



Claim Inquiry Resolution

The Claim Inquiry Resolution enables users to submit their claim reconsideration requests electronically. This tool can be used as an alternative option to requesting claim adjustments over the phone or via the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Claim Review Form. Also, this tool reduces administrative costs by decreasing the amount of correspondence that must be sent through the mail.

Note: The Claim Inquiry Resolution cannot be used to obtain eligibility & benefit information or claim status. Moreover, it is not a means to submit formal claim appeals or predeterminations. Users can employ this tool for finalized claims that require review relating to reasons outlined in this document.

1. Getting Started

The Claim Inquiry Resolution is accessible through the BCBSOK Electronic Refund Management (eRM) system. Only registered Availity™ and AvailityRCM users can access eRM.

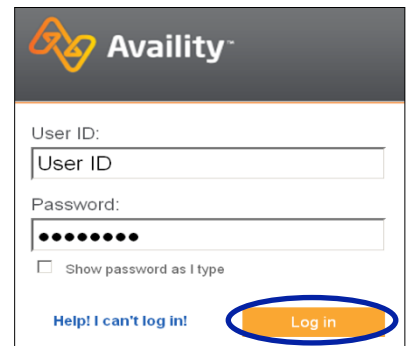
RCM users should contact their designated Client Account Manager for eRM access assistance.

Go to availity.com

Select **Web Portal Users Login**.

Enter User ID and Password.

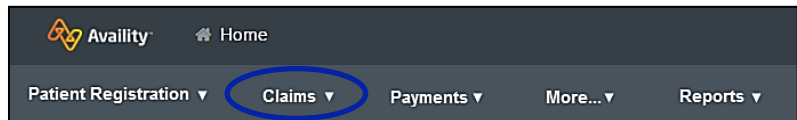
Select **Log in** button.



2. Accessing Claim Inquiry Resolution

Select **Claims** from the top mega menu.

Select **Refund Management-eRM**



New users must complete the onboarding form and email verification in order to gain access to the eRM system.

Note: Contact your Primary Access Administrator (PAA) if Refund Management-eRM is not listed in the Claims menu.

3. Starting a New Inquiry

Select the **Claim Inquiry Resolution** tab.

Select **Create New Claim Inquiry**.

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts	
Appeal Id	DCN	User Name	Submission Date	Last Response Date	Last Response User	Patient Name	Patient Account	
C000680012	0201499999999990X	Lindsay Holmes	06/26/2014	06/26/2014	Lindsay Holmes	D Bird	123456-78	details
C000679206	02014999999999980X	Lindsay Holmes	06/26/2014	06/26/2014	Lindsay Holmes	C Gilliam	876543-21	details
C000678815	02014999999999970X	Lindsay Holmes	06/25/2014	06/25/2014	Lindsay Holmes	J Kanady	234567-81	details
C000674659	02014999999999960X	Lindsay Holmes	06/20/2014	06/20/2014	Lindsay Holmes	M Tharp	765438-12	details
C000673794	02014999999999950X	Lindsay Holmes	06/14/2014	06/19/2014	HCSC User	S Culp	567891-23	details

Refresh Create New Claim Inquiry

4. Entering the Claim Information

For the *NPI #*, select the appropriate Type 2 Billing NPI from the drop-down list.

Enter the 13-digit claim number.

Select the most applicable reason from the *Claim Inquiry Reason Codes* drop-down list.*

Claim Inquiry Information

* = required

NPI #*

Pfin Type

Claim Number*

Claim Inquiry Reason Codes* [Look Up Claim](#)

MEDICARE/OTHER INSURANCE EOB

DUPLICATE DENIAL

ADDITIONAL INFORMATION

FEE SCHEDULE/PRICING INQUIRY

ELIGIBILITY

FEDERAL GROUP

PRE-AUTHORIZATION DENIAL

[Show More Fields](#)

If your claim was processed within the last 18 months, select **Look Up Claim** to populate the Subscriber ID, Group Number, Patient Account, Patient Name and Date of Service on the next screen.

Otherwise, select **Show More Fields** to manually enter this information for claims processed prior to 18 months.

Select **Continue**.

* Reference page 6 for a detailed listing of each Claim Inquiry Reason Code.

5. Supporting Comments and Documentation

In the *Comments* field, provide a thorough explanation as to why the claim should be reconsidered. Additional BCBSOK claim numbers for the same patient/issue that need reconsidered, can be listed in the *Additional Claims* section.

Supporting documentation is only required if Medicare / Other Insurance EOB or Additional Information is chosen as the *Claim Inquiry Reason Code*. However, our staff may request additional information when necessary to continue reconsideration of a claim.

There are two options for sending supporting documentation to BCBSOK:

- Select the **Add File** and **Browse** buttons to upload applicable document(s).
- Select **I will fax my supporting documentation** to fax applicable documentation.*

Select **Continue** to review your inquiry, then select **Submit**.

Claim Inquiry Information

* = required

NPI #*

Pfin Type

Claim Number*

Claim Inquiry Reason Codes* [Click here](#) for reason codes detailed description

Group Number*

Subscriber ID*

Patient Account

Patient First Name

Patient Last Name

Date of Service (from to)* to

[Hide Fields](#)

Comments * (Required)

Enter your comments here...

1922

Additional Claims (Optional)

[Add](#)

Supporting Documentation * (Required)

Upload Supporting Documentation (optional)

[remove](#)

I will fax my supporting documentation

* A fax cover sheet (including the fax number) will be available for printing after the **Submit** button is selected.

