

# WEB TOOLS



South Carolina

*BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross Blue Shield Association.*

# AGENDA

- Website Review
- My Insurance Manager<sup>SM</sup>
- My Remit Manager



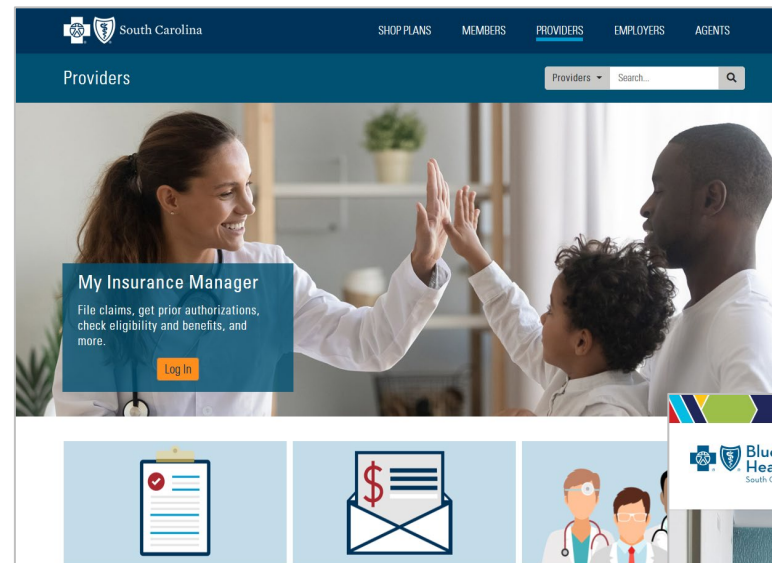
# WEBSITE REVIEW



# WEBSITE REVIEW

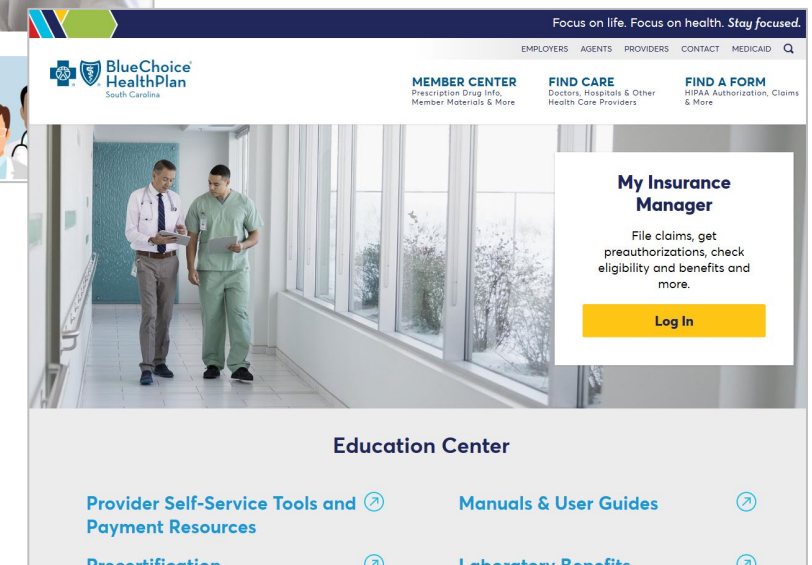
## Provider pages of our websites include:

- Educational materials
- Access to various secure web tools
  - My Insurance Manager<sup>SM</sup>
  - My Remit Manager<sup>SM</sup>



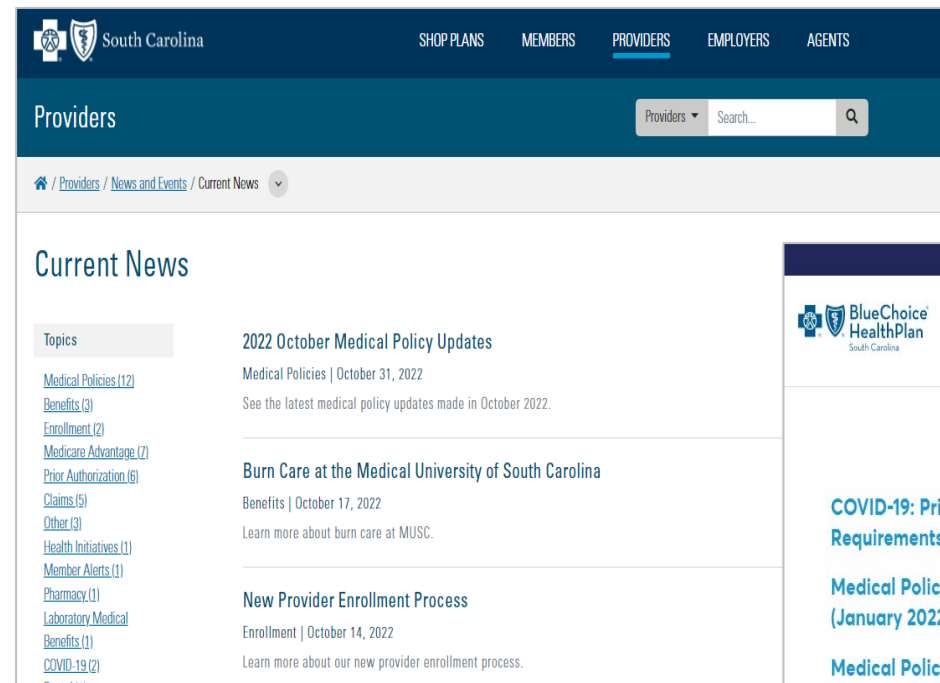
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)



