

MEMBER EQUOTE GUIDE

Provider Relations

1

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 Management' sidebar on the left and the 'Patient Search' main panel on the right. A blue box with the number '1' points to the 'Search Patients' link in the sidebar. A blue box with the number '2' points to the 'Last Name' search input field in the main panel. A blue box with the number '3' points to the 'Search' button at the bottom of the main panel.

Patient Management

Current Patient

(None)

1 Search Patients

Patient Search

Conduct Patient Search

Patient **2** ☒ Last Name ☐ Member ID

(Last Name Example - Smith, John)

PCP None Selected **Select**

Search Filters

As of

Birth Date

(MM/DD/YYYY)

Gender

3 **Search** **Clear**

MEMBER EQUOTE GUIDE


- 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	
4	Select	FLOWER, WALL	F		(802) 555-5552	V8	PITCHER, MARK	BCBSVT	

MEMBER EQUOTE GUIDE

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 V81

Patient Information

Date of Birth	Sex Female	Address
Phone (802) 555-5552		

PCP

Name MARK PITCHER	Effective Dates 1 Aug 2020 - None	Phone

MEMBER EQUOTE GUIDE

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

V

Record Locator

6

J1-345186

7

 Open eQuote Guide

MEMBER EQUOTE GUIDE

8. 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

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

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

Table of Contents

Acupuncture:	5
Ambulance Services:	5
Autism Spectrum Disorder Treatment:	5
Bariatric Surgery:	6
Chiropractic Services:	6

MEMBER EQUOTE GUIDE

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

9	<p>additional guidelines.</p> <h3>Chiropractic Services:</h3> <p>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.</p> <p>Some diagnostics, for example x-rays rendered by a Chiropractor, are eligible under the plan. Services are eligible at 100% of the allowed amount.</p> <p><u>ADDITIONAL INFORMATION:</u></p> <ul style="list-style-type: none">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
---	---

MEMBER EQUOTE GUIDE

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 multiple tabs. The active tab is labeled '11' and contains the URL 'webitlacc02.bcbsvt.com/quoteguideviewer/quoteguides/file/nw7vm4'. The browser's address bar shows 'Not secure'. The page content displays a document titled 'QHO- Benefit Quote Guide' with a sub-header 'Alpha Prefix: 211'. The document is viewed in a dark-themed interface. A sidebar on the left shows a thumbnail of the document. The top right corner of the browser window features a printer icon and a blue box with the number '10'. The bottom right corner of the browser window features a blue box with the number '11'.