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When noted and for the purpose of this release communication only, Availity refers to the following organizations by informal name:

- Humana Inc. – Humana
- Blue Cross and Blue Shield of Minnesota, Inc. – BCBSMN
- Health Care Service Corporation – HCSC or individually BCBSIL, BCBSNM, BCBSOK, BCBSTX
- Anthem, Inc. – Anthem or individually Anthem – CA, Anthem – CO, Anthem – CT, Anthem – IN, Anthem – KY, Anthem – ME, Anthem – MO, Anthem – NH, Anthem – NV, Anthem – OH, Anthem – VA, Anthem – WI, BlueCross BlueShield of Georgia (BCBSGA), Empire BlueCross – NY, Empire BlueCross BlueShield – NY
The following **Availity Portal** enhancements, and any Availity Help topic updates, are available with the release.

To access Availity Help, click **Help & Training | Find Help** at the top of the Availity Portal.

If you do not see these enhancements upon login, ask your Availity administrator to grant you access to the feature. To identify your administrator, click your name in the top navigation bar, and then click **My Administrators** on the My Account page.

**Note:** These enhancements do not apply to Availity Revenue Cycle Management.
Training Demo Updates

The following training demos have been updated. To access these demos:

1. Click **Help & Training | Get Trained** at the top of the Availity Portal.
2. In the Availity Learning Center, search by the keyword or filter by the category related to the demo you are interested in.

<table>
<thead>
<tr>
<th>Demo</th>
<th>Search by keyword</th>
<th>Filter by category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availity Administrator Training</td>
<td>admin</td>
<td>Availity Administrator Training</td>
</tr>
<tr>
<td>Care and Risk Gaps - Daily view</td>
<td>care</td>
<td>Risk Adjustment and HEDIS</td>
</tr>
<tr>
<td>Claim Submission &amp; Follow-up Training for Bridgeview Providers</td>
<td>Bridgeview</td>
<td>Claims Follow Up &amp; Payments</td>
</tr>
<tr>
<td>Clinical Quality Validation Tools Introduction</td>
<td>quality</td>
<td>Risk Adjustment and HEDIS</td>
</tr>
<tr>
<td>Directory Verification Overview (PDM)</td>
<td>PDM</td>
<td>Provider Data Management</td>
</tr>
<tr>
<td>eCensus Tool for Hospital Events</td>
<td>eCensus</td>
<td>Risk Adjustment &amp; HEDIS</td>
</tr>
<tr>
<td>EDI Overview for Availity Portal Users</td>
<td>EDI</td>
<td>Claims Submission</td>
</tr>
<tr>
<td>Eligibility and Benefits Inquiry</td>
<td>E&amp;B</td>
<td>Eligibility &amp; Benefits</td>
</tr>
<tr>
<td>Express Entry</td>
<td>express</td>
<td>Availity Administrator Training</td>
</tr>
<tr>
<td>Express Entry for Providers without an NPI</td>
<td>express</td>
<td>Availity Administrator Training</td>
</tr>
<tr>
<td>Facility Web Claim Submission Training for Humana Long-Term Care Providers</td>
<td>Humana</td>
<td>Claims Follow Up &amp; Payments</td>
</tr>
<tr>
<td>Florida Blue Online Provider Directory Verification</td>
<td>PDM</td>
<td>Provider Data Management</td>
</tr>
<tr>
<td>Humana HMO Medicare Rapid Referral</td>
<td>rapid</td>
<td>Getting Started/Onboarding</td>
</tr>
<tr>
<td>Professional Web Claim Submission Training for Humana Long-Term Care Providers</td>
<td>Humana</td>
<td>Claims Follow Up &amp; Payments</td>
</tr>
<tr>
<td>Provider Data Management (PDM) (Core PDM)</td>
<td>PDM</td>
<td>Provider Data Management</td>
</tr>
<tr>
<td>Web Data Entry Claim Tools for UB04 Facility Claim Submitters</td>
<td>facility</td>
<td>Claims Submission</td>
</tr>
</tbody>
</table>
### Additional Payers Available for Availity Portal Transactions

Availity is pleased to announce the following payers are now available for the specified transactions on the Availity Portal:

<table>
<thead>
<tr>
<th>Payer Name</th>
<th>Regions</th>
<th>Eligibility &amp; Benefits Inquiries</th>
<th>Claim Status Inquiries</th>
<th>Professional Claims</th>
<th>Facility Claims</th>
<th>Encounter Claims</th>
<th>Remittance</th>
<th>Referrals</th>
<th>Authorizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLUECHOICE HEALTHPLAN MEDICAID</td>
<td>South Carolina</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>MAGELLAN COMPLETE CARE OF VIRGINIA</td>
<td>Virginia</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New Payer Requests for Business Information in PDM

The provider data management (PDM) application now displays payer requests to add the following information to your business:

- Certifications
- Licenses
- NPIs
- Medicare and Medicaid IDs
- Care Centrix and New Direction numbers
- Payer-assigned provider IDs
- Specialties/taxonomies
- Hospital affiliations

**Note:** This enhancement does not apply to the PDM application used by Florida Blue.

A badge displays when you have new payer requests to add information to your business.

