# PROVIDER RESOURCE CENTER REFERENCE GUIDE

Provider Relations



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SECTION 1:

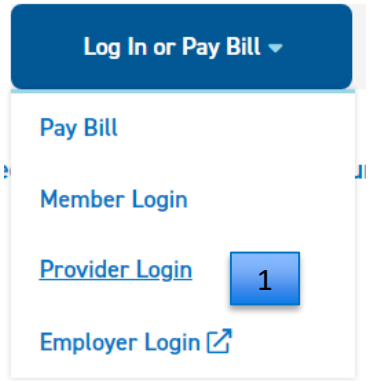
# USER REGISTRATION

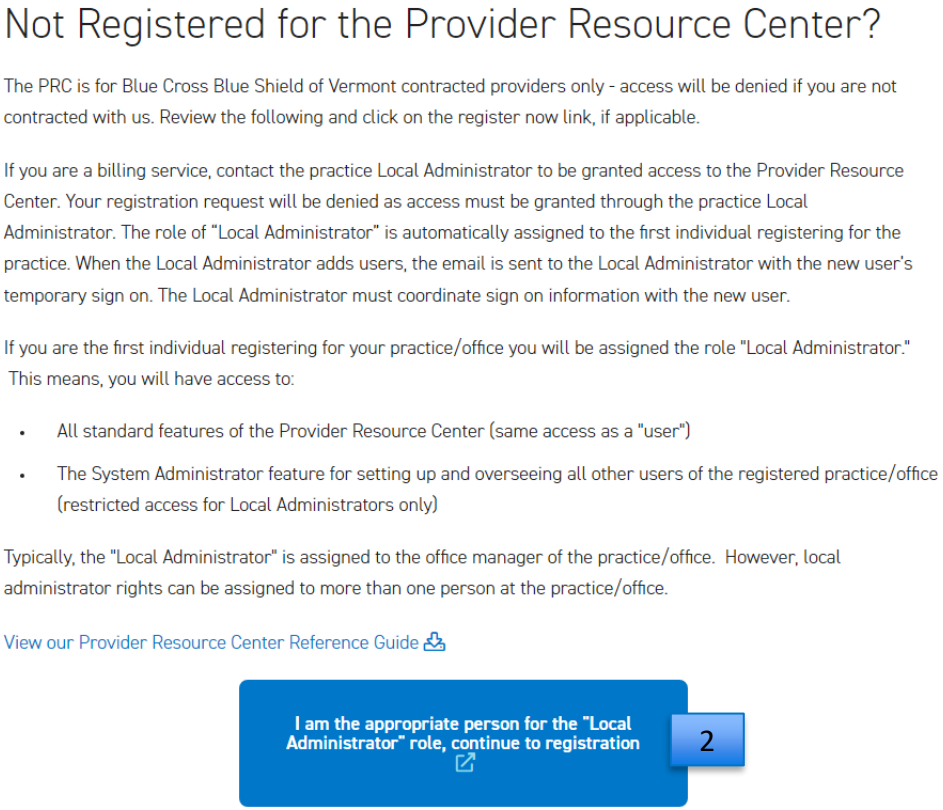


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# SECTION 1: USER REGISTRATION

1. To start the registration process, go to [bluecrossvt.org/PRC](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.)



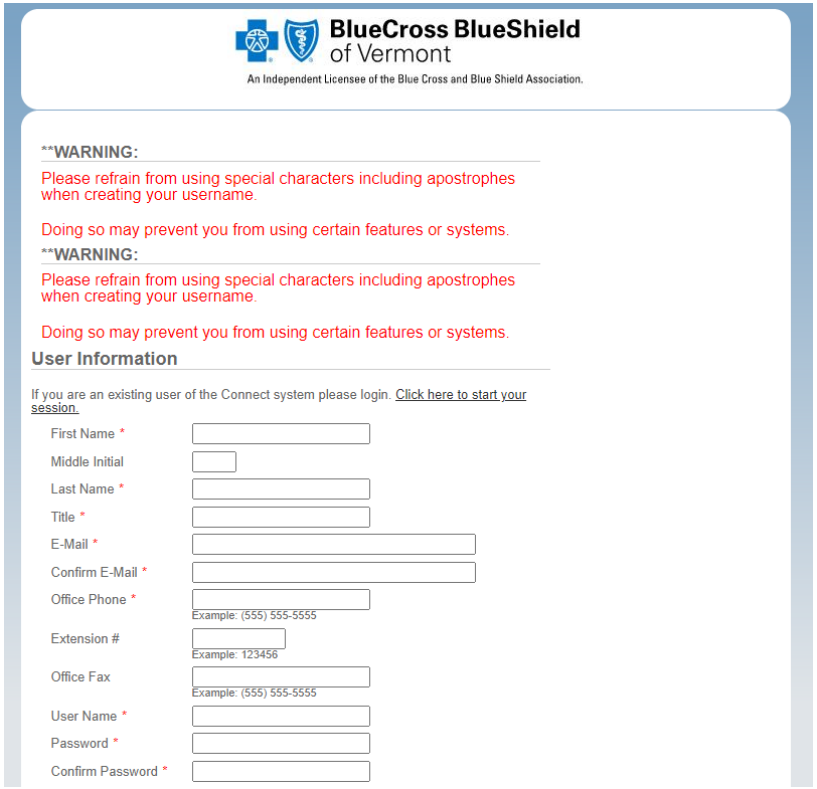



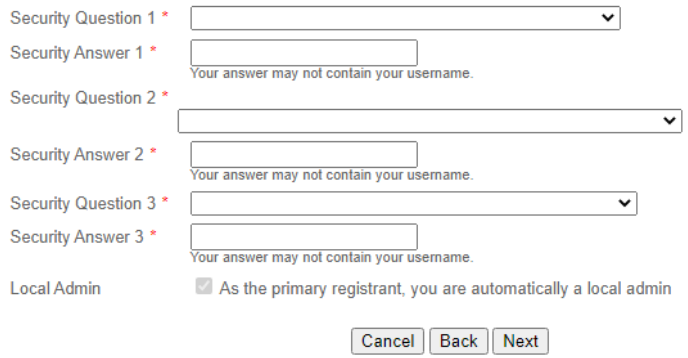



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# SECTION 1: USER REGISTRATION (CONT.)

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



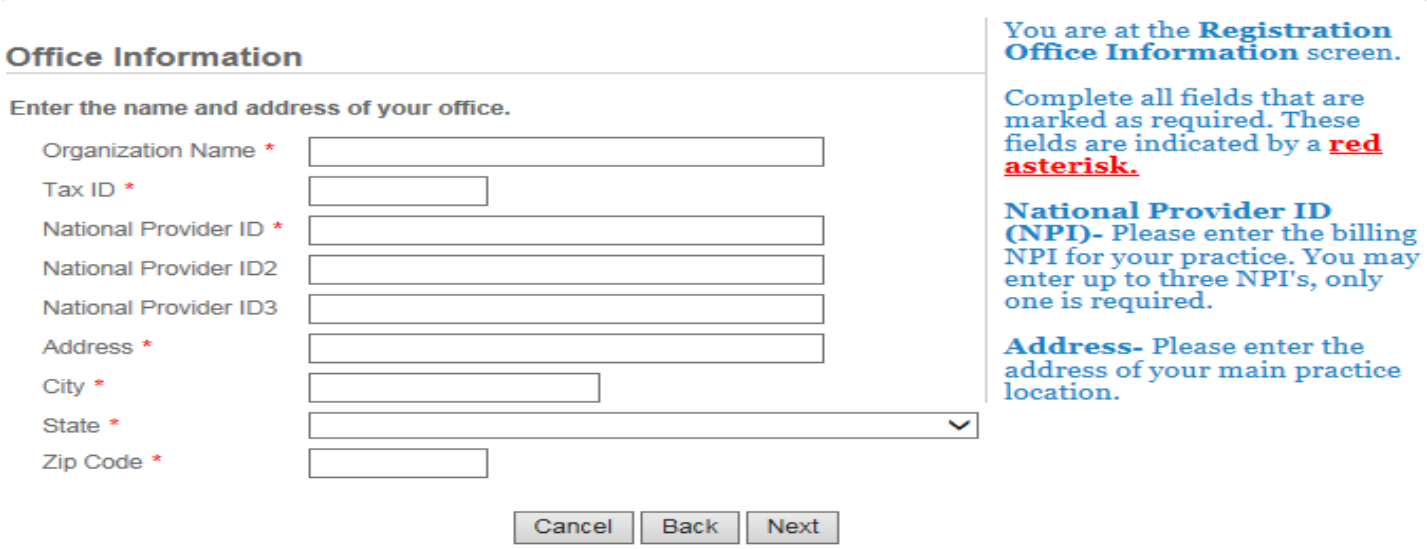



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# SECTION 1: USER REGISTRATION (CONT.)

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

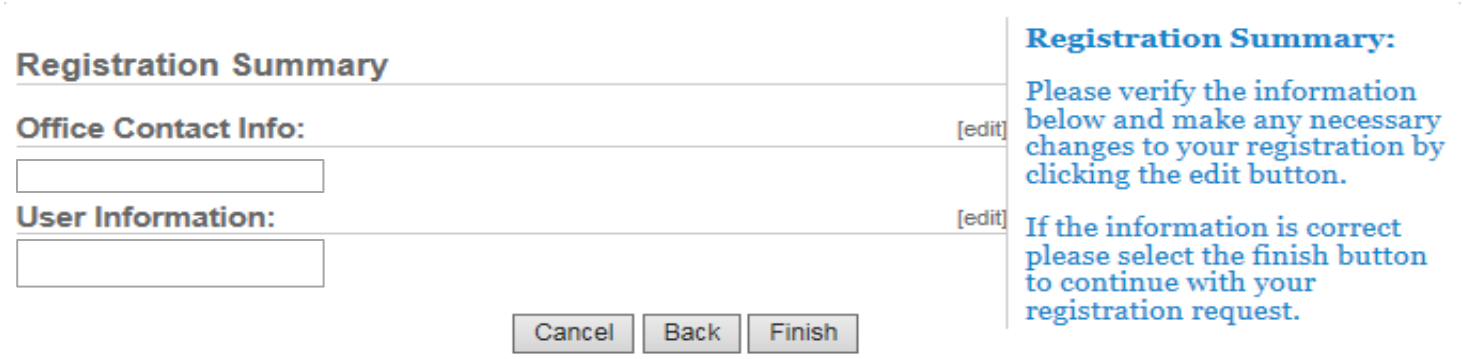





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# SECTION 1: USER REGISTRATION (CONT.)

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

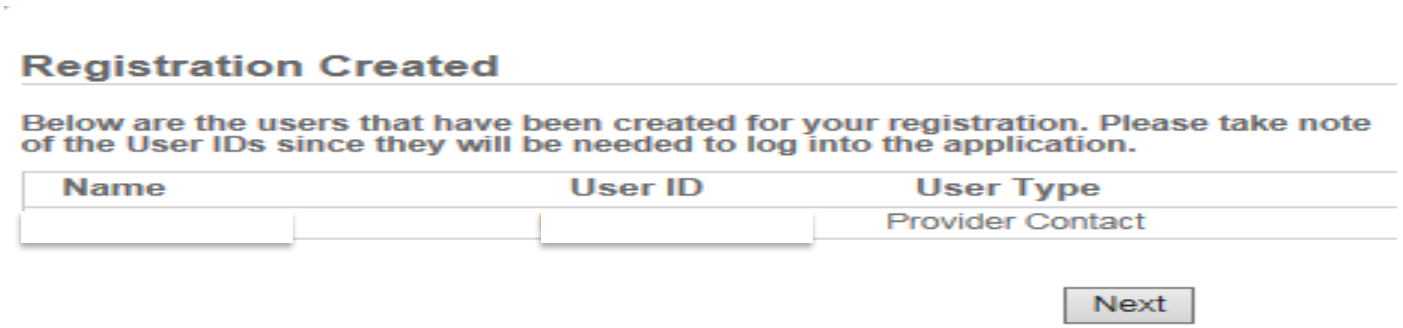





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# SECTION 1: USER REGISTRATION (CONT.)

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

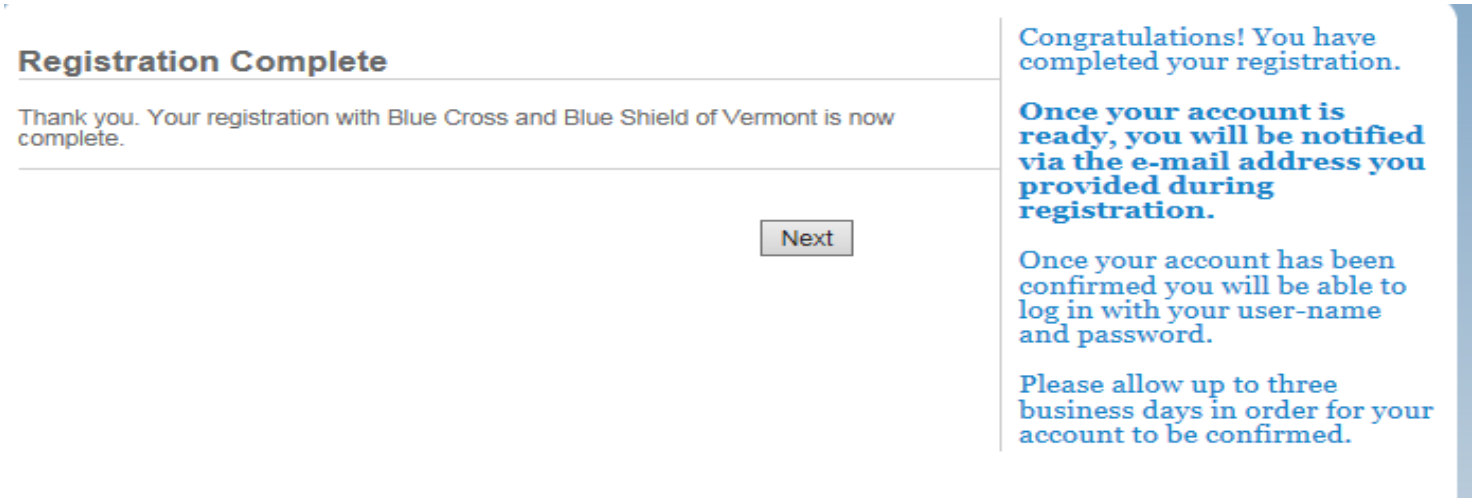





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# SECTION 1: USER REGISTRATION (CONT.)

