

Provider's Frequently Asked Questions

Availity in California

Who is Availity®?

Availity is a multi-payer portal at availity.com that gives physicians, hospitals and other health care professionals access to multiple payer information with a secure single sign-on.

Why is Anthem Blue Cross teaming with Availity?

Availity offers a variety of additional online solutions to help reduce administrative costs by eliminating paperwork and phone calls. Our relationship with Availity will help streamline transactions and processes. This will help reduce the amount of paperwork for medical practices allowing you to spend more time with your patients.

What are the technical requirements to access Availity?

All you need to access Availity is:

- A computer with Internet access. High speed is recommended for best results.
- Microsoft Internet Explorer 6.0 or greater which supports 128-bit encryption.
- A 1024 x 768 or greater pixel display for best results.

Is Availity HIPAA compliant?

YES. Availity is HIPAA compliant.

How does Availity protect the privacy and security of health information?

Information is protected by registration and can only be accessed by designated Availity users. Availity does not store health information; it only exchanges the information in strict compliance with privacy laws and regulations as necessary to complete the range of transactions performed by participants.

Is there a charge to use Availity?

NO. The standard Availity health plan transactions including eligibility and benefits, claim status inquiry, online pre-certification for AIM Imaging and Specialty Drug and Radiation Therapy Requests*, Clinical Messaging , CareProfile and Secure Messaging** are available at no charge to physicians, hospitals and other health care professionals. There are no set-up fees, monthly fees or per-claim fees charged to providers for these transaction types.

*** You first must be registered for ProviderAccess to have this functionality.*

If I'm already registered for ProviderAccess, do I also need to register for Availity?

YES, Availity requires you to register directly on Availity and obtain a user ID and password. Once logged into Availity's network, you will have the ability to transact with multiple health plans, eliminating the need to visit multiple sites and remember multiple passwords. *It is not necessary for a provider to first register with ProviderAccess for access on Availity**

* The only exception is for online pre-certification for AIM Imaging and Specialty Drug and Radiation Therapy Requests and Secure Messaging. These features require providers to first be registered for ProviderAccess.

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So what does this mean for ProviderAccess? Is the tool going away?

YES. Eventually, but not until all existing functionality has been made available on Availity. Currently, some value-added functions, such as on-line remits, medical referral & Prior-Auth Inquiry, and Zagat are only available on ProviderAccess. However, we plan to transition functionality like on-line remits to Availity exclusively in the near future. The transactional functionality will be migrated first, which means rolling out the core Availity functionality and then disabling the comparable links on ProviderAccess as providers begin to migrate. Separately, we are working with Availity to build an “app store” type of functionality through which proprietary information can be made available such as fee schedules, provider manuals, Zagat, medical policy, etc. The combination of the transactional functionality and access to proprietary information will allow us to fully sunset ProviderAccess. The app store platform is currently under development with Availity.”

What is a Primary Access Administrator (PAA)?

Each provider organization that registers for Availity will designate a Primary Access Administrator (PAA). The PAA will perform the account administration functions, such as registering new users, assigning business functions to users, revoking user access if needed, and controlling the organizations information within Availity.

What services are available through Availity?

The Availity portal offers the following transactions for providers treating Anthem Blue Cross members, FEP, and BlueCard® members from out-of-state plans:

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Secure Messaging*
- AIM Imaging and Specialty Drug and Radiation Therapy Request*
- Clinical Messaging
- CareProfile®
- Coming Soon! Certificate of Coverage

**Note: You first must be registered for Provider Access to have this functionality.*

Eligibility & Benefits Results

Why are detailed benefits not provided on the members covered under a Medicare supplemental plan?

Benefits are not listed for these member plans as it is understood that the supplemental plan will pick up whatever Medicare does not pay up to the allowed amount for the services rendered.

Clinical Messaging

What is Availity’s clinical messaging service?

Clinical messages are new functionality available on the Availity Health Information Network for Anthem Blue Cross. It allows clinical messages to be displayed when running an **Eligibility & Benefits Inquiry** for a patient. These messages direct your attention to targeted, personalized

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patient information with the intent to promote patient healthcare compliance and create greater awareness regarding disease symptoms, and health risks. Clinical Messaging can also be accessed through CareProfile.

