



▶▶ Online Services Quick Start

Introduction

Online Services is a single-payer tool for real-time transactions and professional claim submission. It is powered by Emdeon Office, a product of Change Healthcare™ (formerly Emdeon, Inc.).

You can use Online Services to:

- Verify benefits and eligibility
- Check claim status
- Submit primary professional claims (including BlueCard® and Federal Employee Program claims) via Direct Data Entry (see [resources](#))
- Submit and verify referrals
- Verify authorizations (except for PPO and Indemnity members receiving outpatient services)
- Request initial authorizations for home health care, physical therapy, occupational therapy, and speech therapy.

Results are returned from the Blue plan that the member is contracted with, and the level of detail varies.

Accessing Online Services

For fastest access: Log on to our Provider Central website, bluecrossma.com/provider. On the left-hand side of the homepage, you'll see an **eTools** box. Click on **Online Services**.

If you do not see the link, talk to the person in your practice or organization who is set up as administrator of your Provider Central account. They can grant you access to this tool.

You can also access Online Services via the **eTools** tab in the main navigation bar. This page includes tips and resources for using the tool.

Before you begin

Required fields are marked with a red asterisk. Be sure to complete them accurately.

To complete a transaction, click the **Send to Payer** button at the bottom of the screen.

Benefits and eligibility

You can use Online Services to verify eligibility for Massachusetts, out-of-state, and international Blue Cross Blue Shield members.

Key steps

- Select a combination of member details to enter for your inquiry:
 - Name and date of birth
 - ID number and either name or date of birth.
- For out-of-state members, you must enter the member's ID number (*including prefix*), name, and date of birth.
- For detailed benefits information, go to the **Service Type** dropdown menu and select a specific service type.

This table and screenshot will help you understand your search options:

If you:	Then you can search in Online Services by:	Examples:
Have the member's ID number	Member ID number, plus any one of the following: <ul style="list-style-type: none"> • Date of birth (MM/DD/YYYY) • Member's first and last name • Member's date of birth and member last name 	XXE123456789 + 051586 XXE123456789 + Jane Costa XXE123456789 + 051586 + Jane Costa
Don't have the member's ID number but you know they are Massachusetts members	Member's first and last name plus member's date of birth (MM/DD/YYYY).	Jane Costa + 051586

providercentral
Logged in as: Edward Example | Wednesday, October 24, 2018

Eligibility Service Review Claims Batch Manager Setup

Check Benefits Turn On Matching Customization

Step 1 - Select payer
Blue Cross Blue Shield of Massachusetts Reset Page

Step 2 - Select how you wish to search
Subscriber ID, Name, DOB Choose a search type

Step 3 - Enter search criteria * indicates required fields

* Subscriber ID Patient Account #
Subscriber Last Name First Name Date of Birth
* Start Date 10/24/2018
* Service Type Health Benefit Plan Coverage Edit...

Requesting Provider
* Provider Type Provider * Provider ID Type NPI * Provider ID Select... * Individual/Organization Organization
* Last Name/Organization First Name

Step 4 - Begin search
Send to Payer Reset Page

Understanding the results

- Scroll to reach the **Coverages** section for the service type you selected in your inquiry. Click the **Additional Info** link (when available) in the section title bar for additional standard benefits information.
- If applicable, you will see the benefit maximum (e.g., maximum number of visits per year) as well as the amount remaining until the benefit maximum is reached. The accumulated data is not available for behavioral health benefit limits.
 - Accumulated amounts are based on claims that were processed at the time of the inquiry and are not a guarantee of payment.
- Depending on the member's plan and the type of service, your results may include details on authorization requirements, co-insurance, copayments, and deductibles.

providercentral | Logged in as: Edward Example | Wednesday, October 24, 2018

Eligibility | Service Review | Claims | Batch Manager | Setup

Check Benefits | Turn On [Batching] | [Customize]

Eligibility and Benefit Information

Check Claims | HCS Review Request | HCS Review Inquiry | Return to Request | [Save Response to Batch]

(To view entire response, select "landscape" mode when printing.)
 Request: Insured- ProviderID= Service Start Date=10/24/2018
 Change Healthcare Trace #: 5967966

