

# Availity Portal Training

## End-User

MARCH 2021

# Molina Complete Care's Mission

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs.

# Contact Information

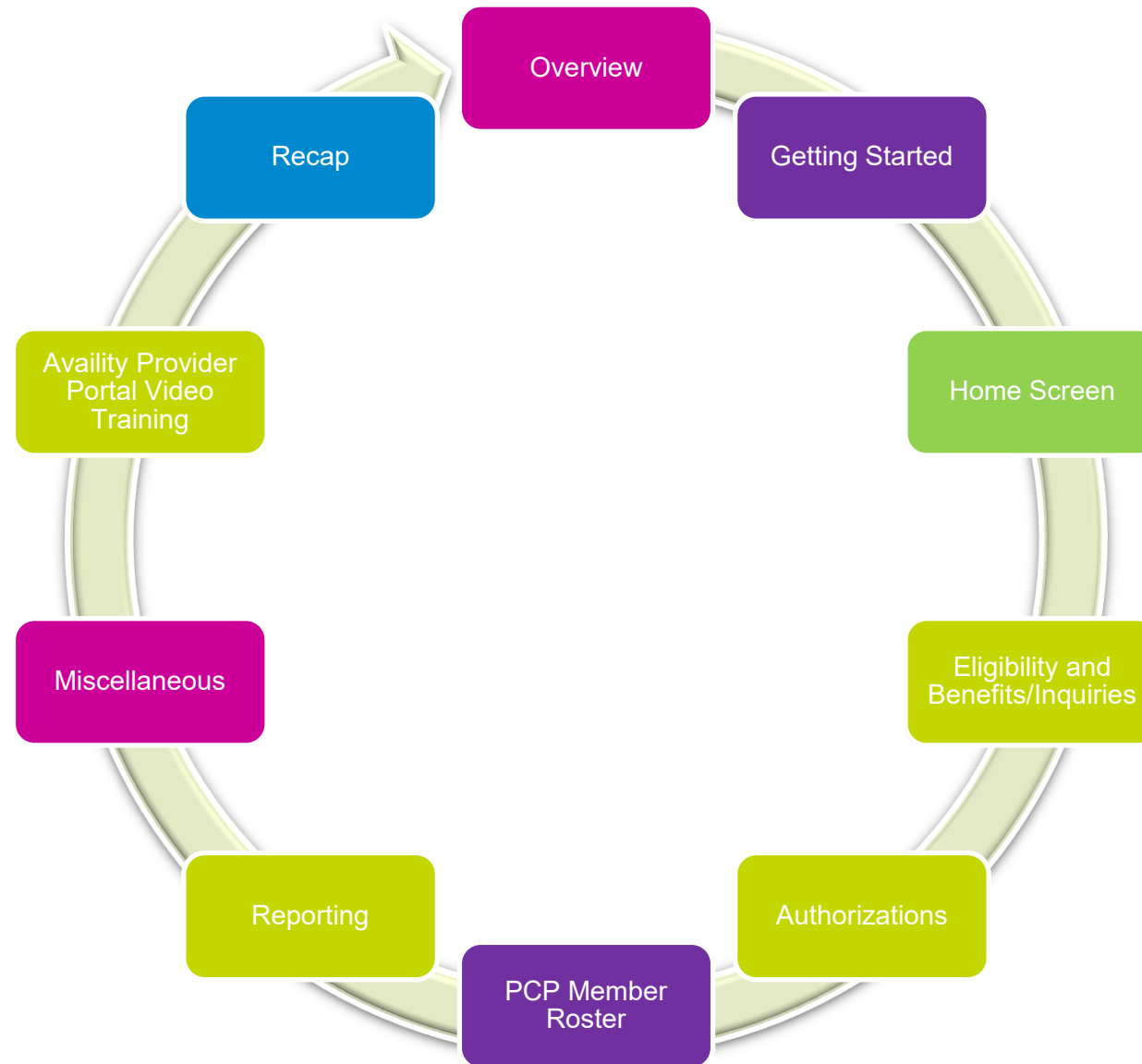
# MCC Network Contact Information for Medical Services

Name	Contact Information
Network email	<a href="mailto:MCCVA-Provider@molinahealthcare.com">MCCVA-Provider@molinahealthcare.com</a>
Network fax	1-888-656-5098
Medallion 4.0	1-800-424-4518 (TTY 711)
Roster submission email	<a href="mailto:MCCVA-Providerroster@molinahealthcare.com">MCCVA-Providerroster@molinahealthcare.com</a>
MCC website	<a href="http://www.mccofva.com">www.mccofva.com</a>
CCC Plus	1-800-424-4524 (TTY 711)
Customer Service email	<a href="mailto:MCCVA-CustomerSvc@molinahealthcare.com">MCCVA-CustomerSvc@molinahealthcare.com</a>

# MCC Network Contact Information for Behavioral Health Services

MCC Provider Network Name	Network Information
Network email	<a href="mailto:vaproviderquestions@magellanhealth.com">vaproviderquestions@magellanhealth.com</a>
Network fax	1-888-656-5098
Medallion 4.0	1-800-424-4518 (TTY 711)
Roster submission email	<a href="mailto:vaproviderquestions@magellanhealth.com">vaproviderquestions@magellanhealth.com</a>
MCC website	<a href="http://www.mccofva.com">www.mccofva.com</a>
CCC Plus	1-800-424-4524 (TTY 711)
Customer Service email	<a href="mailto:MCCVACustomerservice@magellanhealth.com">MCCVACustomerservice@magellanhealth.com</a>

# Availity Portal Training Agenda



# Overview

# Overview

**The Availity Portal** is the nation's largest real-time health information network, with connections nationwide, including government payers like Medicaid and Medicare.

**Availity's** nationwide, multi-payer Provider Engagement Portal helps providers and health plans collaborate and share information easily and efficiently. Providers benefit by having one place to go to accomplish key tasks for medical and behavioral health.





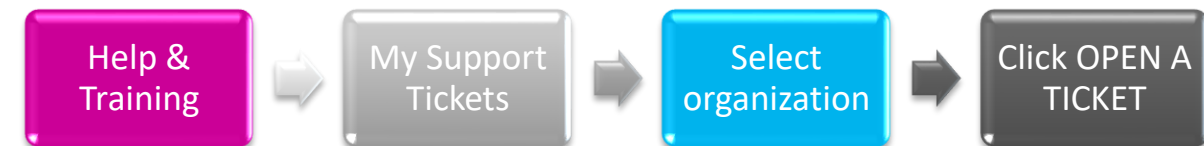
# Overview - Continued

**Availity** offers healthcare professionals access to real-time information and instant responses in a consistent format regardless of the payer.

**The Availity Portal** is a self-service website. It allows healthcare professionals to obtain current patient coverage information, including eligibility and benefits, submission of medical and behavior health claims online, monitor the status of claim submissions, and offer training opportunities.

# Availity Provider Portal

- Prepare
  - Your contact information
  - Your organization's contact information
  - National Provider Identifier (NPI)
  - Tax Identification Number (TIN)
- Register online at [www.Availity.com](http://www.Availity.com)
- Get on-demand video training
- Get support
  - Availity Customer Service Line: 1-800-282-4548
  - Open a support ticket online



# Getting Started

# Getting Started

**The Availity Portal** works best on the latest versions of Internet Explorer (IE). However, you may also use Chrome or Firefox browsers. For security reasons, the Portal does not support Internet Explorer versions older than 11.

**Popup blockers** can prevent some Portal windows and features from displaying properly. If you need help turning your popup blocker off, consult the Help tab of your browser or Molina's IT support staff.

**The Portal** is best used at high resolution, between 1024 x 768 pixels and 1280 x 1024 pixels.

**Users can edit** their profile (including contact information, password, and security questions), or find out who manages their access on the My Account page, which you can access by clicking the user's name at the top of The Availity Portal.

If the user forgets their User ID or password, they can retrieve them using the links on the login screen.

