Expanded Overview

An Eligibility and Benefits Inquiry should be completed for each Blue Cross and Blue Shield of Oklahoma (BCBSOK) patient prior to every scheduled appointment. Eligibility and benefit quotes include important information regarding the patient's benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Additionally, the benefit quote may include information on applicable benefit preauthorization/pre-notification requirements.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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1) Getting Started

- Go to availity.com
- Select **Availity Portal Login**
- Enter User ID and Password
- Select **Log in** button

Note: *Only registered users can access Eligibility and Benefits Inquiry.*

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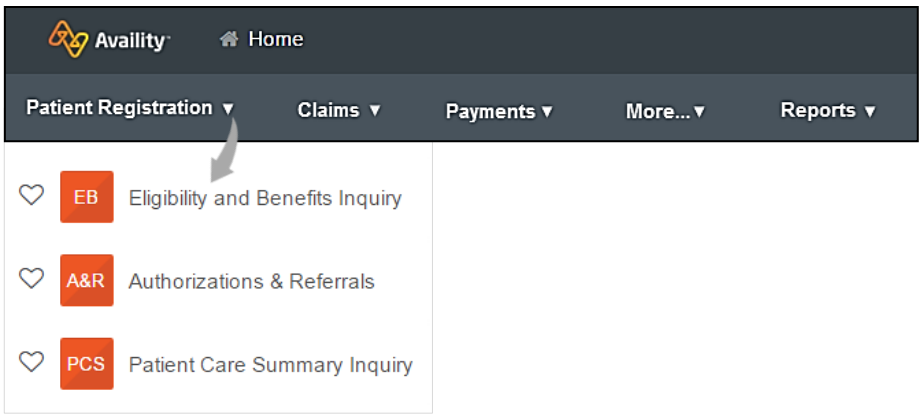
2) Eligibility and Benefits Inquiry

- Select **Patient Registration** from the main menu
- Select **Eligibility and Benefits Inquiry**



Note: *Contact your Availity Administrator if Eligibility and Benefits Inquiry is not listed in the navigation menu.*

Expanded Overview

3) Payer Selection

- Select **BCBSOK** from the Payer drop-down for local policies
- **Blue Cross Medicare Advantage**
- Select **Other Blue Plans** for out-of-state policies

Note: *Contact the patient's home plan via 800-876 BLUE (2583) for additional information pertaining to eligibility and benefit verifications for out-of-state members.*

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4) Provider Information

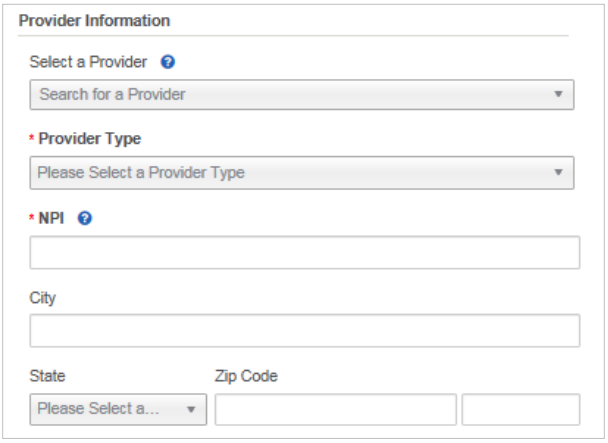
- Select applicable provider name from **Select a Provider** drop-down to auto populate the **NPI** field*
- Select a **Provider Type** from the drop-down:
  - Professional
  - Institutional

Notes: *Professional providers should utilize the treating physicians rendering NPI (Type 1).*

Institutional providers should use the billing NPI (Type 2).

If providers have multiple organizations, the City, State and Zip Code fields should be utilized.

