

Web Portal Overview

Provider Portal Features

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 #



Welcome to the Provider Portal!

Take care of business on your schedule. The portal is yours to use 24 hours a day, seven days a week. It's an easy way for you to accomplish a number of tasks, including:



Check member eligibility



Submit and check the status of your claims



Submit and check the status of your service or request authorizations



View your HEDIS scores

Want to learn more? [View our Quick Reference Guide](#)

Provider Login

User ID:

Password:

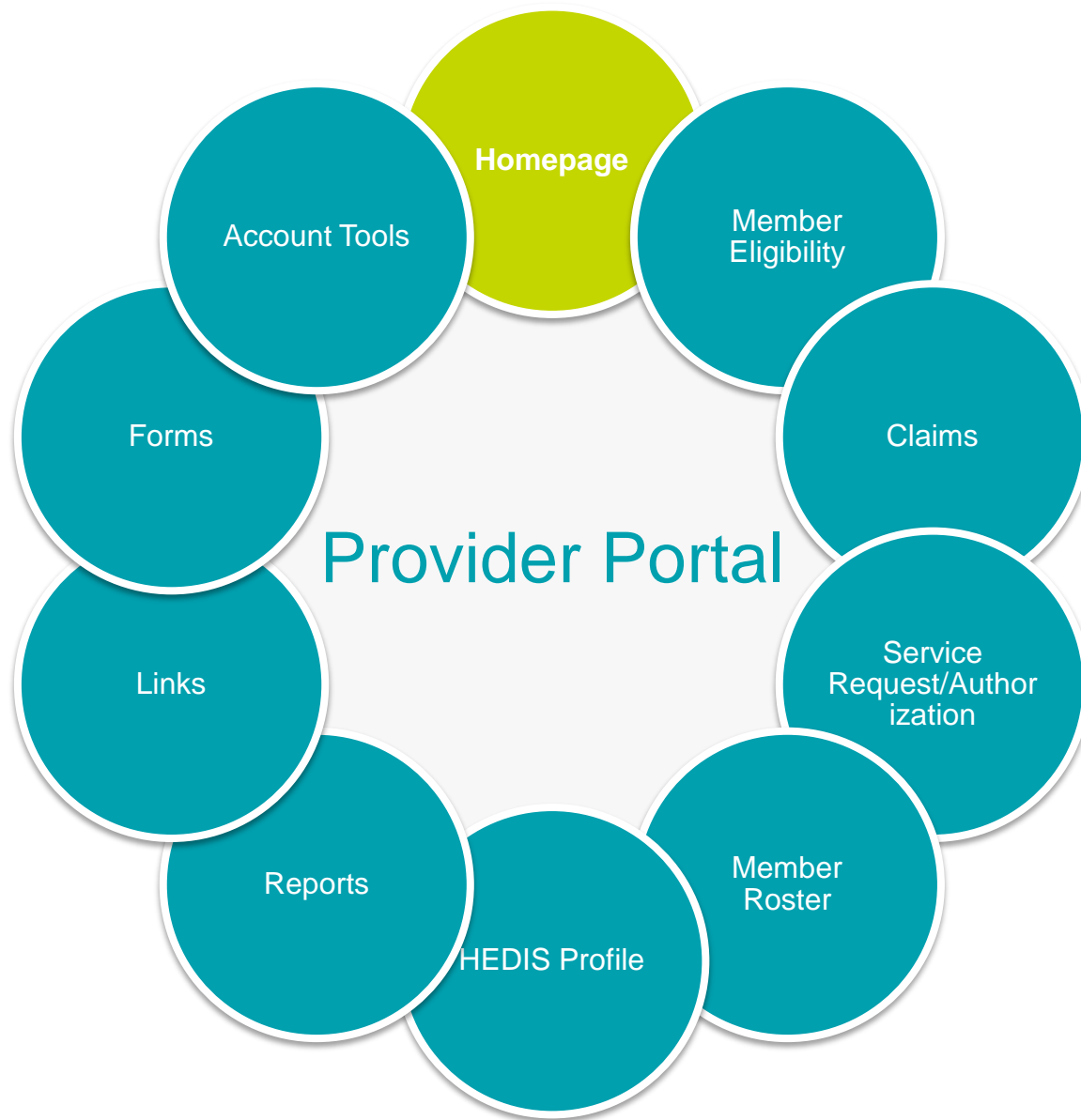
[Forgot Your Password?](#) [Account Unlock](#)

Sign In

No account yet? It's simple to get one | [Register now](#)

Provider already registered? | [Request Access for new user](#)

Login with User ID and Password



Provider Portal

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

Messages and Announcements

You have (0) new messages

There are no announcements

Recent Activity

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

My Favorites [Edit](#)

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Service Request/Authoro..
- Service Request/Authorizatio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Important!

Static Message for Video Tour.

Poll

Do you like our new look?

Yes

No

[See Responses](#)

Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

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HEDIS Profile


Reports

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Forms

▶ Account Tools

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My Favorites

[Edit](#)



Member Eligibility



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Authorization



Service Request/Authorization



Member Roster

Available Favorites:

- Reports
- Links
- Forms
- HEDIS Profile
- Saved Claims Details

Selected:

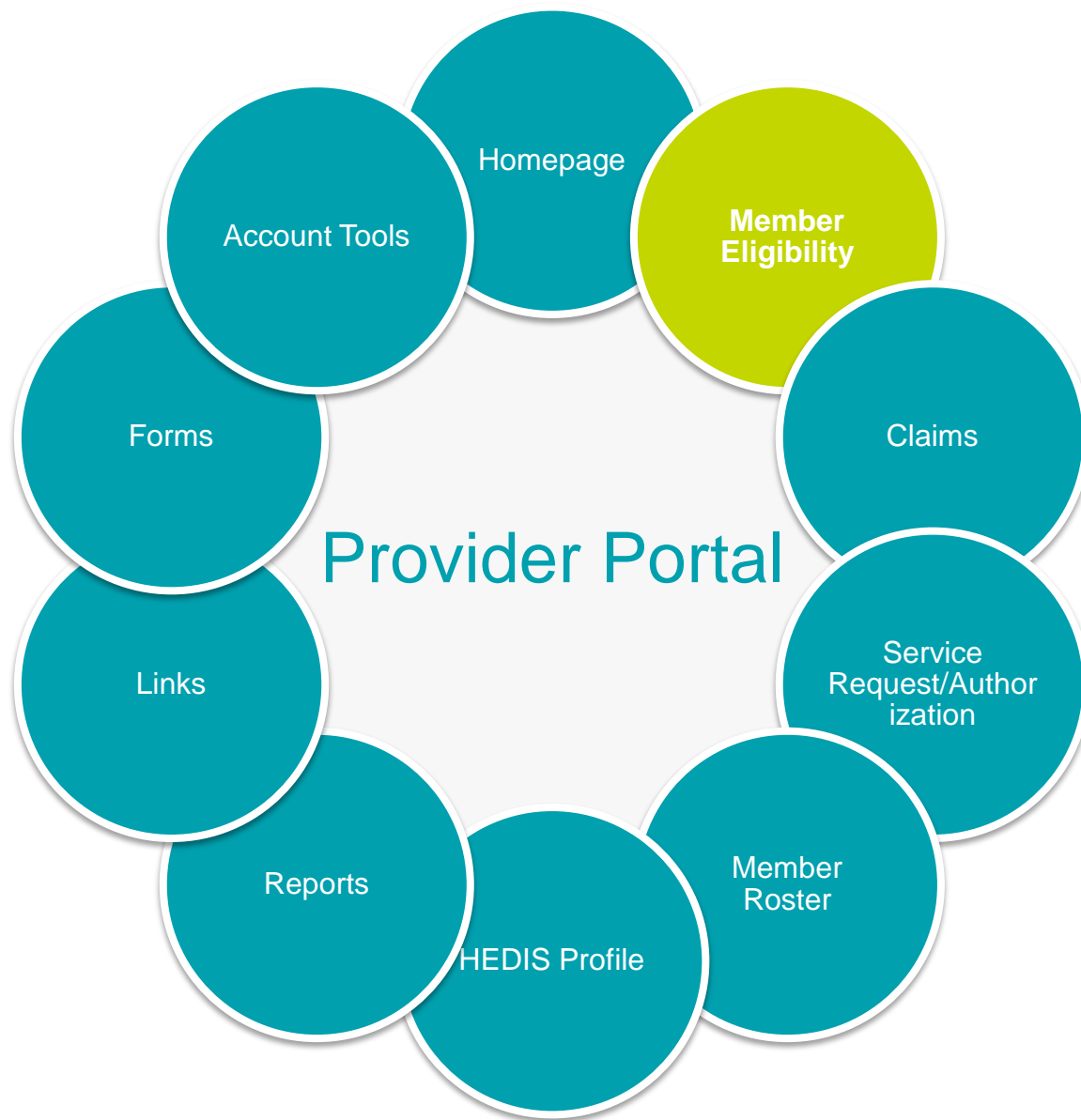
- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Service Request/Authorizations
- Service Request/Authorization Inquiry
- Member Roster

[Save](#)

* You can select up to 8 favorites:

Molina Contacts**General Contact Information**

Address	Phone	Fax
Molina Healthcare of Mississippi		
188 E. Capitol Street, Suite 700, Jackson, MS 39201	(844) 826-4333	
Provider Services		
8:30 a.m. - 5:00 p.m., local time, Monday to Friday	(844) 826-4335	
Medicaid Member Services		
7:30 am - 8:00 pm, local time Monday - Friday, 8:00am - 5:00 pm, local time, Saturday and Sunday, the second weekend of each month.	(844) 809-8438	
Help Line Number		
For any questions related to the web portal, please call:	(866) 449-6848	



If you know a Member's ID, you can search for them on the homepage

Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

Member Roster

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

Message



You have 1 message

There are no messages

Activity

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

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

[Click here to view your ready for batch Claims](#)

Quick Member Eligibility Search

Search by Member ID [Go](#)

My Favorites [Edit](#)



Member Eligibility



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Authorization



Service Request/Authorization



Member Roster

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Yes

No

[Vote](#)

[See Responses](#)

Provider Portal




Member Eligibility ←

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Member Eligibility



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



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Create Service Request/Authoro..