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






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## 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



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SECTION 2:

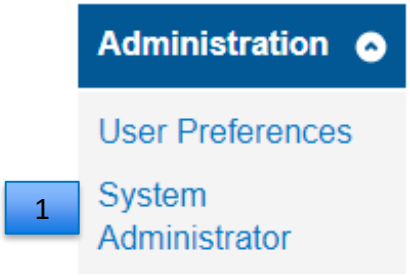
# SYSTEM ADMINISTRATOR – VIEWING USERS

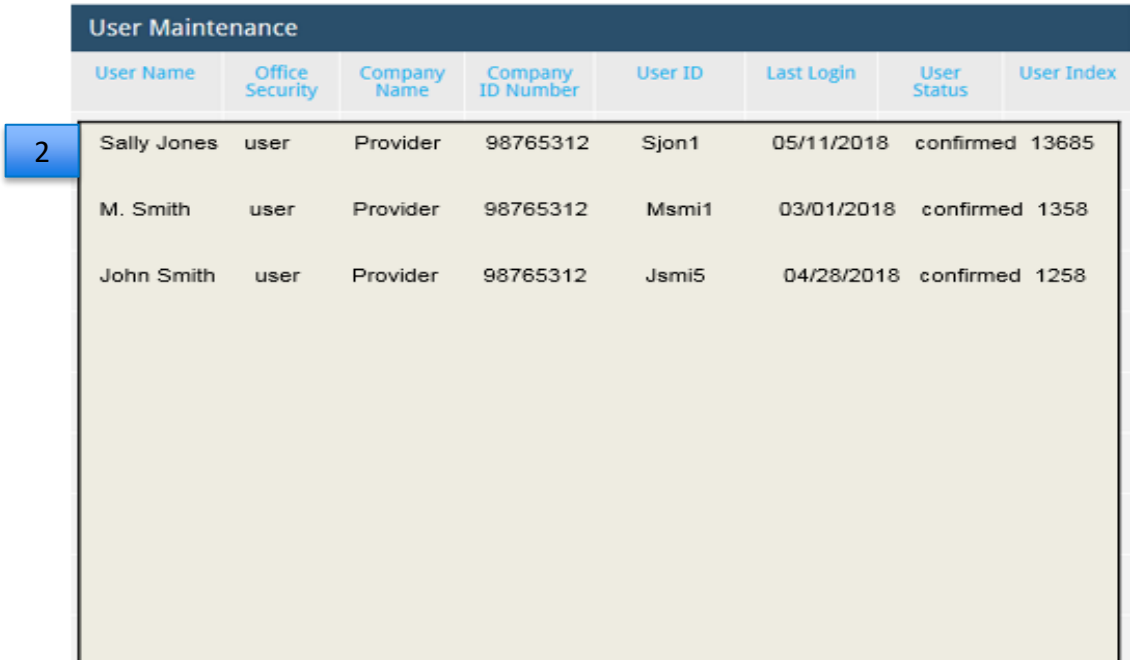


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# SECTION 2: SYSTEM ADMINISTRATOR – VIEWING USERS

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.






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SECTION 3:

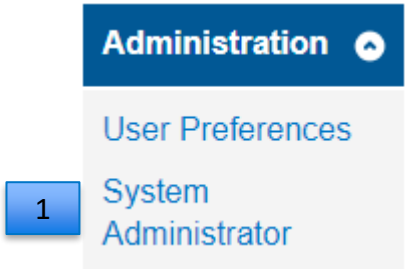
# SYSTEM ADMINISTRATOR – EDITING USER INFORMATION

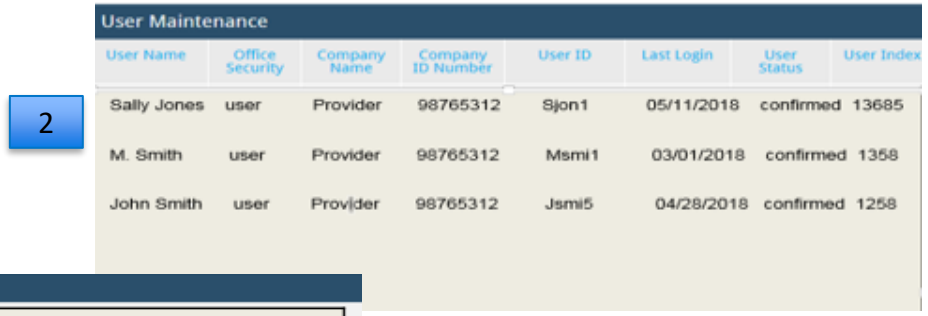


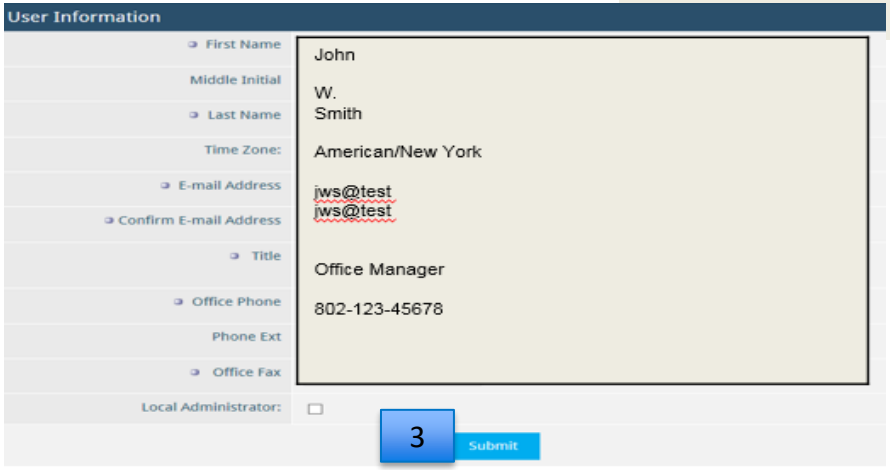
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# SECTION 3: SYSTEM ADMINISTRATOR – EDITING USER INFORMATION

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.”






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SECTION 4:

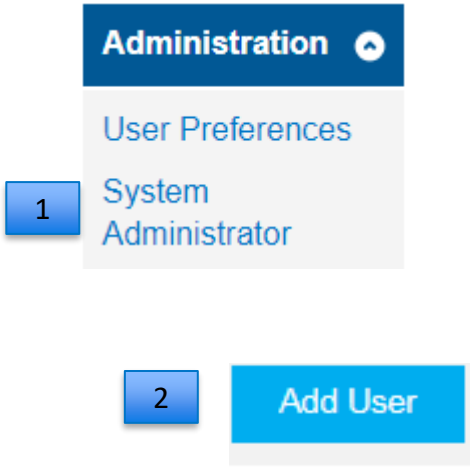
# SYSTEM ADMINISTRATOR – ADDING A NEW USER

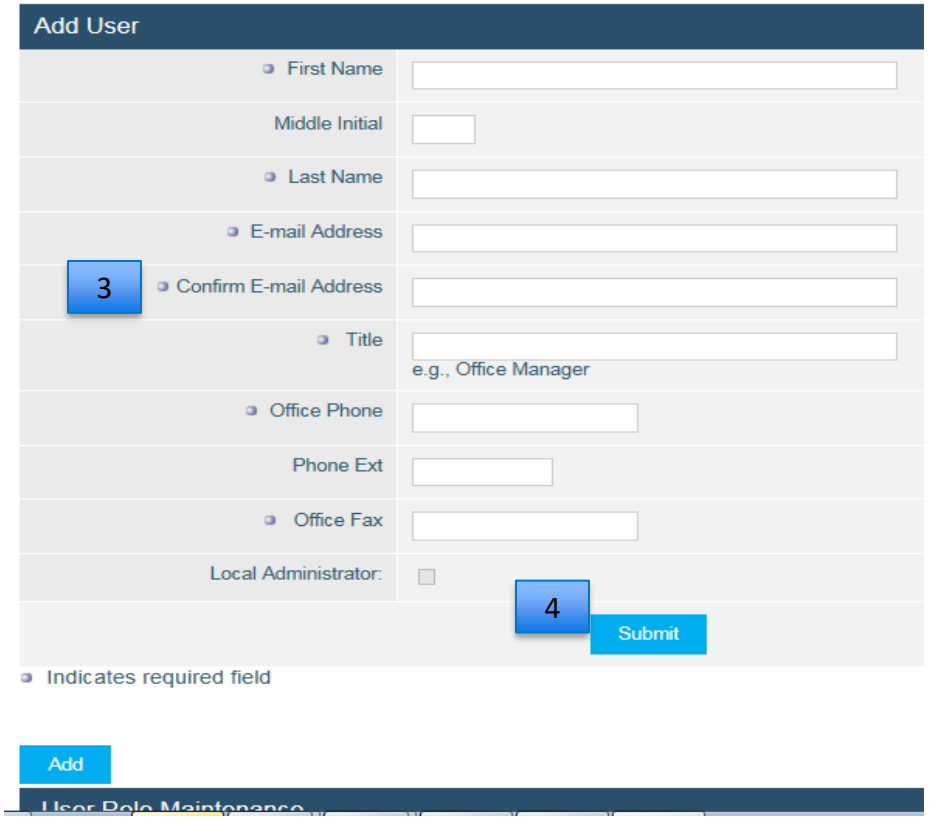


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# SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER

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



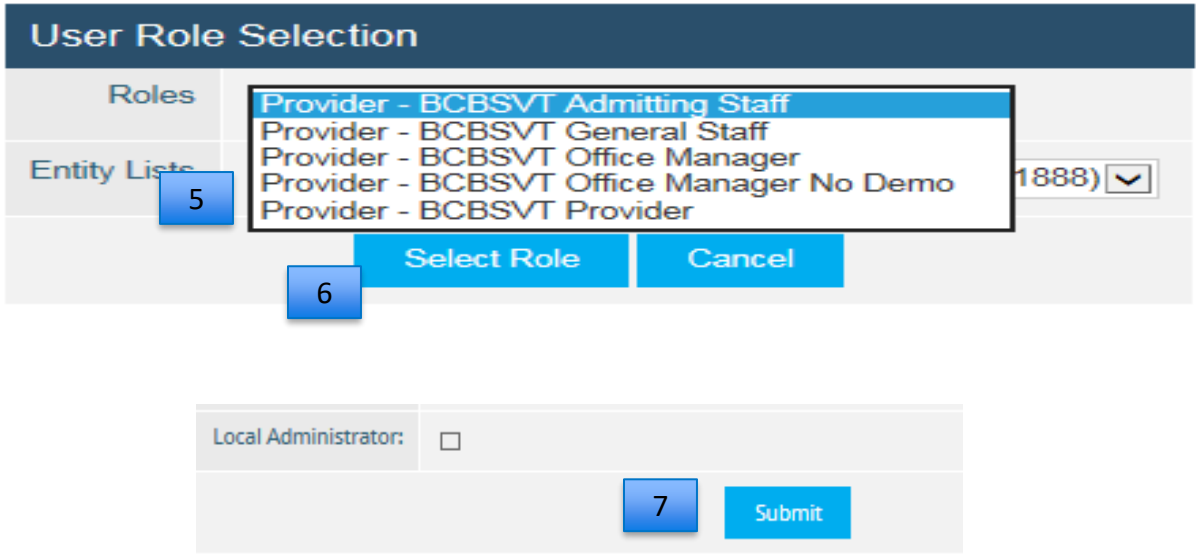






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# SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER (CONT.)

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.”






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# 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



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SECTION 5:

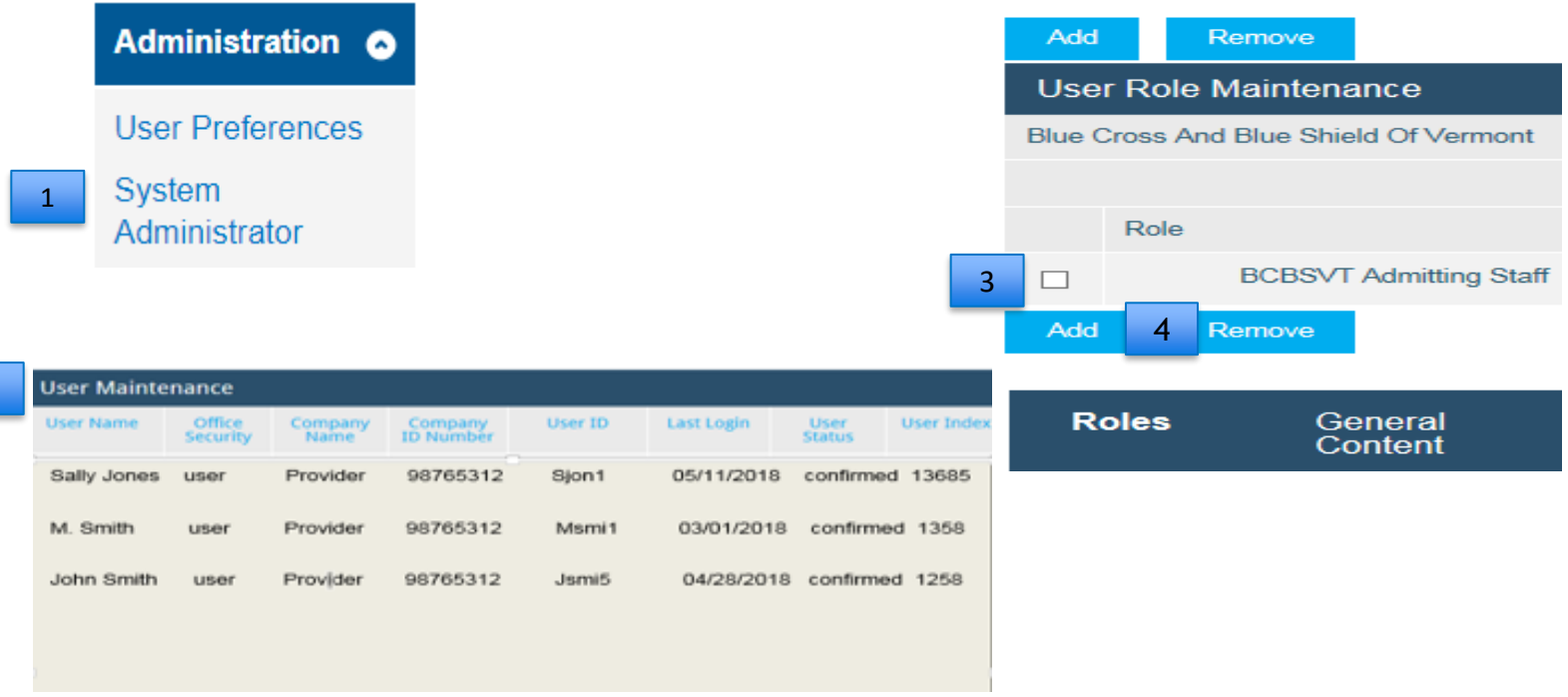
# SYSTEM ADMINISTRATOR – REMOVING USERS



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# 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”.

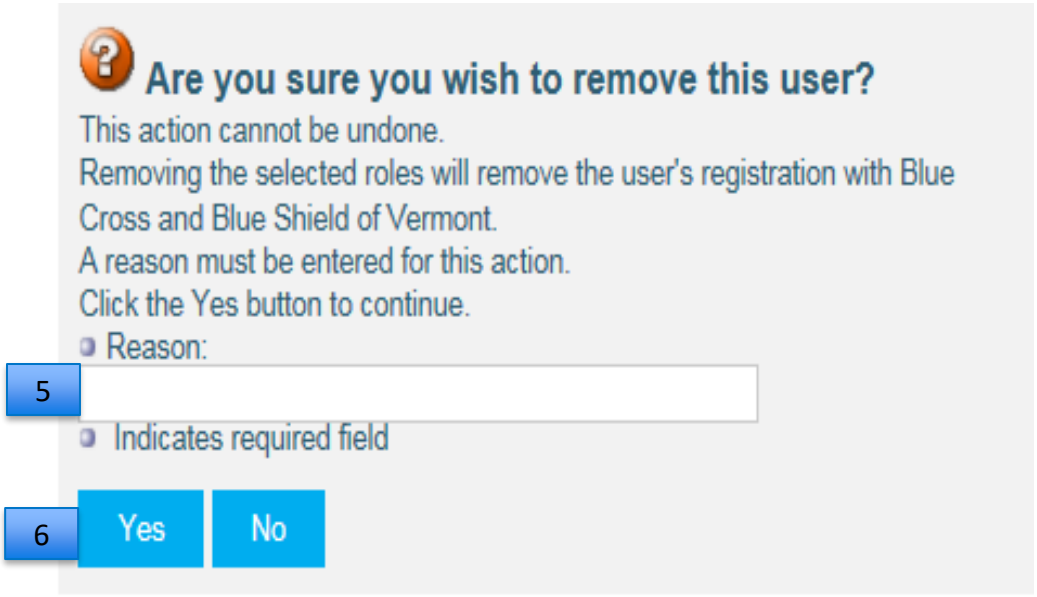


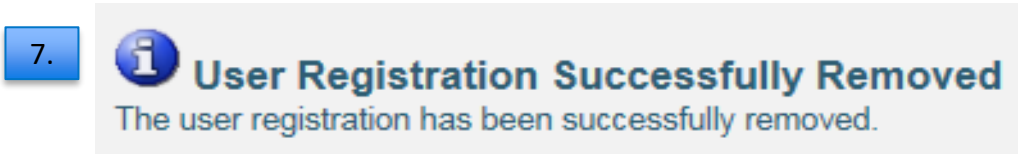



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# SECTION 5: SYSTEM ADMINISTRATOR – REMOVING A USER (CONT.)

