Blue Cross
Blue Shield
Blue Care Network
of Michigan

Availity®

Welcome to Availity

BLUE CROSS AND BCN'S NEW PROVIDER PORTAL

0.21
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SPECIAL EDITION / MARCH 2022
UPDATED JUNE 2022

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We've created this special edition newsletter to help you transition to our new provider portal and introduce you to some of the benefits the Availity Essentials provider portal has to offer.

This newsletter takes you through some of the functionality for the new portal and gives you important timeline information and action steps you need to take so you don't miss a beat during our portal transition. Be sure to share this information with others in your office who access online information for Blue Cross Blue Shield of Michigan and Blue Care Network.

Don't forget to check out our tips throughout this issue as well as information on getting started with Availity, finding resources and accessing training.

CONTINUE

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

Welcome to Availity

We looked at our opportunities to offer an enhanced online experience back in 2019 and found that the new portal meets many of the criteria that you told us matter to you. Moving to Availity offers the following improvements over Blue Cross and BCN's Provider Secured Services and web-DENIS:

- Consistent benefit and eligibility functionality across product lines, including an enhanced patient ID card image

- The ability to check referral and authorization requirements for a specific procedure and patient and link to the appropriate system to submit the request

- An automated clinical editing appeals process, including the ability to upload related documents

- A search function for content on the website and the ability to select favorite tools for quick access

Why we chose Availity Essentials

Availity's expertise is in building and managing a provider portal with tools that are easy and useful to health care providers. They continually seek provider feedback to improve their website for all users.

Other benefits include:

- A single login and password that lets you check eligibility and benefits or the status of a claim for patients with coverage from multiple health plans without logging into different systems. When you have an Availity account in Michigan, you'll have immediate access to view other Michigan payers who also use the Availity provider portal.

- Customized tools within Availity for Blue Cross and BCN information will better meet your needs.

- Express Entry lets you set up specific providers in the system so you can click on them from a dropdown menu and have information automatically populate. This means you don't have to retype data, such as NPI numbers or provider names.

- Access to Blue Cross- and BCN-specific resources through a dedicated payer space. Alerts will be posted there instead of on web-DENIS.

- An improved search helps you find any patient, not just the subscriber.

How to stay up to date on the information you need for this transition

- Read Blue Cross and BCN's provider publications, *The Record* and *BCN Provider News*, to learn the latest information about the transition to Availity Essentials. We encourage you to *subscribe* if you haven't already.

- Watch for communications from Blue Cross, BCN and Availity announcing new features and training opportunities.

- Review the Blue Cross and BCN *Frequently Asked Questions* document.

Where to get help

For Availity Client Services call **1-800-AVAILITY (282-4548)** or, within Availity, click *Help & Training* and then click on *Availity Support*.

ARTICLES IN THIS ISSUE

Timeline for transitioning to Availity

Here are the important dates for the Blue Cross and BCN transition to the Availity® provider portal.

March 19, 2022

- **If you already have access to Availity** — The Blue Cross Blue Shield of Michigan and Blue Care Network provider portal within Availity became available to you March 19, 2022. You can use the information within Availity for all your Blue Cross and BCN business. Check out *Help & Training* within Availity and use "BCBSM" in the search tool to find Blue Cross- and BCN-specific training.

April 18, 2022

- **If you don't have access to Availity** — You should register for Availity access April 18 or soon thereafter. Select an Availity administrator for your office. Have the administrator register and then add users and user roles. For details, go to *Register and Get Started with Availity Essentials*. Once access is granted, begin training using the *Help & Training* link on the Availity homepage.

Summer 2022

- **Access to web-DENIS ends** — The last day you can use all of Blue Cross Blue Shield of Michigan and Blue Care Network's Provider Secured Services and web-DENIS tools happened on June 21. Beginning June 22, 2022, a phased retirement began. A list of the applications that have been removed from Provider Secured Services and are now available only within the new Availity provider portal can be viewed at *Applications removed from Provider Secured Services*. If you don't already receive emails for our provider newsletters, *subscribe today*. And, make sure you're registered for Availity, have finished training, and know how to find the tools you need within Availity before Provider Secured Services and web-DENIS are retired.

*web-DENIS and Provider Secured Services retirement date to be announced

Make sure you're subscribed to our newsletters

To stay up to date on our move to Availity Essentials and ongoing changes, make sure you're subscribed to *The Record* and *BCN Provider News*.

This special edition newsletter serves as an overview for Blue Cross and BCN's transition to the Availity Essentials provider portal. We'll continue to keep you notified of any changes and new functionality in future issues of our provider newsletters.

You can subscribe to any of our provider newsletters on our *Provider Newsletters webpage*. Our newsletters include:

- *The Record* — Our primary newsletter focusing on Blue Cross products and information

- *BCN Provider News* — Our primary newsletter focusing on Blue Care Network information

- *Blues Brief* — Short summaries and updates on Blue Cross and BCN for providers, office managers and billers

- *Hospital and Physician Update* — A publication for physicians and hospital executives

- *Value Partnerships Update* — A newsletter for physician organizations and participants of Blue Cross' Value Partnerships programs

- *Dental Care News* — For dental care providers

Also, see our archive pages for *The Record* and *BCN Provider News* to view articles we've already posted about Availity.

Getting started with Availity: Registration

Here's what you need to do to get started with Availity so you can continue to access Blue Cross and BCN information as it transitions to Availity Essentials.

On Availity, you need your own secure user ID and password that will give you access to work with Blue Cross, BCN and other participating payers in Michigan.

- **If your organization is already registered with Availity**

  It's possible the only action you'll need to take is training on Blue Cross- and BCN-specific features in Availity. If you don't currently have access to Availity, your organization's Availity administrator will be able to set you up with an account with the permissions you need. Once you have access, participate in Blue Cross and BCN-specific training. If your organization uses Health e-Blue or e-referral, see the article titled *e-referral and Health e-Blue require Availity administrators to complete additional tasks*.