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

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No

[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:
(mmddyyyy)

Search Options

Gender: ▼

Zip Code:

Line of Business: ▼

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

Member eligibility is as of the current date. You can also view historical eligibility.

[Help](#)
Eligibility Information is current as of Jun 14 2018 03:07:36 AM PST

[Back to Member Eligibility Inquiry](#)

Eligibility Information is current as of Jun 14 2018 03:07:36 AM PST

Member Eligibility Details

Quick View

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

Member Information

Member ID: 000777000
Enrollment Plan: MississippiCAN Medicaid
Enrollment Status: ACTIVE
Enrollment Effective Date: 07/01/2017
Enrollment Termination Date:

Quick Links

- [Print](#)
- [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: Spider, Man
Date of Birth: 01/01/1753
Mailing Address: Address1 Address2, ABCCity , MS, 12345
Member #: 000777000
Gender #: Male
Home #: 000000000
Alternative #:
Mobile #: 000000000
Email ID: ABC@Email.com

[- Additional Member Information](#) Collapse to hide Additional Member Information

Primary Language Spoken: ENGLISH
Case Manager:

Ethnicity: NO ETHNICITY

[Back to Member Eligibility Inquiry](#)

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- [Service Request / Authorization Inquiry](#)

Member Details

Member Health Record

- [Service History](#)
- [Service Authorizations](#)
- [Inpatient Admissions & Emergency Department Visits](#)
- [Lab Results](#)
- [Allergies](#)
- [Medications](#)

Service History

Date of Service Start Date

(mm/dd/yyyy)

Date of Service End Date

(mm/dd/yyyy)

Provider

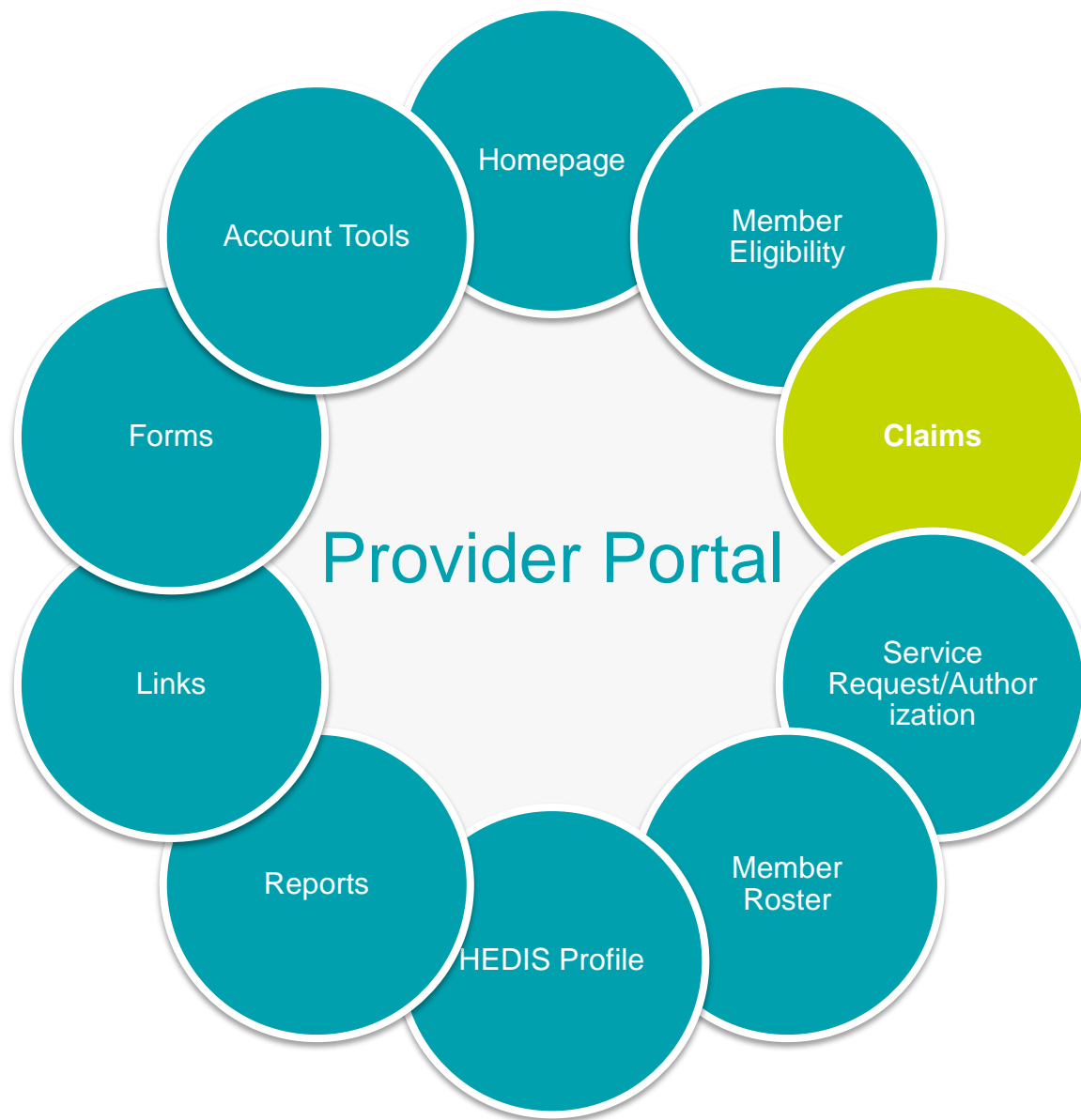
[Search](#)

Date of Service	Provider	Service Description
2/5/2018	EYRE, ALYSON	OFFICE VISIT
2/5/2018	EYRE, ALYSON	OFFICE VISIT
11/21/2017	MIZELL JR, LOUIS L	OFFICE VISIT
10/2/2017	MIZELL JR, LOUIS L	OFFICE VISIT
9/13/2017	NASH, KAREN A	OFFICE VISIT

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Page 1 of 2

This information is based on the claims and encounters data; if you know of any discrepancies or if you need any historical Service History information, please contact the Molina Case Manager or Provider Services.



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 Roster

HEDIS Profile

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Account Tools

Messaging

You have 1 message
There are 1 unread message

You can view Claims Status from the past year

Recent Activity

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My Favorites [Edit](#)



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Service Request/Authorization



Member Roster

Quick Member Eligibility Search

Search by Member ID

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Do you like our new look?


Yes

No

[Vote](#)

[See Responses](#)

Claims Inquiry





Information on Claims accepted into the adjudication system is current as of Jun 14 2018 03:07:36 AM PST 

Search

Billing Provider: Claim Type: Search Options: Claim Status:

Additional Search Filters

Enter optional criteria to narrow your search

Received Date: From:  To: Date of Service From:  To: Rendering Provider: Gender: Patient Control No: Coverage Type: Claims Status: NPI:

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Jun 14 2018 03:07:36 AM PST [?](#)

Search

Billing Provider:

Claim Type: Search Options: Claim Status:

Additional Search Filters

Enter optional criteria to narrow your search

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

Rendering Provider: Gender: Patient Control No:

Coverage Type: Claims Status: NPI:

Your search information found 12 claim(s). If you are looking for a particular claim or group of claims, narrow your search by using the Additional Search Filters.

