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Logon To Availity Patient Access

To access Availity Patient Access, open a web-browser and access the following URL:

https://smartcycle.revpointthealth.com

Enter your email address and the Password sent to you via email from Availity. Then click Log In.

Forgot Password: User may choose I forgot my password to reset password. A temporary password will be sent to the email address on file for user and will change password once logged in.

NOTE: For best results, the following web-browsers are recommended:

• Google Chrome
• Internet Explorer 9 or higher
• Firefox

Internet Explorer 8 or lower are not supported.

NOTE: The forgot my password link will not work until you have successfully logged in using the original password provided by Availity.
If this is your first time to logon, you will be prompted to change your password. To update the password:

- Enter the temporary password you receive via email from Availity.
- Enter a new password.
- Confirm the new password.
- Click Change Password.

Once the password has been changed, you will be prompted to enter your first and last name for the user profile. Once Create is chosen, you will be directed to the home page.

NOTE: All passwords are Case Sensitive. (If copying password from Availity email, be sure not to copy any extra spacing before or after the password).

Password Requirements:

- Passwords must be at least 10 characters.
- Passwords must have 3 types of characters (e.g. uppercase letters, lowercase letters, numbers, punctuation).
- Passwords must contain at least 6 different characters.
Home Page
Notifications

When logged in, the home screen will display important notifications, such as scheduled insurance payer maintenance, how to properly report issues, etc. Messages with a yellow background indicate Important. A blue background represents other messages for user information. Take the time to read your messages daily to ensure you are aware of changes, maintenance, and other important information.

NOTE: Notifications can only be defined by Availity. Individual facilities cannot enter notifications on this screen.

CUSTOMER SUPPORT
Availity is committed to the success of our clients and offers real time Customer Support to guarantee issues are addressed in a timely manner. Should issues arise with your Patient Access system, please do not hesitate to call one of our Customer Support staff at 800-973-3957, or email Customer Support at support.rp@availity.com.

THE FOLLOWING IS REQUIRED TO ADDRESS REPORTED ISSUES:
1) CLIENT NAME;
2) ACCOUNT NUMBER;
3) STEPS TAKEN WHEN ERROR/ISSUE OCCURRED;
4) ERROR OR ISSUE (Include Screen Shots When Possible)
5) TELEPHONE NUMBER WHERE YOU CAN BE REACHED

Medicare (Part A & B) Scheduled Maintenance
Friday, September 26th at 9:00 PM to Saturday, September 27th at 12:00 PM EST Medicare (Part A & B) Payer ID 10001 has scheduled system maintenance
Navigating Patient Access

Navigating Availity Patient Access is a simple process of choosing the function needed in the navigation menu at the top of the screen.

Use your cursor to click on menu selection.

By choosing your **User Name**, you will have the ability to update your user profile, password, or log out of the patient access system.

**NOTE:** Some menu functions, such as **Users**, are only available to roles defined to have access.

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Definition of Menu Choices

- **Home** – Notifications page.

- **Registrations** – Process patient accounts and post payments.

- **Misc. Payments** – Post payments for accounts not in queue or items such as gift shop, medical records, and other miscellaneous payments.

- **Reports** – System reports including Cash Balancing, AR Overview, and other trend reports.

- **Users** – Add/Modify user accounts and permissions. (limited to Administrator role)
Processing New Registrations

Accounts may be chosen in several ways:

- Enter patient account number and click the **Exact Match** button.

By choosing to **Show all filters**, you may also choose accounts by:

- Enter patient/guarantor name and click the **Search** button.

- Other options include choosing an account status, a facility defined search, or the visit status.

The queue at the bottom of the screen will display accounts matching the search criteria you have chosen.

Click on the **Account Number** to go to the patient visit screen.
Processing New Registrations

The state of the account, including the visit status, is displayed at the top of each registration along with the facility name.

Address Validation: The address validation icon alerts users to invalid address/format.

indicates an invalid address/format. The user should verify the guarantor address and enter it appropriately in the HIS system.

indicates a valid address/format.

NOTE: Addresses should be changed in the HIS system and will automatically flow to the Patient Access System.

Service Category: The Service Category must be chosen before any other step can be taken. Service Categories are defined by your management team and standard HL7 guidelines.

NOTE: If you feel a service category you need is not available, please consult with your management.
Choosing Insurance Benefits

- Insurance verified and benefits available for view/selection.
- Error returned or additional information needed to process verification.
- Choose to manually verify insurance.
- Indicating electronic verification is unavailable or insurance was not provided in insurance master.

By choosing the Green Check, a window will appear displaying benefits returned for verification. Benefits may be chosen by clicking the check box to the right of the appropriate benefit. Benefits for several service categories may be displayed by clicking on each service category.

Benefits may be printed by choosing the Print button located in the top right corner of the insurance window.

