



Your Extended Family.

# Web Portal Module Overview

## Member Eligibility

Estimated Duration- 30 minutes



# Welcome

Welcome to Web Portal Training! The goal of the presentation is to provide you with the fundamental Web Portal knowledge you need to assist Molina Providers. It is important to note that some of the functionality demonstrated will only work for our providers and cannot be performed in the Support User environment.

If you have any feedback or questions, please direct these to the Stakeholder Experience Department by emailing us at:  
[WebPortal@Molinahealthcare.com](mailto:WebPortal@Molinahealthcare.com).

Thank you,

Web Portal Team

# Training Module 2 (Member Eligibility)

- Member Search 5 minutes
- Member Eligibility and Benefits 10 minutes
  - HEDIS Alerts
- Claims and Service Request/Authorization 10 minutes
  - Submit
  - Print
- Printing 5 minutes

# Objectives

Upon successful completion of the course, participants will be able to:

- Complete a Member search
- Look-up member eligibility and demographic information
- Identify an eligible member's benefits
- See HEDIS alerts
- Submit Claims and Service Request/ Authorizations all in one screen.

# 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.

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 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)

## Search Options

Gender:

Zip Code:

Line of Business:

**Search for Member**

**Clear All**

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

# 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.

Clear All

Search for Member



# 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.

You Are Here: Member Information

[Help](#)




[Back to Member Eligibility Inquiry](#)

Eligibility Information is current as of 09/23/2011 01:44 AM

Alerts Exist:	HEDIS Alerts	Member currently enrolled	No enrollment restrictions
---------------	--------------	---------------------------	----------------------------

<b>Member Information</b>	
Name:	Member #:
Date of Birth:	Gender:
Mailing Address:	Home #:
	Alternative #:
	Mobile #:
	Email ID:
<a href="#">+ Additional Member Information</a>	Expand to view Additional Member Information
<a href="#">+ ALERTS</a>	Expand to view ALERTS
<b>Enrollment Information</b>	
Enrollment Plan:	Member has no current enrollment restrictions
Enrollment Status:	
Enrollment Effective Date:	Member has no other Insurance
Enrollment Term Date:	
Rate Code:	View <a href="#">Member Benefit Handbook</a>
Health Plan ID:	View <a href="#">Benefit Co-Pay Summary Amount</a>
Subscriber ID:	
<a href="#">+ Enrollment History</a>	Expand to view Enrollment History
<b>- Primary Care Provider Information</b>	
Provider Name:	IPA/Group Name:
Provider NPI:	IPA/Group Effective Date:
Provider Specialty:	
Effective Date with Member:	
Service Location:	
<a href="#">+ PCP History</a>	Expand to view PCP History
<a href="#">+ IPA/Group Information</a>	Expand to view IPA/Group Information
<a href="#">+ IPA/Group History</a>	Expand to view IPA/Group History

Alerts Exist:  HEDIS 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

Collapse to hide Additional Member Information

Primary Language Spoken: ENGLISH

Ethnicity: NO ETHNICITY

- ALERTS

Collapse to hide ALERTS

HEDIS Alert: **Adult Access to Preventive/Ambulatory Health Services** 07/01/2011  
MISSING SERVICE documentation needed: Office Visit

Notification: Notify member to contact Molina

Enrollment Information

As of search date Today

Enrollment Plan:  
Enrollment Status:  
Enrollment Effective Date:  
Enrollment Term Date:  
Rate Code:  
Health Plan ID:  
Subscriber ID:

Member has no current enrollment restrictions  
Member has no other Insurance  
View [Member Benefit Handbook](#)  
View [Benefit Co-Pay Summary Amount](#)

- 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:  
Provider NPI:  
Provider Specialty:  
Effective Date with Member:  
Service Location:

IPA/Group Name:  
IPA/Group Effective Date:

- PCP History

Collapse to hide PCP History

There are no history records

- IPA/Group Information

Collapse to hide IPA/Group Information

Group Name:  
Mailing Address:  
Physical Address:

NPI #:  
Phone #:  
Phone #:

Last Contract Effective Date:

- IPA/Group History

Collapse to hide IPA/Group History

There are no history records

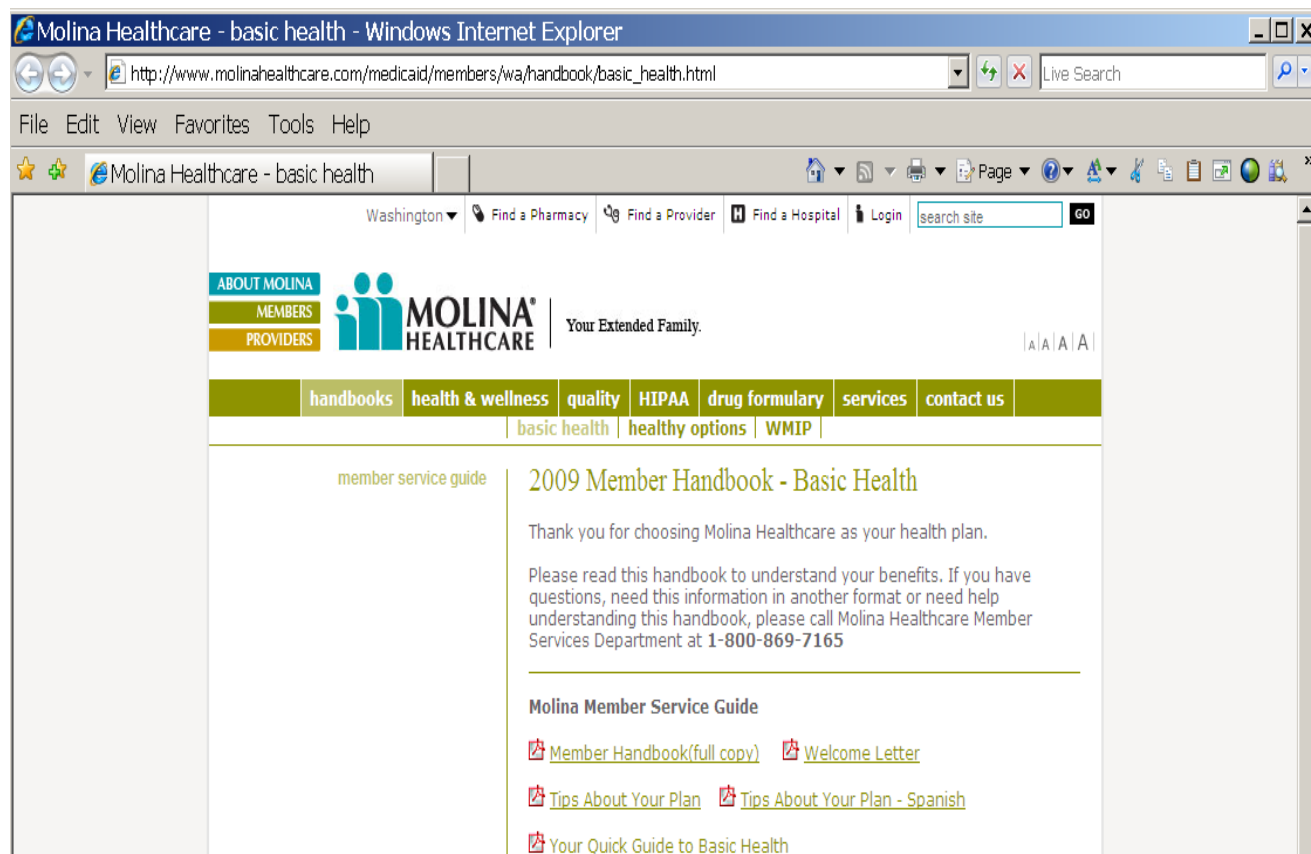
- If alerts exist they will display on the top yellow alert bar
- Click **Member Benefit Handbook** to access the member's handbook.
- Click **view Benefit Co-Pay Summary Amount** to display the member's co-pay, coinsurance and deductible.
- Click **Back** to go to the previous page.

