

Provider Portal Claims Features Training

2019 | Molina Healthcare

Provider Portal

The Provider Portal is secure and available 24 hours a day, seven days a week. Register online at <https://provider.molinahealthcare.com/provider/login> for access to our Provider Portal for self-services, including:

Provider Portal Claim Features

Submit professional claims	Submit facility claims
Online claim reconsiderations	Void a claim
Submit a corrected claim	Save claims for batch submission
Check the status of a claim	Add supporting documents to a claim
Create a claims template	Export claims to Excel

Provider Portal

You can also register on the Molina Healthcare website at www.MolinaHealthcare.com/OhioProviders. You will need the Tax Identification Number (TIN) and your Molina Healthcare Provider Identification number.

If you need a Molina Healthcare Provider ID number, contact Provider Services at (855) 322-4079.

Provider Portal
Check eligibility, claims and more.

User ID
|

Password

Forgot Password | **Register**

Sign In

Begin registration

- Click “New Registration Process”
- Select “Other Lines of Business”
- Select State
- Select role type “Facility or Group”
- Click “Next”
- Add the TIN and Molina ID

Required fields

- Enter:
- First name
 - Last name
 - Email address
 - Email address again to confirm

Username and password

- Create a unique user ID using 8-15 characters
- Create a unique password using 8-12 characters
- Select three security questions and enter answers

Complete registration

- Accept “Provider Online User Agreement” by clicking on the check box
- Enter the code in the textbox as shown in the image
- Click “Register”

Provider Portal

Once you have registered you can log in to the Provider Portal from our website at www.MolinaHealthcare.com/OhioProviders.

The screenshot shows the Molina Healthcare website interface. At the top, there are navigation tabs for 'For Molina Members', 'About Molina', and 'Showing Information For Ohio'. Below this is a search bar and a 'Go' button. The main navigation menu includes links for 'Home', 'manual', 'forms', 'policies', 'HIPAA', 'EDI ERA/EFT', 'Rx info', 'health resources', 'communications', and 'contact us'. A large banner features a woman holding an X-ray with the text 'We're Glad you're part of the Molina Family' and a testimonial from Dr. Marina Jones. On the right side, there is a 'Provider Portal' login section with a warning about browser support, a 'Check eligibility, claims and more.' link, and input fields for 'User ID' and 'Password'. A 'Sign In' button is located below the password field. A green arrow points from a text box at the bottom left to the login form.

For Molina Members | About Molina | Showing Information For Ohio | Ohio | Medicaid | Type Size: - +

MOLINA HEALTHCARE | Find a Pharmacy | Find a Provider | Find a Hospital/Facility | Provider Portal | Search | Go

Find a March Vision Provider | Facility Review

Home | manual | forms | policies | HIPAA | EDI ERA/EFT | Rx info | health resources | communications | contact us

We're Glad you're part of the Molina Family

"I love working with Molina, their claim department is responsive and efficient"
Dr. Marina Jones

Molina will only support Internet Explorer 11 and later versions after June 23, 2018. Please upgrade your browser if you are using old browser versions.

Provider Portal
Check eligibility, claims and more.

User ID

Password

Forgot Password | Register

Sign In

Enter the user ID and password that you set up during the registration process

Claims Drop Down Menu



From the home screen, click on “Claims” to open the menu of claim functions available on the portal. You can:

Check the status of a claim

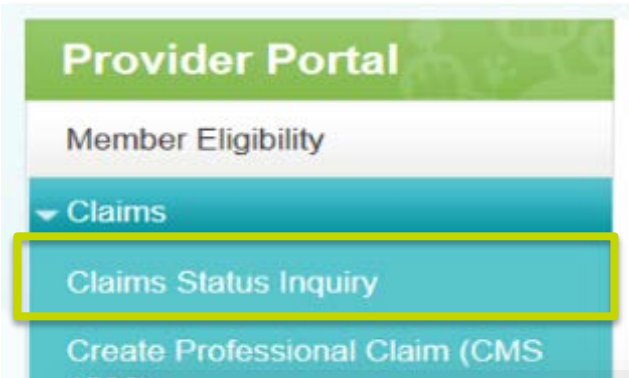
Create a claim

Open a previously saved claim

Create a claims template

Export claims

Claims Status Inquiry



On the Claim Status Inquiry screen, you can perform a claim search using different search criteria.

Search "Claim Status" by Submitted, Received, Pending, Rejected, Paid and Denied

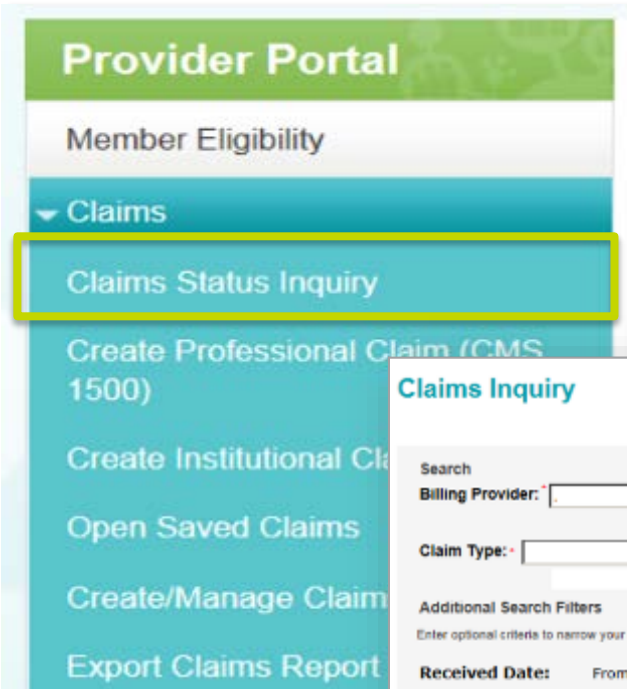
The screenshot shows the "Claims Inquiry" search form. At the top, there is a "Search" section with a "Billing Provider" dropdown menu set to "All". Below this are three dropdown menus: "Claim Type" (set to "All" and highlighted with a yellow border), "Search Options" (set to "Claim Status"), and "Claim Status" (set to "All" and highlighted with a blue border). Below these are "Additional Search Filters" including "Received Date", "Rendering Provider", and "Coverage Type". On the right side, there are fields for "To" (date), "Patient Control No.", and "NPI". At the bottom right are "Search", "Clear", and "Cancel" buttons. A blue arrow points from the text box above to the "Search Options" dropdown.

"Search Options" include Claim Status, Claim Number, Member Number, or Member Name/DOB

Search "Claim Type" by CMS-1500 or UB-04

Claims Status Inquiry

Once you have entered your search criteria and selected the search button, a list of your claims will display.



Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Apr 08 2019 12:54:00 AM PST

Search

Billing Provider:

Claim Type: Search Options: Claim Status:

Additional Search Filters

Enter optional criteria to narrow your search

Received Date: From: To: Date of Service From: To:

Rendering Provider: Gender: Patient Control No:

Coverage Type: Claims Status: NPI:

Your search information found 20 claim(s). If you are looking for a particular claim or group of claims, narrow your search by using the Additional Search Filters.

Claims Found

Click on an underlined column header to sort or hover over a for help with that column

<u>Claim ID</u>	<u>Member Name</u>	<u>Billed Amt</u>	<u>Service Date From</u>	<u>Service Date To</u>	<u>Received Date</u>	<u>Submission Type*</u>	<u>Status</u>	<u>Status Date</u>	<u>Claim Type</u>	<u>Attachments</u>
<input type="text"/>	<input type="text"/>					Select	Select		Select	
12345678912	Everdeen, Katniss	98.00	06/13/2018	06/13/2018	01/22/2019	Original	Paid	01/23/2019	PROFESSIONAL	
23456789123	Bond, James	98.00	11/14/2018	11/14/2018	11/21/2018	Original	Paid	12/06/2018	PROFESSIONAL	
34567891234	Balboa, Rocky	224.00	10/24/2018	10/24/2018	11/02/2018	Original	Paid	11/19/2018	PROFESSIONAL	

Select the claim number to populate the claim details

Claims Status Inquiry

Provider Portal

- Member Eligibility
- ▼ Claims
 - Claims Status Inquiry**
- Create Professional Claim (CMS 1500)

From the Claim Details screen, you can view the claim line information for your claim.

Claim Details

General Information

Member Name: Everdeen, Kalniss
Claim Source: EDI
Claim Header Status: Paid
Rendering Provider Name: Howser, Doogie
Rendering Provider NPI: 12345678912
Check Paid Date: 11/19/2018
Service Date To: 10/24/2018

Claim Number: 23456789123
Claim Status Effective: 10/24/2018
Billed Amount(\$): 224.00
Check Number: 34567891234
Service Date From: 10/24/2018
Patient Control Number: 45678912345
Amount Paid(\$): 86.62

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	NPI	Remit Message
1	10/24/2018	10/24/2018		99203	25	1	147.00	0.00	0.00	57.76	0.00	10/24/2018	Paid		
2	10/24/2018	10/24/2018		11721		1	77.00	0.00	0.00	28.86	0.00	10/24/2018	Paid		

Showing 1-2 of 2 per page

Page 1 of 1

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#) [View Diagnosis Code](#) [Print Claim Summary](#) [EOP](#) [Back](#)

Check the "Status" field to see if any lines were denied



Print your claim summary as an Explanation of Benefits (EOB)



Print your Explanation of Payment (EOP)



Creating a Claim



You can create and submit a claim through the Provider Portal at no charge:

- You will receive a confirmation number once the claim is submitted
- It will take one to three business days for the claim to be viewable to Molina's customer service staff
- Claims can take up to **30 calendar days** to complete processing

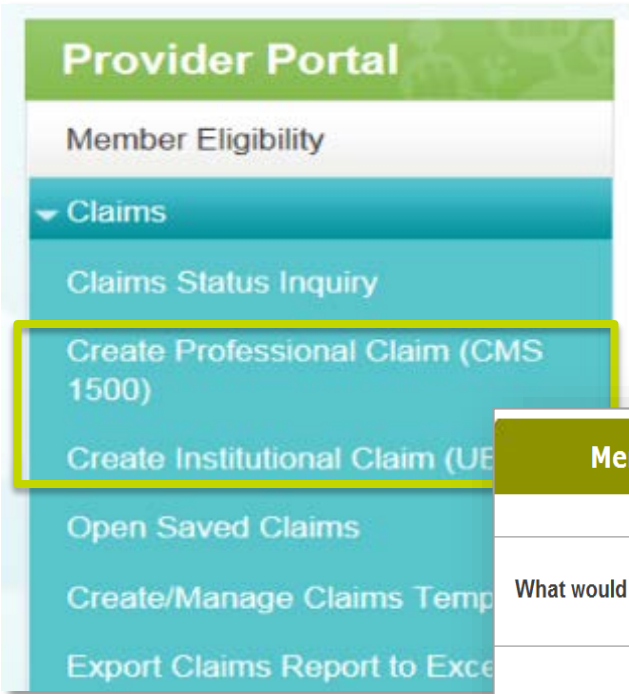
Institutional Claims

- These are generally billed on a UB-04 claim form

Professional Claims

- These are generally billed on a CMS-1500 claim form

Creating a Claim: Completing the Member Information



Complete all required (*) fields of member information.

