Set-up and User Guide

for

Online Services Direct Data Entry (DDE)

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Summary

This guide explains how to successfully use Direct Data Entry (DDE) to submit claims online:

- Creating your DDE account
- Creating a Patient List
- Creating and submitting a claim
- Tracking and correcting a claim

The guide will assist with the most common DDE set up and claim submission scenarios. If you or your organization need assistance with a unique set-up not covered in this guide, please contact our Website Support team at **1-800-771-4097 Option 2**, M-F 8am-4pm.

Before you begin

For the best experience, we recommend using a supported browser such as Internet Explorer (versions 7, 8 or 9) or Firefox when accessing Provider Central and Online Services (Online Services does not currently support Safari).

To navigate from Provider Central to Online Services and begin entering claims online, you may need to configure your browser to allow "pop ups" from Blue Cross Blue Shield of Massachusetts* (provider.bcbsma.com) and Emdeon (office.emdeon.com). For help configuring these settings, please visit your browser's website.

*Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators, LLC, based on Product participation.

Step-by-step instructions

The following section will guide you through the *Direct Data Entry (DDE) Set-up Wizard*. Once complete, please continue on to "*Creating your Patient List*" to complete your account set-up.

Please note: After completing account set-up, **you'll need to wait 24 hours** before you can submit a claim to allow the system to capture and update your information.

STOP

Before you begin….you will need the following information:

This information MUST match our records to submit a claim.

- NPI
- Social Security number (SSN), Tax ID Number (TIN) or Employer ID Number (EIN) of the NPI you are registering.

Contact **Provider-Enrollment@bcbsma.com before proceeding** if you are unsure of this information.

Step	Action
1	Sign in to **bluecrossma.com/provider**.
2	Click **eTools** in top navigation bar.
3	Click **Online Services**.
4	Click **Go Now** then **Continue**.
Provider Organization and Type screen (screen 1 of 6)	
5	Click **Create** in the **Claims** dropdown menu found at the top of the screen.
6	Click **Start Setup**.
7	Enter **Organization Name**. The Organization Name may be the organization or physician name (e.g., John Doe LICSW or ABC Group Practice).
8	Select your **Organization Type** from the dropdown. For solo providers, there is no difference between selecting Individual or Solo Provider as an Organization Type.
9	Click the **Next Step** link on right side of screen.

Setting up your DDE account (cont.)

Tax ID and Type screen (screen 2 of 6)	

This information _MUST_ match our records to submit a claim.	10	Enter SSN, TIN or EIN.
	11	Select type from the **Type** dropdown.
	12	Click **Save Tax ID**.
	13	Click **Next Step** link on right side of screen.

Address Information screen (screen 3 of 6)	

User Tip: If you have **multiple sites,** you will repeat this section once for each site. Using a nickname for the "Name/Location Description" will help you distinguish between multiple sites or site/billing (e.g., "John Doe-Boston").

14	Enter **Location/Name Description** for your site address.
15	Enter site address.
16	Enter site city.
17	Select state from dropdown.
18	Enter site zip code.
19	Enter site telephone number.
20	Select box next to **Services are rendered at this address**.

User Tip: If your **site and billing address are the same,** you should also check the box next to **Payments may be sent to this address**. This will not change where we issue your payments; payments will continue to be issued to the address we have on file.

21	Click **Save Address**.

If your billing address is different than your site address you **must** click **Add New Address** and repeat steps 14-22 to add your billing address. **Failure to do so will prevent you from submitting claims**.

22	Click **Next Step** link on right side of screen.

Setting up your DDE account (cont.)

| Provider Information screen (screen 4 of 6) |

User Tip: If you are a **group with multiple providers** or you are **credentialed with multiple taxonomy codes** (specialties), you must complete this section (step 4 of 6) for each provider or taxonomy code. Contact **Provider-Enrollment@bcbsma.com** before proceeding if you are unsure of your taxonomy codes.

23	Enter provider's first name.
24	Enter organization name/provider's last name in the **Organization/Last Name** field.
	Adding the specialty to the last name may assist in identifying the account later (e.g., "Doe LICSW").
25	Enter provider's NPI.
26	Select provider's specialty from the **Specialty** dropdown.
27	Click **Save Provider**.
28	Click **Next Step**.

| Payer Information screen (screen 5 of 6) |

If you have multiple site addresses or providers, you must complete this section for each site address.

