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Provider Validation User Guide

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Overview

M.D. Checkup is an electronic feature in My Insurance Manager[™] that allows you to verify your practice and physician demographic information seamlessly. The information you provide is used to maintain our online provider directories which members use to find network participating primary care physicians, specialists, hospitalists, and medical suppliers. We also use the data you provide to update your information in our systems to ensure accurate claims processing.

M.D. Checkup allows you to view information for all the associated locations as well as the affiliated practitioners for each location. The feature offers several transactions:

- **Verify** Information shown is current and accurate. Verify is the final step to confirming revisions and to attest that no further action is needed for the quarterly verification.
- **Update** Once a change has been made, Update must be selected to confirm and accept the change.
- **Terminate/Inactivate Location** Enter or select a date to indicate that a location shown in the Location List is no longer active or part of the organization. "Remove Location" will terminate the selected location from the group. This will also **stop** claims adjudication for claims filed with dates of service after the term date.
- **Terminate/Inactivate Practitioner** Enter or select a date to indicate that a practitioner is no longer practicing at the specific location. This will also **stop** claims adjudication for claims filed with provider dates of service after the term date.
- Add Practitioner Add a practitioner to the specific location by using the Add Practitioner's search function.
- View & Edit Access and edit location information (addresses, telephone number, fax number, hours of operation, etc.).

Effective Jan. 1, 2022, under the Consolidated Appropriations Act (CAA), providers are required to verify and/or update their demographic date at least every 90 days. Validation will be determined based on the number of days since the last validation was made. If more than 90 days has passed since the providers' last validation, we are required to suppress them from our directories. To update the suppressed status, providers must verify the location.

Note: Provider Validation **does not** replace the provider enrollment or recredentialing processes.

Contents

Log In

To access M.D. Checkup, log in to My Insurance Manager.

Username Password Login or Register Now!	Provider Resources We have several resources we've developed to help you get the information you need quickly.
Forgot Username? or Forgot Password?	

If at least one location requires validation, the Provider Validation reminder will display. This message will display as necessary when any location requires validation.

If this message is not visible, your practice or facility is not required to validate information at this time, or the validation has already taken place.

Select Validate Now or Provider Update.

	My INSURANCE MANAGER™						
	Home Patient Care Office Man	agement Resources	Modify Profile	Profile Administration	Staff Directory	Provider Update	
	Welcome,					Go to Message	e Center
	Provider	Welcome to	o My Insu	irance Mana	ger ^{s™} !		
	One or more locations require verification. <u>Validate Now!</u>			NEW FEATU REVIE	RE: WS		
l							

Contact Information

Once you've selected Validate Now, the Contact Information screen will display. The contact information associated with your My Insurance Manager profile (your name, email address and phone number) will populate. If we have any questions about the updates or verifications made, we will contact you using this information. If you are not the best person for us to contact, please update the fields shown.

You will be asked to confirm or update this information each time you choose Provider Validation or Provider Update.

The required fields are indicated with a red asterisk. Update or add any information that is not correct or missing and select Continue. If the information is correct, select Continue.

Note: If you are not the person responsible for maintaining practice or practitioner information for the organization, please do not continue.

Provider Data Validatio	n - Contact Informa	ation	Need help? <u>Ask Us</u>
Instructions: Are you the person we	e should contact if we have any questic	ons? If not, please update th	e information below with the main person of contact.
* First Name:		* Last Name:	
JOHN		DOE	
* Email:	* Phone:		Extension:
john.doe@provider.com	803-123-4567		
Continue			

Location List

Once you have completed the Contact Information, you will be taken to the Location List. This screen displays all associated locations for the group. You can sort the list by location name or by the locations' status, or search for a specific location using the Search function.

All locations must be validated at least every 90 days, per the CAA guidelines as of Jan. 1, 2022.

rovider Data Validation - Location List								
1 Instructions: Please verify that every location in this list is a	ssociated with your practice and that all o	of the information is correct.						
Search Q ou can search by Location, Address, City, State or Zip								
Location	≎ Status ≎							
NORTHEAST 123 PHYSICIANS OFFICE STE 101 COLUMBIA, SC 29223	Requires Verification	View & Edit						
SOUTHEAST 123 PHYSICIANS OFFICE STE 201 COLUMBIA, SC 29223	Requires Verification	View & Edit						
EAST 123 PHYSICIANS OFFICE STE 301 COLUMBIA, SC 29223	Requires Verification	View & Edit						
DOCTOR JANE'S 123. OAK STREET COLUMBIA, SC 29223	Pending Approval	View & Edit						
DOCTOR JOE'S 123 MAIN STREET COLUMBIA: SC 29223	Pending Approval	View & Edit						
HOSPITAL NORTHEAST 123 HOSPITAL WAY COLUMBIA, SC 29223	O Verified	View & Edit						
HOSPITAL SOUTHEAST 123 HOSPITAL WAY	O Verified	View & Edit						

