

Premera 101 Workshop



Supporting Mobile Crisis
Response Services

FEBRUARY 2024



Welcome and Introductions

We're glad you're here

- The care you provide is critical to our communities and we're pleased to work with so many of you.
- The state's focus on crisis care through House Bill 1688 is bringing in much needed attention.
- We want to be sure you have what you need to work with Premera, so we're going to dive in on information, tools, and resources.



About Premera

Premera (including its plans) covers 2.8 million members across all 50 states

Nearly 1 million members are in Washington state

You'll see our health plans under the brand names:

- Premera Blue Cross
- Premera Blue Cross HMO
- Premera Blue Cross Medicare Advantage
- Premera Blue Cross Blue Shield of Alaska
- LifeWise Health Plan of Washington
- LifeWise Assurance Company

We have offices in Mountlake Terrace (WA), Spokane (WA), and Anchorage (AK)

Premera customers



We provide plans for individuals, as well as small through large employer groups

- Employers have headquarters in Washington (WA) and Alaska (AK), but their employees can live anywhere in the country.
- Individual members reside in specific counties in WA and AK.
- Medicare Advantage (MA) members reside in specific counties in WA.
- Shared Administration members are primarily associated with Taft-Hartley Trust Funds or tribal groups.

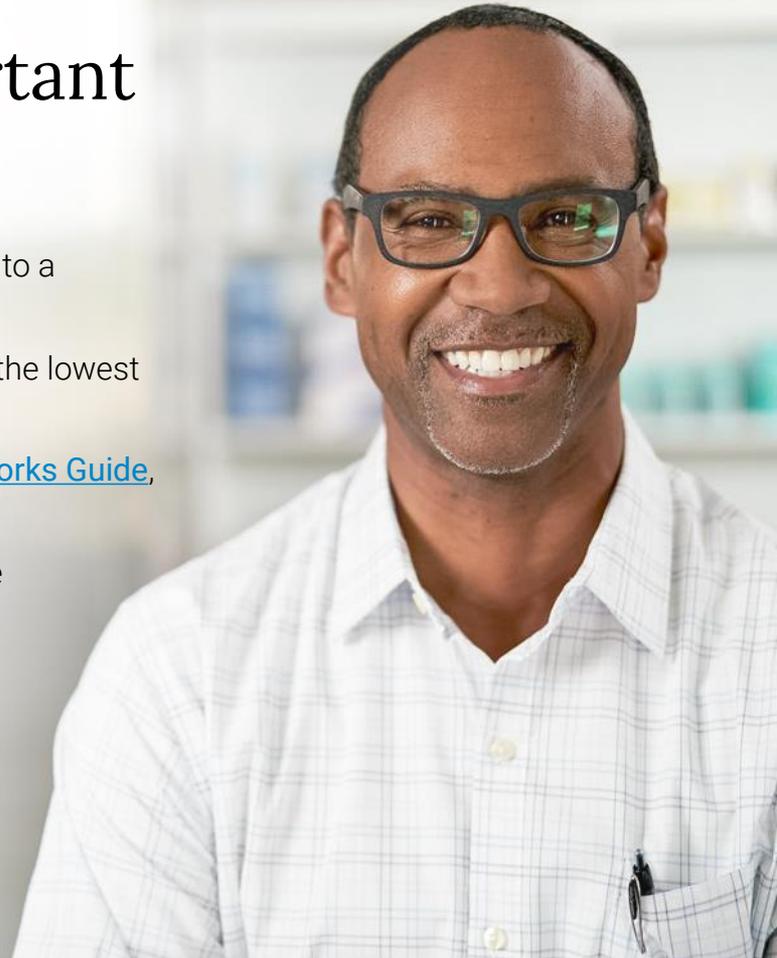


Premera health plans have many nuances, including:

- Member benefits
- Provider networks
- Referral and prior authorization criteria and processes
- Tools for providers
- Phone numbers and websites

Networks and why they're important

- A provider network is a subset of contracted providers that are available to a specific group of health plan members.
- When members receive care from a provider in their network, they have the lowest possible out-of-pocket expenses.
- To learn more about our provider networks, see the [2024 Provider Networks Guide](#), which can also be found on our [Provider Homepage](#).
- When directing members for follow-up care, use in-network primary care providers (PCPs) when clinically appropriate, to minimize the member's out-of-pocket expenses.
- Network providers are encouraged to communicate with the member's PCP if possible.
- Mobile crisis is not a covered service for our MA plans, so it is not covered, whether providers are in or out of our provider networks.



Understand BlueCard

The BlueCard® program links Blue Cross and/or Blue Shield Plans (Blue Plans) across the United States and abroad through one electronic network for claims processing and reimbursement. As a Premera participating provider, you may provide services to patients who are members of other Blue Plans. The BlueCard program lets you conveniently submit claims to Premera for members from other Blue Plans, including international Blue Plans. Our [BlueCard Program Administrative Manual](#) explains how to identify members, verify eligibility, obtain pre-certifications or pre-authorizations, file claims, and who to contact.

BlueCard provider customer service

For eligibility and benefits, claims, and payment, [sign in to Availity](#) and select Other Blue Plans Premera BlueExchange (Shared Admin) as a payer. You'll need the member's plan prefix, ID number, first and last name, and date of birth.

Call **888-261-9562** or visit the [Blue Cross and Blue Shield Association website](#) for more information about the BlueCard program.

How credentialing works

For agencies, credentialing occurs at the agency level. Practitioners are not credentialed individually.