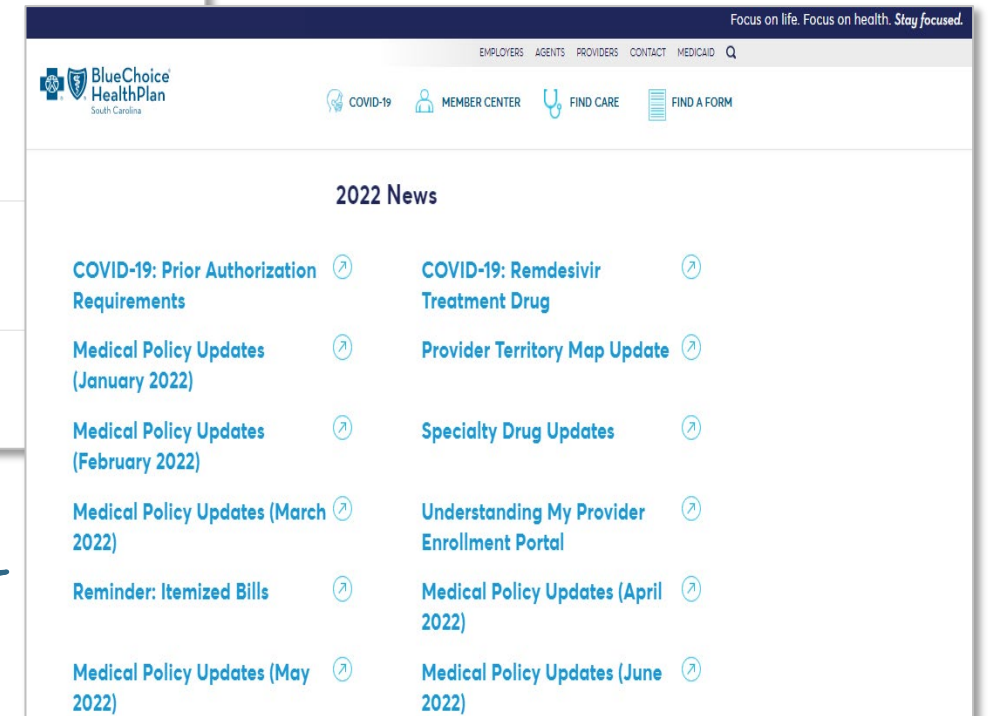
# WEBSITE REVIEW

## Provider bulletins



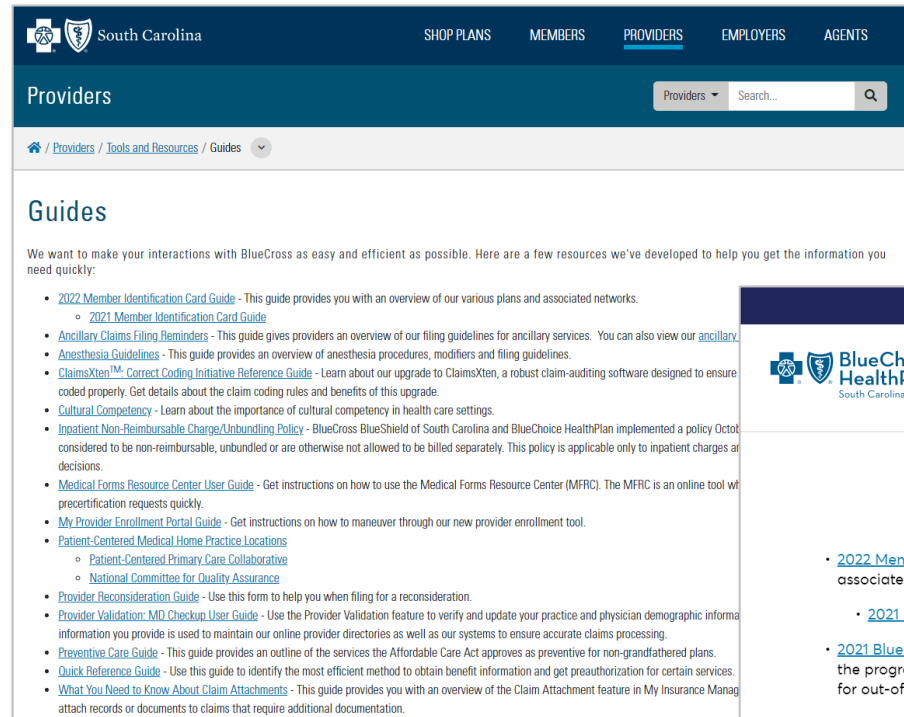
SouthCarolinaBlues.com

BlueChoiceSC.com



# WEBSITE REVIEW

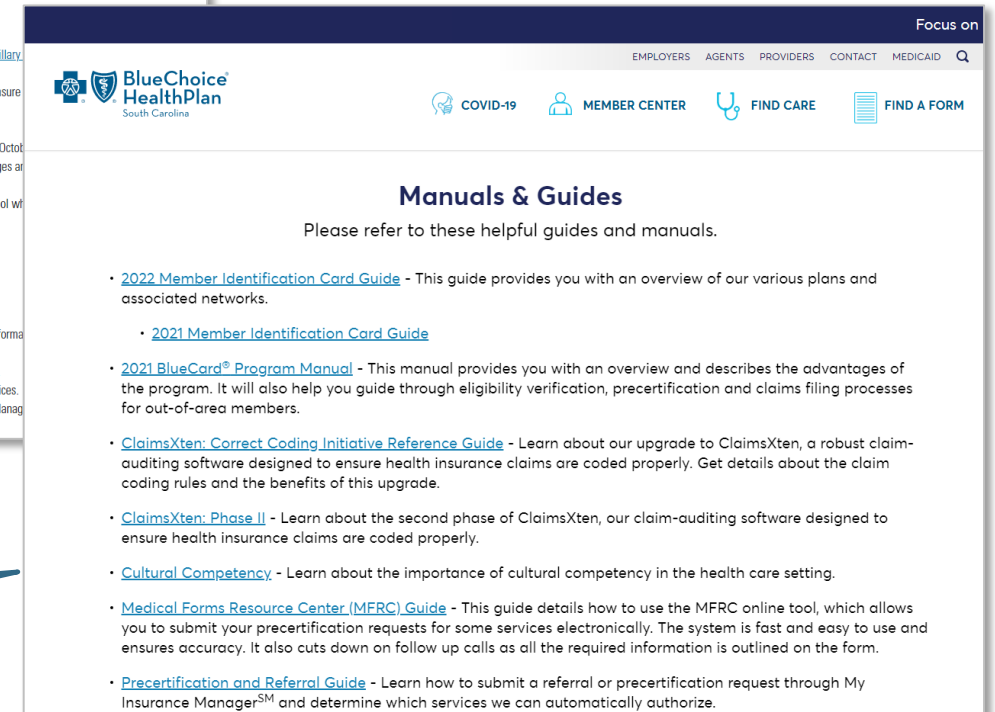
## Manuals and guides



The screenshot shows the 'Providers' section of the South Carolina BlueCross website. The header includes the South Carolina logo and navigation links for SHOP PLANS, MEMBERS, PROVIDERS (active), EMPLOYERS, and AGENTS. Below the header, there's a search bar and a breadcrumb trail: Home / Providers / Tools and Resources / Guides. The main content area is titled 'Guides' and contains a list of links to various guides, including the 2022 Member Identification Card Guide, Ancillary Claims Filing Reminders, Anesthesia Guidelines, ClaimsXten Correct Coding Initiative Reference Guide, Cultural Competency, Inpatient Non-Reimbursable Charge/Unbundling Policy, Medical Forms Resource Center User Guide, My Provider Enrollment Portal Guide, Patient-Centered Medical Home Practice Locations, Provider Reconsideration Guide, Provider Validation: MD Checkup User Guide, Preventive Care Guide, Quick Reference Guide, and What You Need to Know About Claim Attachments.

BlueChoiceSC.com

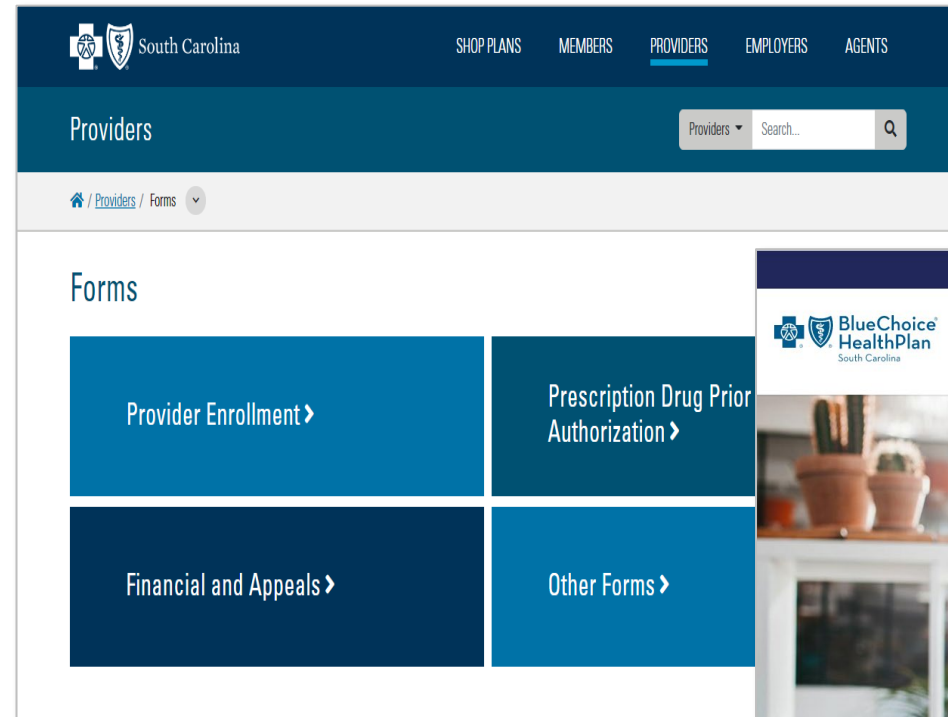
SouthCarolinaBlues.com



The screenshot shows the 'Manuals & Guides' section of the BlueChoice HealthPlan website. The header includes the BlueChoice HealthPlan logo and navigation links for EMPLOYERS, AGENTS, PROVIDERS, CONTACT, and MEDICAID. Below the header, there's a search bar and a list of links to various manuals and guides, including the 2022 Member Identification Card Guide, 2021 BlueCard Program Manual, ClaimsXten Correct Coding Initiative Reference Guide, ClaimsXten Phase II, Cultural Competency, Medical Forms Resource Center (MFRC) Guide, and Precertification and Referral Guide.

