

ProviderAccess

www.bcbsal.com

User Manual For Institutional Providers

eClaims
And
Audit Report Retrieval



**BlueCross BlueShield
of Alabama**

CONTACT NAMES AND NUMBERS

1. For **connectivity** or **communication** problems, call or e-mail the **Corporate Support Center** at 205 220-6134 (6:00 a.m. – 5:30 p.m.) SupportCenter@bcbsal.org
2. For other questions or problems,
 - System Status is available as a streamer on the website. (www.bcbsal.com)
 - Contact your Electronic Data Interchange (EDI) Services Representative at 205 220-6899.

HARDWARE REQUIREMENTS

Minimum Browser Requirements

Netscape or Internet Explorer 4.0 or higher

Minimum Hardware Requirements (*for best results*)

Screen Resolution: 640 x 480

Internet connection with at least 28,800 bps

HELPFUL HINTS

1. If you leave the PC for a long period of time, the application will “time out”. You will need to close and restart your browser or if you have previously “bookmarked” your ProviderAccess sign in page, you may use your “Favorites” or “Bookmark” to access the Sign In page directly. If you were keying a claim, any information not previously saved will be lost.
2. Use the “tab” key (not the “Enter” key) when navigating through a screen, however, don’t forget to select the “Next” button to save your data prior to leaving the screen.
3. Do not use the “back” button on your PC while accessing ProviderAccess
4. To select a field using a mouse:
 - Move the mouse pointer to the information to be selected
 - Depress or “click” the left mouse button once
 - The item is selected if the information you choose is highlighted by color/shading
5. To select a field without using a mouse:
 - Use the “Tab” key to move the cursor to the item you would like to select
 - The item is selected if the information you choose is highlighted by color/shading
6. To select a button, choose one of the following:
 - Move the mouse pointer to the button and depress the left mouse button once **or**
 - Press the “Tab” key until the dotted line appears around the word and then press the “Enter” button

Easy Steps to eClaims

www.bcbsal.com

Click on ***"I am a Provider"*** on the Blue Cross and Blue Shield of Alabama home page.

The Individual BlueSM plan.

[Learn More](#)

Looking for Insurance?

- Individual & Family Plans**
Coverage options for Alabamians without employer coverage
[LEARN MORE >](#)
- Medicare Beneficiary Plans**
Medicare Advantage plans and Medicare supplemental coverage
[LEARN MORE >](#)
- Group Health Plans**
Information about coverage options for companies
[LEARN MORE >](#)

Employers & Providers

- [I am an Employer >](#)
Resources for employers to maintain their group's benefits.
- [I am a Provider >](#)
Resources for those who provide health care for patients.

Find a Health Provider

- [Health Care Provider or Facility >](#)
Find a hospital, doctor, dentist or other medical professional.
- [Pharmacy >](#)
Find a pharmacy near you.

BeHealthy.com

Get a variety of health information on Blue Cross' health web site:

- Personal Wellness Profile
- Exercise Log
- Cholesterol Tracker
- And more!

[Go to BeHealthy.com >](#)

Register to access health resources, services and your benefit information.
[LEARN MORE >](#)

REGISTER NOW

Already registered?

Username:

[Forgot your Username?](#)

Password:

[Forgot your Password?](#)

SIGN IN

Enter your **Individual User ID** and **Password** then click **“Sign In”**.

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Find a doctor, dentist or hospital Find a pharmacy

ProviderAccess

Individual User Sign-In

Register to access essential resources for those who provide health care to patients.

REGISTER NOW »

Already registered?

User ID:

Password:

Sign In

Forgot your password? »

Security at Sign In
Your login is secured using Secure Sockets Layer (SSL) technology.

[HIPAA Information](#)
[Fraud and Abuse](#)
[Uniform Provider Application](#)
[Dental Provider Application](#)

Providers

Essential resources for those who provide health care to patients. For the most current provider information, be sure to check **Hot Topics** (last updated: 06/03/2008).

Software Vendors: Obtain helpful resources and information regarding our electronic information network.

ProviderAccess Services

- ▶ Physician Profile Reports
- ▶ Check Patient Eligibility and Benefits
- ▶ Check Claims Status
- ▶ File Claims Online (eClaims)
- ▶ View Physician Remittances
- ▶ View Fee Schedules
- ▶ View Hospital Remittances
- ▶ View Pharmacy Remittances
- ▶ Review Payment History
- ▶ Patient Medical Information
- ▶ Top 100 Procedure Codes
- ▶ More services »

Pharmacy Resources

- ▶ Prescription Drug Guide
- ▶ Pharmacy Prior Authorization Forms
- ▶ Drug Coverage Guidelines
- ▶ Pharmacy Policies
- ▶ Drug Information on your PDA
- ▶ Medicare Part D Participating Pharmacy Manual

Guidelines and Policies

- ▶ Medical policies
- ▶ Blue Advantage Terms and Conditions
- ▶ Blue Advantage medical policies
- ▶ Fragmented coding edits

Provider Resources

Click on **Provider Functions** for claim entry.

