

MO HealthNet Managed Care
(Medicaid)



Healthy Blue

Welcome to the Availity Portal

Overview and highlights

Overview

- Basic Availability Portal*
- Core functionality
- Proprietary tools



Availity registration and overview

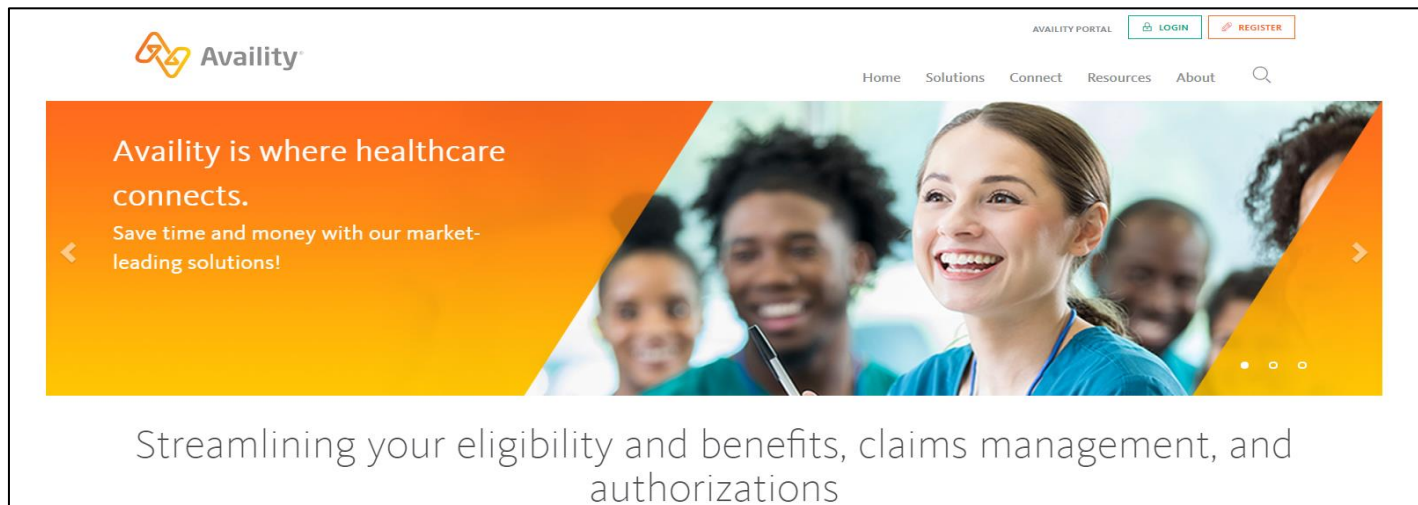
Created by E-Solutions ACE Team 07_2020



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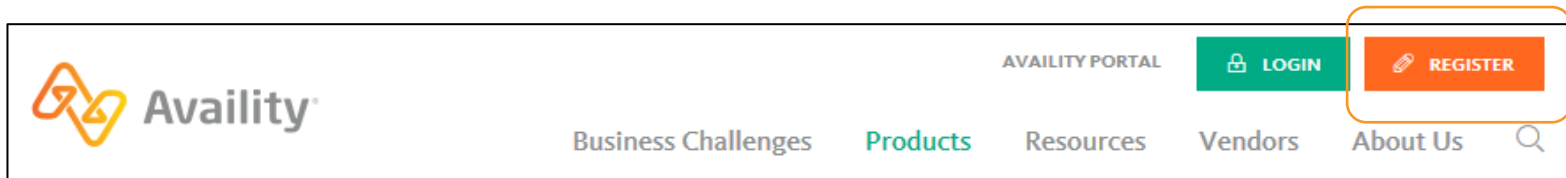
Availity overview

- Availity is a web portal that is used by providers to securely access patient information, such as eligibility, benefits, claim status, authorizations and other proprietary information.
- Health care providers can use a single login to access multiple health plan providers at no cost.



Registering to use Availity

To initiate the registration process, select your organization's Primary Administrator, then go to <https://www.availity.com> and select **Register** to start using Availity.



To register, select your organization type below

The Availity Portal offers secure online access to multiple health plans, and the ability to manage business transactions through a single, easy-to-use site. Registering for the Portal will also allow you to set up EDI Gateway, batch, and FTP services (or transactions). All you need is basic information about your business, including your federal tax ID.

Locate your organization type below, then click the arrow to get started



Registering for Availity: your Availity Administrator holds the key

For your organization to have the most positive experience on Availity, it is imperative that the primary administrator is able to handle the responsibilities assigned to them.

Administrator duties include:

- Adding new users.
- Assigning roles and permissions.
- Designating a backup administrator.
- Modifying existing user access.
- Setting up provider express entry.
- Adding secondary tax IDs.
- Revoking user access.



Availity navigation basics

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Top navigation highlights

Use navigation options to:

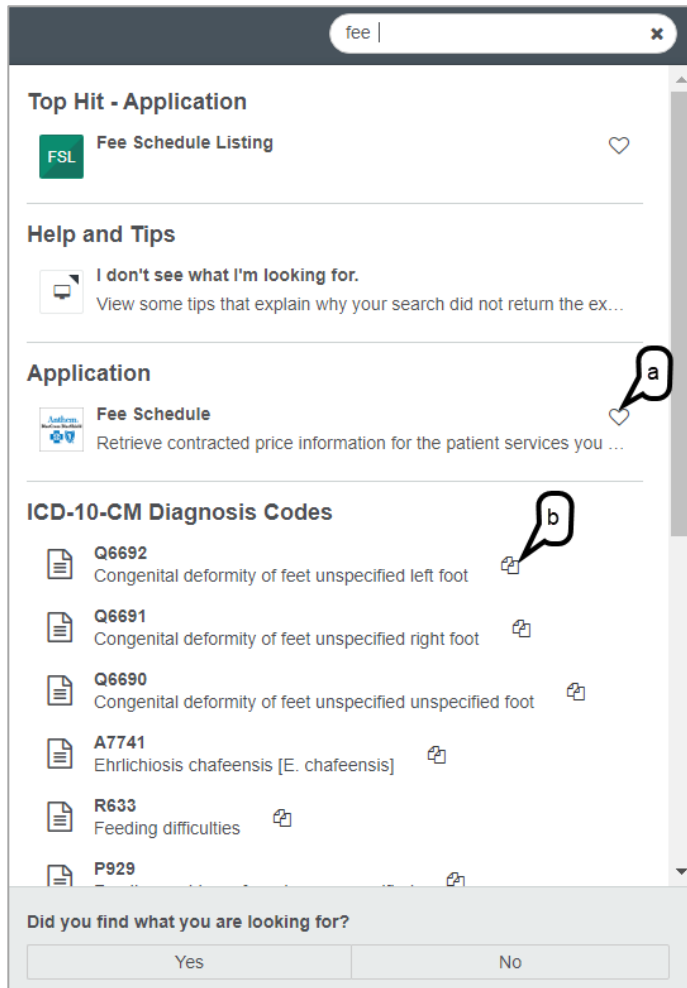
- Search for tools and information.
- Access help, training and support.
- Manage favorites.

The screenshot displays the Avallity user interface. At the top, the navigation bar includes the Avallity logo, Home, Notifications (with a '2' badge), My Favorites, and a user profile dropdown. Below this, a secondary navigation bar contains links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. On the right side of the navigation bar, there are links for Help & Training, Account, and Logout, along with a Keyword Search field. The main content area is divided into several sections: a Notification Center on the left, a My Account Dashboard on the right with a user profile icon and links for My Account, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, Enrollments Center, and EDI Companion Guide. Below these are My Top Applications, which include Education and Reference Center, Eligibility and Benefits Inquiry (EB), Access Your Custom Learning Center, and Payer Organization Search. At the bottom left, there is a News and Announcements section with a 'NEW ALERT' badge. On the bottom right, there is a blue promotional banner with the text 'Tell us what you do in the office' and 'ADD YOUR SKILLS NOW'.



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Keyword search



Use the keyword search feature to search for:

- News and announcements.
- Availability Portal tools.
- Tools and resources on the Payer Space.
- ICD-10-CM procedure codes and diagnosis codes.



