



South Carolina

Self-service Tools

BlueCross BlueShield of South Carolina

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.



My Insurance ManagerSM Overview

Registration

- Visit one of our websites and select Providers.
 - www.SouthCarolinaBlues.com
 - www.BlueChoiceSC.com
 - www.HealthyBlueSC.com
- You will have the option to access My Insurance Manager from several pages under the Provider section.
- If you do not already have an account for My Insurance Manager, from the home page of the portal, select Register Now.

The screenshot shows the My Insurance Manager website. At the top left is the logo "My INSURANCE MANAGER SM". Below the logo is a login form with fields for "Username" and "Password", a "Login" button, and a "Register Now!" link. There are also links for "Forgot Username?" and "Forgot Password?". To the right of the login form is a promotional banner featuring a smiling female doctor in a white coat. The banner text reads: "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." Below the banner is a "Register Now" button.

Browser Requirements

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

- [Internet Explorer 10 or Higher*](#)
- [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.
* 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.

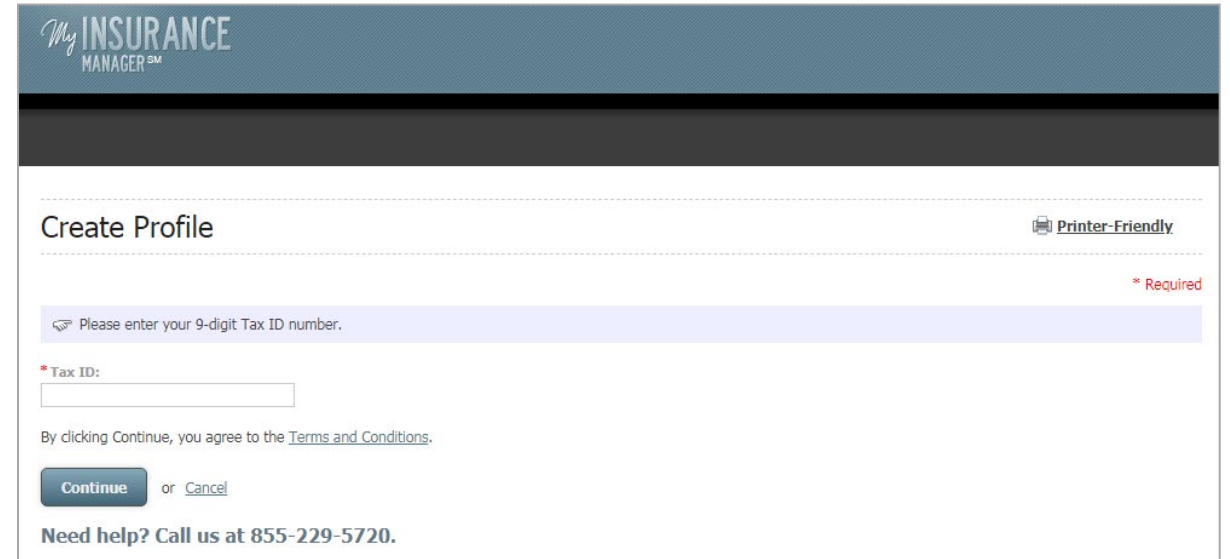
[Learn how](#) →

Are you accepting new patients?
Let us know!
Keep your practice in good standing by validating your practice information.

[Validate Now](#) →

Creating a Profile

- To create a profile in My Insurance Manager, you must have a 9-digit tax identification number (TIN).
- Enter the TIN in the appropriate field and select Continue.
- If you run into any technical issues, contact our technical support team at 855-229-5720.



The screenshot shows the 'My INSURANCE MANAGER SM' logo at the top left. The main heading is 'Create Profile' with a 'Printer-Friendly' link on the right. A light blue banner contains the instruction 'Please enter your 9-digit Tax ID number.' Below this is a text input field labeled '* Tax ID:'. A note states 'By clicking Continue, you agree to the [Terms and Conditions](#).' At the bottom, there are 'Continue' and 'Cancel' buttons, and a footer that reads 'Need help? Call us at 855-229-5720.'

Profile Information

- The information associated with the Tax ID will pre-populate.
 - If there are multiple locations for the practice, you will be given the option to select the primary location.
- Enter the remaining contact and login information.
- Select a security question and include the answer.
- 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.

Validating Profile

- If registering as the profile administrator, you must validate your profile by entering claim information or requesting a security code (recommended). Also, choose the delivery method for the code.
- After completing registration, it can take up to two business days for the profile to be approved.
 - If the practice already has a profile administrator, they must review and approve profile requests.
- When the profile is approved, use your username and password to log in.

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:

* Delivery Method:

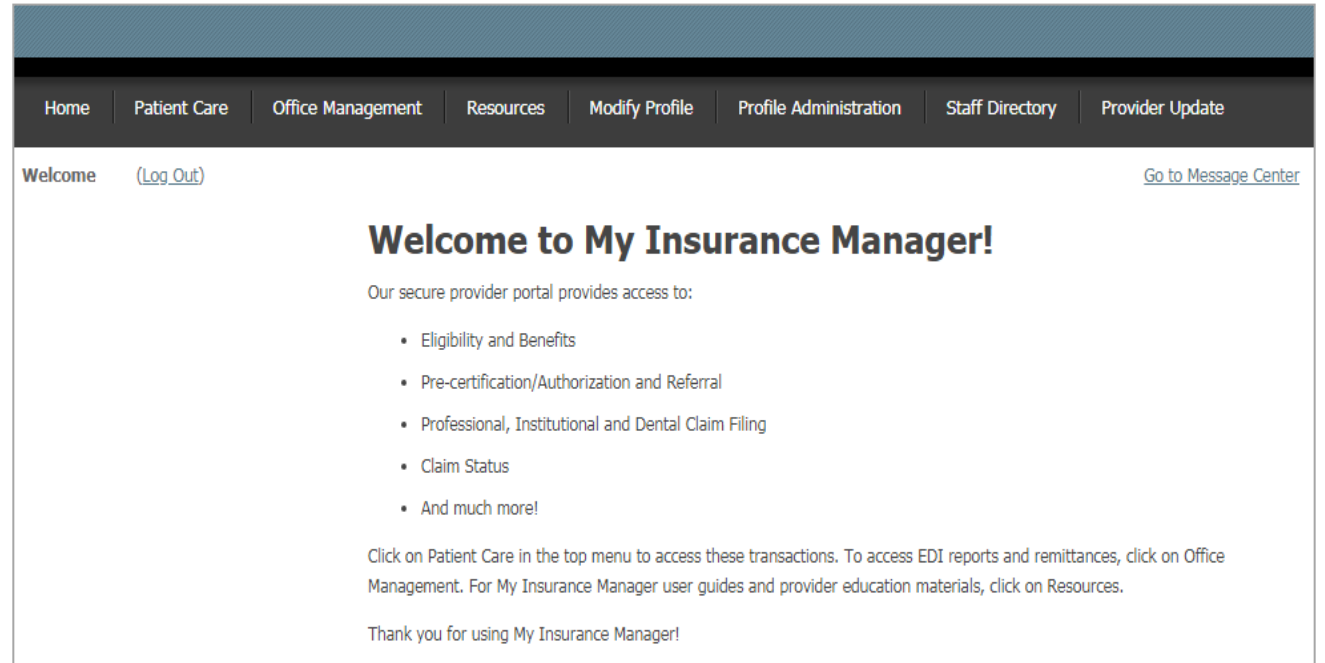
Email:

Fax:

Physical Address:

Navigational Options

- The following administrative tabs are located at the top of the home page:
 - Patient Care
 - Office Management
 - Resources
 - Modify Profile
 - Profile Administration
 - Only available for administrators
 - Staff Directory
 - Provider Update (MD Checkup)



Patient Care

- There are several options available under Patient Care. Some of the most common requests include:
 - Claims Status
 - Eligibility and Benefits
 - Institutional or Professional Claim Entry
 - Pre-certification/Referral

Patient Care	Office Management	Resources	Modify Profile
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	

Office Management

- There are several options available under Office Management. Some of the most common requests include:
 - EDI Reports
 - Remittance Information
 - Refund Letters
 - HEDIS® Quality Reports

Office Management	Resources	Modify Profile	Staff Directory
Health			
▶ EDI Reports		▶ HEDIS® Quality Reports	
▶ EFT/ERA Enrollment		▶ PCP Assignment	
▶ PCMH Reports		▶ Employer Group Care Reports	
▶ PCMH Patient Validation		▶ Provider Report Cards	
▶ Remittance Information		▶ Medicare Advantage Reports	
▶ Refund Letters			
Dental			
▶ EDI Reports		▶ Remittance Information	
▶ EFT/ERA Enrollment			

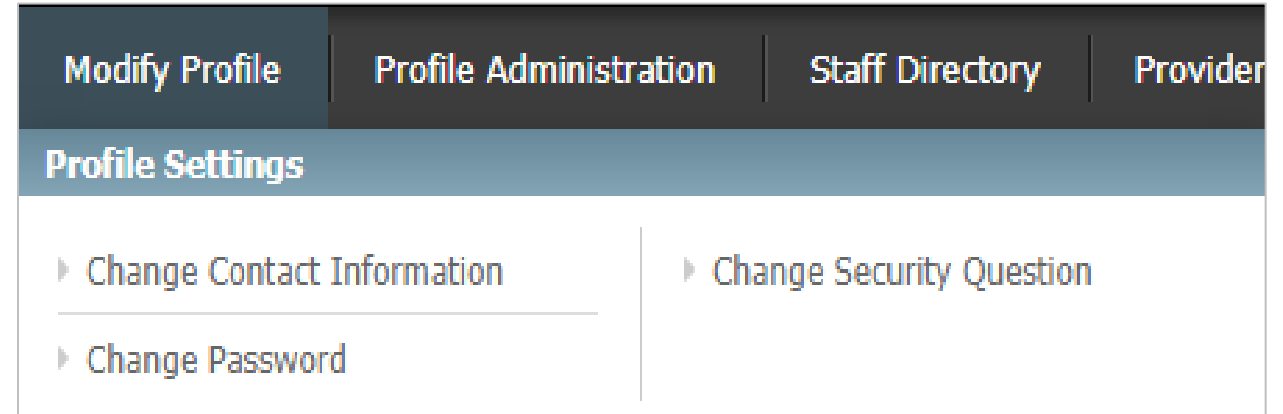
Resources

- There are several options available under Resources. Some of the most common requests include:
 - Find Care
 - Medical Policies
 - My Remit Manager

Resources	Modify Profile	Staff Directory	Provider Update
Tools			
▶ Access System News			▶ HealthyBlue Population & Demographics
▶ Avalon Lab Benefit Manager Provider Portal 			▶ MIM Report Test
▶ BlueChoice Find Care 			▶ Medical Policies
▶ Blue Cross Find Care 			▶ HealthyBlue Medicaid Medical Policies
▶ Code Search			▶ My Remit Manager 
▶ EDI Resources			▶ Provider News and Events
▶ FEP Website			▶ State Dental Plan Fee Schedule
▶ Forms			▶ State Health Plan Fee Schedule
▶ HealthyBlue Medicaid Find Care 			▶ State Insurance Benefits
▶ Lab/Biometric Data Upload			▶ Tools and Resources
▶ MCG Medical Care Guidelines			▶ Washington Publishing Company Claim Adjustment Reason Codes

Modify Profile

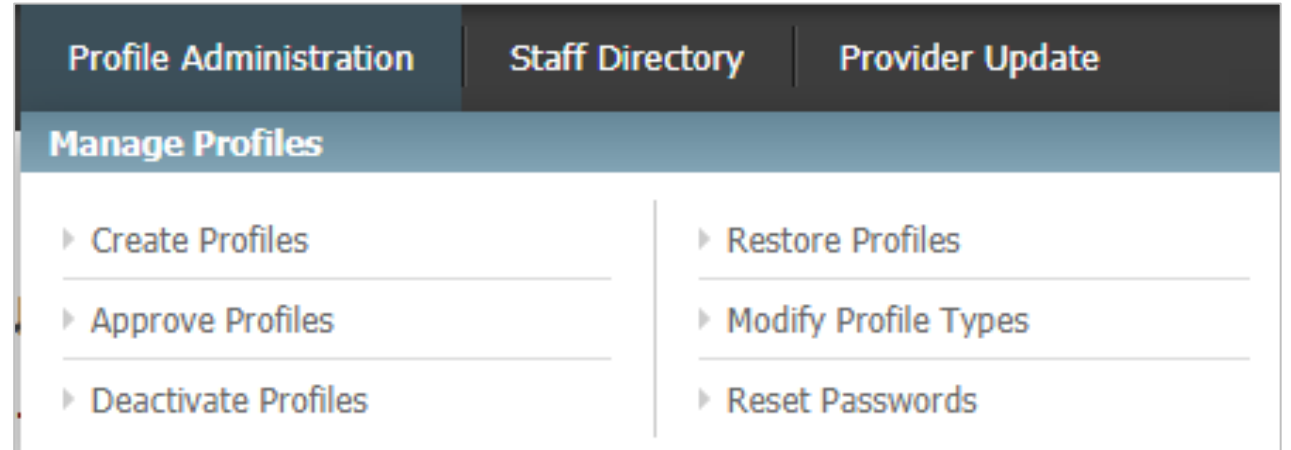
- Modify Profile gives the user three options related to their profile settings:
 - Change Contact Information
 - Change Password
 - Change Security Question



Modify Profile

- Only the profile administrator for the practice will have this tab. The administrator can manage the following options for profiles:
 - Create Profiles
 - Create individual profiles for staff members.
 - Approve Profiles
 - Approve profiles that were created by staff members.
 - Deactivate Profiles
 - Close profiles for staff members that no longer work for the practice.
 - Restore Profiles
 - Restore profiles that were deactivated.
 - Modify Profile Types
 - Change a profile type from staff member to profile administrator and vice versa.
 - Reset Passwords
 - Reset password for staff members.