6. Submission Confirmation

After the inquiry has been submitted, a *Claim Inquiry Tracking ID* will be provided for monitoring purposes.*

Your Claim Inquiry Tracking ID is **C000000053**

* The Tracking ID is only for reference within the Claim Inquiry Resolution. BCBSOK phone Customer Advocates do not utilize this tool.

7. Tracking the Inquiry

Once a claim inquiry has been submitted, users can monitor BCBSOK's receipt and response by returning to the [Claim Inquiry Resolution](#) tab.

The *Last Response Date* and *Last Response User* fields display the date of the last action taken on an inquiry and by whom.

Click on the column headers to sort these fields in ascending and descending order.

When HCSC is listed as the *Last Response User*, click the [details](#) link to view BCBSOK's response to the inquiry.

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts	
Appeal Id	DCN	User Name	Submission Date	Last Response Date	Last Response User	Patient Name	Patient Account	
C000000053	0201499999999990X	Lindsay Holmes	06/26/2014	07/01/2014	HCSC User	D Bird	123456-78	details
C000679206	02014999999999980X	Lindsay Holmes	06/26/2014	06/26/2014	Lindsay Holmes	C Gilliam	876543-21	details
C000678815	02014999999999970X	Lindsay Holmes	06/25/2014	06/25/2014	Lindsay Holmes	J Kanady	234567-81	details
C000674659	02014999999999960X	Lindsay Holmes	06/20/2014	06/20/2014	Lindsay Holmes	M Tharp	765438-12	details
C000673794	02014999999999950X	Lindsay Holmes	06/14/2014	06/19/2014	HCSC User	S Culp	567891-23	details

[Refresh](#) [Create New Claim Inquiry](#)

8. Filtering the Results

Users can also utilize the filter option to search by a specific *Appeal ID Number* (i.e., C000000053).*

Click on [Advanced Options](#) to sort your results by a specific user name, patient name, account number, etc.

Filter

Select Multiple NPIs (Ctrl+Click)

1234567890 - Holmes Clinic
1098765432 - Matzke Medical Center

Appeal #

[Search](#) [Clear](#) [Advanced Options](#)

* The Appeal ID Number is the same as the Claim Inquiry Tracking ID.

9. Verifying Responses

The details screen will display the comments entered on the original inquiry submission as well as BCBSOK's response.

Click [Reply](#) to request clarification or additional updates on the inquiry.

Claim Inquiry Details For C000000053

Claim Inquiry Information

Claim Number 000099999999999999X	IPI Number 1234567890	Claim Inquiry Reason MEDICARE/OTHER INSURANCE EOB
Group Number 999999	Subscriber ID 876543210	Service Dates 06/02/2014 - 06/02/2014

Additional Claims

Correspondence

[Hide All](#)

ERM User (Lindsay Holmes) on 6/26/2014

Claim denied per Medicare EOB required. Please see my attached documentation.

[Print fax cover sheet](#)

HCSC User (U222222) on 07/01/2014

Documentation has been received. Claim has been adjusted.

[Reply](#)

Inquiry Reason Code	Purpose	Guidelines
Medicare or Other Insurance EOB	Send Medicare or another insurance's Explanation of Benefits (EOBs) to BCBSOK.	<ul style="list-style-type: none"> • Attach documents via Add File or I will fax my supporting documentation. • Use the <i>Comments</i> field to indicate if EOBs will be uploaded or faxed. <p>Note: The EOB must be supplied in order for the inquiry to be processed.</p>
Duplicate Denial	Dispute claims that deny as duplicate in error.	<ul style="list-style-type: none"> • Indicate any previous claim number(s) that may have triggered the duplicate denial. • Include explanation specifying how the claims are different.
Additional Information	Submit specific information that was requested in the claim denial. <ul style="list-style-type: none"> • Medical records, • Operation reports, • Physician notes, etc. 	<ul style="list-style-type: none"> • Attach documents via Add File or I will fax my supporting documentation. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed. <p>Note: Documentation must be supplied in order for the inquiry to be processed.</p>
Fee Schedule / Pricing Inquiry <i>(Professional providers only)</i>	Inquire on claims that process differently than contractual agreements.	<ul style="list-style-type: none"> • Use the <i>Comments</i> field to indicate which specific line item did not process correctly. <p>Note: This option is not a means to request fee schedules or dispute medical policy guidelines.</p>
Eligibility	Dispute claims that deny for non-eligible services or process differently than the eligibility quote that was previously received.	<ul style="list-style-type: none"> • Include eligibility and benefit call reference numbers in the <i>Comments</i> field. • Attach screen prints of online eligibility and benefit verification via the Add File or I will fax my supporting documentation features. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed.
Federal Group	Submit finalized claim inquiries pertaining to Federal members.	<ul style="list-style-type: none"> • Attach documents via Add File or I will fax my supporting documentation. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed.
Preauthorization Denial	Request review of claims that deny for preauthorization when it was not advised as a requirement during the patient's eligibility and benefit quote.	<ul style="list-style-type: none"> • Supply preauthorization number for claims that deny per no record on file. • Include eligibility and benefit call reference numbers or use the Add File or I will fax my supporting documentation functions to submit online eligibility and benefit screen prints. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed.

Questions? Email the Provider Education Consultants at pecs@bcbsok.com.

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