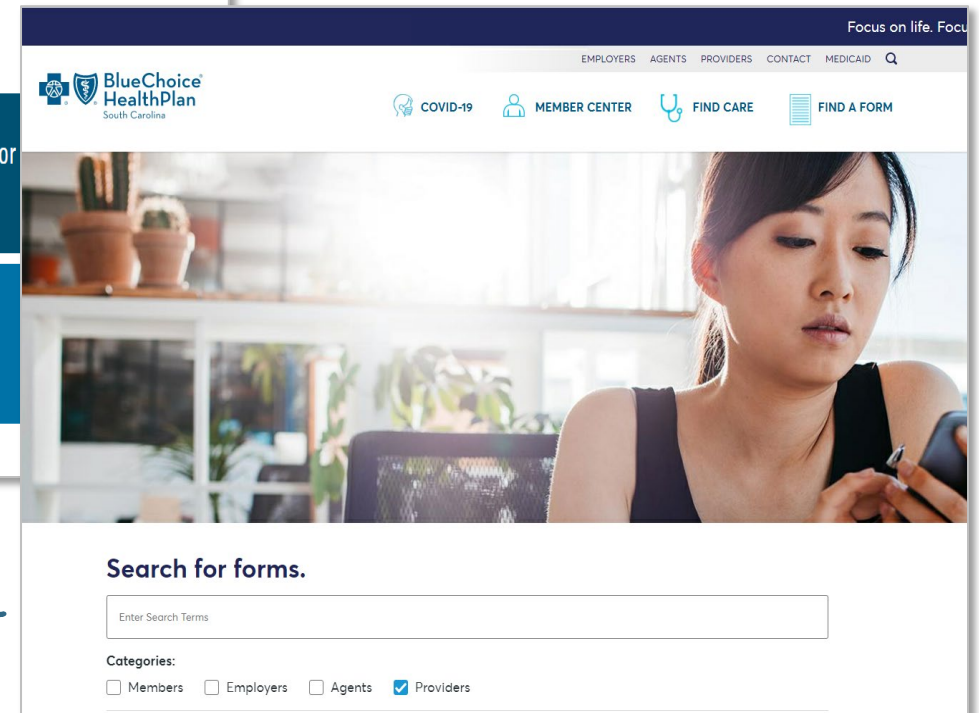
# WEBSITE REVIEW

## Forms



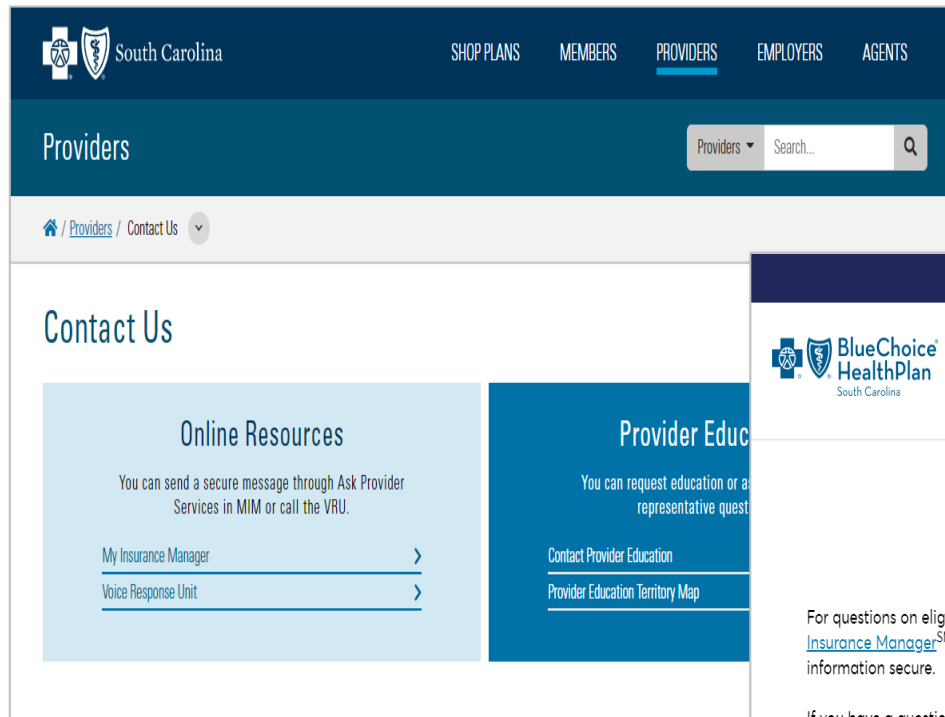
SouthCarolinaBlues.com

BlueChoiceSC.com



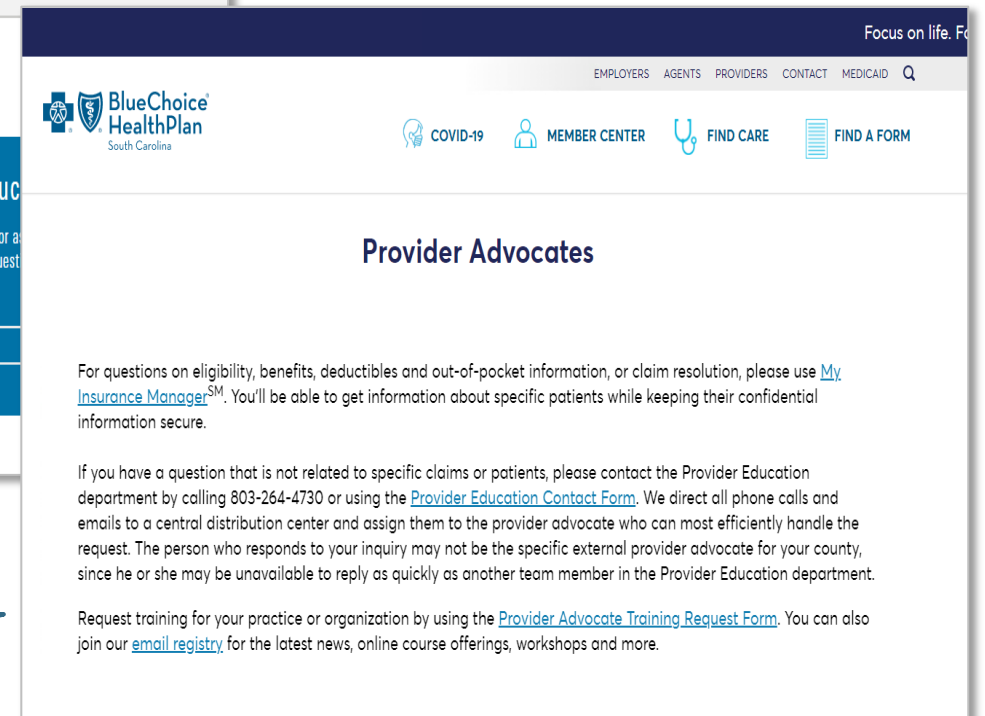
# WEBSITE REVIEW

## Contact us



SouthCarolinaBlues.com

BlueChoiceSC.com







**MY INSURANCE MANAGER<sup>SM</sup>**



# MY INSURANCE MANAGER<sup>SM</sup>

## Overview

Tool used to check eligibility and benefits, claims status, request prior authorizations, and much more.

