



# Molina Healthcare

Provider Portal Claim Submission Training 2014



# Step 1.) Register

To Register for the Molina Healthcare Provider Portal:	
1.	Visit <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a> . Click on "New Provider Registration." The first part of the registration page will appear.
2.	Select "Other Lines of Business."
3.	Select State.
4.	Select role type: <u>Individual Physician</u> , <u>Billing Organization</u> , or <u>Facility or Group</u> . *****Choose Facility or Group
5.	Click "Next" and the second part of registration will appear. The following fields for information are required fields.
6.	Enter first name then last name.
7.	Enter email address then enter again to confirm email.
8.	Create a unique user ID that is 8-15 characters long with no spaces and using the following characters only: A-Z, a-z, 0-9, ".", "_"
9.	Create a unique password using 8-12 characters with no spaces and using the following characters only: A-Z, a-z, 0-9, :~! @ # \$ % ^ & * _ - + = `   \ ( ) { } [ ] ; : ' , . ? . (cannot contain partial user ID, first name or last name)
10.	Select three (3) security questions and enter answers in corresponding field (all three questions must be different from each other).
11.	Accept "Provider Online User Agreement" by clicking on check box.
1.	Enter the Code in the textbox as shown in the image.
2.	
1.	When all fields are filled, click "Register."
3.	



## Step 1.) Register for the Provider Portal.

- You will need the TIN and your Molina Provider Identification number, or your Molina Provider Identification number or three of the following items: NPI, State License Number, Medicaid Number, or DEA Number

# Step 2.) Log in

- Once registered, log into the provider web portal
- From the home screen, using the drop down box under the “Claims” tab, click Create Professional Claim

**MOLINA HEALTHCARE**

Home Member Eligibility **Claims** Service Request/Authorization Provider Search Member Roster Download Account Tools Logout

**Newsletter**

[Medicaid Newsletter](#)

[Marketplace Newsletter](#)

Claims Status Inquiry

**Create Professional Claim**

Open Incomplete Claim

Export Claims Report to Excel

Download Exported Claim File

**Messages**

☑ No New Message

**NEW!** Submit outpatient prior authorization requests via Clear Coverage and get real-time approvals on many services. Click the Clear Coverage link and users will be directed to a short training video.

**Recent Service Requests/Authorizations\***

Show

\* Displays the last 30 days' most recent Service Requests/Authorizations based on Submission Date

**MOLINA HEALTHCARE**

# Step 3.) Patient Information

- Complete all required (\*) fields for the member information
- If you enter the member ID and service dates, the fields at the top of the form will auto populate with the member's information

The screenshot shows a web form for patient information. At the top, there are buttons for 'Next >>', 'Save for Later', and 'Cancel'. Below these are three tabs: 'Member' (highlighted in green), 'Provider', and 'Summary'. A legend indicates that an asterisk (\*) denotes a required field. The 'Eligibility Check' section contains the following fields:

- Insured's ID Number: \* (highlighted with a red box and an arrow pointing to a red callout box that says 'This is the member's Medicaid number')
- Last Name: \* (highlighted with a red box)
- First Name: \* (highlighted with a red box)
- DOB: \* (mm/dd/yyyy) (highlighted with a red box)
- Service From Date: \* (mm/dd/yyyy) (highlighted with a red box)
- Service To Date: \* (mm/dd/yyyy) (highlighted with a red box)

The 'Insured's Information' section contains the following fields:

- Last Name: (highlighted with a red box)
- First Name: (highlighted with a red box)
- Middle Initial: (highlighted with a red box)
- DOB: (highlighted with a red box)
- Sex: (highlighted with a red box)
- Address1: (highlighted with a red box)
- Address2: (highlighted with a red box)
- City: (highlighted with a red box)
- State: (highlighted with a red box)
- Zip Code: (highlighted with a red box)
- Payor Name: MHC OH (highlighted with a red box)
- Program Name: (highlighted with a red box)
- Payor ID: 20-0750134 (highlighted with a red box)

