







Availity Essentials Overview

Molina Healthcare Providers

Where healthcare **connects**.



Important Notes About Using Availity

6

When you use Availity Essentials, results and data come from payer systems. Information can vary by payer, plan, product, member, your organization, user account permissions, etc.

Information and images were current at the time this presentation was developed. Screen images and demonstrations are from a demo environment containing pre-loaded generic, de-identified information. Information might also be redacted or blurred.

A

It is a violation of HIPAA regulations to share credentials to a system that contains PII/ PHI. Do not share an Availity user ID with others. Your organization's Availity administrator sets up user IDs and assigns roles.

YOU SHOULD KNOW...

Availity supports Google Chrome, Firefox[®], and Microsoft Edge v79.

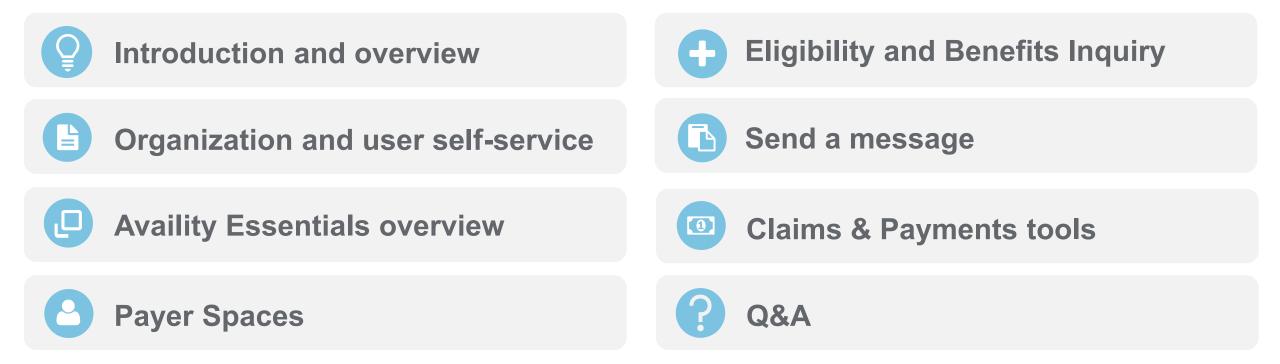


Be sure to allow pop-ups from:

www.apps.availity.com, www.availity.com, or any third-party websites accessed from the Availity Essentials, such as a payer's website.



In today's session, we'll explore...



More training?

Availity offers free on-demand and live training in the Availity Learning Center (ALC).

Log in to Availity Essentials and select **Help & Training > Get Trained** to search the ALC catalog.

Organization and user self-service



What are roles and permissions?



- Role (group of job functions)
- Permissions (job functions, tools)

Example: *Claim Status* role includes permissions for Claim Status, Remittance Viewer, Appeal or Correct Eligible Claims (from Payer Spaces), etc.



User account roles

Every user gets the *Base* role. It includes:

- Home page
- Notification Center
- My Account page
- Help & Training
- Payer Spaces*

*Some options in payer spaces require additional roles as determined by the payer. Select **Help & Training > Find Help > Payer Tools** > payer name for more information. Your organization's Availity User Administrator(s) can assign additional roles to users. *For example:*

To do this	You'll need this role
Check eligibility and benefits	Eligibility and Benefits
Submit a direct-entry claim	Claims
Check claim status	Claims Status
Get remit data in remittance viewer	Claim Status
Use Attachments Dashboard	Medical Attachments
Message with the payer	Messaging (plus the application)

<i>D</i>

Add New Providers to Your Organization



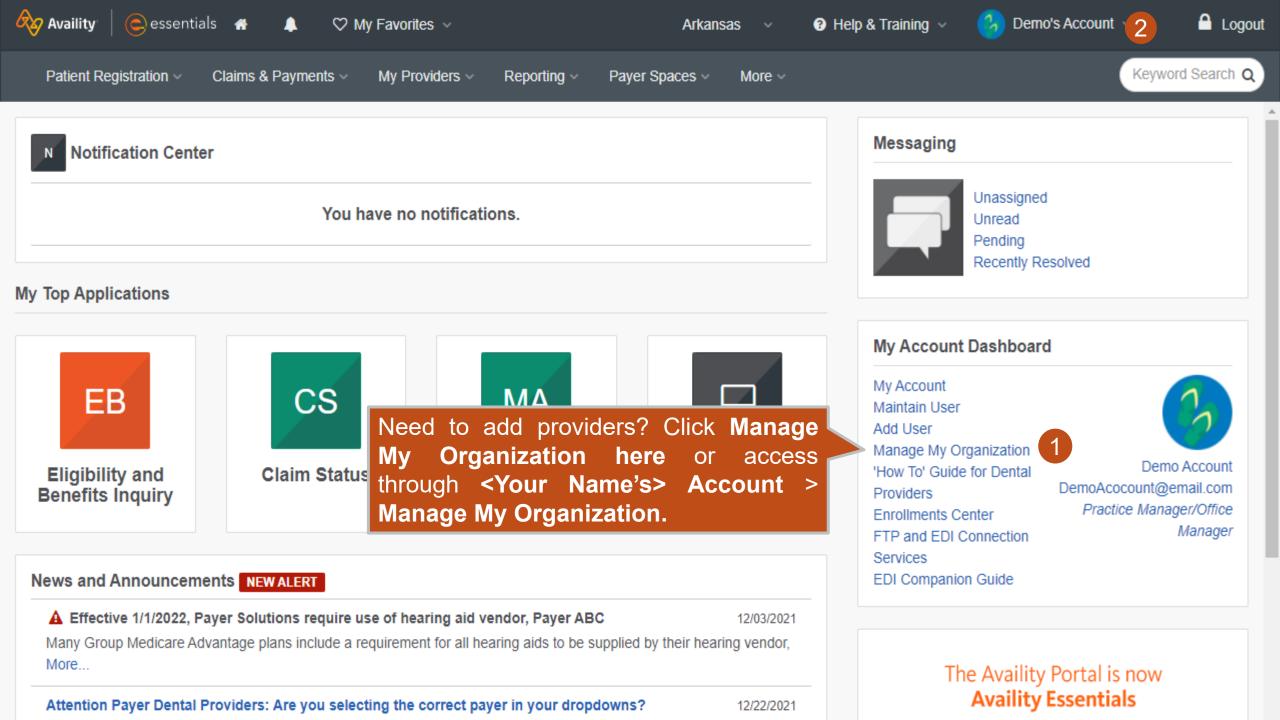
Set yourself up for success...

