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MY INSURANCE MANAGER℠ USER GUIDE

Published by Provider Relations and Education, Your Partners in Outstanding Quality, Satisfaction and Service

Revised: January 2023

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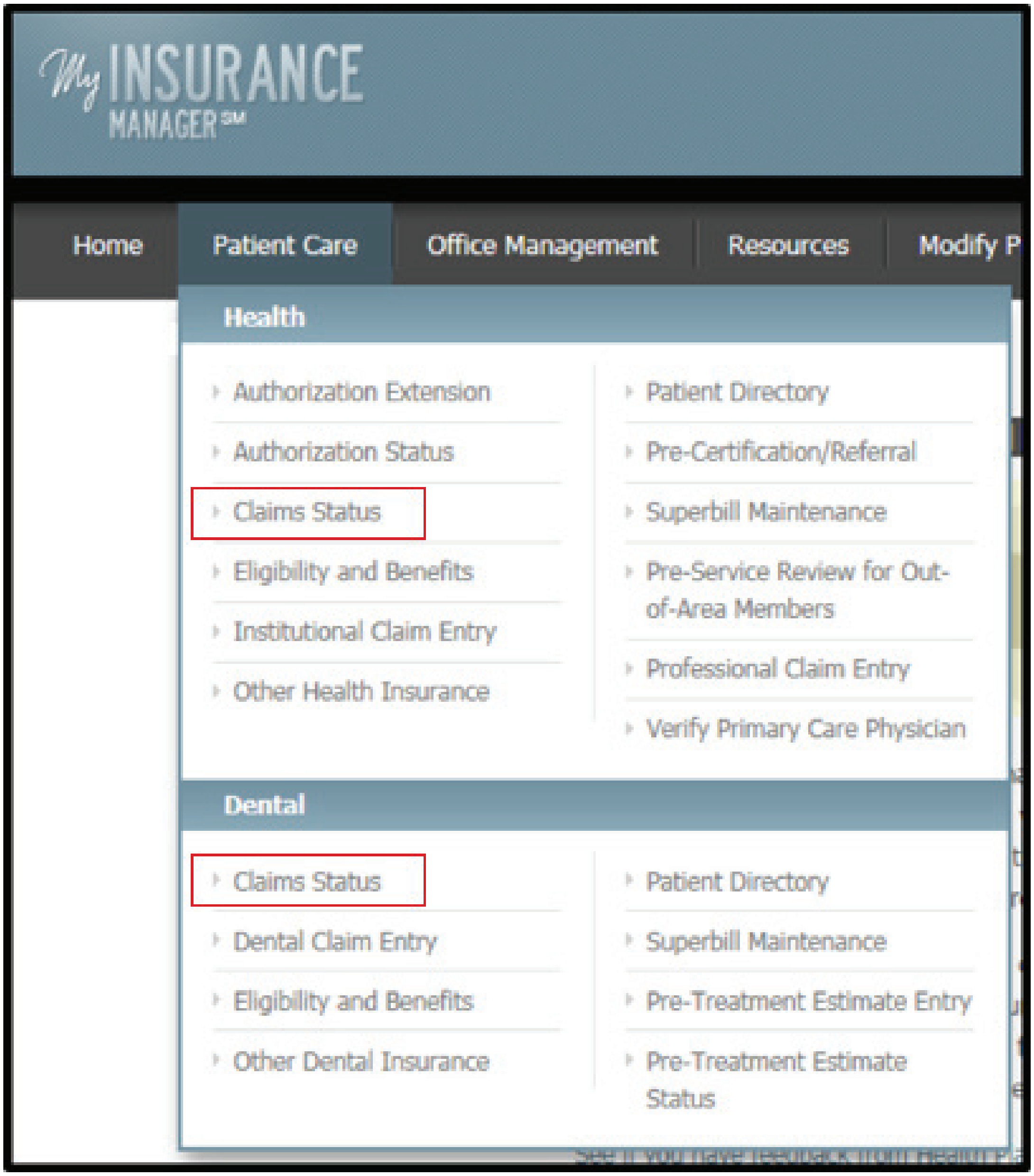
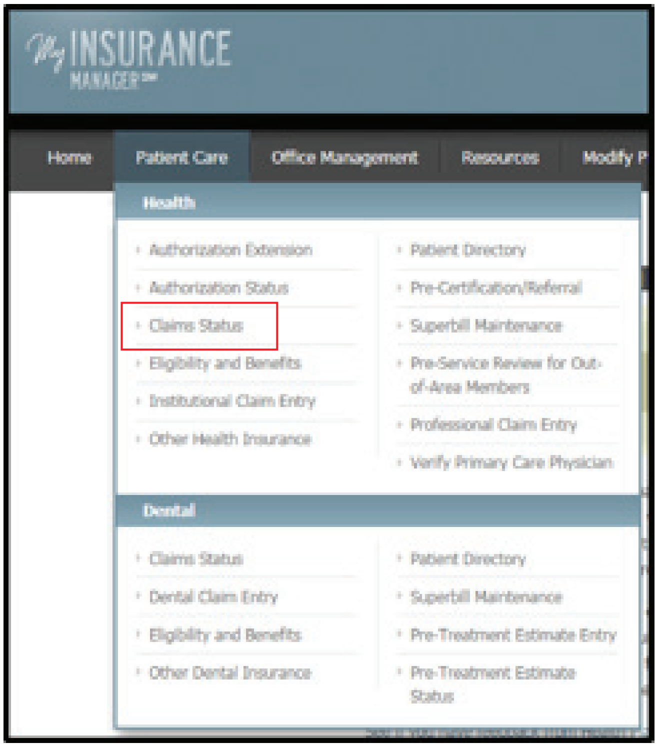
CLAIMS STATUS

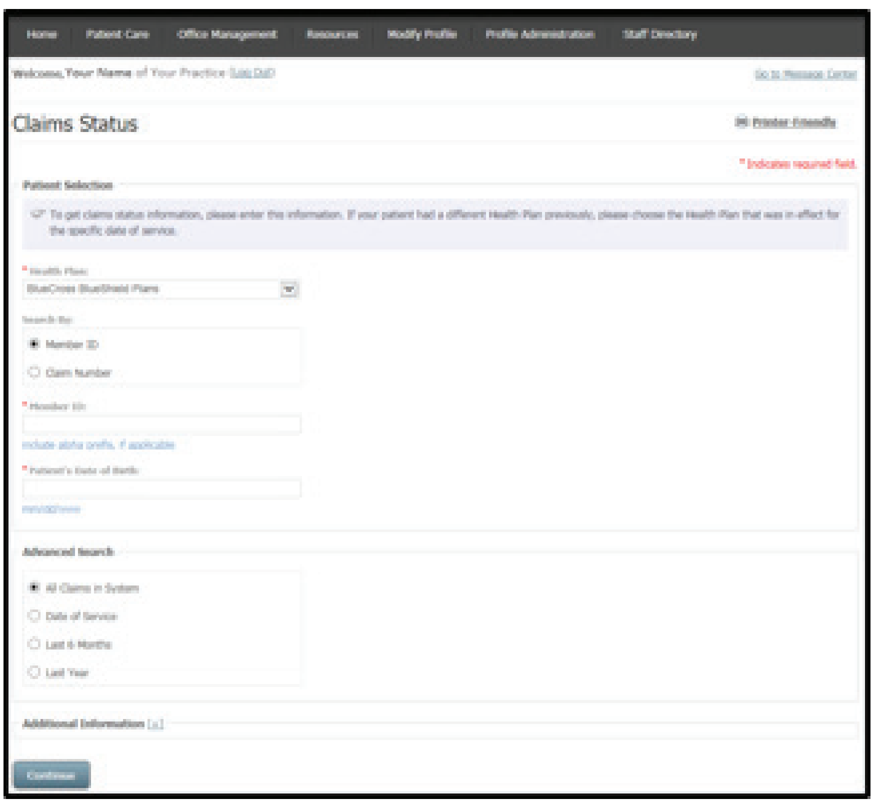
There are two ways you can get the status of a claim through My Insurance Manager: by using the member ID or by using a claim number. You can get additional claim information by sending a secure email message to Ask Provider Services or by initiating STATchat℠.



For Health Providers

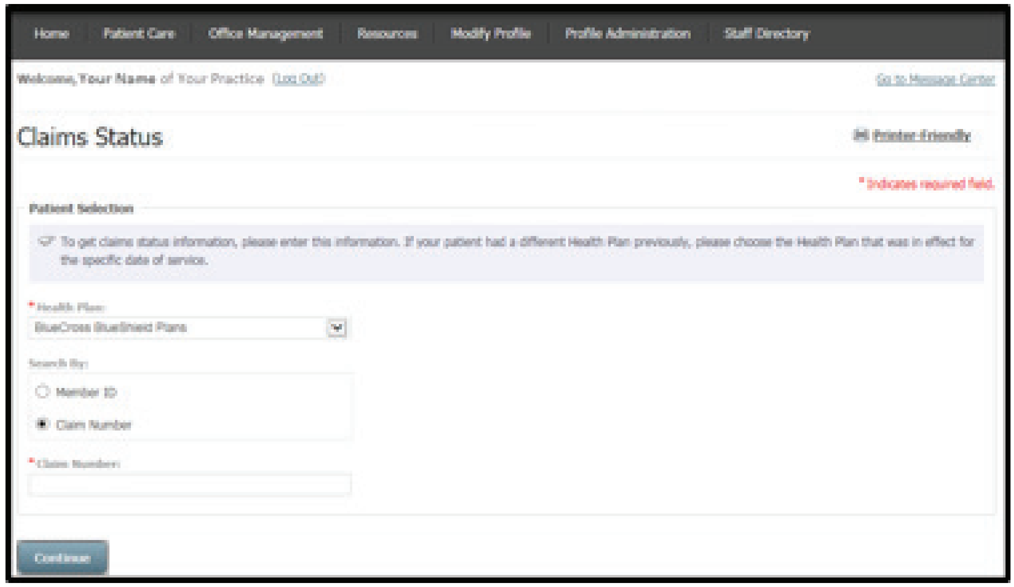
From the Patient Care menu, choose **Claim Status**. When searching for a claim by member ID, complete the required information. Make sure you enter the member ID exactly as it appears on the patient’s insurance card, including the alpha prefix and any additional letters that apply.



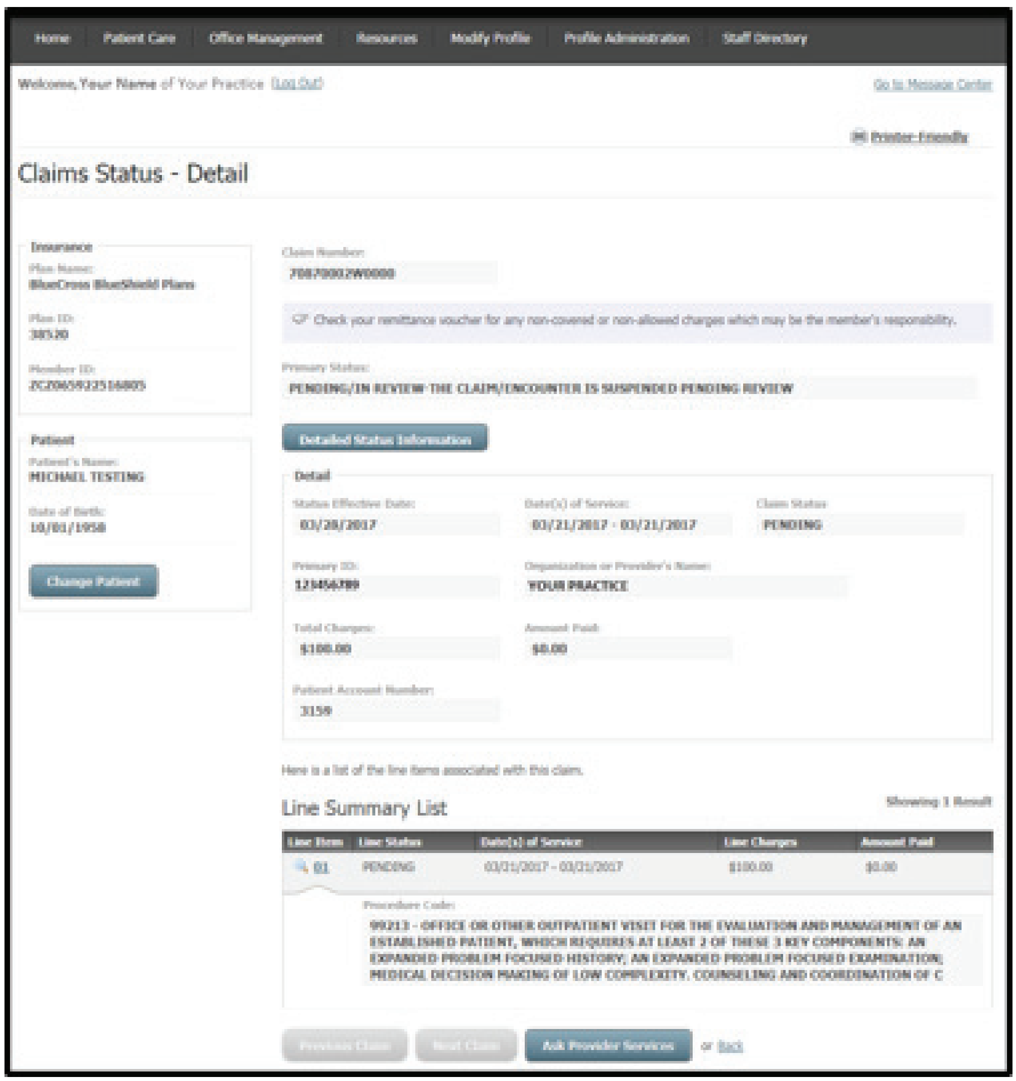


- Choose from these health plan drop-down menu options: BlueCross BlueShield Plans, BlueChoice HealthPlan, State Health Plan and Federal Employee Program.
- You must enter the patient’s date of birth or the first and last name.
- Choose an advanced search according to all claims in system, date of service, last six months or last year.
- Expand the Additional Information option by selecting the plus sign to input the patient’s last name, first name and/or gender.
- Select **Continue**.

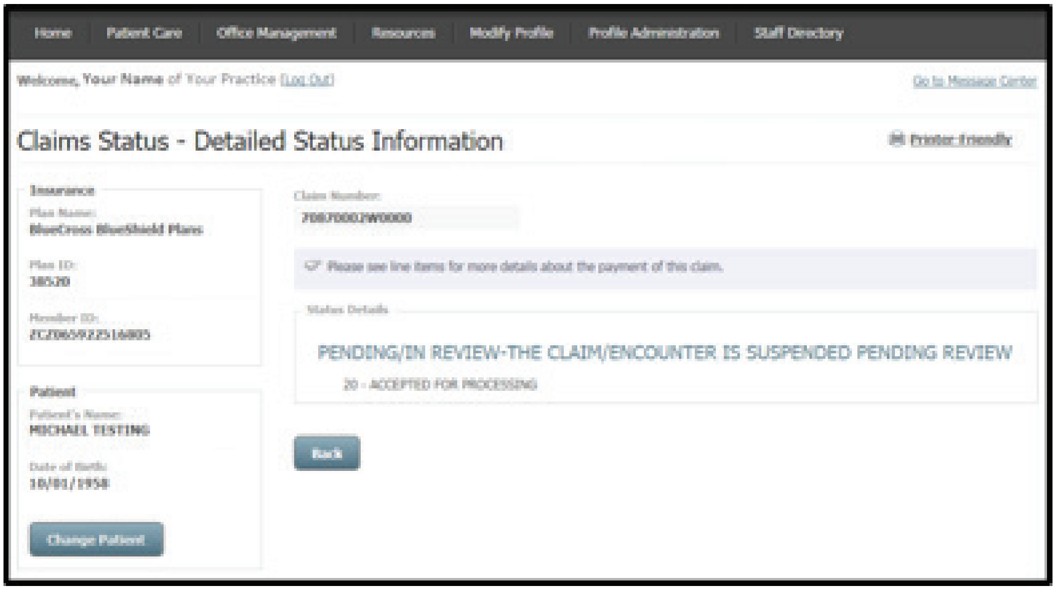
When searching for a claim by claim number, enter the claim number as stated on the claim entry confirmation screen or the remittance advice. Select **Continue**.



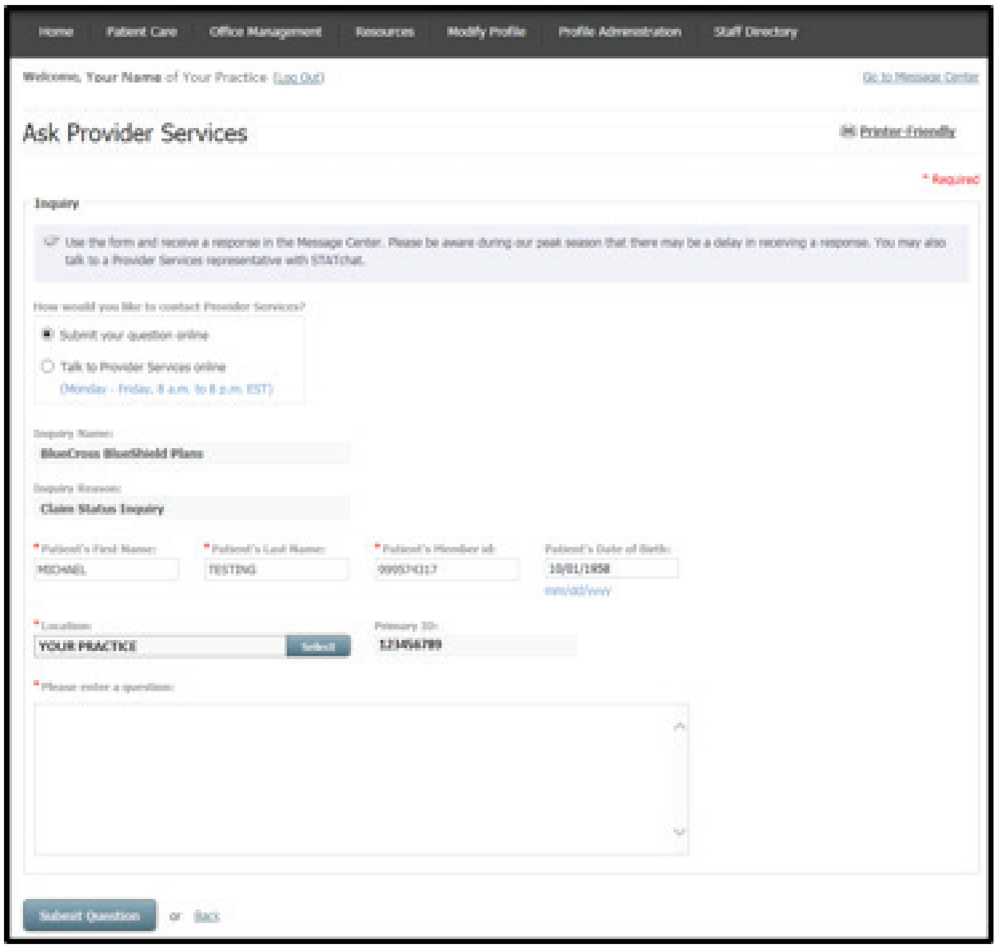
This Claim Status — Detail screen displays next. The Primary Status field shows if the claim is in a pending or approved status. Follow the link to review **Detailed Status Information**.



