



NPI-Related Changes My Insurance ManagerSM for Providers

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Introduction

This document will provide an overview of National Provider Identifier (NPI)-related changes on certain pages and functions of the Provider My Insurance Manager application.

The pages and functions addressed include:

- Welcome Pages
- Provider Registration
- Location Selection Lists
- Your Patient Directory
- Eligibility and Benefits
- Ask Provider Services and STATchat
- Institutional Claim Entry
- Professional Claim Entry (HCFA-1500 and Superbill)
- Claim Status
- Authorization/Pre-Certification/Referral
- Remittance Information

These changes were implemented the weekend of May 18-20, 2007.

For more information, visit the [NPI Overview Page](#) in the HIPAA Critical Center.

Definitions

This training document uses some terms that may be unfamiliar. For the purposes of this overview, the following definitions apply:

Atypical provider: A provider or entity that is not required by law to obtain an NPI.

Typical provider: Any provider that is required by law to obtain an NPI.

Welcome Pages

A provider who fails to obtain an NPI and have it on file with us will severely limit his or her ability to use certain functions in My Insurance Manager (MIM). The following message will appear on the Provider My Insurance Manager main Welcome page as the NPI mandate deadline approaches:

Important! NPI Mandate Updates for My Insurance Manager

We are integrating the National Provider Identifier (NPI) into My Insurance Manager. If you do not have your NPI numbers on file with us by the time the Centers for Medicare & Medicaid Services implements NPI, you will no longer be able to use My Insurance Manager to file claims, check claims status and eligibility or submit pre-certifications and referrals. Log in to find out more!

Once a user is logged in, the following message will appear on the main Health page:

Important! NPI Mandate Updates for My Insurance Manager

We are integrating the National Provider Identifier (NPI) into My Insurance Manager. As part of this HIPAA mandate, most providers must have an NPI for their organizations and for each individual doctor or other healthcare provider. Most importantly, you must have an NPI number to file claims, view claims status, check eligibility and submit pre-certifications and referrals. If you do not have your NPI numbers on file with us by the time the Centers for Medicare & Medicaid Services implements NPI, you will no longer be able to perform these transactions.

Please note: CMS has extended the contingency period. During this time providers may file claims to us or use other My Insurance Manager functions with their legacy numbers, their legacy and NPI numbers, or their NPI number alone.

Provider Registration

Figure 1: Revised Create a New Provider Profile Screen

Create a New Provider Profile All fields are required.

Please enter your 9-digit Tax ID number.

Tax ID:

Confirm Tax ID:

When you create a new profile in My Insurance Manager, you will register with a Tax Identification Number (Tax ID), not an NPI. The application will no longer accept the 12-digit provider number (Tax ID + three-digit location code) for creating new accounts. It will only accept the nine-digit Tax ID. You will no longer need to enter the Tax ID separately for the different plans.

Providers will not need to recreate their current user profiles.

Location Selection Lists

Figure 2: Revised Location Selection List

The screenshot displays the 'My Insurance Manager' interface for healthcare professionals. The page title is 'My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC'. The main navigation bar includes 'My Insurance Manager' and 'Healthcare Professionals' tabs, with 'Health' and 'Dental' sub-tabs. A secondary navigation bar lists various services: 'Claims Status', 'Eligibility and Benefits', 'Professional Claim Entry', 'UB-92 Claims Entry', 'Authorization/Pre-Certification/Referral', and 'EDI'. A user status bar at the top right indicates 'You are signed in as Testy McTesterson, Testerville Clinic.' The main content area is titled 'Provider Location Selection' and includes instructions: 'Please choose one of the following Primary IDs to view your patient directory.' and 'Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.' Below this is a table with the following data:

Primary ID ▲	Provider Name	Address	City	Specialty
1234567890	TESTERVILLE CLINIC	123 MAIN ST	TESTERVILLE	FAMILY PRACTICE
111111111	TESTERVILLE MENTAL HEALTH	456 OAK ST	TESTERVILLE	CLINIC/CENTER ADULT MENTAL HEALTH
NPI Unknown	TESTERVILLE CLINIC EAST	789 POPLAR AVE	TESTERVILLE	FAMILY PRACTICE

A 'Back' button is located at the bottom left of the main content area. The browser's status bar at the bottom shows 'Done' and 'Internet'.

Many functions of My Insurance Manager feature a location selection list, including claims filing, pre-certification and remittance information. From this list, users can choose the appropriate location.

The Primary ID column shows the NPI or Tax ID. If the location requires an NPI, but you don't have one on file with us, the phrase "NPI Unknown" will display. You will still be able to click on the link and perform the function for that location until CMS fully implements NPI. After the contingency period has ended, you will see "NPI Required" for certain functions, and you will be unable to perform these functions.

Please note: The screen above is the example for Claims Entry. Different functions will contain different headings and directions.

Your Patient Directory

The Your Patient Directory link from the top menu will no longer take you directly to the Patient Search screen. Instead, you will be prompted to choose a health plan and a location first.

The location selection list will indicate which locations do not have an NPI on file with us. Both pre- and post-mandate, you will be able to update the Patient Directory for any of your locations, regardless of whether you have NPIs on file.

Eligibility and Benefits

For the Eligibility and Benefits function, the location selection screen is the only screen affected by NPI-related changes before the mandate. During the contingency period, you will see “NPI Unknown” for locations that require an NPI but do not have one on file with us; you will still be able to perform eligibility and benefit requests for these locations. After the contingency period has ended, you will be unable to perform requests for locations listing “NPI Required.” See page 6.

Ask Provider Services and STATchat

If you have not indicated a location at some point before accessing Ask Provider Services and STATchat, My Insurance Manager will provide a location list and prompt you to choose one. The NPI attached to that location, if known, will be sent with the inquiry or STATchat call.