**LEARN MORE**
Visit the PDM Learning page for links to demos and help topics.
New Payer Requests for Business Information in PDM

PROCESS PAYER REQUESTS

1. Do the following:
   a. To accept a request, select the check box next to the request.
   b. To decline a request, clear the check box next to the request, and then select a reason in the Denial Reason field.

2. Click Save.

Note: This enhancement does not apply to the PDM application used by Florida Blue.

LEARN MORE
Visit the PDM Learning page for links to demos and help topics.
New Payer Requests for Provider Networks in PDM

The provider data management (PDM) application now displays payer requests to apply new networks and the provider’s participation status to service locations in the provider directory.

**Note:** This enhancement does not apply to the PDM application used by Florida Blue.

Unlike other payer requests that you can decline, you must accept all payer requests to apply new networks to the service locations in your provider directory.
Clinical Quality Validation Enhancements

Availity has enhanced the Clinical Quality Validation work queue to provide a better Availity Portal experience for you.

WHAT’S NEW?

The View Demo button has been updated. This enhancement enables users to view the updated Clinical Quality Validation demo.

For more information, see Working with Clinical Quality Validation Forms in Availity Help.
Florida Blue eCensus App Available!

Florida Blue primary care providers can now use this app on the Availity Portal to receive Admission, Discharge, and Transfer (ADT) hospital event updates for their HMO members.

**NOTE:** Available at this time for Primary Care Providers (PCP) only.

**ACCESS AND USE THIS APP**

1. Click Payer Spaces | Florida Blue.
2. On the Applications tab, click eCensus.
3. Click a patient card in the left column to view the full record.

You can use the Filters and Search features to quickly locate records to review.

**NOTE:** Your organization’s administrator can determine if you need the Medical Staff role required for access to this app.
HEDIS Attestation for Maternity Enhancements

Availity has enhanced the AMERIGROUP HEDIS Attestation for Maternity and BCBSGA HEDIS Attestation for Maternity forms to provide a better Availity Portal experience for you.

WHAT’S NEW?

When the HEDIS Attestation for Maternity form displays after submitting a maternity-related eligibility and benefits request, the following note now displays in red next to the Yes, she is pregnant button:

(A "Yes" response will initiate maternity programs for this member.)

This enhancement helps alert users that a HEDIS Attestation for Maternity form will be created for the patient if Yes, she is pregnant is selected.

For more information, see Working with Amerigroup HEDIS Attestation for Maternity Forms in Availity Help.
Availity is pleased to announce that Healthy Blue providers in Louisiana will soon have Availity Portal access to the services and features listed in the table on the right.

## Coming Soon!

Healthy Blue will be Available in the Availity Portal

### NAME AND DESCRIPTION

<table>
<thead>
<tr>
<th>NAME AND DESCRIPTION</th>
<th>STEPS TO ACCESS</th>
</tr>
</thead>
</table>
| **Eligibility and Benefits Inquiry**         | 1. Click **Patient Registration | Eligibility and Benefits Inquiry**.  
|                                              | 2. Complete and submit the inquiry.                                              |
| **Professional and Facility Claims**         | Click **Claims & Payments**, and then click either **Professional Claim** or **Facility Claim**. |
| **Claim Status Inquiry**                     | 1. Click **Claims & Payments | Claim Status Inquiry**.  
|                                              | 2. Complete and submit the claim inquiry.                                 |
| **Authorization Requests**                   | 1. Click **Patient Registration | Authorizations & Referrals**.  
|                                              | 2. Click **Authorizations**.  
|                                              | 3. Complete and submit the request.                                            |
| **Auth/Referral Inquiry Requests**           | 1. Click **Patient Registration | Authorizations & Referrals**.  
|                                              | 2. Click **Auth/Referral Inquiry**.                                           |
|                                              | 3. Complete and submit the request.                                            |
| **Payer Spaces**                             | Click **Payer Spaces | Healthy Blue**.                                                                     |
Claim Encounter Reconciliation Application Enhancements

Availity has enhanced the Claim Encounter Reconciliation Application (CERA) to provide a better Availity Portal experience for you.

