

Eligibility and Benefit inquiries



Provider Inquiry automated response system helpful tips

Blue Cross Blue Shield of Michigan and Blue Care Network automated phone system numbers:

Physicians and professionals: **1-800-344-8525**

Federal Employee Program®: **1-800-840-4505**

Hospitals and facilities: **1-800-249-5103**

Providers who know they are calling on a Medicare Advantage contract may also call **1-866-309-1719**.

Vision and hearing providers: **1-800-482-4047**

Verifying the plan

The automated system can't recognize other Blue plan contract numbers. If the patient has a non-Michigan Blue plan, or you don't know if they have a Michigan contract, do one of the following:

- Review the member's ID card and call the provider servicing number on the back of the ID card.
- Call the Blue Cross Blue Shield Association's phone number (1-800-676-BLUE) and enter the member's alpha prefix. You will be transferred to the correct Blue plan to receive information on benefits and eligibility.

Getting started

- You can key in the telephone keypad or speak anything that is completely numeric. When the system asks the reason for your call, press 2 or say "Eligibility and benefits."
- Instead of speaking **yes** or **no**, you can key 1 for **yes** and 2 for **no**.
- Listen carefully and answer questions as they are asked.

Specialty selection

- Say or select your specialty from available options. If you know the option, you can interrupt the automated system.
- Professional providers, if your specialty is not listed, say "**other**" or "**general practice**" which has a large variety of benefit information available.
- Hospital and facilities, if your specialty isn't listed, say "**outpatient**" which has a large variety of benefit information available.

Provider authentication

- Provider authentication is optional. You can still receive the members' eligibility, contractual benefits and transfer to a customer service representative, or CSR, without provider authentication.
- If the automated system is unable to authenticate, don't disconnect. The call will continue to collect member information.

- Authentication will allow you to receive PHI such as member cost share accumulations, COB, Medicare Primacy and specific visit/day accumulations if the information is applicable and available.
- Michigan providers – using NPI to authenticate isn't available. It will be considered a failed authentication if used. Use the authentication method listed below.
 - Professional – Blue Cross/BCN-issued PIN (Example: 0H12345)
 - Facilities/hospitals – Blue Cross/BCN-issued facility code (Example: 1E234)
 - Vision/hearing – Tax ID number

*If you arrive at the automated response system through the Blue Cross Blue Shield Association number (1-800-676-BLUE), you can use your NPI, but you'll also be required to provide the contract holder's ZIP code.

Member information needed

- Contract number: Enter the nine-digit contract number minus the alpha prefix. If the contract number starts with the letter M or R, just provide the eight numbers that follow.

The contract number allows us to verify that the member is active and eligible, cost share, benefits and applicable vendor information with phone numbers to help expedite your transaction. In addition, the contract number determines where your call will be transferred if a customer service agent is needed. There are multiple provider call centers. You will be transferred based on the contract number you entered and your up-front selection of benefits, claims or precertification. If multiple contracts are entered, you'll be asked to specify which contract you need to discuss with an agent.

- Please review the member's ID card to validate that it's a Blue Cross commercial/Medicare Plus BlueSM or BCN commercial/BCN AdvantageSM contract. The automated system doesn't recognize other Blue plan contract numbers. If you're not sure, call the Blue Cross Blue Shield Association at 1-800-676-BLUE and enter the member's alpha prefix. This will transfer the call to the correct Blue plan for servicing.
- Member's date of birth: MM/DD/YYYY
- Member's first name: Spell up to the first five letters of the member's name. If the member's name is less than five letters, just spell those out.
- If your call originated from the 1-800-676-BLUE, you also need to provide the contract holder's ZIP code.

Hard copy (fax/email)

Provides a time-stamped copy of the member's eligibility and benefits for your file. This feature is offered after the member's eligibility is provided.

- If you would like to have your hard copy faxed, you'll need to provide your fax number.
- To take advantage of having hard copies emailed, you'll need to complete a one-time setup of your email address, which you can link to your phone number. On future calls, when you select the hard copy option and provide your phone number, the system will recognize that there is an email address on file and you'll be asked if you would like the hard copy emailed to you.
- Let the CSR know if you're having issues setting up an email to have the automated system's information sent to you. He or she can send a request to have the applicable team get you set up to receive hard copies of the benefit or claim information.

When can I speak to a customer service representative?

- You can request a CSR after listening to a complete benefit. If you select to hear all benefits, you won't be able to request an agent until all benefits have been provided. When you select "hear all benefits," be aware that there are many benefits that will be spoken on the general practice, other and outpatient specialties or provider types.
- If the automated system can provide eligibility but then advises that benefits may be available in the call center, you can request a CSR after that message.
- If the call center is closed, you won't get an offer to transfer.



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