Timing for recredentialing

Recredentialing occurs every 3 years after initial credentialing. A recredentialing packet is mailed approximately 90 days prior to the due date. It must be returned no later than the due date to avoid network termination. You'll find all the credentialing forms and information on our [Join our Network](#) page.

Note: Licensed agencies wanting to join our network must complete an [organization/facility credentialing/re-credentialing application](#). Email completed applications to credentialing.updates@premera.com.

How to check your credentialing/contract status

You must meet network requirements to be approved. You'll receive a letter as soon as your application is approved. The credentialing process may take up to 45 days. Requests for missing information are sent by mail or email.

Note: If it has been over 45 days since you submitted your application, you can contact us by email at credentialing.updates@premera.com for status.

Billing questions

Which type of claim form to use

Mobile crisis response services should be billed on a CMS 1500 form.

Services you should bill to Premera

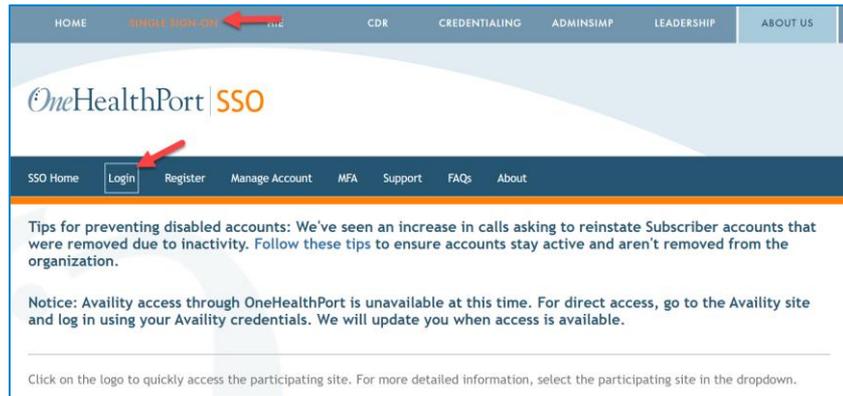
- Your contract requires you to bill claims with complete and accurate coding that reflects actual services rendered.
- CPT codes can change over time, so use industry resources to stay current. Premera cannot advise how to bill for services.
- The most commonly billed mobile crisis code is H2011 – Crisis intervention service, per 15 minutes
- Helpful sources of information:
 - The Washington State Healthcare Authority applicable [SERI guide](#)
 - [The Premera Claim Submission and Payments page](#)
 - The National Uniform Claim Committee [1500 Reference Instructional Manual](#)
 - [CMS RBRVS Schedule](#)

OneHealthPort (Single Sign On)

A free, national single-source secure provider platform for multiple health plans.

Start on the OHP SSO login page ([link](#))

For more information and resources, visit: <https://www.onehealthport.com/sso-overview>



Premera and affiliate plan experience in Washington

Select a Participating Site

Participating Sites

The screenshot displays a grid of logos for participating sites. The logos are arranged in four columns and five rows. The first row includes ambetter coordinated care, CareOregon, Cigna, and COMMUNITY HEALTH PLAN of Washington. The second row includes coordinated care., First Choice Health., health net., and InterCommunity Health Network CCO. The third row includes KAISER PERMANENTE. Oregon and Southwest Washington, KAISER PERMANENTE. Washington, LifeWise Assurance Company, and LifeWise Health Plan of Washington. The fourth row includes moda HEALTH, MOLINA HEALTHCARE, Optum, and PacificSource HEALTH PLANS. The fifth row includes PREMERA BLUE CROSS, PREMERA BLUE CROSS BLUE SHIELD OF ALASKA, PREMERA BLUE CROSS Medicare Advantage, and PROVIDENCE Health Plans. The sixth row includes ProviderOne and Samaritan Health Plans. The seventh row includes St Luke's Health Plan. Red circles and arrows highlight the LifeWise Assurance Company and LifeWise Health Plan of Washington logos, as well as the Premera Blue Cross logo.

ambetter coordinated care	CareOregon	Cigna.	COMMUNITY HEALTH PLAN of Washington
coordinated care.	First Choice Health.	health net.	InterCommunity Health Network CCO
KAISER PERMANENTE. Oregon and Southwest Washington	KAISER PERMANENTE. Washington	LifeWise Assurance Company	LifeWise Health Plan of Washington
moda HEALTH	MOLINA HEALTHCARE	Optum	PacificSource HEALTH PLANS
PREMERA BLUE CROSS	PREMERA BLUE CROSS BLUE SHIELD OF ALASKA	PREMERA BLUE CROSS Medicare Advantage	PROVIDENCE Health Plans
ProviderOne	Samaritan Health Plans	St Luke's Health Plan	

Select a Premera plan login

OneHealthPort | SSO

SSO Home Login Register Manage Account MFA Support FAQs About

Premera Blue Cross

Select a Participating Site

[Availity Login](#) [Premera - Individual Plans Login](#)

Support Phone Number
Availity: 1.800.282.4548; Individual: 1.800.607.0546

Support Hours
Availity: Mon-Fri, 8:00 a.m. to 8:00 p.m. (ET); Individual: Mon-Fri, 8:00 a.m. to 6:00 p.m. (PT)

Site URL
Premera Blue Cross

What's available in the portal
Availity access through OneHealthPort is temporarily unavailable. For direct access, sign in to Availity using your Availity credentials.

Availity Login

Premera Secure Tools Now Available Through Availity

Sign in to Availity to access the following tools for Premera.

- Eligibility & Benefits

PREMERA | 
BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Availity

A free, national single-source secure
provider platform for multiple health plans.

Availity: Registration and training

Availity is the fastest way to get secure, easy-to-use information.

