

# PROVIDER RESOURCE CENTER REFERENCE GUIDE

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Provider Relations

1

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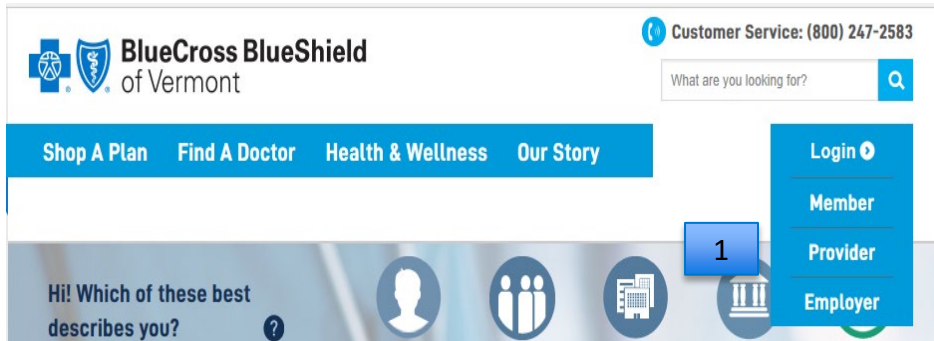
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# SECTION 1: USER REGISTRATION

# SECTION 1: USER REGISTRATION

To start the registration process, go to [bluecrossvt.org/provider-login](http://bluecrossvt.org/provider-login)

1. Select “Provider” option under “Login” to access the Provider Resource Center.
2. Select “Register Now” to start the provider registration process. The provider or office manager should be the first to register, as the local administrator role is automatically assigned to the first user. (The local administrator can add additional users.)



## SECTION 1: USER REGISTRATION (CONT.)

3. Confirm you are the appropriate person for the local administrator role.

### Provider Resource Center Registration

**If you are the first individual registering for your practice/office you will be assigned the role "Local Administrator."** This means, you will have access to:

- All standard features of the Provider Resource Center (same access as a "user")
- Plus, the System Administrator feature for setting up and overseeing all other users of the registered practice/office (restricted access for Local Administrators only)

Typically, the "Local Administrator" is assigned to the office manager of the practice/office. However, local administrator rights can be assigned to more than one person at the practice/office.

**ATTENTION BILLING SERVICES:** Your registration request will deny, as access is granted through the practice Local Administrator.

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[I am the appropriate person for the "Local Administrator" role, continue to registration](#) ➔

# SECTION 1: USER REGISTRATION (CONT.)

- 4. Enter required information. Be sure to make note of your username and password. Confirmation will be sent to the email address you provide.

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*An Independent Licensee of the Blue Cross and Blue Shield Association.*

**We'll see you through.**

### User Information

If you are an existing user of the Connect system [click here to login.](#)

First Name \*

Middle Initial

Last Name \*

Title \*

E-Mail \*

Confirm E-Mail \*

Office Phone \*   
Example: (555) 555-5555

Extension #   
Example: 123456

Office Fax   
Example: (555) 555-5555

User Name \*

Password \*

Confirm Password \*

Security Question 1 \*

Security Answer 1 \*   
Your answer may not contain your username.

Security Question 2 \*

Security Answer 2 \*   
Your answer may not contain your username.

Security Question 3 \*


Security Answer 3 \*   
Your answer may not contain your username.

Local Admin  As the primary registrant, you are automatically a local admin

**\*\*WARNING:**  
Please refrain from using special characters including apostrophes when creating your username.  
Doing so may prevent you from using certain features or systems.

## SECTION 1: USER REGISTRATION (CONT.)

5. Enter your office information and select "Next." (Do **NOT** enter hyphens in the tax ID field.)



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**We'll see you through.**

### Office Information

Enter the name and address of your office.

Organization Name *	<input type="text"/>
Tax ID *	<input type="text"/>
National Provider ID *	<input type="text"/>
National Provider ID2	<input type="text"/>
National Provider ID3	<input type="text"/>
Address *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text" value=""/>
Zip Code *	<input type="text"/>

You are at the **Registration Office Information** screen.


Complete all fields that are marked as required. These fields are indicated by a **red asterisk**.

**National Provider ID (NPI)**- Please enter the billing NPI for your practice. You may enter up to three NPI's, only one is required.

**Address**- Please enter the address of your main practice location.

## SECTION 1: USER REGISTRATION (CONT.)

6. Review your registration summary. Verify office contact and user information. Select “Edit” if necessary. Once completed, select “Finish.”



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of Vermont**  
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**We'll see you through.**

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**Registration Summary**

**Office Contact Info:** [edit]

**User Information:** [edit]

**Registration Summary:**

Please verify the information below and make any necessary changes to your registration by clicking the edit button.

If the information is correct please select the finish button to continue with your registration request.