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



Staff Directory

- The staff directory simply shows a list of profiles associated with the TIN.

Staff Directory

All Profiles for Tax ID: 123456789

Results (5)

Name ▲	Phone Number	Email	Location	Type
Alamy, Jennifer	(555) 234-5678	jamy@company.com	JOHN M JONES MD	Profile Administrator
Baker, Thomas	(555) 345-6789	tbaker@company.com	JOHN M JONES MD	Profile Administrator
Smith, John	(555) 456-7890	jsmith@company.com	JOHN M JONES MD	Office Staff
Teague, Robert	(555) 567-8901	rteague@company.com	JOHN M JONES MD	Profile Administrator
Teague, Susan	(555) 678-9012	susanteague@company.com	JOHN M JONES MD	Office Staff

Provider Update

- Providers have been required to verify their demographic data at least every 90 days since Jan. 1, 2022.
 - This implementation was part of the No Surprises Act.
- Validation allows us to maintain accurate directories.
- Verification can be completed in MD Checkup (Provider Update)
 - You can also respond to the email received from Provider.Directory@bcbssc.com.
- For outreach purposes, it is important to have the correct contact information on file.
 - If contact information needs to be updated for your practice, you can submit a support case in My Provider Enrollment Portal.
 - If contacts are different based on the location, be sure to include the specific details.

Provider Update

Troubleshooting Tips

- Complete the registration process to avoid limited access.
 - If credentialing is pending, be sure to wait until you receive confirmation that it is completed.
- Use one of the recommended browsers:
 - Internet Explorer 10 or higher
 - Mozilla Firefox
 - Google Chrome
 - Safari
- On Sundays, the portal is unavailable for maintenance from 5 p.m. to midnight.



My Insurance Manager Benefits and Eligibility

Getting Benefits through My Insurance Manager

Start Here

Step 1

Patient Care	Office Management	Resources	Modify Profile
Health			
<ul style="list-style-type: none">▶ Authorization Extension▶ Authorization Status▶ Claims Status▶ Eligibility and Benefits▶ Institutional Claim Entry▶ Other Health Insurance	<ul style="list-style-type: none">▶ Patient Directory▶ Pre-Certification/Referral▶ Superbill Maintenance▶ Pre-Service Review for Out-of-Area Members▶ Professional Claim Entry▶ Verify Primary Care Physician		
Dental			
<ul style="list-style-type: none">▶ Claims Status▶ Dental Claim Entry▶ Eligibility and Benefits▶ Other Dental Insurance	<ul style="list-style-type: none">▶ Patient Directory▶ Superbill Maintenance▶ Pre-Treatment Estimate Entry▶ Pre-Treatment Estimate Status		

Eligibility and Benefits

[Printer-Friendly](#)

*** Required**

Patient Selection

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

*** Member ID:**

include alpha prefix, if applicable

*** Patient's Date of Birth:**

mm/dd/yyyy

Additional Information [\[+\] show/hide](#)

*** Date of Service:**
04/30/2024
mm/dd/yyyy

*** Location:** **Primary ID:**

Getting Benefits through My Insurance Manager - General Benefits

Step 2 (When pulling general benefits.)

Eligibility Request

* Required

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.

Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

- General Eligibility and Benefits
- Eligibility and Benefits by Service Type
- Eligibility and Benefits by Procedure Code

Submit

Getting Benefits through My Insurance Manager - General Benefits Results

[Printer-Friendly](#)

Date of Service

04/30/2024

Insurance

Plan Name:
BLUECROSS AND BLUESHIELD OF SC

Plan ID:
38520

Member ID:
ZCZ065922516805

Group Number:
036011101

Member's Name:
MICHAEL TESTING

Patient

Patient's Name:
MICHAEL TESTING

Relationship to Member:
SUBSCRIBER

Gender:
MALE

Date of Birth:
10/01/1958

Address:
P O BOX 24015
COLUMBIA, SC 292244015

[Change Patient](#)

Response Details

Eligibility Response [\[±\]](#)

Policy Effective Date:

06/01/2002

Benefit Period:

04/01/2024 - 04/01/2025

[View Benefit Booklet for this patient](#)

IN AND OUT OF NETWORK

Global Benefits

This patient has active coverage.

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

INDIVIDUAL DEDUCTIBLE: **\$250.00** PER SERVICE YEAR - **\$250.00** REMAINING

INDIVIDUAL OUT OF POCKET: **\$750.00** PER SERVICE YEAR - **\$750.00** REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

FAMILY DEDUCTIBLE: **\$500.00** PER SERVICE YEAR - **\$500.00** REMAINING

FAMILY OUT OF POCKET: **\$1,500.00** PER SERVICE YEAR - **\$1,500.00** REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▼ 1- MEDICAL CARE			
This patient has active coverage.			
Insurance Type: INDEMNITY			
Plan Name: INDEMNITY			
For this service type, you will see only a covered/not covered message here and not full benefits details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code.			
▶ 33- CHIROPRACTIC	11- OFFICE		
▶ 35- DENTAL CARE			
▶ 47- HOSPITAL	22- ON-CAMPUS OUTPATIENT HOSPITAL		
▶ 48- HOSPITAL - INPATIENT	21- INPATIENT HOSPITAL		
▶ 50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		
▶ 51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL		
▶ 52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL		
▶ 86- EMERGENCY SERVICES	23- EMERGENCY ROOM - HOSPITAL		
▶ 88- PHARMACY			
▶ 98- SPECIALIST	11- OFFICE		
▶ 98- PROFESSIONAL (PHYSICIAN) VISIT - OFFICE	11- OFFICE		
▶ BZ- PHYSICIAN VISIT - OFFICE: WELL	11- OFFICE		
▶ MH- MENTAL HEALTH			
▶ UC- URGENT CARE	20- URGENT CARE FACILITY		

[Ask Provider Services](#)

[New Search](#)

[Back](#)

Getting Benefits through My Insurance Manager - Service Type

Step 2 (When pulling benefits by service type.)

Eligibility Request * Required

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.

Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits

Eligibility and Benefits by Service Type

Eligibility and Benefits by Procedure Code

*** Service Type Code:**
--Please Choose One--

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: (recommended)
Office - 11

Service Facility/Billing Location:

Rendering/Performing Provider:
JOHN M JONES MD

Other Service Types

ABORTION - 84
ACUPUNCTURE - 64
AIDS - 85
AIR TRANSPORTATION - 57
ALCOHOLISM - AJ
ALLERGY - GY
ALLERGY TESTING - 79
ALTERNATE METHOD DIALYSIS - 15
AMBULATORY SERVICE CENTER FACILITY - 13
ANESTHESIA - 07
ANESTHESIOLOGIST - 97
AUDIOLOGY EXAM - 71
BLOOD CHARGES - 10
BRAND NAME PRESCRIPTION DRUG - 91
BRAND NAME PRESCRIPTION DRUG - NON-FORMULARY - B3
BURN CARE - B1
Brand Name Prescription Drug - Formulary - B2
CABULANCE - 58
CANCER - 87

Getting Benefits through My Insurance Manager - Service Type Results

Printer-Friendly

Date of Service

04/30/2024

Insurance

Plan Name:
BLUECROSS AND BLUESHIELD OF SC

Plan ID:
38520

Member ID:
ZCZ065922516805

Group Number:
036011101

Member's Name:
MICHAEL TESTING

Patient

Patient's Name:
MICHAEL TESTING

Relationship to Member:
SUBSCRIBER

Gender:
MALE

Date of Birth:
10/01/1958

Address:
P O BOX 24015
COLUMBIA, SC 292244015

[Change Patient](#)

Response Details

Eligibility Response [±]

Policy Effective Date:

06/01/2002

Benefit Period:

04/01/2024 - 04/01/2025

[View Benefit Booklet for this patient](#)

IN AND OUT OF NETWORK

Global Benefits

This patient has active coverage.

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

INDIVIDUAL DEDUCTIBLE: **\$250.00** PER SERVICE YEAR - **\$250.00** REMAINING

INDIVIDUAL OUT OF POCKET: **\$750.00** PER SERVICE YEAR - **\$750.00** REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

FAMILY DEDUCTIBLE: **\$500.00** PER SERVICE YEAR - **\$500.00** REMAINING

FAMILY OUT OF POCKET: **\$1,500.00** PER SERVICE YEAR - **\$1,500.00** REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▼ 50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		
<p> This patient has active coverage.</p> <p>Insurance Type: INDEMNITY</p> <p>Plan Name: INDEMNITY</p> <p>THIS MEMBER CURRENTLY HAS AN HSA WITH A PAYMENT OPTION WHICH ALLOWS FOR AUTOMATIC PAYMENT DIRECTLY TO THE PROVIDER. QUALIFIED MEDICAL EXPENSES WITH THE EXCEPTION OF DENIED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT.</p> <p>RESPONSES TO ALL FUTURE DATED INQUIRIES ARE BASED ON THE PATIENT'S CURRENT BENEFITS AND ARE SUBJECT TO CHANGE.</p> <p>YOU HAVE REQUESTED BENEFITS FOR A MEMBER THAT HAS BENEFIT EXCEPTIONS AT THE PROCEDURE CODE LEVEL. TO OBTAIN MORE SPECIFIC INFORMATION, PLEASE REQUEST BENEFITS ON MY INSURANCE MANAGER USING A SPECIFIC PROCEDURE CODE AND DIAGNOSIS CODE.</p> <p>View Additional Messages</p> <p>INDIVIDUAL COINSURANCE: 15%</p>			
▶ 51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL		
▶ 52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL		
▶ A0- PROFESSIONAL (PHYSICIAN) VISIT - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		

[Ask Provider Services](#)

[New Search](#)

[Back](#)

Getting Benefits through My Insurance Manager - Procedure Code

Step 2 (When pulling benefits by procedure code.)

Eligibility Request * Required

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.
Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits

Eligibility and Benefits by Service Type

Eligibility and Benefits by Procedure Code

*** Procedure Code:**

Modifiers:

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: (recommended)

Service Facility/Billing Location:

Rendering/Performing Provider:

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.
Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits

Eligibility and Benefits by Service Type

Eligibility and Benefits by Procedure Code

*** Procedure Code:**

Modifiers:

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: (recommended)

Service Facility/Billing Location:

Rendering/Performing Provider:

Getting Benefits through My Insurance Manager - Procedure Code Results

 [Printer-Friendly](#)

Date of Service

04/30/2024

Insurance

Plan Name:
BLUECROSS AND BLUESHIELD OF SC

Plan ID:
38520

Member ID:
ZCZ065922516805

Group Number:
036011101

Member's Name:
MICHAEL TESTING

Patient

Patient's Name:
MICHAEL TESTING

Relationship to Member:
SUBSCRIBER

Gender:
MALE

Date of Birth:
10/01/1958

Address:
P O BOX 24015
COLUMBIA, SC 292244015

[Change Patient](#)

Response Details


Eligibility Response [±]

Policy Effective Date:

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INDIVIDUAL DEDUCTIBLE: \$250.00 PER SERVICE YEAR - \$250.00 REMAINING

INDIVIDUAL OUT OF POCKET: \$750.00 PER SERVICE YEAR - \$750.00 REMAINING


OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

FAMILY DEDUCTIBLE: \$500.00 PER SERVICE YEAR - \$500.00 REMAINING

FAMILY OUT OF POCKET: \$1,500.00 PER SERVICE YEAR - \$1,500.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▼ CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES- 99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	11- OFFICE		

 This patient has active coverage.

Insurance Type: INDEMNITY

Plan Name: INDEMNITY

THIS MEMBER CURRENTLY HAS AN HSA WITH A PAYMENT OPTION WHICH ALLOWS FOR AUTOMATIC PAYMENT DIRECTLY TO THE PROVIDER. QUALIFIED MEDICAL EXPENSES WITH THE EXCEPTION OF DENIED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT.

RESPONSES TO ALL FUTURE DATED INQUIRIES ARE BASED ON THE PATIENT'S CURRENT BENEFITS AND ARE SUBJECT TO CHANGE.

YOU HAVE REQUESTED BENEFITS FOR A MEMBER THAT HAS BENEFIT EXCEPTIONS AT THE PROCEDURE CODE LEVEL. TO OBTAIN MORE SPECIFIC INFORMATION, PLEASE REQUEST BENEFITS ON MY INSURANCE MANAGER USING A SPECIFIC PROCEDURE CODE AND DIAGNOSIS CODE.

[View Additional Messages](#)

INDIVIDUAL COINSURANCE: 15%

[Ask Provider Services](#)

[New Search](#)

[Back](#)



My Insurance Manager Claims Submission

Submitting Claims through My Insurance Manager

- There are seven screens that you will progress through when using My Insurance Manager to submit professional health claims:
 - Plan Information
 - Provider Information
 - Patient Information
 - Claim Information
 - Claim Line Information
 - Review
 - Confirmation
- The screens for institutional and dental claims will include an additional screen.

Start Here

Patient Care	Office Management	Resources	Modify Profile
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	

Submitting Claims through My Insurance Manager - Plan and Provider Information

Step 1

Professional Claim Entry
 Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Line Information
Review
Confirmation

Plan Information

Submitter Information

If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page.

Name:	ID:	Email Address:
Terrence Archie	123456789	[Redacted]
Phone:	Extension:	Fax:
(603) 221-6222	Not Available	Not Available

Plan Information

Choose the Plan under which the patient had insurance coverage on the date(s) of service. We require both a From Date of Service and a To Date of Service. If this claim is for a single date of service, enter the same date in both fields.