In order to view the history of insurance verified, choose the View Insurance History link.
Calculating The Remaining Patient Balance

Once insurance benefits have been chosen, the service being provided to the patient must be entered by choosing **Add a new charge item** button.

By entering a CPT code, or by entering a description of the service, the system will automatically populate the item charge and insurance allowed amount, in addition to using the benefits selected (deductible, co-pay, coinsurance and out-of-pocket) to display the remaining patient balance.

The remaining patient balance estimate may be printed to share with the patient by choosing the **Print Estimate** button.

**NOTE:** The Quantity for each charge is defaulted to 1. If more than one of the same charge should be entered, the quantity may be changed, which will update all other values.
Navigating The Scripts

Scripts are defined by the facility management team based on if the patient is insured or uninsured, the type of service being provided, and the patient's capacity to pay.

**Exhibit A** - The patient has no remaining balance; therefore, the script will prompt the user to close the visit. User should click Yes to close the visit.

**Exhibit B** – The patient balance is $42.50. The user is prompted to offer a 20% discount for payment in full. This account also has an auto-discount of 15%. Auto-discounts are defined by the facility and apply as defined. User should enter payment and click Yes if guarantor agrees. If guarantor does not agree, user will click No.
Navigating The Scripts

Exhibit C – The patient has a balance of $18.99 and refused the prompt payment discount offer. The user is prompted to setup payment arrangements according to the rules defined by the facility.

If guarantor pays deposit, user should enter payment in the amount of the deposit (# of months for payment arrangements are defined by facility and may be changed according to facility rules).

If the guarantor meets or exceeds the required deposit, the discount is applied; however, if the deposit is changed (received lesser amount than required), the user will see an option to override and still apply the discount if necessary. If the override is not checked, then the discount will not apply since the guarantor did not meet the required deposit.

You will then choose Yes or No to the Did the patient agree question.

If no agreement was reached with the guarantor, user will be directed to the referral script to select appropriate closing visit status (see exhibit D on next page).

If an agreement is reached with the guarantor, user will be directed to the closing script (see exhibit E on next page).
Navigating The Scripts

**Exhibit D** – User should choose the appropriate referral status.

**NOTE:** Choosing a referral status of *Medicaid Pending* or *Referred to Financial Counselor* will result in the account remaining open until action is taken.

**Exhibit E** – The closing script completes the communication with the patient/guarantor.

**NOTE:** User will have the ability to reopen a visit within 30 days of the service date.
**Entering Notes And Printing Forms**

**Entering a note:** Additional notes regarding the patient visit may be entered using the **Add a new note** option at the top right of the patient visit screen. Notes will be displayed with the most recent listed first. Additional notes can be viewed by clicking the icon.

**Printing Forms:** Forms may be printed by choosing the **Printable Forms** button at the bottom left of the patient visit screen. A window will appear for forms to be chosen. By checking multiple forms and choosing **Show**, forms will be combined into a single PDF file for printing.

**Print Estimate:** A document explaining the estimated patient due amount may be printed and shared with the patient/guarantor by choosing the **Print Estimate** button at the bottom left of the patient visit screen.

**View Payments History:** Displays all payments made on the account. By choosing **Print**, this will display a receipt of all payment details. This is also available under printable forms.

**NOTE:** Please make sure pop-up blockers are disabled in order for forms screen to appear.
Viewing Demographics

Viewing demographics is available by permissible purpose depending on the role assigned to the user. Additional demographic information is particularly useful to financial counselor and management roles.

If you are assigned the role with permissions to view demographics the View Demographics link will appear beside the capacity to pay category. Choosing this link will display a new window with additional demographic information about the guarantor.

Property information displayed in the demographics profile is based on the property owner. All information should be verified with the guarantor when being used for financial assistance determination.

NOTE: Please make sure pop-up blockers are disabled in order for forms screen to appear.
## Processing Payments

Payments can be taken by choosing the **Enter Payment** button on the **Prompt Pay** or **Terms** scripts.

**Exhibit A:** By choosing the appropriate payment type, a window will appear (Exhibit B) giving the user the ability to take a payment in the form of cash, check or credit card.

**Exhibit B:** User will complete required fields and also may enter a memo. User will then choose **Add Payment**.

**Exhibit C:** A prompt will appear to let the user confirm the payment to be processed. User will choose **Continue**.

**NOTE:** Payment types are displayed based on your facilities decision to use amount only or electronic processing.

### PAYMENT TYPE DEFINITIONS

**Check – Electronic Swipe:** Facility uses a check swiping device and allows transaction to be electronically processed and deposited. Check should not be taken to the bank.