### *Available Guides:*

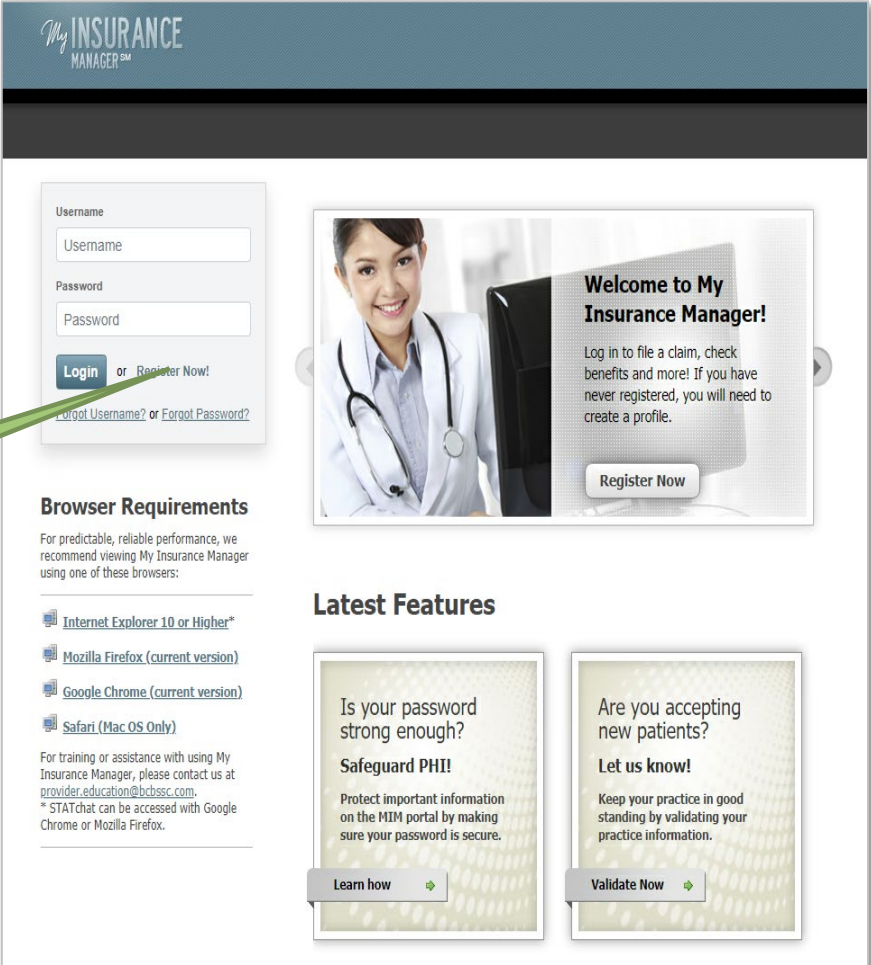
- Getting Started
- Eligibility & Benefits
- Claims Entry
- Claims Status, Patient Directory, Superbill Maintenance & Coordination of Benefits
- Precertification, Pre-Treatment Estimate for Authorization Status
- Office Administration
- Provider Validation: M.D. Checkup

# MY INSURANCE MANAGER<sup>SM</sup>

## Getting started

- Select **Register Now** to get started.

Start here.



The screenshot shows the My Insurance Manager website. At the top is a dark blue header with the logo. Below it is a login/register section with fields for Username and Password, and buttons for Login, Register Now, and Forgot Username? or Forgot Password?. To the right of this section is a banner featuring a doctor and the text 'Welcome to My Insurance Manager!' with a Register Now button. Below the login section is a 'Browser Requirements' section listing supported browsers: Internet Explorer 10 or Higher, Mozilla Firefox (current version), Google Chrome (current version), and Safari (Mac OS Only). At the bottom are two informational boxes: 'Is your password strong enough? Safeguard PHI!' and 'Are you accepting new patients? Let us know!'. A green callout box with the text 'Start here.' points to the 'Register Now' button in the login section.

**My INSURANCE MANAGER<sup>SM</sup>**

Username  
Username

Password  
Password

**Login** or **Register Now!**

[Forgot Username?](#) or [Forgot Password?](#)

**Welcome to My Insurance Manager!**

Log in to file a claim, check benefits and more! If you have never registered, you will need to create a profile.

**Register Now**

**Browser Requirements**

For predictable, reliable performance, we recommend viewing My Insurance Manager using one of these browsers:

- [Internet Explorer 10 or Higher\\*](#)
- [Mozilla Firefox \(current version\)](#)
- [Google Chrome \(current version\)](#)
- [Safari \(Mac OS Only\)](#)

For training or assistance with using My Insurance Manager, please contact us at [provider.education@bcbscc.com](mailto:provider.education@bcbscc.com).  
\* STATchat can be accessed with Google Chrome or Mozilla Firefox.

**Latest Features**

**Is your password strong enough?**  
**Safeguard PHI!**  
Protect important information on the MIM portal by making sure your password is secure.  
**Learn how**

**Are you accepting new patients?**  
**Let us know!**  
Keep your practice in good standing by validating your practice information.  
**Validate Now**

# MY INSURANCE MANAGER<sup>SM</sup>

## Getting started (cont'd)

When creating a profile, the 9-digit Tax ID must be entered. Select **Continue**.

**My INSURANCE MANAGER<sup>SM</sup>**

**Create Profile** [Printer-Friendly](#)

\* Required

Please enter your 9-digit Tax ID number.

\* Tax ID:

By clicking Continue, you agree to the [Terms and Conditions](#).

**Continue** or [Cancel](#)

**Need help? Call us at 855-229-5720.**

# MY INSURANCE MANAGER<sup>SM</sup>

## Getting started (cont'd)

- The information associated with the Tax ID entered will auto-populate.
  - If there are multiple locations associated with the provider's practice, they will be given the option to select the primary location.
- Enter the remaining contact and login information, along with selecting a security question.
- Select **Continue**.

The screenshot shows the 'Create Profile' form with the following sections and fields:

- Create Profile** (Page Header)
- Profile Information** (Section Header)
  - Each person can register under your Tax ID. For example, both Stuart and Sally work for ABC Practice. Under Practice/Facility Name, both would enter "ABC Practice." Then, each would enter a different Username, Password and other registration information.
  - Tax ID: 123456789
  - Provider: YOUR PRACTICE/FACILITY
  - Address: 4101 PERCIVAL RD, COLUMBIA, SC 29229-8320 (Note: If this address is incorrect, please complete the [change of address form](#).)
  - Primary Location: YOUR PRACTICE/FACILITY (Select)
  - Primary Work Location: 1111122222
  - Profile Type: Office Staff
- Contact Information** (Section Header)
  - First Name: [Text Field]
  - Last Name: [Text Field]
  - Phone Number: [Text Field]
  - Email: [Text Field]
  - Confirm Email: [Text Field]
- Login Information:** (Section Header)
  - Desired Username: [Text Field] (5 to 11 characters)
  - Password: [Text Field] (8 to 25 characters)
  - Confirm Password: [Text Field]
- Security Question** (Section Header)
  - Security Question: --Please Choose One-- (Dropdown)
  - Security Answer: [Text Field]
- Buttons:** Continue or Cancel
- Footer:** Need help? Call us at 855-229-5720.

# MY INSURANCE MANAGER<sup>SM</sup>

## Getting started (cont'd)

If registering as the administrator, validation must be made by selecting: **Enter Claim Information** or **Request Security Code**. Also, select the delivery method to receive the code.

Recommended option.

**Validate Profile** [Printer-Friendly](#)

**Profile Validation**

Please choose a way to validate yourself as an administrator of this Tax ID.

