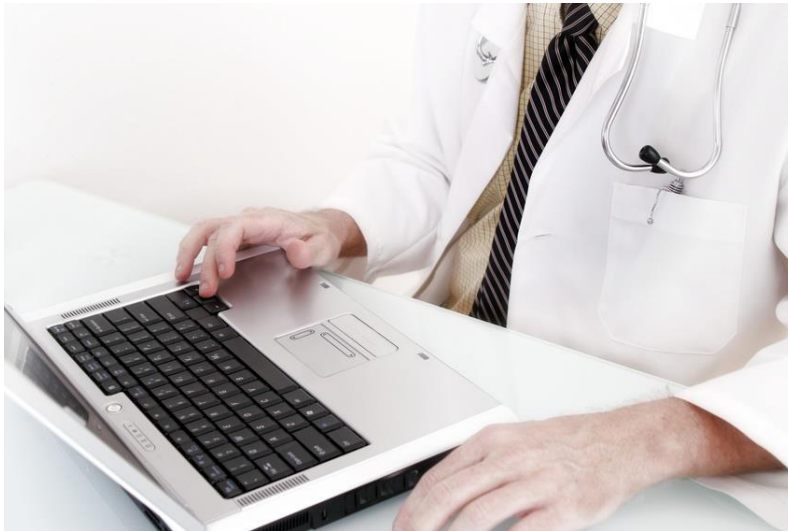




User Guide for the Prestige Health Choice Provider Portal Featuring the Availity Provider Portal



USER GUIDE

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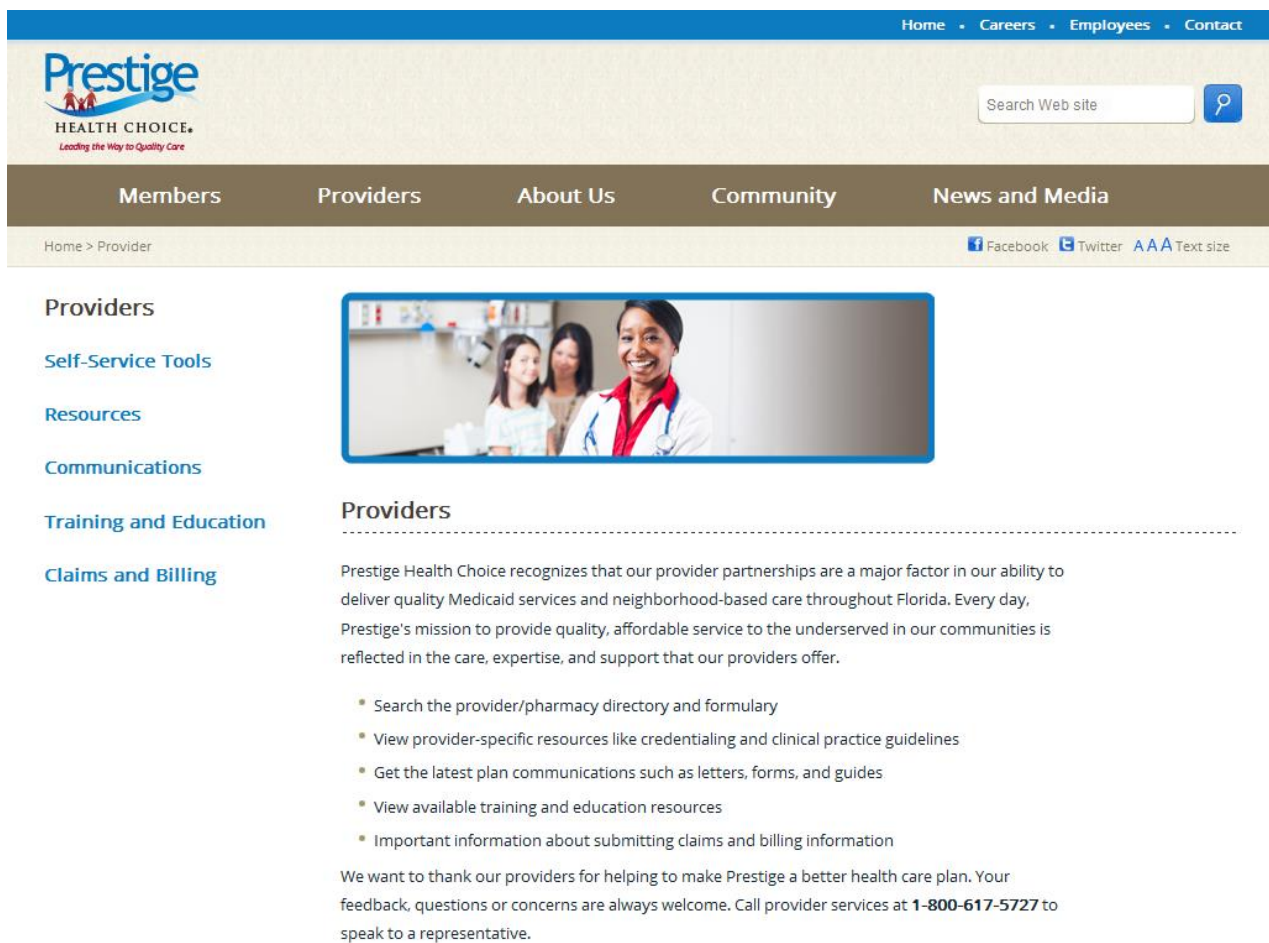
SECTION 1: PRESTIGE HEALTH CHOICE PROVIDER PORTAL OVERVIEW

Prestige Health Choice recognizes that our provider partnerships are a major factor in our ability to deliver quality Medicaid services and neighborhood-based care throughout Florida. Every day, Prestige's mission to provide quality, affordable care to the underserved in our communities is reflected in the care, expertise, and support that our providers offer.

To access the Prestige Provider Portal, please go to www.prestigehealthchoice.com and click on the 'Providers' link in the middle of the page.

Through the Prestige Provider Portal, you can access:

- Self-Service Tools: Provider and pharmacy directories and our formulary
- Resources: Member materials and provider resources
- Communications: Updates and changes, forms, manuals, and newsletters
- Training and Education: Orientation and other training material
- Claims and Billing: Claims submission protocols
- And can link to the Availity Provider Portal



The screenshot shows the Prestige Health Choice website. At the top, there is a navigation bar with links for Home, Careers, Employees, and Contact. Below this is the Prestige Health Choice logo with the tagline "Leading the Way to Quality Care". A search bar is located on the right side of the header. The main navigation menu includes Members, Providers, About Us, Community, and News and Media. The current page is "Providers", as indicated by the breadcrumb "Home > Provider" and the active link in the menu. On the left side, there is a sidebar with links for Providers, Self-Service Tools, Resources, Communications, Training and Education, and Claims and Billing. The main content area features a large image of three healthcare professionals (two women and one man) in a clinical setting. Below the image, the heading "Providers" is followed by a paragraph explaining Prestige Health Choice's commitment to provider partnerships and quality care. A bulleted list highlights key services available to providers, such as searching the directory, accessing resources, staying updated on communications, and submitting claims. The page concludes with a thank-you message and contact information for provider services.