- **If your organization isn't already registered with Availity**

  It's time to start the registration process. It's easy. Here's how it works:

Select an administrator

First, your organization will need to designate an Availity administrator who will complete the registration process. Typically, this is an office manager. While each organization can only have one primary administrator, there are other administrator roles you can assign to help with certain tasks. Below is the information your administrator will need to complete the registration process:

- Basic information about your practice, including your federal tax ID and NPI

- Permission from your organization's legal authority, such as an owner or senior partner, to agree to Availity's *Organization Agreement* on behalf of your organization

Looking for more guidance?

💡 **Tip:** Before completing the registration steps below, please review the system requirements available on the Availity *Register for access webpage* by scrolling down and clicking on the *Requirements* tab.

Availity offers several options if your designated administrator is looking for a guided approach to getting started. The *Register and Get Started with Availity Essentials* webpage offers access to live and recorded training opportunities, and job aids to assist you.

💡 **Tip:** If your provider organization doesn't have a national provider identifier, click the above link, start the course, click *What should I know before getting started?* and look for the *Atypical Providers* section.

Registration steps for your designated Availity administrator

1. Go to the Availity *Register for access* webpage.

2. Move your cursor over the *Providers* tile and click *Register*, then confirm that selection by clicking *Yes*. Availity displays the Create Account page. (If you're a billing service, select *Billing Services*.)

3. After you complete the form fields on the Create Account page, click *Continue*. The Availity registration wizard will guide you through the remaining process.

4. After you complete your registration, Availity will send you emails that include your next steps and temporary password. You may then begin adding other users for your organization.

Note: Refer to the *Add Users* help topic within Availity to learn how an administrator can add users, either one at a time or with a spreadsheet. To view or print this help topic, you must be registered with Availity. Log in to Availity at *availity.com*. Click on *Help & Training*, click *Find Help*, then click *Administrators*, and lastly click *Add user*.

5. Your Availity administrator needs to take action to set up some tools within Availity. See *e-referral and Health e-Blue require Availity administrators to complete additional tasks*.

Help with registration

For registration assistance or a status update, call Availity Client Services at **1-800-AVAILITY (282-4548)**. Assistance is available Monday through Friday from 8 a.m. to 8 p.m. Eastern time (excluding holidays).

How to find your Availity administrator

If you already have access to Availity:

1. Log in to Availity.

2. Click on your name (in the top navigation) and click *My Account*.

3. Click *Organization(s)*.

4. Click *Open My Administrators*.

If you don't have access to Availity, call **1-800-AVAILITY (282-4548)**.

Availity training opportunities

Whether you're new to Availity or you've been using Availity for a while, we hope you'll take advantage of the free training opportunities that will teach you the basics of working on Availity, tips to save you time and the details about how Blue Cross Blue Shield of Michigan and Blue Care Network's information is displayed in the multi-payer platform.

How to find Blue Cross- and BCN-specific training

Once you're registered on Availity and have a login and password, you'll want to jump into training. Availity is offering several Blue Cross- and BCN-specific webinars to help you. There are two ways to access this training:

- Click the *Availity Get Up to Speed with Training webpage* designed specifically for Blue Cross and BCN.

  This page provides you with the latest dates and times for Blue Cross- and BCN-specific webinars. You can register for the webinars, download handouts and view webinar recordings from this website by clicking on the link and signing into Availity.

- You can also find the same information within Availity by clicking *Help & Training* in the top navigation, then clicking *Get Trained*. This takes you to the Availity Learning Center where you can use "BCBSM" to search for Blue Cross- and BCN-specific live training sessions and view recordings of previous webinars.

What Blue Cross- and BCN-specific training is available?

You can choose from these webinars:

- **Availity overview, payer spaces, eligibility & benefits** — This webinar provides an overview of the Availity portal with navigation, introduces you to Blue Cross and BCN's payer space and trains you how to check eligibility and benefits for your patients.

- **Authorization request and referral request** — This webinar walks through how to determine if an authorization or a referral is required for certain services and how to submit the requests.

- **Claim status and clinical editing appeals** — This webinar teaches you how to check the status of a claim submitted to Blue Cross or BCN and how you can appeal a clinical editing decision.

- **EFT enrollment and remittance viewer** — This webinar reviews how to enroll to receive electronic fund transfers and electronic remittance advices from Blue Cross and BCN and shows you how to use the remittance viewer to find information.

- **Claim submission** — This webinar is for providers who currently use the Internet Claims Submission Tool within Blue Cross' Provider Secured Services website. This webinar will describe Availity's tool for direct entry claims submission. You do not need this training if you have your own claims software or use a vendor or a clearinghouse for claims submission.

Additional training available within Availity

While we highly encourage you to take advantage of the Blue Cross- and BCN-specific webinars described above, there are also many general trainings available within Availity that you can explore. You can find these in Availity by clicking on *Help & Training* in the top navigation and then clicking *Get Trained*.

For more information about Availity help and training, see the article in this issue titled, *Where to go for help*.

We hope you'll take advantage of the learning opportunities that work best for you, whether that's a live webinar, a recorded training or other online help options.

Where to go for help

There's always something new to learn.

As the landscape of health care continues to change, the Availity Learning team is continually developing new support content, such as:

- Webinars to introduce audiences to Availity tools

- Product demos showing how to get the most out of the Availity portal

- Industry health care training that includes continuing education units (CEUs) for medical professionals

- Help topics with detailed steps for completing a transaction

- Monthly updates on new and evolving tools

How to find help

To access all the helpful resources on Availity, you can log in to Availity and use the *Help & Training* menu for these options:

- **Find Help** — Use this option to search for up-to-date help topics and read the release blog to review what new fixes and enhancements have been implemented on Availity. To compare how to find and perform functions in Availity to Blue Cross and BCN's Provider Secured Services, search "BCBSM" to view a crosswalk document.

