

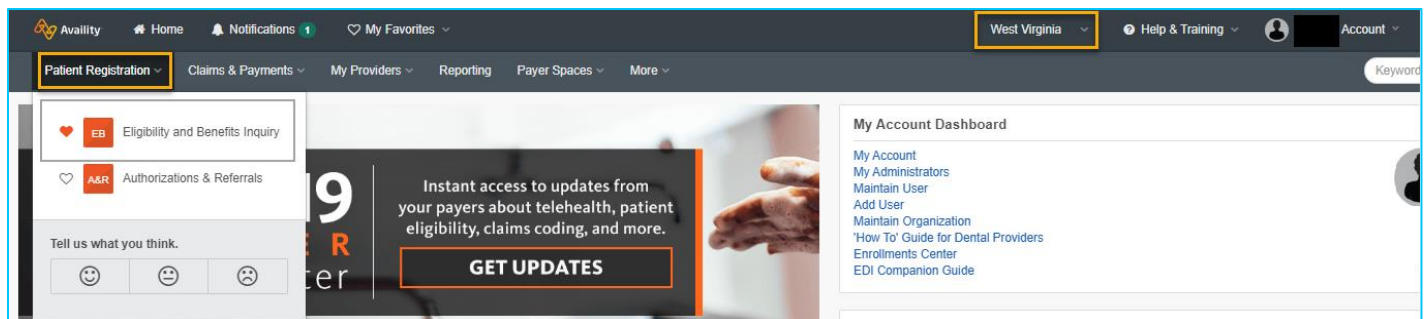
Quarterly copayment amounts feature – Quick reference guide

The quarterly copayment amounts feature on the Availity Portal* is available to users in West Virginia. Providers can log into the secure website to determine if a copay can be collected and how much of the members' quarterly accumulator has been used and the balance. Providers will be able to determine if a copay is required at the time of service.

How to access the quarterly copayment amount feature on the Availity Portal

Navigation in the Availity Portal:

- In the main menu, select **West Virginia** as the State.
- Select the **Patient Registration** link from the top menu bar.
- Select **Eligibility and Benefits Inquiry** from the drop down menu.



* Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.

Eligibility and benefits inquiry:

- Required fields are indicated by red asterisks.
- Select the appropriate **Payer** and other requested **Provider Information**.
- Complete the required **Service Information** section. For Benefit/Service Type, select **Health Benefit Plan Coverage** to view co-pay details in results page.

New Request [Watch a quick demo](#)

* Payer [?](#)

NATIONAL MEDICARE/CMS [▼](#)

Provider Information

Select a Provider [?](#)

Search for a Provider [▼](#)

Provider Type

Please Select a Provider Type [▼](#)

* NPI [?](#)

Service Information

* As of Date [?](#)

07/17/2020

Benefit / Service Type [?](#)

Health Benefit Plan Coverage [x](#) [▼](#)

CPT/HCPCS Procedure Code [?](#) [Clear All](#)

Enter a Valid Procedure Code

- Complete the **Patient Information** section.
- Select the Patient ID and Date of Birth from the drop down menu. (*The transaction cannot be run without a patient ID.*) If the member name is included in the search, it must match the ID card exactly.

Patient Information

Patient Search Option ?
Patient ID, Patient First Name, Patient Last Name, Date of Birth

* Patient ID ?

* Patient Last Name Patient Suffix

* Patient First Name

* Date of Birth

Patient Relationship to Subscriber ?
Self

Submit another patient

Submit

View copayment detail

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE **INDIVIDUAL**

INSURANCE TYPE Medicaid
PLAN / PRODUCT MEDICAID WEST VIRGINIA

Co-Payment - Health Benefit Plan Coverage

IN NETWORK **INDIVIDUAL** **\$143.00**

COVERAGE DATE Apr 01, 2020 - Jun 30, 2020

- QUARTERLY COPAYMENT MAXIMUM

IN NETWORK **INDIVIDUAL** **\$105.00 Remaining** ←

COVERAGE DATE Apr 01, 2020 - Jun 30, 2020

- QUARTERLY COPAYMENT MAXIMUM