

WELCOME TO BRIDGEVIEW /AVAILITY TRAINING SERVICE AGREEMENT ACCESS FALL 2020

AVAILITY WEBSITE WWW.AVAILITY.COM

WE WILL REVIEW THE FOLLOWING:

➢ REGISTERING YOUR ORGANIZATION

> ENTERING INFORMATION IN EXPRESS ENTRY

> ADDING USERS TO YOUR ORGANIZATION AND ASSIGNING NEEDED ROLES

➢ FINDING YOUR AVAILITY CUSTOMER ID

➢ FINDING YOUR ORGANIZATIONS ADMINISTRATOR

> BRIDGEVIEW PAYER SPACES

> NAVIGATING TO THE LINK TO OBTAIN YOUR SERVICE AGREEMENTS

REGISTERING YOUR ORGANIZATION

FIRST THINGS FIRST:

INTERNET BROWSER COMPATIBILITY

The Availity Portal is compatible with the following browsers:

- Google Chrome (version 22 or higher)
- Mozilla Firefox (version 27 or higher)
- Microsoft Edge (version 79 or higher) To ensure you are using the Edge browser, look for this logo:



Microsoft Internet Explorer 11

> ALLOW POP-UP WINDOWS

- APPS.AVAILITY.COM
- WWW.AVAILITY.COM
- ANY THIRD-PARTY WEBSITES ACCESSED FROM THE AVAILITY PORTAL SUCH AS A PAYER'S WEBSITE.

NOTE: ALSO ALLOW JAVASCRIPT AND ALLOW IMAGES TO LOAD AUTOMATICALLY.

NOTE: Availity is compatible with the Internet Explorer as a browser but this will not work with the new website to obtain your Service Agreements.

REGISTERING YOUR ORGANIZATION, CONTINUED

TO REGISTER YOUR BUSINESS:

FOLLOW THESE STEPS

- 1. GO TO WWW.AVAILITY.COM
- 2. CLICK REGISTER
- 3. CLICK THE ORGANIZATION TYPE
- 4. FOLLOW THE REGISTRATION WIZARD

REGISTRATION TIP

IF YOU DO NOT REQUIRE USE OF A NPI, THEN UNCHECK THIS BOX IN STEP 2 OF THE REGISTRATION PROCESS ABOUT ORGANIZATION INFO.

National Provider Identifier (NPI)

If you have an individual (entity type 1) and organization (entity type 2) NPI, use the organization's NPI.

This is a HIPAA covered healthcare provider that is required to have an NPI



Availity Provider Portal, EDI Gateway, and FTP

The Availity Portal offers secure online access to multiple health plans, and the ability to manage business transactions through a single, easy-to-use site. Registering for the Portal will also allow you to set up EDI Gateway, batch, and FTP services (or transactions). All you need is basic information about your business, including your federal tax ID.

To register, select your organization type below



REGISTERING YOUR ORGANIZATION, CONTINUED

AVAILITY 2-STEP AUTHENTICATION:

- AVAILITY WANTS TO PROTECT THE PRIVACY AND DATA THAT USERS HAVE ACCESS TO. TO DO THAT THEY HAVE ADDED A REQUIRED 2-STEP AUTHENTICATION.
- > EACH USER WILL NEED TO HAVE THEIR OWN ACCOUNT. WE WILL REVIEW HOW TO DO THAT LATER IN THE PRESENTATION.
- > THIS 2-STEP AUTHENTICATION PROCESS ENSURES THAT YOU ARE THE PERSON YOU SAY YOU ARE AT THE KEYBOARD.
- ONLY THE PRIMARY ADMINISTRATOR OF THE ORGANIZATION IS REQUIRED TO COMPLETE THE IDENTITY VERIFICATION STEPS. YOU WILL HAVE TO ANSWER PERSONAL QUESTIONS ABOUT YOURSELF. AVAILITY UTILIZES A VENDOR FOR THIS PROCESS, THEY DO NOT KNOW THIS INFORMATION ABOUT YOU.
- ALL OTHER USERS WILL ONLY NEED TO COMPLETE A FEW QUESTIONS TO OBTAIN A CODE TO COMPLETE THE LOG IN PROCESS.