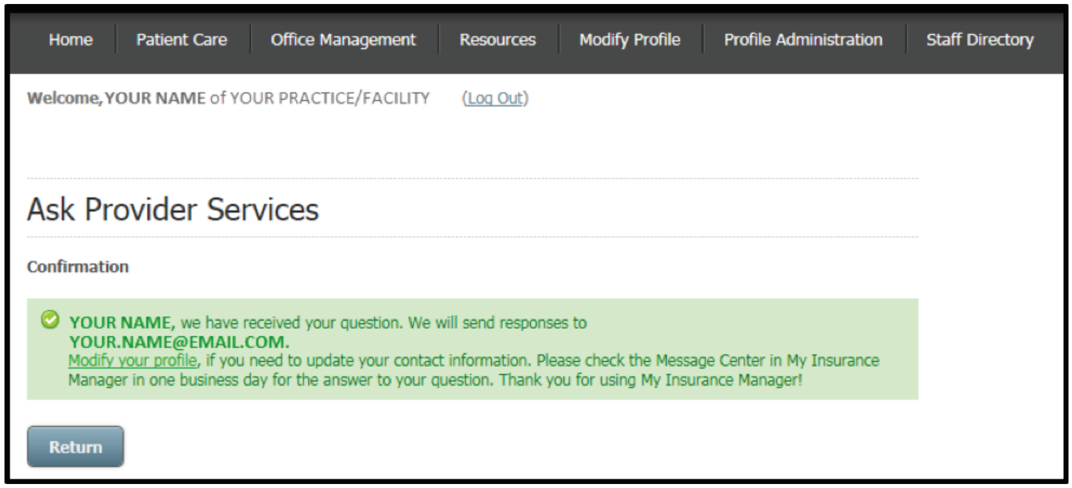
This screen appears when you select the Detailed Status Information from the Claim Status — Detail screen. Use the **Back** button to return to the previous screen.



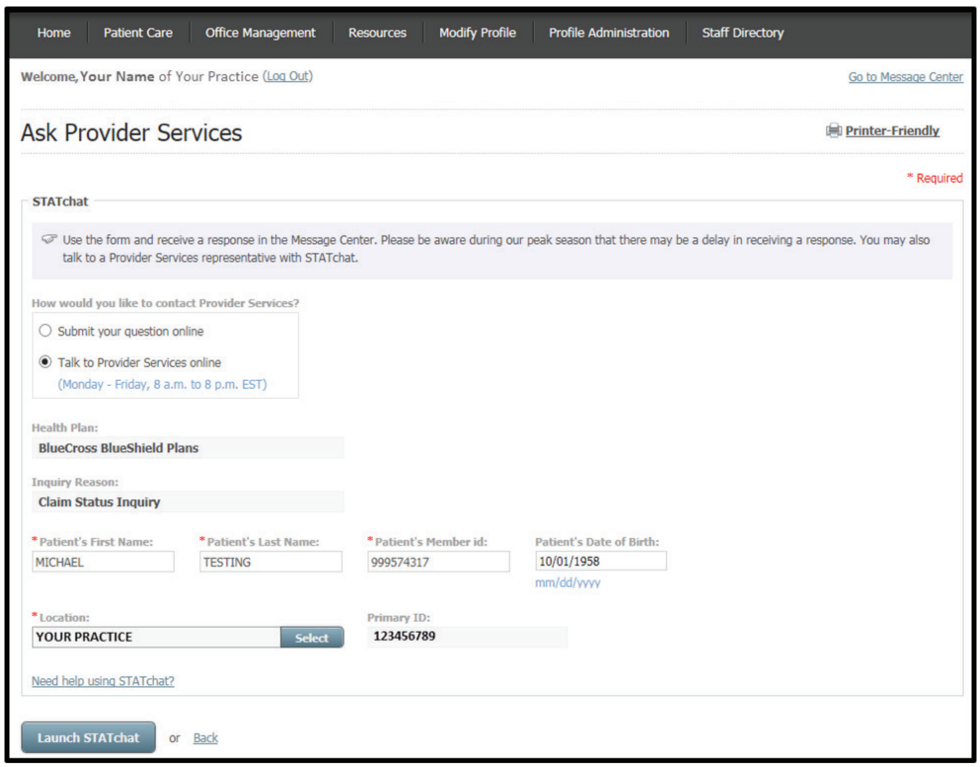
On the Claim Status — Detail screen, select **Ask Provider Services**. To submit a web inquiry, select **Submit your question online**, complete all required fields and select **Submit Question**.



The Confirmation screen shows you how and when to check the Message Center for a response to your question. Use the **Return** button to return to the Claim Status – Detail screen.



To speak with a representative, select **Talk to Provider Services online**, complete all required fields and select **Launch STATchat**.



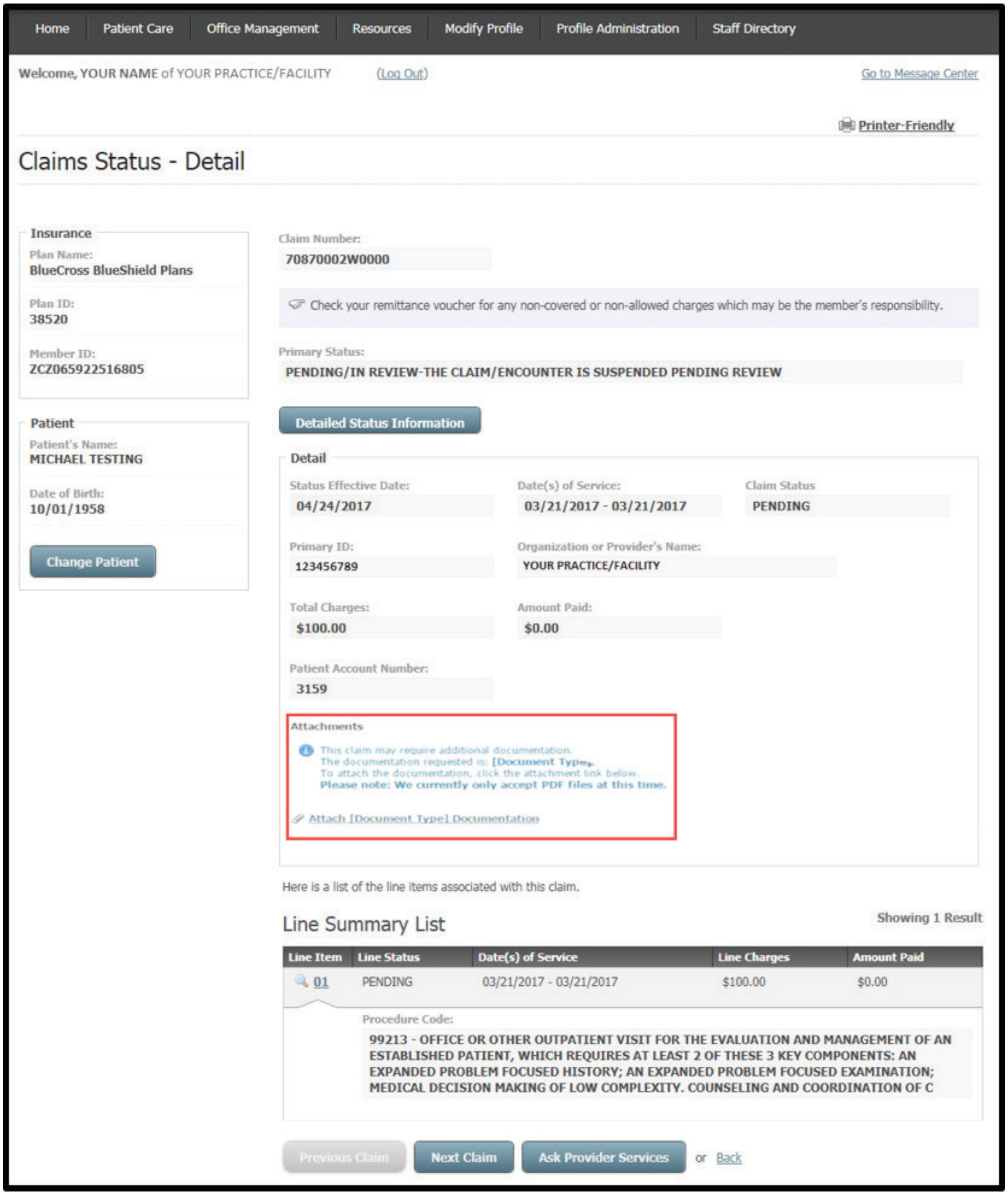
This screen appears when you select Launch STATchat from the Ask Provider Services screen. You can ask as many questions as desired related to one member's account. The patient information pre-populates on the Provider Services representative's screen based on the information you entered in My Insurance Manager, which restricts the Provider Services representative to answering only questions related to the member from your original inquiry.

Claim Attachments

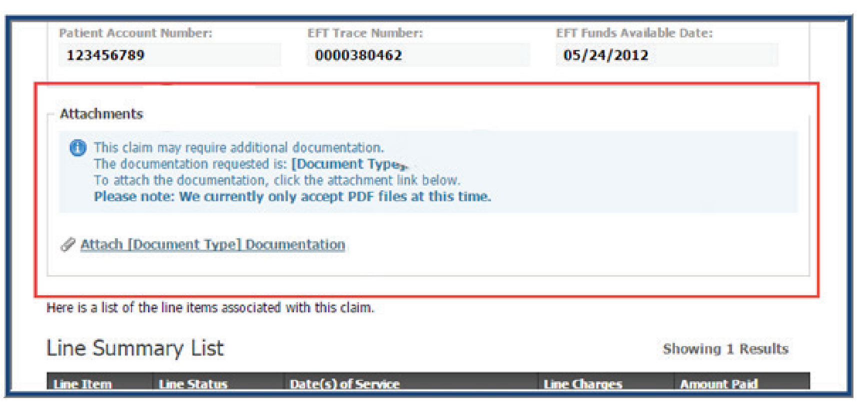
The Claim Status — Detail page will reflect whether additional documentation may be needed and what type of documentation may be required. Types of documentation include:

- Accident questionnaire.
- Certificate of medical necessity (for durable medical equipment).
- Medical records.
- Other health insurance.
- Primary carrier Explanation of Benefits (EOB).
- Provider reconsideration.

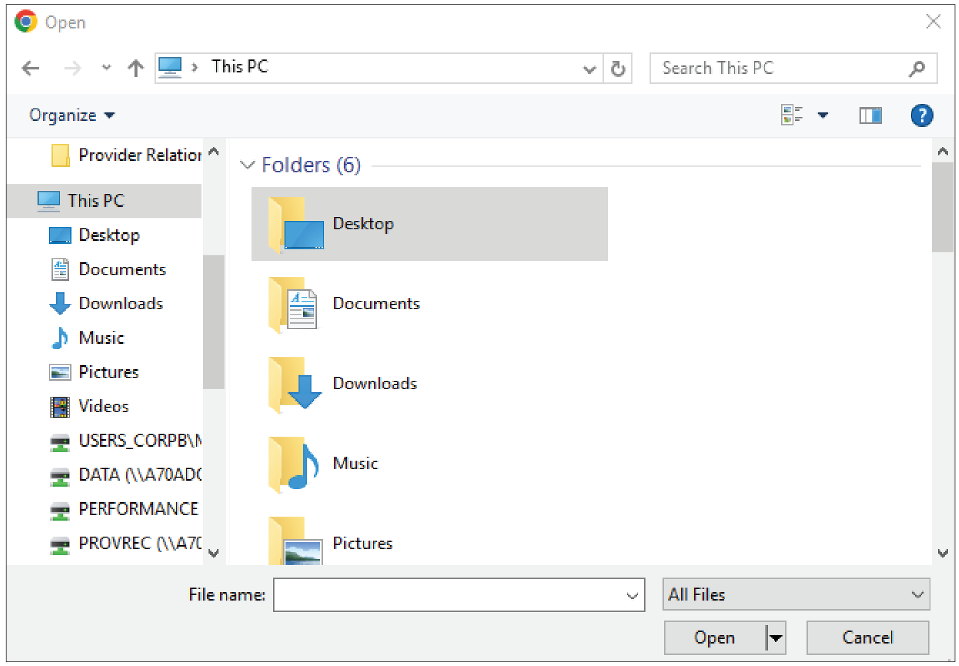
Note: You will not see the Attachments option unless the claim (or service within the claim) requires documentation.



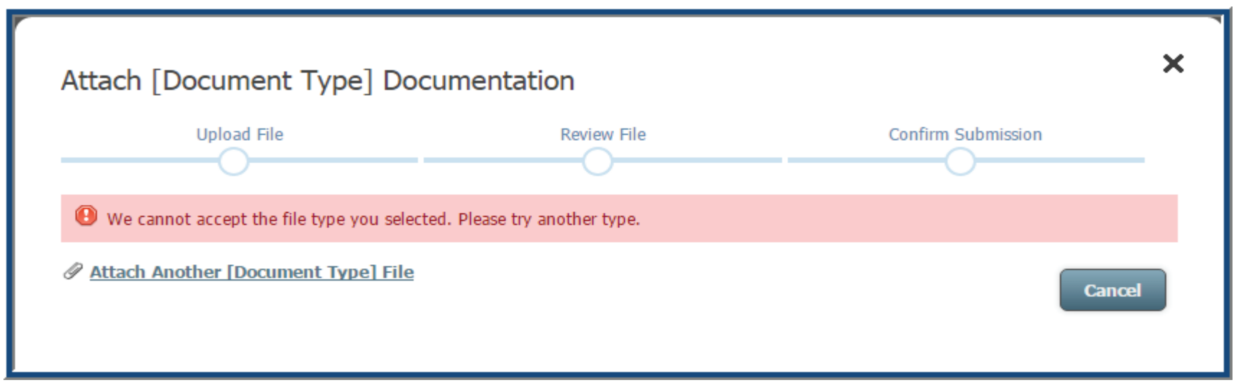
Select **Attach Documentation** to continue.



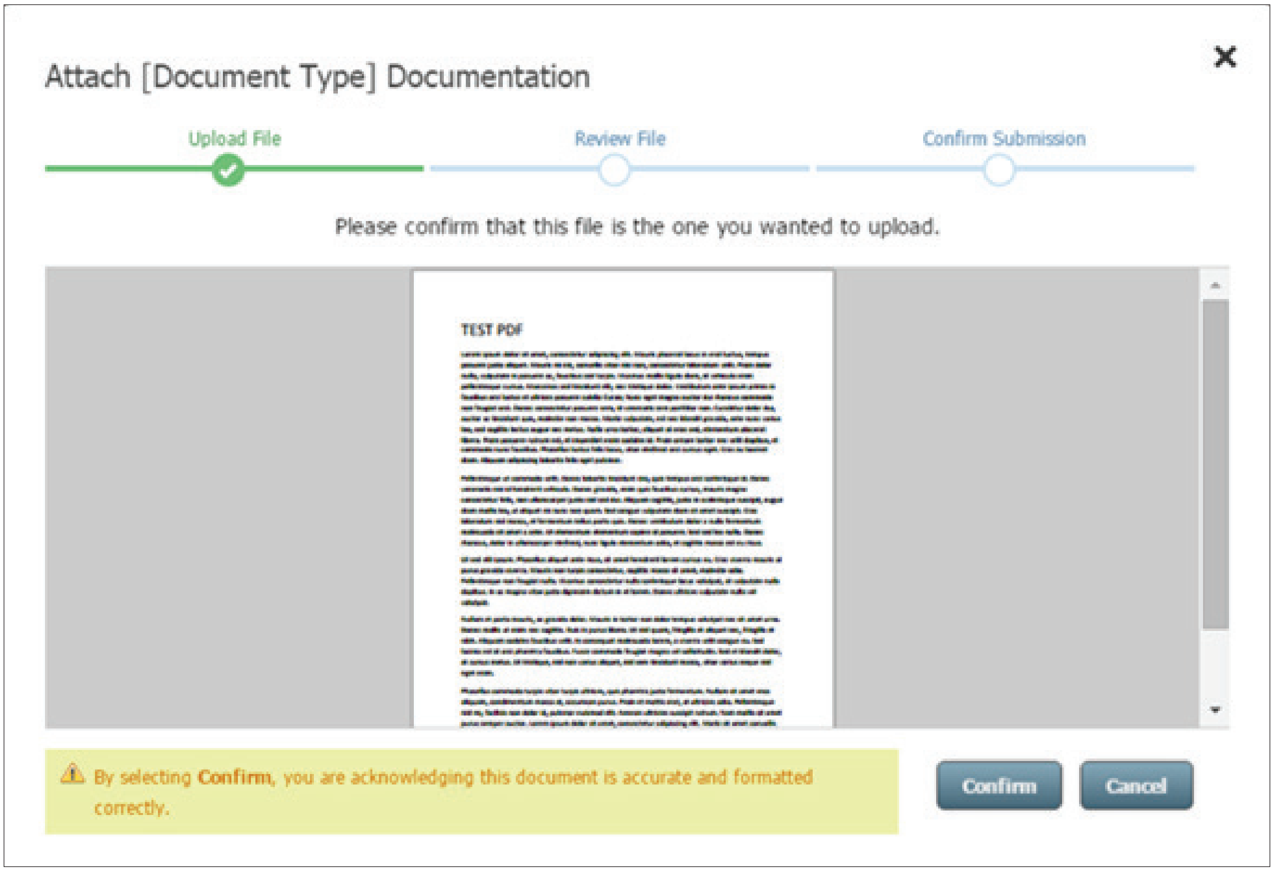
Next, look for and then select the document you want to attach. Once you choose the appropriate document, select **Open**.



If the file is invalid (perhaps it is not a PDF file or it exceeds 30MB), then you will see this message:



Once you select the correct document, it will display in the Attach Documentation screen.

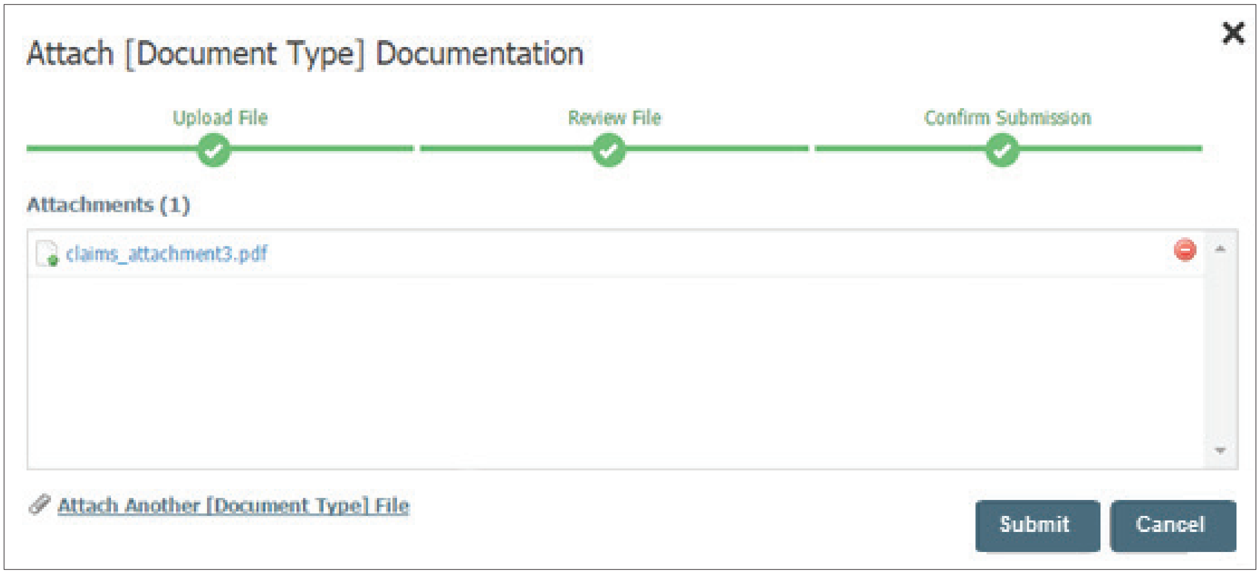


Please review the document you have uploaded on the Attach Documentation screen and verify the document you want to attach is the one associated with the claim for the member. If the document you have attached contains more than one page, you can scroll to see all of the pages.

