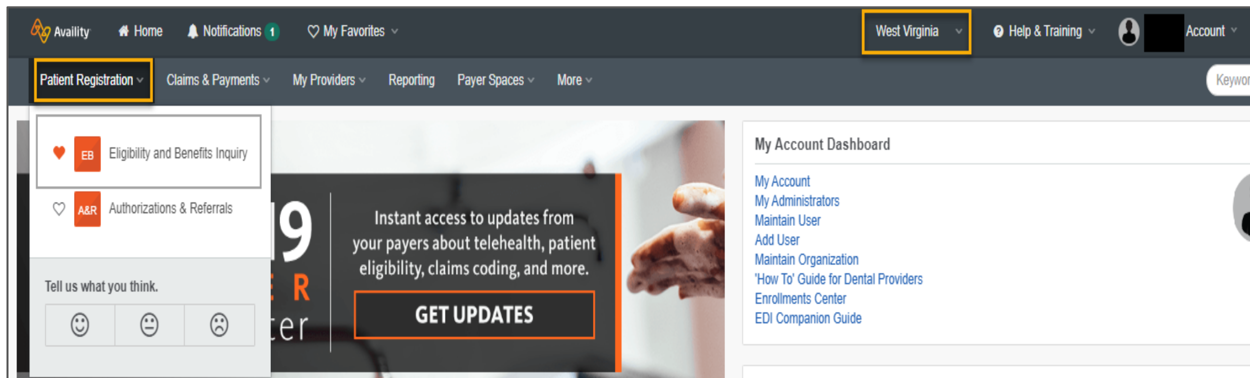
Quick Reference Guide — annual copay amount feature

The annual copay amount feature on the Availity Portal* is available to providers serving members enrolled in Mountain Health Trust under the Children's Health Insurance Program (CHIP). Providers can log into the secure portal to determine if a copay can be collected by seeing how much of the member's annual accumulator has been used and the remaining balance. By following the steps below, providers can determine if a copay is required at the time of service.

How to access the annual copay 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.



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 copay details on the results page.

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

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

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 detail

Coverage and Benefits Information

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE INDIVIDUAL

INSURANCE TYPE Medicaid

PLAN / PRODUCT WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM

Co-Payment - Health Benefit Plan Coverage

NETWORK NOT APPLICABLE INDIVIDUAL $450.00

BENEFIT DATE Jan 01, 2021 - Dec 31, 9999

NETWORK NOT APPLICABLE INDIVIDUAL $300.00 Remaining