

Volume

1

MOLINA HEALTHCARE



ePortal – Provider User Guide

ePortal – Provider User Guide

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Provider Self Service Functionalities

The Provider Self Services of the e-portal enables an already contracted Molina provider to register himself on the e-portal after accepting an Online User Agreement and log-in thereafter with his/her User ID and Password to access the functionalities of the ePortal.

Provider Registration

This is the process to facilitate Molina's already contracted provider to register himself/herself on the e-portal as a Molina provider and set up an account for accessing the provider self-service functionalities. The user, after accepting the "Provider Online User Agreement" has to supply the Tax identification Number along with the provider name and the place of Business, and this information is verified to establish the identity of the provider. The user will be asked to submit an e-mail id at which the unique User ID and the password for the provider are sent if the information provided is found to be valid.

The following are the steps to accomplish this functionality.

- Browse to the Molina Healthcare Home page and click on the "Provider Self Services" Link in the Member/Provider Section on the left.



- Click on the link for “New Provider Registration”

Provider Self Services

User ID:

Password:

Accept & Login

[Forgot Password?](#)

[New Provider Registration](#)

[View FAQs](#)

[Contact Us](#)

For technical assistance with this website please call **1-866-449-6848**

ACKNOWLEDGEMENT OF TERMS OF USE: Use of Molina Healthcare, Inc.'s Provider Online Access Program ("E-Access") is subject to the terms and conditions of the Provider Online User Agreement. Use of E-Access is limited to only Authorized Users designated by a Provider, who has executed the Provider Online User Agreement. Authorized User acknowledges that as an agent of said Provider s/he is bound by the terms of the Provider Online User Agreement. HIPAA COMPLIANCE: Authorized User will comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

- Accept the subsequently shown Provider Online User Agreement before proceeding with the registration.
- Provide the relevant data in the form shown below to complete the registration.

MOLINA HEALTHCARE

Provider Self Services

New Provider Registration

* - Required Field

General Information

Provider Type: [What is this?](#)

Tax Identification Number:

State:

Provider ID:

Last Name:

First Name:

Email:

Confirm Email:

Log-In Information

User ID:

Password: [Password Rules](#)

Confirm Password:

Register **Reset** **Cancel**

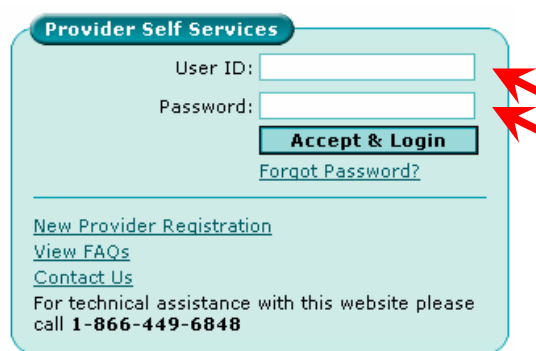
- You can select either “Facility/Group” or “Individual Practitioner” in the Provider type.
- The fields Marked with an “*” are mandatory.
- Molina shall be providing the “Provider ID” by mail.

Secure Login

Secure Login enables the registered provider to log-in by submitting the User ID and the Password, which is validated against the provider's information already existing in the ePortal. This enables the registered provider to perform secure transactions with Molina, over the web.

The following are the steps to accomplish this functionality.

- Navigate to the Provider Self Services Website



The screenshot shows a login form titled "Provider Self Services" in a teal header. Below the header, there are two input fields: "User ID:" and "Password:". To the right of these fields, two red arrows point towards the "Accept & Login" button. Below the input fields is a blue button labeled "Accept & Login". Underneath the button is a link that says "Forgot Password?". At the bottom of the form, there are three links: "New Provider Registration", "View FAQs", and "Contact Us". Below these links, a line of text reads: "For technical assistance with this website please call 1-866-449-6848".

- Enter the Username and the Password provided at the time of the registration.

The system checks the Username and Password against the data provided during the Registration process. It also checks if the user is an active contracted provider.

It is only an already contracted Molina provider who has already registered himself/ herself on the e-portal who can log in.

On click of the "Accept & Login" button, if the user exists and his account is active, then it will redirect to the Home Page of the Provider which is showing below.

Recent Authorizations *

Member Name	Certification No	Referred From	Referred To	Authorization From	Authorization To	Status
JONES, WILLIAM	12345678911	SMITHISH, JOSE	CHILDRENS HOSPITAL OF CALIFORNIA	10/18/2006	10/18/2006	A4
LARA, GODSMAN	11112222334	ALLEN, RECK	CHILDRENS HOSPITAL OF CALIFORNIA	10/16/2006	10/16/2006	E8
THOMAS, ISAC	44455566688	CHANG, YANG	CHILDRENS HOSPITAL OF CALIFORNIA	10/12/2006	10/12/2006	NA
SUSAN, MATHEWS	22222222222	MICHAEL SMITH Y	CHILDRENS HOSPITAL OF CALIFORNIA	10/12/2006	10/13/2006	A1
HENRY, JONES	55555555555	JOSE, SMITH A	CHILDRENS HOSPITAL OF CALIFORNIA	10/09/2006	10/09/2006	E8

* Displays the last 30 days' most recent 5 Authorizations

[View more Authorizations](#)

Recent Claims

You have no claims in last 30 days.

[View more Claims](#)

Recent Claim Files

You have no claim files in last 30 days.

[View more Claim files](#)

Nurse Advice Reports

Welcome
CHILDRENS HOSPITAL
CALIFORNIA

- [View / Update Profile](#)
- [Change Password](#)
- [Manage Office Users](#)
- [Contact Molina](#)
- [View FAQs](#)
- [Upcoming Features](#)

Find A Provider

Zip Code:
Specialty: All
[Quick Search](#)

Forms

- [MHC Medication Prior Authorization Form](#)
- [Service Request Form \(Referral Form\)](#)
- [Service Request Form \(Instruction\)](#)

View and Update Profile of Provider

This feature enables the provider to view his/her demographic information. Provider can change his/her mailing address, email address and phone number.

The user will have to :

- User logs in as a provider using the User ID and Password.
- Click on the "View / Update Profile" link.



- The user can view his/her profile info presented thereafter.
- Click on the “Edit” button at the bottom of the profile info.

My Profile

General Information			
Name:	CHILDRENS HOSPITAL OF CALIFORNIA	Title:	
Status:	Active	Credential Status:	
Provider Type:	HOSPITAL	Federal Tax ID:	333333333
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:	Address 1	Address 2:	
State:	STATE NAME	City:	CITY NAME
County:	COUNTY NAME	Zip:	99999
Email:	john.smith@yahoo.com		
Physical Address			
Address 1:	Physical Address 1	Address 2:	
State:	STATE NAME	City:	CITY NAME
County:	COUNTY NAME	Zip:	99995
Phone Numbers			
Primary Phone Number:	123-456-7890	Mobile Number:	
Secondary Phone Number:			

Edit

The following fields will be enabled and allow the user to change the following information.

- Mailing Address
 - Address
 - City
 - County

- State
 - Zip
- Email Address
 - Phone Number
 - Primary Phone Number
 - Secondary Phone Number
 - Mobile Number
- Click on the “Save” button and confirm after the requisite changes.

The screenshot shows a 'Contact Information' form with three main sections: Mailing Address, Physical Address, and Phone Numbers. The Mailing Address section includes fields for Address 1 (PO BOX 515125), Address 2, State (CA), City (LOS ANGELES), County (LOS ANGELES), Zip (90051), and Email (Balasubramani.Muthusamy@cogni). The Physical Address section includes fields for Address 1 (3020 CHILDRENS WAY), Address 2, State (CA), City (SAN DIEGO), County (SAN DIEGO), and Zip (92123). The Phone Numbers section includes fields for Primary Phone Number (8585761700), Secondary Phone Number, and Mobile Number. At the bottom right, there are 'Save' and 'Cancel' buttons. A red arrow points to the 'Save' button.

Only contracted provider can change his/her mailing address and not the physical address.

Forgot Password and Change Password

This functionality enables the valid user to obtain a password for logging in if the user has forgotten his/her password. The user will supply the User ID and the Tax Identification Number and this information is verified to establish the identity of the provider in case of the forgotten password.

Also this functionality enables the User to change the password after logging in and providing the existing password.

- Click on the “Forgot Password” Link.



Provider Self Services

User ID:

Password:

Accept & Login

[Forgot Password?](#)

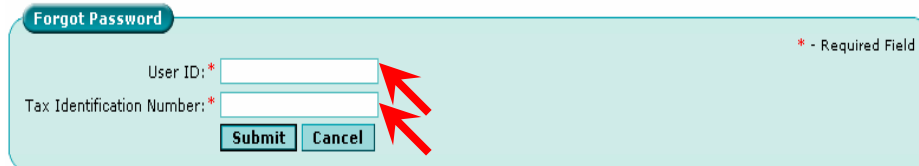
[New Provider Registration](#)

[View FAQs](#)

[Contact Us](#)

For technical assistance with this website please call **1-866-449-6848**

- Enter the User ID and Tax ID Number. If the information is correct the Password will be mailed to your E-mail ID on record.



Forgot Password

* - Required Field

User ID: *

Tax Identification Number: *

Submit **Cancel**

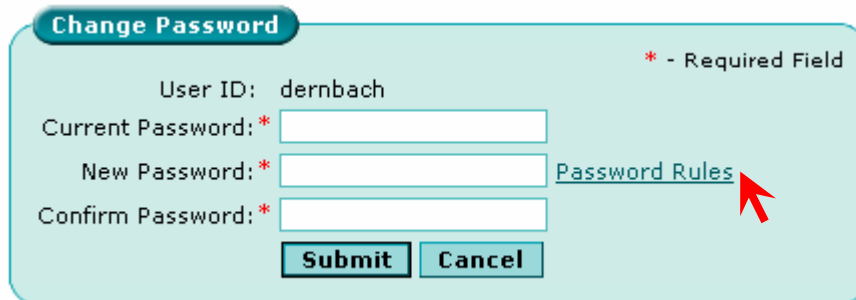
- A provider is required to change the password every 60 days.
- The “Change Password” link is in the following area after logging in :



Welcome
CHILDRENS HOSPITAL OF CALIFORNIA

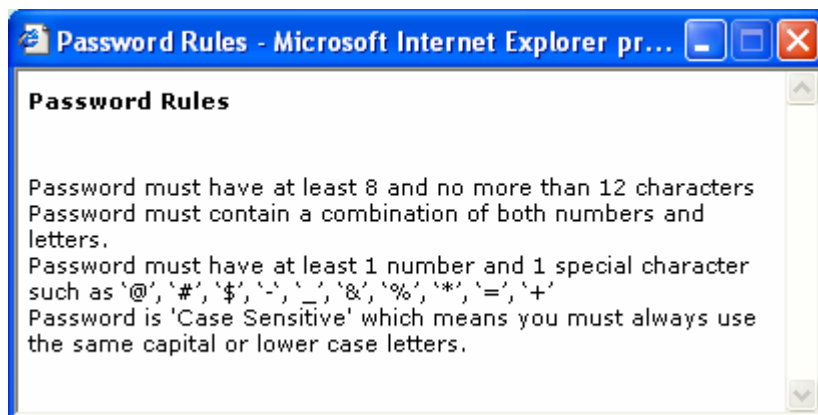
- [View / Update Profile](#)
- [Change Password](#)
- [Manage Office Users](#) **new**
- [Contact Molina](#)
- [View FAQs](#)
- [Upcoming Features](#) **new**

- The user is required to supply the current password and then enter the new password with a confirmation entry. The new supplied password must be different from the old password and other requirements for a strong password can be viewed by clicking on the “Password Rules” link.



The image shows a 'Change Password' form with a light blue background and rounded corners. At the top left is a dark blue button labeled 'Change Password'. At the top right is a legend: '* - Required Field'. The form contains three input fields: 'Current Password: *', 'New Password: *', and 'Confirm Password: *'. To the right of the 'New Password' field is a blue underlined link labeled 'Password Rules' with a red arrow pointing to it. At the bottom are two buttons: 'Submit' and 'Cancel'. The 'User ID' is displayed as 'dernbach'.

On click on the “Password Rules”, a popup which lists all the password rules are showing in the following screen.



