

# Claim Features Training - LTSS



Your Extended Family.

# Molina Healthcare's Web Portal

The Web Portal is secure and available 24 hours a day, seven days a week. Register for access to our Web Portal for self-services, including:

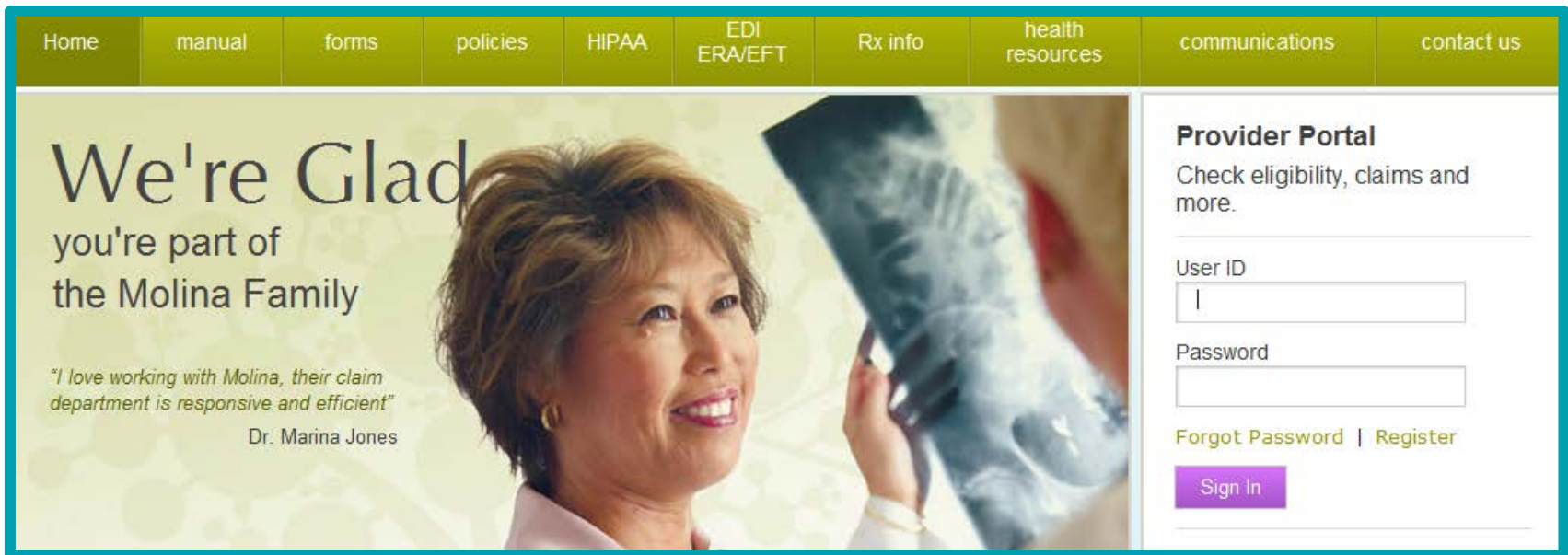
## Web Portal Claim Features

Submit new professional claims	Submit new facility claims
Submit a corrected claim	Void a claim
Check the status of a claim	Save claims for batch submission
Create a claims template	Add supporting documents to your claim

Self-service tools are on the Web Portal. Register online at <https://eportal.molinahealthcare.com/Provider/login>

# Register for Web Portal

Register at [www.MolinaHealthcare.com/Providers/OH](http://www.MolinaHealthcare.com/Providers/OH). You will need the TIN and your Provider Identification number or three of the following: NPI, State License Number, Medicaid Number, or DEA Number.



The screenshot shows the Molina Healthcare website's navigation menu and a registration form. The navigation menu includes: Home, manual, forms, policies, HIPAA, EDI ERA/EFT, Rx info, health resources, communications, and contact us. The main content area features a banner for Dr. Marina Jones with the text "We're Glad you're part of the Molina Family" and a testimonial: "I love working with Molina, their claim department is responsive and efficient". To the right is the "Provider Portal" registration form, which includes a title, a description "Check eligibility, claims and more.", input fields for "User ID" and "Password", and links for "Forgot Password" and "Register". A purple "Sign In" button is also present.

