

SELF-SERVING TOOLS



South Carolina

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

DISCLAIMER

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

AGENDA

- Website Review
- My Insurance ManagerSM
- My Remit Manager
- M.D. Checkup
- Voice Response Unit



WEBSITE REVIEW



WEBSITE REVIEW

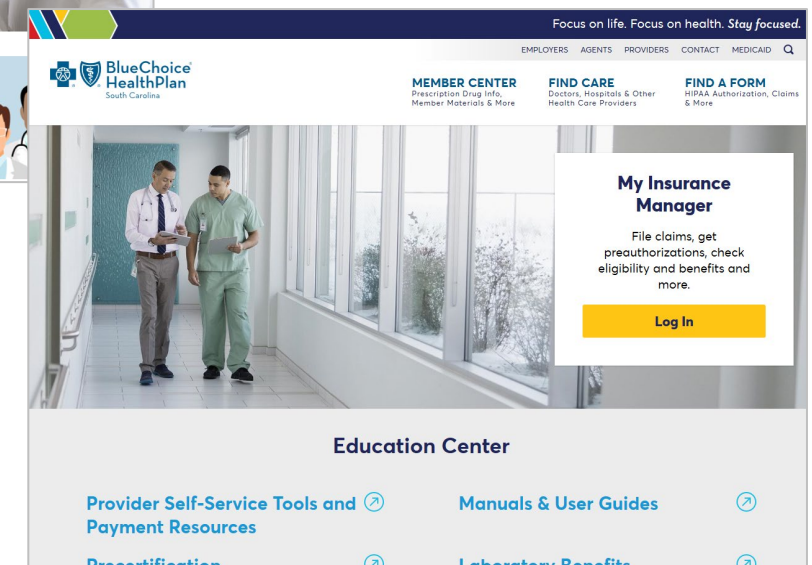
Provider Pages of Our Websites Include:

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

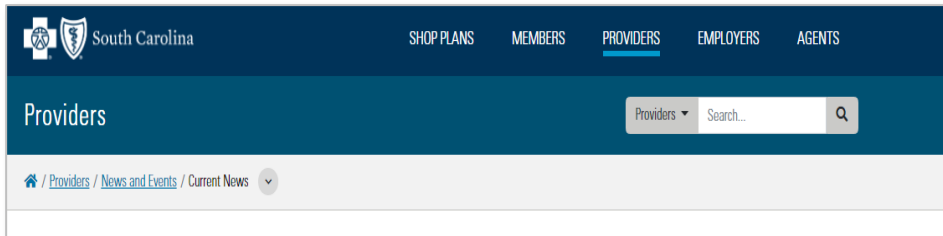


www.SouthCarolinaBlues.com

www.BlueChoiceSC.com



PROVIDER BULLETINS



South Carolina

SHOP PLANS MEMBERS **PROVIDERS** EMPLOYERS AGENTS

Providers Search...

Home / Providers / News and Events / Current News

SouthCarolinaBlues.com



Current News

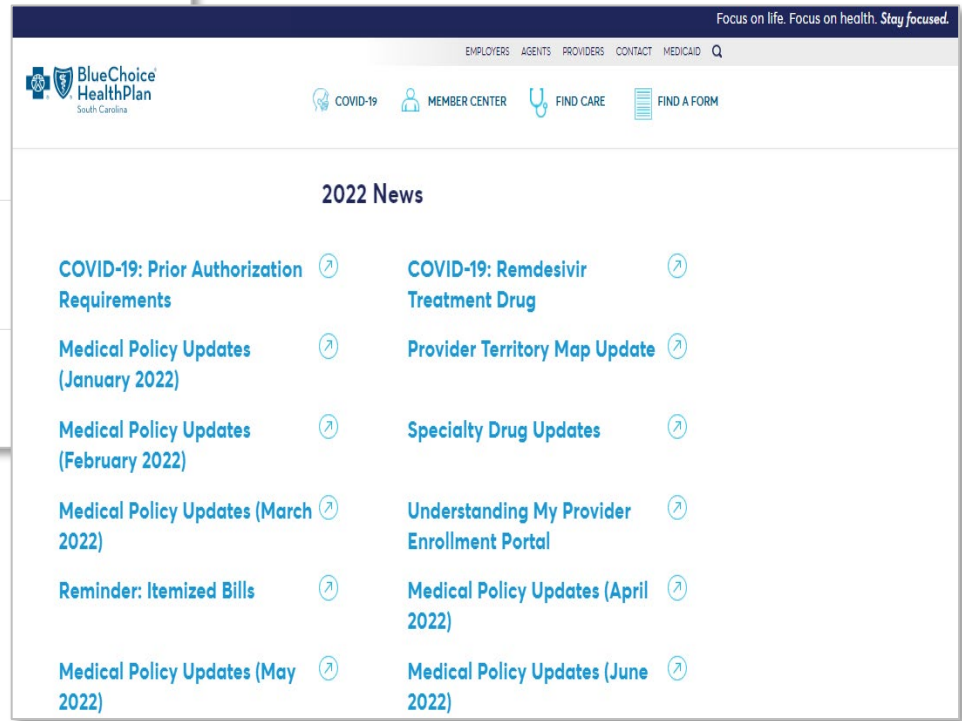
Topics

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

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

Burn Care at the Medical University of South Carolina
Benefits | October 17, 2022
Learn more about burn care at MUSC.

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



BlueChoice HealthPlan South Carolina

EMPLOYERS AGENTS PROVIDERS CONTACT MEDICAID

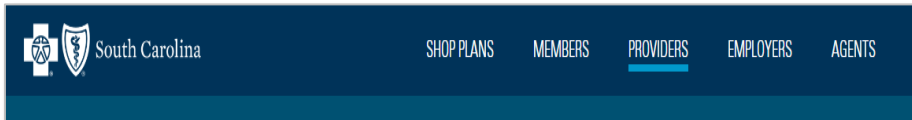
COVID-19 MEMBER CENTER FIND CARE FIND A FORM