Claims Found

Click on an underlined column header to sort or hover over a [?](#) for help with that column

<u>Claim ID</u> ?	<u>Member Name</u> ?	<u>Billed Amt</u>	<u>Service Date From</u>	<u>Service Date To</u>	<u>Received Date</u>	<u>Submission Type</u> *	<u>Status</u>	<u>Status Date</u>	<u>Claim Type</u>	<u>Attachments</u>
<input type="text"/>	<input type="text"/>					<input type="text" value="Select"/>	<input type="text" value="Select"/>		<input type="text" value="Select"/>	
18229112924	Spider, Man A	547.00	08/17/2018	08/17/2018	08/17/2018	Original	Submitted	08/17/2018	PROFESSIONAL	
18204115664	Iron, Man A	123.00	07/03/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115663	Spider, Man A	236.00	07/11/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115661	Captain, America A	3,456.00	07/03/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115660	Ant, Man A	1,236.00	07/03/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115659	Super, Man A	1,000.00	07/09/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18164000003	TESTER543695079, TEST	200.00	05/01/2018	05/01/2018	06/13/2018	Original	Denied	06/13/2018	INSTITUTIONAL	
18163000005	TESTER543695079, TEST	100.00	04/01/2018	05/18/2018	06/12/2018	Original	Denied	06/13/2018	PROFESSIONAL	
18155000005	Ant, Man A	300.00	06/02/2018	06/02/2018	06/04/2018	Original	Denied	06/04/2018	INSTITUTIONAL	
18155000007	Ant, Man A	250.00	05/04/2018	05/04/2018	06/04/2018	Original	Paid	06/04/2018	PROFESSIONAL	

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Claims Inquiry

[Print Claim Summary](#)

[Back](#)

Information on Claims accepted into the adjudication system is current as of Jun 14 2018 03:07:36 AM PST [?](#)

Search

Billing Provider:

Claim Type: Search Options: Claim Status:

Additional Search Filters

Enter optional criteria to narrow your search

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

Rendering Provider: Gender: Patient Control No:

Coverage Type: Claims Status: NPI:

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

Claim Details

General Information

Member Name: TESTER543695079, TEST
 Claim Source: MANUAL
 Claim Header Status: Denied
 Rendering Provider Name: Provider1, Spider1 A
 Rendering Provider NPI:
 Check Paid Date: 06/13/2018
 Service Date To: 5/18/2018

Claim Number: 18163000005
 Claim Status Effective: 4/1/2018
 Billed Amount(\$): 100.00
 Check Number:
 Service Date From: 4/1/2018
 Patient Control Number:
 Amount Paid(\$): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	Remit Message
1	04/01/2018	04/01/2018		99285	QW	1	100.00	0.00	0.00	0.00	0.00	4/1/2018	No Payment will be made for this claim line	


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

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

Provider Appeal Request Form

Instructions for filing an Appeal:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit.
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	<input type="text" value="SPIDER1, PROVIDER1"/>	NPI:	<input type="text" value="123456789"/>	Federal ID:	<input type="text" value="123456789"/>
Request Type:	<input type="text" value="Appeal"/>	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	<input type="text" value="18163000005"/>	Date of Service From:	<input type="text" value="04/01/2018"/> 	Total Billed Charges:	<input type="text" value="100.00"/>
CPT Code:	<input type="text"/>	Authorization Number:	<input type="text"/>		
Address:	<input type="text" value="Address1 Address2"/>	City/State/Zip:	<input type="text" value="ABCCity,MS,12345"/>	Email Address:	<input type="text" value="@molinahealthcare.com"/>
Contact Person:	<input type="text" value="PROVIDER, PROVIDER"/>	Phone:	<input type="text"/>	Fax Number:	<input type="text"/>
Member's ID:	<input type="text"/>	Member Name:	<input type="text" value="STER543695079, TEST"/>	Date of Birth:	<input type="text" value="06/01/1999"/>

Specific Issue(s): Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

Supporting Information

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

Type of Attachment : 

File : [Browse...](#) [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name: Submission Date: Receipt Date:

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

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

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HEDIS Profile


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Links

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Account Tools

Messages and Announcements

 You have (0) new messages

There are no announcements

Recent Activity

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

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 [Click here to view your ready for batch Claims](#)

My Favorites [Edit](#)



Member Eligibility



Create Professional Claims



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Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Authorization



Service Request/Authorization



Member Roster

Quick Member Eligibility Search

Search by Member ID

Go

What's New

Important!

Static Message for Video Tour.

Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)

CMS-1500 and UB04 claims forms have similar UI designs. You can create, correct, or void a claim from the Member tab.

**CMS 1500 claim form displayed*

[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

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: *

AND

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

[Advanced Search](#)

First Name: *

DOB: * (mm/dd/yyyy)

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

Insured's Information

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Initial: <input type="text"/>
DOB: <input type="text"/>	Sex: <input type="text"/>	
Address1: <input type="text"/>	Address2: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Payor Name: <input type="text" value="MHC MS"/>	Program Name: <input type="text"/>	Payor ID: <input type="text" value="94944"/>

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](#)
[Save as Template](#)
[Cancel](#)

<< Previous Next >>

Save for Later Save as Template Cancel

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

Select a Billing Provider Information

Billing Provider: Spider1, Provider1 A

Last Name Provider1	First Name Spider1	Middle Initial A	TIN 012102800	NPI 1111111112
Address1 PhyAddress1	Address2 PhyAddr2	City Phyoty	State MA	Zip Code 00000
Taxonomy Taxonomy Description				

Provider Information

Rendering Provider: Spider1, Provider1 A

NPI 1111111112	Last Name Provider1	First Name Spider1	Middle Initial A	Zip Code 00000
-------------------	------------------------	-----------------------	---------------------	-------------------

+ 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 more Diagnosis Code
 The first Diagnosis Code is considered as Primary / Principal Diagnosis Code

Claim Line Details

(Remove)	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	EPSDT Family Plan
<input type="checkbox"/>	1			No					Select	0.00	No
<input type="checkbox"/>	2			No					Select	0.00	No

Claim line 1

Drug Information

NDC Number: Prescription Date:

Claim line 2

Drug Information

NDC Number: Prescription Date:

+ Add more Claim lines

Supporting Information

Type of Attachment: Select Attachment Type for each file

Supported file formats are PDF, TIFF, JPG, BMP and GIF. Upload 1 file at a time.
 Total Size of all files attached cannot exceed 128 MB.

Select File Browse your system for files to attach
 Upload File Upload selected file

Comments

Remarks

256 Characters Max. 256 characters remaining.

Total Amount

Total Charge: Total Paid: Total Adjusted Amount: Balance Due:

<< Previous Next >>

Save for Later Save as Template Cancel

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Yes

No

[See Responses](#)

Saved Claim Details

Status: Claim Type: Service Date
 From : To :

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

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date	Saved To Batch By	Saved Date
<input type="checkbox"/>	America, Captain A	TN1823400003	Professional	08/01/2018	08/05/2018	User	08/22/2018
<input type="checkbox"/>	TESTER984852897, TEST	TN1817200003	Professional	05/02/2018	05/02/2018	System	06/21/2018
<input type="checkbox"/>	TESTER984852897, TEST	TN1817200001	Professional	05/02/2018	05/02/2018	System	06/21/2018
<input type="checkbox"/>	TESTER984852897, TEST	TN1817200002	Institutional	05/09/2018	05/09/2018	System	06/21/2018

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[Edit](#) [Submit](#) [Delete](#)

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	TESTER987651030, TEST	TN1815700001	Professional	05/04/2018	05/04/2018
<input type="checkbox"/>	Man, Super A	TN1823400001	Professional	08/01/2018	08/03/2018
<input type="checkbox"/>	TESTER987651030, TEST	TN1815500003	Institutional	05/08/2018	05/11/2018

Page 1 of 1 10 per page Showing 1-3 of 3

[Edit](#) [Delete](#)

Click on the Tracking Number to view or complete the claim. Click on member name to view member details. Click on Select to insert Check mark, then click on Delete button to delete the item selected.

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Create/Manage Claims Template



Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional	MS_Demo	MS_Demo
<input type="checkbox"/>	CMS1500-Professional	MS_Demo06	Sprint 4 Demo
<input type="checkbox"/>	CMS1500-Professional	MS_Demo1	MS_Demo
<input type="checkbox"/>	CMS1500-Professional	MS_prov123060318	test
<input type="checkbox"/>	CMS1500-Professional	MS_prov123060418	Demo
<input type="checkbox"/>	UB04-Institutional	ub	

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Create

Load

Delete

Provider Portal

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What's New Important!

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Yes

No

[See Responses](#)

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.