** If the applicable provider name does not appear in the Express Entry provider drop-down, enter the NPI in the NPI field.*



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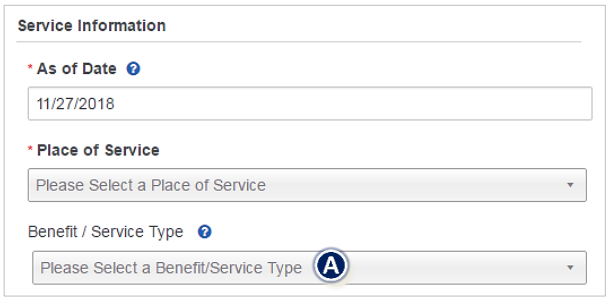
5) Service Information

- Select **Place of Service** from the drop-down
- Choose the applicable **Benefit/Service Type**

Note: *The **As of Date** can be changed to submit inquiries for a <u>past</u> or <u>future</u> date of service.*

<u>Past</u> date inquiries can be received up to 12 months prior to the current date.

<u>Future</u> date inquiries can be requested within the current month.



A A list of your most frequently used **Benefit/Service Types** will appear at the top of the drop down.

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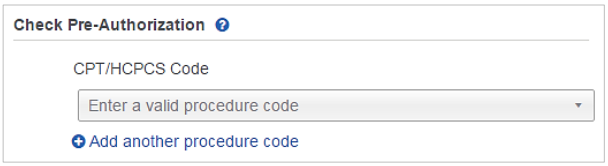
6) Check Pre-Authorization

The procedure code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits.

- Enter a valid **CPT/HCPCS Code** to determine if preauthorization is required
- To add up to eight code – select **Add another procedure code** *(optional)*



CPT/HCPCS Code inquiry for preauthorization is not yet supported for the following BCBCSOK lines of business:

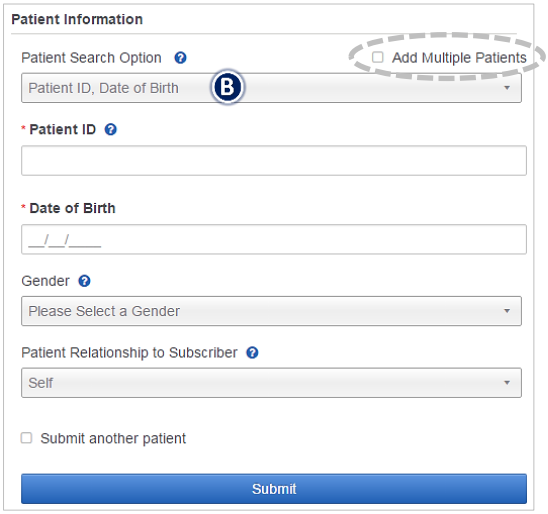
- *Federal Employee Program® (FEP)®*
- *Blue Cross Medicare Advantage (HMO)℠ and Blue Cross Medicare Advantage (PPO)℠*

Important Tips

- If a benefit/service Type is not selected, the place of service and at least one CPT/HCPCS code must be submitted.
- If a CPT/HCPCS code is not entered, the place of service and benefit/service type are required.

7) Patient Information

- Complete the following:
  - **Patient ID** *(including three-character prefix)*
  - **Date of Birth**
  - For multiple patients – check **Add Multiple Patients** *(optional)*
- Select **Submit**

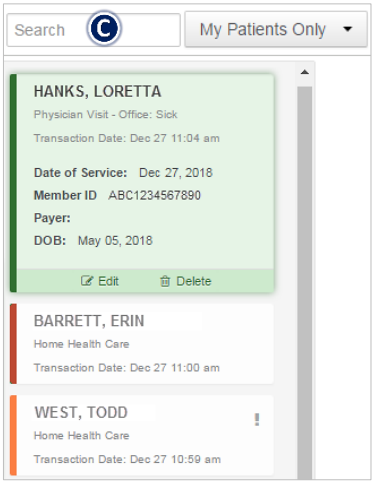


B Select the **Patient Search Option** drop-down to incorporate additional search criteria (*i.e.,* patient name, group number, etc.).

