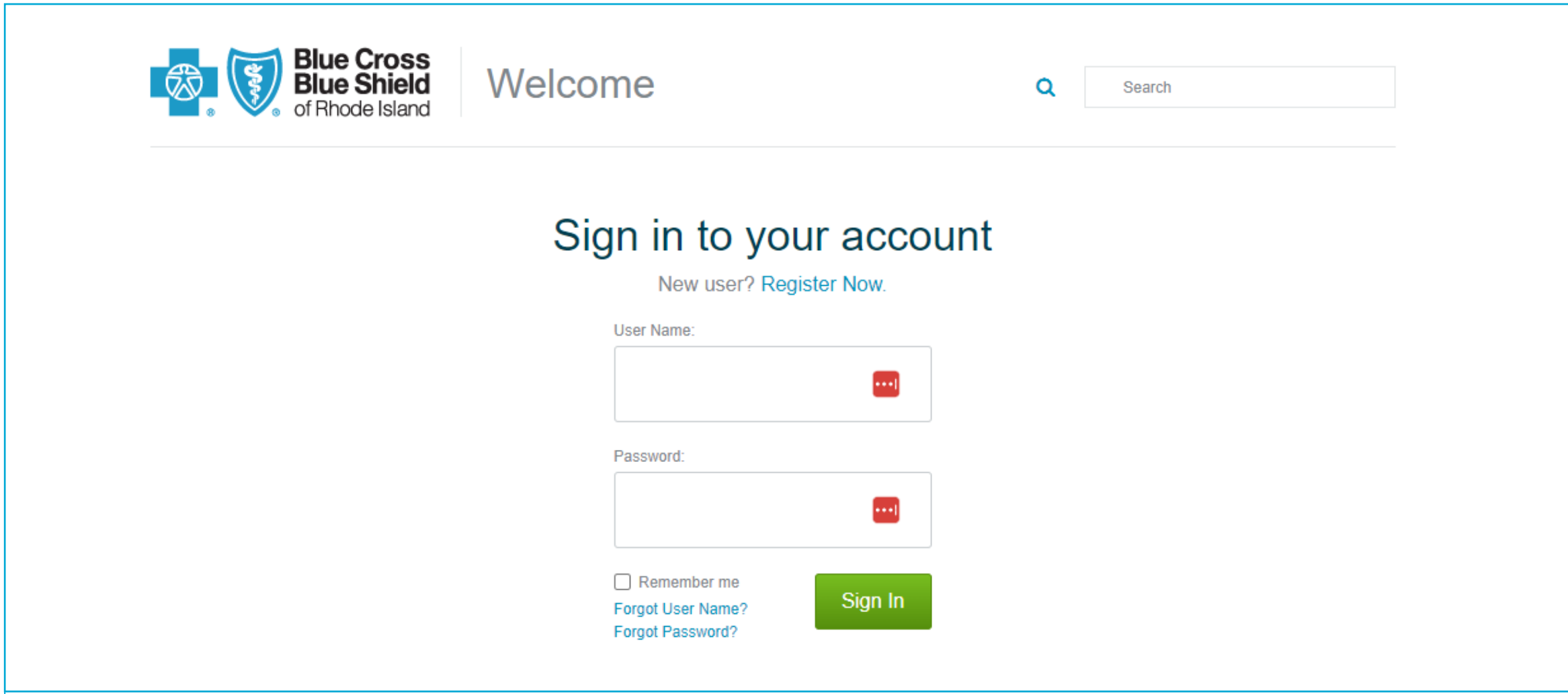
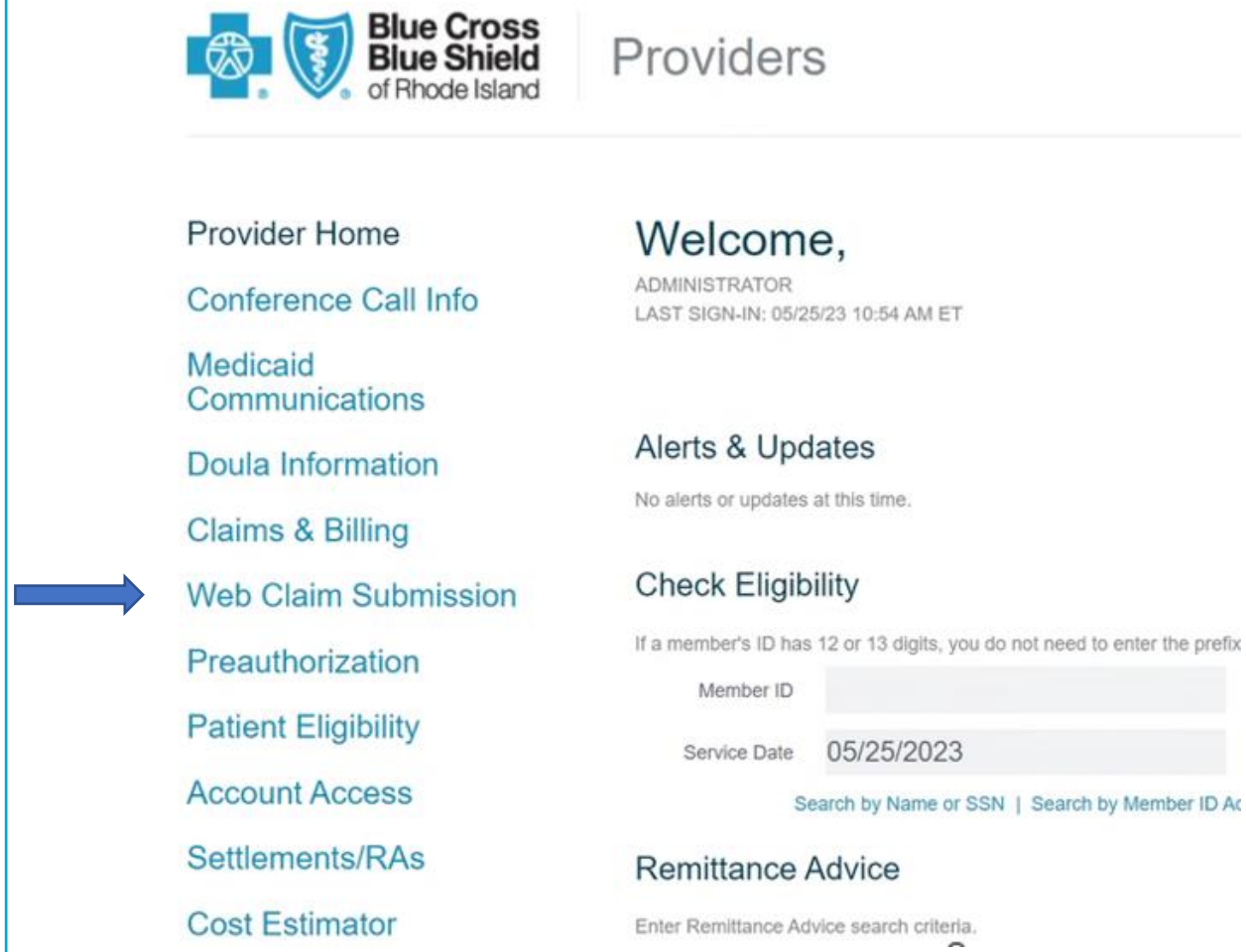
Web Claims Submission Guide

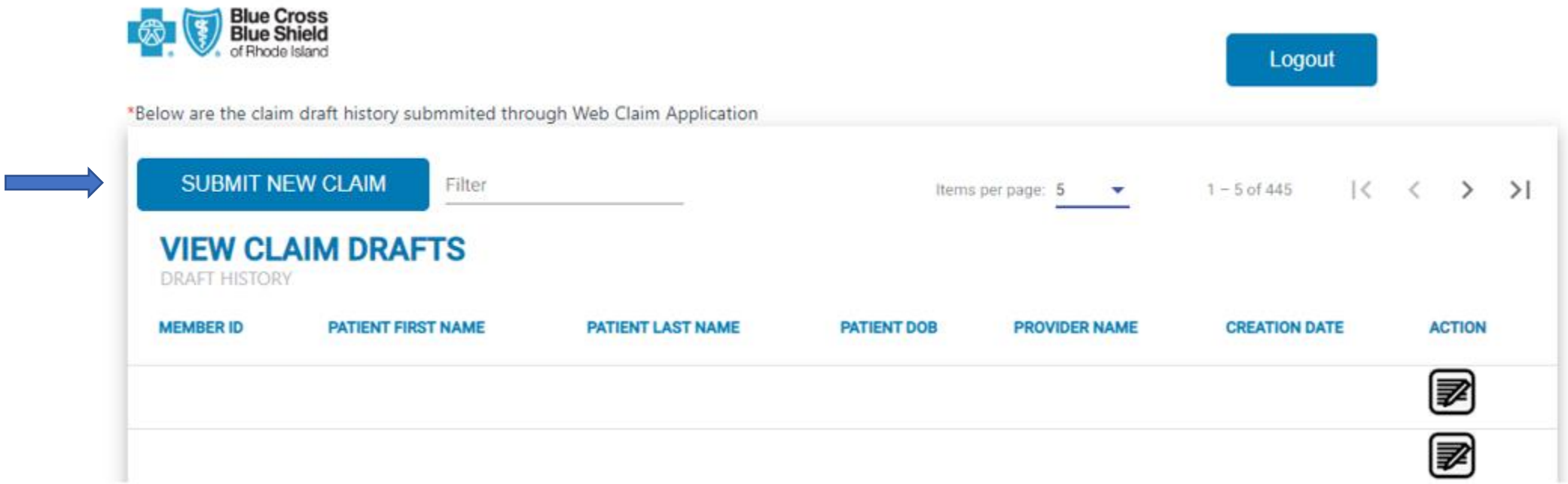


Sign into your BCBSRI.com Provider Portal by clicking here. If you do not have a BCBSRI account, please create one by clicking here.

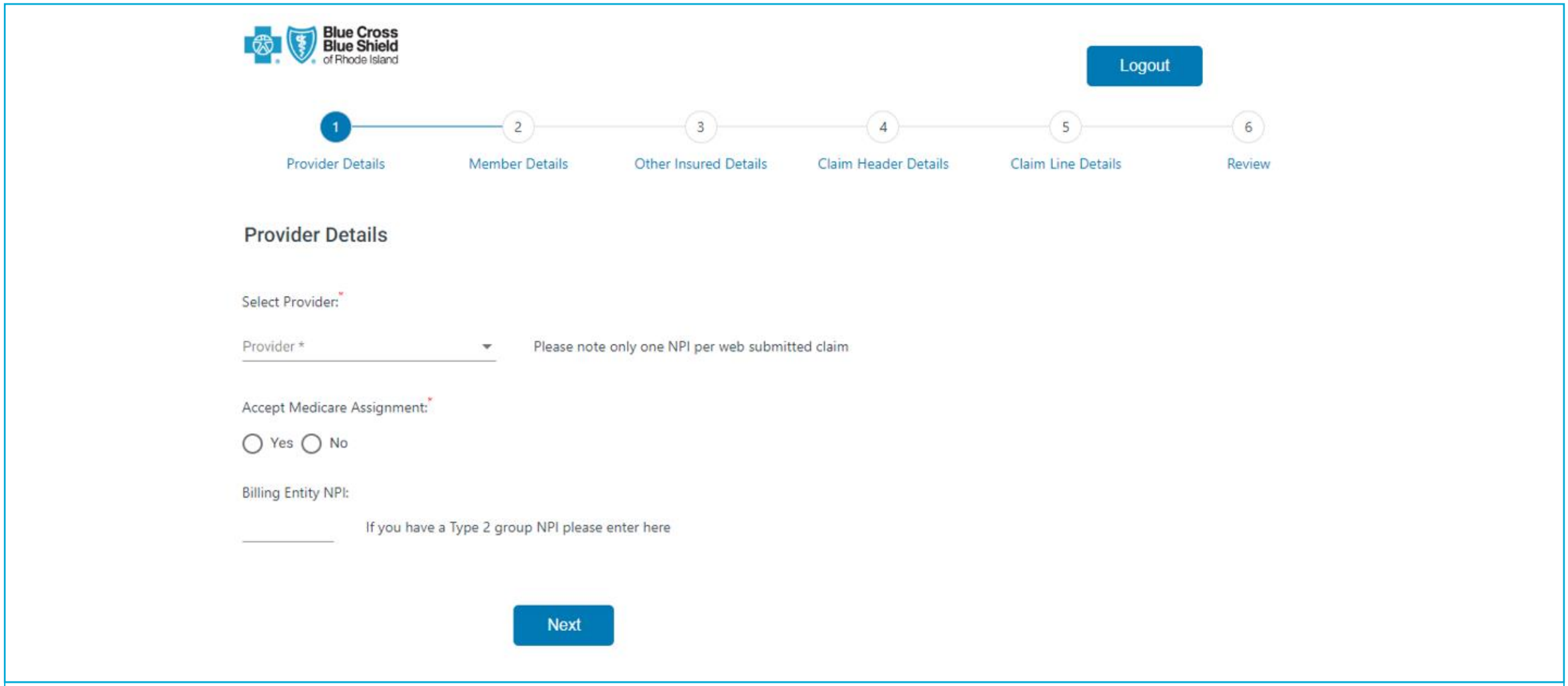


After logging into your account, you will see Web Claim Submission on the left-hand side. Click this link.

Please read before proceeding. If you do not have access to Web Claim Submission, you must ask your Admin of your account to grant you access. If you are an admin and do not have access, please contact ProviderRelations@bcbsri.org.

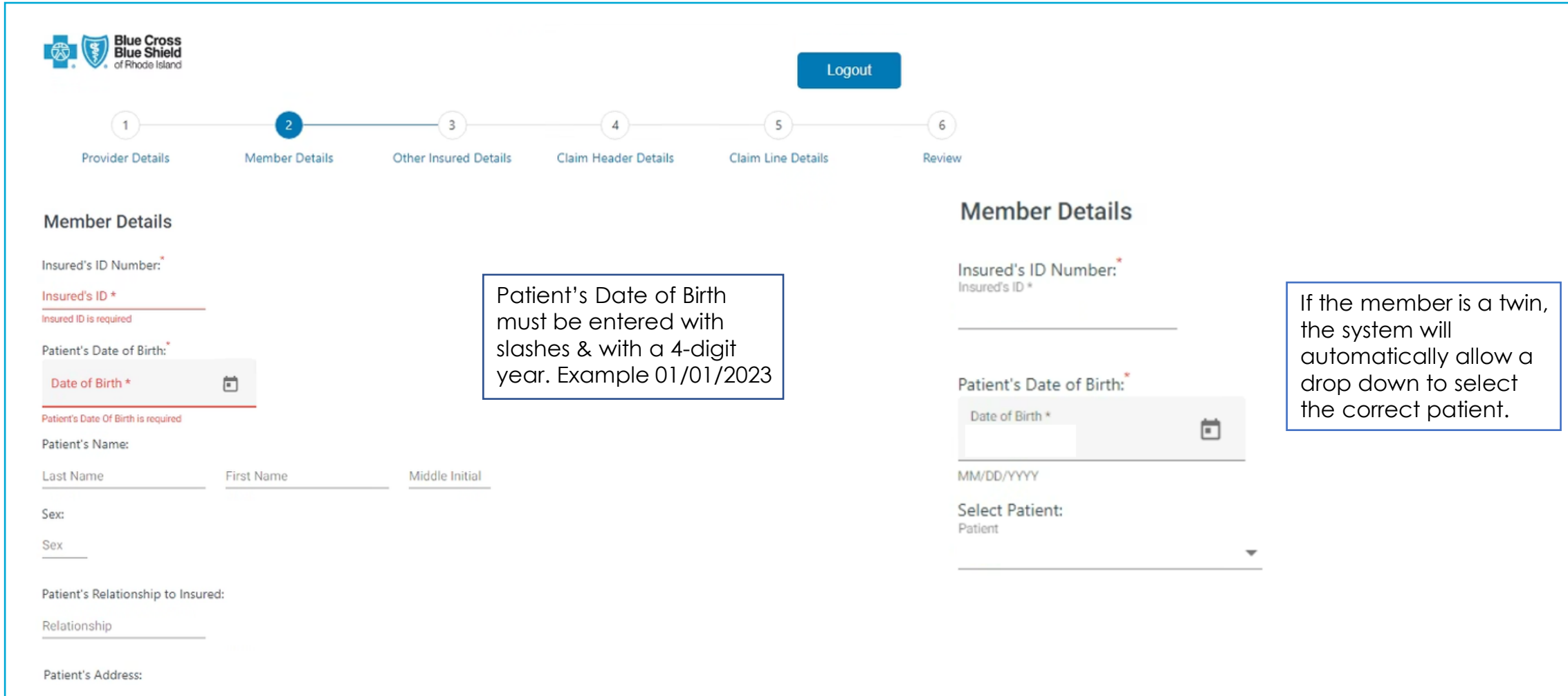


Once you click on Web Claim Submission this will bring you to a separate browser that will show where you will submit your claims. To submit a claim, click on SUBMIT NEW CLAIM. This application is for CMS1500 forms only. We do not currently have the capability to submit a UB04 form on the web and FEP members are out of scope as well for this process.