29	Select provider from **Provider** dropdown.
	*If this is your first set-up, click **Edit Payer List**, check the box next to Blue Cross Blue Shield of Massachusetts, and then click **Update Favorites**.*
30	Select "Blue Cross Blue Shield of Massachusetts" from **Payer** dropdown.
31	Select service address from dropdown.
32	Select Tax ID from dropdown.
	Select SSN if the performing and billing provider tax IDs are different (typically, you will only need to do this if you are setting up a group).
33	(*Situational*) Enter Group NPI in **Group NPI** field. **Please note:** This step needs to be completed only if you are setting up a group.
34	Click **Save Payer Information** or **Save and Add** if adding additional providers.
35	Click **Next Step**.

Setting up your DDE account (cont.)

Submitter Information screen (screen 6 of 6)		

36	Enter contact name. *Contact Name* is the name of the user submitting claims.
37	Select your provider/organization from **Provider Organization** dropdown.
38	Select address in **Existing Address** dropdown.
39	Click **Save Submitter Info**.

Congratulations! You have successfully added a Provider Organization.

There is a 24-hour update period after you complete registration.

Please wait 24 hours before submitting your first claim.

Creating a Patient List

Step-by-step instructions

The following section will guide you through creating a Patient List. This is the second part of setting up your DDE account. Once complete, your Patient List will help you save time and prevent errors when creating claims.

A Patient List <u>must</u> be created before submitting a claim.

STOP

Before you begin….you will need the following information:

- Patient information (including member ID with alpha prefix)
- Subscriber information (including the date of birth)

Best Practice: If you are unsure of this information, we recommend checking patient eligibility **before adding the patient** to your Patient List by clicking the **Eligibility** tab in Online Services and performing an eligibility inquiry.

Step	Action
1	Place cursor over **Claims**.
2	Click **List** in dropdown.
3	Click **Patient List**.
4	Select "Blue Cross Blue Shield of Massachusetts" from **Payer** dropdown.
5	Click **Add Patient**.

Screen **1 of 2**	Patient Detail

6	Enter patient account number in **Patient Account #** field. *Patient Account Number may be 1-16 characters and can include both alpha and numeric values as well as spaces. All count towards the 16-character maximum.*

User Tip: If your office does not use patient account numbers, create a unique value (e.g., 001, 002, etc.). Be sure not to reuse this value for other patients you treat. You do not need to create an additional number for the insured.

7	Enter patient last name.
8	Enter patient first name.
9	Enter patient date of birth.
10	Select patient gender from **Gender** dropdown.
11	Enter patient address.
12	Enter patient city.

Creating a Patient List (cont.)

	13	Select patient state from **State** dropdown.
	14	Enter patient zip code.
	15	Enter patient Member ID (including Alpha prefix). *Note: Do not enter suffix if present*

> **User Tip:** "**Self**" = Subscriber/Insured
> "**Spouse**" = Spouse
> "**Natural child insured responsible**" = Dependent

	16	Click **Next Tab** (Internet Explorer users only).

Screen **2 of 2**	Insured Detail Tab

> **User Tip:** If your **Patient is also the Insured** (policy holder or subscriber) the Insured Detail section will be auto-filled. You may continue to step 26 (click **Save**).

	17	Enter member ID (including alpha prefix) in the **Insured ID** field. Note: Do not enter suffix if present.
	18	Enter subscriber last name.
	19	Enter subscriber first name.
	20	Enter subscriber date of birth.
	21	Select subscriber gender from **Gender** dropdown.
	22	Enter subscriber address.
	23	Enter subscriber city.
	24	Select subscriber state from **State** dropdown.
	25	Enter subscriber zip code.
	26	Click **Save.**
	27	Click **To Patient List**.
		You will now see the patient in your Patient List (and if applicable the subscriber on the policy).

Congratulations! You have successfully added your first patient to the Patient List.

> ⚠ Select "Blue Cross Blue Shield of Massachusetts" from the **Payer** dropdown then click **Add Patient** to begin adding additional patients to your Patient List.

Creating and submitting a claim

Step-by-step instructions

The following section will guide you through creating, saving, and submitting a claim.

STOP

Before you begin….the following must be complete:

- Added your provider/organization and allowed **a full 24 hours** for the system to update
- Added the patient(s) to your Patient List

If you have not completed both of these steps you must do so before submitting your claim.