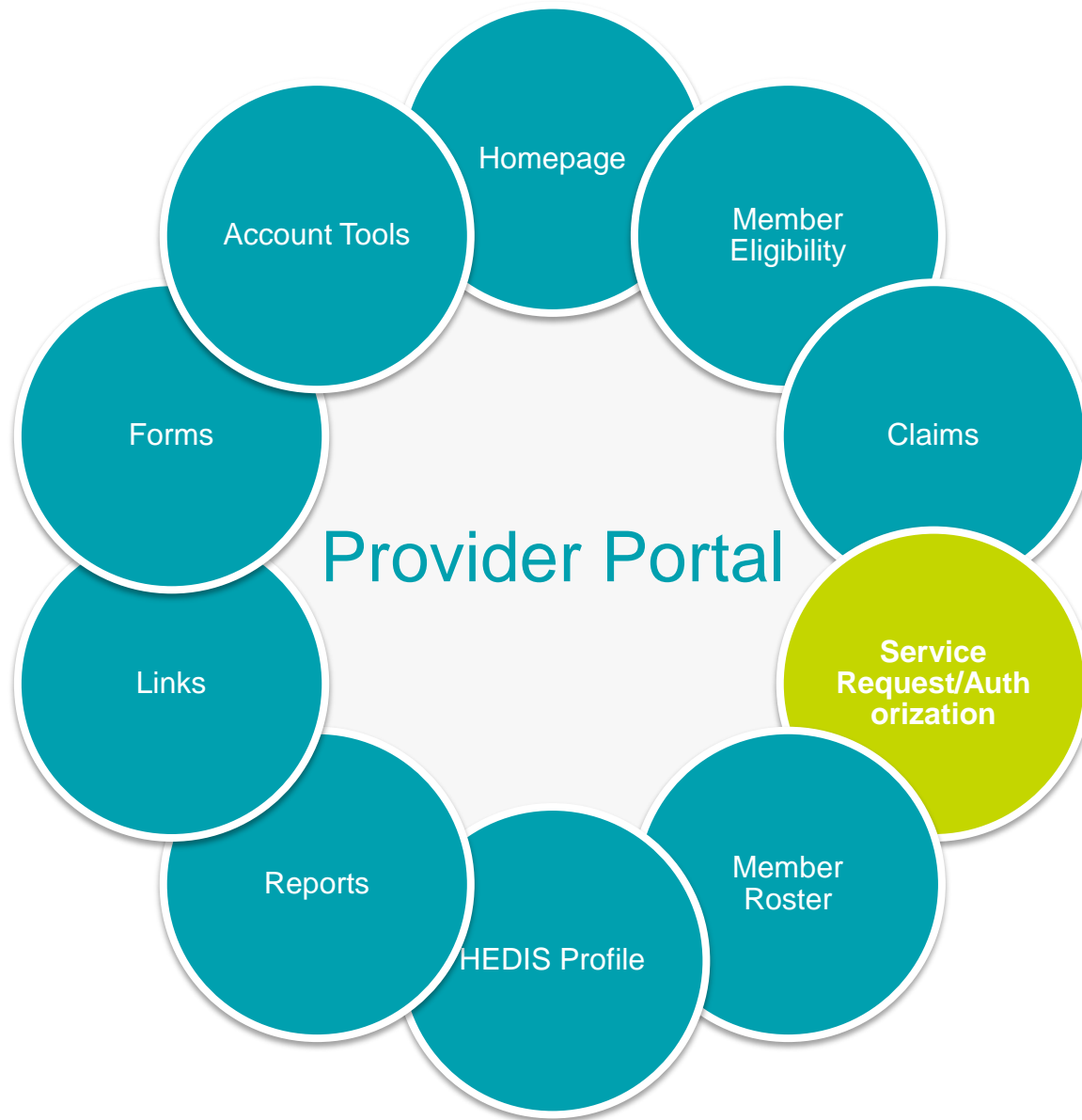
Claims Export To Excel

* - Required Field 

Service Date From :*
mmddyyyy

Service Date To :*
mmddyyyy

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



Provider Portal




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- ▼ Service Request/Authorization
 - Service Request/Authorization Status Inquiry**
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 - Open Incomplete Service Request/Authorization
 - Create Service Request/Authorization Template
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Messages and Announcements

 You have (0) new messages

There are no announcements

Recent Activity

-  [Click here to view your recent Service Request/Authorizations](#)
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Quick Member Eligibility Search

Search by Member ID

What's New

Important!

Static Message for Video Tour.

Poll









Do you like our new look?

Yes

No

[See Responses](#)

My Favorites [Edit](#)

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-  Create Professional Claims
-  Create Institutional Claim
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-  Create Service Request/Author..
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Service Request/Authorization Inquiry

Search Options:

Refer from Provider / Facility:

Service Request Date
From: To:

OR
Submission Date
From: To:

Optional Search Criteria

Gender:

Refer from Provider/Facility:

Refer to Provider/Facility:

Service Request Status:

Service Request/Authorization Inquiry

Search Options:

Refer from Provider / Facility:

Service Request Date
 From: To:

OR
 Submission Date
 From: To:

Optional Search Criteria

Gender:
 Refer from Provider/Facility:
 Refer to Provider/Facility:
 Service Request Status:

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

Service Request/Authorization Inquiry Result

Service Request/Auth No	Member Name	Referred From	Referred To	Service Request From	Service Request To	Request Submission Date	Status	Units Approved	Units Claimed	Remaining Units	Attachments
1814190000	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	05/09/2018	08/07/2018	05/21/2018	Pended	0	0	0	2
1821290000	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/30/2018	07/31/2018	07/31/2018	Pended	0	0	0	1
1821490000	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/30/2018	07/31/2018	08/02/2018	Pended	0	0	0	1
1821490001	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/30/2018	07/31/2018	08/02/2018	Pended	0	0	0	1
1820190001	Iron, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/04/2018	07/05/2018	07/20/2018	Pended	0	0	0	1

Showing 1-5 of 16 per page

Page 1 of 4

By Default the results are ordered by Member Name
 Units Claimed and Remaining Units are based on claims that have been filed by the service providers

[Print](#)

Service Request/Authorization Inquiry

Search Options: **Refer from Provider / Facility:**

Service Request Date
 From: To:

OR
 Submission Date
 From: To:

Optional Search Criteria
 Gender:
 Refer from Provider/Facility:
 Refer to Provider/Facility:
 Service Request Status:

Service Request/Authorization Inquiry Result

Service Request/Auth No	Member Name	Referred From	Referred To	Service Request From	Service Request To	Request Submission Date	Status	Units Approved	Units Claimed	Remaining Units	Attachments
1814190000	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	05/09/2018	08/07/2018	05/21/2018	Pended	0	0	0	2
1821290000	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/30/2018	07/31/2018	07/31/2018	Pended	0	0	0	1
1821490000	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/30/2018	07/31/2018	08/02/2018	Pended	0	0	0	1
1821490001	Ant, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/30/2018	07/31/2018	08/02/2018	Pended	0	0	0	1
1820190001	Iron, Man A	CAPE COD HOSPITAL	NO PROVIDER	07/04/2018	07/05/2018	07/20/2018	Pended	0	0	0	1

Showing 1-5 of 16 per page

By Default the results are ordered by Member Name
 Units Claimed and Remaining Units are based on claims that have been filed by the service providers

Service Request/Authorization Details

General Information

Member Name:	Ant, Man A	Service Request/Auth Number:	1814990000
Service Request/Auth Type:	Outpatient	Referred To Provider:	NO PROVIDER
Requesting Provider:	CAPE COD HOSPITAL	Referred To Provider NPI:	
Requesting Provider NPI:	111111112	Service Request Date To:	05/10/2018
Service Request Date From:	05/09/2018	Request Receipt Date:	05/29/2018
Service Request Description:	HIPAA 278 - OUTPATIENT	Attachments (1):	GenerateEnquiryListReport.pdf

Diagnosis Code

Diagnosis Code	Description	Diagnosis Type
R00.1	BRADYCARDIA UNSPECIFIED	Primary

General Status

Description
 Approved

Continuation of Care Information

Continuation of Care Request Date	Attachments Submitted	Clinical Comments / Notes
6/4/2018 5:51:15 AM	08 - Plan of Treatment / GenerateEnquiryListReport.pdf	bnfrfrxmfnn
6/4/2018 5:51:44 AM	08 - Plan of Treatment / Admin Portal Member login issue with data.jpg	Testing this from tester end to see in status
6/5/2018 2:59:41 AM	07 - Functional Goals / 18114100402 MI_EOP.PDF	acsacscscsd
6/5/2018 3:39:01 AM	48 - Social Security Benefit Letter / admin123.jpg	this testing agin for reference
6/13/2018 11:08:32 AM	10 - Continued Treatment / SRA Test.jpg	SRA CoC testing


Showing 1-5 of 6 per page of 2

If you have received pre-certification, but have not yet notified Molina of the actual dates of service, please refer to the hard copy documentation for more information.
If the member is currently inpatient and subject to concurrent review, the general status will be Pending or N/A and the number of days may continue to change until the case is finalized.
 Continuation of Care details only display when requests are made via Web Portal.

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Messages and Announcements









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Quick Member Eligibility Search

Search by Member ID

What's New

Important!

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Do you like our new look?

Yes

No

[See Responses](#)

[Save](#) [Clear](#) [Cancel](#) [Save Template](#)

Service Request/Authorization Form

* - Required Field

Member Search

Member ID: * [Advanced Search](#) Eligibility information is current as of Jun 14 2018 03:07:36 AM PST ?
 or
 Last Name: * First Name: * Date Of Birth: * mmddyyyy

Patient Information

This section will automatically populate when you enter valid information for Member Search.

Last Name First Name Middle Initial Date of Birth Sex
 Address City State Zip Code
 Phone # (Home) Phone # (Mobile) PCP Name

Service Information

Enter Required Information* Submit Date : 08/22/2018

Type of Service : * Place of Service : * Inpatient Notification : *
 Proposed Start Date : mmddyyyy Admission Date : mmddyyyy Discharge Date : mmddyyyy
 Care Type : Routine/Elective Urgent/Expedite Within 72 Hours

[Remove]	Diagnosis Code *	Diagnosis Description
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

(Add more diagnoses)

[Remove]	Procedure Code	Procedure Description	Number of Units	Procedure Modifier
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Add more procedures)

Provider Information

* - Required Field

Requester Information

Name : CAPE COD HOSPITAL Phone # : 5623347731

Contact Information

Name : * Provider, Spider Phone # : * Fax # :

Accident Related Information

Accident Code : Accident Date : mmddyyyy

Pregnancy Related Information

Last Menstrual Date : mmddyyyy Estimated Date of Delivery : mmddyyyy

Other Condition Related Information

- SELECT CONDITION
- Chiropractic Required when healthcare services is requesting chiropractic certification
 - DME Required when healthcare services is requesting durable medical equipment
 - Oxygen Therapy Required when healthcare services is requesting oxygen therapy certification
 - ... Required when the requesting provider has defined specific limitations for the patient

First half of Service Request/Authorization form

- Oxygen Therapy Required when healthcare services is requesting oxygen therapy certification
- Function Limitation Required when the assessing provider has defined function limitation for the patient
- Permitted Activities Required when the assessing provider has defined activities permitted for the patient
- Mental Status Required when the patient mental status is relevant to the health care services review