2022 News

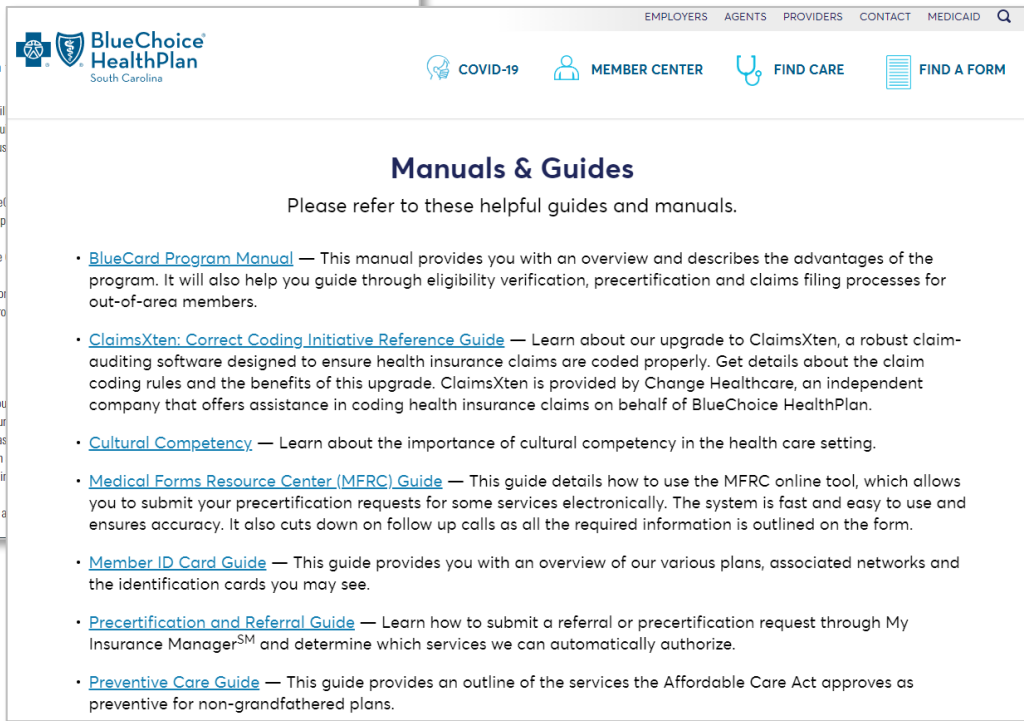
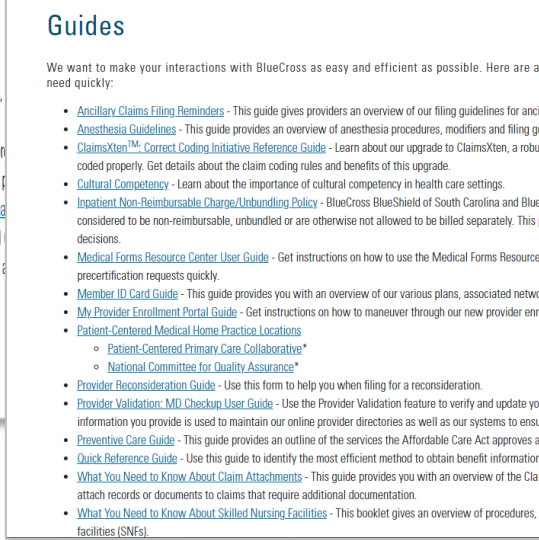
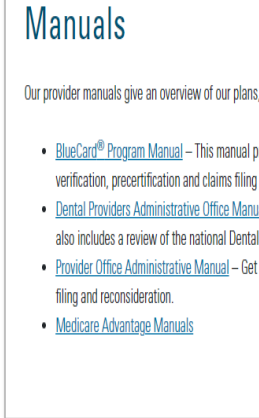
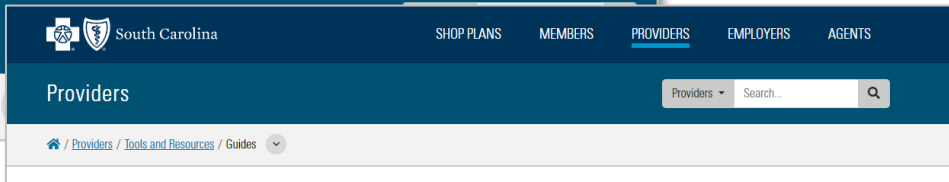
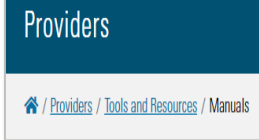
COVID-19: Prior Authorization Requirements	COVID-19: Remdesivir Treatment Drug
Medical Policy Updates (January 2022)	Provider Territory Map Update
Medical Policy Updates (February 2022)	Specialty Drug Updates
Medical Policy Updates (March 2022)	Understanding My Provider Enrollment Portal
Reminder: Itemized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

BlueChoiceSC.com

MANUALS AND GUIDES

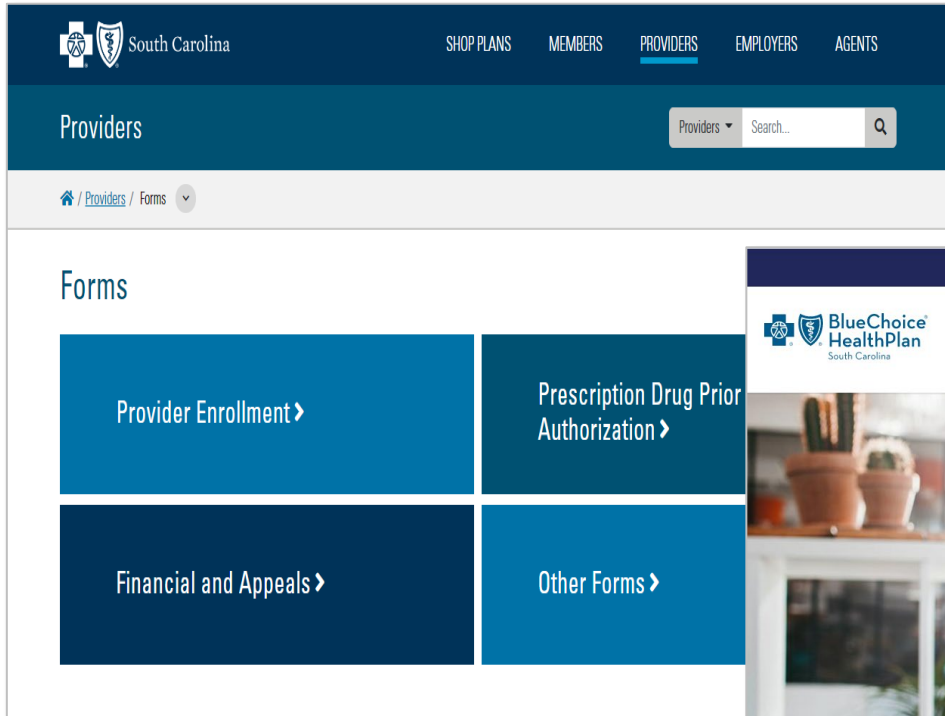


SouthCarolinaBlues.com



BlueChoiceSC.com

FORMS



South Carolina

SHOP PLANS MEMBERS PROVIDERS EMPLOYERS AGENTS

Providers

Providers Search...

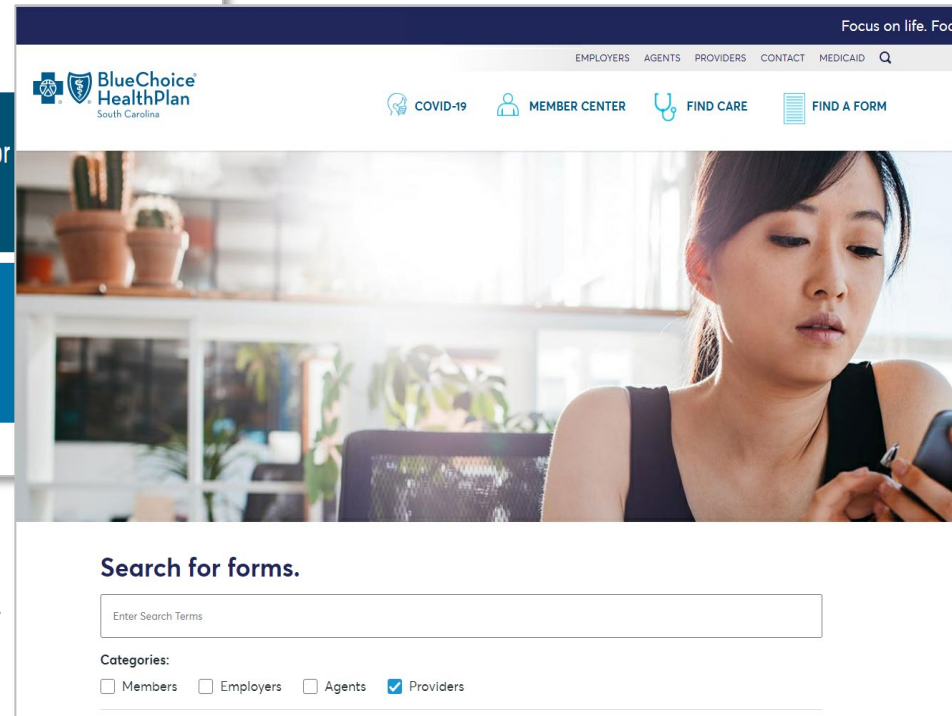
Home / Providers / Forms

Forms

- Provider Enrollment >
- Prescription Drug Prior Authorization >
- Financial and Appeals >
- Other Forms >

SouthCarolinaBlues.com

BlueChoiceSC.com



Focus on life. Focus on health.