**Check – Amount/Deposit:** Check amount is posted for reporting purposes. Check should be taken to the bank.

**Credit/Debit – Manually Keyed:** Credit Card information is entered manually (no swipe) and processed via NMI.

**Credit/Debit – Electronic Swipe:** Credit Card is processed electronically via NMI using a card reader.

**Credit/Debit – Reporting Only:** Card amount is posted for reporting purposes. Credit Card is processed outside of the Patient Access System.
**Posting Miscellaneous Payments**

The Miscellaneous Payments option may be used to post payments for:

- Gift Shop
- Patient accounts not in the patient access system
- Pharmacy
- Dietary
- Medical Record Copies
- Room/Bed Rental
- Other payments received

User should complete all necessary fields and enter a memo where appropriate.

A history of previous payments made can be viewed at the bottom of the screen by choosing the View link under the Receipt column.

**NOTE:** Please make sure pop-up blockers are disabled in order for receipt to appear.
If a payment needs to be voided, user will access the Prompt Pay or Terms scripts and choose Enter Payment. Any of the payment types can be selected.

The payment window will appear. User will scroll down to the Payment History section and click the cross next to the appropriate payment that should be voided. User will then choose Cancel and close.

**NOTE:** Payments can only be voided until midnight of the day the payment was taken. After the midnight cut-off, the payment will no longer be displayed and a refund would need to be issued by the facility.
Checking For Medical Necessity (Optional)

The **Medical Necessity** link will appear for payers that are setup by your facility to check medical necessity.

User should choose the **View Medical Necessity** link which will open a new window for the procedure, diagnosis and physician to be entered (multiple procedures/diagnosis's may be entered).

User should choose the **Submit for Review** button. If information entered is valid for medical necessity, a message will appear **Results: Pass — Valid medical necessity**. If information entered fails medical necessity a message will appear **Result: Fail — Procedure not covered for diagnosis according to coverage decision**.

By clicking on the CPT/HCPCS code entered, LCD/NCD information may be viewed via the YOST URL.

The **Advanced Beneficiary Notice** (Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566) may be printed by choosing **View and print the Advanced Beneficiary Notice of Non-Coverage** link.
Creating A User Account

Creating users is only available to individuals who are assigned to an Administrator role.

Exhibit A: Choose Users from the navigation menu and choose Create a New Account.

Exhibit B: Enter the email address of the user. Choose Create Account. A temporary password is sent to the email entered for the user to login (user will need to change password).

Exhibit C: Select the appropriate facility(s) and choose Add.

Exhibit D: Select the appropriate permissions for each of the selected facilities. Choose Save Changes.

Users assigned to multiple facilities that need different permissions for those facilities, will need permissions chosen separately for each facility.

Suspending Accounts: A user account may be suspended by choosing Suspend. Accounts will automatically suspend if a password has expired and has not been changed within 90-days.

Deactivating Accounts: User accounts may be deactivated by choosing Deactivate.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Unable to re-open an account (missing link).</td>
<td>Accounts can only be re-opened within 30-days of the service date.</td>
</tr>
<tr>
<td>CPT/HCPCS code/description cannot be found.</td>
<td>Manager should be contacted to add charge to charge master submitted.</td>
</tr>
<tr>
<td>Need to enter a miscellaneous charge for a charge not in the charge master.</td>
<td>Charges not in the charge master will use a CPT code of 99999. A custom description and charge must be entered.</td>
</tr>
<tr>
<td>Unable to access a service category.</td>
<td>Service categories are defined by facility management. Contact your manager for charges to be loaded for service category needed.</td>
</tr>
<tr>
<td>Cannot print forms (window does not appear when print form is chosen).</td>
<td>Contact your IT Helpdesk to have pop-up blockers disabled for *.revpointealth.com.</td>
</tr>
<tr>
<td>Cannot load/print reports (blank page).</td>
<td>Contact your IT Helpdesk to ensure the appropriate web browser is being used. (Internet Explorer 9+, Chrome, Firefox are supported).</td>
</tr>
<tr>
<td>Unable to void a payment.</td>
<td>Payments can only be marked as void until midnight of the day the payment was processed. Account must be in an Accessed or Re-opened status to void. Voided payments will remain on patient card as a pre-authorization for up to 10 business days.</td>
</tr>
<tr>
<td>Account entered in HIS System is not available in Patient Access.</td>
<td>Contact your IT Helpdesk to determine if interface has stopped sending messages. Email <a href="mailto:support.rp@Availity.com">support.rp@Availity.com</a>.</td>
</tr>
<tr>
<td>The approved amount is the same as the charge amount.</td>
<td>Approved amounts are determined by contract loaded. This could indicate that the approved amount is greater than the charge amount, or a contract is not loaded for the payer chosen. If you feel this is error, contact <a href="mailto:support.rp@Availity.com">support.rp@Availity.com</a></td>
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Contact Availity

Availity is committed to providing you with comprehensive customer service and enhancements that make your Availity experience a more enjoyable one. We look forward to hearing from you.

CALL TOLL FREE!  |  1.800.973.3957  |  support,rp@Availity.com