

Web Portal Quick Reference Guide



MolinaHealthcare.com



Your Extended Family.

MHTPS_PRTLQRG_072715

0414 Vers 3.0

6368058CORP0517

Why Register?

Why Register for Molina's Provider Web Portal?

Molina's Provider Web Portal is an easy-to-use online tool designed to meet your needs!

All of our Providers can register.

Check out the many features we provide to you!

- Easily search for Member details, including eligibility status, covered benefits and missed services information.
- Create, submit, correct and void claims; plus submit attachments and receive notifications of status changes.
- Inquire on current claim status and print your claims. You can also quickly download claims reports and create claim templates with commonly used fields pre-populated.
- Create, submit and print Service Requests/Authorizations with notification of status changes.
- View Service Request approval status; and save time with the ability to create templates for frequently used requests.
- Track required HEDIS® services for Members and compare your HEDIS® scores with national benchmarks.
- View Member Personal Health Record
- Send secure email messages to the Member's Care Management team (available for MMP/Dual Members only)
- Access account information, manage and add users and update your profile.
- Submit Claim Appeals (Available in most states).
- To sign up, go to **<https://Provider.MolinaHealthcare.com>**. For more information, please contact the Provider Services Department (contact information listed on page 18 in this guide).



Table of Contents

What's inside? 3

How to Register 4

Homepage 5

 Menu Bar

 Messages and Announcements

 Recent Activity

 Quick Member Eligibility Search

 News Content

 My Favorites

Member Eligibility Search 6

Claims 7

 Claims Status Inquiry

 Create Professional Claims

 Create Institutional Claims

 Open Saved Claims

 Create/Manage Claim Templates

 Export Claims Report to Excel

 Attachments

Appeals 11

 Appealing a Claim

 Submitting a Provider Appeal Form

 Waiver of Liability Form

 Appeal Attachments

 Email Confirmation

Service Requests/Authorizations 12

 Service Requests/Authorizations Inquiry

 Create Service Requests/Authorizations

 Open Incomplete Service Requests/Authorizations

 Create Service Request/Authorization Templates

Member Roster 13

Case Managed Member List 14

HEDIS® Profile 15

Account Tools 16

 Change Password

 View/Update Profile

 Manage Users

What's Inside the Web Portal?

Delete Account

Manage Providers

FAQ 17

Contacts 18

If you need assistance with the Web Portal, contact the Provider Services Department for your state (under Contacts, page 18) or for technical issues, contact the Web Portal Help Desk at (866) 449-6848.

The Web Portal is a secure site that offers Molina Healthcare Providers convenient access, 24 hours a day, seven (7) days a week, to the following functions:

- Member Eligibility and Benefit Information: Users can verify Member eligibility as well as view benefits, covered services, and Member's health record.
- Member Roster: Users can view a list of assigned membership for PCP(s) within the user's Provider panel.
- Service Requests/Authorizations: Users can create, submit, and review Prior Authorization requests.
- HEDIS® Profile: Users can view their HEDIS® scores and search for Members with needed services.
- Claims: Users can submit, correct, and void claims. Users can also check claim status, and view claims reports for all submitted claims.

You can register for and access the Web Portal by going to:
<https://Provider.MolinaHealthcare.com>



How To Register

1. Go to <https://Provider.MolinaHealthcare.com>.
2. Click on the “Register now” link under the Provider Web Portal Login box.
3. Under Admin User Responsibility, select “To continue with registration, click here” and you will be taken to the registration page.

Registration is easy as 1, 2, 3!

1. Select your Line of Business (If choosing “Other Line of Business” also select your state).

Users who are rendering services for Medicare programs as well as other Lines of Business, such as Marketplace and Medicaid products, can register for one Line of Business and then add the additional lines using the Manage Provider Tool within the Account Tools menu.

2. Select your Provider Type.

What Provider Type Should I Select?

Facility/Group can be used by any Provider, including solo practitioners. This registration type allows users to submit claims and service request/authorizations. To register as a Facility/Group you must have both the Molina Healthcare Provider ID and the associated TIN. *This is the preferred primary method of registration.*

Individual Physician is recommended for use when a Provider does not need to submit new or corrected claims. Providers who participate with multiple provider groups and want to see information pertaining to each group should register with the Individual Physician type. If the Provider is registered only as a Facility/Group, they will be limited to information for that registered group only.

Note: Users can register with both the Facility/Group and the Individual Physician Provider Types and link the accounts. When using the Portal, they simply select the appropriate account for the transactions needed.

3. Tax ID Number & Molina Provider ID

If you do not know your Provider ID, please contact the Provider Services Department (contact information listed on page 18 in this guide).

Completing this step will take you to the Authentication Details screen of the registration process. You must enter your Name, Email Address, Username, Password, Security Questions and Answers and you must accept the Terms of Agreement.

Role of the Administrator

If you are the first user to register with this Provider ID, you become the primary administrator of the account. You can navigate to the Account Tools page and click on ‘Manage Users’ to view other users or administrators. As the administrator of an account, you are entitled to designate or promote a user to administrator, manage users by granting different levels of access, and add other user accounts onto your account. You are also able to invite others to join your provider’s account (See Account Tools section on page 16 for more details).

