



**BlueCross BlueShield
of Mississippi**

It's good to be **Blue.**

How-to Guide

Medical Eligibility, Benefits & Claims

“How To” Guide for Verification of Eligibility and Benefits

December 2013

Proper verification of Eligibility and Benefits is vital to understanding your patients’ benefits. Blue Cross and Blue Shield of Mississippi (BCBSMS) provides the necessary resources to check benefits online via *myBlue* Provider for all BCBS affiliated plans. In this “How-To” guide, you will see how to check benefits and eligibility information for BCBSMS, Federal Employee Plan (FEP), and Out of Area (Blue Card) members.

When you log-in to *myBlue* Provider, the *myNotifications* box will pop up on the screen alerting you of any messages from BCBSMS that need your attention and/or action. You may elect to either view the messages displayed, or you may close the *myNotifications* message alert box, by clicking on the “Close” button to view the messages at a later time. Once you close the *myNotifications* alert box, you will notice that the *myNotifications* are still shown in the middle of the Home page. The *myNews* section is located below *myNotifications* and the *myBlue* Search feature is located to the right of the Home page. You can use this search box to browse News articles, Medical Policies, Coding Policies and FAQ’s. The quickest and easiest way to contact BCBSMS directly is via the Contact Blue link located on the top right corner of the Home page.

The screenshot shows the myBlue Provider website interface. At the top left is the BlueCross BlueShield of Mississippi logo with the tagline "It's good to partner with Blue." At the top right are links for "Contact Blue", "Search the Site", and "Log Out". The "myBlue Provider" logo is prominently displayed. A navigation menu on the left lists: Maintenance, Transactions (highlighted with a red arrow), Be RxSmart, Policies, Prior Authorization, Reports, News, and Education & Downloads. The main content area features a banner for the "myBlue member app" with a "Learn More" button. Below this is the "myNotifications" section, which lists: Appeals (0 new messages and 0 open requests), Medical Records (0 new messages and 0 open requests), Prior Authorization (0 new messages and 0 open requests), and Provider Credentialing (0 new messages and 0 open requests). The "myNews" section features a headline: "2014 AHS Professional Allowance Update" with a sub-headline: "The AHS professional allowable charges for 2014 will be available soon. Click the headline for additional information." On the right side, there is a search box with a "Go" button and radio button options for "Medical Policy", "Coding Policy", "News", and "FAQ".

To check patient benefits, Click on the **Transactions** section located on the left hand portion of the Home page.

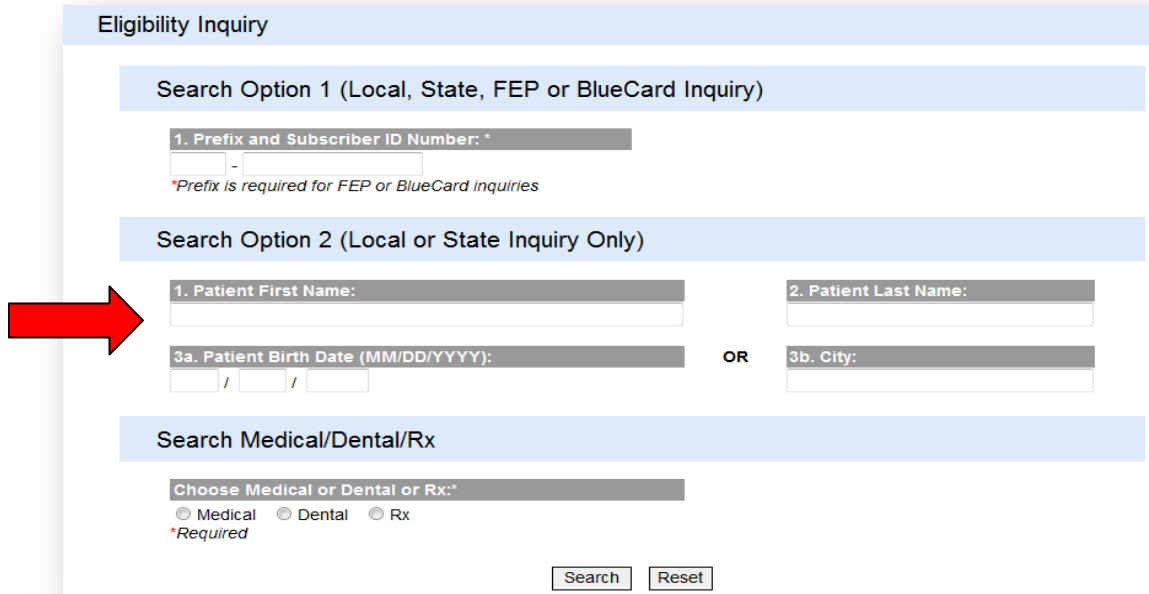
You will notice that as you move your mouse over the different sections on the Home page, additional resources will populate under each section heading. You will see several different tools available, but for the purposes of this “How-To” guide, click on the “Check Member Eligibility/Benefits” link.