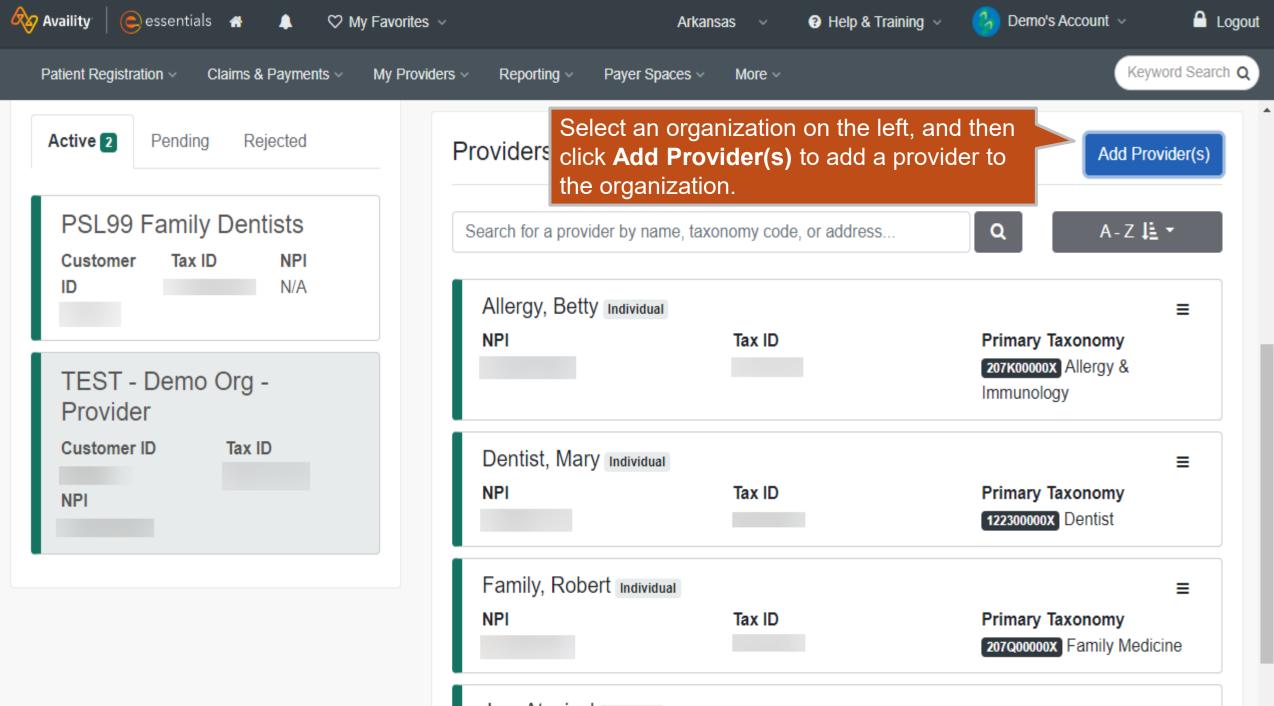
Availity essentials A Patient Registration Claims & Payments My Providers Reporting Payer Spaces More More Keyword Search @ Active 2 Pending Pending Rejected PSL99 Family Dentists Customer Tax ID ID NA Allergy, Betty individual	Add prov	Add providers here						
Patient Registration × Claims & Payments × My Providers × Reporting × Payer Spaces × More × Keyword Search Q Active 2 Pending Rejected PSL99 Family Dentists Customer Tax ID Customer Tax ID NPI D N/A								
Patient Registration × Claims & Payments × My Providers × Reporting × Payer Spaces × More × Keyword Search Q Active 2 Pending Rejected PSL99 Family Dentists Customer Tax ID Customer Tax ID NPI D N/A								
Active 2 Pending Rejected PSL99 Family Dentists Add Provider(s) Customer Tax ID NPI ID N/A	Availity 🛛 😑 essentials 🐐 🌲 🗢 My Fa	vorites v 🛛 Arkansas v 🛛 Help & Training v 🔥 [Demo's Account 🗸 🔒 Logout					
PSL99 Family Dentists Customer Tax ID NPI ID N/A Providers Customer Tax ID NPI	Patient Registration \lor Claims & Payments \lor M	y Providers ~ Reporting ~ Payer Spaces ~ More ~	Keyword Search Q					
Customer Tax ID NPI ID N/A	Active 2 Pending Rejected	Providers	Add Provider(s)					
	Customer Tax ID NPI	Search for a provider by name, taxonomy code, or address	A-Z <u>I≛</u> ▼					
	ID N/A	Allergy, Betty Individual	=					