# Step 3.) Patient Information Cont.

- Once the this page is filled in completely click “next” at the bottom of the screen

**Patient Information**  
Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as “Self”.

Patient Relationship to Insured: \* 18-Self

Select the Patient Name: Select

**Other Insurance**  
Is there another benefit plan? \*  Yes  No

**Patient Conditions**  
Is patient's condition related to the following? (check all that apply)  
 Employment  Another Party Responsible  Other Accident  
 Auto Accident Place(State):\* Select

Are there any patient condition dates that need to be entered? (eg: Last menstruation, X-ray, immunization, etc..)  Yes  No

**Verify Required Information**  
Patient Account Number: \*

Member Authorized Assignment of Benefit: \*  Yes  No Provider Assignment

Release of Information: \* Select

Prior Authorization Number: I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes  
Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Next >>

This is the account number you generate for your member

Choose “Y” if you have a signed document on file, choose “I” if you have only informed consent to release medical information



# Step 4.) Provider Information

- The Billing provider information should already be populated for you.
- If you notice the information is incorrect please email [OHMyCareLTSS@MolinaHealthcare.com](mailto:OHMyCareLTSS@MolinaHealthcare.com) to have your information corrected

**MOLINA HEALTHCARE**

Home Member Eligibility Claims Service Request/Authorization Provider Search HEDIS Profile **New!** Member Roster Download

<< Previous Next >> Save for Later

**Member** **Provider** Summary

Select a Billing Provider Information

Billing Provider: \*

Last Name First Name Middle Initial TIN NPI  
Address1 Address2 City State Zip Code

Provider Information

Rendering Provider: \*

NPI Last Name First Name Middle Initial Zip Code

+ Add another type of provider

Facility Information  
Select one:  Service Location  Facility  Independent Lab

This information should already be filled in for you

**MOLINA HEALTHCARE**

# Step 4.) Provider Information Cont.

A.) Fill in your diagnosis codes.

Diagnosis Code			
Remove	DX No.	Diagnosis Code	Diagnosis Description
<a href="#">Remove</a>	* 1	780.99	OTHER GENERAL SYMPTOMS
<input type="checkbox"/>	2		

[+ Add more Diagnosis Code](#)

\*If you used Rhino Billing in the past, the dx and procedure code can be found on your Rhino Bill

You can use the magnifying glass to search by code or description

### Diagnosis Search

**Diagnosis Code Search**

Diagnosis Code:

Diagnosis Description:

# Step 4.) Provider Information Cont.

## B.) Claim Line Details

- Use the magnifying glass to search for the correct place of service.
- Add the procedure codes, modifiers and dx pointers
- Again, you can use the magnifying glass to search for your procedure code

**Claim Line Details \***

(Remove)	Service From Date *	Service To Date *	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges *	Units of Measurement *	Quantity *	EPSDT	Family Plan	
<input checked="" type="checkbox"/>	07/01/2014	07/01/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/>	07/01/2014	07/01/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>
<input type="checkbox"/>	07/02/2014	07/02/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/>	07/02/2014	07/02/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>

[+ Add more Claim Lines](#)

Make sure to change the "service to date" to match the "service from date". If you bill a date span on a single line, your claim will deny as a billing error

The diagnosis code(DX) reference is where you point to the correct DX code. If you only have one, you will put a 1 in the first box, if you have two, you will put a 1 in the first box and a 2 in the second box of each line etc...