The screenshot shows the BlueCross BlueShield of Mississippi website. At the top left is the logo and tagline "It's good to partner with Blue." At the top right are links for "Contact Blue", "Search the Site", and "Log Out". The main header features the "myBlue Provider" logo. Below this is a navigation menu with a red arrow pointing to "Check Member Eligibility/Benefits". Other menu items include Maintenance, Transactions, FEP / BlueCard Inquiry History, View Claim Status, Appeal Claim, View Appeal Status, Voucher Inquiry, Voucher Inquiry Tax ID Entry, Professional Allowance Inquiry, AHS Professional Allowance Inquiry, Online APC Pricer, Online APC Pricer History, Healthy You!, and ICD-10 Survey. The main content area features a "myBlue member app" banner with a "Learn More" button. Below the banner is a "myNotifications" section with links for Appeals, Medical Records, Prior Authorization, and Provider Credentialing, each with a message count. On the right is a search box with a "Go" button and radio button options for Medical Policy, Coding Policy, News, and FAQ.

The Member Eligibility/Benefits Inquiry Search Screen will appear as shown below. You can check patients’ benefits by entering their BCBSMS, FEP, or Blue Card (Out of Area) subscriber ID in the **Search Option 1** below. Once you have entered in the ID number, select “Medical” and Click on “Search.”

The screenshot shows the "Eligibility Inquiry" search screen. It has three main sections: "Search Option 1 (Local, State, FEP or BlueCard Inquiry)", "Search Option 2 (Local or State Inquiry Only)", and "Search Medical/Dental/Rx". A red arrow points to the "1. Prefix and Subscriber ID Number" input field in the first section. Below it is a note: "*Prefix is required for FEP or BlueCard inquiries". The second section has four input fields: "1. Patient First Name:", "2. Patient Last Name:", "3a. Patient Birth Date (MM/DD/YYYY):", and "3b. City:". The third section has a "Choose Medical or Dental or Rx:" label and three radio buttons: "Medical", "Dental", and "Rx". Below the radio buttons is a note: "*Required". At the bottom are "Search" and "Reset" buttons.

If you do not have the patient’s subscriber ID, you can use **Search Option 2** for any BCBSMS member using their name, date of birth, and city in which they reside. After entering in the search criteria for **Search Option 2**, you can select either Medical or Dental and click on the “Search” button.

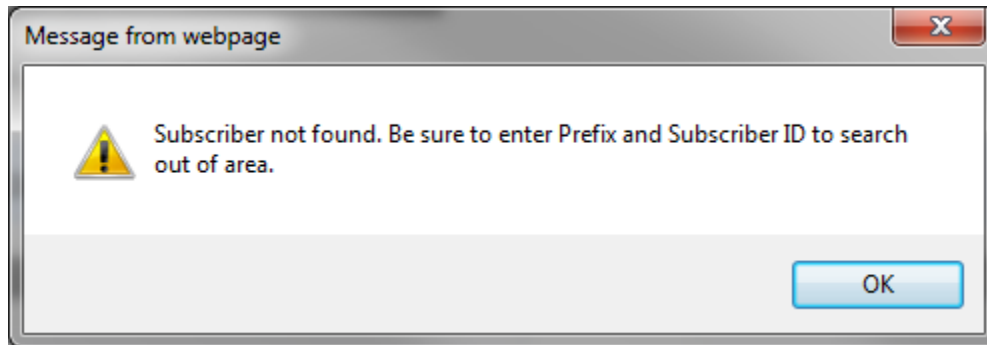


The screenshot shows the 'Eligibility Inquiry' form with three main sections:

- Search Option 1 (Local, State, FEP or BlueCard Inquiry):** Contains a field for '1. Prefix and Subscriber ID Number: *' with a sub-note: '*Prefix is required for FEP or BlueCard inquiries'.
- Search Option 2 (Local or State Inquiry Only):** Contains four fields: '1. Patient First Name:', '2. Patient Last Name:', '3a. Patient Birth Date (MM/DD/YYYY):', and '3b. City:'. A red arrow points to the '1. Patient First Name:' field. The word 'OR' is positioned between the birth date and city fields.
- Search Medical/Dental/Rx:** Contains a section 'Choose Medical or Dental or Rx: *' with radio buttons for 'Medical', 'Dental', and 'Rx'. A sub-note '*Required' is present.