## SECTION 1: USER REGISTRATION (CONT.)

7. Make a note of your username and password. You will **NOT** be able to return to this page once you select "Next."



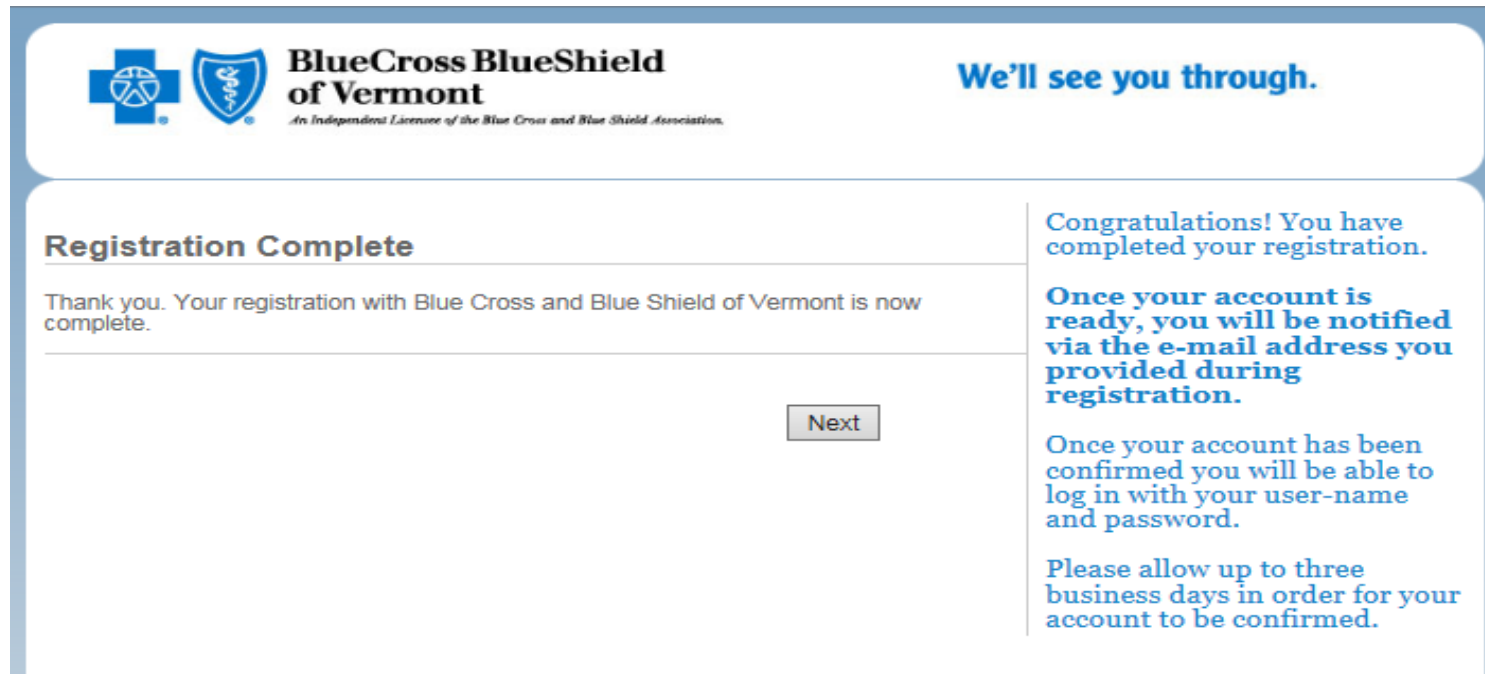
The screenshot shows the BlueCross BlueShield of Vermont registration confirmation page. At the top left, there are two logos: a blue cross with a globe inside and a blue shield with a caduceus. To the right of these logos is the text "BlueCross BlueShield of Vermont" and "An Independent Licensee of the Blue Cross and Blue Shield Association." On the far right, the word "We'" is partially visible. Below the header, the text "Registration Created" is displayed in a bold font. Underneath, a message reads: "Below are the users that have been created for your registration. Please take note of the User IDs since they will be needed to log into the application." Below this message is a table with three columns: "Name", "User ID", and "User Type". The "User Type" column contains the text "Provider Contact". Below the table, there is a "Next" button.

Name	User ID	User Type
		Provider Contact

Next

## SECTION 1: USER REGISTRATION (CONT.)

- You have completed your registration. Once your application is processed, you will be notified via email whether it has been approved or denied.



The screenshot shows a registration completion page for BlueCross BlueShield of Vermont. The page features the company logo and name at the top left, with the tagline "An Independent Licensee of the Blue Cross and Blue Shield Association." To the right, a blue header reads "We'll see you through." The main content area is divided into two columns. The left column has a heading "Registration Complete" followed by a thank-you message: "Thank you. Your registration with Blue Cross and Blue Shield of Vermont is now complete." Below this is a "Next" button. The right column contains three paragraphs of text: "Congratulations! You have completed your registration.", "Once your account is ready, you will be notified via the e-mail address you provided during registration.", and "Once your account has been confirmed you will be able to log in with your user-name and password." The final paragraph states: "Please allow up to three business days in order for your account to be confirmed."

## SECTION 1: USER REGISTRATION (CONT.)

Are you a provider in our Vermont Blue Advantage (VBA) network? Please register separately at the link below for access to the VBA portal and these services:

- Check member eligibility and benefits
- Review claims status
- Find forms and other resources
- Search the provider and facility directory
- Access guidelines and other materials

<https://www.vermontblueadvantage.com/pages/providers>

SECTION 2:

# SYSTEM ADMINISTRATOR – VIEWING USERS

## SECTION 2: SYSTEM ADMINISTRATOR – VIEWING USERS

1. Only the local administrator can edit users. Select “System Administrator.”
2. “User Maintenance” will appear, listing all users on your practice’s access list.

User Maintenance							
User Name	Office Security	Company Name	Company ID Number	User ID	Last Login	User Status	User Index
Sally Jones	user	Provider	98765312	Sjon1	05/11/2018	confirmed	13685
M. Smith	user	Provider	98765312	Msmi1	03/01/2018	confirmed	1358
John Smith	user	Provider	98765312	Jsmi5	04/28/2018	confirmed	1258

SECTION 3:

# SYSTEM ADMINISTRATOR – EDITING USER INFORMATION

## SECTION 3: SYSTEM ADMINISTRATOR – EDITING USER INFORMATION

1. Only the local administrator can edit users. Select “System Administrator.”
2. “User Maintenance” will appear, listing all users on your practice’s access list. Click on the user’s name.
3. Make the appropriate changes, then click “Submit.”

The screenshot illustrates the process of editing user information in the BlueCross BlueShield of Vermont system administrator interface. It is divided into three numbered steps:

- Step 1:** The 'Administration' menu is open, and 'System Administrator' is selected.
- Step 2:** The 'User Maintenance' table is displayed, listing users. The user 'John Smith' is highlighted.
- Step 3:** The 'User Information' form for John Smith is shown, with the 'Submit' button highlighted.

User Name	Office Security	Company Name	Company ID Number	User ID	Last Login	User Status	User Index
Sally Jones	user	Provider	98765312	Sjon1	05/11/2018	confirmed	13685
M. Smith	user	Provider	98765312	Msmi1	03/01/2018	confirmed	1358
John Smith	user	Provider	98765312	Jsmi5	04/28/2018	confirmed	1258

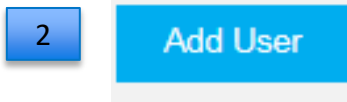
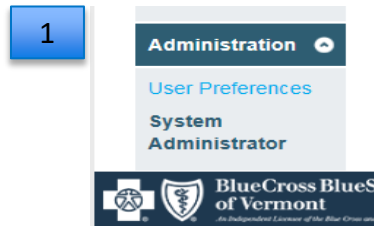
User Information	
First Name	John
Middle Initial	W.
Last Name	Smith
Time Zone	American/New York
E-mail Address	jws@test
Confirm E-mail Address	jws@test
Title	Office Manager
Office Phone	802-123-45678
Phone Ext	
Office Fax	
Local Administrator	<input type="checkbox"/>

SECTION 4:  
SYSTEM ADMINISTRATOR –  
ADDING A NEW USER



## SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER

1. Only the local administrator can edit users. Select “System Administrator.”
2. Select “Add User.”
3. Enter all required information.
4. Select “Add.”



