Web Portal Overview New Provider Portal Features!



Your Extended Family.

mhtxportal2015

Please Note: All the Member IDs, Names, and any Data in this Demo are fictitious. Only TEST data was used and does <u>NOT</u> represent any Molina Member information.



The screen captures were taken from the TX environment for training purposes only.

Accessing From the Molina Public Website

http://www.MolinaHealthcare.com





Accessing From the Molina Public Website





Accessing From the Molina Public Website





Accessing via Direct Link

https://Provider.MolinaHealthcare.com/



Welcome to the Web Portal

- Check member eligibility and benefits
- Search and manage your service request/ authorizations
- Search and manage claims
- View other information helpful to you

Register today to access our on-line services. A video will guide you through the easy on-line registration process.





Provider Registration







Welcome to the Web Portal

The Web Portal is a secure area that provides multiple services now available to all Molina Providers. In the Web Portal you will be able to do the following:

- Check member eligibility and benefits
- Search and manage your service request/ authorizations
- Search and manage claims
- View other information helpful to you

Register today to access our on-line services. A video will guide you through the easy on-line registration process.





Admin User Responsibility

Before creating your account, please note that you will be responsible for the following:

- · Managing all additional users added to the account which includes:
- Inviting New Users
- Assigning User Roles
- De-Linking Users
- Linking Users Accounts as needed

· Perform mandatory periodic reviews validating ti

Click here to proceed

To continue with registration, click <u>here</u> To exit click <u>here</u> For more information about Molina's Provider Self-Services ePortal, visit the <u>FAQs</u> section

Please note: The first account created is automatically the Admin User account.

The Admin User account provides access to all Web Portal functionality and is responsible for management of all other users under the account.





Select the between Medicare or Other Lines of Business. If you select Other Lines of Business, please select State from dropdown menu.

Select a Provider Type (Facility/Group) A description for each Provider Type will appear depending on which one is selected.





Contact your local provider services representative if you do not know your Molina provider ID.



First Name:	John		* User IO:	WebPortal2014	
Last Name:	Die			Check Availability	1
* Emails	WebPortal & Molin a Health car		 Password: 		
 Confirm Email: 	WebPortal@MolinaHealthcar		 Confirm Password: 		
	In which city you were born?	.		Test	
* Security Questions:	What is your mother's maiden name?	•	Enter answers in the corresponding fields:	Test	
	In what city or town was your first job?	•		Test	-
Enter the code shown in the Text box:	EIDTVO EIDTVQ		Refresh 😨		
	This input is to verify whether you are a human w	initer and t	is prevent automated spam submissions		
	Register Reset Cancel				

The Authentication Details section appears after inputting the appropriate information for the Provider Information. All fields in the Authentication Details sections are *required*.





Go to the e-mail that was provided during the registration process to your activate Molina provider portal account. After closing the message window you will be sent to the Provider Services Login Page.







Welcome to the Web Portal

The Web Fortal is a secure area that provides multiple services now available to all Molina Providers. In the Web Fortal you will be able to do the following:

- Check member eligibility and benefits
- Search and manage your service request/ authorizations
- Search and manage claims
- View other information helpful to you

Register today to access our on-line services. A video will guide you through the easy on-line registration process.





Welcome, Admin User: WebPonsl2014 Log Dut

Dec 22 2014 11:17 20 AM

Home Provider Search FAQ Training Contact Molina





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MOLINA' HEALTHCARE

Provider Self Services









NPI Submission

Name: Status: Provider Type: License Number: License Termination Date:	Web PortaLTester Active AMBULATORY HEALTH CARE FACILITIES	Title: Credential Status: Federal Tax ID: 123456789 License Effective Date: Ethnicity: NO ETHNICITY
Date Of Birth:		Gender:
Specialty		
HOLE ATORY CURCICAL CONTER	pecialty Type	Specialty
Inducation Surgical Center		PROPART
L	anguage Code	Description
iontact Information		
Address Address 1	12345 MAIN STREET	Address 2:
State	CA	City: LONG BEACH
County	LOS ANGELES	Zip: 90801
Email	: WebPortal@MolinaHealthcare.com	
Physical Address		
Address 1	CA	Address 2:
County	LOS ANGELES	Zip: 90801
Phone Numbers		
Primary Phone Number Secondary Phone Number	555-555-5555	Mobile Number:
ccount Self Services		
ecret Questions	Answers	
n which city you were born?	Test	
What is your mother's maiden name?	Test	
In what city or town was your first job?	Test	
		Edit



Update any information in any editable field. If the field that you need to edit is not open to change, please contact your local provider services representative.