At the bottom of the form are 'Search' and 'Reset' buttons.

Note: You will receive the following error message if the information entered does not match any members’ records currently on file



If you receive this message, please review the information entered to ensure it was entered accurately. If it was entered correctly, ask your **patient** to contact their employer, if applicable or the Member Customer Service number listed on the back of their ID card.

For BCBSMS members, once you enter the patient’s subscriber ID, you will see your patient’s information appear on the Member Selection Screen. Click on the patient’s name. You will then be routed to the Eligibility/Benefits display screen. For FEP and Out of Area members, additional instructions can be found on page 9.

Subscriber ID:
 Last Name:
 Address 1:
 Address 2:
 City/State:

First Name:
 Group Number:
 Group Name:
 Network Name:




First Name	Age	Sex	Relationship	Birth Date	Begin Date	End Date	Original Effective Date
BRIAN		M	SUBSCRIBER		02/01/2005	12/31/9999	02/01/2005
KIMBERLY		F	SPOUSE		02/01/2005	12/31/9999	02/01/2005

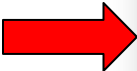
If there is only one member listed on the benefit plan, you will automatically be routed to the Eligibility/Benefits display page.

Eligibility/Benefits Display Page– BCBSMS Members

The Member Eligibility/Benefits Display Page is where you can view your patients’ benefits at-a-glance. You will find the patient’s: Virtual ID Card, Effective Date, Benefits Icons (see page 8), Deductible, Out of Pocket amounts, Accumulations and Office Visit benefits. You will also find a link to view Health Benefit Plan Coverage which will show detailed benefits for common benefit service types. Links to view the patient’s Medical Care Benefits by Service Type are also available and will show detailed benefits for a selected Service Type. You can also view a patient’s prescription drug coverage under the Rx Medication Search link to see what prescription drugs are covered and what drugs require a prior authorization.

For example, to access the Medical Care Benefits by Service Type screen, simply click on the “Medical Care Benefits by Service Type” link below.

Subscriber ID: Group Number: Group Name: Network Name:		 <p>Click to view Virtual ID Card</p>															
Subscriber Name: Address 1: Address 2: City/State:																	
<table border="1"> <thead> <tr> <th>Benefits for</th> <th>Dates</th> </tr> </thead> <tbody> <tr> <td>SUBSCRIBER</td> <td>End: 12/31/9999</td> </tr> <tr> <td>DOB</td> <td>Original: 01/01/2011</td> </tr> <tr> <td>Age:</td> <td></td> </tr> </tbody> </table>		Benefits for	Dates	SUBSCRIBER	End: 12/31/9999	DOB	Original: 01/01/2011	Age:		Health Management Benefits  							
Benefits for	Dates																
SUBSCRIBER	End: 12/31/9999																
DOB	Original: 01/01/2011																
Age:																	
Network Office Visit Benefits Physician PCP Office Visit \$25 per visit Specialist Office Visit \$40 per visit Other Office Services 80%		Network Deductibles and Out-of-Pocket <table border="1"> <thead> <tr> <th></th> <th>Amount</th> <th>Applied</th> </tr> </thead> <tbody> <tr> <td>Individual Deductible</td> <td>\$2,500.00</td> <td>\$394.94</td> </tr> <tr> <td>Individual OOP</td> <td>\$1,000.00</td> <td>\$620.50</td> </tr> <tr> <td>Family Deductible</td> <td>\$7,500.00</td> <td>\$394.94</td> </tr> <tr> <td>Family OOP</td> <td>\$3,000.00</td> <td>\$620.50</td> </tr> </tbody> </table>		Amount	Applied	Individual Deductible	\$2,500.00	\$394.94	Individual OOP	\$1,000.00	\$620.50	Family Deductible	\$7,500.00	\$394.94	Family OOP	\$3,000.00	\$620.50
	Amount	Applied															
Individual Deductible	\$2,500.00	\$394.94															
Individual OOP	\$1,000.00	\$620.50															
Family Deductible	\$7,500.00	\$394.94															
Family OOP	\$3,000.00	\$620.50															
Rx Medication Search Search to determine if a medication is in the formulary and if lower-cost alternatives are available.																	
Lifetime/Annual Max. Deductibles, and Out of Pocket (OOP) Health Benefit Plan Coverage Medical Care Benefits by Service Type Claims Status Benefits and Benefit Limitations Chiropractic Durable Medical Equipment Maternity Occupational Therapy Physical Therapy Speech Therapy Vision Nervous & Mental Hospital InPatient OutPatient Partial Hospitalization Physician InPatient Office/OutPatient																	



