



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

MY INSURANCE MANAGER

MD Checkup User Guide



Overview

M.D. Checkup is an electronic feature in My Insurance ManagerSM 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- **Terminate/Inactivate Location** – Enter or select a date to indicate that a location shown in the Location List is no longer active or part of the organization.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 data 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.

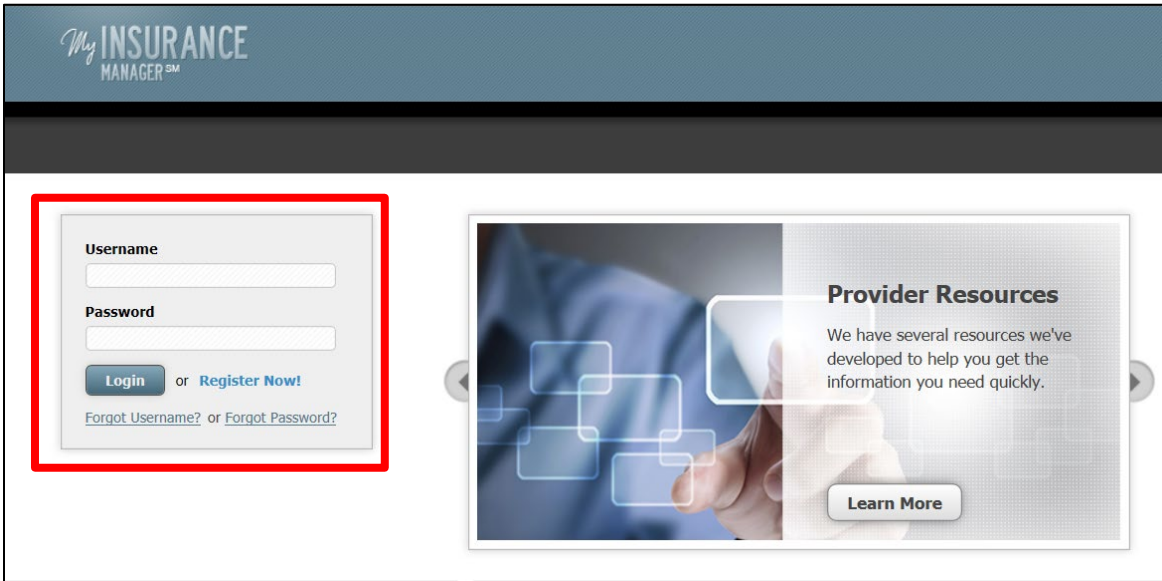
Note: Provider Validation **does not** replace the provider enrollment or recredentialing processes.

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LOG IN

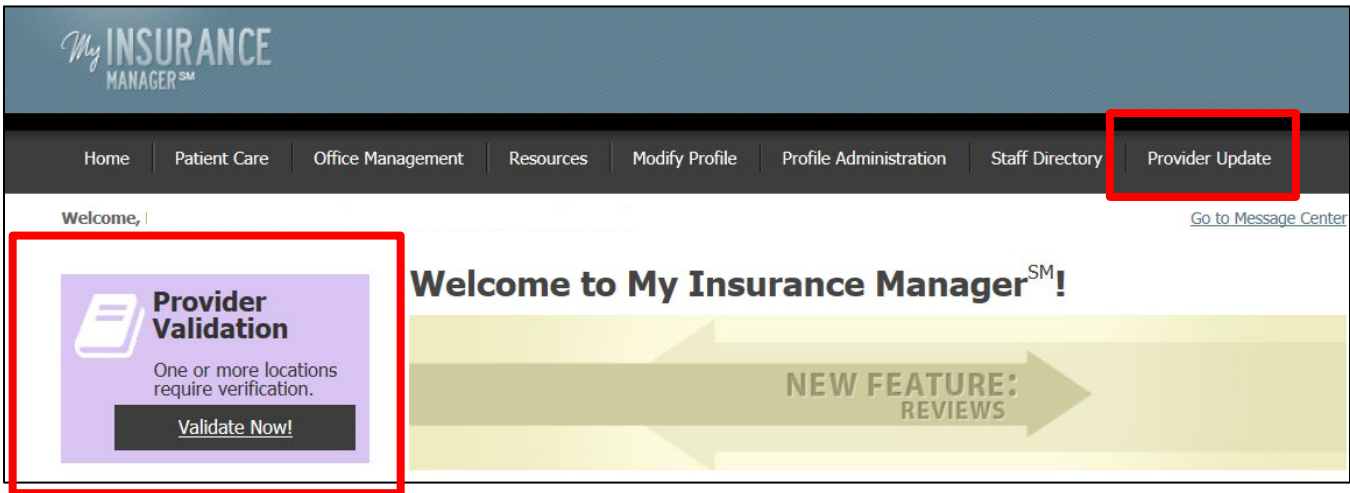
To access M.D. Checkup, log in to My Insurance Manager.



