

# *Getting Connected with Volunteer State Health Plan of Tennessee*


First Broadcast: December 9, 2008

Second Broadcast: December 11, 2008

# Agenda


- Welcome and Introductions
- Overview of VSHPTN online functionality
- System demonstration
- Questions?

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 **VSHHP**  
Volunteer State Health Plan

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**Welcome to VSHHP**

**blueaccess<sup>®</sup>**   [register now!](#)

user ID:

password:

[forgot password?](#)   [log in](#)

**Good and Bad News For Chocolate Lovers**



# Online Resources

- BlueAccess – Secure Area (accessible from VSHPTN.com home page – click on “register now” and follow instructions)
  - Check Eligibility
  - View Claim Status
  - Claim Submission
  - Remittance Advice
  - Real Time Claims Adjudication
  - Real Time Patient Liability Information
- Provider Section - <https://www.bcbst.com/providers>
  - BlueAlert Newsletter
  - Provider Administrative Manual
  - Medical Policy

# Online Resources cont'd.

- [www.bcbst.com](http://www.bcbst.com)
  - eBusiness Section
    - eBusiness User Guide  
<https://www.bcbst.com/providers/ecom/E-BusinessUserGuide.pdf>
    - Electronic Provider Profile Form  
[https://www.bcbst.com/providers/ecom/getting\\_started/profile\\_provider.pdf](https://www.bcbst.com/providers/ecom/getting_started/profile_provider.pdf)
    - Approved Vendor List – Bill Direct / Clearinghouse  
[https://www.bcbst.com/providers/ecom/ANSI\\_vendors/Vendors\\_list.asp](https://www.bcbst.com/providers/ecom/ANSI_vendors/Vendors_list.asp)
    - BlueCore – Real Time Batch Eligibility  
<https://bluecore.bcbst.com/bluecore.pdf>
    - Companion Guide and Front End Edits  
<https://www.bcbst.com/providers/ecom/technical-information.shtml>

## Online Resources cont'd.

- ProviderConnect – Secure Area (accessible from [www.VSHPTN.com](http://www.VSHPTN.com) home page –
- Click on “Providers”
- Go to ValueOptions of Tennessee
  - Click on “Find out more”
  - Click on “Register” (follow instructions)
  - Request Authorizations
  - View Authorizations
  - View “My Practice Information”
  - Access and Print Forms

# Online Resources cont'd

- ValueOptions of Tennessee Cont'd.
  - Click on Network Specific Information
  - Click on TennCare
    - Administration
      - FAQs
    - Clinical
      - Clinical Criteria
    - Forms
    - Important Links

## Online Resources cont'd.

- All In Network providers will be able to obtain online registration per provider ID number via the website
- To obtain additional logons for ProviderConnect – contact the ValueOptions® EDI Helpdesk at (888) 247-9311 and press option 3, Monday thru Friday, 8a.m. – 6 p.m. EST
  - The TAT for additional logons is 48 hours

# VO Provider Relations Staff

## **Melissa T. Isbell**

Director of Provider Relations

[Melissa.isbell@valueoptions.com](mailto:Melissa.isbell@valueoptions.com)

VO Cell (901) 483-1088

## **Annette Farmer-Dentley**

Regional Representative, Memphis/Shelby County

85 North Danny Thomas Blvd.

Memphis, TN 38103

[Annette-farmer-dentley@valueoptions.com](mailto:Annette-farmer-dentley@valueoptions.com)

VO Cell: (901) 378-6798

Office: (901) 544-2243

## **Ella Bentley**

Regional Representative, Jackson/Rural West

51 Stonebridge Blvd.

Jackson, TN 38305

[Ella.bentley@valueoptions.com](mailto:Ella.bentley@valueoptions.com)

VO Cell: (731) 377-1737

## **Marian Johnson**

Regional Representative, Upper East

## **Jodi Bensley**

Regional Representative, Chattanooga /surrounding area

801 Pine St

Chattanooga, TN 37402

[Jodi.bensley@valueoptions.com](mailto:Jodi.bensley@valueoptions.com)