Medical Care Benefits by Service Type Selection Screen

The Medical Care Benefits by Service Type Selection Screen provides a scrollable list of specific service types to choose from to obtain detailed benefits for the selected service type(s). A maximum of three service types can be selected from the Service Type list. Once your selections have been made, press enter or click on the 'Submit' button to view the Benefits Display screen.

Note: A Service Type is a general description of the kind of services being performed or the place of treatment where services are being rendered. A definition of service types will display above the benefits.

Medical Dental Rx *Healthy You!*

Subscriber ID:		First Name:	
Last Name:		Group Number:	
Address 1:		Group Name:	
Address 2:		Network Name:	
City/State:			

First Name	Age	Sex	Relationship	Birth Date	Begin Date	End Date	Original Effective Date
					01/01/2011	12/31/9999	01/01/2011

Medical Care Benefits by Service Type

Select up to three Service Types to view specific benefits

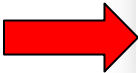
- Ambulatory Service Center Facility
- Anesthesia
- Cardiac Rehabilitation
- Chemotherapy
- Chiropractic
- Color Me Healthy!
- Dental Care
- Diagnostic Lab
- Diagnostic Medical
- Diagnostic X-Ray

Benefits Display Screen

The Benefits Display Screen provides detailed benefit information for each Service Type selected. Each benefit category listed will indicate if the benefit category is covered and if the benefit information listed is specific to services provided by a Network or non-Network provider. When applicable, the benefit category also indicates whether the benefit information listed is specific to a certain provider type or place of treatment. Benefit categories also indicate any limits or benefit requirements that may apply to the corresponding benefit category.


Note: If no information is displayed under a column for a benefit category, this benefit column is not applicable to the corresponding benefit category.

Benefits are as of 12/04/2013 Glossary of terms					
Chiropractic					
<p>Prior authorization is required for certain services performed at a non-network hospital in Mississippi. Click here for a list of services requiring prior authorization. The Network referring physician should use the appropriate prior authorization form under the "Prior Authorization" menu.</p> <p>Service Type Definition: Professional services which may include office visits, manipulations, x-rays, and supplies.</p>					
Benefit(s) Category	Network Indicator	Covered Benefit	Co-pay	Co-Insurance	Deductible
Chiropractic	Network	YES		80% with \$1,000 Out of pocket	
Limits: 20 Visits Calendar year (PT/OT/CHIRO COMBINED LIMIT)			Used: 0	Remaining: 20	
Chiropractic Office Visits	Network	YES	\$40 per visit	100%	
Diagnostic X-Ray	Network	YES		80% with \$1,000 Out of pocket	\$2,500 Calendar year
Place of treatment: All places of treatment but office					
Diagnostic X-Ray	Network	YES		80% with \$1,000 Out of pocket	
Place of treatment: Office					



Example: To read the benefit for a diagnostic x-ray performed in the office of Network Provider; you can see from this screen that it is a Covered Benefit paid at 80% of the allowable charge, deductible waived. The deductible is waived because it is not listed in the column associated with that particular line for Diagnostic X-Ray in an office setting.

Each Benefits Display page features a link to the Glossary of Terms, to view this click on the “Glossary of Terms” link at the top right hand corner of your Benefits Display Page.

Benefits are as of 12/04/2013 [Glossary of terms](#) 

Chiropractic

Prior authorization is required for certain services performed at a non-network hospital in Mississippi. Click [here](#) for a list of services requiring prior authorization. The Network referring physician should use the appropriate prior authorization form under the "Prior Authorization" menu.

Service Type Definition: Professional services which may include office visits, manipulations, x-rays, and supplies.

Benefit(s) Category	Network Indicator	Covered Benefit	Co-pay	Co-Insurance	Deductible
Chiropractic	Network	YES		80% with \$1,000 Out of pocket	
Limits: 20 Visits Calendar year (PT/OT/CHIRO COMBINED LIMIT)			Used: 0	Remaining: 20	

To return to the Benefits Display page, simply click on the back arrow key of your internet browser

Maintenance	Transactions	Be RxSmart	Policies	Prior Authorization	Reports	News	Education & Downloads	Home
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Glossary of terms

Column Headings

Benefit Category - The type of service or supply for which benefits are displayed.

