



Real-Time Claims Reference Guide

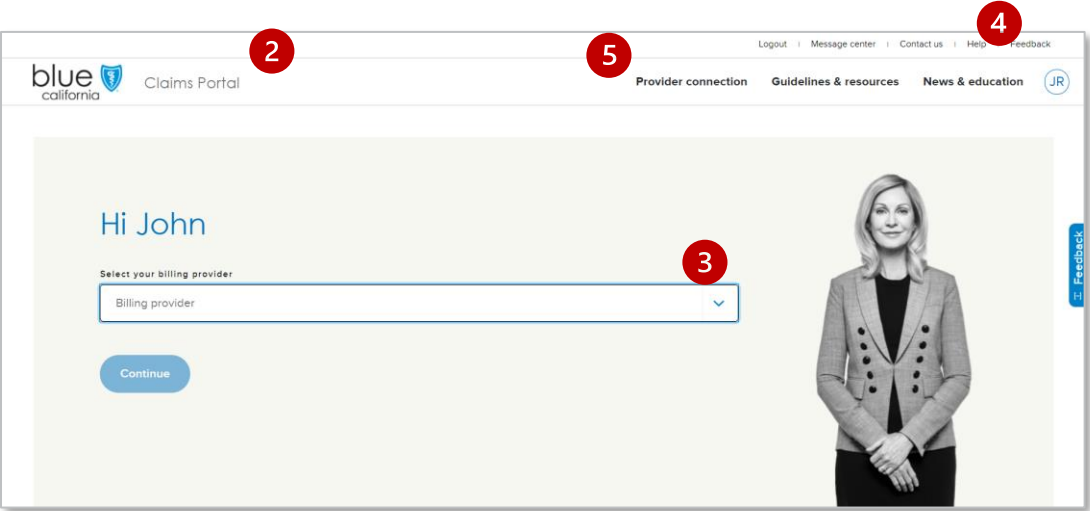
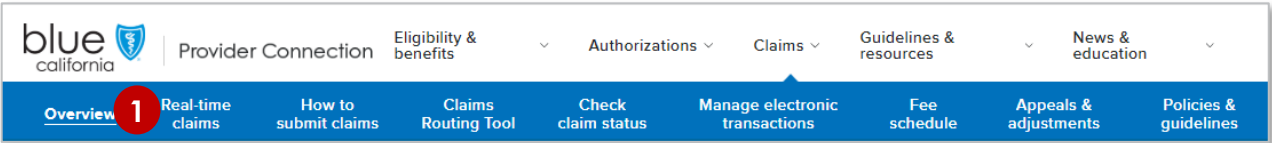


Real-Time Claims – overview and navigation

Background: Real-Time Claims is an online estimator and claims submission tool that adjudicates most claims in 3-9 seconds, speeding up time to payment for services. This tool launches from the *Claims* section of Provider Connection and access is granted by your organization's Provider Connection account manager.

Instructions:

1. Log in to Provider Connection. From the home page, click *Claims* from the white navigation bar, then click **Real-time claims**.
2. Real-Time Claims opens. Note that you do not need a separate log in to access the Real-Time Claims tool.
3. Select a provider from the drop-down list and click **Continue**. The providers listed are based on your Provider Connection login.
4. **Help** is available in the upper right corner.
5. Resources are available within Real-Time Claims including a link back to **Provider Connection**, **Guidelines and resources**, and **News & education** sections.



Real-Time Claims dashboard

The Real-Time Claims dashboard is the first thing you see after selecting a provider. The clickable blue tiles give you a bird's eye view of your transactions and serve as a filter.

- Expiring today
 - Recent transactions
 - Ready for submission
 - Action required
 - Expired transactions
- 1. Search** – Use the search field to search by Subscriber ID, Transaction ID, or Patient Account Number.
 - 2. Phase** – Indicates whether the transaction is an estimate (Est) or a claim (blank).
 - 3. Status** – Click the arrows to sort by ascending or descending order. Status displayed are: Accepted, Incomplete, Processing, Processed, and Expired.
 - 4. Expiration** – The most recent transaction will appear at the top of the table. Click the arrows to sort by chronological or reverse chronological order. Note that estimates expire 7 days after they are created.

