BlueCross BlueShield of Mississippi
It’s good to be Blue.

How-to Guide

Medical Eligibility, Benefits & Claims
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.

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.
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 Display Screen](image-url)

**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.

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

![FEP / Blue Card Inquiry History Table](image-url)
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%.

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eligibility Information: Plan 2012-01-01-2013-12-31, Service Type Active Coverage, Insurance Type Preferred Provider Organization (PPO), Plan Coverage Description WALMART - HRA - BCBS BLUECARD PPO.</td>
</tr>
<tr>
<td>2</td>
<td>Benefit Disclaimer: 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.</td>
</tr>
<tr>
<td>3</td>
<td>Eligibility Information: Co-Insurance, Service Type Durable Medical Equipment Purchase, Qualifier Calendar Year, Benefit Percent 2, Network Plan Indicator Network.</td>
</tr>
<tr>
<td>4</td>
<td>Eligibility Information: Co-Insurance, Service Type Durable Medical Equipment Purchase, Qualifier Calendar Year, Benefit Percent 2, Network Plan Indicator Network.</td>
</tr>
<tr>
<td>5</td>
<td>Eligibility Information: Co-Insurance, Service Type Durable Medical Equipment Purchase, Qualifier Calendar Year, Benefit Percent 6, Network Plan Indicator Non-Network.</td>
</tr>
</tbody>
</table>
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.
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.