MASSACHUSETTS

CONNECTCENTER QUICK START

For dentists

INTRODUCTION

ConnectCenter™, owned and maintained by Optum, is an eTool for real-time transactions. ConnectCenter is available to all providers contracted with Blue Cross Blue Shield of Massachusetts.

Dental providers can use ConnectCenter to:

- Verify benefits and eligibility
- Check claim status

ACCESSING CONNECTCENTER

Log in to our Provider Central website, bluecrossma.com/provider. On the left-hand side of the secure homepage, you'll see an eTools box. Click on ConnectCenter.

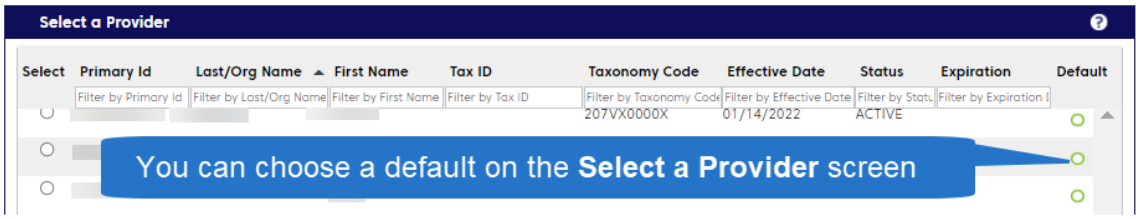
If you do not see the link, talk to the person in your practice or organization who is set up as administrator of your Provider Central account. They can grant you access to this tool.

You can also access ConnectCenter via the **eTools** tab in the main navigation bar. This page includes tips and resources for using the tool.

ENTERING YOUR PROVIDERS

It's a good idea to save default provider information in the Admin area of ConnectCenter. It needs to be done only once, and it will save you time in future inquiries.

1. Enter provider information by going to **Admin>Provider Management**. Read our Provider Management Quick Tip for help.
2. Save defaults for Requesting Provider, Billing Provider, and Rendering Provider. Defaults can be saved in Provider Management records and also in the **Select a Provider** screen.



NAVIGATING AND ENTERING DATA

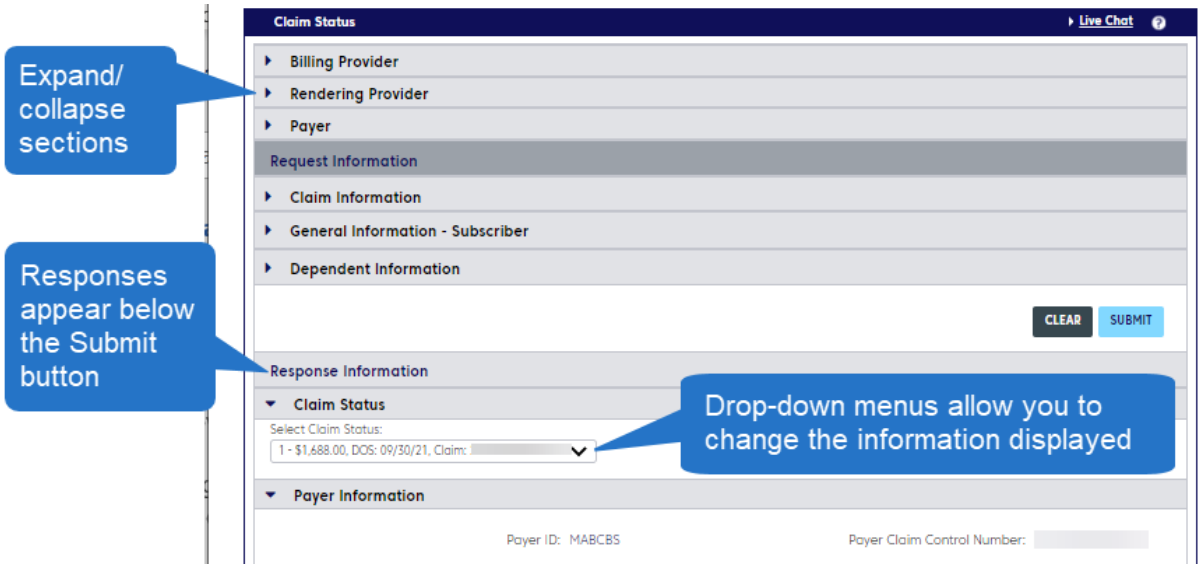
Required fields are marked with a red asterisk or a red outline. Be sure to complete them accurately. Include a prefix with the member ID number.