The screenshot shows the Real-Time Claims dashboard interface. At the top, there are five blue tiles with white text: '0 Expiring today', '55 Recent transactions', '0 Ready for submission', '49 Action required', and '0 Expired transactions'. Below these is a search bar with the placeholder text 'Subscriber ID, Transaction ID, Patient account #' and a 'Search' button (callout 1). To the right of the search bar are buttons for 'Convert claim' (callout 2), 'New estimate' (callout 4), and a 'Completed' button (callout 3). Below the buttons is a table with the following columns: SUBSCRIBER ID, TRANSACTION ID, PATIENT NAME, TOTAL BILLED CHARGES, PHASE, STATUS, and EXPIRATION. The table contains four rows of data. Callout 5 points to the first row. Callout 6 points to the down arrow in the EXPIRATION column of the first row. The table data is as follows:

SUBSCRIBER ID	TRANSACTION ID	PATIENT NAME	TOTAL BILLED CHARGES	PHASE	STATUS	EXPIRATION
9XXXXXXX	1950	Test_Member_01	\$0.00	Est	Incomplete	Dec 01, 1753
9XXXXXXX	4478	Test_Member_02	\$220.00	Est	Incomplete	Dec 01, 1753
9XXXXXXX	5249	Test_Member_03	\$300.00	Est	Accepted	Dec 01, 1753
9XXXXXXX	5315	Test_Member_04	\$0.00	Est	Incomplete	Dec 01, 1753

- 5. Open/Closed boxes** – An open or empty box means the estimate is ready to be converted to a claim. A closed or filled-in box means either the estimate is not ready to be converted to a claim because it has incomplete information, or because it has expired. If the estimate is expired, you may re-run the estimate before converting it to a claim.
- 6. Transaction details** - Click the down arrow in any record to see details.



Transaction details

The *Recent Activity* section includes the following about a transaction:

- Patient information: Patient name, Subscriber ID, and Patient account number (designated by provider).
- Claim information: Claim number, Service dates, and Total billed amount.

For Claims:

1. Status changes are listed in reverse chronological order, with the most recent activity on top.
2. Click the **Details** button to see additional information (Estimate Details page).
3. Transaction steps are listed in the *Recent Activity* table.

Subscriber ID, Transaction ID, Patient account #

Search

Convert to claim

New estimate

SUBSCRIBER ID	TRANSACTION ID	PATIENT NAME	TOTAL BILLED CHARGES	PHASE	STATUS	EXPIRATION
9XXXXXXX	1234	Test_Member_05	\$265.34		Processed	1
9XXXXXXX	1235	Test_Member_05	\$265.34		Processed	-

Recent Activity

Test_Member_05	9XXXXXXX	ABC123	11111111111111	Nov 10, 2019 - Nov 10, 2019	\$265.34
Patient name	Subscriber ID	Patient account number	Claim number	Service dates	Total billed
Transaction ID	Transaction date	Rendering provider	Status		
2187	Jul 20, 2020		Processed		
2187	Jun 26, 2020		Accepted		

Details2

Claims example

For Estimates:

4. *PHASE* shows as Est.
5. Click **View details** to see the Estimate Details page for complete information.
6. Click **Edit estimate** or re-run the estimate if it has expired.
7. Once the estimate is completed and accepted by the Real-Time Claims tool, the **Convert to Claim** button will appear.

9XXXXXXX

12345

Test_Member_01

\$90.00

Est

Accepted

-

Services

Aug 27, 2020

Processed date

First date of service	Last date of service	Services	Rendering provider	Status	Total allowed	Total paid
05/11/2020	05/11/2020	99213	-	Allowed	-	-

5View details

6Edit estimate

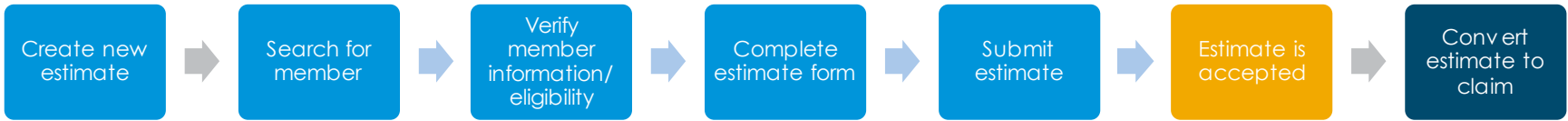
Convert to claim

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Estimate example



Overall process flow



You must first create an estimate before it can be converted to a claim for submission. Below is the overall process flow .