Register with Availity

To register with Availity, visit www.availity.com/premera.

If your organization already has an Availity account, you don't need to register again –just use your existing user ID and password.

Training

Sign in and select **Help & Training > Get Trained**. In the lower-left corner, you can search by category, such as, Getting Started/Onboarding.

You can also contact Training@Availity.com if you have specific training questions.

Questions

If you have questions, call Availity Client Services at **800-AVAILITY (282-4548)**, Monday through Friday from 8 a.m. – 8 p.m. Eastern Time.

Availity: WA Premera plans supported through Availity

- Premera Blue Cross
- Premera Blue Cross HMO
- LifeWise Assurance Company (Premera affiliate)
- LifeWise Health Plan of Washington (group plans – coming soon)
- Federal Employee Program (FEP) – excludes prior authorizations
- Shared Administration – excludes prior authorizations, Explanation of Payment (EOP) and Electronic Funds Transfer (EFT)

Important: Premera Individual Plans and Medicare Advantage Plans **are not** served through Availity.

Availity: Providers can use Availity to:

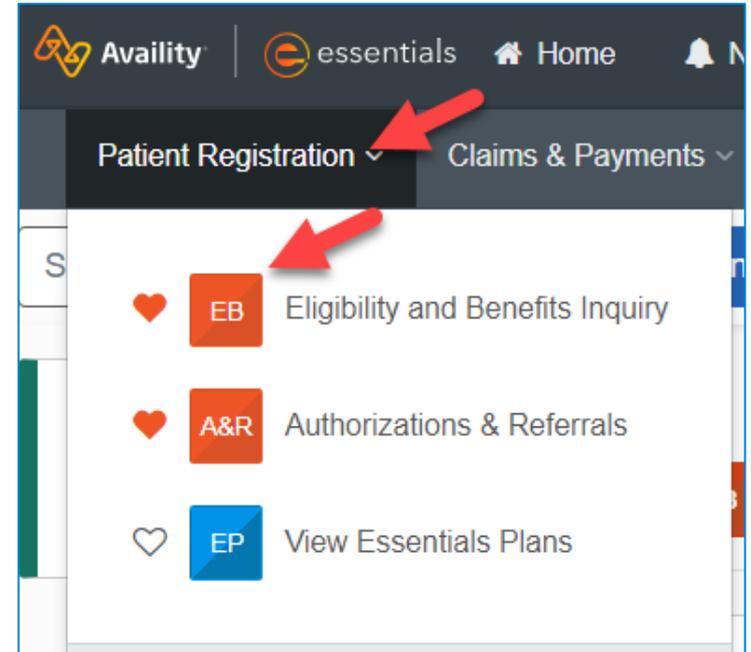
- ✓ Verify member **eligibility and benefits** (including plan effective dates)
 - Verify information about **deductibles, copays, coinsurance, and benefit limit accumulators** ([link to a glossary of terms](#))
 - View a **member's ID card**
- ✓ Submit **claims**
- ✓ Check the **status of a claim**
- ✓ Submit **prior authorizations and check the status**
- ✓ View **explanation of payments (EOPs)** information
- ✓ Register for **electronic funds transfer (EFT)** for enrollment or cancellation

Availity: Eligibility and Benefits

Availity: Eligibility and benefits

Providers can verify a member's eligibility and benefits (including plan effective dates), basic demographic information, deductible, benefit limit accumulators, and view a copy of the member's ID card.

[Sign in to Availity](#) and select Patient Registration > Eligibility and Benefits Inquiry.



Availity: Selecting a plan payer

Select Premera payer associated with the member's plan

Health plan payer tip:

Use "Other Blue Plans Premera BlueExchange Shared Admin" as a payer for **BlueCard** and **Shared Administration** members.

Payer ?

PREMERA BLUE CROSS (WA) ▼

LIFEWISE ASSURANCE COMPANY

LIFEWISE HEALTH PLAN OF WASHINGTON

OTHER BLUE PLANS PREMERA BLUEEXCHANGE SHARED ADMIN

PREMERA BLUE CROSS (WA)

PREMERA BLUE CROSS HMO

PREMERA DENTAL

PREMERA FEDERAL EMPLOYEE PROGRAM (FEP)

Availity: Enter provider information

Provider information:

Enter the NPI for a provider or for the provider organization.

Provider Information Clear Section

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider ?

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI ? 

Provider Tax ID ?

Organization or Provider Last Name ?

Provider First Name

Availity: Enter member information

Patient information:

Enter the Member ID and select a member from the list.

Patient Information

Member Search

Reminder: To verify eligibility and benefits for Premera Blue Cross HMO members, select Premera Blue Cross HMO as the payer. To verify eligibility and benefits for FEP members, select Premera FEP as the payer.

Enter member information, then click on **Search**. If there are member search records, please click on one before clicking **Submit** at bottom of page.

Member Search Options

Member ID

Patient ID/Policy Number

Member	ID	Relationship	DOB	Payer	Coverage	Status
		Spouse		Premera Blue Cross (WA)	01/01/2023 - 12/31/2109	Active
		Subscriber		Premera Blue Cross (WA)	01/01/2023 - 07/31/2084	Active

Availity: Select benefit/service type

Service information

Select the appropriate “Benefit/Service Type” needed.

Click the blue informational icon next to a “Benefit/Service Type” to display additional benefits/services listed under that category.