Dates must be entered in the MM/DD/YYYY format.

Do not use dashes when entering information like phone numbers, zip codes, and tax ID numbers.

Some ConnectCenter pages have expand/collapse sections (also called “accordions”).

Inquiry responses appear at the bottom of the page (under the **Submit** button) and may include drop-down menus for changing the category of information displayed.

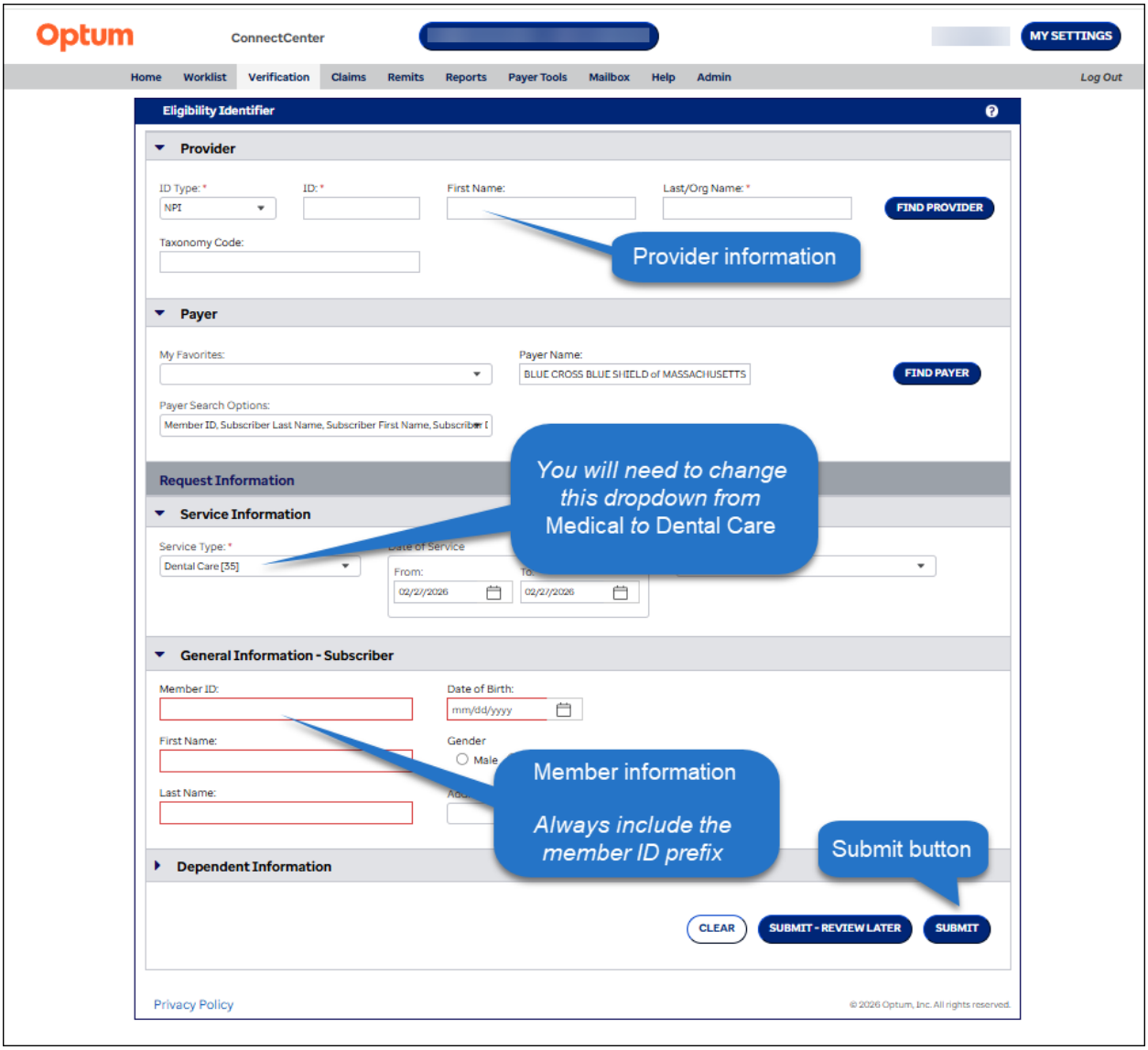


BENEFITS AND ELIGIBILITY

You can use ConnectCenter to verify eligibility for Massachusetts and out-of-state members. *Responses are returned from the Blue plan that the member is contracted with, and the level of detail varies.*