VO Cell: (423) 742-5270

## **Sheila Waller**

Regional Representative, Memphis/Shelby County

85 North Danny Thomas Blvd.

Memphis, TN 38103

[Sheila.waller@valueoptions.com](mailto:Sheila.waller@valueoptions.com)

VO Cell: (901) 483-6012

Office: (901) 544-2398

## **Bob Deatherage**

Regional Representative, Knoxville /surrounding area

6305 Kingston Pike

Knoxville, TN 37919-4998

[Robert.deatherage@valueoptions.com](mailto:Robert.deatherage@valueoptions.com)

VO Cell: (865) 202-2861

# Blue Access Main Menu



about us | plan options | health tools | learn about | self service | search

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## blueaccess

Quick Jump » [e-Health Services®](#) | [Additional Provider Services](#) | [Account Management](#)

### E-HEALTH SERVICES® [back to top](#)

#### COMMERCIAL/BLUEADVANTAGE BLUECARE/TENNCARE SELECT

See coverage, eligibility, claim status, authorization and other insurance information.

[more >](#)

#### REAL TIME CLAIM ESTIMATION/ADJUDICATION

COMING SOON:  
Support for Outpatient facilities and additional lines of business.  
Enables claim submission & claim estimation to gain member liability for commercial lines of business (Physician Claims Only)

• [View tutorial](#) POWERPOINT

[more >](#)

### ADDITIONAL PROVIDER SERVICES [back to top](#)

#### PHYSICIAN QUALITY & COST INFORMATION

#### SHAREDHEALTH

### Additional Information

- » [Log Out](#)
- » [BlueAccess FAQs](#)
- » [Glossary of Health Care Terms](#)
- » [Scheduled Maintenance Times](#)

**Free for you to use.**  
The Shared Health CHR™ gives you a comprehensive view of a patient's medical history, regardless of provider, at the point of care. Shared Health also incorporates ePrescribe and Child Wellness (EPSDT) screening. Using Shared Health will help you help your patients.

# e-Health Services Main Page



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## Home

### e-Health services

e-Health Services is a quick, convenient way to answer many of your health insurance questions. The information is available, seven days a week, just as it appears in the BlueCross BlueShield of Tennessee computer system. Processed claims, contract changes or policy cancellations may affect final benefit information. The e-Health Services website provides online benefits service for BlueCross BlueShield of Tennessee customers who buy their own health insurance. To get started, please select an option from the menu on the left. For assistance with this website, please click on the [Help](#) link.

#### Within e-Health Services you have the ability to:

- Verify eligibility, benefits and coverage details such as co-pays, applied deductible and out of pocket maximums
- Check status of medical, behavioral health, and dental claims
- Verify Prior Authorization Requirements
- Submit Authorization requests for Inpatient Confinement, Outpatient Procedure, 23 Hour Observation, and Specialty Pharmacy
- Update previously submitted authorization requests using Clinical Update
- Look up the status of previously submitted authorization requests

#### Commercial / BlueAdvantage Plans:

Provider Service: 1-800-924-7141

#### BlueCare<sup>SM</sup> / TennCare Select Plans:

Benefits are determined by the State Bureau of TennCare and are subject to change. If you have any questions, please contact your agent or the State Bureau of TennCare.

# Patient Inquiry



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## Find a Patient

You must enter search criteria in at least ONE of the following fields:  
Patient ID (Prefix and Suffix are optional), SSN, or Last Name

Patient ID  -    
Prefix ID number Suffix

SSN

Last Name   
At least 2 letters

You may limit your search further by entering any of the information below:

First Name

City, St. ZIP  ALL

Effective Date

Birth Date

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### Find a Patient

You must enter search criteria in at least ONE of the following fields:  
Patient ID (Prefix and Suffix are optional), SSN, or Last Name

Patient ID  902218823 -   
Prefix ID number Suffix

SSN

Last Name   
At least 2 letters

You may limit your search further by entering any of the information below:

First Name

City, St. ZIP  ALL

Effective Date  05/01/2008

Birth Date

4 patients match the criteria you entered

Patient	Patient ID	Date of Birth	Group #	Group Name	Eligible	Coverage Effective Date	Coverage Termination Date
<a href="#">CHRIS HALL</a>	ZEE 902218823 - 0	08/06/1959	100000	Chris B Hall Enterprises	Yes	01/01/2007	
<a href="#">Kristy Hall</a>	ZEE 902218823 - 1	05/17/1971	100000	Chris B Hall Enterprises	Yes	01/01/2007	
<a href="#">Kris Hall</a>	ZEE 902218823 - 2	05/20/1991	100000	Chris B Hall Enterprises	Yes	01/01/2007	05/31/2015

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[Find a Patient >](#)

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## Patient Information: CHRIS HALL

### Patient Information

Name CHRIS HALL  
Member ID ZEE 902218823 - 0 (Subscriber/Insured)  
Birth Date 08/06/1959  
Gender Male  
Address 801 PINE ST  
CHATTANOOGA, TN 374022517  
County Hamilton  
Phone  
Email CHALL@BCBST.COM

### PCP

Patient does not have a Primary Care Physician.

### Claims and Authorizations Inquiry

- [Claims Inquiry](#)
- [Authorizations - Physician](#)
- [Authorizations - Facility](#)
- [Prior Authorization Requirements](#)

### Subscriber Details

Subscriber CHRIS HALL  
ID Number ZEE 902218823  
Gender Male  
Group Chris B Hall Enterprises

### Eligibility

#### Dental Product

As of 05/01/2008, CHRIS HALL is **Eligible** for coverage for the period from 10/01/2006 - (present) under **Dental Benefit Plan**.

[View benefits description](#)


#### Medical Product

As of 05/01/2008, CHRIS HALL is **Eligible** for coverage for the period from 01/01/2007 - (present) under **Blue Network P**.

[View benefits description](#)

#### Pre Existing Waiting Period

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### Patient Information

Name	CHRIS HALL
Member ID	ZEE 902218823 - 0 (Subscriber/Insured)
Birth Date	08/06/1959
Gender	Male
Address	801 PINE ST CHATTANOOGA, TN 374022517
County	Hamilton
Phone	
Email	CHALL@BCBST.COM

### PCP

Patient does not have a Primary Care Physician.

### Claims and Authorizations Inquiry

- [Claims Inquiry](#)
- [Authorizations - Physician](#)
- [Authorizations - Facility](#)
- [Prior Authorization Requirements](#)

### Subscriber Details

Subscriber	CHRIS HALL
ID Number	ZEE 902218823
Gender	Male
Group	Chris B Hall Enterprises

### Eligibility

#### Dental Product

As of 05/01/2008, CHRIS HALL is **Eligible** for coverage for the period from 10/01/2006 - (present) under **Dental Benefit Plan**.  
[View benefits description](#)

#### Medical Product

As of 05/01/2008, CHRIS HALL is **Eligible** for coverage for the period from 01/01/2007 - (present) under **Blue Network P**.  
[View benefits description](#)

#### Pre Existing Waiting Period

No Pre-Existing Waiting Period

#### Other Insurance

Medical [NO OTHER INSURANCE](#)  
Dental [NO OTHER INSURANCE](#)

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## Benefits Description: Medical

### Blue Network P

The plan start date for this account was 01/01/2007

HALL, CHRIS B has been effective with this coverage since 01/01/2007


Subscriber ID: ZEE 902218823

The information provided today regarding eligibility, benefits and contract limitations/exclusions is based on the information that is currently available and is not intended to be a comprehensive listing of all benefits, limits and exclusions. Final determination will be made when claims are received and processed. In addition, benefits may change due to possible coverage changes, COBRA eligibility changes or coverage cancellation. If you have further questions or the information listed does not answer your question, please contact Provider Service at 1-800-924-7141.

