

# Welcome to the *Availity* Portal

## Overview and Highlights

Please note, this communication applies to Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina.

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# Availity Overview

- **Basic Availity Portal**
- **Core Functionality**
- **Proprietary Tools**



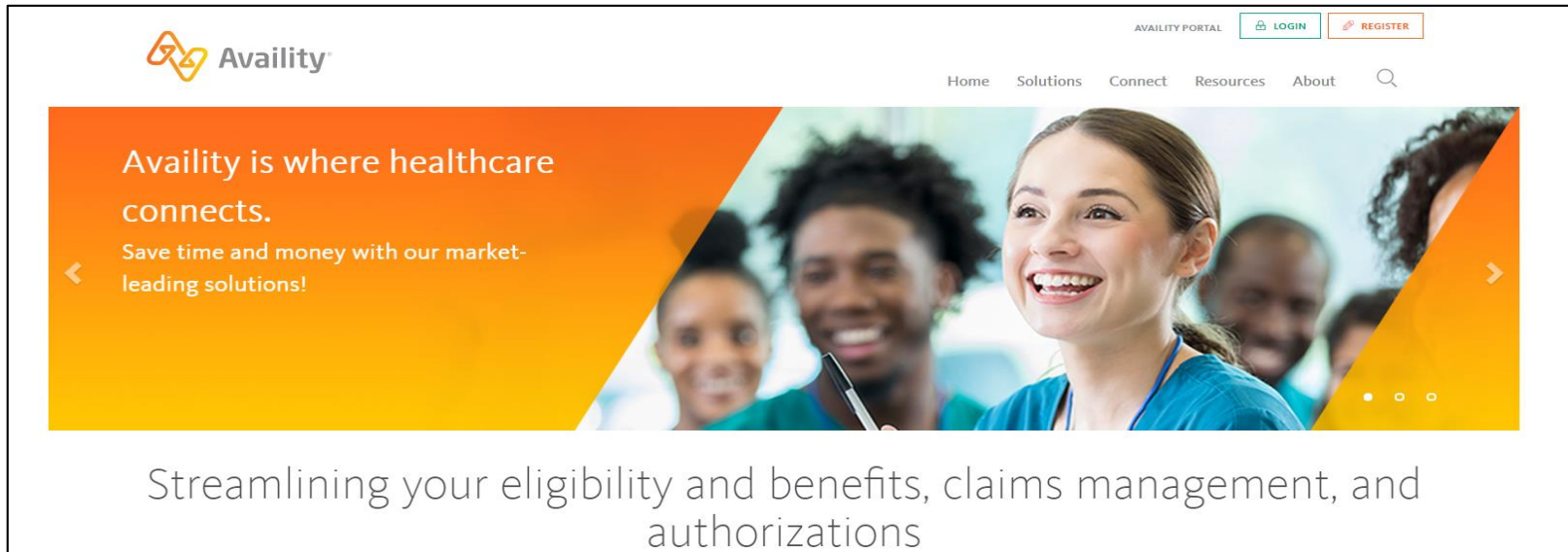
BlueCross BlueShield  
of North Carolina

**MEDICARE**



## Availity Registration and Overview

# Availity Overview



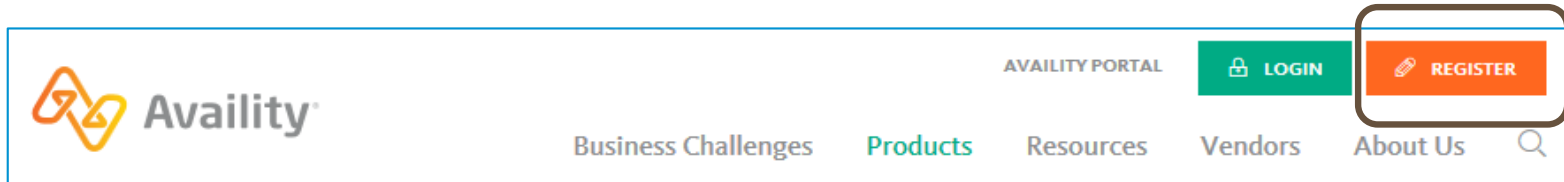
Availity\* is a web portal that is used by providers to securely access patient information such as eligibility, benefits, claim status, authorizations and other proprietary information.

Health care providers can use a single login to gain access to multiple health plan providers at **no cost**.

# Registering to Use Availity

## Initiating the Registration Process: Select your organization's Primary Administrator

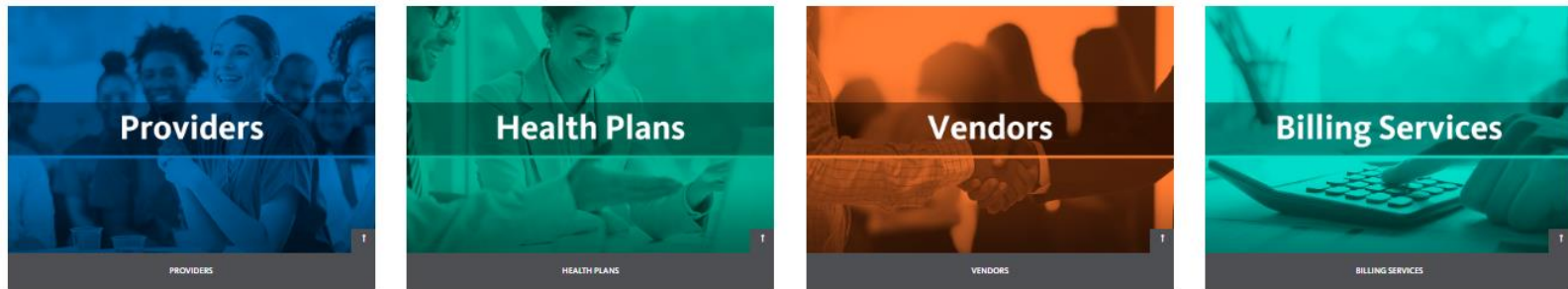
- Go to \*[www.Availity.com](http://www.Availity.com) and select **Register** to start using Availity.



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



\* Note: You are leaving <https://www.bluecrossnc.com> and Blue Cross and Blue Shield of North Carolina (Blue Cross NC) plan information. The site you are going to is either a third-party vendor contracted with Blue Cross NC to provide services or an external website independent of Blue Cross NC.

# Registering for Availity: Your Availity Admin Holds the Key

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

## Exploring some of the administrator duties:

- Add new users
- Assign roles and permissions
- Designate a backup administrator
- Modify existing user access
- Set up provider express entry
- Add secondary Tax IDs
- Revoke user access





BlueCross BlueShield  
of North Carolina

# MEDICARE

## Availity Navigation Basics

# Top Navigation Highlights

The screenshot shows the top navigation bar of the BlueCross BlueShield Medicare website. The navigation bar includes the following elements:

- Home icon and text
- Notifications (2)
- My Favorites
- Help & Training
- Account
- Logout

Below the navigation bar, there are several callouts:

- a**: Points to the Keyword Search box.
- b**: Points to the Help & Training dropdown menu.
- c**: Points to the My Favorites dropdown menu.

The main content area is divided into several sections:

- Notification Center**: A section for managing notifications.
- My Account Dashboard**: A section for account management, including links for My Account, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, Enrollments Center, and EDI Companion Guide.
- My Top Applications**: A section with four application tiles:
  - Education and Reference Center
  - Eligibility and Benefits Inquiry (EB)
  - Access Your Custom Learning Center
  - Payer Organization Search
- News and Announcements**: A section with a **NEW ALERT** badge.
- Advertisement**: A blue banner with the text "Tell us what you do in the office" and "ADD YOUR SKILLS NOW".

