



BlueCross BlueShield
Nebraska

Claim Investigations in NaviNet[®]

Provider Education

Spring/Summer 2023

CURRENT STATE

Currently, to initiate a claim inquiry online, providers would use the provider page on NebraskaBlue.com to submit the request.

NaviNet Eligibility and Claims

Instantly check claims status and see member benefits and eligibility through our self-service tools. We use Electronic Data Exchange (EDI) to streamline and expedite the claim submission process.

[Launch NaviNet »](#)

In This Section

[Claims FAQs](#)

[Electronic Data Interchange](#)

Self Service:

Registering for NaviNet	+
Check Member Eligibility and Verify Benefits	+
High Dollar Pre-Payment Review	+
Check Claims Status	×

Quickly check the status of a claim through NaviNet. In response to your feedback, we are happy to provide enhancements to improve your service experience as well as provide efficient resolution of claim questions and inquiries. The below links will guide you in discovering the additional information we have made available on our Provider Caller Guide and are a great first step in claim resolution.

 [Provider Caller Guide](#)

If you have already tried NaviNet, you can also inquire about a claim.

[Inquire About a Claim Online »](#)

After you have attempted to resolve your questions/issues via Customer Service and need further assistance, you may contact ProviderExecs@NebraskaBlue.com. Please include any inquiry or reference numbers with a summary of your concern.

[Log into NaviNet »](#)

Current State

- [Eligibility & Claims](#)
 - Hard to find
 - No tracking number
 - No running history

NEW

With our new NaviNet Claim Investigation application, providers now submit claim inquiries directly to the Blue Cross and Blue Shield of Nebraska Customer Service team straight from their NaviNet account.

New- Instructions

Sign in to your NaviNet Account
Under HEALTH PLANS
Select Blue Cross and Blue Shield of Nebraska to access
the plan.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo and 'NaviNet' text. To the right of the logo are three menu items: 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION', each with a downward arrow. Below the navigation bar is a search bar with a magnifying glass icon and the placeholder text 'Type here to search for any plan ...'. Below the search bar is a tip: 'Can't see the plan you want? Use search to find...'. The main content area is divided into two columns. The left column is titled 'My Plans' and contains two items: 'Blue Cross and Blue Shield of Nebraska' (highlighted in yellow) and 'Medicare'. The right column is titled 'Want AllPayer Access?' and contains three items: 'Aetna Better Health of Michigan', 'HealthPlus of M', 'BCBS of Michigan (Institutional)', and 'Humana'.

NantHealth | NaviNet

WORKFLOWS ▾ HEALTH PLANS ▾ ADMINISTRATION ▾

🔍 Type here to search for any plan ...

💡 Can't see the plan you want? Use search to find...

My Plans

- Blue Cross and Blue Shield of Nebraska
- Medicare

Want AllPayer Access?

- Aetna Better Health of Michigan
- HealthPlus of M
- BCBS of Michigan (Institutional)
- Humana

New-Instructions cont.

The next screen is known as “Plan Central.”
It contains the workflows that the user can now execute to obtain data on our claims and members.

The screenshot displays the NantHealth NaviNet interface. At the top is a dark blue navigation bar with the NantHealth logo and 'NaviNet' text. To the right of the logo are menu items: 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION', each with a dropdown arrow. Further right are icons for a flag, a bell, a question mark, and a user profile. Below the navigation bar is a light gray bar with the text 'Blue Cross and Blue Shield of Nebraska'. The main content area is divided into three columns. The left column is a sidebar menu titled 'Workflows for this Plan' with items: 'Eligibility and Benefits', 'Claim Status', 'Remittance Advice', 'Resource Center', 'Spine Pain Management Prior Authorization', 'Med Policy Blue', 'Pre-Service Review for Out of Area Members', 'Inpatient Precertification', and 'Medical/Radiology Preauthorization'. The middle column features a prominent blue banner with white text: 'Pre-Authorization/Pre-Certification or Medical Policy Tools should only be used for members with current BCBSNE Member ID cards (Plan Number 259/759)'. Below the banner is a section titled 'News and Announcements' with a sub-header 'Now Available!'. The text below reads: 'Blue Cross and Blue Shield of Nebraska (BCBSNE) is excited to announce new enhancements available through NaviNet!' followed by a bulleted list: 'View both the front and back of a BCBSNE members' ID card through the Eligibility and Benefits workflow.', 'After completing an Eligibility and Benefits search, you will have the option to view the BCBSNE members' schedule of benefits summary.', 'Access to additional details on claims that encounter issues before adjudication via Claim Status Search.', and 'All BCBSNE Member ID cards will be available for viewing as of Monday, Oct. 24.'. Below the list is a link: 'For more information on all transactions available on NaviNet for BCBSNE, please visit the NaviNet Help Center.'. The right column contains the BlueCross BlueShield Nebraska logo at the top, followed by 'Hours of Availability' (Mon-Sat: 5:00am-3:00am CT), 'Quicklinks' (Submit Pharmacy Prior Authorization, Submit Medical & Radiology Prior Authorization), 'Resources' (Policies and Procedures, Claims Edits, Forms for Providers), and 'Contact Us'. At the bottom of the main content area, there is a section titled 'Read the Update Newsletter' with a blue 'Update' button and a small BCBSNE logo. Below this are two links: 'Incorrect Prefix Assignment – Tyson Group Members (Jan. 3, 2023)' and 'EHA Member Information (July 29, 2022)'. The bottom right corner of the page shows the number '6'.

