

# BLUERIDE

Availity Essentials Manage My Organization www.availity.com/essentials

Confidential and proprietary.

Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> of Minnesota and Blue Plus<sup>®</sup> are nonprofit independent licensees of the Blue Cross and Blue Shield Association.



### Manage My Organization

- The Manage My Organization application enables users to set up providers in their organization frequently used in transactions such as Eligibility & Benefits, Claim Status, and more.
- The providers you set up in the Manage My Organization application are listed in the **Select a Provider** fields that display on various application pages.
- All data is viewable by all users but only an Administrator or Administrator Assistant can add, change or delete information.

\*\*YOU WILL NEED TO COMPLETE REGISTRATION PRIOR TO ACCESSING THIS INFORMATION. IF YOU HAVE NOT FINISHED THE REGISTRATION PROCESS, COMPLETE THAT FIRST, THEN RETURN TO THIS DOCUMENT



### MANAGE MY ORGANIZATION

To add an NPI or UMPI, you will be required to enter your provider identifier in the Manage My Organization application. To open choose "Manage My Organization", go to your account drop down menu, in the upper right corner or from the home page "My Account Dashboard".



### **MANAGE MY ORGANIZATION**, CONTINUED



Choose the organization you want to add provider information, then click on the "Add Provider" button on the right side.

	Organizations		Provider	Test Org Customer ID]	23456 🕝 Edit		
	Dovistor an Organization <del>v</del>	View Roles	' in Iden	tifiers			
	Org Name V Search Q	Tax ID 098765432	NPI N/A	<b>Regions</b> MN	Primary Taxonomy	Primary Service Address	
ave Ian	Newest to oldest ↓≟ ◄					Expand All	
ation, from	Active 17 Pending Rejected	Providers				Add Provider(s)	ADD Bu
	Customer ID Tax ID NPI						
	Provider Test Org						
	Customer ID Tax ID NPI   123456 098765432 N/A						

### MANAGE MY ORGANIZATION, NPI ENTRY



Enter the Tax ID, choose type (EIN or SSN), and National Provider ID (NPI)

- Click on "Find Provider" button
- The National Plan and Provider Enumeration System (NPPES) is accessed to verify the NPI entered

See Page 10 for steps to enter an UMPI

Add Provider			×
LET'S FIND YOUR PROVIDER			
Tax ID	Туре	National Provider ID (NPI)	
Enter Tax ID	EIN V	Enter NPI	
□ This is an atypical provider and does not provide h	EIN	under HIPAA regulations. (Examples include: taxi servic	es, respite services,
nome and vehicle modifications for those with disa	SSN		





If a match is found on the NPI entered, information is populated from NPPES

- Edit information, as needed
- Click the "Next" button to continue

NPI



#### Primary Specialty/Taxonomy

261QM1300X Ambulatory Health Care Facilities|Clinic/Center|Multi-Specialty

 $\sim$ 

Next

Back



#### Click the "Next" button to continue





Click the "Next" button to continue or edit to update or add an address



#### Looks like there's a match!

Please add all of the address and service location information for this provider.





This is the last step to complete the process.

- Review information presented
- Edit information, as necessary
- Answer the question
- Check the certify box
- Click the "Submit" button to complete



#### Looks like there's a match!

Review all of the information provided below and ensure that everything is correct

What is the provider's relationship to your organization? (Select one)

- This provider is a part of my organization
- This is a third-party not directly affiliated with my organization (example: referred-to provider)

□ I certify that this provider's information and relationship to my organization information is correct



### MANAGE MY ORGANIZATION, UMPI ENTRY



Enter the Tax ID, choose type (EIN or SSN) and check the box to indicate this is an atypical provider.

Click on "Find Provider" button

Add Provider		×
LET'S FIND YOUR PROVIDER		
Tax ID	Туре	
Enter Tax ID	EIN	
This is an atypical provider and does not provide h	EIN	under HIPAA regulations. (Examples include: taxi services, respite services,
hor e and vehicle modifications for those with disa	SSN	

Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.





Select a Provider Type

- Individual
- Group/Facility

Add Provider			×
1	2	3	4
Provider Information	Identifiers	Addresses	Review

Select	~
Individual	
Group/Facility	
rimary Specialty/Taxonomy	
Select	~
Select	
	Deale

Please review and/or update all of this provider's information.



- For Individual, enter Provider First, Middle and Last Name fields
- For Group/Facility, enter Name of Group/Facility
- Choose Primary Specialty/Taxonomy from drop down list
- Click "Next" button to continue

Provider First Name	Provider Middle Name	Provider Last Name	
Primary Specialty/Taxonomy			

Group/Facility	
Group Name/Facility Name	
Primary Specialty/Taxonomy	

Next

Back







- Add Provider address information.
- Click on "Add an address"
- Address type is defaulted to Physical and Billing Address. Change, as needed.
- Enter address and phone information
- Click "Add Address" button to save
- After all address have been added, click "Next" button to continue

Provider Information	Identifiers	Addresses	Review
ooks like there's a mate	ch!		
ase add all of the address and service	location information for this provider.		
Provider Name			
	Added addresses will appear here.	Add an address to get started.	
D ADDRESS:			
Address Type			
Physical and Billing Address			
Street Address			
101 1st St			
City	State		P / Postal Code
anytown	With With 1950		55511
Phone Number			
(651) 612-1234			

Next



This is the last step to complete the process.

- Review information presented
- Edit information, as necessary
- Answer the question
- Check the certify box
- Click the "Submit" button to complete



#### Looks like there's a match!

Review all of the information provided below and ensure that everything is correct

What is the provider's relationship to your organization? (Select one)

- This provider is a part of my organization
- O This is a third-party not directly affiliated with my organization (example: referred-to provider)

 $\Box$  I certify that this provider's information and relationship to my organization information is correct





### **THANK YOU**

For technical support contact Availity 1-800-282-4548 or 1-800-AVAILITY. Or select **Help & Training | Availity Support** for additional Availity assistance.