If you enter the Member ID and Service Dates, the fields at the bottom of the form will auto-populate with the member's information.

Member | **Provider** | **Summary** *- Required Field [Help](#)

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 Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .

Insured's ID Number: * Advanced Search

OR

Last Name: * First Name: * DOB: *
(mm/dd/yyyy)

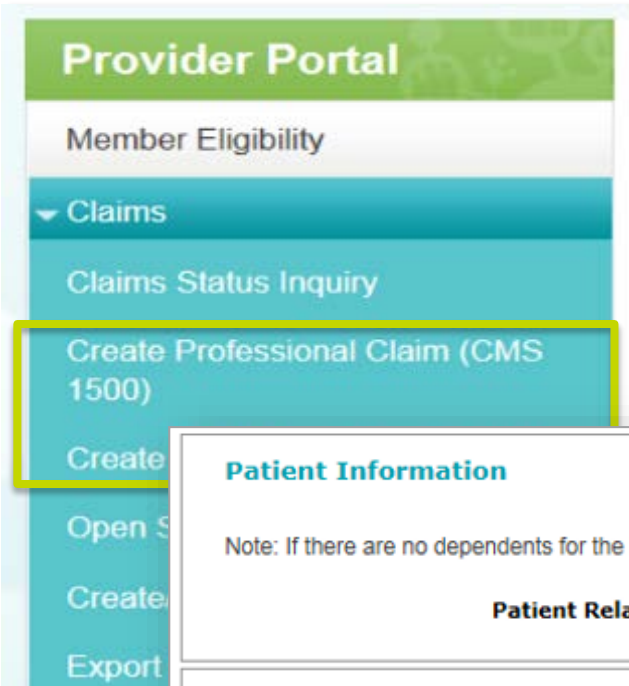
AND

Service From Date: * Service To Date: *
(mm/dd/yyyy)

Enter the Member's Medicaid ID Number

Select the Service Dates

Creating a Claim: Completing the Member Information



Complete the patient's primary information under "Other Insurance" by:

- Selecting the "Yes" radio button to populate additional fields to be completed
 - In the additional fields, select the "Yes" radio button to add an EOB to your claim

Patient Information

Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".

Patient Relationship to Insured: 18-Self

Other Insurance

Is there another benefit plan? Yes No

Last Name First Name Middle Initial

DOB Sex

(mm/dd/yyyy) 19

Plan/Program name Policy Number

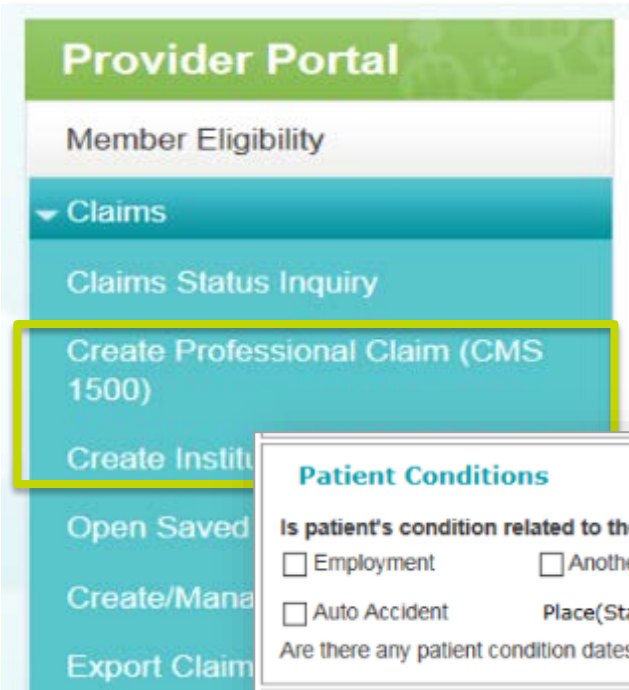
Group Number

Do you have an EOB? Yes No

Payer Paid Date *

(mm/dd/yyyy) 19

Creating a Claim: Completing the Member Information



Once the Member tab is filled in completely, click “Next” at the bottom of the screen.

Patient Conditions

Is patient's condition related to the following? (check all that apply)

Employment Another Party Responsible Other Accident

Auto Accident Place(State):* Accident Date:* (mm/dd/yyyy)

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 code:

Release of Information:
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

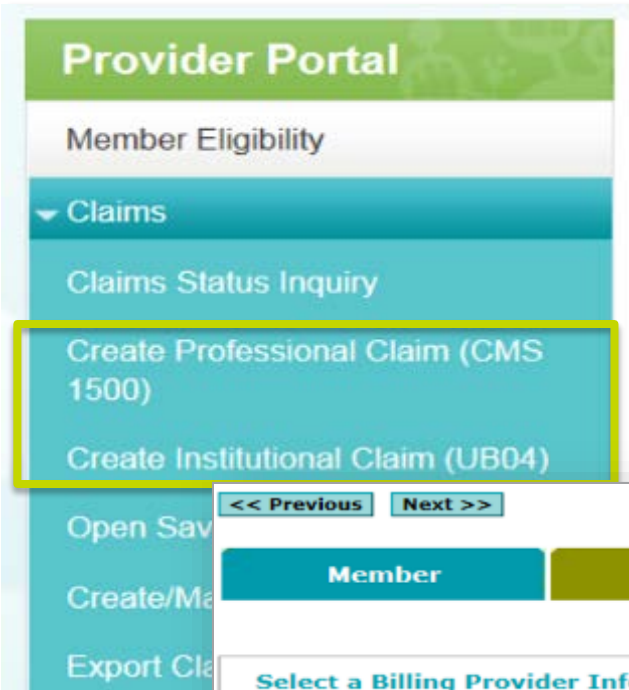
Prior Authorization Number:

Enter the account number you generated for your member

Click on “Next”

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

Creating a Claim: Completing the Provider Information



Once you select the billing and rendering provider, the information should be auto-populated based on your registered group information.

If the information is incorrect, please email Molina Healthcare at OHProviderRelations@MolinaHealthcare.com to have the information corrected.

The screenshot shows the 'Provider Information' form. At the top, there are navigation buttons: '<< Previous', 'Next >>', 'Save for Later', and 'Save as Template'. Below these are three tabs: 'Member', 'Provider' (active), and 'Summary'. The form is divided into two main sections: 'Select a Billing Provider Information' and 'Provider Information'. Both sections have a dropdown menu for selecting a provider, which is highlighted with a yellow box. A large yellow double-headed arrow points between these two dropdowns. The 'Select a Billing Provider Information' section includes fields for Last Name, First Name, Middle Initial, TIN, NPI, Address1, Address2, City, State, Zip Code, Taxonomy, and Taxonomy Description. The 'Provider Information' section includes fields for NPI, Last Name, First Name, Middle Initial, and Zip Code. At the bottom, there is a link '+ Add another type of provider'.

Creating a Claim: Completing the Provider Information

Provider Portal

- Member Eligibility
- Claims
 - Claims Status Inquiry
 - Create Professional Claim (CMS 1500)**
 - Create Institutional Claim (UB04)
- Open Saved Claims
- Create/Manage Claims Template
- Export Claims Report to Excel

Fill in your diagnosis codes.

Ensure they are the correct diagnosis codes based on the date of service.

Diagnosis Code

Remove	DX No.	Diagnosis Code	Diagnosis Description
	* 1	<input type="text"/>	
<input type="checkbox"/>	2	<input type="text"/>	

+ Add more Diagnosis Code

The first Diagnosis Code is considered as Primary Principal Diagnosis Code.

Diagnosis Search

Diagnosis Code Search

Diagnosis Code:

Diagnosis Description:

Search Clear Cancel

You can use the magnifying glass to search by "Diagnosis Code" or "Diagnosis Description"

Creating a Claim: Completing the Provider Information



For Claim Line Details, add the:

- Service From Date
- Service To Date
- Place of Service
- Procedure Codes
- Diagnosis Codes (DX) Reference

The image shows a "Claim Line Details" form for "Claim line 1". The form includes fields for "Rendering Provider" (NPI, Last Name, First Name, Middle Initial, Zip Code), "Service From Date", "Service To Date", "Place of Service", "Emergency", "Procedure Code", "Modifier", "Diagnosis Code Reference", "Charges", "Units of Measurement", "Quantity", and "EPSDT Family Plan". Below these fields is a "Drug Information" section with fields for "Product/Service ID Qualifier", "UPN/ND Number", "Units of Measurement", "Unit Count", and "Prescription Date". Annotations include a yellow box around the "Place of Service" field with a magnifying glass icon, a grey box around the "Procedure Code" field with a magnifying glass icon, and a blue box around the "Diagnosis Code Reference" field with a magnifying glass icon. Arrows point from these boxes to callout text at the bottom of the slide.

You can use the magnifying glass to search for the correct "Place of Service"

The "Diagnosis Code Reference" is where you point to the correct DX code

You can use the magnifying glass to search for the correct "Procedure Code"

Creating a Claim: Completing the Provider Information

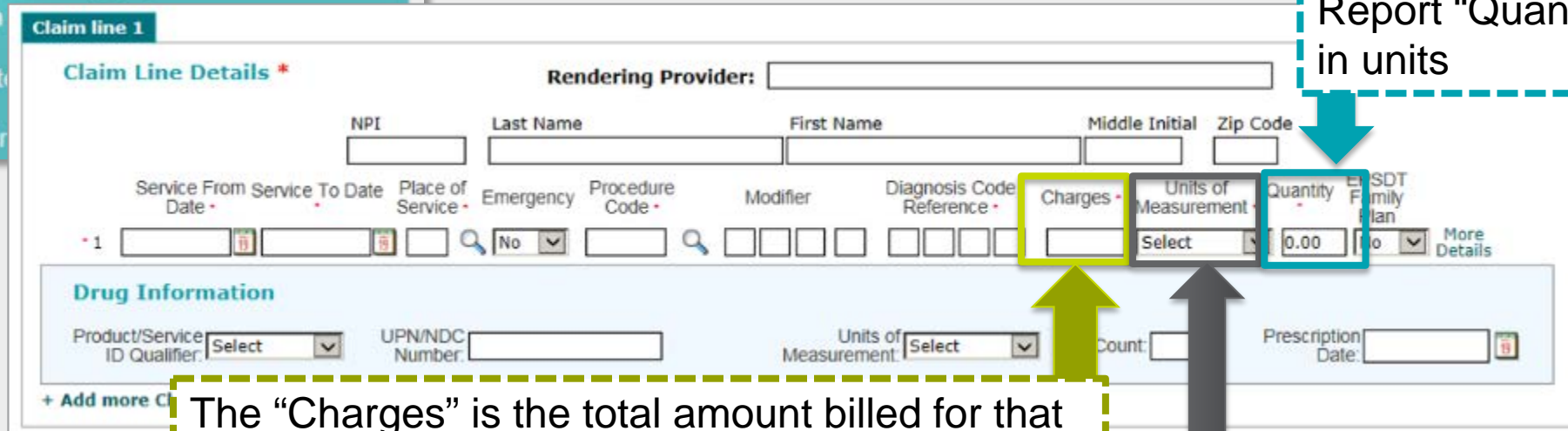


Provider Portal

- Member Eligibility
- Claims
- Claims Status Inquiry
- Create Professional Claim (CMS 1500)**
- Create Institutional Claim (UB04)

