

PROVIDER RESOURCE CENTER REFERENCE GUIDE

Provider Relations

1

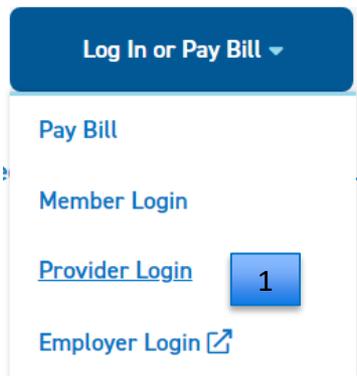
TABLE OF CONTENTS

Section 1: User Registration	3
Section 2: System Administration – Viewing Users	12
Section 3: System Administration – Editing User Information	14
Section 4: System Administration – Adding a New User	16
Section 5: System Administration – Removing Users	20
Section 6: Member Eligibility, Benefits and Accumulators (Vermont Members)	23
Section 7: Realtime Benefits, Eligibility and Accumulators	33
Section 8: Claims Inquiries – Vermont Members	38
Section 9: Realtime Claims Inquiries	41
Section 10: Vouchers and Capitation Vouchers	45
Section 11: Nation Drug Code (NDC) Tool	47
Section 12: Clear Claim Connect (C3)	50
Section 13: EQuote Guide	53
Section 14: Need Help?	64

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](#)



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

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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="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]

User Information:

[edit]

Registration Summary:

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

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

SECTION 1: USER REGISTRATION (CONT.)

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

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.
- Step 2:** The 'User Maintenance' table is displayed, listing users. A blue box highlights the 'John Smith' row, indicating the user to be edited.
- Step 3:** The 'User Information' form for John Smith is shown. The form includes fields for First Name, Middle Initial, Last Name, Time Zone, E-mail Address, Confirm E-mail Address, Title, Office Phone, Phone Ext, Office Fax, and Local Administrator. A blue box highlights the 'Submit' button.

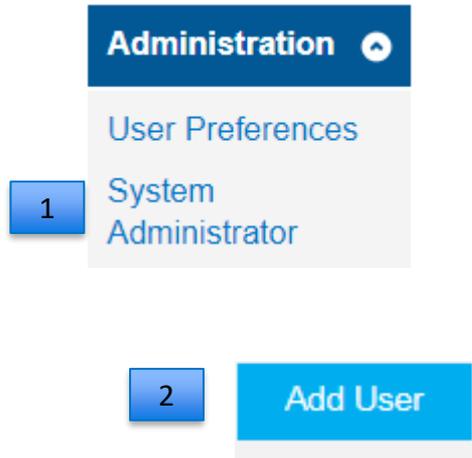
User Name	Office Security	Company Name	Company ID Number	User ID	Last Login	User Status	User Index
Sally Jones	user	Provider	98765312	Sjon1	05/11/2018	confirmed	13685
M. Smith	user	Provider	98765312	Msmi1	03/01/2018	confirmed	1358
John Smith	user	Provider	98765312	Jsmi5	04/28/2018	confirmed	1258

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

SECTION 4:
SYSTEM ADMINISTRATOR –
ADDING A NEW USER

SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER

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



The "Add User" form contains the following fields:

- First Name (required)
- Middle Initial
- Last Name (required)
- E-mail Address (required)
- Confirm E-mail Address (required, highlighted with a blue box containing the number 3)
- Title (e.g., Office Manager)
- Office Phone
- Phone Ext
- Office Fax
- Local Administrator:

A "Submit" button (highlighted with a blue box containing the number 4) is located at the bottom right of the form. A legend below the form indicates that a blue box 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.”

User Role Selection

Roles	Entity Lists
<div style="border: 1px solid black; padding: 2px;">Provider - BCBSVT Admitting Staff Provider - BCBSVT General Staff Provider - BCBSVT Office Manager Provider - BCBSVT Office Manager No Demo Provider - BCBSVT Provider</div>	(1888) ▾

Local Administrator:

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
3 <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:

5

Indicates required field

6 **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”