To confirm the document is correct, select **Confirm**. By selecting **Confirm**, you are acknowledging that the document you have attached is accurate and formatted correctly. To cancel the document you attached, select **Cancel**. You will have several opportunities to cancel before completing the attachment process.

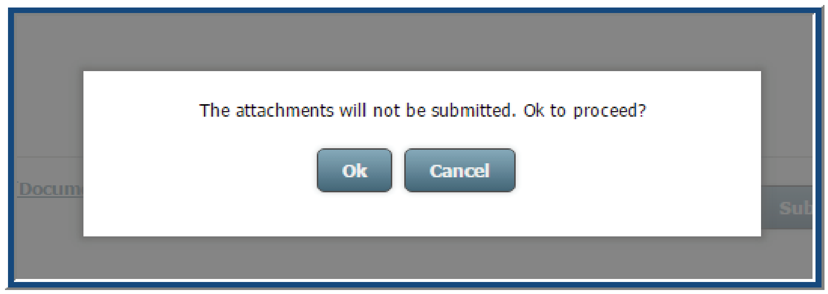
If you select **Cancel**, you can choose either **Cancel Upload** or **Return to Review**.

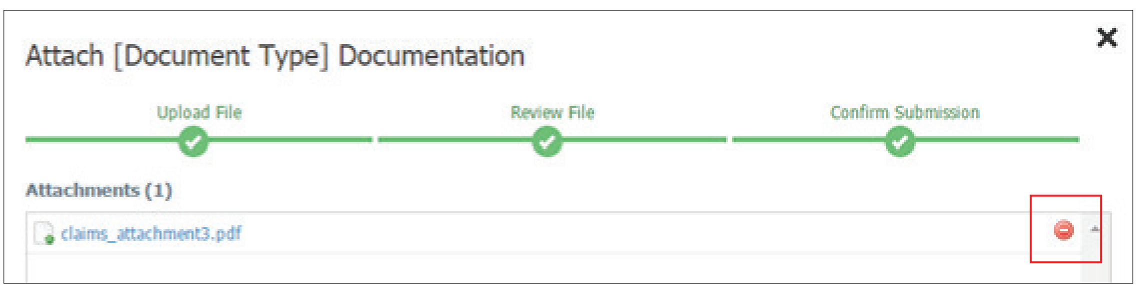
Once you confirm, you will see a list that displays the document along with its title. You will then have the option to attach more documents, submit the attachment, cancel the attachment or delete any attachments you have already added.



Select **Attach Another File** at the bottom of the screen to attach another document. Each new document you attach will appear in the list of attachments on the Attach Documentation screen.

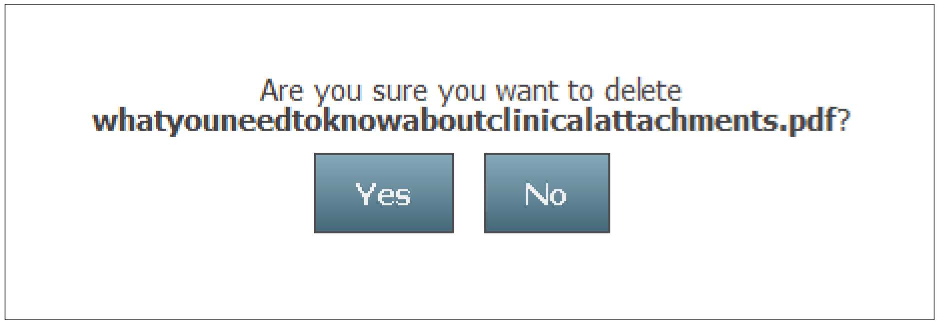
If you select **Attach Another File** by mistake, select **Cancel**. Next, select **Ok** to proceed with your request to cancel the attachment or **Cancel** to return to the Attach Documentation screen.



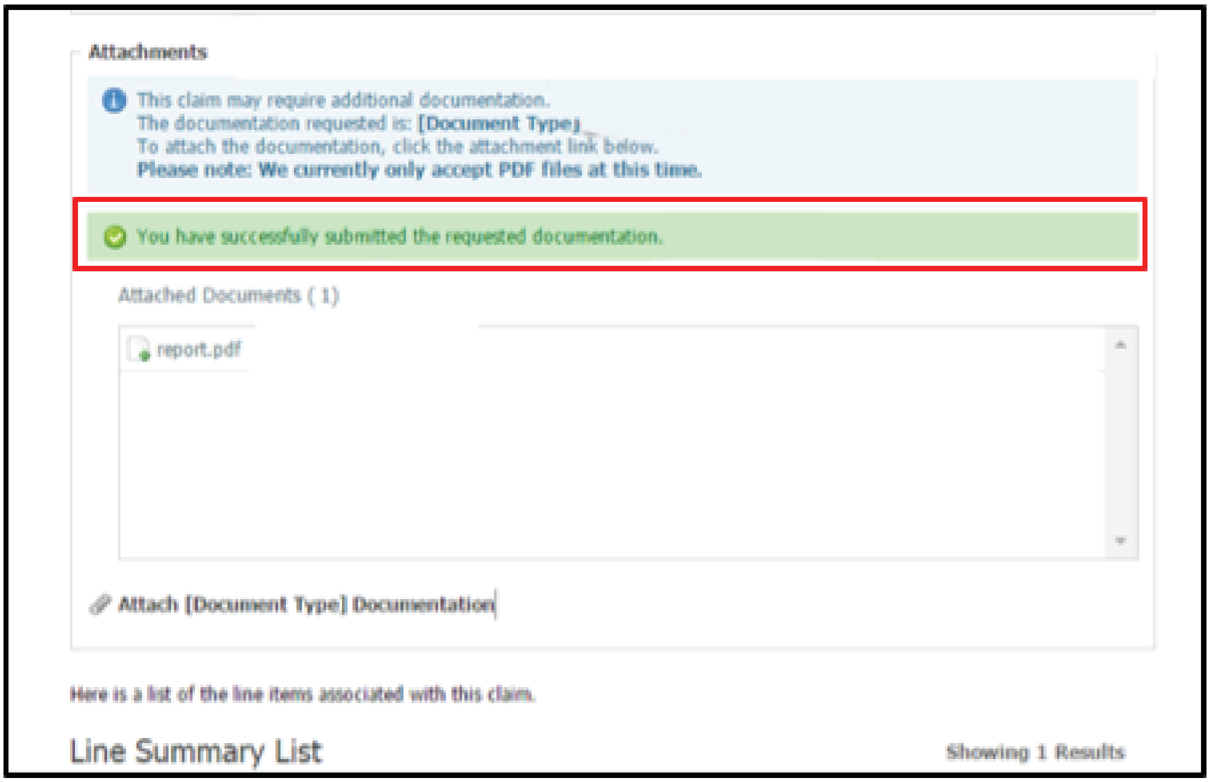


To remove a document you attach, select the red button.

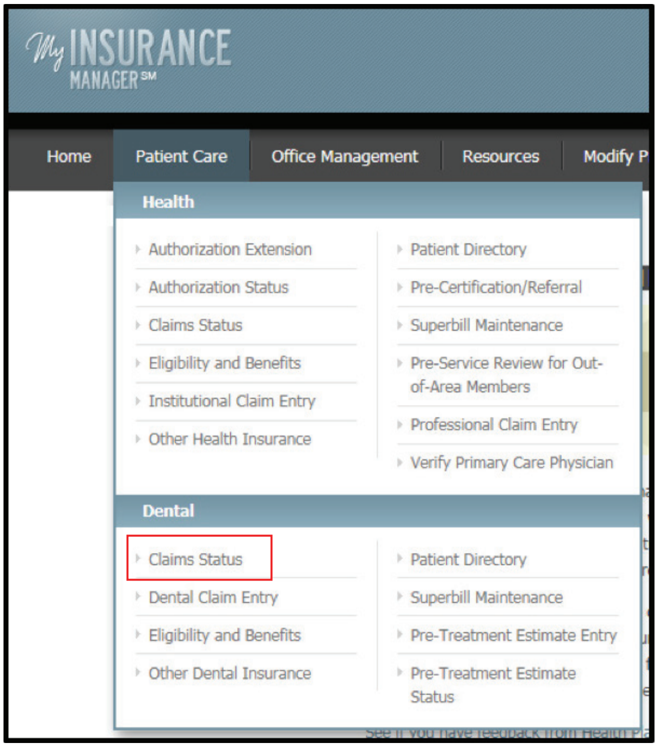
If you need to remove a document, a box will show asking if you wish to delete the selected document. If you select **Yes**, then the document you selected will be removed. Once the document is removed, the new number of attachments will update on the Attach Documentation screen. If you select **No**, the document you selected will remain.

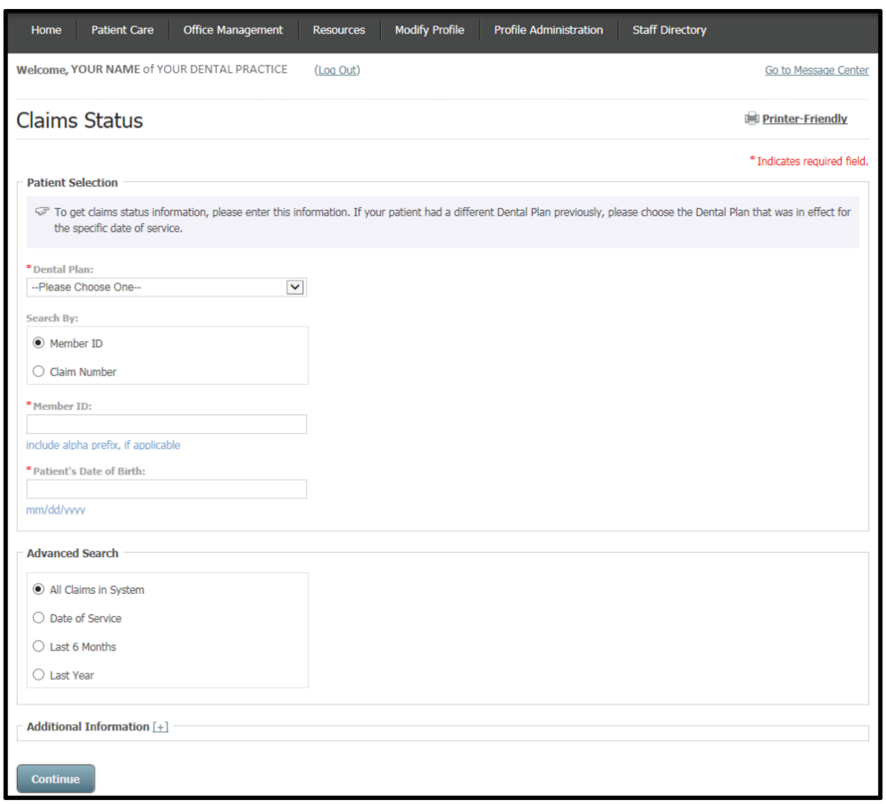


Once you are satisfied with the documents attached, select **Submit**. When you select **Submit**, you will be routed back to the Claim Status — Detail page and see the message, "**You have successfully submitted the requested documentation.**"



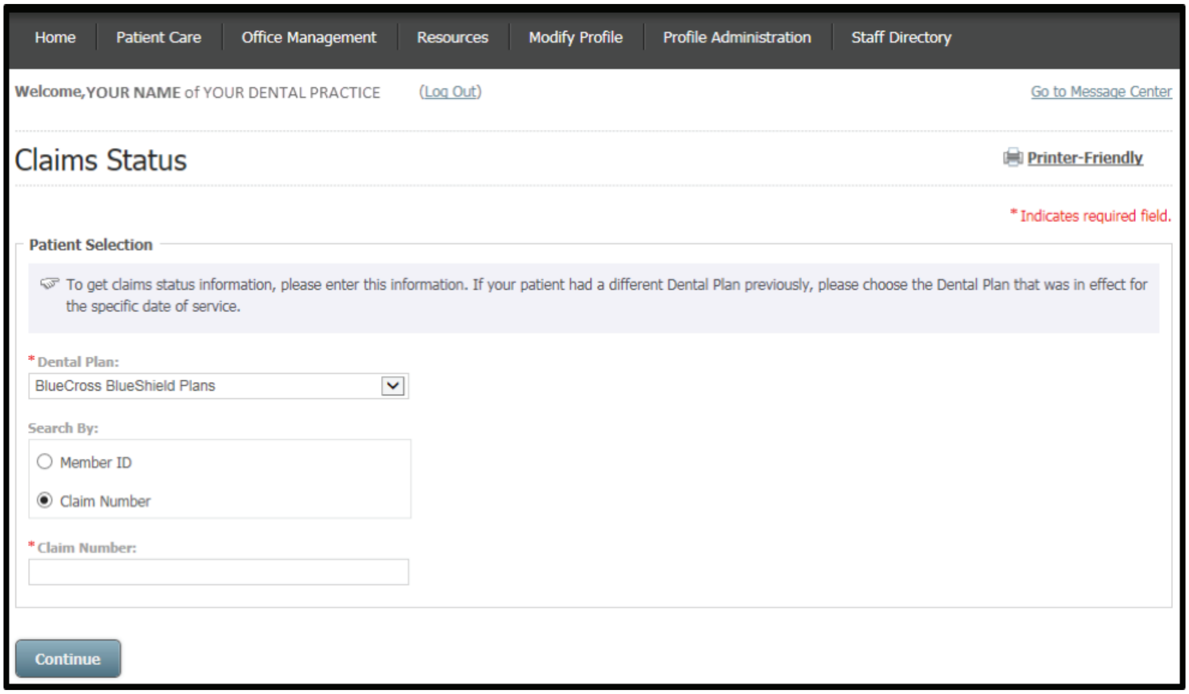
Once the documentation has been received, it route to the appropriate department for review and adjudication. You will not get a confirmation of receipt or a status after you've successfully submitted the documentation. You can print the Claim Status — Detail page for your records.





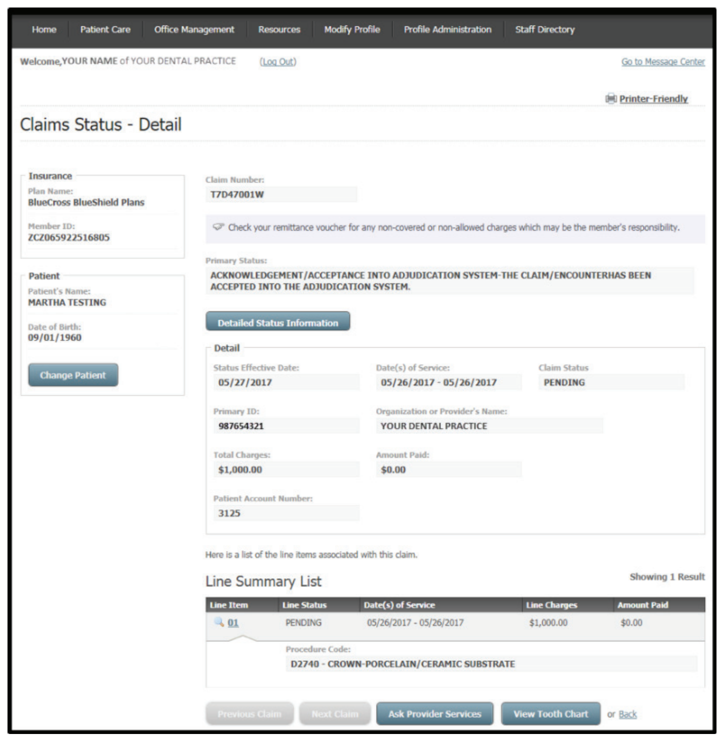
- Choose from health plan drop-down menu options: BlueCross BlueShield Plans, BlueChoice HealthPlan, State Health Plan and Federal Employee Program.
- You must enter the patient's date of birth or the first and last name.
- Choose an advanced search according to all claims in system, date of service, last six months, or last year
- Expand the Additional Information option by selecting the plus sign to input the patient's last name, first name and/or gender.
- Select **Continue**.

When searching for a claim by claim number, enter the claim number as shown on the dental claim entry confirmation screen or the remittance advice. Select **Continue**.

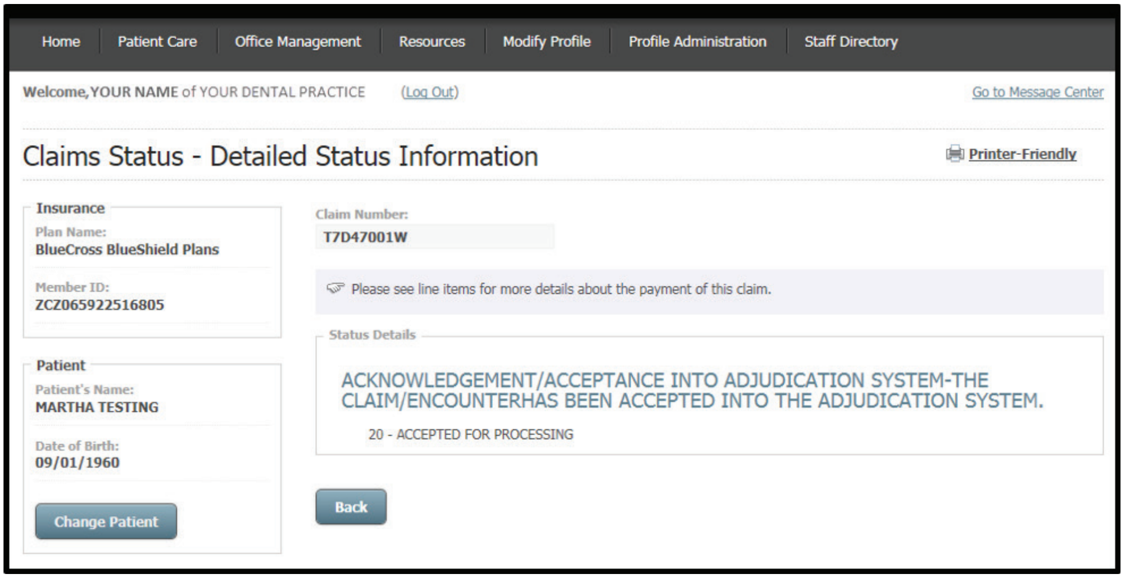


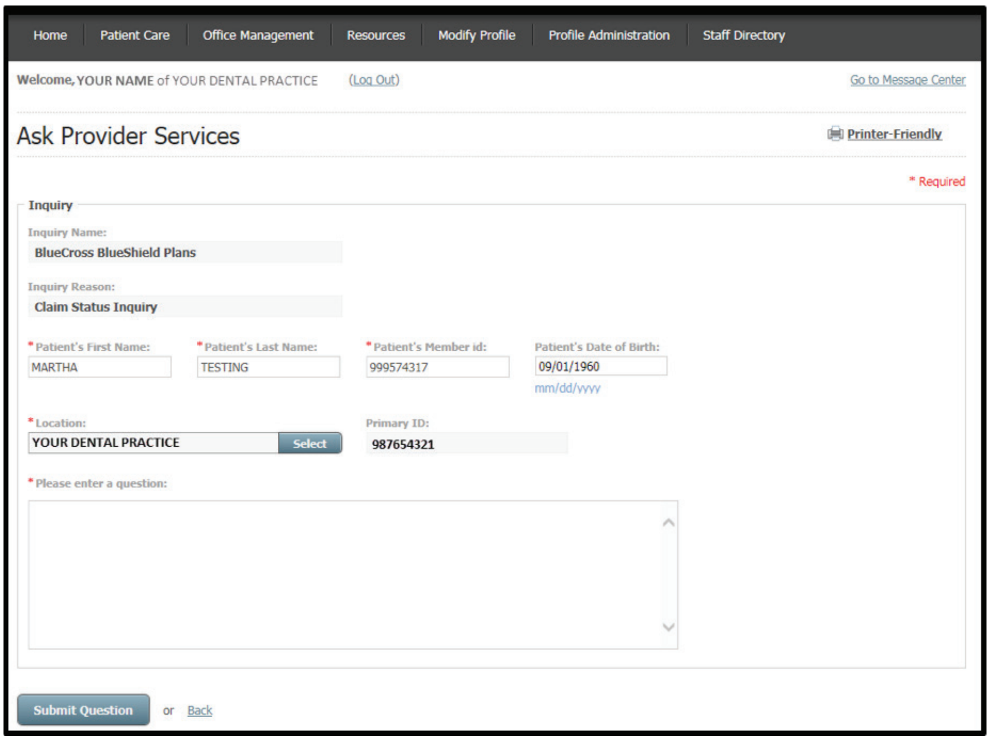
This Claim Status — Detail screen displays next. The Detail and Line Summary List shows if the claim is in a pending or approved status.

