



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 Montana (BCBSMT). 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 BCBSMT (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.

Availity | essentials

Please enter your credentials

User ID:

Password:

Show password

Forgot your password?

Forgot your user ID?

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**

My Account Dashboard

My Account
Maintain User
Add User
Manage My Organization
'How To' Guide for
Dental Providers
Enrollments Center
Spaces Management Tool
EDI Companion Guide

Providers

Add Provider

LET'S FIND YOUR PROVIDER

Tax ID: Type: National Provider ID (NPI):

This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)

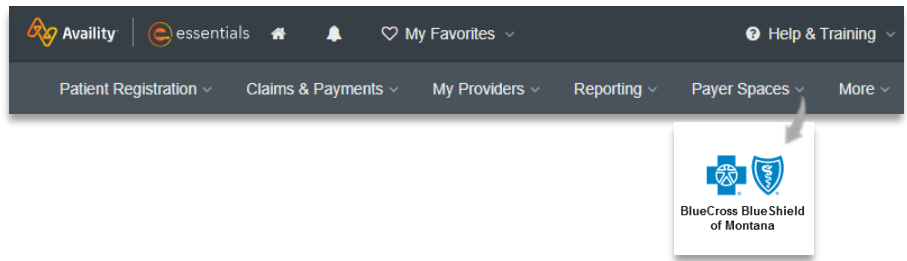
Do you need to add many providers to this organization?
Upload up to 500 at once via a spreadsheet upload.

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 **Manage My Organization User Guide** published in the **Provider Tools** section of our website.

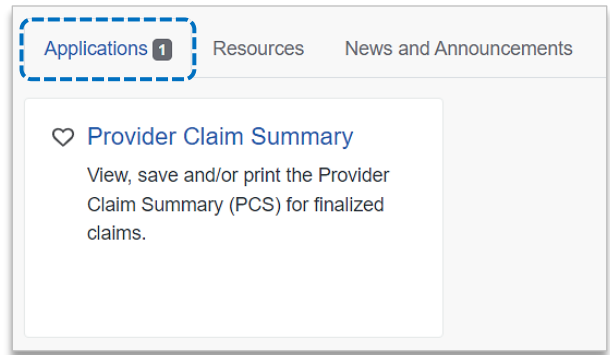
3) Accessing Provider Claim Summary

- ▶ Select **Payer Spaces** from the navigation menu



- ▶ Select **Blue Cross and Blue Shield of Montana**

- ▶ In the BCBSMT Payer Spaces section, select the **Applications** tab



- ▶ Next, select **Provider Claim Summary**

4) Generating 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.

- ▶ Choose provider **Organization**
- ▶ Select the **Tax ID** and **NPI** from drop-down 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 **Manage My Organization** 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*

Report Summary



Provider Claim Summary
 Provider Name :
 Tax ID :

▲ Report Date	Check Number	Pages	Select All
03-02-2019	E9999999	2	<input checked="" type="checkbox"/>
03-02-2019	E9999999	2	<input type="checkbox"/>
03-02-2019	E9999999	6	<input type="checkbox"/>
03-04-2019	E9999999	1	<input type="checkbox"/>
03-04-2019	E9999999	3	<input type="checkbox"/>
03-05-2019	E9999999	4	<input type="checkbox"/>
03-05-2019	E9999999	6	<input type="checkbox"/>
03-05-2019	E9999999	2	<input type="checkbox"/>
03-06-2019	E9999999	1	<input type="checkbox"/>
03-06-2019	E9999999	3	<input type="checkbox"/>

← Previous

Page 1 of 3
first
←
1
2
3
→
last

Download

- ▶ 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




**BlueCross BlueShield
of Montana**

PROVIDER CLAIM SUMMARY

DATE: 4/15/2019
 PROVIDER NUMBER: 1234567890
 CHECK NUMBER: E9999999
 TAX IDENTIFICATION NUMBER: 123456789
 Visit www.bcbsmt.com/provider
 for the latest news and updates on matters that impact you

BEACH SIDE PEDIATRICS
PO BOX 123
SUNNY MT 12345-1234



ANY MESSAGES WILL BEGIN ON PAGE 2

PATIENT: DOE, JANE
 PERF PRV: 1234567890
 CLAIM NO: 0000999999999999x

IDENTIFICATION NO: 123456-999999999
 PATIENT NO: 999999

CLAIM TYPE:

FROM / TO DATES	PS* PAY	PROC CODE	AMOUNT BILLED	ALLOWABLE AMOUNT	SERVICES NOT COVERED	DEDUCTIONS/OTHER INELIGIBLE	AMOUNT PAID
12/03-12/03/18	03	FEA 95810	1,200.00	555.49	644.51 (1)	100.00 (2)	455.49
			1,200.00	555.49	644.51	100.00	455.49

AMOUNT PAID TO PROVIDER FOR THIS CLAIM: \$455.49

CONTRACT COINSURANCE: 100.00
 DEDUCTIONS/OTHER INELIGIBLE: \$100.00
 TOTAL SERVICES NOT COVERED: 644.51
 PATIENT'S SHARE: \$100.00

Medicare Advantage PCS Example

Provider Remittance Advice

Servicing Provider Name: SUNSINE REGIONALHOSPITAL Payee Name: SUNSINE REGIONALHOSPITAL
 Servicing Provider NPI: 123456789

Patient and Services Information												
Account Number:			Subscriber #: 123456789				Plan Name: Blue Cross and Blue Shield of Montana					
Patient Name: DOE, JANE			Claim Id: 99999M999999									
Dates of Service	Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsibility				Int Owed	Plan Payment	Remarks
						CoPay	Co Ins	Ded Amt	Non Cvr'd			
10/20/2018	10/20/2018	0960	\$680.00	\$1,060.80	\$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	\$1,060.80	

Current Payment Amount: \$1,060.80
 Provider Sequestration Amount: \$0.00
 Prior Paid Amount: \$0.00
 Net Payment Amount: \$1,060.80

Have questions or need additional education? Email the BCBSMT [Provider Education Consultants](#).

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