New- Instructions cont.

Prior to using the Claim Investigation application for the first time, providers would need to set up notifications for new responses to an investigation by clicking on the notifications (bell icon).

We recommend choosing this option to be notified of new Claim Plan documents as well as responses. Users may set up notifications to alert within NaviNet or by email.

Users who do not have an email attached to their profile user will be prompted to set one up.

Summary Notifications Settings

Notify me about...
* indicates notifications that do not trigger emails.

- Claim appeal responses
- Claim documents
- Claim investigation responses
- Documents requesting a response
- Eligibility and benefits patient updates *

How would you like to receive your notifications?

Frequency of Pop-ups
As soon as they arrive

Frequency of Emails
Every hour

Emails will be sent to lori.siciliani@nebraskablue.com.
You can change your email address using My Account

Starting a new Claim Investigation

From the Plan Central screen, search for a claim by going to the “Claim Status” workflow:

The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes the NantHealth NaviNet logo, menu items for WORKFLOWS, HEALTH PLANS, and ADMINISTRATION, and utility icons for a flag, notifications, help, and user profile. Below the navigation bar, the text "Blue Cross and Blue Shield of Nebraska" is visible. On the left, a sidebar lists "Workflows for this Plan" with "Claim Status" highlighted in yellow. The main content area features a blue banner with the text: "Pre-Authorization/Pre-Certification or Medical Policy Tools should only be used for members with current BCBSNE Member ID cards (Plan Number 259/759)". Below the banner is a "News and Announcements" section with a "Now Available!" heading. The announcement text states: "Blue Cross and Blue Shield of Nebraska (BCBSNE) is excited to announce new enhancements available through NaviNet!" followed by a bulleted list of features: "View both the front and back of a BCBSNE members' ID card through the Eligibility and Benefits workflow.", "After completing an Eligibility and Benefits search, you will have the option to view the BCBSNE members' schedule of benefits summary.", "Access to additional details on claims that encounter issues before adjudication via Claim Status Search.", and "All BCBSNE Member ID cards will be available for viewing as of Monday, Oct. 24." Below the list, it says "For more information on all transactions available on NaviNet for BCBSNE, please visit the [NaviNet Help Center](#)." On the right side, there is a "BlueCross BlueShield Nebraska" logo, "Hours of Availability" (Mon-Sat: 5:00am-3:00am CT), "Quicklinks" (Submit Pharmacy Prior Authorization, Submit Medical & Radiology Prior Authorization), and "Resources" (Policies and Procedures, Claims Edits, Forms for Providers).

On the “Claim Status Search” screen, enter the member’s information in the required fields.

Providers may search by single date of service or a date range. Search results will reflect any claim with a date of service up to six years in the past, but you must limit your total maximum search range to 24 months.

A claim investigation may be started on any claim searched regardless of status.

Communication history for this investigation will be visible for as long as the claim remains on NaviNet.