Each location will have one of three statuses: Requires Verification, Pending Approval or Verified:

- **Requires Verification** The information for this location must be verified, including the affiliated practitioners. If more than 90 days has passed since the providers' last validation, we are required to suppress them from our directories. To update the suppressed status, providers must verify the location.
- **Pending Approval** Indicates the location has been verified and a change has been made to the location. The location will return to Requires Verification status for final verification and approval.
- Verified Indicates the location has been verified.

Location List: Terminate/Inactivate Location

You can choose to remove a location from the organization by selecting Remove Location next to the appropriate location. Removing a location will terminate the location from the group. This will also stop claims adjudication for claims filed with dates of service after the term date.



Once you select Remove Location, you will be prompted to provide the removal date. This is the exact date the specific location should effectively be removed from affiliation with the organization.

Requ	lest to Remo	ve Locati	on	
Are you sure you wish on whic Note [:] The remo	to remove Northeasi In you want this location wal date must be after	? Please ente on to be remov the original ef	er the date	Ô F
	7/15/2016		View & Edit	Ô F
	Cancel R	emove		Ê F

You can enter the date or use the calendar to select the date. Once you've entered the date, select Remove. You can choose Cancel if you do not wish to remove the location.

When you select Remove, you'll return to Location List and receive this message:



The status for the location will now show Pending Approval.



Location Details

From the Location List screen, choose a location which requires verification and select View & Edit. You will arrive at the Location Details screen.

This screen shows all the location's information including the affiliated practitioners.

You have the option to return to Location List (Back) or Remove Location, edit the location details (Edit), or confirm the information shown is accurate (Verify).

Under the Affiliated Practitioners portion of the screen, you can add a practitioner to this location (Add Practitioner), edit individual practitioners' information (Edit), or remove a practitioner from the location (Remove).

The following pages will describe how to complete each of these actions.

Provider Data V	'alidat	ion - Loca	tion Details			Need help? <u>Ask Us</u>		
Verify Locations > Loc	ation De	tails						
NORTHEAS	n on info@palr www.exa	nettone.com mple.com			← Back 🛛 🖀 Ren	iove Location Z [*] Edit 🛛 Verify		
Instructions: Pleas	e verify that	all of the the info	rmation associated with t	this location as well as t	he Practitioner informati	on is correct.		
Provider Location Infor	mation				Hours of Operation			
Billing Name	NORTHE	AST PROVIDERS	3		Monday	8:00 AM - 5:00 PM		
Billing NPI	01234567	89			Tuesday	8:00 AM - 5:00 PM		
Specialty	OBSTETR	ICS & GYNECOLOG	SY .		Wednesday	8:00 AM - 5:00 PM		
Physical Address	123 PHY COLUME	SICIAN OFFICE	STE 101		Thursday	8:00 AM - 5:00 PM		
Billing Address	123 PHY COLUMB	SICIAN OFFICE IA, SC 29223	STE 101		Friday	8:00 AM - 4:00 PM		
					Saturday	10:00 AM - 6:00 PM		
					Sunday	Closed		
Search C	ع er Name, N	PI or Specialty				+ Add Practitioner		
Practitioner Name	¢	NPI [¢]	\$ Specialty	Accepting Appointments? \$	Accepting New Patients?			
DOE, JANE MD		1234567890	OB/GYN	No	No	🕼 Edit 💼 Remove		
SMITH, JOHN MD		1234567890	OB/GYN	No	No	🕼 Edit 💼 Remove		
VILA, BOB		1234567890	OB/GYN	No	No	🕼 Edit 💼 Remove		
SMALLS, POLY		1234567890	OB/GYN	Yes	No	Z' Edit		
FOURSIDES, SMITTY		1234587890	OB/GYN	No	No	Z Edit		
PUBLIC, JOHN Q		1234567890	PHYSICIAN'S ASSISTANT	No	No	Z Edit a Remove		
BAILEY, JENNIFER, M, FNF	2	1234567890	NURSE PRACTITIONER	No	No	Z Edit		
					🕆 Back 🛛 📋 Ren	Nove Location 🛛 🕼 Edit 🖉 Verify		

Location Details: Edit Location

If the information for the selected location requires a revision, select Edit.

