



Web Portal Quick Reference Guide

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Why Register for Molina's provider web portal?

Molina's provider web portal is an easy-to-use, online tool designed to meet your needs! All of our providers have access. Check out the many features we provide to you:

- Easily **search for your members** including **eligibility status** and **member benefit** details including missed service information.
- **Create and submit claims** and receive notification of status changes. Inquire on current **claims status** and **print your claims**. You can also quickly download claims reports.
- Create, submit and print **Service Requests/Authorizations** with notification of status changes.
- View **Service Request approval status** and save time with the ability to create templates for frequently used requests.
- Provides access to **account information**, manage and add users and update your profile.

To sign up, go to **www.MolinaHealthcare.com** and click on "Sign In" then click "Health Care Professional". For more information, please contact your provider services representative.

MyMolina.com

Molina members now have quick & easy access to their information. Molina members can sign up for our new portal where they can easily change their doctor, order a new ID card and check eligibility. Features also include health education materials tailored specifically to meet their personal needs.

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The Web Portal is a secure site that offers Molina Healthcare providers convenient access, 24 hours a day, seven (7) days per week to the following functions:

- Member Eligibility and Benefit Information: Providers can verify member eligibility as well as view and verify benefits and covered services.
- Service Requests/Authorizations: Providers can create, submit, and review Prior Authorization requests.
- Claims: Providers can submit claims via the Web Portal. Providers can also check claim status, and view claims reports for all submitted claims.
- View other helpful information online.

You can register and access the Web Portal by going to:
<https://eportal.molinahealthcare.com/Provider/Login>



How To Register

1. Go to **www.MolinaHealthcare.com** then click on the Sign In button and choose Health Care Professional.
2. Click on New Provider Registration link under the Provider Portal Login box.
3. Under Admin User Responsibility, “To continue with registration, click here” And you will be taken to the registration page.

Registration is easy as 1, 2, 3!

- 1.** Select Line of Business (If choosing Other Lines of Business, also select your state)

Have multiple contracts? Providers can register for one line of business and add any additional lines using the Manage Provider tool within the Account Tools menu.

- 2.** Select Provider Type

What Provider Type Should I Select?

Facility/Group is any hospital, clinic, IPA, etc., that is not a Billing Organization and usually centrally manages referring and rendering providers by submitting service requests/authorizations or claims on their behalf. If you are going to be submitting claims on behalf of a provider group, you would register as facility/group, instead of an individual physician.

Individual Physician is any provider who may refer or be a rendering provider that would like access to their pertinent data including searching for member eligibility, claims status, the ability to submit or status service request/authorizations and have access to information provided by Molina Healthcare. (You do not have to enter a TIN to register as an Individual Physician.)

Billing Organization is any organization that provides billing services to facilities, groups or individual providers. These organizations must provide a Molina Healthcare ID and their TIN to be able to manage provider claims, search eligibility or have access to information provided by Molina Healthcare.

In the Authentication Details section of the registration process you must enter your Name, Email Address, Username, Password, Security Questions and Answers and you must accept the Terms of Agreement.



- 3.** Tax ID Number & Molina Provider ID

Completing this step will then take you to the Log-in screen where you will enter your information and three security questions.

If you do not know your provider ID, please contact your local provider services representative (contacts information listed on page 17 in this Guide).

Role of the Administrator

If you are the first user to register with this Provider ID on Molina's web portal, you automatically become the administrator of the account. You can check the Account Tools page and click on 'Manage Users' to view other users or administrators. As the administrator of an account you are entitled to promote another user as an administrator, grant different levels of access by managing other users, and add other provider accounts onto your account. You are also able to invite other users to join your provider's account. (See Account Tools section on page 14 for more details.)

Requesting Access

Other users may request access to an existing account by going to the Provider Web Portal, clicking on the “Request Access for new user” link under the Login section, and providing the following information:

- NPI or Provider Name
- First Name & Last Name
- Position Title
- Email Address
- Phone Number (and extension if available)
- Reason for requesting access.

A request will be sent to the administrator of the account you specified and the administrator will have to take action within 3 days or request will expire.



The Homepage Features:

Newsletters Displays Molina Healthcare's Partners in Care web page with current and past newsletters.

Recent Claims Displays the five (5) most recent claims from the last 30 days (based on Date of Service).

Messages Displays notifications and messages sent by Molina Healthcare.