☐ Enter Claim Information

☒ Request Security Code

**Request Security Code** \* Required

**Location:**  [Select](#)

**Delivery Method:**

☐ **Email:**

☐ **Fax:**

☐ **Physical Address:**

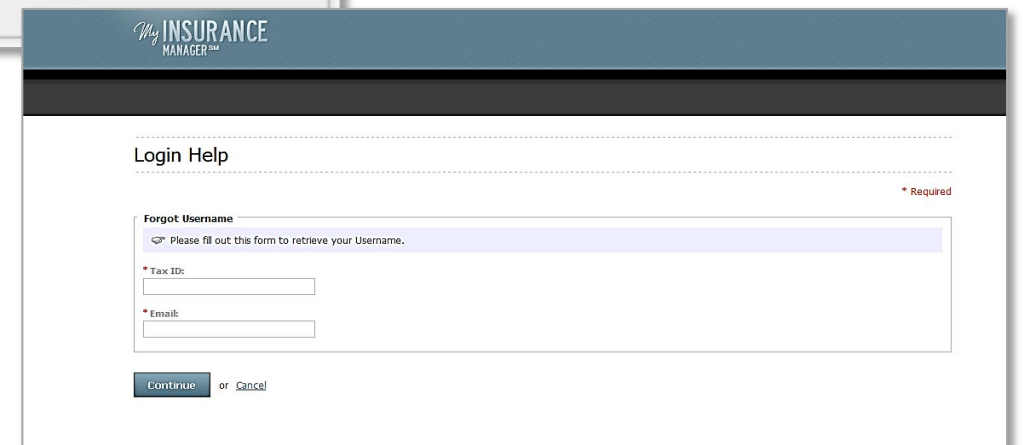
# MY INSURANCE MANAGER<sup>SM</sup>

## Logging in

From the homepage, enter the username and password. Select **Login**.



A login form with a light gray background. It contains two text input fields: the first is labeled "Username" and the second is labeled "Password". Below the password field is a blue button labeled "Login". To the right of the button is the text "or Register Now!". At the bottom of the form are two links: "[Forgot Username?](#)" and "[Forgot Password?](#)".



A "Forgot Username" form with a white background. At the top, it says "My INSURANCE MANAGER<sup>SM</sup>" in a dark blue header. Below the header is a "Login Help" section. Under "Login Help", there is a sub-section titled "Forgot Username" with a light blue background. It contains a message: "Please fill out this form to retrieve your Username." Below this message are two text input fields: the first is labeled "\* Tax ID:" and the second is labeled "\* Email:". At the bottom of the form are two buttons: "Continue" and "Cancel".

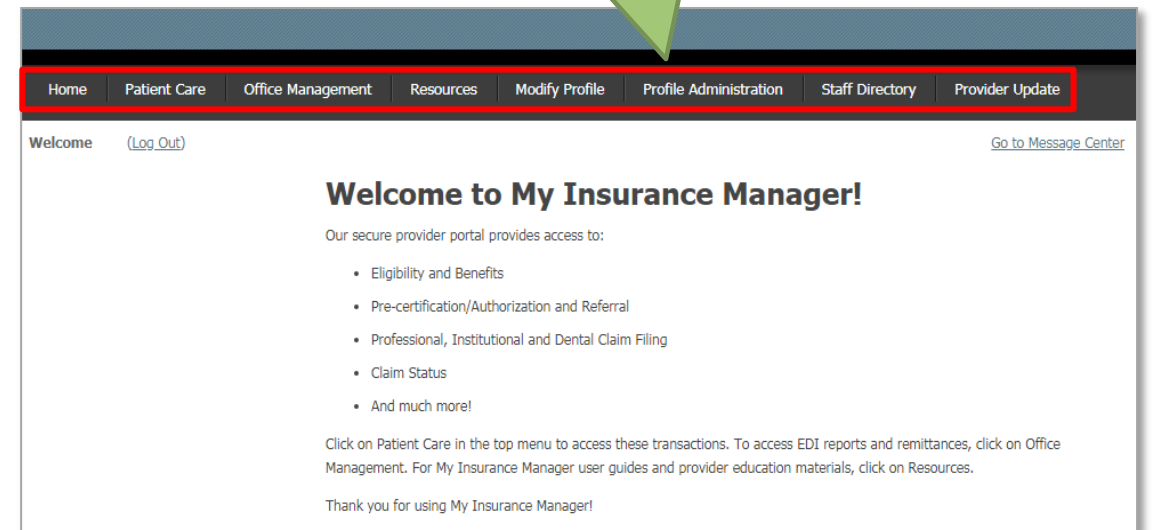
# MY INSURANCE MANAGER<sup>SM</sup>

## Administrative tabs

The following administrative tabs will be located at the top of the homepage:

- Patient Care
- Office Management
- Resources
- Modify Profile
- Profile Administration
- Staff Directory
- Provider Update (M.D. Checkup)

Only available for Profile Administrators.





# MY INSURANCE MANAGER<sup>SM</sup>

## Patient care

Patient Care is categorized by Health and Dental.

For both Health and Dental services, the following options include:

- View claims status
- Check eligibility and benefits
- Request prior authorizations
- and much more.

Patient Care	
Health	
▶ Authorization Extension	▶ Patient Directory
▶ Authorization Status	▶ Pre-Certification/Referral
▶ Claims Status	▶ Superbill Maintenance
▶ Eligibility and Benefits	▶ Pre-Service Review for Out-of-Area Members
▶ Institutional Claim Entry	▶ Professional Claim Entry
▶ Other Health Insurance	▶ Verify Primary Care Physician
Dental	
▶ Claims Status	▶ Patient Directory
▶ Dental Claim Entry	▶ Superbill Maintenance
▶ Eligibility and Benefits	▶ Pre-Treatment Estimate Entry
▶ Other Dental Insurance	▶ Pre-Treatment Estimate Status

# MY INSURANCE MANAGER<sup>SM</sup>

## Office management

For both Health and Dental services, available options include EDI reports, enroll for EFT/ERA and view remittance information.

Additional options for Health services include:

- PCMH Reports/Patient Validation \*
- Refund Letters
- HEDIS® Reports
- Employer Group Care Reports
- Provider Report Cards

Office Management	
Health	
› EDI Reports	› Refund Letters
› EFT/ERA Enrollment	› HEDIS® Quality Reports
› PCMH Reports	› Employer Group Care Reports
› PCMH Patient Validation	› Provider Report Cards
› Remittance Information	
Dental	
› EDI Reports	› Remittance Information
› EFT/ERA Enrollment	

**\*This report only applies and shows up for PCMH providers**

# MY INSURANCE MANAGER<sup>SM</sup>

## Refund letters

Refund letters include:

- Reason for the refund
- Refund control number (RCN)
- Claim details
- Patient details

*If you do not have the refund letter:*

- Call Provider Services: 800-868-2510, opt. 4
  - Used for the following lines of business:
    - BlueCard<sup>®</sup>
    - BlueEssentials<sup>SM</sup>
    - Major Group
    - National Alliance
    - Small Group & Individual

*PLB	*Provider Adjustment	<input type="checkbox"/> Provider Adjustment	10/26/2021	0.00	-429.30
------	----------------------	--	------------	------	---------

PLB ADJUSTMENTS				
PreProv	Reason Code	Reference Id	Amount	
1	WO: Overpayment Recovery	P2126417272	338.4	
1134102127	WO: Overpayment Recovery	P2126417320	90.9	
REMITTANCE SUMMARY				
	Billed	Allowed	Deduct	Coins
Totals	.00	.00	.00	.00

I-20 @ Alpine Road  
Columbia, SC 29219

0000192

1-20 @ Alpine Road  
Columbia, SC 29219

South Carolina  
BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association  
Log in to MyInsuranceManager<sup>SM</sup>  
at SouthCarolinaBlues.com.

SEPTEMBER 21, 2021

1000 po 1000  
26 1000

MICROSOFT EXCEL 2010

Re: Patient: [REDACTED]  
ID Num: [REDACTED]  
Date of Service: March 14, 2021  
Refund Number: P2126417272

Dear Provider:

Payment was forwarded to you on April 12, 2021, in error for the patient listed above. We must request that you refund \$338.40 for the reason listed below:

THE PATIENT'S OTHER INSURANCE COVERAGE IS THE PRIMARY POLICY AND MUST CONSIDER THESE CHARGES BEFORE US.

If we have not heard from you within 21 days, the refund amount will be deducted from future benefits payable to you and/or sent to our collections agency. Please send this amount to:

BlueCross BlueShield of SC  
PO Box 6000  
Columbia, SC 29260-6000

We thank you for your cooperation and apologize for any inconvenience. If you have any questions about this refund, please call our Customer Service department at 800-868-2500.