Service Information

* As of Date ⓘ

* Benefit / Service Type ⓘ 

Mental Health - MH x ▼ clear

Message Therapy - BE ⓘ

Maternity - 69 ⓘ

Medical Care - 1 ⓘ

Mental Health - MH ⓘ 

Mental Health Facility - Inpatient - CG ⓘ

Mental Health Facility - Outpatient - CH ⓘ

Mental Health Provider - Inpatient - CE ⓘ

Mental Health Provider - Outpatient - CE ⓘ

Select... ▼ clear

Mental Health - MH x

Benefit details included with this code

- Mental Health
- Mental Health Facility - Inpatient
- Mental Health Facility - Outpatient
- Mental Health Provider - Inpatient
- Psych/Neuropsych testing
- Telehealth

Availity: View summary

Benefit summary

Important information about the member's plan displays at the top of the page, such as:

- Member ID card button
- Referral requirements
- Primary care provider requirements
- Other insurance coverage
- Primary Care Provider details

The screenshot shows a member summary page with the following sections and highlighted features:

- Member Information:** Member Status (Active Coverage), Date of Birth, Gender, Current Plan Effective Date (Apr 1, 2014 - Dec 31, 9999), and Relationship to Subscriber (Self).
- Member ID Card:** A button to view the member's ID card, highlighted with a red arrow.
- Member ID:** A field for the member's ID number, highlighted with a red arrow.
- Group Name:** The name of the insurance group, highlighted with a red arrow.
- Policy Expiration Date:** The date the policy expires (Dec 31, 2023), highlighted with a red arrow.
- Messages:** A section containing important notices, highlighted with a red arrow. The messages include:
 - ALL COST SHARES ARE WAIVED FOR VIRTUAL CARE VISITS FOR CONTRACEPTIVE MANAGEMENT
 - NO OUT-OF-NETWORK BENEFITS AVAILABLE FOR THIS PLAN EXCEPT EMERGENCY ROOM OR URGENT CARE SERVICES.
 - A REFERRAL BY A PCP IS REQUIRED FOR ANY NON-PCP SERVICES RECEIVED IN-NETWORK EXCEPT URGENT CARE, EMERGENCY CARE, PREVENTIVE SERVICES, GYNECOLOGICAL CARE, CHIROPRACTIC MANIPULATIONS, AND MENTAL HEALTH SERVICES. SERVICES PROVIDED BY ANY OTHER NON-PCP WITHOUT A REFERRAL ARE NOT COVERED.
 - THE FOLLOWING SERVICE TYPE APPLIES TO FEDERAL NO SURPRISE ACT: EMERGENCY SERVICES, HOSPITAL - INPATIENT, HOSPITAL, OFFICE VISIT - SPECIALIST, URGENT CARE
 - SERVICE PROVIDED TO THIS PATIENT ARE SUBJECT TO THE FEDERAL NO SURPRISES ACT (HTTPS://WWW.CMS.GOV/NO-SURPRISES)
- Other or Additional Payer Information:** A section for additional payers, highlighted with a red arrow. It currently shows "No additional payer information provided."
- Provider Information:** A section for the primary care provider, highlighted with a red arrow. It includes:
 - Requesting Provider:** Name: PREMERA AK WA, Category: Requesting Provider, NPI: [redacted]
 - Primary Care Provider:** Name: [redacted], Category: Primary Care Provider, NPI: [redacted], Period Start Date: Apr 22, 2021, Contact Information: [redacted]
 - Primary Care Provider:** Name: [redacted], Category: Primary Care Provider, Type: Group, NPI: [redacted]

Availity: Member plan details and cost shares

Plans maximums and deductibles

- Displays the member's plan, provider network, deductible, and out-of-pocket costs.
- The “**Filter by Network**” tabs display the provider networks that apply to the member's plan.
- Expand the benefit sections to see co-insurance, co-payment, limitations, and more.

Deductible applies to all benefits unless otherwise indicated.

The screenshot displays the 'Plan Maximums and Deductibles' page for a member. At the top right, there are tabs for 'Filter by Network' with options for 'Out of Network', 'In Network', and 'All Networks'. The main section shows 'Health Benefit Plan Coverage - 30' with 'Premera Blue Cross Self-Funded HDHP Heritage' as the plan. It details deductibles for Individual and Family coverage, with a note that the deductible applies to all benefits unless otherwise indicated. Below this, it shows 'Out of Pocket' costs for both Individual and Family coverage. The 'Benefit Information' section is expanded to show details for 'Mental Health - Outpatient Professional - MH', including a table with columns for Co-Insurance, Co-Payment, Benefit Deductible, Limitations, and Authorization. The table shows that for 'In-Network' coverage, the co-insurance is 20% and the co-payment is \$0, while for 'Out of Network' coverage, the co-insurance is 20% and the co-payment is \$0. The page also includes a 'Benefit Disclaimer' at the bottom.

Information / Details	Co-Insurance	Co-Payment	Benefit Deductible	Limitations	Authorization
Out of Network Coverage Level: Individual	—	\$0	Refer to: Health Benefit Plan Coverage	—	—
In-Network Coverage Level: Individual	20%	—	Refer to: Health Benefit Plan Coverage	—	—

