

PROVIDER RESOURCE CENTER REFERENCE GUIDE

Provider Relations

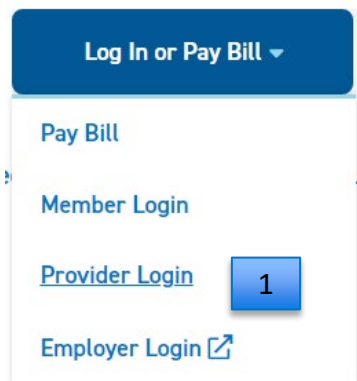
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SECTION 1: USER REGISTRATION

SECTION 1: USER REGISTRATION

1. To start the registration process, go to 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](#)

I am the appropriate person for the "Local Administrator" role, continue to registration

2

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.

**BlueCross BlueShield**
of Vermont
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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Please refrain from using special characters including apostrophes when creating your username.
Doing so may prevent you from using certain features or systems.

User Information

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

First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Title *	<input type="text"/>
E-Mail *	<input type="text"/>
Confirm E-Mail *	<input type="text"/>
Office Phone *	<input type="text"/>
	Example: (555) 555-5555
Extension #	<input type="text"/>
	Example: 123456
Office Fax	<input type="text"/>
	Example: (555) 555-5555
User Name *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>

Security Question 1 *	<input type="text"/>
Security Answer 1 *	<input type="text"/>
	Your answer may not contain your username.
Security Question 2 *	<input type="text"/>
Security Answer 2 *	<input type="text"/>
	Your answer may not contain your username.
Security Question 3 *	<input type="text"/>
Security Answer 3 *	<input type="text"/>
	Your answer may not contain your username.
Local Admin	<input checked="" type="checkbox"/> As the primary registrant, you are automatically a local admin
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Next"/>	

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="v"/>
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.”

Registration Summary	
Office Contact Info:	[edit]
<input type="text"/>	
User Information:	[edit]
<input type="text"/>	
<div>Cancel Back Finish</div>	

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.”i

Registration Created

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	Congratulations! You have completed your registration.
Thank you. Your registration with Blue Cross and Blue Shield of Vermont is now complete.	Once your account is ready, you will be notified via the e-mail address you provided during registration.
<input type="button" value="Next"/>	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>

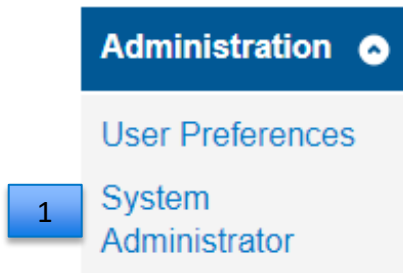
SECTION 2:

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.



A screenshot of a 'User Maintenance' table. The table has a dark blue header with the title 'User Maintenance'. Below the header is a table with 8 columns: 'User Name', 'Office Security', 'Company Name', 'Company ID Number', 'User ID', 'Last Login', 'User Status', and 'User Index'. The first row of data is highlighted in light yellow. A blue box with the number '2' is placed next to the first row.

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.”

Administration

User Preferences

System Administrator

1

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

2

User Information

First Name

Middle Initial

Last Name

Time Zone:

E-mail Address

Confirm E-mail Address

Title

Office Phone

Phone Ext

Office Fax

Local Administrator:

John

W.

Smith

American/New York

jws@test

jws@test

Office Manager

802-123-45678

☐

3

Submit

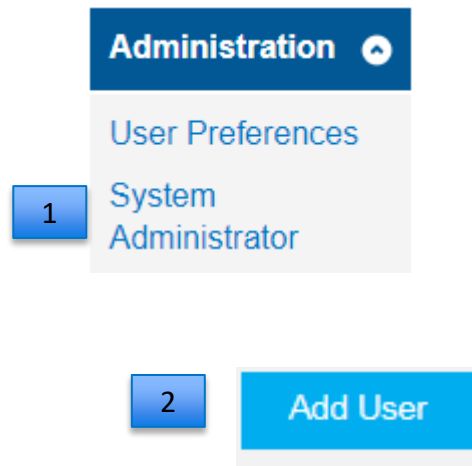
SECTION 4:

SYSTEM ADMINISTRATOR –

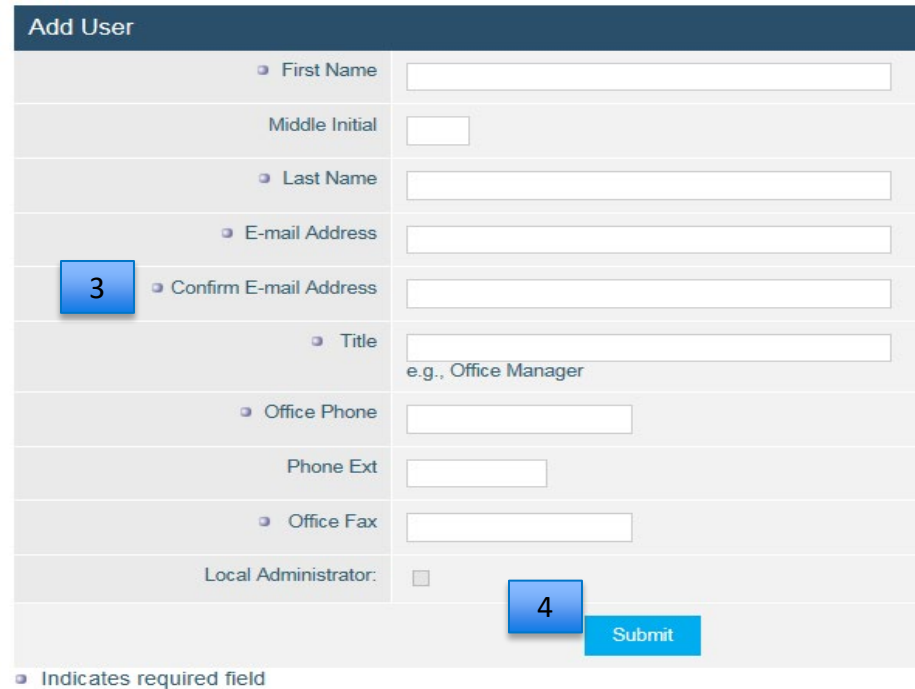
ADDING A NEW USER

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 image shows a navigation menu with the following items: Administration (with a dropdown arrow), User Preferences, System Administrator (highlighted with a blue box and the number 1), and Add User (highlighted with a blue box and the number 2).



The image shows the "Add User" form with the following fields: First Name, Middle Initial, Last Name, E-mail Address, Confirm E-mail Address (highlighted with a blue box and the number 3), Title (with a hint "e.g., Office Manager"), Office Phone, Phone Ext, Office Fax, and Local Administrator (checkbox). A "Submit" button (highlighted with a blue box and the number 4) is at the bottom right. A legend at the bottom left indicates that a blue box around a field name means "Indicates required field".



The image shows a blue "Add" button.

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 screenshot shows a web form titled "User Role Selection". It has a table with two columns: "Roles" and "Entity List". A dropdown menu is open under the "Roles" column, showing 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" points to the dropdown menu. Below the table, there are two buttons: "Select Role" and "Cancel". A blue box with the number "6" points to the "Select Role" button. At the bottom of the form, there is a "Local Administrator:" label next to an unchecked checkbox. A blue box with the number "7" points to the "Submit" button.

User Role Selection	
Roles	<div>Provider - BCBSVT Admitting Staff</div> <div>Provider - BCBSVT General Staff</div> <div>Provider - BCBSVT Office Manager</div> <div>Provider - BCBSVT Office Manager No Demo</div> <div>Provider - BCBSVT Provider</div>
Entity List	(1888) <input type="button" value="v"/>
<div>Select Role</div> <div>Cancel</div>	

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
- 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”.

The screenshot illustrates the process of removing a user through the system administrator interface. It is divided into two main sections: the left sidebar and the main content area.

Left Sidebar:

- Administration** (with a dropdown arrow) is the active menu.
- User Preferences**
- System Administrator** (highlighted with a blue box and the number 1).

Main Content Area:

- User Role Maintenance** header.
- Organization: **Blue Cross And Blue Shield Of Vermont**
- Role** table:

	Role
<input type="checkbox"/> (highlighted with a blue box and the number 3)	BCBSVT Admitting Staff

Below the role table are **Add** and **Remove** buttons. The **Remove** button is highlighted with a blue box and the number 4.

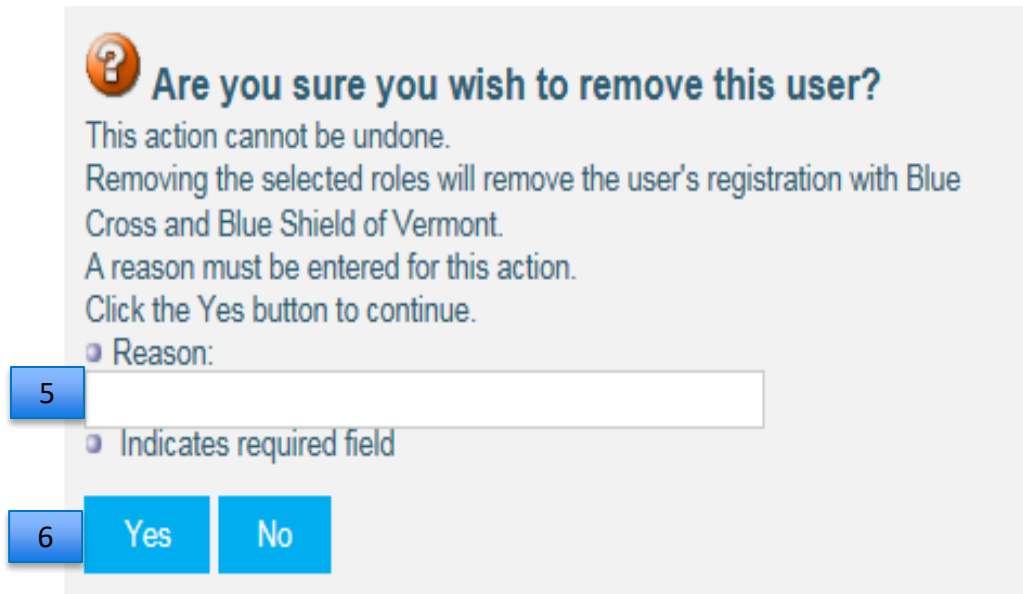
User Maintenance table (highlighted with a blue box and the number 2):