Select the **Detailed Status Information** button to review information. Open the line item for more details about the payment of the claim. You can select **Ask Provider Services** to send a secure email to the dental plan or select the **View Tooth Chart** button.



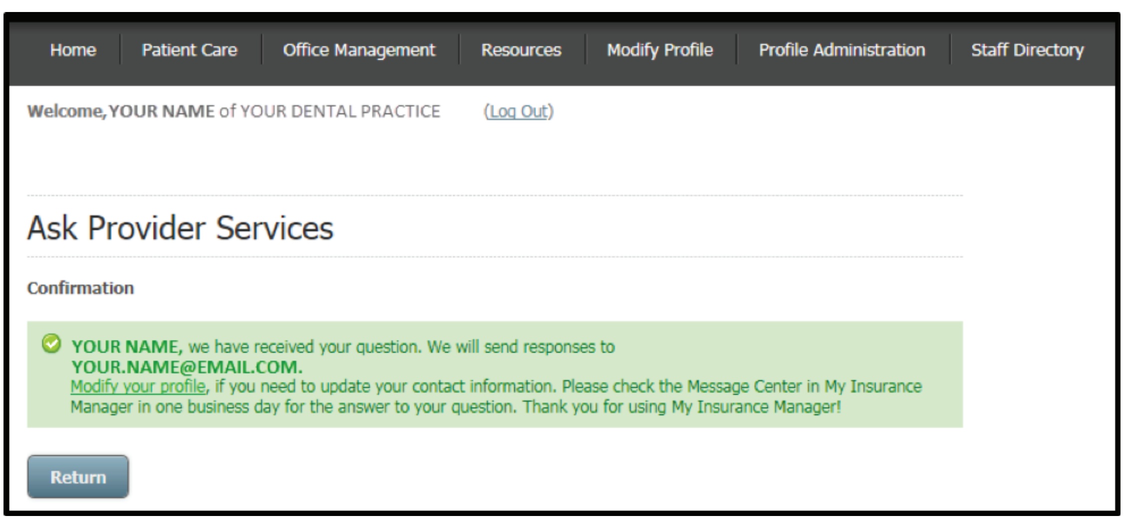
This screen appears when you select the **Detailed Status Information** button from the Claim Status — Detail screen. Use the **Back** button to return to the previous screen.





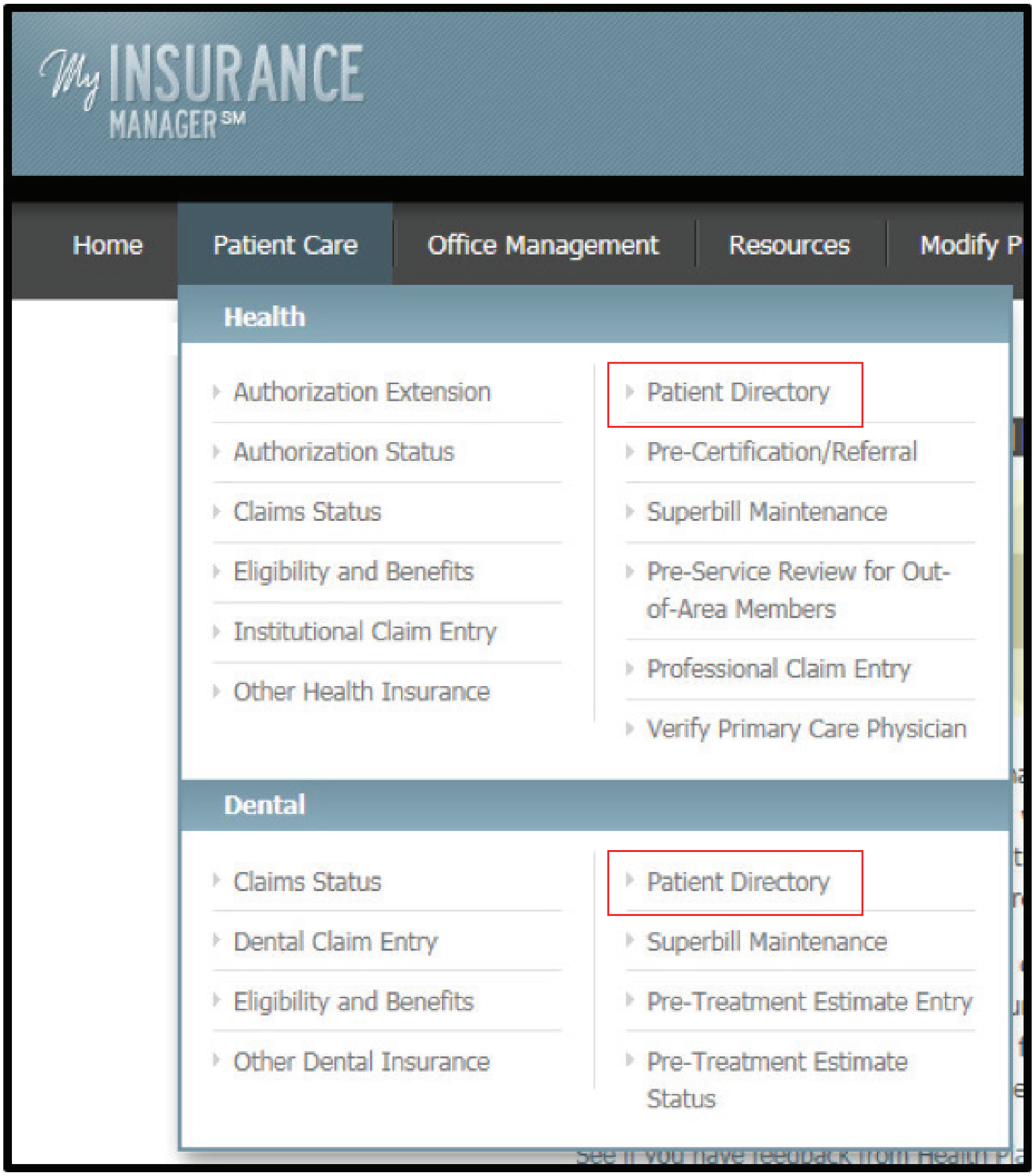
This screen appears when Ask Provider Services is selected from the Claim Status — Detail screen. To submit a web inquiry, complete all required fields and select **Submit Question**.

The Confirmation screen shows you how and when to check the Message Center for a response to your question. Use the **Return** button to return to the Claim Status — Detail screen.

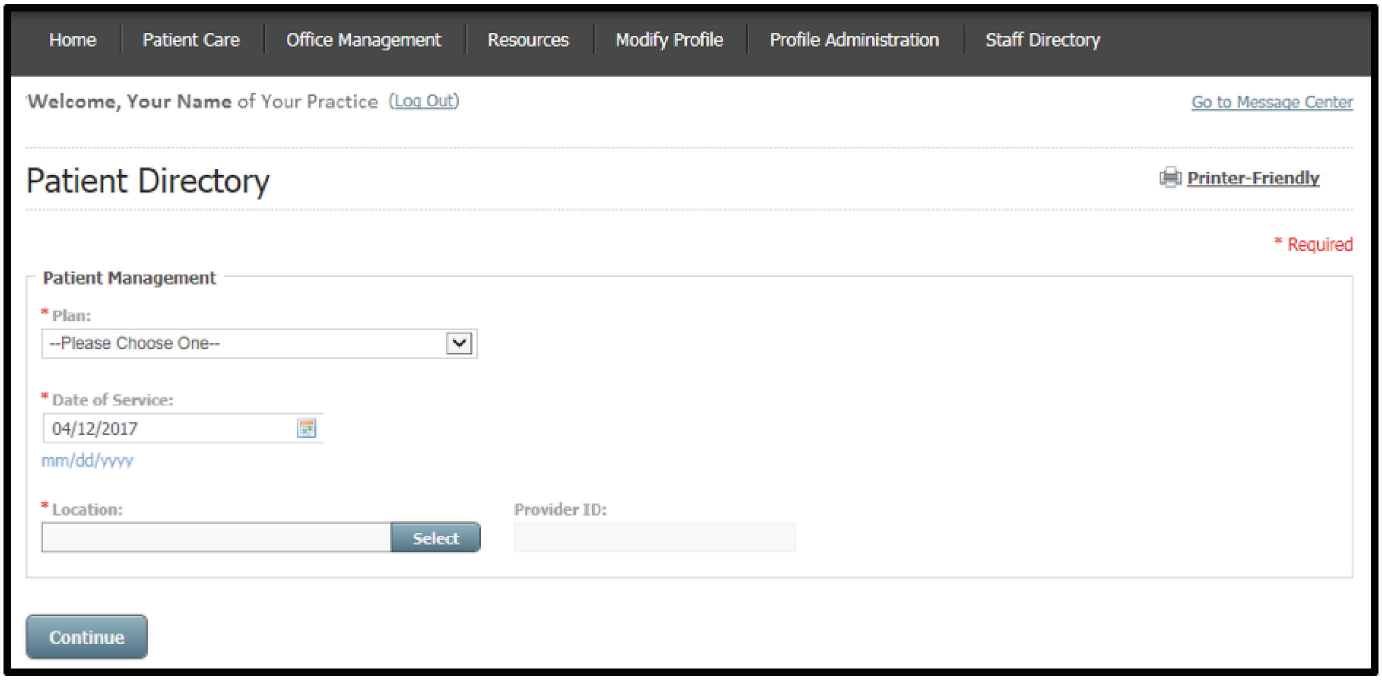


PATIENT DIRECTORY

From the Patient Care tab, select **Patient Directory**. The Patient Directory is updated when you choose to add the patient using the information entered in the patient information form during claim entry.

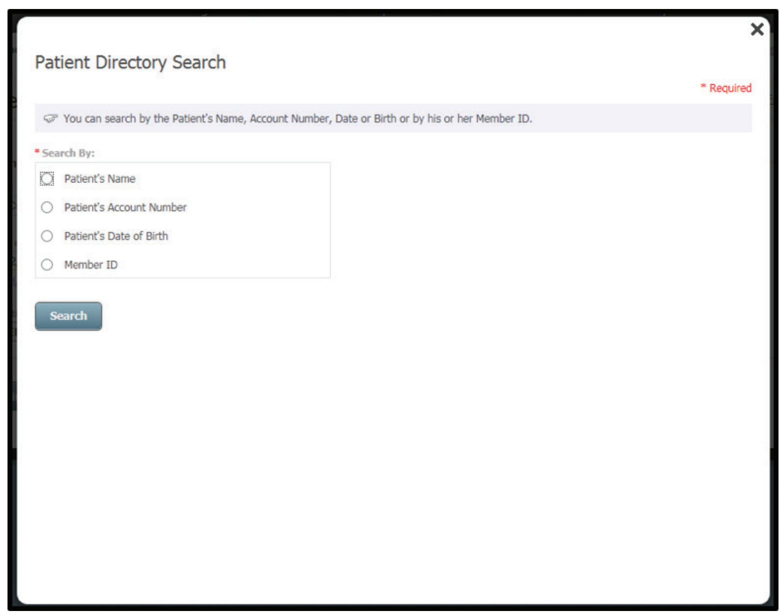


Enter required information on the Patient Directory page. Select **Continue**.

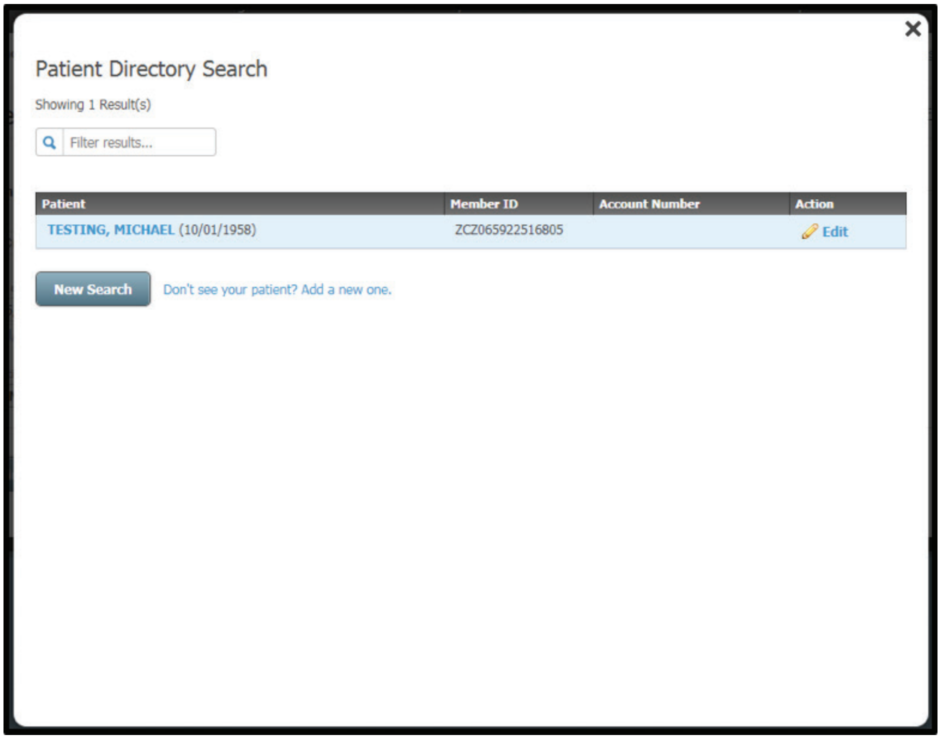


Search for a patient by name, account number, date of birth or member ID:

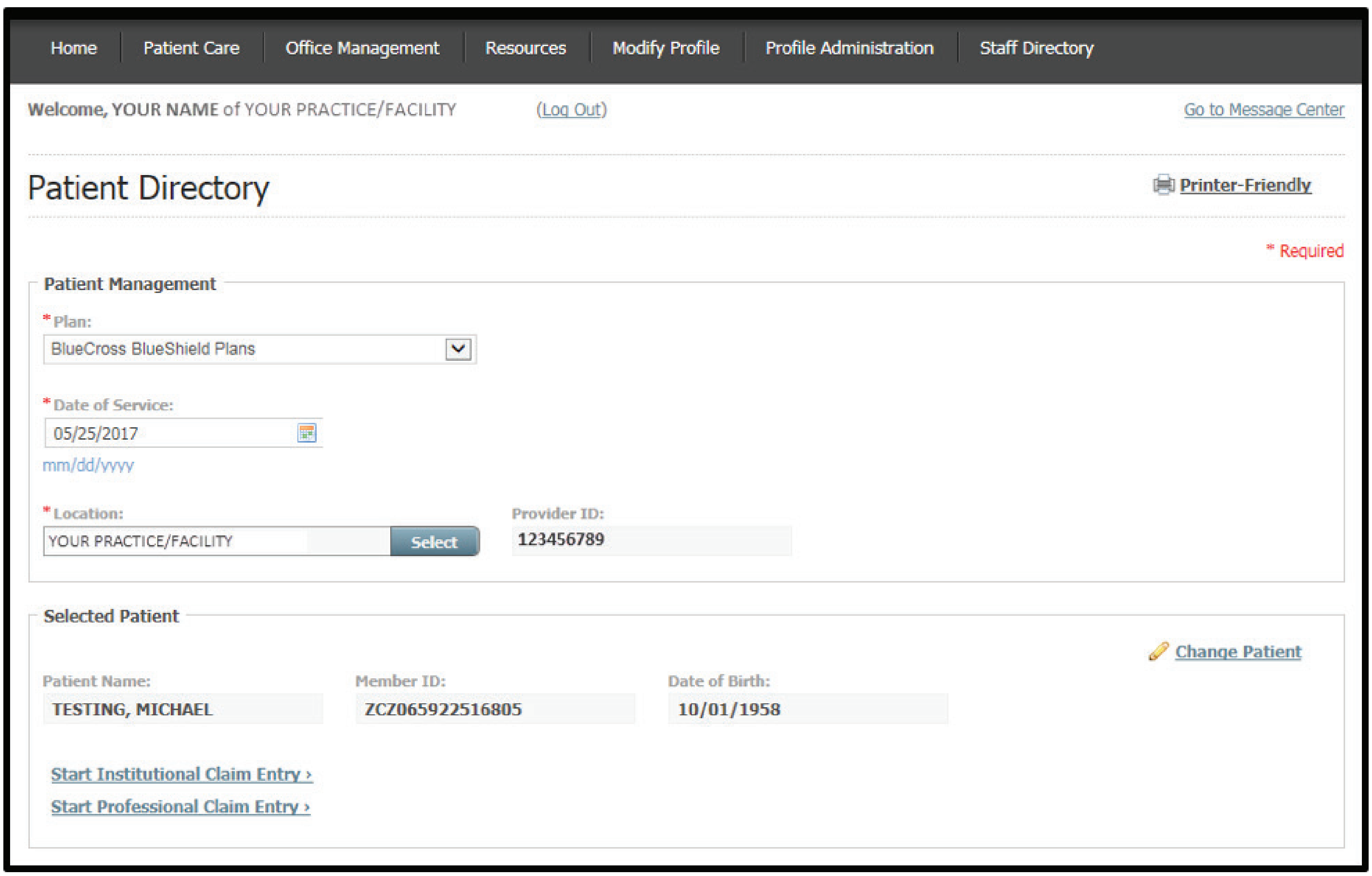
- Patient's Name — The screen displays additional fields for patient's first name and patient's last name. Enter at least two letters for the patient's first and/or last names. Complete the required additional fields, and then select **Search**.
- Patient's Account Number — The screen displays an additional field for the patient's account number. Input the patient's unique number your practice or practice management software has assigned.
- Patient's Date of Birth — The screen displays an additional field for patient's date of birth.
- Member ID — The screen displays an additional field for member ID. Include the alpha prefix, if applicable.