Home manual forms policies HIPAA EDI ERA/EFT Rx info health resources communications contact us

**We're Glad**  
you're part of  
the Molina Family

*"I love working with Molina, their claim department is responsive and efficient"*  
Dr. Marina Jones

**Provider Portal**  
Check eligibility, claims and more.

User ID

Password

[Forgot Password](#) | [Register](#)

[Sign In](#)

# Registration Instructions

## 1. Begin registration

- Click “New Registration Process”
- Select “Other Lines of Business”
- Select state
- Select role type “Facility or Group”
- Click “Next”

## 2. Required Fields

- Enter first name
- Enter last name
- Enter email address
- Enter email address again to confirm

## 3. Username and Password

- Create a user ID using 8-15 characters
- Create a unique password with 8-12 characters
- Select three security questions and answers

## 4. Complete Registration

- Accept “Provider Online User Agreement” by clicking on the check box
- Enter the code in the textbox as shown in the image
- Click “Register”

# Logging into the Web Portal

Once you have registered, you can log in to the Provider Web Portal from our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

1. Select “I am a Health Care Professional.”

2. Then enter the user ID and password that you set up during the registration process.

# Claims Drop Down Menu

From the home screen, click on “Claims” to open the menu of claim functions available on the portal. You can:

Open a previously saved claim

Create a claims template

Export claims

Check the status of a claim

Create a claim

## 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

# Claim Status Inquiry

On the claim status inquiry screen you can perform a claim status inquiry with multiple search functions



## Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Aug 14 2015 09:30:07 AM

Search

Claim Type:  **Search by Claim type UB/1500.**

Search Options:  **Search by Claim status, member name/dob, member ID number or claim tracking number.**

Optional Search Criteria

Enter optional criteria to narrow your search

Received Date: From:  To:

Patient Control No:

Claim No:

Claims Status:

NPI:

Gender:

# Claim Status Inquiry

Once you have entered your criteria and selected the search button, a list of your claims will display.

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:

NPI:

Gender:

## Claims Found

Claim ID	Member Name	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status	Claim Type	Attachments
				08/14/2014	08/15/2014	Paid	PROFESSIONAL	No
				08/21/2014	08/22/2014	Paid	PROFESSIONAL	No
				08/28/2014	08/29/2014	Paid	PROFESSIONAL	No
				09/04/2014	09/05/2014	Paid	PROFESSIONAL	No
				09/09/2014	09/12/2014	Paid	PROFESSIONAL	No

Select the claim number here to populate the claim details.



# Claim Status Inquiry

From the Claim Details screen, you can view the line time charges for your claim. Identify the “Check Number” and “Check Date,” and see if any lines were denied in the status fields.

## Claim Details

### General Information

Member Name:  
Claim Status Category:  
Claim Header Status: Paid  
Rendering Provider Name:  
Rendering Provider NPI:  
Check Paid Date: 08/25/2014  
Service Date To: 08/11/2014

Claim Number:  
Claim Status Effective: 8/11/2014  
Billed Amount(\$): 194.44  
Check Number:  
Service Date From: 08/11/2014  
Patient Control Number:  
Amount Paid:

### Claim Line Items

Claim Line	Service From Date	Service To Date	Re	ts	Billed Amt	Pa	Member Copay	Line Eff	Page
1	08/11/2014	08/11/2014			54.61	9	0.00	8/11	
2	08/12/2014	08/12/2014			54.61	9	0.00	8/11	
3	08/13/2014	08/13/2014			54.61	9	0.00	8/11	
4	08/14/2014	08/14/2014			30.61	3	0.00	8/11	

Showing 1-4 of 4  per page

Save a previously paid claim as a template for future submissions.

Void or correct a claim.

Print your claim summary as an EOB here.

- Save As Template
- Appeal Claim
- Void Claim
- Correct Claim
- View Diagnosis Code
- Print Claim Summary
- Back

# Creating a Claim

- You can create and submit a claim through the Web Portal at no charge. You will receive a confirmation number once the claim is submitted.
- It will take one to three business days for the claim to be viewable to customer service staff.
- Claims can take up to **30 business days** to complete processing.

## Institutional Claims

These are generally billed on a UBO4 claim form.

## Professional Claims

These are generally billed on a CMS 1500 claim form.

# Completing the Patient Information

Complete all required (\*) fields of member information. If you enter the Member ID and service dates, the fields at the top of the form will auto populate with the member's information.

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

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: \*    First Name: \*    DOB: \*  (mm/dd/yyyy)

AND

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

Complete with the member's Medicaid ID Number.