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

At the bottom of the main content area are two tabs: **Roles** and **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.



A confirmation dialog box with a question mark icon. The title is "Are you sure you wish to remove this user?". The text inside says: "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." Below this is a text input field with a "Reason:" label. A blue box with the number "5" is next to the input field. Below the input field is a label "Indicates required field". At the bottom are two buttons: "Yes" and "No". A blue box with the number "6" is next to the "Yes" button.

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

Yes No

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”

Patient Management

Current Patient

(None) ▾

Search for BCBSVT Members

The patient search tool, found below, is only for Blue Cross and Blue Shield of Vermont members (prefix listing).

- 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.)

If searching for a BlueCard® or Federal Employee Program (FEP) member's eligibility and benefits, go here.

Patient Search

Conduct Patient Search

Patient ☐ Last Name ☒ Member ID ?
(ID Example - HP5555555)

PCP All Providers ▾

Search Filters

As of 11/21/2022 Birth Date (MM/DD/YYYY)

Gender ▾

Search **Clear**

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
<div>5</div> <div>Select</div>	DOE, JOHN M			MITH STREET, VT	(802) 123-4567	1234567891	
<div>6</div> <div>Select</div>	DOE, JOHN M			MITH STREET, VT	(802) 123-4567	V1234567891000	
<div>Select</div>	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	

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 BlueCross BlueShield of Vermont

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

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

7

8

Patient Management

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

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](#)

 **DOE, JOHN**
Member ID V1234567891000

Patient Information

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

PCP

Name	MATTHEW SULLIVAN	Effective Dates	1 Apr 2022 - None	Phone	(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

9

Subscriber Name

First

John

Last

Doe

Birth Date

08/12/1955

(MM/DD/YYYY)

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

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

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)		

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
12 <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.)

15. 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>.

15

Benefit Plan Information

Carrier


Product

Group

Benefit Plan

STATE OF VERMONT SELECTCARE (YES)

SOV ACTIVE SELECTCARE (335025607A411001)

 Hover here for a link to view your Outline of Coverage

Status

Start Date

End Date

Active Coverage

01/01/2019

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

Individual

Co-Insurance
0%

Office - In Network

▼ Diagnostic X-Ray

Benefit Limits

Office - In Network
12 Visits / Calendar Year
Individual

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

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 - 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: R99999999900)
 - 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 #:

☐ **As of** 

☐ **Birth Date**
(MM/DD/YYYY)

☐ **Gender**

☒ **Requesting Provider**

☒ **Name** ☐ **Provider NPI**

Search

This field is required.

Service Type

5 **Search** **Clear**

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

6. 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>
7. 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 \$5000.00 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

\$5000.00 Used

\$0.00 Remaining

\$5000.00

Deductible

Family - In Network

\$5000.00 Used

\$0.00 Remaining

\$5000.00

Chiropractic

Limitations - In Network - Office


0 Visits Used

12 Remaining

12 Visits

As of 12 Sep 2022 i

37

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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.”

All sequences of adjusted claims can be searched by entering the claim number without the last 2 digits of the claim number and replacing with % example- 123456403242%

The screenshot displays the 'Claim Status Search' interface. On the left, a sidebar menu under 'Office Management' contains links for 'Eligibility', 'Resource Center', 'Claim Status Inquiry' (highlighted with a blue box and the number 1), 'Fee Schedule Notices', and 'Provider Vouchers'. The main search area is titled 'Claim Status Search'. It includes a 'Claim Number' input field (with a blue box and the number 2), a 'Date of Service' range selector with dates 6/12/2022 and 9/12/2022 (with a blue box and the number 3), a 'Patient' dropdown menu with radio buttons for 'Last Name' (selected), 'Member ID', and 'Patient Account Number', and a 'Provider' dropdown menu. Below these are checkboxes for 'Status' (Paid, Pended, Denied) and a 'Search' button (with a blue box and the number 4) next to a 'Clear' button. A footer note states 'Indicates non-standard HIPAA data element'.