2-STEP AUTHENTICATION PROVIDES ANOTHER CHECKPOINT TO MAKE SURE THE PERSON LOGGING IN TO THEIR AVAILITY ACCOUNT IS WHO THEY SAY THEY ARE. 2-STEP AUTHENTICATION IS INCREASINGLY BEING USED IN REGULATED INDUSTRIES, SUCH AS HEALTHCARE AND BANKING.

REGISTERING YOUR ORGANIZATION, CONTINUED

THE PERSON WHO COMPLETES THE REGISTRATION PROCESS FOR THE ORGANIZATION IS AUTOMATICALLY CONSIDERED THE ACCESS ACCOUNT ADMINISTRATOR.

- THE ACCESS ACCOUNT ADMINISTRATOR HAS THE SECURITY TO PERFORM THE FOLLOWING FUNCTION:
 - ADD OR MAINTAIN USERS
 - ASSIGN REQUIRED ROLES
 - MAINTAIN EXPRESS ENTRY INFORMATION
 - ERA REGISTRATION
 - MAINTAIN THE ORGANIZATION

* THIS LIST DOES NOT INCLUDE ALL AVAILABLE FUNCTIONS AVAILABLE ON THE AVAILITY PORTAL

EXPRESS ENTRY

TO BE ABLE TO OBTAIN YOUR SERVICE AGREEMENTS, YOU WILL BE REQUIRED TO ENTER YOUR PROVIDER IDENTIFIER IN EXPRESS ENTRY. TO OPEN EXPRESS ENTRY, GO TO THE "MY PROVIDERS" DROP DOWN MENU, CHOOSE "EXPRESS ENTRY"



EXPRESS ENTRY, CONTINUED

CHOOSE THE ORGANIZATION YOU WANT TO ADD PROVIDER INFORMATION FOR

▶ IF YOUR PROVIDER USES AN NPI, ENTER THAT NUMBER AND CLICK ADD PROVIDER

➢ IF YOUR PROVIDER USES AN UMPI, CLICK ON THE LINK FOR PROVIDERS THAT DO NOT USE AN NPI. YOU WILL THEN NEED TO CHOOSE INDIVIDUAL OR GROUP/FACILITY

Manage Express Entry

Note: You might notice a delay when you add new entries or edit existing information for your organization. If you don't see the updates in your Express Entry menus right away, please wait a few minutes for the system to update.



EXPRESS ENTRY, NPI ENTRY



ADD PROVIDER WITH NATIONAL PROVIDER ID (NPI)

- CHOOSE AN ORGANIZATION AS NEEDED. IF THE
 PROVIDER IS ASSOCIATED TO MORE THAN ONE
 ORGANIZATION THEN YOU WILL NEED TO
 ENTER THEIR INFORMATION UNDER EACH
 ORGANIZATION
- ➢ ENTER THE NATIONAL PROVIDER ID
- > CLICK ON ADD PROVIDER BUTTON
- ➢ THE NATIONAL PLAN AND PROVIDER
 - ENUMERATION SYSTEM (NPPES) IS ACCESSED TO VERIFY THE NPI ENTERED

lext page

EXPRESS ENTRY, NPI ENTRY CONTINUED

| Manage Express Entry Provider Types | Add Provider to another Organization | Remove Provider from Organization | |
|--|---|--------------------------------------|------|
| Elderly wai | ver Provider | E | Edit |
| Physical Address: Phone: | 123 1 st St Anytown, MN 55121 0164 (651)111-2222 | 4 | Edit |
| | Add another physical add | dress | |
| Billing Address: Phone: | 123 1 st St Anytown, MN 55121 0164 (651)111-2222 | 4 | Edit |
| | Add another billing addre | ess | |
| Provider Relationship: | No Role Assigned | E | Edit |
| NPI: | 1234567890 Add Additional Identifier(| (s) | |

