



Your Extended Family.

e-Portal Provider Module Overview

Welcome to Molina Healthcare!

e-Portal Functions

Providers

- Register & Setup Profile
- Create & Manage Office User Accounts
- Check Member Eligibility
- Submit Professional Claim
- Search for Claims
- Submit Service Request
- Search for Service Requests
- Search for Providers
- Save/Open Partial Claim or Service Request
- Download Patient Eligibility List (Excel & PDF)
- Download Provider Affiliation List (Excel & PDF)
- Export & Download Claim Files (Excel & PDF)
- Download Nurse Advice Reports
- View FAQ's
- Contact Molina

Members

- Setup, Update & View Profile
- View Benefits & Eligibility Status
- Find a Provider
- Change PCP
- Change Password
- Print Temporary ID Card
- Request a New ID Card
- View FAQ's
- Contact Molina

File Exchange Services

- Create, View & Manage Trading Partners
- Create, View & Manage Management Companies & Management Company Representatives

Provider E-Portal Registration

Instructions

1. Go to www.molinahealthcare.com
2. Select Providers
3. Select TX and press GO
4. Move the mouse to “Provider Self Service Portal”
5. Select New Provider Registration
6. Select ‘I Accept” and press Next
7. Select Continue with Registration
8. Select TX, complete Tax ID and Provider ID and press Next
9. Complete User Name, Password, Security Questions, type in the code as displayed and press Register
10. Enter your user name and password and press Accept &Login
11. For question contact your Representative



Your Extended Family.

PROVIDERS

ABOUT MOLINA

MEMBERS

 Find a Pharmacy  Find a Provider  Find a Hospital  Login



Medicare Now Available!

Are you eligible?

Molina now offers [Medicare plans](#) that provide all of the benefits covered under original Medicare and more.



Molina Healthcare to Acquire Unisys Health Information Management Business

[Press Release](#)



H1N1 Flu Information

[Things you can do](#)

- ABOUT MOLINA
- MEMBERS
- PROVIDERS



Your Extended Family.

Select State for Providers

State:

[GO](#)

For technical and general questions about this website, please use the [feedback form](#).



We're glad you're part
of the Molina team.



Welcome Texas Providers.

Contracted providers are an essential part of delivering quality care to our members. We value our partnership and appreciate the family-like relationship that you pass on to our members.

As our partner, assisting you is one of our highest priorities. We welcome your feedback and look forward to supporting all your efforts to provide quality care.

If you have any questions, or if you are not currently a



[2009 Provider Directory](#)

Molina Healthcare is now collecting National Provider ID from contracted and non-contracted providers. Submit yours to Molina via our [Provider Self-Service Portal](#).

Provider e-Portal Login

Providers will be required to read and check the Molina Healthcare Provider on-line User Agreement before registering.

Provider Self Services

User ID:

Password:

Accept & Login

[Forgot Password?](#)

New Provider Registration

[Access and Compatibility Information](#)

[View FAQs](#)

[Contact Us](#)

For technical assistance with this website please call **1-866-449-6848**

Provider Self Services

You can add this to your favorites for easy access.



ACKNOWLEDGEMENT OF TERMS OF USE: Use of Molina Healthcare, Inc.'s Provider Online Access Program ("E-Access") is subject to the terms and conditions of the Provider Online User Agreement. Use of E-Access is limited to only Authorized Users designated by a Provider, who has executed the Provider Online User Agreement. Authorized User acknowledges that as an agent of said Provider s/he is bound by the terms of the Provider Online User Agreement. **HIPAA COMPLIANCE:** Authorized User will comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

12. There is no implied warranty of any kind. There is no warranty that Molina E-Access system will be free from corrupted data, computer viruses or similar destructive or contaminating code. Unless otherwise prohibited by law, Provider assumes full responsibility for using the Access Program, and understands and agrees that Molina Healthcare is not responsible or liable for any claim, loss, or damage resulting from Provider's use. Provider agrees to use Molina E-Access on an "AS IS" and an "AS AVAILABLE" basis.

13. All right, title and interest (including all copyrights, trademarks and other intellectual property rights) in Molina E-Access belong to Molina Healthcare. In addition, the names, images, pictures, logos, and icons are proprietary marks that belong to Molina Healthcare.