Member Eligibility Inquiry

The Member Eligibility Inquiry enables the user to find the eligibility status of Members. The provider needs to log into the system as a contracted Molina provider using the assigned User ID and password in order to get the eligibility status. The provider can view the eligibility status only for those members for whom the provider has been assigned as the PCP / PMP. The provider will only be able to see the eligibility of members of the state where he/she is working. The provider will get the Member information on the basis of one or more search criteria.

The steps to check member eligibility are as follows :

- Click on the “member eligibility” link on the top toolbar.





- You can fill up any of the following information to narrow down your search.

Member eligibility checks are limited to the Providers state of business. For all other states please contact [Molina Member Services](#).

Member Eligibility Inquiry

Member Number: Last Name: First Name:

Date of Birth:  City: State:

Zip Code: Eligibility Date: 

(mm/dd/yyyy) (mm/dd/yyyy)

Molina Healthcare of California, Tax ID : 33-0342719

- Eligibility date is taken current by default.
- You will be presented with a list of member/s as a result of the search criteria which is showing in the following screen.

Members Found

Member Name	Member Number	Plan ID	Plan Effective Date	PCP/PMP Effective Date	Eligibility Status
WILLIAM, JONES	1222222D	QMX111111	05/01/2005	05/01/2005	Active

1

- On click on the “Member Name” data link, user will be redirected to the Member Details page which contains the eligibility status and more information about the member in the following screen.

Member Eligibility and Benefits

Personal Details

Member Name:	WILLIAM, JONES	Member Number:	12222222D
Date of Birth:	02/19/1998	Gender:	Female
Street Address:	STREET ADDRES	City:	CITY NAME
State:	STATE NAME	Zip:	99999
Home Phone:	123-456-7890		

PCP/PMP

Name:	ALEN, RECK	Provider Specialty:	GENERAL PRACTICE
Effective Date:	05/01/2005	Terminate Date:	

Group/IPA

Name	Address	City	State	Zip
HEALTH NET	ADRESS DETAILS	CITY NAME	STATE_NAME	99999

Plan Details

Plan ID:	QMX111111	Plan Description:	Riverside Medicaid - HN
Plan Effective Date:	05/01/2005	Plan Terminate Date:	

[Back](#)

- On click on the "Plan ID" data link, user will be redirected to the Plan details of the Member in the following screen.

Member Eligibility and Benefits: Plan details

Eligibility Information					
Plan ID: QMX111111			Plan Description: Riverside Medicaid - HN		
Plan Effective Date: 05/01/2005			Plan Termination Date:		
PCP/PMP Name: ALLEN, RECK			PCP/PMP Effective Date: 05/01/2005		
Benefits					
Description	Effective Date	Termination Date	Copay in (\$)	Coinsurance in (%)	Deductible in (\$)
ANESTHESIA	05/01/2005		0.00	0	0.00
EMERGENCY ROOM - FACILITY BILL TYPE 13X	05/01/2005		0.00	0	0.00
EMERGENCY ROOM - FACILITY BILL TYPE 14X	05/01/2005		0.00	0	0.00
EMERGENCY ROOM - PROFESSIONAL	05/01/2005		0.00	0	0.00
EMERGENT AMBULANCE TRANSPORTATION	05/01/2005		0.00	0	0.00
FACILITY - PROF	05/01/2005		0.00	0	0.00
FAMILY PLANNING - STD SERVICES	05/01/2005		0.00	0	0.00
INN - HEPATITIS A/B - UNDER AGE 19	05/01/2005		0.00	0	0.00
INN - OUTPATIENT FAC - DIAG	05/01/2005		0.00	0	0.00
INN - PA - PROFESSIONAL SERVICES	05/01/2005		0.00	0	0.00

1 2 3 4 5

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Provider Search

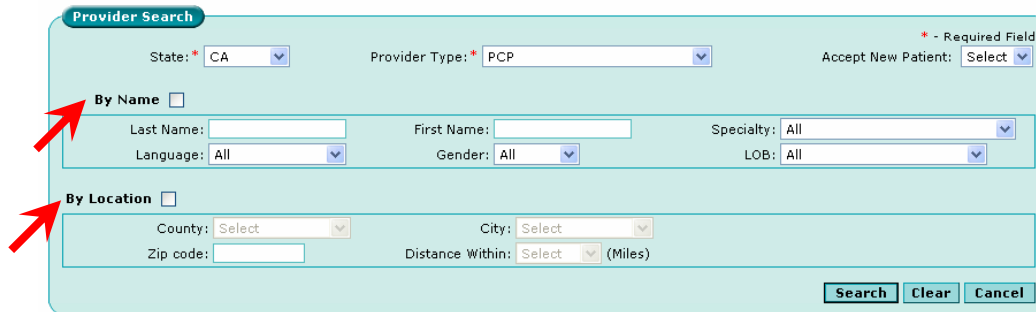
This interface allows Portal user to search for providers based on search criteria such as Provider Type, Name, and Distance within the provided source address. The user does not need to log in the e-portal to utilize this feature. The user can further get maps and directions to a particular provider from the source address.

The steps to do this are as follows :

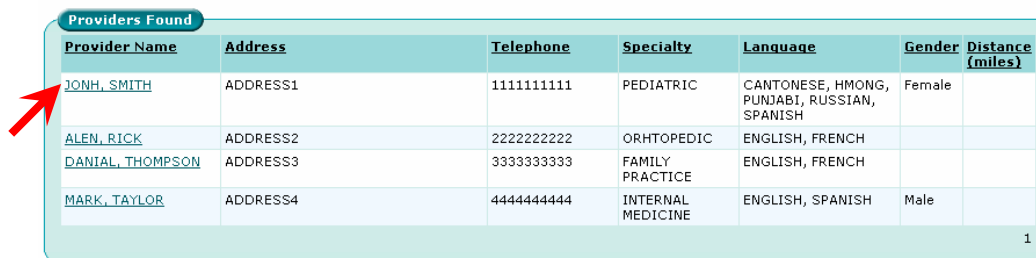
- Click on the “provider search” link from the top toolbar.



- You can search for the provider by providing the information in the following form :



- You can search by name or by the location of the provider and a combination thereof.
- You will be presented with a list of provider/s as a result of the search criteria which is showing in the following screen.



Provider Name	Address	Telephone	Specialty	Language	Gender	Distance (miles)
JONH, SMITH	ADDRESS1	1111111111	PEDIATRIC	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Female	
ALEN, RICK	ADDRESS2	2222222222	ORHTOPEDIC	ENGLISH, FRENCH		
DANIAL, THOMPSON	ADDRESS3	3333333333	FAMILY PRACTICE	ENGLISH, FRENCH		
MARK, TAYLOR	ADDRESS4	4444444444	INTERNAL MEDICINE	ENGLISH, SPANISH	Male	

- On click on the “Provider Name” data link, user will be redirected to the Provider Details page which contains the Provider Details, Service Location, Program, Group Affiliation and Hospital Affiliation information about the provider in the following screen.

Provider Details			
Name:	JOHN, SMITH	Specialty:	PEDIATRIC
Language:	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Gender:	Female
Distance (in Miles):			

Service Location	
Name:	
Address:	ADDRESS1
Phone:	1111111111
Fax:	1112223334

Program			
Sacramento - MHC			
Accepting New Patient:	Y	Minimum Age:	0
Gender Restriction:		Maximum Age:	21

Groups Affiliation	
Name:	WASHINGTON EYE HOSPITAL
Address:	ADDRESS
Phone:	1234567890
Name:	THOMAS HEALTHCARE INC
Address:	ADDRESS 5
Phone:	1122334456

Hospital Affiliation	
Name:	
Address:	
Phone:	

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Claim Status Inquiry

The Claims Status Inquiry enables the user to find the claims details of the submissions in the past. The user needs to log into the system as a contracted Molina provider using the assigned User ID and Password in order to get the claims details. The provider will get the Claim information on the basis of one or more search criteria.

The steps to do this are :

- Click on the “Claims” link from the top toolbar and then click on the claim status enquiry submenu.



- You can search for the claims from the following form :

Claim Search * - Required Field

Member Information

Member Number: First Name: Last Name:

Gender: All Date Of Birth:

(mm/dd/yyyy)

Claim Information

Claim Number: Status: Select

Service Date From: * 01/01/2006 Service Date To: * 03/01/2006

(mm/dd/yyyy) (mm/dd/yyyy)

Molina Healthcare of Washington, Tax ID : 91-1284790

- The 'Service from Date' and 'Service to Date' fields are mandatory for claims searching, and you can provide more info like 'Member Number', 'Claim Number' etc to search for a relevant claim. Alternatively you can search for all claims with a pending status by choosing the status and the service dates.
- You will be presented with a list of Claims as a result of the search criteria which is showing in the following screen.

Your search information found more than 100 claims. One hundred claims are displayed. You may change your search information and try again.

Claims Found

Member Name	Claim ID	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status
WILLIAM, JONES	0628982193	678.00	10/08/2006	10/08/2006	10/16/2006	A1
CHANG, YANG MD	0628982207	113.00	10/08/2006	10/08/2006	10/16/2006	A1
DANIAL THOMPSON	0628982204	191.00	10/08/2006	10/08/2006	10/16/2006	A1
MARK, TAYLOR	0628982195	120.00	10/08/2006	10/08/2006	10/16/2006	A1
MARK, TAYLOR	0628982208	90.00	10/08/2006	10/08/2006	10/16/2006	A1

1 2 3 4 5 6 7 8 9 10 ...

- On click on the "Member Name" data link, user will be redirected to the Member Details page.

- On click on the “Claim ID” data link, user will be redirected to the Claim Details page which contains the General Information, Diagnosis Code Details and the Claim Line Items of the claim in the following screen.

Claim Details

General Information

Member Name:	WILLIAM, JONES	Claim Number:	0628982193
Claim Status Category:	A1	Service Provider Name:	CHILDRENS HOSPITAL OF CALIFORNIA
Billed Amount(\$):	678.00	Amount Paid(\$):	0.00
Check Number:		Check Paid Date:	
Service Date From:	10/08/2006	Service Date To:	10/08/2006
Received Date:	10/16/2006		

Diagnosis Code

Diagnosis Code	Description	Diagnosis Type
708.9	UNSPECIFIED URTICARIA	Primary
782.1	RASH&OTH NONSPECIFIC SKIN ERUPTION	Secondary
V15.01	PERSONAL HISTORY ALLERGY TO PEANUTS	Secondary

Claim Line Items

Claim Line	Service Code	Claim Status	Remit Code	Billed Amount (\$)	Amount Paid (\$)	Service Date From	Service Date To
1	99283	65		648.00	0	10/08/2006	10/08/2006
2	Z7610	65		30.00	0	10/08/2006	10/08/2006

Print Claim Summary
Back

- User can click on the “Print Claim Summary” button to view the PDF report of the claim.

Claims Export To Excel

This functionality enables the provider to raise a request to download his claims in excel file format.

- Navigate to the Claims Excel Export from the top menu (Claims → Export To Excel)

Home
Member Eligibility
Claims
Authorization

Recent Authorizations

You have no Authorizations for the last 30 days.

Claims Status Inquiry
Export To Excel

- User can select “All Claims” option as “Yes” for exporting all Claims, “No” for selected claims (By giving “Service From Date” and “Service To Date”).
- After providing the information user can click on the “Export To Excel” for claims excel request.

Exported Claim Records may take several minutes to complete based on the number of Claims. It is recommended that you limit your exported record to specific dates. You will receive an email notification once your Exported Claim Record has been completed.

Claims Export To Excel
* - Required Field

All Claims: * ☐ Yes ☒ No

Service From Date :
(mm/dd/yyyy)

Service To Date:
(mm/dd/yyyy)

Export To Excel **Cancel**

Download Claim Files

Users can download the claim files which he requested for Excel Export by navigating to the Download Claim Files from the top menu (Download → Claim Files).

Provider Self Services



- On click of the Download Claim Files from the top menu, User will be redirected to the List of Download files in a data grid which is showing in the following screen.

Claim Files				
File Name	All Claims	Service From Date	Service To Date	Generated Date
QMXRR0012345_01-01-2005_07-01-2005_347.xls	No	07/31/2005	10/31/2005	10/31/2006
QMXRR0012345_01-01-2006_05-01-2006_346.xls	No	01/01/2006	03/01/2006	10/31/2006
QMXRR0012345_ALLCLAIMS_348.xls	Yes			10/31/2006

1

- On click of the "File Name" link, user will be asked to save or open the claim file.