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**.



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 Validation - Contact Information

Need help? [Ask Us](#)

i Instructions: Are you the person we should contact if we have any questions? If not, please update the information below with the main person of contact.

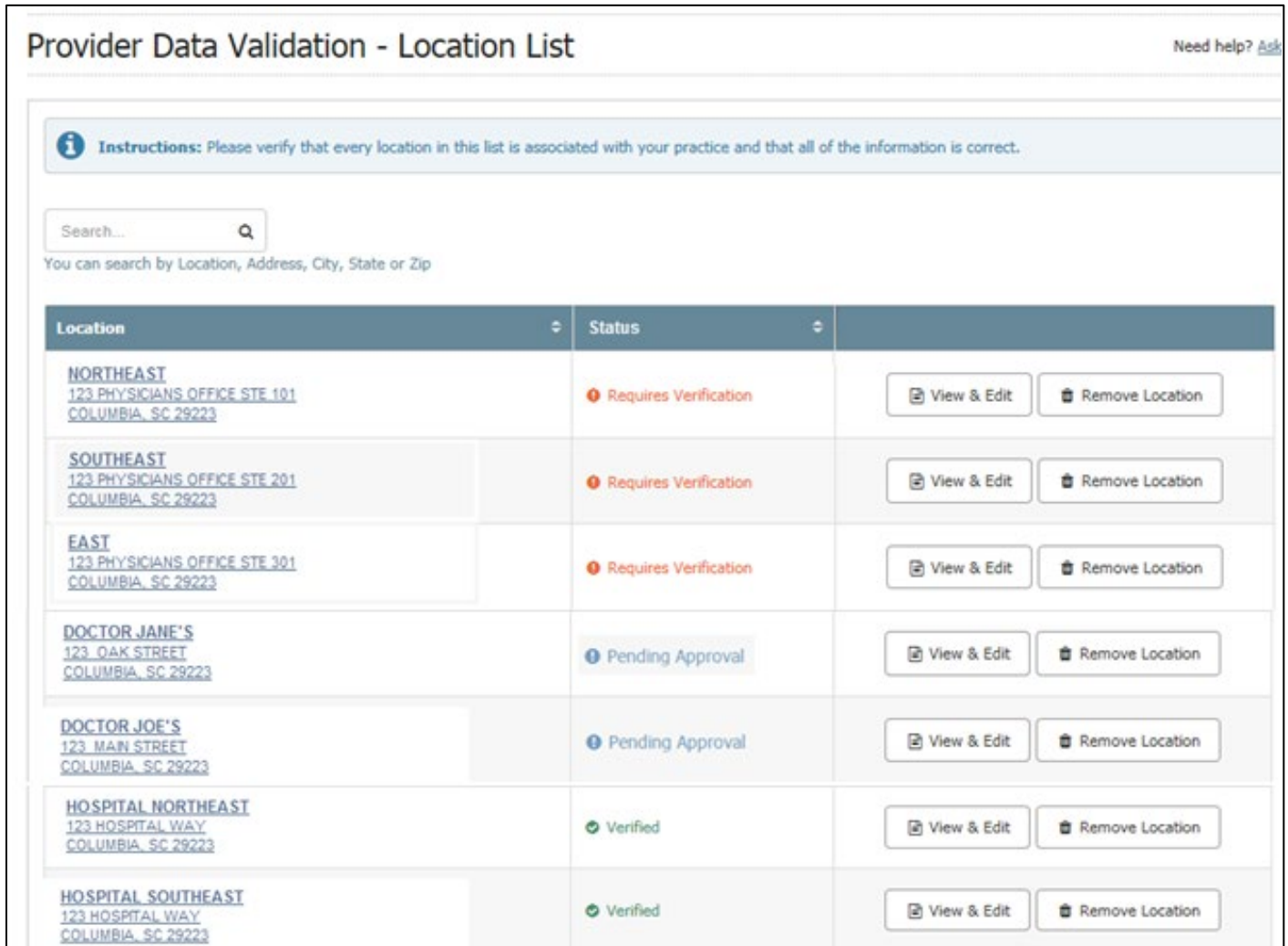
* **First Name:** * **Last Name:**

* **Email:** * **Phone:** **Extension:**

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.



