

# PROVIDER DIRECTORY VALIDATION (PDV)

Availity Essentials & PDV Tool User Guide

April 2022

# AVAILITY

User role setup & login

# AVAILITY GUIDE

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## 1. Need Availity registration?

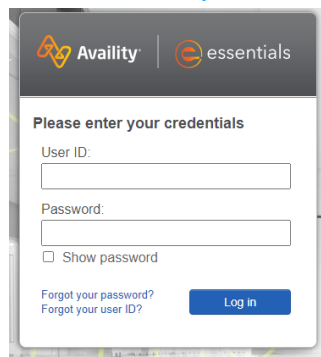
- a. If yes, use this link to review the Availity Essentials Quick Reference Guide [Availity Essentials QRG](#)
- b. If no, continue to step 2

## 2. The provider needs to decide what user, within the Availity organization, should complete the validation task

- a. If the administrator or administrator assistant, continue to step 4
- b. If other than administrator or administrator assistant, verify the user is setup with the Provider Data Management role within the Availity user's account, step 3

## 3. Administrator or administrator assistant logs into Availity Essentials to verify user is setup with PDM role in Availity user account

- a. URL – [Availity Essentials Login](#)



The screenshot shows the Availity Essentials login interface. At the top, there are logos for 'Availity' and 'essentials'. Below the logos, the text 'Please enter your credentials' is displayed. There are two input fields: 'User ID:' and 'Password:'. Below the password field, there is a checkbox labeled 'Show password'. At the bottom left, there are links for 'Forgot your password?' and 'Forgot your user ID?'. A blue 'Log in' button is located at the bottom right.

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- b. The administrator or administrator assistant will go to Maintain User application from My Account Dashboard displayed on Availity Essentials

## My Account Dashboard

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My Account

Maintain User

Add User

Manage My Organization

- c. Maintain User  organization to search by a name

- d. Choose user from list of results  
User Search Results

Name	User ID
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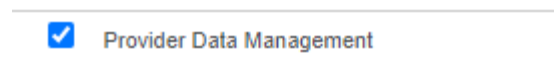
# AVAILITY GUIDE

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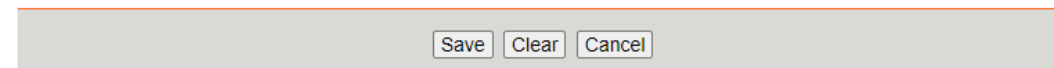
- e. Under the Roles column displayed, click View/Edit associated with the required organization



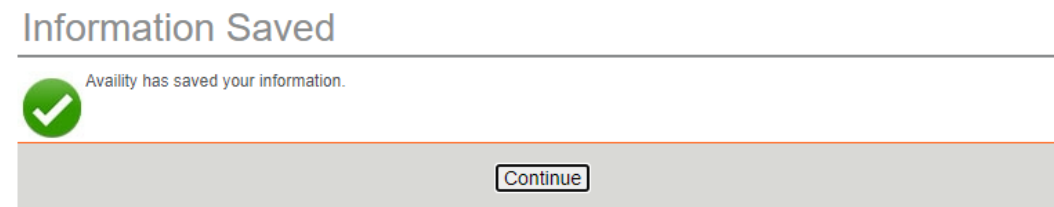
- f. Under the User Roles section, look for Provider Data Management. Check the box



- g. Click Save button at the bottom of the screen



- h. Your request will be confirmed



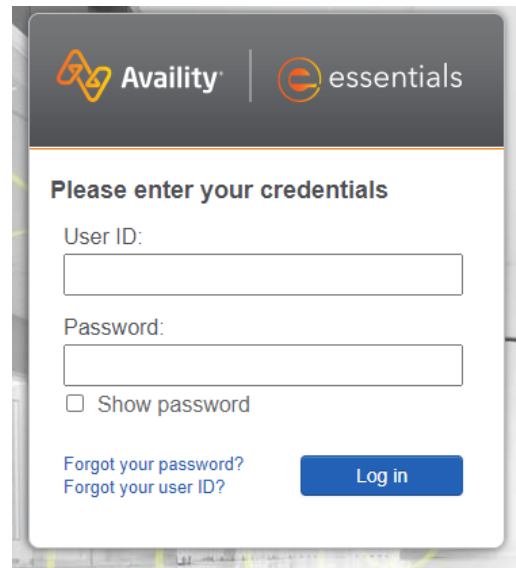
- i. Click continue to go back to view the user information  
j. After the user is setup, continue to step 4