Requesting Access

Other users may request access to an existing account by going to the Provider Web Portal, clicking on the “Request Access for New User” link under the Login section, and providing the following information:

- NPI or Provider Name
- Requester's First & Last Name
- Position Title
- Email Address
- Phone Number (and extension if applicable)
- Reason for Requesting Access.

A request will be sent to the administrator of the account specified and they will have to take action within 3 days or the request will expire.



Homepage

Homepage Features:

Menu Bar Quick click to access the different functions the Web Portal has to offer.

Messages and Announcements Displays notifications and messages sent by Molina Healthcare.

Recent Activity Find the most recent claims (based on date of service) and Service Requests/Authorizations (inpatient and outpatient) from the last 30 days.

Quick Member Eligibility Search Quickly search for Members by their Member IDs.

What's New Keep up to date with the latest Molina news related to Providers.

Important Find important reminders and announcements from Molina.

Poll We are always interested in your feedback, answer or review a poll in this area.

My Favorites Select up to eight (8) of your most used functions to quickly access on the homepage.

MOLINA HEALTHCARE Provider Self Services

Welcome, Support User : BooseLar [Log Out](#)

May 04 2017 7:29:29 PM

[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- Member
- HEDIS Profile
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have (0) new messages
- You have (2) announcements

Recent Activity

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims
- Click here to view your ready for batch Claims

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Michigan Medicaid Benefits Redetermination (Renewal Process)

The Redetermination process is used for annual reviews to renew your Michigan Medicaid patients' benefits. The Michigan Department of Health and Human Services (MDHHS) must re-determine an individual's eligibility for active programs every 12 months.

How can you help your Medicaid patients? You can help by reminding your Medicaid patients to call MDHHS to ensure their income verification is complete and educate them on the redetermination process. For an extensive list of Redetermination frequently asked questions, please click [here](#)

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

☐ Yes

☐ No

[Vote](#) [See Responses](#)

My Favorites

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Service Request/Authorization
- Clear Coverage
- Service Request/Authorization



Member Eligibility Search

- Member Search** allows you to find a Member by their Member ID or First Name, Last Name, and Date of Birth.
1. Enter the Member ID and click **Search for Member**; or
 2. Enter their First Name, Last Name (enter at least three character of each name) and Date of Birth. Click **Search for Member**.

Search Options: Narrow your search or view additional search options. If the Member was not found (due to multiple records) simply use this extra option and narrow your search by Gender, Zip Code or Line of Business.

After clicking **Search for Member**, the information will display.

Member Eligibility Details

A successful Member Eligibility Search will provide access to Enrollment Status, HEDIS Alerts, and Enrollment Restrictions. On the Details page of Member Eligibility, users can view the Member's demographic information as well as any additional Member information, enrollment information (plan, status, and effective date), Primary Care Provider information, IPA group information and history. From the Member Eligibility Details page, users can also print details, submit claims, check claim status, and submit service requests/authorizations.

Enrollment Status:	HEDIS Alerts:	Enrollment Restrictions:
Green = Currently Enrolled	Green = No Missed Services	Green = No Restrictions
Red = Not Currently Enrolled	Yellow = Missed Service Alert	Yellow = Enrollment Restrictions
		Red = Service Restricted

Member Health Record

Member Health Record is viewable for all assigned Members. Additional functionality is offered for Members who are case managed in CA, IL, MI, OH, SC, TX, and WA in MMP/Duals Programs. See the "Case Managed Member List" section for additional details.

Member Search

Enter Member ID or First and Last Name and Date of Birth.

Member ID:

or

First Name:

Last Name:

Date of Birth:

(mmddyyyy)

Search Options

Gender: Select

Zip Code:

Line of Business: Select

To see member eligibility from certain date enter date here:

02/26/2015

(mmddyyyy)

Search for Member

Clear All

Back to Member Eligibility Inquiry

Eligibility information is current as of Jan 12 2015 06:41:22 PM PST

Member Eligibility Details

Quick View

Member is currently enrolled

No Missed Services

No enrollment restrictions

Member Information

Member ID: 12345678901

Enrollment Plan: HEALTHY FAMILIES

Enrollment Status: ACTIVE

Enrollment Effective Date: 07/01/2013

Enrollment Termination Date:

Quick Links

Print

Submit Claim

Claim Status

Submit Service Request/Authorization

Service Request / Authorization Inquiry

Member Details

Member Information

Enrollment Information

Primary Care Provider Information

IPA/Group Information

History

Name: JOHN SMITH

Date of Birth: 03/08/1990

Mailing Address: 000 MAIN ST, LONG BEACH, CA, 90801

Member #: 12345678901

Gender #: Male

Home #: (555) 555-5555

Alternative #:

Mobile #:

Email ID:

Additional Member Information

Expand to view Additional Member Information

Member Details

Member Health Record

Service History

Service Authorizations

Inpatient Admissions & Emergency Department Visits

Lab Results

Allergies

Medications

Assessments

Care Plan

Care Team Contact Info

Service History

Send Message To Case Manager

Note: Screen shots are for illustrative purposes only. All data shown is fictitious in nature.