Use navigation options to:

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



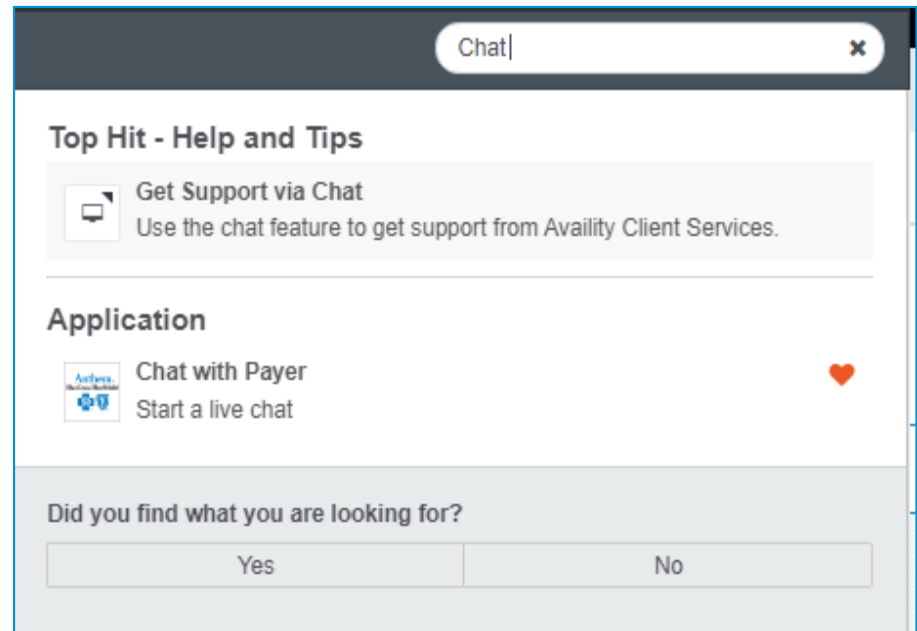
# Keyword Search

Use the keyword search feature to search for:

- News and announcements.
- Availity Portal tools.
- Tools and resources on a payer space.
- ICD-10 procedure codes and diagnosis codes.

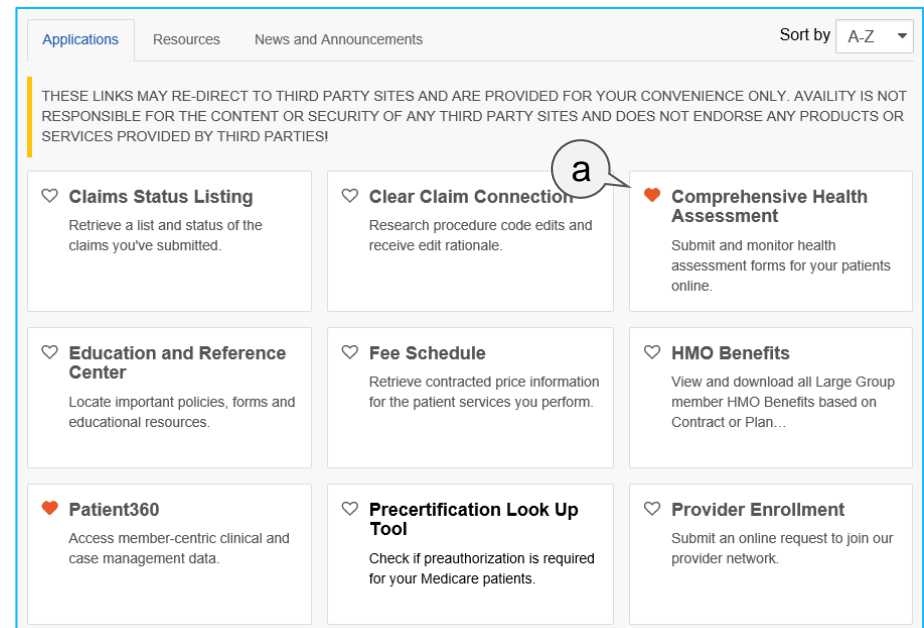
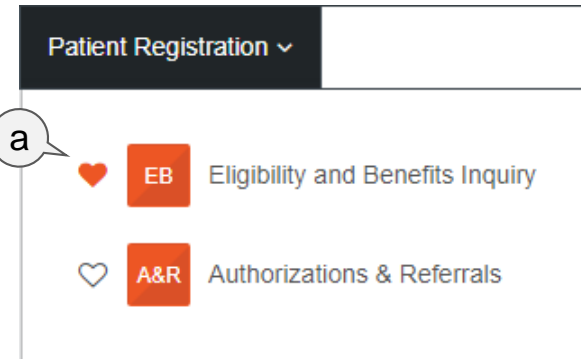
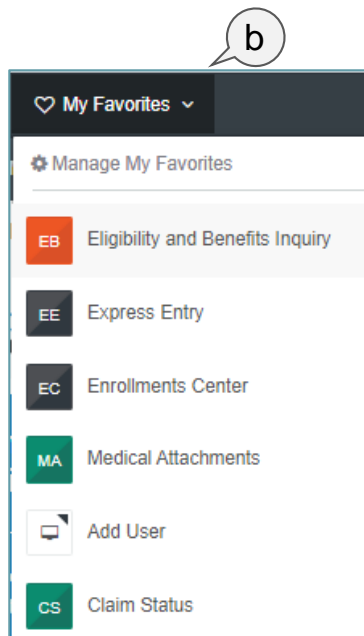
## Tips:

- 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 marked as favorites.



Select **Help & Training**, and then select:

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

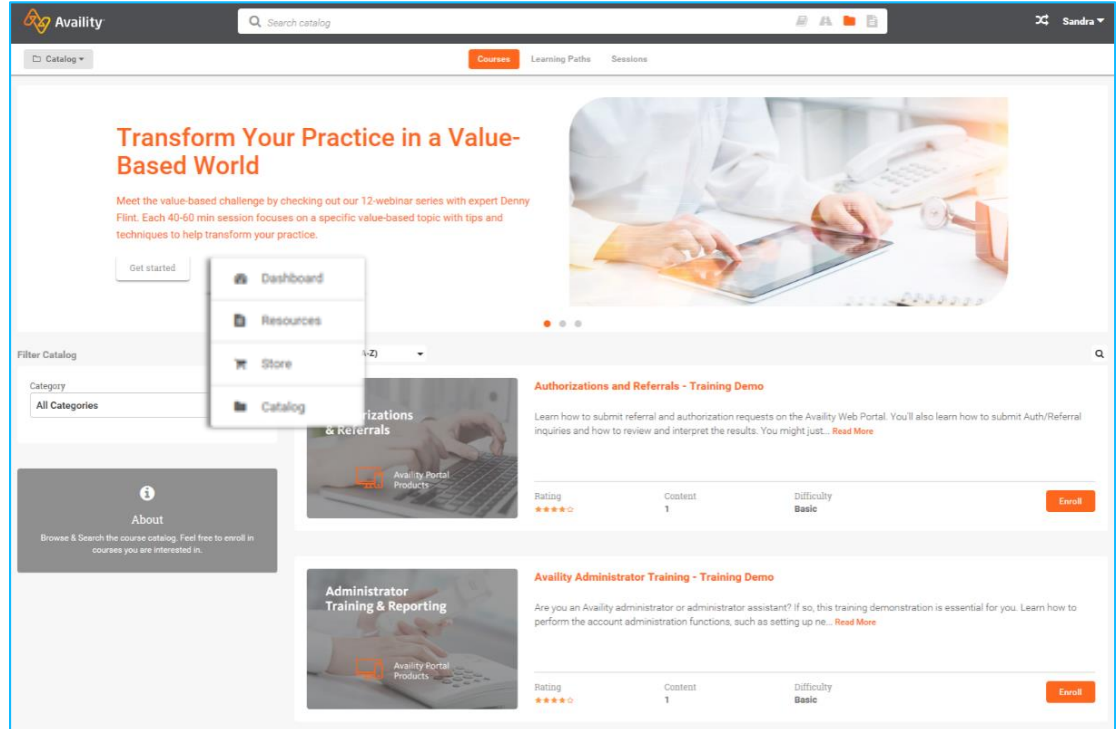
The screenshot displays the Avality Medicare portal interface. At the top, the navigation bar includes 'Avality', 'Home', 'Notifications 4', and 'My Favorites'. Below this, a secondary navigation bar lists 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area is divided into three sections: 1. 'Notification Center' showing three notification items with dates and times, each with a 'Take Action' button. 2. 'My Top Applications' featuring four tiles: 'EB Eligibility and Benefits Inquiry', 'MA Medical Attachments', 'PC Professional Claim', and 'A&R Authorizations & Referrals'. 3. A promotional banner for 'Sign up for Patient Payments today' with a '\$150 Activation Bonus'. On the right side, a user profile for 'Sandra's Account' is visible, along with a 'Logout' button and a search bar. A dropdown menu for 'Help & Training' is open, listing options: 'Find Help', 'Get Trained', 'Search Knowledge', 'My Support Tickets', and 'My Learning Plan'.