The screenshot shows the NantHealth NaviNet interface for the 'Claim Status Search' screen. The header includes the NantHealth NaviNet logo and navigation menus for WORKFLOWS, HEALTH PLANS, and ADMINISTRATION. Below the header, there is a breadcrumb trail: '< Back to BCBS of Nebraska | Claim Status: BCBS of Nebraska'. The main heading is 'Claim Status: Search'. A note states: 'Please be sure to allow 30 days from submission for information to be available.' There is a 'Reset Search Fields' link. The form contains several sections: 'Billing Entity' with a dropdown menu; 'Patient Details' with fields for Member ID, Last Name, First Name, and Date of Birth; and 'Claim Status Details' with 'Service Start' (11/05/2022) and 'Service End' (04/28/2023) fields, each with a calendar icon, and a 'Claim ID' field with the text 'Optional'. At the bottom right, there is another 'Reset Search Fields' link and a green 'Search' button.

Claim status results will appear as follows. Claim Status Details will now contain a new “Investigate” button:

Claim Status Details

[Attach](#)
[Investigate](#)
[History](#)
[View/Print](#)

Finalized (Claim Status as of 11/22/2022)

Claim ID:

Service Dates: 11/05/2022 to 11/05/2022

The claim/line has been paid. Accepted for processing.

ADDITIONAL DETAILS

Patient a/c:
 Clearinghouse:
 Trace Number:

INSURANCE DETAILS

BCBS of Nebraska
 Member ID:

[View Eligibility and Benefits](#)

Total Billed: **\$28.40**

Total Paid:

Payment Number:

(Paid on 11/22/2022)

[Remittance Details](#)

Claim and Service Line Details:

	Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1	<input type="text"/>	1.0	11/05/2022 to 11/05/2022	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Claim was processed as adjustment to previous claim.	\$28.40	<input type="text"/>

The “Investigate” link brings up an “Investigation List”
Users may start a new investigation by clicking “Start Investigation”

The screenshot shows a web application interface for starting an investigation. On the left is a vertical sidebar with a blue background. At the top of the sidebar is a dark blue button with a white speech bubble icon and the text "Start Investigation" in yellow. Below this is a light blue button with a white speech bubble icon and the text "Investigation List". The main content area is titled "Start Investigation" in a grey header bar with a close button (X) on the right. Below the header, there are several input fields: "Member Name" and "Member ID" are text boxes. Below these is a table with four columns: "Date of Service", "Claim ID", "Billed Amount", and "Finalized". The "Date of Service" column contains "11/05/2022 to 11/05/2022". The "Claim ID" column contains an empty text box. The "Billed Amount" column contains "\$28.40". The "Finalized" column contains a green checkmark icon and the text "Finalized". Below the table, there is a "Type:" label followed by "Claim Investigation". Below that is a "Reason:" label followed by a dropdown menu with the text "Select reason..." and a downward arrow. At the bottom is a large text area with the placeholder text "Enter investigation details ...".

In the “Reason” drop down, users may choose from the investigation reasons below:

The screenshot shows a web application interface for 'Claim Status Details'. The main content area displays a finalized claim with a total billed amount of \$28.40. A sidebar titled 'Start Investigation' is open, showing a 'Reason' dropdown menu. The dropdown menu is expanded, listing several investigation reasons. The 'Reason' field is currently set to 'Claim Investigation'. Below the dropdown is a 'Contact Information' section with fields for name, email, and telephone number.

Claim Status Details:

Claim ID: [redacted] Service Dates: 11/05/2022 to 11/05/2022

Finalized (Claim Status as of 11/22/2022)

The claim/line has been paid. Accepted for processing.

ADDITIONAL DETAILS

Patient a/c: 0
 Clearinghouse: [redacted]
 Trace Number: [redacted]

INSURANCE DETAILS

BCBS of Nebraska
 Member ID: [redacted]

Total Billed: \$28.40
Total Paid: [redacted]

Payment Number: [redacted] (Paid on 11/22/2022)

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 [redacted]	1.0	11/05/2022 to 11/05/2022	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Claim was processed as adjustment to previous claim.	\$28.40	[redacted]

For questions about this claim, contact BLUE CROSS BLUE SHIELD NEBRASKA EDI SUPPORT, phone (888) 233-8351

Start Investigation Sidebar:

Date of Service: 11/05/2022 to 11/05/2022
 Claim ID: [redacted]
 Billed Amount: \$28.40
 Status: Finalized

Type: Claim Investigation

Reason: Select reason...
 Appeals Inquiry
 Claim Preauthorization Issue
 Claim in process over 30 days from submission
 Denial - Processed with denied services
 Payment Questions - Check or Remit
 Reconsideration Inquiry
 Rejection - Claim not accepted due to errors
 Returned Claim - Letter Question
 Other Claims Questions

Contact Information:
 Name: Lori [redacted]
 Email address: [redacted]
 Telephone number: [redacted] Ext: Optional
 Save as default contact information.

