

# WEB TOOLS



South Carolina

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

# AGENDA

- Website Review
- My Insurance Manager<sup>SM</sup>
- My Remit Manager
- M.D. Checkup
- Medical Forms Resource Center
- Voice Response Unit



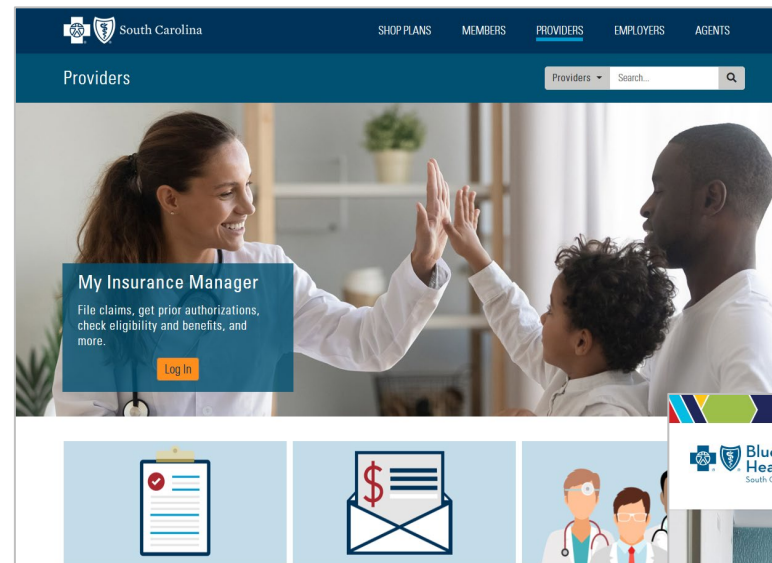
# **WEBSITE REVIEW**



# WEBSITE REVIEW

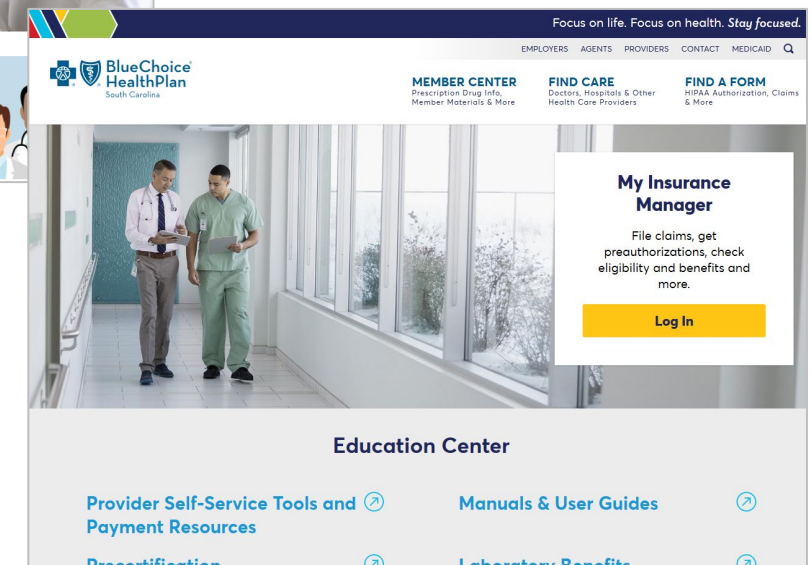
## Provider Pages of Our Websites Include:

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



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

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



# WEBSITE REVIEW

## Provider Bulletins

South Carolina

SHOP PLANS MEMBERS **PROVIDERS** EMPLOYERS AGENTS

Providers Search...

Home / Providers / News and Events / Current News

### Current News

Topics

- Medical Policies (12)
- Benefits (3)
- Enrollment (2)
- Medicare Advantage (7)
- Prior Authorization (6)
- Claims (5)
- Other (3)
- Health Initiatives (1)
- Member Alerts (1)
- Pharmacy (1)
- Laboratory/Medical
- Benefits (1)
- COVID-19 (2)

#### 2022 October Medical Policy Updates

Medical Policies | October 31, 2022  
See the latest medical policy updates made in October 2022.

#### Burn Care at the Medical University of South Carolina

Benefits | October 17, 2022  
Learn more about burn care at MUSC.

#### New Provider Enrollment Process

Enrollment | October 14, 2022  
Learn more about our new provider enrollment process.

SouthCarolinaBlues.com

BlueChoiceSC.com

BlueChoice HealthPlan South Carolina

EMPLOYERS AGENTS PROVIDERS CONTACT MEDICAID

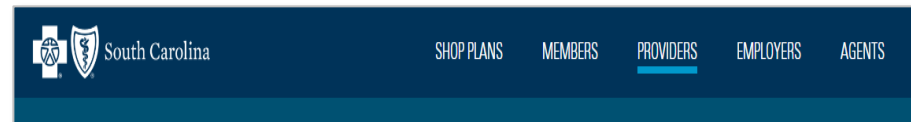
COVID-19 MEMBER CENTER FIND CARE FIND A FORM

### 2022 News

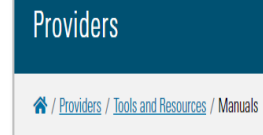
<a href="#">COVID-19: Prior Authorization Requirements</a>	<a href="#">COVID-19: Remdesivir Treatment Drug</a>
<a href="#">Medical Policy Updates (January 2022)</a>	<a href="#">Provider Territory Map Update</a>
<a href="#">Medical Policy Updates (February 2022)</a>	<a href="#">Specialty Drug Updates</a>
<a href="#">Medical Policy Updates (March 2022)</a>	<a href="#">Understanding My Provider Enrollment Portal</a>
<a href="#">Reminder: Itemized Bills</a>	<a href="#">Medical Policy Updates (April 2022)</a>
<a href="#">Medical Policy Updates (May 2022)</a>	<a href="#">Medical Policy Updates (June 2022)</a>

# WEBSITE REVIEW

## Manuals and Guides



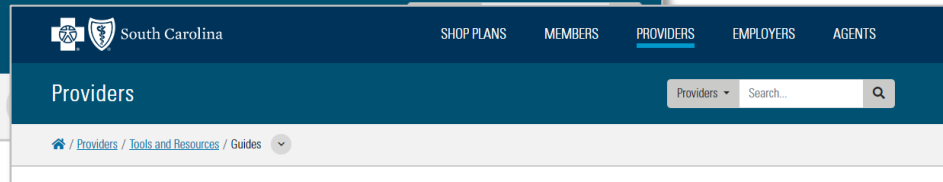
SouthCarolinaBlues.com



### Manuals

Our provider manuals give an overview of our plans,

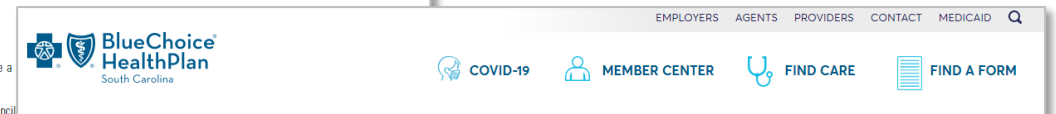
- [BlueCard® Program Manual](#) – This manual provides an overview of the program, eligibility verification, precertification and claims filing processes for out-of-area members.
- [Dental Providers Administrative Office Manual](#) – This manual also includes a review of the national Dental Administrative Manual and provides information on filing and reconsideration.
- [Provider Office Administrative Manual](#) – Get information on filing and reconsideration.
- [Medicare Advantage Manuals](#)