For Claim Line Details, add the:

- Charges
- Units of Measurement
- Quantity



Claim line 1

Claim Line Details *

Rendering Provider:

NPI: Last Name: First Name: Middle Initial: Zip Code:

Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	SDT Family Plan
- 1	<input type="text"/>	<input type="text"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No

Drug Information

Product/Service ID Qualifier: UPN/NDC Number:

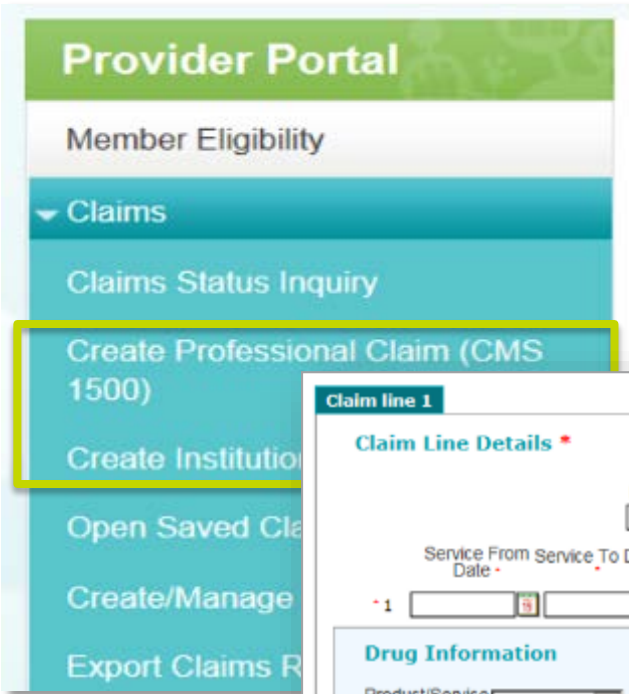
Units of Measurement: Count: Prescription Date:

Report "Quantity" in units

The "Charges" is the total amount billed for that line item, not the amount for the single unit

"Unit of Measurement" includes Unit, Minutes and International Unit

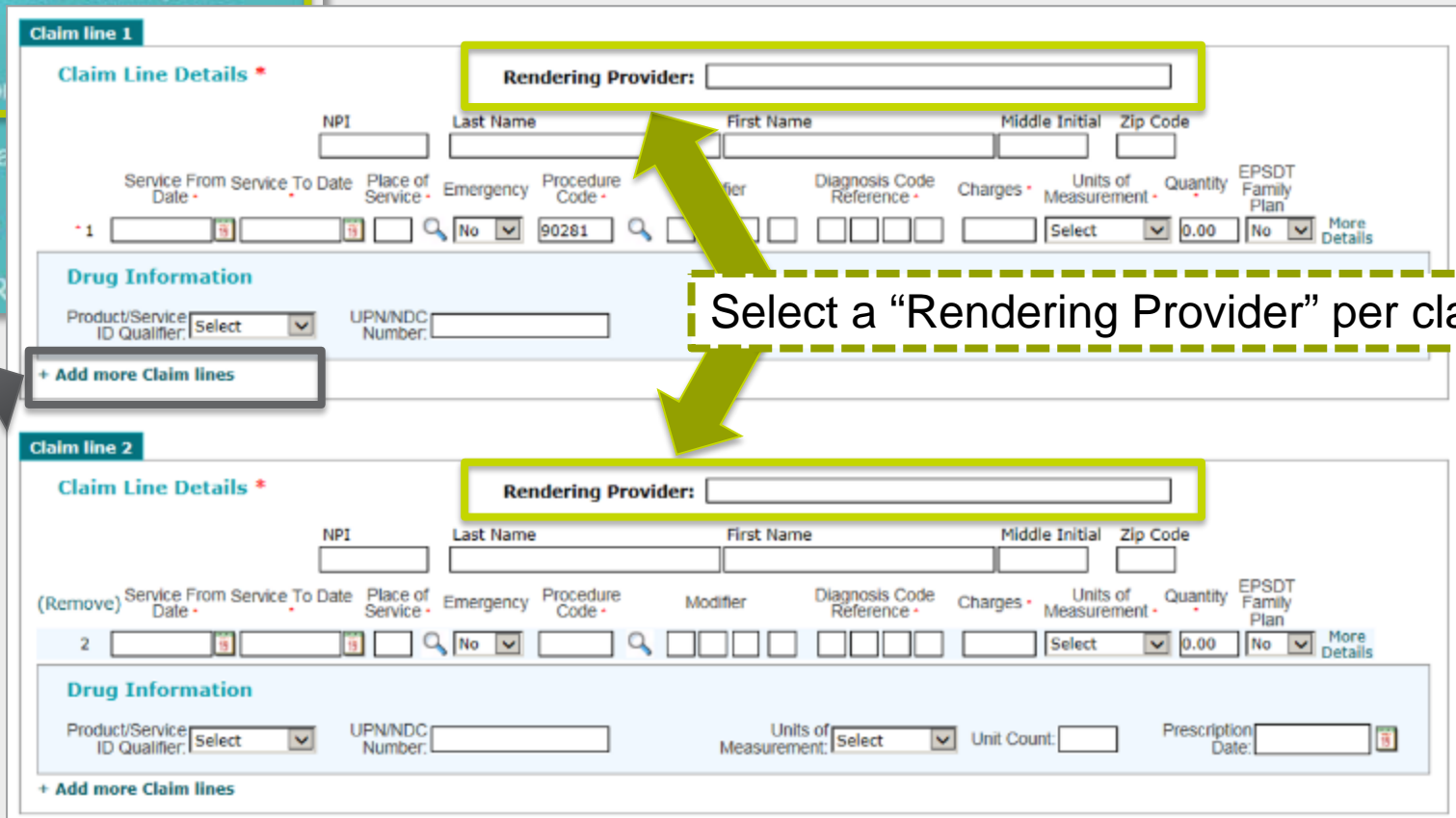
Creating a Claim: Completing the Provider Information



Provider Portal

- Member Eligibility
- Claims
- Claims Status Inquiry
- Create Professional Claim (CMS 1500)
- Create Institution
- Open Saved Cl
- Create/Manage
- Export Claims R

Add additional Claim Line Details by selecting “Add More Claim Lines.”



Claim line 1

Claim Line Details *

Rendering Provider: [Text Field]

NPI [Text Field] Last Name [Text Field] First Name [Text Field] Middle Initial [Text Field] Zip Code [Text Field]

Service From Date [Text Field] Service To Date [Text Field] Place of Service [Text Field] Emergency [Text Field] Procedure Code [Text Field] Modifier [Text Field] Diagnosis Code Reference [Text Field] Charges [Text Field] Units of Measurement [Text Field] Quantity [Text Field] EPSTD Family Plan [Text Field] More Details

1 [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field]

Drug Information

Product/Service ID Qualifier: [Text Field] UPN/NDC Number: [Text Field]

+ Add more Claim lines

Claim line 2

Claim Line Details *

Rendering Provider: [Text Field]

NPI [Text Field] Last Name [Text Field] First Name [Text Field] Middle Initial [Text Field] Zip Code [Text Field]

(Remove) Service From Date [Text Field] Service To Date [Text Field] Place of Service [Text Field] Emergency [Text Field] Procedure Code [Text Field] Modifier [Text Field] Diagnosis Code Reference [Text Field] Charges [Text Field] Units of Measurement [Text Field] Quantity [Text Field] EPSTD Family Plan [Text Field] More Details

2 [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field] [Text Field]

Drug Information

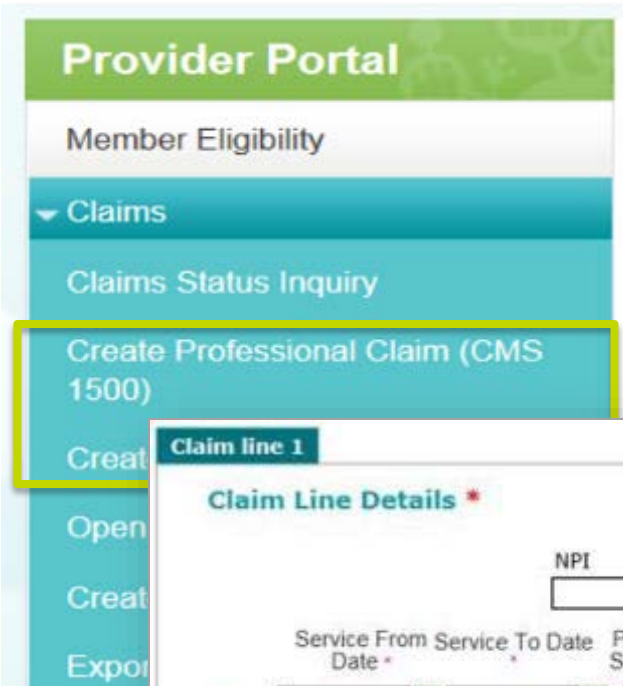
Product/Service ID Qualifier: [Text Field] UPN/NDC Number: [Text Field] Units of Measurement: [Text Field] Unit Count: [Text Field] Prescription Date: [Text Field]

+ Add more Claim lines

Select a “Rendering Provider” per claim line

Select “Add more Claim lines”

