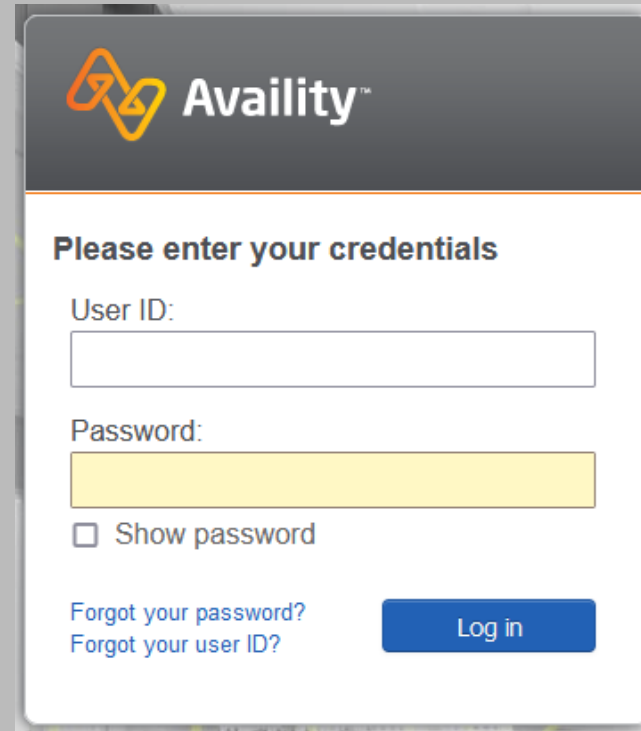


Availity

Use AVAILITY for
Aetna, Anthem, Blue Cross Blue Shield,
Healthnet, Wellcare*

<https://apps.availity.com/availity/web/public.elegant.login>

Availity



The image shows a login form for Availity. At the top left is the Availity logo, which consists of three interlocking orange and yellow shapes. To the right of the logo is the word "Availity" in a white sans-serif font. Below the logo and name is a dark grey header bar. Underneath the header bar is a white box containing the login form. The form has a title "Please enter your credentials" in bold black text. Below the title are two input fields: "User ID:" followed by a white rectangular box, and "Password:" followed by a yellow rectangular box. Below the password field is a checkbox labeled "Show password". At the bottom left of the form are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right is a blue button with the text "Log in" in white.

Login with your unique user ID
And unique codes found on nextcloud

**You must be logged in the firefox VPN

Availity

1. From the State dropdown, select California

- Some insurance companies list more information under California and Texas. For some plans, use the actual state where the patient lives.
- *Other plans are available under different states

2. Select Eligibility and Benefits Inquiry box

The screenshot displays the Availity website interface. At the top, there is a navigation bar with the Availity logo, Home, Notifications, My Favorites, and a state dropdown menu currently set to Texas. A blue circle with the number '1' is positioned above the state dropdown. Below the navigation bar, there are several menu items: Patient Registration, Claims & Payments, My Providers, Reporting, and Payer Spaces. A search bar with the text 'Keyword Search' is also visible. The main content area features a Notification Center with the message 'You have no notifications.' Below this, there is a section titled 'My Top Applications' with four tiles: Eligibility and Benefits Inquiry (EB), Claim Status (CS), Authorizations & Referrals (A&R), and Professional Claim (PC). A blue circle with the number '2' is positioned above the EB tile. To the right of the EB tile is a 'My Account Dashboard' section with a user profile for Paula Baker and various account management links.