My Profile

General Information	the Design Tables			114		
Name: V	leb Portal Tester			litte:		
Provater Type: Al	A LUADRY LUA	ET LCARE EACETHES		Federal Tax ID	123456789	
License Number:				License Effective Date	11.012 11.000	
License Terminat on Date:				Ethnicity	NO ETHNICITY	
Date Of Birth:				Gerder		
Specially						
S	pecially Type				Specialty	
AMBULATORY SURGICAL CENTER Languages			PRIMARY			
L.	anguage Code			D	escription	
Contact Information						
Mailing Address						
Address 1 *	12345 Main Stre	ut.		Address 2		
Slate:	CA T			GL	LONG BEACH	¥.
Courty: *	OS ANGELES			Zip: *	90801	
Ema l: *	WebPorta @\fo	naHeal/ricare.com				
Physical Address						
Address 1:	12345 Main Stres	8		Address 2	101000	
Slate:	DRANCELES			di.	LONG BEACH	
Phone Numbers	LOONAGELLE				30021	
Primary Phone Number:	3610645291			Mobile Number		
Secondary Phone Number:						
Account Self Services						
Secret Questions		Answers				
In which city you were sorn?	1.	12911				
What was your chirchood nickname?	100	test2				
What is your oldest cousin's first and last name	9 T	Les (3				

Save Cancel

Select Save after updating your profile









Your Extended Family

Admin(s): WebP r Lines Of Busine istered Providers	ortal2014 ss State: WA		After you f Number a cli	ill out the Tax ID and Provider ID, ick Add.		
Tax ID Number	Provider ID	NPI #	Provider Name		Molina Status	
23456789	QMP000000000000	1111111111	Web Portal Tester	Other Lines Of Business	···tive	Delete
	OMP111111111111			Other Lines Of Business	•	Add



Host Admin(s):	WebPortal2014	
Other Lines Of B	usiness State:	WA

Registered Providers

Tax ID Number	Provider ID	NPI#	Provider Name	Program	Molina Status	
123456789	QMP000000000000	111111111	Web Portal Tester	Other Lines Of Business	Active	Delet
123456789	QMP111111111111		Web Portal Tester _ Long Beach	Other Lines Of Business	Active	Delet
1				MEDICARE	1	Add

When you are finished adding Providers, click Submit















This allows any administrator to grant access and set the role of the user for the facility/group information













User ID:	WebPortal2014	1	
Current Password: •		12 Characters May 12 Character(s) Remainin	
Confirm Decemend		Te characters max. 12 character(s) Kennami	ig
Commin Password.	Cubmit	1	
Password cannot cont	ain partial User ID, first na	Fill in the required	
		fields and select	
		Submit	
		Calornic	









Your Extended Family

Delete Provider Self Services Account

To continue with account deletion, click the button below.

Delete Account Cancel

Select Delete Account



If a **host** admin is deleted, all linked users will lose access. If an admin or linked account is deleted, only that account will lose access

Delete Provider Self Services Account

To continue with account deletion, click the button below.

Delete Account Cancel




Member Eligibility



Member Eligibility

Member/Eligibility Inquiry provides the options to search by Member ID or Full Name and Date of Birth.

	Estantionist Thin From	Scarr	a eligibility as of [09/23/2011	(mmddyyyy)
<i>Click</i> Search to initiate the search.	Member ID: First Name: Date of Birtli: (unmit), yyy) Search Octons	Last Name:		
<i>Click</i> Clear to remove any data entered.	Gender: Select • Zip Code: Line of Business: Select *	Í.	Search for Member	Clear All
MOLINA' HEALTHCARE		2-6-01		

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Member Search by Member ID

1. Enter the	Memoer Search Enter Member 10 or First a	ind Lett Name and Date of Brilli.	Search eligibility as of 20/23/2011	(mmddyyyy)
Subscriber's Member ID.	Member ID:	Tast Name:		
2. Click Search. The Member Eligibility and Benefits page displays.	Date of Birth: (comddyyyy) Scarch Options Cendors Select 💌 Zip Code: Line of Businessi Select]	Bearch for Member	Cicar Ali
MOLINA				

Member Search by Name/Date of Birth

1.	Enter the Member's	Memoer Search	Enter Member 10 or	First and Lect	Name a ru Data of Birth.	Search eligit	ility as of 20/23/2011	(mmddyyyy)
	First Name and/or Last Name, and the Date of Birth.	Member ID First Name Data of Birth	s		Tast Name:			
2.	<i>Click</i> Search. The Member Eligibility And Benefits page displays.	Scarch Options Cendera Zip Code: Line of Businessi	Select				bearch for Member	Ucar All
	MOLINA							



Multiple Members Found

If any search results in multiple matches the page will display a message and highlight the fields that differentiate the members. You may select/enter any of the highlighted fields and do a search again. The following illustrates an example of the display of multiple member found search.

•	Enter Zip Code and/or	Member Search Sinter Member 1D of First, and Last Name and Date of Birdh.	
	select a Line of Business to see member details	Pirst Name: Mike Last Name: Jones Date of Eleth: 04/14/1965	
		(mmddyyyy) Search Options	
		Condem Select Your search has returned more than one result, enter optional information Zip Code: Your search has returned more than one result, enter optional information Line of Business: Select	n for
		Clear All Search for Nember	
1	MOLINA HEALTHCARE		

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Member Eligibility and Benefits page

- The Member Information, Enrollment Information, and Primary Care Provider are displayed.
- Click any closed tab to display more detail information.
- Click on tabs to view and hide information.