WHAT’S NEW?

A new field, Select a Diagnosis Code field now displays if I did assess this condition, is selected in the Assessment Code field.

For more information, see Submitting Claim Encounter Reconciliation Application (CERA) Requests in Availity Help.
### BlueChoice HealthPlan Medicaid now Available in the Availity Portal

Availity is pleased to announce that BlueChoice HealthPlan Medicaid providers in South Carolina now have Availity Portal access to the services and features listed in the table on the right.

<table>
<thead>
<tr>
<th>NAME AND DESCRIPTION</th>
<th>STEPS TO ACCESS</th>
</tr>
</thead>
</table>
| **Eligibility and Benefits Inquiry**  
Verify eligibility for a patient and confirm the benefits covered under the member's contract. This includes the option to submit multiple patients in a single inquiry. | 1. Click Patient Registration | Eligibility and Benefits Inquiry.  
2. Complete and submit the inquiry. |
| **Professional and Facility Claims**  
Submit electronic professional claim or facility claim. | Click Claims & Payments, and then click either Professional Claim or Facility Claim. |
| **Claim Status Inquiry**  
View claim status and review results for claims that the payer adjudicated.  
Results may include: address for the paid provider, who the payment was sent to (e.g., member or provider), diagnosis related group, paid to tax ID, service line status, and authorization number. | 1. Click Claims & Payments | Claim Status Inquiry.  
2. Complete and submit the claim inquiry. |
| **Authorization Requests**  
Submit an authorization request. | 1. Click Patient Registration | Authorizations & Referrals.  
2. Click Authorizations.  
3. Complete and submit the request. |
| **Auth/Referral Inquiry Requests**  
Submit an authorization or referral inquiry request. | 1. Click Patient Registration | Authorizations & Referrals.  
2. Click Auth/Referral Inquiry.  
3. Complete and submit the request. |
| **Payer Spaces** | Click Payer Spaces | BlueChoice Medicaid. |
New Claim Status Application Available for Humana

Providers in Texas can now use Availity’s new claim status application to check the status of claims filed with Humana.

ACCESS THE NEW CLAIM STATUS APPLICATION

Click Claims & Payments | Claim Status (New) at the top of the Availity Portal.

SEARCH FOR CLAIMS:

1. On the Claim Status page, select the organization and payer for the claim status inquiry you want to submit, and then click Continue.
2. Enter your search criteria in the fields on the appropriate tab, and then click Search.
New Claim Status Application Available for Humana

SEARCH OPTIONS

Each tab on the Claim Status page represents a different search option that enables you to search for claims by:

A. Claim number and tax ID
B. Member ID, member date of birth, claim service date, and tax ID
C. Subscriber ID, claim service date, and tax ID
D. Claim service date and tax ID
E. Claim processed date and tax ID

Select this check box (where available) to search only for deficient claims.

Select this link to clear your search criteria from the fields on the tab.
New Claim Status Application Available for Humana

VIEW CLAIM STATUS RESULTS

A. Click Detail View or List View to toggle the display of claims.

B. Click Download Options to download the claim information to a CSV or PDF file.

C. In the Sort By field, click a sort option to sort the claims by patient last name, patient record number, or claim number.

D. In list view, click a claim to display detailed information about the claim (detail view).

E. In detail view, each claim is represented by a claim card. When you click a claim card, the details for that claim display on the page.

F. In detail view, click Send Claim Attachment (when available) to attach a file, such as an authorization or referral, to the claim.

G. Hover the mouse cursor over the symbol to display descriptions of HIPAA and Remarks codes.
Availity is pleased to announce that Magellan Complete Care of Virginia providers now have Availity Portal access to the services and features listed in the table on the right.

### Magellan Complete Care of Virginia now Available in the Availity Portal

<table>
<thead>
<tr>
<th>NAME AND DESCRIPTION</th>
<th>STEPS TO ACCESS</th>
</tr>
</thead>
</table>
| Eligibility and Benefits Inquiry              | 1. Click Patient Registration | Eligibility and Benefits Inquiry.  
2. Complete and submit the inquiry.           |
| Professional and Facility Claims (coming soon)| Click Claims & Payments, and then click either Professional Claim or Facility Claim. |
| Claim Status Inquiry                          | 1. Click Claims & Payments | Claim Status (New).  
2. Select the payer and organization associated with the claims you want to research.  
3. Search for claims by entering search criteria in the fields provided. |
| Payer Spaces                                  | Click Payer Spaces | Magellan Healthcare. |
The following EDI clearinghouse enhancements are either currently available, or will soon be available. For assistance or additional information on any of these enhancements, please contact Availity Client Services at 1.800.AVAILITY (282.4548).

