



Availity Tools and Functionality Overview

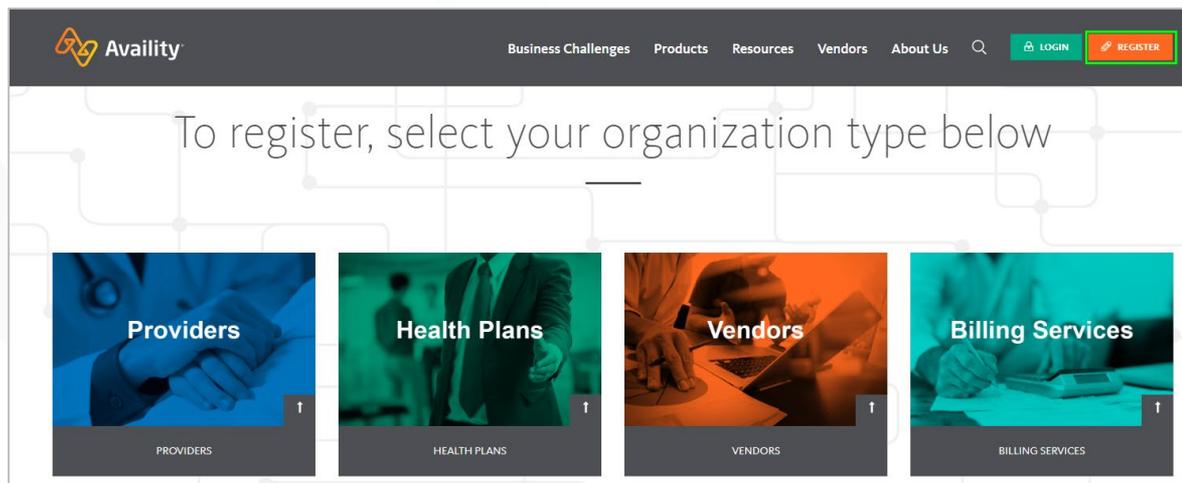


Agenda

- **Availity Registration and Login**
- **Basic Transactions:**
 - Eligibility and Benefits Inquiry
 - Authorization Requests and Inquiries via the Interactive Care Reviewer (ICR)
 - Claim Submissions
 - Medical Attachments
 - Claim Status Inquiry
 - Claim Payment
 - Claim Payment Disputes
- **Access to On-Demand Training Such as Onboarding**
- **Payer Spaces:**
 - Claim Status Listing
 - Precertification Look Up Tool
 - Remittance Inquiry
- **Availity is our Designated Electronic Data Interchange (EDI) Gateway**

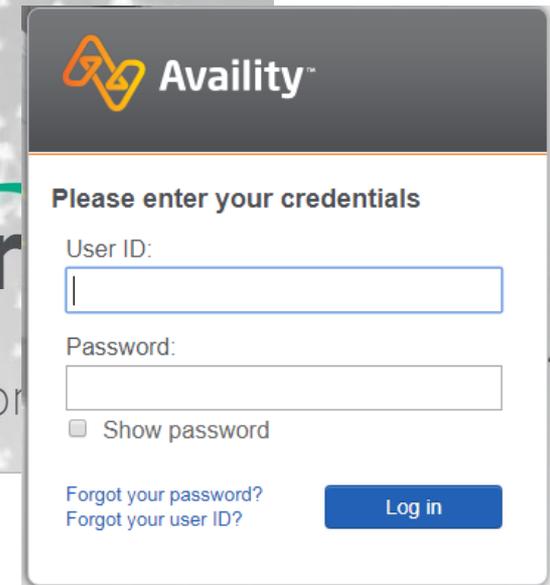
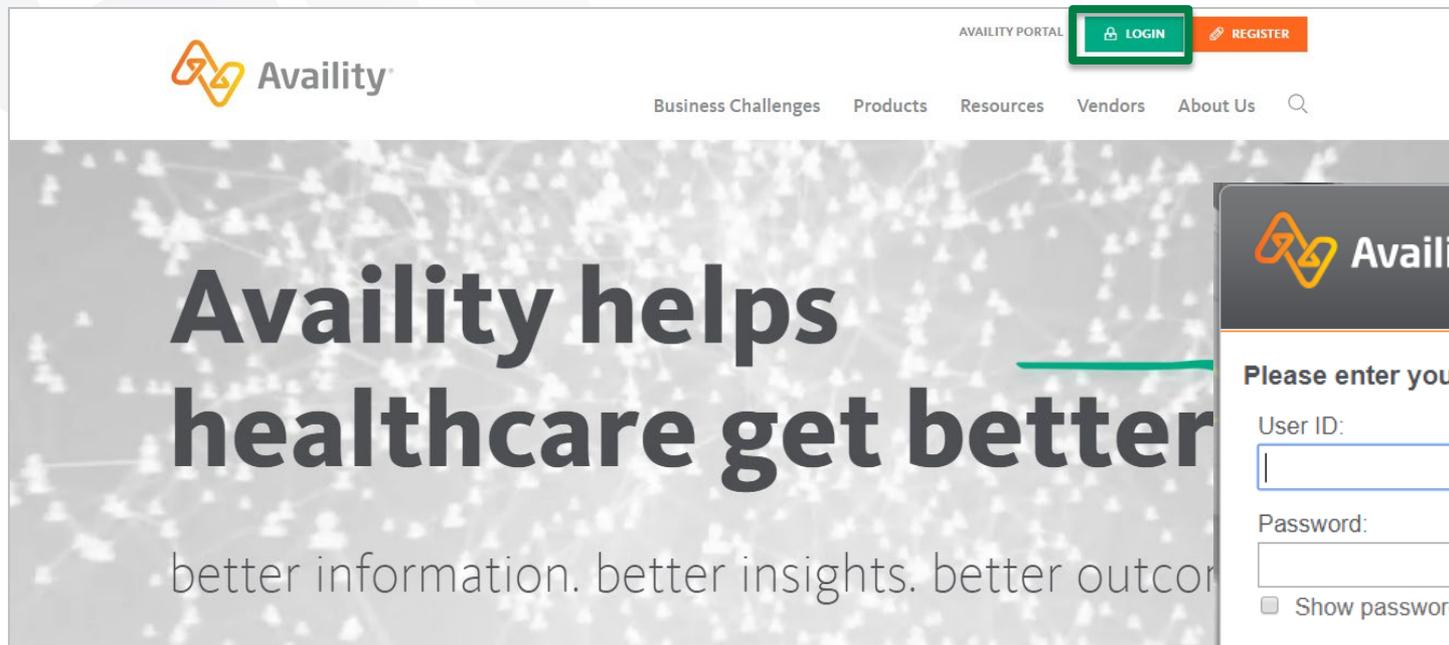
Availity Portal Registration

- If your organization is not already registered, please complete the registration process:
 - Go to [availity.com](https://www.availity.com).
 - Select **Register**.
 - Select your *organization type*.
 - Follow the prompts.
- Registering for the Availity Portal allows you to set up EDI Gateway, batch and file transfer protocol (FTP) services (or transactions).



Availity Portal Login

- Log into [availity.com](https://www.availity.com).



Note: Each user needs their own unique login and password to access the Availity Portal.