...so they display here

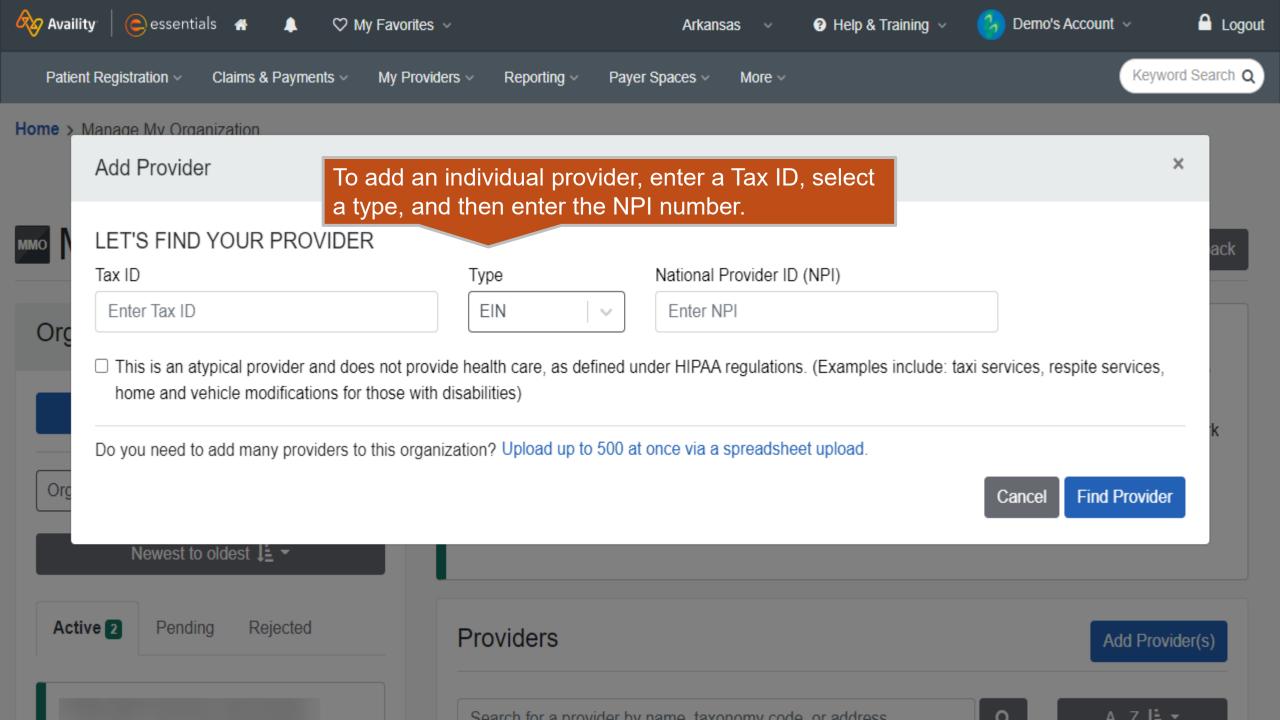
Select a Provider 0

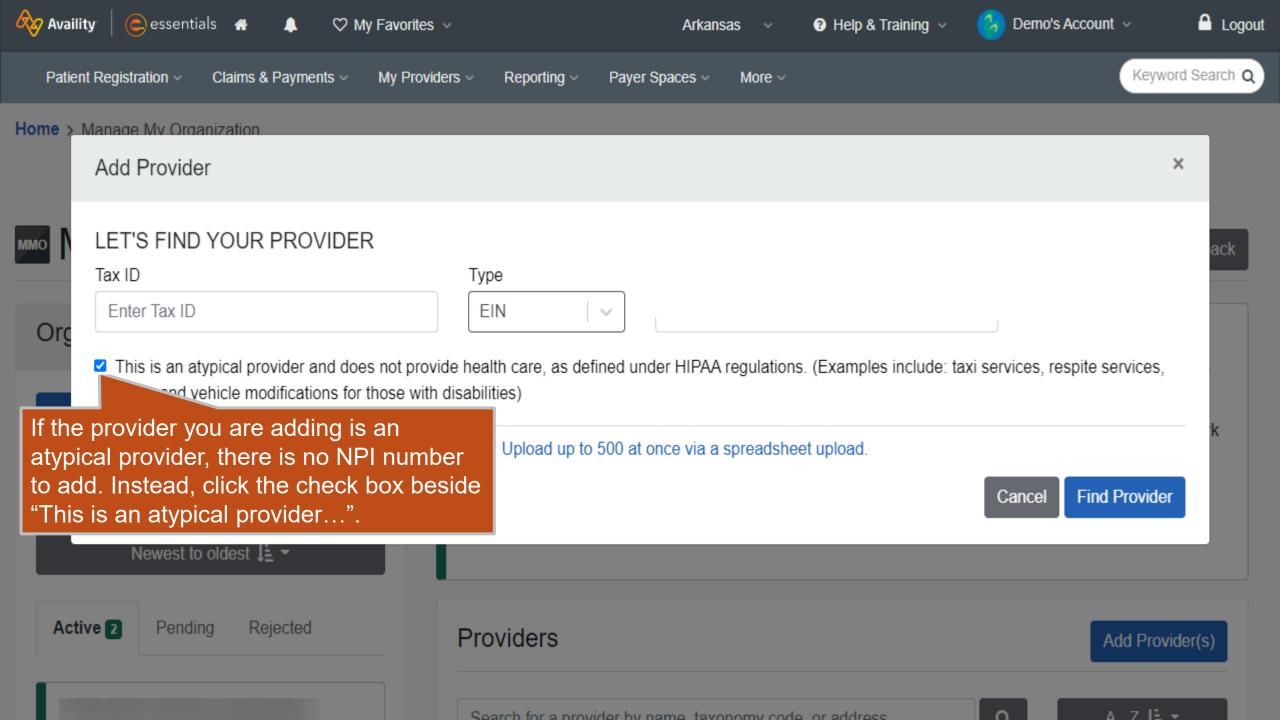
Search for a Provider	-
	Q
ABC Hospital	
Driver, David	
Family, Joe	
Provider, Betty	

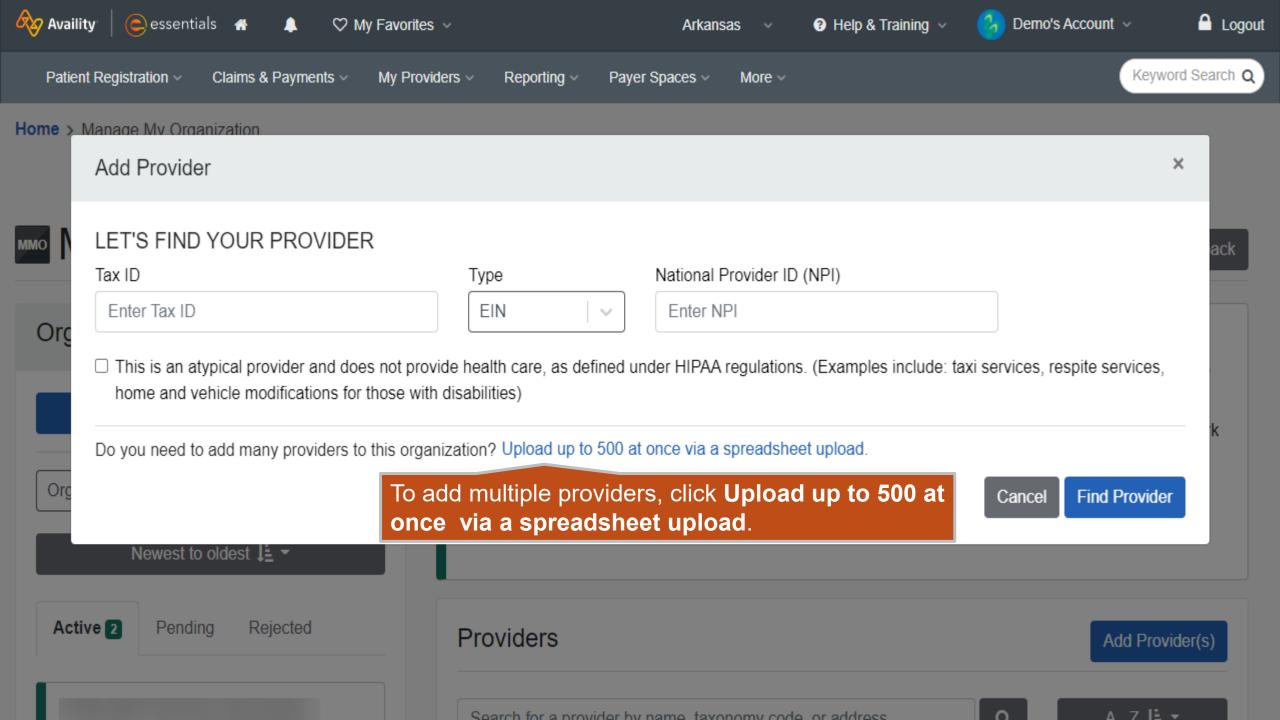




Joe Atypical Individual









A payer space contains links to payer-specific applications, resources, and news and announcements. A payer space might include applications and resources that reside on Availity Essentials and applications and resources that reside on the payer's or third-party website.



Introduction

Role(s)

- Base
- Roles for payer-specific applications

Access

Payer Spaces > the payer's name

Training

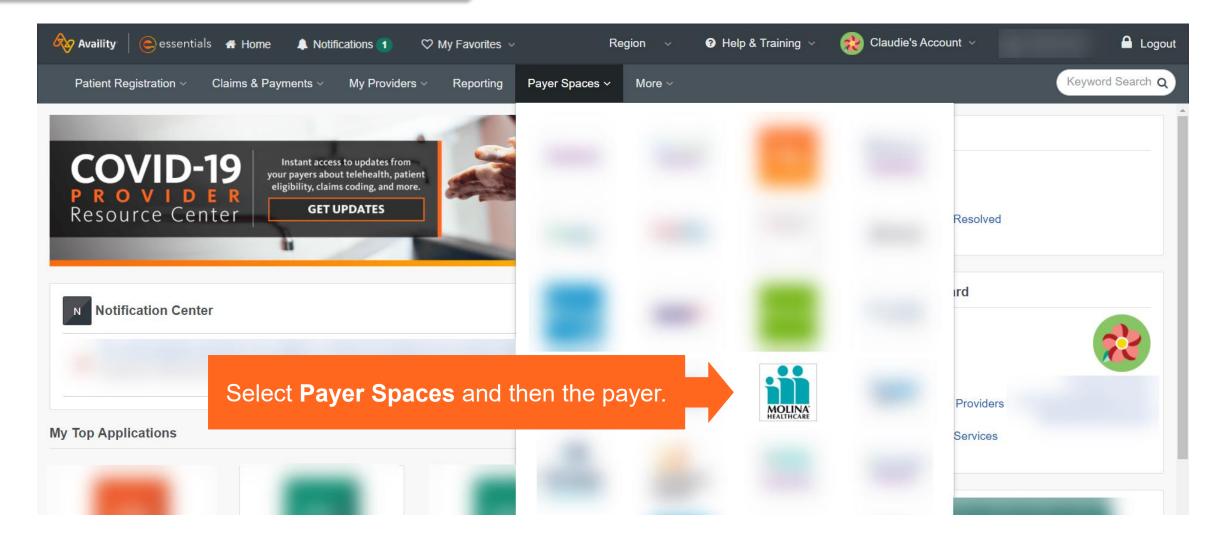
Payer Spaces – Training Demo

Power tips

- You can mark applications and resources as favorites in payer spaces.
- Check Payer Spaces often to check for new applications, resources, and news/ announcements.
- Keyword Search in the top navigation bar of Availity Essentials searches across all payer spaces.