# Getting Started - Continued

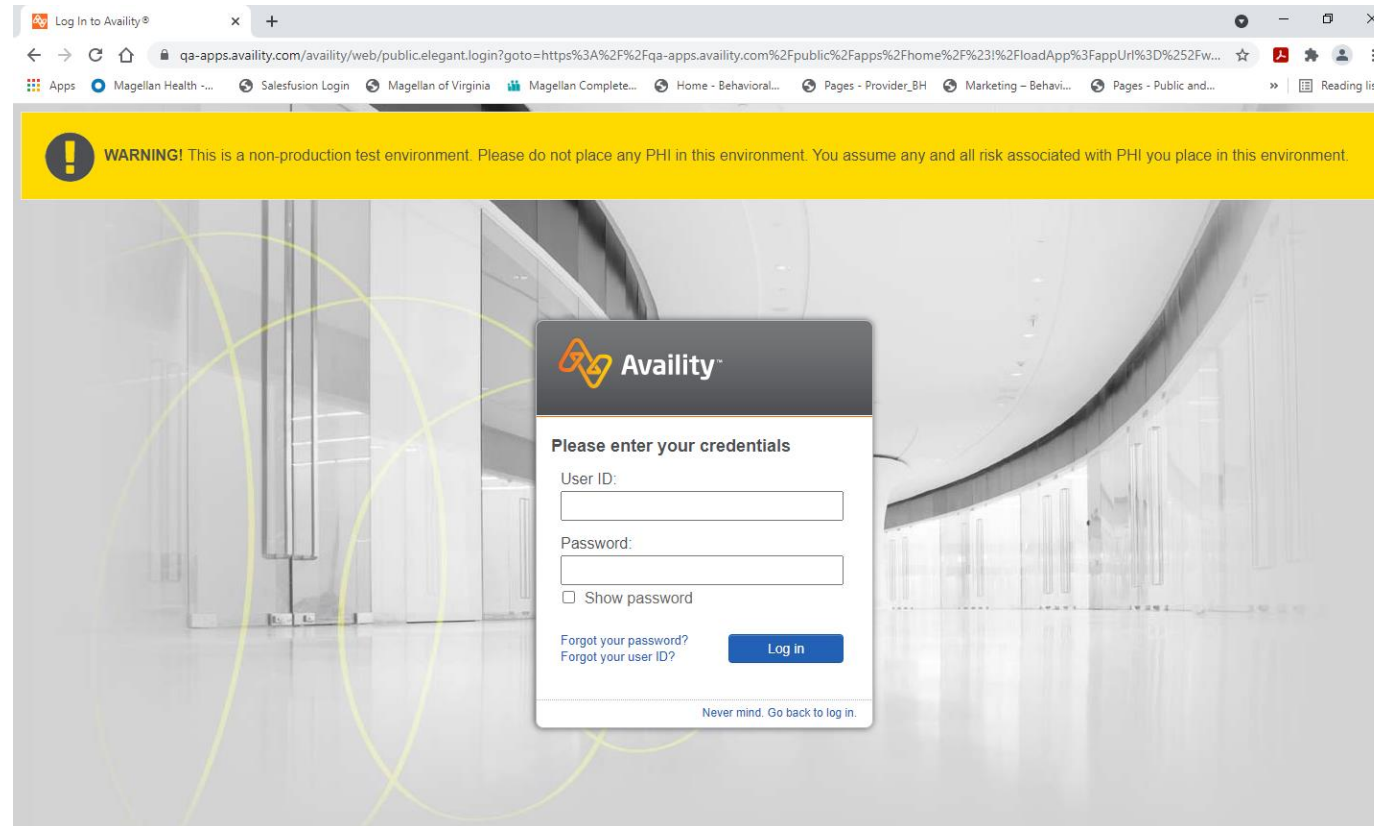
All users should have received an email with their username and password for the Availity Portal. When you log in for the first time, Availity prompts you to:

- Accept privacy and security statements
- Accept a confidentiality agreement
- Choose three security questions and answers
- Create a new password
- Verify your email address

It's important that you not share your User ID or password with others.

**NOTE:** If the user has not received their username/password, they will need to contact their manager or administrator for assistance.

# Getting Started - Continued

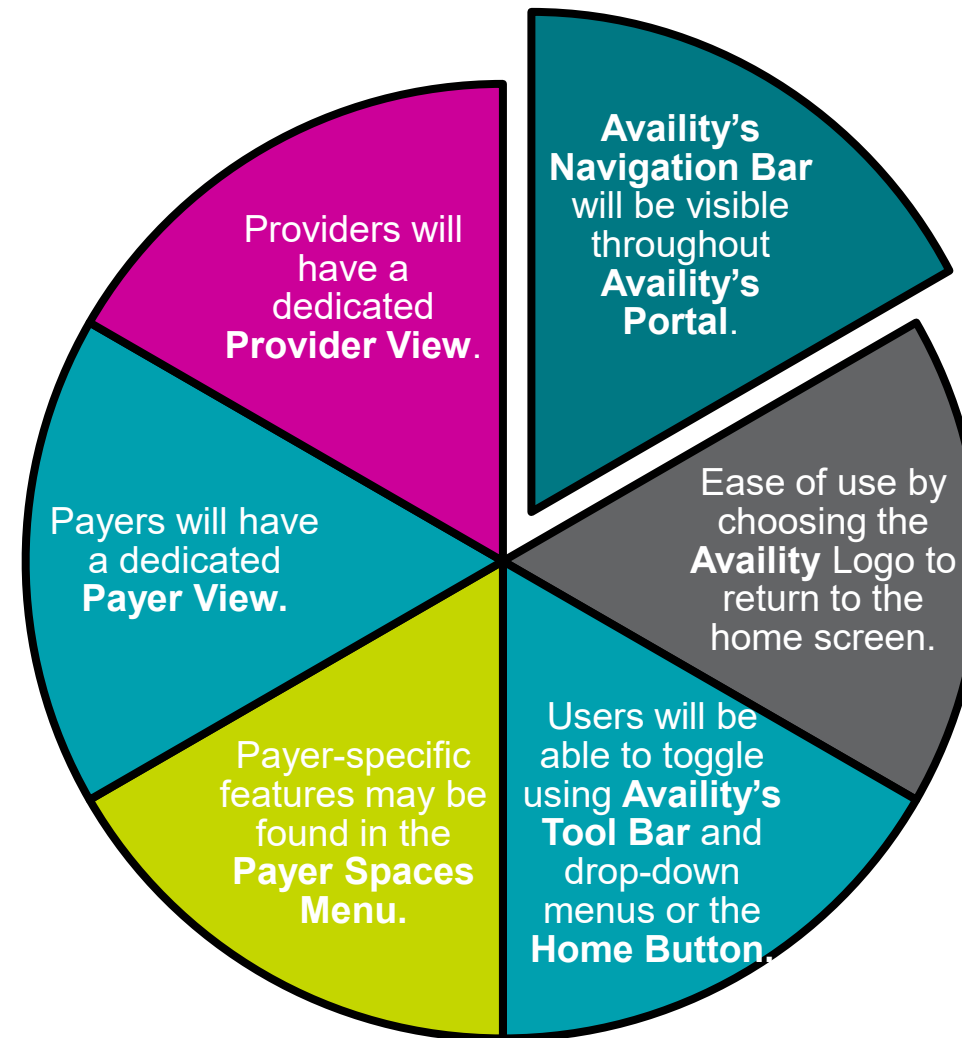


Once the user receives a username and password, the user will go to the login screen for the **Availity Portal**, at [www.Availity.com](http://www.Availity.com).

**NOTE:** Always use the **QA TEST MODE** for training purposes, not the **PRODUCTION MODE**.

# Home Screen

# Home Screen





# Eligibility and Benefits/Inquiries

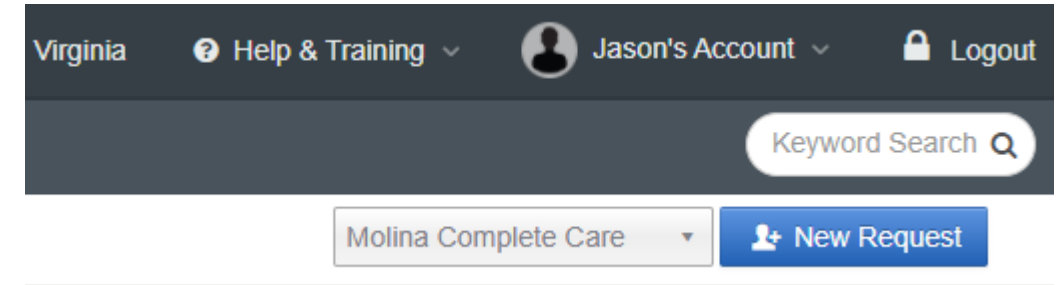
# Eligibility and Benefits

To use the Availity Portal for training purposes, as a reminder, users must remember to use the QA Test Mode. Do **NOT** use training in **PRODUCTION STATUS**.

Under the Patient Registration tab, users should remember to choose the correct Viewer Mode. This is located to the upper right-hand corner of the screen. For training purposes, the drop-down menu should be Molina Complete Care (MCC)-QA. If the user doesn't see the QA mode, verify with the manager or administrator for eligibility access.

When logged in, the provider and payer screen will look similar.

To check patient eligibility and benefits, select PATIENT REGISTRATION from the Availity homepage tool bar.



# Eligibility and Benefits - Continued

The Eligibility and Benefits Inquiry shows general information. ALL information (Patient ID or Member ID, Last Name, DOB) needs to be correct/accurate. The Availity Portal allows for the user to input medical and/or behavioral health information throughout the portal, without the user having to toggle between a medical or behavioral health mode.

From the drop-down:

Select the **ELIGIBILITY AND BENEFITS INQUIRY** for a new request.

For the payer drop-down, select **Molina Complete Care (MCC)**.

Provider Information:

Click **Select a Provider** from the drop-down menu. (NOTE: The selected Provider's NPI will default into the NPI field.)

# Eligibility and Benefits - Continued

## **Service Information:**

Enter the **As of Date** requested. **NOTE:** The current date will default.

Benefit/Service Type – selected from drop-down. General Benefits will be the default.

## **Patient Information:**

Enter the required fields: **Patient ID, Patient Last Name, Patient First Name, and Patient's Date of Birth.** *(Enter the DOB in this format: xx/xx/xxxx)*

Complete the required fields and select **SUBMIT.**

**NOTE:** The Patient ID is either the Member Benefits ID or the Medicaid ID.  
To toggle between **Availity's Navigation Bar**, users will be required to re-enter the member's information for each new search.

# Eligibility and Benefits - Continued

*The user will be able to view **generalized** information for the member.*

**NOTE:** This screen will **NOT** show copays or deductible information.

**Member's information** – member ID, DOB, and Gender, will be shown in the upper left-hand corner of the screen.

**The Plan/Coverage Date** – shown in the center top of the screen.

**Edit** and/or print – found in the upper-right hand corner and can be used to edit or print the screen information.

**Patient Information and Coverage and Benefits** – The user will have the ability to toggle between these two screens.

**Subscriber and Plan/Product Information** – can also be viewed from the Eligibility and Benefits submission.

# Authorizations – Medical and Behavioral Health

# Authorizations – Medical and Behavioral Health

Users will have the ease of access to request member authorizations via the Availity Portal for medical and behavior health. The portal link will redirect users and will be noted once accessed.

