

IHS/PRC Fiscal Intermediary Overview

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Agenda

- Claims Processing
- Best Practices
- Claim Pricing and Payment
 - Medicare-Like Rates
 - PRC Rates
 - Contracts
- Tribal Programs
- Systems & Reporting
 - Paper Claims and Optical Character Recognition (OCR)
 - Electronic Claims
- FI Web Portal
- Provider Portal

Claims Processing

FI Claims Processing

- Claims received on paper and electronically
 - Inpatient / Outpatient / Professional
 - Dental
 - Non-patient specific invoices
- Purchase Delivery Order (PDO) matched with claim
 - Electronic PDO received from each Area
 - Patient / Provider / Health Record Number verified
 - Dates of Service

FI Claims Processing (cont.)

- Claim Edits
 - Will pend for research and/or additional required information
 - Will pend if over threshold (Tribal Program)
- Claims price at PRC rates, Medicare-like rates, or in accordance with contract/ pricing agreements
- Claims set to pay once edits are resolved

Coordination of Benefits

- Coordination of benefits occurs on approximately 50% of all claims; IHS is payer of last resort
- Critical to have updated alternate resource information on file
- The FI system is updated with COB information received via:
 - Hard Copy Purchase Order
 - Claim
 - Explanation of Benefits (EOB)
 - Electronic Submission from IHS

Data Collected

- Patient Information
- Alternate Resource Information
- Purchase Order Information
- Claim Information, including:
 - Financial Information - Billed / Allowed / Paid
 - Diagnosis and surgical procedure
 - Billing coding – Revenue, CPT and HCPCS
 - Dates of Service
- Provider Information

Best Practices

Best Practices

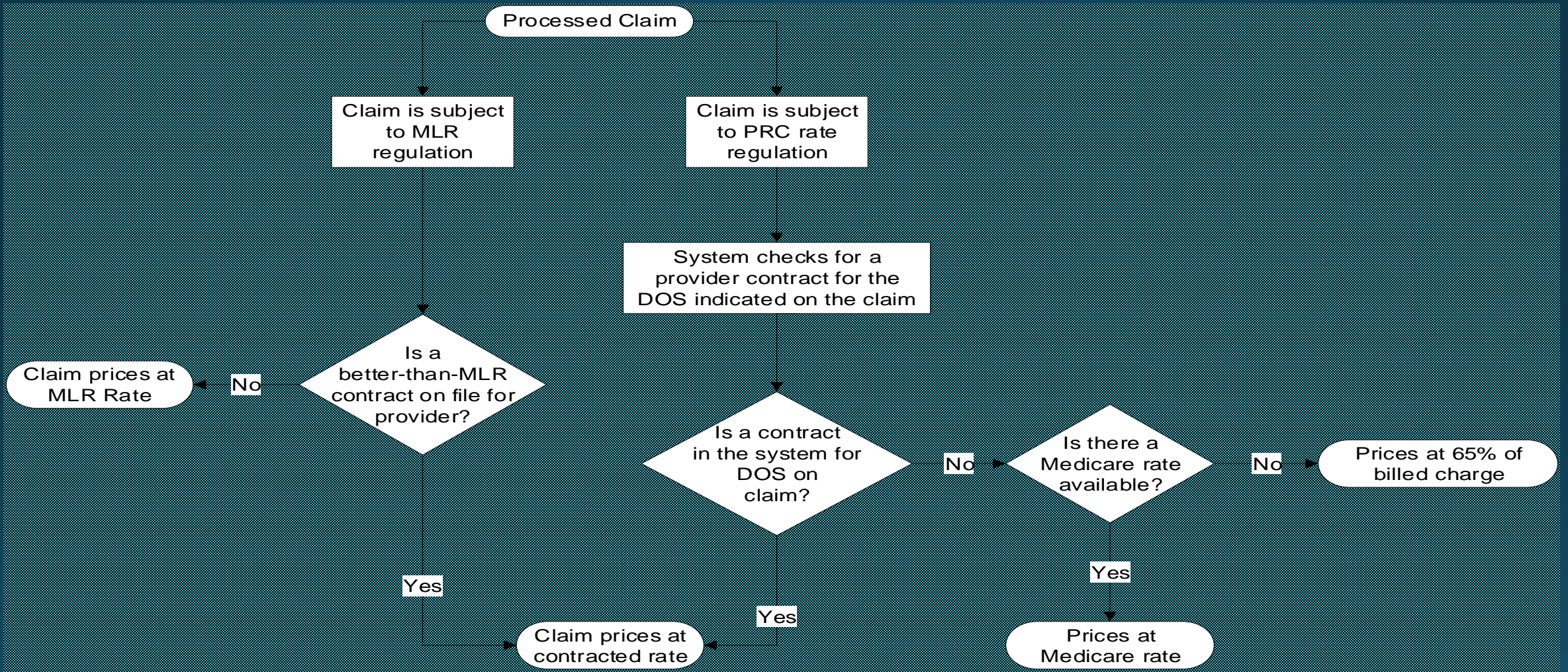
- Coordinate with vendor who will be submitting documents
- Pointing Purchase Orders
 - Do not provide the new PO to vendors, as this will create duplicates
 - Blanket Purchase Orders can not be pointed
 - Call Customer Service Help Desk or email a list via secure email
 - Do not cancel the original PO until the point process at the FI has been completed
- Delays in Points
 - EPO transmission has not been received by FI
 - Patient Mismatch
 - EIN Mismatch
 - Pointing Purchase Orders
 - PO dates are out of range for Date of Service

Best Practices Continued

- Ensure all documents sent to the FI have the PO number written them
- Identify if a PO is a Rush, CHEF, Blanket

Claim Pricing and Payment

Pricing Process Flow



FI Support for IHS/PRC Contracting

- Database of over 15,000 providers nationwide
- Store contract and pricing information
- Provide input on pricing options and proposed contract methodologies
- Phone support to explain provider payments

Medicare-Like Rates (MLR)

- Inpatient and outpatient facility services, including:
 - Acute Care hospitals
 - Critical Access hospitals
 - Long Term Care hospitals
 - Subunits of inpatient hospitals
 - Psychiatric hospitals
 - Rehabilitation hospitals
 - Skilled Nursing Facilities