Home - Careers - Employees - Contact

Prestige
HEALTH CHOICE
Leading the Way to Quality Care

Search Web site

Members Providers About Us Community News and Media

Home > Provider

Facebook Twitter AAA Text size

Providers

Self-Service Tools

Resources

Communications

Training and Education

Claims and Billing

Providers

Prestige Health Choice recognizes that our provider partnerships are a major factor in our ability to deliver quality Medicaid services and neighborhood-based care throughout Florida. Every day, Prestige's mission to provide quality, affordable service to the underserved in our communities is reflected in the care, expertise, and support that our providers offer.

- Search the provider/pharmacy directory and formulary
- View provider-specific resources like credentialing and clinical practice guidelines
- Get the latest plan communications such as letters, forms, and guides
- View available training and education resources
- Important information about submitting claims and billing information

We want to thank our providers for helping to make Prestige a better health care plan. Your feedback, questions or concerns are always welcome. Call provider services at **1-800-617-5727** to speak to a representative.

SECTION 2: AVAILITY OVERVIEW

Purpose of this User Guide

The purpose of this guide is to provide an abbreviated, user-friendly reference tool to help your practice get started using the most common functions offered by Availity quickly and efficiently.

Availity provides additional user guides and video tutorials in the “Help” Section on the Availity website, as outlined in Section 9 of this user guide.

Availity offers your office:

- Reliable member information right to your desktop
- Cost effective tools and services
- Intuitive navigation to get your staff up and running quickly
- Increased efficiency for streamlining business processes
- **Reliable access to the following transactions:**
 - Eligibility and Benefits Inquiry
 - Claim Status Inquiry
 - Authorization Submission and Inquiry
 - Report Inquiry, including Panel Roster, Cap Roster Report, and Care Gap Query

Go to Availity at <http://www.availity.com/providers/registration-details/>. Click on the “Register” tab to begin the enrollment process.

SECTION 3: GETTING STARTED

New Users – Signing Up

AVAILITY PORTAL [LOGIN](#) [REGISTER](#)

Availity®

Business Challenges Products Resources Vendors About Us

Register for Portal Access

TECHNICAL SUPPORT AVAILITY NETWORK STATUS REGISTER

It's quick, easy, and free

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. All you need is basic information about your business, including your federal tax ID.

FEATURES REQUIREMENTS


PORTAL REGISTRATION

Let's get started!

Enrollment is easy.

1. To enroll in Availity via online enrollment go to:
<http://www.availity.com/providers/registration-details/>
2. Click on "Let's get started."

Please use the following link to access our high-level registration PDF for additional tips and guidance:
https://apps.availity.com/availity/Demos/QRG_Electronic_Registration.pdf

Registration

You & Your Organization Here's What You Can Do Verify & Send For Your Records

Tell us about yourself:
By completing this application I agree to be one of the administrators for my organization.

Do you have an Availity account? Yes No

First Name:

Last Name:

Phone: - - ext.

E-mail Address:

Re-enter E-mail Address:

Create a User ID:
6-15 alpha numeric characters

Tell us about your organization:

My organization is a: Provider (Physician's Office, Hospital, Urgent Care Centers, etc.)
 Billing Service (Does not include Central Billing Offices)
 Technology Company (Practice Management Systems, EMR, Clearinghouse)
 Health Plan (and Third-Party Administrators)
 Atypical Long Term Care
 Dental Organization

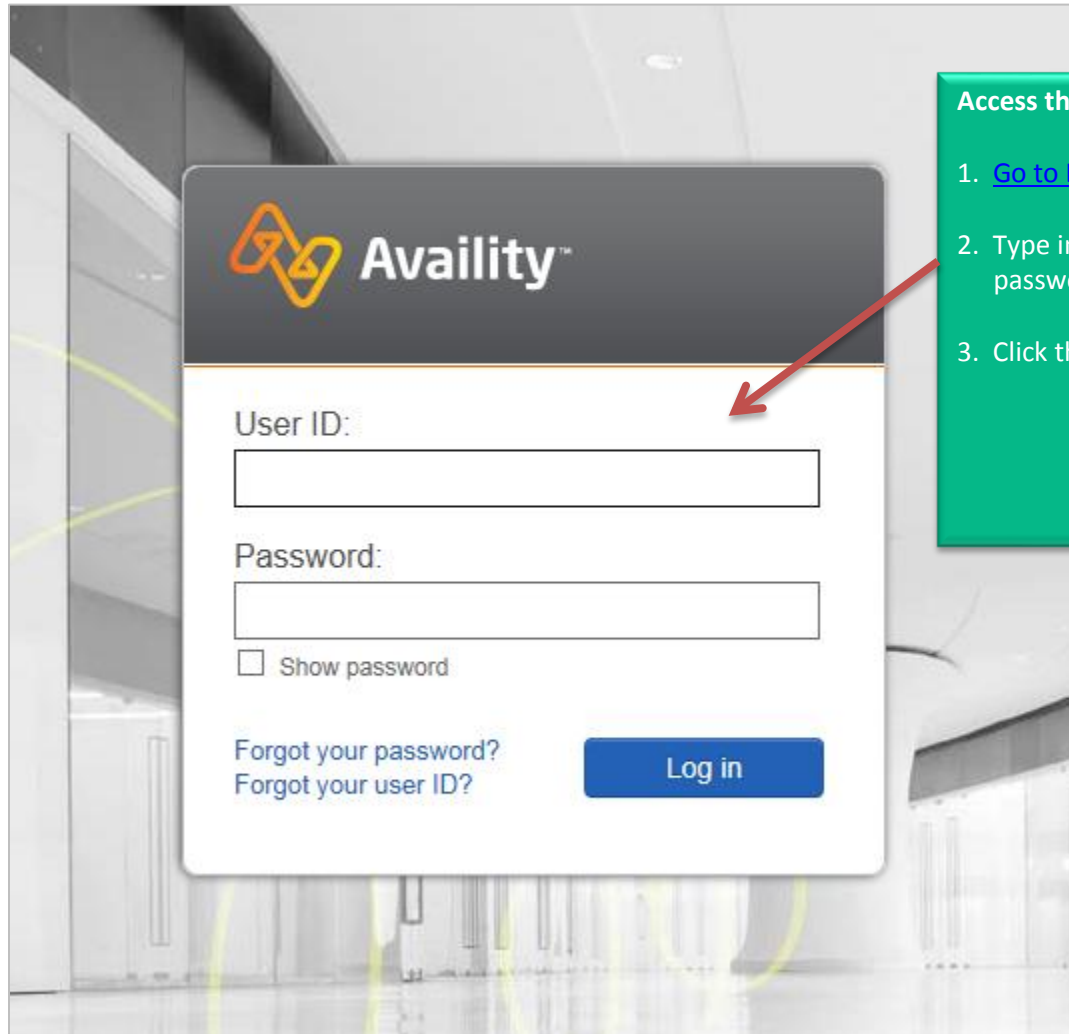
Organization Name:

Tax ID:

Organization NPI:
 NPI is not required for this organization

Provider Type:

Existing Users - Signing On



The image shows a screenshot of the Availity login page. The page features the Availity logo at the top left, followed by the text "User ID:" and a text input field. Below that is the text "Password:" and another text input field. A checkbox labeled "Show password" is positioned below the password field. At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". A blue "Log in" button is located at the bottom right. A green callout box on the right side of the page contains a list of instructions. A red arrow points from the first instruction in the callout box to the top of the login form.

Access the Availity website.

1. [Go to Login Page](#)
2. Type in user name and password.
3. Click the "Log In" button.

This is your home page. Use the navigation bar to locate all the transactions available to you in Availity. For example, click **Patient Registration** to access your eligibility/benefits and authorization forms.

The screenshot shows the Availity home page dashboard. At the top, there is a navigation bar with the Availity logo, Home, Notifications, My Favorites, Florida, Help, Mary's Account, and Logout. Below the navigation bar, there are tabs for Patient Registration, Claims, Payments, More, Reporting, and Payer Spaces. A search bar is located on the right side of the navigation bar.

The main content area is divided into several sections:

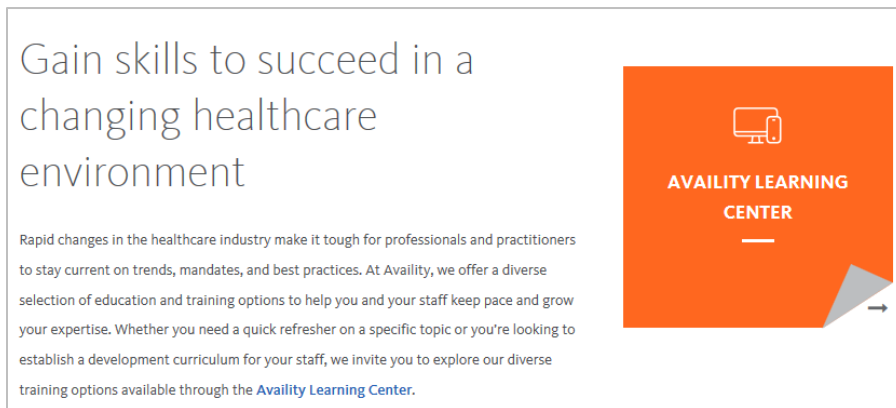
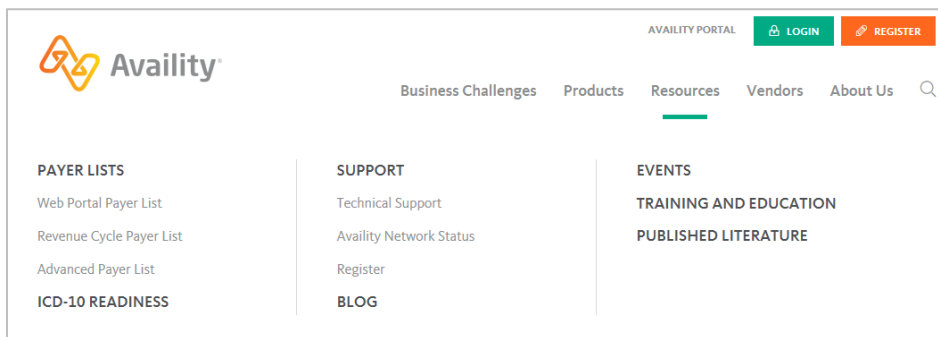
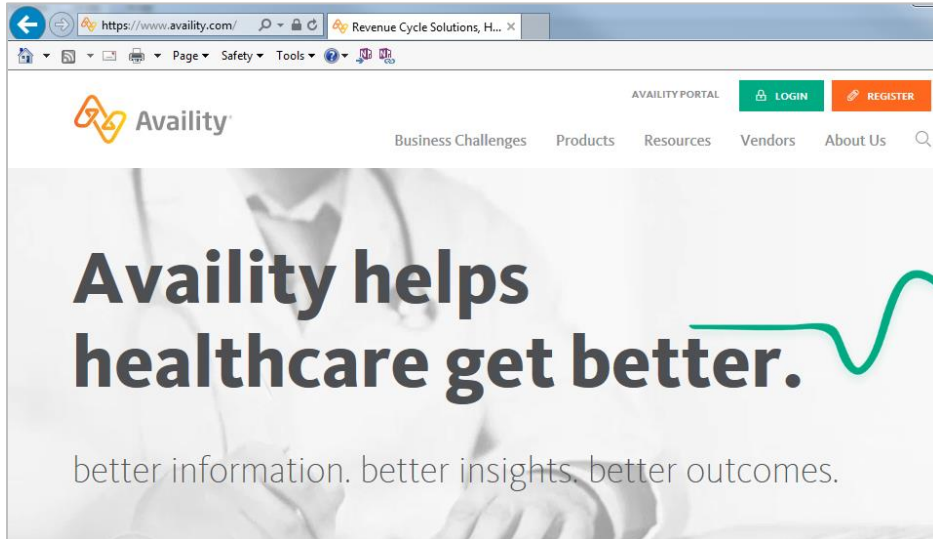
- Notifications:** A section with a heart icon and a red box containing 'EB' and 'A&R'. It lists 'Eligibility and Benefits Inquiry' and 'Authorizations & Referrals'. Below this, it says 'have no notifications.' There is also a feedback prompt: 'Tell us what you think about the navigation.' with three smiley face icons.
- Internal Links:** A section titled 'Availity Internal Links' with a sub-section 'My Account Dashboard'. It lists several links: Alerts Administration, NEW Alerts Administration, AV Search, Internal Links Page, Internal Payer List, and Registration Administration.
- Quick Actions:** Four large buttons with orange accents: 'Authorizations & Referrals', 'Authorizations', 'Internal Links Page', and 'Eligibility and Benefits Inquiry'.
- News and Announcements:** A section with a 'NEW ALERT' badge. It contains three announcements:
 - Aetna Scheduled Maintenance - 2/26/17:** Aetna will be performing scheduled maintenance on Sunday February 26, 2017 from 6:30 AM ET - 10:30 AM ET. (02/24/2017)
 - Humana Production Maintenance - 2/26/2017:** Claim Submissions and Eligibility & Benefit Inquiries will be unavailable on Sunday, February 26, 2017, from (02/24/2017)
 - PDM, Auths get easier with February Release:** The February update to your Availity Web Portal includes improvements in managing providers, uploading (02/20/2017)
- Provider Data Management:** A blue banner with the text 'Ready for a sneak peek of a new feature?' and 'Help us design a better Provider Data Management application that meets your needs by providing your feedback on this survey.' with a 'GET STARTED' button.
- Question of The Week:** A section with the text 'Hate calling customer service? Help us improve your experience.' and a 'Take our one-question poll' button.