Provider Data Validation - Location Details		
Verify Locations > Location Details	_	🕼 Edit
NORTHEAST O Requires Verification	A Back 📓 Remove Location 🕼 Edit 📀	
S 803-555-1234 S info@palmettone.com	L	
Instructions: Please verify that all of the the information associated with	this location as well as the Practitioner information is correct.	
		_
Provider Location Information	Hours of Operation	

Once you select Edit, you can modify any of the information shown for the location. The details are broken into sections: Provider Information, Physical Address, Billing Address and Hours of Operation.

Location Details: Edit Location – Provider Information

This image shows you the Provider Information data.

If any information is changed, the Update icon will appear green. Select Update to accept the revisions. If revisions are not needed, choose Cancel and you will return to the main Location Details screen.

Provider Data Validat	ion - Location Details		Need help? Ask Us
Verify Locations > Location De	tails		
NORTHEAST Output Requires Verification		x Ca	ncel Remove Location Update
Provider Information		Physical Addre	255
Office Name	NORTHEAST	You can ut	odate information in these fields:
Phone Number	123-456-9789	Provider I	nformation
Fax Number (Optional)	123-456-9779	• Offi	ce Name
Email Address	person@example.com	PhoFax	ne Number Number (Optional)
Web URL (Optional)	www.example.com	 Ema Web 	ail Address b URL (Optional)
Specialty 📀	NEUROLOGICAL SURGERY -	• Billin	ng Name
	Select or Search -	Address Line 2 (Optional) 😧	
Additional Specialties (Optional)	Select or Search -	City & State	CHARLOTTE NC -
	Select or Search -	Zip	28289-6239
NPI	1234567890		
Billing Name	NORTHEAST		

Location Details: Edit Location – Physical Address and Billing Address

If necessary, correct the Physical Address or Billing Address information. The Update icon will appear green if any changes are made. Select Update to accept the revisions. If revisions are not needed, choose Cancel and you will return to the main Location Details screen.

Provider Data Valida	ition - Locatio	n Details				Need help? <u>/</u>
Verify Locations > Location D	etails					
NORTHEAST Prequires Verification				x Canc	el 🛛 💼 Remove Locatio	n 🗢 Update
Provider Information				Physical Addres	5	
Office Name	NORTHEAST		7	Address Line 1	123 PHYSICIAN WAY	
Phone Number	123-456-9789			Address Line 2 (Optional) 😧		
ou can update any of t	he information			City & State	WEST COLUMBIA	SC -
nown:				Zip	29169-4800	
hysical Address				Billing Address	📃 Same as I	ohysical addres
Street AddressApt/Suite/Dept		BERY	•	Address Line 1	PO BOX 123456	
 PO Box City & State Zip 			•	Address Line 2 (Optional) 😧		
			• •	City & State	CHARLOTTE	NC -
Same as physical a	ddrass			Zip		
 Street Address 						
Apt/Suite/Dept						
PO Box						
City & State						
 Zip 						

Location Details: Edit Location – Hours of Operation

Verify if this location has office hours and if the location is open 24/7. Correct the hours and check which days the location is closed.

If any information is changed, the Update icon will appear green. Select Update to accept the revisions. If revisions are not needed, choose Cancel and you will return to the main Location Details screen.

Please rev	view and c	onfirm the	hours that	the loca	tion routin	ely sees pati	ents.
Location has	office ho	ours?	• Yes (No			
Hours of Op	eration					This locat	ion is open 24/7
Monday	From:	08:00	AM -	To:	05:00	PM -	Closed
Tuesday	From:	08:00	AM -	To:	05:00	PM -	Closed
Wednesday	From:	08:00	AM -	то:	05:00	PM -	Closed
Thursday	From:	08:00	AM -	To:	05:00	PM •	Closed
Friday	From:	08:00	AM -	то:	05:00	PM -	Closed
Saturday	From:		AM -	To:		PM -	Closed
Sunday	From:		AM -	To:		PM -	Closed

Note: Revisions to certain location detail fields will result in a Pending Approval status for the location:

- Remove Location
- Billing Name
- Billing Address

Location Details: Rendering Providers – No Affiliates

There may not be any rendering providers affiliated with a particular location. When that is the case, certain updates must be made by emailing <u>Provider.Directory@bcbssc.com</u>. You will receive this message at the Location Details screen:

"There are no rendering providers affiliated with this location. For any updates needed to be made to your practice to change the status of Accepting Appointments, Accepting New Patients, Accepting Patient Gender or Age Restrictions, please contact Provider Services at <u>PROVIDER.DIRECTORY@bcbssc.com</u>."