When search results appear, select the patient's name.

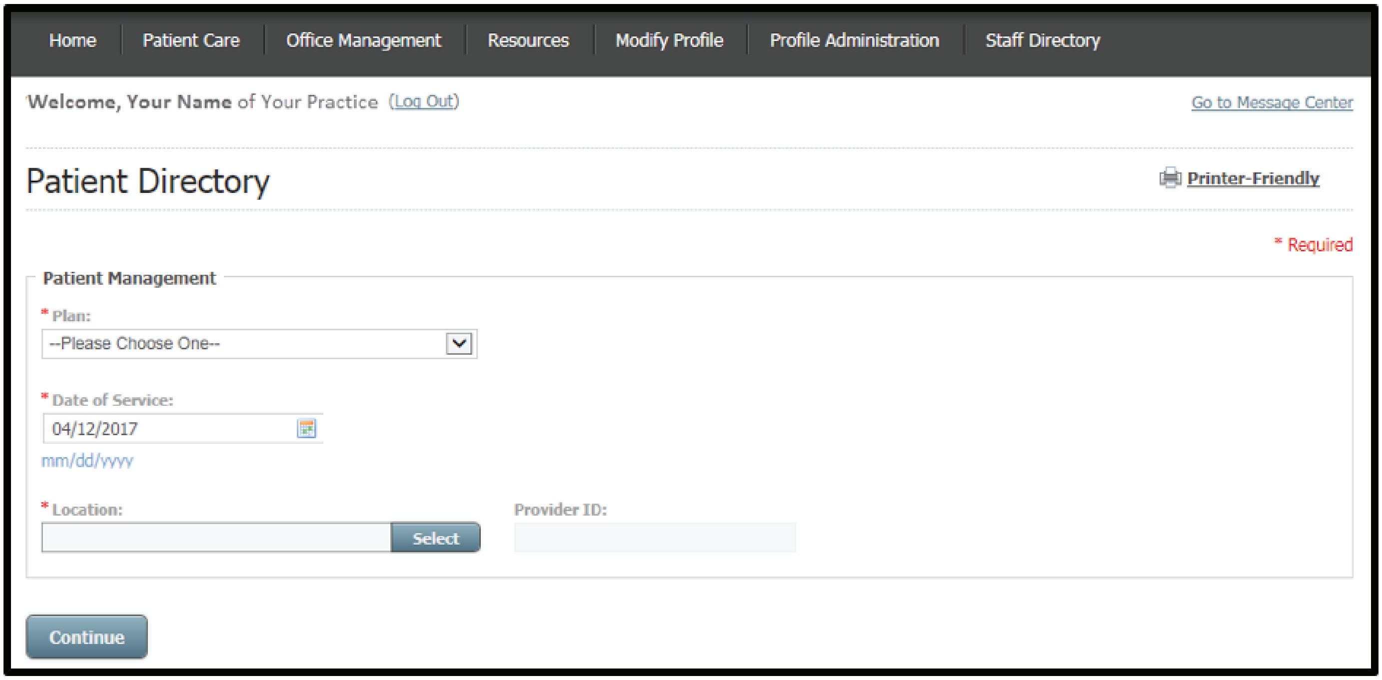


Select **Start Institutional Claim Entry** or **Start Professional Claim Entry**. Choose the **Change Patient** link to select another individual in your Patient Directory.



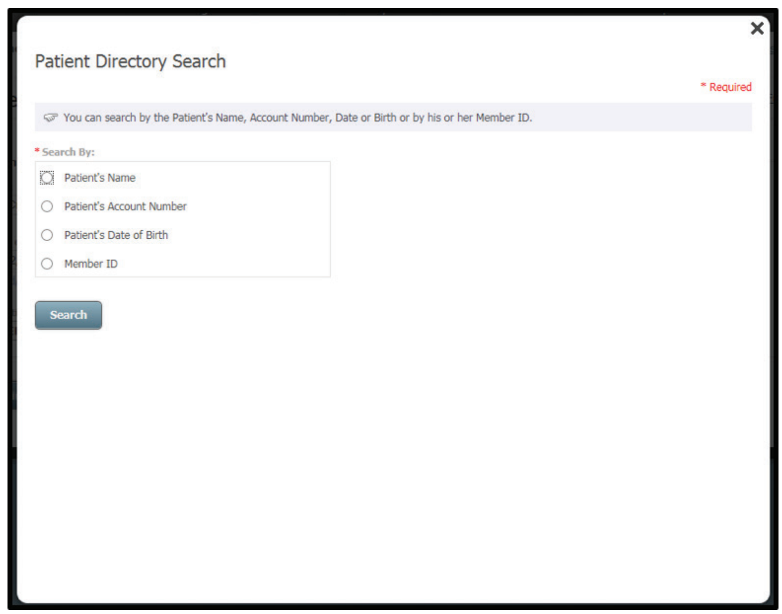
For Dental Providers

Enter required information on the Patient Directory page. Select **Continue**.

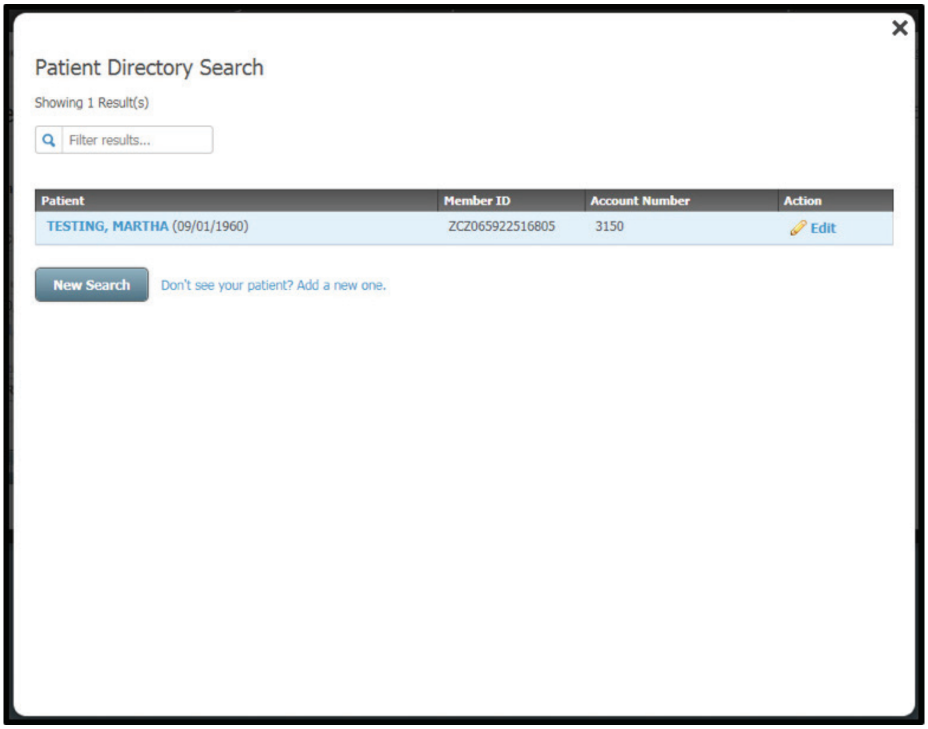


Search for a patient by name, account number, date of birth or member ID:

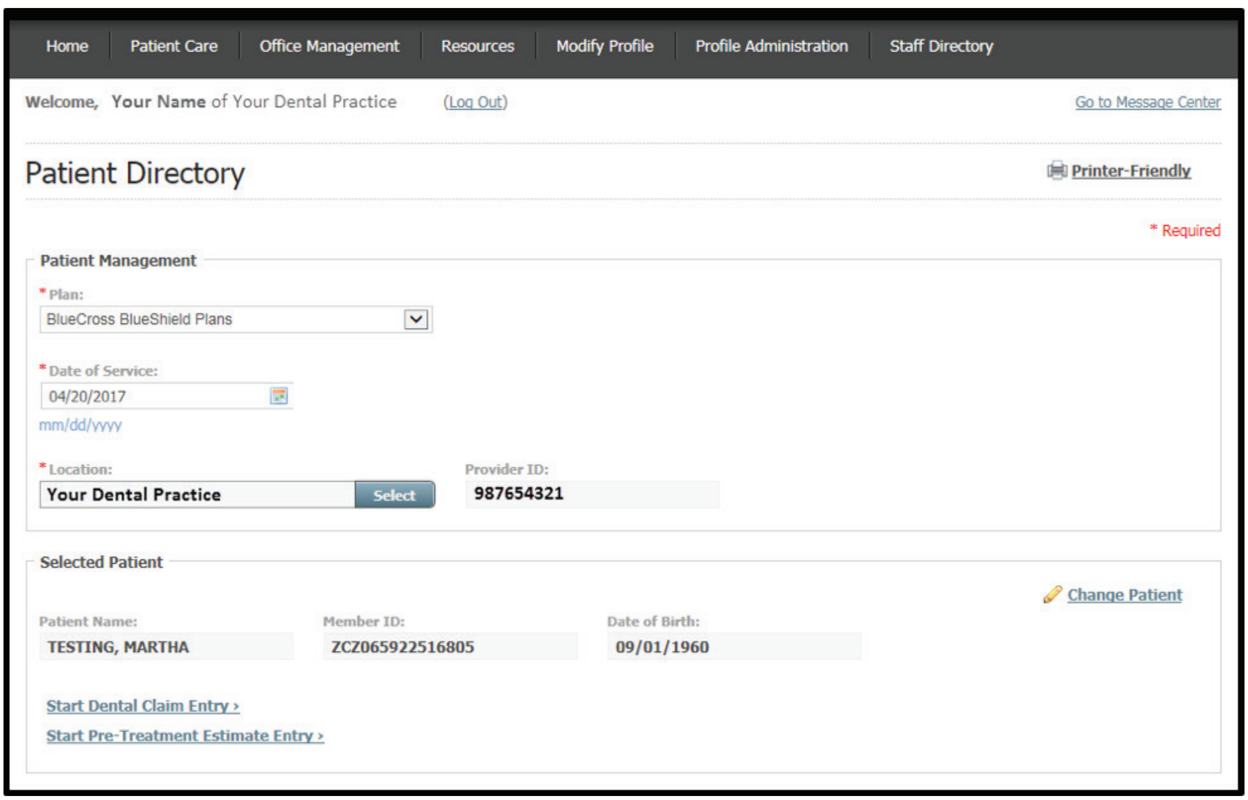
- Patient's Name — The screen displays additional fields for patient's first name and patient's last name. Enter at least two letters for the patient's first and/or last names. Complete the required additional fields, and then select **Search**.
- Patient's Account Number — The screen displays an additional field for the patient's account number. Input the patient's unique number your practice or practice management software has assigned.
- Patient's Date of Birth — The screen displays an additional field for patient's date of birth.
- Member ID — The screen displays an additional field for member ID. Include the alpha prefix, if applicable.



When search results appear, select the patient's name.

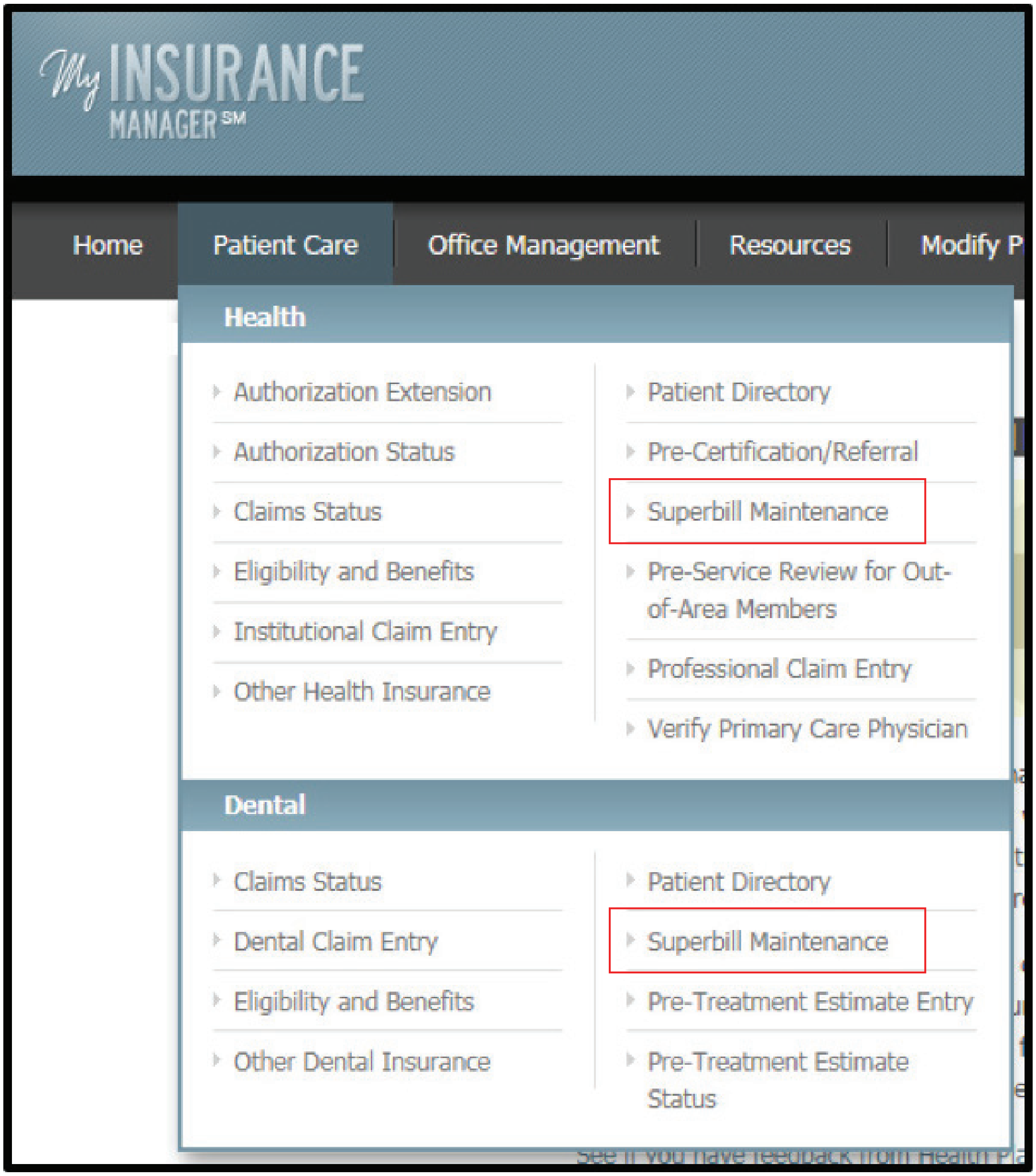


Select **Start Dental Claim Entry** or **Start Pre-Treatment Estimate Entry**. Choose the **Change Patient** link to select another individual in your Patient Directory.



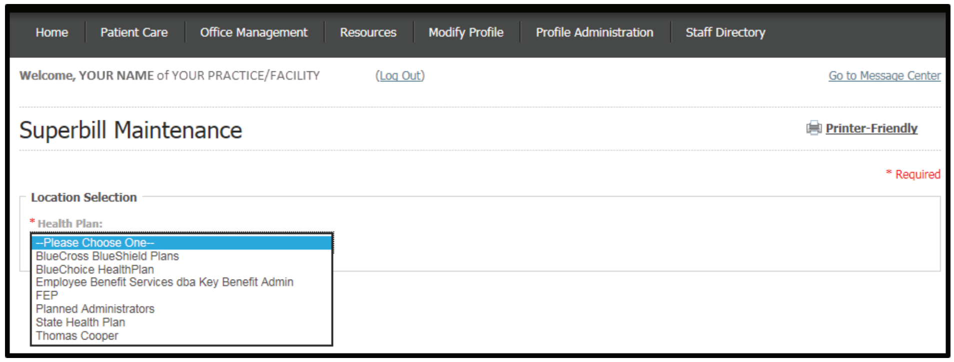
SUPERBILL MAINTENANCE

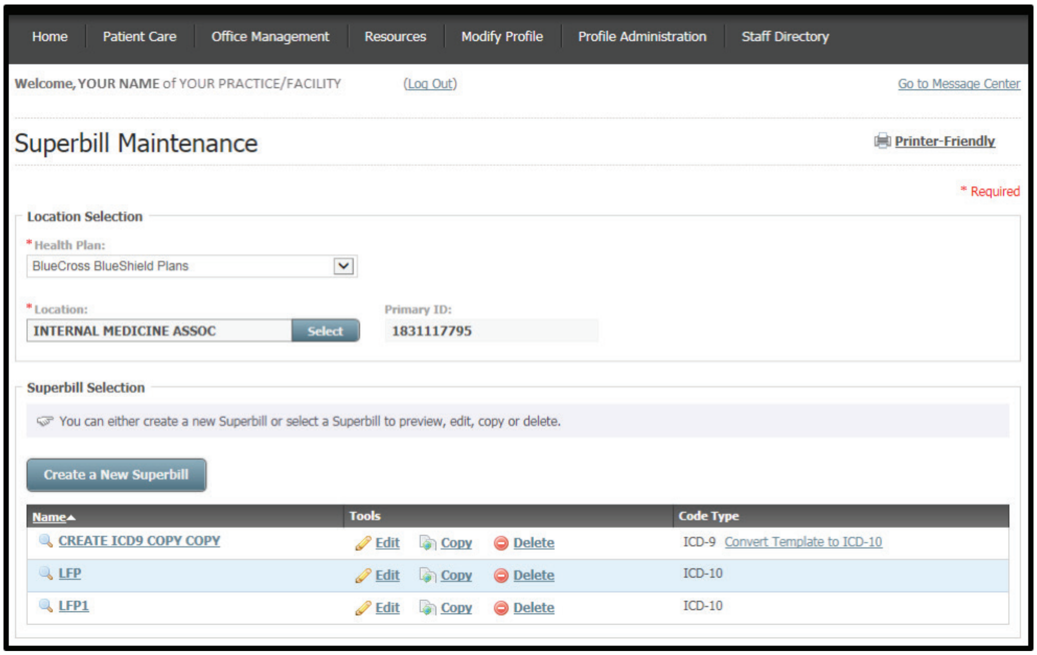
From the Patient Care tab, select **Superbill Maintenance**. Superbill Maintenance lets you create an encounter form specific to your user account.