A screenshot of the 'Add User' form. The form has a dark blue header with the text 'Add User'. Below the header are several input fields, each with a dropdown arrow to its left. The fields are: First Name, Middle Initial, Last Name, E-mail Address, Confirm E-mail Address, Title (with a placeholder 'e.g., Office Manager'), Office Phone, Phone Ext, and Office Fax. At the bottom of the form is a checkbox labeled 'Local Administrator:'. A blue box with the number '3' is positioned over the 'Confirm E-mail Address' field. A blue box with the number '4' is positioned over the 'Submit' button. Below the form is a legend: a dropdown arrow followed by the text 'Indicates required field'. At the bottom of the page is a blue button with the text 'Add'.

## SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER (CONT.)

5. Select a user role from the drop-down menu. (The user will not be added unless a role is selected. See next page for a description of user roles.)
6. Select “Select Role.”
7. Click “Submit.”

**User Role Selection**

Roles

Entity Lists

5

6

1888) ▾

Select Role Cancel

Local Administrator:

7 Submit

## SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER (CONT.)

### Provider Resource Center Functions

#### General Content:

- Resource Center Page
- Provider Search
- Tools and Resources
- Reports

#### Eligibility and Benefits:

- Eligibility and Benefit Inquiries
- Accumulators (Benefit Usage Information)

#### Claims Inquiries:

- Claim Status Inquiries, including realtime
- Clear Claims Connect (C3) Tool
- Prior Authorizations (Acuity Connect)
- Provider Vouchers (Remittance Advices),  
Capitation Vouchers

#### System/Local Administrator:

- Add/remove users; edit user information

### User Roles – Access Levels

#### Office Manager (also called Local Administrator),

#### Office Manager w/o Demographics

- General Content
- Eligibility/Benefits
- Claims Inquiry
- System Administrator
- Provider Vouchers (Remittance Advices), Capitation  
Vouchers
- Acuity Connect (on-line prior approval)

#### Provider, General Staff:

- General Content
- Eligibility/Benefits
- Claims Inquiry
- Provider Vouchers (Remittance Advices), Capitation  
Vouchers
- Acuity Connect

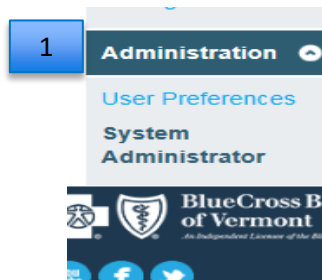
#### Admitting Staff:

- General Content
- Eligibility/Benefits

# SECTION 5: SYSTEM ADMINISTRATOR – REMOVING USERS

## SECTION 5: SYSTEM ADMINISTRATOR – REMOVING USERS

1. Only the local administrator can remove users. Select “System Administrator.”
2. “User Maintenance” will appear, listing all users on your practice’s access list. Click on the name of the user you want to remove.
3. Check the box next to the user’s role.
4. Click “Remove”.



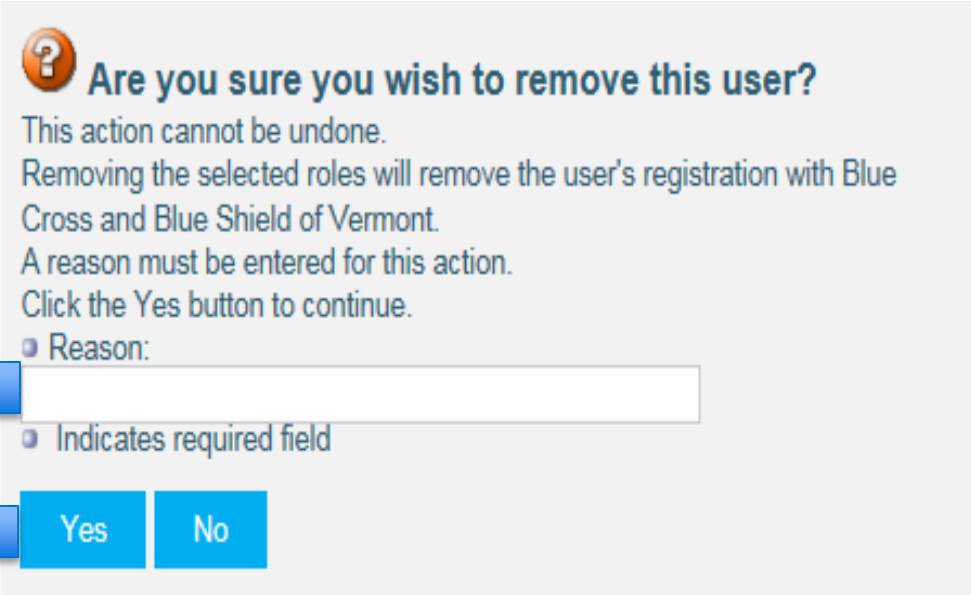
A screenshot of the 'User Maintenance' table. A blue box with the number '2' is over the table header. The table has columns for User Name, Office Security, Company Name, Company ID Number, User ID, Last Login, User Status, and User Index. It contains three rows of user data.

User Name	Office Security	Company Name	Company ID Number	User ID	Last Login	User Status	User Index
Sally Jones	user	Provider	98765312	Sjon1	05/11/2018	confirmed	13685
M. Smith	user	Provider	98765312	Msmi1	03/01/2018	confirmed	1358
John Smith	user	Prov der	98765312	Jsmi5	04/28/2018	confirmed	1258



## SECTION 5: SYSTEM ADMINISTRATOR – REMOVING A USER (CONT.)

5. Indicate reason for removing user, e.g., “No longer employed by practice.”
6. Select “Yes.”
7. A confirmation screen will appear.



**?** **Are you sure you wish to remove this user?**

This action cannot be undone.  
Removing the selected roles will remove the user's registration with Blue Cross and Blue Shield of Vermont.  
A reason must be entered for this action.  
Click the Yes button to continue.

**5** Reason:

**6** Yes No

**7.** Indicates required field

**7.**



### User Registration Successfully Removed

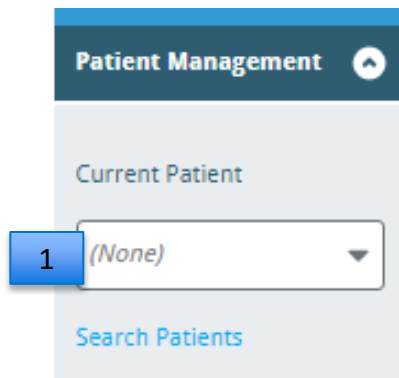
The user registration has been successfully removed.