Institutional Claims Entry

If you file an institutional claim on My Insurance Manager, you will see three main NPI-related changes:

1. Changes to the location selection screen (as discussed on page 6).
2. Changes to entry options for Primary and Secondary Billing IDs.
3. Changes to entry options for Attending and Operating provider IDs.

Figure 3: Revised UB-92 General Claim Information Screen

UB-92 Claims Entry

General Claim Information

Insurance Information

Group Name: Group Number: Benefits Assigned to Healthcare Professional: Yes

Claim Information

Please note: The Institutional "Bill Type" is defined by the information in the next three fields.

Facility Type: -- Please Choose One --

Eill Classification: -- Please Choose One --

Claim Type/Frequency: 1 - Original Claim

Medical Record Number: Prior Claim Number:

Please note: We require all dates to be in mm/dd/yyyy format; and all times to be in the hhmm (24-hour clock) format. If the services you submit on this claim cover more than one date, you must include the Statement To Date.

Statement From Date: / / Statement To Date: / / Admission Date: / /

Admission Time: Discharge Time: Covered Days:

Non-Covered Days: Lifetime Reserve Days: Coinsurance Days:

Admission Type: Admission Source:

Patient Status:

Prior Authorization Number: Referral Number: Paper EOB Requested: No

Release of Information Authorized:

Appropriate Release of Information or File at Health Care Service Provider or at Utilization Review Organization

Delay Reason Code:

Claim Note:

Healthcare Professional Information

Primary Billing ID: 1234567890 Secondary Billing ID: 111111111 Signature on File: -- Please Choose One -- Accepts Assignment:

Please note: We require the Attending NPI, EIN, or SSN on all inpatient claims or encounters; and the Operating NPI, EIN or SSN on all claims involving surgical procedures.

Attending NPI, EIN or SSN: Operating NPI, EIN or SSN:

Buttons: Continue, Back, Clear Form, Start Over

1. The Primary Billing ID field will accommodate either a 10-digit NPI or a nine-digit Tax ID. The Secondary Billing ID field will accommodate either a nine-digit Tax ID or a 12-digit provider number (Tax ID + three-digit location).
2. The Attending and Operating fields will accommodate either a 10-digit NPI or a nine-digit Social Security Number (SSN) or Employer Identification Number (EIN).

Figure 4: Revised UB-92 Place of Service Information Screen, Pre-mandate

The screenshot shows a web browser window titled "My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSBC". The page header includes "My Insurance Manager Healthcare Professionals" and navigation tabs for "Health" and "Dental". A breadcrumb trail shows "Claims Status" > "Eligibility and Benefits" > "Professional Claim Entry" > "UB-92 Claims Entry". The user is signed in as "Testy McTesterson, Testerville Clinic".

The main content area is titled "UB-92 Claims Entry" and contains the following sections:

- Additional Claim Information**
- Place of Service Information**
 - Please note: Required when the location of healthcare service is different from that of the billing healthcare professional.
 - Facility Name:*
 - Address Line 1:*
 - Address Line 2:
 - City:*
 - State:*
 - ZIP Code:*
 - Country: (if outside US)
- Primary ID and Primary ID Type** (highlighted with a red box):
 - Primary ID:*
 - Primary ID Type:*
 - Secondary ID:

At the bottom of the form are buttons for "Continue", "Back", "Clear Form", and "Start Over". A "Skip this information" link is also present.

This screen appears in the additional claim information screens offered to you right before you submit the claim. Additional HIPAA information may be added on these screens.

The Primary ID field will accommodate a 10-digit NPI or a nine-digit Tax ID, SSN or EIN. In addition, we have included "National Provider Identifier" as a choice in the Primary ID Type drop-down box.

We have also updated these fields on the UB-92 Other Healthcare Professional Information screens at the claim and claim line levels.

Figure 5: Revised UB-92 Place of Service Information Screen, Post-mandate

My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral | EDI

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

Home | Print | Logout

You are signed in as Dr. Blue, Blue Family Practice.

UB-92 Claims Entry

Required fields feature an asterisk (*).

Additional Claim Information

Place of Service Information

Please note: Required when the location of healthcare service is different from that of the billing healthcare professional.

Facility Name:*

Address Line 1:*

Address Line 2:

City:*

State:*

ZIP Code:*

Country: (If outside US)

Primary ID:*

Primary ID Type:*

Secondary ID:

Secondary ID Type:

[Skip this information](#)

Continue Back Clear Form Start Over

Done Internet

After the mandate, entering an NPI in the Primary ID field on the Additional Claim Information: Place of Service Information screen will automatically disable the Secondary ID fields, to prevent claim filing errors.

Professional Claims Entry – HCFA-1500

If you file a HCFA-1500 claim on My Insurance Manager, you will see three main NPI-related changes:

1. Changes to the location selection screen (as discussed on page 6).
2. Changes to entry options for Primary and Secondary Billing IDs.
3. Changes to entry options for Rendering and Referring provider IDs.

Figure 6: HCFA-1500 General Claim Information

My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC

My Insurance Manager Healthcare Professionals **Health Dental**

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral | EDI

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as

HCFA-1500 Claims Entry Required fields feature an asterisk (*).

Professional Claim Entry

General Claim Information

Insurance Information
 Group Number: Group Name:

Claim Information
 Claim Type*: Original Claim
 Prior Claim Number: Medical Record Number:
 Related Cause 1: Related Cause 2: Related Cause 3:
 Accident State: Accident Country: Accident Related Date: / / (mm/dd/yyyy)
 Place of Service*: OFFICE (11)
 Prior Authorization or Referral Number Type: Prior Authorization or Referral Number:
 Diagnosis Codes:
 *1: 462 2: 3: 4: 5: 6: 7: 8:
 Claim Note Type:
 Claim Note:

Release of Information*
 Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization

Patient Signature Source*
 Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file

Delay Reason Code:

Special Program Code:

Hospitalization Date(s)
 Please note: We require an admission date on all ambulance claims/encounters when a hospital admits a patient and on inpatient medical visit claims/encounters. We require discharge data for inpatient claims when a facility discharges a patient and you know the discharge date.

