



Frequently asked questions

Q. If I don't have my provider identification number or facility code information available, can I still obtain information?

Yes, you can still obtain eligibility and benefit information based on the member's current group benefits. However, you cannot get member-specific PHI, which includes year-to-date accumulated member liabilities.

Q. What do I do if CAREN tells me it cannot provide eligibility and benefit information for a particular member?

Verify that you have spoken or entered the correct nine-digit contract number and that the birth date is correct.

Q. If I request a fax and don't receive it, what should I do?

Make sure your fax machine is in fax mode — for example, the machine has paper in the tray, and it is not being bypassed because calls are transferred to an after-hours service. (For more details, please see the tips in *The Record*, July 2005, Page 5.)

Q. If I request to speak to a representative early in my call, why can't I get one immediately?

Because it's likely that the benefit information CAREN offers will answer your question, the system asks that you first listen to the benefits. If you don't obtain the information you need, CAREN will transfer you to a representative.

CAREN

Medicare Advantage

Navigating with ease



Blue Cross and Blue Shield of Michigan makes it easy for you to inquire about eligibility and benefit information for our Medicare Advantage members. To begin, call the BCBSM Medicare Advantage provider call center at **866-309-1719**.

1. Select the “benefits and eligibility” prompt.

You will transfer to CAREN, our automated and interactive voice response telephone system, which will guide you through the inquiry process. At CAREN’s prompts, you can choose to use the touch-tone or voice-activated response system. CAREN will ask if you are:

- A professional provider billing on a CMS-1500
- A hospital or facility provider billing on the UB-04
- Calling for dental
- Calling for vision
- Calling for hearing

CAREN will then ask you for the following information:

- Your provider identification number (PIN), tax identification number (TIN) or facility code
- Your provider specialty
- Member’s contract number
- Member’s birth date
- Member’s first name

2. CAREN offers you the following choices:

- Obtain the mailing address for claim submission
- Receive a fax of the member’s eligibility and benefits
- Hear the member’s eligibility and benefits
- Inquire on another member on the same contract
- Inquire about another contract

3. If you ask to hear eligibility and benefit information:

- Request specific benefits by saying **benefit categories** and then selecting from the list of categories CAREN offers. Or say **hear all benefits**.

Benefit categories

CAREN offers information for various benefit categories. Below is a listing of some of the categories you can choose from based on the provider specialty you selected.

Professional categories

DME/P&O Injections Office visits

Facility categories

Hospital services Outpatient services Psychiatric services

Dental categories

Basic restorative Major restorative Orthodontics

Vision categories

Exams Frames Lenses

Hearing categories

Exams Hearing aids Hearing tests

For more information about CAREN, or to offer suggestions or express concerns, please send us an e-mail: carenivrloading@bcbsm.com

For more benefit information visit: www.bcbsm.com/ma

Please remember to maintain the privacy of our members’ protected health information at all times when calling the CAREN system. This is in accordance with the HIPAA privacy rule that requires business associates of a covered entity to also safeguard PHI.