Step	Action
Open a new claim	
1	Place cursor over **Claims**.
2	Click **Create**.
3	Select your provider/organization from **Step 1- Select Organization** dropdown.
4	Select pay-to address and provider from **Step 2 – Select pay to address and provider** dropdown.
5	Select "Blue Cross Blue Shield of Massachusetts" from **Step 3 – Select payer name** dropdown.
6	Select service address in **Step 4- Select a service address**. *Note: If you have multiple site addresses, click the radio button next to the appropriate servicing address.*
7	Click **Continue to Claim Data** button.
Enter your claim data	
8	Click **Select Patient** button. Your patient list will be displayed.
9	Click "Select" next to the patient you are creating a claim for under the Action field**.** Your *patient's information will be auto-populated on the claim.*

User Tip: We recommend entering data only where it is required, in the shaded fields.

10	Select "Yes" from **Assignment of Benefits** dropdown in the Insurance Information section. *"Yes" indicates that the member gives us permission to pay the provider for services rendered.*
11	Select "Yes" from **Release of Information Indicator** dropdown in the Insurance Information section. *"Yes" indicates that the member authorizes us to disclose certain medical and claims information with the provider.*

12	Enter diagnosis code(s) in **Diagnosis Code** field(s).
13	Enter service start date in **Start Date** field.
14	Tab or click to **End Date** field. End date will auto-populate.
15	Enter place of service code in **Place Code** field. *Note: Place Code defaults to "11" (Office). Click on the magnifying glass icon to change place of service.*
16	Enter procedure code in **Proc** field.
17	(*Situational*) Enter modifier in **Mods** field if you bill using modifiers.
18	Enter diagnosis code pointer in **ICD Pointers** field (ICD-10 when applicable). Enter "1" if only one diagnosis code was entered or if first diagnosis code entered in step 10 is primary. *Note: If your claim has multiple diagnosis codes, indicate which is primary, secondary, tertiary, etc. by entering the corresponding box number from Step 10. For example, entering "12" would indicate the diagnosis code in box 1 is primary and box 2 is secondary.*
19	Enter number of units in **Units Qty** field. Be sure this field is not left as "0.0" and that the **Unit Type** dropdown is set to "Units."
20	Enter dollar amount in **Charges** field. If you have multiple lines, repeat steps 11-18 for each additional line. If you require more than the default 4 lines, select the amount of additional lines needed from the dropdown and click **More Lines(s)**. You can have up to 10 lines in total.
21	(*Situational*) If your claim is employment-related or accident-related, fill out the shaded fields in the Accident/Symptom Information section.
22	(*Situational*) DME providers or Independent Clinical Labs: Complete the **Referring Provider NPI**, **Referring Provider Last Name** and **First Name** fields in the Other Information section.
23	Click **Save**.
24	Select **Close** to close the claim screen or **New Claim** to create an additional claim(s) before submitting.

> ⚠ **Your claim has not been submitted yet. Please continue with the steps below.** ⚠

Creating and Submitting a Claim (cont.)

25   Click **Claim List**.

26   Select "Saved/Unsubmitted" from **Status** dropdown.

27   Select "All" from the **Claim Type** dropdown.

28   Click **Search** on the right hand side of the screen.
            All unsubmitted claims will be displayed.

29   Check boxes next to claims you wish to submit or click **Select All**.

30   Click **Submit Selected** button.

STOP	A Batch Number will be displayed. This is <u>**not a confirmation**</u> that Blue Cross received your claim. **To confirm we received your claim, go to the Tracking your claim section of this guide.**

NEXT STEP: Tracking your claim

Tracking your claim

Step-by-step instructions

The following section will guide you through tracking claims. This step ensures that we receive your claims for processing.

> 🛑 **STOP** **It is your responsibility to ensure that Blue Cross Blue Shield of Massachusetts receives your claim.**

Timely filing guidelines apply to all claims, regardless of how they were submitted. You can review these guidelines in Section 3: Billing and Reimbursement of our Professional Blue Book on Provider Central.

> ⚠️ To ensure there are no issues your claim that would delay processing, a claim must pass through two "edits" or checkpoints before getting to Blue Cross.
>
> Typically **this process takes 24 hours;** however, in some cases it may take up to 48 hours.
>
> The steps below will show you how to **confirm that your claim passed both sets of "edits"** using the Claim Confirmation Report and the Reporting & Analytics Dashboard.

Step	Action
1	Log on to Provider Central and go to **eTools>Online Services**. On the page, click **Go Now**.
2	Click the **unread** message link under **Message Center** found on your Online Services homepage.
3	Double-click the message titled **Claim Confirmation Report** for the date your claims were submitted.
4	Select **Attachment** to view the report.