- **Get Trained** — Go to the Availity Learning Center (ALC) to search for Availity product and health care industry training. The ALC defaults to the Catalog, Courses page. For recorded training, click the Catalog icon (that looks like a file folder) in the **Search** field and select the course you want to view. For live training, click *Sessions* and then view the list for Blue Cross Blue Shield of Michigan and Blue Care Network or view other generic training you need. For Blue Cross- and BCN-specific training, see the article in this issue titled *Availity training opportunities*.

- **Availity Support** — This brings you to the Availity Support Community where you can get help with Availity tools. Select the Contact Support option to open an e-ticket or chat with Availity Client Services. The Availity Client Services phone number is also listed here.

- **View Network Outages** — Here's where you would go to stay informed about known issues and payer alerts.

Throughout Availity applications, you will see question marks. If you click on the question mark, this will open a help window to describe the section of the application you're in.

Where to call for help

Call Availity Client Services at **1-800-AVAILITY (282-4548)**. Assistance is available Monday through Friday from 8 a.m. to 8 p.m. Eastern time (excluding holidays).

e-referral and Health e-Blue require Availity administrators to complete additional tasks

Please make sure your Availity administrator takes the following actions to set up the e-referral and Health e-Blue^{SM} tools within Availity Essentials.

- If your office is new to Availity, see *Getting started with Availity: Registration* to learn how to select an Availity administrator.

- If your office is registered with Availity, but you need to determine who your organization's Availity administrator is, see *How to find your Availity administrator*.

The instructions below have been updated. Please refer to this *Provider Alert* 🔔 for the latest steps.

The e-referral tool must be set up within Availity

Your Availity administrator will need to set up the e-referral tool before it can be used within Availity. The administrator must add the providers for which your organization's e-referral users will submit referrals and authorizations. Without these actions, e-referral users will receive this error message when they try to use the tool.

> ⓘ **Warning!** There are no providers enrolled for e-referral Provider Portal for any of your organizations. Please contact your <u>administrator</u> and request that they submit an enrollment for the provider needing access. ✕

Users of e-referral from very large organizations may have so many providers provisioned in e-referral that it's not as easy for users to find the providers they work with frequently. With this in mind, some large organizations may decide to register Availity accounts for separate locations or departments. While this entails some up-front work, it allows organizations to set up e-referral to better meet their needs.

Here's what your Availity administrator needs to do for e-referral.

These tasks must be completed by your organization's Availity administrator, not by each e-referral user.

Task 1: The Availity administrator needs to select specific providers that should be available in Availity applications for your organization. The organization needs to have access through Availity to each physician's NPI in order to use the e-referral tool for that physician. Here's how to do that.

1. Click on *My Providers* on the Availity menu bar.

2. Click *Express Entry*.

3. Click *Add Provider*.

4. If you are the Availity administrator of multiple businesses (organizations), select the organization to which the user is assigned whose account you want to manage.

5. Type in the provider's NPI, then click *Add Provider*.

Task 2: The Availity administrator needs to select the specific providers for whom e-referral users can submit referral and authorization requests. Here are the steps to follow.

1. Click *Payer Spaces* on the Availity menu bar.

2. Click the BCBSM and BCN logo to open the Applications tab within the Blue Cross and BCN payer space.

3. Click *Additional Security Maintenance — Blue Cross/BCN*.

4. Click the *e-referral Provisioning* radio button.

5. If you're the Availity administrator of multiple businesses (organizations), select an organization from the *Organization* dropdown menu.

6. Select *BCBS Michigan and Blue Care Network* from the *Payer* dropdown menu.

7. From the *Select Provider(s)* dropdown, select up to 10 providers for whom your e-referral users will need to request referrals and authorizations within the e-referral tool.

8. Click *Submit Request*.

The action is processed automatically. You can check on the results by clicking on the *History* tab. You can filter to view only actions related to in-state e-referral access. The results of your access request will be noted in the *Status* column as either Approved or Withdrawn. The Withdrawn status indicates the provider is no longer needed in your organization's e-referral access and can be removed. For example, the provider has transferred to another office or organization.

If your Availity administrator adds or removes a provider using the *Additional Security Maintenance — Blue Cross/ BCN* tool, and the change is not immediately reflected in e-referral, please check the following day.

The Health e-Blue tool must be set up through Availity

If your organization uses one of Blue Cross and BCN's Health e-Blue℠ tools, your Availity administrator must take action to ensure users can access Health e-Blue through Availity.

What is Health e-Blue? — Our Health e-Blue tools provide patient health reporting on conditions, treatment opportunities, pharmacy claims, diagnosis gaps and more and are available to the following types of providers:

Tool and plans	Types of providers	
BCN Health e-Blue, for BCN commercial and BCN Advantage℠	• Primary care physicians • Medical care group administrators	
• BCBSM Health e-Blue, for Blue Cross commercial • BCBSM Medicare Advantage Health e-Blue, for Medicare Plus Blue℠ PPO	• Adult, family and internal medicine • General and family practice • Geriatrics • Health clinic practice	• Obstetrics and gynecology • Osteopathy • Nurse practitioner • Pediatrics

Here's what your Availity administrator needs to do to ensure continued access for Health e-Blue users

These tasks must be completed by your organization's Availity administrator, not by each Health e-Blue user.

Task 1: Assign each Health e-Blue user the clinician role in Availity.

1. Log in to Availity. On the upper-right side of the screen, click on your account.

2. Select *Maintain user*.

3. If you're the Availity administrator of multiple businesses (organizations), select the organization to which the user is assigned whose account you want to manage.

4. Click on the user's name.

5. Click *View/edit* under the "Roles" column for the organization to which the user is assigned whose account you want to manage.

6. Select the "Clinician" role.

7. Scroll to the bottom and click *Save*.

Task 2: Identify the physicians for whom reporting will be available in Health e-Blue.