SECTION 6:

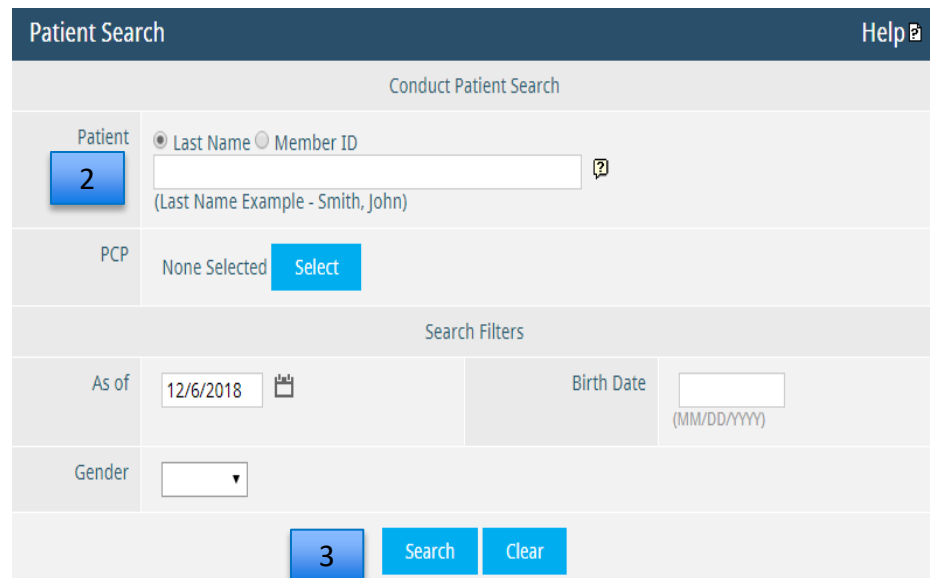
# ELIGIBILITY, BENEFITS AND ACCUMULATORS – VERMONT MEMBERS

## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS

1. Select “Search Patients” under “Patient Management.”
2. Enter patient information by last, first name format or by member ID number.
3. Select “Search”



A screenshot of the 'Patient Management' menu. The menu is titled 'Patient Management' with an upward arrow icon. Below the title, there is a 'Current Patient' section with a dropdown menu showing '(None)'. A blue box with the number '1' is overlaid on the dropdown menu. Below the dropdown menu is a 'Search Patients' button.




A screenshot of the 'Patient Search' form. The form has a dark blue header with 'Patient Search' and a 'Help' icon. Below the header is a 'Conduct Patient Search' section. The 'Patient' section has two radio buttons: 'Last Name' (selected) and 'Member ID'. A text input field is present with a placeholder '(Last Name Example - Smith, John)'. A blue box with the number '2' is overlaid on the 'Patient' label. The 'PCP' section has a 'None Selected' label and a 'Select' button. The 'Search Filters' section has three rows: 'As of' with a date input field showing '12/6/2018' and a calendar icon; 'Birth Date' with an empty date input field and the format '(MM/DD/YYYY)'; and 'Gender' with a dropdown menu. At the bottom of the form are three buttons: a blue box with the number '3' overlaid on the first button, a 'Search' button, and a 'Clear' button.



## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

4. To continue to benefits and accumulator information, click “Select.” Member name will display in “Current Patient” box. See next page for additional instructions.
5. To view member’s prefix and benefit summary, select patient’s name. Be sure to choose the patient record with the ID number starting with “V” to view current records.

Patient Search Results							Help 
	Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
<b>4</b> Select	DOE, JOHN M	M	09/01/2013	Smith Street, VT	(802) 123-4567	1234567891	
<b>5</b> Select	DOE, JOHN M	M	09/01/2013	Smith Street, VT	(802) 123-4567	V1234567891000	
Select	DOE, JOHN A	M	04/28/1954	Smith St, VT	(802) 234--5678	2345678912	

## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

7. Once you have clicked “Select,” member’s name appears in the box under “Current Patient.”
8. Select “Eligibility” under “Patient Management.”

Text Resizer: text size A A A

Patient Management

Current Patient

7 VERNEY, SARAH

Search Patients

Patient Information

8 Eligibility

Referrals/Auths

Claim Status Inquiry

### Eligibility Inquiry - Prepopulated Form

Click 'Eligibility' under Patient Management/Current Patient to access the prepopulated real-time eligibility inquiry form.

 John M Doe  
Member ID V12345678910001

Patient Information		
Date of Birth	Sex	Address
09/01/2013	Male	Smith St, VT
Phone		

PCP	
Name	Dr. Jones
Phone	

# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

9. This will bring up the patient record in “Realtime Eligibility inquiry.”

## Real-time Eligibility Inquiry

### Job Aides

Our [eligibility job aides](#) give a general overview of how to conduct eligibility requests, as well as how to run specific requests based on provider/facility type.

### BCBSVT Members - Prepopulated Fields

Conduct a patient search, then click on the eligibility link under patient management. The selected patient's information will prepopulate in the patient ID field and subscriber information fields - even if they are not the subscriber. Subscriber ID numbers end in 001, all other ending values (e.g., 002, 003, etc.) are dependents.

### BlueCard or FEP Members

To check eligibility for BlueCard or FEP members, click on the eligibility link under Office Management. Then complete the following **REQUIRED FIELDS**:

- 1) Subscriber Full Name
- 2) Subscriber Date of Birth (only required if Subscriber is the patient.)
- 3) Patient Full Name & Birth Date (only required if Patient is NOT the Subscriber)
  - Do not include suffix (Jr, Sr, III, etc) when entering the last name.
- 4) Patient ID - including ALPHA PREFIX (example: ZIA9999999900 | FEP example: R9999999900)
- 5) Requesting Provider
  - **By name** - use format: last name or last name, first name (example: smith or smith, john)
  - **By Provider NPI** - enter the individual billing provider's NPI not the group they are associated with.

For Telemedicine Services provided to a patient, select 'Consultation (3)' from the Service Type drop-down.

Please Note: Accumulated or remaining benefit amounts may not be returned for sensitive benefit inquiries.

Eligibility Search			
Conduct Eligibility Search			
Subscriber Information			
Subscriber Name		Birth Date	
9	First JOHN	Last DOE	08/12/1955

## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

10. The patient name searched for will appear in the “subscriber name” field even if the member is not the subscriber. If the member number on the “Eligibility Inquiry Prepopulated Form” (see page 25 ) ends in anything other than 01, this is NOT the subscriber.