- Enter the required information to submit a new request

1. **Payer:** Insurance Company Name

2. **Provider:** Select Natera from the dropdown

- NPI will populate after you select Natera

3. **As of Date:** Today

4. **Benefit/Service Type:**

Use Diagnostic Lab

If not available, then select: Health Benefit Plan Coverage
Or Outpatient Hospital

5. Select **Patient ID** and **DOB** from dropdown You may be able to search by patient name and DOB with some insurances

6. Enter patient ID as it appears on the card

7. Enter patient Date of Birth

8. Click Submit

**Some payor may require additional information

- Place of Service: Diagnostic Lab, or Other
- Provider Type: Professional
- Patient First and Last Name

es California Help & Training Paula's A

Reporting Payer Spaces More

Natera

New Request [Watch a quick demo](#)

1 * Payer [?](#)
ANTHEM - CA

2 Provider Information
Select a Provider [?](#)
Natera

* NPI [?](#)
1558672279

3 Service Information
* As of Date [?](#)
07/06/2021

4 * Benefit / Service Type [?](#)
Diagnostic Lab

5 Patient Information
Patient Search Option [?](#) Add Multiple Patients
Patient ID, Date of Birth

6 * Patient ID [?](#)
ZGP123

7 * Date of Birth
01/01/1960

Patient Relationship to Subscriber [?](#)
Self

Submit another patient

8 Submit

Select the Coverage and Benefits tab

- **Coinsurance**

Locate and use the highest Co-Insurance percentage under the Diagnostic Lab (or Health Benefit Plan Coverage or Outpatient Hospital, in that order).

If more than one coinsurance percentage is available, select the one for Diagnostic Lab, then general health plan benefit, or outpatient hospital if the first two are not available.

Check the “Place of Service” to see which one may apply. Natera’s Place of Service is Diagnostic Lab, code = 81.

- **Deductible**

Scroll down and locate the Deductible that is under Diagnostic Lab and/or Health Benefit Plan Coverage.

If there is a family or individual deductible, **go with the smallest remaining balance.**

For example, the patient below has a 20% coinsurance and 0 remaining deductible for the year.

The screenshot displays a member portal interface for BlueCross BlueShield of Illinois. At the top, it shows the Date of Service (Jul 06, 2021), Transaction ID, Transaction Date (Jul 06 2:06 pm), and Customer ID. Below this, member information is listed: Member ID, DOB, and Gender (Female). A 'Plan / Coverage Date' is shown as Jan 01, 2021 - Dec 31, 9999. There are buttons for 'View Member ID Card' and 'Patient Care Summary'. The 'Patient Information' section has a 'Coverage and Benefits' tab highlighted with a red box. Below this, there are filters for 'All Networks' and 'In Network'. The main content area shows three sections: 'Diagnostic Lab - 5', 'Health Benefit Plan Coverage - 30', and 'Out of Pocket (Stop Loss) - Health Benefit Plan Coverage'. The 'Diagnostic Lab' section is highlighted with a red box and shows a 'Co-Insurance - Diagnostic Lab' of 20% Visit, with 'In Network' and 'Individual' options. The 'Health Benefit Plan Coverage' section shows 'Active Coverage' and 'Benefit Description' (PHYSICIAN BENEFIT). The 'Deductible - Health Benefit Plan Coverage' section shows 'In Network' and 'Individual' options, with a remaining deductible of \$0.00. The 'Out of Pocket (Stop Loss)' section shows 'In Network' and 'Individual' options, with a remaining stop loss of \$0.00.

Availity

**Out of
Pocket
(Stop Loss)**

Copay

Out of Pocket (Stop Loss)

1.OOP is the most a patient has to pay for covered services in a plan year. After they spend this amount on deductibles, copayments, and coinsurance for in-network care and services, the health plan pays 100% of the costs of covered benefits.

2.When a patient has met their OOP, coinsurance and copays do not apply. Meaning their estimate will be \$0.

1.When OOP is not met, deductible, coinsurance, and copays do apply, but OOP is not factored into the estimate.

Copay

- A fixed amount (\$20, for example) a patient pays for a covered health care service after they've paid your deductible.

Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

- Use the copay only when the benefits specifically say the copay is for a Diagnostic or Independent Lab. Otherwise, deductible and/or coinsurance will be mostly used

Availity

Deductible doesn't
show the remaining
amount

BCBS Tips

Deductible doesn't show the remaining amount.