# Authorizations – Medical and Behavioral Health - Continued

## Accessing Authorizations:

*To access Authorizations from the Availity Portal, follow these steps:*

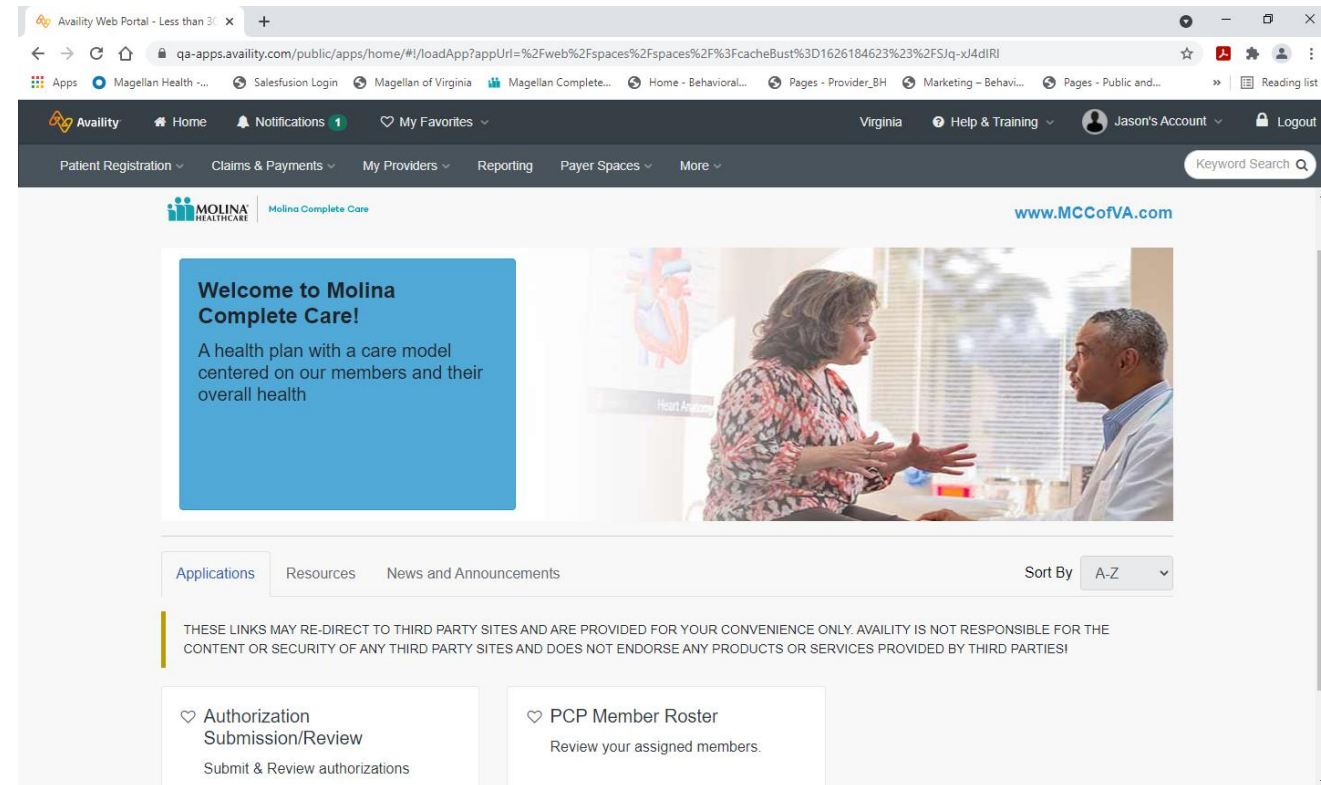
- Click **Payer Spaces| Molina Complete Care (MCC)** in the top navigation bar.
- The HOME page for **Authorizations/ Molina Complete Care (MCC)** will appear.
- Select one of the three tabs that best suit the needs of your organization.



# Authorizations – Medical and Behavioral Health - Continued

The Molina Complete Care (MCC) Authorization Payer Space offers the user the ability to resources such as:

- Authorization submissions
- Authorization reviews
- PCP member rosters
- Access to the MCC directory resources
- Access to MCC directory news and announcements



# Authorizations – Medical and Behavioral Health - Continued

To submit member authorizations:

Click on **APPLICATIONS** from the **MCC Home Page** and select **AUTHORIZATION SUBMISSION/REVIEW**. You will see this screen.

Home > Molina Complete Care > Authorization Submission/Review

## Authorization Submission/Review

Select an Organization

Molina Complete Care x | v

Select a Provider

Select... | v

Cancel Submit

# Authorizations – Medical and Behavioral Health - Continued

Enter the appropriate information in the **AUTHORIZATION SUBMISSION/REVIEW** box. Under **SELECT AN ORGANIZATION**, use the appropriate drop down, **Molina Complete Care**. Select the appropriate provider and select **SUBMIT**.

Home > Molina Complete Care > Authorization Submission/Review

## Authorization Submission/Review

Select an Organization

Molina Complete Care x | v

Select a Provider

EMEJURU, OGUBUIKE W. x | v

Cancel Submit

# Authorizations – Medical and Behavioral Health - Continued

The user will be redirected to the **Molina Healthcare home page**. From this page, users may submit Inpatient, Outpatient, Behavioral Health, or Observation authorizations.

For Technical Questions or Issues:  
1-800-282-4548  
Authorization Questions:  
1-800-424-4524

The screenshot shows the Molina Complete Care Provider Home page. The left navigation menu includes 'Home', 'Authorization / Advance Determination Submission...', and 'Auth Inquiry/Clinical Update'. The main content area has a 'Provider Home' header, an 'Announcements' section, a welcome message, and 'Contact Information'. The welcome message states: 'Welcome to Molina Complete Care Authorizations. Please select from the menu on the left to submit an Inpatient Confinement, Outpatient Surgical, Behavioral Health, or Observation authorization. Other types of authorizations cannot be submitted online at this time. Please fax other authorizations to (866) 210-1523'. The contact information section provides the following text: 'Technical Questions or Issues: (800) 282-4548 Authorization Questions: (800) 424-4524'.

# Authorizations – Medical and Behavioral Health - Continued

Select from the first drop-down menu tab, (to the left)  
**AUTHORIZATION/ADVANCE DETERMINATION SUBMISSION,** to choose the authorization submission type.

**MOLINA HEALTHCARE**  
Molina Complete Care

Home  
Authorization / Advance Determination Submission...  
Inpatient Confinement  
Outpatient Surgical Procedure  
Inpatient Behavioral Health  
Outpatient Behavioral Health  
Durable Medical Equipment  
Observation  
Home Health Services  
LTSS  
Auth Inquiry/Clinical Update

Submit Inpatient Confinement

Select Patient Information

**This is Inpatient Notification/Authorization/Advance Determination for:**

Name :  
Member ID :  
Group ID :  
Birth Date :  
Age :  
Address :  
Phone :  
Eligible :

Requested Admit Date: 08/10/2021

Please confirm the ID on the member's ID card prior to proceeding with the member search to avoid any impermissible uses or disclosures.

Patient ID : \* Member ID  
First Name : \* First Name  
Last Name : \* Last Name  
Birth Date : \* Birth Date

Search

Reset Cancel Continue

# Authorizations – Medical and Behavioral Health - Continued

Enter all required member information for authorization submission request into the right side of the screen and click **SEARCH**. **NOTE:** The Requested Admit Date will default to the current date. The Birth Date field will default to the standard DOB format.

The right side of the screen will populate and show the Authorization Determination for the member.

**MOLINA HEALTHCARE**  
Molina Complete Care

Submit Outpatient Surgical Procedure

Select Patient Information

**This is an Outpatient Surgical Procedure Notification/Authorization/Advance Determination for:**

Name :  
Member ID :  
Group ID :  
Birth Date :  
Age :  
Address :  
Phone :  
Eligible :

Requested Date of Service: 08/10/2021

Please confirm the ID on the member's ID card prior to proceeding with the member search to avoid any impermissible uses or disclosures.

Patient ID : \* Member ID  
First Name : \* First Name  
Last Name : \* Last Name  
Birth Date : \* Birth Date

Search

Reset Cancel Continue

# Authorizations – Medical and Behavioral Health - Continued

The right side of the screen will populate and show the Authorization Determination for the member. Click CONTINUE.  
**NOTE:** This information is only showing eligibility determination. It is **NOT** giving an authorization status.

**MOLINA HEALTHCARE**  
Molina Complete Care

Submit Outpatient Surgical Procedure

Select Patient Information

**This is an Outpatient Surgical Procedure Notification/Authorization/Advance Determination for:**

Name : Joyce Adams  
Member ID : 907514548  
Group ID : 129956  
Birth Date : 01/29/1941  
Age : 80  
Address : PORTSMOUTH HEALTH AND REHAB  
900 LONDON BOULEVARD  
PORTSMOUTH, VA 23704-2236  
Phone :  
Eligible : Yes

Requested Date of Service: 08/10/2021

Please confirm the ID on the member's ID card prior to proceeding with the member search to avoid any impermissible uses or disclosures.