How to perform the inquiry

Go to **Verification>New Eligibility Request**. Your screen will look like this:



The **Service Type** dropdown menu, located under the Request Information heading, defaults to "Medical." You will need to change this option to "Dental Care."

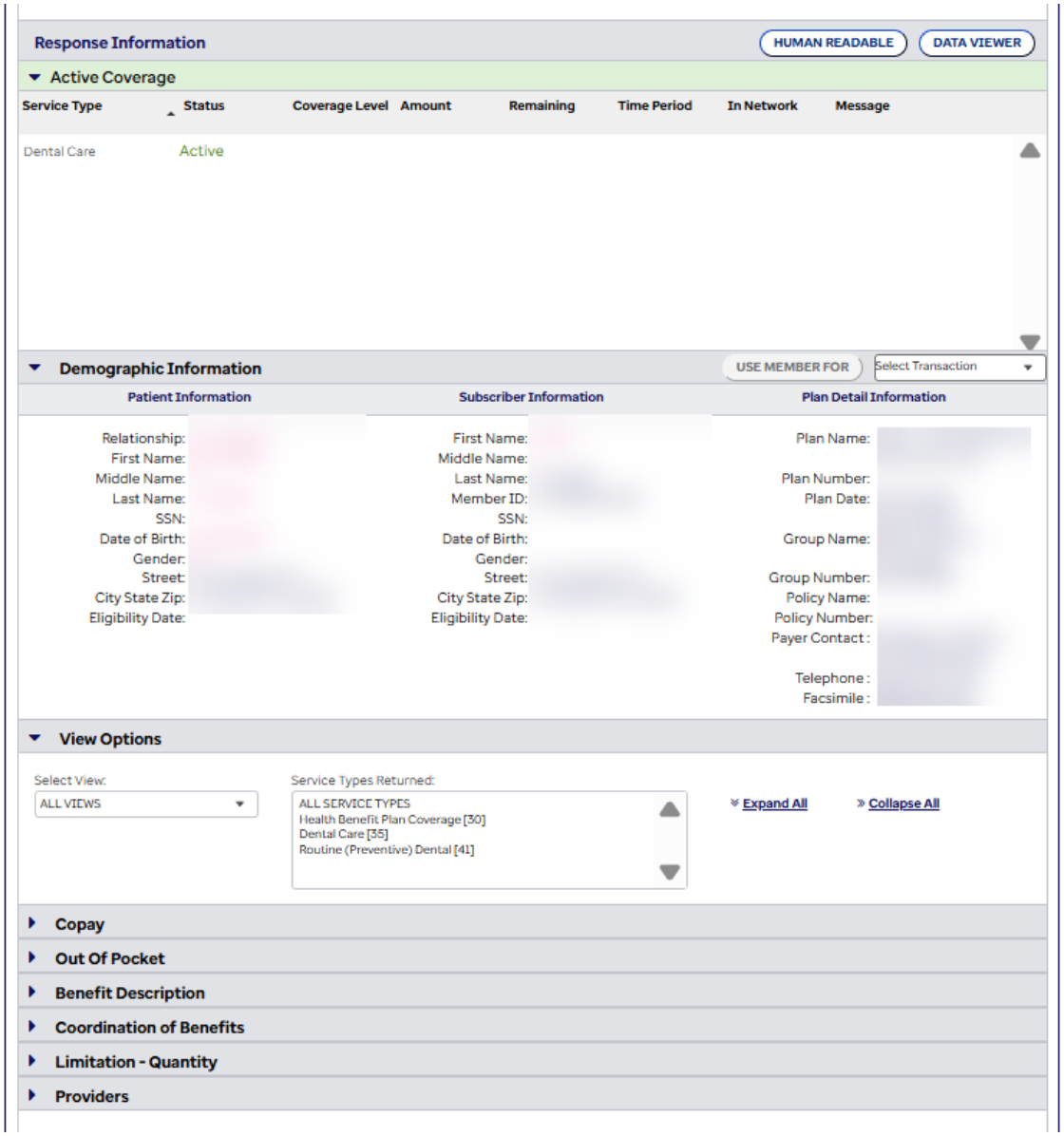
Enter the requesting provider and the member information (with ID prefix) and click **Submit**.