# AVAILITY GUIDE

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## 4. Log in to Availity Essentials portal

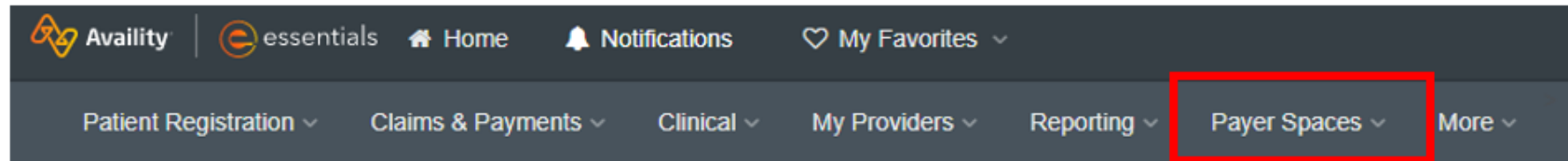
- a. URL – [Availity Essentials Login](#)



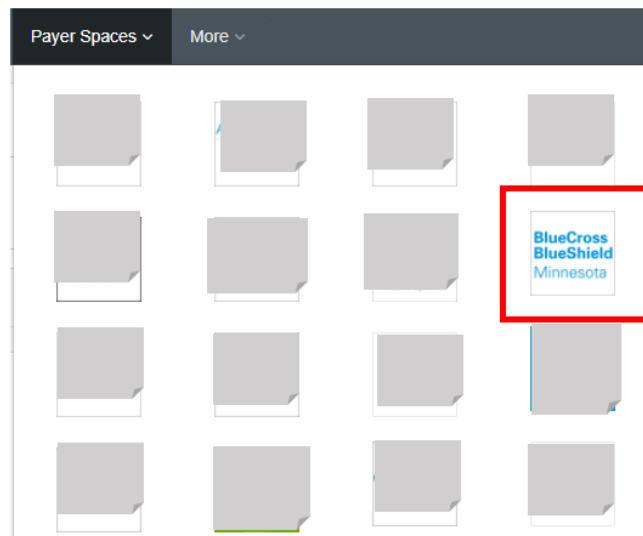
The screenshot shows the Availity Essentials login page. At the top, there are logos for Availity and essentials. Below the logos, the text "Please enter your credentials" is displayed. There are two input fields: "User ID:" and "Password:". Below the password field, there is a checkbox labeled "Show password". At the bottom left, there are links for "Forgot your password?" and "Forgot your user ID?". A blue "Log in" button is located at the bottom right.

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- From Availity Essentials Home page, go to the Payer Spaces menu