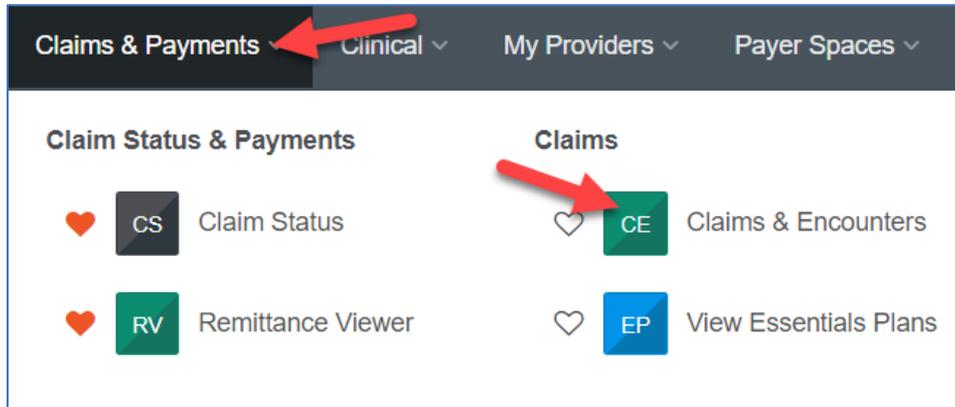
Availability: Claims and Payments

Availity: How to submit a claim

We encourage providers to submit claims within 60 calendar days of the date of service.

Note: Claims must be submitted within 365 calendar days from the date of service.

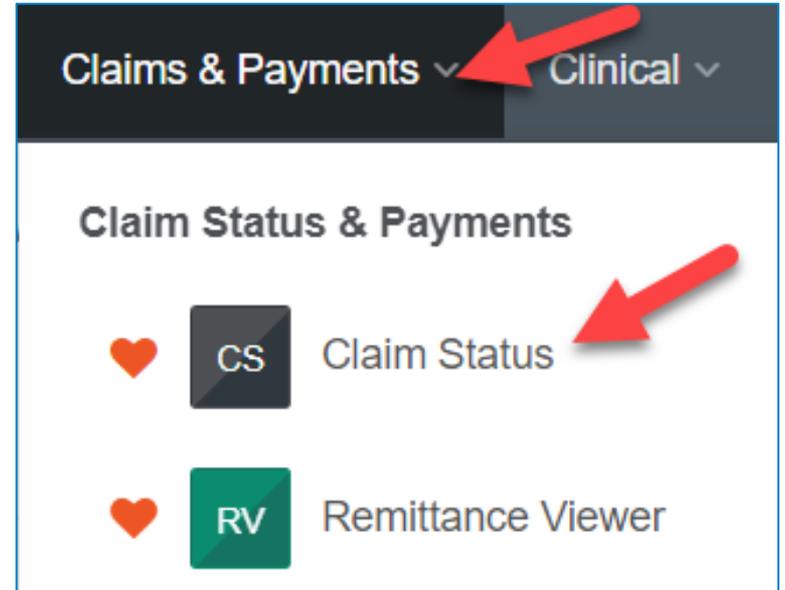
Providers can submit claims to Premera through Availity essentials for free by selecting **Claims & Payments > Claims & Encounters** and selecting the appropriate Premera plan as the payer.



Availity: Checking claim status

Online: Availity provider portal.

- Click **Claims & Payments > Claim Status**.
- Select applicable Premera affiliate plan payer.
- Search by date of service, member ID, or claim number.



Availity: Checking claim status

The screenshot shows the Availity 'Claim Status' interface. At the top left is a 'cs' logo and the title 'Claim Status'. At the top right is a 'Give Feedback' button. The form is divided into two main sections: Organization and Payer. The Organization section includes a dropdown menu currently set to 'PREMERA AK WA'. Below this are four tabs: 'Service Date', 'Claim Number', 'Member Search', and 'HIPAA Standard'. A note states 'Fields marked with an asterisk * are required.' There are two input fields: '* Provider Tax ID' and 'Provider NPI'. Below these are two date fields: '* Service Dates' with 'From Date' and 'To Date' sub-fields. The Payer section is a dropdown menu currently set to 'PREMERA BLUE CROSS (WA)'. A red arrow points to this dropdown. The dropdown list includes: 'LIFEWISE ASSURANCE COMPANY', 'LIFEWISE HEALTH PLAN OF WASHINGTON', 'OTHER BLUE PLANS PREMERA BLUEEXCHANGE SHARED ADMIN', 'PREMERA BLUE CROSS (WA)' (highlighted), 'PREMERA BLUE CROSS HMO', 'PREMERA DENTAL', and 'PREMERA FEDERAL EMPLOYEE PROGRAM (FEP)'. At the bottom right of the form are 'Submit' and 'Clear Form' buttons.

Important: Select Premera Blue Cross as a payer to see BlueCard member claims. Select “Other Blue Plans Premera BlueExchange Shared Admin” as a payer to see Shared Admin member claims and include subscriber information.

Availity: How to view check/EFT and explanation of payment (EOP) information

Click **Claims & Payments > Remittance Viewer** and enter your search criteria. Need help getting access? See tips at the top of the page.

Important: If searching by check/EFT number, use a payment reference number when registered for electronic funds transfer. Otherwise, search using the check number.

Note: Individual and Shared Administration plan check and EOP information is not supported through Availity. Shared Administration checks and EOPs are hard copy only.

Home > Remittance Viewer

Need Help? Watch a demo for Remittance Viewer
Need help getting access to EOP/EOBs?
Manage Access Give Feedback

RV Remittance Viewer

Check / EFT Claim

Search [Check / EFT #, Tax ID, NPI, Payer Name] Check / EFT Dates 06/21/2023 - 06/27/2023 Search

Payee Tax ID [Redacted]

Filter by: Clear all filters <

Organization [Redacted]

Check / EFT Amount \$ [Redacted]

Date Received by Availity Start Date - End Date

Payments issued from 06/21/2023 to 06/27/2023 Download CSV

Check/EFT #	Payer	Payee	Check/EFT Date	Received by Availity	Check/EFT Amount	Actions
[Redacted]	PREMERA BLUE CROSS	[Redacted]	06/24/2023	06/26/2023	\$169.76	[Download] [Print] [Refresh]

Availity: Electronic Funds Transfer

Availity: Electronic funds transfer

Premera processes Electronic Funds Transfer (EFT) transactions through Availity.