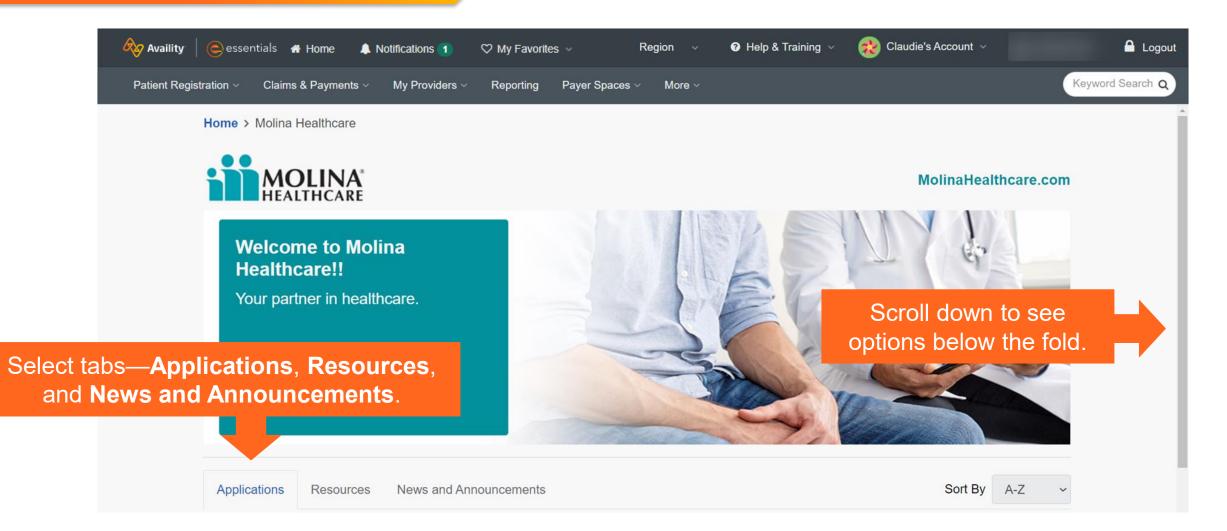


Access









S

a

Navigation tips

	Patient Registration ~	tials स Home ▲ Notifications Claims & Payments ∨ My Pro search this payer space		♥ My Favorites ✓ New York ✓ Reporting Payer Spaces ✓ More ✓	Use Sort By optic quickly locate applications or ite)		Logout Search Q
elect the heart ico to make the oplication a favorit	CONTENT OF Content of Claims	r security of any third party	SITES	AND ARE PROVIDED FOR YOUR CONVENIENCE O AND DOES NOT ENDORSE ANY PRODUCTS OR SE Claims Template Portal Create claim templates for frequently submitted claims				
	finalized ♡ Member View and	status		 Submitted claims 	 Prior Auths Submit service requests, che and create auth request temp 			

Linking out to health plan third-party apps

4	Availity 🕞 esse	entials 🕋 Home 🌲	Notifications 1	🌣 My Fa	vorites ~		Florida 🗸	Help & Training	🗸 🛞 Claudie's Account 🗸		A Logout
1	Patient Registration ~	Claims & Payments ~	My Providers ~	Reporting	Payer Spaces ~	More ~				Кеумо	ord Search Q
		Home > Molina Hea	Ithcare > Prior A	uths							
		Prior Aut	ths					Give Feedback	MOLINA		
		Organization									
		TEST - Demo Org -	Provider							~	
		NPI (Optional)									
		Enter NPI									
		Tax ID 🔞									
		Select TIN								~	
		State					Medicare				
		Florida				\sim	No			~	
		Provider ID 🚱									
		Enter required fields	s first								
		Service Request/Auth	horization Option	0							
		Select								~	
						Cont	inue				

Note: In the **Tax ID** field, select the primary tax ID or secondary tax ID set up for your organization by your Availity Essentials administrator.

Need help? Select question mark icons next to some fields.



	INIA'				rreiconie	e, All Access User: aka03426416824
MOL	ICARE Provider Sel	If Services				Jul 01 2020 1
rior authorizatio	(PA) is not required for	visits to participating net	work specialists, however,	referral is required for m	ost specialties with limit	ted exceptions. Please do no
A requests for vi	its to participating specia	alists.				Save Clear Save
Service Request//	uthorization Form					
* - Required Field						
2						
Member Search						
			1. <u> </u>		Eligibility information is current	t as of Mar 14 2020 12:52:55 AM PS
Member ID: *			Advanced Search			
or Last Name: •		First Name:		Dat	e Of Birth: *	mmddyyyy
Last Home.		THIST HOME.		Dat		19 minodyyyy
Patient Informa	ion					
Patient Informa	ion					
This section wil	automatically populate whe	en you enter valid information	n for Member Search.			
This section will Last Name	automatically populate whe	n you enter valid information First Name		e Initial	Date of Birth	Sex
Last Name	automatically populate whe		Mid	e Initial		
	automatically populate whe			e Initial	Date of Birth State	Sex Zip Code
Last Name]		City	e Initial		
Last Name Address]	First Name	City			
Last Name Address]	First Name	City			
Last Name Address		First Name	City			
Last Name Address Phone = (Home Service Informa	ion	First Name	City			
Last Name Address Phone = (Home	ion	First Name	City			Zip Code
Last Name Address Phone = (Home Service Informa	ion	First Name	City			
Last Name Address Phone = (Home Service Informa Enter Required	ion	First Name Phone = (Mobile)	City	Name		Zip Code
Last Name Address Phone # (Home Service Informa Enter Required	too Information: Type of Service : * <u>Select</u> Jace of Service : * <u>Select</u>	First Name Phone = (Mobile)	Inpatient Notification :* So	iame et v		Zip Code Submit Date : 07/01
Last Name Address Phone = (Home Service Informa Enter Required	ion Information* Type of Service :* Select Place of Service :* Select posed Start Date : mmddyyyy	First Name Phone # (Mobile)	Inpatient Notification : * Se Admission Date : * mm	Name	State	Zip Code
Last Name Address Phone = (Home Service Informa Enter Required	ion Information* Type of Service :* Select Place of Service :* Select posed Start Date : mmddyyyy	First Name Phone = (Mobile)	Inpatient Notification : * Se Admission Date : * mm	iame et v	State	Zip Code Submit Date : 07/01
Last Name Address Phone = (Home Service Informa Enter Required	ion Information* Type of Service :* Select Place of Service :* Select posed Start Date : mmddyyyy	First Name Phone # (Mobile)	Inpatient Notification : * Se Admission Date : * mm n 72 Hours	iame et v	State	Zip Code Submit Date : 07/01
Last Name Address Phone = (Home Service Informa Enter Required	ion Information Type of Service : 1 Select Place of Service : 1 Select posed Start Date : moddyny Care Type : 1 Coutine®	First Name Phone # (Mobile) Phone # (Mobile) Elective Outgent/Expedite Within Diagnosis Descr	Inpatient Notification : * Se Admission Date : * mm n 72 Hours	iame et v	State	Zip Code Submit Date : 07/01
Last Name Address Phone # (Home Service Information Enter Required Pro [Remove]	ion Information Type of Service : 1 Select Place of Service : 1 Select posed Start Date : moddyny Care Type : 1 Coutine®	First Name Phone # (Mobile) Phone # (Mobile) Elective (Urgent/Expedite With) Diagnosis Descr	Inpatient Notification : * Se Admission Date : * mm n 72 Hours	iame et v	State	Zip Code Submit Date : 07/01

Eligibility and Benefits Inquiry (E&B)

Verify a patient's eligibility and confirm the covered benefits.



