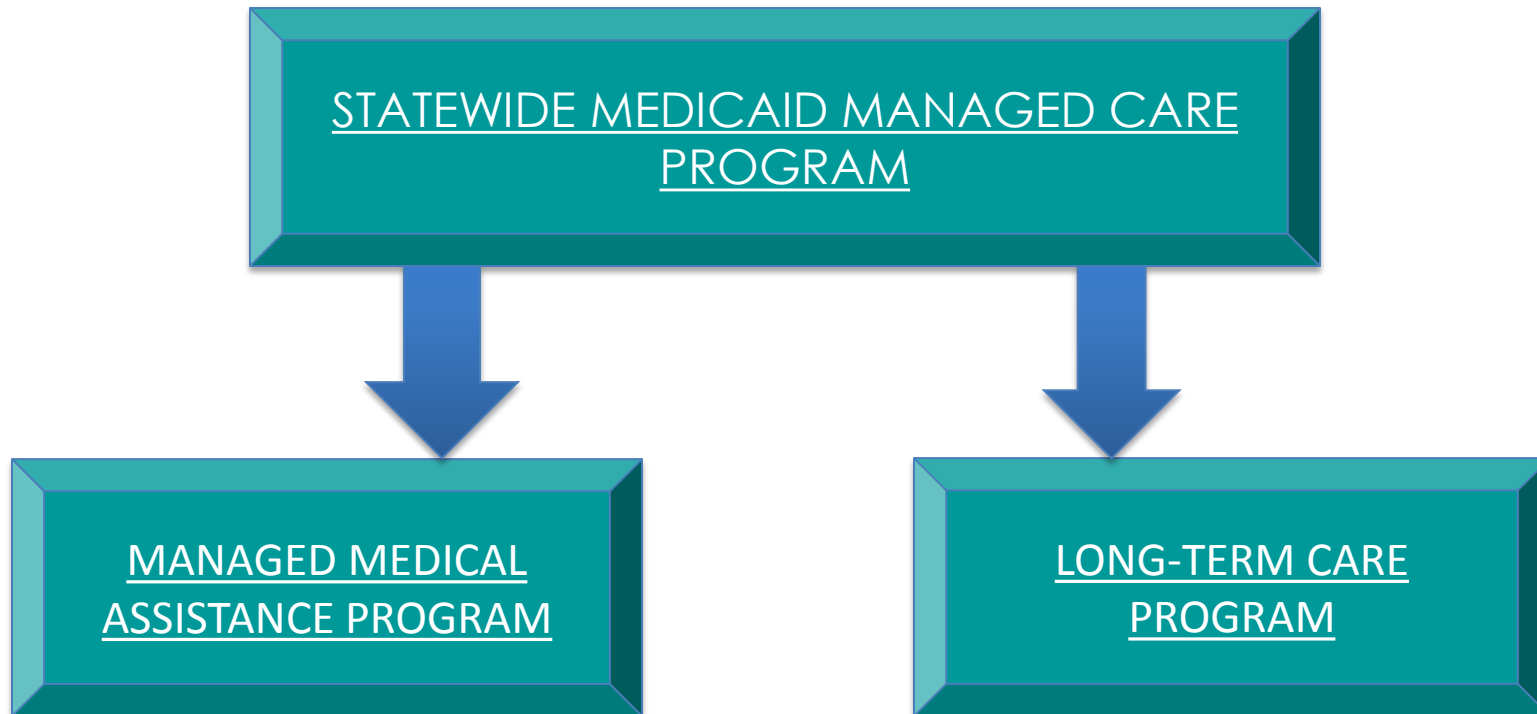




Your Extended Family.

# LTC Monthly Claims Training – How to Bill UB04 on Web Portal

# Statewide Medicaid Managed Care: Key Components



# Submitting Claims



Providers may submit Institutional claims to Molina in the following ways:

- On paper, using a current version UB-04 form, to:

Molina Healthcare  
PO Box 22812  
Long Beach, CA 90801

- Electronically, via a clearinghouse, Payer ID #51062
  - Visit [www.molinahealthcare.com](http://www.molinahealthcare.com) for additional information about EDI submission
- Electronically, via the Molina Web Portal



# Timely Filing



F.S. 641.3155 requires that providers submit all claims within six (6) months of the date of service. Network providers must make every effort to submit claims for payment in a timely manner, and within the statutory requirement.