Do one of the following:

- **For physician practices only:** To use Health e-Blue for a physician, you need to give the organization access to each physician's NPI through Availity. (See the instructions in the next column if your organization is a physician organization or a medical care group.)

  1. Click on *My Providers* on the Availity menu bar.

  2. Click *Express Entry*.

  3. Click *Add Provider*.

  4. If you're the Availity administrator of multiple businesses (organizations), select the organization to which the user is assigned whose account you want to manage.

  5. Type in the provider's NPI, and then click *Add Provider*.

- **For physician organizations and medical care groups only:** To use Health e-Blue for a physician, you need to add each physician through Availity.

  1. Click on *My Providers* on the Availity menu bar.

  2. Click *Express Entry*.

  3. Click *Add Provider*.

  4. If you're the Availity administrator of multiple businesses (organizations), select the organization to which the user is assigned whose account you want to manage.

  5. Type in the provider's NPI, and then click *Add Provider*.

  6. Click *Add Additional Identifier(s)*.

  7. Select *Payer Assigned Provider Identifier* from the dropdown menu.

  8. If your organization is associated with multiple payers, select *BCBS Michigan and Blue Care Network* in the Payer Assigned dropdown menu.

  9. Enter the IH code or PO numbers that are needed for Health e-Blue, and then click *Save*.

Tips for finding IH codes and PO numbers

To find your PO number: Log in to **bcbsm.com's** Provider Secured Services and enter either BCBSM Health e-Blue or BCBSM Medicare Advantage Health e-Blue. Click on *Panel – Patient Eligibility*. Your PO number will be listed next to your group name in the PO field.

To find your IH code: Log into **bcbsm.com's** Provider Secured Services and enter BCN Health e-Blue. Click on *Panel – Patient Eligibility*. Your IH number will be listed next to your group name in the PO field.

Task 3: Request access to Health e-Blue through the Blue Cross and BCN payer space in Availity.

1. Click *Payer Spaces* on the Availity menu bar.

2. Click the BCBSM and BCN logo to open the Applications tab within the Blue Cross and BCN payer space.

3. Click *Additional Security Maintenance — Blue Cross/BCN*.

4. Click the *Health e-Blue Provisioning* radio button. Click on the versions of Health e-Blue to which the selected providers need access. These include:

    – BCBS Michigan

    – Medicare Plus Blue PPO

    – BCN (Commercial HMO & BCN Advantage)

5. Select *BCBS Michigan and Blue Care Network* from the *Organization* dropdown list.

6. Select the providers associated with the NPI that is needed for Health e-Blue from the *Select Provider(s)* dropdown.

7. Click *Submit Request*.

You'll need to allow at least seven business days to process the request. To check the status of your request, log in to Availity, follow the first three steps listed under "Task 3" above and then click on the History tab. You can filter to view only actions related to Health e-Blue. Your access request will be listed and the status noted in the Status column. If you have questions about a denied request, send them to *HEBapplications@bcbsm.com*.

Availity special features

Availity has some special features that will make it easier to get your work accomplished. If you're new to Availity, here are some tools you can look forward to using.

Express Entry

Your office administrator should set up Express Entry for your office, adding your providers. Once they're added, you'll be able to select them from dropdown menus in Availity tools, which will save you lots of time. Express Entry can be set up in Availity by clicking on *My Providers*, then on *Express Entry*.

🔆 **Tip:** When you add a new provider in the Express Entry tool, Availity pulls in the provider's information from the National NPI Registry. You should check that this information is accurate and edit it, if needed.

IMPORTANT: When adding providers in Express Entry, be sure to include the NPI and tax ID that the payer has on file for that provider.

Although patient information cannot be added to your organization's Express Entry, the Select a Patient feature allows you to choose from a list of patients for which your organization has submitted an Eligibility & Benefits inquiry through Availity. Beginning Feb. 19, 2022, Availity added two weeks of patients to the list. Patients will continue to be added and will remain on the list for 18 months.

Express Entry will be moving to a new "manage my organization" dashboard in the coming months. You'll find more information about this change within Availity.

My Top Applications

Availity tracks the tools you use most often and displays the four most frequently used tools on the home page under *My Top Applications*.
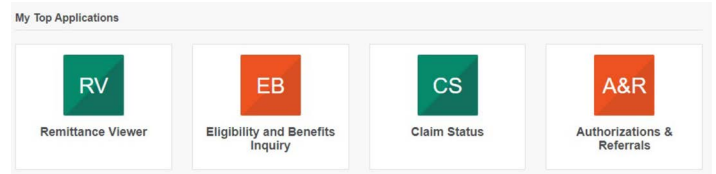

Favorites

Throughout the Availity portal, you'll see hearts next to tools and other resources. You can click on the heart if you want to identify that item as one of your favorites. The items you select as favorites are added to the *My Favorites* dropdown at the top of the home page.

Search

Availity has a keyword search field in the upper right corner of the page. Here are some of the items you can find using the search feature:

- Specific content either available to all or posted within payer spaces (areas with content specific to a certain health plan, such as Blue Cross Blue Shield of Michigan and Blue Care Network)

- An application

- Key help topics, tips and quick links to Availity training

- Diagnosis and procedure codes (you can find them by code or a portion of the code name)
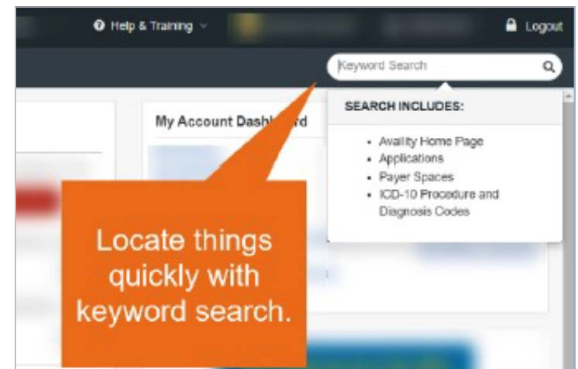
The search feature is not case sensitive, but you'll need to spell the word correctly for the system to find it. So, if you remember seeing a resource or an announcement, but don't remember where it was, type in a keyword and Availity will help you find it.