* Plan:	* Is the selected plan the primary payer?
--Please Choose One--	Yes
* From Date of Service:	To Date of Service:
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>

Continue
X Cancel this claim

Date of Service

04/24/2024

Insurance

Plan Name: BlueCross BlueShield Plans

Provider Information

Billing Location Information

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

Choose a Billing Provider

Provider ID Type:

Primary ID (NPI)

Provider ID:

4444444440

Provider's Name:

JOHN M JONES MD

*** Address Line 1:** **Address Line 2:**

*** City:** *** State:** *** ZIP Code:** -

*** Provider Accepts Assignment:** *** Provider Signature on File:**

Specialty/Taxonomy Code: Search

Rendering Provider Information

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

Step 2

Professional Claim Entry
 Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Line Information
Review
Confirmation

Date of Service

04/24/2024

Insurance

Plan Name: BlueCross BlueShield Plans

Provider Information

Billing Location Information

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

Choose a Billing Provider

Provider ID Type:

Primary ID (NPI)

Provider ID:

4444444440

Provider's Name:

JOHN M JONES MD

*** Address Line 1:** **Address Line 2:**

*** City:** *** State:** *** ZIP Code:** -

*** Provider Accepts Assignment:** *** Provider Signature on File:**

Specialty/Taxonomy Code: Search

Rendering Provider Information

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

Submitting Claims through My Insurance Manager - Patient and Claim Information

Step 3

Professional Claim Entry Printer-Friendly

Plan Information **Patient Information** Claim Information Claim Line Information Review Confirmation

Date of Service: 04/24/2024

Insurance: Plan Name: BlueCross BlueShield Plans

Patient Information

Patient Details

Please note: Changes made to this information will not be updated in your Patient Directory.

Enter the Member ID as shown on the member's ID card.

Choose a Patient or enter the information here.

* Member ID: ZCZ769902477864 * Relationship to Member: SELF * Patient Account Number: ABC123
include alpha prefix, if applicable

* Last Name: Testing * First Name: Michael * M.I.: * Suffix:

* Date of Birth: 10/01/1958 * Gender: MALE
mm/dd/yyyy

* Country: United States

* Address Line 1: P.O. Box 24011 * Address Line 2:

* City: Columbia * State: South Carolina * ZIP Code: 29224 -

Patient Consent

* Benefits Assigned to Provider: Yes

Step 4

Professional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information **Claim Information** Claim Line Information Review Confirmation

Date of Service: 04/24/2024

Insurance: Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ769902477864

Claim Information

Superbill Information

Please note: Based on the date of service for this claim, the list of Superbill Templates may include ICD-9 and ICD-10 templates. You can convert ICD-9 to ICD-10 by selecting "Create a New or Edit an Existing Template".

Choose a Superbill Template: None

Create a New or Edit an Existing Template

Service Information

* Place Of Service: Office - 11 * Medical Record Number:

* Claim Type: Original Claim

Claim Entry Options

Please choose the information that you want to add to this claim.

Ambulance Information Medicare Information
 Accident Information Prior Authorization or Referral Number
 Claim Note Information Service Facility Information
 Hospitalization Date(s)

Continue or Back Cancel this claim

Submitting Claims through My Insurance Manager - Claim Line Information and Review

Step 5

Professional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information Claim Information **Claim Line Information** Review Confirmation

Date of Service
04/24/2024

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ769902477864

Patient
Patient's Name: Michael Testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Line Information * Required

Claim Amounts

Please note: We will calculate the Total Claim Charges automatically based on the amounts you enter on the claim lines.

Total Claim Charges: \$ 0.00 Patient Paid: \$ Total Number of Lines: 1

Diagnosis Codes

Please note: At least one diagnosis code is required.

*Diagnosis Codes

Claim Lines

Please note: You must identify a Rendering Provider on all claim lines when these services were not rendered by the Billing Provider or by the Rendering Provider identified earlier.
You must identify a Referring Provider on all claim lines when these services are related to a referral.

Line 1

*Procedure: Modifiers: *Charges: \$

*Unit Type: --Please Choose One-- *Unit(s):

*From Date of Service: 04/24/2024 To Date of Service: Primary and Secondary Diagnosis Codes:

mm/dd/yyyy mm/dd/yyyy

Place of Service: Procedure Description:

Step 6

Professional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information Claim Information Claim Line Information **Review** Confirmation

Date of Service
04/24/2024

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ769902477864

Patient
Patient's Name: Michael Testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Review

This is a summary of the claim information you are about to submit. Please make any necessary changes and submit.

Provider Information

Submitter's Name: Terrence Archie Billing Location: JOHN M JONES MD Plan: BlueCross BlueShield Plans

Patient Information

Member ID: ZCZ769902477864 Date of Birth: 10/01/1958 Gender: MALE
Patient's Name: Michael Testing Patient Account Number: ABC123

Claim Information

This is a claim-level summary. Click Add Additional Claim Information to add information that applies to the entire claim.
If another payer is primary on this claim and you wish to add or edit adjustments at the claim level, click Claim Level Adjustments. To add or edit adjustments at the line level, see the Claim Line Information section below.

Total Charges: \$ 250.00 Dates of Service: 04/24/2024

[Add Additional Claim Information](#)

Claim Line Information

Line	Procedure	From Date of Service	Charges	Additional Line Information
1	99213	04/24/2024	\$ 250	Add

Submitting Claims through My Insurance Manager - Confirmation

Professional Claim Entry

 [Printer-Friendly](#)

Plan Information Provider Information Patient Information Claim Information Claim Line Information Other Payer Information Adjustments Review **Confirmation**

Date of Service

04/24/2024

Insurance

Plan Name:

BlueCross BlueShield Plans

Member ID:

ZCZ769902477864

Patient

Patient's Name:

michael testing

Relationship to Member:

SELF

Gender:


MALE

Date of Birth:

10/01/1958

Claim Confirmation

 Please note: We have received and are processing your claim. Here is your claim number.

 Click on View Patient Receipt for a printable receipt detailing the patient's liability. Receipts are only available for claims that have finalized. The View Patient Receipt button will not appear for claims that require further processing.

Confirmation

Claim Number:

41XX232000000

Member ID:

ZCZ769902477864

Patient's Name:

michael testing

Patient's Date of Birth:

10/01/1958

Patient's Gender:

Male

[Create New Claim](#)

[View Claim Status](#)



My Insurance Manager Claims Status

Checking Claims Status through My Insurance Manager

Start Here

Patient Care	Office Management	Resources	Modify Profile
Health			
<ul style="list-style-type: none">▶ Authorization Extension▶ Authorization Status▶ Claims Status▶ Eligibility and Benefits▶ Institutional Claim Entry▶ Other Health Insurance	<ul style="list-style-type: none">▶ Patient Directory▶ Pre-Certification/Referral▶ Superbill Maintenance▶ Pre-Service Review for Out-of-Area Members▶ Professional Claim Entry▶ Verify Primary Care Physician		
Dental			
<ul style="list-style-type: none">▶ Claims Status▶ Dental Claim Entry▶ Eligibility and Benefits▶ Other Dental Insurance	<ul style="list-style-type: none">▶ Patient Directory▶ Superbill Maintenance▶ Pre-Treatment Estimate Entry▶ Pre-Treatment Estimate Status		

Step 1

Claims Status Printer-Friendly

* Indicates required field.

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:
BlueCross BlueShield Plans

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

Additional Information [±]

Continue

Note: Searching for claims using the member's ID number is the recommended option.




Checking Claims Status through My Insurance Manager - Claim Summary List

Step 2

Claims Summary List (click a column title to sort)

Showing 3 Results

List of health claims

<u>Claim Number</u>	<u>Claim Status</u>	<u>Primary ID</u>	<u>Beginning Date of Service</u> ▼	<u>Process Date</u>	<u>Total Charges</u>
 207103LDG0000	PROCESSED	15	03/07/2022	03/12/2022	\$81.00
 207404P250000	PROCESSED	16	03/07/2022	03/15/2022	\$130.50
 2029023B80000	PROCESSED	16	01/18/2022	01/31/2022	\$362.00

Ask Provider Services

Checking Claims Status through My Insurance Manager - Claim Details

Claim Number: 207103LDG0000

Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.

Primary Status:
FINALIZED-THE CLAIM/ENCOUNTER HAS COMPLETED THE ADJUDICATION CYCLE AND NO MORE ACTION WILL BE TAKEN.

Patient Liability Detailed Status Information Additional Status Information

Detail

Status Effective Date: 03/12/2022 Date(s) of Service: 03/07/2022 - 03/07/2022 Processed Date: 03/12/2022

Primary ID: 1568419976 Organization or Provider's Name: UNIVERSITY OF VERMONT

Total Charges: \$81.00 Amount Paid: \$0.00 Bill Type: 141

Patient Account Number: 2402695600

Here is a list of the line items associated with this claim. Showing 1 Result

Line Summary List

Line Item	Line Status	Date(s) of Service	Line Charges	Amount Paid
01	PROCESSED	03/07/2022 - 03/07/2022	\$81.00	\$0.00

Revenue Code:
0310 - LABORATORY PATHOLOGICAL,0,GENERAL CLASSIFICATION

Procedure Code:
S1310 - LABORATORY PA

Previous Claim Next Claim Ask Provider Services or Back

Claim Number: 207103LDG0000

Check your remittance voucher for any other non-covered or non-allowed charges which may be the member's responsibility.

Patient Liability

Please note: The amount in the Other field includes any non-covered charges that are not copayments, deductibles or coinsurance. This amount may also include reimbursements from the member's Health Reimbursement Account. For more specific details, please see your remittance advice for this claim.

Deductible:	Copayment:	Coinsurance:	Other:	Total:
\$72.42	\$0.00	\$0.00	\$0.00	\$72.42

Back

Status Details

FINALIZED-THE CLAIM/ENCOUNTER HAS COMPLETED THE ADJUDICATION CYCLE AND NO MORE ACTION WILL BE TAKEN.

107 - PROCESSED ACCORDING TO CONTRACT/PLAN PROVISIONS

Additional Status Information

Description:
CLAIM HAS PROCESSED



My Insurance Manager Ask Provider Services

Ask Provider Services Feature

- Ask Provider Services is a feature in My Insurance Manager that lets you submit secured web inquiries for help with claims.
- This feature is intended to assist with complex issues and not general claim questions where the answers can be found in the portal or the VRU.

Examples of appropriate requests	Examples of inappropriate requests
Why was line one of the claim denied as noncovered?	What is the status of the claim?
Has the member returned the coordination of benefits questionnaire?	Has the claim been processed?
I need clarification regarding a recent recoupment made on the claim for date of service 01/30/2025.	Did you receive the medical records for this claim?
Claim denied for no authorization, but the authorization number is on file under 123456789.	Is there a claim on file for date of service 07/10/2025?

Submitting Web Inquiries

- From the claim screen, select Ask Provider Services.
- Enter all the necessary information in the available fields.
- Be sure to ask clear, probing questions.
- Select Submit Question.

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](#)

Viewing Web Inquiries

- To view responses to your inquiries:
 - Select Go to Message Center.
 - You can narrow the results by entering the ID number and selecting specific months.
- Provider Administrators can view all the web inquiries submitted and responses received under the Tax ID.
 - Enter the member's ID number and select the staff member from the drop-down menu.

[Go to Message Center](#)

Search by Member ID: Select a Plan...

Last 30 Days Results (0)

Message Tools Last 30 Days

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

Office Staff View

Message Center

Please note: The Message Center will only show mail you submitted through My Insurance Manager. This mailbox will not show other communications you may receive from us, such as faxes or regular mail, that may relate to your questions.

Search by Member ID: Select a Plan...

Search by Staff Member:

Staff Member:

Last 90 Days Results (4)

Message Tools Last 90 Days

Date ▲	Subject
<input type="checkbox"/> 01/16/2024	HEALTH - Eligibility Question - KRISTA FUNDERBURK
<input type="checkbox"/> 01/16/2024	HEALTH - Claim Status Inquiry - KRISTA FUNDERBURK
<input type="checkbox"/> 01/16/2024	HEALTH - Claim Status Inquiry - KENNETH CATOE
<input type="checkbox"/> 01/16/2024	HEALTH - Claim Status Inquiry - LAWIS TAYLOR

Administrator View



My Insurance Manager STATchatSM

STATchatSM

- STATchat is a feature that let's you speak with a Provider Services representative.
- The feature is available through My Insurance Manager.
- System requirements include:
 - A current version of Adobe Flash Player
 - A compatible web browser, such as Microsoft Edge or Google Chrome.
 - A headset or standalone microphone with speakers connected to your computer.
- The operation hours may vary by line of business.

The image displays two overlapping screenshots of the STATchat interface. The background screenshot shows a form titled "STATchat" with a red asterisk indicating a required field. The form includes a disclaimer, contact preferences (radio buttons for "Submit your question online" and "Talk to Provider Services online"), and fields for "Inquiry Name" (BlueCross BlueShield Plans), "Inquiry Reason" (Claim Status Inquiry), "Patient's First Name" (j), "Patient's Last Name" (K), "Patient's Member ID" (8199Q), "Location" (with a "Select" button), and "Primary ID" (1). A "Launch STATchat" button is at the bottom. The foreground screenshot shows a Google Chrome window titled "STATchat - Google Chrome" with the URL "myhealthtoolkit.com/wps/myportal/hcp/providers/utilities/ask...". The interface is split into two main sections: "STATchat" on the left and "Hang Up" on the right. The "STATchat" section shows "Status: Connected" and "Call Id: 8789141651". The "Hang Up" section has a "Wearing a headset?" checkbox and a numeric keypad (1-9, *, 0, #). Below these sections are "MUTE" and "KEYPAD" buttons. At the bottom, there are "Details" and "Log" tabs, and a "Details" panel showing "Automatic Number Identification" (8789141651), "Session ID", and "Provider Tax ID" (571098556).