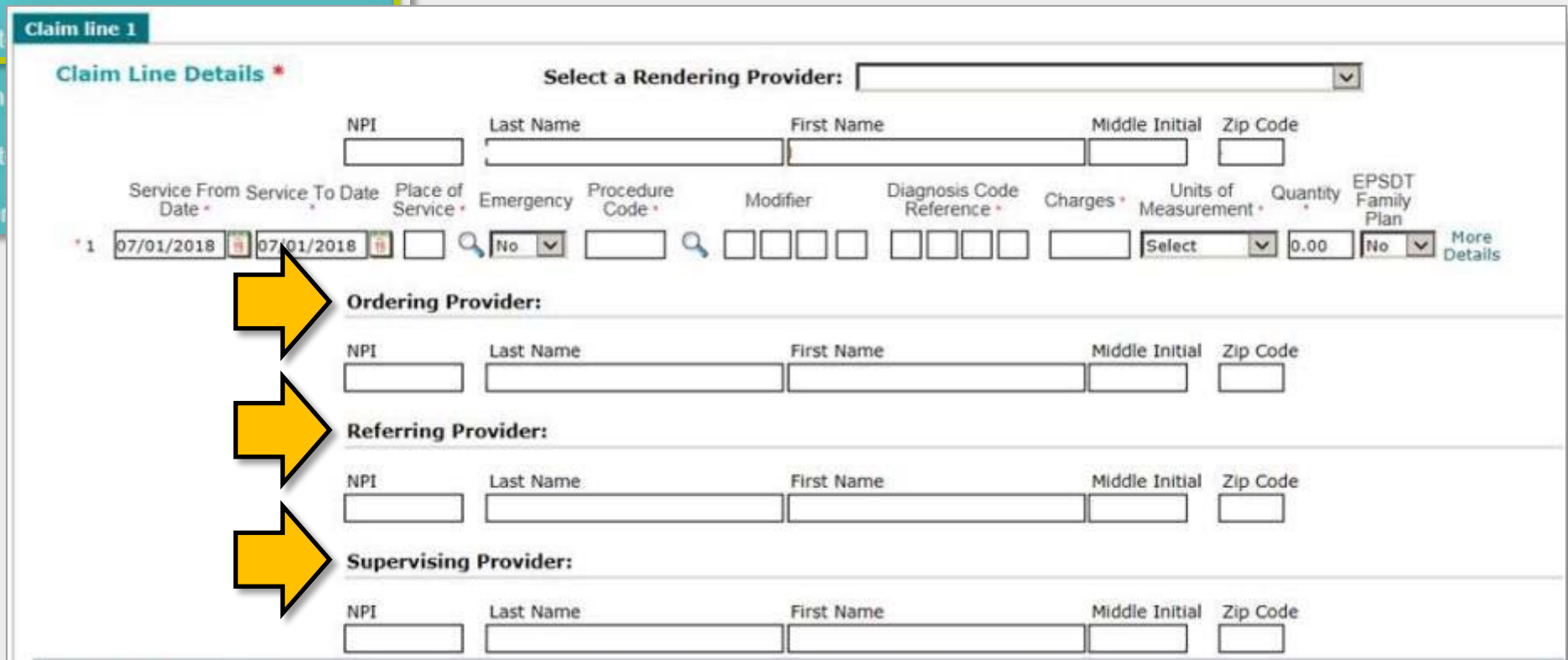
Creating a Claim: Completing the Provider Information



Provider Portal

- Member Eligibility
- Claims
- Claims Status Inquiry
- Create Professional Claim (CMS 1500)
- Create
- Open
- Create
- Export

The Ordering Provider, Referring Provider and Supervising Provider can be added to each line item for dates of service on or after July 1, 2018.



Claim line 1

Claim Line Details *

Select a Rendering Provider: [Dropdown]

	NPI	Last Name	First Name	Middle Initial	Zip Code															
* 1						07/01/2018	07/01/2018		No								Select	0.00	No	More Details

Ordering Provider:

NPI [] Last Name [] First Name [] Middle Initial [] Zip Code []

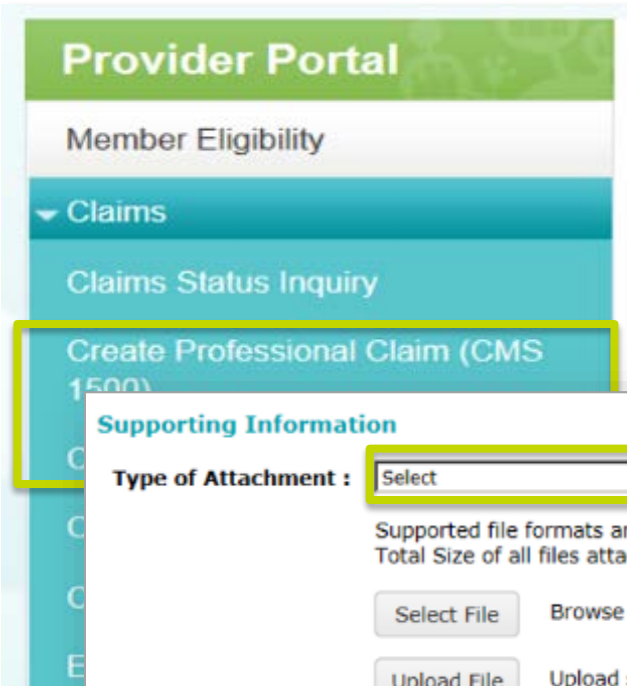
Referring Provider:

NPI [] Last Name [] First Name [] Middle Initial [] Zip Code []

Supervising Provider:

NPI [] Last Name [] First Name [] Middle Initial [] Zip Code []

Creating a Claim: Supporting Information



Add any attachments to support your claim such as a primary payer's EOB or medical records.

- Select the "Type of Attachment"
- Select "Select File" to search for the document
- Upload the attachment after selecting file

Supporting Information

Type of Attachment : Select Attachment Type for each file

Supported file formats are PDF, TIFF, JPG, BMP and GIF. Upload 1 file at a time.
Total Size of all files attached cannot exceed 128 MB.

Browse your system for files to attach

Upload selected file

Select the "Type of Attachment" to get a drop-down menu

Supporting Information

Type of Attachment : Select Attachment Type for each file

- 01 - Drugs Administered
- 02 - Treatment Diagnosis
- 03 - Report Justifying Treatment Beyond Utilization Guidelines
- 06 - Initial Assessment
- 07 - Functional Goals
- 08 - Plan of Treatment
- 09 - Progress Report
- 10 - Continued Treatment
- 11 - Chemical Analysis
- 12 - Justification for Admission

NOTE: Attachments should not exceed 128MB.

Creating a Claim: Provider Information

Provider Portal

- Member Eligibility
- Claims
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 - Create Professional Claim (CMS 1500)**
 - Create Institutional Claim (UB04)
- Open Saved Claims

Add any comments in the “Remarks” box, up to a maximum of 256 characters. Add the Total Charges and Balance Due.

When finished, click “Next.”

Comments

Remarks

256 Characters Max. 256 characters remaining.

Total Amount

Total Charge: Total Paid: Total Adjusted Amount: Balance Due:

<< Previous Next >> Save for Later Save as Template Cancel

Add the “Total Charge”

Add the total “Balance Due”

Creating a Claim: Validate Member Information



Review the Member Summary on the Summary tab:

- Check the Insured Information, Patient Information, Patient Condition and Required Information for errors
- If an error is found, you can click on edit, or go back to the previous screen by clicking on the Member tab

The screenshot shows the 'Member Summary' form. It is divided into four main sections, each with an 'Edit' link on the right:

- Insured Information:** Includes fields for Insured's ID, Service From Date, Last Name, Middle Initial, Sex, Address2, State, Payor Name, Payor ID, Service To Date, First Name, DOB, Address1, City, Zip Code, Program Name, and Another Health Benefit Plan.
- Patient Information:** Includes fields for Patient Relationship to Insured, Last Name, Middle Initial, Sex, Address1, City, Zip Code, First Name, DOB, Address2, and State.
- Patient Condition:** Includes fields for Auto Accident, Employment, Another Party Responsible, Place(State), Accident Date, and Other Accident.
- Required Information:** Includes fields for Patient Account Number, Provider Assignment Code, Prior Authorization Number, Member Authorized Assignment of Benefit, and Release of Information.



If an error is found, go back to the "Member" tab

Creating a Claim: Validate Provider Information



Review the Provider Summary on the Summary tab:

- Check the Billing Provider Information, Rendering Provider Information, Facility Information, Diagnosis Code and Claim Information for errors
- If an error is found, you can click on edit, or go back to the previous screen by clicking on the Provider tab

Provider Summary

Billing Provider Information Edit

Last Name/Facility Name: _____ First Name: _____
Middle Initial: _____ NPI: _____
Address1: _____ Address2: _____
City: _____ State: _____
Zip Code: _____ TIN: _____
Taxonomy: _____ Taxonomy Description: _____

Rendering Provider Information Edit

Last Name: _____ First Name: _____
Middle Initial: _____ NPI: _____
Zip Code: _____

Facility Information Edit

Facility Type: _____
Address1: _____ Address2: _____
City: _____ State: _____
Zip Code: _____

Diagnosis Code Edit

Principal Diagnosis Code: _____
Diagnosis Code: _____ Diagnosis Description: _____

Claim Line Details Edit

Service Line	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier				Diagnosis Code Reference				Charges	Units of Measurement	Quantity	EPSDT Family Plan
						1	2	3	4	1	2	3	4				

Supporting Information Edit

Name	Type	Size
------	------	------

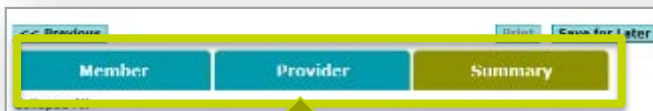
Comments Edit

Remarks: _____

Total Amount Edit

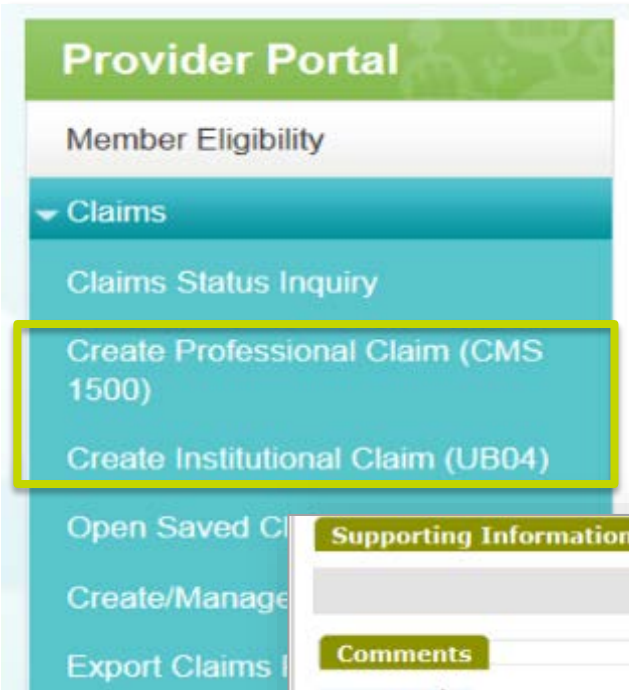
Total Charge: _____ Total Paid: _____ Total Adjusted Amount: _____ Balance Due: _____

<< Previous Print Save for Later Save as Template Submit Save For Batch Cancel



If an error is found, go back to the "Provider" tab

Creating a Claim: Validate Information



Once you validate all information is correct, click “Submit” in the bottom right corner.