Authorization Status Inquiry

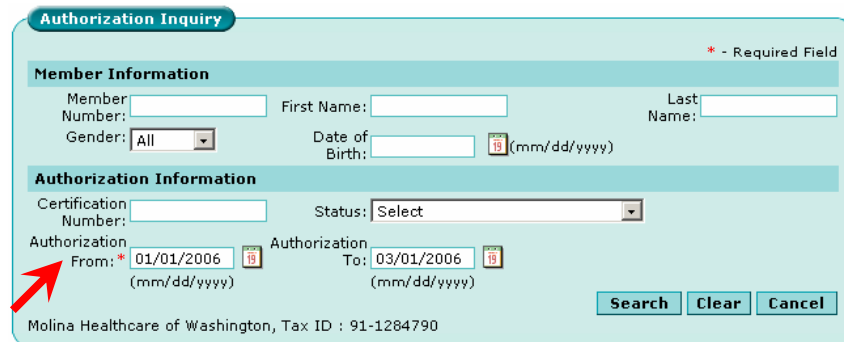
The Authorization Status Inquiry enables the user to find the details of the authorizations submitted in the past. The user needs to log into the system as a contracted Molina provider using the assigned User ID and password in order to get the authorization details. The provider will get the Authorization information on the basis of one or more search criteria.

The steps to do this are as follows :

- Click on the “Authorization Status Inquiry” submenu from the top toolbar under the Authorization menu.



- You can provide the following info to search for the authorizations :

The image shows the 'Authorization Inquiry' form. It has a header with the title 'Authorization Inquiry' and a note '* - Required Field'. The form is divided into two main sections: 'Member Information' and 'Authorization Information'. The 'Member Information' section includes fields for Member Number, First Name, Last Name, Gender (a dropdown menu set to 'All'), and Date of Birth (a date picker set to 01/01/2006). The 'Authorization Information' section includes fields for Certification Number, Status (a dropdown menu set to 'Select'), and Authorization dates. The 'Authorization' section has 'From' and 'To' date pickers, both set to 01/01/2006. A red arrow points to the 'From' date field. At the bottom of the form, there are 'Search', 'Clear', and 'Cancel' buttons, and a footer line that reads 'Molina Healthcare of Washington, Tax ID : 91-1284790'.

- “Authorization From Date” and “Authorization To Date” is mandatory and you can provide additional data like Certification Number, Member Number etc to refine the search results.
- The results are presented as a table and you can click on the “Certification Number” field to see more info on the authorization.

Authorization Inquiry Result						
Member Name	Certification No	Referred From	Referred To	Authorization From	Authorization To	Status
JOHN, SMITH	12345678912	PHILIP, MARK	CHILDRENS HOSPITAL OF CALIFORNIA	06/03/2005	06/04/2005	NA
ALEN, RICK	11111111111	TAYLOR, MARK	CHILDRENS HOSPITAL OF CALIFORNIA	06/01/2005	06/01/2005	NA
DAVID, PETER	22222222222	SAMUEL, CHRIST	CHILDRENS HOSPITAL OF CALIFORNIA	06/01/2005	06/01/2005	NA

1 2 3

- On click on the “Certification No” you can view the details of the authorization Details page from the following screen.
- User can click on the “Print” button to print the Authorization Report.

Authorization Details					
General Information					
Member Name: ALEN, RICK		Certification Number: 11111111111			
Authorization Type: Inpatient		Status: A1			
Requesting Provider: SMITH, JOSE		Referring To Provider: CHILDRENS HOSPITAL OF CALIFORNIA			
Authorization Date From: 10/26/2006		Authorization Date To: 10/28/2006			
Authorization Description : Pediatric					
Diagnosis Code					
Diagnosis Code	Description	Diagnosis Type			
542	Other appendicitis	Primary			
Service Line Items					
Service Code	Service Description	Authorization Status	Reason	Total No Of Units	
44970	LAPAROSCOPY, APPENDECTOMY	A1	Pend - CCS agency review determination	1	
153	PEDIATRICS	A1	Approved - Medical Criteria Met	2	


[Print](#) [Back](#)

- Provider will only be able to see the authorizations that he/she has submitted in the past.

Patient Listing

This feature enables provider to view all members for whom he/she is a PCP (Primary Care Physician). The Member Details will be listed either as an Acrobat PDF or a Microsoft Excel File and user can download the report online. For group providers, the report will display the list of members for

all the PCPs contracted through that group. The PCPs may have individual contracts. That member list will not be available under that group. That member list will be available when provider logs in as an individual provider.

The steps to obtain patient Listing are as follows :

- You can choose the format as either the Excel(XLS) or Acrobat(PDF) from the Patient Listing menu



- The report in Excel can be used to copy/paste and export data in other formats. While the PDF being the universal print format.
- Only the active members will be listed in the report.
- PDF

Adobe Reader - [Patient_Listing1].pdf

File Edit View Document Tools Window Help

74%

Search Web

MOLINA
HEALTHCARE

Patient Listing for **DERNBACH, FRANCES**
925 STEVENS DR STE 3A
RICHLAND, WA, 99352

PCP Name: DERNBACH, FRANCES

Member No	Member Name	DOB	Gender	Address	City	State	Zip	Phone No	LOB	Enroll Dt	PCP Eff Dt
100000151498	BAER, ELAINA M	03/17/1995	FEMALE	2701 W 5TH AVE	KENNEWICK	WA	99336	5095862901	HO (Healthy Options)	10/01/2004	11/01/2004
100000163713	BAZIN, MICHAEL W	09/22/1999	MALE	524 N MCDONALD #58	SPOKANE VALLEY	WA	99216	5098917192	HO (Healthy Options)	12/01/2005	12/01/2005
100000643311	BERG, KILEE M	03/25/2005	FEMALE	2105 N STEPTOE ST #85	KENNEWICK	WA	99336	5096288404	HO (Healthy Options)	10/01/2005	10/01/2005
110000024111	BEVAN-CHURCH, ALEXANDRE	06/22/1990	FEMALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456	HO (Healthy Options)	02/01/2006	02/01/2006
110000025185	BEVAN-CHURCH, ALEXANDRE	08/29/1987	MALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456	HO (Healthy Options)	02/01/2006	02/01/2006
110000025406	BEVAN-CHURCH, GEORGE	10/04/1994	MALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456	HO (Healthy Options)	02/01/2006	02/01/2006
110000025914	BEVAN-CHURCH, KIMBERLY	01/21/2001	FEMALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456	HO (Healthy Options)	02/01/2006	02/01/2006
110000025649	BEVAN-CHURCH, SAMUEL	07/22/1991	MALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456	HO (Healthy Options)	02/01/2006	02/01/2006
110000024647	BEVAN-CHURCH, SUSAN	12/14/1998	FEMALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456	HO (Healthy Options)	02/01/2006	02/01/2006
100000128191	BRANDNER, CODY A	04/11/1994	MALE	2108 W 37TH AVE	KENNEWICK	WA	99337	5095823494	HO (Healthy Options)	02/01/2006	02/01/2006
100000098554	BRANDNER, KATIE A	05/22/1997	FEMALE	2108 W 37TH AVE	KENNEWICK	WA	99337	5095823494	HO (Healthy Options)	02/01/2006	02/01/2006
100000179978	CAREY, SERENITY T	10/08/2004	FEMALE	4200 W KENNEWICK AVE #C	KENNEWICK	WA	99336	5097359031	HO (Healthy Options)	04/01/2005	04/01/2005
100000138537	CARRILLO, JESUS J	12/13/1988	MALE	E GAME FARM RD #150 200802	KENNEWICK	WA	99337	5095854095	HO (Healthy Options)	06/01/2005	04/01/2006
100000474922	CARRILLO, MIRANDA C	04/22/1990	FEMALE	E FINLEY RD 201804	KENNEWICK	WA	99337	5095852986	HO (Healthy Options)	12/01/2003	06/01/2005
100000134064	CARRILLO, RICHARD N	01/11/1988	MALE	E FINLEY RD 201804	KENNEWICK	WA	99337	5095852986	HO (Healthy Options)	04/01/2002	06/01/2005
100000629974	CHAVEZ, SANTIAGO A	11/11/2004	MALE	42705 S 2100 PR SE	KENNEWICK	WA	99337	5095859199	HO (Healthy Options)	01/01/2006	01/01/2006
100000139954	COLLINS, KYLE	02/17/1993	MALE	1155 DOS PALOS CT	RICHLAND	WA	99354	5099439494	HO (Healthy Options)	02/01/2005	02/01/2005
100000156752	COLLINS, SIERRA L	12/31/1995	FEMALE	1155 DOS PALOS CT	RICHLAND	WA	99354	5099439494	HO (Healthy Options)	02/01/2005	02/01/2005

Report Generated on: 6:26:39AM Saturday, July 1, 2006

1 of 8

Excel

Microsoft Excel - ExportPatientListing

File Edit View Insert Format Tools Data Window Help

Type a question for help

ARIAL 10

MOLINA
HEALTHCARE

Patient **DERNBACH, FRANCES**
925 STEVENS DR STE 3A
RICHLAND, WA, 99352

PCP Name: DERNBACH, FRANCES

Member No	Member Name	DOB	Gender	Address	City	State	Zip	Phone No
100000151498	BAER, ELAINA M	03/17/1995	FEMALE	2701 W 5TH AVE	KENNEWICK	WA	99336	5095862901
100000163713	BAZIN, MICHAEL W	09/22/1999	MALE	524 N MCDONALD #58	SPOKANE	WA	99216	5098917192
100000643311	BERG, KILEE M	03/25/2005	FEMALE	2105 N STEPTOE ST #85	KENNEWICK	WA	99336	5096288404
110000024111	BEVAN-CHURCH, ALEXANDRE	06/22/1990	FEMALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456
110000025185	BEVAN-CHURCH, ALEXANDRE	08/29/1987	MALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456
110000025406	BEVAN-CHURCH, GEORGE	10/04/1994	MALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456
110000025914	BEVAN-CHURCH, KIMBERLY	01/21/2001	FEMALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456
110000025649	BEVAN-CHURCH, SAMUEL	07/22/1991	MALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456
110000024647	BEVAN-CHURCH, SUSAN	12/14/1998	FEMALE	2602 W ACORD RD	BENTON CITY	WA	99320	5095883456
100000128191	BRANDNER, CODY A	04/11/1994	MALE	2108 W 37TH AVE	KENNEWICK	WA	99337	5095823494
100000098554	BRANDNER, KATIE A	05/22/1997	FEMALE	2108 W 37TH AVE	KENNEWICK	WA	99337	5095823494
100000179978	CAREY, SERENITY T	10/08/2004	FEMALE	4200 W KENNEWICK AVE #C	KENNEWICK	WA	99336	5097359031
100000138537	CARRILLO, JESUS J	12/13/1988	MALE	E GAME FARM RD #150 200802	KENNEWICK	WA	99337	5095854095
100000474922	CARRILLO, MIRANDA C	04/22/1990	FEMALE	E FINLEY RD 201804	KENNEWICK	WA	99337	5095852986
100000134064	CARRILLO, RICHARD N	01/11/1988	MALE	E FINLEY RD 201804	KENNEWICK	WA	99337	5095852986
100000629974	CHAVEZ, SANTIAGO A	11/11/2004	MALE	42705 S 2100 PR SE	KENNEWICK	WA	99337	5095859199
100000139954	COLLINS, KYLE	02/17/1993	MALE	1155 DOS PALOS CT	RICHLAND	WA	99354	5099439494
100000156752	COLLINS, SIERRA L	12/31/1995	FEMALE	1155 DOS PALOS CT	RICHLAND	WA	99354	5099439494
100000303987	CORTEZ, DUSTYN J	02/25/1996	MALE	1005 ANGELINE BLVD	BENTON CITY	WA	99320	5095884353
100000180524	CRANDALL, FAITH B	11/22/2004	FEMALE	706 N VOLLAND ST	KENNEWICK	WA	99336	5097344882
100000110437	CRANDALL, KASSANDRA A	07/21/1995	FEMALE	706 N VOLLAND ST	KENNEWICK	WA	99336	5097344882
100000201936	CRANDALL, KIRA L	08/23/2000	FEMALE	706 N VOLLAND ST	KENNEWICK	WA	99336	5097344882
1000000475284	DAMRELL, HANNAH E	07/12/2003	FEMALE	303 GREENTREE CT #7	RICHLAND	WA	99352	5099464878

Ready Sheet1

Download Forms

This feature enables the provider to download the forms, which the provider uses most frequently. The forms shall vary depending on the State the provider belongs to, which is captured when the provider logs in with his / her User ID and password.

