



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

Independent licensees of the Blue Cross Blue Shield Association.

2025 Annual Provider Summit

Frequently Asked Questions

Authorizations

Does the new authorization process include CBA and Healthy BlueSM?

Yes. CBA and Healthy Blue authorizations will go through the new Cohere platform.

What guidelines will be used for authorizations once the changes are made?

All clinical reviews and decisions will be made by the health plan (BlueCross, BlueChoice, Healthy Blue, etc.). Cohere is only being used as the platform for submitting the authorization requests.

Benefits

How can we check a member's benefits?

For BlueCross BlueShield of South Carolina members, you can check benefits using My Insurance ManagerSM or the voice response unit. Be sure to call the appropriate Provider Services number.

For out-of-state members, call the BlueCard eligibility line at 800-676-2583 and you will be routed to the appropriate Home plan for the member.

What are the alpha prefixes for the new Blue Beaufort HMO plan?

The alpha prefixes associated with this new plan are BEU and BEQ.

What are the alpha prefixes for the new Blue Direction plan?

The alpha prefixes associated with this new plan will be ZCF and ZCU.

Claims

If the patient completes the other health insurance (OHI) or subrogation questionnaire while at our facility, and the claim denies for it, can the facility send it in?

Yes. The facility can send the OHI or subrogation questionnaire in as long as it was completed in its entirety by the member. Also, only submit the questionnaire if requested.

Is there an option to find refund letters by member information?

Refund letters can be viewed in My Insurance Manager. You can search by using the refund control number (RCN) or by using a date range. Each refund letter includes the applicable member information (i.e., name, identification number, claim number).

How do you submit a claim before becoming an in-network provider?

We encourage providers to not see patients until their credentialing has been completed, and they receive their welcome emails along with their network effective dates.

Why can't all denied claims have the claims attachment feature?

The claims attachment feature is for claims that require documentation to help make a determination on the outcome. Examples include itemized bills, other health insurance, and letter of medical necessity.

The feature is not available for all denied claims because some claims that deny do not warrant additional review. For instance, if a claim denies as a noncovered service under the member's plan, no additional documentation is needed.

Provider Enrollment

Does My Provider Enrollment Portal require a separate account from My Insurance ManagerSM?

Yes. My Provider Enrollment Portal and My Insurance Manager are two separate platforms. You must create an account for each one.

With the new My Provider Enrollment Portal, how long will it take for contracts to appear?

In the new portal, once the application is submitted, it goes into preliminary status.

During this time, the provider enrollment team is reviewing the application to ensure it is clean. A clean application is one that includes all the required signatures, licenses, certificates, and valid dates.

If the provider enrollment team determines the application is clean, the application and applicable contracts will be sent to the provider and additional designated signers for signatures.

If a provider affiliation is added through My Insurance Manager, how long does it take for your systems to be updated?

For provider affiliations done through My Insurance Manager, please allow up to two business days for the updates to be reflected in our systems.

What happens if I start an application in the existing My Provider Enrollment Portal before the new portal is implemented?

Applications that were started (but not completed) in the existing My Provider Enrollment Portal will be transferred to the new portal once implemented.

Why are there no chiropractors in network with BlueEssentialsSM plans?

Beginning in 2025, chiropractors will be able to join the BlueEssentials network.

With the new My Provider Enrollment Portal, will there be an email alert if something is needed?

Yes. In the new portal, if something is needed to process the application, you will receive an alert in the portal (along with a notification bell), and an email will be sent.