Referring Provider Information

Referring Provider : *

Last/Facility Name Referring Provider First Name NPI

Address City State Zip Code

Email Phone Fax Specialty

Note: If you do not find the provider, please contact (888) 483-0760 for more information

Referred To Provider Information

To locate a provider enter the provider NPI and move to the next field to search or use the Find Provider link to select. If provider is not found, enter the required information manually. Find a Provider Clear

NPI Last Name First Name

Address City State Zip Code

Email Phone Fax Specialty

Additional Provider Access

PCP NPI PCP Last Name PCP First Name Find a Provider

NPI Last Name First Name Delete

(Add more providers)

Refer To Facility Information

To locate a facility enter the facility NPI and move to the next field to search or use the Find Facility link to select. If facility is not found, enter the required information manually. Find Facility Clear

NPI Facility Name

Address City State Zip Code

Email Phone Fax Specialty

Supporting Information

Clinical Documentation is required to complete review and medical decision making of your Service Authorization Request.
Please use the Upload option below to attach required documents that may include but not limited to -

- Current (up to six months), adequate patient history related to the requested services
- Relevant physical examination that addresses the problem
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-Ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request

Attachments

Type of Attachment : * Select Attachment Type for each file

Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time and continue uploading until you complete the attachments.Total Size of all Attachments should not exceed 128 MB.

File : Browse your system for files to attach

Upload selected file

Clinical Notes/Comments 8000 Characters Max. 8000 characters remaining


Remarks:

Second half of Service Request/ Authorization form

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Messages and Announcements







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Quick Member Eligibility Search

Search by Member ID

What's New

Important!

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Poll

Do you like our new look?

Yes

No

[See Responses](#)

Open Incomplete Service Request/Authorization Details

Search Results found: 1 items found back to 8/22/2018

Member Name	Reference No	Referring To	Service Request From	Service Request To	Create Date	Select
Man Super	EPREF182340000				8/22/2018	<input type="checkbox"/>

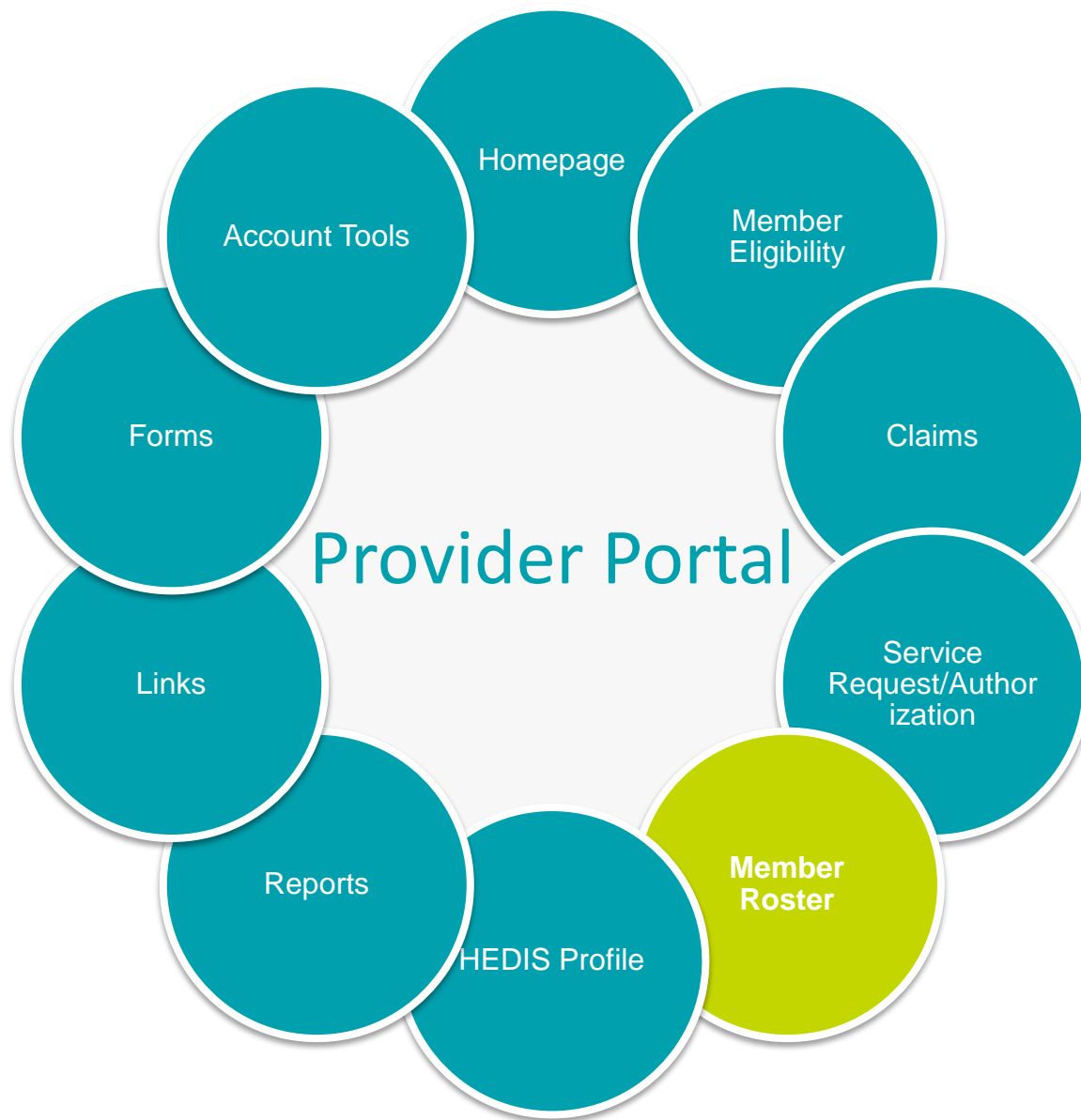
undefined 1-1 of 1 per page

Page 1 of 1

Click on the Reference Number to view or complete the Service Request/Authorization. Click on the member name to view member details. Click on Select to insert Check mark, then click on Delete button to delete the item selected.

[Back](#)

[Delete](#)



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Messages and Announcements

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There are no announcements

Recent Activity

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



Member Eligibility



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Authoro..



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Important!

Static Message for Video Tour.

Poll

Do you like our new look?

Yes

No

[See Responses](#)

Member Roster

[Help](#)





Select a Provider Name :

Select a letter to find a Member by Last Name

All ABCDEFGHIJKLMNOPQRSTUVWXYZ

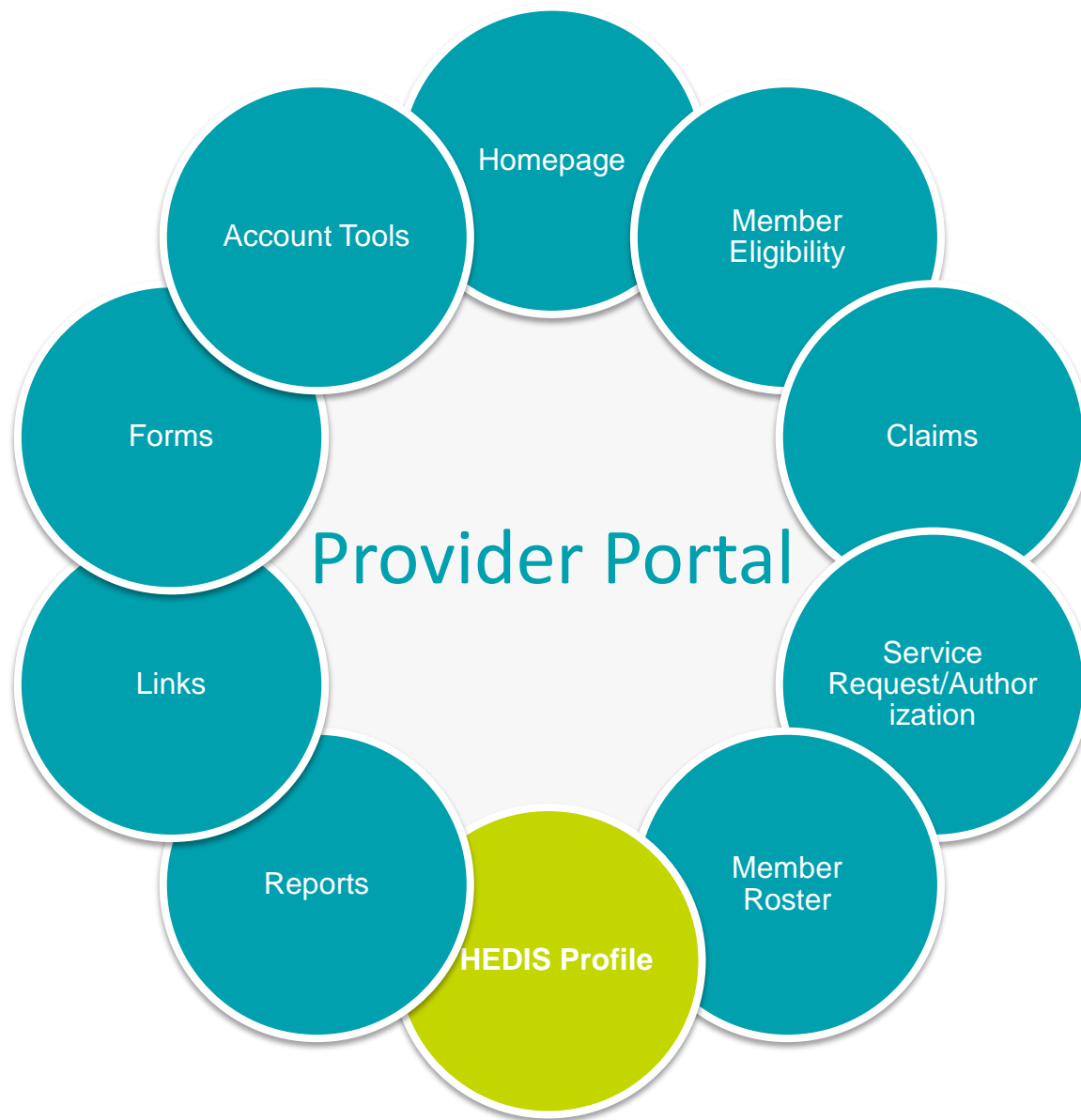
[Clear Filters](#)

