Availity Portal & EDI Clearinghouse – January 18, 2020

Release Communication
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Availity Portal Enhancements

The following Availity Portal enhancements, and any Availity Help topic updates, are available with the release.

To access Availity Help, click Help & Training at the top of 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.
## General

### Availity Portal transactions

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

<table>
<thead>
<tr>
<th>Payer</th>
<th>Regions</th>
<th>E&amp;B</th>
<th>Claim Status</th>
<th>Prof Claims</th>
<th>Facility Claims</th>
<th>Enc Claims</th>
<th>Dental Claims</th>
<th>Remits</th>
<th>Refs</th>
<th>Auths</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Community Care Plan (Florida Healthy Kids)</td>
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<tr>
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<td></td>
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</tbody>
</table>
Limitations section on eligibility and benefits results now displays service year and year-to-date amounts

The **Limitations** section on the eligibility and benefits results now displays service year and year-to-date amounts.
New code edit lookup tool now available for Aetna and Aetna joint venture payers

The Third Party Claim and Code Review Lookup tool is now available on the payer spaces for Aetna and the following Aetna joint venture payers:

• Allina Health | Aetna
• Banner Health | Aetna
• Innovation Health
• Sutter Health | Aetna
• Texas Health | Aetna

You can use the tool in conjunction with the Code Editing, Clinical, and Payment Policy Lookup tool to determine how the health plan processes procedures billed alone or in combination with other procedures. The tool enables you to compare your coding and claims against Aetna's policies, rules, and code editing logic. You can use the tool to verify claims for Aetna commercial members.

Access the Third Party Claim and Code Review Lookup tool

1. At the top of Availity Portal, click Payer Spaces, and then click the health plan's payer space tile.
2. On the Applications tab of the payer space page, click Code Edit Lookup Tools.
Migrate your Anthem EDI transactions by February 15

Anthem, Inc. and its affiliates have designated Availity as its designated EDI gateway service. You must migrate your EDI transactions from Anthem to Availity by February 15, 2020.

On-demand training about using Availity as your EDI Gateway and Clearinghouse is available from the Availity Learning Center (ALC) by searching the keyword "SONG." You can access the ALC from Help & Training > Get Trained, in Availity Portal.

The Welcome Application will guide you through setting up your business for submitting EDI transactions through Availity.

For additional assistance, contact Availity Client Services at 1.800.282.4548, and one of our representatives will help you through the process.
New Drafts tab on Auth/Referral Dashboard

The new Drafts tab on the Auth/Referral Dashboard includes authorization and referral requests that were started but not yet submitted to the health plan. As such, items on the Drafts tab have a status of INCOMPLETE. Selecting Edit, from the View/Action menu associated with the request, opens the request in the Authorizations or Referral application, allowing you to pick up where you left off.
New authorizations and referral applications are now the default

When you navigate to authorizations, referrals, or auth/referral inquiry, the new version of the associated application now displays.

Once you've selected the payer and the request type (when applicable), we'll redirect you to the old application (authorizations, referrals, or authorization/referral inquiry) if the selected payer isn't supported yet on the new version of the application.
### Authorizations

#### SELECT A PAYER
- **Organization**: Availity Test Org
- **Payer**: HEALTH PLAN
- **Request Type**: Inpatient Authorization

#### Authorizations

*indicates a required field

- **Payer**: HEALTH PLAN
- **Transaction Type**: Inpatient
- **Organization**: Availity Test Org

#### Request Information
- **Member ID**
- **Relationship to Subscriber**: Self
- **Date of Birth**: MM DD YYYY
Download PDF version of an overpayment for Humana

From either the summary view or the detailed view of an overpayment card, a provider who submits overpayments through Humana can download a PDF version of the overpayment. The PDF file includes all overpayment information in a single document.

Users can download the PDF file to their computer, and they can also print the PDF file.