Provider Data Validation - Location List Need help? [Ask](#)

Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.

Search...

You can search by Location, Address, City, State or Zip

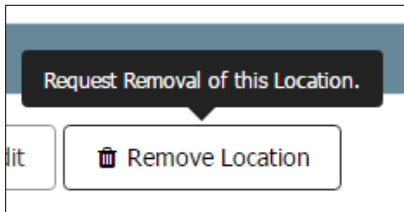
Location	Status	
NORTHEAST 123 PHYSICIANS OFFICE STE 101 COLUMBIA, SC 29223	❗ Requires Verification	<button>View & Edit</button> <button>Remove Location</button>
SOUTHEAST 123 PHYSICIANS OFFICE STE 201 COLUMBIA, SC 29223	❗ Requires Verification	<button>View & Edit</button> <button>Remove Location</button>
EAST 123 PHYSICIANS OFFICE STE 301 COLUMBIA, SC 29223	❗ Requires Verification	<button>View & Edit</button> <button>Remove Location</button>
DOCTOR JANE'S 123 OAK STREET COLUMBIA, SC 29223	ⓘ Pending Approval	<button>View & Edit</button> <button>Remove Location</button>
DOCTOR JOE'S 123 MAIN STREET COLUMBIA, SC 29223	ⓘ Pending Approval	<button>View & Edit</button> <button>Remove Location</button>
HOSPITAL NORTHEAST 123 HOSPITAL WAY COLUMBIA, SC 29223	✅ Verified	<button>View & Edit</button> <button>Remove Location</button>
HOSPITAL SOUTHEAST 123 HOSPITAL WAY COLUMBIA, SC 29223	✅ Verified	<button>View & Edit</button> <button>Remove Location</button>

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

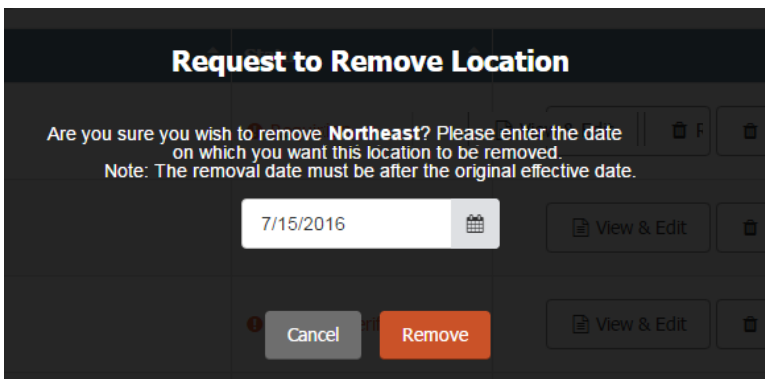
- **Requires Verification** – The information for this location must be verified, including the affiliated practitioners. If more than 90 days has passed since the providers' last validation, we are required to suppress them from our directories. To update the suppressed status, providers must verify 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.**

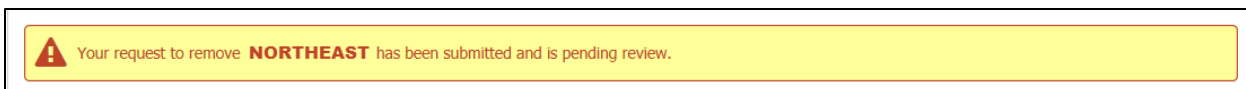


Once you select Remove Location, you will be prompted to provide the removal date. This is the exact date the specific location should effectively be removed from affiliation with the organization.