E&B

Overview

Role

Eligibility and Benefits

Access

Patient Registration > Eligibility & Benefits Inquiry

Training

Eligibility and Benefits – Training Demo

Power tips

Have access to more than one org? Select the org in the upper-right of the E&B request page.

Need to run another similar E&B? Save time by editing an existing E&B in your patient history list.

Want to save time? If you submitted an E&B inquiry in the past 24 hours, you can select a patient from the **Select a Patient** field in other apps to prepopulate patient data from the E&B results.



E&B request

Top of page

🎸 Availity 🥃 essentials 🐐 Home 🔺 Notifications 1 🛛 🌣 My Favorites 🗸	Region \vee 🕜 Help & Training 🗸 🙀 Claudie's Account	~ 🚨 Logout
Patient Registration < Claims & Payments < My Providers < Reporting Payer	Spaces V More V	Keyword Search Q
Search My Patients Only	TEST - Demo	Org - P 🔹 🗜 New Request
E Detail View	New Request Watch a quick de	Î
AVAILITY Health Benefit Transaction D Select the payer and then	* Paver 2	r select the zation first.
complete the page in order.	Provider Information	
	Select a Provider v	
	NPI 2	
	Service Information	
	10/28/2020	
	* Benefit / Service Type 🕜	
	Health Benefit Plan Coverage *	
	Patient Information	
	Patient Search Option 🕜 Patient ID, Date of Birth, Patient State of Residence 🔹	

E&B request

Bottom of page and Submit button

Patter Registratio Values & Payments W provides Report Report Image: Contract New Patters Contract Image: Contract New Patters Contract Patters Information Patters Information Patters Information Patters Information Patters Contract Patters Information Patters Information Patters Information Patters Information Patters Contract New Patters State of Residence Patters Information Patters State of Residence Patters Residence <td< th=""><th>Availity 😑 essentials 🛛 🖶 Hor</th><th>ne 🔺 Notifications 🚹 🔍</th><th>2 My Favorites 🗸</th><th>Region ~</th><th>🛿 Help & Training 🗸</th><th>😢 ci</th><th>audie's Account 🗸</th><th>🔒 Logout</th></td<>	Availity 😑 essentials 🛛 🖶 Hor	ne 🔺 Notifications 🚹 🔍	2 My Favorites 🗸	Region ~	🛿 Help & Training 🗸	😢 ci	audie's Account 🗸	🔒 Logout
Patient Information AVAILITY, SOPHIA M Heath Boentif Plan Coverage Tarmacian Date: Od 27 2.3 pm Patient ID, Date of Birth	Patient Registration V Claims & Pa	ayments ~ My Providers ~	Reporting Payer Spaces	✓ More ∨				Keyword Search Q
I Detail View It is to Kew AVAILITY. SOPHIA M Heade Branc Courage Transaction Date: Od 272.31 pm Patient ID, Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Patient ID Patient Information • Patient ID Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patient ID • Patien	Search My F	Patients Only -					TEST - Demo Org - P 🔻	L New Request
AVAILTY, SOPHIA M Heads Break Tean Coverage Transaction Date: Oct 27 2.31 pro • Patient ID ① • Patient ID ② • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth • Date of Birth	E Detail View		Patie	ent Information				A
Transaction Date: Od 27 2.31 pm Patient ID ♥ Date of Birth	AVAILITY, SOPHIA M							
Date of Birth _/ State of Residence Please Select a State @ Please Select a Gender Please Select a Gender Please Select a Gender Please Select a Gender @ Please Select a Gender @ Datient Relationship to Subscriber @ Self submit another patient					Residence	T		
			* Pa	atient ID 😧				
			* D;	ate of Birth				
Please Select a State Gender Please Select a Gender Patient Relationship to Subscriber Self • Submit another patient								
Gender Gender Please Select a Gender Patient Relationship to Subscriber Self Submit another patient			* St	ate of Residence				
Please Select a Gender Patient Relationship to Subscriber ? Self Submit another patient			Pl	ease Select a State		•		
Patient Relationship to Subscriber 📀 Self * Submit another patient						-		
Self *								
						Ŧ		
Submit				Submit another patient				
				Subm	it			
			_					



History list and top section

🎸 Availity 🛛 🥃 essentials	👫 Home 🔺 Notifications 1 🛛 🏷 My Favorites 🗸	Region V 😯 Help & Training V	😥 Claudie's Account 🗸	🔒 Logout
Patient Registration ✓ Claims	& Payments ~ My Providers ~ Reporting Payer Spaces ~	More ~	Кеу	word Search Q
Search	My Patients Only		TEST - Demo Org - P 🔹	ew Request
List View	Date of Service Oct 29, 2020	Transaction ID: 14491324	Transaction Date: Oct 29 3:53 pm Customer ID: 1194	
AVAILITY, OHIO Health Benefit Plan Coverage Transaction Date: Oct 29 3:53 pm	Subscriber Member ID DOB Gender	Plan / Coverage Date Jan 01, 2020 - Dec 31, 2020	Coverage questions?	Select buttons and links next to
Date of Service: Member ID Payer: MOLINA HEALTHCARE DOB:	MOLINA HEALTHCARE	v Member ID Card		the payer's logo, when available,
C Edit 🗎 Delete	PREFERRED LANGUAGE - ENGLISH ETHNICITY - ASIAN Patient Information Coverage and Benefit	ts Care Reminders 7	× ·	for additional features.
Select a card in the patient history list to display response results.	Subscriber Information			
The patient history list holds up to 50 patient cards. Each patient card remains on the list for 24 hours from the time an E&B request is submitted.	Plan / Product Information Active Coverage Plan / Product Core Care Bronze 1	Service Types Hospital Hospital - Outpatient		

The **Patient Information** tab includes sections, such as:

- Subscriber Information
- Plan / Product Information
- Payer Details
- Other or Additional Payers
- Provider Details
- Primary Care Provider
- Managed Care Coordinator

Remember: Information is provided by the health plan. Detail might vary by health plan, member, plan type, etc.

Patient Information tab

atient Information	Coverage and Benefits	Care Reminders 7
Subscriber Inf	-	
Member ID		
Plan / Product	Information	
Active Coverage Plan / Product		Service Types Hospital Hospital - Outpatient Medical Care Professional (Physician) Visit - Office Psychiatric - Outpatient
Active Coverage Fa		Service Types Routine (Preventive) Dental
Payer Details		Other or Additional Payers
Payer MOLINA H	EALTHCARE	Primary Payer Payer Payer ID Insurance Type Service Type



Coverage and Benefits tab

The **Coverage and Benefits** tab includes sections of service/benefit information.

Remember: Information is provided by the health plan. Detail might vary by health plan, member, plan type, etc.

Select an option to jump to a section.

