

# PROVIDER RESOURCE CENTER REFERENCE GUIDE

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Provider Relations

1

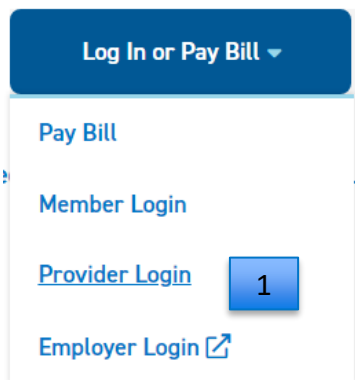
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# SECTION 1: USER REGISTRATION

# SECTION 1: USER REGISTRATION

1. To start the registration process, go to [bluecrossvt.org/PRC](https://bluecrossvt.org/PRC)
2. Scroll down on the page and confirm you are the appropriate person for the local administrator role. 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.)



## Not Registered for the Provider Resource Center?

The PRC is for Blue Cross Blue Shield of Vermont contracted providers only - access will be denied if you are not contracted with us. Review the following and click on the register now link, if applicable.

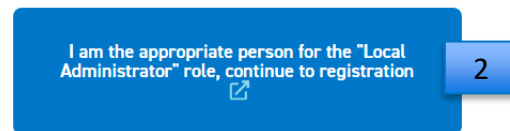
If you are a billing service, contact the practice Local Administrator to be granted access to the Provider Resource Center. Your registration request will be denied as access must be granted through the practice Local Administrator. The role of "Local Administrator" is automatically assigned to the first individual registering for the practice. When the Local Administrator adds users, the email is sent to the Local Administrator with the new user's temporary sign on. The Local Administrator must coordinate sign on information with the new user.

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")
- 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.

[View our Provider Resource Center Reference Guide](#)



## SECTION 1: USER REGISTRATION (CONT.)

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



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

**\*\*WARNING:**

Please refrain from using special characters including apostrophes when creating your username.

Doing so may prevent you from using certain features or systems.

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### User Information

If you are an existing user of the Connect system please login. [Click here to start your session.](#)

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

## SECTION 1: USER REGISTRATION (CONT.)

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

### 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.)

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

<b>Registration Summary</b>	
<b>Office Contact Info:</b> <input type="text"/>	[edit]
<b>User Information:</b> <input type="text"/>	[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.)

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

### Registration Created

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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.

Name	User ID	User Type
		Provider Contact

Next



## SECTION 1: USER REGISTRATION (CONT.)

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

### Registration Complete

Thank you. Your registration with Blue Cross and Blue Shield of Vermont is now complete.

Next

Congratulations! You have completed your registration.

**Once your account is ready, you will be notified via the e-mail address you provided during registration.**

Once your account has been confirmed you will be able to log in with your user-name and password.

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.

**Administration** 

User Preferences

**1** System Administrator

**2**

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 a system administrator interface. It is divided into three numbered steps:

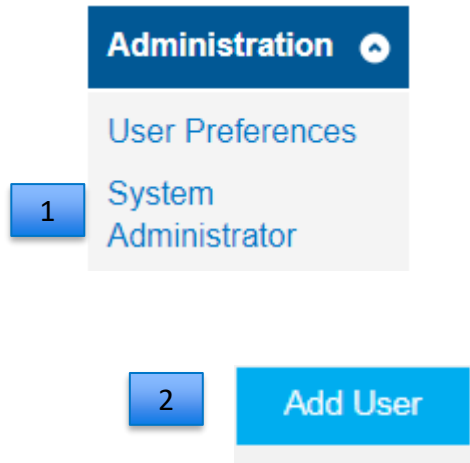
- Step 1:** The 'Administration' menu is shown with 'System Administrator' selected. A blue box with the number '1' is placed over the 'System Administrator' link.
- Step 2:** The 'User Maintenance' table is displayed, listing users. A blue box with the number '2' is placed over the table. The table data is as follows:

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
- Step 3:** The 'User Information' form for John Smith is shown. A blue box with the number '3' is placed over the 'Submit' button. The form fields are:
  - 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
  - Local Administrator:

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.”



