

## Availity Essentials pocket guide

Florida | Simply Healthcare Plans, Inc. (Simply) | Statewide Medicaid Managed Care (SMMC) • Florida Healthy Kids (FHK)  
Florida | Clear Health Alliance (CHA) | Statewide Medicaid Managed Care (SMMC)

This pocket guide provides care providers with quick and easy help for using Availity Essentials. First up is getting started with Availity, followed by reference steps for five of its most-used functions, and finally, reference information on technical requirements. We are focused on reducing administrative burdens, so you can do what you do best — care for our members.

### Get started and up to speed

Register as a new user on <https://Availity.com>:

1. Select **Create Account**.
2. Complete the required fields on the Create User Account screen and select **Continue**.
3. You will receive an email confirmation once you are registered.

#### What is an administrator?

Each provider organization registering for Availity Essentials designates an administrator. The administrator performs the account administration functions, such as registering new users and assigning business roles, revoking user access as needed, and controlling the organization's information within Availity Essentials. Administrators can help avoid potential business disruption by setting up one of their users as an administrator assistant in Availity Essentials in case the administrator is not available for a length of time or leaves the organization.

#### Access training opportunities:

1. From the Availity Essentials homepage, select **Help & Training** located at the top-right corner of the page.
2. Choose from one of the following to find the information you are searching for:
  - **Find Help**
  - **Payer Help**
  - **Get Trained** (will redirect you to the Availity Learning site where you can register for live sessions and/or participate in learning courses)

### How to do key functions

See below for quick and easy steps for these actions:

- Eligibility and benefits inquiries
- Claim submissions/status inquiries
- Claim payment disputes/appeals
- Prior authorization submissions/status inquiries
- Provider online reporting (such as rosters and inpatient census)

### Eligibility and benefits inquiries:

1. From the Availity Essentials homepage, select **Patient Registration**.
2. From the drop-down, select **Eligibility and Benefits Inquiry**.
3. Complete the required fields and select **Submit**:
  - *Patient History* displays on the left side:
    - Green card: Patient's coverage is active/no errors with request
    - Red card: Patient's coverage is inactive
    - Orange card: There is a request/communication error

You can access an Availity training demo on this topic at

[https://apps.availity.com/availity/Demos/REC\\_AP\\_Eligibility\\_and\\_Benefits\\_new/story.html](https://apps.availity.com/availity/Demos/REC_AP_Eligibility_and_Benefits_new/story.html).

### Claim submissions/status inquiries

#### Submissions:

1. From the Availity Essentials homepage, choose **Claims & Payments** from the top navigation.
2. Select **Claims & Encounters** from the Claims sections.
3. Select your Organization, the Claim Type, the Payer, and Responsibility Sequence (for example, primary, secondary, or tertiary).
4. Complete required fields and optional fields based on the claim type you are submitting.
5. Select question mark icons next to fields to use field-level help.
6. Attach supporting documents, if necessary.
7. Select **Submit**.

#### Status inquiries:

1. From the top navigation select Claims & Payments > Claim Status from the Claim Status & Payments section.
2. Select your Organization and the Payer.
3. Complete required fields and submit.
4. Select claim cards on the left to review details on the right.

We encourage the submission of claims electronically through electronic data interchange (EDI). Availity Essentials isn't just a web platform or claims clearinghouse, but is also an intelligent EDI gateway for multiple payers and will be the single EDI connection for Simply and CHA.

Your organization can submit and receive the following transactions through Availity's EDI gateway:

- Institutional claims: 837
- Professional claims: 837
- Dental claims: 837
- Electronic remittance advice: 835
- Claim status: 276/277
- Eligibility request: 270/271

### Claim payment disputes/appeals

#### How to submit a claim dispute/appeal:

1. From the Availity Essentials homepage, select Claims & Payments > Claims Status.
2. Complete the required fields for provider information, patient information, and claim information to run a Claim Status Inquiry.
3. Select **Submit**. Select the claim on the Claim Status Results page.
4. Choose **Dispute Claim button**, if available, to add the claim to the Appeals Worklist:

- Selecting **Dispute Claim** *does not* mean that the appeal has been sent to the health plan for review. You must follow the steps below.
5. A confirmation window displays, informing you that a dispute has been initiated for this claim:
    - Select **Close** to return to the Claim Status Results page.
    - Select **Go To Request** to go to that specific request in the Appeals application.
    - Note: A confirmation might display when a request already exists for the claim. Select **Go to Details** to review this request.
  6. In the Appeals application, select the action menu ( ) on the appeals card and choose **Complete Dispute Request**.
  7. On the Complete Dispute Request window, enter all required information outlined in the following sections, and then select **Submit Request**:

**Tip:** The step wizard at the top of the Complete Dispute Request window tracks your progress. When you select **Yes** to add additional claims to the dispute request, select **Next**, and then enter information in the required fields. At the bottom of each page, select **Next** until you are ready to submit the request.

    - *Request Reason:* Select an option from the drop-down.
    - *Please explain the supporting rationale for your request:*
      - Enter the explanation for your request. You can enter up to 2000 characters. Provide as much detail as possible, which helps in expediting your request.
      - Optionally, select the check box if the claim impacts other members and enter the date ranges in the field. Simply and CHA evaluate the claims on file for the other members in the date range that you specify.
    - *Contact information:* Specify how you want the payer to contact you about this dispute by selecting a value, **Web** or **Mail**, from the drop-down:
      - By default, the value is **Web**, which means that communications from the payer about this dispute will be through Availity Essentials.
      - Choosing **Mail** indicates that you will receive a copy of the appeal decision via paper mail.
    - *Upload Supporting Documentation:*
      - In the Upload Supporting Documentation section, review the number of files you can upload at a time, the maximum file size, and the supported file types. Select **Submit Request**.

#### How to check the status of a claim/dispute/submission:

1. From the Availity Essentials homepage, select Claims & Payments > Appeals.
2. You can search for the appeal by scrolling or by choosing **Filter** to refine your search.
3. For further assistance, you can select **Watch a demo for Appeals** at the top of the page.

#### Prior authorization submissions/status inquiries

##### Submissions:

1. From the Availity Essentials homepage, select **Patient Registration**.
2. From the drop-down, select **Authorizations & Referrals**.
3. Choose **Auth/Referral Inquiry** or **Authorization Request** (both will take you to the same site).
4. Select your Organization (if required), the Payer, and choose **Submit**.
5. You will be routed to the Interactive Care Reviewer site. Select **Accept**.

6. Select **Create New Request**.
7. Follow the prompts and complete the required fields: Patient Details > Service Details > Provider Details > Request Summary > Clinical Details.
  - In Clinical Details, clinical notes and supporting documents can be uploaded.

#### Status:

1. From the Availity Essentials homepage, select **Patient Registration**.
2. From the drop-down, select **Authorizations & Referrals**.
3. Choose **Authorization/Referral Inquiry** or **Authorization Request** (both will take you to the same site).
4. Select your Organization (if required), the Payer, and select **Submit**.
5. You will be routed to the Interactive Care Reviewer site. Select **Accept**.
6. You can look for the status of the request under My Organization's Requests or search using Search Submitted Requests.

#### Provider online reporting

##### Register user *(only needs to be completed once)*:

1. From the Availity Essentials homepage, select Payer Spaces > Simply and CHA.
2. Select **Provider Online Reporting**.
3. Select your Organization and **Submit**. You will be redirected to a page with the message, "Welcome to Provider Online Reporting."
4. On the left side of the page, select **Register/Maintain Organization** to register your organization's tax ID to the applicable program:
  - a. Select **Register Tax ID** and select your tax ID for each program listed (such as Member Panel Listing, Member Reports, or Reports).
  - b. Select **Register User(s)** located under Maintain User to grant report access to users. From the drop-down, choose **Member Reports**.
  - c. Complete all the fields, then select **ADD TO PREVIEW** and save.
  - d. Next, select Member Panel Listing from the drop-down on the Register User(s) page and complete all the fields, select **ADD TO PREVIEW**, and save.
  - e. Continue selecting the different items from the drop-down and completing the fields on the Register User(s) page until each program has been selected and completed.

##### Once registered, you will be able to download reports:

1. From the Availity Essentials homepage, select Payer Spaces > Simply and CHA.
2. Select **Provider Online Reporting**.
3. Select your Organization and **Submit**. You will be redirected to a page with the message, "Welcome to Provider Online Reporting."
4. On the left side of the page, select **Report Search**. Choose the program (such as Member Panel Listing, Member Reports, or Reports) that holds the report you wish to download.
5. After completing the required fields, an Excel file will be available for download.

## Technical reference

#### What are the technical requirements to access Availity Essentials?

- A computer with high-speed internet access
- Microsoft Internet Explorer 11.0 (or higher), Google Chrome, or Firefox

- The ability to enable pop-up windows, allow JavaScript, and allow images to load automatically

### Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to <https://Availity.com> and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section of our provider website for the appropriate contact.