



# ***EPRO Inquiry User Guide***

# Overview

**EPRO Inquiry** is BlueCross BlueShield's latest **Electronic Provider** support application. It's designed to streamline & enhance your Provider Customer Service experience – here's how:

- **EPRO Inquiry** completely replaces our paper-based *Provider Claim Inquiry Form*
- You may now submit claim adjustment requests & other inquiries on-line
- Your inquiries are sent, real-time, directly to our Provider Customer Service staff
- You may attach supporting electronic documentation to the inquiry
- Responses by our Provider Customer Service Staff are sent directly to your account
- All inquiries, attachments & responses are saved for you on-line, search enabled!
- If you need to follow-up, all inquiries are assigned a unique ID in the system
- Positively affects your revenue cycle with average responses within 3-5 business days!
- Reduces phone calls, scanning/printing, faxing, letters, postage & other office expenses

This User Guide shows you step-by-step how to submit and manage your inquiries with the following transactions:

- **Provider Inquiry**
- **Provider Inquiry Summary**



There is also an alternative workflow for submitting claim inquiries which uses the **Claim Status** transaction to pre-populate the fields of an inquiry, saving you time and increasing accuracy. This is detailed on page 10.

# Provider Inquiry

1. Sign-on to HEALTHeNET
2. Begin an inquiry by selecting **Provider Inquiry** from the left-side menu.
3. The Provider Inquiry screen will open.

## HOME SCREEN

HEALTHeNET

[USER LOGIN](#) [SIGN-UP](#) [DISCLAIMER](#) [LINKS](#) [HOME](#)

Home  
Thursday, July 14, 2011 8:55:39 AM  
Hello, User Name

PCI HELP DESK  
1-(877)-895-4724  
HOURS OF OPERATION  
7am-7pm M-F

Announcements  
07/11/2011  
New Release To Staging  
A new release has been placed on the Staging server for 5010.


[Home](#)  
[Authorization Inquiry](#)  
[Authorization Inquiry Admin](#)  
[Claim Status](#)  
[Eligibility And Benefits](#)  
[My Permissions](#)  
**[Provider Inquiry](#)** ←  
[Provider Inquiry Summary](#)  
[Referral Inquiry](#)  
[Referral Request](#)  
[Change password](#)  
[Logout](#)

Select Provider Inquiry to submit a new inquiry.

Authorized users only. Unauthorized distribution prohibited.  
© 2004-2011 WNYHealthNet, APP Design, Inc. All rights Reserved.  
CIS005-WEB0501 - rhionet4\_rel-4-0-b110615\_2424 - staging

## PROVIDER INQUIRY SCREEN

- There are nine easy steps to submitting an inquiry.
- The **red numbers** on this screen shot have a matching instruction number beginning on the next page.



[USER LOGIN](#) [SIGN-UP](#) [DISCLAIMER](#) [LINKS](#) [HOME](#)

### Provider Inquiry

[Provider Inquiry Help](#)

**1. Payer**  
BLUECROSS BLUESHIELD OF WESTERN NEW YORK

**2. Providers**  
Show  entries

Provider Name	Legacy ID	Tax ID	NPI	Address	City	State	Zip Code	Taxonomy
ALVAREZ-PEREZ, JULIO	000510119003	111223333	1234567890	565 ABBOTT ROAD	BUFFALO	NY	14220-2030	
AQUILINA, ALAN	000507823005			2157 MAIN STREET	BUFFALO	NY	14214-0000	
ATHLETICARE - KENMORE MERCY,	000551157001			2850 ELMWOOD AVENUE	KENMORE	NY	14217-0000	
BAEUMLER, GEORGE	000502077001			KENMORE MERCY HOSPITAL	KENMORE	NY	14217-0000	
BARNHART, SUSAN	000560477001			2157 MAIN STREET - NEONATAL CARE UNIT	BUFFALO	NY	14214-2048	

Showing 1 to 5 of 116 entries

[First](#) [Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [Next](#) [Last](#)