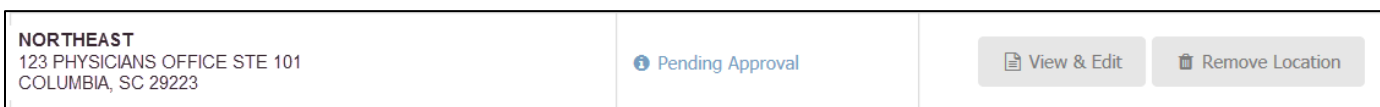


You can enter the date or use the calendar to select the date. Once you've entered the date, select Remove. You can choose Cancel if you do not wish to remove the location.

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 Validation - Location Details

Need help? [Ask Us](#)

[Verify Locations](#) > **Location Details**

NORTHEAST

Requires Verification

803-555-1234 info@palmettone.com
803-555-1235 www.example.com

Instructions: Please verify that all of the information associated with this location as well as the Practitioner information is correct.

Provider Location Information		Hours of Operation	
Billing Name	NORTHEAST PROVIDERS	Monday	8:00 AM - 5:00 PM
Billing NPI	0123456789	Tuesday	8:00 AM - 5:00 PM
Specialty	OBSTETRICS & GYNECOLOGY	Wednesday	8:00 AM - 5:00 PM
Physical Address	123 PHYSICIAN OFFICE STE 101 COLUMBIA, SC 29223	Thursday	8:00 AM - 5:00 PM
Billing Address	123 PHYSICIAN OFFICE STE 101 COLUMBIA, SC 29223	Friday	8:00 AM - 4:00 PM
		Saturday	10:00 AM - 6:00 PM
		Sunday	Closed

Affiliated Practitioners - NORTHEAST

Search...

You can search by Practitioner Name, NPI or Specialty

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	Edit Remove
FOURSIDES, SMITTY	1234567890	OB/GYN	No	No	Edit Remove
PUBLIC, JOHN Q	1234567890	PHYSICIAN'S ASSISTANT	No	No	Edit Remove
BAILEY, JENNIFER, M, FNP	1234567890	NURSE PRACTITIONER	No	No	Edit Remove

[Back](#) [Remove 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

NORTHEAST Requires Verification

[Back](#) [Remove Location](#) [Edit](#) [✓](#)

803-555-1234 info@palmettone.com
803-555-1235 www.example.com

i **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 Validation - Location Details Need help? [Ask Us](#)

[Verify Locations](#) > Location Details

NORTHEAST

ⓘ Requires Verification ✕ Cancel 🗑 Remove Location ✔ Update

Provider Information		Physical Address	
Office Name	<input type="text" value="NORTHEAST"/>	<input type="text"/>	
Phone Number	<input type="text" value="123-456-9789"/>	<input type="text"/>	
Fax Number (Optional)	<input type="text" value="123-456-9779"/>	<input type="text"/>	
Email Address	<input type="text" value="person@example.com"/>	<input type="text"/>	
Web URL (Optional)	<input type="text" value="www.example.com"/>	<input type="text"/>	
Specialty ⓘ	<input type="text" value="NEUROLOGICAL SURGERY"/>	<input type="text"/>	
Additional Specialties (Optional)	<input type="text" value="Select or Search"/>	<input type="text"/>	
	<input type="text" value="Select or Search"/>	<input type="text"/>	
	<input type="text" value="Select or Search"/>	<input type="text"/>	
NPI	<input type="text" value="1234567890"/>	<input type="text"/>	
Billing Name	<input type="text" value="NORTHEAST"/>	<input type="text"/>	
		Address Line 2 (Optional) ⓘ	<input type="text"/>
		City & State	<input type="text" value="CHARLOTTE"/> <input type="text" value="NC"/>
		Zip	<input type="text" value="28289-6239"/>

You can update information in these fields:

Provider Information

- Office Name
- Phone Number
- Fax Number (Optional)
- Email Address
- Web URL (Optional)
- Billing Name

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 Validation - Location Details Need help? [Ask Us](#)

[Verify Locations](#) > Location Details

NORTHEAST ✕ Cancel Remove Location Update

Requires Verification

Provider Information		Physical Address	
Office Name	NORTHEAST	Address Line 1	123 PHYSICIAN WAY
Phone Number	123-456-9789	Address Line 2 (Optional) ⓘ	
		City & State	WEST COLUMBIA SC ▾
		Zip	29169-4800

Billing Address		Same as physical address <input type="checkbox"/>	
Address Line 1	PO BOX 123456	Address Line 2 (Optional) ⓘ	
City & State	CHARLOTTE NC ▾	Zip	

You can update any of the information shown:

Physical Address

- Street Address
- Apt/Suite/Dept
- PO Box
- City & State
- Zip


Billing Address

- Same as physical address
- 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 review and confirm the hours that the location routinely sees patients.

