



Blue Cross and Blue Shield of Nebraska workflows in NaviNet®

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Blue Cross and Blue Shield of Nebraska in NaviNet

In [NaviNet](#), select the **Health Plans** menu, and then under **My Plans**, click **Blue Cross and Blue Shield of Nebraska**. If you don't see **Blue Cross and Blue Shield of Nebraska** in the menu, [add the health plan to your office](#).

On the home page for Blue Cross and Blue Shield of Nebraska, the **Workflows for This Plan** section on the left side of the screen lists the Blue Cross and Blue Shield of Nebraska transactions that you can access from NaviNet.

Popular topics

- [Access fee schedules](#)
- [Access remittance advice details](#)
- [Request an authorization](#)

View step-by-step instructions

- [Verify member eligibility](#)
- [Authorizations](#)
- [Claims and payments](#)

NaviNet hours for Blue Cross and Blue Shield of Nebraska

In NaviNet, you can access Blue Cross and Blue Shield of Nebraska transactions during the following days and times:

- Monday through Saturday, available any time except 3 a.m. to 5 a.m. EST
- Sunday, available 5 a.m. to 9 p.m. EST

These hours are for accessing NaviNet transactions only—they are not the available support hours.

If you need help, [contact NantHealth Support](#) Monday through Friday, 8:00 a.m. to 11:00 p.m. EST, and Saturday, 8:00 a.m. to 3:00 p.m. EST.

Check the Blue Cross and Blue Shield of Nebraska website to view their customer support hours.

Verify member eligibility

Access eligibility and benefits information including deductible, copay, and coinsurance amounts for Blue Cross and Blue Shield of Nebraska members.

You can search for local, out-of-area, and federal employee program (FEP) members.

View coverage information up to two years in the past, or up to two months in the future.

You can also view an image of the member's ID card.

1. Go to [NaviNet](#).
2. On the **Health Plans** menu, under **My Plans**, click **Blue Cross and Blue Shield of Nebraska**.
3. In the **Workflows for This Plan** section on the left side of the screen, click **Eligibility and Benefits**.
4. On the Patient Search screen, provide the required search criteria.

You must provide the member's last name, first name, date of birth, and date of service. For best results, include the member ID (with the prefix). You can use the member's social security number for member ID.

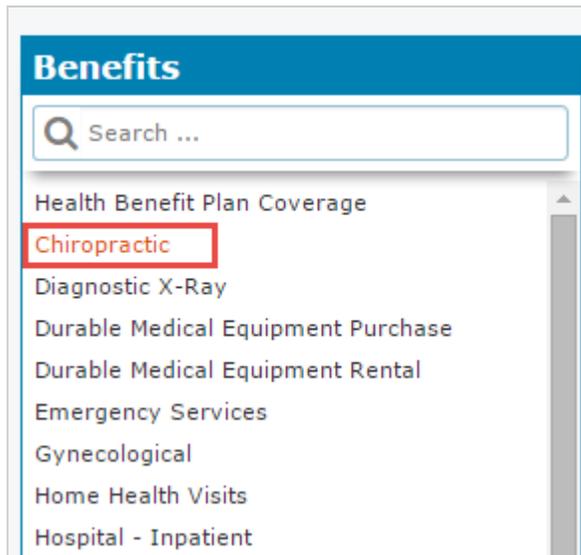
5. Click **Search**.

If you see multiple results, choose the correct patient. The Eligibility and Benefits screen appears:

The screenshot displays the 'Eligibility and Benefits' interface for a member. At the top, it identifies the member as 'Female born on 03/18/1998' and provides a 'View Patient Details' link. Below this, there are tabs for 'Customer Service' and 'CUSTOMER SERVICE (Utilization Management Organization)'. A green bar indicates the member is 'Active' from 01/01/2019 to 12/31/9999, with a 'Member ID' field and 'Group: 859605 BDU, INC.' and 'Service Date: 11/20/2020'. On the right, 'INSURANCE DETAILS' are shown, including 'Member ID Card', 'Schedule of Benefits Summary', 'Product: PREFERRED PROVIDER OPTION PLUS MEDICAL', and 'Type: Preferred Provider Organization (PPO)'. A sidebar on the left titled 'Benefits' contains a search bar and a list of categories: Health Benefit Plan Coverage, Abortion, Ambulatory Service Center Facility, Anesthesia, Cardiac Rehabilitation, Chemotherapy, and Chiropractic. The main content area is titled 'Health Benefit Plan Coverage' and shows 'Benefit Status: Active Coverage' with a 'Set as default benefit view' option.