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

Select	<u>Last Name</u> 	<u>First Name</u> 	<u>Date Of Birth</u>	<u>Member ID</u> 	<u>Line Of Business</u>	<u>PCP Effective Date</u>	<u>Status</u> 	<u>PCP Name</u>
<input type="radio"/>	<input type="text" value="Man"/>	<input type="text" value="Spider"/>	06/01/1999	<input type="text" value="000777000"/>	<input type="text" value="MississippiCAN Medicaid"/>	07/01/2017	<input type="text" value="Select"/>	Spider1, Provider1 A

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

By default, Members are be listed by Last Name



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Messages and Announcements

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



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Authoro..



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Important!

Static Message for Video Tour.

Poll

Do you like our new look?

Yes

No

[See Responses](#)

HEDIS Profile

[FAQ Help](#)

My Rates **Members**

Group Name:

Select a Provider:

Select a Service location:

Show Data For:

Coverage:

Medicaid measures	Your Current 2018 Measurement Year Performance				2016 Measurement Year Performance		2017 NCQA Nat'l Percentiles ³			
	Total # Patients in Measure	# Patients Completed Services	# Patients Still Needing Services	% of Patients who Received Services	Your Performance	Health Plan Performance ^{1,2}	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Adult BMI Assessment - All (ABA) [?]	256	216	40	84.38%	38.16%	92.05%	77.13%	84.54%	89.35%	92.54%
Annual Monitoring for People on Persistent Medications Combined Rate -All (MPM) [?]	39	25	14	64.10%	85.71%	87.27%	85.19%	87.23%	89.56%	91.84%
Appropriate Testing for Children with Pharyngitis 2 to 18 years (CWP) [?]	87	61	26	70.11%	76.92%	75.77%	63.24%	71.62%	81.01%	86.59%
Avoid Treatment of Adults with Acute Bronchitis - All (AAB) [?]	5	3	2	60.00%	100.00%	24.88%	22.12%	26.17%	32.51%	38.91%
Breast Cancer Screening -All (BCS) [?]	63	27	36	42.86%	44.44%	49.85%	52.24%	58.08%	65.30%	71.52%
Cervical Cancer Screening -All (CCS) [?]	199	77	122	38.69%	58.90%	54.09%	48.18%	55.94%	63.88%	69.95%
Childhood Immunizations + (CIS) CO3 [?]	100	74	26	74.00%	87.37%	69.69%	64.30%	71.06%	75.60%	79.81%
Chlamydia Screening (CHL) Total [?]	44	15	29	34.09%	36.59%	42.16%	48.83%	55.16%	61.63%	68.92%
Controlling High Blood Pressure 18-85 Years (CBP) [?]	76	0	76	0.00%	0.00%	64.10%	46.87%	54.78%	63.99%	70.69%
Diabetes Care - HbA1c > 9.0% (CDC) [?]	66	65	1	1.52%	9.09%	39.27%	52.31%	43.80%	36.87%	29.23%

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- Your rate is at or above 90% NCQA benchmark
- Your rate is at or above 75% NCQA benchmark
- Your rate is below the 75% NCQA benchmark

[Print](#) [Export](#)

1) Health Plan Performance: Includes data from claims/encounters as well as medical records for sampled members in particular measures.
 2) A 0% that is present in the Health Plan Performance column indicates that the denominator was too low to report or the Plan did not report the measure.
 3) There are no Star Ratings available for the Diabetes HbA1c Test (CDC) measure. Therefore, the NCQA National Medicare 50th, 75th, and 90th percentiles are displayed.
 4) The most current (2017) NCQA National Percentiles are displayed. The data are updated annually with the NCQA audited benchmarks in July/August.

HEDIS Profile

FAQ Help

The performance rates are based on claims/encounters data received as of 05/31/2018

My Rates **Members**

HEDIS Needed Services List

Group Name: LITTLE CHATTERBOX SPEECH LANGUAGE AND HEARING SOLUTIONS

Select a Provider:

Select a Service location:

Show Data For:

Service Status:

Coverage:

Select a letter to find a Member by Last Name

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

At Molina, we care about your patient information. Please send us the relevant medical record documentation (e.g., progress note, immunization record, lab reports) if a HEDIS service was completed but not reflected on the profile by clicking on the Upload Documents button below. We will review the information and update our records if it meets the HEDIS criteria.

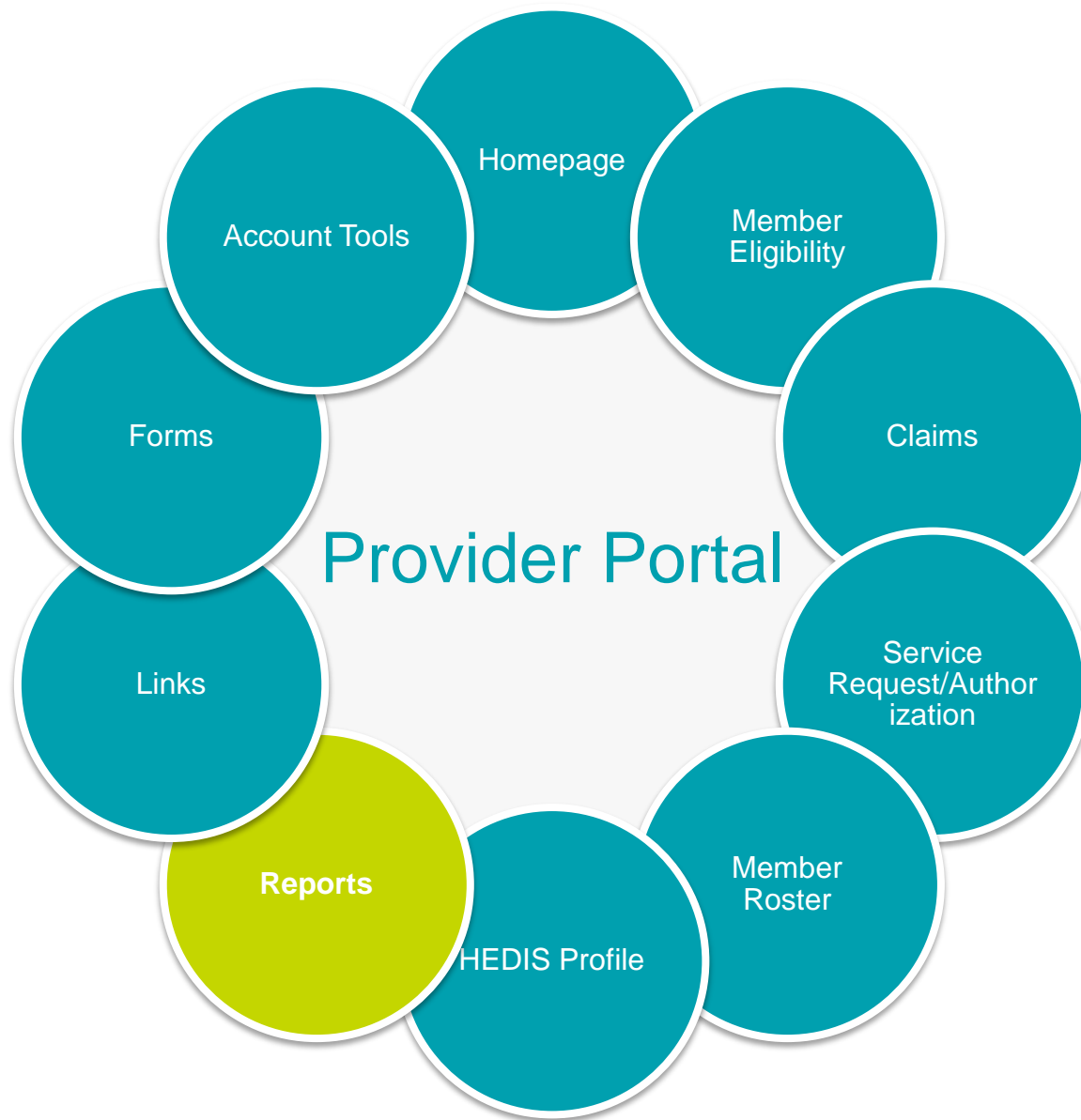
Select	Last Name	First Name	Date of Birth	Member ID	Measure	Address	Phone	Status	PCP Name	Service Location
<input type="checkbox"/>	TESTER	TEST	06/01/1999	543695079A	Adolescent Well Care Visit - All (AWC)	123 PARK STREET, OXFORD, MS, 38655	5555555555	Needed		
<input type="checkbox"/>	TESTER	TEST	06/01/1999	543695079A	Children and Adolescents' Access to Primary Care Practitioners (CAP) - All Members	123 PARK STREET, OXFORD, MS, 38655	5555555555	Completed		
<input type="checkbox"/>	TESTER	TEST	06/01/1999	064852807A	Adolescent Well Care Visit - All (AWC)	123 PARK STREET, OXFORD, MS, 38655	5555555555	Needed		
<input type="checkbox"/>	TESTER	TEST	06/01/1999	900005009A	Adolescent Well Care Visit - All (AWC)	123 PARK STREET, OXFORD, MS, 38655	5555555555	Needed		
<input type="checkbox"/>	TESTER	TEST	06/01/1999	900005009A	Children and Adolescents' Access to Primary Care Practitioners (CAP) - All Members	123 PARK STREET, OXFORD, MS, 38655	5555555555	Needed		
<input type="checkbox"/>	TESTER	TEST	06/01/1999	41003025A	Adolescent Well Care Visit - All (AWC)	123 PARK STREET, OXFORD, MS, 38655	5555555555	Completed		
<input type="checkbox"/>	TESTER	TEST	06/01/1999	41003025A	Children and Adolescents' Access to Primary Care Practitioners (CAP) - All Members	123 PARK STREET, OXFORD, MS, 38655	5555555555	Completed		
<input type="checkbox"/>	MSCAN	TESTER	06/01/1999	9876543210	Adolescent Well Care Visit - All (AWC)	123 PARK STREET, OXFORD, MS, 38655	5555555555	Needed		
<input type="checkbox"/>	MSCAN	TESTER	06/01/1999	9876543210	Children and Adolescents' Access to Primary Care Practitioners (CAP) - All Members	123 PARK STREET, OXFORD, MS, 38655	5555555555	Completed		
<input type="checkbox"/>	MSCAN	TESTER	06/01/1999	9876543210	Chlamydia Screening (CHL) Total	123 PARK STREET, OXFORD, MS, 38655	5555555555	Needed		