The "Add User" form is a vertical stack of input fields. 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", "Office Fax", and "Local Administrator" (with a checkbox). A blue square with the number "3" is placed to the left of the "Confirm E-mail Address" field. At the bottom right of the form is a blue "Submit" button with a blue square containing the number "4" to its left. Below the form, a legend indicates that a blue square with a white dot indicates a required field.





## 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.”

The image shows two parts of a web application interface. The top part is a 'User Role Selection' dialog box. It has a dark blue header with the text 'User Role Selection'. Below the header, there are two columns: 'Roles' and 'Entity Lists'. The 'Roles' column contains a list of roles: 'Provider - BCBSVT Admitting Staff', 'Provider - BCBSVT General Staff', 'Provider - BCBSVT Office Manager', 'Provider - BCBSVT Office Manager No Demo', and 'Provider - BCBSVT Provider'. A blue box with the number '5' is positioned over the first role. The 'Entity Lists' column contains a dropdown menu with the text '(1888)'. Below the list, there are two buttons: 'Select Role' and 'Cancel'. A blue box with the number '6' is positioned over the 'Select Role' button. The bottom part of the image shows a 'Local Administrator:' checkbox, which is currently unchecked. A blue box with the number '7' is positioned over the 'Submit' button.

## 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
- Online Prior Approval Portal

#### Provider, General Staff:

- General Content
- Eligibility/Benefits
- Claims Inquiry
- Provider Vouchers (Remittance Advices), Capitation  
Vouchers
- Online Prior Approval Portal


#### 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”.

**Administration** 

User Preferences

**1** System Administrator

**Add** **Remove**

**User Role Maintenance**

Blue Cross And Blue Shield Of Vermont

	Role
<b>3</b> <input type="checkbox"/>	BCBSVT Admitting Staff

**Add** **4** **Remove**

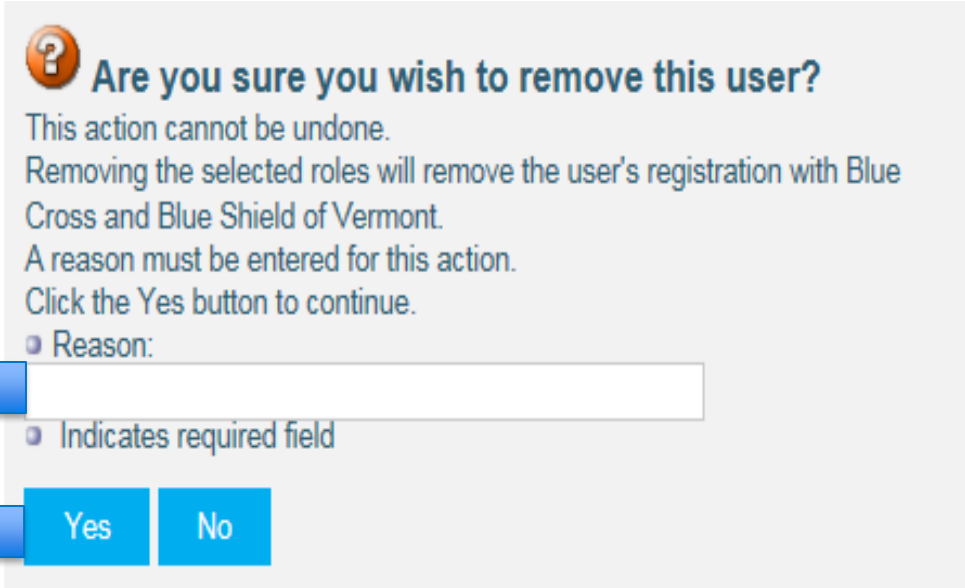
**2** **User Maintenance**

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

**Roles** **General Content**

## 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.

Reason:

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. Enter patient date of birth
4. Select “Search”

The screenshot displays the 'Patient Management' section of a web application. A blue header contains the text 'Patient Management' and a circular arrow icon. Below the header, the text 'Current Patient' is displayed above a dropdown menu showing '(None)'. A blue box with the number '1' is positioned to the left of this dropdown. To the right, a 'Search for BCBSVT Members' section is visible. It includes a heading, a paragraph of instructions, and a list of search tips. Below this is a 'Patient Search' section with a 'Conduct Patient Search' heading. It features a search input field with radio buttons for 'Last Name' and 'Member ID', a PCP dropdown menu set to 'All Providers', and search filters for 'As of' (with a date of 11/21/2022), 'Birth Date' (with a date input field), and 'Gender'. A blue box with the number '2' is to the left of the search input field, and a blue box with the number '3' is to the right of the birth date input field. At the bottom of the search section are 'Search' and 'Clear' buttons, with a blue box containing the number '4' to their left.