### Guides

We want to make your interactions with BlueCross as easy and efficient as possible. Here are a few guides that may help you:

- [Ancillary Claims Filing Reminders](#) - This guide gives providers an overview of our filing guidelines for ancillary claims.
- [Anesthesia Guidelines](#) - This guide provides an overview of anesthesia procedures, modifiers and filing guidelines.
- [ClaimsXten™ - Correct Coding Initiative Reference Guide](#) - Learn about our upgrade to ClaimsXten, a robust claim coding rules and the benefits of this upgrade.
- [Cultural Competency](#) - Learn about the importance of cultural competency in health care settings.
- [Inpatient Non-Reimbursable Charge/Unbundling Policy](#) - BlueCross BlueShield of South Carolina and BlueCross of Georgia consider charges that are considered to be non-reimbursable, unbundled or are otherwise not allowed to be billed separately. This policy outlines the requirements for these charges.
- [Medical Forms Resource Center User Guide](#) - Get instructions on how to use the Medical Forms Resource Center to submit precertification requests quickly.
- [Member ID Card Guide](#) - This guide provides you with an overview of our various plans, associated networks and the identification cards you may see.
- [My Provider Enrollment Portal Guide](#) - Get instructions on how to maneuver through our new provider enrollment portal.
- [Patient-Centered Medical Home Practice Locations](#)
  - [Patient-Centered Primary Care Collaborative\\*](#)
  - [National Committee for Quality Assurance\\*](#)
- [Provider Reconsideration Guide](#) - Use this form to help you when filing for a reconsideration.
- [Provider Validation: MD Checkup User Guide](#) - Use the Provider Validation feature to verify and update your information you provide is used to maintain our online provider directories as well as our systems to ensure accurate information.
- [Preventive Care Guide](#) - This guide provides an outline of the services the Affordable Care Act approves as preventive for non-grandfathered plans.
- [Quick Reference Guide](#) - Use this guide to identify the most efficient method to obtain benefit information.
- [What You Need to Know About Claim Attachments](#) - This guide provides you with an overview of the Claim Attachments and documents to claims that require additional documentation.
- [What You Need to Know About Skilled Nursing Facilities](#) - This booklet gives an overview of procedures, services and facilities (SNFs).



### Manuals & Guides

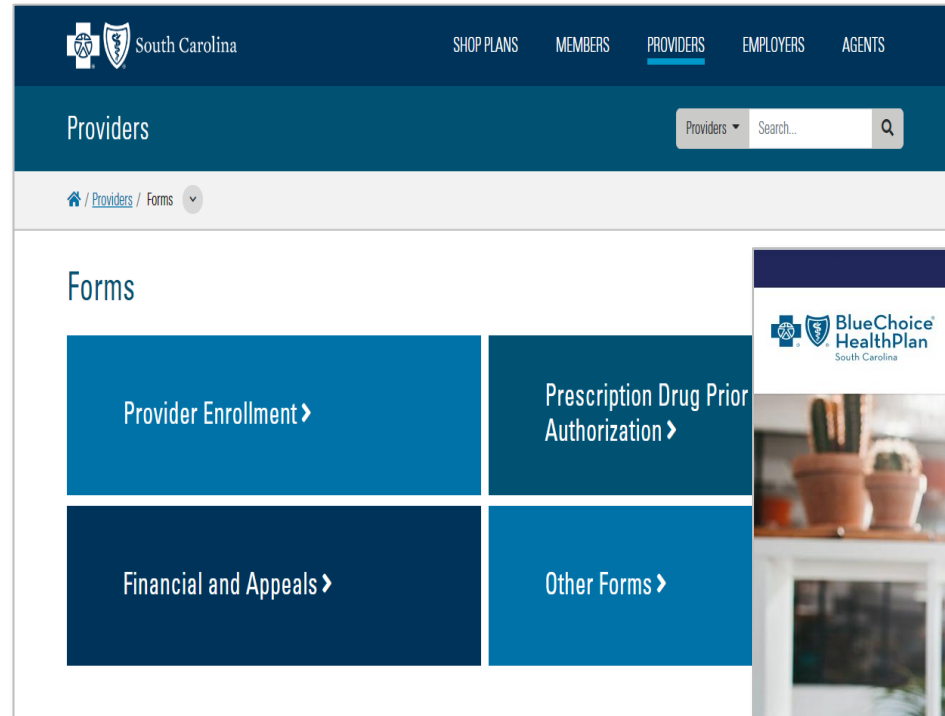
Please refer to these helpful guides and manuals.

- [BlueCard Program Manual](#) — This manual provides you with an overview and describes the advantages of the program. It will also help you guide through eligibility verification, precertification and claims filing processes for out-of-area members.
- [ClaimsXten: Correct Coding Initiative Reference Guide](#) — Learn about our upgrade to ClaimsXten, a robust claim-coding software designed to ensure health insurance claims are coded properly. Get details about the claim coding rules and the benefits of this upgrade. ClaimsXten is provided by Change Healthcare, an independent company that offers assistance in coding health insurance claims on behalf of BlueChoice HealthPlan.
- [Cultural Competency](#) — Learn about the importance of cultural competency in the health care setting.
- [Medical Forms Resource Center \(MFRC\) Guide](#) — This guide details how to use the MFRC online tool, which allows you to submit your precertification requests for some services electronically. The system is fast and easy to use and ensures accuracy. It also cuts down on follow up calls as all the required information is outlined on the form.
- [Member ID Card Guide](#) — This guide provides you with an overview of our various plans, associated networks and the identification cards you may see.
- [Precertification and Referral Guide](#) — Learn how to submit a referral or precertification request through My Insurance Manager<sup>SM</sup> and determine which services we can automatically authorize.
- [Preventive Care Guide](#) — This guide provides an outline of the services the Affordable Care Act approves as preventive for non-grandfathered plans.