My Insurance Manager
Cohere Health®

Getting an Authorization

- Access My Insurance Manager.
- Select Patient Care.
- Select Precertification/Referral.
- If the request is for **specialty drugs**, select the appropriate link at the top of the next page.
- For all other services, select Go to Cohere Health.

Health

- ▶ Authorization Extension
- ▶ Authorization Status
- ▶ Claims Status
- ▶ Eligibility and Benefits
- ▶ Institutional Claim Entry
- ▶ Patient Directory
- ▶ Pre-Certification/Referral
- ▶ Superbill Maintenance
- ▶ Pre-Service Review for Out-of-Area Members

Specialty Medical Benefit Management (SMBM) medication prior authorizations click [here](#). Printer-Friendly

Prior Authorization

ⓘ We have enhanced the prior authorization experience!
We are partnered with Cohere Health® to integrate the Cohere intelligent prior authorization platform with our health plan's administrative rules, clinical policies, and expert clinical insights. This powerful combination allows for a faster, more efficient prior authorization experience, ensuring smoother operations and better outcomes. Our goal is an enhanced prior authorization submission process, that decreases administrative steps and accelerates approvals for our provider partners and our members.

The platform includes:

- Member eligibility verification
- Provider network verification
- Prior authorization requirements
- Verification of vendor managed codes
- Required medical record elements
- Expanded fast track approvals and real time responses
- Clinical policy alignment
- Digital submission of medical records
- Automated notifications
- Digital letters - approvals and denials and automated notifications
- Editing capabilities for specific prior authorization submission inputs

Planned Administrator requests should continue through the current methods. All other plans, please click the link below.

[Go to Cohere Health®](#) [Ask Health Care Services](#)

Cohere Health - Landing Page

- When you reach the landing page of the new platform, you will see a full listing of authorizations under your tax identification number (TIN).
- The authorizations can be filtered by:
 - All
 - Upcoming
 - Pending review
 - Approved
 - Denied
 - Draft
 - Withdrawn
 - Completed
- You can also search for a specific patient or authorization.
- To start a new request, select Start auth request.

The screenshot displays the Cohere Health landing page for a user in South Carolina. The page features a header with the South Carolina logo, 'powered by Cohere Health', and links for 'Support' and 'My account'. A search bar is located at the top, with a 'Start auth request' button to its right. Below the search bar, there are filters for 'Health plan' (All, BCBS South Carolina, Humana) and 'Status' (All (316), Upcoming (116), Pending review (2), Approved (22), Denied (7), Draft (2), Withdrawn (95), Completed (200)). The main content area shows a list of authorizations for 'Doe, John' (DOB: 01/26/1965, Member ID: 10119152022, Health plan: BCBS South Carolina). The list is sorted by 'Most recent'. Each authorization entry includes details such as 'Services', 'Procedure codes', 'Submission date', and 'Dates of service'. The first two entries are 'Approved' and include a 'Start continuation' link. The third entry is a 'Draft' and includes 'Delete' and 'Continue' links. The fourth entry is partially visible at the bottom of the screen.

Services	Procedure codes	Submission date	Dates of service
Physical Therapy, Speech Therapy	97110, 97112, 92507	05/15/2024 3:45 PM	06/15/2024 - 09/30/2024
Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI-SPECT),...	78451, 78452, 93015	05/15/2024 3:45 PM	06/15/2024 - 09/30/2024
Physical Therapy	97110	--	12/01/2022 - 03/01/2023

Cohere Health - Patient Search

- Enter the member's ID number.
- Enter the member's date of birth.
- Select Start auth request next to the appropriate member in the results.

Patient search

Find a patient: all information required.

Health plan member ID
H91001351

Member date of birth (MM/DD/YYYY)
07/11/1982

Search

1 RESULT

Shar
Hum
[Patient summary](#)

Start auth request

Cohere Health - Primary Details

- Select whether the service is outpatient or inpatient.
- Include the diagnosis and procedure codes.
 - Be sure to include any potential codes that could be billed for the services being rendered.
- Select Continue.

The screenshot shows a web form titled "Tell us about your request" for patient "Doe, John" (DOB: 09/16/1986) at "South Carolina", powered by "Cohere Health". The form includes the following sections:

- Request details:** Radio buttons for "Outpatient" (selected) and "Inpatient". A "Start date" field contains "06/01/2024".
- Diagnosis codes:** A "Primary diagnosis code" field contains "M48.06". A "Search for secondary diagnosis codes (optional)" field is empty.
- Procedure codes:** A "CPT/HCPCS codes" field contains "63047" with a close button (x).

At the bottom of the form, there are three buttons: "Save and exit" (with a floppy disk icon), "Cancel", and "Continue".

Cohere Health - Provider Details

- Use the tax identification number (TIN) search feature to provide the provider details:
 - Ordering provider
 - Performing or attending provider
 - Performing facility or agency
- Manually entering provider data could result in receiving a notice that the provider is out-of-network.
 - If this happens, proceed with the request, and the provider's network status will be reviewed manually for accuracy once received.
- Select Continue.

The screenshot shows a web form titled "Providers" with the following sections:

- Care setting:** Radio buttons for "Outpatient" (selected) and "Inpatient".
- Place of service:** A dropdown menu.
- Ordering provider:** A search box with the placeholder "Search for an ordering provider by NPI, TIN, or name" and a magnifying glass icon. To the right are buttons for "TIN" and "Address", each with a magnifying glass icon. A blue pill-shaped button below the search box contains the text "+ Bailey, Christopher Eric MD".
- Performing or attending provider:** A checkbox labeled "Performing is the same as the ordering" which is currently unchecked. Below it is a search box with the placeholder "Search for a performing or attending provider by NPI, TIN, or name" and a magnifying glass icon. To the right are buttons for "TIN" and "Address", each with a magnifying glass icon. A blue pill-shaped button below the search box contains the text "+ Bailey, Christopher Eric MD".
- Performing facility or agency:** A search box with the placeholder "Search for a performing facility or agency by NPI, TIN, or name" and a magnifying glass icon. To the right are buttons for "TIN" and "Address", each with a magnifying glass icon. A blue pill-shaped button below the search box contains the text "+ 1ST START HEALTHCARE SERVICES".

At the bottom of the form, there is a blue button labeled "Save and exit".

Cohere Health - Results

- The top portion displays which of the requested codes require authorization.
- The bottom portion displays which codes do not require authorization.
- There's an option to expedite the request if it's urgent.
- Select Continue.

The screenshot displays a medical authorization form interface. At the top, a green checkmark icon is followed by the text "Requires authorization". Below this, there are two date input fields: "Start date" with the value "04/30/2024" and "End date" with the placeholder "mm/dd/yyyy".

The first section is titled "Physical Therapy (PT)". It includes a "Number of visits" input field with the value "1". Below this is a procedure code "97110" with a description: "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility". A blue link "Add a procedure code" is present below the code.

The second section is titled "Total Knee Arthroplasty (TKA)". It features a procedure code "27447" with a description: "Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)". A "Units" input field has the value "1". A "Remove" button is located to the right of the code. A blue link "Add a procedure code" is also present.

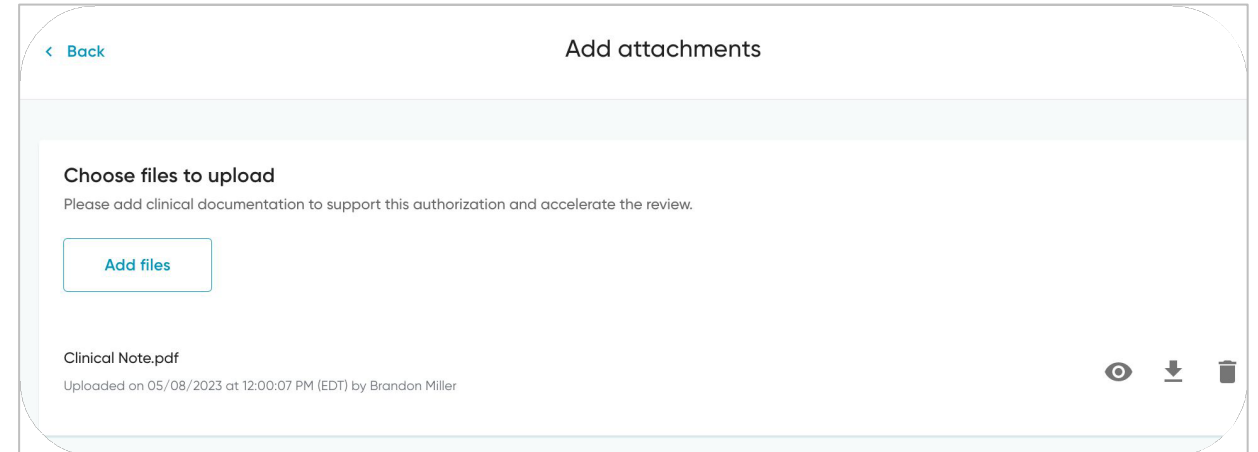
Below these sections is an "Expedite" checkbox, which is currently unchecked.

At the bottom of the form, there is a section with a warning icon and the text "Doesn't require authorization in most cases". Below this text is a procedure code "93798". To the right of this section is a "Download PDF" button with a dropdown arrow.

At the very bottom of the interface, there are two buttons: "Save and exit" on the left and "Continue with 2 codes" on the right.

Cohere Health - Clinicals


- Upload all relevant clinical documentation.
- There is an option to review the uploaded items before moving forward.
 - If the uploaded documents aren't needed, there's an option to remove them.
- Select Continue.




Cohere Health - Submit Request



- Review all the relevant information.
 - The orange box displays if there is a possible duplicate request on file. Review the current authorizations (whether approved or pending) to avoid submitting an unnecessary duplicate request that would eventually be voided.
 - The purple box displays if there is an expedited request, but based on the services and clinicals, there's no evidence supporting the need for it to be expedited. The provider will be asked to consider changing the request to "not expedited" by selecting Accept. If not, they can continue with the expedited request.
- Select Submit services.


[Back](#) Review services before submitting

 **Physical Therapy (PT), Total Knee Arthroplasty (TKA)**

This request duplicates an existing one
Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.


 You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.

 **Draft**
Tracking #WKGB4665  **Delete**

Details  [Edit](#)

Primary diagnosis	M25.561 - Pain in right knee
Secondary diagnosis	--
Care setting	Outpatient
Place of service	Ambulatory Surgical Center

[Save and exit](#) **Submit services**


1 evidence-based suggestion to improve your request:

Expedited → Not expedited
The coverage and/or services on this request do not meet the requirements for an expedited request. [Accept](#)

Cohere Health - Confirmation

- A faxed confirmation notice will be received once the request is submitted.



South Carolina
powered by Cohere Health

From: **Cohere Health** Date requested: **05/01/2024**

We are confirming the receipt of your service request

To review the status of your request please go online to next.coherehealth.com/check_status

Response

i **Still faxing?** If so, you're missing out on timesaving benefits, including immediate auth decisions and transparent in-app clinical guidelines only available when using the CohereNext:® web portal to manage preauthorizations. Registration only takes a few minutes, and unlocks access for all users at your practice organization. Visit www.coherehealth.com/register to begin.

Tracking #: **NPOA6057**

Patient: **John Doe** Patient DOB: **01/26/1965**

CPT/HCPCS code: **63047**

Units (If applicable): **1**



Dates of service: **06/01/2024 – 09/30/2024**

Please note: Physical therapy, occupational therapy, and speech therapy are not considered "urgent" services as defined in the Medicare Managed Care Manual. Therefore, Cohere Health will process all such requests according to standard timeframes.

For answers to questions regarding the Cohere systems and available resources please go online to <https://coherehealth.zendesk.com> or <https://coherehealth.com/resources>

Cohere Health - Notifications

- Notification is sent whether the authorization request is approved or denied.
- Select View service summary to see the details of the outcome.

 South Carolina | powered by  Cohere Health

Your request has been approved

Tracking #: **NPOA6057**
Dates of service: **06/01/2024 – 09/30/2024**

Hello <user's name>,

Thank you for submitting a service request with Cohere Health. We have reviewed your request and it has been approved. More information about this decision (including the authorization number) is available in the service summary.

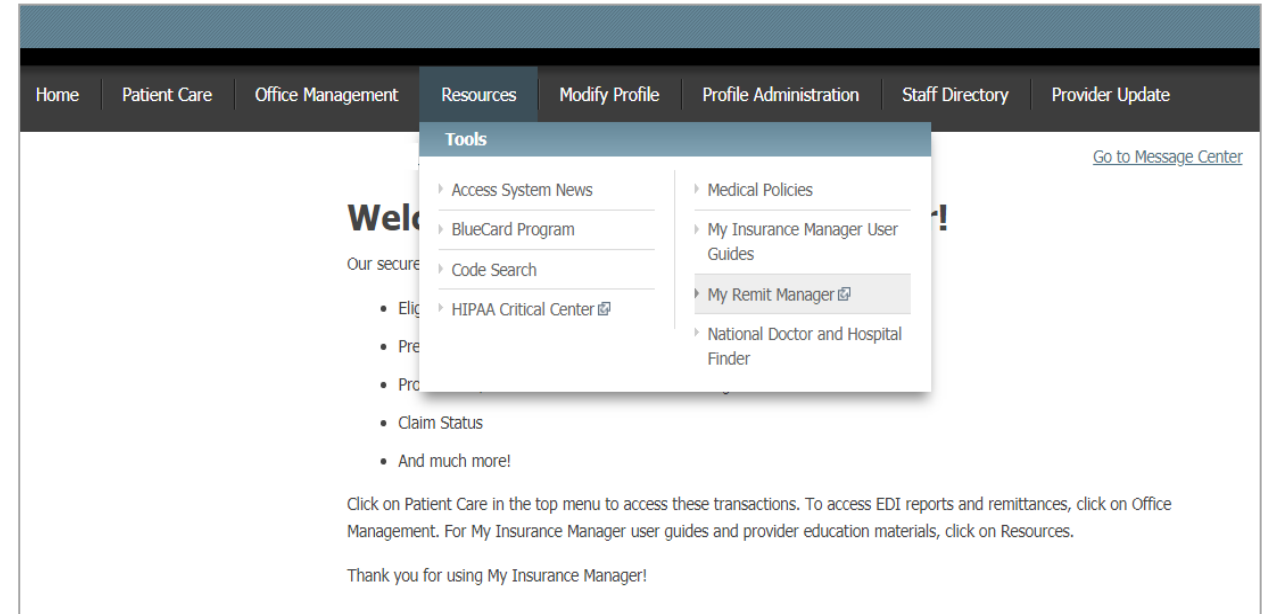
[View service summary](#)



My Remit Manager

Accessing My Remit Manager

- While in My Insurance Manager, hover over Resources and select My Remit Manager.



