

Web Portal Overview

New Provider Portal Features!



Your Extended Family.

mhtxportal2015

Please Note: All the Member IDs, Names, and any Data in this Demo are fictitious. Only TEST data was used and does **NOT** represent any Molina Member information.

Accessing From the Molina Public Website

<http://www.MolinaHealthcare.com>



Accessing From the Molina Public Website

This information is for Doctors and Health Care Professionals only.

[Medicaid Professionals Click Here](#)

[Medicare Professionals Click Here](#)

[Dual Options Professionals Click Here](#)

[Marketplace Professionals Click Here](#)

[I am not a healthcare professional](#)

Select any Line of Business

Accessing From the Molina Public Website



The link to the Provider Portal is accessible for all Lines of Business

Accessing via Direct Link

<https://Provider.MolinaHealthcare.com/>

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- Check member eligibility and benefits
- Search and manage your service request/authorizations
- Search and manage claims
- View other information helpful to you

Register today to access our on-line services. A video will guide you through the easy on-line registration process.

Provider Self Services

User ID:
Password:
[Accept & Login](#)
[Forgot Password?](#)

[New Provider Registration](#)
[Request Access for new user **Now!**](#)
[Minimum System Requirements](#)
[View FAQs](#)
[Contact Us](#)
For technical assistance with this website please call: **(866) 419-6848**

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"). PRIVACY AND SECURITY

Provider Self Services

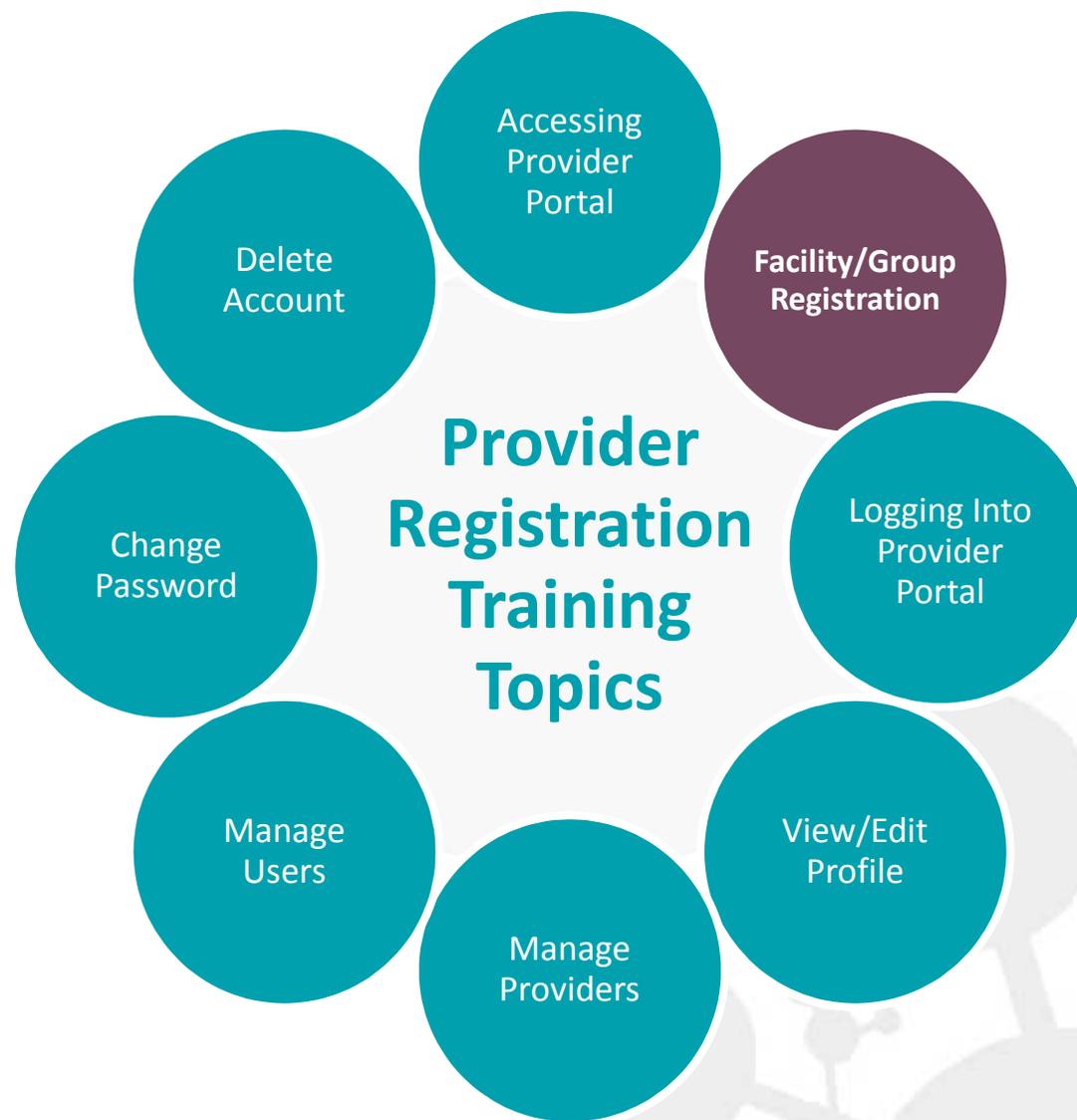
Log in using specific *User ID and Password*



Web Portal Overview

Provider Registration





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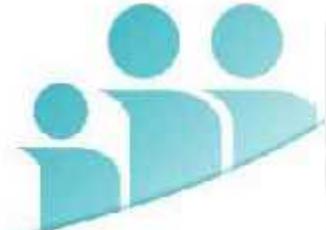
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To register, click
New Provider
Registration

Provider Self Services



Web Portal Overview



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:
 - Inviting New Users
 - Assigning User Roles
 - De-Linking Users
 - Linking Users Accounts as needed
- Perform mandatory periodic reviews validating the accuracy

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

To exit click [here](#)

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

Click here to
proceed

Please note: The first account created is automatically the Admin User account.

The Admin User account provides access to all Web Portal functionality and is responsible for management of all other users under the account.

Welcome to the Provider Registration Page

Please Click "Take a Tour" to see a video walk through of the registration process

[Take A Tour](#)

If you have any questions about the registration process, please visit our [FAQ](#)

PROVIDER INFORMATION

Are you registering for: Medicare Other Lines of Business select state

Tax Identification Number:

Molina Provider ID:

Provider Type: *

Individual Physician Facility / Group

Facility/Group type is designed for payto accounts and is not limited to provider types can register using their Molina Provider ID. Some, who are using both a Tax ID and a Molina Provider ID. If you are going to be submitting requests/authorizations on behalf of a provider group, you would register as Facility/Group, instead of an Individual Physician.

[Next](#) [Cancel](#)

Choose your Line of Business and Provider Type

Select the between Medicare or Other Lines of Business. If you select Other Lines of Business, please select State from dropdown menu.

Select a Provider Type (Facility/Group) A description for each Provider Type will appear depending on which one is selected.

Welcome to the Provider Registration Page

Please Click "Take a tour" to see a video walk through of the registration process.

[Take A Tour](#)

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[FAQ](#)

Provider Information

Are you registering for: → Medicare Other Lines of Business select state

Provider Type: * Individual Physician Facility / Group

Tax Identification Number:

Molina Provider ID:

Facility/Group type is designed for payor accounts and is no provider types can register using their Molina Provider ID. Some using both a Tax ID and a Molina Provider ID. If you are going requests/authorizations on behalf of a provider group, you wo Physician.

[Next](#) [Cancel](#)

Fill out Tax ID Number and Molina Provider ID

Contact your local provider services representative if you do not know your Molina provider ID.

Authentication Details

First Name:

Last Name:

* Email:

* Confirm Email:

* Security Questions: Enter answers in the corresponding fields:

* Enter the code shown in the Text box:

* User ID: [Check Availability](#)

* Password:

* Confirm Password:

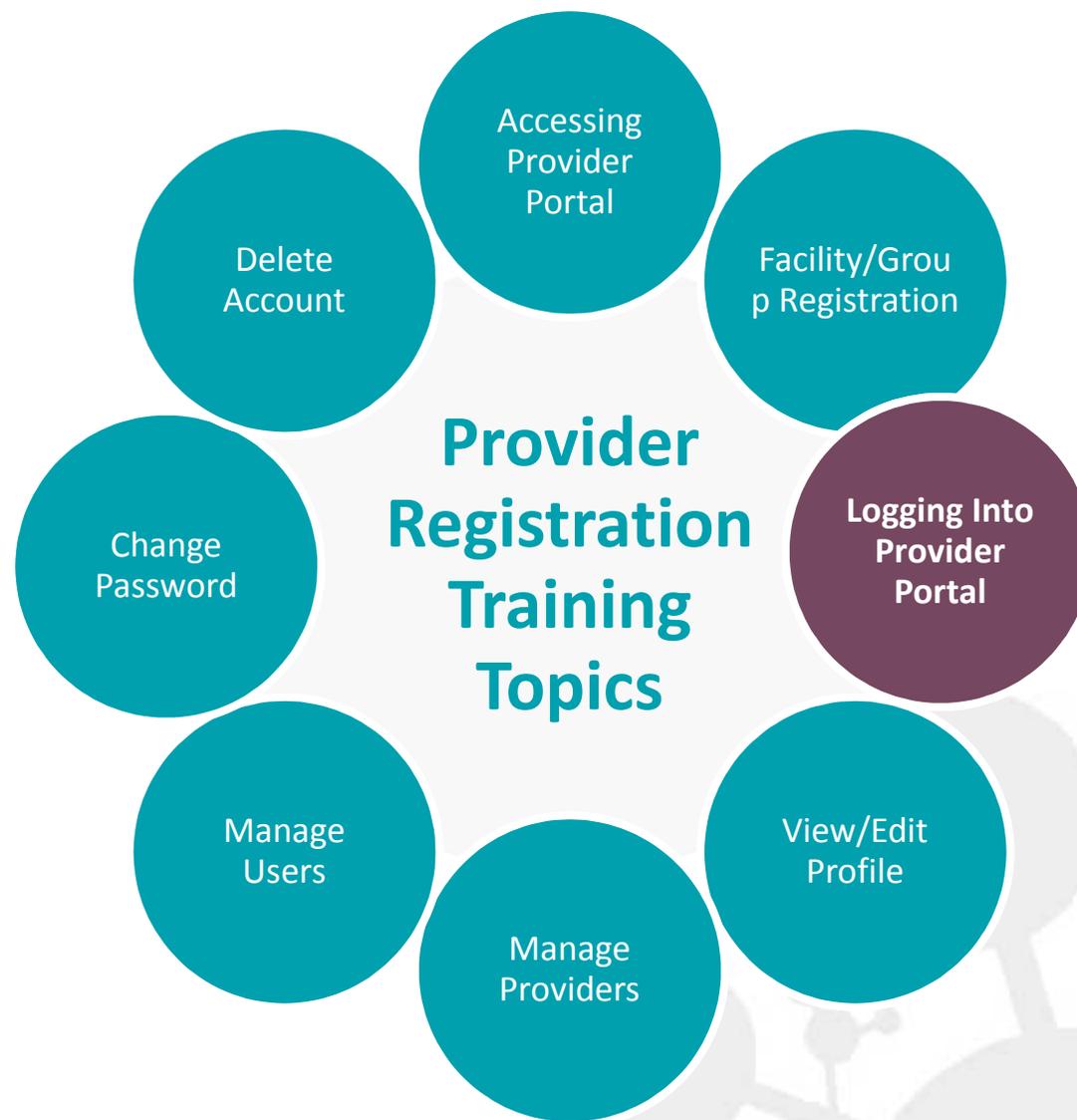
This input is to verify whether you are a human visitor and to prevent automated spam submissions.

I accept [Provider Online User Agreement](#)

The Authentication Details section appears after inputting the appropriate information for the Provider Information. All fields in the Authentication Details sections are *required*.

The screenshot displays the Molina Healthcare Provider Registration interface. On the left, a teal sidebar contains the text: "Welcome to the Provider Registration Page", "Please Click 'Take a Tour' to see a video walk through of the registration process", a "Take A Tour" button, "If you have any questions about the registration process, Please visit our FAQ", and an "FAQ" button. The main content area is titled "Provider Information" and includes fields for "Are you registering for:" (with radio buttons for Medicare and Other Lines of Business), "Select State", "Tax Identification Numbers", and "Molina Provider ID". Below this, "Provider Type:" has radio buttons for "Individual Physician" and "Facility / Group". A modal window titled "Registered Successfully" is centered on the screen, containing the text: "An activation link has been sent to your registered email address. In order to activate this account, please click the link in the email to successfully complete the registration process. For security purposes your browser window will be closed once clicked on 'Close'." and a "NOTE: The activation link in your email will be valid for ONLY 3 days." with "Close" and "Cancel" buttons.

Go to the e-mail that was provided during the registration process to your activate Molina provider portal account. After closing the message window you will be sent to the Provider Services Login Page.



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Provider Self Services

Login with User ID and Password



Provider Portal	Messages and Announcements	Recent Activity	My Favorites Edit
Member Eligibility Claims Service Request/Authorization HEDIS Profile New! Member Roster Reports Links Forms Account Tools	 You have (0) new messages  You have (3) announcements	 You have 0 Service Request Authorizations in the last 30 days  You have 0 claims in the last 30 days	<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 5px;"> <div style="text-align: center;"> Member Eligibility</div> <div style="text-align: center;"> Create Professional Claims</div> <div style="text-align: center;"> Claims Download Report</div> <div style="text-align: center;"> Claims Status Inquiry</div> <div style="text-align: center;"> Service Request/Authorization</div> <div style="text-align: center;"> Clear Coverage</div> <div style="text-align: center;"> Create Institutional Claim</div> <div style="text-align: center;"> HEDIS Profile</div> </div>
<h3 style="margin: 0;">Quick Member Eligibility Search</h3> <div style="margin: 5px 0;"> <input style="width: 90%; border: none; border-bottom: 1px solid white; padding: 2px 5px;" type="text" value="Search by Member ID"/> <input style="width: 10%; border: none; border-bottom: 1px solid white; padding: 2px 5px;" type="button" value="Go"/> </div>			
<h4 style="color: #009688;">What's New</h4> <div style="display: flex; align-items: flex-start;">  <div> <p>Medicare is available for Member eligibility searches, Service Request authorization inquiry and Claim Status inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.</p> </div> </div>		<h4 style="color: #009688;">Video</h4> <div style="text-align: center;">  <p style="font-size: small; margin-top: 5px;">Take a tour of our new Provider Self Services!</p> </div>	
		<h4 style="color: #009688;">Poll</h4> <p>Do you like our new look?</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> None <input type="radio"/> NA </div> <div style="margin-top: 5px; display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Vote"/> <input type="button" value="See Responses"/> </div>	



Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- ICDIS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools**
 - Change Password
 - View/Update Profile
 - Manage Users
 - Delete Account
 - Manage Providers

Messages and Announcements

- You have (0) new messages
- You have (16) announcements

Recent Activity

- You have (1) Service Request Authorizations in the last (30) days
- You have (1) claims in the last 30 days

My Favorites Edit

- Member Eligibility
- Create Professional Claims
- Claims Download Report
- Claims Status Inquiry
- Subscribe Request/Authorization
- Clear Coverage
- Create Institutional Claim
- Health Profile

Quick Member Eligibility Search

Search by Member ID:

What's New

Medicare is available for Member eligibility searches. Service/Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video



Take a tour at our new Provider Self Service!

Poll

Do you like our new look?

- Yes
- No
- None
- NA

[See Responses](#)

Select View/Update Profile

My Profile

General Information			
Name:	Web Portal_Tester	Title:	
Status:	Active	Credential Status:	
Provider Type:	AMBULATORY HEALTH CARE FACILITIES	Federal Tax ID:	123456789
License Number:		License Effective Date:	
License Termination Date:		Ethnicity:	NO ETHNICITY
Date Of Birth:		Gender:	

Specialty		
Specialty Type	Specialty	Specialty
AMBULATORY SURGICAL CENTER	PRIMARY	

Languages	
Language Code	Description

Contact Information			
Mailing Address			
Address 1:	12345 MAIN STREET	Address 2:	
State:	CA	City:	LONG BEACH
County:	LOS ANGELES	Zip:	90801
Email:	WebPortal@MolinaHealthcare.com		
Physical Address			
Address 1:	12345 MAIN STREET	Address 2:	
State:	CA	City:	LONG BEACH
County:	LOS ANGELES	Zip:	90801
Phone Numbers			
Primary Phone Number:	555-555-5555	Mobile Number:	
Secondary Phone Number:			

Account Self Services	
Secret Questions	Answers
In which city you were born?	Test
What is your mother's maiden name?	Test
In what city or town was your first job?	Test

Edit

To update your profile, select Edit

Update any information in any editable field. If the field that you need to edit is not open to change, please contact your local provider services representative.

My Profile

General Information

Name:	Web Portal Tester	Title:	
Status:	Active	Credential Status:	
Provider Type:	AMBULATORY SURGICAL CENTER FACILITIES	Federal Tax ID:	121456789
License Number:		License Effective Date:	
License Termination Date:		Ethnicity:	NO ETHNICITY
Date Of Birth:		Gender:	

Specialty

Specialty Type	Specialty
AMBULATORY SURGICAL CENTER	PRIMARY

Languages

Language Code	Description

Contact Information

Mailing Address

Address 1:	12345 Main Street	Address 2:	
State:	CA	City:	LONG BEACH
County:	LOS ANGELES	Zip:	90801
Email:	WebPortal@MolinaHealthcare.com		

Physical Address

Address 1:	12345 Main Street	Address 2:	
State:	CA	City:	LONG BEACH
County:	LOS ANGELES	Zip:	90801

Phone Numbers

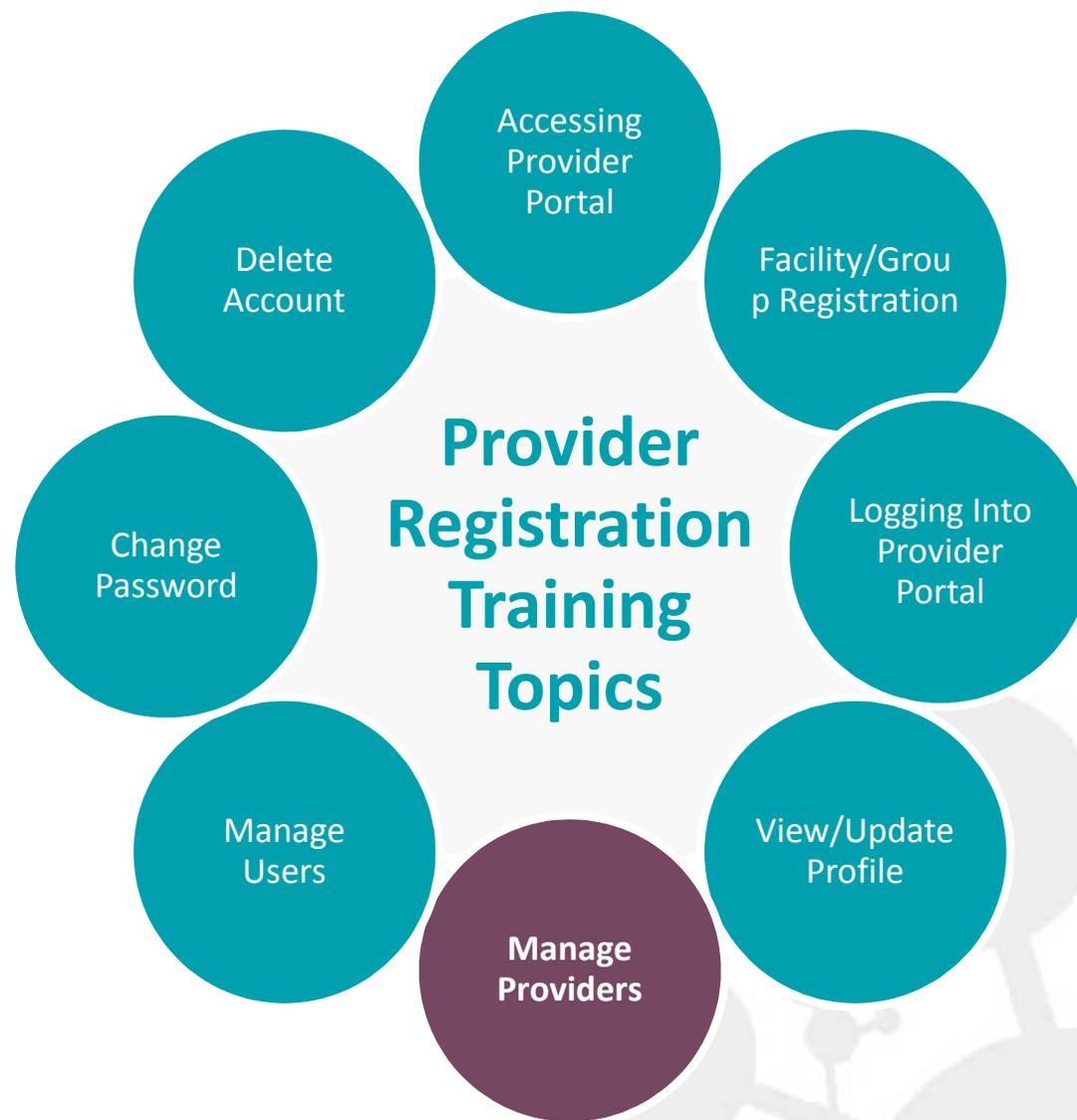
Primary Phone Number:	0610645291	Mobile Number:	
Secondary Phone Number:			

Account Self Services

Secret Questions	Answers
In which city you were born?	Los1
What was your childhood nickname?	Res2
What is your oldest cousin's first and last name?	Res3

Save **Cancel**

Select Save after updating your profile



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Messages and Announcements

-  You have (0) new messages
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Recent Activity

-  You have (1) Service Request Authorizations in the last (0) days
-  You have (1) claims in the last 30 days

My Favorites Edit

 Member Eligibility	 Create Professional Claims
 Claims Download Report	 Claims Status Inquiry
 Scribe Request/Authorization	 Clear Coverage
 Create Institutional Claim	 Health Profile

Quick Member Eligibility Search

Search by Member ID:

What's New

 Medicare is available for Member eligibility searches, Service/Request authorization, Inquiry and Claim Status. Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

 3:07

Take a tour at our new Provider Self Service!