# Completing the Patient Information

Once this page is filled in completely, click “Next” at the bottom of the screen

Patient Relationship to Insured:\* 18-Self

## Other Insurance

Is there another benefit plan? \*

## Patient Conditions

Is patient's condition related to

Employment

An

Auto Accident

Place

Are there any patient condition data

## Verify Required Information

Patient Account Number: \*

Member Authorized Assignment of Benefit: \*  Yes  No

Provider Assignment code: [Select]

Release of Information: \*

Prior Authorization Number: \*

Select

Select

I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Fed  
Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Cla

This is the account number you generate for your member.

Choose “Y” if you have a signed document on file. Choose “I” if you only have informed consent to release medical information.

Next >>

Save for Later

Save as Template

Cancel

# Completing the Provider Information

The billing provider information should already be populated for you. If you notice the information is incorrect, please email [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com) to have your information corrected.

<< Previous    Next >>

Save for Later    Save as Template

Member

Provider

Summary

## Select a Billing Provider Information

Billing Provider: \*

Last Name	First Name	Middle Initial	TIN	NPI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address1	Address2	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Provider Information

Rendering Provider: \*

NPI	Last Name	First Name	Middle Initial	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This information should be auto populated based on your registered Group information.

# Completing the Provider Information

Fill in your diagnosis codes here ensuring they are the correct diagnosis codes based on the date of service. (ICD-9 for dates prior to Oct. 1, 2015 and ICD-10 for dates after).

You can use the magnifying glass to search by code or description.

**Diagnosis Code**

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

+ Add more Diagnosis Code

Diagnosis Search

Diagnosis Code Search

Diagnosis Code:

Diagnosis Description:

Search Clear Cancel

# Completing the Provider Information

## Claim Line Details

- Use the magnifying glass to search for the correct place of service.
- Add the procedure codes, modifiers and DX pointers.
- Use the magnifying glass to search for your procedure code.

(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	
1	07/01/2014	07/01/2014	12	<input type="checkbox"/>	99213		1	18.61	UM-Unit	1	<input type="checkbox"/>	<input type="checkbox"/>	More Details
2	07/01/2014	07/01/2014	12	<input type="checkbox"/>	99214		1	18.61	UM-Unit	1	<input type="checkbox"/>	<input type="checkbox"/>	More Details

“Service to Date” should match the “Service from Date.” Billing a date span on a single line will make the claim deny.

The “Diagnosis Code (DX) Reference” is where you point to the correct DX code.

If you are billing an EPSDT service, complete the referral indicator as needed.

# Completing the Provider Information

- Select the unit type.
- Enter the number of units per line item under quantity.
- Add the total charges per line item.

**LTSS Services will always be UN-Unit.**

**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	
1	07/01/2014	07/01/2014	12	No	T1019		1	8.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/> 2	07/01/2014	07/01/2014	12	No	T1019	J2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>
<input type="checkbox"/> 3	07/02/2014	07/02/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/> 4	07/02/2014	07/02/2014	12	No	T1019	J2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>

[+ Add more Claim lines](#)

**The charge is the total amount billed for that line item, not the amount for a single unit.**

**Report quantity in units. Please use the reference chart at the end of this presentation for a definition of one unit.**



# Supporting Information

Add any attachment to support your claim such as a primary payers' explanation of benefits or medical records.

- Select the “Type of Attachment “(attachments should not exceed 20MB)
- Select “Browse” to search for the document
- Upload the attachment after selecting file.

## Supporting Information

**Type of Attachment :**

**File :**  [Upload](#)

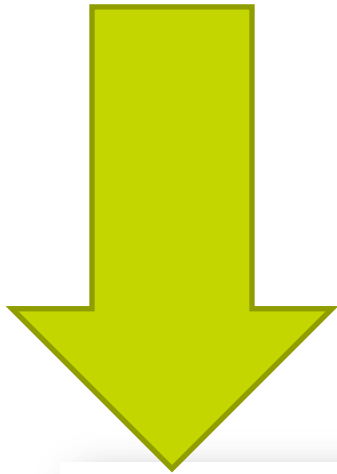
time.  
Attachments should not exceed 20 MB.

**Comments**

Remarks

Select
21 - Recovery Plan
A1 - Autopsy Report
A3 - Allergies/Sensitivities Document
AM - Ambulance Certification
AS - Admission Summary
B1 - Referral Form
B2 - Prescription
B3 - Physician Order
BR - Benchmark Testing Results
BS - Baseline
BT - Blanket Test Results
CB - Chiropractic Justification
CK - Consent Form(s)
CT - Certification
D2 - Drug Profile Document
DA - Dental Models
DB - Durable Medical Equipment Prescription
DG - Diagnostic Report
DJ - Discharge Monitoring Report
<b>DS - Discharge Summary</b>
EB - Explanation of Benefits (Coordination of Medicare Secondary Payor)

# Provider Information



Add any comments with a maximum of 256 characters.