Admission: / / (mm/dd/yyyy) Discharge: / / (mm/dd/yyyy)

Healthcare Professional Information 1

Primary Billing ID: 1234567890 Secondary Billing ID: 1111111111 Payment Assigned*: Yes Signature on File*: -- Please Choose One --

Accepts Assignment*: -- Please Choose One --

The following information applies to all claim lines, unless you give other information with the claim line.
 Please note: We require the rendering NPI, EIN or SSN when different from the billing healthcare professional information and the referring NPI, EIN or SSN number on claims involving a referral.

Rendering NPI, EIN or SSN: Referring NPI, EIN or SSN: 2

Continue Back Clear Form Start Over

1. The Primary Billing ID field will accommodate either a 10-digit NPI or a nine-digit Tax ID. The Secondary Billing ID field will accommodate either a nine-digit Tax ID or a 12-digit provider number (Tax ID + three-digit location).

2. The Rendering and Referring fields will accommodate either a 10-digit NPI or a nine-digit SSN or EIN. We have also updated these fields on the Claim Line screen.

Figure 7: Revised HCFA-1500 Place of Service Information Screen, Pre-mandate

The screenshot shows a web browser window titled "My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC". The page header includes "My Insurance Manager Healthcare Professionals" and navigation tabs for "Health" and "Dental". A menu bar contains links for "Claims Status", "Eligibility and Benefits", "Professional Claim Entry", "UB-92 Claims Entry", "Authorization/Pre-Certification/Referral", and "EDI". A secondary menu bar includes "Verify Primary Care Physician", "Other Health Insurance", "Remittance Information", "Modify Profile", "Your Mailbox", and "Your Patient Directory". The user is signed in as "Dr. Blue, Blue Family Practice".

The main content area is titled "HCFA-1500 Claims Entry" and "Additional Claim Information". The "Place of Service Information" section includes a note: "Please note: Required when place of service is other than the home or office." The form fields are as follows:

- Place of Service Type: * (Dropdown menu: "-- Please Choose One --")
- Facility Name: * (Text input field)
- Address Line 1: * (Text input field)
- Address Line 2: (Text input field)
- City: * (Text input field)
- State: * (Dropdown menu: "-- Please Choose One --")
- ZIP Code: * (Text input field)
- Country: (if outside US) (Dropdown menu: "-- Please Choose One --")
- Primary ID: * (Text input field)
- Primary ID Type: * (Dropdown menu with options: "-- Please Choose One --", "National Provider ID", "Employer's Identification Number", "Social Security Number")
- Secondary ID: (Text input field)

At the bottom of the form, there is a link "Skip this information" and four buttons: "Continue", "Back", "Clear Form", and "Start Over".

This screen appears in the additional claim information screens offered to you right before you submit the claim. Additional HIPAA information may be added on these screens.

The Primary ID field will accommodate a 10-digit NPI or a nine-digit Tax ID, SSN or EIN. In addition, we have included "National Provider Identifier" as a choice in the Primary ID Type drop-down box.

We updated these fields on the following claim level and claim line level screens: Place of Service Information, Purchased Service Information, Supervising Healthcare Professional Information and Ordering Healthcare Professional Information.

Figure 8: Revised HCFA-1500 Place of Service Information Screen, Post-mandate

My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral | EDI

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

Home Print Logout

You are signed in as Dr. Blue, Blue Family Practice.

Required fields feature an asterisk (*).

Professional Claim Entry

HCFA-1500 Claims Entry

Additional Claim Information

Place of Service Information

Please note: Required when place of service is other than the home or office.

Place of Service Type:*
-- Please Choose One --

Facility Name:*

Address Line 1:* Address Line 2:

City:* State:* -- Please Choose One-- ZIP Code:* -

Country: (if outside US)
-- Please Choose One--

Primary ID:* Primary ID Type:* National Provider ID

Secondary ID: Secondary ID Type:

[Skip this information](#)

Continue Back Clear Form Start Over

After the mandate, entering an NPI in the Primary ID field on the Additional Claim Information: Place of Service Information screen will automatically disable the Secondary ID fields, to prevent claim filing errors.

Professional Claims Entry – Superbill

Since much of Superbill claims entry is automated, the most obvious NPI-related changes will be the appearance of NPIs where you are accustomed to seeing Tax IDs and 12-digit provider numbers. As with Institutional and HCFA-1500 claims entry, the billing location list will allow you to select locations without NPIs pre-mandate.

Figure 9: Superbill Billing Location List, pre-mandate

My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral | EDI

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

Home Print Logout

You are signed in as Dr. Blue, Blue Family Practice. Required fields feature an asterisk (*).

Professional Claim Entry

Superbill Claim Entry

General Claim Information

Health Plan: BlueCross BlueShield Plans

Place of Service Type: OFFICE (11)

Date of Service: 09 / 25 / 2007 (mm/dd/yyyy)

Submitter ID: 123456789

Billing Location *

Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
<input type="radio"/> 222222220	BLUE FAMILY PRACTICE	100 OAK ST	COLUMBIA	FAMILY MEDICINE
<input type="radio"/> 333333330	BLUE FAMILY PRACTICE SOUTHEAST	200 ELM ST	COLUMBIA	FAMILY MEDICINE
<input type="radio"/> NPI Unknown	BLUE FAMILY PRACTICE WEST	300 MAPLE AVE	COLUMBIA	FAMILY MEDICINE

Continue Back Clear Start Over Help

For locations that need an NPI, but do not yet have one registered with us, the “NPI Unknown” link will lead to the HIPAA Critical Center [NPI Overview](#) page. You will still be able to file a Superbill claim for this provider or location during the contingency period. After the contingency ends, the link will change to “NPI Required,” and you will no longer be able to file a Superbill claim for that provider or location.