Back to Memb	per Eligibility Inquiry		Eligibility, Information is current as of 09/23/2011 01:44 AM
lerte Exist:	🖉 IEDI3 Alerts	Member currently enrolled	No errol ment restrictions
MemberInfon	mation		
	Name:	P	lember #:
	Date of Birth		Genderi
i e	failing Address		Home di
		Altu	native #:
			Mobile #:
			Email ID:
+ Additional M	lember information	xhend to view Anniti	anal Member: 150-mañoa
+ ALERTS		-voland to view & FRI	8
Enrollment Inf	ormation	As of search date (oday
	Enrollment Plani	Men	nber has ne current en rollment restrictions
En	rollment Status		
Lnrolment	t Lffective Date:	Men	nber has no other insurance
Enroll	ment lerm Date:	24:20	. Manakan Janua Ta Jandarah
	Hate Lone:	vi -	v <u>Marin Francisco - Hand Frank</u>
	Subscriber 10:	415.	CENTRAL CONTRACTOR PORTAGE
+Enrollment)	- istor v	-voand to view Encoli	ment History
Primary Cars	Provider Information	Collected to hide Prime	ary Care Providar Information
1	Provider Namei	LPA/G	oup Name:
	Provider NPE:	IPA/Group Elfe	cline Dele:
Prov	/ider Specialty:		
Effective Data	with Member:		
5e	rvice Location:		
+ PCP History		expand to view I'CP H	istory
- IPA/Group In	formation	Excand to view IPA/G	roup Information
- IPA/Group H	istory	Excand to view IP//G	roup History



	a well-well's sol		
Back to Mend	ber Fligibility Toquiry		E gibilit, Information is convent as of 09/23/2011 01.44 A
leets Fieldti	Q HEDIS Alecte	🖉 Me of ex currently enrolled	🖉 Molecono me di secono anno.
Member Infor	mation		
	Name:	м	lember #:
	Date of Birth		Gender
	Madurg Address:		Home #:
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- Additione: M	ember Information	College to nide Addit	ional Yemper Information
Primary Lan	guage Spoken: ENGLISH		I thrucity: NO ETHNICITY
ALERTS		Collapse to hide ALLK	13
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	Encollement Plan	Mu	ibe flus forcer elementent esticióne
1.	apollment litetus:		
Envollmen	t Effective Date:	Mer	nber has no other Insurance
Enrolli	ment Jerni Date:	67.00	Manifest Electric House
	Health Play ID:	V-ec	v Lenafit Co-Bay Summany Amount
	Saub scrubben 1000		
. Enrolment II	Batory	College to hide Chrol	Iment History
ere ere no h s	nory records		
Primary Care	e Provider Information	Collease to hide Prima	ery Care Provider Information
	Provider Name:	IPA/G	roup Nama:
Pros Effective Data Se	Provider NPI order Specially: a with Nershesi arvice Location:	IPA/Group Effe	ctive Dates
PCP-History		Collepse to hide PCP	lietory
	ory records		
-Ill Aiticoup 19	Aormation.	Critis are in the IPA/C	Senaj Tale o est un
	Group Name		NPI WA
ेल	laiking Address:		Phone #:
Phy	ysical Address:		Phone #1
Last Contract I	Ellective Date:		
WAGeoup He	story	Collease to hide 197/0	aconfi Li Ponta
and and a local set	and the second se		

- If alerts exist they will display on the top yellow alert bar
- Click Member Benefit Handbook to access the member's handbook.
- Click view Benefit Co-Pay Summary Amount to display the member's co-pay, coinsurance and deductible.
- Click Back to go to the previous page.



Member Eligibility and Benefits (cont.)

The member's handbook is displayed for their benefit plans.

Click the displayed link to view	🖉 Molina Healthcare - basic health - Windows Inte	ernet Explorer		_ □ ×
the Member Handbook	🚳 🔄 🕫 http://www.moinshealticare.com/medicale/memoers	s/wayhandoookybasio healtruhor	💌 😽 🗶 Li-e Search	P ·
	Tile Edit View Favorites Topis Jelp			
<i>Click</i> X to close the page.	🎽 🌸 🧶 Molina Hasithkara - pasic health 👘 👘	5 • D •	r 🗟 🛪 🕑 Nage 🛪 🔞 🕈 🐇 🕇	1002 *
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		NA' Ver Briandad Banthi		
	PROVIDERS	ARE	a a A A	
	handbooks health & w	eliness quality HIPAA drug.formulary servic	es contact us	
		basic health healthy options WMIP		
	memberserwee guide	2009 Member Handbook - Basic Hea	lth	
		Thank you for choosing Molina Leathcare as you	r health plan.	
		Please read this handbook to understand your b	enafits. If you have	
		understanding this information in another formation understanding this inangbook, please call Moline	at or need help Healthcare Nember	
		Services Department of 1-800-869-7165		
		Molina Member Service Guide		
		🖄 Menber Handbookifall copyi 🛛 🖄 Welcome Le	-iter	
		Dips About Your Plan @ Tips About Your Plan	- Spanish	
		R Your Query Cauce to Resid Lealth		
		図 <u>Member Handbookifull copyi</u> 図 <u>Welcome La</u> 図 <u>Tips About Your Plan</u> 図 <u>Tips About Your Plan</u> 図 <u>Your Overk Cuide to Dasic Jealth</u>	uter 1 - Spanish	



Member Eligibility – Print Function

Click Print on the Member Eligibility Details page to display a printable PDF document.