Add the total charge of the claim and balance due.

When finished click “Next”.

**Comments**

Remarks

256 Characters Max.  characters remaining.

**Total Amount**

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

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

# Validate Information

1. View the summary page.
2. Check the insured information, provider information, and general claim information for errors.
3. If an error is found, you can go back to the previous screens by clicking “Member” or “Provider.”
4. Once you validate all information is correct, click “Submit” in the bottom right corner.

This screenshot shows the top portion of a web application interface. At the top left is a navigation link labeled '<< Previous'. Below it are three buttons: 'Member', 'Provider', and 'Summary', with 'Summary' highlighted in a darker green. Underneath the buttons is a 'Collapse All' link and a section header 'Member Summary'. The main content area is titled 'Insured Information' and contains two input fields: 'Insured's ID:' and 'Service From Date:'.

This screenshot shows a detailed form for 'Billing Provider Information'. The form is organized into several sections, each with an 'Edit' link on the right:

- Billing Provider Information:** Includes fields for Last Name/Facility Name, Middle Initial, Address1, City, Zip Code, First Name, NPI, Address2, State, and TIN.
- Rendering Provider Information:** Includes fields for Last Name, Middle Initial, ZipCode, and First Name, NPI.
- Facility Information:** Includes fields for Facility Type, Address1, City, Zip Code, NPI, Address2, and State.
- Diagnosis Code:** Includes a field for Principal Diagnosis Code and a table for Diagnosis Code and Description.
- Claim Line Details:** A table with columns for Service Line, Service From Date, Service To Date, Place of Service, Emergency, Procedure Code, Modifier (1-4), Diagnosis Code Reference (1-4), Charges, Units of Measurement, Quantity, EPSDT, and EPSDT Family Planning.
- Comments:** A text area for Remarks.
- Total Amount:** Summary fields for Total Charge, Total Paid, and Balance Due.

At the bottom of the form, there is a '<< Previous' link on the left and a row of buttons: 'Print', 'Save for Later', 'Submit', and 'Cancel' on the right.

# Batch Submissions

You can also build claims and submit a batch of claims all at once. To do this, complete a claim following the normal process, then, instead of submitting, select “Save for Batch.”



Claims saved for a batch can be found in the “Saved Claims” section in the side menu. Ready-to-batch claims need to be selected and then can be submitted all at once.



You will still receive an individual claim number for each claim submitted.



Submit Save For Batch Save for Later Save as Template Cancel

# Correcting a Claim

- You can now submit a corrected claim on the Web Portal in one of two ways. One way is by selecting the “Create a Professional Claim,” then select the radio button for “Correct Claim” in the first field.
- You will need to enter the previously assigned 11 digit claim ID number that you are correcting, then select enter to proceed.



The image shows a screenshot of the claim correction form. At the top, there are three tabs: 'Member', 'Provider', and 'Summary'. Below the tabs, there are three radio buttons: 'Create Claim', 'Correct Claim' (which is selected), and 'Void Claim'. Below the radio buttons, there is a text input field labeled 'Prior Claim ID#:-' and an 'Enter' button. A blue arrow points to the 'Enter' button. At the bottom of the form, there is a section labeled 'Eligibility Check'. In the top right corner, there are buttons for 'Save for Later' and 'Cancel'. A legend indicates that a red asterisk (\*) denotes a 'Required Field'.

# Correcting a Claim

- You can also submit a corrected claim by searching for the claim in the “Claim Status” inquiry field.
- Enter the information related to the claim you want to correct such as the 11 digit claim number, or enter a date span to pull claims.
- Select the claim you want to edit by clicking on the “Claim ID” or the “Member Name.”

## Claims Inquiry

Search  
Claim Type: All Search Options: Claim Status Claim Status: All

Optional Search Criteria  
Enter optional criteria to narrow your search

Received Date: From: 06/01/2014 To: 03/25/2015

Patient Control No:

Claim No:

Claims Status: All

Search with date span here by entering your “Service Date From” then “Service Date To.”