If Molina Healthcare of Florida is not the primary payer under coordination of benefits (COB), providers must submit claims for payment to Molina Healthcare of Florida within ninety (90) days after the final determination by the primary payer.

Except as otherwise provided by law or provided by government sponsored program requirements, any claims that are not submitted to Molina Healthcare of Florida within these timelines will not be eligible for payment, and provider thereby waives any right to payment.

# Timely Filing



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Non-Participating providers have one (1) Calendar Year from Date Of Service to submit an initial (Original) Claim.

Corrected Claims may be submitted at any time within the filing limit, or within 35 days of the claim Paid Date, if the filing limit has expired.



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# Claims Payment



Molina will pay or deny Skilled Nursing Facility and Hospice claims within the following timeframes:

- Electronic claims – within ten (10) days
- Paper Claims – within forty (40) days

# Direct Deposit of Funds



Providers are encouraged to enroll in Electronic Funds Transfer (EFT) in order to receive payments quicker.

Molina Healthcare's EFT provider is ProviderNet.

To enroll, visit <https://providernet.alegeus.com>

Step-by step registration instructions are included in your training materials.

# Web Portal Tools



## Member Eligibility

- Verify effective dates
- Verify patient demographics

## Claims

- Check claim status
- Submit claims

## Authorizations

- Check status of an authorization
- Request authorization



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# Billing Using the Molina Web Portal



Select Create Institutional Claim from the Claims drop-down menu.

The screenshot shows the Molina Healthcare Provider Self Services web portal. The browser address bar displays <https://provider.molinahealthcare.com/Provider/Home>. The page header includes the Molina Healthcare logo and the text "Provider Self Services". The date and time are "Aug 20 2014 2:08:29 PM" and the support user is "Support User : Marshals". The navigation menu includes "Home", "Member Eligibility", "Claims", "Service Request/Authorization", "Provider Search", "HEDIS Profile New!", "Member Roster", "Download", "Account Tools", and "Logout". The "Claims" menu is highlighted with a red circle, and the "Create Institutional Claim" option is selected. Other options in the menu include "Claims Status Inquiry", "Create Professional Claim", "Open Incomplete Claim", "Export Claims Report to Excel", and "Download Exported Claim File". The main content area includes sections for "Newsletter", "Messages", "Recent Service Requests/Authorizations\*", "Recent Claims\*", "Downloadable Claim Reports", and "Nurse Advice Reports". The right sidebar contains "Welcome" information for "IZQUIERDO HOME CARE I" with links for "Contact Molina", "View FAQs", "NPI Submission", "What's New!", and "Training Materials". It also lists "Forms" such as "Medication Prior Authorization Request", "More Forms", "LCD's and NCD's", "State Billing Guidelines", "2012 Provider Orientation", "Marketplace Provider Forms", "Marketplace Prior Authorization Form", "Prior Authorization Grid", and "Service Request". A "Links" section at the bottom right includes "Find a Pharmacy", "View Nurse Advice Reports", "ProviderNet Remittance EFT", "HIPAA 5010", and "Formulary".

# Billing Using the Molina Web Portal - MEMBER



## Eligibility Check

MemberFacilityClaim - Windows Internet Explorer  
https://provider.molinahealthcare.com/Claims/MemberFacilityClaim/New

File Edit View Favorites Tools Help  
Share Browser WebEx

MemberFacilityClaim

**MOLINA HEALTHCARE** **Provider Self Services**  
Aug 20 2014 2:34:37 PM  
Support User : Marshals

Home Member Eligibility Claims Service Request/Authorization Provider Search HEDIS Profile New! Member Roster Download Account Tools Logout

UB-04 Facility Claim

Member Provider Summary

Next Save Cancel

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

**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)

AND

Statement From Date: \* 08/01/2014  (mm/dd/yyyy) Statement To Date: \* 08/20/2014  (mm/dd/yyyy)

**Insured's Information**

Last Name:  First Name:  Middle Initial:   
Insured's ID:  DOB:  Sex:   
Address1:  Address2:   
City:  State:  Zip Code:   
Insured Group Number: MHC FL Employer Name:

**Patient Information** NOTE: If Patient is the insured, Patient information will be automatically populated  
Patient Relationship to Insured: \* 18-Self

Enter the following:

- Member ID #
- Last Name
- First Name
- DOB
- Statement From and To Dates (Service Date period)
- The portal will fill in the Patient Information section



Your Extended Family.