MLR Pricing

- Both Federal and Tribal claims price at MLR
- Total payment from all payers may not exceed the MLR
 - Provider agreements cannot pay more than MLR
 - Provider agreements can pay less than MLR (rarely used)
- Per Diem rates may be negotiated for facilities not subject to MLR

Purchase Referred Care (PRC) Rate

1. Is there a contract or rate quote agreement in place?
If yes, price per agreement
2. Is a Medicare rate available?
If yes, price at the Medicare rate
3. Price at 65% of billed charge

Services Subject to PRC Rates

- Physician and other professional services
- Ambulance services
- Home health services
- Hospice services
- Ambulatory Surgical Center (ASC) services
- End Stage Renal Disease (ESRD) services

PRC Rate Pricing Method

- The FI pays the lesser of:
 - The FI priced amount, or
 - The patient responsibility indicated on the EOB

Federal and Tribal Application

- All Federal claims price at PRC Rates
- Tribal Programs are automatically opted out of PRC Rates
 - Update funding agreement to opt in
 - Notification received from Contracting Officer Technical Representative (COTR) on effective date

PRC Rate FAQ

- Are contracts and provider agreements still needed under PRC rates?
 - If the provider is willing to accept the Medicare rate, an agreement is not needed.
- What if the provider will not accept Medicare rates?
 - Unlike MLR, you can negotiate a rate that could be higher, such as the provider's most favored customer rate.

PRC Rate FAQ (cont.)

- Are any services not covered by PRC rates?
 - Non-medical services (e.g., lodging, mortuary)
 - Services that are not patient-specific
 - These pay at 100% billed charge unless an agreement is in place specific to the service.
- What about dental, vision, and hearing providers?
 - Services that do not have Medicare rates will price at 65% billed without a provider agreement.
 - Consider one of the following:
 - Percent of billed charge
 - Fee schedule (must have valid codes for billing and one fee per code)

Contracts

- Agreements must include...
 - Provider's Taxpayer Identification Number
 - Effective/term dates
 - Provider's signature/date
 - Contracting officer's signature/date
 - Provider's Medicare participating status
 - Payment instructions
 - W-9

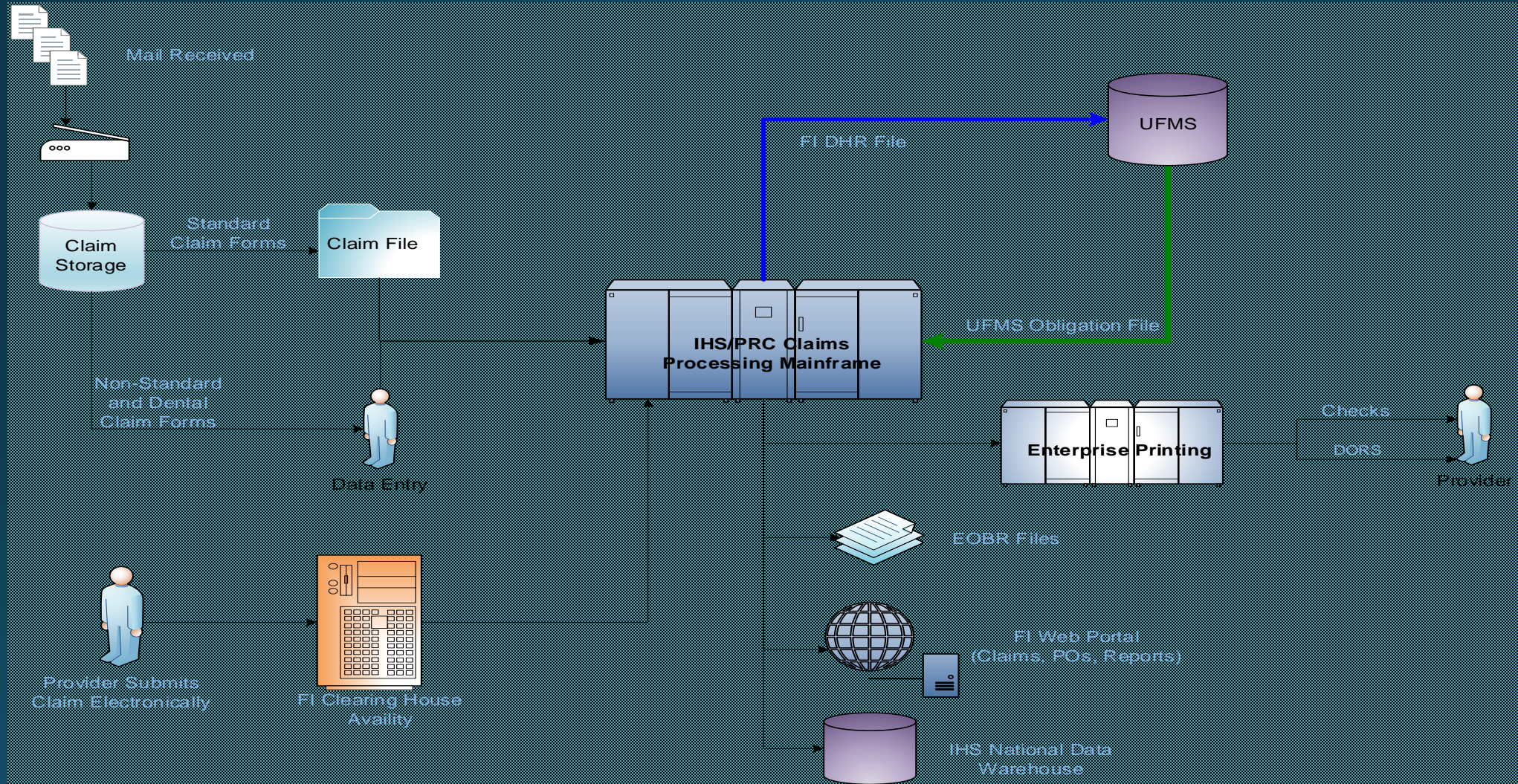
Tribal Programs

Requirements

- Documents
 - Memorandum of Understanding (MOU)
 - Business Associates Agreement (BAA)
 - Tribal Survey
 - Bank Account – Tribes manage their own bank accounts
- Electronic Transmission
 - PDOs generated through CHS/MIS
 - PDOs/EOBRs electronically sent / picked up
- Contracts
 - Tribal Program owns the relationship with the providers

Systems and Reporting

System Overview



Paper Claims

What does my provider need to do to submit claims?