Section 1 Provider Details

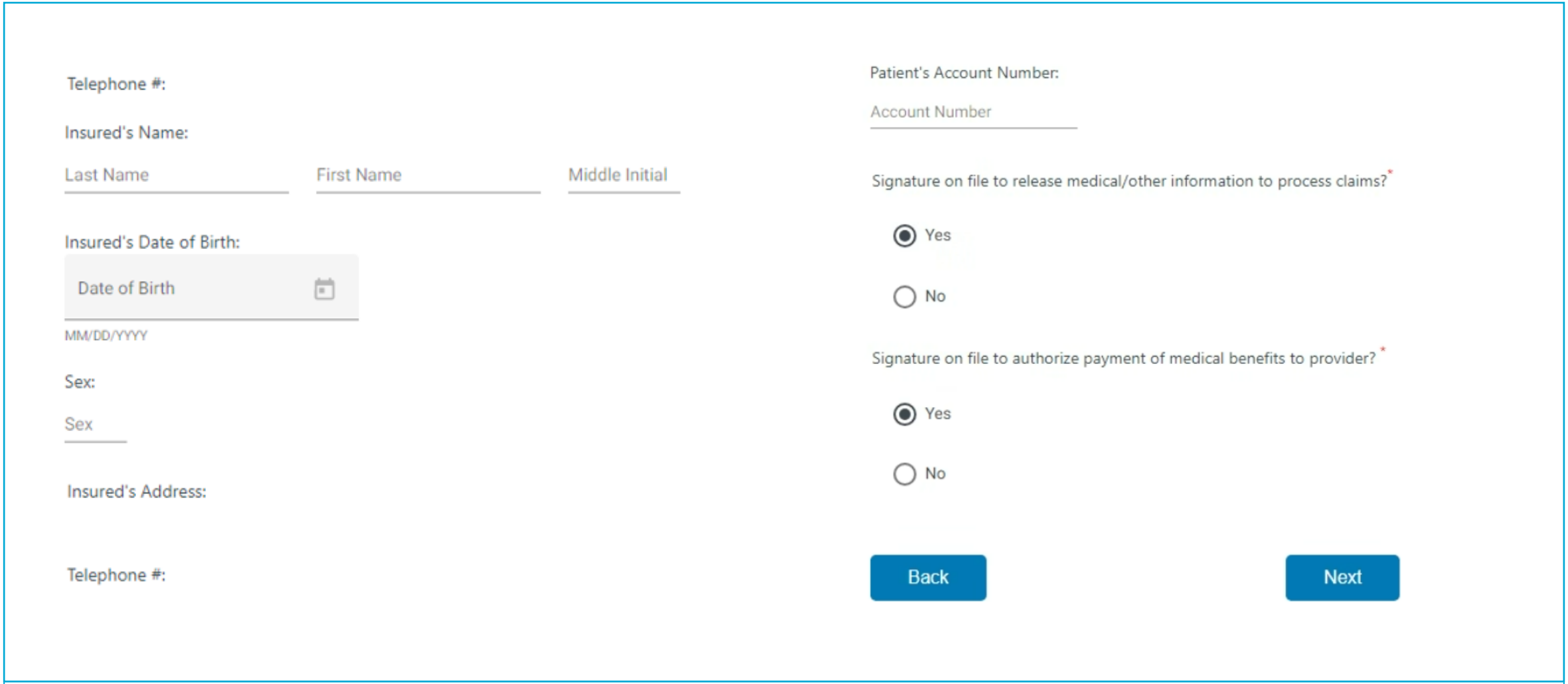
You will need to appropriately fill out all 5 sections of the claim, then section 6 to review. This screen is where you will select the rendering provider/facility that the claim is being submitted for. If the rendering provider/ facility is not found in the drop down, that means the NPI is not loaded in your username and will need to be added to your Portal. Click here for directions to add an NPI to your Portal. When completed, click Next.



Section 2 Member Details

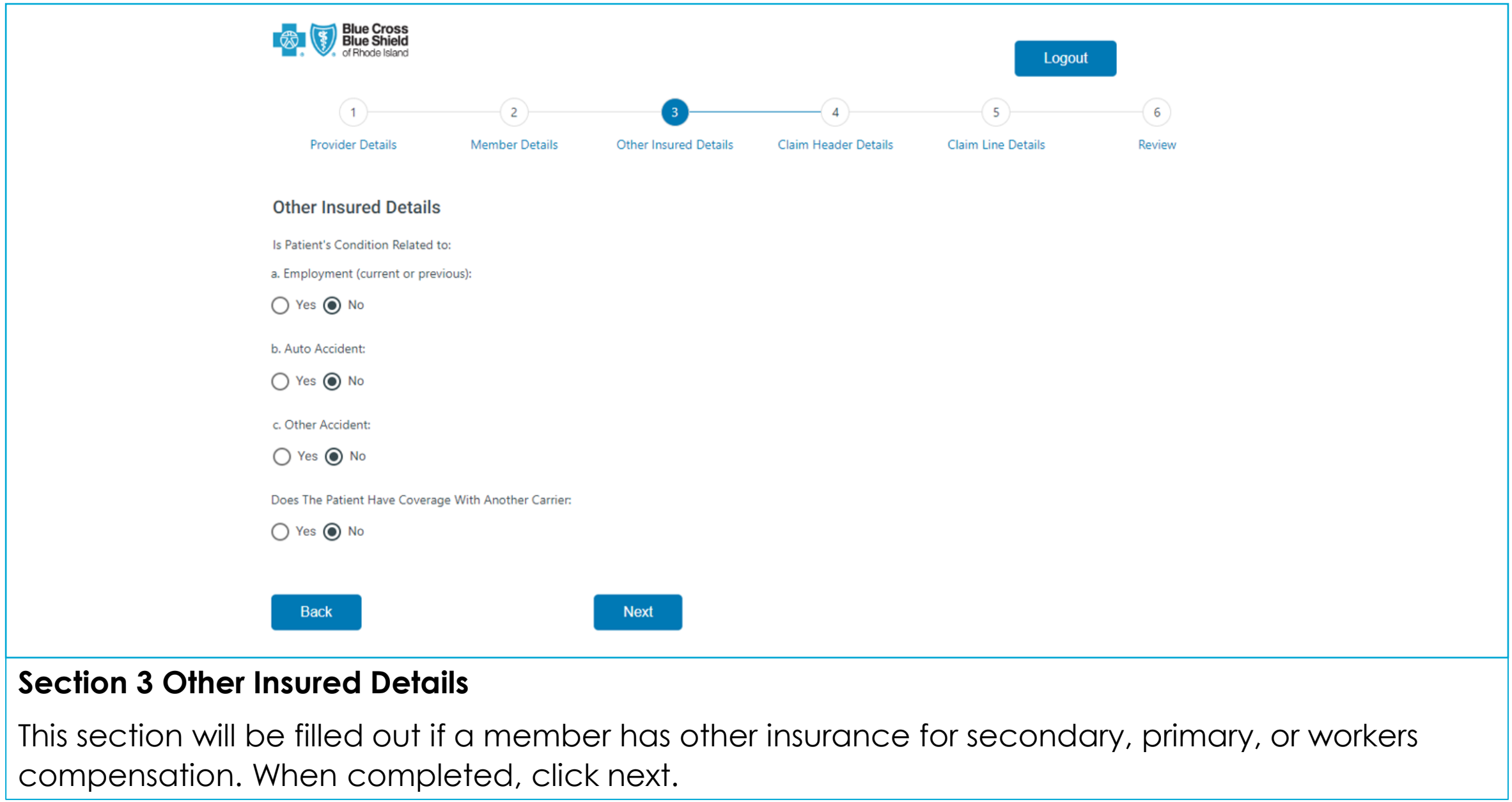
When you are entering a claim for a local member, once you add in the member ID and DOB, the member information will automatically populate below. FEP claims are out of scope and will have to be submitted on paper or through your clearing house.

If the member information does not automatically populate, you will then need to enter in all sections. If the member is an out of area member, the information does not automatically populate, and you will need to manually enter all sections.



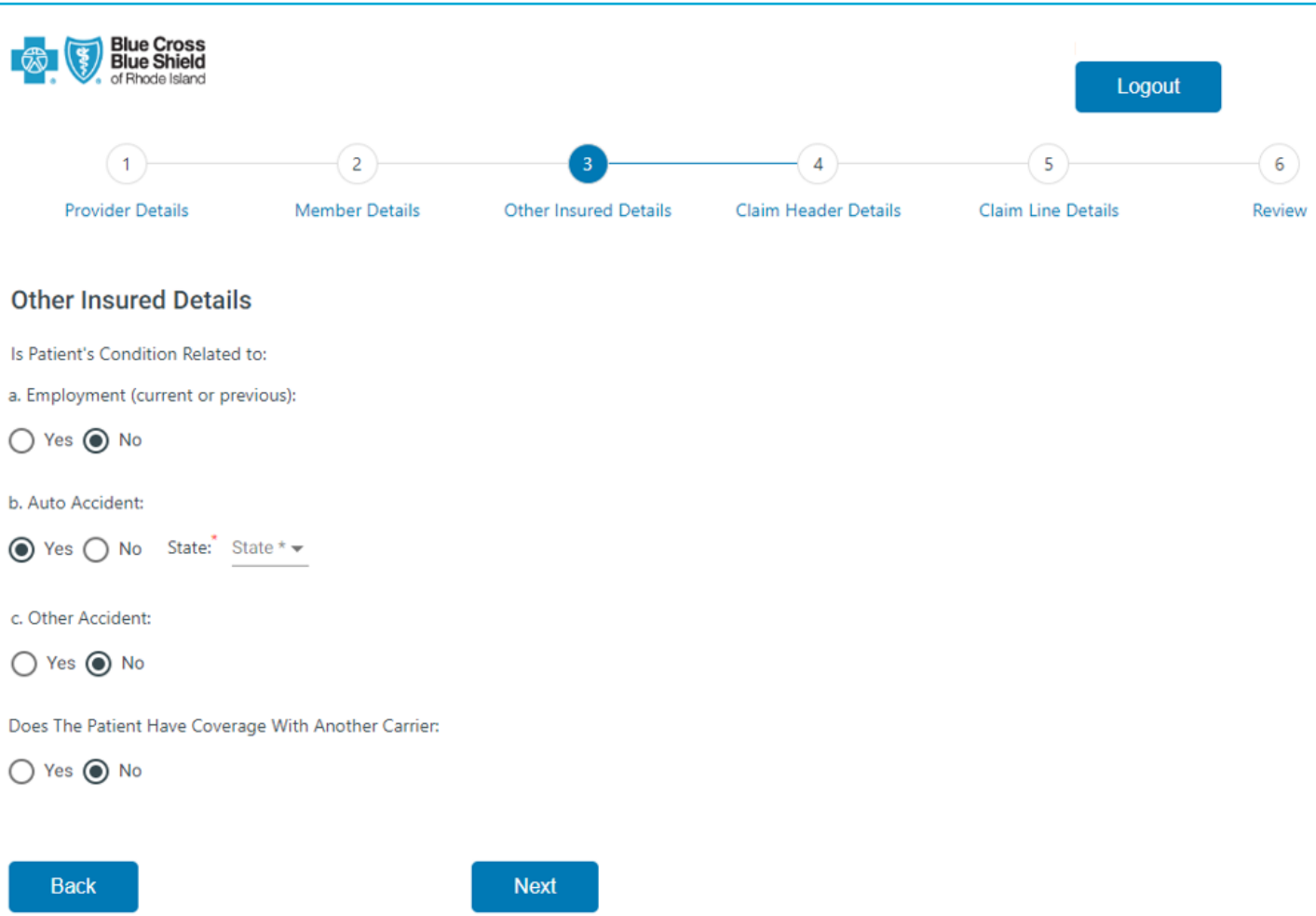
Section 2 Member Details continued

When scrolling down, you will see the insured's name. If the information does not automatically populate, you will need to manually enter all sections. Here you can also enter the Patients Account number if you have one. Click on the radio buttons on if the signature is on file for the member. When completed, click next.



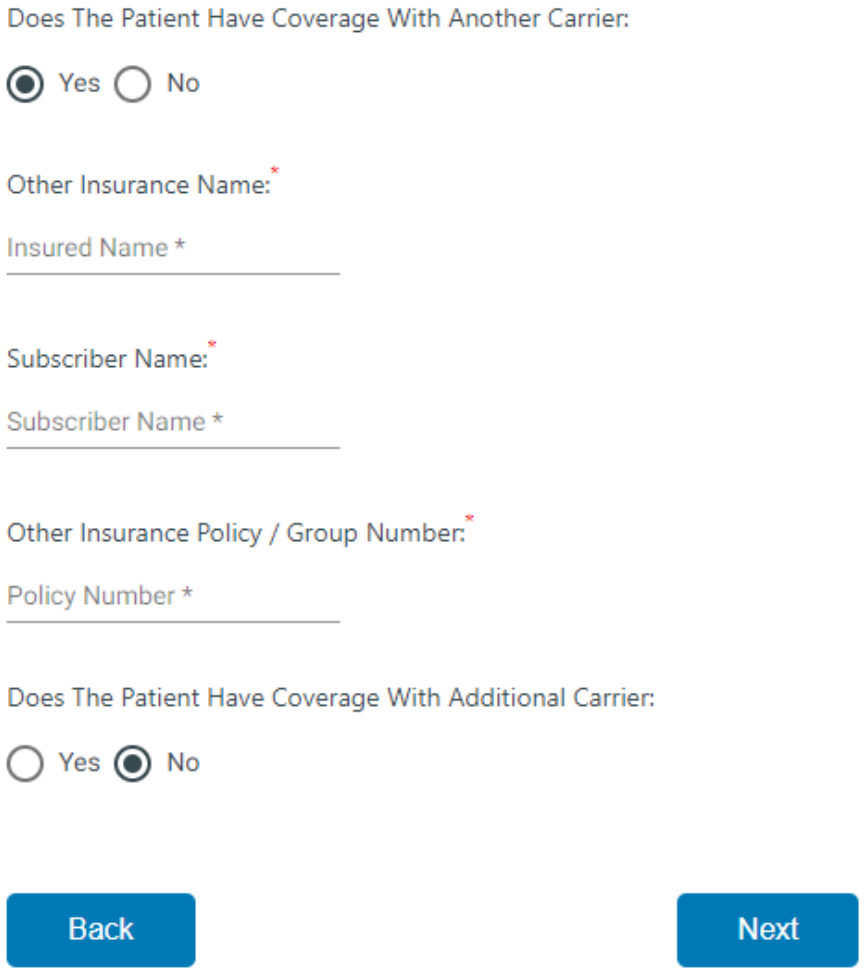
Section 3 Other Insured Details

This section will be filled out if a member has other insurance for secondary, primary, or workers compensation. When completed, click next.



