

ProviderAccess

www.bcbsal.com

User Manual For Professional and Dental 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

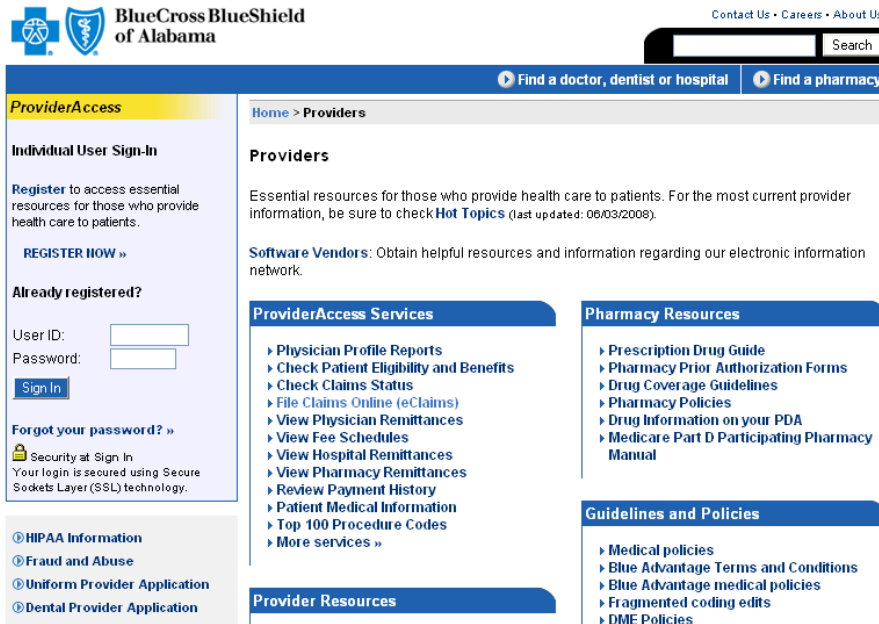
Easy Steps to eClaims

www.bcbsal.com

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



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



Click on “*Provider Functions*” to go to eClaims.



BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

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.

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

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

User Profile Sign Out

Home > Providers > ProviderAccess > Location Menu

You are signed in as: webus er

ProviderAccess Menu

PHYSICIAN NAME HERE
NPI: 1234567890
Location ID: 51012345
123 GET WELL DRIVE
BIRMINGHAM, AL 35244
[Change Location](#)

- ▶ Main Menu
- ▶ ProviderAccess User Manuals
- ▶ Provider Publications
- ▶ Change Location
- ▶ Payee Menu

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
- **Claim Information**
 - ▶ Claim Entry (eClaims) ←
 - ▶ Audit Reports
 - ▶ Claim Status
- **Fee Schedules**
 - ▶ PMD Fee Schedule
 - ▶ April 1, 2008 PMD Fee Changes - Special Bulletin BS 2008-05
 - ▶ October 1, 2007 PMD Fee Changes - Injectable Drugs
 - ▶ January 2007 PMD Fee Changes - Special Bulletin BS 2006-22

Provider/Submitter Identification

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

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

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”

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
10/25/2006 02:09:39 PM	Professional	XAA123456789	Account Number	DOE, JOHN	50.00	Submitted	View
10/19/2006 09:31:12 AM	Professional	PPA123456789	Account Number	DOE, JANE			

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

Member Information

Required fields are denoted by an asterisk.

Enter all information in required fields.

Home > Providers > ProviderAccess > eClaims Sign Out
You are signed in as: webuser

Member Information

ProviderAccess Menu
Claims Administration

Choose the "Claim Type".

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:*

First Name:*

Middle Initial:

Last Name:*

Date of Birth:*

Gender:

Last date of service for this claim:*

Next

Choose either "Primary" or "Secondary" claim.

Tip: Choosing the correct "claim type" will allow the appropriate screen to appear.
i.e. Home Health/Prescription Number/ NDC Code
Anesthesia: Days or Units

Payer Information

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



About Us • Contact Us • Careers • Help

Home > Providers > ProviderAccess > eClaims Sign Out
You are signed in as: webuser

Payer Information

ProviderAccess Menu
Claims Administration

Contract: XAA123456789 Date of Birth: 01/25/1972 Patient Name: Jane Doe



Required fields are denoted by an asterisk (*)

Primary Payer:*


Payer Name:* Member ID / HICN:*

Patient Relationship to Insured:*

Next

Insured/Patient Information

Verify that all information returned on this screen is correct.

 BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as: webuser

Insured/Patient Information

ProviderAccess Menu
Claims Administration

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

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?

Next

Click on the previous Section Heading to move backward or 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. The field number corresponds to the box number on the CMS-1500 form.

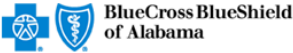
Contract: XAA123456789	Date of Birth: 01/25/1972	Patient Name: Jane Doe
-------------------------------	----------------------------------	-------------------------------

Payer ok	<table border="1"><tr><td>Is claim accident related?</td><td>No ▾</td><td>Date of current illness:</td><td><input type="text"/></td></tr><tr><td>Date of Accident:</td><td><input type="text"/></td><td>Onset date of current illness:</td><td><input type="text"/></td></tr><tr><td>Type of Accident:</td><td><input type="text"/> ▾</td><td></td><td></td></tr><tr><td>Auto Accident State</td><td><input type="text"/> ▾</td><td></td><td></td></tr><tr><td>Dates Patient unable to work in current occupation:</td><td></td><td>First Name of Referring Physician or Other Source:</td><td><input type="text"/></td></tr><tr><td>From</td><td><input type="text"/></td><td>Last Name of Referring Physician or Other Source:</td><td><input type="text"/></td></tr><tr><td>To</td><td><input type="text"/></td><td>NPI of Referring Physician:</td><td><input type="text"/></td></tr><tr><td>Hospitalization dates related to current services:</td><td></td><td>Prior authorization number:</td><td><input type="text"/></td></tr><tr><td>From</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>To</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Accept Assignment?</td><td>Yes ▾</td><td>Corrected Claim?:</td><td>No ▾</td></tr><tr><td></td><td></td><td>Original Claim Number:</td><td><input type="text"/></td></tr></table>	Is claim accident related?	No ▾	Date of current illness:	<input type="text"/>	Date of Accident:	<input type="text"/>	Onset date of current illness:	<input type="text"/>	Type of Accident:	<input type="text"/> ▾			Auto Accident State	<input type="text"/> ▾			Dates Patient unable to work in current occupation:		First Name of Referring Physician or Other Source:	<input type="text"/>	From	<input type="text"/>	Last Name of Referring Physician or Other Source:	<input type="text"/>	To	<input type="text"/>	NPI of Referring Physician:	<input type="text"/>	Hospitalization dates related to current services:		Prior authorization number:	<input type="text"/>	From	<input type="text"/>			To	<input type="text"/>			Accept Assignment?	Yes ▾	Corrected Claim?:	No ▾			Original Claim Number:	<input type="text"/>
Is claim accident related?		No ▾	Date of current illness:	<input type="text"/>																																													
Date of Accident:		<input type="text"/>	Onset date of current illness:	<input type="text"/>																																													
Type of Accident:		<input type="text"/> ▾																																															
Auto Accident State	<input type="text"/> ▾																																																
Dates Patient unable to work in current occupation:		First Name of Referring Physician or Other Source:	<input type="text"/>																																														
From	<input type="text"/>	Last Name of Referring Physician or Other Source:	<input type="text"/>																																														
To	<input type="text"/>	NPI of Referring Physician:	<input type="text"/>																																														
Hospitalization dates related to current services:		Prior authorization number:	<input type="text"/>																																														
From	<input type="text"/>																																																
To	<input type="text"/>																																																
Accept Assignment?	Yes ▾	Corrected Claim?:	No ▾																																														
		Original Claim Number:	<input type="text"/>																																														

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.

Line Item Information



Home > Providers > ProviderAccess > eClaims

Line Item Information

Contract: XAA123456789 Date of Birth: 01/25/1972

Required fields are denoted by an asterisk (*)

Diagnosis Codes (at least one required)

1	73330	2	73393	3	73349	4	
5		6		7		8	

You can add up to 8 diagnoses per claim. Also, the diagnosis does not need a period between the third and fourth digit. Use the diagnosis code pointer to indicate which diagnosis applies to your claim.

Payer ok
Insurance ok
Claim Info ok
Line Info inc

Tip: Place your mouse over the question mark on the screen for a "help window" to appear. Help Windows provide a description of the chosen field.

Dates of Service* From, To (mmddyyyy)	Facility Type Code (POS)*	Procedures, Services or Supplies* CPT/HCPCS; Modifiers	Diagnosis Code Pointer(s)	Emergency Indicator	Charges*	Days or Units*	
0312006	11 ?	J0690	2	No	100.00	1	Delete
0312006							
0312006	11 ?	99212	1	No	75.00	1	Delete
0312006							
	? ?			No			Delete
	? ?			No			Delete
	? ?			No			Delete
	? ?			No			Delete
	? ?			No			Delete
	? ?			No			Delete

This section contains the information related to the medical services rendered to the patient by the provider. The field number corresponds to the box number on the CMS-1500 form.

You may key up to 10 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.

If you have more than 10 line items, you must add a new claim to enter the additional line items.

Edit, Submit or Delete any pending claims.

Claims Administration



[About Us](#) • [Contact Us](#) • [Careers](#) • [Help](#)

[Home](#) > [Providers](#) > [ProviderAccess](#) > [eClaims](#)
You are signed in as [webuser](#)

Claims Administration

[New Claim](#)

[Submit All Pending Claims](#)

Incomplete and Pending Claims							
Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
11/15/2006 02:25:15 PM	Professional	XAA123456789	12345678	DOE, JANE	150.00	Pending	<input type="button" value="Edit"/> <input type="button" value="Submit"/> <input type="button" value="Delete"/>
11/15/2006 01:36:44 PM	Professional	XAA123456789	12345678	DOE, JANE	175.00	Pending	<input type="button" value="Edit"/> <input type="button" value="Submit"/> <input type="button" value="Delete"/>

Submitted and Processed Claims							
Select all submitted claims or processed claims by date: <input type="text" value="Submitted Claims"/> <input type="button" value="Go"/>							
Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
10/25/2006 02:09:39 PM	Professional	XAA123456789	asdf	DOE, JOHN	50.00	Submitted	<input type="button" value="View"/>
10/19/2006 09:31:12 AM	Professional	EPK123456789	Account Number	DOE, JOHN	200.00	Submitted	<input type="button" value="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 batch 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.

Choose the option “*secondary*” to key a secondary claim.

Choosing the correct “claim type” will allow the appropriate screen to appear.


Home > Providers > ProviderAccess > eClaims Sign Out

You are signed in as: webuser

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:*

First Name:*

Middle Initial:

Last Name:*

Date of Birth:*

Gender:

Last date of service for this claim:*

Next

Choose the correct option for “*patient relationship to insured*” that applies to your claim.

Payer Information

BlueCross BlueShield of Alabama About Us • Contact Us • Careers • Help

Search

Home > Providers > ProviderAccess > eClaims Sign Out


You are signed in as: 5102245

Payer Information ▶ ProviderAccess Menu
▶ Claims Administration

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

Required fields are denoted by an asterisk (*)

Primary Payer:*	<input type="text" value="Commercial"/>	Payer Name:*	<input type="text" value="ABC INSURANCE"/>	Member ID / HICN:*	<input type="text" value="ABC123456789"/>
Secondary Payer:*	<input type="text" value="BCBS"/>	Payer Name:*	<input type="text" value="BCBS of Alabama"/>	Member ID / HICN:*	<input type="text" value="XAA123456789"/>
		Patient Relationship to Insured:*	<input type="text" value="Self"/>		



INSURED PATIENT INFORMATION

Verify that all information returned on this screen is correct.