**3. Patient Information**  
Member ID No.   
Patient Account No.   
Patient Last Name   
Patient First Name

**Claim Information**  
**4.** Claim No.   
**5.** Inquiry Type   
**6.** Message Text (255 char max)   
**7.** Attachment    
(File types accepted are: .bmp, .gif, .html, .jpg, .xls, .doc, .pdf, .ppt, .rtf, .tif, .vsd, .txt)

**8. Provider Contact Information**  
Contact Last Name   
Contact First Name   
Contact Phone  (111-222-3333)  
Contact Email  (joe@joe.com)

**9.**

Authorized users only. Unauthorized distribution prohibited.  
© 2001-2011 WNYHealthNet, APP Design, Inc. All Rights Reserved.  
C15695-WEB0501 - rhiocnet\_ref-4-0-b119915\_2424 - staging

## PROVIDER INQUIRY SCREEN INSTRUCTIONS

- 1.** Select a **Payer** from the drop down list.  
This Payer will receive your inquiry.
- 2.** Select a **Provider** from the drop-down list.  
This indicates to our staff which provider you're inquiring about.
- 3.** If the inquiry is related to a specific member, enter the **Patient Information:**
  - a. Member ID Number, including the Member ID suffix
  - b. Member First & Last name
  - c. IF your office tracks patients using a patient account ID, you may submit it
- 4.** If the inquiry is related to a specific claim, enter the **Claim Information**
- 5.** Select **Inquiry Type** from the drop-down list.
  - For assistance in choosing the Inquiry Type, please see page 11. Print the tip sheet and hang it close to your workstation.
- 6.** Type your instructions to our staff in the **Message to Payer** field.
  - Remember, by providing the greatest detail possible to our staff, your inquiry has the best chance of being processed correctly and quickly.
- 7.** You may include supporting documentation with your inquiry as an **Attachment:**
  - a. Select the "Browse" button to open your desktop folder
  - b. Find your file and select it
  - c. Your file name will now appear in the Attachment field
  - d. This file will be sent to the payer with your inquiry

Most often, an attachment **IS NOT REQUIRED** to process an inquiry.

A listing of Inquiry Types that **DO NOT REQUIRE** attachments is on page 12.


- 8.** Check your **Provider Contact Information**, making sure it's correct.
  - In the event that our staff needs to contact you, this is critical information.
  - If your contact information is not correct, please speak with the Authorized Contact for your practice. Ask him/her to contact PCI HelpDesk and request an account update.
- 9.** Click **Submit!**
  - A pop-up message will verify that the inquiry was sent
  - An inquiry ID will be sent to your account
  - You may now check the status of your inquiry with **Provider Inquiry Summary**.

# Provider Inquiry Summary

Inquiries may be viewed on the **Provider Inquiry Summary** screen. This tool helps you search for inquiries by selecting search options and filters. To use this screen:

1. Click on the **Provider Inquiry Summary** option on the left-hand menu
2. Select the **Payer Information, Provider Information & Date Range**
3. You may also filter your results by completing applicable **Filter Options** fields
4. You may also choose how many rows you would like displayed
5. **Submit!**

## PROVIDER INQUIRY SUMMARY: SEARCH & FILTER OPTIONS



[USER LOGIN](#)   [SIGN-UP](#)   [DISCLAIMER](#)   [LINKS](#)   [HOME](#)

### Provider Inquiry Summary

[Provider Inquiry Summary Help](#)

**Payer**  
**BLUECROSS BLUESHIELD OF WESTERN NEW YORK**   All Inquiries for This User

**Providers**

Show **5** entries   Search:

Provider Name	Legacy ID	Tax ID	NPI	Address	City	State	Zip Code	Taxonomy
ALVAREZ-PEREZ, JULIO	000510119003	111223333	1234567890	565 ABBOTT ROAD	BUFFALO	NY	14220-2039	
AQUILINA, ALAN	000507823005			2157 MAIN STREET	BUFFALO	NY	14214-0000	
ATHLETICARE - KENMORE MERCY,	000551157001			2950 ELMWOOD AVENUE	KENMORE	NY	14217-0000	
BAEUMLER, GEORGE	000502077001			KENMORE MERCY HOSPITAL	KENMORE	NY	14217-0000	
BARNHART, SUSAN	000560477001			2157 MAIN STREET - NEONATAL CARE UNIT	BUFFALO	NY	14214-2648	

Showing 1 to 5 of 116 entries   [First](#)   [Previous](#)   **1**   [2](#)   [3](#)   [4](#)   [5](#)   [Next](#)   [Last](#)

**Inquiry Date Range**

From  (mm/dd/yyyy)  
To  (mm/dd/yyyy)  
(The Start Date for inquiries may only go back 6 months)

**Filter Options**

Member ID No.   
Patient Last Name   
Inquiry Type   
Inquiry Status   
Inquiry ID No.   
Claim No.   
Max Rows to Display

Authorized users only. Unauthorized distribution prohibited.  
© 2001-2011 WNYHealthNet, APP Design, Inc. All rights Reserved.  
CIS005-WEB0501 - rhionet4\_rel-4-0-b110615\_2424 - staging

## PROVIDER INQUIRY SUMMARY: RESULTS SCREEN

The results of your search are presented in a table format.

**HEALTHeNET**

PCI HELP DESK  
1-(877)-895-4724  
HOURS OF OPERATION  
7am-7pm M-F

[Home](#)  
[Authorization Inquiry](#)  
[Authorization Inquiry Admin](#)  
[Claim Status](#)  
[Claim Status Admin](#)  
[Eligibility And Benefits](#)  
[Group Administration](#)  
[My Permissions](#)  
[Provider Inquiry](#)  
[Provider Inquiry Summary](#)  
[Referral Inquiry](#)  
[Referral Inquiry Admin](#)  
[Referral Request](#)  
[Referral Request Admin](#)  
[Reports](#)  
[Change password](#)  
[Logout](#)

**Provider Inquiry Summary**

Payer: BLUECROSS BLUESHIELD OF WESTERN NEW YORK


Inquiry ID	User ID	Date Sent	Status	Inquiry Type	Provider ID	Claim ID	Plan Member ID	Member Name	Provider's Patient Account ID
1214100001	y10207	May 20, 2012	CLOSED	Claim Status	000101010102	088681920100	77121822301	.	
1214100002	y10207	May 20, 2012	CLOSED	Claim Status	000101010102	098570810100	77121822301	.	
1214100003	y10207	May 20, 2012	CLOSED	Claim Status	000101010102	N/A		.	
1215002073	y10207	May 29, 2012	CLOSED	Claim Status	000101010102	108792011200	77121822301	.	

## PROVIDER INQUIRY SUMMARY: TABLE LAYOUT


- **Inquiry ID:** The payer assigns this unique number to every inquiry. If you must follow up on an inquiry, please reference this number.
- **User ID:** This is the User ID of the inquiry submitter.
- **Date Sent:** Origination date of inquiry
- **Status:** Pending or Closed. Closed inquiries have been responded to by the payer.
- **Inquiry Type:** Type chosen from menu
- **Provider ID:** The inquiring provider's 12 digit ID, chosen from the drop down menu.
- **Claim ID:** Claim ID
- **Plan Member ID:** Member ID including suffix
- **Member Name:** Member Last Name, First Name
- **Provider's Patient Account ID:** Optional patient tracking number

## RETRIEVING AN INQUIRY

To retrieve the details of a specific inquiry, click on the **Inquiry ID** number.



