Welcome to the Availity Portal

Overview and highlights
Use the Availity Portal to get the tools and real-time information exchange you need to drive measurable and meaningful organizational improvements and enjoy the vitality of a healthy business. Best of all, health care providers can use a single login to access multiple health plan providers at no cost.

Availity helps you:

**Improve:**
- Administrative efficiency
- Payments and collections
- Regulatory compliance

**Reduce:**
- Administrative costs
- Revenue cycle complexities
- Abrasion between plans and providers
Registering to use Availity

When you log in for the first time, Availity prompts you to:

• Go to https://www.availity.com and select REGISTER.
• After your registration is finished, you can log in to verify patient eligibility and benefits, submit claims, track remittances and more.
• Accept privacy and security statements.
• Accept a confidentiality agreement.
• Create a new password:
  • It’s important you don’t share your user ID or password with others.
• Verify your email address.

After you complete these steps, you’ll receive a verification email. Select the link in the email to complete registration.
Availility navigation basics
Top navigation highlights

- Use top navigation options to search (a), manage favorites (b), and access help, training and support options (c).
• Type keywords in the *Search* window to locate items on the home page, across applications and in *Payer Spaces*. Select an item to quickly jump to it. Select the heart icon to mark an item as a favorite.
• The search results also include ICD-10 procedure and diagnosis codes. Select the copy icon to copy a code to your computer’s clipboard.
• Select **My Favorites** (a) to quickly access and manage tools you have marked as favorites.
• To mark a favorite tool, select the heart icon (b).
Help & Training

- Select Help & Training and then select:
  - Find Help.
  - Get Trained.
  - Search Knowledge.
  - My Support Tickets.
  - My Learning Plan.
Get Trained

• When you select **Help & Training | Get Trained**, the Availity Learning Center (ALC) opens in a new browser tab and you’ll land in the **Catalog**.

• Click the list for other options, including:
  
  • **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
My Learning Plan — set it up

- Select **Help & Training | My Learning Plan**, and you’ll land on a tool that displays on top of your *My Account* page (a).
- To customize your learning plan, select options and select **Save** (b).
• Select topics in the *My Learning Plan* section (a) on your *Account* page to display more information in a new browser window (b).
• In a topic, choose a hyperlink to go straight to a related course in the ALC.
Menu options

- Use top navigation to use menu options.
Payer Spaces

A closer look at where you go to find tools
Payer Spaces
How to access Payer Spaces

- Select **Payer Spaces**, located on the right side of the top menu bar in Availity.
- Choose the Healthy Blue tile from the drop down menu.
Availity administrators and assistants can assign roles to users needing access to the applications.

Menu options:
- Applications
- Resources
- News and Announcements
Remittance inquiry — details

• Remit images are available for most Healthy Blue members.
• Images can be saved to the user’s computer or printed.
• You can view past remittances back 15 months.
• Access to view online remittances is associated with the roles of claims or claim status.
The Education and Reference Center is where you can locate important forms, policies and educational resources.

Here you can view categories that may include *Administrative Support*, *Clinical Resources*, and *Communication & Education*.

Provider users don’t need a role assignment in Availity to access the Education and Reference Center.
Education and Reference Center

- You may select from the highlighted links for the listing of additional documents.
The Clear Claim Connection is a tool for evaluating clinical coding information.
It provides information according to the claim editing system logic on the date of the provider’s inquiry.
Providers must review and accept the terms and condition of use prior to review of data.
Clear Claim Connection (cont.)

- Select **Applications**, then select **Clear Claim Connection** to open.
Clear Claim Connection (Cont.)

• Make a selection for the Organization, Tax ID and Line of Business drop downs.
Clear Claim Connection (cont.)

Clear Claim Connection™ Disclaimer:

1. Clear Claim Connection is intended as a tool for evaluating clinical coding information and is not a guarantee of a member eligibility or claim payment. Clear Claim Connection will provide information according to the claim editing system logic in place on the date of the provider's inquiry. Clear Claim Connection is not date sensitive for the claim date of service.