Payer Contact Information
 Contact: HEALTHWAYS CHIROPRACTIC UTILIZATION MANAGEMENT
 Telephone: (888) 893-4635
 URL: WWW.BCBSMA.COM/PROVIDER
 Contact: BCBSMA CLINICAL COORDINATION
 Telephone: (800) 327-6716
 FAX: (888) 282-1321

Patient :
 Member ID:
 Group Name:
 Group #:
 DOB:
 Gender:
 Relationship:
 Address:
 Plan: 01/01/2012-12/31/9999
Submitter : CHILD
 Submitter Type: Provider
 NPI:

General Eligibility Information
 1550 - NETWORK BLUE NEW ENGLAND DEDUCTIBLE
 Status: **Active Coverage**
 Insurance Type: Health Maintenance Organization (HMO)
 Coverage Level: Family
 Primary Care Provider:
 NPI:
 Telephone:
 Address:
 PCP Effective Date :
 Other/Additional Payer Information
 Plan Network ID: 095
 Coverages
 -- Select Coverage --

Click a shortcut button to perform an additional transaction for this member

Plan and status appear here

Here are shortcuts to coverage categories further down the page

providercentral | Logged in as: Edward Example | Wednesday, October 24, 2018

Eligibility | Service Review | Claims | Batch Manager | Setup

Check Benefits | Turn On [Batching] | [Customize]

Services Restricted to Following Provider:
 HMO BLUE NEW ENGLAND NETWORK

Coverage Level	Deductible	Out of Pocket	Coverage Basis	Notes
Individual	\$1,250.00 Per Service Year Plan: 01/01/2018-12/31/2018 (DEDUCTIBLE DOES NOT APPLY TO PREVENTIVE HEALTH SERVICES, PRESCRIPTION DRUG BENEFITS AND CERTAIN OTHER SERVICES AS NOTED.)	\$3,000.00 Per Service Year CALCULATION INCLUDES DEDUCTIBLE AND COPAYMENTS FOR MEDICAL AND PRESCRIPTION DRUG BENEFITS. \$1,553.92 Remaining CALCULATION INCLUDES		SELF INSURED
	\$905.30 Remaining DEDUCTIBLE DOES NOT APPLY TO PREVENTIVE HEALTH SERVICES, PRESCRIPTION DRUG BENEFITS AND CERTAIN OTHER SERVICES AS NOTED.			
Family	\$2,500.00 Per Service Year Plan: 01/01/2018-12/31/2018 (DEDUCTIBLE DOES NOT APPLY TO PREVENTIVE HEALTH SERVICES, PRESCRIPTION DRUG BENEFITS AND CERTAIN OTHER SERVICES AS NOTED.)	\$6,000.00 Per Service Year CALCULATION INCLUDES DEDUCTIBLE AND COPAYMENTS FOR MEDICAL AND PRESCRIPTION DRUG BENEFITS. \$3,975.95 Remaining CALCULATION INCLUDES DEDUCTIBLE AND COPAYMENTS FOR MEDICAL AND PRESCRIPTION DRUG BENEFITS.		
	\$2,127.33 Remaining DEDUCTIBLE DOES NOT APPLY TO PREVENTIVE HEALTH SERVICES, PRESCRIPTION DRUG BENEFITS AND CERTAIN OTHER SERVICES AS NOTED.			

Deductible amount remaining can only reflect claims processed before the eligibility inquiry

Chiropractic : Active Coverage						Additional Info	Back To Coverage List
Network	Coverage Level	Co-Payment	Limitations	Non Covered	Notes		
In	Individual	\$35.00 Per Visit MEDICAL CARE; AUTHORIZATION FOR IN NETWORK CHIROPRACTIC CARE FOR VISITS 13 AND BEYOND IS REQUIRED FOR MOST HMO BLUE NEW ENGLAND, NETWORK BLUE NEW ENGLAND, AND BLUE CHOICE NEW ENGLAND PLAN MEMBERS	DIAGNOSTIC LAB, DIAGNOSTIC X-RAY; REFERRALS AND AUT NET CAR BEY FOR MOST HMO BLUE NEW ENGLAND, NETWORK BLUE NEW ENGLAND, AND NEW ENGLAND, NETWORK BLUE NEW ENGLAND, AND NEW MEMBERS CBSMA- PRIMARY AN.			Authorization/Certification Req'd: Yes	
Out							This Benefit is Not Covered.