Review the download PDF feature

1. On the overpayments card, click the action menu.
2. Select Download PDF.
ERA enrollment tool no longer available

The ERA enrollment tool is no longer available in Availity Portal. This tool has been replaced by the transaction enrollment tool.
Acupuncture service type now available in eligibility and benefits requests for Humana members

You can now check the eligibility and benefits related to acupuncture services for Humana members. To check a Humana member's eligibility and benefits related to acupuncture services, select **Acupuncture** in the **Benefit / Service Type** field on the Eligibility and Benefits request page.
Persisting patient information from E&B requests for Aetna and Capital BlueCross

If you run eligibility and benefits requests for Aetna or Capital BlueCross members, you can now automatically populate fields on the Professional Claim page (beta version for Aetna) with data about those members, such as the patient’s name, date of birth, subscriber ID and policy or group number.

Specifically, after running an eligibility and benefits request for an Aetna or Capital BlueCross member, and then starting a professional claim (beta version for Aetna), you can select that member from the new Select a Patient drop-down, in the Patient Information section, on the Professional Claim page.

After you select a patient, fields on the Professional Claim page populate with information about the patient.
Reinstate an EDI Clearinghouse Comprehensive plan

If you access the EDI Clearinghouse Plan Selection application (in Availity Portal) and have a Comprehensive plan that has been terminated due to a past-due balance, you will be presented with instructions (as shown below) on how to pay your balance and reinstate your Comprehensive plan.

![Attention](image)

Your Comprehensive Plan was terminated because you have an unpaid past-due balance. Please click here to access instructions for using the Payment Portal to pay your invoice and set up automatic credit card billing for your account. To access the Payment Portal, your Administrator will need to assign the V8 Invoice Report Permission to your Availity User ID. Availity Client Services can advise and instruct on how to enable Payment Portal access, but your organization's Availity administrator must perform this action on your behalf.

Once your account is paid current and you have enabled automatic credit card billing, please contact our Finance team at accountsreceivable@availity.com to have your Comprehensive Plan access reinstated.
Changes to new remittance viewer

We've made the following changes to the new remittance viewer:

- When you navigate to the new remittance viewer, we'll automatically display all payments issued in the last 48 hours.
- When you click Search or Filter, we'll search for payments issued in the last two years unless you explicitly specify a date range in the Check / EFT Dates fields.
- When you enter values in the Search field, you'll now need to click Search to initiate the search. This allows you to enter values for multiple fields, such as Tax ID and Payer Name, before initiating a search.
- We've added a Patient Amt (patient's responsibility) column to the search results on the Claim tab.

- We've added a Status column to the Manage Access page.

- A status of Check Verified indicates that your organization has successfully obtained access to the associated set of remittances by submitting the information for a recent check, which Availity subsequently verified.
- A status of Delivered indicates that your organization is currently receiving the associated remittances.
Transaction enrollment enhancements

Availity has enhanced the transaction enrollment tool to provide a better Availity Portal experience for you.

What's new?

A. When creating a new enrollment in the transaction enrollment tool, users can now select an organization's express entry provider from the Provider field. This enhancement gives users a quick, easy, and error-free way to complete provider information fields when creating a new enrollment.

B. When creating a new enrollment in the transaction enrollment tool, enrollment contact information will no longer default to the organization’s contact. This enhancement increases the security and accuracy of the enrollment contact information by asking the user to manually enter enrollment contact information.

Tip: See Enrolling Providers for information about enrolling providers for transactions.
California, Colorado, Florida, Kentucky, Wisconsin

Last Update Field updated in overpayments app

In the overpayments app, when a user replies to a conversation, the Last Update field gets updated on the summary and details view of the overpayment card. Any changes to a conversation will result in a better and more accurate sorting of the overpayments.

Tip: See Managing Overpayments for more information about sorting overpayments.
Florida

New Authorization/Referral Inquiry app for Florida Blue

Providers will now use the new Authorization/Referral Inquiry application for inquiring about, updating, or voiding authorization or referral requests for Florida Blue.

1. Navigate to the Authorization/Referral Inquiry application, as you normally would.
2. Select a value in the Organization field (if you’re associated with multiple organizations).
3. Select Florida Blue in the Payer field.
4. Select a value in the Request Type field.
5. Complete the required fields that display, and then click Submit.