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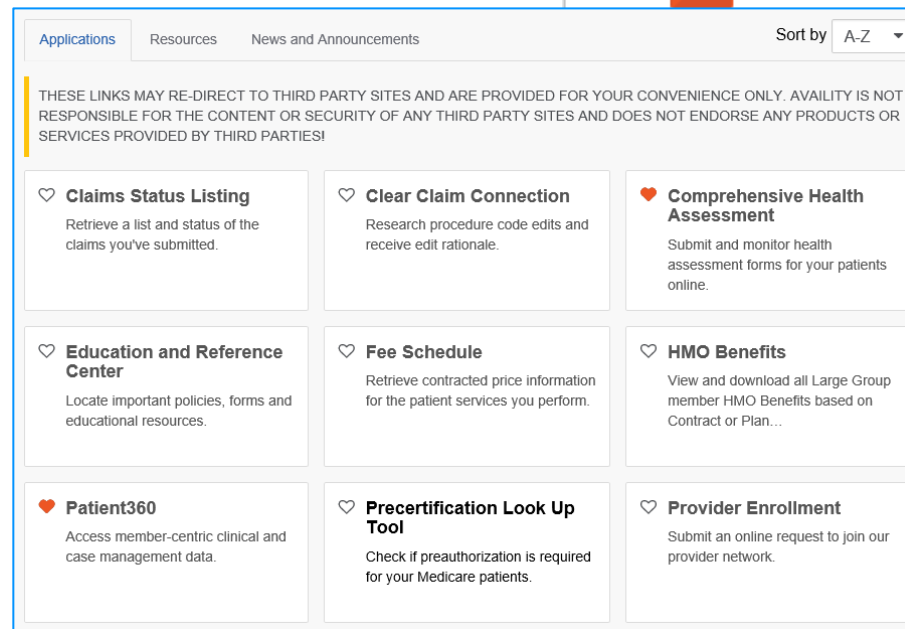
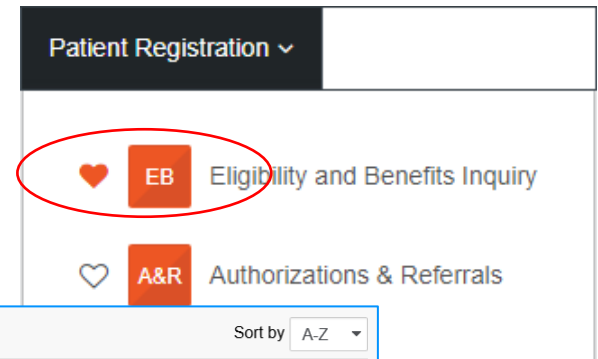
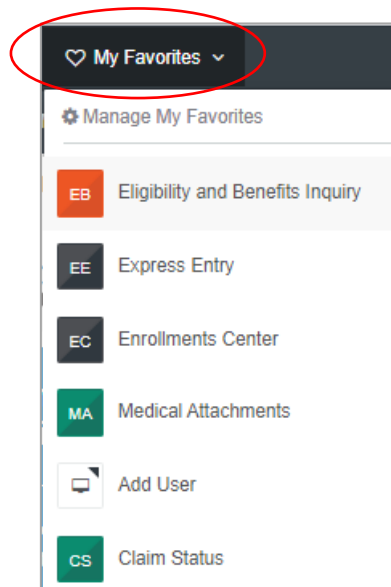
Keyword search (cont.)

Tips

- Select the **heart icon** to add a tool or resource to your *Favorites*.
- Select the **copy icon** to copy a diagnosis code or procedure code to the clipboard.
 - You can then paste the code in a portal application field, an email message or a document.

My Favorites

- To mark a favorite tool, select the **heart icon**.
- Select **My Favorites** to quickly access and manage tools you have marked as favorites.



Help & Training

- Select **Help & Training** and then select:
 - **Find Help** to access online help topics.
 - **Get Trained** to access training on the Availity Learning Center.
 - **Search Knowledge** to search for and view articles on the Availity Knowledge Center.
 - **My Support Tickets** to open a support ticket and view your existing tickets.

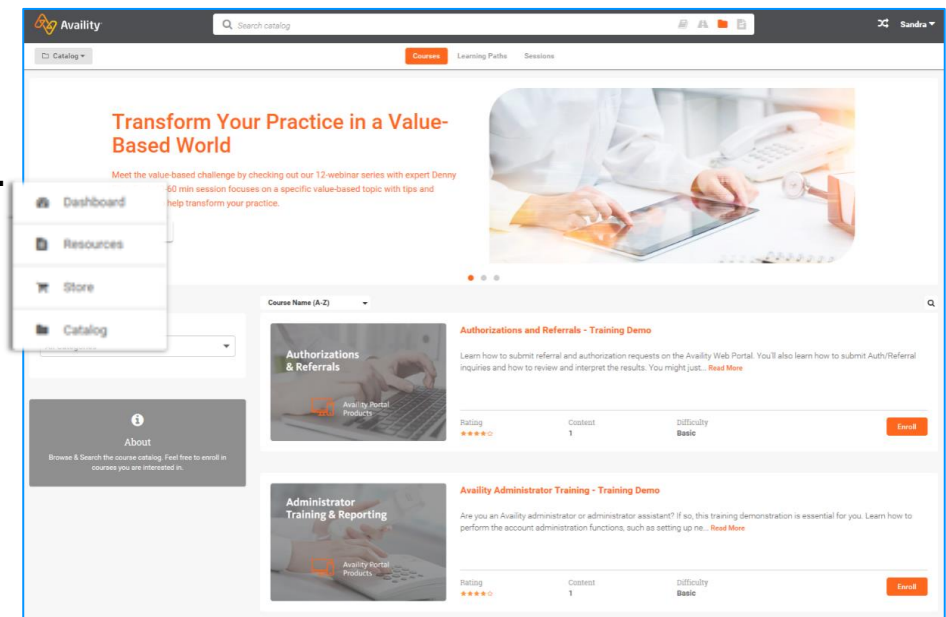
The screenshot displays the Availity web application interface. At the top, the navigation bar includes the Availity logo, Home, Notifications (4), My Favorites, and a Help & Training dropdown menu. The Help & Training menu is open, showing options: Find Help, Get Trained, Search Knowledge, My Support Tickets, My Learning Plan, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, and Enrollments Center. Below the navigation bar, the main content area features a Notification Center with three notifications from 9/5/2017, 9/4/2017, and 9/3/2017, each with a 'Take Action' button. Below the notifications is a 'My Top Applications' section with four tiles: EB (Eligibility and Benefits Inquiry), MA (Medical Attachments), PC (Professional Claim), and A&R (Authorizations & Referrals). On the right side, there is a user profile for Sandra Strawberry and a promotional banner for a '\$150 Activation Bonus' for new merchant accounts.

Get Trained

Select **Help & Training > Get Trained**. The *Availity Learning Center* will open in a new browser tab, and you will land in the *Catalog*.

Select the list for other options.

- **Dashboard** — Access your courses.
- **Resources** — Access PDFs, tours and URLs to additional resources.
- **Catalog** — Search by keyword or category to enroll for free training.
- **Store** — Search by keyword or category to add health care education courses to your cart.



Menu options

For menu options, use the top navigation bar.

The screenshot displays the Avallity user interface. At the top, the navigation bar includes the Avallity logo, Home, Notifications (4), My Favorites, Help & Training, Sandra's Account, and Logout. Below this, a secondary navigation bar lists Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the navigation bar.

The main content area is divided into several sections:

- Notification Center:** Displays three notifications with dates and times (9/5/2017 11:26 am, 9/4/2017 2:00 am, 9/3/2017 7:13 pm) and 'Take Action' buttons.
- My Account Dashboard:** Lists account management options: My Account, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, and Enrollments Center. It also shows the user's name, Sandra Strawberry, and a profile picture.
- My Top Applications:** Features four application tiles: Eligibility and Benefits Inquiry (EB), Medical Attachments (MA), Professional Claim (PC), and Authorizations & Referrals (A&R).
- Sign up for Patient Payments today:** A promotional banner offering a \$150 Activation Bonus for new merchant accounts.
- Question of The Week:** A section with the question: 'How many authorizations/precertifications do you submit per week?'
- News and Announcements:** A section at the bottom left of the main content area.



Core functionality on the Avality Portal

A closer look at basic administrative tools



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Eligibility and benefits

To check patient eligibility and benefits, select the **Patient Registration** link from the top menu bar.

The screenshot displays the Availity web application interface. The top navigation bar includes links for Home, Notifications (3), My Favorites, Help & Training, Account, and Logout. A dark grey menu bar contains several options: Patient Registration (circled in red), Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the menu bar. Below the menu bar, the main content area is divided into sections. On the left, there is a sidebar with a heart icon and 'EB Eligibility and Benefits Inquiry' (highlighted with a grey box), and a heart icon with 'A&R Authorizations & Referrals'. Below this is a feedback section titled 'Tell us what you think.' with three smiley face icons. The main content area features a list of notifications or announcements, including one about Q1 verification and another about a new quarter update. On the right side, there is a 'My Account Dashboard' section with links for My Account, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, Enrollments Center, and EDI Companion Guide. At the bottom right, there is a green banner with the text 'IMPROVING PROVIDER'.

Eligibility and benefits (cont.)

- To conduct the *Patient Search*, select the **Patient ID** and **Date of Birth** from the drop-down menu. (The transaction can't be run without a patient ID).
 - Note: If the member name is included in the search, it must match the ID card exactly.
- For the *Patient Information* section, you can change the *As of Date* field to request information in the past and future.
- Payers vary in what they will be able to return, so be sure to select the question mark icon to learn more.

New Request [Watch a quick demo](#)

• Payer ⓘ
ANTHEM - IN

Provider Information
Select a Provider ⓘ
Search for a Provider

• NPI ⓘ

Service Information
• As of Date ⓘ
06/23/2020
• Benefit / Service Type ⓘ
Health Benefit Plan Coverage

Patient Information
Patient Search Option ⓘ Add Multiple Patients
Patient ID, Date of Birth
• Patient ID ⓘ
• Date of Birth
Patient Relationship to Subscriber ⓘ
Self
 Submit another patient

Eligibility and benefits (cont.)

- On the left, select the patients' cards to display information.
- On the right, navigate through the response from the payer.

Search My Patients Only

1 Detail View List View

Health Benefit Plan Coverage
Transaction Date: Mar 02 2:28 pm

Date of Service: Mar 02, 2020
Member ID
Payer: ANTHEM - IN
DOB:

Edit Delete

Health Benefit Plan Coverage
Transaction Date: Mar 02 2:27 pm

Red:
Patient Inactive

Health Benefit Plan Coverage
Transaction Date: Mar 02 2:24 pm

C
Green:
Patient Active

Health Benefit Plan Coverage
Transaction Date: Mar 02 2:24 pm

Orange:
Error Occurred

Health Benefit Plan Coverage
Transaction Date: Mar 02 2:23 pm

Date of Service Mar 02, 2020 Transaction ID: 1473544998 Transaction Date: Mar 02 2:28 pm Customer ID: C

Subscriber

Member ID
DOB
Gender Female

Plan / Coverage Date Nov 01, 2019 - Dec 31, 9999

Edit Print Go to

View Member's Language Preference View Member ID Card

Patient Information Coverage and Benefits

Patient Information Subscriber Information

Subscriber
Member ID

Relationship to Subscriber
Group Number
Plan Sponsor Name

Plan / Product Information

Active Coverage Family Service Types
Insurance Type Health Benefit Plan Coverage
Plan / Product

Payer Details Other or Additional Payers

Payer
Contact Information
No Additional Payer Information

P:
P:
F:

Provider Details

Eligibility and benefits (cont.)