REVIEW INFORMATION IS POPULATED FROM NPPES

► EDIT INFORMATION, AS NEEDED

- ADD ANOTHER PHYSICAL ADDRESS, AS NEEDED
- ADD ANOTHER BILLING ADDRESS, AS NEEDED

EXPRESS ENTRY, INDIVIDUAL

| Provider Type: | ● Individual ○ Group / Facility |
|-----------------------------|---------------------------------|
| First Name: | |
| Middle Name: | |
| Last Name: | |
| | |
| Associated Organization: | Select an Organization |
| Dhusiaal Address | |
| Physical Address: | |
| Physical Address 2: | |
| City: | |
| State: | Select One 🗸 |
| ZIP: | |
| Phone: | |
| Fax: | |
| Billing Address Same | As Physical Address: 🗹 |
| Specialty / | Select One |
| laxonomy. | |
| Provider | Select One |
| readonship. | |
| | ○ Tax ID (EIN) ○ SSN |
| Payer Assigned | Select One |
| Provider Identifier: | |
| | |
| | Save Provider |
| | Cancel |

ENTERING UNIVERSAL MINNESOTA PROVIDER IDENTIFICATION (UMPI) FOR AN INDIVIDUAL

- > ENTER NAME INFORMATION
- CHOOSE AN ORGANIZATION AS NEEDED. IF THE PROVIDER IS ASSOCIATED TO MORE THAN ONE ORGANIZATION THEN YOU WILL NEED TO ENTER THEIR INFORMATION UNDER EACH ORGANIZATION
- > ENTER ADDRESS INFORMATION
- > SELECT APPROPRIATE SPECIALTY/TAXONOMY CODE
- CHOOSE APPROPRIATE PROVIDER RELATIONSHIP
- CHOOSE TAX ID (EIN) OR SSN TO ENTER YOUR NUMBER

| ● Tax ID (EIN) ○ SSN | |
|----------------------|--|
| | |

| O Tax ID (EIN) | SSN |
|----------------|-----|
| | |



EXPRESS ENTRY, CONTINUED FOR INDIVIDUAL

| Provider Type: | ● Individual ○ Group / Facility | |
|---|---------------------------------|--|
| First Name: Middle Name: Last Name: | | |
| Associated Organization: | Select an Organization | |
| Physical Address: | | |
| Physical Address 2: | | |
| City: | | |
| State: | Select One 🗸 | |
| ZIP: | | |
| Phone: | | |
| Fax: | | |
| Billing Address Same | e As Physical Address: 🗹 | |
| Specialty / Taxonomy: | Select One | |
| Provider Relationship: | Select One | |
| | | |
| Payer Assigned Provider Identifier: | Select One | |
| | Save Provider | |
| | Cancel | |

COMPLETE THE PROCESS BY ADDING A PAYER ASSIGNED PROVIDER IDENTIFIER

- USING DROP DOWN MENU, CHOOSE THE PAYER NAME OF BRIDGEVIEW
- > ENTER YOUR UMPI IN THE TEXT BOX BELOW PAYER NAME
- ➢ CLICK ON SAVE PROVIDER

| Payer Assigned | BRIDGEVIEW | ~ |
|----------------------|---------------|---|
| Provider identifier: | A123456789 | |
| | | |
| | Save Provider | |

EXPRESS ENTRY, GROUP/FACILITY

| Provider Type: | O Individual 🔍 Group / Facility | |
|--|---------------------------------|--|
| Group / Facility: | | |
| Associated Organization: | Select an Organization | |
| Physical Address: | | |
| Physical Address 2: | | |
| City: | | |
| State: | Select One 🗸 | |
| ZIP: | | |
| Phone: | | |
| Fax: | | |
| Billing Address Same | e As Physical Address: 🗹 | |
| Specialty / Taxonomy: | Select One | |
| Provider Relationship: | Select One | |
| Tax ID (EIN): | 123456789 | |
| Payer Assigned Provider Identifier: | Select One | |
| Save Provider | | |

ENTERING UNIVERSAL MINNESOTA PROVIDER IDENTIFICATION (UMPI) FOR A GROUP/FACILITY

> ENTER THE NAME

- CHOOSE AN ORGANIZATION AS NEEDED. IF THE PROVIDER IS ASSOCIATED TO MORE THAN ONE ORGANIZATION THEN YOU WILL NEED TO ENTER THEIR INFORMATION UNDER EACH ORGANIZATION
- > ENTER ADDRESS INFORMATION
- > SELECT APPROPRIATE SPECIALTY/TAXONOMY CODE
- > CHOOSE APPROPRIATE PROVIDER RELATIONSHIP
- THE TAX ID (EIN) WILL BE PULLED FROM YOUR ORGANIZATION'S INFORMATION