[USER LOGIN](#)   [SIGN-UP](#)   [DISCLAIMER](#)   [ICD-10 NEWS](#)   [LINKS](#)   [HOME](#)



PCI HELP DESK  
1-(877)-895-4724  
HOURS OF OPERATION  
7am-7pm M-F

- [Home](#)
- [Authorization Inquiry](#)
- [Authorization Inquiry Admin](#)
- [Claim Status](#)
- [Claim Status Admin](#)
- [Eligibility And Benefits](#)
- [Group Administration](#)
- [My Permissions](#)
- [Provider Inquiry](#)
- [Provider Inquiry Summary](#)
- [Referral Inquiry](#)
- [Referral Inquiry Admin](#)
- [Referral Request](#)
- [Referral Request Admin](#)
- [Reports](#)
- [Change password](#)
- [Logout](#)

### Provider Inquiry Summary



Payer: BLUECROSS BLUESHIELD OF WESTERN NEW YORK

Inquiry ID	User ID	Date Sent	Status	Inquiry Type	Provider ID	Claim ID	Plan Member ID	Member Name	Provider's Patient Account ID
<a href="#">1214100001</a>	y10207	May 20, 2012	CLOSED	Claim Status	000101010102	088681920100	77121822301	,	
<a href="#">1214100002</a>	y10207	May 20, 2012	CLOSED	Claim Status	000101010102	098570810100	77121822301	,	
<a href="#">1214100003</a>	y10207	May 20, 2012	CLOSED	Claim Status	000101010102	N/A		,	
<a href="#">1215002073</a>	y10207	May 29, 2012	CLOSED	Claim Status	000101010102	108792011200	77121822301	,	



## INQUIRY DETAIL SCREEN

This is an example of an individual inquiry's detail screen. As you can see, all of the original data that was submitted to the payer has been saved, and you can, if needed, retrieve any attachments. If the inquiry is closed, you will also see the Payer's response.

  
  
**PCI HELP DESK**  
1-(877)-895-4724  
**HOURS OF OPERATION**  
7am-7pm M-F

[USER LOGIN](#)   [SIGN-UP](#)   [DISCLAIMER](#)   [ICD-10 NEWS](#)   [LINKS](#)   [HOME](#)

### Provider Inquiry Detail

Payer: BLUECROSS BLUESHIELD OF WESTERN NEW YORK

**Inquiry Information**

Inquiry Id	1214100002	Type	Claim Status
Status	CLOSED	Date Sent	May 29, 2012
Provider Message	Test		
Payer Message	Test		

**Provider Information**

Provider Name	FEELGOOD, DOCTOR	Address	PO Box 8000, Department 822
Provider NPI	000101010102		Buffalo, NY 14267

**Patient Information**

Name	DOE, JOHN	Member ID	77121822301
------	-----------	-----------	-------------

**Claim Information**

Payer Claim No.	09B570810100	Service Dates	
-----------------	--------------	---------------	--

**Attachments**

[Home](#)  
[Authorization Inquiry](#)  
[Authorization Inquiry Admin](#)  
[Claim Status](#)  
[Claim Status Admin](#)  
[Eligibility And Benefits](#)  
[Group Administration](#)  
[My Permissions](#)  
[Provider Inquiry](#)  
[Provider Inquiry Summary](#)  
[Referral Inquiry](#)  
[Referral Inquiry Admin](#)  
[Referral Request](#)  
[Referral Request Admin](#)  
[Reports](#)  
[Change password](#)  
[Logout](#)

Authorized users only. Unauthorized distribution prohibited.  
© 2004-2011 WNYHealthNet, APP Design, Inc. All rights Reserved.  
cis005-web0001 - rhionet4\_rel-4-2-b110903\_3186 - prod

# Preferred Work Flow: Claim Status Link

Now that you're familiar with the application, we will teach you a great shortcut for submitting inquiries. As users of HEALTHeNET you also have access to the **Claim Status** look-up tool.

We have built a link from the **Claim Status Detail** page directly to the Provider Inquiry tool !

By clicking the **Provider Inquiry** link on this screen, an inquiry is automatically created for that claim and the fields are pre-filled with all of the available information. You may then complete the message field, attach a document if needed, and submit !