Poll

Do you like our new look?

Yes

No

None

NA

[See Responses](#)

Select Manage Providers

After you fill out the Tax ID Number and Provider ID, click Add.

Host Admin(s):
Other Lines Of Business State: WA

Registered Providers

Tax ID Number	Provider ID	NPI #	Provider Name	Other Lines Of Business	Molina Status	
123456789	QMP000000000000	1111111111	Web Portal Tester	Other Lines Of Business	Active	Delete
<input type="text" value="123456789"/>	<input type="text" value="QMP111111111111"/>	<input type="text"/>		Other Lines Of Business ▼		Add

Host Admin(s):

Other Lines Of Business State: WA

Registered Providers

Tax ID Number	Provider ID	NPI #	Provider Name	Program	Molina Status	
123456789	QMP000000000000	1111111111	Web Portal Tester	Other Lines Of Business	Active	Delete
123456789	QMP111111111111		Web Portal Tester _ Long Beach	Other Lines Of Business	Active	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>		MEDICARE		Add

When you are finished adding Providers, click Submit

123456789 - Other Lines of Business - xxx0000 - Web Portal Tester

Welcome, Admin User: WebPortal2014 [Log Out](#)

Dec 22 2014 3:03:57 PM

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

Recent Act

You have 0 S

You have 0 cl

There should now be a drop down menu with your providers

My Favorites

[Edit](#)



Member Eligibility



Create Professional Claims



Claims Download Report



Claims Status Inquiry

Eligibility Search

Go

Poll



Select Invite Users

Welcome to
Provider Services
Manage Users

Filter Users

- Administrator(0)
- Locked(0)
- Active(0)

Go

Host Admin(s)
WebFaria2014

Manage Users

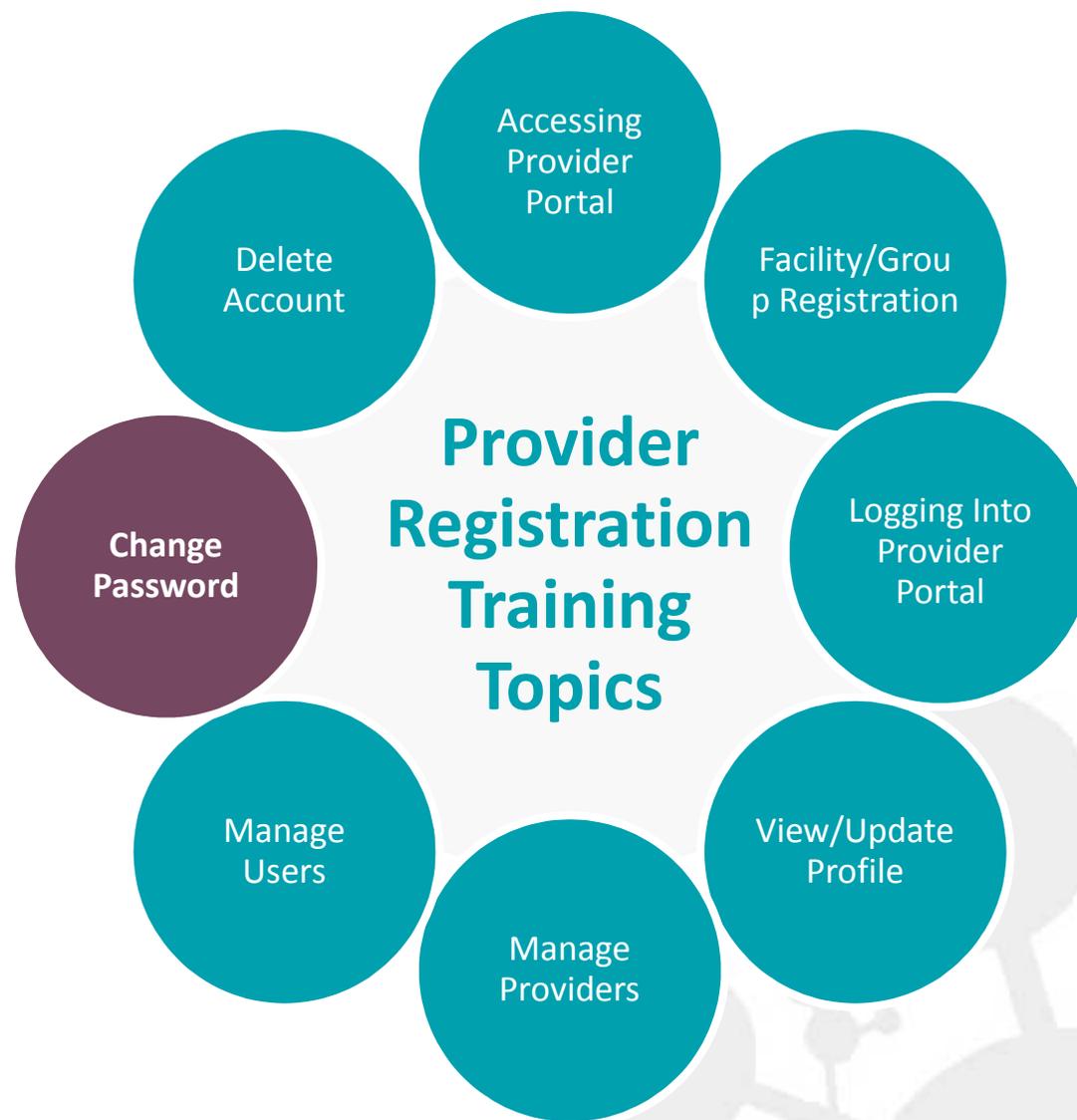
No sub users exist, please invite users to join your group.

Find My User

User ID: Email Address: Date Created: (mm/dd/yyyy)

This allows any administrator to grant access and set the role of the user for the facility/group information

Fill out the Email Addresses and select Invite All



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- You have (1) claims in the last (30) days

My Favorites

 Member Eligibility	 Create Professional Claims
 Claims Download Report	 Claims Status Inquiry
 Subscribe Request/Authorization	 Clear Coverage
 Update Institutional Claim	 Health Profile

Quick Member Eligibility Search

Search by Member ID:

What's New

Medicare is available for Member eligibility searches. Service/Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video



Take a tour at our new Provider Self Service!

Poll

Do you like our new look?

- Yes
- No
- None
- NA

[See Responses](#)

Select Change Password

Change Password

User ID: WebPortal2014

Current Password: *

New Password: * 12 Characters Max, 12 Character(s) Remaining

Confirm Password: *

Submit **Cancel**

Password Rules:

Must have at least 8 and no more than 12 characters in the password.

Must contain at least one uppercase and lowercase letter,

Must have at least one number

Password cannot contain partial User ID, first name or last name

Fill in the required fields and select Submit



Provider Portal	Messages and Announcements	Recent Activity	My Favorites Edit
Member Eligibility	 You have (0) new messages	 You have (0) Service Request Authorizations in the last (0) days	 Member Eligibility
Claims	 You have (16) announcements	 You have (0) claims in the last 30 days	 Create Professional Claims
Service Request/Authorization	Quick Member Eligibility Search		
HEDIS Profile New!	<input type="text" value="Search by Member ID"/> <input type="button" value="Go"/>		
Member Roster	What's New	Video	 Claims Download Report
Reports	 Medicare is available for Member eligibility searches. Service/Request authorization. Inquiry and Claim Status. Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.	 Take a tour at our new Provider Self Service!	 Claims Status Inquiry
Links		Poll	 Scribe Request Authorization
Forms		Do you like our new look?	 Clear Coverage
Account Tools		<input type="radio"/> Yes	 Create Institutional Claim
Change Password		<input type="radio"/> No	 HEDIS Profile
View/Update Profile		<input type="radio"/> None	
Manage Users		<input type="radio"/> NA	
Delete Account		<input type="button" value="Vote"/> See Responses	
Manage Providers			

Select Delete Account

Delete Provider Self Services Account

To continue with account deletion, click the button below.

Delete Account **Cancel**

Select Delete Account

If a host admin is deleted, all linked users will lose access.
If an admin or linked account is deleted, only that account will lose access

Delete Provider Self Services Account

To continue with account deletion, click the button below.

Delete Account Cancel

Confirmation

You are about to delete your account! Your session will be terminated and you will be redirected to the login page!. Press OK to continue.

Ok

Cancel

Select Ok to delete account

Member Eligibility



Your Extended Family.

Member Eligibility

Member/Eligibility Inquiry provides the options to search by Member ID or Full Name and Date of Birth.

- *Click Search* to initiate the search.
- *Click Clear* to remove any data entered.

The screenshot shows a web form for Member Eligibility Inquiry. At the top right, there is a text input field for "Search eligibility as of" containing "03/23/2011" and a label "(mmddyyyy)". Below this is a "Member Search" section with a sub-label "Enter Member ID or First and Last Name and Date of Birth". It contains three input fields: "Member ID:", "First Name:", and "Date of Birth:" (with a "(mmdd/yyyy)" label below it). To the right of the "First Name" field is a "Last Name:" field. Below these is a "Search Options" section with three dropdown menus: "Gender:" (with a "Select" label), "Zip Code:", and "Line of Business:" (with a "Select" label). At the bottom right of the form are two buttons: "Search for Member" and "Clear All".

Member Search by Member ID

1. Enter the Subscriber's Member ID.
2. Click Search. The Member Eligibility and Benefits page displays.

Search eligibility as of (mmddyyyy)

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

Member ID:

First Name: Last Name:

Date of Birth: (mmddyyyy)

Search Options

Gender:

Zip Code:

Line of Business:

Member Search by Name/Date of Birth

1. Enter the Member's First Name and/or Last Name, and the Date of Birth.

Search eligibility as of (mmddyyyy)

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

Member ID:

First Name: Last Name:

Date of Birth:
(mmddyyyy)

2. Click Search. The Member Eligibility And Benefits page displays.

Search Options

Gender:

Zip Code:

Line of Business:

Multiple Members Found

If any search results in multiple matches the page will display a message and highlight the fields that differentiate the members. You may select/enter any of the highlighted fields and do a search again. The following illustrates an example of the display of multiple member found search.

- *Enter Zip Code and/or select a Line of Business to see member details*

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

Member ID:

First Name: Last Name:

Date of Birth:
(mmddyyyy)

Search Options

Gender:

Zip Code:

Line of Business:

Your search has returned more than one result, enter optional information for the record you are requesting then press Submit again.

Member Eligibility and Benefits page

The Member Information, Enrollment Information, and Primary Care Provider are displayed.

- Click any closed tab to display more detail information.
- Click on tabs to view and hide information.

The screenshot displays the 'Member Information' page with the following sections and tabs:

- Alerts Exist:** ICD13 Alerts, Member currently enrolled, No enrollment restrictions.
- Member Information:** Name, Date of Birth, Mailing Address, Member #, Gender, Home #, Alternative #, Mobile #, Email ID.
- + Additional Member information:** expand to view Additional Member Information
- + ALERTS:** expand to view Alerts
- Enrollment Information:** Enrollment Plan, Enrollment Status, Enrollment Effective Date, Enrollment Term Date, Rate Code, Health Plan ID, Subscriber ID.
 - As of search date: Today
 - Member has no current enrollment restrictions.
 - Member has no other insurance.
 - View [Member Benefit Handbook](#)
 - View [Benefit Co-Pay Summary Amount](#)
- + Enrollment History:** expand to view Enrollment History
- Primary Care Provider Information:** collapse to hide Primary Care Provider Information
 - Provider Name:
 - IPA/Group Name:
 - IPA/Group Effective Date:
 - Provider NPI:
 - Provider Specialty:
 - Effective Date with Member:
 - Service Location:
- + PCP History:** expand to view PCP History
- + IPA/Group Information:** expand to view IPA/Group Information
- + IPA/Group History:** expand to view IPA/Group History

Alerts Patch

Member Information

Name:	Member #:
Date of Birth:	Gender:
Mailing Address:	Home #:
	Alternative #:
	Mobile #:
	Email TO:

Additional Member Information Collapse to hide Additional Member Information

Primary Language Spoken: ENGLISH	Ethnicity: NOT ETHNICITY
---	---------------------------------

ALERTS Collapse to hide ALERTS

HEDIS Alerts: **Adult Access to Preventive/Ambulatory Health Services** (7/1/2011)
MISSING SERVICE documentation needed: Office Visit

Notifications: Notify member via contact Mobile

Enrollment Information As of search date Today

Enrollment Plan:	Member has no current primary medical coverage
Enrollment Status:	Member has no other insurance
Enrollment Effective Date:	View Member Benefit Handbook
Enrollment Term Date:	View Benefit Co-Pay Summary Amount
Rate Code:	
Health Plan ID:	
Subscriber ID:	

Enrollment History Collapse to hide Enrollment History

There are no history records

Primary Care Provider Information Collapse to hide Primary Care Provider Information

Provider Name:	IPA/Group Name:
Provider NPI:	IPA/Group Effective Date:
Provider Specialty:	
Effective Date with Member:	
Service Location:	

PCP History Collapse to hide PCP History

There are no history records

Healthgroup Information Collapse to hide IPA/Group Information

Group Name:	NPI #:
Mailing Address:	Phone #:
Physical Address:	Phone #:
Last Contract Effective Date:	

Healthgroup History Collapse to hide IPA/Group History

There are no history records

- If alerts exist they will display on the top yellow alert bar
- Click Member Benefit Handbook to access the member's handbook.
- Click view Benefit Co-Pay Summary Amount to display the member's co-pay, coinsurance and deductible.
- Click Back to go to the previous page.

Member Eligibility and Benefits (cont.)

The member's handbook is displayed for their benefit plans.

Click the displayed link to view the Member Handbook.

Click X to close the page.



Member Eligibility – Print Function

Click Print on the Member Eligibility Details page to display a printable PDF document.



**Member Eligibility and Benefits
Inquiry Response Report**

Requested Eligibility Inquiry Date: 03/05/2009
 Entity: GASTROINTESTINAL MEDICAL GROUP
 Date of Inquiry: Thursday, February 5, 2009
 Time of Inquiry: 09:40:54

Member Eligibility and Benefits

Member Name: JOSEF, EDWID C	Member Number: MMH122000000007
Date of Birth: 01/01/1950	Gender: M
Street Address: CREST DR	City: ENCIN
State: CA	Zip:
Home Phone: +324224222	

Enrollment Restrictions

Enrollment Status	Start Date	End Date
Unenrollment from the Health Plan	10/31/2007	10/31/2007

Eligibility Information

Plan ID	Plan Description	Plan Effective Date	Plan Termination Date
QMXSP7539	San Diego Medicaid	11/1/2008	
QMXSP7539	San Diego Medicaid	1/1/2006	10/31/2007
QMXSP7520	HEALTHY FAMILIES	5/1/2005	10/31/2005

PCP / PMP

Name	Provider Specialty	Effective Date	Term Date	Street Address	City	State	Zip	Phone	NPI Number
MENDENHALL, ANNA K	Pediatrics	11/1/2008		285 NIEL CAMINO REAL STE 114	ENCINITAS	CA	92024	7624364511	1539140650
BALCH, STEVENA K	Pediatrics	3/1/2005	10/31/2007	285 NIEL CAMINO REAL STE 114	ENCINITAS	CA	92024	7624364511	1003887027
MENDENHALL, ANNA K	Pediatrics	1/2/2008	2/28/2009	285 NIEL CAMINO REAL STE 114	ENCINITAS	CA	92024	7624364511	1059140650
RUBENSSTEIN, STUART I	Pediatrics	1/1/2005	1/1/2004	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92120	8557901011	1009420844
RUBENSSTEIN, STUART I	Pediatrics	7/1/2005	10/31/2005	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92120	8557901011	1509633844
MENDENHALL, ANNA K	Pediatrics	6/1/2005	6/30/2005	285 NIEL CAMINO REAL STE 114	ENCINITAS	CA	92024	7624364511	1539140650

Group IPA

Name	Address	City	State	Zip
CHILDRENS PRIMARY CARE MED GRP	3660 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3660 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3660 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3660 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3660 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3660 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123

Claims



Your Extended Family.

Training Breakdown

- [Create a Professional Claim](#)
- [Create an Institutional Claim](#)
- [Open Saved Claims](#)
- [Claims Status Inquiry](#)
- [Correct/Void a Claim](#)
- [Create/Manage Templates](#)
- [Download Exported Claim File](#)

Note: All the Member IDs, Member Names, and Any Member Data in this Demo are fictitious. Only TEST data was used and does **NOT** represent any actual person or actual Member ID #

The Claims menu provides you with the following options:

- Claim Status Inquiry
- Create Professional Claim (CMS1500)
- Create Institutional Claim (UB04)
- Open Saved Claims
- Create/Manage Claims Templates
- Export Claims Report to Excel

*Please Note: You may also view recent claims by selecting View your recent Claims

The screenshot shows the Molina Healthcare Provider Self Services portal. The top navigation bar includes the Molina Healthcare logo, the text 'Provider Self Services', and a user welcome message 'Welcome, Admin User - webportal' with a 'Log Out' link. The date and time 'Feb 09 2015 9:33:11 AM' are also displayed. Below the navigation bar, there are four main sections: 'Provider Portal', 'Messages and Announcements', 'Recent Activity', and 'My Favorites'. The 'Provider Portal' section contains a list of menu items: 'Member Eligibility', 'Claims' (highlighted with a red circle), 'Claims Status Inquiry', 'Create Professional Claim (CMS 1500)', 'Create Institutional Claim (UB04)', 'Open Saved Claims', 'Create/Manage Claims Template', and 'Export Claims Report to Excel'. The 'Recent Activity' section contains a link 'Click here to view your recent Claims' (highlighted with a red circle). The 'My Favorites' section contains several icons for 'Member Eligibility', 'Claims Status Inquiry', 'Create Professional Claim', 'Claims Download Report', 'Service Request/Authorization', 'Create Service Request/Authorization', 'Clear Coverage', and 'Create Institutional Claim'. The 'Messages and Announcements' section shows 'You have (2/4) new messages' and 'You have (16) announcements'. The 'Quick Member Eligibility Search' section has a search box for 'Search by Member ID' and a 'Go' button. The 'What's New' section mentions 'Medicare is available for Member Eligibility Searches, Service Request Authorization Inquiry, and Claim Status Inquiry'. The 'Coming Soon!' section lists 'Bolded Claims', 'Create Claims Templates', 'Correct Claims', and 'Add Attachments to Claims'. The 'Poll' section asks 'Do you like our new look?' with 'Yes' and 'No' options and a 'Vote' button.