14. Subject to applicable law, Molina Healthcare reserves the right to suspend or deny, in their singular or joint discretion, Provider's access to all or any portion of Molina E-Access with or without notice. Provider agrees that any termination of Provider's access to Molina E-Access may be effected without prior notice. Provider acknowledges and agrees that Molina Healthcare may immediately bar any further access to the Access program. Further, Provider agrees that Molina Healthcare shall not be liable to Provider or any third party for any termination of Provider's access to the Access Program.

15. If Provider is a legal entity, all persons signing on the Molina E-Access on behalf of Provider personally warrant their authority to act on behalf of Provider and to bind the Provider to this Agreement. If Ancillary Provider has multiple outlets, offices or facilities within the service area, Ancillary Provider warrants that all such outlets, offices or facilities shall be bound by the terms hereof.

16. This Agreement shall be governed by the laws of the State of California.

17. Any prior agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Agreement are of no force or effect.

18. If any term, provision, covenant, or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated as a result of such decision.

19. All claims and controversies arising out of or in connection with this Agreement shall be resolved, to the extent possible, within forty-five (45) days by informal meetings and discussions in good faith between appropriate representatives of the parties. Any remaining controversy or claim which, when determined on a cumulative basis, exceeds \$10,000 or more, arising from or related to this Agreement shall be settled by a single arbitrator in binding arbitration administered by the American Arbitration Association in accordance with the provisions of its Commercial Arbitration Rules, then in effect, in Long Beach, CA; however, the parties may, by mutual agreement, utilize another form of dispute resolution process. Binding arbitration shall not be utilized to adjudicate matters that primarily involve review of Provider's professional competence or professional conduct, and shall not be available as a mechanism for appeal of any determinations made as to such matters. The arbitrator shall have at least fifteen years of experience, including at least five in managed health care. The parties shall conduct a mandatory settlement conference at the initiation of arbitration, to be administered by AAA. The arbitrator shall have no authority to award damages or provide a remedy that would not be available to such prevailing party in a court of law. Nor shall the arbitrator have the authority to award punitive damages. Each party shall bear its own costs and expenses, including its own attorneys' fees, and shall bear an equal share of the arbitrator's and administrative fees of arbitration. The parties agree to accept any decision by the arbitrator as a final determination of the matter in dispute, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction hereof. Any arbitration must be initiated within one year after the controversy or claim arose and was discovered or should have been discovered with reasonable diligence; if not so initiated, any such claim shall be deemed waived. The use of binding arbitration shall not preclude a request for equitable and injunctive relief made to a court of appropriate jurisdiction.

Acceptance of this Agreement by Provider shall complete the execution of this Agreement.

I Accept I Decline



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:
 - Creating New Users
 - Assigning User Roles
 - Deleting Users
 - Unlocking Users Accounts as needed
- Perform mandatory periodic reviews validating the list of Users remains accurate

To continue with registration, click [here](#)

To exit click [here](#)

For more information about Molina's Provider Self-Services ePortal, visit the [FAQs](#) section



New Provider Registration

*-Required Field

General Information

Provider Type: *

State: *

[Add additional provider](#)

Tax Identification Number: *

Provider ID: * [What is this?](#)

[Click here if you do not have a provider ID](#)

Tax Identification Number: *

Provider ID: * [What is this?](#)

[Click here if you do not have a provider ID](#)

Tax Identification Number: *

Provider ID: * [What is this?](#)

[Click here if you do not have a provider ID](#)

The TIN and/or Provider ID entered cannot be found in our database. Please make sure you have entered the correct information. If you need assistance, contact your Provider Services Representative.

General Information

Provider Type: * Facility/Group

State: * TX

Tax Identification Number: * 260641566

Provider ID: * QMP000003415545 [What is this?](#)[Click here if you do not have a provider ID](#)

Tax Identification Number: *

Provider ID: * [What is this?](#)[Click here if you do not have a provider ID](#)

Tax Identification Number: *

Provider ID: * [What is this?](#)[Click here if you do not have a provider ID](#)

Log-In Information (Create your Own USER ID and PASSWORD)

User ID: *

Password: * [Password Rules](#)

Confirm Password: *

Email: *

Confirm Email: *

Security Questions and Answers

Secret Question

Answers

Select

Select

Select

Enter the code shown in the Text box:

vb1h23

Register

Reset

Cancel

You are now registered and ready to utilize the E-Portal.

Provider Self Services

User ID:

Password:

Accept & Login

[Forgot Password?](#)

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Provider Self Services