# Billing Using the Molina Web Portal - MEMBER



## Patient Information & Other Insurance

MemberFacilityClaim - Windows Internet Explorer  
https://provider.molinahealthcare.com/Claims/MemberFacilityClaim/New

File Edit View Favorites Tools Help  
Share Browser WebEx

MemberFacilityClaim

**Patient Information** NOTE: If Patient is the insured, Patient information will be automatically populated  
Patient Relationship to Insured: 18-Self

**Other Insurance**  
Is there another Health Benefit Plan:  Yes  No

- Patient Information –**  
For most coverage, this defaults to “Self”. For Marketplace coverage, select the appropriate relationship and patient name
- Other Insurance –**  
Yes or No (If Applicable)

# Billing Using the Molina Web Portal - MEMBER



## Type of Bill

Type of Bill

### Patient Conditions

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

**Type of Bill** - Enter the appropriate Type of Bill Code.



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# Billing Using the Molina Web Portal - MEMBER



## Type of Bill

**Type of Bill**  🔍

**Patient Conditions**

Patient Condition related to:

Admission Date:

Admission Hour:  (0 - 23)

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

Occurrence Codes:  🔍 [Add Another Occurrence Code](#)

Occurrence Span Codes:  🔍 [Add Another Occurrence Span Code](#)

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

**Type Of Bill** [Close]

**Type of Bill Code Search**

Type of Bill Code:

Type of Bill Description:

**Code Found**

| Code | Description  |
|------|--|
| 0123 | Inpatient (Medicare Part B only) - Interim (Continuing Claims) |

undefined 1-1 of 1 | 10 per page | Page 1 of 1

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Use the magnifying glass next to the field to search when an item is not known.

# Billing Using the Molina Web Portal - MEMBER



## Patient Conditions

MemberFacilityClaim - Windows Internet Explorer

https://provider.molinahealthcare.com/Claims/MemberFacilityClaim/New

File Edit View Favorites Tools Help

Share Browser WebEx

Favorites Web Slice Gallery Free Hotmail Suggested Sites

MemberFacilityClaim Page Safety Tools

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

Patient Relationship to Insured: \* 18-Self

**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) Status: \*

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

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

Occurrence Span Codes: \* 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 Cancel

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**Patient Conditions** -  
Enter all required (\*) admission information for the institution:

- Admission Date
- Admission Type
- Admission Source
- Admission Hour
- Status
- Enter Condition Code(s)
- Enter Occurrence Code(s)
- Enter Occurrence Span Code(s)
- Enter Value Code(s)

**(NOTE: Click on the "Add Another Code" links to add more of the appropriate codes and/or dates needed)**

**\*\*Remember the magnifying glass!\*\***



Your Extended Family.

# Billing Using the Molina Web Portal - PROVIDER



## Value Codes and Patient Responsibility-

MemberFacilityClaim - Windows Internet Explorer

https://provider.molinahealthcare.com/Claims/MemberFacilityClaim/New

MemberFacilityClaim

**Patient Information** NOTE: If Patient is the insured, Patient information will be automatically populated  
Patient Relationship to Insured: 18-Self

**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) Status: [ ]

Condition Code: [ ] Add Another Condition Code

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

Occurrence Span Codes: [ ] 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 Cancel

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### ❑ PATIENT RESPONSIBILITY –

- If the patient has a Patient Responsibility, enter **Value Code 31 and the amount**. The amount entered should be the amount for the entire month even when billing a partial month. Molina's system will do a prorated calculation for partial days.

Click "Next"



Your Extended Family.

