|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bots** | **231** | **9486** | **8718** | **26459** | **8686** | **8687** |
| **Availity bot columns** | Visit Number | Account | Account | Account | Account | Account |
|  | Patient | Account name | Account name | Account name | Account name | Account name |
|  | Payor | Coverage List Plan Name | PB Primary Cov Payer Name | PB Primary Cov Payer Name | PB Primary Cov Payer Name | PB Primary Cov Payer Name |
|  | Subscriber ID | Subscriber Number | Coverage List Subscriber Number | Coverage List Subscriber Number | Coverage List Subscriber Number | Coverage List Subscriber Number |
|  | Service Date | Service Date | Admit Date | Admit Date | Admit Date | Admit Date |
|  | Service Date | Disch Date | Disch Date | Disch Date | Disch Date | Disch Date |
|  | Pat DOB | Date of Birth | Date of Birth | Date of Birth | Date of Birth | Date of Birth |

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| EPIC- Payer Name | Availity- Payer Name | Input Needs |  |  |  |  |  |  |  |
| AETNA - HMO/PPO/POS  AETNA MEDICARE PFFS  AETNA CLEVELAND CLINIC EHP OON  AETNA MEDICARE GOLDEN/HMO/PFFS  AETNA RETIREMENT/HMO/ELECTCHOICE/MANAGED CHOICE  AETNA - TRADITIONAL | AETNA (COMMERCIAL & MEDICARE) | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name |  |  |
| AMBETTER BUCKEYE COMMUNITY HEALTH PLAN | AMBETTER | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name | Date of Birth |  |
| ANTHEM - BLUE CROSS  ANTHEM -BLUE CROSS TRADITIONAL  ANTHEM - MEDICARE  ANTHEM HEALTH EXCHANGE  ANTHEM UH EMPLOYEE OON  ANTHEM MEDICARE  ANTHEM /BLUE CROSS TRADITIONAL  ANTHEM MEDICAID  BLUE CROSS/HMO,PPO,POS | ANTHEM - OH | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name |  |  |
| BUCKEYE COMMUNITY HEALTH PLAN  MYCARE BUCKEYE DUAL  MYCARE BUCKEYE MEDICAID  BUCKEYE MEDICAID | BUCKEYE COMMUNITY HEALTH PLAN | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name | Date of Birth |  |
| CARESOURCE  CARESOURCE MARKETPLACE  CARESOURCE MEDICAID HMO  CARESOURCE MEDICARE ADVANTAGE  MYCARE CARESOURCE DUAL  DENTAL-CARESOURCE | CARESOURCE OF OHIO | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | Frist Name | Date of Birth |  |
| DEVOTED HEALTH | DEVOTED HEALTH | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name | Date of Birth |  |
| HUMANA  HUMANA HEALTHY HORIZONS OF OHIO MEDICAID  HUMANA MEDICARE  HUMANA - CCF HOSP ONLY  HUMANA CHOICE PPO/HMO  HUMANA SELECT PPO | HUMANA | NPI | As of Date | Benefit Service Type | Patient ID |  |  | Date of Birth |  |
| MEDICAL MUTUAL - HMO/POS/PPO  MEDICAL MUTUAL - TRADITIONAL  MEDICAL MUTUAL MARKET  MH SELECT  METRO EMPLOYEE MMO SKYCARE  MEDICAL MUTUAL TRADITIONAL  UFCW MH SELECT  SEIU MH SELECT  HKM MH SELECT  CUYAHOGA CTY MH SELECT  CLECARE HMO  CLE-CARE INDIVIDUAL EXCHANGE  LOCAL 880 - UFCW  CSU MH SELECT  METRO EMPLOYEE MMO SKYCARE PLUS  MMO MEDICARE ADVANTAGE  SUPERMED PPO/CLASSIC/PLUS | MEDICAL MUTUAL | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name |  |  |
| MOLINA MARKETPLACE  MOLINA MEDICAID  MOLINA HMO SNP | MOLINA HEALTHCARE OF OHIO | NPI | As of Date | Benefit Service Type | Patient ID |  |  | Date of Birth | State of Residence |
| MEDICARE  MEDICARE PARTNERS COLLABORATIVE CARE  MEDICARE PART A & B  MEDICARE PART A  MEDICARE RR PARTNERS COLLABORATIVE CARE  MEDICARE - RAILROAD  MEDICARE PART B | NATIONAL MEDICARE/CMS | NPI | As of Date | Benefit Service Type | Patient ID | Last Name | First Name |  |  |
| WELLCARE MEDICARE | WELLCARE | NPI | As of Date | Benefit Service Type | Patient ID | Patient Last Name | Patient First Name |  |  |