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






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SECTION 6:

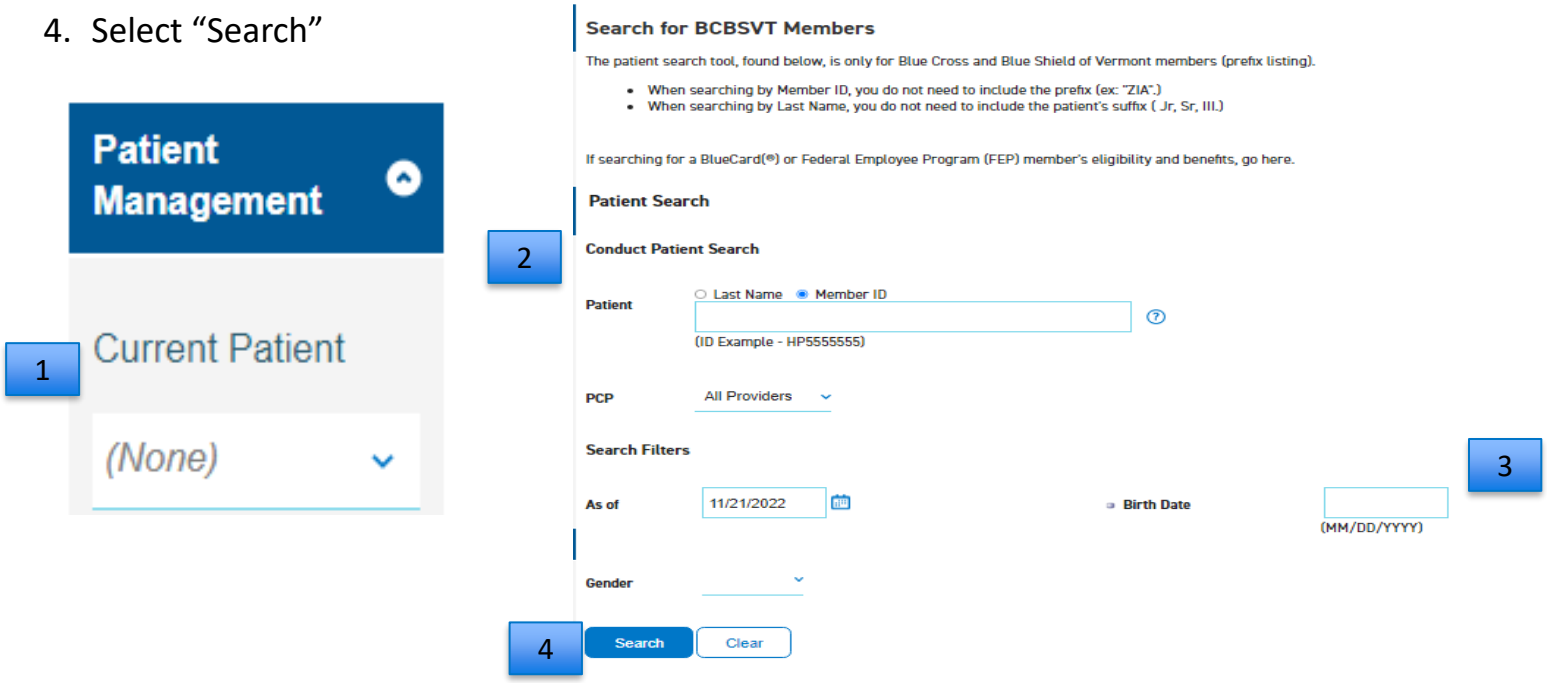
# ELIGIBILITY, BENEFITS AND ACCUMULATORS – VERMONT MEMBERS



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# 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”






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# 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 |
|---|---|---|---|---|---|---|---|
| Select | DOE, JOHN M | | | MITH STREET, VT | (802) 123-4567 | 1234567891 | |
| 5 Select | DOE, JOHN M | | | MITH STREET, VT | (802) 123-4567 | V1234567891000 | |
| Select | DOE, JOHN A | | | MITH STREET, VT | (802) 234--5678 | 2345678912 | |

6

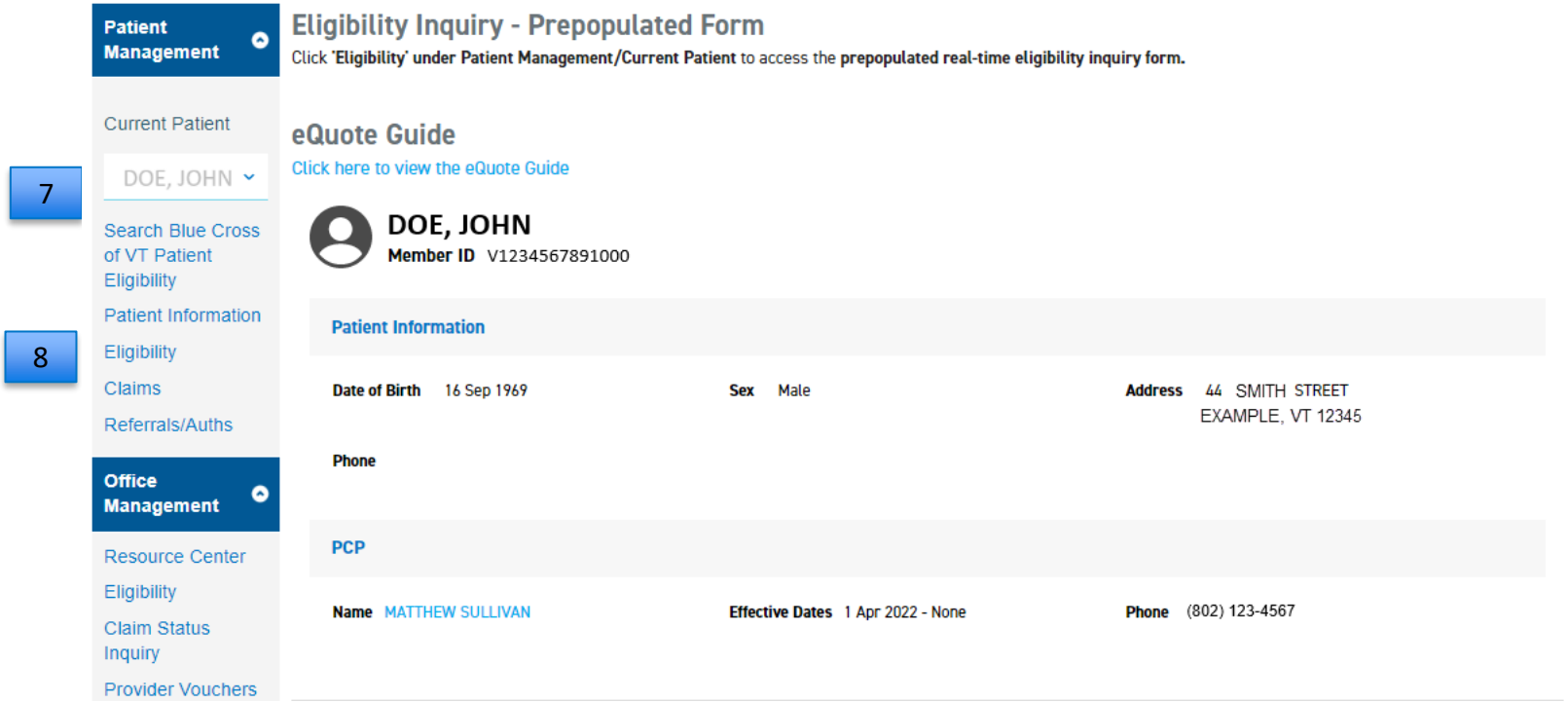





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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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

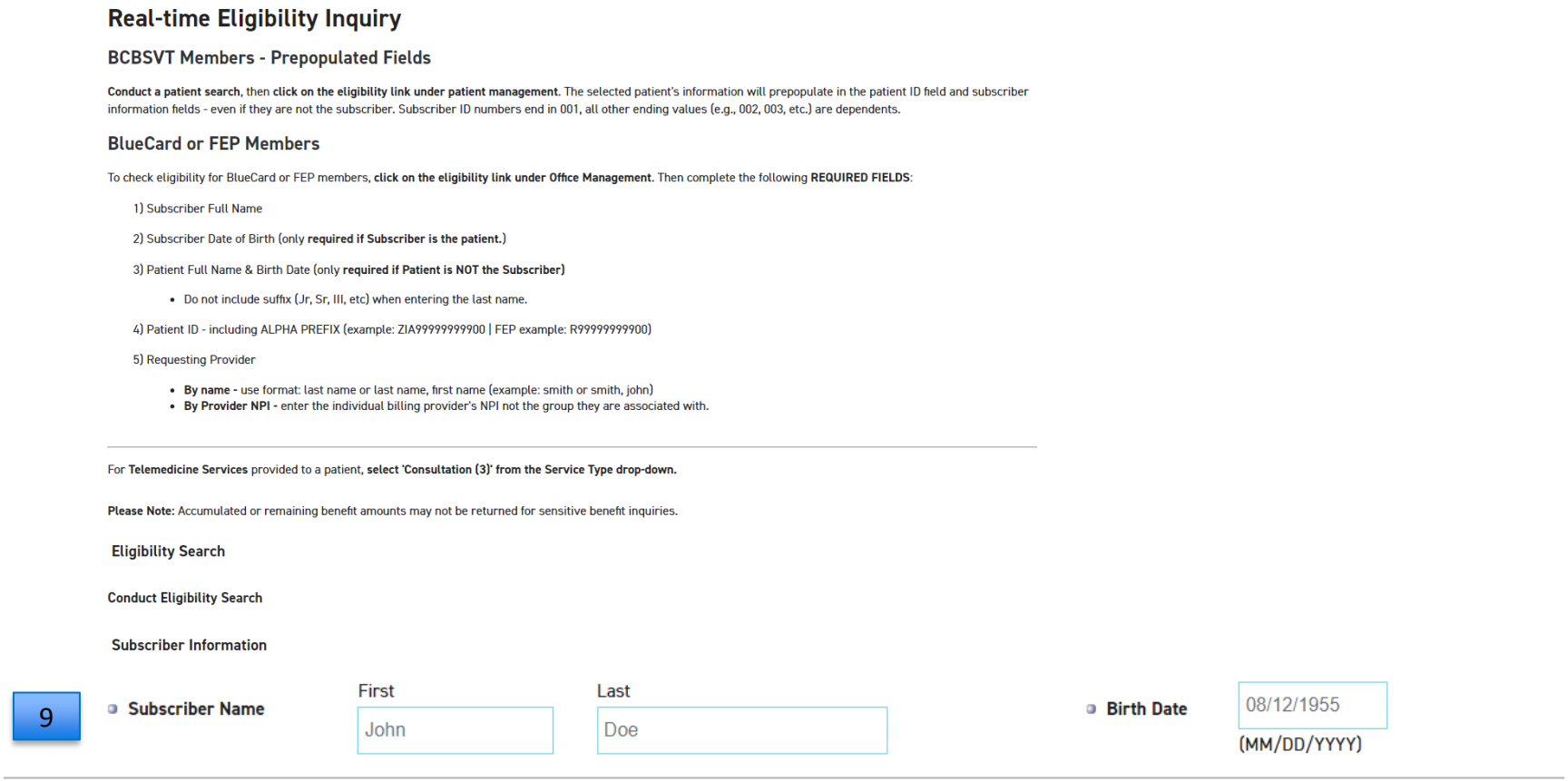





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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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

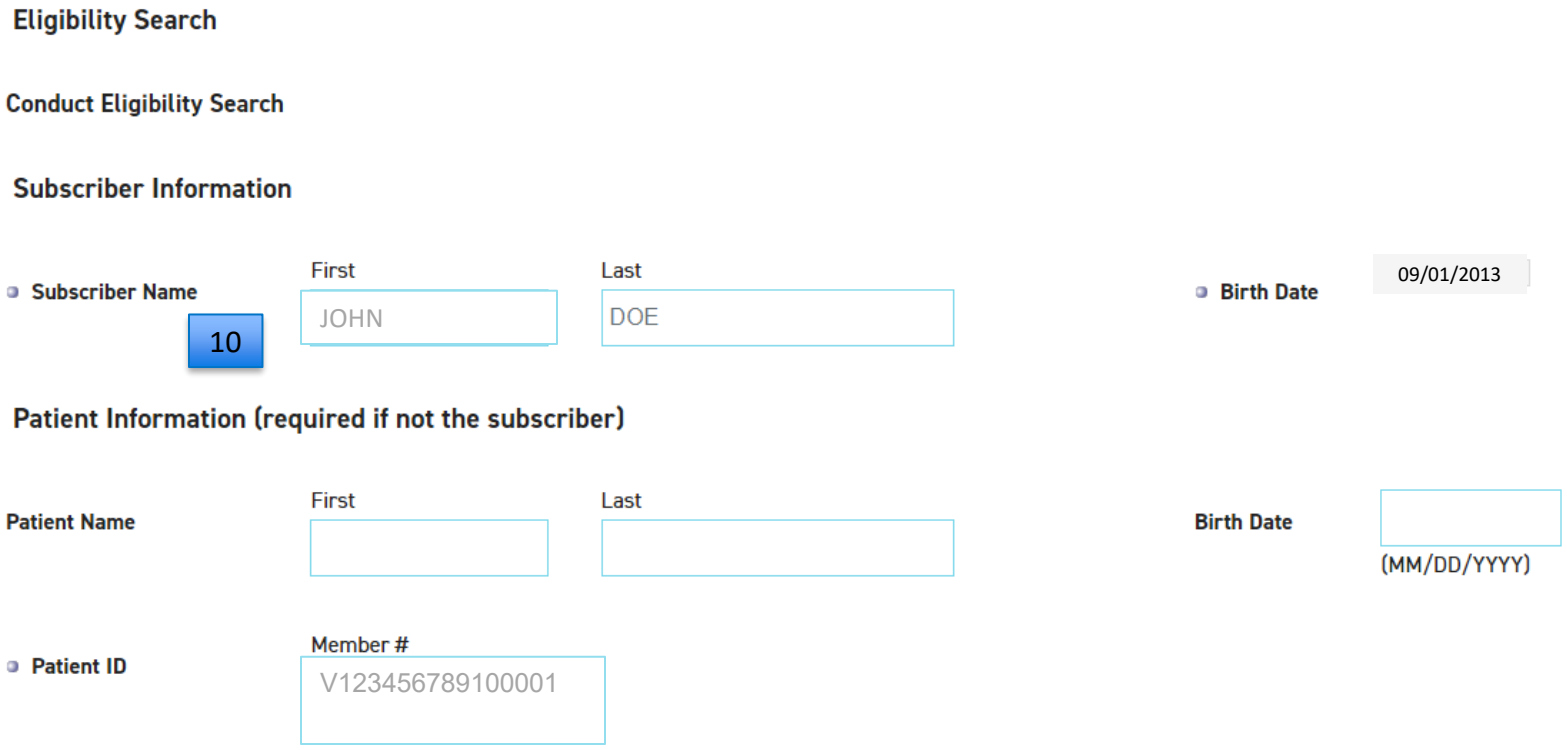
**Subscriber Name** First: John Last: Doe **Birth Date** 08/12/1955 (MM/DD/YYYY)



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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.