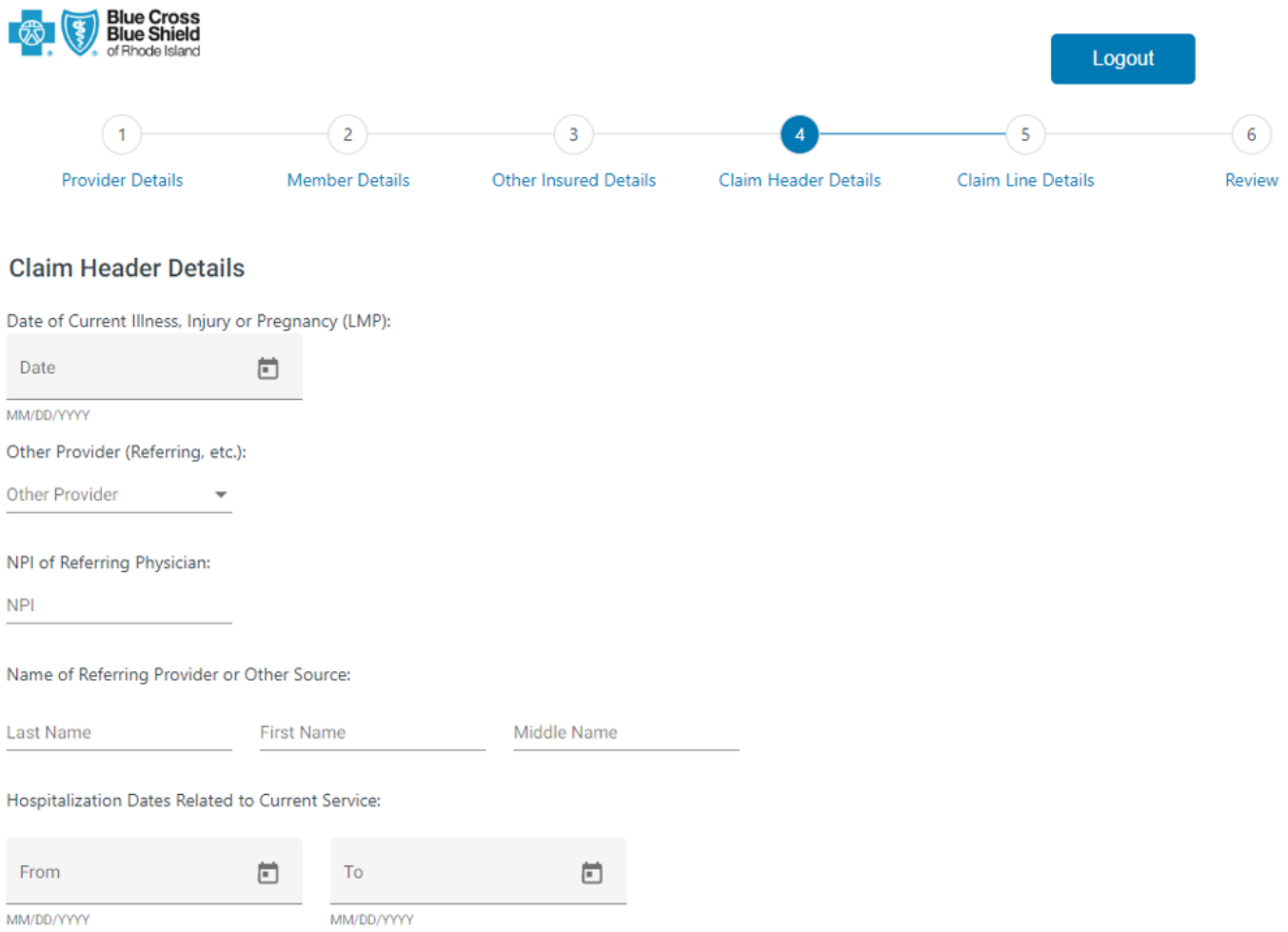
Section 3 Other Insured Details continued

If you need to use Auto Accident, please select the state.



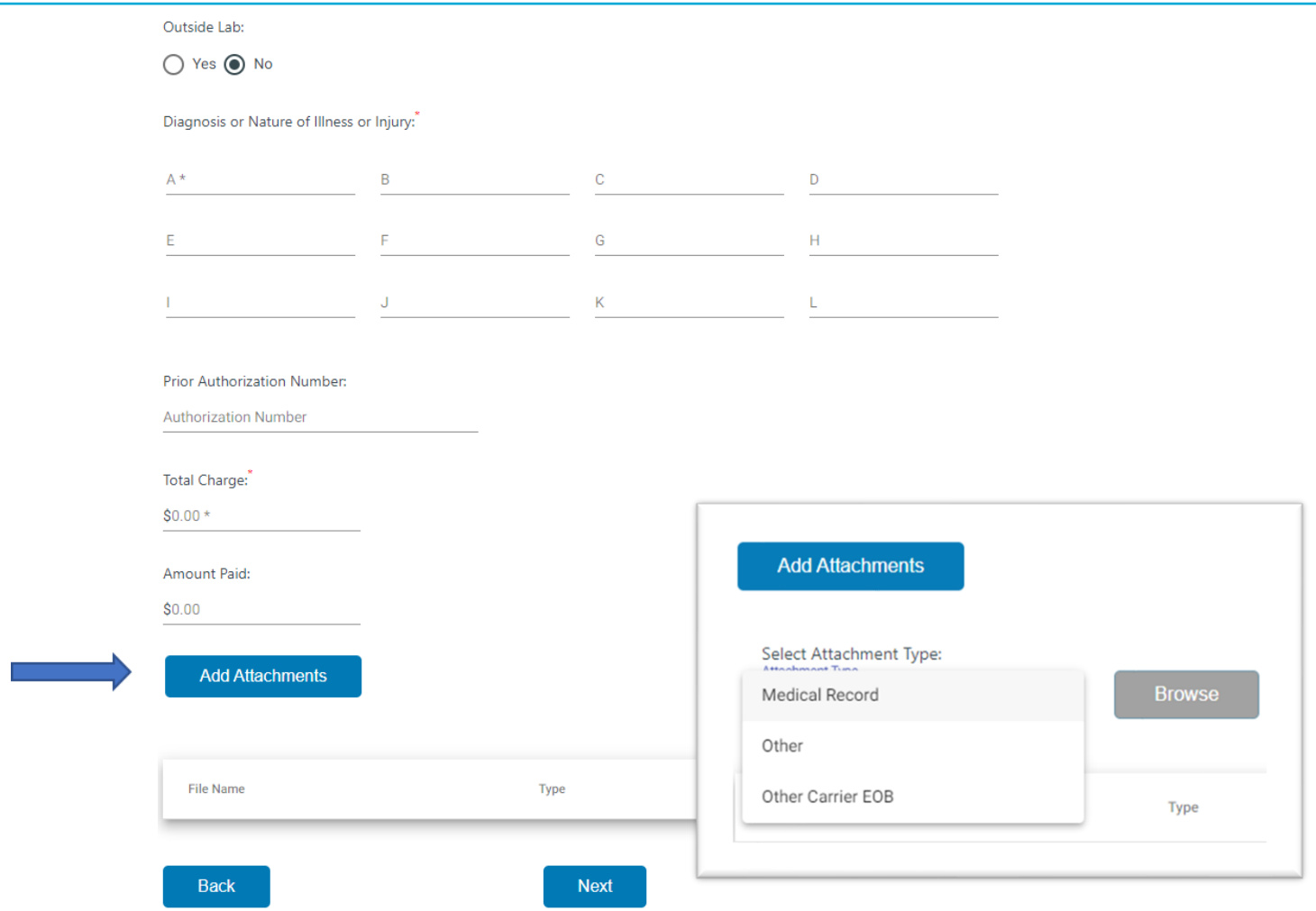
Section 3 Other Insured Details continued

If member has Coordination of Benefits (COB), enter the other insurance information here. When completed, click next.



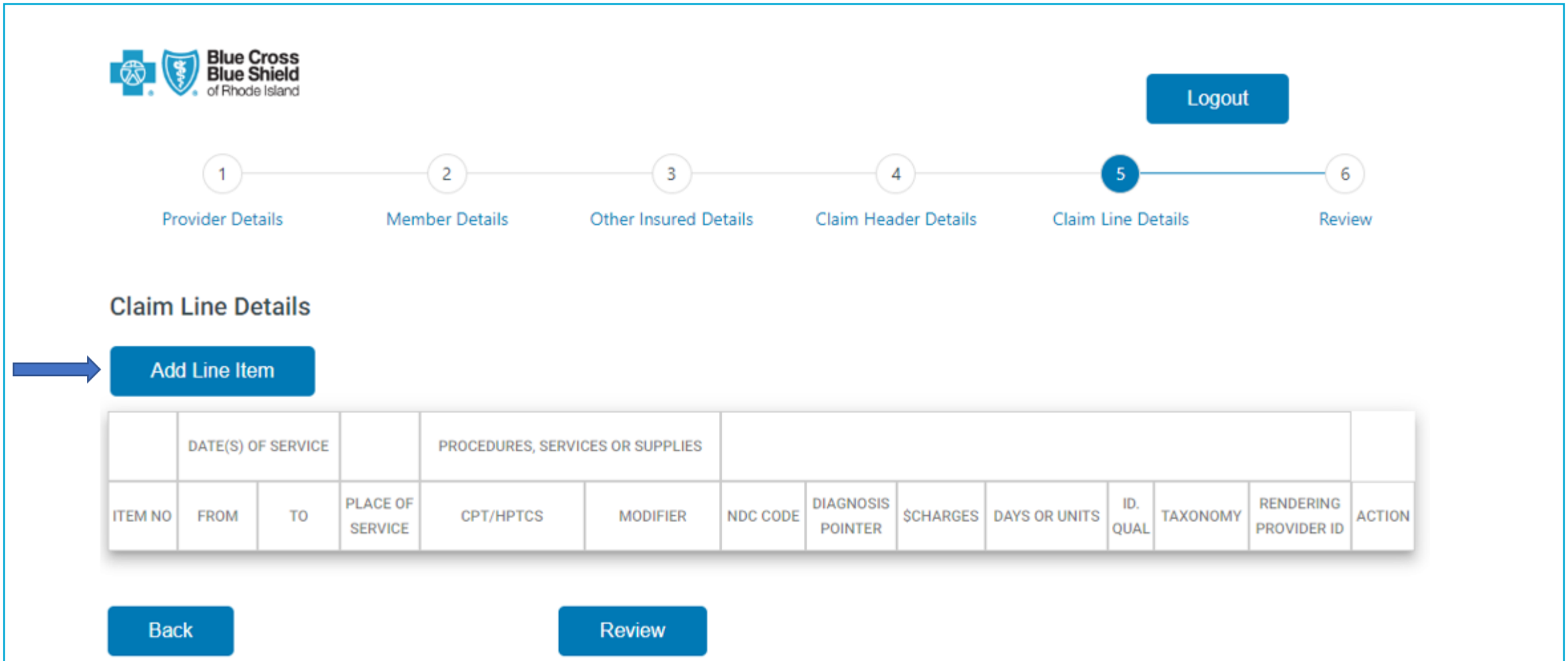
Section 4 Claim Header Details

Fill this section out as appropriate to your claim.



Section 4 Claim Header Details Continued

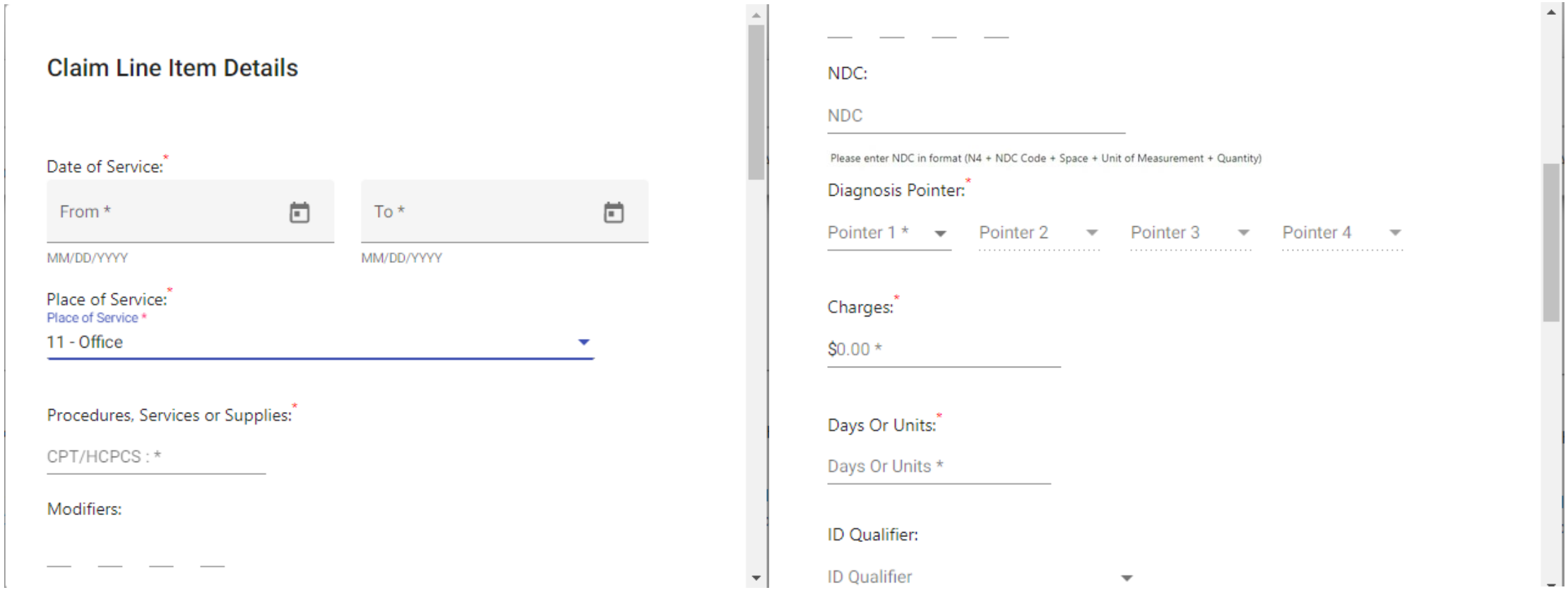
Here you will enter the diagnosis code(s) and total charge amount. If you need to attach Medical Records, Other Carrier EOBs or any other documentation related to your claim click on Add Attachments and select the attachment type for the document that you are submitting. When completed, click next.