Claims

The **Claims** module has the following functionalities:

- Claims Status Inquiry
- Create Professional Claims
- Create Institutional Claims
- Open Saved Claims
- Create/Manage Claims Template
- Export Claims Report to Excel
- Adding Attachments

Claims Status Inquiry

To search for a claim, select the Billing Provider and Claim Type along with one of the following criteria:

- Member Name and Date of Birth
- Member ID Number
- Claim Tracking Number
- Claim Status

(Optional) Additional Search Criteria:

To further narrow your search you may also enter one or more of the following claim details:

- Received Dates (from and to) and Date of Service (from and to)
- Rendering Provider
- Member's Gender
- Patient Control Number (*Your internal Member Number*)
- Coverage Type
- Claim Status
- Rendering Provider NPI

On the Claims Details page you can view the complete details as well as do the following:

- Save the claim as a template
- Void the claim
- Correct the claim (*if the claim has a finalized status*)
- View the Diagnosis Code
- Print the Claim Summary

Create Professional Claims

Within the Create Professional Claim form, you can Create, Correct, or Void a claim. You need to know the prior claim number to correct or void a claim. For new and corrected claims, you must fill in the required information within three (3) tabs in order to submit: **Member**, **Provider** and **Summary**.

Member	
Eligibility Check	Enter Molina Healthcare Member ID or enter First Name, Last Name and Date of Birth to search for a Member based on Service From and To Dates.
Insured's Information	This section will automatically populate with a successful Eligibility Check search.
Patient Information	If the patient is not the same as the insured subscriber, enter the patient's relationship to insured.
Other Insurance	Enter information for other insurance, if applicable.
Patient Condition	Enter other information such as Auto Accident, Employment, Other Party Responsible, etc., if known.
Verify Required Information	Requires that you enter place of service, patient account number, other health benefit plan (if known) and authorization to release patient information.

Provider	
Billing Provider Information	The required information will automatically populate based on your account or the Billing Provider you selected from the drop down menu.
Provider Information	The required information will automatically populate based on your account or the Rendering Provider you selected from the drop down menu. If the Rendering Provider information is not available, call the Provider Services department for your state (contact information listed on page 18).
Facility Information	The required information will automatically populate based on your account or you can add a Facility or Independent Lab.
Diagnosis Code	Enter or search for a diagnosis code(s). You must enter at least one (1) diagnosis code.
Claim Line Details	Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details. At least one Diagnosis Code reference is required for each claim line entered to submit your claim.
Supporting Information (Attachments & remarks)	Add a comment/remark and/or upload attachments. Comments are limited to 256 characters. Supporting documentation can be attached to the claim. Attachments are limited to 128mb total. The following file types are accepted: PDF, TIF, JPG, BMP and GIF.

Summary section
Summary section shows all input from the Member and Provider forms. You may review your inputs in this section before submitting the claim.

Claims

Create Institutional Claims

Within the Create Institutional Claim form, you can Create, Correct, or Void a claim. You need to know the prior claim number to correct or void a claim. For new and corrected claims, you must fill in the required information within three (3) tabs in order to submit: **Member**, **Provider** and **Summary**.

Member	
Eligibility Check	Enter Molina Healthcare Member ID or enter First Name, Last Name and Date of Birth to search for a Member based on Service From and To dates.
Insured's Information	This section will automatically populate with a successful Eligibility Check search.
Patient Information	If the patient is not the same as the insured subscriber, enter the patient's relationship to insured.
Other Insurance	Enter information for other insurance, if applicable.
Type Of Bill	Enter the type of bill you are submitting.
Patient Conditions	Enter other information such as Auto Accident, Employment, Other Party Responsible, etc., if known. Include Admission Date, Hour, Type, Source, and Status.

Provider	
Billing Provider Information	The required information will automatically populate based on your account or the Billing Provider you selected from the drop down menu.
Claim Information	Enter the Patient Control Number, Revenue Code, Service From Date, Service To Date, Service Units, Total Charges, Assignment of Benefits, Release of Information, Diagnosis Code(s), and the Admit Diagnosis Code.
Physician Information	Enter the Attending Physician's information. There is also the option for additional physician types.
Supporting Information (Attachments & remarks)	Add a comment/remark and/or upload attachments Comments are limited to 256 characters. Attachments are limited to 128mb total. The following file types are accepted: PDF, TIF, JPG, BMP and GIF.

Summary section
Summary section shows all input from the Member and Provider forms. You may review your inputs in this section before submitting the claim for single or batch submission.

Open Saved Claims

Claims that have been previously saved, but not yet submitted, are available in this section. This includes incomplete claims and claims saved for a submission in a "batch".

- **Ready for Batch** allows you to view claims that were *Saved for batch*. You can edit a single claim, or if you select one or more claims, you can Delete or Submit for multiple claim submission.
- **Incomplete Claims** allows you to edit or delete claims that were *Saved for Later*. Select the desired claim and open to edit, submit, or delete the claim.

Create/Manage Templates

With the Create/Manage Templates section you are able to create Professional and Institutional claim templates, as well as manage previously saved templates.

Note: The template must be saved and loaded in order to open a new claim.