Tracking your claim (cont.)

> **User Tip:** If your claim is "rejected" on the Claim Confirmation Report, note the patient name, date of service, and reason for rejection, and go to the "Correcting your claim" section for help with correcting a claim.

5   Close the message.

6   Click **Reporting & Analytics** in the **Claims** dropdown at the top of your screen.

7   Select search timeframe from dropdown (yesterday, past 7 days or past 8 weeks). If you do not see these options, please see our FAQ section.

8   Check the columns titled "Emdeon Reject Quantity" and "Payer Reject Quantity". Payer = Blue Cross Blue Shield of Massachusetts **Reminder:** Data takes 24 hours (and may take up to 48) to appear.

     Success – If the amount in both of these columns _is "0"_ your claims were successfully sent.

     Failure – If the amount in either of these columns _is not "0"_ your claims _were not successfully sent_.

Click File ID to view error details

If the amount in either of these columns is not "0" your claim(s) did not make it to BCBSMA

File Summary Status

File Received Date	File ID	File Status	Received Claim Quantity	Emdeon Reject Quantity	Payer Reject Quantity	Claim Amount
03/10/2014	EP0UTQS01OXJ3E9	Accepted	1	1	0	$10.00

9   Click on the **File ID** link to access the error details in Claims Summary. Note the **Patient Name**, **Date of Service** and (reject) **Message** and continue to the "Correcting your claim" section for assistance with correcting and re-submitting your claims.

Worked	Patient Name	DOB	Insured ID	PCN	DOS	Amount	Payer ID	Payer Name	Emdeon Claim ID

Emdeon-Rejected
 Site ID:
  File ID: EP0UTQS01OXJ3E9

| ☐ | DOE, JOHNNY | 12/01/1970 | XXA123456789 | 001 | 01/21/2014 | $10.00 | SB700 | Blue Cross Blue Shield of Massachusetts | EP031014742835085 |

Message: -Rendering Provider NPI: Invalid; Must match the NPI registered with Payer -Billing Provider NPI: Invalid; Must match the NPI registered with Payer -Subscriber Primary Identifier: Invalid; Does not match Identifier registered with Payer

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Correcting your claim

Step-by-step instructions

The following section will guide you through editing or correcting a claim. **This section only applies to claims entered through DDE that were not accepted by Emdeon or by the Payer (Blue Cross Blue Shield of Massachusetts).**

Step	Action
1	Select **List** from the **Claims** dropdown at the top of the screen.
2	Locate the claim that rejected by selecting: Status = Submitted Claim Type = All Enter Date of Service Enter patient's last name in Search Text
3	Click **Search**.
4	Click **Edit** under the **Action** field next to claim you wish to correct.

> **User Tip:** If your claim rejected for patient information, correct your Patient List prior to correcting a claim.
>
> If your claim rejected for Provider Set-up, see our FAQ at the end of this guide for assistance with correcting your Provider Set-up.

Step	Action
5	Correct fields containing errors.
6	Click **Save as New Claim**. Repeat Steps 1– 6 if you have multiple claims to correct.
7	Click **Close**.
8	Select **Saved/Unsubmitted** from **Status** dropdown.
9	Click **Search**.
10	Check boxes next to claims you wish to submit.
11	Click **Submit Selected** or **Submit All** button. You have resubmitted your corrected claims.

Be sure to track your resubmitted claims.

> A Batch Number will be displayed. This is **not a confirmation** that Blue Cross received your claim. **To confirm we received your claim, go to the Tracking your claim section of this guide.**

Correcting a claim

Step-by-step instructions

> **STOP** **Important: You'll need to wait for the claim to process and finalize _before_ you submit a replacement claim.**

Replacement Claim Requests/Frequency 7

Please note: Timely filing submission guidelines still apply for claim replacements.

> **STOP** **Before you begin….you will need the following:**

- The claim number for the denied claim. You can get the claim number by:
  - Doing a Claim Status inquiry in Online Services.
  - Finding the remittance advice in Payspan.

Step	Action
1	Select **List** from the Claims dropdown at the top of the screen.
2	Go to the **Action** column and click on "Edit" for the claim you are resubmitting.
3	Make your changes in the claim template. In the section labeled, **Step 9 – Other Information**: • Enter the number 7 in the field, **Resubmission Code** • Enter the original claim number in the field, **Resubmission Reference Number**

Correcting a claim (cont.)