You can save a claim to submit later, as part of a batch of claims, by clicking on “Save for Batch.”

Supporting Information Edit

Name	Type	Size
------	------	------

Comments Edit

Remarks:

Total Amount Edit

Total Charge:	Total Paid:	Total Adjusted Amount:	Balance Due:
---------------	-------------	------------------------	--------------

<< Previous Print Save for Later Save as Template Submit Save For Batch Cancel

To submit click on “Submit”

To save a claim to submit in a batch, click on “Save for Batch”

Batch Submissions



You can build claims and submit a batch of claims all at once:

- Claims saved for a batch can be found in the Open Saved Claims section of the Claims menu
- Ready-to-batch claims need to be selected, and then can be submitted all at once

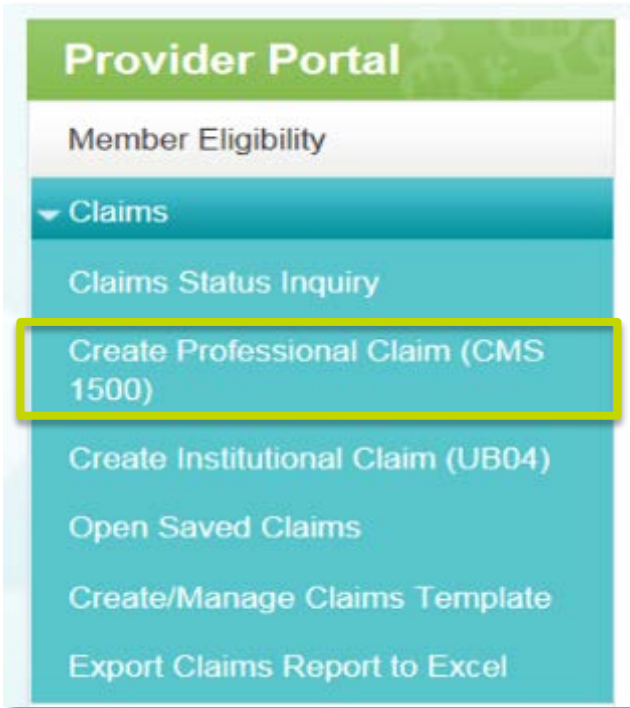
The screenshot shows the 'Saved Claim Details' page. At the top, there are search filters: Status (All), Claim Type (All), and Service Date (From and To). Below the filters are two tables: 'Ready to Batch' and 'Incomplete Claims'. Both tables show 'No items to display'.

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date	Saved To Batch By	Saved Date
No items to display							

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
No items to display					

NOTE: You will still receive an individual claim number for each claim submitted.

Correcting a Claim



You can now submit a corrected claim on the Provider Portal in two ways:

- One way is under Create a Professional Claim, by selecting the radio button for Correct Claim in the first field
- The second way is under Claim Status Inquiry, by searching for the claim in the Claim Inquiry field

See details for both methods on the following slides.

NOTE: Corrected Claims must be submitted within 365 days from the remit date of the claim number being corrected, or within your contractually agreed timelines.

Correcting a Claim: Option 1



Correcting a claim under Create a Professional Claim

- Select the radio button for Correct Claim in the first field

Next >> Save for Later Save as Template Cancel

Member Provider Summary

What would you like to do? Create Claim Correct Claim Void Claim

Prior Claim ID#: Enter

Enter the previously assigned 11-digit claim ID number that you are correcting, then select "Enter" to proceed

Correcting a Claim: Option 2

Provider Portal

- Member Eligibility
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 - Create/Manage Claims Temp
 - Export Claims Report to Excel

- Correcting a claim under Claims Status Inquiry
- Search for the claim in the Claim Inquiry field

Enter the information related to the claim you want to correct, such as the "Claim Status" or "Date of Service"

Claims Inquiry

Search
Billing Provider:

Claim Type: Search Options: Claim Status:

Additional Search Filters
Enter optional criteria to narrow your search

Received Date: From: To: Date of Service: From: To:

Rendering Provider: Gender: Patient Control No:

Coverage Type: Claims Status: NPI:

Select the claim you want to edit by clicking on the "Claim ID" or the "Member Name"

Your search information found 20 claim(s). If you are looking for a particular claim or group of claims, narrow your search by using the Additional Search Filters.

Claims Found

Click on an underlined column header to sort or hover over a for help with that column

Claim ID	Member Name	Billed Amt	Service Date From	Service Date To	Received Date	Submission Type	Status	Status Date	Claim Type	Attachments
<input type="text"/>	<input type="text"/>					Select	Select		Select	
12345678912	Fverdeen, Kalniss	98.00	06/13/2018	06/13/2018	01/22/2019	Original	Paid	01/23/2019	PROFESSIONAL	
23456789123	Bond, James	98.00	11/14/2018	11/14/2018	11/21/2018	Original	Paid	12/06/2018	PROFESSIONAL	
34567891234	Balboa, Rocky	224.00	10/24/2018	10/24/2018	11/02/2018	Original	Paid	11/19/2018	PROFESSIONAL	

Correcting a Claim: Option 2

Once the claim is selected, the Claim Details screen will populate and you can select “Correct Claim.”

Claim Details

General Information

Member Name: _____ Claim Number: _____
Claim Source: EDI Claim Status Effective: 8/8/2018
Claim Header Status: Denied Billed Amount(\$): 175.00
Rendering Provider Name: _____ Check Number: _____
Rendering Provider NPI: _____ Service Date From: 8/8/2018
Check Paid Date: 08/28/2018 Patient Control Number: _____
Service Date To: 8/8/2018 Amount Paid(\$): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	NPI	Adj Grp Cd	Adj Rsn Cd	Rmk Cd
1	08/08/2018	08/08/2018					98.00	0.00	0.00	0.00	0.00	8/8/2018	Denied				
2	08/08/2018	08/08/2018					77.00	0.00	0.00	0.00	0.00	8/8/2018	Denied				

Showing 1-2 of 2 per page Page 1 of 1

DESCRIPTION OF HIPAA ADJUSTMENT & REMARK

ADJ GRP CODE	DESCRIPTION

ADJ RSN CODE	DESCRIPTION

Comment

Showing 1-1 of 1 per page Page 1 of 1

Save As Template Appeal Claim Void Claim **Correct Claim** View Diagnosis Code Print Claim Summary EOP Back

NOTE: The claim must be in paid or denied status to make corrections.

Correcting a Claim

The screen will automatically populate the claim information for the patient.

You can proceed with making your changes to the fields needed, such as the diagnosis code and procedure codes.

Diagnosis Code

Remove	DX No.	Diagnosis Code	Diagnosis Description
<input type="checkbox"/>	1	781.2	ABNORMALITY OF GAIT
<input type="checkbox"/>	2		

+ Add more Diagnosis 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	EPSDT Family Plan	More Details
- 1			12	Yes	T1019		1	273.05	Select	0.00	No	No	More Details
<input type="checkbox"/>	2			No					Select	0.00	No	No	More Details

Type in the correct diagnosis code

Insert an additional procedure code

Correcting a Claim

You have the option to add attachments to claims during submission and to previously submitted pended claims.

Select the “Type of Attachment” and then add your document

Supporting Information

Type of Attachment : Select Attachment Type for each file

Supported file formats are PDF, TIFF, JPG, BMP and GIF. Upload 1 file at a time.
Total Size of all files attached cannot exceed 128 MB.

Select File Browse your system for files to attach

Upload File Upload selected file

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Apr 10 2019 01:03:59 AM PST

Search
Billing Provider:

Claim Type: All Search Options: Claim Status Claim Status: Pending/In Process

Additional Search Filters
Enter optional criteria to narrow your search

Received Date: From: To: Date of Service: From: To:

Rendering Provider: All Gender: Patient Control No:

Coverage Type: All Claims Status: All NPI:

Search Clear Cancel

Your search information found 8 claim(s). If you are looking for a particular claim or group of claims, narrow your search by using the Additional Search Filters.

Claims Found

Click on an underlined column header to sort or hover over a for help with that column

Claim ID	Member Name	Billed Amt	Service Date From	Service Date To	Received Date	Submission Type	Status	to	Claim Type	Attachments
		187.00	03/29/2019	03/29/2019	04/09/2019	Original	Pending/In Process		PROFESSIONAL	
		159.00	03/29/2019	03/29/2019	04/09/2019	Original	Pending/In Process		PROFESSIONAL	

Search for pended claim under the Claim Status Inquiry menu:

- Select “Pending/In Process” under “Claim Status”
- Select the “Pending/In Process” claim that needs the attachment

Voiding a Claim

You may find that you need to void a claim that has been paid or is in processing:

- Claims voided after they have been paid will generate a cost recovery request
- A claim can be voided for up to a year through the Provider Portal

Void a claim under Create Professional Claim by entering the previously assigned 11-digit claim ID number that you are correcting, then select “Enter” to proceed

Next >>

Member Provider Summary

What would you like to do? Create Claim Correct Claim Void Claim

Prior Claim ID#: Enter

Claim Details

General Information

Member Name: Everdeen, Kalniss
Claim Source: EDI
Claim Header Status: Paid
Rendering Provider Name: Howser, Doogie
Rendering Provider NPI: 12345678912
Check Paid Date: 11/19/2018
Service Date To: 10/24/2018

Claim Number: 23456789123
Claim Status Effective: 10/24/2018
Billed Amount(\$): 224.00
Check Number: 3456789
Service Date From: 10/24/2018
Patient Control Number: 45678912345
Amount Paid(\$):

Claim Line Items

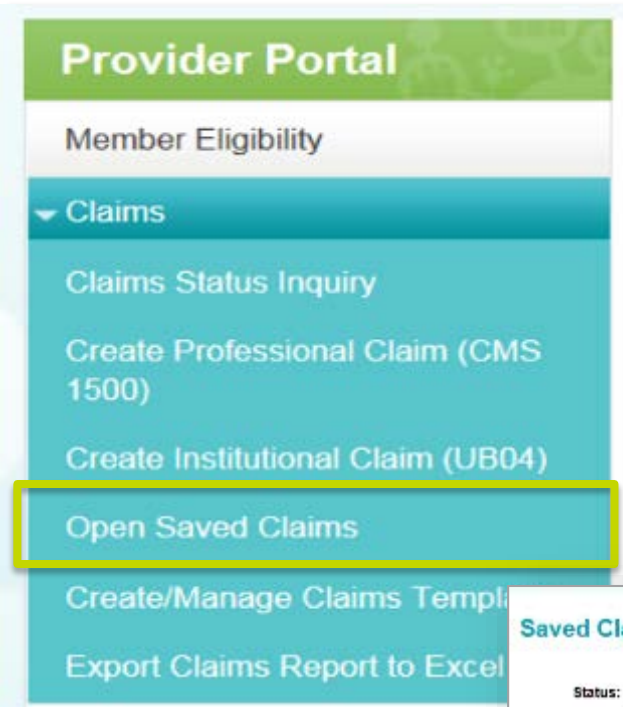
Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	NPI	Remit Message
1	10/24/2018	10/24/2018		99203	25	1	147.00	0.00	57.76	0.00	10/24/2018	Paid		
2	10/24/2018	10/24/2018		11721		1	166.00	0.00	28.86	0.00	10/24/2018	Paid		

Showing 1-2 of 2 per page Page 1 of 1

Save As Template Appeal Claim **Void Claim** Correct Claim View Diagnosis Code Print Claim Summary EOP Back

You can also void a claim under the Claim Details page by selecting “Void Claim”

Open a Saved Claim



Select Open Saved Claims to open any previously saved claims on the Provider Portal:

- These are the claims that were saved for batch, or claims that were saved prior to completion

Select the claim you want to complete for submission.

