costs
- The significance of using actionable insights to inform and enhance CKD care management programs
- Lessons learned and next steps for leveraging Lab Values Insights for CKD & and beyond

# Special Programs

Avalon and Healthy Blue join forces to deliver quality care beginning Jan. 1, 2024



The screenshot shows the Healthy Blue website homepage. At the top is a blue navigation bar with the Healthy Blue logo (a cross and shield) and the text "Healthy Blue BlueChoice® HealthPlan of SC" on the left, and "Healthy Connections" with a colorful arrow icon on the right. Below the navigation bar are links for "Benefits", "Apply", "Care", and "Get Help" on the left, and "A A A", "Español", "Login", "Contact Us", "Providers", and a search icon on the right. The main content area features the heading "Welcome to Healthy Blue" above a large photograph of a smiling family (a man, a woman, and a child). Below the photo is a row of four service links: "FIND A DOCTOR" with a magnifying glass icon, "HOW TO ENROLL" with a plus sign icon, "HOW TO RENEW" with a circular refresh icon, and "GET YOUR ID CARD" with a card icon. At the bottom of the page, the text "Serving South Carolina Medicaid members" is displayed.

# Special Programs

## MBMNow

- Authorizations for specialty medications
- Medication lists are available online

*To request an authorization:*

- Access MBMNow through My Insurance Manager<sup>SM</sup>
- Phone: 877-440-0089
- Fax: 612-367-0742



BlueCross BlueShield of South Carolina

# Special Programs

## Companion Benefit Alternatives (CBA)

- Authorizations for behavioral health services.
- Examples of services that typically require authorization include:
  - Psychological testing.
  - Behavioral health program admissions.
  - Repetitive transcranial magnetic stimulation (rTMS).

*To request an authorization:*

- Visit [www.CompanionBenefitsAlternatives.com](http://www.CompanionBenefitsAlternatives.com) and use the Forms Resource Center.
- Phone: 800-868-1032





# Upcoming Changes



# Upcoming Changes

## Standardized Prior Authorization List

- In 2024, BlueCross will implement a standardized prior authorization list, which will include services that will require prior authorization regardless of the place of service.
- The list will include the highest volume and most common services or procedures requested by providers that could be deemed not medically necessary, investigational or cosmetic.

## Plans that will be included are:

- Major Group (fully insured and administrative service only)
- Small Group and Individual
- National Alliance

## Plans that will not be included are:

- BlueChoice® HealthPlan
- Exchange (Marketplace)
- Healthy Blue<sup>SM</sup>
- Medicare Advantage
- Federal Employee Program (FEP)

# Upcoming Changes

## Standardized Prior Authorization List (Continued)

*Medical services that require prior authorization:*

- Cardiac rehabilitation
- Cosmetic services
- DME (determined by dollar threshold of the plan)
- Enteral formula
- And more.

*Behavioral health services that require prior authorization:*

- Applied Behavioral Analysis (ABA therapy)
- Electroconvulsive Therapy (ECT)
- Intensive outpatient treatment
- Partial hospitalization
- Psychological testing

***Note: These lists are not all inclusive.***



# Resources





# Resources

Benefit Program	Authorization Service	Web-based Requests	Telephone Requests	Fax Requests
BlueCross	[various]	My Insurance Manager and MFRC	800-334-7287	803-264-0258 (Utilization Management)  803-264-0259 (Case Management)
BlueChoice	[various]	My Insurance Manager and MFRC	800-950-5387	800-610-5685
FEP	[various]	My Insurance Manager and MFRC	800-327-3238	N/A
Healthy Blue <sup>SM</sup>	[various]	My Insurance Manager and MFRC	866-757-8286	803-870-6500
State Health Plan (Medi-Call)	[various]	My Insurance Manager and MFRC	800-925-9724	803-264-0183
Avalon	Laboratory	Avalon PAS (inside My Insurance Manager)	844-227-5769	813-751-3760
CBA	Behavioral/Substance Abuse	<a href="http://www.CompanionBenefitAlternatives.com">www.CompanionBenefitAlternatives.com</a>	800-868-1032	803-714-6456
NIA Magellan	<ul style="list-style-type: none"> <li>• Advanced Radiology</li> <li>• Musculoskeletal Care</li> <li>• Radiation Oncology</li> </ul>	<a href="http://www.RadMD.com">www.RadMD.com</a>	BlueCross: 866-500-7664  BlueChoice: 888-642-9181	888-656-1321
MBMNow	Specialty Medical Drug	My Insurance Manager	877-440-0089	612-367-0742

# Resources

## Peer-to-Peer Requests

### Initiating Requests and Checking Statuses

#### Medical Forms Resource Center

- Visit [www.FormsResource.Center](http://www.FormsResource.Center).
- Select Request a Peer-to-Peer Discussion.
- Enter all pertinent details.
- Submit.

#### South Carolina Website

- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).  
Providers>Forms>Other Forms>Peer-to-Peer Request
- Enter all pertinent details (and save the document).
- Email the form to [Peer.Medical@bcbssc.com](mailto:Peer.Medical@bcbssc.com) or fax to 803-264-9175.

#### Phone (for statuses and eligibility only)

- Call 803-264-8114  
Available Monday - Friday  
8:30 a.m. – 5:00 p.m. EST

### *Required Criteria*

- Medical necessity adverse decision was received, along with health plan denial
- Requested within two business days of the denial for inpatient or continued stay requests or five business days for all other denials
- Requested prior to an appeal

# Resources

## Peer-to-Peer Requests (Continued)

### *Clinical Discussion*

- Facilitated within one business day of receipt of request
- Our medical doctor makes two attempts to contact the rendering provider
- A decision is rendered at the end of the call

# Resources

## Utilization Management (UM) Courtesy Re-evaluations

UM courtesy re-evaluations are permitted for denials that are due to the following:

- No clinical information submitted
- Insufficient clinical information submitted


To request a UM courtesy review, you must:

- Specify the request is for a re-evaluation upon submission (via fax).
- Submit clinical documentation within five business days of the denial notice.

# Benefits



# Agenda

- 2024 Benefits
  - What's New?
  - Benefit Reminders
  - Resources
- 
- The background features two large, light blue gears. One gear is positioned in the lower-left quadrant, and another is in the upper-right quadrant. They are semi-transparent and overlap slightly, creating a mechanical theme.



# 2024 Benefits





# Preferred Blue





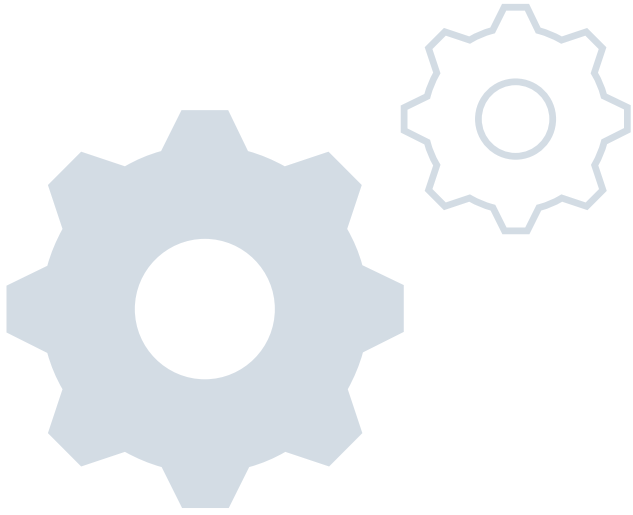
# 2024 Benefits

## Preferred Blue

New Groups — Effective Jan. 1, 2024

Group Name	Prefixes
Spirax Sarco	• IIY
VELUX	• SJS
Vermeer	• SJS

Always verify benefits and eligibility prior to rendering services.  
Use My Insurance Manager<sup>SM</sup> (MIM) or call 800-868-2510.



# State Health Plan



# 2024 Benefits

## State Health Plan

Standard Plan	2023	2024
<b>Deductibles</b>		
Individual	\$515	No change
Family	\$1,030	No change
<b>Coinsurance Maximum</b>		
Individual (INN)	\$3,000	No change
Family (INN)	\$6,000	No change
Individual (OON)	\$6,000	No change
Family (OON)	\$12,000	No change
<b>Services</b>		
Office visits	\$15 copay	No change
Outpatient facility	\$115 copay	No change
Emergency room	\$193 copay	No change
Cardiac and pulmonary rehabilitation	\$15 copay	No change

# 2024 Benefits

## State Health Plan

Savings Plan	2023	2024
<b>Deductibles</b>		
Individual	\$4,000	No change
Family	\$8,000	No change
<b>Coinsurance Maximum</b>		
Individual (INN)	\$3,000	No change
Family (INN)	\$6,000	No change
Individual (OON)	\$6,000	No change
Family (OON)	\$12,000	No change
<b>Services</b>		
Office visits	Full allowance until the deductible is met. Then, the coinsurance.	No change
Outpatient facility	Full allowance until the deductible is met. Then, the coinsurance.	No change
Emergency room	Full allowance until the deductible is met. Then, the coinsurance.	No change

# 2024 Benefits

## State Health Plan

MUSC Plan	2023	2024
<b>Deductibles</b>		
Individual	\$385	No change
Family	\$770	No change
<b>Coinsurance Maximum</b>		
Individual (INN)	\$2,200	No change
Family (INN)	\$4,400	No change
<b>Services</b>		
Office visits	PCP: \$25 copay Specialist: \$45 copay	No change
Outpatient facility surgery	\$290 copay	No change
Outpatient facility radiology (regular and advanced)	\$85 copay	No change
Inpatient facility	\$0	No change
Emergency room	\$193 copay	No change
Urgent care	\$85 copay	No change
Cardiac and pulmonary rehabilitation	\$15 copay	No change

# 2024 Benefits

## State Health Plan

### *Dependent Contraception*

- Effective May 25, 2023: Standard, Savings and MUSC Plans
  - The State Health Plan began covering birth control at no member cost-share for primary members covered as child dependents.

### *Well Woman Visit*

- Effective Jan. 1, 2024: Standard and Savings Plans
  - The State Health Plan will cover one well woman visit each year at no member cost-share for non-Medicare primary adults aged 19 and older who are covered under the Standard or Savings plan.
  - The well woman visit is in addition to the annual adult well visit.

# 2024 Benefits

## State Health Plan

### *Reminders*

- Routine and Diagnostic Colonoscopies
  - Covered at 100 percent for State Health Plan primary members, once every 10 years for aged 45 and older when rendered by an eligible in-network provider and follows the criteria listed in the United States Preventive Services Task Force (USPSTF)
- Cologuard
  - Covered at 100 percent, once every three years when rendered by an eligible in-network provider for aged 45 and older
    - Applies to the Savings, Standard, or MUSC plan (not Medicare as primary)
    - Must use in-network provider
    - Additional charges will apply for non-generic prep kit
- Patient Centered Medical Home (PCMH) for Standard and High Deductible Health Plan (HDHP)
  - Office visit copay is waived for PCMH in-person visits and subject to a 10 percent COINS after the deductible is met.
    - PCMH incentives do not apply to telehealth services

# 2024 Benefits

## State Health Plan

### *Prior Authorizations*

- Medical Services
  - Medi-Call: 800-925-9724
- Advanced Radiology
  - National Imaging Associates (NIA): 866-500-7664
- Behavioral Health Services
  - Companion Benefit Alternatives (CBA): 800-868-1032
- Pharmacy Specialty Drug
  - Express Scripts: 855-612-3128
- Medical Specialty Drug
  - MBMNow: 877-440-0089
- Laboratory Services
  - Avalon Healthcare Solutions: 844-227-5769

Always verify benefits and eligibility prior to rendering services.  
Use My Insurance Manager<sup>SM</sup> (MIM) or call 800-444-4311.





# Federal Employee Program



# 2024 Benefits

## Federal Employee Program

<b>Blue Focus</b> — No out of network benefits available	<b>2023</b>	<b>2024</b>
<b>Deductibles</b>		
Individual	\$500	No change
Self — Plus One	\$1,000	No change
Family	\$1,000	No change
<b>Out-of-Pocket Maximum</b>		
Individual	\$8,500	<b>\$9,000</b>
Self — Plus One	\$17,000	<b>\$18,000</b>
Family	\$17,000	<b>\$18,000</b>
<b>Services</b>		
Office visits (Includes primary and/or specialty care combined)	\$10 copay (first 10 visits)	No change
Telehealth	\$0 copay (first two visits) \$10 copay (all additional visits)	No change
Chiropractic care	\$25 copay up to 10 visits	No change

# 2024 Benefits

## Federal Employee Program

<b>Blue Focus</b> — No out of network benefits available.	<b>2023</b>	<b>2024</b>
<b>Services (Continued)</b>		
Urgent care	\$25 copay	No change
Hospital care — Inpatient (prior authorization required)	30% COIN + BYD	No change
Hospital care — Outpatient	30% COIN + BYD	No change
ER — Accidental injury (within 72-hours)	\$0 copay	No change
ER — Medical emergency	30% COIN + BYD	No change

*Note: For a full list of benefits and updates, please visit <https://www.fepblue.org/open-season/whats-new-2024>.*

# 2024 Benefits

## Federal Employee Program

Standard	2023	2024
<b>Deductibles</b>		
Individual	\$350	No change
Family	\$700	No change
<b>Out-of-Pocket Maximum</b>		
Individual (INN)	\$6,000	No change
Family (INN)	\$12,000	No change
<b>Services</b>		
Physician care (INN)	\$25 copay (PCP) \$35 copay (specialist)	<b>\$30 copay (PCP)</b> <b>\$40 copay (specialist)</b>
Telehealth (INN)	\$0 copay (first two visits) \$10 copay (additional visits)	No change
Urgent care — Accidental injury	\$0 copay	No change
Urgent care — Medical emergency	\$30 copay	No change

# 2024 Benefits

## Federal Employee Program

Standard	2023	2024
<b>Services (Continued)</b>		
Preventive care (INN)	\$0 copay	No change
Chiropractic care (INN)	\$25 copay up to 12 visits	<b>\$30 copay up to 12 visits</b>
Hospital care — Inpatient (prior authorization required) (INN)	\$350 copay Per admission	No change
Hospital care — Outpatient (INN)	15% COINS + BYD	No change
ER — Accidental injury (within 72-hours) (INN)	\$0 copay	No change
ER — Medical emergency (INN)	15% COINS + BYD	No change

*Note: For a full list of benefits and updates, please visit <https://www.fepblue.org/open-season/whats-new-2024>.*

# 2024 Benefits

## Federal Employee Program

Basic	2023	2024
<b>Deductibles</b>		
Individual	\$0	No change
Family	\$0	No change
<b>Out-of-Pocket Maximum</b>		
Individual (INN)	\$6,500	No change
Family (INN)	\$13,000	No change
<b>Services</b>		
Physician care	\$30 copay (PCP) \$40 copay (Specialist)	<b>\$35 copay (PCP)</b> <b>\$45 copay (Specialist)</b>
Telehealth	\$0 copay (first two visits) \$15 copay (additional visits)	No change
Chiropractic care	\$30 copay up to 20 visits	<b>\$35 copay up to 20 visits</b>
Urgent care	\$35 copay	No change

# 2024 Benefits

## Federal Employee Program

Basic	2023	2024
<b>Services (Continued)</b>		
Preventive care	\$0 copay	No change
Hospital care — Inpatient (prior authorization required)	\$250 copay, per day Up to \$1,500 per admission	No change
Hospital care — Outpatient	\$150 copay Per day, per facility	No change
ER — Accidental injury	\$250 copay Per day, per facility	No change
ER — Medical emergency	\$250 copay Per day, per facility	No change

**Note:** For a full list of benefits and updates, please visit <https://www.fepblue.org/open-season/whats-new-2024>.

# 2024 Benefits

## Federal Employee Program

Blue Focus, Standard, and Basic	2023	2024
<b>Adult Preventive Care</b>		
<ul style="list-style-type: none"><li>• Colorectal cancer tests, including:<ul style="list-style-type: none"><li>– Fecal occult blood test</li><li>– Colonoscopy, with or without biopsy Sigmoidoscopy</li><li>– Double contrast barium enema</li><li>– DNA analysis of stool samples</li></ul></li><li>• Prostate cancer tests — Prostate Specific Antigen (PSA) test</li><li>• Cervical cancer tests (including pap tests)</li><li>• Screening mammograms (including mammography using digital technology)</li></ul>	<p>Preventive care benefits for each of the following services listed are limited to one per calendar year.</p> <p>Pathology for Sigmoidoscopy and colonoscopy covered at 100 percent under preventive benefits.</p>	<p>No change</p>





# BlueChoice



# 2024 Benefits

## BlueChoice

### *Reminders*

- Verify eligibility and benefits
  - Verify eligibility and benefits via My Insurance Manager<sup>SM</sup> (MIM) or by calling Provider Services.
    - Should be completed prior to rendering services
  - Providers should not ask members to call in to check the costs of procedure codes
- Verify prior authorization (PA) requirements
  - Verify PA by checking the physician office manual or calling Health Care Services.
  - Providers should not ask members to verify PA requirements.
- Benefits for continuous glucose monitors
  - May fall under pharmacy or medical (durable medical equipment), depending on the member's plan

# 2024 Benefits

## BlueChoice

### *Reminders (Continued)*

- Check drug lists to ensure medications are covered
  - Submit clinical information (including any similar medications tried and the member's reaction) along with the authorization request to avoid processing delays.
- Obesity related services are not covered
  - Considered a contract exclusion
- Referral forms
  - Referral forms must be completed for patients and can be submitted by:
    - Faxing the referral form to 800-610-5685 or 803-714-6463
      - Form can be located on [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
    - Completing the referral through MIM

# 2024 Benefits

## BlueChoice

### *Reminders (Continued)*

- Submit claims within a timely manner
  - Timely filing limit for original claims is 180 days from the date of service.
  - Timely filing limit for corrected claims is one year from the date of service.
- Balance billing
  - Network participating providers should not bill patients more than their liability.
  - Remittances can be located on MIM.



# Medicare Advantage



# 2024 Benefits

## Medicare Advantage

BlueCross Total	2023	2024
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
From in-network providers:	\$6,500	<b>\$6,900</b>
From in-network and out-of-network providers combined	\$10,000	No change
<b>Services</b>		
Outpatient office visits	INN — \$0 copay (PCP) INN — \$30-40 copay (Specialist) OON — \$30 copay (PCP) OON — \$55 copay (Specialist)	INN — No change (PCP) <b>INN — \$25 (Specialist)</b> OON — No change (PCP) OON — No change (Specialist)
Inpatient hospital — acute	INN — \$350 copay, per day (1-4) INN — \$0 copay, per day (5-90) OON — 30% COINS for total stay	<b>INN — \$300 copay, per day (1-4)</b> INN — No change (5-90) OON — No change
Inpatient hospital — psychiatric	INN — \$624 copay, per day (1-4) INN — \$0 copay, per day (5-90) OON — 40% COINS for total stay	<b>INN — \$645 copay, per day (1-4)</b> INN — No change (5-90) OON — No change

# 2024 Benefits

## Medicare Advantage

BlueCross Total	2023	2024
<b>Services (Continued)</b>		
Skilled nursing facility (SNF)	INN — \$0 (days 1-20) INN — \$196 copay (days 21-100) OON — 40% COINS for total stay	INN — No change (days 1-20) <b>INN — \$203 copay (days 21-100)</b> OON — No change
Urgently needed services	INN & OON - \$50 copay, per visit	<b>INN &amp; OON - \$55 copay, per visit</b>
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change
Ambulance services (Ground or air)	INN & OON — \$295 copay, per trip	No change
Hearing aids	\$699-\$999 using TruHearing Two per year (one per ear)	No change
Preventive dental (Fluoride treatment not covered)	INN — \$0 copay (two, per year) OON — 50% COINS \$3,000 maximum (combined)	No change <b>\$3,500 maximum (combined)</b>
Comprehensive dental (Medicare covered services)	INN — \$50 copay OON — 40% COINS \$3,000 maximum (combined)	INN — No change OON — No change <b>\$3,500 maximum (combined)</b>
Comprehensive dental (non-covered Medicare services)	INN & OON — 50% COINS \$1,000 benefit maximum \$3,000 maximum (combined)	No change <b>\$3,500 maximum (combined)</b>

# 2024 Benefits

## Medicare Advantage

BlueCross Total Value	2023	2024
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,900	<b>\$7,900</b>
Out-of-network	\$11,000 (Midlands/Coastal) \$11,300 (Upstate/Lowcountry)	<b>\$11,300</b>
<b>Services</b>		
Outpatient office visits	INN — \$0 copay (PCP) INN — \$30 copay (Specialist) OON — \$40 copay (PCP) OON — \$55 copay (Specialist)	No change
Inpatient hospital — acute	Midlands/Coastal INN \$350 copay per days 1-5 Upstate/Lowcountry INN \$375 copay per days 1-5 OON — 50% of total cost	<b>INN — \$350 copay per day (1-4)</b> <b>Midlands/Coastal/Upstate</b> <b>OON — 20% COINS of total cost</b> <b>Lowcountry</b> <b>OON — 50% COINS of total cost</b>
Inpatient hospital — psychiatric	INN — \$624 copay, per day (1-3) OON — 50% COINS for total stay	<b>INN — \$645 copay per day (1-3)</b> <b>Midlands/Coastal</b> <b>OON — 20% COINS of total cost</b> <b>Upstate/Lowcountry</b> <b>OON — 50% COINS of total cost</b>



# 2024 Benefits

## Medicare Advantage

BlueCross Total Value	2023	2024
<b>Services (Continued)</b>		
Skilled nursing facility (SNF) (100 benefit day max, per year)	INN — \$0 (days 1-20) INN — \$196 copay (days 21-100) OON — 50% COINS for total stay	INN — No change (days 1-20) <b>INN — \$203 copay (days 21-100)</b> OON — No change
Emergency care	INN and OON — \$95 copay, per visit	<b>INN and OON — \$100 copay, per visit</b>
Worldwide emergency	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change
Urgent care	\$50 copay	<b>\$55 copay</b>
Ambulance services (Ground or air)	INN — \$285 per one way trip OON — \$295 per one way trip	<b>INN and OON — \$295 per one way trip</b>
Hearing aids	\$699-\$999 using TruHearing Two per year (one per ear)	No change
Preventive dental	INN — \$0 copay (two visits per year) OON — 50% COINS \$2,000 maximum (combined)	No change
Comprehensive dental (Medicare covered services)	INN & OON — \$50 copay \$2,000 maximum (combined)	No change
Comprehensive dental (non-covered Medicare services)	INN & OON — 50% COINS \$500 benefit maximum \$2,000 maximum (combined)	No change

# 2024 Benefits

## Medicare Advantage

BlueCross Secure — No out-of-network benefits.	2023	2024
<b>Deductibles</b>		
In-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,500	No change
<b>Services</b>		
Office visits	INN — \$0 copay (PCP) INN — \$30 copay (Specialist)	INN — No change (PCP) <b>INN — \$35 copay (Specialist)</b>
Inpatient hospital — acute	INN — \$325 copay, per day (1-6) INN - \$0 copay (7-90)	No change
Inpatient hospital — psychiatric	INN — \$624 copay, per day (1-3) INN — \$0 copay (4-90)	<b>INN — \$645 copay, per day (1-3)</b> INN — No change (4-90)
Skilled nursing facility (SNF)	INN — \$0 copay ( days 1-20) INN — \$196 copay (days 21-100)	INN — No change ( days 1-20) <b>INN — \$203 copay (days 21-100)</b>
Urgently needed services	INN — \$40 copay, per visit	<b>INN — \$45 copay, per visit</b>
Emergency care	\$95 copay, per visit (Waived if admitted within 24 hours)	No change

# 2024 Benefits

## Medicare Advantage

BlueCross Secure — No out-of-network benefits.	2023	2024
<b>Services (Continued)</b>		
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 35% COINS for emergency care outside the United States	No change
Ambulance services (ground or air)	INN — \$285 per trip	No change
Hearing aids	\$699-\$999 using TruHearing Two per year (one per ear)	No change
Preventive dental	Not covered	<b>No COINS or Copay for: 2 oral exams, per year 2 cleanings, per year 1 dental x-ray, per year</b>
Comprehensive dental (Medicare covered services)	INN — \$50 copay	No change

# 2024 Benefits

## Medicare Advantage

BlueCross Blue Basic	2023	2024
<b>Deductibles</b>		
In-network and Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,000	<b>\$5,900</b>
Out-of-network	\$10,000	<b>\$9,550</b>
<b>Services</b>		
Outpatient office visits	INN — \$0 copay (PCP) INN — \$35 copay (Specialist) OON — \$30 copay (PCP) OON — \$45 copay (Specialist)	No change
Inpatient hospital — acute	INN — \$325 copay, per day (1-6) INN — \$0 copay, per day (7-90) OON — 30% COINS for total stay	INN — No change (1-6) INN — No change (7-90) <b>OON — 20% COINS for total stay</b>
Inpatient hospital — psychiatric	INN — \$624 copay, per day (1-3) OON — 30% COINS for total stay	<b>INN — \$645 copay, per day (1-3)</b> <b>OON — 20% COINS for total stay</b>

# 2024 Benefits

## Medicare Advantage

BlueCross Blue Basic	2023	2024
<b>Services (Continued)</b>		
Skilled nursing facility (SNF)	INN — \$0 copay (days 1-20) INN — \$196 copay (days 21-100) OON — 30% COINS for total stay	INN — No change (days 1-20) INN — No change (days 21-100) <b>OON — 20% COINS for total stay</b>
Urgently needed services	INN and OON — \$40 copay	No change
Emergency care	\$90 copay, per visit (Waived if admitted within 24 hours)	No change
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States.	No change
Ambulance services (ground or air)	INN and OON — \$275 per trip	No change

# 2024 Benefits

## Medicare Advantage

BlueCross Blue Basic	2023	2024
<b>Services (Continued)</b>		
Hearing Aids	\$699-\$999 using TruHearing 2 per year (one per ear)	No change
Preventive Dental (fluoride treatment not covered)	INN and OON — \$0 copay (Two per year) \$1,000 maximum (combined)	INN and OON — No change (Two per year) <b>\$2,000 maximum (combined)</b>
Comprehensive Dental (Medicare covered services)	INN — \$50 copay OON — 30% COINS \$1,000 maximum (combined)	INN — No change <b>OON — 20% COINS</b> <b>\$2,000 maximum (combined)</b>
Comprehensive dental (non-covered Medicare services)	INN and OON — 50% COINS \$1,000 benefit maximum	No change <b>\$2,000 maximum (combined)</b>

# 2024 Benefits

## Medicare Advantage

All Plans (Total, Total Value, Secure, & Blue Basic)	2023	2024
<b>Services</b>		
Annual wellness visit/annual physical	\$0 Copay	No change
Lab work	\$0 copay	No change
Preventive screenings: <ul style="list-style-type: none"><li>• Colorectal cancer screening</li><li>• Breast cancer screening</li><li>• Bone mineral density tests</li><li>• Diabetic eye exam</li><li>• Eyeglasses and frames</li><li>• Glaucoma screening</li></ul>	\$0 Copay	No change

# 2024 Benefits

## Medicare Advantage

### *Value-added benefits*

- FitOn Health
  - A flexible health and fitness benefit with monthly credits to use on a nationwide network of gyms, local fitness studios or community centers.
  - Credits can be used to cover a variety of options — monthly gym membership with unlimited visits, fitness studio classes, and at-home fitness accessories and equipment.
- Transportation (Only for Secure, Total and Blue Basic plans)
  - 24 one-way non-emergency rides to health-related locations such as in-patient facilities, health plan sponsored health events and other approved medical centers
  - Members must schedule rides at least 48 hours before pick-up time.
- Over the counter
  - \$30-\$150 credit per quarter (credit dependent on plan — Secure, Total, Total Value or Blue Basic)
  - Orders can be placed by phone, online or catalog
  - Members receive a Flex card for local pharmacies to purchase select items
- Post discharge meals
  - 10 free frozen meals after each inpatient discharge
  - Orders must be placed through the care management team.



# 2024 Benefits

## Medicare Advantage

### *Value-added benefits (Continued)*

- Annual wellness incentive
  - All members receive a \$40 annual incentive after completing a wellness exam or physical
    - Received as additional money on the over-the-counter Flex card
- Concierge pharmacy services
  - For members that received a denial due to step therapy or prior authorization, or those who have difficulty obtaining medications
- Member health events
  - Members can attend local health events sponsored by BlueCross BlueShield of South Carolina.
    - Includes free services
    - Allows members to speak with a BlueCross representative for assistance
    - Has games for social interactions

# 2024 Benefits

## Medicare Advantage

### *Prior Authorization — Important Notice: Integrated Home Care Services*

- On July 5, 2023, our Medicare Advantage plans began requiring prior authorization through Integrated Home Care Services (IHCS) for all durable medical equipment (DME) used in the home setting, home health and home infusion services.
  - IHCS follows the Centers for Medicare and Medicaid Services guidelines to provide prior authorization for these services.
  - Services are covered when Medicare coverage criteria are met.
- The following places of service are included:
  - 4: Homeless shelter
  - 12: home
  - 13: Assisted living facility
  - 14: Group home
- Methods for requesting prior authorizations:
  - My Insurance Manager
  - Phone: 855-843-2325
  - Fax: 803-264-6552

**Note:** View the list of codes that will require prior authorization on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) under Medicare Advantage.

# 2024 Benefits

## Medicare Advantage

### *Integrated Home Care Services 2024*

- Beginning Jan. 1, 2024, BlueCross will use IHCS for the coordination and provision of DME, home health and home infusion services.
- IHCS has contracted directly with providers to be in the IHCS network.
- These providers will work with IHCS on new claims submission criteria.

# 2024 Benefits

## Medicare Advantage

*Inflation Reduction Act (For plans with Part D coverage)*

- \$35 limit for monthly insulin copay.
  - Shown as Tier 3 in formulary but special pricing.
- Part D vaccines (such as shingles) are covered at \$0.
- Effective July 1, 2023 — “You pay a \$35 copay in-network and out-of- network for a 1-month supply of Medicare Part B insulins for use in home infusion pumps.”
- Members will pay 0 percent cost share in Catastrophic drug stage.

# 2024 Benefits

## Medicare Advantage

### *CMS Stars Ratings*

- **Schedule** patients for Medicare Annual Wellness Exams annually.
- **Document** all care in the patient's medical records.
- **Code and bill** appropriately for services rendered and conditions addressed.
- **Promote** medication adherence.
- **Recommend** formulary alternatives, when necessary.
- **Recommend** participation in disease management programs.
- **Respond** to medical record requests (within five business days).

*Note: We have successfully reached a 4 Star Rating with out PPO plans, which includes Total, Total Value and Blue Basic. We have also added Newberry county to our PPO plan coverage.*

# 2024 Benefits

## Medicare Advantage

### *Network Sharing*

- Allows Medicare Advantage (MA) PPO members from other Blue Plans to get in-network benefits
- Available in 48 states, District of Columbia and Puerto Rico
- Eligible members will have the following symbol on their ID cards:



### **Tips for accuracy:**

- Verify eligibility for out-of-area MA PPO members using the BlueCard Eligibility Line or through MIM.
- Submit claims for all BlueCross BlueShield members, regardless of state, to BlueCross BlueShield of South Carolina.
- Review member care gap reports and pay attention to open quality care gaps and patient health concerns.
- Ensure documentation of completed services while patients are visiting from other states.

# 2024 Benefits

## Medicare Advantage

### *General Reminders*

- Check the member's ID card to determine their plan type.
- Follow Medicare guidelines at [www.cms.gov](http://www.cms.gov) for covered services.
- Verify eligibility and benefits at each visit prior to rendering services.
- Prior authorization requirements may differ from other plans.
  - View the requirements and methods for obtaining authorization at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
    - *Providers>Medicare Advantage>Prior Authorization*
- When possible, always refer members to network participating providers.
- Review the Medicare Advantage provider manuals for more information.
  - Update: Section 3.8: Confidentiality and Data Use.
    - Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) .



# Companion Benefit Alternatives





# 2024 Benefits

## Companion Benefit Alternatives (CBA)

- CBA manages behavioral health enrollment.
- The CBA provider network services team offers support through
  - Email.
  - Phone.
  - In-person or virtual education.
  - Problem solving visits.
- Review the current CBA provider handbook located at [www.CompanionBenefitAlternatives.com](http://www.CompanionBenefitAlternatives.com).

*Providers>Provider Login*

- Provider login password: cba123

## Companion Benefit Alternatives Provider Representative Territory Map

### Upstate

**Provider Contract Specialist**  
**Nikashia Brown**

[nikashia.brown@companiongroup.com](mailto:nikashia.brown@companiongroup.com)

800-868-1032, ext. 25538

**General Inquiries**  
[cba.provrep@companiongroup.com](mailto:cba.provrep@companiongroup.com)  
Call 800-868-1032 or  
Fax 803-714-6456

**Provider Network Coordinator**  
**Alicia McKnight**  
[alicia.mcknight@companiongroup.com](mailto:alicia.mcknight@companiongroup.com)  
800-868-1032, ext. 25744

**Provider Claims Support**  
**Sandra Hall**  
[sandra.h.hall@companiongroup.com](mailto:sandra.h.hall@companiongroup.com)  
800-868-1032, ext. 25154

**Value-Based Program Coordinator**  
**Brandi Poole**  
[brandi.poole@companiongroup.com](mailto:brandi.poole@companiongroup.com)  
800-868-1032, ext. 25229

**Provider Network Services Director**  
**Shonda Ball**  
[shonda.ball@companiongroup.com](mailto:shonda.ball@companiongroup.com)  
800-868-1032, ext. 25560



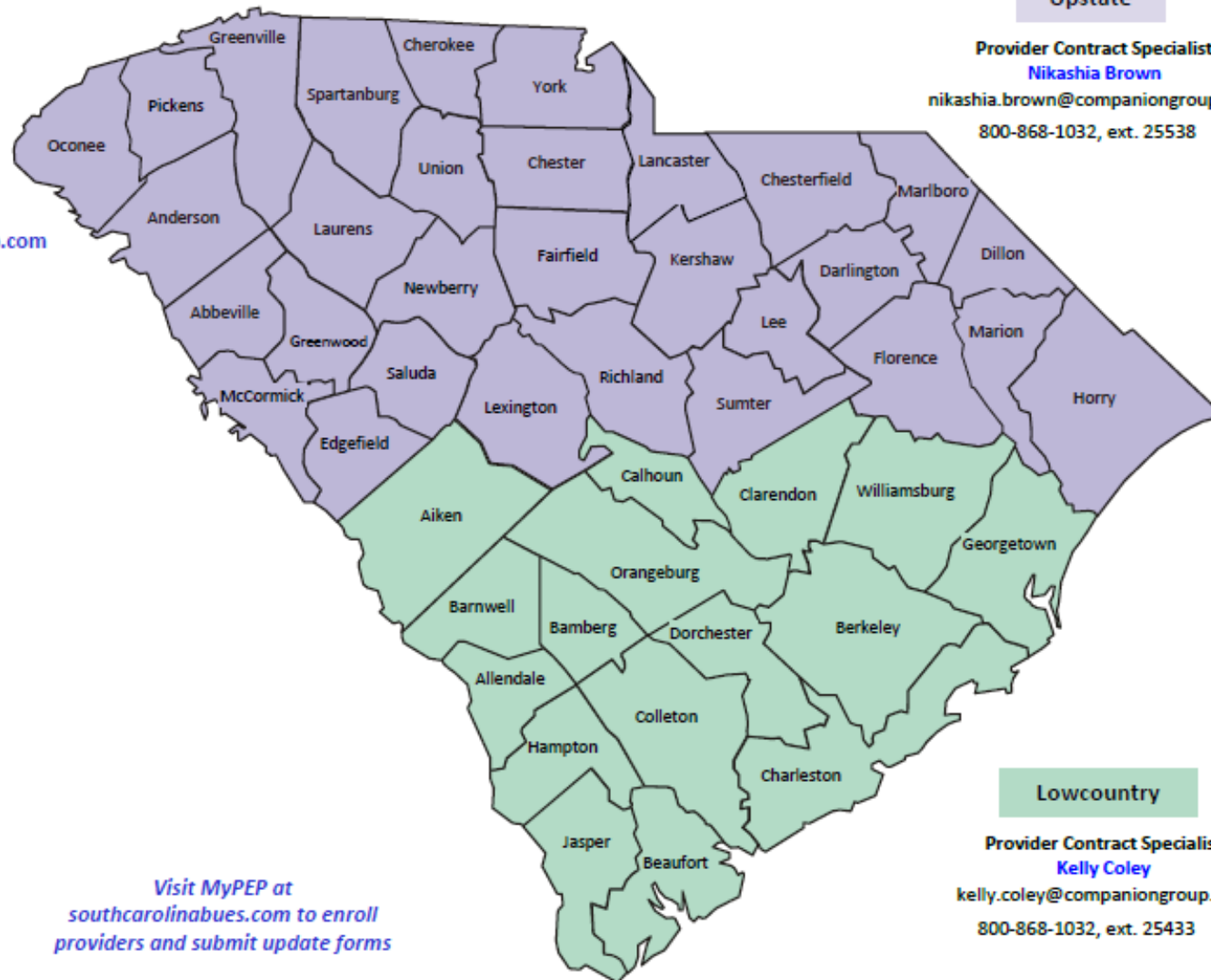
Visit MyPEP at  
[southcarolinabues.com](http://southcarolinabues.com) to enroll  
providers and submit update forms

### Lowcountry

**Provider Contract Specialist**  
**Kelly Coley**

[kelly.coley@companiongroup.com](mailto:kelly.coley@companiongroup.com)

800-868-1032, ext. 25433



# 2024 Benefits

## Companion Benefit Alternatives (CBA)

### *Reminders*

- Providers requesting to change their contracting status with the Behavioral Health (BH) network must contact CBA directly.
  - Termination of a provider's affiliation to a location will not terminate their agreement with CBA.
- CBA network providers who change their practices must notify CBA of the change and confirm their credentialing status can be transferred.
  - Recredentialing notices may be missed when providers change groups between the recredentialing cycles.
- A provider's directory specialty is based on their professional licensure as confirmed during the credentialing process and cannot be changed.
  - If the provider directory does not reflect your current practice location, contact CBA immediately.

# 2024 Benefits

## Companion Benefit Alternatives (CBA)

### *Reminders (Continued)*

- CBA does not credential or reimburse interns or anyone under the supervision of a licensed practitioner.
  - CBA credentials providers who are fully licensed and can independently work in a clinical setting.
  - Supervisors should not submit their information on claims to seek reimbursement for the supervisee.
- To assist CBA in enhancing the quality of care for our members, inform them of your availability for extended office hours or quick access appointment availability.
  - Information can be sent to [CBA.Provrep@bcbssc.com](mailto:CBA.Provrep@bcbssc.com).

# 2024 Benefits

## Companion Benefit Alternatives (CBA)

### *Telehealth*

- Providers must apply for telehealth approval.
  - Applications can be submitted through My Provider Enrollment Portal.
  - Approval applies to commercial health plans.
- Approved telehealth providers must notify the virtual care team ([VirtualCare@bcbssc.com](mailto:VirtualCare@bcbssc.com)) of:
  - Any change in Tax ID or NPI, or additional locations.
  - Addition or removal of individual providers (each rendering BH provider requires approval).
  - A change of telehealth vendors.
  - No longer providing telehealth services.
- Telehealth services must comply with our medical policy, CAM 176.
  - [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com): *Providers>Medical Policies>Commercial and Contracted Plans*
- CBA telehealth participation is subject to continued CBA network status and active credentialing.
- The modifier 95 is required on all CPT codes when services are delivered via telehealth.
- Verify member eligibility and benefits for telehealth coverage.
  - Call the number of the back of the member's ID card.

# 2024 Benefits

## Behavioral Health and Autism Applications

- CBA cannot accept the Individual Application in My Provider Enrollment Portal for enrollment.
  - The Behavioral Health Application and/or the Autism Panel Application must be submitted.
- Case comments can be submitted to verify the status of the application or submit a support case.
- Send an email to [CBA.Provrep@bcbssc.com](mailto:CBA.Provrep@bcbssc.com) to verify if the provider is already enrolled in the network before completing an application.
- To be considered for the Healthy Blue network, providers must have their Medicaid ID number. Submit this using one of the following:
  - Entering the Medicaid ID number on the application.
  - Uploading the award letter from the South Carolina Department of Health and Human Services, which includes the Medicaid ID number.
  - Uploading a notice on letterhead with the providers name, NPI, case number and Medicaid ID number.

# 2024 Benefits

## Behavioral Health and Autism Applications (Continued)

- Be sure to include the following:
  - Social security number
  - Tax ID number
  - NPI number
  - Medicaid ID number
  - Current copy of malpractice insurance policy
    - Practitioner's name must be included on the policy or listed on an attached roster.
  - Undergraduate and graduate information
  - Five years of continuous work history (provide explanation for any gaps)
  - Cultural Competency course completion date
    - This is required when applying for the Healthy Blue network.
  - Current copy of provider's license
    - A SC LLR\* license verification is also acceptable.
  - Clearly name uploaded documents (i.e., license, malpractice, etc.)

\*Labor, Licensing and Regulation

# 2024 Benefits

## **Nurse Practitioner Required Certification — APRNs and NPs**

- As of Sept. 1, 2023, APRNs and NPs must have a behavioral health certification or accreditation at the time of initial credentialing to be considered for the CBA network.
- All established APRNs and NPs in the CBA network will be required to have a behavioral health certification or accreditation by Sept. 1, 2026, to maintain their network status.
- APRNs and NPs that do not have a behavioral health certification or accreditation should apply to one of the medical networks with BlueCross as they are not eligible for the CBA network.
  - Once credentialed, they can be affiliated to a predominately behavioral health practice.



# 2024 Benefits

## Claims Support — Forms Resource Center

- All behavioral health providers have access to the Forms Resource Center (FRC) to submit clinical information for authorizations.
  - This has been expanded to allow network providers to submit a claim support inquiry for any claims that have been processed.
- As of Oct. 1, 2023, all claims request must be entered using the FRC form.
  - Visit [www.CompanionBenefitAlternatives.com](http://www.CompanionBenefitAlternatives.com).
  - Select Provider (password: cba123).
  - Scroll down and select the Claims Support link.
- This form is used to request review of up to nine claims for possible adjustment.
  - For 10 or more claims, select the option to receive a template via secure email.
- All claims must be initialed through the FRC for proper handling and routing.

# 2024 Benefits

## Upcoming Network Changes

- Upon completion of CMS certification, providers (including Licensed Professional Counselors and Licensed Marriage and Family Therapists) may be eligible to join the Medicare Advantage network.
  - Pre-registration begins Nov. 30, 2023, for Medicare Advantage.
    - Includes verification of demographics, credentialing status and contract status.
  - Pre-registration does not guarantee participation.
  - Providers must have an active Medicare number to participate in the Medicare Advantage network.
- Effective Jan. 1, 2024, Licensed Psycho-Educational Specialists will be eligible to join the Autism Panel in addition to the Healthy Blue network.
  - There is no change to the CBA network.
  - Reach out to [CBA.Provrep@bcbssc.com](mailto:CBA.Provrep@bcbssc.com) for enrollment information.



# What's New?



# What's New?

## ProgenyHealth

- **Oct. 9, 2023**, BlueCross began working with ProgenyHealth®.
- ProgenyHealth specializes in neonatal care management services, and their program enhances services for our members.
- With this program, ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers collaborate closely with our members, as well as attending physicians and nurses. This approach promotes healthy outcomes for BlueCross's premature and medically complex newborns.

### *Which plans are included:*

- This program applies to:
  - BlueChoice HealthPlan.
  - Fully insured businesses (major group, small group and individual plans).
  - Some self-insured plans.

**Note:** Review the “New Assistance for Providers From ProgenyHealth” bulletin on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) for more information.



# Benefit Reminders



# Benefit Reminders

## BlueCard Program

- The BlueCard Program enables Blue Plan members to get health care service benefits and savings while traveling or living in another Blue Plan's service area.
- The program links participating health care providers across the country and internationally through a single electronic network for claims processing and reimbursement.



# Benefit Reminders

## **BlueCard Program**

### *Ancillary Filing Guidelines*

#### Durable Medical Equipment (DME)

- File to the Plan whose state the equipment was purchased at a retail store; or
- File to the Plan whose state the equipment was shipped

#### Independent Clinical Laboratory

- File to the Plan where the specimen was drawn; or
- File to the Plan where the referring physician is located

#### Specialty Pharmacy

- File to the Plan whose state the ordering physician is located

# Benefit Reminders

## Medical Records

- Submit medical records upon request.
- Medical records could be requested to support medical necessity for claims adjudication or to close gaps in care for HEDIS®.
- The submission of medical records is a **non-billable event**.
  - Share this information with any outside vendors used to submit medical records on your behalf (e.g., Ciox, ScanSTAT, etc.).