MOLINA			N	ember Eligibility and Beaelits Inquiry Response Report					
		Requestse	Eligibility Av Davi Jura-	quiry Bases 02.00 2000 Faulty: GASTRO DIGESTA Fool Inquiry: Thursday, February e of Inquiry: 02:40:54	FNF5104 G 5.2009	RNIP			
Meriter Eligibility and	i Benefita								
Menther Nara	. JOSED, EDWIN	.c		Newber Number: 1	MMM123000	00000	07		
Oute of Bet	h: 01/01/1900			Gerster: M					
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Sta	te CA			Zio:					
Home Phose	er -4304334033			20170					
Enrolment Rostration	10								
Enrollment Status					Star	t Dute		End Oute	
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Eligibility to formation	and the second second								
Place ID	Flen Description	e			Plan	Effecti	ve Dave	Flan Terr	nivetion Data
OWX697539	San Diago Made	sie			11/1	8300			
DWX8P7539	San Diego Medio	bic			1/1/2	3006		10/31/208	7
QMX6P7528	HEALTHY FAND	uts .			5/02	3005		10/31/201	5
POPZEMP									
Name	Provides Speciality	Effective Data	Term Date	Street Address	City	State.	23p	Phose	NP: Humber
MENDENHALL ANNA	Pediatrics	11/1/2008		285 N EL CAMINO REAL STE 11	4 ENCINITAS	CA	92024	7634364511	1839140650
BALCH, STEVEN A	Pediatrics	3/1/2006	10/21/2007	265 N.EL GAMINO REAL STE 11	4 ENGINITAS	-GA	92024	76243(451)	1003667027
MENDEN-HALL, ANNA	Podiatrica	1/2/2008	2/28/2000	105 NEL CAMINO REAL STE 11	4 ENCINITAB	DA	32024	7604304511	1009140650
RUNENSTEIN, ETUART I	Pediatrics	1/1/2005	1/1/2004	12096 EL CAMINO REAL 219	SAN DIEGO	ĊÅ.	92950	1627901011	10096301041
RUBENSTEIN. STRUART	Pediatrica	7/1/2005	10/31/2005	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92130	8587901011	1589633844
K	Pediatrica	6/12005	6/30/2015	265 NEL CAMINO REAL STE 11	4 ENGINITAS	(DA	92024	:634364511	1539140650
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Name				Address	City			State	Zp
CHLDRENS PRIMARI	CARE NED GRP			M68 GALLE FORTUNADA STE 20	0 SAN I	NEGO		CA	92123
CHLORENS PRIMARY	CAPE NED ORP			3000 GALLE FORTUNADA STE 20	0 34N 0	0.000		CA	32123
CHLORENS PRIMARY	CARE NED GRP			2660 CALLE FORTUNADA STE 20	0 84N 0	0.03H		CA	60123
CHEDGENS PRIMARY	CARENED GRP			3650 GAU E FORTUNADA STE 20	0 San f	ne?#		CA.	92121
CHILDRENS PRIMARY	CARE NED GRP			3668 CALLE FORTUNADA STE 20	0 SAN I	ODENO.		CA	92123
CHLOWENS PRIMARO	CARE NED GRP			3660 GALLE FORCUNADA STE 20	0 SAN I	NEGO		GA	92123







Training Breakdown

- <u>Create a Professional Claim</u>
- Create an Institutional Claim
- Open Saved Claims
- <u>Claims Status Inquiry</u>
- Correct/Void a Claim
- <u>Create/Manage Templates</u>
- Download Exported Claim File



Note: All the Member IDs, Member Names, and Any Member Data in this Demo are fictitious. Only TEST data was used and does <u>NOT</u> represent any actual person or actual Member ID



The Claims menu provides you with the following options:

- Claim Status Inquiry
- Create Professional Claim (CMS1500)
- Create Institutional Claim (UB04)
- Open Saved Claims
- Create/Manage Claims Templates
- Export Claims Report to Excel

*Please Note: You may also view recent claims by selecting View your recent Claims













	Next >>> Member	Provider Summary	584 ~ 8	e for Later Cancel	
The Professional (includes three ta with Membe	Claim form abs. Start er tab.	Claim Correct Claim Void Claim re, first name and Date of Birth. If you don't know the 1 First Name: * Opynyi Service To Date: ' (mmdof	D search by Last name, First name and Date of Birt Svenced Search DOB: * Ummidd/yyyyT	h sping	
	Insured's Information Last Name: DOB: DOB: Address1: City: Feyor Name: Potient Information Note #There are no dependents for the Patient field	First Name: Sex: Sex: Address2: State: Program Name: Program Name: ationship will be prepopulated as '3 ationship to Insureds' 18-Self	Hiddle Initial:		
	Other Insurance Is there another benefit plan? • • Yes Patient Conditions Is patient's condition related to the folios • Employment • Another Part • Ado Accellent Place(State) = Are there are patient condition date that	No No (check all that apply) ty Responsible U Other Accident * Select • reced to be entered? (set Last menstruation, X-ray terms	stration at: 10 Yes write		
	Verify Required Information Patient Account Number Authorized Assignment Release of Prior Authorized	ount Number:* tent of Benefic: * Yes @ No Provider Ass Information: ' Select ation Number:	grimunt code: (Select	e for Later Cancel	
MOLINA' HEALTHCARE					52