## Claims Found

Claim ID	Member Name	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status
		163.83	08/11/2014	08/15/2014	08/15/2014	Paid
		163.83	08/18/2014	08/22/2014	08/22/2014	Paid
		130.83	08/25/2014	08/29/2014	08/29/2014	Paid
		109.22	09/03/2014	09/05/2014	09/05/2014	Paid
		163.83	09/08/2014	09/12/2014	09/12/2014	Paid

# Correcting a Claim

- Once you have selected the claim you will be correcting it will populate the Claim Details screen.
- Here you can select the “Correct Claim” button
- Once you have Selected the “Correct Claim Option,” your claim will be opened and you can make changes.

Service Date To:09/22/2014 Amount Paid(\$):163.83

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-Insura
1	09/22/2014	09/22/2014		T1019		0	54.61	54.61	0.00	0.00
2	09/24/2014	09/24/2014		T1019		0	54.61	54.61	0.00	0.00
3	09/26/2014	09/26/2014		T1019		0	54.61	54.61	0.00	0.00

Showing 1-3 of 3  per page

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#)

**\*Note:** The claim must be in a paid or denied status to make corrections.



# Correcting a Claim

- Once you have entered the claim number you are correcting, the screen will automatically populate the claim information for the patient.
- You can proceed with making your changes to the fields needed, such as the diagnosis code and procedure codes.

Type in corrected diagnosis code here.

Insert an additional procedure here.

## Diagnosis Code

Remove	<input type="checkbox"/>	<b>DX No.</b> * 1	<input type="text" value="781.2"/>	<b>Diagnosis Description</b> ABNORMALITY OF GAIT
	<input type="checkbox"/>	2		

+ Add more Diagnosis Code

## Claim Line Details \*

(Remove)	Service Date *	From	Service To Date *	To	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges *	Units of Measurement *	Quantity	EPSDT	Family Plan	More Details
* 1	06/02/2014	19	06/13/2014	19	12	<input type="checkbox"/> Yes	T1019	<input type="checkbox"/>	1	273.05	Select	0.00	No	No	More Details
<input type="checkbox"/>	2	06/02/2014	19	06/13/2014	19	<input type="checkbox"/> No		<input type="checkbox"/>			Select	0.00	No	No	More Details



# Correcting a Claim

Add attachments to claims during submission and to previously submitted “pended” claims. To do so, perform a claim search through the Web Portal.

1. Select the “Pending Claim” to which you want to add an attachment.

2. Select your “Type of Attachment” and then add your document.

**Supporting Information**

Type of Attachment :

File :

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**

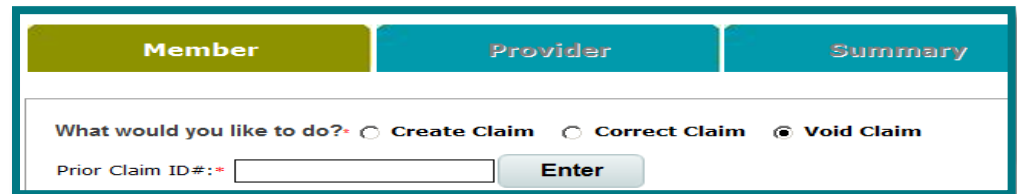
Clinical Notes or Comments: 256 character Max

256 characters remaining.

# Voiding a Claim

You may find that you need to void a claim that has been paid or is in processing.

- Select the “Void Claim” button and enter the claim number you want to void.
- Claims voided after they have been paid will generate a cost recovery request.
- A claim can only be voided for up to a year through the Web Portal.
- Corrected claims still must be submitted within your contractually agreed timelines.



The screenshot shows a web portal interface with three tabs: 'Member' (highlighted in green), 'Provider', and 'Summary'. Below the tabs, there is a section titled 'What would you like to do?' with three radio button options: 'Create Claim', 'Correct Claim', and 'Void Claim' (which is selected). Below this, there is a text input field labeled 'Prior Claim ID#:' followed by an 'Enter' button.

Amount Paid(\$):0.00

Code	Units	Billed Amt	Paid Amt
rs	0	109.20	0.00

Buttons: Appeal Claim, Void Claim

Select, “Void Claim.”

# Open a Saved Claim

You can open a previously saved claim from the Provider Web Portal home page.

- These are the claims that were saved for batch or claims that were saved prior to completion.

## 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

### 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
No items to display					

### Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
No items to display					

Select the claim you want to complete for submission.

# Creating a Claim Template

You can create and save templates from either the Claims Status Inquiry section or from the Create/Manage Claim Template section in the side menu.