Eligibility Search			
Conduct Eligibility Search			
Subscriber Information			
Subscriber Name	First	Last	Birth Date
10	John	Doe	09/01/2013
Patient Information (required if not the subscriber)			
Patient Name	First	Last	Birth Date
			(MM/DD/Y)
Patient ID	Member #		
	V123456789100001		

# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

11. Search “Requesting Provider” by name (last name, first name format) or by NPI.

Eligibility Search			
Conduct Eligibility Search			
Subscriber Information			
Subscriber Name	First <input type="text" value="John"/>	Last <input type="text" value="Doe"/>	Birth Date <input type="text" value="09/01/2013"/>
Patient Information (required if not the subscriber)			
Patient Name	First <input type="text"/>	Last <input type="text"/>	Birth Date <input type="text" value=""/> <small>(MM/DD/YYYY)</small>
Patient ID	Member # <input type="text" value="V12345678910001"/>		
As of	<input type="text" value="12/18/2020"/>	Gender	<input type="text" value="Male"/>
11 Requesting Provider	<input checked="" type="radio"/> Name <input type="text" value="Jones, D"/> <input type="radio"/> Provider NPI <input type="button" value="Search"/>		
Service Type	<input type="text" value="Health Benefit Plan Coverage (30)"/>		
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

12. Click on “Select” to choose the appropriate provider.
13. On the next screen, select “Service Type” from the drop-down.
14. Select “Search.”

Provider Search				
Select	Provider Name	Provider ID	Tax ID	Practice Name
12	<input type="text" value="Jones D, DC"/>	<input type="text" value="915A123456789"/>	<input type="text" value="123456789"/>	<input type="text" value="Health Care Practice"/>
<input type="button" value="Select"/>				

13	Requesting Provider	<input type="text" value="Jones D, DC (Provider NPI: 123456789)"/>		
		<input checked="" type="radio"/> Name <input type="radio"/> Provider NPI	<input type="text"/>	<input type="button" value="Search"/>
	Service Type	<input type="text" value="Chiropractic (33)"/>		
			14	<input type="button" value="Search"/> <input type="button" value="Clear"/>

## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

15. Review eligibility details.

16. Review benefit.

15

Product	EXCLUSIVE PROVIDER ORGANIZATION	Eligibility/Benefit Start Date	Jan 1, 2016
Premium Paid Through Date		Eligibility/Benefit End Date	Dec 31, 9999
Grace Period Start Date		Contract Status	Active - Pending Investigation
Grace Period End Date		Relationship	Self
Group	<input type="text"/>	Payer Contact Information	Name: <input type="text"/> Phone: <input type="text"/>
Coord. of Benefits Start Date			
		Coord. of Benefits End Date	
Additional Information	<input type="text"/>		

16

In Network as of Jul 5, 2016								
Benefit Description	Coverage Level	Copay	Coinsurance	Active	Benefit Start/End Dates	Ref/Auth Required	Benefit limit	Additional Information
Physician Visit - Office: Well (Office)	Individual		0%	Y		N	N	
Chiropractic (Office)	Individual	\$40		Y		N	Y	

## SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

17. Select the appropriate accumulator. (Field will expand to show details.)

	Deductible Information
17	Deductible Information Remaining As of Dec 13, 2018
	Out of Pocket Maximum
	Out of Pocket Information Remaining As of Dec 13, 2018
	Benefit Limits
	Benefit Limit Information Remaining As of Dec 13, 2018

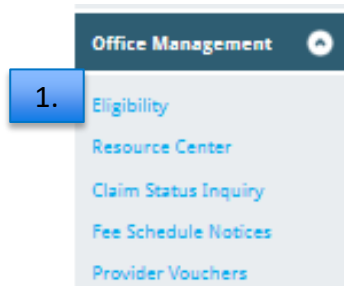


SECTION 7:  
REALTIME BENEFIT,  
ELIGIBILITY & ACCUMULATORS

## SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS

Use these instructions for eligibility and benefits of Federal Employee Program (FEP) members and Blue Card members (out-of-state Blue Cross Blue Shield members).

1. Select “Eligibility” under “Office Management.”
2. This will bring you to the “realtime Eligibility Inquiry” page.



### 2. Real-time Eligibility Inquiry

#### Job Aides

Our [eligibility job aides](#) give a general overview of how to conduct eligibility requests, as well as how to run specific requests based on provider/facility type.

#### BCBSVT Members - Prepopulated Fields

Conduct a patient search, then click on the eligibility link under patient management. The selected patient's information will prepopulate in the patient ID field and subscriber information fields - even if they are not the subscriber. Subscriber ID numbers end in 001, all other ending values (e.g., 002, 003, etc.) are dependents.

#### BlueCard or FEP Members

To check eligibility for BlueCard or FEP members, click on the eligibility link under Office Management. Then complete the following **REQUIRED FIELDS**:

- 1) Subscriber Full Name
- 2) Subscriber Date of Birth (only **required if Subscriber is the patient.**)
- 3) Patient Full Name & Birth Date (only **required if Patient is NOT the Subscriber**)
  - Do not include suffix (Jr, Sr, III, etc) when entering the last name.
- 4) Patient ID - including ALPHA PREFIX (example: ZIA9999999900 | FEP example: R9999999900)
- 5) Requesting Provider
  - **By name** - use format: last name or last name, first name (example: smith or smith, john)
  - **By Provider NPI** - enter the individual billing provider's NPI not the group they are associated with.

For Telemedicine Services provided to a patient, select 'Consultation (3)' from the Service Type drop-down.

**Please Note:** Accumulated or remaining benefit amounts may not be returned for sensitive benefit inquiries.

## SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS (CONT.)

3. Complete these mandatory fields:
  - Subscriber full name
  - Subscriber date of birth
4. If patient is not the subscriber, also complete these mandatory fields:
  - Patient full name
  - Patient date of birth
  - Patient ID, including alpha prefix and member number (Ex: R9999999900)
  - Requesting provider
  - Service type. For all benefits, select “Health Benefit Plan Coverage (30)”
5. Select “Search.”