If the member has multiple IDs on file, and you did *not* include member ID in your search, you see an error message. To find a member who has multiple IDs, you *must* include member ID in your search.

6. Review the patient's coverage details that Blue Cross and Blue Shield of Nebraska sent to NaviNet. The patient's coverage status appears in the upper-left corner of the screen.
7. To view coverage for a specific benefit type, choose a benefit type from the Benefits panel on the left side of the screen, for example, **Chiropractic**.



NaviNet displays the member's benefit details for that benefit type, if Blue Cross and Blue Shield of Nebraska provides it.

To download a PDF document with more details about covered services, click **Schedule of Benefits Summary** in the Insurance Details section in the upper-right corner.

To view the member's ID card, click **Member ID Card** in the Insurance Details section. The member ID card opens in a new window.

- To save a copy of the member ID card, right-click the card, and then click **Save image as**.
- To print the member ID card, press **CTRL+P** on a Windows keyboard, or **COMMAND+P** on a Mac keyboard.

If you don't see the new window, it means that your browser is blocking the window.

- Look for a browser notification at the top or bottom of the screen. Click it, and then select **Always Allow**. If you still see a blank screen, exit the screen and try to access the member ID card again.

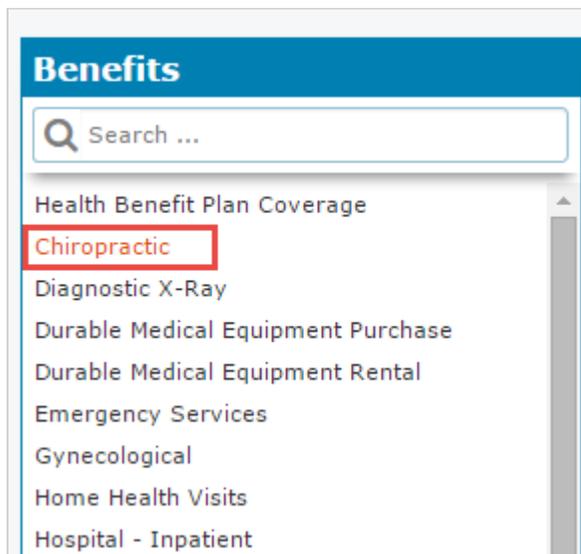
- If you don't see *any* notification in the blank screen, you must update your browser's pop-up notification setting. In the [System and Browser Requirements](#) guide, follow the steps in the "Confirm your pop-up blocker settings" topic for your browser.

Choose a default benefit view

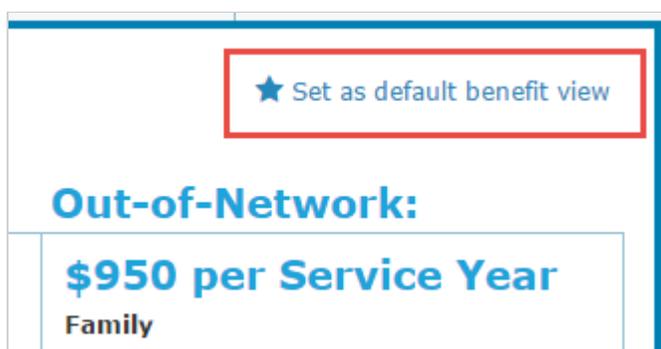
On the Eligibility and Benefits screen, the default benefit view is the benefit type that appears first when you view member benefits for Blue Cross and Blue Shield of Nebraska.

The default for all health plans is initially Health Benefit Plan Coverage. You can choose to see a different benefit first. For example, if you work in a chiropractic office, you can choose to always see chiropractic benefits first. The purpose of this feature is to immediately show you the benefit details that you use the most.

1. In the Benefits panel, select the benefit type.



2. Click **Set as default benefit view** in the upper-right corner of the benefit detail section.



The text updates to "Default benefit view."

In the future, each time that you view patient eligibility and benefit details for Blue Cross and Blue Shield of Nebraska members, the current benefit type appears first (unless you choose a different default benefit view).