BlueChoiceSC.com

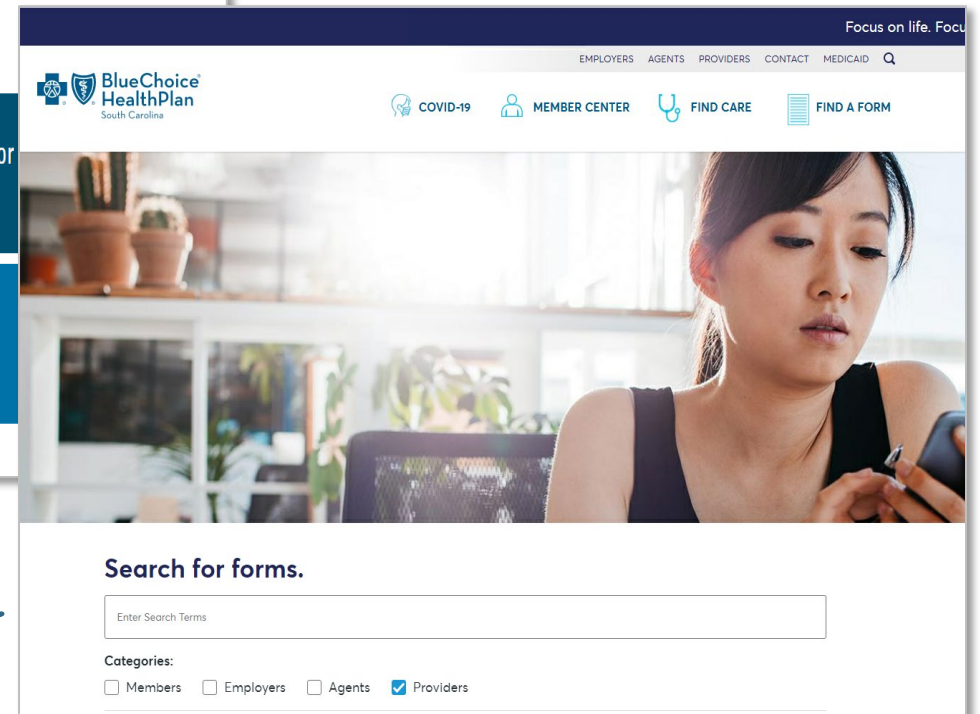
# WEBSITE REVIEW

## Forms



SouthCarolinaBlues.com

BlueChoiceSC.com



# WEBSITE REVIEW

## Contact Us

The screenshot shows the top navigation bar of the South Carolina HealthPlan website. The main menu includes 'SHOP PLANS', 'MEMBERS', 'PROVIDERS' (which is highlighted), 'EMPLOYERS', and 'AGENTS'. Below the navigation is a search bar with a dropdown menu set to 'Providers'. The breadcrumb trail shows 'Home / Providers / Contact Us'. The main content area is titled 'Contact Us' and is divided into two columns. The left column, 'Online Resources', includes links for 'My Insurance Manager' and 'Voice Response Unit'. The right column, 'Provider Education', includes links for 'Contact Provider Education' and 'Provider Education Territory Map'.

SouthCarolinaBlues.com

BlueChoiceSC.com

The screenshot shows the top navigation bar of the BlueChoice HealthPlan website. The main menu includes 'EMPLOYERS', 'AGENTS', 'PROVIDERS', 'CONTACT', and 'MEDICAID'. Below the navigation is a search bar. The main content area is titled 'Provider Advocates' and contains two paragraphs of text. The first paragraph discusses using 'My Insurance Manager' for questions on eligibility, benefits, deductibles, and out-of-pocket information. The second paragraph discusses contacting the Provider Education department for questions not related to specific claims or patients. The third paragraph discusses requesting training for a practice or organization by using the 'Provider Advocate Training Request Form' and joining the 'email registry' for the latest news, online course offerings, workshops, and more.





# **MY INSURANCE MANAGER**



# MY INSURANCE MANAGER (MIM)

## Overview

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

### Use MIM to:

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

# MY INSURANCE MANAGER (MIM)

## Getting Started

The screenshot shows the My Insurance Manager (MIM) website homepage. At the top, the logo reads "My INSURANCE MANAGER™". Below the logo is a login and registration form with fields for "Username" and "Password", and buttons for "Login" and "Register Now!". The "Register Now!" button is circled in red. Below the form are links for "Forgot Username?" and "Forgot Password?". To the right of the form is a banner featuring a smiling female doctor and a computer monitor. The banner text says "Welcome to My Insurance Manager!" and "Log in to file a claim, check benefits and more! If you have never registered, you will need to create a profile." with a "Register Now" button. Below the banner is a "Latest Features" section with two cards. The first card is titled "Is your password strong enough? Safeguard PHI!" and includes the text "Protect important information on the MIM portal by making sure your password is secure." with a "Learn how" button. The second card is titled "Want To Stay in the Know? See the Latest Bulletins!" and includes the text "Get informed of any changes or updates taking place." with a "Learn Now" button.

**My INSURANCE MANAGER™**

Username  
Username

Password  
Password

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

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

**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@bcbscc.com](mailto:provider.education@bcbscc.com). \* STATchat can be accessed with Google Chrome or Mozilla Firefox.

**Welcome to My Insurance Manager!**

Log in to file a claim, check benefits and more! If you have never registered, you will need to create a profile.

**Register Now**

**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**

# MY INSURANCE MANAGER (MIM)

## 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](#).

or

Need help? Call us at 855-229-5720.

# MY INSURANCE MANAGER (MIM)

## 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**.

The screenshot shows the 'Create Profile' form with the following sections and fields:

- Profile Information** (marked as required):
  - Tax ID: 123456789
  - Provider: YOUR PRACTICE/FACILITY
  - Address: 4101 PERCIVAL RD, COLUMBIA, SC 29229-8320. A note indicates that if the address is incorrect, the user should complete the 'change of address form'.
  - Primary Location: YOUR PRACTICE/FACILITY (with a 'Select' button)
  - Primary Work Location: 1111122222
  - Profile Type: Office Staff
- Contact Information** (all fields marked as required):
  - First Name: [text input]
  - Last Name: [text input]
  - Phone Number: [text input]
  - Email: [text input]
  - Confirm Email: [text input]
- Login Information** (all fields marked as required):
  - Desired Username: [text input] (5 to 11 characters)
  - Password: [text input] (8 to 25 characters)
  - Confirm Password: [text input]
- Security Question** (all fields marked as required):
  - Security Question: --Please Choose One-- (dropdown menu)
  - Security Answer: [text input]

At the bottom of the form, there are 'Continue' and 'Cancel' buttons, and a footer that reads: 'Need help? Call us at 855-229-5720.'