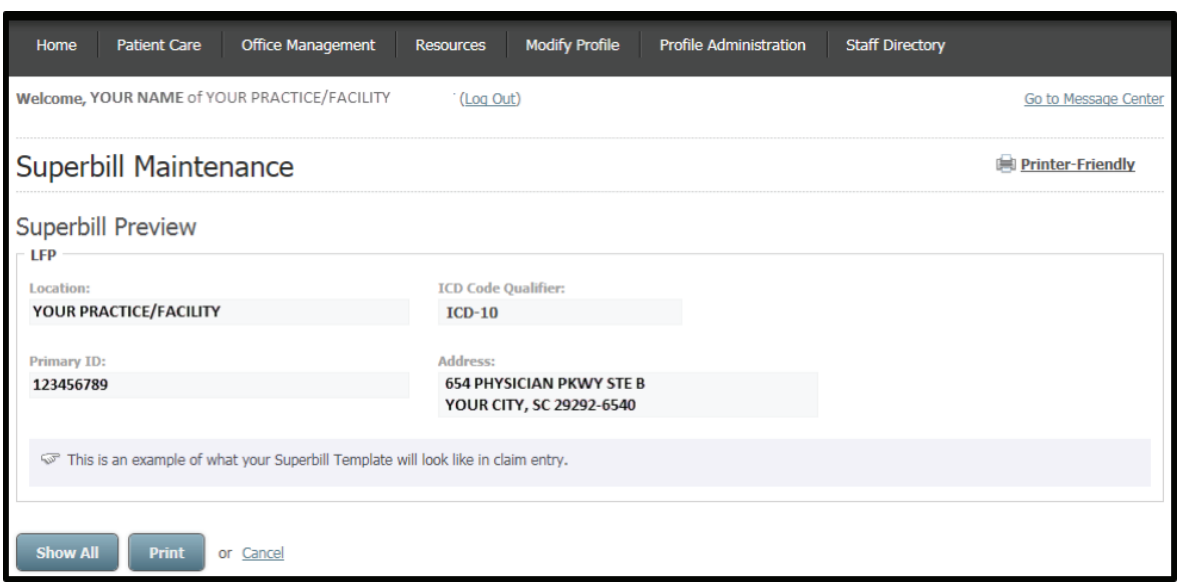
For Health Providers

Select a health plan and location. Next, select **Create a New Superbill** or choose a previous superbill you created for the location to preview, edit, copy or delete.

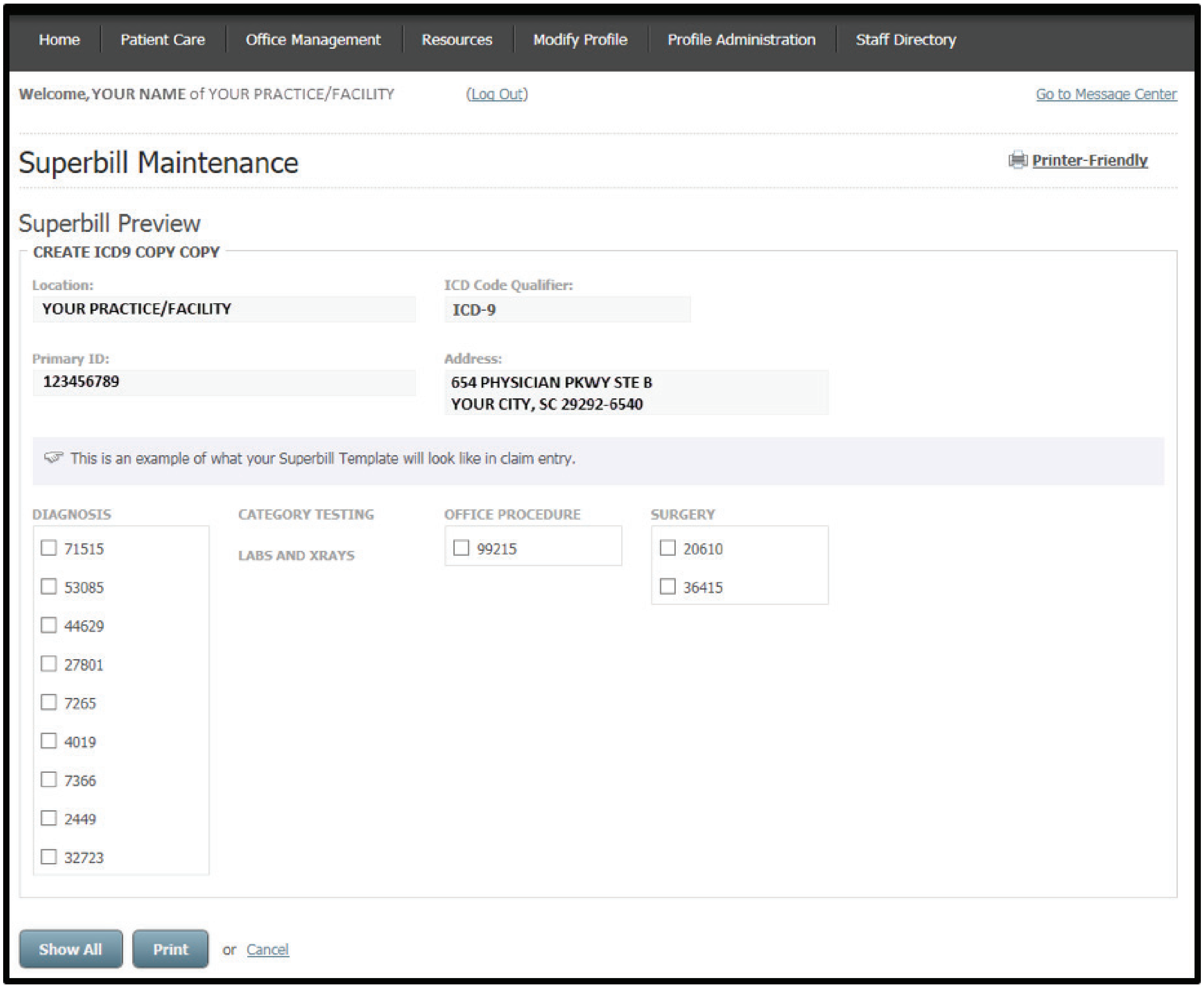




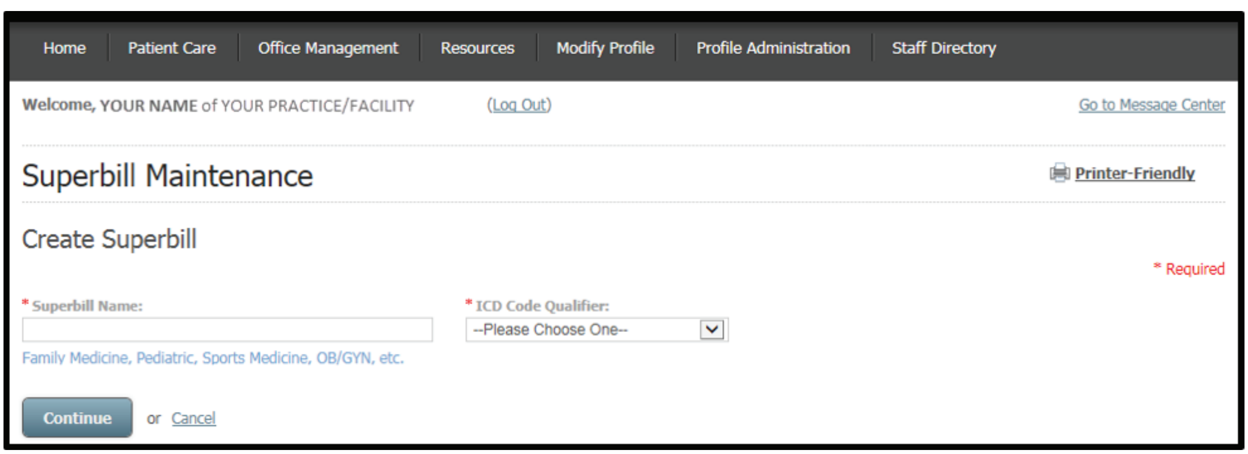
When you preview a previously created superbill, you can select **Show All** or **Print**.



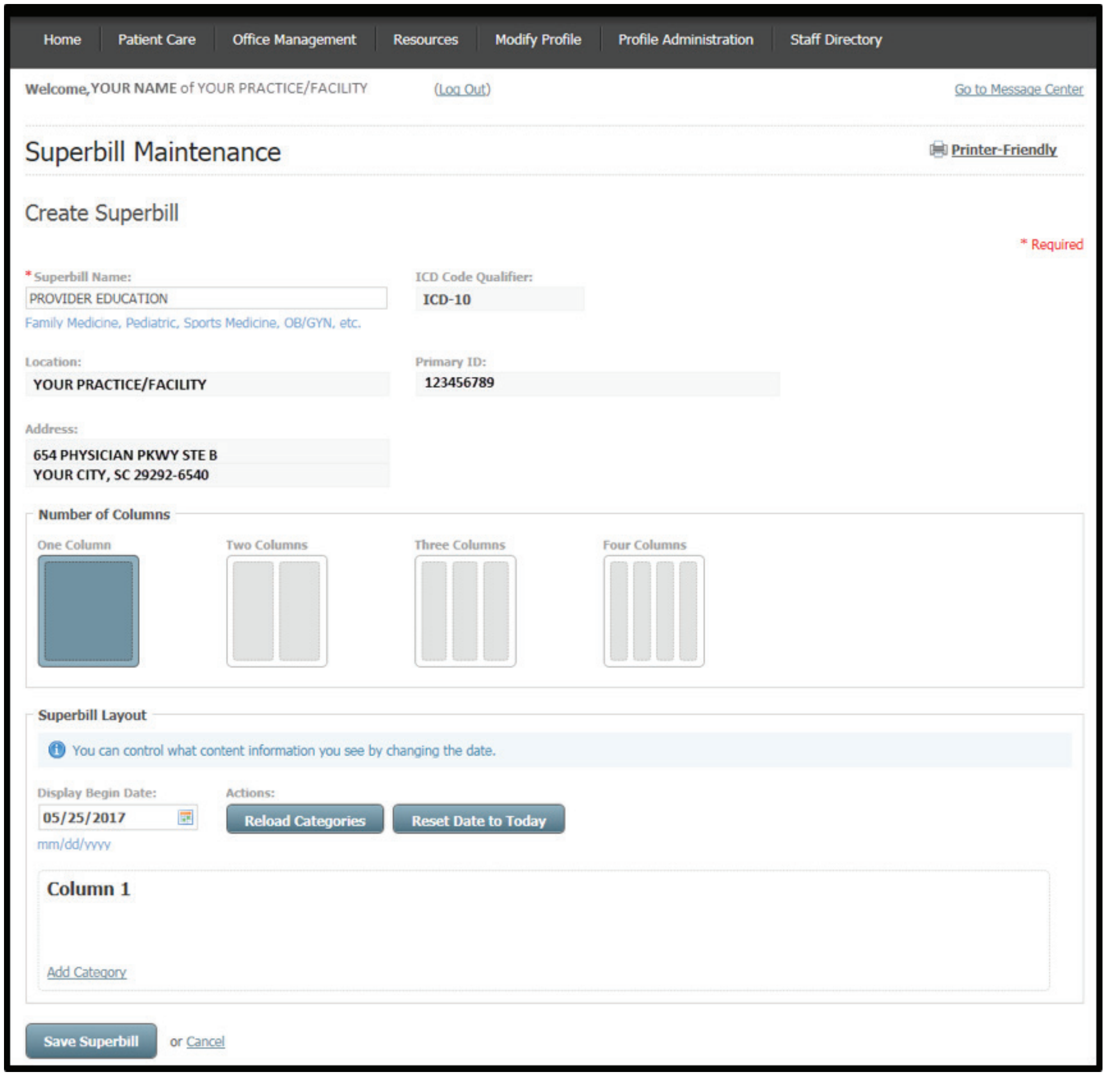
This screen appears when you select **Show All**. The template details the procedure codes that have ever been in this superbill. Select **Print**.

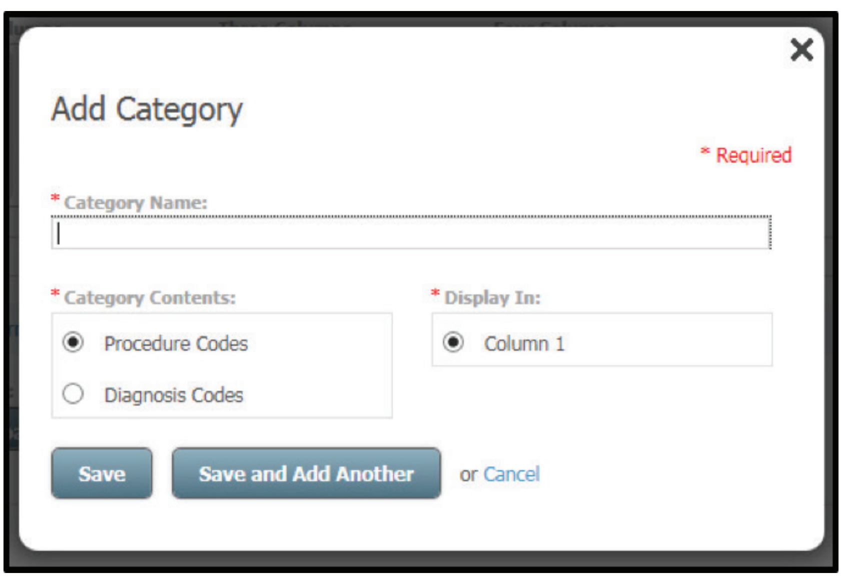


When you choose **Create a New Superbill**, enter a superbill name. Select **Continue**.



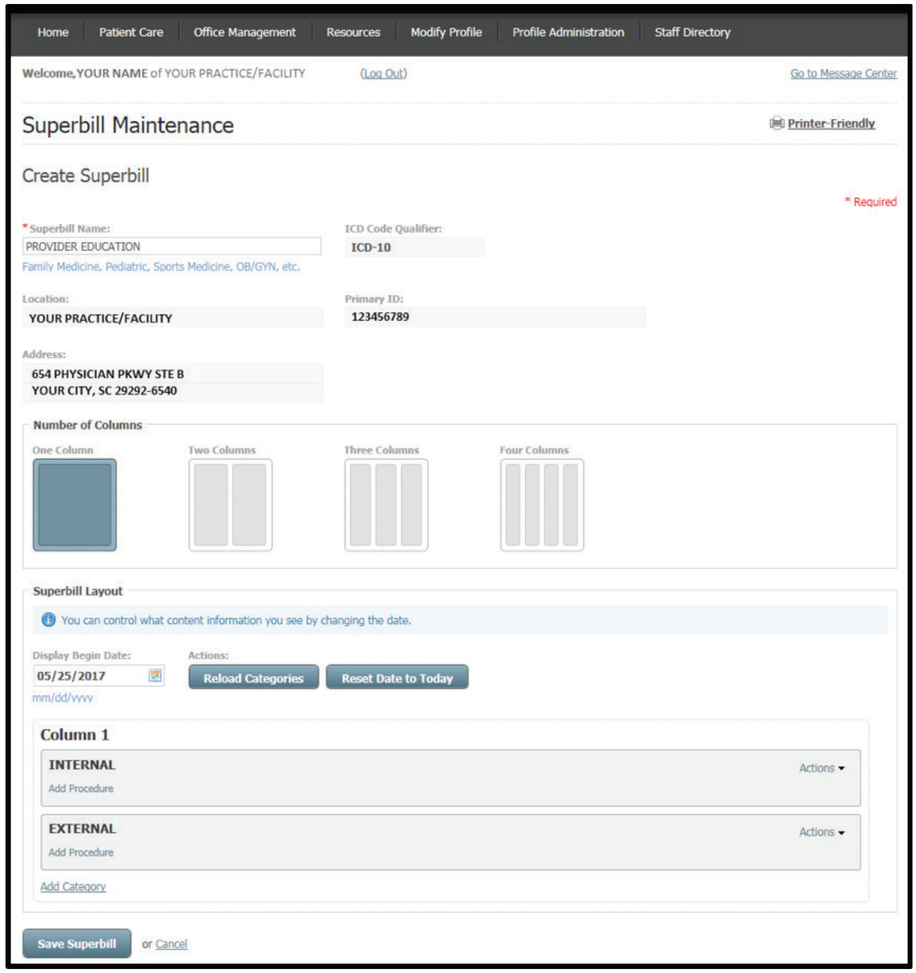
Select the number of columns for your superbill. Add a category for each column by selecting **Add Category**.

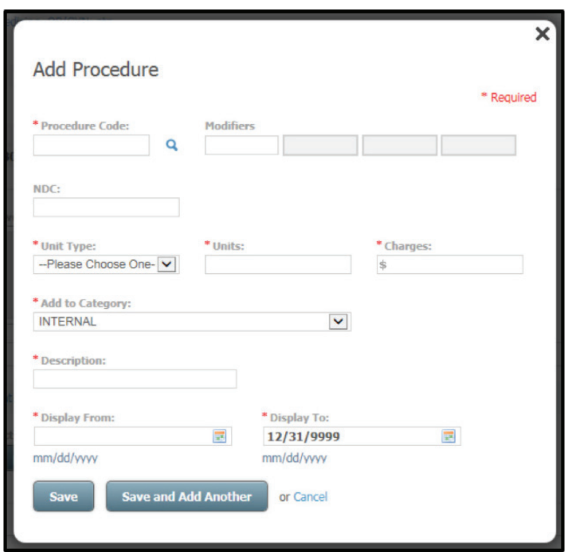




This screen appears when you select **Add Category** on the previous page. Define the category (such as procedure code, diagnosis code, etc.) for the selected column, and then select **Save** or **Save and Add Another**.

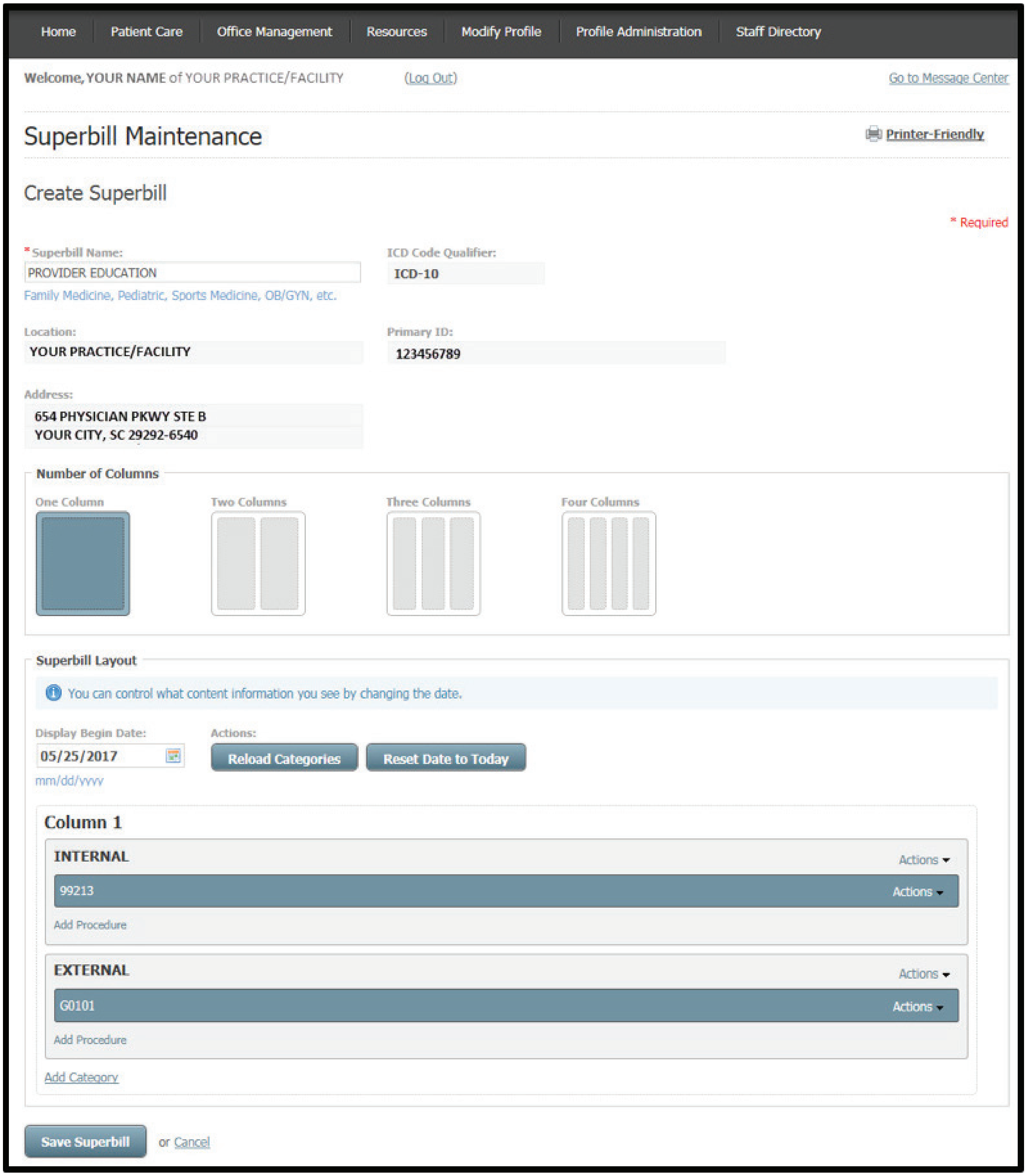
The Superbill Maintenance screen now shows the defined category. In the Column field, use the Actions drop-down menu to move down, edit or delete the category. Select **Add Procedure** in the Column field.