Default benefit views that you choose are specific to you and do not affect other users in your office.

If you have not yet selected a default benefit view for Blue Cross and Blue Shield of Nebraska, NaviNet uses a default that you recently picked for a different health plan (if Blue Cross and Blue Shield of Nebraska supports that benefit type). Otherwise, NaviNet displays Health Benefit Plan Coverage.

View patient and subscriber details

On the Eligibility and Benefits screen, click **View Patient Details** in the screen header to display patient demographic information and subscriber details.

View the patient's address, member ID, group details, and subscriber detail to ensure that patient information is up-to-date and consistent with what Blue Cross and Blue Shield of Nebraska has on file.

View additional payers and entities

If Blue Cross and Blue Shield of Nebraska returns information about additional payers or other entities that you may need to contact, you'll see one or more additional tabs above the eligibility status bar.

NaviNet relies on Blue Cross and Blue Shield of Nebraska to provide this information.

On the Eligibility and Benefits screen, click a tab to view secondary insurance, coordination of benefits (COB) information, or other entity information.

Here is an example of COB information for a secondary health plan called Taurus Health Plan:

Aries Health Plan	Taurus Health Plan (Secondary Payer)
Coordination of Benefits Information	
Secondary Payer	
Taurus Health Plan P.O. Box 123 Boston, MA 02111 NAIC Code: 12345	
URL:	www.taurushealthplan.com
Phone:	1-800-123-4567
SUBSCRIBER	
Subscriber:	RENEE JACKSON
Subscriber ID:	11111111
Insurance Policy Number:	55884 114 (Taurus POS Plan)
Type Of Insurance:	Point of Service (POS)
DATES	
Plan Coverage:	01/01/2013 to 12/01/2014
ADDITIONAL INFORMATION	
Please send all secondary claims to Secondary Health Plan Taurus	
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.	

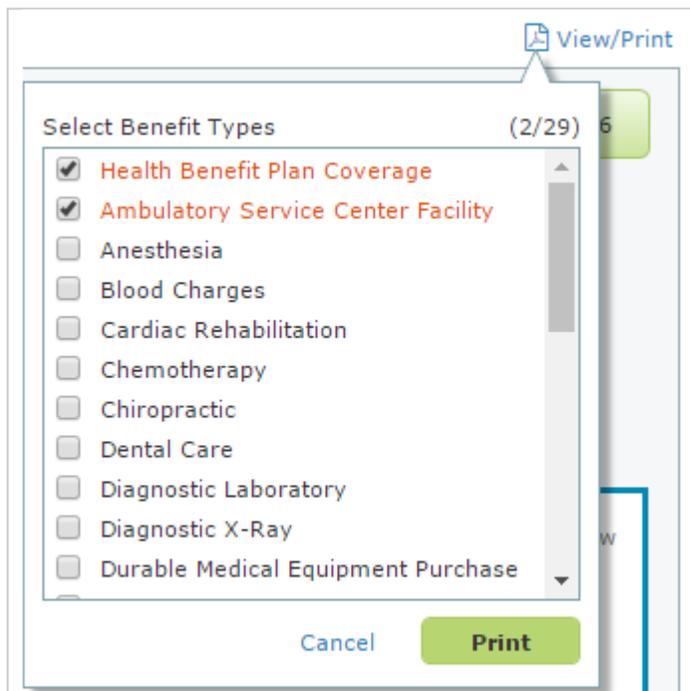
Here is an example of COB information for an entity called Molina Medicaid Solutions:

Aries Health Plan	LIBERTY DENTAL (Vendor)	EXPRESS SCRIPTS (Vendor)	SUPERIOR VISION (Vendor)	MOLINA MEDICAID SOLUTIONS (Vendor)
Coordination of Benefits Information				
VENDOR		FOR SERVICE TYPE(S):		
MOLINA MEDICAID SOLUTIONS		Hospital Hospital - Inpatient Hospital - Outpatient Physician Visit - Office; Well Professional (Physician) Visit - Office		
Phone:	800-776-6334			
DATES				
Benefit:	06/01/2018 to 06/30/2018			
Disclaimer: Receipt or use of this information does not guarantee payment of any healthcare claim and such information is subject to change, even retroactively, at anytime.				

View or print a PDF of a patient's eligibility details

View or print a PDF of all patient demographics, PCP, and insurance information.

