

Reporting On-Demand is an online application that allows providers to view, download, save and/or print the Provider Claim Summary (PCS) online for finalized claims processed by Blue Cross and Blue Shield of New Mexico (BCBSNM).

PCS reports are available through this application for commercial claims processed after Dec. 12, 2016 and for Medicare Advantage claims processed after April 12, 2019.

Reporting On-Demand is accessible to existing Availity Administrators and users assigned the HCSC Reporting role in Availity. If you are not yet registered with Availity, go to <u>Availity</u> and complete the guided online registration process, at no charge.

Note: To obtain this information on claims not processed by BCBSNM (i.e., Medicare Crossover Claims), users should contact the appropriate claim processing entity directly (i.e., third party vendors, other carriers, etc.).

1) Getting Started

- Go to Availity
- Select Availity Portal Login
- Enter User ID and Password
- Select Log in

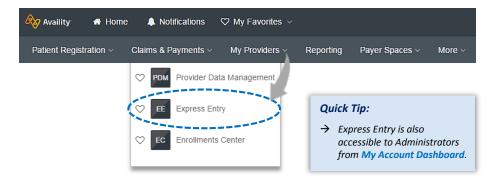
Note: Only registered Availity users can access Reporting On-Demand.



2) Express Entry Set-up

The organization's NPI and Tax ID numbers must both be added to Express Entry for this information to display in the Reporting On-Demand drop-down required fields.

- Select My Providers from the navigation menu
- Select Express Entry



Note: Express Entry is only accessible to assigned Availity Administrators.

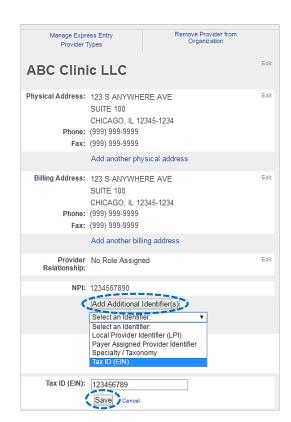
2) Express Entry Set-up (continued)

- Expand Add Provider
- Enter NPI number in the Provider's NPI field
- Select Add Provider

Quick Tips:

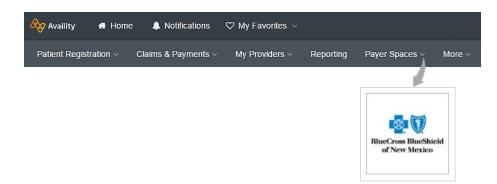
- → Associated provider information will return based on the Provider NPI added.
- → The provider name, address, phone and fax numbers may be changed by selecting Edit.
- Select Add Additional Identifiers
- ► Choose Tax ID (EIN) from drop-down menu
- Enter Tax ID and select Save





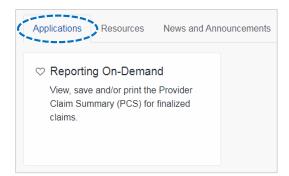
Accessing Reporting On-Demand

- Select Payer Spaces from the navigation menu
- Select Blue Cross and Blue Shield of New Mexico



3) Accessing Reporting On-Demand (continued)

- In the BCBSNM Payer Spaces section, select the Applications tab
- Next, select Reporting On-Demand



4) Generating your Provider Claim Summaries

Complete the required fields to obtain results. The appropriate Tax ID and Rendering NPI numbers are required to locate requested claim summaries.

Note: Required fields are indicated by red asterisks.

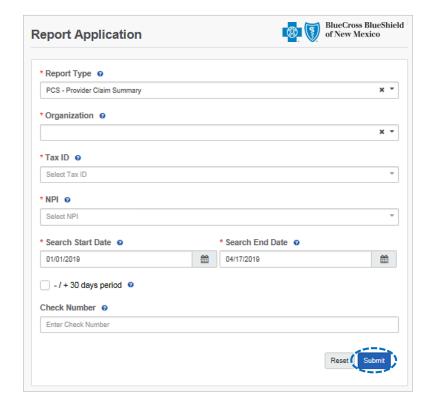
- Select PCS Provider Claim Summary from Report Type
- Choose provider Organization
- Choose Tax ID and NPI from drop-down options

Note: The provider Tax ID and NPI must both be added to Express Entry for the organization to display in the drop-down.