Provider Portal	Messages and Announcements	Recent Activity	My Favorites <small>Edit</small>
Member Eligibility	 You have (2/4) new messages	 Click here to view your recent Service Request/Authorizations	 Member Eligibility
Claims	 You have (16) announcements	 Click here to view your recent Claims	 Claim Status Inquiry
Claims Status Inquiry	<div data-bbox="556 576 1108 716"><p>Select <i>Create Professional Claim (CMS 1500)</i></p></div>		 Create Professional Claims
Create Professional Claim (CMS 1500)		Eligibility Search	 Claims Download Report
Create Institutional Claim (UB04)	What's New	Coming Soon !	 Service Request/Authorization
Open Saved Claims	Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status inquiry. Please click Contact Molina to locate the Molina Member/Provider Services telephone numbers.	Claims will have new functionality coming in March! - Batched Claims - Create Claims Templates - Connect Claims - Add Attachments to Claims	 Create Service Request/Authorization
Create/Manage Claims Template		Poll Do you like our new look? <input type="radio"/> Yes <input type="radio"/> No Vote See Responses	 Clear Coverage
Export Claims Report to Excel			 Create Institutional Claim
Service Request/Authorization			
Member			
HFNIS Profile <small>New!</small>			
Reports			
Links			
Forms			
Account Tools			

The Professional Claim form includes three tabs. Start with Member tab.

Next >> Save for Later Cancel

Member Provider Summary

Create Claim Correct Claim Void Claim

Advanced Search

First Name: [] DOB: [(mmdd/yyyy)]

Service To Date: [(mmdd/yyyy)]

Insured's Information

Last Name: [] First Name: [] Middle Initial: []

DOB: [] Sex: []

Address: [] Address2: []

City: [] State: [] Zip Code: []

Payer Name: [BHC TX] Program Name: [] Payer ID: [00-1111111]

Patient Information

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

Patient Relationship to Insured: [ID-Self]

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place/State: [Select]

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

Verify Required Information

Patient Account Number: []

Member Authorized Assignment of Benefit: Yes No Provider Assignment code: [Select]

Release of Information: [Select]

Prior Authorization Number: []

Next >> Save for Later Cancel

Once you fill in the required fields, the Insured's Information should auto-populate

Next >> Save for Later Cancel

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

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 don't 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: *

AND

Service From Date: Service To Date:

Insured's Information

Last Name: First Name: Middle Initial:

DOB: Sex:

Address: Address2:

City: State: Zip Code:

Payer Name: Program Name: Payer ID:

Patient Information

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

Patient Relationship to Insured:

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place(State):*

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:

Prior Authorization Number:

Next >> Save for Later Cancel

Please Note: All required field are noted with a red asterisk (*)

Next >> Save for Later Cancel

~ Required Field [Helo](#) [FAQ](#)

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 don't 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: *

AND

Service From Date: Service To Date:

Insured's Information

Last Name: First Name: Middle Initial:

DOB: Sex:

Address: Address2:

City: State: Zip Code:

Payer Name: Program Name: Payer ID:

Patient Information

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

Patient Relationship to Insured:

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place/State: *

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:

Prior Authorization Number:

Next >> Save for Later Cancel

Enter the Patient's Relationship to Insured. For most coverage, Patient Relationship to Insured defaults to "Self".

Please Note: All required field are noted with a red asterisk (*)

Next >> Save for Later Cancel

~ Required Field [Helo](#) [FAQ](#)

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 don't 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: *

AND

Service From Date: Service To Date:

Insured's Information

Last Name: First Name: Middle Initial:

DOB: Sex:

Address: Address2:

City: State: Zip Code:

Payer Name: Program Name: Payer ID:

Patient Information

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

Patient Relationship to Insured:

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place/State: *

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:

Prior Authorization Number:

Next >> Save for Later Cancel

Enter information for other insurance, if applicable.

Note: If "Yes" is selected and this is a Secondary claim, you must attach EOB and update the COB line level information in the Provider Tab claim line.

Please Note: All required field are noted with a red asterisk (*)

Next >> Save for Later Cancel

~ Required Field [Helo](#) [FAQ](#)

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 don't 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: *

AND

Service From Date: Service To Date:

Insured's Information

Last Name: First Name: Middle Initial:

DOB: Sex:

Address: Address2:

City: State: Zip Code:

Payer Name: Program Name: Payer ID:

Patient Information

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

Patient Relationship to Insured:

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place/State: *

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:

Prior Authorization Number:

Next >> Save for Later Cancel

Select all that apply. If there are any other dates known or related to the patient's condition, enter them as appropriate.

Please Note: All required field are noted with a red asterisk (*)

Next >> Save for Later Cancel

~ Required Field [Helo](#) [FAQ](#)

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: *

AND

Service From Date: Service To Date:

Insured's Information

Last Name: First Name: Middle Initial:

DOB: Sex:

Address: Address2:

City: State: Zip Code:

Payer Name: Program Name: Payer ID:

Patient Information

Note: If there are no dependents for the insured, Patient Relationship will be prepopulated as 'Self'

Patient Relationship to Insured:

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place(State):*

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:

Prior Authorization Number:

Next >> Save for Later Cancel

Enter the required information to release patient information

Please Note: All required field are noted with a red asterisk (*)

Next >> Save for Later Cancel

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

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 don't 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: *

AND

Service From Date: * Service To Date: *

Insured's Information

Last Name: First Name: Middle Initial:

DOB: Sex:

Address: Address2:

City: State: Zip Code:

Payer Name: Program Name: Payer ID:

Patient Information

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

Patient Relationship to Insured:

Other Insurance

Is there another benefit plan? Yes No

Patient Conditions

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

Employment Another Party Responsible Other Accident

Auto Accident Place/State: *

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:

Prior Authorization Number:

Next >> Save for Later Cancel

Please Note: All required field are noted with a red asterisk (*)

Upon completion of the required fields, select Next >>

If you have more than one Billing Provider, a drop down list will appear. Once you make a selection, it will auto-populate the information.

Member
Provider
Summary
Help F20

Select a Billing Provider Information

Billing Provider:

Last Name:
 First Name:
 Middle Initial:
 TIN:
 NPI:

Address:
 City:
 State:
 Zip Code:

Provider Information

Rendering Provider:

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

> Add another type of provider

Facility Information

Select one: Service Location Facility Independent Lab

Diagnostic Code

Remove	DX No.	Diagnostic Code	Diagnosis Description
<input type="button" value="X"/>	1	<input type="text"/>	<input type="text"/>
<input type="button" value="X"/>	2	<input type="text"/>	<input type="text"/>

> Add more Diagnostic Code

Claim Line Details

(Remove)	Service From/Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code	Charges	Units of Measurement	Quantity	UNIT	SP/OT	FACILITY	Plan	More Details
<input type="button" value="X"/>	1	<input type="text"/>	Select	0.00	No	No		<input type="button" value="More Details"/>						
<input type="button" value="X"/>	2	<input type="text"/>	Select	0.00	No	No		<input type="button" value="More Details"/>						

> Add more Claim Rows

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

> Add more Claim Rows

Supporting Information

Type of Attachment:

File: No file chosen

Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

Comments

Remarks:

254 Characters Max.

Total Amount

Total Charges: Total Paid: Balance Due:

Please Note: All required field are noted with a red asterisk (*)

If there is more than one Rendering Provider, a drop down list will appear. Once you make a selection, it will auto-populate the information.

Member
Provider
Summary
Help F20

Select a Billing Provider Information

Billing Provider:

Last Name:
 First Name:
 Middle Initial:
 TIN:
 NPI:

Address:
 City:
 State:
 Zip Code:

Provider Information

Rendering Provider:

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

> Add another type of provider

Facility Information

Select one: Service Location Facility Independent Lab

Diagnosis Code

Remove	DX No	Diagnosis Code	Diagnosis Description
<input type="button" value="X"/>	1	<input type="text"/>	<input type="text"/>
<input type="button" value="X"/>	2	<input type="text"/>	<input type="text"/>

+ Add more Diagnosis Code

Claim Line Details

(Remove)	Service From/Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charge	Units of Measurement	Quantity	EMDET	SPDET	FAMDET	Plan	More Details
<input type="button" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No	No	No		<input type="button" value="More Details"/>
<input type="button" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No	No	No		<input type="button" value="More Details"/>

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

+ Add more Claim Rows

Supporting Information

Type of Attachment:

File: No file chosen

Supported file formats are PDF, TXT, JPG, SWP and GIF. 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.

Comments

Remarks:

254 Characters Max.

Total Amount

Total Charge: Total Paid: Balance Due:

Please Note: All required fields are noted with a red asterisk (*)

If there is a Service Location affiliated with the Provider, you may select it in the list under Service Location. If it is a Facility or Independent Lab, please manually enter all necessary information.

Member
Provider
Summary
Help F20

Select a Billing Provider Information

Billing Provider:

Last Name:
 First Name:
 Middle Initial:
 TIN:
 NPI:

Address:
 Address:
 City:
 State:
 Zip Code:

Provider Information

Rendering Provider:

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

> Add another type of provider

Facility Information

Select one: Service Location Facility Independent Lab

Diagnosis Code

Remove	DiX No	Diagnosis Code	Diagnosis Description
<input type="button" value="X"/>	1	<input type="text"/>	<input type="text"/>
<input type="button" value="X"/>	2	<input type="text"/>	<input type="text"/>

> Add more Diagnosis Code

Claim Line Details

(Remove)	Service From/Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code	Charges	Units of Measurement	Quantity	EMSDT	EMSDT Plan	More Details	
<input type="button" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="No"/>	<input type="text"/>	Select	0.00	No	No	<input type="button" value="More Details"/>				
<input type="button" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="No"/>	<input type="text"/>	Select	0.00	No	No	<input type="button" value="More Details"/>				

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

> Add more Claim Rows

Supporting Information

Type of Attachment:

File: No file chosen

Supported file formats are PDF, TXT, JPG, SWP and GIF. 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.

Comments

Remarks:

254 Characters Max.

Total Amount

Total Charges: Total Paid: Balance Due:

Please Note: All required field are noted with a red asterisk (*)

[Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

Member **Provider** **Summary** Help F20

Select a Billing Provider Information

Billing Provider: MOLINA HEALTH CENTER

Last Name: MOLINA HEALTH CENTER First Name: Middle Initial: TIN: 123456789 NPI: 12345678901234567890
 Address: 123 MAIN ST Address2: City: LONG BEACH State: CA Zip Code: 90801

Provider Information

Rendering Provider: MOLINA HEALTH CENTER

NPI: 12345678901234567890 Last Name: MOLINA HEALTH CENTER First Name: Middle Initial: Zip Code: 90801

+ Add another type of provider

Facility Information

Select one: Service Location Facility Independent Lab

Diagnosis Code

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

+ Add new Diagnosis Code

Claim Line Details

(Remove)	Service From/Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	EMSDT	SP/OT Form/Plan	More Details
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No	No	More Details
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No	No	More Details

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

+ Add more Claim Rows

Supporting Information

Type of Attachment:

File: No file chosen

Supported file formats are PDF, TXT, JPG, SWP and GIF. 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.

Comments

Remarks:

254 Characters Max.

Total Amount

Total Charges: Total Paid: Balance Due:

[Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

You must enter at least one Diagnosis Code. If not known, click on magnifying glass icons to search for the appropriate code.

Please Note: All required field are noted with a red asterisk (*)

[Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

Member
Provider
Summary
Help F20

Select a Billing Provider Information

Billing Provider: MOLINA HEALTH CENTER

Last Name: MOLINA HEALTH CENTER First Name: Middle Initial: TIN: 123456789 NPI: 12345678901234567890
 Address: 123 MAIN ST City: LONG BEACH State: CA Zip Code: 90801

Provider Information

Rendering Provider: MOLINA HEALTH CENTER

NPI: 12345678901234567890 Last Name: MOLINA HEALTH CENTER First Name: Middle Initial: Zip Code: 90801

[+ Add another type of provider](#)

Facility Information

Select one: Service Location Facility Independent Lab

Diagnosis Code

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

[+ Add new Diagnosis Code](#)

Claim Line Details

| (Remove) | Service From (Date) | Service To (Date) | Place of Service | Emergency | Procedure Code | Modifier | Diagnosis Code Reference | Quantity | Units of Measurement | Quantity | EMSDT |
|--------------------------|---------------------|-------------------|------------------|-----------|----------------|----------|--------------------------|----------|----------------------|----------|-------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | | | | No | | | | | Select | 0.00 | No |
| <input type="checkbox"/> | | | | No | | | | | Select | 0.00 | No |

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

[+ Add more Claim Rows](#)

Supporting Information

Type of Attachment:

File: [Choose File](#) [No file chosen](#) [Upload](#)

Supported file formats are PDF, TXT, JPG, SWP and GIF. 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.

Comments

Remarks:

254 Characters Max. [Show](#) [Hide](#)

Total Amount

Total Charges: Total Paid: Balance Due:

[Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

Service Dates should auto-populate from the Member tab. Fill in the additional required information.

Please Note: All required field are noted with a red asterisk (*)

[Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

Member **Provider** **Summary** [Help F20](#)

Select a Billing Provider Information

Billing Provider: MOLINA HEALTH CENTER

Last Name: MOLINA HEALTH CENTER First Name: Middle Initial: TIN: 123456789 NPI: 12345678901234567890
 Address: City: LONG BEACH State: CA Zip Code: 90801

Provider Information

Rendering Provider: MOLINA HEALTH CENTER

NPI: 12345678901234567890 Last Name: MOLINA HEALTH CENTER First Name: Middle Initial: Zip Code: 90801

+ Add another type of provider

Facility Information

Select one: Service Location Facility Independent Lab

Diagnosis Code

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

+ Add new Diagnosis Code

Claim Line Details

(Remove)	Service From/Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charge	Units of Measurement	Quantity	EMDET	SPDET	Form Plan
<input type="checkbox"/>			No					Select	0.00	No	No	More Details
<input type="checkbox"/>			No					Select	0.00	No	No	More Details

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

+ Add more Claim Rows

Supporting Information

Type of Attachment:

File: No file chosen [Upload](#)

Supported file formats are PDF, TXT, JPG, SWP and GIF. 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.

Comments

Remarks:

254 Characters Max. (characters remaining)

Total Amount

Total Charge: Total Paid: Balance Due:

[Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

These sections are available to upload supporting documentation or add comments and remarks. If an attachment is submitted, it is required to fill in the *Type of Attachment*.

Please Note: All required field are noted with a red asterisk (*)

[Previous](#) [Next >>](#) [Search for Labels](#) [Cancel](#)

Member
Provider
Summary
tblcr IMG

Select a Billing Provider Information

Billing Provider: MOLINA MEDICAL CENTER

Last Name MOLINA MEDICAL CENTER	First Name	Middle Initial	PIN 022400028	NPI 000000000
Address 6502 Z MANZ ST	Address	City SAN ANTONIO	State	Zip Code 78204

Provider Information

Select a Rendering Provider:

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

+ Add another type of provider

Facility Information

Select one: Service Location Facility Independent Lab

Diagnosis Code

Sequence	SN No.	Diagnosis Code	Diagnosis Description
1		<input type="text"/>	<input type="text"/>

+ Add more Diagnostic Code

Claim Line Details

(Remove)	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charge	Units of Measurement	Quantity	SPSOT Plan	Plan
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

Drug Information

NDC Number: Prescription Date:

Drug Information

NDC Number: Prescription Date:

+ Add more Claim Line

Supporting Information

Type of Attachment:

File: No file chosen [Upload](#)

Upload files only when you want to submit a claim or add supporting documents to the claim in adjudication. Supported file formats are PDF, TIF, JPG, BMP and ODF. Upload 1 file at a time. Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 10 MB.

Comments

Remarks:

256 Characters Max. 255 characters remaining.

Amount: Total Paid: Balance Due:

[Previous](#) [Next >>](#) [Search for Labels](#) [Cancel](#)

Upon completion of the required fields, select *Next >>*

Please Note: All required field are noted with a red asterisk (*)

[Print](#) [Save for Later](#) [Submit](#) [Save For Batch](#) [Cancel](#)

[<< Previous](#)

Member
Provider
Summary
Help FAQ

Collapse All

Member Summary Edit

Insured Information

Insured's ID: _____ Service To Date: _____
 Service From Date: _____ First Name: _____
 Last Name: _____ DOB: _____
 Middle Initial: _____ Address 1: _____
 Sex: _____ City: _____
 Address 2: _____ Zip Code: _____
 State: _____ Program Name: _____
 Payer Name: HMC TX Another Health Benefit Plan: No
 Payer ID: 20-1494902

Patient Information Edit

Patient Relationship to Insured: _____ First Name: _____
 Last Name: _____ DOB: _____
 Middle Initial: _____ Address 2: _____
 Sex: _____ State: _____
 Address 1: _____ City: _____
 Zip Code: _____

Patient Condition Edit

Auto Accident: No Place/State: _____
 Employment: No Other Accident: No
 Another Party Responsible: No

Required Information Edit

Patient Account Number: _____ Member Authorized Reassignment of Benefit: Yes
 Provider Assignment Code Select: _____ Release of Information: _____
 Prior Authorization Number: _____

Provider Summary

Billing Provider Information Edit

Last Name/Facility Name: _____ First Name: _____
 Middle Initial: _____ NPI: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip Code: _____ TIN: _____

Rendering Provider Information Edit

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

Facility Information Edit

Facility Type: _____ Address 2: _____
 Address 1: _____ State: _____
 City: _____ Zip Code: _____

Diagnosis Code Edit

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

Claim Line Details

Service Line	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier				Diagnosis Code Reference				
						1	2	3	4	1	2	3		

Comments

Remarks: _____

Total Amount

Total Charges: 0 Total Paid: 0

[Print](#) [Save for Later](#) [Submit](#) [Save For Batch](#) [Cancel](#)

[<< Previous](#)

Select *Submit* to submit your claim

[<< Previous](#)

[Print](#)
[Save for Later](#)
[Submit](#)
[Save for Batch](#)
[Cancel](#)

Member
Provider
Summary
Help FAQ

Collapse All

Member Summary Edit

Insured Information

Insured's ID: _____ Service To Date: _____
 Service From Date: _____ First Name: _____
 Last Name: _____ DOB: _____
 Middle Initial: _____ Address 1: _____
 Sex: _____ City: _____
 Address 2: _____ Zip Code: _____
 State: _____ Program Name: _____
 Payer Name: HMC TX Another Health Benefit Plan: No
 Payer ID: 20-1494902

Patient Information Edit

Patient Relationship to Insured: _____ First Name: _____
 Last Name: _____ DOB: _____
 Middle Initial: _____ Address 2: _____
 Sex: _____ State: _____
 Address 1: _____ City: _____
 Zip Code: _____

Patient Condition Edit

Auto Accident: No Place/State: _____
 Employment: No Other Accident: No
 Another Party Responsible: No

Required Information Edit

Patient Account Number: _____ Member Authorized Reassignment of Benefit: Yes
 Provider Assignment Code Select: _____ Release of Information: _____
 Prior Authorization Number: _____

Provider Summary

Billing Provider Information Edit

Last Name/Facility Name: _____ First Name: _____
 Middle Initial: _____ NPI: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip Code: _____ TIN: _____

Rendering Provider Information Edit

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

Facility Information Edit

Facility Type: _____ Address 2: _____
 Address 1: _____ State: _____
 City: _____ Zip Code: _____

Diagnosis Code Edit

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

Claim Line Details

Service Line	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier				Diagnosis Code Reference				Charge	
						1	2	3	4	1	2	3	4		

Comments

Remarks: _____

Total Amount

Total Charges: 0 Total Paid: 0

[<< Previous](#)

[Print](#)
[Save for Later](#)
[Submit](#)
[Save for Batch](#)
[Cancel](#)

Select *Save for Batch* to be able to submit more than 1 claim at the same time

Print Save for Later Submit Save for Batch Cancel

Member Provider Summary Help FAQ

Collapse All

Member Summary

Insured Information Edit

Insured's ID: _____ Service To Date: _____
 Service From Date: _____ First Name: _____
 Last Name: _____ DOB: _____
 Middle Initial: _____ Address 1: _____
 Sex: _____ City: _____
 Address 2: _____ Zip Code: _____
 State: _____ Program Name: _____
 Payer Name: HMC TX Another Health Benefit Plan: No
 Payer ID: 20-1494902

Patient Information Edit

Patient Relationship to Insured: _____ First Name: _____
 Last Name: _____ DOB: _____
 Middle Initial: _____ Address 2: _____
 Sex: _____ State: _____
 Address 1: _____ City: _____
 Zip Code: _____

Patient Condition Edit

Auto Accident: No Place/State: _____
 Employment: No Other Accident: No
 Another Party Responsible: No

Required Information Edit

Patient Account Number: _____ Member Authorized Reassignment of Benefit: Yes
 Provider Assignment Code Select: _____ Release of Information: _____
 Prior Authorization Number: _____

Provider Summary

Billing Provider Information Edit

Last Name/Facility Name: _____ First Name: _____
 Middle Initial: _____ NPI: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip Code: _____ TIN: _____

Rendering Provider Information Edit

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

Facility Information Edit

Facility Type: _____ Address 2: _____
 Address 1: _____ State: _____
 City: _____ Zip Code: _____

Diagnosis Code Edit

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

Claim Line Details

Service Line	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier			
						1	2	3	4

Comments

Remarks: _____

Total Amount

Total Charges: 0 Total Paid: 0

Print Save for Later Submit Save for Batch Cancel

Select *Save for Later* to save your claim as an incomplete claim

If you Select *Print*, you can print the claim summary

Your Claim has been Successfully submitted. Please note the Claim ID for Future Reference.
Claim ID: 12345670901

[<< Previous](#) [Print](#) [Save for Later](#) [Submit](#) [Save For Batch](#) [Cancel](#) [Help](#) [FAQ](#)

Member **Provider** **Summary**

Claim ID: 12345678901
Collapse All

Member Summary **Insured Information** [Edit](#)

Upon Successful Single Submission; a message will appear with the Claim ID number.



