

December 2019

Availity Portal pocket guide

Quick and easy access to:

- Eligibility and benefits inquiries
- Claim submissions/status inquiries
- Claim payment disputes/appeals
- Prior authorization submissions/status inquiries
- Provider online reporting (rosters, inpatient census, etc.)
- Training opportunities

How to register

Go to <https://www.availity.com>:

- Select **Register**.
- Select **Providers** as your organization type.
- Follow the prompts until you have completed the registration process.
- You will receive an email confirmation once you are registered.

What is an administrator?

Each provider organization registering for the Availity Portal 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 the Availity Portal. It is recommended that the administrator set up one of their users as an administrator assistant in Availity to avoid business disruption if the administrator is not available for a length of time or leaves the organization.

Eligibility and benefits inquiries:

- From the Availity homepage, select **Patient Registration**.
- From the drop-down, select **Eligibility and Benefits Inquiry**.
- 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.
- To see coverage and benefits information, select **Coverage and Benefits**:
 - Review details of the service type.

Availity training demo: <https://availitylearning.learnupon.com/enrollments/22009543/details>

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Claim submissions/status inquiries

Submissions:

- From the Availity homepage, choose **Claims & Payments** from the top navigation.
- Select **Professional Claim** or **Facility Claim** to check the participating payer.
- Select the payer first and complete fields in the order they display.
- Complete required fields and optional fields based on the claim you are submitting.
- Select question mark icons next to fields to use field-level help.
- Select **Submit**.

Status inquiries:

- Select Claims & Payments > Claim Status and Remittance Viewer > Claim Status.
- Select the payer and continue.
- Complete required fields and submit.
- Select claim cards on the left to review details on the right.

We encourage the submission of claims electronically through electronic data interchange (EDI). Most of you know Availity as a web portal or claims clearinghouse, but it is much more. Availity is also an intelligent EDI gateway for multiple payers and will be the single EDI connection for Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply).

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:

- From the Availity homepage, select Claims & Payments > Claims Status.
- Complete the required fields for provider information, patient information and claim information.
- Select **Submit**. The claim information will appear on the screen.
- Choose **Dispute Claim** to add the claim to the *Claim Worklist*.
 - Selecting **Dispute Claim** *does not* mean that the appeal has been sent to the health plan for review. You must follow a few more steps!

- A window will appear stating that your claim has been successfully added to your worklist. Choose **Go to Appeals**.
- You will be taken to a new screen. This is your *Appeals Worklist*. The status of your appeal will be categorized into one of the following colors/statuses:
 - Black: appeals in the initiated status that have not been submitted to the health plan
 - Yellow: appeals that have been submitted and are in process
 - Gray: appeals that are finalized and have been reviewed by the health plan
- Select the appeal (black) that you want to send to the health plan for review.
- Select the action menu (☰) and choose **Complete Dispute Request**.
- Complete the required fields in the *Complete Dispute Request* window:
 - *Request Reason*: Choose an option from the drop-down.
 - Please explain the supporting rationale for your request.
 - The issue has impacted claims for other members/this issue has impacted additional claims for this member.
 - If a similar issue is occurring in more than one claim, check the appropriate box.
 - Contact information: Select **web** or **mail** from the drop-down.
 - Choosing **web** indicates that you will receive notification of the appeal decision via the Notification Center in Availity.
 - Choosing **mail** indicates that you will receive a copy of the appeal decision via paper mail.
 - *Upload Supporting Documentation*:
 - Select **Add File**. This is where you can upload a spreadsheet of the claims you are disputing, a screenshot, a letter or anything else that supports your request for a payment dispute. Be mindful of the file name restrictions listed on this screen.
 - Select **Submit Request**.

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

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

Prior authorization submissions/status inquiries

Submissions:

- From the Availity homepage, select **Patient Registration**.
- From the drop-down, select **Authorizations & Referrals**.
- Choose **Auth/Referral Inquiry** or **Authorizations** (both will take you to the same site).
- Select the payer and continue.
- Complete the required fields and choose **Submit**.

- You will be routed to the Interactive Care Reviewer site. Select **Accept**.
- Select **Create New Request**.
- 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:

- From the Availity homepage, select **Patient Registration**.
- From the drop-down, select **Authorizations & Referrals**.
- Choose **Auth/Referral Inquiry** or **Authorizations** (both will take you to the same site).
- Select the payer and continue.
- 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):

- From the Availity homepage, select Payer Spaces > Simply Healthcare.
- Select **Provider Online Reporting** and choose **Simply Healthcare** from the drop-down.
- Select **Submit**. You will be redirected to a page with a message that states "Welcome to Provider Online Reporting."
- On the left side of the page, select **Register/Maintain Organization** to register your organization's Tax ID to the applicable program:
 - Select **Register Tax ID** and select your tax ID for each program listed (Member Panel Listing, Member Reports, Reports, etc.).
 - Select **Register User(s)** located under *Maintain User* in order to grant report access to users. From the drop-down, choose **Member Reports**.
 - Complete all of the fields, then select **ADD TO PREVIEW** and save.
 - Next, select Member Panel Listing from the drop-down on the *Register User(s)* page and complete all of the fields, select **ADD TO PREVIEW**, and save.
 - Continue choosing 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:

- From the Availity homepage, select Payer Spaces > Simply Healthcare.
- Select **Provider Online Reporting** and choose **Simply Healthcare** from the drop-down. Select **Submit**. You will be redirected to a page with a message that states "Welcome to Provider Online Reporting."
- On the left side of the page, select **Report Search**. Choose the program (Member Panel Listing, Member Reports, Reports, etc.) that holds the report you wish to download.
- Complete the required fields and an Excel file will be available for download.

Training opportunities:

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

What are the technical requirements to access the Availity Portal?

- 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.

Whom should I call if I have questions about the Availity Portal?

Contact Availity Client Services at **1-800-AVAILITY (1-800-282-4548)** or select **My Support Tickets** under *Help & Training* from the top navigation.

Availity Portal Client Services is available Monday to Friday, 8 a.m. to 7 p.m. ET (excluding holidays).