What type of information is in a clinical message?

Messages contain a variety of important information on the member's health, such as:

- Patient healthcare compliance.
- Patient triggered information and wellness tips.
- Patient specific information on medications the patient has been prescribed.

Why are clinical messages important?

- Clinical messages help you better treat patients by improving quality and compliance making information about a specific patient available to you at the point of care.
- These clinical messages strengthen the patient/provider relationship by providing information which may not otherwise be readily accessible to you.

What is the Feedback Form on the clinical message?

Clinical messages allow for your feedback by updating and/or correct a patient's record. On the last page of the clinical message is a document for you to complete and fax to the number provided on the form. The feedback form is the same form that is currently mailed to providers and has "Patient Highlights" at the top.

Note: the ID number showing on the form is the patient's internal MyHealth Advantage number, not the true HCID.

How do I access Clinical Messages?

There are two ways to view Clinical Messages:

- First, after running an **Eligibility & Benefits Inquiry**, up to three Clinical Messages will appear at the top of the screen. The first two messages are the most clinically significant (*the most highly weighted in algorithmic processing of the data*), and a message relating to the availability of the Medication Graphic.
- Second, if your Primary Access Administrator (PAA) has granted the user **CareProfile** access, the user will see a **CareProfile** link on the top right hand side of the screen and the user can click on that link for more details or to check to see if the patient has more than three clinical messages. In addition, the user will be able to access from the left navigator **CareProfile** and access all clinical messages for the patient. (*See information on **CareProfile***)

Will I see Clinical Messages for all Anthem Blue Cross patients?

NO. Clinical messages are available for over 10 million members including all of Anthem Blue Cross fully insured, Medicare Advantage, 500+ ASO within National and Local accounts who have purchased this enhancement, and FEP. In addition, these members are a part of MyHealth Advantage, a program that communicates issues like poor medication adherence and overdue tests and then sends the member a personalized and confidential message through the mail called a MyHealth Note.

Does all Medical Information appear for a patient?

NO. Sensitive messages are suppressed. Sensitive messages consist of information related to certain medical conditions, such as mental illness, substance abuse, HIV/AIDS, sexually transmitted diseases, or abortion. This sensitive data is available in **CareProfile**.

Who should be contacted if there are questions about the Clinical Information?

You would normally fax the feedback form to the number displayed on the form. However, if you wish to call, you can utilize the MyHealth Advantage Call Center at 866-408-7197.

Is a member able to opt-out of Clinical Messaging?

Members can opt-out of receiving MyHealth Notes mailings. When opting out, unless they expressly say “and don’t send anything to my doctor either” we do not cease Clinical Messaging. However, if a member specifies that no messages are to be sent to their doctor, this information will not be displayed.

How often will the same message appear for the same user? The message will reappear, if still pertinent, following the next data analysis. This analysis is typically performed at 30 day intervals.

CareProfile**What is CareProfile?**

CareProfile is a claims-based electronic medical record which provides 24 months of a patient’s most recent medical history from Anthem Blue Cross across all health providers. It is a consolidated view of a patient’s care across providers, including diagnoses and procedures, hospital and physician visits, radiology history, immunizations, medication history, lab orders and results. Integration of clinical messaging into the **CareProfile** provides a medical history combined with clinical insights.

What is the advantage of using CareProfile?

CareProfile gives you more information about a patient at the point of care. The advantages of accessing **CareProfile** include:

- Improving the speed of patient history intake, reducing clinician time and improving productivity.
- Allowing you to determine, at the point of care, what health care services other providers have rendered.
- Minimizing the need to rely on patients to remember medical and medication history, including prescriptions and dosages.
- Better informed exams and decision making.

How does an individual user access CareProfile?

Your designated PAA will need to determine which users should have access to **CareProfile**, and assigns the **CareProfile** role to each appropriate user. Once a user is assigned the **CareProfile** role, he/she will be able to continue to access **CareProfile** either from the **Eligibility & Benefits Inquiry** screens or by submitting a standalone inquiry using the left side navigation menu. If your PAA has previously given the user access to **CareProfile** for other carriers, then the user will automatically receive access for Anthem.