Buttons: Cancel, Send

Appeals Inquiry

Claim Preauthorization Issue

Claim in process over 30 days from submission

Denial – Processed with denied services

Payment Questions – Check or Remit
 Reconsideration Inquiry

Rejection - Claim not accepted due to errors

Returned Claim - Letter Question
 Other Claims Questions

After a reason is selected, a user may choose to add additional details in the box below.

The “Save as default contact information” check box allows this information to be saved as default for future use.

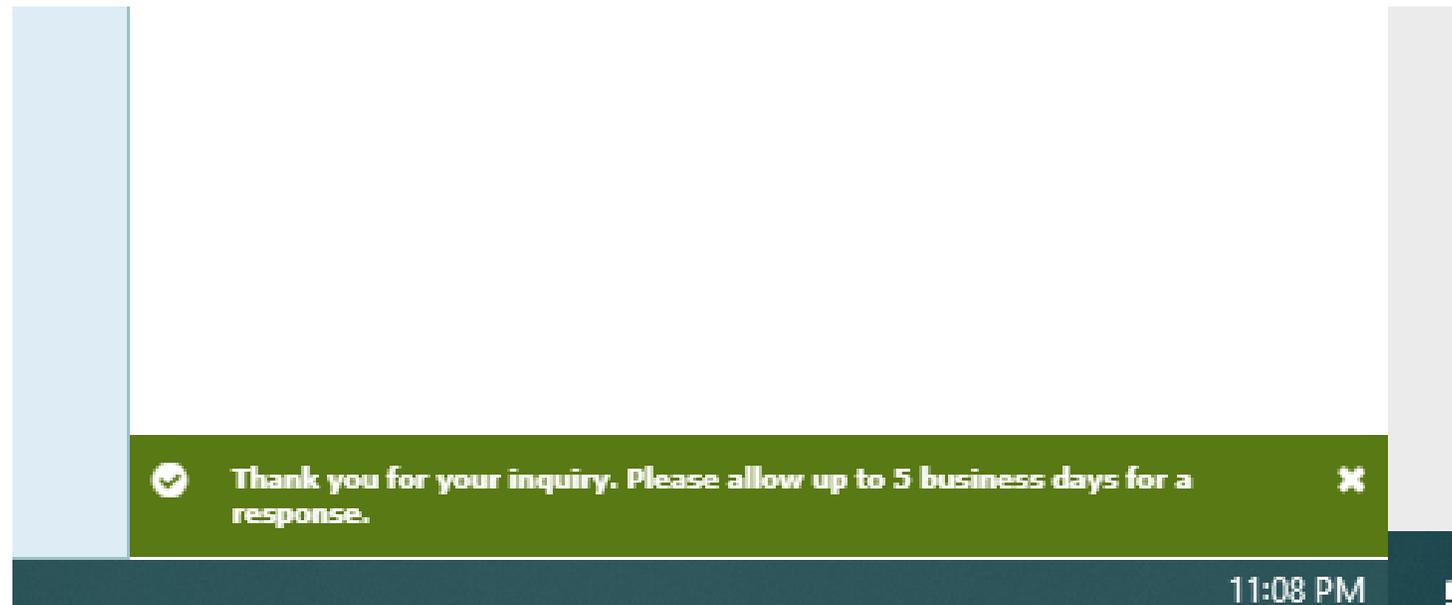
The screenshot shows a web application window titled "Start Investigation" with a close button (X) in the top right corner. On the left side, there is a vertical navigation menu with two items: "Start Investigation" (highlighted in blue) and "Investigation List".

The main content area contains the following fields and sections:

- At the top, there are two input fields for identifying the investigation.
- A summary row with the following data: "Date of Service" (11/05/2022 to 11/05/2022), "Claim ID" (input field), "Billed Amount" (\$28.40), and a green checkmark icon followed by the text "Finalized".
- A section labeled "Type:" with the value "Claim Investigation".
- A "Reason:" dropdown menu currently showing "Select reason...".
- A large text area for "Enter investigation details ..." with a "2000 characters left" indicator at the bottom right.
- A section titled "Contact Information" containing:
 - Two input fields for name and last name.
 - An email address field containing "hebraskablue.com".
 - A phone number field containing "402-000-0000" and an "Ext:" field containing "Optional".
 - A checkbox labeled "Save as default contact information." which is currently unchecked.
- At the bottom right, there are "Cancel" and "Send" buttons.

