

# How to Submit Smart Claims

Molina Healthcare Providers

# Important Notes About Using Availity



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



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, deidentified information. Information might also be redacted or blurred.



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

## You should know ...

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



Be sure to allow pop-ups from:

- Availity Essentials: [apps.availity.com](https://apps.availity.com)
- Availity website: [www.availity.com](https://www.availity.com)
- Availity Learning Center (ALC): <https://availitylearning.learnupon.com>
- Or any third-party websites accessed from Availity Essentials, such as a payer's website



# What we'll cover



## Looking for more training?

Availity offers free on-demand and live training in the Availity Learning Center (ALC). Log in and select **Help & Training | Get Trained** to search the ALC catalog, including:



# What's new for providers?

## For Molina Healthcare Providers



### Smart Claims Benefits:

- ❖ The ability to use data from eligibility and benefits submissions to search for patients and autofill your claim.
- ❖ Create and Save Templates
  - Save a group of patients (up to 50) as a template to accelerate future claim submissions (primary claims only).
- ❖ Simplified Claim Entry Tool
  - Includes only the essential fields you need.



# Helpful Tips

---



# Tip # 1 – Claims Role Required

Availity | essentials | Home | Notifications 2 | My Favorites | Help & Training | Kelsey's Account | Logout

Patient Registration | Claims & Payments | My Providers | Reporting | Payer Spaces | More | Keyword Search

## Roles for Kelsey Kitten

TEST - Demo Org - Provider

Choose the best option:

- This user needs a new set of roles.
- This user needs the same set of roles as an existing user.

<input type="checkbox"/>	Role(s)	Permissions What is this?
User Roles		
<input checked="" type="checkbox"/>	Base Role	<a href="#">More Info</a>
<input checked="" type="checkbox"/>	Claims	<a href="#">More Info</a>



# Tip # 2 – Enter Provider Data on the Manage My Organization Page

Add providers here...

...so they display here

**TEST - Demo Org - Provider** Customer ID 394657 [Edit](#)

Tax ID	NPI	Regions	Primary Taxonomy	Primary Service Address
790121234	1234567893	AK, AL, AR, AS, ...	261QA0600X - Ambulatory Health Care Facilities - Clinic/Center - Adult Day Care	10752 Deerwood Park Blvd S Jacksonville, Florida 32256

**Providers** [Add Provider\(s\)](#)

Search for a provider by name, taxonomy code, or address...

<b>Allergy, Betty</b> <small>Individual</small>				
NPI	Tax ID	Primary Taxonomy		
3234567899	111111111	<b>207K00000X</b> Allergy & Immunology		
<b>Dentist, Mary</b> <small>Individual</small>				
NPI	Tax ID	Primary Taxonomy		



**BILLING PROVIDER**

Select a Provider [?](#)

- Allergy, Betty - 3234567899
- Dentist, Mary - 3156870131
- Family, Robert - 2234567891
- Joe, Atypical
- Maternity, James - 1234567893
- Med Supply Inc

Country [?](#)

\* Address [?](#)



### Notification Center

#### Payer Bulletin explains directory information requirements

6/27/2022 7:34 pm

The No Surprises Act requires providers and payers to work together to improve provider More...

Take Action

- My Account
- Maintain User
- Add User
- Manage My Organization



- Unassigned
- Unread
- Pending
- Recently Resolved

### My Top Applications



Eligibility and Benefits Inquiry



Claim Status



Payer List



Manage My Organization

### My Account Dashboard

- My Account
- Maintain User
- Add User
- Manage My Organization
- 'How To' Guide for Dental Providers
- Enrollments Center
- FTP and EDI Connection Services
- EDI Companion Guide



Jennifer Prather  
email@availity.com  
My Job Title

### News and Announcements **NEW ALERT**

**Production Maintenance 7/4/2022 - 7/5/2022** 07/01/2022  
 Real Time Claim Adjudication will be unavailable beginning Monday, 7/4/2022, at 7pm ET, and should be available by More...

**Production Maintenance -- 7/9/2022** 06/30/2022  
 will perform maintenance on Sat, 7/9/2022, from 2am-6am ET. Claims, Eligibility & Benefit, Claim Status,

Atypical Providers: Here's your ticket to working with Availity Essentials





# Manage My Organization

Give Feedback

## Organizations

Register an Organization

Org ... | Search...

Newest to oldest

Active 1 | Pending | Rejected

**Training Test Demo Org**

Customer ID      Tax ID

NPI

## Training Test Demo Org

Customer ID

Edit

View Roles | View Identifiers | Maintain Identifiers

Tax ID

NPI

Regions

AK, AL, AR, AS, ...

Primary Taxonomy

251B00000X Agencies - Case Management

Primary Service Address

1234 Healthy St  
Jacksonville, Florida  
350816262

## Providers



Add Provider(s)

Search for a provider by name, taxonomy code, or address...



A - Z

ABC Clinic Group

NPI

Tax ID

N/A

Primary Taxonomy

N/A

# Manage My Organization

**Add Provider** ✕

LET'S FIND YOUR PROVIDER

Tax ID  Type  ▾

This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)

How many providers to this organization? [Upload up to 500 at once via a spreadsheet upload.](#)

Cancel Find Provider



Check the box when adding an atypical provider. This will eliminate the NPI requirement.

Customer ID	Tax ID
TEST - Demo Org - Provider	

**Providers** Add Provider(s)

Q A-Z ▾



Newest to oldest

Active 1 | Pending | Rejected

**Training Test Demo Org**

Customer ID [blurred] Tax ID [blurred]

NPI [blurred]

Case Management | Jacksonville, Florida | 350816262

### Providers

Add Provider(s)

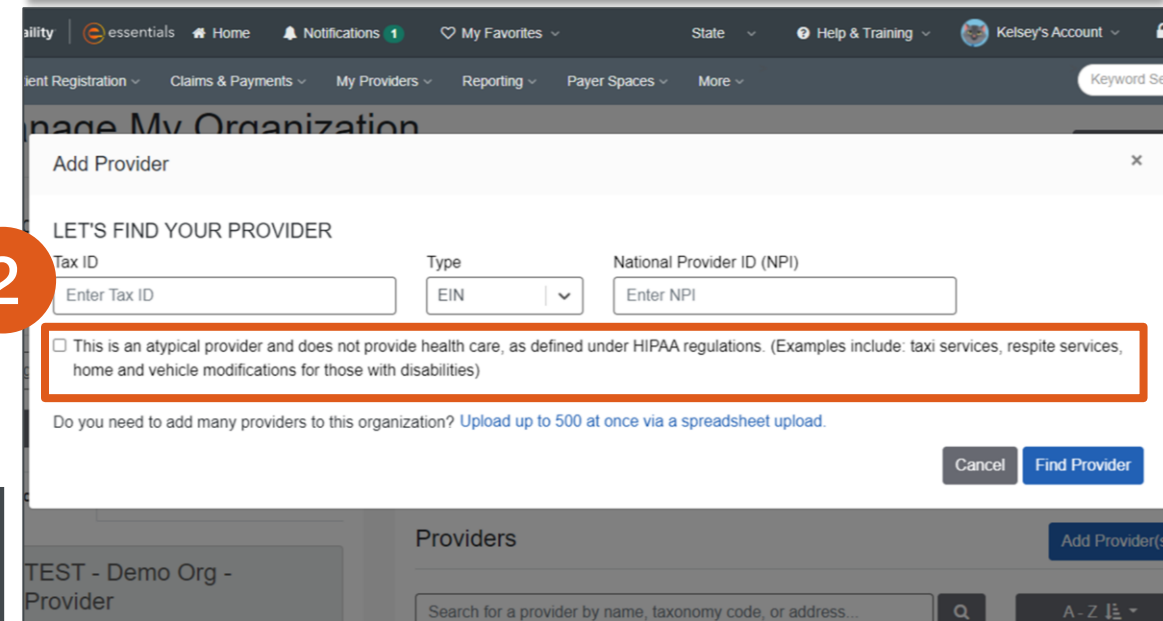
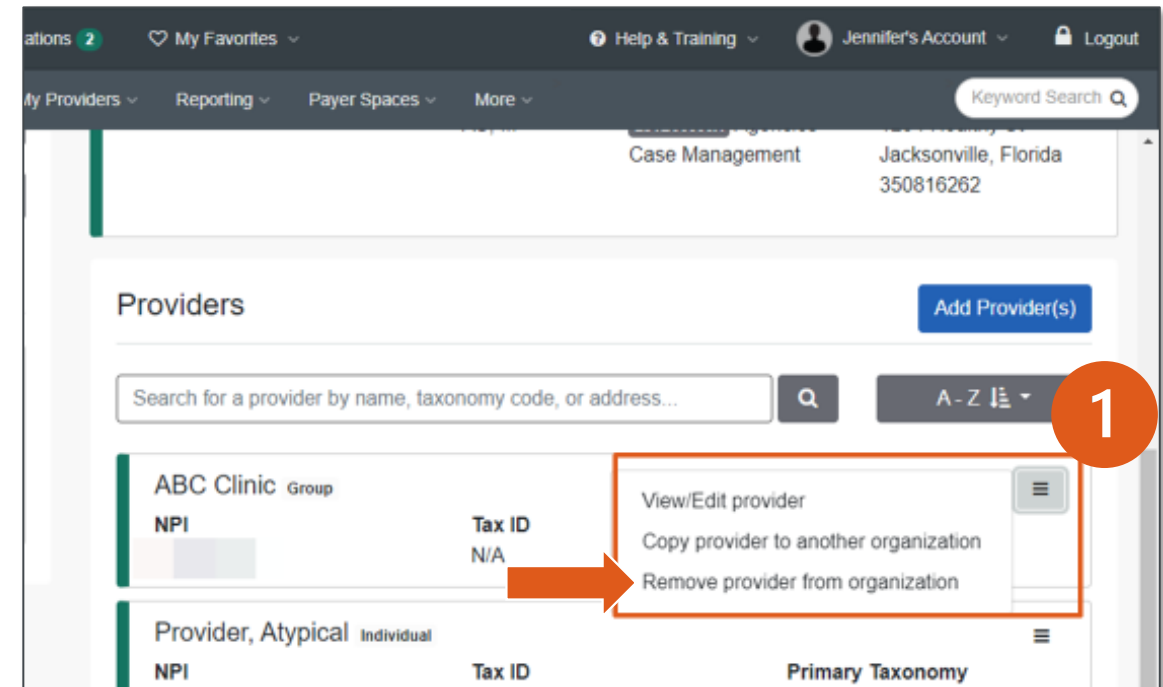
Search for a provider by name, taxonomy code, or address... [Search] [A-Z]

<b>ABC Clinic</b> Group	NPI [blurred]	Tax ID N/A	<ul style="list-style-type: none"><li>View/Edit provider</li><li>Copy provider to another organization</li><li>Remove provider from organization</li></ul>
<b>Provider, Atypical</b> Individual	NPI N/A	Tax ID 123456789	Primary Taxonomy <b>311ZA0620X</b> Adult Care Home
<b>Provider, Joe</b> Individual	NPI N/A	Tax ID 123456787	Primary Taxonomy <b>207QA0505X</b> Adult Medicine

# Help! I am an atypical provider and set up my providers with NPI's.

It's ok! You can correct this by...

1. Remove the atypical provider that was added with an NPI from the organization.
2. Readd the provider, but this time select that option stating "this is an atypical provider..."



## Why is this important?

Your claim may be denied if the billing provider is atypical but has an NPI added within Manage my Organization.



# Tip # 3 – Run an Eligibility and Benefits Inquiry

The screenshot displays the Availity web application interface. At the top, there is a dark navigation bar with the Availity logo, 'essentials', and navigation links for Home, Notifications (with a '1' badge), My Favorites, Help & Training, Jennifer's Account, and Logout. Below this is a secondary navigation bar with dropdown menus for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar labeled 'Keyword Search' is on the right. The main content area shows a sidebar menu with four items: 'EB Eligibility and Benefits Inquiry' (highlighted with an orange border), 'A&R Authorizations & Referrals', 'EP View Essentials Plans', and 'PCS Patient Care Summary Inquiry'. Below the sidebar is a feedback section titled 'Tell us what you think.' with three smiley face icons. The main content area contains a form with a 'Search for a Provider' dropdown, an 'NPI' field with a help icon, and a 'Provider Last Name/Org Name' field. A large orange text box is overlaid on the right side of the page.

By submitting an eligibility and benefits inquiry for a patient, it will store the patient information for 18 months. You can then use the **Select a Patient** drop-down to automatically fill in the patient information.

# Smart Claims

---

The Smart Claims application dramatically accelerates the claims process for repeatable transactions and includes templates that enable you to reuse information from a submitted claim in subsequent claims.



# Use the Smart Claims application when...

- The claim does not have any attachments.
- The patient:
  - has only one insurance provider.
  - has agreed to allow the payer to pay the provider for services.
  - release of information is on file at the service provider or utilization review organization.
  - signature is on file using the authorization form for CMS-1500 claim form block 12 and 13.



Claim Settings

When first opening Smart Claims, administrators will be prompted to configure the claim settings before filing their first claim.

Organization Availity Test Org

Need Help? [Watch a demo](#) for submitting Smart Claims.

Give Feedback

sc Smart Claims



Smart Claim Settings have not been configured. Open Claim Settings now to continue.

Open Claim Settings





Claim Settings

Organization Availity Test Org

# SC Smart Claims

Non-administrator users will receive this message. If this is the case, contact your organizations administrator and ask them to configure the claim settings.



Smart Claims requires and organization administrator to perform configuration. Please contact your organization administrator.

Open Claim Settings



# Claim Settings for Smart Claims

**Note: Smart Claims settings can only be updated by an organization administrator.**

Welcome to Smart Claim

Let's get started.

To make things simple, let's set up a few pieces of basic information about your organization's claims. Don't worry, you can always update these settings later if they change.

Does the provider have a signature on file?

Yes

No

Not Applicable

Would you like to authorize the health plan to remit payments to the provider?

Yes

No

Not Applicable

\*Set your default place of service? [?](#)

11 - Office

Next

Welcome to Smart Claim

Time Saver-Tip

Set up your defaults now and save precious time.

Default the patient control number on all smart claims? [?](#)

Yes

No

Default the provider assignment to: [?](#)

Accepts Assignment

Accepts Assignment on Clinical Lab Services Only

Does Not Accept Assignments

Default the provider's Release of Information Code to: [?](#)

I - Informed consent to release medical information for condition or diagnoses regulated by Federal Statutes

Y - Yes, provider has a signed statement permitting release of information

Back **Save & Continue**

**For CA - CalAIM ONLY:  
Select Yes to default the patient control number on all smart claims.**



Claim Settings

Organization

Select a template created by anyone within the organization to prefill all fields, except service dates.

# SC Smart Claims

Select a Template

## PATIENT INFORMATION

\* Search for Patient(s) Patients are from up to 18 months of eligibility and benefits made by your organization.

+ Add Patients in Bulk



## PROVIDER INFORMATION

Provider Type

\* Select a Provider

\* Address



PATIENT INFORMATION

\* Search for Patient(s) Patients are from up to 18 months of eligibility and benefits made by your organization.

+ Add Patients in Bulk

Type to search by patient name, date of birth or member ID

Patient Name	Date of Birth	Payer	Member ID	Patient Control Number	Action
SALLY STRAWBERRY	JULY 1, 1996	MOLINA HEALTHCARE	123456789	STR123456789	X Remove

PROVIDER INFORMATION

Provider Type

Billing

\* Select a Provider

Type to search...

\* Address

Type to search...

Pay To Address (if different from billing provider address)

+ Add a Provider



Add multiple patients at once by selecting **Add Patients in Bulk**.

Select Patients from Member Roster ?

Search Find patients by last name, first name, or member ID

All Patients (12) Selected Patients (2) ←

<input type="checkbox"/>	Last Name	First Name	Date of Birth	Payer	Member ID
<input checked="" type="checkbox"/>	DOE	JOHN	Jan 1, 1980	PAYER NAME	123456789
<input type="checkbox"/>	DOE	JANE	Oct 1, 1970	PAYER NAME	987654321
<input checked="" type="checkbox"/>	PATIENT	PAUL	Feb 1, 1990	PAYER NAME	654987321
<input type="checkbox"/>	SAMPLE	PATIENT	Mar 1, 1960	PAYER NAME	456789123
<input type="checkbox"/>	PATIENT	POLLY	Mar 1, 1950	PAYER NAME	123999654
<input type="checkbox"/>	EXAMPLE	JOE	Jan 1, 1980	PAYER NAME	111222333

Close Save ←

POWERED BY CLEAR



Need Help? [Watch a demo](#) for submitting Smart Claims.

# SC Smart Claims

Give Feedback

Select a Template

## PATIENT INFORMATION

\* Search for Patient(s) Patients are from up to 18 months of eligibility and benefits made by your organization. [+ Add Patients in Bulk](#)




Patient Name	Date of Birth	Payer	Member ID	Patient Control Number	Action
SALLY STRAWBERRY	Jul 01, 1996	MOLINA HEALTHCARE	123456789	<input type="text" value="STR123456789"/>	<a href="#">X Remove</a>
BEN BLUEBERRY	Dec 09, 1992	MOLINA HEALTHCARE	987654321	<input type="text" value="BLU987654321"/>	<a href="#">X Remove</a>



### PROVIDER INFORMATION

Provider Type: Billing

\* Select a Provider ?  Type to search...

\* Address: Type to search...

Pay To Address (if different from billing provider address)

[+ Add a Provider](#)

### CLAIM INFORMATION

Use the same service information for all of your patients?

Yes  No

\* Place of Service ? 11 - Office

\* Principal Diagnosis Code ? Type to search...

Diagnosis Code: Type to search...

Diagnosis Code: Type to search...



PROVIDER INFORMATION

Provider Type **\* Select a Provider ?** **\* Address**

Billing 100 Hospital 124 Any Street - Jacksonville, FL 322598888

Pay To Address (if different from billing provider address)



- + Add a Provider
- Referring
- Rendering
- Supervising
- Service Facility

**\* Principal Diagnosis Code ?** **Diagnosis Code** **Diagnosis Code**

Type to search... Type to search... Type to search...

**\* Dates of Service ?** **\* Procedure Code ?** **Modifier** **\* Quantity ?** **\* Charge Amount**

mm/dd/yyyy - mm/dd/yyyy **+ Add Code** \$





PROVIDER INFORMATION

Provider Type **\* Select a Provider ?** **\* Address**

Billing 100 Hospital 124 Any Street - Jacksonville, FL 322598888

The rendering, referring, or supervising provider cannot be atypical.

Pay To Address (if different from billing provider address)

Provider Type **\* Select a Provider ?**

Rendering Type to search... 

Enter a valid Provider

+ Add a Provider

CLAIM INFORMATION

**\* Place of Service ?**

11 - Office

**\* Principal Diagnosis Code ?** **Diagnosis Code** **Diagnosis Code**

Type to search... Type to search... Type to search...



+ Add a Provider

CLAIM INFORMATION

Use the same service information for all of your patients?

Yes  No

If yes, enter the claim information once.

\* Place of Service ?

11 - Office

\* Principal Diagnosis Code ?

Type to search...

Diagnosis Code

Type to search...

Diagnosis Code

Type to search...

\* Dates of Service ?

mm/dd/yyyy - mm/dd/yyyy

\* Procedure Code ?

+ Add Code

Modifier

\* Quantity ?

\* Charge Amount

\$

+ Add Line

Continue



CLAIM INFORMATION

Use the same service information for all of your patients?  
 Yes  No

If no, enter each patients claim information separately.



SALLY STRAWBERRY123456789

\* Place of Service ?

11 - Office

\* Principal Diagnosis Code ?

Type to search...

Diagnosis Code

Type to search...

Diagnosis Code

Type to search...

\* Dates of Service ?

mm/dd/yyyy - mm/dd/yyyy

\* Procedure Code ?

+ Add Code

Modifier

\* Quantity ?

\* Charge Amount

\$

+ Add Line

BEN BLUEBERRY 987654321

\* Place of Service ?



CLAIM INFORMATION

Place of service defaults to the claim settings set up by the administrator.



Calendar for July 2022 with date 8 circled.

Information for all of your patients?

Large empty text input field.

Code input field with a question mark icon.

Diagnosis Code input field with placeholder text 'Type to search...'.

Diagnosis Code input field with placeholder text 'Type to search...'.

\* Procedure Code input field with an 'Add Code' button.

Modifier input field.

\* Quantity input field with a question mark icon.

\* Charge Amount input field with a dollar sign.

Date input fields in mm/dd/yyyy format.

+ Add Line

Continue



Pay To Address (if different from billing provider address)

+ Add a Provider

CLAIM INFORMATION

\* Place of Service ?

11 - Office

\* Principal Diagnosis Code

A001 - Cholera due to V

\* Dates of Service ?

07/08/2022

+ Add Line

\* Charge Amount

\$

Add Procedure Code

Select your diagnosis code and procedure code

Diagnosis Code Pointer: A001 - Cholera due to Vibrio cholerae ...

Procedure Code: Type to search...

Cancel Save

Continue



Pay To Address (if different from billing provider address)

+ Add a Provider

CLAIM INFORMATION

\* Place of Service ?

11 - Office

\* Principal Diagnosis Code ?

A001 - Cholera due to Vibrio choler...

Diagnosis Code

Type to search...

Diagnosis Code

Type to search...

\* Dates of Service ?

07/08/2022 - 07/08/2022

\* Procedure Code ?

A4719

Modifier

\* Quantity ?

1

\* Charge Amount

\$1

+ Add Line

Continue



CLAIM INFORMATION

Use the same service information for all of your patients?

Yes  No

\* Place of Service ?

11 - Office

\* Principal Diagnosis Code ?

Type to search...

Diagnosis Code

Type to search...

Diagnosis Code

Type to search...

\* Dates of Service ?

mm/dd/yyyy - mm/dd/yyyy

\* Procedure Code ?

+ Add Code

Modifier

\* Quantity ?

\* Charge Amount

\$



\* Dates of Service ?

mm/dd/yyyy - mm/dd/yyyy

\* Procedure Code ?

+ Add Code

Modifier

\* Quantity ?

\* Charge Amount

\$



+ Add Line

Add up to 50 service lines per Smart Claim.

Continue



# Additional Requirements for California

Some Procedure Code and Modifier combinations will require an Invoice ID

Availity | essentials | Home | Notifications 7 | My Favorites | California | Help & Training | Kelsey's Account | Logout

Patient Registration | Claims & Payments | My Providers | Reporting | Payer Spaces | More | Keyword Search

\* Principal Diagnosis Code ?  
12724 - Chronic thromboembolic p...  
Diagnosis Code: Type to search...  
Diagnosis Code: Type to search...

\* Dates of Service ?  
08/18/2022 - 08/18/2022

\* Procedure Code ?  
T2033  
Modifier: U6  
\* Quantity ?  
\* Charge Amount: \$

+ Add Line

**ADDITIONAL REQUIREMENTS**

Name	Member ID	Procedure Code(s)	Invoice ID
SAMPLE PATIENT	100000001234	T2033	














# SC Smart Claims


Give Feedback

Please review the information we received while checking the patient's benefits. Fill in any missing information.

**SALLY STRAWBERRY (SUBSCRIBER)** **COMPLETE** [View Details](#) [Retry](#)

\* DOB: 07/01/1996  \* Gender: Female  \* Payer: MOLINA HEALTHCARE  \* Subscriber ID: 123456789  Policy/Group Number 

\* Relationship: Self  \* Country: United States  \* Address: 123 SAMPLE STREET  Suite 

\* City: CICERO \* State:  \* ZIP Code: 60804

[X Remove](#)



CICERO Illinois 60804

X Remove

BEN BLUEBERRY (SUBSCRIBER) COMPLETE View Details Retry

\*DOB 12/19/1992 \*Gender Male \*Payer MOLINA HEALTHCARE \*Subscriber ID 987654321 Policy/Group Number

\*Relationship Self \*Country United States \*Address 10 SAMPLE DRIVE Suite

\*City PEORIA \*State \*ZIP Code 61603

X Remove

Back

Continue



# Example of one claim being rejected and another claim being accepted

**i** There was an error submitting one or more claims. Please use [Professional Claims](#) to resubmit. Please view summary below for details. For successful submissions you will see updates in your ReceivedFiles (?) mailbox

Customer ID: 1194 Transaction Date: 07/06/2022

**CLAIM SUMMARY**

**Billing Provider**  
EXAMPLE PROVIDER - 1234567893  
456 MAIN ST, SOMEWHERE, IL 99999

	Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
<b>!</b>	JOHN DOE	PAYER NAME	06/04/2022 - 06/04/2022 07/04/2022 - 07/04/2022	F411	4064F 4064F		1 1	\$100.00 \$100.00
<p><b>1. 0x3939342:</b> ZIP Code is invalid in Subscriber City, State, ZIP Code. Value of element N403 is incorrect. Expected value is from external code list - ZIP Code (51) when country is US. Segment N4 is defined in the guideline at position 0300.\n\nThis error was detected at:\n\n\tSegment Count: 16\n\n\tElement Count: 3\n\n\tCharacter: 678 through 683</p>								
<b>✓</b>	PAUL PATIENT	PAYER NAME	06/02/2022 - 06/02/2022 07/02/2022 - 07/02/2022	F411	4064F 4064F		1 1	\$100.00 \$100.00

Transaction ID: 456064413



# SC Smart Claims

Give Feedback

## CLAIM SUMMARY

### Billing Provider

Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
SALLY STRAWBERRY	MOLINA HEALTHCARE	07/08/2022 - 07/08/2022	A001	A4719		1	\$1.00
BEN BLUEBERRY	MOLINA HEALTHCARE	07/08/2022 - 07/08/2022	A001	A4719			

Save as a template to accelerate future claim submissions



Back

Save As Template Submit

By using Smart Claims to submit claim(s), you acknowledge and accept the following:



# SC Smart Claims

Give Feedback

## CLAIM SUMMARY

### Billing Provider

Patient	Payer	Modifier	Quantity	Charge Amount
SALLY STRAWBERRY	MOLINA HEALTHCARE		1	\$1.00
BEN BLUEBERRY	MOLINA HEALTHCARE		1	\$1.00

Save As Template ✕

Template Name

Cancel
Save

Back

Save As Template Submit

By using Smart Claims to submit claim(s), you acknowledge and accept the following:



# SC Smart Claims

Give Feedback

## CLAIM SUMMARY

**Billing Provider**

Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
SALLY STRAWBERRY	MOLINA HEALTHCARE	07/08/2022 - 07/08/2022	A001	A4719		1	\$1.00
BEN BLUEBERRY	MOLINA HEALTHCARE	07/08/2022 - 07/08/2022	A001	A4719		1	\$1.00



Back

Save As Template

Submit

By using Smart Claims to submit claim(s), you acknowledge and accept the following:



# Claim Response Page

Need Help? [Watch a demo](#) for submitting Smart Claims. Give Feedback

**SC Smart Claims**

Success! Your claim has been submitted. Please access your organization's ReceiveFiles mail box to view claim responses. This can take up to 24 days.

Customer ID: 1194 Transaction Date: 07/06/2022

CLAIM SUMMARY

**Billing Provider**  
123 SAMPLE STREET

Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
✓ SALLY STRAWBERRY	MOLINA HEALTHCARE	07/06/2022 - 07/06/2022	S60417S	29086		2	\$31.00

Transaction ID:

Start New Claim Save As Template Print



# Example – Print

1 / 2 | - 156% + | [ ] [x]

## Smart Claims (1 of 2)

**Success!**  
Transaction Date: Friday, 07/01/2022      Customer ID: 1194

**DOE, JOHN**  
Subscriber

---

<b>Transaction ID</b>	123456789
<b>Patient Account Number</b>	987654321
<b>Submission Type</b>	Smart Claim - Professional
<b>Submission Date</b>	07/01/2022
<b>Date(s) of Service</b>	06/04/2022-07/04/2022
<b>Patient Name</b>	DOE, JOHN
<b>Subscriber ID</b>	ABC123456789
<b>Billing Provider Name</b>	EXAMPLE PROVIDER
<b>Billing Provider NPI</b>	1234567893
<b>Billing Provider Tax ID</b>	123456789
<b>Total Charges</b>	\$200.00

---

## Smart Claims (2 of 2)

**Success!**  
Transaction Date: Friday, 07/01/2022      Customer ID: 1194

**PATIENT, PAUL**





# Example – Select a Template

Select a template created by anyone within your organization to prefill all the fields, except service dates.

Select a Template

PATIENT INFORMATION

\* Search for Patient(s) ? Patients are from up to 18 months of eligibility and benefits made by your organization.

PROVIDER INFORMATION

Provider Type  \* Select a Provider ?  \* Address

Pay To Address (if different from billing provider address)

[+ Add a Provider](#)

Select a Template

PATIENT INFORMATION

\* Search for Patient(s) ? Patients are from up to 18 months of eligibility and benefits made by your organization. [+ Add Patients in Bulk](#)

Patient Name	Date of Birth	Payer <span>?</span>	Member ID	Patient Control Number <span>?</span>	Action
JOHN DOE	Jan 1, 1980	PAYER NAME	123456789	<input type="text" value="DOE123456789"/>	<a href="#">X Remove</a>
PAUL PATIENT	Feb, 1, 1980	PAYER NAME	654987321	<input type="text" value="PAT987654321"/>	<a href="#">X Remove</a>

PROVIDER INFORMATION

Provider Type  \* Select a Provider ?  \* Address

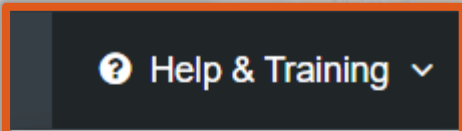


# Training Resources

---





 **Help & Training** ▾

- Find Help
- Get Trained
- Availity Support
- View Network Outages

- Use **Find Help** to launch the Provider Help Center and access training documentation plus payer-specifics.
- Use **Get Trained** to launch Availity Learning Center (ALC) to enroll in on-demand and live training options.
- Use **Availity Support** to submit a support ticket online to Availity Client Services (ACS).
- Use **View Network Outages** to review current outages and scheduled maintenance.

**Register by going to:  
Help & Training | Get Trained | Sessions**

## **Upcoming Live Webinars**

- Claim Status for Molina Healthcare (9/19 @ 3:00pm ET)
- Claim Status for Molina Healthcare (9/21 @ 10:00am ET)
- Availity Essentials Provider Portal Overview for Molina Providers (09/22 @ 11:30am ET)
- Claim Status for Molina Healthcare (9/23 @ 11:00am ET)
- How to Submit Smart Claims for Molina Healthcare (9/23 @ 1:00pm ET)
- How to Submit Smart Claims for Molina Healthcare (9/29 @ 3:00pm ET)
- Availity Essentials Provider Portal Overview for Molina Providers (09/30 @ 11:00am ET)

A laptop screen is the central focus, displaying a video conference with several participants in a grid layout. The participants are mostly men, some smiling. The background behind the laptop is a blurred office setting with a large group of people.

# Thank you for attending!

For Availity customer support, contact 1.800.282.4548, or select Help & Training | Availity Support.