Section 5 Claim Line Details

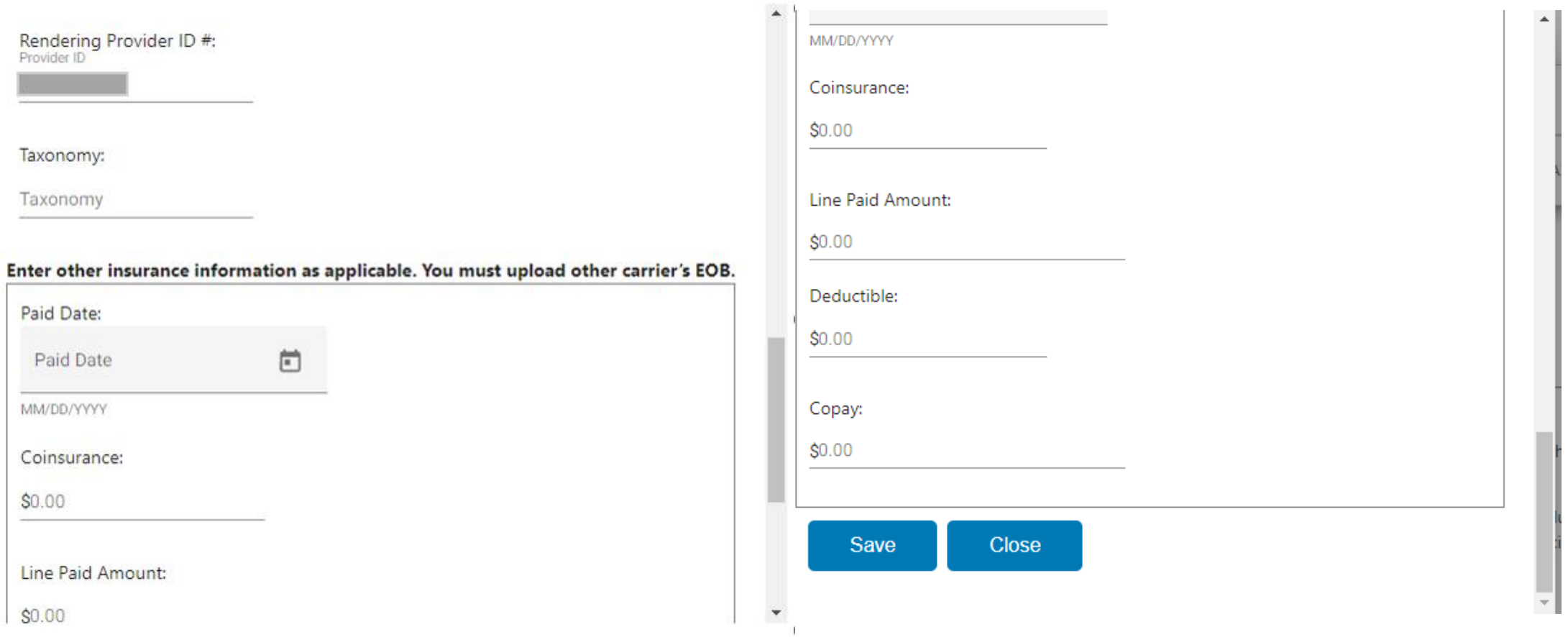
Here you will be able to add your lines of the claim. Click on Add Line Item.

Note: You will need to select Add Line Item for each additional line of your claim



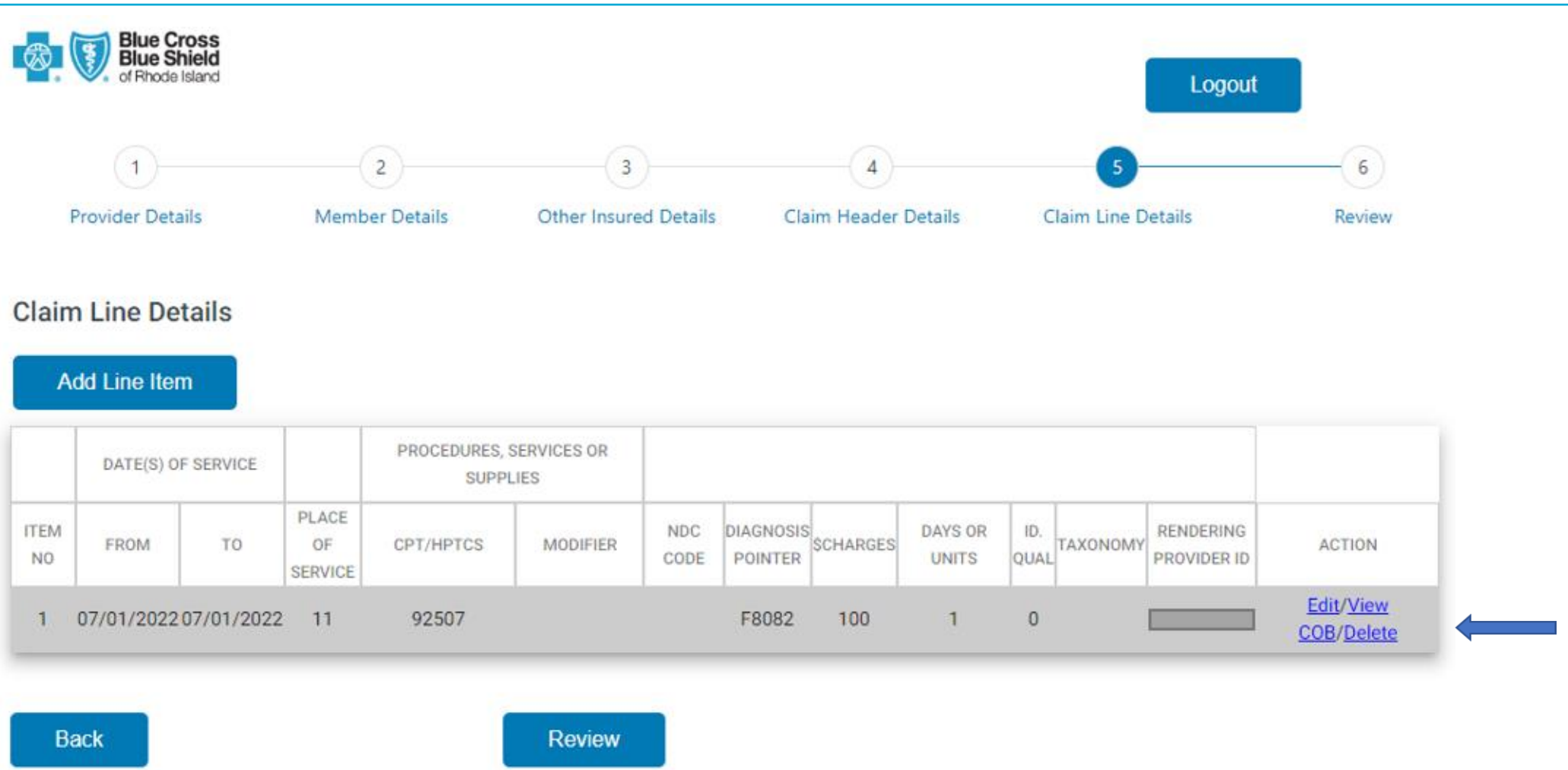
Section 5 Claim Line Details Continued

A box will pop up with the following Claim Line Item Details to be filled out. You can type in the Date of Service with dashes or slashes or use the Calendar. You will need to appropriately fill out all mandatory fields which are identified by asterisks.



Section 5 Claim Line Details Continued

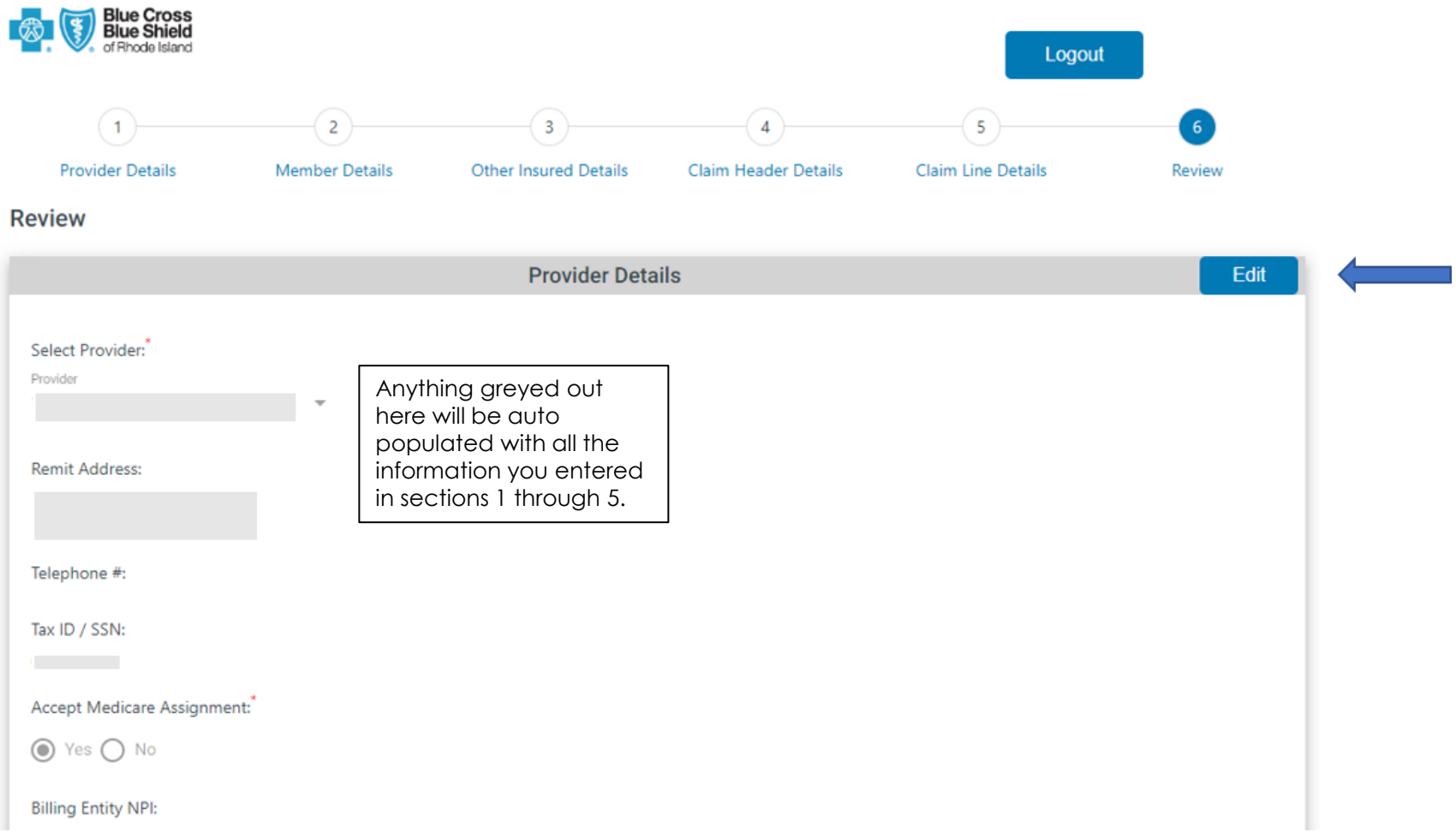
Scrolling down you see the remainder of the mandatory fields that you will need to appropriately fill out. Click Save when finished.



Section 5 Claim Line Details Continued

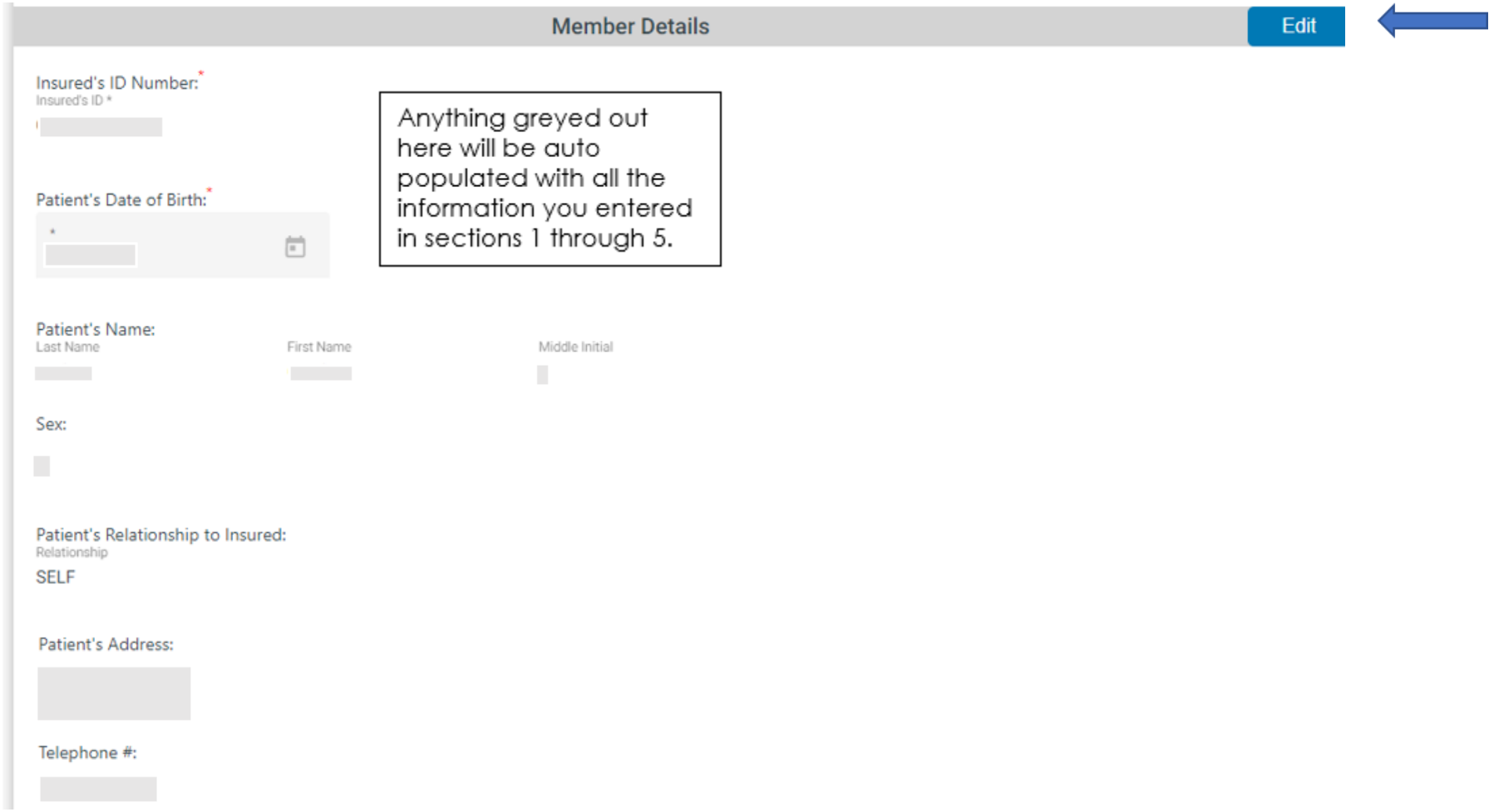
Here you will see your claim line details entered. You have the ability to edit, view, and delete this line if it is not correct. If you would like to add an additional line, click on Add Line Item. You can add up to 15 lines.

Click Review when completed.



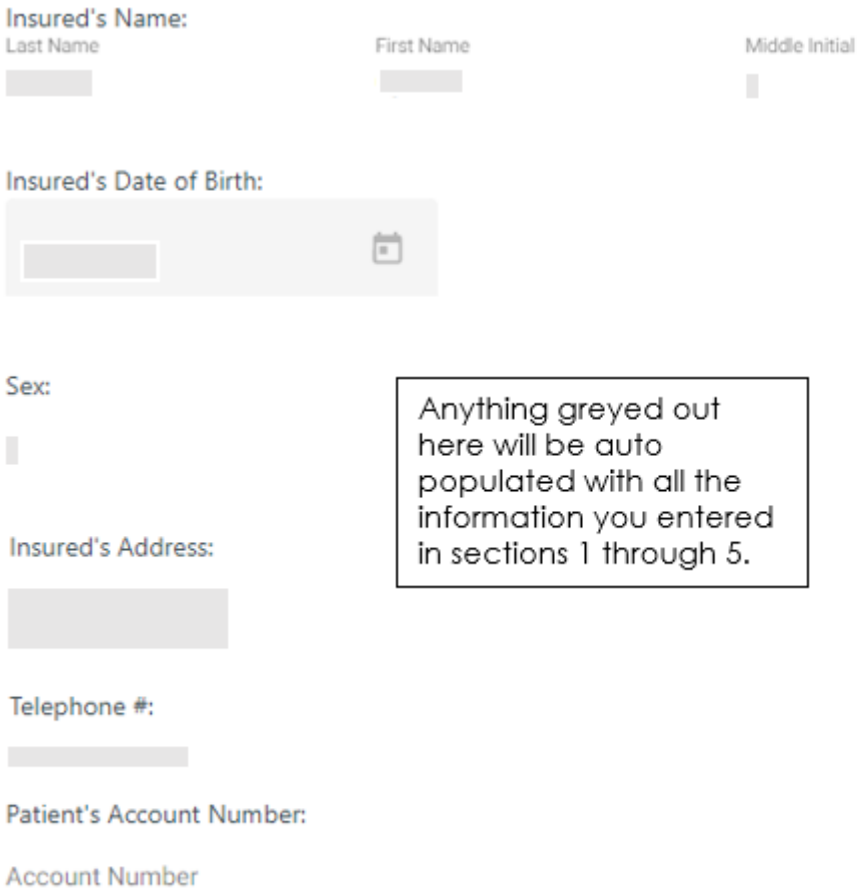
Section 6 Review

The final review page will show all information entered. If anything needs to be changed or updated, click edit at the top right-hand side of each section.