# Benefit Reminders

## National Drug Code (NDC)

- NDCs must have 11 digits following the 5-4-2 format upon submission.
  - If the package lists an NDC with 10 digits, it must be converted to an 11-digit NDC.
    - First determine the format of your 10-digit NDC by closely examining the package information and counting the numbers separated by dashes.
- Once you have identified the format as either 4-4-2, 5-3-2 or 5-4-1, insert a zero according to the following table:

10-Digit Format		Add a zero in...		Report NDC as...
4-4-2	##### - ##### - ##	1 <sup>st</sup> position	0##### - ##### - ##	0#####
5-3-2	##### - ### - ##	6 <sup>th</sup> position	##### - 0### - ##	#####0#####
5-4-1	##### - ##### - #	10 <sup>th</sup> position	##### - ##### - 0#	#####0#

# Benefit Reminders

## Laboratory Services

- Use network participating laboratories to ensure low member cost shares.
- Access the current list of participating laboratories at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
- All lab tests must be supported by the available medical policies located on our website.

*Providers>Policies and Authorizations>Prior Authorization>Laboratory Medical Benefits*

*Providers>Medical Policies>Commercial and Contracted Plan Policies*

### *Benefits of reviewing medical policies:*

- Prevents delays in claims processing
- Ensures proper and timely payment
- Reduces the need for reconsiderations



# Reminders

## **Appointment Availability**

### *Primary Care Physicians*

- New and established patient visits
  - Scheduled within 15 days
- Urgent appointments
  - Scheduled within 48 hours

### *Specialists*

- New and established patient visits
  - Scheduled within 30 days
- Urgent appointments
  - Scheduled within 48 hours



# Resources



# Resources

## My Insurance Manager

Online portal giving access to check eligibility and benefits with the following options:

- General
- Service type
- Procedure code (recommended)

The image displays two screenshots of the My Insurance Manager website. The top screenshot shows the login page with a username and password field, a 'Login' button, and a 'Register Now' button. It also includes a 'Welcome to My Insurance Manager!' message and a 'Browser Requirements' section listing supported browsers: Internet Explorer 10 or Higher, Mozilla Firefox (current version), Google Chrome (current version), and Safari (Mac OS Only). A 'Latest Features' section highlights 'Safeguard PHI!' with a 'Learn how' link.

The bottom screenshot shows the website's navigation menu. The 'Resources' tab is selected, and the 'Eligibility and Benefits' option is circled in red. Other options in the Resources menu include Authorization Extension, Authorization Status, Claims Status, Institutional Claim Entry, Other Health Insurance, Patient Directory, Pre-Certification/Referral, Superbill Maintenance, Pre-Service Review for Out-of-Area Members, Professional Claim Entry, and Verify Primary Care Physician.

# Resources

## **Voice Response Unit (VRU)**

- The voice response unit (VRU) provides options to obtain eligibility, benefits and much more 24/7.
- The VRU is fully automated and offers quick and easy information over the phone without the need of speaking with a representative.

### *How to Access the VRU*

- For BlueCross BlueShield of South Carolina members:
  - In South Carolina, call 800-868-2510.
  - In Columbia/Lexington, call 803-788-8562.
  - If out-of-state, call 800-334-2583.
- For BlueCard® members, call 800-676-BLUE (2583).
- For Federal Employee Program (FEP) members, call 888-930-2345.
- For State Health Plan members, call 800-444-4311.

# Resources

## BlueCard Out-of-State Member Authorizations and Medical Policies

You can verify authorization requirements and medical policies for out-of-state members using the BlueCard Authorization/Medical Policy tool.

Providers Providers

[Home](#) / [Providers](#) / [Policies and Authorizations](#) / [Prior Authorization](#) / BlueCard Prior Authorization/Medical Policies

### BlueCard Prior Authorization/Medical Policies

Need prior authorization for a patient who is a member of another Blue plan? If prior authorization is required, you can initiate the process through [My Insurance Manager](#)<sup>SM</sup>. Once you've logged in, go to Patient Care. Then select "Pre-Service Review for Out-of-Area Members" from the menu.

To view an out-of-area Blue Plan's medical policy or general prior authorization information, please select the type of information you need, enter the first three letters of the identification number on the member's Blue Cross and/or Blue Shield card, and click Submit.

#### Type of Information

Please select only one.

Medical Policy

General Precertification/Preauthorization Information

This field is required.

Alpha Prefix

This field is required.

If you experience difficulties or need additional information, please contact 800-676-BLUE.

# Resources

## Member ID Card Guide

- You can get an overview of our various plans, associated networks and an example of the ID card you may see.
- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and use the path:

*Providers>Tools and Resources>Guides*



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

Independent licensees of the Blue Cross Blue Shield Association.

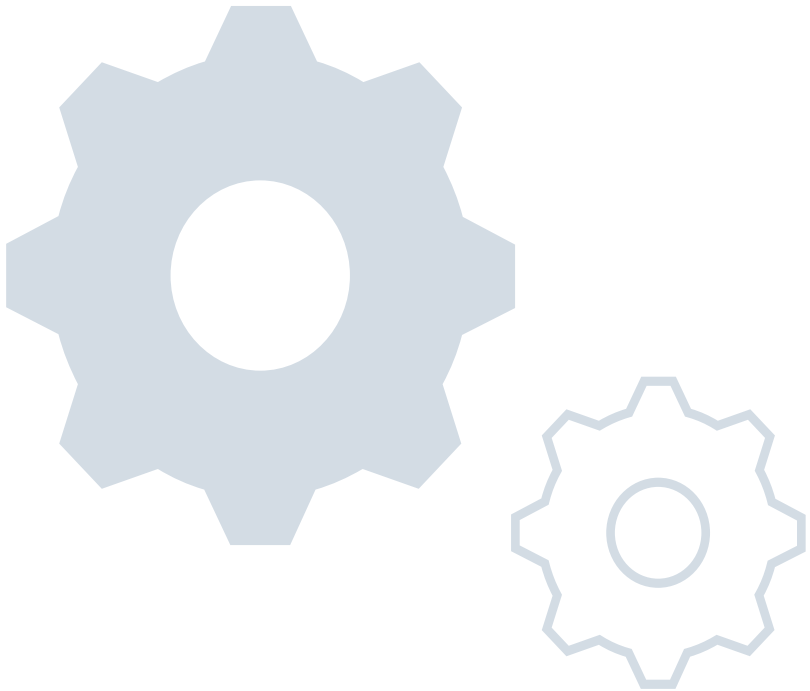
## Member Identification Card Guide

Published by Provider Relations and Education  
Your Partners in Outstanding Quality, Satisfaction and Service

Revised: May 2023



# Claims



# Claims 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

- Claim Reminders
- Claim Tips
- Available Resources





# Claim Reminders



# Claim Reminders

## High Dollar Pre-payment Reviews

*What is a high dollar pre-payment review (HDPR)?*

- The process of reviewing high dollar inpatient hospital claims to ensure providers are billing in accordance with services rendered.

*What happens during the HDPR process?*

- Charges on the claim are reduced based on audit findings of the claim with the highest charges.
  - The audit threshold is determined by the admission date.
- A claim line with revenue code 0249 is added to the claim.
  - Line will deny with CARC 216, RARC N183
  - Determined by the *Inpatient Non-Reimbursable Charge/Unbundling* policy
    - [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

*Providers>Tools and Resources>Guides>Inpatient Non-Reimbursable Charge/Unbundling Policy*

# Claim Reminders

## High Dollar Pre-payment Reviews (Continued)

*Criteria for high dollar pre-payment reviews (HDPR).*

- A HDPR takes place when the following criteria are met:
  - Inpatient institutional (acute care) claims; and
  - Claims with an allowed amount of **\$100,000 or more**; and
  - Any pricing methodologies except for the following pricing models that do not incorporate individual charges due to global pricing
    - Per-diem
    - Flat-fee case rate
    - DRG rate (except those in which a portion of the claim is charge-sensitive)

*What is needed for the HDPR?*

- Itemized bills
  - Submit, when requested, using the claims attachment feature in My Insurance Manager<sup>SM</sup>.
    - **If medical records are needed, a separate request will be sent.**

# Claim Reminders

## Itemized Bills

*Example of an acceptable itemized bill:*

42 Rev. Co.	43 Description	44 HCPCS/Rate/HPPS Code	45 Serv. Date	46 Serv. Units	47 Total Charges
0250	Dicyclomine 10 MG		010322	1	27.00
0250	Nitroglycerin 0.4 MG		010322	1	28.73
0250	Midazolam 10 MG	J2250	010322	2	29.09
0250	Atorvastatin 40 MG		010322	2	76.93
0272	Catheter Angiographic		010322	1	226.00

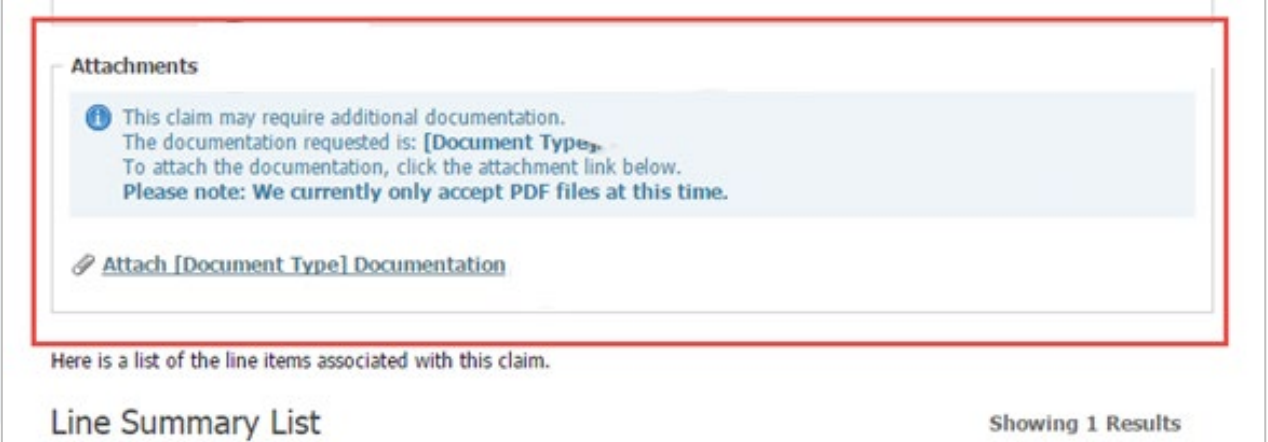
*Example of an unacceptable itemized bill:*

42 Rev. Co.	43 Description	44 HCPCS/Rate/HPPS Code	45 Serv. Date	46 Serv. Units	47 Total Charges
0250	Pharmacy			336	7780.81
0272	Sterile supplies			8	7680.40
0278	Supply/implant		010322	2	6385.00

# Claim Reminders


## Claim Attachments

- Feature in My Insurance Manager that lets you upload requested information directly into the portal for a claim.
- The feature cannot be used for claims that have not been finalized.
- Types of documentation that can be uploaded include:
  - Accident questionnaires.
  - Certificate of medical necessity (for durable medical equipment).
  - Medical records.
  - Other health insurance.
  - Primary carrier explanation of benefits.
  - Provider reconsideration.
  - Itemized bills.



**Attachments**

**i** This claim may require additional documentation.  
The documentation requested is: [Document Type].  
To attach the documentation, click the attachment link below.  
Please note: We currently only accept PDF files at this time.

 [Attach \[Document Type\] Documentation](#)

Here is a list of the line items associated with this claim.

**Line Summary List** Showing 1 Results

**Note:** Review the “What You Need to Know About Claim Attachment” guide on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) for more information.

**Providers>Tools and Resources>Guides**



# Claim Reminders

## Laboratory Services

- Avalon Healthcare Solutions manages the laboratory benefits on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.
- Access the current list of participating laboratories at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).  
*Providers>Policies and Authorizations>Prior Authorization>Laboratory Medical Benefits*
- Before rendering lab services, review the Medical Policies pages to view the complete medical policy for specific labs to ensure the criteria is followed for coverage.

### *Benefits of reviewing medical policies:*

- Prevents delays in claims processing
- Ensures proper and timely payment
- Reduces the need for reconsiderations



# Claim Reminders

## Laboratory Services — Medical Policies

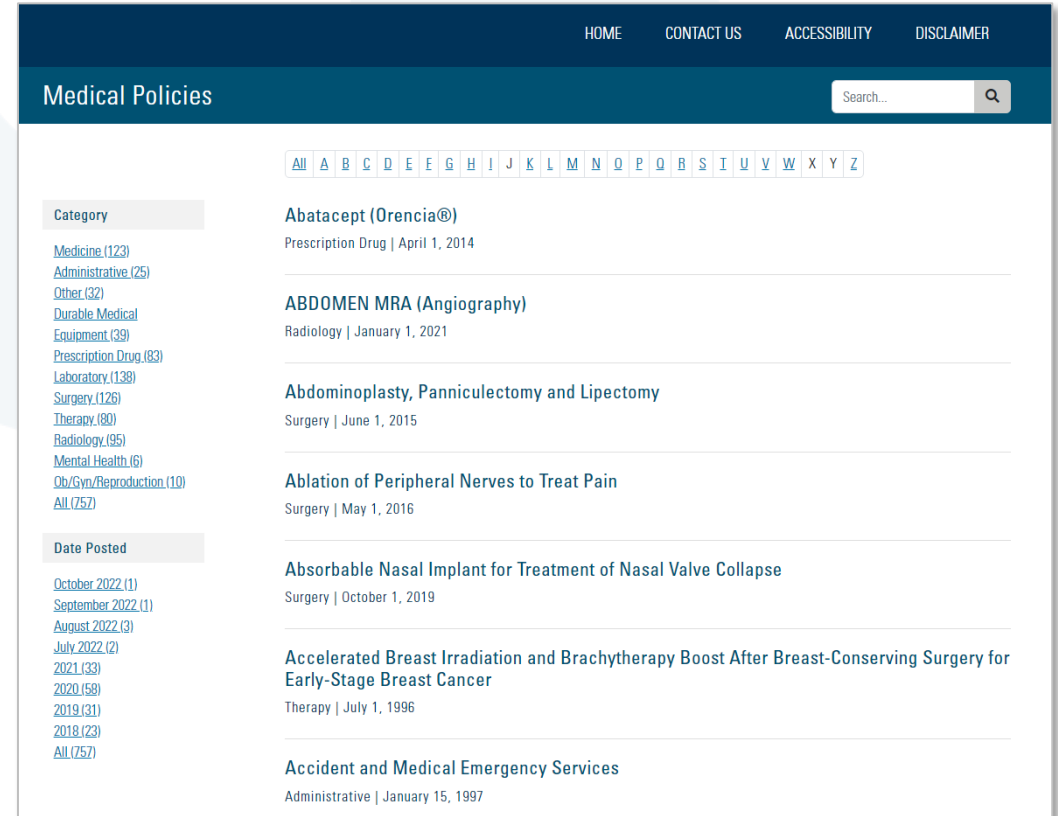
The Medical Policies pages can be found on one of the following:

- [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

*Providers>Medical Policies>Commercial and Contracted Plan Policies*

- [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

*Providers>Medical Policies (under Resources)>Medical Policies*



The screenshot shows a web page titled "Medical Policies" with a search bar and navigation links (HOME, CONTACT US, ACCESSIBILITY, DISCLAIMER). Below the search bar is a list of policies, each with a title and a date. The page includes filters for "Category" and "Date Posted".

**Category**

- Medicine (123)
- Administrative (25)
- Other (32)
- Durable Medical Equipment (39)
- Prescription Drug (83)
- Laboratory (138)
- Surgery (126)
- Therapy (80)
- Radiology (95)
- Mental Health (6)
- Ob/Gyn/Reproduction (10)
- All (757)

**Date Posted**

- October 2022 (1)
- September 2022 (1)
- August 2022 (3)
- July 2022 (2)
- 2021 (33)
- 2020 (58)
- 2019 (31)
- 2018 (23)
- All (757)

**Medical Policies**

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

- Abatacept (Orencia®)**  
Prescription Drug | April 1, 2014
- ABDOMEN MRA (Angiography)**  
Radiology | January 1, 2021
- Abdominoplasty, Panniculectomy and Lipectomy**  
Surgery | June 1, 2015
- Ablation of Peripheral Nerves to Treat Pain**  
Surgery | May 1, 2016
- Absorbable Nasal Implant for Treatment of Nasal Valve Collapse**  
Surgery | October 1, 2019
- Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Stage Breast Cancer**  
Therapy | July 1, 1996
- Accident and Medical Emergency Services**  
Administrative | January 15, 1997

**Note: CPT and diagnosis codes listed on each medical policy are not a guarantee of payment but are included only as a general reference tool. They may not be all-inclusive.**

# Claim Reminders

## Laboratory Services — Medical Policy Criteria

The following are the policy rule criteria used to determine coverage for laboratory services:

Policy Rule	Definition
Experimental and investigational	Procedure is not covered under the member's benefit due to exclusion
Demographic limitations	Limitations based on the member's age/sex
Excessive procedure units	Total units within and across claims for a single date of service more than necessary
Excessive units per period of time	Maximum allowable units within a defined period of time has been exceeded
Insufficient time between procedures	Minimum time required before a second procedure is warranted
Rendering provider limitations	Providers/procedures not permitted in combination
Diagnosis does not support test requested	Procedure was not appropriate for the clinical situation
Mutually exclusive codes	The procedure is not valid with other procedures on the same date of service

### Examples

Laboratory Test	Example	Rejection Applied
Vitamin D	Testing rendered two weeks after initiation of Vitamin D therapy	Insufficient time between procedures
Thyroid Disease	Testing of reverse T3, T3 uptake	Experimental and investigational
Testosterone	Testing saliva for testosterone	Experimental and investigational

# Claim Reminders

## Provider Reconsiderations

*What is a provider reconsideration?*

- A request to investigate the outcome of a finalized claim.

*What are the guidelines for a provider reconsideration?*

Reasons that would require a reconsideration...	<sup>1</sup> Reasons that would not require a reconsideration...
Medical necessity determination	Membership, eligibility or benefit issues
Lack of authorization for non-emergent services when the member <u>does not</u> present themselves as a BlueCross BlueShield of South Carolina member	Lack of authorization for non-emergent services when the member presents themselves as a BlueCross BlueShield of South Carolina member

<sup>1</sup>For reasons listed in this column, contact the appropriate Provider Services department using Ask Provider Services, STATchat<sup>SM</sup> or call the phone number on the back of the member's ID card.

# Claim Reminders

## Provider Reconsiderations — Requirements


### Provider Reconsideration Form

- [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
  - Providers>Claims & Payment>Appeals & Reconsiderations
- [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
  - Providers>Find a Form>Provider Reconsideration Form

### Supporting Documentation

- Supporting document must be included, such as:
  - History and physical records
  - Operative reports
  - Office notes
  - Progressive notes
- Reconsiderations cannot be reviewed without support.

Be mindful of the filing guidelines.

  
Independent licensees of the Blue Cross and Blue Shield Association

### South Carolina Provider Reconsideration Form

This form is intended for use by physicians and other health care professionals in South Carolina. If you are located outside of South Carolina and have claims questions, reviews, or appeals, please direct them to your local Blue® plan. To request a claim review, please complete this form for BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan members. Use this form as the cover transmittal sheet for all supporting documentation. Forms submitted without supporting documentation will not be considered. Be sure to complete each section.

You may wish to seek reconsideration of a claim:

- If you have additional documentation that supports a reversal of the claim determination.
- If you want a reconsideration of the claim adjudication.

#### Provider Information

Provider's Name: \_\_\_\_\_ NPI or Tax ID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Patient and Claim Information

Patient's Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Claim Number (Do not attach claim): \_\_\_\_\_ Date of Service: \_\_\_\_\_

#### Reconsideration

Check the appropriate boxes below to specify the type of service and request.

<input type="checkbox"/> Medical Services	<input type="checkbox"/> Initial Request
<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Subsequent Request*

\*Note: Subsequent requests must include the initial decision along with new or additional information to be re-reviewed.

Brief description of request/desired action you want us to take as result of this claim review:  
\_\_\_\_\_  
\_\_\_\_\_

Description of attachments included (office records, lab reports, physician orders, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Please Fax or Mail to (send to only one):

Plan	Reconsideration Time Limits	Fax Number	Mailing Address
BlueChoice® HealthPlan	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
BlueEssentials™ & Blue Option™	180 days from remit date	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Preferred Blue® & BlueCard®	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Group & Individual	180 days from remit date	803-264-4172	AX-F25, I-20 @ Alpine Road, Columbia, SC 29219
State Health Plan	6 months from remit date	803-264-4204	AX-B10, P.O. Box 100605, Columbia, SC 29260
Federal Employee Program	90 days from remit date	803-264-8104	AX-805, P.O. Box 600601, Columbia, SC 29260
Medicare Advantage	60 days from remit date	803-264-9581	AG-780, P.O. Box 100191, Columbia, SC 29202
Healthy Blue™	90 days from remit date	<a href="#">Click here</a> for the Healthy Blue provider appeal request form.	

Revised Aug. 27, 2021

# Claim Reminders

## Provider Reconsiderations vs. Corrected Claims

Knowing when to submit a provider reconsideration versus a corrected claim is important.

*Examples of when a provider reconsideration can be submitted.*

### Provider reconsideration

A claim is rejected because the medical necessity could not be determined

A claim is rejected for lack of authorization, but the member was comatose when they arrived at the hospital

*Examples of when a corrected claim should be submitted.*

### Corrected claim

An anesthesia claim is submitted with the incorrect modifier and rejects as a duplicate

A provider only performs the Cesarean delivery, but submits their claim with the procedure 59515 (which includes postpartum care), causing the claim to process globally

# Claim Reminders

## Pricing Inquiries

*What is a pricing inquiry?*

- An investigation of the reimbursement applied to a claim.

*Before submitting pricing inquiries, verify the following:*

Member's plan  
(i.e., Commercial or Exchange)

Non-covered charges  
or denied lines

Applied cutbacks

Date of service

MUEs

***Note: If using a third-party vendor, be sure to relay this information to them.***

# Claim Reminders

## Refunds

For assistance with refunds:


- Access My Insurance Manager.
- Contact the number on the back of the member's ID card.

*If you do not have the refund letter:*

- Call Provider Services: 800-868-2510, opt. 4
  - Used for the following lines of business:
    - BlueCard
    - BlueEssentials<sup>SM</sup>
    - Major Group
    - National Alliance
    - Small Group & Individual

0000128

STATE REFUNDS (AX-B15)  
PO Box 100300  
COLUMBIA SC 29202-3300

 South Carolina  
BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association  
Visit MyInsuranceManager<sup>SM</sup>  
at www.SouthCarolinaBlues.com

NOVEMBER 11, 2021

000128  
0001 of 0001

Re: Patient: Jud  
ID Number:  
Provider Nu  
Date(s) of S  
Refund Num

Dear Provider:

We sent a payment to you on March 01, 2021, in error for the patient listed above. We must request a refund of \$41.80 for the reason(s) stated below:

**THE MEDICARE COINSURANCE IS INCORRECT.**

If we have not heard from you within 30 days, we will deduct this amount from future payments to you. Please send this amount, along with a copy of this letter, to:

BlueCross BlueShield of South Carolina  
Attn: Lockbox AX-A31  
I-20 at Alpine Road  
Columbia, SC 29219

**We thank you for your cooperation and apologize for any inconvenience. If you have any questions, please call our Provider Service department at 800-444-4311.**

Sincerely,

State Group Refunds



# Claim Reminders

## Network Participating Providers

Network participating providers should always use or refer members to other network participating providers, when necessary, including laboratories.

*By using or referring other network participating providers:*

- Members will not have to bear the burden of higher out-of-pocket costs.
- Members will not be subject to balance billing.

# Claim Reminders

## Claim Submissions

Claims can be submitted using the following:

- Electronically (through your clearinghouse)
  - Preferred method
  - See the payer IDs
- My Insurance Manager (MIM)
- Mail (hard copy)
  - Use the address located on the back of the member's ID card

For more information, visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com):

*Providers>Claims & Payments>Claims Submission*

Medical Plans	
State Health Plan	00400
BlueCross BlueShield of South Carolina	00401
Federal Employee Plan (FEP)	00402
Healthy Blue <sup>SM</sup>	00403
Planned Administrators, Inc. (PAI)	00886
BlueChoice <sup>®</sup> HealthPlan	00922
Medicare Advantage	00C63

Dental Plans	
BlueCross BlueShield of South Carolina	38520

# Claim Reminders

## Claim Submissions — Corrected Claims

- Corrected claims can be submitted using one of the following avenues:
  - Electronically (the preferred method)
    - Enter frequency code 7 (which indicates an adjustment) in Box 22 of the CMS-1500.
    - Enter the original claim number in Box 22 of the CMS-1500.
    - Include a brief description for the reason of the adjustment in Box 19 of the CMS-1500.
  - My Insurance Manager (MIM)
    - Select Replacement of Prior Claim on the Claim Information page.
  - Mail (hard copy)
    - Ensure “Corrected Claim” is labeled on the claim.
- For all avenues, be sure to include **all lines** from the original claim along with the correction(s) that should be made.
- Guidance on submitting corrected claims can be located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

*Providers>News and Events>News Archive>2021 News>Reminder: Corrected Claims*



# Claim Tips



# Claim Tips

## Claims Requiring Questionnaire Responses

- Accident or subrogation
  - Generated based on trauma related diagnoses on a claim
  - Allow members at least 60 days to respond and for the review to be completed
- Other health insurance (OHI)
  - Generated based on the member's age, if they have more than one policy on file, etc.
  - Must be completed by the member or the member can contact customer service to verify or update

Encourage members to return the questionnaire as soon as possible to avoid processing delays.

Incorporate the forms in the onboarding paperwork.  
*Only submit the documentation if requested.*

**Note: Both forms are on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).**

*Providers>Forms>Other Forms*

# Claim Tips

## Correct Coding

- Accurate coding and reporting of services on medical claims is critical in assuring proper payment to providers.
- Common coding issues include:

Invalid modifiers

Incorrect number of units

Diagnosis inconsistencies

Unbundled services

Age or gender discrepancies

Unspecified codes



# Available Resources



# Available Resources

## Voice Response Unit (VRU)

If we processed and paid a claim or applied patient liability, the VRU will provide:

- Processed date.
- Remittance date.
- Check number.
- Amount paid.
- Amount applied to the patient's liability (copay, deductible or coinsurance).

If we processed and denied a claim, the VRU will provide:

- Denial reason.
- Remittance date.

***Note: If a claim is processed to the member, please contact them for the details. Submitting a HIPAA transaction (276/277) will advise if the claim was processed to the member.***



# Available Resources

## My Insurance Manager<sup>SM</sup>

My Insurance Manager (MIM) is the quickest way to obtain claims information. With MIM, you can:

- Submit claims.
- Check claims status.
- View refund letters.
- Get assistance with claims.
  - Ask Provider Services
  - STATchat<sup>SM</sup>

Additional information included in MIM:

- Eligibility and benefits
- Prior authorizations
- Provider updates

*Note: Review the available MIM guides on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) for more information.*

*Providers > Tools and Resources > My Insurance Manager*

# Available Resources

## Ask Provider Services (Web inquiries)

- Ask Provider Services is a feature inside My Insurance Manager that allows you to submit secured web inquiries for help with claims.
- To get the most effective and accurate responses, ask specific, probing questions.
  - This feature should not be used for general claim status.

Examples of appropriate questions to ask...	Examples of inappropriate questions to ask...
Why was line one of the claim denied as noncovered?	What is the status of the claim?
Why were services applied to the member's deductible?	Have medical records been received?
Has the member returned the coordination of benefits questionnaire?	Has the claim been processed?

# Available Resources

## Ask Provider Services — Submitting Web Inquiries

### Searching by Member ID (Recommended Option)

#### Be sure to:

- Select the appropriate Health Plan.
- Enter the **FULL** Member ID, including the prefix and any additional letters.
- Enter the date of birth.
- Select one of the advanced options.

**Patient Selection**

To get claims status information, please enter this information. If your patient had a different Health Plan previously, please choose the Health Plan that was in effect for the specific date of service.

\* **Health Plan:**  
--Please Choose One--

**Search By:**

Member ID  
 Claim Number

\* **Member ID:**  
include alpha prefix, if applicable

\* **Patient's Date of Birth:**  
mm/dd/yyyy

\* **Health Plan:**  
--Please Choose One--  
BlueCross BlueShield Plans  
BlueChoice HealthPlan  
State Health Plan  
Federal Employee Program

\* **Member ID:**  
ypwj1 1  
include alpha prefix, if applicable

**Advanced Search**

All Claims in System  
 Date of Service  
 Last 6 Months  
 Last Year

# Available Resources

## Ask Provider Services — Submitting Web Inquiries

### Searching by Member ID (Continued)

#### Be sure to:

- Enter the patient's first and last name.
- Enter the **FULL** Member ID, including the prefix and any additional letters.
- The date of birth and location will auto-populate from the selected claim.
- Enter your question (be specific as possible).

The screenshot shows a web form titled "Ask Provider Services" with a sub-header "Inquiry". A message at the top states: "Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat." Below this, a section titled "How would you like to contact Provider Services?" has two radio buttons: "Submit your question online" (selected) and "Talk to Provider Services online (Monday - Friday, 8:30 a.m. to 8 p.m. EST)". The "Health Plan" dropdown is set to "BlueCross BlueShield Plans" and the "Inquiry Reason" dropdown is set to "Claim Status Inquiry". There are four input fields: "Patient's First Name", "Patient's Last Name", "Patient's Member id", and "Patient's Date of Birth" (with a date picker showing 11/13/1955 and a "mm/dd/yyyy" label). Below these are "Location" (a dropdown menu showing "GRANDVIEW MEDICAL CENTER" and a "Select" button) and "Primary ID" (an input field with "100000122"). A large text area is labeled "\* Please enter a question:". At the bottom, there are "Submit Question" and "Back" buttons.

# Available Resources

## Ask Provider Services — Submitting Web Inquiries

### Searching by Claim Number

#### Be sure to:

- Select the appropriate Health Plan.
- Enter the claim number.

**Patient Selection**

To get claims status information, please enter this information. If your patient had a different Health Plan previously, please choose the Health Plan that was in effect for the specific date of service.

**\* Health Plan:**  
--Please Choose One--

**Search By:**

Member ID

Claim Number

**\* Claim Number:**  
\_\_\_\_\_

**\* Health Plan:**  
--Please Choose One--  
BlueCross BlueShield Plans  
BlueChoice HealthPlan  
State Health Plan  
Federal Employee Program

Continue

# Available Resources

## Ask Provider Services — Submitting Web Inquiries

### Searching by Claim Number (Continued)

#### Be sure to:

- Enter the patient's name, ID number, date of birth and location will auto-populate from the entered claim.
- Enter your question (be specific as possible).

**Ask Provider Services**

**Inquiry**

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

**How would you like to contact Provider Services?**

Submit your question online

Talk to Provider Services online  
(Monday - Friday, 8:30 a.m. to 8 p.m. EST)

**Health Plan:**  
BlueCross BlueShield Plans

**Inquiry Reason:**  
Claim Status Inquiry

\* Patient's First Name:  \* Patient's Last Name:  \* Patient's Member id:  Patient's Date of Birth:   
mm/dd/yyyy

\* Location:   Primary ID:

\* Please enter a question:

or [Back](#)

# Available Resources

## Ask Provider Services — Viewing Web Inquiry Responses

### Be sure to:

- Select Go to Message Center.
- To narrow the results, you can:
  - Enter the ID number and select the Health Plan.
  - Select specific months.

[Go to Message Center](#)

Search by Member ID:  Select a Plan...

Last 30 Days Results (0)

Message Tools < Last 30 Days > Go

Date ▲	Subject
We did not find any messages for the time period you chose. Please try your request again with a different time period.	

**Note:** If you submit an inquiry in one month and do not see a response, search by the member's ID number. The response may be listed under a different month.

# Available Resources

## STATchat

- STATchat is a fast and simple way to speak with a provider services representative.
- The feature is available through My Insurance Manager.

## System Requirements

- A current version of Adobe Flash Player
- A compatible web browser, such as Microsoft Internet Explorer 10 or EDGE® or Google Chrome®
- A headset (recommended) or standalone microphone and speakers connected to your computer

**Ask Provider Services**

STATchat \* Required

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

How would you like to contact Provider Services?

Submit your question online

Talk to Provider Services online  
(Monday - Friday, 8:30 a.m. to 8 p.m. EST)

Inquiry Name:  
BlueCross BlueShield Plans

Inquiry Reason:  
Claim Status Inquiry

\* Patient's First Name: /    \* Patient's Last Name: K    \* Patient's Member id: B: i9Q

\* Location:    Primary ID: 1

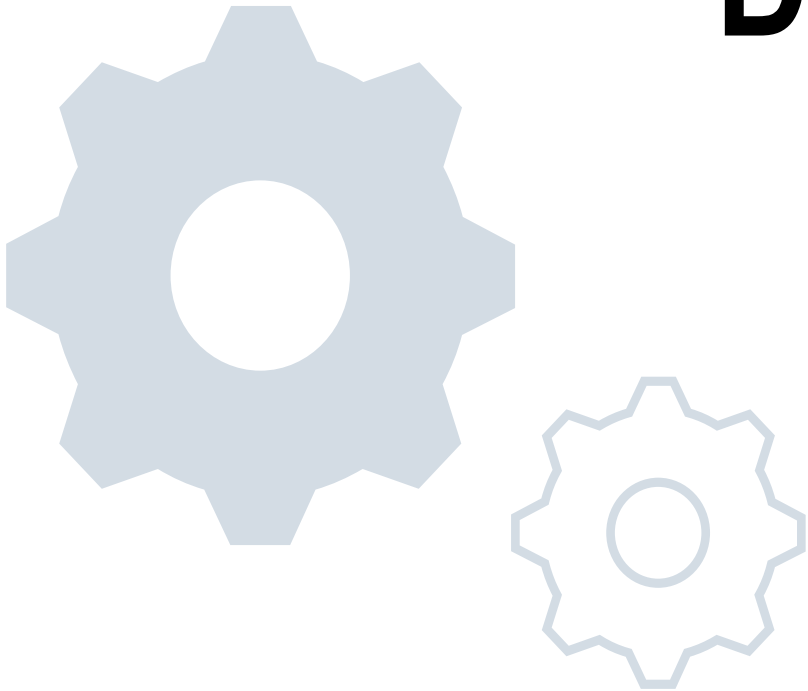
[Need help using STATchat?](#)

**Launch STATchat** or [Back](#)

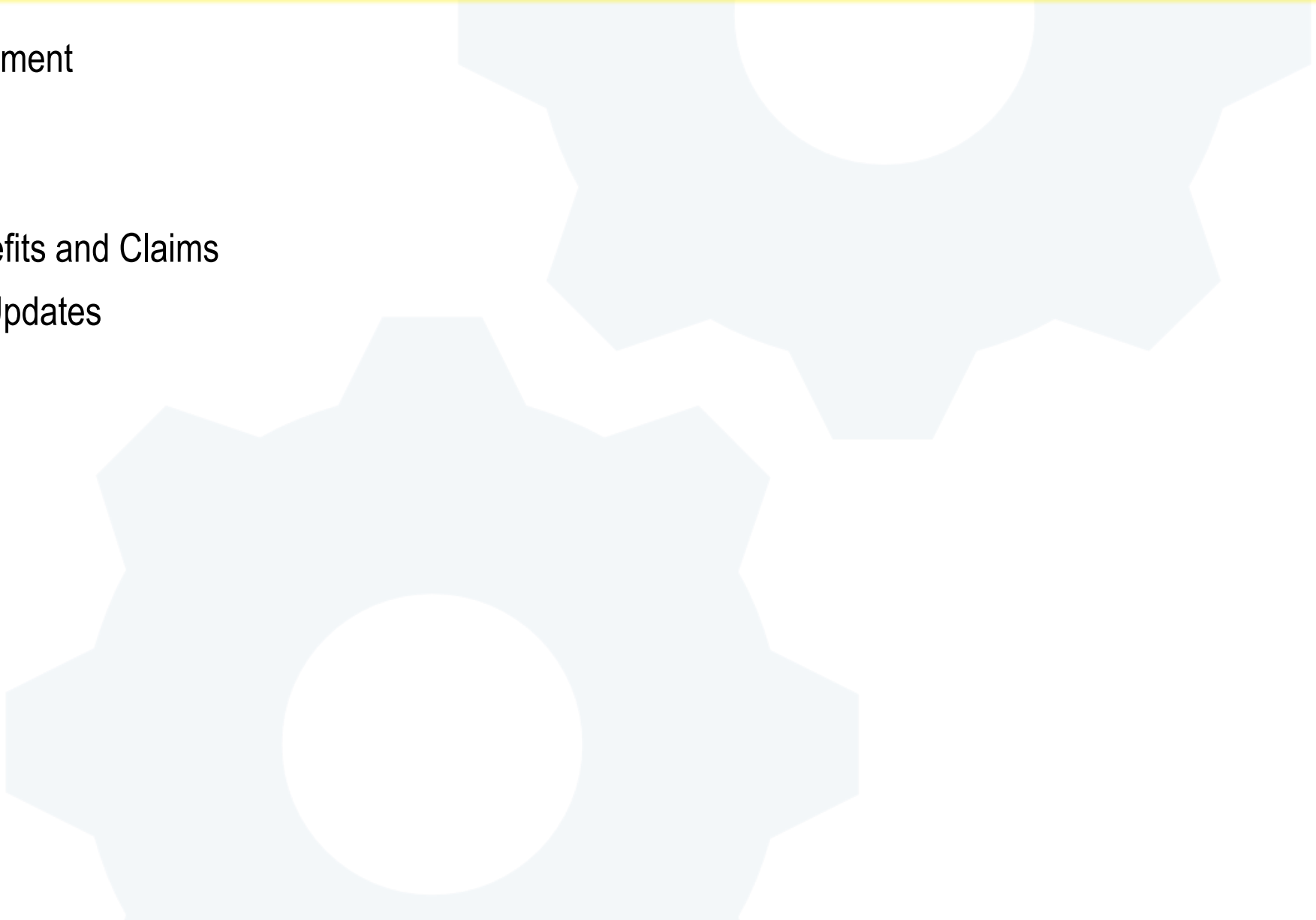




# Dental Network



# Agenda

- Provider Enrollment
  - Dental Plans
  - Dental GRID
  - Eligibility, Benefits and Claims
  - 2024 Coding Updates
- 
- The background features two large, light blue gears. One gear is positioned in the lower-left quadrant, and the other is in the upper-right quadrant. They are partially overlapping and have a semi-transparent appearance, allowing the white background to show through.



# Dental Provider Enrollment

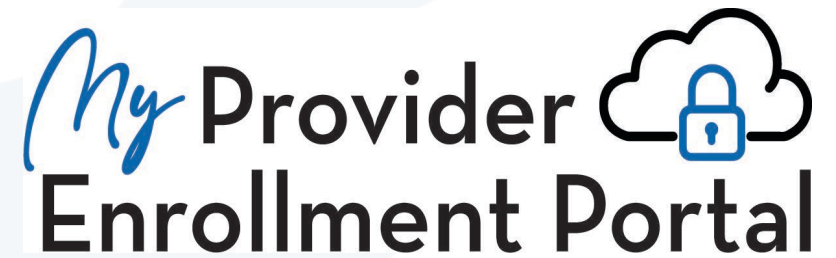


# Dental Provider Enrollment

## Participating Dental Network

- Plans that use the Participating Dental Network include:
  - Commercial plans.
  - Medicare Advantage plans.
  - State Dental Plus.
  - Companion Life Dental.
  - FEP Basic, Standard and BCBS FEP Dental.
  - GRID members.
- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

*Providers>Provider Enrollment>My Provider Enrollment Portal*



### Individual Provider Enrollment

For Providers wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

**Note: This application applies to medical, dental, and mid-level providers.**

ENROLL

# Dental Provider Enrollment

## Updates to Dental Enrollment Application

- Since implementing [My Provider Enrollment Portal](#), we have made updates to improve efficiency. The latest update is with the dental application.
- To streamline the process, all individual providers will use the same application.
- From the entry page, you will still select DDS or DMD as the provider type.

*Note: The fields will be the same, but the application may look different.*

# Dental Provider Enrollment

## What to Include with Initial Individual Enrollment

Checklist Items	Doctor of Dental Surgery (DDS)	Doctor of Dental Medicine (DMD)
Provider Enrollment Application		
Copy of SC Medical/Practice License		
DEA Certification	<b>Note 1</b>	
Current Copy of Malpractice (Min. \$1M/\$3M)		
Authorization to Bill for Services		
Clinical Lab Improvement Amendments		<b>Note 2</b>
Nurse Practitioner Preceptor Form		
Signed Contracts		
Hold Harmless – BlueChoice HealthPlan		
Appendix D – BlueChoice HealthPlan		
<b>Additional Items for Medicaid</b>		
Medicaid ID Number		<b>Note 2</b>
Nurse Protocols		
Physician Assistant Protocols		

1. Only needed if applicable.
2. Only needed if the DMD is applying for medical networks.

*Note: Shaded fields are required.*

# Dental Provider Enrollment

## What to Include with Initial Group Practice Enrollment

Checklist Items	Dental
Group Practice Application	
IRS Verification of Tax ID (No W-9s)	
Electronic Funds Transfer Enrollment	
Application for Satellite Location	
Clinical Lab Improvement Amendments	
Signed Contracts	
Copy of CMS Letter	
Copy of Medicare PTAN Letter	
Copy of Business License	
Copy of DHEC License	
<b>Additional Items for Medicaid</b>	
Medicaid ID Number	

*Note: Shaded fields are required.*

# Dental Provider Enrollment

## What to Include for In-State, Out-of-Network

Checklist Items
<sup>1</sup> Health Professional Application
<sup>1</sup> Authorization to Bill for Services
<sup>2</sup> Group Practice Application
<sup>2</sup> IRS Verification of Tax ID (No W-9s)
<sup>2</sup> Electronic Funds Transfer Enrollment

1. Needed for each individual being linked to the practice.
2. Needed if the group is not on file.

***Note: This checklist applies to individual practitioners. Group practices that wish to remain out-of-network would complete the Group Enrollment application and select No for the network participation question.***

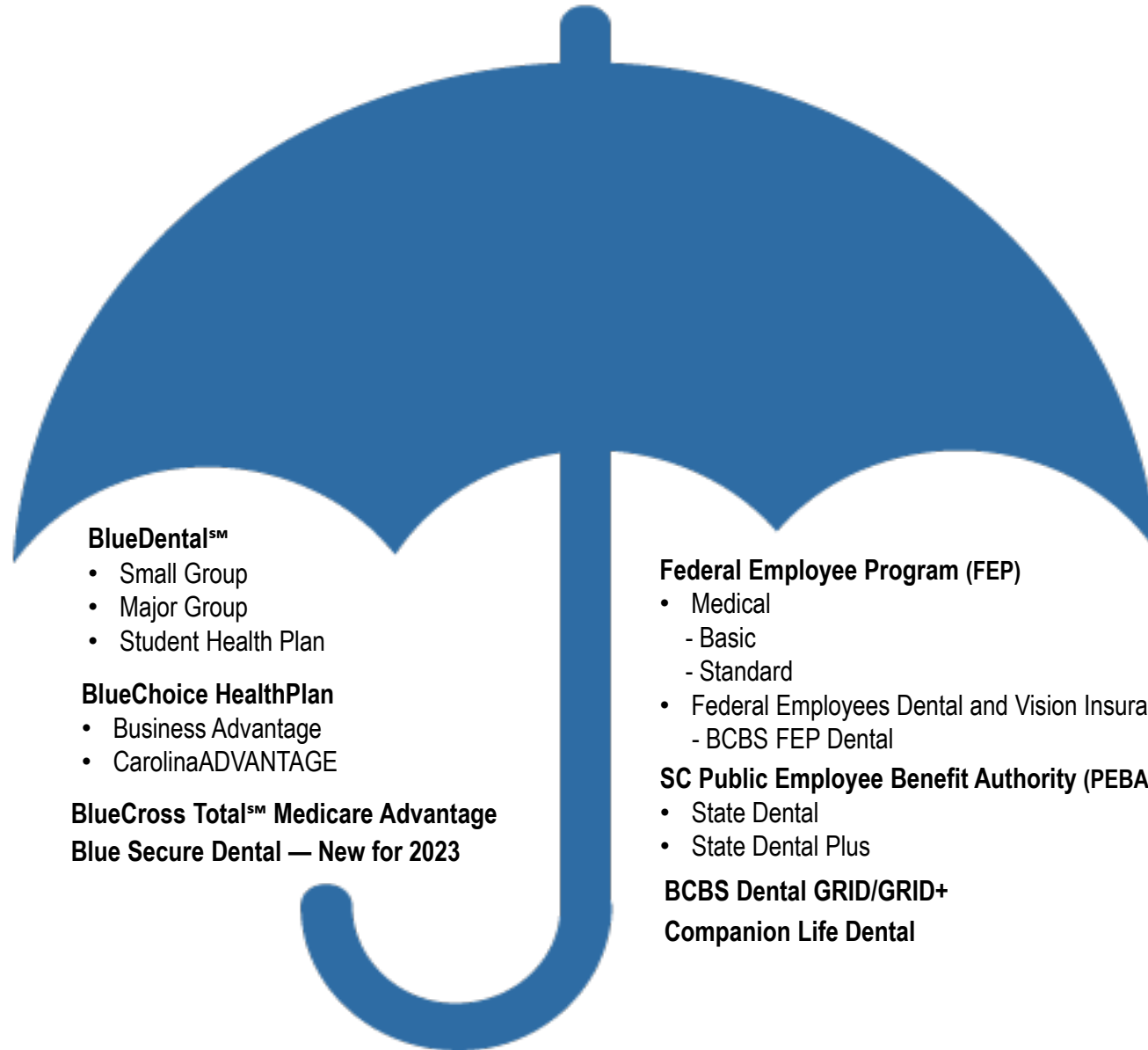




# Dental Plans



# BlueCross BlueShield of South Carolina Dental Umbrella



## **BlueDental<sup>SM</sup>**

- Small Group
- Major Group
- Student Health Plan

## **BlueChoice HealthPlan**

- Business Advantage
- CarolinaADVANTAGE

**BlueCross Total<sup>SM</sup> Medicare Advantage**  
**Blue Secure Dental — New for 2023**

## **Federal Employee Program (FEP)**

- Medical
  - Basic
  - Standard
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
  - BCBS FEP Dental

## **SC Public Employee Benefit Authority (PEBA)**

- State Dental
- State Dental Plus

## **BCBS Dental GRID/GRID+**

**Companion Life Dental**



# Dental Plans


## Commercial Plans

 <b>South Carolina</b>	
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____	
Member ID <b>XXX123614046483</b>	
PLAN <b>DENTAL</b> PLAN CODE <b>380</b>	
_____	
www.SouthCarolinaBlues.com	

 <b>South Carolina</b>	<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a> Customer Service: 1-800-922-1185
	BlueCross BlueShield of South Carolina P.O. Box 6000 Greenville, SC 29606-6000 An independent licensee of the Blue Cross and Blue Shield Association.
DB	

Sample Commercial — Dental Only ID Card

 <b>South Carolina</b>	
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____	
Member ID <b>XXX123456789012</b>	
RxBIN <b>021684</b> RxGRP <b>BXMN</b>	
MAMMOGRAPHY NETWORK _____ GRID+ _____	
www.SouthCarolinaBlues.com	

 <b>South Carolina</b>	<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>
Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. Report all emergency admissions within 24 hours.	Customer Service: XXX-XXX-XXXX Dental Customer Service XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential Advocate™: 855-435-5839 Precertification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-868-1032 EyesMed: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0889
Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202	An independent licensee of the Blue Cross and Blue Shield Association.
MOX	

Sample Commercial — Medical and Dental ID Card

# Dental Plans

## Commercial Plans (Continued)

- There are some dental plans that use a network of participating providers, while other plans do not.
  - Members are always encouraged to select in-network providers.
    - Members that use out-of-network providers will be responsible for all charges exceeding the schedule of dental allowances
- Coverage levels include:
  - Preventive care.
  - Restorative care.
  - Major restorative care.
  - Implant services (coverage varies per plan).
  - Orthodontic care (coverage varies per plan).