- The forms are listed under the “Forms” header on the right side after the provider logs in which is showing in the following screen.

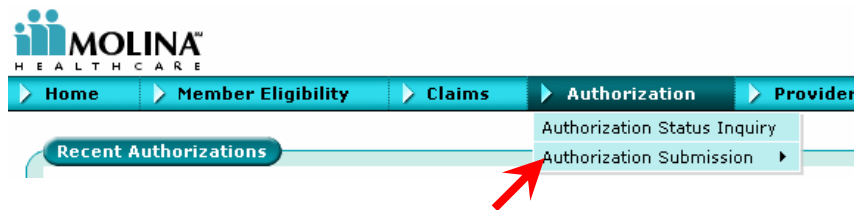


- The forms are State specific and vary depending on the usage in the respective State.
- You must register before accessing the functionality.

Authorization Submission

This functionality enables a contracted Provider to refer an enrolled Member to another Provider who may or may not be a Molina contracted Provider.

- The user logs in and clicks on the “Authorization Submission” link from the Authorization menu on the top toolbar.



On creating a new Authorization Submission, a form opens up for collecting the information.

Requester Information section gets auto populated on login.

User can select Diagnosis code and Procedure code using the search functionalities only.

User can search for the Member, Provider and Facility and the appropriate selection automatically populates the Authorization Submission form.

User can upload 5 documents whose size sums to a total of 1 MB along with the form.

User will be given an option to print the form on successful submission of the form.

User will be given a tracking # on successful submission of the form which can be used by the user to attach more documents, if required in support of the authorization.

A typical workflow to make an authorization submission is :

- Click on the “Find Member” link to find the member. Alternatively the User can input the info him/herself.

- Select the member after searching and clicking on the appropriate member record in the pop-up window (Disable your pop-up blocker or press the Ctrl key if you do not see the new window). On clicking the Member Number, that particular member details will be populated in the Authorization Submission page.

Member Search

Member Number:

First Name:

Mark

Last Name:

Phil

Date of Birth:

19

(mm/dd/yyyy)

Search

Clear

Cancel

Members Found

Member Number	Member Name	DOB	PCP Name
12312312A	PHILIP, MARK	12/11/1986	SMITH, JOSE

1

- The user can input Service information in the following section.

Service Information

Care Type: *

☐ Routine
 ☒ Urgent/Within 72 hour

Type of Service: *

Select

Service From Date: *

19

(mm/dd/yyyy)

Service To Date:

19

(mm/dd/yyyy)

Procedure Start Date: *

19

(mm/dd/yyyy)

- User can add the diagnosis records by clicking on the following link

Diagnosis: *

[\(Click here to add more diagnosis\)](#)
[\(Remove\)](#)

Diagnosis Code	Diagnosis Description	
Find		<input type="checkbox"/>
Find		<input type="checkbox"/>

- On click on the “Find” hyper link, Diagnosis Search popup will be shown in the following screen.

Diagnosis Search

Diagnosis Codes:

Diagnosis Description: fracture

Search

Clear

Cancel

Your search information found more than 100 Diagnosis Codes. One hundred Diagnosis Codes are displayed. You may change your search information and try again.

Diagnosis Found

Diagnosis Code	Diagnosis Description
800	Fracture of vault of skull
800.0	Fracture of vault of skull; Closed without mention of intrac
800.00	Fracture of vault of skull; Closed without mention of intrac
800.01	Fracture of vault of skull; Closed without mention of intrac
800.02	Fracture of vault of skull; Closed without mention of intrac
800.03	Fracture of vault of skull; Closed without mention of intrac
800.04	Fracture of vault of skull; Closed without mention of intrac
800.05	Fracture of vault of skull; Closed without mention of intrac
800.06	Fracture of vault of skull; Closed without mention of intrac
800.09	Fracture of vault of skull; Closed without mention of intrac

1 2 3 4 5 6 7 8 9 10

- User can click on the Diagnosis Code data link, which will be automatically populated in the Authorization Submission page.
- Similarly the user can add Service records too.

Service:*

(Click here to add more procedure) (Remove)

Procedure Code	Procedure Description	No of Visits/Units	
Find			<input type="checkbox"/>
Find			<input type="checkbox"/>

- Click on “Find” in the above screen and from the pop-up that opens, select the Procedure after searching for the appropriate procedure code or a partial description. Procedure type is mandatory input.

Procedure Search

Procedure Type: * ☒ CPT Code ☐ Revenue Code

Procedure Code:

Procedure Description:

Procedure Found

Procedure Code	Procedure Description
30800	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE
30805	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE
30902	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)
30904	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION W
57060	ELECTROCAUTERY OF VAGINA
57063	CHEMICAL CAUTERY OF VAGINA
57511	CAUT CERV; CRYOCAUTERY INIT/REPEAT
66155	FISTULIZAT SCLERA; THERMOCAUTERIZAT
67915	REPR ECTROPION; THERMOCAUTERIZATION
67922	REPR ENTROPION; THERMOCAUTERIZATION

1

- The User will find the Referring Provider information automatically filled in based on the PCP of the member being referred.
- Then the User can search for the referred provider and the facility info which will be automatically populated from the appropriate selection in the pop-ups. The “Find Provider” functionality works similar to the Provider Search Subtopic earlier in this chapter.

Referred to Provider Information

Last Name: * First Name:

Address: *

City: * Zip Code: *

Email: Phone #:

State: * Specialty:

Fax #:

Rendering Facility Information

Facility Name: *

Address: *

City: * Zip Code: *

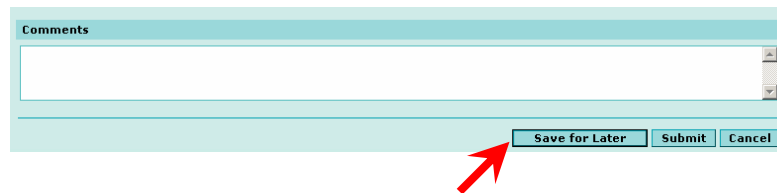
Email: Phone #:

State: * Specialty:

Fax #:

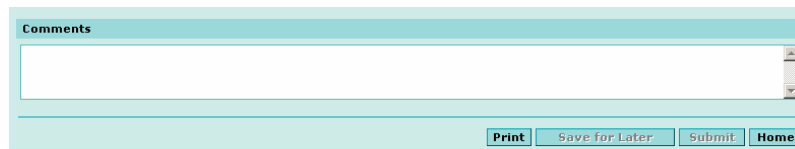
- Then the User uploads the necessary documents either by specifying the entire path of the document in the text box in the “Attachments” section or by using the Browse button to search for a document to be attached and uploads by clicking “Upload” button.
- User enters comments if any in the “Comments” section of the form.

- The User can then submit the form or if the data is not complete he/she can save it for completion at a later time.



The screenshot shows a form with a 'Comments' section at the top, which is a large text area. Below the text area, there are three buttons: 'Save for Later', 'Submit', and 'Cancel'. A red arrow points to the 'Save for Later' button.

- After successful submission, "Print" button will be enabled and you can print the Authorization from the bottom of the present form info.



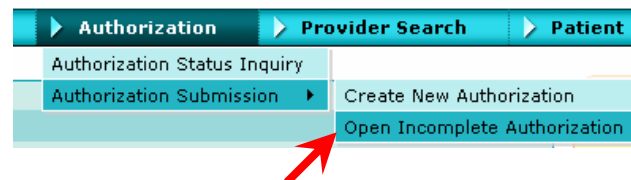
The screenshot shows the same form as before, but now it includes a 'Print' button to the left of the 'Save for Later' button. The 'Submit' and 'Home' buttons are also present.

- If the User chose to "Save for Later" they will be presented a reference number.

Open Incomplete Authorization

This functionality enables the user to open his incomplete Authorizations which were saved earlier. The user can refill the saved Authorization for submission.

- Navigate "Open incomplete Authorization" from the top menu (Authorization → Authorization Submission → Open Incomplete Authorization).



- The user can open the saved authorizations by providing information in the following form:

Open Incomplete Authorization

Member Information

Member Number: Date of Birth: (mm/dd/yyyy)

First Name: Last Name:

Authorization Information

Reference No: Requested Date: (mm/dd/yyyy)

Create From: (mm/dd/yyyy) Create To: 10/27/2006 (mm/dd/yyyy)

Search **Clear** **Cancel**

Note: User can search and view authorization that has been submitted by him only

- The user can retrieve the saved authorizations by the date range. On click on the “Search” button after providing more information, user will be shown the saved authorization results screen.
- User can click on the “Reference No” to open the corresponding Saved Authorization for submission process.

Incomplete Authorization Details

Member Name	Reference No	Referring To	Authorization From	Authorization To	Create Date	Select
WILLIAM JONES	EPREF012345670			12/31/2078	06/19/2006	<input type="checkbox"/>
JAMES SAMUEL	EPREF012345678	HRP321000	05/09/2006	05/27/2006	05/09/2006	<input type="checkbox"/>

1

Delete

- The user can retrieve the saved authorizations by the date range. On click on the Member Name data link, user will redirect to the Member Details screen.
- User can select the check box against the saved authorization and click on the “Delete” button to delete the saved authorization.

FAQs

This is the section to facilitate Molina’s already contracted providers to get answers to questions which are expected to be frequently asked by the user to understand the functionalities of the provider e-portal.

- Click on the FAQ link on the right after logging in. The same functionality is available with out login to the portal also in Login Page.



- The user can access the FAQs on the following page.

[Home](#)

Provider FAQs

1. [How do I register myself on the Provider Services on the e-portal?](#)
2. [How do I log-in?](#)
3. [How do I change my password?](#)
4. [I have forgotten my password. What do I do?](#)
5. [How do I inquire for the Member Eligibility online?](#)
6. [How do I inquire for the authorization status of my patients online?](#)
7. [How do I view the details of my claims online?](#)
8. [How do I make changes to my profile?](#)
9. [How do I view a list of my current patients online?](#)
10. [How do I contact Molina?](#)

Q1. How do I register myself on the Provider Services on the e-portal?

To register on the e-portal,

- Click on "New Provider Registration".
- You need to submit your acceptance to the "Online User Agreement: E-Access". Please read this agreement carefully and accept only if you agree with all the clauses of the agreement.
- Once you accept, you may continue with the registration process.
- Please fill in your personal details. The fields with * are mandatory fields.

Contact Us

This is the section to facilitate Molina's already contracted providers to contact Molina. The health plan address and the phone number are displayed to enable the provider to contact Molina. The provider can also send an e-mail message through this link to Molina provider services department.

- Click on the "Contact Molina" link on the right after logging in. The same functionality is available with out login to the portal also in Login Page.



- The User can access the relevant contact info and send an e-mail to Molina from the following page.

Molina Contacts

General Contact Information		
Address	Phone	Fax
Corporate Office - Bothell Office		
Molina Healthcare of Washington, 21540 30th Drive SE, Suite 400, Bothell, WA, 98021	1-800-869-7175, 1-425-424-1100	1-425-424-1163
Corporate Office - Spokane Office		
Molina Healthcare of Washington, 5709 W. Sunset Hwy., #200, Spokane, WA, 99224	1-800-869-7175	1-888-547-7599
Provider Service - Bothell Office		
PO Box 1469, Bothell, WA, 98021	1-800-869-7175	1-425-424-1163
Provider Service - Spokane Office		
PO Box 2470, Spokane, WA, 99210	1-800-869-7175	1-888-547-7599
Help Line Number		
For any questions related to this web site, please call:	1-866-449-6848	

Send Message

* - Required Field

Subject: *

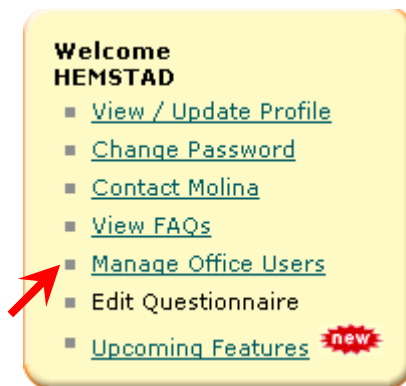
Message: *

Send Message

Manage Office User

This functionality enables the provider to create the office users. The first user who registers into the system using the required information for that provider would have the privilege to add/modify/delete the office users. Office users for a provider will have different user credentials for logging in to ePortal provider self services.