Sincerely,

# MY INSURANCE MANAGER<sup>SM</sup>

## Provider report cards

Provider Report Cards provide:

- Electronic Media Claims Percentages
- Average Days to Process Claims
- First Pass Claim Percentages
- First Call Resolution Percentages
- Duplicate Filing Rates
- Valid NDC Code Usage
- Precertification Self-Service Usage
- Provider Claim Editor Denial Percentage



BlueCross BlueShield of South Carolina and  
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

## Provider Report Card

We continuously strive to make working with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan a pleasurable and efficient experience! Please review the results for your practice listed below.

Provider Name: ABC Hospital

Provider Number: 147258369

Last Roster Update Not Current

Report Month: 8/1/2022

Measure	Previous Rate	Current Rate	Benchmark Rate	Rating
Electronic Media Claims Percentage (EMC)	99.06%	98.77%	93.68%	Above Average
Average Days to Process Claims	0.32	0.40	0.63	Above Average
First Pass Claim percentage (%)	91.39%	92.65%	95.83%	Above Average
First Call Resolution percentage (%)	33.33%	57.14%	90.54%	Below Average
Duplicate Filing Rates	0.47%	0.25%	0.00%	Above Average
Valid NDC Code Usage	100.00%	83.33%	77.78%	Below Average
Precertification Self-Service Usage (Web/VRU)				
Provider Claim Editor denial percentage (%)				

**Note: Empty fields indicate there was no data available for the measure during that period.**





# MY INSURANCE MANAGER<sup>SM</sup>

## Resources

Resources provides beneficial information, some of which may route to a separate website.

*Most used resources include:*

- Avalon Lab Benefit Manager Provider Portal
- Education Center
- Medical Policies
- My Remit Manager

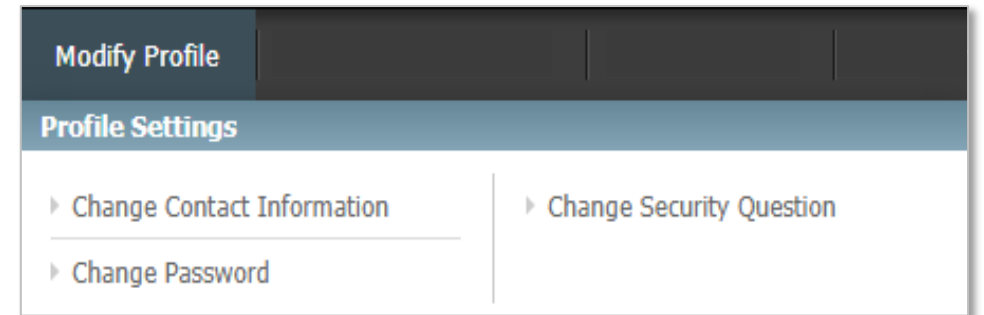
Resources	
Tools	
› Access System News	› Lab/Biometric Data Upload
› Avalon Lab Benefit Manager Provider Portal 	› Medical Policies
› BlueChoice Find Care 	› My Remit Manager 
› Blue Cross Find Care 	› Provider News and Events
› Code Search	› State Dental Plan Fee Schedule
› EDI Resources	› State Health Plan Fee Schedule
› FEP Website	› Tools and Resources
› Forms	› Washington Publishing Company Claim Adjustment Reason Codes

# MY INSURANCE MANAGER<sup>SM</sup>

## Modify profile

If changes are needed to your profile, simply look under Modify Profile. Options include:

- Change Contact Information
- Change Password
- Change Security Question



# MY INSURANCE MANAGER<sup>SM</sup>

## Profile administration

Profile Administration is available for the administrator(s) for the practice to:

- Create Profiles
- Approve Profiles
- Deactivate Profiles
- Restore Profiles
- Modify Profile Types
- Reset Passwords

Only available for Profile Administrators.



***Note: If someone no longer works at your practice, deactivate their profile. Also, if you are the profile administrator and plan to leave, please make someone else the profile administrator.***

# MY INSURANCE MANAGER<sup>SM</sup>

## Staff directory and provider update

- Staff Directory provides a list of profiles associated with the Tax ID in MIM.
- Provider Update (M.D. Checkup) allows updates and/or validations to be made to the demographic information we have in the Provider Directory.
  - As of Jan. 1, 2022, this is required at least **every 90 days**, as part of the Consolidated Appropriations Act (CAA).
    - Locations are suppressed if validations are not made.

Staff Directory

Provider Update



# MY INSURANCE MANAGER<sup>SM</sup>

## Troubleshooting tips

- Complete the registration process to avoid limited access features.
- Be sure to use one of the recommended browsers:
  - Internet Explorer (IE) 10 or higher
  - Mozilla Firefox
  - Google Chrome
  - Safari
- On Sundays from 5 p.m. to midnight EST, MIM is unavailable for maintenance.
- For technical issues, call Technical Support at 855-229-5720.



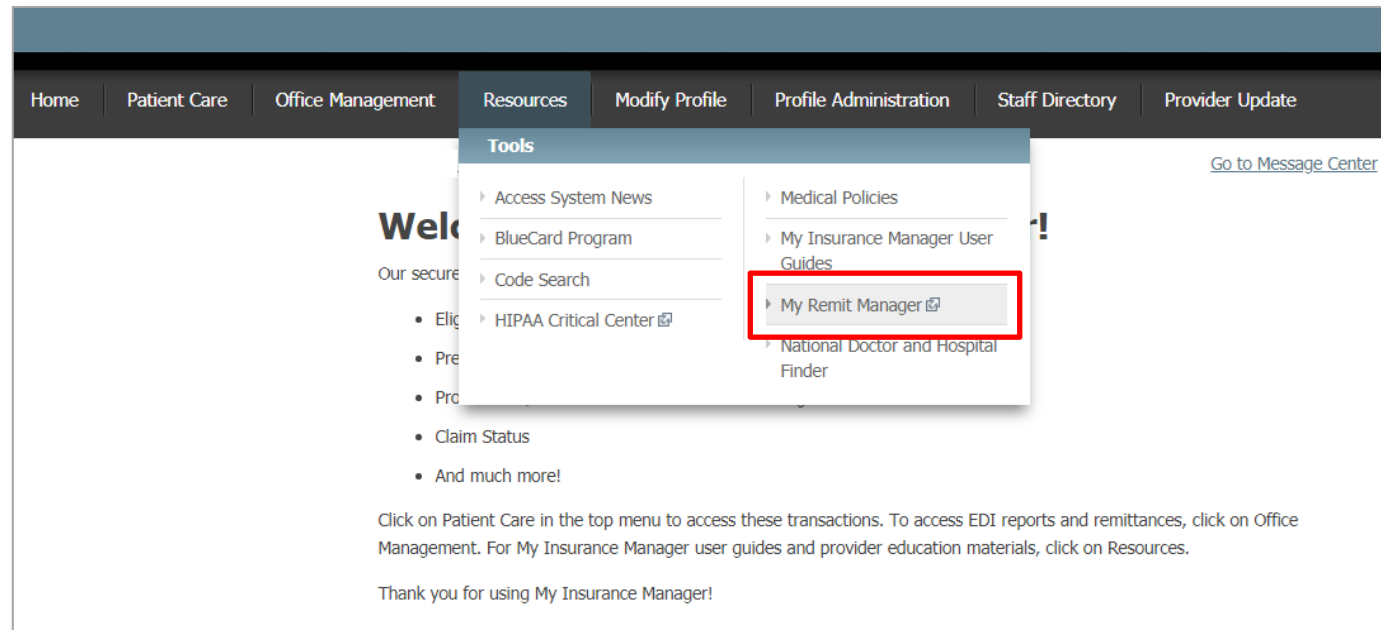
# MY REMIT MANAGER



# MY REMIT MANAGER

## Access through My Insurance Manager<sup>SM</sup>

- Tool used to track payments and pull electronic remittance advices.
- From My Insurance Manager<sup>SM</sup>, hover over Resources, then select My Remit Manager.