# Billing Using the Molina Web Portal - PROVIDER



## Billing Provider Information

ProviderFacilityClaim - Windows Internet Explorer  
https://provider.molinahealthcare.com/Claims/ProviderFacilityClaim

MOLINA HEALTHCARE  
Provider Self Services  
Aug 20 2014 3:54:24 PM  
Support User : Marshals

Home Member Eligibility Claims Service Request/Authorization Provider Search HEDIS Profile **New!** Member Roster Download Account Tools Logout

UB-04 Facility Claim

Member **Provider** Summary

Previous Next Save Cancel

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

**Billing Provider Information**

Billing Provider: [ZQUIERDO HOME CARE I]

|                        |            |                |              |              |                   |
|------------------------|------------|----------------|--------------|--------------|-------------------|
| Last Name              | First Name | Middle Initial | TIN          | NPI          | Provider ID       |
| [ZQUIERDO HOME CARE I] |            |                | [810630843]  | [8750534210] | [QMP000004196727] |
| Address1               | Address2   |                |              |              |                   |
| [311 SW 62 AVE]        |            |                |              |              |                   |
| City                   | State      | Zip Code       | Phone Number | Fax Number   |                   |
| [MIAMI]                | [FL]       | [33144]        | [7863028363] | [8052631310] |                   |

Enter the following:

**Billing Provider Information** is completed automatically



Your Extended Family.



# Billing Using the Molina Web Portal - PROVIDER



## Claim Information

**Claim Information**

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

Revenue Codes : \*  Revenue Code Descriptions:  HCPCS/HIPPS Rate Codes/HCPCS Modifiers :  NDC :  Service Date : \*  (mm/dd/yyyy)  Service Units : \*  Total Charges : \*  Non-Covered Charges :

[Add Another Revenue Code](#)

Assignment of Benefits \*  Select Release Of Information \*  Select

Treatment Authorization Code  [Add Another Authorization Code](#)

Diagnosis Code(s)  \*      [Add Another Diagnosis Code](#)

Admit Diagnosis \*  Patient Reason For Visit Code  [Add Another Patient Reason for Visit Code](#)

Prospective Payment System Code (PPS Code)  External Cause of Injury (ECI) Code  [Add Another ECI code](#)

Principal Procedure Date  (mm/dd/yyyy)  Principal Procedure Code  [Add Another Procedure Code](#)

### Claim Information -

Enter all required (\*) admission information for the institution:

- **Type of Bill** – Auto populated when entered in Member Tab
- **Patient Control Number**
- **Revenue Codes**
- **Service Date** – (First Date of Service)
- **Service Units**
- **Total Charges**
- **Assignment of Benefits** – Select appropriate code from Drop down.
- **Release of Information** - Select appropriate code from Drop down.
- **Diagnosis Code(s)**
- **Admit Diagnosis**

\*\*All other fields as appropriate\*\*

**(NOTE: Click on the “Add Another Code” links to add more of the appropriate codes and/or dates needed)**



Your Extended Family.

# Billing Using the Molina Web Portal - PROVIDER



## Physician Information & Remarks

**Physician Information**

**Attending Physician\***

|                      |                      |                      |                     |                      |
|----------------------|----------------------|----------------------|---------------------|----------------------|
| NPI *                | First Name *         | Last Name *          | Secondary Qualifier | Physician ID         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Select              | <input type="text"/> |

Select Physician Type:

|                      |                      |                      |           |                      |                                       |
|----------------------|----------------------|----------------------|-----------|----------------------|---------------------------------------|
| NPI                  | First Name           | Last Name            | Qualifier | Physician ID         | <a href="#">Add Another Physician</a> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Select    | <input type="text"/> |                                       |

**Remarks**

Clinical Notes or Comments: 256 character Max

256 characters remaining.

Enter the following information for the Attending Physician:

- NPI** (If NPI is entered correctly, the rest of the Provider Name will populate automatically)
- Select Physician Type** – Select appropriate type from Drop down (Ex.: Admitting, Operating, etc.)
- Remarks** – Additional remarks or notes as needed. (Up to 256 Characters)

Choose "NEXT" (bottom right corner)



Your Extended Family.