# MY INSURANCE MANAGER (MIM)

## 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:

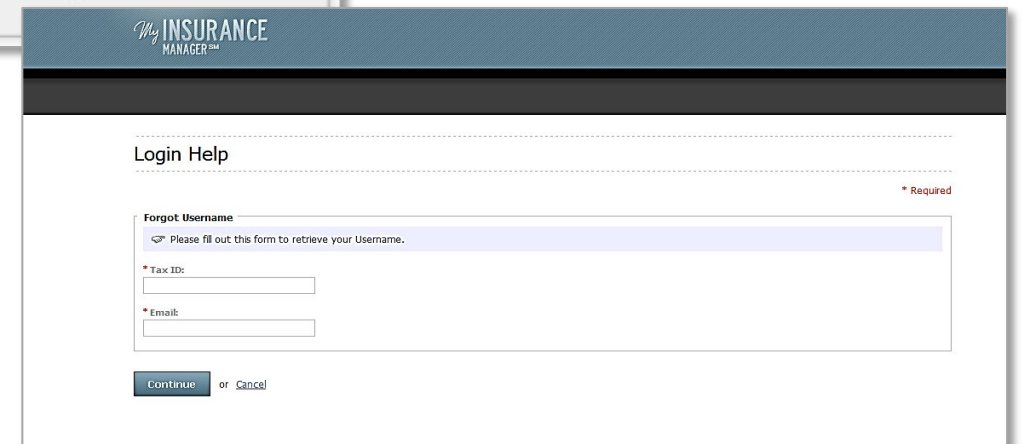
# MY INSURANCE MANAGER (MIM)

## Logging In

From the homepage, enter the username and password. Select **Login**.



A screenshot of the login form. It features two input fields: "Username" and "Password". Below the fields is a blue "Login" button, followed by the text "or Register Now!". At the bottom, there are two links: "Forgot Username?" and "Forgot Password?".



A screenshot of the "Forgot Username" form. The page header includes the "My INSURANCE MANAGER" logo. The form is titled "Login Help" and includes a "Forgot Username" section with a sub-header "Please fill out this form to retrieve your Username." and a "Required" asterisk. The form contains two input fields: "Tax ID:" and "Email:". At the bottom, there is a "Continue" button and the text "or Cancel".

# MY INSURANCE MANAGER (MIM)

## 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 (MIM) system. At the top, a dark blue navigation bar contains several tabs: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory, and Provider Update. A red rectangular box highlights the 'Patient Care', 'Office Management', 'Resources', 'Modify Profile', 'Profile Administration', 'Staff Directory', and 'Provider Update' tabs. Below the navigation bar, the main content area features a 'Welcome' message with a '(Log Out)' link and a 'Go to Message Center' link. The main heading is 'Welcome to My Insurance Manager!'. Below this, 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 these services: '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.' The page concludes with 'Thank you for using My Insurance Manager!'.



# MY INSURANCE MANAGER (MIM)

## 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.

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

# MY INSURANCE MANAGER (MIM)

## Office Management

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

Additional options for Health services include:

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

Office Management	
Health	
▶ EDI Reports	▶ Refund Letters
▶ EFT/ERA Enrollment	▶ HEDIS® Quality Reports
▶ PCMH Reports	▶ Employer Group Care Reports
▶ PCMH Patient Validation	▶ Provider Report Cards
▶ Remittance Information	
Dental	
▶ EDI Reports	▶ Remittance Information
▶ EFT/ERA Enrollment	

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

# MY INSURANCE MANAGER (MIM)

## Refund Letters

Refund letters include:

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

For further questions:

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

*PLB	*Provider Adjustment	<input type="checkbox"/>	Provider Adjustment	10/26/2021	0.00	-429.30
------	----------------------	--------------------------	---------------------	------------	------	---------

PLB ADJUSTMENTS			
PreProv	Reason Code	Reference Id	Amount
1	WO: Overpayment Recovery	P2126417272	338.4
1134102127	WO: Overpayment Recovery	P2126417320	90.9

REMITTANCE SUMMARY				
	Billed	Allowed	Deduct	Coins
Totals	.00	.00	.00	.00

0000192

1-20 @ 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 pp 1000  
26 1000

M  
P  
LOS ANGELES CA 90074-9055

Re: Patient: [REDACTED]  
ID Num: [REDACTED]  
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 29260-6000

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

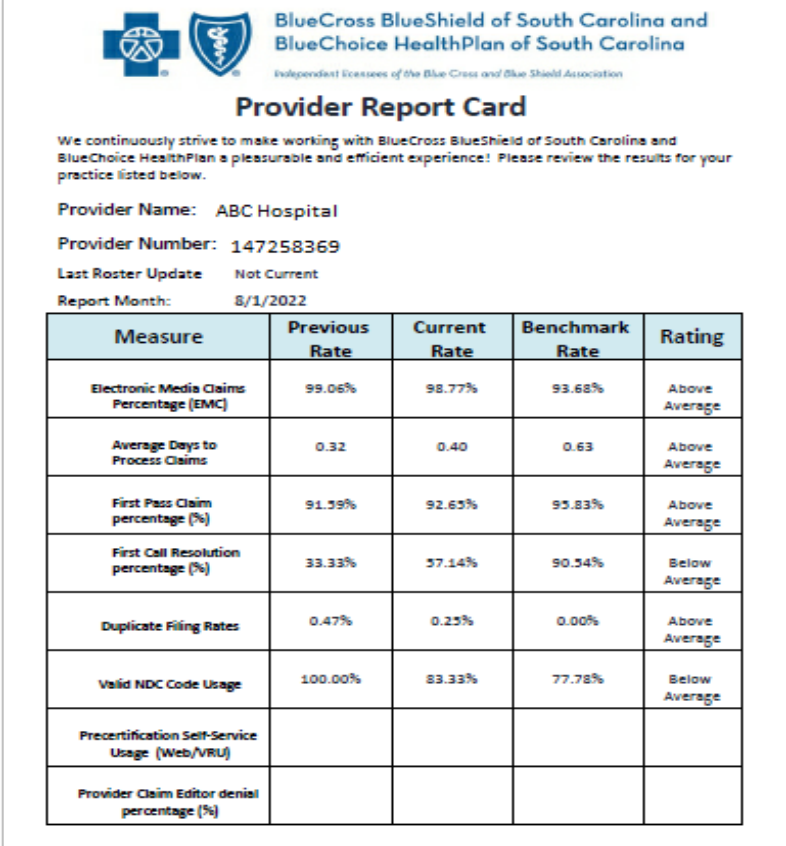
Sincerely,

# MY INSURANCE MANAGER (MIM)

## 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



The image shows a Provider Report Card for ABC Hospital. At the top, there are logos for BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina, with the text 'Independent Licensees of the Blue Cross and Blue Shield Association'. Below the logos is the title 'Provider Report Card'. A message states: '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.' The report includes the following information: Provider Name: ABC Hospital; Provider Number: 147258369; Last Roster Update: Not Current; Report Month: 8/1/2022. A table follows with columns for Measure, Previous Rate, Current Rate, Benchmark Rate, and Rating. The table contains data for nine measures, with some empty fields for Precertification Self-Service Usage and Provider Claim Editor denial percentage.