Also note that we are making some cosmetic changes to Superbill. We will set each section apart from the others with a border as shown above. The initial page view no longer shows all sections (Figure 10), and we have changed the order of the fields (Figure 11).

Figure 10: Superbill, Initial View

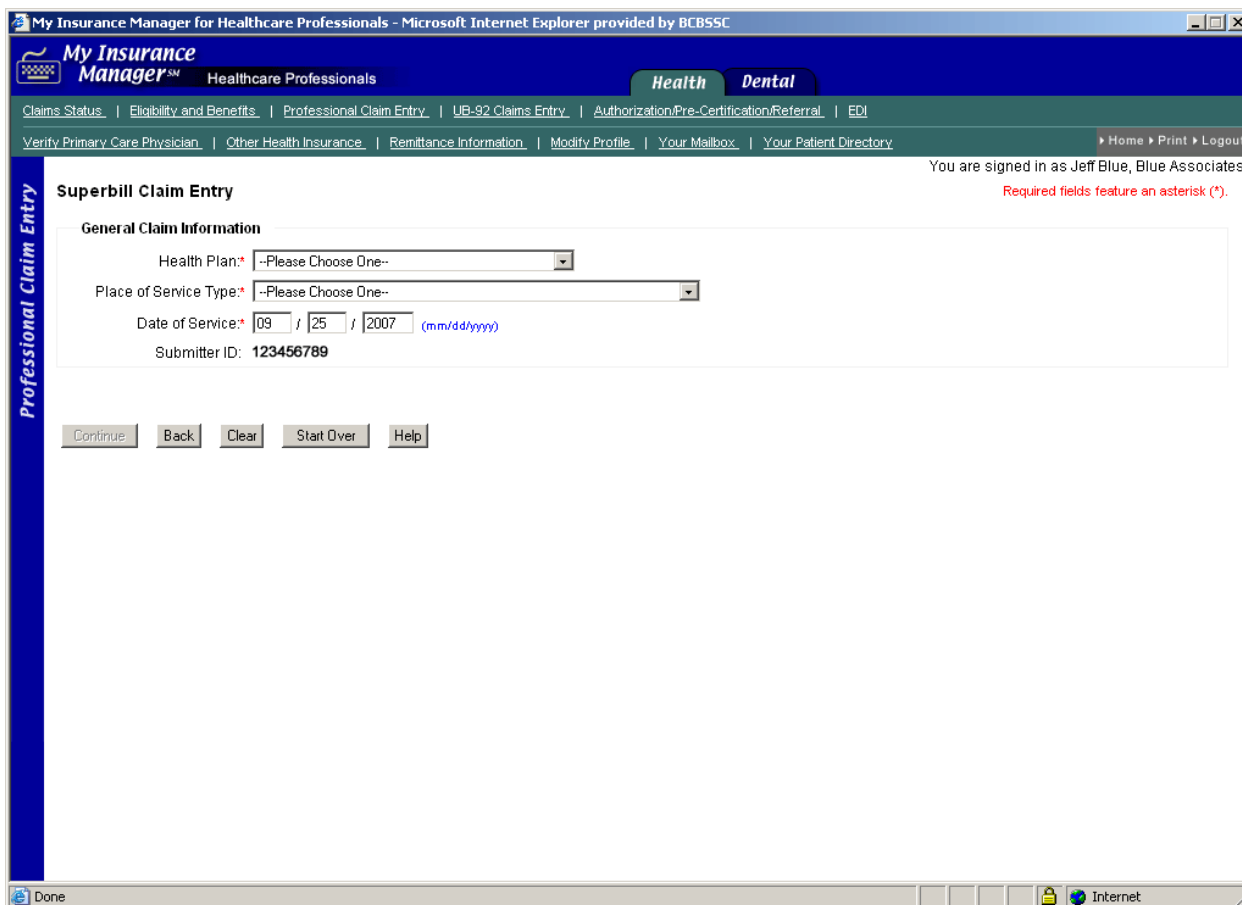


Figure 11: Superbill, New Field Order

My Insurance ManagerSM Healthcare Professionals
Health Dental

[Claims Status](#) | [Eligibility and Benefits](#) | [Professional Claim Entry](#) | [UB-92 Claims Entry](#) | [Authorization/Pre-Certification/Referral](#) | [EDI](#)

[Verify Primary Care Physician](#) | [Other Health Insurance](#) | [Remittance Information](#) | [Modify Profile](#) | [Your Mailbox](#) | [Your Patient Directory](#)
Home | Print | Log

You are signed in as Dr. Blue, Blue Clinician

Professional Claim Entry

Superbill Claim Entry

Required fields feature an asterisk (*)

General Claim Information

Health Plan:

Place of Service Type:

Date of Service: / / (mm/dd/yyyy)

Submitter ID: 123456789

Billing Location *

Please note: To sort by Primary ID, Provider Name, Address, City or Speciality, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
<input checked="" type="radio"/> 222222220	BLUE FAMILY PRACTICE	100 OAK ST	COLUMBIA	FAMILY MEDICINE

[Show All Billing Locations](#)

Rendering Provider

Please note: A Rendering Provider is required if it is different from the the billing Location ID. To sort by Primary ID, Provider Name, Address, City or Speciality, please click the column title.

Primary ID ▲	Provider Name	Specialty
<input checked="" type="radio"/> 444444440	JOHN J JONES MD	FAMILY MEDICINE

[Show All Rendering Providers](#)

Patient Information Source

How would you like to enter the Patient Information? *

Search Your Patient Directory.

Enter the Patient Information.

Patient Information

Please enter at least one of these for your search. *

Member ID: (Include any prefixes and suffixes.)