For more information, access Availity’s EDI Guidelines.

**Note:** These enhancements apply only to the Availity Basic Clearinghouse and do not apply to Availity Revenue Cycle Management.
# EDI Implementations

These payers are now available for the transmission of certain EDI transactions via Basic Clearinghouse:

<table>
<thead>
<tr>
<th>PAYER NAME</th>
<th>PAYER ID</th>
<th>270</th>
<th>276</th>
<th>278</th>
<th>837P</th>
<th>837I</th>
<th>837E</th>
<th>837D</th>
<th>835</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>CONIFER HEALTH SOLUTIONS</td>
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<td></td>
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</tr>
<tr>
<td>MAGELLAN COMPLETE CARE OF VIRGINIA</td>
<td>MCCVA</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UNIFIED PHYSICIANS NETWORK</td>
<td>UPN99</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### EDI Payer Name Changes

These payers’ names have changed for the transmission of certain EDI transactions via Basic Clearinghouse.

<table>
<thead>
<tr>
<th>OLD PAYER NAME</th>
<th>NEW PAYER NAME</th>
<th>PAYER ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILLINOIS HEALTH PARTNER</td>
<td>BONCURA HEALTH SOLUTIONS</td>
<td>DMG01</td>
</tr>
<tr>
<td>MIDWEST PHYSICIAN ADMINISTRATIVE SERVICES</td>
<td>BONCURA HEALTH SOLUTIONS</td>
<td>66727</td>
</tr>
</tbody>
</table>
## EDI Cancellations

These payers are no longer available for the transmission of certain EDI transactions via Basic Clearinghouse:

<table>
<thead>
<tr>
<th>PAYER NAME</th>
<th>PAYER ID</th>
<th>EXPIRATION DATE</th>
<th>270</th>
<th>276</th>
<th>278</th>
<th>837P</th>
<th>837I</th>
<th>837E</th>
<th>835</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL RESERVE LIFE INSURANCE COMPANY</td>
<td>34097</td>
<td>7/14/2017</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOVERNMENT EMPLOYEES HEALTH ASSOCIATION (GEHA PHCS)</td>
<td>45275</td>
<td>7/18/2017</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>IPA OF KANE COUNTY</td>
<td>IPAK1</td>
<td>7/5/2017</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>MISSOURI CARE MC</td>
<td>00530</td>
<td>7/25/2017</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
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<tr>
<td>SAMBA</td>
<td>62308</td>
<td>8/9/2017</td>
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<td></td>
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<td>✔</td>
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<tr>
<td>SOUTHERN BENEFITS SERVICES</td>
<td>37318</td>
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<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
EDI Cancellations

These payers are no longer available for the transmission of certain EDI transactions via Basic Clearinghouse:

<table>
<thead>
<tr>
<th>PAYER NAME</th>
<th>PAYER ID</th>
<th>EXPIRATION DATE</th>
<th>270</th>
<th>276</th>
<th>278</th>
<th>837P</th>
<th>837I</th>
<th>837E</th>
<th>835</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERAPHYSICS PACIFICARE</td>
<td>COTHE</td>
<td>7/25/2017</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>WILSON MCSHANE</td>
<td>41095</td>
<td>7/24/2017</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
B2B Implementations

These payers are now available for the transmission of certain B2B transactions via Basic Clearinghouse:

<table>
<thead>
<tr>
<th>PAYER NAME</th>
<th>PAYER ID</th>
<th>270</th>
<th>276</th>
<th>278</th>
<th>837P</th>
<th>837I</th>
<th>837E</th>
<th>837D</th>
<th>835</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLUECHOICE HEALTHPLAN MEDICAID</td>
<td>383</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## B2B Cancellations

These payers are no longer available for the transmission of certain B2B transactions via Basic Clearinghouse:

<table>
<thead>
<tr>
<th>PAYER NAME</th>
<th>PAYER ID</th>
<th>EXPIRATION DATE</th>
<th>270</th>
<th>276</th>
<th>278</th>
<th>837P</th>
<th>837I</th>
<th>837E</th>
<th>835</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL RESERVE LIFE INSURANCE CO - MED SUPP 270</td>
<td>10539</td>
<td>7/13/2017</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Contact Availity

Availity is committed to providing you with comprehensive customer service and enhancements that make your Availity experience a more enjoyable one.

For questions, send an e-mail message to us using the Contact Us page. We look forward to hearing from you!

Call us at 1.800.AVAILITY (282.4548).