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

Service Request/Authorization

Member

HFNIS Profile **New!**

Reports

Links

Forms

Account Tools

Messages and Announcements

You have (2/4) new messages

You have (16) announcements

Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

My Favorites Edit

Member Eligibility

Claim Status Inquiry

Create Professional Claim

Claims Download Report

Service Request/Authorization

Create Service Request/Authorization

Clear Coverage

Create Institutional Claim

Quick Member Eligibility Search

Member ID

Select *Create Institutional Claim (UB04)*

What's New

Medic Search Inquiry...
Contact Molina to locate the Molina Member/Provider Services telephone numbers.

Coming Soon!

You have new functionality coming in

- Create Claims Templates
- Connect Claims
- Add Attachments to Claims

Poll

Do you like our new look?

- Yes
- No

The Institutional Claim form includes three tabs. Start with Member tab.

IB-04 Facility Claim

Member | **Provider** | Summary

Next Save For Later Cancel

(Fields marked with * are required fields) Help F40

Correct Claim Void Claim

Bills and also Statement Date(s)

Advanced Search

First Name: [] Date of Birth: [] (mm/dd/yyyy)

Statement To Date: [] (mm/dd/yyyy)

Last Name: [] First Name: [] Home Initial: []
Insured's ID: [] DOB: [] Sex: []
Address: [] Address: []
City: [] State: [] Zip Code: []
Insured Group Number: [] Employer Name: []

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated
Patient Relationship to Insured: []

Other Insurance
Is there another health benefit plan? Yes No

Type of Bill: []

Patient Conditions
Patient Condition related to: Employment Yes No Auto Accident Yes No Other Accident Yes No

Admission Date: [] (mm/dd/yyyy) Admission Type: [Select] Admission Source: []
Admission Hour: [] (0-23) Discharge Hour: [] (0-23) Referral: []

Condition Code: [] **Add Another Condition Code**

Occurrence Code: [] Occurrence Date: [] (mm/dd/yyyy) **Add Another Occurrence Code**

Occurrence Span Code: [] Occurrence Span From: [] (mm/dd/yyyy) Occurrence Span To: [] (mm/dd/yyyy) **Add Another Occurrence Span Code**

Value Code: [] Amount(\$): [] **Add Another Value Code**

Next Save For Later Cancel

Once you fill in the required fields, the Insured's Information should auto-populate

IB-04 Facility Claim

Member Provider Summary

Next Save For Later Cancel

(Fields marked with * are required fields) Help F40

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

Eligibility Check
Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID: **Advanced Search**

OR

Last Name: First Name: Date of Birth: (mm/dd/yyyy)

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

Insured's Information

Last Name: First Name: Middle Initial:

Insured's ID: DOB: Sex:

Address: Address:

City: State: Zip Code:

Insured Group Number: Employer Name:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Relationship to Insured:

Other Insurance

Is there another Health Benefit Plan? Yes No

Type of Bill:

Patient Conditions

Patient Condition related to: Employment Yes No Accident Yes No Other Accident

Admission Date: (mm/dd/yyyy) Admission Type: Admission

Admission Hour: (0 - 23) Discharge Hour: (0 - 23)

Condition Code: **Add Another Condition Code**

Occurrence Code: Occurrence Date: (mm/dd/yyyy) **Add Another Occurrence Code**

Occurrence Span Code: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy) **Add Another Occurrence Span Code**

Value Code: Amount(\$): **Add Another Value Code**

Next Save For Later Cancel

Please Note: All required field are noted with a red asterisk (*)

Enter the Patient's Relationship to Insured. For most coverage, Patient Relationship to Insured defaults to "Self".

IB-04 Facility Claim

Member Provider Summary Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

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

Eligibility Check
Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID: Advanced Search
OR
Last Name: First Name: Date of Birth: (mm/dd/yyyy)
MID: Statement From Date: (mm/dd/yyyy) Statement To Date: (mm/dd/yyyy)

Insured's Information

Last Name: First Name: Home Initial:
Insured's ID: DOB: Sex:
Address: Address:
City: State: Zip Code:
Insured Group Number: Employer Name:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated
Patient Relationship to Insured:

Other Insurance
Is there another health benefit plan? Yes No

Type of Bill:

Patient Conditions

Patient Condition related to: Employment Yes No Auto Accident Yes No Other Accident Yes No

Admission Date: (mm/dd/yyyy) Admission Type: Admission
Admission Hour: (H - 24) Discharge Hour: (H - 24)

Condition Code: [Add Another Condition Code](#)

Occurrence Code: Occurrence Date: (mm/dd/yyyy) [Add Another Occurrence Code](#)

Occurrence Span Code: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy) [Add Another Occurrence Span Code](#)

Value Code: Amount(\$): [Add Another Value Code](#)

Next Save For Later Cancel

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

(Fields marked with * are required fields) [Help](#) [FAQ](#)

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

Eligibility Check
 Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID#

OR

LAST NAME: FIRST NAME: DATE OF BIRTH: (mm/dd/yyyy)

MID: STATEMENT FROM DATE: (mm/dd/yyyy) STATEMENT TO DATE: (mm/dd/yyyy)

Insured's Information

LAST NAME: FIRST NAME: HOME INITIAL:

INSURED'S ID: DOB: SEX:

ADDRESS: ADDRESS:

CITY: STATE: ZIP CODE:

INSURED GROUP NUMBER: EMPLOYER NAME:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Relationship to Insured:

Other Insurance

Is there another health benefit plan? Yes No

Type of Bill:

Patient Conditions

Patient Condition related to: Employment Yes No
 Auto Accident Yes No
 Other Accident Yes No

Admission Date: (mm/dd/yyyy) Admission Type: Admission:

Admission Hour: (24 - 23) Discharge Hour: (24 - 23)

Condition Code:

Occurrence Code: Occurrence Date: (mm/dd/yyyy)

Occurrence Span Code: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy)

Value Code: Amount(\$):

Enter information for other insurance, if applicable.

Note: If "Yes" is selected and this is a Secondary claim, you must submit Prior Payment and Estimated Amount Due in Provider Tab

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

Member Provider Summary Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

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

Eligibility Check
 Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID: Advanced Search

OR

Last Name: First Name: Date of Birth: (mm/dd/yyyy)

Address:

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

Insured's Information

Last Name: First Name: Home Initial:

Insured's ID: DOB: Sex:

Address: Address:

City: State: Zip Code:

Insured Group Number: Employer Name:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Relationship to Insured:

Other Insurance

Is there another health benefit plan? Yes No

Type of Bill:

Patient Conditions

Patient Condition related to: Employment Yes No Auto Accident Yes No Other Accident Yes No

Admission Date: (mm/dd/yyyy) Admission Type: Admission

Admission Hour: (0 - 23) Discharge Hour: (0 - 23)

Condition Code: [Add Another Condition Code](#)

Occurrence Code: Occurrence Date: (mm/dd/yyyy) [Add Another Occurrence Code](#)

Occurrence Span Code: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy) [Add Another Occurrence Span Code](#)

Value Code: Amount(\$): [Add Another Value Code](#)

Next Save For Later Cancel

Enter the Type of Bill you are submitting. If not known, click on magnifying glass icons to search for the appropriate code.

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

Member Provider Summary Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

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

Eligibility Check
 Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID: Advanced Search

OR

Last Name: First Name: Date of Birth: (mm/dd/yyyy)

AND

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

Insured's Information

Last Name: First Name: Home Initial:

Insured's ID: DOB: Sex:

Address: Address:

City: State: Zip Code:

Insured Group Number: Employer Name:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Relationship to Insured:

Other Insurance

Is there another health benefit plan? Yes No

Type of Bill:

Patient Conditions

Patient Condition related to: Employment Yes No Auto Accident Yes No Other Accident

Admission Date: (mm/dd/yyyy) Admission Type: Admission

Admission Hour: (H - 24) Discharge Hour: (H - 24)

Condition Code: [Add Another Condition Code](#)

Occurrence Code: Occurrence Date: (mm/dd/yyyy) [Add Another Occurrence Code](#)

Occurrence Span Code: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy) [Add Another Occurrence Span Code](#)

Value Code: Amount(\$): [Add Another Value Code](#)

Next Save For Later Cancel

Enter the Admission Date, Hour, Type, Source, and Status. If known, enter additional information relation to the patient's condition.

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

(Fields marked with * are required fields) [Help](#) [FAQ](#)

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

Eligibility Check
 Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID:

OR

Last Name: First Name: Date of Birth: (mm/dd/yyyy)

MID: Statement From Date: (mm/dd/yyyy) Statement To Date: (mm/dd/yyyy)

Insured's Information

Last Name: First Name: Home Initial:

Insured's ID: DOB: Sex:

Address: Address:

City: State: Zip Code:

Insured Group Number: Employer Name:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Conditions

Patient Condition related to: Employment Yes No
 Auto Accident Yes No
 Other Accident Yes No

Admission Date: (mm/dd/yyyy) Admission Type:

Admission Hour: (H - 24) Discharge Hour: (H - 24)

Condition Code:

Occurrence Code: Occurrence Date: (mm/dd/yyyy)

Occurrence Span Code: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy)

Value Code: Amount(\$):

Please Note: All required field are noted with a red asterisk (*)

Upon completion of the required fields, select Next

If you have more than one Billing Provider, a drop down list will appear

IB-04 Facility Claim

Member Provider Summary

Previous Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Billing Provider Information

Billing Provider:

First Name Last Name Middle Initial Title NPI Provider ID

Address

City State Zip Code Phone Number Fax Number

Claim Information

Type of Bill Patient Control Number Medical Record Number Document Control Number

(Priority)	Revenue Code	Revenue Code Description	HICCS-HPFS Rate Code/HICCS Referral	NDC	Service Date	Service Units	Total Charges	Non-Covered Charges
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add another Claim Line

Assignment of Benefits Release of Information

Treatment Authorization Code Add Another Authorization Code

Diagnosis Code(s) (ICD) and POA Indicators

ICD ICD	ICD II	ICD III	ICD IV	ICD V	ICD VI	ICD VII	ICD VIII	ICD IX	ICD X
<input type="text"/>									

Add Another Diagnosis Code

Admit Diagnosis Patient Reason for Visit Code Add Another Patient Reason for Visit Code

Preoperative Payment System Code (PPS Code)

External Cause of Injury (ECI) Code and POA Indicators Add Another ECI code

Principal Procedure Code Principal Procedure Code Add Another Procedure Code

Physician Information

Attending Physician

NPI First Name Last Name Secondary Qualifier Physician

Select Physician Type

NPI First Name Last Name Qualifier Physician

Supporting Information

Type of Attachment

File

Upload

Upload files only when you want to submit a claim or add supporting documents to the claim in adjudication. Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

Remarks

Clinical Notes or Comments: 250 character Max

characters remaining

Previous Next Save For Later Cancel

Please Note: All required field are noted with a red asterisk (*)

Enter all mandatory fields. Use the magnifying glass next to the field to search when an item is unknown. Add additional lines or information as needed.

IB-04 Facility Claim

Member **Provider** Summary

Previous Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Billing Provider Information

Billing Provider:

Last Name First Name Middle Initial Title NPI Provider ID
 Address
 City State Zip Code Phone Number Fax Number

Claim Information

Type of Bill Patient Control Number Medical Record Number Document Control Number

(Priority) Revenue Code Revenue Code Description HCPCS/HIPPS Code/HCPCS Modifier NDC Service Date (mm/dd/yyyy) Service Units Total Charges Non-Covered Charges

+ Add another Claim Line

Assignment of Benefits Release of Information

Treatment Authorization Code Add Another Authorization Code

Diagnosis Code(s) (ICD) and POA Indicators Add Another Diagnosis Code

Admit Diagnosis Patient Reason for Visit Code Add Another Patient Reason for Visit Code

Preoperative Payment System Code (PPS Code)

External Cause of Injury (ECI) Code and POA Indicators Add Another ECI code

Principal Procedure Code Principal Procedure Code Add Another Procedure Code

Physician Information

Attending Physician*

NPI First Name Last Name Secondary Qualifier Physician
 Select Physician Type

NPI First Name Last Name Qualifier Physician

Supporting Information

Type of Attachment

File Upload

Upload files only when you want to submit a claim or add supporting documents to the claim in adjudication. Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

Remarks
 Clinical Notes or Comments: 250 character Max
 250 characters remaining

Previous Next Save For Later Cancel

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

Member Provider Summary

Previous Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Billing Provider Information

Billing Provider:

Last Name First Name Middle Initial Title NPI Provider ID

Address

City State Zip Code Phone Number Fax Number

Claim Information

Type of Bill Patient Control Number Medical Record Number Document Control Number

(Ref/pt)	Revenue Code *	Revenue Code Description	HICCS/HIPPS Rate Code/HICCS Ref/pt	NDC	Service Date *	Service Units *	Total Charges	Non-Covered Charges
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add another Claim Line

Assignment of Benefits Release of Information

Treatment Authorization Code Add Another Authorization Code

Diagnosis Code(s) (DX) and POA Indicators

Diagnosis (DX)	POA	Diagnosis (DX)	POA	Diagnosis (DX)	POA
<input type="text"/>					

Add Another Diagnosis Code

Admit Diagnosis Patient Reason for Visit Code Add Another Patient Reason for Visit Code

Preoperative Payment System Code (PPS Code)

External Cause of Injury (ECI) Code and POA Indicators Add Another ECI code

Principal Procedure Code Add Another Procedure Code

Physician Information

Attending Physician*

NPI First Name Last Name Secondary Qualifier Physician

Select Physician Type

NPI First Name Last Name Qualifier Physician

Supporting Information

Type of Attachment

File

Upload

Upload files only when you want to submit a claim or add supporting documents to the claim in adjudication. Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

Remarks

Clinical Notes or Comments: 250 character Max

characters remaining

Previous Next Save For Later Cancel

Enter the Attending Physician's information. You can also include additional physician types.

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

Member Provider Summary

Previous Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Billing Provider Information

Billing Provider:

Last Name First Name Middle Initial Title NPI Provider ID

Address

City State Zip Code Phone Number Fax Number

Claim Information

Type of Bill Patient Control Number Medical Record Number Document Control Number

(Referral)	Revenue Code *	Revenue Code Description	HICCS/HIPPS Code/HCPCS Ref/Rate	NDC	Service Date *	Service Units *	Total Charges	Non-Covered Charges
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add another Claim Line

Assignment of Benefits Release of Information

Treatment Authorization Code Add Another Authorization Code

Diagnosis Code(s) (ICD) and POA Indicators

ICD (ICD)	POA	ICD (ICD)	POA	ICD (ICD)	POA
<input type="text"/>					

Add Another Diagnosis Code

Admit Diagnosis Patient Reason for Visit Code Add Another Patient Reason for Visit Code

Preoperative Payment System Code (PPS Code)

External Cause of Injury (ECI) Code and POA Indicators Add Another ECI code

Principal Procedure Code Principal Procedure Code Add Another Procedure Code

Physician Information

Attending Physician

NPI First Name Last Name Secondary Qualifier Physician

Select Physician Type

NPI First Name Last Name Qualifier Physician

Supporting Information

Type of Attachment

File

Upload files only when you want to submit a claim or add supporting documents to the claim in adjudication. Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

Remarks

Clinical Notes or Comments: 250 character Max

characters remaining

Previous Next Save For Later Cancel

Supporting Information is available to upload supporting documentation or add comments and remarks. If an attachment is submitted, it is required to fill in the *Type of Attachment*.

Please Note: All required field are noted with a red asterisk (*)

IB-04 Facility Claim

Member Provider Summary

Previous Next Save For Later Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Billing Provider Information

Billing Provider:

Last Name First Name Middle Initial Title NPI Provider ID

Address

City State Zip Code Phone Number Fax Number

Claim Information

Type of Bill Patient Control Number Medical Record Number Document Control Number

(Referral)	Revenue Code *	Revenue Code Description	HICCS/HIPPS Code/HCPCS Referral	NDC	Service Date *	Service Units *	Total Charges	Non-Covered Charges
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add another Claim Line

Assignment of Benefits Release of Information

Treatment Authorization Code Add Another Authorization Code

Diagnosis Code(s) (ICD) and POA Indicators

| ICD ICD |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

Add Another Diagnosis Code

Admit Diagnosis Patient Reason for Visit Code Add Another Patient Reason for Visit Code

Principal Payment System Code (PPS Code)

CCI Code and POA Indicators Add Another CCI code

Principal Procedure Code Add Another Procedure Code

First Name Last Name Secondary Qualifier Physician ID

Select Physician Type

NPI First Name Last Name Qualifier Physician ID

Supporting Information

Type of Attachment:

File:

Upload

Upload files only when you want to submit a claim or add supporting documents to the claim in adjudication. Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

Remarks

Clinical Notes or Comments: 250 character Max

characters remaining

Previous Next Save For Later Cancel

Please Note: All required fields are noted with a red asterisk (*)

Upon completion of the required fields, select Next

[Home](#) | [Provider](#) | [Secondary](#)

[Print](#) | [Refresh](#) | [Save for Later](#) | [Save for Batch](#) | [Cancel](#)

Member Summary

Member Information

Member ID Number	10000000000000000000
Last Name	10000000000000000000
Member First Name	10000000000000000000

Member Details

DOB	10000000000000000000	Member Status	10000000000000000000
Member ID	10000000000000000000	Member Type	10000000000000000000
Address	10000000000000000000	City	10000000000000000000
State	10000000000000000000	Zip Code	10000000000000000000
Insurance Plan	10000000000000000000	Insurance Code	10000000000000000000

Member Address

Address	10000000000000000000	City	10000000000000000000
Address Line 2	10000000000000000000	Address Type	10000000000000000000
Address Line 3	10000000000000000000	Country	10000000000000000000
Address Line 4	10000000000000000000	Address Line 5	10000000000000000000
Address Line 6	10000000000000000000	Address Line 7	10000000000000000000
Address Line 8	10000000000000000000	Address Line 9	10000000000000000000
Address Line 10	10000000000000000000	Address Line 11	10000000000000000000
Address Line 12	10000000000000000000	Address Line 13	10000000000000000000
Address Line 14	10000000000000000000	Address Line 15	10000000000000000000
Address Line 16	10000000000000000000	Address Line 17	10000000000000000000
Address Line 18	10000000000000000000	Address Line 19	10000000000000000000
Address Line 20	10000000000000000000	Address Line 21	10000000000000000000

Member Summary

Member ID	10000000000000000000	Member Name	10000000000000000000
Member ID	10000000000000000000	Member ID	10000000000000000000
Member ID	10000000000000000000	Member ID	10000000000000000000

Member Details

Type of Plan	Member Contribution	Member Deductible	Member Co-pay
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000

Member Address

Address	10000000000000000000	City	10000000000000000000
Address Line 2	10000000000000000000	Address Type	10000000000000000000
Address Line 3	10000000000000000000	Country	10000000000000000000
Address Line 4	10000000000000000000	Address Line 5	10000000000000000000
Address Line 6	10000000000000000000	Address Line 7	10000000000000000000
Address Line 8	10000000000000000000	Address Line 9	10000000000000000000
Address Line 10	10000000000000000000	Address Line 11	10000000000000000000
Address Line 12	10000000000000000000	Address Line 13	10000000000000000000
Address Line 14	10000000000000000000	Address Line 15	10000000000000000000
Address Line 16	10000000000000000000	Address Line 17	10000000000000000000
Address Line 18	10000000000000000000	Address Line 19	10000000000000000000
Address Line 20	10000000000000000000	Address Line 21	10000000000000000000

Member Summary

Member ID	10000000000000000000	Member Name	10000000000000000000
Member ID	10000000000000000000	Member ID	10000000000000000000
Member ID	10000000000000000000	Member ID	10000000000000000000

Member Details

Type of Plan	Member Contribution	Member Deductible	Member Co-pay
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000

Member Address

Address	10000000000000000000	City	10000000000000000000
Address Line 2	10000000000000000000	Address Type	10000000000000000000
Address Line 3	10000000000000000000	Country	10000000000000000000
Address Line 4	10000000000000000000	Address Line 5	10000000000000000000
Address Line 6	10000000000000000000	Address Line 7	10000000000000000000
Address Line 8	10000000000000000000	Address Line 9	10000000000000000000
Address Line 10	10000000000000000000	Address Line 11	10000000000000000000
Address Line 12	10000000000000000000	Address Line 13	10000000000000000000
Address Line 14	10000000000000000000	Address Line 15	10000000000000000000
Address Line 16	10000000000000000000	Address Line 17	10000000000000000000
Address Line 18	10000000000000000000	Address Line 19	10000000000000000000
Address Line 20	10000000000000000000	Address Line 21	10000000000000000000

[Print](#) | [Save for Later](#) | [Save for Batch](#) | [Cancel](#)

Select *Save for Batch* to be able to submit more than 1 claim at the same time

Your Claim has been Successfully submitted. Please note the Claim ID for Future Reference.
Claim ID: 12345678912

UB-04 Facility Claim

Member

Provider

Summary

Claim ID: 12345678912

Expand All

+ Member Summary

If you Select *Print*, you can print the claim summary

Print

Previous

Save For Later

Submit

Save For Batch

Cancel

[Help](#) [FAQ](#)

Upon Successful Single Submission; a message will appear with the Claim ID number.