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

- To continue to benefits and accumulator information, click “Select.” Member name will display in “Current Patient” box. See next page for additional instructions.
- 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

	Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
<b>5</b> <b>Select</b>	DOE, JOHN M			MITH STREET, VT	(802) 123-4567	1234567891	
<b>6</b> <b>Select</b>	DOE, JOHN M			MITH STREET, VT	(802) 123-4567	V1234567891000	
<b>Select</b>	DOE, JOHN A			MITH STREET, VT	(802) 234-5678	2345678912	


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

5. To continue to benefits and accumulator information, click “Select.” Member name will display in “Current Patient” box. See next page for additional instructions.

6. 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

Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
DOE, JOHN M			MITH STREET, VT	(802) 123-4567	1234567891	
DOE, JOHN M			MITH STREET, VT	(802) 123-4567	V1234567891000	
DOE, JOHN A			MITH STREET, VT	(802) 234-5678	2345678912	

24 



# 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.”

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

Current Patient  
DOE, JOHN ▾

Search Blue Cross of VT Patient Eligibility  
Patient Information  
Eligibility  
Claims  
Referrals/Auths

**Office Management**

Resource Center  
Eligibility  
Claim Status Inquiry  
Provider Vouchers

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

**DOE, JOHN**  
Member ID V1234567891000

**Patient Information**

<b>Date of Birth</b>	16 Sep 1969	<b>Sex</b>	Male	<b>Address</b>	44 SMITH STREET EXAMPLE, VT 12345
<b>Phone</b>					

**PCP**

<b>Name</b>	MATTHEW SULLIVAN	<b>Effective Dates</b>	1 Apr 2022 - None	<b>Phone</b>	(802) 123-4567
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# 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

#### 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: ZIA99999999900 | FEP example: R99999999900)
- 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

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<input type="radio"/> Subscriber Name	First <input type="text" value="John"/>	Last <input type="text" value="Doe"/>	<input type="radio"/> Birth Date	<input type="text" value="08/12/1955"/> (MM/DD/YYYY)
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## 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 24 ) ends in anything other than 01, this is NOT the subscriber.

### Eligibility Search

Conduct Eligibility Search

### Subscriber Information

<input type="radio"/> Subscriber Name	First	Last	<input type="radio"/> Birth Date	09/01/2013
	<input type="text" value="JOHN"/>	<input type="text" value="DOE"/>		

10

### Patient Information (required if not the subscriber)

Patient Name	First	Last	Birth Date	<input type="text"/>
	<input type="text"/>	<input type="text"/>		(MM/DD/YYYY)
<input type="radio"/> Patient ID	Member #	<input type="text" value="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:     Last:      Birth Date:

**Patient Information (required if not the subscriber)**


Patient Name    First:     Last:     Birth Date:  (MM/DD/YYYY)

Patient ID    Member #:

As of:      Gender:  

Requesting Provider     Name:      Provider NPI:    

This field is required.

Service Type:  

## 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
<b>12</b> <input type="button" value="Select"/>	JONES, D, DC	915A123456789	123456789	HEALTH CARE PRACTICE

**13**  Requesting Provider

Jones D, DC (Provider NPI: 123456789)

Name  Provider NPI

**This field is required.**

Service Type: Chiropractic (33)

**14**

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

- If product indicates YES, this member is impacted by Act 111. Please refer to the Online Provider Handbook, Section 12 for full details. The Provider Handbook can be found at the following link <https://www.bluecrossvt.org/providers>.