The screenshot shows the 'Coverage and Benefits' tab in the member portal. At the top, there is a header with 'Date of Service Mar 02, 2020', 'Transaction ID', and 'Customer ID'. Below this, member information is displayed: Member ID, Subscriber, Plan / Coverage Date (Jul 01, 2018 - Dec 31, 9999), DOB, and Gender (Female). A navigation bar includes buttons for 'Patient Attribution', 'View Certificate of Coverage', 'Additional Benefit Notes', 'View Member's Language Preference', and 'View Member ID Card'. The main content area is divided into 'Patient Information' and 'Coverage and Benefits'. Under 'Coverage and Benefits', there is a 'FILTER BY NETWORK' section with 'All Networks', 'In Network', and 'Out Of Network' options. A 'FREQUENTLY VIEWED' sidebar lists various coverage categories like Deductible, Out of Pocket, Professional (Physician) Visit, Hospital - Emergency Medical, Physician Visit - Office, Chiropractic, Emergency Services, Hospital, Hospital - Emergency Accident, Hospital - Inpatient, Hospital - Outpatient, Medical Care, Mental Health, Urgent Care, and Vision (Optometry). The main content area shows 'Health Benefit Plan Coverage - 30' with a 'Feedback' button. It details 'Active Coverage Family' for 'Preferred Provider Organization (PPO)'. Under 'Deductible - Health Benefit Plan Coverage', it shows 'In Network Individual' with a \$600.00 service year deductible and \$600.00 remaining, and 'In Network Family' with a \$1,200.00 service year deductible and \$990.19 remaining. Below this, 'Out of Pocket (Stop Loss) - Health Benefit Plan Coverage' shows 'In Network Individual' with a \$3,600.00 service year out of pocket and \$3,575.00 remaining, and 'In Network Family' with a \$7,200.00 service year out of pocket and \$6,940.19 remaining. At the bottom, 'Professional (Physician) Visit - Office - 00' is shown with 'Active Coverage Network Not Applicable' and 'Specialist'.

Select the **Coverage and Benefits** tab to view additional details:

- In *Coverage and Benefits*, use the left side to jump to specific benefits.
- Use the right side to scroll through the benefit information.



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Eligibility and benefits detail

View Certificate of Coverage and the member card by selecting from the tabs located at the top of the *Patient Information* page.

The screenshot displays a patient information interface. At the top, it shows 'Date of Service Mar 02, 2020', 'Transaction ID:', 'Transaction Date:', and 'Customer ID:'. Below this is a green header bar containing 'Subscriber' information, a 'Member ID', 'DOB', and 'Gender Female'. A highlighted orange box labeled 'Plan / Coverage Date' shows 'Jul 01, 2018 - Dec 31, 9999'. To the right of the header are 'Edit', 'Print', and 'Go to' buttons. At the bottom, a row of five blue buttons is shown: 'Patient Attribution', 'View Certificate of Coverage', 'Additional Benefit Notes', 'View Member's Language Preference', and 'View Member ID Card'. The 'View Certificate of Coverage' and 'View Member ID Card' buttons are highlighted with a grey border.



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Eligibility and benefits detail (cont.)

Member card sample

Member Card

Identification Number

Group Plan RxBIN RxPCN RxGroup

Medical PCP not required

Office Visit	\$25
Specialist	\$50
Emergency Room	\$200
Urgent Care	\$75
RX Tier1/RX Tier2	\$10/\$40
RX Tier3/RX Tier4	\$60/20%
Inpatient	20%

PPO, R

anthem.com

Member Services	1-800-887-6055
Travel Coverage	1-800-810-2583
Prerecertification	1-877-514-4803
Provider Services	1-888-290-9160
Pharmacists Questions	1-800-824-0898
Health & Wellness	1-888-249-3820

www.Livehealthonline.com

Providers: Please file the medical claims with the local Plan in the state where services were provided. When Medicare is primary (including Med. supp. policies), file first with Medicare in the state where services were provided.

Possession of this card does not guarantee eligibility for benefits.

Mail claims to:
Anthem
P.O. Box 105187 Atlanta GA 30348-5187

Save to PDF Close

Certificate of Coverage sample

Certificate of Coverage

Patient Name: Member Id:

Effective Date: 07/01/2018 Term Date: 12/31/9999

Service Date Entered: 03/02/2020 Transaction ID:

[Medical Certificate Booklet \(PDF\) \(07/01/2019\)](#)
[Medical Certificate Booklet \(PDF\) \(07/01/2018\)](#)

Print

Claim Status

- Use the Claim Status tool to search for claim statuses and to review results from the payer. To access the claim status inquiry form, select **Claims & Payments**, then select **Claims Status**.
- Complete the required provider, patient and claim information sections, and then select **Submit**.

cs Claim Status Give Feedback

Organization: Anthem & Inc | Payer: ANTHEM - IN

HIPAA Standard

Provider Information

Is the provider the same as the organization name? Yes No

Express Entry - Provider optional: Select...

Provider NPI

Patient Information

Express Entry - Patient optional: Select...

Patient ID

Patient Last Name

Patient First Name

Patient Date of Birth: mm/dd/yyyy

Patient Gender optional: Select...

Patient Account Number optional: unknown

Patient's Relationship to Subscriber optional: Self

Claim Information

Service Dates: Start Date - End Date

Claim Number optional

Claim Amount optional

Institutional Bill Type optional



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Claim Status results page

Need Help? [Watch a Demo](#) for Claim Status

cs Claim Status Give Feedback [New Search](#) [Edit Search](#)

Transaction ID: As of March 17, 2020 9:15 AM

Patient	Subscriber	Provider
Patient ID		
DOB		Provider ID
Gender		
Male		

DENIED

03/10/2019 - 03/12/2019

Processed 04/02/2019

Billed \$44,760.99

Paid \$0.00

Verify Eligibility
Print this Page
Secure Messaging
Dispute Claim

Claim

Dates of Service	Processed Date	Status			
03/10/2019 - 03/12/2019	04/02/2019	DENIED			

Billed
\$44,760.99

Paid
\$0.00

Status as of 04/02/2019

- Finalized/Denial The Claim/Line has been denied
- Denied Charge or Non-covered Charge

Check Number	Patient Account #	Claim Receipt Date ¹
N/A		03/20/2019

Pay to Details¹

Paid To	Paid To Name	Tax ID	Address
PROVIDER	N/A		N/A

Other Insurance Information¹

Carrier	Paid Amount
N/A	\$0.00

Explanation of Benefits Details¹

Allowed Total Amount	Coinsurance Amount	Copayment Amount	Deductible Total Amount
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Professional Health Care Claim form

Professional Health Care Claim [Learn More >>](#)

* indicates a required field

* Payer: ?

* Organization:

Responsibility Sequence: ?

Patient Information

* Last Name:

* First Name:

Middle Name or Initial:

* Date of Birth: / /

Date of Death: / /

* Gender:

Country: ?

* Address 1:

Address 2:

* City, State, ZIP Code: -

* Relationship to Subscriber: ?

release signature from provider on behalf of patient

Patient Amount Paid: ?

Patient's Condition Is Related To:
(Select all options that apply to patient's condition)

current or previous employment

auto accident

other accident

Subscriber Information ?

* Subscriber ID: ?



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Facility Health Care Claim form

Facility Health Care Claim [Learn More >>](#)

* indicates a required field

* Payer:

* Organization:

* Facility Type:

Responsibility Sequence:

* Statement: From / / To / /
MM DD YYYY MM DD YYYY

Patient Information

* Last Name:

* First Name:

Middle Name or Initial:

* Date of Birth: / /
MM DD YYYY

* Gender:

Country:

* Address 1:

Address 2:

* City, State, ZIP Code: -

* Relationship to Subscriber:

* Patient Status:

Patient Responsibility Amount:

Subscriber Information ?

* Subscriber ID:

Policy or Group Number:

* Authorized Plan to Remit Payment to Provider?