This is a great time-saving option.

## PLEASE NOTE:

**This method is preferred when submitting an inquiry regarding a claim.**

**All Claim Information will be pre-populated on the Inquiry screen, reducing errors and saving you valuable time.**

## CLAIM STATUS DETAIL: PROVIDER INQUIRY LINK

The screenshot displays the 'Claim Status Detail' page on the HEALTHeNET website. At the top, there are navigation links: USER LOGIN, SIGN-UP, DISCLAIMER, LINKS, and HOME. The page title is 'Claim Status Detail'. On the right side, there is a red circle around a link labeled 'Provider Inquiry'. Below the title, the provider information is listed: Provider: JOHN, DZIK. The claim status date is Jul 15, 2011 7:56:08 AM, and the National Provider ID is 1659346948. The page is divided into sections: Subscriber, Claim Information, and Claim Service Lines. The Subscriber section shows the name 'Doe, John' and Member ID 'ABC11133668901'. The Claim Information section provides details such as Claim Number '09X411200100', Total Billed '\$98.00', and Status 'Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken. (F0)'. The Claim Service Lines section contains a table with columns for Rev Code, Proc Code, Modifiers, Units, Billed, Paid, Service Dates, and Status.

**Subscriber**

Subscriber Name: Doe, John      Member ID: ABC11133668901  
 Patient Acct No.: 14600

**Claim Information**

Claim Number: 09X411200100      Service Dates: 03/09/2009 to 03/09/2009  
 Payer (ID): Insurance Company      Payer Contact:  
 Bill Type:      Paid Date: 04/12/2009  
 Total Billed: \$98.00      Check Number: 888321  
 Total Paid: \$87.76      Voucher ID: 0102140104010-805200  
 Status Date: 03/31/2009

Entity: Service Provider  
 Status Category: Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken. (F0)  
 Status Code: Processed according to contract/plan provisions. (107)

**Claim Service Lines**

Rev Code	Proc Code	Modifiers	Units	Billed	Paid	Service Dates	Status
1	99393	25	1	\$98.00	\$87.76	03/09/2009 - 03/09/2009	Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken.

Authorized users only. Unauthorized distribution prohibited.  
 © 2001-2011 WIIYHealthNet, APP Design, Inc. All rights Reserved.  
 CIS005-WE80701 - rhionet4\_rel-4-0-bf10615\_2424 - qa

# ***Choosing an Inquiry Type Tipsheet***

**Claim Status** - Used to inquire on the status of a claim when it is showing in a pended state or if there is a question regarding how the claim was processed.

**Billed Amount** – Used when requesting an adjustment to correct an amount billed on a claim.

**Change Units** – Used when requesting an adjustment to the number of units billed for a specific procedure.

**Date of Service** – Used when requesting an adjustment to correct the date of service billed on a claim.

**Diagnosis Code Change** – Used when requesting an adjustment to correct a diagnosis code billed on a claim.

**Place of Service** – Used when requesting an adjustment to correct the place of service on a claim.

**Procedure Code** – Used when requesting an adjustment to correct the procedure code billed on a claim.

**Provider ID** – Used when requesting an adjustment to correct the provider ID used on a claim.

**System Updates** – Used when requesting an adjustment after updates have been made to a member's file (PCP change, Referrals, Authorizations, etc.)

**Valid Online Relationship** – Used when requesting an adjustment on a claim for a covering provider that denied or processed out-of-network in error.

**Withdraw Payment** – Used when requesting an adjustment to withdraw a claim that was billed/processed in error.

## ***Adjustment Requests that Do Not Require Attachments:***

- Billed Amount – Change
- Date of Service – Change
- Diagnosis Code – Change
- Place of Service – Change
- Procedure Code – Change
- Provider ID Number – Change
- Co-pay/Co-Insurance/Deductible Inquiry
- Paid incorrect Fee Schedule / Rate Inquiry
- Withdraw Payment