Account Number:

Last Name:

Patient: *	<input checked="" type="radio"/> MICHAEL TESTING	1958-10-01	MALE	SELF
------------	--	------------	------	------

[Show Patient Search Results](#)

Superbill Selection

Please choose a Superbill to use for this claim: *

BLUE FAMILY PRACTICE

FAMILY PRACTICE

[Show Superbills for All Locations](#)

Claims Status

During the contingency period, you will be able to view the status for any claims you filed through My Insurance Manager, whether or not your NPI is on file with us. After this period, you will not be able to view claims for locations that do not have an NPI on file with us (unless you are an atypical provider).

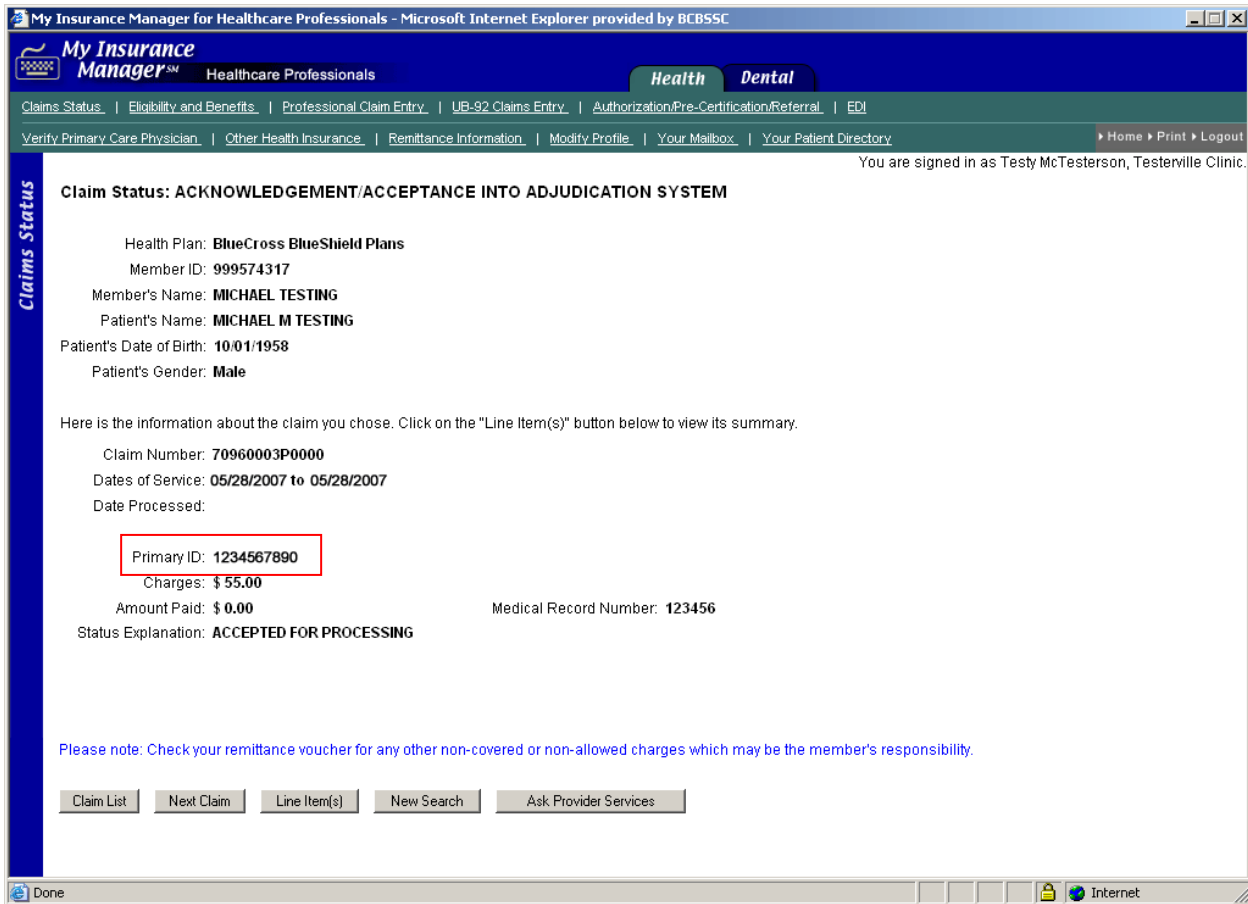
Figure 12: Claims Status Summary

The screenshot shows the 'My Insurance Manager' interface for healthcare professionals. The page title is 'Claims Status'. It displays member information for Michael Testing, including his health plan (BlueCross BlueShield Plans), member ID (999574317), and patient's date of birth (10/01/1958). Below this, a table lists claims with the following columns: Claim Number, Primary ID, Beginning Service Date, Process Date, and Charges. The Primary ID column is highlighted with a red box, showing values such as 1234567890 and 'NPI Unknown'. A note at the bottom of the table area states: 'Please note: We list claims according to health plans. If your patient had a different health plan previously and you would like to see those claims, please search under the previous health plan.'

Claim Number	Primary ID	Beginning Service Date	Process Date	Charges
70960003P0000	1234567890	06/29/2007		\$ 55.00
70960044W0000	111111111	06/12/2007		\$ 100.00
71000065W0000	NPI Unknown	05/31/2007		\$ 58.00
70960045W0000	1234567890	05/28/2007		\$ 112.00

On the Claims Status Summary screen, we added the Primary ID column to display the NPI or “NPI Unknown.” This column will show the Tax ID for atypical providers.

Figure 13: Revised Health Claim Detail



We added the Primary ID field to this screen. This field will contain the NPI or Tax ID.