Patient ID : \* 740048951019  
First Name : \* Joyce  
Last Name : \* Adams  
Birth Date : \* 02/18/2021

Search

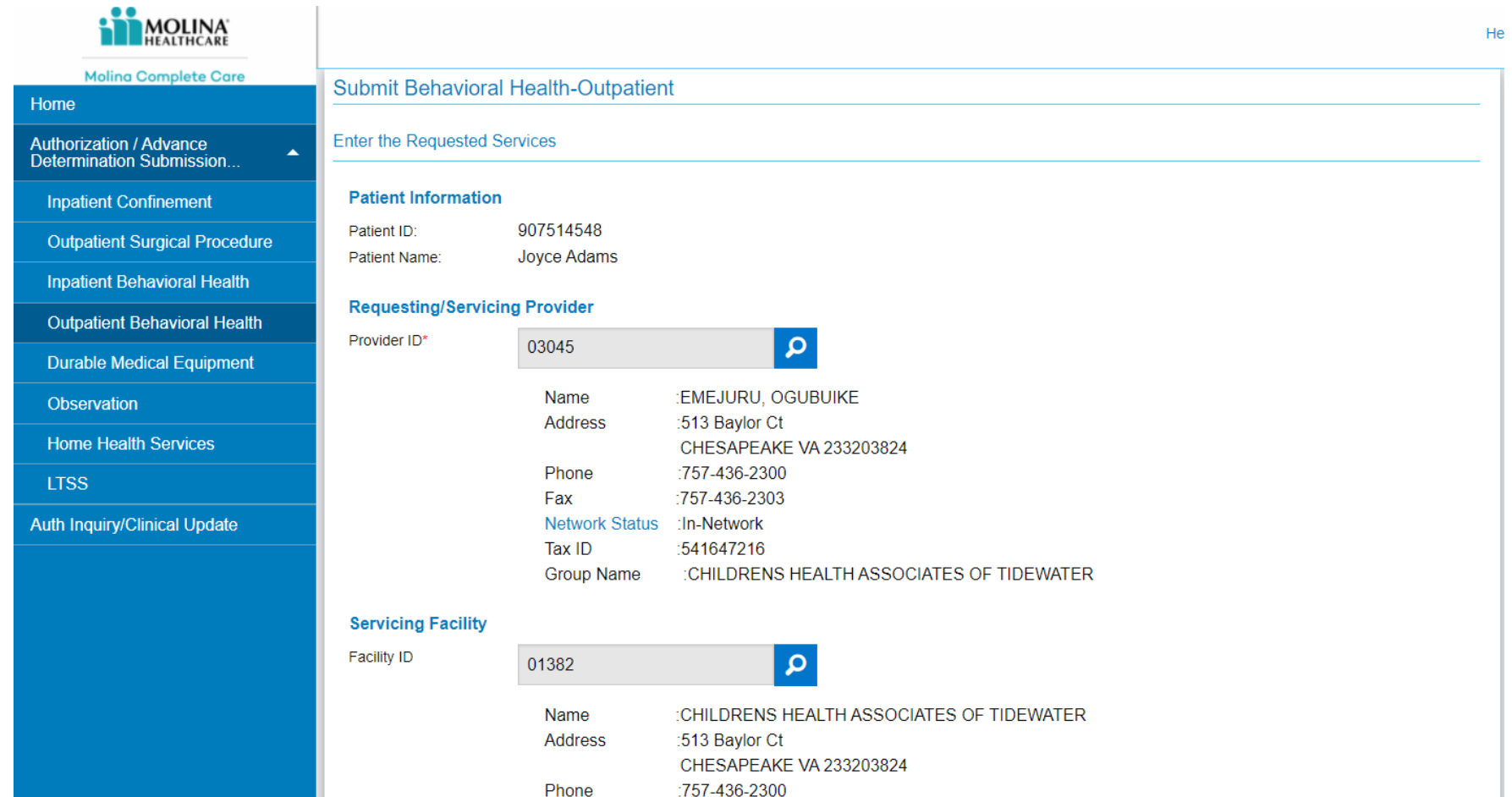
Reset Cancel Continue

# Authorizations – Medical and Behavioral Health - Continued

Enter the required information per medical or behavioral health authorization chosen from left drop-down menu.

**To search for a Requesting/Servicing Provider and Facility ID**, users are to use the search icon  and enter the required information. The Provider ID and Facility ID will populate into the correct fields.

**Note:** Once the Provider and Facility ID is auto generated and assigned, the network status will also populate.




**MOLINA HEALTHCARE**  
Molina Complete Care


Home  
Authorization / Advance Determination Submission...  
Inpatient Confinement  
Outpatient Surgical Procedure  
Inpatient Behavioral Health  
Outpatient Behavioral Health  
Durable Medical Equipment  
Observation  
Home Health Services  
LTSS  
Auth Inquiry/Clinical Update

Submit Behavioral Health-Outpatient

Enter the Requested Services

**Patient Information**  
Patient ID: 907514548  
Patient Name: Joyce Adams

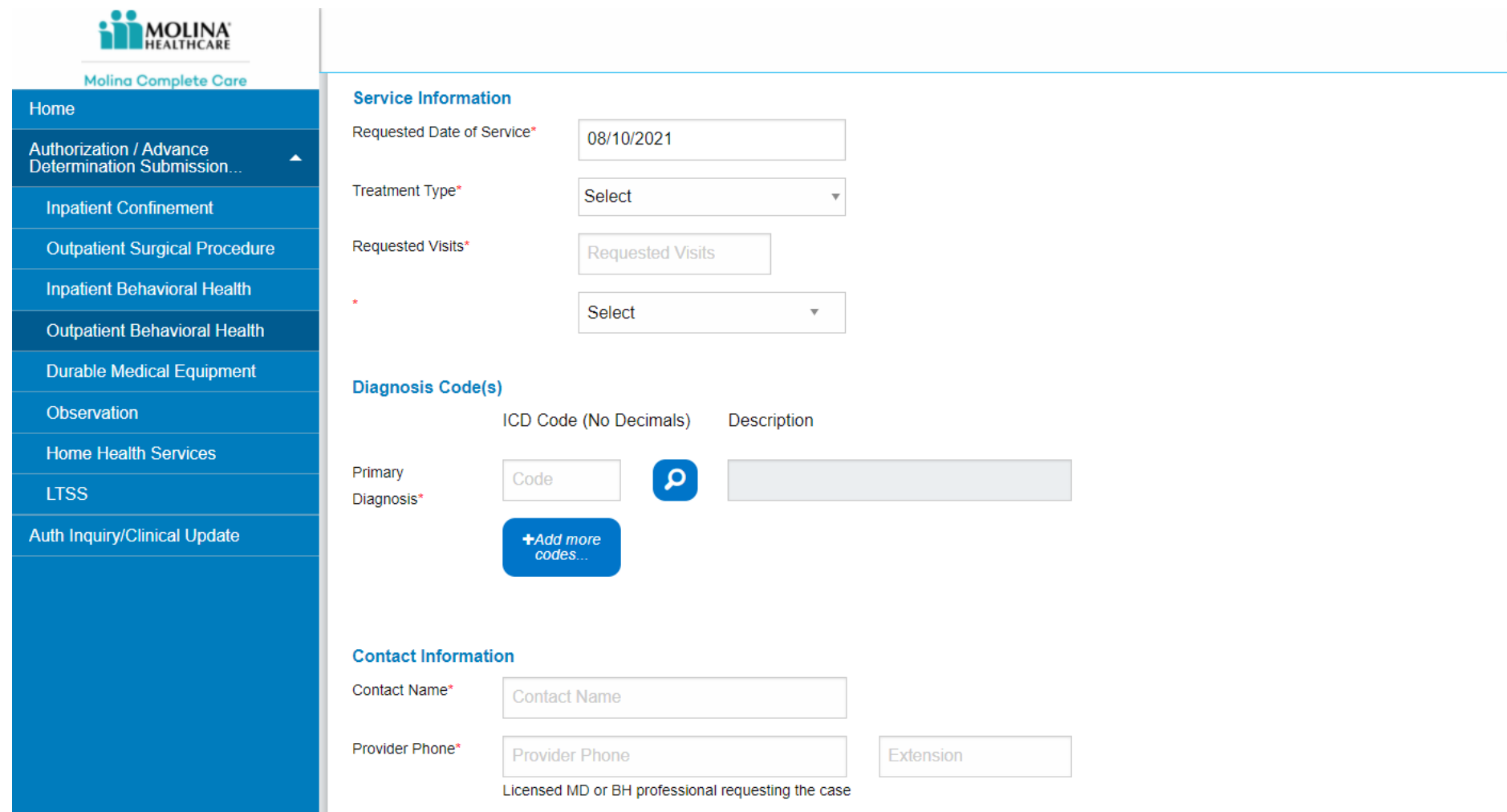
**Requesting/Servicing Provider**  
Provider ID\* 03045   
Name :EMEJURU, OGUBUIKE  
Address :513 Baylor Ct  
CHESAPEAKE VA 233203824  
Phone :757-436-2300  
Fax :757-436-2303  
Network Status :In-Network  
Tax ID :541647216  
Group Name :CHILDRENS HEALTH ASSOCIATES OF TIDEWATER

**Servicing Facility**  
Facility ID 01382   
Name :CHILDRENS HEALTH ASSOCIATES OF TIDEWATER  
Address :513 Baylor Ct  
CHESAPEAKE VA 233203824  
Phone :757-436-2300



# Authorizations – Medical and Behavioral Health - Continued

Continue to enter all required information. Using the search icon  will populate the required information.



**MOLINA HEALTHCARE**  
Molina Complete Care

Home  
Authorization / Advance Determination Submission...  
Inpatient Confinement  
Outpatient Surgical Procedure  
Inpatient Behavioral Health  
Outpatient Behavioral Health  
Durable Medical Equipment  
Observation  
Home Health Services  
LTSS  
Auth Inquiry/Clinical Update

**Service Information**


Requested Date of Service\* 08/10/2021

Treatment Type\* Select

Requested Visits\* Requested Visits

\* Select

**Diagnosis Code(s)**

	ICD Code (No Decimals)	Description
Primary Diagnosis*	Code 	

[+Add more codes...](#)

**Contact Information**

Contact Name\* Contact Name

Provider Phone\* Provider Phone Extension

Licensed MD or BH professional requesting the case

# Authorizations – Medical and Behavioral Health - Continued

Continue to enter all required information. Once all information has been entered, select CONTINUE.