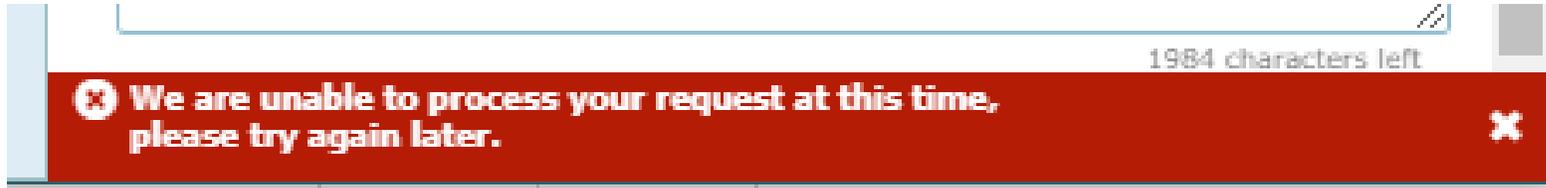
NOTE: A pop up will temporarily appear indicating “Thank you for your inquiry. Please allow up to 5 business days for a response”.

This is confirmation the request is complete.

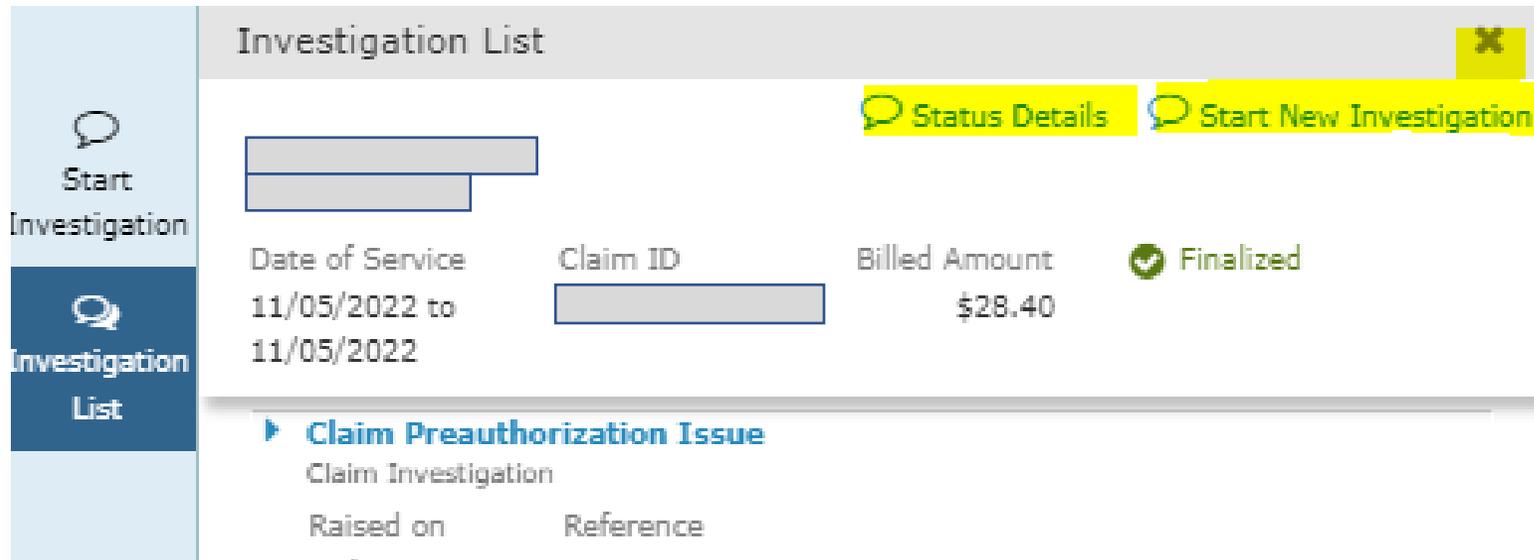


An error box will appear if there was an issue with the submission.

Users should attempt the request later and if issues still occur may contact NaviNet support to resolve.