Eligibility Search				
Conduct Eligibility Search				
Subscriber Information				
Subscriber Name	First	Last	Birth Date	<input type="text"/> (MM/DD/YYYY)
	<input type="text"/>	<input type="text"/>		
Patient Information (required if not the subscriber)				
Patient Name	First	Last	Birth Date	<input type="text"/> (MM/DD/YYYY)
	<input type="text"/>	<input type="text"/>		
Patient ID	Member #			
	<input type="text"/>			
As of	7/5/2016		Gender	<input type="text"/>
Requesting Provider	Jones D, DC			
Service Type	Chiropractic			
<input type="button" value="5"/> <input type="button" value="Search"/> <input type="button" value="Clear"/>				

## SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS (CONT.)

6. Review eligibility details.
7. Review benefit.

6

Product	EXCLUSIVE PROVIDER ORGANIZATION	Eligibility/Benefit Start Date	Jan 1, 2016
Premium Paid Through Date		Eligibility/Benefit End Date	Dec 31, 9999
Grace Period Start Date		Contract Status	<b>Active - Pending Investigation</b>
Grace Period End Date		Relationship	Self
Group	H12452000	Payer Contact Information	Name: Bluecard Eligibility Phone: (800)676-2583
Coord. of Benefits Start Date			
		Coord. of Benefits End Date	
Additional Information			

7

In Network as of Jul 5, 2016								
Benefit Description	Coverage Level	Copay	Coinsurance	Active	Benefit Start/End Dates	Ref/Auth Required	Benefit limit	Additional Information
Physician Visit - Office: Well (Office)	Individual		0%	Y		N	N	
Chiropractic (Office)	Individual	\$40		Y		N	Y	

## SECTION 7: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS (CONT.)

8. Select the appropriate accumulator. (Field will expand to show details.)

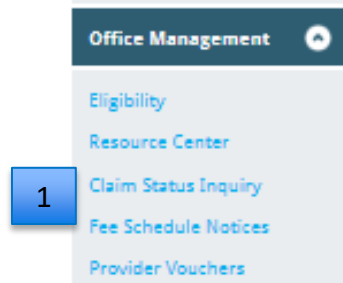
	Deductible Information
8	Deductible Information Remaining As of Dec 13, 2018
	Out of Pocket Maximum
	Out of Pocket Information Remaining As of Dec 13, 2018
	Benefit Limits
	Benefit Limit Information Remaining As of Dec 13, 2018

SECTION 8:

# CLAIM INQUIRIES – VERMONT MEMBERS

## SECTION 8: CLAIM INQUIRIES – VERMONT MEMBERS

1. Select “Claim Status Inquiry” under “Office Management.”
2. Enter claim number, member name, member number, or account number plus date of service. (Or enter a date span to see all claims within those dates.)
3. Choose the billing provider from the drop-down menu.
4. Select “Search.”



A screenshot of the "Claim Status Search" form. The form has a dark blue header with the title "Claim Status Search". Below the header, there are several input fields and options. A blue box with the number "2" is placed over the "Claim Number" input field. Below that, there are "Date of Service" fields with "4/6/2016" and "7/6/2016" entered, and calendar icons. The "Patient" section has radio buttons for "Last Name", "Member Id", and "Patient Account Number", with "Member Id" selected. Below this is a search input field with a "(Patient List)" dropdown menu. Below the "Patient" section, there is a "Provider" dropdown menu with a blue box containing the number "3" next to it. At the bottom, there are "Status" checkboxes for "Paid", "Pended", and "Denied", all of which are checked. At the very bottom, there are "Search" and "Clear" buttons, with a blue box containing the number "4" next to the "Search" button.

## SECTION 8: CLAIM INQUIRIES – VERMONT MEMBERS

- Review results. If there are multiple claims, click on the header to sort the column.
- Select the hyperlinks (in blue) in each column for additional information. Click on “View” to review the provider voucher (remittance advice).
- Any claims with a “Pending” status are not final and may not reflect final processing results.

Claim Status Search Results														Help
View EOP	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Payment Date	Coinsurance Amount	Copay Amount	Deductible Amount	Patient Disallow Amount	COB Amount
<a href="#">View</a>	12346789	Finalized	Doe, John	0000BCBS	18 Apr 2016	D. Jones DC	\$165.00	\$92.82	25 May 2016	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00



## SECTION 9:

# REALTIME CLAIM INQUIRIES

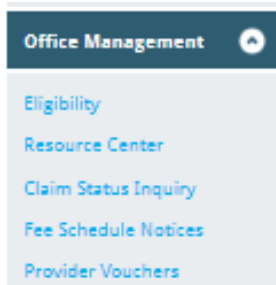
## SECTION 9: REALTIME CLAIM INQUIRIES

Use the Realtime claim inquiry tool for:

- Federal Employees Program (FEP) members
- Blue Card members (out-of-state Blue Cross Blue Shield members)
- Blue Cross Blue Shield of Vermont members

1. Under “Office Management,” select “Claim Status Inquiry.”
2. Select “Click here to conduct a Realtime Claims search.”

1



### Blue Cross and Blue Shield of Vermont Members:

The patient search tool, found below, only provides claim status for currently active Blue Cross and Blue Shield of Vermont members (alpha prefixes ZIA, ZIB, ZID, ZIE, ZIG, ZIH, ZII, ZIK, ZIL, ZIU, ZIV, DVT, EVT, FVT, FAH, FAC, FAO, OMY and CWS).

- When searching by Member ID, you do not need to include the prefix (ex: "ZIA".)
- When searching by Last Name, you do not need to include the patient's suffix (Jr, Sr, III.)

### BlueCard® & Federal Employee Program (FEP) Members:

2

To check claim status for a BlueCard® or Federal Employee Program (FEP) member, [click here to conduct a Realtime Claim Search](#). Your request will process through the BlueCard® search program, providing the most up-to-date informatio

## SECTION 9: REALTIME CLAIM INQUIRIES (CONT.)

3. Complete all required fields. These are identified by a red asterisk (\*).
4. Enter total claim charges (optional).
5. Select "Search."