2. For additional information, including claim specific information, please contact your local Customer Service Representative.

Clear Claim Connection™ Terms and Conditions

1. Customer discloses its code auditing rules and associated clinical rationale to Providers via an internet-accessible software tool (the "Software") licensed from McKesson Information Solutions ("Licensed"). Customer provides access to the Software to:

   - Accept
   - Reject

Terms Of Use

Select Accept to continue.
Clear Claim Connection (cont.)

![Clear Claim Connection](image)

**Claim Entry**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male/Female</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>[ ]/ [ ]/ [ ] (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Member State</td>
<td>Indiana (IN)</td>
</tr>
<tr>
<td>Provider State</td>
<td>Kentucky (KY)</td>
</tr>
<tr>
<td>ICD Code Set</td>
<td>ICD-09</td>
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</table>

**Click grid to enter information.**

- For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today’s date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.

<table>
<thead>
<tr>
<th>Line</th>
<th>Procedure</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Date of Service</th>
<th>Place of Service</th>
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<tr>
<td>1</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>-- select --</td>
<td>[ ]</td>
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<tr>
<td>2</td>
<td>[ ]</td>
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<td>-- select --</td>
<td>[ ]</td>
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<tr>
<td>3</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>-- select --</td>
<td>[ ]</td>
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<tr>
<td>4</td>
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<td>[ ]</td>
<td>-- select --</td>
<td>[ ]</td>
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<tr>
<td>5</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>-- select --</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Add More Procedures »»

Review Claim Audit Results  Clear
Clear Claim Connection (cont.)

Claim Audit Results

Gender: 
Date of Birth: 
Member State: 
Provider State: 
ICD Code Set: 

<table>
<thead>
<tr>
<th>DX 1</th>
<th>DX 2</th>
<th>DX 3</th>
<th>DX 4</th>
<th>DX 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Procedure</th>
<th>Description</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Date of Service</th>
<th>Place of Service</th>
<th>Payment RVU</th>
<th>Pay %</th>
<th>Recommend</th>
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<tbody>
<tr>
<td>1</td>
<td>99212</td>
<td>OFFICE/OUTPATIENT VISIT EST</td>
<td></td>
<td></td>
<td></td>
<td>5/3/2018</td>
<td>11 (Office)</td>
<td>1.24</td>
<td>100</td>
<td></td>
<td>Allow</td>
</tr>
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</table>

New Claim  Current Claim

The results displayed do not guarantee how the claim will be processed.
• You can access Patient360 through *Payer Spaces*.
• Select **Applications**, then select **Patient360** to open.
Patient360 (cont.)

- Patient360 is a read-only dashboard that gives instant access to detailed member information including:
  - Demographic information.
  - Care summaries.
  - Claims details.
  - Authorization details.
  - Pharmacy information.
  - Care management related activities.
To assign a user access to Patient360, the role assignment is under **Clinical Roles**.

Availity Patient360 role assignment:
- Add User (new user setup)
- Maintain User (editing user roles)
To access Payer Spaces:

• Complete all fields.
• If the Availity administrator loaded NPI in *Express Entry*, select from the drop down. If not, type the NPI in the field (a).
• To continue, scroll down and select your response to the Service Terms and Conditions (b).
Patient360 application
Tips and troubleshooting
Favorites

Selecting the heart next to a tool allows that tool to be saved as favorite.
Favorites (cont.)

From the *My Favorites* drop-down box, users can quickly and easily access the tools they use most.

Once saved, navigate to *My Favorites* on the upper-right side of the Availity home page.
If a user is not seeing a tool they think they should, they should contact their administrator.

If they do not know who their administrator is, point them to the following:

- Go to the *Account* section located in the navigation bar (a).
- In the *About Me* section, select **My Administrators** (b).