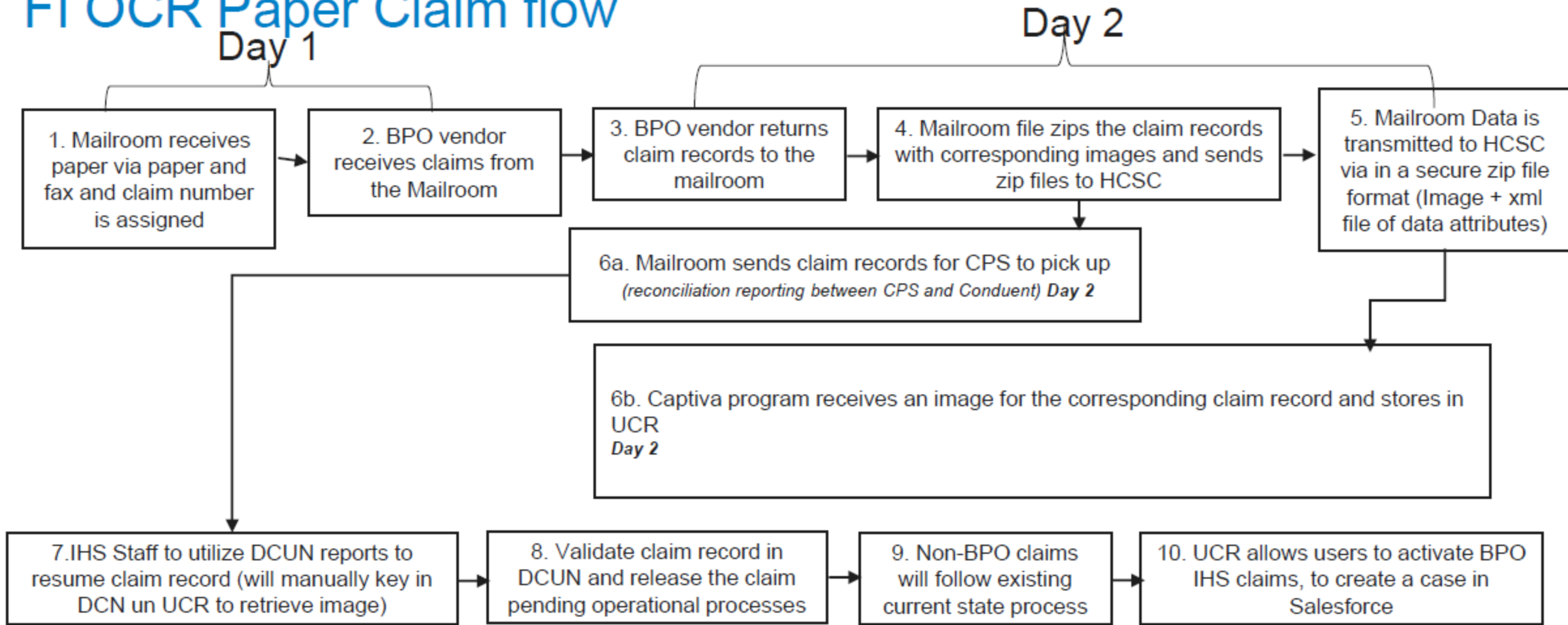
- Clearly write the PDO number [10 alphanumeric characters with no dashes or spaces] and the IHS Patient HRN [6 digits total including a leading zero] on the claim as follows:
 - CMS-1500 form: PDO# in Box 23 and HRN Box 1a
 - CMS-1450 form: PDO# in Box 63 and HRN in Box 80
 - ADA form: PDO# in Box 35
- Mail the packet to the FI's address. Claims should not be faxed – faxed copies are often illegible, which may cause delays in processing.
- If your provider has never filed a claim with the FI, they must submit a W-9 form with the claim.

<https://www.bcbsnm.com/ihsfi/providers>

Optical Character Recognition (OCR)

- OCR is ...
 - the conversion of typed, handwritten, or printed text into a file - from a scanned document
 - widely used as a form of data entry and is a common method of digitizing printed material for use in computer processing
- Allows medical claims, on standard forms, to be scanned in, information digitized and put into a data file that is sent to the FI's claims processing system.
- Claims that have been through the OCR process and do not hit edits will be paid earlier than claims in process.

FI OCR Paper Claim flow



Terms: BPO - Business Process Outsourcing

CPS - Claim processing system

UCR - Universal Content Repository

Day 3

Electronic Claims

What does my provider need to do to submit claims electronically?

- IHS specific information is required
 - <https://www.bcbsnm.com/ihsfi/providers>
- Provider sends claim to their clearinghouse
 - Provider clearinghouse sends claim to Availity
 - Availity sends claim to IHS/PRC FI to be loaded into the claims processing system
- FI has the ability to process Alternate Resources (AR) information
 - If the FI has record of other insurance and it does not appear on the claim, the FI will request EOBs
 - If the FI has no record of other insurance but the claim details additional insurance, the FI will request an EOB.

Pre and Post-Pay Reviews

- Appropriateness of care using Milliman guidelines
- Length of stay comparisons to industry
- Quality of care issues identified
- Targeted reviews upon request
- Performed by registered nurses and/or physicians

Reporting

- Recurring Reporting
 - Financial & program management data
 - Weekly, monthly, quarterly, semi-annual, annual
- Ad Hoc Reporting
 - Unique reports for specific data needs, including:
 - Pricing comparisons for contract negotiation
 - Trending for utilization (i.e., payments for specific diagnosis)
 - Analysis of services for cost/benefit analysis

Best Practices

- All documents submitted to FI need a Purchase Order written on it
- Notify FI of the AR term date
- Ensure the date(s) on the Purchase Order match the claim
- Allow 30 days for claims to be processed

FI Website

FI Website



Home Page

- Layout
- Features
- Navigation

FI Website

Main Menu

Hello Philip Otero Test

[✉ Contact](#) [🏠 Complaint Form](#) [🚪 Log out](#)



Indian Health Service

Purchase Referred Care Fiscal Intermediary Web Portal

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

FI Website

Hello Philip Otero Test

Contact Complaint Form Log out

Indian Health Service
Purchase Referred Care Fiscal Intermediary Web Portal

Home FI Reference FI Search + Report Repository DRG Disclosures Manage

FI Reference Manuals

Click the links down below ↓ to see what type of information each section provides.