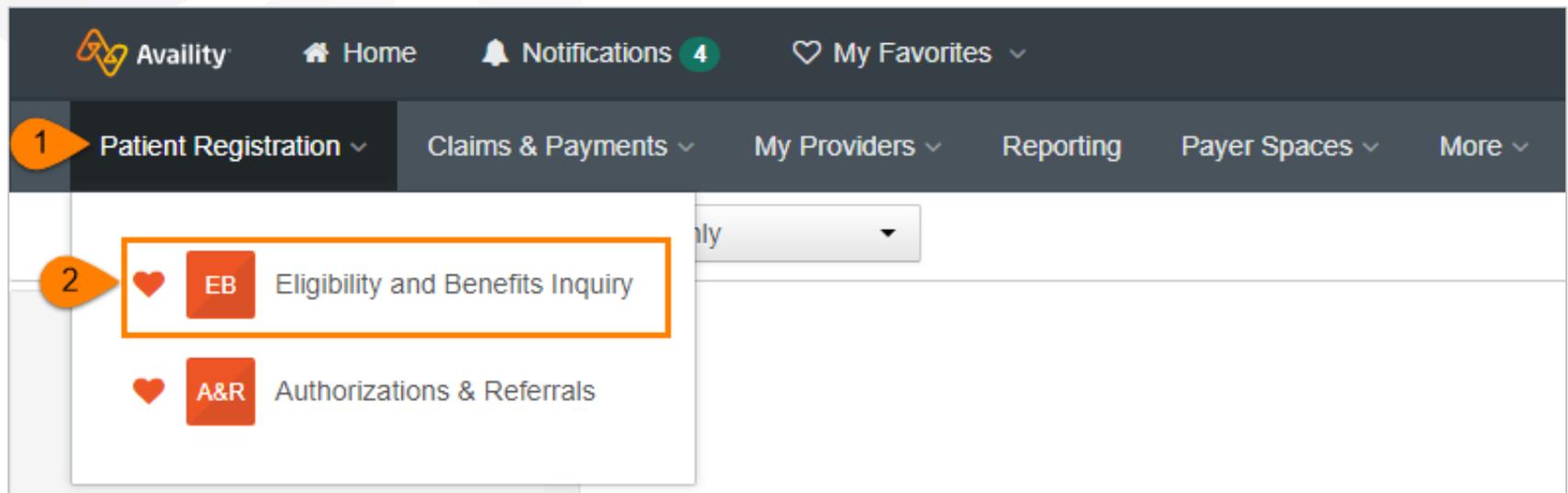
Basic Transactions: Overview of Basic Tools



Eligibility and Benefits Inquiry

Eligibility and Benefits Inquiry

- To navigate to the *Eligibility and Benefits Inquiry* tool, select **Patient Registration**, then **Eligibility and Benefits Inquiry**.



Eligibility and Benefits Inquiry (cont.)

New Request [Watch a quick demo](#)

*** Payer** [?](#)
COLORADO COMMUNITY HEALTH ALLIANCE - BEHAVIORAL HEAL...

Provider Information

Express Entry [?](#)
Search for a Provider

*** NPI** [?](#)

Patient Information

*** As of Date** [?](#)
11/05/2019

*** Benefit / Service Type** [?](#)
Health Benefit Plan Coverage

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

*** Patient ID** [?](#)

*** Date of Birth**
_ / _ / ____

Gender [?](#)
Please Select a Gender

Patient Relationship to Subscriber [?](#)
Self

Submit another patient

Submit

Watch a quick demo.

Your Availity Administrator can upload your providers so they are viewable in *Express Entry* to make for easy access for the Providers in your organization.

Benefit / Service Type: options available

- Mental Health
- Mental Health Facility — Inpatient
- Mental Health Facility — Outpatient
- Mental Health Provider — Inpatient
- Mental Health Provider — Outpatient
- Psychiatric — Inpatient
- Psychiatric — Outpatient
- Psychotherapy
- Substance Abuse Facility — Inpatient
- Substance Abuse Facility — Outpatient

Note: The default is *Health Benefit Plan Coverage*. If you don't see the specific benefits, use the drop-down options; it may provide you more detailed information for your specific inquiry.

Patient Search Option:

- Defaults to *Patient ID, Date of Birth*.
- Use the drop-down to select other options.

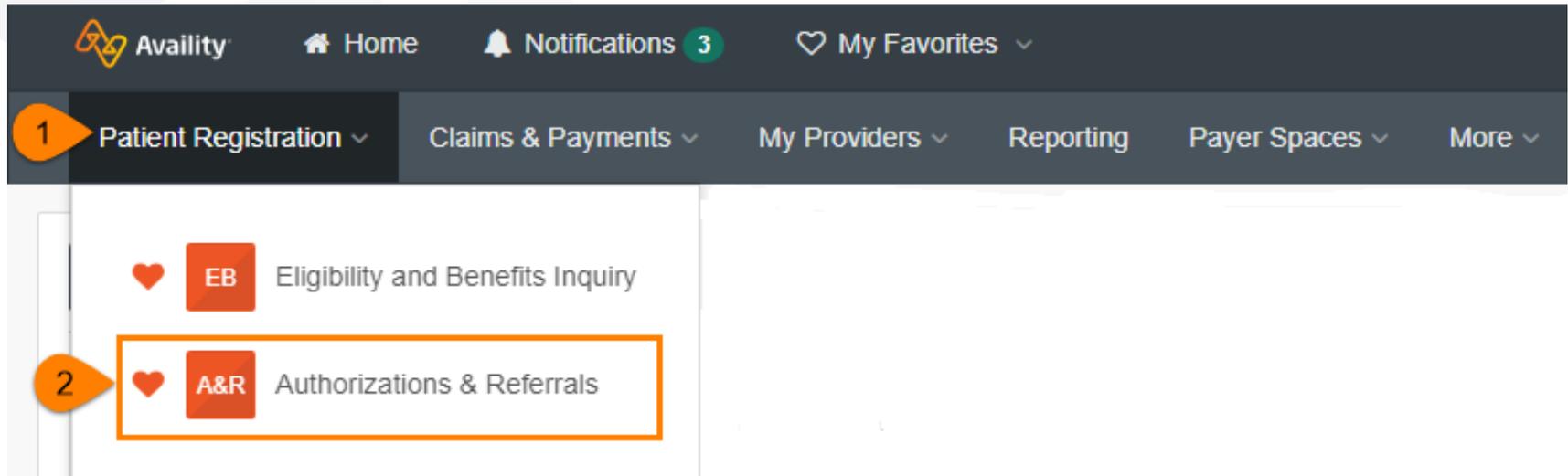
Note: All options require a Patient ID.



Authorization Requests and Inquiries via the Interactive Care Reviewer (ICR)

Authorization Requests/Inquiries via the Interactive Care Reviewer (ICR)

- To navigate to the ICR, select **Patient Registration**, then **Authorizations & Referrals**.



- Add ProviderCommunications@email.anthem.com to your safe sender/recipient list to receive provider news emails.