Patient Information	Coverage and Benefits	Care Reminders 7	
FILTER BY NETWOR	K All Networks		
FREQUENTLY VIEWED	<u> </u>		
Health Benefit Plan Co Additional Payers	overage Heal	th Benefit Plan Coverage - 30	
Contact Information	Addi	tional Payers - Health Benefit Plan Coverage	
Hospital Co-Payment Co-Insurance Deductible Out of Pocket (Stop I Hospital - Outpatient Co-Payment Co-Insurance Deductible Out of Pocket (Stop I Medical Care Co-Payment	Loss) Payer Payer Insurat Member Group Coordi Eligibil Payer	ny Payer D D nce Type d or Subscriber er Identification Number Number nation of Benefits lity Date Contact Information	
Co-Insurance Deductible	0.00		
Out of Pocket (Stop I	Loss)	act Information - Health Benefit Plan Coverage	
Professional (Physicia Co-Payment Co-Insurance Deductible Out of Pocket (Stop I	an) Name Loss) NPI	ry Care Provider	
Psychiatric - Outpatien		y Care Provider Date	
0- D			

Care Reminders tab

When available, select the **Care Reminders** tab to review care reminders for the patient.

- Each care reminder includes the measure and a message.
- Select the **Print** button to print just this tab. You can also include care reminders to print when you use the E&B results print option.

Remember: Information is provided by the health plan. Detail might vary by health plan, member, plan type, etc.

Patient Information	Coverage and Benefits	Care Reminders 7							
Care Remin	ders		MOLINA HEALTHCARE	Give Feedback					
MEASURE			MESSAGE						
196 - Annual Dental	Visit								
196 - Annual Dental	Visit		You should see your dentist every year to make sure your tee	th are healthy					
199 - Adolescent We	ell Care		A Well-care visit is recommended yearly to keep your teen healthy						
214 - Children and A	adolescent's Access to Prima	ry Care Practitioners	A Well-care visit is recommended yearly to make sure your child is developing						
	s such care reminders are no		itted to participating insurance companies. Such information r ional judgement. Care reminders are solely for use by the rec	· · ·					
				🖨 Print					



Send messages to participating payers from select applications.

Manage conversations in the Messaging application.



Messaging

Introduction

Role(s)

Messaging App (or Messaging App – Admin)

Access

- To start a message, select the **Send a message to the payer** button on an eligibility and benefits results page.
- To check and reply to messages, select an option in the **Messaging** section on the Home page.

Training

Messaging a Payer – Training Program

Power tips

- For some payers, send attachment(s) with a message.
- Search, sort, and filter conversations.

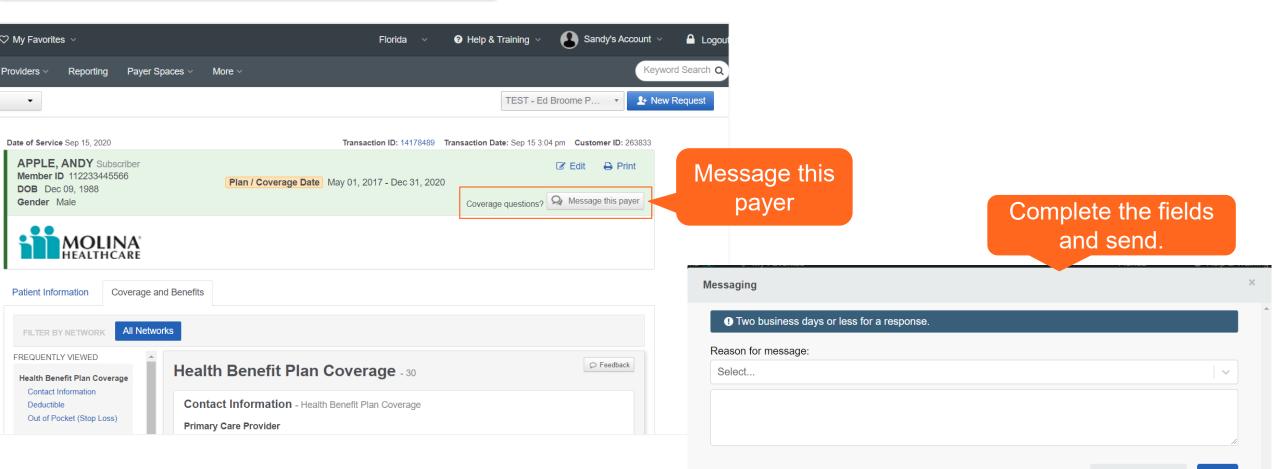
Admins can:

- Assign conversations.
- View summaries of conversations.



Messaging

E&B result with message button



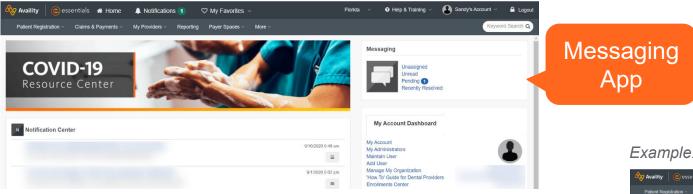
Add Attachments

Send

Messaging

Application on Home page

Example: Home page with Messaging app



Example: Messaging queue with pending message displayed

Availity 🤤	essentials 🚓 Home 🔺	Notifications (1)	🗢 My Fav	orites ~				Florida ~	Help & Training ~	Sandy's Acco	unt 🗸 🤷
Patient Registration	n v Claims & Payments v	My Providers ~ Re	porting Pa	ayer Spaces ~	More ~ A	waility Internal Links ~				(Keyword Sea
Home > Messaging											
Messag	ing										Give Feedba
All Conversations	My Conversations Sum	maries									
	Most Recently Updated			Coordination of	Benefits		Transaction ID 5521210 16977	9221600196657864300		S Created on: Sep 15, 20	tatus: New 20.3:20 pm
	Filter T		Î	GOTAFFEE			Transaction Type Eligibi	lity		0100100 011, 000 10, 20	20 0.20 pm
Organization TEST - Ed Broome F	Physician Practice Org for Por	tal Team's		Service Type C	ode	Service Typ Health Benef	e it Plan Coverage	Eligibility Start Date 05/1/2017		ligibility End Date 2/31/2020	
Contraction Day			F	Patient Infor	mation		Subscriber Inform	ation	Provider Inf	formation	
Q Search By Member ID Q Search		×	D	Member ID11223 DOB Dec 9, 1988 Sender Male Relationship to	В		NameANDY APPLE Member ID11223344556 DOB Dec 9, 1988 Gender Male	6	Name Availity P NPI 123456789		
	Submit			Me This	s is a test mes	sage.		Tuesday, Sept	ember 15th 2020 3:	20 pm	
& Me		E Sep 15, 2020 3:20 pm							Send •	Add Attachment	S
ANDY APPLE112 51062 - Eligibility Coordination of B											
Service Type Cod Service Type Hea Eligibility Start Da	Ith Benefit Plan Coverage										

Search for claims your organization filed with participating payers.

Tip: In general, you can inquire about all claims your organization has submitted, including those not submitted originally through Availity.



Introduction

Role(s)

Claim Status

Access

Claims & Payments > Claim Status

Training

Claim Status – Training Demo

Power tips

Timesaver

Select a patient from the **Select a Patient** field to pre-populate patient data that was entered in previous eligibility and benefit inquiries submitted in the past 24 hours.