Location has office hours? Yes No

Hours of Operation This location is open 24/7

Monday	From: 08:00 AM	To: 05:00 PM	<input type="checkbox"/> Closed
Tuesday	From: 08:00 AM	To: 05:00 PM	<input type="checkbox"/> Closed
Wednesday	From: 08:00 AM	To: 05:00 PM	<input type="checkbox"/> Closed
Thursday	From: 08:00 AM	To: 05:00 PM	<input type="checkbox"/> Closed
Friday	From: 08:00 AM	To: 05:00 PM	<input type="checkbox"/> Closed
Saturday	From: 00:00 AM	To: 00:00 PM	<input checked="" type="checkbox"/> Closed
Sunday	From: 00:00 AM	To: 00:00 PM	<input checked="" type="checkbox"/> 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 Provider.Directory@cbssc.com. 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 PROVIDER.DIRECTORY@cbssc.com.”

Provider Data Validation - Location Details Need help? [Ask Us](#)

[Verify Locations](#) > Location Details

⚠ 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 PROVIDER.DIRECTORY@cbssc.com.

SOUTHEAST

← Back
🗑 Remove Location
✎ Edit
✔ Verify

ⓘ Requires Verification

📞 803-434-3650
🏠 803-434-5600

ⓘ Instructions: Please verify that all of the the information associated with this location as well as the Practitioner information is correct.

Provider Location Information	
Billing Name	SOUTHEAST
Billing NPI	0987654321
Specialty	INFUSION THERAPY
Physical Address	123 PHYSICIANS OFFICE STE 201 COLUMBIA, SC 29203
Billing Address	123 PHYSICIANS OFFICE STE 201 COLUMBIA, SC 29203

Hours of Operation	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Affiliated Practitioners - SOUTHEAST

+ Add Practitioner

You can search by Practitioner Name, NPI or Specialty

Practitioner Name	NPI	Specialty	Accepting Appointments?	Accepting New Patients?	
No results found.					

← Back
🗑 Remove Location
✎ Edit
✔ Verify

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 from the location (Remove).

Affiliated Practitioners - NORTHEAST

Search...

You can search by Practitioner Name, NPI or Specialty

Practitioner Name	NPI	Specialty	Accepting Appointments?	Accepting New Patients?	
DOE, JANE MD	1234567890	OB/GYN	No	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
SMITH, JOHN MD	1234567890	OB/GYN	No	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
VILA, BOB	1234567890	OB/GYN	No	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
SMALLS, POLY	1234567890	OB/GYN	Yes	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
FOURSIDES, SMITTY	1234567890	OB/GYN	No	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
PUBLIC, JOHN Q	1234567890	PHYSICIAN'S ASSISTANT	No	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
BAILEY, JENNIFER, M, FNP	1234567890	NURSE PRACTITIONER	No	No	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

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
 - 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.

Practitioner Name	NPI	Specialty	Accepting Appointments?	Accepting New Patients?
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The Add Practitioner box will open. Enter the NPI of the practitioner you wish to add to this location.

Add Practitioner [x]

Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.

[Red-bordered input field] 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.

Add Practitioner ✕

i Instructions: Please verify that every location in this list is associated with your practice and that all of the information is correct.

Practitioner Name	NPI	Specialty	Start Date	
PHILLIP LANKY	1234567891	ALLERGY & IMMUNOLOGY	mm/dd/yyyy	<input style="background-color: #4a7c8c; color: white; padding: 5px 10px; border: none;" type="button" value="Add"/>

If you would like to add a practitioner not currently in the system, please click [here](#) for our paper form.

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.

JANE DOE MD

Instructions: Please verify the practitioner information below is correct.