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Medical attachments tool

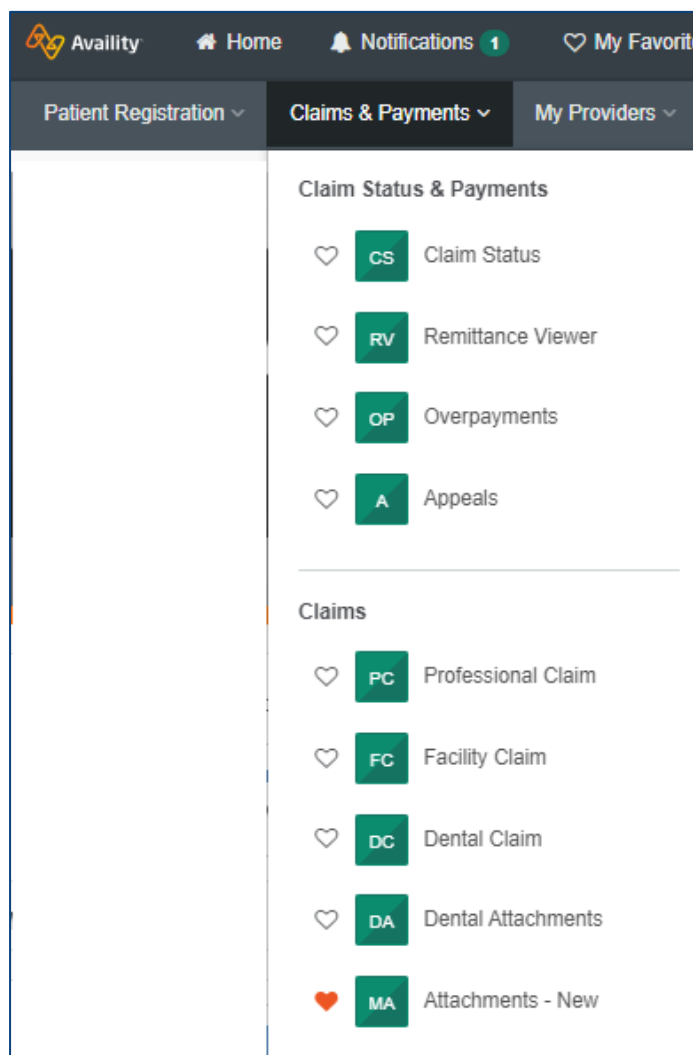
Advantages of using electronic submission:

- **Reduces the need to fax or send via U.S. mail:** Submit the patient's medical records online through Availity without the expense of faxing or mailing.
- **Comprehensive history of all electronic submissions:** Easily view records the organization has submitted online for up to two years in the past.
- **Traceable submission status:** View the status of electronic submissions to determine if they have been accepted.
- **No additional cost:** Get access to a no-cost solution that's easy to learn and even easier to use.
- **Access almost anywhere:** Submit requests from any computer with internet access. Use browser Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.



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Medical attachments tool (cont.)



Send medical records requested via the Notification Center on Availity, USPS letter or when you know they are required.

Submit supporting documentation using Availity's medical attachments tool.

To submit a medical record electronically via Availity:

- Log in to Availity.
- Select the **Claims & Payments** drop down menu.
- Select **Attachments — New**.

Claims dispute functionality

What is the Dispute/Appeal functionality?

- The Dispute option allows providers to electronically follow up on a claim when they disagree or are not satisfied with the payer's decision.
 - This function is for Medicaid and Medicare Advantage.
- Providers can add attachments to the dispute submission.
- Follow-up can be managed via the Appeals tool.



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Initiating a claim dispute

Need Help? [Watch a demo for Claim Status](#)

cs **Claim Status** [Give Feedback](#) [New Search](#) [Edit Search](#)

Transaction ID: _____ As of March 17, 2020 9:15 AM

Patient ID	Subscriber	Provider
DOB		Provider ID
Gender		
Male		

[Verify Eligibility](#) [Print this Page](#) [Secure Messaging](#) [Dispute Claim](#)

Claim

Dates of Service	Processed Date	Status	Billed	Paid
03/10/2019 - 03/12/2019	04/02/2019	DENIED	\$44,760.99	\$0.00

Status as of 04/02/2019

- Finalized/Denial The Claim/Line has been denied
- Denied Charge or Non-covered Charge

Check Number	Patient Account #	Claim Receipt Date ¹
N/A		03/20/2019

Pay to Details¹

Paid To	Paid To Name	Tax ID	Address
PROVIDER	N/A		N/A

Other Insurance Information¹

Carrier	Paid Amount
N/A	\$0.00

Explanation of Benefits Details¹

Allowed Total Amount	Coinsurance Amount	Copayment Amount	Deductible Total Amount

DENIED
03/10/2019 - 03/12/2019
Processed 04/02/2019
Billed \$44,760.99
Paid \$0.00

FINALIZED
03/10/2019 - 03/12/2019
Processed 06/19/2019
Billed \$44,760.99
Paid \$8,608.56

FINALIZED
03/19/2019



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View claims disputes/appeals

From **Claims and Payments**, *Appeals* will allow you to see details for all disputes.

A Appeals Give Feedback

Filter

◀ Prev **1** 2 Next ▶

Initiated				
Created: 01/22/2020 • Updated 01/22/2020				
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
			11/01/2019	\$3,611.10
	Payment Date	Patient Account Number	Service End Date	Payment Amount
			11/30/2019	\$1,716.00

Initiated				
Created: 12/24/2019 • Updated 12/24/2019				
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
			03/05/2019	\$2,836.45
	Payment Date	Patient Account Number	Service End Date	Payment Amount
			03/08/2019	\$2,648.11

Initiated				
Created: 11/25/2019 • Updated 11/25/2019				
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
			10/31/2019	\$125.00
	Payment Date	Patient Account Number	Service End Date	Payment Amount
			10/31/2019	0



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Claim dispute functionality

To find training opportunities:

- Select **Help & Training**, then select **Find Help** and search by appeals to find training materials around the experience.
- A recorded webinar is available from the Availity Learning Center: *Appeals – Training Demo* is a five-minute tutorial on the process.
- Select **Help & Training**, then **Get Trained** to access the Learning Center.

Interactive Care Reviewer

Interactive Care Reviewer (ICR) is Healthy Blue's online authorization tool providers access on the Availity Portal to create, submit and check the status of authorizations.

Features and benefits:

- View authorization requests affiliated with tax ID/organization.
- Any staff member can access the application at any time with the appropriate Availity role assignment. There is no need to pick up the phone.
- If an email address was included on the submitted request, you will be notified via email that the case has been updated in ICR.
- View an imaged copy as well as download and print case information.

ICR (cont.)

The screenshot displays the Avality web application interface. At the top, the navigation bar includes the Avality logo, Home, Notifications (2), and My Favorites. Below this is a secondary menu with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area is titled 'Authorizations & Referrals' and features a 'Multi-Payer Authorizations and Referrals' section. This section contains four interactive cards: 'Auth/Referral Inquiry' (AR), 'Authorizations' (A), 'Referrals' (R), and 'Drug Prior Authorization' (P). Each card includes a 'View Payers' link and a heart icon for favorites. A feedback widget is visible on the left side of the interface.

Avality Home Notifications 2 My Favorites

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

EB Eligibility and Benefits Inquiry

A&R Authorizations & Referrals My Favorites

My Providers Reporting Payer Spaces More

Home > Authorizations & Referrals

A&R Authorizations & Referrals

Multi-Payer Authorizations and Referrals

AR Auth/Referral Inquiry View Payers

A Authorizations View Payers

R Referrals

P Drug Prior Authorization View Payers

Tell us what you think.

My top Applications

ICR dashboard

Users who have been assigned the Authorization Request role will see this landing page:

The screenshot displays the 'Interactive Care Reviewer' dashboard. At the top, there is a navigation bar with the title 'Interactive Care Reviewer' and user information 'Welcome, [redacted] Logout Quick Links'. Below this is a secondary navigation bar with icons and labels for 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', 'Check Case Status', and 'Check Appeal Status'. The main content area features a table with the following columns: Request Tracking ID, Reference Number, Status, Patient Name, Service Date Range, Request Type, Requesting Provider NPI, Submit Date, Created By, Updated Date, and Updated By. Two rows of data are visible in the table.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
90178673		Not Submitted	[redacted]	03/05/2020 - 03/05/2020	Outpatient				2020-02-28 02:21:01 PM	[redacted]
5791190		See Details	[redacted]	01/11/2020 - 01/12/2020	Inpatient		2020-01-11 09:43:33 AM		2020-01-11 10:24:18 AM	System



Payer Spaces on the Availity Portal

A closer look at where you go to find proprietary tools



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Payer Spaces page on Availity

Reporting Payer Spaces More

Welcome

Applications Resources News and Announcements Sort By A-Z

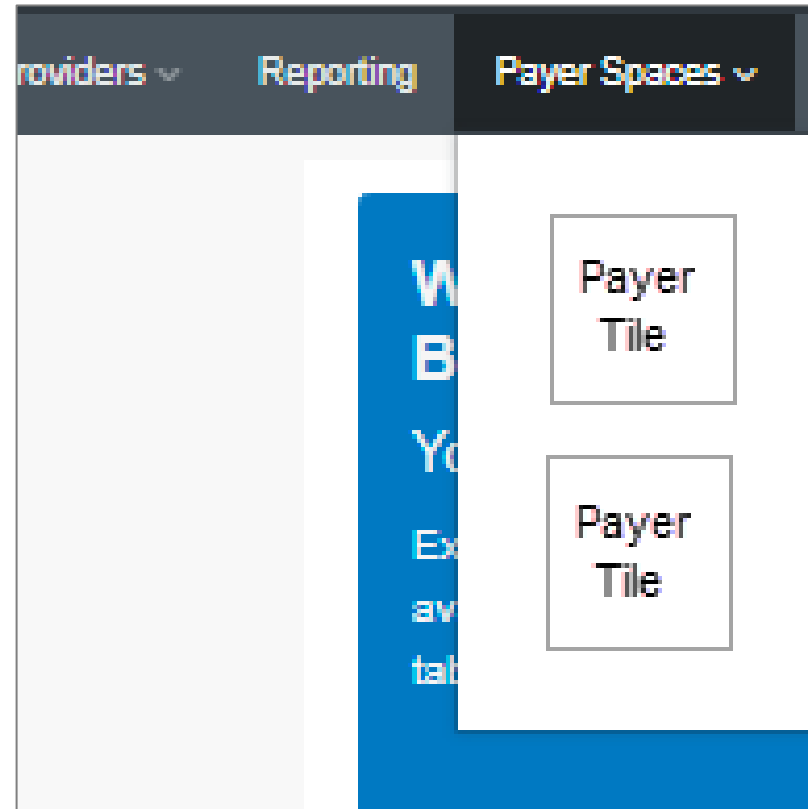
- ♥ Access Your Custom Learning Center
Find payer-centric training and resources in the learning center.
- ♥ Authorization Rules Lookup
Check if prior authorization is required for your patients.
- ♥ Claims Status Listing
Retrieve a list and status of the claims you've submitted.
- ♥ Clear Claim Connection
Research procedure code edits and receive edit rationale.
- ♥ Comprehensive Health Assessment
Submit and monitor health assessment forms for your patients online.
- ♥ Education and Reference Center
Locate important policies, forms and educational resources.