1. On the Eligibility and Benefits screen, click **View/Print** in the upper-right corner of the screen.
2. In the View/Print menu that appears, select the benefit types that you want to view or print, and then click **Print**.



3. Print or save the details using standard browser functionality or use the action bar that appears at the top of the document.

The View/Print menu displays only benefit types for which full details are immediately available without submitting another request to the health plan. If you do not see a benefit type that you want to print, follow these steps:

1. Click **Cancel** to close the View/Print menu.
2. In the Benefits panel, click the benefit type to retrieve and display the details.
3. Click **View/Print** again. The benefit type now appears in the menu.

View allowed and remaining visits

In the Eligibility and Benefits screen, your selected benefit type may have information about allowed and remaining visits in a Limitations section.

In the following example, for physical therapy, the member has 30 allowed visits per year and 15 visits remaining, both in- and out-of-network.

Physical Therapy		
	In-Network:	Out-of-Network:
Co-Pay:	\$15 Authorization : Required	\$30 Authorization : Required
Co-Insurance:	0% Authorization : Required	30% Authorization : Required
Limitations:	30 Visits per Service Year Authorization : Required	30 Visits per Service Year Authorization : Required
	15 Visits Remaining Authorization : Required	15 Visits Remaining Authorization : Required

Not all Physical Therapy services require an authorization. For more information, see www.healthplan/authorizationlist.org.

Authorizations

Request an authorization

You can access this transaction from NaviNet, but it's hosted by Blue Cross and Blue Shield of Nebraska or a third party. Contact Blue Cross and Blue Shield of Nebraska or the third party if you have questions or issues.

Use NaviNet to submit an authorization to Blue Cross and Blue Shield of Nebraska.

1. Go to [NaviNet](#).
2. On the **Health Plans** menu, under **My Plans**, click **Blue Cross and Blue Shield of Nebraska**.
3. Under Workflows for This Plan, choose one of the following transactions, depending on the type of authorization:
 - **Spine Pain Management Prior Authorization**
 - **Med Policy Blue**
 - **Inpatient Precertification**
 - **Medical/Radiology Preauthorization**
4. Follow the on-screen instructions to request the authorization.

Request preservice review for out-of-area members

Request preauthorizations for out-of-area members by accessing the member's home plan provider portal. You don't have to call the member's health plan to request an out-of-area preauthorization.

1. Go to [NaviNet](#).
2. On the **Health Plans** menu, under **My Plans**, click **Blue Cross and Blue Shield of Nebraska**.
3. Under Workflows for This Plan, click **Pre-Service Review for Out of Area Members**.

The Provider Search screen appears.

4. Select a provider from the list (your current provider office or group), and then click **Select Provider**.

The Pre-Service Review for out of Area Members screen appears.

Pre-Service Review

Member ID Alpha Prefix

Provider

Please verify that the contact information populated in the fields below is your current contact information.

Contact Information

First Name **Last Name**

Middle Initial

Email

Phone Number

5. Provide the required information:
 - Type the three-character prefix of the member's ID in the **Member ID Alpha Prefix** box.
 - Select a service provider from the **Provider** drop-down list.
 - Provide your contact information.
6. Click **Submit**.

You see the member's home plan provider portal, where you can complete the preauthorization request.

Claims and payments

Manage claims and payments for Blue Cross and Blue Shield of Nebraska.

Check claim status

Access real-time claim details for local, out-of-area, and federal employee program (FEP) members. View claims up to two years in the past.

You can also investigate or appeal a claim. To attach documents related to appeals, reconsiderations, or timely filing disputes, use the **Appeals** link.

1. Go to [NaviNet](#).
2. On the **Health Plans** menu, under **My Plans**, click **Blue Cross and Blue Shield of Nebraska**.
3. Under Workflows for This Plan, click **Claim Status**.

The Claim Status Search screen appears:

Claim Status: Search

[Reset Search Fields](#)

Billing Entity

Patient Details

Member ID

Last Name **First Name**

Date of Birth

Claim Status Details

Service Start

Service End

Claim ID

[Reset Search Fields](#)

4. Specify the search criteria that Blue Cross and Blue Shield of Nebraska requires.

You must provide the billing entity, member ID, patient first and last name, date of birth, and claim service date range.

To find the billing entity, start typing the name or ID. We use the billing entity NPI, not the tax ID, to find the claim.