# 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.*



The screenshot shows a Windows Internet Explorer browser window displaying the Molina Healthcare website. The address bar shows the URL: [http://www.molinahealthcare.com/medicaid/members/wa/handbook/basic\\_health.html](http://www.molinahealthcare.com/medicaid/members/wa/handbook/basic_health.html). The website header includes the Molina Healthcare logo and the tagline "Your Extended Family." Below the header is a navigation menu with links: [handbooks](#), [health & wellness](#), [quality](#), [HIPAA](#), [drug formulary](#), [services](#), and [contact us](#). The "handbooks" link is highlighted. Below the navigation menu, the page title is "2009 Member Handbook - Basic Health". The main content area contains the following text: "Thank you for choosing Molina Healthcare as your health plan. Please read this handbook to understand your benefits. If you have questions, need this information in another format or need help understanding this handbook, please call Molina Healthcare Member Services Department at 1-800-869-7165". Below this text is a section titled "Molina Member Service Guide" with links: [Member Handbook\(full copy\)](#), [Welcome Letter](#), [Tips About Your Plan](#), [Tips About Your Plan - Spanish](#), and [Your Quick Guide to Basic Health](#).

# Service Request/Authorization and Claims




The screenshot shows a member portal interface. On the left, a blue sidebar contains three buttons: 'Print', 'Submit Claims', and 'Submit Service Request/Authorization'. A red arrow points from the 'Submit Claims' button to the 'Submit Service Request/Authorization' button. The main content area on the right displays member information, including Name, Date of Birth, Mailing Address, Member #, Gender, Home #, Alternative #, Mobile #, Email ID, and various enrollment details. It also includes expandable sections for Alerts, Enrollment Information, Enrollment History, Primary Care Provider Information, PCP History, IPA/Group Information, and IPA/Group History.

- Click **Print** to display a printable PDF document.
- Click **Submit Claims** to submit a claim. The form will be pre populated with the members information
- Click **Submit Service Request / Authorization** to submit a service Request/Authorization. The form will be pre populated with the member's information

# 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: 02-05-2009  
Entity: GASTRO DIGESTIVE MEDICAL GROUP  
Date of Inquiry: Thursday, February 5, 2009  
Time of Inquiry: 09:40:54

---

**Member Eligibility and Benefits**

Member Name: JONES, EDWIN C	Member Number: MMM1230000000000F
Date of Birth: 01/01/1900	Gender: M
Street Address: CREST DR	City: ENCIN
State CA	Zip:
Home Phone: 4334334333	

**Enrollment Restrictions**

Enrollment Status	Start Date	End Date
Disenrollment from the Health Plan	10/1/2007	10/31/2007

**Eligibility Information**

Plan ID	Plan Description	Plan Effective Date	Plan Termination Date
QMXBP7539	San Diego Medicaid	11/1/2008	
QMXBP7539	San Diego Medicaid	1/1/2006	10/31/2007
QMXBP7528	HEALTHY FAMILIES	6/1/2005	10/31/2005

**PCP / PMP**

Name	Provider Speciality	Effective Date	Term Date	Street Address	City	State	Zip	Phone	NPI Number
MENDENHALL, ANNA K	Pediatrics	11/1/2008		285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1639140650
BALCH, STEVEN A	Pediatrics	3/1/2006	10/31/2007	285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1003887027
MENDENHALL, ANNA K	Pediatrics	1/2/2006	2/28/2006	285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1639140650
RUBENSTEIN, STUART I	Pediatrics	1/1/2006	1/1/2006	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92130	8587931011	1689633844
RUBENSTEIN, STUART I	Pediatrics	7/1/2005	10/31/2005	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92130	8587931011	1689633844
MENDENHALL, ANNA K	Pediatrics	6/1/2005	6/30/2005	285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1639140650

**Group / IPA**

Name	Address	City	State	Zip
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123