- Click on the “Manage Office Users” link on the right after logging in.



- The Questionnaire screen will be displayed. Select the Provider Type

A light blue form titled "Questionnaire" with a "Cancel" button. The "Provider Type:" field is marked with an asterisk and has a dropdown menu open. The dropdown menu lists: "Select", "Hospital" (highlighted with a red arrow), "IPA/PMG", "PCP/Specialist", "Ancillary", and "Other". A legend in the top right corner indicates "* - Required Field".

- Enter the answers for the displayed questions and click “Submit” button.

Questionnaire * - Required Field

Provider Type: *

Questions	Answers
How many locations do you have?	<input type="text"/>
How many employees do you have? *	<input type="text"/>
How many user accounts do you want to create? *	<input type="text"/>
How many beds do you have?	<input type="text"/>

- Click the "Create" button to create the office users

Manage Office Users

No office users found. Please click on the Create button to add the office users.

- Enter the User Id and Email Id of the office user to be created. And click the "Save" button

Create Office User * - Required Field

Office User ID: *

Office User Email ID: *

- Create the Office users as many as the provider needs. The Primary Provider can do the search for the existing office users and do the below operations
 - Modify the Office User information
 - Lock Office User account
 - Unlock Office User account

IV. Delete the Office Users

Search Office Users

- Enter the User ID or Email ID and click the “Search” button. All the office users for the search criteria will be displayed.

Office Users Search

User ID: Email ID: Created Date:

(mm/dd/yyyy)

Search **Clear** **Cancel**

Office Users List

Select	User ID	Email ID	Created Date	Status
<input type="checkbox"/>	hemstadou1	hemstad@molinahealthcare.com	07/05/2006	Active

1

Lock **Unlock** **Delete**

Create

Modify Office User Information

- In the “Office Users List” section, click on any of the Office user’s User ID which is displayed as a link.

Office Users List

Select	User ID	Email ID	Created Date	Status
<input type="checkbox"/>	hemstadou1	hemstad@molinahealthcare.com	07/05/2006	Active

1

Lock **Unlock** **Delete**

- The office user information will be displayed in “Edit” mode. Modify the information and click “Save” button

Edit Office User Information

* - Required Field

Office User ID: * hemstadou1

Office User Email ID: hemstadou1@molinahealthcare.com

Save **Cancel**

Lock Office Users Account

Select the active office users to be locked and click on the “Lock” button to lock their accounts

The screenshot shows the 'Office Users List' interface. It contains a table with the following data:

Select	User ID	Email ID	Created Date	Status
<input checked="" type="checkbox"/>	hamstadou2	hamstadou2@molinahealthcare.com	07/05/2006	Active
<input checked="" type="checkbox"/>	hamstadou3	hamstadou3@molinahealthcare.com	07/05/2006	Active
<input type="checkbox"/>	hemstadou1	hemstadou1@molinahealthcare.com	07/05/2006	Active

Below the table, there are three buttons: 'Lock', 'Unlock', and 'Delete'. A red arrow points to the 'Lock' button. The page number '1' is visible in the bottom right corner.

Unlock Office Users Account

Select the locked office users to be unlocked and click on the “Unlock” button to unlock their accounts.

The screenshot shows the 'Office Users List' interface. It contains a table with the following data:

Select	User ID	Email ID	Created Date	Status
<input checked="" type="checkbox"/>	hamstadou2	hamstadou2@molinahealthcare.com	07/05/2006	Locked
<input checked="" type="checkbox"/>	hamstadou3	hamstadou3@molinahealthcare.com	07/05/2006	Locked
<input type="checkbox"/>	hemstadou1	hemstadou1@molinahealthcare.com	07/05/2006	Active

Below the table, there are three buttons: 'Lock', 'Unlock', and 'Delete'. A red arrow points to the 'Unlock' button. The page number '1' is visible in the bottom right corner.

Delete Office Users

Select the office users to be deleted and click the “Delete” button to delete the Office Users.

The screenshot shows the 'Office Users List' interface. It contains a table with the following data:

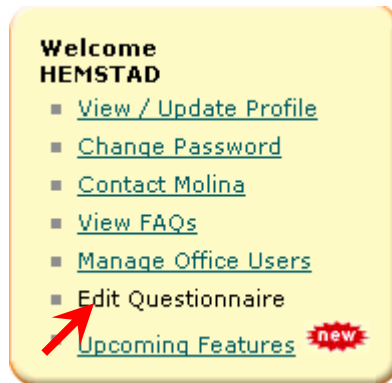
Select	User ID	Email ID	Created Date	Status
<input checked="" type="checkbox"/>	hamstadou2	hamstadou2@molinahealthcare.com	07/05/2006	Active
<input checked="" type="checkbox"/>	hamstadou3	hamstadou3@molinahealthcare.com	07/05/2006	Active
<input type="checkbox"/>	hemstadou1	hemstadou1@molinahealthcare.com	07/05/2006	Active

Below the table, there are three buttons: 'Lock', 'Unlock', and 'Delete'. A red arrow points to the 'Delete' button. The page number '1' is visible in the bottom right corner.

Edit Questionnaire

The Primary Providers can edit the questionnaire anytime they want.

- Click on the “Edit Questionnaire” link on the right after logging in.



- Change the answers and click on the “Submit” button

A light blue form titled "Questionnaire" with a tab icon. At the top right, it says "* - Required Field". Below this is a dropdown menu for "Provider Type:" with "Hospital" selected. A red arrow points to this dropdown. Below the dropdown is a table with two columns: "Questions" and "Answers".

Questions	Answers
How many locations do you have?	1
How many employees do you have? *	50
How many user accounts do you want to create? *	30
How many beds do you have?	20

At the bottom right of the form are two buttons: "Submit" and "Cancel". A red arrow points to the "Submit" button. Another red arrow points to the "50" answer for "How many employees do you have?".

- If user changes his/her Provider Type, all the answers will be cleared and user needs to enter the fresh answers. After entering the answers, click the “Submit” button.

A light blue form titled "Questionnaire" with a tab icon. At the top right, it says "* - Required Field". Below this is a dropdown menu for "Provider Type:" with "PCP/Specialist" selected. A red arrow points to this dropdown. Below the dropdown is a table with two columns: "Questions" and "Answers".

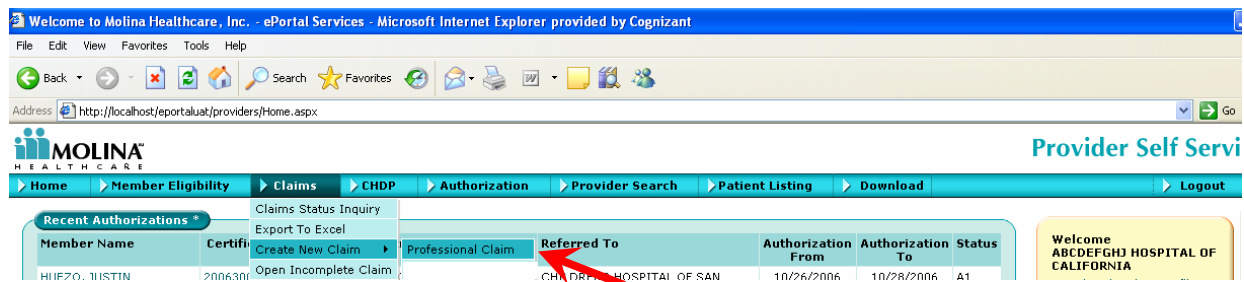
Questions	Answers
How many locations do you have?	
How many employees do you have? *	
How many user accounts do you want to create? *	
How many physicians are there in your office?	

At the bottom right of the form are two buttons: "Submit" and "Cancel". A red arrow points to the "Submit" button. Another red arrow points to the "PCP/Specialist" dropdown.

Create New Professional Claim

This functionality enables the registered provider to submit the fee-for-service Professional Claim (HCFA1500) through ePortal. **An encounter or zero pay claim cannot be submitted through the ePortal at this time and should continue to be submitted through the existing process** The providers can take the print out of the submitted forms. The following are the steps to submit the Professional Claim.

User can click on the Professional Claim from the sub menu Create New Professional Claim (Claim → Create New Claim → Professional Claim)



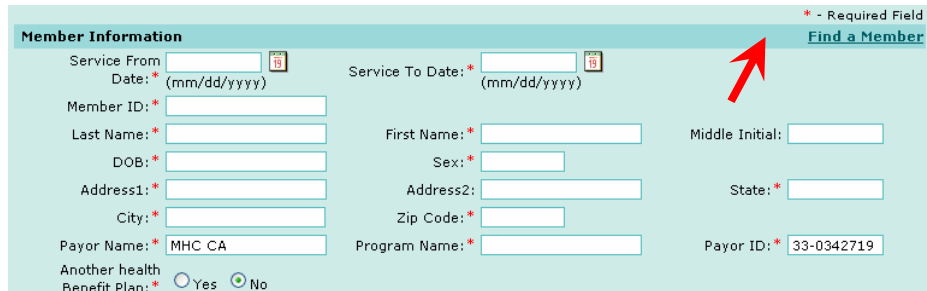
On click of the 'Professional Claim' from the menu, it will be redirected to Member page of the Professional Claim which is showing in the following screen.

Member Page

This page contains two sections named Member Information Section and Patient Information Section.

Member Information Section

To search for a member, enter the mandatory fields (Service from Date and Service to Date in mm/dd/yyyy) as format and click on the 'Find a Member' hyper link.



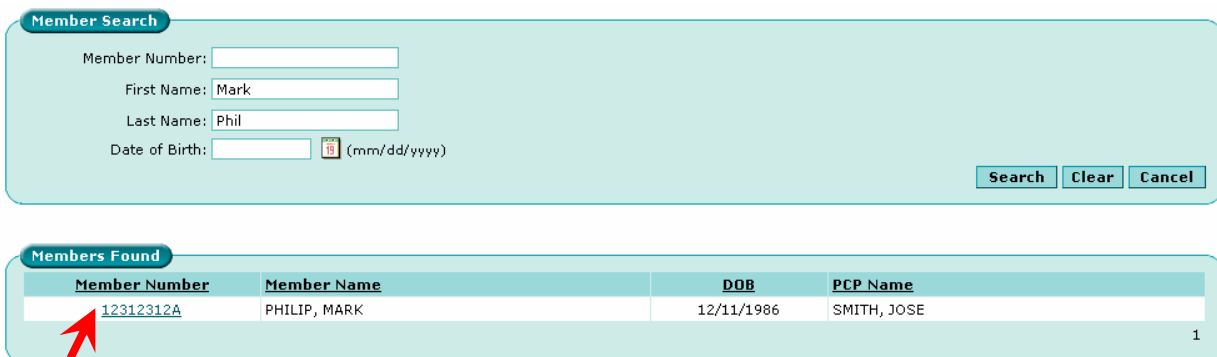
The form is titled "Member Information" and contains several input fields. A red arrow points to the "Find a Member" link in the top right corner. The fields are as follows:

- Service From Date: * (mm/dd/yyyy) [calendar icon]
- Service To Date: * (mm/dd/yyyy) [calendar icon]
- Member ID: *
- Last Name: *
- DOB: *
- Address1: *
- City: *
- Payor Name: MHC CA
- Another health Benefit Plan: ☐ Yes ☒ No
- First Name: *
- Sex: *
- Address2: *
- Zip Code: *
- Program Name: *
- Middle Initial: *
- State: *
- Payor ID: 33-0342719

After clicking on the 'Find a Member' hyper link, a new screen will be opened with the search criteria. Member Information can be found by entering any of the following information.

- Member Number
- First Name & Last Name
- First name & Date of Birth
- Last Name & Date of Birth

After entering the search criteria user can click on the 'Search' button to get the search results. The screen below shows the search results through the member search.



The "Member Search" screen shows the following input fields:

- Member Number: [text box]
- First Name: Mark
- Last Name: Phil
- Date of Birth: [text box] [calendar icon] (mm/dd/yyyy)

Buttons: Search, Clear, Cancel

The "Members Found" screen shows a table with the following data:

Member Number	Member Name	DOB	PCP Name
12312312A	PHILIP, MARK	12/11/1986	SMITH, JOSE

A red arrow points to the "12312312A" link. A page number "1" is visible in the bottom right corner.