3

### Claim Status Inquiry - Real Time Search

#### Patient Information (Required)

##### Demographic Information

Member ID *	DOB *	
<input type="text"/>	<input type="text"/>	
Last Name *	First Name *	Sex *
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male

#### Provider Information (Required)

Provider Name	Provider Identifiers		
Last Name *	First Name	Provider ID *	Provider Tax ID *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Claim Information (Optional) (Required)

Claim Data	Dates Of Service	
Total Claim Charge *	*Date Of Service Start *	*Date Of Service End *
<input type="text"/>	<input type="text"/>	<input type="text"/>

4

Total Claim Charge

5

Search

Clear

\* required field

## SECTION 9: REALTIME CLAIM INQUIRIES (CONT.)

### 6. Review Results

#### Claim Status Search Results

Patient Information		Provider Information		Claim Total	
Patient:	Doe, John	Provider:	Dr. Jones	Amount Billed:	\$100.00
ID:	V1234567890	NPI:	123456789	Amount Paid:	\$56.47

Claims						
Claim Number	Account Number	Payment Date	Date of Service	Billed Amount	Payment Amount	Status
UNKNOWN		Jun 30 2016	Jun 23 2016	\$100.00	\$56.47	Finalized
<b>Totals:</b>				<b>\$100.00</b>	<b>\$56.47</b>	

6

SECTION 10:  
VOUCHERS AND CAPITATION  
VOUCHERS

## SECTION 10: VOUCHERS AND CAPITATION VOUCHERS

1. Select “Provider Vouchers” under “Office Management.”
2. Select “Continue.” Please note browser requirements.
3. Select practice NPI from the drop-down menu.
4. Enter start and end dates.
5. Select “Search.”

The screenshot shows the 'Remittance Advice Search' interface. On the left, a sidebar menu under 'Office Management' has 'Provider Vouchers' highlighted, with a blue box labeled '1' next to it. Below this is a 'Web Browser Requirements' pop-up with a blue box labeled '2' next to a 'Continue' button. The main form has a 'Practice' dropdown menu with a blue box labeled '3' next to it. Below that is a 'Date Range' section with 'Start Date \*' and 'End Date' fields, each with a calendar icon and a blue box labeled '4' next to the 'Start Date' field. At the bottom of the form are 'Search' and 'Cancel' buttons, with a blue box labeled '5' next to the 'Search' button.

# SECTION 11: NATIONAL DRUG CODE (NDC) TOOL

## SECTION 11: NATIONAL DRUG CODE (NDC) TOOL

The NDC Tool is designed to assist practices in determining the unit of measure that must be reported on claims. The tool provides:

- Drug Name
- Dosage Form
- Manufacturer Name
- Billed Unit of Measure (indicates the appropriate unit of measure for billing.)

1. Under “Office Management,” select “National Drug Code (NDC) Tool.”
2. Click on hyperlink to access the current version of the tool.
3. Use “Ctrl-F” to quickly navigate to the desired code. The 11-digit HNC code should be entered without dashes.





## SECTION 11: NATIONAL DRUG CODE (NDC) TOOL (CONT.)

4. Selected code will be highlighted.
5. The billed unit of measure field indicates the appropriate unit of measure (UN, GR, ML, ME, or F2) for billing.
6. If the code is not on file, it may be inactive or newly added. The tool is updated periodically, with at least 60 days' notice to providers.

4	00074634702	Humira	Prefilled Syringe Kit	ABBVIE	UN
	00074647008	Pedialyte	Solution	ABBOTT NUTRITION	5 ML
	00074647032	Pedialyte	Solution	ABBOTT NUTRITION	ML
	00074647132	Pedialyte	Solution	ABBOTT NUTRITION	ML
	00074659419	Synthroid	Tablet	ABBVIE	UN
	00074659490	Synthroid	Tablet	ABBVIE	UN
	00074662411	Synthroid	Tablet	ABBVIE	UN
	00074662419	Synthroid	Tablet	ABBVIE	UN
	00074662490	Synthroid	Tablet	ABBVIE	UN
	00074679922	Kaletra	Tablet	ABBVIE	UN
	00074706811	Synthroid	Tablet	ABBVIE	UN
	00074706819	Synthroid	Tablet	ABBVIE	UN
	00074706890	Synthroid	Tablet	ABBVIE	UN

SECTION 12:

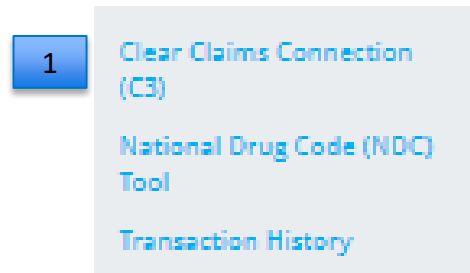
# CLEAR CLAIM CONNECT (C3)

## SECTION 12: CLEAR CLAIM CONNECT (C3)

The C3 tool:

- Determines claims editing (claim check) prior to submission or after (to explain logic of processing).
- Provides claim editing logic only; results are not tied to benefits or medical policies.
- Looks back up to 99 lines regardless of rendering provider.

1. Under “Office Management,” select “Clear Claims Connection (C3).”



## SECTION 12: CLEAR CLAIM CONNECT (C3) (CONT.)

2. Select claim type “professional” or “facility.”
3. Enter the required information, including gender and date of birth.
4. Select “Review Claim Audit Results.”

McKesson Edit Development

Glossary

About

### CLAIM ENTRY

Claim Type: Professional 2

Gender:  Male  Female

Date of Birth:  3

ICD Code Set:  ICD9  ICD10

Diagnosis Codes: 1  2  3  4

Bill Type:

Clear

Review Audit Results

4

For quick entry, use your Down Arrow key after you enter a procedure code. Qty will default to 1, Billed Amount will default to 100, Date of Service From and To will default to today's date, and Place of Service will default to 11 (Office). Tabbing through these same fields will give you the same defaults.

LINE	PROCEDURE	MOD1	MOD2	MOD3	MOD4	QTY.	REV. CODE	BILLED AMT.	DOS FROM	DOS TO	PLACE OF SERVICE	PROVIDER STATE	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4	LINE DIAG. 5	LINE DIAG. 6	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Section 13:

# MEMBER EQUOTE GUIDE

## SECTION 13: MEMBER EQUOTE GUIDE

The Member eQuote Guide is a new tool to help you verify member benefits. It is the same tool used by our customer service team.

The eQuote Guide:

- Provides a simplified and more thorough benefit quote virtually.
- Links to important information such as a member contract documents, Medical Policies and Prior Approval lists.
- Allows you to determine whether state mandates apply to the member.
- Provides a reference number that can be used as proof you have verified a member's benefits.
- Saves you time by avoiding call center wait times.

Note:

- A real-time eligibility check needs to be done prior to using the eQuote Guide to confirm the member is active and the status of their out-of-pocket and benefit limits.
- eQuote Guides are not available for BlueCard Plans, Federal Employee Program, New England Health Plan, Access Blue New England, or Medicare Supplemental Plans.

## SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

1. Select “Search Patients” under “Patient Management.”
2. Enter patient information by last name, first name format or by member ID number.
3. Select “Search.”