8) Patient History List

- Once an eligibility and benefits request is completed, a new **Patient Card** will appear in the **Patient History List**, including all member's entered in the request:
  - Inactive Membership
  - Active Membership
  - Transaction Error

Notes: *To see all patients within your organization, uncheck "My Patients Only". Users can Edit or Delete the patient's eligibility and benefits search from the Patient History List. The Patient History List holds up to 200 patients for 24 hours.*

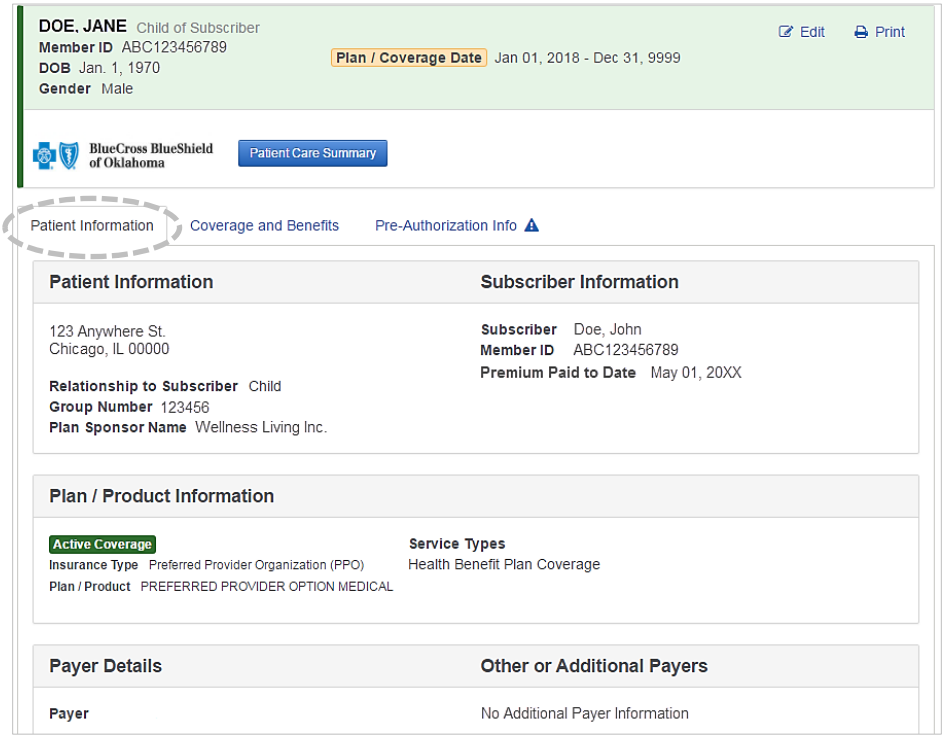


C Locate the **Patient Card** by searching for Name, Date or Payer.

Expanded Overview

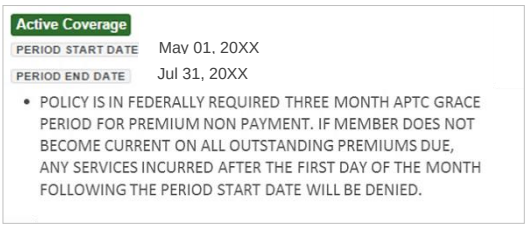
9) Eligibility Summary Results

- Eligibility for the requested patient will display in the **Patient Information** tab and include the following results:
  - Patient Information
  - Plan Date *(current effective date)*
  - Subscriber Address
  - Policy Type
  - Payer
  - Group Number
  - Plan Sponsor Name *(employer)*
  - Paid to Date *(*on and off Health Insurance Marketplace*)*
  - Other or Additional Payer
  - Provider Details



10) Grace Periods

- Some individuals who purchase insurance through the health insurance marketplace may receive an advance premium tax credit (APTC). These members qualify for a three-month grace period to pay their premium – provided they have already paid at least one month's premium in full.
- All allowable services provided during the first month of the grace period will be the responsibility of BCBSOK, subject to member cost sharing. BCBSOK will pend all claims incurred during the second and third months of the grace period. If the member pays all outstanding premium payment(s) in full, the claims will process according to the member's benefits.
- The Plan/Product Information of the **Patient Information** tab will provide a grace period indicator for applicable members, including grace period start and end dates, as shown in the example.