Export Claims Report to Excel

The Export Claims Report module allows you to download a report of submitted claims. Enter Service Dates From and Service Dates To, then click **Submit**. Click **Search** and an Excel file will be generated and placed in the Download Exported Claims module in the Reports section.

After you have exported a claim file, click **Save** to download the file and open in Excel.

Claim Attachments

The Portal is Molina's recommended path for the submission of claim attachments. Claim attachments can be submitted as follows:

Initial Portal Claim Submission—Attachments can be submitted as part of an initial Institutional or Professional claim submitted via the Portal.

Corrected Claim Submission—Attachments can be submitted as part of a Corrected Claim submitted via the Portal.

Continues on next page.

Claims

EDI/Clearinghouse Claim Submission—Claims submitted via a clearinghouse can have attachments added via the Portal as long as the claim is in a non-finalized (Pending/In process) status. If the claim has moved to a finalized (Paid or Denied) status, a Corrected Claim should be submitted, and the attachment(s) added.

How to submit Claims Attachments:

- Attachments may be added to the "Supporting Information" box on the "Provider" tab of an institutional or professional claim.
- Attachments may be added at the time of initial submission, or when a claim is in a non-finalized (Pending/In Progress) status.
- If attaching to a previously submitted claim:
 - Find the claim through the Claims Status Inquiry module, select the desired claim ID to view the Claim Details page.
 - If the claim status allows you to submit attachments, you will be able to access the Attachments section at the bottom of the Claim Details page.
 - Select the type of attachment, and click **Select File** and browse your system for the appropriate file, then select **Upload File**.
 - Repeat this process until all desired files are loaded, then select **Submit Attachments** button.
- If attaching as part of an initial claim submission, attachments should be added in the **Supporting Information** box.

Claims Attachment Rules:

- Multiple files can be attached
- Total accumulated size of all files loaded cannot be greater than 128mb
- File types allowed: PDF, TIF, JPG, BMP and GIF
- File Name format allowed: All alphabetic (A-Z) and numerals (1-9). No Special Characters ("&", " ", ",", and ".")
- Duplicate file names are not allowed

Web Portal Claims Inquiry Status	Attachments Allowed from Portal (Claims Inquiry)	How to Add Attachments
Submitted	No	Wait for status change to Pending/In Progress.
Received	No	Wait for status change to Pending/In Progress.
Pending/In Process	Yes	Add attachment at the bottom of Claim Details page (as outlined in instructions on left side of this page).
Rejected	No	Submit a New Claim, utilize Attachment functionality in submission (found in Supporting Information box).
Paid	No	Submit a Corrected Claim, utilize Attachment functionality in submission.
Denied	No	Submit a Corrected Claim, utilize Attachment functionality in submission.



Claims

If attachments **were** made to the original claim, and claim status changes to a finalized status (Paid or Denied) a Corrected Claim should be submitted:

- All attachments added to original claim while claim was in a Pending/In Progress Status **are retained** and are referenced by the original Claim ID on the new Corrected Claim.
- Additional attachments (not attached to the original claim) may also be added to a Corrected Claim.

Tips for submitting Corrected Claims with Attachments

- Use Corrected Claim function to submit attachments on claim(s) with a finalized status.
- DO NOT submit multiple corrections on the same claim; they will be denied as duplicates.
- The Corrected Claim will contain the prior claim number.
- Corrected Claims are automatically sent to a claims adjuster for review.



Appeals

Appealing a Claim

(Available in most states)

The Appeal Claim module has three (3) functionalities:

- Submitting Provider Appeal Request Form
- Waiver of Liability Form
- Email Confirmation

Submitting Provider Appeal Request Form

To appeal a Claim, choose **Claims Status Inquiry** from the left menu and follow the steps to find and select the Claim you are appealing. After the Claim is selected, the Claim Details Page will appear, select the **Appeal Claim** Button. The Provider Appeal Request Form page comes prepopulated with details from the original claim:

- All populated data cannot be updated, these values are set and cannot be changed.

Waiver of Liability Form

For non-contracted Medicare and MMP Providers only: please complete and attach the ***Waiver of Liability*** along with your appeal.

- Print, fill out, scan, and save the form to your computer then attach the document to the appeal along with all other supporting documents.

Appeal Attachment Rules

- Attach any supporting documents that are related to the appeal request.
- Maximum file size is 5MB for individual files, and 20MB for the total size of all 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.

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: * 111111111 Federal ID: * 222222222
Request Type: Appeal Participation Status: ☒ Contract ☐ Non - Contracted
Claim Number: * 10101010101 Date of Service From: * 07/26/2015 mm/dd/yyyy Total Billed Charges: 226.80
CPT Code: Authorization Number:
Address: 777 MOLINA WAY City/State/Zip: LONG BEACH, CA, 90802 Email Address: Molina.Medical@molinahea
Contact Person: * Phone: * Fax Number:
Member's ID: * 3333333333 Member Name: * DOE, JOHN Date of Birth: * 07/07/2007 mm/dd/yyyy
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: Select
File: Choose File No file chosen Upload
Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.
Submitter Name: * Submission Date: 07/13/2017 Receipt Date: 07/13/2017
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.
Print Submit Cancel

- Once all fields have been completed and attachments made, you must agree to the terms and conditions by typing your name into the Submitter Name field.
- The check box next to the disclaimer at the bottom of the form will also need to be selected.
- The appeal request is considered complete once the **Submit** button has been selected at the bottom of the form.