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**Benefit Plan Information**

**Carrier**

**Product** STATE OF VERMONT SELECTCARE (YES)

**Group** SOV ACTIVE SELECTCARE (335025607A411001)

**Benefit Plan**

 Hover here for a link to view your Outline of Coverage

**Status** Active Coverage

**Start Date** 01/01/2019

**End Date** 12/31/2024

**Dependents**

Name	Birth Date	Member ID	PCP

**Other Insurance**

Insurance Line	Group Number	Insurance Name	Address	Effective Dates	Payor Responsibility
		BLUE CROSS AND BLUE SHIELD OF VERMONT			

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

16. Review specific benefit (e.g., Chiro) below.

16

Benefits

- Health Benefit Plan Coverage
- Chiropractic** Benefit Limits
  - Office - In Network  
12 Visits / Calendar Year  
Individual
- Diagnostic X-Ray

Individual

- Co-Insurance  
0%
- Office - In Network

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

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

## Accumulators

**Out of Pocket (Stop Loss)**  
Family - In Network \$0.00 Remaining  
\$5000.00 Used \$5000.00

**Deductible**  
Family - In Network \$0.00 Remaining  
\$5000.00 Used \$5000.00

17

**Chiropractic** ▼

Limitations - In Network - Office 12 Remaining  
0 Visits Used 12 Visits

As of 9 Sep 2022 i



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.

1.

**Office Management** 

Claims

**Eligibility**

Provider Vouchers

Prior Approvals/  
Pre-Notification/  
Acuity Connect

Provider Search

Document Center

Tools & Resources

2.

### Real-time Eligibility Inquiry

#### 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: ZIA99999999900 | FEP example: R99999999900)
- 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:   
(MM/DD/YYYY)

**3**

**Patient Information (required if not the subscriber)**

Patient ID

Patient Name: First:  Last:

Member #:

Birth Date:   
(MM/DD/YYYY)

As of:

Gender:

Requesting Provider

Name   Provider NPI

**4**

**Search**

This field is required.

Service Type:

**5** **Search**

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

- Review eligibility details. If product indicates YES, this member is impacted by ACT 111. Please refer the only Provider Handbook, Section 12 for details. The Provider Handbook can be found at the following link <http://www.bluecrossvt.org/providers>
- Review benefit.

### Benefit Plan Information

6.

 Hover here for a link to view your Outline of Coverage

#### Carrier

Status Active Coverage

Product STATE OF VERMONT SELECTCARE (YES)

Start Date 01/01/2019

Group SOV ACTIVE SELECTCARE (335025607A411001)

End Date 12/31/2024

#### Benefit Plan

7

Health Benefit Plan Coverage

Family

Deductible \$2000.00 In Network	Out of Pocket (Stop Loss) \$5000.00 In Network	Active Coverage BCBSVT EPD WITH PCP \$0 In and Out of Network
---------------------------------------	--	--

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

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

8

- Health Benefit Plan Coverage
- Chiropractic Benefit Limits
- Dental Care
- Emergency Services
- Hospital

[View all Benefit Details](#)

### Accumulators

**Out of Pocket (Stop Loss)**  
Family - In Network \$0.00 Remaining  
\$5000.00 Used \$5000.00

**Deductible**  
Family - In Network \$0.00 Remaining  
\$5000.00 Used \$5000.00

**Chiropractic** ^  
Limitations - In Network - Office 12 Remaining  
0 Visits Used 12 Visits

As of 12 Sep 2022 i

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.”

The screenshot shows the 'Claim Status Search' interface. On the left, a navigation menu is open under 'Office Management', with 'Claim Status Inquiry' highlighted and marked with a blue box containing the number '1'. The main search area is titled 'Claim Status Search'. It contains several fields: 'Claim Number' (marked with a blue box '2'), 'Date of Service' (with date pickers for '6/12/2022' and '9/12/2022'), 'Patient' (with radio buttons for 'Last Name', 'Member ID', and 'Patient Account Number', and a text input field marked with a blue box '3'), and 'Provider' (a dropdown menu). Below these fields are checkboxes for 'Paid', 'Pended', and 'Denied', all of which are checked. At the bottom, there are 'Search' and 'Clear' buttons, with the 'Search' button marked with a blue box '4'. A legend at the bottom indicates that a right-pointing triangle symbol indicates non-standard HIPAA data elements.

## SECTION 8: CLAIM INQUIRIES – VERMONT MEMBERS

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

Pages: (1) Results: 1

[Export to Excel](#) [Export to PDF](#) [Print](#)

5

Claim Status Search Results For DOE JOHN ?