# Get Trained

Select **Help & Training | Get Trained**. The Avality Learning Center (ALC) opens in a new browser tab. You'll land in the Catalog.

Click 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

Use persistent top navigation to use menu options.

The screenshot displays the Medicare user interface with a persistent top navigation bar. The navigation bar includes the following elements:

- Availity logo
- Home icon
- Notifications (4)
- My Favorites
- Help & Training
- Sandra's Account
- Logout

Below the navigation bar, there is a secondary menu with the following options:

- Patient Registration
- Claims & Payments
- My Providers
- Reporting
- Payer Spaces
- More

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:** Includes links for My Account, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, and Enrollments Center. The user's name, Sandra Strawberry, is displayed.
- Sign up for Patient Payments today:** A promotional banner offering a \$150 Activation Bonus for new merchant accounts.
- My Top Applications:** Four application tiles with icons and labels: EB (Eligibility and Benefits Inquiry), MA (Medical Attachments), PC (Professional Claim), and A&R (Authorizations & Referrals).
- News and Announcements:** A section for the latest news.
- Question of The Week:** A weekly quiz question: "How many authorizations/precertifications do you submit per week?"



## Core Functionality on the Availity Portal

A closer look at basic administrative tools

# Eligibility & Benefits

- To check patient eligibility and benefits, select the **Patient Registration** link from the top menu bar.
- Select **Eligibility and Benefits Inquiry** from the drop down menu.

The screenshot displays the Availity Medicare portal interface. At the top, the navigation bar includes links for Home, Notifications (3), My Favorites, Help & Training, Account, and Logout. A search bar is located on the right. Below the navigation bar, a dropdown menu for 'Patient Registration' is open, showing options for 'Eligibility and Benefits Inquiry' (highlighted with a red heart icon and 'EB' label) and 'Authorizations & Referrals' (with a red heart icon and 'A&R' label). The main content area shows a list of notifications, including one about Q1 verification and another about a new quarter update. A feedback widget is visible on the left, and a 'My Account Dashboard' is on the right.

# Eligibility & Benefits

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).*
- 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.

The screenshot shows a web form titled "New Request" with a "Watch a quick demo" link. The form is organized into several sections:

- Payer:** A dropdown menu with "ANTHEM - IN" selected.
- Provider Information:** A "Select a Provider" dropdown menu with "Search for a Provider" entered.
- NPI:** An empty text input field.
- Service Information:** An "As of Date" field with "06/23/2020" and a "Benefit / Service Type" dropdown menu with "Health Benefit Plan Coverage" selected.
- Patient Information:** A "Patient Search Option" dropdown menu with "Patient ID, Date of Birth" selected, and an "Add Multiple Patients" checkbox. Below this are fields for "Patient ID" (empty), "Date of Birth" (empty, with a date picker icon), and "Patient Relationship to Subscriber" dropdown menu with "Self" selected.
- At the bottom, there is a "Submit another patient" checkbox and a blue "Submit" button.



# Eligibility & Benefits

On the left, select patients' cards to display information.

On the right, navigate through the response from the payer.

Search My Patients Only

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

← Patient Card

Red: Patient Inactive

Green: Patient Active

Orange: Error Occurred

Date of Service Mar 02, 2020 Transaction ID: 14735448998 Transaction Date: Mar 02 2:28 pm Customer ID: 6

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  
Health Benefit Plan Coverage

Payer Details Other or Additional Payers

Payer Contact Information  
No Additional Payer Information

P:  
P:  
F:

Provider Details

# Eligibility & Benefits

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.

The screenshot displays the Medicare Coverage and Benefits page. At the top, it shows the Date of Service (Mar 02, 2020), Transaction ID, Transaction Date, and Customer ID. Below this, there is a Subscriber information section with fields for Member ID, Plan / Coverage Date (Jul 01, 2018 - Dec 31, 9999), and Gender (Female). A navigation bar includes links 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 titled 'Coverage and Benefits' and features a 'FILTER BY NETWORK' section with options for All Networks, In Network, and Out of Network. A 'FREQUENTLY VIEWED' sidebar lists various benefit categories such as Health Benefit Plan Coverage, Professional (Physician) Visits, Hospital - Emergency Medical, Physician Visit - Office: Well, Chiropractic, Emergency Services, Hospital, Hospital - Emergency Accident, Hospital - Inpatient, Hospital - Outpatient, Medical Care, Mental Health, Urgent Care, and Vision (Optometry). The main content area displays 'Health Benefit Plan Coverage - 30' with details for Deductible and Out of Pocket (Stop Loss) amounts for In Network and Out of Network services. Below this, it shows 'Professional (Physician) Visit - Office - 08' with details for Co-Payment and Deductible amounts.

# Eligibility & Benefits Detail

View Certificate of Coverage and Member Card by selecting from the tabs located at the top of the Patient Information page.

The screenshot displays a Medicare member information page. At the top, it shows the Date of Service as Mar 02, 2020, and fields for Transaction ID, Transaction Date, and Customer ID. Below this is a green header section for the Subscriber, containing Member ID, DOB, Gender (Female), and Plan / Coverage Date (Jul 01, 2018 - Dec 31, 9999). Action buttons for Edit, Print, and Go to are also present. At the bottom, a row of navigation tabs includes 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' tabs are highlighted with a white border.