Authorization Requests/Inquiries: ICR Details

The ICR brings improved efficiency to the precertification process:

- Physicians and facilities can submit authorization requests for behavioral health services, including:
 - Acute inpatient stays.
 - Residential and rehabilitation stays.
 - Intensive outpatient and partial hospital programs.
 - Electroconvulsive therapy.
 - Psychiatric testing.
- Ordering and servicing physicians and facilities can use the inquiry feature to find information on any authorization with which their tax ID/organization is affiliated.

Authorization Requests/Inquiries: Granting Access to Authorization Functionality

- Your organization's Availity Administrator will grant the following role assignments:
 - Authorization and Referral Inquiry — inquiry only
 - Authorization and Referral Request — submit new requests

<input type="checkbox"/>	Role(s)
User Roles	
<input checked="" type="checkbox"/>	Base Role
<input checked="" type="checkbox"/>	Authorization and Referral Inquiry
<input checked="" type="checkbox"/>	Authorization and Referral Request
<input checked="" type="checkbox"/>	Claim Status
<input checked="" type="checkbox"/>	Claims Management

- Add ProviderCommunications@email.anthem.com to your safe sender/recipient list to receive provider news emails.

Authorization Requests/Inquiries: ICR On-Demand Training

- Reference information found on the Colorado Community Health Alliance (CCHA) website at CCHAcares.com/providertools > For Providers > Provider Resources & Training > Behavioral Health Utilization Management.
- **On-demand training:**
 - View demos on a variety of ICR topics specifically for behavioral health providers and facilities.
- **Services eligible for immediate authorization decision:**
 - Some services may be eligible for an immediate decision.

Authorization Requests/Inquiries: ICR On-Demand Training (cont.)

- Some services may be eligible for an immediate decision.

^ Behavioral Health Utilization Management

- Behavioral Health Interactive Care Reviewer Submit/Inquire About BH Authorizations
- Behavioral Health Interactive Care Reviewer Precertification End to End Overview
- Behavioral Health Interactive Care Reviewer Precertification Dashboard Overview
- Behavioral Health Interactive Care Reviewer Detailed End to End Demo
- Behavioral Health Interactive Care Reviewer Provider Favorites and E-mail Notifications
- Behavioral Health Outpatient Interactive Care Reviewer Demo
- Behavioral Health Interactive Care Reviewer Immediate Decisions and Templates
- Behavioral Health Interactive Care Reviewer Viewing Letters
- Behavioral Health Precertification and Predetermination Outcomes Interactive Care Reviewer
- Behavioral Health Print/Save/View Transaction History
- Behavioral Health Updates to an Interactive Care Reviewer Case
- Behavioral Health Viewing Fax and Phone Cases (Authorization Inquiry)
- Behavioral Health Outpatient Treatment Form
- Behavioral Health Initial Review Fax Form
- Behavioral Health Psychological Testing Form
- Behavioral Health Discharge Note Fax Form
- Behavioral Health Neuropsychological Testing Form
- Behavioral Health Concurrent Review Form
- Behavioral Health Psychiatric Residential Treatment Facilities Review Form
- Behavioral Health UM Affirmative Statement



Claims Submission

Claims Submission

- Claims can be submitted electronically; it's the quickest and most efficient process.
 - Electronic submissions using *HIPAA* transactions Electronic 837 Professional (837P) and Institutional (837I) can be submitted one of two ways:
 - Batch submission through a vendor:
 - See the *Preferred Vendor List* on the Availity Portal.
 - Online submission through the Availity Portal:
 - This is only for single entry claim submissions.

Claims Submission: Batch Submission Through a Vendor

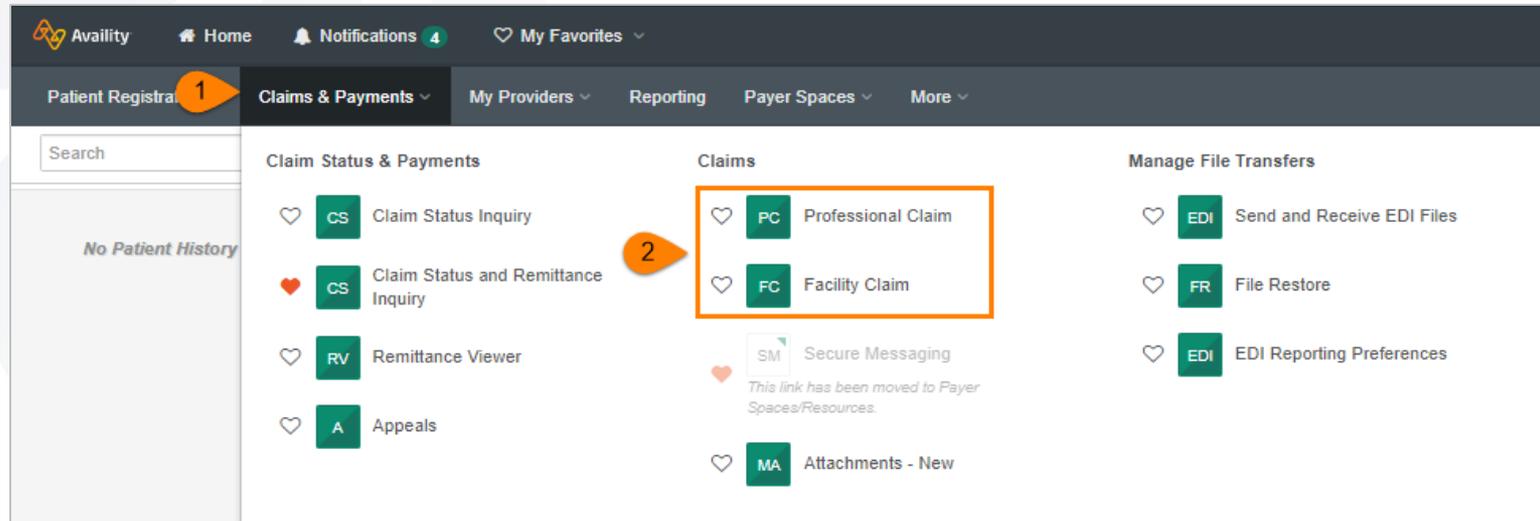
- Check *Availity's Preferred Vendor List*.
 - Prior to logging in to your user account, go to [availity.com](https://www.availity.com) and select **Vendors** from the top menu bar. Select **Preferred Vendors** or **Supported Systems** to view vendors and systems that are in a preferred status with Availity.



- If you don't see your vendor on the list, contact them to ensure they can submit through the Availity EDI Gateway.
- If you need assistance, the *Availity Quick Start Guide* will assist you with any EDI connection questions.
- If you need additional assistance, contact Availity Client Services at **1-800-AVAILITY (1-800-282-4548)**, Monday to Friday, 8 a.m. to 7:30 p.m. ET.

Claims Submission: Online Submission Through the Avality Portal

- Select **Claims & Payments**, then select **Professional Claim** or **Facility Claim**.



- This tool is for single entry claim submissions. You may add to a batch file of up to 50 claims to be submitted at a time. See the Avality EDI Gateway Services section for more information on file transfers.

Claim Submission: Online Submission Through the Availity Portal (cont.)

- Reference information found on the CCHA website at [CCHAcared.com/providertools](https://www.cchacares.com/providertools) > For Providers > Provider Resources & Training > Behavioral Health Provider Portal.