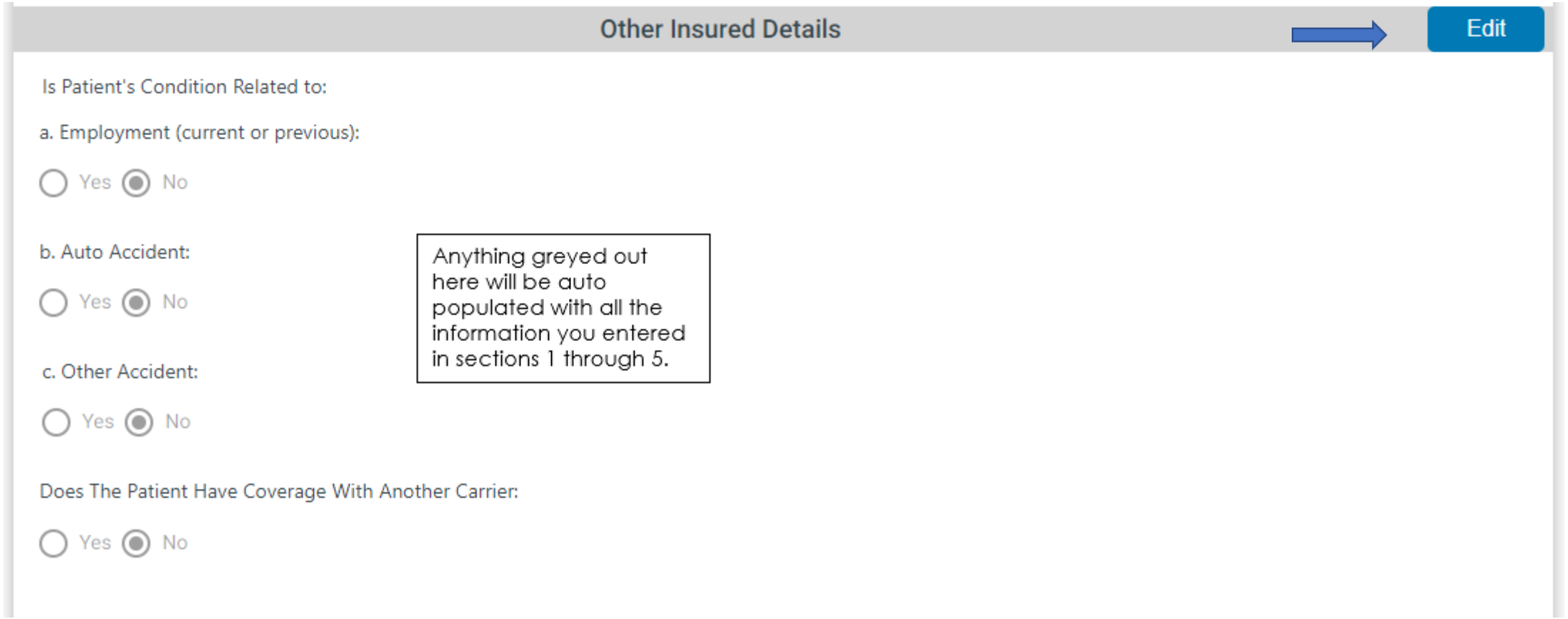
Section 6 Review continued

The final review page will show all information entered. If anything needs to be changed or updated, click edit at the top right-hand side of each section.



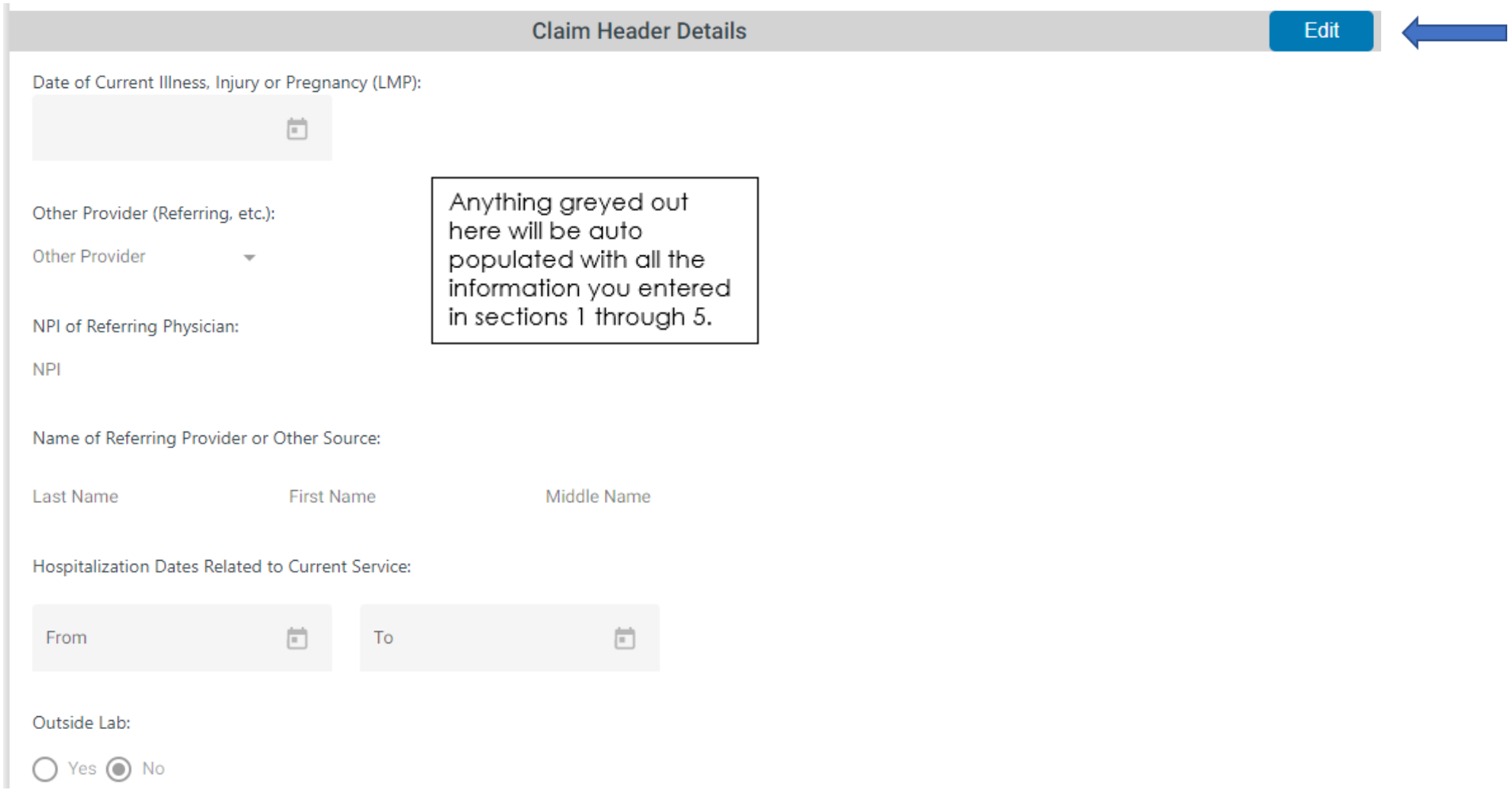
Section 6 Review continued

The final review page will show all information entered. If anything needs to be changed or updated, click edit at the top right-hand side of each section.



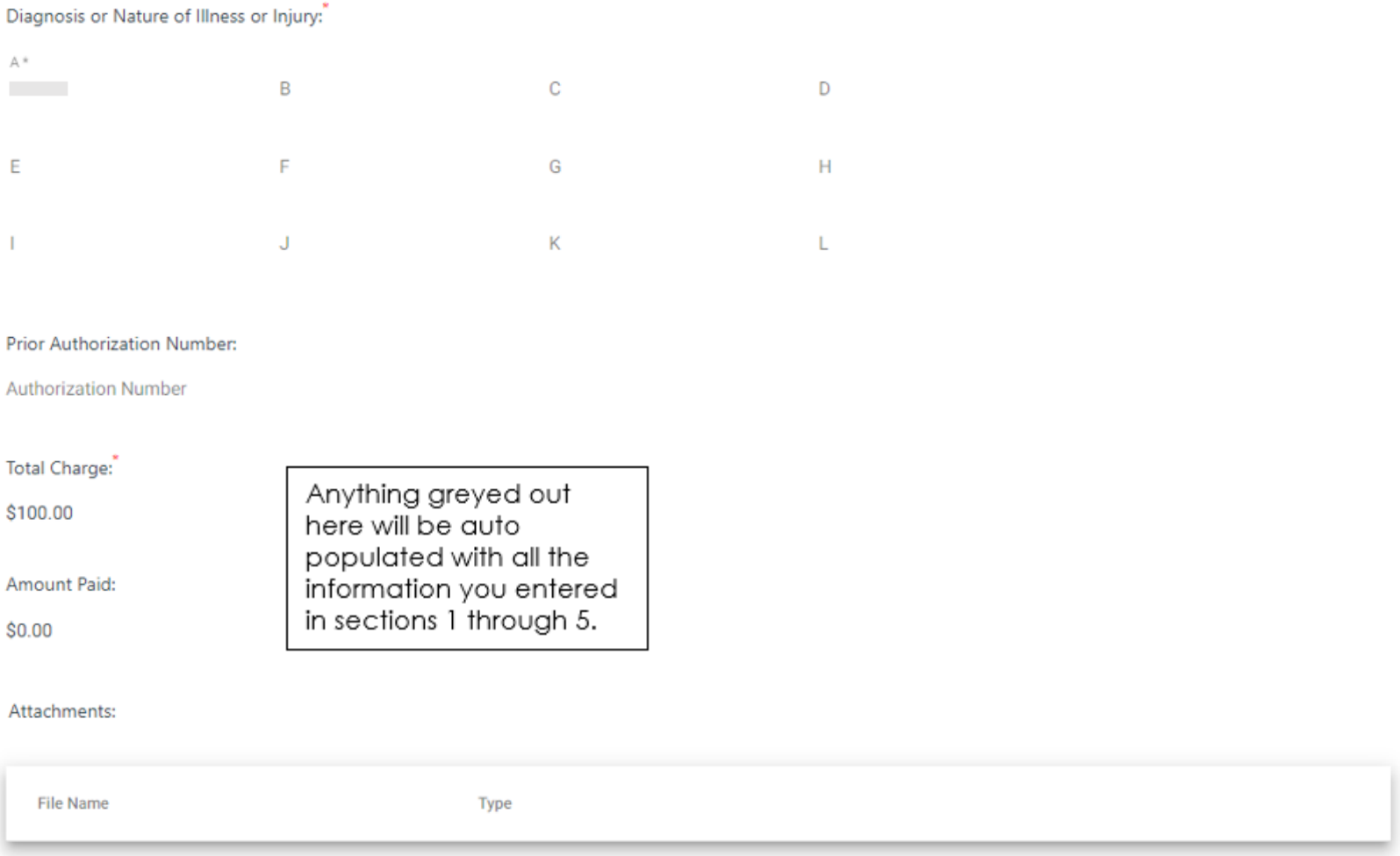
Section 6 Review continued

The final review page will show all information entered. If anything needs to be changed or updated, click edit at the top right-hand side of each section.



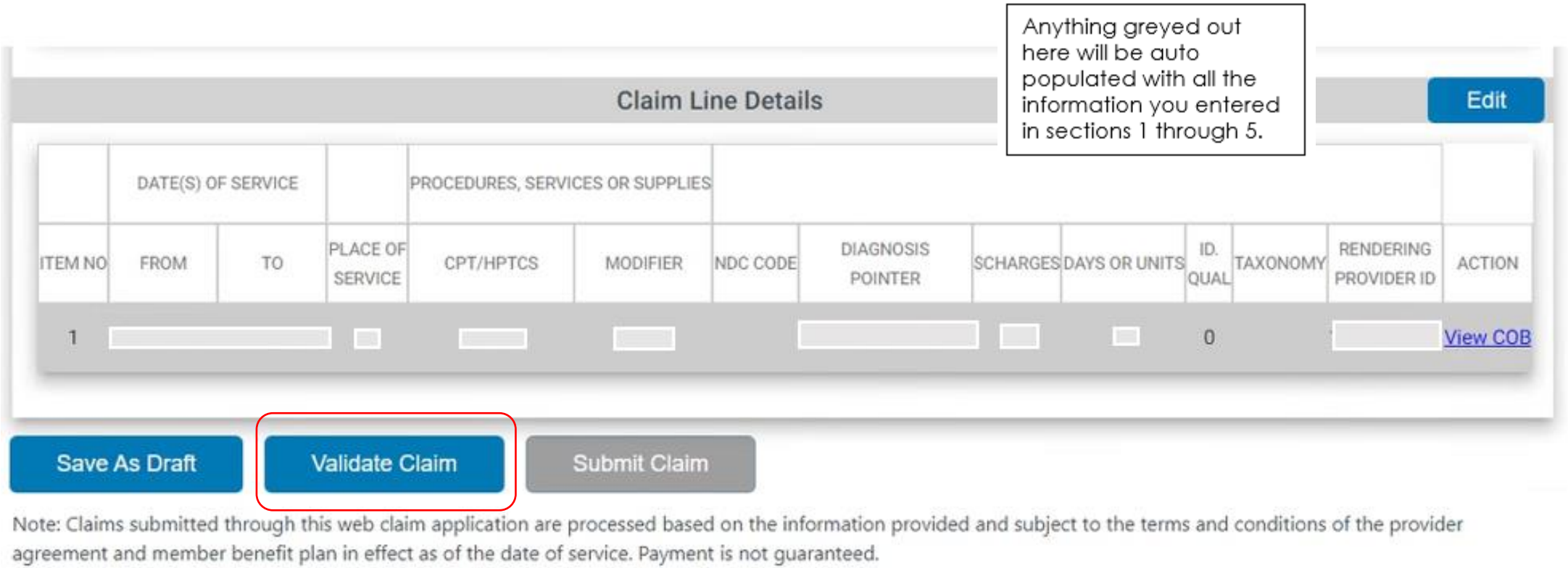
Section 6 Review continued

The final review page will show all information entered. If anything needs to be changed or updated, click edit at the top right-hand side of each section.