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User Profile Sign Out

Home > Providers > ProviderAccess > Main Menu

You are signed in as: webuser

ProviderAccess

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, under another grouping, please return to this page to select your next function.

▶ **Provider Functions**

Functions that require the need to identify a specific provider number or NPI must be accessed through **Provider Functions**. This section is referred to as the Location Based application and allows a provider to request eligibility and benefits information, retrieve audit reports and error descriptions, and enter claims via eClaims. You can also view guidelines, policies, fragmented coding edits, and use the NPI search to find NPIs for the PCN network.

▶ **Payee Functions**

Functions that are related to a group or provider's payment information must be accessed through **Payee Functions**. This section is referred to as the Payee Based application and allows a user to view payment history, refund billing invoices along with remittance, refund balance activity, and claim refilling information reports.

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Choose the location to enter claims and press “Submit”. If there’s only one location, that location will automatically be selected.



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[Home](#) > [Providers](#) > [ProviderAccess](#) > [Location List](#)

You are signed in as: webuser

Choose Location NPI

[Main Menu](#)

Location NPIs	
NPI	Address
<input checked="" type="radio"/> 1234567890	Hospital 100 Get Well Way Birmingham, AL 35244 (Location ID: 010000)
<input type="radio"/> 0987654321	Skilled Nursing Facility 200 Get Well Way Birmingham, AL 35244 (Location ID: 010000)

Click on the words “**Claim Entry (eClaims)**”

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Search

User Profile Sign Out

Home > Providers > ProviderAccess > Location Menu You are signed in as: webuser

ProviderAccess Menu

FACILITY NAME HERE
NPI: 1234567890
Location ID: 010000
123 GET WELL DRIVE
BIRMINGHAM, AL 35244
[Change Location](#)

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

- **Patient Information**
 - ▶ Eligibility and Benefits
 - ▶ Summary Plan Description
 - ▶ Hospital Clinical Review
- **Claim Information**
 - ▶ **Claim Entry (eClaims)**
 - ▶ Audit Reports
 - ▶ Claim Status

Provider/Submitter Identification

Verify the “*Plan Code*” and the “*Provider Number*” is correct.
Enter your “*Submitter (Billing) ID*”

Please contact our web desk at 205 220-6899 if a Submitter (Billing) ID is needed.



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You are signed in as:

Provider / Submitter Identification

[ProviderAccess Menu](#)

Identification

Plan Code:	<input type="text" value="010"/>
Provider Number:	<input type="text" value="000"/>
Submitter (Billing) ID:	<input type="text" value="WE800000"/>



Claims Administration

eClaims allows a user to submit all pending claims by clicking "Submit All Pending Claims"

To create a new claim, click the word "New Claim".



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You are signed in as:

Claims Administration

[New Claim](#)

[Submit All Pending Claims](#)

Incomplete and Pending Claims										
Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action		
02/13/2008 02:41:05 PM	09/21/2007	Institutional	BLU987654321	RDC 1233456	DOE, JOHN	0.00	Incomplete	Edit	Delete	
12/17/2007 02:45:46 PM	05/06/2007	Institutional	XAA123456789	test	DOE, JANE	3.00	Incomplete	Edit	Delete	
12/17/2007 02:34:35 PM	12/03/2007	Institutional	XAA123456789	day51426	DOE, JAMES	3658.50	Pending	Edit	Submit	Delete
12/13/2007 04:38:03 PM	02/21/2007	Institutional	XAA123456789	secondaryvistes	DOE, JODY	1234567.00	Pending	Edit	Submit	Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date:

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
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To view previously submitted claims, select a date from the drop down box.

Member Information

Required fields are denoted by an asterisk.

Enter all information in required fields.



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You are signed in as:

Member Information

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[Claims Administration](#)

Required fields are denoted by an asterisk (*)

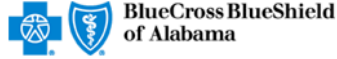
Claim Type:*	<input type="radio"/> Anesthesia	<input type="radio"/> Dental	<input type="radio"/> Home Health	<input type="radio"/> Professional	<input checked="" type="radio"/> Institutional
This claim is being submitted as:*	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary				
Contract Number:*	<input type="text" value="XAA123456789"/>				
First Name:*	<input type="text" value="John"/>				
Middle Initial:	<input type="text" value="F"/>				
Last Name:*	<input type="text" value="Doe"/>				
Date of Birth:*	<input type="text" value="MMDDYYYY"/>				
Gender:	<input type="text" value="Male"/> <input type="button" value="v"/>				
Service From Date:*	<input type="text" value="MMDDYYYY"/>				
Service To Date:*	<input type="text" value="MMDDYYYY"/>				

The "Claim Type" will default to Institutional.