Behavioral Health Provider Portal

- Behavioral Health Claims Portal (Availity) Registration
- Behavioral Health Claims Portal (Availity) Login
- Behavioral Health Claims Portal (Availity) – How to Access and Register
- Behavioral Health Claims Portal (Availity) – How to Submit a Claim

- You may submit different claim types by selecting one of the Billing Frequency options:
 - For an initial claim, select **1 — Admit through Discharge Claim**.
 - For a corrected claim, select **7 — Replacement of Prior Claim**.
 - To void the claim completely, select **8 — Void/Cancel of Prior Claim**.

The screenshot displays the Availity portal interface. At the top, the Colorado Community Health Alliance logo is visible. Below the header, there is a section titled "How to Submit a Claim in Availity" with instructions for users. The instructions include: 1. Go to <https://www.availity.com>. 2. Select the green Login button in the top right corner. 3. Enter your User ID and Password. Select Log In. A screenshot of the login form is shown, with fields for User ID, Password, and a "Log In" button. 4. Select Claims & Payments at the top toolbar then select Professional Claim, as appropriate for the claim you are submitting. A screenshot of the navigation menu is shown, with "Claims & Payments" selected. 5. You are now on the Professional Health Care Claim page. Complete all the required fields with the asterisk in each section, starting at the top. Enter payer and Patient Information sections. A note indicates to select Colorado Community Health Alliance (CCHA) for Payer and Primary for Responsibility Sequence. A blue question mark icon is highlighted. 6. Complete Subscriber Information. A note indicates that if you submit an Eligibility & Benefits (E & B) Inquiry first, the Subscriber data will persist to the Claims submission and populate fields for you. The footer of the page shows "ACOPEC-0085-18 July 2018".

Claims Submission: Verifying Accept/Reject Reports

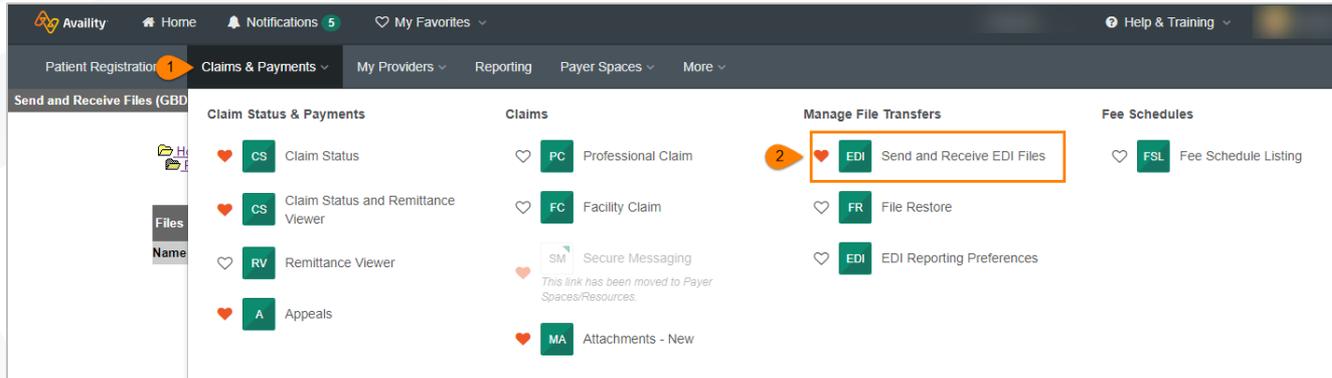
- Whether you're submitting claims electronically through a vendor/clearinghouse or the Availity Portal, you will need to ensure your claims are being accepted/rejected by the payer in which you are submitting the claim.
- If submitting claims through a vendor or clearinghouse:
 - Ask your vendor or clearinghouse for your accept/reject report(s).
 - You may have two reports:
 - Indicating the vendor/clearinghouse accepted your claim submission(s)
 - Indicating the payer accepted your claim submission(s).

Notes:

- If a claim is showing as **rejected**, you will need to correct the error and resubmit the claim before the claim is processed for payment. This basically means the claim has not been received by the payer yet.
- The claim will not be viewable in **Claim Status** until it has been **accepted** by the payer and submitted for processing.

Claims Submission: Verifying Accept/Reject Reports (cont.)

- If submitting claims one at a time through the Availity Portal:
 - Select **Claims & Payments**, then select **Send and Receive EDI Files**. Contact Availity at **1-800-AVAILITY** for further assistance viewing or reading files.



- Availity returns the following EDI files to your organization's **ReceiveFiles** mail box:
 - **Status files** indicating the status of transmission files uploaded and sent using Availity's EDI File Management feature
 - **Electronic batch response (EBR) files** containing the payer's response to claims entered using one of Availity's web-based claim forms and processed by the payer in batch mode

Note: Files ending in "T" are text files that indicate the status in layman's terms. Look for a **hammer/screw driver icon** for claims that were rejected and need correction in order to be resubmitted.



Medical Attachments

Medical Attachments

- Medical Attachments:
 - This tool allows providers to submit medical records electronically for **solicited** medical record requests.
 - The form asks for a **request number**. Use the Member ID number as an alternative in the **request number** field.
- Features:
 - File size — 30 MB maximum for all attachments combined
 - The addition of logos in your dashboard make it easy to quickly identify each payer
 - The ability to submit an itemized bill
 - A record of each entry provides increased visibility of your submission

Medical Attachments (cont.)

- Select **Claims & Payments**, then select **Attachments – New**.

The screenshot displays the Avallity web application interface. At the top, there is a navigation bar with the Avallity logo, a Home icon, a Notifications bell icon with a '4' badge, and a My Favorites dropdown. Below this is a secondary navigation bar with 'Patient Registrat' (with a '1' badge), 'Claims & Payments' (selected), 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area is divided into three columns: 'Claim Status & Payments', 'Claims', and 'Manage File Transfers'. The 'Claims' column contains 'Professional Claim' (PC), 'Facility Claim' (FC), 'Secure Messaging' (SM), and 'Attachments - New' (MA). The 'Attachments - New' option is highlighted with an orange box and a '2' badge. A note below 'Secure Messaging' states: 'This link has been moved to Payer Spaces/Resources.'

Claim Status & Payments	Claims	Manage File Transfers
Claim Status Inquiry	Professional Claim	Send and Receive EDI Files
Claim Status and Remittance Inquiry	Facility Claim	File Restore
Remittance Viewer	Secure Messaging <i>This link has been moved to Payer Spaces/Resources.</i>	EDI Reporting Preferences
Appeals	Attachments - New	

Medical Attachments: Accessing the tool

- Availability Administrators complete these steps:
 - From the **My Account Dashboard**, select **Enrollments Center** and **Medical Attachments Setup**. Follow the prompts and complete the following:
 - Select **Application**, then select **Medical Attachments Registration**.
 - From the *Provider Management* banner, select **Organization**. Add NPIs and/or Tax IDs (multiples can be added as long as they are separated by spaces or semi-colons).
 - Assign user access by checking the box in front of the user's name. Uncheck the box to remove access.

Medical Attachments: Using the tool

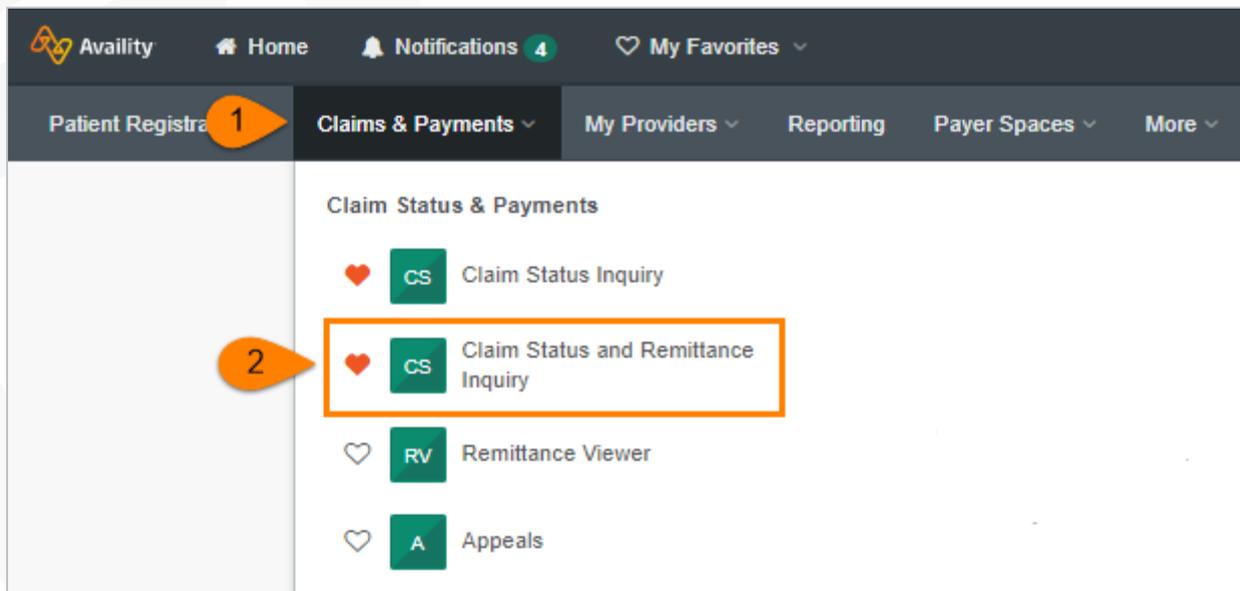
- The Availity user completes the following steps:
 - Log into [availity.com](https://www.availity.com).
 - Select Claims and Payments > Attachments – New > Send Attachment(s).
 - Complete all required fields of the form.
 - Attach supporting documentation and submit.
- For more in-depth training on Medical Attachments, select Help & Training > Find Help > Medical Attachments.



Claim Status Inquiry

Claim Status Inquiry

- Select **Claims & Payments**, then select **Claim Status and Remittance Inquiry**.



- Follow the prompts to submit a claim status and remittance inquiry.



Claim Payments

Claim Payments

- Ensure you are receiving your claims payments as quickly as possible by:
 - Registering for electronic funds transfer (EFT).
 - Registering for electronic remittance advice (ERA).

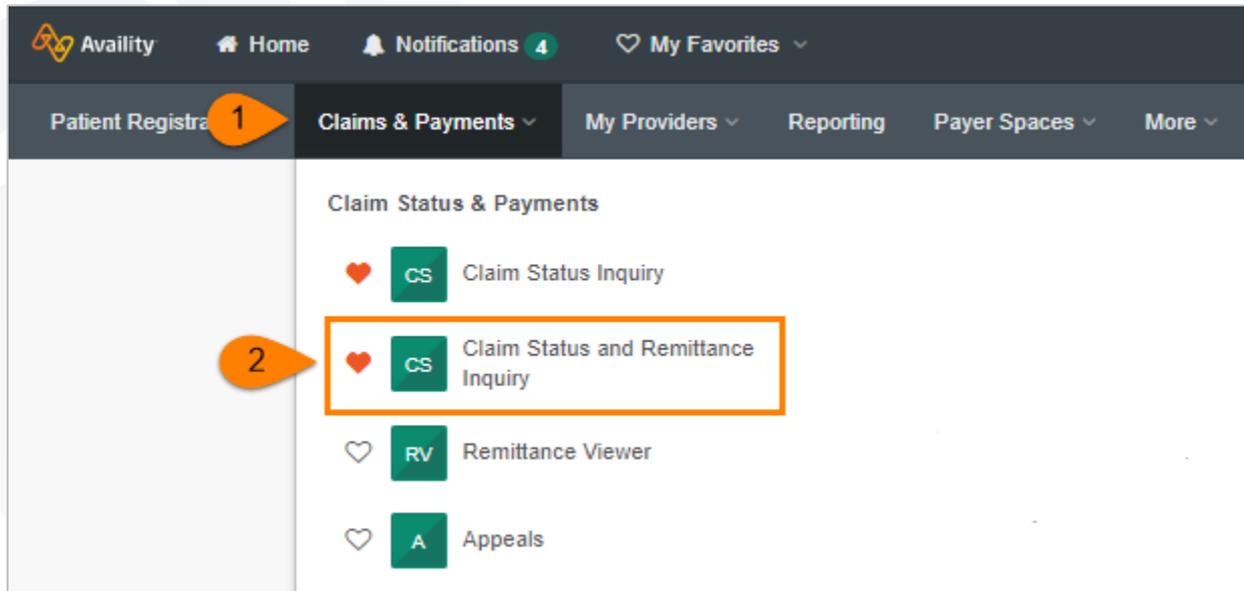
EFT/ERA Registration and Contact Information			
Type of transaction	How to register	Contact for questions	Post-registration issues contact
EFT	Use EnrollHub™ EnrollHub™ is a CAQH Solution™	EnrollHub Help Desk — 844-815-9763	<ul style="list-style-type: none"> • CCHA Provider Support Services — 1-855-817-5786 <ul style="list-style-type: none"> — If a provider or facility, select 1 — After selecting 1, select 2 Allow 4 to 6 weeks from successful EFT registration before contacting Provider Support Services
ERA	Use Availity	Availity Client Services — 1-800-282-4548	<ul style="list-style-type: none"> • e-Solutions at 1-800-470-9630 Allow 4 to 6 weeks from successful ERA registration before contacting e-Solutions



Claim Payment Dispute

Claim Payment Dispute

- Select **Claims & Payments**; then, select **Claim Status and Remittance Inquiry**.



- Follow the prompts to submit a claim status inquiry; then, you will see the option to submit a claim payment dispute if needed.

Claim Payment Dispute (cont.)

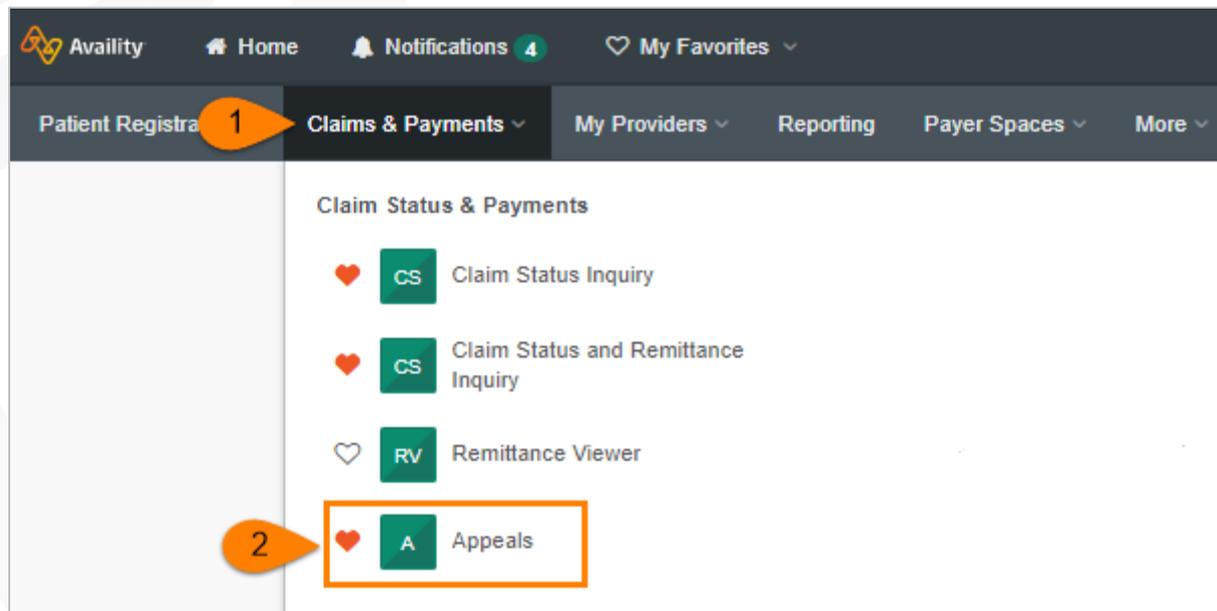
- From the *Claim Status* results page, select **Dispute Claim** to initiate a claim payment dispute.

The screenshot shows the 'Claim Status' interface. At the top, there's a header with 'cs Claim Status BETA', 'Give Feedback', and 'New Request'. Below the header, the subscriber information is displayed: 'AVAILITY, SOPHIA Subscriber', 'Patient ID ABC123456789', 'DOB 03/01/1961', 'Provider JAMES MATERNITY', and 'Provider ID 1234567893'. A 'PAYER LOGO' placeholder is also present. The main content area shows 'Claim 123456 (Processed 04/14/2012)' with a 'Verify Eligibility Information' link. A table displays claim details: 'Check Number' 000012345, 'Check Date' 04/14/2012, 'Patient Account #' 12345678, 'Billed' \$118.50, and 'Paid' \$15.36. A 'Dispute claim' button is highlighted with a red box and a red arrow. Below the table, there's a 'Status as of 04/13/2012' section with a list of bullet points. At the bottom, there's a summary row: 'Dates 04/03/2012 - 04/03/2012', 'Billed \$77.50', 'Coinsurance¹ N/A', 'Paid \$5.73', 'Procedure Code 82043', 'Allowed¹ N/A', and 'Cobav¹ N/A'.

- All users with the role assignment of claim status will have access to the *Dispute Claim* option from the *Claim Status* page. Contact your Availity Administrator to obtain access if you do not have claim status functionality.

Claim Payment Dispute (cont.)

- To complete your claim payment dispute, go to the appeals dashboard by selecting **Claims & Payments**, then **Appeals**.



Claim Payment Dispute (cont.)

- From the Appeals dashboard, you can filter or select any Appeal that is in **initiated status** to complete the submission process.

Appeals in **initiated** status will be indicated with:

- Initiated
- Black bar on left side

The screenshot displays a list of appeals in a dashboard. Each card shows a 'PAYER LOGO', status, and case details. The third card is highlighted with a blue border and contains the following information:

- PAYER LOGO**
- Status: **Initiated**
- Created: 06/04/2018 • Updated 06/07/2018
- Buttons: **Complete Dispute Request** and **View details**

From the *Actions* menu options, select **Complete Dispute Request** and follow the prompts.

- For more in depth training on the *Claim Payment Dispute Tool*, register for a live webinar or view a previous recording. Log in to Availity at [availity.com](https://www.availity.com) and select **Help & Training**, then **Get Trained**. Type **appeals** in the search field and select **Enroll**.



Additional Training

Additional Training

- Select **Help & Training**; then, select **Find Help** or **Get Trained**.



Find Help:

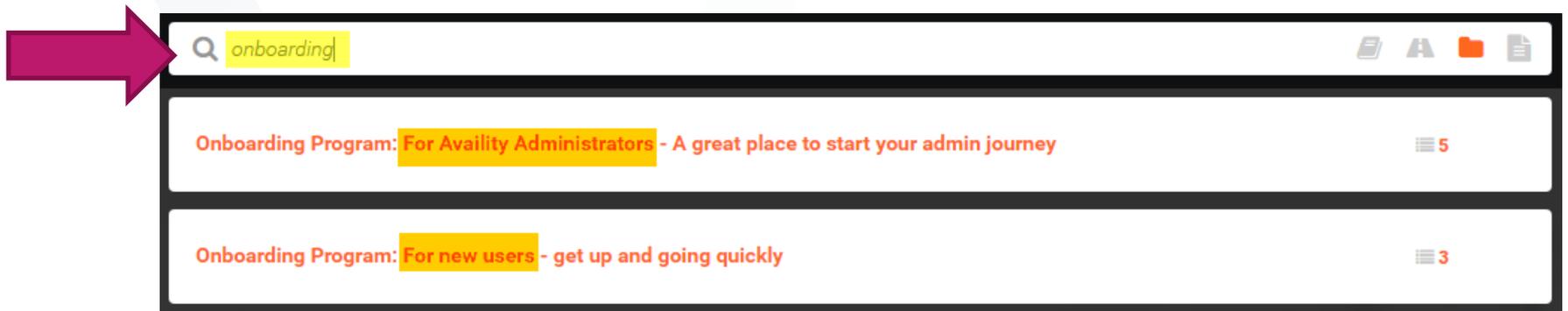
Search by topic or keyword to find step-by-step instructions to walk you through different tools.

Get Trained:

Search by topic to enroll in live webinars or previously recorded trainings.

Additional Training: Onboarding

- Both on-demand demos and live webinar trainings may be available.
 - Select **Help & Training**; then, select **Get Trained**.
 - Type **onboarding** in the search field to display all options.
 - Search by keyword or functionality to find training on specific tools, such as *Eligibility and Benefits, Claim Status, etc.*





Availity Portal: Payer Spaces

Payer Spaces

- *Payer Spaces* is home to most payer specific tools and resources.
- Select the **CCHA** tile from the *Payer Spaces* drop-down.

The screenshot displays the Availity user interface. At the top, there is a navigation bar with 'Availity' logo, 'Home', 'Notifications 3', and 'My Favorites'. Below this is a secondary navigation bar with 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The 'Payer Spaces' dropdown menu is open, showing three tiles: 'Anthem Blue Cross Blue Shield', 'UNICARE', and 'COLORADO COMMUNITY HEALTH ALLIANCE'. A pink arrow points to the CCHA tile. The main content area is divided into a 'Notification Center' on the left and a list of notifications on the right. The 'Notification Center' has a header 'N Notification Center' and three items: 'You have Medical Attachment's response(s) in your work queue.', 'Providers have submitted Attachments in your work queue.', and 'Florida Blue Q4 provider directory - Time is running out to submit your updates.' The right side shows a list of notifications with dates and times, and a 'Take Action' button.

Payer Spaces: Applications Tab

- Select the heart icon to add this to your favorites.

The screenshot shows the Availity Payer Spaces Applications Tab. At the top, there is a dark navigation bar with the Availity logo and links for Home, Notifications, and My Favorites. Below this, the Applications tab is active, with sub-tabs for Resources and News and Announcements. A disclaimer states: "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!". The main content area features five application cards, each with a heart icon for favoriting:

- Access Your Custom Learning Center**: Find payer-centric training and resources in the learning center.
- Claims Status Listing**: Retrieve a list and status of the claims you've submitted.
- Education and Reference Center**: Locate important policies, forms and educational resources.
- Precertification Look Up Tool**: Check if preauthorization is required for your Medicaid patients.
- Remittance Inquiry**: View, print, or save a copy of your Remittance Advice.

Payer Spaces: Resources Tab

Home > CCHA Behavioral Health

 COLORADO
COMMUNITY
HEALTH
ALLIANCE

www.cchacares.com

Welcome CCHA Behavioral Health Providers



Applications **Resources** News and Announcements

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!

♥ Colorado Community Health Alliance Provider Home 05/22/2018



Claim Status Listing

Claim Status Listing

- Select Payer Spaces > Applications > Claims Status Listing.

The screenshot displays the Availity web application interface. At the top, the navigation bar includes the Availity logo, Home, Notifications (with a '1' badge), and My Favorites. Below this, a secondary navigation bar contains Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (highlighted with a pink box), and More. A pink arrow points from the Payer Spaces menu to the Colorado Community Health Alliance logo. The main content area shows a breadcrumb trail: Applications (highlighted with an orange box and a '2' badge), Resources, and News and Announcements. A disclaimer states: "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!". Below the disclaimer are five tiles: Access Your Custom Learning Center (with a '3' badge), Claims Status Listing (highlighted with an orange box), Education and Reference Center, Precertification Look Up Tool, and Remittance Inquiry.

Claim Status Listing (cont.)

- To search for claims, follow the prompts and select **Search**.

Home > CCHA Behavioral Health > Claims Status Listing

Claims Status Listing



Retrieve a list of your Behavioral Health claims.

1 Search Claims **2** Search Results

Organization ⓘ
Select an Organization

Tax ID ⓘ Tax ID(s) populated in the below list are tied to the Organization selected.
Select a tax id

Express Entry
Search For a Provider

NPI ⓘ
[Empty text field]

Date Of Service ⓘ

Start Date:
Enter Start Date [Calendar icon]

End Date:
Enter End Date [Calendar icon]

Clear Search

Claim Status Listing (cont.)

- The search results will appear. *HIPAA*-protected information is blurred out below.

Avality Home Notifications 1 My Favorites Help & Training

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

Your Search Criteria:
NPI: [blurred]
Line Of Business: [blurred]
Date Of Service Range: [blurred]

Transaction ID: [blurred]
Transaction Date: [blurred]

Claims List Results: 1 - 5 of 5 record(s) displayed View Results 20 per page

Claim Status	Claim ID	▼ Date of Service	Pt. Acct Number	Check/EFT Number	Billed Amount Paid Amount	Process Date	Member Name Subscriber ID
Finalized	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	09/10/2019	[blurred]
Finalized	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	09/10/2019	[blurred]
Finalized	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	09/05/2019	[blurred]
Finalized	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	10/12/2019	[blurred]
Finalized	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	09/06/2019	[blurred]



Precertification Look Up Tool

Precertification Look Up Tool

- Select Payer Spaces > Applications > Precertification Look Up Tool.

The screenshot displays the Availity web application interface. At the top, a dark navigation bar contains the Availity logo and menu items: Home, Notifications (with a '1' badge), and My Favorites. Below this, a secondary navigation bar includes Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (highlighted with a pink box), and More. A pink arrow points from the Payer Spaces menu to the Colorado Community Health Alliance logo. The main content area features a breadcrumb trail: Applications (highlighted with an orange box), Resources, and News and Announcements. A 'Sort by A-Z' dropdown is visible. A disclaimer states: '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!'. Below the disclaimer are five tiles: 'Access Your Custom Learning Center', 'Claims Status Listing', 'Education and Reference Center', 'Precertification Look Up Tool' (highlighted with an orange box and a '3' badge), and 'Remittance Inquiry'.

Precertification Look Up Tool (cont.)

- Enter the **Line of Business**, **CPT®/HCPCS Code or Code Description**, then **Submit**.
- Check the appropriate payer icon under *Payer Spaces* for availability by membership types (they vary by state).
- For memberships that are not available, use the ICR tool for precertification requirements.

Home > CCHA Behavioral Health > Precertification Lookup Tool

 COLORADO COMMUNITY HEALTH ALLIANCE

Precertification Lookup Tool

Inpatient services and non-participating providers always require precertification.

Line Of Business

CPT/HCPCS Code or Code Description 

Important notes about precertification and the use of this tool:

Please note: Drug description search is case sensitive. You must search using generic/chemical ingredient name and use lower case only.

This tool does not reflect benefits coverage* nor does it include an exhaustive listing of all Non-covered Services (i.e., experimental procedures, cosmetic surgery, etc.) as outlined within your provider manual.

To determine whether a service is covered, you can either:

- Access eligibility and benefits information on the Availity Web Portal.
- Call Provider Services at 1-800-901-0020 (Medicaid/FAMIS) or 1-855-817-5788 (MMP)

*Services may be listed that are not covered benefits, whether they do or do not require precertification.

Verify benefit coverage prior to rendering services.



Remittance Inquiry

Remittance Inquiry

- Select Payer Spaces > Applications > Precertification Look Up Tool.

The screenshot displays the Availity web application interface. At the top, the navigation bar includes the Availity logo and links for Home, Notifications (with a '1' badge), and My Favorites. Below this, a secondary menu contains Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (highlighted with a pink box), and More. A pink arrow points from the Payer Spaces menu to the Colorado Community Health Alliance logo. The main content area features a breadcrumb trail: Applications (highlighted with an orange box), Resources, and News and Announcements. A 'Sort by A-Z' dropdown is visible in the top right. A disclaimer states: '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!'. Below the disclaimer are five tool cards: 'Access Your Custom Learning Center', 'Claims Status Listing', 'Education and Reference Center', 'Precertification Look Up Tool' (with a '3' badge), and 'Remittance Inquiry' (highlighted with an orange box). The 'Remittance Inquiry' card description reads: 'View, print, or save a copy of your Remittance Advice.'

Remittance Inquiry (cont.)

- Select the **Organization** and **Tax ID** from each drop-down box.
- Search by either the **Check/EFT Payment Number** or **Issue Date Range**.
- Select **Search**.

Home > CCHA Behavioral Health > Remittance Inquiry

Remittance Inquiry



The Remittance Inquiry application retrieves images of paper remits for check dates 7/01/2018 and after. For remit dates prior to 7/01/2018, please contact Health First Colorado or the applicable BHO for any historical payment information.

1 Search Remits

2 Search Results

Organization 
Select an Organization

Tax ID 
Select a tax id

Search by: 

Check/EFT/Payment Number Issue Date Range

Check/EFT/Payment Number: Enter Check/EFT/Payment Number

Clear Search

Please contact the Customer Service number on the member's ID card if you have questions related to a remittance inquiry.

Tip: Search by **Issue Date Range** to view zero pay remittances, which means a claim was processed but no funds were paid to the provider. This information is still needed to balance your accounts.

Remittance Inquiry (cont.)

- Search results display. The sort options include:
 - **Provider Name**
 - **Issue Date**
 - **Check/EFT Number**
 - **Check/EFT Amount**
- Select the **View Remittance** link to access the imaged version of the paper remit.

1 Search Remits

2 Search Results

Your Search Criteria: Transaction ID: [REDACTED]
Issue Date Range: 01/10/2016 - 01/16/2016

Remittance Inquiry Results: 1 - 3 of 3 records displayed

▲ Provider Name	Issue Date	Check/EFT Number	Check/EFT Amount	View Remittance
[REDACTED]	01-13-2016	9999999999		View Remittance
[REDACTED]	01-15-2016	[REDACTED]	\$76.81	View Remittance
[REDACTED]	01-16-2016	[REDACTED]	\$16.84	View Remittance

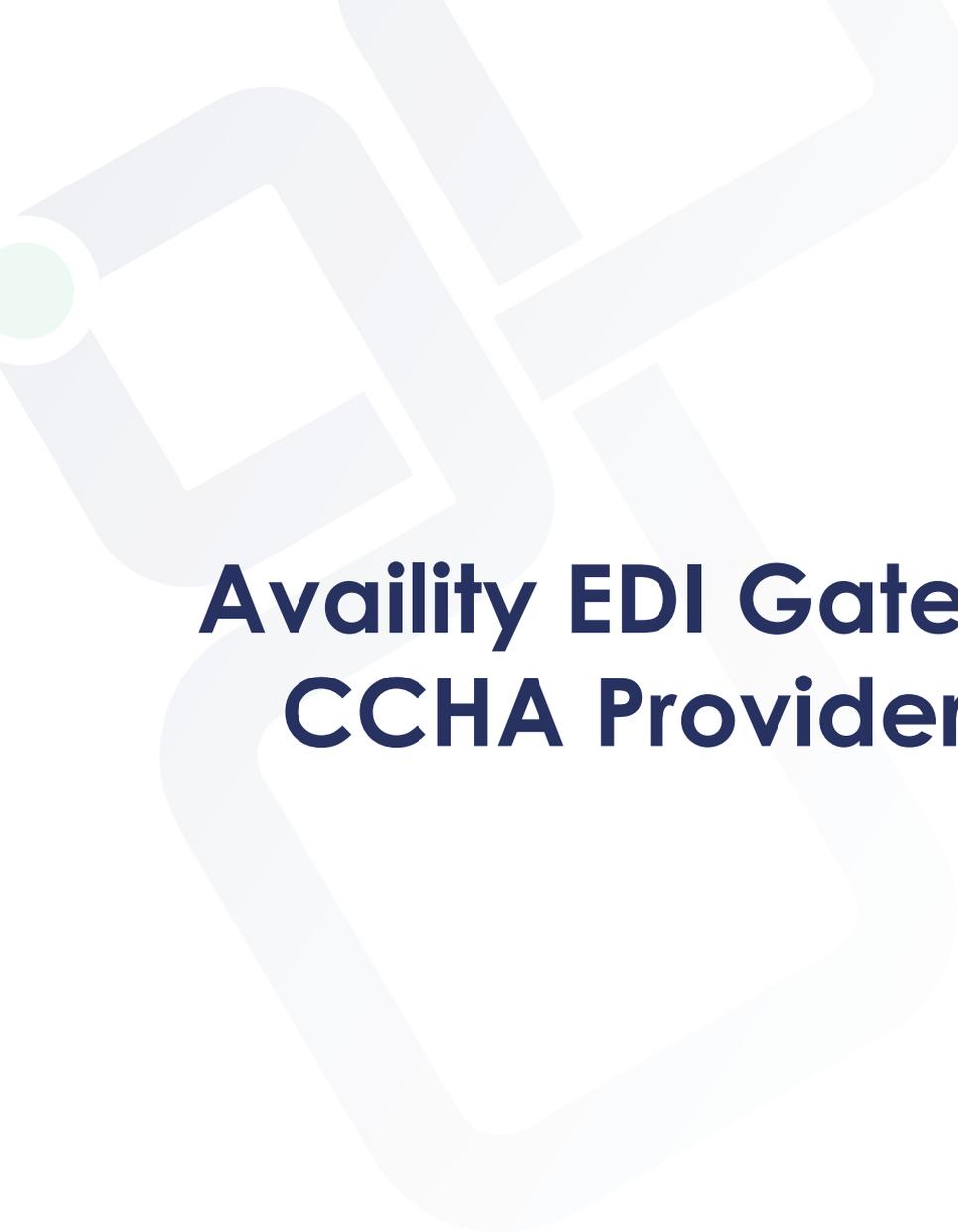
[Refine Search](#) [New Search](#)

Please contact the Customer Service number on the member's ID card if you have questions related to a remittance inquiry.

Tip: If no dollar amount is listed under *Check/EFT Amount*, this indicates a zero pay remittance. This means a claim was processed, but no funds were paid to the provider. This information is still needed to balance your accounts.

Remittance Inquiry: Details/Troubleshooting

- **Details:**
 - Remit images are available for most Health First Colorado (Colorado's Medicaid Program) members.
 - Remits available will include Medicare Crossover claims if the member's home plan is part of CCHA.
 - Images can be saved to the user's computer or printed.
 - View past remittances back 15 months.
 - The remittance inquiry tool is associated to all users who are granted access with the claims or claim status role/functionality by their Availity administrator.
- **Troubleshooting — If you are not finding a remittance you are looking for:**
 - Make sure you are not using the *Remit Viewer* tool
 - This is a separate tool on Availity to view ERAs.
 - Complete all of the fields.
 - If searching by **Issue Date Range**, try an individual NPI if you first tried the group NPI and vice versa.
 - If searching by **Check/EFT/Payment** number, be sure to include leading zeros if applicable; all numbers must be entered exactly.



Availity EDI Gateway Services for CCHA Provider Organizations

Availity EDI Gateway Services

- CCHA has worked with Availity to become our designated EDI Gateway.
- Your organization can register with Availity to submit the following transactions:
 - 837 — Institutional
 - 837 — Professional
 - 835 — Electronic Remittance Advice
 - 276/277 — Claim Status — real-time
 - 270/271 — Eligibility — real-time



Contact Information

Availity Contact Information

- Phone number — **1-800-AVAILITY (1-800-282-4548)**
- Website — [availity.com](https://www.availity.com)



Questions?



Thank you!