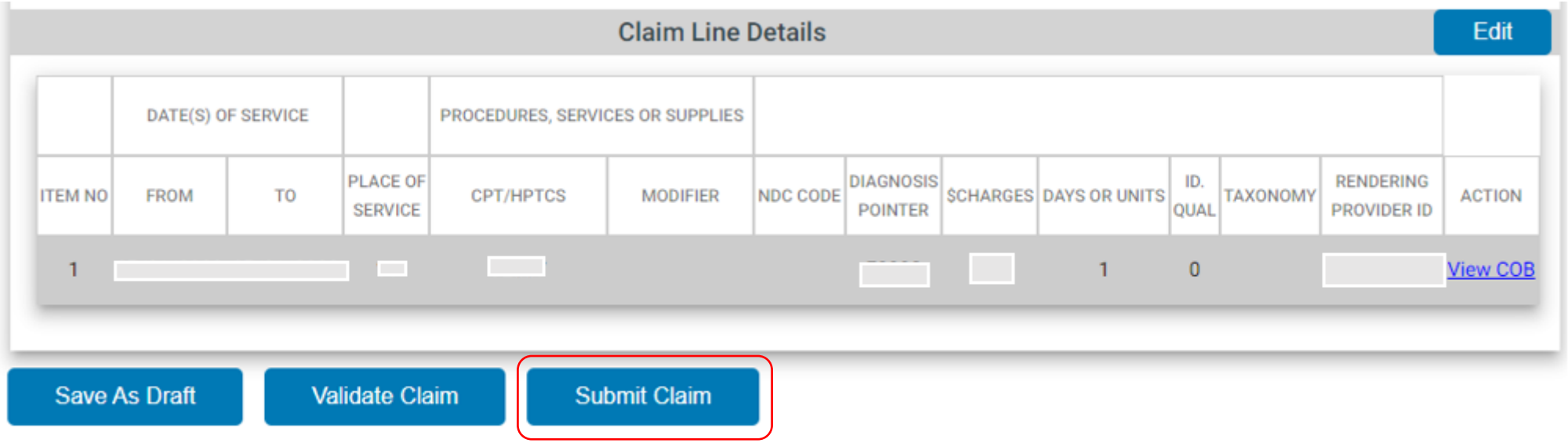
Section 6 Review continued

The final review page will show all information entered. If anything needs to be changed or updated, click edit at the top right-hand side of each section.



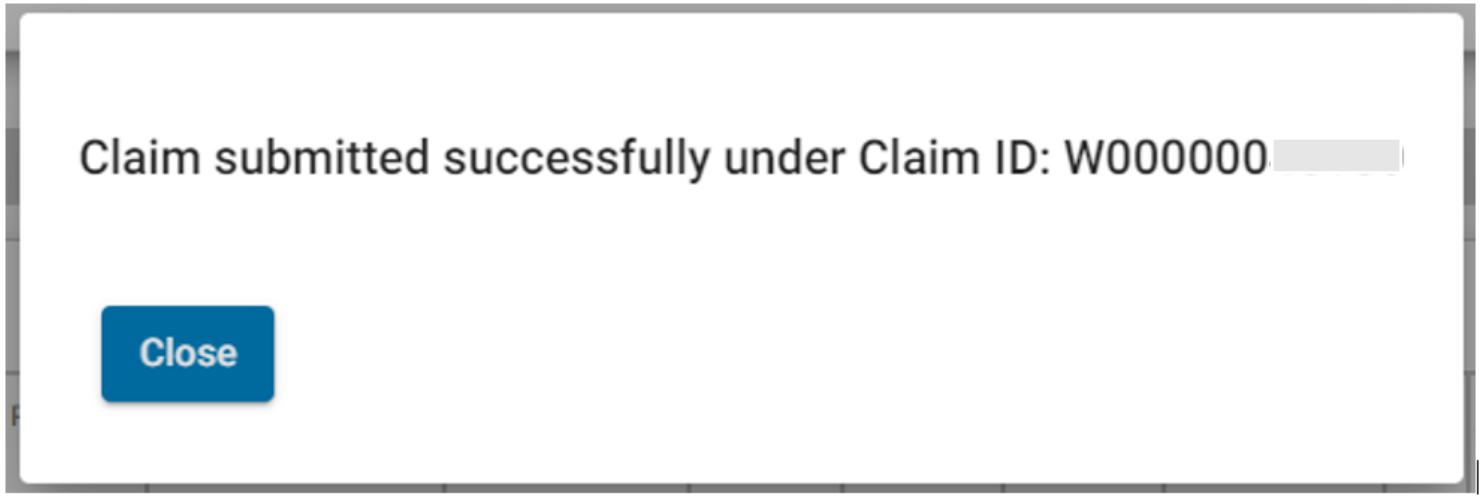
Section 6 Review Continued

Once you review your claim you can Click Validate Claim. If anything is missing or invalid a *red error message* will populate advising you what needs to be corrected.



Section 6 Review Continued

Once your claim is validated, Submit Claim will appear blue and you can now click for submission.



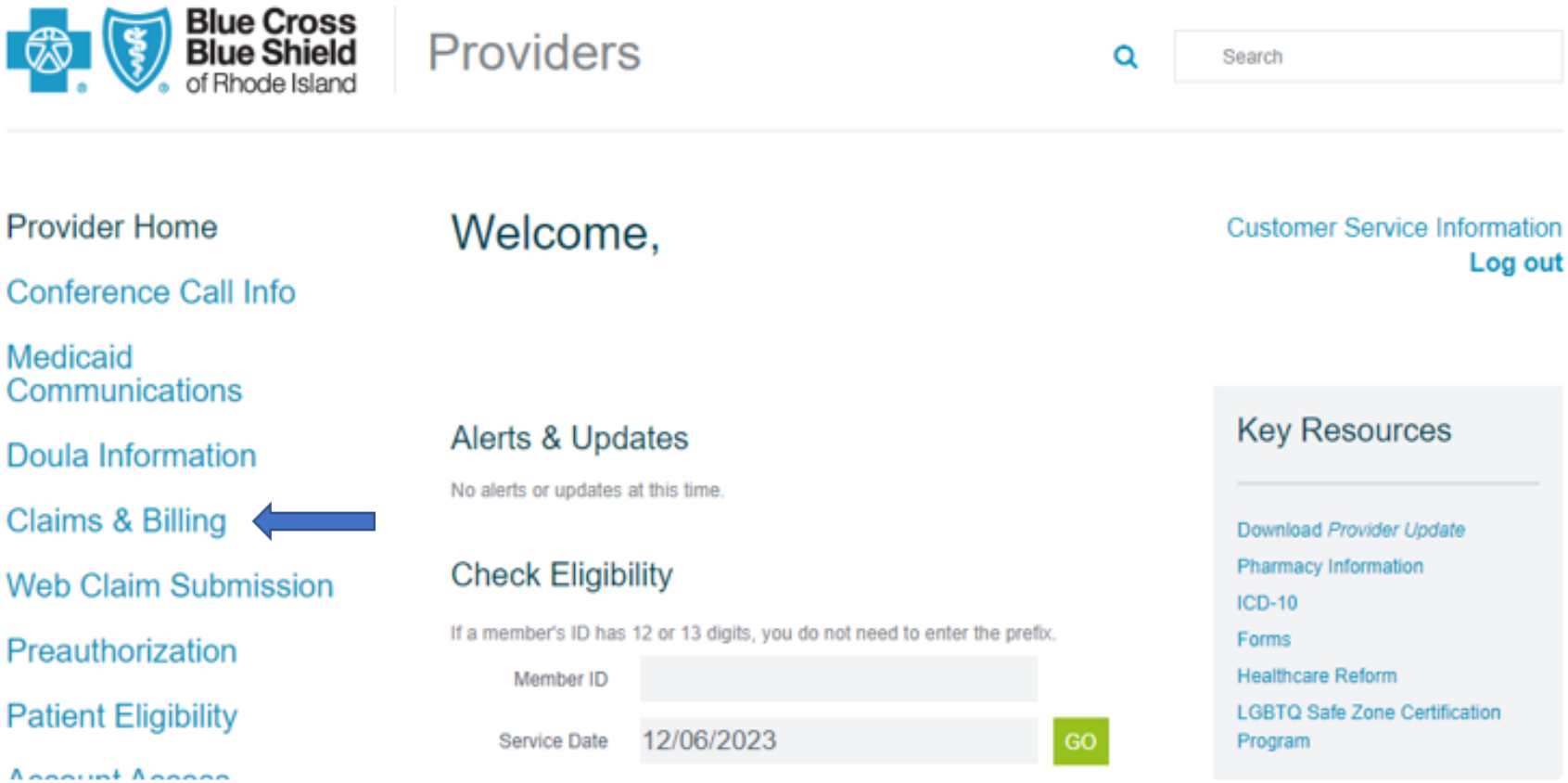
Please note, when submitting your claim through BCBSRI.com, the claim number will be different then claims submitted on paper or electronically. Web claims submitted through the web will begin with a W or WI.

Congratulations! You successfully submitted your claim. A claim number will generate, please keep this number for your records.

Please note, we still allow for up to 30 days for a local claim and 45 days for an out of area claim processing.

Corrected Claims, Claim Adjustments, & Appeals

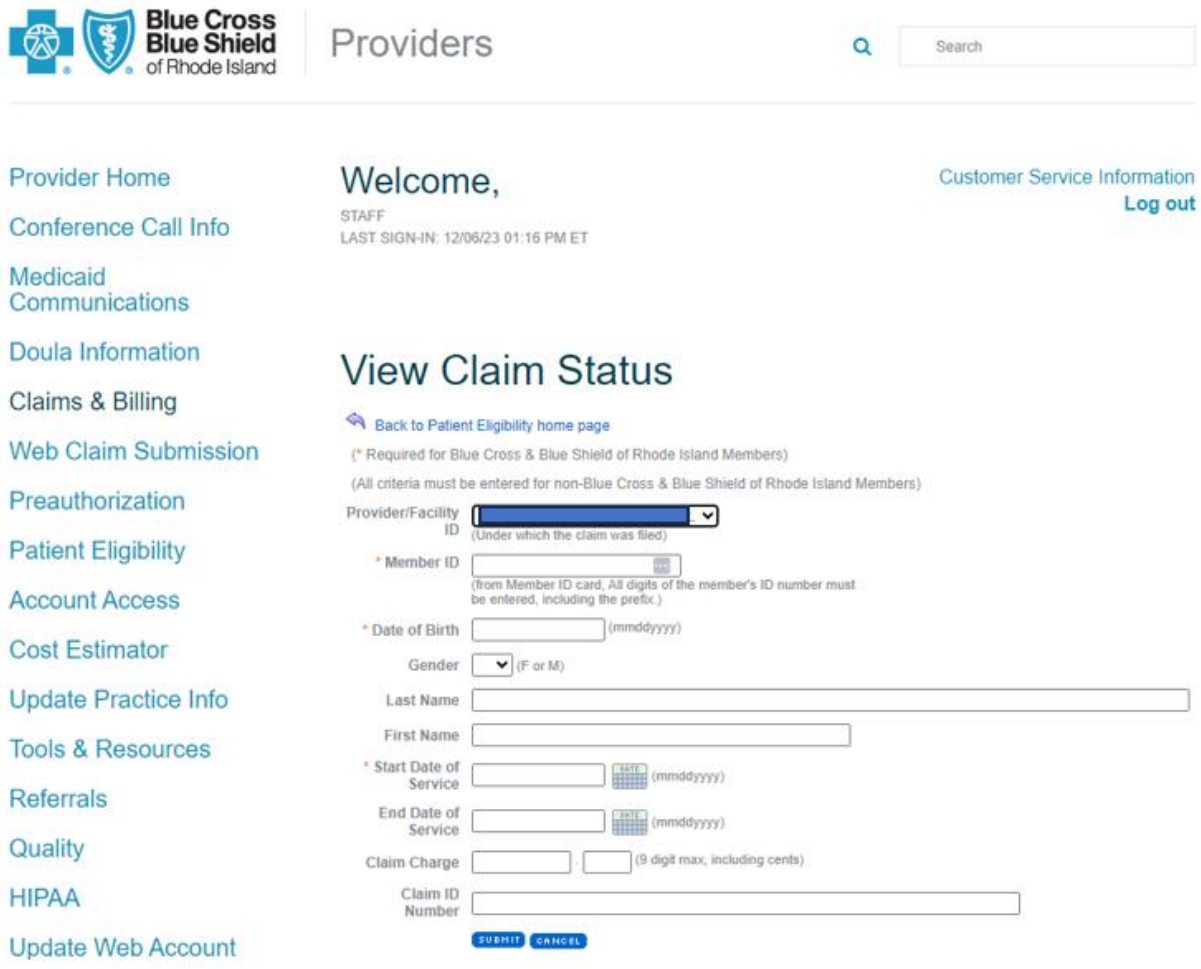
Corrected Claims

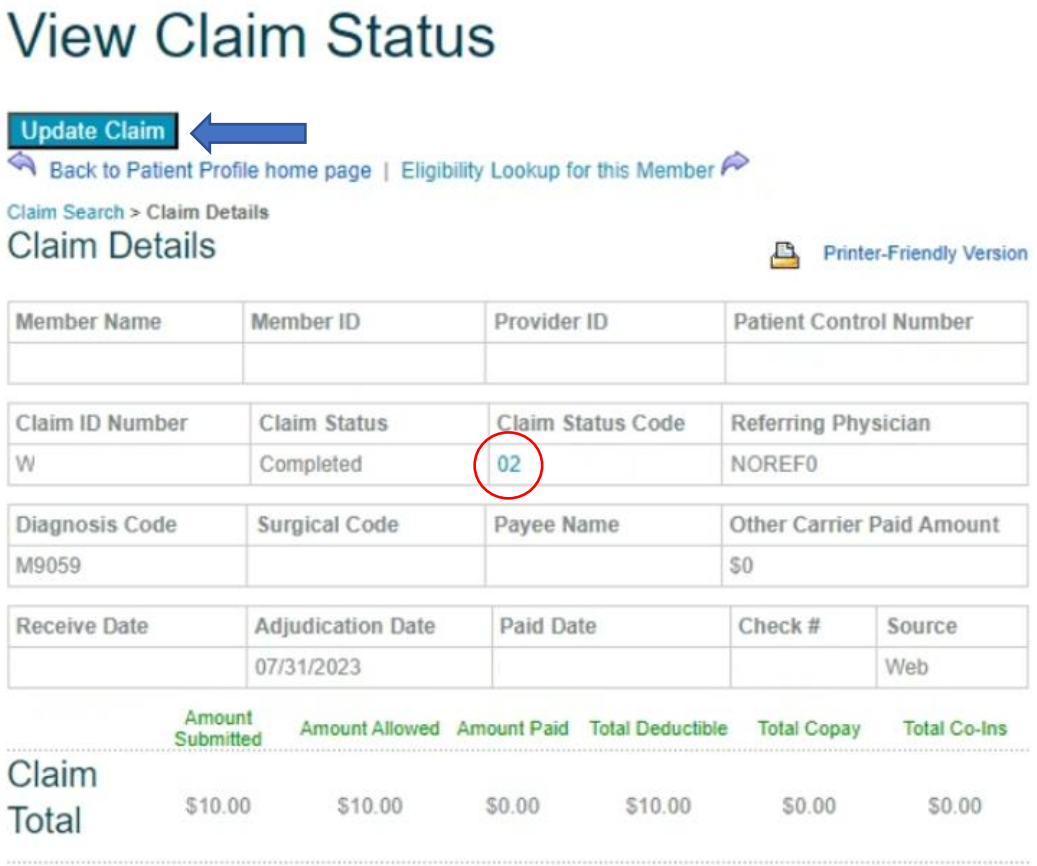


Corrected Claims

After submitting a web claim online, if you need to correct something on the claim, you can use our corrected claim option. This will only work for claims submitted within the Web Claims Portal on BCBSRI.com provider portal.

The first step is to click on Claims & Billing on the left-hand side of your Provider Portal.