# MY REMIT MANAGER

## What you will see

- Sort and view checks by the check date or posting date
- Select the Adobe icon to view the Remit
- Select the check number to view
  - Members associated with the check
  - Date of service
  - Processed status (paid or denied)
  - Amount billed and paid

My Remit Manager

ERA by Check Date - May 2022

View Checks By: Check Date (selected), Check Date, Posting Date

Check Summary Report Show Month

May 2022

S	M	T	W	T	F	S
24 open	25 open CHK-9	26 open CHK-43	27 open	28 open	29 open CHK-1	30 open
1 open	2 open CHK-12	3 open CHK-40	4 open CHK-1	5 open	6 open CHK-1	7 open
8 open	9 open CHK-12	10 open CHK-41	11 open	12 open	13 open CHK-2	14 open
15 open	16 open CHK-11					

My Remit Manager

44 items in 5 pages

Recc	Download	Check Number	Payment Method	Checkdate	Postdate	Billed	Paid	Payer	Provider
			ACH	11/1/2022	10/30/2022	\$9,485.00	\$1,572.00	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$7,807.00	\$1,749.13	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$330.00	\$132.00	FEDERAL EMPLOYEE PLAN	
			ACH	11/1/2022	10/30/2022	\$2,105.00	\$213.04	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$1,157.00	\$96.18	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$769.00	\$141.47	FEDERAL EMPLOYEE PLAN	
			ACH	11/1/2022	10/30/2022	\$178.00	\$117.00	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$196.80	\$24.14	STATE HEALTH PLAN	
			ACH	11/1/2022	10/30/2022	\$1,410.00	\$78.99	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	
			ACH	11/1/2022	10/30/2022	\$1,710.00	\$380.05	STATE HEALTH PLAN	

Check Selected:

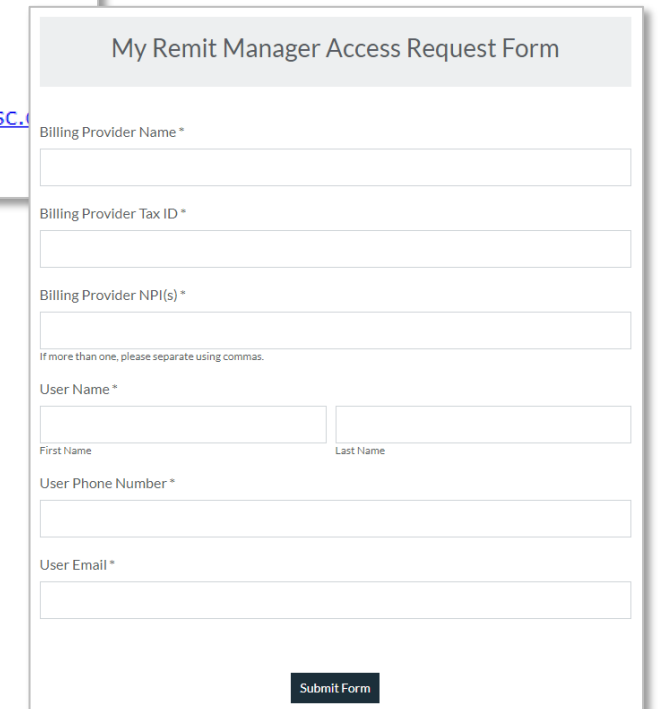
# MY REMIT MANAGER

## Access outside of My Insurance Manager<sup>SM</sup>

- Link: [https://client.webclaims.com/v07\\_03/](https://client.webclaims.com/v07_03/)
  - To sign up or for password resets, email [EDI.Services@bcbssc.com](mailto:EDI.Services@bcbssc.com).
    - The MRM Access Request Form can also be completed, which is located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
- Providers>Tools and Resources>My Remit Manager*
- New registrants will receive their username and password, along with instructions via email.



The image shows the login page for South Carolina BlueCross BlueShield. At the top, there is a blue header with the BlueCross BlueShield logo on the left and the text "South Carolina" in large white letters. Below the logo, it says "BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association". Below the header is a white box with a blue border containing the login form. The form has a "Log In" button at the top. Below it are fields for "User Name:" and "Password:". There is a checkbox labeled "Remember me next time." and another "Log In" button. Below the login form, there is a section titled "Need to Register?" with the text "Forgot User Name or Password?" and "Contact BCBSSC EDI Services at [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)".

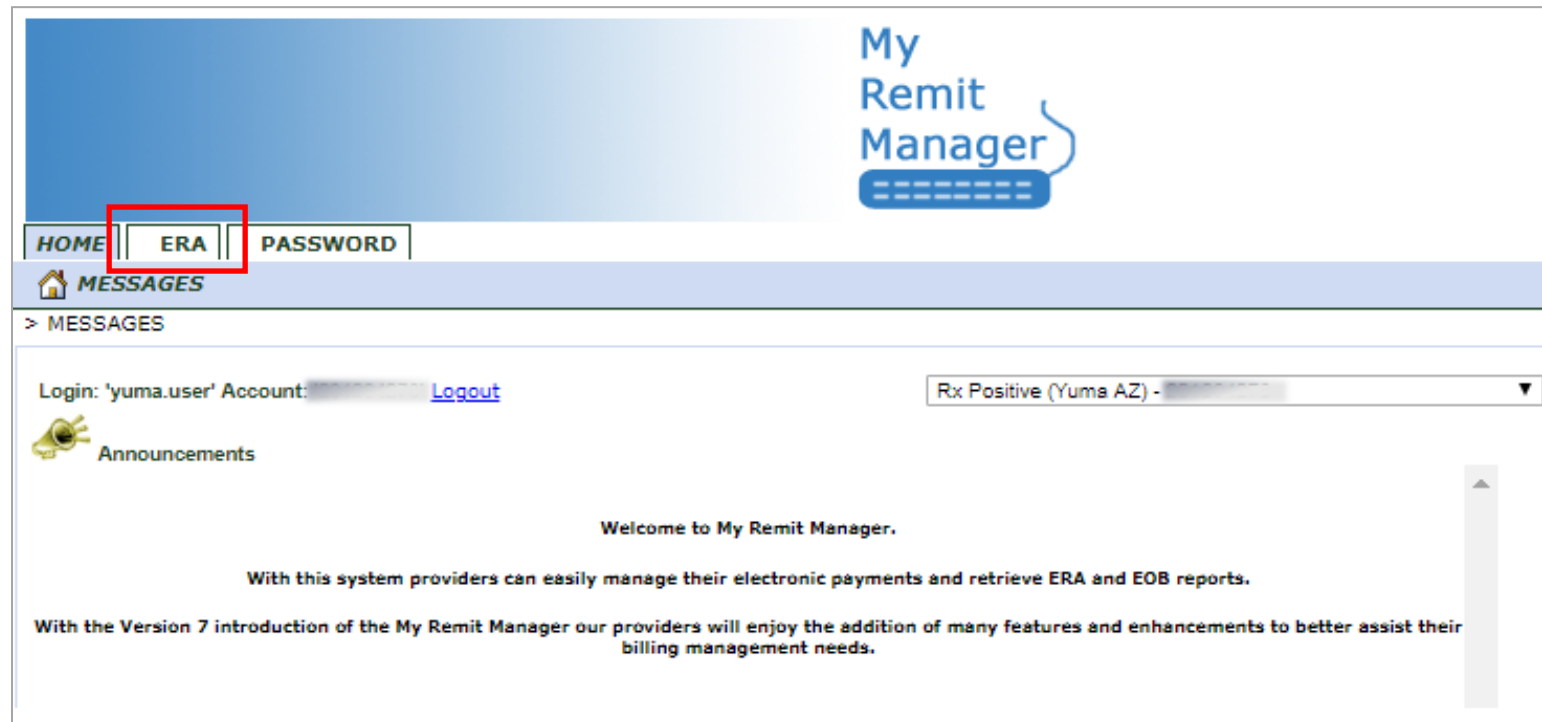


The image shows the "My Remit Manager Access Request Form". It is a white form with a grey header that says "My Remit Manager Access Request Form". The form contains several fields: "Billing Provider Name \*" (a single-line text box), "Billing Provider Tax ID \*" (a single-line text box), "Billing Provider NPI(s) \*" (a single-line text box with a note below it: "If more than one, please separate using commas."), "User Name \*" (two single-line text boxes labeled "First Name" and "Last Name"), "User Phone Number \*" (a single-line text box), and "User Email \*" (a single-line text box). At the bottom right of the form is a black button labeled "Submit Form".