Florida Blue dictates which requests can be updated or voided based on its business rules, and which fields in the request you can change, which may differ with each request. If Florida Blue supports updating the request, an Update button displays on the results page; and if Florida Blue supports voiding the request, a Void button displays on the results page.
Florida Blue providers cannot dispute an overpayment past 40 days

Provider users who submit overpayments through Florida Blue using the overpayments app in Availity Portal will not be able to dispute or request more information on an overpayment that is 40 days past the original Accounting Date.

From either the summary view or the detailed view of an overpayment card, when a provider disputes or requests more information on an overpayment that is 40 days past the original Accounting Date, a message displays.

**Review the notification**

1. On the overpayments page, click the action menu and then select **Dispute Overpayment** or **Request more information**.
2. Review the message that displays.

![Dispute Overpayment Image]

Tip: See [Dispute an Overpayment](#) and also [Request Information about an Overpayment](#) for more information on how to complete these operations.
Illinois, Montana, New Mexico, Oklahoma, Texas

EFT enrollment now available for HCSC payers

Providers can now enroll for Electronic Fund Transfer (EFT) using the transaction enrollment tool for the following HCSC payers:

- BCBS ILLINOIS (payer ID 00621)
- BCBS MONTANA (payer ID 00751)
- BCBS NEW MEXICO (payer ID 00790)
- BCBS OKLAHOMA (payer ID 00840)
- BCBS TEXAS (payer ID 84980)
- BLUE CROSS COMMUNITY CENTENNIAL (payer ID 00790)
- FEDERAL EMPLOYEE PROGRAM TEXAS FEP (payer ID 84980)
- HMO BLUE (payer ID 84980)
- HMO BLUE TEXAS (payer ID 84980)

This enhancement allows providers to enroll for EFT using the transaction enrollment tool instead of the EFT Registration resource in the payer’s payer space.

Tip: See Enrolling Providers for information about enrolling providers for EFTs.
ERA enrollment now available for HCSC payers

Providers can now enroll for Electronic Remittance Advice (ERA) transactions using the transaction enrollment tool for the following HCSC payers:

- BCBS ILLINOIS (payer ID 00621)
- BCBS MONTANA (payer ID 00751)
- BCBS NEW MEXICO (payer ID 00790)
- BCBS OKLAHOMA (payer ID 00840)
- BCBS TEXAS (payer ID 84980)
- BLUE CROSS COMMUNITY CENTENNIAL (payer ID 00790)
- FEDERAL EMPLOYEE PROGRAM TEXAS FEP (payer ID 84980)
- HMO BLUE (payer ID 84980)
- HMO BLUE TEXAS (payer ID 84980)

This enhancement allows providers to enroll for ERA transactions using the transaction enrollment tool instead of the ERA Registration resource in the payer's payer space.

Tip: See Enrolling Providers for information about enrolling providers for ERAs.
**Louisiana**

**View additional benefit notes from the E&B results for Healthy Blue Dual Advantage members**

You can now view additional benefit notes from the eligibility and benefits results for Healthy Blue Dual Advantage members.

**View additional benefit notes**

1. Near the top of the eligibility and benefits results, click *Additional Benefits Notes*.
2. Click the type of service for the benefit notes you want to view.
3. Review the benefit notes.
   - Click *Print* to print the additional benefit notes.
   - When you are finished, click *Back* at the bottom of the window to return to the eligibility and benefits results.
Tip: See Viewing Eligibility and Benefits for information about viewing a patient's additional benefit notes from the eligibility and benefits results.
Access claim status tool from eligibility and benefits results for Healthy Blue Dual Advantage members

You can now access the claim status tool from the eligibility and benefits results for Healthy Blue Dual Advantage members. You can use the claim status tool to check the status of claims that have been filed for a patient.

Access the claim status tool

1. Near the top of the eligibility and benefits results, click Go to, and then click Check Claim Status. When the Claim Status request page displays, many of the fields on the page will be populated with information from the eligibility and benefits results.