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
- Service Request/Authorization
- Member
 - HFNIS Profile New!
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have (2/4) new messages
- You have (16) announcements

Recent Activity

- [Click here to view your recent Service Request/Authorizations](#)
- [Click here to view your recent Claims](#)

My Favorites [Edit](#)

 Member Eligibility	 Claim Status Inquiry
 Create Professional Claims	 Claims Download Report
 Service Request/Authorization	 Create Service Request/Authorization

Quick Member Eligibility Search

Search by Member ID

Coming Soon !

Members will have new functionality coming in March including:
 - Search by Member ID
 - Add Attachments to Claims
 - Add Attachments to Claims

Poll

Do you like our new look?

Yes

No

Select *Open Saved Claims*

The *Open Saved Claims* page includes:

- Ready to Batch Claims
- Incomplete Claims

The *Open Saved Claims* page includes:

- Ready to Batch: Claims that were *Saved for Batch*
- Incomplete Claims: Claims that were *Saved for Later*

Saved Claim Details

Status: Claim Type: From:

Search

Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

Page 1 of 1 10 per page Showing 1-2 of 2

Edit

Submit

Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>		TN0000000002	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

Page 1 of 1 10 per page Showing 1-2 of 2

Edit

Delete

You can search Saved Claims by

- Status
- Claim Type
- Service Dates

Saved Claim Details

Status: Claim Type: From: To: Service Date

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN0000000000	Professional	01/06/2015	01/06/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

Page 1 of 1 10 per page Showing 1-2 of 2

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>		TN0000000002	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

Page 1 of 1 10 per page Showing 1-2 of 2

Saved Claim Details

Status: Claim Type: Service Date
From: To:

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN000000000	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN000000000	Institutional	07/31/2012	09/07/2012

Page 1 of 1 Showing 1-2 of 2

Select the *Member Name* to view member details

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>		TN000000002	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN000000003	Institutional	01/05/2015	01/05/2015

Page 1 of 1 10 per page Showing 1-2 of 2

Saved Claim Details

Status: Claim Type: Service Date
From: To:

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000001		07/31/2012	09/07/2012

Page 1 of 1 10 per page Showing 1-2 of 2

Select the *Tracking Number* to view or submit the claim

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>		TN0000000002	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

Page 1 of 1 10 per page Showing 1-2 of 2

Saved Claim Details

Status: All

Claim Type: All

Service Date

From: mm/dd/yyyy

To: mm/dd/yyyy

Search

Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input checked="" type="checkbox"/>	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
<input checked="" type="checkbox"/>	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	06/07/2012

Page 1 of 1 10 per page Showing 1 2 of 2

Edit

Submit

Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN0000000002	Professional		
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Institutional		

Page 1 of 1 10 per page Showing 1 2 of 2

You can select one or more *Ready to Batch* claims to submit or delete

Saved Claim Details

Status:

Claim type:

From:

mm/dd/yyyy

Service Date

To:

mm/dd/yyyy

Search

Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input checked="" type="checkbox"/>	SMITH, JOHN	IND	Claims Saved Batch Process	01/06/2015	01/05/2015
<input checked="" type="checkbox"/>	SMITH, JOHN	TN0		07/31/2012	09/07/2012

1 Page 1 of 1 10 per page

2 claim(s) have been submitted for claim processing

Showing 1-2 of 2

Ok

Edit Submit Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>			Professional	01/06/2015	01/05/2015
<input type="checkbox"/>			Institutional	01/05/2015	01/05/2015

Showing 1-2 of 2

Edit Delete

Upon Successful Batch Submission; a pop up will appear verifying that they were submitted.

Saved Claim Details

Status:

Claim Type:

Service Date
From: To:

Search

Cancel

Ready to Batch

Select	Member Name	Trading Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	IN000000000	Professional	01/05/2015	01/05/2015
<input checked="" type="checkbox"/>	SMITH, JOHN	IN000000001	Institutional	07/31/2012	09/07/2012

Page 1 of 1 | 10 per page | Showing 1-2 of 2

Edit

Submit

Delete

Incomplete Claims

Select	Member Name	Trading Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN000000002	Professional		
<input type="checkbox"/>	SMITH, JOHN	TN000000003	Institutional		

Page 1 of 1 | 10 per page | Showing 1-2 of 2

You can select one *Ready to Batch* claim to edit, submit or delete

Saved Claim Details

Status: Claim type: Service Date
From: To:

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

Page 1 of 1 10 per page Showing 1-2 of 2

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input checked="" type="checkbox"/>		TN0000000002	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

Page 1 of 1 10 per page Showing 1-2 of 2

You can select one or more *Incomplete Claims* to delete, but you can only edit one claim at a time



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

▶ Service Request/Authorization

▶ Member

HFNIS Profile **New!**

Reports

Links

Forms

▶ Account Tools

Messages and Announcements

You have (2/4) new messages

You have (16) announcements

Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

My Favorites Edit

Member Eligibility

Claim Status Inquiry

Create Professional Claims

Claims Download Report

Service Request/Authorization

Create Service Request/Authorization

Clear Coverage

Create Institutional Claim

Select *Claims Status Inquiry*

Member Eligibility Search

Member ID

What's New

Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status inquiry. Please click [here](#) to learn more. Contact Molina to locate the Molina Member/Provider Services telephone numbers.

Coming Soon !

Claims will have new functionality coming in March!

- Batched Claims
- Create Claims Templates
- Connect Claims
- Add Attachments to Claims

Poll

Do you like our new look?

Yes

No

[See Responses](#)

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Jan 16 2015 11:06:58 AM PST

Search

Claim Type: All Search Options: Claim Status Member Name/DOB Member Number Tracking Number Claim Status Claim Status: All

Optional Search Criteria
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

Patient Control No: NPI: Gender: Select

Claim No: Claims Status: All

Search Clear Cancel

Select *Claim Type* and search by any of the following:

- Member Name/DOB
- Member Number
- Tracking Number
- Claim Status

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Jan 16 2015 11:06:58 AM PST

Search

Claim Type: All Search Options: Claim Status: All

Optional Search Criteria
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

Patient Control No: NPI: Gender: Select

Claim No: Claims Status: All

Search Clear Cancel

Upon completion of the required search criteria, select *Search*

Please Note: If more than 100 claims are found, only the first 100 will be shown. Please narrow your criteria.

Claims Inquiry

Search

Claim Type: CMS 1500 Professional Search Options: Claim Status Claim Status: All

Optional Search Criteria
Enter optional criteria to narrow your search:

Received Date: From: To:
mm/dd/yyyy mm/dd/yyyy

Date of Service: From: To:
mm/dd/yyyy mm/dd/yyyy

Patient Control No:

Claim No:

Claims Status: All

NPI:

Gender: Select

Search Clear Cancel

Your search information found more than 100 claims. The first one hundred claims are displayed. If you are looking for a particular claim, narrow your search by adding additional criteria.

Claims Found

Claim ID	Member Name	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status	Claim Type	Attachments
12345678901	GRAINGER, HERMIONE	285.00	02/06/2013	02/06/2013	02/18/2013	Paid	PROFESSIONAL	No
12345678901	HOLLER, HARRY	645.00	01/24/2013	01/24/2013	02/01/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, CHARLES	94.00	01/14/2013	01/14/2013	01/22/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	330.00	01/16/2013	01/16/2013	01/25/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	645.00	03/12/2012	03/12/2012	03/08/2012	Paid	PROFESSIONAL	No

Showing 1-5 of 100 5 per page Page 1 of 20

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Jan 17, 2015 05:41:22 PM PST

Search

Claim Type: CMS 1500 Professional Search Options: Claim Status Claim Status: All

Optional Search Criteria

Enter optional criteria to narrow your search:

Received Date: From: To:

Date of Service: From: To:

Patient Control No:

NPI:

Gender: Select

Claim:

Search

Clear

Cancel

Select a Claim ID to see the details

Your search information

claims are displayed. If you are looking for a particular claim, narrow your search by adding additional criteria.

Claims Found

Claim ID	Member Name	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status	Claim Type	Attachments
12345678901	GRAINGER, HERMIONE	285.00	02/06/2013	02/06/2013	02/18/2013	Paid	PROFESSIONAL	No
12345678901	HOLLER, HARRY	64.00	01/24/2013	01/24/2013	02/01/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, CHARLES	94.00	01/14/2013	01/14/2013	01/22/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	330.00	01/16/2013	01/16/2013	01/25/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	645.00	03/12/2012	03/12/2012	03/08/2012	Paid	PROFESSIONAL	No

Showing 1-5 of 100 per page Page 1 of 20

Claims Inquiry

[Print Claim Summary](#)

[Back](#)

Information on Claims accepted into the adjudication system is current as of Jan 12 2013 06:10:22 AM PST

Search

Claim Type: Search Options: Claim Status:

Optional Search Criteria

Enter optional criteria to narrow your search:

Received Date: From:

To:

Date of Service: From:

To:

Patient Control No:

NPI:

Claim No:

Gender:

Claims Status:

[Search](#)

[Clear](#)

[Cancel](#)

Claim Details

General Information

Member Name: POTTER, HARRY	Claim Number: 12345678901
Claim Status Category:	Claim Status Effective: 1/24/2013
Claim Header Status: Paid	Billed Amount(\$): 643.00
Rendering Provider Name: DUMBLEDORE, ALBUS	Check Number:
Rendering Provider NPI: 0000000000	Service Date From: 01/24/2013
Check Paid Date: 02/12/2013	Patient Control Number: 11111111111
Service Date To: 01/24/2013	Amount Paid(\$): 247.05

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure Code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co Insurance	Member Copay	Line Status Effective	Status	Remit Message
1	01/24/2013	01/24/2013		68530		1	515.00	204.65	0.00	0.00	0.00	1/24/2013	Paid	
2	01/24/2013	01/24/2013		99211		1	64.00	42.40	0.00	0.00	0.00	1/24/2013	Paid	

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

[Save As Template](#)

[Appeal Claims](#)

[Void Claims](#)

[Correct Claim](#)

[View Diagnosis Code](#)

[Print Claim Summary](#)

[Back](#)

Claims Inquiry

[Print Claim Summary](#)

[Back](#)

Information on Claims accepted into the adjudication system is current as of Jan 13 2013 06:10:22 AM PST

Search

Claim Type: Search Options: Claim Status:

Optional Search Criteria

Enter optional criteria to narrow your search:

Received Date: From:

To:

Date of Service: From:

To:

Patent Control No:

NPI:

Claim No:

Gender:

Claims Status:

[Search](#)

[Clear](#)

[Cancel](#)

Claim Details

General Information

Member Name: POTTER, HARRY

Claim Number: 12345678901

Claim Status Category:

Claim Status Effective: 1/24/2013

Claim Header Status: Paid

Rendering Provider Name: DUMBLEDORE, ALBUS

Rendering Provider NPI: 0000000000

Check Paid Date: 02/12/2013

Service Date To: 01/24/2013

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Deductible	Co Insurance	Member Copay	Line Status Effective	Status	Remit Message	
1	01/24/2013	01/24/2013		68530	515.00	204.65	0.00	0.00	0.00	1/24/2013	Paid
2	01/24/2013	01/24/2013		99211	84.00	42.40	0.00	0.00	0.00	1/24/2013	Paid

Select *Save as Template* to create a template from this claim

[Save As Template](#)

[Appeal Claims](#)

[Void Claims](#)

[Correct Claim](#)

[View Diagnosis Code](#)

[Print Claim Summary](#)

[Back](#)

Claims Inquiry

[Print Claim Summary](#) [Back](#)

Information on Claims accepted into the adjudication system is current as of Jan 22 2013 08:41:21 PM PST

Search

Claim Type: Search Options: Claim Status:

Optional Search Criteria

Enter optional criteria to narrow your search

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

Patient Control No:

Claim No:

Claims Status:

Add Template

Template Name:

Template Description:

[Save](#) [Cancel](#)

[Search](#) [Clear](#) [Cancel](#)

Claim Details

General Information

Member Name: POTTER, HARRY
 Claim Status Category:
 Claim Header Status: Paid
 Rendering Provider Name: DUMBI DORE, ALBUS
 Rendering Provider NPI: 0000000000
 Check Paid Date: 02/12/2013
 Service Date To: 01/24/2013

Amount: \$143.00
 Number:
 01/24/2013
 111111111111
 217.05



Claim Line Items

Claim Line	Service From Date	Service To Date	Rev. Code	HCPUS/Service Code	Deductible	Co-Insurance	Member Copay	Line Status Effective	Status	Remit Message
1	01/24/2013	01/24/2013		68530	0.00	0.00	0.00	1/24/2013	Paid	
2	01/24/2013	01/24/2013		99213	0.00	0.00	0.00	1/24/2013	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](#) [Back](#)

Claims Inquiry

Template Added Successfully

You can view Saved Templates in the [Create/Manage Templates](#) Page

Print Claim Summary

Back

System is current as of Jan 11 2015 05:41:21 PM PST

Search:

Claim Type: CMS 1500 Professional Search Options: [Search] [Save] [Print] [Cancel]

Optional Search Criteria:

Enter optional criteria to narrow your search

Received Date: From: [mm/dd/yyyy] To: [mm/dd/yyyy]

[mm/dd/yyyy]

Date of Service: From: [mm/dd/yyyy] To: [mm/dd/yyyy]

[mm/dd/yyyy]

Patient Control No: []

NPI: []

Claim No: []

Gender: Select

Claims Status: []

Search

Clear

Cancel

Claim Details

General Information

Member Name: POTTER, HARRY

Claim Number: 12345670901

Claim Status Category:

Claim Status Effective: 1/24/2013

Claim Header Status: Paid

Billed Amount: \$: 643.00

Rendering Provider Name: DRIMRI EDORF, ALBUS

Check Number:

Rendering Provider NPI: 000000000

Service Date From: 01/24/2013

Check Paid Date: 02/12/2013

Patient Control Number: 1111111111

Service Date To: 01/24/2013

Amount Paid: \$: 247.05

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co Insurance	Member Copay	Line Status Effective	Status	Email Message
1	01/24/2013	01/24/2013		68530		1	549.00	104.65	0.00	0.00	0.00	1/24/2013	Paid	
2	01/24/2013	01/24/2013		99213		1	94.00	42.40	0.00	0.00	0.00	1/24/2013	Paid	

Showing 1-2 of 2 [10] per page Page 1 of 1

Save As Template

Appeal Claim

Void Claim

Correct Claim

View Diagnosis Code

Print Claim Summary

Back

Claims Inquiry

Print Claim Summary

Back

Information on Claims accepted into the adjudication system is current as of Jan 12 2015 06:41:22 PM PST

Search

Claim Type: CMS-1500-Professional Search Options: Claim Status Claim Status: N

Optional Search Criteria

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]

Patient Control No: [] NPI: []

Claim No: []

Claims Status: All

Search

Clear

Cancel

Claims Appeals are ONLY available in Texas

Claim Details

General Information

Member Name: SMITH, JILL
Claim Status Category:
Claim Header Status: Paid
Rendering Provider Name: LOWE, ROB
Rendering Provider NPI: 0000000000
Check Paid Date: 07/19/2013
Service Date: 06/25/2013
Claim Number: 1111111111
Claim Status Effective: 06/25/2013
Billed Amount(\$): 013.00
Check Number:
Check Date: 07/19/2013
111

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCP'S/Service Code	Proc Mo	Me	Co-Insurance	Member Copy	Line Status Effective	Status	Remit Message
1	06/25/2013	06/25/2013		68531			0.00	0.00	06/25/2013	Paid	
2	06/25/2013	06/25/2013		99213			0.00	0.00	06/25/2013	Paid	

Showing 1-2 of 2 | 10 per page | Page 1 of 1

Select Appeal Claim to appeal a Paid/Denied claims

Save As Template

Appeal Claim

Void Claim

Correct Claim

View Diagnosis Code

Print Claim Summary

Back

Provider Complaint/Appeal Request Form

Instructions for filling a complaint/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 Molina Healthcare of Texas to Provider Complaints & Appeals. We will send a written acknowledgement of your request. It will be mailed to you within three (3) working days after the request is received.

Provider's Name:	<input type="text" value="LOWE, ROR"/>	NPI:	<input type="text" value="0000000000"/>	Federal ID:	<input type="text" value="123456789"/>
Request Type:	<input type="radio"/> Complaint <input checked="" type="radio"/> Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	<input type="text" value="1111111111"/>	Date of Service:	<input type="text" value="06/25/2013"/> <small>mm/dd/yyyy</small>	Total Charges:	<input type="text" value="643.00"/>
Address:	<input type="text" value="000 MAIN ST"/>	City/State/Zip:	<input type="text" value="DALLAS, TX, 75206"/>		
Contact Person:	<input type="text"/>	Phone:	<input type="text"/>		
Member's ID:	<input type="text" value="123456789"/>	Member Name:	<input type="text" value="SMITH, JILL"/>	Date of Birth:	<input type="text" value="11/11/1911"/> <small>mm/dd/yyyy</small>
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.				
	<input type="text"/>				

Supporting Information

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

Attachment: No file chosen [Help](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should r

Fill out all the information and select *Submit*

After entering the necessary information the notification and all supporting documents that were uploaded will be delivered. Printing the claims summary will be covered next.

Name: Date:

I agree that the information provided is true and correct. If someone else is completing this form for me, by checking this box I am giving my consent for the person named above to submit on my behalf.