The screenshot displays the 'Patient Search' interface. On the left, a 'Patient Management' sidebar contains a 'Current Patient' dropdown menu showing '(None)' and a 'Search Patients' button, with a blue callout box '1' next to it. The main 'Patient Search' area has a dark blue header and a 'Conduct Patient Search' button. Below this, there are two radio buttons: 'Last Name' (selected) and 'Member ID'. A text input field is present with a blue callout box '2' and a help icon. Below the input field is the text '(Last Name Example - Smith, John)'. There is a 'PCP' section with 'None Selected' and a 'Select' button. A 'Search Filters' section includes an 'As of' date field with '2/15/2021' and a calendar icon, a 'Birth Date' field with '(MM/DD/YYYY)' format, and a 'Gender' dropdown menu. At the bottom, there is a blue callout box '3' next to a 'Search' button and a 'Clear' button.

## SECTION 13: MEMBER EQUOTE GUIDE (CONT.)


- Click “Select” next to the member’s name.

### Select the correct patient record

Click the **'Select' button** next to the desired patient, whose **ID starts with 'V'**

[Return to Previous Page](#)

Pages: (1) Results: 1

Patient Search Results								Help 	
	Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider	Sponsor	
<b>4</b>	<a href="#">Select</a>	FLOWER, WALL	F	<input type="text"/>	<input type="text"/>	(802) 555-5552	V8 <input type="text"/>	PITCHER, MARK	BCBSVT



# SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

5. Select “Click here to view the eQuote Guide.”

Text Resizer: text size A A A

**Patient Management** ▲

Current Patient

FLOWER, WALL ▼

Search Patients

- Patient Information
- Eligibility
- Claims
- Referrals/Auths
- Claim Status Inquiry

**Office Management** ▲


- Claims
- Eligibility
- Resource Center
- Claim Status Inquiry
- Fee Schedule Notices
- Provider Vouchers
- Prior Approvals/ Pre-Notification/ Acuity Connect
- Provider Search
- Clear Claims Connection (C3)

## Eligibility Inquiry - Prepopulated Form

Click 'Eligibility' under Patient Management/Current Patient to access the **prepopulated real-time eligibility inquiry form.**

### eQuote Guide

[Click here to view the eQuote Guide](#) **5**

 **WALL FLOWER**  
Member ID VEI V8;

#### Patient Information

Date of Birth <input type="text"/>	Sex Female	Address <input type="text"/>
Phone (802) 555-5552		

#### PCP

Name <b>MARK PITCHER</b>	Effective Dates 1 Aug 2020 - None	Phone
--------------------------	-----------------------------------	-------

## SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

6. Your benefit verification reference number is located in the Record Locator field. Please save this reference number for your records as it will not be available once you have closed the guide.
7. Select “Open eQuote Guide” to review the member’s quote guide.

### eQuote Guides

**Important:** The eQuote Guide displays real-time benefit information. You must verify current eligibility through the real-time search. For benefit questions regarding former plans, please contact our Provider Services team.

Please copy the Request ID below for your records.


Access to the eQuote Guides for this request **expires at 09:32 AM.**

Member ID

6 V8

Record Locator

J1-345186

7  Open eQuote Guide

## SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

- The quote guide will open with information specific to the member. To search a specific benefit, you can either click on the benefit under the table of contents or conduct a search by using shift “F” and then entering your search criteria (for example, “chiropractic services”).

### 8 QHO- Benefit Quote Guide

<b>Alpha Prefix:</b> <a href="#">VEI</a>
<b>Tier Level:</b> <a href="#">Individual</a>
<b>Network:</b> <a href="#">Vermont: BCBSVT Network</a> <a href="#">Out of State: BlueCard EPO/PPO Network</a>
<b>Contract Documents for:</b> <a href="#">000C4</a>
<ul style="list-style-type: none"> <li><a href="#">VEHI Platinum and Gold Exclusive Provider Organization (EPO) PCP Benefits Description</a></li> </ul>
<b>Additional Information:</b>
<ul style="list-style-type: none"> <li><a href="#">This is not a Blue Edge Plan</a></li> <li><a href="#">---</a></li> </ul>

Publish Date: [02/10/2021](#)

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Bariatric Surgery: .....	6
Chiropractic Services: .....	6

## SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

9. This is an example of the information the eQuote Guide provides. (In this case, it is specific to chiropractic services.)

9

additional guidelines.

### Chiropractic Services:

Chiropractic care is eligible based on medical necessity. A Network Chiropractor must perform the services or there are no benefits. Treatment must be for a neuromusculoskeletal condition (that is a condition of the bones, joints, or muscles). Prior approval is not required for the first 12 visits per member per plan year. If additional visits are necessary, prior approval is required. The prior approval form must be submitted before the 13th treatment and should be accompanied by progress notes to support the need for additional visits. There is a \$30 co-payment per visit up to the \$6,600 individual out-of-pocket limit. Services are then eligible at 100% of the allowed amount for the rest of the plan year.

Some diagnostics, for example x-rays rendered by a Chiropractor, are eligible under the plan. Services are eligible at 100% of the allowed amount.

**ADDITIONAL INFORMATION:**

- Physical therapy services billed by a chiropractor will apply a visit to the combined PT/OT/ST limit and will also apply a chiropractic visit (regardless of whether an additional chiropractic service is rendered). The "Chiropractic Services" and "Physical Therapy/Medicine" medical policies outline the specific procedure codes that apply.
- The Plan may allow an out of network provider at the network level of benefits when there is not a network provider with appropriate training and experience to provide the medically necessary services needed to meet the particular health care needs of a member; or

## SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

10. To print the document, click on the printer icon at the top right-hand corner of the page.
11. Once the review is complete, close the tab by clicking on the “x” at the top of the page.

The screenshot shows a web browser window with two tabs. The active tab is labeled 'nw7vm4' and has a blue box with the number '10' next to it. The address bar shows the URL 'webitlacc02.bcbsvt.com/quoteguideviewer/quoteguides/file/nw7vm4'. The browser's top navigation bar includes various application shortcuts like CRM, RD Web Access, and SharePoint. The document viewer interface shows a sidebar on the left with a thumbnail of the document and a page number '1'. The main content area displays the title 'QHO- Benefit Quote Guide' and a search bar with the text 'Alpha Prefix: 211'. In the top right corner of the document viewer, there is a printer icon and a blue box with the number '11' next to it.

# SECTION 14: NEED HELP?

## SECTION 14: NEED HELP?

For assistance, contact Provider Relations at Blue Cross Blue Shield of Vermont at:

- By email: [ProviderRelations@BCBSVT.com](mailto:ProviderRelations@BCBSVT.com)
- By phone: (888) 449-0443, option 1