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Payer Spaces: how to access

- To access the Payer Spaces page, select **Payer Spaces**, located on the right side of the Availity Portal's top menu bar.
- Select the Healthy Blue tile from the *Payer Spaces* drop-down menu.



Payer Spaces landing page

Availity Administrators and Assistants can assign roles to users needing access to the applications.

Welcome

Applications Resources News and Announcements

Sort By A-Z

♥ Access Your Custom Learning Center
Find payer-centric training and resources in the learning center.

♥ Authorization Rules
Check if prior authorization for your patients.

♥ Clear Claim Connection
Research procedure code edits and receive edit rationale.

♥ Comprehensive Health Assessment
Submit and monitor health assessment forms for your patients online.

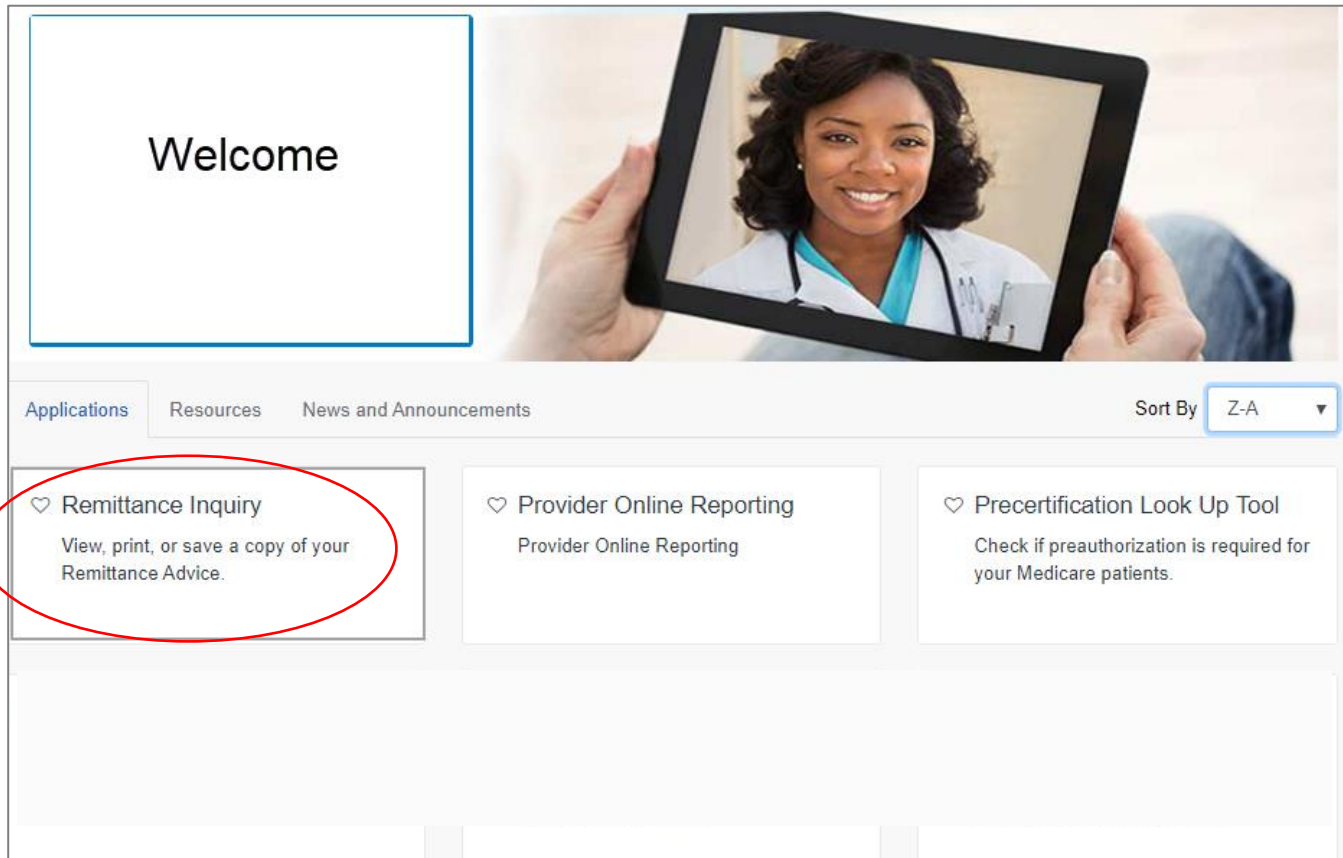
♥ Education and Reference Center
Locate important policies, forms and educational resources.

There are three Sections:
-Applications
-Resources
-News and Announcements



Healthy Blue

Remittance Inquiry



The screenshot shows a web application interface. At the top left, there is a white box with the word "Welcome" in black text. To the right of this box is a photograph of a smiling woman in a white lab coat with a stethoscope, holding a tablet computer. Below the photograph, there are three tabs: "Applications", "Resources", and "News and Announcements". To the right of these tabs is a "Sort By" dropdown menu set to "Z-A". Below the tabs, there are three main content boxes. The first box on the left is titled "Remittance Inquiry" and contains the text "View, print, or save a copy of your Remittance Advice." This box is circled in red. The second box is titled "Provider Online Reporting" and contains the text "Provider Online Reporting". The third box is titled "Precertification Look Up Tool" and contains the text "Check if preauthorization is required for your Medicare patients."


Remittance Inquiry (cont.)

Select the **Check/EFT/Payment Number** option for the quickest search.


For a list of multiple remittances for a specific date span, select the **Issue Date Range** search.

1 Search Remits


2 Search Results

Organization 

Select an Organization

Tax ID 

Select a tax id

Search by: 

Check/EFT/Payment Number

Issue Date Range

(Remittances are accessible for up to 15 months in the past from current date.)

Check/EFT/Payment Number: Enter Check/EFT/Payment Number

Clear Search

Please contact the Customer Service number on the member's ID card if you have questions related to a remittance inquiry.

Remittance Inquiry (cont.)

The Remittance Inquiry Results sort options include:

- Provider Name.
- Issue Date.
- Check/EFT Number.
- Check/EFT Amount.

Select the **View Remittance** link to access the imaged version of the paper remit.

The screenshot displays the 'Remittance Inquiry Results' page. At the top, there are two numbered steps: '1 Search Remits' and '2 Search Results'. Below this, the search criteria are shown: 'Your Search Criteria: Issue Date Range: 01/10/2016 - 01/16/2016' and 'Transaction ID: [REDACTED]'. The main section is titled 'Remittance Inquiry Results: 1 - 3 of 3 records displayed'. It contains a table with the following data:

▲ Provider Name	Issue Date	Check/EFT Number	Check/EFT Amount	View Remittance
[REDACTED]	01-13-2016	9999999999		View Remittance
[REDACTED]	01-15-2016	[REDACTED]	\$76.81	View Remittance
[REDACTED]	01-16-2016	[REDACTED]	\$16.84	View Remittance

Below the table, there are two buttons: 'Refine Search' and 'New Search'. At the bottom, a note reads: 'Please contact the Customer Service number on the member's ID card if you have questions related to a remittance inquiry.' The 'View Remittance' link in the third row of the table is circled in red.



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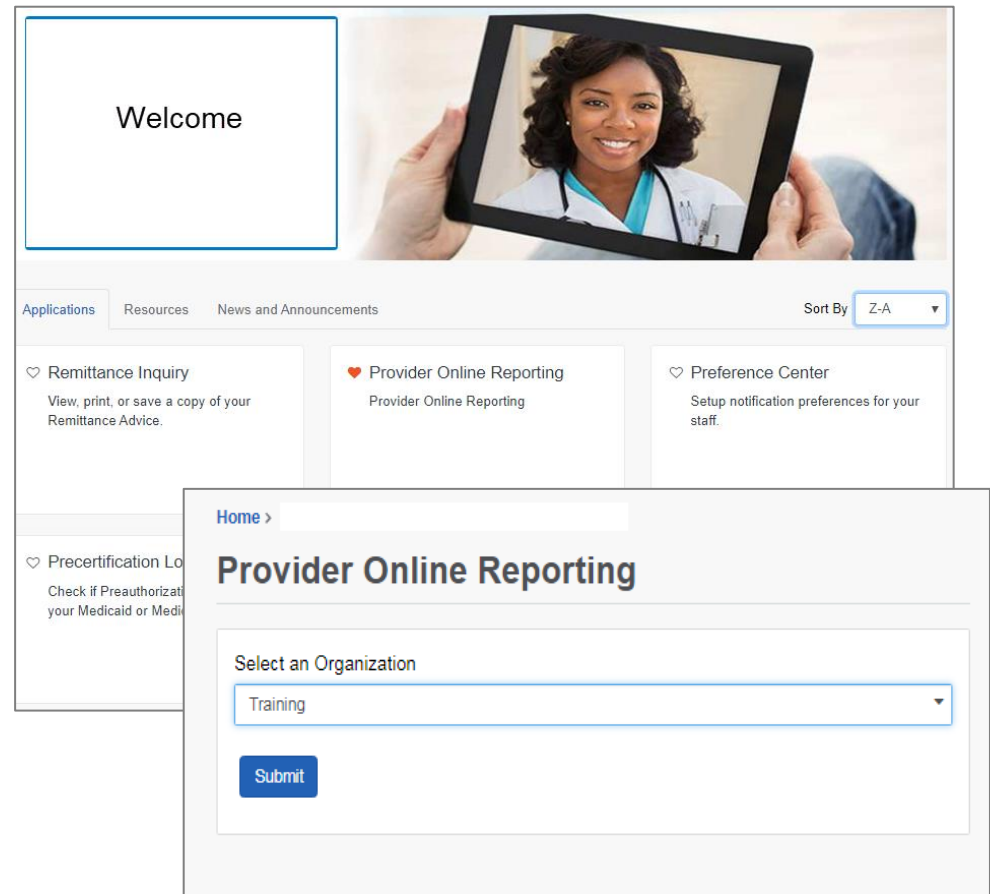
Remittance Inquiry details

- Remit images are available for most Healthy Blue members.
- Images can be saved to the user's PC or printed.
- View past remittances, as far back as 24 months.
- Access to view online remittances is associated with the roles of Claims or Claim Status.