Claims Inquiry

[Print Claim Summary](#) [Back](#)

Information on Claims accepted into the adjudication system is current as of Mar 23 2015 01:30:07 PST

Search
Claim Type: All Search Options: Claim Status Claim Status: PI - Pending/In Process-The claim or encounter is in th

Optional Search Criteria
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
Patient Control No: NPI:
Claim No:
Claims Status: All

If a claim's Header Status is Pending/In Process or In-adjudication you can submit an attachment via the Claims Details screen

Claim Details

General Information
Member Name: SMITH, JILL
Claim Status Category:
Claim Header Status: In adjudication
Rendering Provider Name: LOWE, ROB
Rendering Provider NPI: 0000000000
Check Paid Date:
Service Date To: 03/09/2015
Claim Status: Pending/In Process
Billed At:
Check N:
Service Date From: 03/09/2015
Patient Control Number: 11111111111
Amount Paid(\$): 51.36

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insurance	Member Copay	Line Status Effective	Status	Remit Message
1	03/09/2015	03/09/2015	0450	99202	25	1	505.80	51.36	0.00	0.00	0.00	3/9/2015	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](#) [Back](#)

Attachments
Type of Attachment: Select
File: Choose File No file chosen Upload
Supported file formats are PDF, TIF, JPG, BMP and GIF. 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.

[Submit Attachments](#) [Cancel](#)



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

Service Request/Authorization

Member

HFNIS Profile **New!**

Reports

Links

Forms

Account Tools

Messages and Announcements

 You have (2/4) new messages

 You have (16) announcements

Recent Activity

 [Click here to view your recent Service Request/Authorizations](#)

 [Click here to view your recent Claims](#)

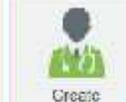
My Favorites [Edit](#)



Member Eligibility



Claim Status Inquiry



Create Professional Claims



Claims Download Report



Service Request/Authorization



Create Service Request/Authorization



Coverage



Create Institutional Claim

Quick Member Eligibility Search

Search by Member ID

Go

What's New

Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status inquiry. Please click [here](#) to learn more. Contact Molina to locate the Member/Provider Services numbers.

Coming Soon !

Claims will have new functionality coming in March!
- Batched Claims

Poll

Do you like our new look?

Yes

There are two ways to Correct or Void a claim

- Within Create Professional or Institutional Claim
- Within a Claims Details page

Correct Claims via Create Professional Claim (CMS 1500) & Create Institutional Claim (UB04)

Next >>

Member

Provider

Summary

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

Prior Claim ID#:

Eligibility Check

Enter the insured's ID or their last name
Advance Search.

Select *Correct Claim* and
enter a previously opened
claim. Select *Enter*.

or view the ID search by Last name, First name and Date of Birth using

Insured's ID Number:

OR

Last Name:

First Name:

DOB:
(mm/dd/yyyy)

AND

Service From Date:
(mm/dd/yyyy)

Service To Date:
(mm/dd/yyyy)

Insured's Information

Last Name:

First Name:

Middle Initial:

DOB:

Sex:

Correct Claims via the Claims Details Page

Claims Inquiry

[Print Claim Summary](#)
[Back](#)

The adjudication system is current as of Jun 12 2013 16:11:24 PM PST

Search

Claim Type: CMS-1500-Professional
 Search Options: Claim Status
 Claim Status: All

Optional Search Criteria

Enter optional criteria to narrow your search

Received Date: From: To:
mm/dd/yyyy mm/dd/yyyy

Date of Service: From: To:
mm/dd/yyyy mm/dd/yyyy

Patient Control No:
 Claim No:
 Claims Status: All

NPI:
 Gender: Select

[Search](#)
[Clear](#)
[Cancel](#)

Claim Details

General Information

Member Name: SMITH, JILL
 Claim Status Category:
 Claim Header Status: Paid
 Rendering Provider Name: LOWE, ROB
 Rendering Provider NPI: 0000000000
 Check Paid Date: 07/19/2013
 Service Date To: 06/25/2013

Claim Number: 1111111111
 Claim Status Effective: 06/25/2013
 Billed Amount(\$): 643.00
 Check Number:
 Service Date From: 06/25/2013
 Patient Control Number: 1111111111
 Amount Paid(\$): 247.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed	CC	Member Copay	Line Status Effective	Status	Remark Message
1	06/25/2013	06/25/2013		68530		1	549		0.00	06/25/2013	Paid	
2	06/25/2013	06/25/2013		99213		1	94.60		0.00	06/25/2013	Paid	

Showing 1-2 of 2 10 per page Page 1 of 1

Select Correct Claim

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

Next >>

Save for Later

Save as Template

Cancel

Member

Provider

Summary

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

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

Enter Claim ID#:

Enter

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:
(mm/dd/yyyy)

Service To Date:
(mm/dd/yyyy)

Insured's Information

Last Name:

First Name:

DOB:

Sex:

Address:

Address:

The claim will auto-fill with the details

Select *Save for Later* to save the claim as an incomplete claim

<< Previous

Print

Save for Later

Save as Template

Submit

Save For Batch

Cancel

Member

Provider

Summary

[Help](#) [FAQ](#)

Collapse All

Member Summary

Insured Information

Edit

Insured's ID: 123456789123
Service From Date: 05/26/2013
Last Name: SMITH
Middle Initial:

Service To Date: 06/25/2013
First Name: JILL
DOB: 10/11/2012

Select *Save as Template* to save the original claim as a template.

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

Member Provider **Summary** [Help](#) [FAQ](#)

Collapse All

Member Summary

Insured Information Edit

Insured's ID:	123456789123	Service To Date:	06/25/2013
Service From Date:	05/26/2013		
Last Name:	SMITH		
Middle Initial:			

Please Note: If you *Save as Template*, your original claim will not be corrected

Select *Save for Batch* to submit the corrected claim in a batch

<< Previous

Print

Save for Later

Save as Template

Submit

Save For Batch

Cancel

Member

Provider

Summary

[Help](#) [FAQ](#)

Collapse All

Member Summary

Insured Information

Edit

Insured's ID: 123456789123
Service From Date: 05/26/2013
Last Name: SMITH
Middle Initial:

Service To Date: 06/25/2013
First Name: JILL
DOB: 10/11/2012

Select *Submit* to submit the claim

<< Previous

Print

Save for Later

Save as Template

Submit

Save For Batch

Cancel

Member

Provider

Summary

[Help](#) [FAQ](#)

Collapse All

Member Summary

Insured Information

Edit

Insured's ID: 123456789123
Service From Date: 05/26/2013
Last Name: SMITH
Middle Initial:

Service To Date: 06/25/2013
First Name: JILL
DOB: 10/11/2012

Your Claim has been Successfully submitted. Please note the Claim ID for Future Reference.

Claim ID: 12345678901

<< Previous

Print

Save for Later

Save as Template

Submit

Save For Batch

Cancel

Member

Provider

Summary

[Help](#) [FAQ](#)

Claim ID: 12345678901

Collapse All

Member Summary

Insured Information

Upon Successful Single Submission; a message will appear with a new Claim ID number.

Edit

Service To Date: 06/25/2013
First Name: JILL
DOB: 10/11/2012

Void Claims via Create Professional Claim (CMS 1500) & Create Institutional Claim (UB04)

[Next >>](#) [Save for Later](#) [Cancel](#)

Member **Provider** **Summary**

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

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

Prior Claim ID#:

Eligibility Check

Enter the Insured's ID or their last name, first name and Date of Birth using Advance Search .

Insured's ID Number: *

OR

Last name, First name and Date of Birth using

Select *Void Claim* and enter a previously opened claim. Select *Enter*.

Claims Inquiry

Void Claims via the Claims Details Page

adjudication system is current as of Jun 12 2013 10:43:24 PM PST

Search
 Claim Type: CMS-1500-Professional Search Options: Claim Status Claim Status: All

Optional Search Criteria
Enter optional criteria to narrow your search

Received Date: From: To:
mm/dd/yyyy mm/dd/yyyy

Date of Service: From: To:
mm/dd/yyyy mm/dd/yyyy

Patient Control No:
 Claim No:
 Claims Status: All

NPI:
 Gender: Select

Claim Details

General Information
 Member Name: SMITH, JILL
 Claim Status Category:
 Claim Header Status: Paid
 Rendering Provider Name: LOWE, ROB
 Rendering Provider NPI: 0000000000
 Check Paid Date: 07/19/2013
 Service Date To: 06/25/2013

Claim Number: 1111111111
 Claim Status Effective: 06/25/2013
 Billed Amount(\$): 943.00

Select Void Claim

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure Mod	Charge	Co Insurance	Member Copay	Line Status Effective	Status	Remark Message
1	06/25/2013	06/25/2013		68530		943.00	0.00	0.00	06/25/2013	Paid	
2	06/25/2013	06/25/2013		99213	1	94.00	0.00	0.00	06/25/2013	Paid	

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

Next >>

Cancel

Member

Provider

Summary

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

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

Prior Claim ID#: *

The claim will auto-fill with the details

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: *

OR

Last Name: *

First Name: *

DOD: *
(mm/dd/yyyy)

AND

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

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

Insured's Information

Last Name:

First Name:

Middle Initial:

Select *Submit* to void the claim

<< Previous

Print Submit Cancel

- Member
- Provider
- Summary

[Help](#) [FAQ](#)

Collapse All

Member Summary

Insured Information

Insured's ID:	123456789123	Service To Date:	06/25/2013
Service From Date:	06/25/2013	First Name:	JILL
Last Name:	SMITH	DOB:	10/11/2012
Middle Initial:		Address1:	000 MAIN ST
Sex:	Female		

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

Member **Provider** **Summary** [Help](#) [FAQ](#)

Collapse All

Member Summary [Edit](#)

Insured Information

Insured's ID:	123456789123
Service From Date:	06/26/2013
Last Name:	SMITH
Middle Initial:	

2015
DOB: 10/11/2012

Web Portal

Are you sure you want to void Claim ID# 11111111111?

Select Yes to void the claim

Upon Successful submission; a message will appear with a new Claim ID number.

Your Claim has been Successfully submitted. Please note the Claim ID for Future Reference.
Claim ID: 12345678901

<< Previous

Member

Provider

Summary

[Help](#) [FAQ](#)

Claim ID: 11111111111

Collapse All

Member Summary

Insured Information

Insured's ID: 12345678912
Service From Date: 06/26/2013
Last Name: SMITH

Web Portal

The Claim ID: 11111111111 has been successfully submitted to void Claim ID: 12345678901.

Do you wish to use the previous claim's information to create your new claim?

Yes

No

You also have the opportunity to use the information to create a new claim



Create/Manage Claims Template

Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional	Test-q020115	
<input type="checkbox"/>	CMS1500-Professional	CMS1500021015	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021215	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021215d	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021215d	
<input type="checkbox"/>	CMS1500-Professional	Test021615	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021915	

Page 1 of 1 10 per page Showing 1-7 of 7

Create Load Delete

You can create a claim template via;

- Claim Inquiry Details
- Corrected/Voided Claims
- Create/Manage Claims

Create/Manage Claims Template

Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional	Test-q020115	
<input type="checkbox"/>	CMS1500-Professional	CMS1500021015	
<input type="checkbox"/>	CMS1500 Professional	WebPortal021215	
<input type="checkbox"/>	CMS1500 Professional	WebPortal021215v1	
<input type="checkbox"/>	CMS1500H-Professional	WebPortal021215v2	
<input type="checkbox"/>	CMS1500H-Professional	Test021615	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021915	

Page 1 of 1 10 per page Showing 1-7 of 7

Create

Load

Delete

To create a claims template select *Create*

Create/Manage Claims Template

Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional	Tooling020:15	
<input type="checkbox"/>	CMS1500-Professional	CMS1500021515	
<input type="checkbox"/>	CMS1500-Professional	WebPorta:021215	
<input type="checkbox"/>	CMS1500-Professional	WebPorta:021215v1	
<input type="checkbox"/>	CMS1500-Professional		
<input type="checkbox"/>	CMS1500-Professional		
<input type="checkbox"/>	CMS1500-Professional		

Page 1 of 1 | 10 per page | Showing 1-7 of 7

Add Template

Professional Institutional

Choose the type of claim you want to open and select *Create*

Next >>

Save as Template

Cancel

Member

Provider

Summary

Field Help FAQ

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

A blank claim will appear. You will have the option to *Save as Template*

Eligibility Check

Enter the insured's ID or their last name, first name and Date of Birth. If you don't know the ID search by Last name, First name and Date of Birth using Advanced Search.

Insured's ID Number: *

Advanced Search

OR

Last Name: *

First Name: *

DOD: *
(mm/dd/yyyy)

AND

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

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

Insured's Information

Last Name: *

First Name: *

Middle Initial: *

DOB: *

Sex: *

Address1: *

Address2: *

City: *

State: *

Zip Code: *

Payer Name: MHC OH

Program Name: *

Payer ID: 20-0750134

Patient Information

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

Patient Relationship to Insured: *

Other Insurance

Next >>

Save as Template Cancel

Member

Provider

Summary

* Required Field Help FAQ

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 to Advance Search.

Insured's ID Number:
OR
Last Name:
AND
Service From Date: 
(mm/dd/yyyy)

Add Template

Template Name:

Template Description:

Save

Cancel

Select *Save* and you will be redirected back to the Create/Manage Templates page

Insured's Information

Last Name:
DOB:
Address1:
City:
Payor Name: MHC OR

Middle Initial:

Zip Code:

Payor ID:

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

Create/Manage Claims Template

Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional	Testing020115	
<input type="checkbox"/>	CMS1500-Professional	CMS1500021015	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021215	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021215v1	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021215v2	
<input type="checkbox"/>	CMS1500-Professional	Test021615	
<input type="checkbox"/>	CMS1500-Professional	WebPortal021915	
<input type="checkbox"/>	CMS1500-Professional	Professional01	

Page 1 of 1 10 per page Showing 1-8 of 8

Create **Load** **Delete**

The template you created will appear in the list



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

Service Request/Authorization

Member

HFNIS Profile *New!*

Reports

Links

Forms

Account Tools

Messages and Announcements

You have (2/4) new messages

You have (16) announcements

Recent Activity

Click here to view your recent Service Request/Authorizations

Click here to view your recent Claims

Quick Member Eligibility Search

Search by Member ID

Go

What's New

Medicare is available for Member Eligibility

Search

Mem. num

Coming Soon !

Claims will have new functionality coming in

Claims
Claims Templates
Claims
Comments to Claims

Poll

Do you like our new look?

Yes

No

Vote

See Responses

My Favorites

[Edit](#)



Member Eligibility



Claim Status Inquiry



Create Professional Claims



Claims Download Report



Service Request/Authorization



Create Service Request/Authorization



Clear Coverage



Create Institutional Claim

Select *Export Claims Report to Excel*

To Export a Claim to Excel, enter Service Dates in the required fields below and click "Search". You can enter dates for claims beyond 12 months and receive your report as little as 10 minutes. To retrieve your Exported Claim Record, go to the Homepage.

Claims Export to Excel

Required Field 

Information on historical claims data is current as of 9/23/2015

Service Date From:  mmdyyy

Service Date To:  mmdyyy

*Click Search to Export Claims.
You will receive an email notification once your Exported Claim Record has been completed.*

Choose your Service Dates and select Search

Claims Export to Excel

Your request has been submitted successfully! You will be notified via email when your report has been completed.

You will receive a successful submission message and in due time a confirmation email that your report is available.

Provider Portal

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

... You will be notified via email when your report has been completed.

Select *Reports* once you receive the confirmation email

The report should be available in the *Downloadable Claims Reports* Section

Downloadable Claims Reports

File Name	Service From Date	Service To Date	Generated Date
*****1759_02 25 2015_03 25 2015	02/25/2015	03/25/2015	03/25/2015

[View more Claim files](#)

* Displays the last 30 days' most recent 5 Claim files based on Date of Service

Affiliation List

Affiliation List - PDF
Affiliation List - EXCEL

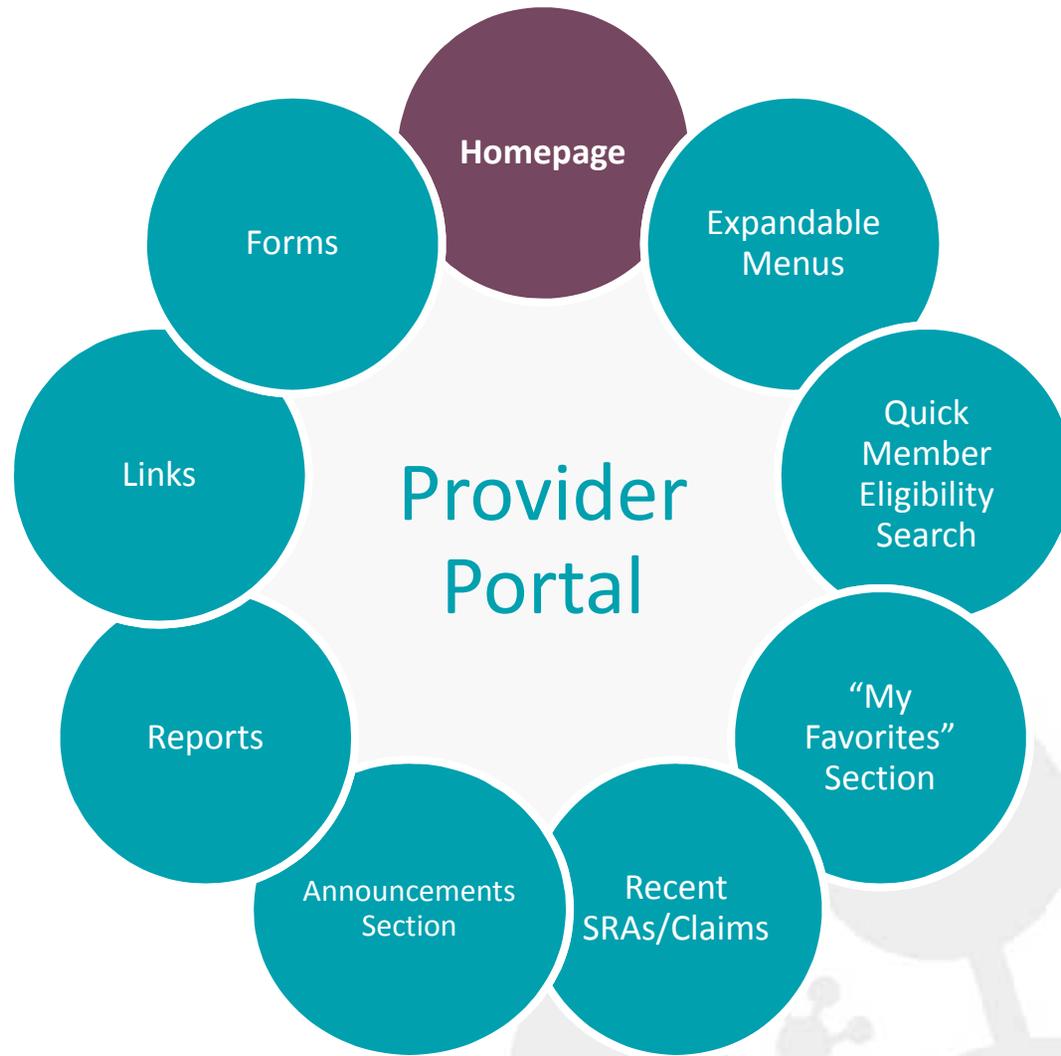
**If you have any additional questions, please email
WebPortal@MolinaHealthcare.com.**

Updates to Portal

1/1/2015 New Look to the Same Portal



Your Extended Family.