Network Indicator - The level of benefits for the corresponding benefit category.

Covered Benefit - Indicates if benefits are available for the corresponding benefit category.

Co-pay - The portion of the allowable charge expressed as an amount for which the Member is financially responsible under this benefit plan in addition to the deductible amount where applicable.

Co-insurance - The portion of the allowable charge expressed as a percentage for which the Member is financially responsible under this benefit plan in addition to any applicable deductible Amount.

Deductible - The dollar amount of covered services first hereunder incurred in connection with a Member's injury or illness within a benefit period.

Network Indicator Field

Network - Indicator represents the benefits applicable to Providers that have an agreement pertaining to payment for covered services rendered to a Member.

Employer Network - Indicator represents the benefits applicable to Providers that are associated with the Member's employer.

Non Network - Indicator represents the benefits applicable to Providers that do not have an agreement pertaining to payment for covered services rendered to a Member.

Non Contracted - Indicator represents the benefits applicable to specific Provider types that are not offered an agreement pertaining to payment for covered services rendered to a Member.

No Network Differential - Indicator represents benefits that are the same for both network and non-network Providers.

General Terms

Out of Pocket - Unreimbursable expenses incurred by a Member for covered services in one benefit period. This amount does not include: (a) deductible amounts; (b) any charges in excess of the allowable charge; (c) any penalty for failure to pre-certify/certify

Eligibility/Benefits Display Page– Healthy You! and Color Me Healthy!

From the Eligibility/Benefits Display Page you can also view specific icons that indicate if your patient has the Healthy You and Color Me Healthy benefit. Click on each icon to be routed to additional benefit information, descriptions, and limitations.

For example, click on the Healthy You or Color Me Healthy icon below to see what Healthy You services this patient has remaining for the calendar year, what CPT codes have already been filed, which provider performed the service and when. You can also input biometrics if your clinic is not already submitting them via file transfer.

Medical Dental Rx **Healthy You!**

Subscriber ID:	Group Number:	Group Name:	Network Name:
			BLUE CARD PPO NETWORK
Subscriber Name:			
Address 1:			
Address 2:			
City/State:			



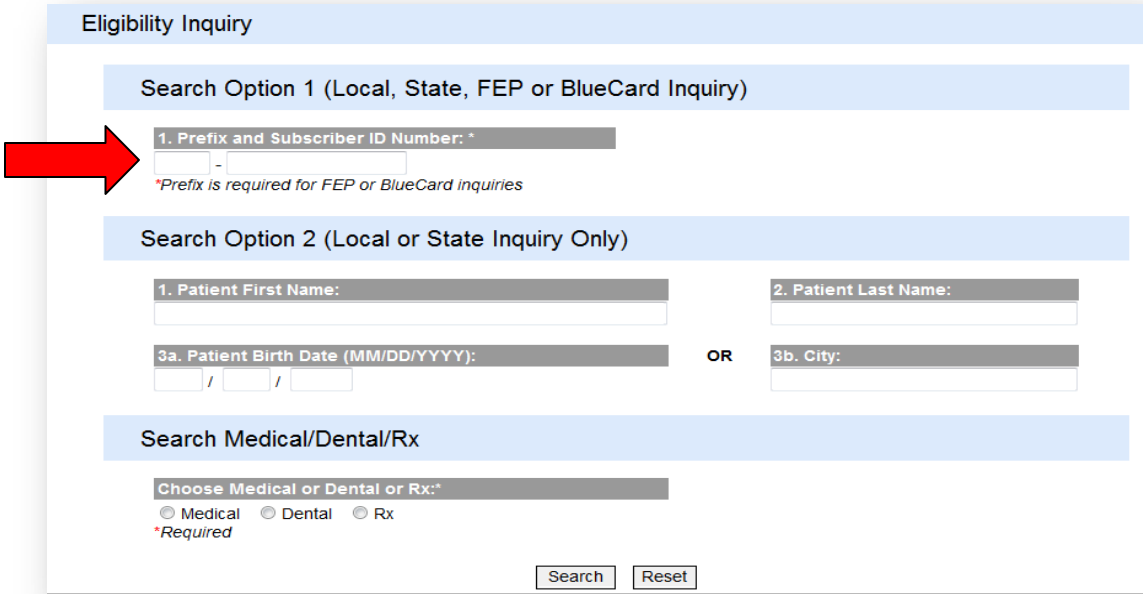
[Click to view Virtual ID Card](#)