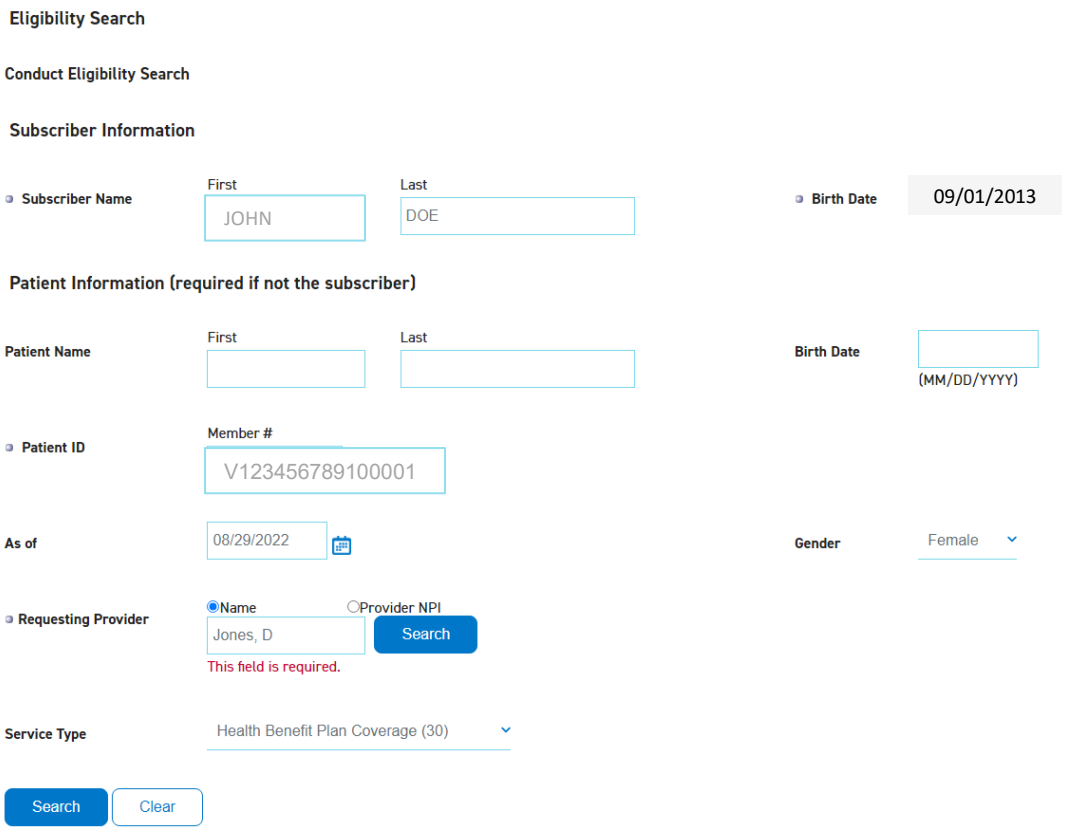





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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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

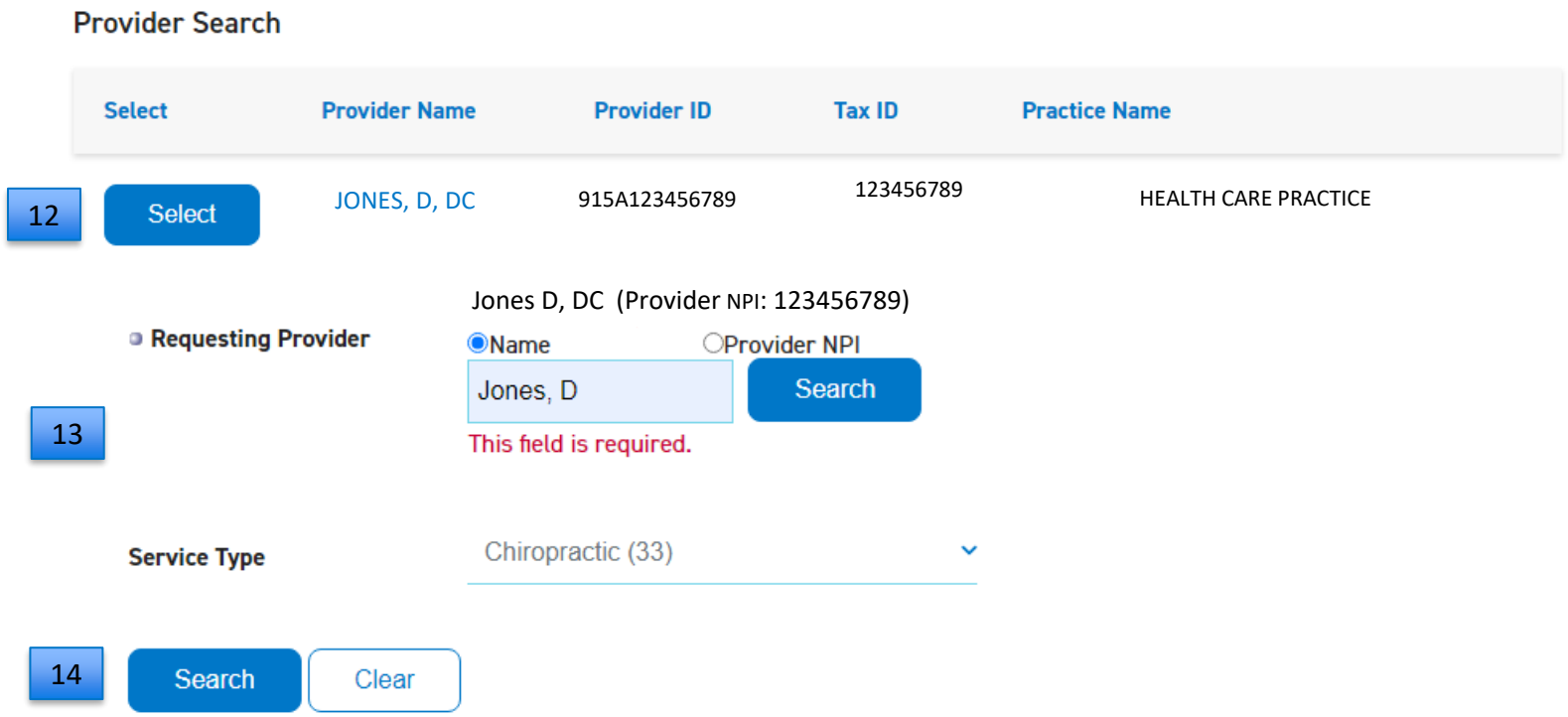





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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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

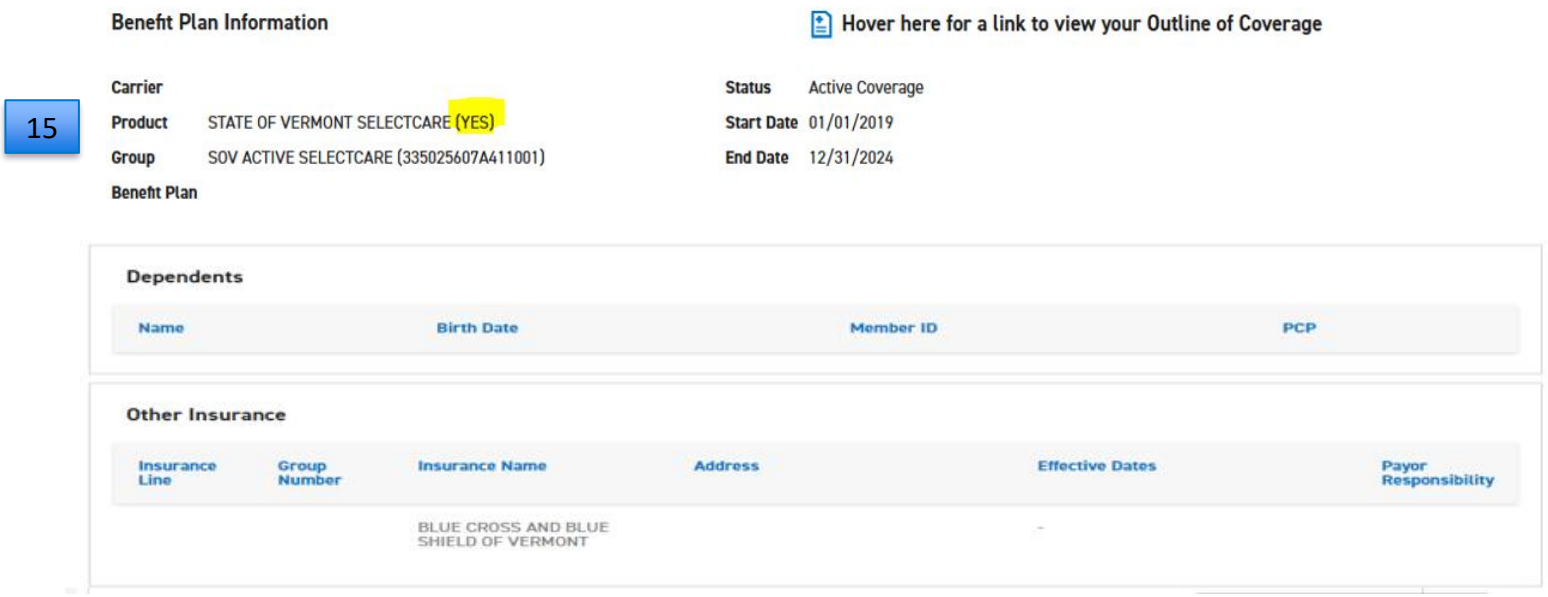





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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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.



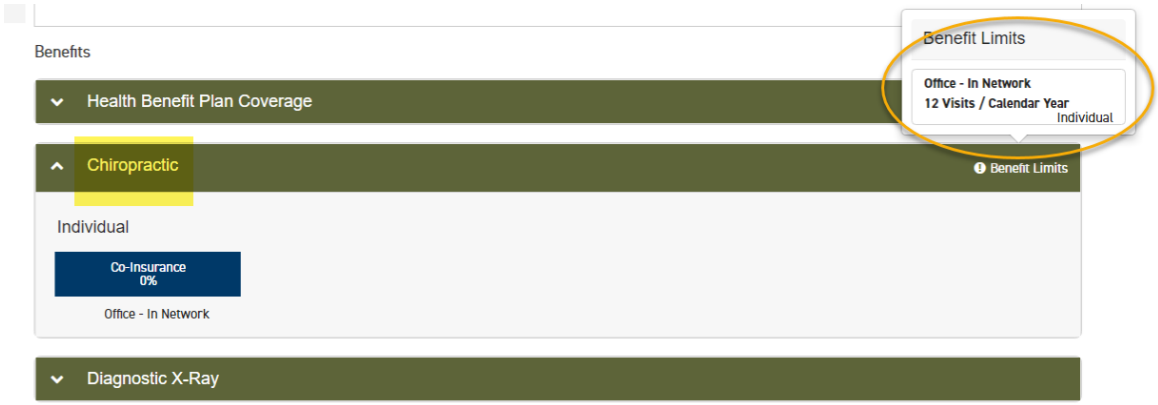



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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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

16

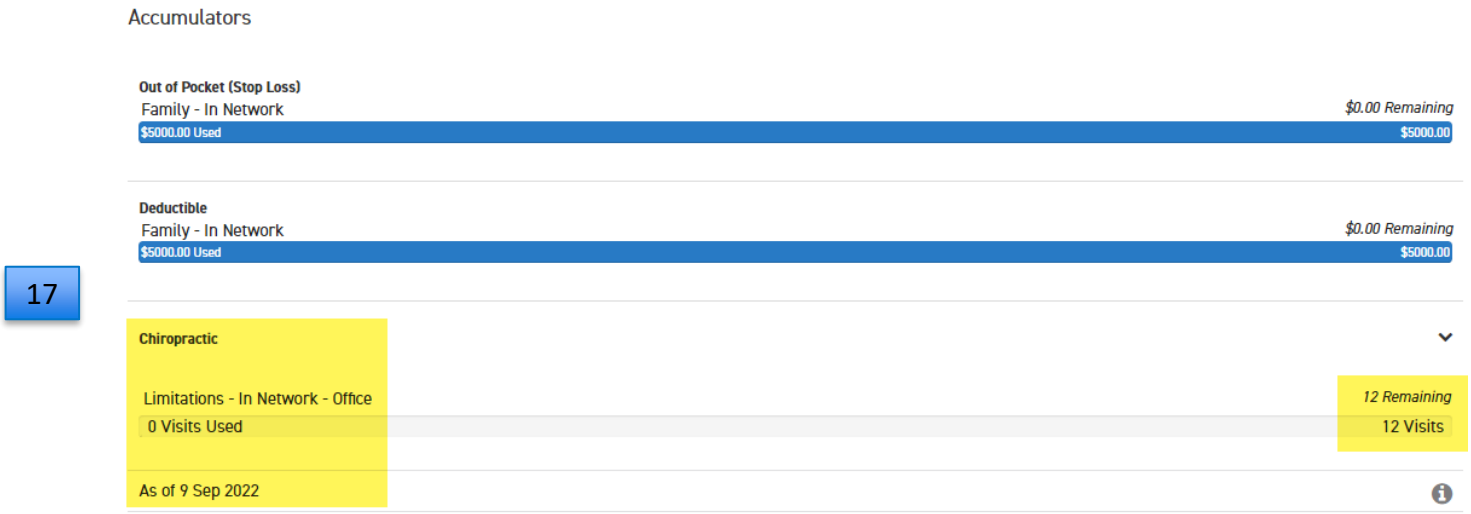





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# SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

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






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SECTION 7:

# REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS

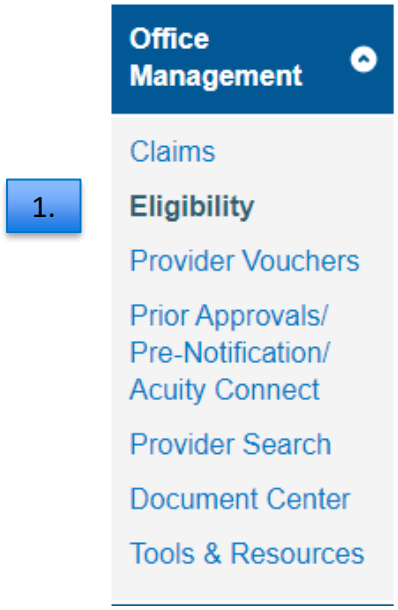


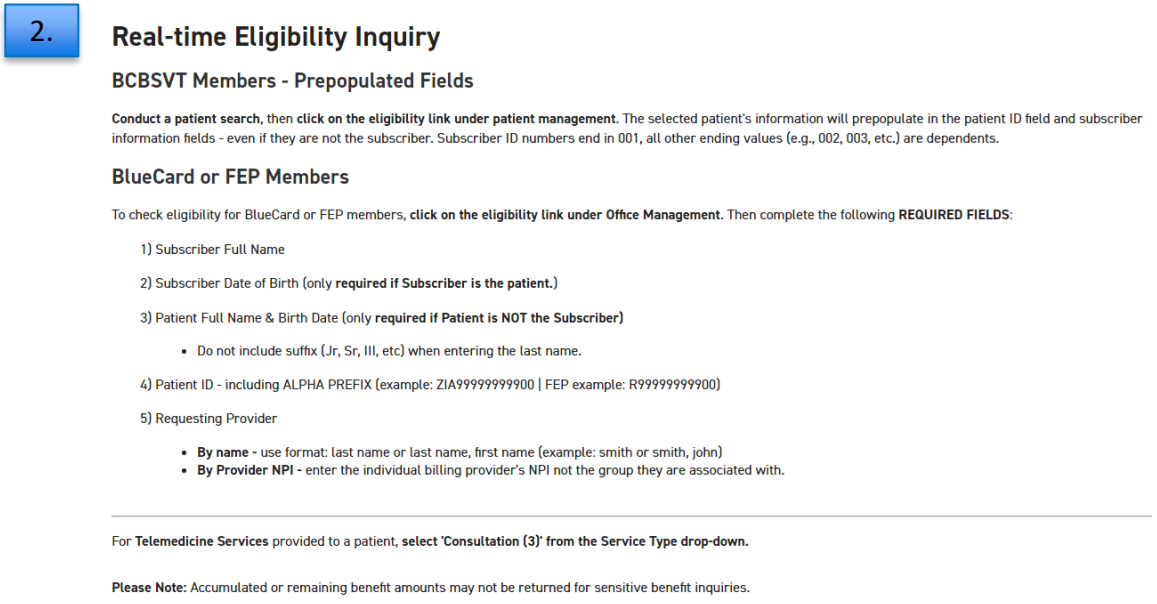
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# SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS

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.