Enter dates in Search Start and End Date fields

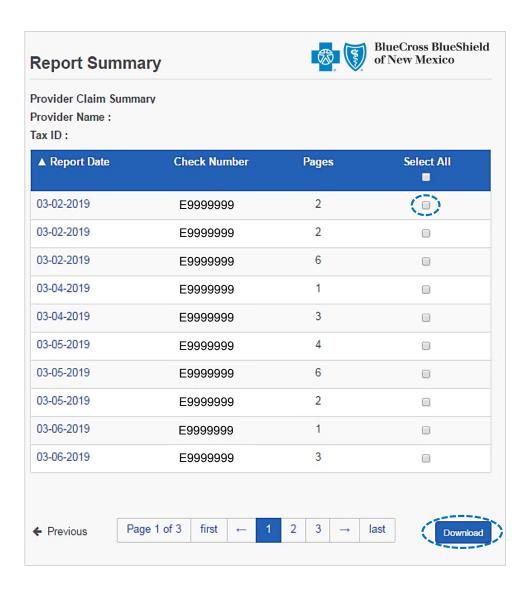
Voluntary Options:

- Select the check box to expand the search period by 30 days before and after.
- Enter the **Check Number** to locate a specific PCS.
- Select Submit



5) Reviewing Results

- Provider Claim Summaries that meet the search criteria will be displayed
- Select all or select a specific summary by choosing the checkbox next to the PCS date
- Select Download this will download the summary in a PDF format to view, print or save to a file



After selecting Download, save or print the file on-demand

Downloading in Google Chrome:

- Select Open to view immediately
- Click Show in Folder to locate where the file was saved

Downloading in Internet Explorer:

- Select Open to view immediately
- Click Save to save the PCS to a specific area

Commercial PCS Example



PROVIDER CLAIM SUMMARY

4/15/2019 PROVIDER NUMBER: 1234567890 CHECK NUMBER: E9999999 TAX IDENTIFICATION NUMBER: 123456789

Visit www.bcbsnm.com/provider for the latest news and updates on matters that impact you

BEACH SIDE PEDICATRICS PO BOX 123 SUNNY NM 12345-1234

Haalladadaaddadadaaaaddaladaddaaaddaad

ANY MESSAGES WILL BEGIN ON PAGE

PATIENT: DOE, JANE PERF PRV: 1234567890

FROM / TO

DATES

CLAIM NO: 0000999999999999

AMOUNT PROC PS" PAY CODE 12/03-12/03/18 03 FEA 95810

BILLED 1,200.00 1,200.00

ALLOWABLE SERVICES AMOUNT NOT COVERED 555.49 555.49

644.51 (1)

PATIENT NO: 999999

IDENTIFICATION NO: 123456-999999999

CLAIM TYPE: DEDUCTIONS/OTHER

AMOUNT INELIGIBLE PAID 100.00 (2) 455.49 100.00 455.49

\$455.49 AMOUNT PAID TO PROVIDER FOR THIS CLAIM:

> CONTRACT COINSURANCE: DEDUCTIONS/OTHER INELIGIBLE: TOTAL SERVICES NOT COVERED: PATIENT'S SHARE:

100.00 \$100.00 644.51 \$100.00

Medicare Advantage & IL/TX Medicaid PCS Example

Provider Remittance Advice

SUNSINE REGIONAL HOSPITAL Servicing Provider Name:

Payee Name:

SUNSINE REGIONAL HOSPITAL

Servicing Provider NPI: 123456789

Patient and Services Information													
Account Number:			Subscriber #: 123456789				Plan Name: Blue Cross and Blue Shield of New Mexico						
Patient Name: DO	OE, JANE		Claim Id: 99999M999999										
	Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsiblity							
Dates of Service						CoPay	Co Ins	Ded Amt	Non Cvrd	Int Owed	Plan Payment	Remarks	
10/20/2018 10/20/2018	0960	\$680.00	\$1,060.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,060.80		
Claim Totals: 99999M999999		\$680.00	\$1,060.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,060.80		

Current Payment Amount:

\$1,060.80

Provider Sequestration Amount: Prior Paid Amount: \$0.00 \$0.00

Net Payment Amount:

\$1,060.80

Have questions or need additional education? Email the Provider Education Consultants.

Be sure to include your name, direct contact information & Tax ID or billing NPI.