Available Remits - Calendar View

- If remittances are available, there will be check links on the calendar.
- Providers can view previous months by selecting the appropriate arrows on the calendar.

My Remit Manager

Calendar Month Details ERA Details

ERA by Check Date - September 2025

View Checks By:

	S	M	T	W	T	F	S
31		1	2	3	4	5	6
open		open CHK: 4	open	open CHK: 59	open	open	open
7		8	9	10	11	12	13
open		open	open	open	open	open	open
14		15	16	17	18	19	20
open		open	open	open	open	open	open
21		22	23	24	25	26	27
open		open	open	open	open	open	open
28		29	30	1	2	3	4
open		open	open	open	open	open	open
5		6	7	8	9	10	11
open		open	open	open	open	open	open

Viewing Available Remits

- Providers can view remittances based on the check number, payment amount, or payer.
- If they select a specific check number, the applicable remittances will populate.
- Select the Adobe icon next to the appropriate patient for the remittance to display.

The screenshot displays the 'My Remit Manager' interface. The top navigation bar includes 'Calendar', 'Month Details', and 'ERA Details'. The main view is 'Calendar > Check Detail', showing a list of remittances for the date 9/3/2025. The list includes columns for 'Reco', 'Download', 'Check Number', 'Payment Method', 'Checkdate', 'Postdate', 'Billed', 'Paid', and 'Payer'. Below this, a detailed view of a remittance is shown, including columns for 'Account', 'Patient', 'Payer Name', 'Payer ID', 'Status', 'Policy', 'DOS', 'Billed', and 'Paid'.

Reco	Download	Check Number	Payment Method	Checkdate	Postdate	Billed	Paid	Payer
<input type="checkbox"/>		0000002421	ACH	9/3/2025	8/31/2025	\$238.02	\$153.05	INSTIL HEALTH INSURANCE COMPANY
<input type="checkbox"/>		0001484969	ACH	9/3/2025	8/30/2025	\$20,368.81	\$12,186.64	BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA
<input type="checkbox"/>		0000152000	ACH	9/3/2025	8/30/2025	\$6,536.41	\$1,838.92	SC HEALTHYBLUE MEDICAID
<input type="checkbox"/>		0003654747	ACH	9/3/2025	8/31/2025	\$205,851.54	\$44,598.92	STATE HEALTH PLAN
<input type="checkbox"/>		0001116857	ACH	9/3/2025	8/31/2025	\$16,928.08	\$8,222.83	FEDERAL EMPLOYEE PLAN
<input type="checkbox"/>		0000053321	ACH	9/3/2025	8/31/2025	\$3,875.12	\$2,470.85	FLORIDA ALLIANCE
<input type="checkbox"/>		0001485322	ACH	9/3/2025	8/30/2025	\$8,216.89	\$3,811.32	BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA
<input type="checkbox"/>		0000152366	ACH	9/3/2025	8/30/2025	\$19,239.78	\$8,287.25	SC HEALTHYBLUE MEDICAID

Account	Patient	Payer Name	Payer ID	Status	Policy	DOS	Billed	Paid		
IMA1: 71	<input type="checkbox"/>	ALK	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD9	93	7/25/2025	\$48.00	\$6.30
IMA1: 21	<input type="checkbox"/>	ALC	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD1	02	7/21/2025	\$238.03	\$102.82
IMA1: 30	<input type="checkbox"/>	BRC	SC HEALTHYBLUE MEDICAID	403	Denied	ZCD1	17	8/26/2025	\$21.00	\$0.00
IMA1: 30	<input type="checkbox"/>	DAV	SC HEALTHYBLUE MEDICAID	403	Denied	ZCD9	67	8/21/2025	\$166.00	\$0.00
IMA1: 30	<input type="checkbox"/>	FAI	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD5	18	8/22/2025	\$70.00	\$19.14
IMA1: 40	<input type="checkbox"/>	FAI	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD5	18	8/22/2025	\$168.03	\$72.77
IMA1: 21	<input type="checkbox"/>	FRA	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD6	07	7/23/2025	\$238.00	\$102.79
IMA1: 20	<input type="checkbox"/>	JAC	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD0	19	8/20/2025	\$238.03	\$102.81
IMA1: 11	<input type="checkbox"/>	JOE	SC HEALTHYBLUE MEDICAID	403	Processed as Primary	ZCD8	01	7/22/2025	\$1,336.00	\$184.60
IMA1: 50	<input type="checkbox"/>	KAL	SC HEALTHYBLUE MEDICAID	403	Denied	ZCD9	43	8/21/2025	\$17.00	\$0.00

Example of Remit

ERA Patient Listing

Electronic Reproduction ASC 005010X221A1

PH UNI AL GRP
 A 74

ALI IFA
SC HEALTHYBLUE MEDICAID

CHECK/EFT: 001 100

CHECK DATE: 09/03/2025

Account: IMA: _____771 POS: 11 HIC: ZCD97_____3 ICN: 5240097MD0000 Provider: 108_____3 571004_____3295641

Status: Processed as Primary

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary		
571004971	07/25/2025	1		HC:36415	17.00				17.00	0.00	CO	45	17.00
571004971	07/25/2025	1		HC:85025-QW	31.00	6.30			24.70	6.30	HE	N174	24.70
											CO	45	
											HE	N45	
REMITTANCE SUMMARY					48.00	6.30	.00	.00	41.70	6.30			

TOTALS

Denied/Non-Covered: 0.00

CO 45 41.70 [Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).]

HE N45 [Payment based on authorized amount.]

HE N174 [This is not a covered service/procedure/ equipment/bed, however patient liability is limited to amounts shown in the adjustments under group "PR".]

* Denotes Denied Or Non-covered Charges

REMITTANCE SUMMARY

Totals	Billed	Allowed	Deduct	Coins	RC-Amt	PLB Adj	Paid
	48.00	6.30	.00	.00	41.70	.00	6.30



My Provider Enrollment Portal

Getting Started

- Visit www.SouthCarolinaBlues.com.
 - Providers>Provider Enrollment>Join Our Networks
- Username format: **email.firstname.lastname**
- New users should select Not a member from the landing page of the portal.



Login to MyPEP

Our provider enrollment portal is your one-stop-shop for submitting provider enrollment requests.

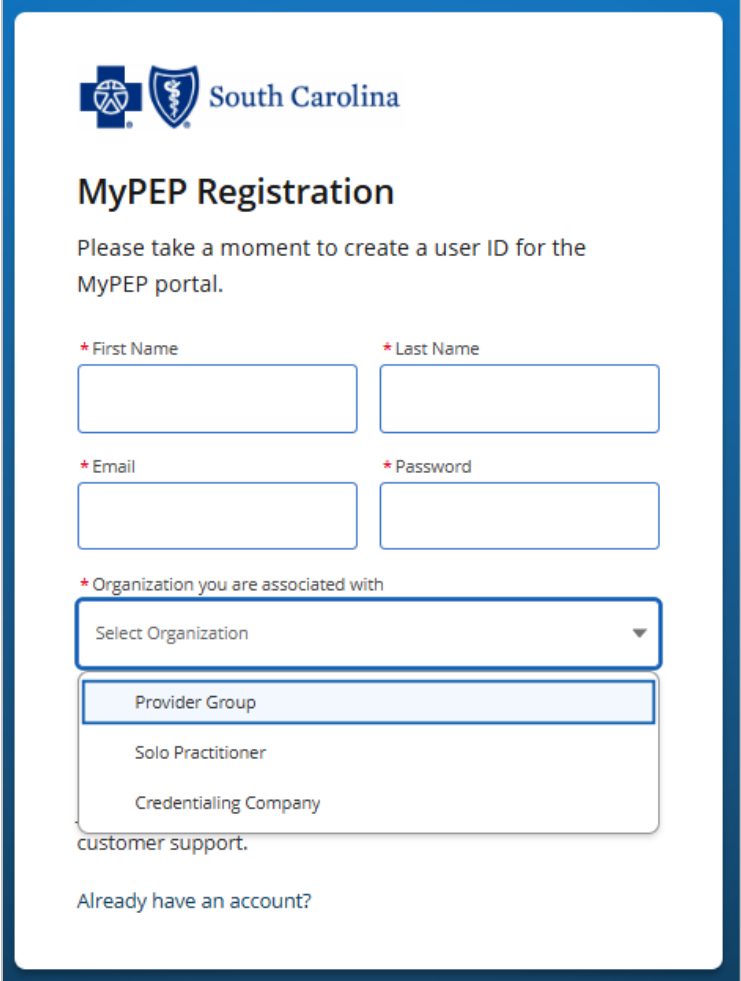
[Forgot your password?](#)

[Not a member?](#)


For assistance, please contact the provider education team,
[Contact Support](#)

Registration

- Registration options include solo practitioner, provider group and credentialing company.
- The required details will vary based on the selection made.



The screenshot shows a registration form for the MyPEP portal in South Carolina. At the top left, there is a logo for South Carolina featuring a cross and a shield with a caduceus, followed by the text "South Carolina". Below the logo is the title "MyPEP Registration" and a sub-header "Please take a moment to create a user ID for the MyPEP portal." The form contains several input fields: "First Name" and "Last Name" (both marked with a red asterisk), "Email" (marked with a red asterisk), and "Password" (marked with a red asterisk). Below these is a dropdown menu for "Organization you are associated with" (marked with a red asterisk), which is currently set to "Select Organization" and has a dropdown arrow. The dropdown menu is open, showing three options: "Provider Group", "Solo Practitioner", and "Credentialing Company". Below the dropdown menu, there is a link for "customer support." and a link for "Already have an account?"

 South Carolina

MyPEP Registration

Please take a moment to create a user ID for the MyPEP portal.

* First Name

* Last Name

* Email

* Password

* Organization you are associated with

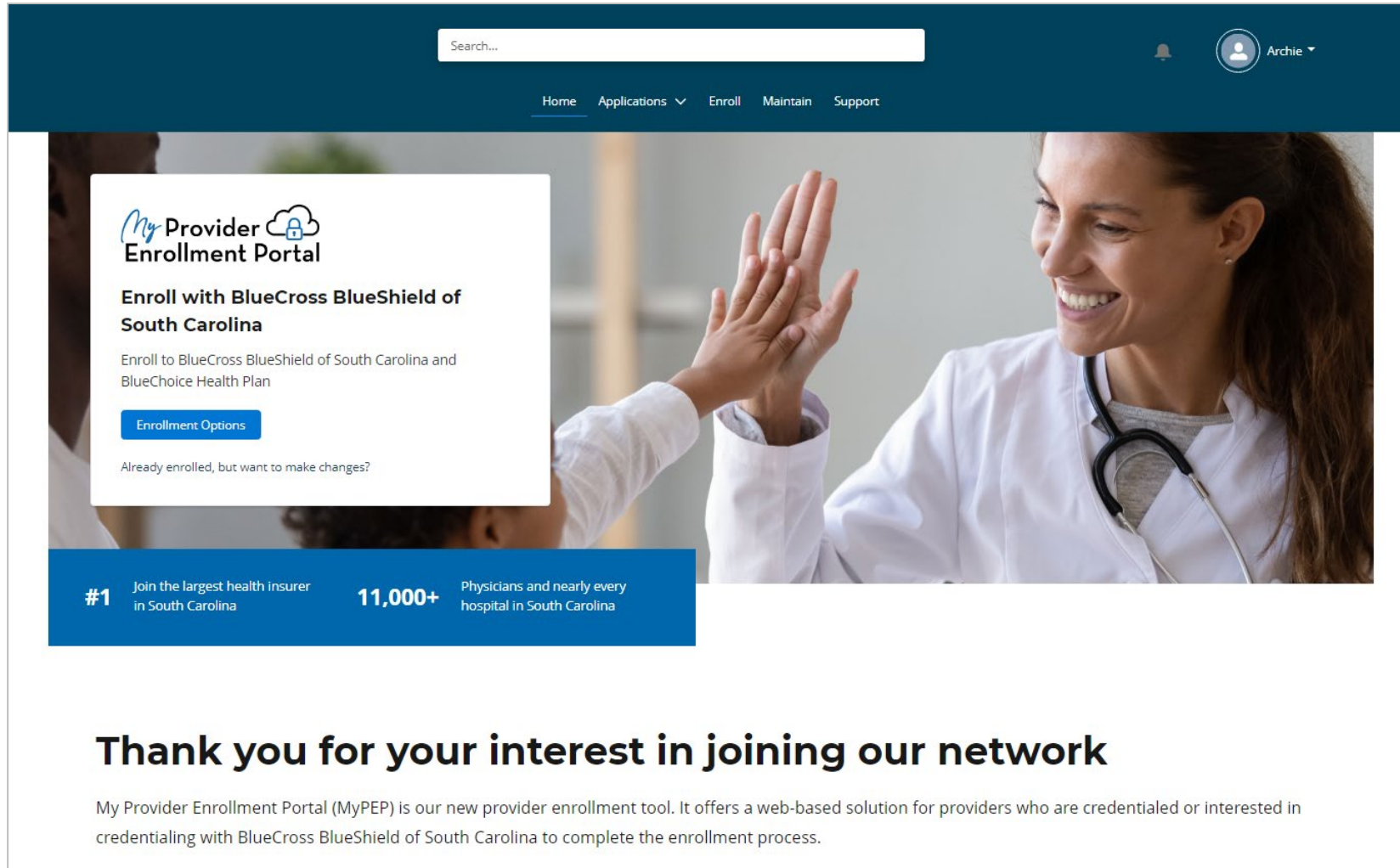
Select Organization ▼

- Provider Group
- Solo Practitioner
- Credentialing Company

[customer support.](#)

[Already have an account?](#)

My Provider Enrollment Portal - Home Page



The screenshot shows the home page of the My Provider Enrollment Portal. At the top, there is a dark blue navigation bar with a search bar on the left and a user profile icon labeled 'Archie' on the right. Below the navigation bar is a main banner area featuring a photograph of a smiling female doctor in a white lab coat with a stethoscope, high-fiving a child. Overlaid on the left side of the banner is a white card with the portal's logo and text. Below the banner is a blue bar with statistics. At the bottom, there is a large heading and a paragraph of introductory text.