Practitioner Information		Details	
First Name	JANE	Specialty	OB/GYN
Middle Initial (Optional)		Accepting Appointments	<input type="radio"/> Yes <input checked="" type="radio"/> No
Last Name	DOE	Accepting New Patients	<input checked="" type="radio"/> Yes <input type="radio"/> No
Medical Degree (Optional)	MD	Accepting Patient Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Both
Suffix (Optional)		Age Restrictions	<input checked="" type="radio"/> Yes <input type="radio"/> No
NPI	1112223334		From: To:
Affiliation Termination Date (Optional)	mm/dd/yyyy		

Details

- Accepting Appointments*
- Accepting New Patients**
- Accepting Patient Gender
- Age Restrictions

Practitioner Information

- First Name
- Middle Initial (Optional)
- Last Name
- Medical Degree (Optional)
- Suffix (Optional)
- Affiliation Termination Date (Optional)

Back Update

*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

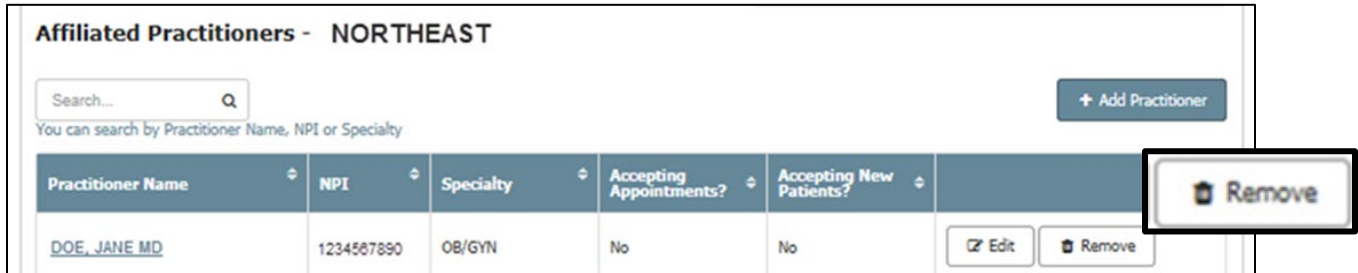
✓ JANE DOE was successfully added updated and verified. ✕

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

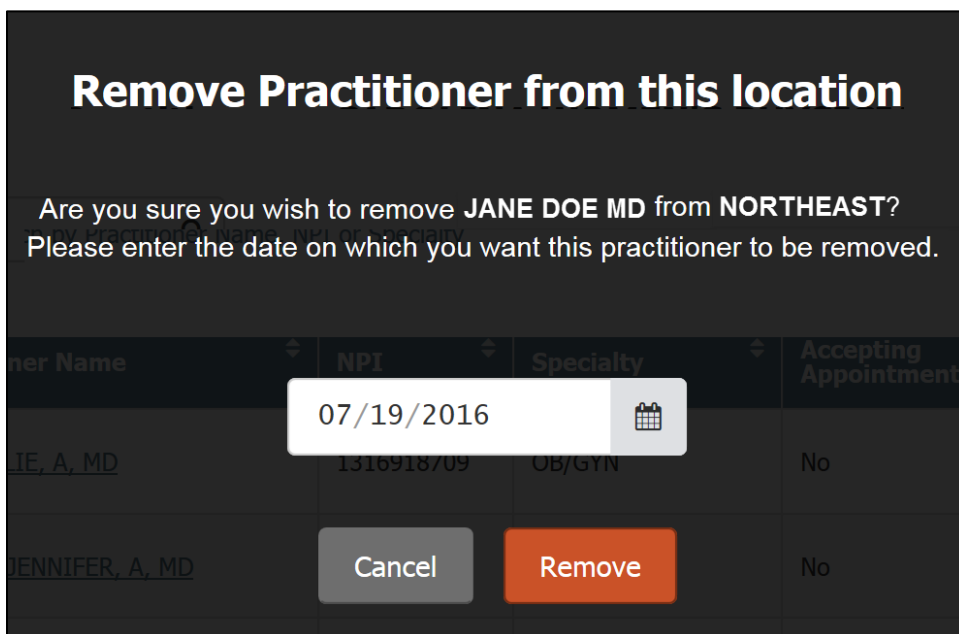
AFFILIATED PRACTITIONERS: TERMINATE/INACTIVATE PRACTITIONER

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.