My Account Dashboard

Use the My Account dashboard to manage various set-up and maintenance tools for your Availity Web Portal account. To access this dashboard, click the avatar icon in the navigation bar. Use the [My Account Dashboard](#) help topic to learn about this feature.

The screenshot shows the Availity Web Portal interface. At the top, the navigation bar includes the Availity logo, Home, Notifications, My Favorites, Florida, Help, and a profile icon labeled "Mary's Account" which is circled in red. Below the navigation bar are menu items for Patient Registration, Claims, Payments, More, Reporting, and Payer Spaces, along with a search bar. The main content area is titled "My Account" and features a "Send Feedback" button. The dashboard is organized into several sections: a user profile for Mary Smith (Mary.Smith@availity.com, msmith); an "About Me" section with links for My Avatar, My Password and Security, My Administrators, and My Info; a "My Business" section listing Availity, LLC with Customer ID 12345, Confirmation Number 67890, and Regions; a "My Training" section with a list of courses (Complimentary, Premium, and HIPAA) and a "Learn More & Get Started" link; and a "My Enrollments" section with links for ERA, EFT (Florida Blue), and Service Fund (Humana) enrollments. A promotional banner for "Provider Data Management" is also visible on the left side.

For additional resources such as technical support or valuable industry training opportunities, go to <https://www.availity.com> and click **Resources**.



SECTION 4: ELIGIBILITY AND BENEFITS

THIS IS THE ELIGIBILITY and BENEFITS SEARCH PAGE

1. In the **Payer** Field, select **PRESTIGE HEALTH CHOICE**.
2. Use the Express Entry feature to quickly select your provider.
3. Complete the **Patient Information** section, then click **submit**.

The screenshot shows the 'New Request' form with the following fields and options:

- Payer:** PRESTIGE HEALTH CHOICE
- Provider Information:**
 - Express Entry: Search for a Provider
 - NPI: [Empty]
 - Payer Assigned Provider ID: [Empty]
- Patient Information:**
 - As of Date: 02/24/2017
 - Benefit / Service Type: Health Benefit Plan Coverage
 - Patient Search Option: Patient ID, Patient First Name, Patient Last Name, Date of Birth (Add Multiple Patients checkbox is unchecked)
 - Patient ID: [Empty]
 - Patient Last Name: [Empty]
 - Patient First Name: [Empty]
 - Date of Birth: [Empty]
 - Patient Relationship to Subscriber: Self

At the bottom of the form, there is a checkbox for 'Submit another patient' and a blue 'Submit' button.

The Eligibility and Benefits Results page defaults to the **Patient Information** tab (that also includes payer information at the bottom). Click **Coverage and Benefits** or **Care Reminders** to view that information. **Note:** If the eligibility and benefits results include care reminders, the results page defaults to the **Care Reminders** tab.

The screenshot displays the Availity member information page for Sophia L. AVAILITY. The page is divided into several sections:

- Header:** Date of Service Feb 24, 2017; Transaction ID: 5037335051; Transaction Date: Feb 24 1:38 pm; Customer ID: 394657.
- Subscriber Information:** AVAILITY, SOPHIA L. Subscriber; Medicaid ID: ABC123456789; Member Effective Date: May 01, 2014 - Dec 31, 2199; DOB: Feb 02, 1990; Gender: Female.
- Plan / Product Information:** Active Coverage: Individual; Insurance Type: Medicaid; Plan / Product: PRESTIGE HEALTH CHOICE SSI N 21 OVER REGION 3; Service Types: Health Benefit Plan Coverage.
- Payer Details:** Payer: PRESTIGE HEALTH PLAN; Contact Information: PROVIDER SERVICES; P: 800-555-5555.
- Other or Additional Payers:** No Additional Payer Information.

Care Gap Alerts will display under the Care Reminder tab when checking eligibility.

Each time eligibility is checked via the Availity portal, Prestige Health Choice will also check to see if the member has any overdue preventative health screenings or needed exams for a chronic condition such as diabetes.

SECTION 5: CLAIMS STATUS INQUIRY

(**A new Claim Status User Interface will be launched Q3-Q4 2017. Additional information to follow.)

1. Click **Claims | Claims Status Inquiry** to access that form.
2. Complete the **Payer** and **Organization** fields.
3. Complete the **Provider Information** section using the Express Entry feature.
4. Complete the **Subscriber Information** section.
5. Complete the **Claim Information** section, and then click **Submit**.

The screenshot shows the Availity web application interface. The top navigation bar includes the Availity logo, Home, and Notifications (2). The main menu has tabs for Patient Registration, Claims (selected), Payments, More, and Reporting. A sidebar on the left lists various claim-related tools: Claim Status Inquiry (CS), New Claim Status (CS), Professional Claim (PC), Facility Claim (FC), Claim Reconciliation Tool (CRT), Send and Receive EDI Files (EDI), File Restore (FR), and Medical Attachments (MA). The main content area is titled "Claim Status Inquiry" and contains several sections:

- Provider Information:** Includes fields for Payer (PRESTIGE HEALTH CHOICE), Organization (TEST - Demo Org - Provider), a question about provider name matching, Express Entry - Provider (Select One), and NPI (1234567893).
- Subscriber Information:** Includes fields for Subscriber ID (ABC123456789), Subscriber Last Name (AVAILITY), Subscriber First Name (SOPHIA), Patient Date of Birth (02/02/1990), Gender (Female), and Patient Account Number (Unknown).
- Claim Information:** Includes fields for Claim Service Date From, Claim Service Date To, Claim Number, Total Claim Charge Amount, and Institutional Bill Type.

At the bottom of the form are buttons for Submit, Clear, and Add to Batch.


The Claim Status Inquiry Results page displays all your claim information in **Claims Found** section. Click **Edit Inquiry** if you want to search for different member results.