- To enroll, select the **Claims & Payment>Transaction Enrollment** tool in Availity.
- [Sign in to Availity](#) and [watch this how-to demo](#) or [view an EFT enrollment help topic](#).

Transaction Enrollment Enrollment Status

Feedback & Support

Enroll

Enrollment Admin Tools

PREMERA AK WA (Customer ID: 48543) Electronic Funds Transfer Enrollment Complete Submission Date: 06/27/2022 - 06/27/2023

Enrollments

< Prev 1 Next > Show 10 Showing 1 of 1 pages

Status	Reg. ID	Customer	Transaction	Payer
ENROLLMENT COMPLETE			EFT New	PREMERA AND AFFILIATES EFTPA

Provider Name Date Submitted NPI TIN/EIN Process Tracker

✓ ● ● ● ✓

Important: Use “Premera and Affiliates” as the health plan payer for each provider TIN.

Availity: Resources

In the Availity menu bar select **Payer Spaces** and click on the applicable **Premera plan logo**.

News & Updates



Select the **News and Announcements** tab to access information specific to Premera.

Forms



Select the **Resources** tab and scroll down to **Forms** to find appeals, claims and billing, care management, credentialing, provider updates, etc.

Individual Plan Provider Portal Resources

Individual: Identifying Individual plans

PREMERA | 
BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Member
SAMPLE CARD

Prefix Identification # Suffix
ABC 123456789 01

Rx Plan M4

Group # 1234567

Rx Group # BCWAPDP
BIN# 610014

BCBS 430

INDIVIDUAL PLAN
~~OFFERABLE COBRA PLAN~~
PCP COPAY \$5 / EMERGENCY ROOM \$150
RETAIL RX \$5/\$40/50%
MAIL-ORDER RX \$15/\$120/50%

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$2,000	\$2,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000



PREMERA | 
BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Visit www.premera.com for coverage details, on-line services and health-related information.

Customer Service 1-800-607-0546
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-390-6514
BlueCard Provider Locator 1-800-810 BLUE (2583)
Provider BlueCard Eligibility 1-800-676 BLUE (2583)
Pharmacy Locator/Mail Order Rx 1-800-391-9701
24-Hour NurseLine 1-800-784-9265

PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify membership and coverage.

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.

MEMBER/PROVIDER: Send paper claims and correspondence to:

Premera Blue Cross of WA
P.O. Box 21702
Eagan, MN 55121

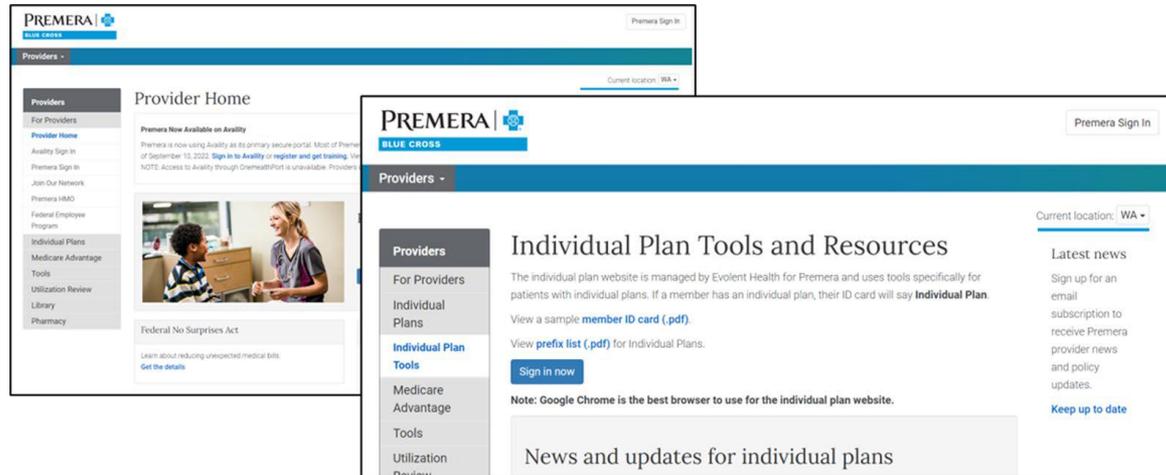
This member only has emergent care benefits outside the state of Washington.

 EXPRESS SCRIPTS® Pharmacy Benefits Manager

Important: View sample ID cards, learn about plans, new networks, and copays with our [ID card guide](#).

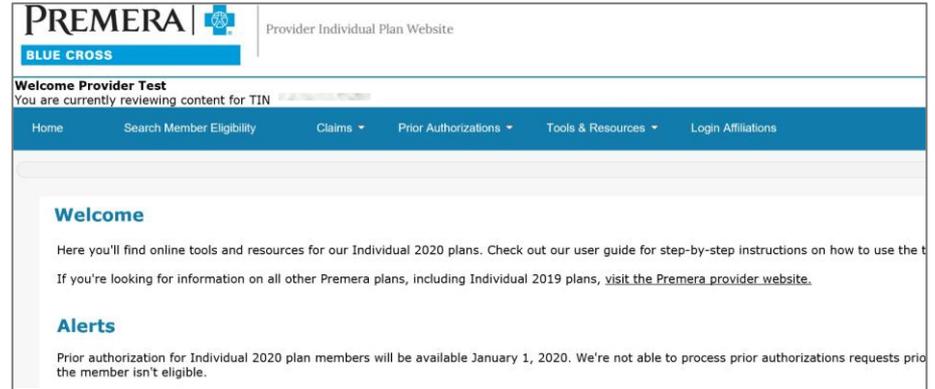
Individual: Individual web resources

There is an [individual plan section](#) of the public provider site and a [secure website](#) managed by Evolent Health:



Individual: Eligibility and benefits

- There's a tool on the provider secure website you can use to look up eligibility and benefits for Individual members.
- Do not enter the member's alpha prefix when searching for eligibility and benefits.
- You can also call the customer service number on the back of the member ID card to check eligibility and benefits.
- Read our detailed [guide](#) on how to use this tool.