EXPRESS ENTRY, CONTINUED FOR GROUP/FACILITY

| Provider Typ | e: 🔿 Individual 🖲 Group / Facility |
|-------------------------------------|------------------------------------|
| Group / Facilit | y: |
| Associate Organizatio | ed Select an Organization 🗸 |
| Physical Addres | s: |
| Physical Address | 2: |
| Cit | y: |
| Stat | e: Select One 🗸 |
| ZI | P: |
| Phon | e: |
| Fa | x: |
| Billing Address Sa | me As Physical Address: 🗹 |
| Specialty Taxonom | y: Select One |
| Provid Relationshi | p: Select One |
| Tax ID (EIN |): [122.(56700] |
| Payer Assigne Provider Identifie | ed Select One |
| | Save Provider |

COMPLETE THE PROCESS BY ADDING A PAYER ASSIGNED PROVIDER IDENTIFIER

- > USING DROP DOWN MENU, CHOOSE THE PAYER NAME OF BRIDGEVIEW
- > ENTER YOUR UMPI IN THE TEXT BOX BELOW PAYER NAME
- CLICK ON SAVE PROVIDER

| Payer Assigned Provider Identifier: | BRIDGEVIEW | ~ |
|--|---------------|---|
| | A123456789 | |
| | Save Provider | |

USER ACCESS

AFTER THE ACCESS ACCOUNT ADMINISTRATOR HAS COMPLETED THE REGISTRATION PROCESS FOR THE ORGANIZATION, THEY WILL NEED TO DECIDE IF ADDITIONAL USERS NEED TO BE ADDED TO SUPPORT YOUR ORGANIZATION. HERE ARE SOME CONSIDERATIONS:

➢ IS THERE AN ASSISTANT ADMINISTRATOR NEEDED FOR BACK UP?

> WHO WILL VIEW AND PRINT SERVICE AGREEMENTS?

> WHO WILL MAINTAIN ANY CHANGES TO THE ORGANIZATION?

> DO I NEED TO ACCESS MY REMITTANCE INFORMATION THROUGH AVAILITY?

> WILL I SUBMIT CLAIMS USING THE AVAILITY PORTAL?

▶ IF A CURRENT BVT ID IS BEING USED, YOU WILL WANT TO SET US A USER ACCOUNT IN AVAILITY.

USER ACCESS, CONTINUED ADD A USER

AFTER YOU HAVE DECIDED WHO NEEDS TO BE ADDED AS A USER TO YOUR ORGANIZATION WITHIN AVAILITY FOLLOW THESE STEPS:

- 1. GO TO MY ACCOUNT DASHBOARD CHOOSE ADD USER
- 2. COMPLETE THE REQUIRED FIELDS USER ID, FIRST AND LAST NAME.
- 3. ENTER AN EMAIL ADDRESS THIS IS NOT REQUIRED BUT HIGHLY RECOMMENDED TO ALLOW THE USER TO RECEIVE PASSWORDS AND OTHER EMAIL COMMUNICATION
- 4. CHOOSE THE ORGANIZATION THE USER NEEDS ACCESS TO
- 5. CHOOSE THE ROLES NEEDED
- 6. REVIEW AND SUBMIT

My Account Dashboard

My Account My Administrators Maintain User Add User Maintain Organization 'How To' Guide for Dental Providers Enrollments Center EDI Companion Guide Spaces Management Tool

Add User

| * indicates a required field | | |
|------------------------------|------------------------------|--|
| * User ID: | 6-15 alphanumeric characters | Have a lot of users? |
| | This is an existing user ID | |
| * First Name: | | Upload users from a |
| * Last Name: | | spreadsheet in .csv format. |
| E-mail: | | Copy users from one organization to another |
| Phone | | |
| Notes: | | |
| | | |
| | | |
| | | |

Add this user to the following organization(s):

Note: User ID's are free form, the ID is required to

be 6-15 characters in

length, containing only

Spaces are not allowed. If

the User ID is already in

use, an error message will

letters and numbers.

be presented.