# Eligibility & Benefits

## Member Card Sample

### Member Card

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Identification Number

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

**Medical PCP not required**

**PPO**

**anthem.com**

Member Services	1-800-887-6055
Travel Coverage	1-800-810-2583
Precertification	1-877-814-4803
Provider Services	1-888-290-9160
Pharmacists Questions	1-800-824-0898
Health & Wellness	1-888-249-3820

**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.

www.Livehealthonline.com

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 this tool to search for claim status and 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, select **Submit**.

cs

## Claim Status

**Organization**

**Payer**

HIPAA Standard ⓘ

### Provider Information

Is the provider the same as the organization name? ⓘ

Yes  No

**Express Entry - Provider** optional ⓘ

**Provider NPI** ⓘ

### Patient Information

**Express Entry - Patient** optional

**Patient ID** ⓘ

**Patient Last Name**

**Patient First Name**

**Patient Date of Birth**

**Patient Gender** optional

**Patient Account Number** optional ⓘ

**Patient's Relationship to Subscriber** optional

### Claim Information

**Service Dates** ⓘ

-

📅

**Claim Number** optional

**Claim Amount** optional

**Institutional Bill Type** optional

# 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

Patient ID	Subscriber	Provider
DOB		Provider ID
Gender		
<b>Male</b>		

#### 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

[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 <sup>1</sup>
N/A		03/20/2019

#### Pay to Details<sup>1</sup>

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

#### Other Insurance Information<sup>1</sup>

Carrier	Paid Amount
N/A	\$0.00

#### Explanation of Benefits Details<sup>1</sup>

Allowed Total Amount	Coinsurance Amount	Copayment Amount	Deductible Total Amount
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# Claim Status

## Professional Health Care Form

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

\* indicates a required field

\* Payer: ?

\* Organization:

Responsibility Sequence: ?

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#### 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: ?

# Claim Status

## Facility Health Care Form

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

\* indicates a required field

\* Payer: ? ANTHEM ▼

\* Organization: ▼

\* Facility Type: ? Select One ▼

Responsibility Sequence: ? Primary ▼

\* Statement: ? From: [MM] / [DD] / [YYYY] To: [MM] / [DD] / [YYYY]

---

#### Patient Information

\* Last Name: [Text Box]

\* First Name: [Text Box]

Middle Name or Initial: [Text Box]

\* Date of Birth: [MM] / [DD] / [YYYY]

\* Gender: Male ▼

Country: ? United States ▼

\* Address 1: [Text Box]

Address 2: [Text Box]

\* City, State, ZIP Code: [City] [State] [ZIP]

\* Relationship to Subscriber: ? Self ▼

\* Patient Status: Select One ▼

Patient Responsibility Amount: ? [Text Box]

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#### Subscriber Information ?

\* Subscriber ID: ? [Text Box]

Policy or Group Number: ? [Text Box]

\* Authorized Plan to Remit Payment to Provider? ? [Text Box]



### Advantages of using electronic submission:

- **Reduces the need to fax or send via US Mail** – Submit the patient's medical records online with 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.

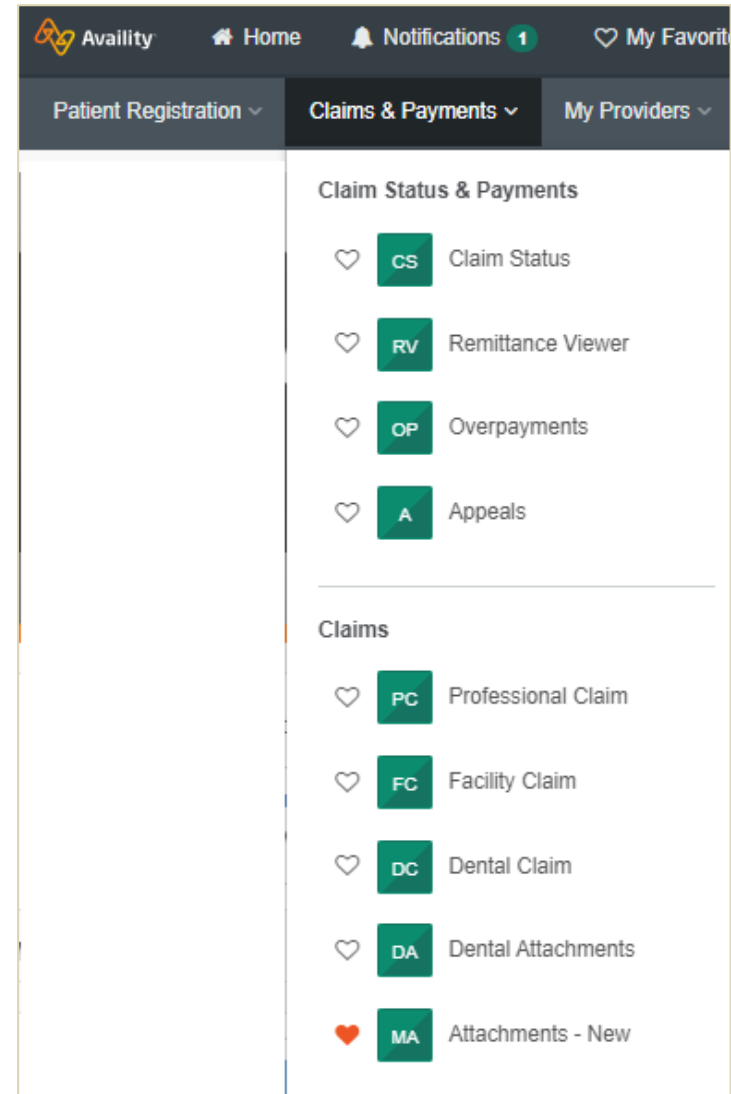
# Medical Attachments Tool

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.
- Choose Claims & Payments drop down.
- Select Attachments – New.



# Claims Dispute Functionality

## What is the Disputes/Appeals functionality?

- The Disputes option allows providers to electronically follow up on a claim where 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.

# 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**

Patient ID	Subscriber	Provider
DOB		Provider ID
Gender		
<b>Male</b>		

**DISPUTED**

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	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 <sup>1</sup>
N/A		03/20/2019

**Pay to Details<sup>1</sup>**

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

**Other Insurance Information<sup>1</sup>**

Carrier	Paid Amount
N/A	\$0.00

**Explanation of Benefits Details<sup>1</sup>**

Allowed Total Amount	Coinsurance Amount	Co-payment Amount	Deductible Total Amount

# View Claims Disputes/Appeals

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 <b>11/01/2019</b>	Billed Amount <b>\$3,611.10</b>
	Payment Date	Patient Account Number	Service End Date <b>11/30/2019</b>	Payment Amount <b>\$1,716.00</b>

**Initiated**  
Created: 12/24/2019 • Updated 12/24/2019

Claim Number	Payment Information	Patient Name	Service Begin Date <b>03/05/2019</b>	Billed Amount <b>\$2,836.45</b>
	Payment Date	Patient Account Number	Service End Date <b>03/08/2019</b>	Payment Amount <b>\$2,648.11</b>

**Initiated**  
Created: 11/25/2019 • Updated 11/25/2019

Claim Number	Payment Information	Patient Name	Service Begin Date <b>10/31/2019</b>	Billed Amount <b>\$125.00</b>
	Payment Date	Patient Account Number	Service End Date <b>10/31/2019</b>	Payment Amount <b>0</b>

# Claim Dispute Functionality

## Training Opportunities

- **Help & Training > Find Help** and search by **appeals** to find training materials around the experience.
- A recorded webinar is available from the Availity Learning Center. The **Appeals – Training Demo** is a 5-minute] tutorial on the process.
- Go to **Help & Training > Get Trained** to access the Learning Center.

# Interactive Care Reviewer (ICR)

Interactive Care Reviewer (ICR) is the online authorization tool providers with Blue Cross and Blue Shield of North Carolina (Blue Cross NC) 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.