Request (top)

Avai	ility 🕒 essentia	als 🖶 Home 🔺 N	lotifications 1	🌣 My Favorite	es ~		Region ~	Help & Training ~	😥 Claudie's Account 🗸		🖌 🔒 Logout
Patien	nt Registration ~	Claims & Payments ∨	My Providers ~	Reporting	Payer Spaces ~	More ~				Key	word Search Q
	н	ome > Dashboard						Need Help?	Watch a demo for Claim Stat	us	<u>~</u>
		S Claim	Status						Give Feedback	(
	C	organization					Payer				
		TEST - Demo Org - F	Provider				PAYER NAME		~	,	
		HIPAA Standard									
		Provider Info	rmation								
		Is the provider the s ● Yes ○ No	same as the orgar	nization name	? 😡						- 1
If you submitted	an	Select a Provider @	optional								
E&B in past 24		Select							~		
hours for this pay	yer,	Provider NPI @									
select the patien	t to										
populate patient		Patient Inform	nation								
information fields	S.	Select a Patient option	onal								
		Select							~		



Request (bottom)

🇞 Availity 📔 🤤 esse	ntials 🖶 Home 🔺 Notifications 1	♡ My Favorite	es ~		Region ~	Help & Training ~	😥 Claudie's Account 🗸		🔒 Logout
Patient Registration ~	Claims & Payments V My Providers V Patient Date of Birth	Reporting	Payer Spaces ~	More ~				Кеуwо	ord Search Q
	MM/DD/YYYY								
	Patient Gender optional								
	Select						· ·		
	Patient Account Number								
	Patient's Relationship to Subscriber	ptional							
	Self						· ·		
	Claim Information								
	Service Dates o								
	From Date			- To Date			#		
	Claim Number optional								
	Institutional Bill Type optional								
							Submit		

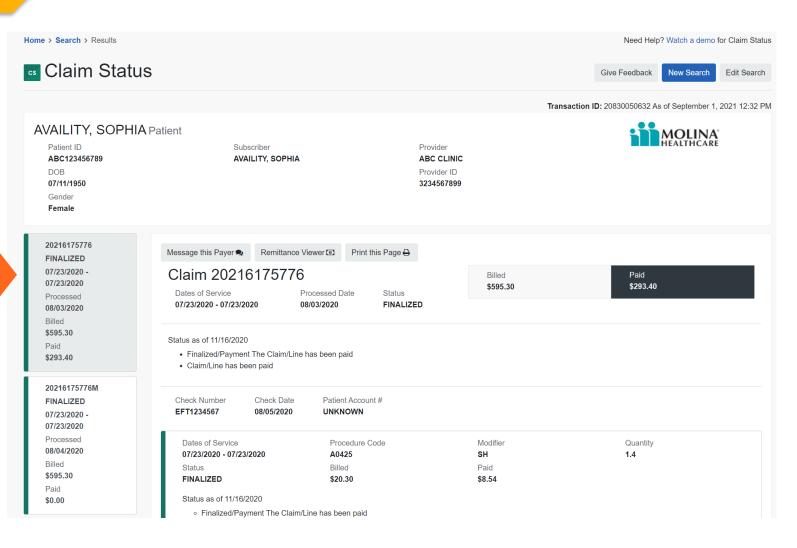


Select a claim card on the left to display the claim status on the right.

Claim status includes line level information.

Finalized claim? Check remittance viewer for additional information.

Response results



Direct-entry (DE) Claim (Professional and Facility)

Quickly submit a real-time, electronic claim to help accelerate the claims and reimbursement process. Claim forms are based on the paper and x12 versions:

- Professional Claim: CMS-1500, 837P
- Facility Claim: UB04, CMS-1450, 837I (also known as institutional claim)



Introduction

Role(s)

Claims (to access claim forms) EDI File Management (for batch reports) Medical Attachments (for tracking attachments)

Access

Claims & Payments > Professional Claim Claims & Payments > Facility Claim

Training

Professional Claim – Training Demo Facility Claim – Training Demo

Power tips

- Save time by running an E&B first.
- Submit primary, secondary, or tertiary claims. (Responsibility Sequence field)
- Include up to 50-service (claim) lines on a claim.
- Submit an initial or corrected claim. (**Frequency Type** field)
- Use integrated code lookup tools.
- Set up all providers and facilities in express entry.
- Submit supporting documentation (attachments) at the same time as you submit the claim.



Claim entry page (select options, first)

	🇞 Availity 🤤 esse	entials 🖀 Home 🛛	Notifications 1	♡ My Favorite	es v		Region ~	😧 Help & Training 🗸	👷 Clau	die's Account 🗸	🔒 Logout
	Patient Registration ~	Claims & Payments ~	My Providers ~	Reporting	Payer Spaces ~	More ~					Keyword Search Q
		Home > Professio	nal Claim								
Type of displays	claim s here.	Profe	ssional	Claim	l					Give Feedback	
		Confirm which	organization and pa	ayer you would	like to submit cl	aims for.					
		Organization									
		TEST - Demo Org	g - Provider								
		Transaction									
		Professional Clair	m								
		Payer 😡									
		mo					~				
		MOLINA HEALTH	ICARE								
		MOLINA MEDICA	ARE								



Claim entry page

	🇞 Availity	essentials 🕋 Home 🛛 🗐	Notifications 1	♡ My Favorites ∨		Region ~	Help & Training ~	😥 Claudie's Account 🗸		🔒 Logout
	Patient Registration	 Claims & Payments ~ 	My Providers ~	Reporting Payer S	paces ~ More ~				Keywor	rd Search Q
		Home > Select > P	rofessional Claim							•
		Professi	onal Clai	im			Give Feedback	MOLINA [®] HEALTHCARE		
Stort of	top	Fields marked wit	th an asterisk * are re	equired.						
Start at and con		INSURANCE C	OMPANY/BENEFI	IT PLAN INFORM	ATION					
claim in		* Responsibility S Primary	equence o	· •						
		PATIENT INFO	RMATION							
		Select a patient (F		from your eligibility a	and benefits inquiries	in the last 24 hours	s for the current organiz	zation)		

Claim response page

Availity 😑 essen	ntials 者 Home 🔺	Notifications 1	🌣 My Favo	orites ~			Florida ~	Help & Training ~	Sandy's A	Account ~	🔒 Logout
Patient Registration ~	Claims & Payments ~	My Providers ~	Reporting	Payer Spaces ~	More ~					Keyword	d Search Q
	Home > Select > P	rofessional Claim									
	Professi	onal Cl	aim					Give Fe	edback		
	Your claim has been Receives Files o ma		ealth plan r	name whic	ch processes claims	in batches. You	will receive the r	esponses for this claim	in your		
	Transaction ID: Claim Number: Submission Type Submission Date Date(s) of Servic Patient Name: Subscriber ID: Billing Provider I Billing Provider I Billing Provider I Billing Provider I	e: e: Name: NPI:						HEALT	L INA HCARE		
	← Back to Reque	st 🔒 Print									



Send attachments electronically and review history records in your organization's Attachments Dashboard.



Attachments Dashboard – Intro

6												t
			ims & Payment	My Providers	Reporting	Payer Spaces ~	More ~				Keyword Search Q	
		Provider Work Qu								d Help? Watch a de vider Registration	mo about Attachments	
	A Atta	achments	Dashbo	bard					Plov		Send Attachment	E
ons	Open Sear	ch Form Q Sort A	scending By:	Required By Date	~	Filter by Produc	t Category: Select		 ✓ Filter by status: 	Select	v	
os	Inbox	Sent History	Reporting									
	Request			Patient			Payer	Provider	Details			
							no items currently in thi					
								s queue				
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												
ords												

Attachments Dashboard – Sent tab

	🇞 Availity 🛛 🤤 ess	entials 🚓 Home 🛛 🐥 Noti	īcations 🚹 🛛 🗢 My Favorite	s v	Region ~	Help & Training ~	🗞 Claudie's Account 🗸	🔒 Logout
	Patient Registration ~	Claims & Payments > My	Providers ~ Reporting Pa	yer Spaces 🗸 🛛 More 🗸				Keyword Search Q
	Home > Provider	Work Queue	ď				Need Help? Watch a Provider Registratio	a demo about Attachments n Send Attachment
	Search by patient	name, provider name, etc	Sort Descending By:	Status Date	•	Filter by status:	Select	v
	Inbox Sent 23	History Reporting						
	Request		Patient	Payer	Prov	vider	Details	
	MEDICAL CLAIM SUBMITTED 10/30/2	2020		MOL	INA [®] ICARE		\$0 • 04/29/2020 • 04/29/2020	9
			1.000	-				
Each record category/typ provider, and	e, status a	nd date, pati	ent, payer,					
Tip: Select a Detail windo		display the A	ttachment	-				



On the Medical Attachments page, make selections to display applicable fields.