USER ACCESS, CONTINUED MAINTAIN A USER

TO ALLOW ADDITIONAL ACCESS TO A USER ID ALREADY SETUP, YOU WILL NEED TO ASSIGN THE APPROPRIATE ROLE(S). FOLLOW THESE STEPS:

- 1. GO TO MY ACCOUNT DASHBOARD CHOOSE MAINTAIN USER
- 2. SELECT ORGANIZATION OR SEARCH FOR A USER BY NAME OR ID
- 3. CLICK ON VIEW/EDIT TO OPEN BOX TO VIEW ROLES.
- 4. CHECK BOXES FOR ROLE(S) NEEDED
- CLICK SAVE TO KEEP CHANGES AS NEEDED USE CLEAR OR CANCEL BUTTONS.

| My Account Dashboard |
|-------------------------------------|
| My Account |
| My Administrators |
| Maintain User |
| AddUser |
| Maintain Organization |
| 'How To' Guide for Dental Providers |
| Enrollments Center |
| EDI Companion Guide |
| Spaces Management Tool |
| |
| |
| |
| |
| |
| Roles |
| |
| View/Edit |
| VIG WIE GIL |
| |
| |

Note: Check the box next to the role needed. All users are automatically setup with the base role assigned. This is the minimum requirement to be able to view and print Service Agreements.

| | | Role(s) | Permissions What is this? | | |
|----------|------------|--|------------------------------|--|--|
| User Rol | Jser Roles | | | | |
| | ~ | Base Role | More Info | | |
| | ✓ | Claims | More Info | | |
| | | EDI Management | More Info | | |
| | | Eligibility and Benefits | More Info | | |
| | | Express Entry | More Info | | |
| | | New Eligibility and Benefits | More Info | | |
| | | Provider Data Management | More Info | | |
| | | Provider Enrollment and Contracting | More Info | | |
| Administ | rator F | Roles | | | |
| | | Administrator Assistant | More Info | | |
| | | Administrator Reports | More Info | | |
| | | Transaction Enrollment - Advanced User | More Info | | |
| | | User Administration | More Info | | |

Save Clear Cancel

FINDING YOUR AVAILITY CUSTOMER ID

TO FIND YOUR AVAILITY CUSTOMER ID YOU WILL WANT TO VIEW YOUR ORGANIZATIONS INFORMATION.

FROM THE HOME PAGE ON THE "MY ACCOUNT DASHBOARD" TAB CHOOSE "MANAGE MY ORGANIZATION"

OR

UNDER "YOUR NAME ACCOUNT" MENU CHOOSE "MANAGE MY ORGANIZATION"

YOUR CUSTOMER ID IS LISTED IN TWO PLACES





FINDING YOUR ORGANIZATIONS ADMINISTRATOR

TO FIND YOUR ORGANIZATIONS ADMINISTRATOR YOU WILL WANT TO LOOK AT "MY ADMINISTRATORS"

FROM THE HOME PAGE ON THE "MY ACCOUNT DASHBOARD" TAB CHOOSE "MY ADMINISTRATORS"

OR

UNDER "YOUR NAME ACCOUNT" MENU CHOOSE "MY ADMINISTRATORS"

YOUR ADMINISTRATOR'S INFORMATION WILL BE LISTED IN THE POP-OUT WINDOW



Your administrators

Administrators grant you access to Availity applications, unlock your account and reset passwords.

| Current Organization | Current Organization - | | | |
|-----------------------------|------------------------|------|--|-------|
| Customer ID - 123456 | | | | |
| Name | Phone | Role | | Email |

BRIDGEVIEW PAYER SPACES

IN THE NAVIGATION BAR, CLICK PAYER SPACES, AND THEN CLICK THE BRIDGEVIEW ICON.