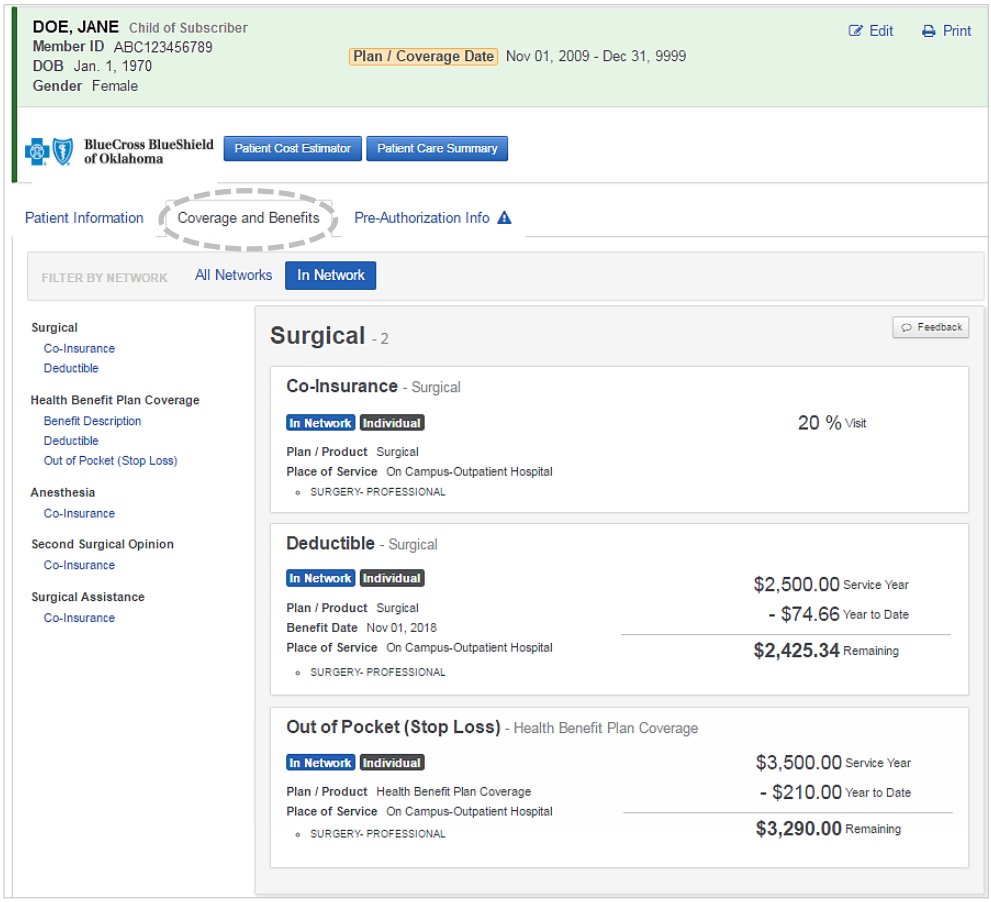
Note: *Not all members who purchase coverage on the health insurance marketplace will receive the APTC.*

Expanded Overview

11) Benefit Summary Results

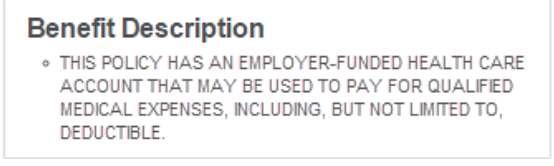
- Benefit details for the selected Benefit/Service Type will display in the **Coverage and Benefits** tab and will include the following results:
  - Coverage Level *(individual or family)*
  - Amount *(patient responsibility)*
  - Quantity *(limitations or maximums)*
  - Place of Service
  - Time Period *(visit, calendar year, lifetime, etc.)*
  - Description *(applicable services)*

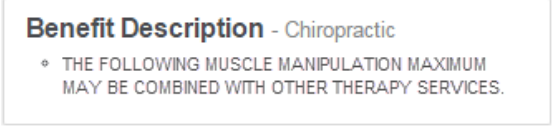
Note: *Only applicable benefits will be displayed. The below example does not show a maximum or limitation field; therefore, no maximum or limitations apply to this example.*



12) Benefit Description

- Below are examples of **Benefit Descriptions** that may return depending on the patient's benefit contract. This information will be located under **Coverage & Benefits** tab. Only applicable information will return.