5. Click **Search**.

If you see multiple results, choose the correct claim. The Claim Status Details screen appears:

Claim Status Details | **John Doe**
born on 12/20/1940

Appeal Investigate History View/Print

Finalized (Claim Status as of 11/22/2022) Claim ID: 2222326000434 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: 2009498201
Trace Number:

INSURANCE DETAILS
BCBS of Nebraska
Member ID: YKV100000000
[View Eligibility and Benefits](#)

NEW PLAN DOCUMENT AVAILABLE

Total Billed: \$28.40
Total Paid: \$1.76
Payment Number: 50031989
(Paid on 11/22/2022)
[Remittance Details](#)

To submit an Appeal, Reconsideration or a Claim Timely Filing Dispute, use the Appeal button.

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 73030-26, -RT, -GC	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	\$1.76

Documents (2)

Name	Source
1 Timely Filing Disputes - Form Must be Included Prevention of Fraud Remit Ban...	mike_bcbane 05/15/2023 11:17am
2 Claim Attachment_2022326000434	Bcbnebraska Health Plan 04/17/2023 2:06pm New

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

6. Review the claim details that Blue Cross and Blue Shield of Nebraska sent to NaviNet. The claim status appears in the upper-left corner. To view or print a PDF of the claim details, click **View/Print** in the upper-right corner.

If Blue Cross and Blue Shield of Nebraska rejects the claim, the screen displays information about why it was rejected and how to resolve the issue, if possible. Blue Cross and Blue Shield of Nebraska may reject a claim, for example, if the procedure code or subscriber ID is invalid, or if the services aren't covered under their policy.

The Documents section at the bottom of the screen displays all claim-related documents that Blue Cross and Blue Shield of Nebraska sent, and all documents that you or other users in your office attached to this claim using the **Appeals** link.

To view the member's coverage details, click **View Eligibility and Benefits** in the left panel.

To view remittance details, click **Remittance Details** under the total billed and paid amounts.

Turn on claim document notifications

To see a notification when Blue Cross and Blue Shield of Nebraska sends a document related to a claim, you must turn on notifications.

The first time you access **Claim Status**, a pop-up window asks if you would like to be notified when a health plan sends a document related to a claim. If you choose **Yes**, you'll see a new pop-up notification every 15 minutes, if available, and you'll receive an email summary once a day.

To view or change your notification settings at any time, follow these steps:

1. Click the **Activity** icon () in the upper-right corner of any screen.
2. Click the **Settings** tab.
3. In the **Notify me about** section, select the **Claim documents** check box.
4. Choose whether to receive pop-up notifications, email notifications, or both.

If you don't choose either option, you can view your notifications in the **Notifications** tab.

Return to this tab at any time to manage your notification settings.

Investigate a claim

Watch how to investigation a claim

If you have a question for Blue Cross and Blue Shield of Nebraska about a claim, you can start a new investigation.

Note: If someone at your office already started an investigation for the same reason, add a comment to the existing investigation. Do not start a new investigation for the same reason.

To start a new investigation, follow these steps:

1. On the Claim Status Details screen, click **Investigate**. The Start Investigation pane opens unless investigations already exist on the claim.

Note: If the Start Investigation pane does not open, click **Start Investigation** on the left panel, or **Start New Investigation** on the upper-right of the Investigation list pane.

2. In the Start Investigation pane, do the following:
 - a. Choose a reason from the **Reason** drop-down list.
 - b. Type your question or issue in the **Enter Investigation Details** box.
 - c. Click **Contact Information** to display the boxes for your contact information, and then type your contact information. Select the **Save as default contact information** check box to use the same contact information the next time you start a claim investigation.
3. After you enter all of the information, click **Send**.

The system sends the investigation message to Blue Cross and Blue Shield of Nebraska and your message appears in the Investigation List pane.

When Blue Cross and Blue Shield of Nebraska responds to your investigation, a red badge appears on the **Investigate** link on the Claim Status Details screen. You can also [subscribe to pop-up or email notifications](#).

If you can't start an investigation on the claim, contact Blue Cross and Blue Shield of Nebraska directly to inquire about the claim.

If Blue Cross and Blue Shield of Nebraska sends a document related to the investigation, you see a **New Plan Document Available** link when you view the claim details. Click the link to scroll

to the Documents list. A New tag displays next to the document. Click the row to view the document.