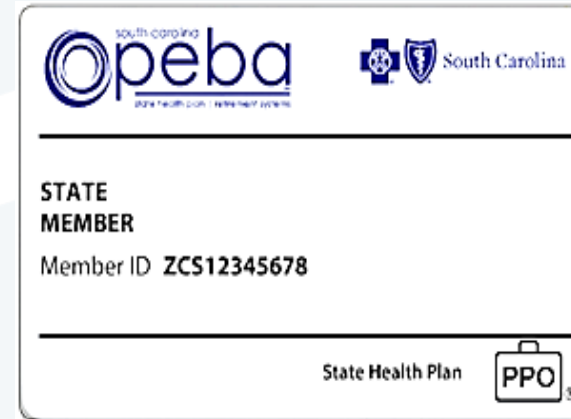
# Dental Plans

## State Plan: Basic Dental

- SC Public Employee Benefit Association (PEBA) uses BlueCross BlueShield of South Carolina as an administrator for their dental plans.
- Benefits are divided into four classes:
  1. Diagnostic and preventive services.
  2. Basic dental services.
  3. Prosthodontics.
  4. Orthodontics.

**Note: A \$1,000 benefit period maximum applies to classes 1-3.**

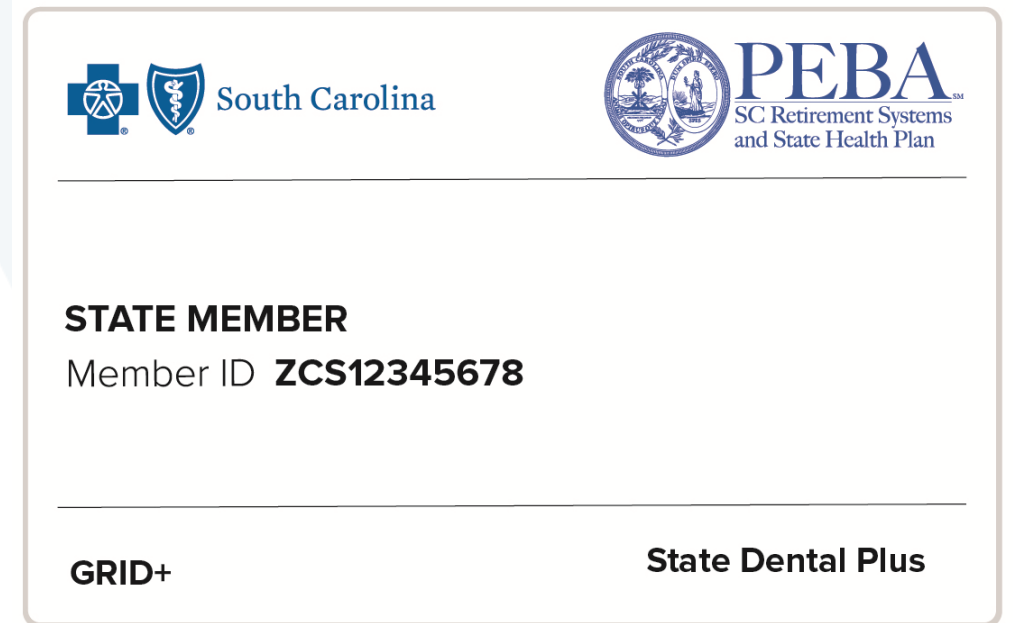
- Covered services are paid based on its schedule of dental procedures and allowable charges.
- Beginning Jan. 1, 2024, State Dental and Dental Plus will no longer apply the alternate benefit for codes D2391 – D2394.



# Dental Plans

## State Plan: Dental Plus

- Members with the Dental Plus plan will have **State Dental Plus** on their ID card.
- Dental Plus is a supplement to the Basic Dental plan and provides an additional \$1,000 benefit period maximum for classes 1-3.
- Dental Plus provides a higher level of reimbursement for services that the Basic Dental plan covers.
  - Reimbursement is based on the commercial negotiated rate with BlueCross BlueShield of South Carolina.
- Dental Plus members utilize the BlueCross BlueShield of South Carolina Network for in-network benefits.



# Dental Plans

## Federal Employee Program (FEP): Basic Option

- Members have a \$35 copay for evaluations. If members have Medicare Part B or a FEDVIP plan, the FEDVIP plan pays the \$35 copay.
- FEP pays any balance up to the BlueCross Preferred Blue Participating Dental allowance.
- Basic members must use preferred dentists to receive benefits.
- If a service is not covered by FEP Basic, in-network providers can charge their usual and customary charge.

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan		Basic	
Member Name	<a href="http://www.fepblue.org">www.fepblue.org</a>				
Member ID	R99999999				
Enrollment Code	112	RxIIN	610239		
Effective Date	01/01/2008	RxPCN	FEPRX		
		RxGrp	65006500		

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.

Pre-certification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if pre-certification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain pre-certification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (RI 71-005) for the applicable contract year, which is the only legal description of benefits.

**BlueCross and BlueShield of Geography**  
An independent licensee of the BlueCross and BlueShield Association.

[www.fepblue.org](http://www.fepblue.org)

Customer Service: **1-800-522-5566**  
Precertification: **1-800-255-2042**  
Mental Health/ Substance Abuse: **1-800-554-9504**  
Retail Pharmacy: **1-800-626-5060**  
Blue Health Connection: **1-888-258-3432**  
Assistance Overseas (Call collect): **1-804-673-1678**

# Dental Plans

## Federal Employee Program (FEP): Basic Option

Covered Service	FEP Pays	Member Pays
<b>Clinical Oral Evaluations</b>	Preferred: All charges in excess of member's \$35 copayment	Preferred: \$35 copayment per evaluation
Periodic oral evaluation*		
Limited oral evaluation		
Comprehensive oral evaluation*		
*Benefits are limited to a combined total of two evaluations per person per calendar year		
<b>Diagnostic Imaging</b>	Preferred: All charges in excess of member's \$35 copayment	Preferred: \$35 copayment per evaluation
Intraoral – complete series including bitewings (limited to one complete series every three years)		
<b>Preventive</b>	Participating/Non-participating: Nothing	Participating/Non-participating: Member pays all charges
Prophylaxis – adult (up to two per calendar year)		
Prophylaxis – child (up to two per calendar year)		
Topical application of fluoride or fluoride varnish – for children only (up to two per calendar year)		
Sealant – per tooth, first and second molars only (once per tooth for children up to age 16 only)		
<b>Not covered: Any service not specifically listed above</b>	Nothing	All charges



# Dental Plans

## Federal Employee Program (FEP): Standard Option

- Members have no deductibles, copays or coinsurance.
- Members pay the difference between the fee schedule amount and the BlueCross Participating Dental allowance while using preferred dentists.
  - When using non-preferred dentists, members pay all charges in excess of the listed fee schedule.
- If a service is not covered by FEP Standard, both in and out-of-network providers can charge their usual and customary charge.

 <b>BlueCross BlueShield</b> Federal Employee Program.	Government-Wide Service Benefit Plan		<a href="http://www.fepblue.org">www.fepblue.org</a>
Member Name <b>Member Name</b>	<b>www.fepblue.org</b>		
Member ID <b>R99999999</b>			
Enrollment Code <b>104</b>	RxIIN <b>610239</b>		
Effective Date <b>01/01/2008</b>	RxPCN <b>FEPX</b>		
	RxGrp <b>65006500</b>		
<small>This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits. Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information. Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R 71-006) for the applicable contract year, which is the only legal description of benefits.</small>			
		<a href="http://www.fepblue.org">www.fepblue.org</a>	
		Customer Service:	<b>1-800-522-5566</b>
		Precertification:	<b>1-800-255-2042</b>
		Mental Health/ Substance Abuse:	<b>1-800-554-9504</b>
		Retail Pharmacy:	<b>1-800-626-5060</b>
		Blue Health Connection:	<b>1-888-258-3432</b>
		Assistance Overseas (Call collect):	<b>1-804-673-1678</b>
		<b>BlueCross and BlueShield of Geography</b> An independent licensee of the BlueCross and BlueShield Association.	

# Dental Plans

## Federal Employee Program (FEP): Standard Option

Covered Service	FEP Pays		Member Pays
	To Age 13	Age 13 and Over	
<b>Clinical Oral Evaluations</b>			In Network The difference between the amounts listed to the left and the BlueCross Participating Dental Allowance
Periodic oral evaluation (up to two per person per calendar year)	\$12	\$8	
Limited oral evaluation	\$14	\$9	
Comprehensive oral evaluation	\$14	\$9	
Detailed and extensive oral evaluation	\$14	\$9	
<b>Diagnostic Imaging</b>			In Network The difference between the amounts listed to the left and the BlueCross Participating Dental Allowance
Intraoral complete series	\$36	\$22	
<b>Palliative Treatment</b>			Out of Network All charges in excess of the scheduled amounts listed to the left.
Palliative treatment of dental pain – minor procedure	\$24	\$15	
Protective restoration	\$24	\$15	
<b>Preventive</b>			Out of Network All charges in excess of the scheduled amounts listed to the left.
Prophylaxis – adult (up to 2 per person per calendar year)	---	\$16	
Prophylaxis – child (up to 2 per person per calendar year)	\$22	\$14	
Topical application of fluoride or fluoride varnish (up to two per person per calendar year)	\$13	\$8	
<b>Not covered: Any service not specifically listed above</b>	Nothing	Nothing	All charges

# Dental Plans

## Federal Employee Program (FEP): Blue Focus

- Members with a Blue Focus plan do not have dental benefits directly with their plan.
- Members would need BCBS FEP Dental or another Federal Employees Dental and Vision Insurance Program (FEDVIP) for dental benefits.
- Claims would need to be filed directly to the FEDVIP plan.



BlueCross BlueShield Federal Employee Program. FEP Blue Focus. Member Name: \*\* OC - DO NOT MAIL \*\* \*\* Q. Member ID: R00000044. Enrollment Code: 131. Effective Date: 01/01/2012. RxIDN: 610239. RxPCN: FEPRX. RxGrp: 65006500. www.fepblue.org.

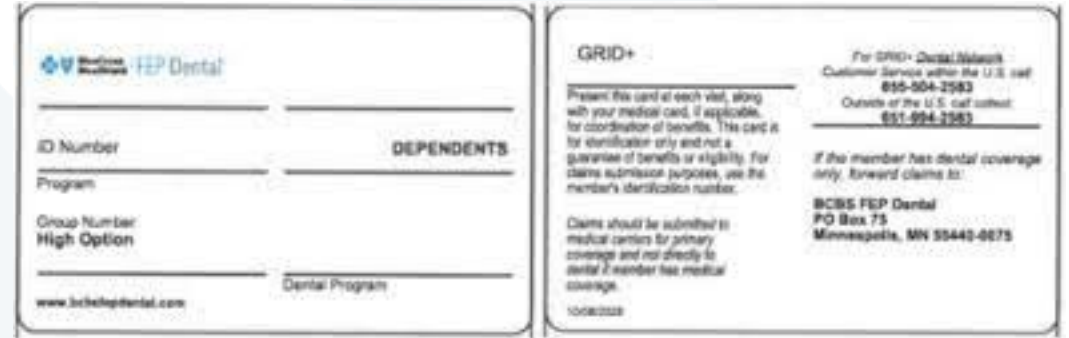


BlueCross BlueShield Federal Employee Program. www.fepblue.org. Customer Service: 1-800-000-0000. Precertification: 1-800-000-0000. Mental Health/Substance Abuse Precertification: 1-800-000-0000. Retail Pharmacy: 1-800-624-5060. Assistance Overseas (Call Collect): 1-804-673-1676. Blue Health Connector: 1-888-258-3432. BlueCross and BlueShield of Geography: An independent licensee of the BlueCross and BlueShield Association.

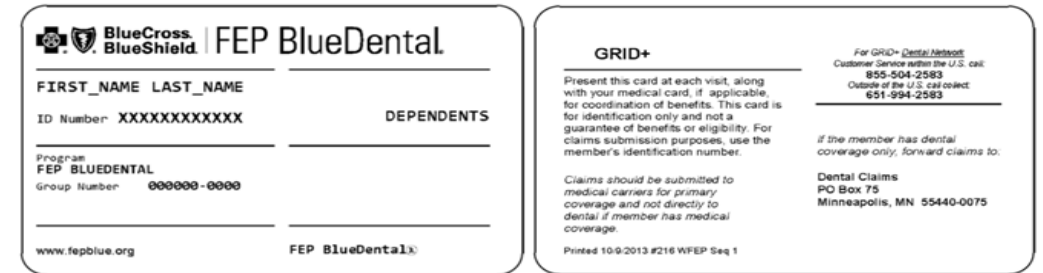
# Dental Plans

## Federal Employee Program (FEP): BCBS FEP Dental

- Members covered by FEP Basic Option medical plan and BCBS FEP Dental will not be responsible for the annual deductible when using an in-network provider.
- In accordance with Federal law, always file medical first if the member has dental benefits under their medical plan.
- Beginning Jan. 1, 2024, FEP Dental will cover:
  - Two routine oral exams and one additional exam if a problem occurs between check ups.
  - Nitrous oxide for children aged 5 and under, and other individuals with medical conditions that may require it.



Sample of new BCBS FEP Dental ID Card



Sample of old FEP BlueDental ID Card

**Note: Existing members may have an ID card with the previous name, FEP BlueDental listed (as seen in the samples). New ID cards are not being issued to all existing members.**

# Dental Plans

## Federal Employee Program (FEP): BCBS FEP Dental

	High Option		Standard Option	
	In-network	Out-of-network	In-network	Out-of-network
<b>Class A (Basic) services</b> (e.g., exams, cleanings, x-rays, sealants)	\$0	10% COINS	\$0	40% COINS
<b>Class B (Intermediate) services</b> (e.g., oral surgery, fillings, gum scaling)	30% COINS	40% COINS	45% COINS	60% COINS
<b>Class C (Major) services</b> (e.g., crowns, bridges, root canals, dentures)	50% COINS	60% COINS	65% COINS	80% COINS
<b>Class D (Orthodontics) services</b> (Adults and children)	50% COINS up to \$3,500 lifetime maximum per person	50% COINS up to \$3,500 lifetime maximum per person	50% COINS up to \$2,500 lifetime maximum per person	50% COINS up to \$2,500 lifetime maximum per person
<b>Annual Deductible</b> <b>Class A, B and C services</b> (Does not include Class D services)	\$0	\$50 per person	\$0	\$75 per person
<b>Annual Maximum</b> <b>Class A, B and C services</b> (Does not include Class D services)	No benefit limit	\$3,000 per person	\$1,500 per person	\$750 per person

# Dental Plans

## Medicare Advantage: BlueCross Total<sup>SM</sup>, Blue Basic<sup>SM</sup>, Total Value<sup>SM</sup> and Secure (HMO)


	BlueCross PPO Dental Benefit Highlights				HMO
	Service	In-Network	Visits (per year)	Out-of-Network	In-Network ONLY
Preventive Dental	Oral exams Cleanings	\$0	2	50% COINS	\$0
	Dental x-rays	\$0	1	50% COINS	\$0
Comprehensive Dental* (Non-Medicare covered services)	Restorative Anesthesia Endodontics Other oral/maxillofacial surgery Extractions Other services (e.g., deep cleanings, fillings, Prosthodontics crowns, root canal, dentures, bridges) <i>Note: Implants are not covered.</i>			50% COINS (INN and OON)	N/A
Annual Maximum (Per member, per year)	BlueCross Total: \$3,500 (Comprehensive and preventive combined) Total Value: \$2,000 (Comprehensive and preventive combined) Blue Basic: \$2,000 (Comprehensive and preventive combined)				N/A

\*SC Blue Dental Network

# Dental Plans

## Blue Secure (Continued)

- Became effective on Jan. 1, 2023.
- Sample ID card:

	South Carolina
Member Name <b>DTEST HTEST</b>	<b>DENTAL ONLY</b>
Member ID 100010514534	
<hr/>	
<hr/>	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	

	South Carolina	<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>
Dental – Please submit claims to: P.O. Box 100300, Columbia SC 29202		Claims: <b>800-222-7156</b> Enrollment and Billing: <b>855-404-6752</b>
<hr/>		<hr/>
		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.
<hr/>		<hr/>
<b>X21</b>		

# Dental Plans

## Blue Secure (Continued)

	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
Member Age	19 or older			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 Individual and \$150 Family		\$50 Individual and \$150 Family	
Annual Maximum (Coverage limit)	\$1,500		\$1,000	
Class I – Preventive Procedures and Exams	0% COINS	20% COINS	0% COINS	30% COINS
Class II – Basic and Restorative*	30% COINS (after six months)	50% COINS (after six months)	50% COINS (after six months)	70% COINS (after six months)
Class III – Major Procedures**	50% COINS (after 12 months)	70% COINS (after 12 months)	70% COINS (after 12 months)	Not covered
Class IV – Orthodontia Services	Not covered			
Maximum Out-of-Pocket	N/A			

\* 6 month waiting period | \*\* 12 month waiting period



# Dental Plans

## Blue Secure (Continued)

	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
Member Age	Under 19 years old			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 per child	\$100 per child	\$50 per child	\$100 per child
Annual Maximum (Coverage limit)	No limit			
Class I – Preventive Procedures and Exams	0% COINS	20% COINS	0% COINS	30% COINS
Class II – Basic and Restorative	30% COINS	50% COINS	40% COINS	60% COINS
Class III – Major Procedures	50% COINS	60% COINS	50% COINS	60% COINS
Class IV – Orthodontia Services (Prior authorization required)	50% COINS		50% COINS	
Maximum Out-of-Pocket Per Child	\$400	\$800	\$400	\$800
Maximum Out-of-Pocket Total (All children)	\$800	\$1,600	\$800	\$1,600







# Dental GRID



# Dental GRID

- Dental GRID allows dentists to see members from other participating BlueCross plans at the local plan's reimbursement levels.
- Our participating providers' reimbursement levels or provider agreements will not change when treating GRID members.
- Members in this program can be recognized by the work **GRID** or **GRID+** on their ID card.

 South Carolina	
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____	
Member ID XXX123456789012	
RxBIN	021684
RxGRP	BXMN
MAMMOGRAPHY NETWORK _____	
www.SouthCarolinaBlues.com	
	
	

 South Carolina	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	
<small>Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.</small>	
<small>Report all emergency admissions within 24 hours.</small>	
<small>Medical &amp; Dental - Please submit claims to: P.O. Box 100300, Columbia SC 29202</small>	
<small>Customer Service: XXX-XXX-XXXX Dental Customer Service: XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential Advocate™: 855-638-5839 Precertification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-868-1032 EyeMed: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089</small>	
<small>An independent licensee of the Blue Cross and Blue Shield Association.</small>	
<small>MOX</small>	

Sample Commercial - Medical and Dental ID Card

# Dental GRID

## Participating Plans

Anthem Insurance Companies, Inc.		
Anthem Blue Cross of California	Anthem Blue Cross and Blue Shield of Colorado	Anthem Blue Cross and Blue Shield of Connecticut
Blue Cross and Blue Shield of Georgia	Anthem Blue Cross and Blue Shield of Indiana	Anthem Blue Cross and Blue Shield of Kentucky
Anthem Blue Cross and Blue Shield of Maine	Anthem Blue Cross and Blue Shield of Missouri	Anthem Blue Cross and Blue Shield of Nevada
Anthem Blue Cross and Blue Shield of New Hampshire	Empire Blue Cross and Blue Shield of New York	Anthem Blue Cross and Blue Shield of Ohio
Anthem Blue Cross and Blue Shield of Virginia	Anthem Blue Cross and Blue Shield of Wisconsin	
Health Care Service Corporation (HCSC)		
Blue Cross and Blue Shield Illinois	Blue Cross and Blue Shield Montana	Blue Cross and Blue Shield New Mexico
Blue Cross and Blue Shield Oklahoma	Blue Cross and Blue Shield Texas	
Other		
Blue Cross and Blue Shield of Arizona	Blue Cross and Blue Shield of Kansas	Blue Cross and Blue Shield of Kansas City
Blue Cross and Blue Shield of Massachusetts	Blue Cross and Blue Shield of Nebraska	Blue Cross and Blue Shield of Vermont (CBA Blue)
BlueCross BlueShield of North Carolina	BlueCross BlueShield of Tennessee	BlueCross of Idaho
BlueCross & BlueShield of Western/ BlueShield of Northeastern New York	Capital Blue Cross (Central PA)	CareFirst Blue Cross and Blue Shield (Maryland/District of Columbia)
Excelsus BlueCross BlueShield (Rochester NY)	Horizon Blue Cross and Blue Shield of New Jersey	Wellmark Blue Cross and Blue Shield of Iowa



# Eligibility, Benefits and Claims



# Eligibility, Benefits and Claims

## Verifying Eligibility and Benefits

Use My Insurance Manager<sup>SM</sup> to verify eligibility and benefits or contact customer service.

Plan	Provider Services Voice Response Unit (VRU)	Fax
Commercial Dental Plans	800-222-7156 (Columbia center) 800-922-1185 (Greenville center)	803-264-7629
State Basic Dental and Dental Plus	888-214-6230 803-264-3702 (Columbia area)	803-264-7739
BCBS FEP Dental	855-504-2583	803-264-8104
FEP Dental (Medical)	800-444-4325	
BlueCross Total <sup>SM</sup> , Total Value <sup>SM</sup> and Blue Basic <sup>SM</sup> (MA Dental)	800-222-7156	803-264-7629
Companion Life Dental	800-765-9603 or 800-753-0404, ext. 45921	

# Eligibility, Benefits and Claims

## Filing Dental Claims Under Medical Benefits

- Use an 837P format with the accurate diagnosis code when rendering oral surgical services under State Dental and health plans.
- The following codes should always be filed to State Medical first:
  - Impacted teeth
    - D7220-D7251
  - Other surgical procedures
    - D7260, D7261, D7285, D7286
  - Excision or lesions
    - D7410-D7415
  - Remove of tumors, cysts, and neoplasms
    - D7440-D7465
  - Excision of bone tissue
    - D7471-D7490
- For BCBS FEP Dental, always file claims to the medical plan first if the member has dental benefits under their medical plan.

# Eligibility, Benefits and Claims

## Filing Orthodontic Claims Electronically

- Submit one line with banding fee code (D8080-D8090) and the charge.
- Submit one line with the monthly adjustment code (D8670), the total months of treatment, and the total charge.
  - Do not file the claim each month
    - Payments are automatically sent until one or more of the following apply:
      - The patient exhausts his or her lifetime benefit maximum.
      - The patient's dental coverage is terminated.
      - The patient reaches the maximum age allowed for services under his or her policy.
    - **For a transfer care**, submit one line with the monthly adjustment code, total months of the remaining treatment, and the total remaining charge.



# Eligibility, Benefits and Claims

## General Guidelines for Filing Dental Claims

Dental Plan	Claims Filing Procedures
<b>Commercial and Medicare Advantage</b>	Submit claims electronically using HIPAA 837D format. Use carrier (payer) code 38520. If applicable, mail paper claims to the mailing address on the back of the member's ID card. Timely filing varies. Verify when checking eligibility and benefits.
<b>Dental GRID</b>	Send claims to the mailing address on the member's ID card.
<b>BCBS FEP Dental</b>	Submit all claims to the member's primary medical plan first. See the member's medical ID card for submission. Timely filing is December 31 of the year following the year of service.
<b>State Basic Dental and State Dental Plus</b>	Submit claims electronically using HIPAA 837D format. Use carrier (payer) code 38520. Timely filing is 24 months from date of service. Do not file a separate claim for Dental Plus members.

# Eligibility, Benefits and Claims

## National Electronic Attachment (NEA)



Get Paid Faster! Use *FastAttach*™  
Electronic Claim Attachments.

### What is *FastAttach*?

*FastAttach* from NEA Powered by Vyne® is a compliant, HITRUST CSF Certified solution for submitting electronic claim attachments and supporting documentation required for claim adjudication. *FastAttach* eliminates manual, paper-based processes related to requests for supporting claim documentation and enhances denial tracking for dental providers. Say "goodbye" to claim processing delays and get reimbursements flowing with *FastAttach*.

Improve claim adjudication times by electronically transmitting:

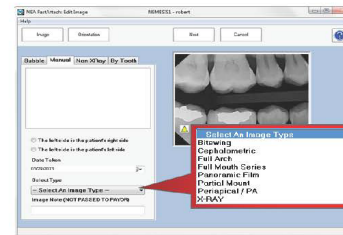
- X-rays
- Perio charts
- EOBs
- Narratives
- Pre-treatment estimates
- Secondary insurance information
- Any other documentation required to adjudicate a dental claim.

It automatically populates claim data eliminating the need for time consuming manual data entry. *FastAttach* is an encrypted, Internet based software and meets industry security requirements. Additionally, *FastAttach* interfaces with most major dental practice management systems and clearinghouses to further streamline your practice's workflow.

### How does *FastAttach* work?

*FastAttach* is easy to setup and use. Once a request is received for additional documentation, the user simply needs to import, upload, scan or capture the image and attach it to the electronic request. *FastAttach* supports the widest variety of image acquisition

methods in the industry including: screen capture, file import, scanner and secure mobile device capture through our patented *FasKapture* app for iOS® and Android®.



Easily attach X-rays or other required supporting documentation.

Once the image is captured in *FastAttach*, the user simply transmits the image to the NEA repository. NEA immediately sends a report back to the practice with an NEA Attachment Tracking Number for each file. The user places the NEA Tracking Number in the remarks or NTE section of the claim and sends the claim electronically through their claims clearinghouse.

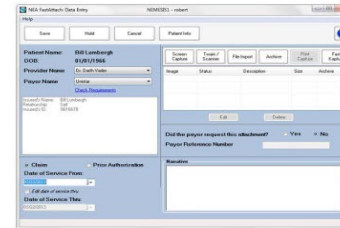
### Easy to Use & Access

- Simple, easy to read screens
- Minimal training required
- 24/7 secure, online access to your images
- Enables image sharing with other providers
- Works well for solo offices, multiple locations, multi-specialty clinics and more



Take advantage of the **BCBS South Carolina Promo**.  
Mention code: **BCBSSCRZ2M** & get **TWO** months  
**FREE**, plus \$0 Registration - a \$278 savings.  
Expires 1/31/2020

Call today to get started: 800-782-5150, option 2 | [nea-fast.com](http://nea-fast.com)



The Data Entry screen provides a simple interface for completing all of the attachment requirements.

### Unparalleled Customer Service

- UNLIMITED FREE customer service and support
- Online chat support tool
- Experienced, knowledgeable support staff
- Refresher training for staff at no additional cost

### Get Started Fast

- Minimal up-front costs - low monthly fee
- Rapid implementation (most take <1 hour)
- Compatible with most dental practice management systems and clearinghouses

### Easily view payer requirements

The *FastAttach* subscription also includes *FastLook*, an integrated solution that provides individual payer attachment requirements for claims adjudication. With *FastLook*, providers can search by payer name and procedure code to determine if an attachment needs to be sent and if so, the exact parameters of what needs to be sent. Knowing this up-front eliminates the hassle of sending unnecessary attachments and saves time.

### Communicate with Confidence Using Vyne Connect Encrypted Email

Did you know that sending emails that contain Protected Health Information (PHI) without using an encrypted email service to do so, could put you at risk for HIPAA violations and could even make your business a prime target for a cybersecurity breach?

NEA is attuned to your compliance needs. That's why every *FastAttach* subscription also includes access to our exclusive **Vyne Connect** encrypted email service. Improve the security of communications you send patients, payers and other providers by using Vyne Connect encrypted email exchange. It's simple to use and works with your existing email service, so no need to setup new email accounts. **Contact NEA to learn more - 800-782-5150, NEA option 2.**

Start sending **unlimited claim attachments electronically** to over 750 dental plans and payers with *FastAttach* and get the exclusive **Vyne Connect encrypted email service** - all for only **\$39 per month per office location\***!

Call or register online now and **save \$278** with promo code **BCBSSCRZ2M** at: (800) 782-5150, opt. 2 or [www.nea-fast.com](http://www.nea-fast.com).

\*Each dental practice office location submitting claim attachments is required to have its own *FastAttach* subscription and NEA Facility ID. Separate registration is required for each office location. Offices wishing to register more than one location, please contact NEA Sales for registration assistance. Vyne Connect email service includes up to 5 email accounts/addresses per NEA Facility ID. Monthly fees begin after any promotional period expires. Monthly service may be cancelled at any time.

100 Ashford Center North, Suite 300, Dunwoody, GA 30338 | 800.782.5150 | [nea-fast.com](http://nea-fast.com)

NEA-VYNE-FA-OVERVIEW-FR00005-02/019

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**Note: All dental insurance plans utilizes NEA, except for Federal Employee Program (FEP).**



# 2024 Coding Updates



# 2024 Dental Coding Updates

## New CDT Codes for 2024

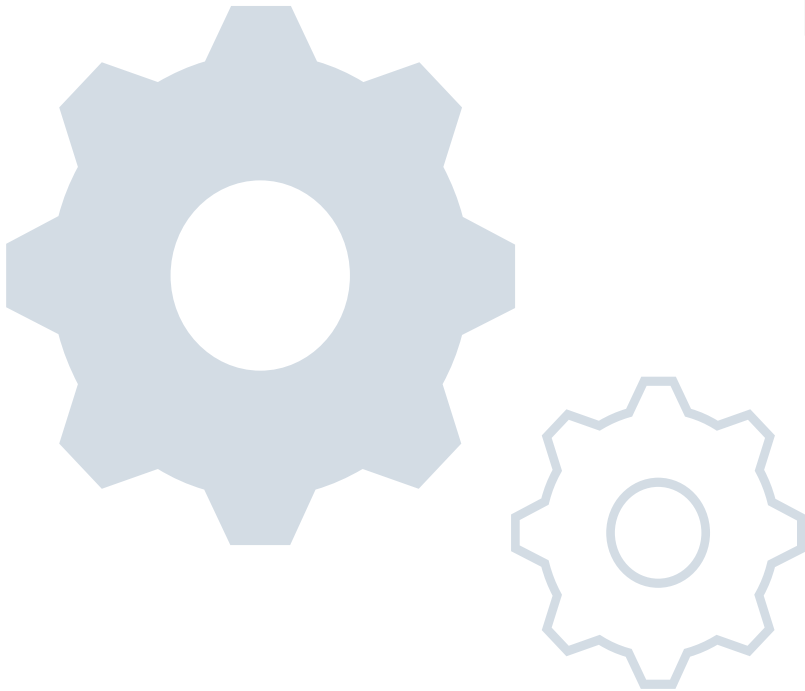
Code	Description
D0396	3D printing of a 3D dental surface scan
D1301	immunization counseling
D2976	band stabilization — per tooth
D2989	excavation of a tooth resulting in the determination of non-restorability
D2991	application of hydroxyapatite regeneration medicament — per tooth
D6089	accessing and retorquing loose implant screw — per screw
D7284	excisional biopsy of minor salivary glands
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance
D9939	placement of a custom removable clear plastic temporary aesthetic appliance
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device
D9955	oral appliance therapy (OAT) titration visit
D9956	administration of home sleep apnea test
D9957	screening for sleep related breathing disorders

### Note the following:


- **Verify eligibility and benefits prior to rendering services.**
- **No deleted dental codes for 2024.**



# Healthy Blue



# Agenda

- New Changes for 2024
  - Contacts and Resources
  - Benefits
  - Authorizations
  - Claims
  - Reminders
  - Community Services
- 
- The background features two large, light blue gears. One gear is positioned in the lower-left quadrant, and the other is in the upper-right quadrant. They are semi-transparent and overlap slightly, creating a sense of mechanical movement and interconnectedness.





# New Changes for 2024



# New Changes for 2024

## New ID Cards for Members

 <b>Healthy Blue™</b> BlueChoice® HealthPlan of SC	
MEMBER <b>SUBSCRIBER NAME</b> MEMBER ID <b>ZCD123456789</b>	PRIMARY CARE PROVIDER(PCP) PROVIDER NAME <b>XXX-XXX-XXXX</b>
RxBIN <b>025771</b> RxPCN <b>FMCAID</b> RxGROUP <b>RX42AS</b>	

**Member:** Show this card and your Healthy Connections card when you get covered services. See your Member Handbook to learn more about covered benefits.

**In an emergency, call 911 or go to the nearest emergency room.** You don't need an OK ahead of time. We will pay for these services. Ask the hospital to call your PCP right away.

**Providers:** This card is for ID purposes and does not constitute proof of eligibility. This member has limited benefits outside of South Carolina. Providers should request eligibility information.

**Out-of-state claims:** Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.

**www.HealthyBlueSC.com**

**Members**

Customer Service:	866-781-5094
TTY Line:	866-773-9634
24-Hour Nurse line:	800-830-1525
Pharmacy Customer Service:	866-781-5094

**Providers**

Help for Pharmacists:	833-253-4711
Provider Service Call Center:	866-757-8286

Healthy Blue  
P.O. Box 100317  
Columbia, SC 29202-3317  
Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association.

B99



# New Changes for 2024

## New Mailing Address

Address	Used for...
P.O. Box 100317 Columbia, SC 29202-3317	<ul style="list-style-type: none"><li>• Claims</li><li>• Return mail</li><li>• Member grievances</li><li>• Provider disputes</li><li>• Member and provider written correspondence (excluding appeals)</li></ul>

# New Changes for 2024

## New Provider Portals

### My Insurance Manager

Start here if you've never signed up for the portal.

The screenshot displays the My Insurance Manager website interface. At the top, the logo reads "My INSURANCE MANAGER SM". Below the logo is a login and registration form with fields for "Username" and "Password", a "Login" button, and a "Register Now!" button circled in red. A green callout box points to the "Register Now!" button with the text "Start here if you've never signed up for the portal." Below the form is a "Browser Requirements" section listing Microsoft Edge\*, Mozilla Firefox (current version), Google Chrome (current version), and Safari (Mac OS Only). To the right of the form is a "Provider Resources" section with a "Learn More" button. Below the browser requirements is a "Latest Features" section with two cards: "Safeguard PHI!" and "See the Latest Bulletins!".

**My INSURANCE MANAGER SM**

Username  
Username

Password  
Password

**Login** or **Register Now!**

[Forgot Username?](#) or [Forgot Password?](#)

**Provider Resources**

We have several resources we've developed to help you get the information you need quickly.

**Learn More**

**Browser Requirements**

For predictable, reliable performance, we recommend viewing My Insurance Manager using one of these browsers:

- Microsoft Edge\***
- Mozilla Firefox (current version)**
- Google Chrome (current version)**
- Safari (Mac OS Only)**

For training or assistance with using My Insurance Manager, please contact us at [provider.education@bcbssc.com](mailto:provider.education@bcbssc.com). \* STATchat can be accessed with Google Chrome or Mozilla Firefox.

**Latest Features**

**Is your password strong enough?**

**Safeguard PHI!**

Protect important information on the MIM portal by making sure your password is secure.

**Learn how** →

**Want To Stay in the Know?**

**See the Latest Bulletins!**

Get informed of any changes or updates taking place.

**Learn Now** →

# New Changes for 2024

## New Provider Portals

### My Remit Manager

The screenshot shows the top navigation bar of a provider portal with the following items: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory, and Provider Update. A dropdown menu is open under 'Resources', listing the following items: Access System News, BlueCard Program, Code Search, HIPAA Critical Center, Medical Policies, My Insurance Manager User Guides, My Remit Manager (circled in red), and National Doctor and Hospital Finder. Below the menu, there is a 'Go to Message Center' link and a 'Welcome!' message. A list of services is visible, including 'Our secure', 'Elic', 'Pre', 'Pro', 'Claim Status', and 'And much more!'. A note at the bottom states: 'Click on Patient Care in the top menu to access these transaction Management. For My Insurance Manager user guides and provide Thank you for using My Insurance Manager!'

The screenshot shows the 'My Remit Manager' logo and the report title 'ERA by Check Date - May 2022'. There are two buttons: 'Check Summary Report' and 'Show Month'. A dropdown menu for 'View Checks By:' is open, showing 'Check Date' (selected), 'Check Date', and 'Posting Date'. The main table is a calendar for May 2022 with columns for days of the week (S, M, T, W, T, F, S) and rows for dates. The table contains the following data:

	S	M	T	W	T	F	S
18	24 open	25 open <a href="#">CHK: 9</a>	26 open <a href="#">CHK: 43</a>	27 open	28 open	29 open <a href="#">CHK: 1</a>	30 open
19	1 open	2 open <a href="#">CHK: 12</a>	3 open <a href="#">CHK: 40</a>	4 open <a href="#">CHK: 1</a>	5 open	6 open <a href="#">CHK: 1</a>	7 open
20	8 open	9 open <a href="#">CHK: 12</a>	10 open <a href="#">CHK: 41</a>	11 open	12 open	13 open <a href="#">CHK: 2</a>	14 open
21	15 open	16 open <a href="#">CHK: 11</a>	17 open <a href="#">CHK: 57</a>	18 open	19 open	20 open <a href="#">CHK: 4</a>	21 open

# New Changes for 2024

## New Vendors

### Avalon Healthcare Solutions\*

Manages utilization reviews for laboratory services.

PAS Portal (In My Insurance Manager)

Phone: 844-227-5769

Fax: 813-751-3760

### National Imaging Associates\* (NIA)

Manages utilization reviews for high tech imaging and radiology services.

[www.RadMD.com](http://www.RadMD.com)

Phone: 888-642-9181

### Novologix\*

Manages utilization reviews for certain specialty drugs.

My Insurance Manager

# New Changes for 2024

Updated Website

[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)



Same URL — just a different look!



Healthy Blue™  
BlueChoice® HealthPlan of SC

Healthy Connections

AAA Español Members

Authorization and Eligibility ▾ Claims ▾ Patient Care ▾ Pharmacy Resources ▾

JOIN OUR NETWORK

## Providers

Interested in joining our provider network? We look forward to working with you to provide quality services to our members.

JOIN OUR NETWORK

### My Insurance Manager

File claims, get prior authorizations, check eligibility and benefits and more.

LOG IN REGISTER

[2023 Date of Service Login](#)  
[Forgot Username or password?](#)



# Contacts and Resources



# Contacts and Resources

## Website

[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

## Provider Service

Phone: 866-757-8286 or TTY: 866-773-9634

Fax: 803-870-6511

Hours: Monday – Friday, 8:30 a.m. to 5 p.m. EST

## Disease Management (DM) Department

Phone: 866-757-8286 or TTY: 866-773-9634

Fax: 803-870-6502

Hours: Monday – Friday, 8:30 a.m. to 5 p.m. EST

## Utilization Management (UM) Department

Phone: 866-757-8286 or TTY: 866-773-9634

Fax: 803-870-6500

Hours: Monday – Friday, 8:30 a.m. to 5 p.m. EST

## Quick Reference Guide

Use this guide to identify the most efficient method to obtain benefit information and get preauthorization for certain services.

## Vision Service Plan\* (VSP)

Phone: 800-615-1883

Hours: Monday – Friday, 8 a.m. to 5 p.m. EST

Saturday, 10 a.m. to 3 p.m. EST

Sunday, 10 a.m. to 4 p.m. EST

## 24/7 Nurse line

Phone: 800-830-1525

## Case Management (CM) Department

Phone: 866-757-8286 or TTY: 866-773-9634

Fax: 803-870-6501

Hours: Monday – Friday, 8:30 a.m. to 5 p.m. EST

## Companion Benefit Alternatives (CBA)

Phone: 866-757-8286 or TTY: 866-773-9634

Fax: 803-870-6506

Hours: Monday – Friday, 8:30 a.m. to 5 p.m. EST

## National Imaging Associates\* (NIA)

Phone: 888-642-9181

Hours: Monday – Friday, 8 a.m. to 5 p.m. EST

Website: [www.RadMD.com](http://www.RadMD.com)

# Contacts and Resources

## **CarelonRx – Prior Authorizations**

### **Retail**

Phone: 844-410-6890

Fax: 844-512-9005

Hours: Monday- Friday 8 a.m. to 8 p.m. EST

Saturday 10 a.m. to 2 p.m. EST

### **Home Delivery/Mail Order**

Phone (24/7): 833-203-1737

Fax: 800-207-3118

### **Medical Injectables**

Phone: 833-988-1264

Fax: 844-512-7027

Hours: 7 a.m. to 7 p.m. EST

### **Specialty Pharmacy**

Phone (24/7): 833-255-0646

Fax: 833-263-2871



# Contacts and Resources

## BlueBlast

Monthly provider focused newsletter including:

- Important health plan updates
- Healthy Connections updates
- Announcements
- Billing and claims information
- And more

Visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) to sign up.



## Provider communications

Stay current on **Healthy Blue** policies and processes, updates to clinical guidelines, state and federal regulatory changes, and other issues affecting your practice and patients.