Authorization/Pre-Certification/Referral

As with other functions, we will change the location selection screen for pre-certifications as noted on page 6. Other changes to this function follow:

Figure 14: Provider Confirmation

The screenshot shows a web browser window titled "My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC". The page header includes "My Insurance Manager Healthcare Professionals" and navigation tabs for "Health" and "Dental". A menu bar contains links for "Claims Status", "Eligibility and Benefits", "Professional Claim Entry", "UB-92 Claims Entry", "Authorization/Pre-Certification/Referral", and "EDI". A secondary menu bar includes "Verify Primary Care Physician", "Other Health Insurance", "Remittance Information", "Modify Profile", "Your Mailbox", and "Your Patient Directory". The user is signed in as "Testy McTesterson, Testerville Clinic".

The main content area is titled "Authorization / Pre-Certification" and "Provider Confirmation". It displays the following information:

- Health Plan: **BlueCross BlueShield Plans**
- Member's ID: **999574317**
- Patient's Date of Birth: **10/01/1958**
- Patient's Name: **MICHAEL TESTING**
- Date of Service: **05/24/2007**
- Fast-Track Request: **APPENDECTOMY/NOT PERFORATED**

Please make sure this information is correct.

Please note: You can change the current results by entering a valid National Provider Identifier (NPI) or by performing a search.

Facility:
Please make sure this is the location where the service will take place.

Facility Providing Service: * [Facility Search](#)

Provider:
Please make sure this provider will perform the service.

Individual Rendering Service: [Provider Search](#)

Practice:
Please make sure this practice will be responsible for this service.

Group Practice: * [Practice Search](#)

TESTERVILLE CLINIC
123 MAIN ST
TESTERVILLE SC 29203
(555) 555-5555

Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits.

Buttons:

On the Provider Confirmation screen, the following note will appear: “You can change the current results by entering a valid National Provider Identifier (NPI) or by performing a search.” During the contingency phase, you may also enter a valid Tax ID number.

If you enter a number that is associated with multiple locations, a location selection screen will appear.

Once a facility, practice and (when required) provider are chosen, the screens that follow in the pre-certification process will remain largely unchanged. An exception is shown in Figure 15.

Figure 15: Requester's Information Edit Screen

My Insurance Manager for Healthcare Professionals - Microsoft Internet Explorer provided by BCBSSC

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral | EDI

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

Home | Print | Logout

You are signed in as Testy McTesterson, Testerville Clinic.

Required fields feature an asterisk (*)

Authorization / Pre-Certification

Requester's Information

Health Plan: **BlueCross BlueShield Plans**
Member's ID: **999574317**
Patient's Date of Birth: **10/01/1958**
Patient's Name: **MICHAEL TESTING**
Date of Service: **05/24/2007**
Fast-Track Request:

Please check this information for accuracy, and make any necessary changes. Any changes you make will apply to this request only.

Identification Type: **Health Care Financing Administration National Provider Identifier**
Identification Code: **1234567890**

Requester: PROVIDER
Requester Type*: NON-PERSON ENTITY
Last Name/Organization: SUMMERVILLE FAMILY
Suffix:
First Name:
MI:
Address: 435 N CEDAR ST
Address 2:
City: SUMMERVILLE
State: SOUTH CAROLINA
ZIP Code: 29483
Country: USA