EMPLOYERS AGENTS PROVIDERS CONTACT MEDICAID

BlueChoice HealthPlan South Carolina

COVID-19 MEMBER CENTER FIND CARE FIND A FORM

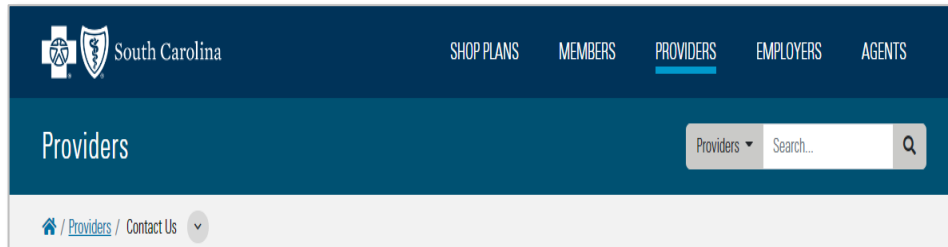
Search for forms.

Enter Search Terms

Categories:

- Members
- Employers
- Agents
- Providers

CONTACT US



South Carolina

SHOP PLANS MEMBERS **PROVIDERS** EMPLOYERS AGENTS

Providers

Providers Search...

Home / Providers / Contact Us

SouthCarolinaBlues.com

Contact Us

Online Resources

You can send a secure message through Ask Provider Services in MIM or call the VRU.

[My Insurance Manager](#)

[Voice Response Unit](#)

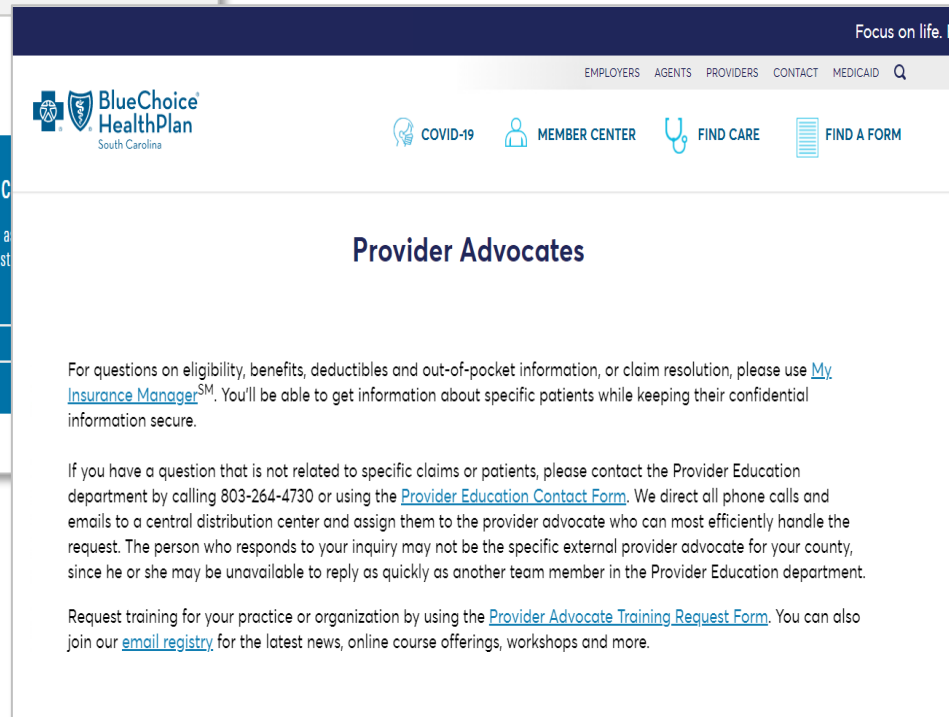
Provider Education

You can request education or a representative question.

[Contact Provider Education](#)

[Provider Education Territory Map](#)

BlueChoiceSC.com



Focus on life. For

EMPLOYERS AGENTS PROVIDERS CONTACT MEDICAID

BlueChoice HealthPlan South Carolina

COVID-19 MEMBER CENTER FIND CARE FIND A FORM

Provider Advocates

For questions on eligibility, benefits, deductibles and out-of-pocket information, or claim resolution, please use [My Insurance Manager](#)SM. You'll be able to get information about specific patients while keeping their confidential information secure.

If you have a question that is not related to specific claims or patients, please contact the Provider Education department by calling 803-264-4730 or using the [Provider Education Contact Form](#). We direct all phone calls and emails to a central distribution center and assign them to the provider advocate who can most efficiently handle the request. The person who responds to your inquiry may not be the specific external provider advocate for your county, since he or she may be unavailable to reply as quickly as another team member in the Provider Education department.

Request training for your practice or organization by using the [Provider Advocate Training Request Form](#). You can also join our [email registry](#) for the latest news, online course offerings, workshops and more.



MY INSURANCE MANAGER



OVERVIEW OF MY INSURANCE MANAGER

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

Use MIM to:

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

GETTING STARTED

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

The screenshot shows the My Insurance Manager website. At the top, the logo reads "My INSURANCE MANAGER SM". Below the logo is a login form with fields for "Username" and "Password". A "Login" button is next to the password field, and a "Register Now!" button is circled in red. Below the login form are links for "Forgot Username?" and "Forgot Password?". To the right of the login form is a banner featuring a smiling female doctor and a computer monitor. The banner text says "Welcome to My Insurance Manager!" and "Log in to file a claim, check benefits and more! If you have never registered, you will need to create a profile." with a "Register Now" button. Below the banner is a "Browser Requirements" section with a list of supported browsers: Microsoft Edge, Mozilla Firefox (current version), Google Chrome (current version), and Safari (Mac OS Only). Below the browser requirements is a "Latest Features" section with two cards. The first card is titled "Is your password strong enough? Safeguard PHI!" and includes a "Learn how" button. The second card is titled "Want To Stay in the Know? See the Latest Bulletins!" and includes a "Learn Now" button.

CREATING A PROFILE

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

My INSURANCE MANAGERSM

Create Profile

[Printer-Friendly](#)

*** Required**

Please enter your 9-digit Tax ID number.

*** Tax ID:**

By clicking Continue, you agree to the [Terms and Conditions](#).

or [Cancel](#)

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

CREATING A PROFILE (CONTINUED)

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

Create Profile Printer-Friendly

Profile Information Required

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: 123456789 Provider: YOUR PRACTICE/FACILITY

Address: 4101 PERCIVAL RD COLUMBIA, SC 29229-8320 Note: If this address is incorrect, please complete the [change of address form](#).