[Subscribe to News Updates](#) 



# Benefits



# Benefits

## Checking Covered Services

- Fee schedules
  - Visit [www.scdhhs.gov/resource/fee-schedules](http://www.scdhhs.gov/resource/fee-schedules)\*.
    - Information is listed by provider specialty
    - If the code appears on the fee schedule, it is covered
    - Medicaid Manage Care Organization (MCO) plans are required to offer at a minimum, the same benefits as Healthy Connections Fee for Service (FFS)
- Manuals
  - Visit [www.scdhhs.gov/provider-manual-list](http://www.scdhhs.gov/provider-manual-list)\*.
    - Information is listed by service type
    - Includes general information, billing details, claims guidelines and more

# Benefits

## Copays

Service	2023	2024
Primary care visits, RHCs*, and FQHCs*	\$3.30	\$0
Specialist visits (including optometrists)	\$3.30	\$0
Durable medical equipment (DME)	\$3.40	\$0
Chiropractic care	\$1.15	\$0
Home health (limited to 50 visits)	\$3.30	\$0
Outpatient hospital	\$3.40	\$0
Inpatient hospital	\$25.00	\$0

***Note: Healthy Blue is waiving all medical copays in 2024. Pharmacy copays will still apply.***

\* Rural Health Clinics and Federally Qualified Health Clinics



# Authorizations



# Authorizations

## Requesting Prior Authorizations

Prior authorizations can be requested through the below avenues:

- My Insurance Manager (preferred)
  - [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)
    - Providers>My Insurance Manager
- Medical Forms Resource Center (preferred)
  - [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)
    - Providers>Authorizations>Medical Forms Resource Center
- Phone (Utilization Management)
  - 866-757-8286
- Fax (Utilization Management)
  - 803-870-6500 (general requests)

# Authorizations

## Requesting Prior Authorizations — My Insurance Manager

There are two options for obtaining authorizations through MIM:

### Fast-Track

- Hundreds of available options
- Automated authorization number

### Custom Request

- Allows specific details to be entered
- Authorization will pend for review; if approved, authorization number is provided

The screenshot displays the My Insurance Manager (MIM) website. The top navigation bar includes 'Home', 'Patient Care', 'Office Management', 'Resources', and 'Modify'. Below this, a 'Health' section is expanded, showing a list of options: 'Authorization Extension', 'Authorization Status', 'Claims Status', 'Eligibility and Benefits', 'Institutional Claim Entry', 'Other Health Insurance', 'Patient Directory', 'Pre-Certification/Referral', 'Superbill Maintenance', 'Pre-Service Review for Out-of-Area Members', 'Professional Claim Entry', and 'Verify Primary Care Physician'. The 'Pre-Certification/Referral' option is circled in red. On the left side of the screenshot, there is a login form with fields for 'Username' and 'Password', a 'Login' button, and a 'Register Now' button. Below the login form, there are 'Browser Requirements' listed: Internet Explorer 10 or Higher\*, Mozilla Firefox (current version), Google Chrome (current version), and Safari (Mac OS Only). A 'Welcome to My Insurance Manager!' message is also visible, encouraging users to log in to file claims or register.

**Note: MIM should be used for initial authorization requests. Please fax clinical documentation for updates or continued stay reviews.**

# Authorizations

## Requesting Prior Authorizations — Medical Forms Resource Center

Complete requests in three easy steps:

1. Enter the facility and patient details
2. Include all required clinicals
3. Submit the request

### *Benefits of using the MFRC*

- Offers various types of authorizations
- Guides you through the required documentation
- Receives priority processing

**STEP 1**  
FACILITY & PATIENT INFORMATION

**STEP 2**  
CLINICAL INFORMATION

**STEP 3**  
COMPLETE FORM

### Facility & Patient Information

**Instructions:**  
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. Please print your request at the end of the submission process for your records.

**Facility Information**

Facility's Name\*

Attending MD First Name\*

Attending MD Last Name\*

Requesting MD First Name\*

Requesting MD Last Name\*

Phone\*

Fax\*

Facility's Tax I.D.\*  ?

Facility's NPI\*  ?

**STEP 1**  
FACILITY & PATIENT INFORMATION

**STEP 2**  
CLINICAL INFORMATION

**STEP 3**  
COMPLETE FORM

### Step 2 - Clinical Information

**Instructions:**  
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. Please print your request at the end of the submission process for your records.

Begin Date of Service\*

End Date of Service\*

CPT/HCPCS Codes

CPT/HCPCS Code\*

[ADD ANOTHER](#)

Diagnosis Codes

Diagnosis Code\*

[ADD ANOTHER](#)

Type of Service

Chemotherapy	+
Durable Medical Equipment	+
Home Health/Hospice	+
Admissions/Inpatient	+
LTAC/SNF/Rehab	+
Maternity	+
Medications	+
Office	+
Outpatient	+
Student Health Notification	+



# Authorizations

## Requesting Prior Authorizations – Phone


- Contact the utilization management (UM) team at 866-757-8286.
- The following information is required:
  - Member's name, date of birth, Medicaid number and address
  - ICD-10 codes
  - CPT/HCPCS codes and units or visit amounts where appropriate
  - Date(s) of service
  - Level of care as appropriate
  - Requesting or servicing provider's Tax ID/NPI, address, phone and fax number
  - Servicing facility's Tax ID/NPI, address, phone and fax number
  - For neonatal intensive care unit (NICU) admission, all the above plus the mother's name, date of birth and Medicaid number

# Authorizations


## Requesting Prior Authorizations — Fax

Types of fax request forms include:

- Inpatient
- Psychological testing
- MCO — BabyNet
- MCO — Makena
- Universal Newborn — Pediatric offices
- Universal Synagis®



BlueChoice® HealthPlan of SC



**Precertification Request Form**

To prevent a delay in processing your request, fill out the form in its entirety with all appropriate information.

Request for pre-service review: Phone: 866-902-1689 Fax: 800-823-5520

<b>Today's date:</b>		<b>Provider return fax:</b>	
<b>Member information:</b>			
First name:	Last name:	Healthy Connections member ID:	
Address:		City, state, ZIP:	
Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact phone:	
Additional member information:			
<b>Referring provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>			
Full name:			
NPI:	Provider ID:	Tax ID number (TIN):	
Office contact name:	Office phone:	Office fax:	
Address:		City, state, ZIP:	
Specialty:			
<b>Servicing provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>			
Full name:			
NPI:	Provider ID:	TIN:	
Office contact name:	Office phone:	Office fax:	
Address:		City, state, ZIP:	
Specialty:			

Healthy Blue  
 Precertification Request Form  
 Page 2 of 3

<b>Servicing facility: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>	
Full name:	
NPI:	Provider ID:      TIN:
Facility contact name:	Facility phone:      Facility fax:
Address:      City, state, ZIP:	
<b>Requested service (for type of service, check all that apply):</b>	
ICD-10 code(s):	Date/date range of service:
CPT® code(s) (include requested units):	
Type of service:	
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Long-term services and supports/long-term care
<input type="checkbox"/> Planned inpatient	<input type="checkbox"/> Home health
<input type="checkbox"/> Emergent inpatient	<input type="checkbox"/> Durable medical equipment
<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> Diagnostic study
<input type="checkbox"/> Hospice	<input type="checkbox"/> Office visit
<input type="checkbox"/> Personal care services	<input type="checkbox"/> Other:
Place of service:	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Home
<input type="checkbox"/> Ambulatory surgery center	<input type="checkbox"/> Independent lab
<input type="checkbox"/> Office	<input type="checkbox"/> Nursing facility
History/treatment provided by referring physician:	

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Healthy Blue, provide the authorization number with your submission.

**Emergent:** Use for all nonelective inpatient admissions only when provider indicates that the admission was urgent, emergent or expedited (for admission on same day).

**Urgent:** Use for outpatient services only when provider indicates that the service is urgent, emergent or expedited.

<b>Health plan use only</b>		
<b>Status:</b>		
Approved:	Expires:	Authorization number:
Comments:		
Representative name:	Nurse reviewer:	

This authorization is based on medical necessity only and will be contingent upon eligibility and benefits. This is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Please call the number at the top of this form if this member has any additional medical or behavioral health needs.

[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has an Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.

BSCPEC-2110-21 November 2021



# Claims



# Claims

## **Submitting Claims — Dates of Service on or before Dec. 31, 2023**

The timely filing limit for original and corrected claims is 365 days and the following avenues can be used:

- **Electronically through your clearinghouse (preferred)**
  - Contact your clearinghouse for the appropriate payor ID.
- **Electronically directly to payer**
  - Use payor ID 00403.
  - For set up and information, contact E-Solutions at 800-470-9630.
- **Provider Portal**
  - Use Availity.
- **Mail (hard copy)**
  - Healthy Blue
  - P.O. Box 100124
  - Columbia, SC 29202-3124

# Claims

## Submitting Claims — **Dates of Service on or after Jan. 1, 2024**

The timely filing limit for original and corrected claims is 365 days and the following avenues can be used:

- **Electronically through your clearinghouse (preferred)**
  - Contact your clearinghouse for the appropriate payor ID.
- **Electronically directly to payer**
  - Use payor ID 00403.
  - For set up and information, contact Electronic Data Interchange Gateway at [EDIG.Support@palmettogba.com](mailto:EDIG.Support@palmettogba.com).
- **Provider Portal**
  - My Insurance Manager
- **Mail (hard copy)**
  - Healthy Blue
  - P.O. Box 100317
  - Columbia, SC 29202-3317

# Claims

## Claim Payment Disputes — What is a claim payment dispute?

- Disagreement with the outcome of a claim
- Includes two steps:
  1. Claim payment reconsideration
  2. Claim payment appeal (only with member's consent)
- Common reasons for a claim payment dispute include issues related to, but not limited to:
  - Contractual payment
  - Disagreements over reduced or zero-paid claims
  - Post-service authorization
  - Other health insurance denial
  - Claim code editing
  - Duplicate claim
  - Retro-eligibility
  - Experimental/investigation procedures
  - Claim data
  - Timely filing

# Claims

## Claim Payment Disputes — Claim Payment Reconsiderations

- Initial request to investigate the outcome of a finalized claim
- Must be submitted within **90 calendar days** from the date of the explanation of payment
- Must include as much information as possible to explain why you feel the claim was processed incorrectly

### *How to submit:*

- **Online**
  - My Insurance Manager
- **Verbally**
  - Provider Service: 866-757-8286
- **Mail (written)**
  - Healthy Blue  
P.O. Box 100317  
Columbia, SC 29202-3317

# Claims

## **Claim Payment Disputes — Claim Payment Appeals (Only with member consent)**

- Request submitted when there is a disagreement with the outcome of the claim payment reconsideration
- Must be submitted within **30 calendar days** from the explanation of payment or the claims payment reconsideration determination letter
- Must include as much information as possible to explain why you feel the claim was processed incorrectly

### *How to submit:*

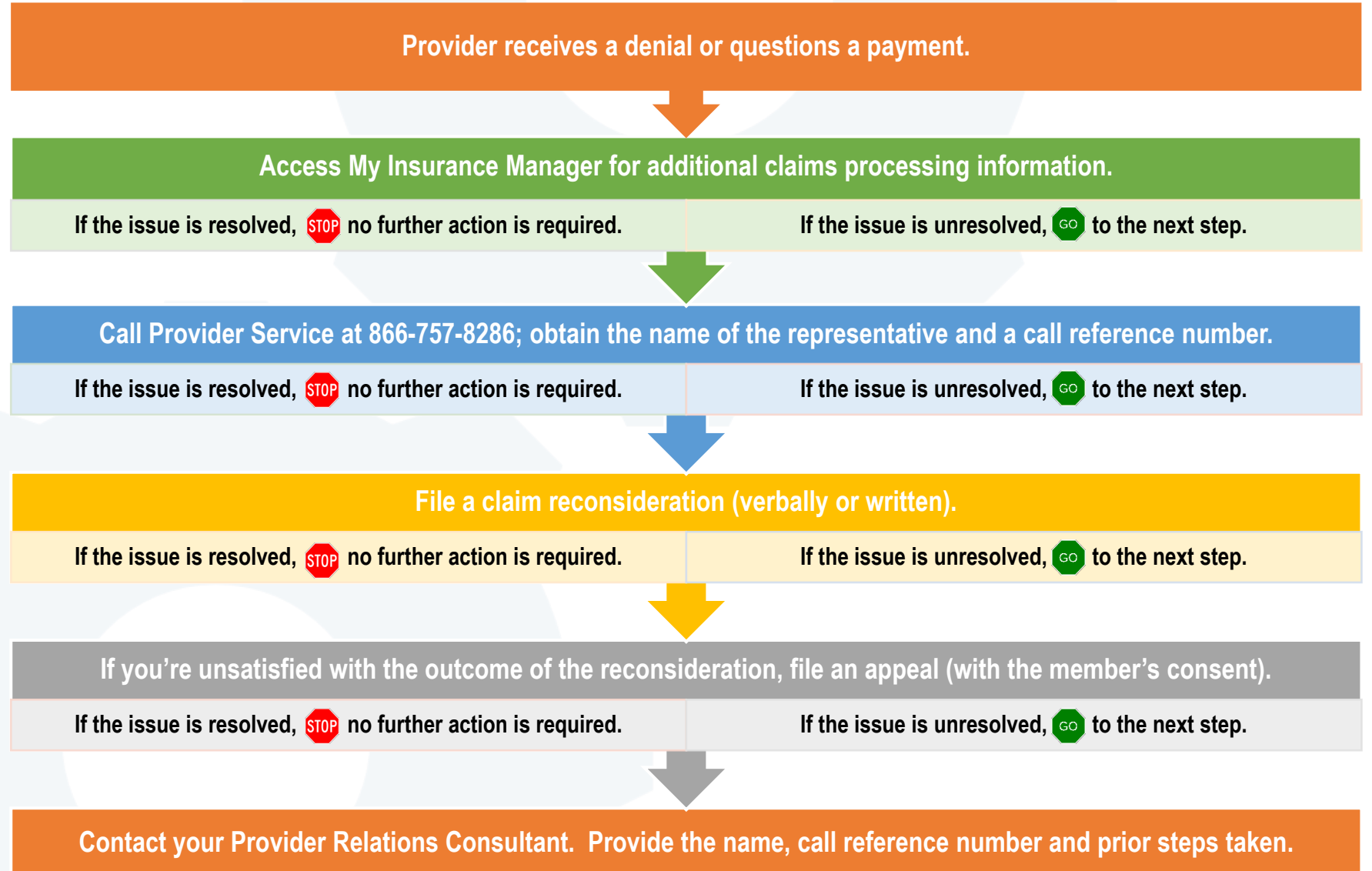
- **Mail (written)**

- Healthy Blue  
P.O. Box 100317  
Columbia, SC 29202-3317



# Claims

## Claims Assistance Workflow



# Claims

## Balance Billing

Balance billing is sending a member a bill for an amount that Healthy Blue did not reimburse on the submitted claim.

Per your Healthy Blue contract, **you are not permitted to balance bill for any portion of the services that the health plan does not pay.**

The member should be held harmless and not financially responsible for any amounts not paid for the contracted service(s) unless otherwise specified in the evidence of coverage (EOC).



# Reminders



# Reminders

## Member Annual Eligibility

*Ways for the member to apply or renew:*

- Website: [apply.scdhhs.gov](http://apply.scdhhs.gov)
  - Select Apply for Medicaid or Submit Annual Review
- Fax: 888-820-1204
- Email: [8888201204@faxschdds.gov](mailto:8888201204@faxschdds.gov)
- Mail:  
SCDHHS Central Mail  
P.O. Box 100101  
Columbia, SC 29202
- In person: local eligibility office



SCAN ME

# Reminders

## Cultural Competency

- Cultural competency is a set of congruent behaviors, attitudes and policies that enable effective work in cross-cultural situations.
- Cultural awareness is the ability to recognize the cultural factors, values, communications and more that shape personal and professional behavior.

## Skills include:

- Listening to others in an unbiased manner
- Using appropriate methods of interaction
- Recognizing the importance of cultural, social and behavioral factors in public health
- And more

## Learn more about cultural competency:

- [www.thinkculturalhealth.hhs.gov/education](http://www.thinkculturalhealth.hhs.gov/education) \*

# Reminders

## Fraud, Waste and Abuse

- Providers are required to:
  - Comply with all applicable statutory, regulatory and other Medicaid managed care requirements in South Carolina.
  - Report any law violations and follow their organization's code of conduct that expresses their commitment to standards of conduct and ethical rules of behavior.

## How to report:

- Call 800-763-0703.
- Complete the form at: <https://www.southcarolinablues.com/web/public/brands/sc/assistance/report-fraud/>
- Call the South Carolina Department of Health and Human Services (SCDHHS) at 888-364-3224 or email [fraudres@scdhhs.gov](mailto:fraudres@scdhhs.gov).

# Reminders

## Access and Availability

- Primary care

Type of visit	Availability standard
Routine	Within four to six weeks
Urgent, non-emergent	Within 48 hours
Emergent	Immediately upon presentation at a service delivery site

- Specialist care

Type of visit	Availability standard
Routine	Within four weeks; 12 week maximum for unique specialists
Urgent medical condition appointment	Within 48 hours of referral or notification from PCP
Emergent	Immediately upon referral

**Note: Wait times should not exceed 45 minutes for a scheduled appointment of a routine nature.**



# Community Service







# Community Service

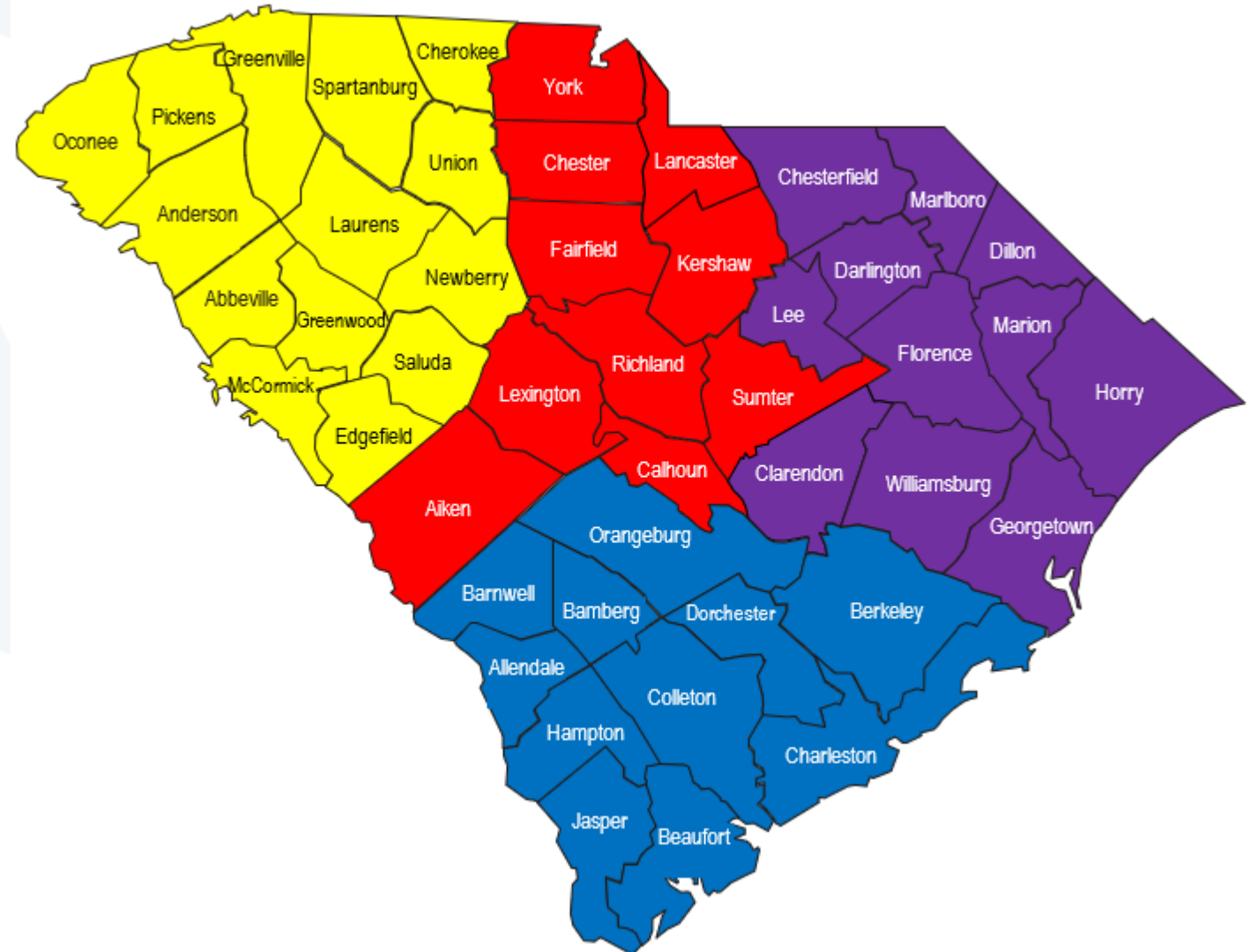
## Community Outreach Specialists

 **Nathan Cox**  
[Nathan.Cox@bluechoicesc.com](mailto:Nathan.Cox@bluechoicesc.com)  
(704) 941-7490

 **Marcell Barnes**  
[Marcell.BarnesJR@bluechoicesc.com](mailto:Marcell.BarnesJR@bluechoicesc.com)  
(803) 467-6011

 **Jessica Barnett**  
[Jessica.Barnett@bluechoicesc.com](mailto:Jessica.Barnett@bluechoicesc.com)  
(843) 693-0359

 **Leslie Bruton**  
[Leslie.Bruton@bluechoicesc.com](mailto:Leslie.Bruton@bluechoicesc.com)  
(864) 887-1127



# Community Service

## Social Media Platforms



**@HealthyBlueSC**



**@HealthyBlueSC**



**@HealthyBlueSC**

**#HealthyBlueSC**

# Community Service

## Value Added Benefits

Free cell phone with monthly minutes, data and texts

Free food delivery for qualifying members (up to \$40)

- Eligibility requirements apply

Free fruit and vegetables

- Eligibility requirements apply

Free adult vision

- Ages 21 & up
- Annual exam
- Glasses and frames every two years

\$35 Barnes & Noble Gift Card

- Babies 0 – 24 months

Free diapers and car seats

- Up to 15 months of age
- Case of diapers (200 count)
- Limited to no more than six, after well-child visits
- Car seat — eligibility requirements apply

\$100 Gift Card for GED Testing

- Ages 17 and up

Free tutoring services for grades K — 8<sup>th</sup>

Free Sports Physicals

- Ages 6 — 18

**and MUCH, MUCH MORE!**

# Community Service


## Member Incentives

Activity	2023 Current Reward Value	2024 Proposed Reward Value
Prenatal Care Visit	\$25	\$25
Postpartum Care Visit	\$50	\$50
Well Child Visits (ages 1 – 6) Later Well Child Visits (ages 7 – 8)	Max of \$80	Max of \$80
Annual Checkups (ages 3 – 21)	\$25	\$25
Pap Test	\$50	<b>\$25</b>
Breast Cancer Screen	\$50	<b>\$25</b>
Chlamydia Screening	\$25	\$25
Diabetes Eye Exam	\$25	\$25
Diabetes Blood Test	\$25	\$25
Flu Shot	\$10	<b>\$20</b>
HPV Shots	N/A	<b>\$20</b>
Colorectal Cancer Screening	N/A	<b>\$10</b>
Personal Health Assessment (Non-HEDIS)	N/A	<b>\$20</b>
My Health Toolkit (Non-HEDIS)	N/A	<b>\$20</b>

# My Provider Enrollment Portal



# Agenda

- My Provider Enrollment Portal Overview
  - Completing Clean Applications
  - Making Corrections to Applications
  - Resources and Helpful Tips
- 
- The background of the slide features two large, light blue gears. One gear is positioned in the lower-left quadrant, and the other is in the upper-right quadrant. They are rendered in a semi-transparent style, allowing the white background to show through. The gears are interlocking, symbolizing a process or system.



# My Provider Enrollment Portal Overview



# My Provider Enrollment Portal Overview

## Use the portal to:

- Become a network provider.
- Receive automated status updates.
- Make certain updates for the physician or practice.
- Receive notifications when additional information is needed.

*My* Provider   
Enrollment Portal

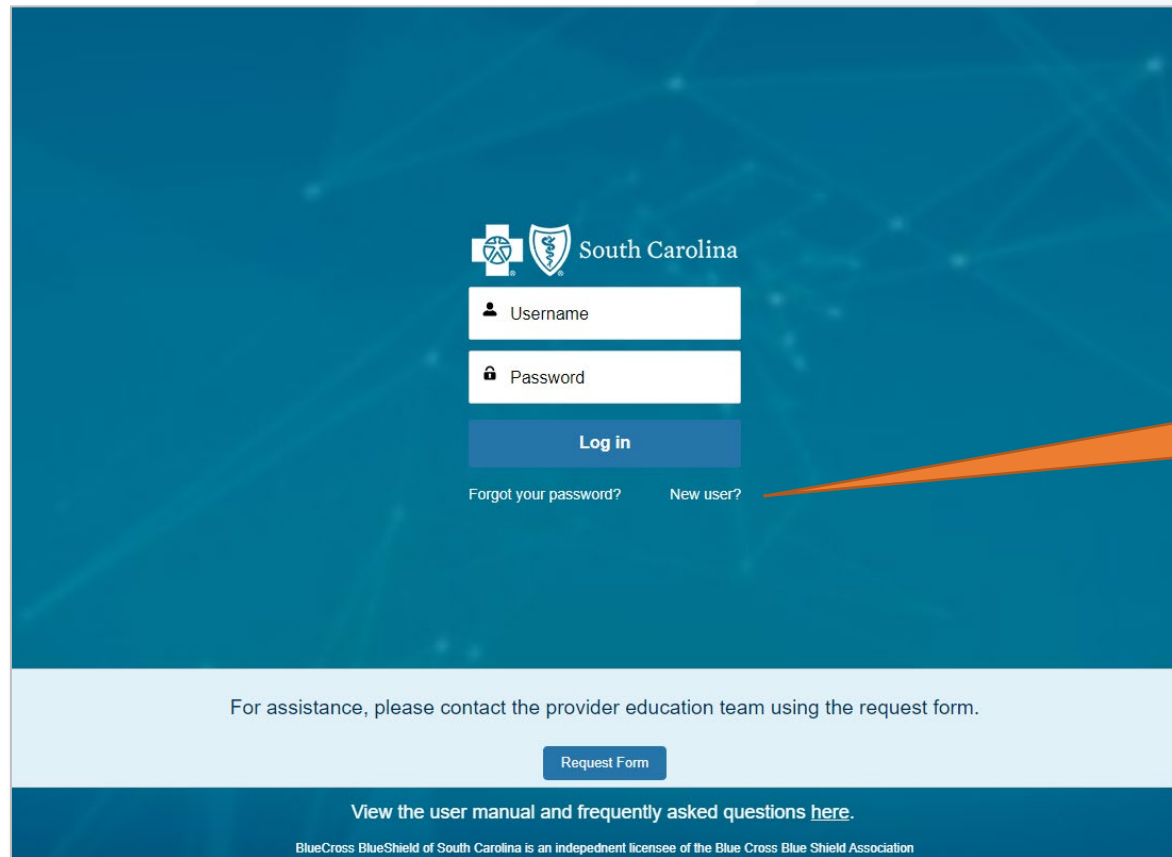


# My Provider Enrollment Portal Overview

## Sign Up for Access to the Portal

Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

*Providers>Provider Enrollment>My Provider Enrollment Portal*

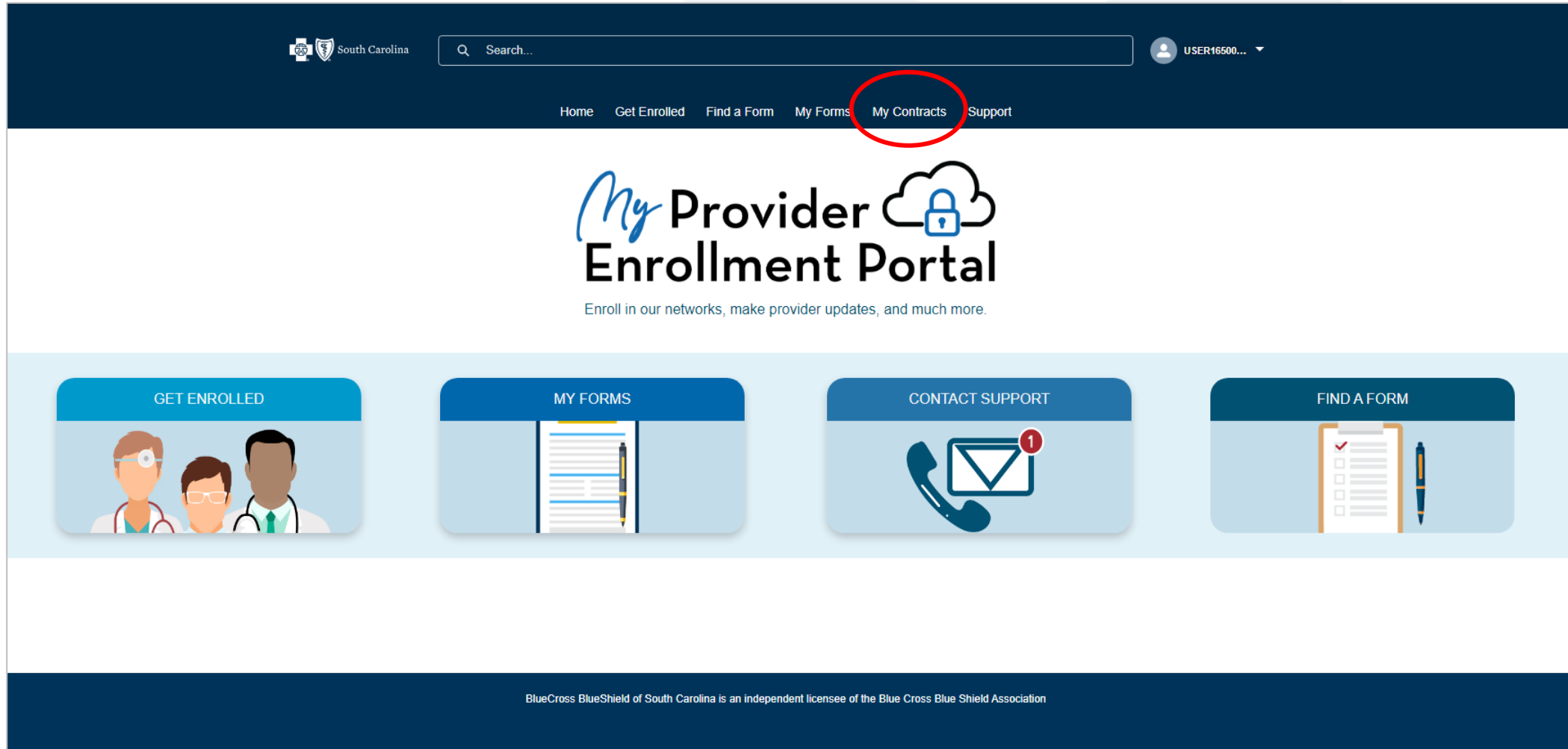


The screenshot shows the login page for the My Provider Enrollment Portal. At the top, there are logos for Blue Cross and Blue Shield of South Carolina. Below the logos are two input fields: 'Username' and 'Password'. A blue 'Log in' button is positioned below the password field. At the bottom of the login section, there are two links: 'Forgot your password?' and 'New user?'. An orange callout box points to the 'New user?' link. Below the login section, there is a light blue banner with the text 'For assistance, please contact the provider education team using the request form.' and a 'Request Form' button. At the very bottom, there is a dark blue banner with the text 'View the user manual and frequently asked questions [here](#).' and a small footer note: 'BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association'.

Select New user if you've never signed up!

# My Provider Enrollment Portal Overview

## Home Page



The screenshot displays the home page of the My Provider Enrollment Portal. At the top left, the Blue Cross Blue Shield of South Carolina logo is visible. A search bar is located in the top center, and a user profile icon labeled 'USER16500...' is on the top right. The navigation menu includes 'Home', 'Get Enrolled', 'Find a Form', 'My Forms', 'My Contracts', and 'Support'. The 'My Contracts' link is circled in red. The main heading reads 'My Provider Enrollment Portal' with a cloud and padlock icon. Below the heading is the text: 'Enroll in our networks, make provider updates, and much more.' A row of four action buttons is shown: 'GET ENROLLED' (with a doctor icon), 'MY FORMS' (with a document icon), 'CONTACT SUPPORT' (with a phone and envelope icon and a red '1' notification badge), and 'FIND A FORM' (with a checklist icon).

South Carolina

Search...

USER16500...

Home Get Enrolled Find a Form My Forms My Contracts Support

### My Provider Enrollment Portal

Enroll in our networks, make provider updates, and much more.

GET ENROLLED

MY FORMS

CONTACT SUPPORT

FIND A FORM

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

# My Provider Enrollment Portal Overview

## Get Enrolled

Review the available checklists before starting an application.

The screenshot displays the 'Get Enrolled' page of the My Provider Enrollment Portal. At the top, there is a navigation bar with the South Carolina logo, a search bar, and a user profile icon. Below the navigation bar, the main heading 'Get Enrolled' is followed by a sub-heading: 'Looking to join one of our networks? Select one of the appropriate forms below to get started.' A red oval highlights a note below this sub-heading: 'Please review the [available checklists](#) before starting an application to ensure all required documents and information is included.' The page features several enrollment options, each with an 'ENROLL' button:

- Individual Provider Enrollment:** For Providers wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan. Note: This application applies to medical, dental, and mid-level providers. This application does NOT apply to Behavioral Health providers.
- Group Practice Enrollment:** For group practices wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan. Note: Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wishes to file claims.
- Facility Information Request Form:** Complete this form to request the credentialing of a facility. Note: This form is for Medical, CBA and MAT facility credentialing.
- Virtual Care Services:** For providers or group practices wanting to participate with telemedicine and/or telehealth services. Note: You are not eligible for Virtual Care if you do not have a fully executed Business License Agreement with a vendor.
- Health Professional Application:** Complete this form to request the addition of a health professional to our database to enable that practitioner to file claims to BlueCross BlueShield of South Carolina and BlueChoice HealthPlan. Note: This is for in-state, out-of-network providers only.
- For Behavioral Health Providers:**
  - Behavioral Health:** For providers wanting to enroll in our behavioral health network. Note: Companion Benefit Alternatives, Inc. (CBA) manages our behavioral health network. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross BlueShield of South Carolina.
  - Autism Provider Panel:** For Applied Behavior Analysts wanting to enroll in our Autism Provider Panel. Note: Companion Benefit Alternatives, Inc. (CBA) manages our Autism provider panel. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross Blue Shield of South Carolina.

# My Provider Enrollment Portal Overview

## Find a Form

South Carolina

Search...

Home Get Enroller **Find a Form** My Forms My Contracts Support

### Find a Form

Use the following forms for other enrollment options or to provide additional information to BlueCross BlueShield of South Carolina

#### Update Location Information

##### Doing Business As (DBA) Name Change Form

Complete this form to change your doing business as (DBA) name.

[COMPLETE FORM](#)

##### Change of Address Form

Use this form to update your physical, pay to, correspondence and/or billing agency addresses for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, State Health Plan, and FEP networks.

**Note: If you are changing a pay to address, the provider or the CEO, CFO, director of finance, or director of billing must sign this form for your protection.**

[COMPLETE FORM](#)

##### Application for Satellite Location

Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wants to file claims.

**Note: A W-9 cannot be accepted.**

[COMPLETE FORM](#)

#### Update Provider Information

##### NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. If you registered for more than one NPI, complete this form for each NPI.

Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.

**Note: This form is for out-of-state and out-of-network providers only.**

[COMPLETE FORM](#)

##### Add or Terminate Practitioner Affiliation

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association, or institution for BlueCross BlueShield of South Carolina for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, FEP and/or State Health Plan.

**Note: This form should be completed no more than 30 days after the addition, termination or change.**

[COMPLETE FORM](#)

# My Provider Enrollment Portal Overview

## My Forms

South Carolina

Search...

Home Get Enrolled Find a Form **My Forms** My Contracts Support

### My Forms

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

- **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** – The application or form has been completed and submitted, but signatures are missing.
- **Awaiting Provider Response/Not Submitted** – 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.
- **Under Review** – The application or 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 on and has been closed.

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

**All Applications** ▼ ↑

5 items • Sorted by Case Number • Filtered by All cases

	Case Number ↑	Practitioner Last N...	Status	Form Type	Date/Time Opened	
1	00011891	Bennett	Submitted	Individual Application	11/16/2022, 2:07 PM	▼
2	00012542		In Progress/Not Submitted	Individual Application	12/6/2022, 1:12 PM	▼
3	00021065		In Progress/Not Submitted	Individual Application	4/14/2023, 4:49 PM	▼
4	00024792		In Progress/Not Submitted	Group Application	6/4/2023, 1:09 PM	▼
5	00030455	Pickles	Under Review	Individual Application	8/4/2023, 3:09 PM	▼

### All Applications ▼ ↑

#### 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

# My Provider Enrollment Portal Overview

## My Contracts

South Carolina

Search...

USER146200...

Home Get Enrolled Find a Form My Forms **My Contracts** Support

### My Contracts

Complete contracts that require your attention or check their status.

**Contracts Awaiting Signature** ▼ ↑

4 items • Sorted by Case • Filtered by All form contracts - Status

Case ↑	Status	Form Contract ...	Network List	Form Type	Last Modified Date
1 00030455	Awaiting Signature	FCR-12433	Blue Essentials	Individual Application	8/4/2023, 7:28 PM
		FCR-12434	Medicare Advantage	Individual Application	8/4/2023, 7:28 PM
		FCR-12436	State Health Plan	Individual Application	8/4/2023, 7:28 PM
		FCR-12435	Preferred Blue® (PPC and FEP)	Individual Application	8/4/2023, 7:28 PM


Recently Viewed ▼ ↑

LIST VIEWS

- All Contracts
- Contracts Awaiting Signature
- ✓ Recently Viewed (Pinned list)

# My Provider Enrollment Portal Overview

## Support

USER16500...

[Home](#) [Get Enrolled](#) [Find a Form](#) [My Forms](#) [My Contracts](#) [Support](#)

### CONTACT PROVIDER SUPPORT

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.*

**\* FULL NAME**

**\* EMAIL ADDRESS** ⓘ

**\* INDIVIDUAL NPI** ⓘ

**GROUP NPI**

**TAX ID NUMBER** ⓘ

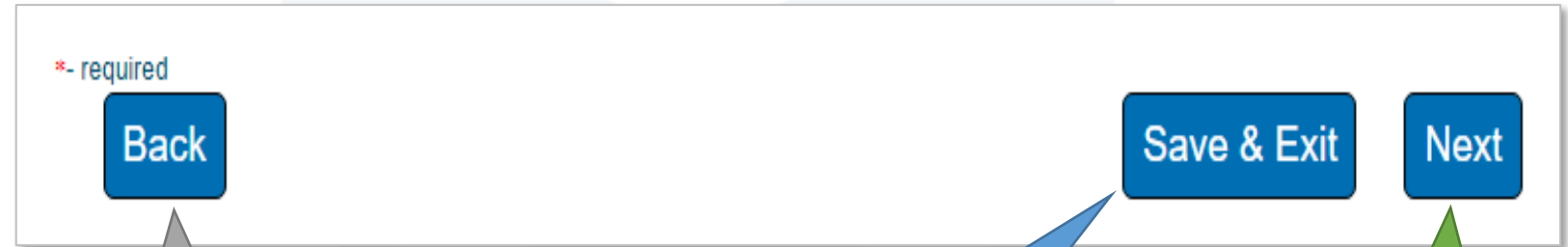
**ROLE**

**\* SUBJECT** ⓘ

**\* DESCRIPTION** ⓘ

# My Provider Enrollment Portal Overview

## Navigational Buttons

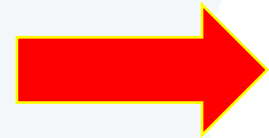


Use the Back button to move backwards in the application or form.

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.

When you get here, you **MUST** select Next to submit the application.





# My Provider Enrollment Portal Overview

## Important Items in the Portal

Be mindful of the following items in the portal:

- Case numbers
- Statuses
- Contracts
- Case comments

# My Provider Enrollment Portal Overview

**Case Numbers — Generated with each application, form and support case.**

**My Forms**  
Complete forms that have been started or checked

All Applications ▼

1 item • Sorted by Case Number • Filtered by All cases

	Case Number ↑
1	00001796


## Case numbers are used for:

- Checking statuses.
- Submitting case comments.
- Uploading provider contracts.

# My Provider Enrollment Portal Overview

**Statuses — Changes as the application or form progresses, or if additional information is needed.**

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

All Applications ▼ 

1 item • Sorted by Case Number • Filtered by All cases

Case Number ↑	Practitioner Last Name	Status
1	00001796	In Progress

## Statuses include:

- In Progress/Not Submitted.
- Submitted.
- Awaiting Signature.
- Awaiting Provider Response/Not Submitted.
- Under Review.
- Congratulations! Complete.
- Denied.
- Canceled.

**Note: Providers should not manually change their statuses.**

# My Provider Enrollment Portal Overview

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 to continue the credentialing process.

# My Provider Enrollment Portal Overview

**Under review**

The application or form has been assigned and has progressed through the credentialing process.

**Congratulations! Complete**

The application or form has been approved.

**Denied**

The application or form was not approved.

*Note: 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.

# My Provider Enrollment Portal Overview

**Contracts — Provided during the application review process and must be included with the application.**

**My Contracts**  
Complete contracts that require your attention or check their status.

All Contracts ▾ ↑

1 item • Sorted by Form Contract Name • Filtered by All form contracts - Status

	Form Contract Name ↑	Chosen Network ▾	Case ▾	Status
1	FCR-0521	BlueChoice HealthPlan	00001753	Awaiting Signature

## Steps for contracts:

1. Download the contract(s).
2. Print the contract(s).
3. Have the practitioner sign the contract(s) in ink.
4. Upload the signed contract(s) to the appropriate case.

*Note: Behavioral health contracts can be signed electronically.*

# My Provider Enrollment Portal Overview

**Case Comments — Use for case-specific questions on applications and forms.**

The screenshot shows the 'COMMUNICATION' section of the portal. A red circle highlights the 'Case Comments (0)' link. Below it, the 'APPLICATION INFO' section is visible, including fields for Case Number (00001706), Contact Name (Terrence Archie), Form Type (Provider Services), Status (Awaiting Signature), Date Received (2/28/2022), Description, and Subject.

**New**

The 'New Case Comment' form includes an 'Information' section with a text area for the comment body. Below the text area are two checkboxes: 'Public' and 'Send Customer Notification'. At the bottom right, there are 'Cancel' and 'Save' buttons.

## Steps for case comments:

1. Select Case Comments
2. Select New
3. Enter your comment or question in the body
4. Select Save



# Completing Clean Applications





# Completing Clean Applications

## Steps to Submitting Clean Applications

1. Complete the enrollment application inside My Provider Enrollment Portal.
2. Download, print and sign (include signatures, initials and dates) the application and other applicable documents.
  - Documents will be listed under Form Information.
3. Scan and upload the signed documents back to the case.
  - Select My Forms.
  - Select the case number.
  - Select Form Information.
  - Select Upload Files.
4. Download, print and sign (include signatures and dates) all applicable contracts.
5. Scan and upload the signed contracts to the case.

# Completing Clean Applications

Checklist Items	Mid-Level	Physician	DDS*
Provider Enrollment Application			
Copy of SC Medical/Practice License			
DEA Certification			Note 1
Current Copy of Malpractice (Min. \$1M/\$3M)			
Authorization to Bill for Services			
Clinical Lab Improvement Amendments			
Nurse Practitioner Preceptor Form			
Signed Contracts			
Hold Harmless – BlueChoice HealthPlan			
Appendix D – BlueChoice HealthPlan			
Professional Training		Note 2	
<b>Additional Items for Medicaid</b>			
Medicaid ID Number			
Protocols (Written Agreement)	Note 3		

\*Doctor of Dental Surgery

1. Only needed if applicable.
2. DOs, DPMs and MDs require at minimum residency.
3. Only needed for NPs and PAs.

Start Here!

## Provider Enrollment Application

Provide the following information and then click Next to continue.