Claim Status Inquiry Results [Learn More >>](#)

Transaction ID: 8774308457 Transaction Date: Feb 24, 2017 01:58 PM EST Customer ID: 394657

Edit Inquiry Print

Payer: PRESTIGE HEALTH CHOICE	Subscriber ID: ABC123456789
Provider: JAMES MATERNITY	Patient Name: AVAILITY, SOPHIA W
NPI: 1234567893	Patient Account #: 12345678
Subscriber Name: AVAILITY, SOPHIA W	Date of Service: 04/03/2012 - 04/03/2012



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Leading the Way to Quality Care

Claims listed below meet the search criteria entered. Each row contains data relating to a claim, as well as its corresponding status. Click "Details" to view additional information associated with that claim.

Claims Found

From-To Date of Service	Claim Number	Date Processed	Check # / EFT	Billed Amount	Paid Amount
04/03/2012 - 04/03/2012	123456	04/14/2012	000012345	\$ 118.50	\$ 15.36

Status: Finalized The Claim/Encounter has completed the adjudication cycle and no more action will be taken.
 Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).
 Entity - Provider. Status Date:04/13/2012

[Details](#)

Edit Inquiry Print

SECTION 6: REPORTS

Administrative Reports – Panel Roster & Cap Roster

1. In the navigation bar, click **Payer Spaces | PRESTIGE HEALTH CHOICE** to access this payer space.
2. On the **Applications** tab, click **Prestige Health Choice Reports** to access available reports depending on your (Availity) role and permissions assigned to you from your organization.
3. Follow the online instructions to select your organization and report type.

The screenshot shows the 'Payer Spaces' section of the Prestige Health Choice portal. The navigation bar includes 'Patient Registration', 'Claims', 'Payments', 'More', 'Reporting', 'Payer Spaces', and 'Availity Internal Links'. A search bar is located in the top right. The main content area features a grid of logos for various insurance providers: aetna, American Well, CCS, CarePlus, Cigna, Florida BLUE, Florida Medicaid, HIMA, Humana, LEON MEDICAL CENTER, CMS, Prestige Health Choice, UNICARE, WellCare, and Workers' Compensation. A red overlay box on the left contains the text: 'Looking for your Prestige Authorization? Check the Resources tab below.' Below the logos, there are tabs for 'Applications', 'Resources', and 'News and Announcements', along with a 'Sort by A-Z' dropdown. A 'Prestige Health Choice Reports' link is visible in the lower left.

The diagram illustrates a three-step process for selecting a report:

- 1 Choose Organization:** A dropdown menu is shown with 'Availity, LLC' selected.
- 2 Choose Category:** A dropdown menu is shown with 'Admin Report' selected.
- 3 Choose Report:** A dropdown menu is shown with 'Panel Roster Report' selected. The dropdown list includes 'Select One', 'Panel Roster Report', and 'Cap Roster Report'.

- If you select the Panel Roster Report, follow the onscreen instructions to generate your report.

Panel Roster Report

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

- > Turn off your pop-up blocker.
- > Press and hold Ctrl on your keyboard as your report is being generated.
- > Please use CSV Report Type when selecting "ALL" under the "Choose a Group" option

Panel Roster Report

* Choose a Group

Select an Option ▼

Choose a Provider

All Providers ▼

* Reporting Month

Select an Option ▼

* Select Report Type

View PDF

View CSV

Submit Clear Request Another Report

Mon, 19 Oct 2015 12:01:31 EDT

1.0.20

TIP: Panel Roster

If you choose 'Select All' under Choose a Group, please select CSV Report Type.

- If you select the Cap Roster Report, follow the onscreen instructions to generate your report.

Cap Roster Report

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

- > Turn off your pop-up blocker.
- > Press and hold Ctrl on your keyboard as your report is being generated.
- > Please use CSV Report Type when selecting "ALL" under the "Choose a Group" option

Cap Roster Report

* Choose a Group

Select an Option ▼

Choose a Provider

All Providers ▼

* Reporting Month

Select an Option ▼

* Select Report Type

View PDF

View CSV

Submit Clear Request Another Report

Mon, 25 Apr 2016 09:51:07 EDT

1.0.6

TIP: Cap Roster
If you choose 'Select All' under Choose a Group, please select CSV Report Type.

Clinical Reports – Care Gap Query, Daily Discharge Report, Monthly Readmission Report, Daily IP Census Report, Weekly ER Detailed Report

The image displays two sequential steps of a report selection process. The top screenshot, labeled '2 Choose Category', shows a dropdown menu with 'Clinical Report' selected. The bottom screenshot, labeled '3 Choose Report', shows a list of reports with 'DAILY DISCHARGE REPORT' selected. A red arrow points from a tip box to the 'Clinical Report' selection in the top screenshot.

TIP: In order to access the Clinical Report category, you will need authorization from your organization's Availity Administrator.

Care Gap Query

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

- > Turn off your pop-up blocker.
- > Press and hold Ctrl on your keyboard as your report is being generated.
- > Please use CSV Report Type when selecting "ALL" under the "Choose a Group" option

Care Gap Query

* Choose a Group

Choose a Provider

Report Criteria

* Conditions

Status

- Missing, Overdue and At Risk
- Missing
- Overdue
- At Risk
- Due Soon
- Up-to-date
- Alert
- Risk

* Age Ranges

- All
- < 12 yrs
- 12 - 21 yrs
- > 21 yrs

* Select Report Type

- View PDF
- View CSV

Select Sort Options

* Choose Sort Option

DAILY DISCHARGE REPORT

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

- > Turn off your pop-up blocker.
- > Press and hold Ctrl on your keyboard as your report is being generated.

DAILY DISCHARGE REPORT

* Choose a Group

Choose a Provider

Thu, 17 Nov 2016 12:42:00 EST

1.0.2

MONTHLY READMISSIONS REPORT

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

-> Turn off your pop-up blocker.

-> Press and hold Ctrl on your keyboard as your report is being generated.

MONTHLY READMISSIONS REPORT

* Choose a Group

Select an Option

Choose a Provider

All Providers

Submit

Clear

Request Another Report

Thu, 17 Nov 2016 12:42:00 EST

1.0.2

DAILY IP CENSUS REPORT

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

-> Turn off your pop-up blocker.

-> Press and hold Ctrl on your keyboard as your report is being generated.

DAILY IP CENSUS REPORT

* Choose a Group

Select an Option

Choose a Provider

All Providers

Submit

Clear

Request Another Report

Thu, 17 Nov 2016 12:42:00 EST

1.0.2

WEEKLY ER DETAILED REPORT

Enter your criteria and click Submit. The asterisk (*) indicates a required field

Tip: If you cannot access the report, try one or both of these options:

-> Turn off your pop-up blocker.

-> Press and hold Ctrl on your keyboard as your report is being generated.