BRIDGEVIEW PAYER SPACES, CONTINUED

Home > Bridgeview



SERVICE AGREEMENTS

ACCESSING SERVICE AGREEMENTS

➢ IN THE NAVIGATION BAR, CLICK PAYER SPACES, AND THEN CLICK THE BRIDGEVIEW ICON. THE LINK WILL BE FOUND ON THE APPLICATIONS TAB



SERVICE AGREEMENTS, CONTINUED

THE NEXT SCREEN WILL DISPLAY YOUR ORGANIZATION NAME. IF YOU HAVE MORE THAN ONE ORGANIZATION, YOU WILL BE PROVIDED A DROP-DOWN LIST TO CHOOSE ONE ORGANIZATION. CHOOSE CONTINUE AFTER YOU HAVE VERIFIED THE CORRECT ORGANIZATION IS SHOWN

| Home > Bridgeview > Access your Bridgeview Provider Service Agreements | | |
|--|---------------|------------|
| Access your Bridgeview Provider Service Agreements | Give Feedback | Bridgeview |
| Organization Provider Org | | ~] |
| Continue | | |

SERVICE AGREEMENTS, CONTINUED

YOU WILL BE PRESENTED WITH THE INFORMATION ABOUT BEING DIRECTED TO A DIFFERENT WEBSITE. THE BRIDGEVIEW WEBSITE IS WHERE YOU WILL FIND YOUR SERVICE AGREEMENTS. CHOOSE SUBMIT TO CONTINUE.

Home > Bridgeview > Access your Bridgeview Provider Service Agreements

Access your Bridgeview Provider Service Agreements

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Submit

Cancel

1

SERVICE AGREEMENTS, CONTINUED

THE BRIDGEVIEW WEBSITE PROVIDES OPTIONS TO CHOOSE A PROVIDER IS YOU HAVE MORE THAN ONE NPI OR UMPI ALONG WITH A TIME FRAME.

- > PROVIDER THIS FIELD REPRESENTS THE PROVIDER NPI OR UMPI. IT IS BASED ON WHAT INFORMATION YOU HAVE ENTERED IN EXPRESS ENTRY.
- AGREEMENT THIS FIELD REPRESENTS THE TIME FRAME OPTIONS YOU HAVE TO CHOOSE FROM. 7, 30, 90, 120 OR ALL DAYS. THE LIST OF SERVICE AGREEMENTS WILL BE POPULATED BASED ON WHAT IS FOUND BY THE SEARCH CRITERIA.
- > YOUR NAME WILL BE DISPLAYED IN UPPER RIGHT CORNER.

| Bridgeview | | | | | |
|--------------------------|--------------------|-----------|------|---------------------------|----------|
| - Provider - | Service Agreements | | | | Q = |
| | SA Entry Date | Member ID | Name | SA Start Date | |
| Aggreement - 120 Days | 09/10/2020 5:00 AM | | | 11/01/2020 5:00 AM | <u>+</u> |
| | | | | Rows per page: 10 → 1-1 o | f1 < > |
| SEARCH | | | | | |

SERVICE AGREEMENT

SEARCH OPTIONS BASED ON SERVICE AGREEMENT ENTRY DATE INCLUDES ALL SERVICE AGREEMENTS FOR PAST ENTRIES



BASED ON YOUR SEARCH HISTORY YOU WILL SEE A LIST OF ALL SERVICE AGREEMENTS CLICK ON THE DOWN ARROW TO OPEN SERVICE AGREEMENTS

| Bridgeview | | END-USER |
|--|------------------------------|----------------------|
| Provider Your Provider Name /UMPI/NPI | Service Agreements | Q = |
| | SA Entry Date Member ID Name | SA Start Date |
| Aggreement 120 Days | 09/10/2020 5:00 AM | 09/01/2020 5:00 AM |
| | 09/10/2020 5:00 AM | 01/01/2021 6:00 AM |
| SEARCH | 09/10/2020 5:00 AM | 12/01/2020 6:00 AM |
| | 09/10/2020 5:00 AM | 10/01/2020 5:00 AM |
| | 09/09/2020 5:00 AM | 10/01/2020 5:00 AM |
| | 09/09/2020 5:00 AM | 11/01/2020 5:00 AM |
| | 08/01/2020 5:00 AM | 11/02/2019 5:00 AM |
| | 07/01/2020 5:00 AM | 11/15/2019 6:00 AM 👤 |