Provider Online Reporting

To access Provider Online Reporting:

- On the *Applications* tab, select the tile for **Provider Online Reporting**.
- Select an Organization from the drop-down menu and select **Submit**.



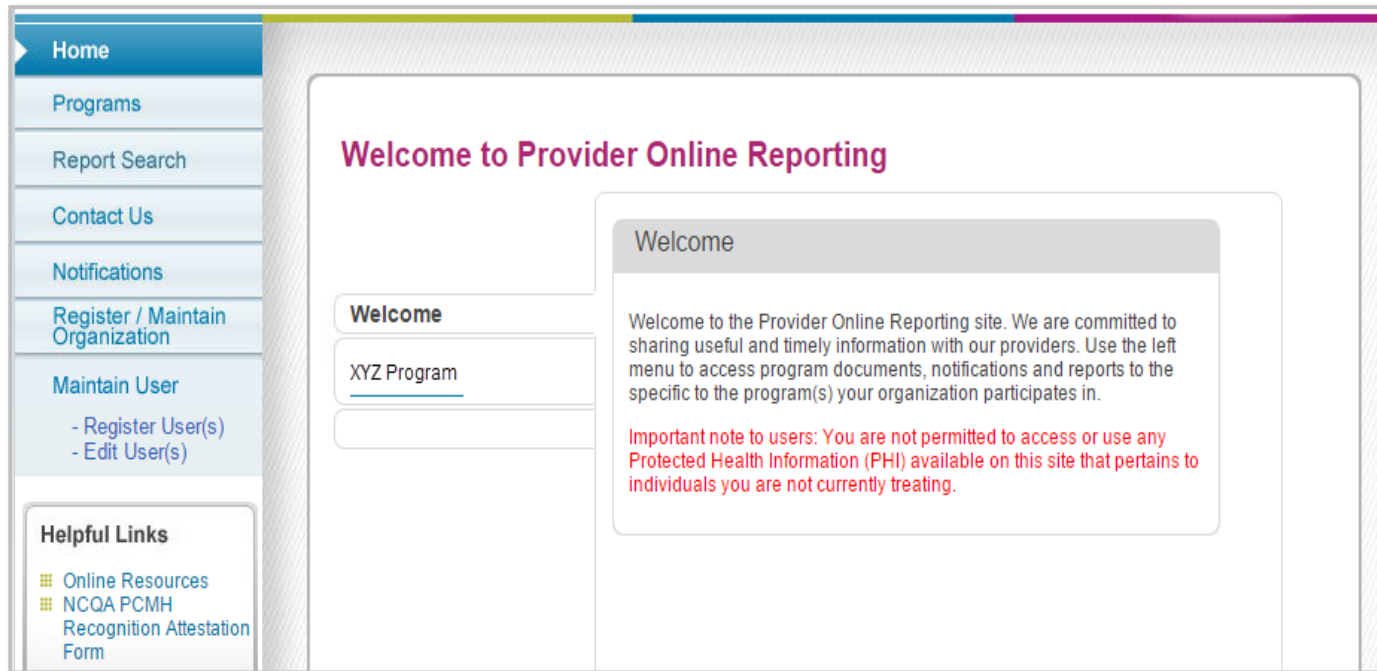
The screenshot displays a user interface for Provider Online Reporting. At the top, there is a 'Welcome' message and a photo of a smiling woman holding a tablet. Below this, there are navigation tabs: 'Applications', 'Resources', and 'News and Announcements'. A 'Sort By' dropdown menu is set to 'Z-A'. The main content area features three tiles: 'Remittance Inquiry', 'Provider Online Reporting' (highlighted with a red heart icon), and 'Preference Center'. The 'Provider Online Reporting' tile is expanded, showing a 'Select an Organization' dropdown menu with 'Training' selected and a 'Submit' button.



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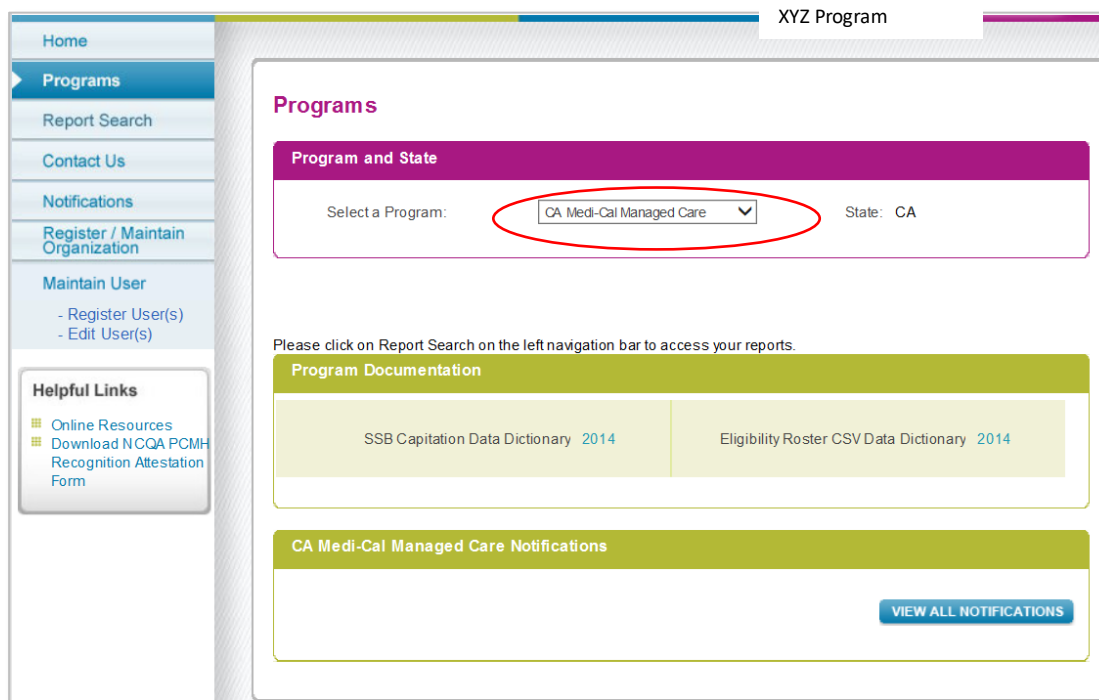
Provider Online Reporting (cont.)

Navigation through the application appears on the left-hand side of the page.



Provider Online Reporting programs

Select a program using the drop-down menu located at the top of the page. This page provides a description of the program documents and the program(s) in which your organization participates.



The screenshot displays a web application interface for 'XYZ Program'. On the left is a navigation menu with options: Home, Programs (selected), Report Search, Contact Us, Notifications, Register / Maintain Organization, and Maintain User (with sub-options: Register User(s), Edit User(s)). Below the menu is a 'Helpful Links' section with links for Online Resources, Download NCQA PCMH Recognition Attestation Form, and others. The main content area is titled 'Programs' and features a 'Program and State' section with a dropdown menu set to 'CA Medi-Cal Managed Care' and a 'State: CA' label. Below this is a message: 'Please click on Report Search on the left navigation bar to access your reports.' The 'Program Documentation' section contains two links: 'SSB Capitation Data Dictionary 2014' and 'Eligibility Roster CSV Data Dictionary 2014'. The 'CA Medi-Cal Managed Care Notifications' section is currently empty and includes a 'VIEW ALL NOTIFICATIONS' button.

Claims Status Listing

Welcome

Applications Resources News and Announcements

Sort By A-Z


- ♥ Access Your Custom Learning Center
Find payer-centric training and resources in the learning center.
- ♥ Authorization Rules Lookup
Check if prior authorization is required for your patients.
- ♥ Claims Status Listing
Retrieve a list and status of the claims you've submitted.
- ♥ Clear Claim Connection
Research procedure code edits and receive edit rationale.
- ♥ Comprehensive Health Assessment
Submit and monitor health assessment forms for your patients online.
- ♥ Education and Reference Center
Locate important policies, forms and educational resources.


Claims Status Listing (cont.)


Claims Status Listing


Retrieve a list of your Medicaid and Medicare Claims.

1 Search Claims 2 Search Results


Organization 


Select an Organization 


Tax ID  *Tax ID(s) populated in the below list are tied to the Organization selected.*

Select a tax id 


Express Entry

Search For a Provider 


NPI 

Date Of Service 

Start Date:

Enter Start Date 

End Date:

Enter End Date 

Claims Status Listing (cont.)

A successful return will display a list of claims that meet the search criteria.