Recent Claim Files Displays the five (5) most recent claim reports generated in the Web Portal within 30 days.

Recent Service Requests/Authorizations Displays inpatient and outpatient Service Requests/Authorizations from the last 30 days.

Nurse Advice Reports Displays five (5) most recent Nurse Advice Reports from the last 30 days.

What's New Click on this link to find recent updates on enhancements and training information.

You will also find additional links and forms on the homepage.

Member Eligibility Search

Member Search allows you to find a member by the Member ID or First Name, Last Name, and Date of Birth.

1. Enter Member ID and click **Search for Member**; or
2. Enter first name, last name (enter at least three character of each name) and then date of birth. **Click Search for Member**
3. Narrow Your Search/Additional Search Options

If your member was not found (due to multiple records) simply use this extra option and narrow your search by Gender, Zip Code and Line of Business.

After clicking Search for Member, the member's information will display.

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 from certain date enter date here: (mmddyyyy)

Member Eligibility Search

A successful member eligibility search will provide access to Enrollment Status, HEDIS Alerts, and Enrollment Restrictions. On the details page of member eligibility, view member demographic information as well as any additional member information, enrollment information (plan, status, and effective date) and enrollment history, primary care provider information and history, and IPA group information and history. From the member's details page, users can also print details, submit claims and check claim status, and submit service requests/authorizations.

Enrollment Status:	HEDIS Alerts:	Enrollment Restrictions:
Green = Currently Enrolled	Green = No Missed Services	Green = No Restrictions
Red = Not Currently Enrolled	Yellow = Missed Service Alert	Yellow = Enrollment Restrictions
		Red = Service Restricted

The screenshot displays a web portal interface for member eligibility search. The top navigation bar includes links for Home, Member Eligibility, Claims, CHDP/GUHF, Service Request/Authorization, Provider Search, Member Roster, Download, Miscellaneous, Account Tools, and Logout. The main content area is titled "You Are Here: Member Information" and shows a "Quick View" summary with three green status indicators: "Member currently enrolled", "No Missed Services", and "No enrollment restrictions". Below this, the "Member Information" section lists details for John Smith, including his name, date of birth (08/18/1900), mailing address (00000 1st St., Gotham City, CA, 99999), member ID (1234567), gender (Male), and home phone number (123) 456-7890. The "Enrollment Information" section shows the enrollment plan as "Healthy Families", enrollment status as "Active", and enrollment effective date as 07/01/11. The "Primary Care Provider Information" section lists the provider as "SMITH, John" with NPI 1234567890 and an effective date of 07/01/11. The page also includes expandable sections for "Additional Member Information", "Enrollment History", "PCP History", "IPA/Group Information", and "IPA/Group History".

Note: Screen shots are for illustrative purposes only. All data shown is fictitious in nature.

Member Roster

The Member Roster application enables the registered user to view and navigate through a list of members assigned to a Primary Care Provider (PCP). *The Member Roster is updated in real-time.*

You will be able to:

- Customize your member search with built-in filters and sorting functions.
- View various statuses (e.g. needed services, inpatient, new member, etc) for members.
- Check member eligibility.
- Easily access other functions to view member details, submit claims and request service authorizations.

Customize Your Member Search

Note: By default, members are listed by Last Name.

Filter the roster by clicking on the drop-down menu under:

- Primary Care Provider (PCP)
- Last Name
- First Name
- Line of Business

The Roster will filter the list and display only members with the selected criteria.

You can also use the text boxes under First Name, Last Name, and Member ID to narrow your search. The Roster will display exact or close matches.

You can also click on an underlined column header to sort by:

Date of Birth allows you to sort the list by oldest dates of birth or by most recent dates of birth.

Member ID allows you to sort the list by highest and lowest value number. If you know the Member ID, you can type it in the text box and the Roster will display close matches.

Line of Business allows you to sort the list alphabetically by line of business.

PCP Effective Date allows you to sort the list by oldest date or by most recent date.

PCP Name allows you to sort the list alphabetically by PCP's last name.

Last Name by clicking on the column header Last Name. Members will be sorted alphabetically, A to Z. If you click Last Name again, members will be listed from Z to A.

First Name by clicking on the column header First Name. Members will be listed alphabetically, A to Z. If you click First Name again, members will be listed Z to A.

Clear Filters removes any filters and resets back to the default settings.

Check Multiple Member Statuses At Once

To filter by member status, click on the drop-down arrow and select a status you want to display. You can click more than one. Types of statuses displayed are:

- **Needed Services:** Member has a missed service. To see detail on the missed service, go to member's eligibility details page by clicking on the member's last name or by selecting the member using the select radio button on the far left column and clicking on the Verify Eligibility button below.
- **Inpatient:** Member has an open or requested authorization by a provider to go into a hospital for at least an overnight stay. The Inpatient status will stay in effect from the Submission Date of the authorization through the end of the month containing the discharge date.
- **New:** Member has been recently assigned to the PCP. Members marked "New" will remain on your Roster list as new for at least one full calendar month.
- **Dual:** Member is eligible for both Medicare and Medicaid. For details go to member's eligibility details page by clicking on the member's last name or by selecting the member using the select button on the far left column and clicking on the Verify Eligibility button below.
- **Term:** Date shown is the last day the member will be assigned to the current PCP. Members marked "Term - <date>" will remain on your Roster list for at least one full calendar month.

Check Member Eligibility

There are two ways to check member eligibility.

1. Click on a member's **Last Name**. The link will bring you to a detailed member information page.
2. Select a member and click **Verify Eligibility**. This will bring you to a detailed member information page.

Easy Access to Other Functions

Please make sure to turn off your pop-up blocker for these functions to work properly.

Print a list of members. This list can either be the entire Member Roster for all providers or a customized, filtered list.

Export member list to Microsoft Excel. This list can either be the entire Member Roster for all providers or a customized, filtered list.

Verify Eligibility for any selected member. When you select a member, this will bring you to detailed member profile page to verify eligibility.

Submit Claim for any selected member. Select a member then click **Submit Claim**. This will bring you directly to an online claims form.

Submit Authorization for any selected member. Select a member then click **Submit Authorization**. This will bring you directly to the service requests/authorizations application.

Service Requests/Authorizations

The **Service Requests/Authorizations** page has 4 functionalities:

- **Service Request/Authorization Status Inquiry**
- **Create Service Request/Authorization**
- **Open an Incomplete Service Request/Authorization**
- **Create Service Request/Authorization Templates**

Service Request/Authorization Inquiry

To search for a Service Requests/Authorization, you may use one of the following criteria as well as the optional search criteria:

- Molina Healthcare Member Number
- Member Name
- Service Request Number
- Refer to Provider
- Refer from Provider/Facility

Optional Search Criteria:

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



To further narrow search you may also enter the service requests dates (from and to) and submission dates (from and to).

Create Service Requests/Authorizations

The table on the next page shows the information required to submit a Service Request/Authorization. Users have the option to save a Service Request/Authorization which they can complete and submit at a later time. In the online Service Request/Authorization form, these fields are marked with an asterisk (*).

Note: The general response time of a submitted Service Requests/Authorization is within 72 hours for urgent requests and 2 weeks for non-urgent requests. This may vary by state. Please refer to the Provider Manual for the specific information on your state.

For emergency situations, please call a Provider Services Representative for your state.

Section	Description
Member Search	Search by Molina Healthcare Member ID or enter First Name, Last Name and Date of Birth to search for Member.
Patient Information	This section will automatically populate with a successful search for a member.
Service Information	Enter Type of Service, Place of Service, and Proposed Start Date (Required fields will be enabled based on your selection). Enter Diagnosis Code, Procedure Code and Number of Units requested to complete this section.
Provider Information	Requester and Contact information will automatically populate based on User ID. Manually enter any other necessary information to complete this section.
Referring Provider Information	Select a Referring Provider from drop down menu and the information will automatically populate.
Referred to Provider Information	To locate a provider, enter the Provider NPI and move to the next field to automatically populate. If the provider is not found, you can enter the information manually.
Additional Provider Access	PCP automatically populates. (This is not a required field.)
Rendering Facility Information	If you are choosing a facility, enter the Facility NPI and move to the next field to search or use Find Facility link to search and select a provider. If the provider is not found, you can enter the information manually by clicking cancel on the search window.
Supporting Information	Use this section for adding attachments and clinical notes or comments to support the request.

Open Incomplete Service Requests/Authorizations

Providers have the option to save an unfinished Service Requests/Authorization. Click on Open Incomplete Service Request/Authorization to find and complete your request.

Create Service Requests/Authorizations Template

Providers have the option to create templates for service requests and save them for later use. This feature makes it easier and quicker when the same service(s) are routinely requested by a provider.

The **Claims** module has five (5) functionalities:

- **Claims Status Inquiry**
- **Create Professional Claim**
- **Open Incomplete Claim**
- **Export Claims Report to Excel**
- **Download Exported Claims File**

Claims Status Inquiry

To search for a claim, you may use one of the following criteria as well as the optional search criteria:

- Member Name and Date of Birth
- Member ID Number
- Tracking Number
- Claim Status

Optional Search Criteria:

- Patient Control Number
- Claim Number
- NPI
- Gender

To further narrow your search you may also enter the Claims Submission Dates (from and to) and Date of Service (from and to).

Create Professional Claim

Three (3) screens must be completed when creating a professional claim:

Member, Provider and Summary.

Member	
Member Information	Enter insured member's information and patient information will automatically populate based on input. If patient is not same as insured subscriber, enter patient information. (e.g. newborn covered under mother)
Patient Condition	Enter dates that apply to patient condition as well as referring information and EPSDT claims. Include ambulance claims information, if applicable.
Verify Required Information	Requires that you enter place of service, patient account number, other health benefit plan (if known) and authorization to release patient information.
Other Insurance	Enter information for other insurance, if applicable.
Other Information	Enter other information such as Auto Accident, Employment, Other Party Responsible, etc., if known.

Provider	
Submitter Contact Information	Enter all required fields for submitter's contact information.
Billing Provider Information	The required information will automatically populate based on your account or the Billing Provider you selected from the drop down menu.
Rendering Provider Information	The required information will automatically populate based on your account or the Renderings Provider you selected from the drop down menu. If the rendering provider information is not available, call the Provider Services department for your state.
Facility Information	The required information will automatically populate based on your account or the Facility you selected from the drop down menu.
Diagnosis Code	Enter or search for a diagnosis code(s). You must enter at least one (1) diagnosis code.
Claim Line Details	Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details. At least one Diagnosis Code reference is required for each claim line entered to submit your claim.
Supporting Information	This section is available for comments and remarks or brief explanatory statements. Comments are limited to 256 characters.

Summary section
Summary section shows all input from the member and provider forms. You may review your inputs in this section before submitting the claim.

Open Incomplete Claim

Providers have the option to save an incomplete claim. To retrieve a claim take note of the Tracking Number found on top of the claim and open the unsaved claim through the **Claims Inquiry** page.

Export Claims Report Excel

The export claims report module allows you to download a report of claims submitted. Enter Service Dates From and Service Dates To, then click **Submit**. Click **Search** and an Excel file will be generated and placed in the Download Exported Claims module.

Download Exported Claims File

After you have exported a claim file, click **Save** to download the file and open file in Excel.

Account Tools

The **Account Tools** module has five (5) functionalities:

- **Change Password**
- **View/Update Profile**
- **Manage Users** (for Admins only)
- **Delete Account**
- **Manage Providers** (for Admins only)

Change Password

You have the option to change your password within the portal (following the password rules indicated on the page).

View/Update Profile

You can view your specialty and languages. You can change contact information and security questions. Click **Edit** on the bottom right corner of the page and you will be directed to a new page where you can modify your account information.

Delete Account

By clicking **“Delete Account”** a pop up will display and ask you to confirm that you want to delete the account. When deleting, you are only able to delete your own account. If you would like to promote a second admin before you delete yourself, go to the Account Tools page and click on “Manage Users.” Select the user you wish to promote and click on “promote admin.”

Manage Users

This link provides you with the tools to edit user settings such as lock/unlock, remove access, promote user, invite users and update user roles.

Lock	Temporarily prevents users from viewing information for specific account.
Unlock	Removes lock and allows users to view information again.
Remove Access	Permanently prevents users from viewing information for specific account
Promote Admin	Promotes a linked user to become an administrator and will grant administrative privileges for specified account.

You can manage access for each user by clicking on the username. This will open up a page where you can edit user roles.

Note: There is a link on the Manage User Screen which explains the differences in between the following roles: **Clinical, Non-Clinical, Biller, Reporting, Pharmacy, All Access** and **No Access**.

You may also invite users to join your group through the Invite Users link by entering users’ email addresses.



Invited users will be sent an invitation email valid for seven (7) days. Once a user clicks on the link, they will be sent to the registration page where they can input their authentication details and finish the registration process.



Manage Providers

The Manage Provider Screen allows Admins to add and delete providers to a group using the TIN and Molina Healthcare Provider ID. After selecting the Program, either Medicare or other lines of business, click **Add** and the provider will be added.

Note: You cannot manage providers who are already registered as a Facility/Group.

Manage Multiple Provider Groups?

At any time, you can switch between provider groups by going to the top of the screen and clicking the drop down menu. Simply select the group you want to view and click on it.



Provider Services Contact Information:

Molina Healthcare of California

200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: (855) 322-4075

Molina Healthcare of Florida

8300 NW 33rd St. Suite 400
Miami, FL 33122
Phone: (855) 322-4076

Molina Healthcare of Illinois

1520 Kensington Road, Suite 212
Oak Brook, Illinois 60523
Phone: (855) 766-5462

Molina Healthcare of Michigan

100 W. Big Beaver Rd., Suite 600
Troy, MI 48084
Phone: (855) 322-4077

Molina Healthcare of New Mexico

8801 Horizon Blvd. NE
Albuquerque, NM 87113
Phone: (855) 322-4078

Molina Healthcare of Ohio

P.O. Box 349020
Columbus, Ohio 43234-9020
Phone: (855) 322-4079

Molina Healthcare of Texas

5605 N. MacArthur Blvd., Suite 400
Irving, Texas 75038-2617
Phone: (855) 322-4080

Molina Healthcare of South Carolina

4105 Faber Place Drive, Ste 120
North Charleston, SC 29405
Phone: (855) 237-6178

Molina Healthcare of Utah

7050 Union Park Center, Suite 200
Midvale, Utah 84047
Phone: (855) 322-4081

Molina Healthcare of Washington

PO Box 4004
Bothell, WA 98041-4004
Phone: (855) 322-4082

Molina Healthcare of Wisconsin

2400 S. 102nd Street
West Allis, WI 53227
Phone: (855) 326-5059

www.MolinaHealthcare.com

Quick Reference Guide FAQ

1. I already have a Medicaid account and tried to register for Medicare but it's saying that my email is already in used. What do I do?

You can register for Medicare using a different email address, or call Provider Services for assistance.

2. How can I receive help to understand how to use the Web Portal?

Your health plan Provider Services Representative can provide assistance on Web Portal functionality questions. Please see page 17 for your specific state contact information. The Molina Help Desk can assist with Technical and Log-in issues by calling 1-866-449-6848.

3. How many users can be added to a Web Portal Account?

There is no limitation on the number of users for a Web Portal account.

4. What is the timeframe that claims must be submitted to have the current date reflected?

Claims must be submitted by 2 PM Pacific Time to have the current date reflected. Any claim submitted after 2 PM Pacific Time will reflect the date of the next business day.

5. If a claim is processed on the weekend or holiday when will it appear in Molina's system?

Claims processed on weekends or holidays are processed on Mondays or the first business day after the holiday.

6. Can I search for providers with additional search criteria on-line?

Yes. Providers and members can now search by provider group as well as the other search criteria on the Provider Online Directory.

7. How often is eligibility status updated?

Eligibility information is updated every 30 minutes.

8. Can a user be added to more than one active Web Portal account?

Yes, a user can exist in more than one Web Portal Account if they are invited or registered for the other accounts.

9. How do I change the Administrator for my account?

You are allowed to promote another user as the admin for your account. A promoted admin will have the same capabilities as the current admin.

10. If the existing Administrator is no longer employed by the provider or group and cannot be contacted, what is the process for creating a new Administrator user?

Contact a Molina Help Desk Technician at 1-866-449-6848. You will be required to provide information to confirm your identify, in addition to identifying details of the previous Administrator.

11. Who can change an Office User's Role type and how is it changed?

Only the Account Administrator can change a Office User's role type. The role type is changed by accessing the "Manage Office Sub Users" link and clicking on the Office User ID.

12. Can an Office User have more than one Role at a time?

No; however, there is an "All Access" Role that provides access to all functionality, with the exception Administrator functions.

13. What browsers are currently compatible with Molina's Provider Self Services?

Molina's Provider Self Services website is compatible fully compatible with Internet Explorer 6, Internet Explorer 7, Internet Explorer 8. Other browsers, such as Safari and Google Chrome may work but are not supported and may result in errors.

14. Need More Information?

View our online training videos by going to the Help link on our provider web portal.

Download a digital copy of this Quick Reference Guide off of our web portal for our most updated version.