Once you fill in the required fields, the Insured's Information should auto-populate

Member Provider Summary	"- Repired Field Holp FAQ	
What would you like to do?" 🙊 Create Claim 💿 Correct Claim 🍈 Void Claim		
Eligibility Check		
Enter the insured's ID or their last name, first name and Date of Hirth. If you dont know the ID search by Last name, First name a Advance Search -	nd Date of Rieth using	
Insured's LD Number: * Advanced Search		
Last Name: / DOB	• United December 1	
AND Service From Date: 000000000000000000000000000000000000		
Insured's Information		
Last Name: Niddle	initial:	
DOB: Sex:		
Address1: Address2:		
City: 51414: 20	p Code:	
Patient Information		
Note if there are no dependents for the issued. Patient Relationship will be prepopulated as "Self"		
Patient Relationship to Insured: 18-Self 🔍		
Other Insurance		-
Is there another benefit plan? : 🔘 Yes 🐳 No	Please Note: All	
Patient Conditions		
is patient's condition related to the following? (check all that apply)	required field are note	d
Engloyment 🔄 Another Party Responsible 🔄 Other Accident	with a red asterick (*	
And Accord Place(State):* Salid: • Are there any patient condition dates that need to be entered? (eg.Last menstruation, X-ray emmunication, etc.) () Yes No	with a red asterisk (/
Verify Required Information		
Patient Account Numbers*		
Member Authonzed Assignment of Benebit" 🔹 Yes 🏐 No 🔋 Provider Assignment code: Select		
Release of Information: ' Select	•	
Proz Adhonsabon number:		
ext >>	Save for Later Cancel	





Member Provider Summary ** Represented Pail Help FAQ	
What would you like to do? 🛞 Create Claim 🛞 Correct Claim 🍈 Void Claim	
Eligibility Check	
Enter the insured's ID or their last name, first name and Date of Wirth. If you dout know the ID search by Last name, First name and Date of Wirth using Advance Search -	
Insured's ID Number: * Advanced Search	
Last-Name: / DOB: / Ummidd/yyyy1	
Service From Date: - (mm/dd/yyyy)	
Insured's Information	
Last Name: Middle Initial: DOB: Sex:	
Address1: Address2:	
City: State: Ip.code: Ip.code: Payor Name: Program Name: Payor ID: Potor ID:	
Potient Information Note #There are no dependents for the insured, Patient Relationship will be prepopulated as "Self". Potient Relationship to Insureds* 110-Self *	Please Note
Other Insurance	All required
Is there another benefit plan? 🕐 Yes 🔺 No	field are note
Patient Conditions	with a red
Employment Condition related to the tomoving? (check all that apply) Employment Condition related Responsible Check Accident	asterisk (*)
Ave there any patient condition dates that reset to be entered? (eg Last menstruation, X-ray immunization, etc.) (() Yes whe	
Verify Required Information	A shall
Patient Account Number:	
Refease of Information: ' Select	
Prior Authorization Number:	

Enter information for other insurance, if applicable.

Note: If "Yes" is selected and this is a Secondary claim, you must attach EOB and update the COB line level information in the Provider Tab claim line.



	Next >>	Save for Later Cancel	
	Member Provider Summary	*- Remined Field Help FAQ	
	What would you like to do? 🛞 Create Claim 🛞 Correct Claim 🍈 Void Claim		
	Eligibility Check Foter the issured's ID or their last name, first name and Date of Birth. If you don't know the ID search by Last name, First name and Dat Advance Search -	to of listh using	
	Advanced Search OR Last Name: * DOB: * Umm AND Service From Dets:* UmmOd//yyy/ Service To Date: * UmmOd//yyy/ Umm	Liver(bBa	
	Insured's Information Last Name: First Name: Middle Initia D09: Sex: Address1: Address1: City: State: Zip Code	h	
	Favor Name: Plut TX Program Name: Pavor II	2.00-111111-00-5	
ct all that apply. there are any	Payor Name: Program Name: Program Name: Poyor II Potient Information Note if there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self". Patient Relationship to Insured: 10-Self		
ct all that apply. There are any er dates known related to the ent's condition.	Payor Name: Program Name: Payor II Patient Information Note If there are no dependents for the insured, Patient Relationship will be prepopulated as "Set". Patient Relationship to Insured: Other Insurance Is there another benefit plan? Yes:	Please Note: All	2
t all that apply. here are any or dates known related to the ent's condition, oter them as ppropriate.	Payor Name: Program Name: Payor II Patient Information Note # mere me no dependents for the immed. Patient Relationship will be prepopulated in "Self". Patient Relationship to Insured: 10.5elf Patient Relationship to Insured: 10.5elf * Other Insurance Is there another benefit plan? * (i) Yes (the k all that apply) * Patient Conditions Is nother Party Responsible Other Accident Auto here any patient condition mission to be entered? (set Last menstruation, X-ray immercation etc. (ii) Yes (the	Please Note: All required field are note with a red asterisk (*	ed)
et all that apply. there are any er dates known related to the ent's condition, nter them as ppropriate.	Payor Name: Program Name: Payor II Potient information Note # there are no dependents for the immed. Patient Relationship will be prepopulsied as "Self". Patient Relationship to Insured: "ID-Self" Other Insurance Is there another benefit plan? "O Yes: INO No Patient Conditions Is patient's condition mainted to the following? (check all that apply) Other Accident Is patient to condition mainted to the following? (check all that apply) Other Accident Other Accident Asto Accident Place(State)="State]" State(*) Asto Accident Yes INO Verify Required Information Patient Account Number: No Provider Assignment code: Select Number Authorized Assignment of Benefit: Yes: INO Provider Assignment code: Select No Patient Account Number: Information: Select Provider Assignment code: Select	Please Note: All required field are note with a red asterisk (*	ed)