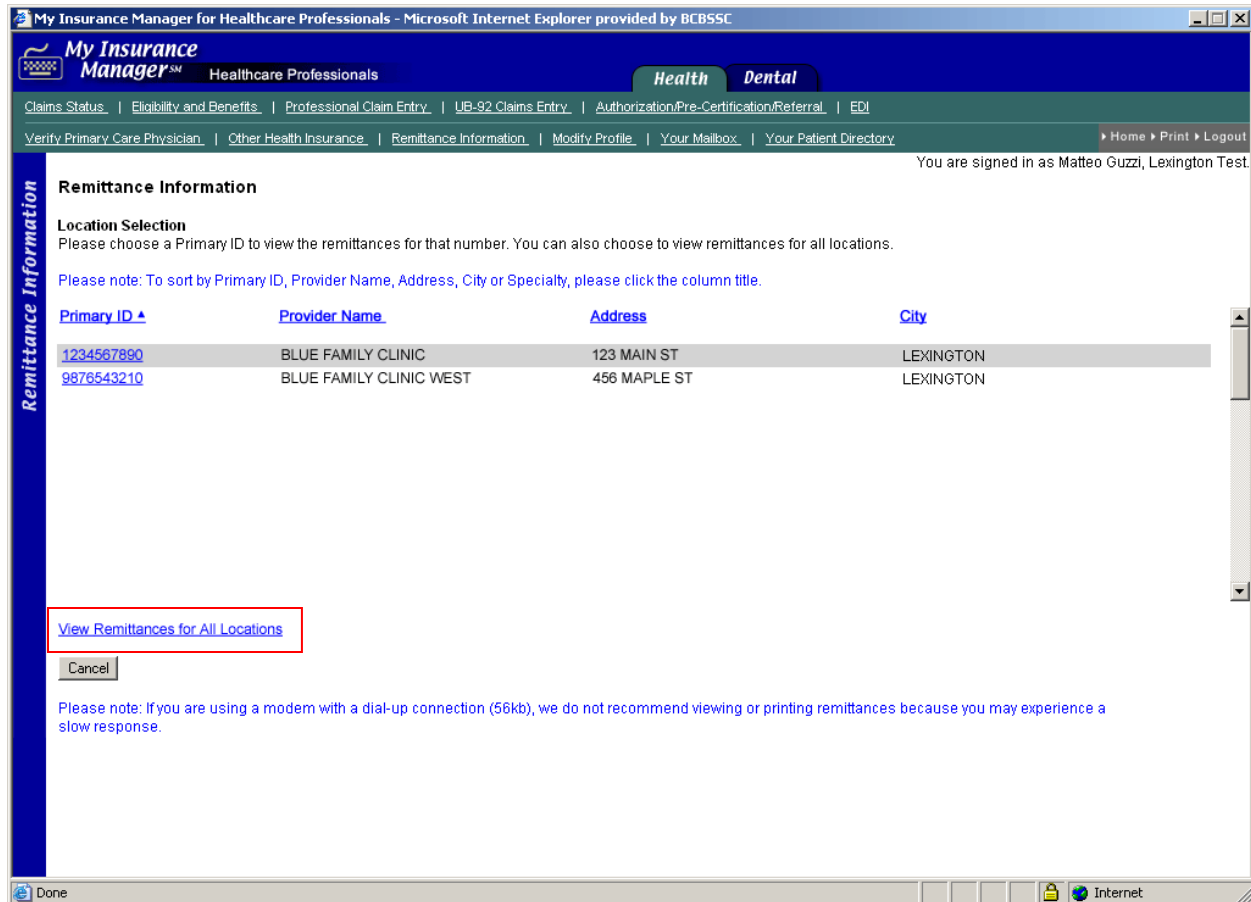
Continue Back

From the Authorization Confirmation page near the end of the process, you have the option to click on an “Edit this Information” link for each section of the page. The above screen will appear when you click on “Edit this Information” for the Requester’s Information section. On this screen, you will no longer be able to change the Identification Type and Identification Code fields. The information in these fields comes from the initial provider selection.

Remittance Information

Remittances generated before the final NPI deadline may display the nine-digit Tax ID or the 12-digit provider number, if they were generated with those numbers.

Figure 16: Remittance Location Selection List



The Remittance Information Location Selection screen will show only those locations that have NPIs.

To view remittances for other locations, select the “View Remittances for all locations” link. To view remittances generated prior to May 20, 2007, you **must** use the “View Remittances for All Locations” option.

If there are no NPIs associated with your Tax ID number, My Insurance Manager will bypass this screen and automatically show remittances for all locations.

Figure 17: Remittance Selection List, multiple locations

You are signed in as John Blue, Blue Associates.

Remittance Information

Remittance Selection

Remittance Type: **Institutional**
 Primary ID: **571112223**
 Plans Included: **BlueCross BlueShield of South Carolina, State Health Plan, BlueChoice HealthPlan and FEP**
 Date(s): **05/10/2007 through 05/30/2007**

We found remittances for the requested dates. (You will need [Adobe Acrobat Reader](#) to view or print items on this page.)

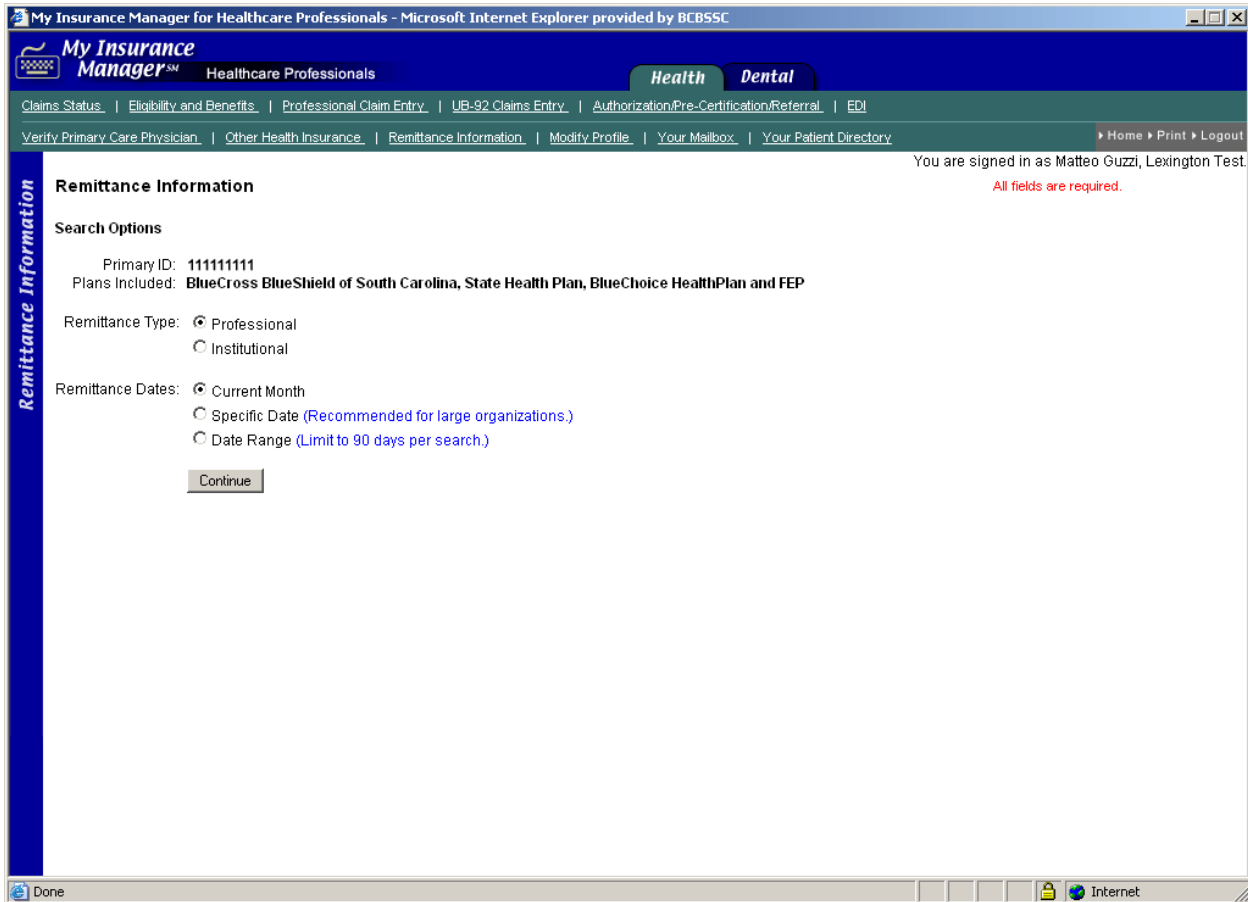
Please note:

- If you have Adobe Acrobat Reader 7.0, you will not be able to search the institutional remit PDFs by patient name, ID number, claim number, etc. at this time. A solution to this issue is coming soon. There is a temporary workaround. You can search by placing a space between each character. For example, type "S m i t h" instead of "Smith". Outpatient and professional remits do not have this search issue.
- Large remits are divided into 50-page sections. We've indicated them with "Large Remit Section."

