

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 Illinois (BCBSIL).

PCS reports are available through this application for commercial claims processed after Dec. 12, 2016 and for Medicare Advantage and Medicaid 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 BCBSIL (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 III
- Select Availity Portal Login
- Enter User ID and Password
- Select Log in

Availity <sup>.</sup>
User ID:
User ID
Password:
•••••
Show password as I type
Help! I can't 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.

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# 2) Express Entry Set-up (continued)

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



Remove Provider from Organization

Manage Express Entry

Provider Types

ABC Clini	ic LLC	Edit
Physical Address: Phone: Fax:	123 S ANYWHERE AVE SUITE 100 CHICAGO, IL 12345-1234 (999) 999-9999 (999) 999-9999	Edit
	Add another physical address	
Billing Address: Phone: Fax:	123 S ANYWHERE AVE SUITE 100 CHICAGO, IL 12345-1234 (999) 999-9999 (999) 999-9999	Edit
	Add another billing address	
Provider Relationship:	No Role Assigned	Edit
NPI:	1234567890	
¢	Add Additional Identifier(s) Select an Identifier: Select an Identifier: Local Provider Identifier (LPI) Payer Assigned Provider Identifier Operately Lowensew	
	Speciality / Taxonomy Tax ID (EIN)	
Tax ID (EIN):	123456789 Save Cancel	

#### 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

### 3) Accessing Reporting On-Demand

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

Availity	者 Home	e 🌲 Notifications	♡ My Favorites ∨			
Patient Registr	ation ~	Claims & Payments ~	My Providers ~	Reporting	Payer Spaces	More ~
					BlueCross BlueShie of Illinois	sid

## 3) Accessing Reporting On-Demand (continued)

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

Applications	Resources	News and Announcement
♡ Reportin View, sav Claim Sun claims.	ng On-Dema e and/or print th nmary (PCS) fo	<b>nd</b> e Provider r finalized

# 4) Generating your Provider Claim Summaries

Complete the required fields to obtain results. The appropriate Tax ID and Billing 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	Report Application		<b>8</b>	BlueCross Blu of Illinois	eShield
۲	Choose provider Organization	* Report Type 🛛				
	Choose Tax ID and NPI from drop-down options	PCS - Provider Claim Summary     * Organization				× *
	<b>Note:</b> The provider Tax ID and NPI must both be added to Express Entry for the	* Tax ID				× •
	Enter dates in Search Start and End	* NPI @				
	Date fields	* Search Start Date		* Search End Date 0		
	Voluntary Options:	01/01/2019	Ê	04/17/2019		Ê
	<ul> <li>Select the check box to expand the search period by 30 days before and after.</li> </ul>	Check Number				
	• Enter the Check Number to locate a specific PCS.	Enter Check Number			Prese Co	

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

rovider Name : ax ID :	ary		
▲ Report Date	Check Number	Pages	Select All
03-02-2019	E9999999	2	
03-02-2019	E9999999	2	
03-02-2019	E9999999	6	
03-04-2019	E9999999	1	
03-04-2019	E9999999	3	
03-05-2019	E9999999	4	
03-05-2019	E9999999	6	
03-05-2019	E9999999	2	
03-06-2019	E9999999	1	
03-06-2019	E9999999	3	
03-06-2019	E9999999	3	

#### 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**

of Illinois	PROV	IDER CLAIM SUMMARY
		DATE: 4/15/2019
	PRO	DVIDER NUMBER: 1234567890
		CHECK NUMBER: E9999999
	Visit	ATTON NUMBER: 123456789
	for the latest news a	and updates on matters that impact you
BEACH SIDE PEDICATRICS PO BOX 123 SUNNY IL 12345-1234		
Kadhalahkalkhakkaadhilahkku	սեհես	
ANY MESSAGES WILL BEGIN ON PAGE 2		
PATIENT: DOE, JANE		
ERF PRV: 1234567890	IDENTIFICATION NO: 123456-9999999	999
LAIM NO: 000099999999999	PATIENT NO: 999999	CLAIM TYPE:
FROM / TO PROC AMOUNT	ALLOWABLE SERVICES	DEDUCTIONS/OTHER AMOUN
DATES PS" PAY CODE BULLED	AMOUNT NOT COVERED	INELIGIBLE PAIL
annes no na obe dilles	555.49 644.51 (1)	100.00 ( 2) 455.4
2/03-12/03/18 03 FEA 95810		100.00
2/03-12/03/18 03 FEA 95810 1,200.00 1,200.00	555.49 644.51	100.00 455.4
2/03-12/03/18 03 FEA 95810 1,200.00 1,200.00 AMOUNT PAID TO PROVIDER FOR THIS CL	) 555.49 644.51 LAIM: \$455.49	100.00 455.4
2/03-12/03/18 03 FEA 95810 <u>1,200.00</u> 1,200.00 AMOUNT PAID TO PROVIDER FOR THIS CL	) 555.49 644.51 LAIM: \$455.49 CONTRA DEDUCTIONS/OT TOTAL SERVIC	100.00 455.4: ACT COINSURANCE: <u>100.00</u> HER INELIGIBLE: \$100.00 JES NOT COVERED: 644.51

# Medicare Advantage & IL/TX Medicaid PCS Example

			Pr	ovider	Remitt	ance A	dvice					
ervicing Provider Name:	SUNSI	INE REGIONA	L HOSPITA	L		Payee Nam	e: SU	NSINE REO	GIONAL I	IOSPITAI		
ervicing Provider NPI:	123456	5789										
				Patient	and Services I	Information						
Account Number:			Subscriber #	: 123456789		Plan Name	Blue Cro	ss and Blue S	Shield of Ill	inois		
Patient Name: DO	DE, JANE		Claim	n Id: 99999	M999999							
							Patient Re	sponsiblity				Remarks
Dates of Service	Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	CoPay	Co Ins	Ded Amt	Non Cvrd	Int Owed	Plan Payment	
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: 99999N	1999999	\$680.00	\$1,060.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,060.80	
									Current P	ayment Amo	unt:	\$1,060.80
								Pro	vider Seque	stration Amo	ount:	\$0.00
									Pri	or Paid Amo	ount:	\$0.00
												61.000.00

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.

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