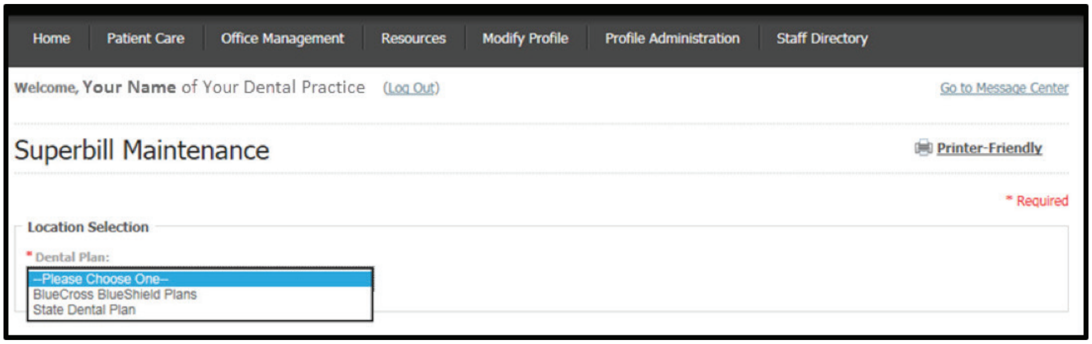
This screen appears when you select **Add Procedure**. Select the magnifying glass to search for the procedure code by description or code. Enter the amount for charges. Designate the category. Describe the procedure as appropriate and define the Display From and Display To dates. Select **Save** or **Save and Add Another**.

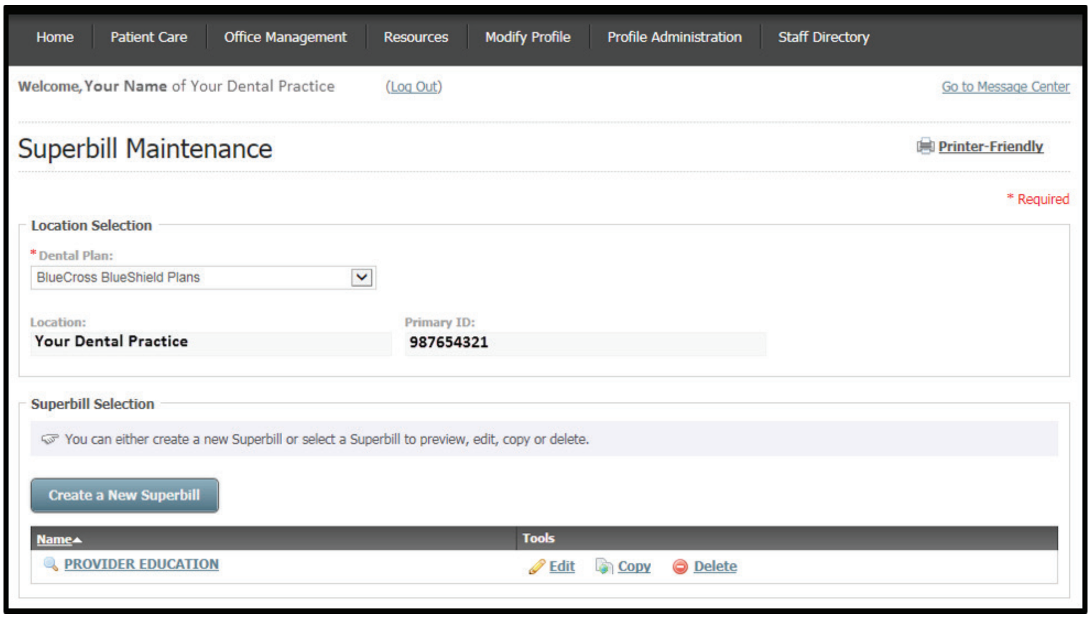
The Superbill Maintenance screen now shows the defined category with the added procedure code(s). Select **Save Superbill**.

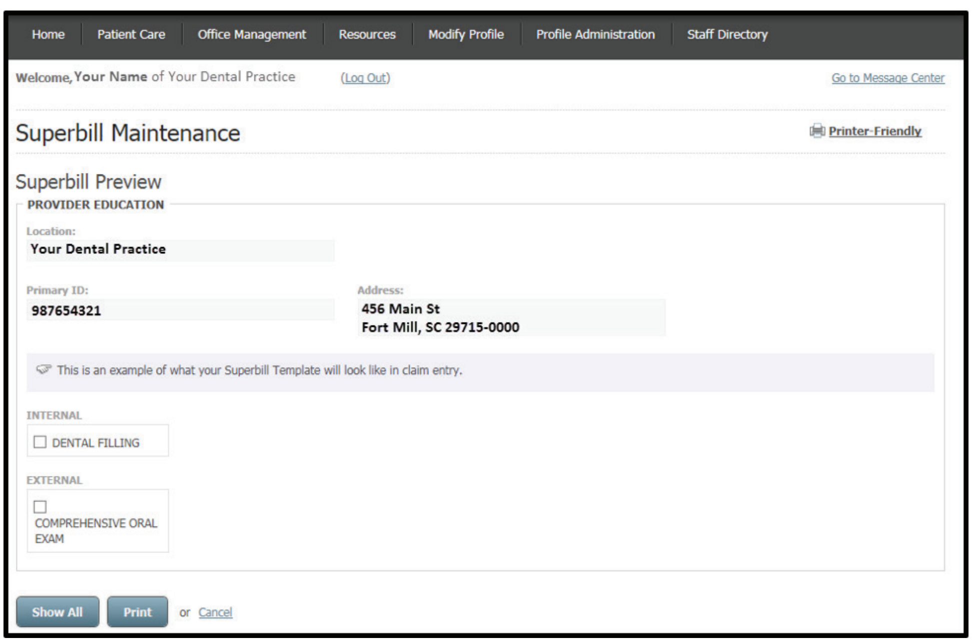


For Dental Providers

Select a health plan and location. Next, select **Create a New Superbill** or choose a previous superbill you created for the location to preview, edit, copy or delete.

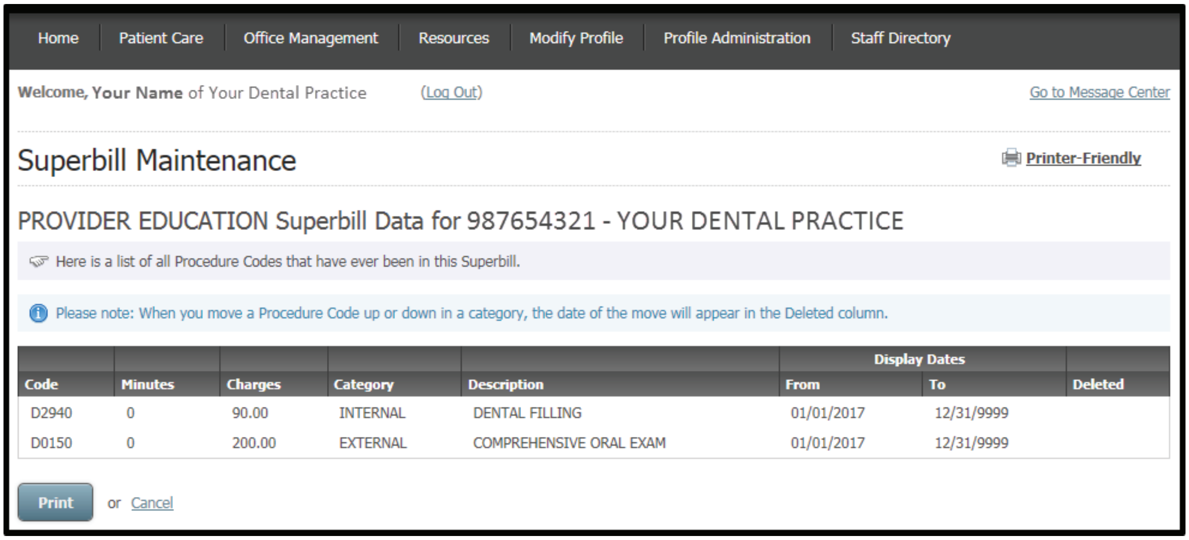




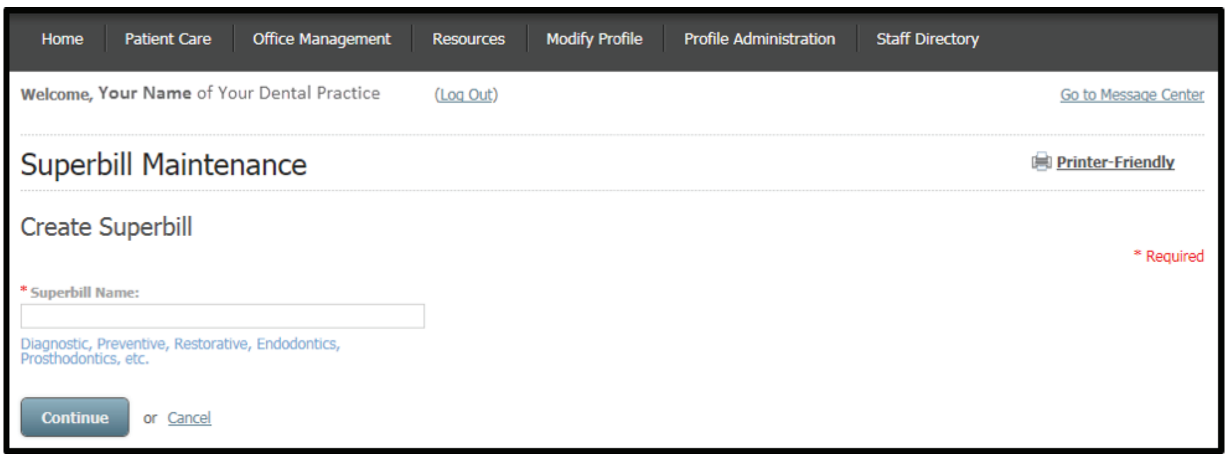


When you preview a previously created superbill, you can choose either **Show All** or **Print**.

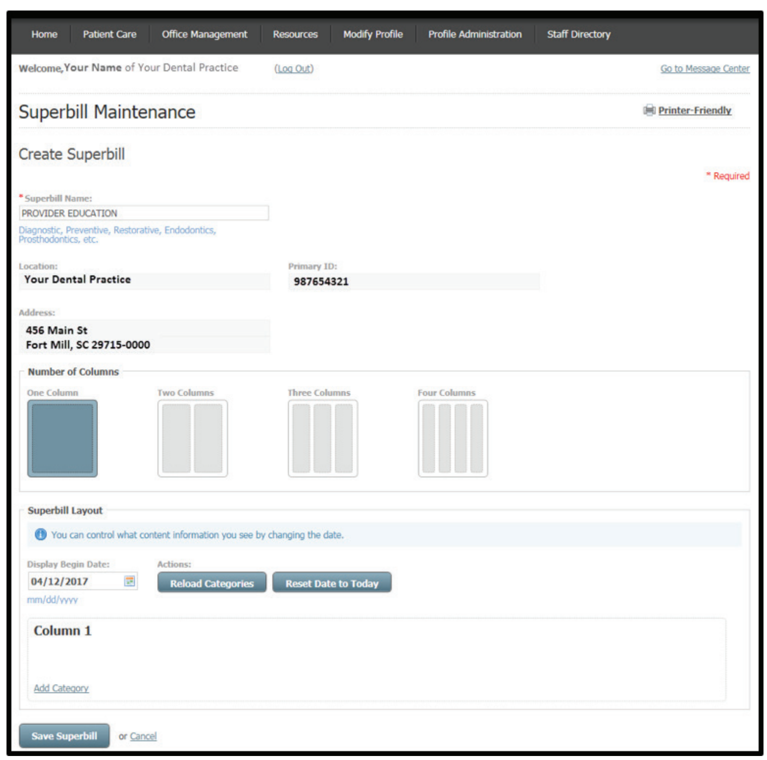
This screen appears when you select **Show All**. The template details the procedure codes that have ever been in this superbill. Select **Print**.



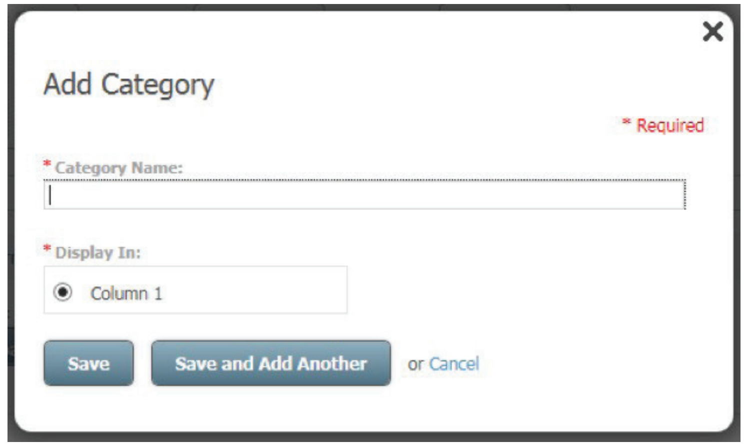
When you choose **Create a New Superbill**, enter a superbill name and then select **Continue**.

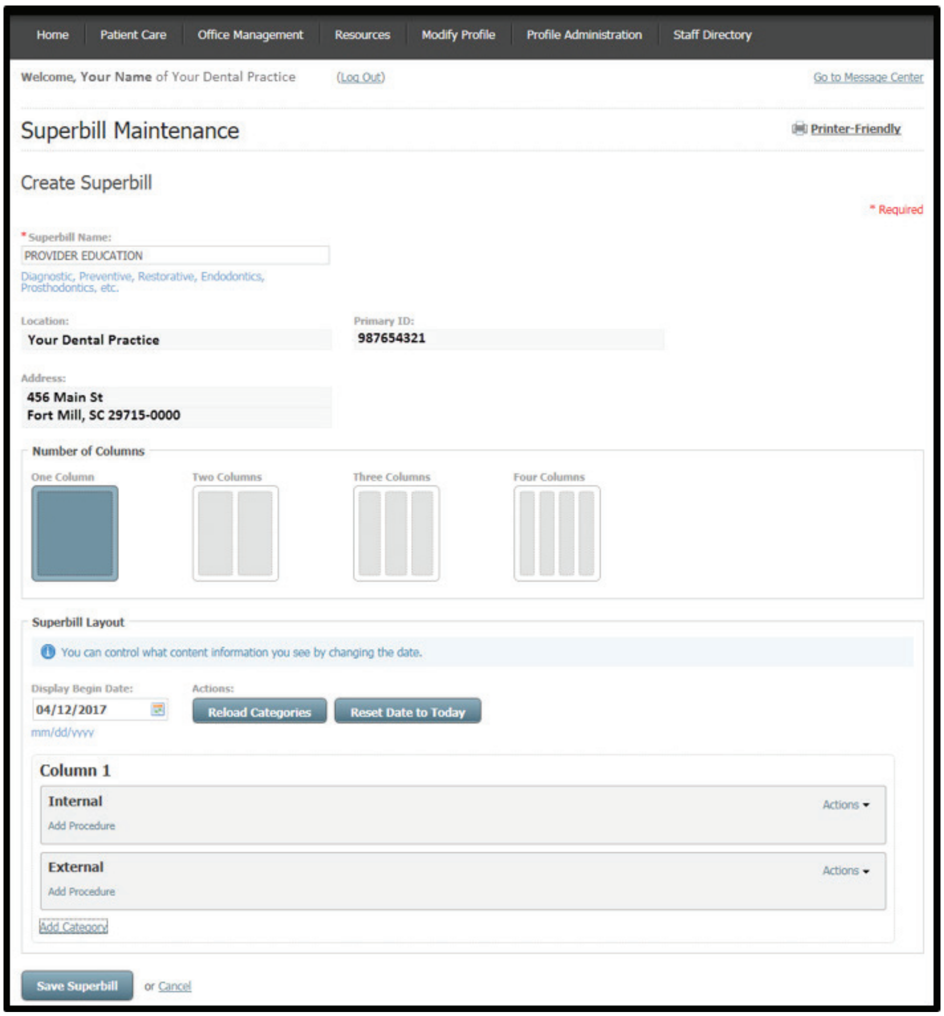


Select the number of columns for your superbill. Add a category for each column by selecting **Add Category**.



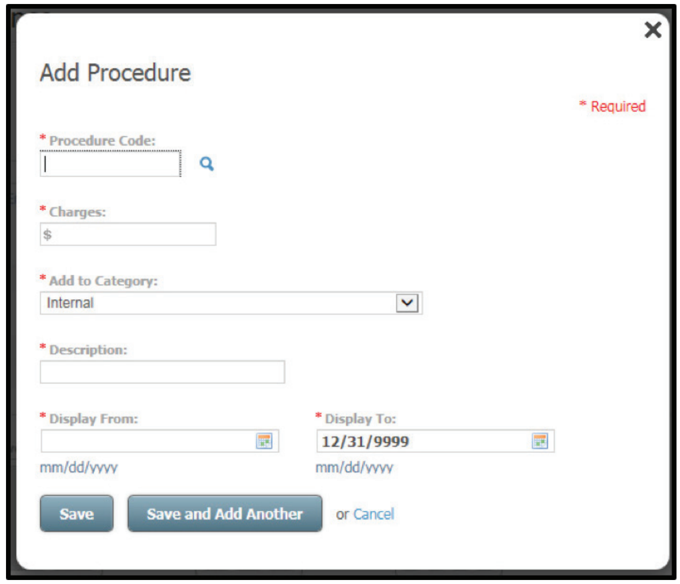
This screen appears when you select **Add Category** on the previous page. Define the category (such as procedure code, diagnosis code, etc.) for the selected column, and then select **Save** or **Save and Add Another**.

