





**Provider Claim Summary** is an online application in Availity® Essentials 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.

This application 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 Availity 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 Essentials Login
- Enter User ID and Password
- Select Log in

**Note:** Only registered Availity users can access the **Provider Claim Summary** application.



## 2) Manage My Organization Setup

The organization's NPI and Tax ID numbers must both be added to Manage My Organization for the associated provider information to display in the Provider Claim Summary drop-down required fields.

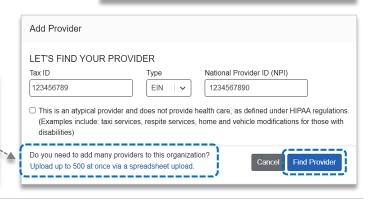
- Select Manage My Organization from My Account Dashboard on the Availity homepage
- Within Manage My Organization, select Add Provider
- Enter the Provider Tax ID and NPI numbers and select Find Provider

### Quick Tips:

- → If you have multiple providers to add to your organization, select "Upload up to 500 at once via spreadsheet upload."
- → For more details, refer to the <u>Manage My Organization User</u> <u>Guide</u> published in the Provider Tools section of our website.







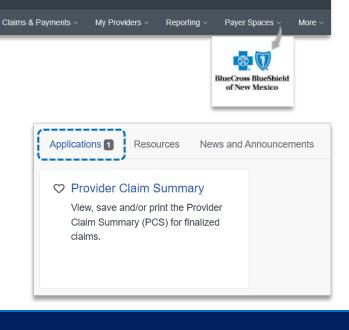
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Help & Training

## 3) Accessing Provider Claim Summary

- Select Payer Spaces from the navigation menu
- Select Blue Cross and Blue Shield of New Mexico
- In the BCBSNM Payer Spaces section, select the Applications tab
- Next, select Provider Claim Summary



My Favorites ~

# 4) Generating Provider Claim Summaries

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

Availity

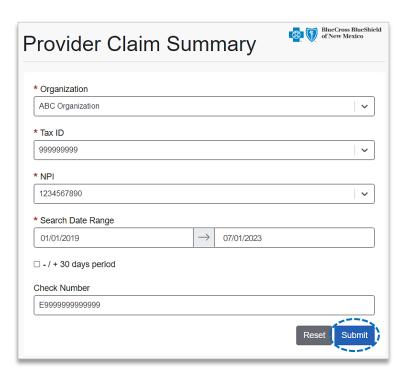
Patient Registration

essentials

- Choose provider Organization
- Select the Tax ID and NPI from dropdown fields
- Enter dates in Search Date Range fields
- Select Submit

#### **Voluntary Options:**

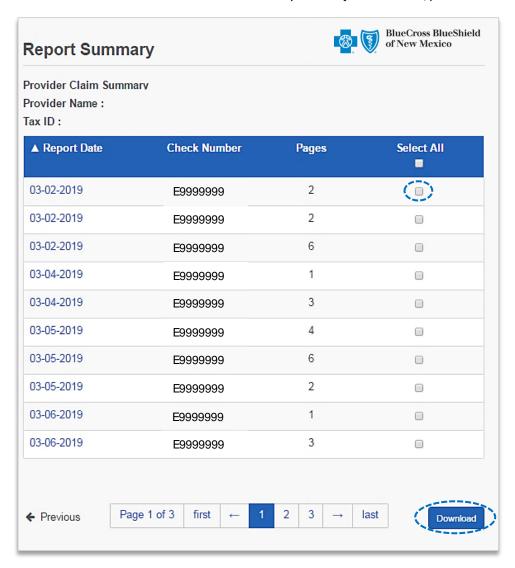
- Select the check box to expand the search period by 30 days before and after.
- Enter the Check Number to locate a specific PCS.



**Important Reminder:** The provider Tax ID and NPI numbers must both be added to <u>Manage My Organization</u> for the associated information to display in the drop-down fields.

## 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

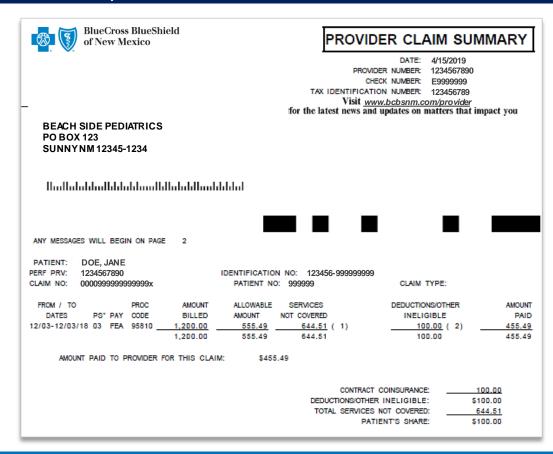
#### **Downloading in Google Chrome:**

- 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**



# **Medicare Advantage PCS Example**

				Pı	ovider	Remitt	ance A	dvice						
ervicing Pro	vider Name:	SUNS	SUNSINE REGIONAL HOSPITAL					Payee Name: SUNSINE REGIONAL HOSPITAL						
Servicing Pro	vider NPI:	12345	6789											
					Patient	and Services	Information	ı						
Account Number: Subscriber #: 123456789						Plan Name: Blue Cross and Blue Shield of New Mexico								
Patient Nai	ne: Do	OE, JANE		Clain	n Id: 99999	9M999999								
		Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsibility					[		
							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: \$1,06						\$1,060.8	
Provider Sequestration Amount:									ount:	\$0.0				
										Pri	or Paid Amo	ount:	\$0.0	

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

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