1 Search Claims

2 Search Results

Your Search Criteria: Transaction ID: /
NPI: 1000103157 Transaction Date: Oct 31 2017 10:03 AM
Date Of Service Range: 01/08/2016 - 01/13/2016

Claims List Results: View Results 20 per page

Claim Status	Member Name Subscriber ID	Claim ID	Date of Service	Pt. Acct Number	Billed Amount	Paid Amount	Process Date	Check/EFT #
Finalized			01/08/2016 - 01/08/2016		\$515.00	\$57.74	01/18/2016	
Finalized			01/12/2016 - 01/13/2016		\$12,424.25	\$4,634.00	02/01/2016	
Finalized			01/12/2016 - 01/12/2016		\$722.00	\$107.07	01/29/2016	
Finalized			01/13/2016 - 01/13/2016		\$341.00	\$58.28	01/29/2016	

Refine Search New Search

Precertification Look Up Tool

Welcome

Applications Resources News and Announcements Sort By Z-A

- ♥ Remittance Inquiry
View, print, or save a copy of your Remittance Advice.
- ♥ Provider Online Reporting
Provider Online Reporting
- ♥ Provider Enrollment
Submit an online request to join our provider network.
- ♥ Precertification Look Up Tool
Check if Preauthorization is required for your Medicaid or Medicare Patients.
- ♥ HEDIS Maternity
Complete HEDIS Maternity attestations for expecting Members
- ♥ Education and Reference Center
Locate important policies, forms and educational resources.



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Precertification Look Up Tool

Precertification Lookup Tool

Inpatient services and non-participating providers always require precertification.

Line Of Business
Select Line of Business

CPT/HCPCS Code or Code Description
Type a CPT/HCPCS Code or Code Description

Submit

Important notes about precertification and the use of this tool:

Please note: Drug description search is case sensitive. You must search using generic/chemical ingredient name and use lower case only.

This tool does not reflect benefits coverage* nor does it include an exhaustive listing of all Non-covered Services (i.e., experimental procedures, cosmetic surgery, etc.) as outlined within your provider manual.

To determine whether a service is covered, you can either:

- Access eligibility and benefits information on the AVALITY Web Portal.
- Call Provider Services at 1-800-901-0020 (Medicaid/FAMIS) or 1-855-817-5788 (MMP)

*Services may be listed that are not covered benefits, whether they do or do not require precertification.

Verify benefit coverage prior to rendering services.

- Enter *Line of Business*.
- Enter *CPT® /HCPCS Code or Code Description*.
- Select **Submit**.
- Select the appropriate payer icon under *Payer Spaces* for availability by membership types (varies by state).



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Clear Claim Connection

Welcome

Applications Resources News and Announcements Sort By A-Z

- ♥ Access Your Custom Learning Center
Find payer-centric training and resources in the learning center.
- ♥ Authorization Rules Lookup
Check if prior authorization is required for your patients.
- ♥ Claims Status Listing
Retrieve a list and status of the claims you've submitted.
- ♥ Clear Claim Connection
Research procedure code edits and receive edit rationale.
- ♥ Comprehensive Health Assessment
Submit and monitor health assessment forms for your patients online.
- ♥ Education and Reference Center
Locate important policies, forms and educational resources.

Clear Claim Connection (cont.)

What is Clear Claim Connection®?

- A tool for evaluating clinical coding information
- Provides information according to the claim editing system logic on the date of the provider's inquiry

Note: Providers must review and accept the terms and condition of use prior to review of data.



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Clear Claim Connection (cont.)

Home >

Clear Claim Connection

Organization ⓘ

Select an Organization ▼

Tax ID ⓘ

Select a Tax ID ▼

Line Of Business

Select a Line of Business ▼

▸ [Terms Of Use](#)

From each drop-down menu, select:

- Organization.
- Tax ID.
- Line of business.



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Clear Claim Connection (cont.)

Clear Claim Connection
Sign Out Help

McKesson Edit Development | Glossary | About

CLAIM ENTRY

Claim Type:

Gender: Male Female

Date of Birth:

Member State:

ICD Code Set: ICD9 ICD10

Diagnosis Codes: 1 2 3 4

Bill Type:

For quick entry, use your Down Arrow key after you enter a procedure code. Qty will default to 1, Billed Amount will default to 100, Date of Service From and To will default to today's date, and Place of Service will default to 11 (Office). Tabbing through these same fields will give you the same defaults.

LINE	PROCEDURE	MOD1	MOD2	MOD3	MOD4	QTY.	REV CODE	BILLED AMT.	DOS FROM	DOS TO	PLACE OF SERVICE	PROVIDER STATE	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4	LINE DIAG. 5	LINE DIAG. 6
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text" value="__/__/__"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text" value="__/__/__"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text" value="__/__/__"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text" value="__/__/__"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text" value="__/__/__"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add More Procedures >>

Clear Claim Connection (cont.)

Clear Claim Connection Sign Out Help

McKesson Edit Development [Glossary](#) [About](#)

AUDIT RESULTS Current Claim Create New Claim

The results displayed do not guarantee how the claim will be processed.

Claim Type Professional
Gender Male
Date of Birth
Member State
ICD Code Set ICD10
Diagnosis Codes [1](#) [2](#) [3](#) [4](#)
Bill Type

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.


LINE	PROCEDURE	DESCRIPTION	MOD1	MOD2	MOD3	MOD4	QTY.	REV. CODE	BILLED AMT.	DOS FROM	DOS TO	PLACE OF SERVICE	PROVIDER STATE	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4	LINE DIAG. 5	LINE DIAG. 6	RVU	PAY %	RECOMMENDATION
1	99212	OFFICE/OUTPATIENT VISIT EST					1		100	02/26/2019	02/26/2019	11 (Office)								n/a		ALLOW



Healthy Blue

Patient360

Welcome



Applications Resources News and Announcements

Sort by A-Z

♥ **Claims Status Listing**
Retrieve a list and status of the claims you've submitted.

♥ **Clear Claim Connection**
Research procedure code edits and receive edit rationale.

♥ **Education and Reference Center**
Locate important policies, forms and educational resources.

♥ **Patient360**
Access member-centric clinical and case management data.

♥ **Remittance Inquiry**
View, print, or save a copy of your Remittance Advice.

Patient360 overview

- Patient360 is a read-only dashboard that gives instant access to detailed member information, including demographic information, care summaries, claims details, authorization details, pharmacy information and care management related activities.
 - Medical providers have the option to include feedback for each gap in care that is listed on the patient's *Active Alerts* that are posted on the application's *Member Summary*.
- Availity role assignment: Clinical Role > Patient360
- How to access Patient360:
 - Availity Portal > Payer Spaces > Applications Tab
 - Availity Portal > Eligibility & Benefits

Patient360: access through Availity Payer Spaces

Required Availity role assignment: Patient360/Patient Health History

Note: The Availity administrator can locate these roles in the *Clinical Roles* section.

<input type="checkbox"/>	Role(s)	Permissions What is this?
User Roles		
<input checked="" type="checkbox"/>	Base Role	More Info
Clinical Roles		
<input type="checkbox"/>	Medicaid Member Clinical Reports	More Info
<input type="checkbox"/>	Medical Attachments	More Info
<input type="checkbox"/>	Patient Care Summary	More Info
<input checked="" type="checkbox"/>	Patient360 / Patient Health History	More Info

Patient360: access through Availity Payer Spaces (cont.)

Choose the appropriate Patient360 Sensitive Services Terms and Conditions (with or without sensitive information).

The screenshot displays the Patient360 interface. The top navigation bar includes 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar and a 'My Patients Only' dropdown are visible. The main content area shows a patient record with fields for 'Patient Name', 'Transaction Date: Jul 13 12:03 pm', 'Date of Service: Jul 13, 2017', 'Member ID', 'Payer', and 'DOB'. There are 'Edit' and 'Delete' buttons at the bottom of the record. To the right, there are tabs for 'Patient Information' and 'Coverage and Benefits'. A 'Date of Service Jul 13, 2017' is displayed above a section containing 'Subscriber Name', 'Member ID', 'DOB', and 'Gender'. A 'Plan / Cover' button is also present. At the bottom of this section are 'Patient360' and 'View' buttons.

Overlaid on the right is a 'Patient360 Disclaimer' modal. The modal text reads: 'Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Such information may only be accessed, used, or disclosed by Patient360 users with the authorization of the patient or for treatment purposes. Patient360 does support "Other Blue Plan Members", however, limited information will be available for non-Anthem members.' Below this is the section 'Patient360 Sensitive Services Terms and Conditions' with the text: 'By choosing to continue with sensitive information, you are certifying that you are accessing sensitive service information with the express written authorization of the patient, or his/her parent or guardian, or that in your professional judgment such information is needed for treatment purposes. Please note certain information, such as substance abuse disorder information is not available within Patient360.' There are two radio button options: 'I wish to continue without Sensitive Information.' (selected) and 'I agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information.' At the bottom of the modal are 'Cancel' and 'Continue' buttons, and a 'Terms Of Use' link.



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Patient360: access through Availity Payer Spaces (cont.)

The Patient banner displays all of the demographic information on file for the member.

The screenshot displays the Patient360 interface. At the top, the 'Patient Name' is shown with a dropdown arrow. To the right, there are three status indicators: 'Currently Enrolled' (green dot), 'Alerts Exist' (red dot), and 'No OHI' (green dot). Below these are several fields for demographic information, including Risk Score, Address, City / State, Zip, Spoken Language, Age / Gender, DOB, Home Phone, Work Phone, Written Language, Member ID, Medicaid ID, Medicare ID, Ethnicity, PCP, Primary Case Mgr, Secondary Case Mgr, Eligibility Status, Eligibility End Date, and Plan Product. A navigation bar contains tabs for Member Care Summary, Claims, Utilization, Pharmacy, Labs, Care Management, and Lab Reports. Below the navigation bar is a date range selector set to 'May 5, 2018 to Feb 5, 2019' with an 'Update' button. The main content area is divided into several sections: 'Active Alerts' (empty table), 'Immunizations and Preventive Health' (empty table), 'Lab Results' (empty table), 'Inpatient' (empty table), 'Emergency Department' (empty table), 'Pharmacy' (empty table), 'Authorizations' (empty table), and 'Office Visits' (empty table). Each section includes a table header and a footer with pagination information.