- We recommend the patient contact their Insurance Company to find out how much is remaining on their deductible, or if they already know the remaining deductible and coinsurance percentage, refer to the Billing Calculator.
- Not all plans have deductibles, so it may not show up.
- **BCBS Tips**
 - Try California Anthem first
 - If you cannot locate benefits, then try the actual plan's state
 - You can find the state by looking up the 3 letter alpha prefix on this website: <https://mypayerdirectory.com/bcbs-prefix-list/>
 - For example, XOH is an alpha prefix for BCBS Illinois
 - BCBS NC, SC, VT, and Pennsylvania are administered by Avalon
 - BCBS Federal plans start with an R, and you should use the BCBS Federal calculator instead of the state
 - BCBS has several Medicaid plans. The patient will need to provide this information, or you may notice the Medicaid card does not have a suitcase logo

Availability Scenarios

Policy is Inactive

- Patients with inactive policies will show up in red/pink. You need to collect new/updated insurance information from the patient in order to run an estimate.

Date of Service Jun 14, 2021 Transaction ID: 33110560358 Transaction Date: Jul 06 4:54 pm Customer ID: 357715

[Edit](#) [Print](#)

Plan / Coverage Date Jun 14, 2021

Anthem.
BlueCross

Patient is Inactive.

[Patient Information](#) [Coverage and Benefits](#)

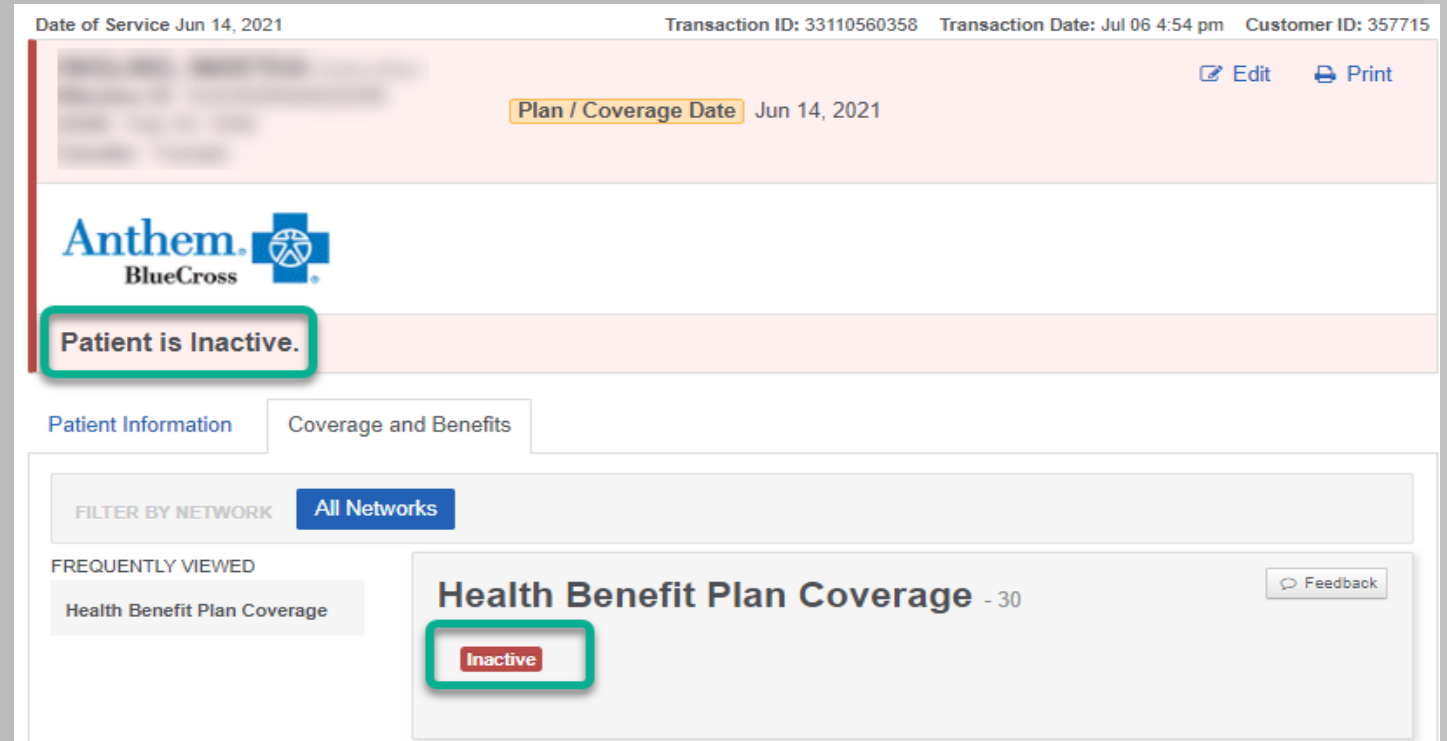
FILTER BY NETWORK [All Networks](#)