On click of the 'Member Number' data link, the popup will be closed and selected member details will be populated in Member Information Section.

By default, Another Health Benefit Plan radio button is 'No' in the Member Information Section and also required field. The "Other Coverage" page fields are required fields, you need to check the Another Health Benefit Plan radio button is 'Yes'.

This screenshot shows the 'Member Information' section of a form. The 'Another health Benefit Plan' field has two radio buttons: 'Yes' and 'No'. The 'No' button is selected, and a red arrow points to it. Other fields include Last Name (KAY), First Name (ABC), Middle Initial, DOB (08/10/1994), Sex (M), Address1 (1231 TARATA PL), Address2, City (ELK GROVE), Zip Code (12345), State (CA), Payor Name (MHC CA), Program Name (Medicaid HMO), and Payor ID (33-0342719).

Patient Information Section

- Patient Information section is mandatory section in Member Information Page

This screenshot shows the 'Patient Information' section. A red arrow points to the 'Patient Information' header. The checkbox '(Check if Patient is same as Member)' is checked. A red arrow also points to the 'Patient Relationship to Member' dropdown menu, which is currently set to 'Select'. Other fields include Last Name (KAY), First Name (ABC), Middle Initial, DOB (08/10/1994), Sex (Male), Marital Status (Select), Address1 (1231 TARATA PL), Address2, City (ELK GROVE), Zip Code (12345), and State (CA). Buttons for 'Next>>' and 'Save for Later' are visible.

Check the box (Check if Patient is same as Member) if the member is same as the patient. The Member Details will be populated in the Patient Information Section. If you want to change any information for the patient you can change by clicking on the "Find a Member" hyper link.

Patient Relationship to Member is required and can not be left blank.

This screenshot shows the 'Patient Information' section. A red arrow points to the 'Save for Later' button at the bottom right. The 'Patient Relationship to Member' dropdown menu is still set to 'Select'. Other fields and the 'Check if Patient is same as Member' checkbox are the same as in the previous screenshot.

After filling the Member Page user can click on the 'Save for Later' button, after which the tracking number will be generated with confirmation message which is showing below.

Your Claim has been Successfully Saved. Please note the Tracking Number for Future Reference.
Tracking Number: TN0629100001

If you want to continue with the submission of the form Click on the 'Next' button or Other Coverage link (next to Member Tab) then page will be redirected to the Other Coverage page which is showing in the following screen.

Professional Claim Other Insurance Information - Microsoft Internet Explorer provided by Cognizant

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Print Mail

Address http://localhost:8080/portal/claims/providers/MCFAOtherInsurance.aspx Go

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Professional Claim

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Policy Holder

Last Name: First Name:
 Middle Initial: DOB: (mm/dd/yyyy)
 Gender: All Type of Program: Select
 Plan/Program Name: Policy/Group Number:
 Employer Name: Relationship To Member: Select

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Welcome ABCDEFGHJ HOSPITAL OF CALIFORNIA

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Find A Provider

Zip Code:
 Specialty: All
[Quick Search](#)

Forms

- [MHC Medication Prior Authorization Form](#)
- [Service Request Form \(Referral Form\)](#)
- [Service Request Form \(Instruction\)](#)

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Other Coverage page

Other Coverage Page contains Policy Holder Section

Professional Claim

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Policy Holder [Find a Member](#)

Last Name: * First Name: *

Middle Initial: DOB: * (mm/dd/yyyy)

Gender: * All Type of Program: * Select

Plan/Program Name: * Policy/Group Number: *

Employer Name: Relationship To Member: * Select

In Member Page, if the user selects the “Another Health Benefit Plan” as ‘Yes’ then the above * fields are mandatory else these fields are not mandatory.

After clicking on the ‘Find a Member’ hyper link, a new screen will be populated with the search criteria. Member Information can be found by entering any one of the following information.

- Member Number
- First Name & Last Name
- First name & Date of Birth
- Last Name & Date of Birth

After entering the search criteria user can click on the ‘Search’ button to get the search results. The Member Search Results will be populated in the following screen.

Member Search

Member Number:

First Name: Mark

Last Name: Phil

Date of Birth: (mm/dd/yyyy)

Members Found

Member Number	Member Name	DOB	PCP Name
12312312A	PHILIP, MARK	12/11/1986	SMITH, JOSE

1

Click on the ‘Member Number’ data link and the popup will be closed and selected Member Details will be populated in Policy Holder Section.

Type of Program, Policy/Group Number and Relationship to Member fields are mandatory fields and user can not left these fields as blank.

Professional Claim

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Policy Holder [Find a Member](#)

Last Name: * KAY Middle Initial: <input type="text"/> Gender: * Male <input type="button" value="v"/> Plan/Program Name: * <input type="text"/> Employer Name: <input type="text"/>	First Name: * ABC DOB: * 10/10/1980 <input type="button" value="icon"/> (mm/dd/yyyy) Type of Program: * Select <input type="button" value="v"/> Policy/Group Number: * <input type="text"/> Relationship To Member: * Select <input type="button" value="v"/>
---	---

After filling the Other Coverage Page the user can save the Claim by clicking on 'Save for Later' button for, after which the tracking number will be generated with confirmation message.

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Your Claim has been Successfully Saved. Please note the Tracking Number for Future Reference.
 Tracking Number: TN062890000

Welcome

Click on the previous button will take the user to the Member Page. On Click of the "Next" button or "Provider" link, the page will be redirected to Provider page which is showing in the following screen.

Professional Claim Provider Information - Microsoft Internet Explorer provided by Cognizant

File Edit View Favorites Tools Help

Address http://localhost:8080/portaluat/providers/HCFAPProviderInfo.aspx

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Professional Claim

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* - Required Field

Submitter Contact Information

Last Name: * First Name: Middle Initial:

Contact Number: * Fax Number: *

Submitter/Pay-to Provider Information

Pay To Provider:

TIN: * Medicaid/Medicare ID: * State License Number: *

NPI: * QMACS Provider ID: *

Last Name: * First Name: Middle Initial: *

Address1: * Address2: * State: *

City: * Zip Code: *

Member Authorized Assignment of Benefit: * ☐ Yes ☐ No

Release of Information: * Select

Note: If you find same name more than once in the list, please verify the address of the provider before selecting the provider as Pay To

Rendering Provider Information

Rendering Provider:

TIN: * Medicaid/Medicare ID: * State License Number: *

NPI: * QMACS Provider ID: *

Last Name: * First Name: Middle Initial: *

Note: 1. If you do not find the provider, please contact 1-800-642-4509 for more information
2. Only one Rendering Provider will be allowed for all Claim Line items

Facility Information

Facility Provider:

Facility Name:

Address1: * Address2: * State: *

City: * Zip Code: *

Note: If you do not find the provider, please contact 1-800-642-4509 for more information

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Provider Page

Provider page contains the following Sections

- Submitter Information Section
- Pay to Provider Information Section
- Rendering Provider Information Section

- Facility Information Section

Submitter Information Section

This section is a mandatory section. If the provider wants to store the Submitter Provider Information he/she can enter the Last Name, First Name, Middle Initial, Contact Number and Fax Number.

* - Required Field

Submitter Contact Information


Last Name: * First Name: Middle Initial:

Contact Number: * Fax Number: *

Pay to Provider Information Section

User can click the zoom icon of Pay to Provider. It will open a new window and display all the providers having the same TIN as logged in provider.

Pay to Provider Information

Pay To Provider: 

TIN: * Medicaid/Medicare ID: State License Number:

NPI: QMACS Provider ID:

Last Name: * First Name: Middle Initial:

Address1: * Address2: State: *

City: * Zip Code: *

Member Authorized Assignment of Benefit: * ☐ Yes ☐ No

Release of Information: *

Note: If you find same name more than once in the drop down, please verify the address of the provider before selecting the provider as Pay To

Click on the 'Provider ID' data link and the popup will be closed and selected Provider Details will be populated in Pay to Provider Information Section.

Pay to Provider

Provider ID	Full Name
101010101010	951691313 -ABCDEF GH HOSPITAL OF ABCDEF GHI
101010101011	100000002 -ABCDEF GJ HOSPITAL OF ABABABABAB

1

Cancel

'Member Authorized Assignment of Benefit' and 'Release of Information' fields are required and can not be left blank.

Member Authorized Assignment of Benefit: * ☐ Yes ☐ No


Release of Information: *

Note: If you find same name more than once in the drop down, please verify the address of the provider before selecting the provider as Pay To

Rendering Provider Information Section

On click of the zoom icon a popup will be opened, which will display all the Rendering Providers affiliated with the Pay to Provider selected for the claim

Rendering Provider Information

Rendering Provider: 

TIN: Medicaid/Medicare ID: * State License Number: *

NPI: QMACS Provider ID:

Last Name: * First Name: Middle Initial:

Note: 1. If you do not find the provider, please contact 1-800-642-4509 for more information
2. Only one Rendering Provider will be allowed for all Claim Line items

On click on the 'Provider ID' data link and the popup will be closed and selected Provider Details will be populated in Rendering Provider Information Section.

Rendering Provider

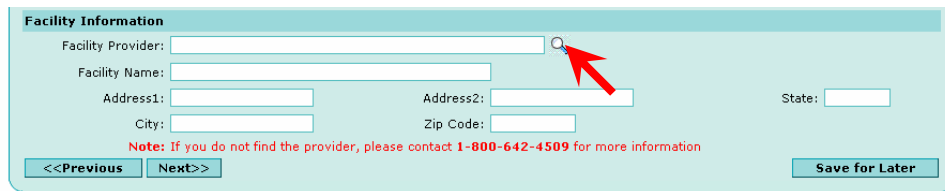
Provider ID	Full Name
101010101010	ABCDEFGH HOSPITAL OF ABCDEFGH

1


Cancel

Facility Information Section

This section is not a mandatory section. But user can select any Service Location for the services performed.



Facility Information

Facility Provider: 

Facility Name:

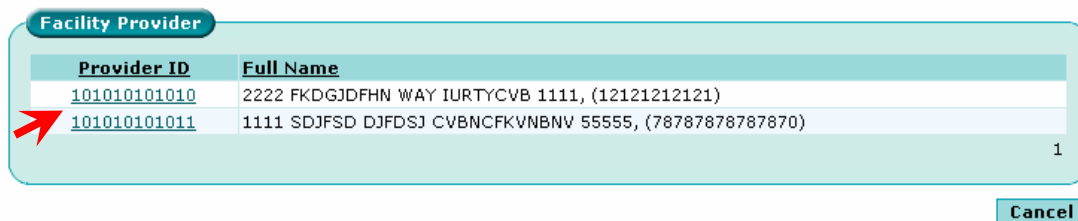
Address1: Address2: State:

City: Zip Code:

Note: If you do not find the provider, please contact 1-800-642-4509 for more information

<<Previous Next>> **Save for Later**

The user can click the zoom icon of Facility Provider; its open the new window and which will display all the Service Locations the selected Rendering Provider perform services.



Facility Provider

Provider ID	Full Name
101010101010	2222 FKDGJDFHN WAY IURTYCVB 1111, (12121212121)
101010101011	1111 SDJFSD DJFDSJ CVBNCFKVNBNV 55555, (78787878787870)

1

Cancel

On Click on the 'Provider ID' data link, the popup will be closed and selected Provider Details will be populated in Facility Information Section.

After filling the Provider page the user can save the Claim by clicking the 'Save for Later' button, after which the tracking number will be generated with confirmation message.



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Your Claim has been Successfully Saved. Please note the Tracking Number for Future Reference.
Tracking Number: TN062910000

Welcome

On Click of the "Next" button or "General Claim" Link, the page will be redirected to General Claim page which is showing in the following screen. Click on the previous button will take the user to the Other Coverage Page.



