



California | Anthem Blue Cross  
Medi-Cal Managed Care

# Care Central for Long Term Services and Supports (LTSS)

January 2025



# Registering with Aavailability Essentials

- When an organization initially registers for Aavailability Essentials, Aavailability promptly sets up a user account for the assigned administrator (admin). At the time of the registration approval, all available roles pertaining to the organization are assigned to this admin account:
  - The admin then carries the responsibility of:
    - Creating and maintaining user accounts.
    - Updating organization information.
    - Managing other administrative tasks within the Aavailability Essentials.
- **Organizations enrolled with Aavailability Essentials are self-administering:**
  - This means that one employee at the organization, such as an office manager or administrator, is given the role of admin for that organization.
- **Your organization's admin must complete this registration process and grant access to users in the organization:**
  - The primary admin can go to <https://Aavailability.com> and select **Register** to complete the registration wizard.

# Registering with Availity Essentials (cont.)

Select **Help & Training | Find Help** in the menu bar at the top of Availity Essentials:

- The *Provider Help Center* box displays in a separate browser window.
- To learn more about registration, type **Register with Availity** in the search box.

How to get started:

- Learn about Availity Essentials registration at <https://apps.availity.com/availity/Demos/Registration>.
- Learn about primary administrator duties at [https://availity.com/documents/Availity\\_paa.pdf](https://availity.com/documents/Availity_paa.pdf) (PDF).

# Roles in Availity Essentials

Important assigned roles you need:

- **Express Entry** — Set up provider information to save time when submitting transactions.
- **Eligibility & Benefits** — Verify a patient's eligibility and benefits.
- **Claim Status** — Check the status of your claims.
- **Patient360** — Access member-centric clinical and case management data.

**Please note:**

- This job aide contains mock patient data.
- No Protected Health Information (PHI) or Personally Identifiable Information (PII) is shown.
- The information shown was current at the time of the job aide was created.
- Tools and information might vary by health plan, region, account (member) ID, organization type or any information used to create training.

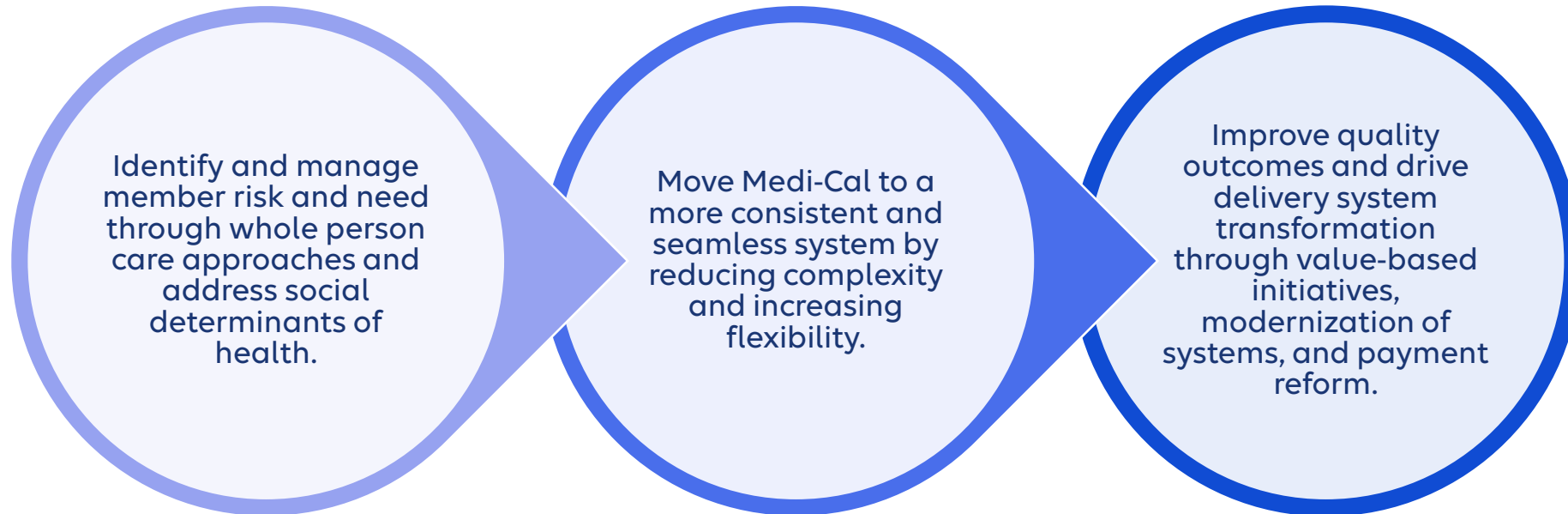
# What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM) advances several key priorities by leveraging Medicaid as a tool to help address many of the challenges facing California's most vulnerable residents, such as:

- Homelessness.
- Insufficient behavioral healthcare access.
- Children with complex medical conditions.
- Justice-involved populations who have significant clinical needs.
- Aging population.

## What is CalAIM? (cont.)

To achieve such principles, CalAIM has three primary goals:



# Care Central application

After completing this guide, you will be able to use the Care Central application to manage your patient population enrolled in the Enhanced Care Management (ECM) program and receive community support.

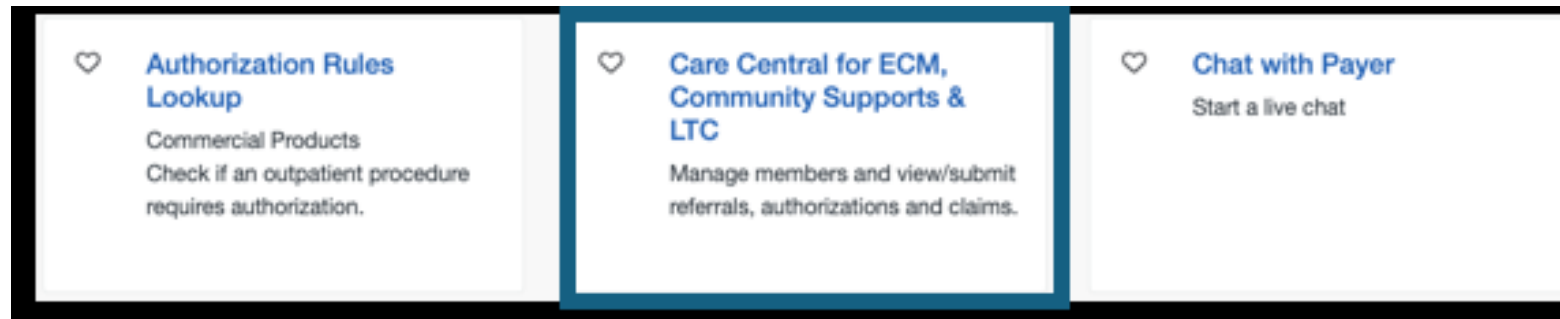
## Use the Care Central application to do the following:

- Access Care Central through Payer Spaces on Availity
- View a list and access the profiles of members receiving community support who have active authorizations
- Request referrals and view details of active authorizations
- Access additional resources that will assist you with using this tool and learn more details about the program

# Accessing the Care Central application

Access the Availity Care Central tile:

1. Access <https://Availity.com>.
2. In the top right of the page, select the appropriate state — **California**.
3. In the menu bar, select **Payer Spaces**.
4. Find and click the **Care Central for ECM, Community Supports & LTC**.





# Landing page

## Enhanced Care Management (ECM) and Community Supports (CS) Phased Rollout Schedule

Anthem's ECM benefits will be implemented with a phased approach in 29 counties across California.

To view specific populations and dates when they start receiving benefits:

[ECM Rollout Schedule](#)

[Community Supports Rollout Schedule](#)

To view implementation schedule, select one of these links.

ECM and Community Supports Providers can use Care Central to submit referrals and claims and view authorizations. Additionally, ECM Providers can use Care Central to view member information and make updates to their Member Information File (MIF).

### IMPORTANT! You must set up Manage My Organization!

To use Care Central, the Manage My Organization feature must be setup for your organization and will allow you to Select a Provider from the field below. Your administrator can set this up during the registration process.

\*required

Organization\* 

Select an Organization

Tax ID\* 

Select a Tax ID

Select a Provider\* 

Select a Provider

Next

To view members with authorized services, you must:

1. Enter the organization.
2. Enter the tax ID.
3. Select a provider.

In the 'Select a Provider' box, there is an option to manually input an NPI number. This serves as an alternative to making a selection from the drop-down menu.

4. Select next.

Helpful Tip: Set-up express entry

See *Availity Health Topics* for additional help on *Manage My Organization Admin Support*

# Sensitive Member Information disclaimer

**Sensitive Member Information** [Close]

You are about to view sensitive information for members. To continue, please read and agree to the following terms & conditions.

**Disclaimer**  
Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Such information may only be accessed, used, or disclosed by users with the authorization of the patient or for treatment purposes.

**Sensitive Services Terms and Conditions**  
By choosing to continue with sensitive information, you are certifying that you are accessing sensitive service information with the express written authorization of the patient, or his/her parent or guardian, or that in your professional judgment such information is needed for treatment purposes.

**Accessing sensitive service information, outside of the terms and conditions stated above, is strictly prohibited.**

I have read the above and agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information.

[Go Back] [Continue]

[Next]

After selecting next and prior to landing in Care Central, you will be shown a pop up and asked to agree to the Terms & Conditions.

1. Check the box to agree.
2. Select Continue.

Member dashboard



# Care Central — member dashboard

## New! All your members in one place!

We've shifted things around to make working with members even easier. Select the button to learn more.

[Changes to Care Central](#)

Use this page to view member information, submit claims and more. For complete member health details [visit Patient360](#). To check member eligibility, [visit Eligibility & Benefits](#).

Search by Member Name or ID

Showing 7 of 7 Community Support Members

ECM Or CS Bulk Updates  



Members



Create Claims

[How to Create Claims](#)

ECM MIF

Member Name 

CIN

Date of Birth

Community Supports

Dogger, Brad

MNL444Y9999

01/01/1989

ECM Discontinuation Report

## All your members in one place!

We've created a view to make working with members easier. Select the **Changes to Care Central** button to learn the latest updates.

From the members' dashboard, you can:

1. View:

- ECM Member Information File
- Community Supports Members
- ECM Discontinued Members

2. Start standard claims, outreach claims and encounters.

3. Access Patient360 for additional health information.

4. Check Eligibility & Benefits.

If you select **Patient360** or **Eligibility & Benefits**, you will leave the Care Central app.

# Member dashboard: View profile

**New! All your members in one place!!**  
We've shifted things around to make working with members even easier. Select the button to learn more. [Changes to Care Central](#)

Use this page to view member information, submit claims and more. For complete eligibility, visit [Eligibility & Benefits](#).

Search by Member Name or ID

Showing 7 of 7 Community Supports Members

[Create Claims](#) [How to Create Claims](#)

### Members

ECM MIF	Member Name
Community Support	<a href="#">Dogger, Brad</a>
ECM Discontinuation Report	

**Dogger, Brad**  
Eligibility: Active [Eligibility Details](#)

Member ID	MNL444Y9999
Date of Birth	01/01/1989
Address	500 W MAIN ST LOS ANGELES, CA, 900122713
Plan	CA ANTHEM FULL DUAL ADVANTAGE ALIGNED (HMO D-SNP) RISK
Product	CA H4471-001-000 ANTHEM FULL DUAL ADVANTAGE ALIGNED (HMO D-SNP) RISK

To view a member's profile:

1. Select member's name
2. Profile information appears in a pop-up window

# Member dashboard

## Members

**New! All your members in one place!!**

We've shifted things around to make working with members even easier. Select the button to learn more.

[Changes to Care Central](#)

Use this page to view member information, submit claims and more. For complete member health details [visit Patient360](#). To check member eligibility, [visit Eligibility & Benefits](#).

Search by Member Name or ID

Showing 7 of 7 Community Support Members

ECM Or CS Bulk Updates !

1

2

Create Claims

[How to Create Claims](#)

### Members

ECM MIF

### Community Supports

ECM Discontinuation Report

[How to use this page to work with Members](#)

Member Name <input type="checkbox"/>	CIN	Date of Birth
<input checked="" type="checkbox"/> Dogger, Brad	MNL444Y9999	01/01/1989
<input type="checkbox"/> Jones, Emry	XDJ222A55555	03/09/2007
<input type="checkbox"/> Mcfarland, Bill	XDJ888888888	08/16/2010

Members dashboard:

1. Use the left navigation to access members receiving Community Supports.
2. Submit claims by checking member names, then selecting the Create Claims button. More details available in the *Creating Claims* section.

# Long Term Care (LTC) authorizations





# Authorization dashboard

Members Referrals **Authorizations** Claims Reports Contact Us Resources

Does a member have a problem or need help? [Let us know](#) 1 [Change Organization & Tax ID](#)

## Authorizations

Use this dashboard to view authorizations and start new authorization requests. Please note:

- Requests for new authorizations or reauthorizations are currently only available for Long-term Care(LTC).
- To request re-authorization or leave of absence/bed holds, select the authorization number below. You'll be taken to the authorization details page, where you can start your request.
- For new ECM & Community Support (CS) requests, create a referral on the [Referrals page](#).

[Request Authorization](#)

Select Search Category  
Select

Print Downloads

Showing 25 of 80 Authorizations 2 3 4 [Next](#)

Type	Authorization #	Member Name	Member ID	Start	End	Status	
CS	UM54700000	Member, Jhon	123456789	09/20/2023	03/24/2025	Pending	
LTC	UM54755555	Jones, Casey	456789456	08/13/2024	11/28/2024	Pending	<a href="#">Request</a>
ECM	UM57777777	Barnes, Jordan	123789456	01/01/2024	07/30/2024	Approved	<a href="#">Request</a>

1. Select **Authorizations** from the top navigation.
2. The table shows the authorization type, member, start & end date, status and referral number.
3. Select the authorization # to view details.
4. Statuses are as follows and indicate:
  - Pending — service has been requested.
  - Approved — services may be provided if the time frame has not expired.
  - Cancelled — services may be cancelled if they are duplicates if they were voided. Do not provide services.
  - Denied — refer to the letter you will receive in the mail.



# Authorization detail

## Authorization #UM54775944

Organization: Provider Org A Tax ID: 123456789 NPI: 0123456789  
Primary Address: 5916 W Pico Blvd, Los Angeles, CA 90035

Print

Request

### Member Information

Member Name	Member, Jhon	Date of Birth	11/02/1936
Member ID	123456789	Address	9402223 Main St, LOS ALTOS, CA 94022

### Requesting Provider

Provider Name	N/A	NPI	N/A
Address	N/A		

### Servicing Facility

Provider Name	ABC Nursing Center	NPI	9876543210
Address	5916 Main Blvd, Los Angeles, CA 90035--2615		

### Case Details

Diagnosis Code	A09	Request Type	Inpatient
Case Type	Custodial	Initial Request Date	12/22/2023
Type of Service	Long Term Care	Admission Date	01/01/2023
Place of Service	ICF/DD-H	Discharge Date	N/A
Case Priority	Elective		

### Services

Please note, most recent authorization period highlighted in blue.

Level of Care	Start Date	End Date	Level of Care Reason	Status
Subacute	01/01/2023	12/31/2023	N/A	Approved

Clicking the authorization number from the dashboard, provides authorization details:

1. View the patient's authorization details, including the start and end dates of the authorized services.
2. Option to print or save details to your computer.
3. Option to request a new authorization or Reauthorization/Leave of Absence/Bed Hold.

# Navigating LTC authorizations

\* LTC Reauthorizations/Leave of Absence/Bed Hold selection will only display for inpatient authorizations in an *Approved* status.

From the Authorizations dashboard:

- You can select the **Request Authorization** button to start a new authorization.
- Locate the authorization from the table and select the **Request** dropdown list.
- Select **Reauthorization | Leave of Absence | Bed Hold**



# Navigating LTC authorizations (cont.)

## Reauthorizations criteria:

- Reauthorizations may only be initiated if it is within 15 days prior to, or within 30 days after the current authorization end date.
- LTC Reauthorizations will only be available if the authorization time-period span is less than 365 days.

## Leave of Absence (LOA) | Bed Holds criteria:

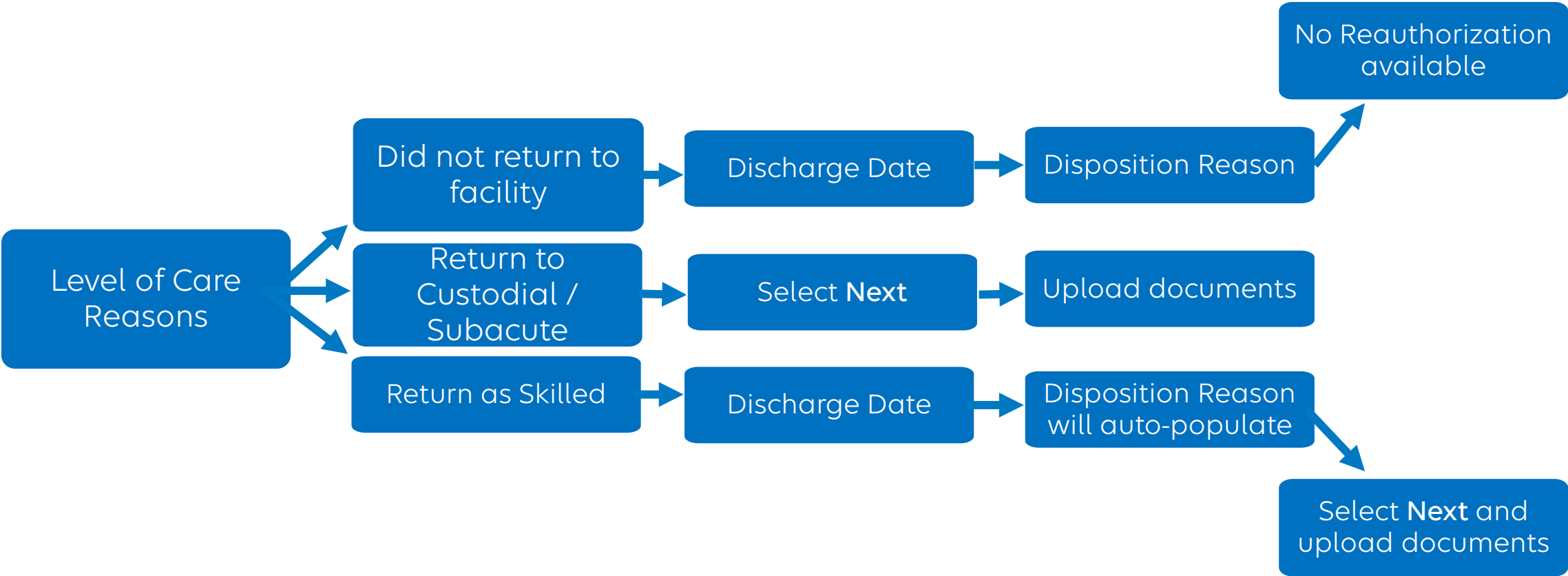
- Are not applicable to ICF/DD\* facilities.
- Stay must be within 365 days of authorization.
- Should not be beyond 30 days prior to current authorization date or 30 days future date.

**Reauthorizations are not allowed after a discharge date is issued. They must be submitted before the discharge date.**

\* ICF/DD includes Intermediate Care Developmentally Disabled (ICF/DD), Intermediate Care Developmentally Habilitative (ICF/DD-H), and Intermediate Care Developmentally Disabled Nursing (ICF/DD-N)

# LTC authorizations — level of care reasons

For Leave of Absence/Bed Hold, select the appropriate reason (*Request Details* page), then additional fields display.



# Request LTC authorizations

The screenshot shows the 'Care Central' dashboard for Anthem BlueCross. At the top right is the Anthem BlueCross logo. Below it is a navigation bar with several tabs: 'Members', '+ Referrals', 'Authorizations' (which is highlighted and has a circled '1' above it), 'Claims', 'Reports', 'Contact Us', and 'Resources'. Below the navigation bar is a search bar with the text 'Does a member have a problem or need help? Let us know' and a link to 'Change Organization & Tax ID'. The main heading is 'Authorizations'. Below this heading is a 'Request Authorization' button, which has a circled '2' next to it. Under the heading, there is a section titled 'Use this dashboard to view authorizations and start new authorization requests. Please note:' followed by three bullet points: 'Requests for new authorizations or reauthorizations are currently only available for Long-term Care(LTC).', 'To request re-authorization or leave of absence/bed holds, select the authorization number below. You'll be taken to the authorization details page, where you can start your request.', and 'For new ECM & Community Support (CS) requests, create a referral on the Referrals page.' At the bottom of the dashboard, there is a grey box with the text: 'You do not currently have any authorizations. When you have members with authorizations, their authorizations will be displayed on this dashboard.'

Follow these steps to start an LTC authorization:

1. Select **Authorizations** from the top menu bar.
2. Select the **Request Authorization** button.
  - Banners displays throughout the workflow process providing additional information and guidance.

# Find member

## Care Central



- Find Member
- Requesting Provider
- Servicing Facility
- Request Details
- Attachments
- Review & Submit

< Back | Cancel

### My Provider Profile

Organization: Provider Org A Tax ID: 123456789 NPI: 0123456789  
Primary Address: 5916 Main Blvd, Los Angeles, CA 90035

NOTE: You have begun an Initial Long Term Care Authorization. This request is NOT for reauthorizations or extensions of existing reauthorizations.

## Find Member

### Case Details

\*required

Request Type\*  Case Type\*  ①

Admission Date\*  ②

### Member Search

Member or Medicaid ID\*  Date of Birth\*  Find Member ④

✔ Member Found

Member Name	Dogger, Brad	Member ID	MNL444Y9999
Date of Birth	01/01/1989	Product	CA H4471-001-000 Anthem Full Dual Advantage Aligned (HMO D-SNP) Risk
Address	500 W Main ST, LOS ANGELES, CA 90012-2713	Plan	CA Anthem Full Dual Advantage Aligned (HMO D-SNP) Risk

Select County\*  ⑤

Next ⑥

1. Select the Case Type, Custodial, Hospital Based, or Freestanding.
2. Type or select the Admission Date.
3. Type the member information including member or Medicaid ID and date of birth.
4. Select the Find Member button to validate the member information.
5. Select the member's county.
6. Select the Next button.

# Requesting provider

- Find Member
- Requesting Provider**
- Servicing Facility
- Request Details
- Attachments
- Review & Submit

[< Back](#) | [Cancel](#)

## My Provider Profile


**Organization:** Provider Org A **Tax ID:** 123456789 **NPI:** 0123456789  
**Primary Address:** 5916 W Main Blvd, Los Angeles, CA 90035

## Authorization Details


Member Name: Dogger, Brad Member ID: MNL444Y9999 Admission Date: 10/06/2024

## Requesting Provider Search

\*required

Organization\* 

Provider Org A

Tax ID\* 

123456789

Select a Provider\* 

PROVIDER A

NPI\*

0123456789

Provider Type\*

Practitioner

Search

**Provider Name**

**Address**

Provider A Rehabilitation

944 Main Blvd Los Angeles, CA 90035

Select

1. Verify the requesting provider information.
2. Select the Provider Type, Practitioner, Facility, or Group.
3. Select the **Search** button.  
**Note:** The system will validate the provider selected and provide addresses.
4. Choose the **Select** button next to the appropriate address.

# Requesting provider (cont.)

## Requesting Provider Details

Select a different Requesting Provider

✔ Selected Requesting provider			
Provider Name	Provider A	Organization	Provider Org A
NPI	0123456789	Address	944 Main Blvd, Los Angeles, CA 90035
Tax ID	123456789		

## Additional Requesting Provider Details

\*required

First Name\* 1

Last Name\*

Phone\* 2

Ext.

Fax

3

Next

- 1. Type **First Name** and **Last Name** for the Requesting provider.
- 2. Confirm or update the phone number for the requesting provider.
- 3. Click the **Next** button.



# Servicing provider

- Find Member
- Requesting Provider
- Servicing Facility**
- Request Details
- Attachments
- Review & Submit

[Back](#) | [Cancel](#)

## My Provider Profile

**Organization:** Provider Org A **Tax ID:** 123456789 **NPI:** 0123456789  
**Primary Address:** 5916 Main Blvd, Los Angeles, CA 90035

## Authorization Details

Member Name: Dogger, Brad Member ID: MNL444Y9999 Admission Date: 10/06/2024

## Servicing Facility Details

1

Servicing Facility is the Same as Requesting Provider

[Select a different Servicing Facility](#)

### Selected Servicing Facility

<b>Provider Name</b>	Provider A Rehabilitation	<b>Tax ID</b>	123456789
<b>NPI</b>	0123456789	<b>Address</b>	5916 Main Blvd, Los Angeles, CA 90035

## Enter Servicing Facility Phone Number

\*required

Phone\*

(559) 582-5555

Ext.

2

Next

3

1. Identify the servicing provider *or* select the **Servicing Facility is the Same as Requesting Provider** checkbox.
2. Confirm or update the servicing facility phone number.
3. Click the **Next** button.

# Request details

Find Member  Requesting Provider  Servicing Facility  **Request Details**  Attachments  Review & Submit

[Back](#) | [Cancel](#)

### My Provider Profile

**Organization:** Provider Org A **Tax ID:** 123456789 **NPI:** 0123456789  
**Primary Address:** 5916 Main Blvd, Los Angeles, CA 93230

### Authorization Details

Member Name: Dogger, Brad Member ID: MNL444Y9999 Admission Date: 10/06/2024

---

### Request Details

**Case Type & Diagnosis Codes**

\*required

Place of Service\*  Case Type\*  Type of Service\*

Case Priority\*

Diagnosis Code\*  Diagnosis Code (Optional)  Diagnosis Code (Optional)

---

### Services

**Service 1**

Level of Care\*  Start Date\*  - End Date\*

1. Select the **Place of Service**.
2. Select the **Case Priority**.
3. Type the diagnosis code. Note: You can add up to three diagnosis codes.
4. Select the **Level of Care** (Custodial or Leave of Absence/Bed Hold) and expected **End Date**.
  - Leave of Absence/Bed Hold selection requires a level of care reason.
  - Add additional services as needed
5. Select the **Next** button.

# Attachments

- Find Member
- Requesting Provider
- Servicing Facility
- Request Details
- Attachments**
- Review & Submit

[Back](#) | [Cancel](#)

## My Provider Profile

**Organization:** Provider Org A **Tax ID:** 123456789 **NPI:** 0123456789  
**Primary Address:** 5916 Main Blvd, Los Angeles, CA 93230

## Authorization Details

Member Name: Dogger, Brad Member ID: MNL444Y9999 Admission Date: 10/06/2024

## Attachments

1

### Required Documents

Please ensure the following documents are uploaded with your request to avoid delayed authorization.

#### Custodial/Subacute

Upload the following as single or combined files.

- Face Sheet
- Record of Admission
- Current/Complete Minimum Data Set
- Medication Administration Record

#### Bed Hold/Leave of Absence

- Medical Doctor Order (MDO)

### Upload

**IMPORTANT:** Individual file size cannot exceed **50 MB**.

Supported file types include: MS Word, MS Excel, .jpg, .jpeg, .tiff, .tif, .pdf, .txt and .csv.

**NOTE:** File names cannot contain spaces or special characters with the exception of underscore ( ) and hyphen (-).

Upload

2

Review & Submit

3

1. Review the attachment details and what is required:
  - Ensure the proper attachments are included.
  - Follow the size, format, and naming convention requirements identified for attachments.
2. Upload necessary attachments.
3. Click the Review & Submit button.

# Review and submit

- Find Member
- Requesting Provider
- Servicing Facility
- Request Details
- Attachments
- Review & Submit

[< Back](#) | [Cancel](#)

## Review & Submit

1

**Organization:** Provider Org A **Tax ID:** 123456789 **NPI:** 0123456789  
**Primary Address:** 5916 Main Blvd, Los Angeles, CA 93230

Please review carefully. If edits are necessary, select the Edit link to the right of the section. Otherwise, select Submit.

### Member Information

<b>Member Name</b>	Dogger, Brad	<b>Product</b>	CA H4471-001-000 Anthem Full Dual Advantage Aligned (HMO D-SNP) Risk	<a href="#">Edit</a>
<b>Date of Birth</b>	01/01/1989	<b>Plan</b>	CA Anthem Full Dual Advantage Aligned (HMO D-SNP) Risk	
<b>Member ID</b>	MNL444Y9999	<b>Admission Date</b>	10/06/2024	
<b>Address</b>	500 W Main ST, , LOS ANGELES, CA 90012	<b>Discharge Date</b>	N/A	
<b>Case Type</b>	Custodial	<b>Disposition Reason</b>	N/A	
<b>Request Type</b>	Inpatient	<b>County</b>	Los Angeles	

### Requesting Provider

<b>Organization</b>	Provider Org A	<b>Contact Name</b>	Banks, John	<a href="#">Edit</a>
<b>Provider Name</b>	Provider A Rehabilitation	<b>Phone</b>	(559) 582-5555	
<b>NPI</b>	0123456789	<b>Ext.</b>	N/A	
<b>Tax ID</b>	123456789	<b>Fax</b>	N/A	
<b>Address</b>	944 Main Blvd, Los Angeles, CA 90035			

1. Review the authorization information.
2. Select **Edit** next to any section to update:
  - Edit that section *and* continue through the steps.
3. Select the **Submit** button at the bottom.

2

# Review and submit (cont.)

## Servicing Facility [Edit](#)

<b>Provider Name</b>	Provider A Rehabilitation	<b>Phone</b>	(559) 582-5555
<b>NPI</b>	0123456789	<b>Ext.</b>	N/A
<b>Tax ID</b>	123456789		
<b>Address</b>	944 Main Blvd, Los Angeles, CA 90035		



## Case Details [Edit](#)

<b>Case Priority</b>	Elective	<b>Place of Service</b>	Skilled Nursing Facility
<b>Diagnosis Code</b>	A000	<b>Type of Service</b>	Long Term Care

## Services [Edit](#)

Level of Care	Start Date	End Date	Level of Care Reason
Initial - Custodial	10/06/2024	11/16/2024	N/A

## Attachments [Edit](#)

 RecordOfAdmission.pdf

Submit



1. Continue reviewing the authorization submission, and edit sections as needed.
2. Click the **Submit** button at the bottom of the page.

**Note:** Check the status of your authorization on the *Authorization Dashboard*.

Create claims for  
enrolled members  
and reporting  
encounters



# Create claims: Select members

1

Members + Referrals Authorizations Claims Reports Contact Us Resources

Does a member have a problem or need help? [Let us know](#) [Change Organization & Tax ID](#)

## Members

**New! All your members in one place!!**  
We've shifted things around to make working with members even easier. Select the button to learn more. [Changes to Care Central](#)

Use this page to view member information, submit claims and more. For complete member health details [visit Patient360](#). To check member eligibility, [visit Eligibility & Benefits](#).

Search by Member Name or ID

Showing 7 of 7 Community Support members

ECM Or CS Bulk Updates

**Create Claims** [How to Create Claims](#)

ECM MIF	Member Name	CIN	Date of Birth
Community Supports	<input checked="" type="checkbox"/> Dogger, Brad	MNL444Y9999	01/01/1989
ECM Discontinuation Report	<input type="checkbox"/> Jones, Emry	XDJ222A55555	03/09/2007
	<input type="checkbox"/> Mcfarland, Bill	XDJ888888888	08/16/2010

[How to use this page to work with Members](#)

2

3

Members may be selected from each of these lists for claims submission.

- To start standard and outreach claims:
1. Navigate to the **Members** tab.
  2. For standard claims or outreach claims for authorized members, select one or more members from the ECM MIF or Community Supports lists.
  3. Select **Create Claims**.

**Important note:** The checkbox for ECM is only accessible for a member if the member's status has been updated to **Enrolled**. If it's not, the checkbox will appear greyed out and unavailable.



# Create claims: servicing address

**Care Central**

< Back

**Servicing Address**

Your primary address is 944 Main St, Los Angeles, CA 90038

Is this same as your servicing address?

Yes

No

Continue to Claim Form

**Care Central**

< Back

**Servicing Address**

Your primary address is 944 Main St, Los Angeles, CA 90038

Is this same as your servicing address?

Yes

No

Select Servicing Addresses

Select...

Continue to Claim Form

1. You'll see a screen asking you to confirm your servicing address.
2. If your servicing address is the same as your billing address, select **Yes**, then **Continue to Claim Form**.
3. If your servicing address is different from your billing address, Select **No**.
4. Select the correct servicing address from the dropdown.
5. Select **Continue to Claim Form**.



# Create claims: Configure settings

**Care Central**

**Create Claim**

Organization: Mom's Meals Tax ID: 1234567890 NPI: 1234567890  
Billing Address: 800 Main Street, Orlando, FL Service Address: 800 Main Street, Orlando, FL

**Claims settings setup needed.** To continue, setup Settings for the highlighted member.

[Configure Settings](#)

**Reed, Robert** Discontinued Settings Setup Needed Member ID: Y1112345678 Date of Birth: 10/12/1950

**Davis, Ann B.** Discontinued Settings Setup Needed Member ID: Y1112345678 Date of Birth: 10/12/1950

**Strunmer, Joe** Settings Setup Needed Member ID: Y1112345678 Date of Birth: 10/12/1950

**Claims Settings for Reed, Robert** Discontinued

- We've preselected the recommended settings. Modify as needed.
- Discontinued and Authorized member settings are different.
- To learn more about each field, hover over the ⓘ

All fields required

Is provider signature on file? ⓘ  
 Yes  No

Patient Account Number ⓘ

Provider Accepts Assignment  
Not Assigned ⓘ

Release of Information Code  
Informed consent to release

Authorize Plan to Remit Payment to Provider?  
 Yes  No  Not Applicable

[Skip](#) [Save & Setup Next Member](#)

On the claims form, if the settings are highlighted, you must configure them, before you can continue.

Note: You will only have to do this once per member.

1. Select **Configure Settings** from the yellow box.
2. You'll see a popup.
3. The recommended settings for each member is preselected. You may change them as needed. Settings vary if the member is Discontinued.
4. Enter a number for the Patient Account Number. This can be any number you like.
5. Select **Save** or **Save & Setup Next Member**.

# Create claims: outreach claims/outreach encounters

## Care Central

◀ BACK | CANCEL

### Create Claim

Organization: Mom's Meals Tax ID: 1234567890 NPI: 1234567890  
Billing Address: 800 Main Street, Orlando, FL Servicing Address: 800 Main Street, Orlando, FL

▼ Reed, Robert

⚙ Settings

1

Member ID: YTH12345678

Date of Birth: 10/12/1958

✕

Service 1

Select Transaction Type:  Claim  Encounter  Outreach  Which one should I choose?

Outreach Claims & Encounters

Your outreach information is auto-populated by attempts logged by your organization during the outreach process. Only one will be paid and the others will be entered in our records as encounters. Please enter the charge for the paid claim.

2

Date of Service	Charges	Procedure Description & Code
03/12/2022	\$0.00	Clinical Staff - In-Person Outreach G9005 UB
03/10/2022	\$0.00	Clinical Staff - Telephonic Outreach G9008 GQ UB
03/08/2022	\$0.00	Non-Clinical Staff - In-Person Outreach G9012 UB
03/07/2022	\$0.00	Non-Clinical Staff - Outreach Telephonic G9012 GQ UB

Cancel

Review & Submit

3

Please note: our system does not keep track of submitted outreach claims. The outreach data will continue to be available, even if they have been submitted.

Outreach claims for both enrolled and discontinued members are submitted from the same form.

During the ECM outreach process, logged outreach attempts populate the outreach claims and encounters for that member.

1. Select **Outreach** as the transaction type. (If member is discontinued, you will not need to do this step).
2. Complete the charge on the first item. This becomes the paid outreach claim.

#### Important tip:

Always input a positive dollar amount when submitting a claim.

The remaining fields are disabled and automatically create outreach encounters.

3. Select **Review & Submit**.

# Create claims: professional claims and new encounters

< Back | Cancel

To ensure fast processing:  
[Check Eligibility](#)



## Create Claim

Organization: Provider Org A Tax ID: 123456789 NPI: 0123456789  
Primary Address: 944 Main St, Los Angeles, CA 90038  
Servicing Address: 944 Main St, Los Angeles, CA 90038


\*required

---

▼ Dogger, Brad [Settings](#) Member ID: MNL444Y9999 Date of Birth: 01/01/1989


Select Place of Service\*  
Place of Service\*   
11 - Office  **1**

Enter Diagnosis codes\*  
• Enter up to 3 Diagnosis Codes  
• Medical or social diagnosis codes are acceptable for primary and other diagnoses.  
• See [Diagnosis Code Guidance](#) for a list of Social Codes.



Primary Diagnosis\*  
A000  [Validate](#) **2**

[Add Another Diagnosis Code](#)


SERVICE 1  
Select Transaction Type  Claim  Encounter  Outreach Claim **3**

Line #*	Procedure Code* 	Modifiers			
		1	2	3	4
1	99213	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4**

Diagnosis Code Pointer 1\*   
A000 

Statement From and To Dates\* Units\* Charges\* **5**

10/04/2024 - 10/04/2024  2 \$565.00

[Add Transaction](#) **6**

**7**

Cancel [Review & Submit](#)

## Important note:

This form is for professional claim types only. To submit a facility for UB/Doulas/CHW, use Availity Essentials to create and submit claims.

Select **Help & Training | Find Help** in the menu bar at the top of Availity Essentials.

The *Provider Help Center* box displays in a separate browser window.

To learn more about submitting the types of claims from above, type **Claims Submission** in the search box.

## Create claims for professional claims and new encounters:

1. Under a member's name, select **Place of Service** from the dropdown.
2. Select the primary diagnosis code.
3. Select **Claim** or **Encounter** as the transaction type.
4. Enter the procedure code, modifiers if applicable
5. Enter dates of service, units, and charges.
6. Select **Add Transaction** (a blank form appears) or **Duplicate for Encounter** (see next slide).
7. Select **Review & Submit**.

# Create claims: submit encounter from previous claim

The screenshot shows a medical claims submission interface for a member named Frantz, Chris. The interface is divided into two main sections: SERVICE 1 and SERVICE 2.

**SERVICE 1:** This section is for a claim. It shows a diagnosis code of Z02.9 and a place of service dropdown. The transaction type is set to Claim. A table below shows a single line item with procedure code T019, modifiers M1 and M2, a date range from 09/15/2021 to 09/15/2021, 1 unit, and a charge of \$90.00. A callout bubble with the number 1 points to the 'Duplicate for Encounter' button.

**SERVICE 2:** This section is for an encounter. It shows the same procedure code T019 and modifiers M1 and M2. The transaction type is set to Encounter. A callout bubble with the number 2 points to the pre-populated data. A table below shows a single line item with a date range from 07/16/2022 to 07/16/2022, 1 unit, and a charge of \$0.00. A callout bubble with the number 3 points to the date range input.

Buttons at the bottom include 'Add Transaction', 'Duplicate for Encounter', 'Next Member', and 'Add or Duplicate?'.

To submit an encounter based on a previous claim:

1. After completing a claim, select **Duplicate for Encounter**.
2. This gives you a duplicate of the claim you have just created, pre-populated.
3. Enter the date of service.

2 Data prepopulated from previous claim

3 Enter date range

Check claim status



# Claims dashboard

## Claims

### Create Claims, Outreach Claims & Encounters

Visit the Members tab to create all claims including outreach claims for discontinued members.

Start on Members Tab

### Claim Details

Need more details of your claim or to file a claim dispute?

Visit Claims Status

Pending & Processed

Submitted or Rejected

Download Claims

### Showing 100 Claims

Search by Date of Service  
(Max Range 29 Days)

10/01/20 → 10/30/20  Search

Claim#	Name	Member ID	Submitted On	Processed on	Dates of Service	Billed	Paid	Status
56789027895	Member, John	XYZ12345678	10/18/2021	N/A	10/28/2021 - 10/28/2021	\$30965.00	\$30965.00	<span>Pending</span>
56789027890	Member, Jordan	ABC12345678	10/18/2021	N/A	10/29/2021 - 10/29/2021	\$0.00	N/A	<span>Pending</span>
123456789	Member, Zach	DHF12345678	10/18/2021	10/21/2021	10/25/2021 - 10/25/2021	\$1.00	\$1.00	<span>Finalized</span>

The claims dashboard shows basic details of your claims. Claims may be in varying stages of the process, as indicated by the following statuses:

- Submitted:**  
This indicates your claim has been submitted and will take a minimum of 24 hours for a claim number to be assigned and begin processing.
- Pending:**  
Pending claims are being reviewed by the health plan. It may take up to 30 days for a payment decision.
- Processed:**  
Processed claims have been finalized. Visit the Claims Status tool in Availity to view additional details.
- Denied:**  
To view details or dispute this decision for a claim that has not been paid, visit the Claims Status tool in Availity.
- Finalized:**  
To view details on a finalized decision for a claim select **Finalized**.



# Claims dashboard (cont.)

## Claims

### Create Claims, Outreach Claims & Encounters

Visit the Members tab to create all claims including outreach claims for discontinued members.

Start on Members Tab

### Claim Details

Need more details of your claim or to file a claim dispute?

Visit Claims Status

Pending & Processed

Submitted or Rejected

Showing 100 Claims

Search by Date of Service  
(Max Range 29 Days)

10/01/20

→

10/30/20



Search

Claim#	Name	Member ID	Submitted On	Processed On				
56789027895	Member, John	XYZ12345678	10/18/2021	N/A				
56789027890	Member, Jordan	ABC12345678	10/18/2021	N/A	10/29/2021 - 10/29/2021	\$0.00	N/A	<span>Pending</span>
123456789	Member, Zach	DHF12345678	10/18/2021	10/21/2021	10/25/2021 - 10/25/2021	\$1.00	\$1.00	<span>Finalized</span>

### You are leaving Care Central.

You will be taken to the **Claim Status tool in Availity** where you can locate a claim and view full details as well as initiate a Claim Dispute.

To use view a claim be sure to have the following information ready:

- Member Name
- Member ID
- Member Date of Birth
- Service Dates

If you cannot access Claims Status, please contact your administrator.

Cancel

Continue to Claims Status

Choosing the option to view for more details of your claim or to file a dispute directs you to Availity.

# Claims status

Availity's claim status application enables you to research claims your organization has filed that the payer has adjudicated.

In the Availity menu, select:

- **Claims & Payments**
- **Claim Status**
- **Organization** from the drop-down
- **Payer** from drop-down
- **Select a provider:**
  - The field displays a list of providers that have been set up using the express entry application.
  - When you select a provider in the list, the Availity website populates information about the provider (such as NPI, tax ID, and payer-assigned provider ID) in the appropriate fields on the transaction page.



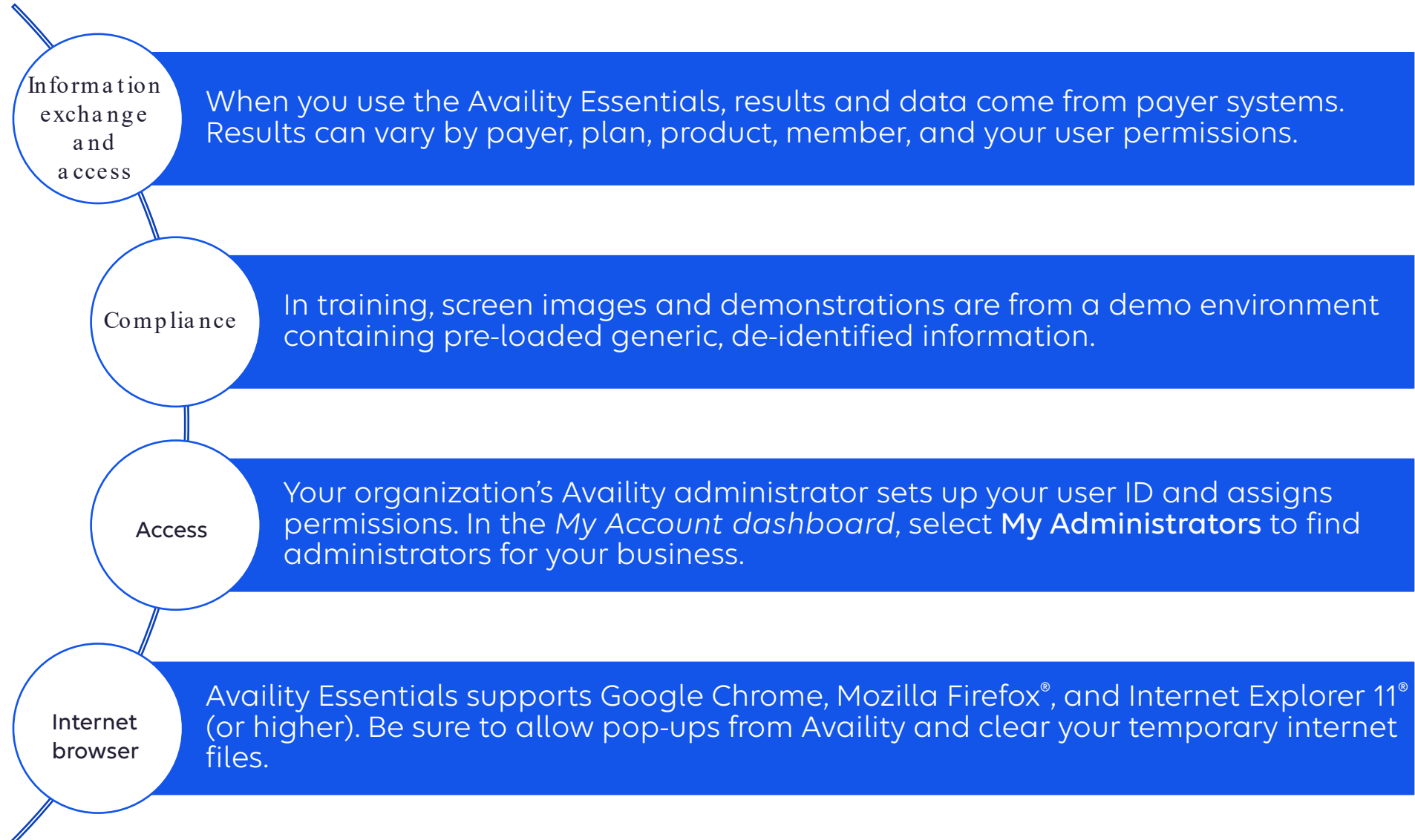
Contact information  
and Availity reminders



# Contact information

For help with:	Contact:
Authorizations	855-871-4899
Claims	800-407-4627
General questions	800-407-4627
Member concerns	800-407-4627
Member emergency	911

# Helpful Availity reminders





Medicaid coverage provided by Anthem Blue Cross, trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

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