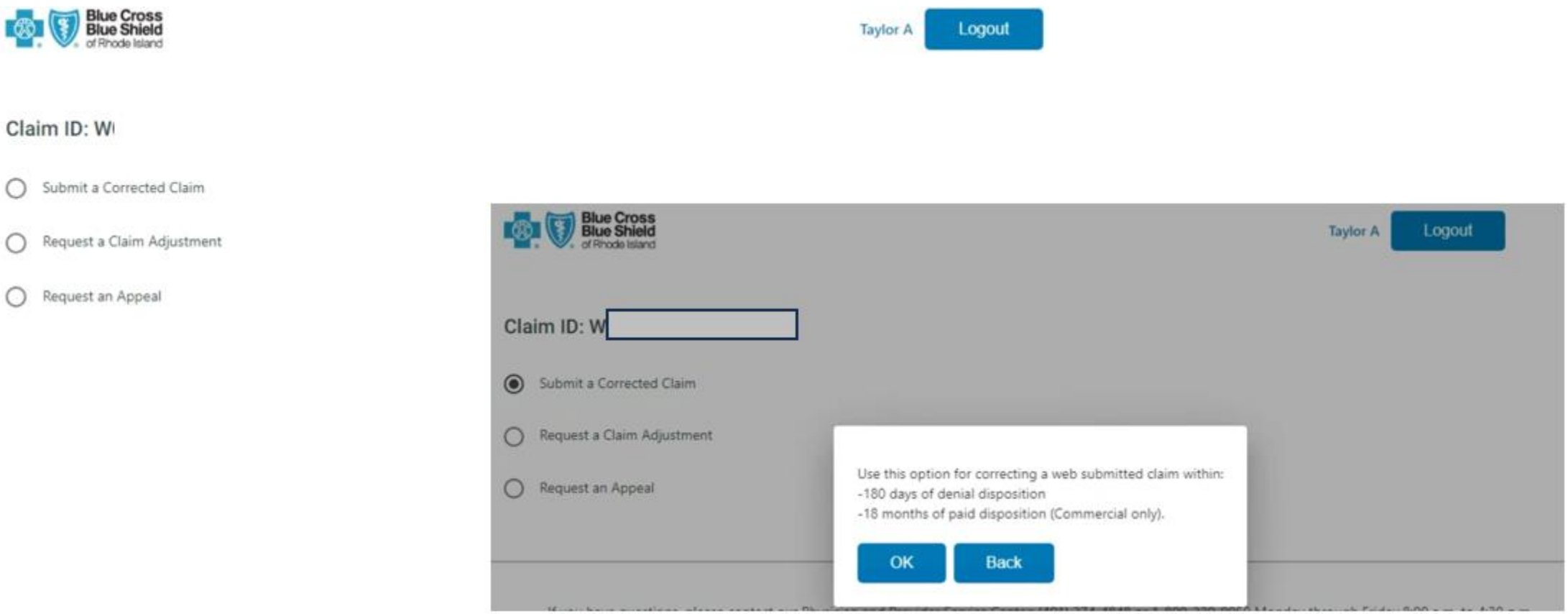




Corrected Claims

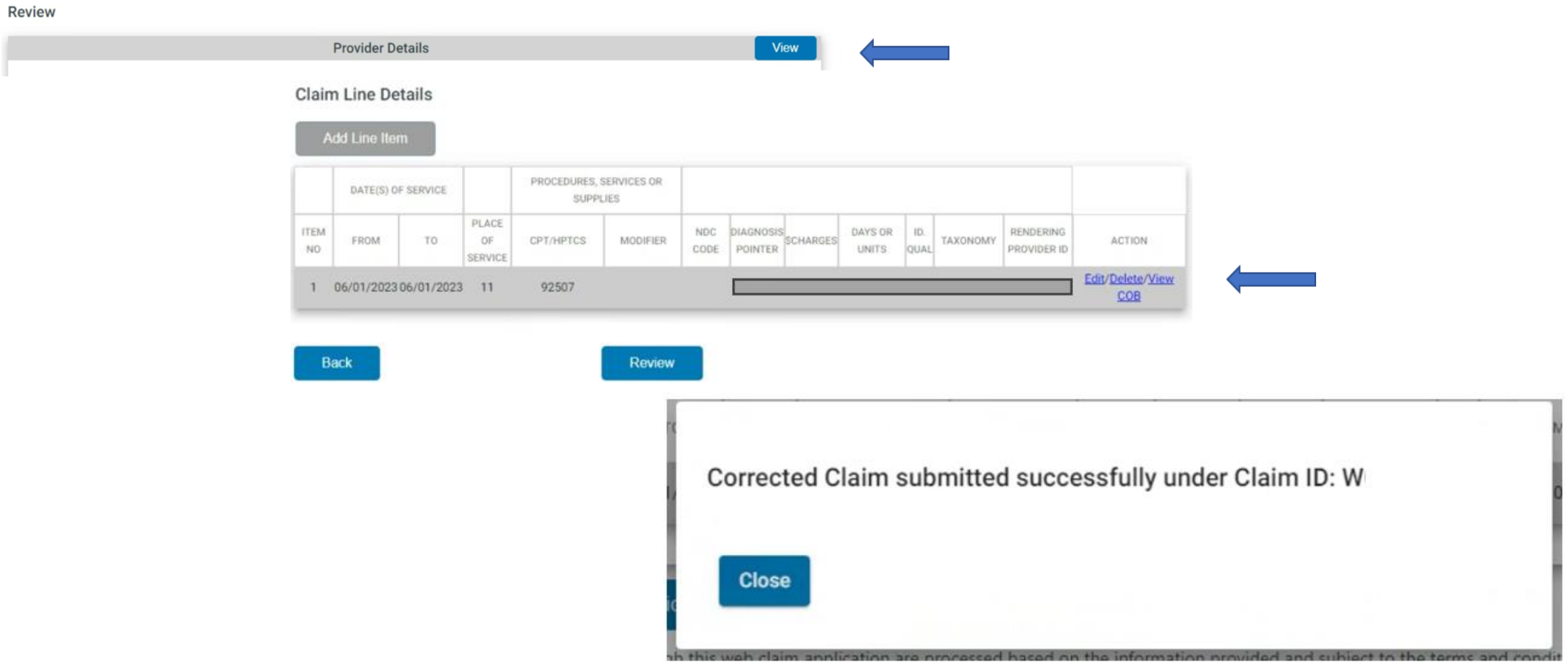
Once you click on Claims & Billing, you will need to use the down-arrow to click on the appropriate provider for your corrected claim. Then enter the member ID, DOB and DOS. Once this is all entered you can hit submit.

The View Claim Status page will appear with completed claim information. Check that this is the correct claim, then click on Update Claim. Please note – This correction is only available for Web Claims starting with a W or WI. You can also only submit for correction when the claim status is in 02.



Corrected Claims

Once you click on Update Claim, this will open a new tab. Click on the Submit a Corrected Claim radio button. The pop up above will appear. Click OK.

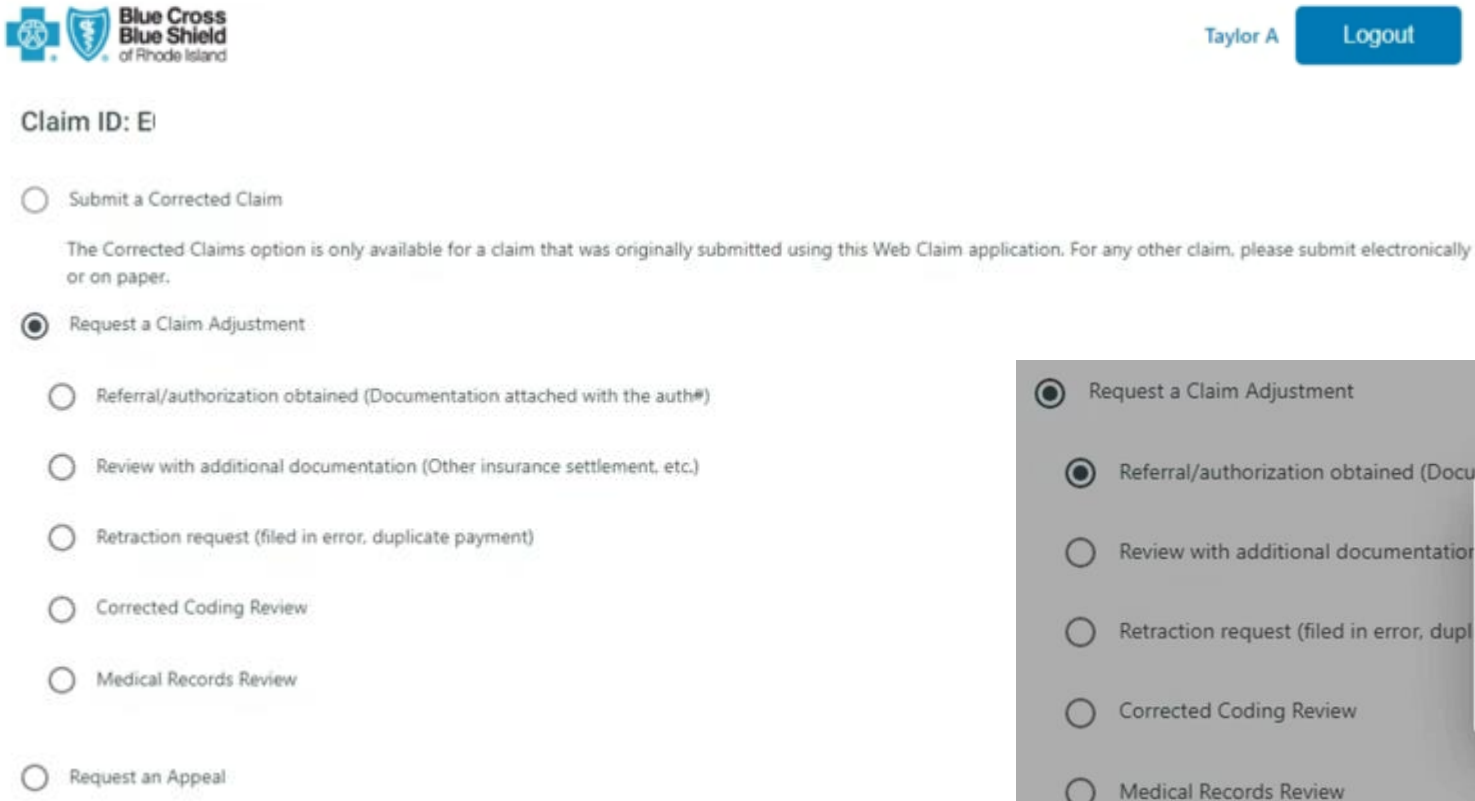


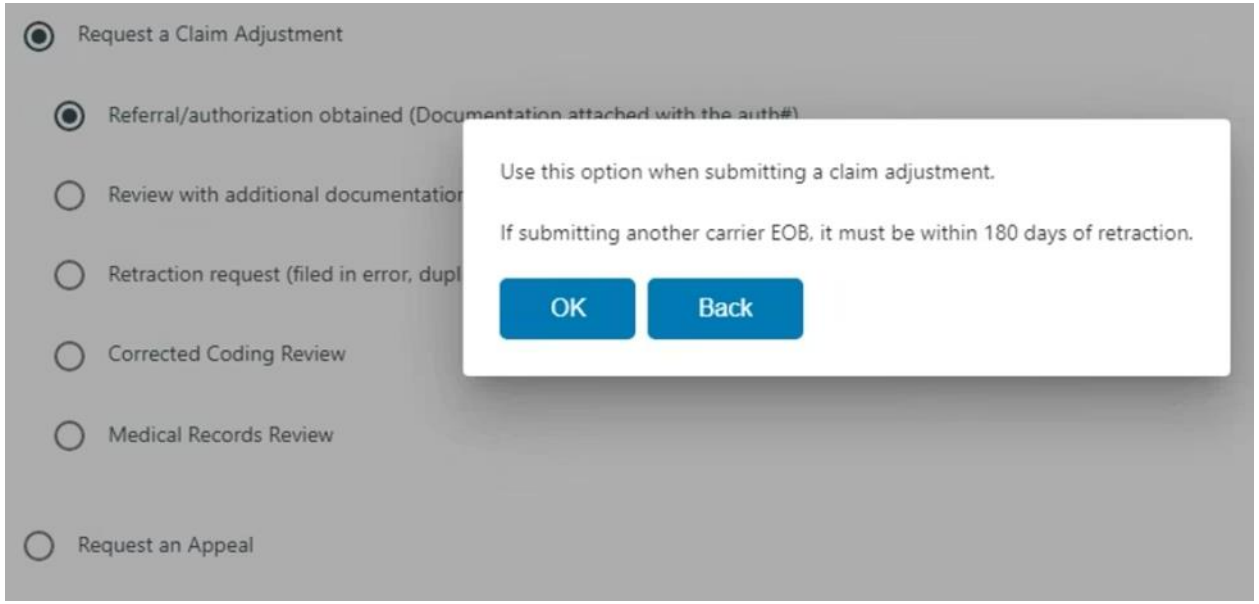
Corrected Claims

The review page will automatically populate at this point. You will only be able to view the provider and member information. You will be able to edit other insurance, claim header details and claim line details. Once you have edited all information you can go through the normal workflow to validate and submit your claim.

Once submitted, you will receive the pop up showing the new corrected claim number to track. Please note, we still allow for up to 30 days for a local claim and 45 days for an out of area claim processing.

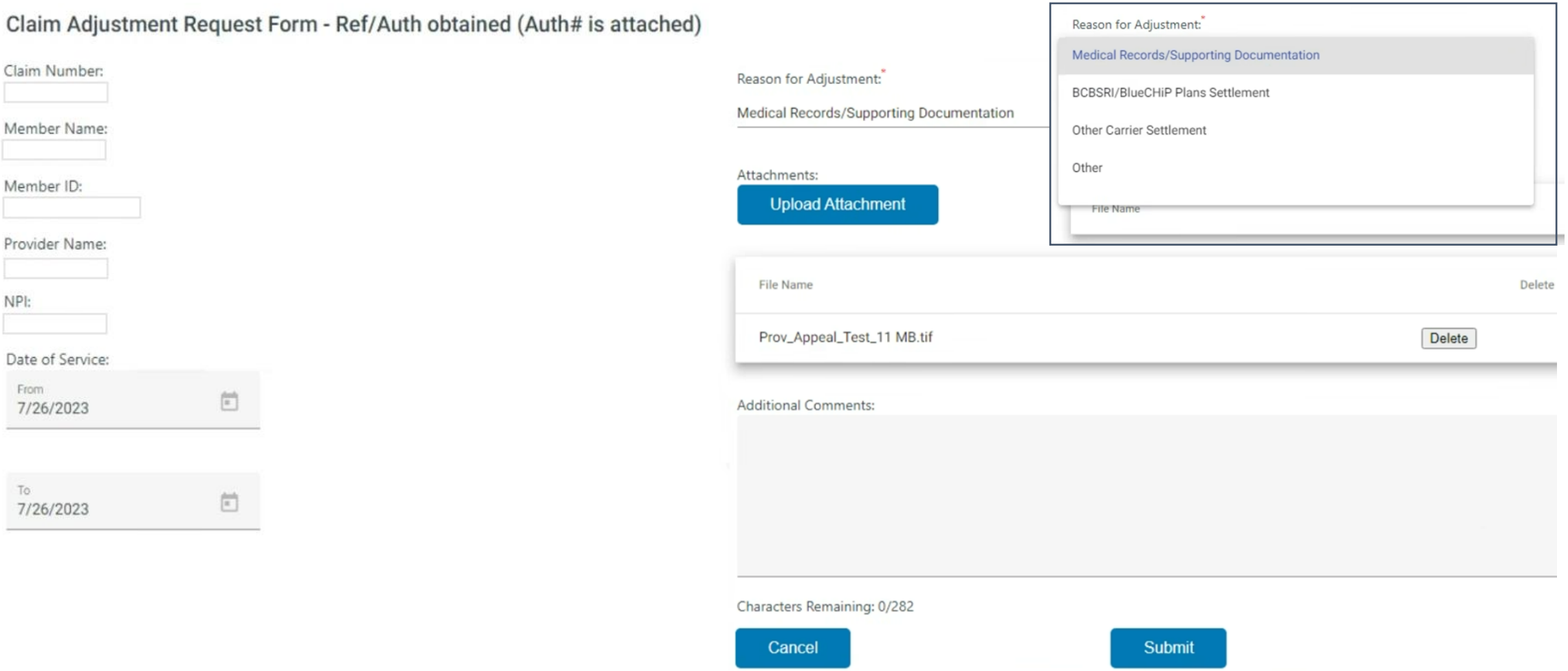
Claim Adjustments





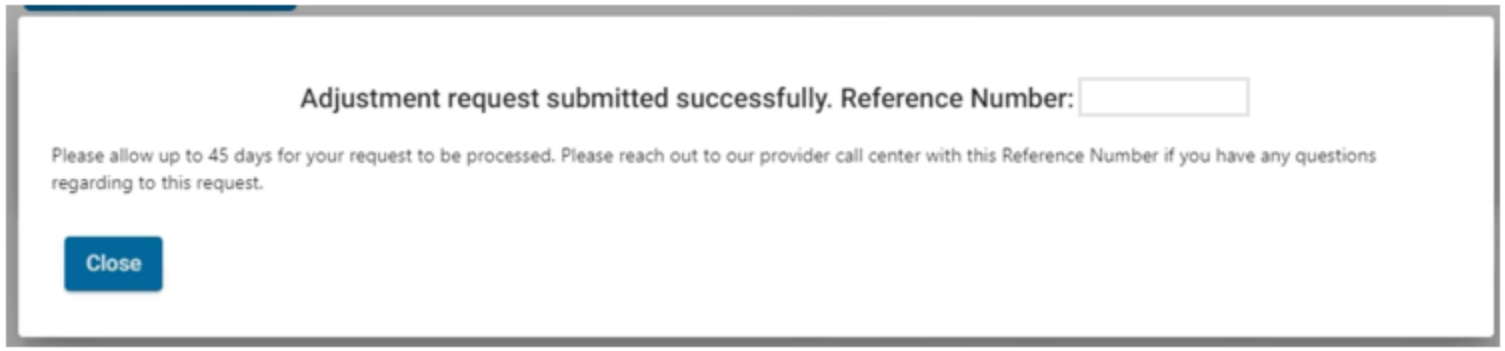
Claim Adjustments

Follow the steps from slides 27-28. Once you get into the Web Claims Portal click on Request a Claim Adjustment radio button. Here you can choose what type of claim adjustments fits best for your claim. Click on the correct option and hit OK.