### Copay and Coinsurance

Service Type	Co-Pay	Deductible	Coinsurance	Comments
IN NETWORK AMBULANCE	\$0.00	\$2,400.00	80.00%	
IN NETWORK MATERNITY DELIVERY	\$0.00	\$2,400.00	80.00%	
IN NETWORK DURABLE MEDICAL EQP	\$0.00	\$2,400.00	80.00%	
IN NETWORK EMERGENCY PHY SRVC	\$0.00	\$2,400.00	80.00%	
IN NETWORK MRI OUTPATIENT	\$0.00	\$2,400.00	80.00%	INCLUDES CT SCAN, NUCLEAR MEDICINE, ETC.
IN NETWORK ROUTINE GYN EXAM	\$20.00	\$0.00	100.00%	
IN NETWORK HOME HEALTH	\$0.00	\$2,400.00	80.00%	LIMITED TO 60 VISITS PER YEAR

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OUT OF NETWORK OFFICE VISIT	\$0.00	\$4,800.00	60.00%	
OUT OF NET PHYSICAL THERAPY	\$0.00	\$4,800.00	60.00%	LIMITED TO 60 VISITS PER YEAR
OUT OF NETWORK ROUTINE EXAMS	\$0.00	\$4,800.00	60.00%	LIMITED TO 1 VISIT PER YEAR
OUT OF NET ROUTINE CHILD CARE	\$0.00	\$4,800.00	60.00%	TO AGE 6
OUT OF NETWORK SKILLED NURSING	\$0.00	\$4,800.00	60.00%	LIMITED TO 60 DAYS COMBINED W/REHAB PER YEAR
OUT OF NETWORK ROOM AND BOARD	\$0.00	\$4,800.00	60.00%	
OUT OF NETWORK VISION/CONTACTS	\$10.00	\$0.00	100.00%	LIMITED TO 200 DOLLARS PER YEAR
OUT OF NETWORK VISION/FRAMES	\$0.00	\$0.00	100.00%	LIMITED TO 120 DOLLARS EVERY 2 YRS
OUT OF NETWORK VISION/LENS	\$10.00	\$0.00	100.00%	LIMITED TO 300 DOLLARS PER YEAR
OUT OF NETWORK OP SURG DR	\$0.00	\$4,800.00	60.00%	
OUT OF NET BEHAV.HLTH.R&B	\$0.00	\$4,800.00	60.00%	LIMITED TO 40 DAYS PER YEAR
OUT OF NET SPEECH THERAPY	\$0.00	\$4,800.00	60.00%	LIMITED TO 60 VISITS PER YEAR
OUT OF NETWORK TMJ OUTPATIENT	\$0.00	\$4,800.00	60.00%	
OUT OF NETWORK CHIRO MANIPULAT	\$0.00	\$4,800.00	60.00%	LIMITED TO 60 VISITS PER YEAR
OUT OF NETWORK ROUTINE VISION	\$20.00	\$0.00	100.00%	
OUT NETWORK OFFICE SPECIALIST	\$0.00	\$4,800.00	60.00%	
OUT OF NET BEHAV.HLTH.OUTP.	\$0.00	\$4,800.00	60.00%	LIMITED TO 50 VISITS PER YEAR

**Deductible Accumulators**

Type	Individual	Family
In-Network Deductible	\$2,400.00 maximum	\$2,400.00 maximum
	\$0.00 total met	\$0.00 total met
Out-of-Network Deductible	\$4,800.00 maximum	\$4,800.00 maximum
	\$0.00 total met	\$0.00 total met