Email Confirmation

Upon submission, you will receive an email to confirm that the online appeal was submitted successfully.

Service Requests/Authorizations

The [Service Requests/Authorizations](#) page has 4 functionalities:

- **Service Requests/Authorizations Status Inquiry**
- **Create Service Requests/Authorizations**
- **Open Incomplete Service Requests/Authorizations**
- **Create Service Request/Authorization Templates**



Service Requests/Authorizations Inquiry

To search for a Service Request/Authorization, you must use one of the following criteria:

- Molina Healthcare Member ID
- Member Name
- Service Request Number
- Refer to Provider
- Refer from Provider/Facility

Optional Search Criteria:

You may further refine your search using these optional criteria:

- Member's Gender
- Refer from Provider/Facility
- Refer to Provider/Facility Service
- Request Status

To further narrow search you may also enter the service request dates (from and to) and submission dates (from and to).

Create Service Requests/Authorizations

The table on the right shows the information required to submit a Service Request/Authorization. Users have the option to save a Service Request/Authorization which they can complete and submit at a later time.

Note: The general response time of a submitted Service Request/Authorization is within 72 hours for urgent requests and 2 weeks for non-urgent requests. This may vary by state. Please refer to your Provider Manual for specific information on your state.

For emergency situations, please contact Molina Healthcare using the contact information listed for your state on page 18.

Section	Description
Member Search	Enter Molina Healthcare Member ID or enter First Name, Last Name and Date of Birth to search for Member. Searches Member's eligibility as of today.
Patient Information	This section will automatically populate with a successful Member Search
Service Information	Enter Type of Service, Place of Service, and Proposed Start Date (Required fields will be enabled based on your selection). Enter Diagnosis Code, Procedure Code and Number of Units requested to complete this section.
Provider Information	Requester and Contact information will automatically populate based on the User ID. Manually enter any other necessary information to complete this section.
Referring Provider Information	Select a Referring Provider from drop down menu and the information will automatically populate.
Referred to Provider Information	To locate a Provider, enter the Provider NPI. The information will automatically populate. If the Provider is not found, you can enter the information manually.
Additional Provider Access	PCP automatically populates. (This is not a required field.)
Refer to Facility Information	If you are choosing a facility, enter the Facility NPI and move to the next field to search or use Find Facility link to search and select a Provider. If the Provider is not found, you can enter the information manually by clicking cancel on the search window.
Supporting Information	Use this section for adding attachments and clinical notes/comments to support the request.

Open Incomplete Service Requests/Authorizations

Users have the option to save an unfinished Service Request/Authorization. These saved requests can be opened by clicking on Open Incomplete Service Request/Authorization. Once opened the request can be completed and submitted.

Create Service Request/Authorization Templates

Users have the option to create templates for service requests and save them for later use. This feature makes it easier and quicker when the same service(s) are routinely requested by a Provider.

Member Roster

The Member Roster application enables the registered user to view and navigate through a list of Members assigned to a Primary Care Provider (PCP).

You will be able to:

- Customize Member search with built-in filters and sorting functions.
- View various statuses (e.g. needed services, inpatient, new Members, etc.) for Members.
- Check Member eligibility.
- Easily access other functions to view Member details, submit claims and request service authorizations.



Customize Your Member Search

Note: By default, Members are listed by last name. Filter the roster by selecting a Primary Care Provider (PCP) from the drop-down menu. The Roster will filter the list and display only Members with the selected PCP.

You can also use the text boxes under First Name, Last Name, and Member ID to narrow your search.

Additionally, you can click on an underlined header to sort by:

Date of Birth sorts by oldest or by most recent dates of birth.

Member ID sorts by highest or lowest value number. If you know the Member ID, you can enter it in the text box and the roster will display close matches.

Line of Business sorts the list alphabetically by line of business.

PCP Effective Date sorts the list by oldest or most recent effective date.

PCP Name sorts the list alphabetically by PCP's last name.

Last Name sorts Members alphabetically, A to Z (by clicking twice they will reorder from Z to A).

First Name sorts Members alphabetically, A to Z (by clicking twice they will reorder from Z to A).

Clear Filters removes any filters and resets back to the default settings.

Check Multiple Member Statuses At Once

To filter by Member status, click on the drop-down arrow and select a status you want to display. You can select more than one. The types of statuses are:

- **Needed Services:** Member has a missed service. To see details on the missed service, go to the Member Eligibility Details page by clicking on the Member's last name or by selecting the radio button on the far left column and clicking on the Verify Eligibility button below.
- **Inpatient:** Member has an open or requested authorization to go to a hospital for at least an overnight stay. The Inpatient status will stay in effect from the Submission Date of the authorization through the end of the Discharge Date month.
- **New:** Member has been recently assigned to a PCP. Members marked "New" will remain on your roster as new for at least one full calendar month.
- **Medicare-Medicaid Plan:** Member is enrolled in Molina Dual Options. For details go to the Member Eligibility Details page by clicking on the Member's last name or by selecting the radio button on the far left column and clicking on the Verify Eligibility button below.
- **Term:** The date shown is the last day the Member will be assigned to the current PCP. Members marked "Term - <date>" will remain on your roster list for at least one full calendar month.
- **CM:** Members who are case managed.
- **SNP:** Members who are part of the Special Needs Program (SNP).
- **Health Home:** Members who are Health Home Eligible.