1. From the *Real-Time Claims dashboard*, click the **New Estimate** button at the top right of the table.
2. Perform a Member search to verify eligibility. Enter the *Date of service start* and *Date of service end*, then enter the *Subscriber ID*. For dates use the calendar icon to select the dates or enter the dates as *MM/DD/YYYY*.
3. A list of members associated with the Subscriber ID appear. Select your member from the list, then click the **Select member** button in the right corner. Be sure to verify the member date of birth (DOB) and confirm the member's eligibility dates.
4. The Estimator tool appears. The progress bar at the top shows you where you are in the process:



- Member - review member information and click the **Verify member** button if correct. Click the **Change member** button if needed.
- Provider – fill in all fields unless listed as optional. Claim type is defaulted to Medical. Select Claim sub type, ether Medical or Hospital and click **Continue**. If the Continue button is dimmed, it means you have not completed all required fields.
- Claim - fill in all fields unless listed as optional and click **Continue**. Use whole numbers (no decimal places) for the diagnosis code. Note that *Patient account number* is mandatory. Use your office patient account number.



Creating an estimate

- Services – complete all the fields unless listed as optional.
 1. Enter **Procedure code** (CPT) and any **Modifiers**, if applicable.
 2. Use the calendar icon to select a date or enter *MM/DD/YYYY*.
 3. **Place of service** field has predictive search capabilities.
 4. **Charges** – enter the dollar amount without a dollar sign.
 5. **Units** – enter at least one unit of service.
 6. **Primary diagnosis code** – select from the dropdown list; options are based on what you entered as codes in the Claims section.
 7. **Add service line** – click this button if you need additional lines you may add up to 99 codes.
 8. Click **Continue**.

Estimator

✓ Member

✓ Provider

✓ Claims

4 Service

1. Procedure code

99211 - Office/outpatient visit est

Modifiers (optional)

##

##

##

##

First date of service

09/18/2020

Last date of service

09/18/2020

Place of service

11 - Office

Rendering provider

100999999999 - Jane H Doctor

Charges

90

Units

1

Primary diagnosis code


J0190 - Acute sinusitis, unspecified

Add service line

98 Codes remaining

Cancel

Continue

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Estimate summary

1. The *Estimate Summary* page displays.
2. Review all information to make sure all entries are correct. Confirm *Provider Details* information and click **Edit provider**, if needed.
3. Click **Edit claim** at the top of the *Details* section to modify your claim estimate. You will be taken back to the claim portion of the Estimator.
4. Click **Submit estimate**.

Once you have submitted your estimate, a status will appear on the dashboard. The *Phase* will now be Est.

Status options include:

- Accepted - the estimate has been accepted by the system, and is available to be converted to a claim.
- Incomplete – indicates that more information is needed, and the estimate cannot move forward.

Estimate Summary

Member Details

Member name

Test_Member_02

Date of birth

11/18/1959

Plan

PPO

Eligibility dates

01/02/2020 - 12/31/2199

Subscriber ID

9XXXXXXX

Gender

Female

Relationship

Subscriber

Provider Details

Edit provider

Billing provider

100009189001
Jane H Doctor
2727 W Olympic Blvd
Ste 305
Los Angeles, CA, 90006

Rendering provider

100009189001
Jane H Doctor
2727 W Olympic Blvd
Ste 305
Los Angeles, CA, 90006

Referring provider

Details

3

Edit claim

Medical

ABC1234

Sep 18 - Sep 18, 2020

\$90.00

Claim sub type

Patient account number

Date of service range

Total charged amount

#	Service date	Procedure code	Primary diagnosis code	Modifier	Units	Charges
1	09/18/2020 - 09/18/2020	99211 - OFFICE/OUTPATIENT VL...	J0190 - Acute Sinusitis, Unspecified		1	\$90.00

Cancel

4

Submit estimate

	SUBSCRIBER ID	TRANSACTION ID	PATIENT NAME	TOTAL BILLED CHARGES	PHASE	STATUS	EXPIRATION	
<input type="checkbox"/>	9XXXXXXX	14307	Test_Member_01	\$100.00	Est	Accepted	-	▼
<input checked="" type="checkbox"/>	9XXXXXXX	14342	Test_Member_02	\$0.00	Est	Incomplete	-	▼