- Copy of the FIRM
- Overview
- Customer Service
- Purchase Delivery Orders
- Claims
- Alternate Resources
- Medicare-Like Rates
- Provider EINs and Contracts
- Reports
- Pended Claims & Codes
- Reject Codes
- Acronyms/Glossary
- Provider Handouts
- FI Updates Newsletters
- Request Access

Note: Changes to the FI Reference Manual are made online. If you print a hard copy, be sure to check routinely to determine if updates have been made. Last update was effective 6/22/2022.

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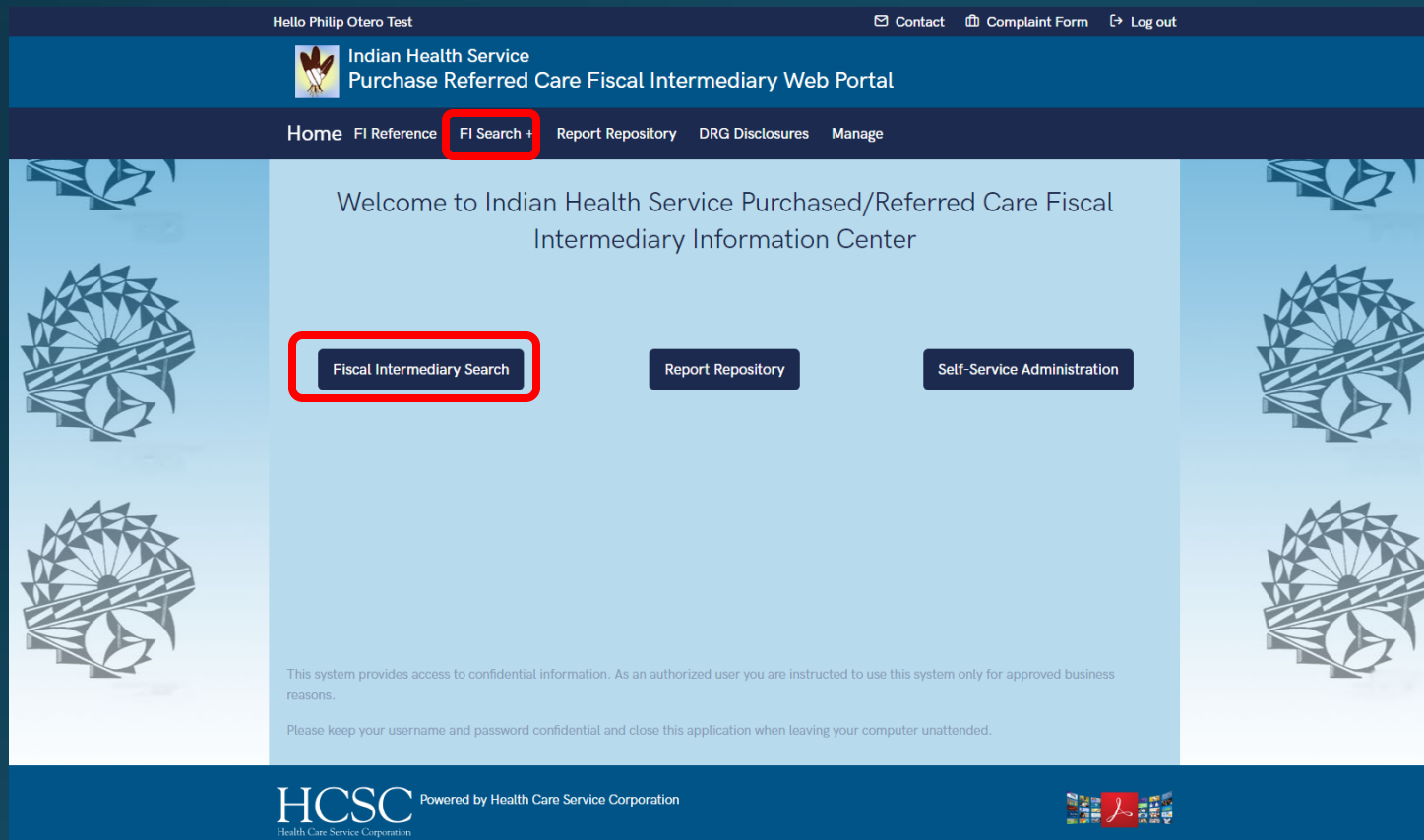
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Download Acrobat Reader DC

FI Reference

- FI Reference Manual (FIRM)
- Newsletter
- Access Request

FI Website



FI Search

- Purchase Orders
- Claims Details
- Patient Information
- Provider Information
- Medicare Fee Schedule

FI Website

The screenshot displays the Indian Health Service Purchase Referred Care Fiscal Intermediary Web Portal. At the top, there is a navigation bar with the user name 'Hello Philip Otero Test' and links for 'Contact', 'Complaint Form', and 'Log out'. Below this is a header with the Indian Health Service logo and the text 'Purchase Referred Care Fiscal Intermediary Web Portal'. A secondary navigation bar includes 'Home', 'FI Reference', 'FI Search +', 'Report Repository', 'DRG Disclosures', and 'Manage'. The main content area is titled 'Purchase Order Inquiry' and features three primary buttons: 'Provider or Contract Records', 'Purchase Order Inquiry', and 'Medicare Fee Schedule'. Under the 'Purchase Order Inquiry' button, there are two search options: 'View by Purchase Order (PO) Number' and 'Search by Purchase Order (PO) Number'. Each option has a text input field for the 'Purchase Order Number' and a corresponding green button: 'View Purchase Order' and 'Search Purchase Order'. The footer contains the HCSC logo (Health Care Service Corporation), copyright information for Blue Cross and Blue Shield of New Mexico, Inc., and a link to 'Download Acrobat Reader DC'.

PO Inquiry

- View Specific PO Number
- Search a list of POs

FI Website

Purchase Orders **Purchase Order Information** **Provider or Contract Records**

Purchase Order # 22-G00-00000

Purchase Order Information		Patient Information	
Facility	000000	Patient Name	PATIENT NAME
PO Type	64	HRN	00000
Provider EIN	123456789-00	FI Patient Number	000000
Blanket	N	Obligation Information	
Referral Type		OCC	256R
Multiple Claim	N	SCC	254D
Claim Number		CAN	J000K00
Canceled	N	Estimated Charges	\$500.00
Sterilization		Obligation	500.00
ISODC		Date Information	
Chef Indicator	PATIENT NAME	Date Issued	10/19/2021
		Date Entered	11/16/2021
		Authorized For	10/18/2021 thru 10/18/2021

To view another PO, enter a PO number and press View.