Eligibility and benefits

Once you get used to looking up members in Availity, you'll notice some improvements over web-DENIS:

- The ID card in the system is an exact replica of the front of the member ID card, and you can save a copy in the patient's electronic medical record for verification purposes.
- Out-of-pocket amounts are shown on the member ID card in the system.
- You can search for a member on a contract if you don't know the contract number, rather than just searching by subscriber.

We've also made sure that we kept functionality that is valuable to you.

- The ID card shows whether the member is active or inactive.
- You can view gaps in care.

To check eligibility and benefits, select the *Patient Registration* field at the top of your Availity home screen. Then, select the *Eligibility and Benefits Inquiry* application.

Member search

Several patient search options are available when using *Member Search*, including an option that doesn't require you to know the patient's member ID.

To narrow down your results, try choosing a search option that includes patient-specific information, such as the patient's first name, last name and date of birth.

Select the *Coverage & Benefits* tab for detailed eligibility and benefits information for the member.

💡 **Tip:** If you have the patient's member ID card on hand, you can simply enter the enrollee ID number and click *Submit* to view search results.

Members will display active or inactive

If a member's ID card in the system is green, it indicates that his or her plan is active as of the date chosen from the *As of Date* field on the inquiry screen.

If a member's card is red, it indicates that his or her plan is inactive as of the date chosen from the *As of Date* field on the inquiry screen.

💡 **Tip:** If you receive a response indicating that the patient's plan is inactive, submit another inquiry using the *Patient Search Option* that does not include the patient's enrollee ID number. The patient may have had a plan change with a new enrollee ID number. (The enrollee ID number may show as "Patient ID" or "Member ID" within Availity.)

Information such as deductibles, copayments, coinsurance, maximum out-of-pocket, limitations and more are listed in the middle of the screen.

A categorized list of frequently viewed benefits information is located on the left side of the screen. You can click the links listed under each benefit or service type to navigate to the corresponding section of the *Coverage and Benefits* screen.

"The breakdown of the benefits for each patient are much more in depth and easy to find and understand than on web-DENIS. Being able to carry over the patient from screen to screen makes workflow much easier as well."

Jennifer West, Haller & Hug, PC, Pilot Participant

Tip: It's best practice to choose benefit or service types that most closely relate to the provider's specialty when submitting inquiries. This ensures that the maximum amount of information for that specialty will be included in the payer's response.

Note: This doesn't indicate a provider's network status.

If you need assistance determining whether you're in a specific provider network, refer to *Finding your plans and networks*.

See gaps in care for patients

While you're checking eligibility and benefits, you can view treatment opportunities so you don't miss an opportunity to close gaps or catch up on important screenings for the patient.

To check, select the *Gaps in Care* option to display a list of care alerts for the member.

The information will display in the form of a pop-up and will begin with any diagnosis gaps that Blue Cross and Blue Care Network have identified, including the status, associated HCC code, a description of the HCC code and ID type for each gap listed.

Treatment opportunities are listed in the bottom half of the window with the status, service type, last service date, last service result (if applicable), and service needed by date for each treatment opportunity listed.

Select the *Save to PDF* option to download a PDF copy of the gaps in care information.

Checking claim status in Availity

You'll be able to check the status of your Blue Cross Blue Shield of Michigan and Blue Care Network claims in Availity regardless of how the claim was submitted. If this is a role you'll need, be sure to ask your organization's Availity administrator to set you up with the claim status role in Availity.

To check claim status, click on *Claims & Payments* and then click on *Claim Status*. After selecting your organization (if you have more than one) and selecting BCBS MICHIGAN AND BLUE CARE NETWORK as the payer, you can follow four easy steps.

1. Start with *Member Search* to select the patient. Once you find the patient, click *Take Action* and then *Select Member*.
2. Click on the *HIPAA Standard form* and select the billing provider.
3. Enter the service date information.
4. Click *Submit.*

Tip: Allow at least 72 hours for the claim to be processed before checking its status.

Once you have your claim status, you'll be able to see line-level information as to what was paid, denied or what's pending. You can print the page or export it to a CSV file. There are also links that will let you verify eligibility or go to the Remittance Viewer for more information.

More information

You can learn more by going to the Availity Learning Center. Within Availity, click on *Help & Training*. Then click on *Get Trained*. In the search bar, select the Catalog icon, which looks like a file folder, and search for *Claims Status — Training Demo*.

The Remittance Viewer in Availity

You can find vouchers and remittance advices in Availity. If this is a role you'll need, be sure to ask your organization's Availity administrator to set you up with the claim status role in Availity.

How will this help me?

The Availity Remittance Viewer allows search options beyond the NPI and check number you're used to in Blue Cross and BCN's Provider Secured Services. Additional search options in Availity include tax ID, member contract number or check / EFT amount. This should make it easier for you to find the information you need.

You're probably used to hearing the terms "voucher," "remittance advice" or "electronic remittance advice," but in Availity, it's possible you may also see the following terms used when referencing the statement you receive from a payer regarding your claim:

- EOB, for explanation of benefits

- EOP, for explanation of payment

For the purpose of this article, we'll refer to all of these as vouchers and remittance advices — both of which will be available on Availity.

- A voucher is the PDF you're used to seeing in Provider Secured Services. This will also be available in Availity once the claim is paid. (Future-dated vouchers will not be available.)

- A remittance advice is an electronic statement in a HIPAA-standard format. This is a new option you'll be able to view in Availity.