Provider Portal 2014

Newsletter

- [Medicaid Newsletter](#)
- [Marketplace Newsletter](#)

Messages

210 New Message(s)

- [Health Alert! What you need to know about Ebola](#)
Starting January 1, 2015 Clear Coverage will be phased into Molina's Provider Network throughout 2015. Clear Coverage is a web based application that offers providers the ability to enter a prior authorization, service request electronically and receive immediate authorization for specific services, such as diagnostic imaging, outpatient surgical procedures and OMB, if the request meets clinical criteria.
- [MMP Provider Training Material](#)
- [HHSC Letter to Providers about ACA POP Rate Increase](#)
- [Texas Pre-service Auth Codification Guide 2013](#)
- [Frequently Asked Questions about Home Health and LTSS Reimbursement Effective September 1, 2013](#)
- [Personal Attendant Services Rates Effective September 1, 2013](#)
- [Frequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100% Effective July 1, 2013](#)
- [Frequently Asked Questions about Home Health and LTSS Reimbursement 100% Effective July 1, 2013](#)
- [Corrected Claims](#)
- [Expedited Credentialing](#)
- [New CHIP ID Number](#)

Welcome
WEB PORTAL TESTER

- [Contact Molina](#)
- [View FAQs](#)
- [What's New!](#)
- [Training Materials](#)

Forms

- [LCD's and NCD's](#)
- [State Billing Guidelines](#)
- [Prior Authorization Guide 1/1/2013](#)
- [Prior Authorization Pre-Service Review Guide 01/01/2014](#)
- [Marketplace Provider Forms](#)
- [Prior Authorization Pre-Service Review Guide for Marketplace January 1, 2014](#)
- [Day Activity and Health Services Rates Effective September 1, 2013](#)
- [Early Childhood Intervention Services \(ECI\) & Non-ECI Behavioral Health Services FAQs](#)
- [New Cognitive Rehabilitation](#)

Provider Portal 2015

Provider Self Services

Welcome, Admin User - webportaltest [Log Out](#)
 Dec 23 2014 5:07:25 PM
[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

Provider Portal	Messages and Announcements	Recent Activity	My Favorites Edit
<ul style="list-style-type: none"> Member Eligibility ▶ Claims ▶ Service Request/Authorization HEDIS Profile New! ▶ Member Roster Reports Links Forms ▶ Account Tools 	<p> You have (0) new messages</p> <p> You have (16) announcements</p>	<p> You have 0 Service Request Authorizations in the last 30 days</p> <p> You have 0 claims in the last 30 days</p>	<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 5px;"> <div style="text-align: center;"> Member Eligibility</div> <div style="text-align: center;"> HEDIS Profile</div> <div style="text-align: center;"> Claims Status Inquiry</div> <div style="text-align: center;"> Member Roster</div> <div style="text-align: center;"> Forms</div> <div style="text-align: center;"> Create Professional Claims</div> <div style="text-align: center;"> Create Service Request/Authorization</div> </div>
<h3>Quick Member Eligibility Search</h3> <div style="display: flex; justify-content: center; align-items: center;"> <input style="width: 200px;" type="text" value="Search by Member ID"/> <input style="margin-left: 10px;" type="button" value="Go"/> </div>			
<p>What's New</p> <p>Medicare is available for Member eligibility searches, Service Request authorization inquiry and Claim Status inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.</p>	<p>Video</p> <p>Take a tour of our new Provider Self Services!</p>	<p>Poll</p> <p>Do you like our new look?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not a</p> <p><input type="radio"/> NA</p> <p style="text-align: right;"><input type="button" value="Vote"/> See Responses</p>	

- Provider Portal
- Member Eligibility
- Claims
- Service Request/Authorization
- HEDIS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

You have (0) new messages

You have (16) announcements

Recent Activity

You have 0 Service Request Au

You have 0 claims in the last 30

My Favorites

[HEDIS Profile](#)

[Member Roster](#)

[Forms](#)

[Create Professional Claims](#)

[Create Service Request/Authori](#)

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Your care is available for Member eligibility searches, Service Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

Take a tour of our new Provider Self Services!

Poll

Do you like our new look?

- Yes
- No
- Not C
- NA

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

A Poll functionality was added to allow Provider feedback

Provider Portal	Messages and Announcements	Recent Activity	My Favorites Edit
Member Eligibility	You have (0) new messages You have (16) announcements	You have 0 Service Request Authorizations in the last 30 days You have 0 claims in the last 30 days	Member Eligibility HEDIS Profile
Claims	Quick Member Eligibility Search Search by Member ID: <input type="text"/> Go		
Service Request/Authorization	What's New You care is available for Member eligibility searches, Service Request authorization inquiry and Claim Status inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.	Video Take a tour of our new Provider Self Services!	Poll Do you like our new look? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not C <input type="radio"/> NA Vote See Responses
HEDIS Profile New!			Claim Status Inquiry Member Roster
Member Roster			Forms Create Professional Claims
Reports			Create Service Request/Authorizations
Links			
Forms			
Account Tools			

The *What's New* section will provide the latest information to users

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- HEDIS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have (0) new messages
- You have (16) announcements

Authorizations in the last 30 days

3 days

My Favorites

- Member Eligibility
- HEDIS Profile
- Claims Status Inquiry
- Member Roster
- Forms
- Create Professional Claims
- Create Service Request/Authorizations

A Video section to update users on new information or to provide trainings on new functionalities

What's New

You care is available for Member eligibility searches, Service Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

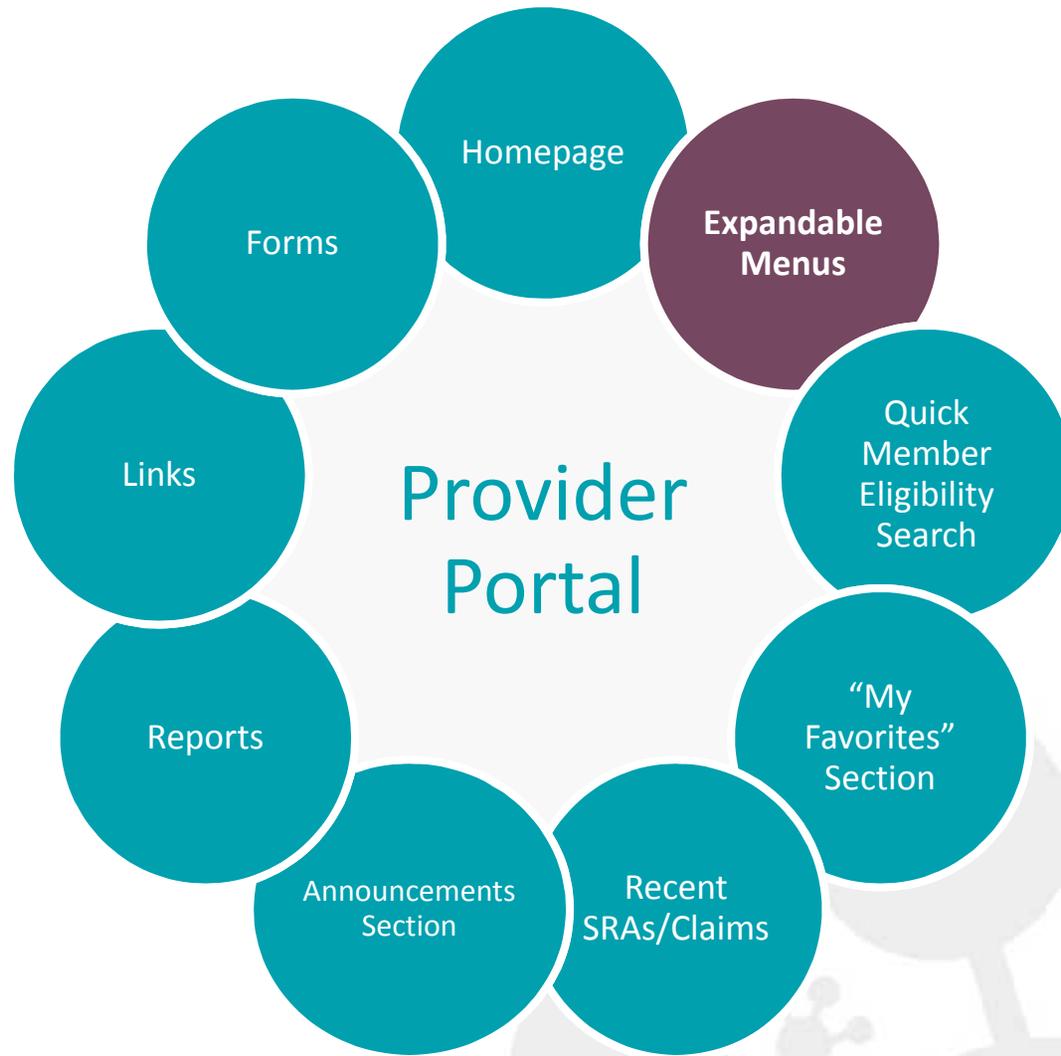
Take a tour of our new Provider Self Services!

Poll

Do you like our new look?

- Yes
- No
- Not C
- NA

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



Select the teal triangle to expand for more detailed pages

Welcome, Admin User - [webportaltest](#) [Log Out](#)
Dec 23 2014 5:07:25 PM
[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

Messages and Announcements
You have (0) new messages
You have (16) announcements

Recent Activity
You have 0 Service Request Authorizations in the last 30 days
You have 0 claims in the last 30 days

My Favorites [Edit](#)
Member Eligibility
HEDIS Profile
Claim Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Authorizations

Quick Member Eligibility Search
Search by Member ID: [Go](#)

What's New
Your care is available for Member eligibility searches, Service Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

Take a tour of our new Provider Self Service!

Poll
Do you like our new look?
 Yes
 No
 Not C
 NA
[Vote](#) [See Responses](#)

Provider Services
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile **New!**
Member Roster
Reports
Links
Forms
Account Tools

Provider Portal	Messages and Announcements	Recent Activity	My Favorites
<ul style="list-style-type: none">Member EligibilityClaims<ul style="list-style-type: none">Claims Status InquiryCreate Professional Claim (CMS 1500)Create Institutional Claim (UB04)Open Incomplete ClaimExport Claims Report to ExcelService Request/AuthorizationHFDIS Profile New!Member RosterReportsLinksFormsAccount Tools		<ul style="list-style-type: none">You have 0 Service Request Authorizations in the last 30 daysYou have 0 claims in the last 30 days	<ul style="list-style-type: none">Member EligibilityHFDIS ProfileClaims Status InquiryMember RosterFormsCreate Professional ClaimCreate Service Request/Author

The navigation will expand showing sub-topics

What's New
Medicare is available for Member eligibility searches, Service Request authorization inquiry and Claim Status inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

Take a tour of our new Provider Self Services!

Poll
Do you like our new look?
 Yes
 No
 Neutral
 NA
[Vote](#) [See Responses](#)

Reminder: Member Eligibility information is updated every 30 minutes.

Eligibility searches are limited to Provider's state of business, except for Medicare which is available for all states. For eligibility questions, please contact Molina Member Services.

NOTE - Eligibility verification is not a guarantee of payment.



Member Search

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

Member ID:

or

First Name:

Last Name:

Date of Birth:

(mm/dd/yyyy)

Search Options:

Gender:

Zip Code:

Line of Business:

To see member eligibility from certain date enter date here: (mm/dd/yyyy)

When you navigate away from the homepage, the menu bar minimizes to the left side of the screen

Remind
info in
minute
Eligibil
Provide
for Mem
states
curicul

NOTE -
guaran

To navigate to another page select the white arrow

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

[Help](#)
Eligibility information is current as of Oct 12 2014 04:30:09 PM EST

Member ID: or Last Name:
First Name: Last Name:
Date of Birth: (mm/dd/yyyy)

Search Options:

Gender:
Zip Code:
Line of Business:

To see member eligibility from certain date enter date here: (mm/dd/yyyy)



The left navigation will appear

Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

HFDIS Profile **New!**

▶ Member Roster

Reports

Links

Forms

▶ Account Locks



Member Search

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

Member ID:

First Name:

Last Name:

Date of Birth:
(mmddyyyy)

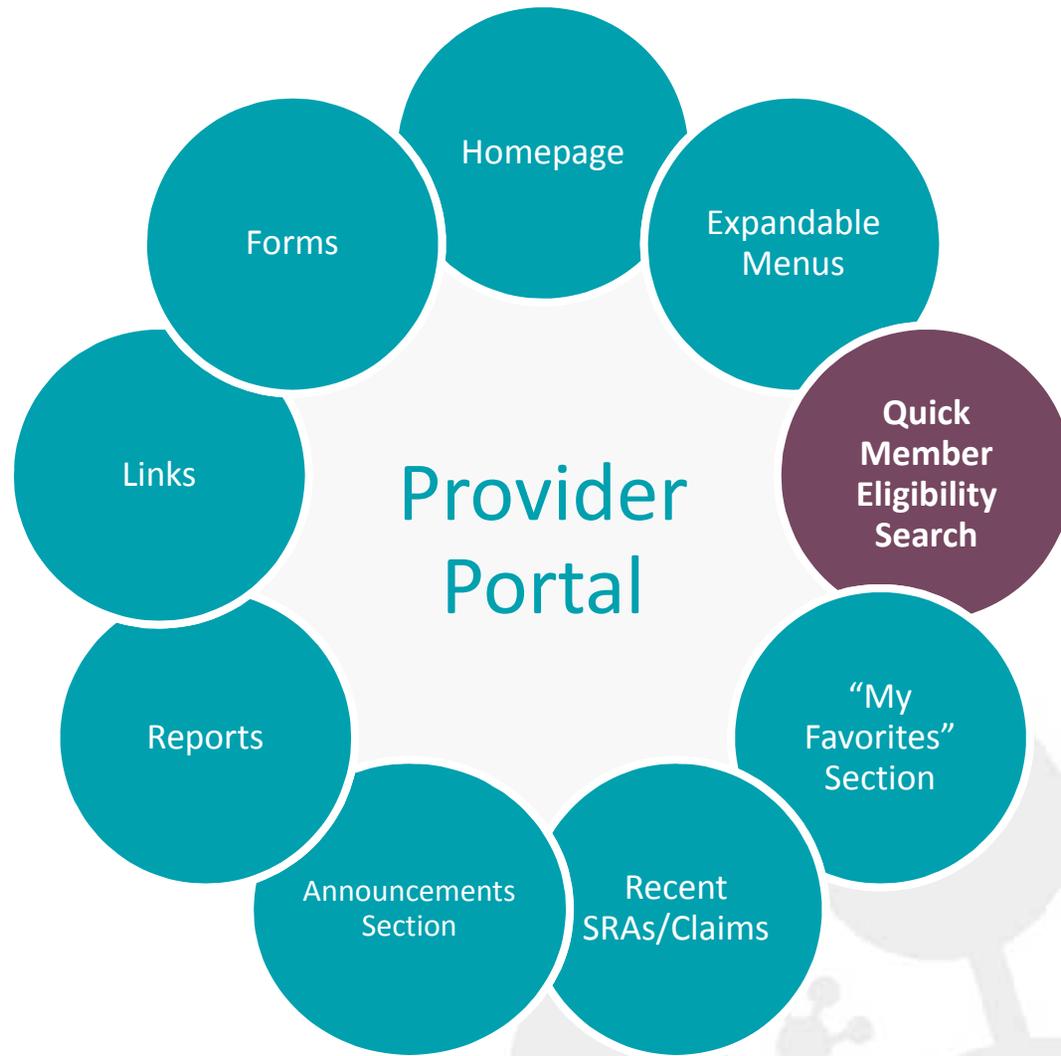
Search Options

Gender:

Zip Code:

Line of Business:

To see member eligibility from certain date enter date here:
(mmddyyyy)



- Provider Portal
- Member Eligibility
- Claims
- Service Request/Authorization
- HEDIS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

You have (0) new messages

You have (16) announcements

Recent

You have (0) new messages

You have (16) announcements

- ### Favorites
- Member Eligibility
 - HEDIS Profile
 - Claims Status Inquiry
 - Member Roster
 - Forms
 - Create Professional Claims
 - Create Service Request/Authorization

Input a Member's ID into the *Quick Member Eligibility Search*

Quick Member Eligibility Search

Search by Member ID:

What's New

You care is available for Member eligibility searches, Service Request/authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

Take a tour of our new Provider Self Services!

Poll

Do you like our new look?

- Yes
- No
- Not C
- NA

[See Responses](#)

Member Eligibility Details

Quick View

- ✓ Member is currently enrolled
- ✓ No Missed Services
- ✓ No enrollment restrictions

Member Information

Member ID: 00000000
Enrollment Plan: STAR
Enrollment Status: ACTIVE
Enrollment Effective Date: 05/01/2014
Enrollment Termination Date:

Quick Links

- Print
- [Submit Professional Claim](#)
- [Claim Status](#)
- [Submit Service Request/Authorization](#)
- [Service Request / Authorization Inquiry](#)

Member Details

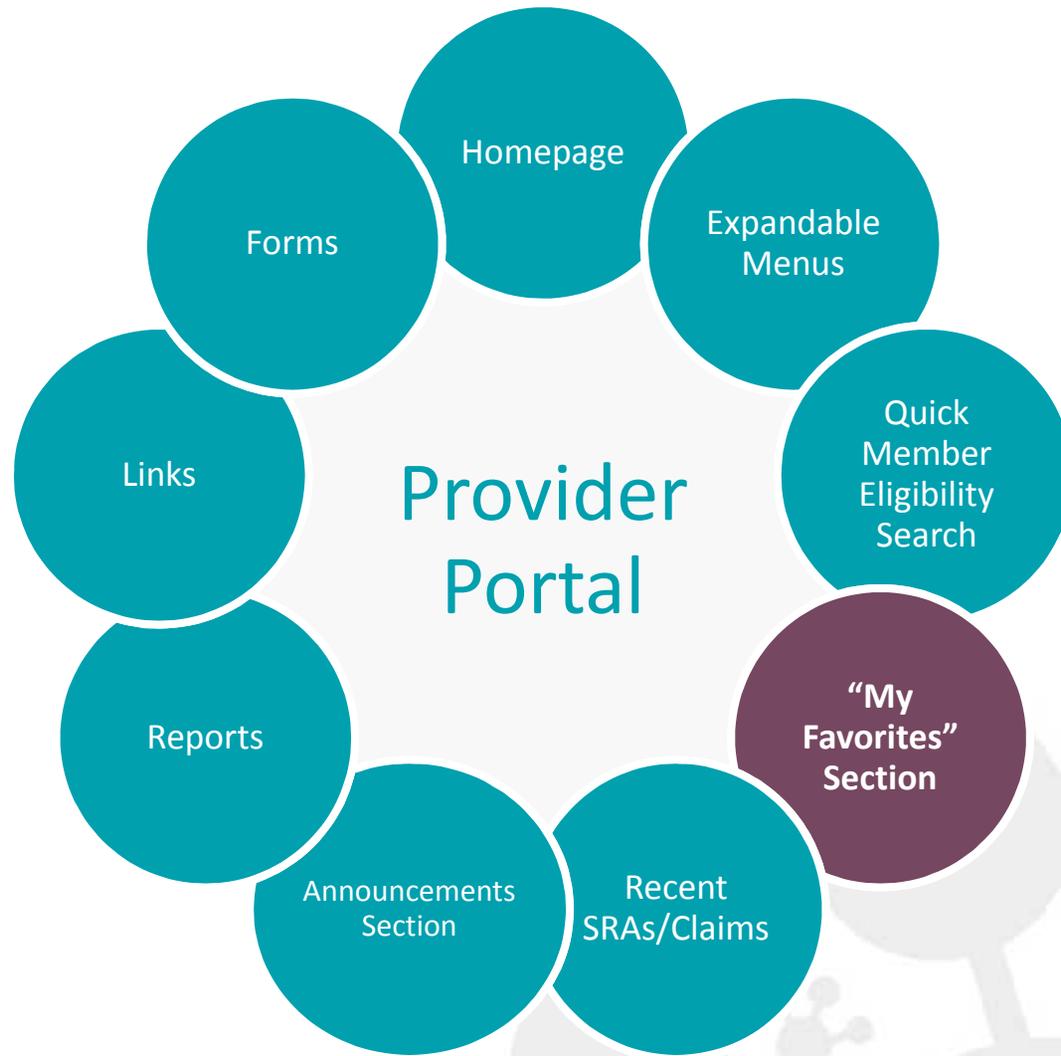
Member Health Record

[Member Information](#) - [Enrollment Information](#) - [Primary Care Provider Information](#) - [IPA/Group Information](#) - [History](#)

Name: SMITH JOHN R
Date of Birth: 05/08/2005
Mailing Address: 123 MAIN ST FREER TX, 78357
Member #: 00000000
Gender #: Male
Home #:
Alternative #:
Mobile #:
Email ID:

New Quick View sections were added to find information faster

[Additional Member Information](#) Expand to view Additional Member Information



Select *Edit* to customize your Favorites

MOLINA HEALTHCARE Provider Self Services

Log Out 2014 5.07.25 PM

Home Provider Search FAQ Training

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- HEDIS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have (0) new messages
- You have (16) announcements

Recent Activity

- You have 0 Service Request Authorizations in the last 30 days
- You have 0 claims in the last 30 days

My Favorites [Edit](#)

- Member Eligibility
- HEDIS Profile
- Claims Status Inquiry
- Member Roster
- Forms
- Create Service Request/Authorization

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Medicare is available for Member eligibility searches, Service Request authorization inquiry and Claim Status inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

Take a tour of our new Provider Self Service!