MOLINA HEALTHCARE Your Extended Family

Member Provider Summary	*- Remined Held Help FAD
What would you like to do? . Create Claim Correct Claim O Void Claim	
Eligibility Check	
Enter the insured's ID or their last name, first name and Date of Birth. If you don't know the ID search by Last nam Advance Search -	ne,First name and Date of Nieth using
Insured's ID flumber: * Advanced Search	
AND First Name: >	DOB + * [mmidd/yyyy]
Service From Date: - Immod/yyyy) Service To Date: - Immod/yyyy)	
Insured's Information	
Last Name: First Name:	Middle Initial:
DOB: Sex:	
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Enter the required information to release patient information

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12345678901	WEASLEY, CHARLES	94.00	01/14/2013	01/14/2013	01/22/2013	Faid	PROFESSIONAL	No
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Instructions for filling a 1. Fill out this form comp 2. Attach cooles of any r 3. The competed form will t will be mailed to you	complaint/appeal: letey. Describe the issue(s) in as in ecords you wish to submit. If be submitted to Wolfina Healthcare within three (3) working days after	nuch det ail as possible. e of Texas to Provider Complain the request is received.	nts & Appeals. We will send a written ack	nowledgement of you	r request
Provider's Name:	10WF, 303	NPI:	0000000	Federal ID:	123456789
Request Type:	 Complaint Appeal 	Participation Status:	Contract O Non - Contracted		
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Addiess.	000 MAIN ST	City'State/Ziµ.	DALLAS TX,75206		
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ext >> Member	Provider	Summary	Correct Cla Claim (CMS	aims via Create Pro 1500) & Create Ins Claim (UB04)	fessional stitutional
Nhat would you like to do? 🍙 (Prior Claim ID#:*	Create Claim Correct Cl Create Claim	aim 🏐 Void Claim			
Eligibility Check nter the insured's ID or their la dvance Search . Insured's ID Number: * OR Last Name: *	Select <i>Corre</i> enter a previo claim. Sel	ct Claim and busly opened ect Enter.	ne 1D search by Last name Advanced Search	First name and Date of Birth using	
AND Service From Date:* Insured's Information	(mm/dd/yyyy)	Service To Date: *	آق ۱/dc/yyyyy)	('mn/d <i>3/_fyyy</i>)	
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MOLINA					115



Concern Concernants	Provider	Summary	*- Required Field Help
What would you like to do?" (Frier Claim ID#: <mark>*</mark> 1111111	Create Claim Correct Cl	laim 🍥 Void Claim	
Eligibility Check			
Advance Search .	last name, first name and Date	of Birth, If you cont know the ID scare	n by Last name, First name and Date of Birth Using
Insured's ID Number	123456789123	Advancer	d Search
OR	A 270227	and the second second	10/11/2012
Last Name	SMITH	First Name: * JILL	(mm/dd/yyyy)
AND Service From Date	:* 06/25/2013 (mm/dc/yyyy)	Service Tc Date: = 06/25/2013 (mm/cd/yyyy)	1
Insured's Information	1		
	MITH	First Name: JILL	he claim will auto-fill with the
Last Name: 5			details
Last Name:	0/11/2012	Sex: F	
Last Name: E DOB: 1	0/11/2012	Sex: =	actans











Your Claim has been Successfully submitted. Please note the Claim ID for Future Reference. Claim ID: 12345678901





Void Claims via Create Professional Claim (CMS 1500) & Create Institutional Claim (UB04)

Member	Provider	Summary	*- Required Field <mark>[[clp</mark>
What would you like to do?- ()	Create Claim C Correct	Claim 🙆 Void Claim	
Prior Clam ID#:*	Enter		
Eligibility Check		Select Void Claim and ent	er
Enter the Insured's 1D or their i	last name, first name and (a previously opened clain Select <i>Enter</i>	1. Last name,First name and Date of Birth using
Insured's .D Number:	*		m
OR	ř		

HEALTHCARE



Member	Provider	Summary	*- Red	uired Field Help
/hat would you like to do?* () (rior Caim ID#:* 111111111	Create Claim C Correct (Claim 💿 Void Claim	The claim will auto-fil	ll with the
Eligibility Check				
iter the insured's ID or their la dvance Search .	st name, first name and Date	e of Birth. If you dont know the ID	search by Last name, First name and Date of Bir	th using
Insured's ID Number: *	123456789123	Adv	inced Search	
UK Last Name: *	SWITH	First Name: * ELL	DOD: * 10/11/2013 (mm/dd/yyy	2
Service From Date:+	06/25/2013 (mm/dd/yyy)	Service To Date:* 06/25/20	13 (mm/dd/yyyy)	
Insured's Information				
Last Name: SMI	TH	First Name: JILL	Middle Initial:	-







Upon Successful submission; a message will appear with a new Claim ID number.

Your Claim has been Successfully submitted. Please note the Claim ID for Future Reference. Claim ID: 12345678901

<< Previous









Manage and Use Templates

Belect	claim Type	Template Name	Template Description
101	CM31500-Professional	Test-q020115	
10	CMS1500-Professional	CMS1500021015	
20	CMS1500 Protectional	WebPodal:21215	
3	OMB1500 Protocologal	WobPortal021215+1	
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	CM31200-Professional	WebPortal021915	
1 Page 1	eft P H 12 V perpage		Showing 1-7 of 7

You can create a claim template via;

- Claim Inquiry Details
- Corrected/Voided Claims
- Create/Manage Claims





Manage and Use Templates

Belect	Claim Type	Template Name	Tempiate Description
101	CM31500-Professional	Test-q020115	
10	CMS1500-Professional	CMS1500021015	
10	CMS1500 Protectional	WebPodal:21215	
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	CMP1500-Protessional	Web Conal021215w2	
3	CMS1500-I irotessional	lester021615	
<u>11</u>	CM31500-Professional	WebPortal021915	
14 4 1 Page 1	eft • • • to versage		Snowing 1-7 of 7
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To create a claims template select *Create*



Manage and Use Templates





Member	Provider	Summary	I Field Help	CAO
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			the option to <i>Save as</i>	
Eligibility Check			Template	
Enter the insured's ID or their last Advance Search .	name, first name and Dat	e at Birth. If you don't know the ID sear	ch by Last name, First name and Date of Birth using	
Insured s ID Number +		Advance	c Search	
OR				
Last Name		First Name: *	DOD; (mm/dp/yyyy)	
AND] real	
Service From Date :* L	r mudd/yyyy)	Service To Date (mm/cd/yyyy)		
Incured's Information				- 1 N
The ed s throi mation	2	12		
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DOD:		Sex:		
Address1:		Address2:		
City:	12	State:	Zip Code:	
Paym Name: MHC (ЭН	Program Name:	Peγ:r TD: 20-0750134	
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Patient Information				
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Member	Provider	Summary	* Required Tield Help <u>FAQ</u>
What would you like to co?	Create Claim 💮 Correct Cla	aım 💿 Vord Clarm	
Insured's ID or their la Advance Search . Insured's ID Number: * OR Last Name: * AND Service From Date *	st name, first name and Date	Add Template Template Name: *Professional01 Template Description: Save	Lancel
Insured's Information Last Name: DOF: /ddress1: City: Payon Name: MHC	ΓΩ-	Select <i>Save</i> and you will be redirected back to the Create/Manage Template page	e S Zip Code: Paym 1D:
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Other Insurance			

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Manage and Use Templates

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1	CMS1500-Professional	Testai021615		
11	CMS1500 Professional	Webl fortal021915		
12	CMS1500-Protessional	Profession al01		
			10	
		The template you created will appear in the list		
MOLINA				105









to Export a Claim to Excel, enter Service Dates in the required fields below and click "Search". You can enter dates for claims beyond 17 months and receive your report as little as 10 minutes. To retrieve your i xported Claim Record, go to the Liomepage.

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ck Lieerch to Export Lierros ir mill receive an email notification once :	our Exported Claim Record has been completed		Scarch Can
			Choose your Service
			Dates and select Search



Claims Export to Excel

Your request has been submitted successfully! You will be notified via email when your report has been completed.





Provider Portal			
Member Elicibility	st. Ivi You will be estified via email when your report has t	been completed.	
Claims			
Service Request/Authorization			
Member	4		
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Reports	Select <i>Reports</i> once		
Links	confirmation email		
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Account Teois			



The report should be available in the Downloadable Claims Reports Section

Downloadable Claims Reports

File Name	Service From Date	Service To Date	Generated Date
***************************************	02/25/2015	03/25/2015	03/25/2015
* Displays the lact 30 days must recent 5 C aim files based on Date of Ser	viçu		View more Claim til
fillation List			





If you have any additional questions, please email WebPortal@MolinaHealthcare.com.