FILTERING OPTIONS

DROP DOWN FILTERING OPTIONS

| Bridgeview | | | | | END-USE | ER 🔳 |
|--|-------------------|------------------------------------|-------------------------------|-----------------|---------------------|--------|
| Provider Your Provider Name /UMPI/NPI | Q type her member | r name, identification number etc. | × | | Q | Ŧ × |
| Agreement | SA Entry Date | Member ID Sorry, no r | Name matching records four | SA Entry Date | Member ID All | • |
| SEARCH | | | | Name All | SA Start Date ▲ All | • |
| | | | | download All | ▼ | |

| Ņ |
|---|
| Ą |

| Care Manager Name and Contact information for Questions regarding the service agreement: |
|---|
| Case Manager Contact |
| Susan Smith |
| 651-123-4567 |
| A012345678 |

Your business name

SunnyDay Assisted Living 12345 Country Lane N Smithville, MN 55551

Your billing NPI/UMPI needs to be the same as the service agreement and registered with Availity

Provider NPI

Provider UMPI A087654321

THIS ELDERLY WAIVER SERVICE AGREEMENT HAS BEEN REVIEW. MEMBERS MUST CONTINUE TO MEET PROGRAM ELIGIBLITY CRITERIA AND, IN THE CASE OF THE WAIVER PROGRAMS, BE ELIGIBLE FOR MEDICAL ASSISTANCE. IT IS THE PROVIDER'S RESPONSIBILITY TO REVIEW THE MEMBER'S CONTINUED PROGRAM ELIGIBILITY ON THE MN-ITS ELIGIBILITY VERIFICATION SYSTEM PRIOR TO SUBMITTING CLAIMS FOR THESE SERVICES. PROVIDERS MUST CONTINUE TO BE ACTIVELY ENROLLED TO PROVIDE THESE SERVICE (5).

IF YOU HAVE QUESTIONS REGARDING THE SERVICES LISTED ON THIS SERVICE AGREEMENT, PLEASE CONTACT THE CASE MANAGER.

| PRIOR | | | | |
|----------|-----------|-------------|------------|------------|
| AUTH # | MEMBER ID | MEMBER NAME | FROM DATE | TO DATE |
| 88123456 | 801234567 | JOHN DOE | 07/01/2016 | 12/31/2016 |

The information listed above and below are required on the Availity claim form. Keep in mind you will only be billing one claim per month within the authorization date span.

| DIA CODE | SERVI | CE 5 MODIF | IER | | | | |
|--------------|--------|---------------|------------------|--------|-------|--------|-------------------------------|
| 110. E13.311 | T20 | 31 TG | | | FREQU | JENCY: | Daily |
| | 24 ho | ur Custo | mized Living Ser | vices- | Daily | | |
| AUTHORIZED | UNITS: | 365 | RATE/UNIT: | \$59 | .65 | TOTAL | AUTHORIZED AMOUNT: \$21772.25 |

THIS MEMBER MAY HAVE A WAIVER OBLIGATION THAT MUST BE MET

THIS IS A NEW SERVICE AUTHORIZATION.



Care Coordinator Web Too

Provider Service Agreements - Availit

Elderly Waiver Program Document

Our service is getting even better!

At Bridgeview, we look out for you and you can always count on us! It has always been important to us to provide a high standard of customer care. To reach an even higher level of service, we have improved our website. You will find that it is easier to use with the following new functions:

- Log into Availity to:
- View and Print Service Agreements
- Submit Elderly Waiver Claims by express entry or batch submission
- View and print remittance advices (835)
- No cost to enroll with Availity

It is necessary to register with Bridgeview to get service agreements and submit claims. Complete the registration form below by clicking the Bridgeview Provider Registration link:

Provider & Care Coordinator Alerts

Attention Elderly Waiver Providers!

Service Agreements Through Availity Portal

Early November 2020 all providers will access service agreements through the Availity Portal.

Webinars will be available to ensure that you are prepared for the change and how you will be accessing your service agreements in Availity.

Stay tuned for an email notification of Webinar dates and times.



Q&A



Thank you for taking the time to join us today. This presentation will be available on the Bridgeview Website and on the Availity Website in Bridgeview Payer Spaces.

For any specific questions please contact Availity or Bridgeview for the help you need.

Availity Client Services – 1-800-AVAILITY or 1-800-282-4548

>Bridgeview Service phone – 1-800-584-9488

> Bridgeview email address – ewproviders@bluecrossmn.com