Choose the type of claim that is submitted "Primary" or "Secondary".

Payer Information

Verify that all information is accurate. Select the “*Patient Relationship to Insured*” field and choose the option that applies to your claim.



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You are signed in as:

Payer Information

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Contract: XAA123456789

Date of Birth: 01/25/1972

Patient Name:

Payer inc

Required fields are denoted by an asterisk (*)

Primary Payer:*

BCBS

Payer Name:*

BCBS of Alabama

Member ID / HICN:*

XAA123456789

Patient Relationship to Insured:*

Next

Insured/Patient Information

Verify that all information returned on this screen is correct.

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You are signed in as: Inst Prov

Insured/Patient Information

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Claims Administration

Contract: XAA123456789 Date of Birth: 01/28/1975 Patient Name:

Required fields are denoted by an asterisk (*)

Insured Information

Name
Last* [Doe] First* [Jane] Middle: []

Address
Street* [123 Park Place] City* [Anywherw] State* [ALABAMA] Zip* [35004]

Other
Date of Birth:* [01251972] Gender:* [Female]

Patient Information

Name
Last* [Doe] First* [Jane] Middle: []

Address
Street* [123 Park Place] City* [Anywherw] State* [ALABAMA] Zip* [35004]

Other
Date of Birth:* [01251972] Gender:* [Female]

Patient's Account Number:* []

Release of Information Code
Do you have on file a signed statement by the patient authorizing the release of medical billing information for this claim? [Yes]

Next

Payer ok
Insurance inc

Click on the previous Section Heading to move backward to correct any information.

Tip: Don't forget to add the "Patient Account Number."

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the "Next" key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

This section contains the information related to the medical services rendered to the patient by the provider. Enter all information for the claim.

Contract: XAA123456789	Date of Birth: 01/20/1943	Patient Name: Jane Doe
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Information to be keyed on this screen is from the top and bottom of the UB04 paper claim form.

Line Item Information



Home > Providers > Provider Access > eClaims

Line Item Information

Contract: XAA123456789 Date of Birth: 03/31/1967 Patient

Review this screen and answer any questions that are valid for this claim. Once complete, click the “Next” button to save your information and to advance to the next step.

Line Charges											
										Totals:	
										3,658.50	0.00
Revenue Code	Qty	Units	Procedure	Modifiers			From Date	To Date	Charge	Non Covered	
270	1	Units	70450				02142008	02142008	107.00	0.00	Delete
351	1	Units	70450				02152008	02152008	1,615.00	0.00	Delete
352	1	Units	72125				02152008	02152008	1,788.00	0.00	Delete
450	1	Units	99282	25			02152008	02152008	148.50	0.00	Delete
											Delete
											Delete
											Delete
											Delete

You may key up to 27 line items on this screen. After completion, click the “Next” button. If there are no errors, the claim will be accepted and you will be forwarded to the Claims Administration screen.

Information to be keyed on this screen is from the middle section of the UB04 paper claim form.

Claims Administration

Edit, Submit, or Delete any pending claims.

BlueCross BlueShield of Alabama

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Search

Sign Out

Home > Providers > Provider Access > eClaims

You are signed in as:

Claims Administration

[New Claim](#) [Submit All Pending Claims](#)

Incomplete and Pending Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:40 PM	02/15/2008	Institutional	BLU987654321		JANE DOE	0.00	Incomplete	Edit Delete
02/13/2008 02:41:05 PM	09/21/2007	Institutional	BLU987654321	RDC 20080213 1	JANE DOE	100.00	Pending	Edit Submit Delete
12/17/2007 02:45:46 PM	05/06/2007	Institutional	BLU987654321	test	JANE DOE	3.00	Incomplete	Edit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date: Submitted Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:46 PM	02/15/2008	Institutional	BLU987654321	a	JANE DOE	3658.50	Submitted	View
12/17/2007 02:34:35 PM	12/03/2007	Institutional	BLU987654321	day51426	JANE DOE	3658.50	Submitted	View
12/13/2007 04:38:03 PM	02/21/2007	Institutional	BLU987654321	secondarwinstes	JANE DOE	1234567.00	Submitted	View

eClaims allows a user to select a date to view submitted or processed claims.

Tip: The Claims Administration screen shows all claims that are in a “pending” status and all claims that have been submitted or processed.

The claim that you just entered should now appear in the “**Incomplete and Pending Claims**” list along with the total claim amount.

You may now choose to **edit**, **submit** or **delete** the claim.

After the claim is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the “**Submitted and Processed Claims**” list.

Note: Claims located in the “**Incomplete and Pending Claims**” list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Secondary Claims

Member Information

Required fields are denoted by an asterisk.