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 (%)	91.39%	92.65%	95.83%	Above Average
First Call Resolution percentage (%)	33.33%	37.14%	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 (MIM)

## Resources

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

*Most used resources include:*

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

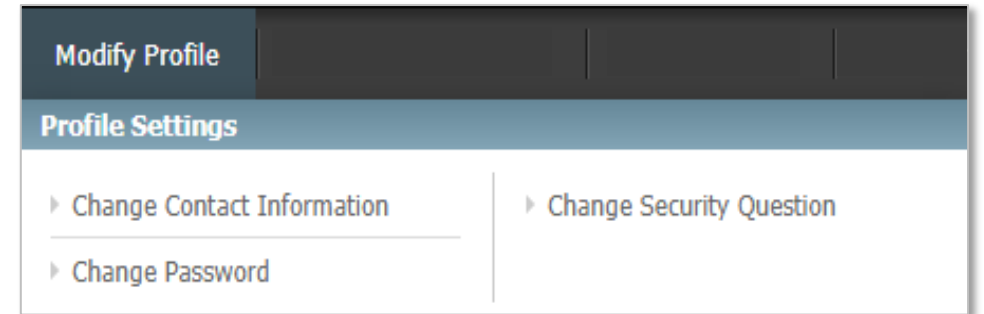
Resources	
Tools	
▶ Access System News	▶ Lab/Biometric Data Upload
▶ Avalon Lab Benefit Manager Provider Portal 	▶ Medical Policies
▶ BlueChoice Find Care 	▶ My Remit Manager 
▶ Blue Cross Find Care 	▶ Provider News and Events
▶ Code Search	▶ State Dental Plan Fee Schedule
▶ EDI Resources	▶ State Health Plan Fee Schedule
▶ FEP Website	▶ Tools and Resources
▶ Forms	▶ Washington Publishing Company Claim Adjustment Reason Codes

# MY INSURANCE MANAGER (MIM)

## Modify Profile

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

- Change Contact Information
- Change Password
- Change Security Question



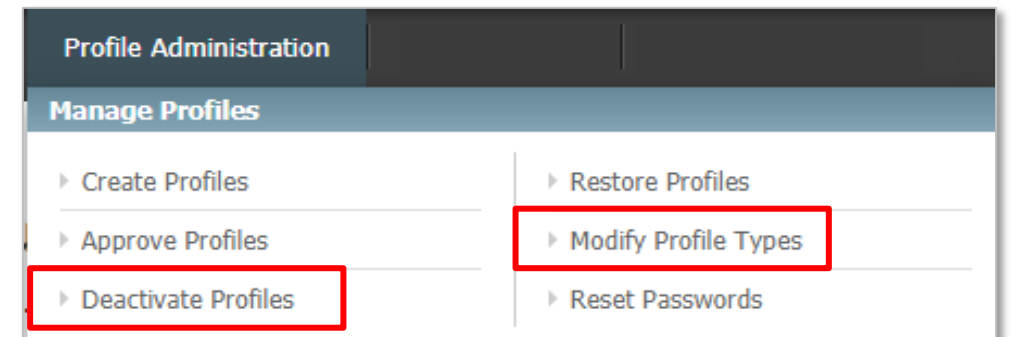
# MY INSURANCE MANAGER (MIM)

## Profile Administration

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

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

Only available for Profile Administrators.



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

# MY INSURANCE MANAGER (MIM)

## Staff Directory and Provider Update

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

Staff Directory

Provider Update



# MY INSURANCE MANAGER (MIM)

## Troubleshooting tips

- Complete the 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.

# MY INSURANCE MANAGER (MIM)

**STATchat<sup>SM</sup>** – Lets providers speak to a Provider Services advocate through their computer, using an internet connection

**STATchat**

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: ME    \* Patient's Last Name: G    \* Patient's Member id: 393    Patient's Date of Birth: 0  
mm/dd/yyyy

\* Location: TII    Primary ID: 10

Need help using STATchat?

Launch STATchat or Back

**STATchat**      **Hang Up**

Status: **Connected**  
Call Id: 8580591097

Wearing a headset?

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 GHI	9 WXYZ
MUTE	KEYPAD	*    0    #

Details    Log

**Automatic Number Identification**  
8580

**Session ID**

**Provider Tax ID**  
45

# MY INSURANCE MANAGER (MIM)

**Ask Provider Services** – Offers providers a way to submit secured web inquiries for assistance with claims

**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

**Advanced Search**

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

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

\* Member ID:  
ypwj12345678901  
include alpha prefix, if applicable

**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:

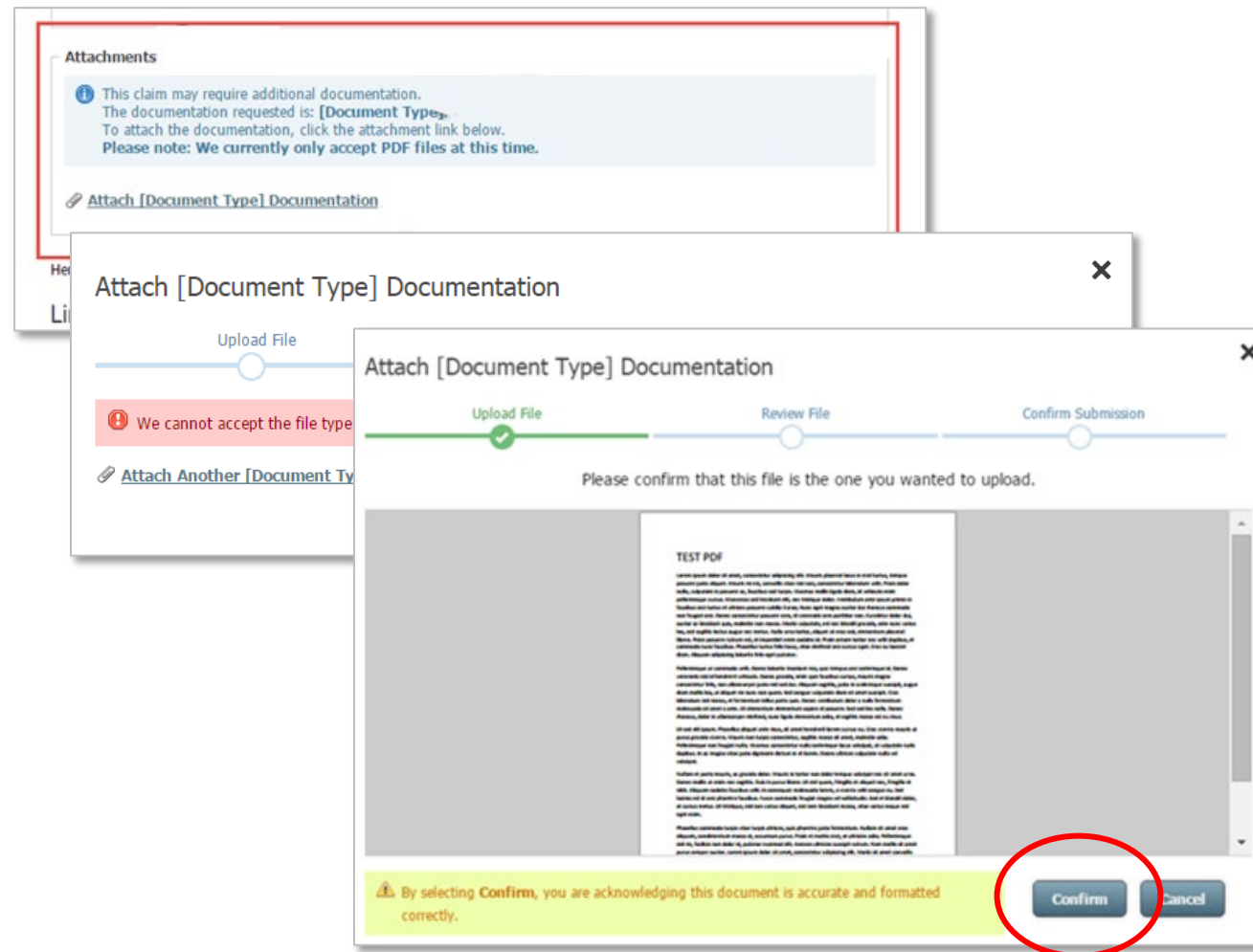
\* Please enter a question:

or [Back](#)

# MY INSURANCE MANAGER (MIM)

**Claim Attachments** – Allows providers to upload clinical information directly to their claim for the following requests:

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





# MY REMIT MANAGER



# MY REMIT MANAGER (MRM)

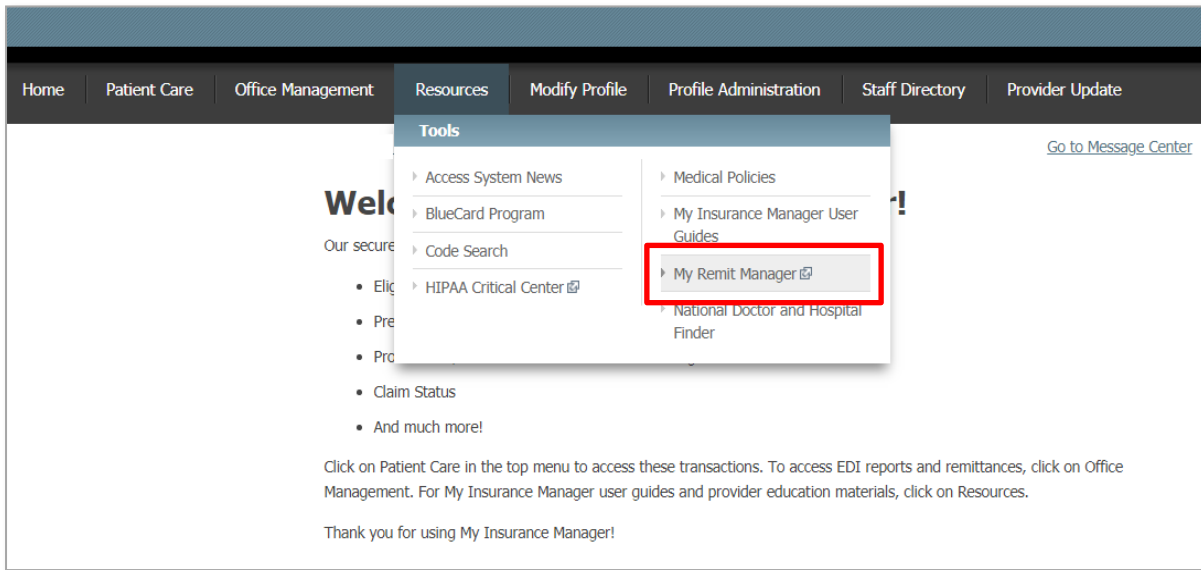
## Overview

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

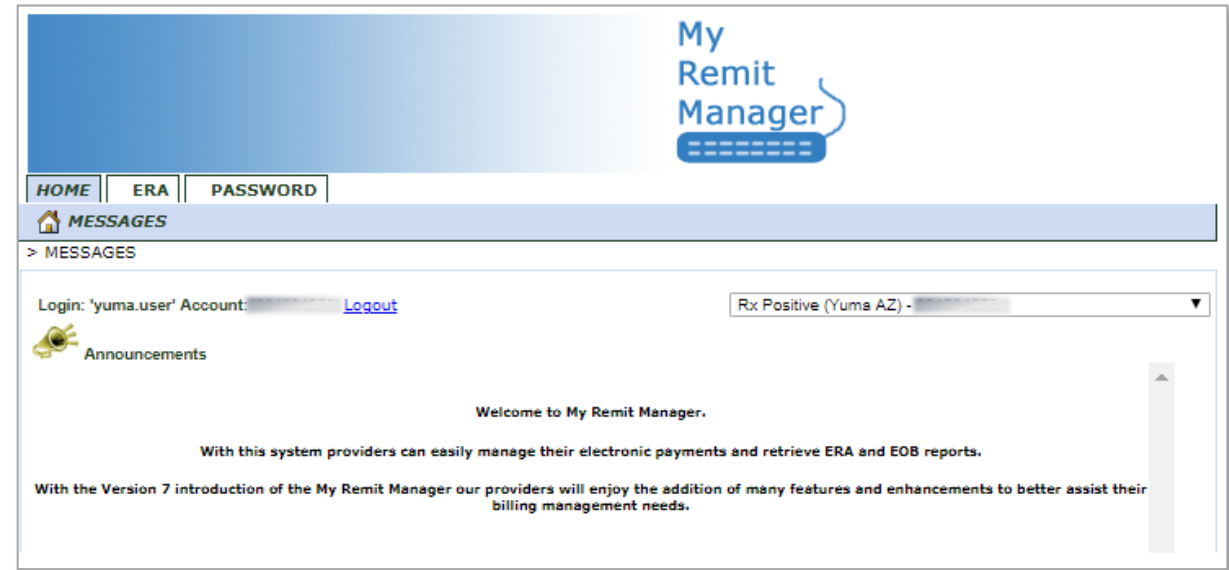
### Use MRM to:

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

# MY REMIT MANAGER (MRM)



Within My Insurance Manager



Outside My Insurance Manager

# MY REMIT MANAGER (MRM)

## Available Options – Within My Insurance Manager

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

The screenshot displays the My Remit Manager (MRM) interface. The top section shows the title "ERA by Check Date - May 2022" and a "View Checks By:" dropdown menu set to "Check Date". Below this is a calendar for May 2022 with check numbers and statuses (e.g., "open", "CHK-9", "CHK-43") for each day. A red box highlights the Adobe icon next to "CHK-9".

The bottom section shows a detailed table of checks. The table has columns for "Recd", "Download", "Check Number", "Payment Method", "Checkdate", "Postdate", "Billed", "Paid", "Payer", and "Provider". A red box highlights the Adobe icon in the "Download" column header. The table contains 10 rows of check data.