To find the Remittance Viewer in Availity, click on *Claims & Payments* and then click on *Remittance Viewer* twice. When you open the Remittance Viewer the first time, you'll see a *Welcome to Remittance Viewer* message that includes a link to a demo on using this tool.

Viewing a voucher

The Remittance Viewer screen has two tabs:

- *Check / EFT*, which opens by default, to search with payment information

- *Claim*, to search with claim information

Note that the dates on the Remittance Viewer are defaulted for the last 48 hours but can be adjusted.

When you're ready to perform your search, click the blue *Search* button.

💡 **Tip:** It's best to search for a couple days before and after the check date (if searching in the Check / EFT tab).

Here are the recommended combinations for searching in the Check / EFT tab. If you don't find what you need at first, try another option.

- Search using only the NPI, and if the results are too broad, add the check amount.

- Delete the above filter and search using the Check / EFT number.

- Delete the above filter and search using the Payee Tax ID and the Check / EFT Amount.

- Delete the above filter and search using the Payee NPI and Check / EFT Amount.

💡 **Tip:** Make sure the date span is correct for each search option.

When you find results, you'll see a row of data. On the right, there will be an Actions column with these options:

- Find the Blue Cross or BCN provider voucher or EFT voucher. This is the same voucher you're used to seeing in Provider Secured Services.

- View a check summary and check details.

- Download a PDF of just the check summary or the check summary with multiple claims per page, or a single claim per page. This PDF is Availity's version of what was contained on the voucher. This is not the Blue Cross or BCN voucher you're used to seeing.

More information

You can learn more by going to the Availity Learning Center. Within Availity, click on *Help & Training*. Then click on *Get Trained*. In the search bar, click the Catalog icon, which looks like a file folder, and search for *Remittance Solutions — Training Demo*.

Claim submission changes for Internet Claims Submission Tool users

Providers who use the Blue Cross direct entry Internet Claims Submission Tool need to take action. Here's what Internet Claims Submission Tool users need to know:

- The Internet Claims Submission Tool will no longer be available once Blue Cross' Provider Secured Services and web-DENIS are retired this summer.

- Availity has a claims submission tool that is available to registered Availity users.

- Blue Cross has sent information to current Internet Claims Submission Tool users regarding this change.

Actions needed by Internet Claims Submission Tool users:

- If you haven't received the information from Blue Cross on the transition from the Internet Claims Submission Tool, refer to the document named *Claims Submission Tool Migration* in the Knowledge Center within the Internet Claims Submission Tool for further instruction.

- If you are changing how you submit your electronic claims to no longer use a direct entry claims submission tool (such as purchasing software, using a vendor or signing up with a clearinghouse), let us know by updating your EDI *Provider Authorization* form. For more information, reference the article, *Keep your Provider Authorization form updated* in the March 2022 issue of *The Record*.

Most electronic claims not affected by the move to Availity

Your claims are **not** affected by the move to Availity if you will continue with your current vendor, clearinghouse or software for electronic claim submission. If this describes your office, you don't need to take action.

New authorization and referral checking and submission tools

Blue Cross and BCN will offer two new tools for you within Availity:

- Authorization Request
- Referral Request

The new Authorization Request and Referral Request tools will allow you to determine if an authorization or a referral is needed for a specific member and service. In most cases when an authorization or a referral is needed, you'll also be able to use these tools to link directly to the right tool to submit the request.

How will this help me?

It can be difficult to know which of your patients require an authorization or a referral and which do not. Blue Cross and BCN have many authorization programs with different vendors. Some of these programs apply only to certain plans, such as only commercial plans, only Medicare Advantage plans or only HMO plans. In addition, in many cases, programs that affect our Blue Cross commercial product can have exceptions for some large, self-funded customer groups. These programs are summarized in this *Summary of utilization management programs for Michigan providers*. However, working from the summary document doesn't provide patient-specific guidance.

Providers told us it would be easier to have a tool that identifies when a specific patient needs an authorization or referral. Now, we have tools that will do this for you. No more guessing. Just type the relevant information into an online form and you'll know what's required and what isn't.

What if I already know if the service requires an authorization or a referral?

If you're familiar with your patients and know which require an authorization or a referral, you can go directly to the authorization tool you usually use. You can find authorization tools by clicking on *Payer Spaces* and then clicking on the BCBSM and BCN logo. Payer space opens to the Applications tab where you'll find links to these tools.

💡 **Tip:** You should always check eligibility and benefits before submitting an authorization or referral request to ensure the patient's coverage is active and the service is a benefit under the patient's plan.

It's important to use the Authorization Request tool for Blue Cross' PPO commercial members. Using the new Authorization Request tool is highly encouraged for Blue Cross' PPO members because this product has many group exceptions to authorization requirements. We currently have a lookup tool in Provider Secured Services for Blue Cross' PPO authorization requirements handled by TurningPoint Healthcare Solutions and Northwood, Inc. and a lookup tool in web-DENIS for authorization requirements handled by eviCore healthcare. The new Authorization Request tool in Availity consolidates these tools and expands to include other services and vendors who handle authorizations on behalf of Blue Cross.

Authorization Request

Here's how to find this tool within Availity:

1. Click *Patient Registration*.
2. Click *Authorizations & Referrals*.
3. Click *Authorization Request*.

> "It's easy to crosswalk with a diagnosis and a procedure to determine if an authorization is needed. It saves a lot of time."
>
> *Rose Barazsu*
> *Nephrology Hypertension Clinic*
> *Pilot Participant*

Note: Within Availity, you'll see another tool called *Auth/Referral Inquiry*. Blue Cross and BCN are not using this tool. To save you time and effort, we have combined our authorization and referral inquiry tool with the request tool so one tool handles both needs.

To use Authorization Request, you'll complete an online form with information about the patient, the service and the rendering provider. You'll then receive a response indicating that the service either requires an authorization or doesn't require an authorization. If an authorization is required, the response will indicate where you should go to request the authorization. You'll be able to save the response as a PDF or send it to a printer for your records.