WEEKLY ER DETAILED REPORT

* Choose a Group

Select an Option

Choose a Provider

All Providers

Submit

Clear

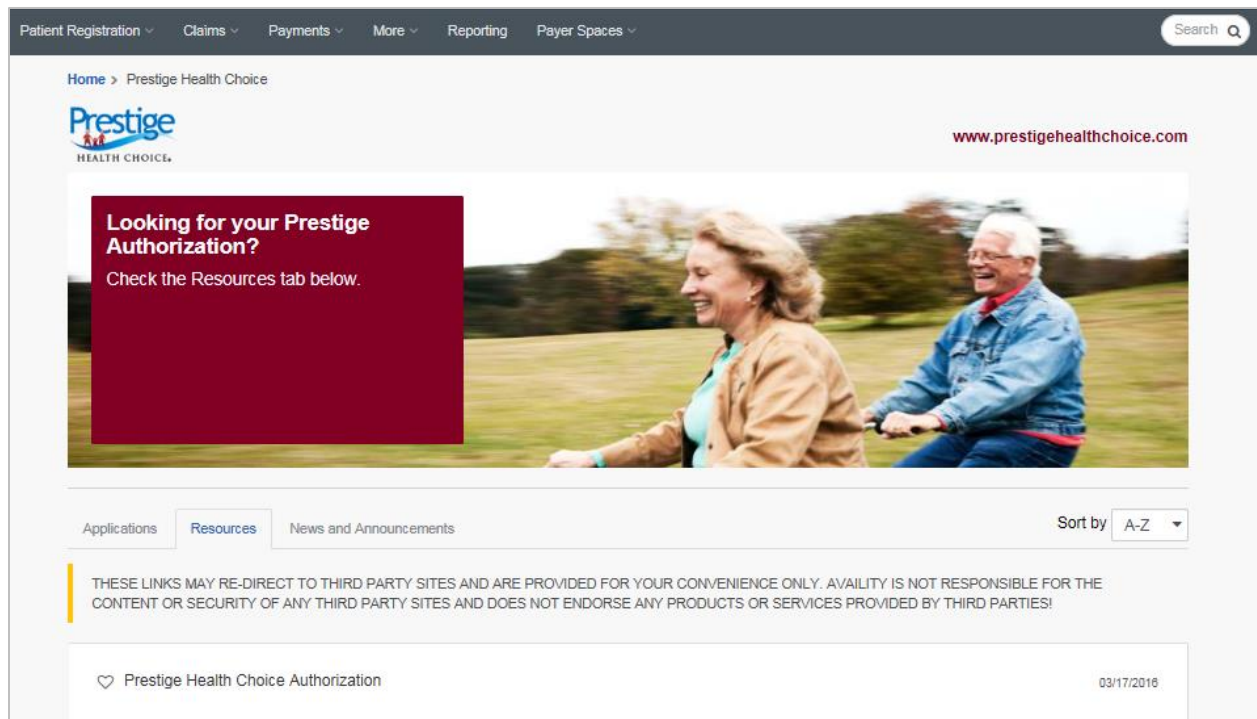
Request Another Report

Thu, 17 Nov 2016 12:42:01 EST

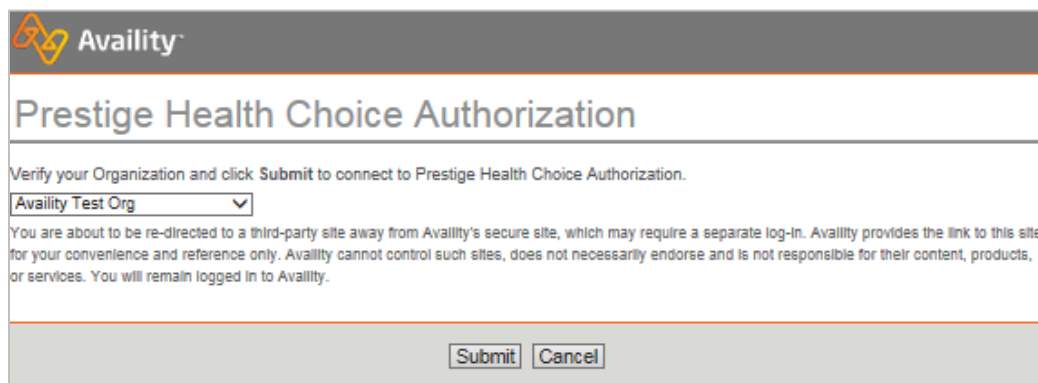
1.0.2

SECTION 7: AUTHORIZATIONS

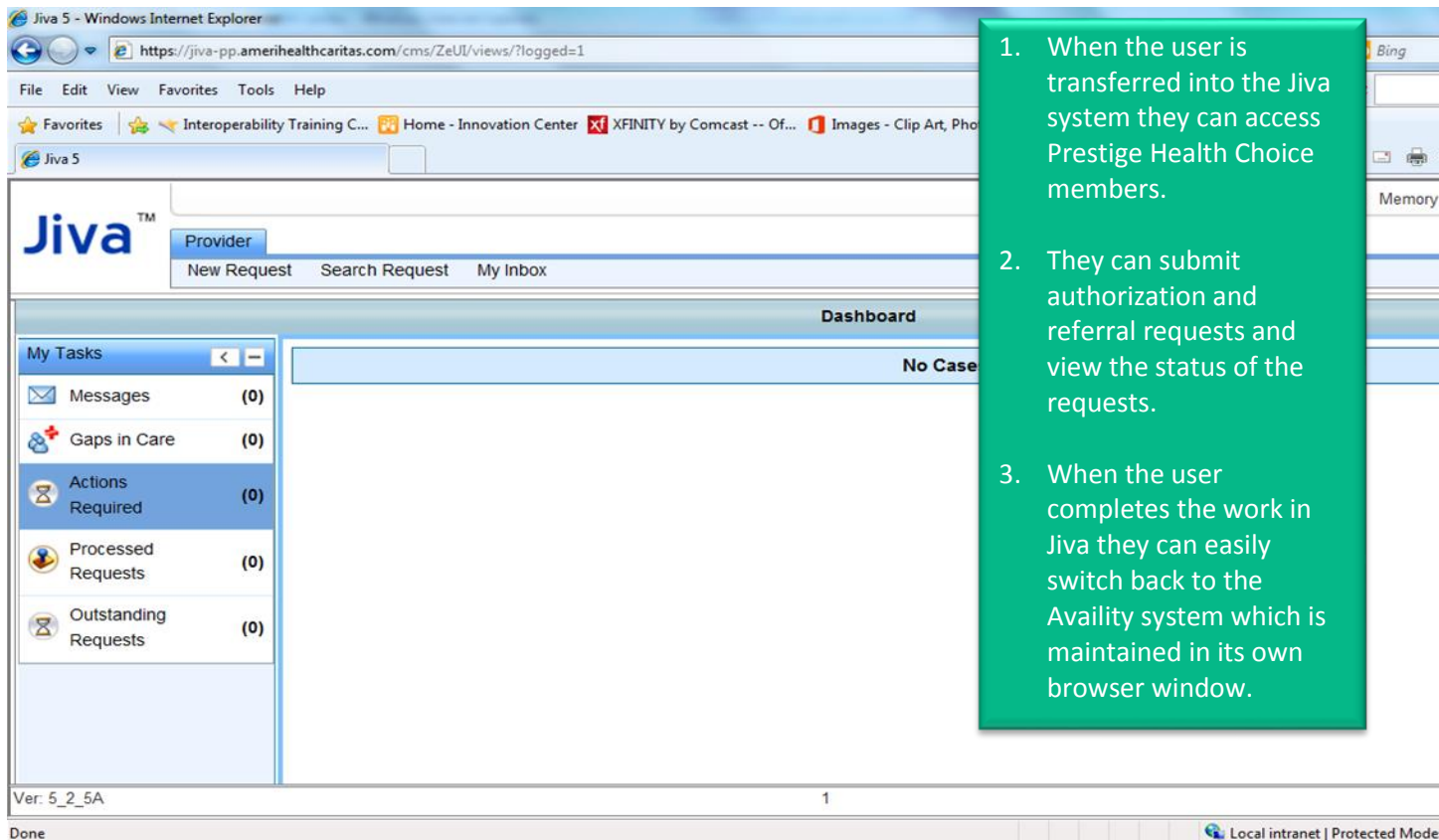
1. To submit an authorization request to Prestige, go to the Payer Spaces **Resources** tab and then click **Prestige Health Choice Authorization**.
2. On the third-party disclaimer page, follow the instructions to be transferred to Prestige Health Choice's Jiva Authorization System