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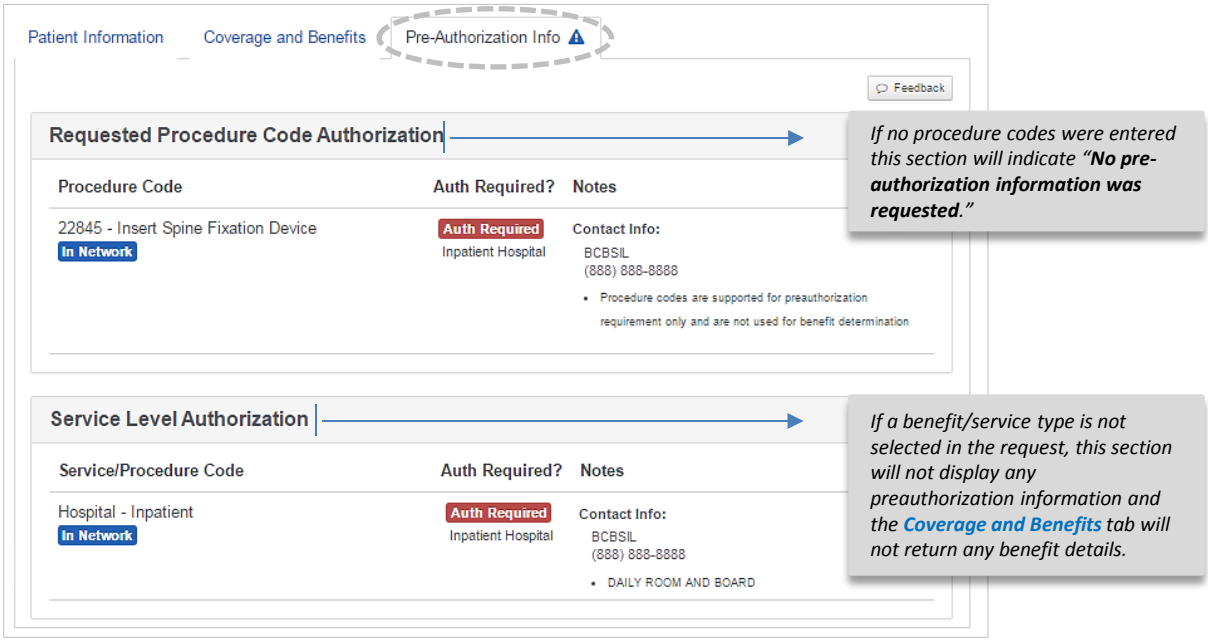
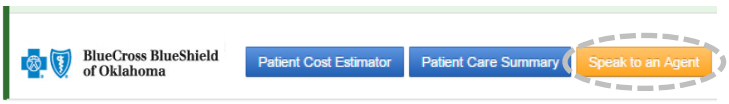
13) Preauthorization Summary Results

- Preauthorization requirements results are located in the **Pre-Authorization Info** tab and are organized in two sections:
  - **Requested Procedure Code Authorization** – displays preauthorization requirements for the submitted procedure codes.
  - **Service Level Authorization** – displays additional preauthorization information for the benefit/service type selected. Preauthorization information for procedure codes related to the benefit may also be included.



14) Speak to an Agent Feature

- In some instances, benefit information may not be readily available online. The **Speak to an Agent** feature gives priority access to the next available customer advocate during standard business hours.
  1. Select the **Speak to an Agent** button
  2. Dial the 800 number provided in the pop-up box
  3. Enter the 8-digit reference ID number via your touch tone key pad



Note: *This feature will only be available for medical benefits that are managed by BCBSOK. The Speak to an Agent button will not be offered for benefit information managed by other entities (i.e., vendors, government programs and labor fund carve outs).*

Have questions or need additional education? Email the Provider eBusiness Consultants at pecs@bcbsok.com

Be sure to include your name, direct contact information & Tax ID or Billing NPI.