6

<a href="#">View Voucher</a>	<a href="#">Claim Number</a>	<a href="#">Status</a>	<a href="#">Patient</a>	<a href="#">Patient Account No.</a>	<a href="#">DOS</a>	<a href="#">Provider</a>	<a href="#">Billed</a>	<a href="#">Paid/Cap. Value.</a>	<a href="#">Payment Date</a>	<a href="#">Coinsurance Amount</a>	<a href="#">Copay Amount</a>	<a href="#">Deductible Amount</a>	<a href="#">Patient Disallow Amount</a>	<a href="#">COB Amount</a>
------------------------------	------------------------------	------------------------	-------------------------	-------------------------------------	---------------------	--------------------------	------------------------	----------------------------------	------------------------------	------------------------------------	------------------------------	-----------------------------------	---	----------------------------

7

Pending	26221940		Doe, John	5049	12 Jul 2022	CAREY, ANDREA	\$351.24	\$135.61	19 Jul 2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
---------	----------	--	-----------	------	-------------	---------------	----------	----------	-------------	--------	--------	--------	--------	--------

Pages: (1) Results: 1



## SECTION 9:

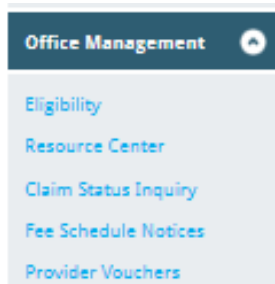
# REALTIME CLAIM INQUIRIES

## 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.”



### 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:

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 information

2

# 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

\* 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>	

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 a web application interface for searching remittance advice. On the left, a navigation menu is open under the 'Office Management' header, with 'Provider Vouchers' selected. A 'Web Browser Requirements' pop-up is visible at the bottom left, with a 'Continue' button. The main search area is titled 'Remittance Advice Search' and contains a 'Practice' dropdown menu, a 'Date Range' section with 'Start Date' and 'End Date' fields, and 'Search' and 'Cancel' buttons. Numbered callouts (1-5) are placed over the interface to indicate the steps: 1 points to 'Provider Vouchers', 2 to the 'Continue' button, 3 to the 'Practice' dropdown, 4 to the 'Start Date' field, and 5 to the 'Search' button.

**Office Management**

- Claims
- Eligibility
- Provider Vouchers**
- Prior Approvals/  
Pre-Notification/  
Acuity Connect



**Web Browser Requirements:**

This service supports most modern browsers:  
Compatible with Internet Explorer version 8.0, 9.0, 10.0, or 11.0  
Compatible with Chrome  
Compatible with Safari  
Mozilla Firefox is currently not supported

**Remittance Advice Search**

Practice

Date Range

Start Date \*   End Date  

# 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:

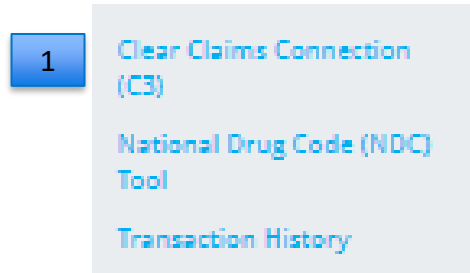
# CLEAR CLAIM CONNECT (C3)

## 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"/>
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"/>
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"/>
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"/>
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"/>

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# SECTION 13

# EQUOTE GUIDE

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Provider Relations

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## SECTION 13 MEMBER EQUOTE GUIDE

The 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: EQUOTE GUIDE (CONT.)

1. Select “Search Blue Cross of VT Patient Eligibility” under “Patient Management.”
2. Enter patient information by last name, first name format or by member ID number and date of birth.
3. Select “Search.”

The screenshot shows a web interface for patient search. On the left, a sidebar menu is open under the heading "Patient Management". A blue box with the number "1" points to the menu item "Search Blue Cross of VT Patient Eligibility". The main content area is titled "Patient Search" and "Conduct Patient Search". A blue box with the number "2" points to the "Patient" search input field, which has radio buttons for "Last Name" and "Member ID" (selected). Below the input field is the text "(ID Example - HP5555555)". A "PCP" section shows "None Selected" and a "Select" button. The "Search Filters" section includes an "As of" date field with "12/9/2022" and a calendar icon, and a "Birth Date" field with a placeholder "(MM/DD/YYYY)". A blue box with the number "2" points to the "Birth Date" field. Below the filters is a "Gender" dropdown menu. A blue box with the number "3" points to the "Search" button at the bottom of the form.