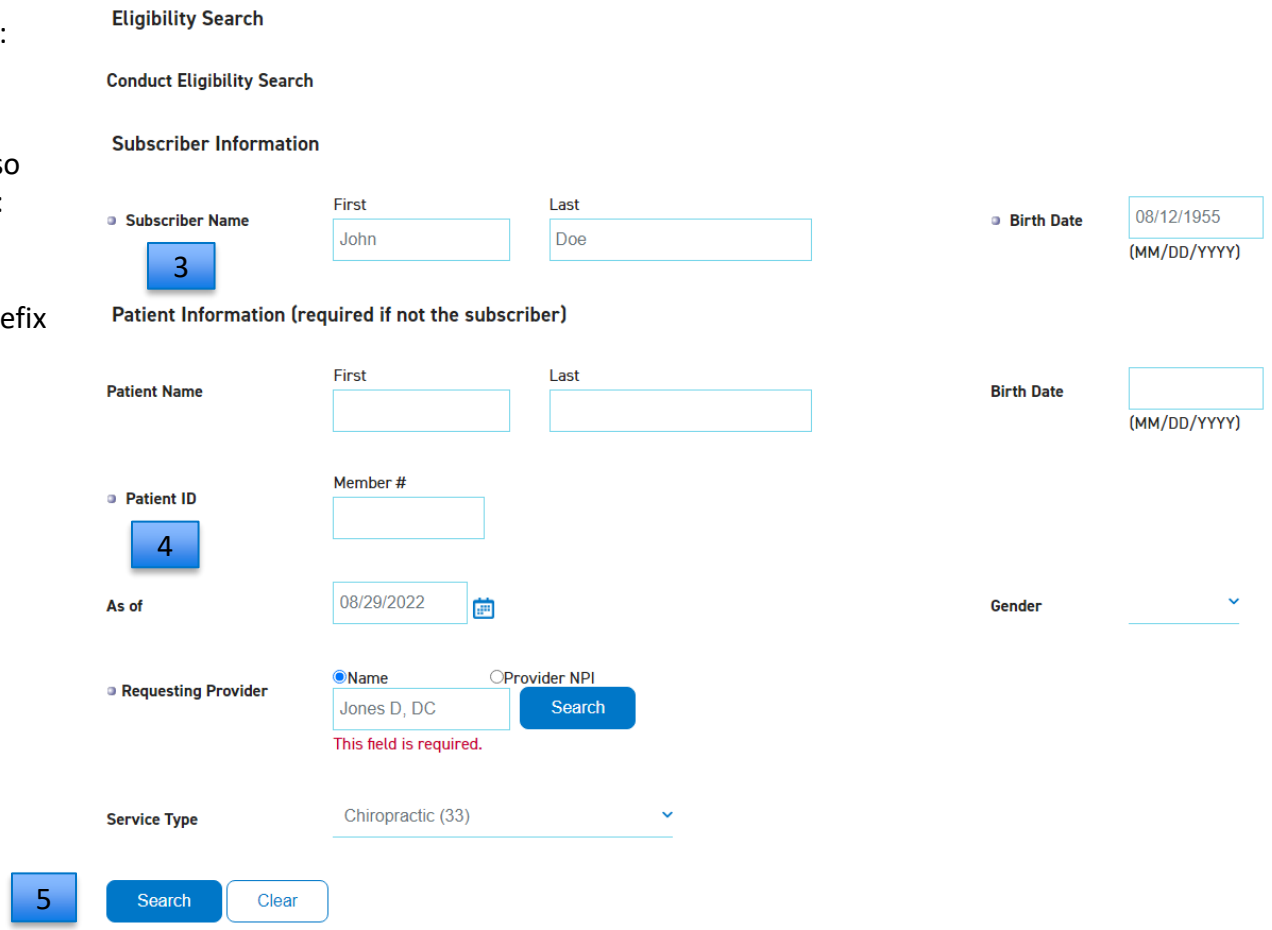






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# SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS (CONT.)

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.”

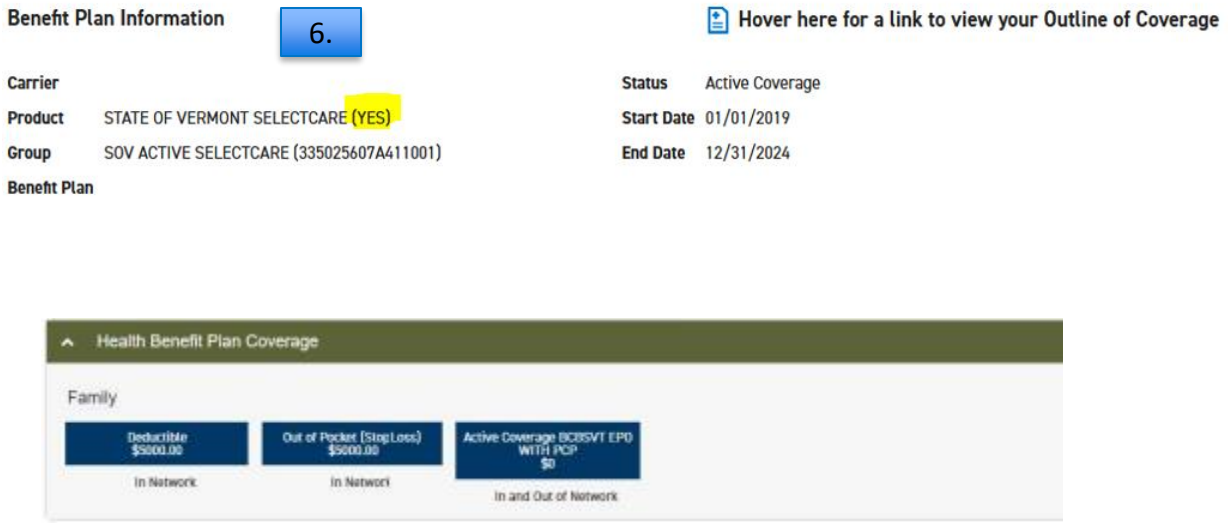





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# SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS (CONT.)

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.

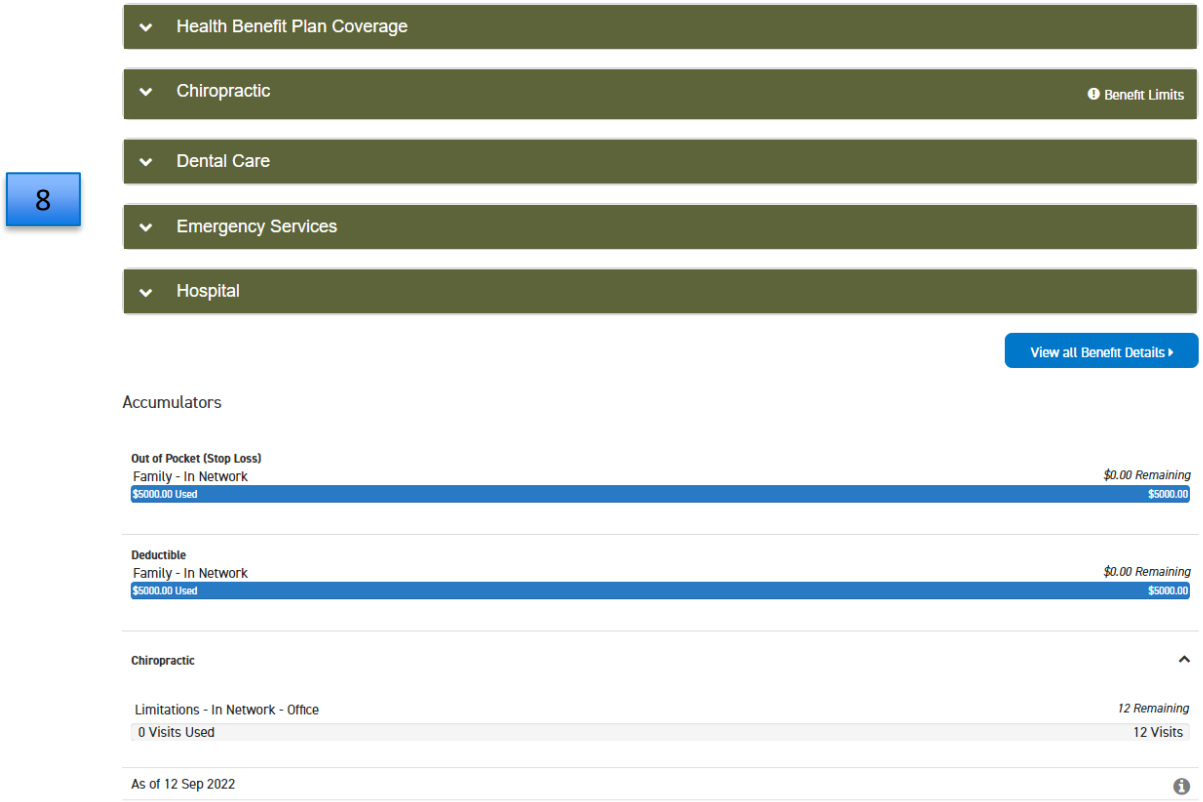





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# SECTION 7: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS (CONT.)

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






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SECTION 8:

# CLAIM INQUIRIES – VERMONT MEMBERS

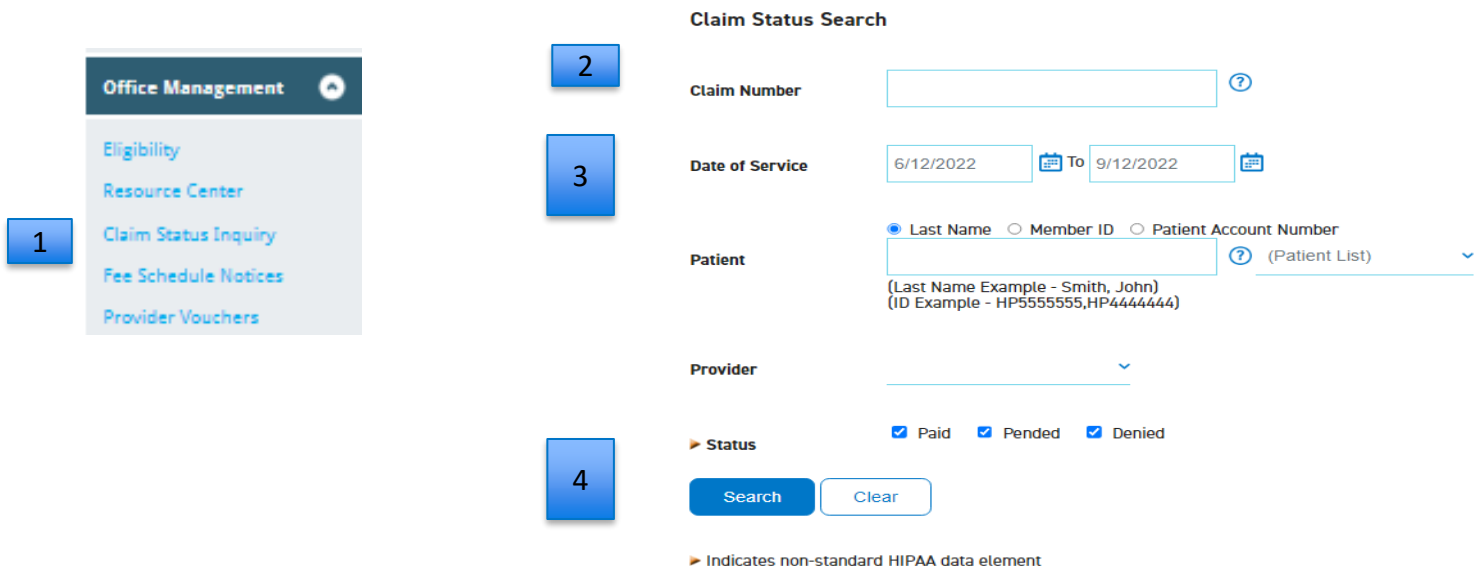


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# SECTION 8: CLAIM INQUIRIES – VERMONT MEMBERS

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%






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# 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






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SECTION 9:

# REALTIME CLAIM INQUIRIES



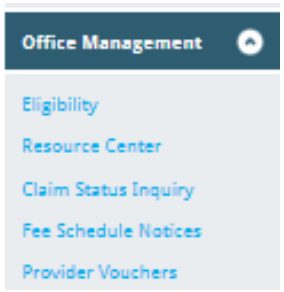
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# SECTION 9: REALTIME CLAIM INQUIRIES

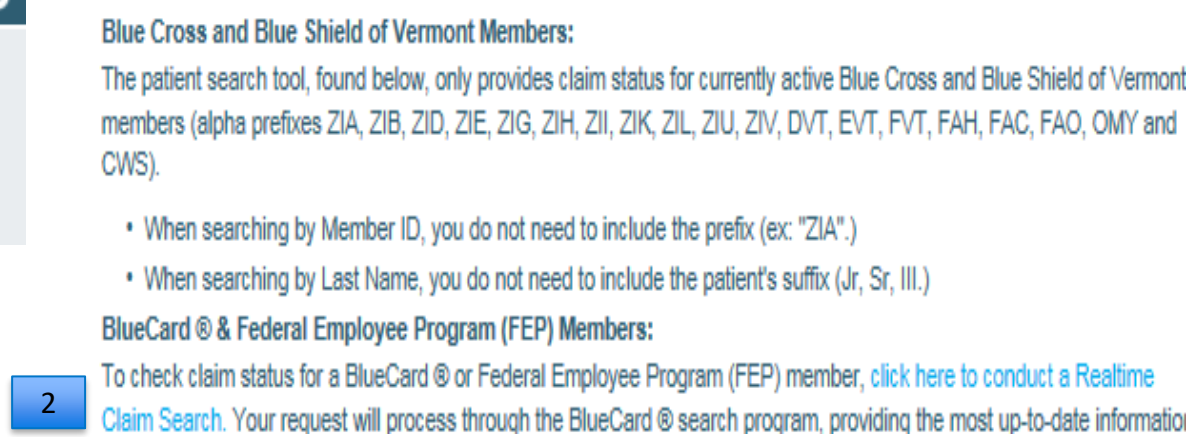
Use the Realtime claim inquiry tool for:

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

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




1



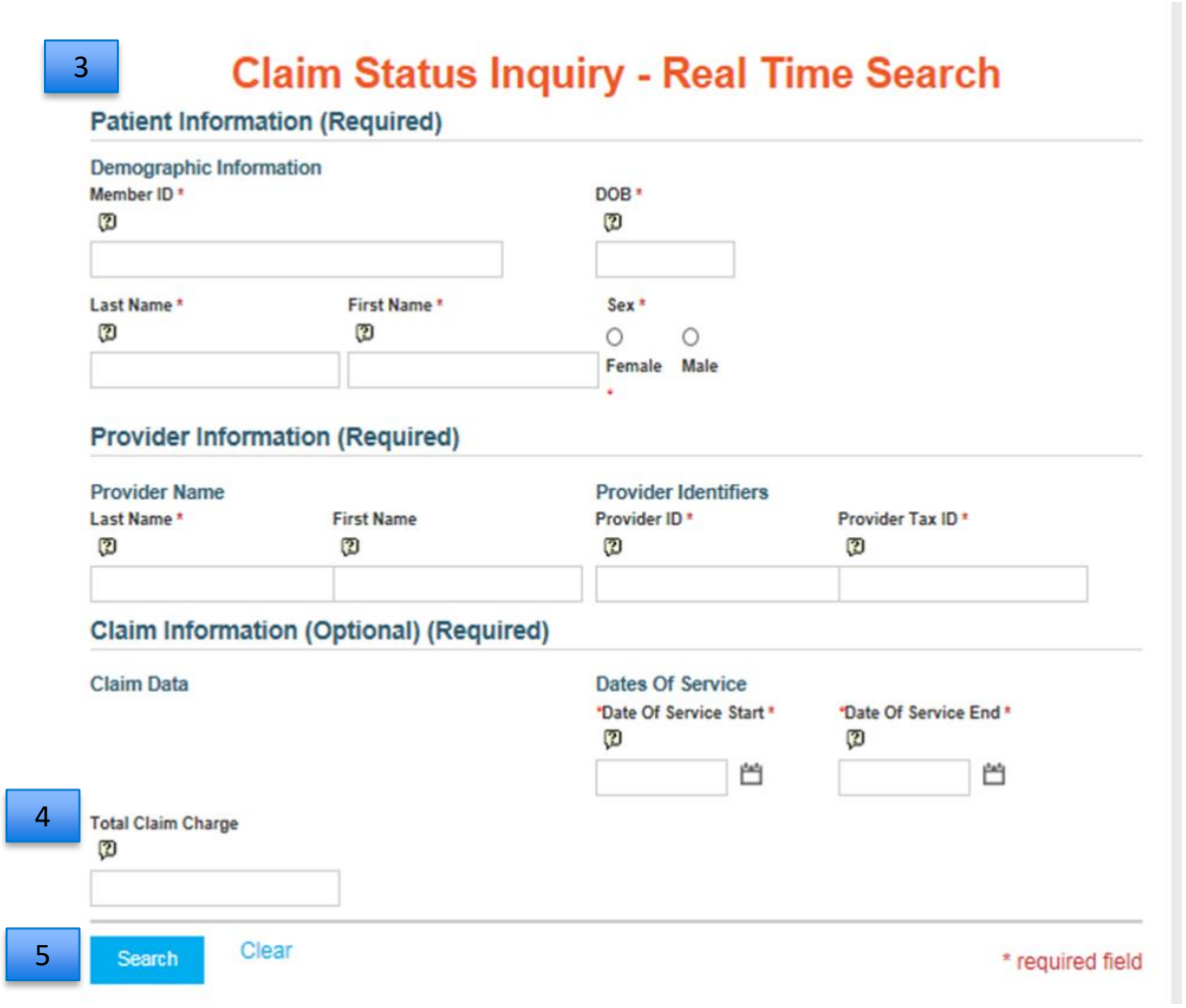

2



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# 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.”

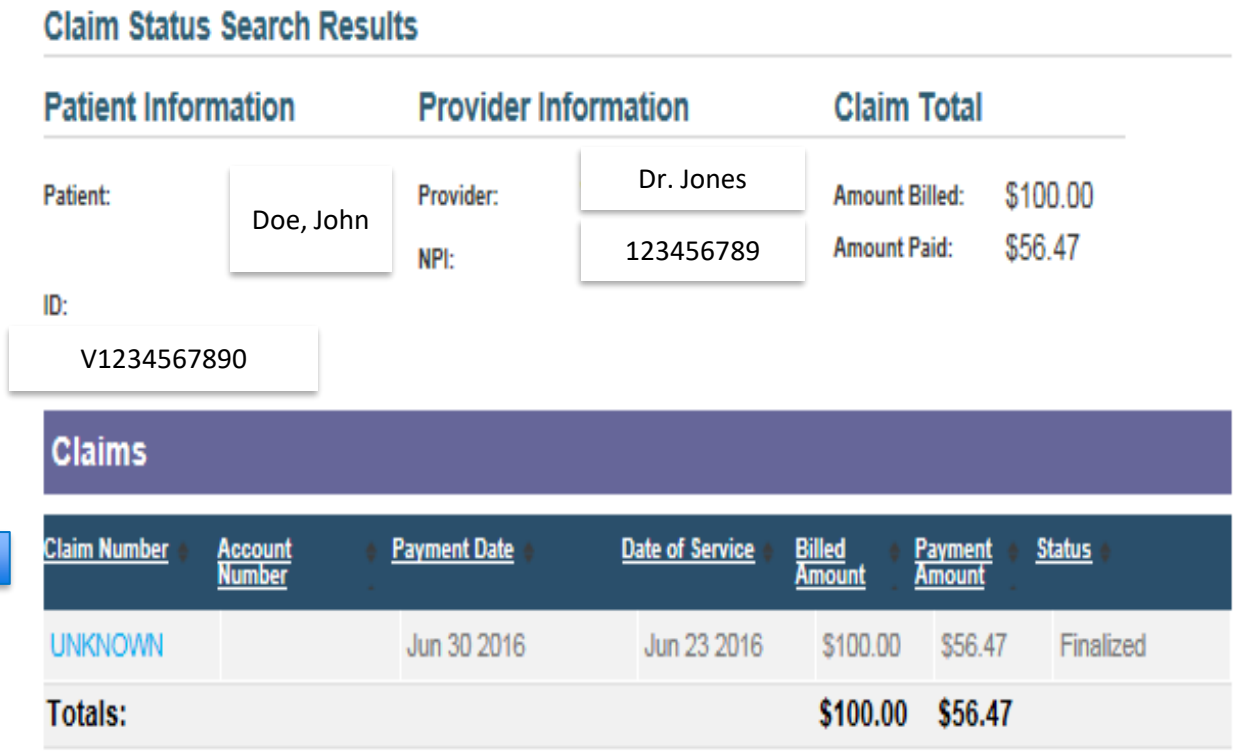





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# SECTION 9: REALTIME CLAIM INQUIRIES (CONT.)

6. Review Results






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SECTION 10:

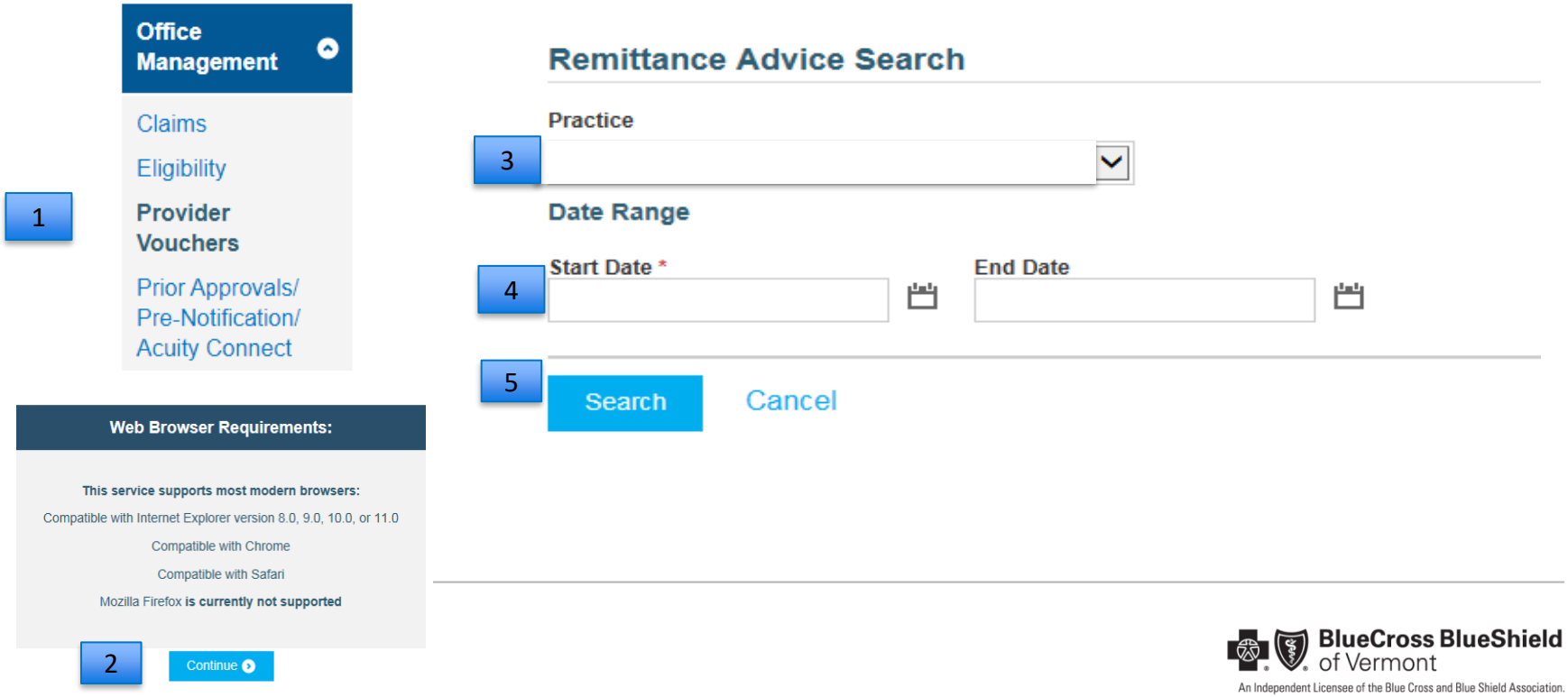
# VOUCHERS AND CAPITATION VOUCHERS



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# 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.”




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SECTION 12:

# CLEAR CLAIM CONNECT (C3)



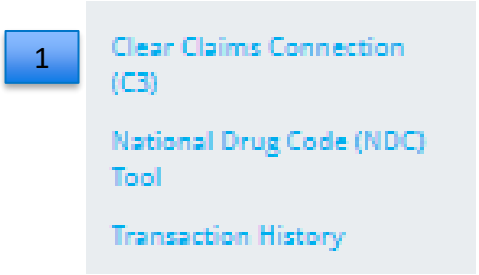
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# SECTION 12: CLEAR CLAIM CONNECT (C3)

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).”

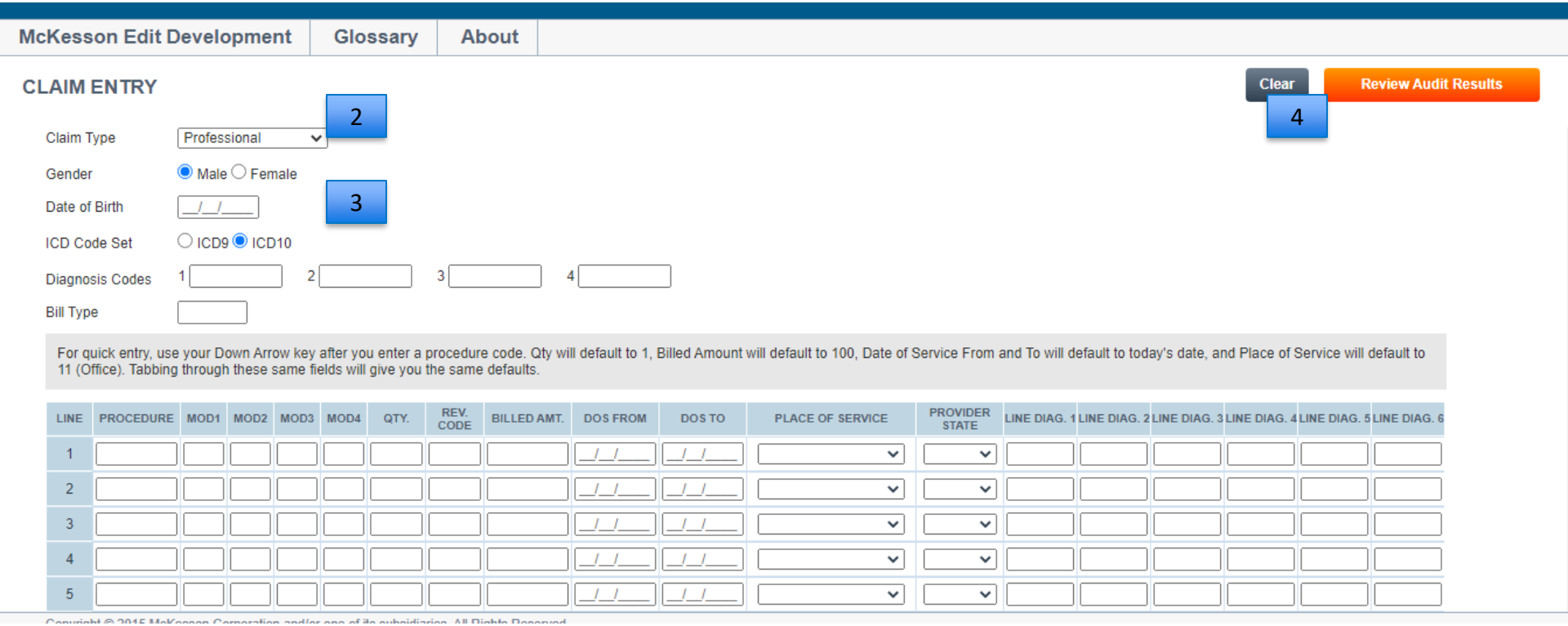





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# SECTION 12: CLEAR CLAIM CONNECT (C3) (CONT.)

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






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SECTION 13

# EQUOTE GUIDE



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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:

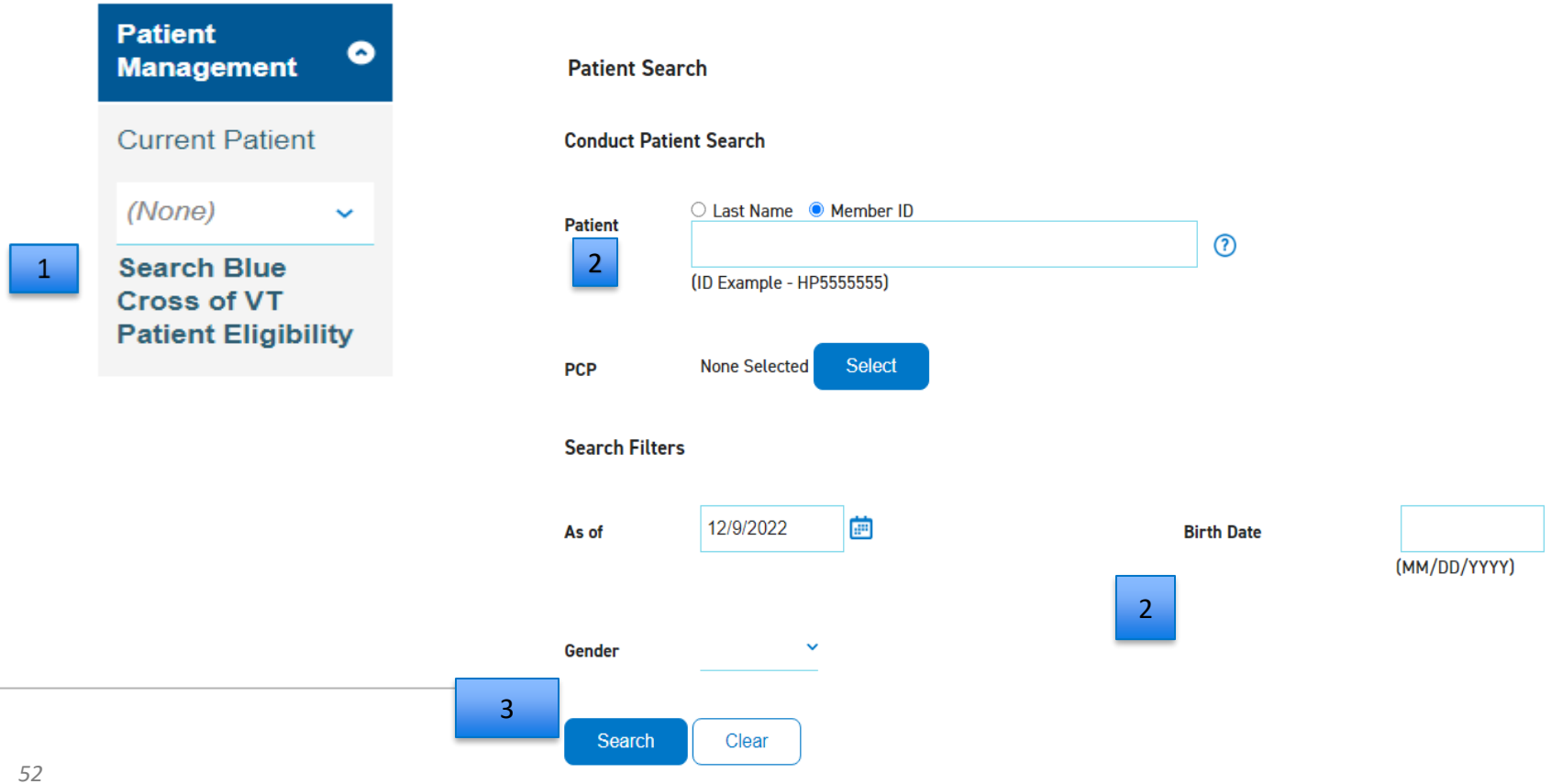
- A real-time eligibility check needs to be done prior to using the eQuote Guide to confirm the member is active and the status of their out-of-pocket and benefit limits.
- eQuote Guides are not available for BlueCard Plans, Federal Employee Program, New England Health Plan, Access Blue New England,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



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# 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.”