Submitting an authorization request

If an authorization is required, in most cases you'll be able to click a link and submit your request directly to Blue Cross or BCN or the vendor managing the service. For example, if the service is managed by AIM Specialty Health® or eviCore healthcare, the response will offer a button labeled either "Take Me to AIM" or "Take Me to Evicore" which will allow you to enter AIM or eviCore's system to request your authorization. In most cases, the information you already input into Availity will prepopulate in the vendor's system, saving you time and effort.

Systems and vendors linked from the Authorization Request tool

Here are the systems and vendors that will allow you to click a button within the Availity Authorization Request to directly submit your request.

- AIM Specialty Health®
- CareCentrix®*
- e-referral
- eviCore healthcare
- naviHealth
- NovoLogix®
- TurningPoint Healthcare Solutions LLC

*Some of these systems won't be directly linked initially, but will be added over the coming months.

Referral Request

Here's how to find this tool within Availity:

1. Click *Patient Registration*
2. Click *Authorizations & Referrals*
3. Click *Referral Request*

The Referral Request tool is a simplified version of the Authorization Request tool. With a one-screen form, you'll select a patient, date of service and requesting provider. The response will inform you whether or not this patient requires a referral. The response screen can also be printed or saved as a PDF. If the patient requires a referral, you'll be able to click on a link to access e-referral and complete the referral submission.

Note: The referral tool does not currently differentiate between BCN regional referral requirements. While it won't tell you if the member is subject to the more formal BCN East and Southeast referral submission requirements or the more informal referrals for the rest of the state, the tool will remind you of these regional differences and BCN's e-referral tool will continue to accept referrals for BCN members whether or not they're required.

These new tools are designed to help take the guesswork out of whether an authorization or a referral is needed for any of your Blue Cross or BCN patients and save you time in submitting the request.

Clinical editing appeals can be submitted electronically in Availity

Availity Essentials makes it easier for you to check claim status and file a clinical editing appeal.

To initiate the clinical editing appeals process, first search for a claim through the Claim Status tool and select the claim to view the *Claim Status Details* page. Click the *Dispute Claim* option in the top right corner of the *Claim Details* page to initiate the appeals process.

There's no separate form. The appeals process in Availity allows you to attach documentation while you're in the system. Make sure you submit the accepted file types outlined on the form. It's also helpful to include the service you want us to review in the free-text field with a contact number so we can call if we have questions.

The only appeals accepted through this process at this time are those for claim denials due to clinical editing.

Checking appeal status

The initiated appeal will display in the form of a card. Appeals cards are color coded, depending on their current status. A card with a black bar on the left side indicates that the request has been initiated, but hasn't yet been sent to the payer for review. A status indicator of "Initiated" will be listed at the top of the card.

After you successfully submit the appeal request, the card turns yellow, indicating that the request has been submitted to the payer for review. A summary of all information for the request is listed in the card.

The details page displays the finalized decision along with the decision reason.

Tip: Be sure to review any documents that Blue Cross Blue Shield of Michigan and Blue Care Network have attached to the appeal. They may provide further clarification regarding the reason for the decision.

Tip: You must submit a clinical editing appeal with documentation. The system will not submit to the payer without it.

Important note about second-level appeals

You can request a second-level appeal review for appeals that meet the following criteria:

- Finalized appeal for a Blue Care Network or Medicare Advantage PPO member claim with a sub-status of "appeal not reviewed, lacks documentation."

- Finalized appeal for PPO member claim with any sub-status.

- Second-level appeal review requests must be submitted within **60 days** of the initial appeal. The timeframe is **180 days** from the initial denial for BCN, BCN Advantage and Medicare Plus Blue^SM PPO.

Availity payer space makes Blue Cross, BCN provider resources easier to find

Our payer space within Availity is a one-stop reference for Blue Cross- and BCN-specific provider applications and resources, and offers significant improvements over web-DENIS.

After logging into Availity, click on *Payer Spaces* on the top navigation bar, then click on *BCBSM and BCN*. This will bring you to our payer space, which includes information for both Blue Cross Blue Shield of Michigan and Blue Care Network.

You'll see three tabs:

- **Applications** — Our payer space always opens on the *Applications* tab. This is where you'll find applications specific to Blue Cross Blue Shield of Michigan and Blue Care Network. Examples include e-referral, Benefit Explainer, Health e-Blue^{SM} and Provider Enrollment and Change Self-Service.

- **Resources** — Clicking the *Resources* tab will bring you links to our websites and provider manuals where you can find the information you need.

- **News and Announcements** — This tab will connect you with our provider alerts so you can find breaking or critical news you need to know.

Blue Cross and BCN provider resources are combined

Within the Resources tab, you'll find the new secure Provider Resources website for Blue Cross and BCN within one website. Content that is identical is presented once so you don't have to view multiple pages.

Benefits of the new provider resources website:

- Line of business filters help you easily find content for Blue Cross Blue Shield of Michigan, Medicare Plus Blue^{SM} PPO, Blue Care Network or BCN Advantage^{SM}.

- Alerts replace web-DENIS broadcast messages and are organized by topic so you can quickly find those that are pertinent to you. The line-of-business filter will also help you find those of higher interest.

- A Forms tab pulls together all forms from all sites into one page.

- Blue Cross fee schedules and change schedules are on the same page.

- Content is streamlined so you'll know where to go to find what you need: Navigation tabs include Alerts, Authorizations, Billing and Claims, Fee Schedules, Forms, Member Care, and Products and Publications.

- A search function will allow you to quickly find what you need.

> 💡 **Tip:** How to get to Provider Resources in Availity
>
> - Within Availity, click on *Payer Spaces* in the top bar
>
> - Click on the BCBSM and BCN logo (You'll land on the applications tab.)
>
> - Click on the *Resources* tab
>
> - Click *secure Provider Resources*

Fee schedules in Availity

Availity makes it easier for providers to access fee schedules and schedule changes.