⚠️	**Do not click the box next to** Route Claim for Supplemental Data Entry**.**

4   Click **Save as New Claim**.

5   Submit your claim:

Go to your Claims List.
In the **Status** dropdown menu, select **Saved/Unsubmitted**.
Click **Search.**
Click on the check box for the claim you are resubmitting.
Click **Submit Selected**.

Direct Data Entry (DDE)

Frequently Asked Questions

Q: **Why can't I access Online Services?**
A: You may have a Pop-Up blocker preventing you from gaining access to Online Services.

        To successfully navigate from Provider Central to Online Services and begin entering claims online you may need to configure your browser to allow "pop-ups" from Blue Cross Blue Shield of Massachusetts (provider.bcbsma.com) and Emdeon (office.emdeon.com).

        For assistance with configuring these settings, please select "help" in your browser.

Q: **Where can I find more information on how to submit my claims using DDE?**
A: Log on to Provider Central, place your cursor over the **eTools** menu, and select **Online Services** from the dropdown. There you will find resources such as Quick Tips.

Q: **What types of claims can be submitted using DDE?**
A: DDE can be used for all professional claims when Blue Cross Blue Shield is the primary payer and no supplemental documentation is required.

Q: **Will I be able to submit Blue Card claims using DDE?**
A: Yes, you can use DDE to submit Blue Card claims as well as Blue Cross Blue Shield of Massachusetts claims. Claims for Blue Benefit Administrators (BBA) must be submitted directly to Blue Benefit Administrators of MA. Please see the BBA appendix in the *Blue Book* on Provider Central for additional information.

Q.   **Can I submit claims electronically via DDE for members having "BBA" benefit designs?**
A.   Claims for BBA members cannot be submitted via DDE. However, you may submit claims electronically directly to Blue Benefit Administrators. Alternately, you may submit these claims on paper directly to the Blue Benefit Administrators. Please see the BBA appendix in the *Blue Book* on Provider Central for additional information.

Q: **I need to look at claims reports going back further than 8 weeks. How do I do that?**
A: Under the **Claims** heading in Online Services, click on **Reporting & Analytics**.
        Click the second **Claims** dropdown and select **Payer Search**.
        Enter a date range and click **Submit**.

Q: **I do not see the search dropdown containing** yesterday**,** past 7 days**, or** past 8 weeks **options. How do I access this?**
A: Under the **Claims** heading in Online Services, click on **Reporting & Analytics**.
        Click **Set Preferences** under the **Preferences** dropdown.
        Click **Reset**.
        You will need to log out and log back in to see your changes.

Q: **How many lines can I have on a claim when I am using DDE?**
A: You may submit a total of 10 lines per claim and no more than 99 lines per batch.

Q: **I created a claim with 12 dates of service but it rejected. Why?**
A: Although the application allows you to create more than 10 claim lines, the system only accepts 10 lines per claim and 99 lines per batch of claims.

Q: How do I change my Provider Setup Information?
A: Go to Online Services.
Click the **Claims** dropdown and select **List**.
Click the **Provider Setup** link.
Click the **Action** dropdown and select the part of the setup you would like to update.
On the next screen, click the **Action** dropdown and select **Edit**.
Make edits and save.

- You may receive a pop-up message from Emdeon after updating your setup. Be sure to follow the directions contained in the pop-up.
- It is important to note that you will need to create brand new claims for future submissions once you have changed your Provider Setup information. Failure to do so will result in a claim error.

Q: I don't use Patient Account Numbers in my office, what should I do?
A: The Patient Account Number is a required field. When creating your Patient List, you can use letter or number sequences such as ABC, 001, 002, etc.

- We recommend you <u>do not</u> use the member identification number or the address of the member in this field.
- This field is limited to a total of 16 characters (spaces included)

Q: How do I add additional members on the same policy to an existing Patient List record?
A: Click **List** in the **Claims** dropdown.
Click **Patient List**.

To add a dependent:
1. Select the check box next to the insured's name.
2. Click **Add Patient** and follow the prompts (be sure to create a new Patient Account Number).

To add the insured:
1. Select **Edit** next to the insured's name.
2. Enter a unique Patient Account Number
3. Review information on the Patient and Insured sections.
4. Click **Save**.

Revision history

Date	Changes
June 2016	Added the section, *Correcting a Fully Denied Claim.*

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