Are all medical records included in CareProfile; even sensitive information?

YES. The screen will display the message: *"May include sensitive information, does the user want to proceed?"* When you opt to proceed, all data is presented in **CareProfile**. A record is kept of this response and your user information. If you opt not to proceed, data will not be presented.

Is this information secure and compliant?

YES. These electronic medical records are fully secure and compliant with regulatory requirements. **CareProfile** adheres to Continuity of Care Record (CCR) and Continuity of Care Document (CCD) standards.

Is there reporting available for CareProfile?

YES. **CareProfile** provides an Access Audit Report so the PAA knows who is accessing this functionality and for what patient.

Who should I call if I have questions about Availity?

You should contact **Availity Client Services** toll free at **800-Availity (800-282-4548)** or e-mail questions to support@availity.com. Availity Client Services is available Monday through Friday, 5 a.m. to 4 p.m. PST (excludes holidays).

What is the difference between EDI, Availity and ProviderAccess?

Electronic Data Interchange (EDI) allows you to submit claims, retrieve remittance advices and retrieve claim file acknowledgements from your computer system via modem and phone lines directly to and from the insurance carrier or clearinghouse.

Availity offers both a multi-payer portal and an EDI clearinghouse. The multi-payer portal that Anthem Blue Cross is recommending optimizes the flow of information between health care stakeholders (including professional and facility providers, health plans, pharmacies and others) through a secure internet-based exchange. In addition, Anthem Blue Cross encourages you to continue submitting claims through your current vendor or clearinghouse.

ProviderAccess is a secure site that gives you a wide range of online tools and resources to perform daily tasks. ProviderAccess is the provider portal available in California. ProviderAccess offers the convenience of accessing online services to confirm coverage and check claims, make inquiries for referrals and pre-authorizations, obtain copies of remits, view claim edit rules on Clear Claim Connection™, download commonly used forms, reference materials, provider manuals and view policy and procedure information.

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Is Availity going to replace MD On-Line?

NO. MD On-Line will remain available.

Can AIM Specialty Health be accessed through Availity?

YES. You must first be registered for ProviderAccess to have this functionality.

For other assistance:

Are there any demos or training available?

Assistance for Providers not yet registered for Availity:

- **Availity On-Line Demos** – Providers can view a demo prior to registering for Availity to see the functionality available on-line. Go to www.availity.com select the **Demo** tab, and then select the **Explore Demonstration** button. This will route you to the Availity Log In page. You do not need to have a user name and password, just select the **Log In** button. Select **California** from the drop down list, and press **Enter**. Next, select the links under the left side of the page to see an interactive demonstration of that specific functionality. Select the plus sign “+” next to the topic you’d like to view to see a full list of demonstrations.

Assistance for Providers already registered for Availity:

- **Availity Help** – Once logged into the Availity portal, click the **Help** link at the top of the page. Browse the books and topics as necessary. When selecting the **Help** link on Availity, the help topics listed will be applicable to the page that you are on. To look up other help topics, simply enter in a keyword in the “search” box in the upper right hand corner of the **Help** page.
- **Free Training** – For an animated demonstration of many tasks available on the Availity portal go to www.availity.com. Once logged into the Availity portal, click the **Free Training** link, then click **Interactive, online demonstrations**. Select the **topic of your choice**, then click the **View Demonstration link**.
- **Live Webinar Training** – Availity offers live training conducted by phone and teleconferencing tools. To see the schedule and enroll, once logged into the Availity portal, click **Free Training** at the top of any page. Click **Live Webinar Schedule**. To enroll, click a webinar title and complete the registration.
- **On-Demand Webinar** – Availity offers a recorded webinar that can be completed at you convenience, on various topics, as an alternative to a ‘live’ webinar. To see the schedule and enroll, once logged into the Availity portal, click **Free Training** from the top navigation menu. On the Availity training page, click **Recorded Webinars and Presentations**. Choose your topic and view the recording.
- **Field Help Level** – This feature offers quick information about individual fields within an inquiry. Click the **blue question mark** next to an Availity field with which you need help. A small pop up window displays the information.

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