Date	Remit Description	Provider Number on Remittance
05/30/2007	State Health Plan Outpatient Remit	1111111111
05/30/2007	State Health Plan Outpatient Remit	1111111111
05/30/2007	State Health Plan Outpatient Remit	1111111111
05/28/2007	BlueCross Institutional Remit – Large Remit Section 1	2222222222
05/28/2007	BlueCross Institutional Remit – Large Remit Section 2	2222222222
05/28/2007	BlueCross Institutional Remit – Large Remit Section 3	2222222222
05/28/2007	BlueCross Institutional Remit – Large Remit Section 4	2222222222
05/28/2007	FEP Institutional Remit	1111111111
05/28/2007	BlueCross Outpatient Remit	1111111111
05/23/2007	State Health Plan Outpatient Remit	571112223
05/23/2007	BlueCross Outpatient Remit	571112223
05/23/2007	FEP Institutional Remit	3333333333
05/20/2007	BlueCross Outpatient Remit	1111111111
05/20/2007	State Health Plan Outpatient Remit	571112223001
05/20/2007	BlueCross Outpatient Remit	4444444444

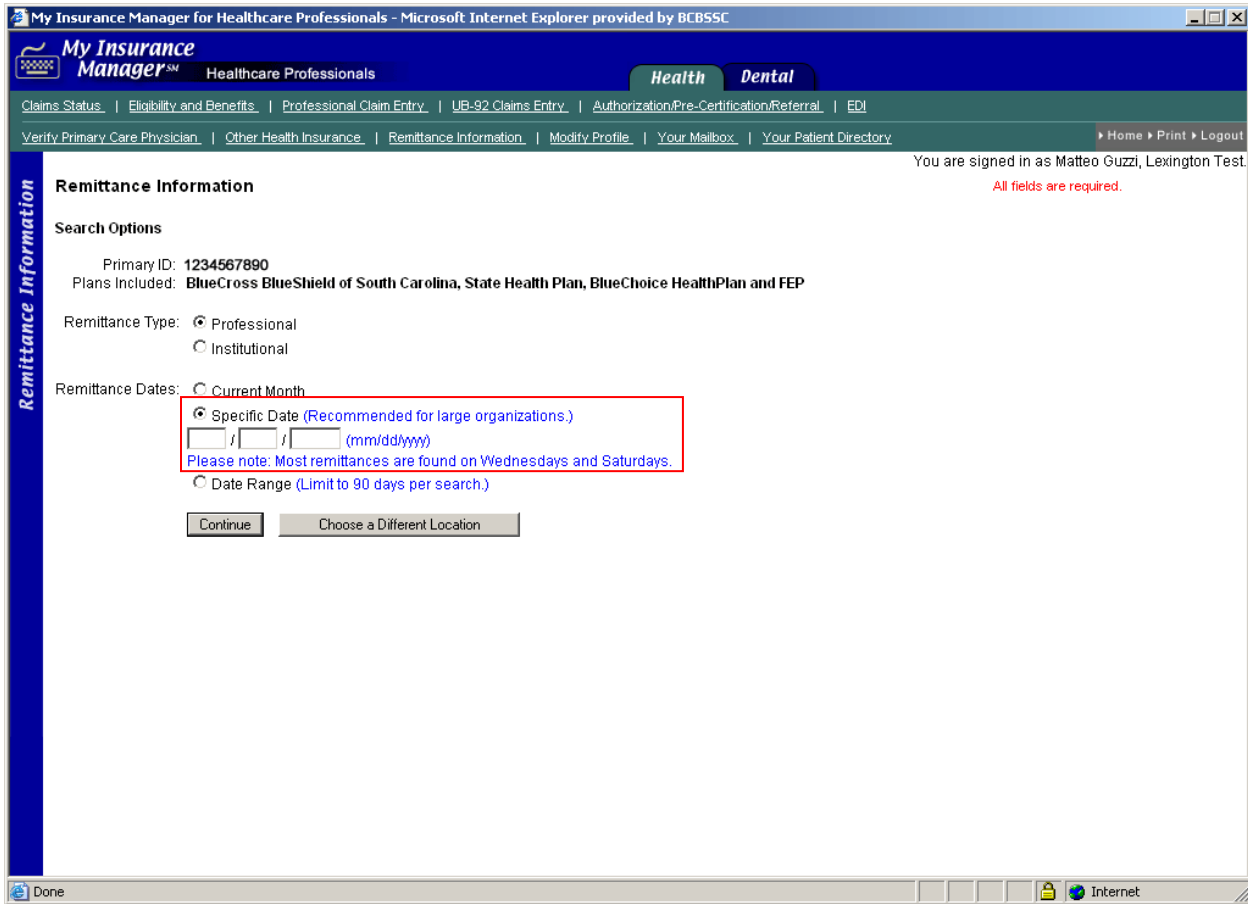
In this example, the user has chosen to view remittances for all locations. The Primary ID field shows the Tax ID number. In the Provider Number in the Remittance column, the NPI number displays for remittances that contain an NPI. For remittances generated pre-mandate without an NPI, Tax IDs and 12-digit provider numbers are displayed.

Figure 18: Remittance Search for Providers with No NPI



The “Choose a Different Location” button does not appear for providers who do not have an NPI on file, since their only option is to view remittances for all locations.

Figure 19: Specific Date Search Option



We have added an option to allow users to search for remittances generated on a specific date.