# Billing Using the Molina Web Portal - SUMMARY



SummaryFacilityClaim - Windows Internet Explorer  
https://provider.molinahealthcare.com/Claims/SummaryFacilityClaim

MOLINA HEALTHCARE  
Provider Self Services  
Aug 21 2014 11:16:41 AM  
Support User : MarshalS

Home Member Eligibility Claims Service Request/Authorization Provider Search HEDIS Profile **New!** Member Roster Download Account Tools Logout

UB-04 Facility Claim

Member Provider **Summary**

Hide All Print Previous Save Submit Cancel

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

**Eligibility Check** Edit

Insured's ID Number:  
Last Name: First Name: DOB:  
Statement From Date: Statement To Date:

**Insured's Information**

Last Name: First Name: Middle Initial:  
Insured's ID: DOB: Sex:  
Address1: Address2:  
City: State: Zip Code:  
Insured Group Number: MHC FL Employer Name:

Review all of your entries...



Your Extended Family.

# Billing Using the Molina Web Portal - SUMMARY



Type of Bill

Type of Bill:

---

Patient Conditions

Employment: N      AutoAccident: N      OtherAccident: N

**Admission**

Admission Date:      Admission Source:      Admission Type:

Admission Hour:      Discharge Hour:      Status:

**Condition Codes**

Condition Code:

**Occurrence Codes**

Occurrence Code:      Occurrence Date:

**Occurrence Span Codes**

Occurrence Span Code:      Occurrence Span From:      Occurrence Span To:

**Value Codes**

Value Code:      Amount(\$):

---

Provider Summary

Billing Provider Information Edit

Billing Provider: IZQUIERDO HOME CARE I

Last Name: IZQUIERDO HOME CARE I      First Name:      Middle Name:

TIN: 810630843      NPI: 1750534210      Provider ID: QMP000004196727

Address 1: 311 SW 62 AVE      Address 2:      City: MIAMI

State: FL      Phone Number: 7863028363      Fax Number: 3052631310

---

Claim Information

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

**Revenue Codes**

| Revenue Codes | Revenue Code Descriptions | HCPCS/HIPPS Rate Codes/HCPCS Modifiers | NDC | Service Dates | Service Units | Total Charges | Non-Covered Charges |
|---------------|---------------------------|--|-----|---------------|---------------|---------------|---------------------|
|               |                           |  |     |               | 1             |               |                     |

Assignment of Benefits:      Release Of Information:

Treatment Authorization Code(s) :

Diagnosis Code(s):

**Patient reason for visit Codes**

Admit Diagnosis :      Patient Reason For Visit Code :

**ECI Codes**

Prospective Payment System Code (PPS Code):      External Cause of Injury(ECI) Code:

**Procedure Codes**

Principal Procedure Date:      Principal Procedure Code:

Review all of your entries...

# Billing Using the Molina Web Portal - SUMMARY



**Physician Information**

| Physician Type      | First Name | Last Name | NPI | Qualifier | Physician ID |
|---------------------|------------|-----------|-----|-----------|--------------|
| Attending Physician |            |           |     |           |              |

**Remarks**

Remarks

Print Previous Save **Submit** Cancel

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Review all of your entries and choose "Submit"

# Provider Handbook



Providers may access Molina's online training materials for instructions on navigating the UB-04 on the Web Portal, but should continue to follow the claims completion guidelines in the Agency for Health Care Administration's (AHCA) UB-04 Claim Form Handbook at:

[http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/RH\\_08\\_080701\\_UB-04\\_ver1\\_3.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/RH_08_080701_UB-04_ver1_3.pdf)



Your Extended Family.

# Balance Billing



Participating providers shall accept Molina Healthcare's payments as payment in full for covered services. Providers may not balance bill the Member for any covered benefit, except for applicable copayments and deductibles, if any.

As a Molina Healthcare of Florida participating provider, your office is responsible for verifying eligibility and obtaining approval for those services that require authorization. In the event of a denial of payment, providers shall look solely to Molina Healthcare for compensation for services rendered.

# Questions



THANK YOU FOR ATTENDING!

FOR A COPY OF THIS PRESENTATION PLEASE EMAIL:  
[Shaun.Marshall@MolinaHealthcare.Com](mailto:Shaun.Marshall@MolinaHealthcare.Com)