Options:

- If you have entered providers using the **Admin** tab, you can choose a default Requesting Provider from the **Select a Provider** screen.
- The default **Payer Search Option** is for member ID number and subscriber date of birth. Select another option if desired.
- For detailed benefits information, go to the **Service Type** dropdown menu and select a specific service type.
- The **Submit – Review Later** button is useful if you would like to submit several inquiries before reviewing responses. Access your responses by going to **Verification>Search Eligibility History**.

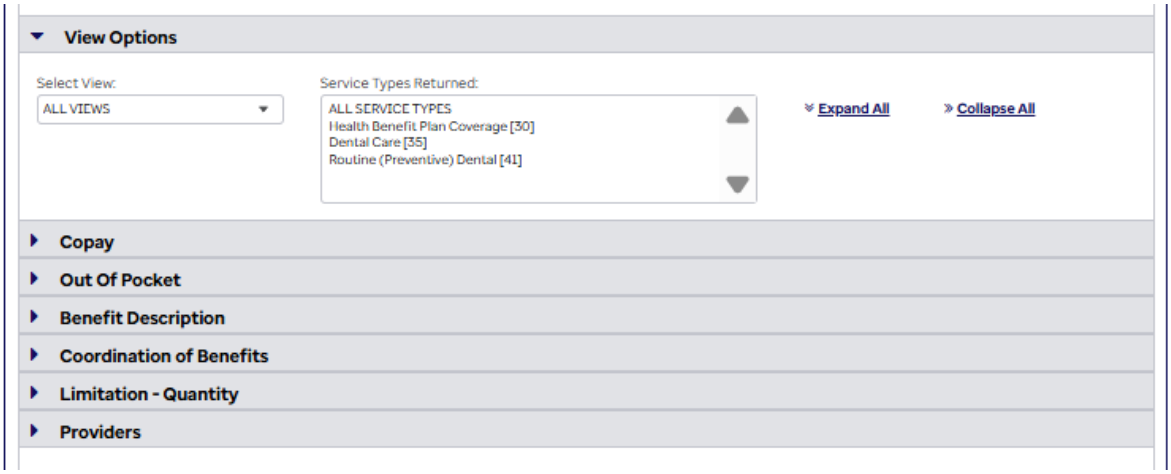
Understanding eligibility inquiry results

Your results will appear at the bottom of the page.



The response information will include a red bar when a member's plan is no longer active.