22G0000000 **View**

Claim **Provider** **Patient**

PO Information

- PO detail
- Options to view claim, provider, and patient detail

FI Website

Home FI Reference FI Search + Report Repository DRG Disclosures Manage

[View Purchase Order](#) Claim Information [Purchase Orders](#)

Claim # 1234567890

Claim Information		Claim Information	
Billed Amount	\$4,329.11	Patient Name	PATIENT NAME
Priced Amount	\$2,813.92	Provider Name	PROVIDER NAME
Paid Amount	\$2,824.48	Provider EIN	123456789-00
Type	ANCILLARY	Begin DOS	10/12/2021
Status	PAID	End DOS	10/12/2021
Adjustment	N	Timeliness	C
Paid Date	02/24/2022	PPA	C

To view another claim, enter a claim number and press View.

[View](#) [Line Level Info](#)

FI Website

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

[Provider or Contract Records](#) **Provider Information** [Purchase Orders](#)

Provider Name : PROVIDER NAME

Provider Information		Provider Address Information	
Provider EIN	123456789-00	Address 1	PO BOX 1234
Provider Type	10	Address 2	
Medicare Number		City, State	CITY ST
Pend Code		Zip	12345
Carrier / Locality	05102/00	Phone Number	(877)555-5555

To view another provider, enter a provider number and press View.

[View](#) [Addresses](#) [Contracts](#)

FI Website

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

[View Purchase Order](#) **Patient Information** [Purchase Orders](#)

Patient Name # PATIENT NAME

Patient Information		Tribal Information	
FI Patient Number	1234567	Tribe	123 TRIBE NAME TRIBE, AZ
Alternate Name		Community	123 COMMUNITY
SSN	000-00-0000	County	00 COUNTY
SSN Verified	Y	State	00 STATE
DOB	03/18/1963		
Sex	M		
Address			
City, State	CITY, ST		
Zip			

[Alternate Resources](#) [Claim Locator](#) [PO Locator](#)

FI Website

Home FI Reference FI Search + Report Repository DRG Disclosures Manage

Purchase Orders Medicare Fee Schedule Inquiry Provider or Contract Records

Search by Carrier / Locality / Procedure

Carrier:

Locality:

Procedure:

Home FI Reference FI Search + Report Repository DRG Disclosures Manage

Provider or Contract Records Provider Information Purchase Orders

Provider Name : PROVIDER NAME

Provider Information		Provider Address Information	
Provider EIN	<input type="text" value="123456789-00"/>	Address 1	<input type="text" value="PO BOX 1234"/>
Provider Type	<input type="text" value="10"/>	Address 2	<input type="text"/>
Medicare Number	<input type="text"/>	City, State	<input type="text" value="CITY ST"/>
Pend Code	<input type="text"/>	Zip	<input type="text" value="12345"/>
Carrier / Locality	<input type="text" value="05102/00"/>	Phone Number	<input type="text" value="(877)555-5555"/>

To view another provider, enter a provider number and press View.

FI Website

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

[Purchase Orders](#) Medicare Fee Schedule Inquiry [Provider or Contract Records](#)

Search by Carrier / Locality / Procedure

Carrier	Locality	Procedure
<input type="text" value="05102"/>	<input type="text" value="00"/>	<input type="text" value="99214"/>

[Search Medicare Fee Schedule](#)

FI Website

Home FI Reference FI Search + Report Repository DRG Disclosures Manage

Medicare Fee Schedule Medicare Fee Schedule Locator Purchase Orders

Carrier	Loc	Procedure	TOS	Par Price	Non-par Price	Effective Date	Cancel Date
05102	00	99214		\$121.88	\$115.79	01/01/2022	12/31/2022
05102	00	99214		\$122.87	\$116.73	01/01/2021	12/31/2021
05102	00	99214		\$103.28	\$98.12	01/01/2020	12/31/2020
05102	00	99214		\$103.31	\$98.14	01/01/2019	12/31/2019
05102	00	99214		\$102.54	\$97.41	01/01/2018	12/31/2018
05102	00	99214		\$101.77	\$96.68	01/01/2017	12/31/2017
05102	00	99214		\$101.03	\$95.98	01/01/2016	12/31/2016
05102	00	99214		\$101.71	\$96.62	07/01/2015	12/31/2015
05102	00	99214		\$101.21	\$96.15	01/01/2015	06/30/2015
05102	00	99215		\$171.55	\$162.97	01/01/2022	12/31/2022
05102	00	99215		\$171.71	\$163.12	01/01/2021	12/31/2021
05102	00	99215		\$139.00	\$132.05	01/01/2020	12/31/2020
05102	00	99215		\$138.47	\$131.55	01/01/2019	12/31/2019
05102	00	99215		\$138.32	\$131.40	01/01/2018	12/31/2018
05102	00	99215		\$137.11	\$130.25	01/01/2017	12/31/2017

Previous Lines Next

FI Website

Hello Philip Otero Test [Contact](#) [Complaint Form](#) [Log out](#)

Indian Health Service
Purchase Referred Care Fiscal Intermediary Web Portal

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

Welcome to Indian Health Service Purchased/Referred Care Fiscal Intermediary Information Center

[Fiscal Intermediary Search](#) [Report Repository](#) [Self-Service Administration](#)

This system provides access to confidential information. As an authorized user you are instructed to use this system only for approved business reasons.

Please keep your username and password confidential and close this application when leaving your computer unattended.