Search...

Home Applications ▾ Enroll Maintain Support

Archie ▾

My Provider Enrollment Portal

Enroll with BlueCross BlueShield of South Carolina

Enroll to BlueCross BlueShield of South Carolina and BlueChoice Health Plan

[Enrollment Options](#)

Already enrolled, but want to make changes?

#1 Join the largest health insurer in South Carolina

11,000+ Physicians and nearly every hospital in South Carolina

Thank you for your interest in joining our network

My Provider Enrollment Portal (MyPEP) is our new provider enrollment tool. It offers a web-based solution for providers who are credentialed or interested in credentialing with BlueCross BlueShield of South Carolina to complete the enrollment process.

My Provider Enrollment Portal - Started Applications

Applications
My Started Applications ▾

13 items • Sorted by Application Type • Filtered by My applications - Application Status



Application Type ↑	Application Status	NPI Type I	NPI Type II	Resume Application	Created Date	
1	In Progress				3/31/2025, 7:28 AM	▾
2	In Progress				4/2/2025, 10:13 AM	▾
3	In Progress				4/29/2025, 8:45 AM	▾
4 Individual	In Progress				3/26/2025, 7:56 AM	▾
5 Individual	In Progress			Resume	4/2/2025, 10:30 AM	▾
6 Individual	In Progress			Resume	4/29/2025, 8:35 AM	▾
7 Individual	In Progress			Resume	5/9/2025, 9:19 AM	▾
8 Individual	In Progress	1555555555		Resume	6/23/2025, 7:42 AM	▾
9 Individual	In Progress	1777777777		Resume	7/1/2025, 7:06 AM	▾
10 Satellite Location	In Progress		1444444444	Resume	6/19/2025, 5:23 AM	▾

My Provider Enrollment Portal - In Progress Applications

My In-Progress Applications ▾

41 items • Sorted by Case Number • Filtered by All cases - Status, Closed, Case Record Type



	Case Number ↑ ▾	Type ▾	Provider ▾	Status ▾	Date/Time Opened ▾	
1	00031578	Group	Aesthetic Smiles of Myrtle Beach	Signed	3/31/2025, 7:37 AM	▾
2	00031581	Individual	Terrence Archie - MAGNOLIA ENDOCRINOLOGY LLC	Submitted	3/31/2025, 8:02 AM	▾
3	00031583	Virtual Care	MAGNOLIA ENDOCRINOLOGY LLC	Signed	3/31/2025, 8:29 AM	▾
4	00031584	Change of Address		Signed	3/31/2025, 8:36 AM	▾
5	00031585	Request to Add Practitioner	DAVID YOUNIE - FLOSSY PEDIATRIC DENTISTRY	Submitted	3/31/2025, 8:52 AM	▾
6	00031590	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	3/31/2025, 10:40 AM	▾
7	00031612	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	4/1/2025, 8:05 AM	▾
8	00031614	Request to Add Practitioner	KELLEY MURRAY - ZONE PHYSICAL THERAPY	Submitted	4/1/2025, 8:12 AM	▾
9	00031664	Request to Term Practitioner	TIMOTHY KAYLOR - ZONE PHYSICAL THERAPY	Submitted	4/2/2025, 5:18 AM	▾
10	00031668	Business Name Change	Provider Relations LLC	Submitted	4/2/2025, 5:53 AM	▾

My Provider Enrollment Portal - Action Needed

My Applications Requiring Action ▾

2 items • Sorted by Case Number • Filtered by All cases - Action required, Closed, Case Record Type



Case Number ↑	Type	Provider	Status	Date/Time Opened
1	00031578	Group	<div style="display: flex; justify-content: space-between; border: 1px solid #ccc; padding: 2px;">✓✓✓SignedSecondary reviewFinal reviewApprovedDeniedCancelledWithdrawn</div>	
2	00031583	Virtual Care		

Case #00031578 - Group Application

Provider Aesthetic Smiles of Myrtle Beach	Status Signed
Application Type Group	Case Reference Number Case #00031578
Requested Networks	Case Contact Kristen Ward - Provider Relations LLC

Action Required

Review the *Action Items* list and any case comments for additional detail.

[Launch Application](#)

Action Items

1 of 1 item

Action Item Name	Issue	Next steps
South Carolina - Missing	Missing	Re-open application, correct & re-submit.

Case Comments (2) New

User	Public	Created Da...	Comment
User173...	<input checked="" type="checkbox"/>	3/31/2025, ...	Action Item - Name: South Carolina - Missing, Status: Open, Issue: Missing
User173...	<input checked="" type="checkbox"/>	3/31/2025, ...	Please add at least one provider to this location by using the Add Practitioner function when you relaunch the application. Thank you

[View All](#)

Open Agreements

My Provider Enrollment Portal - Closed Applications

My Closed Applications ▾


1 item • Sorted by Case Number • Filtered by All cases - Closed, Case Record Type • Updated a few seconds ago

🔍 Search this list...





	Case Number ↑	Subject ▾	Status ▾	Provider ▾	
1	00032461	R. DASILVA - Request to Term Practitioner	Approved	ROBERT DASILVA - MIDLANDS ORTHOPAEDICS & NEUROSURGERY PA	▾

My Provider Enrollment Portal - Enroll Page

 South Carolina

[Home](#) [Applications](#) [Enroll](#) [Maintenance](#) [Support](#)






Your enrollment essentials, all in one place.


Enroll

Enrolling with BCBS-SC is easy. First, tell us what you are trying to do. Are you enrolling a group practice? Are you enrolling a practitioner? Make your selection and we will get some additional information to determine which of our networks apply (or to proceed and register out-of-network).




Enroll a Group

A group practice consists of more than one healthcare practitioner working together under a single organization & has an NPI (type II organization). Start here to submit a group practice enrollment application.



Enroll a Practitioner

A healthcare practitioner is any individual offering healthcare services & with an NPI (type I individual). Every practitioner offers their services through their individual practice or within a group practice. Start here to submit an enrollment application for a practitioner.

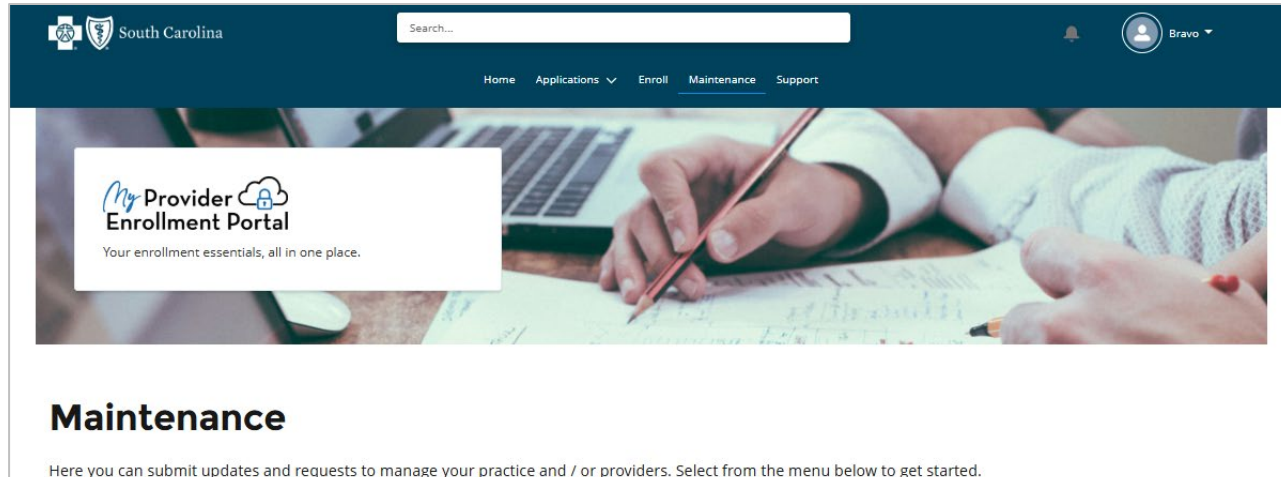


Facility Application

COMING SOON

To request a Facility Application, please submit a support case.

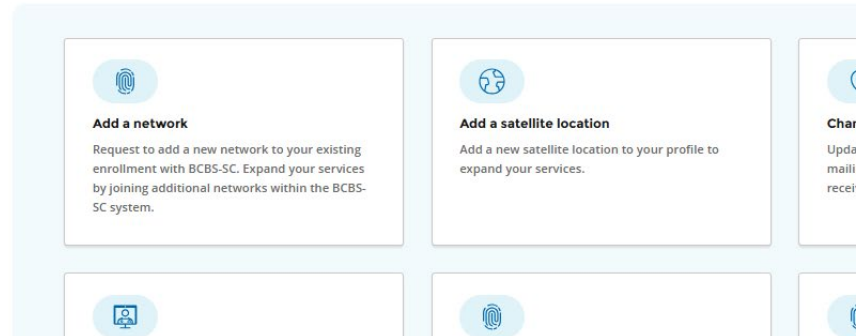
My Provider Enrollment Portal - Maintenance Page



The screenshot shows the top navigation bar of the My Provider Enrollment Portal. It includes the South Carolina logo, a search bar, a notification bell, and a user profile icon labeled 'Bravo'. Below the navigation bar is a hero banner with the text 'My Provider Enrollment Portal' and 'Your enrollment essentials, all in one place.' The main heading 'Maintenance' is displayed below the banner, followed by a sub-heading: 'Here you can submit updates and requests to manage your practice and / or providers. Select from the menu below to get started.'

Maintain a Practice

Find all you need to maintain a group / healthcare entity's networks, locations, and business information.

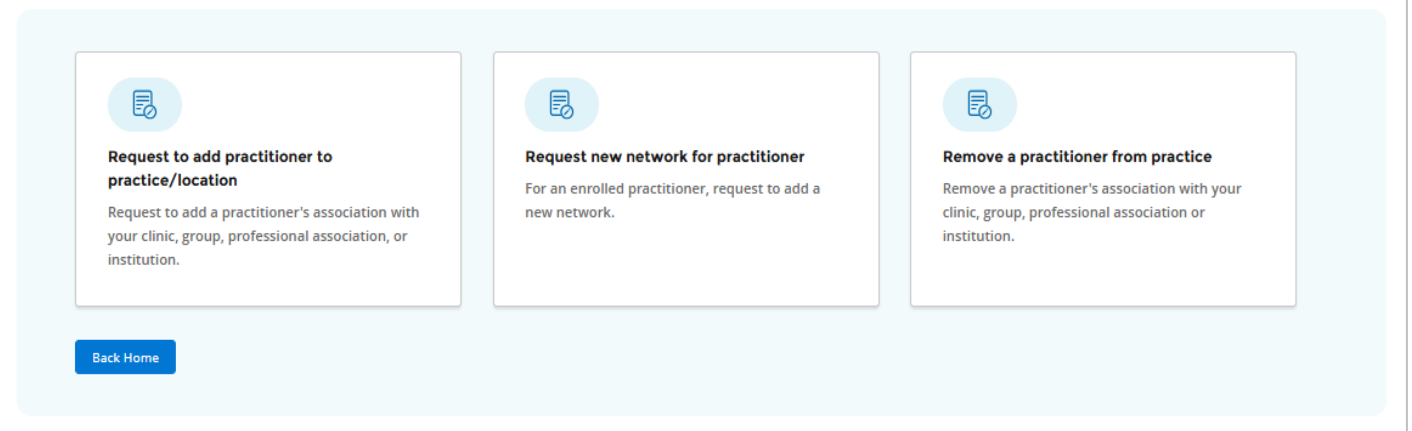


A grid of six maintenance options for a practice, each with an icon and a brief description:

- Add a network**: Request to add a new network to your existing enrollment with BCBS-SC. Expand your services by joining additional networks within the BCBS-SC system.
- Add a satellite location**: Add a new satellite location to your profile to expand your services.
- Change mailing address**: Update mailing address to receive correspondence.
- Change location**: Update location information for your practice.
- Change business information**: Update business information for your practice.
- Change provider information**: Update provider information for your practice.

Maintain a Group's Practitioner

For enrolled practitioners and enrolled groups, update requests are easy. With the group's Tax Id Number (TIN) and the practitioner's NPI (type I individual) you will be able to add a practitioner to the group and the practice and/or location, add a network, and also remove a practitioner from the practice and/or location.