The screenshot shows a web browser window with the URL `beta.mccofva-providers.sharedhealth.com/pat/secure/summary`. The page is titled "Molina Complete Care" and features a navigation menu on the left. The main content area is divided into several sections:

- Requested Visits** : 1
- Frequency** : Week
- Diagnosis Code(s)**
  - Primary** : Y07521 Mental health provider, perpetrator of maltreatment and neglect
- Contact Information**
  - Contact Name** : Papa Smurf MD
  - Provider Phone** : (888)345-8888
  - Phone** : (888)346-8888
  - Contact Fax** : (888)345-8889
  - Submitting From** : Facility
- Attached Clinical Information**
  - Attachment Name(s)** : 1234567890\_081321.Pdf

At the bottom right of the form, there are three buttons: **Back**, **Cancel**, and **Continue**.

# Authorizations – Medical and Behavioral Health - Continued

Additional Clinical Information may be required. If so, an Additional Clinical Information screen will appear, requesting pertinent information.

The screenshot shows a web browser window with the URL `beta.mccofva-providers.sharedhealth.com/pat/secure/guideline`. The page title is "Submit Behavioral Health-Outpatient". On the left is a navigation menu for "Molina Complete Care" with items: Home, Authorization / Advance Determination Submission..., Inpatient Confinement, Outpatient Surgical Procedure, Inpatient Behavioral Health, Outpatient Behavioral Health, Durable Medical Equipment, Observation, Home Health Services, LTSS, and Auth Inquiry/Clinical Update. The main content area has a warning: "Additional Clinical Information - Failure to submit adequate clinical information may result in a delay in processing your authorization." Below this are three text input fields labeled "COMORBIDITIES(MEDICAL):", "DISCHARGE PLANNING:", and "ADDITIONAL PERTINENT CLINICAL TO SUPPORT REQUEST:". A blue box contains the instruction: "You may attach additional pertinent information below". Below this is a file upload section with a text box containing "1234567890\_081321.pdf" and a "Choose File" button next to the text "No file chosen". A "Continue" button is at the bottom right.

# Authorizations – Medical and Behavioral Health - Continued

If required, enter the requested Additional Clinical Information. Click CONTINUE.

The screenshot shows a web browser window with the URL `beta.mccofva-providers.sharedhealth.com/pat/secure/guideline`. The page title is "Submit Behavioral Health-Outpatient". On the left is a navigation menu with the Molina Healthcare logo and the following items: Home, Authorization / Advance Determination Submission..., Inpatient Confinement, Outpatient Surgical Procedure, Inpatient Behavioral Health, Outpatient Behavioral Health, Durable Medical Equipment, Observation, Home Health Services, LTSS, and Auth Inquiry/Clinical Update. The main content area contains a warning: "Additional Clinical Information - Failure to submit adequate clinical information may result in a delay in processing your authorization." Below this is a text input field with the following text: "COMORBIDITIES(MEDICAL): Member has psych disorders, arthritis, and substance abuse"; "DISCHARGE PLANNING: Mental and Substance abuse counseling 3 X week with a sponsor assigned, arthritic meds given for care, access to 24 hour Mental Health Hotline given"; and "ADDITIONAL PERTINENT CLINICAL TO SUPPORT REQUEST: Person feels clinically depressed and alone during this time, reaching out to help for assistance". Below the text area is a blue box with the text: "You may attach additional pertinent information below". Underneath that is another blue box with the text: "Only PDF, TIFF, and JPEG files that total < 64 MB are allowed. Only alphanumeric characters and underscores are allowed in file names. Spaces are not allowed." At the bottom of the page, the filename "1234567890\_081321.pdf" is visible.

# Authorizations – Medical and Behavioral Health - Continued

A case number will be assigned. Note: If submission errors are determined, a message will appear with the case number. To submit a new authorization, use [click here](#). **Do not use the back button.**

The screenshot shows a web browser window with the URL `beta.mccofva-providers.sharedhealth.com/pat/secure/authSubmission`. The page title is "Submit Behavioral Health-Outpatient". A pink message box states: "Your submission has been accepted and is pending. Someone will contact you with a decision. Your case number for this submission is 405704506. Please check later to view process status. Review & print for your records." Below this is a yellow box with the text: "Please [click here](#) to start a new authorization. Do not use the back button." The left sidebar contains a navigation menu with options like Home, Authorization / Advance Determination Submission..., Inpatient Confinement, Outpatient Surgical Procedure, Inpatient Behavioral Health, Outpatient Behavioral Health, Durable Medical Equipment, Observation, Home Health Services, LTSS, and Auth Inquiry/Clinical Update. The main content area displays patient and provider information in a structured layout.

Patient Information	
Patient Name	: Joyce Adams
Address	: PORTSMOUTH HEALTH AND REHAB900 LONDON BOULEVARD PORTSMOUTH VA 237042236
Patient ID	: 907514548
Phone No	:
Date of Birth	: 01/29/1941

Requesting/Serviceing Provider	
Provider Name	: EMEJURU, OGU BUIKE
Provider Address	: 513 Baylor Ct CHESAPEAKE VA 233203824
Provider ID	: 03045
Phone No	: (757)436-2300
Network Status	: In Network
Fax	: (757)436-2303

Serviceing Facility	
Facility Name	: CHILDRENS HEALTH ASSOCIATES OF
Address	: 513 Baylor Ct

# Authorizations – Medical and Behavioral Health - Continued

To inquire about Referral and Authorization Requests:

**NOTE:** Any **Availity** user who represents one of the following entities below, can inquire about an authorization or referral. In general, you can inquire about all authorizations and referrals, including those not submitted originally in Availity. There may be exceptions to this rule. Contact the payer to determine if any exceptions.

- Requesting, referring, or referred-by provider on the authorization or referral
- Referred-to-provider on the authorization or referral
- Referred-to-facility on the authorization

# Authorizations – Medical and Behavioral Health - Continued

To inquire about or update a Referral/Authorization request:



# Authorizations – Medical and Behavioral Health - Continued

Complete the required fields in each section.

- **Under the left side of your screen**, the Provider information will default to the list of providers that have been entered or previously searched. Users may also search by Case/Confirmation number.
- **Selecting a member** will require the user to select the search icon. 🔍 Once selected, a pop-up window will appear. Enter the required information for the member. The member's information will populate. Select the member. The member's information will then populate into the previous screen.

The screenshot shows the Molina Healthcare web application interface for Authorizations. On the left is a blue navigation sidebar with the following items: Home, Authorization / Advance Determination Submission... (with a dropdown arrow), and Auth Inquiry/Clinical Update. The main content area is titled 'Authorizations' and contains two search panels. The first panel, 'Find Authorizations by Provider, Member and Date Range', includes a 'Provider\*' dropdown menu with 'Select' as the current value, a 'Member\*' text input field with 'Member' as the current value and a search icon to its right, and a 'From Date \* - To Date \*' range selector with '05/10/2021' and '11/10/2021' as the current values. Below these fields are 'Reset' and 'Search' buttons. The second panel, 'Find Authorizations by Case/Confirmation number', includes a 'Confirmation number \*' text input field with 'Case ID' as the current value and a 'Search' button below it. A 'Reset' button is also present at the bottom left of this panel. The top right corner of the page has a 'Help' link.



# Authorizations – Medical and Behavioral Health - Continued

Complete the required fields in each section.

- The member's information will populate below under the Search Results. Select the member's name from the Search Results.

Find a Patient x

Please confirm the ID on the member's ID card prior to proceeding with the member search to avoid any impermissible uses or disclosures.

Patient ID *	<input type="text" value="907514548"/>	First Name *	<input type="text" value="Joyce"/>
Birth Date *	<input type="text" value="01/29/1941"/>	Last Name *	<input type="text" value="Adams"/>

Search Results

Show  entries Search:

Patient	Patient ID	Date of Birth	Group #	Group Name	Eligible	Medical Coverage Effective Date	Medical Coverage Termination Date
<a href="#">Joyce Adams</a>	907514548	01/29/1941	129956	MCC	Yes	08/01/2017	

Showing 1 to 1 of 1 entries Previous **1** Next

# Authorizations – Medical and Behavioral Health - Continued

Complete the required fields in each section.

- Enter the **From Date and To Date** authorization range. Click **SEARCH**.
- If there are no authorizations found, a message will appear: **NO AUTHORIZATIONS FOUND**. Ensure to scroll down to view all authorizations.

The screenshot displays the 'Authorizations' section of the Molina Complete Care web application. The left sidebar contains navigation options: Home, Authorization / Advance Determination Submission..., and Auth Inquiry/Clinical Update. The main content area is divided into two search panels. The left panel, 'Find Authorizations by Provider, Member and Date Range', has the following values: Provider: 1184634446 : EMEJURU, OGUBUIKE1; Member: Joyce Adams; From Date: 11/25/2020; To Date: 11/13/2021. The right panel, 'Find Authorizations by Case/Confirmation number', has Case ID: Case ID. Below the search panels is the 'Inpatient' section, which includes a table of authorizations. The table has columns for Patient Name, Patient ID, Case ID, Admit Date Req, Admitting Provider, Length of Stay, Facility, and Status. The data shows four entries for Joyce Adams, all with a status of 'Pending Decision' and a facility of 'BMH PHYSICAL THERAPY'. The table is paginated, showing 1 to 10 of 21 entries.