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Report Repository

- Report Access
- Area, Service Unit, and Facility Reports
- Searching the Repository

FI Website

REPORT NAME	Access Level	Frequency
AC Adjusted Claims Summary	Area, Facility	Daily
AC Adjustments	Area, Facility	Daily
Area Pend Summary	Area	Monthly
Area Pend Summary NOC F	Area	Monthly
Check Register	Tribal Only	Daily
Claims Activity Summary Report	Area, SU, Facility	Monthly
Completed Claims Activity Report – Detail	Area, SU, Facility	Monthly
Contracts In Effect	Area	Monthly
Contracts to Expire	Area	Monthly
Daily EOBR's	Area, Facility	Daily
Daily EOBR Summary	Area, Facility	Daily
Dental Claims Activity Summary Report	Area, Facility	Quarterly
Dental Fee Profile Report	Area	Semi-Annually
DRG Disclosure Statement – By Provider	By Provider	Quarterly
DRG Validation	Area	Quarterly
Lag Study	HQ / Tribal	Annually
Medical Inflation	HQ	Quarterly
Monthly Bank Reconciliation Report	Area	Monthly
Monthly Pending Claims Activity Report	Area, Facility	Monthly
National Pend Summary	HQ / Tribal	Daily
National Pend Summary - NOC F	HQ / Tribal	Daily
OMB Report	Area, Facility	Quarterly
Patient Alternate Resource Report	Area, Facility	Quarterly
Pending Claims Summary Report	Area, Facility	Monthly
Pending Claims Summary Report-Area -NOC F	Area	Monthly
Pending Claims Summary National	HQ	Monthly
Pending Claims Summary NOC-F	HQ	Monthly
Practice Variations	Area	Semi-Annually
Prompt Payment Report Detail	Area, Facility	Monthly
Quality Indicators Reports	Area	Semi-Annually
Standard Sets	Area, SU	Annually
Weekly Bank Reconciliation Report	Area	Weekly
Weekly Pending Claims Activity Report	Area, SU, Facility	Weekly

Available Reports

- Area, Service Unit, and Facility
- Daily, Weekly, Monthly, Quarterly, Semi-Annual, Annual

FI Website



Searching the Report Repository

FI Website

The screenshot displays the 'Report Repository - Search' page. At the top, it says 'Hello Philip Otero Test' and includes links for 'Contact', 'Complaint Form', and 'Log out'. The main header identifies the user as 'Indian Health Service' and the portal as 'Purchase Referred Care Fiscal Intermediary Web Portal'. Navigation links include 'Home', 'FI Reference', 'FI Search +', 'Report Repository', 'DRG Disclosures', and 'Manage'.

The search interface includes a note: 'NOTE: Enter date range for the reports you'd like to see, or leave blank for all. To select multiple areas, service units, facilities or reports for viewing, hold down 'Ctrl' key and click report names.' Below this are fields for 'Start Date' (7/29/2022) and 'End Date' (8/2/2022). There are also sections for 'Select Area(s)', 'Select Service Unit(s)', 'Select Facility(s)', and 'Select Report(s)'. The 'Select Area(s)' dropdown shows '1 item(s) selected' with 'GREAT PLAINS AREA' selected. The 'Select Report(s)' dropdown is open, showing a list of report types, with 'CLAIMS ACTIVITY SUMMARY REPORT - Area' selected. A green 'Search Report' button is visible at the bottom left of the search area.

Searching for Area Level Reports

FI Website

Hello Philip Otero Test [Contact](#) [Complaint Form](#) [Log out](#)

Indian Health Service
Purchase Referred Care Fiscal Intermediary Web Portal

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

Report Repository - Search

Select the Area, Service Unit or Facility and Reports which you wish to view.

NOTE: Enter date range for the reports you'd like to see, or leave blank for all. To select multiple areas, service units, facilities or reports for viewing, hold down 'Ctrl' key and click report names.

Start Date: 8/15/2022 End Date: 8/22/2022

Select Area(s): 1 item(s) selected
GREAT PLAINS AREA

Select Facility(s): Select facility(s) Select All Facilities

Select Service Unit(s): 1 item(s) selected
CHEYENE RIVER

Select report(s):
ServiceUnit
DAILY EOBR - SERVICEUNIT - Serviceunit
DAILY EOBR SUMMARY - Serviceunit
DENTAL CLAIMS ACTIVITY SUMMARY - Serviceunit
DENTAL CLAIMS SUMMARY REPORT - Serviceunit
MONTHLY BANK RECONCILIATION REPORT - Serviceunit
Serviceunit

[Search Report](#)

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Searching for Service Unit Level Reports

Scroll down until this changes from Area to ServiceUnit

FI Website

The screenshot displays the 'Report Repository - Search' page. At the top, it says 'Hello Philip Otero Test' and includes links for 'Contact', 'Complaint Form', and 'Log out'. The main header identifies the site as the 'Indian Health Service Purchase Referred Care Fiscal Intermediary Web Portal'. A navigation bar contains 'Home', 'FI Reference', 'FI Search +', 'Report Repository', 'DRG Disclosures', and 'Manage'. The search interface includes a 'Select the Area, Service Unit or Facility and Reports which you wish to view.' section with a note: 'NOTE: Enter date range for the reports you'd like to see, or leave blank for all. To select multiple areas, service units, facilities or reports for viewing, hold down 'Ctrl' key and click report names.' Below this are fields for 'Start Date' (8/15/2022) and 'End Date' (8/22/2022). There are three selection dropdowns: 'Select Area(s)' with 'GREAT PLAINS AREA' selected, 'Select Service Unit(s)' with 'CHEYENE RIVER' selected, and 'Select Facility(s)' with 'EAGLE BUTTE' selected. A 'Select report(s)' dropdown is open, showing a list of reports under the 'Facility' header, with 'DAILY EOBR - FACILITY - Facility' highlighted. A green 'Search Reports' button is at the bottom left. The HCSC logo is at the bottom left, and a Windows taskbar is at the bottom right.

Searching for Facility Level Reports

Scroll down until this changes from Area to Facility

FI Website

The screenshot displays the 'Report Repository - Search' page of the Indian Health Service website. At the top, the user is logged in as 'Hello Philip Otero Test'. The page title is 'Indian Health Service Purchase Referred Care Fiscal Intermediary Web Portal'. The navigation menu includes 'Home', 'FI Reference', 'FI Search +', 'Report Repository', 'DRG Disclosures', and 'Manage'. The main content area is titled 'Report Repository - Search' and contains a search form with the following fields and options:


- Start Date:** 2/22/2022
- End Date:** 8/22/2022
- Select Area(s):** 1 item(s) selected
- Select Service Unit(s):** 1 item(s) selected
- Select Facility(s):** 1 item(s) selected
- Select Report(s):** 1 item(s) selected

Below the form is a green 'Search Reports' button, which is highlighted by a blue arrow. The footer of the page includes the HCSC logo (Health Care Service Corporation) and a small graphic of the United States map.