Check Member Eligibility

There are two ways to check Member eligibility.

1. Click on a Member's **Last Name**. The link will bring you to the Member Eligibility Details page.
2. Select a Member and click **Verify Eligibility**. This will bring you to the Member Eligibility Details page.

Easy Access to Other Functions

Please make sure to turn off your pop-up blocker for these functions to work properly.

- **Print** a list of Members. This list can be the entire Member Roster for all Provider or a customized, filtered list.
- **Export** Member list to Microsoft Excel. This list can be the entire Member Roster for all Providers or a customized, filtered list.
- **Verify Eligibility** for any Member. When you select a name, this will bring you to the Member Eligibility Details page to verify eligibility.
- **Submit A Claim** for any selected Member. When you select a Member click Submit Claim. This will bring you directly to an online claims form.
- **Submit an Authorization** for any selected Member. Select a Member then click **Submit Authorization**. This will bring you to the Service Requests/Authorizations application.

Case Managed Member List (CA, IL, MI, OH, SC & TX MMP/DUALS Programs Only)

Case Managed Member List is limited to MMP (Duals) program

in CA, IL, MI, OH, SC & TX. This list feature is similar to the Member Roster list. It enables the registered user to view and navigate through a list of MMP Members assigned to a PCP and enrolled in Case Management.

You will be able to:

- Customize Member search with built-in filters and sorting functions
- View Member Health Record
- Check Member eligibility
- Send Secure Messages to Case Managers

Customize Your Member Search

Note: By default, Members are listed by last name.

Filter the roster by clicking on the drop-down menu under:

- Primary Care Provider (PCP)
- Last Name
- First Name

The Roster will filter the list and display only Members with the selected criteria. You can also use the text boxes under First Name, Last Name, and Member Number to narrow your search. The Roster will display exact or close matches.

Check Member Eligibility

There are two ways to check Member eligibility:

- Click on a Member's **Last Name**. The link will bring you to a the Member Eligibility Details page.
- Select a Member and click **Verify**.

Eligibility. This will bring you the Member Eligibility Details page.

Case Managed Members List

Select a Primary Care Provider (PCP) Providers who are grayed out on the list do not have members assigned to them.

Select a Member to filter by Last Name

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

Select	Member Number	Member First Name	Member Last Name	Case Manager Name	PCP Name	Case Status/Account	Member PHR Access
<input type="checkbox"/>	123456789	Shari	Mickey Mouse	Mickey Mouse	OPEN	Complete	
<input type="checkbox"/>	123456789	Darla	Mickey Mouse	Mickey Mouse	OPEN	Complete	

Page 1 of 1 10 per page Showing 1 of 6

If you know of any discrepancies with this list or if you would like to refer any member to Case Management, please contact the Mobile case manager.

[Print](#) [Export](#) [Member Health Record](#) [Verify Eligibility](#) [Submit Claim](#) [Submit Authorization](#) [Send Secure Message](#)

Sort Results in Multiple Ways

Additionally, you can click on an underlined header to sort by:

Member Number sorts by highest or lowest value number. If you know the Member ID, you can enter it in the text box and the roster will display close matches.

Last Name sorts Members alphabetically, A to Z (by clicking twice they will reorder from Z to A).

First Name sorts Members alphabetically, A to Z (by clicking twice they will reorder from Z to A).

Case Manager Name sorts by case managers alphabetically, A to Z (by clicking twice they will reorder from Z to A).

PCP Name sorts PCP alphabetically, A to Z (by clicking twice they will reorder from Z to A).

Case Status sorts the list alphabetically by case status.

Member PHR Access sorts the list alphabetically by Member PHR access.

Clear Filters removes any filters and resets back to the default settings.

Easy Access to Other Functions

Please make sure to turn off your pop-up blocker for these functions to work properly.

- **Print** a list of Members. This list can be the entire Member Roster for all Providers or a customized, filtered list.
- **Export** Member list to Microsoft Excel. This list can be the entire Member Roster for all Providers or a customized, filtered list.
- **Member Health Record** for any Member. When you select a name, this will bring you to the Member Health record.
- **Verify Eligibility** for any Member. When you select a name, this will bring you to the Member Eligibility Details page to verify eligibility.
- **Submit A Claim** for any selected Member. When you select a Member click Submit Claim, this will bring you directly to an online claims form.
- **Submit an Authorization** for any selected Member. Select a Member then click Submit Authorization. This will bring you to the Service Requests/Authorizations application.
- **Send Secure Message.** Allows you to send a secure email message to the case manager.

HEDIS® Profile

The Healthcare Effectiveness Data and Information Set (HEDIS®) Profile is an application used to measure performance on significant dimensions of care and service.

The HEDIS® Profile is updated in the final week of every month and reflects all processed data received in the prior month.