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

Finalized (Claim Status as of 09/28/2022) Claim ID: [REDACTED] Service Dates: 09/25/2022 to 09/25/2022

Attach Investigate History View/Print

ADDITIONAL DETAILS
 Patient a/c: [REDACTED]
 Clearinghouse Trace Number: [REDACTED]

INSURANCE DETAILS
 BCBS of Nebraska
 Member ID: [REDACTED]
[View Eligibility and Benefits](#)

NEW PLAN DOCUMENT AVAILABLE

Total Billed: \$221.90
Total Paid: \$81.71
 Payment Number: 50031271
 (Paid on 09/28/2022)
[Remittance Details](#)

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 D0140	1.0	09/25/2022 to 09/25/2022	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Responsibility Amount. The claim/encounter has completed the adjudication cycle and no more action will be taken. Charges applied to deductible.	\$81.90	\$2.46
2 D0330	1.0	09/25/2022 to 09/25/2022	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Accepted for processing.	\$140.00	\$79.25

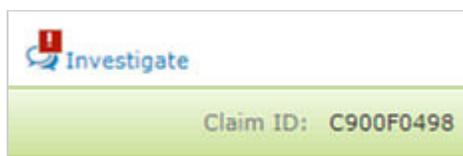
Documents (14)

Name	Source
1 Plan Document	Bcbsnebraska Health Plan 04/12/2023 4:22pm New

Follow up on an existing investigation

View the investigation response from Blue Cross and Blue Shield of Nebraska, or add comments to an existing investigation.

1. In Claim Status Inquiry, find the claim. A red badge appears on the **Investigate** link when Blue Cross and Blue Shield of Nebraska responds to an investigation, and you have not yet viewed the response.



Note: If you turn on pop-up notifications for claim investigation responses, you see a notification in the upper-right corner when Blue Cross and Blue Shield of Nebraska responds to an investigation that you started or participated in. Click **View Response** to go directly to the investigation to review the response.

2. Click **Investigate**. The Investigation List pane opens on the right side of the screen.
 - A **NEW** icon appears next to the investigation that has a health plan response that you have not yet viewed.

The screenshot shows a window titled "Investigation List" with a close button (X) in the top right corner. On the left is a sidebar with two buttons: "Start Investigation" (with a speech bubble icon) and "Investigation List" (with a speech bubble icon and highlighted in dark blue). The main content area displays the following information:

Harriet Schulenberg
 SER12345678

[Status Details](#) [Start New Investigation](#)

Date of Service	Claim ID	Billed Amount	Finalized
01/02/2013	AAA1234	\$182.01	✔ Finalized

▶ **Claim Denied No Auth/Referral** NEW

Raised on	Reference
11/19/2018	--

▶ **Medicare Membership/Enrollment denial**

Raised on	Reference
10/30/2018	--

▶ **Claim Denied No Auth/Referral**

Raised on	Reference
10/30/2018	--

▶ **Claim Denied No Auth/Referral**

Raised on	Reference
09/12/2018	--

▶ **Claim Denied No Auth/Referral**

Raised on	Reference
06/26/2018	--

3. Click an investigation in the list.

The window displays all previous communication with Blue Cross and Blue Shield of Nebraska concerning the investigation.

The screenshot displays a web interface for claim investigations. On the left is a sidebar with 'Start Investigation' and 'Investigation List' buttons. The main content area shows the following information:

- Header: '< Back to Investigation List' and 'X' close button.
- Buttons: 'Status Details', 'Start New Investigation', and 'View/Print'.
- Claimant: **Renee Jackson**, ID: RJ0008000.
- Details: Date of Service (11/30/2016), Claim ID (CR0008000), Billed Amount (\$264.87), and a 'Finalized' status with a green checkmark.
- Section: **Claim Pending over 45 Days**.
- Message History:
 - 08/13/2019: Message from Jen Anderson: 'My claim on 09/10/2016 for patient Mary Cranston was submitted for a total of \$475.00, but only \$425.00 was paid. This is incorrect according to our latest fee schedule (date May 2016).' Navigation: '< Prev' and 'Next >'.
 - 08/20/2019: Message from Aries Health Plan (marked 'NEW'): 'Thank you for your request. We have reviewed the information supplied and have determined that the amount paid is appropriate as per contract. If you have any further queries please do not hesitate to contact us.'