Individual: Checking eligibility

[Home](#)

Search Member Eligibility

Enter search criteria for a member. To search for members who are not eligible, select Yes from the drop-down menu.

Individual plans have a [plan prefix](#):

- **Don't** include the plan prefix when searching for member eligibility and benefits.
- **Do** include the plan prefix when you're submitting a claim to Premera.

Please enter at least Member ID –OR– Member Last Name and DOB.

*Required Fields

Search							Add Member
Eligible as of date	DOB *	SSN	Member ID *	Medicaid ID	First name	Last name *	
1	<input type="text" value="02/26/2024"/>	<input type="text"/>	Delete				
2	<input type="text" value="02/26/2024"/>	<input type="text"/>	Delete				
3	<input type="text" value="02/26/2024"/>	<input type="text"/>	Delete				
4	<input type="text" value="02/26/2024"/>	<input type="text"/>	Delete				
5	<input type="text" value="02/26/2024"/>	<input type="text"/>	Delete				

Include non-eligible members

Individual: Checking eligibility

Once you have done a search you will find a list of the members you searched for. Click on the members name to access additional information.

Home Search Member Eligibility Claims ▾ Prior Authorizations ▾ Tools & Resources ▾ Log-in Affiliations Provider Training ▾

Home > Search Member Eligibility

Member Eligibility List

Active																Export	Printer Friendly Format
Order Entered	Eligible as of date	Member ID	Medicaid ID	DOB	Member	SSN	Effective dates	Plan & PA List ?	Deductibles & maximums	Group #	Coverage type	Network name	Provider	Location name	Effective date	Paid thru date	
1	02/26/2024						01/01/2024-12/31/2024	Premera Blue Cross Preferred Silver EPO CSR3	Usage	1100015	Medical	INDIVIDUAL SIGNATURE			01/01/2024	01/31/2024	
1	02/26/2024						01/01/2024-12/31/2024	Premera Blue Cross Preferred Silver EPO CSR3	Usage	1100015	Medical	INDIVIDUAL SIGNATURE			01/01/2024	01/31/2024	

1

Not Eligible										Download File		
Order Entered	Eligible as of date	Member ID	Medicaid ID	DOB	Member	SSN	Group #	Eligibility effective date	Eligibility expiration date	Benefit information		

No Results Found

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Search Again

Individual: Viewing member benefits

Once you click on the member's name you will be able to view the member information, including their demographic information, their primary care physician and their benefit information.

The screenshot displays a web interface for viewing member benefits. At the top, there is a navigation bar with the text "Home > Search Member Eligibility > Member Eligibility List". Below this is a "Member / Plan Detail" section with a search bar and a "Search" button. The search bar contains the text "Eligible as of date 02/29/2024 (mm/dd/yyyy)".

The main content area is titled "Plan PBCWAHBE MEDICAL NON AZ/AN 1100013" and includes a "Printer Friendly Format" link. Below this is a "Household" table with columns for "Member", "Relationship", and "Member ID". The table shows a single member with a relationship of "Self".

Below the household table is a list of demographic information fields: Subscriber name, Member ID, Relationship code, Medicaid ID, Medicare ID, SSN, DOB, Gender, Race, Race Ethnicity Code, Marital status code, Address, Home phone, Work phone, Language 1, Language 2, Preferred Language, and Email.

The "Eligibility Information" section shows a table with columns for "Plan & PA List", "Coverage type", "Coverage level", "Effective date", and "Expiration date". The table contains one row: "Premiera Blue Cross Preferred Silver-EPO-CBS3", "Medical", "Family", "01/01/2024", and "12/31/2024".

The "Primary care physician" section shows a table with columns for "Care management type", "Provider", "Location name", "Coverage type", "Provider type", "Network name", "Effective date", and "Expiration date". The table contains one row: "Primary Care Physician", "Provider", "Location name", "Medical", "Provider", "Network name", "01/01/2024", and "12/31/2024".

The "Other Coverage" section shows a table with columns for "LOB coverage type", "COB code", "Effective dates", "Insur name", "Insur joined order", "Member ID", and "Policy #". The table contains one row: "No Results Found".

At the bottom of the page, there is a copyright notice: "© 2024 Enter Health LLC. All rights reserved. WIS_06_07_1000023_704" and the text "Premiera Blue Cross Washington".

Individual: How to submit a claim

Claims can be submitted by mail to the address below or electronically through Office Ally.

Small offices or individual providers who don't want to accrue fees from a clearinghouse are encouraged to use Office Ally free of charge when submitting to Premera EDI. Please email us at edi@premera.com for Office Ally pre-enrollment information or visit www.OfficeAlly.com.

Note: For professional and institutional claims, the claim payer ID is 00430.

Claims Address:
Premera Blue Cross
PO Box 21702
Eagan, MN 55121

Resources and Links

Resources and links

Additional training materials, resources, and provider news announcements are available on Premera's provider website.