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**Limits**

Type	Level Description	Individual Limit Accumulated	Family Limit Accumulated
1 Visit Benefit Period -- Mammogram- OR IS THIS BETTER	Member	0	0
GYN - One Annual OB-Gyn Exam Per Calendar Year	Member	0	0
60 Visits Per Benefit Period - Home Health	Member	0	0
60 Visits Per Benefit Period - Manipulation Therapy	Member	0	0
60 Days Per Calendar Year - Skilled Nursing Facility	Member	0	0
60 Visits Per Benefit Period -- Physical Therapy	Member	0	0
60 Visits Per Benefit Period -- Occupational Therapy	Member	0	0
60 Visits Per Benefit Period -- Speech Therapy	Member	0	0
\$120.00 Every Two Years -- Frames	Member	\$0.00	\$0.00
60 Visits Per Benefit Period - Pulmonary Therapy	Member	0	0
\$300.00 Per Calendar Year - Lenses	Member	\$0.00	\$0.00
40 Days Benefit Period -- Psych Inpatient(Includes Alc. & Sub. Abuse)	Member	0	0
60 Visits Per Calendar Year - Cardiac Rehab	Member	0	0
\$200 Per Calendar Year - Contacts	Member	\$0.00	\$0.00
50 Visits Per Benefit Period -- Psych Outpatient	Member	0	0
1 Visit Per Calendar Year - Wellcare	Member	0	0
\$5,000,000.00 Lifetime Max - All Services - Combined In & Out	Member	\$5.00	\$0.00
\$5,000.00 Out of Pocket - Individual - In Network	Member	\$0.00	\$0.00
\$15,000.00 Out of Pocket - Individual - Out of Network	Member	\$0.00	\$0.00
\$5,000.00 Out of Pocket - Family - In Network	Family	\$0.00	\$0.00
\$15,000.00 Out of Pocket - Family - Out of Network	Family	\$0.00	\$0.00

# Claim Center



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## Find Claims

Find  claims

for service dates from  to

with status

for patient  [Find Patient](#)

submitted by provider  [Find Provider](#)

Find a specific claim by Claim ID

Claim ID:   
(This field is case sensitive.)

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## Find Claims

Find  claims

for service dates from  to

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Find a specific claim by Claim ID

Claim ID:   
(This field is case sensitive.)

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## Claim Detail: CHRIS HALL

### About this Claim

Patient Name	CHRIS HALL
Patient ID	ZEE 902218823- 0
Subscriber	CHRIS HALL
Policy	Chris B Hall Enterprises
Covered under	<a href="#">Blue Network P</a>
Service dates	06/12/2007 - 06/12/2007
Claim ID number	EPD000002400
The claim was received on	06/12/2007
Claim Status	In Process
Date Paid	N/A
Total Charges	\$500.00
Non-Covered	N/A
Network Discount / Contract Write-off	N/A
Deductible / Copay	N/A
HRA Payment	N/A
Patient Co-Insurance	N/A

### Remittance

Paid To	
Address	
City	
State	
Zip	
Amount of Check	
Check Number	
Check Date	

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Claim ID number	EPD000002400
The claim was received on	06/12/2007
Claim Status	Processed
Date Paid	06/20/2007
Total Charges	\$500.00
Non-Covered	\$0.00
Network Discount / Contract Write-off	\$360.46
Deductible / Copay	\$25.00
HRA Payment	\$0.00
Patient Co-Insurance	\$0.00
Other Insurance	\$0.00
Interest Amount	\$0.00
Claim Paid	\$114.54
Patient Owes	\$25.00

Check Number	131477
Check Date	06/20/2007

[Click here to view remittance advice](#)

### Line Items

This claim has 1 item(s)

#	Procedure Diagnosis (Code - Description)	From Date To Date	Charged Paid	Covered NonCovered	Deductible Copay	Coins.	Disallowed Code
1	99215 - Office or outpatient visit established patient high complexity 40 mins 799 - Other ill-defined & unknown causes of morbidity & mortality	06/12/2007 06/12/2007	\$500.00 \$114.54	\$139.54 \$360.46	\$0.00 \$25.00	\$0.00	PSV

### Disallowed Codes


- PSV: This charge exceeds the maximum allowable under this member's coverage.



# Remittance Advice Search

**BlueCross of Tennessee**  
plans for better health. plans for a better life.™

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blueaccess 

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Commercial, BlueCard and FEP remittance advices are available on a rolling 18 month basis.  
Blue Advantage remits produced on or after October 1, 2006 are currently available online.

For Remittance Advice's produced prior to these dates, please [contact us](#).  
Line of Business is located in the top right corner of your remit.