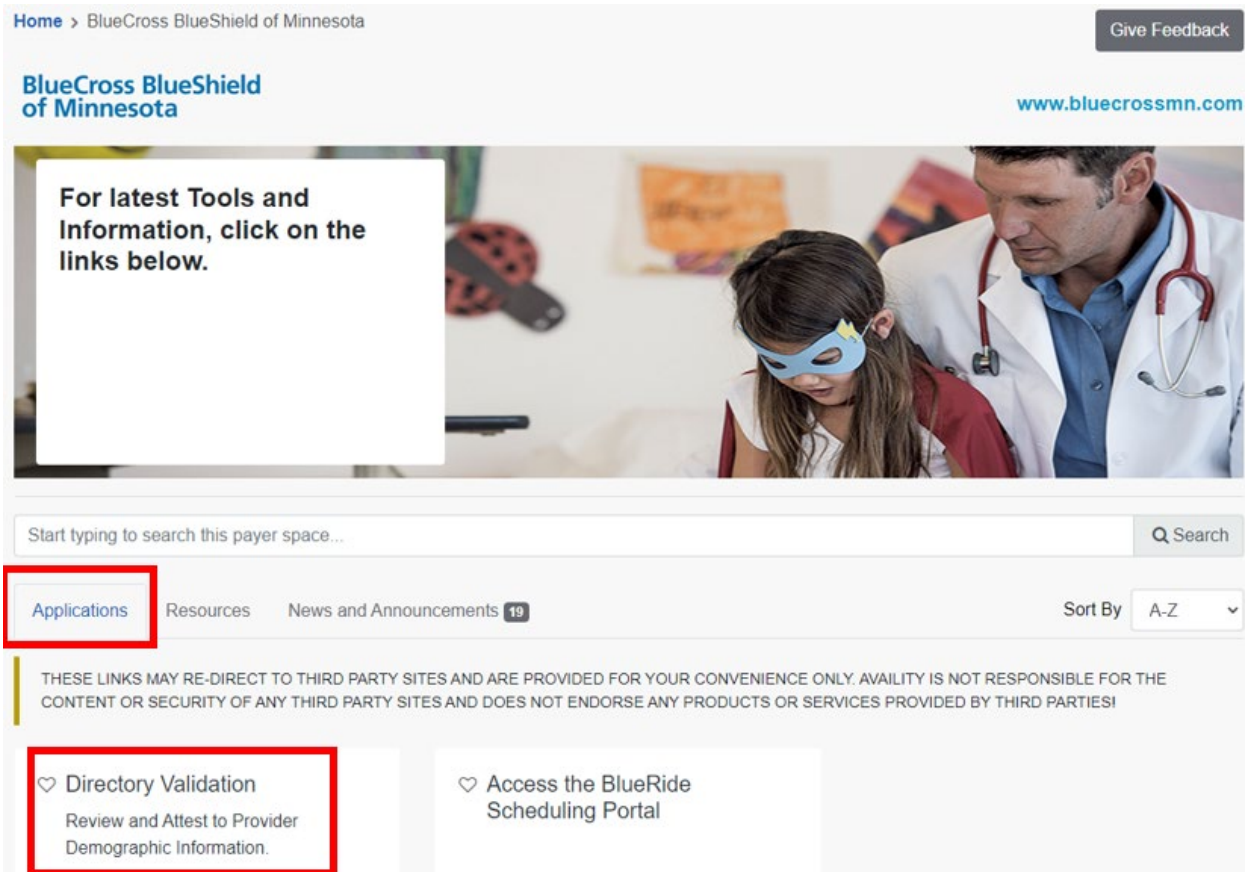


- Choose the BCBSMN logo



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## 7. Under the Application, click on Directory Validation



Home > BlueCross BlueShield of Minnesota Give Feedback

BlueCross BlueShield of Minnesota [www.bluecrossmn.com](http://www.bluecrossmn.com)

For latest Tools and Information, click on the links below.

Start typing to search this payer space... Q Search

**Applications** Resources News and Announcements 19 Sort By A-Z ▼

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

♥ Directory Validation  
Review and Attest to Provider Demographic Information.

♥ Access the BlueRide Scheduling Portal



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## 8. Choose the organization you would like to validate

Home > BlueCross BlueShield of Minnesota > Directory Validation

### Directory Validation

Select an Organization

Select...

Select a Provider (Optional)

Select...

Cancel Submit

## 9. Click submit to leave Availity Essentials and be brought to the Provider Data Management (PDM) Tool for provider information review and attestation.

# PROVIDER DIRECTORY VALIDATION TOOL

Review and attestation of provider information

# PROVIDER DIRECTORY VALIDATION

1. Provider information will be listed on this screen for your organization
2. Click on “Select” for the provider name you are going to review
3. If there are multiple selections, please review each one individually

## PROVIDER DATA MAINTENANCE

### Select Provider

You have access to update and maintain the providers listed below. Please select a provider to begin.

	Provider Name	Tax ID	NPI	Blue Shield ID	Last Date of Validation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select	Clinic Name	99999999	99999999	99999999	01/01/2022

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Verify provider information is accurate

## PROVIDER DATA MAINTENANCE

**Clinic Name**  
MEDICAL PRACTICE

Validate Select Provider Help

Blue Shield # 99999999	NPI 99999999	Vendor Status Active
Group Effective Date 01/01/1988	Group Term Date	

Messages

To ensure your patients have the most up to date information, that claims are paid timely and correctly, and that our Provider Directory remains accurate, Minnesota requires that you confirm the accuracy of your group and practitioner information every 90 days. The last validation date for Clinic Name was on 02/22/2022. The next validation is due on or before 05/23/2022.

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

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1. Review General Group Information
2. Select “Edit General Group Information” if website or email information is incorrect to make corrections
3. If Clinic or Group DBA names and Patient Age Range are incorrect, select “Help” button to direct you to fill out a Demographic Change form
4. Then return to this screen and select “Yes”

## General Group Information

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\*Is this general group information listed below correct?  Yes  No

Edit General Group Information

Group Name Clinic Name <input type="text"/>	<input type="text"/>	Group DBA Name <input type="text"/>	Patient Age Range 0 YEAR - 125 YEAR <input type="text"/>
Website <input type="text"/>	<input type="text"/>	Email Address <input type="text"/>	<input type="text"/>

