

Molina Healthcare of Utah Provider Portal Demonstration



Your Extended Family.

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:

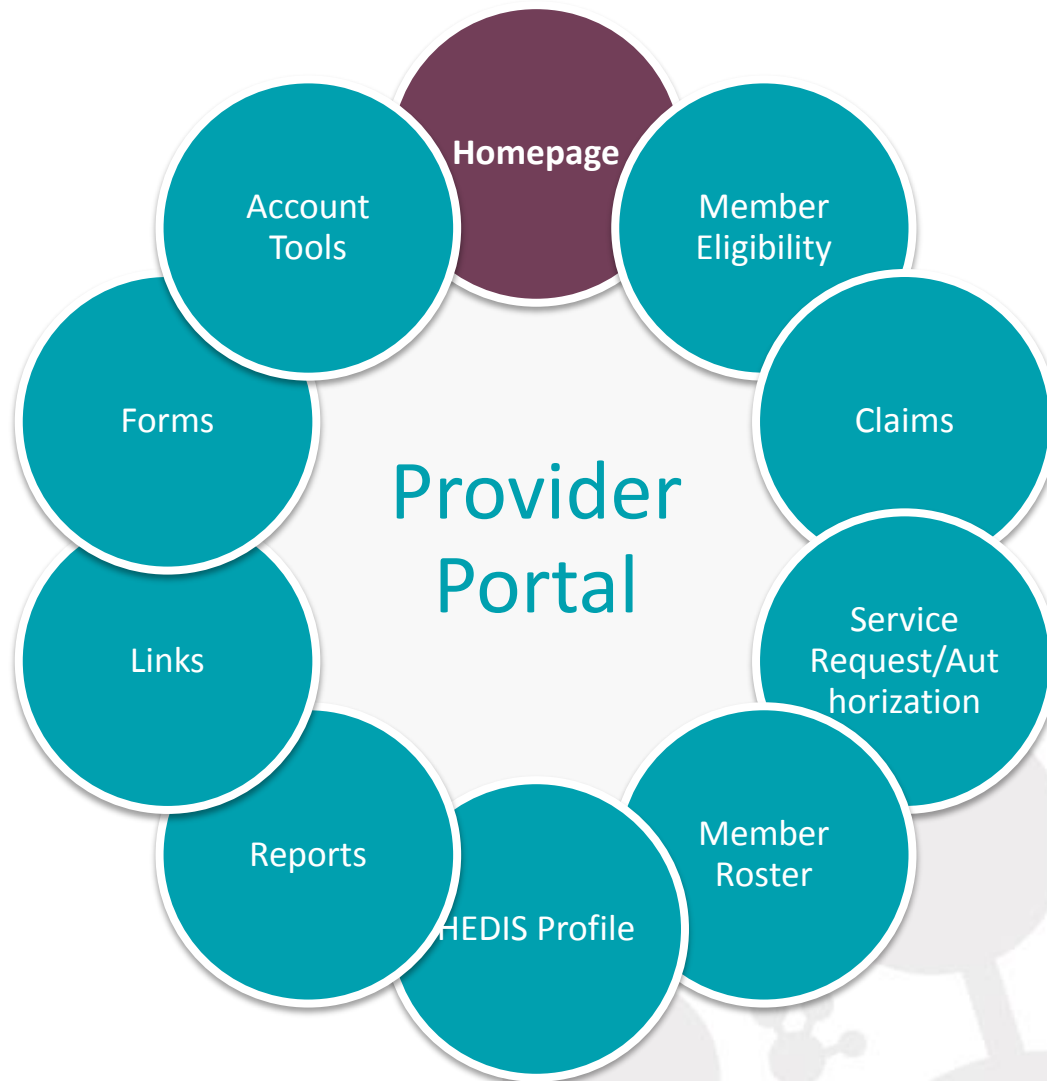
[Forgot Your Password?](#) [Account Unlock](#)

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
- You have (1) 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/Author..
 Service Request/Authoratio..	 Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- No

[See Responses](#)





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

You have (1) 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/Author...



Service Request/Authoratio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

[Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)

The footer stays constant throughout the Provider Portal





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

You have (1) 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/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



* You can select up to 8 favorites:

[Save](#)

What's New

Reminder: July 1st and through the Provider Self Services to



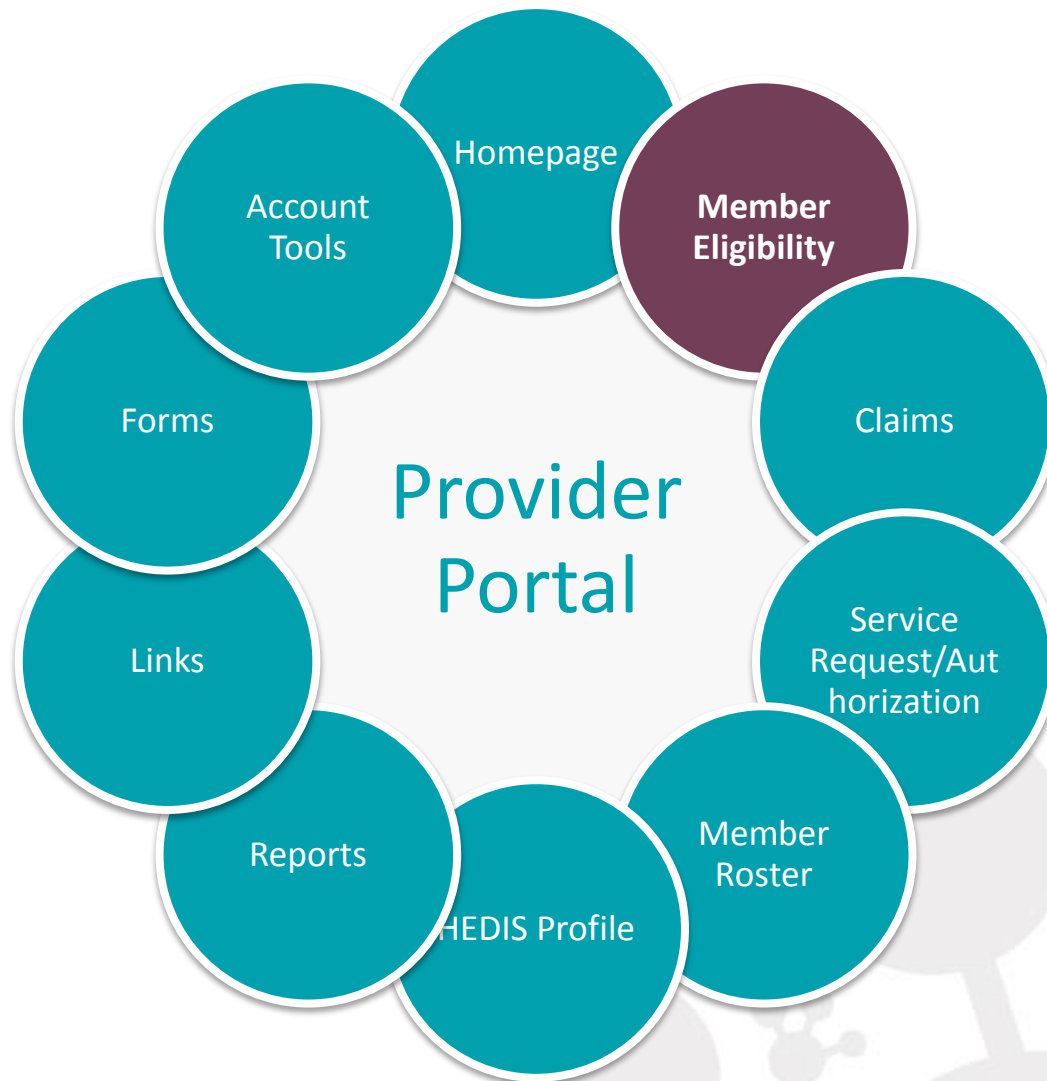


Molina Contacts

General Contact Information

Address	Phone	Fax
Corporate Office		
Molina Healthcare of Idaho, 7050 Union Park Center, Suite 200, Midvale, UT 84047	(844) 879-4400	
Member Services		
8:00 a.m. to 8:00 p.m., local time, 7 days a week	(844) 239-4913, TTY: 711	
Provider Service		
8:00 a.m. to 6:00 p.m., local time, Monday to Friday	(888) 562-5442	
Technical Support		
For any questions related to this web site, please call:	(866) 449-6848, TTY/TDD: 711	







Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

Member Roster

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

Messaging

You have 1 new message

You have 1 new notification

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

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/Authorization



Service Request/Authorization



Member Roster

Quick Member Eligibility Search

Search by Member ID

[Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)





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
- You have (1) 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/Author..
 Service Request/Authoratio..	 Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- 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.



[Help](#)

Eligibility Information is current as of Nov 09 2017 01:41:17 AM PST

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)





[Back to Member Eligibility Inquiry](#)

Eligibility Information is current as of Nov 09 2017 01:35:18 AM PST

Member Eligibility Details

Quick View

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

Member Information

Member ID: 1234567890
 Enrollment Plan: Molina Medicare Options Plus (HMO SNP)
 Enrollment Status: ACTIVE
 Enrollment Effective Date: 03/01/2012
 Enrollment Termination Date:

Quick Links

- [Print](#)
- [Submit Claim](#)
- [Claim Status](#)
- [Submit Service Request/Authorization](#)
- [Service Request / Authorization Inquiry](#)

Member Details

Member Health Record

Alerts

[Member Information](#) • [Enrollment Information](#) • [Primary Care Provider Information](#) • [IPA/Group Information](#) • [History](#)

Name: DOE, JANE
Date of Birth: 06/03/1943
Mailing Address: 12345 MOLINA MEDICAL RD APT 123, BOISE, ID, 83709
Member #: 1234567890
Gender #: Female
Home #: (555) 555-5555
Alternative #:
Mobile #:
Email ID:

[+ Additional Member Information](#) Expand to view Additional Member Information





[Back to Member Eligibility Inquiry](#)

Eligibility Information is current as of Nov 09 2017 01:35:18 AM PST

Member Eligibility Details

Quick View	Member Information	Quick Links
<ul style="list-style-type: none"> ✔ Member is currently enrolled ⚠ Missed Services ✔ No enrollment restrictions 	<p>Member ID: 1234567890</p> <p>Enrollment Plan: Molina Medicare Options Plus (HMO SNP)</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 03/01/2012</p> <p>Enrollment Termination Date:</p>	<p>Print</p> <p>Submit Claim</p> <p>Claim Status</p> <p>Submit Service Request/Authorization Service Request / Authorization Inquiry</p>

Member Details | **Member Health Record** | Alerts

[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

Date of Service	Provider	Service Description
10/12/2017	DOCTOR, DOCTOR	OFFICE VISIT
7/17/2017	DOCTOR, DOCTOR	OFFICE VISIT
3/6/2017	DOCTOR, DOCTOR	OFFICE VISIT

Showing 1-3 of 3 per page

Page of 1

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.



[Back to Member Eligibility Inquiry](#)

Eligibility Information is current as of Nov 09 2017 01:35:18 AM PST

Member Eligibility Details

Quick View

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

Member Information

Member ID: 1234567890
 Enrollment Plan: Molina Medicare Options Plus (HMO SNP)
 Enrollment Status: ACTIVE
 Enrollment Effective Date: 03/01/2012
 Enrollment Termination Date:

Quick Links

- [Print](#)
- [Submit Claim](#)
- [Claim Status](#)
- [Submit Service Request/Authorization](#)
- [Service Request / Authorization Inquiry](#)

Member Details

Member Health Record

Alerts

HEDIS Alerts

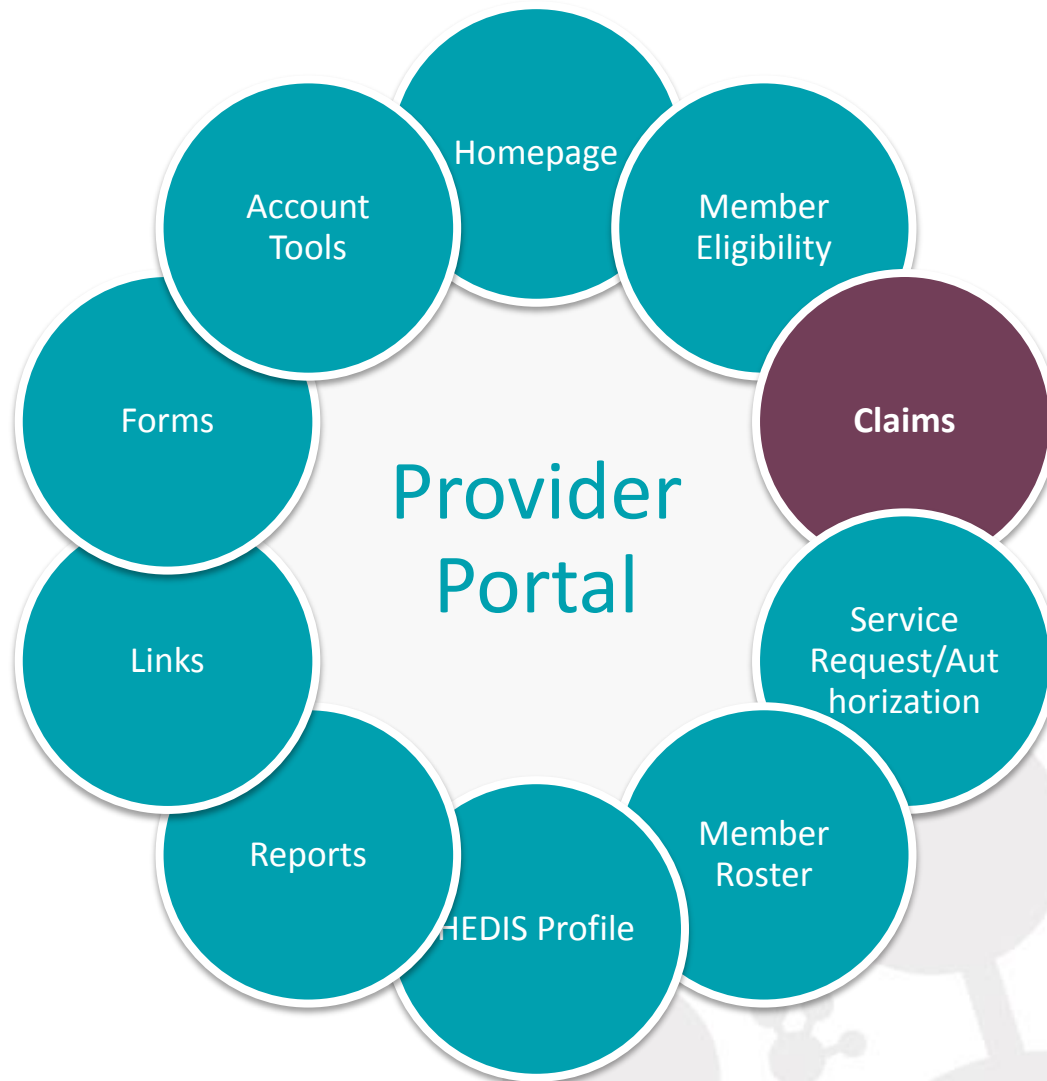
Weight Assessment and Counseling- BMI Percentile (WCC) Total

BMI percentile documented during the measurement year.

Weight Assessment and Counseling- Physical Activity (WCC) - Total

Counseling for physical activity during the measurement year.







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

Reports

Links

Forms

Account Tools

Messaging



You can view Claims Status from the past year

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

 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

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- No

[See Responses](#)





Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Nov 09 2017 01:35:18 AM PST [?](#)

Search

Billing Provider: * All

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

Additional Search Filters

Enter optional criteria to narrow your search

Received Date: From: To:
 mm/dd/yyyy mm/dd/yyyy

Date of Service From: To:
 mm/dd/yyyy mm/dd/yyyy

Rendering Provider: Select Gender: Patient Control No:
 Coverage Type: All Claims Status: All NPI:

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





Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Nov 09 2017 01:35:18 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 101 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"/>					Select	Select		Select	
11111111111	DOE, JANE	199.00	11/02/2017	11/02/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111112	DOE, JANE	326.00	11/03/2017	11/03/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111113	DOE, JANE	199.00	11/02/2017	11/02/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111114	DOE, JANE	128.00	11/02/2017	11/02/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111115	DOE, JANE	173.72	11/01/2017	11/01/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111116	DOE, JANE	128.00	11/02/2017	11/02/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111117	DOE, JANE	207.00	11/01/2017	11/01/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111118	DOE, JANE	20.72	11/03/2017	11/03/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111119	DOE, JANE	20.72	11/03/2017	11/03/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	
11111111120	DOE, JANE	20.72	11/03/2017	11/03/2017	11/08/2017		Pending/In Process	11/08/2017	PROFESSIONAL	

Page 1 of 10 10 per page Showing 1-10 of 100

[Print](#)

*Submission Types are only applicable to claims submitted via Web Portal.





Claims Inquiry

[Print Claim Summary](#) [Back](#)

Information on Claims accepted into the adjudication system is current as of Nov 09 2017 01:35:18 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: DOE, JANE
 Claim Status Category:
 Claim Header Status: Pending/In Process
 Rendering Provider Name: DOCTOR, DOCTOR
 Rendering Provider NPI: 0000000000
 Check Paid Date:
 Service Date To: 11/2/2017

Claim Number: 111111111111
 Claim Status Effective: 11/2/2017
 Billed Amount(\$): 199.00
 Check Number:
 Service Date From: 11/2/2017
 Patient Control Number: 2222222
 Amount Paid(\$): 89.67

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	11/02/2017	11/02/2017		99214		1	199.00	0.00	0.00	89.67	0.00	11/2/2017	Paid	Expenses incurred after coverage terminated.

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](#)

Attachments

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

[Submit Attachments](#) [Cancel](#)



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

Reports

Links

Forms

▶ Account Tools

Messages and Announcements

You have (0) new messages

You have (1) 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/Author...



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

Go

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



[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

[+ Manage and Use Templates](#)

Expand to view Manage and Use Templates

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: *

Advanced Search

OR

Last Name: *

First Name: *

DOB: *

(mm/dd/yyyy)

AND

Service From Date:*

(mm/dd/yyyy)

Service To Date:*

(mm/dd/yyyy)

Insured's Information

Last Name: *

First Name: *

Middle Initial: *

DOB: *

Sex: *

Address1: *

Address2: *

City: *

State: *

Zip Code: *

Payor Name: MHC ID

Program Name: *

Payor ID: *

Patient Information

Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".

Patient Relationship to Insured: * 18-Self

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):* CA
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: Select

Release of Information: * Select

Prior Authorization Number: *

[Next >>](#)
[Save for Later](#) [Save as Template](#) [Cancel](#)

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

<< Previous Next >>

Save for Later Save as Template Cancel

Member Provider Summary

Help FAQ

Expand to view Manage and Use Templates

Manage and Use Templates

Select a Billing Provider Information

Select a Billing Provider:

Last Name First Name Middle Initial TIN NPI

Address1 Address2 City State Zip Code

Taxonomy Taxonomy Description

Provider Information

Rendering Provider:

NPI Last Name First Name Middle Initial Zip Code

+ 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="text"/>	<input type="text"/>
<input type="checkbox"/>	2	<input type="text"/>	<input type="text"/>

+ 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	EPSTD Family Plan	More Details
<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No	<input type="button" value="More Details"/>
<input type="checkbox"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	0.00	No	<input type="button" value="More Details"/>

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.

Browse your system for files to attach

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



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

Reports

Links

Forms

Account Tools

Messages and Announcements

You have (0) new messages

You have (1) 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/Author...



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

Go

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#)

[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
<input type="checkbox"/>	DOE, JANE	TN1111111119	Professional	06/02/2015	06/05/2015

Page of 1 per page Showing 1-1 of 1

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

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>		TN1111111118	Professional		

Page of 1 per page Showing 1-1 of 1

[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.



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

Reports

Links

Forms

Account Tools

Messages and Announcements

You have (0) new messages

You have (1) 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/Author...



Service Request/Authorizatio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

[Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)





Create/Manage Claims Template



Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional	Provider1	

Navigation: Page of 1 10 per page Showing 1-1 of 1

[Create](#) [Load](#) [Delete](#)



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

Reports

Links

Forms

Account Tools

Messages and Announcements

You have (0) new messages

You have (1) 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/Author...



Service Request/Authorizatio..



Member Roster

You can view Claims Status beyond the past year

Member Eligibility Search

Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

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

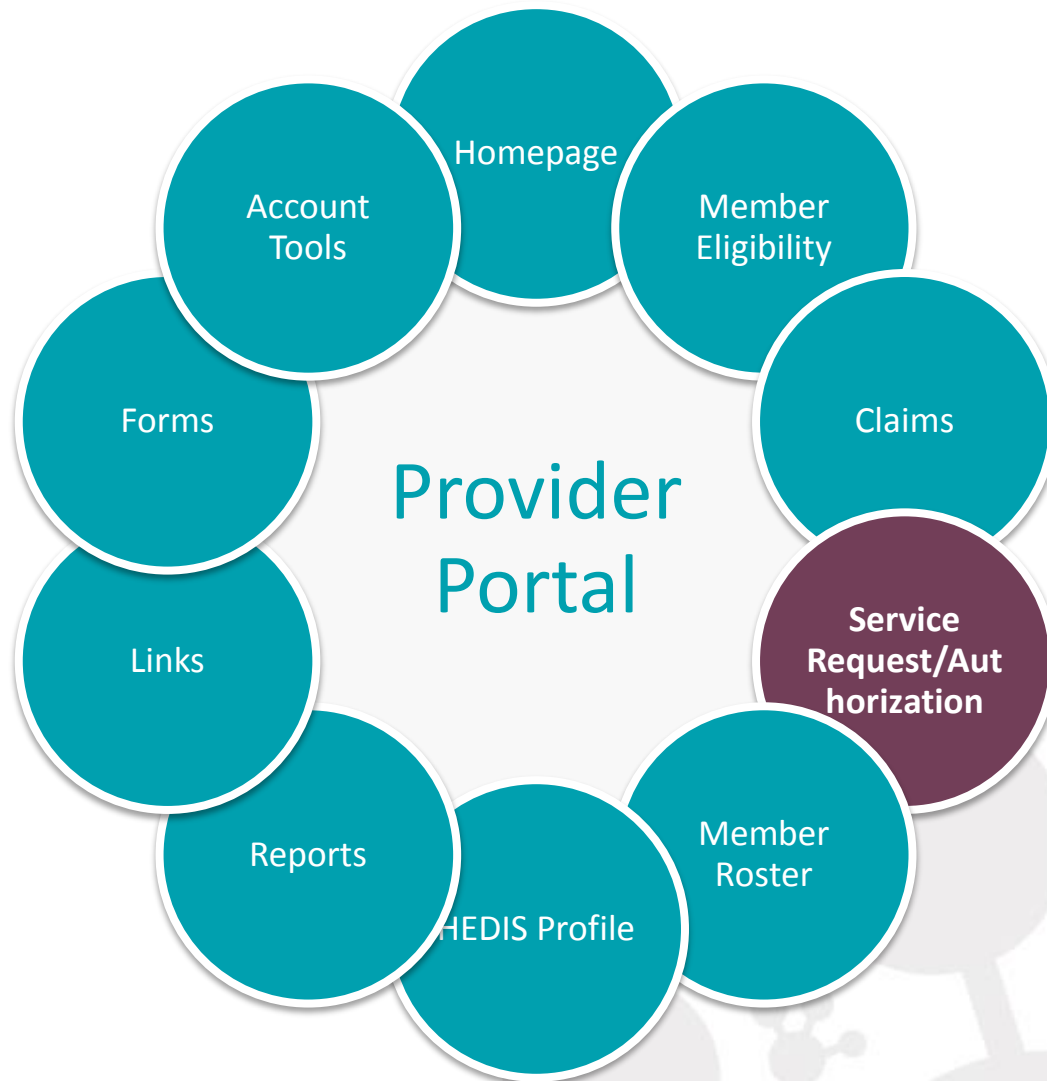
* - Required Field

Information on historical claims data is current as of 11/6/2017

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

- Member Eligibility
- Claims
- Service Request/Authorization**
 - Service Request/Authorization Status Inquiry**
 - Create Service Request/Authorization
 - Open Incomplete Service Request/Authorization
 - Create Service Request/Authorization Template
- Member Roster
- HEDIS Profile
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have (0) new messages
- You have (1) 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/Author...
- Service Request/Authorizatio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



Service Request/Authorization Inquiry

Search Options: **Member Number:**

Service Request Date
From: To:
mm/dd/yyyy mm/dd/yyyy

OR
Submission Date
From: To:
mm/dd/yyyy mm/dd/yyyy

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





Service Request/Authorization Inquiry

Search Options: **Member Number:**

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
999999999	DOE, JANE	DOCTOR, DOCTOR	MOLINA MEDICAL HOSPITAL	08/07/2013	08/08/2013	08/07/2013	Approved	1	0	1	0

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

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. Please note it may take up to 24 to 48 hours for newly submitted Service Request/ Authorizations to be displayed. For urgent inquiries, please contact Provider Services.





Service Request/Authorization Inquiry

Search Options: Member Number:

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
999999999	DOE, JANE	DOCTOR, DOCTOR	MOLINA MEDICAL HOSPITAL	08/07/2013	08/08/2013	08/07/2013	Approved	1	0	1	0

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

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. Please note it may take up to 24 to 48 hours for newly submitted Service Request/ Authorizations to be displayed. For urgent inquiries, please contact Provider Services.

Service Request/Authorization Details

General Information

Member Name: DOE, JANE	Service Request/Auth Number: 999999999
Service Request/Auth Type: Inpatient	Referred To Provider: MOLINA MEDICAL HOSPITAL
Requesting Provider: DOCTOR, DOCTOR	Referred To Provider NPI: 000000000
Requesting Provider NPI: 000000000	Service Request Date To: 08/08/2013
Service Request Date From: 08/07/2013	Request Receipt Date: 08/07/2013
Service Request Description : Inpatient Medical/Surgery	Attachments (0) :

Service Line Items

Service Code	Service Description	Service Request Status	Reason	Total Number of Units	Approved Units
	Inpatient Accommodation CAP/FFS - Prolonged Services	Approved		1	1
	Inpatient Accommodation Upper Arm and Elbow	Approved		1	1
	Inpatient Accommodation CAP/FFS - Nervous System	Approved		1	1
	Inpatient Accommodation FFS - Prosthetic Procedures	Approved		1	1
	Inpatient Accommodation LOC	Approved		1	1
	Inpatient Accommodation UT-Upper Arm and Elbow	Approved		1	1
	Inpatient Accommodation UT-Nervous System	Approved		1	1
	Inpatient Accommodation UT-Prosthetic Procedures	Approved		1	1
	Inpatient Accommodation UT-Upper Arm and Elbow	Approved		1	1
	Inpatient Accommodation UT-Nervous System	Approved		1	1
	Inpatient Accommodation UT-Prosthetic Procedures	Approved		1	1

General Status

Description
Approved

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.



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▼ Service Request/Authorization
 - Service Request/Authorization Status Inquiry
 - Create Service Request/Authorization**
 - Open Incomplete Service Request/Authorization
 - Create Service Request/Authorization Template
- Member Roster
- HEDIS Profile
- Reports
- Links
- Forms
- ▶ Account Tools

Messages and Announcements

You have (0) new messages

You have (1) 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/Author...
- Service Request/Authorizatio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)

Office Visits to Contracted/Participating (PAR) Providers & Referrals to Network Specialists Do Not Require Prior Authorization. Refer to Molina's Provider website or portal for specific codes that require authorization.

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

Service Request/Authorization Form

* - Required Field

Member Search

Member ID: * [Advanced Search](#) Eligibility information is current as of Nov 09 2017 01:35:18 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*

Type of Service: * Submit Date: 11/09/2017
 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"/>

(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"/>

(Add more procedures)

Provider Information

* - Required Field

Requester Information

Name: MOLINA MEDICAL CENTER Phone #: 5555555555

Contact Information

Name: * Molina Medical Hospital Phone #: * Fax #:

Accident Related Information

Accident Code: Select 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

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 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



Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
 - Service Request/Authorization Status Inquiry
 - Create Service Request/Authorization
 - Open Incomplete Service Request/Authorization**
 - Create Service Request/Authorization Template
- Member Roster
- HEDIS Profile
- Reports
- Links
- Forms
- Account Tools

Messages and Announcements

- You have (0) new messages
- You have (1) 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/Author...
- Service Request/Authorizatio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



Open Incomplete Service Request/Authorization Details

Search Results found: 1 items found back to 8/30/2017

Member Name	Reference No	Referring To	Service Request From	Service Request To	Create Date	Select
JANE DOE	EPREF999999999	QMP000001234567			8/30/2017	<input type="checkbox"/>

undefined 1-1 of 1 per page

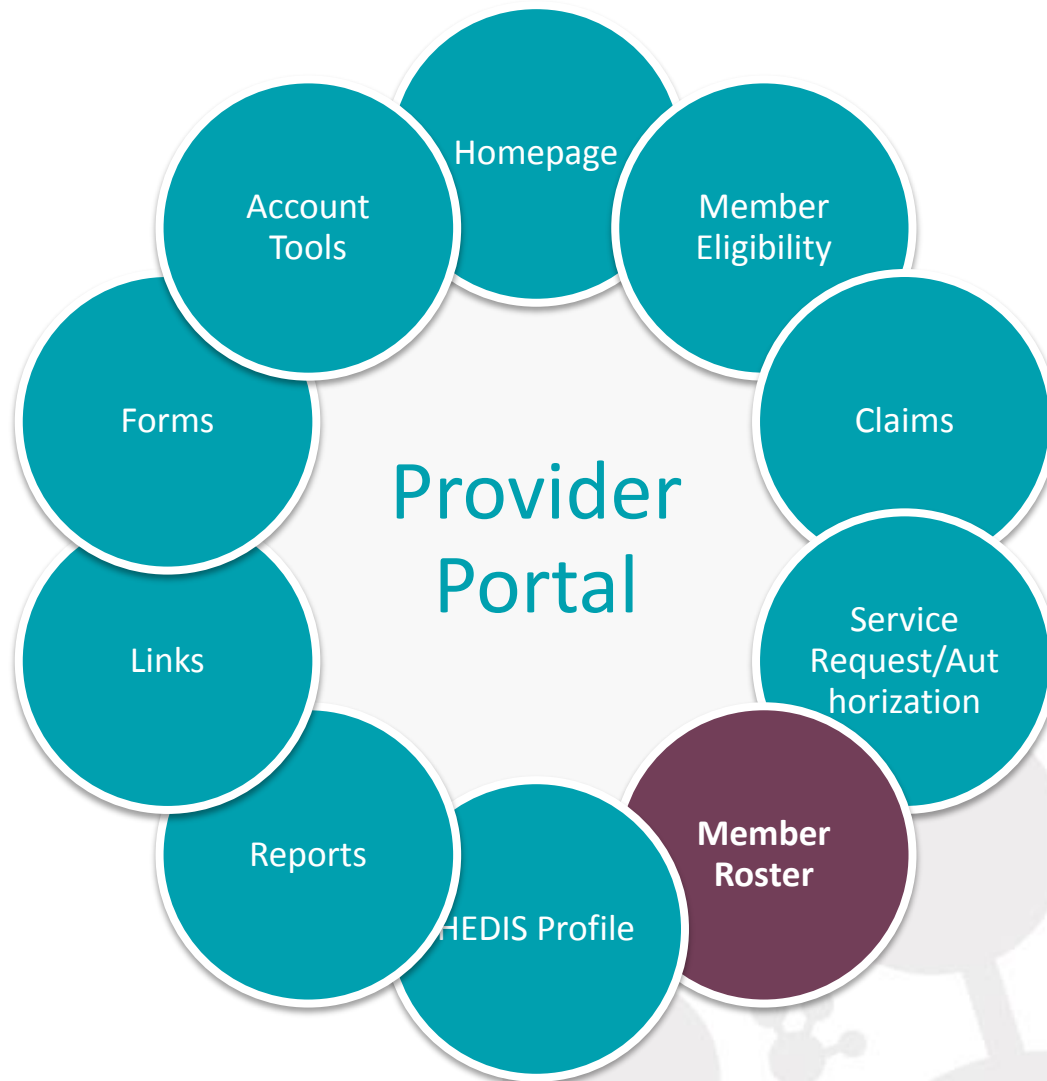
Page 1 of 1

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](#)







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
- You have (1) 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/Author...
 Service Request/Authoratio..	 Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- No

[See Responses](#)





Member Roster

[Help](#)

Select a Primary Care Provider : Providers who are grayed out on the list do not have members assigned to them.

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

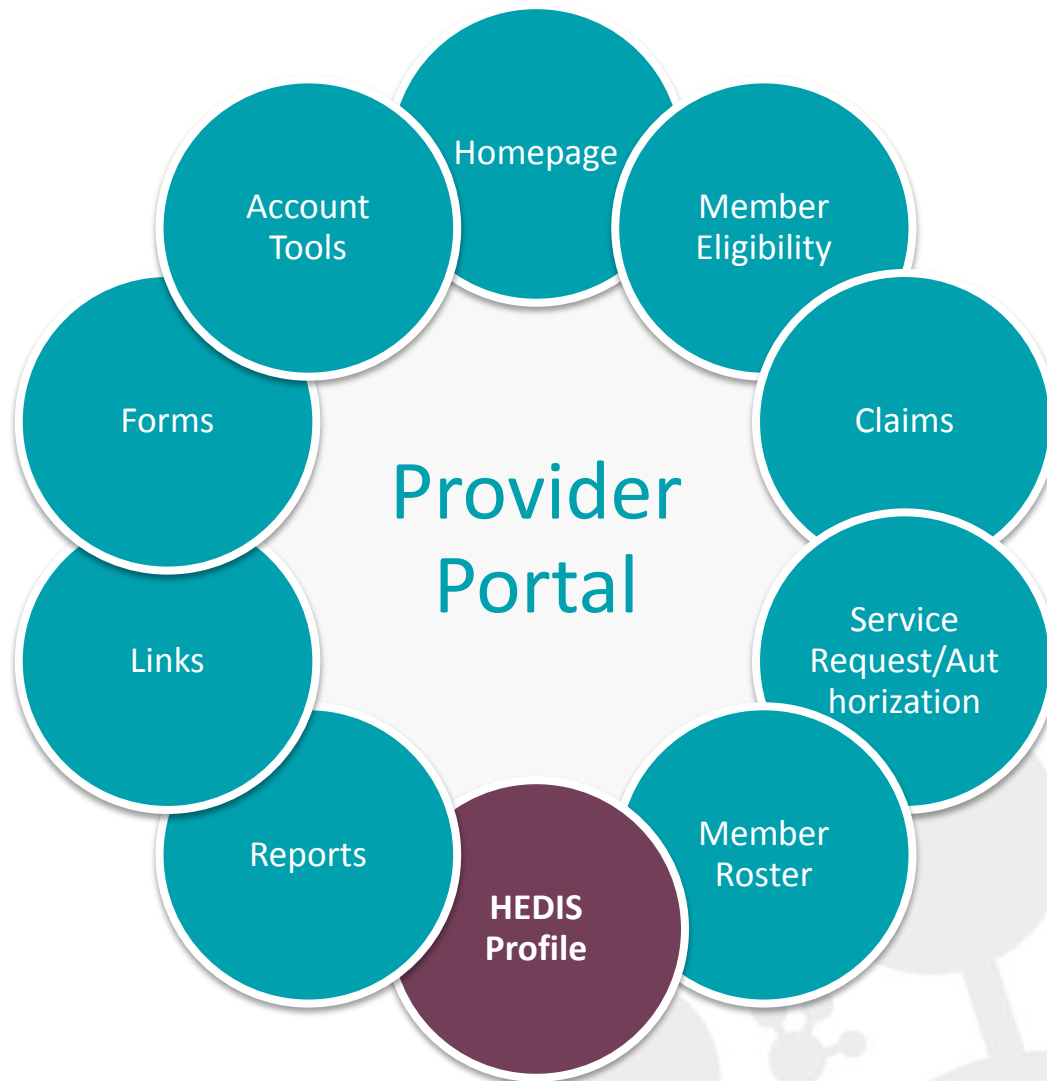
[Clear Filters](#)

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

Select	Last Name	First Name	Date Of Birth	Member ID	Line Of Business	PCP Effective Date	Status	PCP Name
	<input type="text"/>	<input type="text"/>		<input type="text"/>	Select		Select	
<input type="radio"/>	DOE	JANE	06/03/1943	1234567890	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	06/22/2010	Inpatient, Needed Services, Medicaid , QMB+	DOCTOR, DOCTOR
<input type="radio"/>	DOE	JANE	06/03/1943	1234567890	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	04/01/2011	Inpatient, Needed Services, Medicaid , QMB+, CM	DOCTOR, DOCTOR
<input type="radio"/>	DOE	JANE	06/03/1943	1234567890	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	10/01/2015	Needed Services, Medicaid , QMB+	DOCTOR, DOCTOR
<input type="radio"/>	DOE	JANE	06/03/1943	1234567890	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	10/01/2015	Needed Services, Medicaid , QMB+	DOCTOR, DOCTOR
<input type="radio"/>	DOE	JANE	06/03/1943	1234567890	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	03/01/2013	Inpatient, Needed Services, Medicaid , QMB+	DOCTOR, DOCTOR

Page of 54
 per page
 Showing 1-5 of 267

By default, Members are be listed by Last Name





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
- You have (1) 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/Author..
 Service Request/Authoratio..	 Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- No

[See Responses](#)





HEDIS Profile

[FAQ Help](#)

The performance rates are based on claims/encounters data received as of 09/30/2017

[My Rates](#) [Members](#)

Group Name: MOLINA MEDICAL CENTER

Select a Provider: Select a Service location: Show Data For:

Medicare Measures	Your Current 2017 Measurement Year Performance				2016 Measurement Year Performance		Medicare Star Ratings ⁴			
	Total # Patients in Measure	# Patients Completed Services	# Patients Still Needing Services	% of Patients who Received Services	Your Performance	Health Plan Performance ^{1,2}	2 Stars	3 Stars	4 Stars	5 Stars
Adult BMI Assessment - All (ABA)	149	120	29	80.5%	86.0%	98.9%	45.0%	63.0%	87.0%	96.0%
Breast Cancer Screening -All (BCS)	58	31	27	83.5%	64.9%	58.5%	43.0%	63.0%	69.0%	76.0%
Care for Older Adults - Functional Status Assessment (COA)	114	38	76	33.3%	56.3%	79.5%	36.0%	56.0%	74.0%	86.0%
Care for Older Adults - Medication Review (COA)	114	38	76	33.3%	62.5%	92.8%	30.0%	57.0%	75.0%	87.0%
Care for Older Adults: Pain Assessment (COA)	114	38	76	33.3%	56.3%	93.7%	37.0%	59.0%	75.0%	88.0%
Colorectal Cancer Screening -All (COL)	110	75	35	68.2%	69.1%	76.1%	55.0%	62.0%	71.0%	81.0%
Controlling High Blood Pressure 18-85 Years (CBP)	71	0	71	0.0%	0.0%	72.8%	38.0%	56.0%	64.0%	75.0%
Diabetes Care - HbA1c <=9.0% (CDC)	46	6	40	13.0%	14.6%	61.2%	49.0%	62.0%	76.0%	84.0%
Diabetes HbA1c Test (CDC)	46	40	6	87.0%	87.8%	93.8%	91.4%	93.9%	95.6%	97.1%
Diabetes Nephropathy Test (CDC)	46	45	1	97.8%	92.7%	94.5%	92.0%	94.0%	96.0%	98.0%

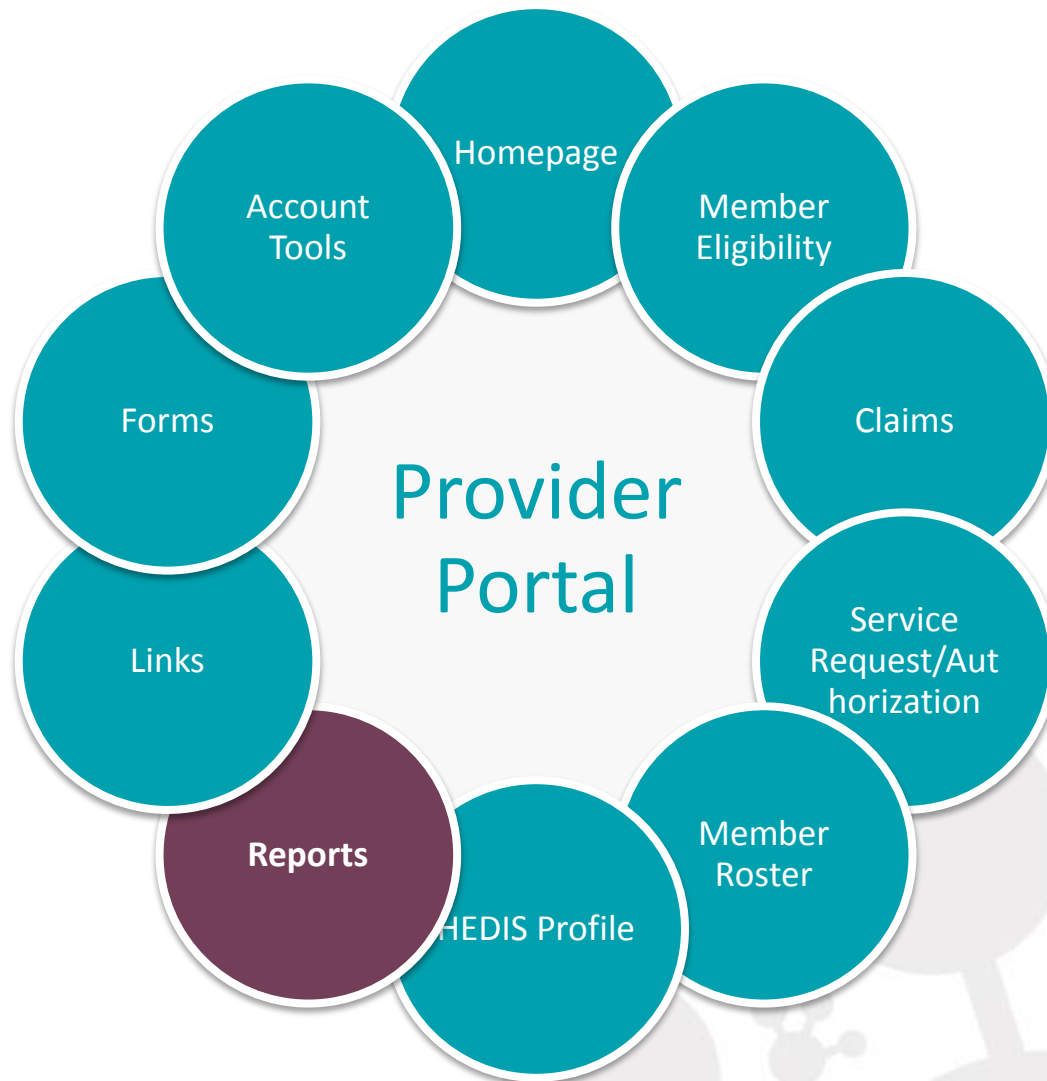
Page 1 of 2 10 per page

Showing 1-10 of 14

- Your rate is at or above the 5 star ratings
- Your rate is at or above the 4 star ratings
- Your rate is below the 4 star ratings

[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 NQQA National Medicare 50th, 75th, and 90th percentiles are displayed.
- 4) The most current (2016) Medicare Star Ratings are displayed. The data are updated annually with final CMS benchmarks in September/October.





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

You have (1) 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/Author..



Service Request/Authoratio..



Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

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](#)

Nurse Advice Reports

You have no Nurse Advice Reports in last 30 days.

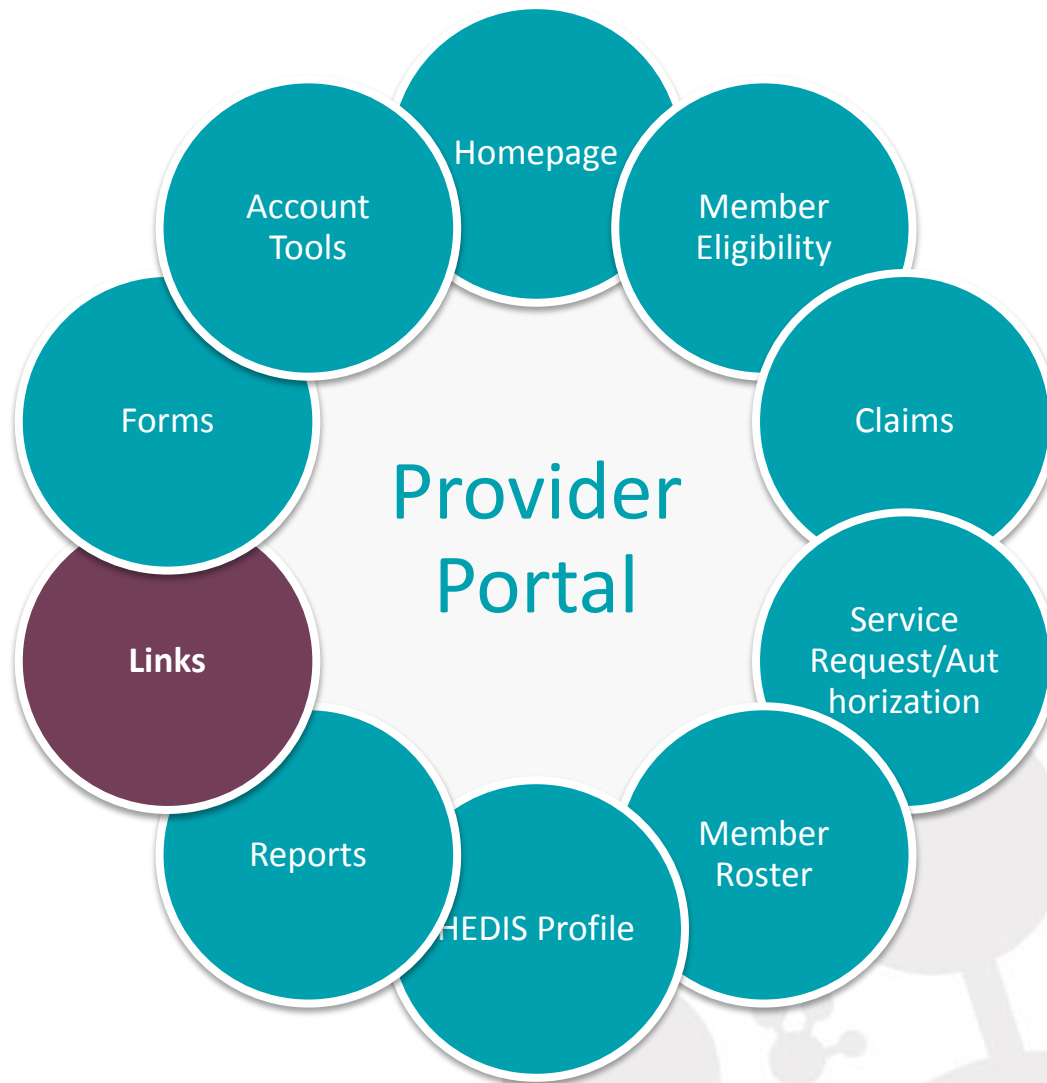
[View more Nurse Advice Reports](#)

Affiliation List

[Affiliation List - PDF](#)

[Affiliation List - EXCEL](#)







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
- You have (1) 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/Author..
 Service Request/Authoratio..	 Member Roster

Quick Member Eligibility Search

Search by Member ID

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- No

[See Responses](#)





Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

Member Roster

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

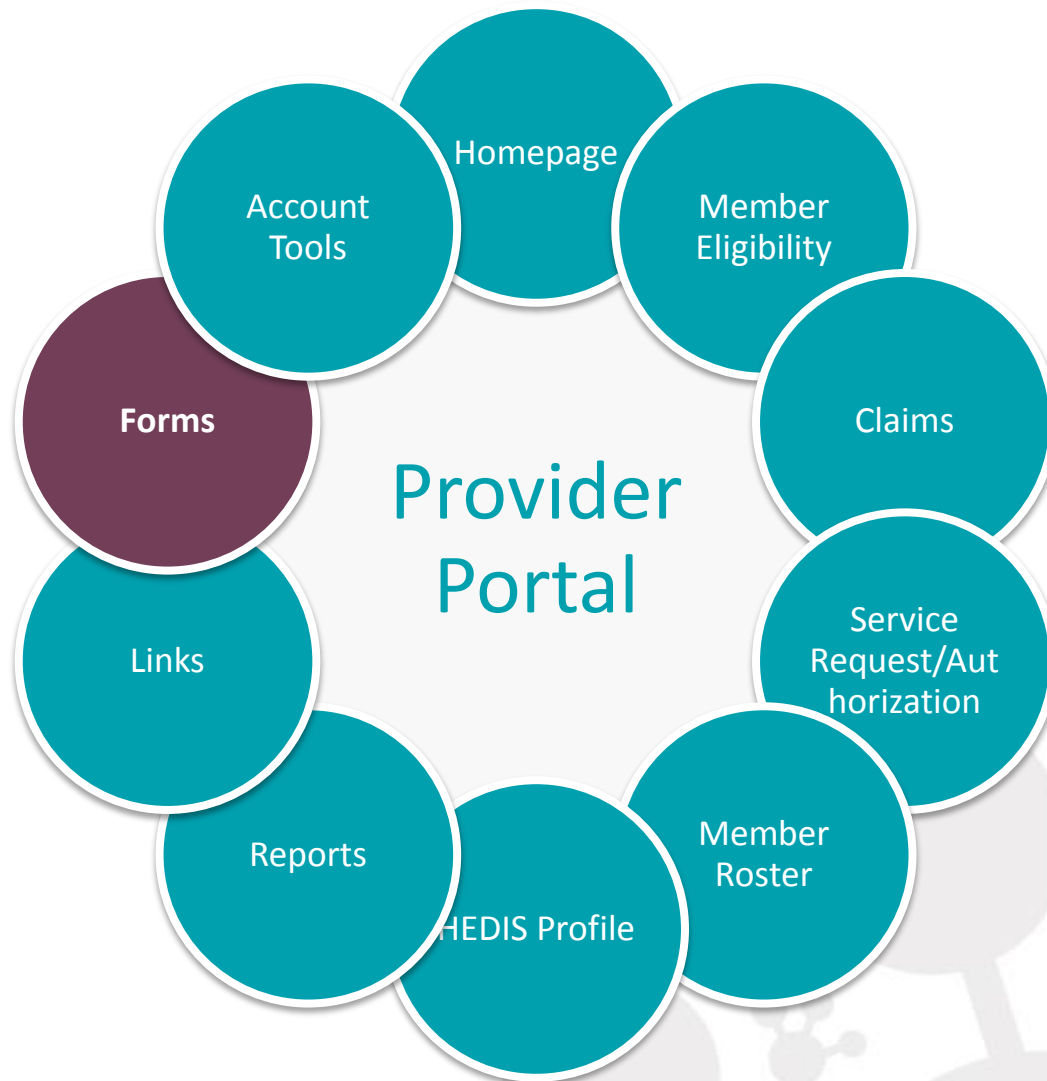
Links

[Emdeon WebConnect Batch Claims](#)

[ProviderNet Remittance EFT](#)

[Idaho Department of Health & Wellness \(IDHW\)](#)







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
- You have (1) 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/Author..



Service Request/Authoratio..



Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

- Yes
- No

[Vote](#) [See Responses](#)





Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

Member Roster

HEDIS Profile

Reports

Links

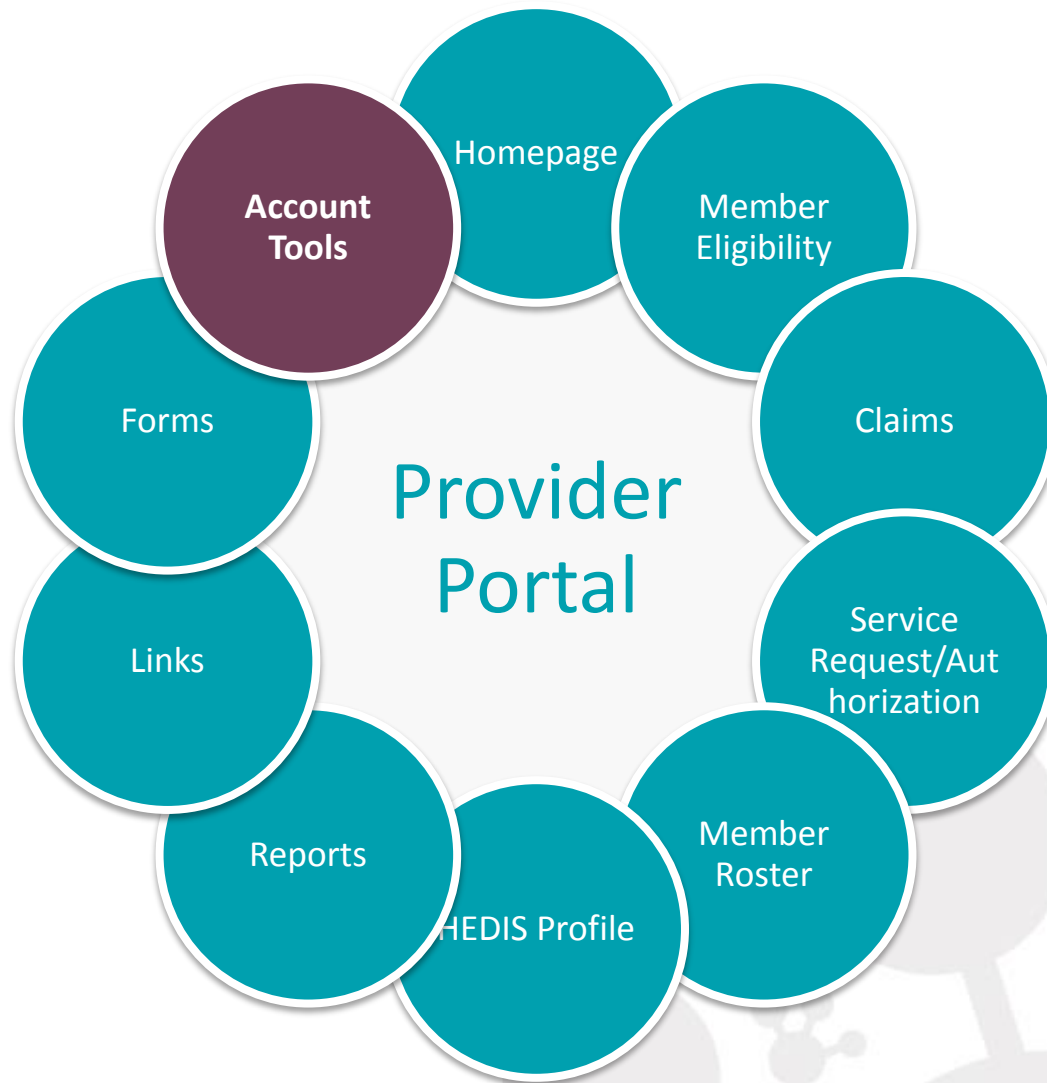
Forms

▶ Account Tools

Provider Documents

- Behavioral Health Toolkit (for Specialists)
- Behavioral Health Toolkit for PCPs
- Medicare/MMP HCC Pearl - Cerebrovascular Accident (CVA)
- Medicare/MMP HCC Pearl - Chronic Kidney Disease
- Medicare/MMP HCC Pearl - Fractures
- Medicare/MMP HCC Pearl - Morbid Obesity
- Medicare/MMP HCC Pearl - Respiratory Failure
- Medication Therapy Management Program - Medicare
- Provider Web Portal Cost Share







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
- You have (1) 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/Author...
- Service Request/Authorizatio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



Change Password

User ID: webportal

Current Password: *

New Password: * 12 Characters Max. 12 Character(s) Remaining

Confirm Password: *

Password Rules:

- Must have at least 8 and no more than 12 characters in the password.
- Must contain at least one uppercase and lowercase letter,
- Must have at least one number
- Password cannot contain partial User ID, first name or last name





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
- You have (1) 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/Author...
- Service Request/Authorizatio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



My Profile

User Profile

Last Name:	Molina Medical Center	First Name:	
Provider Role:	Provider Admin - Group/Facility	Status:	Active
Primary Phone Number:	555-555-5555	Registered Email:	webabc123@123.com

Account Profile

General Information

Name:	MOLINA MEDICAL CENTER	Title:	
Status:	Active	Credential Status:	
Provider Type:	OTHERS	Federal Tax ID:	000000000
License Number:		License Effective Date:	
License Termination Date:		Ethnicity:	NO ETHNICITY
Date Of Birth:		Gender:	

Specialty

Specialty Type	Specialty

Languages

Language Code	Description

Contact Information

Mailing Address

Address 1:	PO BOX 123	Address 2:	
State:	ID	City:	BOISE
County:	BOISE	Zip:	83709
Account Email:			

Physical Address

Address 1:	123 MAIN ST	Address 2:	
State:	ID	City:	BOISE
County:	BOISE	Zip:	83709

Phone Numbers

Primary Phone Number:	555-555-5555	Mobile Number:	
Secondary Phone Number:			

Account Self Services

Secret Questions	Answers
In which city you were born?	September
What is your month of birth?	September
What school did you attend for sixth grade?	September

[Edit](#)





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
- You have (1) 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/Author...
- Service Request/Authoratio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



Welcome to
Provider Services
Manage Users

Filter Users

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

[Go](#)

Host Admin(s)

webportal

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"/>	abc123		abc123@molina.com	12/31/2014	Active

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

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

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

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





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
- You have (1) 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/Autho..
- Service Request/Authoratio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

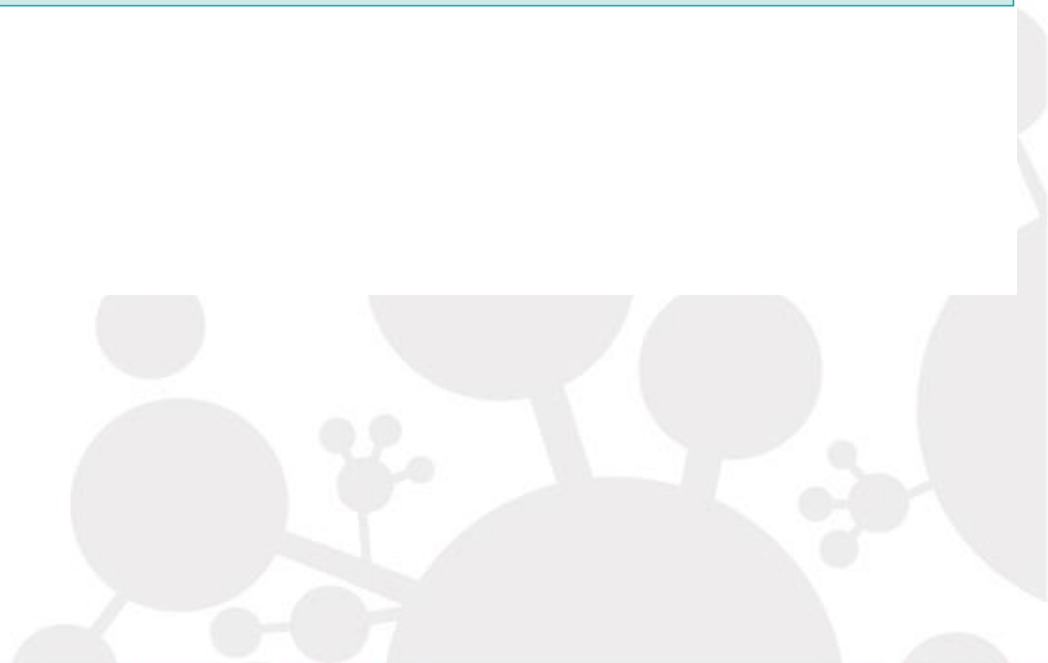
[Vote](#) [See Responses](#)



Delete Provider Self Services Account

To continue with account deletion, click the button below.

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





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
- You have (1) 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/Author...
- Service Request/Authoratio..
- Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

Reminder : Molina is GOING GREEN as of July 1st and all claims need to be submitted through the EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)



Host Admin(s):

Other Lines Of Business State:

Registered Providers

Tax ID Number	Provider ID	NPI #	Provider Name	Program	Molina Status	
000000000	QMP000001234567	6666666666	MOLINA MEDICAL CENTER	Other Lines Of Business	Active	Delete
000000000	QMP00000123456	5555555555	MOLINA MEDICAL CENTER	MEDICARE	Active	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>		MEDICARE ▾		Add

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