Recd	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	\$34.14	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

## Access Outside of My Insurance 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.



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

Log In

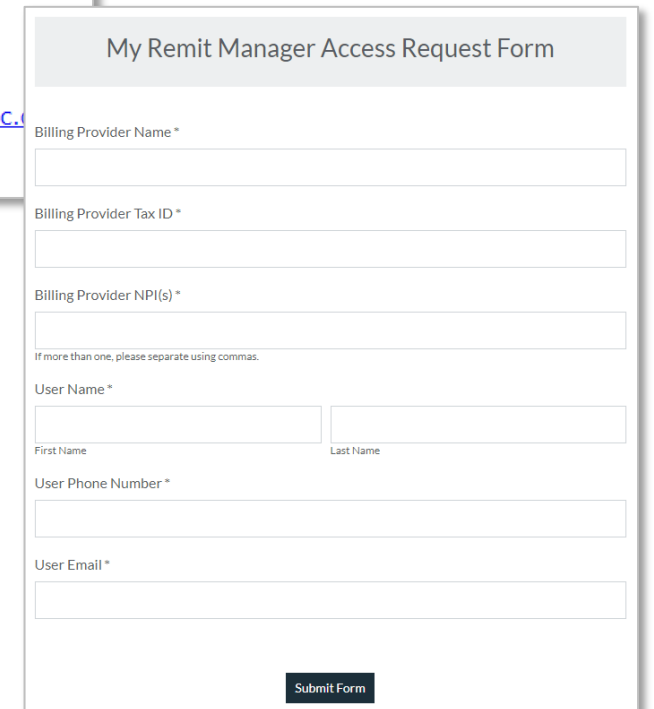
User Name:

Password:

Remember me next time.

Log In

Need to **Register?**  
Forgot **User Name or Password?**  
Contact BCBSSC EDI Services at [edi.services@bcssc.com](mailto:edi.services@bcssc.com).



My Remit Manager Access Request Form

Billing Provider Name \*

Billing Provider Tax ID \*

Billing Provider NPI(s) \*

If more than one, please separate using commas.

User Name \*

First Name Last Name

User Phone Number \*

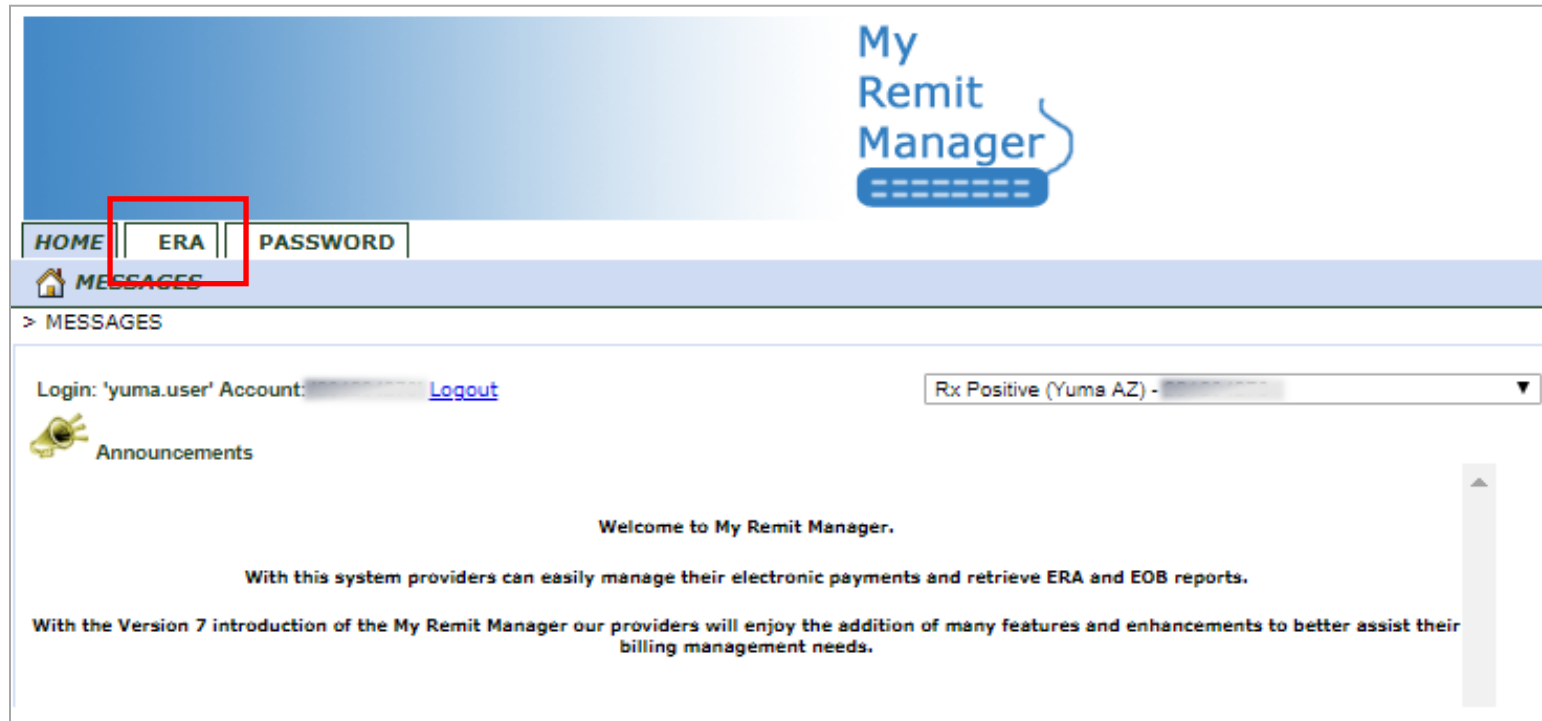
User Email \*

Submit Form

# MY REMIT MANAGER

## What You Will See

Click 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 is a navigation bar with three tabs: "HOME", "ERA", and "PASSWORD". The "ERA" tab is highlighted with a red rectangular box. Below the navigation bar is a "MESSAGES" section with a home icon and the text "MESSAGES". Underneath, there is a "MESSAGES" header. The main content area shows the user's login information: "Login: 'yuma.user' Account: [redacted] Logout" and a dropdown menu for "Rx Positive (Yuma AZ) - [redacted]". Below this is an "Announcements" section with a megaphone icon. The announcements text reads: "Welcome to My Remit Manager. With this system providers can easily manage their electronic payments and retrieve ERA and EOB reports. 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."