Primary Location: YOUR PRACTICE/FACILITY Primary Work Location: 111112222

Profile Type: Office Staff

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.

CREATING A PROFILE (CONTINUED)

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

Validate Profile Printer-Friendly

Profile Validation

Please choose a way to validate yourself as an administrator of this Tax ID.

Enter Claim Information

Request Security Code

Request Security Code * Required

You can request that we send a Security Code via the delivery method we have on file associated with your Tax ID.

* Location: Select

* Delivery Method:

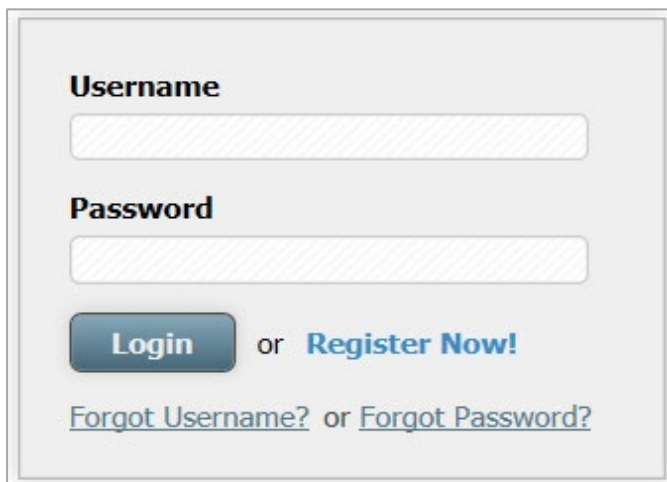
Email:

Fax:

Physical Address:

LOG INTO MY INSURANCE MANAGER

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



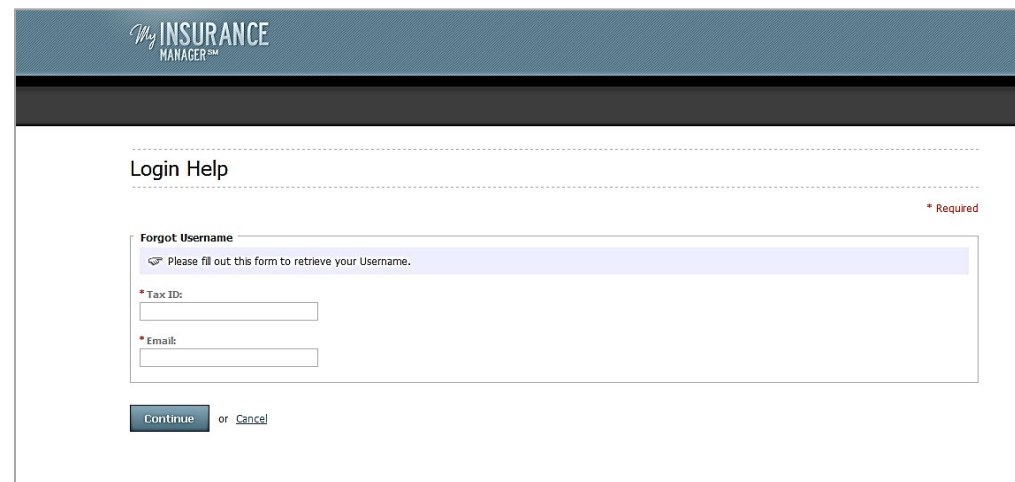
A login and registration form with a light gray background. It features two input fields: 'Username' and 'Password'. Below the fields is a blue 'Login' button followed by the text 'or Register Now!'. At the bottom, there are two links: 'Forgot Username?' and 'Forgot Password?'.

Username

Password

Login or **Register Now!**

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



A screenshot of the 'My Insurance Manager' website's login help page. The header includes the logo 'My INSURANCE MANAGER'. Below the header is a 'Login Help' section with a 'Forgot Username' form. The form includes a heading 'Forgot Username', a sub-heading 'Please fill out this form to retrieve your Username.', and two required input fields: 'Tax ID:' and 'Email:'. At the bottom of the form are 'Continue' and 'Cancel' buttons.

My INSURANCE MANAGER

Login Help

Forgot Username

Please fill out this form to retrieve your Username.

* Tax ID:

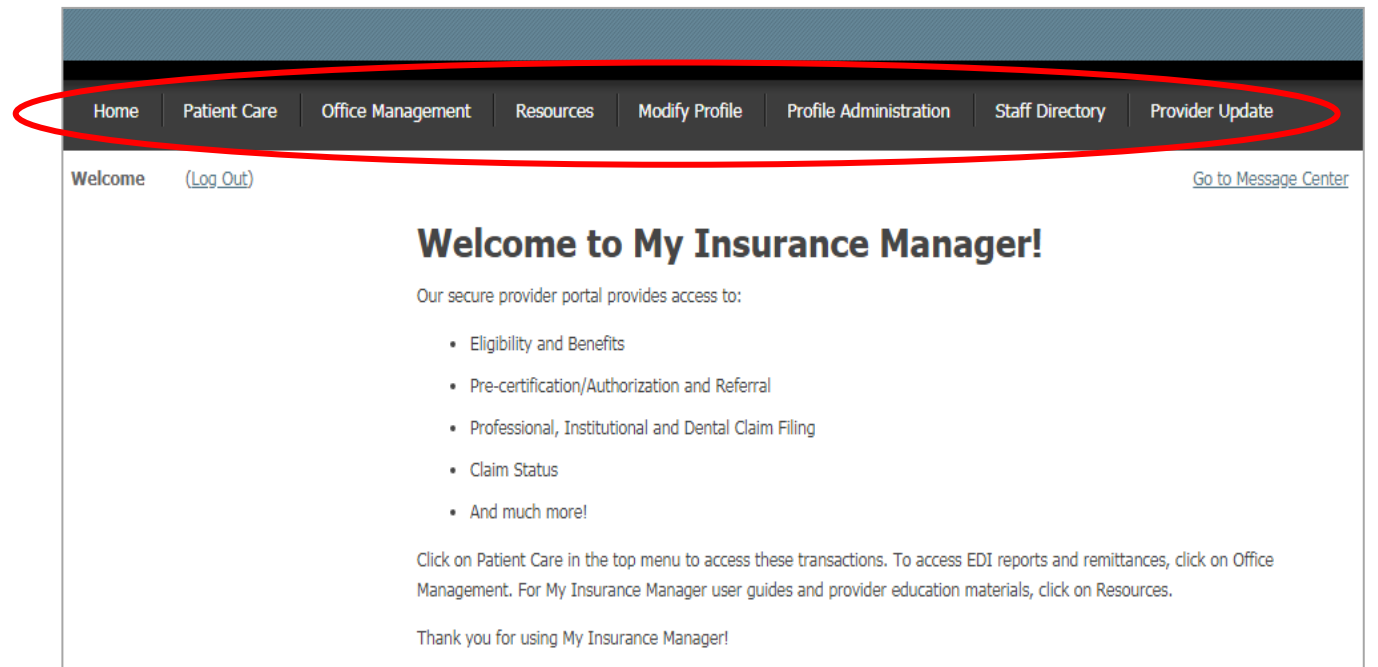
* Email:

Continue or **Cancel**

NAVIGATIONAL OPTIONS

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

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



PATIENT CARE

Patient Care is categorized by Health and Dental.