\* Networks (Select all that apply)

Available

Blue Essentials  
 Blue Option<sup>SM</sup>  
 BlueChoice HealthPlan  
 Healthy Blue<sup>SM</sup>  
 Medicare Advantage  
 Preferred Blue<sup>®</sup> (PPC and FEP)

Selected

\* Your Role

--None--

\* Provider's License Type ⓘ

--None--

\* Credentialing Contact First Name

\* Credentialing Contact Last Name

\* Credentialing Contact Email

you@example.com

\* Phone

Note: The email format must be a valid format. Ex.

johnsmith@healthcare.com

\* Preferred Method of Contact

--None--

# Completing Clean Applications

### Provider Enrollment Application

Provide the following information and then click Next to continue.

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

Available	Selected
Blue Option <sup>SM</sup>	Blue Essentials
BlueChoice HealthPlan	Medicare Advantage
Healthy Blue <sup>SM</sup>	Preferred Blue® (PPC and FEP)
Dental	State Health Plan

**\* Your Role**  
Office Manager

**\* Provider's License Type**  
Physician

**\* Credentialing Contact First Name**  
Tony

**\* Credentialing Contact Last Name**  
Bennett

**\* Credentialing Contact Email**  
tony.bennett@help.com

**\* Phone**  
800-868-1122

**\* Preferred Method of Contact**  
Email

Note: The email format must be a valid format. Ex. johnsmith@healthcare.com

Next

Available license types.

**\* Provider's License Type**

- Physician
- None--
- Mid-Level Physician
- DDS
- DMD
- Ancillary (PT, OT, ST)
- Chiropractor
- Other

**Note: Only select "other" if the provider's type is not listed. Also, you MUST have your Medicaid ID number to enroll in the Healthy Blue<sup>SM</sup> network.**

# Completing Clean Applications

## Provider Enrollment Application

**Applicant Information** Medical/Professional Education Professional Training | >

### Applicant Information

First Name\*

Angelica

Last Name\*

Pickles

Middle Initial

Suffix

Maiden Name

Gender(optional): M/F

--select an item--

Race\*

White

Ethnicity\*

Not Hispanic or Latino

Title (if applicable)

Professional Designation\*

MD

Social Security #\*

001122334

National Provider ID#\*

9632587410

Birth Date (MM/DD/YYYY)\*

02/01/1987

Provider Email Address\*

angelica.pickles@abctestng.com

ECFMG # (if applicable)

What date will this provider start working for your practice (MM/DD/YYYY)\*

11/13/2023

Language(s) Spoken (other than English)\*

× English

What language services are offered through your practice?\*

× Telephone

### Area(s) of Specialty

Primary\*

DERMATOLOGY

Include in Directory



Sub-Specialty

--select an item--

Include in Directory



Primary Taxonomy\*

229N00000X

Provider Type\*

Specialist

Must match  
Authorization to Bill.

Save & Exit

Next

# Completing Clean Applications

## Provider Enrollment Application

**Medical/Professional Education** Professional Training License(s) Speciality E >

### Medical/Professional Education

Name of School\*

Clemson University

Start Date (MM/DD/YYYY)\*

08/08/2005

Graduation Date (MM/DD/YYYY)\*

12/16/2013

Country\*

United States

City\*

Clemson

State\*

SC

Degree\*

Doctorate

+ add item

\*- required

Back

Save & Exit

Next

# Completing Clean Applications

**Provider Enrollment Application**

[< Professional Training](#) [License\(s\)](#) [Speciality Board Certification](#) [Hospital Privile](#) [>](#)

### Professional Training

Have you had Cultural Competency Training?\*

No

Date Completed (Cultural Competency) (MM/DD/YYYY)

Do you have professional training to add?\*

Yes

Training Institution\*

Learn to Help

Program\*

Residency

Country

United States

City\*

Florence

State\*

SC

Program Completed\*

Yes

Start Date (MM/DD/YYYY)\*

01/06/2014

Completion Date (MM/DD/YYYY)\*

10/17/2016

[+ add item](#)

DOs, DPMs and MDs must have a minimum of residency training for credentialing.

# Completing Clean Applications

**Provider Enrollment Application**

< **License(s)** Speciality Board Certification Hospital Privileges Work History Offi >

**License(s)**

Active?

State\*  
SC

License #\*  
911119

Issue Date (MM/DD/YYYY)\*  
01/14/2015

Expiration Date (MM/DD/YYYY)  
01/14/2024

+ add item

**\*Upload a copy of your Active State License.**

State License Upload\*

Add File...  
✖ State License Example.docx

**Federal DEA**

Do you currently hold a federal DEA registration in each State you prescribe controlled substances?\*

Yes

If DEA app has been submitted and is PENDING, DDS will not write prescriptions until DEA is finalized.

DEA License File\*

Add File...  
✖ DEA Example.docx

Licenses must be active on or before the requested start date for the practice.

# Completing Clean Applications

**Provider Enrollment Application**

[< Speciality Board Certification](#) [Hospital Privileges](#) [Work History](#) [Office Practic](#) [>](#)

**Speciality Board Certification**

Are you board certified?\*

No ▼

[+ add item](#)

If not certified, are you qualified to sit for the examination?

--select an item-- ▼

If you select Yes, additional details are required.



# Completing Clean Applications

**Provider Enrollment Application**

< **Hospital Privileges** Work History Office Practice Information Electronic Claim >

### Hospital Privileges

Do you have privileges at any hospital facility?\*

Yes

If no please describe arrangements for hospital care:

Hospital\*  
Prisma Health

Department\*  
Outpatient

Street\*  
1300 Taylor Street

City\*  
Columbia

State\*  
SC

Zip Code\*  
29201

Status of Privileges\*  
Active

Affiliation From Date (MM/DD/YYYY)\*  
04/11/2018

Affiliation To Date (MM/DD/YYYY)

% Admissions\*  
100

+ add item

Admissions must total 100 percent. If there are multiple privileges, the TOTAL should be 100 combined, not separately.

# Completing Clean Applications

## Provider Enrollment Application

< **Work History** Office Practice Information Electronic Claim Filing Requirement | >

### Work History

Please enter your current or most recent employer first.  
To enter a future employer, ensure the Current checkbox is checked.

Current



Name of Previous/ Current Employer\*

ABC Help

From Date (MM/DD/YYYY)\*

01/16/2017

+ add item

Explanation of gaps in work history

Be sure to select the 'Current' box if the provider is currently working for the practice. Additionally, if their work history does not cover five years, please include an explanation.

# Completing Clean Applications

## Provider Enrollment Application

[← Office Practice Information](#)

### Office Practice Information

**Primary Site**

Office practice name\*  
Healthy Hearts

Office e-mail\*  
healthyhearts@gmail.com

Practice Website

**Physical Office Location**

Physical Office Location (address) Should the Provider See Patients at this Location?  
Yes

Street\*  
5516 Augusta Drive

City\*  
Columbia

State\*  
SC

Zip Code\*  
29219

Appointment Phone\*  
803-586-0001

County\*  
Richland

**Contact Information**

Office Contact First Name\*  
Tony

Office Contact Last Name\*  
Bennett

Phone #\*  
803-586-0002

Email\*  
tony.bennett@help.com

Credentialing contact same as office contact?

Credentialing Contact First Name\*  
Tony

Credentialing Contact Last Name\*  
Bennett

Phone #\*  
803-586-0002

Email\*  
tony.bennett@help.com

### Group Information

Group EIN/TIN#\*  
01478521

Group NPI#\*  
9856324105

Group Medicare #

Has your group signed agreement to participate with Medicare in the past twelve months?  
--select an item--

Bill for laboratory services at office?\*  
Yes

Current CLIA certification?\*  
Yes

CLIA Certification Number\*  
AB987654

Handicap access\*  
Yes

Is your office equipped with telecommunication devices for the deaf?  
--select an item--

Does your office offer 24/7 coverage? (Y/N and Description)\*  
No

Please describe (If No, please explain)\*  
Triage system.

Is sign language assistance available?  
--select an item--

Languages Spoken by staff\*  
 English

### Billing Address

Billing Address Same as Office Location

Name claims payable to\*  
Healthy Hearts

Street/PO\*  
5516 Augusta Drive

City\*  
Columbia

State\*  
SC

Zip code\*  
29219

Billing Phone #\*  
803-586-0001

Billing Fax

### Mailing Address

Mailing Address Same as Office Location?

### Provider Patient Population

Does this provider see patients at this location?\*

No

Do you accept Medicaid patients?\*

No

*If you have applied, your application will be pending until your Medicaid ID number has been received.*

Individual Medicaid #

Are there patient age limitations?\*

No

Are there patient gender restrictions?\*

No Restrictions

Please describe any other patient limitations

### Additional Location

Additional Location Needed

--select an item--

# Completing Clean Applications

## Provider Enrollment Application

< [Provider Disclosure Information](#) [Malpractice Insurance](#) [Auth to Bill](#) [You are](#) >

### Provider Disclosure Information

*If you are filling out this application on behalf of a provider, please skip this section. This section must be completed by the provider.*

*If you answer yes to any of the questions listed below, include a detailed explanation of each answer. The explanation must accompany the application for it to be considered a complete application.*

1. Do you have any pending misdemeanor or felony charges?\*

No

2. Have you ever been convicted of a felony?\*

No

3. Has your license to practice medicine in any jurisdiction ever been voluntarily or involuntarily denied, restricted, suspended, challenged, revoked, conditioned or otherwise limited?\*

No

4. In the past five years and up to and including the present, have you had any ongoing physical or mental impairment or condition which would make you unable, with or without reasonable accommodation, to perform the essential functions of a practitioner in your area of practice, or unable to perform those essential functions without a direct threat to the health and safety of others?\*

No

5. Considering the essential functions of a practitioner in your area of practice in the past five years and up to and including the present, have you suffered from any communicable health condition that could pose a significant health and safety risk to your patients?\*

No

6. Have you ever been publicly reprimanded or disciplined by a professional licensing agency or board?\*

No

7. Has your DEA certification or state-controlled drug permit ever been restricted, suspended, revoked, voluntarily relinquished or otherwise limited?\*

No

8. Have any of your privileges or memberships at any hospital or institution ever been denied, suspended, reduced, revoked, not renewed or otherwise limited?\*

No

9. Has your participation in Medicare, Medicaid, or any other government program ever been limited, curtailed or have you voluntarily excluded yourself from any of these programs?\*

No

10. Has your participation in an Insurance Company network ever been limited or terminated?\*

No

11. In the past five years and up to the present, have you had a history of chemical dependency or substance abuse that might affect your ability to competently and safely perform the essential functions of a practitioner in your area of practice?\*

No

12. In the past five years and up to and including the present, have you had or do you have any mental or physical condition or do you take any medications that might affect your ability to competently and safely perform the essential functions of a practitioner in your area of practice?\*

No

13. Has any malpractice carrier ever made an out-of-court settlement or paid a judgement of a medical malpractice claim on your behalf or are any medical malpractice suits pending against you?\*

No

14. Has your professional liability insurer ever placed conditions or restrictions on your coverage or ability to obtain coverage?\*

No

# Completing Clean Applications

## Provider Enrollment Application

< **Malpractice Insurance** Auth to Bill You are almost done. See instructions below >

### Malpractice Insurance

#### Malpractice Insurance

Carrier's Name\*

You're Covered, LLC

Policy Number\*

911

Street\*

1563 Ohio Street

City\*

Columbia

State\*

SC

Zip\*

29203

Effective Date (MM/DD/YYYY)\*

04/15/2019

Expiration Date (MM/DD/YYYY)\*

04/15/2024

*Additional coverage will be needed if the minimum coverage requirements are not met. Minimum coverage for mid-levels is \$1 mil / \$1 mil. Minimum coverage for all others is \$1 mil / \$3 mil.*

Amount of Coverage (Each occurrence)\*

\$1 million

Amount of Coverage (Aggregate)\*

\$3 million

Malpractice must be current and active on or before the requested start date for the practice.

*\*Upload a copy of your malpractice insurance verification. This must include the practitioner's name on the certificate to be valid.*

Upload Malpractice Insurance\*

Add File...

✖ Malpractice Example.docx

# Completing Clean Applications

**Provider Enrollment Application**

< **Auth to Bill** You are almost done. See instructions below to complete your applica >

**Auth to Bill**

Date of Request (MM/DD/YYYY)  
08/04/2023

Name of Clinic, Group, or Professional Association\*  
Healthy Hearts

Will bill for and receive charges or fees for my services effective (MM/DD/YYYY)\*  
11/13/2023

EIN Number\*  
01478521

Practitioner First Name  
Angelica

Practitioner Last Name  
Pickles

Practitioner SSN\*  
001122334

Practitioner's NPI\*  
9632587410

Practitioner's Email Address\*  
angelica.pickles@abctest.com

Representative Name\*  
Tony Bennett

Representative Title  
Office Manager

Representative's Contact Telephone Number  
803-586-0002

Representative's Email Address\*  
tony.bennett@help.com

Must match the requested start date with the practice on page one of the application.

# Completing Clean Applications

## Provider Enrollment Application

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

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

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.

\*- required

Back

Save & Exit

Next

Select Next.

# My Provider Enrollment Portal Overview

## Next Steps for **Medical Documents** That Must Be Signed

### 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. Scan the signed documents and 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 and sign the contract.
4. Follow steps 1 – 2 and select Upload Files.



# My Provider Enrollment Portal Overview

## Next Steps for **Behavioral Health Documents** That Must Be Signed

### 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 also receive an email containing the signed documents for your records.)

If you wish to **wet sign** the application/document, please see the instructions below.

1. Select "My Forms" from the MyPep options
2. Select the appropriate case number
3. Select Form Information
4. Under Documents at the bottom of the page, select the application/document requiring signature
5. Select Download at the top of the page
6. Print and sign the application/document
7. To upload the signed application/document, follow steps 1 and 2 above and click on Upload Files

#### Signatures for Contracts

Contractual agreements may be **e-signed** or **wet signed**. **Wet signed** documents are required to be downloaded, signed, and uploaded into the MyPep Tool. To submit signed contracts, please see these instructions.

1. Select "My Contracts" from the MyPep options
2. Sort on "All Contracts"
3. Locate your case number and click on corresponding "Form Contract Name"
4. This will take you to a page containing a link to the document.
5. Print and sign the document. Save the signed document to your computer.
6. To upload the signed document, follow steps 1 and 2 above and click on Upload Files.

### ***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. Scan the signed documents and 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 signing)***

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 and sign the contract.
4. Follow steps 1 – 2 and select Upload Files.

# Completing Clean Applications

## My Form

### COMMUNICATION

 Case Comments (0) 


### FORM FORM INFORMATION





**Application Status:** [Awaiting Signature](#)      **Application Type:** [Individual Application](#)      **Case Number:** [00030455](#)      **Date Received:** [August 4, 2023](#)  
**Contact Name:** [Terrence Archie](#)      **Practitioner Name:** [Angelica Pickles](#)      **Networks Chosen:** [Blue Essentials Medicare Advantage](#); [State Health Plan](#); [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

 Files (4) [Upload Files](#)

 <a href="#">Authorization to Bill -- 2023-08-04 12_58pm.pdf</a> Aug 4, 2023 • 142KB • pdf	 <a href="#">Provider Enrollment Application -- 2023-08-04 12_58pm.pdf</a> Aug 4, 2023 • 350KB • pdf	 <a href="#">State License Example.docx</a> Aug 4, 2023 • 12KB • docx
 <a href="#">Malpractice Example.docx</a> Aug 4, 2023 • 12KB • docx		

Only select this button AFTER the documents have generated and all required items have been uploaded.

If some of your files do not generate, Select Upload Files to add any missing documents.

# Completing Clean Applications

FORM FORM INFORMATION

**Application Status:** [Submitted](#)

**Application Type:** [Individual Application](#)

**Case Number:** [00030455](#)

**Date Received:** [August 4, 2023](#)

**Contact Name:** [Terrence Archie](#)

**Practitioner Name:** [Angelica Pickles](#)

**Networks Chosen:** [Blue Essentials](#); [Medicare Advantage](#); [State Health Plan](#); [Preferred Blue® \(PPC and FEP\)](#)

**Thank you for uploading your documents.**

# Completing Clean Applications

## CONTRACTS AWAITING SIGNATURE

Form Contract Name	Network List	Form Type	Contract
FCR-12433	Blue Essentials	Individual Application	<a href="#">View</a>
FCR-12434	Medicare Advantage	Individual Application	<a href="#">View</a>
FCR-12435	Preferred Blue®		
FCR-12436	State Health Pla		

[View All](#)

## 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-12433

Case

[00030455](#)

Form Type ⓘ

Individual Application

Contact's Email

---

Status

Awaiting Signature

Chosen Network

Blue Essentials

Download Contract ⓘ

[https://bcssc12.my.salesforce.com/sfc/p/5f000000H7sW/a/5f000000XhGl/\\_rMjim6.xgkDcpY2QXiaMPvkKTZR5V\\_P.kKhayI8Jbc](https://bcssc12.my.salesforce.com/sfc/p/5f000000H7sW/a/5f000000XhGl/_rMjim6.xgkDcpY2QXiaMPvkKTZR5V_P.kKhayI8Jbc)

Remember to download, sign and upload the contracts to your case.

## Once you've Signed your Contract, Upload it Below

Files (0)

[Upload Files](#)

[Upload Files](#)

Or drop files



# Making Corrections to Applications



# Making Corrections to Applications

## Correcting Applications

- All corrections must be made in the portal.
  - Allows the system to track the corrections and applies them to the appropriate fields
  - The newly generated documented will have the corrections and should be printed, signed, dated and initialed.
- Handwritten corrections will not be accepted and will be returned.

# Making Corrections to Applications

Below is the information we are missing:

Here are your next steps:

1. If you are **ONLY** correcting information in the application:

- **CLICK** the Form tab to make your corrections in the application.
- **CLICK** the **NEXT** button at the bottom of each section.
- **AFTER** clicking the last **NEXT** button, **WAIT** until the new forms generate
- **DOWNLOAD** the updated PDFs to have them signed.

2. If you are **ONLY** uploading files and **DID NOT** correct any information in the application:

- **UPLOAD** your files **FIRST**.
- **CLICK** the **CONFIRM** button below the Documents section.

3. If you are correcting information in the application **AND** uploading files:

- **CORRECT** the information in the form like in Step 1 **FIRST**.
- **UPLOAD** the applicable files after the new PDFs are generated like in Step 2.
- **AFTER** your signed documents have been uploaded, click the **CONFIRM** button below the Documents section.

# Making Corrections to Applications

## COMMUNICATION

 Case Comments (1) 

 [ginelle c](#) 

Public:

Created Date:

8/4/2023, 6:36 PM

Comment:

The TIN for this test case is missing a digit.

[View All](#)

## FORM

### FORM INFORMATION

**Application Status:** [Awaiting Provider Response](#)

**Application Type:** [Individual Application](#)

**Case Number:** [00030455](#)

**Date Received:** [August 4, 2023](#)

**Contact Name:** [Terrence Archie](#)

**Practitioner Name:** [Angelica Pickles](#)

**Networks Chosen:** [Blue Essentials; Medicare Advantage; State Health Plan; Preferred Blue@ \(PPC and FEP\)](#)



# Making Corrections to Applications

**My Form**

**COMMUNICATION**

Case Comments (1)

**ginelle.c**  
Public:   
Created Date: 8/4/2023, 6:36 PM  
Comment: The TIN for this test case is missing a digit.

View All

**FORM** FORM INFORMATION

**Provider Enrollment Application**

[Office Practice Information](#) [Electronic Claim Filing Requirement](#) [Provider Discl](#)

**INCORRECT**

**Group Information**

Group EIN/TIN#\*

01478521

**CORRECTION**

**Group Information**

Group EIN/TIN#\*

014785210

**You confirm that all corrected/missing documents/information, with the appropriate signatures/initials and dates if required, have been uploaded to the case.**

**Confirm**



# Resources and Helpful Tips



# Resources and Helpful Tips

## Available Resources

Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

### My Provider Enrollment Portal Manual

*Providers>Tools and Resources>Guides>My Provider Enrollment Portal*

### My Provider Enrollment Portal FAQs

*Providers>Tools and Resources>Frequent Questions>My Provider Enrollment Portal*

# Resources and Helpful Tips

## Helpful Tips — File Uploads

- When you have a prompt to “Add file,” be sure to upload the corresponding item.
  - Applies to licenses and certificates.
- This helps ensure the document is included with the application and promotes a clean application.

*\*Upload a copy of your Active State License.*

State License Upload\*

Add File...

**Federal DEA**

Do you currently hold a federal DEA registration in each State you prescribe controlled substances?\*

Yes

If DEA app has been submitted and is PENDING, DDS will not write prescriptions until DEA is finalized.

DEA License File\*

Add File...

*Note:- If you are CLIA certified, please submit copy of the certificate\**

Add File...

*\*Upload a copy of your malpractice insurance verification. This must include the practitioner's name on the certificate to be valid.*

Upload Malpractice Insurance\*

Add File...

# Resources and Helpful Tips

## **Missing items — submit missing items as soon as possible.**

- If items are missing, the application will be placed in the “Awaiting Signature” or “Awaiting Provider Response” status.
- An automated notification for missing items is sent every seven days until the missing information is received.
  - Outreach is made on:
    - Day 7 – First request
    - Day 14 – Second request
    - Day 21 – Third (final) request
- 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.

# Pharmacy

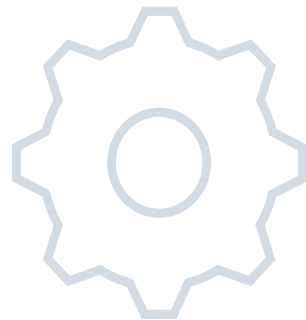


# Agenda

- Formulary Updates
  - Commercial (BlueCross and BlueChoice)
    - Lowest Net Cost (LNC) Formulary
    - Premium Formulary
  - Exchange
  - Medicare
  - Healthy Blue Medicaid

# Formulary Updates

*Commercial, Exchange, Medicare and Medicaid*

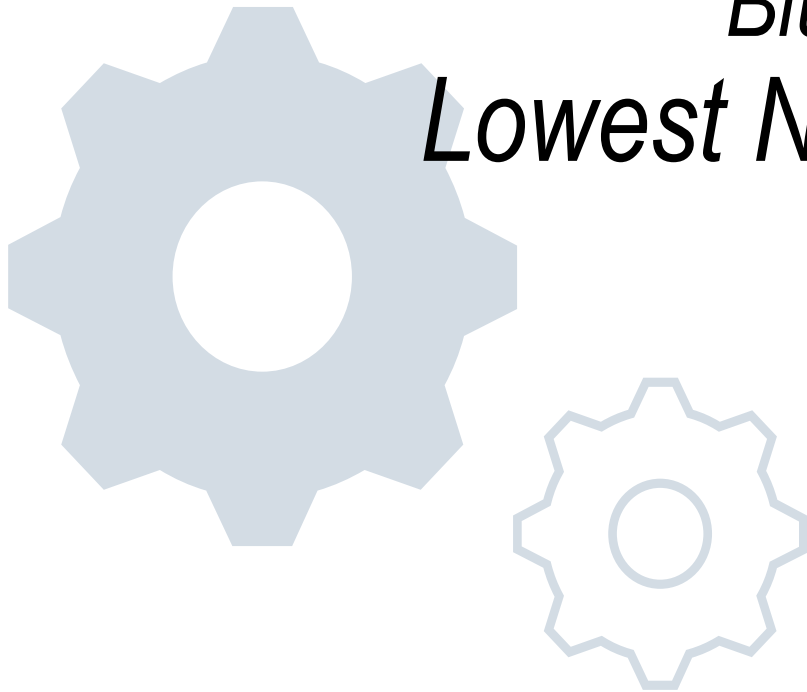




# Commercial

*BlueCross and BlueChoice*

*Lowest Net Cost Formulary Updates*



# Lowest Net Cost Formulary Updates

- Additions
  - Effective Jan. 1, 2024, the following drugs will be added:

Product	Formulary Status
Uzedy <sup>^</sup>	Non-Preferred
Veozah <sup>*#</sup>	Non-Preferred
Vowst <sup>*#</sup>	Non-Preferred

\* Requires Prior Authorization | # Quantity Limit | ^ Step Therapy

# Lowest Net Cost Formulary Updates

## Exclusions

- Effective Jan. 1, 2024, the following drugs will move to non-formulary status.
- The products listed have alternatives on the formulary, many times, at a lower cost to the member.

### ***Non-Formulary Exclusion***

- *Some covered alternatives may require prior authorization (PA).*
  - ✓ Advair Diskus
  - ✓ Airsupra
  - ✓ Flovent Diskus/HFA
  - ✓ Trokendi XR
  - ✓ Zavzpret

### ***Excluded***

- ✓ Qalsody

# Lowest Net Cost Formulary Updates

## **Prior Authorization**

Effective Jan. 1, 2024, the following drug will require prior authorization:

- ✓ Saxenda

## **Quantity Limits**

Effective Jan. 1, 2024, the following drug will have quantity limits:

- ✓ Wegovy — 4 pens per 28 days

# Lowest Net Cost Formulary Updates

## Influenza and RSV Vaccines

- Members of non-grandfathered groups have flu vaccine coverage for a \$0 member copay.
- Grandfathered groups can elect seasonal vaccine coverage at either a \$0 or associated plan copay.

Covered RSV Vaccines	
Abrysvo*	Beyfortus ^
Arexvy**	

\* Only approved for those ≥ 60 years old and in pregnancy at 32-36 weeks

\*\* Only approved for those ≥ 60 years old

^ Only approved for neonates and up to 24 months old

Covered Flu Vaccines	
Afluria Quadrivalent	Fluad Quadrivalent*
Fluarix Quadrivalent	Flublok Quadrivalent
Flucelvax Quadrivalent	Flulaval Quadrivalent
Flumist Quadrivalent Intranasal**	Fluzone High-Dose PF*
Fluzone Quadrivalent	

\* Only approved for those aged 65 years and older

\*\* Only approved for those aged 2-49 years.

# Lowest Net Cost Formulary Updates

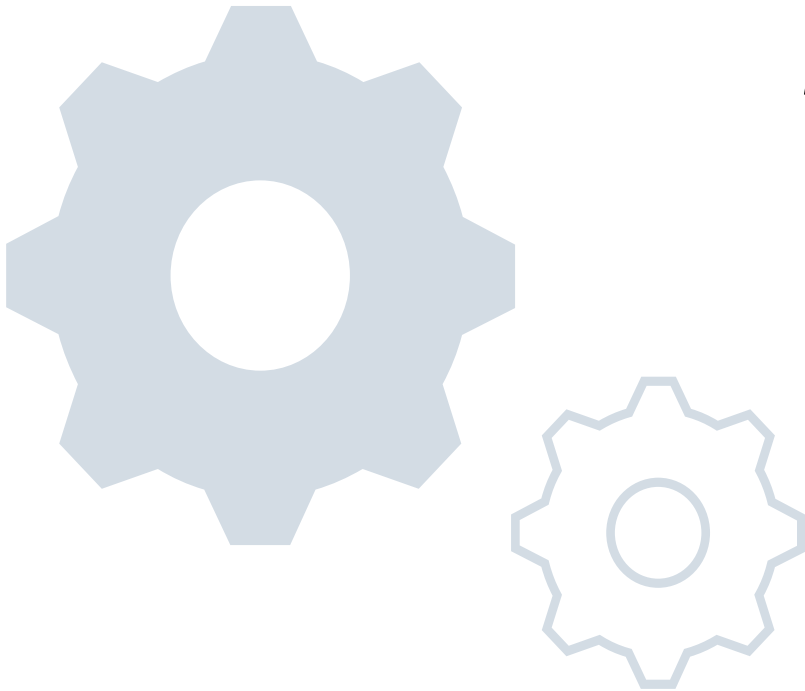
## Continuous Glucose Monitors (CGM) Dexcom and Freestyle Libre Meters

### Updated PA Criteria

- The prior authorization (PA) criteria for Dexcom and Freestyle CGMs will be updated to allow coverage for all members currently utilizing insulin. This is based on recommendations in the 2023 American Diabetes Association guidelines that CGMs be offered to individuals using intensive insulin therapy as well as basal insulin users that are capable of using the devices safely.
- “Smart PA” technology will be utilized to allow coverage for members with an insulin claim in the preceding 180 days without a formal PA request needing to be submitted.
- The PA criteria will also allow coverage for members using non-insulin anti-diabetic medication that have frequent recurring episodes of hypoglycemia (less than 70 mg/dL) despite appropriate modifications to medication, hypoglycemia unawareness, episodes of ketoacidosis, or hospitalization for uncontrolled glucose levels.
- The PA requirement will be moved to the **sensor** component of the CGM system. This change is being made as the sensor is the one component of every CGM system needed by all utilizers.

# Commercial

*Premium Formulary Updates*



# Premium Formulary Updates

- Additions
  - Effective Jan. 1, 2024, the following drugs will be added:

Product	Formulary Status
QVAR	PREFERRED
Udencya	NON-PREFERRED BRAND
Insulins by Lilly: Insulin lispro, Basaglar, and Rezvoglar	PREFERRED
Insulins by Novo: Novolog, Novolin, and Fiasp	PREFERRED
Insulins by Sanofi: Admelog and Apidra	PREFERRED
Humira Biosimilars: Adalimumab-adaz, Cyltezo, Hyrimoz	PREFERRED BRAND SPECIALTY

\* Requires Prior Authorization | # Quantity Limit | ^ Step Therapy



# Premium Formulary Updates

## Exclusions

- Effective Jan. 1, 2024, the following drugs will move to non-formulary status.
- The products listed have alternatives on the formulary, many times, at a lower cost to the member.
  - *Some covered alternatives may require PA.*

- ✓ ADVAIR DISKUS
- ✓ AMPYRA
- ✓ AUBAGIO
- ✓ COPAXONE INJ
- ✓ ESBRIET
- ✓ FLOVENT HFA/DISKUS
- ✓ IMBRUVICA TABLETS
- ✓ LATUDA
- ✓ PULMICORT FLEXHALER
- ✓ REVATIO

- ✓ TROKENDI XR
- ✓ VYVANSE
- ✓ XALKORI
- ✓ XYOSTED
- ✓ XYREM
- ✓ HUMIRA BIOSIMILARS: ADALIMUMAB-FKIP, HADLIMA, HULIO, IDACIO, YUFLYMAN, YUSIMRY

# Premium Formulary Updates

## **Prior Authorization**

Effective Jan. 1, 2024, the following drug will require prior authorization:

- ✓ Nocdurna

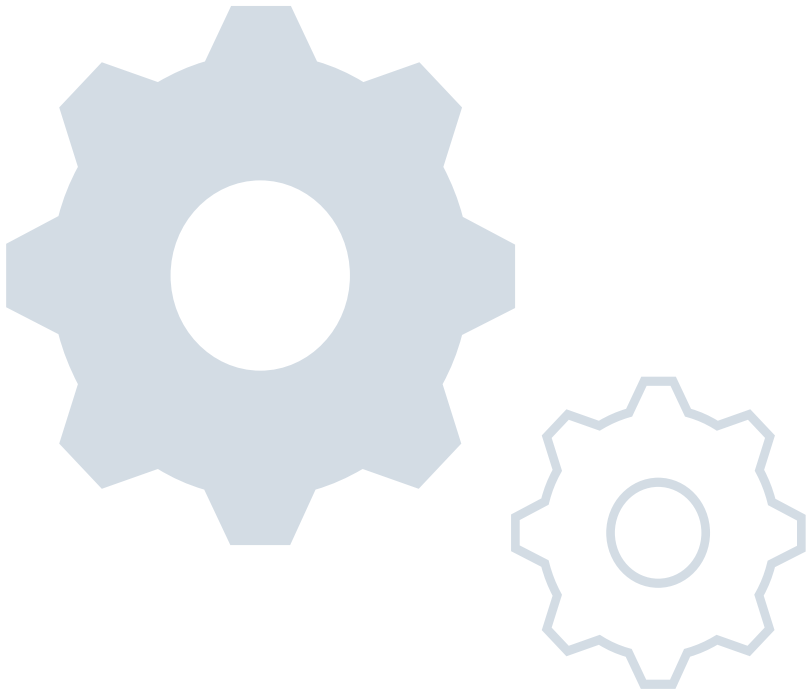
# Premium Formulary Updates

## Step Therapy

Effective Jan. 1, 2024, the following products will have a step therapy requirement added or updated:

Added	Step 1	Updated	Step 1
Pylera	Generic bismuth subcitrate-metronidazole-tetracycline	Azstarys	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Symbicort	Any two of the following generic or preferred brands: budesonide/formoterol, Advair HFA, Breo Ellipta	Adderall XR	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Wixela and formoterol/salmeterol	Any one of the following generic or preferred brands: budesonide/formoterol, Advair HFA, Breo Ellipta	Aptensio XR, Concerta, Jornay PM, Methylin, Relexxi	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Evekeo	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER	Desoxyn	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Dexedrine, Procentra	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER		

# Exchange



# Exchange Formulary Updates

## Key Formulary Additions

Product	Formulary Status
Dexcom and Freestyle Libre Continuous Glucose Monitors	Preferred Brand Tier with PA
Mounjaro	Preferred Brand Tier with PA
Vraylar	Non-Preferred Drug Tier with PA
Ubrelyv	Preferred Brand Tier with PA
Humira Biosimilars (Hadlima & adalumamab- adaz)	Preferred Brand Tier with PA
Viracept	Non-Preferred Specialty Tier
Xofluza	Non-Preferred Drug Tier with Quantity Limit

# Exchange Formulary Updates

## Quantity limits

Effective Jan. 1, 2024, the following products will have changes to quantity limits:

- Actemra
- Cibinqo
- Cimzia
- Dilaudid
- Enbrel
- Humira,
- hydromorphone
- Orencia
- Otezla
- Rinvoq
- Simponi
- Skyrizi
- Taltz
- tramadol
- tramadol/acetaminophen
- Tremfya
- venlafaxine
- Xeljanz/Xeljanz XR

## Prior Authorization

Effective Jan. 1, 2024, the following products will require prior authorization:

- Byetta
- Mounjaro
- Ozempic
- Rybelsus
- Trulicity
- Victoza

# Exchange Formulary Updates

## Step Therapy

- Effective Jan. 1, 2024, the following product will have a step therapy requirement added:

Product	Step 1
Pradaxa	Generic dabigatran

## Uptiers

- Effective Jan. 1, 2024, the following products will be covered at a higher tier:

Product	2023 Tier	2024 Tier
Pradaxa	Preferred Brand Tier	Non-Preferred Drug Tier
Dotti/Lyllana/Estradiol Biweekly Patch	Generic Tier	Non-Preferred Drug Tier
fluorouracil cream	Generic Tier	Non-Preferred Drug Tier
Fesoterodine ER	Generic Tier	Non-Preferred Drug Tier
hydrocortisone valerate cream	Generic Tier	Non-Preferred Drug Tier

# Exchange Formulary Updates

## Key Formulary Removals:

- Effective Jan. 1, 2024, the following products will be moving to Non-Formulary status:

Products Removed	Formulary Alternative (s)
Mavyret	Epclusa, Harvoni, Zepatier, ribavirin
Viibryd	Generic vilazodone
Veltassa	Sodium polystyrene sulfonate, SPS
Zioptan and Rocklatan	Latanoprost, Lumigan, tafluprost, travoprost
Xiidra and Restasis	Generic cyclosporine ophthalmic
Latuda	Generic lurasidone
IVIG Products: Bivigam, Cuvitru, Flebogamma, Gammaplex, Hyqvia, Octagam, Privigen	Gammagard, Gammaked, Gamunex-C, Gamastan, Hizentra

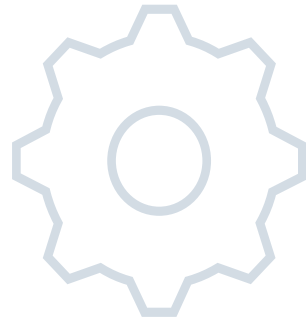
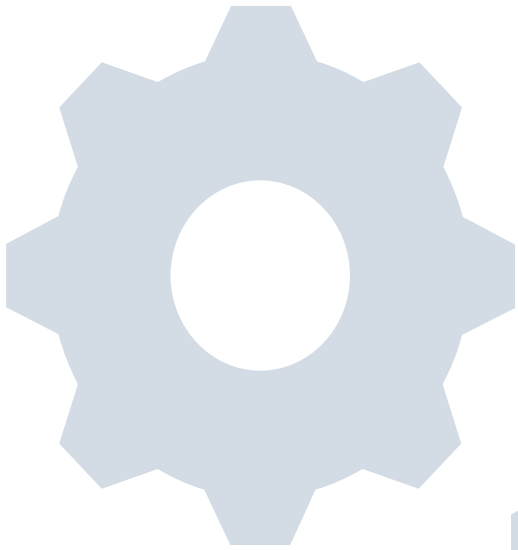
*Some covered alternatives may require prior authorization (PA).*

## Pharmacy Benefit to Medical Benefit

- Effective Jan. 1, 2024, the following products will be covered under the Medical benefit only:
  - All hemophilia factor products
  - Strensiq



# Healthy Blue Medicaid



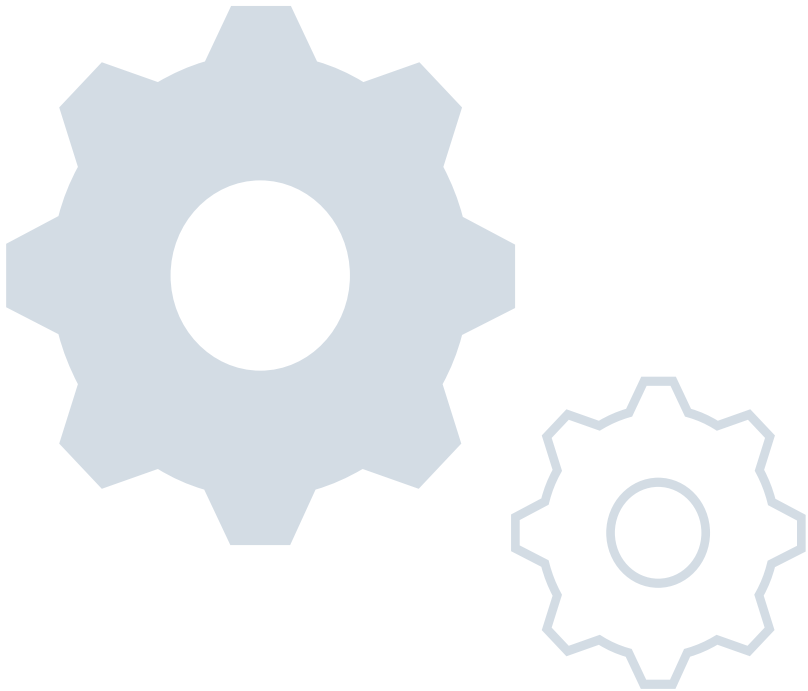
# Healthy Blue Medicaid Formulary Updates

## Key Formulary Updates:

- Effective Jan. 1, 2024, the following products will be moving to Preferred status:

Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
Colony-Stimulating Factors (G-CSF)	Fulphila	Non-Preferred to Preferred	N/A
Colony-Stimulating Factors (G-CSF)	Ziextenzo	Non-Preferred to Preferred	N/A
Colony-Stimulating Factors (G-CSF)	Nyvepria	Non-Preferred to Preferred	N/A
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	celecoxib (all strengths)	Non-Preferred to Preferred; Remove PA	N/A
Antifungals - Topical	nystatin/triamcinolone ointment	Non-Preferred to Preferred; Remove PA	N/A
Human Insulin	Lantus	Non-Preferred to Preferred; Remove PA	N/A
Human Insulin	Basaglar Kwikpen	Preferred to Non-Preferred; Add PA	Lantus; insulin glargine-yfgn

# Medicare



# Medicare Formulary Updates

## 2024 Key Formulary Changes:

Products Added	Products Removed
Gemtesa	Flovent HFA
Nurtec	Invokana
Orencia	Suprep Bowel Kit
Otezla	Symbicort
Sutab	Victoza

## 2024 Part D Humira and Biosimilars Coverage:

Covered Products	Formulary Status
Humira	Tier 5 requiring PA with Quantity Limits
Cyltezo	Tier 5 requiring PA with Quantity Limits
Yuflyma	Tier 5 requiring PA with Quantity Limits

# Medicare Formulary Updates

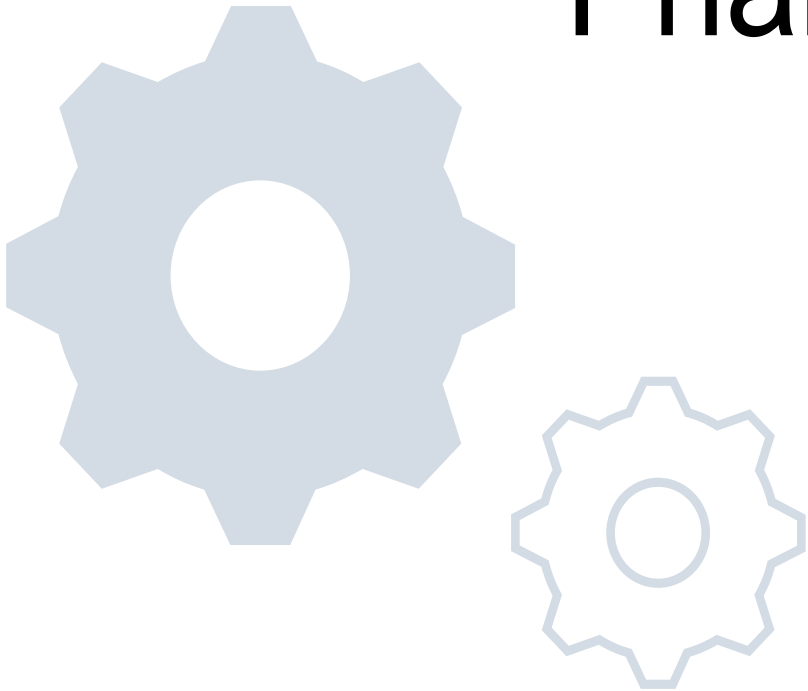
## Covered Injectable Diabetes Treatment:

GLP-1 Receptor Agonists	Branded Insulins covered
Mounjaro	Humulin/Humalog
Ozempic	Novolin/Novolog
Trulicity	Lantus
	Levemir
	Toujeo
	Tresiba

## Key UM Change

- GLP-1s will require Prior Authorization effective 1/1/2024

# Pharmacy Resources



# Pharmacy Resources

## Specialty Drug Medical Benefit Management

Drug lists can be found on the Precertification and Pharmacy pages of the websites:

- [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
- [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

Access MBMNow via My Insurance Manager when you check the member's benefits.

- Contact information for medical specialty drug authorizations:
  - Phone: 877-440-0089
  - Fax: 612-367-0742

# Pharmacy Resources

## **PreCheck MyScript (PCMS)**

PreCheck MyScript (PCMS) is a great tool that functions in real-time to provide:

- Benefit-specific, clinically appropriate, alternative medications.
- Displays savings opportunities at Optum Home Delivery and Optum Specialty Pharmacy.
- Provides members access to the same information via the OptumRx digital tools.

## **The benefits of using PCMS include:**

- \$225 average member savings per prescription switch.
- More time with patients with fewer administrative tasks.
- Patient medication adherence and clinical outcomes due to lower costs.



# Pharmacy Resources

## Commercial and Affordable Care Act (ACA) Plans

- OptumRx Home Delivery Mail Service
  - E-scribe National Council for Prescription Drug Programs (NCPDP)
    - Mail NCPDP ID: 0556540
    - Specialty NCPDP ID: 5732676
- OptumRx Home Delivery
  - Call: 855-811-2218
  - Fax: 800-491-7997
- OptumRx Specialty Pharmacy
  - Call: 877-259-9428
  - Fax: 800-218-3221
- Specialty Medical Benefit Management
  - Call: 877-440-0089
  - Fax: 612-367-0742

# Pharmacy Resources

## Provider Plan Contact Information

### *Affordable Care Act (ACA) Plans*

- BlueCross
  - ACA Individual Plan Members
    - Call: 855-823-0387
  - ACA Small Group Plan Members
    - Call: 855-819-0955

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

### *Commercial Plans*

- View lists of covered drugs, excluded drugs and drug management programs at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).
- The contact number is listed on the back of the member's ID card.
- For prior authorization, formulary exceptions and general inquiries, call 855-811-2218.