A grid of three maintenance options for a group's practitioner, each with an icon and a brief description:

- Request to add practitioner to practice/location**: Request to add a practitioner's association with your clinic, group, professional association, or institution.
- Request new network for practitioner**: For an enrolled practitioner, request to add a new network.
- Remove a practitioner from practice**: Remove a practitioner's association with your clinic, group, professional association or institution.

[Back Home](#)

My Provider Enrollment Portal - Support Page



Archie ▾

[Home](#) [Applications ▾](#) [Enroll](#) [Maintain](#) [Support](#)

CONTACT MYPEP SUPPORT

TELL US HOW WE CAN HELP.

TYPE

--None-- ▾

SUBJECT

DESCRIPTION

 [Upload File](#)

SUBMIT

Got a technical problem? A suggestion? You've come to the right place.

We want to hear from you.

- **Question:** We moved some things around - let us know if you have a question. We'll get it answered, and you'll help us improve others' experience in the process.
- **Feature request:** Got a provider enrollment wish list? (we do, too!) Tell us what would make things easier for you - we'd love to relay the message to our tech teams.
- **Login issue:** Tell us if you, or anyone on your account, is having an issue logging in and we'll get to the bottom of it.
- **Problem:** Any other issue related to myPEP's site and navigating, this is the spot for it.
- **Feedback:** The good, the great, the fantastic! And anything not-so-great - we want to hear that, too, because we are always looking to improve.

Got an application question? Need help or an update?

Leave us a comment!

We see your comments - and leaving them where we know exactly which application, practitioner, or practice you are working on makes it so that we can get you answers even faster.

Leave us a comment on your open cases and we'll get back to you as soon as possible.



Completing a Clean Application

Steps to Submit a Clean Application

1. Complete the enrollment application inside the portal.
2. Sign the application and agreements electronically.
 - The documents that must be signed will be sent to the appropriate parties included on the application.
 - It is important to include the correct email addresses for each individual (i.e., provider, fiduciary contact, etc.)
 - These items will be available once the enrollment team sends the documents to you, and the case is in the awaiting signature status.
3. If additional items are requested, submit those as soon as possible.

Example of an Individual Enrollment Application

The screenshot shows a web application interface for individual enrollment. At the top left is the South Carolina logo. A search bar is located in the top right. Below the search bar is a navigation menu with links for Home, Applications, Enroll, Maintenance, and Support. A user profile icon labeled 'Bravo' is also present. On the left side, there is a 'Steps' sidebar with a list of 9 steps, where the first step, 'Let's Get Started', is highlighted. The main content area features a heading 'Let's Get Started' and a paragraph of introductory text. A light blue callout box contains the heading 'Practitioner - What to have ready' and a paragraph of text. A blue 'Next' button is positioned at the bottom right of the callout box.

South Carolina

Search...

Home Applications ▾ Enroll Maintenance Support

Bravo ▾

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

Let's Get Started

View our application checklist below to enroll a Practitioner with their Individual Practice. When you are ready, click *Next* to begin.

Practitioner - What to have ready

We'll walk you through setting up a new practitioner, and ensuring they are aligned with the correct group practice or established as an individual practice.


Next

Example of an Individual Enrollment Application - Group/Provider Lookup

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

Group / Provider Look-Up

We need provider identifiers to search and identify if the practitioner and/or practice is already enrolled with BCBS-SC. For practitioners, we take the NPI number (type I individual); for practices, we take the Tax Id Number (TIN) and the NPI number (type II organization).

 You Need to enter either Taxid or NPI Type II to proceed

Practice information

Enter the practice's Tax Id Number (TIN) and NPI Number (type II organization) to identify the practice to which this practitioner is associated. Individual practices do not provide an NPI Number (type II organization); the practitioner's NPI Number (type I individual) is sufficient. If the practitioner has acquired a unique Tax Id Number (TIN), such as an EIN, it can be entered here. If the practitioner uses their SSN as the TIN for the individual practice, do not enter it here.

IMPORTANT NOTE - CRITICAL DATA ELEMENTS: Ensure that you enter the correct Tax ID and NPI. These fields **CANNOT** be updated/corrected once submitted, if entered incorrectly this case will be cancelled and you will be required to start a new Individual Application.

Tax Id Number (TIN) NPI Number (type II group)

This practitioner is a solo practitioner filing claims with only one NPI.

Practitioner information

Enter the practitioner's unique NPI Number (type I individual) to jump start this enrollment application.

* NPI Number (type I individual)

How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

[Save for later](#) [Previous](#) [Next](#)

Steps

- 1 Let's Get Started
- 2 **Group / Provider Look-Up**
Network pre-qualifications
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

Example of an Individual Enrollment Application - Search Results

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
[Search results](#)
Network pre-qualifications
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit


This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

Search results

Practice found

Based on the TIN you entered, please select the corresponding practice below and click 'Next' to continue.

March Madness Family Health, LLC
Tax ID: 579999999

 Select before proceeding

View when practice is found.

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link


Search results

Practice not found

We did not find a practice based on the Tax Id Number (TIN) and/or NPI (type II organization) you entered. Click 'Next' to continue with your Individual Application.

Please Note: Upon completion of this Individual Application, you must also complete a separate Group Application via the portal to complete the overall individual enrollment process.

If you need assistance with this process, please reach out to MyPep.Portal@BCBSSC.COM.

**How we protect your information ?**

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Previous **Next**

View when practice is not found.

Example of an Individual Enrollment Application - Network Pre-Qualifications

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
Search results
[Network pre-qualifications](#)
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

Network pre-qualifications

Care Taxonomy

The practitioner's care taxonomy & specialty help ensure we get the right credentials for verification. Please enter the 10-character code, or use a keyword search, to find your specialty. We can take up to two specialties.

Speciality Code

- 207Q00000X - Family Medicine Physician
- 106H00000X - Marriage & Family Therapist
- 3645P0810X - Child & Family Psychiatric/Mental Health Clinical Nurse Specialist
- 3645F0001X - Family Health Clinical Nurse Specialist
- 207VC0300X - Complex Family Planning Physician
- 207QA0000X - Adolescent Medicine (Family Medicine) Physician
- 207QA0401X - Addiction Medicine (Family Medicine) Physician
- 207QB0002X - Obesity Medicine (Family Medicine) Physician
- 207QG0300X - Geriatric Medicine (Family Medicine) Physician
- 207QH0002X - Hospice and Palliative Medicine (Family Medicine) Physician
- 207QS0010X - Sports Medicine (Family Medicine) Physician



How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Previous

Next

Example of an Individual Enrollment Application - Network Selection

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

Network selection

Here are the available networks that align based on what we know. Select the networks for this enrollment application.

* Available Networks

BlueChoice
HealthPlan

Blue Options

Preferred Blue

Blue Essentials

State Health
Plan

Healthy Blue

Medicare
Advantage

Error: Available Networks is required.

Out of Network



How we protect your information ?

We use state of the art 256-bit encryption to protect your data from prying eyes. Your personal information is safe with us.

Note that selecting a network does not guarantee approval; your application will be reviewed to determine eligibility.

Example of an Individual Enrollment Application - Practitioner Information Checklist

Steps


- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational History & Training
 - Employment history
 - Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit


This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link


Practitioner Information


Practitioner - What to have ready


We'll walk you through setting up a new practitioner, and ensuring they are aligned with the correct group practice or established as an individual practice.


 **Contact Information**
The full name, former surname(s), phone & preferred email for the provider is required.*


 **Demographic Information**
Provider demographic information such as name, date of birth, NPI, social security number, gender, ethnicity, etc. will be asked and an answer required.

 **Professional qualifications**
The practitioners care specialty, state medical license, board certifications, DEA** are all required. Provider's individual Medicaid Number.***

 **Malpractice**
Certificate of Insurance for the effective date to current coverage period are required.

 **Employment**
Current employer and previous employers' history up to 5 years (which can also span to include education and professional training).

 **Education & professional training**
The practitioner's relevant degrees and training (including the highest degree) are required. We also require MDs, DOs, and DPMs to provide their residency information.

 **Signatures**
The provider will be required to sign all contracts, Authorization to bill, Hold Harmless*, Attestation of the accuracy of the application information. Office Representative will be required to sign the Representative portion of the Authorization to bill.

Example of an Individual Enrollment Application - Practitioner Information

This Omniscrypt is saved automatically. To resume the Omniscrypt later, Copy the link or Email me the link

Practitioner information

Please enter the practitioner's name and identifying information as accurately as possible to ensure smooth processing.

* First Name	Middle Name	* Last Name
<input type="text" value="jason"/>	<input type="text"/>	<input type="text" value="Doe"/>
* Title	Suffix	Former surnames/Maiden Name
<input type="text" value="MD"/>	<input type="text"/>	<input type="text"/>
* Social Security Number	* Date of Birth	Tax Id
<input type="text" value="000-11-0000"/>	<input type="text" value="07-13-1970"/>	<input type="text" value="579999999"/>
NPI Group	* NPI Number (type I individual)	Medicaid ID
<input type="text" value="122222222"/>	<input type="text" value="133333333"/>	<input type="text"/>
Medicare Number	* Provider Type	* Professional Designation
<input type="text"/>	<input type="text" value="Primary Care"/>	<input type="text" value="MD - Medical Doctor"/>

Preferred Email

Please provide the practitioner's preferred email so that they will be able to sign their application package. This is required to process your case without the practitioner's email.

* Practitioner's Email

Demographic information

Please provide all required demographic information, including full name, date of birth, NPI, Social Security number, and other relevant information, as requested. Gender, race, ethnicity, and languages spoken are optional. If you prefer not to answer optional questions, you may select "Declined to Answer" or "Unknown", where applicable. Additional spoken languages will be published in the provider directory to help members select providers who meet their language needs.

* Gender	* Race	* Ethnicity
<input type="text" value="Male"/>	<input type="text" value="Black or African American"/>	<input type="text" value="Declined to Answer"/>

Languages

Language(s) Spoken (other than English)- 1	Language(s) Spoken (other than English)- 2
<input type="text"/>	<input type="text"/>

Authorization to bill

Please confirm the effective date of this authorization. The Authorization to Bill date marks when the group will begin billing for services on behalf of the practitioner. It should coincide with the practitioner's start date at the group practice.

* Auth to Bill Effective Date

Save for later

Previous **Next**

Example of an Individual Enrollment Application - Professional Qualifications

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Professional qualifications

As we review your application, we will look to ensure that the care taxonomy specialty code(s) you enter align to the credentials you provide. Please take a moment to select the correct specialty and provide the pertinent license(s) and certification(s) so that the credentialing process is a smooth one.

Care Taxonomy Lookup

The practitioner's care taxonomy & specialty help ensure we get the right credentials for verification. Please enter the 10-character code, or use a keyword search, to find your specialty. We can take up to two specialties.

*Primary Taxonomy
207Q0000X - Family Medicine Physician

Secondary Taxonomy

Do you wish to be listed in our provider directory with a specialty that is different from your primary taxonomy?
 Yes No

State Medical License

Enter all state medical license details, including the issue date and expiration date. Autism provider

*Professional Designation
MD - Medical Doctor

*Provider's License Type
State Medical License

*License Number
ABC

*State
South Carolina

*Issue Date
01-13-2020

*Expiration Date
12-31-2025

*License Status
Active

Upload Document

Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files

State Example.docx
Successfully uploaded

Save for later

Previous Next

Steps

- Let's Get Started
- Group / Provider Look-Up
- Network selection
- Practitioner Information**
 - Practitioner information
 - Professional qualifications**
 - Educational History & Training
 - Employment history
 - Hospital privileges
- Licenses and Professional Certifications
- Location Details
- Practice Locations
- Review Your Application
- Submit


Example of an Individual Enrollment Application - Education History and Training

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Educational History & Training

Educational History

Please provide detailed information about your educational history, including degrees earned, institutions attended, and your academic qualifications.



What determines a full educational history?
Please be sure to include the institution where the practitioner received you have less than 5 years of employment history, include additional education picture of the practitioner's professional timeline.

Professional Training

If the practitioner has completed an internship, fellowship or residency, please update the selection from the dropdown provided and enter detail for this professional training. You may add additional entries / remove entries.

Add Trainings [Add Additional Training](#)

Training

* Training Type: Professional Training
* Institution Name: USC
* Program Name: Residency
City: Columbia
Country: United States
State: South Carolina
 I am actively taking this training/program
* Start Date: 02-01-2016
* End Date: 12-31-2018

Cultural Competency Training

We verify that our practitioners have completed a cultural competency training as part of our enrollment process. Have you completed a cultural competency training?
 Yes No
Complete your training at <https://thinkculturalhealth.hhs.gov/>

[Save for later](#) [Previous](#) [Next](#)

Steps

- Let's Get Started
- Group / Provider Look-Up
- Network selection
- Practitioner Information**
 - Practitioner Information
 - Professional qualifications
 - Educational History & Training**
 - Employment history
 - Hospital privileges
- Licenses and Professional Certifications
- Location Details
- Practice Locations
- Review Your Application
- Submit

* Educational Level: Medical School
* Institution Name: OTHER
* Please Specify Institution: USC
* Degree Type: MD - DOCTOR OF MEDICINE
* Start Month: January
* Year: 2010
* End Month: November
* Year: 2016
* Country: United States
* City: Columbia
State: South Carolina

Degree Conferred

Individual asserts they have completed their education and holds the qualifications associated with that degree

Example of an Individual Enrollment Application - Employment History

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational History & Training
 - Employment history**
 - Hospital privileges
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

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Employment history

Employment History

Please provide detailed information about the past five years of your employment history. Be sure to provide an explanation for work history gaps; any gap greater than 6 months requires an explanation.

Delete Add Additional Employment

Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name * Start Month * Year
March Madness Family Health, LLC August 2025

Are you currently employed at this organization?