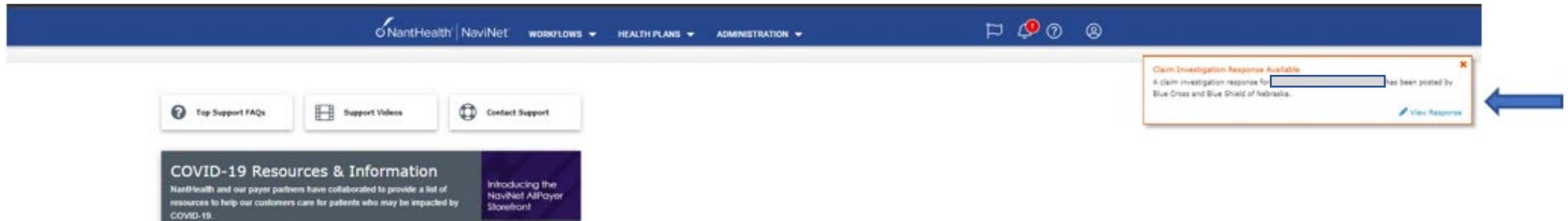


Once the request is complete users may close out of the Investigation List to return to the Claim Status Details page for the claim in question or click "Start a New Investigation" to submit another inquiry on the same claim.



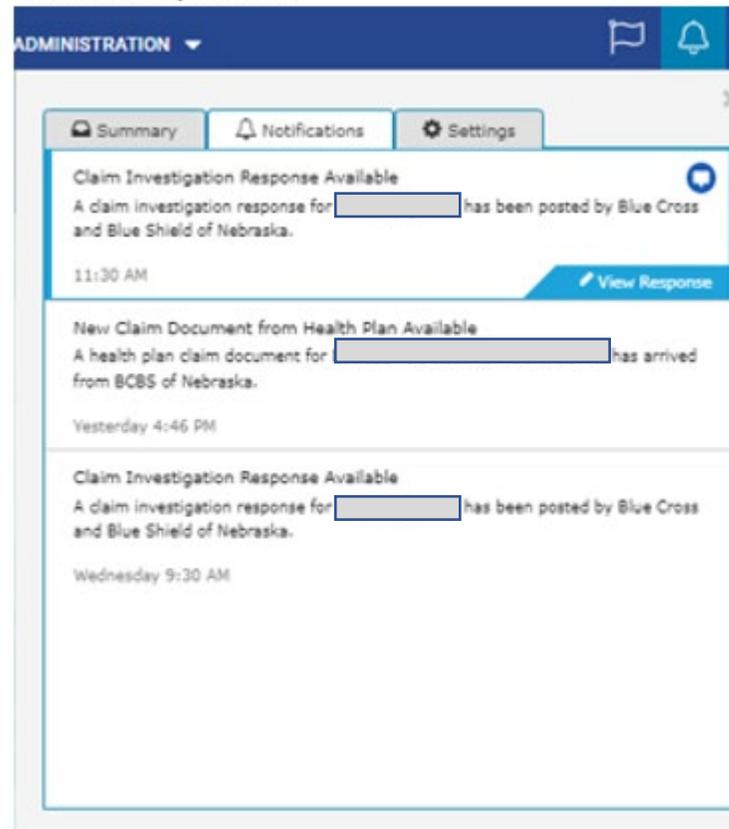
Viewing Responses and Documents sent to NaviNet on a Claim Investigation

Once a response has been sent by BCBSNE, users who have set up notifications will see an indicator/popup alerting them to the response the next time they log in.



Investigation responses may be viewed by clicking “View Response” on the popup itself or if the popup has disappeared.

Users may click the bell icon, and then “Notifications” tab to see alerts. Then simply hover over responses and click “View Response”:



Users may also view responses by going to the “Claim Status” workflow and searching for the claim in question. The “Investigate” link will show a list of all investigations started on this claim, and the subject of each investigation.

Users may access and respond to replies on any investigation regardless of who submitted the original inquiry.

Users will see a red exclamation point  when there is a response waiting on a current investigation.

Claim Status Details |

born on

[Attach](#)  [Investigate](#) [History](#) [View/Print](#)

 Finalized (Claim Status as of 11/22/2022) Claim ID: Service Dates: 11/05/2022 to 11/05/2022

The claim/line has been paid. Accepted for processing.