2. Update the fields on the Claim Status request page as necessary, and then click Submit at the bottom of the page to submit the request.
View member ID cards from the E&B results for Healthy Blue Dual Advantage members

You can now view member ID cards from the eligibility and benefits results for Healthy Blue Dual Advantage members.

**View a member ID card**

1. Near the top of the eligibility and benefits results, click View Member ID Card.
2. The patient's member ID card displays in a separate window.
   - Click Save to PDF to save the member ID card to a PDF file that you can print or keep in the patient's records.
   - When you are finished viewing the member ID card, click Close.

Tip: See Viewing Eligibility and Benefits for information about viewing a patient's member ID card from the eligibility and benefits results.
Access the Patient360 tool from the E&B results for Healthy Blue Dual Advantage members

You can now access the Patient360 tool from the eligibility and benefits results for Healthy Blue Dual Advantage members. You can use the Patient360 tool to view clinical and case management data for a patient.

Access the Patient360 tool

1. Near the top of the eligibility and benefits results, click Patient360.
2. Complete the fields on the Patient360 page, and then click Continue.
Tip: See Viewing Eligibility and Benefits for information about accessing the Patient360 tool from the eligibility and benefits results.
Appeals app available to Healthy Blue Dual Advantage members

Users who submit claims through Healthy Blue Dual Advantage can use the appeals app to dispute claims and manage their disputes.

1. At the top of Availity Portal, click **Claims & Payments > Claim Status**.

2. Complete the required fields to search for the claims.

3. On the Claim Status results page, click **Dispute Claim**.

4. Click **Go to Appeals**, which opens the Appeals page and displays all of the claims that are in the dispute process.

5. On the Appeals page, locate the dispute that you just initiated.

Tip: See **Dispute a Claim** for the complete steps in disputing a claim.
Maine

Access claim status tool from eligibility and benefits results for Anthem MaineHealth members

You can now access the claim status tool from the eligibility and benefits results for Anthem MaineHealth members. You can use the claim status tool to check the status of claims that have been filed for a patient.

Access the claim status tool

1. Near the top of the eligibility and benefits results, click Go to, and then click Check Claim Status.

   When the Claim Status request page displays, many of the fields on the page will be populated with information from the eligibility and benefits results.

2. Update the fields on the Claim Status request page as necessary, and then click Submit at the bottom of the page to submit the request.
View additional benefit notes from the E&B results for Anthem MaineHealth members

You can now view additional benefit notes from the eligibility and benefits results for Anthem MaineHealth members.

View additional benefit notes

1. Near the top of the eligibility and benefits results, click Additional Benefits Notes.
2. Click the type of service for the benefit notes you want to view.
3. Review the benefit notes.
   • Click Print to print the additional benefit notes.
   • When you are finished, click Back at the bottom of the window to return to the eligibility and benefits results.
Tip: See Viewing Eligibility and Benefits for information about viewing a patient's additional benefit notes from the eligibility and benefits results.
View member ID cards from the E&B results for Anthem MaineHealth members

You can now view member ID cards from the eligibility and benefits results for Anthem MaineHealth members.

View a member ID card

1. Near the top of the eligibility and benefits results, click View Member ID Card.

2. The patient's member ID card displays in a separate window.
   - Click Save to PDF to save the member ID card to a PDF file that you can print or keep in the patient’s records.
   - When you are finished viewing the member ID card, click Close.

Tip: See Viewing Eligibility and Benefits for information about viewing a patient's member ID card from the eligibility and benefits results.
Access the Patient360 tool from the E&B results for Anthem MaineHealth members

You can now access the Patient360 tool from the eligibility and benefits results for Anthem MaineHealth members. You can use the Patient360 tool to view clinical and case management data for a patient.

Access the Patient360 tool

1. Near the top of the eligibility and benefits results, click Patient360.
2. Complete the fields on the Patient360 page, and then click Continue.

Tip: See Viewing Eligibility and Benefits for information about accessing the Patient360 tool from the eligibility and benefits results.
Appeals app available to Anthem MaineHealth members

Users who submit claims through Anthem MaineHealth can use the appeals app to dispute claims and manage their disputes.