-  [Premera Behavioral Health Provider Resources](#) – Detailed information regarding general Behavioral Health services.
-  [Mobile Crisis Response Webpage](#) – Detailed information about general behavioral health emergency services.
-  [Blue Cross Resources](#) – Tools and information for navigating out-of-area BlueCard members.
-  [Provider Forms](#) – Browse a wide variety of our most frequently used forms.
-  [Learning Center](#) – An excellent hub for additional learning materials and previous workshops.
-  [Electronic Data Transactions](#) – Detailed information on EDI transactions, if interested.
-  [Provider News](#) – View recent announcements and sign up to receive our Provider News directly via email.

Resources and links (continued)

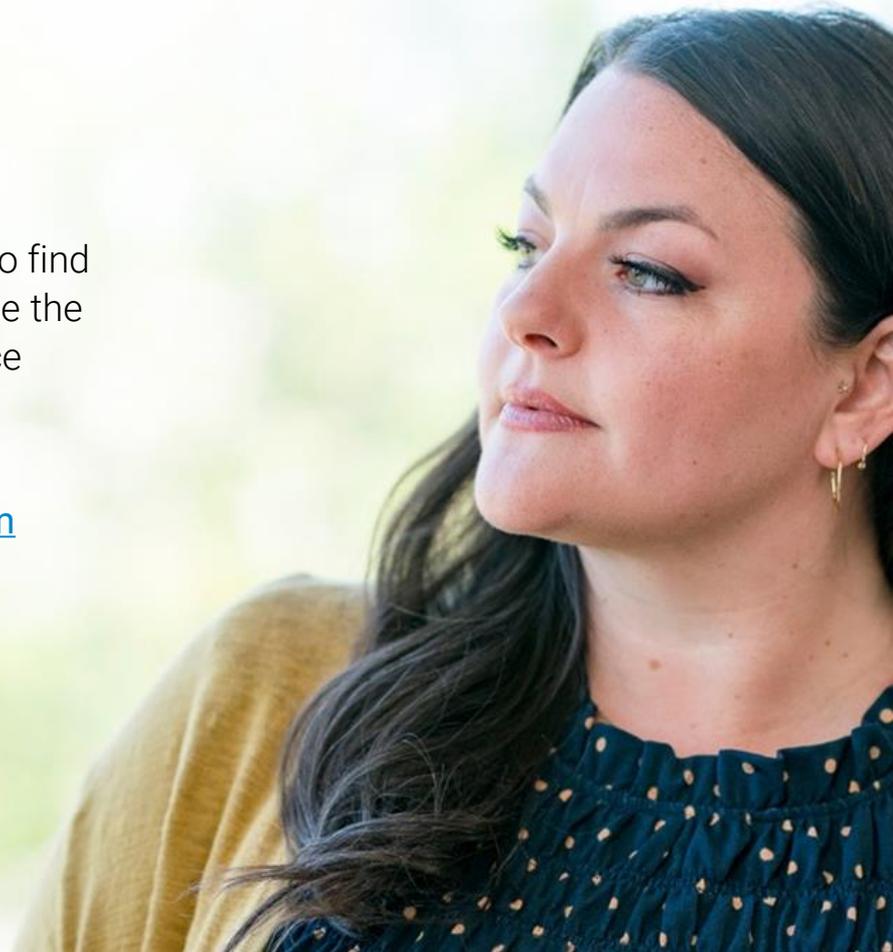
-  [Medical Policies](#) – Premera offers 300+ regularly updated medical policies. These can be accessed if interested but are not specifically related to mobile crisis services.
-  [Payment Policies](#) – Premera follows industry standard recommendations; exceptions are documented in these policies.
-  [WA Individual Plan Tools and Resources](#)
-  [AK Individual Plan Tools and Resources](#)
-  [LifeWise Provider Home Page](#)
-  [Premera Find a Doctor Tool](#)
-  [Premera HMO Find a Doctor Tool](#)
-  [Lifewise Find a Doctor Tool](#)

Contact information

Use the Availity and Individual provider portal tools to try to find what you need. If you cannot find what you need, reference the back of the member's insurance card for Customer Service contact information.

General Questions: provider.relationswest@premera.com

Note: Extensive contact information for all Premera teams may be found below: [Medical - Contacting Us WA \(premera.com\)](#)



Provider directory

Update your provider directory information to comply with the federal No Surprises Act requirements and to help our members find you.

- Premera uses **BetterDoctor** to verify provider directory information by fax, mail, email, and/or telephone.
- You must respond to quarterly outreach by confirming your information or providing changes.
- If you don't respond within 180 days, we're required to remove you from our provider directory.
- If you're removed from our directory, contact **BetterDoctor** to restore your listing. You can email support@betterdoctor.com or call [844-668-2543](tel:844-668-2543).
- To update office information not captured by **BetterDoctor**, use the [provider update form](#).
- To add your photo and additional bio details—languages spoken, if you're accepting new patients, and your specialties and interests—use the online [photo/bio form](#).

Questions and answers

- **Mackenzie Stewart,**
Provider Network Management
- **Heather McDaniel,**
Provider Network Management
- **Jeannette Guardado,**
Provider Network Management
- **Katie Edwards,**
Provider Network Management
- **Anita Hegwald,**
Provider Experience
- **Maggi Killen,**
Individual Markets Program
- **Bill Harper,**
Provider Communications

Thank you

Questions?

Email: providerexperience@premera.com

If you need to reach your Provider Network Associate,
email: Provider.RelationsWest@premera.com