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Home > Providers > ProviderAccess > eClaims

You are signed in as:

Member Information

ProviderAccess Menu
Claims Administration

Required fields are denoted by an asterisk (*)

Claim Type:* Anesthesia Dental Home Health Professional Institutional
This claim is being submitted as:* Primary Secondary

Contract Number:* 123456789

First Name:* John

Middle Initial: F

Last Name:* Doe

Date of Birth:* MMDDYYYY

Gender: Male

Service From Date:* MMDDYYYY

Service To Date:* MMDDYYYY

Next

The "Claim Type" will default to Institutional.

Make sure the "Secondary" button is checked.

Payer Information

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Home > Providers > ProviderAccess > eClaims

You are signed in as:

Payer Information

ProviderAccess Menu
Claims Administration

Contract: XAA123456789 Date of Birth: 01/28/1975 Patient Name:

Required fields are denoted by an asterisk (*)

Primary Payer:* Commercial
Payer Name:* ABC INSURANCE Member ID / HICN:* ABC123456789

Secondary Payer:* BCBS
Payer Name:* BCBS of Alabama Member ID / HICN:* XAA123456789

Patient Relationship to Insured:* Self

Next

Secondary Payer information will be populated automatically.

Use the drop down box and choose the primary payer. Key the primary payer name and member ID.

Choose the correct option for "patient relationship to insured" that applies to your claim.

INSURED PATIENT INFORMATION

Contract: XAA123456789 Date of Birth: 01/28/1975 Patient Name:

Required fields are denoted by an asterisk (*)



Insured Information

Name
Last* First* Middle:

Address
Street* City* State* Zip*

Other
Date of Birth:* Gender:*

Patient Information

Name
Last* First* Middle:

Address
Street* City* State* Zip*

Other
Date of Birth:* Gender:*

Patient's Account Number:*

Release of Information Code
Do you have on file a signed statement by the patient authorizing the release of medical billing information for this claim?

Required fields are denoted by an asterisk.



Tip: Don't forget to add your "Patient Account Number."

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the "Next" key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

Contract: XAA123456789 **Date of Birth:** 01/20/1943 **Patient Name:** Jane Doe

Payer ok
Insurance ok
Claim Info ok
Line Info inc

Type of bill: <input type="text"/> Admission Type: <input type="button" value="v"/> Admission Source: <input type="button" value="v"/>	Status: <input type="text"/> Admission Date: <input type="text"/> Admission Hour: <input type="button" value="v"/> Discharge Hour: <input type="button" value="v"/>																																								
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<input type="button" value="Next"/>																																									

Review this screen and answer any questions that are valid for this claim. Once complete, click the “Next” button to save your information and to advance to the next step.

Claim Level Primary Payment Information

This section contains the primary payers processing information.

Payer ok

Insurance ok

Claim Info ok

Line Info ok

Primary Payer:

Claim Level inc

Enter the claim level payment information from the Primary payer.

Primary Payer Name: Medicare
Primary Payer Contract Number: 123456789A

Payment Details:

Total Charges Submitted:*	<input type="text"/>
Total Paid Amount:*	<input type="text"/>
Payment Date:*	<input type="text"/>

Claim Level Adjustments

Num	Group	Reason	Amount
1	▼ ?	▼ ?	<input type="text"/>
2	▼ ?	▼ ?	<input type="text"/>
3	▼ ?	▼ ?	<input type="text"/>
4	▼ ?	▼ ?	<input type="text"/>
5	▼ ?	▼ ?	<input type="text"/>
6	▼ ?	▼ ?	<input type="text"/>
7	▼ ?	▼ ?	<input type="text"/>
8	▼ ?	▼ ?	<input type="text"/>
9	▼ ?	▼ ?	<input type="text"/>
10	▼ ?	▼ ?	<input type="text"/>

Tip: Place your mouse over the question mark and a "help window" will appear. Help Windows provide a description of the chosen field

Primary payer claim level adjustment reason codes.

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Home > Providers > ProviderAccess > eClaims
You are signed in as:

Primary Payer Payment Information - Claim Level

[ProviderAccess Menu](#)
[Claims Administration](#)

Contract: BLU123456789 **Date of Birth:** 11/11/1978 **Patient Name:** JOHN DOE

Payer ok

Insurance ok

Claim Info ok

Line Info ok

Primary Payer:

Claim Level inc

Required fields are denoted by an asterisk (*)

Enter the claim level payment information from the

Claim Level Adjustments

Num	Group	Reason	Amount
1	▼ ?	▼ ?	<input type="text"/>
2	▼ ?	▼ ?	<input type="text"/>
3	▼ ?	▼ ?	<input type="text"/>
4	▼ ?	▼ ?	<input type="text"/>
5	▼ ?	▼ ?	<input type="text"/>
6	▼ ?	▼ ?	<input type="text"/>
7	▼ ?	▼ ?	<input type="text"/>
8	▼ ?	▼ ?	<input type="text"/>
9	▼ ?	▼ ?	<input type="text"/>
10	▼ ?	▼ ?	<input type="text"/>