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Review General Group Address
2. Select “Help” if any of the information is incorrect
3. “Help” will take you to a forms page for you to select and fill out a Demographic Change form (to update an Address, Contract Request form to add a new address, or Clinic Closure form to terminate a location or address)
4. Then return to this screen and select “Yes”

## General Group Address

\*Is the Group's location information correct?  Yes  No

Address	City	State	Zip	Status	Address Type	Effective Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
111 Goat Trail Loop	XXXXX	Minnesota	99999	A	Practice	07/01/2001
222 Goat Trail Loop	XXXXX	Minnesota	99999	A	Practice	06/10/2011
333 Goat Trail Loop	XXXXX	Minnesota	99999	A	Practice	06/19/2001

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

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1. Review Patient Appointment Schedule Phone Number
2. If any of the information is incorrect, click the “Edit” button to update your Member Access Number and click “Save”
3. Then return to this screen and select “Yes”

## Patient Appointment Schedule Phone Number

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\*Is the telephone number for patients to schedule appointments correct?  Yes  No

Edit Schedule Phone Number

Member Access Number  
999-999-9999

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# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Review Telehealth Services
2. Select “Help” if any of the information is incorrect
3. “Help” will take you to a forms page for you to select and fill out a Demographic Change form
4. Then return to this screen and select “Yes”

## Telehealth Services

\*Is the Group's Telehealth information correct?  Yes  No

Address	Telehealth
<input type="text"/>	<input type="text"/>
...	
... 111 Goat Trail Loop, City, State, 99999-9999	
... 222 Goat Trail Loop, City, State, 99999-9999	
... 333 Goat Trail Loop, City, State, 99999-9999	



# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Review Handicapped Accessible Information
2. Select “Help” if any of the information is incorrect
3. “Help” will take you to a forms page for you to select and fill out a Demographic Change form
4. Then return to this screen and select “Yes”

## Handicapped Accessible Information

\*Are the Group's locations handicapped accessible information correct?  Yes  No

Address	Accessible Indicator	Access Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
111 Goat Trail Loop, City, State, 99999-9999	No	
222 Goat Trail Loop, City, State, 99999-9999	No	
333 Goat Trail Loop, City, State, 99999-9999	No	

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Review General Practitioner Information
2. Select “Help” if any of the information is incorrect
3. “Help” will take you to a forms page for you to select and fill out a Minnesota Uniform Practitioner Change form (Practitioner adds or terminations)
4. Then return to this screen and select “Yes”

## General Practitioner Information

\*Is the Practitioner's general information correct?  Yes  No

	Name	NPI	Status	Practitioner Type
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
...	Last Name, First Name	999999999	A	MEDICAL DOCTOR
...	Last Name, First Name	999999999	A	MEDICAL DOCTOR
...	Last Name, First Name	999999999	A	PHYSICIAN ASSIS...
...	Last Name, First Name	999999999	A	MEDICAL DOCTOR

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Review Practitioner's Appointments/Acceptance Information
2. Select "Help" if any of the information is incorrect
3. "Help" will take you to a forms page for you to select and fill out a Minnesota Uniform Practitioner Change form
4. Then return to this screen and select "Yes"

## The Practitioner's accepts appointments / patient acceptance information

\*Is the Practitioner's accepts appointments / patient acceptance information correct for each location at which they practice?  Yes  No

Practitioner's Name	Address	Patient Acceptance
<input type="text"/>	<input type="text"/>	<input type="text"/>
No Records are found.		

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

1. Once you've selected "Yes" for each section, the Validate button will be operational at the top of the page
2. Click the "Validation" button

## PROVIDER DATA MAINTENANCE

**Clinic Name**  
ALLIED - MEDICAL PRACTICE

[Validate](#) [Select Provider](#) [Help](#)

Blue Shield # 99999999	NPI 99999999	Vendor Status Active
Group Effective Date 01/01/2019	Group Term Date	

Messages

To ensure your patients have the most up to date information, that claims are paid timely and correctly, and that our Provider Directory remains accurate, Minnesota requires that you confirm the accuracy of your group and practitioner information every 90 days. The last validation date for Clinic Name was on 01/01/2022. The next validation is due on or before 04/01/2022.

# PROVIDER DIRECTORY VALIDATION TOOL GUIDE

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1. Click the “Attest” button

Attestation



I attest that I have reviewed this information and that if there is any incorrect information as of 03/04/2022 10:12 AM, I will submit corrections to my plan ([Provider Demographics Updates | BlueCross MN](#)).

Attest

Cancel