The screenshot shows the 'Saved Claim Details' page. At the top, there are search filters: Status (All), Claim Type (All), and Service Date (From and To, both mm/dd/yyyy). There are Search and Cancel buttons. Below the filters are two tables:

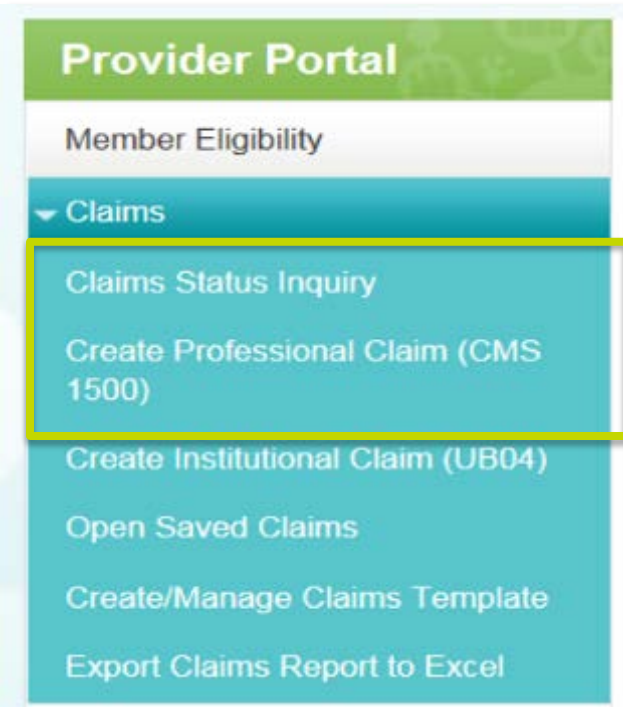
Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date	Saved To Batch By	Saved Date
No items to display							

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
No items to display					

Creating a Claims Template



There are multiple ways you can save templates:

- Save a claim as a template under Claim Status Inquiry, under the Claim Details

Claim Details

General Information

Member Name: Everdeen, Katriss
Claim Source: EDI
Claim Header Status: Paid
Rendering Provider Name: Howser, Dongie
Rendering Provider NPI: 12345678912
Check Paid Date: 11/19/2018
Service Date To: 10/24/2018

Claim Number: 23456789123
Claim Status Effective: 10/24/2018
Billed Amount(\$): 224.00
Check Number: 34567891234
Service Date From: 10/24/2018
Patient Control Number: 45678912345
Amount Paid(\$): 86.62

Claim Line Items

Claim Line	Service From Date	Service To Date	Rate	Ins	Paid Amt	Co-Pay	Line Status Effective
1	10/24/2018	10/24/2018	11721	1	57.76	0.00	10/24/2018
2	10/24/2018	10/24/2018	11721	1	28.86	0.00	10/24/2018

Showing 1-2 of 2 per page

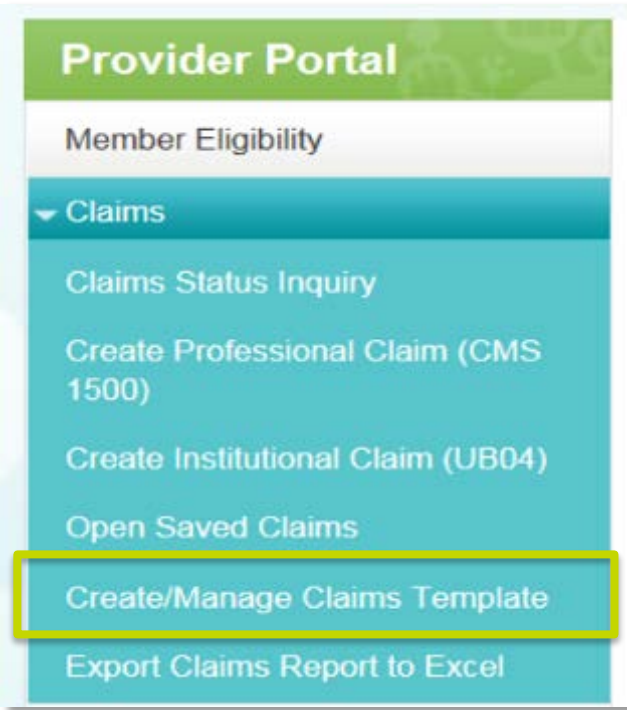
Save As Template Appeal Claim Void Claim Correct Claim View Diagnosis Code Print Claim Summary

- Save a claim as a template under Create Professional Claim, under the Member, Provider or Summary tab

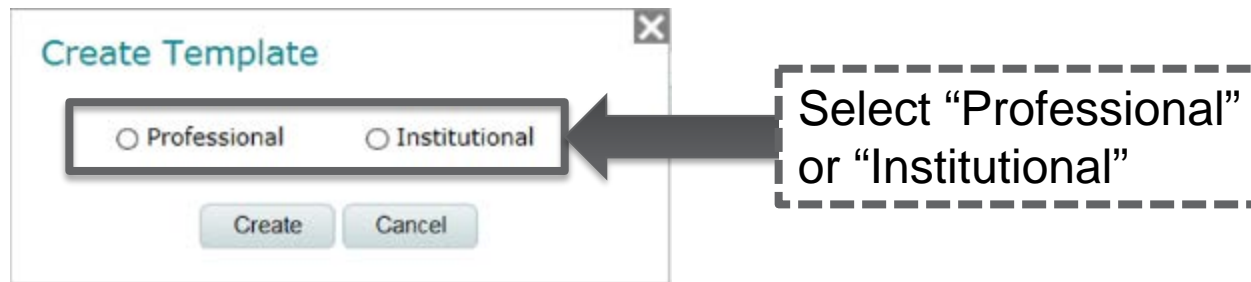
Click on "Save as Template"

Print Save for Later **Save as Template** Submit Save For Batch Cancel

Creating a Claims Template

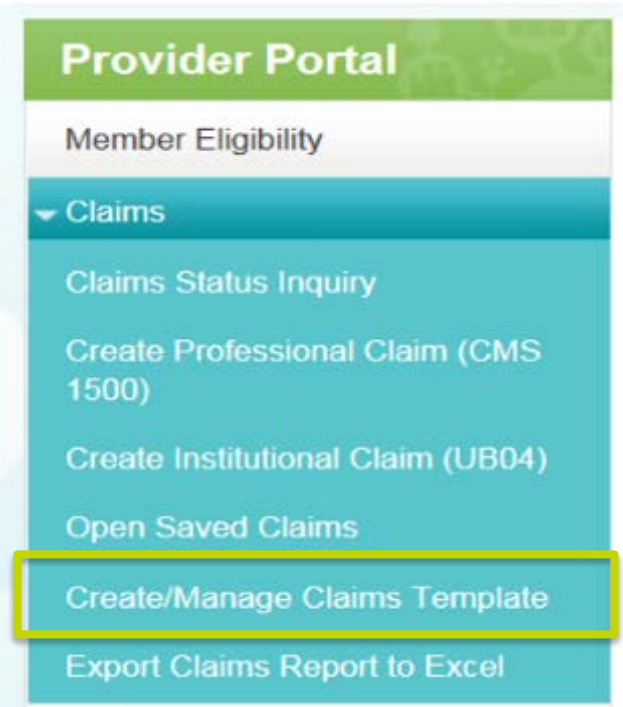


You can create a new claims template under the Create/Manage Claims Template section of the Claims menu.



Once you select the claim type, the claim fields will appear.

Creating a Claims Template



Enter information in the Member, Provider and Summary tabs. You have the ability to customize the information in the template, including:

- Member information
- Provider information
- Claim specific information including the procedure codes

NOTE: Templates can be named to identify them for future use.

Next >>

Select "Save as Template"

Save as Template Cancel

Member Provider Summary

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 Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .

Insured's ID Number: Advanced Search

OR

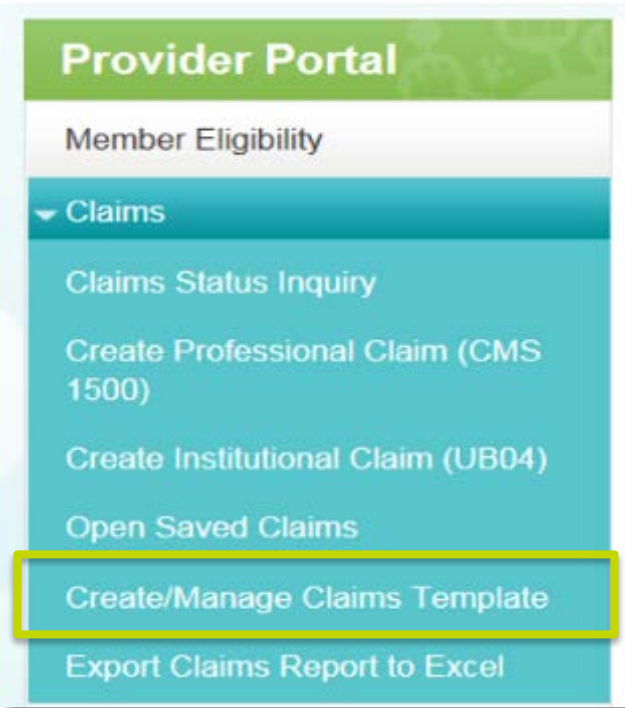
Last Name: First Name: DOB:
(mm/dd/yyyy)

AND

Service From Date: Service To Date:
(mm/dd/yyyy)

-- Required Field [Help](#) [FAQ](#)

Saving as a Template



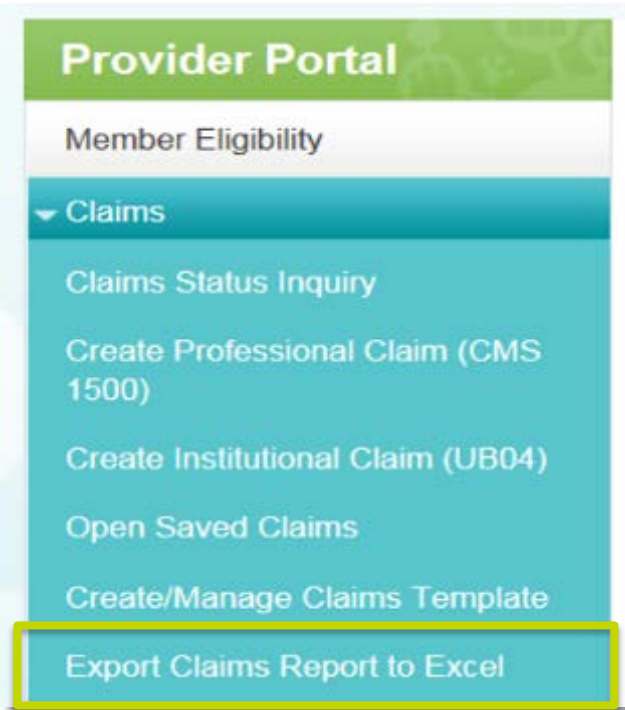
You can create multiple templates for easier claim submission.