For Blue Cross, you can see commercial fee schedules, DRG weights and the Medicare Plus Blue℠ PPO fee schedule. And we've consolidated the layout so that there's a link to fee schedule changes on the same page. All you need to do is accept the end user agreement and select your schedule from a list.

For Blue Care Network, we've added a page to the fee schedules tab so you can request fee schedules for BCN.

To get to fee schedules:

- Log in to Availity.

- Click *Payer Spaces* in the top navigation, then click the BCBSM and BCN logo to open the Blue Cross Blue Shield of Michigan and Blue Care Network payer space.

- Click the *Resources* tab.

- Click *Secure Provider Resources (Blue Cross and BCN)*.

- Go to the *Fee schedules* tab.

The tools that aren't changing — and how to find them in Availity

Some of the tools you're used to using for Blue Cross and BCN remain unchanged. The only difference is how you find these tools in Availity.

In Availity, click on *Payer Spaces* and then click on the BCBSM and BCN logo. This opens to the *Applications* tab in the Blue Cross and BCN payer space where you'll find links to many tools, such as:

- *BCBSM Qualification Form*

- *BCN Negative Balance Report*

- *Benefit Explainer* (benefit detail for Blue Cross commercial members with coverage from employer groups located within Michigan)

- *Clear Claim Connection™* (for Michigan providers to view claim edits)

- *e-referral* (for managing referrals and authorization requests)

- *Health e-Blue℠* (patient data registry and treatment opportunities for primary care physicians and groups)

- *Medical Benefit — Medication Prior Authorization* (NovoLogix®)

- *Medical Policy and Precert and Preauth Router*

- *Medication Prior Authorization* (for pharmacy benefit requests)

- *PromptPA* (electronic prior authorization pharmacy requests)

- *Provider Enrollment and Change Self-Service*

- *RC Claim Assist medical drug coding tool*

Note that some of these tools may only be available to certain users based on your access role.

Within payer space, click on the *Resources* tab to access the new secure Provider Resources website, which includes alerts, fee schedules, provider manuals and other helpful information.

When you find the tools in Availity that you use frequently, you can click on the heart next to the name of the tool to select it as a favorite. Then the tool will be available on the Availity home page under *My Favorites*.

Resources

Here's a summary of important resources that can help you as Blue Cross and BCN transition to Availity.

Welcome to Availity — This site summarizes what you need to get started.

Availity.com — This is where you'll log in once you're registered for Availity.

FAQ — Review the Blue Cross and BCN frequently asked questions document on transitioning to the Availity provider portal.

Register and Get Started with Availity Essentials — This webpage offers registration training and job aids to assist your office administrator with the registration process.

Register for access — This is where your office administrator registers for Availity access.

Subscribe — Subscribe to the Blue Cross and BCN provider newsletters, *The Record* and *BCN Provider News* for the latest on our transition to Availity.

Get trained — This webpage offers webinars specifically designed for Blue Cross and BCN's tools within Availity. You need to be a registered Availity user to access links on this page.

Crosswalk (PDF) — This document compares how to find and perform functions in Availity to Blue Cross and BCN's Provider Secured Services. You can also find this document in Availity. Click on *Help & Training*, then click on *Find Help* and type BCBSM in the search box.

Help within Availity — After logging into Availity, click on *Help & Training*. See the *Where to go for help* article in this issue for more information.

Call Availity Client Services at **1-800-AVAILITY (282-4548)** Monday through Friday, 8 a.m. to 8 p.m. Eastern time (excluding holidays).

> "I find it beneficial for my staff to be on one website to check multiple payers at the same time without going back and forth between payer websites. This saves valuable time for my front desk staff."
>
> *Jennifer West*
> *Haller & Hug, PC*
> *Pilot Participant*

Provider Secured Services and web-DENIS to retire

We're retiring Provider Secured Services and web-DENIS as part of our efforts to provide you with an improved experience through Availity.

What does this mean to you?

To make the transition as smooth as possible, it's important that you register for access to Availity and take some training so you know how you can get your work done within Availity long before Provider Secured Services and web-DENIS have their last working day. We know you'll be pleased with the additional features within Availity.

What is the last working day for Provider Secured Services and web-DENIS?

The last day for access to all the Blue Cross and BCN Provider Secured Services and web-DENIS tools was June 21. Beginning June 22, 2022, a phased retirement began. A list of the applications that have been removed from Provider Secured Services and are now available only within the new Availity provider portal can be viewed at *Applications removed from Provider Secured Services*.

Welcome Availity

We hope you're excited for the Blue Cross and BCN move to Availity. The multi-payer system will save you time. The simple, fresh look and updated search features will help you find what you need. And, the additional Blue Cross and BCN tools and functions are designed to make it easier for you to do business with Blue Cross and BCN.

Blue Cross will no longer set up new users for web-DENIS, effective April 15, 2022.

web-DENIS dates back to the 1990s

If you've been a Blue Cross and BCN provider for many years, you may remember web-DENIS back when it was just called DENIS. The DENIS version was an acronym that stood for Dial-in Eligibility Network Information System. The early version of DENIS cost providers a nominal amount of money based on the amount of time connected to the tool.

With the expansion of the Internet, DENIS became web-based, and the connection costs went away, making it easier for more providers to access Blue Cross and BCN information online.

Tools expanded to Provider Secured Services

Over the years, web-DENIS became one of many provider tools available within Blue Cross and BCN's Provider Secured Services. However, web-DENIS always remained the flagship tool as **the** place to go for eligibility and benefits, claims information, web-DENIS alerts (known as broadcast messages) and provider publications and resources.

Provider Secured Services and web-DENIS have served us well. However, time moves on and Availity's updated features will provide you with an improved online experience.