




New CBAS Provider Orientation

Information:

- ☐ Welcome Letter
- ☐ Introduction of Molina Healthcare of California
- ☐ Frequently Used Phone Numbers and Mailing Addresses
- ☐ MHC Claims Services – Claims Job Aid
- ☐ JTF Claims Billing Information
- ☐ Contracted Hospitals
- ☐ Visit www.molinahealthcare.com to access informative CBAS information and other CBAS links ( still under construction)
- ☐ Web Portal Functionality
- ☐ Electronic Funds Transmission (EFT)– Provider Net Website
- ☐ EFT FAQ
- ☐ Faxing PHI
- ☐ Information on Molina’s Bridge 2 Access Program
- ☐ Health Care Services (HCS)Workflow
- ☐ Referral Form & Directions
- ☐ Service Request Form & Directions
- ☐ HCS Contact List
- ☐ HCS Frequently Asked Questions

This is to confirm that the staff and/or practitioner of _____ located at _____ was visited by Molina Healthcare’s representative and the above information reviewed.

Practitioner Representative (Please Print)

Molina Representative

Practitioner Representative (Signature)

Date