Searching for Facility Level Reports

FI Website

Hello Philip Otero Test [Contact](#) [Complaint Form](#) [Log out](#)

 **Indian Health Service**
Purchase Referred Care Fiscal Intermediary Web Portal



[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

[Report Repository Search](#) **Report Repository - View Reports** [Home](#)

Show entries Search:

Report Title	Report Name	
GREAT PLAINS AREA (5)		
CHEYENE RIVER (5)		
DAILY EOBR SUMMARY - Facility	10_GPA_1010_101001_DAILY_EOBR_SUMMARY_PDT_08-22-2022.pdf	View
DAILY EOBR SUMMARY - Facility	10_GPA_1010_101001_DAILY_EOBR_SUMMARY_PDT_08-19-2022.pdf	View
DAILY EOBR SUMMARY - Facility	10_GPA_1010_101001_DAILY_EOBR_SUMMARY_PDT_08-18-2022.pdf	View
DAILY EOBR SUMMARY - Facility	10_GPA_1010_101001_DAILY_EOBR_SUMMARY_PDT_08-17-2022.pdf	View
DAILY EOBR SUMMARY - Facility	10_GPA_1010_101001_DAILY_EOBR_SUMMARY_PDT_08-16-2022.pdf	View


Showing 1 to 5 of 5 entries [Previous](#) [1](#) [Next](#)

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Health Care Service Corporation 

Searching for Facility Level Reports

FI Website

Hello Philip Otero Test [Contact](#) [Complaint Form](#) [Log out](#)

 **Indian Health Service**
Purchase Referred Care Fiscal Intermediary Web Portal

[Home](#) [FI Reference](#) [FI Search +](#) [Report Repository](#) [DRG Disclosures](#) [Manage](#)

Report Repository Search



Report Repository - View Reports

Home

Show 10 entries Search:

Report Title	Report Name	
ALBUQUERQUE (6)		
ALBUQUERQUE AREA (6)		
MONTHLY PENDED CLAIMS ACTIVITY REPORT - Area	20_ALB_MONTHLY_PENDED_CLAIMS_ACTIVITY_PDT_06-30-2024.pdf	View Excel
MONTHLY PENDED CLAIMS ACTIVITY REPORT - Area	20_ALB_MONTHLY_PENDED_CLAIMS_ACTIVITY_PDT_05-31-2024.pdf	View
MONTHLY PENDED CLAIMS ACTIVITY REPORT - Area	20_ALB_MONTHLY_PENDED_CLAIMS_ACTIVITY_PDT_04-30-2024.pdf	View
MONTHLY PENDED CLAIMS ACTIVITY REPORT - Area	20_ALB_MONTHLY_PENDED_CLAIMS_ACTIVITY_PDT_03-31-2024.pdf	View
MONTHLY PENDED CLAIMS ACTIVITY REPORT - Area	20_ALB_MONTHLY_PENDED_CLAIMS_ACTIVITY_PDT_02-29-2024.pdf	View
MONTHLY PENDED CLAIMS ACTIVITY REPORT - Area	20_ALB_MONTHLY_PENDED_CLAIMS_ACTIVITY_PDT_01-31-2024.pdf	View

Showing 1 to 6 of 6 entries [Previous](#) [1](#) [Next](#)

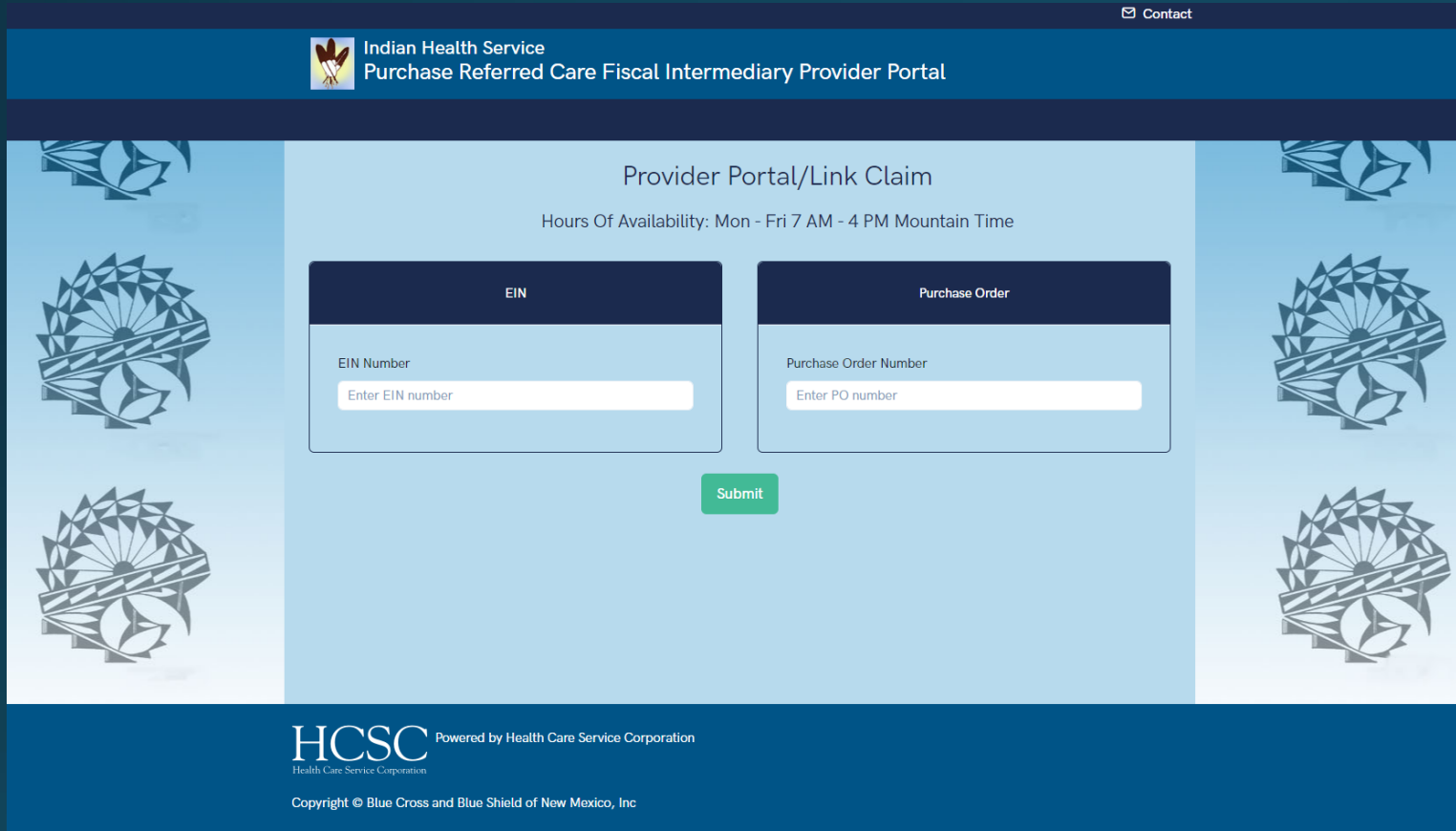
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Monthly Pended Claims Activity Report