# Interactive Care Reviewer (ICR)

The screenshot displays the user interface of the Interactive Care Reviewer (ICR). At the top, a navigation bar includes the Availity 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. A dropdown menu for Patient Registration is open, showing Eligibility and Benefits Inquiry (EB) and Authorizations & Referrals (A&R). A feedback widget is also visible, asking 'Tell us what you think.' with smiley, neutral, and frowny face icons.

The main content area shows the breadcrumb 'Home > Authorizations & Referrals' and a large heading 'A&R Authorizations & Referrals'. Below this is a section titled 'Multi-Payer Authorizations and Referrals' containing three cards: 'Auth/Referral Inquiry' (AR) with a 'View Payers' link, 'Authorizations' (A) with a 'View Payers' link, and 'Referrals' (R). A fourth card, 'Drug Prior Authorization' (P) with a 'View Payers' link, is partially visible below the first card.



# Interactive Care Reviewer (ICR) Dashboard

Users who have the Authorization Request role assignment will see this landing page.

Interactive Care Reviewer Welcome, [redacted] [Logout](#) [Quick Links](#)

[My Organization's Requests](#) [Create New Request](#) [Search Submitted Requests](#) [Check Case Status](#) [Check Appeal Status](#)

Page 1 of 1 | View Results 20 | Displaying 1 to 2 of 2 Requests Found

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			[redacted]	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	[redacted]	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

# Payer Spaces Page on Availity

Reporting Payer Spaces More

## Welcome

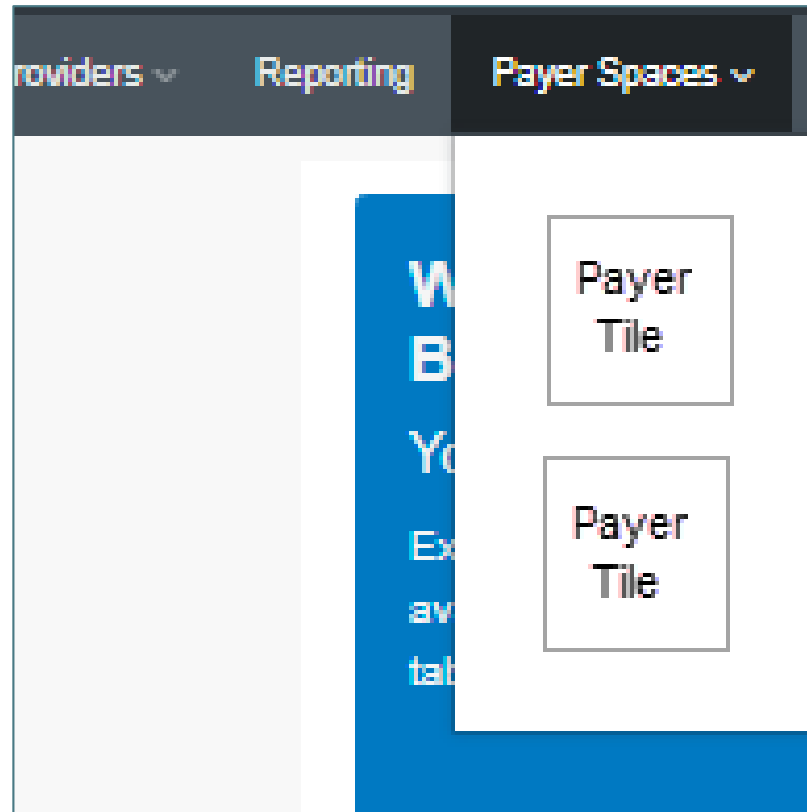
Applications Resources News and Announcements Sort By A-Z

- 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.

# 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.

Choose the **Payer tile** from the **Payer Spaces** drop down menu.



# Payer Spaces Landing Page

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.

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

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

Availity administrators and assistants can assign roles to users needing access to the applications.

# Remittance Inquiry

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

## ♥ Precertification Look Up Tool

Check if preauthorization is required for your Medicare patients.

## ♥ Fee Schedule

Retrieve contracted price information for the patient services you perform.

## ♥ Education and Reference Center

Locate important policies, forms and educational resources.

## ♥ Comprehensive Health Assessment

Submit and monitor health assessment forms for your patients online.

# Remittance Inquiry (cont.)

The screenshot shows a web application interface for Medicare Remittance Inquiry. At the top, there are two numbered steps: '1 Search Remits' and '2 Search Results'. Below this, there are three main sections: 'Organization', 'Tax ID', and 'Search by:'. The 'Organization' section has a dropdown menu with the text 'Select an Organization'. The 'Tax ID' section has a dropdown menu with the text 'Select a tax id'. The 'Search by:' section has two buttons: 'Check/EFT/Payment Number' (highlighted in green) and 'Issue Date Range'. Below these sections, there is a text input field for 'Check/EFT/Payment Number' with the placeholder text 'Enter Check/EFT/Payment Number'. Above this field is a note: '(Remittances are accessible for up to 15 months in the past from current date.)'. At the bottom of the form, there are 'Clear' and 'Search' buttons. Below the buttons, there is a line of text: 'Please contact the Customer Service number on the member's ID card if you have questions related to a remittance inquiry.'

- Choose the **Check/EFT/ Payment Number** option for the quickest search.
- For a list of multiple remittances for a specific date span, choose the **Issue Date Range** search.

# Remittance Inquiry (cont.)

1 Search Remits

2 Search Results

Your Search Criteria:  
Issue Date Range: 01/10/2016 - 01/16/2016

Transaction ID: 400000

**Remittance Inquiry Results:** 1 - 3 of 3 records displayed

▲ Provider Name	Issue Date	Check/EFT Number	Check/EFT Amount	View Remittance
██████████	01-13-2016	9999999999		<a href="#">View Remittance</a>
██████████	01-15-2016	██████████	\$76.81	<a href="#">View Remittance</a>
██████████	01-16-2016	██████████	\$16.84	<a href="#">View Remittance</a>

Refine Search New Search

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

**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.



# Remittance Inquiry: Details

- Remit images available for most Healthy Blue + Medicare members.
- Remits available will include Medicare Crossover claims if the member's home plan is part of Blue Cross NC.
- Images can be saved to the user's PC or printed.
- View past remittances back 15 months.
- Access to view online remittances is associated with the roles of Claims or Claim Status.

# Provider Online Reporting

Accessing provider online reporting:

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

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

♥ Preference Center  
Setup notification preferences for your staff.

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

Home >

## Provider Online Reporting

Select an Organization

Training

Submit

# Provider Online Reporting (cont.)

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

The screenshot displays the Provider Online Reporting application interface. On the left-hand side, there is a vertical navigation menu with the following items: Home (highlighted), Programs, Report Search, Contact Us, Notifications, Register / Maintain Organization, and Maintain User (with sub-items: - Register User(s) and - Edit User(s)). Below the navigation menu is a 'Helpful Links' section containing: Online Resources, NCQA PCMH Recognition Attestation Form, and a partially visible 'Register / Maintain Organization' link. The main content area features a header 'Welcome to Provider Online Reporting' in purple. Below the header is a 'Welcome' box with a grey header and the text: 'Welcome to the Provider Online Reporting site. We are committed to sharing useful and timely information with our providers. Use the left menu to access program documents, notifications and reports to the specific to the program(s) your organization participates in.' Below this is a red text box: 'Important note to users: You are not permitted to access or use any Protected Health Information (PHI) available on this site that pertains to individuals you are not currently treating.' To the left of the main content area, there are three stacked boxes: 'Welcome', 'XYZ Program' (with a blue underline), and an empty box.