# Step 4.) Provider Information Cont.

- Select the unit type
- Enter the number of units per line item under quantity
- Add the total charges per line item

LTSS Services will always be UN-Unit

## Claim Line Details \*

	Service From Date *	Service To Date *	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges *	Units of Measurement	Quantity *	EPSDT	Family Plan	
<input checked="" type="checkbox"/> 1	07/01/2014	07/01/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/> 2	07/01/2014	07/01/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>
<input type="checkbox"/> 3	07/02/2014	07/02/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/> 4	07/02/2014	07/02/2014	12	No	T1019	U2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>

[+ Add more Claim lines](#)

The charge is the total amount billed for that line item, not the amount for a single unit

Quantity needs reported in units not hours. Please use the reference chart at the end of this presentation to know what 1 unit is considered – For Home Care Services, 15 min = 1unit so 1hour is 4units

# Step 4.) Provider Information Cont.

## C.) Supporting Information

- Here is where you can add any comments with a maximum number of characters of 256.
- Add the total charge of the claim and balance due.
- When finished click Next

**Comments**

Remarks

256 Characters Max.  characters remaining.

**Total Amount**

Total Charge:  Total Paid:  Balance Due:

# Step 5.) Validate Information

- View the summary page
- Check the insured information, provider information, and general claim information for any errors
- If an error is found you can go back to the previous screens by clicking “Member”, or “Provider”
- Once you validate all information is correct click “Submit” in the bottom right hand corner

This screenshot shows the top portion of the Member Summary page. At the top left is a '<< Previous' button. Below it are three navigation buttons: 'Member' (teal), 'Provider' (teal), and 'Summary' (olive green). Underneath these is a 'Collapse All' link and a 'Member Summary' header with a collapse icon. The main content area is titled 'Insured Information' and contains two input fields: 'Insured's ID:' and 'Service From Date:'.

This screenshot shows the full claim summary page. It is organized into several sections, each with an 'Edit' link on the right:

- Billing Provider Information:** Includes fields for Last Name/Facility Name, Middle Initial, Address1, City, Zip Code, First Name, NPI, Address2, State, and TIN.
- Rendering Provider Information:** Includes fields for Last Name, Middle Initial, ZipCode, and First Name, NPI.
- Facility Information:** Includes fields for Facility Type, Address1, City, Zip Code, NPI, Address2, and State.
- Diagnosis Code:** Includes a field for Principal Diagnosis Code and a table for Diagnosis Code and Description.
- Claim Line Details:** A table with columns: Service Line, Service From Date, Service To Date, Place of Service, Emergency, Procedure Code, Modifier (1-4), Diagnosis Code Reference (1-4), Charges, Units of Measurement, Quantity, EPSDT, and EPSDT Family Planning.
- Comments:** Includes a 'Remarks:' field.
- Total Amount:** Includes fields for Total Charge, Total Paid, and Balance Due.

At the bottom of the page, there are four buttons: '<< Previous', 'Print', 'Save for Later', and 'Submit' (which is highlighted with a red box), and 'Cancel'.

# LTSS User Guide - Ohio Home Care Waiver

HCPC Code	Modifier	Description	unit increment
S5101		Adult Day Health Center Svcs	half day
S5102		Adult Day Health Center Svcs	full day
T1019		Personal Care Aide Svcs	15 minutes
T2029		Supp Adaptive & Assistive Devices	per service
S5165		Home Modifications	per service
S5160		Emergency Response Services	installation
S5161		Emergency Response Services	monthly fee
S5170		Home Delivered Meals	per meal
S0215		Supplemental Transportation	per mile
T1002	RN	Waiver Nursing	15 minutes
T1003	LPN	Waiver Nursing	15 minutes
S5125		Home Care Attendant - Nursing	15 minutes
S5125	U8	Home Care Attendant - Personal Care	15 minutes
H0045		Out of Home Respite	per day