Yes No

Delete Add Additional Employment

Employment Entry

Provide the timeframe and detail for the employment entry.

Employer Name * Start Month * Year * End Month * End Year
ABC Family January 2019 July 2025

Are you currently employed at this organization?

Yes No

Employment Gap

For any employment gap greater than 6 months, please provide additional information for this timeframe.

Practitioner had gap of employment.

Example of an Individual Enrollment Application - Hospital Privileges

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Hospital privileges

Hospital Privilege Information

Do you have privileges at any hospital facility?

Yes No

* Describe arrangements for hospital care:

Refer the patient to the nearest facility.

[Save for later](#) [Previous](#) [Next](#)

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 **Practitioner Information**
 - Practitioner information
 - Professional qualifications
 - Educational History & Training
 - Employment history
 - [Hospital privileges](#)
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

Note: Hospital privileges are based on admitting privileges.

Example of an Individual Enrollment Application - Licenses and Certifications

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 **Licenses and Professional Certifications**
Speciality Board Certification
Malpractice Insurance
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

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Licenses and Professional Certifications

This next section will collect applicable requirements, including board certification, DEA license, and malpractice insurance.

[Save for later](#)

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Example of an Individual Enrollment Application - Specialty Board Certification

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
[Speciality Board Certification](#)
Malpractice Insurance
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

Speciality Board Certification

Providers who hold multiple board certifications should enter their primary certification details and upload copies of all certifications.

*** Are you board certified?**

Yes No

Are you qualified to sit for the examination?

Yes No

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Example of an Individual Enrollment Application - Malpractice Insurance

This Omniscrypt is saved automatically. To resume the Omniscrypt later, Copy the link or Email me the link

Malpractice Insurance

[Add Additional Insurance](#)

Steps

- Let's Get Started
- Group / Provider Look-Up
- Network selection
- Practitioner Information
- Licenses and Professional Certifications**
 - Specialty Board Certification
 - Malpractice Insurance**
 - Federal DEA license
- Location Details
- Practice Locations
- Review Your Application
- Submit

* Effective Date: 01-01-2025

* Expiration Date: 01-01-2026

* Coverage Amount (Each Occurrence): \$1 million

* Coverage Amount (Aggregate): \$3 million

* Carrier's Name: Cover Me

* Policy Number: 911

* Country: United States

* Street: 1500 Hampton St

* City: Columbia

* State: South Carolina

* Zip/Postal Code: 29201

Upload Document

Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files

Malpractice Example.docx
Successfully uploaded

Example of an Individual Enrollment Application - Federal DEA License

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Federal DEA license


Does this practitioner hold a DEA certification?

Yes No N/A

* License # * Issue Date

* ExpirationDate * License Status


Upload Document



Drag and drop here, [or choose a file](#)

Note: You may proceed with the form and upload this document at a later time.

Uploaded Files

 **DEA Example.docx**
Successfully uploaded

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Example of an Individual Enrollment Application - Location Details

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Location Details

A primary and additional locations can be added to this application. (Up to 5 per application).

Location - What to Have Ready

Once we've established your primary location (either existing or new), you'll have an opportunity to add new satellite locations.

- Location addresses**
The physical address, as well as, the billing & correspondence addresses are necessary to complete this section. Make sure to have your phone number available for these addresses as well.
- Location contacts**
Identify the office contacts for this location for credentialing, claims, billing, and others.
- Clinical Laboratory Improvement Amendment**
If you are CLIA certified, please submit a copy of the certification for each location listed on this application.

> What is a primary location?

[Save for later](#) [Previous](#) [Next](#)

Example of an Individual Enrollment Application - Practice Location

This Omniscript is saved automatically. To resume the Omniscript later, Copy the link or Email me the link

Practice Locations

Primary location information
Your primary location is your main hub of operations.

* Office practice name
March Madness

* Group Tax Id Number (TIN)
57-9999999

* Group NPI #
133333333

* Does this provider see patients at this location?
 Yes No

* If yes, do they accept new patients at this location?
 Yes No

* Do you accept Medicaid patients?
 Yes No

* Do you offer Sign Language?
 Yes No

* Do you provide a translation service?
No

Patient Population

* Are there patient gender restrictions?
 Yes No

* Are there patient age limitations?
 Yes No

* Do you have any other patient limitations?
 Yes No

Physical Address
This is the physical address for your primary location; it is not a P.O. box.
Should the Provider display in the Directory at this location?
 Yes No

* Street Address
123 Ohio St

* City
Columbia

* State
South Carolina

* County
Richland

* Zip Code
29202-

* Appointment Phone
(803) 555-1234

After Hours Phone

Fax

Please select the language services offered at this location.
 Bilingual office staff Dedicated language services for specific language Language services vendor
 Health plan Remote video Telephone

Office Contact
Please enter this location's main office contact. You will have the opportunity to add additional contacts for this location.
contact for additional roles.

* First Name
Kyle

* Last Name
Barker

* Email
mmadness@help.com

Credentialing Contact
 The Credentialing Contact is the same as the Office contact.

Claims Contact
 The Claims Contact is the same as the Office contact.

Pay to/Billing Address

Billing Contact
 The Billing Contact is the same as the Office contact.

Correspondence Address
 The Correspondence Address is the same as the Physical Address.

CLIA Certification
Enter your Clinical Laboratory Improvement Amendments (CLIA) certification details. All hospitals, institutions and other facilities must complete this section.
* Does this location bill for lab services?
 Yes No

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Example of an Individual Enrollment Application - Review Application

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

Review Your Application

You are almost ready to submit this enrollment request!

If document upload sections appear below, please upload all required files before clicking "**Next**" to submit your application.

If no upload sections are shown, simply click "**Next**" to proceed to the final step and submit your application.

[Save for later](#)

[Previous](#)

[Next](#)

Example of an Individual Enrollment Application - Submit

Steps

- 1 Let's Get Started
- 2 Group / Provider Look-Up
- 3 Network selection
- 4 Practitioner Information
- 5 Licenses and Professional Certifications
- 6 Location Details
- 7 Practice Locations
- 8 Review Your Application
- 9 Submit

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

Submit

[Save for later](#)

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[Submit Application](#)

Example of an Individual Enrollment Application - Confirmation


Submitted Preliminary review Awaiting signature Signed Secondary review Final review Approved Denied Cancelled Withdrawn

Case #00032921 - Individual Application


Provider Jason Doe - March Madness Family Health	Status Submitted
Application Type Individual	Case Reference Number Case #00032921
	Case Contact Kristen Ward - Provider Relations LLC

Requested Networks
Blue Essentials;BlueChoice HealthPlan;Medicare Advantage;Preferred Blue

No action required at this time.

 Case Comments (0) [New](#)

Open Agreements

 Files (0) [Add Files](#)

[Upload Files](#)

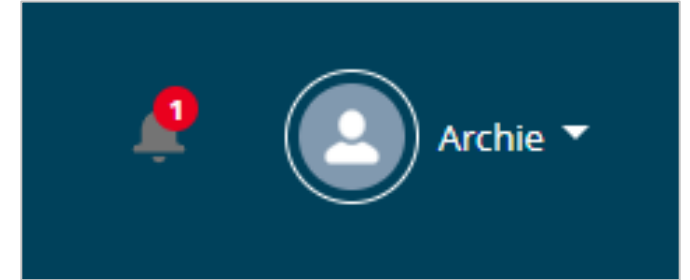
Or drop files



Making Corrections to an Application

Correcting Applications

- Currently, corrections can only be made to group or individual enrollment applications.
 - Corrections cannot be made to maintenance applications.
 - If an error or mistake is made after submission, a case comment must be made on the current case requesting to have it canceled, and a new maintenance application must be submitted.
- If items are missing or corrections are needed for an application, you will see a notification once you log into the portal.
- After selecting the notification bell, you will see that there is a new case comment for you to review.
- All corrections must be made in the portal.
 - Handwritten or other altered corrections are not accepted and will be returned.



Steps for Making Corrections - Launch Application

- Review the action required.
- Select Launch Application to make the necessary corrections or to supply the requested items.

Action Required

Review the *Action Items* list and any case comments for additional detail.

[Launch Application](#)

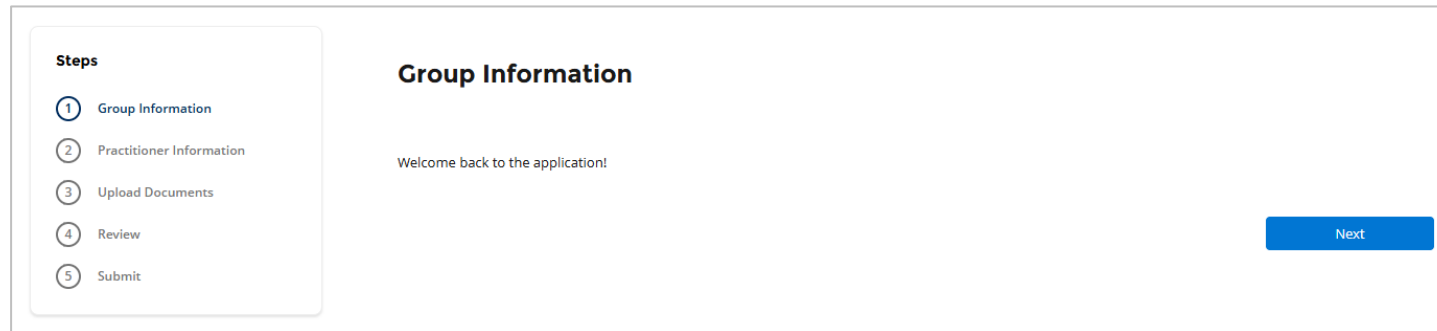
Action Items

1 of 1 item

Action Item Name	Issue	Next steps
Signer - Missing	Missing	Re-open application, correct & re-submit.

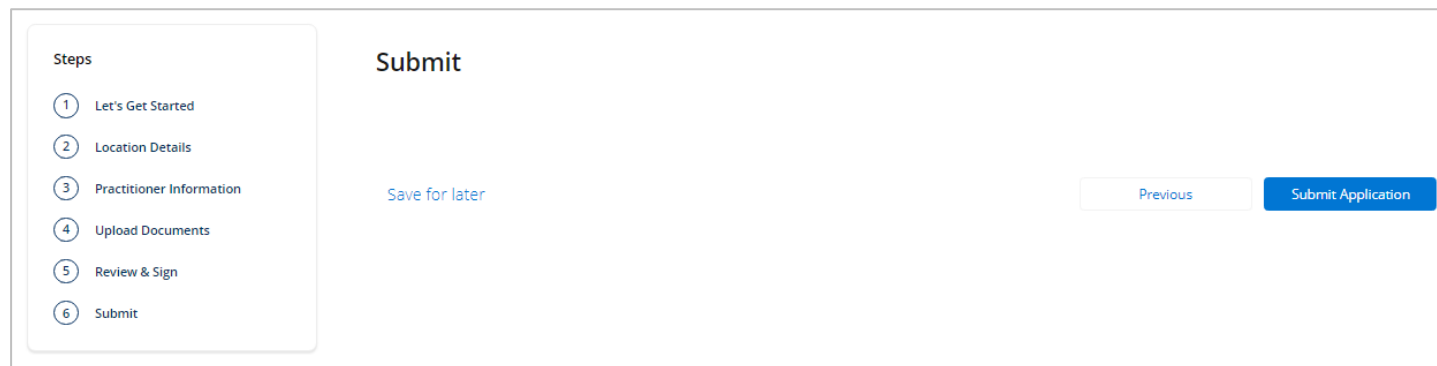
Steps for Making Corrections - Make Updates

- You'll see the "Welcome back" message.
- Select Next to begin the process.



The screenshot shows a multi-step process interface. On the left, a vertical sidebar titled "Steps" contains five items: 1 Group Information, 2 Practitioner Information, 3 Upload Documents, 4 Review, and 5 Submit. The first item, "1 Group Information", is highlighted with a blue circle. The main content area is titled "Group Information" and displays the message "Welcome back to the application!". A blue button labeled "Next" is positioned in the bottom right corner of the main content area.

- Once all the necessary corrections are made, resubmit the case.



The screenshot shows a multi-step process interface. On the left, a vertical sidebar titled "Steps" contains six items: 1 Let's Get Started, 2 Location Details, 3 Practitioner Information, 4 Upload Documents, 5 Review & Sign, and 6 Submit. The third item, "3 Practitioner Information", is highlighted with a blue circle. The main content area is titled "Submit" and displays the text "Save for later". In the bottom right corner, there are two buttons: a white button labeled "Previous" and a blue button labeled "Submit Application".



Voice Response Unit

Using the Voice Response Unit

- The voice response unit (VRU) is a full automated tool that offers quick and easy information over the phone.
- You can get information such as coverage and benefits for a member, authorization details, claims status and much more.
- With new enhancements to the VRU, you can now choose how you interact: either speak your information and requests out loud or enter the data manually (when prompted)—both options will give you the same results.
- When calling, be sure to have the following information ready to make your experience with the VRU seamless and efficient:
 - Your National Provider Identifier(NPI) or Tax ID
 - Patient's identification number
 - Patient's date of birth
 - Date of service (for claim status)
 - Your fax number (if you want us to fax information to you)

How to Reach the VRU

- For BlueCross BlueShield of South Carolina member information, call:
 - South Carolina - 800-868-2510
 - Columbia/Lexington Area - 803-788-8562
- For BlueCard[®] member information call 800-676-BLUE (2583).
- For BlueChoice[®] HealthPlan member information call 800-868-2528.
- For Federal Employee Program member information call 888-930-2345.
- For Healthy BlueSM member information call 866-757-8286.
- For Medicare Advantage member information call 855-209-7267.
- For State Health Plan member information call 800-444-4311.



THANK YOU!