# Pharmacy Resources

## Medicare Advantage

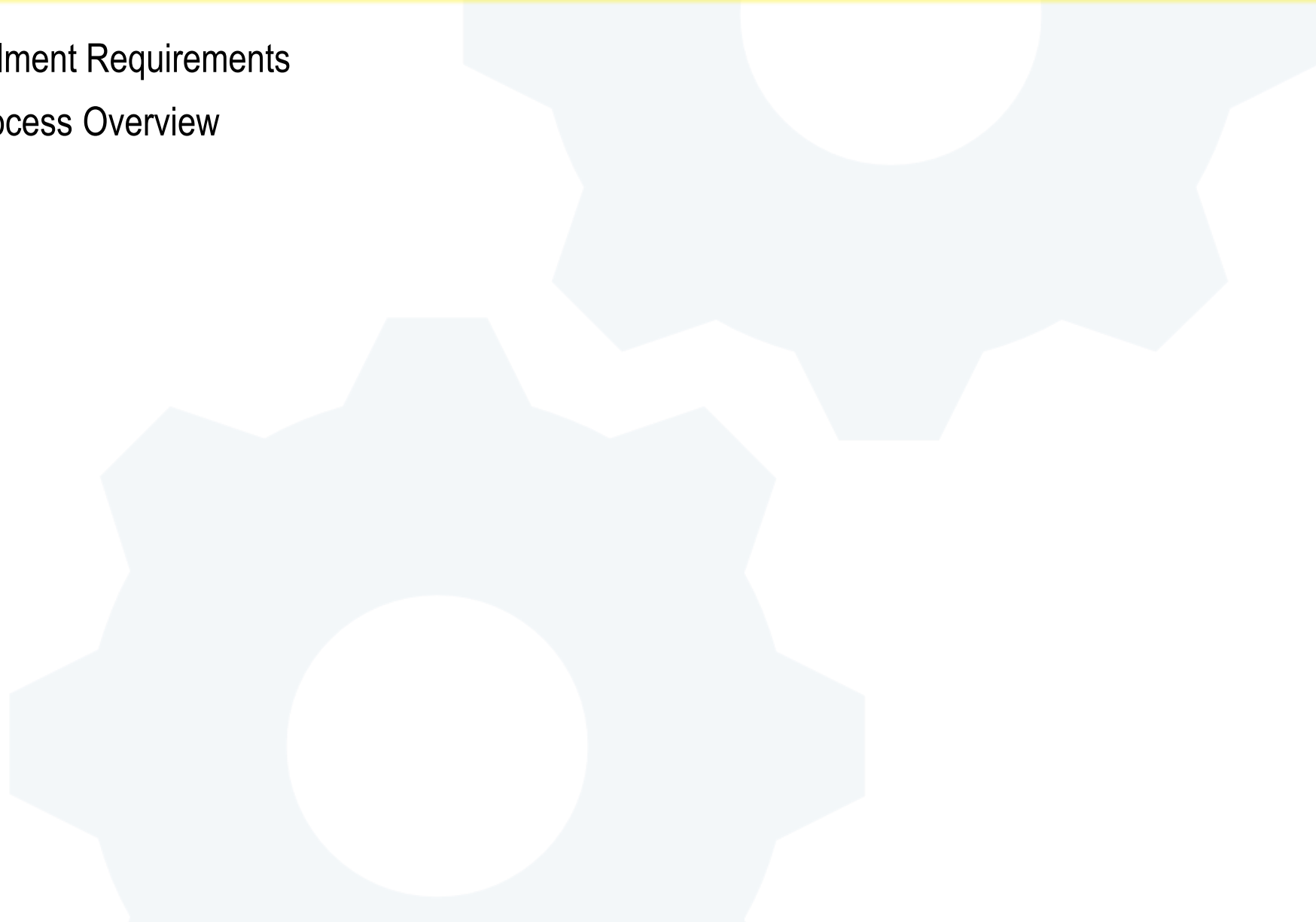
- OptumRx Home Delivery Mail Service
  - E-scribe National Council for Prescription Drug Programs (NCPDP)
    - Mail NCPDP ID: 0556540
    - Specialty NCPDP ID: 5732676
- OptumRx Home Delivery
  - Call: 855-540-5951
- OptumRx Mailing Address
  - P.O. Box 2975  
Shawnee Mission, KS 66201-1375
- Coverage Determinations and General Inquiries
  - Call: 888-645-6025
  - Fax: 844-403-1028
- Websites
  - [www.optumrx.com](http://www.optumrx.com)
  - [www.SCBluesMedadvantage.com](http://www.SCBluesMedadvantage.com)

# Provider Enrollment



# Agenda

- Provider Enrollment Requirements
- Enrollment Process Overview
- Reminders





# Provider Enrollment Requirements



# Provider Enrollment Requirements

## Enrollment Applications and Forms

Application or form	Used for...
Individual Enrollment	New practitioners that want to enroll with BCBSSC ( <b>not Behavioral Health</b> )
Group Practice Enrollment	New groups that want to enroll with BCBSSC
Facility Information Request	Medical facilities that want to credential with BCBSSC
Virtual Care Services	Practitioners or groups that want to render telemedicine and telehealth services
Health Professional	<u>In-state, out-of-network</u> practitioners that want to file claims to BCBSSC
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	<u>Enrolled groups</u> that have <u>new locations</u> that want to file claims
NPI Provider Notification	Registering an NPI with BCBSSC
Add or Terminate Practitioner	Adding or terminating a practitioner's affiliation with a clinic, group or institution

# Provider Enrollment Requirements

## What to Include — Individual Enrollment

Checklist Items	Mid-Level	Physician	DDS*
Provider Enrollment Application			
Copy of SC Medical/Practice License			
DEA Certification			Note 1
Current Copy of Malpractice (Min. \$1M/\$3M)			
Authorization to Bill for Services			
Clinical Lab Improvement Amendments			
Nurse Practitioner Preceptor Form			
Signed Contracts			
Hold Harmless — BlueChoice			
Appendix D — BlueChoice			
Professional Training		Note 2	
<b>Additional Items for Medicaid</b>			
Medicaid ID Number			
Protocols (Written Agreement)	Note 3		

Locate the checklists by visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).  
*Providers>Provider Enrollment>Checklists and Signature Requirements*

*\*Doctor of Dental Surgery*

1. Only needed if applicable.
2. DOs, DPMs and MDs require at minimum residency.
3. Only needed for NPs and PAs.

*Note: Shaded fields are required.*



# Provider Enrollment Requirements

## What to Include — Individual Enrollment (Continued)

Checklist Items	DMD*	Ancillary	Chiro
Provider Enrollment Application			
Copy of SC Medical/Practice License			
DEA Certification			
Current Copy of Malpractice (Min. \$1M/\$3M)			
Authorization to Bill for Services			
Clinical Lab Improvement Amendments	<b>Note 1</b>		
Nurse Practitioner Preceptor Form			
Signed Contracts			
Hold Harmless — BlueChoice			
Appendix D — BlueChoice			
<b>Additional Items for Medicaid</b>			
Medicaid ID Number	<b>Note 1</b>		
Protocols (Written Agreement)			

*\*Doctor of Dental Medicine*

**1. Only needed if the DMD is applying for medical networks.**

*Note: Shaded fields are required.*

# Provider Enrollment Requirements

## What to Include — Group Practice Enrollment

Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, ASCs*	Pharmacy	Dental
Group Practice Application	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
IRS Verification of Tax ID (No W-9s)	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Electronic Funds Transfer Enrollment	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Application for Satellite Location	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Clinical Lab Improvement Amendments	Shaded			Shaded	Shaded	
Signed Contracts	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Copy of CMS Letter		Shaded	Shaded	Shaded	Shaded	
Copy of Medicare PTAN Letter			Shaded		Shaded	
Copy of Business License			Shaded	Shaded		
Copy of DHEC License				Shaded	Shaded	
<b>Additional Items for Medicaid</b>						
Medicaid ID Number	Shaded	Shaded	Shaded	Shaded	Shaded	

*\*Ambulatory Surgery Centers*

*Note: Shaded fields are required.*

# Provider Enrollment Requirements

## What to Include — In-State, Out-of-Network

Checklist Items
<sup>1</sup> Health Professional Application
<sup>1</sup> Authorization to Bill for Services
<sup>2</sup> Group Practice Application
<sup>2</sup> IRS Verification of Tax ID (No W-9s)
<sup>2</sup> Electronic Funds Transfer Enrollment

***Note: This checklist applies to individual practitioners. Group practices that wish to remain out-of-network would complete the Group Enrollment application and select No for the network participation question.***

1. Needed for each individual being linked to the practice.
2. Needed if the group is not on file.

# Provider Enrollment Requirements

## What to Include — Behavioral Health

Checklist items — all items are needed
Behavioral Health or Autism Panel Application
IRS Verification of Tax ID (or W-9)
CBA* Professional Agreements (Signed Contracts)
Hold Harmless Agreement
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)

*\*Companion Benefit Alternatives*

# Provider Enrollment Requirements

## E-signatures vs. Wet Signatures (Ink)

Medical	Allowed Signature
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 (COA)	Electronic or wet
Add/Term Practitioner	Electronic or wet
Authorization to Bill	Electronic or wet
Electronic Funds Transfer (EFT)	Wet
Appendix D (BlueChoice only)	Wet
Hold Harmless (BlueChoice only)	Wet
All Contracts	Wet

Behavioral Health	Allowed Signature
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



# Enrollment Process Overview



# Enrollment Process Overview

## Clean Application Process

1. Enrollment team receives complete enrollment application
2. Application is reviewed for completion and sent to the Credentialing Committee
  - Only complete and accurate applications are sent to the committee.
    - For applications with missing/incomplete documentation, providers are notified for **21 days** to submit the requested items.
    - If the missing items are not received within **28 days**, the application is canceled.
  - Non-approved applications go to the Disciplinary Committee for approval or denial
    - The verdict is sent to the provider.
3. Approved applications are sent to contracting for review
  - Approved contracts are executed
4. Welcome email and packet (with effective dates) is sent to the provider

# Enrollment Process Overview

## Clean Application Process — Things to Keep in Mind

- The credentialing committee reviews all enrollment applications to ensure all required credentialing criteria are met:
  - Utilization Review Accreditation Commission (URAC).
  - National Committee for Quality Assurance (NCQA).
  - South Carolina Department of Health & Human Services (SCDHHS), when applicable.
- Effective dates are based on the credentialing committee's approval date, per URAC requirements.
- Backdating **network dates** is not allowed.
  - Affiliation dates can be backdated.
    - Up to Jan. 1<sup>st</sup> of the previous year (e.g., affiliations for 2023 can go back to Jan. 1, 2022)
      - If the application is pending, email the claim showing the earliest date of service to [Provider.Requested.Info@bcbsc.com](mailto:Provider.Requested.Info@bcbsc.com).
      - If the application is completed, fax the claim to 803-264-4795.





# Reminders



# Reminders

## Missing Items — Common Missing Items that Cause Delays in the Processing of Applications

### Unsigned applications and contracts

#### ***For applications***

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. Scan the documents and 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***

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 and sign the contract.
4. Scan the documents and follow steps 1 – 2 and select Upload Files.

### Invalid dates

- Malpractice dates must be current, valid and active on or before the requested start date.
- Signature dates on contracts and applications must be current.

#### ***IMPORTANT NOTE:***

*An automated notification for missing items is sent every seven days until the information is received. Outreach is made on:*

- ***Day 7 – First request***
- ***Day 14 – Second request***
- ***Day 21 – Third (final) request***

*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.*

# Reminders

## Missing Items — Common Missing Items that Cause Delays in the Processing of Applications (Continued)

### Incomplete submissions

- Missing a copy of the following:
  - State or medical license
  - CLIA certificate
  - Malpractice verification

Note: - If you are CLIA certified, please submit copy of the certificate\*

Add File...

**\*Upload a copy of your Active State License.**

State License Upload\*

Add File...

**\*Upload a copy of your malpractice insurance verification. This must include the practitioner's name on the certificate to be valid.**

Upload Malpractice Insurance\*

Add File...

### **IMPORTANT NOTE:**

*An automated notification for missing items is sent every seven days until the information is received. Outreach is made on:*

- **Day 7 – First request**
- **Day 14 – Second request**
- **Day 21 – Third (final) request**

*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.*

# Reminders

## Missing Items — Common Missing Items that Cause Delays in the Processing of Applications (Continued)

### Incomplete submissions

- Missing DEA details

**Federal DEA**

Do you currently hold a federal DEA registration in each State you prescribe controlled substances?

Yes

If "Yes," upload your DEA registration below.

DEA License File\*

Add File...

**Federal DEA**

Do you currently hold a federal DEA registration in each State you prescribe controlled substances?

N/A

N/A only applies to non-prescribing specialties.

**Federal DEA**

Do you currently hold a federal DEA registration in each State you prescribe controlled substances?

No

If "No," you must provide an explanation as to who will fulfill this requirement on your behalf.

If uploading explanation of prescribing plan, please input "See Attached" in the below field.

Written Explanation of Prescribing Plan\*

OR

Upload Explanation of Prescribing Plan

Add File...

### **IMPORTANT NOTE:**

An automated notification for missing items is sent every seven days until the information is received. Outreach is made on:

- **Day 7 – First request**
- **Day 14 – Second request**
- **Day 21 – Third (final) request**


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.

# Reminders

## Missing Items — Common Missing Items that Cause Delays in the Processing of Applications (Continued)

### Incomplete documentation

- Authorization to Bill missing effective dates and representative details

 BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

**Authorization for Clinic/Group to Bill for Services**

Please complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan that you have authorized a clinic/group/institution/location to bill for your services for:

- Preferred Blue (PPC and FEP)
- State Health Plan
- Medicare Advantage
- Blue Essentials
- Blue Option<sup>SM</sup>
- Healthy Blue<sup>SM</sup>
- BlueChoice HealthPlan

BlueCross and BlueChoice HealthPlan reserve the right to accept or refuse authorization for a clinic/group/professional association/institution to bill for services.

**\*\*\*This form does not qualify you to be a network provider.**

---

Date of Request: \_\_\_\_\_

I agree that \_\_\_\_\_ will bill for and receive charges or fees for my services effective \_\_\_\_\_

EIN Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Practitioner's Name Printed

\_\_\_\_\_  
Practitioner's SSN and NPI

\_\_\_\_\_  
Signature & Title of Clinic/Group/Professional Association/Institution Representative

\_\_\_\_\_  
Representative's Contact Telephone Number

\_\_\_\_\_  
Email Address (required for notification)

All highlighted fields  
**MUST** be completed.

### **IMPORTANT NOTE:**

*An automated notification for missing items is sent every seven days until the information is received. Outreach is made on:*

- **Day 7 – First request**
- **Day 14 – Second request**
- **Day 21 – Third (final) request**

*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.*

# Reminders

## Recredentialing

- Recredentialing occurs every three years.
- Our credentialing team makes outreach when the provider's recredentialing date is approaching.
  - First, they call to see if the provider is actively working at the location on file.
    - If no response is received after the first attempt, a second attempt is made in **14 days**.
    - If no response is received after the second attempt, a third attempt is made in **seven days**.
    - If no response is received after the third and final attempt, the status change process begins.
- If the recredentialing date is missed, the provider is termed, and a new enrollment is required.

*Note: Be sure the credentialing contact email address is current for outreach.*

# Reminders

## Non-credentialed Providers

Acupuncturists

Associate  
Counselors

Christian  
Science  
Practitioners

Diabetes  
Education

Dieticians

Education  
Specialists

Homeopaths

Lay Midwives

Massage  
Therapists

Naturopaths

Occupational  
Therapy  
Assistants

Physical  
Therapy  
Assistants

Psychology  
Assistants

Recreational  
Therapists

School  
Psychologists

Sports Trainers

Technicians

**Note: This list may not be all inclusive.**

# Reminders

## Provider Validation

As of **Jan. 1, 2022**, providers are required to verify their demographic data at least **every 90 days**. Our provider directory team also makes outreach every 90 days to ensure validation.

*Note: Be sure the credentialing contact email address is current as this is what's used for outreach.*

### *Importance of Validation*

- Allows us to maintain accurate directories
- Ensures members know where to find you

### *How to Validate Information*

- M.D. Checkup

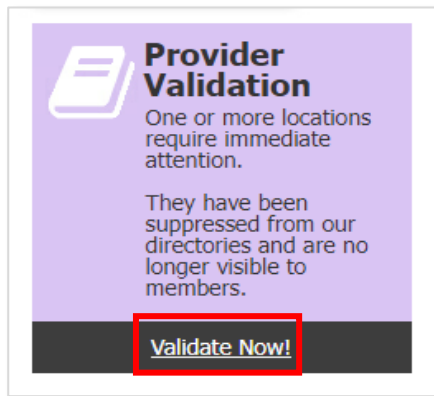


# Reminders

## Provider Validation (Continued)

*Has your location been suppressed?*

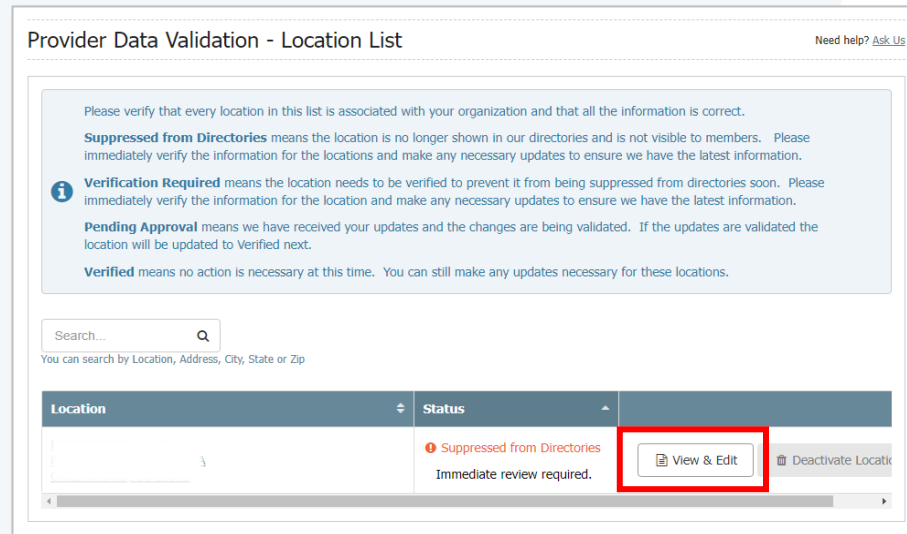
- Locations are suppressed in the provider directory if more than 90 days has passed since the last validation was made, per the Consolidated Appropriations Act guidelines.
- To have the suppressed status updated, the group administrator should:
  - Log into My Insurance Manager.
  - Select Validate Now in the Provider Validation box.
  - Select View and Edit from the location(s) listed.
  - Review the information, make the necessary updates, if needed, and select Verify.



**Provider Validation**  
One or more locations require immediate attention.

They have been suppressed from our directories and are no longer visible to members.

**Validate Now!**



Provider Data Validation - Location List Need help? [Ask Us](#)

Please verify that every location in this list is associated with your organization and that all the information is correct.

**Suppressed from Directories** means the location is no longer shown in our directories and is not visible to members. Please immediately verify the information for the locations and make any necessary updates to ensure we have the latest information.

**Verification Required** means the location needs to be verified to prevent it from being suppressed from directories soon. Please immediately verify the information for the location and make any necessary updates to ensure we have the latest information.

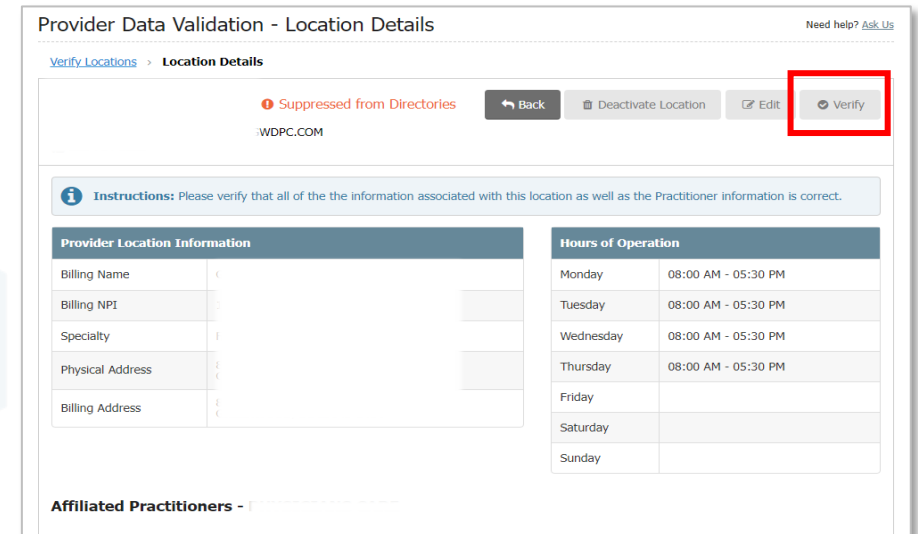
**Pending Approval** means we have received your updates and the changes are being validated. If the updates are validated the location will be updated to Verified next.

**Verified** means no action is necessary at this time. You can still make any updates necessary for these locations.

Search...

You can search by Location, Address, City, State or Zip

Location	Status	
	Suppressed from Directories Immediate review required.	<a href="#">View &amp; Edit</a> <a href="#">Deactivate Location</a>



Provider Data Validation - Location Details Need help? [Ask Us](#)

[Verify Locations](#) > **Location Details**

**Suppressed from Directories** [Back](#) [Deactivate Location](#) [Edit](#) [Verify](#)

WDFC.COM

**Instructions:** Please verify that all of the the information associated with this location as well as the Practitioner information is correct.

Provider Location Information		Hours of Operation	
Billing Name		Monday	08:00 AM - 05:30 PM
Billing NPI		Tuesday	08:00 AM - 05:30 PM
Specialty		Wednesday	08:00 AM - 05:30 PM
Physical Address		Thursday	08:00 AM - 05:30 PM
Billing Address		Friday	
		Saturday	
		Sunday	

**Affiliated Practitioners** -

# Reminders

## Provider Updates — My Provider Enrollment Portal

The following updates can be made using My Provider Enrollment Portal:

- Business name change
  - Using the Doing Business As (DBA) Name Change form
- Address change
  - Using the Change of Address form
- NPI update
  - Using the NPI Provider Notification form
- Adding a location
  - Using the Application for Satellite Location form
- Adding or terminating practitioner affiliation
  - Using the Add or Terminate Practitioner Affiliation form



# Reminders

## Provider Updates — M.D. Checkup

### *What is M.D. Checkup?*

- Web-based tool used for provider demographic updates
- M.D. Checkup is accessible through My Insurance Manager

The following updates can be made through M.D. Checkup:

- Business name change
- Address change
- Adding or terminating a location
- Adding or terminating a practitioner affiliation
  - You can only add a practitioner through M.D. Checkup if they are enrolled and associated with the tax identification number.



# Reminders

## M.D. Checkup — Removing Locations



My INSURANCE MANAGER™

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory Provider Update

### Provider Data Validation - Locations List

Need help? Ask Provider Services

**Instructions:** Please verify that every location in this list is associated with your practice and that all of the information is correct.

Search locations...

You can search by Location, Address, City, State or Zip

Location	Status	
Provider 1 Main Street	Requires Verification	View & Edit Remove Location
Provider 2 Pine Road	Requires Verification	View & Edit Remove Location
Provider 3 Davis Avenue	Requires Verification	View & Edit Remove Location

### Request to Remove Location

by, State or Zip

Are you sure you wish to remove **Palmetto Northeast**? Please enter the date on which you want this location to be removed.

Note: The removal date must be after the original effective date.

Requires Verification

mm/dd/yyyy

View & Edit

Requires Verification

View & Edit

Cancel Remove

View & Edit Remove Location

**DO NOT** use this function to remove a location from your VIEW!

# Reminders

## M.D. Checkup — Adding Practitioner Affiliations

To add a practitioner affiliation through M.D. Checkup:

- The practitioner must be enrolled and associated with the tax identification number (TIN).
  - Submit the Add/Terminate Practitioner Affiliation form to add a practitioner to a location under a different TIN.

### Example:

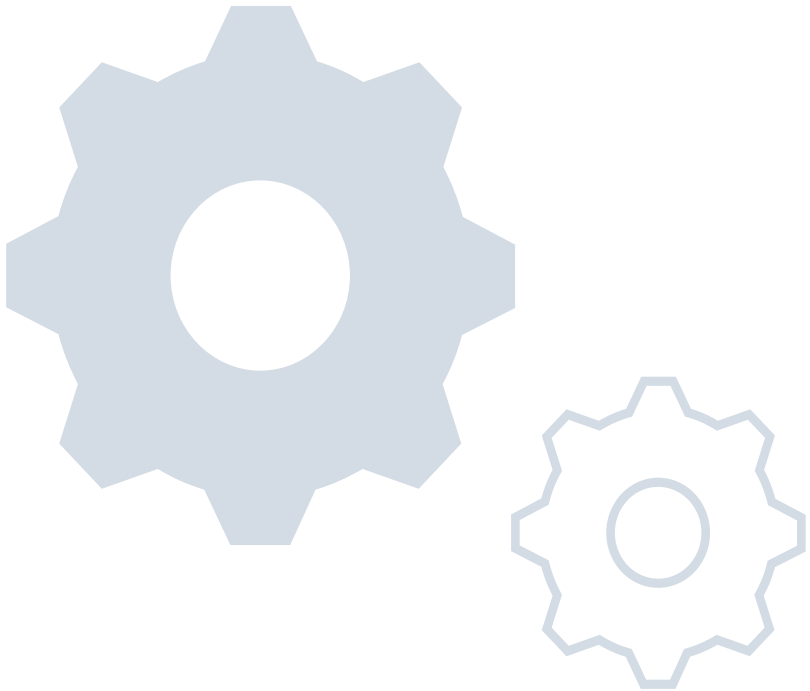
- *TIN A — 123456789*
  - Location 1
  - Location 2
- *TIN B — 987654321*

Dr. Tommy Pickles **is associated** with TIN A and works at Location 1. He can be added to Location 2 through M.D. Checkup.

Dr. Tommy Pickles **is not associated** with TIN B. To be added to this location, the Add/Terminate Practitioner Affiliation form must be submitted.



# Quality Improvement Strategy



# Introductions

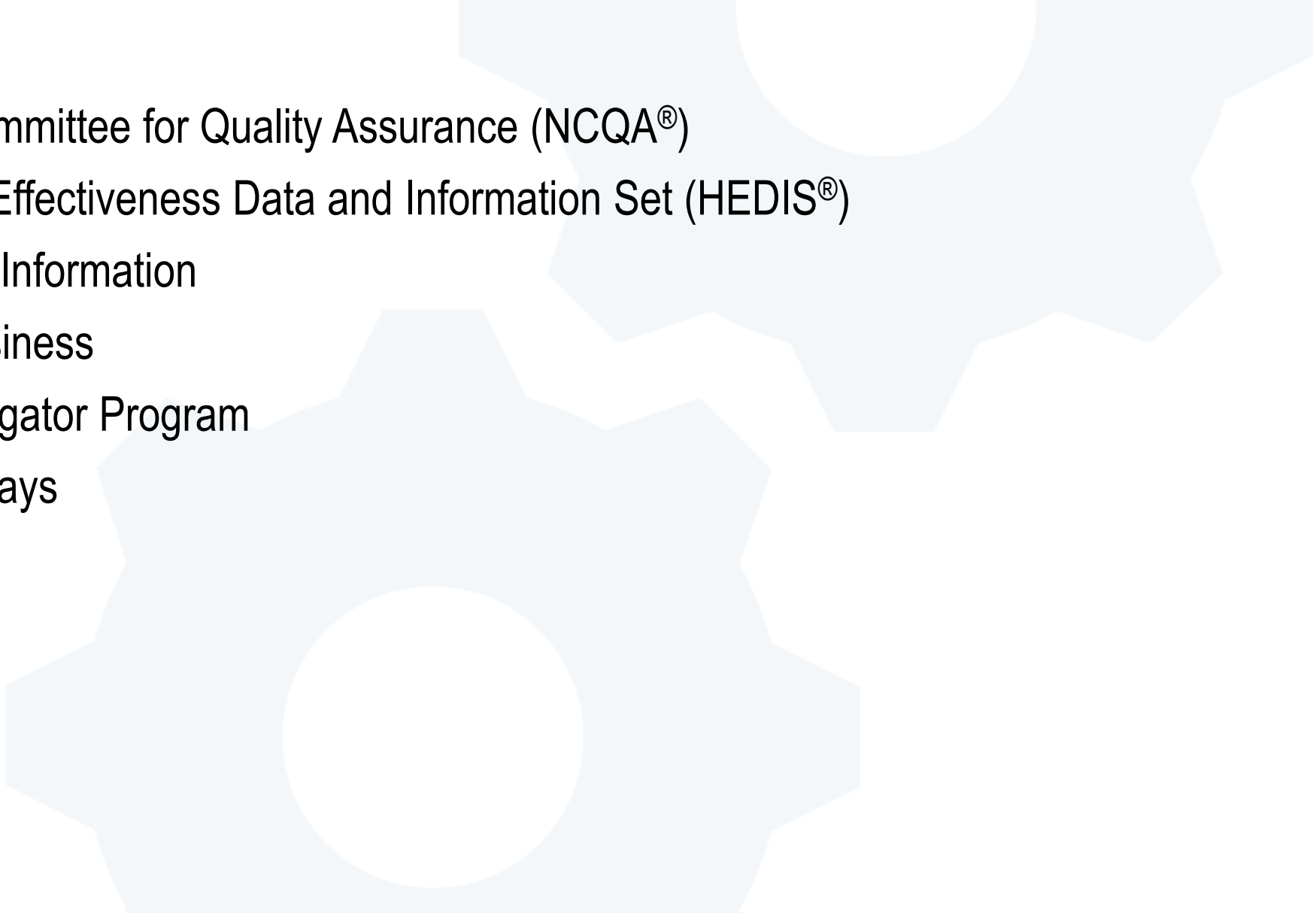


**Hollie Strange**  
Director, Quality Improvement  
Strategy



**Luna Lugo Latorre**  
Manager, Quality  
Management

# Agenda

- About Us
  - National Committee for Quality Assurance (NCQA®)
  - Healthcare Effectiveness Data and Information Set (HEDIS®)
  - Request for Information
  - Lines of Business
  - Quality Navigator Program
  - Key Takeaways
- 
- The background of the slide features a decorative graphic of three interlocking gears in a light blue color. One gear is positioned in the upper right, another in the lower left, and a third, partially overlapping the others, is in the center. The gears are semi-transparent and have a subtle gradient.






# About Us





# About Us



## Health Care Innovation and Improvement




**Vision:** To ensure a quality health care experience with every interaction



**Mission:** Improve the health and experience of our members through innovative programs and collaborative partnerships that help make health care more affordable.



Committed to working with you to better serve our members






# National Committee for Quality Assurance (NCQA<sup>®</sup>)



# National Committee for Quality Assurance (NCQA®)

- NCQA is a private organization dedicated to improving healthcare quality by developing quality standards and performance measures.
  - Healthcare Effectiveness Data and Information Set (HEDIS) coordination
  - Provider involvement
- 
- The background of the slide features several light blue gears of varying sizes, some overlapping, set against a white background. The gears are positioned primarily in the lower half and right side of the slide, creating a mechanical or industrial aesthetic.

# National Committee for Quality Assurance (NCQA®)

What does NCQA mean to you?

Contract

Bonuses  
Incentives

Reporting

Data to  
the plan

Safety

Patient



# Health Care Effectiveness Data and Information Set (HEDIS<sup>®</sup>)



# Health Care Effectiveness Data and Information Set (HEDIS®)



H Health Care  
E Effectiveness  
D Data and  
I Information  
S Set

*It is a tool that America's health plans use to measure performance on important dimensions of care and service.*

*HEDIS rates are designed to evaluate the effectiveness of a health plan's ability to demonstrate an improvement in its preventive care and quality measures to its members.*

# Health Care Effectiveness Data and Information Set (HEDIS®)

Which entities use HEDIS data?



**NCQA®**  
Exist to improve the quality of health care.



**CMS**

\*Centers for Medicare and Medicaid Services (CMS)

\*Quality Rating System for the ACA/Exchange products

\*Medicare Advantage



**FEP**

Federal Employee Program (FEP)





# Health Care Effectiveness Data and Information Set (HEDIS®)

## HEDIS Prospective Season

- Also referred to as year-round.
- Continuously monitors rates in real-time.
- Runs from Jan. 1 to Dec. 31 of the current or measurement year.
- Additional options for compliance include:
  - Claims.
  - Data transfer.
  - Medical records.
  - Compliance forms.

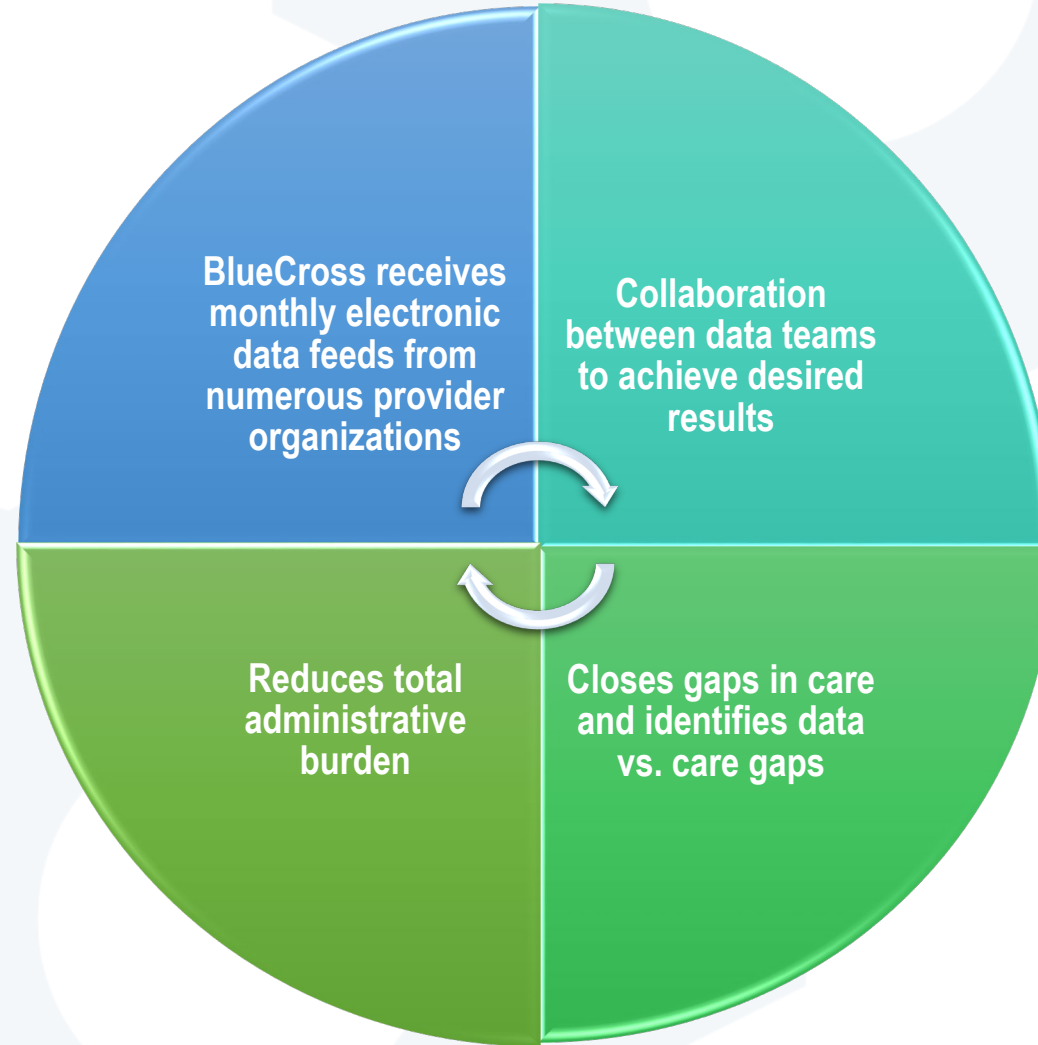
# Health Care Effectiveness Data and Information Set (HEDIS®)

## **HEDIS Retrospective Season**

- Also referred to as retro or hybrid season or HEDIS production
- Looks at the care given or due in the prior year (measurement year)
- Runs from January to May of the year following the measurement year
- HEDIS My2023 refers to care given or due in 2023, which will be evaluated from January to May 2024
- All requested member documentation is based on the selected HEDIS measure by NCQA

# Health Care Effectiveness Data and Information Set (HEDIS®)

## Electronic Data Transfer



# Healthcare Effectiveness Data and Information Set (HEDIS®)

## Electronic Data Transfer (Continued)



BlueCross currently has many providers that allow remote access to their EMR



Assigned navigator can locate and retrieve records from the EMR remotely



Helps to reduce provider burden



# Request for Information



# Request for Information

- How are requests sent?
  - Email
  - Fax
  - Mail

**Note:** Can be avoided by giving remote access to EMR. Email [NAVIGATOR@bcbsc.com](mailto:NAVIGATOR@bcbsc.com).

- How are requests created?
  - Claims
- How are members attributed?
  - Claims data

**Note:** You will only receive a request for medical records if the member has an open care gap.



## Request for Medical Records - Cover Letter

To:	From: BlueCross BlueShield of South Carolina
NPI:	Fax: 803-419-8191
Phone:	Requested Date: 06/06/2023

### Greetings:

Please see the attached medical record requests for our HEDIS review of members for the **ACA/Exchange and FEP/ Federal Employee Program product lines**. Please return the requested medical records within 7 business days. If this is not possible, reach out to [Navigator@bcbsc.com](mailto:Navigator@bcbsc.com) to discuss alternate options.

**In accordance with HIPAA, do not return any medical records that do not meet the measure time frame specified.**

If the member has not had the service requested within the required time frame, please schedule the member for a visit to address these care opportunities.

<b>Additional Comments:</b> Prospective ROI Exchange
--

We appreciate your cooperation and ask that you return the attached form and requested medical records for each member by fax to **803-419-8191** or by secure email to **HEDIS.Records@bcbsc.com** or if a copy service is returning records on your behalf, please return these via the associated copy service portal.

If you are required to mail records, please send them to:  
BlueCross BlueShield of South Carolina  
Attn: Quality Management Department  
P.O. Box 100300 AX-310  
Columbia, SC 29202

If you have questions or concerns, please email [Navigator@bcbsc.com](mailto:Navigator@bcbsc.com).

Thank you,  
Patty Carter  
Manager, Corporate Quality Management  
BlueCross BlueShield of South Carolina

# Request for Information

- What information should be returned?
  - Providers must return the information listed in the requested box on the form.

## *Example of Request*

Please send a copy of the following medical record(s) requested below:

Demographics page

-AND-

All office visit/encounter notes from 01/01/2023 to 12/31/2023

-AND-

Past Medical/Surgical history 2022 to 12/31/2023

-AND-

Vital sign flow sheets from 01/01/2023 to 12/31/2023

-AND-

All consultation notes from 01/01/2023 to 12/31/2023

# Request for Information

- What should I do if I cannot locate the patient, nor have medical records for the timeframe requested?
  - Check the appropriate box and return the letter via fax, email or mail.

**Please check the appropriate box:**

- Medical record attached; please return via one of the following methods:

**FAX:** 803-419-8191

**EMAIL:** HEDIS.Records@bcbsc.com

**MAIL:** BlueCross BlueShield of South Carolina, Attn: Quality Management Department, P.O. Box 100300 AX-310, Columbia, SC 29202

**Portal Locations:**

MRO: bchpbcshedis.requester.roilog.com

Ciox: PO BOX 6170, AX310, Columbia, SC 29260, Customer ID: 1080191

ShareCare: BCBS-29260-6170

- No medical records found for the time frame requested
- Unable to locate patient in our system





# Lines of Business



# Lines of Business

## Which lines of business are included?

- Health Insurance Exchange (HIX or ACA)
- Federal Employee Program (FEP)
- Healthy Blue<sup>SM</sup> (BlueChoice Medicaid)

# Lines of Business

## Health Insurance Exchange

- Quality Rating System (QRS)
- Technical specifications
  - Clinical, customer satisfaction, and patient quality measurement
  - Many plans collect HEDIS data, and the measures are specific
  - Outcome is a Star rating



# Lines of Business

## **Federal Employee Program**

- Clinical quality, customer service and resource use (QCR)
- Technical specifications
  - NCQA technical specifications are the same as HIX
  - Audit is completed by an outside vendor, then submitted to NCQA
  - Clinical, customer satisfaction and patient experience
  - Outcome is Performance Improvement Plan (PIP) rating

# Lines of Business

## Healthy Blue

- Rating System
  - Voluntary reporting is changing to required
  - Adult and child health care quality measures
  - Core set of children's health care quality measures
  - Audit will be completed by an outside vendor, then submitted to NCQA





# Quality Navigator Program



# Quality Navigator Program

## Quality Navigator Model

- The quality navigator model is a population health and quality improvement program designed to assist primary care physicians (PCPs) in meeting quality metrics.
- The goal of the program is to assist PCPs by:
  - Streamlining care coordination
  - Providing help tools and resources to support patient care efforts
- Benefits include:
  - Promotes accurate coding guidance
  - Facilitates referrals to disease and case management programs to support treatment plans
  - Assists with care coordination

# Quality Navigator Program

## What is the Quality Navigator Program?

- Participation is based on primary care specialties
- Providers are automatically enrolled
- There is no cost to providers
- Multiple tools and offerings available to support providers

## What is a Quality Navigator?

- Dedicated team member with a registered nursing license or related health care bachelor's degree
- Point of contact for care coordination and patient engagement
- Education representative that can schedule sessions to assist with understanding NCQA measures, review open quality care opportunities, and collaborate with providers to improve quality scores



# Quality Navigator Program



## My Insurance Manager

Use My Insurance Manager to access care opportunity reports for prospective season.

The screenshot displays the My Insurance Manager web application. The top navigation bar includes the logo and the following menu items: Home, Patient Care, Office Management, Resources, Modify Profile, and Staff. The 'Office Management' menu is expanded, showing a 'Health' section with links for EDI Reports, EFT/ERA Enrollment, Remittance Information, HEDIS® Quality Reports, Employer Group Care Report, and Provider Report Cards. Below the 'Health' section is a 'Dental' section with links for EDI Reports, EFT/ERA Enrollment, and Remittance Information. A blue arrow points from the 'Office Management' menu item to the 'Health' dropdown, and another blue arrow points from the 'Health' dropdown to the 'HEDIS® Quality Reports' link. The user is logged in as 'Welcome, PROVIDER NAME'.

# Quality Navigator Program

## Understanding Care Opportunity Reports

- Past medical history has been added for members (  )
- Non-compliance can be a true “gap” in care or a “gap” in data (  )
  - A true gap in care or non-compliance is when the member has not received the care.
  - A data gap is when the member has received the care, but this information was not shared with the plan.
  - Either way, the member will remain listed as “non-compliant” until the care is given AND that information is shared with us.

