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 *my*Blue 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 *my*Blue Provider, the *my*Notifications 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 *my*Notifications message alert box, by clicking on the "Close" button to view the messages at a later time. Once you close the *my*Notifications alert box, you will notice that the *my*Notifications are still shown in the middle of the Home page. The *my*News section is located below *my*Notifications and the *my*Blue 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.

To check patient benefits, Click on the **Transactions** section located on the left hand portion of the Home page.
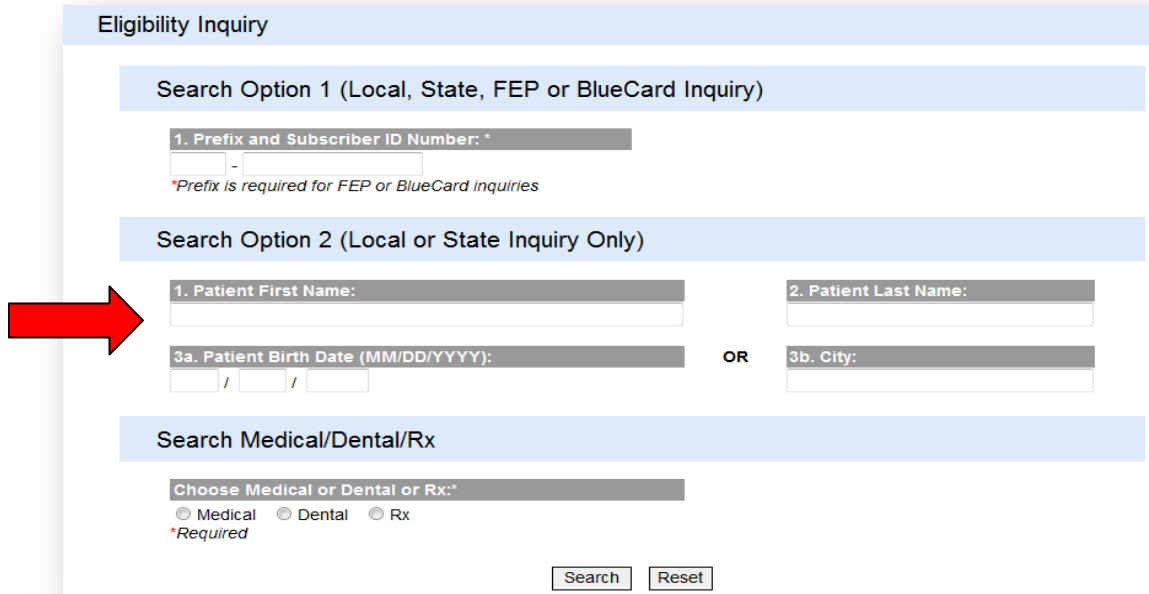
You will notice that as you move your mouse over the different sections on the Home page, additional resources will populate under each section heading. You will see several different tools available, but for the purposes of this "How-To" guide, click on the "Check Member Eligibility/Benefits" link.

The 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."

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.

Note: You will receive the following error message if the information entered does not match any members' records currently on file
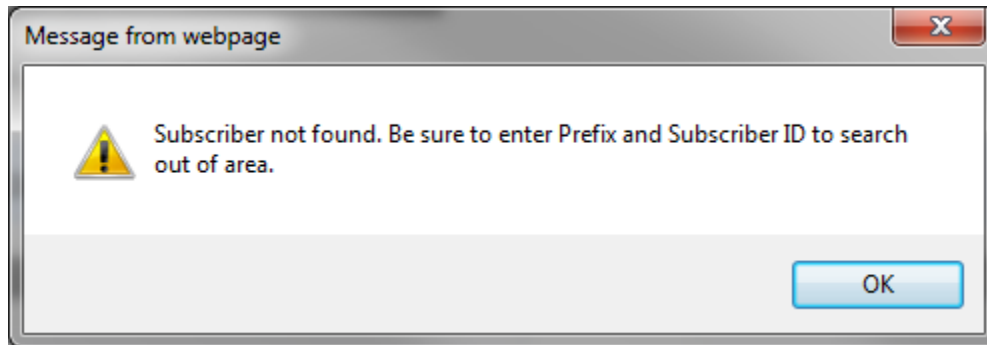
If you receive this message, please review the information entered to ensure it was entered accurately. If it was entered correctly, ask your **patient** to contact their employer, if applicable or the Member Customer Service number listed on the back of their ID card.

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.

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:

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

BlueCross BlueShield
of Mississippi

PPO

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company,
is an independent licensee of the Blue Cross and Blue Shield Association.

John Q. Public

ID XYZ 123456789X

PLAN CODES 123 321

COMMUNITY PLUS PHARMACY NETWORK

Click to view Virtual ID Card

Benefits for	Dates
SUBSCRIBER	End: 12/31/9999
DOB:	Original: 01/01/2011
Age:	

Health Management Benefits

Healthy You!   color Me healthy!

Network Office Visit Benefits	
Physician	
PCP Office Visit	$25 per visit
Specialist Office Visit	$40 per visit
Other Office Services	80%

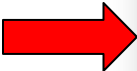| Network Deductibles and Out-of-Pocket	Amount	Applied
Individual Deductible	$2,500.00	$394.94
Individual OOP	$1,000.00	$620.50
Family Deductible	$7,500.00	$394.94
Family OOP	$3,000.00	$620.50

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.

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					

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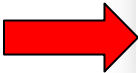
Example: To read the benefit for a diagnostic x-ray performed in the office of Network Provider; you can see from this screen that it is a Covered Benefit paid at 80% of the allowable charge, deductible waived. The deductible is waived because it is not listed in the column associated with that particular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

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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

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.

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."

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.
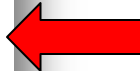
FEP / Blue Card Inquiry History

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

Please check the expiration date of inquiries as data will be automatically removed after this date.

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 *my*Blue 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.

Box		
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

Box		
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

Box		
8	Eligibility Information	Deductible
	Coverage Level	Individual
	Service Type	Health Benefit Plan Coverage
	Qualifier	Calendar Year
	Benefit Amount	3500
	Network Plan Indicator	Network

Box		
9	Eligibility Information	Deductible
	Coverage Level	Individual
	Service Type	Health Benefit Plan Coverage
	Qualifier	Remaining
	Benefit Amount	0
	Network Plan Indicator	Network

Box		
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

Box		
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
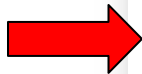
FEP/Blue Card Benefits Display Page, Continued

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.

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.