



Answers to frequently asked questions about using Availity Essentials and our decision to sunset our Provider Web Services portal

Below you will find answers to frequently asked questions about sunsetting Provider Web Services (PWS), the benefits of Availity Essentials™, checking a member's benefits and eligibility, reviewing pharmacy claims information, submitting preauthorization requests, and more. We will add more information as we receive additional questions.

Sunsetting PWS

Q. When will CarePlus Health Plans sunset PWS?

A. In 2024, access to PWS will be deactivated. All online activities – including checking a member's benefits and eligibility, reviewing claims information, and submitting preauthorization requests – must be completed through Availity.

Q. Why did CarePlus decide to sunset PWS?

A. CarePlus Health Plans currently offers our provider network two methods of working with us online: PWS, a proprietary CarePlus system, and Availity, which is the industry standard. We've been thrilled with the feedback we've heard about Availity. Transitioning fully to Availity allows us to focus more time on adding features to it and make working with us even easier than it is today.

Using Availity

Q. What can I do with Availity?

A. With Availity, you can:

- Access Electronic Data Interchange (EDI) reports
- Access inpatient census and discharge census reports – primary care providers (PCPs) only
- Access our Find a Doctor tool and provider directories
- Assign any providers/groups you have access to
- Review documentation and coding review results

- Review our preauthorization list (PAL) from the preauthorization submission screen
- Review pharmacy claims history, including date of service, drug name and description, and amount paid (coming ~July 2024)
- Request a provider and facility with one preauthorization request submission
- Search for a preauthorization by entering patient and requesting provider information (with or without entering the preauthorization number)
- Send and receive EDI files and set up EDI reporting preferences
- Set up B2B (system-to-system) submission process
- Submit and review pended inpatient or outpatient preauthorization requests
- Submit claims and View claims status(es) and payment(s) and access remittance information
- Submit up to 10 procedure codes on each preauthorization request
- View a CarePlus member's benefit and eligibility information

Q. What are the benefits of using Availity?

A. With an Availity Essentials account, you can interact with participating payers without learning to use multiple systems or remembering separate payer user IDs or passwords. Also, once signed into your Availity account, you can view messages from Availity or from CarePlus, such as if, during a state of emergency, we are lifting certain preauthorization requirements. Another benefit? Many health plans use Availity, which gives you/your practice a common way of submitting preauthorization requests to all of the plans you work with.

Q. What if I/my practice do/does not have an Availity account?

A. If you don't have an Availity user ID and password, visit [Availity.com](https://www.availity.com) to register at no cost.

Q. Does Availity ever deactivate accounts?

A. Availity will deactivate an account after 60 days of inactivity. Availity will email you after 55 days of inactivity and prompt you to access your account or risk it being deactivated. If your account is deactivated, your organization's Availity administrator can reinstate your access. We recommend accessing your account at least once a month to keep it current.

Q. How can I/my practice set up a B2B solution?

A. Availity will assign an analyst to you to help you and your practice successfully implement a B2B solution. This support includes reviewing the process and message format envelope needed to contain the healthcare transaction message Availity receives from third-party vendors. To help ensure a smooth and successful implementation, you will be required to test each transaction that you plan to roll out. Availity encourages providers to work with them when adding another Availity payer or transaction to your service offering. Availity also can provide a B2B specification and design document during the setup process but cautions providers that individual payer B2B specification documents vary from payer to payer. To receive technical support for Availity, please call **1-800-282-4548**. You also can open a support ticket by going to Availity's Help & Training dropdown in the top right corner of the portal and selecting Availity Support. Alternatively, you can submit a tech support ticket by signing into the Provider Engagement Portal in Availity.

Q. I've never used Availity. How user-friendly is it?

A. Availity is easy to use and intuitive – and because many health plans use it as their online provider portal, learning how to use Availity for one health plan means you already know how to use it with CarePlus. Also, Availity has training videos that walk you through using it, if you need help using it.

To access the Availity Learning Center, please sign in to your Availity account, select “Help & Training” in the upper right corner, and then select “Get Trained.”

Availity has training videos that cover a variety of topics, including:

[Availity Claim Status - Recorded Webinar](#)

[Claim Status - Training Demo](#)

[Eligibility and Benefits Inquiry - Training Demo](#)

[Preauthorization/Referral Inquiry - Training Demo](#)

[Preauthorizations Training Site](#)

[Professional Claim \(new\) - Training Demo](#)

[Remittance Solutions - Training Demo](#)

Q. How do we locate CarePlus when searching for it in Availity?

A. Payers are listed in alphabetical order in the Payer dropdown. If you are the administrator or administrator assistant for the organization, you can add additional regions from the Manage My Organization page to gain the access you need to other payers.

Q. I looked in the Payer dropdown. I don't see CarePlus, even though it was added via Manage My Organization. What am I missing?

A. Availity only shows in the Payer drop-down the names of payers who accept the transaction you're attempting to make. For example, if a payer is not listed on the claim status request page, claim status transactions are not available for that payer.

Q. Can I set up electronic payments and electronic remittance advice through Availity?

A. Yes, you can set up electronic payments and electronic remittance advice through Availity. Setting up electronic payments and electronic remittance advice opts you out of receiving paper copies going forward.

Q. Will CarePlus continue adding features to its Payer Space functionality?

A. Yes. CarePlus is working on adding features to our Payer Space functionality. Over the next few years, we intend to add claims overpayment letters, a code edit simulator, and other preauthorization enhancements (including a preauthorization dashboard and a tool to help you determine if preauthorization is required).