Review this feature

1. At the top of Availity Portal, click Claims & Payments > Claim Status.
2. Complete the required fields to search for the claims.
3. On the Claim Status results page, click Dispute Claim.
4. Click Go to Appeals, which opens the Appeals page and displays all of the claims that are in the dispute process.
5. On the Appeals page, locate the dispute that you just initiated.

Tip: See Dispute a Claim for the complete steps in disputing a claim.
Minnesota

ERA enrollment now available for Bridgeview

Providers can now enroll for Electronic Remittance Advice (ERA) transactions for Bridgeview using the transaction enrollment tool.

This enhancement allows providers to automatically add routing information when enrolling forERA transactions for Bridgeview using the transaction enrollment tool.

**Note:** When enrolling for Bridgeview ERAs, you will need to provide your Unique Minnesota Provider Identifier (UMPI) on the enrollment form.

Tip: See [Enrolling Providers](#) for information about enrolling providers for ERAs.
North Carolina

View additional benefit notes from the E&B results for Healthy Blue North Carolina members

You can now view additional benefit notes from the eligibility and benefits results for Healthy Blue North Carolina members.

View additional benefit notes

1. Near the top of the eligibility and benefits results, click Additional Benefits Notes.
2. Click the type of service for the benefit notes you want to view.
3. Review the benefit notes.
   • Click Print to print the additional benefit notes.
   • When you are finished, click Back at the bottom of the window to return to the eligibility and benefits results.
Tip: See Viewing Eligibility and Benefits for information about viewing a patient's additional benefit notes from the eligibility and benefits results.
View member ID cards from the E&B results for Healthy Blue North Carolina members

You can now view member ID cards from the eligibility and benefits results for Healthy Blue North Carolina members.

View a member ID card

1. Near the top of the eligibility and benefits results, click View Member ID Card.
2. The patient's member ID card displays in a separate window.
   • Click Save to PDF to save the member ID card to a PDF file that you can print or keep in the patient's records.
   • When you are finished viewing the member ID card, click Close.

Tip: See Viewing Eligibility and Benefits for information about viewing a patient's member ID card from the eligibility and benefits results.
Access the Patient360 tool from the E&B results for Healthy Blue North Carolina members

You can now access the Patient360 tool from the eligibility and benefits results for Healthy Blue North Carolina members. You can use the Patient360 tool to view clinical and case management data for a patient.

Access the Patient360 tool

1. Near the top of the eligibility and benefits results, click Patient360.
2. Complete the fields on the Patient360 page, and then click Continue.
Tip: See Viewing Eligibility and Benefits for information about accessing the Patient360 tool from the eligibility and benefits results.
North Dakota

Provider search feature removed for Blue Cross Blue Shield of North Dakota authorizations

The feature for searching for a provider, when submitting an inpatient or outpatient authorization request for Blue Cross Blue Shield of North Dakota has been removed. When submitting an inpatient or outpatient authorization request for Blue Cross Blue Shield of North Dakota, you will now need to manually enter the provider’s information, such as for the ordering/requesting provider for an outpatient authorization request.
EDI Clearinghouse Enhancements

EDI implementations

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

Base plan (available for all providers)

<table>
<thead>
<tr>
<th>Payer Name</th>
<th>Payer ID</th>
<th>270</th>
<th>276</th>
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<th>837I</th>
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**Comprehensive plan (fee-based subscription required)**

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<th>Payer Name</th>
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<th>837E</th>
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**Note:** To submit EDI transactions to any of these new Comprehensive plan payers, you'll need to subscribe to the Availity Comprehensive plan, using the [EDI Clearinghouse Plan Selection](#) application. If you already have a subscription to the Availity Comprehensive plan, no further action is required.
**EDI cancellations**

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

**Base plan (available for all providers) and comprehensive plan (fee-based subscription required)**

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**B2B implementations**

These payers are now available for the transmission of certain B2B transactions via EDI Clearinghouse.

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**B2B cancellations**

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Contact Availity

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

For assistance or additional information on any of these enhancements, please contact Availity Client Services.