# Provider Online Reporting Programs


Select a **Program** using the drop-down arrow 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 shows a web application interface for reporting programs. On the left is a navigation sidebar with the following items: Home, Programs (highlighted with a blue arrow), Report Search, Contact Us, Notifications, Register / Maintain Organization, and Maintain User (with sub-links: - Register User(s), - Edit User(s)). Below the navigation is a 'Helpful Links' section with three links: Online Resources, Download NCQA PCMH Recognition Attestation Form, and another link. 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 button labeled 'XYZ Program'. A message states: 'Please click on Report Search on the left navigation bar to access your reports.' Underneath is a 'Program Documentation' section with two links: 'SSB Capitation Data Dictionary 2014' and 'Eligibility Roster CSV Data Dictionary 2014'. At the bottom is a 'CA Medi-Cal Managed Care Notifications' section with 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.)

1 Search Claims2 Search Results

*Your Search Criteria:*  
NPI: 1000407457  
Date Of Service Range: 01/08/2016 - 01/13/2016

Transaction ID: /  
Transaction Date: Oct 31 2017 10:03 AM

**Claims List Results:** View Results  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

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

# 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.



# Precertification Look up Tool (cont.)

- Enter Line of Business
- Enter CPT® Code or Code Description
- Press Submit
- Check appropriate Payer Icon under Payer Spaces for availability by membership types.

Varies by state.

### 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<sup>§</sup> 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:

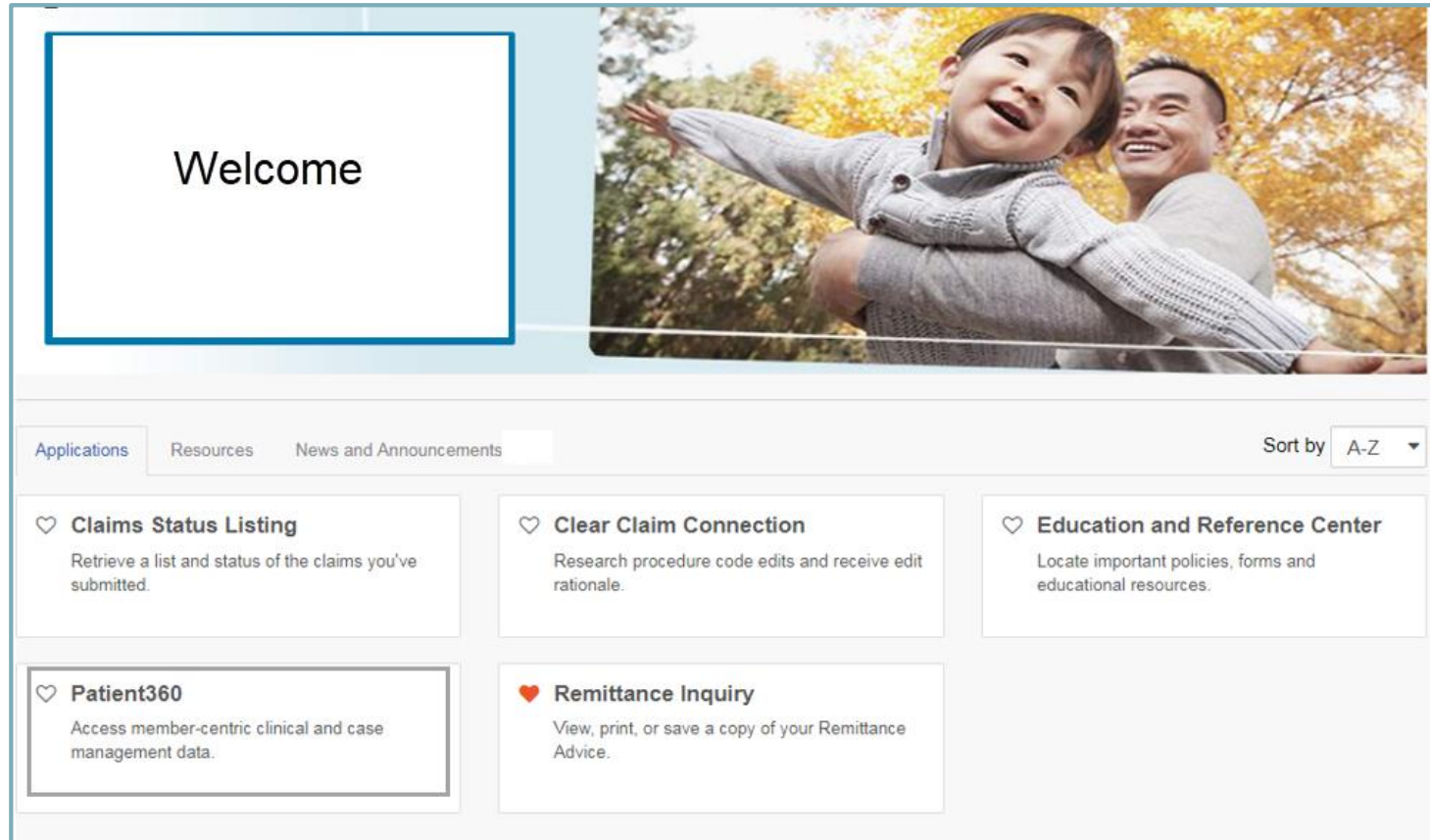
- Access eligibility and benefits information on the Availity Web Portal.
- Call Provider Services at 1-800-901-0020 (Medicaid/FAMIS) or 1-855-817-5788 (MMP)

<sup>§</sup>Services may be listed that are not covered benefits, whether they do or do not require precertification.

Verify benefit coverage prior to rendering services.

# Patient 360

## Access through Availity Payer Spaces



The screenshot displays the Patient 360 interface. At the top left, a white box with a blue border contains the text "Welcome". To the right is a photograph of a smiling man holding a young child. Below these elements is a navigation bar with tabs for "Applications", "Resources", and "News and Announcements". A "Sort by" dropdown menu is set to "A-Z". The main content area features five service tiles, each with a heart icon and a description:

- 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. (This tile is highlighted with a dark border.)
- 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:

- 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
  - Eligibility & Benefits flow

# Patient360 (cont.)

## Required Availity role assignment: *Patient360 / Patient Health History*

Availity administrator can locate within the Clinical Roles section.

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

# Patient360: Access through Availity Payer Spaces

The screenshot displays the Patient360 interface within an Availity Payer Space. The top navigation bar includes 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar and a dropdown menu for 'My Patients Only' are visible. The main content area shows a patient record with fields for 'Subscriber Name', 'Member ID', 'DOB', and 'Gender'. A 'Plan / Coverage Date' field is highlighted in orange, showing 'Nov 01, 2013 - Dec 31, 9999'. A 'Patient360' button is present. A modal window titled 'Patient360 Disclaimer' is overlaid on the right, containing the following text:

**Patient360 Disclaimer**

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.

**Patient360 Sensitive Services Terms and Conditions**

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.

I wish to continue without Sensitive Information.