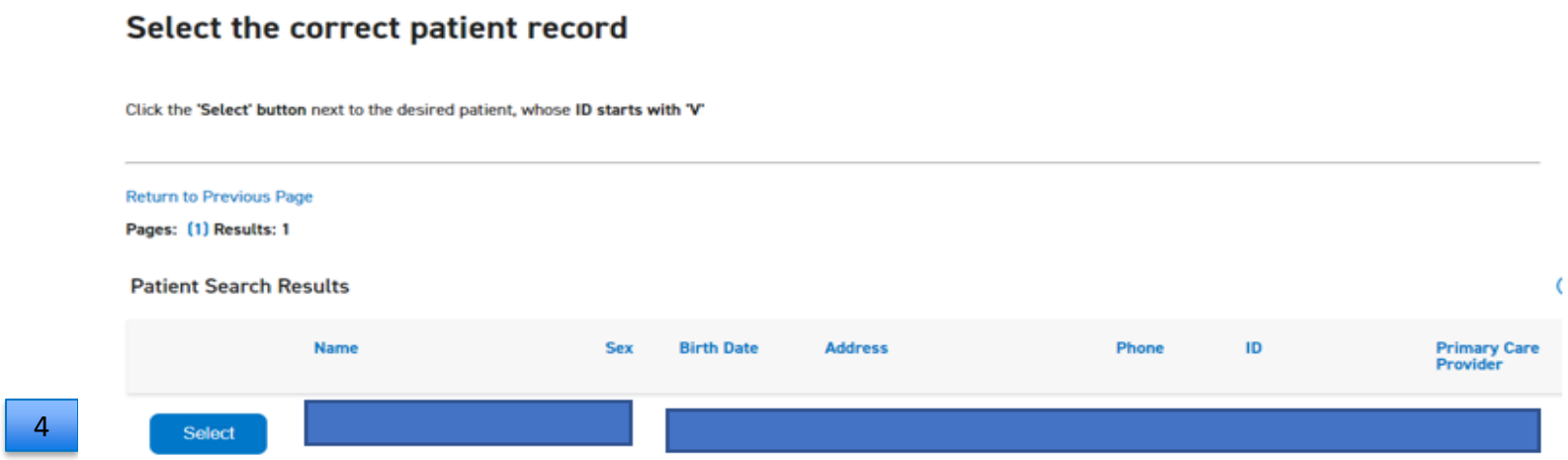





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# SECTION 13: EQUOTE GUIDE (CONT.)

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

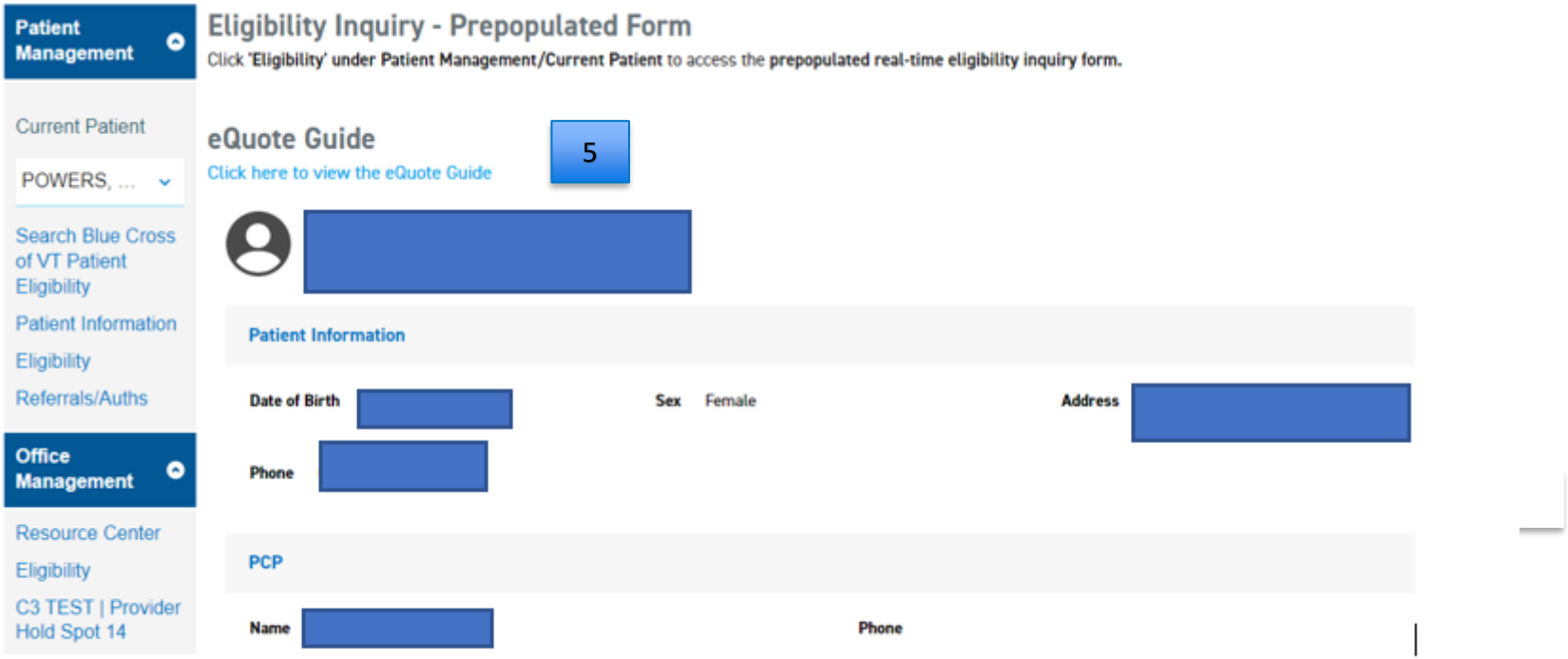





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# SECTION 13: EQUOTE GUIDE (CONT.)

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

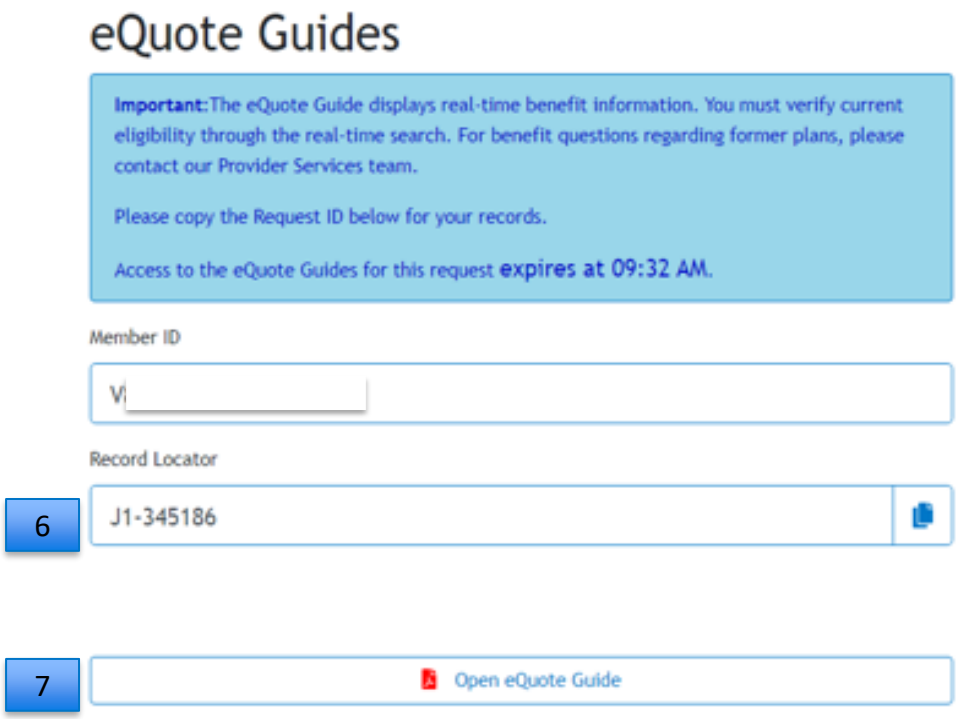





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# SECTION 13: EQUOTE GUIDE (CONT.)

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.

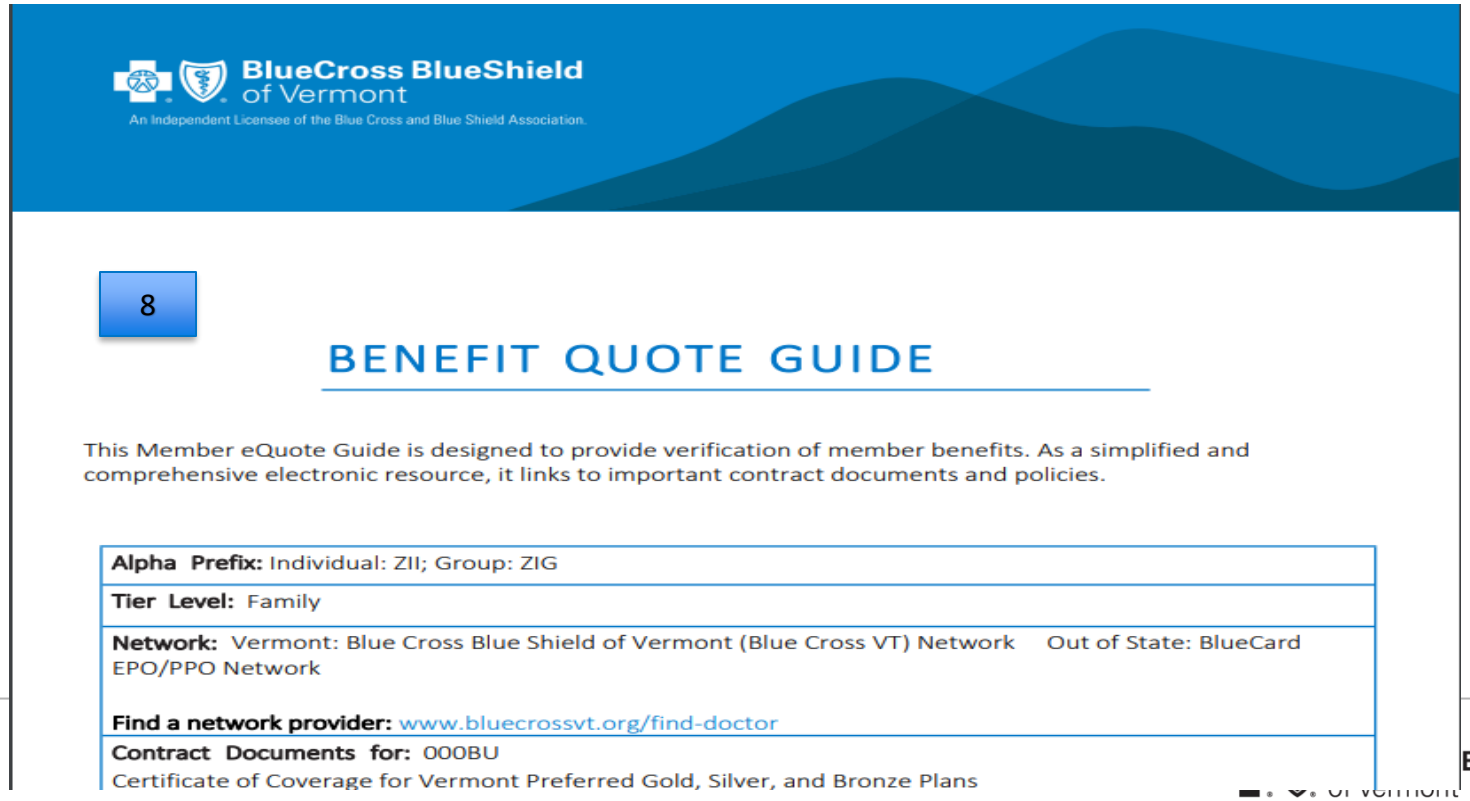





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# SECTION 13: EQUOTE GUIDE (CONT.)

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”).



# 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

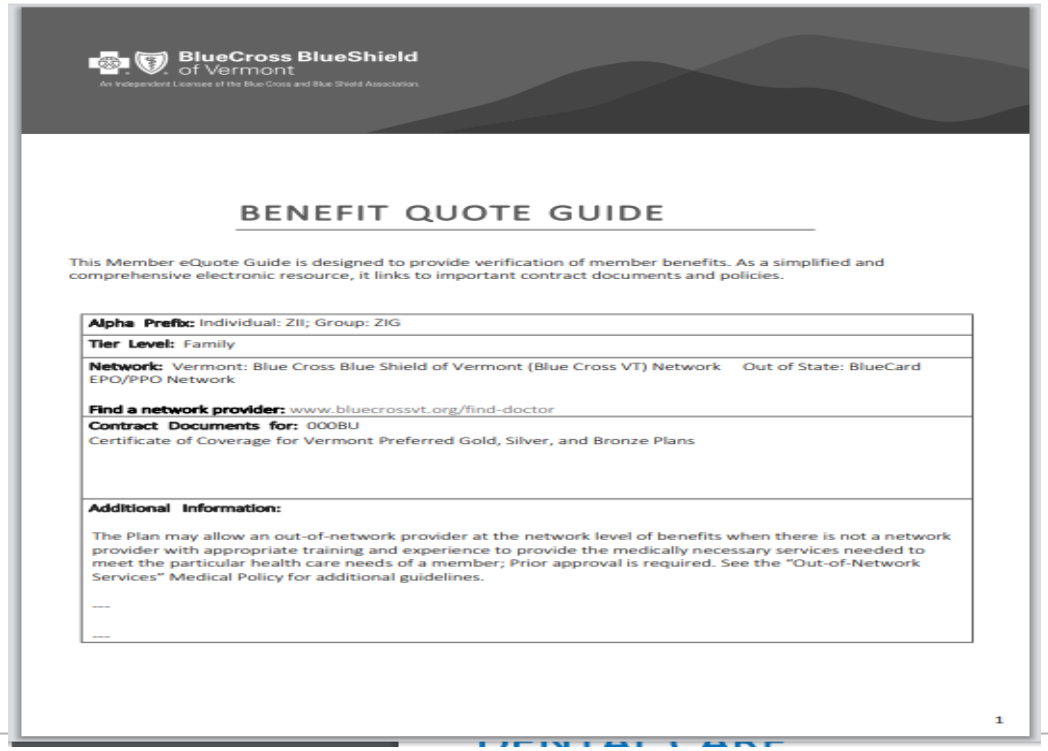


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# SECTION 13: EQUOTE GUIDE (CONT.)