Reason Codes - Windows Internet Explorer

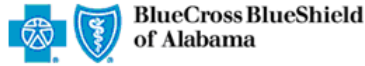
Payment Information Reason Codes

Value Definition

- 1 Deductible Amount
- 2 Coinsurance Amount
- 3 Co-payment Amount
- 4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 5 The procedure code/bill type is inconsistent with the place of service.
- 6 The procedure/revenue code is inconsistent with the patient's age.
- 7 The procedure/revenue code is inconsistent with the patient's gender.
- 8 The procedure code is inconsistent with the provider type/specialty (taxonomy).
- 9 The diagnosis is inconsistent with the patient's age.
- 10 The diagnosis is inconsistent with the patient's gender.
- 11 The diagnosis is inconsistent with the procedure.
- 12 The diagnosis is inconsistent with the provider type.
- 13 The date of death precedes the date of service.
- 14 The date of birth follows the date of service.
- 15 Payment adjusted because the submitted authorization

Claims Administration

Edit, Submit, or Delete any pending claims.



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Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as:

Claims Administration

[New Claim](#)

[Submit All Pending Claims](#)

Incomplete and Pending Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:40 PM	02/15/2008	Institutional	XAA123456789		DOE, JANE	0.00	Incomplete	Edit Delete
02/13/2008 02:41:05 PM	03/21/2007	Institutional	XAA123456789	RDC_20080213_1	DOE, JANE	100.00	Pending	Edit Submit Delete
12/17/2007 02:45:46 PM	05/06/2007	Institutional	XAA123456789	test	DOE, JANE	3.00	Pending	Edit Submit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date:

Submitted and Processed claims.

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
12/17/2007 02:34:35 PM	02/15/2008	Institutional	XAA123456789	3	DOE, JANE	3658.50	Submitted	View
12/13/2007 04:38:03 PM	12/03/2007	Institutional	XAA123456789	dav51426	DOE, JANE	3658.50	Submitted	View
12/13/2007 04:38:03 PM	02/21/2007	Institutional	XAA123456789	secondaryvinster	DOE, JANE	1234567.00	Submitted	View

Tip: The Claims Administration screen shows all claims that are in a “pending” status and all claims that have been submitted or processed.

The claim that you just entered should now appear in the “**Incomplete and Pending Claims**” list along with the total claim amount.

You may now choose to *edit*, *submit* or *delete* the claim.

After the claim is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the “**Submitted and Processed Claims**” list.

Note: Claims located in the “**Incomplete and Pending Claims**” list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

To view submitted claims from a previous date, click the date from the drop down box that the claims were submitted.

Home > Providers > ProviderAccess > eClaims

Claims Administration

[New Claim](#)

Incomplete and Pending Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:40 PM	02/15/2008	Institutional	XAA087654321		DOE, JANE	0.00	Incomplete	Edit
02/13/2008 02:41:05 PM	03/21/2007	Institutional	XAA087654321	RDC 20080213 1	DOE, JANE	100.00	Pending	Edit
12/17/2007 02:45:46 PM	05/06/2007	Institutional	XAA087654321	test	DOE, JANE	3.00	Pending	Edit

Submitted and Processed Claims

Select all submitted claims or processed claims by date: Submitted Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:46 PM	02/15/2008	Institutional	XAA087654321	a	LUSCU, ANN	3658.50	Submitted	View
12/17/2007 02:34:35 PM	12/03/2007	Institutional	XAA087654321	day51426	DOE, JANE	3658.50	Submitted	View
12/13/2007 04:38:03 PM	02/21/2007	Institutional	XAA087654321	secondarvinstes	DOE, JANE	1234567.00	Submitted	View

Claims submitted on the day selected will be returned.



BlueCross BlueShield of Alabama

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[Sign Out](#)

Home > Providers > ProviderAccess > eClaims

You are signed in as:

Claims Administration

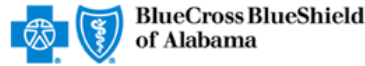
Processed Claims for 2007-12-17

[View Incomplete and Pending Claims](#)

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
12/12/2007 01:58:06 PM	11/17/2007	Professional	XAA123456789	30101025140	JANE DOE	100.00	Processed	View Resubmit
12/07/2007 02:04:43 PM	03/21/2007	Institutional	XAA123456789	636000271	JANE DOE	1986.00	Processed	View
12/06/2007 05:10:36 PM	10/11/2007	Institutional	XAA123456789	D0186332	JANE DOE	1799.00	Processed	View
12/06/2007 03:06:33 PM	10/05/2006	Institutional	XAA123456789	KAL89349	JANE DOE	363.00	Processed	View

Corrected Claims Claims Administration

Click on the words
"Claims Entry
(eClaims)"



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[User Profile](#) [Sign Out](#)

[Home](#) > [Providers](#) > [ProviderAccess](#) > [Location Menu](#)