Q. Does Availity require users to reset passwords during the year?

A. Yes, Availity passwords expire every 60 days. Availity prompts users to reset their passwords before expiration. When resetting your password, depending on your account settings, you may be asked to verify your identity by entering a code that is sent via text message or email (based on your preference). Availity locks accounts after 60 days of inactivity.

Online Preauthorization Requests

Q. Will my practice be able to view in Availity preauthorization requests we submitted via PWS?

A. Yes. All preauthorization request information for your practice is available in Availity.

Q. If I submitted a preauthorization request via PWS before it is decommissioned, how will I get CarePlus' decision after that date?

A. You can view preauthorization requests for up to the preceding 365 days. This aligns with the current lookback period available in PWS. If you submit a preauthorization request through PWS and don't have a decision from us by the time it is decommissioned, CarePlus will make its decision available online through Availity.

Q. How do I know if a procedure requires preauthorization?

A. We provide immediate authorization for more than 14,000 procedure codes. We also publish a list of procedures where additional review is required. You can find the Provider Authorization Lists (PALs) at [CarePlusHealthPlans.com/PAL](https://www.CarePlusHealthPlans.com/PAL).

Q. Why would I not receive immediate authorization of a preauthorization request?

A. A preauthorization request may need review when requesting a service or procedure on our **Preauthorization List (PAL)** or when we can't readily identify the provider to whom you're referring your patient. When this happens, the system will manually review the request, determine if we have enough information to make a decision, ask for any information we may need to make a decision, and then issue our decision within the time frames listed in our **Provider Manual**.

Q. Can my preauthorization request include treatment plan information?

A. Submitting preauthorization requests through Availity offers providers the option to select treatment plan duration and number of visits to complete the course of treatment. When submitting your preauthorization request, please make sure you select the appropriate authorization duration.

Q. Can I only submit preauthorization requests through Availity?

A. You also have the option to call CarePlus for same-day or expedited authorizations at **1-800-201-4305**, Monday to Friday, 8 a.m. to 5 p.m., Eastern time.

Checking Member Benefits and Eligibility

Q. How do I check to see my patient's CarePlus benefits and eligibility?

A. Select Eligibility and Benefits Inquiry in the CarePlus Payer Spaces.

Q. What benefits and eligibility information can I view?

A. You can view your patient's CarePlus group number, group name, plan name, plan number, Medicare number, and date when their coverage began. If your patient also has coverage through Medicaid, that information displays as well, as will information about each benefit your patient gets as part of their coverage. Selecting the benefit (e.g., Ambulatory Surgery Center, Chemotherapy Drugs, Colonoscopy Diagnostic Services, etc.) will display additional information about that benefit. You also can access a summary of the benefits and services your patient has received.

Q. Can I check on more than one of my patients with CarePlus coverage at a time?

A. Yes, you can view benefits and eligibility information on more than one of our members at a time.

Viewing Medical and Pharmacy Claims

Q. Can I/my practice access claims information?

A. Yes, you and your practice can submit claims and access claims information, including claims status and payments. You also can access a remittance viewer (after signing up for EFT/ERA).

Q. When will I/my practice be able to view pharmacy claims in Availity for our patients with CarePlus coverage?

A. We estimate this functionality will be available in 2024.

Q. How much information will I/my practice be able to see?

A. You can view pharmacy claims information for up to the preceding 365 days, or for as long as your patient had coverage with CarePlus if for less than 365 days.

For example, you view pharmacy claims information on Nov. 2024, for someone who has had CarePlus coverage for more than one year. You can view information about their pharmacy claims submitted between Nov. 2023, and Nov. 2024. Or, you view pharmacy claims information on Nov. 2024, for someone who has had CarePlus coverage since March 1, 2024. You can view information about their pharmacy claims submitted between March 1, 2024, and Nov. 2024.

Information includes date of service, prescriber, medication name, type, days' supply, quantity, copayment, and how much CarePlus paid.

EFT/ERA

Q. Can I set up electronic funds transfer (EFT) with CarePlus through Availity?

A. Yes, you can set up EFT through Availity. With EFT, CarePlus deposits your “claims payments” directly into the back account(s) of your choice. You’ll also need to sign up for electronic remittance advice (ERA), which replaces paper versions of your explanation of remittance (EOR).

Q. What are the steps for enrolling directly with Availity?

- A.
- Go to [Availity.com](https://www.availity.com)
 - Select **My Providers | Enrollments Center** in the top navigation bar
 - Select **Transaction Enrollment** under **Multi-Payer Enrollments**
 - On the Transaction Enrollment – Enrollment Status page, select **Enroll** and then select **Enroll a provider**. The Transaction Enrollment – Enroll page will then display.
 - Note: The CarePlus Health Plans payer ID for Availity is 95092.
 - If you have questions about the form, please call Availity Client Services at **1-800-282-4548**, Monday to Friday, 8 a.m. to 8 p.m., Eastern time

Get more information about enrolling in EFT and ERA

For Additional Information

Q. What if I/my practice have/has other questions for CarePlus?

A. If you have questions, please call CarePlus’ Provider Operations inquiry line at **1-866-220-5448**, Monday to Friday, 8 a.m. to 5 p.m., Eastern time.

Q. What if I/my practice have/has other questions for Availity?

A. To receive technical support for Availity, please call **1-800-282-4548**. You also can open a support ticket by going to Availity’s Help & Training dropdown in the top right corner of the portal and selecting Availity Support. Alternatively, you can submit a tech support ticket by signing into the Provider Engagement Portal in Availity.