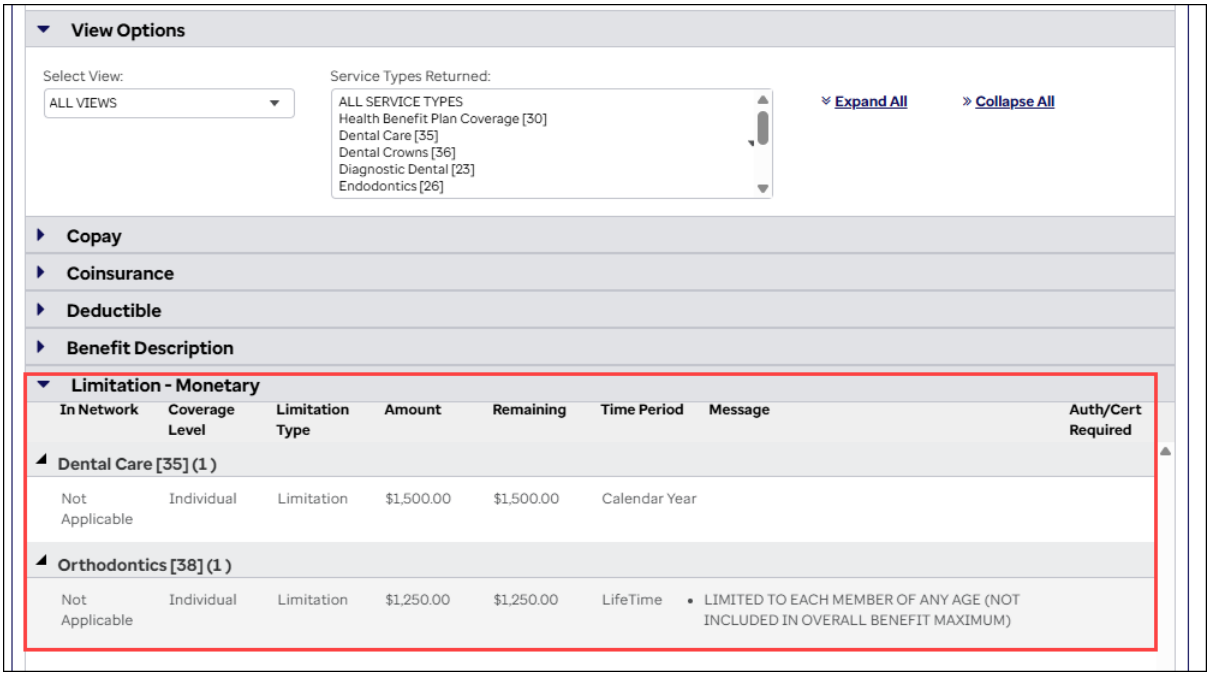
Benefits information appears in accordions below the demographic information.



If relevant to the service and the member's plan, you may see page sections called "Limitation – Quantity" or "Limitation – Monetary." Open these areas to see benefit maximums or visits remaining.

Monetary limits will indicate the coverage amount per time period and the amount remaining in that time period.

- **Reminder:** Accumulated amounts are based on claims that were processed at the time of the inquiry and are not a guarantee of payment.



CLAIM STATUS

You can inquire on the status of any claim sent to Blue Cross Blue Shield of Massachusetts for processing.

How to perform the inquiry

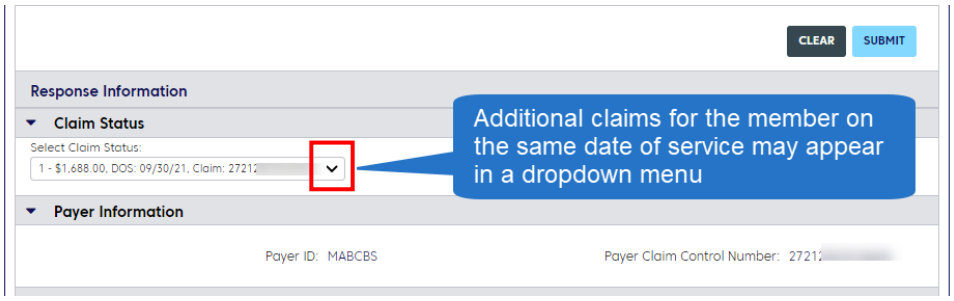
1. Go to **Claims>Claim Status**. You will need to enter or select the billing provider, the date of service, and member information (ID, name, and date of birth).
2. Complete the minimum number of required or appropriate fields and click **Submit**.
    - Tip: You can begin a claim status inquiry from your eligibility search results. In the **Demographic Information** row, open the **Select Transaction** drop-down menu and select **Claim Status**. Then click the button, **Use Member For**. This will carry the member's policy information to the **Claim Status** screen.

Understanding claim status inquiry results

Your results will appear at the bottom of the **Claim Status** page after you click **Submit**.

MULTIPLE CLAIMS

First, look at the area immediately under the **Response Information>Claim Status** heading. If you see claim details followed by a black down arrow, multiple claims were found for the date range you selected.