First Name	Last Name	Date of Birth	Gender	Member ID_Card	LOB	Servicing Provider	Compliant Measures	Non-Compliant Measures	Past Medical History
John	Doe	1/1/1953	M	R12345566	Cross Exchange	My Provider	Acute Hospital Utilization, Acute Emergency Department Utilization	Colorectal Cancer Screening	Asthma COPD
Jane	Doe	1/1/1970	F	R12345566	Cross Exchange	My Provider	Controlling High Blood Pressure Breast Cancer Screening	Cervical Cancer Screening	Hypertension

# Risk Adjustment Data Validation (RADV)

- **HHS-RADV** — CMS has a formal audit program to monitor health plan compliance with HCC (Hierarchical Condition Category) reporting regulations. Occurs each year auditing the previous benefit year. The goal of RADV audits is to ensure that the health status submitted by the plan is supported by health record documentation and meets reporting guidelines.
- **HHS-Risk Adjustment** — medical charts are retrieved and coded for missed opportunities each year to generate a more complete picture of member health status.
- **Documentation and Coding Practices**
  - Improve health record documentation
  - Code chronic conditions every year and document all cause-and-effect relationships
  - Clearly link complications or manifestations of a disease process
  - Include all diagnoses and only document diagnoses as “history of” or “past medical history (PMH)” when they no longer exist and are resolved.
  - ICD-10-CM codes for the encounter must be captured in the electronic health record (EHR), correctly passed to the practice management platform, and submitted on a claim

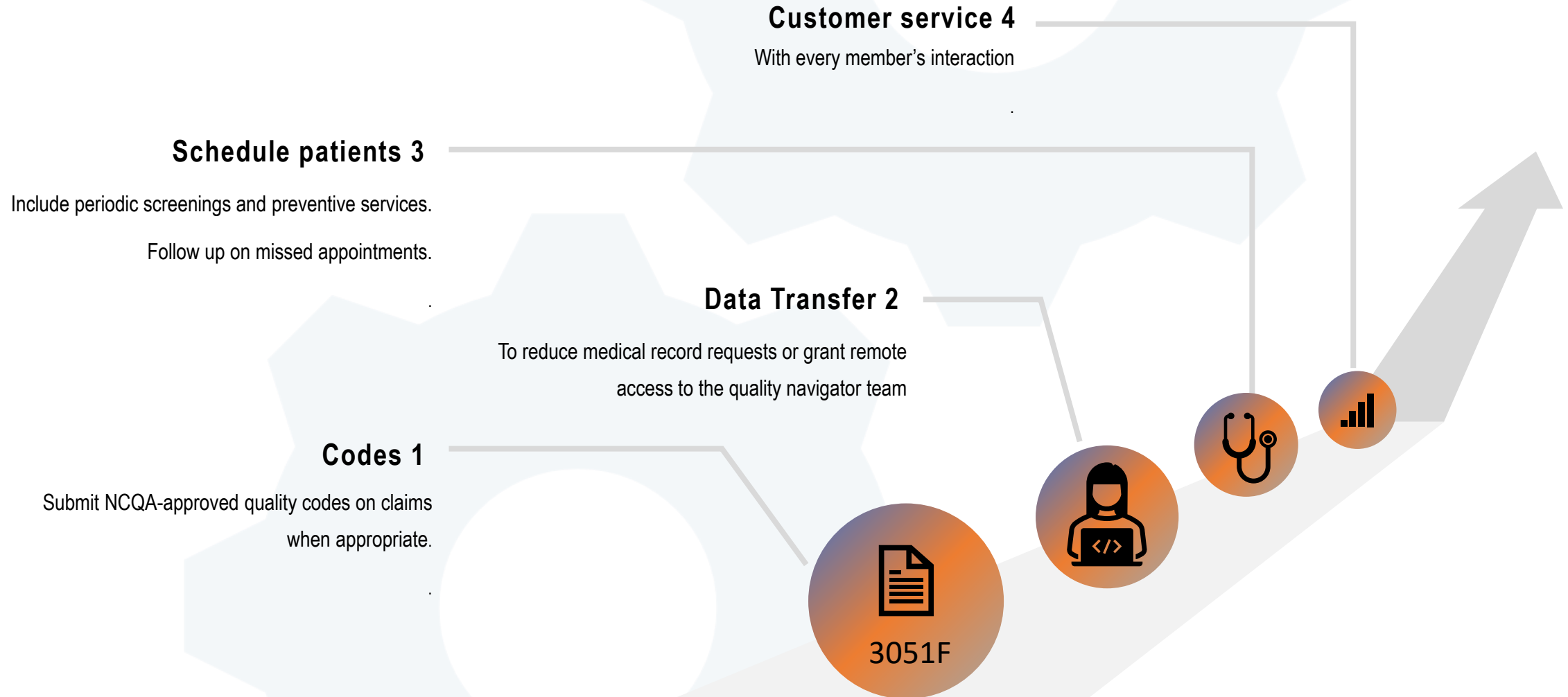


# Key Takeaways



# Key Takeaways

## What will positively impact your quality score?

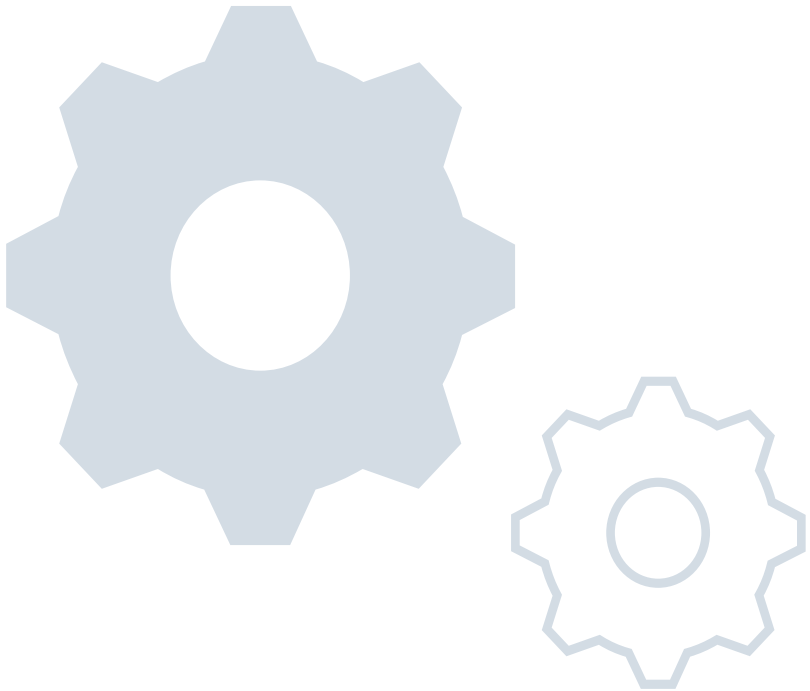


# Key Takeaways

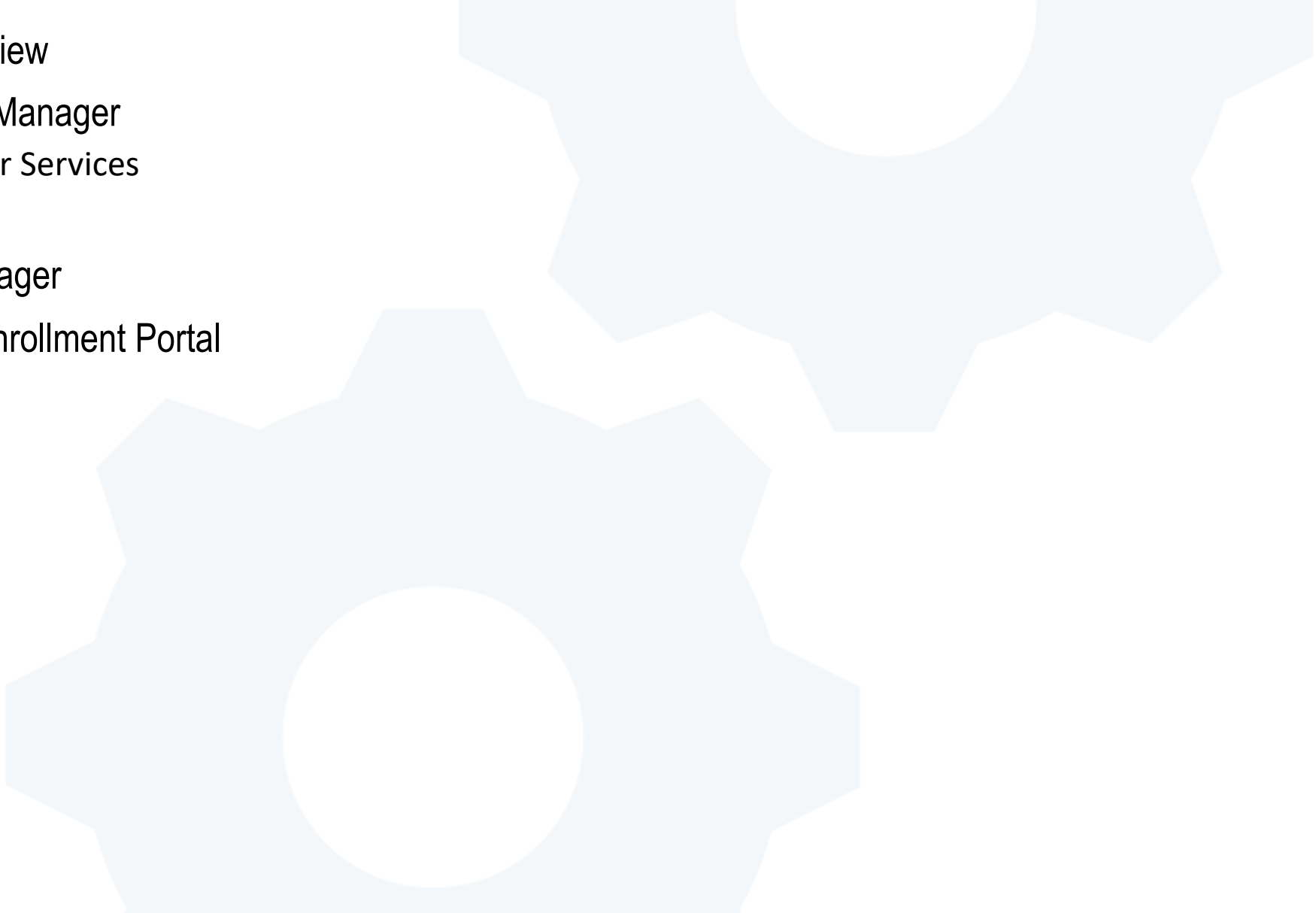
## Contact Us

- Hollie Strange — Director, Quality Improvement Strategy
  - [Hollie.Strange@bcbssc.com](mailto:Hollie.Strange@bcbssc.com)
- Luna S. Lugo RN, MSC — Manager, Quality Management
  - [Luna.Lugo@bcbssc.com](mailto:Luna.Lugo@bcbssc.com)
- General assistance or information
  - [NAVIGATOR@bcbssc.com](mailto:NAVIGATOR@bcbssc.com)

# Web Tools



# Agenda

- Website Overview
  - My Insurance Manager
    - Ask Provider Services
    - STATchat<sup>SM</sup>
  - My Remit Manager
  - My Provider Enrollment Portal
- 





# Website Overview



# Website Overview

## **We have three main websites:**

- [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
- [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
- [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

## **Provider pages of our websites include:**

- Educational materials
- Access to various secure web tools
  - My Insurance Manager
  - My Remit Manager
  - My Provider Enrollment Portal

# Website Overview

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

South Carolina

SHOP PLANS MEMBERS **PROVIDERS** EMPLOYERS AGENTS

Providers

**My Insurance Manager**  
File claims, get prior authorizations, check eligibility and benefits, and more.  
[Log In](#)

Policies and

Claims and Payments >

Provider Enrollment >

Feedback

# Website Overview

[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

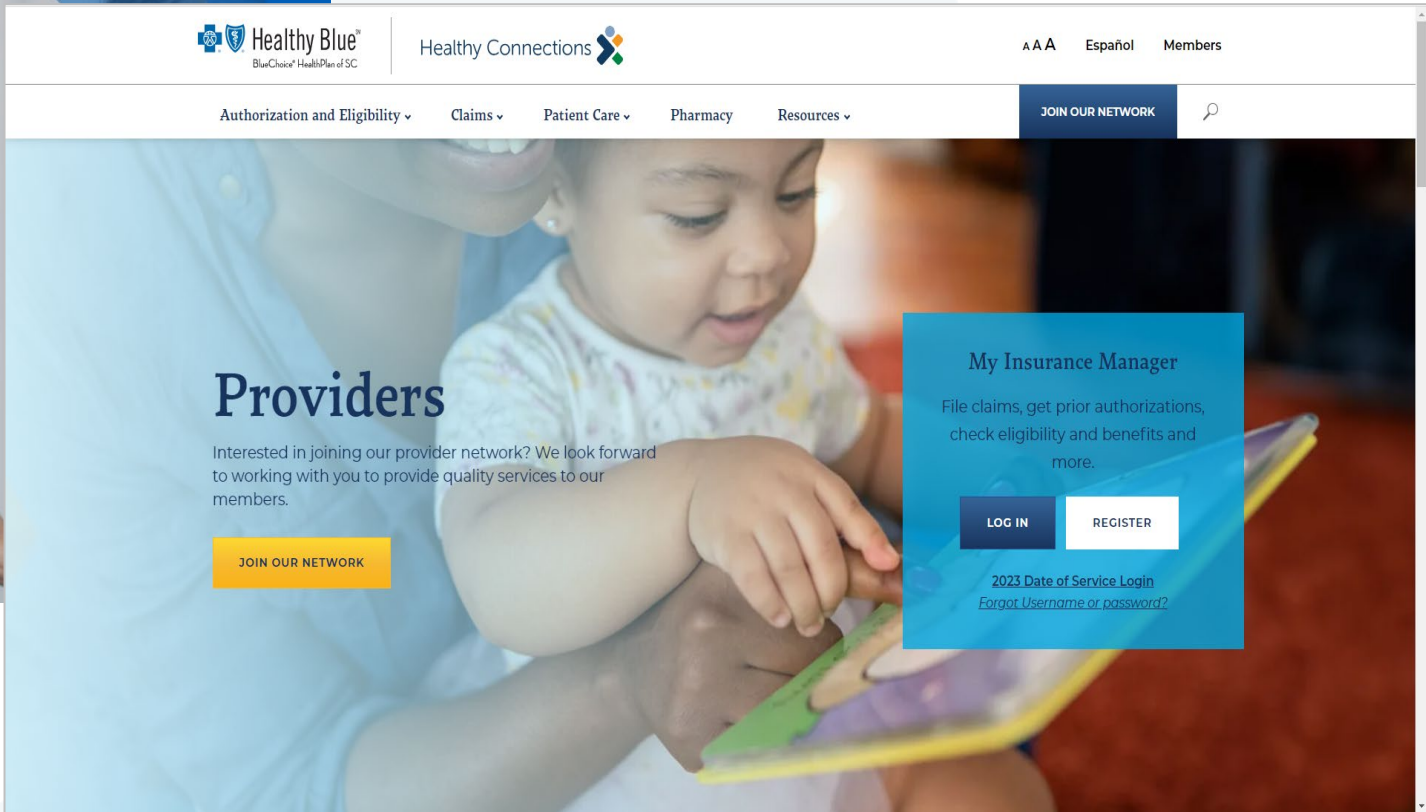
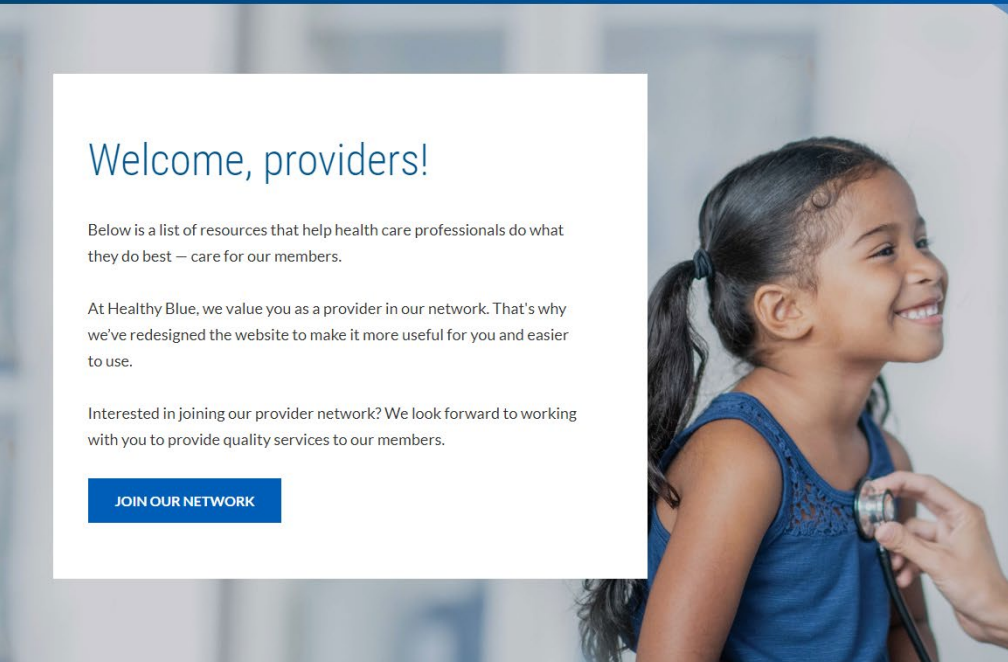


# Website Overview

[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)



2023



2024

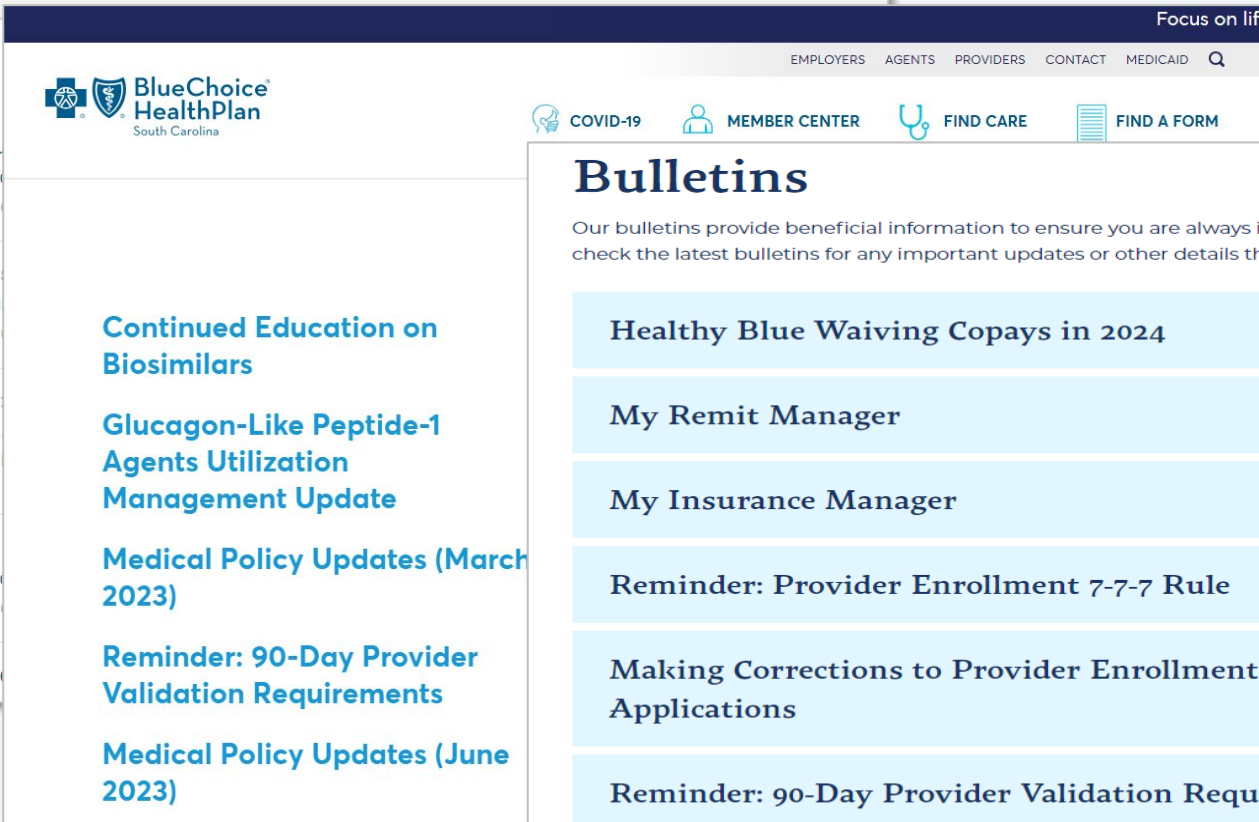
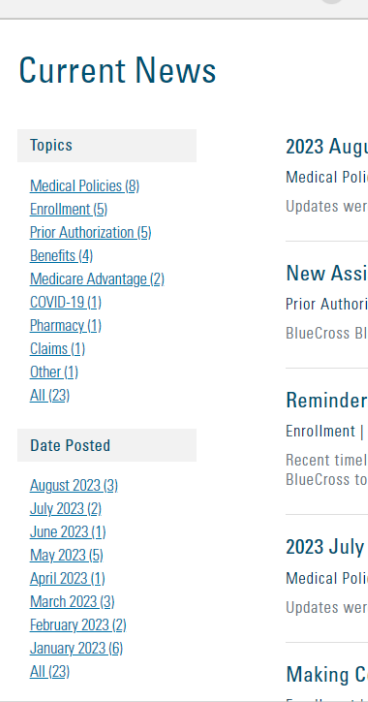


# Website Overview

## Provider Bulletins



www.SouthCarolinaBlues.com

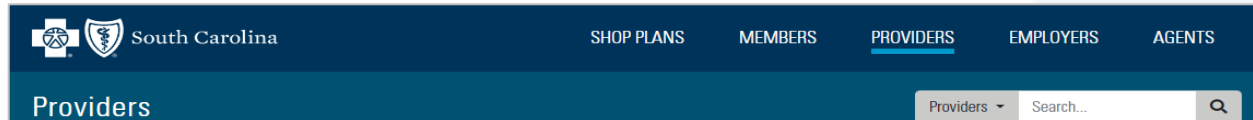


www.BlueChoiceSC.com

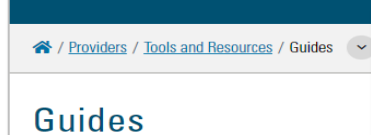
www.HealthyBlueSC.com

# Website Overview

## Manuals and Guides

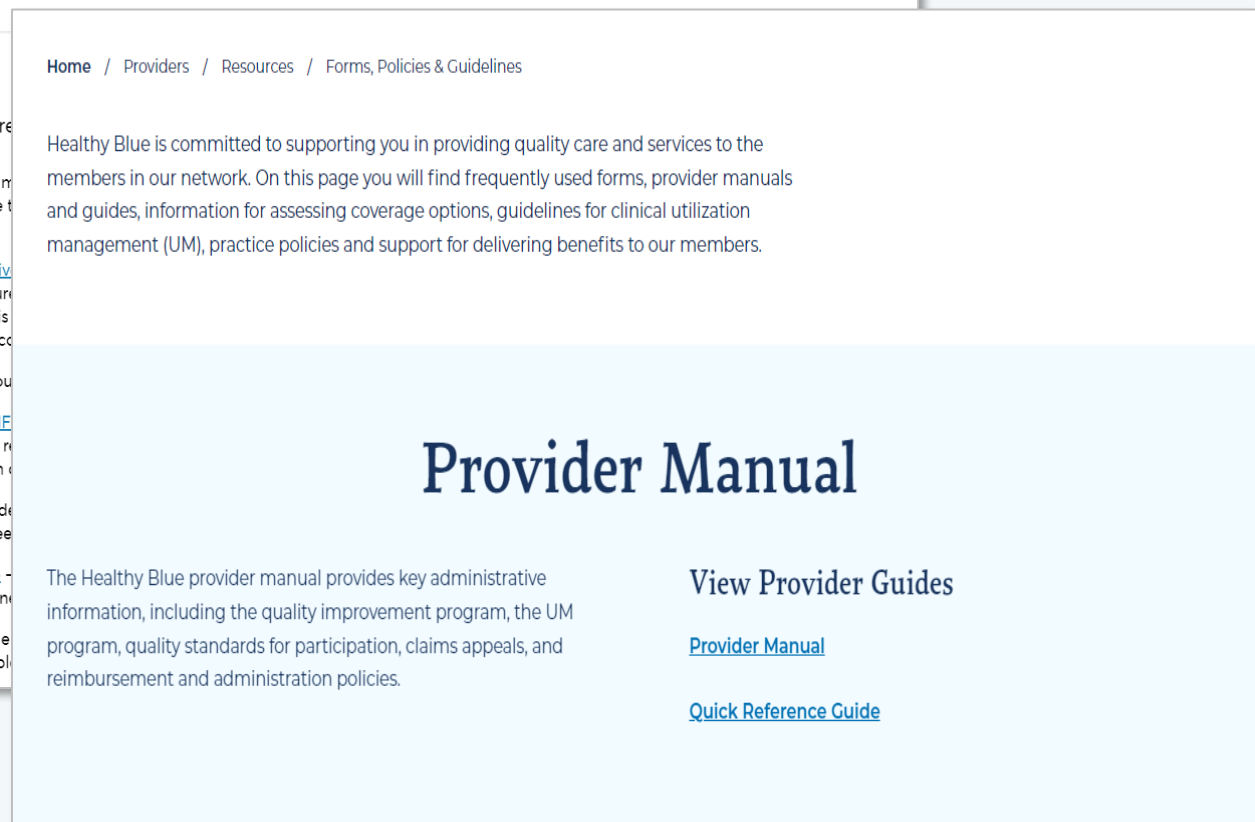
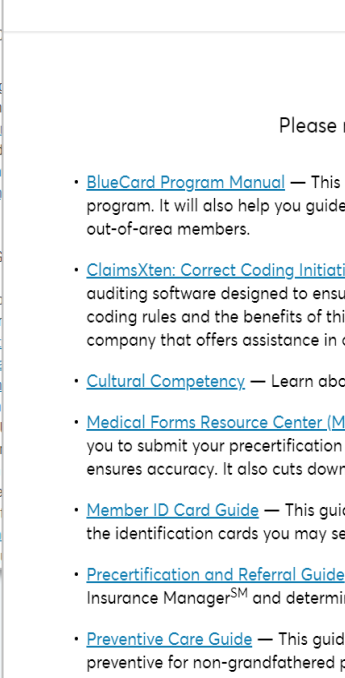
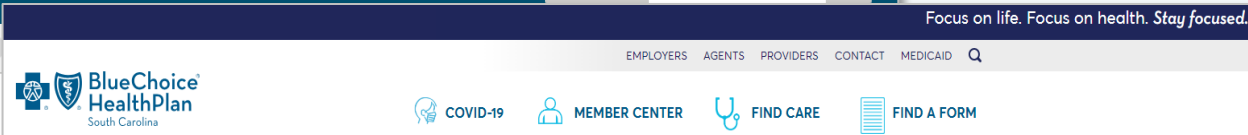
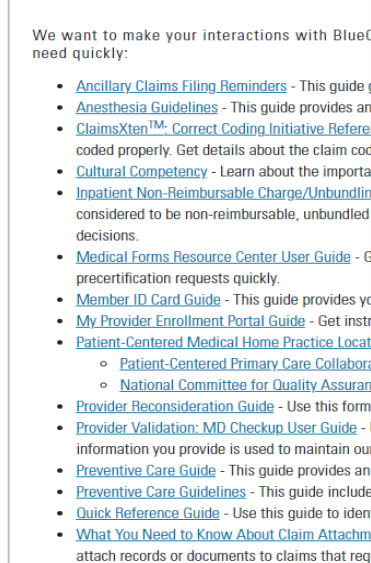


[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)



Focus on life. Focus on health. *Stay focused.*

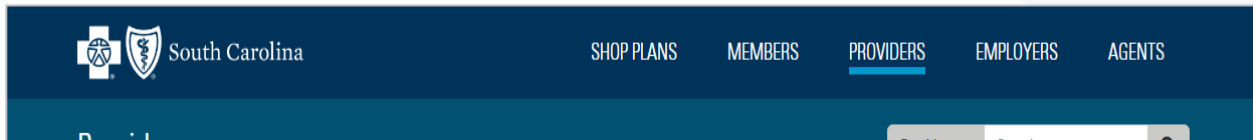
[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)



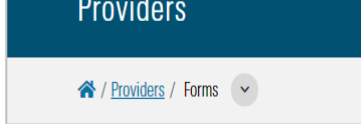
[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

# Website Overview

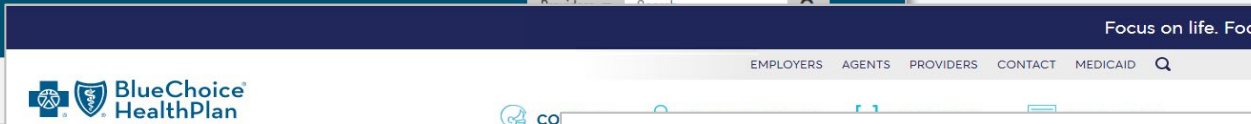
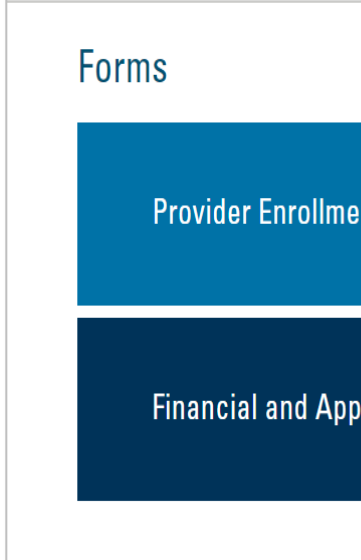
## Forms



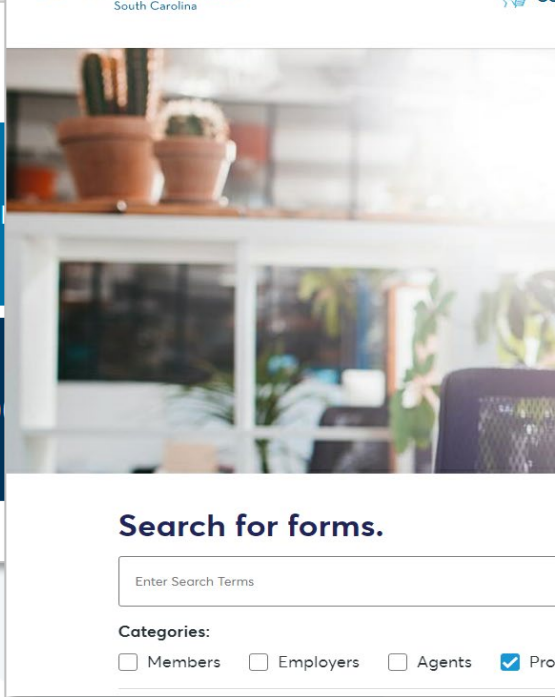
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)



[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)



[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

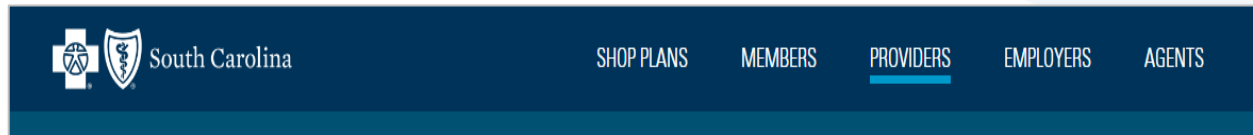


[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

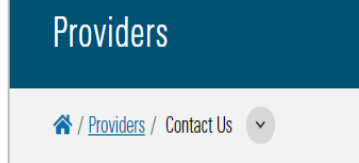


# Website Overview

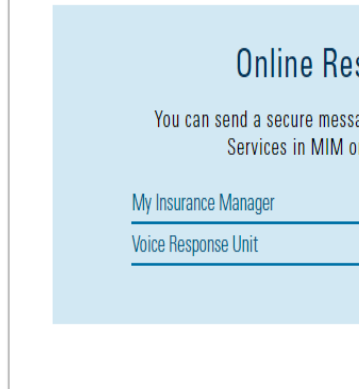
## Contact us



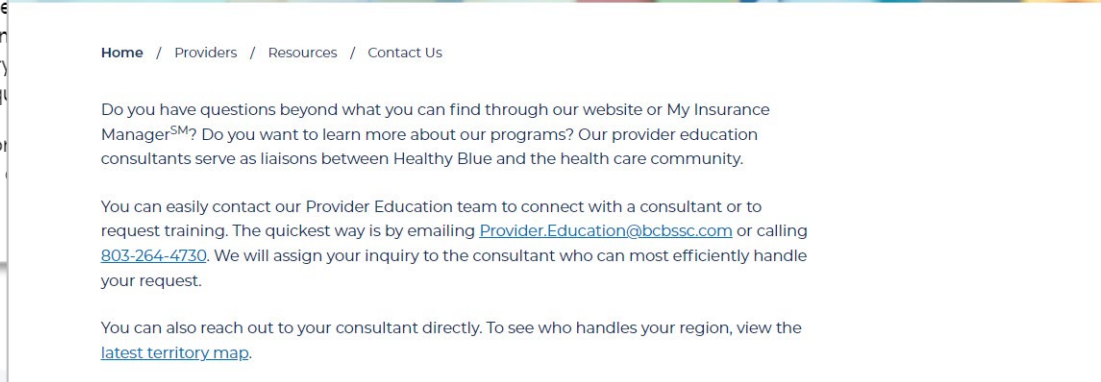
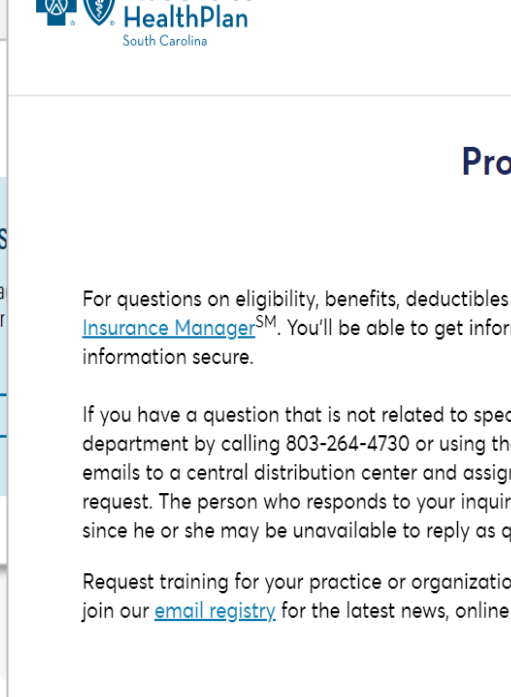
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)



[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)



[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)





# My Insurance Manager



# My Insurance Manager

## Overview

Tool used to check eligibility and benefits, claims status, request prior authorizations and much more

### *Available Guides:*

- Getting Started
- Eligibility & Benefits
- Claims Entry
- Claims Status, Patient Directory, Superbill Maintenance & Coordination of Benefits
- Precertification, Pre-Treatment Estimate for Authorization Status
- Office Administration
- Provider Validation: M.D. Checkup

# My Insurance Manager

## Getting Started

- Select **Register Now** to get started.

*Southcarolinablues.com>Providers>My Insurance Manager>Register Now*

Start here.

The screenshot displays the My Insurance Manager website interface. At the top left, the logo reads "My INSURANCE MANAGER SM". The main content area is divided into several sections:

- Login/Registration Form:** Features input fields for "Username" and "Password", a "Login" button, and a "Register Now!" link. Below these are links for "Forgot Username?" and "Forgot Password?".
- Welcome to My Insurance Manager!:** A banner featuring a smiling female doctor and a computer monitor. The text encourages users to log in to file claims and check benefits, and notes that new users must create a profile. A "Register Now" button is positioned at the bottom right of the banner.
- Browser Requirements:** A section titled "Browser Requirements" with the text: "For predictable, reliable performance, we recommend viewing My Insurance Manager using one of these browsers:". It lists four options with browser icons: "Internet Explorer 10 or Higher\*", "Mozilla Firefox (current version)", "Google Chrome (current version)", and "Safari (Mac OS Only)".
- Latest Features:** A section with two feature cards:
  - Is your password strong enough? Safeguard PHI!**: A card with the text "Protect important information on the MIM portal by making sure your password is secure." and a "Learn how" button with a right-pointing arrow.
  - Are you accepting new patients? Let us know!**: A card with the text "Keep your practice in good standing by validating your practice information." and a "Validate Now" button with a right-pointing arrow.

# My Insurance Manager

## Getting Started (Continued)

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

**My INSURANCE MANAGER**<sup>SM</sup>

---

### Create Profile

[Printer-Friendly](#)

**\* Required**

Please enter your 9-digit Tax ID number.

**\* Tax ID:**

By clicking **Continue**, you agree to the [Terms and Conditions](#).

**Continue** or [Cancel](#)

**Need help? Call us at 855-229-5720.**

# My Insurance Manager

## Getting Started (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**.

Create Profile Printer-Friendly

\* Required

**Profile Information**

Each person can register under your Tax ID. For example, both Stuart and Sally work for ABC Practice. Under Practice/Facility Name, both would enter "ABC Practice." Then, each would enter a different Username, Password and other registration information.

Tax ID:  Provider:

Address:  Note: If this address is incorrect, please complete the [change of address form](#).

\* Primary Location:   Primary Work Location:

Profile Type:

**Contact Information**

\* First Name:

\* Last Name:

\* Phone Number:

\* Email:

\* Confirm Email:

**Login Information:**

\* Desired Username:  5 to 11 characters.

\* Password:  8 to 25 characters.

\* Confirm Password:

**Security Question**

\* Security Question:

\* Security Answer:

or

Need help? Call us at 855-229-5720.

# My Insurance Manager

## Getting Started (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.

Recommended option

### Validate Profile Printer-Friendly

**Profile Validation**

Please choose a way to validate yourself as an administrator of this Tax ID.

Enter Claim Information

Request Security Code

**Request Security Code** \* Required

You can request that we send a Security Code via the delivery method we have on file associated with your Tax ID.

\* Location:  Select

\* Delivery Method:

Email:

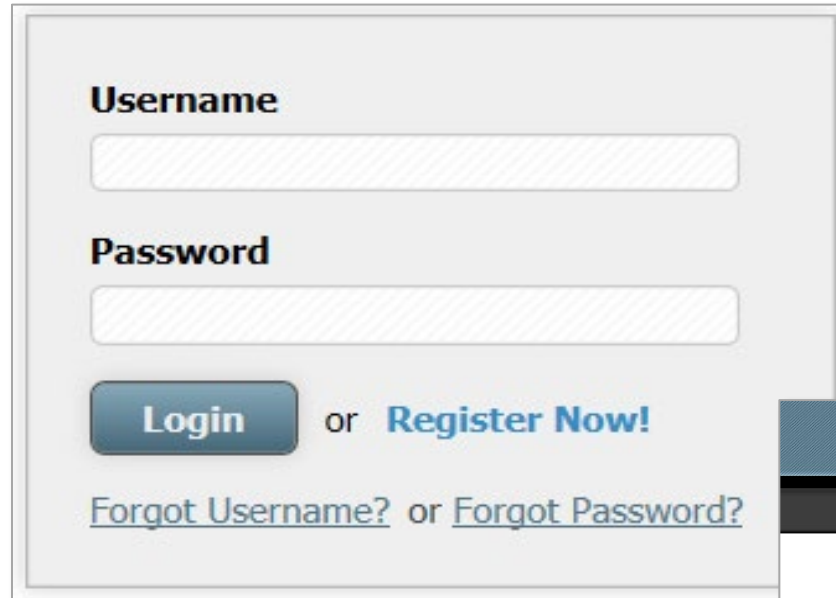
Fax:

Physical Address:

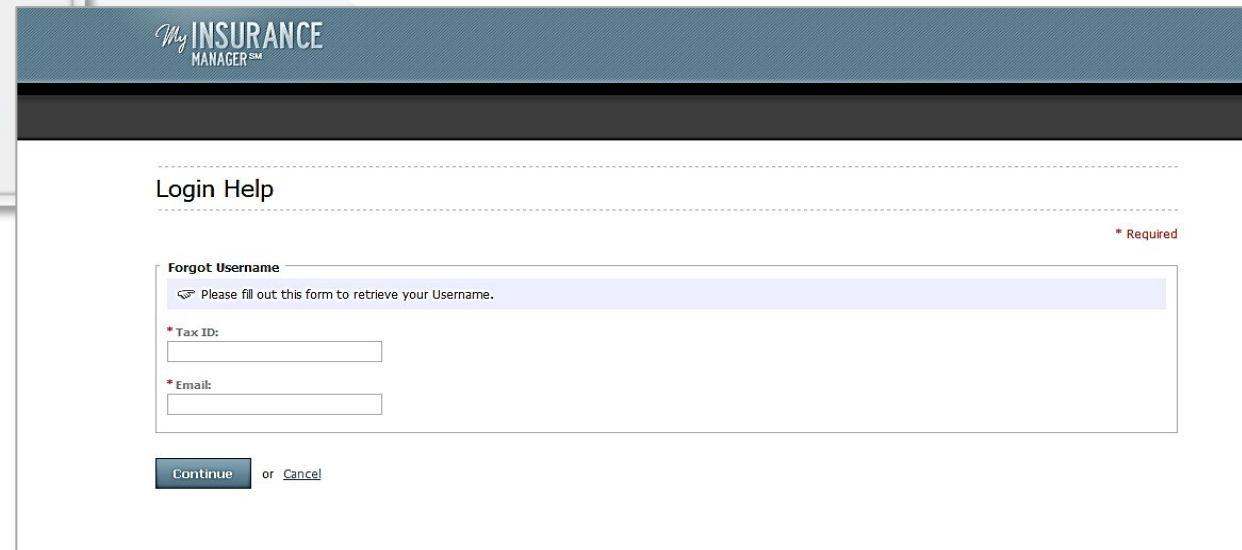
# My Insurance Manager

## Logging In

From the MIM homepage, enter the username and password. Select **Login**.



A screenshot of the login form on the My Insurance Manager homepage. The form is contained within a light gray box. It features two input fields: one for the username and one for the password, both with a diagonal hatching pattern. Below the password field is a blue button labeled "Login" followed by the text "or Register Now!". At the bottom of the form, there are two links: "Forgot Username?" and "Forgot Password?".



A screenshot of the "Login Help" page on the My Insurance Manager website. The page has a dark blue header with the "My INSURANCE MANAGER" logo. Below the header is a black horizontal bar. The main content area is white and titled "Login Help". There is a "Forgot Username" section with a blue header and a light blue background. It contains a text box with the instruction "Please fill out this form to retrieve your Username." and two required input fields: "Tax ID:" and "Email:". A "Continue" button is located at the bottom of the form, followed by the text "or Cancel!".



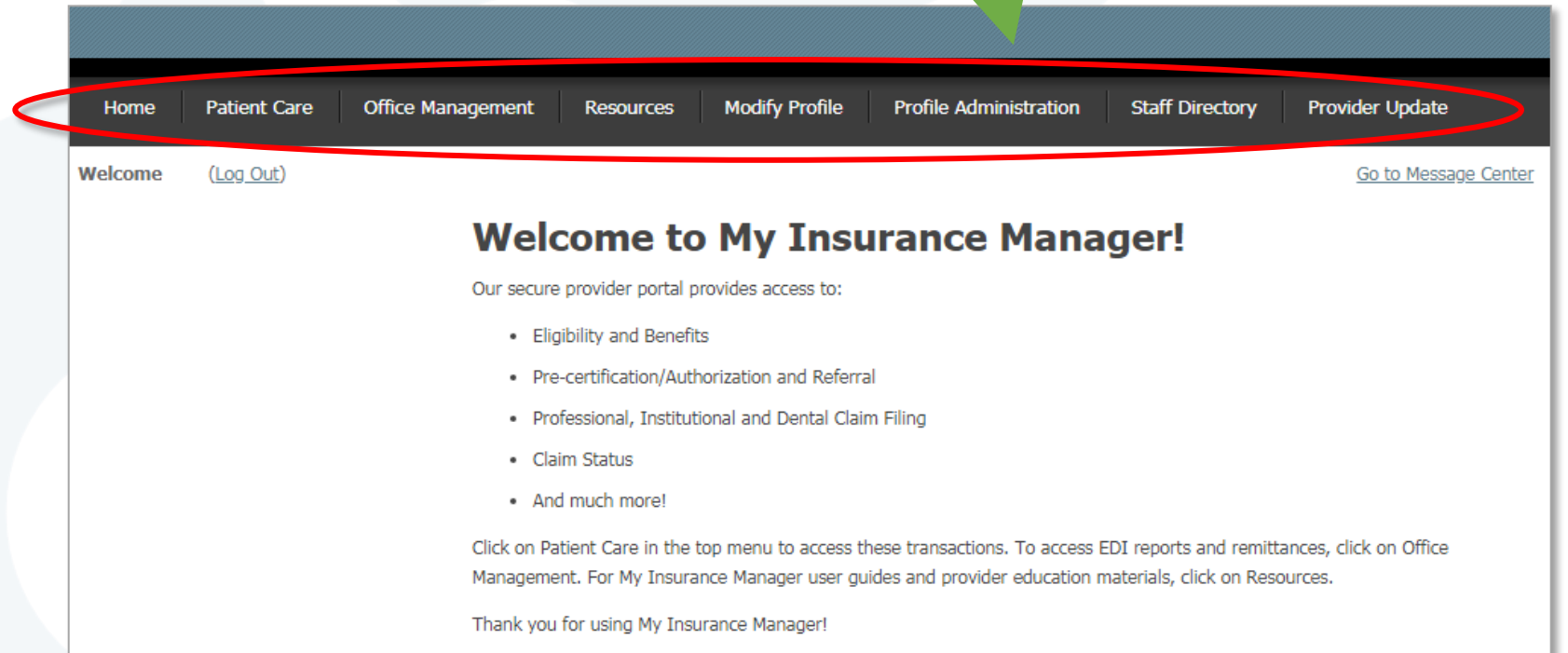
# My Insurance Manager

## Administrative Tabs

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

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

Only available for Profile Administrators



The screenshot displays the homepage of the My Insurance Manager portal. At the top, a dark navigation bar contains several tabs: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory, and Provider Update. A red oval highlights this entire navigation bar. Below the navigation bar, the page content includes a 'Welcome' message with a '(Log Out)' link, a 'Go to Message Center' link, and a large heading 'Welcome to My Insurance Manager!'. Underneath, a list of services is provided: Eligibility and Benefits, Pre-certification/Authorization and Referral, Professional, Institutional and Dental Claim Filing, Claim Status, and And much more!. A paragraph of text explains how to access various features like EDI reports and user guides. The page concludes with a thank you message.