You will be able to:

- View your HEDIS® scores and compare performance against peers and national benchmarks. *(You must have the Admin, All Access, or Clinical role-type to view the HEDIS® Profile)*
- Search/filter for Members who need HEDIS® services
- Submit HEDIS® chart documentation online for completed service, so we can update our system.
- Retrieve/print a list of Members who need HEDIS® services completed.

View Your HEDIS® Scores

If you are registered for multiple lines of business; click on the drop down arrow to toggle between your accounts. This will allow you to view information specific to that account. Once you are in the HEDIS® Profile tool, the My Rates tab will display.

Filter the list by clicking on the drop down menu options:

- Select a Provider *(for Facility/Groups)*
- Select a Group *(for Individual Providers)*
- Select a Service Location

If a Group or Provider is grayed out, they do not have Members assigned to display. Your Measures will appear alongside your current measurement year performance. The “% of Patients who Received Services” column will change color based on the national benchmarks.

Medicaid and Marketplace NCQA Nat'l Percentiles:	
Green	= Your rate is at or above 90% NCQA benchmark
Yellow	= Your rate is at or above 75% NCQA benchmark
Red	= Your rate is below the 75% NCQA benchmark

Medicare/Duals Star Ratings:	
Green	= Your rate is at or above the 5 star rating
Yellow	= Your rate is at or above the 4 star rating
Red	= Your rate is below the 4 star ratings

Search for Members who Need HEDIS® Services

If you switch to the Members tab, it displays a list of Members who either need a HEDIS® service, or have completed one. If you are searching for Members who need services, select **Needed Services** in the Service Status drop down menu.

The Measure column indicates the HEDIS® Measure that the Member needs or has completed. To see a definition of the Measure, toggle back to the **My Rates** tab and hover over the question mark.

All the fields, except for address and phone number, are searchable by entering a search term in the blank text boxes below the respective column headers. You can also search or filter by the Measure and PCP Name by selecting the drop-down menu of each column.

Submit HEDIS® Chart Documentation for Completed Services

To view documents for a specific Member, first select a Member by checking the box in the first column. Then select **View Documents** at the bottom of the screen. A pop up will display with a list of documents submitted for this Member.

If a Member has completed a service that is being shown as needed, you can submit relevant medical record documentation (e.g., progress note, immunization record, lab report, etc.) by choosing the Member and selecting **Upload Documents**. The attachment tool will appear allowing you to upload multiple files. Any file format can be attached as long as the total size is under 2GB. Once the documentation has been uploaded, the HEDIS® team will review the chart. If it meets HEDIS® criteria, we will update our records within 60 days of receipt of documentation.

Tip: If you are struggling to get the attachments under the 2GB limit, try changing the file format.

Retrieve/Print List of Rates or Members

Please make sure to turn off your pop-up blocker for these functions to work properly.

At the bottom of both the My Rates and Members tabs, there are options to **Print or Export**. To print a report, click on **Print** and a print-ready version of the report will display in a new window. If you select **Export**, you can choose between two formats - PDF or Excel.

Account Tools

The **Account Tools** module has five (5) functionalities:

- **Change Password**
- **View/Update Profile**
- **Manage Users** (for Admins only)
- **Delete Account**
- **Manage Providers** (for Admins only)

Change Password

You have the option to change your password within the portal (following the password rules indicated on the page).

View/Update Profile

You can view your specialty and languages. You can change contact information and security questions. Click Edit in the bottom right corner of the page and you will be directed to a new page where you can modify your account information.

Delete Account

By selecting **“Delete Account”** a pop up will display and ask you to confirm that you want to delete the account. You are only able to delete your own account. If you would like to promote a second admin before you delete yourself, go to the “Account Tools” page and click on “Manage Users.” Select the user you wish to promote and click on “Promote Admin.”

Manage Users

This link provides you with the tools to edit user settings such as lock/unlock, remove access, promote user, invite users and update user roles.

Lock	Temporarily prevents users from viewing information for their specific account.
Unlock	Removes lock and allows users to view information again.
Remove Access	Permanently prevents users from viewing information for a specific account.
Promote Admin	Promotes a linked user to become an administrator and will grant administrative privileges for specified account.

You can manage access for each user by clicking on the username. This will open up a page where you can edit user roles.

*Note: There is a link on the Manage Users Screen which explains the differences between the following roles: **Host/Admin, Clinical, Non-Clinical, Biller, Reporting, All Access, Default Access and No Access.***

You may also invite users to join your group through the Invite Users link by entering users’ email addresses.

Invite Users

Grant Access

Enter Email Address

Enter Email Address

Enter Email Address

Enter Email Address

Invite All

Add More

Invited users will be sent an invitation email valid for seven (7) days. Once a user selects the link, they will be sent to the registration page where they can input their authentication details and finish the registration process.

Manage Providers

The Manage Provider Screen allows Admins to add and delete Providers to a group using the TIN and Molina Healthcare Provider ID. After selecting the Program, either Medicare or Other Lines of Business, click **Add** and the Provider will be added.

Note: You cannot manage Providers who are already registered as a Facility/Group.

Manage Multiple Provider Groups?