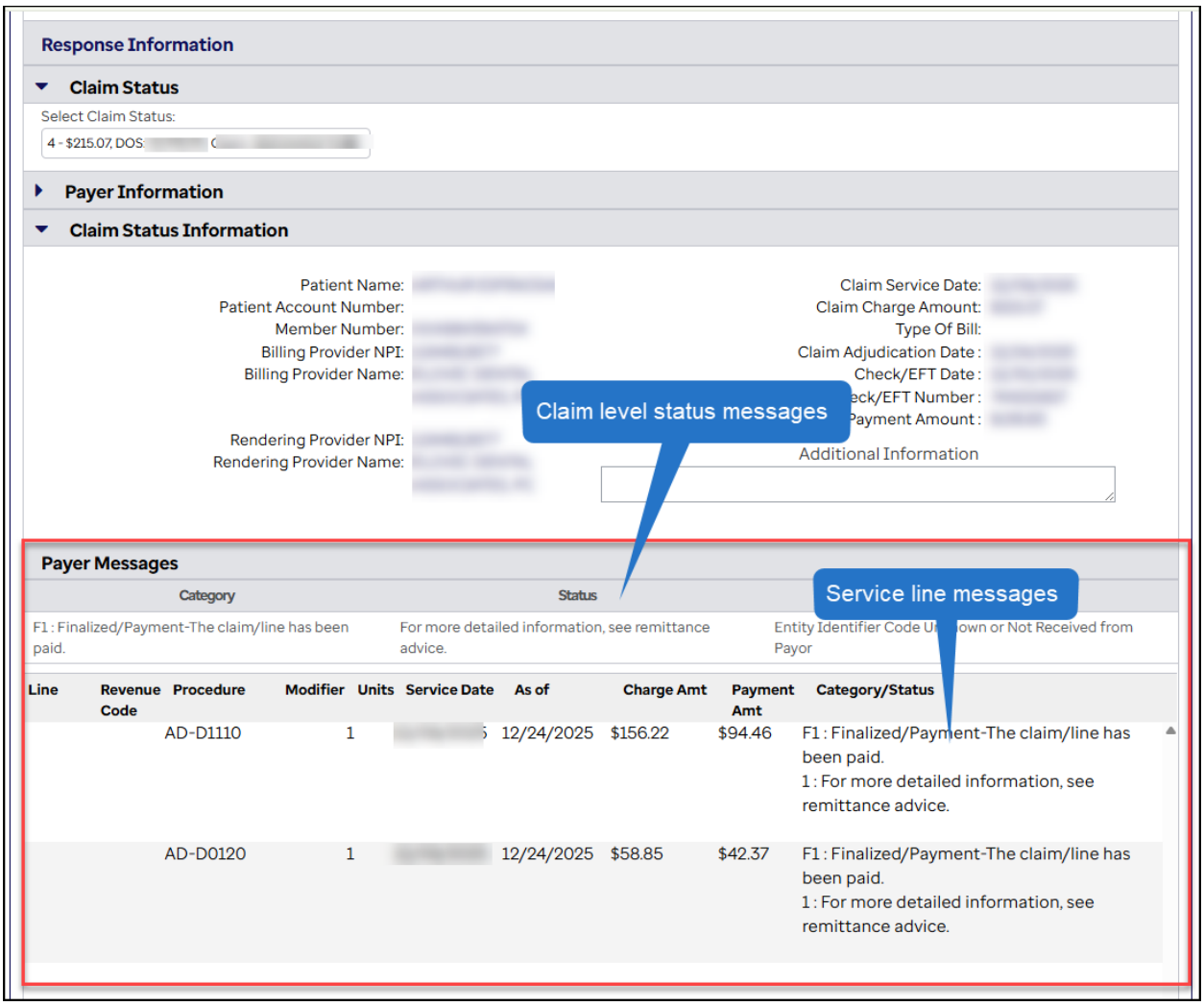


Click the arrow to open a menu with the additional claims:

If there is only one claim in your date range, the black arrow will not appear.

MESSAGES

Claim-level status messages—at the top of the **Payer Messages** section—will be followed by a service line table. Each line will include procedure code, service dates, charges, and adjudication status. If adjudication is complete, the payment amount appropriate to each service line will also be available.



ADDITIONAL RESOURCES

More resources are available on our ConnectCenter page. For additional help, contact Optum's ConnectCenter support at **1-800-527-8133**.

- Select **option 2** for claims or claim status.
- Select **option 3,** then **option 1** for eligibility.

For help with Provider Central, please contact Blue Cross Blue Shield's EDI/Provider Self-Service Support Team at providercentral@bcbsma.com or **1-800-771-4097, option 2**.

DOCUMENT HISTORY

03/26	New document.

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