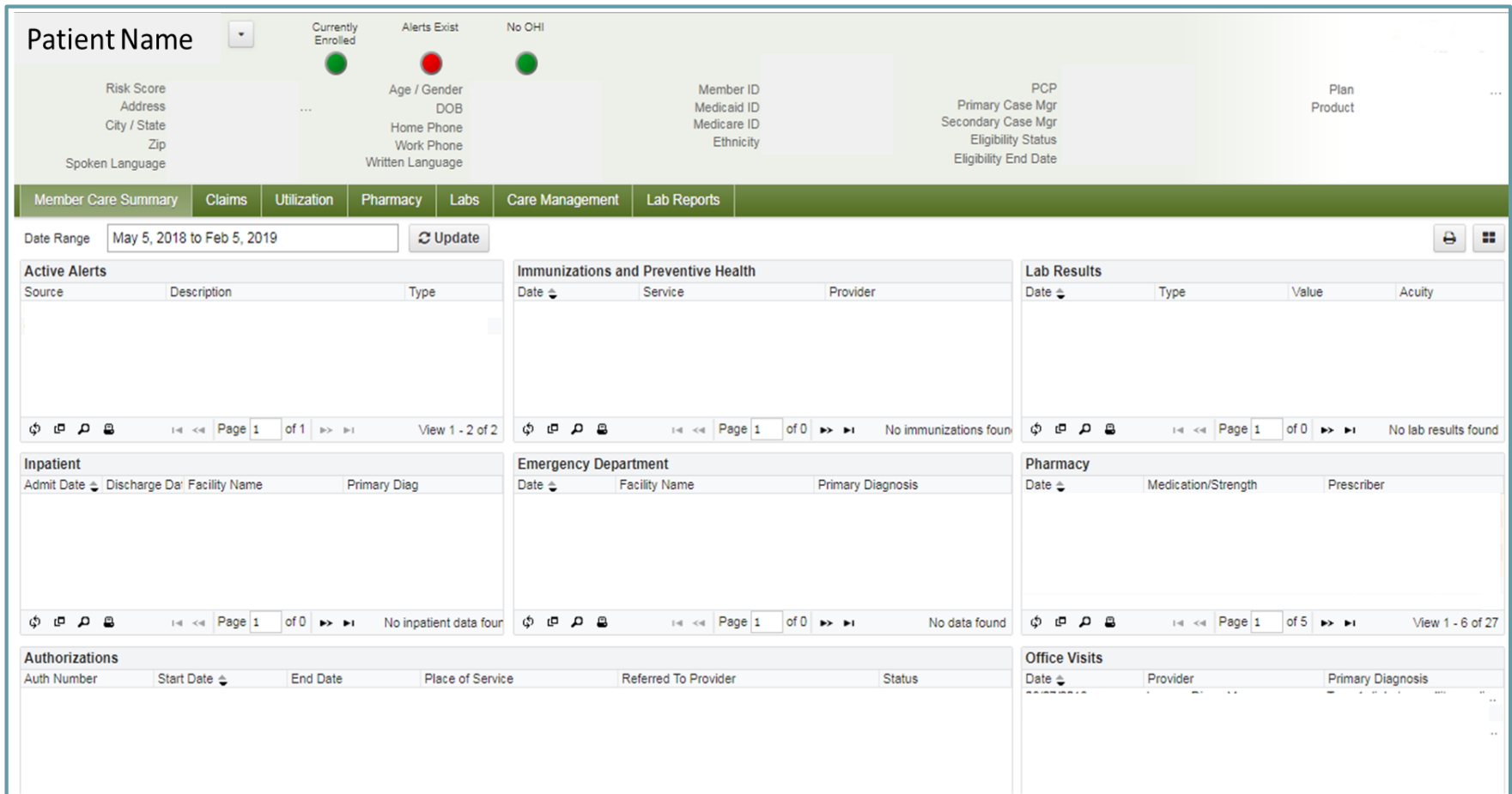
I agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information.

Buttons for 'Cancel' and 'Continue' are visible. A 'Terms Of Use' link is at the bottom of the modal.

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

# Patient360

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



**Patient Name** [Dropdown]    **Currently Enrolled** [Green Dot]    **Alerts Exist** [Red Dot]    **No OHI** [Green Dot]

**Demographic Information:**

- 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
- Plan
- Product

**Navigation:** Member Care Summary | Claims | Utilization | Pharmacy | Labs | Care Management | Lab Reports

**Date Range:** May 5, 2018 to Feb 5, 2019    **Update** [Refresh Icon] [Grid Icon]

Active Alerts		
Source	Description	Type
No active alerts found.		

Immunizations and Preventive Health		
Date	Service	Provider
No immunizations found.		

Lab Results			
Date	Type	Value	Acuity
No lab results found.			

Inpatient			
Admit Date	Discharge Date	Facility Name	Primary Diag
No inpatient data found.			

Emergency Department		
Date	Facility Name	Primary Diagnosis
No data found.		

Pharmacy		
Date	Medication/Strength	Prescriber
View 1 - 6 of 27		

Authorizations					
Auth Number	Start Date	End Date	Place of Service	Referred To Provider	Status
No data found.					

Office Visits		
Date	Provider	Primary Diagnosis
No data found.		

# Maternity

Attestation gives providers a way to capture a patient's answers to Healthcare Effectiveness Data and Information Set (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 Blue Cross NC 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.

♥ Fee Schedule  
Retrieve contracted price information for the patient services you perform.

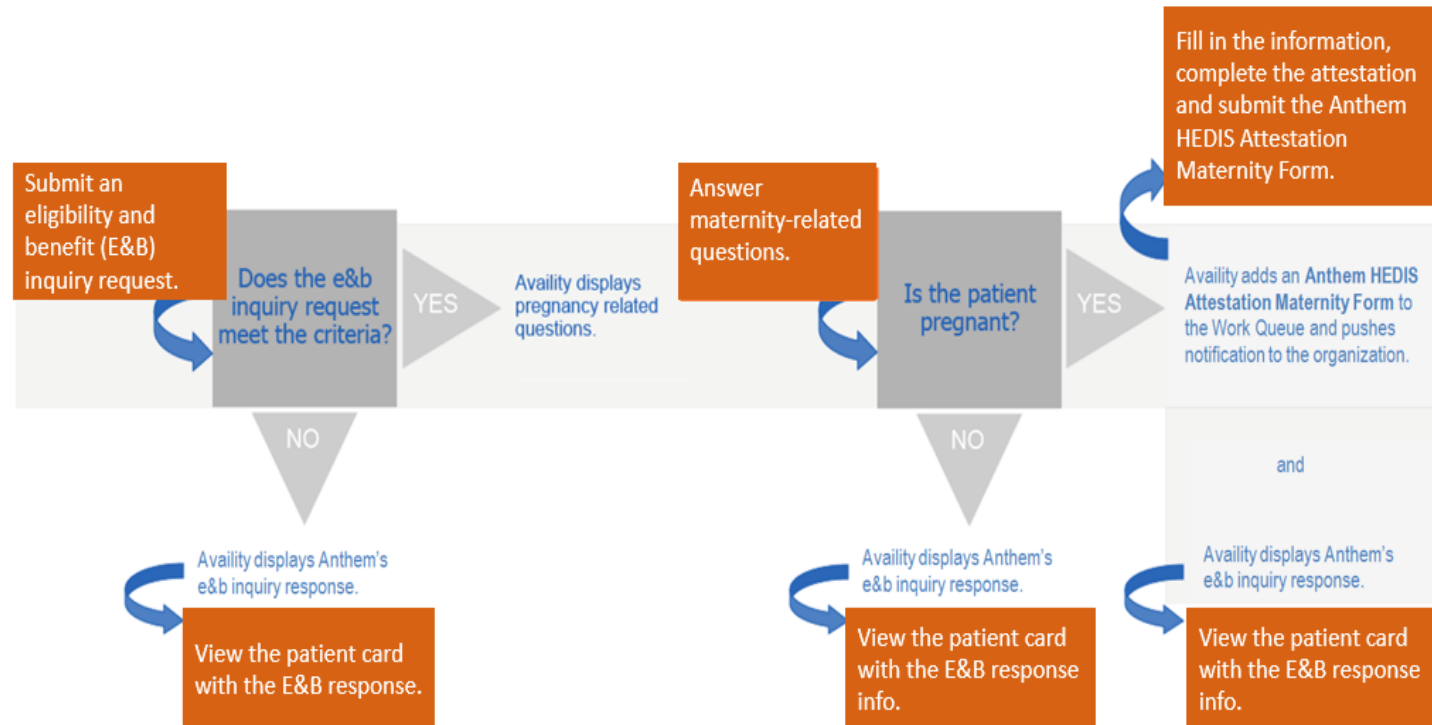
♥ Education and Reference Center  
Locate important policies, forms and educational resources.