You can customize the information in the templates. Some examples are: member information, provider information, and claim specific information such as the procedure codes.

## 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 Date 10/06/18/2014

Amount Paid(\$):0.00

### 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-Insur
1	06/16/2014	06/18/2014		T1019		0	109.20	0.00	0.00	0.00

Showing 1-1 of 1  per page

Save As Template

Appeal Claim

Void Claim

Correct Claim



Your Extended Family.

# Creating a Claim Template

To create a template, go to the Create/Manage Claims Template option under the Claims Tab.

Select the "Create" button.

## Create/Manage Claims Template

### Manage and Use Templates

Select	Claim Type	Template Name
<input type="checkbox"/>		

Page 0 of 0 10 per page

Select "Professional" or "Institutional" claim to be created.

Create

Add Template

Professional  Institutional

Create Cancel

# Creating a Claim Template

- Once you select the claim type, the claim fields will appear.
- Enter information in the Member, Provider, and Summary Tabs.
- Select the “Save As Template” button in the top right corner of your claim.
- Templates can be named for future use.

The screenshot displays a web-based form for creating a claim template. At the top, there are navigation buttons: '<< Previous' on the left and 'Print', 'Save as Template' (highlighted with a green box), and 'Cancel' on the right. Below these are three tabs: 'Member', 'Provider', and 'Summary', with 'Summary' being the active tab. A 'Collapse All' button is located above the main form area. The main form is titled 'Member Summary' and is divided into three sections: 'Insured Information', 'Patient Condition', and 'Required Information'. Each section has an 'Edit' button on the right. The 'Insured Information' section includes fields for Insured's ID, Service From Date, Last Name, Middle Initial, Sex, Address2, State, Payor Name (MHC OH), Payor ID (20-0750134), Service To Date, First Name, DOB, Address1, City, Zip Code, Program Name, and Another Health Benefit Plan (No). The 'Patient Condition' section includes fields for Patient Relationship to Insured, Auto Accident (No), Employment (No), Another Party Responsible (No), Place(State) (No), and Other Accident (No). The 'Required Information' section includes fields for Patient Account Number, Provider Assignment Code (Select), Prior Authorization Number, Member Authorized Assignment of Benefit (Yes), and Release of Information. Below the 'Member Summary' section is the 'Provider Summary' section, which is currently collapsed. It has a 'Billing Provider Information' section with fields for Last Name/Facility Name, Middle Initial, First Name, and NPI.

# Saving as a Template

You can create multiple templates and save them for future use.

- To load a previous template, check the select box and click the “Load” button.
- Now you can make changes or add additional information to submit your claim for processing.

The screenshot displays the 'Create/Manage Claims Template' interface. At the top, it shows the MOLINA Healthcare logo and 'Provider Self Services'. The user is logged in as 'Support User: DaSilvaM' on 'Mar 17 2015 8:10:54 AM'. The main section is titled 'Manage and Use Templates' and contains a table with the following data:

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional		test2
<input type="checkbox"/>	CMS1500-Professional		test
<input type="checkbox"/>	CMS1500-Professional		test
<input type="checkbox"/>	CMS1500-Professional	Training 2	Training Demo 2
<input type="checkbox"/>	UB04-Institutional	Training 1	Training demo,

Below the table, there is a pagination control showing 'Page 1 of 1' and '10 per page'. At the bottom right, there are three buttons: 'Create', 'Load', and 'Delete'. The 'Load' button is highlighted with a yellow box.

# Export Claims to Excel

You can create a claims report by clicking “Export Claims Report to Excel.”

Enter the service to and from dates for your search

You will receive an email showing the claims report as completed.

## 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](#)

### Claims Export To Excel

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.*



Your Extended Family.



# LTSS User Guide – Ohio Home Care Waiver

HCPC Code	Modifier	Description	Unit Increment
S5101		Adult Day Health Services	Half Day
S5102		Adult Day Health Center Services	One Day
T1019		Personal Care Aide Services	15 minutes
T2029		Supplemental Adaptive & Assistive Devices	Per Service
S5165		Home Modifications	Per Service
S5160		Emergency Response Services	Installation
S5161		Emergency Response Services	Monthly Fee