Claim Adjustments

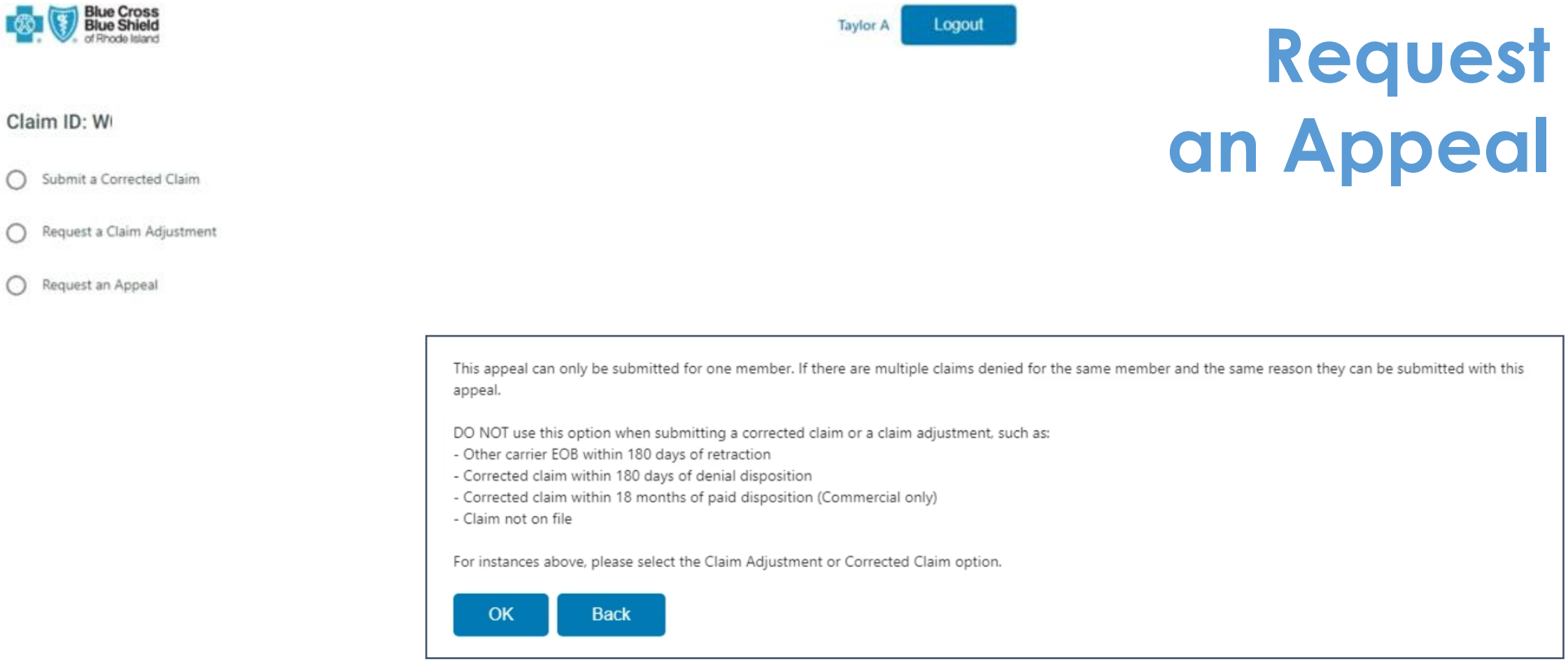
Here you will view the member information and be able to attach supporting documentation (including a copy of your corrected claim, if that is what you are adjusting) as well as add any additional comments. When completed hit Submit.



Claim Adjustments

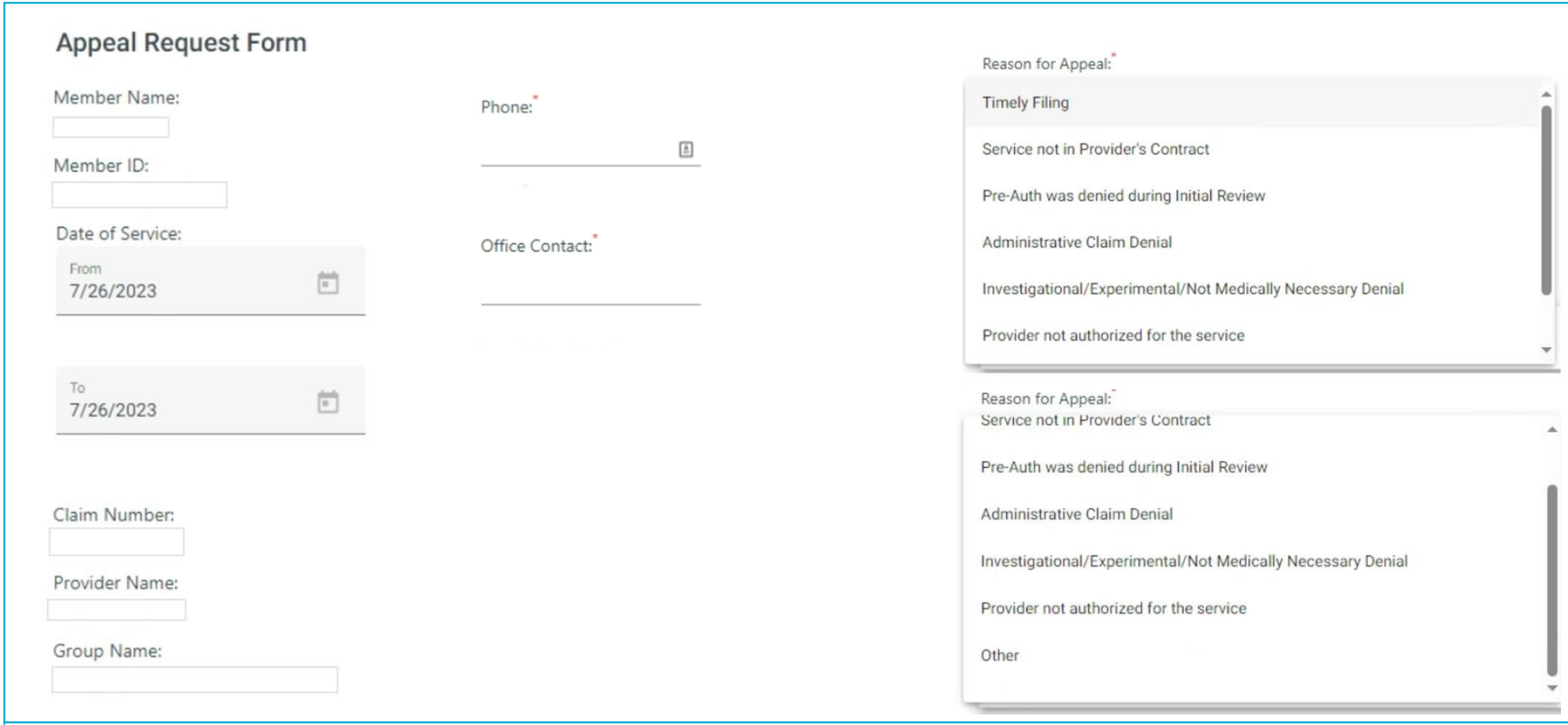
Once you hit submit, you will get the following popup. Please document the reference number given for your own reference. Adjustments can take up to 45 days for processing.

Request an Appeal



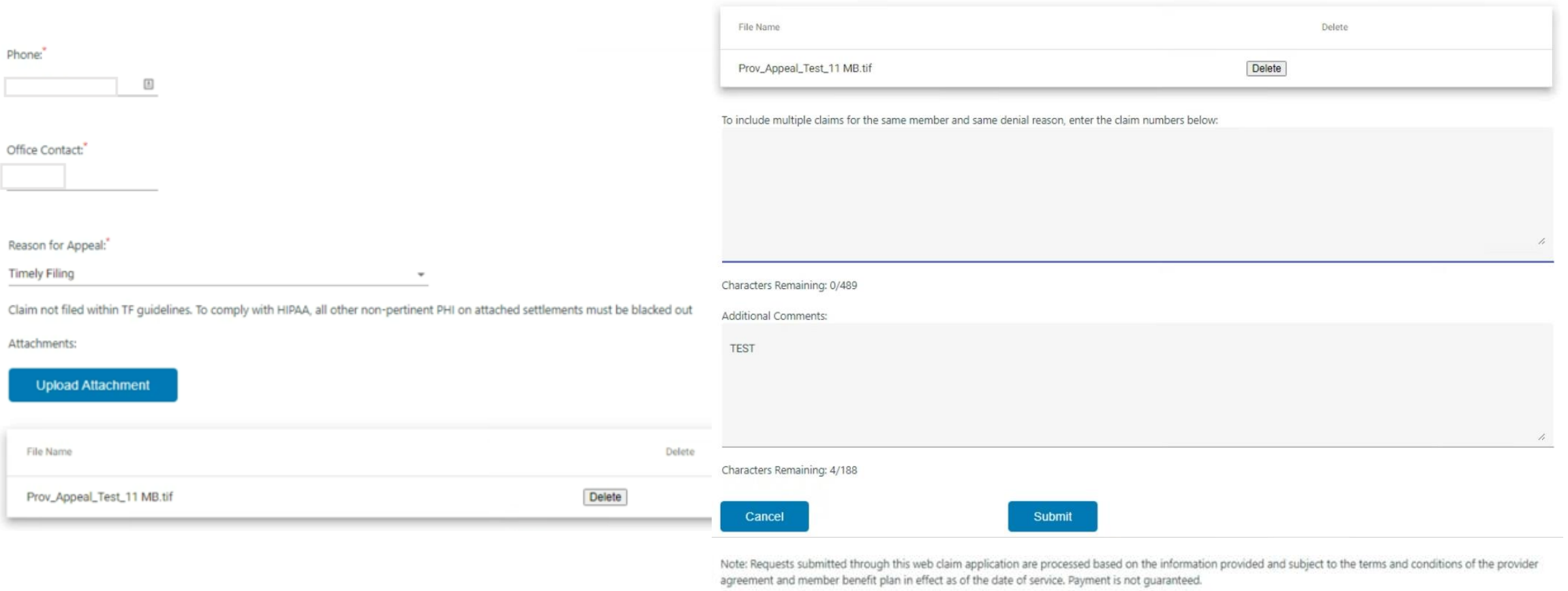
Request an Appeal

Follow the steps from slides 27-28. Once you get into the Web Claims Portal click on Request an Appeal radio button. Please note appeals online can only be submitted for one member at a time. Pre Service Appeals and complaints must be submitted BAU.



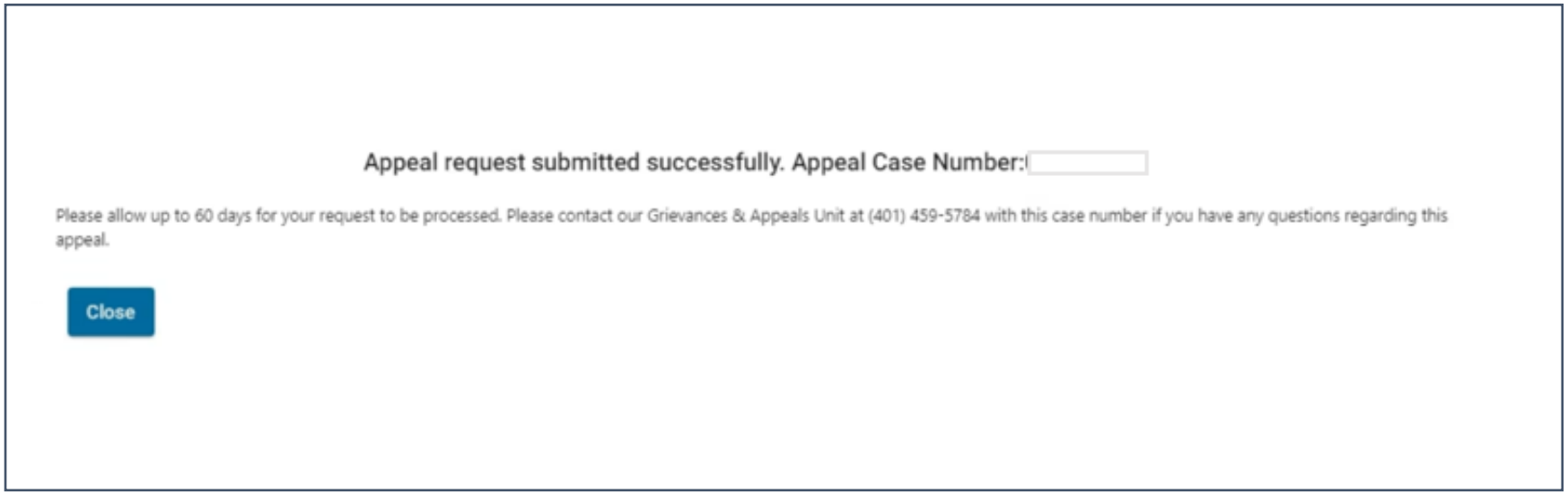
Request an Appeal

The screen above will appear prepopulated with member details from the claim you wish to appeal. You must put a telephone number and an office contact. Then you will choose your reason for appeal from the options provided.



Request an Appeal

Once you have chosen your reason for appeal, you can upload any attachment needed. You can then update multiple claims for the same member. You can also add any additional comments. Once you are done with your appeal you can hit submit.



Request an Appeal

Congratulations! You successfully submitted your Appeal. You will receive an appeal case number. Please allow up to 60 days for our Grievance & Appeals team to review your appeal. If you have any question on your appeal, you can reach out to them directly at 401-459-5784 with your case number.

If you have any questions or concerns when submitting your claim, corrected claim, claim adjustment or appeal through BCBSRI.com, please contact ProviderRelations@BCBSRI.com.