FREQUENTLY VIEWED

[Health Benefit Plan Coverage](#)

Health Benefit Plan Coverage - 30 [Feedback](#)

Inactive



Availity Scenarios


Troubleshoot by confirming the patient details (name and DOB) and insurance plan name.

1. One possible explanation is some insurances are administered by a Third Party Administrator (TPA), and benefits may be available under the TPA, but not all TPAs are in a portal.


1. UMR is a TPA for UHC
2. Health Partners is a TPA for Cigna
3. Wellspan is for Aetna
4. Coastal is for BCBS Anthem

Request Error - Subscriber Not Found

Patient Information

Patient Search Option 

Patient ID, Date of Birth


| 


Patient ID, Date of Birth

Patient ID, Patient Last Name, Patient First Name, Date of Birth

Patient ID, Patient Last Name, Patient First Name

Patient ID, Patient Last Name, Date of Birth

 Subscriber/Insured Not Found - Please Correct and Resubmit

Transaction ID: 

Time Stamp: July 6 2021 5:39 PM

**Try different Patient Search Options.

Availity Scenarios

Communication Error

Sometimes Availity will automatically locate benefits later.

These requests will show on the left side of your screen.

Successful attempts will show in green.

Try again later, or try again in another portal. For example, some BCBS plans are available in both Availity and Change.

You need to complete the estimate later and communicate it with the patient.

The image shows three stacked error messages in a light orange box. The first message has a warning triangle icon and says: "Availity is experiencing connection problems with the health plan. Try your request again later. If the problem continues, contact Availity Client Services at 1.800.AVAILITY (262.4548)." Below it are the fields "Transaction ID: 33002095620" and "Time Stamp: July 6 2021 6:02 AM". The second message has a clock icon and says: "We are unable to reach the payer at this time. We'll resend your request a few more times, or you can resubmit it." Below it is "Time Stamp: July 6 2021 4:49 PM". The third message has a warning triangle icon and says: "Claim Status Inquiry and Eligibility and Benefits Inquiry transactions are currently unavailable." Each message has a close button (X) in the top right corner.

The image is a screenshot of a software interface. At the top, there is a search bar and a dropdown menu set to "My Patients Only". Below this are two buttons: "Detail View" and "List View". The main area shows a list of four items, each with a vertical bar on the left. The first item has a green bar and is highlighted with a red box; it says "Diagnostic Lab" and "Transaction Date: Jul 06 2:06 pm". The second item has a green bar and says "Diagnostic Lab" and "Transaction Date: Jul 06 2:04 pm". The third item has a green bar and says "Diagnostic Lab" and "Transaction Date: Jul 06 2:01 pm". The fourth item has an orange bar and says "Diagnostic Lab" and "Transaction Date: Jul 06 2:01 pm".