Patient Name	Patient ID	Case ID	Admit Date Req	Admitting Provider	Length of Stay	Facility	Status
JOYCE ADAMS	907514548	405700997	05/27/2021	EMEJURU, OGUBUIKE	0	BMH PHYSICAL THERAPY	Pending Decision
JOYCE ADAMS	907514548	405701006	05/27/2021	EMEJURU, OGUBUIKE	0	BMH PHYSICAL THERAPY	Pending Decision
JOYCE ADAMS	907514548	405701760	06/11/2021	EMEJURU, OGUBUIKE	0	BMH PHYSICAL THERAPY	Pending Decision
JOYCE ADAMS	907514548	405701005	05/27/2021	EMEJURU, OGUBUIKE	0	BMH PHYSICAL THERAPY	Pending Decision

# Authorizations – Medical and Behavioral Health - Continued

Complete the required fields in each section.

Choose the requested Case ID. The Case ID information will populate. Users can review the Case ID information and enter applicable requirements.

The screenshot displays the 'Inpatient Details' page in the Molina Complete Care system. The browser address bar shows the URL: beta.mccofva-providers.sharedhealth.com/pat/secure/getcase?caselid=405700997. The page features a blue sidebar with navigation options: Home, Authorization / Advance Determination Submission..., and Auth Inquiry/Clinical Update. The main content area is titled 'Inpatient Details' and includes a 'Print' link. It is organized into several sections:

- Inpatient Stay Information**
  - Patient Information**

Patient:	JOYCE ADAMS
Member ID:	907514548
  - Authorization**

Authorization ID:	405700997
Authorization Status:	Pending Decision
  - Case Details**

Admitted:	05/27/2021
Expected Discharge:	06/06/2021
Requested LOS:	10
Approved LOS:	N/A
Pending LOS:	10
Denied LOS:	N/A
- Facility and Provider**
  - Facility**

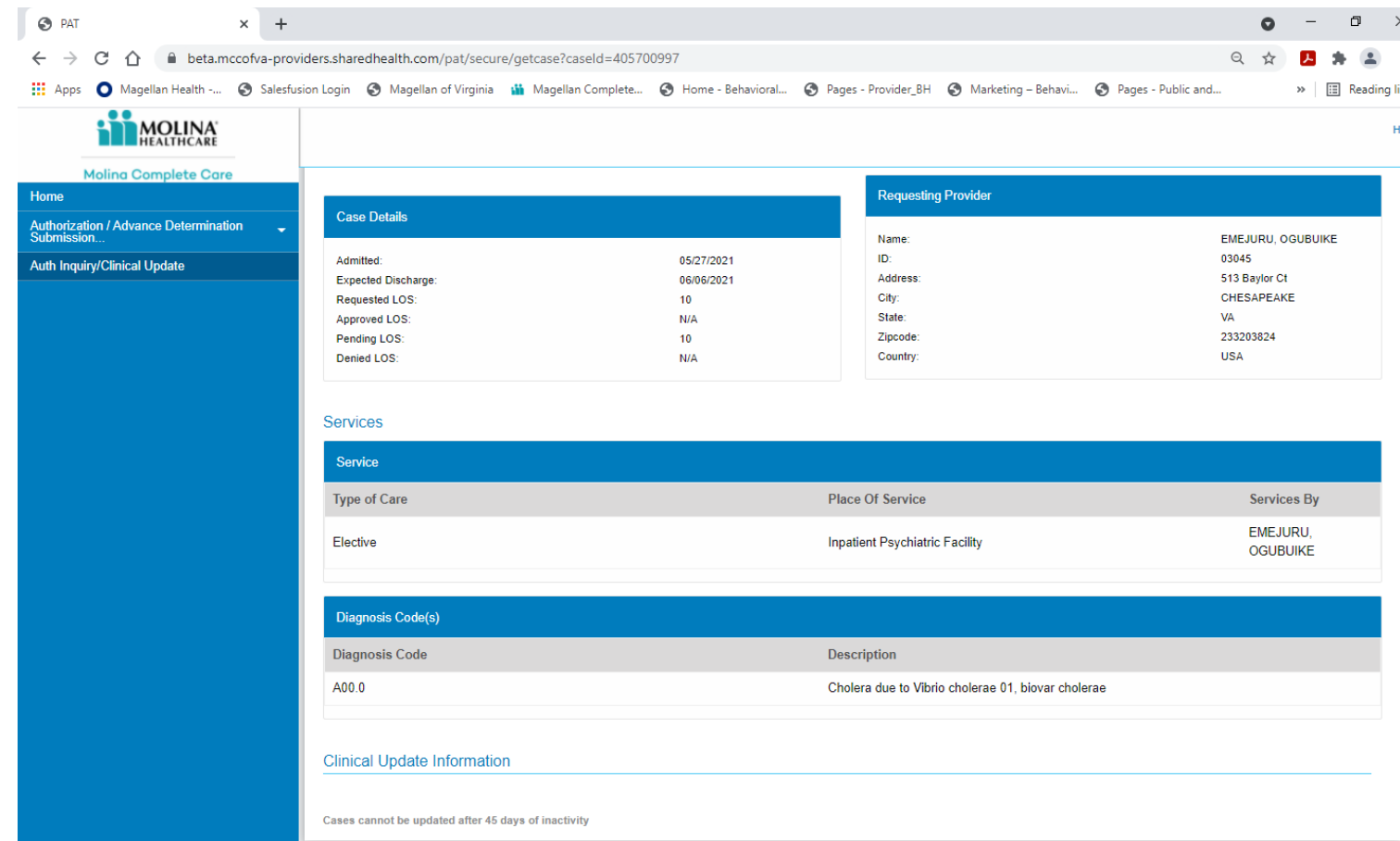
Name:	BMH PHYSICAL THERAPY
ID:	01563
Address:	13895 Hedgewood Dr. Ste 221
City:	WOODBRIIDGE
State:	VA
Zipcode:	221937926
Country:	USA
  - Requesting Provider**

Name:	EMEJURU, OGUBUIKE
ID:	03045
Address:	513 Baylor Ct
City:	CHESAPEAKE
State:	VA
Zipcode:	233203824
Country:	USA
- Services**
  - Service**

# Authorizations – Medical and Behavioral Health - Continued

Complete the required fields in each section.

Choose the requested Case ID. The Case ID information will populate. Users can review the Case ID information and enter applicable requirements.



The screenshot displays a web application interface for Molina Healthcare. The browser address bar shows the URL: `beta.mccofva-providers.sharedhealth.com/pat/secure/getcase?caselid=405700997`. The page features a left-hand navigation menu with options like 'Home', 'Authorization / Advance Determination Submission...', and 'Auth Inquiry/Clinical Update'. The main content area is divided into several sections:

- Case Details:** A table with the following data:

Admitted:	05/27/2021
Expected Discharge:	06/06/2021
Requested LOS:	10
Approved LOS:	N/A
Pending LOS:	10
Denied LOS:	N/A
- Requesting Provider:** A table with the following data:

Name:	EMEJURU, OGUBUIKE
ID:	03045
Address:	513 Baylor Ct
City:	CHESAPEAKE
State:	VA
Zipcode:	233203824
Country:	USA
- Services:** A table with the following data:

Type of Care	Place Of Service	Services By
Elective	Inpatient Psychiatric Facility	EMEJURU, OGUBUIKE
- Diagnosis Code(s):** A table with the following data:

Diagnosis Code	Description
A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae

At the bottom of the page, there is a section for 'Clinical Update Information' and a note: 'Cases cannot be updated after 45 days of inactivity'.

# Authorizations – Medical and Behavioral Health - Continued

**Treatment Type**

**Description**

BH PACT/ACT

An authorization is not a confirmation of coverage or benefits. Available benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered.

**Clinical Update Information**

Please include all clinical information supportive of the request. LIST ALL PERTINENT INFORMATION SUCH AS: current medical status, activity, diet, medications with dosages, pain scale, physician orders, physician treatment plan, applicable office and/or inpatient progress notes, inpatient and/or outpatient treatment(s) including any special treatments such as alternative therapies or treatment, all pertinent lab values, and any other supportive information.

**Contact Information**

Name:\*

Phone:\*   Extn

Fax:\*

**Service Information**

Note Type:\*

Complete the required fields in each section.

**NOTE:** An authorization is not a confirmation of coverage or benefits. If additional information is required, view under the **Clinical Update Information**. Select **CONTINUE** to submit.

# Authorizations – Continued

## Viewing responses:

- Responses vary by payer and type of authorization or referral. Multiple responses may occur if they match all the criteria the user may have specified in the inquiry. The results may include a payer-specific message with contact information or other instructions.
- Diagnosis codes and procedure codes entered by the user, will display in the results. The number of codes displayed, is determined by the payer.

# PCP Member Roster

# PCP Member Roster

## Review your assigned members:

- Users can review those assigned members associated with their Primary Care Physicians.
- Under the **Availity Tool Bar**, choose the drop-down menu under **Payer Spaces**. Select the Payer.
- Under **Applications**, select **PCP Member Roster**. Enter the required information. Click **Submit**.



# PCP Member Roster - Continued

Review your assigned members:

- Choose providers from the drop-down menu and select **Continue**.

PCP Member Roster Search

Provider\* : 1184634446 - EMEJURU, OGUBUIKE

Continue >

# PCP Member Roster - Continued

Review your assigned members:

A roster format will populate. Users may export in Excel format from the upper right of the screen.

PCP Member Report

Providers Info

Report as of Date :  
Fri Aug 13 09:46:41 (Eastern Daylight Time) 2021

Export as excel

Show 5 entries

Group NPI	Provider NPI	Line Of Business	Member Name	Member Address	Phone Number	Sex	DOB	SSN	Member ID	Medicaid Number	Waiver Indicator	EPSDT	Network Code	Effective Date of Coverage	Termination Date	Effective with PCP
1417198750	1184834448	BM	GREGORY	ALISSA GAVALIAN,714 RALEIGH AVENUE,NORFOLK,VA,235071808	7578518588	M	08/24/2009		907618378	550144780012	Elderly or Disabled Waiver with Consumer Direction (EDCD)	YES	MC	01/01/2019	12/31/9999	08/01/2017
1417198750	1184834448	BM	NOAH	2308 BURGESS COURT,CHESAPEAKE,VA,233235387	7578470442	M	02/01/2006		907618988	550135953038	Elderly or Disabled Waiver with Consumer Direction (EDCD)	YES	MC	01/01/2019	12/31/9999	11/08/2017
1417198750	1184834448	BM	ASHLYNN	824 SAINT KITTS WAY,CHESAPEAKE,VA,233228923	7578421700	F	02/18/2000		907617658	975008028599	Elderly or Disabled Waiver with Consumer Direction (EDCD)	YES	MC	03/01/2021	12/31/9999	08/01/2017
1417198750	1184834448	BM	WARREN	2113 MARYMOUNT ARCH,VIRGINIA BEACH,VA,234648782	7578718218	M	11/19/2010		907554043	975008887782		YES	MC	08/01/2019	12/31/9999	08/25/2017
1417198750	1184834448	BM	SIAN R	2028 KINGSTON WATERS	5713147812	F	05/03/2007		907688258	975007105089	Elderly or Disabled	YES	MC	01/01/2019	12/31/9999	10/01/2017

Showing 1 to 5 of 571 entries

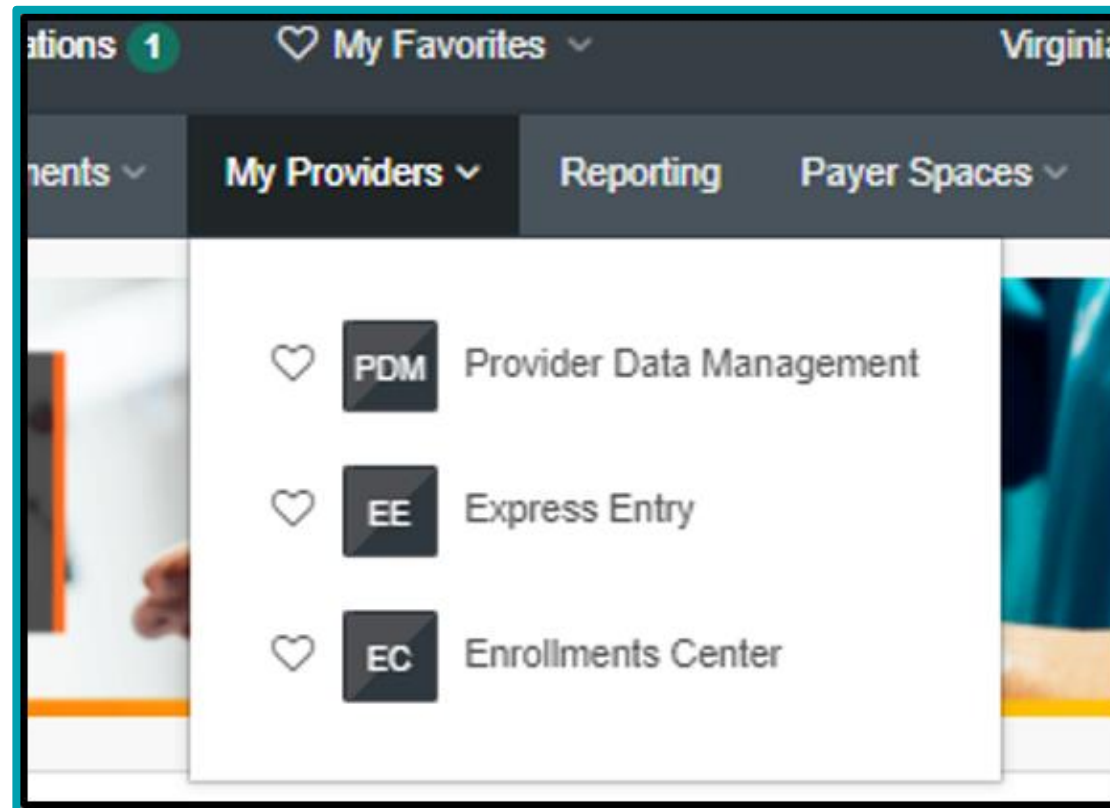
Search Again

Previous 1 2 3 4 5 ... 115 Next

# My Providers

# My Providers

The **Availity Portal** offers the ability for organizations to manage their providers. Users may utilize the **Manage Express Entry**, as well as accessing the **Enrollments Center**, which includes **Express Entry**, **Claim Encounter Reconciliation**, **Medical Attachments Setup**, **Transaction Enrollment**, and **Provider Data Management** selections.



# My Providers - Continued



## My Providers

Provider Data Management  
Express Entry  
Enrollments Center



## Provider Data Management (PDM)

Demographic Data  
Provider Directory  
Key Staff Directory



## Enrollments Center

Express Entry  
Medical Attachments  
Transaction Enrollment  
Provider Data Enrollment  
835 Setup

# Reporting

# Reporting

**Reporting** will vary according to the user's permissions, organization type, and region. Users should contact their administrator for assistance.

The **Administrator Reports** feature allows the user to generate organization history and user-level reports to monitor and track business operations. Select the parameters for the reports below, and then click **GENERATE REPORT**. Once the report is generated, the user can print or save the file.

## Administrator Reports

---

The Administrator Reports feature allows you to generate organization history and user-level reports to monitor and track business operations. Select the parameters for your report below, and then click **Generate Report**. Once you generate a report, you can print or save the file.

\* indicates a required field

\* Organization:

Which report would you like to run?  Generate a user-level report  Generate an organization history report

\* Report Type:

\* Run this report for:

# Reporting - Continued

Availity offers various transaction reporting options. These reports display transaction volume metrics and details. You can generate reports, such as the following:

- Reports for specific transaction modes
- Web transactions to payers, which are manually entered using Availity
- EDI transactions to payers
- Web-to-EDI transactions to direct connect batch payers, which are manually entered using Availity, and then converted to EDI and sent to the batch payer
- EDI transactions from payers, specifically electronic claims payment and remittance
- Vendor, B2B, transactions to payers
- API transactions
- Reports for all or individual transaction types
- Reports for all or individual payer IDs
- Reports containing certain organizational information

Note: Data for the current day will not become available for reports until the next business day.



# Reporting - Continued

For **Reporting**, follow these steps:

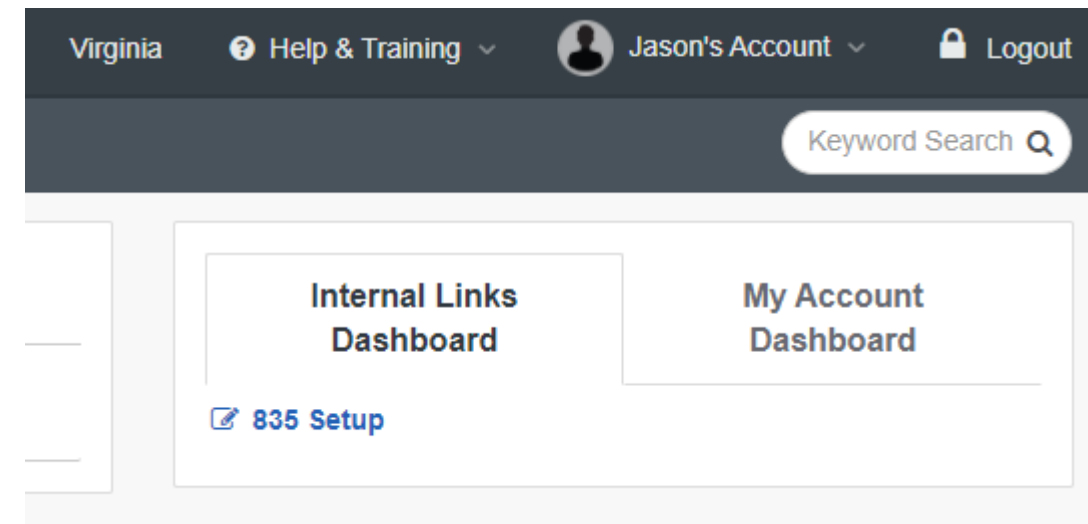
1. In the top navigation bar, click **Reporting**. The **Reporting & Insights** page displays.
2. Under the **Reporting** section, click **Availity 360**.

For more information on **Availity 360**, see [Introduction to Availity 360](#) in Availity Help.

# Miscellaneous

# Miscellaneous

**Note:** If users are unable to access or locate the drop-down menu for any subject, users may also choose the **SEARCH BAR**. This can be found in the upper right-hand corner of the **Availity Tool Bar**.



# Miscellaneous – Using Electronic Funds Transfer

**NOTE:** Once providers begin to receive EFT payments, they will no longer receive an Explanation of Payment (EOP) or Explanation of Benefits (EOB) by U.S. mail for those benefit plans that allow EFT.

- Providers may access EOP or EOB information via the Molina provider portal at [www.Availity.com](http://www.Availity.com)
- Two ways to check EFT claim status:
  - Use the Remittance Reviewer function within MCC's provider portal at [www.Availity.com](http://www.Availity.com)
  - Review the electronic remittance advice (ERA) online through your clearinghouse UB-04 claim does not follow correct coding requirements
- Should a claim be denied, no payment will be due and there will be no EFT transaction. Please review the EOP or EOB online via [www.Availity.com](http://www.Availity.com).

# Miscellaneous – Enrolling in Electronic Funds Transfer (EFT)

- MCC of accepts electronic funds transfer (EFT) enrollment through CAQH Enrollhub.
- CAQH Enrollhub offers a universal enrollment tool for providers that provides a single point of entry for adopting EFT and ERA (Electronic Remittance Advice)
- Enrollment information is available on the CAQH Enrollhub website at <https://solutions.caqh.org>

# Miscellaneous – Claim’s check cycle, EOPs and Remittances



Upon receipt of a claim, **MCC** reviews the documentation and makes a payment determination



As a result of this determination, a remittance advice, known as an **Explanation of Payment (EOP)** or **Explanation of Benefits (EOB)** is sent to the provider



The **Remittance Advice (EOP/EOB)** includes details of payment or the denial



It is important that you review all remittance advice promptly



Check cycles occur once per week for payable claims. **Electronic Funds Transfer (EFT)** and paper check options are available

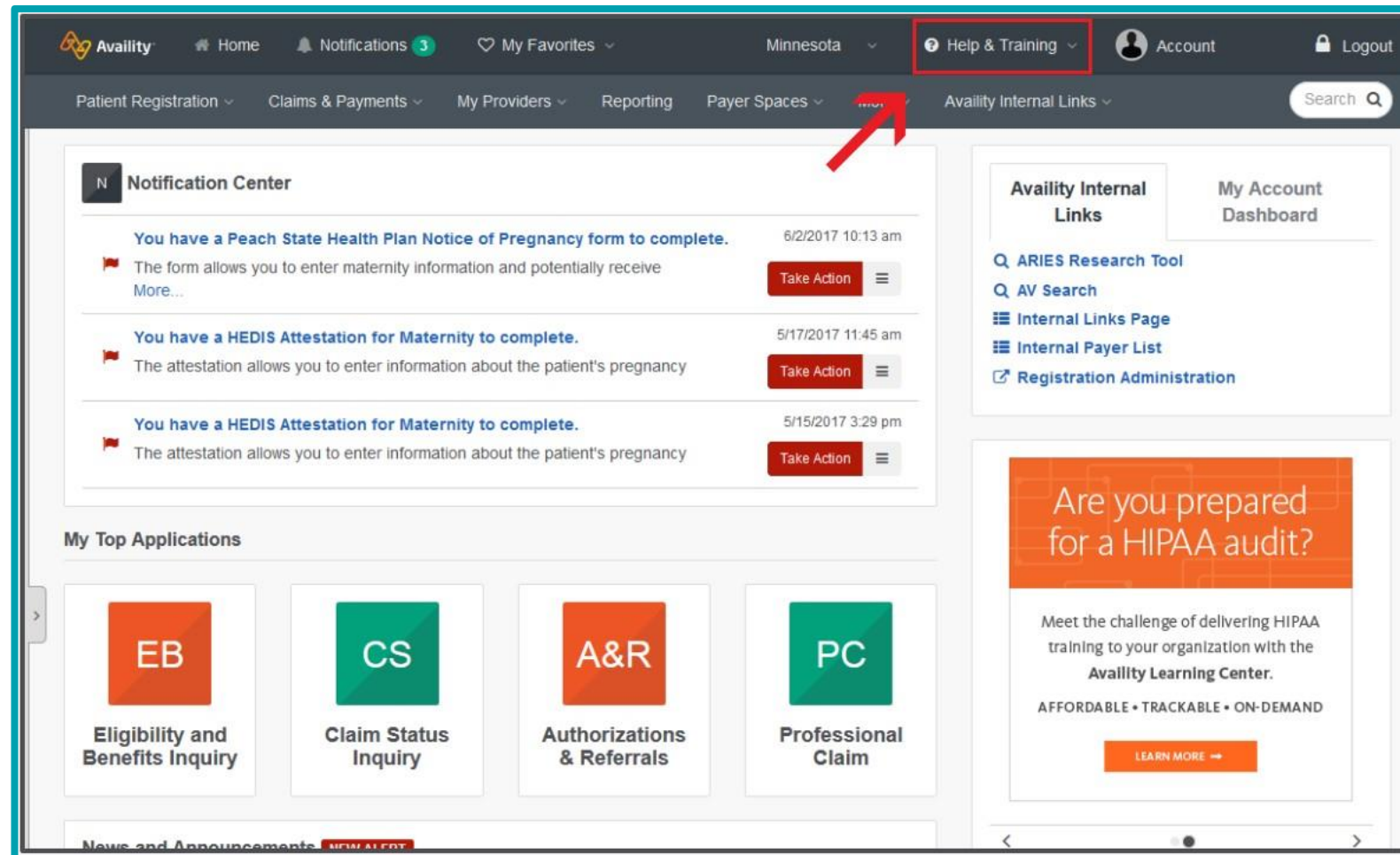


You can review your remittance advice via our provider portal at [www.Availity.com](http://www.Availity.com)

# Availity Provider Portal Video Training

# Availity Provider Portal Video Training

Availity Provider Portal on-demand video training:





# Availity Provider Portal Video Training – Continued

Get on-demand video training by following these steps:

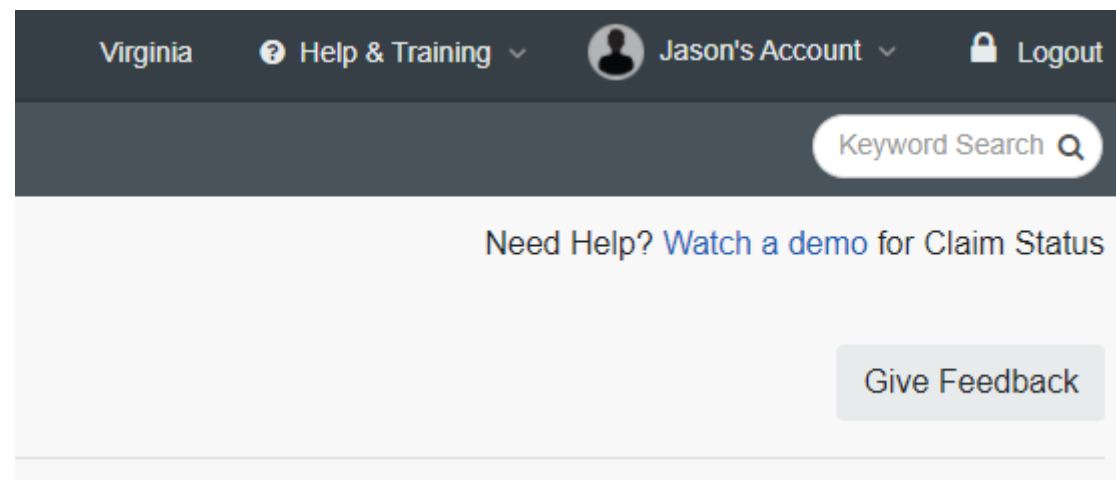
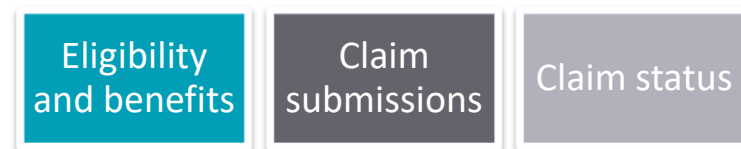


# Availity Provider Portal Video Training – Continued

## Availity Provider Portal embedded demo videos:

Multi-payer applications have on-screen demonstration links in the top righthand corner.

You will find embedded demonstration links for the below applications and more!



# The Availity Portal - Recap

# The Availity Portal - Recap

The **Availity Portal** is an industry-leading, HITRUST-certified health care information technology company.

**Availity** integrates and manages the clinical, administrative, and financial data, that customers need in a real-time value-based environment.

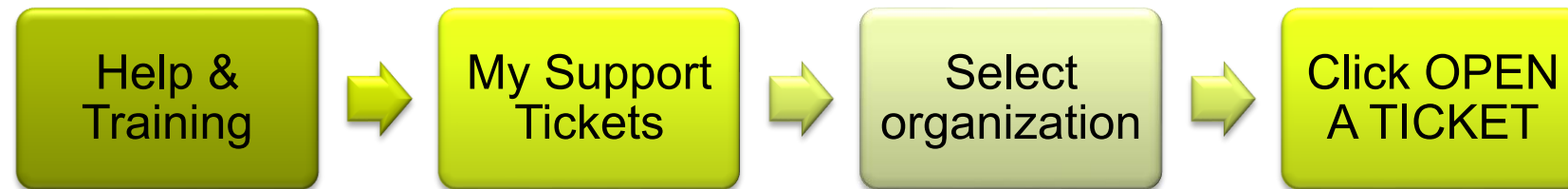
The **Availity Portal** offers secure online access to MCC, and the ability to manage business transactions through a single, easy-to-use site.

**Availity** is the place for users to connect with MCC at no cost to providers. **Availity** is a one-stop portal where users can check member eligibility, submit claims, collect patient payments and track ERAs.

# The Availity Portal Recap - Continued

Availity Provider Portal Support is available two ways:

- Availity Customer Service Line: 1-800-282-4548
- Open a support ticket online at [www.Availity.com](http://www.Availity.com) and following these steps:



MCC follows DMAS guidance regarding billing and reimbursement

**Note:** Providers must always bill the health plan for covered services provided to members. Balance billing is not permitted. Members cannot be charged for the difference of the amount the provider is reimbursed and the charge for the service.

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