The screenshot shows the Prestige Health Choice website interface. At the top, there is a navigation bar with tabs for Patient Registration, Claims, Payments, More, Reporting, and Payer Spaces. A search bar is located in the top right corner. Below the navigation bar, the website header includes the Prestige Health Choice logo and the URL www.prestigehealthchoice.com. A large banner image shows an elderly couple walking in a park. A red overlay box on the banner contains the text: "Looking for your Prestige Authorization? Check the Resources tab below." Below the banner, there are three tabs: Applications, Resources (which is selected), and News and Announcements. A "Sort by" dropdown menu is set to "A-Z". A disclaimer text reads: "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, there is a list of resources, with "Prestige Health Choice Authorization" highlighted, dated 03/17/2016.



The screenshot shows the Avallity Prestige Health Choice Authorization page. The Avallity logo is in the top left corner. The main heading is "Prestige Health Choice Authorization". Below the heading, there is a instruction: "Verify your Organization and click Submit to connect to Prestige Health Choice Authorization." A dropdown menu shows "Avallity Test Org" selected. Below the dropdown, there is a disclaimer: "You are about to be re-directed to a third-party site away from Avallity's secure site, which may require a separate log-in. Avallity provides the link to this site for your convenience and reference only. Avallity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Avallity." At the bottom of the page, there are two buttons: "Submit" and "Cancel".



1. When the user is transferred into the Jiva system they can access Prestige Health Choice members.
2. They can submit authorization and referral requests and view the status of the requests.
3. When the user completes the work in Jiva they can easily switch back to the Availity system which is maintained in its own browser window.

TIP: Make sure you have access to Authorizations and Referrals. Not all users have access. If you don't have access but need it, contact your practice's Availity Administrator who has the ability to provide you with access.

TIP: For more information on Jiva, please see the Authorization and Referral Provider Portal Reference Guide.

SECTION 8: SPECIAL FEATURES

1. On the Eligibility and Results page, click **Patient Care Summary**.
2. Read and accept the disclaimer.
3. Use this help topic to learn more about these summary results: [Viewing Patient Care Summary Results](#).

The screenshot shows a web interface for a patient's health information. At the top, it displays 'Date of Service Feb 24, 2017', 'Transaction ID: 5038388944', 'Transaction Date: Feb 24 4:13 pm', and 'Customer ID: 394657'. The main header identifies the patient as 'AVAILITY, SOPHIA L Subscriber' with a 'Member Effective Date' of 'May 01, 2014 - Dec 31, 2199'. Below this, it lists 'Medicaid ID ABC123456789', 'DOB Feb 02, 1990', and 'Gender Female'. A 'Prestige HEALTH CHOICE' logo is present, along with a 'Patient Care Summary' button. A disclaimer states: 'UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.' Navigation tabs include 'Patient Information', 'Coverage and Benefits', and 'Care Reminders'. A 'Subscriber Information' box contains: '1234 HEALTHY LN JACKSONVILLE, FL 32256', 'ID Card Number ABC123456789', and 'Plan Member ID Number ABC123456789'. On the left, there are two summary cards for 'AVAILITY, SOPHIA L' with 'Edit' and 'Delete' options.

Patient Care Summary Disclaimer

Information provided through the Patient Care Summary capability includes only information submitted to participating insurers for payment purposes.

1. Terms and Conditions

In addition to the provisions of the Organizational Access Agreement, your use of the Patient Care Summary capability is subject to the following:

- Only physicians treating the subject patient of this health record (or such physician's designee) may access this information and they must only use it, and are responsible for ensuring that it is only used, for such treatment purposes.
- Physicians must use their professional judgment to verify this information and should not exclusively rely on this information to treat their patients.

2. Disclaimers

The information is not a medical record, nor is it intended to be a complete record of a patient's health information and may contain errors. Certain information may have been intentionally excluded (due to its sensitivity - mental health, substance abuse, HIV/AIDS, sexually transmitted diseases, and abortion related data - or for other reasons).

3. Confidential/Proprietary Information: Limited Use

The information contained in this Patient Care Summary is confidential and proprietary, protected by copyright and subject to protection under federal and state law. A printed copy may be included in the physician's own medical file for the subject patient. No other distribution, transmission or copying is permitted.

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[Print Document](#)

Transaction ID: 0775209855 Transaction Date: Feb 24, 2017 04:22 PM EST Customer ID: 394657

Patient Care Summary

Payer:	PRESTIGE HEALTH CHOICE	Created On:	September 13, 2013
Patient:	SOPHIA AVAILITY 123 HEALTHY LANE JACKSONVILLE, FL, 12345-6789 tel:+1-555-555-5555	Member ID:	123456789
		Birthdate:	February 2, 1990
		Gender:	Female
PCP:	Specialty:	PCP Phone:	

Patient Care Summary Disclaimer

Information provided through the Patient Care Summary capability includes only information submitted to participating insurance companies for payment purposes. The information is not a medical record, nor is it intended to be a complete record of a patient's health information. Certain information may have been intentionally excluded (due to its sensitivity - psychiatric, substance abuse, HIV/AIDS, sexually transmitted diseases, and abortion related data - or for other reasons) and the health record may also contain errors. Physicians must use their professional judgment to verify this information and should not exclusively rely on this information to treat their patients.