- A **NEW** icon indicates a message from Blue Cross and Blue Shield of Nebraska that you have not viewed.
 - To print the messages in the investigation, click **View/Print** in the upper-right corner of the screen.
 - To view the other investigations for this claim, click **Prev** and **Next**.
4. Read the health plan's response, and then type a reply or additional question in the **Add reply** box, if necessary.
 5. Click **Send**.

You may not be able to respond to an investigation based on your user permissions, the health plan, or the status of the claim. If you can't respond to an investigation, contact Blue Cross and Blue Shield of Nebraska directly.

If Blue Cross and Blue Shield of Nebraska sends a document related to the investigation, you see a **New Plan Document Available** link when you view the claim details. Click the link to scroll to the Documents list. A New tag displays next to the document. Click the row to view the document.

Turn on claim investigation notifications

To see a notification when Blue Cross and Blue Shield of Nebraska responds to an investigation that you started or participated in, you must turn on notifications.

The first time you submit a claims investigation, a pop-up window asks if you would like to be notified when a health plan responds to your claim investigations. If you choose **Yes**, you'll see a new pop-up notification every 15 minutes, if available, and you'll receive an email summary once a day.

To view or change your notification preferences at any time, follow these steps:

1. Click the **Activity** icon (🔔) in the upper-right corner of any screen.
2. Click the **Settings** tab.
3. Select the **Claim investigation responses** check box.
4. Choose whether to receive pop-up notifications, email notifications, or both.

If you don't choose either option, you can view your notifications in the **Notifications** tab.

Return to this tab at any time to manage your notification settings.

Appeal a claim

For Blue Cross and Blue Shield of Nebraska, you can appeal finalized or denied claims. You can also attach supporting documents to your appeal. Each document must be 32MB or smaller and must be in PDF format. If multiple pages relate to the same document, please combine them into one document before you attach it.

1. Use **Claim Status** to find the claim, and then click **Appeal**.



The Start New Appeal pane opens if the claim has no existing appeals and if you have permission to start one.

Note: If the claim has existing appeals, you see the appeal list instead. Click **Start Appeal** (📄) on the left panel to start a new appeal.

2. In the Start New Appeal pane, do the following:
 - a. Choose the type and reason for the appeal. Review the instructions for the selected type and reason, if any.
 - b. Type information about the appeal in the **Enter appeal details** text box.
 - c. In the Attachments section, click **Add Document** to add one or more supporting documents to your appeal.
 - d. In the Contact Information section, type your contact information if it doesn't populate by default. Blue Cross and Blue Shield of Nebraska contacts this person if they have questions about the appeal. Select the **Save as default contact information** check box to use the same contact information the next time you start an appeal.
3. Click **Submit**.

The system sends the appeal request to Blue Cross and Blue Shield of Nebraska, and displays a confirmation message. Your appeal appears in the Show Existing Appeals pane.

If you subscribe to notifications, NaviNet notifies you when Blue Cross and Blue Shield of Nebraska responds to your appeal.

Show existing appeals

All users who can access a claim in Claim Status Inquiry can view existing appeals associated with the claim.

1. Find the claim in Claim Status Inquiry, and then click **Appeal**.

The Show Existing Appeals pane appears if the claim has existing appeals. You can also click **Show Existing Appeals** (📁) in the left panel.

- The header displays key details about the claim. To view all claim details, click **Status Details**.
- A **New** icon indicates a new message from Blue Cross and Blue Shield of Nebraska about an appeal.
- A flag icon appears if a user marked an appeal as urgent.
- An open status indicates a user has submitted an appeal request, but has not yet received a response from Blue Cross and Blue Shield of Nebraska.
- A closed status indicates that Blue Cross and Blue Shield of Nebraska has responded to the appeal request.

Show Existing Appeals			
			Status Details
	Harriet Schulenberg SER12345678	Denied	
Date of Service	Claim ID	Billed Amount	
01/02/13	BBB1234	\$2,668.49	
Request exceeds authorized limits			
Reference	Submitted On	Response Received	OPEN
AR0000063	09/03/2019	--	>
Medical necessity			
Reference	Submitted On	Response Received	CLOSED
AR0000028	08/26/2019	08/31/2019	>
Member eligibility			
Reference	Submitted On	Response Received	CLOSED
AR0000010	08/19/2019	08/24/2019	>

2. Click an appeal in the list.

The window displays details about the appeal.