ADDITIONAL DETAILS

Patient a/c: 0

Clearinghouse:

Trace Number:

INSURANCE DETAILS

BCBS of Nebraska

Member ID:

[View Eligibility and Benefits](#)

Total Billed: **\$28.40**

Total Paid:

Payment Number:

(Paid on 11/22/2022)

[Remittance Details](#)

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 <input type="text"/>	1.0	11/05/2022 to 11/05/2022	--	 Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Claim was processed as adjustment to previous claim.	\$28.40	<input type="text"/>

For questions about this claim, contact BLUE CROSS BLUE SHIELD NEBRASKA EDI SUPPORT, phone (888) 233-8351

Disclaimer:
 Receipt or use of this information does not guarantee payment of any health care claim and such information is subject to change, even retroactively, at any time.

Each investigation is now an ongoing open conversation between the provider in NaviNet and BCBSNE. It is never “closed” and can always be responded to via this screen if there are additional questions. New responses from BCBSNE that have not yet been read will be flagged with the “NEW” alert: **NEW**. The user can click on the specific investigation that they wish to read or reply to.

The screenshot displays the NantHealth NaviNet interface. The main content area shows 'Claim Status Details' for a claim with ID [redacted] and service dates from 11/05/2022 to 11/05/2022. The status is 'Finalized' with a green checkmark. Key financial information includes 'Total Billed: \$28.40' and 'Total Paid: [redacted]'. The 'INSURANCE DETAILS' section identifies the insurer as BCBS of Nebraska. A table at the bottom provides 'Claim and Service Line Details' with one row showing a finalized service.

The right sidebar, titled 'Investigation List', contains a search bar and a table of investigations. The first entry is an 'Appeals Inquiry' with a 'NEW' alert, dated 03/13/2023, with reference number 18274. Two 'Payment Questions - Check or Remit' entries follow, also dated 03/13/2023. A second 'Appeals Inquiry' entry is listed at the bottom.

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
[redacted]	1.0	11/05/2022 to 11/05/2022	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Claim was processed as adjustment to previous claim.	\$28.40	[redacted]

The Investigation will contain your member info, claim info, investigation start date, reference number (this will be the BCBSNE Inquiry reference number, populated once we respond).

Any conversation to and from the provider user and BCBSNE on this investigation/topic.

The user that responds to BCBSNE is specifically noted in the response text bubble, so if a reply is sent by a separate user, it is easily identifiable.

Back to Investigation List

Start Investigation

Investigation List

Date of Service: 11/05/2022 to 11/05/2022

Claim ID: [Redacted]

Billed Amount: \$28.40

Finalized

Payment Questions - Check or Remit

Claim Investigation

Raised on: 03/13/2023

Reference: --

3/13/2023

[Redacted]

Test at 5:02pm 3/13

Add reply ...

2000 characters left

Back Send

Back to Investigation List

Start Investigation

Investigation List

Date of Service: 11/05/2022 to 11/05/2022

Claim ID: [Redacted]

Billed Amount: \$28.40

Finalized

Appeals Inquiry

Claim Investigation

Raised on: 03/13/2023

Reference: 18275

3/14/2023

[Redacted]

Test at 9:04am 3/14

[Redacted]

Test at 9:22am 3/14

[Redacted]

test

3/16/2023

[Redacted]

Testing again....Lori

Add reply ...

2000 characters left

Back Send

While the Investigation List will contain a history of each investigation requested. Clicking the “History” button back on the Claim Status Details page will also show any previous investigations started on this claim as well as any documents sent.

Attach Investigate **History** View/Print

History (18)

- Attached Claim Attachment [redacted]
by Health Plan Apr 17, 2023 1:06pm
- Investigation (Returned Claim - Letter Question)
by [redacted] Apr 12, 2023 11:44am
- Investigation (Other Claims Questions)
by [redacted] Mar 31, 2023 9:16am
- Investigation (Other Claims Questions)
by [redacted] Mar 20, 2023 10:09am
- Investigation (Payment Questions - Check or Remit)
by [redacted] Mar 20, 2023 10:08am

Documents Sent to NaviNet for a Claim Investigation

BCBSNE will have the ability to send documents to NaviNet related to a Claim Investigation response.

If a document has been sent, there will now be a “Documents” table on the Claim Status Details screen, located beneath the “Claim and Service Line Details”.