Benefits for	Dates	Health Management Benefits
	Begin: 01/01/2011	 
SUBSCRIBER	End: 12/31/2011	
DOB:	Original: 01/01/2011	
Age:		

Healthy You! Biometrics	Healthy You! Wellness Guide
Visit Date <input type="text"/>	Preventive Wellness Services CPT Codes 2014
Provider <input type="text"/> <input type="button" value="Search"/>	Office Visit Recommended: one procedure per calendar year View CPT Codes >
Patient ID <input type="text"/>	Hemoglobin, hematocrit, or CBC Recommended: one procedure per calendar year View CPT Codes >
Height <input type="text"/> ft. <input type="text"/> in. Weight <input type="text"/> lbs.	Urinalysis Recommended: one procedure per calendar year View CPT Codes >
Blood Pressure <input type="text"/> / <input type="text"/>	Immunizations See Page 9 of Healthy You! Coding Guidelines
Tobacco Use <input type="text"/>	Glucose Recommended: one procedure per calendar year View CPT Codes >
Total Cholesterol <input type="text"/> Triglycerides <input type="text"/>	Lipid Profile Recommended: one procedure per calendar year View CPT Codes >
HDL <input type="text"/> LDL <input type="text"/>	Prostate Specific Antigen Recommended: one procedure per calendar year View CPT Codes >
Glucose <input type="text"/> <input type="text"/>	Stool for occult blood Recommended: one procedure per calendar year View CPT Codes >
A1C* <input type="text"/>	Flexible Sigmoidoscopy Recommended: one procedure every 5 years View CPT Codes >
<small>*Not a covered Healthy You! service.</small>	OR
View more biometric submission options >>	Colonoscopy Recommended: one procedure every 10 years View CPT Codes >
Refer to Color Me Healthy <input type="button" value="Save"/>	Printable Version >
Date of First Color Me Healthy Visit: <input type="text"/>	
Select Provider <input type="text"/> <input type="button" value="Search"/>	
Patient Phone Number: <input type="text"/>	

Benefits/Eligibility Verification- FEP and Out of Area (Blue Card) Members

If your patient is a FEP or Out of Area member, you can also check their benefits by using the same link as discussed on page 2. Enter in the FEP or Out of Area (Blue Card) subscriber ID below, select Medical or Dental and click on “Search.”



The screenshot shows a web form titled "Eligibility Inquiry". It is divided into three main sections:

- Search Option 1 (Local, State, FEP or BlueCard Inquiry):** This section contains a label "1. Prefix and Subscriber ID Number: *" above two input fields separated by a hyphen. A red arrow points to the first input field. Below the fields is the text "*Prefix is required for FEP or BlueCard inquiries".
- Search Option 2 (Local or State Inquiry Only):** This section contains four input fields: "1. Patient First Name:", "2. Patient Last Name:", "3a. Patient Birth Date (MM/DD/YYYY):" (with three separate boxes for MM, DD, and YYYY), and "3b. City:". The fields for birth date and city are separated by the word "OR".
- Search Medical/Dental/Rx:** This section contains a label "Choose Medical or Dental or Rx: *" above three radio buttons labeled "Medical", "Dental", and "Rx". Below the radio buttons is the text "*Required".

At the bottom of the form are two buttons: "Search" and "Reset".

Member Eligibility/Benefits Screen –FEP and Blue Card

You will see a drop down menu box to select a specific Service Type which allows you to obtain detailed benefit information. To access the benefits for a FEP or an Out of Area Blue Card patient, you must enter the required information (Tax ID, Patient First and Last Name, and Date of Birth.) After you have entered the information necessary to identify the patient, select a Service Type from the drop down menu box to view specific benefits. When your selection has been made, click on the 'Search' button to submit your request.

Eligibility/Benefits Additional Information for BlueCard Search

Your search has been identified as a BlueCard inquiry. We can forward your request through the Blue Cross Association, but you must supply additional information to correctly and uniquely identify the patient. The additional information provided must be an exact match at the home plan to guarantee an accurate response. To continue, enter the additional information that is necessary to identify the patient, select a Service Type to view specific benefits then click the "Search" button below. Otherwise you may click "Cancel" to return to the Home Page.