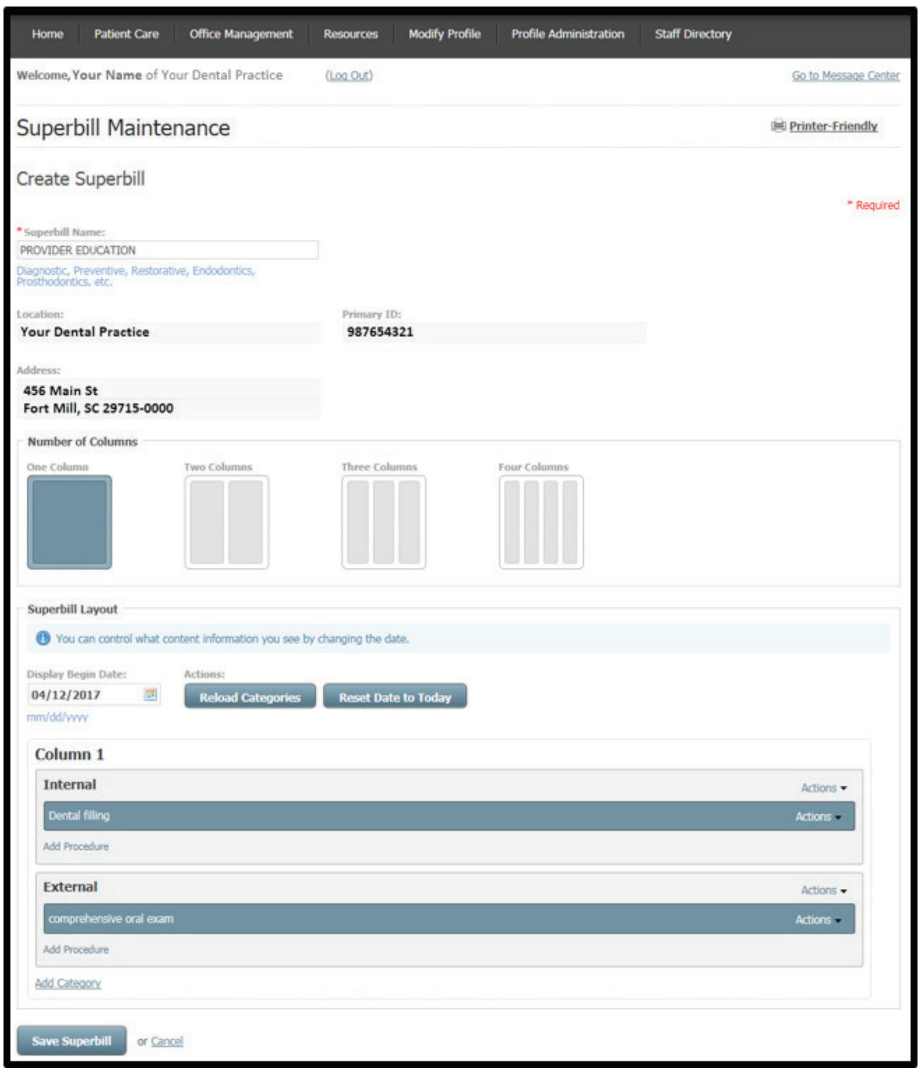




The Superbill Maintenance screen now shows the defined category. In the Column field, use the Actions drop-down menu to move down, edit or delete the category. Select **Add Procedure** in the Column field.

This screen appears when you select **Add Procedure**. Select the magnifying glass to search for the procedure code by description or code. Enter the amount for charges. Designate the category. Describe the procedure as appropriate and define the Display From and Display To dates. Select **Save** or **Save and Add Another**.

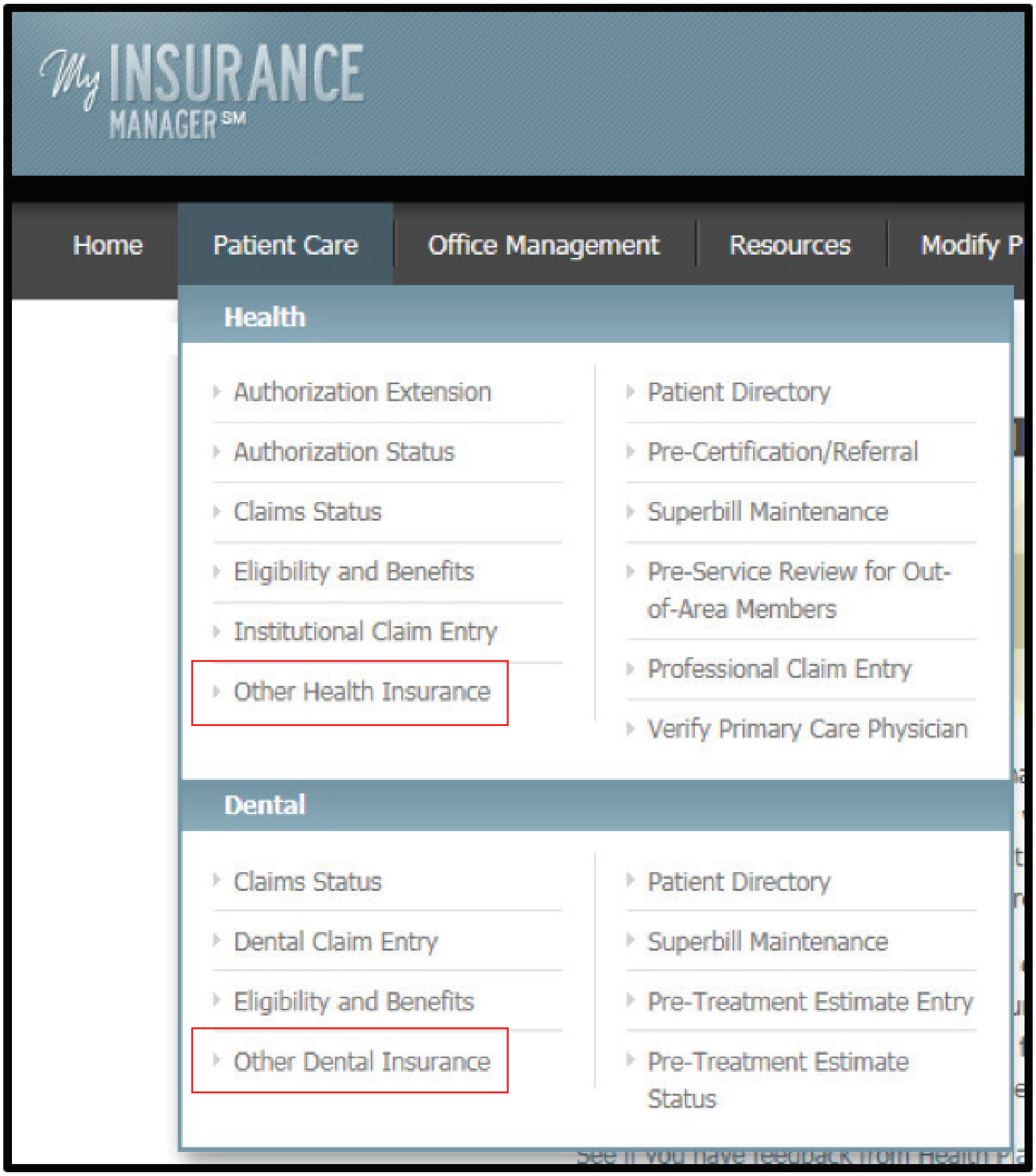




The Superbill Maintenance screen now shows the defined category with the added procedure code(s). Select **Save Superbill**.

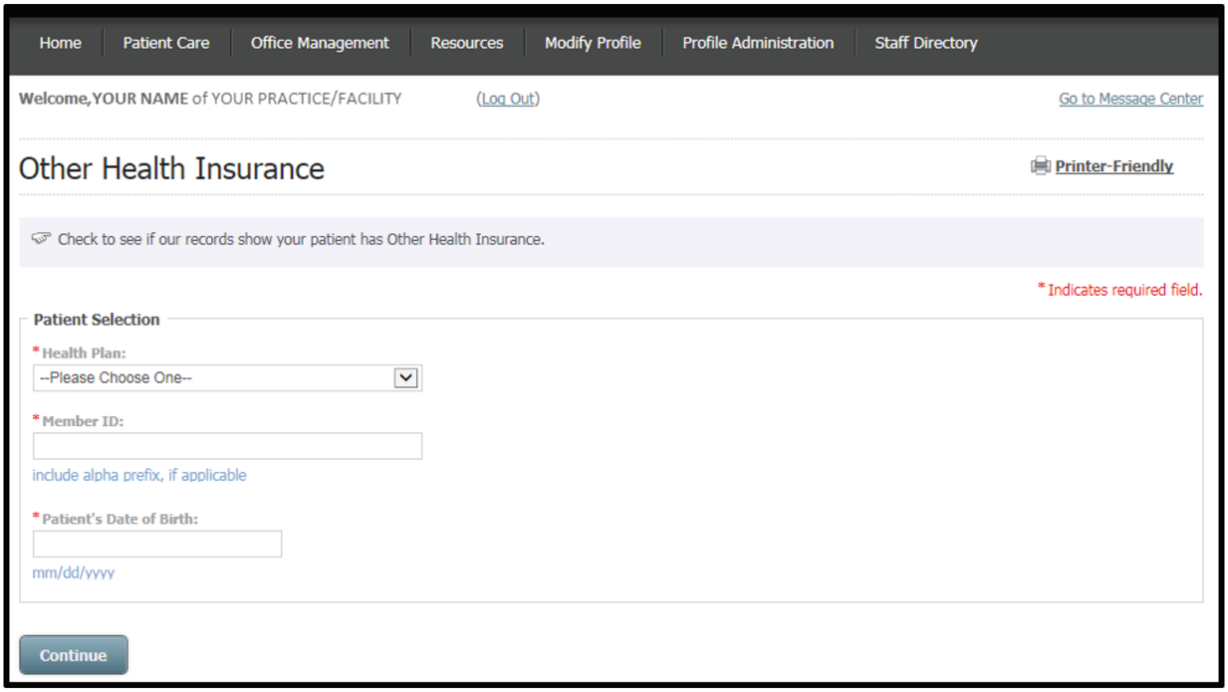
COORDINATION OF BENEFITS

From the Patient Care tab, select **Other Health Insurance** or **Other Dental Insurance** to establish coordination of benefits for a patient.

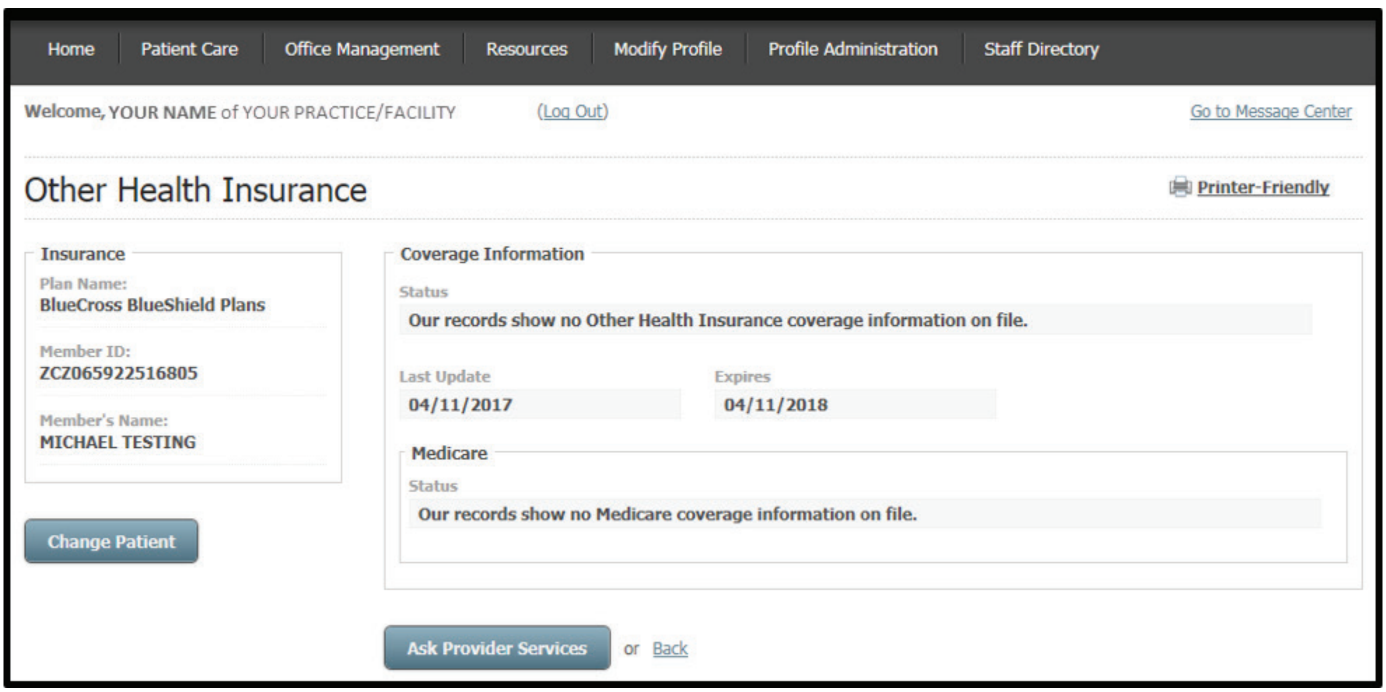


For Health Providers

Select a health plan, enter the member ID and patient's date of birth. Select **Continue**.

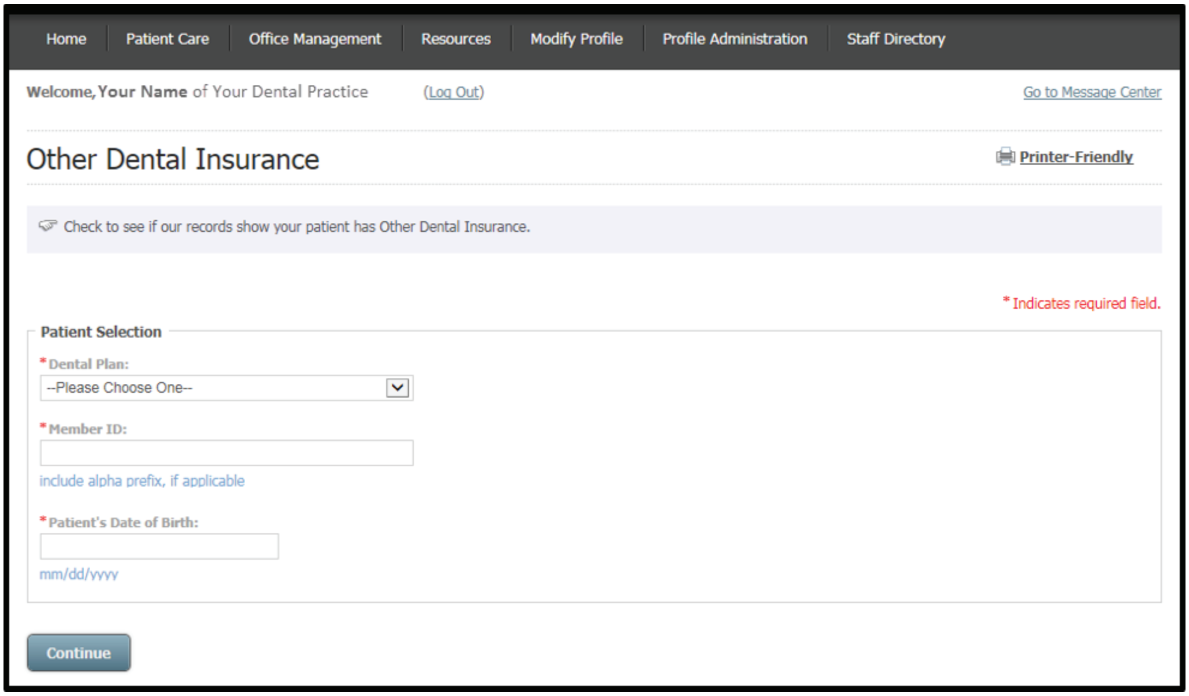


The results will show if the member has other health insurance coverage or Medicare coverage information on file.

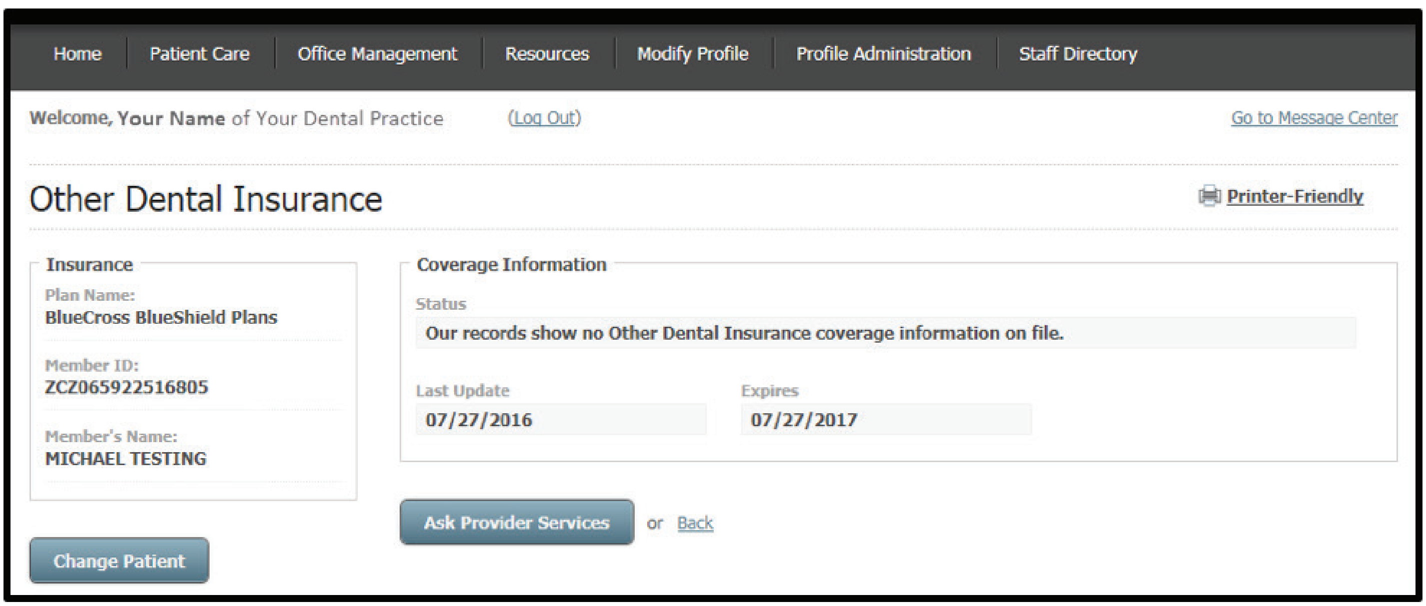


For Dental Providers

Select a dental plan, enter the member ID and patient's date of birth. Select **Continue**.



The results will show if the member has other dental insurance coverage information on file.



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