Updates to Portal

1/1/2015 New Look to the Same Portal






Provider Portal 2014

Home Member I ligibility Claims Service Request/Authorization - Provider Search - 10 015 Profile News Member Roster Download Account tools Logout Newsletter Welcome WEB PORTAL TESTER Medicald Newsletter Contact Molina Marketplace Newsletter # View FAOs What's New! Training Materials Messages 210 New Message(s) Forms 🔁 Health Alert! What you need to know about Ebola B LCD's and NCD's Starting January 1, 2015 Clear Coverage will be phased into Molina's Provider Network throughout 2015. Clear State Billing Guidelines Enverage is a web based application that offers providers the ability to enter a prior authorization service request. electronically and receive immediate authorization for specific services, such as diagnostic imaging, outpatient surgical Prior Authorization Guide precedures and DBF, if the request meets clinical criteria. 111/2013 Prior Authorization Pre-MMP Provider Training Material Service Review (Suide) THESE Letter to Providers about ACA PCP Rate Increase 01/01/2014 Marketplace Provider Forms Lexas Preservice Auth Codification Guide 2013. Prior Authorization Pre-Frequently Asked Questions about Home Health and LTSS Reimbursement Effective, September 1, 2013 Service Review Guide for Personal Attendant Services Rates Effective September 1, 2013. Market Place January 1, 2014 Day Activity and Health Frequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100% Effective, July 1, 2013. Services Rates I ffective 🔁 Frequently Asked Outstions about Home Health and LP35 Reimbursement 100% Effective, July 1, 2010 September 1, 2010 Early Childhood Intervention T Corrected Claims Services (ECI) & Non-ECI 🔁 Expedited Credentialing Behavioral Health Services FAOs New CHIP ID Number Kew Counitive Rehabilitation 3 2 3 STAR



Provider Portal 2015



HEALTHCARE























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ig Contact Mollina	Home Provider Search FAQ Training					HEALTHCARE
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	Search on Merrice	Creat All			
MOLINA				15	5

Your Extended Family









Back to Home

Member Eligibility Details

Elicibility Information is current as of Oct 16 2014 04:30:09 PM PST

uick View	Member Informatio	in (http://www.com	Quick Links
Member is comently enrolled No Missed Services No enroliment restrictions	Member ID: 00000000 Enrolment Plan: STAR Enrolment Status: ACHVE Enrolment Effective Date: 05/01/3 Enrolment Termination Date:	2014	Print Submit Professional Claim Claim Status Submit Service Request/Authodzation Service Request / Authorization Inquiry
mber Details Member Health I	lecord		
Name: Date of Birth: Mailing Address: Member #: Gender #: Home #: Alternative #: Mobile #: Lmail 1D:	3MITH JOHN R 05/08/2005 123 MAIN ST FREER TX, 78357 000000000 Male	New Quick View sections were added to find information faster	
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Your Extended Family









Once the link is selected you will be taken to a screen showing Authorizations and Claims











The most recent announcements will be displayed.

Announcements Health Alert What you need to know about Ebola Frequently Asked Questions about Home Health and LTSS Reimbursement Effective, September 1, 2013 Personal Attendant Services Rates Effective September 1 ,2013 Frequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100% Effective, July 1, 2013 T Frequently Asked Questions about Home Health and LTSS Reimbursement 100% Effective, July 1, 2013 D Corrected Claims 🔁 Expedited Credentialing New CHIP ID Number Service Coordination Updates Spell of Illness Limitation to Apply to STAR | PLUS Cients Effective September 1, 2013 Rearly Childhood Intervention Services (ECI) & Non-ECI Behavioral Health Services FAOs New Coonitive Rehabilitation Therapy Benefits for HCBS STAR+PLUS waiver members only - Effective March 1, 2014 Export a Claims Report to Excel beyond 12 months and receive your report in as little as ten minutes! To access click Claims then Export Claims Report to Excel. HHSC Letter to Providers about ACA PCP Rate Increase MOLINA 168

Your Extended Family







HEALTHCARE

Your Extended Family

170

Reports will be shown here

le Name	Service From Date	Service To Date	Generated Date
******9022_08 0L 20L4_12 11 2014	03/01/2014	12/11/2014	12/22/2014
Disclays the rast 30 days' most recent 5 Claim files based on Date of Ser	vce		View more Claim t
liation List	Allitation List - PDF		
	Attiliation List - EXCEL		











Links

Emdeon WebConnect Batch Claims Emdeon WebConnect Batch Claims Find a Pharmacy HIPAA 5010 Marketplace Newsletter Medicaid Newsletter Nurse Advice Reports Outpatient Pharmacy Prior Authorization Request Login Outpatient Pharmacy Prior Authorization Request Registration ProviderNet Remittance EFT

This page will display a list of the most commonly used links.











Forms

This page will display a list of the most commonly used forms.

Provider Information LCD's and NCD's State Billing Guidelines Marketplace Provider Forms Provider Communications Prior Authorization Guide 7/1/2013 ACUTE MHT_CHIP_JEFFPO ALL MHI CONTAL PMO MHT SS+ ACUTEPO Revised LTSS Provider Orientation Import claims Molina WebConnect Self Enrollment WebConnect create_claims instructions HHSC Letter to Providers about ACA PCP Rate Increase Texas PreService Auth Codification Guide 2013 🔁 Frequently Asked Questions about Home Health and LTSS Reimbursement Effective, September 1, 2013 Trequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100%. Effective, July 1, 2013 EFrequently Asked Questions about Home Health and LTSS Reimbursement 100% Effective, July 1, 2013 Corrected Claims Bexpedited Credentialing New CHIP ID Number Service Coordination Updates Spell-of-Illness Limitation to Apply to STAR+PLUS Clents Effective September 1, 2013 Personal Attendant Services Rates Effective September 1 ,2013 Prior Authorization Pre-Service Review Guide 01/01/2014 Prior Authorization Pre Service Review Guide for Market Place- January 1, 2014



For any questions please contact your provider services representative by calling 1-855-322-4080 or emailing

mhtxproviderservices@molinahealthcare.com.