An open appeal is waiting for the health plan's response. You cannot add information to an open appeal. A closed appeal includes the health plan's response. You cannot respond to a closed appeal.

Turn on claim appeal notifications

To see a notification when Blue Cross and Blue Shield of Nebraska responds to an appeal that you submitted, you must turn on notifications.

The first time you submit a claim appeal, a pop-up window asks if you would like to be notified when a health plan responds to your appeal. If you choose **Yes**, you'll see a new pop-up notification every 15 minutes, if available, and you'll receive an email summary once a day.

To view or change your notification preferences at any time, follow these steps:

1. Click the **Activity** icon (🔔) in the upper-right corner of any screen.
2. Click the **Settings** tab.
3. Select the **Claim appeal responses** check box.
4. Choose whether to receive pop-up notifications, email notifications, or both.

If you don't choose either option, you can view your notifications in the **Notifications** tab.

Return to this tab at any time to manage your notification settings.

Access remittance advice details

Use Remittance Advice to find, display, and print checks, EFTs, and other details about Blue Cross and Blue Shield of Nebraska claims.

View remittance advice up to two years in the past. You can download the details to a .txt or .pdf file.

1. Go to [NaviNet](#).
2. On the **Health Plans** menu, under **My Plans**, click **Blue Cross and Blue Shield of Nebraska**.
3. Under Workflows for This Plan, click **Remittance Advice**.
4. On the Remittance Advice Inquiry screen, choose the **Search Type** option, provide the required criteria, and then click **Search**.
5. On the next screen, click a check or EFT number in the first column to view payment details and a list of associated claims. To download a .txt file of the 835 file, click **Download** in the last column.
6. On the next screen, click a claim number in the first column to view claim details. To view multiple claims at once, select the check boxes next to the claims, and then click **View PDF for Selected Claims** to create a .pdf file of the selected data.

Access fee schedules

Select **Workflows** > **Practice Documents** to access fee schedules for Blue Cross and Blue Shield of Nebraska.

If you don't see the documents from Blue Cross and Blue Shield of Nebraska, your NaviNet security officer must enable your permissions by following the steps in [Enable user permissions to documents](#).

1. Go to [NaviNet](#).
2. On the **Workflows** menu, click **Practice Documents**.

The Practice Documents screen shows a list of documents available to you, including those from Blue Cross and Blue Shield of Nebraska. Fee schedules are listed as financial reports.

For more information about accessing, viewing, and responding to health plan documents, see [Patient and Practice Documents](#).

View claim return letters

A claim return letter indicates that Blue Cross and Blue Shield of Nebraska could not process the claim so they deleted the claim. The letter includes the reason that they deleted the claim.

You can view claim return letters when you access the claim via **Claim Status**. You can also view them via **Patient Documents**, as described here.

1. Go to [NaviNet](#).
2. On the **Workflows** menu, click **Patient Documents**.

The Patient Documents screen displays a list of documents, including claim return letters from Blue Cross and Blue Shield of Nebraska.

3. Review the letter and resubmit the claim if necessary.

If you don't see the documents from Blue Cross and Blue Shield of Nebraska, your NaviNet security officer must enable your permissions by following the steps in [Enable user permissions to documents](#).

For more information about accessing, viewing, and responding to health plan documents, see [Patient and Practice Documents](#).

Review your provider information

Select **Workflows > Practice Documents** to review your provider information that Blue Cross and Blue Shield of Nebraska has on file. Blue Cross and Blue Shield of Nebraska sends this information every 90 days for you to review.

If you don't see the documents from Blue Cross and Blue Shield of Nebraska, your NaviNet security officer must enable your permissions by following the steps in [Enable user permissions to documents](#).

1. Go to [NaviNet](#).
2. On the **Workflows** menu, click **Practice Documents**.

The Practice Documents screen shows a list of documents available to you, including those from Blue Cross and Blue Shield of Nebraska. Your provider information appears as a practice information request.

3. Review the details in the document. If you must make updates, follow the instructions in the document and update the information within 30 days.

For more information about accessing, viewing, and responding to health plan documents, see [Patient and Practice Documents](#).