

On-line Services (*continued*)

Web Portal Services

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) offers an on-line service known as Web Portal (formerly ePortal) to all contracted practitioners/providers. This service provides you with the ability to enhance your office productivity.

Molina Healthcare's web-based Web Portal is a Health Insurance Portability and Accountability Act (HIPAA) secure site that offers real-time information twenty-four (24) hours a day, seven (7) days a week.

Registration

How to Register

First select either Medicaid or Medicare. If you selected Medicaid, please select state.

Role Type – Individual Physician/Practitioner

If you are an individual physician/practitioner, Provider identification (ID) is required.

If you do not know your Provider ID, enter three (3) of the five (5) following information options in the corresponding fields.

Note: The three (3) that you choose must have been provided to Molina Healthcare during the credentialing process:

- NPI;
- State License;
- Medicaid Number;
- Medicare Number; or
- DEA.

Role Type – Billing Organization

If you are part of a Billing Organization, enter your Tax ID (not the Tax ID of the accounts that you bill for) and you're Provider ID. If you do not know your Provider ID, enter three (3) of the five (5) following information options in the corresponding fields:

- NPI;
- State License;
- Medicaid Number;
- Medicare Number; or
- DEA.

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Role Type – Facility or Group

This role type is specifically for hospital, clinic, IPA/group or agency staff and allows user to submit claims, view status of claims, and many other functionalities.

Note: The first user registered will be the primary administrator on the account. The primary administrator or their assigned administrator can invite other users to assist in the workings of the account, such as submission of claims, service requests/authorizations, viewing status, verifying eligibility, etc. The primary administrator will have access to all functionalities. The sub users will have access as per the access levels granted by the primary administrator.

Follow these easy steps:

Enter your Tax ID and Provider ID. If you do not know your Provider ID, enter three (3) of the five (5) following information options in the corresponding fields:

- NPI;
- State License;
- Medicaid Number;
- Medicare Number; or
- DEA.

Authentication Details

Enter the following in the corresponding fields:

- First Name;
- Last Name; and
- E-mail Address (then enter again to confirm e-mail).

User ID and Password

- Enter a User ID in the designated field.
- Click “Check Availability” to authenticate that the User ID created is unique, after uniqueness of the User ID is confirmed, user may proceed to create a Password.

User ID - Create a unique user ID with no spaces and using the following restrictions:

- ID Must have at least eight (8) and no more than fifteen (15) characters;
- Combination of letters and numbers may be used;
- Special characters are now limited to ONLY period "." and the underscore "_"; and
- Should not end with period ".".

Password – Create a unique password following the rules below:

- Must have at least eight (8) and no more than twelve (12) characters;
- Must contain at least one uppercase and lowercase letter, at least one number and at least one of the following special characters: ~ ! @ # \$ % ^ & * _ - + = ` | \ () { } [] ; : " ' , . ? , ; and
- Password cannot contain partial User ID, first name or last name.

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Security Questions

The security questions provide help in creating a more secure registration and login process. Select a question from the dropdown menu and input the answer in the corresponding fields.

Note: All three security questions must be different from each other and answered to ensure a secure registration and login process.

Provider Online User Agreement

In order to proceed with the registration, users must accept the “Provider Online User Agreement” by clicking the checkbox “I accept the Provider Online User Agreement.” To read the Agreement, click the link and the user will be directed to the page with the full version of “Provider Online User Agreement.”

CAPTCHA

The CAPTCHA (Completely Automated Public Turing test to tell Computers and Humans Apart) code section of registration requires an input code from the user to verify whether the user is a human visitor and to prevent automated spam submissions. Enter the code in the designated field. The user can choose to click on refresh the CAPTCHA box for a new code. After filling all the fields for registration, click “Submit” and you will be directed to a new page.

Services

Upon registration, practitioners/providers and their staff will be able to perform the following tasks on-line through Web Portal:

- **Member Eligibility:** This function allows practitioners/providers to get up-to-date eligibility information about Molina Healthcare Members seeking care at their office/facility.
- **PCP Information:**
 - Verify Member’s Primary Care Practitioner (PCP); and
 - Obtain PCP rosters.
- **Claims:**
 - Check claim status;
 - Submit CMS-1500 Claim Forms; and
 - Submit Provider Reconsideration requests.
- **Prior Authorizations:**
 - Check prior authorization status; and
 - Submit prior authorization requests – Information about diagnosis and procedure codes is also readily available.
- **Provider Directory:** Search for contracted providers by name, specialty or zip code;
- **Download Forms:** Print and/or save to your computer forms most useful and frequently used (i.e. prior authorization request (medical and pharmacy), provider reconsideration review forms, etc.); and
- **Change Mailing Address and Telephone Number.**

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Electronic Claim Submission

The State of New Mexico Human Services Department requires that all of Molina Healthcare practitioners/providers file all claims electronically. All contracted practitioners/providers that are unable to file claims electronically must notify Provider Services with the reason(s).

- Claims filed electronically are processed more efficiently;
- Saves mailing time, postage and paper;
- Provides an electronic record of claims sent; and
- Allows instant feedback on claims that need correcting.

Practitioners/providers authorized to provide services for our Members' need:

- A personal computer (PC) system where Practice Management Software resides;
- The ability to produce a print image for a claim or an electronic claim or file (the clearinghouse technical representative will help to determine this); and
- A modem or internet connection.

Some clearinghouses provide web based claim submission. Clearinghouses may also provide eligibility validation so health care practitioners/providers may check patient eligibility easily.

Please refer to Section K, Claims Payment, for more information regarding electronic claims submission and a complete listing of Molina Healthcare's contracted Electronic Data Interchange (EDI) clearinghouse service providers.

HealthXnet Service

Molina Healthcare is contracted with Hospital Services Association (HSC) to provide on-line services for practitioners/providers through HealthXnet.

Registration

To register, contact HealthXnet (low monthly subscription fees will apply):

HealthXnet Support Desk
Albuquerque: (505) 346-0290
Toll free: (866) 676-0290
healthxnet@nmhsc.com
www.healthxnet.com

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Services

Upon registration, you and your office staff will be able to perform the following tasks on-line through HealthXnet:

- Member eligibility;
- Claims status; and
- Service Request (prior authorization status).

Molina Healthcare Website

In addition to on-line services, Molina Healthcare's website provides information, materials, news, updates and much more. Visit our website at www.molinahealthcare.com:

- **Provider Materials/Information:**
 - Provider manual;
 - Provider newsletters;
 - Provider forms;
 - Updates and changes;
 - Claim tips and EDI information;
 - Drug formulary;
 - Diversity tool, Care for Diverse Populations;
 - Provider directory; and
 - Provider mailings.
- **Guidelines and Policies:**
 - Clinical practice guidelines;
 - Preventive guidelines; and
 - Medical policies.
- **Utilization Management:**
 - Prior authorization matrix.
- **Quality Improvement:**
 - Patient safety;
 - Diabetes disease management program referral form;
 - Asthma disease management program referral form; and
 - Pregnancy management program referral form.
- **Other:**
 - Fraud prevention;
 - Member rights and responsibilities;
 - Service area; and
 - HIPAA information.