- 1. Select the organization and payer.
- 2. Select an option in the **Request** for Information section that displays.

Note: The **Claim Information** section of the form varies based on your selection.

- 3. Complete the required sections and fields that display and add attachments.
- 4. Select the **Send Attachment(s)** button.

Send Attachments button

🗞 Availity 🤤 essentia	ils 🖷 Home 🔺 Notifications 🚹 🗢 My Favorites 🗸	Florida 🗸	😯 Help & Training 🗸	😥 Claudie's Account 🗸		🔒 Logou
Patient Registration ~	Claims & Payments V My Providers V Reporting Payer Spaces V More				Keywor	d Search Q
_	Nork Queue > Send Attachment Attachments			Need Help? Watch a	demo about Attachr	ments
	Organization					
	TEST - Availity Training	~				
	Payer					
	MOLINA HEALTHCARE FLORIDA	~				
	Request for Information 0					
	Select Yes, if you are responding to a request from the health plan and ha	ve a payer-assigned claim	number.			
2	Select No, if you have a submitter-assigned Attachment Control Number the	nat matches the PWK segr	ment in a claim.			
_	• Yes O No					
	Provider NPI Tax ID					
3						
	Attach Supporting Documentation					
	ADDING ATTACHMENTS: • This Health Plan supports file types including .pdf, .jpg, .png, .tiff and .g	if.				
	•File names cannot contain spaces or special characters with the excep	tion of "-" and "_".				
	Reason 11503-0 - Medical Records					
		Sample2.jpg		••••		
		Add Another File A	Attachment			
				Add Attachment		
	Clear Values			Send Attachment(s)		
			4	Solid Attachmolit(3)		

Remittance viewer

Use remittance viewer to view, search, and reconcile electronic remittance (ERA) data and download EOPs/EOBs, when available.



Remittance viewer Check/EFT tab

	🗞 Availity (🖻 essentials 🛛 🕋 Home	Notifications 1	♡ My Favor	rites ~		Florida ~	Help & Training	Sandy's Account	int ~	🔒 Logout
	Patient Registrat	ion ~ Claims & Payment	ts ∨ My Providers ∨	Reporting	Payer Spaces ∨	More ~				Key	word Search Q
	Home > Remittand	ce Viewer							Need Help? Watch a Need help getting acc		
	🔤 Remi	ttance Vie	wer						Manage Access	Give F	eedback
Tabs	Check / EFT	Claim									
Search	Search Check	′ EFT #, Tax ID, NPI, Pay	er Name			Check / EFT Date	es		-	#	Search
Filters	Filter by: Organization	Clear all filters	« Payments	issued fro	m 11/02/2019 t	o 11/02/2020	« First	1 2 Last ×	Showing 1 - 25 of r		vnload CSV 00 Remits
	Check / EFT /	Amount	Check/El	FT# ≑	Payer 🗢	Payee 🗢	Chec	k/EFT Date \$	Received by Availity ≑	Check/EFT Amount ≎	Actions
	Date Receive Start Date	d by Availity - End Date	a		Link to					\$172.24	E 🕹
		Filter			claims					\$78.49	e 🕹

51 © 2022 Availity, LLC. All rights reserved. Confidential and proprietary—do not distribute.

Remittance viewer Claim tab

52

🐼 Availity 🤅 essentials 🏘 Home 🌲 N	Iotifications 🚹 🛛 🗢 My Favorites 🗸		Help & Training	Sand	y's Account ~	🔒 Logout	
Patient Registration < Claims & Payments <	My Providers V Reporting Payer Spaces V I	More ~				Keyword Search Q	
Home > Remittance Viewer					Vatch a demo for R tting access to EOF		<u> </u>
Remittance Viewe	er	Manage	Access	Manage A	ccess Giv	ve Feedback	
Check / EFT Claim							
Search Claim #, Check / EFT #, Tax ID, NPI, N	Member ID, Patient Control #, Payer Name	Check / EFT Dates		-		Search	
X Check / EFT Number							
Filter by: Clear all filters «	Dovergenta issued from 07/24/2020 to						
i nor syr	Payments issued from 07/24/2020 to	07/24/2020			+	Download CSV	
Organization		07/24/2020	« Fir	st <mark>1</mark> Last		8 of 8 Remits	
	Service Claim # \$ Payer \$	Check/EFT Pa # (P	≪ Fir atient Name Patient Control #) D) ≑	Patient To Amt ≎ Cl		8 of 8 Remits Actions	De
Organization	Service Claim # ≑ Payer ≑	Check/EFT Pa # (P (Check/EFT (II	atient Name Patient Control #)	Patient To Amt ≎ Ci Ar	 Showing 1 - otal Total harged Paid 	8 of 8 Remits Actions	Do E(av
Organization Patient Name	Service Claim # ‡ Payer ‡ Dates ‡	Check/EFT Pa # (P (Check/EFT (II	atient Name Patient Control #)	Patient To Amt ≎ Ci Ar	≫ Showing 1 - otal Total harged Paid mt ≑ Amt ¢	8 of 8 Remits Actions	E

Get Access page example

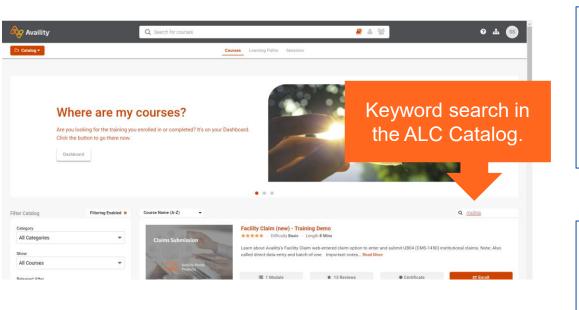
Patient Registration ~	Claims & Payments ~	My Providers \sim	Reporting	Payer Spaces ~	More ~			Keyword Search
ne > Remittance View	er > Manage Acces	s > Get Access					Need Help? Watch a Need help getting acc	demo for Remittance View cess to EOP/EOBs?
Remittar	nce View	ver						Give Feedback
Back to Manage Access								
Get Access								
ecent ERA file/EOB. Why am I being ask Organization	ed to provide paymen	nt information?	~					
Payee Tax ID								
Check/EFT Trace Number 🕜								
Check/EFT Amount	\$							
	mm/dd/yyyy		#					
Check/EFT Date								



Finding courses fast

We've curated some recommended courses for Molina providers

In Availity Essentials, select **Help & Training > Get Trained** and then search the ALC catalog by keyword 'Molina' to quickly locate and enroll for courses you're interested in.



General application training

- Eligibility and Benefits Inquiry Training Demo
- Claim Status Training Demo
- Remittance Solutions Training Demo
- Attachments (new) Online Course
- Messaging a Payer Training Program

Focus on direct-entry claims

- Professional Claim (new) Training Demo
- Facility Claim (new) Training Demo
- Secondary and Tertiary Claims Online Course
- Follow Up on Web-Entered (direct-entry) Claims Online Course

Administrator training

- Availity Essentials Administrator Onboarding Training Program
- Medical Attachments Setup Online Course



