CHECK MEMBER ELIGIBILTY AND BENEFITS

Web Portal	https://provider.molinahealthcare.com/provider/login
IVR Automated System	Phone: 866-449-6849 (Medicaid) 866-856-8699 (MMP)
Customer Contact Center	Phone: 855-322-4080 Monday – Friday, 8:00 am to 5:00 pm

SERVICE COORDINATION DEPARTMENT

* **Report change in condition**   * **Change Plan of Care and or Care Giver**

* **Report decline in health**   * **Submit Prior Authorization request**

Prior Authorization (PA): 855-322-4080 After Hours: 888-275-8750	**Fax**: 866-420-3639 (Medicaid) 844-251-1450 (MMP)

Prior Authorization: Long Term Support Services (LTSS) must be approved by a waiver services coordinator or care manager. Members should contact their waiver services coordinator or care manager for any needed services. PA form is located at https://www.molinahealthcare.com/providers/tx/duals/forms/Pages/fuf.aspx. Clear Coverage Submission is available via the Provider Portal which can be located at https://provider.molinahealthcare.com/provider/login. You can also submit your PA request via the applicable fax number listed above.

Provider Manuals can be located at:

Medicaid: http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx

MMP: http://www.molinahealthcare.com/providers/tx/duals/manual/Pages/provd.aspx

YOUR MOLINA CONTACTS

Provider Services: Medicaid Provider Manual: http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx MMP Provider Manual: http://www.molinahealthcare.com/providers/tx/duals/manual/Pages/provd.aspx Phone: 855-322-4080 Fax: 877-800-8452 E-mail: mhtxproviderservices@molinahealthcare.com	**Transportation: (Non-emergency only)** • Dallas: ○ Logisticare: 855-687-3255 ○ Logisticare Fax: 877-585-8793 • Bexar/El Paso/Hidalgo: ○ LeFleur: 877-633-8747 ○ LeFleur Fax: 866-482-4871 • Harris/Jefferson: ○ MTM: 855-687-4786 ○ MTM Fax: 713-680-4501	**24 Hour Nurse Advice Line:** English: 888-275-8750 TTY: 866-735-2929 Spanish: 866-648-3537 TTY: 866-833-4703
Pharmacy: Phone: 866-449-6849 Prior Authorization Fax: 888-487-9251 Drug Formulary: http://www.molinahealthcare.com/members/tx/en-US/PDF/Duals/formulary-2016.pdf	**Customer Contact Center:** Phone: 855-322-4080 • Translation/Interpreter • Appeals and Grievances • General Questions	**Service Coordination Department:** Phone: 866-409-0039 Fax: 866-420-3639

CLAIMS/BILLING INSTRUCTIONS

Provider Web Portal: https://provider.molinahealthcare.com/	**Paper Claims:** Molina Healthcare - Texas PO Box 22719 Long Beach, CA 90801	**EDI:** Payer ID Number: 20554 For EDI questions email: EDI.Claims@MolinaHealthcare.com

- To register for EFT/ERA: http://www.molinahealthcare.com/providers/common/duals/ediera/era/Pages/enrollERAEFT.aspx
- How to bill: http://www.molinahealthcare.com/providers/tx/PDF/Duals/molina-dual-options-star-plus-mmp-provider-manual.pdf

INCIDENT REPORTING

Abuse, neglect, fraud and/or death of a member contact Molina Healthcare Care Management or HHSC Immediately.

Call 911 for emergencies   **Abuse and Neglect should be reported to**: 800-252-5400