This process will allow you to open a saved template, make changes or add additional information, then submit the claim for processing.



To load a previous template, check the "Select" box, and click the "Load" button

Export Claims to Excel



You can create a claims report by clicking “Export Claims Report to Excel” in the Claims menu.

You will receive an email once your Exported Claim Record has been completed.

Enter the “Service Date From” and “Service Date To”

The image shows a screenshot of the 'Claims Export To Excel' form. At the top, there is a dark teal header with the text 'Claims Export To Excel'. Below the header, there is a light blue background. In the center, there are two date input fields. The first field is labeled 'Service Date From :*' and contains the date '07/20/2015' with a calendar icon to its right. Below the date, the format 'mmddyyyy' is displayed. The second field is labeled 'Service Date To :*' and contains the date '08/20/2015' with a calendar icon to its right. Below the date, the format 'mmddyyyy' is displayed. A yellow rectangular border highlights both date input fields. A large green arrow points from the text above down to the date fields. At the bottom of the form, there is a light blue footer with the text: 'Click Search to Export Claims' and 'You will receive an email notification once your Exported Claim Record has been completed.'

Provider Appeal Request Form



Select Claims Status Inquiry in the Claims menu to search for the claim you would like to appeal.

- You may search for the desired claim by using any of the available search filters (e.g. claim status, claim number, date of service).

Search for a claim using any available search filter



Information on Claims accepted into the adjudication system is current as of Apr 09 2019 01:03:20 AM PST ?

The screenshot shows the 'Claims Inquiry' search form. The form is enclosed in a yellow border. It includes the following fields and options:

- Search**
 - Billing Provider: All
 - Claim Type: All
 - Search Options: Claim Status
 - Claim Status: All
- Additional Search Filters**
 - Enter optional criteria to narrow your search
 - Received Date: From: mm/dd/yyyy To: mm/dd/yyyy
 - Date of Service: From: mm/dd/yyyy To: mm/dd/yyyy
 - Rendering Provider: Select
 - Gender: [Dropdown]
 - Patient Control No: [Text]
 - Coverage Type: All
 - Claims Status: All
 - NPI: [Text]
- Buttons:** Search, Clear, Cancel

Provider Appeal Request Form

Click on the desired Claim ID to access the claim details.

Provider Portal

- Member Eligibility
- Claims
 - Claims Status Inquiry**
- Create Professional Claim (CMS)

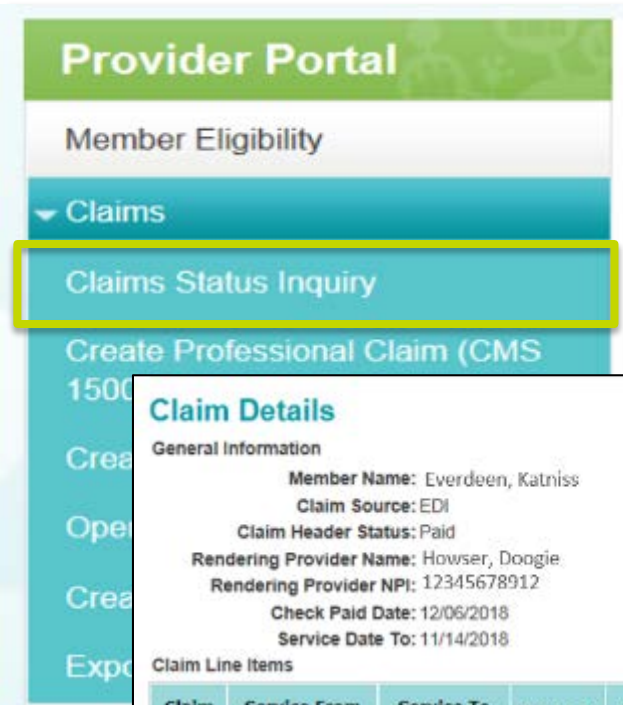
Claims Found

Click on an underlined column header to sort or hover over a for help with that column

<u>Claim ID</u>	<u>Member Name</u>	<u>Billed Amt</u>	<u>Service Date From</u>	<u>Service Date To</u>	<u>Received Date</u>	<u>Submission Type*</u>	<u>Status</u>	<u>Status Date</u>	<u>Claim Type</u>	<u>Attachments</u>
<input type="text"/>	<input type="text"/>					Select ▼	Select ▼		Select ▼	
12345678912	Everdeen, Katniss	48.00	03/28/2019	03/28/2019	04/05/2019		Pending/In Process	04/08/2019	PROFESSIONAL	
23456789123	Bond, James	40.00	03/28/2019	03/28/2019	04/05/2019		Pending/In Process	04/08/2019	PROFESSIONAL	
34567891234	Balboa, Rocky	60.00	03/28/2019	03/28/2019	04/05/2019		Pending/In Process	04/08/2019	PROFESSIONAL	
45678912345							Pending/In Process	04/08/2019	PROFESSIONAL	
56789123456							Pending/In Process	04/08/2019	PROFESSIONAL	
67891234567	Woods, Elle						Pending/In Process	04/08/2019	PROFESSIONAL	
78912345678	Rabbit, Jessica	60.00	03/05/2019	03/05/2019	04/02/2019		Pending/In Process	04/05/2019	PROFESSIONAL	
89123456789	Foley, Axel	159.00	03/27/2019	03/27/2019	04/02/2019		Pending/In Process	04/08/2019	PROFESSIONAL	

Select the "Claim ID" for desired claim

Provider Appeal Request Form



Once routed to the Claim Details page, you can access the Provider Appeal Request Form by selecting the “Appeal Claim” button.

Claim Details

General Information

Member Name: Everdeen, Katriss
Claim Source: EDI
Claim Header Status: Paid
Rendering Provider Name: Howser, Doogie
Rendering Provider NPI: 12345678912
Check Paid Date: 12/06/2018
Service Date To: 11/14/2018

Claim Number: 23456789123
Claim Status Effective: 11/14/2018
Billed Amount(\$): 98.00
Check Number: 34567891234
Service Date From: 11/14/2018
Patient Control Number: 45678912345
Amount Paid(\$): 43.61

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	NPI	Remit Message
1	11/14/2018	11/14/2018		99213		1	98.00	0.00	0.00	43.61	0.00	11/14/2018	Paid		

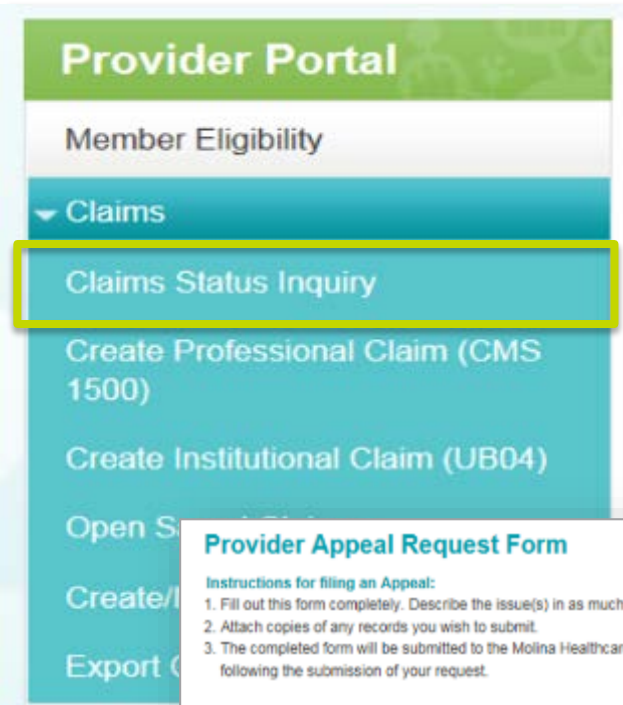
Showing 1-1 of 1 | 10 per page | Page 1 of 1

Save As Template | **Appeal Claim** | Void Claim | Correct Claim | View Diagnosis Code | Print Claim Summary | EOP | Back

Select the “Appeal Claim” button

NOTE: The Appeal Claim button is only available for finalized (e.g. paid, denied) claims.

Provider Appeal Request Form



The following information will be auto-populated:

- Provider Name
- National Provider Identifier (NPI)
- Federal ID/ Tax ID
- Claim Number
- Date of Service
- Total Billed Charges
- Address
- City/State/Zip
- Email Address
- Member ID
- Member Name
- Date of Birth

Provider Appeal Request Form

Instructions for filing an Appeal:
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit.
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	MOLINA MEDICAL	NPI:	987654321	Federal ID:	988877665544
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	12345678912	Date of Service From:	08/08/2018 mm/dd/yyyy	Total Billed Charges:	175.00
CPT Code:		Authorization Number:			
Address:	123 Molina Ave.	City/State/Zip:	Columbus, OH, 12345	Email Address:	Molina Medical@Moli
Contact Person:	Jane Doe	Phone:	(123) 456-7890	Fax Number:	(123) 456-0789
Member's ID:	5566778899	Member Name:	Everdeen, Kalniss	Date of Birth:	09/03/1953

You must add a fax number, or the response to your appeal will be mailed

NOTE: All fields can be edited, with the exception of “Member ID,” “Member Name,” “Date of Birth,” and “Email Address.”

Provider Appeal Request Form

Provider Portal

- Member Eligibility
- ▼ Claims
 - Claims Status Inquiry**
 - Create Professional Claim (CMS 1500)
 - Create Institutional Claim (UB04)
 - Open Saved Claims
 - Create/Manage Claims Template
 - Export Claims Report to Excel

Most auto-populated data can be updated by backspacing and typing the correct information into the field.