# LTSS User Guide - Passport Waiver

S5102	UA	Adult Day Service - Enhanced	1 day
S5101	UA	Adult Day Service - Enhanced	1/2 day
S5100	UA	Adult Day Service - Enhanced	15 minutes
S5102	UAU3	Adult Day Service - Intensive	1 day
S5101	UAU2	Adult Day Service - Intensive	1/2 day
S5100	UAU1	Adult Day Service - Intensive	15 minutes
A0080	UA	Adult Day Service - Transportation	1 mile
A0080	UAU2	Adult Day Service - Transportation (2nd)	1 mile
T2003	UA	Adult Day Service - Transportation	1 one-way trip
T2003	UAU2	Adult Day Service - Transportation (2nd)	1 one-way trip
T2025	UAU5	Adult Day Service - Transportation	1 round trip
T2025	UAU2	Adult Day Service - Transportation (2nd)	1 round trip
S5170	UA	Home Delivered Meals	1 meal
S5170	UAU6	Home Delivered Meals - Therapeutic	1 meal
S5170	UAU7	Home Delivered Meals - Kosher	1 meal
S5130	UA	Homemaker Service	1/4 hour
S5121	UA	Chore Service	1 job
G0155	UA	Social Work Counseling Service	1/4 hour
S9470	UA	Nutritional Consultation Service	1/4 hour
T1019	UA	PCS by Cert Long Term Care Agency Prov	1/4 hour
T1019	UAU2	PCS by Cert Long Term Care Agency Prov (2nd)	1/4 hour
T1019	UAU1	PCS by Consumer Directed Personal Care	1/4 hour
T1019	UAU3	PCS by Consumer Directed Personal Care (2nd)	1/4 hour
T1019	UAU4	PCS by Consumer Directed PC (OT)	1/4 hour
T1999	UAU1	Home Medical Equip/Supplies - Ambulatory	1 item
T1999	UAU2	Home Medical Equip/Supplies - Ambulatory (2nd)	1 item
T1999	UAU3	Home Medical Equip/Supplies - Ambulatory (3rd)	1 item

T1999	UAU4	Home Med Equip/Supplies - non-ambulatory	1 item
T1999	UAU5	Home Med Equip/Supplies - non-ambulatory (2nd)	1 item
T1999	UAU6	Home Med Equip/Supplies - non ambulatory (3rd)	1 item
T1999	UAU7	Home Med Equip/Supplies - Hygiene/disposables	1 item
		Home Med Equip/Supplies - Hygiene/disposables (2nd)	1 item
T1999	UAU8	Home Med Equip/Supplies - Hygiene/disposables (3rd)	1 item
T1999	UAU9	Home Med Equip/Supplies - Equipment and Repair	1 item
T1999	UA	Home Med Equip/Supplies - Equipment and Repair	1 item
T1999	UAUC	Home Med Equip/Supplies - Nutrition Supplement	1 item
S5161	UAU1	Personal Emergency Response System	1 month rental
S5161	UAU2	Personal Emergency Response System	1 partial month
S5160	UA	Personal Emergency Response System	installation
			2nd pendant rental
S5161	UAU3	Personal Emergency Response System	Alternative ERS Device
S5162	UA	Personal Emergency Response System	1 completed work order
S5165	UA	Environmental Accessibility Adaptations	1/4 hour
S5135	UA	Independent Living Assist - In Person Activities	1/4 hour
S5135	UAU5	Independent Living Assist - Travel Attendant	1/4 hour
			1 completed call
S2025	UA	Independent Living Assist - Telephone Assistance	1 round trip
T2025	UAU6	Transportation	1 round trip
T2025	UAU3	Transportation (2nd)	1 round trip
T2003	UAU5	Transportation	1 one-way trip
T2003	UAU4	Transportation (2nd)	1 one-way trip
			1 completed job order
T2038	UA	Community Transition Service	1 round trip
A0200	UA	Non Medical Transportation	1 round trip
A0200	UAU2	Non Medical Transportation (2nd)	1 round trip
A0100	UA	Non Medical Transportation	1 one-way trip
A0100	UAU2	Non Medical Transportation (2nd)	1 one-way trip
T2025	UAU1	Enhanced Community Living Service	1/4 hour