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Reports are based on assigned PCP.

[View Documents](#) [Upload Documents](#) [Print](#) [Export](#)

If the member is not assigned to you, contact Provider services at 844-826-4333



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Member Eligibility



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Authoro..



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Important!

Static Message for Video Tour.

Poll

Do you like our new look?

Yes

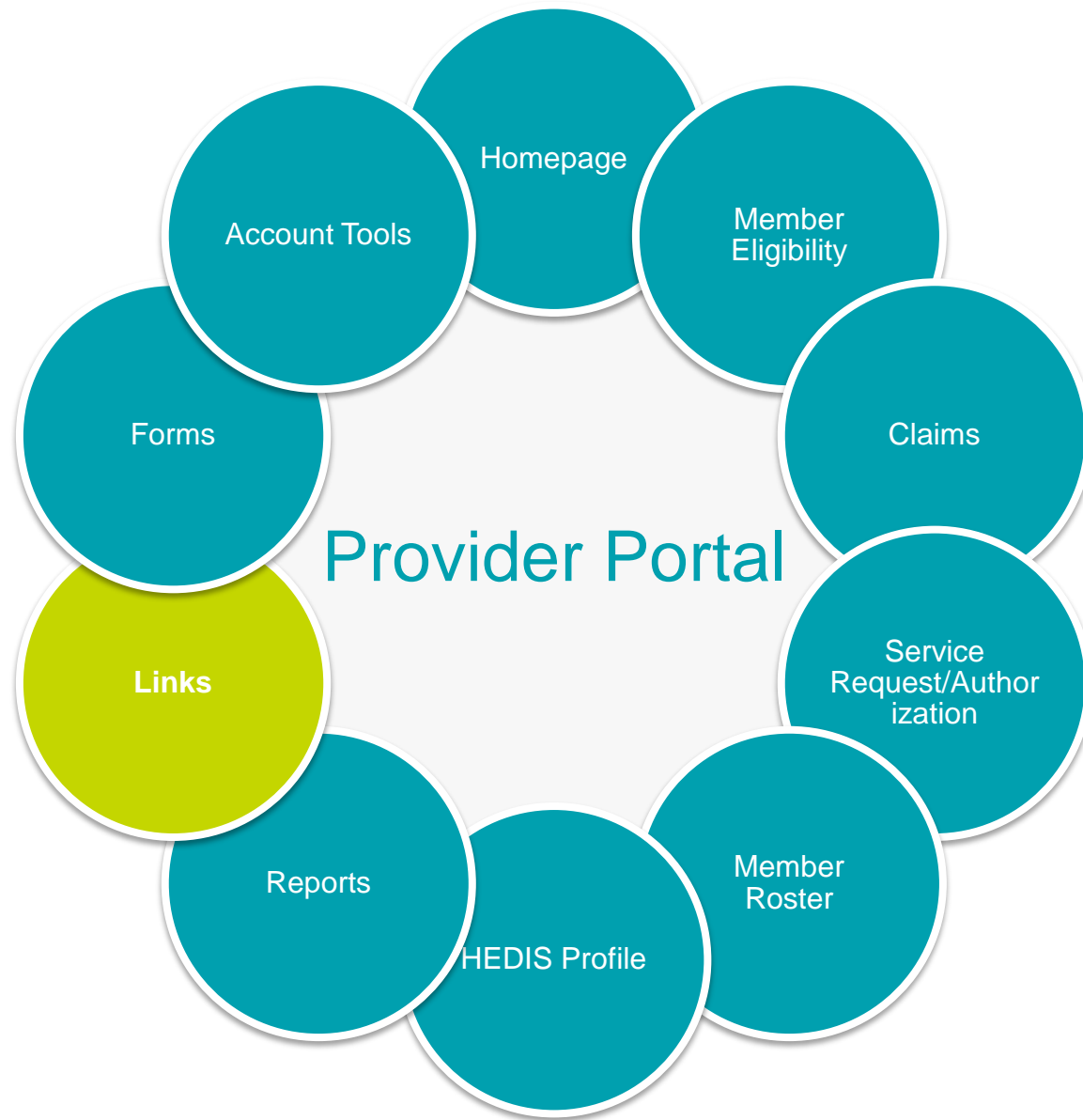
No

[See Responses](#)

Downloadable Claims Reports

You have no claim files in last 30 days.

[View more Claim files](#)**Affiliation List**[Affiliation List - PDF](#)[Affiliation List - EXCEL](#)



Provider Portal

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[Preferred Drug List](#)

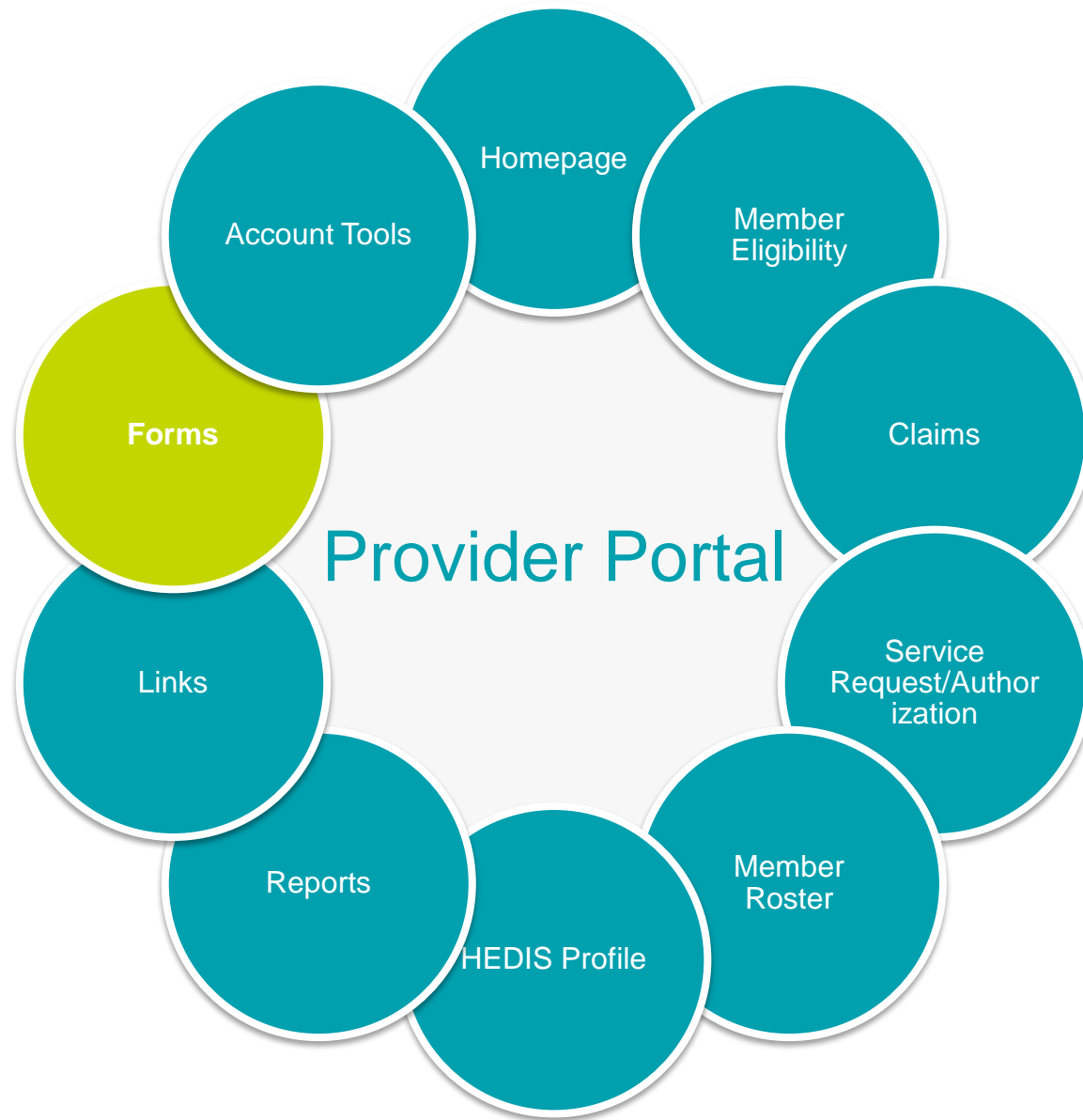
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Service Request/Authorizatio..



