



Frequently asked questions

- Q.** If I don't have my provider identification number 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 touch-toned 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, that the machine has paper in the tray, that the machine is not being bypassed because calls have been 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 questions, the system asks that you first listen to the benefits. If you don't obtain the information you need, it will transfer you to a representative.**

CAREN

Professional

Navigating with ease



CAREN, our automated and interactive voice response telephone system, recognizes and responds to your verbal requests, and also responds to your touch-tone requests, prompting you on what to do next as you go along.

1. Call CAREN at **800-344-8525**.
2. Follow the system prompts as CAREN asks you to **speak** the following information **or enter** it using your touch-tone number keys:
 - Your PIN
 - Your specialty (Either say your provider type or enter the appropriate prompt number.)

PROVIDER TYPE	PROMPT
OB/GYN	1
Psychiatric	2
General Practice	3
Podiatrist	4
Chiropractic	5
DME/P&O	6
Ambulance	7
Pediatrics	8
Other (all other providers)	9

- Member's contract number
- Member's birth date (MM/DD/YYYY)
- Member's first name (first five letters)

3. Select from the five choices CAREN offers you:
 - 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**

If you ask to hear eligibility and benefits information:

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

Benefit categories

CAREN offers high-level information for whichever benefit you choose. For example, if you choose General Practice (prompt 3) when you call, these are some of the benefit categories you'll be offered:

- Medical emergency
- Office visits
- Allergy services
- Maternity services
- Precertification
- Exclusions
- Surgery
- Time or waiting periods
- Pre-existing conditions

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

carenvrloding@bcbsm.com

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.