# LTSS User Guide – Ohio Home Care Waiver

HCPC Code	Modifier	Description	Unit Increment
S5170		Home Delivered Meals	Per Meal
S0215		Supplemental Transportation	Per Mile
T1002		Waiver Nursing (RN)	15 minutes
T1003		Waiver Nursing (LPN)	15 minutes
S5125		Home Care Attendant – Nursing	15 minutes
S5125	U8	Home Care Attendant - Personal Care	15 minutes
H0045		Out of Home Respite	Per Day

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HCPC Code	Modifier	Description	Unit Increment
S5102	UA	Adult Day Service - Enhanced	One Day
S5101	UA	Adult Day Service - Enhanced	Half Day
S5100	UA	Adult Day Service - Enhanced	15 Minutes
S5102	UAU3	Adult Day Service - Intensive	One Day
S5101	UAU2	Adult Day Service - Intensive	Half Day
S5100	UAU1	Adult Day Service - Intensive	15 Minutes
A0080	UA	Adult Day Service - Transportation	One Mile

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HCPC Code	Modifier	Description	Unit Increment
A0080	UAU2	Adult Day Service - Transportation (second)	One Mile
T2003	UA	Adult Day Service - Transportation	One, One-way Trip
T2003	UAU2	Adult Day Service - Transportation (second)	One, One-way Trip
T2025	UAU5	Adult Day Service - Transportation	One Round Trip
T2025	UAU2	Adult Day Service - Transportation (second)	One Round Trip
S5170	UA	Home Delivered Meals	One Meal
S5170	UAU6	Home Delivered Meals - Therapeutic	One Meal

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HCPC Code	Modifier	Description	Unit Increment
S5170	UAU7	Home Delivered Meals - Kosher	One Meal
S5130	UA	Homemaker Service	15 Minutes
S5121	UA	Chore Service	One Job
G0155	UA	Social Work Counseling Service	15 Minutes
S9470	UA	Nutritional Consultation Service	15 Minutes
T1019	UA	PCS by Cert Long Term Care Agency Provider	15 Minutes

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HCPC Code	Modifier	Description	Unit Increment
T1019	UAU2	PCS by Cert Long Term Care Agency Provider Group Visit	15 Minutes
T1019	UAU1	PCS by Consumer Directed Personal Care	15 Minutes
T1019	UAU3	PCS by Consumer Directed Personal Care Group Visit	15 Minutes
T1019	UAU4	PCS by Consumer Directed PC (OT)	15 Minutes
T1999	UAU1	Home Medical Equip/Supplies - Ambulatory	One Item
T1999	UAU2	Home Medical Equip/Supplies - Ambulatory (second)	One Item

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HCPC Code	Modifier	Description	Unit Increment
T1999	UAU5	Home Med Equip/Supplies - Non-ambulatory (second)	One Item
T1999	UAU6	Home Med Equip/Supplies - Non ambulatory (third)	One Item
T1999	UAU7	Home Med Equip/Supplies - Hygiene/Disposables	One Item
T1999	UAU8	Home Med Equip/Supplies - Hygiene/Disposables (second)	One Item
T1999	UAU9	Home Med Equip/Supplies - Hygiene/Disposables (third)	One Item
T1999	UA	Home Med Equip/Supplies - Equipment and Repair	One Item

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HCPC Code	Modifier	Description	Unit Increment
T1999	UAUC	Home Med Equip/Supplies - Nutrition Supplement	One Item
S5161	UAU1	Personal Emergency Response System	One Month Rental
S5161	UAU2	Personal Emergency Response System	One Partial Month
S5160	UA	Personal Emergency Response System	Installation
S5161	UAU3	Personal Emergency Response System	Second Pendant Rental
S5162	UA	Personal Emergency Response System	Alternative ERS Device



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HCPC Code	Modifier	Description	Unit Increment
S5135	UAU5	Independent Living Assist - Travel Attendant	15 Minutes
S2025	UA	Independent Living Assist - Telephone Assistance	One Completed Call
T2025	UAU6	Transportation	One Round Trip
T2025	UAU3	Transportation (second)	One Round Trip
T2003	UAU5	Transportation	One, One-way Trip
T2003	UAU4	Transportation (second)	One, One-way Trip

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HCPC Code	Modifier	Description	Unit Increment
T2038	UA	Community Transition Service	One Completed Job Order
A0200	UA	Non Medical Transportation	One Round Trip
A0200	UAU2	Non Medical Transportation (second)	One Round Trip
A0100	UA	Non Medical Transportation	One, One-way Trip
A0100	UAU2	Non Medical Transportation (second)	One, One-way Trip
T2025	UAU1	Enhanced Community Living Service	15 Minutes