Professional Claim General Information - Microsoft Internet Explorer provided by Cognizant

File Edit View Favorites Tools Help

Address http://localhost:8080/portaluat/providers/HCFAGeneralClaimInfo.aspx

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Professional Claim

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* - Required Field

Patient Condition

Auto Accident: ☐ Yes ☐ No Place(State):*

Employment: ☐ Yes ☐ No Other Accident: ☐ Yes ☐ No

Another Party Responsible: ☐ Yes ☐ No

Date of Current Illness/Injury: (mm/dd/yyyy) Date of Similar Illness: (mm/dd/yyyy)

Date patient unable to work from: (mm/dd/yyyy) Date patient unable to work to: (mm/dd/yyyy)

Hospitalization From Date: (mm/dd/yyyy) Hospitalization To Date: (mm/dd/yyyy)

Last Menstrual Date: (mm/dd/yyyy)

Outside Lab: ☐ Yes ☐ No Place of Service:

Prior Authorization Number: Facility/Lab Name:

CLIA Number: Patient Account Number:

Medicare Assignment Code:

Referring Information Find a Provider

Referring Provider Name: Referring Provider ID:

EPSDT Claims (Please provide the following information if it is an EPSDT Claim.)

Certification Condition Indicator: ☐ Yes ☐ No Condition Code:

Circumstances/Programs:

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General Claim page

General Claim page contains the following section.

Patient Condition Section

Patient Condition * - Required Field

Auto Accident: ☐ Yes ☐ No Place(State):*

Employment: ☐ Yes ☐ No Other Accident: ☐ Yes ☐ No

Another Party Responsible: ☐ Yes ☐ No

Date of Current Illness/Injury: (mm/dd/yyyy) Date of Similar Illness: (mm/dd/yyyy)

Date patient unable to work from: (mm/dd/yyyy) Date patient unable to work to: (mm/dd/yyyy)

Hospitalization From Date: (mm/dd/yyyy) Hospitalization To Date: (mm/dd/yyyy)

Last Menstrual Date: (mm/dd/yyyy)

Outside Lab: ☐ Yes ☐ No Place of Service:

Prior Authorization Number: Facility/Lab Name:

CLIA Number: Patient Account Number:

Medicare Assignment Code:

'Patient Account Number' is required field and can not be left blank.

If the user selects the "Auto Accident" radio button as "Yes" then Place (State) is required field.

Patient Condition * - Required Field

Auto Accident: ☐ Yes ☐ No

Employment: ☐ Yes ☐ No

Another Party Responsible: ☐ Yes ☐ No

Date of Current Illness/Injury: (mm/dd/yyyy)

Date patient unable to work from: (mm/dd/yyyy)

Hospitalization From Date: (mm/dd/yyyy)

Last Menstrual Date: (mm/dd/yyyy)

Outside Lab: ☐ Yes ☐ No

Prior Authorization Number:

CLIA Number:

Place(State):*

Other Accident: ☐ Yes ☐ No

Date of Similar Illness: (mm/dd/yyyy)

Date patient unable to work to: (mm/dd/yyyy)

Hospitalization To Date: (mm/dd/yyyy)

Place of Service:

Facility/Lab Name:

Patient Account Number: *

Medicare Assignment Code:

If the user selects the 'Outside Lab' radio button as "Yes", the Facility / Lab Name is required field.

Patient Condition * - Required Field

Auto Accident: ☐ Yes ☐ No

Employment: ☐ Yes ☐ No

Another Party Responsible: ☐ Yes ☐ No

Date of Current Illness/Injury: (mm/dd/yyyy)

Date patient unable to work from: (mm/dd/yyyy)

Hospitalization From Date: (mm/dd/yyyy)

Last Menstrual Date: (mm/dd/yyyy)

Outside Lab: ☐ Yes ☐ No

Prior Authorization Number:

CLIA Number:

Place(State):*

Other Accident: ☐ Yes ☐ No

Date of Similar Illness: (mm/dd/yyyy)

Date patient unable to work to: (mm/dd/yyyy)

Hospitalization To Date: (mm/dd/yyyy)

Place of Service:

Facility/Lab Name: *

Patient Account Number: *

Medicare Assignment Code:

If the user enters the 'Prior Authorization Number' the Referring provider Name is a required field. The user can enter the Referring Provider Name manually or user can click on 'Find a Provider' hyper link to get the Referring Provider Details.

Patient Condition * - Required Field

Auto Accident: ☐ Yes ☐ No

Employment: ☐ Yes ☐ No

Another Party Responsible: ☐ Yes ☐ No

Date of Current Illness/Injury: (mm/dd/yyyy)

Date patient unable to work from: (mm/dd/yyyy)

Hospitalization From Date: (mm/dd/yyyy)

Last Menstrual Date: (mm/dd/yyyy)

Outside Lab: ☒ Yes ☐ No

Prior Authorization Number: 2342342343

CLIA Number:

Place(State):*

Other Accident: ☐ Yes ☐ No

Date of Similar Illness: (mm/dd/yyyy)

Date patient unable to work to: (mm/dd/yyyy)

Hospitalization To Date: (mm/dd/yyyy)

Place of Service:

Facility/Lab Name: *

Patient Account Number: *

Medicare Assignment Code:

Referring Information

Referring Provider Name: *

Referring Provider ID:

[Find a Provider](#)

Referring Information Section

User can click on the 'Find a Provider' hyper link which will open a popup of the Provider Search page and select the Provider Name from Provider Search results which are populated in the Referring Information Section.

Provider Search

* - Required Field

State: * CA Provider Type: * PCP Accept New Patient: Select

By Name

Last Name: First Name: Specialty: All

Language: All Gender: All LOB: All

By Location

County: Select City: Select

Zip code: Distance Within: Select (Miles)

Search Clear Cancel

Providers Found

Provider Name	Address	Telephone	Specialty	Language	Gender	Distance (miles)
JONH, SMITH	ADDRESS1	1111111111	PEDIATRIC	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Female	
ALEN, RICK	ADDRESS2	2222222222	ORHTOPEDIC	ENGLISH, FRENCH		
DANIAL, THOMPSON	ADDRESS3	3333333333	FAMILY PRACTICE	ENGLISH, FRENCH		
MARK, TAYLOR	ADDRESS4	4444444444	INTERNAL MEDICINE	ENGLISH, SPANISH	Male	

1

On click of the "Provider Name" data link, it will show the details of the provider.

Provider Details			
Name:	JOHN, SMITH	Specialty:	PEDIATRIC
Language:	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Gender:	Female
Distance (in Miles):			

Service Location	
Name:	
Address:	ADDRESS1
Phone:	1111111111
Fax:	1112223334

Program					
Sacramento - MHC					
Accepting New Patient:	Y				
Gender Restriction:		Minimum Age:	0	Maximum Age:	21

Groups Affiliation	
Name:	WASHINGTON EYE HOSPITAL
Address:	ADDRESS
Phone:	1234567890
Name:	THOMAS HEALTHCARE INC
Address:	ADDRESS 5
Phone:	1122334456

Hospital Affiliation	
Name:	
Address:	
Phone:	

Select Provider Back



On click of the “Select Provider” button the popup will close and the selected provider details will be populated in the Referring Provider Section.

EPSDT Claims Section

EPSDT Claims Section is an optional section.

EPSDT Claims (Please provide the following information if it is an EPSDT Claim.)	
Certification Condition Indicator:	<input type="radio"/> Yes <input type="radio"/> No
Circumstances/Programs:	Select
Condition Code:	Select
<<Previous	Next>>
Save for Later	

After saving the forms, the confirmation message will be shown at the top of the page with the Tracking Number which can be used for future reference.

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Provider Self Services

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Your Claim has been Successfully Saved. Please note the Tracking Number for Future Reference.
Tracking Number: TN062910000

Welcome

On click of the “Next” button or Services/Procedure Link, the page will be redirected to Services Procedure page which is showing in the following screen. Click on the previous button will take the user to the Provider Page.

Professional Claim Service and Procedure Information - Microsoft Internet Explorer provided by Cognizant

File Edit View Favorites Tools Help

Address http://localhost:8080/portaluat/providers/HCFAServiceProcedure.aspx

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Professional Claim

Member | Other Coverage | Provider | General Claim | Services/Procedures | Summary

Diagnosis Code

Principal Diagnosis Code: *

(Remove) (Add more Diagnosis Code)

SL.No	Diagnosis Code	Diagnosis Description
1		

Claim Line Details*

(Remove)

Service From Date	Service To Date	Place of Service	Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	El
						Select	0	0	N

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

Comments

Remarks:

Note: If it is ambulance claim please provide the pick up and drop off location, if it is an anesthesia claim please provide the anesthesia start time and end time

Total Amount

Total Charge: * 0 Total Paid: 0 Balance Due: * 0

<<Previous Next>> Save for Later

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Services/Procedure Page

This page contains the following sections.

Diagnosis Code Section

Diagnosis Code is the mandatory section. User should enter at least one Diagnosis Code. The user can click on the zoom icon of diagnosis, with the search criteria. Diagnosis Information can be found entering any of the following information

- Code
- Description

Diagnosis Code

Principal Diagnosis Code: *

(Remove) (Add more Diagnosis Code)

Sl.No	Diagnosis Code	Diagnosis Description
1		

After entering the search criteria user can click on the Search button to get the search results. The screen below shows the Diagnosis Search results.

Diagnosis Code Search

Diagnosis Code: 100

Diagnosis Description:

Search Clear Cancel

Code Found

Code	Description
100.0	Leptospirosis; Leptospirosis icterohemorrhagica
100.81	Leptospirosis; Other specified leptospiral infections; Lepto
100.89	Leptospirosis; Other specified leptospiral infections; Other
100.9	Leptospirosis; Leptospirosis, unspecified

1

On click on the “Code” data link the popup will be closed and selected Diagnosis Details will be populated in Principal Diagnosis Code text box.

Diagnosis Code * - Required Field

Principal Diagnosis Code: * 100.0

(Remove) (Add more Diagnosis Code)

Sl.No	Diagnosis Code	Diagnosis Description
<input type="checkbox"/> 1	100.89	Leptospirosis; Other specified leptospiral infections; Other

Above search criteria of diagnosis, the user given to any one search conditions like Code/Description and Click on the “Code” data link and the popup will be closed and selected Diagnosis Details will be populated in diagnosis data grid the specified current row.

If the user wants to enter more than one Diagnosis Code, he/she can click on the “(Add more Diagnosis Code)” link to add multiple rows and he/she can click on the zoom icon of (data grid) Diagnosis, with the search criteria. Diagnosis Information can be found by entering any one of the following information.

Diagnosis Code * - Required Field

Principal Diagnosis Code: * 100.0

(Remove) (Add more Diagnosis Code)

Sl.No	Diagnosis Code	Diagnosis Description
<input type="checkbox"/> 1	100.89	Leptospirosis; Other specified leptospiral infections; Other
<input type="checkbox"/> 2		

In data grid, user can delete the existing rows from the grid by checking the check box and click on the ‘Remove’ link button.

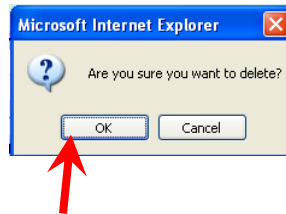
Diagnosis Code * - Required Field

Principal Diagnosis Code: * 100.0

(Remove) (Add more Diagnosis Code)

Sl.No	Diagnosis Code	Diagnosis Description
<input type="checkbox"/> 1	100.89	Leptospirosis; Other specified leptospiral infections; Other
<input checked="" type="checkbox"/> 2		

After clicking the remove hyperlink it will show the confirmation message.



User can click on the 'OK' button to delete the record from dataset and reload the page.

Diagnosis Code * - Required Field

Principal Diagnosis Code: * 100.0

[\(Remove\)](#) [\(Add more Diagnosis Code\)](#)

Sl.No	Diagnosis Code	Diagnosis Description
<input type="checkbox"/> 1	100.89	Leptospirosis; Other specified leptospiral infections; Other

User can click on the 'Cancel' button which will not delete the record from dataset.

Claim Line Details Section

Claim Line Item Details will be auto populated based on the date user selected in Member Page which is showing in the following screen.

Claim Line Details *



[\(Remove\)](#)

	Service From Date	Service To Date	Place of Service	Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	Eligible
<input type="checkbox"/>	10/16/2006	10/16/2006					Select	0	0	N

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

In Claim Line Item details, user can click on the zoom icon of "Place of Service". It will open a new window and display the list of Place of Service Code / Description.

Claim Line Details*
(Remove)

	Service From Date	Service To Date	Place of Service	Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	E
<input type="checkbox"/>	10/16/2006	10/16/2006			<input type="checkbox"/>	<input type="checkbox"/>	Select	0	0	N

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

On click on the Code of the “Place of Service”, the popup window will be closed and the selected details will be populated in Claim Line Item Details grid.