Provider Appeal Request Form

Instructions for filing an Appeal:

- Fill out this form completely. Describe the issue(s) in as much detail as possible.
- Attach copies of any records you wish to submit.
- The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	MOLINA MEDICAL	NPI:	987654321	Federal ID:	988877665544
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	12345678912	Date of Service From:	08/08/2018 <small>mm/dd/yyyy</small>	Total Billed Charges:	175.00
CPT Code:		Authorization Number:			
Address:	123 Molina Ave.	City/State/Zip:	Columbus, OH, 12345	Email Address:	Molina Medical@Moli
Contact Person:	Jane Doe	Phone:	(123) 456-7890	Fax Number:	(123) 456-0198
Member's ID:	5566778899	Member Name:	Everdeen, Kalniss	Date of Birth:	09/03/1953

Specific Issue(s): Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File : [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time. Total Size of all files attached cannot exceed 128 MB.

Submission Date:	04/09/2019	Receipt Date:	04/09/2019
------------------	------------	---------------	------------

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

[Print](#) [Submit](#) [Cancel](#)

The "Submission Date" and "Receipt Date" are auto-populated based on the time zone of the logged in provider, the dates are set and cannot be changed

Provider Appeal Request Form

Provider Portal

- Member Eligibility
- ▼ Claims
 - Claims Status Inquiry**
 - Create Professional Claim (CMS 1500)
 - Create Institutional Claim (UB04)
 - Open Saved Claims
 - Create/Manage Claims Template
 - Export Claims Report to Excel

You may attach any supporting documents that are related to the appeal request:

- Maximum file size is 125MB for attachments
- Attachments must be submitted in one of the following formats: *.tif, .gif, .pdf, .bmp, or .jpg*

Attachments can be uploaded by using the “Supporting Information” section

Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.
Total Size of all files attached cannot exceed 128 MB.

Submitter Name: Submission Date: Receipt Date:

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

Provider Appeal Request Form

Provider Portal

- Member Eligibility
- Claims
 - Claims Status Inquiry**
 - Create Professional Claim (CMS 1500)
 - Create Institutional Claim (UB04)
 - Open Saved Claims
 - Create/Manage Claims Template
 - Export Claims Report to Excel

Once all fields have been completed and attachments made:

- Type your name into the “Submitter Name” field
- Agree to the terms and conditions

Fill out the “Submitter Name”

Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time. Total Size of all files attached cannot exceed 128 MB.

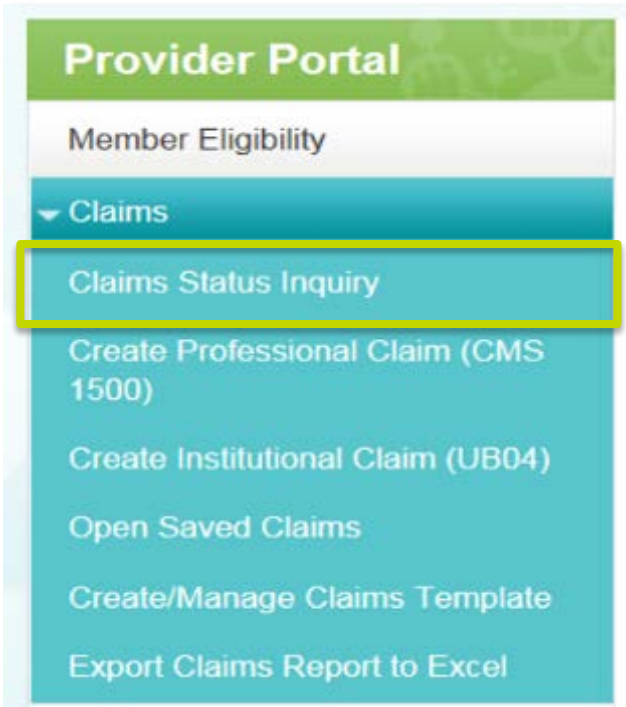
Submitter Name: Submission Date: Receipt Date:

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button is pressed.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

The check box next to the disclaimer must be selected

Provider Appeal Request Form



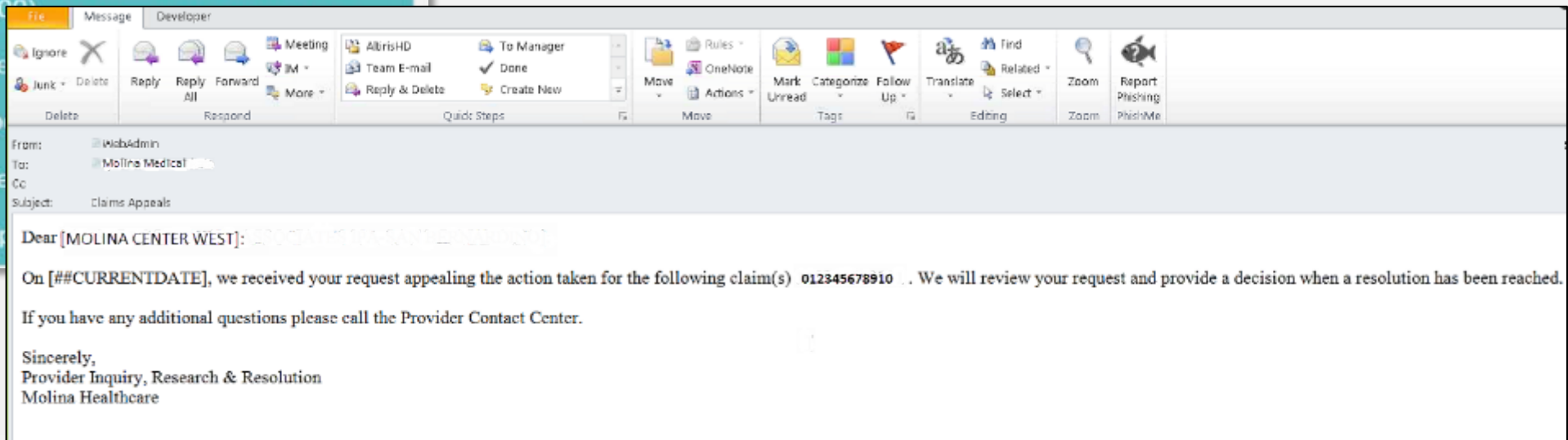
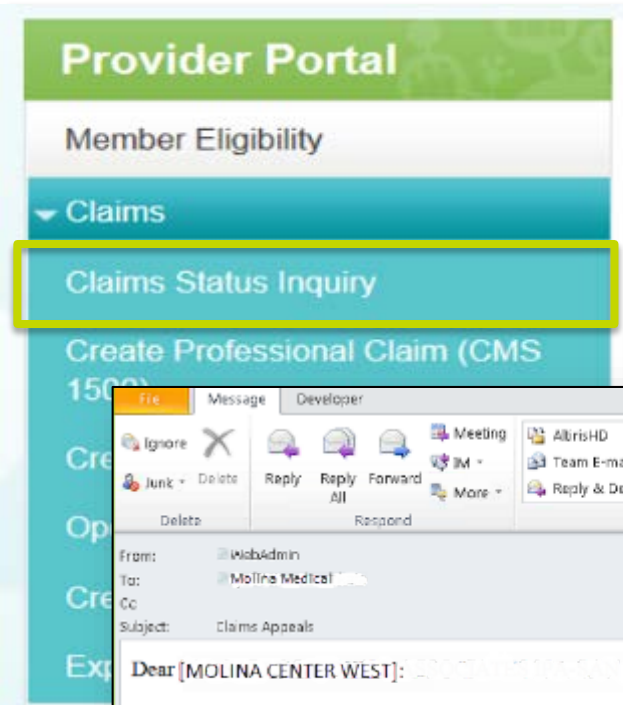
The Provider Appeal Request is considered complete once the “Submit” button has been selected.

The image shows a screenshot of the 'Supporting Information' section of the form. It includes a dropdown menu for 'Type of Attachment' set to 'Select', a 'File' input field with 'Browse...' and 'Upload' buttons, and a note: 'Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time. Total Size of all files attached cannot exceed 128 MB.' Below this are input fields for 'Submitter Name', 'Submission Date' (04/05/2019), and 'Receipt Date' (04/05/2019). A note states: 'Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.' At the bottom, there is a checkbox for a certification statement and three buttons: 'Print', 'Submit' (highlighted with a yellow border), and 'Cancel'.

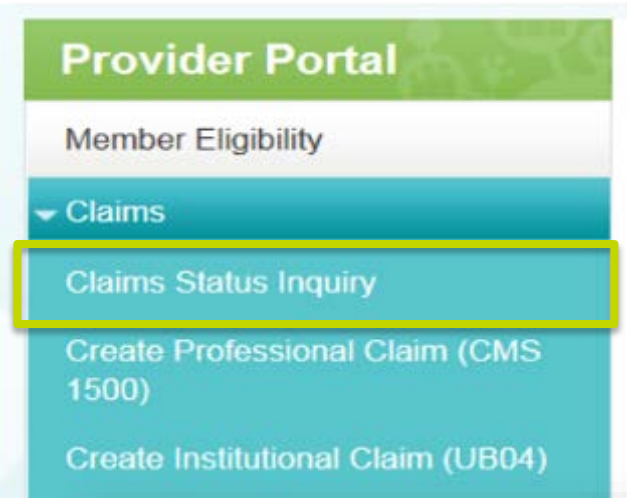
Select the “Submit” button

Provider Appeal Request Form: Email Confirmation

Upon submission, you will receive an email confirmation. This email serves as an electronic acknowledgement letter.



Provider Appeal Request Form: Email Confirmation



Upon receipt of the message, you will be prompted to do a one time registration with the provider's email address to view the message.

A password will be required to view all future messages.

You have received a secure message

Read your secure message by opening the attachment, securedoc.html. You will be prompted to open (view) the file or save (download) it to your computer. For best results, save the file first, then open it in a Web browser. To access from a mobile device, forward this message to mobile@res.cisco.com to receive a mobile login URL.

If you have concerns about the validity of this message, contact the sender directly.

First time users - will need to register after opening the attachment. For more information, click the following Help link.

Help - <https://res.cisco.com/websafe/help?topic=RegEnvelope>

About Cisco Registered Email Service - <https://res.cisco.com/websafe/about>

Resources:

Contact for general questions or training:

- OHProviderRelations@MolinaHealthcare.com
- OHProviderServicesHospital@MolinaHealthcare.com
- OHProviderServicesPhysician@MolinaHealthcare.com

Behavioral Health specific questions:

- BHProviderServices@MolinaHealthcare.com

MyCare Ohio specific questions:

- OHMyCareLTSS@MolinaHealthcare.com

Nursing Facilities specific questions:

- OHProviderServicesNF@MolinaHealthcare.com

Coordination of Benefits (COB) or Member Enrollment updates:

- Medicaid members MHOEnrollment@MolinaHealthcare.com
- Medicare members MPEnrollmentOH@MolinaHealthcare.com
- MyCare Ohio Opt-In members OHMMP_EnrollmentAccountingMHI@MolinaHealthcare.com
- MyCare Ohio Opt-Out members OptOut.OHMMP@MolinaHealthcare.com