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 Oklahoma (BCBSOK).

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.

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 Availity and complete the guided online registration process, at no charge.

Note: To obtain this information on claims not processed by BCBSOK (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 Portal Login**
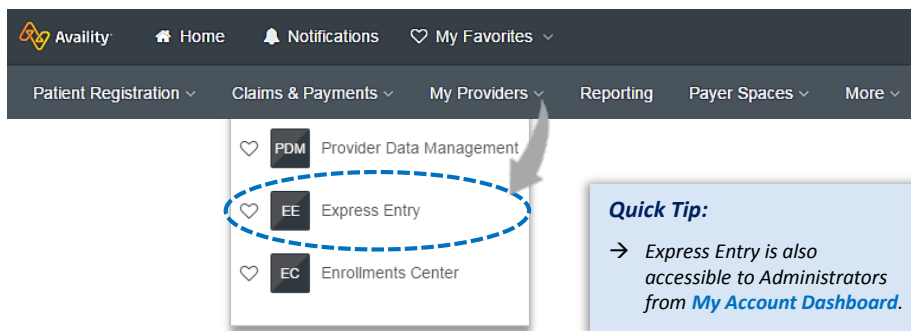- ▶ Enter User ID and Password
- ▶ Select **Log in**

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.
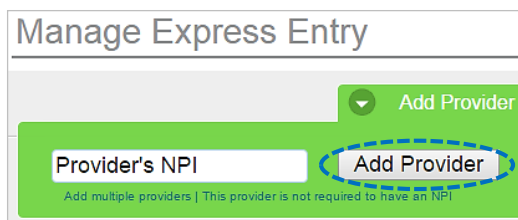
- ▶ Select **My Providers** from the navigation menu
- ▶ Select **Express Entry**

Quick Tip:
→ *Express Entry is also accessible to Administrators from **My Account Dashboard**.*

Note: Express Entry is only accessible to assigned Availity Administrators.
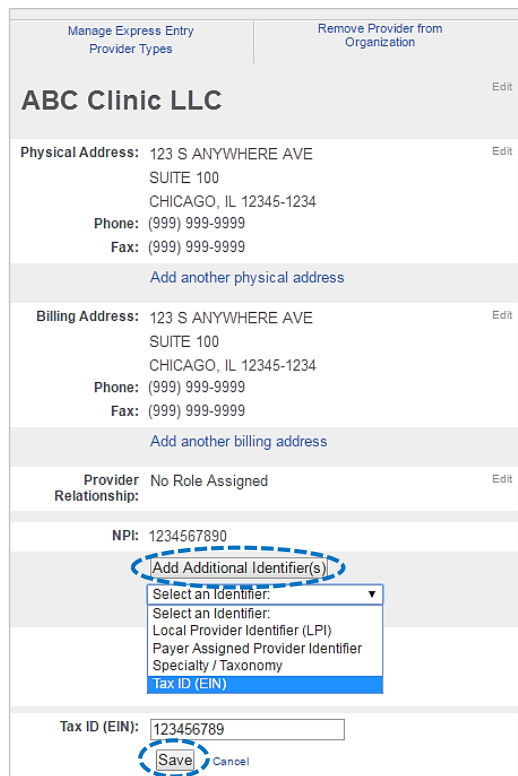
2) Express Entry Set-up *(continued)*

- ▶ Expand **Add Provider**

- ▶ Enter NPI number in the **Provider's NPI** field

- ▶ Select **Add Provider**
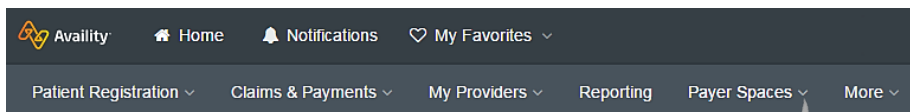
Quick Tips:

→ *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
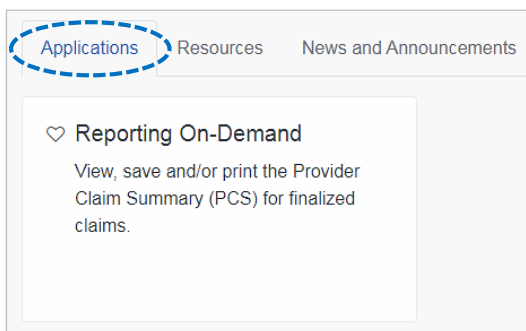
- ▶ Enter Tax ID and select **Save**

3) Accessing Reporting On-Demand

- ▶ Select **Payer Spaces** from the navigation menu
- ▶ Select **Blue Cross and Blue Shield of Oklahoma**

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

▸ In the BCBSOK Payer Spaces section, select the **Applications** tab

▸ Next, select **Reporting On-Demand**

Applications	Resources	News and Announcements

♡ Reporting On-Demand
View, save and/or print the Provider Claim Summary (PCS) for finalized claims.

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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

▸ Choose provider **Organization**

▸ Choose **Tax ID** and **NPI** from drop-down options

 Note: The provider Tax ID and NPI must both be added to Express Entry for the organization to display in the drop-down.

▸ Enter dates in **Search Start** and **End Date** fields

 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.*

▸ Select **Submit**

Report Application   BlueCross BlueShield of Oklahoma

* Report Type
PCS - Provider Claim Summary

* Organization

* Tax ID
Select Tax ID

* NPI
Select NPI

* Search Start Date   * Search End Date
01/01/2019   04/17/2019

☐ - / + 30 days period

Check Number
Enter Check Number

Reset   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

Report Summary   BlueCross BlueShield of Oklahoma

Provider Claim Summary
Provider Name :
Tax ID :

▲ 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	☐

← 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 Oklahoma

PROVIDER CLAIM SUMMARY

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

BEACH SIDE PEDICATRICS
PO BOX 123
SUNNY OK 12345-1234

ANY MESSAGES WILL BEGIN ON PAGE 2

PATIENT: DOE, JANE
PERF PRV: 1234567890   IDENTIFICATION NO: 123456-999999999
CLAIM NO: 0000999999999999x   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 & IL/TX Medicaid PCS Example

Provider Remittance Advice

Servicing Provider Name: SUNSINE REGIONAL HOSPITAL   Payee Name: SUNSINE REGIONAL HOSPITAL

Servicing Provider NPI: 123456789

Patient and Services Information

Account Number: Subscriber #: 123456789   Plan Name: Blue Cross and Blue Shield of Oklahoma

Patient Name: DOE, JANE   Claim Id: 99999M999999

Dates of Service		Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsiblity				Int Owed	Plan Payment	Remarks
							CoPay	Co Ins	Ded Amt	Non Cvrd			
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: 99999M999999			$680.00	$1,060.80	$0.00	$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 Provider Education Consultants.

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