# MY REMIT MANAGER (MRM)

## ERA Tab – Check Date

- 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.schubel](#) Account: [164632682](#) Logout [Switch Accounts](#)

Select Date ▼

June 2021

<<	Sun	Mon	Tue	Wed	Thu	Fri	Sat	>>
>>	30	31	1	2	3	4	5	
>>	6	7	8	9	10	11	12	
>>	13	14	15	16	17	18	19	
>>	20	21	22	23	24	25	26	
>>	27	28	29	30	1	2	3	
>>	4	5	6	7	8	9	10	

Billed vs. Paid by Week

Order By: Name ▼ [Download ERA](#) [Download X12](#)

Search for:  [Search](#) [Select All](#) [Unselect All](#)

Hide Reconciled Payer: \*All Items ▼ Provider: \*All Items ▼

RECO	CHECK NUMBER	CHECK TYPE	CHECK DATE	POST DATE	BILLED	PAID	PROVIDER	PAYER	TYPE
Select <input type="checkbox"/>	00025	CH	6/15/2021	6/13/2021	1879.00	354.33	LO SU		5010
Select <input type="checkbox"/>	00004	CH	6/15/2021	6/13/2021	2188.00	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 – Check Date (Continued)

Select the account of the patient.

The screenshot displays the MY REMIT MANAGER interface, specifically the ERA Tab. The navigation menu includes HOME, REALTIME, CLAIMS, ERA, PASSWORD, and ADMIN. The main header shows CHECK DATE, POST DATE, PATIENTS, REPORTS, and DOWNLOAD ERA. The breadcrumb trail indicates the current view is CHECKS BY CHECK DATE > PATIENTS.

Search filters include Check Number/Date, Payer, Provider, and Status (set to All Items). A search box is available with a Search button. Links for ERA Patient Per Page, ERA Patient Listing, ERA Patient Summary, ERA Text, Export, Selected ERA Per Page, and Unselect All are provided.

The table shows 5 records (Records 1-5 of 5) with the following columns: ACCOUNT, PATIENT, STATUS, POLICY, Display POS, BILLED, and PAID. The ACCOUNT column is highlighted with a red box.

ACCOUNT	PATIENT	STATUS	POLICY	Display POS	BILLED	PAID
<a href="#">46184</a>	<a href="#">[REDACTED]</a>	<input type="checkbox"/> Processed as Primary	[REDACTED]	5/30/2021	456.00	170.62
<a href="#">46208</a>	<a href="#">[REDACTED]</a>	<input type="checkbox"/> Processed as Primary	[REDACTED]	6/2/2021	154.00	75.20
<a href="#">46039</a>	<a href="#">[REDACTED]</a>	<input type="checkbox"/> Processed as Secondary	[REDACTED]	5/13/2021	374.00	34.02
<a href="#">46157</a>	<a href="#">[REDACTED]</a>	<input type="checkbox"/> Processed as Primary	[REDACTED]	6/1/2021	141.00	47.92
<a href="#">46008</a>	<a href="#">[REDACTED]</a>	<input type="checkbox"/> Processed as Secondary	[REDACTED]	5/17/2021	754.00	26.57

# MY REMIT MANAGER

## Remittance

Below is an example of how the remittance will pull.

ERA Patient Listing											
Electronic Reproduction ASC 005010X221A1											
CHECK/EFT: 0000420012						CHECK DATE: 06/15/2021					
Account: 46030		POS: 11	HIC: 10072770	ICN: 10102210000	Provider: 1001277010 10100000 11100003						
Status: Processed as Secondary											
PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
161633693	05/20/2021	1		HC:99202	145.00	70.12			131.14	13.86	*OA 23 131.14
REMITTANCE SUMMARY					145.00	70.12	.00	.00	131.14	13.86	
TOTALS											
Denied/Non-Covered: 131.14											
*OA 23 131.14 [Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments]											
* Denotes Denied Or Non-covered Charges											
REMITTANCE SUMMARY											
					Billed	Allowed	Deduct	Coins	RC-Amt	PLB Adj	Paid
Totals					145.00	70.12	.00	.00	131.14	.00	13.86

# MY REMIT MANAGER

## ERA Tab – Patient Search

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

The screenshot shows the 'ERA' tab selected in the navigation menu. Below the menu is a toolbar with 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', followed by 'From Date' and 'To Date' input fields.
- Status:** A dropdown menu set to 'All Items', followed by a 'Provider' 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](#).

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



# M.D. CHECKUP

# M.D. CHECKUP

## Overview

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

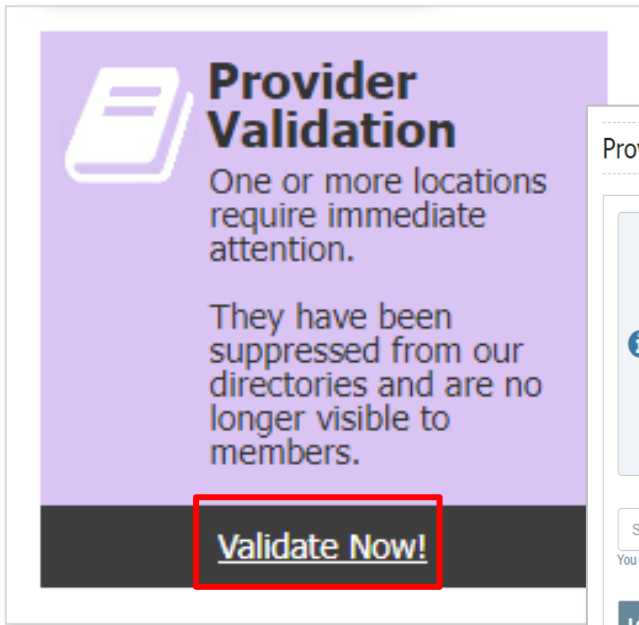
### Use M.D. Checkup to:

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



# REMINDERS

## Provider Directory Validation



**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	<a href="#">View &amp; Edit</a>
	Immediate review required.	

### Provider Data Validation - Location Details

Need help? [Ask Us](#)

[Verify Locations](#) > **Location Details**

Suppressed from Directories [Back](#) [Deactivate Location](#) [Edit](#) [Verify](#)

WDPC.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

## 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	View & Edit	Remove Location
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

View & Edit Remove Location

### Request to Remove Location

City, 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.

Remove Verification

mm/dd/yyyy

View & Edit

Remove Verification

View & Edit

Cancel Remove

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



# **MEDICAL FORMS RESOURCE CENTER**



# MEDICAL FORMS RESOURCE CENTER (MFRC)

## Overview

Web-based tool used to request prior authorizations.

### Use MFRC to:

- Submit prior authorization requests.
- Request peer-to-peer review.
- Receive priority processing.



# MEDICAL FORMS RESOURCE CENTER (MFRC)

## Three Easy Steps

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

**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	+

# MEDICAL FORMS RESOURCE CENTER (MFRC)

## Examples of Requests

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

DIAGNOSIS:  
PELVIC PAIN

COMPREHENSIVE 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:



# **VOICE RESPONSE UNIT**



# VOICE RESPONSE UNIT (VRU)

## Overview

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

### Use the VRU to:

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

## Guidelines and Tips

### Main Menu Functions

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

### Options Available for Eligibility and Benefits and Claims Status

- Fax
- Voice
- Voice, then Fax

### Please Have This Information Ready When You Call:

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





**THANK YOU FOR ATTENDING**