You are signed in as: **webuser**

ProviderAccess Menu

- ▶ [Main Menu](#)
- ▶ [ProviderAccess User Manuals](#)
- ▶ [Provider Publications](#)
- ▶ [Change Location](#)
- ▶ [Payee Menu](#)

FACILITY NAME HERE
NPI: 1234567890
Location ID: 010000
123 GET WELL DRIVE
BIRMINGHAM, AL 35244

[Change Location](#)

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

- **Patient Information**
 - ▶ [Eligibility and Benefits](#)
 - ▶ [Summary Plan Description](#)
 - ▶ [Hospital Clinical Review](#)
- **Claim Information**
 - ▶ [Claim Entry \(eClaims\)](#)
 - ▶ [Audit Reports](#)
 - ▶ [Claim Status](#)

Provider/Submitter Identification

Please contact our web desk at
205 220-6899 if a Submitter
(Billing) ID is needed.

Verify the "Plan Code" and the "Provider Number" is correct.
Enter your "Submitter (Billing) ID"



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[Sign Out](#)

[Home](#) > [Providers](#) > [ProviderAccess](#) > [eClaims](#)

You are signed in as:

Provider / Submitter Identification

▶ [ProviderAccess Menu](#)

Identification	
Plan Code:	<input type="text" value="010"/>
Provider Number:	<input type="text" value="001"/>
Submitter (Billing) ID:	<input type="text" value="WEB1ABCD"/>
<input type="button" value="Submit"/>	

Claims Administration

To create a new claim, click the word **“New Claim”**.

eClaims allows a user to submit all pending claims by clicking “Submit All Pending Claims”

BlueCross BlueShield of Alabama

Home > Providers > Provider Access > eClaims

Claims Administration

[New Claim](#) [Submit All Pending Claims](#)

Incomplete and Pending Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:40 PM	02/15/2008	Institutional	XAA123456789		DOE, JANE	0.00	Incomplete	Edit Delete
02/13/2008 02:41:05 PM	03/21/2007	Institutional	XAA123456789	RDC_20080213_1	DOE, JANE	100.00	Pending	Edit Submit Delete
12/17/2007 02:45:46 PM	05/06/2007	Institutional	XAA123456789	test	DOE, JANE	3.00	Pending	Edit Submit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date: Submitted Claims

Date Created	DOS	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
02/18/2008 01:50:46 PM	02/15/2008	Institutional	XAA123456789	a	DOE, JANE	3658.50	Submitted	View
12/17/2007 02:34:35 PM	12/03/2007	Institutional	XAA123456789	day51426	DOE, JANE	3658.50	Submitted	View
12/13/2007 04:38:03 PM	02/21/2007	Institutional	XAA123456789	secondaryinvtes	DOE, JANE	1234567.00	Submitted	View

Tip: The Claims Administration screen shows all claims that are in a “pending” status and all claims that have been submitted or processed.

Note: Claims located in the **“Incomplete and Pending Claims”** list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Insured/Patient Information

BlueCross BlueShield of Alabama

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Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as:

Member Information

ProviderAccess Menu
Claims Administration

Required fields are denoted by an asterisk (*)

Claim Type:* Anesthesia Dental Home Health Professional Institutional

This claim is being submitted as:* Primary Secondary

Contract Number:* XAA987654321

First Name:* JOHN

Middle Initial: F

Last Name:* DOE

Date of Birth:* MMDDYYYY

Gender: Male

Service From Date:* MMDDYYYY

Service To Date:* MMDDYYYY

Next

The "Claim Type" will default to Institutional.

Choose the type of claim that is submitted "Primary" or "Secondary".

Payer Information

Verify that all information is accurate. Select the "*Patient Relationship to Insured*" field and choose the option that applies to your claim

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Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as:

Payer Information

ProviderAccess Menu
Claims Administration

Contract: XAA987654321 Date of Birth: 11/22/1978 Patient Name: JOHN DOE

Required fields are denoted by an asterisk (*)

Primary Payer:* BCBS

Payer Name:* BCBS of Alabama

Member ID / HICN:* XAA987654321

Patient Relationship to Insured:*

Next

Payer inc

INSURED PATIENT INFORMATION

Contract: XAA987654321 Date of Birth: 11/22/1978 Patient Name: JOHN DOE

Payer ok
Insurance inc

Required fields are denoted by an asterisk (*)

Insured Information

Name
Last:* First:* Middle:

Address
Street:* City:* State:* Zip:*

Other
Date of Birth:* Gender:*

Patient Information

Name
Last:* First:* Middle:

Address
Street:* City:* State:* Zip:*

Other
Date of Birth:* Gender:*

Patient's Account Number.*

Release of Information Code
Do you have on file a signed statement by the patient authorizing the release of medical billing information for this claim?

Required fields are notated by an *




Tip: Don't forget to add your "Patient Account Number."

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the "Next" key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

This section contains the information related to the medical services rendered to the patient by the provider. Three fields are required in addition to the other required fields to submit a corrected claim.



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Search

Sign Out

Home > Providers > ProviderAccess > eClaims
You are signed in as:

Claim Information

- ▶ ProviderAccess Menu
- ▶ Claims Administration

Contract: XAA987654321 Date of Birth: 11/22/1978 Patient Name: JOHN DOE

Payer ok
Insurance ok
Claim inc
Info

Type of bill: <input type="text" value="137"/>		Status: <input type="text"/>										
Admission Type: <input type="text"/>		Admission Date: <input type="text"/>										
Admission Source: <input type="text"/>		Admission Hour: <input type="text"/>										
Discharge Hour: <input type="text"/>												
Condition Codes												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Occurrence Codes												
Code	Date	Code	Date									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Occurrence Span Codes												
Code	From Date	Thru Date	Code	From Date	Thru Date	Code	From Date	Thru Date	Code	From Date	Thru Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Value Codes												
Code	Amount	Code	Amount	Code	Amount							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Diagnosis Codes												
Principal:	<input type="text"/>	<input type="text"/>	Code	POA	Code	POA	Code	POA	Code	POA	Code	POA
Admitting:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient Reason:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Present on Admission: Yes(Y), No(N), No Information (U), Undetermined (W)												
Procedure Codes												
Codeset:	<input type="text"/>	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	
Principal:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Principal Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Attending Physician:												
First Name	M.I.	Last Name	NPI	Tax ID	Location ID	UPIN						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Operating Physician:												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Other Physician:												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Accept Assignment?	<input type="text"/>	Original Claim Number:		<input type="text" value="1234567890"/>								
Prior Authorization Number:	<input type="text"/>											
Medical Record Number:	<input type="text"/>											
Next												

The "Type Bill" must end in a "7" if submitting a Corrected Claim.

An "Adjustment Condition Code" is required to submit a corrected claim.

Review this screen and answer any questions that are valid for this claim. Once complete, click the "Next" button to save your information and to advance to the next step.

The "Original Claim Number" is required when submitting a corrected claim.

Audit Report Retrieval

An audit report is generated by Blue Cross and Blue Shield of Alabama that confirms the receipt of your electronic claims. This report specifies whether the submitted claims were accepted for processing or rejected due to an error.

Normally, if we receive your claims before approximately 3:00 p.m., an audit report will be available the following business day. If we receive your claims after approximately 3:00 p.m., your audit report should be available after two business days.

Choose the
"Provider
Functions"
link.



The screenshot shows the Blue Cross Blue Shield of Alabama website header. On the left is the logo with the text "BlueCross BlueShield of Alabama". On the right are links for "About Us", "Contact Us", "Careers", and "Help". Below these is a search bar with a "Search" button. A blue navigation bar contains "User Profile" and "Sign Out" buttons. Below the navigation bar is a breadcrumb trail: "Home > Providers > ProviderAccess > Main Menu". On the right side of the breadcrumb trail, it says "You are signed in as: webuser".

ProviderAccess

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, under another grouping, please return to this page to select your next function.

▶ Provider Functions

Functions that require the need to identify a specific provider number or NPI must be accessed through **Provider Functions**. This section is referred to as the Location Based application and allows a provider to request eligibility and benefits information, retrieve audit reports and error descriptions, and enter claims via eClaims. You can also view guidelines, policies, fragmented coding edits, and use the NPI search to find NPIs for the PCN network.

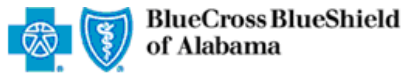
▶ Payee Functions

Functions that are related to a group or provider's payment information must be accessed through **Payee Functions**. This section is referred to as the Payee Based application and allows a user to view payment history, refund billing invoices along with remittance, refund balance activity, and claim refilling information reports.

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Choose the location the claims were submitted under. If there's only one location, that location will automatically be selected.



Choose Location NPI

[Main Menu](#)

Location NPIs

NPI	Address
<input checked="" type="radio"/> 1234567890	Hospital 100 Get Well Way Birmingham, AL 35244 (Location ID: 010000)
<input type="radio"/> 0987654321	Skilled Nursing Facility 200 Get Well Way Birmingham, AL 35244 (Location ID: 010000)

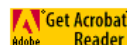
From the ProviderAccess page, use your mouse to click on the “*Audit Report*” link. To view Audit Reports enter your *Submitter ID*. Click “*Submit*” to continue.

The screenshot shows the BlueCross BlueShield of Alabama website. At the top left is the logo. To the right are links for "About Us", "Contact Us", "Careers", and "Help". Below these is a search bar. A navigation bar contains "Home > Providers > ProviderAccess > Audit Reports". The main heading is "Audit Reports and Batch Messages" with a "ProviderAccess Menu" link. There are two radio button options: "View Audit Report and Batch Messages. Enter a valid Submitter ID" (unselected) and "View Audit Report only" (selected). A text input field is next to the first option, and a "Submit" button is below.

IMPORTANT NOTE: *Audit Reports are now available electronically for 60 business days. An Audit Report should be retrieved for every date of claims submission.*

The screenshot shows the "Select Date" section of the website. It includes the same header and navigation as the previous screenshot. The heading is "Select Date" with a "ProviderAccess Menu" link. Below the heading is a paragraph: "This application allows you to view your Audit Report for specific dates. Choose a **Date** and then click **Submit**." There are three fields: "Submitter ID: Not Entered" with an "Enter Submitter ID" link; "Current Location NPI: 1234567890"; and "Date: None Available" with a dropdown arrow. Below these is "Audit Report Format:" with radio buttons for "PDF" (selected) and "HTML".

To view the Audit Report as a Portable Document Format (PDF) file, you will need Adobe® Acrobat® Reader™, free software that lets you view and print PDF files. If you do not already have this software installed on your computer, you may install it by selecting the Adobe **Get Acrobat Reader** box below:



To view the Audit Report as **HTML**, no additional software is required.

Note that when printing your audit reports the PDF format should be utilized. Printing in HTML format is not recommended.

Click on the drop down “*date*” list and select your desired report date. Click “*submit*” to view this report on this screen. You will also have the ability to print this report.

Note: It is necessary to have the Acrobat Reader software installed on your computer in order to view/print the audit trail reports.

If you have trouble viewing the report or do not have the software installed on your computer, download the free version of the Acrobat Reader software. Clicking the download link will open a browser window taking you directly to the download page. Follow the download instructions and install the software. Once install, return the Online Audit Trail Retrieval Page and repeat steps above.

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Step 1 of 2

Select your version of Windows:
Choose a different version

Select a Windows 2000 version...

continue

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Step 2 of 2

Adobe Reader 6.0.1 for Windows 2000, English, Latest version

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 Adobe Yahoo! Toolbar [Learn more.](#)

Download information
File size: 16.4MB

System requirements

Update advisory: It is recommended that version 6.0.1 be updated to version 6.0.2 from within Adobe Reader. [Learn more.](#)

download

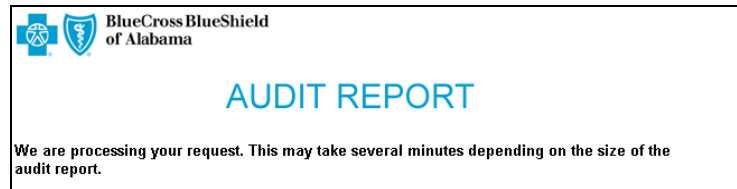
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Get the latest updates available for your version of Adobe® Reader®.

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More info
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Adobe Reader for Symbian OS™
Adobe Reader for Pocket PC
Adobe Reader for Palm OS®
What is Adobe PDF?

Click "Download" Follow instructions

Once you have selected “**Submit**”, the next screen will show that your request is being processed.

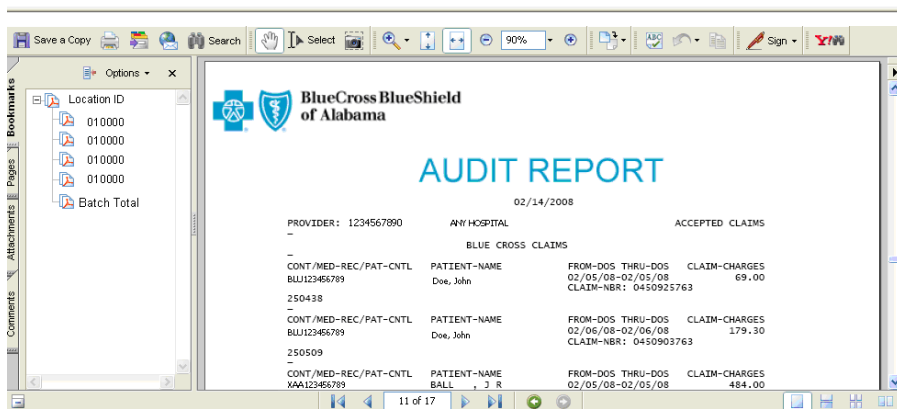


The accepted portion of the audit report contains a list of all claims that were accepted for processing.

Each claim is assigned a claim number. The claim number can be used to track the claim throughout processing.

This claim number confirms receipt of your claim, but does not guarantee payment.

Printing Tip: The Acrobat print function must be used to print the complete Audit Trail Report. Click on the “printer icon” in the Acrobat Reader toolbar.



Use arrows to view the next page.

Rejected claim immediately follows the “Accepted Claims” totals. This section contains a list of all claims that were rejected. Each of these claims will have an associated error number and message explaining why it was rejected.

***Note:** Remember that errored claims have not been accepted by Blue Cross and Blue Shield of Alabama, and we keep no further record of them, these claims should be corrected and resubmitted as new claims.*