



HOW TO IDENTIFY A MEMBER WITH A LIMITED NETWORK IN CONNECTCENTER

INTRODUCTION

Some members may have a plan with a limited network of providers—a network that’s smaller than our traditional HMO and PPO networks. For the plans that we administer, the network is “Blue Select.” We use the “Select Blue®” name when offered through Blue Benefit Administrators of Massachusetts. Blue Select and Select Blue have the same network of providers.

We also work with other Blue Plans to offer the Blue High Performance NetworkSM (Blue HPNSM)—a national limited network of providers that’s based on the Blue Select network in Massachusetts.

You can identify members in plans with a limited network by using our eTool, ConnectCenter™.

GETTING STARTED

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 our ConnectCenter page using the **eTools** tab in the main navigation bar. This page includes tips and resources for using the tool.

PERFORM AN ELIGIBILITY REQUEST

Follow these steps to perform a benefits and eligibility inquiry in ConnectCenter.

1. Go to **Verification>New Eligibility Request**.
2. Enter or find the requesting provider.
3. For detailed benefits information, go to the **Service Type** dropdown menu and select a specific service type. The default option, **Health Benefit Plan Coverage**, includes many common services.
4. Click **Submit**.

BLUE SELECT (AND SELECT BLUE) LIMITED NETWORK

The name of the member’s plan appears in the section, Demographic Information.

Demographic Information			USE MEMBER FOR	Select Transaction
Patient Information		Subscriber Information		Plan Detail Information
Relationship: Self	First Name: [REDACTED]	First Name: [REDACTED]	Plan Name: MANAGED - HMO BLUE SELECT \$1,000 DED WITH COPAY	
First Name: [REDACTED]	Middle Name: [REDACTED]	Middle Name: [REDACTED]	Plan Number: [REDACTED]	
Middle Name: [REDACTED]	Last Name: [REDACTED]	Last Name: [REDACTED]	Plan Begin Date: [REDACTED]	
Last Name: [REDACTED]	Member ID: [REDACTED]	Member ID: [REDACTED]	Plan End Date: [REDACTED]	
SSN: [REDACTED]	SSN: [REDACTED]	SSN: [REDACTED]	Group Name: [REDACTED]	
Date of Birth: [REDACTED]	Date of Birth: [REDACTED]	Date of Birth: [REDACTED]	Group Number: [REDACTED]	
Gender: [REDACTED]	Gender: [REDACTED]	Gender: [REDACTED]	Policy Name: [REDACTED]	
Street: [REDACTED]	Street: [REDACTED]	Street: [REDACTED]	Policy Number: [REDACTED]	
City State Zip: [REDACTED]	City State Zip: [REDACTED]	City State Zip: [REDACTED]		
Eligibility Begin Date: [REDACTED]	Eligibility Begin Date: [REDACTED]	Eligibility Begin Date: [REDACTED]		
Eligibility End Date: [REDACTED]	Eligibility End Date: [REDACTED]	Eligibility End Date: [REDACTED]		

To find the name of the member's network, change the **Select View** menu to "Providers." Services rendered by out-of-network providers are not covered.

View Options

Select View: **Providers** Service Types Returned: Health Benefit Plan Coverage [30]

Eligibility

In Network	Provider Type	Name	ID	Taxonomy	Contact Info	Message
Health Benefit Plan Coverage [30] (2)						
Yes						<ul style="list-style-type: none"> Services Restricted to This Provider HMO BLUE LIMITED NETWORK
No						<ul style="list-style-type: none"> Services Restricted to This Provider NOT COVERED

**BLUE HIGH
PERFORMANCE
NETWORK**

To find the name of the member's plan, search for "plan coverage description."

Demographic Information USE MEMBER FOR: Select Transaction

Patient Information	Subscriber Information	Plan Detail Information
Relationship: Self First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED] SSN: [REDACTED] Date of Birth: [REDACTED] Gender: [REDACTED] Street: [REDACTED] City State Zip: [REDACTED] Eligibility Begin Date: [REDACTED] Eligibility End Date: [REDACTED]	First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED] Member ID: [REDACTED] SSN: [REDACTED] Date of Birth: [REDACTED] Gender: [REDACTED] Street: [REDACTED] City State Zip: [REDACTED] Eligibility Begin Date: [REDACTED] Eligibility End Date: [REDACTED]	Plan Name: PPO - ADVANTAGE BLUE PERFORMANCE TIERS Plan Number: [REDACTED] Plan Begin Date: [REDACTED] Plan End Date: [REDACTED] Group Name: [REDACTED] Group Number: [REDACTED] Policy Name: [REDACTED] Policy Number: [REDACTED]

To find the name of the member's network, change the **Select View** menu to "Providers." Services rendered by out-of-network providers are not covered.

View Options

Select View: **Providers** Service Types Returned: Health Benefit Plan Coverage [30]

Eligibility

In Network	Provider Type	Name	ID	Taxonomy	Contact Info	Message
Health Benefit Plan Coverage [30] (2)						
Yes						<ul style="list-style-type: none"> Services Restricted to This Provider BLUE HIGH PERFORMANCE NETWORK
No						<ul style="list-style-type: none"> Services Restricted to This Provider NOT COVERED

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