OUTHEAS	Т				+ Back	🕯 Remov	e Location	G? Edit	🤣 Verify
Requires Verificatio	n								
803-434-3650 803-434-5600									
Instructions: Please	verify that all of the the	information associat	ed with t	his location as well a	s the Practition	er information i	is correct.		
Provider Location Inform	nation				Hours of O	peration			
Silling Name	SOUTHEAST				Monday				
illing NPI	0987654321				Tuesday				
pecialty	INFUSION TH	ERAPY			Wednesday				
hysical Address	123 PHYSICIAN COLUMBIA, SC	IS OFFICE STE 201 29203			Thursday				
illing Address	123 PHYSICIAN COLUMBIA SC	IS OFFICE STE 201			Friday				
		20200			Saturday				
					Sunday				
filiated Practitio	oners - SOUT	HEAST						+ Add P	actitioner

Affiliated Practitioners

Also listed on the Location Details screen, is the list of providers affiliated with the location chosen. You can add practitioners to this location (Add Practitioner), edit existing practitioners' information (Edit), or remove a practitioner form the location (Remove).

Affiliated Practitioners - NORTHEAST						
Search Q You can search by Practitioner Name,	NPI or Specialty				+ Add Practitioner	
Practitioner Name	• NPI •	\$ Specialty	Accepting Appointments? +	Accepting New Patients?		
DOE, JANE MD	1234567890	OB/GYN	No	No	C2" Edit 🗋 Remove	
SMITH, JOHN MD	1234567890	OB/GYN	No	No	C2" Edit	
VILA, BOB	1234567890	OB/GYN	No	No	C2" Edit	
SMALLS, POLY	1234567890	OB/GYN	Yes	No	C2" Edit	
FOURSIDES, SMITTY	1234567890	OB/GYN	No	No	C2" Edit	
PUBLIC, JOHN Q	1234567890	PHYSICIAN'S ASSISTANT	No	No	CZ Edit Remove	
BAILEY, JENNIFER, M, FNP	1234587890	NURSE PRACTITIONER	No	No	CZ Edit	
				⇔ Back 🛢 Remov	re Location 🛛 🕼 Edit 🖉 Verify	

Affiliated Practitioners: Add Practitioner

While you can add practitioners to different locations through M.D. Checkup, the practitioner must first be active and associated with the base TIN before you can add them to a new location.

To affiliate a practitioner to a location under a different TIN, you would need to complete the Request to Add/Terminate Practitioner Affiliation form. This form is located in our new enrollment portal, My Provider Enrollment Portal, or you can locate the form under the Provider Enrollment section of www.SouthCarolinaBlues.com.

See the example below.

- TIN A 123456789
 - Location 1
 - o Location 2
- TIN B 987654321

Dr. Tommy is associated with **TIN A** and works at Location 1. However, you need to add him to Location 2 as well. This can be done through M.D. Checkup.

Dr. Tommy is not associated with **TIN B**. To add him to this location, you would need to complete the Request to Add/Terminate Practitioner Affiliation form.

To get started, do the following:

Select Add Practitioner to add a practitioner to the location.

Affiliated Practitioners - NORTHEAST								
Search Q You can search by Practitioner Name, N	PI or Specialty				+ Add Practitioner			
Practitioner Name	NPI ^{\$}	\$ Specialty	Accepting Appointments? +	Accepting New Patients?	•			

The Add Practitioner box will open. Enter the NPI of the practitioner you wish to add to this location.

Add Practitioner	×
1 Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.	
This field is required. If you would like to add a practitioner not currently in the system, please click here for our paper form.	

Once the practitioner's information populates, enter the date the practitioner is effectively participating with this location. Select Add.

dd Practitioner	r			×
Instructions: Please 1234567891	e verify that every locatio	n in this list is associated with your pract	tice and that all of the information is o	correct.
Practitioner Name	NPI	Specialty	Start Date	
PHILLIP LANKY	1234567891	ALLERGY & IMMUNOLOGY	mm/dd/yyyy 🛗	Add

Once the practitioner has been added, you'll receive this message:

Affiliated Practitioners - Northeast			
	PHILLIP LINKY was successfully added to Northeast	×	

If a practitioner is not in our system, the search will not return the practitioner's information. You will need to complete the **Health Professional Application to File Claims** form or appropriate enrollment application to begin the process.

We will add the practitioner to our system once the form has been received.

Affiliated Practitioners: Edit

The selected practitioner's information will appear, including all the locations the practitioner is affiliated with. Review and edit the fields as necessary.

