

# Quarterly copayment amounts feature – Quick reference guide

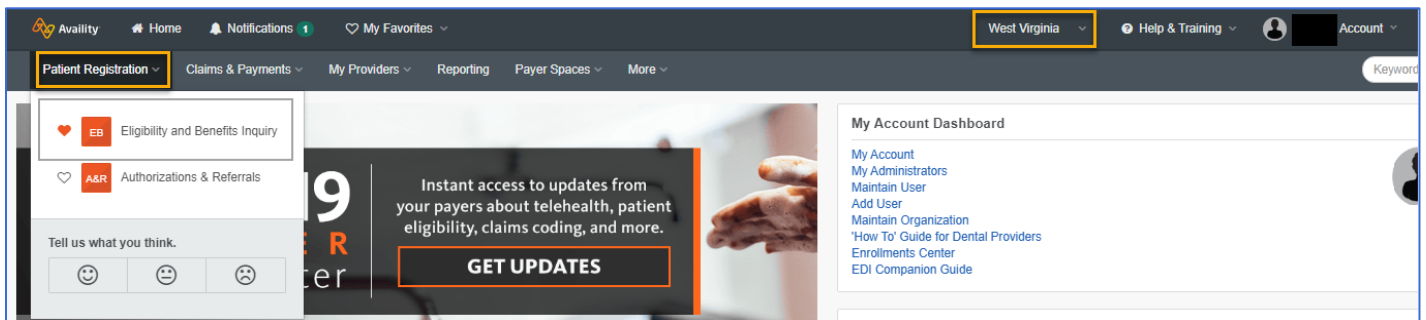
West Virginia | Mountain Health Trust

The quarterly copayment amounts feature on Availity 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 Availity

### Navigation in Availity:

- 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 Wellpoint.

## 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](#)

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**\* Payer** [?](#)

NATIONAL MEDICARE/CMS [▼](#)

**Provider Information**

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Select a Provider [?](#)

Search for a Provider [▼](#)

Provider Type

Please Select a Provider Type [▼](#)

**\* NPI** [?](#)

**Service Information**

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**\* 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

## 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