Blue Shield of California

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Converting an estimate to a claim

Background: Once an estimate has been accepted, you may convert it to a claim. Estimates are good for 7 days, and may be edited before converting to a claim. Here are options:

- 1. Immediately/within 7 days - You may convert an estimate to a claim immediately after the estimate is accepted or up to 7 days after accepted. From the dashboard click the **down arrow** for your estimate.
- 2. Click the **Convert to claim** button. Note that if an estimate has expired, you must re-run the estimate to ensure it is based on the most current information (member eligibility, deductible, etc.) and you will have the opportunity to edit any information if needed. Click the **down arrow** for the estimate, then select the **Edit estimate** button and confirm that the information is still correct. Once the estimate is re-run, it will be valid for 7 days.
- 3. Expire now – In some cases you may want to expire an estimate manually. By doing so, you will have the opportunity to re-run the estimate. The new estimate will remain valid for another 7 days.
- 4. Multiple claims – You may select up to 20 estimates to be converted to a claim at the same time. From the *Real-Time Claims dashboard*, select the estimates by checking the open box, then click the **Convert to claim** button at the top right of the summary table. You will receive a message when it is done processing that states how many claims were accepted.

0
Expiring today

55
Recent transactions

0
Ready for submission

49
Action required

0
Expired transactions

Subscriber ID, Transaction ID, Patient account #

Search

4

Convert to claim

New estimate

Subscriber ID	Transaction ID	Patient Name	Total Billed Charges	Phase	Status	Expiration	
9XXXXXX	150	Test_Member_01	\$0.00	Est	Incomplete	Dec 01, 1753	1
9XXXXXX	478	Test_Member_02	\$220.00	Est	Incomplete	Dec 01, 1753	
9XXXXXX	149	Test_Member_03	\$300.00	Est	Accepted	Dec 01, 1753	
9XXXXXX	115	Test_Member_04	\$0.00	Est	Incomplete	Dec 01, 1753	

9XXXXXX

18150

Test_Member_04

\$90.00

Est

Processed

Sep 23, 2020

Services

Sep 16, 2020

Processed date

3

Expire now

First date of service	Last date of service	Services	Rendering provider	Status	Total allowed	Total paid
12/26/2018	08/14/2019	90688	-		-	-

View details

Edit estimate

2

Convert to claim

Converting an estimate to a claim

Once you click the **Convert to Claim** button, the Real-Time Claims tool will validate data and start processing. When it is done processing you will receive a confirmation message.



Claims status will be displayed in the *Real-Time Claims dashboard*. In some cases, processing may take a bit longer, in which case, the transaction status will be listed as processing. Check the dashboard for updates.

Status options include:

- Accepted – the claim has been accepted by the system.
- Processing – in some cases, the system may need more time to process the claim. Check back: The status will be updated in the dashboard. DO NOT try to convert the claim again.
- Pending for review - this message appears when there are additional action items such as a prior authorization (PA) is required and a reference to AuthAccel will appear. Once the authorization request is approved, the status will be updated automatically and the claim will be processed.
- Multiple claims – when converting multiple claims at once, each claim will be processed individually and you will see individual transaction statuses on the dashboard.

Check the News & education page for more resources.

- 1. Provider webinars
- 2. Reference Guide – this guide is updated as needed, download the latest version here.
- 3. FAQs
- 4. eLearning – available soon!

Provider webinars

Sign up for webinars designed to support your work with Blue Shield of California. Sessions include Q&A with the experts. If you cannot attend a webinar, view recorded webinars on the Tools & tutorials pages.

1

Register for webinars

Sign up for upcoming webinars.

Register for BlueCard webinars

Sign up for webinars about serving out-of-area members through BlueCard® Program.

Tools and tutorials - Working with us

Access FAQs, recorded webinars, eLearning, and "how to" guides to help you work with us effectively and efficiently.

2

Provider Connection Reference Guide for Blue Shield

View step-by-step instructions to help you perform common online tasks.

Real-time claims Reference Guide

Find instructions and helpful tips.

3

Real-time claims FAQ

Find answers to our frequently asked questions

Online authorizations with AuthAccel

Learn how to request authorizations, view status, and find system updates info.

For additional questions, contact Blue Shield Provider Services: [\(800\) 541-6652](tel:8005416652)