Payee Number:


From Remittance Date:

Through Remittance Date:

Line of Business:

Check Number:

Remittance Number:

Many of the documents on this site require the Adobe **Acrobat Reader** in order to view them. If you do not have an Acrobat Reader, you can download a **Free** copy from Adobe's site. 

# Real Time Claims Adjudication



You are logged in as: **h54871m**

**Create Claim/Estimate**

Claim/Estimate Search

## Select Provider & Patient

\* Indicates required information

### Provider Search Options

NPI:

Name:  (2 letters minimum)

Search

Close Search

### Patient Search

#### Search by ID

You must enter search criteria for either Patient ID (Prefix and Suffix are optional) -or- SSN and Group ID:

Patient ID:   -   
prefix \*ID number suffix

Patient SSN:  **AND** Group ID:   
(XXX-XX-XXXX)

Search

#### Search by Name

\*Last, \*First:  ,

Date of Birth:  (MM/DD/YYYY)


Gender:

Group ID:

Search



# RTCA – Patient Liability


Real Time Claim Estimation/Adjudication
Help Log Out

You are logged in as: **h54871m**

**Create Claim/Estimate**
Claim/Estimate Search

### Patient Liability Estimate

[Print using "Landscape" orientation for best results](#)

This summary of benefits is based on the information you have given today. Final determination will be made upon the completion of the processing of the claim. These benefits may change due to possible coverage changes, COBRA eligibility changes or coverage cancellation. The member's coverage can terminate retroactively, whether he or she is an active member or on COBRA or State continuation.

Submitted: 08/01/2008  
 Reference ID: 821356  
 Status: Predetermination Pricing Only - No Payment

**Provider**

Dr. John Doe  
 123 Anywhere Street  
 Smithville, TN 12345

**Patient**

Jane Doe  
 1234 Jones Street  
 Jonesville, TN 12345

**Claim Summary**

Total Charge: \$100.00  
 Less Network Savings: \$7.25  
 Less Plan Payments: \$0.00  
Total Member Responsibility: \$92.75

**Claim Messages**

**Claim Details (use mouse to hover over headings and code to get description)**

Procedure Code	Service Date	Charge	Allowed	Network Savings	Not Covered	Deductible	Co-Pay	Co-Insurance	Member Pays	Plan Pays	Reason Code	Prior Auth
99214	08/01/2008	\$100.00	\$92.75	\$7.25	\$0.00	\$92.75	\$0.00	\$0.00	\$92.75	\$0.00	1, 45	
<b>Grand Total:</b>		<b>\$100.00</b>	<b>\$92.75</b>	<b>\$7.25</b>	<b>\$0.00</b>	<b>\$92.75</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$92.75</b>	<b>\$0.00</b>		

✖ Cancel

✎ Edit Claim

📄 Save as PDF

📤 Claim Submission

What would you like to do next?

- Create Another Claim/Estimate
- View Claims/Estimate History

# e-Business Solutions Regional Marketing Consultants

- East Tennessee: Patty Stroupe – Manager  
Phone: (423) 535-3490  
e-mail: [Patty\\_Stroupe@bcbst.com](mailto:Patty_Stroupe@bcbst.com)
- Greater Chattanooga Area: Faye Mangold  
Phone: (423) 535-2750  
e-mail: [Faye\\_Mangold@bcbst.com](mailto:Faye_Mangold@bcbst.com)
- Middle Tennessee: Heather Miller-Blackman  
Phone: (615) 386-8549  
e-mail: [Heather\\_Miller-Blackman@bcbst.com](mailto:Heather_Miller-Blackman@bcbst.com)
- West Tennessee: Debbie Angner  
Phone: (901) 544-2285  
e-mail: [Debbie\\_Angner@bcbst.com](mailto:Debbie_Angner@bcbst.com)

# Getting Connected to Volunteer State Health Plan of Tennessee

System Demonstration

[www.vshptn.com](http://www.vshptn.com)

# Getting Connected with Volunteer State Health Plan of Tennessee

*Questions?*

# Getting Connected with Volunteer State Health Plan of Tennessee

*Thank you!*

*Please remember to complete your evaluation  
forms*