![Wellpoint logo]

# *Quick Reference Guide* — annual copay amount feature

> West Virginia | Mountain Health Trust

The annual copay amount feature on the Availity Essential* 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 Essential

Navigation in the Availity Essential:

- 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.
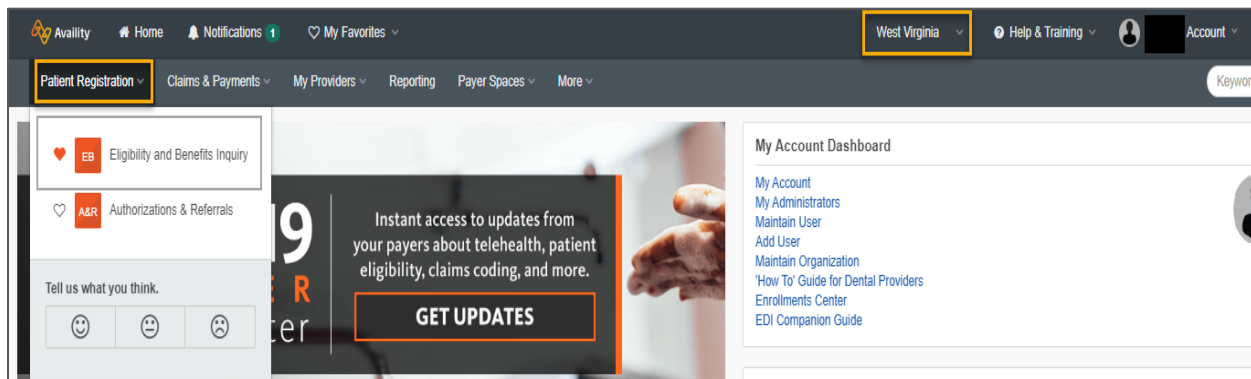
Eligibility and Benefits Inquiry:

- 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 Wellpoint.

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New Request   Watch a quick demo

* Payer ❷

NATIONAL MEDICARE/CMS ▾

Provider Information

Select a Provider ❷

Search for a Provider ▾

Provider Type

Please Select a Provider Type ▾

* NPI ❷

[   ]

Service Information

* As of Date ❷

07/17/2020

Benefit / Service Type ❷

Health Benefit Plan Coverage ✖ ▾

CPT/HCPCS Procedure Code ❷   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 ⬅