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

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

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

OFFICE MANAGEMENT

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

Additional options for Health services include:

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

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

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

OFFICE MANAGEMENT – REFUND LETTERS

Refund letters include:

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

For further questions:

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

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

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

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

0000192

1-20 @ Alpine Road
Columbia, SC 29219

South Carolina
BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association
Log in to MyInsuranceManagerSM
at SouthCarolinaBlues.com.

SEPTEMBER 21, 2021

1000 pp 1000
26 1000

MEMBER CLAIM LETTER
P
LOS ANGELES CA 90074-9055

Re: Patient: [REDACTED]
ID Num: [REDACTED]
Date(s) of Service: March 11, 2021
Refund Number: P2126417272

Dear Provider:

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

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

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

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

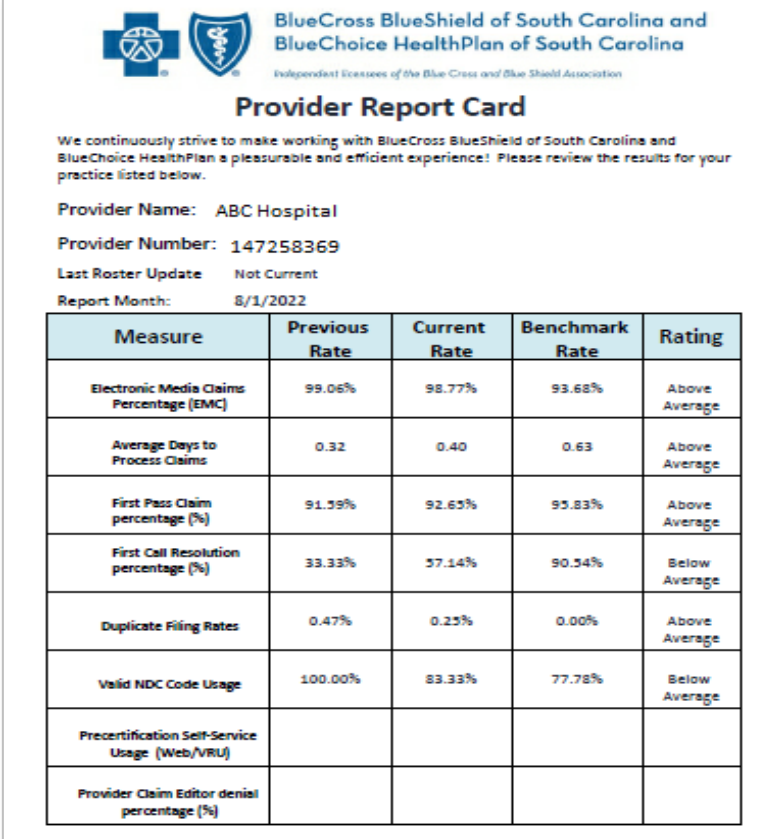
We thank you for your cooperation and apologize for any inconvenience. If you have any questions about this refund, please call our Customer Service department at 800-868-2500.

Sincerely,

OFFICE MANAGEMENT – PROVIDER REPORT CARDS

Provider Report Cards provide:

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



The image shows a sample Provider Report Card from BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina. The card includes the organization's logo, name, and a disclaimer. It lists the provider name as ABC Hospital, provider number 147258369, and the report month as 8/1/2022. A table follows, comparing the provider's performance on various metrics against a benchmark and a rating. The metrics include Electronic Media Claims Percentage (EMC), Average Days to Process Claims, First Pass Claim percentage (%), First Call Resolution percentage (%), Duplicate Filing Rates, Valid NDC Code Usage, Precertification Self-Service Usage (Web/VRU), and Provider Claim Editor denial percentage (%). The table shows that the provider is generally performing well, being 'Above Average' in EMC, Average Days to Process Claims, First Pass Claim percentage (%), and Duplicate Filing Rates, while being 'Below Average' in First Call Resolution percentage (%), Valid NDC Code Usage, and Precertification Self-Service Usage. The Provider Claim Editor denial percentage (%) field is empty.

Measure	Previous Rate	Current Rate	Benchmark Rate	Rating
Electronic Media Claims Percentage (EMC)	99.06%	98.77%	93.68%	Above Average
Average Days to Process Claims	0.32	0.40	0.63	Above Average
First Pass Claim percentage (%)	91.39%	92.65%	95.83%	Above Average
First Call Resolution percentage (%)	33.33%	37.14%	90.54%	Below Average
Duplicate Filing Rates	0.47%	0.25%	0.00%	Above Average
Valid NDC Code Usage	100.00%	83.33%	77.78%	Below Average
Precertification Self-Service Usage (Web/VRU)				
Provider Claim Editor denial percentage (%)				





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

RESOURCES

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

Most used resources include:

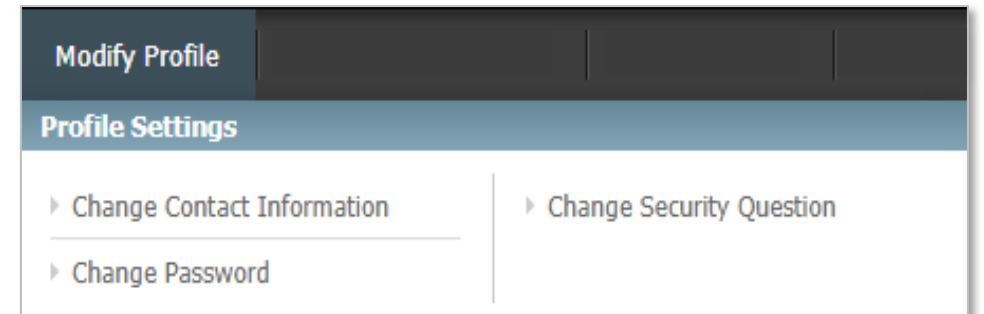
- Avalon Lab Benefit Manager Provider Portal
- Medical Policies
- My Remit Manager

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

MODIFY PROFILE

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

- Change Contact Information
- Change Password
- Change Security Question



PROFILE ADMINISTRATION

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

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

Only available for Profile Administrators.



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

STAFF DIRECTORY AND PROVIDER UPDATE

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

Staff Directory

Provider Update

TROUBLESHOOTING TIPS

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

STATCHAT

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

STATchat

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

How would you like to contact Provider Services?

Submit your question online

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

Inquiry Name:
BlueCross BlueShield Plans

Inquiry Reason:
Claim Status Inquiry

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

* Location: TII Primary ID: 10

Need help using STATchat?

Launch STATchat or Back

STATchat **Hang Up**

Status: Connected
Call Id: 8580591097

Wearing a headset?

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

Details Log

Automatic Number Identification

8580

Session ID

Provider Tax ID

45

ASK PROVIDER SERVICES

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

Patient Selection

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

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

Search By:

Member ID
 Claim Number

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

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

Advanced Search

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

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

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

Inquiry

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

How would you like to contact Provider Services?