# LTSS User Guide - Choices Waiver

S5102	UB	Adult Day Service - Enhanced	1 day
S5101	UB	Adult Day Service - Enhanced	1/2 day
S5100	UB	Adult Day Service - Enhanced	15 minutes
S5102	UBU3	Adult Day Service - Intensive	1 day
S5101	UBU2	Adult Day Service - Intensive	1/2 day
S5100	UBU1	Adult Day Service - Intensive	15 minutes
A0090	UB	Adult Day Service - Transportation	1 mile
A0090	UBU2	Adult Day Service - Transportation (2nd)	1 mile
T2003	UBU4	Adult Day Service - Transportation	1 one-way trip
T2003	UBU2	Adult Day Service - Transportation (2nd)	1 one-way trip
T2025	UBU5	Adult Day Service - Transportation	1 round trip
T2025	UBU4	Adult Day Service - Transportation (2nd)	1 round trip
T2029	UBU1	Home Medical Equip/Supplies - Ambulatory	1 item
T2029	UBU4	Home Med Equip/Supplies - non-ambulatory	1 item
T2029	UBU7	Home Med Equip/Supplies - Hygiene/disposables	1 item
T2029	UB	Home Med Equip/Supplies - Equipment and Repair	1 item
T2029	UBBC	Home Med Equip/Supplies - Nutrition Supplement	1 item
S5161	UBU1	Personal Emergency Response System	1 month rental
S5161	UBU2	Personal Emergency Response System	1 partial month
S5160	UB	Personal Emergency Response System	installation
S5161	UBU3	Personal Emergency Response System	2nd pendant rental
S5162	UB	Personal Emergency Response System	Alternative ERS Device
S5165	UB	Environmental Accessibility Adaptations	1 completed work order
S5170	UB	Home Delivered Meals	1 meal
S5170	UBU2	Home Delivered Meals - Therapeutic	1 meal
S5170	UBU7	Home Delivered Meals - Kosher	1 meal
S5170	UBU3	Alternative Meal Service	1 meal
S5121	UB	Pest Control	1 job



# LTSS User Guide - Assisted Living Waiver

T2031	U1	Tier 1	per day
T2013	U2	Tier 2	per day
T2031	U3	Tier 3	per day
T2038	U4	Community Transition Svc (for NH residents enrolling in the waiver)	1 completed job order

# LTSS User Guide - ICDS Waiver

T2031	U1	Assisted Living Service - Tier 1	per day
T2031	U2	Assisted Living Service - Tier 2	per day
T2031	U3	Assisted Living Service - Tier 3	per day
S5101		Adult Day Health	half day
S5102		Adult Day Health	full day
A0080		Adult Day Health - Transportation	per mile
T1019		Personal Care - Employer Authority	15 minutes
T1019	HQ	Personal Care - Employer Authority - group visit	15 minutes
S5130		Homemaker	15 minutes
S5121		Chore Service	per job
T2029		Home Med Equip and Supp Adaptive and Assist Devices - Budget	per service
S5165		Home Modifications maintenance and repair - Budget Authority	per service
S5160		Personal Emergency Response	installation
S5161		Personal Emergency Response	monthly rental
S5170		Home Delivered Meals	1 meal
S5170	UBU3	Alternative Meals - Budget Authority	1 meal
S0215		Waiver Transportation	per mile
T2001	RN	Waiver Nursing	15 minutes
T2003	LPN	Waiver Nursing	15 minutes
T2001	RNHQ	Waiver Nursing - group visit	15 minutes
T2003	LPNHQ	Waiver Nursing - group visit	15 minutes
S5125		Home Care Attendant - Nursing	15 minutes
S5125	U8	Home Care Attendant - Personal Care	15 minutes
H0045		Out of Home Respite	per day
T2025		Enhanced Community Living	15 minutes
G0155		Social Work Counseling	15 minutes
S9470		Nutritional Consultation	15 minutes
S5135		Independent Living Assistance	15 minutes
T2038		Community Transition	1 completed job
T2025	UB	Choices Home Care Attendant - Employer/Budget Authority	15 minutes
S5121	UB	Pest Control - Budget Authority	1 job

# Questions?