If notifications are also set for documents, an alert will appear to let the user know of a new document arriving:

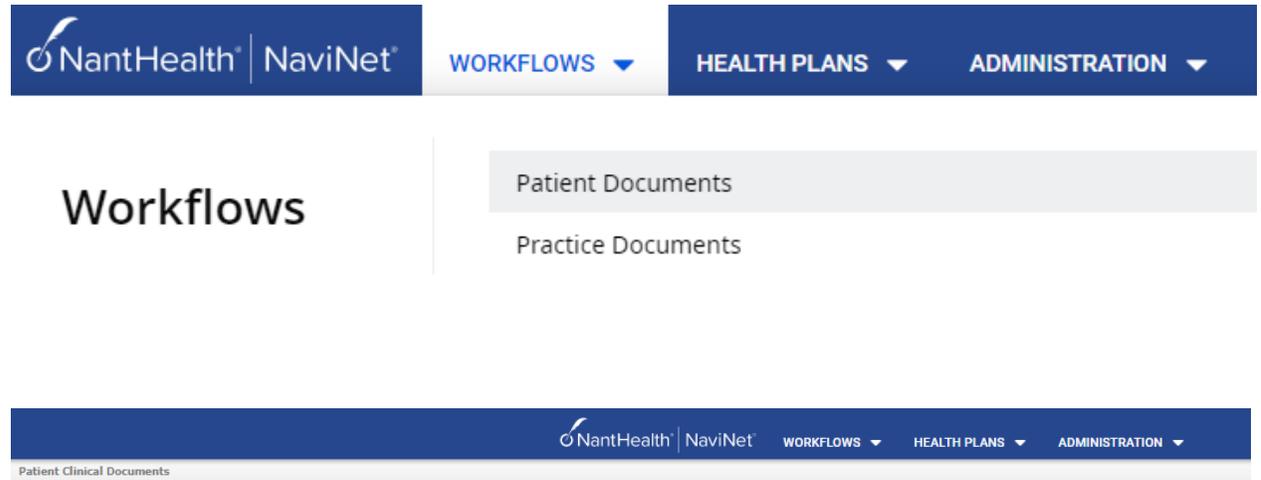
The screenshot displays the NantHealth NaviNet interface for a claim status. The header includes the NantHealth logo and navigation menus for WORKFLOWS, HEALTH PLANS, and ADMINISTRATION. The main content area shows 'Claim Status Details' for a claim that is 'Finalized' as of 09/28/2022. A green banner indicates 'NEW PLAN DOCUMENT AVAILABLE'. The 'Total Billed' is \$221.90 and 'Total Paid' is \$81.90. Below this, the 'Claim and Service Line Details' table lists two services, both finalized. A blue arrow points to the 'Documents (14)' section, which contains a table of documents:

Name	Source	Alert
1 Plan Document	Bcbsnebraska Health Plan 04/12/2023 4:22pm	New
2 Appeals – Form and-or Letter Must be Included mockup_claim_document_041...	md_bcbsne 04/12/2023 4:01pm	
3 Plan Document	Bcbsnebraska Health Plan 04/12/2023 3:50nm	New

"In case a document does not appear as expected within the Claim Status Details document table, these documents are also available under the WORKFLOWS, Patient Clinical Documents:"

When in the Patient Clinical Documents, search by the Document Category of "Patient Consideration" and/or by the Patient's last name.

Here the user can view, download and print your patient documents, or mark them unread if needed. Documents sent as a part of a Claim Investigation response will remain on NaviNet for one year from the date they were sent.



Patient Clinical Documents

These documents are provided by the patient's health plan. Many of them are questionnaires or forms that require an uploaded response. Depending on the contracts that your providers have in place, they may be eligible for incentives when these documents are completed and returned.

The screenshot displays the search and results interface for Patient Clinical Documents. On the left is a filter sidebar with sections for "Filter by", "Providers", "Patient's last name" (with a search input), "PCP" (with a search input), "Date Received" (with a date range selector), "Response Status" (with checkboxes for "Awaiting Response" and "Response Sent"), "Health Plan" (with a checkbox for "BCBS of Nebraska"), "Document Category" (with checkboxes for "Info Request" and "Patient Consideration", the latter being selected and highlighted), and "Line Of Business" (with checkboxes for "Commercial", "Dual Eligibles", "Medicaid", "Medicare", and "Other"). The main content area shows "Showing 1 of 1 patients" and a "Sort by: Patient Last Name" dropdown. A single patient record is displayed with redacted fields for "Date of Birth" and "PCP: Unknown", and a "1 document" count. The document details are "Received: Apr 17, 2023" and "From: BCBS of Nebraska". A "View/Print List" link is located at the top right of the results area.

Questions

Please reach out to your Blue Cross Blue Shield of Nebraska representative with any questions.

