

## Atypical Provider Portal Registration Guide

### Reference Guide for Atypical Providers

This is only for providers who have a registered & approved organization in Availity. You also need to have your prior authorization PRIOR to billing.

There are three essential steps to get started billing in Availity.

1. Adding a provider to your organization.
2. Checking member eligibility & benefits.

Setting up a claim template & submitting a quick claim.

#### 1. Step 1- Adding a Provider to Your Organization

- Log in to your Availity account
- On the top right (next to help & training) make sure Idaho is present. (Not Florida)
- Navigate to “Manage My Organization”- this can be found under your account on the top right under “My Account” or under the “My Account Dashboard” on the right side/middle of the screen. If your organization is approved, it will show a green “active” line on the side. Now, you need to add yourself as a provider to the organization.
  - Scroll down to the providers > click on “Manage Providers” on the right > add provider
  - In the first box, click the arrow, & select social security number. Put your SSN in the box to the right. If you are a group or facility, you can use your EIN number. Next, click the box below that says, “this is an atypical provider...” & click find provider.
  - Add your personal information. The provider type would be individual, unless you are a group or facility. CFH providers, you would be individual.
  - Primary Specialty/Taxonomy- CFH providers, you would choose the 5<sup>th</sup> one down “253J00000X Agencies Foster Care...” > Next
  - Go to “Add Identifier” > click the arrow down > select Medicaid ID > put in your Idaho Medicaid provider ID. They start with an A or M- example A0001234 > Next
  - Put your address in on line 2, (most providers have the same address for billing/physical) > the zip code needs the extra 4 digits > add address > Next
  - On the summary page > go to the bottom > “What is the Provider’s Relationship to Your Organization” > click in the first radio dial “This provider is part of my organization” > check “I certify that this provider’s information & relationship to my organization is correct” > Submit
  - Now, your provider is part of your organization.

## Step 2- Checking Member Eligibility & Benefits

- Availity Main Menu > top left “Patient Registration” > Eligibility & Benefits Inquiry.
  - Your organization shows in the first box > box to the right change the payer to Molina Healthcare Idaho
  - Go to the provider information > click the arrow > your provider will populate > click the provider to put them in the box.
  - Go to patient information > pick the search option > put in the member information > click search
  - The member will populate below > highlight one of the numbers (if there are two) > skip the service information > click submit
    - If you have multiple members, you can save some steps by clicking “Submit Another Patient”
  - The member will populate. This is where you can see the member’s benefits and the member will also “attach’ to you as the provider (for claims purposes).

## Step 3- Setting Up Claim Template & Submitting Quick Claim

- Availity Main Menu > top left “Claims & Payments” > Quick Claims (Formerly Smart Claims)
  - Set up quick claim settings > 6 short questions.
    - Does the provider have a signature on file > Yes
    - Would you like to authorize the health plan to pay you > Yes
    - Set your default place of service > Pick the right place of service for your specialty (CFH providers- 12 Home) > Next
    - Default the patient control number on all quick claims > Yes
    - Default the provider assignment > Accepts Assignment
    - Default the provider’s release of information code > either one, typically providers use I-Informed Consent > click save > you are now ready to start your claim
  - You are now on the quick claims main page.
    - First box- patient information > click the down arrow > select the member
    - Go to the provider information > click the down arrow > select the provider
    - You do not need to check the box “pay to address is different” unless you have a different billing & physical address
    - Go to the claim information
      - Your place of service is already in box 1
      - Go to “Principal Diagnosis Code” > start typing your code > when it populates click it to put it in the box. (CFH providers use Z742)
      - Go to “Dates of Service” > insert the service dates
      - Go to the right of the dates to “Procedure Code” > add code > click the right box & type your CPT code > when it populates click it to put it in

- the box. (CFH providers use S5140, unless you are PCS) > click save
- Go to the “Quantity” > put the number of units for your claim  
(Example: if you bill weekly 7 units, you will put 7 in the box)
- Go to the “Amount” > put your claim total in this box > click continue
- Don’t pay attention to this page, there is a delay with the  
information > click continue
- You are now at the claim summary page > bottom right click “Save as  
Template” > create a name for your template > click save
- You are now ready to submit your claim > click submit
- When you are ready to submit your next claim > log into Availity > open quick  
claims
  - Navigate to the right (above patient information) > click the arrow  
next to “Select a Template” > click on your template
  - Your template will populate with the saved information
  - The only thing you need to put on the claim is the dates of  
service. If the quantity & amount are still correct > continue > continue  
(don’t pay attention to this page) > submit

If you have any questions please email our Atypical/LTSS Provider Relations Representative Shari Wheeler at [shari.wheeler@molinahealthcare.com](mailto:shari.wheeler@molinahealthcare.com).

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