# MY REMIT MANAGER

## What you will see

Click the ERA tab to view check and remittance information.



# MY REMIT MANAGER

## ERA tab – check date

- Select the date of the remittance needed.
- Select the associated check number.

HOME REALTIME CLAIMS **ERA** PASSWORD ADMIN

CHECK DATE POST DATE PATIENTS REPORTS DOWNLOAD ERA

> CHECKS BY CHECK DATE

Login: Terrence [Account ID] Logout [Switch Accounts](#)

Select Date ▼

June 2021

Billed vs. Paid by Week

Order By: Name ▼ [Download ERA](#) [Download X12](#)

Search for:  [Search](#) [Select All](#) [Unselect All](#)

☐ Hide Reconciled Payer: \*All Items ▼ Provider: \*All Items ▼

RECO	CHECK NUMBER	CHECK TYPE	CHECK DATE	POST DATE	BILLED	PAID	PROVIDER	PAYER	TYPE
Select <input type="checkbox"/>	00025	CH	6/15/2021	6/13/2021	1879.00	354.33	LO SU		5010
Select <input type="checkbox"/>	00004	CH	6/15/2021	6/13/2021	2169.00	680.09	LO SU		5010
Select <input type="checkbox"/>	00011	CH	6/15/2021	6/13/2021	4981.00	880.26	LO SU		5010

# MY REMIT MANAGER

## ERA tab – check date

Select the account of the patient.

The screenshot displays the 'ERA' tab in the 'MY REMIT MANAGER' application. The top navigation bar includes links for HOME, REALTIME, CLAIMS, ERA (selected), PASSWORD, and ADMIN. Below this, a secondary bar contains icons and labels for CHECK DATE, POST DATE, PATIENTS, REPORTS, and DOWNLOAD ERA. The main content area is titled '> CHECKS BY CHECK DATE > PATIENTS'. It features a search section with fields for Check Number/Date, Payer, Provider, and Status (set to 'All Items'), along with a Search button. Below the search fields are several links: ERA Patient Per Page, ERA Patient Listing, ERA Patient Summary, ERA Text, Export, Selected ERA Per Page, and Unselect All. A table of records is shown, with the first record highlighted. The table has columns for ACCOUNT, PATIENT, STATUS, POLICY, Display Pos, and results per page. The first record shows account 46184, processed as Primary, with a display position of 5/30/2021 and results of 456.00 and 170.62.

ACCOUNT	PATIENT	STATUS	POLICY	Display Pos	results per page
46184		Processed as Primary		5/30/2021	456.00 170.62
46208		Processed as Primary		6/2/2021	154.00 75.20
46039		Processed as Secondary		5/13/2021	374.00 34.02
46157		Processed as Primary		6/1/2021	141.00 47.92
46008		Processed as Secondary		5/17/2021	754.00 26.57



# MY REMIT MANAGER

## Remittance

Below is an example of how the remittance will pull.

**ERA Patient Listing**  
Electronic Reproduction ASC 005010X221A1

**CHECK/EFT: 0000420012****CHECK DATE: 06/15/2021**

Account: 46030      POS: 11    HIC: 16072175      ICN: 16072175      Provider: 16072175  
Status: Processed as Secondary

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
161633693	05/20/2021	1		HC:99202	145.00	70.12			131.14	13.86	*OA 23 131.14
REMITTANCE SUMMARY					145.00	70.12	.00	.00	131.14	13.86	

TOTALS  
Denied/Non-Covered: 131.14  
\*OA 23 131.14 [Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments]  
\* Denotes Denied Or Non-covered Charges

**REMITTANCE SUMMARY**

	Billed	Allowed	Deduct	Coins	RC-Amt	PLB Adj	Paid
Totals	145.00	70.12	.00	.00	131.14	.00	13.86

# MY REMIT MANAGER

## ERA tab – patient search

- Enter the patient's name in last Name, first Name format.

The screenshot shows the 'ERA' tab selected in the top navigation bar. Below the navigation bar, there are icons for 'CHECK DATE', 'POST DATE', 'PATIENTS', 'REPORTS', and 'DOWNLOAD ERA'. The 'PATIENTS' section is active, showing a search form with the following fields:

- Search for:** A text input field with a 'Search' button next to it.
- Filter on:** A dropdown menu currently set to 'None', with a 'Select Date' button next to it.
- Payer:** A dropdown menu currently set to 'All Items'.
- From Date:** A text input field.
- To Date:** A text input field.
- Status:** A dropdown menu currently set to 'All Items'.
- Provider:** A dropdown menu currently set to 'All Items'.

Below the search form, there are several links: [ERA Patient Per Page](#), [ERA Patient Listing](#), [ERA Patient Summary](#), [ERA Text](#), [Export Selected ERA Per Page](#), and [Unselect All](#).

- ERA Patient Per Page
- ERA Patient Listing
- ERA Patient Summary
- ERA Text
- Export Selected ERA Per Page
- Unselect All

# MY REMIT MANAGER


## Electronic remittance advice (ERA)

### *How to Receive ERAs*

- Complete the ERA Enrollment/Clearinghouse or ERA Enrollment/Direct Submitter Form located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

*Providers>Provider Enrollment>Electronic Funds Transfer and Remittance Advices*

- Submit the completed form to [EDI.Services@bcbssc.com](mailto:EDI.Services@bcbssc.com).



### ERA ENROLLMENT FORM FOR PROVIDERS USING A CLEARINGHOUSE

Please return completed form to [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)


I hereby authorize \_\_\_\_\_ to receive 835 Electronic Remittance Advices (ERAs) on my behalf. I am authorized to endorse this ERA enrollment form on behalf of my company. I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina in writing if I wish to change or revoke this authorization.

NOTE: Use Page 2 only if additional offices under same Tax Id will be receiving ERAs.

Fields marked with an asterisk (\*) are required. Incomplete or illegible forms will be returned.

BILLING PROVIDER TAX ID NUMBER	SUBMITTER ID NUMBER (Internal BCBSSC Use Only)
BILLING PROVIDER NPI NUMBER*	BILLING PROVIDER CONTACT NAME/TITLE (Please Print)*
BILLING PROVIDER NAME*	BILLING PROVIDER CONTACT SIGNATURE*
BILLING PROVIDER ADDRESS (Cannot be P.O. Box)*	DATE*
BILLING PROVIDER CITY/STATE/ZIP*	BILLING PROVIDER PHONE NUMBER*
	BILLING PROVIDER EMAIL ADDRESS*
	CLEARINGHOUSE EMAIL ADDRESS (Optional)

For questions or concerns, contact BCBSSC EDI Services at [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)



### ERA ENROLLMENT FORM FOR PROVIDERS WHO ARE DIRECT SUBMITTERS

Please return completed form to [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)

Our practice wishes to receive 835 Electronic Remittance Advices (ERAs) directly from BlueCross BlueShield of South Carolina for the locations listed on this form.

I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina in writing if I wish to change or revoke this authorization.

BILLING PROVIDER TAX ID NUMBER	SUBMITTER ID NUMBER (BCBSSC Internal Use Only)
BILLING PROVIDER NPI NUMBER	BILLING PROVIDER CONTACT NAME/TITLE (Please Print)
BILLING PROVIDER NAME	BILLING PROVIDER CONTACT SIGNATURE
ADDRESS	DATE
CITY/STATE/ZIP	PHONE NUMBER
	EMAIL ADDRESS

For questions or concerns, contact BCBSSC EDI Services at [edi.services@bcbssc.com](mailto:edi.services@bcbssc.com)