Practitioner Name	NPI	Specialty	Accepting Appointments?	Accepting New Patients?	
DOE, JANE MD	1234567890	OB/GYN	No	No	<input type="checkbox"/> Edit <input type="checkbox"/> Remove

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.**



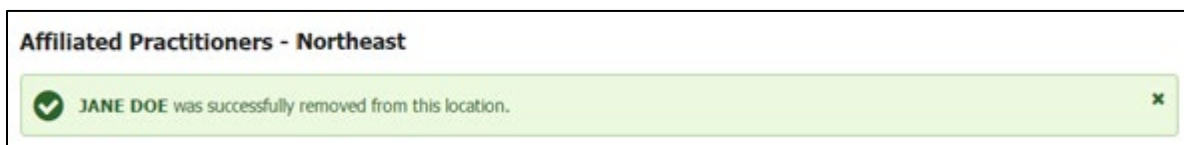
Remove Practitioner from this location

Are you sure you wish to remove **JANE DOE MD** from **NORTHEAST**?
Please enter the date on which you want this practitioner to be removed.

07/19/2016 

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.

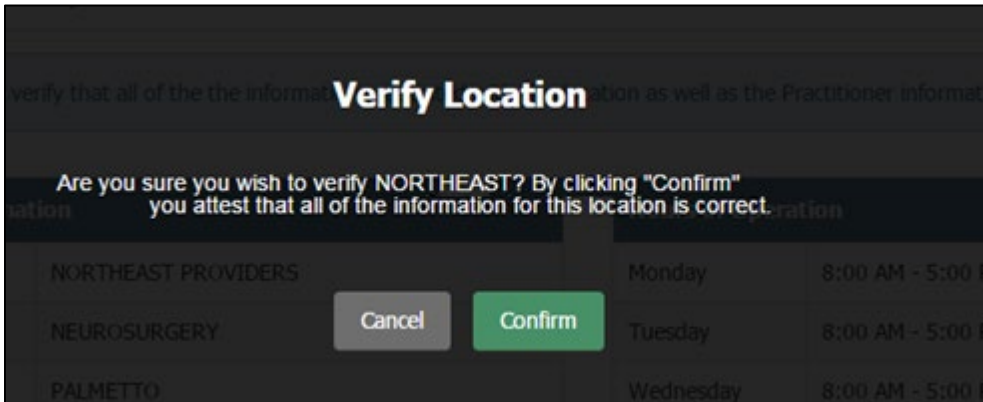
When you select Remove, you'll receive this message:



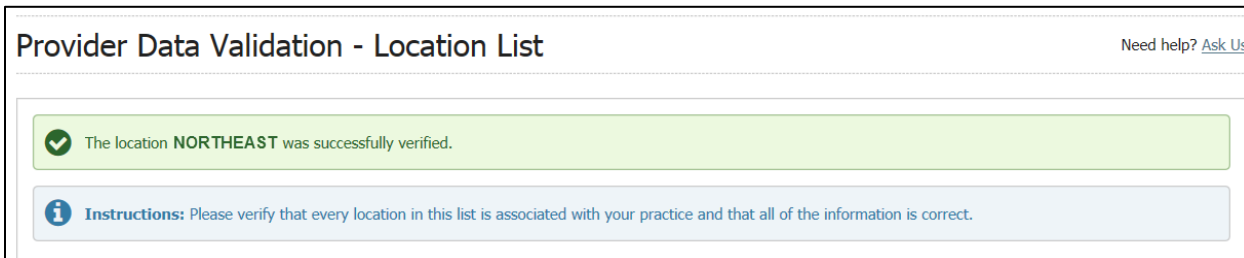
LOCATION DETAILS: VERIFY – NO UPDATES MADE

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.



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



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 info@palmettone.com
803-555-1235 www.example.com

[Back](#) [Remove Location](#) [Edit](#) [Verify](#)

Note: The location information has been updated, but you have not yet verified that everything is correct.

Instructions: Please verify that all of the the information associated with this location as well as the Practitioner information is correct.

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

Verify Location

Are you sure you wish to verify NORTHEAST? By clicking "Confirm" you attest that all of the information for this location is correct.

NORTHEAST PROVIDERS Monday 8:00 AM - 5:00 P
NEUROSURGERY Tuesday 8:00 AM - 5:00 P
PALMETTO Wednesday 8:00 AM - 5:00 P

[Cancel](#) [Confirm](#)

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

✓ The location **Northeast** was successfully verified.



In the event of any inconsistency between the information in this handbook and agreement(s) between you and BlueCross BlueShield of South Carolina or BlueChoice HealthPlan, the terms of such agreement(s) shall govern. The information included is general and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.