Poll

Do you like our new look?

- Yes
- No
- None
- NA

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

You can customize your own menu items for easy access to your most used functionalities right on the home screen.

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- HEDIS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have 1 message
- You have 1 announcement

Edit My Favorites

Available Favorites:

- Service Request/Authorization Inquiry
- Create Institutional Claim
- Claims Download Report

Selected:

- Member Eligibility
- HEDIS Profile
- Claims Status Inquiry
- Member Roster
- Forms
- Create Professional Claims
- Create Service Request/Authorizations

You can select up to 8 favorites

My Favorites

 Member Eligibility	 HEDIS Profile
 Claims Status Inquiry	 Member Roster
 Forms	 Create Professional Claims
 Create Service Request/Authorizations	

Choose up to 8 of your most-used functionalities

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- HCDS Profile **New!**
- Member Roster
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

You have 1 message

You have 1 announcement

What's New

medicare number

Recent Activity

et 30 days

Edit My Favorites

Available Favorites:

- Claims Download Report
- Forms
- HCDS Profile

Selected:

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claims Status Inquiry
- Service Request/Authorization Inquiry
- Create Service Request/Authorizations
- Member Roster

* You can select up to 8 favorites:

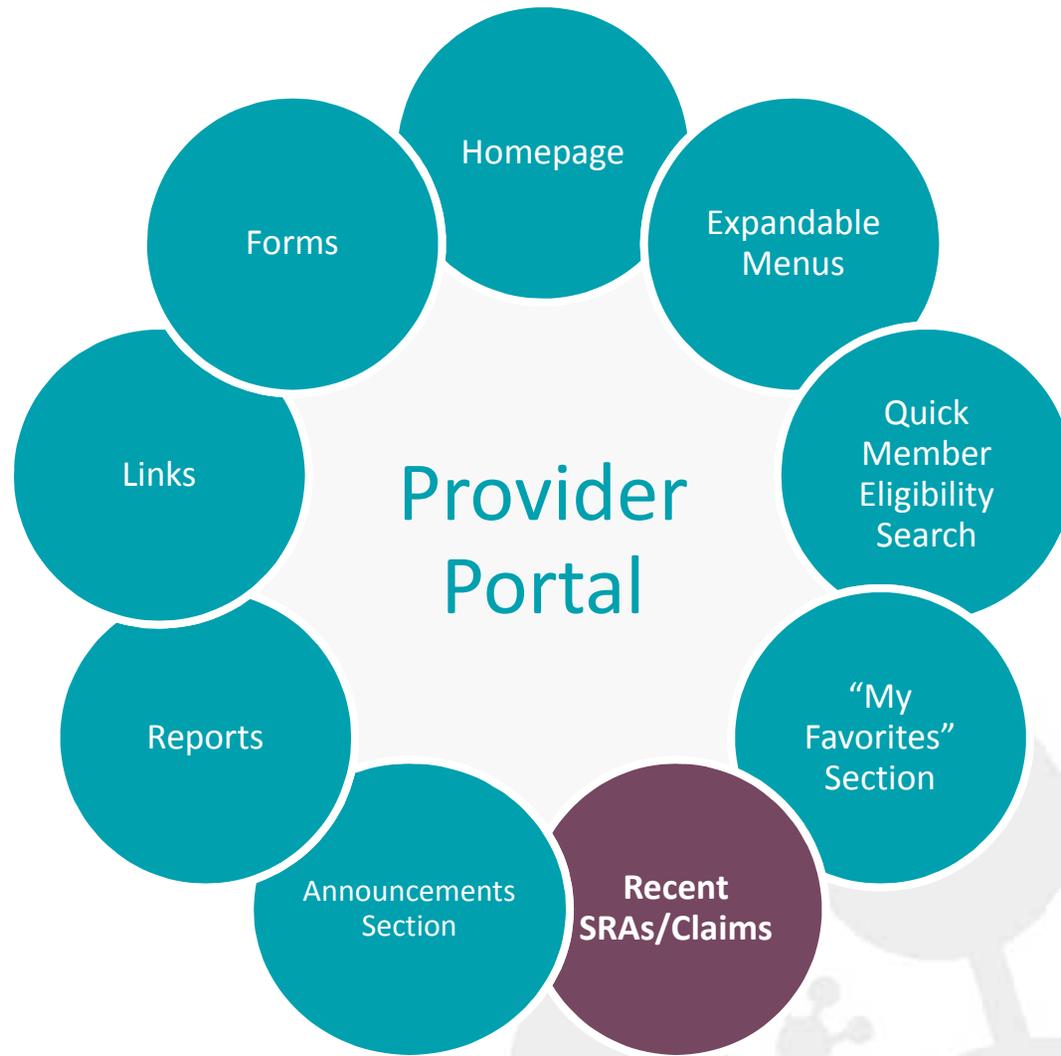
[View](#) [See responses](#)

My Favorites

[Edit](#)

- Member Eligibility
- HCDS Profile
- Claims Status Inquiry
- Member Roster
- Forms
- Create Professional Claims
- Create Service Request/Authorizations

Don't forget to Save!



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- HEDIS Profile *New!*
- ▶ Member Roster
- Reports
- Links
- Forms
- ▶ Account Tools

Messages and Announcements

- You have (0) new messages
- You have (16) announcements

Recent Activity

- You have 0 Service Request Authorizations in the last 30 days
- You have 0 Claims in the last 30 days

My Favorites [Edit](#)

- Member Eligibility
- HEDIS Profile
- Claims Status Inquiry
- Member Roster
- Forms
- Create Professional Claims
- Create Service Request/Authorizations

Quick Member Eligibility

Search by Member ID

What's New

You care is available for Member eligibility searches, Service Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video

Take a tour of our new Provider Services!

Select a link to see the most *Recent Activity* regarding Service Request Authorizations and/or Claims

Once the link is selected you will be taken to a screen showing Authorizations and Claims

[Back to Home Page](#)

Recent Service Requests/Authorizations +

Show

You have no Service Requests/Authorizations in the last 30 days based on the Submission Date.

[View more Service Requests/Authorizations](#)

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

Recent Claims +

You have no claims in the last 30 days based on the Received Date.

[View more Claims](#)

[Print](#)

* Displays the last 30 days' most recent Claims based on Received Date.



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- HEDIS Profile **New!**
- ▶ Member Roster
- Reports
- Links
- Forms
- ▶ Account Tools

Messages and Announcements

You have (0) new messages

You have (18) announcements

Recent Activity

You have 0 Service Request Authorizations in the last 30 days

You have 0 claims in the last 30 days

My Favorites [Edit](#)

- Member Eligibility
- HEDIS Profile
- Claims Status Inquiry
- Member Roster
- Forms
- Create Professional Claims
- Create Service Request/Authorization

Quick Member Eligibility Search

Member ID: [Go](#)

What's New

Watch our new Provider Self Services

Poll

Do you like our new look?

- Yes
- No
- Not C
- NA

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

When there are new **Announcements** they will be displayed here for easy access

The most recent announcements will be displayed.

Announcements

-  [Health Alert: What you need to know about Ebola](#)
 -  [Frequently Asked Questions about Home Health and LTSS Reimbursement Effective, September 1, 2013](#)
 -  [Personal Attendant Services Rates Effective September 1, 2013](#)
 -  [Frequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100% Effective, July 1, 2013](#)
 -  [Frequently Asked Questions about Home Health and LTSS Reimbursement 100% Effective, July 1, 2013](#)
 -  [Corrected Claims](#)
 -  [Expedited Credentialing](#)
 -  [New CHIP ID Number](#)
 -  [Service Coordination Updates](#)
 -  [Scope of Illness Limitation to Apply to STAR+PLUS Clients Effective September 1, 2013](#)
 -  [Early Childhood Intervention Services \(ECI\) & Non-ECI Behavioral Health Services FAQs](#)
 -  [New Cognitive Rehabilitation Therapy Benefits for HCBS STAR+PLUS waiver members only - Effective March 1, 2014](#)
- Export a Claims Report to Excel beyond 12 months and receive your report in as little as ten minutes! To access click Claims then Export Claims Report to Excel.**
-  [HHSC Letter to Providers about ACA PCP Rate Increase](#)



Provider Portal	Messages and Announcements	Recent Activity	My Favorites Edit		
<ul style="list-style-type: none">Member EligibilityClaimsService Request/AuthorizationHEDIS Profile <i>New!</i>Member RosterReportsLinksFormsAccount To	<ul style="list-style-type: none">You have (0) new messagesYou have (16) announcements	<ul style="list-style-type: none">You have 0 Service Request Authorizations in the last 30 daysYou have 0 claims in the last 30 days	<ul style="list-style-type: none">Member EligibilityHEDIS ProfileClaims Status InquiryMember RosterFormsCreate Professional ClaimsCreate Service Request/Authorizations		
<h3>Quick Member Eligibility Search</h3> <p>Search by Member ID: <input type="text"/> Go</p>					
<h4>What's New</h4> <p>Your care is available for Member eligibility searches, Service Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina member services telephone.</p>				<h4>Video</h4> <p>Take a tour of our new Provider Self Services!</p>	<h4>Poll</h4> <p>Do you like our new look?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> Not C<input type="radio"/> NA <p>Vote See Responses</p>

Select Reports from the left navigation

This option allows to access previously downloaded reports.

Reports will be shown here

Downloadable Claims Reports

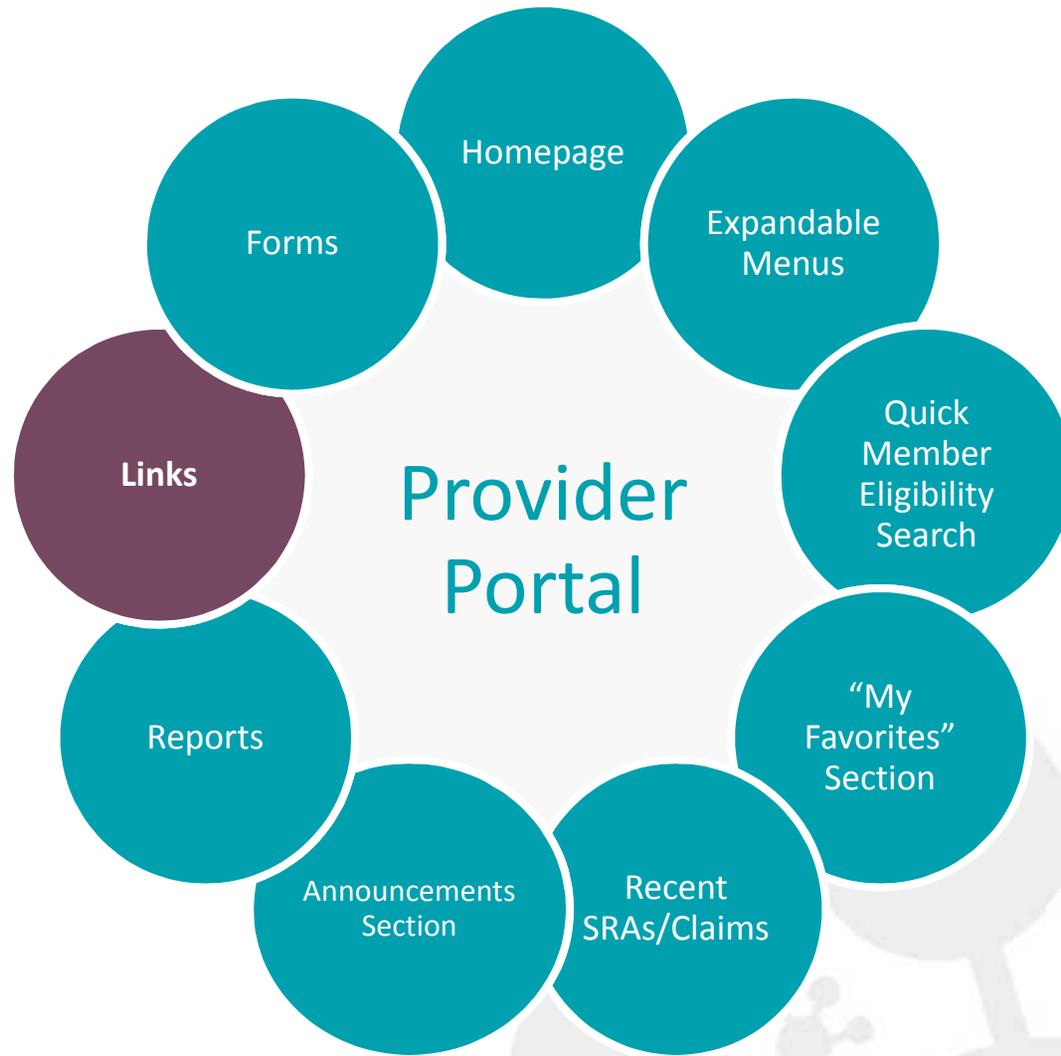
File Name	Service From Date	Service To Date	Generated Date
*****0022_08 01 2014_12 11 2014	08/01/2014	12/11/2014	12/22/2014

[View more Claim files](#)

* Displays the last 30 days' most recent 5 Claim files based on Date of Service

Affiliation List

Affiliation List - PDF Affiliation List - EXCEL
--



- Provider Portal**
- Member Eligibility
- Claims
- Service
- HEDIS
- Member
- Reports
- Links
- Forms
- Account Tools

Select *Links* from the left navigation

Messages and Announcements

You have (0) new messages

You have (16) announcements

Recent Activity

You have 0 Service Request Authorizations in the last 30 days

You have 0 claims in the last 30 days

My Favorites

- Member Eligibility
- HEDIS Profile
- Claim Status Inquiry
- Member Roster
- Forms
- Create Professional Claims
- Create Service Request/Authorizations

Quick Member Eligibility Search

Search by Member ID: [Go](#)

What's New



You care is available for Member eligibility searches, Service Request authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Medicare member services telephone number.

Video



Take a tour of our new Provider Self Services!

Poll

Do you like our new look?

- Yes
- No
- Not C
- NA

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

Links

[Emdeon WebConnect Batch Claims](#)

[Emdeon WebConnect Batch Claims](#)

[Find a Pharmacy](#)

[HIPAA 5010](#)

[Marketplace Newsletter](#)

[Medicaid Newsletter](#)

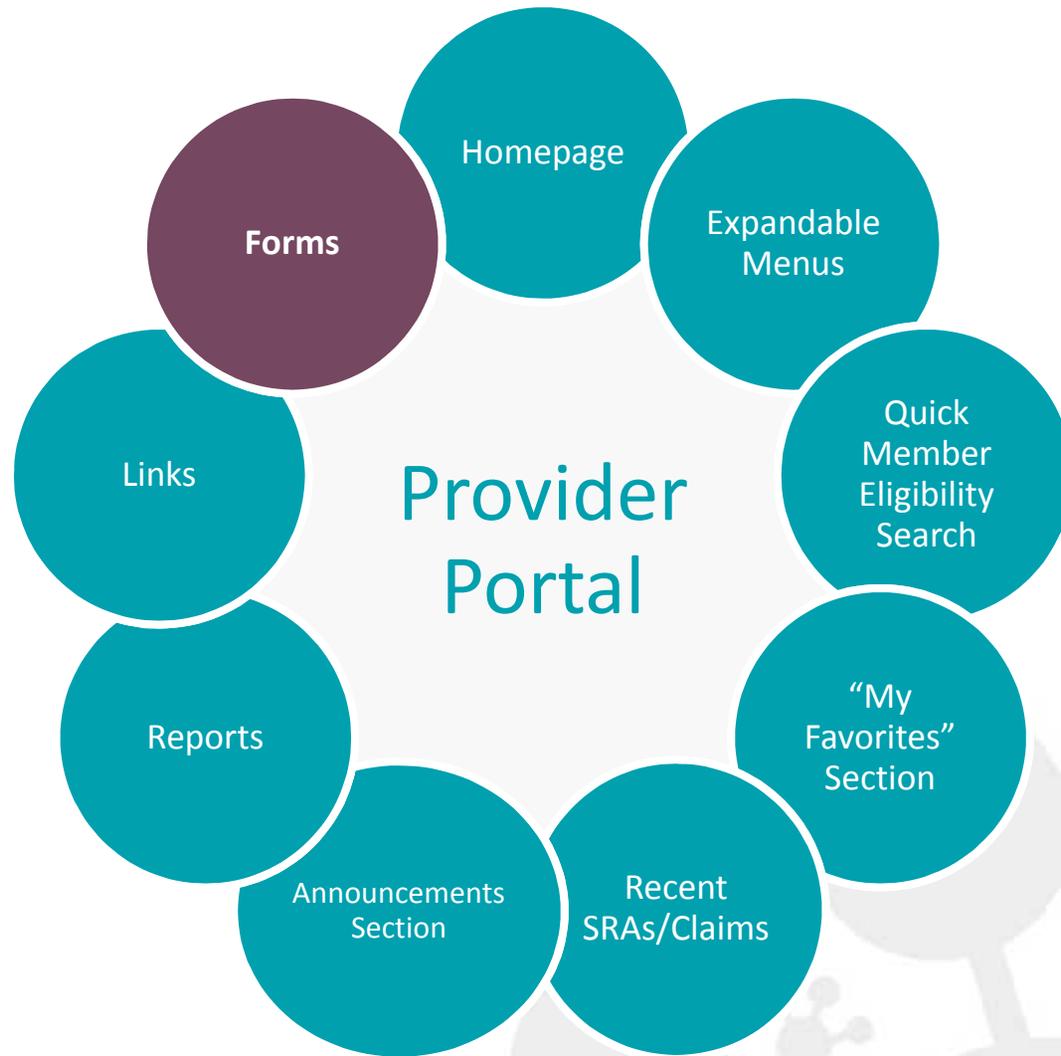
[Nurse Advice Reports](#)

[Outpatient Pharmacy Prior Authorization Request Login](#)

[Outpatient Pharmacy Prior Authorization Request Registration](#)

[ProviderNet Remittance EFT](#)

This page will display a list of the most commonly used links.



Provider Portal	Messages and Announcements	Recent Activity	My Favorites Edit
<ul style="list-style-type: none">Member Eligibility▶ Claims▶ Service Request/AuthorizationHEDIS Profile New!▶ Member RosterReportsLinksForms▶ Account Tools	<ul style="list-style-type: none"> You have (0) new messages You have (16) announcements	<ul style="list-style-type: none"> You have 0 Service Request Authorizations in the last 30 days You have 0 claims in the last 30 days	<ul style="list-style-type: none"> Member Eligibility HEDIS Profile Claims Status Inquiry Member Roster Forms Create Professional Claims Create Service Request/Authorizations
<h3>Quick Member Eligibility Search</h3> <p>Search by Member ID: <input type="text"/> Go</p>			
<div><p>Video</p><p>Take a tour of our new Provider Self Services!</p></div> <div><p>Poll</p><p>Do you like our new look?</p><ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> Not C<input type="radio"/> NA<p>Vote See Responses</p></div>			

Select Forms from the left navigation

This page will display a list of the most commonly used forms.

Forms

-  Provider Information
-  LCD's and NCD's
-  State Billing Guidelines
-  Marketplace Provider Forms
-  Provider Communications
-  Prior Authorization Guide 7/1/2013
-  ACUTE MHT_CHIP_JEFFPO
-  ALL MHT_ePORTAL_PMO
-  MHT_SS+_ACUTEPO
-  Revised LTSS Provider Orientation
-  Import_claims
-  Molina WebConnect Self Enrollment
-  WebConnect create_claims instructions
-  HHSC Letter to Providers about ACA PCP Rate Increase
-  Texas PreService Auth Codification Guide 2013
-  Frequently Asked Questions about Home Health and LTSS Reimbursement Effective, September 1, 2013
-  Frequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100% Effective, July 1, 2013
-  Frequently Asked Questions about Home Health and LTSS Reimbursement 100% Effective, July 1, 2013
-  Corrected Claims
-  Expedited Credentialing
-  New CHIP ID Number
-  Service Coordination Updates
-  Spell-of-Illness Limitation to Apply to STAR+PLUS Clients Effective September 1, 2013
-  Personal Attendant Services Rates Effective September 1, 2013
-  Prior Authorization Pre-Service Review Guide 01/01/2014
-  Prior Authorization Pre Service Review Guide for Market Place- January 1, 2014

**For any questions please contact your provider
services representative by calling
1-855-322-4080
or emailing
mhtxproviderservices@molinahealthcare.com.**