Some coverage categories include an "Additional Info" link

This row is for out-of-network coverage

Authorization requirements appear in the Notes column

Claim status

You can inquire on the status of any claim sent to Blue Cross Blue Shield of Massachusetts* for processing.

Tip: Performing an eligibility inquiry before your claim status inquiry can help eliminate keystroke errors and reduce time entering data. Click the **Check Claims** button within the eligibility response to carry over policy information to the **Claim Status** screen.

Key steps

- Enter information into only the fields marked with a red asterisk. *Completing any additional fields may result in inaccurate response.*
- The member's information must match exactly what was submitted on the claim.
 - Do not include the suffix with the ID number.
- In the Requesting Provider field, enter the individual or group NPI that was identified on the claim as receiving payment. Then click the **Same as Requesting Provider** box in the **Service Provider** section to pre-populate your provider information.

Understanding the results

- Scroll to review all of the claims matching your search criteria.
- Rejected claims will include a process date and either a reject reason or instructions to refer to your Provider Detail Advisory.
- Click the **Additional Information** link for detail about rejected line items.

Referral submission (and certain initial authorization requests)

Key steps

- Begin by performing an eligibility inquiry. After verifying that the member is active, click the button, **HCS Review Request** (or go to **Service Review>New Review**).
- The default option is Step 2 is **Specialty Referral**. You can change the selection to **Facility Referral** if appropriate.

This page is also where you could request an initial authorization for home health care, physical therapy, occupational therapy, or speech therapy. In Step 2, select **Home Health Care** or **Outpatient**.

About referral and authorization inquiries

Referral and authorization inquiries will return results only if:

- The member's coverage is active at the time of the inquiry
- The referral/authorization is open (i.e., the authorized visits/days have not yet been exhausted)
- The referral/authorization is active (i.e., the timeframe has not lapsed).

To verify a referral or authorization, follow instructions below.

Referral inquiry

Key steps

- Begin by performing an eligibility inquiry. After verifying that the member is active, click the button, "HCS Review Inquiry" (or go to **Service Review**>**Check Status**).
- Select **Specialist Inquiry** from the Step 2 dropdown list.
- Enter the physician specialist's NPI.

Subscriber: SAMUEL SAMPLE		Submitter	
Member ID: XXC98123456	DOB: 01/01/1950	Submitter Type: Provider	NPI: 9876543210

Referral (#99143EXT00)	
Specialty Care Review Type: Initial	
Certification Status : Certified in total	
Service Type : Medical Care	
Place Of Service : Office	
Visits : 12	
Service Date : 07/06/2017-07/06/2018	

Service Providers	
ID	Provider Type
NPI : 9876543210	Service Provider

Outpatient authorization inquiry

Key steps

- Begin by performing an eligibility inquiry. After verifying that the member is active, click the button, **HCS Review Inquiry** (or go to **Service Review>Check Status**).
- Select **Outpatient Inquiry** from the Step 2 dropdown list.
- Enter the NPI for the “referred to” facility or non-physician.
- Use the default option **Select** for the **Service Type** dropdown list in Step 3, *unless* you are inquiring on a Behavioral Health authorization.
 - For Behavioral Health authorization inquiries, select **Psychiatric**.

Basic member information and any applicable open/valid authorizations will be returned.

Inpatient authorization inquiry

Key steps

- Begin by performing an eligibility inquiry. After verifying that the member is active, click the button, **HCS Review Inquiry** (or go to **Service Review>Check Status**).
- Select the most appropriate Inpatient Inquiry from the Step 2 dropdown list.

Basic member information and the patient’s most recent inpatient authorization will be returned.

Related resources

To access the following resources, log on to our [provider website](#) and go to **eTools>Online Services**.

- [DDE Set-up & User Guide](#)
- [How to register for Direct Data Entry in Online Services](#)
- [How to enter claims using Direct Data Entry in Online Services](#)
- [How to view Direct Data Entry reports in Online Services](#)

For additional help, please call Blue Cross Blue Shield’s EDI/Provider Self-Service Support Team at **1-800-771-4097 option 2**.

*Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. ® Registered Mark of the Blue Cross and Blue Shield Association. ® and ™ Registered Marks of their respective companies. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. ® Registered Mark of Emdeon Corporation.