PROVIDER QUICK POINTS
Provider information

Availity 2012 enhancements for providers

Since we rolled out the Availity web portal, we have been listening to your comments. Blue Cross and Blue Shield of Minnesota (Blue Cross) has been working with Availity Health Information Network to help providers save time and money, by simplifying the health care information you need to improve your online self-service experience. Below are some of the improvements we made to the site in 2012, based on your valuable feedback:

March 2012
- New links to Medical Policy available under Payer Resources, for easy access.
- Workers' compensation claims can be submitted on the portal.
- Additional Benefit Service Type (which adds information about the number of service limits) added for services; for example, chiropractic, to reduce the number of calls made to provider services to obtain this information.
- HIPAA 27x transactions modified to allow for more complex benefits.

April 2012
- Remit Reader – Print multiple claims per page, instead of one claim per page.
- Primary care clinic (PCC) number added to provider information.
- The referral number was modified to be required only if a provider enters a referring provider on the claim.

May 2012
- Modifications added to the Eligibility & Benefit (E&B) portal display for in-network and noncovered services.
- Modified results so that coordination of benefits (COB) information is correctly returned on HIPAA 271 transactions.
- Correction to your Remit Reader PDF printout to display start/end dates.

June 2012
- New link to Manage My Access available in Remit Reader:
  * Get access to Electronic Remittance Advice (ERA) data for additional payers
  * Grant other organizations access to their organization's ERA data
  * Revoke another organization's access to their organization's ERA data
- Instant Electronic Registration available for Blue Cross.
- "Add to Batch" functionality added to web portal.

July 2012
- Users can now sort claims results in Remit Reader for checks that have more than 300 claims.
- New 'Other Medical' Benefit/Service Type added for Blue Cross E&B inquiries.
- Added optional field for a middle initial to the Claim Submission screen.

September 2012
- When authenticating a check or Electronic Funds Transfer (EFT), to access your ERA data in Remit Reader, users can now enter information for checks or EFTs received within the past six months. Previously, users were limited to entering information for checks or EFTs received within the past 60 days.
- Remit Reader now displays the patient responsibility amount as part of the search results on the Search by Claim Results, Search by Patient Results and Check Details pages.
- Eliminated Org Type for Remit Reader, where internal users needed to indicate if the provider was a registered/unregistered provider with Availity, in order to locate their remits.
- New 'Acupuncture' Benefit/Service Type displayed for E&B Inquiries.

October 2012
- New EFT Registration Link available for providers.
- Negative values now acceptable in STC04 (EDI) field, rather than the provider 277CA being rejected.

December 2012
- Updated FAQ language to incorporate network requirements – previously difficult to locate.
- Corrected response: If patient ID, name, date of birth, or address in your E&B request does not match our membership information, the response will reflect the correct information, avoiding future submission delays.
- Created direct link to the claim from Remit Reader, which was previously navigated from the Claim Status Inquiry screens, manually.
- Changed the E&B "default view" to display all the available data, instead of having to manually expand for each section.

Questions?
Thank you for helping to make this an even better experience for providers. If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.