]		
				Details		
Instructions: Please verify	the practitioner information below	w is correct.		AcceptingAccepting	g Appointments* g New Patients**	
Practitioner Information		Details		 Accepting Age Restr 	g Patient Gender	
First Name	JANE	Specialty	OB/GYN			
Middle Initial (Optional)		Accepting Appointments	🔿 Yes 🔿 No			
		Accepting New Patients	• Yes 🔷 No			
Last Name	DOE	Accepting Patient Gender	O Male O Female	O Both		
Medical Degree (Optional)	MD		• Yes 🔷 No			
Cuffix (Optional)		Age Restrictions	From: T	o:	-	
Sumx (Optional)		Practitioner I	nformation			
NPI	1112223334	First Na	ame			
Affiliation Termination Date (Optional)	mm/dd/yyyy 🔮	Middle Last Na	Middle Initial (Optional)Last Name			
Back 🗢 Update		 Medica Suffix (Affiliati 	I Degree (Option Optional) on Termination [al) Date (Optional)		

*Accepting Appointments means the practitioner is currently seeing patients. If No is selected, the practitioner will no longer display in the provider directory.

**Accepting New Patients means the practitioner is accepting appointments for new patients. If No is selected, the practitioner's information will continue to display in the provider directory, but members will know that he/she is not accepting new patients. Note: Yes should only be selected for the practitioner's primary location only. This will accurately reflect which office the practitioner has designated as the primary location where he/she is accepting new patients. This does not impact claims.

Once you've completed the revisions, select Update.

Affiliated Practitioners - Northeast	
SINE DOE was successfully added updated and verified.	×

Note: Revisions to certain affiliated practitioner detail fields will result in a Pending Approval status for the location:

- Remove Practitioner
- First Name
- Middle Initial

- Last Name
- Medical Degree
- Suffix

Affiliated Practitioners: Terminate/Inactivate Practitioner

From the Location Details screen, under Affiliated Practitioners, you can also remove a practitioner from the location you're viewing. Next to the practitioner's name, select Remove.

Affiliated Practitio	ners -	NOR	тн	EAST]
Search Q You can search by Practitioner	Name, N	PI or Special	ty					+ Add Pra	actitioner	
Practitioner Name	¢	NPI	٠	Specialty	¢	Accepting Appointments? +	Accepting New Patients?		1 Re	emove
DOE, JANE MD		123458785	90	OB/GYN		No	No	CZ Edit	j	

Once you select Remove, you will be prompted to provide the removal date. This is the exact date practitioner should effectively be removed from affiliation with this location. This will also stop claims adjudication for claims filed with provider dates of service after the term date.



You can enter the date or use the calendar to select the date. Once you've entered the date, select Remove. You can choose Cancel if you do not wish to remove this practitioner from the location.

When you select Remove, you'll receive this message:

Affiliated Practitioners - Northeast	
JANE DOE was successfully removed from this location.	×

Location Details: Verify – No Updates Made

Verify is a separate action from Update. The Update action indicates that information has been revised. The Verify action indicates that information has been reviewed and serves as a confirmation that the information shown is correct. The status for a location will continue to show Requires Verification even after an update has been made until Verify has been selected.

If the location information is correct and revisions aren't needed, select Verify. You will be prompted to Confirm that the information has been verified and doesn't require any updates. If you select Cancel, you will return to the Location Details screen.

verify that all of the the informa	Verify L	ocation		
Are you sure you wish to you attest that a	verify NORTHE	EAST? By click ation for this lo	ing "Confirm" cation is correct.	
NORTHEAST PROVIDERS	<u> </u>			
NEUROSURGERY	Cancel	Confirm		
PALMETTO			Wednesday	8:00 AM - 5:00 P

When you select Confirm, you will receive this verification message:

Provider Data Validation - Location List	Need help? <u>Ask Us</u>
The location NORTHEAST was successfully verified.	
1 Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.	

Location Details: Verify – Updates Made

Once you've made updates to the location, you'll receive this message on the Location Details screen:

Provider Data Validation	
Verify Locations > Location Details	
NORTHEAST ● Requires Verification [©] 803-555-1234 [®] 803-555-1235 [©] info@palmettone.com www.example.com	Sack Therefore Remove Location Control
Note: The location information has been updated, but you have	e not yet verified that everything is correct.
Instructions: Please verify that all of the the information assoc	liated with this location as well as the Practitioner information is correct.

Select Verify once all revisions are complete for the location selected.

3				
Are you sure you wish to verify NORTHEAST? By clicking "Confirm" you attest that all of the information for this location is correct.				
NEUROSURGERY	Cancel	Confirm		8:00 AM - 5:00 P
PALMETTO				8:00 AM - 5:00 P

When you select Confirm, you will receive this verification message:

