provideraccess



your secure link to Blue Cross

Professional eClaims User Manual

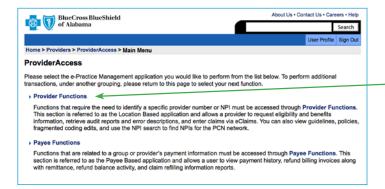


Go to

AlabamaBlue.com/providers.

Sign in to **ProviderAccess.**

If you do not have a ProviderAccess User ID and Password, please click "**Register Now**" or contact the ProviderAccess administrator at your practice.

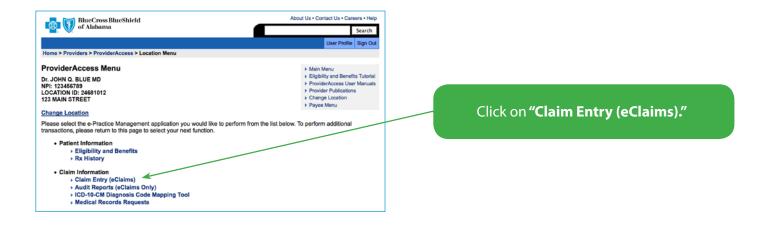


Click on

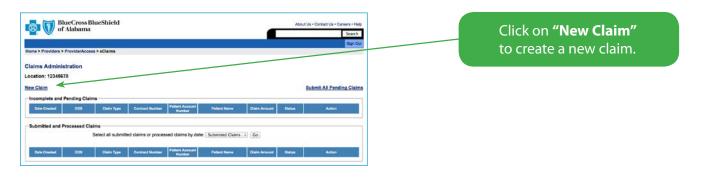
"Provider Functions."



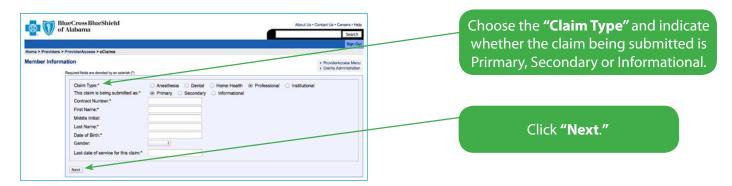
Click on the **provider location for** you which you are submitting claims.



Claims Administration

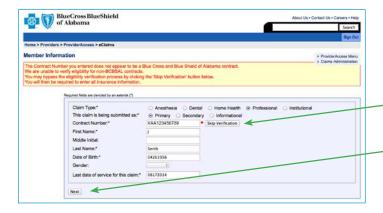


Member Information – For In-State Blue Cross Contracts



Required fields are denoted by an asterisk (*).

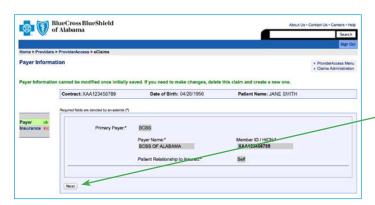
Note: Once you click the "Next" button, you will not be able to return to this page. If while keying the claim you realize you have entered incorrect information on this page, you will have to delete the claim and start a "New Claim."



For out-of-state Blue Cross members, the "Skip Verification" button will bypass the eligibility verification process. You will then be required to enter all insurance information.

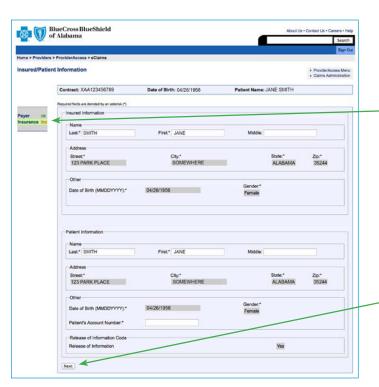
Click "Next."

Payer Information



Click the "Next" button once you verify that all information is correct.

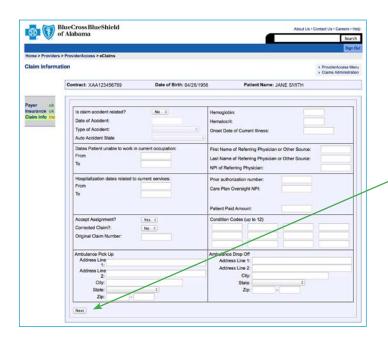
Insured/Patient Information



Click on the section heading to return to a previous screen.

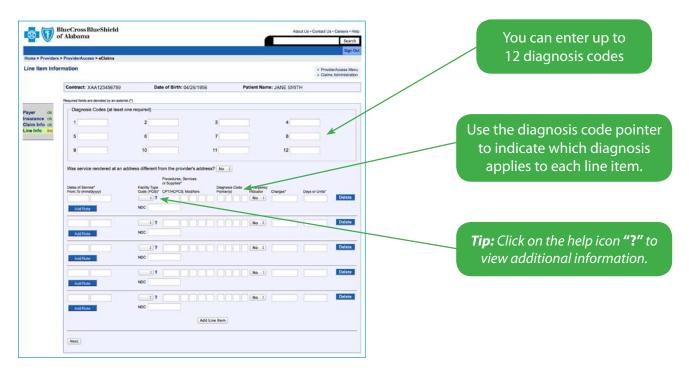
Verify the Insured/Patient Information on this page. If the information is correct, press the "Next" button.

Claim Information



Review this screen and provide all information applicable to this claim. Once complete, click the "Next" button to save your information and advance to the next screen.

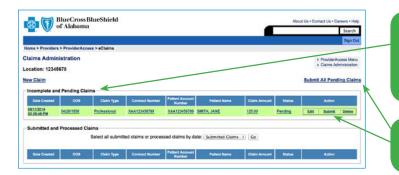
Line Item Information



Required fields are denoted by an asterisk (*).

Note: You may key up to 10 line items on this screen. After entering all line items, click the "**Next**" button. If you have more than 10 line items, you must create a new claim to enter the additional line items.

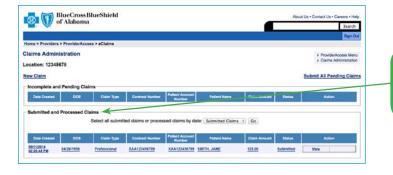
Claims Administration



The claim that you just entered should now appear in the "Incomplete and Pending Claims" list. These claims have not yet been submitted to Blue Cross for processing.

To submit your claim for processing, you must click "Submit" or "Submit All Pending Claims."

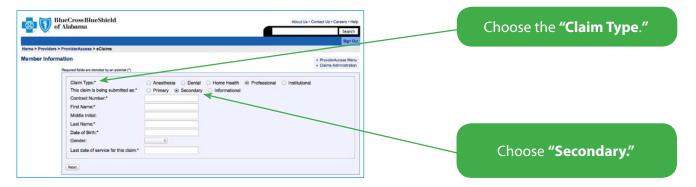
The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed on the current day. To view claims submitted on a previous day, select the date you submitted the claim and click "Go."



After a claim is submitted and received by Blue Cross, it will appear on the "Submitted and Processed Claims" list.

Secondary Claims

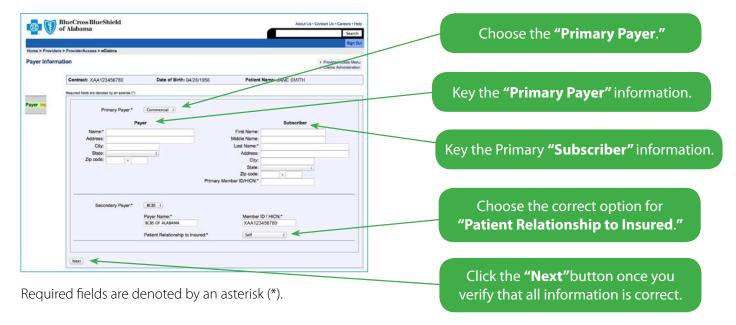
Secondary Claims: Member Information



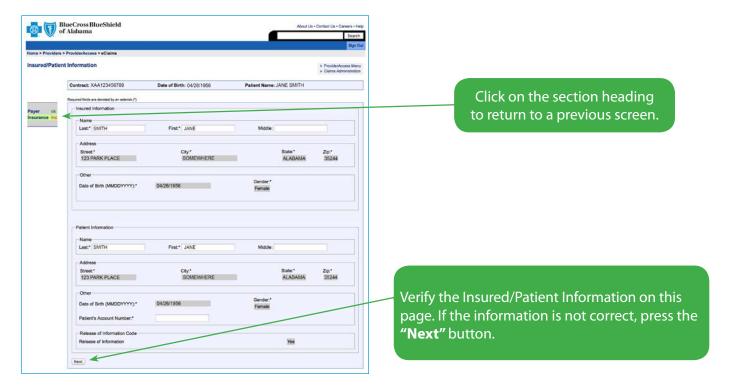
Required fields are denoted by an asterisk (*).

Note: Once you click the "Next" button, you will not be able to return to this page. If while keying the claim you realize you have entered incorrect information on this page, you will have to delete the claim and start a "New Claim."

Secondary Claims: Payer Information

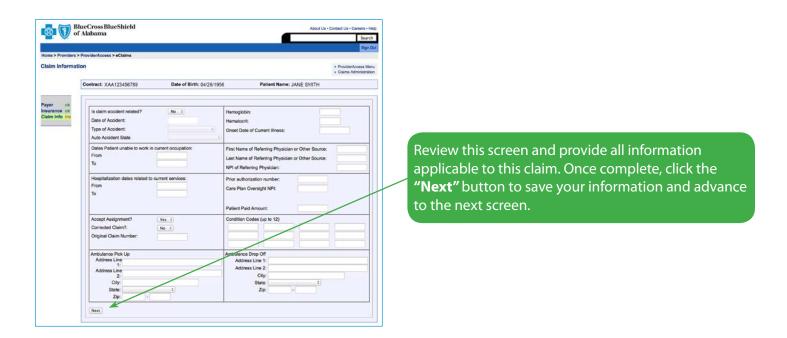


Secondary Claims: Insured/Patient Information

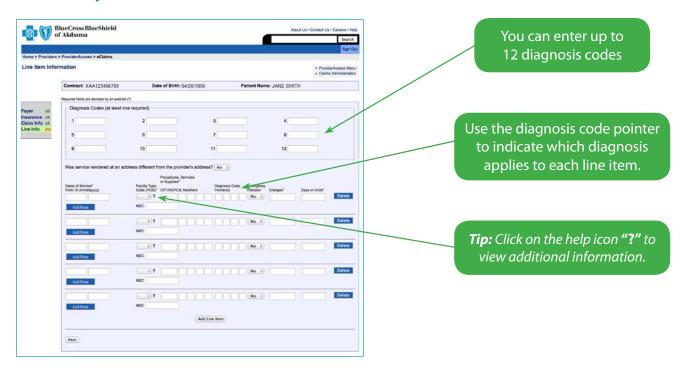


Required fields are denoted by an asterisk (*).

Secondary Claims: Claim Information



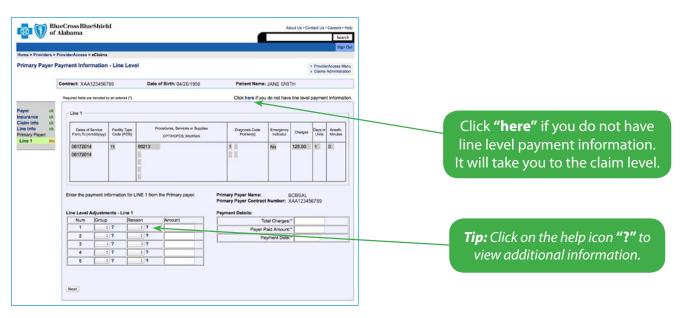
Secondary Claims: Line Item Information



Required fields are denoted by an asterisk (*).

Note: You may key up to 10 line items on this screen. After entering all line items, click the "**Next**" button. If you have more than 10 line items, you must create a new claim to enter the additional line items.

Secondary Claims: Line Level Information

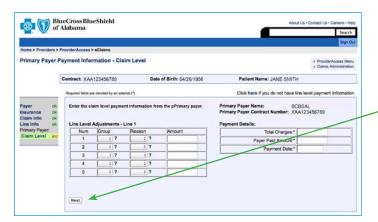


Required fields are denoted by an asterisk (*).

Note: "Line Level Adjustments" plus "Payer Paid Amount" should equal "Total Charges."

Secondary Claims: Claim Level Information

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



Click the "Next" button. You will be forwarded to the Claims Administration screen to submit pending claims.

Required fields are denoted by an asterisk (*).

Note: "Claim Level Adjustments" plus "Payer Paid Amount" should equal "Total Charges."

(Rev. 11-2014)

Corrected Claims

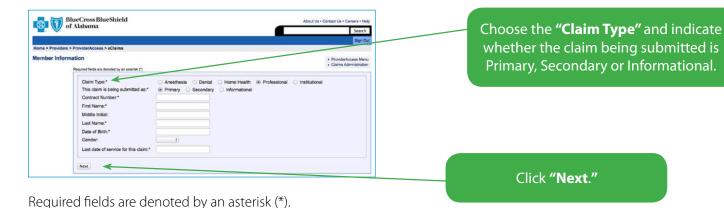
Corrected Claims: Claims Administration



If the original claim was submitted through eClaims, locate the claim in the "Submitted Claims" list and "Resubmit." You will then be able to edit the claim.

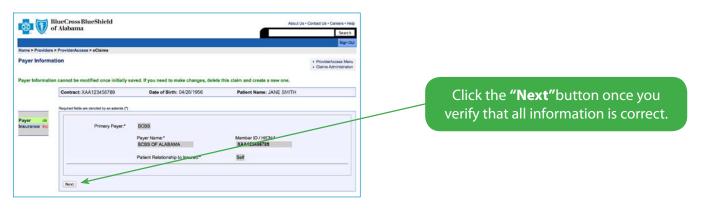
Click on "New Claim" if the original claim was submitted electronically using a vendor/clearinghouse.

Corrected Claims: Member Information

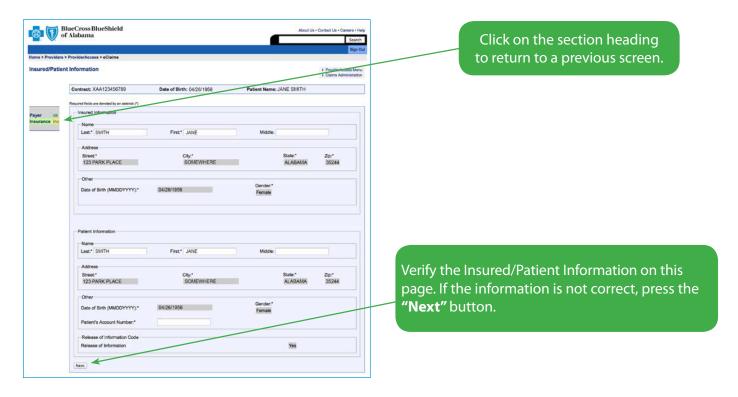


Note: Once you click the "Next" button, you will not be able to return to this page. If while keying the claim you realize you have entered incorrect information on this page, you will have to delete the claim and start a "New Claim."

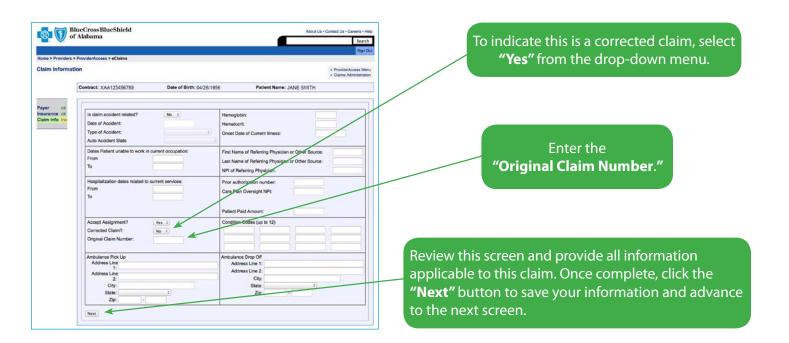
Corrected Claims: Payer Information



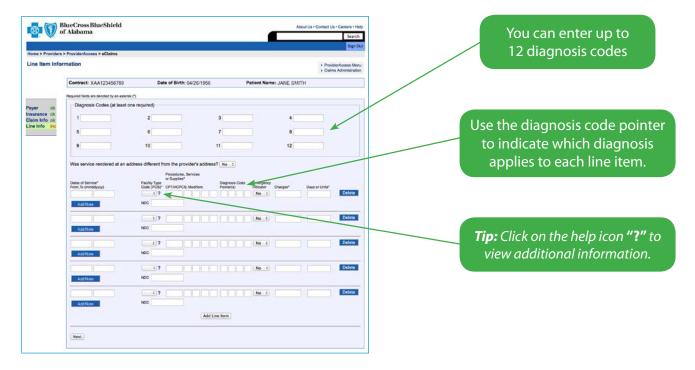
Corrected Claims: Insured/Patient Information



Corrected Claims: Claim Information



Corrected Claims: Line Item Information



Required fields are denoted by an asterisk (*).

Note: You may key up to 10 line items on this screen. After entering all line items, click the "**Next**" button. If you have more than 10 line items, you must create a new claim to enter the additional line items.

Claims Administration

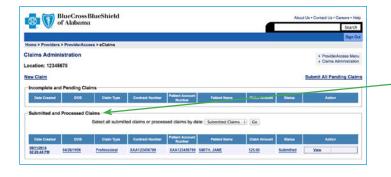
Edit, submit or delete any pending claims.



The claim that you just entered should now appear in the "Incomplete and Pending Claims" list. These claims have not yet been submitted to Blue Cross for processing.

To submit your claim for processing, you must click "Submit" or "Submit All Pending Claims."

The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed on the current day. To view claims submitted on a previous day, select the date you submitted the claim and click "Go."



After the claim is submitted and received by Blue Cross, it will appear on the "Submitted and Processed Claims" list.

Contact Information

If you need further assistance with an audit report rejection, contact your vendor/clearinghouse or EDI Services at 205-220-6899 or email Ask-EDI@bcbsal.org. Please include in your email the provider's NPI, Tax ID and a detailed description of your question.

Hardware Requirements

Minimum Hardware Requirements (for best results):

- Screen resolution: 640 x 480
- Internet connection with at least 28,800 bps

Minimum Browser Requirements:

• Internet Explorer 6.0 or higher

Software Requirements

Adobe® Acrobat® Reader®

It is necessary to have Adobe Acrobat Reader installed on your computer in order to view or print the remittances using the online application. If you do not have Adobe Acrobat installed on your computer, you may install it for free from the Adobe website at http://www.adobe.com/products/acrobat/readstep.html.

Helpful Hints

- 1. If you leave the PC for a long period of time, the application may "time out." You will need to close and restart your browser. If you have previously "bookmarked" the *ProviderAccess* sign-in page, you may use your "Favorites" or "Bookmark" to access the sign-in page directly. Refer to Page 1 of this manual for further instructions on how to reach *ProviderAccess*.
- 2. Use the "Tab" key (not the "Enter" key) when navigating through a screen.
- 3. 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.
- 4. 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.
- 5. 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 a dotted line appears around the word and then press the "Enter" button.



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