At any time, you can switch between Provider Groups by going to the top of the screen and clicking the drop down menu. Simply select the group you want to view.



Quick Reference Guide FAQ

Web Portal Access and Administration

How many users can be added to a Web Portal Account?

There are no limitations on the number of users for a Web Portal account.

Can a user be added to more than one active Web Portal account?

Yes, a user can exist in more than one Web Portal Account if they are invited or registered for the other accounts.

How do I change the Administrator for my account?

You are allowed to promote another user as the admin for your account. A promoted admin will have the same capabilities as the current admin.

If the existing Administrator is no longer employed by the Provider or Group, and cannot be contacted, what is the process for creating a new Administrator user?

Contact a Web Portal Help Desk Technician at (866) 449-6848. You will be required to provide information to confirm your identity, in addition to identifying details of the previous Administrator.

Who can change a User's Role type and how is it changed?

Only the Account Administrator can change a User's role type. The role type is changed by accessing the **Manage Users** link and clicking on the Office User ID.

Can a User have more than one Role at a time?

Yes, users can have different roles for each account they have access to. Also, there is, an "All Access" Role that provides access to all functionality, with the exception of the Administrator function.

Claims

What is the time frame that claims must be submitted to have the current date reflected?

Claims must be submitted by 2:00 p.m. Pacific Time in order to reflect the current date. Any claim submitted after 2:00 p.m. Pacific Time will reflect the date of the next business day.

If a claim is processed on the weekend or holiday when will it appear in Molina's system?

Claims processed on weekends or holidays will appear on Mondays or the first business day after the holiday.

What are the timing requirements to add attachments to claims submitted via EDI Clearinghouse?

It is recommended that you check the claim status on the Claim Inquiry module on the Web portal the day after submission, and submit your attachments as soon as possible.

I submitted attachments through the Portal for a claim with a "Pending/In Progress" status, but the claim was still denied for no attachment. Why? What is the next step?

The claim status on the Portal is updated each evening, because claims are processed throughout the day, it is possible for the claim to move to a finalized status prior to the attachment submission. When this happens, the attachments are linked to the claim, but because the claim has already been finalized, the attachments are not reviewed. In this situation, a Corrected Claim should be submitted. The Corrected Claim will be linked to the original claim. It is not necessary to re-submit the attachments with the Corrected Claim submission.

Miscellaneous

I already have a Medicaid account and tried to register for Medicare but it's saying that my email is already in use. What do I do?

You can register for Medicare using a different email address, or call Provider Services for assistance.

How can I receive help to understand how to use the Web Portal?

Your health plan Provider Services Representative can provide assistance on Web Portal functionality questions. Please see page 18 for your specific state contact information. The Web Portal Help Desk can assist with Technical and Log-in issues by calling (866) 449-6848.

What browsers are currently compatible with Molina's Provider Self Services?

Molina's Provider Web Portal is fully compatible with Internet Explorer 7, 8, 9, and 10 and Google Chrome. Other browsers, such as Safari may work but are not currently supported and may result in errors.

Can I search for Providers with additional search criteria online?

Yes. Providers and Members can now search by Provider Group as well as the other search criteria on the Provider Online Directory.

How often is the eligibility status updated?

Eligibility information is updated every 30 minutes.

Need More Information?

View our online training videos by going to the Help link on our Provider Web Portal.

Contacts

Provider Services Contact Information:

Molina Healthcare of California

200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: (855) 322-4075

Molina Healthcare of Florida

8300 NW 33rd St. Suite 400
Miami, FL 33122
Phone: (855) 322-4076

Molina Healthcare of Illinois

1520 Kensington Road, Suite 212
Oak Brook, IL 60523
Phone: (855) 866-5462

Molina Healthcare of Michigan

880 W Long Lake Rd., Suite 600
Troy, MI 48098
Phone: (855) 322-4077

Molina Healthcare of New Mexico

400 Tijeras Ave NW, Suite 200
Albuquerque, NM 87102
Phone: (855) 322-4078

Molina Healthcare of New York

5232 Witz Drive
North Syracuse, NY 13212
Phone: 877-872-4716

Molina Healthcare of Ohio

P.O. Box 349020
Columbus, OH 43234-9020
Phone: (855) 322-4079

Molina Healthcare of Puerto Rico

654 Luis Muñoz Rivera Avenue
San Juan, Puerto Rico 00918
Phone: (888) 558-5501

Molina Healthcare of South Carolina

4105 Faber Place Drive, Suite 120
North Charleston, SC 29405
Phone: (855) 237-6178

Molina Healthcare of Texas

5605 N. MacArthur Blvd., Suite 400
Irving, TX 75038
Phone: (855) 322-4080

Molina Healthcare of Utah

7050 Union Park Center, Suite 200
Midvale, UT 84047
Phone: (855) 322-4081

Molina Healthcare of Virginia

4050 Innslake Dr., Ste 202
Glen Allen, VA 23060
Phone: (844) 542-7907

Molina Healthcare of Washington

P.O. Box 4004
Bothell, WA 98041-4004
Phone: (855) 322-4082

Molina Healthcare of Wisconsin

11200 W Parkland Ave
Milwaukee, WI 53224
Phone: (855) 326-5059