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

All blue hyperlinks can be clicked on to sort if there is multi results

Pages: (1) Results: 1

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

5

Claim Status Search Results For DOE JOHN



6

View Voucher	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value.	Payment Date	Coinsurance Amount	Copay Amount	Deductible Amount	Patient Disallow Amount	COB Amount
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

7

Pages: (1) Results: 1

SECTION 9:

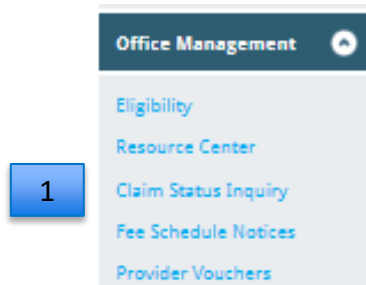
REALTIME CLAIM INQUIRIES

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 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 *



Last Name *



First Name *



Sex *



☐ Female ☐ Male

Provider Information (Required)

Provider Name

Last Name *



First Name



Provider Identifiers

Provider ID *



Provider Tax ID *



Claim Information (Optional) (Required)

Claim Data

Total Claim Charge



Dates Of Service

*Date Of Service Start *



*Date Of Service End *



4

5

Search

Clear

* required field

SECTION 9: REALTIME CLAIM INQUIRIES (CONT.)

6. Review Results

Claim Status Search Results

Patient Information

Patient:

Doe, John

ID:

V1234567890

Provider Information

Provider:

Dr. Jones

NPI:

123456789

Claim Total

Amount Billed: \$100.00

Amount Paid: \$56.47

Claims

6

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

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.”

1

Office Management

Claims

Eligibility

Provider Vouchers

Prior Approvals/
Pre-Notification/
Acuity Connect

2

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

Continue

Remittance Advice Search

3

Practice

4

Start Date *

End Date

5

Search

Cancel

SECTION 12:

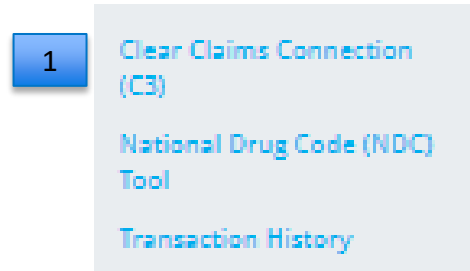
CLEAR CLAIM CONNECT (C3)

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									__/__/__	__/__/__								
2									__/__/__	__/__/__								
3									__/__/__	__/__/__								
4									__/__/__	__/__/__								
5									__/__/__	__/__/__								

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SECTION 13

EQUOTE GUIDE

Provider Relations

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 displays the 'Patient Search' interface. On the left, a sidebar under the 'Patient Management' header contains a dropdown menu currently set to '(None)'. Below this menu is a button labeled 'Search Blue Cross of VT Patient Eligibility', which is highlighted with a blue box and the number '1'. The main content area is titled 'Patient Search' and 'Conduct Patient Search'. It features a 'Patient' label next to a search input field, which is highlighted with a blue box and the number '2'. Above the input field are radio buttons for 'Last Name' and 'Member ID', with 'Member ID' selected. Below the input field is the text '(ID Example - HP5555555)'. To the right of the input field is a help icon (?). Below the input field is a 'PCP' section with 'None Selected' and a 'Select' button. Further down is a 'Search Filters' section. It includes an 'As of' date field set to '12/9/2022' with a calendar icon, a 'Birth Date' field (highlighted with a blue box and the number '2') with a placeholder '(MM/DD/YYYY)', and a 'Gender' dropdown menu. At the bottom of the form are 'Search' and 'Clear' buttons. A blue box with the number '3' is positioned over the 'Search' button.

SECTION 13: 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

Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
Select						

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


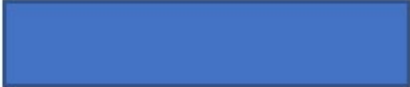
Eligibility Inquiry - Prepopulated Form

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

V


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”).

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8

BENEFIT QUOTE GUIDE

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.

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

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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. Below the title, there 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 fields for Alpha Prefix, Tier Level, Network, Find a network provider, Contract Documents for, and Additional Information. The document is numbered 1 in the bottom right corner.

Alpha Prefix: Individual: ZII; Group: ZIG
Tier Level: Family
Network: Vermont: Blue Cross Blue Shield of Vermont (Blue Cross VT) Network Out of State: BlueCard EPO/PPO Network
Find a network provider: www.bluecrossvt.org/find-doctor
Contract Documents for: 000BU Certificate of Coverage for Vermont Preferred Gold, Silver, and Bronze Plans
Additional Information: 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
- By phone: (888) 449-0443, option 1