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HCPC Code	Modifier	Description	Unit Increment
S5101	UB	Adult Day Service - Enhanced	Half Day
S5100	UB	Adult Day Service - Enhanced	15 Minutes
S5102	UBU3	Adult Day Service - Intensive	One Day
S5101	UBU2	Adult Day Service - Intensive	Half Day
S5100	UBU1	Adult Day Service - Intensive	15 Minutes
A0090	UB	Adult Day Service - Transportation	One Mile

# LTSS User Guide – Ohio Home Care Waiver

HCPC Code	Modifier	Description	Unit Increment
A0090	UBU2	Adult Day Service - Transportation (second)	One Mile
T2003	UBU4	Adult Day Service - Transportation	One, One-way Trip
T2003	UBU2	Adult Day Service - Transportation (second)	One, One-way Trip
T2025	UBU5	Adult Day Service - Transportation	One Round Trip
T2025	UBU4	Adult Day Service - Transportation (second)	One Round Trip
T2029	UBU1	Home Medical Equip/Supplies - Ambulatory	One Item

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HCPC Code	Modifier	Description	Unit Increment
T2029	UBU7	Home Med Equip/Supplies - Hygiene/Disposables	One Item
T2029	UB	Home Med Equip/Supplies - Equipment and Repair	One Item
T2029	UBBC	Home Med Equip/Supplies - Nutrition Supplement	One Item
S5161	UBU1	Personal Emergency Response System	One Month Rental
S5161	UBU2	Personal Emergency Response System	One Partial Month
S5161	UBU2	Personal Emergency Response System	One Partial Month

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HCPC Code	Modifier	Description	Unit Increment
S5160	UB	Personal Emergency Response System	Installation
S5161	UBU3	Personal Emergency Response System	Second Pendant Rental
S5162	UB	Personal Emergency Response System	Alternative ERS Device
S5165	UB	Environmental Accessibility Adaptations	One Completed Work Order
S5170	UB	Home Delivered Meals	One Meal
S5170	UBU2	Home Delivered Meals - Therapeutic	One Meal
S5170	UBU7	Home Delivered Meals - Kosher	One Meal

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HCPC Code	Modifier	Description	Unit Increment
T2013	U2	Tier 2	Per Day
T2031	U3	Tier 3	Per Day
T2038	U4	Community Transition Svc (for NH residents enrolling in the waiver)	One Completed Job Order
T2031	U2	Assisted Living Service - Tier 2	Per Day
T2031	U3	Assisted Living Service - Tier 3	Per Day
S5101		Adult Day Health	Half Day

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HCPC Code	Modifier	Description	Unit Increment
S5102		Adult Day Health	One Day
A0080		Adult Day Health - Transportation	Per Mile
T1019		Personal Care - Employer Authority	15 Minutes
T1019	HQ	Personal Care - Employer Authority - Group Visit	15 Minutes
S5130		Homemaker	15 Minutes
S5121		Chore Service	Per Job
T2029		Home Med Equip and Supp Adaptive and Assist Devices - Budget	Per Service



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HCPC Code	Modifier	Description	Unit Increment
S5165		Home Modifications Maintenance and Repair - Budget Authority	Per Service
S5160		Personal Emergency Response	Installation
S5161		Personal Emergency Response	Monthly Rental
S5170		Home Delivered Meals	One Meal
S5170	UBU3	Alternative Meals - Budget Authority	One Meal
S0215		Waiver Transportation	Per Mile

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HCPC Code	Modifier	Description	Unit Increment
T2001	RN	Waiver Nursing	15 Minutes
T2003	LPN	Waiver Nursing	15 Minutes
T2001	RNHQ	Waiver Nursing - Group Visit	15 Minutes
T2003	LPNHQ	Waiver Nursing - Group Visit	15 Minutes
S5125		Home Care Attendant - Nursing	15 Minutes
S5125	U8	Home Care Attendant - Personal Care	15 Minutes
H0045		Out of Home Respite	Per Day

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HCPC Code	Modifier	Description	Unit Increment
T2025		Enhanced Community Living	15 Minutes
G0155		Social Work Counseling	15 Minutes
S9470		Nutritional Consultation	15 Minutes
S5135		Independent Living Assistance	15 Minutes
T2038		Community Transition	One Completed job
T2025	UB	Choices Home Care Attendant - Employer/Budget Authority	15 Minutes
S5121	UB	Pest Control - Budget Authority	One Job