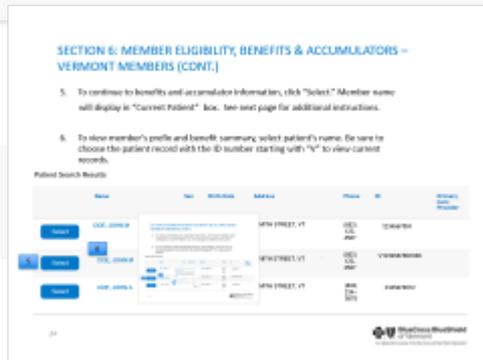
The screenshot displays the 'Patient Management' section of a web application. A blue header contains the text 'Patient Management' and a circular arrow icon. Below the header, a grey box labeled 'Current Patient' contains a dropdown menu with '(None)' selected. A blue box with the number '1' is positioned to the left of this dropdown. To the right, a white search form titled 'Search for BCBSVT Members' contains instructions and a 'Patient Search' section. The 'Patient Search' section includes a 'Conduct Patient Search' heading, a radio button selection for 'Last Name' (unselected) and 'Member ID' (selected), a text input field for the patient ID (with a help icon and an example 'HP555555'), a 'PCP' dropdown menu set to 'All Providers', and 'Search Filters' for 'As of' (with a date '11/21/2022' and a calendar icon), 'Birth Date' (with an empty input field and a blue box with the number '3'), and 'Gender' (with a dropdown arrow). At the bottom of the form are 'Search' and 'Clear' buttons, with a blue box containing the number '4' to the left of the 'Search' button.

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
5	Select	DOE, JOHN M		MITH STREET, VT	(802) 123-4567	1234567891	
		6					
	Select	DOE, JOHN M		MITH STREET, VT	(802) 123-4567	V1234567891000	
	Select	DOE, JOHN A		MITH STREET, VT	(802) 234--5678	2345678912	



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

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

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
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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

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

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:

11 **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. Review eligibility details up top, and 16. Review specific benefit (Chiro) below.

15

Benefit Plan Information

Carrier		Status	Active Coverage
Product	BCBSVT EPO WITH PCP	Start Date	07/01/2021
Group	BLUE CROSS BLUE SHIELD (336M00002E001020)	End Date	12/31/2022
Benefit Plan			

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			

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

3
John
Doe
08/12/1955

(MM/DD/YYYY)

Patient Information (required if not the subscriber)

Patient Name
First
Last
Birth Date

(MM/DD/YYYY)

Patient ID
Member #

As of
08/29/2022
📅
Gender

_____ ▾

Requesting Provider
 Name
 Provider NPI

Jones D, DC
Search

This field is required.

Service Type
Chiropractic (33)
▾

5
Search
Clear

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

6. Review eligibility details.
7. Review benefit.

6

Benefit Plan Information

Carrier		Status	Active Coverage
Product	BCBSVT EPO WITH PCP	Start Date	07/01/2021
Group	BLUE CROSS BLUE SHIELD (336M00002E001020)	End Date	12/31/2022
Benefit Plan			

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			

Benefits

View details for: ⓘ

7

Health Benefit Plan Coverage

Family

Deductible \$5000.00 In Network	Out of Pocket (Stop Loss) \$5000.00 In Network	Active Coverage BCBSVT EPO 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 a date range from 6/12/2022 to 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 'Status' (Paid, Pended, 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

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
------------------------------	------------------------------	------------------------	-------------------------	-------------------------------------	---------------------	--------------------------	------------------------	----------------------------------	------------------------------	------------------------------------	------------------------------	-----------------------------------	---	----------------------------

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
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Pages: (1) Results: 1

SECTION 9:

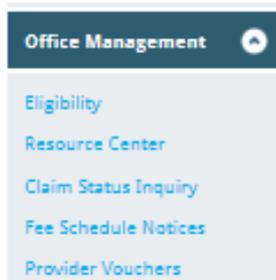
REALTIME CLAIM INQUIRIES

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

Search

Clear

* required field

SECTION 9: REALTIME CLAIM INQUIRIES (CONT.)

6. Review Results

Claim Status Search Results

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

Claims

Claim Number	Account Number	Payment Date	Date of Service	Billed Amount	Payment Amount	Status
UNKNOWN		Jun 30 2016	Jun 23 2016	\$100.00	\$56.47	Finalized
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.”

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' input 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 4 Review Audit Results

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"/>																	
2	<input type="text"/>																	
3	<input type="text"/>																	
4	<input type="text"/>																	
5	<input type="text"/>																	

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SECTION 13

EQUOTE GUIDE

Provider Relations

52

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 'Patient Management' sidebar contains a dropdown menu for 'Current Patient' with '(None)' selected. Below this is a button labeled 'Search Blue Cross of VT Patient Eligibility', which is highlighted with a blue box and the number '1'. The main search area is titled 'Patient Search' and includes a section 'Conduct Patient Search'. It features two radio buttons: 'Last Name' (unselected) and 'Member ID' (selected). Below these is a text input field with a question mark icon, containing '(ID Example - HP555555)', highlighted with a blue box and the number '2'. Underneath is a 'PCP' section with '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)', both highlighted with a blue box and the number '2'. At the bottom, there is a 'Gender' dropdown menu and a 'Search' button, which is highlighted with a blue box and the number '3'. A 'Clear' button is also present.

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
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

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 information:

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

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, 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