

Availity[®] Provider Learning Opportunities February 2022

Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training session is included below. For more information, refer to our <u>Provider Training and Tools</u>.

Note: All times indicated are Central Time (CT).

BCBSTX Medicaid Webinars

To register now for a webinar on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
Availity® Authorizations Tool We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSTX using Availity's Authorizations tool.	<u>Feb. 2, 2022</u> <u>Feb. 9, 2022</u> <u>Feb. 16, 2022</u> <u>Feb. 23, 2022</u>	11 a.m. to noon
Availity Claim Status We are hosting complimentary webinars for providers to learn how to verify detailed claim statuses and submit clinical claim appeals online using Availity's Claim Status tool.	Feb. 3, 2022 Feb. 10, 2022 Feb. 17, 2022 Feb. 24, 2022	11 a.m. to noon
Availity Remittance Viewer and Reporting On-Demand These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results.	<u>Feb. 17, 2022</u>	1 p.m. to 2 p.m.
Availity Orientation: Save Time and Go Online Join us for a review of electronic transactions, provider tools, and helpful online resources.	Feb. 1, 2022 Feb. 8, 2022 Feb. 15, 2022 Feb. 22, 2022	11 a.m. to noon

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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