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as: webuser

Insured/Patient Information

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

Required fields are denoted by an asterisk (*)

Insured Information

Name
Last* Doe First* Jane Middle:

Address
Street* 123 Park Place City* Anywhere 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* Anywhere 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 or 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

Contract: XAA123456789 Date of Birth: 01/25/1972 Patient Name: Jane Doe

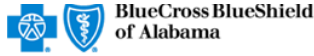
Payer ok
Insurance ok
Claim Info ok
Line Info ok

Is claim accident related?	No	Date of current illness:	
Date of Accident:		Onset date of current illness:	
Type of Accident:			
Auto Accident State			
Dates Patient unable to work in current occupation:		First Name of Referring Physician or Other Source:	
From		Last Name of Referring Physician or Other Source:	
To		NPI of Referring Physician:	
Hospitalization dates related to current services:		Prior authorization number:	
From			
To			
Accept Assignment?	Yes	Corrected Claim?:	No
		Original Claim Number:	
<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.

Line Item Information

You can add up to 8 diagnoses per claim. Also, the diagnosis does not need a period between the third and fourth digit. Use the diagnosis code pointer to indicate which diagnosis applies to your claim.



Home > Providers > ProviderAccess > eClaims

Line Item Information

Claims Administration

Contract: XAA123456789 Date of Birth: 01/25/1979 Patient Name: JANE DOE

Required fields are denoted by an asterisk (*)

Payer ok
Insurance ok
Claim Info ok
Line Info inc

Diagnosis Codes (at least one required)

1 73330	2 73393	3 73349	4
5	6	7	8

Dates of Service* From, To (mm/dd/yyyy)	Facility Type Code (POS)*	Procedures, Services or Supplies* CPT/HCPCS; Modifiers	Diagnosis Code Pointer(s)	Emergency Indicator	Charges*	Days or Units*	
0312006	11 ?	J0690	2	No	100.00	1	Delete
0312006							
0312006	11 ?	99212	1	No	75.00	1	Delete
0312006							
	?			No			Delete
	?			No			Delete

Tip: Place your mouse over the question mark on the screen for a “help window” to appear. Help Windows provide a description of the chosen field

You may key up to 10 lines 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.

If you have more than 10 line items, you must add a new claim to enter the additional line items.

Line Level Information

Click here if you do not have line level payment information.

Line 1

Contract: XAA123456789
Date of Birth: 01/28/1972
Patient Name: JANE DOE

Required fields are denoted by an asterisk (*) Click [here](#) if you do not have line level payment information.

- [Payer](#) ok
- [Insurance](#) ok
- [Claim Info](#) ok
- [Line Info](#) ok
- [Primary Payer:](#)
- [Line 1](#) inc

Dates of Service From, To (mmdyyy)		Facility Type Code (FOS)	Procedures, Services or Supplies CPT/HCPCS; Modifiers	Diagnosis Code Point(s)	Emergency Indicator	Charges	Days or Units	Anesth. Minutes
10312006		11	J0690	2	No	100.00	1	0
10312006								

Enter the payment information for LINE 1 from the Primary payer.

Primary Payer Name: ABC INSURANCE
Primary Payer Contract Number: ABC123456789

Line Level Adjustments - Line 1

Num	Group	Reason	Amount
1	PR ?	3 ?	25.00
2	?	?	
3	?	?	
4	?	?	
5	?	?	
6	?	?	
7	?	?	
8	?	?	
9	?	?	
10	?	?	

Payment Details:

Allowed Amount:*	60.00
Paid Amount:*	60.00
Payment Date:*	11032006

Click on the question mark to pull up a "help window".

Tip: This page provides a user with the ability to key in other insurance information per line item.

Primary Payer Payment Information – Claim Level

Note: This page is returned **ONLY** if you do not have line level payment information.

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as [username]

Primary Payer Payment Information - Claim Level

Contract: XAA123456789 Date of Birth: 01/28/1972 Patient Name: JANE DOE

Required fields are denoted by an asterisk (*)

Payer ok
Insurance ok
Claim Info ok
Line Info ok
Primary Payer: ok
Claim Level inc

Enter the claim level payment information from the Primary payer.

Primary Payer Name: ABC INSURANCE
Primary Payer Contract Number: ABC123456789

Claim Level Adjustments

Num	Group	Reason	Amount
1	?	?	
2	?	?	
3	?	?	
4	?	?	
5	?	?	
6	?	?	
7	?	?	
8	?	?	
9	?	?	
10	?	?	

Payment Details:


Total Charges Submitted:*	
Total Paid Amount:*	
Payment Date:*	

Next

Click on the question mark to pull up a “help window”.

Tip: This page provides a user with the ability to key in other insurance information per line item.

Primary Payer Payment Information –Line Level



**BlueCross BlueShield
of Alabama**

[About Us](#) • [Contact Us](#) • [Careers](#) • [Help](#)

Search

[Sign Out](#)

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

You are signed in as webuser

Primary Payer Payment Information - Line Level

[ProviderAccess Menu](#)

[Claims Administration](#)

Contract: XAA123456789 **Date of Birth:** 01/28/1972 **Patient Name:** JANE DOE

Required fields are denoted by an asterisk (*)

Line 2

Dates of Service From, To (mmdyyy)	Facility Type Code (FOS)	Procedures, Services or Supplies CPT/HCPCS; Modifiers	Diagnosis Code Pointe(s)	Emergency Indicator	Charges	Days or Units	Anesth. Minutes
10312006	11	99212	1	No	75.00	1	0
10312006							

Enter the payment information for LINE 2 from the Primary payer.

Primary Payer Name: ABC INSURANCE

Primary Payer Contract Number: ABC123456789

Line Level Adjustments - Line 2

Num	Group	Reason	Amount
1	PR ?	3 ?	75.00
2	? ?	? ?	
3	? ?	? ?	
4	? ?	? ?	
5	? ?	? ?	
6	? ?	? ?	
7	? ?	? ?	
8	? ?	? ?	
9	? ?	? ?	
10	? ?	? ?	

Payment Details:

Allowed Amount*	75.00
Paid Amount*	50.00
Payment Date*	11012006

Line 2

Payer ok

Insurance ok

Claim Info ok

Line Info ok

Primary Payer: ok

Line 1 ok

Line 2 inc

Each line item is pre-populated in the top portion of this page. This option makes it easy for the user to key secondary information on this claim.

Submit your completed claim.

Claims Administration

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out

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

Claims Administration

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

Incomplete and Pending Claims

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
11/20/2006 10:53:00 AM	Professional	XAA123456789	12345678	DOE, JANE	175.00	Pending	Edit Submit Delete
11/20/2006 10:28:59 AM	Professional	XAA123456789	12345678	DOE, JANE	175.00	Pending	Edit Submit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date:

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
10/25/2006 02:09:39 PM	Professional	XAA123456789	Account Number	DOE, JOHN	50.00	Submitted	View
10/19/2006 09:31:12 AM	Professional	PPA123456789	Account Number	DOE, JANE	200.00	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 batch is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the “**Submitted and Processed Claims**” list.

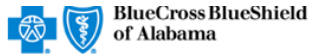
Note: Claims located in the “**Incomplete and Pending Claims**” list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Corrected Claims

Claims Administration

eClaims allows a user to submit all pending claims by placing your mouse on the highlighted words and clicking the left mouse button.

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



[About Us](#) • [Contact Us](#) • [Careers](#) • [Help](#)

[Sign Out](#)

[Home](#) > [Providers](#) > [Provider Access](#) > [eClaims](#)

You are signed in as: [wphinson](#)

Claims Administration

[New Claim](#)

[Submit All Pending Claims](#)

Incomplete and Pending Claims

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
11/20/2006 10:59:00 AM	Professional	XAA123456789	12345678	DOE, JANE	175.00	Pending	Edit Submit Delete
11/20/2006 10:28:59 AM	Professional	XAA123456789	12345678	DOE, JANE	175.00	Pending	Edit Submit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date:

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
10/23/2006 02:09:39 PM	Professional	XAA123456789	Account Number	DOE, JOHN	50.00	Submitted	View
10/19/2006 09:31:12 AM	Professional	PPA123456789	Account Number	DOE, JANE	200.00	Submitted	View

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

Verify that all information is correct.

Required fields are denoted by an asterisk.

Member Information

Home > Providers > ProviderAccess > eClaims Sign Out
You are signed in as: webuser

Member Information

ProviderAccess Menu
Claims Administration

Choose the correct "claim type"

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:*

First Name:*

Middle Initial:

Last Name:*

Date of Birth:*

Gender:

Last date of service for this claim:*

Next

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

Payer Information

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



About Us • Contact Us • Careers • Help

Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as: webuser

Payer Information

ProviderAccess Menu
Claims Administration

Contract: XAA123456789 Date of Birth: 01/25/1972 Patient Name: Jane Doe

Required fields are denoted by an asterisk (*)

Payer inc

Primary Payer:*

Payer Name:*

Member ID / HICN:*

Patient Relationship to Insured:*

Next

Patient Relationship to Insured.

Verify that all information returned on this page is accurate.

Insured/Patient Information

BlueCross BlueShield of Alabama About Us • Contact Us • Careers • Help

Search

Sign Out

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

Insured/Patient Information ProviderAccess Menu
Claims Administration

Contract: XAA123456789 Date of Birth: 01/25/1972 Patient Name: Jane Doe

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?

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: 01/25/1972	Patient Name: Jane Doe
-------------------------------	----------------------------------	-------------------------------

Payer ok	Insurance ok	Claim Info ok	Line Info ok
-----------------	---------------------	----------------------	---------------------

Is claim accident related? <input type="button" value="No"/>	Date of current illness: <input type="text"/>
Date of Accident: <input type="text"/>	Onset date of current illness: <input type="text"/>
Type of Accident: <input type="text"/>	
Auto Accident State: <input type="text"/>	
Dates Patient unable to work in current occupation: From <input type="text"/>	First Name of Referring Physician or Other Source: <input type="text"/>
To <input type="text"/>	Last Name of Referring Physician or Other Source: <input type="text"/>
	NPI of Referring Physician: <input type="text"/>
Hospitalization dates related to current services: From <input type="text"/>	Prior authorization number: <input type="text"/>
To <input type="text"/>	
Accept Assignment? <input type="button" value="Yes"/>	Corrected Claim?: <input type="button" value="No"/>
	Original Claim Number: <input type="text"/>
<input type="button" value="Next"/>	

Enter the
original
claim
number.

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 Item Information

You can add up to 8 diagnoses per claim. Also, the diagnosis does not need a period between the third and fourth digit. Use the diagnosis code pointer to indicate which diagnosis applies to your claim.



Home > Providers > ProviderAccess > eClaims

Line Item Information

Contract: XAA123456789

Date of Birth: 01/28/1975

Patient Name: JANE DOE

Payer ok
Insurance ok
Claim Info ok
Line Info inc

Required fields are denoted by an asterisk (*)

Diagnosis Codes (at least one required)

1 73390	2 73393	3 73349	4
5	6	7	8

Dates of Service* From, To (mmddyyyy)	Facility Type Code (POS)*	Procedures, Services or Supplies* CPT/HCPCS; Modifiers	Diagnosis Code Pointer(s)	Emergency Indicator	Charges*	Days or Units*	
0312006	11 ?	j0690	1	No	100.00	1	Delete
0312006							
0312006	11 ?	99212	2	No	75.00	1	Delete
0312006							
				No			Delete
				No			Delete
				No			Delete
				No			Delete
				No			Delete
				No			Delete
				No			Delete
				No			Delete
				No			Delete
				No			Delete

Next

Tip: Place your mouse on the question mark for a "help window" to appear. Help windows provide a description of the chosen field.

Submit your claim

Claims Administration

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out

Home > Providers > ProviderAccess > eClaims

You are signed in as: [username]

Claims Administration

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

Incomplete and Pending Claims

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
11/20/2006 12:26:28 PM	Professional	XAA123456789	123456789	DOE, JANE	175.00	Pending	Edit Submit Delete
11/20/2006 10:59:00 AM	Professional	XAA123456789	12345678	DOE, JANE	175.00	Pending	Edit Submit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date:

Date Created	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
10/25/2006 02:09:33 PM	Professional	XAA123456789	Account Number	DOE, JOHN	50.00	Submitted	View
10/19/2006 09:31:12 AM	Professional	PPA123456789	Account Number	DOE, JANE	200.00	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 batch 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.

Audit Report Retrieval

An audit report is generated by Blue Cross 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.

From the ProviderAccess page, use your mouse to click on the “*Audit Report*” link.

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

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

PHYSICIAN NAME HERE
NPI: 1234567890
Location ID: 51012345
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
- Claim Information
 - ▶ Claim Entry (eClaims)
 - ▶ **Audit Reports**
 - ▶ Claim Status
- Fee Schedules
 - ▶ PMD Fee Schedule
 - ▶ April 1, 2008 PMD Fee Changes - Special Bulletin BS 2008-05
 - ▶ October 1, 2007 PMD Fee Changes - Injectable Drugs
 - ▶ January 2007 PMD Fee Changes - Special Bulletin BS 2006-22

Tip: Please see page 3 to access this page.

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

To view Audit Reports enter your **Submitter ID**. Click **“Submit”** to continue. Or click **“View Audit Report only”** to view only the audit report without batch messages.

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out Help

Home > Providers > ProviderAccess > Audit Reports

You are signed in as: webuser

Audit Reports and Batch Messages

ProviderAccess Menu

View Audit Report and Batch Messages. Enter a valid Submitter ID

View Audit Report only

Submit

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.

BlueCross BlueShield of Alabama

About Us • Contact Us • Careers • Help

Search

Sign Out Help

Home > Providers > ProviderAccess > Audit Reports

You are signed in as: webuser

Select Date

ProviderAccess Menu

This application allows you to view your Audit Report for specific dates. Choose a **Date** and then click **Submit**.

Submitter ID: Not Entered [Enter Submitter ID](#)

Current Location NPI: 1234567890

Date: **None Available** ▼ ←

Audit Report Format: PDF HTML

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

Click on
“Get
Acrobat
Reader”



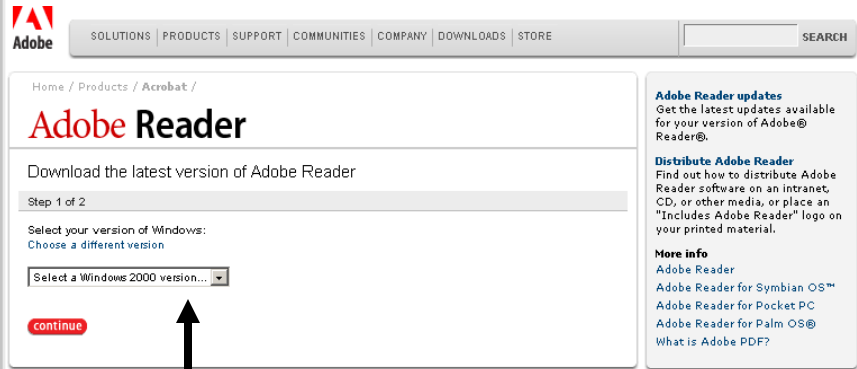
the Audit Report as **HTML**, no additional software is required.

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

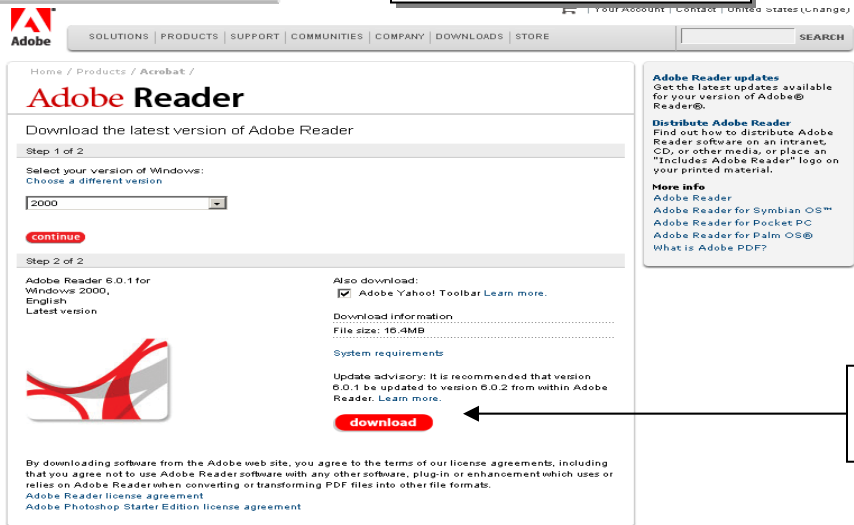
Audit Reports are available for retrieval 60 days after the submission of a claims batch.

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.

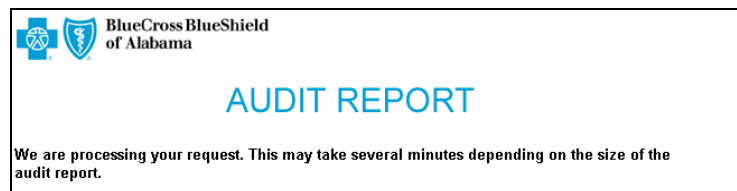


Select the version of Windows that you are currently utilizing.



Click "Download"
Follow instructions

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

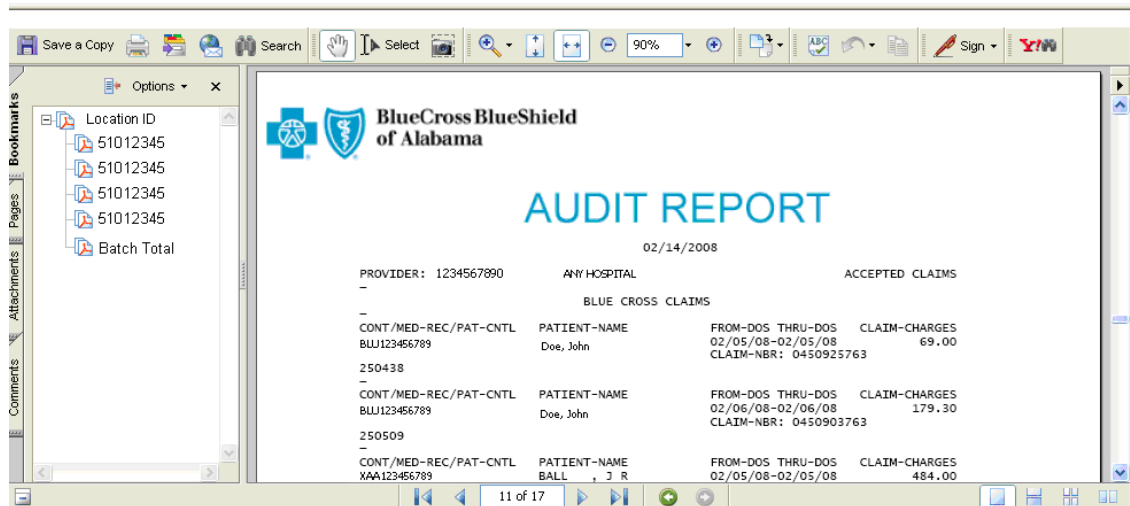


The accepted portion of the audit report contains a list of all claims that were accepted for processing.

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.