## SECTION 13: EQUOTE GUIDE (CONT.)

4. 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

Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
<a href="#">Select</a>						

4



# SECTION 13: EQUOTE GUIDE (CONT.)

- 5. Select "Click here to view the eQuote Guide."

**Patient Management** ▾

Current Patient

POWERS, ... ▾

Search Blue Cross of VT Patient Eligibility

Patient Information

Eligibility

Referrals/Auths

**Office Management** ▾

Resource Center

Eligibility



C3 TEST | Provider Hold Spot 14

## 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



 

**Patient Information**

Date of Birth  Sex Female Address 

Phone 

**PCP**

Name  Phone 

## SECTION 13: 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

Record Locator

6

J1-345186



7

 Open eQuote Guide

## SECTION 13: 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”).

The screenshot shows the BlueCross BlueShield of Vermont logo at the top left, with the text "An Independent Licensee of the Blue Cross and Blue Shield Association." Below the logo is a blue box containing the number "8". The main heading is "BENEFIT QUOTE GUIDE" in blue, underlined. Below the heading is a paragraph: "This Member eQuote Guide is designed to provide verification of member benefits. As a simplified and comprehensive electronic resource, it links to important contract documents and policies." Below this is a table with the following content:

<b>Alpha Prefix:</b> Individual: ZII; Group: ZIG
<b>Tier Level:</b> Family
<b>Network:</b> Vermont: Blue Cross Blue Shield of Vermont (Blue Cross VT) Network    Out of State: BlueCard EPO/PPO Network
<b>Find a network provider:</b> <a href="http://www.bluecrossvt.org/find-doctor">www.bluecrossvt.org/find-doctor</a>
<b>Contract Documents for:</b> 000BU Certificate of Coverage for Vermont Preferred Gold, Silver, and Bronze Plans

At the bottom right, there is a BlueShield logo and the text "An Independent Licensee of the Blue Cross and Blue Shield Association."

## SECTION 13 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

### CHIROPRACTIC CARE

Chiropractic care is eligible based on medical necessity. Treatment must be for a neuromusculoskeletal condition (that is a condition of the bones, joints, or muscles). The member must use a network chiropractor or there are no benefits.

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 \$17,400 individual, 2 person, or family deductible up to the \$8,700 individual or \$17,400 two person or family out of pocket limit. Services are then eligible at 100% of the allowed price for the rest of the plan year.

Some diagnostic services (e.g., labs and X-rays) are also eligible for coverage: There is a \$17,400 individual, 2 person, or family deductible up to the \$8,700 individual or \$17,400 two person or family out of pocket limit. Services are then eligible at 100% of the allowed price for the rest of the plan year.

#### ADDITIONAL INFORMATION:

- See the "[Chiropractic Services](#)" [medical policy](#) for 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

## SECTION 13: 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.

10

The screenshot shows a document titled "BENEFIT QUOTE GUIDE" from BlueCross BlueShield of Vermont. The document includes a header with the company logo and name, followed by the title. Below the title is a paragraph explaining the purpose of the eQuote Guide. The main content is organized into a table with several rows, each containing specific information about the plan. The table includes details such as the Alpha Prefix, Tier Level, Network, Find a network provider link, Contract Documents for, and Additional Information. The document is numbered "1" in the bottom right corner.

<b>Alpha Prefix:</b> Individual: ZII; Group: ZIG
<b>Tier Level:</b> Family
<b>Network:</b> Vermont: Blue Cross Blue Shield of Vermont (Blue Cross VT) Network Out of State: BlueCard EPO/PPO Network
<b>Find a network provider:</b> <a href="http://www.bluecrossvt.org/find-doctor">www.bluecrossvt.org/find-doctor</a>
<b>Contract Documents for:</b> 000BU Certificate of Coverage for Vermont Preferred Gold, Silver, and Bronze Plans
<b>Additional Information:</b> 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; Prior approval is required. See the "Out-of-Network Services" Medical Policy for additional guidelines. --- ---

# 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