# My Insurance Manager

## 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.



The screenshot displays the 'My Insurance Manager' interface. At the top, there is a navigation bar with four tabs: 'Patient Care', 'Office Management', 'Resources', and 'Modify Profile'. The 'Patient Care' tab is highlighted with a red circle. Below the navigation bar, the interface is divided into two main sections: 'Health' and 'Dental'. Each section contains a list of options, each with a right-pointing arrow icon.

Health	Dental
<ul style="list-style-type: none"><li>▶ Authorization Extension</li><li>▶ Authorization Status</li><li>▶ Claims Status</li><li>▶ Eligibility and Benefits</li><li>▶ Institutional Claim Entry</li><li>▶ Other Health Insurance</li></ul>	<ul style="list-style-type: none"><li>▶ Claims Status</li><li>▶ Dental Claim Entry</li><li>▶ Eligibility and Benefits</li><li>▶ Other Dental Insurance</li></ul>
<ul style="list-style-type: none"><li>▶ Patient Directory</li><li>▶ Pre-Certification/Referral</li><li>▶ Superbill Maintenance</li><li>▶ Pre-Service Review for Out-of-Area Members</li><li>▶ Professional Claim Entry</li><li>▶ Verify Primary Care Physician</li></ul>	<ul style="list-style-type: none"><li>▶ Patient Directory</li><li>▶ Superbill Maintenance</li><li>▶ Pre-Treatment Estimate Entry</li><li>▶ Pre-Treatment Estimate Status</li></ul>

# My Insurance Manager

## 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 and Patient Validation \*
  - Refund Letters
  - HEDIS Reports
  - Employer Group Care Reports
  - Provider Report Cards



The screenshot displays the 'My Insurance Manager' interface. At the top, there is a navigation bar with four tabs: 'Office Management', 'Resources', 'Modify Profile', and 'Profile Adminis'. The 'Office Management' tab is highlighted with a red circle. Below the navigation bar, the interface is divided into two main sections: 'Health' and 'Dental'. Each section contains a list of options with a right-pointing arrow icon. The 'Health' section lists: EDI Reports, EFT/ERA Enrollment, PCMH Reports, PCMH Patient Validation, Remittance Information, Refund Letters, HEDIS® Quality Reports, Employer Group Care Reports, and Provider Report Cards. The 'Dental' section lists: EDI Reports, EFT/ERA Enrollment, and Remittance Information.

Office Management	Resources	Modify Profile	Profile Adminis
<b>Health</b>			
▶ EDI Reports		▶ Refund Letters	
▶ EFT/ERA Enrollment		▶ HEDIS® Quality Reports	
▶ PCMH Reports		▶ Employer Group Care Reports	
▶ PCMH Patient Validation		▶ Provider Report Cards	
▶ Remittance Information			
<b>Dental</b>			
▶ EDI Reports		▶ Remittance Information	
▶ EFT/ERA Enrollment			

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

# My Insurance Manager

## Office Management — Refund Letters

Refund letters include:

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


*If you do not have the refund letter:*

- Call Provider Services: 800-868-2510, opt. 4.
  - Used for the following lines of business:
    - BlueCard
    - BlueEssentials<sup>SM</sup>
    - Major Group
    - National Alliance
    - Small Group & Individual

*PLB	*Provider Adjustment	Provider Adjustment	10/26/2021	0.00	-429.30		
<b>PLB ADJUSTMENTS</b>							
PreProv	Reason Code	Reference Id	Amount				
	WO: Overpayment Recovery	P2126417272	338.4				
	WO: Overpayment Recovery	P2126417320	90.9				
<b>REMITTANCE SUMMARY</b>							
	Billed	Allowed	Deduct	Coins	RC-Amt	PLB Adj	Paid
Totals	.00	.00	.00	.00	.00	429.30	-429.30

0000192

I-20 @ Alpine Road  
Columbia, SC 29219

 **South Carolina**  
BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association  
Log in to MyInsuranceManager<sup>SM</sup>  
at SouthCarolinaBlues.com.

SEPTEMBER 21, 2021

1000 30 1000  
26 1000

LOS ANGELES CA 90074-9055

Re: Patient:  
ID Num:  
Date(s) of Service: March 17, 2021  
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 29260-0000

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,

# My Insurance Manager

## 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.*

# My Insurance Manager

## Resources

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

*Most used resources are:*

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



The screenshot displays the navigation menu of the My Insurance Manager system. The 'Resources' tab is highlighted with a red circle. Below the navigation bar, a 'Tools' dropdown menu is visible, listing various resources and services. The resources listed include:

- Access System News
- Avalon Lab Benefit Manager Provider Portal 
- BlueChoice Find Care 
- Blue Cross Find Care 
- Code Search
- EDI Resources
- FEP Website
- Forms
- Lab/Biometric Data Upload
- Medical Policies
- My Remit Manager 
- Provider News and Events
- State Dental Plan Fee Schedule
- State Health Plan Fee Schedule
- Tools and Resources
- Washington Publishing Company Claim Adjustment Reason Codes

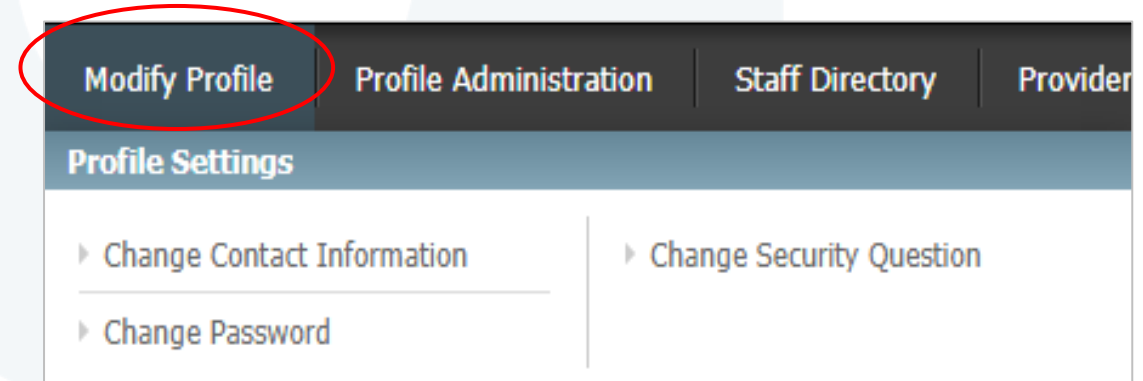
# My Insurance Manager

## Modify Profile

If changes are needed to your profile, look under Modify Profile.

Options include:

- Change Contact Information.
- Change Password.
- Change Security Question.



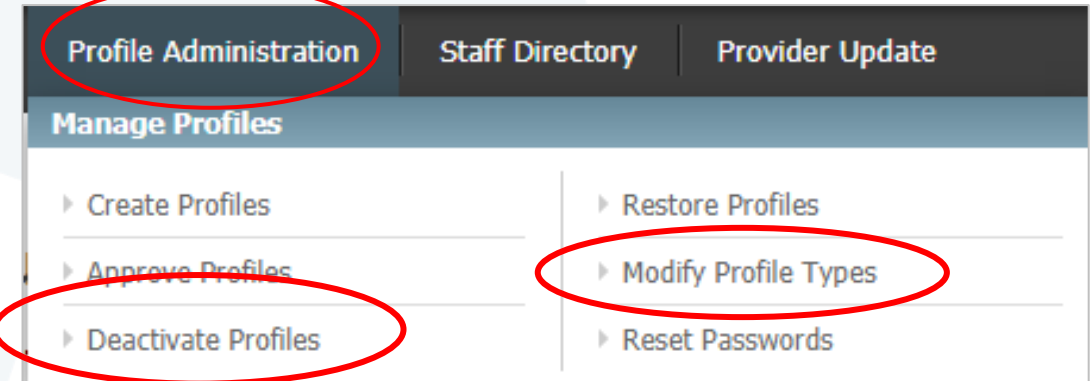
# My Insurance Manager

## 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.



The screenshot displays a navigation menu with three main items: Profile Administration, Staff Directory, and Provider Update. The Profile Administration item is circled in red. Below it is a 'Manage Profiles' section with a list of actions: Create Profiles, Approve Profiles, Deactivate Profiles, Restore Profiles, Modify Profile Types, and Reset Passwords. The 'Approve Profiles' and 'Modify Profile Types' items are also circled in red.

Profile Administration	Staff Directory	Provider Update
<b>Manage Profiles</b>		
▶ Create Profiles		▶ Restore Profiles
▶ Approve Profiles		▶ Modify Profile Types
▶ Deactivate Profiles		▶ Reset Passwords

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



# My Insurance Manager

## 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 and validations to be made to the demographic information we have in the Provider Directory.
  - As of Jan. 1, 2022, a provider update is required at least **every 90 days**, as part of the Consolidated Appropriations Act (CAA).
    - Locations are suppressed if validations are not made.

Staff Directory

Provider Update

# My Insurance Manager

## Troubleshooting Tips

- Complete the MIM registration process to avoid limited access features.
- 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.



# Ask Provider Services



# Ask Provider Services

## Ask Provider Services (Web inquiries)

- Ask Provider Services is a feature inside My Insurance Manager that allows you to submit secured web inquiries for help with claims.
- To get the most effective and accurate responses, ask specific, probing questions.
  - This feature should not be used for general claim status.

These answers are in MIM.

Examples of appropriate questions to ask...	Examples of inappropriate questions to ask...
Why was line one of the claim denied as noncovered?	What is the status of the claim?
Why were services applied to the member's deductible?	Have medical records been received?
Has the member returned the coordination of benefits questionnaire?	Has the claim been processed?

# Ask Provider Services

## Ask Provider Services — Submitting Web Inquiries

Searching by Member ID (recommended option)

### Be sure to:

- Select the appropriate Health Plan.
- Enter the **FULL** Member ID, including the prefix and any additional letters.
- Enter the date of birth.
- Select one of the advanced options.

**Patient Selection**

To get claims status information, please enter this information. If your patient had a different Health Plan previously, please choose the Health Plan that was in effect for the specific date of service.

\* **Health Plan:**  
--Please Choose One--

**Search By:**

Member ID  
 Claim Number

\* **Member ID:**  
include alpha prefix, if applicable

\* **Patient's Date of Birth:**  
mm/dd/yyyy

\* **Health Plan:**  
--Please Choose One--  
BlueCross BlueShield Plans  
BlueChoice HealthPlan  
State Health Plan  
Federal Employee Program

\* **Member ID:**  
ypwj1 1  
include alpha prefix, if applicable

**Advanced Search**

All Claims in System  
 Date of Service  
 Last 6 Months  
 Last Year

# Ask Provider Services

## Ask Provider Services — Submitting Web Inquiries

### Searching by Member ID (Continued)

#### Be sure to:

- Enter the patient's first and last name.
- Enter the **FULL** Member ID, including the prefix and any additional letters.
- The date of birth and location will auto-populate from the selected claim.
- Enter your question (be specific as possible).

### Ask Provider Services

#### Inquiry

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

**How would you like to contact Provider Services?**

Submit your question online

Talk to Provider Services online  
(Monday - Friday, 8:30 a.m. to 8 p.m. EST)

**Health Plan:**  
BlueCross BlueShield Plans

**Inquiry Reason:**  
Claim Status Inquiry

\* Patient's First Name:  \* Patient's Last Name:  \* Patient's Member id:  Patient's Date of Birth:   
mm/dd/yyyy

\* Location:   Primary ID:

\* Please enter a question:

or [Back](#)

# Ask Provider Services


## Ask Provider Services — Submitting Web Inquiries

### Searching by Claim Number

#### Be sure to:

- Select the appropriate Health Plan.
- Enter the claim number.

**Patient Selection**

 To get claims status information, please enter this information. If your patient had a different Health Plan previously, please choose the Health Plan that was in effect for the specific date of service.

**\* Health Plan:**  
--Please Choose One--

**Search By:**

Member ID

Claim Number

**\* Claim Number:**

**\* Health Plan:**

- Please Choose One--
- Please Choose One--
- BlueCross BlueShield Plans
- BlueChoice HealthPlan
- State Health Plan
- Federal Employee Program

# Ask Provider Services

## Ask Provider Services — Submitting Web Inquiries

### Searching by Claim Number (Continued)

#### Be sure to:

- Enter the patient's name, ID number, date of birth and location will auto-populate from the entered claim.
- Enter your question (be specific as possible).

**Ask Provider Services**

**Inquiry**

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

**How would you like to contact Provider Services?**

Submit your question online

Talk to Provider Services online  
(Monday - Friday, 8:30 a.m. to 8 p.m. EST)

**Health Plan:**  
BlueCross BlueShield Plans

**Inquiry Reason:**  
Claim Status Inquiry

\* Patient's First Name:  \* Patient's Last Name:  \* Patient's Member id:  Patient's Date of Birth:   
mm/dd/yyyy

\* Location:   Primary ID:

\* Please enter a question:

or [Back](#)



# Ask Provider Services

## Ask Provider Services — Viewing Web Inquiry Responses

### Be sure to:

- Select Go to Message Center.
- To narrow the results, you can:
  - Enter the ID number and select the health plan.
  - Select specific months.

[Go to Message Center](#)

Search by Member ID:  Select a Plan...

Last 30 Days Results (0)

Message Tools < Last 30 Days > Go

Date ▲	Subject
⚠ We did not find any messages for the time period you chose. Please try your request again with a different time period.	

**Note:** If you submit an inquiry in one month and do not see a response, search by the member's ID number. The response may be listed under a different month.



# STATchat



# STATchat

## STATchat

- STATchat is a fast and simple way to speak with a provider services representative.
- The feature is available through My Insurance Manager.

## System Requirements

- A current version of Adobe Flash Player
- A compatible web browser, such as Microsoft Internet Explorer 10 or EDGE® or Google Chrome®
- A headset (recommended) or standalone microphone and speakers connected to your computer

**Ask Provider Services**

STATchat \* Required

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

How would you like to contact Provider Services?

Submit your question online

Talk to Provider Services online  
(Monday - Friday, 8:30 a.m. to 8 p.m. EST)

Inquiry Name:  
BlueCross BlueShield Plans

Inquiry Reason:  
Claim Status Inquiry

\* Patient's First Name: /    \* Patient's Last Name: K    \* Patient's Member id: B: i9Q

\* Location:    Primary ID: 1

[Need help using STATchat?](#)

**Launch STATchat** or [Back](#)





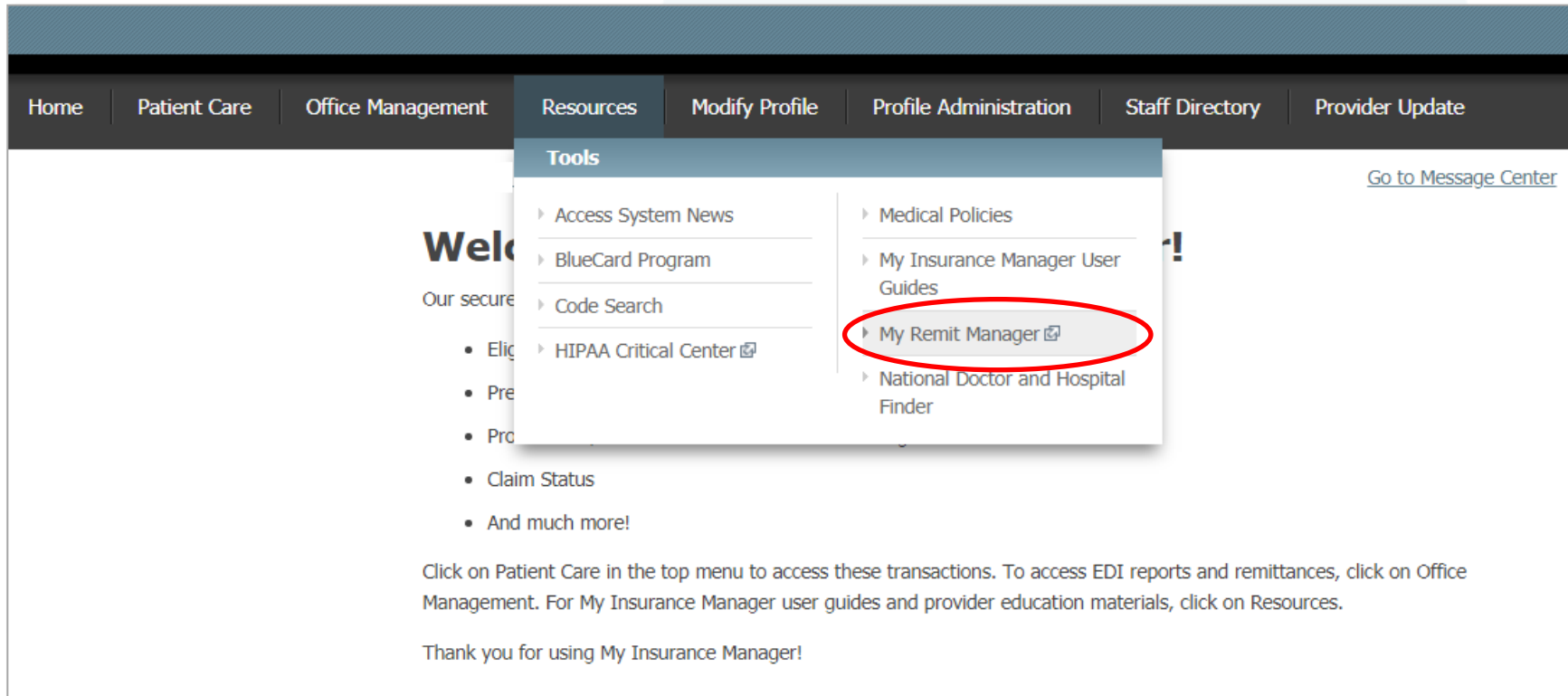
# My Remit Manager



# My Remit Manager

## Access Through My Insurance Manager

- Tool used to track payments and pull electronic remittance advices
- From My Insurance Manager, hover over Resources, then select My Remit Manager



The screenshot displays the My Insurance Manager website interface. At the top, a dark navigation bar contains the following menu items: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory, and Provider Update. The Resources menu is currently open, showing a list of tools. The 'My Remit Manager' option is highlighted with a red circle. Other visible options in the Resources menu include Access System News, BlueCard Program, Code Search, HIPAA Critical Center, Medical Policies, My Insurance Manager User Guides, and National Doctor and Hospital Finder. The main content area of the page includes a 'Welcome' message, a 'Go to Message Center' link, and a list of services such as Eligibility, Pre-authorization, and Claim Status. A footer message reads: 'Click on Patient Care in the top menu to access these transactions. To access EDI reports and remittances, click on Office Management. For My Insurance Manager user guides and provider education materials, click on Resources. Thank you for using My Insurance Manager!'

# My Remit 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
  - DOS
  - Processed status (paid or denied)
  - Amount billed and paid

The screenshot shows the 'My Remit Manager' interface with a calendar view for May 2022. The title is 'ERA by Check Date - May 2022'. There are buttons for 'Check Summary Report' and 'Show Month'. A dropdown menu for 'View Checks By:' is open, showing options: 'Check Date', 'Check Date', and 'Posting Date'. The calendar grid shows the following check numbers:

S	M	T	W	T	F	S
24 open	25 open	26 open CHK: 9 CHK: 43	27 open	28 open	29 open CHK: 1	30 open
1	2	3	4	5	6 open CHK: 1	7 open
					13 open CHK: 2	14 open
					20 open CHK: 4	21 open

The screenshot shows a list of checks in the 'My Remit Manager' interface. The table has the following columns: Reco, Download, Check Number, Payment Method, Checkdate, Postdate, Billed, Paid, Payer, and Provider. The first row is circled in red, highlighting the 'Download' icon.

Reco	Download	Check Number	Payment Method	Checkdate	Postdate	Billed	Paid	Payer	Provider
			ACH	11/1/2022	10/30/2022	\$9,485.00	\$1,572.00	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$7,807.00	\$1,749.13	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$530.00	\$132.00	FEDERAL EMPLOYEE PLAN	
			ACH	11/1/2022	10/30/2022	\$2,105.00	\$213.04	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$1,157.00	\$96.18	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$769.00	\$141.47	FEDERAL EMPLOYEE PLAN	
			ACH	11/1/2022	10/30/2022	\$178.00	\$117.00	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$196.80	\$24.14	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$1,410.00	\$78.99	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$1,710.00	\$380.05	STATE HEALTH PLAN	

# My Remit Manager

## External Access to My Remit Manager

- Link: [https://client.webclaims.com/v07\\_03/](https://client.webclaims.com/v07_03/)
- To sign up or for password resets, email [EDI.Services@bcssc.com](mailto:EDI.Services@bcssc.com).
  - The MRM Access Request Form can also be completed, which is located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

*Providers>Tools and Resources>My Remit Manager*

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

The image displays two overlapping screenshots of the My Remit Manager interface. The top screenshot shows the login page for South Carolina BlueCross BlueShield. It features the organization's logo and name, followed by a 'Log In' section with fields for 'User Name' and 'Password', a 'Remember me next time' checkbox, and a 'Log In' button. Below the login form, there is a section for users who need to register or have forgotten their credentials, directing them to contact BCSSC EDI Services.

The bottom screenshot shows the 'My Remit Manager Access Request Form'. The form includes the following fields:

- Billing Provider Name \*
- Billing Provider Tax ID \*
- Billing Provider NPI(s) \*  
If more than one, please separate using commas.
- User Name \*  
Split into 'First Name' and 'Last Name' fields.
- User Phone Number \*
- User Email \*

A 'Submit Form' button is located at the bottom right of the form.

# My Remit Manager

## External Access to My Remit Manager (Continued)

Select the ERA tab to view check and remittance information.



The screenshot displays the My Remit Manager web application interface. At the top right, the logo "My Remit Manager" is visible. Below the logo, there is a navigation bar with three tabs: "HOME", "ERA", and "PASSWORD". The "ERA" tab is highlighted with a red circle. Below the navigation bar, there is a "MESSAGES" section with a home icon and the text "MESSAGES". Below this, there is a "MESSAGES" section with a right-pointing arrow and the text "MESSAGES". Below this, there is a "Login: 'yuma.user' Account: [redacted] Logout" section. Below this, there is an "Announcements" section with a megaphone icon. Below this, there is a "Welcome to My Remit Manager." section. Below this, there is a "With this system providers can easily manage their electronic payments and retrieve ERA and EOB reports." section. Below this, there is a "With the Version 7 introduction of the My Remit Manager our providers will enjoy the addition of many features and enhancements to better assist their billing management needs." section.



# My Remit Manager

## ERA Tab — Pulling the Remittance

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

HOME REALTIME CLAIMS ERA PASSWORD ADMIN

CHECK DATE POST DATE PATIENTS REPORTS DOWNLOAD ERA

> CHECKS BY CHECK DATE

Login: 'terrence.scribal' Account: 1464832889 Logout [Switch Accounts](#)

Select Date ▼

June 2021

IV	Sun	Mon	Tue	Wed	Thu	Fri	Sat
IV	30	31	1	2	3	4	5
IV	6	7	8	9	10	11	12
IV	13	14	15	16	17	18	19
IV	20	21	22	23	24	25	26
IV	27	28	29	30	1	2	3
IV	4	5	6	7	8	9	10

**Billed vs. Paid by Week**

Week	Billed	Paid
Week 1	~7.5K	~2.5K
Week 2	~17.5K	~4.5K
Week 3	~9.5K	~2.5K
Week 4	~8.5K	~0K

Order By: Name ▼ [Download ERA](#) [Download X12](#)

Search for:  Search [Select All](#) [Unselect All](#)

Hide Reconciled Payer: \*All Items Provider: \*All Items

RECC	CHECK NUMBER	CHECK TYPE	CHECK DATE	POST DATE	BILLED	PAID	PROVIDER	PAYER	TYPE
Select <input type="checkbox"/>	0002	CH	6/15/2021	6/13/2021	1879.00	354.33	LO SU		5010
Select <input type="checkbox"/>	0004	CH	6/15/2021	6/13/2021	2169.00	680.09	LO SU		5010
Select <input type="checkbox"/>	00011	CH	6/15/2021	6/13/2021	4981.00	880.26	LO SU		5010

# My Remit Manager

## ERA Tab — Pulling the Remittance (Continued)

Select the account of the patient.

HOME | REALTIME | CLAIMS | **ERA** | PASSWORD | ADMIN

CHECK DATE | POST DATE | PATIENTS | REPORTS | DOWNLOAD ERA

> CHECKS BY CHECK DATE > PATIENTS

Check Number/Date  
Payer  
Provider  
Status: All Items

[ERA Patient Per Page](#) [ERA Patient Listing](#) [ERA Patient Summary](#) [ERA Text](#) [Export](#)  
[Selected ERA Per Page](#) [Unselect All](#)

1 Records 1-5 of 5

ACCOUNT	PATIENT	STATUS	POLICY
46184		<input type="checkbox"/> Processed as Primary	
46208		<input type="checkbox"/> Processed as Primary	
46039		<input type="checkbox"/> Processed as Secondary	
46157		<input type="checkbox"/> Processed as Primary	
46008		<input type="checkbox"/> Processed as Secondary	

### ERA Patient Listing

Electronic Reproduction ASC 005010X221A1

CHECK/EFT: 0000420012 CHECK DATE: 06/15/2021

---

Account: 46030 POS: 11 HIC: 16002110 ICN: 11010221000000 Provider: 1021277010 10100000 111000003

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

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

# My Remit Manager

## ERA Tab — Patient Search

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

The screenshot shows the 'ERA' tab in the 'My Remit Manager' application. The navigation bar includes 'HOME', 'REALTIME', 'CLAIMS', 'ERA', 'PASSWORD', and 'ADMIN'. Below this, there are icons for 'CHECK DATE', 'POST DATE', 'PATIENTS', 'REPORTS', and 'DOWNLOAD ERA'. The main content area is titled '> PATIENTS' and contains a search form with the following fields:

- Search for:** A text input field with a 'Search' button.
- Filter on:** A dropdown menu set to 'None' and a 'Select Date' dropdown.
- Payer:** A dropdown menu set to 'All Items'.
- From Date:** A text input field.
- To Date:** A text input field.
- Status:** A dropdown menu set to 'All Items'.
- Provider:** A dropdown menu set to 'All Items'.

At the bottom of the form, there are several links: [ERA Patient Per Page](#), [ERA Patient Listing](#), [ERA Patient Summary](#), [ERA Text](#), [Export Selected ERA Per Page](#), and [Unselect All](#). A 'RECORD' label is visible to the right of the links.

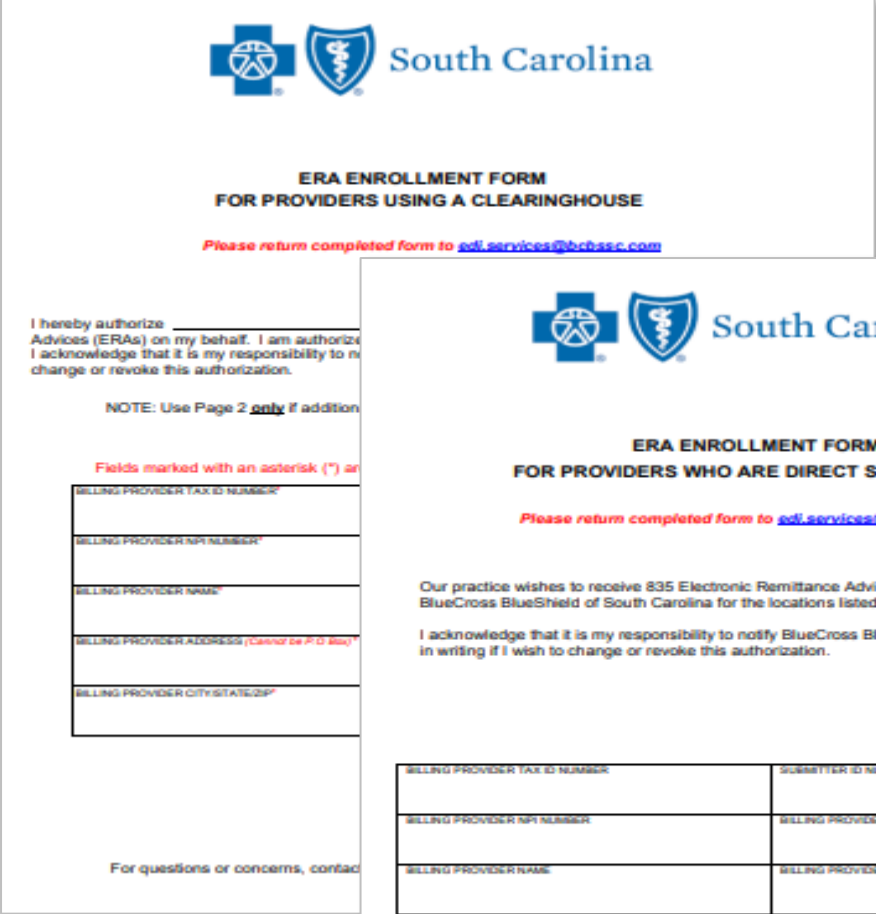
- ERA Patient Per Page
- ERA Patient Listing
- ERA Patient Summary
- ERA Text
- Export Selected ERA Per Page
- Unselect All


# My Remit Manager

## Electronic Remittance Advice (ERA)

### How to Receive ERAs

- Complete the ERA Enrollment/Clearinghouse or ERA Enrollment/Direct Submitter Form located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).  
*Providers>Claims and Payment>Payment and Remittance Advices*
- Submit the completed form to [EDI.Services@bcbssc.com](mailto:EDI.Services@bcbssc.com).



 South Carolina

**ERA ENROLLMENT FORM  
FOR PROVIDERS USING A CLEARINGHOUSE**

Please return completed form to [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)

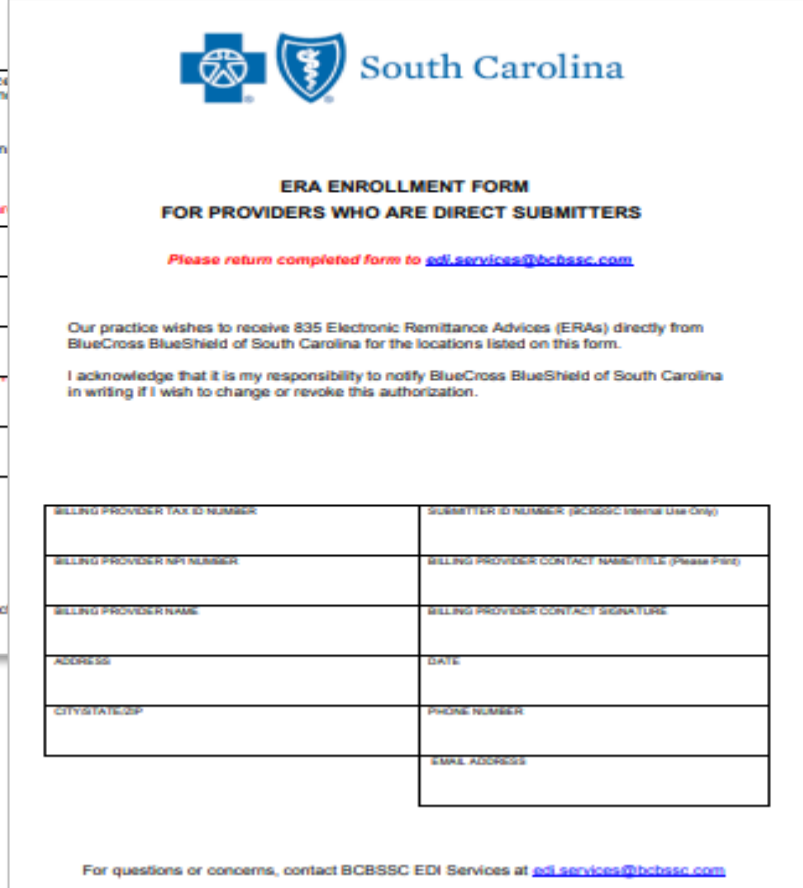
I hereby authorize \_\_\_\_\_  
Advices (ERAs) on my behalf. I am authorized  
I acknowledge that it is my responsibility to notify  
change or revoke this authorization.


NOTE: Use Page 2 **only** if additional

Fields marked with an asterisk (\*) are

BILLING PROVIDER TAX ID NUMBER*
BILLING PROVIDER NPI NUMBER*
BILLING PROVIDER NAME*
BILLING PROVIDER ADDRESS (Cannot be P.O. Box)*
BILLING PROVIDER CITY/STATE/ZIP*

For questions or concerns, contact



 South Carolina

**ERA ENROLLMENT FORM  
FOR PROVIDERS WHO ARE DIRECT SUBMITTERS**

Please return completed form to [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)

Our practice wishes to receive 835 Electronic Remittance Advices (ERAs) directly from  
BlueCross BlueShield of South Carolina for the locations listed on this form.

I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina  
in writing if I wish to change or revoke this authorization.

BILLING PROVIDER TAX ID NUMBER	SUBMITTER ID NUMBER (BCBSSC Internal Use Only)
BILLING PROVIDER NPI NUMBER	BILLING PROVIDER CONTACT NAME/TITLE (Please Print)
BILLING PROVIDER NAME	BILLING PROVIDER CONTACT SIGNATURE
ADDRESS	DATE
CITY/STATE/ZIP	PHONE NUMBER
	EMAIL ADDRESS

For questions or concerns, contact BCBSSC EDI Services at [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)



# My Provider Enrollment Portal

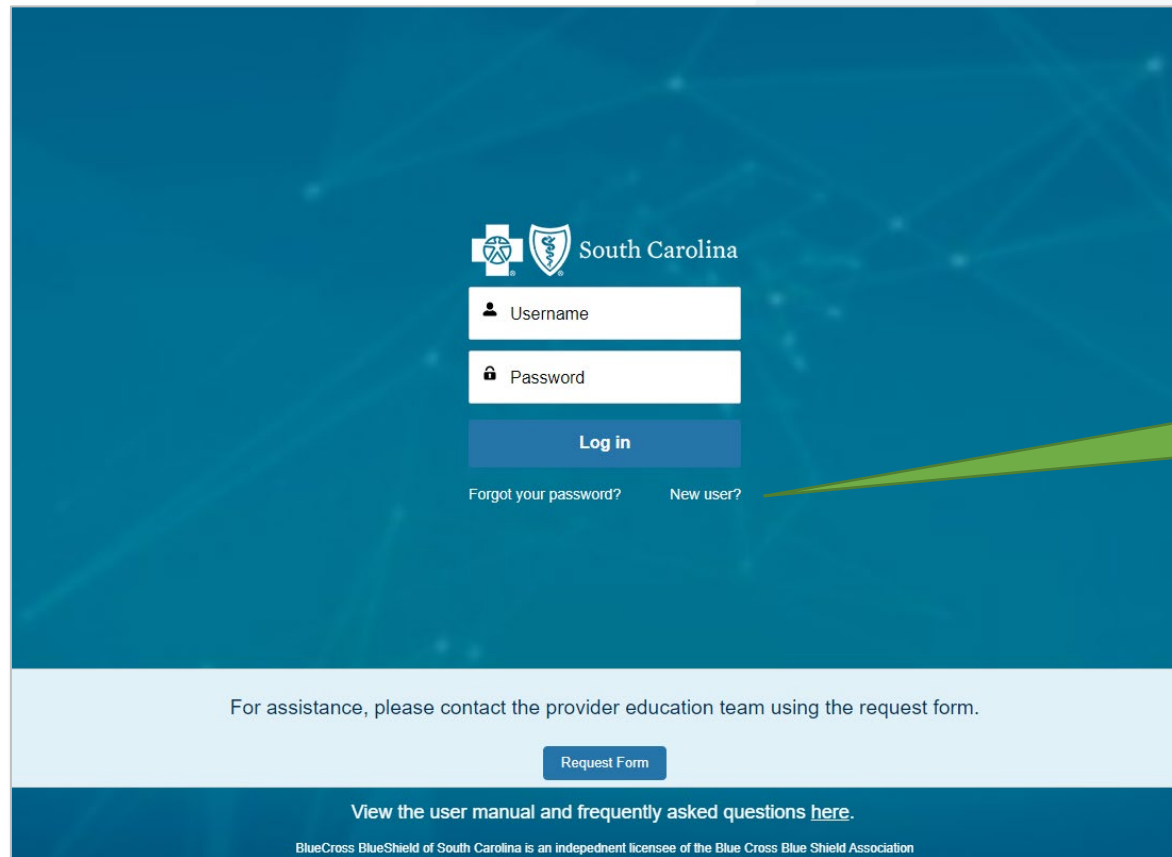


# My Provider Enrollment Portal

## Sign Up for Access to the Portal

Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

*Providers>Provider Enrollment>My Provider Enrollment Portal*



The screenshot shows the login interface for the My Provider Enrollment Portal. At the top, there is the South Carolina logo and the text "South Carolina". Below this are two input fields: "Username" and "Password". A blue "Log in" button is positioned below the password field. Underneath the "Log in" button are two links: "Forgot your password?" and "New user?". At the bottom of the page, there is a light blue banner with the text "For assistance, please contact the provider education team using the request form." and a "Request Form" button. Below the banner is a dark blue footer with the text "View the user manual and frequently asked questions [here](#)." and "BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association".

Select New user if you've never signed up!

# My Provider Enrollment Portal

## Home Page

The screenshot displays the home page of the My Provider Enrollment Portal. At the top left, there is a logo for South Carolina. A search bar is located in the top center. On the top right, a user profile is shown with the text 'USER16500...'. The navigation menu includes 'Home', 'Get Enrolled', 'Find a Form', 'My Forms', 'My Contracts', and 'Support'. The 'My Contracts' link is circled in red. The main heading reads 'My Provider Enrollment Portal' with a cloud and lock icon. Below the heading is the text 'Enroll in our networks, make provider updates, and much more.' A row of four action buttons is present: 'GET ENROLLED' with a doctor icon, 'MY FORMS' with a document icon, 'CONTACT SUPPORT' with a phone and envelope icon and a red notification bubble with the number '1', and 'FIND A FORM' with a checklist icon.

South Carolina

Search...

USER16500...

Home Get Enrolled Find a Form My Forms **My Contracts** Support

# My Provider Enrollment Portal

Enroll in our networks, make provider updates, and much more.

GET ENROLLED

MY FORMS

CONTACT SUPPORT

FIND A FORM

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

# My Provider Enrollment Portal

## Get Enrolled

Review the available checklists before starting an application.

The screenshot displays the 'My Provider Enrollment Portal' website. At the top, there is a dark blue header with the BlueCross BlueShield of South Carolina logo, a search bar, and a user profile icon. Below the header is a navigation menu with links for Home, Get Enrolled, Find a Form, My Forms, My Contracts, and Support. The main content area is titled 'Get Enrolled' and includes a sub-header: 'Looking to join one of our networks? Select one of the appropriate forms below to get started.' A red oval highlights a note: 'Please review the [available checklists](#) before starting an application to ensure all required documents and information is included.' Below this are several enrollment options, each with an 'ENROLL' button:

- Individual Provider Enrollment**: For Providers wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan. Note: This application applies to medical, dental, and mid-level providers. This application does NOT apply to Behavioral Health providers.
- Group Practice Enrollment**: For group practices wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan. Note: Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wishes to file claims.
- Facility Information Request Form**: Complete this form to request the credentialing of a facility. Note: This form is for Medical, CBA and MAT facility credentialing.
- Virtual Care Services**: For providers or group practices wanting to participate with telemedicine and/or telehealth services. Note: You are not eligible for Virtual Care if you do not have a fully executed Business License Agreement with a vendor.
- Health Professional Application**: Complete this form to request the addition of a health professional to our database to enable that practitioner to file claims to BlueCross BlueShield of South Carolina and BlueChoice HealthPlan. Note: This is for in-state, out-of-network providers only.
- For Behavioral Health Providers**:
  - Behavioral Health**: For providers wanting to enroll in our behavioral health network. Note: Companion Benefit Alternatives, Inc. (CBA) manages our behavioral health network. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross BlueShield of South Carolina.
  - Autism Provider Panel**: For Applied Behavior Analysts wanting to enroll in our Autism Provider Panel. Note: Companion Benefit Alternatives, Inc. (CBA) manages our Autism provider panel. CBA is a separate company that administers behavioral health benefits on behalf of BlueCross Blue Shield of South Carolina.



# My Provider Enrollment Portal

## Find a Form

South Carolina

Search...

Home Get Enroller **Find a Form** My Forms My Contracts Support

### Find a Form

Use the following forms for other enrollment options or to provide additional information to BlueCross BlueShield of South Carolina

#### Update Location Information

#### Doing Business As (DBA) Name Change Form

Complete this form to change your doing business as (DBA) name.

[COMPLETE FORM](#)

#### Change of Address Form

Use this form to update your physical, pay to, correspondence and/or billing agency addresses for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, State Health Plan, and FEP networks.

**Note: If you are changing a pay to address, the provider or the CEO, CFO, director of finance, or director of billing must sign this form for your protection.**

[COMPLETE FORM](#)

#### Application for Satellite Location

Complete this form to notify BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of the creation of a new location that wants to file claims.

**Note: A W-9 cannot be accepted.**

[COMPLETE FORM](#)

#### Update Provider Information

#### NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. If you registered for more than one NPI, complete this form for each NPI.

Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.

**Note: This form is for out-of-state and out-of-network providers only.**

[COMPLETE FORM](#)

#### Add or Terminate Practitioner Affiliation

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association, or institution for BlueCross BlueShield of South Carolina for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, FEP and/or State Health Plan.

**Note: This form should be completed no more than 30 days after the addition, termination or change.**

[COMPLETE FORM](#)

# My Provider Enrollment Portal

## My Forms

South Carolina

Search...

Home Get Enrolled Find a Form **My Forms** My Contracts Support

### My Forms

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

- **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** – The application or form has been completed and submitted, but signatures are missing.
- **Awaiting Provider Response/Not Submitted** – 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.
- **Under Review** – The application or 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 on and has been closed.

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

**All Applications** ▼ ↑

5 items • Sorted by Case Number • Filtered by All cases

	Case Number ↑	Practitioner Last N...	Status	Form Type	Date/Time Opened	
1	00011891	Bennett	Submitted	Individual Application	11/16/2022, 2:07 PM	▼
2	00012542		In Progress/Not Submitted	Individual Application	12/6/2022, 1:12 PM	▼
3	00021065		In Progress/Not Submitted	Individual Application	4/14/2023, 4:49 PM	▼
4	00024792		In Progress/Not Submitted	Group Application	6/4/2023, 1:09 PM	▼
5	00030455	Pickles	Under Review	Individual Application	8/4/2023, 3:09 PM	▼

### All Applications ▼ ↑

#### 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

# My Provider Enrollment Portal

## My Contracts

South Carolina

Search...

USER146200...

Home Get Enrolled Find a Form My Forms **My Contracts** Support

### My Contracts

Complete contracts that require your attention or check their status.

Contracts Awaiting Signature ▼

4 items • Sorted by Case • Filtered by All form contracts - Status

Case ↑	Status	Form Contract ...	Network List	Form Type	Last Modified Date
1 00030455	Awaiting Signature	FCR-12433	Blue Essentials	Individual Application	8/4/2023, 7:28 PM
		FCR-12434	Medicare Advantage	Individual Application	8/4/2023, 7:28 PM
		FCR-12436	State Health Plan	Individual Application	8/4/2023, 7:28 PM
		FCR-12435	Preferred Blue® (PPC and FEP)	Individual Application	8/4/2023, 7:28 PM


Recently Viewed ▼

LIST VIEWS

- All Contracts
- Contracts Awaiting Signature
- ✓ Recently Viewed (Pinned list)

# My Provider Enrollment Portal

## Support

USER16500...

[Home](#) [Get Enrolled](#) [Find a Form](#) [My Forms](#) [My Contracts](#) [Support](#)

### CONTACT PROVIDER SUPPORT

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.*

**\*FULL NAME**

**\*EMAIL ADDRESS** ⓘ

**\*INDIVIDUAL NPI** ⓘ

**GROUP NPI**

**TAX ID NUMBER** ⓘ

**ROLE**

**\*SUBJECT** ⓘ

**\*DESCRIPTION** ⓘ

**Thank you!**