Maternity


- Attestation gives providers a way to capture a patient's answers to HEDIS® maternity questions.
- This feature will help ensure all pregnant members are identified early in their pregnancy, so they can take full advantage of the education, support, resources and incentives Healthy Blue provides throughout the prenatal and postpartum period.
- This process helps connect patients with additional benefits as soon as possible.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Maternity (cont.)

Welcome



Applications Resources News and Announcements **2** Sort By Z-A

♥ Remittance Inquiry
View, print, or save a copy of your Remittance Advice.

♥ Provider Online Reporting
Provider Online Reporting

♥ Precertification Look Up Tool
Check if Preauthorization is required for your Medicaid or Medicare Patients.

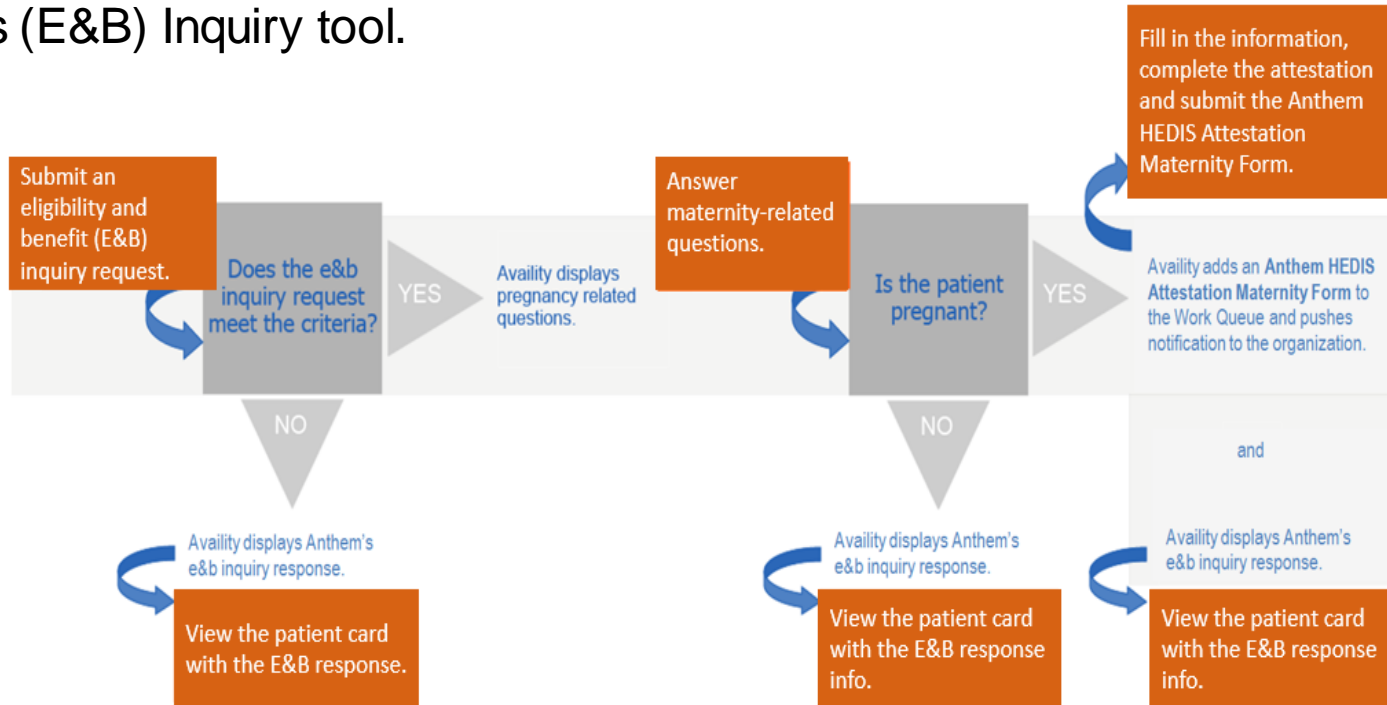
♥ Maternity
Enter estimated due date and visit information for expecting members.

♥ Education and Reference Center
Locate important policies, forms and educational resources.

Maternity (cont.)

OB provider office process flow

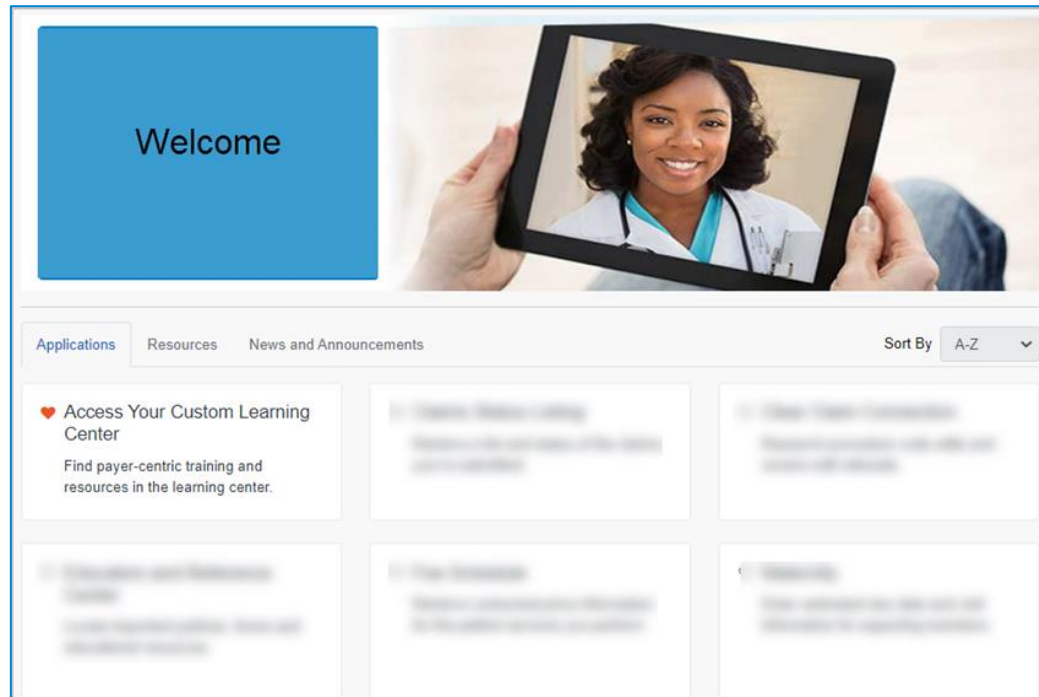
Required maternity questions were added to the Availity Portal Eligibility & Benefits (E&B) Inquiry tool.



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Access your Custom Learning Center

The Custom Learning Center offers an array of learning opportunities, from which you can access required training, optional trainings and view additional learning resources.



Access your Custom Learning Center (cont.)

Once in the Custom Learning Center, the user will be able to view all of the courses specific to their region/state where the content is appropriate for all brands.

Required courses are easily accessible and content is specific to your region. You may track your accomplishments, and view or download your training history via the Custom Learning Center dashboard.

Welcome to Your Custom Learning Center

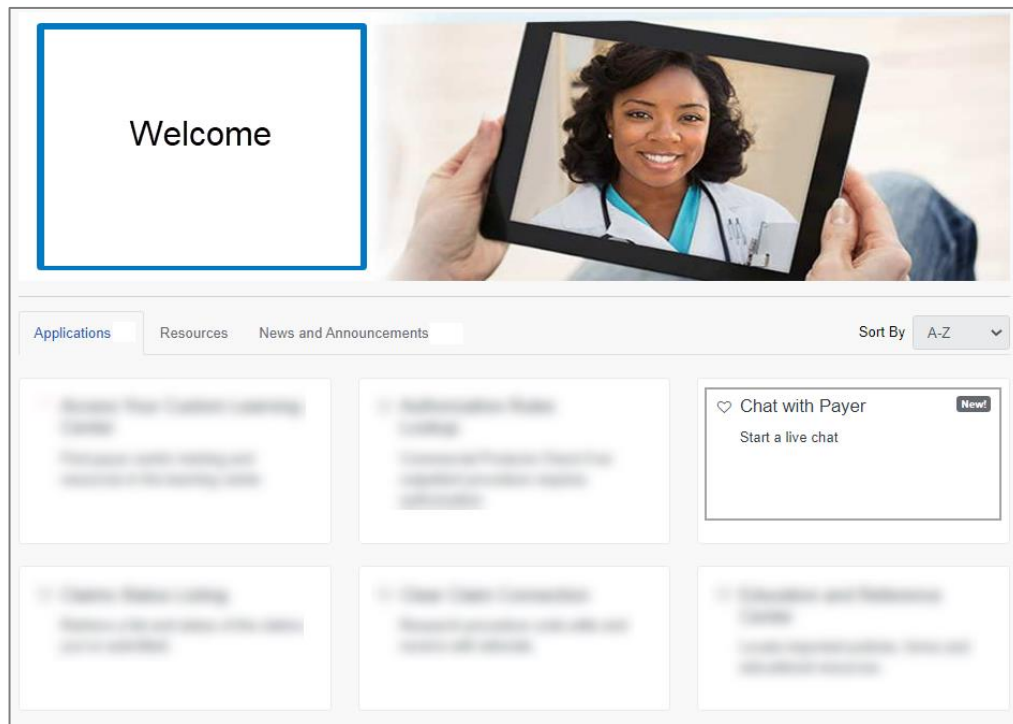
Available courses:

- Required training courses where notification was received
- Elective administrative support courses



Healthy Blue

Coming soon to Payer Spaces: Chat with Payer



This provider chat tool is coming soon in 2020 for both Commercial and Government Business Division markets.

Inquiry types will include:

- Eligibility and benefits.
- Claims.
- Authorization status.
- Appeal status.

Thank you



* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.