Most recent report is available for download in Excel format

Provider Portal

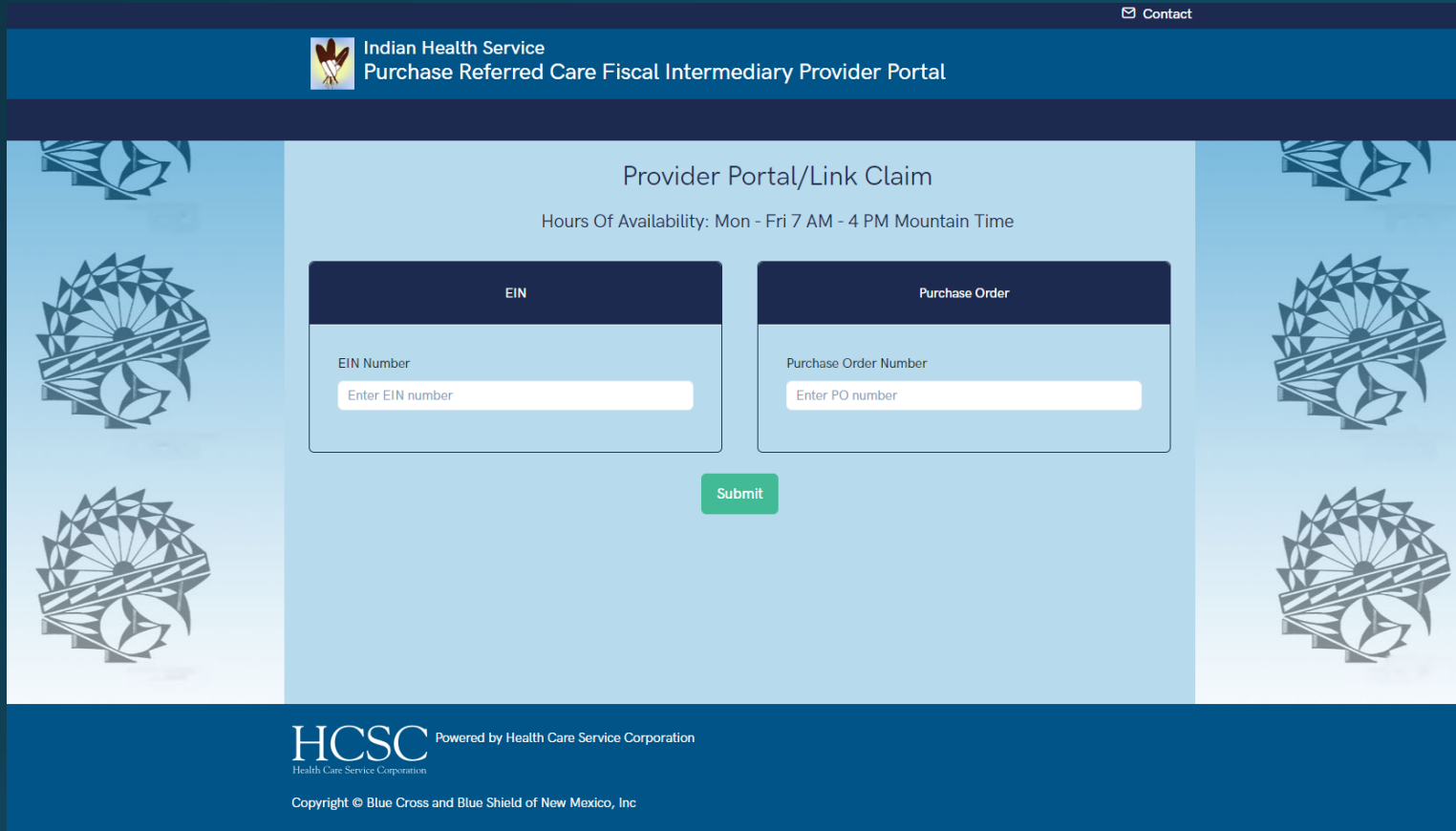
Provider Portal



The screenshot displays the 'Provider Portal/Link Claim' interface. At the top, there is a navigation bar with the Indian Health Service logo and the text 'Indian Health Service Purchase Referred Care Fiscal Intermediary Provider Portal'. A 'Contact' link is visible in the top right corner. The main content area features the title 'Provider Portal/Link Claim' and the hours of availability: 'Hours Of Availability: Mon - Fri 7 AM - 4 PM Mountain Time'. Below this, there are two input fields: 'EIN' with a sub-label 'EIN Number' and 'Purchase Order' with a sub-label 'Purchase Order Number'. Each field contains a placeholder text 'Enter EIN number' and 'Enter PO number' respectively. A green 'Submit' button is positioned below the input fields. The page is decorated with a repeating geometric pattern on the left and right sides. The footer contains the HCSC logo, 'Powered by Health Care Service Corporation', and the copyright notice 'Copyright © Blue Cross and Blue Shield of New Mexico, Inc'.

Providers can check
claim status at
www.providerpostatus.com

Provider Portal



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Search Results

If a paid claim is found

- Paid Amount
- Paid Date
- Check Number

Provider Portal

Search Results

- If a pended claim is found, "Claim in process. Please do not resubmit"
- If a claim is pending for EOB, "Letter sent requesting EOB(S) contact customer service (800)225-0241".
- If no PO is found or PO is invalid, "Purchase Order [PO Number] not found. Contact Customer service at (800)225-0241."
- If a valid PO, but no corresponding claim is found, "Claim not Found. Contact Customer Service at (800)225-0241."
- If a Blanket PO is entered, "Contact Customer Service at (800)225-0241."
- If the EIN and PO entered do not match, "EIN/Purchase Order mismatch. Please contact Service Unit if you believe this is an error."

Questions