Prefix and Subscriber ID Number:

Provider Tax ID for Inquiry *:

**Required for tracking and information sharing*

NPI:

Inquiry:
 Subscriber Inquiry Dependent Inquiry

Patient First Name:

Patient Last Name:

Patient Birth Date (MM/DD/YYYY):
 / /

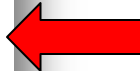
Member ID *:

UIR -
**Required if different from Subscriber ID*

Select a Service Type to view specific benefits

Select One

- Select One
- Ambulatory Service Center Facility
- Anesthesia
- Cardiac Rehabilitation
- Chemotherapy
- Chiropractic
- Dental Care
- Diagnostic Lab
- Diagnostic Medical
- Diagnostic X-Ray
- Dialysis
- Durable Medical Equipment
- Durable Medical Equipment Purchase
- Durable Medical Equipment Rental
- Emergency Services
- Family Planning
- Flu Vaccination
- Gynecological
- Health Benefit Plan Coverage
- Home Health Care
- Hospice
- Hospital
- Hospital - Ambulatory Surgical
- Hospital - Emergency Accident
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Immunizations
- In-vitro Fertilization
- Infertility



FEP / Blue Card Inquiry History

The FEP / Blue Card Inquiry History Screen includes columns to display Inquiry Dates, Requested By, Inquiry Type, Service Type, Subscriber ID, Patient Last Name, Status, Expire Date and Delete so that you can manage your inquiry history.

To delete an inquiry that is no longer needed, click on the corresponding 'Delete' link on the right hand side of the screen. If you need to contact Provider Services for additional information about an inquiry, do not delete the inquiry from your history.

Maintenance	Transactions	Be RxSmart	Policies	Prior Authorization	Reports	News	Education & Downloads	Home
FEP / BlueCard Inquiry History								
Inquiry Date	Requested By	Inquiry Type	Service Type	Subscriber ID	Patient Last Name	Status	Expire Date	Delete
2013-12-06 10:24		Eligibility	Durable Medical Equipment			Received	2013-12-13	Delete
2013-12-06 10:24		Eligibility	Durable Medical Equipment			Received	2013-12-13	Delete
2013-12-06 10:29		Eligibility	Durable Medical Equipment			Received	2013-12-13	Delete
2013-12-06 10:30		Eligibility	Hospital			Received	2013-12-13	Delete
2013-12-06 10:43		Eligibility	Durable Medical Equipment Purchase			Received	2013-12-13	Delete
2013-12-06 13:24		Eligibility	Durable Medical Equipment Purchase			Received	2013-12-13	Delete
2013-12-06 13:24		Eligibility	Durable Medical Equipment Purchase			Received	2013-12-13	Delete
2013-12-06 13:33		Eligibility	Durable Medical Equipment Purchase			Received	2013-12-13	Delete
2013-12-06 13:53		Eligibility	Physician Visit - Office: Sick			Received	2013-12-13	Delete
2013-12-06 13:55		Eligibility	Physician Visit - Office: Sick			Received	2013-12-13	Delete
2013-12-06 13:56		Eligibility	Physician Visit - Office: Sick			Received	2013-12-13	Delete
2013-12-09 15:17		Eligibility	Professional (Physician) Visit - Office			Received	2013-12-16	Delete
<i>Please check the expiration date of inquiries as data will be automatically removed after this date.</i>								



FEP / Blue Card Benefits Display Page

The FEP / Blue Card Benefits Display Page will show a line by line description of the benefit selected and how it is covered depending on place of treatment, Network status and any benefit limitations. It is important to learn how to read these benefits because this format is used for all FEP and Blue Card benefits displayed when logged into *myBlue* Provider.

Many responses can be displayed for each inquiry. In order to understand how to read the benefit, first you need to know where to look. For the benefits inquiry display below, the first box labeled (1) is basic coverage information including the plan year, eligibility, and insurance type and Plan name. Box 2 is a benefits disclaimer. The boxes following numbers 1 and 2 detail how the specified benefit is covered.

To read the benefit, start with the first line in each box, because the first line denotes the **Eligibility Information** of which the other lines in the return box will describe. For example, in Box 3 the **Eligibility Information** is 'Co-Insurance' so in this example, the patient's responsibility for co-insurance would be 20%.

Contact Details:

Response Details:

1	Plan	20130101-20131231
	Eligibility Information	Active Coverage
	Service Type	Health Benefit Plan Coverage
	Insurance Type	Preferred Provider Organization (PPO)
	Plan Coverage Description	WALMART - HRA - BC/BS BLUECARD PPO

2	Eligibility Information	Benefit Disclaimer
	Message	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 DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.