# Maternity (cont.)

## OB Provider office process flow:

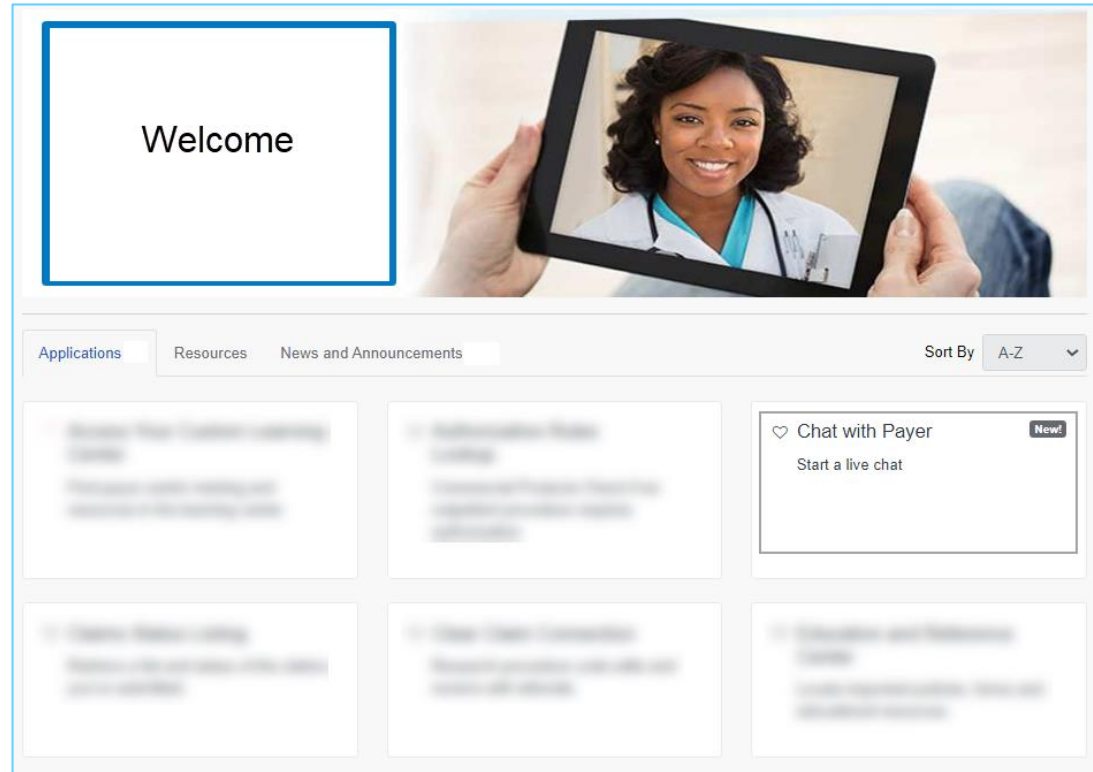
Required maternity questions were added to the Availity Portal Eligibility and Benefits (E&B) Inquiry tool.



# Payer Spaces: Chat with Payer

Chat on the following inquiry types of topics including:

- Eligibility.
- Benefits.
- Claims.
- Authorization status.
- Appeal status.

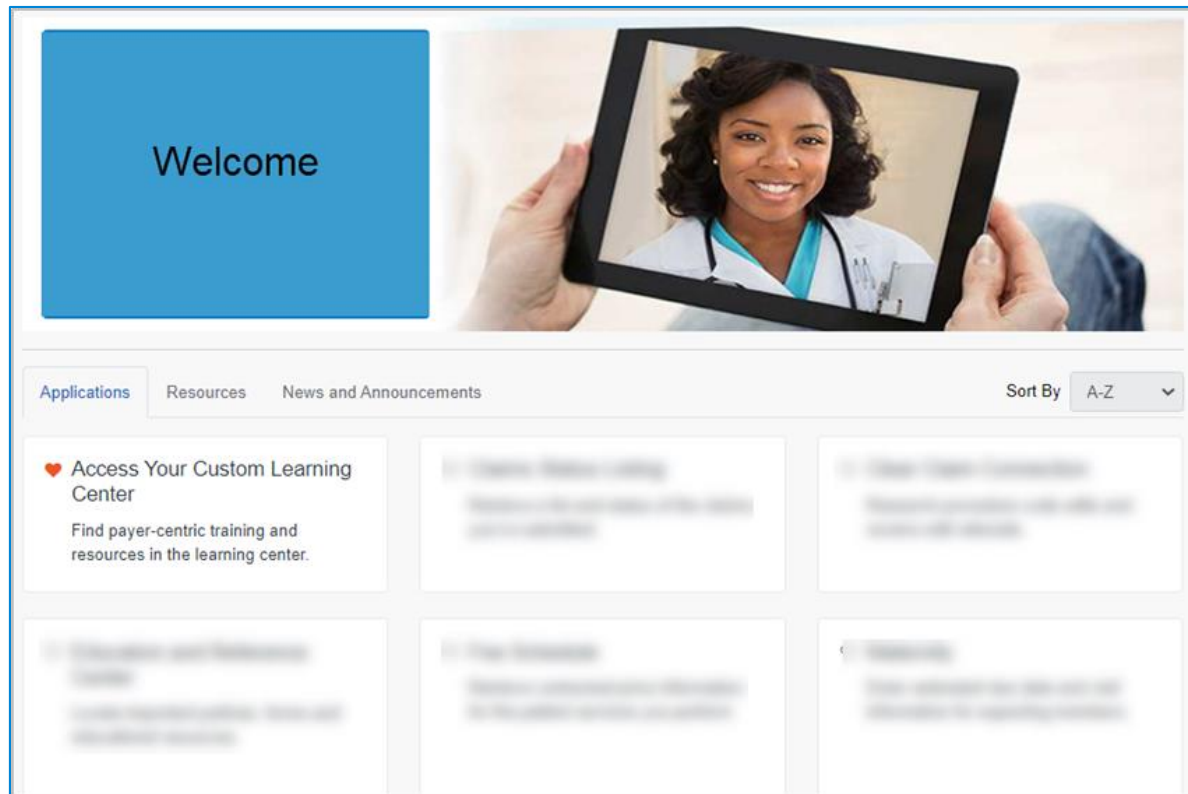


# Payer Spaces: Chat with Payer

- Faster access to provider services
- Real-time answers to your questions about PA and appeals status, claims, benefits, eligibility and more
- Self-service and easy to use – increasing efficiency
- Safe and secure – through customized access and secure portal - you'll receive the same level of security you've come to expect

# Access Your Custom Learning Center

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



# Access Your Custom Learning Center

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, 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



# Thank You



 **BlueCross BlueShield  
of North Carolina** **MEDICARE**

Availity, LLC is an independent company providing administrative support services for Healthy Blue + Medicare providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://www.bluecrossnc.com/provider-home>

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BNCCARE-0027-20 March 2021

515724NCPENBNC

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