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Provider Portal

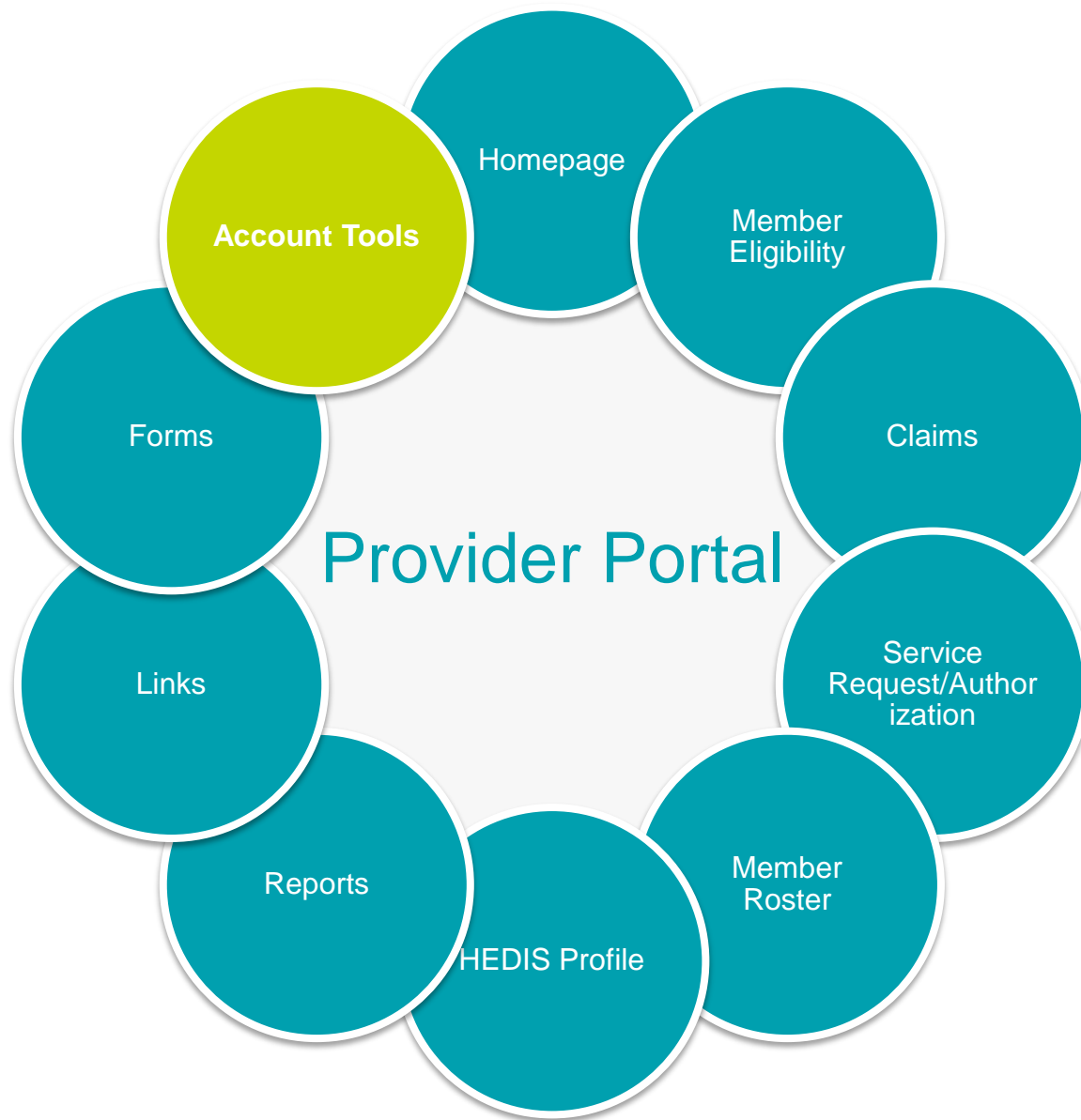
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Provider Forms

[Medicaid Provider Forms](#) **new**

Provider Documents

[Prior Authorization Guidelines](#) **new**[Provider Manual](#) **new**[Codification Matrix](#) **new**



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Delete Account

Manage Providers

Messages and Announcements

 You have (0) new messages
There are no announcements

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Member Eligibility



Create Professional Claims



Create Institutional Claim



Claim Status Inquiry



Downloaded Claims Report



Create Service Request/Author...



Service Request/Authorizatio...



Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Important!

Static Message for Video Tour.

Poll

Do you like our new look?

Yes

No

[See Responses](#)

Change Password

User ID: MS_prov123

Current Password: * New Password: * Confirm Password: *

Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

Member Roster

HEDIS Profile

Reports

Links

Forms

▼ Account Tools

Change Password


View/Update Profile

Manage Users




Delete Account

Manage Providers

Messages and Announcements

 You have (0) new messages
There are no announcements

Recent Activity

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

My Favorites [Edit](#)



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My Profile

User Profile	
Last Name:	First Name:
Provider Role: Provider Admin - Group/Facility	Status: Active
Primary Phone Number:	Registered Email:
Account Profile	
General Information	
Name:	Title:
Status: Active	Credential Status:
Provider Type: FACILITY/GROUP	Federal Tax ID:
License Number:	License Effective Date:
License Termination Date:	Ethnicity: NO ETHNICITY
Date Of Birth:	Gender:
Specialty	
Specialty Type	Specialty
SINGLE SPECIALTY GROUP	PRIMARY
Languages	
Language Code	Description
Contact Information	
Mailing Address	
Address 1:	Address 2:
State: MS	City: RIDGELAND
County: MADISON	Zip: 39157
Account Email:	
Physical Address	
Address 1:	Address 2:
State: MS	City: RIDGELAND
County: MADISON	Zip: 39157
Phone Numbers	
Primary Phone Number:	Mobile Number:
Secondary Phone Number:	
Account Self Services	
Secret Questions	Answers
In which city you were born?	test1
What is your mother's maiden name?	test2
What is your month of birth?	test3

[Edit](#)

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Welcome to
Provider Services
Manage Users

Filter Users

- Administrator(1)
- Locked(0)
- Active(5)
- OHP(0)

[Go](#)

Host Admin(s)
MS_prov123

For more information
please **Contact**
Provider Services
Help Desk

Manage Users This page allows you to edit user settings such as lock/unlock, remove access, promote user, invite users and update user roles

[Click to invite users to join your group](#) **Invite Users**

Find My User

User ID: Email Address: Date Created: 
(mm/dd/yyyy) [Search](#) [Clear](#)

Manage Users List

Select	User ID	SSO User ID 	Email Address	Date Created	Status
<input type="checkbox"/>	MSTest123		abc@molinahealthcare.com	05/17/2018	Active
<input type="checkbox"/>	MS_ProvB		abc1@molinahealthcare.com	04/26/2018	Active
<input type="checkbox"/>	manoj_clinical		abc2@molinahealthcare.com	06/18/2018	Admin/ Active
<input type="checkbox"/>	MS_ProvMack		abc3@molinahealthcare.com	05/17/2018	Active
<input type="checkbox"/>	salladi_link123		abc4@molinahealthcare.com	05/10/2018	Active

undefined 1-5 of 5 per page Page 1 of 1

[Export](#) [Lock](#) [Unlock](#) [Remove Access](#) [Promote as Admin](#) [Revoke Admin](#)

Click on the user id to modify level of access for the user.

[View Invitations](#) [View Access Requests](#)

Manage User Screen**User Details**User Id: **Functionality Access****Role Details**

Provider	Role
- 123456789 - xxx567	<input type="text" value="Non-Clinical"/>

[Save](#) [Go Back](#)

If a role type is not selected, it is defaulted to "Basic"

Provider Portal

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[See Responses](#)

Delete Provider Self Services Account

To continue with account deletion, click the button below.

[Delete Account](#) [Cancel](#)

Provider Portal

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Member Roster

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

Registered Providers

Tax ID Number	Provider ID	NPI #	Provider Name	Program	Molina Status	
123456789	QMP000001234567	1234567890		Other Lines Of Business	Active	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text" value="MEDICARE"/>		Add

[Export](#) [Submit](#)