3	Eligibility Information	Co-Insurance
	Service Type	Durable Medical Equipment Purchase
	Qualifier	Calendar Year
	Benefit Percent	2
	Network Plan Indicator	Network

4	Eligibility Information	Co-Insurance
	Service Type	Durable Medical Equipment Purchase
	Qualifier	Calendar Year
	Benefit Percent	2
	Network Plan Indicator	Network
Facility Type Code	Emergency Room - Hospital	

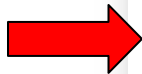
5	Eligibility Information	Co-Insurance
	Service Type	Durable Medical Equipment Purchase
	Qualifier	Calendar Year
	Benefit Percent	5
	Network Plan Indicator	Non-Network

FEP / Blue Card Benefits Display Page, Continued.

As previously discussed, each line in each box (**Service Type, Insurance Type, Qualifier, Benefit Amount, Network Indicator and Message**) describes and refers to the **Eligibility Information** listed on the first line of each display box.


For example, if you want to view a patient’s deductible, you would look in Box 8 below since the **Eligibility Information** line is listed as ‘Deductible.’ You see that the deductible for this patient is listed as \$3500 on the **Benefit Amount** line. To see how much of the deductible that patient has met you can look in Box 9 where the remaining amount for the deductible is \$0 because the **Qualifier** line value is ‘Remaining.’ Once you can read and understand the benefit this way, you will notice this type of benefit structure throughout the online FEP/Blue Card member benefits verification.

6	Eligibility Information	Active Coverage
	Service Type	Health Benefit Plan Coverage
	Insurance Type	Supplemental Policy
	Qualifier	Calendar Year
	Benefit Amount	1000
	Network Plan Indicator	Not Applicable
	Message	HEALTH REIMBURSEMENT ACCOUNT
7	Eligibility Information	Active Coverage
	Service Type	Health Benefit Plan Coverage
	Insurance Type	Supplemental Policy
	Qualifier	Remaining
	Benefit Amount	0
	Network Plan Indicator	Not Applicable
8	Eligibility Information	Deductible
	Coverage Level	Individual
	Service Type	Health Benefit Plan Coverage
	Qualifier	Calendar Year
	Benefit Amount	3500
	Network Plan Indicator	Network
9	Eligibility Information	Deductible
	Coverage Level	Individual
	Service Type	Health Benefit Plan Coverage
	Qualifier	Remaining
	Benefit Amount	0
	Network Plan Indicator	Network
10	Eligibility Information	Out of Pocket (Stop Loss)
	Coverage Level	Individual
	Service Type	Health Benefit Plan Coverage
	Qualifier	Calendar Year
	Benefit Amount	10000
	Network Plan Indicator	Network
11	Eligibility Information	Out of Pocket (Stop Loss)
	Coverage Level	Individual
	Service Type	Health Benefit Plan Coverage
	Qualifier	Remaining
	Benefit Amount	203.79
	Network Plan Indicator	Network



FEP/Blue Card Benefits Display Page, Continued

If your patient is a FEP member, you can also click on the link below to view the current year's benefits in a PDF format.



This member has FEP Family Standard Option, click [here](#) to display these benefits.
For complete benefit information refer to the Service Benefit Plan booklet at www.FEPBlue.org
For the previous year's benefit summary, select Download > Form Download.

Response Details:

1	Plan	19840108-99991231
	Eligibility Information	Other or Additional Payor
	Service Type	Health Benefit Plan Coverage
	Insurance Type	Medicare Part A
	Plan Coverage Description	PRIMARY OVER 65
	Additional Identification Group or Policy Number	
Detail Benefit Date Coordination of Benefits		20020102

2	Eligibility Information	Other or Additional Payor
	Service Type	Health Benefit Plan Coverage
	Insurance Type	Medicare Part B
	Plan Coverage Description	PRIMARY OVER 65
	Additional Identification Group or Policy Number	
	Detail Benefit Date Coordination of Benefits	

As a Network provider, it is imperative that you check benefits for your patients. Proper verification of eligibility and benefits only takes a few minutes and can help your practice save hours of administrative time not dealing with unnecessary denials, appeals, and patient billing inquiries.

Please Note:

If your patient is an Out of Area (Blue Card) member and you need further clarification on benefits, please contact the Provider Customer Service number listed on the back of that patient's subscriber ID card. You can also call 1-800-676-BLUE (2583) to be routed to the member's Blue Cross and Blue Shield Plan if your patient doesn't have their ID card. BCBSMS cannot quote benefits for Out of Area members.

If your patient is a FEP member, and you cannot make a determination on how the benefit is administered, please contact 1-800-932-7724.

If your patient is a BCBSMS member and you cannot make a determination on how the benefit is administered, please contact us via Contact Blue.