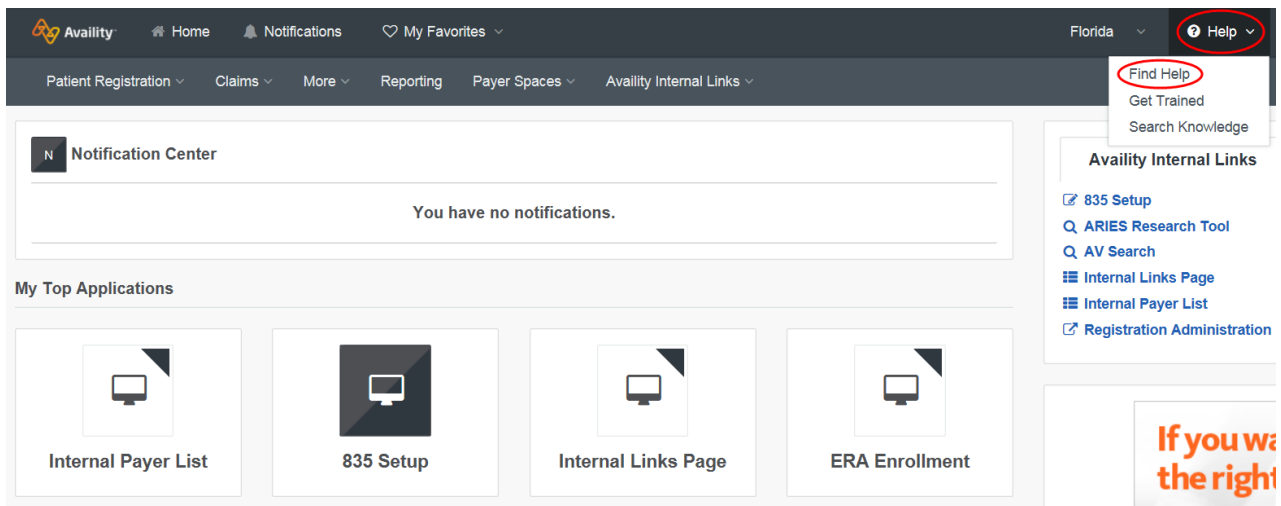
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TIP: In order to access the Patient Care Summary transaction, you will need authorization from your organization's Availity Administrator.

SECTION 9: AVAILITY HELP

From the Availity home page, select "Help" drop down, then select "Find Help".



The screenshot shows the Availity home page interface. At the top right, the 'Help' dropdown menu is open, with 'Find Help' circled in red. A red arrow points from the instruction box above to the 'Help' dropdown. The page includes a navigation bar with 'Availity', 'Home', 'Notifications', and 'My Favorites'. Below the navigation bar are tabs for 'Patient Registration', 'Claims', 'More', 'Reporting', 'Payer Spaces', and 'Availity Internal Links'. The main content area features a 'Notification Center' with the message 'You have no notifications.' and a 'My Top Applications' section with four tiles: 'Internal Payer List', '835 Setup', 'Internal Links Page', and 'ERA Enrollment'. On the right side, there is a sidebar with 'Availity Internal Links' including '835 Setup', 'ARIES Research Tool', 'AV Search', 'Internal Links Page', 'Internal Payer List', and 'Registration Administration'. A partial banner at the bottom right reads 'If you wa the right'.

Availity Support Home Page

Look here for helpful tutorials, demos and FAQs.

Help includes a chronological list of changes made in Availity.

The screenshot shows the Availity Help website in Internet Explorer. The browser title is "Availity Help - Internet Explorer". The page has a navigation bar with "Contents", "Index", "Search", "Back", "Show/Hide Text", "Print", and the Availity logo. A search box is on the right. A left sidebar contains a list of topics, with "What's New and Changed" selected. The main content area is titled "What's New and Changed" and features "ADMIN" and "USER" icons. Below the icons, a paragraph states: "Review the list below for information about what has been added and changed in Availity® Help for the release. Additional information is available in the [Availity Release Communications](#). For a specific problem, check the [FAQs topic](#) for frequently asked questions." A date separator "April 15, 2017" is followed by a list of updates:

- **Updated Landing Page in PDM** – The page that displays when you access provider data management (PDM) no longer displays separate options for accessing the Core PDM and Directory Verification workflows. Instead, links to the steps of the Core PDM workflow are now always present on the page. In addition, the page displays a link to the Directory Verification workflow only when you need to verify your business' directory information. The [Provider Data Management](#) and [Completing the Directory Verification](#) topics were updated as a result.
- **Updated Layout of Manage Business Page in PDM** – The different categories of business information in PDM are now accessible via cards that display on the left side of the Manage Business page. The topics updated for this change are listed under the next item.
 - Service locations, mailing addresses, and payment addresses, which had been grouped in the **Addresses** section in individual tabs, now have separate cards.
 - Certifications, licenses, and specialties, which had been grouped in the **Accreditation & Specialties** section in individual tabs, now have separate cards.
- **Simplified Updating of Business Information in PDM** – When you select a business category card on the Manage Business page in PDM, the page now displays links that enable you to add, edit, or delete the information in that section. Click [here](#) to see a list of topics that were updated.
- **On-screen Guidance for Directory Verification Workflow** – The directory verification workflow in PDM now has navigational aids to guide you through the steps of verifying your business' directory information. The [Completing the Directory Verification](#) topic was updated as a result.
- **Configure Office Hours for Providers in PDM** – You can now configure office hours for a provider in PDM. The provider's office hours are configured within the provider's service locations. The [Adding Providers to Your Provider Directory](#) and [Editing a Provider in Your Provider Directory](#) topics were updated as a result.
- **Pharmacy Home Tab in Anthem Eligibility and Benefits** – For eligibility and benefits results returned by Anthem, the tab on the Eligibility and Benefits Results page that displays pharmacy restrictions was relabeled **Pharmacy Home**. The [Viewing Eligibility and Benefits](#) topic was updated as a result.
- **Florida Blue Automated Fax Cover Sheet** – Florida Blue now provides a pre-populated fax cover for pending inpatient and outpatient authorizations that require a medical review. The [Reviewing Authorization and Referral Results](#) help topic was updated as a result.
- **Florida Blue Outpatient Authorization Enhancement** – Florida Blue providers can now select the **Independent Clinic** place of service option for their outpatient authorization requests. The [Place of Service](#) help topic was updated as a result.
- **Florida Blue Quality Efficiency Reporting Access App** – Florida Blue providers can now use this app on the Availity Web Portal to grant single sign-on (SSO) access to Florida Blue portal applications to other users within their organization. The following help topics were updated as a result: