

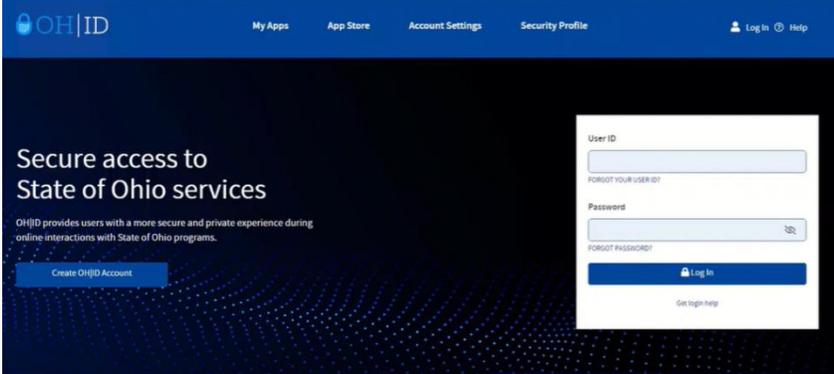
# Care Coordination Portal(CCP)



## REFERENCE GUIDE

**Purpose:** To outline the process of Availity sign on and use of CCP.

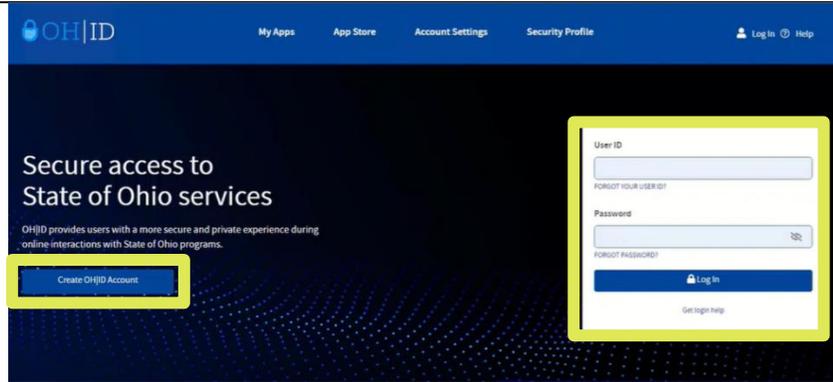
**Note:** ODM/PCSA Users, once logged into Availity from the MyOhio Site, skip to step 14 on page 6

<p><b>Step 1:</b></p> <p><u><a href="#">ODM, CCE's, OhioRISE/CME's, Delegates and SPBM Users</a></u>  <b>Will access the portal via the <u><a href="#">OH-ID</a></u> site. Proceed to Step 2.</b></p> <p><u><a href="#">Providers and Internal Molina Staff</a></u>  <b>Will access the portal directly from the <u><a href="#">Availity</a></u> website. Please skip to Step 5.</b></p>	<p><b>Remember this is a production site and PHI is available.</b>  <b>Save the link to your favorites for easy access.</b></p>
<p><b>Step 2:</b></p> <p><u><a href="#">ODM, CCE's, OhioRISE/CME's, Delegates and SPBM Users</a></u>  <b>Navigate to the <u><a href="#">OH-ID</a></u> Site.</b></p>	

**Step 3:**

**ODM, CCE's, OhioRISE/CME's, Delegates and SPBM Users**

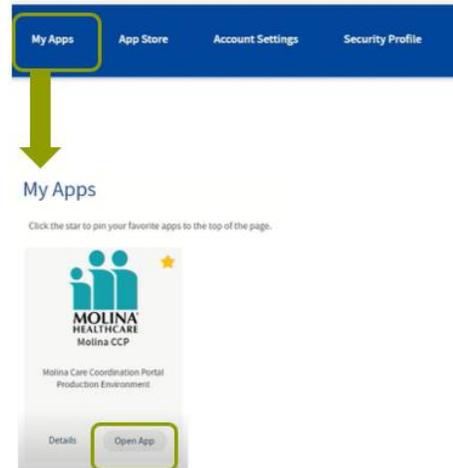
**Enter your user ID and Password in the box on the right or click "Create OH|ID Account" on the left to create an account.**



**Step 4:**

**ODM, CCE's, OhioRISE/CME's, Delegates and SPBM Users**

**After logging in to your OH-ID account find the Molina CCP tile under "My Apps" and select "Open App".**



**Step 5:**

**ODM, CCE's, OhioRISE/CME's, Delegates and SPBM Users**

**You will be notified by Molina and Availity once you have been provisioned access to the Molina Care Coordination Portal. (Usually takes 1 business day)**

**Skip to [Step 14](#)**

Hello!

This user provision request has been granted and should now have full access to the CCP portal.

Please let us know if there is anything we can further assist with.

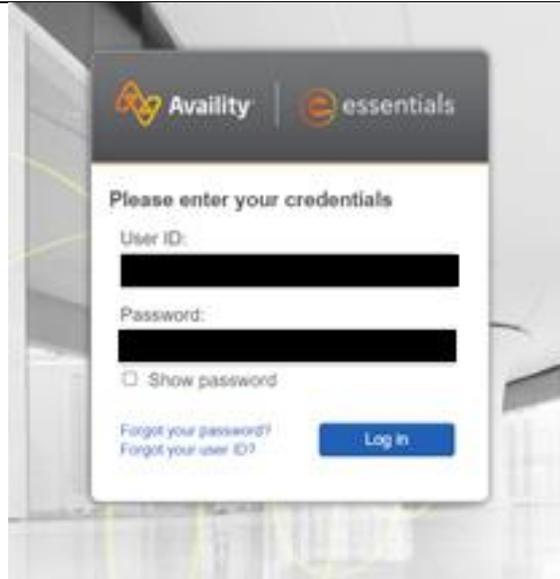
Population Health Team  
[Population\\_Health@MolinaHealthcare.com](mailto:Population_Health@MolinaHealthcare.com)  
Fax: 833-412-3126

## Step 6:

### Providers and Internal Molina Staff

Navigate to [Availity](#) Website. Enter your user id and temporary password, if you have one, and proceed to **Step 8**.

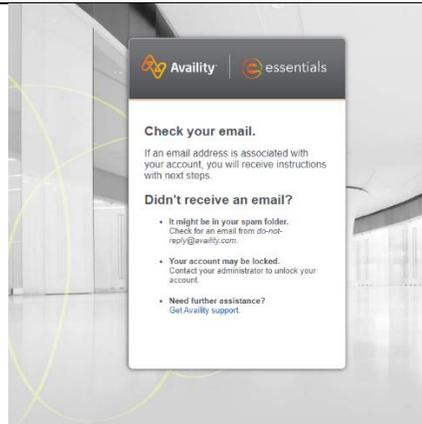
If you do not have a temporary password, select “Forgot your password?”. Availity will email you a link to create a password.



## Step 7:

### Providers and Internal Molina Staff

You will be prompted to check your email. Select link inside of email that will bring you to changing password screen



## Step 8:

### Providers and Internal Molina Staff

Change your password. If you have not created security questions, you will be directed to do so.

Avality | essentials

### Change your password

Enter new password:  
.....

Re-enter new password:  
.....

**Your new password must...**

- ✓ Have 8 to 15 characters
- ✓ Have at least one number
- ✓ Have at least one uppercase letter
- ✓ Have at least one lowercase letter
- ✓ Have at least one special character
- ✓ Not contain your user ID
- ✓ Contain no spaces
- ✓ Match in both entry fields

## Step 9:

### Providers and Internal Molina Staff

Review the Privacy & Security statement as well as Confidentiality agreements. You cannot proceed until you scroll all the way through this document. Once at the bottom, select "I agree".

Avality | essentials

#### Avality Privacy and Security Statement

Read the Avality Privacy and Security Statement before accepting it. You MUST scroll down to the end of the statement before clicking I Agree. If you decline the statement, Avality denies you access to the portal.

Avality Privacy and Security Statement

**Commitment to Confidentiality:**  
Confidentiality is a top priority at Avality. We are committed to maintaining the highest level of confidentiality with all of the information we receive from our policy owners, including the information received from this Web site.

**Personal Information:**  
At Avality we are very aware of the privacy concerns of our customers and others who visit the Avality Web site. In fact, we share your concerns and will not solicit personal information from you as you tour our site, though you may provide that information voluntarily. If you do elect to provide personal information to us, in no case will we sell, license, or transmit that information outside of Avality for any reason, unless you authorize us to do so.

There are instances in which Avality might internally use the personal information you voluntarily submit.

I Agree I Decline

Avality | essentials

#### Confidentiality Agreement

Read the Confidentiality Agreement before accepting it. You MUST scroll down to the end of the agreement before clicking I Agree. If you decline the Agreement, Avality denies you access to the portal.

CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT is entered into by and between Avality, L.L.C. ("Avality") and you, in your individual capacity and on behalf of your Organization ("Organization" means a Provider, Provider group or Payer) in your capacity as an administrator thereof ("User"). Avality and User are sometimes hereinafter referred to individually as the "Party" or collectively as the "Parties".

WHEREAS, the Parties hereto desire to enter into a confidentiality arrangement in connection with User's access to Avality's systems and to certain information;

WHEREAS, User acknowledges that any information or data regarding Avality, or accessed through Avality's systems, whether printed, written, oral or electronically stored or reproduced and whether provided in response to specific inquiry or voluntarily provided, including but not limited to the identity of Avality's customers, Avality's methods of doing business, and financial information regarding Avality's customer contracts, both related information and the basic nature of the information, is confidential, and that both

I Agree I Decline

## Step 10:

### Providers and Internal Molina Staff

You will be directed to a security page. Please answer all questions and click continue.

### Security Questions

If you forget your password, Avality will ask you these security questions to verify your identity.

Question 1:  
Select a Question  
Response:  
.....

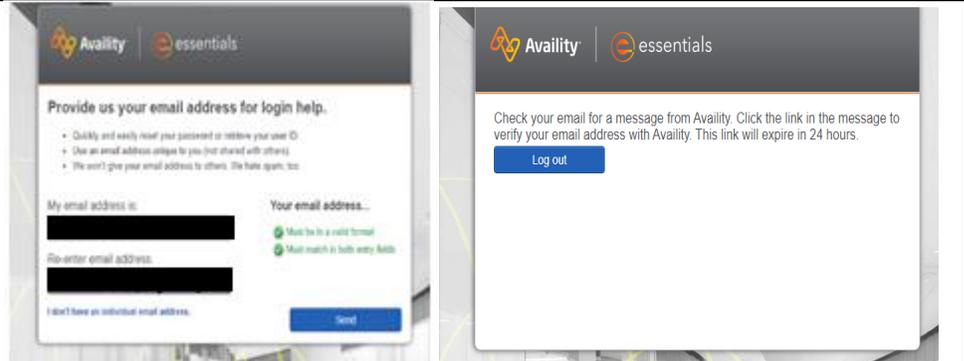
Question 2:  
Select a Question  
Response:  
.....

Question 3:  
Select a Question  
Response:  
.....

## Step 11:

### Providers and Internal Molina Staff

You will be directed to add your email address and then will receive an email to your address for verification. Select link inside email and be directed back to Availity. Sign in with username and password you created. You will arrive at a 2-step authentication page. Click continue.



Availity email address verification

do-not-reply@availity.com  
To: Brown, Brittany

Reply Reply All Forward Wed 9/14/2022 2:45 PM

If there are problems with how this message is displayed, click here to view it in a web browser.

**EXTERNAL EMAIL:** Please do not click any links or open any attachments unless you trust the sender and know the content is safe.

To finish updating your new email address with Availity, simply click the button below. This link will expire in 24 hours.

**VERIFY EMAIL ADDRESS**

or copy and paste this link into your browser:

[https://apps.availity.com/availity/web/public/confirm\\_email?verify=26e5df88-0c92-4c80-b449-a97616230ea6&indicator=R&geo=AZ](https://apps.availity.com/availity/web/public/confirm_email?verify=26e5df88-0c92-4c80-b449-a97616230ea6&indicator=R&geo=AZ)

Please do not respond to this email. Responses sent to this email address are not monitored.

The information contained in this e-mail may be privileged and confidential under applicable law. It is intended solely for the use of the person or firm named above. If the reader of this e-mail is not the intended recipient, please notify us immediately by returning the e-mail to the originating e-mail address. Availity, LLC is not responsible for errors or omissions in this e-mail message. Any personal comments made in this e-mail do not reflect the views of Availity, LLC.

Start

## Protect your account with 2-step authentication

Why am I being asked to do this?

It has always been our priority to protect your patient's protected health information (PHI). This new level of security provides another checkpoint to make sure the person logging in is actually you.

**Continue**

## Step 12:

### Providers and Internal Molina Staff

You will be asked to provide a telephone number to either text or call with a verification code. After adding your information click continue

## Set up 2-step authentication

If we detect unusual activity with your account, we will send you a code.

### How would you like to receive your code? ?

- Use the Google Authenticator app to generate the code
- Text me the code
- Call me with the code

Device Name (Helps identify your phone, tablet or computer) ?

MyPhone

Device Phone Number

My organization requires a different authentication method. ?

**Continue**

### Step 13:

#### Providers and Internal Molina Staff

Availity will call or text a code (depending on what you selected in [step 11](#)), enter it and click verify code.

You will receive a list of authentication codes for future use. Please save somewhere for easy use and click continue.

### 2-Step Authentication

## Verify your account

We've sent a code to (\*\*\*) \*\*\* - 3982. For added security, we require that you enter this code to access your account.

You have 10 minutes to enter your code.

Code

141169

Go Back

Resend Code

Verify Code



Why is Availity making this change?  
Availity takes privacy and information security very seriously. We are continually working to enhance the service and security we provide our customers and their patients.

#### Confirmation

You're all set!

We've saved your 2-step authentication method. In the event that you don't have your phone or time-based authentication device, use backup codes to access your account. Thanks for protecting your account.

Keep these backup codes in a safe place only you know about.

D9MBZ7BT28	Z4T4QNATRZ
Q6D57LF6FF	WLECGZ9LS3
R3CCR826DE	LBLJ2NC8KV
9BRZ7LMQNZ	D8XX3GGY2A
F6HDA2GFZP	C5C96MXBT9

NOTE: You can use each backup code only once.

Hide My Backup Codes Download Add Another Device Continue

### Step 14:

#### All Users

You are now in Availity production. Ensure Ohio is visible on the top banner.

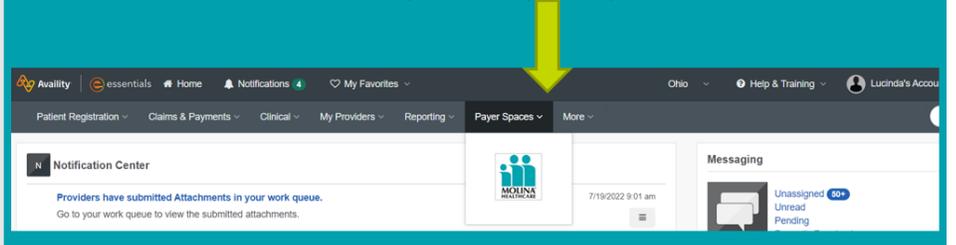
Click on the drop-down arrow to select Ohio



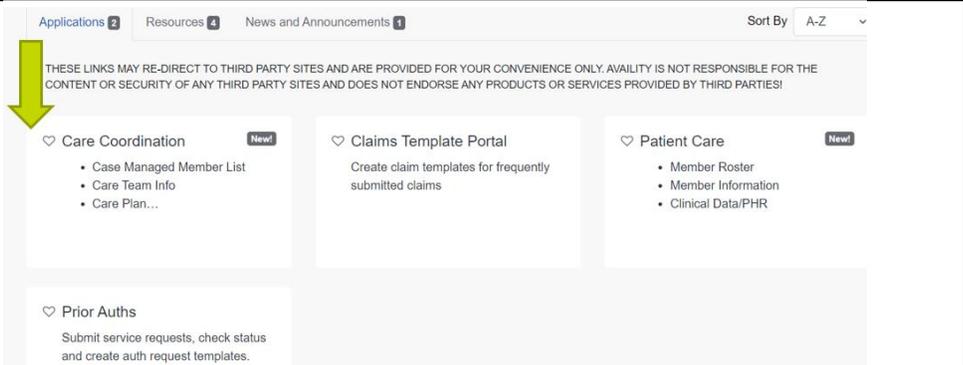
### Step 15:

Select Molina from payer spaces.

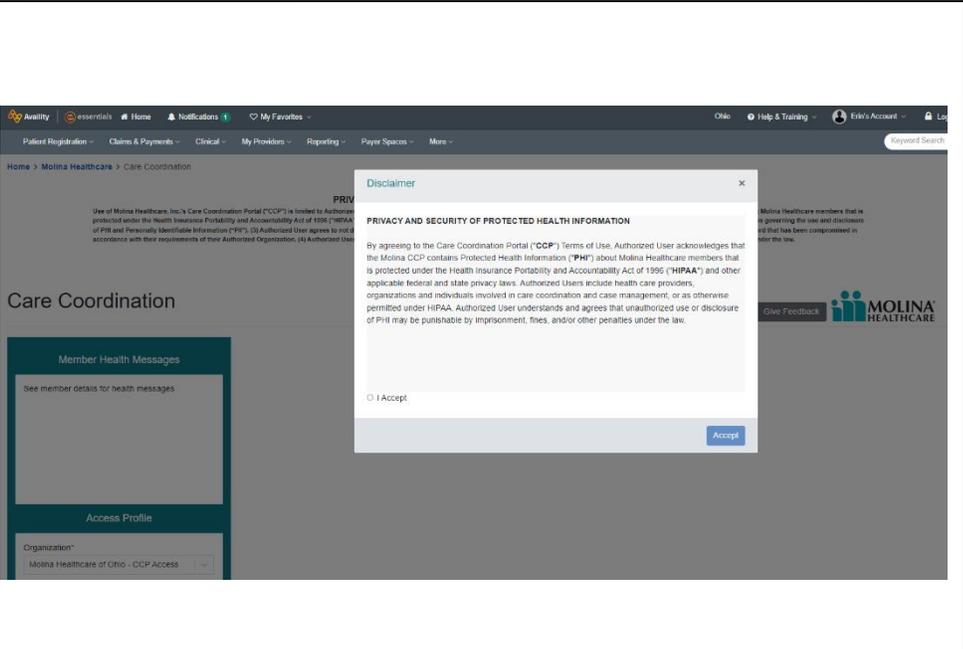
Select Molina from the drop down in payer spaces



**Step 16:**  
**Select Care Coordination**



**Step 17:**  
**You will receive a pop up disclaimer for the Privacy and Security of Protected Health Information.**



**Step 18:**  
**You must select the “I Accept” radio dial to be able to click the “Accept” button on the right and proceed through to member data.**



**Step 19:**

Utilize search bar to find a specific member. Click on Member Number to select the member you want in focus.

This is your view in Care Coordination

The screenshot shows a search bar with the text "Search By: Member Number, Member Name, Case Manager, PCP Name, Case Status". Below the search bar is a dropdown menu with the text "Select a letter to find a Member by Last Name" and a list of letters from A to Z. Below the dropdown is a table with the following columns: Member Number, Member First Name, Member Last Name, Case Manager Name, PCP Name, and Case Status (Open/Closed). The table contains one row of data: 00000, Katniss, Everdeen, Haymitch, Dr. Cleo Cat. A yellow arrow points to the search bar, and another yellow arrow points to the Member Number column header. Below the table, there are five yellow arrows pointing up to the Member Number, Member First Name, Member Last Name, Case Manager Name, and PCP Name columns respectively.

You can see Medicaid ID , First, Last name, Case manger assigned and PCP name. To select the member, you may use search by bar above and when member in found Click on the Medicaid ID.

**Step 20:**

**Member information**

With member now in focus you can view Member Information: Enrollment, PCP current and history, and IPA/group Information by clicking on the arrows for additional information.

Member Information Clinical/PHR Care Team Care Plan Member Health Message

The screenshot shows the Member Information section with five tabs: Member Information, Clinical/PHR, Care Team, Care Plan, and Member Health Message. Below the tabs are four expandable options, each with a right-pointing arrow: Member Profile, Enrollment Information, Primary Care Provider Information, and IPA/Group Information.

**Step 21:**

**Clinical/PHR**

Click on the next tab; Clinical/PHR. From there you can view Sentinel events - Service Authorizations, Assessments, Lab Results, Allergies, Sentinel Events IP/ED by clicking on them.

Member Information Clinical/PHR Care Team Care Plan Member Health Message Appeals & Grievances

The screenshot shows the Clinical/PHR section with a search bar containing "Select...". Below the search bar is a list of service history items: Service History, Sentinel Events - Service Authorizations, Assessments, Lab Results, Allergies, Medications, and Sentinel Events - Inpatient Admission & Emergency Department Visits.

## Step 22:

### Care Team

**Requesting Care Coordination is available under Care Team. Care providers and case managers will be listed in this area as well and can be printed by clicking on print.**

Member Information   Clinical/PHR   **Care Team**   Care Plan   Member Health Message

[Request Care Coordination](#)

Care Coordination Team: Molina Healthcare

For Healthcare Providers/Entities, you may edit access levels and provide HIPAA Authorization below to allow access to Sensitive Service information, such as Behavioral Health, Substance Use/Abuse, or Communicable Diseases. To edit access level for General Medical Services or to add or remove participants, please contact your Molina Care Manager.

Serial #	Care Team Provider Full Name	Assigned Date	Contact Type	Phone Number	Care Manager Full Name	Care Manager Phone Number	Entity Type	Primary	Risk Tier	Category	Case Manager Status	Delegated Care Manager
1	Scott, Michael	01/01/2020	PCP	123-456-7890	Halpert, Pam	987-654-3210	Guardian/Parent	Y		Care Manager	Assigned	Dunder Mifflin Care

[Print](#)

View Care Coordination History

Sr No	Date	Requesting Entity	Reason for Requesting	Request Status
1	08/03/2022	Guardian/Parent	Medication, Transportation, Food,	Completed

## Step 23:

**Requesting Care Coordination in Care Team. When you click Request Care Coordination, a new window pops up, it will be pre-populated with member name, member ID and DOB, verify these are correct and select requesting entity by choosing from the drop down.**

Member Name\*

Member ID\*

DOB\*

Requesting Entity\*

- Guardian/Parent
- PCSA (Public Children Services Agency (PCSA))
- ODM
- SPBM

Email Address\*

### Step 23 Continued:

The reason for request is also a drop down to select which type of assistance is requested.

Email Address\*  
Enter Email Address...

Reason for requesting care coordination\*  
Select... ▼

**Housing**

Health Management

Medication

Transportation

Food

Benefits

Help finding a provider

### Step 24:

**Care Plan**  
Care plans if available are found under care plan tab.

My Providers Reporting Payer Spaces More Keyword Search

Member Information Clinical/PHR Care Team **Care Plan** Member Health Message

1 / 4 59%

**Molina Healthcare Inc**  
Individualized Care Plan Report

**Assigned Case Manager:**  
Not assigned.

**Member Details:**

Member Last Name:	Everdeen	Member First Name:	Katniss
Member Middle Initial:	M	Date Of Birth:	06/09/1968
Medical ID:	987654321098	Medicare ID:	
Medical Effective Date:	04/01/2017	Medicare Effective Date:	
Current Acuity Level:		Primary Language:	English
Gender:	F	Home Phone:	5559876543
Primary Phone:			
Mobile Phone:			
Current Mailing Address:	123 Main Street Peasantville, OH 01234		
E-Mail Address:			
Caregiver / Representative:		Contact Phone:	
Relationship To Member:			

**Associated Providers (past 6 months):**  
No associated provider.

**Reason for Recent Health Visits / Tests and/or Diagnosis History:**

DX Date	DX Code	Description
11/09/2021	S02.91	Cutaneous abscess, unspecified
11/09/2021	S63.301A	Fracture effect of unspecified spider venom, accidental (unintentional), initial encounter
04/29/2020	S02.214	Cutaneous abscess
04/29/2020	S03.214	Cephalitis
04/14/2020	S03.011	Cephalitis of right finger

**Recent Authorizations (past 6 months):**  
No authorization.

**No lab data.**

**Assessments (past 6 months):**  
No assessment.

**Enrollment in Inpatient / Outpatient Facilities (past 6 months):**

Page 1 of 4 Date Printed: 6/29/2023 8:41:39 AM

**Molina Healthcare Inc**  
Individualized Care Plan Report

### Step 24:

**Member Health Messages**  
Member health messages tab includes Critical Incidents, Urgent Sentinel Events and Historical Sentinel Events. Select the

Member Information Clinical/PHR Care Team Care Plan **Member Health Message**

Select... ▼

Critical Incidents

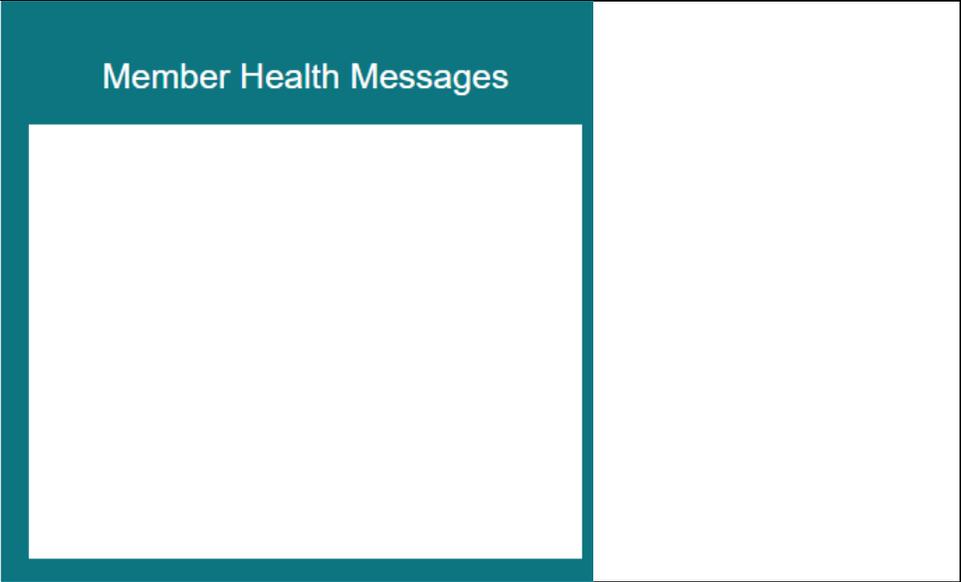
Urgent Sentinel Events

Historical Sentinel Events

Event type one you want in focus.

**Step 25 continued:**

Recent events are also listed in the Member Health Messages Box on the left of your screen.



**Step 26:**

**Appeals & Grievances**

If the member has had any appeals and grievances, that data will display under the Appeals & Grievances tab. Click “View Letter” to review the issue further.

Member Information Clinical/PHR Care Team Care Plan Member Health Message **Appeals & Grievances**

Date Received  
 →

\*Appeals & Grievances only go back until 07/01/2022.

Case Type	Issue ID Number	State Appeal/ Grievance ID	NCQA Category	Status	Date Received	Date Resolved	Resolution Category	Resolution Sub Category	Mode of Resolution	Resolution Letter
Member Grievance	1	:	Other	Resolved-Completed	07/27/2021	07/28/2021	Resolved	Substantiated	Written	<input type="button" value="View Letter"/>

**Tool Kit:** (insert hyperlinks to cited policies/procedures, workflows, QRGs, forms, contractual citations relevant to this workflow)

CCP Frequently Used Email Address	
CCP Questions	<a href="mailto:Population_Health@MolinaHealthcare.com">Population_Health@MolinaHealthcare.com</a>
BH Questions	<a href="mailto:BHProviderServices@MolinaHealthcare.com">BHProviderServices@MolinaHealthcare.com</a>
Hospital of Hospital-Affiliated Physicians Group Questions	<a href="mailto:OHProviderServicesHospital@MolinaHealthcare.com">OHProviderServicesHospital@MolinaHealthcare.com</a>
MyCare Ohio LTSS and Medicaid Ancillary Questions	<a href="mailto:OHMyCareLTSS@MolinaHealthcare.com">OHMyCareLTSS@MolinaHealthcare.com</a>
Nursing Facilities Questions	<a href="mailto:OHProviderServicesNF@MolinaHealthcare.com">OHProviderServicesNF@MolinaHealthcare.com</a>
Physician Practice Questions	<a href="mailto:OHProviderServicesPhysician@MolinaHealthcare.com">OHProviderServicesPhysician@MolinaHealthcare.com</a>
General Questions	<a href="mailto:OHProviderRelations@MolinaHealthcare.com">OHProviderRelations@MolinaHealthcare.com</a>
CCP Related Links	
Training Video	<a href="#">Link</a>
Availity Website	<a href="https://apps.availity.com/availity/web/public.elegant.login">https://apps.availity.com/availity/web/public.elegant.login</a>
Ohio ID Website	<a href="https://ohid.ohio.gov/wps/portal/gov/ohid">https://ohid.ohio.gov/wps/portal/gov/ohid</a>