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



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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

**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.

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1



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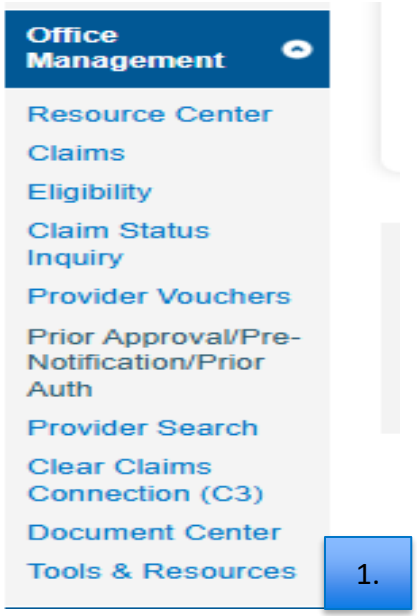
# SECTION 14
# 1099S



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# 1099S

1. Click on Tools and Resources




2. Click on Tax Documents

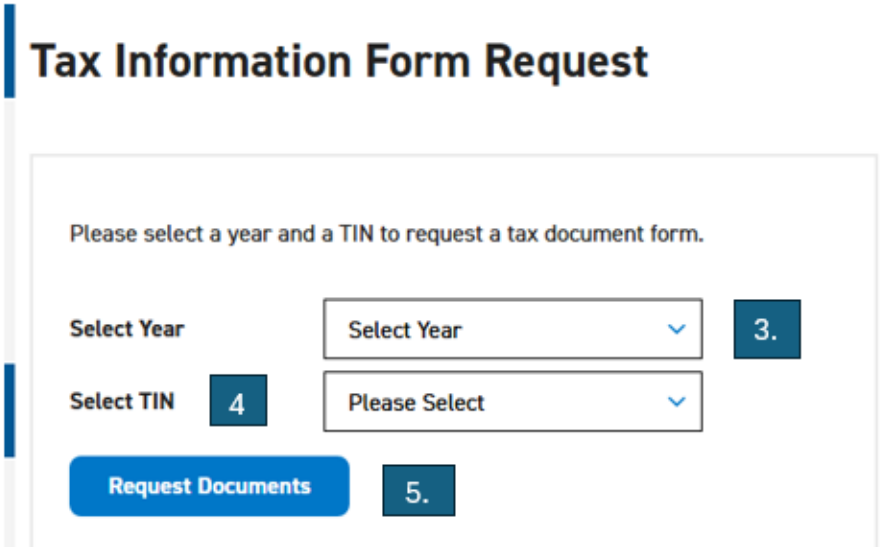





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# 1099S CONTINUE

3. Select the appropriate year
4. Select your TIN
5. Click Request Docuements






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SECTION 15:

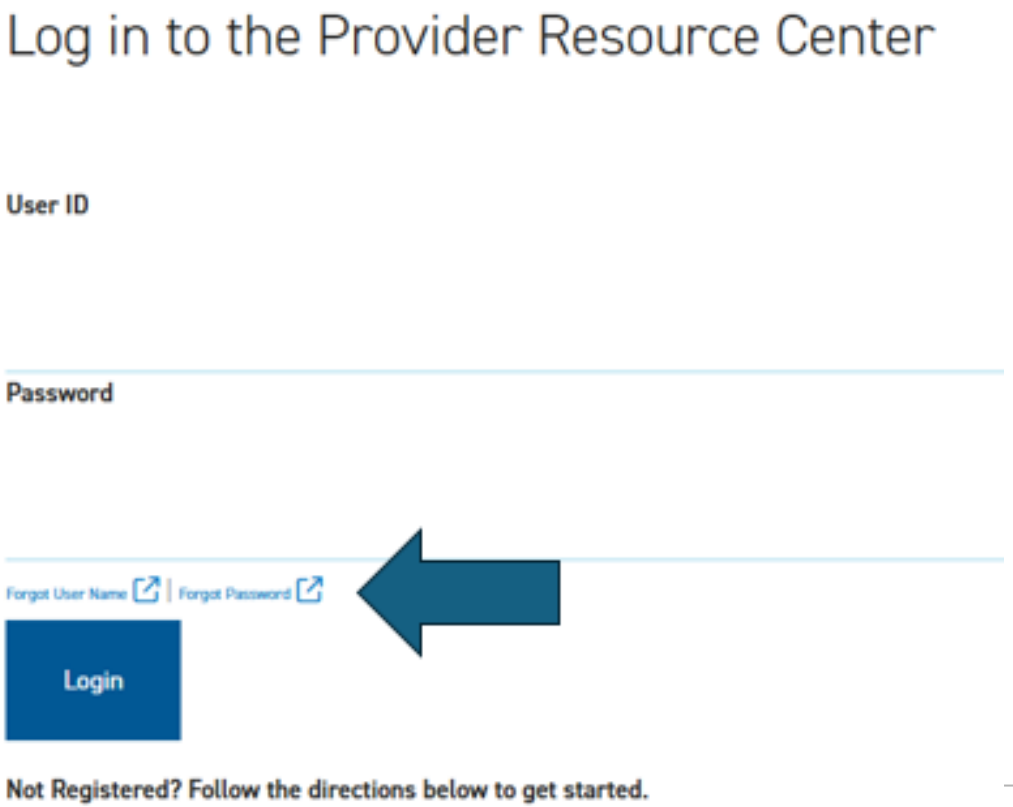
# PASSWORD RESETS



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# PASSWORD RESET

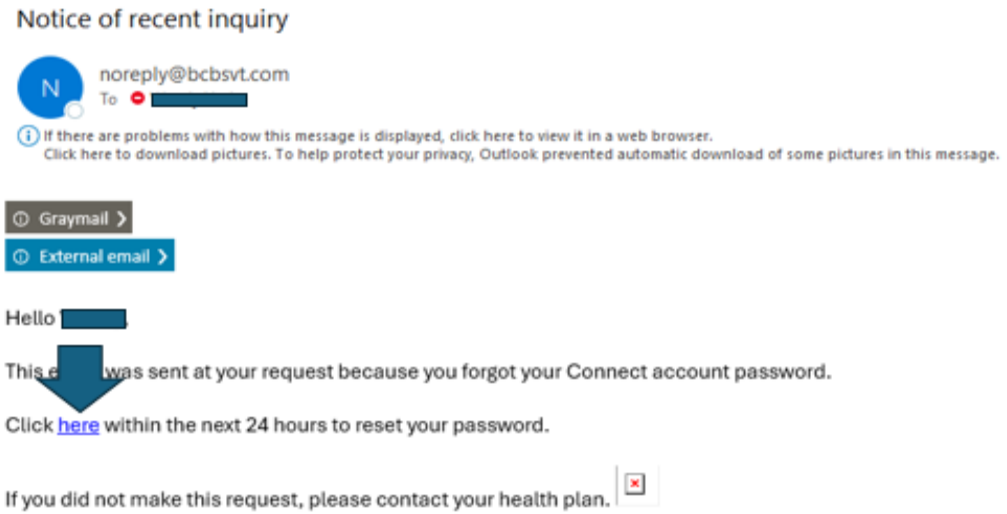
**Step 1**: Click into the Password Link






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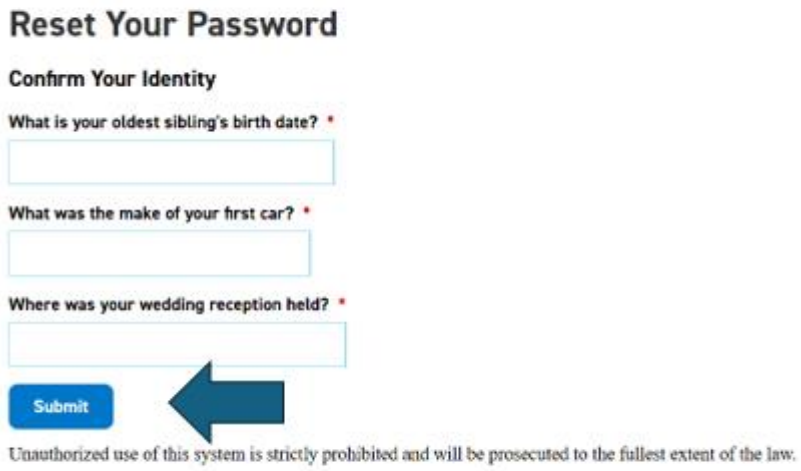
**STEP 2**: THE EMAIL ACCOUNT YOU HAVE ON FILE FOR THE PRC WILL RECEIVE THE FOLLOWING, CLICK INTO THE LINK:






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**STEP 3**: ANSWER THE SECURITY QUESTIONS (NOTE, YOU SELECTED YOUR SECURITY QUESTIONS SO THEY MAY NOT BE THE SAME AS THE BELOW). COMPLETE AND HIT THE SUBMIT BUTTON.

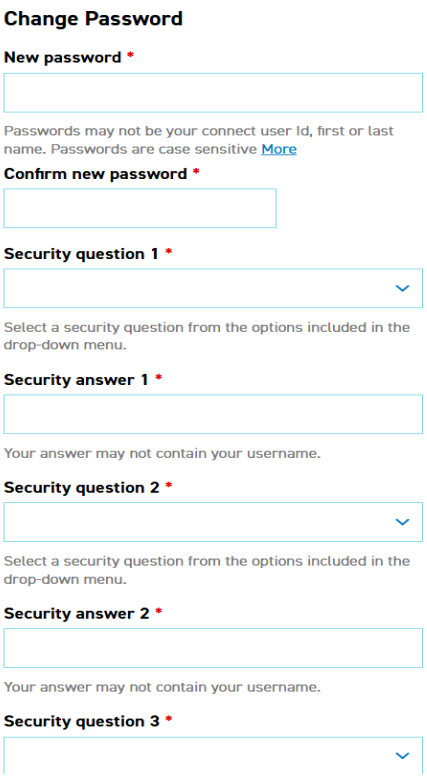



NOTE: If you do not know the answers to your security questions, you will need to contact the Provider Relations Team by email at providerrelations@bcbsvt.com or phone (888) 449-0443 option 1 to have your password reset.



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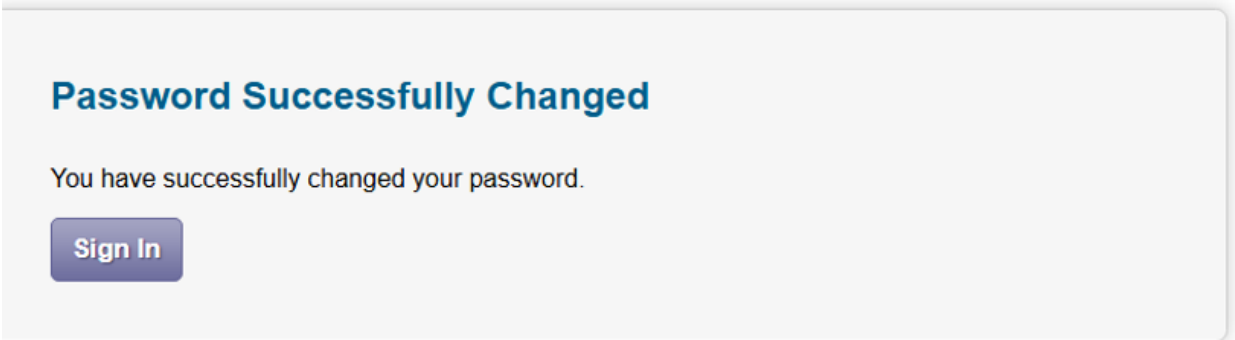
**STEP 4:** YOU WILL BE PROMPTED TO CHANGE YOUR PASSWORD AND SET UP NEW SECURITY QUESTIONS






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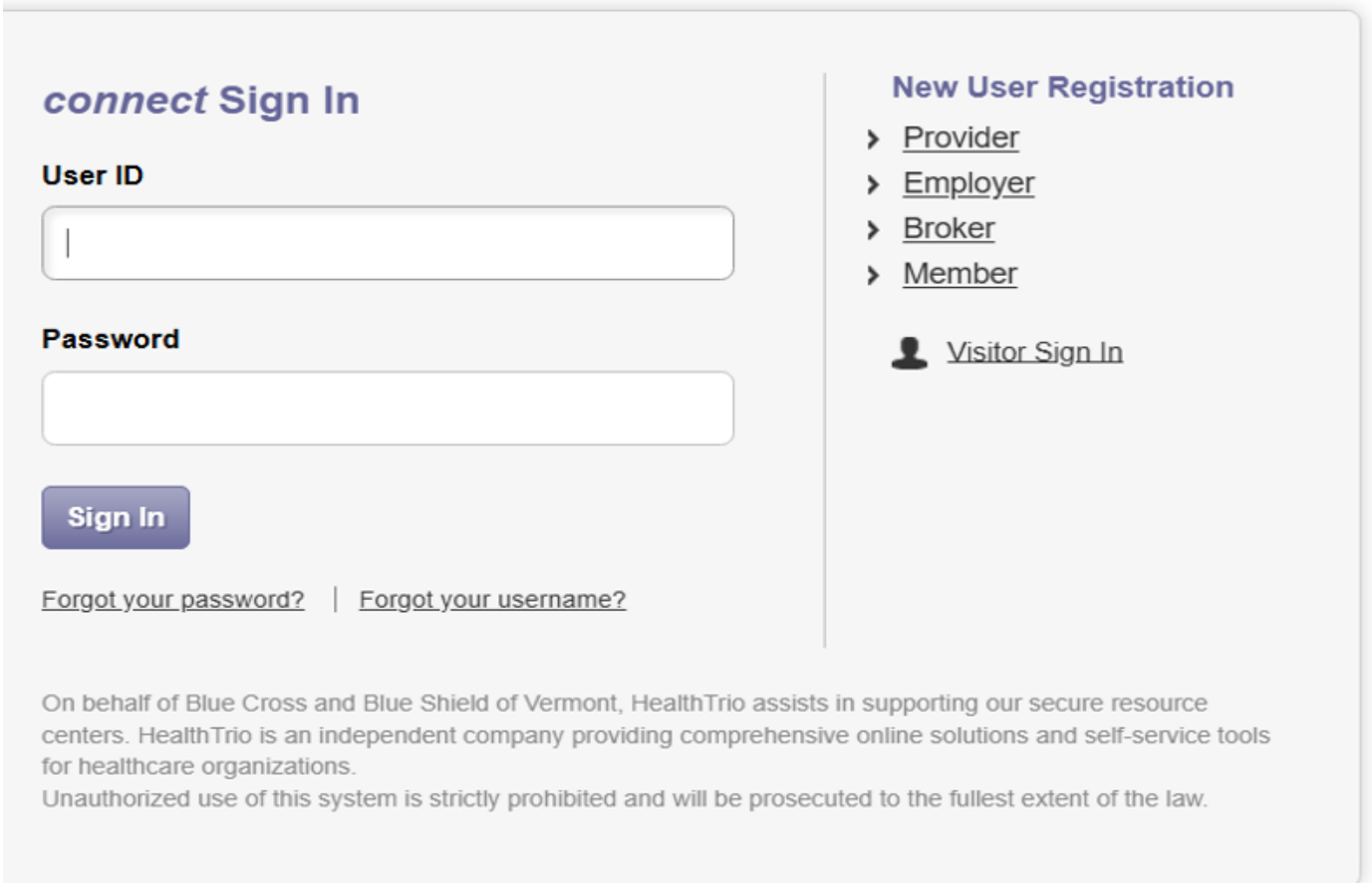
**STEP 5**: YOU WILL RECEIVE CONFIRMATION THAT YOUR PASSWORD HAS BEEN RESET, CLICK INTO SIGN IN, OR YOU CAN GO BACK TO BCBSVT.ORG TO SIGN IN






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**STEP 6:** ENTER YOUR USER ID, PASSWORD AND HIT SIGN IN:






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SECTION 16:

# NEED HELP?



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# 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



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