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

Health Plan:
BlueCross BlueShield Plans

Inquiry Reason:
Claim Status Inquiry

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

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

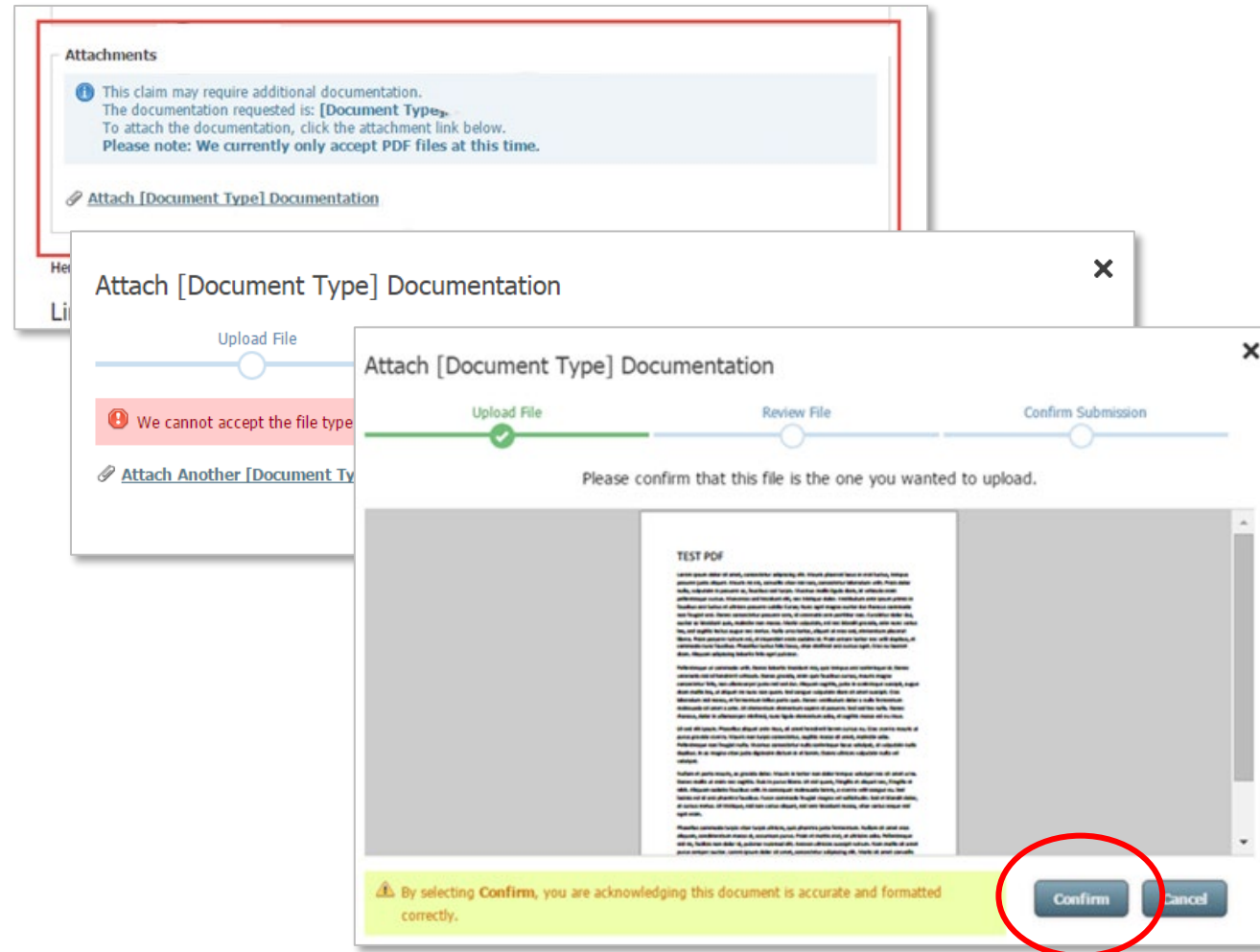
*** Please enter a question:**

or [Back](#)

CLAIM ATTACHMENTS

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

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





MY REMIT MANAGER



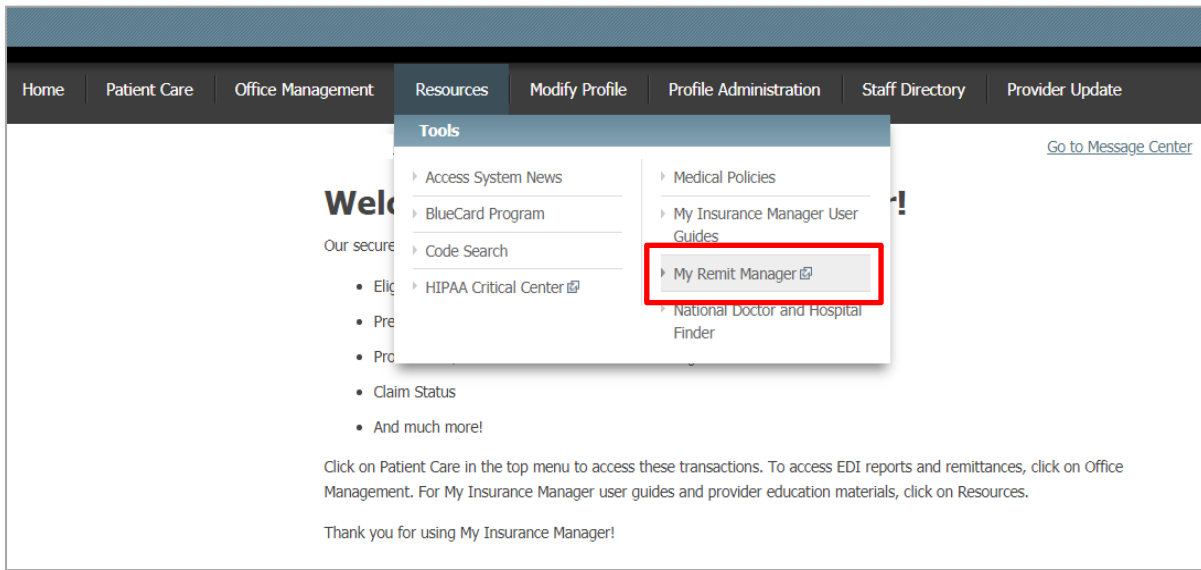
OVERVIEW OF MY REMIT MANAGER

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

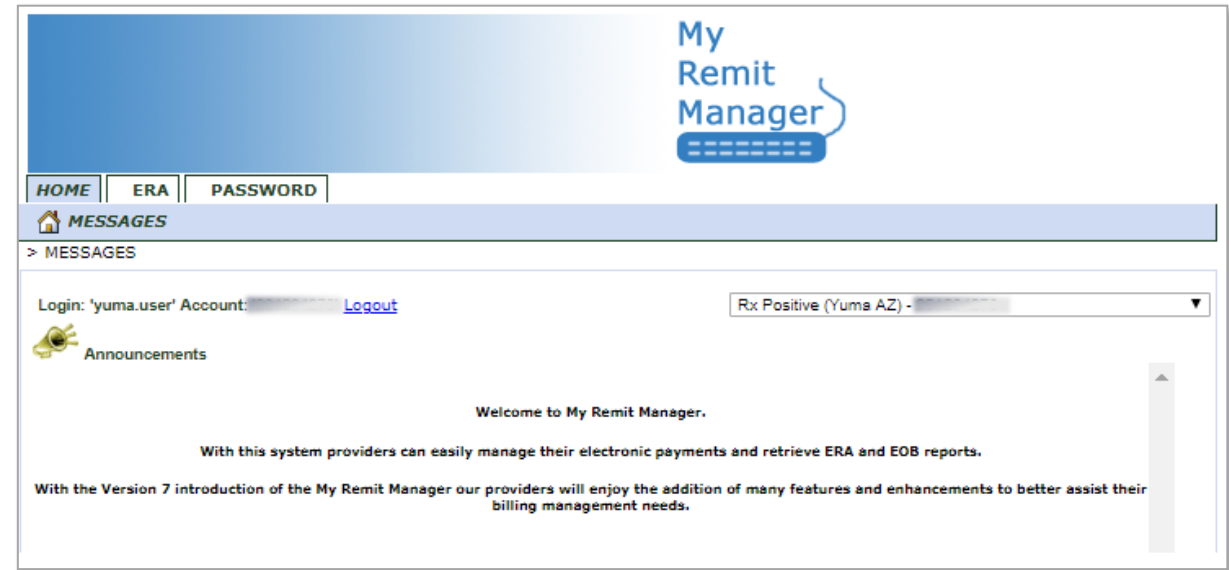
Use My Remit Manager to:

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

AVAILABLE OPTIONS TO ACCESS MY REMIT MANAGER



Within My Insurance Manager



Outside My Insurance Manager

MY REMIT MANAGER THROUGH MY INSURANCE MANAGER

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

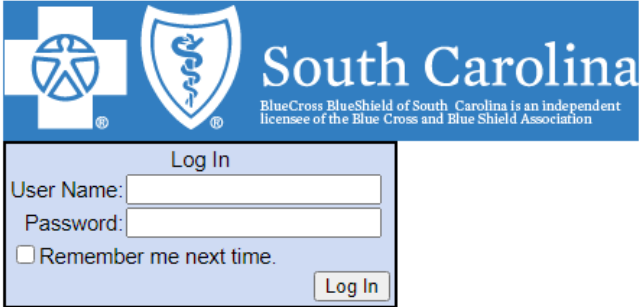
The screenshot displays the 'My Remit Manager' interface. The top section shows a calendar view for May 2022, with checks listed by date. A red box highlights 'CHK-9' on May 25th. Below the calendar is a detailed table of check transactions. A red box highlights the 'Download' button in the table's header row.

Rec#	Download	Check Number	Payment Method	Checkdate	Postdate	Billed	Paid	Payer	Provider
			ACH	11/1/2022	10/30/2022	\$9,485.00	\$1,572.00	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$7,807.00	\$1,749.13	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$530.00	\$132.00	FEDERAL EMPLOYEE PLAN	
			ACH	11/1/2022	10/30/2022	\$2,105.00	\$213.04	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$1,157.00	\$96.18	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$769.00	\$141.47	FEDERAL EMPLOYEE PLAN	
			ACH	11/1/2022	10/30/2022	\$178.00	\$117.00	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$196.80	\$34.14	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$1,410.00	\$78.99	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$1,710.00	\$380.05	STATE HEALTH PLAN	

MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER

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

Providers>Tools and Resources>My Remit Manager
- New registrants will receive their username and password, along with instructions via email.



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

Log In

User Name:

Password:

Remember me next time.

Log In

Need to **Register?**
Forgot **User Name or Password?**
Contact BCBSSC EDI Services at edi.services@bcbssc.com.

My Remit Manager Access Request Form

Billing Provider Name *

Billing Provider Tax ID *

Billing Provider NPI(s) *

If more than one, please separate using commas.

User Name *

First Name Last Name

User Phone Number *

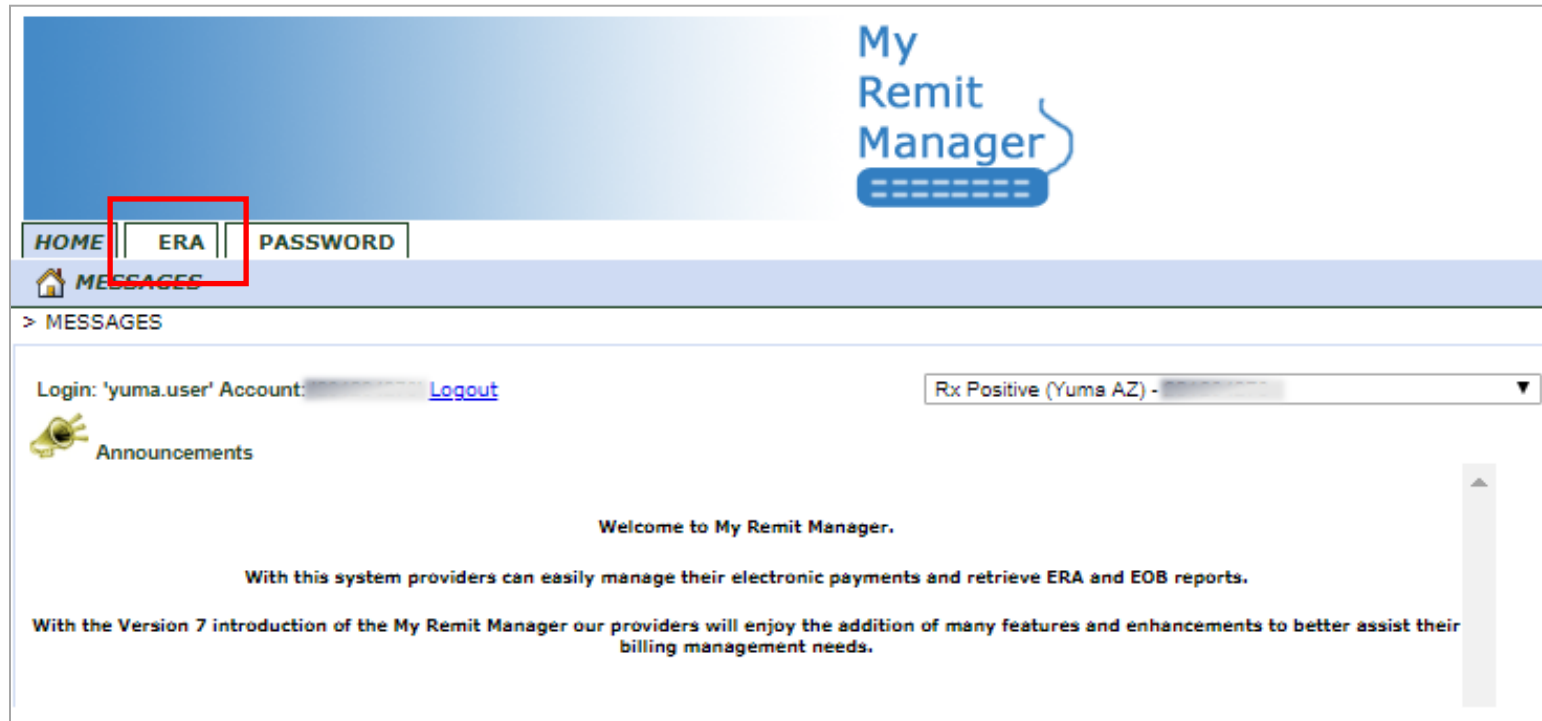
User Email *

Submit Form

MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER (CONTINUED)

What You Will See

Click the ERA tab to view check and remittance information.



The screenshot displays the My Remit Manager web application interface. At the top right, the logo "My Remit Manager" is visible. Below the logo is a navigation bar with three tabs: "HOME", "ERA", and "PASSWORD". The "ERA" tab is highlighted with a red rectangular box. Below the navigation bar is a "MESSAGES" section with a home icon and the text "MESSAGES". Underneath, there is a "MESSAGES" header. The main content area shows the user's login information: "Login: 'yuma.user' Account: [redacted] Logout" and a dropdown menu for "Rx Positive (Yuma AZ) - [redacted]". Below this is an "Announcements" section with a megaphone icon. The announcements text reads: "Welcome to My Remit Manager. With this system providers can easily manage their electronic payments and retrieve ERA and EOB reports. With the Version 7 introduction of the My Remit Manager our providers will enjoy the addition of many features and enhancements to better assist their billing management needs."

MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER (CONTINUED)

ERA Tab – Check Date

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

The screenshot displays the 'ERA' tab interface for 'CHECK DATE'. The navigation menu includes HOME, REALTIME, CLAIMS, ERA, PASSWORD, and ADMIN. The main content area shows a calendar for June 2021 with a 'Select Date' dropdown menu highlighted in red. To the right is a bar chart titled 'Billed vs. Paid by Week' showing billed (blue) and paid (red) amounts. Below the calendar is a table of remittance items with columns for REC, CHECK NUMBER, CHECK TYPE, CHECK DATE, POST DATE, BILLED, PAID, PROVIDER, PAYER, and TYPE. The 'CHECK NUMBER' column header is highlighted in red.

REC	CHECK NUMBER	CHECK TYPE	CHECK DATE	POST DATE	BILLED	PAID	PROVIDER	PAYER	TYPE
Select	0002f	CH	6/15/2021	6/13/2021	1879.00	354.33	LO SU		5010
Select	0000f	CH	6/15/2021	6/13/2021	2189.00	680.09	LO SU		5010
Select	0001f	CH	6/15/2021	6/13/2021	4981.00	880.26	LO SU		5010

MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER (CONTINUED)

ERA Tab – Check Date (Continued)

Select the account of the patient.

The screenshot displays the 'ERA' tab in a web application. The navigation bar includes 'HOME', 'REALTIME', 'CLAIMS', 'ERA', 'PASSWORD', and 'ADMIN'. Below this, there are icons for 'CHECK DATE', 'POST DATE', 'PATIENTS', 'REPORTS', and 'DOWNLOAD ERA'. The breadcrumb trail shows '> CHECKS BY CHECK DATE > PATIENTS'. The main content area has search filters for 'Check Number/Date', 'Payer', 'Provider', and 'Status' (set to 'All Items'). There are also links for 'ERA Patient Per Page', 'ERA Patient Listing', 'ERA Patient Summary', 'ERA Text Export', 'Selected ERA Per Page', and 'Unselect All'. A table below shows 5 records. The 'ACCOUNT' column is highlighted with a red box.

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

MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER (CONTINUED)

Remittance

Below is an example of how the remittance will pull.

ERA Patient Listing											
Electronic Reproduction ASC 005010X221A1											
CHECK/EFT: 0000420012						CHECK DATE: 06/15/2021					
Account: 46030			POS: 11	HIC: 18072770	ICN: 18072770	Provider: 18072770 18072770 18072770					
Status: Processed as Secondary											
PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
161633693	05/20/2021	1		HC:99202	145.00	70.12			131.14	13.86	*OA 23 131.14
REMITTANCE SUMMARY					145.00	70.12	.00	.00	131.14	13.86	
TOTALS											
Denied/Non-Covered: 131.14											
*OA 23 131.14 [Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments]											
* Denotes Denied Or Non-covered Charges											
REMITTANCE SUMMARY											
					Billed	Allowed	Deduct	Coins	RC-Amt	PLB Adj	Paid
Totals					145.00	70.12	.00	.00	131.14	.00	13.86

MY REMIT MANAGER OUTSIDE OF MY INSURANCE MANAGER (CONTINUED)

ERA Tab – Patient Search

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

HOME REALTIME CLAIMS ERA PASSWORD ADMIN

CHECK DATE POST DATE PATIENTS REPORTS DOWNLOAD ERA

> PATIENTS

Search for [Search](#) Filter on None

Payer All Items To Date

Status All Items

[ERA Patient Per Page](#) [ERA Patient Listing](#) [ERA Patient Summary](#) [ERA Text](#) [Export](#)
[Selected ERA Per Page](#) [Unselect All](#)

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



M.D. CHECKUP

OVERVIEW OF M.D. CHECKUP

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

Use M.D. Checkup to:

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

PROVIDER DIRECTORY VALIDATION



Provider Validation

One or more locations require immediate attention.

They have been suppressed from our directories and are no longer visible to members.

[Validate Now!](#)

Provider Data Validation - Location List

[Need help? Ask Us](#)

Please verify that every location in this list is associated with your organization and that all the information is correct.

Suppressed from Directories means the location is no longer shown in our directories and is not visible to members. Please immediately verify the information for the locations and make any necessary updates to ensure we have the latest information.

Verification Required means the location needs to be verified to prevent it from being suppressed from directories soon. Please immediately verify the information for the location and make any necessary updates to ensure we have the latest information.

Pending Approval means we have received your updates and the changes are being validated. If the updates are validated the location will be updated to Verified next.

Verified means no action is necessary at this time. You can still make any updates necessary for these locations.

Search...

You can search by Location, Address, City, State or Zip

Location	Status	
	Suppressed from Directories	View & Edit
	Immediate review required.	Deactiva

Provider Data Validation - Location Details

[Need help? Ask Us](#)

[Verify Locations](#) > Location Details

Suppressed from Directories

[Back](#)

[Deactivate Location](#)

[Edit](#)

[Verify](#)

WDPC.COM

Instructions: Please verify that all of the the information associated with this location as well as the Practitioner information is correct.

Provider Location Information

Billing Name

Billing NPI

Specialty

Physical Address

Billing Address

Hours of Operation

Monday 08:00 AM - 05:30 PM

Tuesday 08:00 AM - 05:30 PM

Wednesday 08:00 AM - 05:30 PM

Thursday 08:00 AM - 05:30 PM

Friday

Saturday

Sunday

Affiliated Practitioners -

REMOVING (CLOSING) LOCATIONS

INSURANCE KARAZZ™

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory Provider Update

Provider Data Validation - Locations List

Need help? Ask Provider Support

Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.

Search locations...

You can search by Location, Address, City, State or Zip

Location	Status	
Provider 1 Main Street	Requires Verification	View & Edit Remove Location
Provider 2 Pine Road	Requires Verification	View & Edit Remove Location
Provider 3 Davis Avenue	Requires Verification	View & Edit Remove Location

View & Edit

Remove Location

Request to Remove Location

By, State or Zip

Are you sure you wish to remove Palmetto Northeast? Please enter the date on which you want this location to be removed.

Note: The removal date must be after the original effective date.

Requires Verification

mm/dd/yyyy

View & Edit

Requires Verification

View & Edit

Cancel Remove

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



VOICE RESPONSE UNIT



OVERVIEW OF THE VOICE RESPONSE UNIT (VRU)

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

Use the VRU to:

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

Guidelines and Tips

Main Menu Functions

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

Options Available for Eligibility and Benefits and Claims Status

- Fax
- Voice
- Voice, then Fax

Please Have This Information Ready When You Call:

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

HOW TO REACH THE VRU

- **Call one of the following numbers to use the voice response unit:**

- Columbia or Lexington: 803-788-8562
- Other locations in South Carolina: 800-868-2510
- Outside of South Carolina: 800-334-2583
- BlueChoice® HealthPlan: 800-868-2528
- State Health Plan: 800-444-4311
- Federal Employee Program: 888-930-2345
- BlueCard Eligibility: 800-676-BLUE (2583)

- **Be sure to have the following information ready:**

- Your Tax ID or NPI
- Patient identification number (including the prefix)
- Patient's date of birth
- Date of service (if related to claims)



THANK YOU