Place Of Service Search Results - Microsoft Internet Explorer provided by Cognizant

Place Of Service


Code	Description
03	School
04	Homeless Shelter
05	Indian Health Service Free-standing Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center

1 2 3

Cancel

Done Local intranet

Claim Line Details *
(Remove)


	Service From Date	Service To Date	Place of Service	Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	El
<input type="checkbox"/>	10/16/2006	10/16/2006	05	<input type="text"/> 	<input type="text"/>	<input type="text"/>	Select	0	0	N

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

The user can click on the zoom icon of Procedure Code which will open the Procedure Search popup. User can enter the following search criteria to get the Procedure Code Information

- Code
- Description

Claim Line Details *
(Remove)

	Service From Date	Service To Date	Place of Service	Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	El
<input type="checkbox"/>	10/16/2006	10/16/2006	05	<input type="text"/> 	<input type="text"/>	<input type="text"/>	Select	0	0	N

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

The screen below shows the search results through the Procedure Code. On click on the Procedure Code, the information will be populated in Claim Line Item Details.

Procedure Search - Microsoft Internet Explorer provided by Cognizant

Procedure Code Search

Procedure Code:

Procedure Description:

Search **Clear** **Cancel**

Code Found

Code	Description
1000F	TOBACCO USE ASSESSED
10021	FNA W/O IMAGE
10022	FNA W/IMAGE
1002F	ASSESS ANGINAL SYMPTOM/LEVEL
1003F	LEVEL OF ACTIVITY ASSESS
10040	Acne surgery
1004F	CLIN SYMP VOL OVRLD ASSESS
1005F	ASTHMA SYMPTOMS EVALUATE
10060	DRAINAGE OF SKIN ABSCESS
10061	DRAINAGE OF SKIN ABSCESS

1 2

Done Local intranet

Claim Line Details*

(Remove)

	Service From Date	Service To Date	Place of Service	Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	El
<input type="checkbox"/>	10/16/2006	10/16/2006	05	1000F			Select	0	0	N

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

By default, COB drop down is "No" and there will not be any link buttons for Add and View COB columns.

Claim Line Details* [\(Add more Claim Line\)](#)

Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	EPSDT	EPSDT Family Planning	Emergency	COB	Add View COB COB
1000F	1 2 3 4	1 2 3 4	MJ-Minutes	100	100	Yes	No	Yes	No	

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

If user can change the field of COB value from “No” to “Yes”, the link button will be visible (Add COB, View COB).

Claim Line Details* [\(Add more Claim Line\)](#)

Procedure Code	Modifier	Diagnosis Code Reference	Units of Measurement	Quantity	Charges	EPSDT	EPSDT Family Planning	Emergency	COB	Add View COB COB
1000F	1 2 3 4	1 2 3 4	MJ-Minutes	100	100	Yes	No	Yes	Yes	[Add] [View]

Note: Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details

Now the user can click on the ‘Add’ link button which will open the new window and add the Adjustment Reason Code, Quantity and Amount of COB.

Add COB - Microsoft Internet Explorer provided by Cognizant

Professional Claim

Add Adjustment Claim

Claim Adjustment Group Code: CO-Contractual Obligations

[\(Remove\)](#) [\(Add more Adjustment Claim\)](#)


Adjustment Reason Code	Monetary Amount	Quantity
<input type="checkbox"/>		

Save Cancel

The user can click on the zoom icon of Adjustment Reason Code and enter the following search criteria.

- Code
- Description

Adjustment Reason Code Search

Adjustment Reason Code: 

Adjustment Reason Description:

Code Found

Code	Description
1	Deductible Amount

1

While user can selected the code, closed the popup window and populated the adjustment reason code in data grid


Add COB - Microsoft Internet Explorer provided by Cognizant

Professional Claim

Add Adjustment Claim

Claim Adjustment Group Code:

(Remove) (Add more Adjustment Claim)

	Adjustment Reason Code		Monetary Amount	Quantity
<input type="checkbox"/>	10		<input type="text"/>	<input type="text"/>


After entering the Adjustment Reason Code, Monetary Amount and Quantity and user click the save button, closed the popup window and information will be saved.

Professional Claim

Add Adjustment Claim

Claim Adjustment Group Code:

(Remove) (Add more Adjustment Claim)

	Adjustment Reason Code		Monetary Amount	Quantity
<input type="checkbox"/>	10		<input type="text" value="100"/>	<input type="text" value="100"/>

The user can click on the view COB Link Button, its open the new window and display the records. User can click on the 'Cancel' button will close the popup window and show the parent window.

Adjustment Reason Code	Monetary Amount	Quantity
10	100	100

After submitting the form, the confirmation message will be shown at the top of the page with the Tracking Number which can be used for future reference.

MOLINA
HEALTHCARE

Provider Self Services

Home Member Eligibility Claims CHDP Authorization Provider Search Patient Listing Download Logout

Your Claim has been Successfully Saved. Please note the Tracking Number for Future Reference.
Tracking Number: TN0628900002

Welcome

On Click of the 'Next' button or Summary Link, the page will be redirected to summary page which is showing in the following screen. On click on the "Previous" button will take the user to the Services and Procedure Page.

Professional Claim Provider Information - Microsoft Internet Explorer provided by Cognizant

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Mail My Yahoo! Answers Fantasy Sports Games Music

Address http://localhost/ePortalUAT/providers/HCFASummary.aspx Go Links

Search Web Upgrade Now! Mail My Yahoo! Answers Fantasy Sports Games Music

MOLINA
HEALTHCARE

Provider Self Services

Home Member Eligibility Claims CHDP Authorization Provider Search Patient Listing Download Logout

Professional Claim

Member | Other Coverage | Provider | General Claim | Services/Procedures | Summary

Tracking Number: TN0629100001

Member Information

Service From Date:	10/18/2006	Service To Date:	10/18/2006
Member ID:	123412121	First Name:	ABC
Last Name:	KAY	DOB:	08/10/1994
Middle Initial:		Address1:	1231 TARATA PL
Sex:	Male	City:	ELK GROVE
Address2:		Zip Code:	12345
State:	CA	Program Name:	Medicaid HMO
Payor Name:	MHC CA	Payor ID:	33-0342719
Another Health Benefit Plan:	NO		

Patient Information

Last Name:	KAY	First Name:	ABC
Middle Initial:		DOB:	08/10/1994
Sex:	Male	Marital Status:	
Address1:	1231 TARATA PL	Address2:	
City:	ELK GROVE	State:	CA
Zip Code:	12345	Patient Relationship to Member:	43-Child Where Insured Has No Financial Responsibility

Other Coverage

Policy Holder Details

Last Name:		First Name:	
Middle Initial:		DOB:	
Gender:		Type of Program:	
Plan Or Program Name:		Policy Group Number:	
Employer Name or School Name:		Relationship To Member:	

Welcome CHILDRENS HOSPITAL OF SAN DIEGO

- [View / Update Profile](#)
- [Change Password](#)
- [Manage Office Users](#) **new**
- [Contact Molina](#)
- [View FAQs](#)
- [Upcoming Features](#) **new**

Find A Provider

Zip Code:

Specialty:

Quick Search

Forms

- [MHC Medication Prior Authorization Form](#)
- [Service Request Form \(Referral Form\)](#)
- [Service Request Form \(Instruction\)](#)

Links

- [Find a Pharmacy](#)
- [View Nurse Advice Reports](#)

Done Local intranet

Summary Page

In summary Page, all the previous section details will be populated automatically.

Professional Claim Provider Information - Microsoft Internet Explorer provided by Cognizant

File Edit View Favorites Tools Help

Address http://localhost/ePortalUAT/providers/HCFASummary.aspx

Search Web Upgrade Now! Mail My Yahoo! Answers Fantasy Sports Games Music

MOLINA HEALTHCARE **Provider Self Services**

Home Member Eligibility Claims CHDP Authorization Provider Search Patient Listing Download Logout

Professional Claim

Member | Other Coverage | Provider | General Claim | Services/Procedures | Summary

Tracking Number: TN0629100001

Member Information

Service From Date: 10/18/2006	Service To Date: 10/18/2006
Member ID: 123412121	
Last Name: KAY	First Name: ABC
Middle Initial:	DOB: 08/10/1994
Sex: Male	Address1: 1231 TARATA PL
Address2:	City: ELK GROVE
State: CA	Zip Code: 12345
Payor Name: MHC CA	Program Name: Medicaid HMO
Payor ID: 33-0342719	Another Health Benefit Plan: NO

Patient Information

Last Name: KAY	First Name: ABC
Middle Initial:	DOB: 08/10/1994
Sex: Male	Marital Status:
Address1: 1231 TARATA PL	Address2:
City: ELK GROVE	State: CA
Zip Code: 12345	Patient Relationship to Member: 43-Child Where Insured Has No Financial Responsibility

Other Coverage

Policy Holder Details

Last Name:	First Name:
Middle Initial:	DOB:
Gender:	Type of Program:
Plan Or Program Name:	Policy Group Number:
Employer Name or School Name:	Relationship To Member:

Welcome CHILDRENS HOSPITAL OF SAN DIEGO

- [View / Update Profile](#)
- [Change Password](#)
- [Manage Office Users](#) **new**
- [Contact Molina](#)
- [View FAQs](#)
- [Upcoming Features](#) **new**

Find A Provider

Zip Code:

Specialty:

Quick Search

Forms

- [MHC Medication Prior Authorization Form](#)
- [Service Request Form \(Referral Form\)](#)
- [Service Request Form \(Instruction\)](#)

Links

- [Find a Pharmacy](#)
- [View Nurse Advice Reports](#)

Done Local intranet

After filling all the mandatory fields in all pages user needs to click on the 'Submit' button which is showing in the following screen.

Services/Procedures

Principal Diagnosis Code: 010.02

Diagnosis Code

Diagnosis Description

Claim Line Details

Modi	Modi	Modi	Modi	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Units	Quan	Charges	EPSDT	EPSDT	Emer	COB	View
ier1	ier2	ier3	ier4	Code	Code	Code	Code	of	tity			Family	gency		
				Reference1	Reference2	Reference3	Reference4	Measurement				Planning			
								F2- International Unit	2	5	N	N	N	N	

Comments

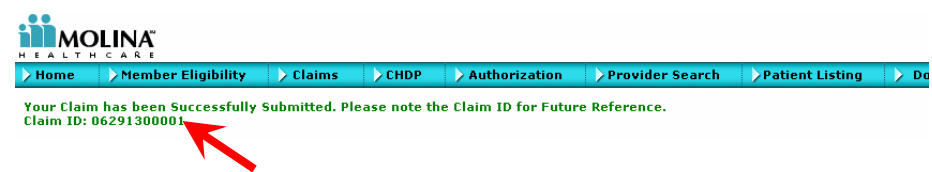
Remarks:

Total Amount

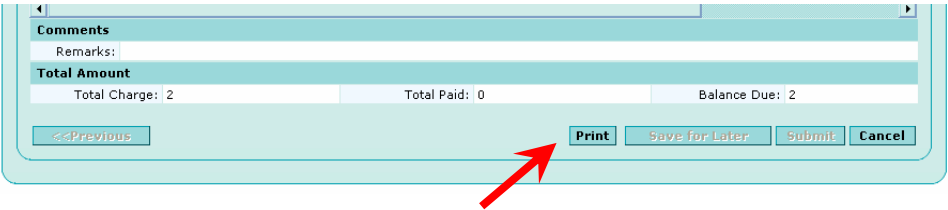
Total Charge: 5 Total Paid: 0 Balance Due: 5

<<Previous Print Save for Later **Submit** Cancel

After submitting the Claim, the confirmation message will be shown at the top of the page with the Claim ID which can be used for future reference which is showing in the following form.



After successfully submitting the claim the 'Print' button will be enabled which is showing in the following screen.



On click on the 'Print' button HCFA Claim Report will be generated in the PDF Format which is showing in the following screen.



HEALTH INSURANCE PROFESSIONAL CLAIM FORM

CLAIM ID: 06291300001

PATIENT NAME (Last Name First Name Middle Initial): KAY, ABC		INSURED ID: 123412121 INSURED NAME (Last Name First Name Middle Initial): KAY, ABC	
PATIENT ADDRESS: 1231 TARATA PL, ELK GROVE, CA-12345.		INSURED ADDRESS: 1231 TARATA PL. CITY: ELK GROVE STATE: CA	
PHONE:		ZIP CODE: 12345	PHONE:
PATIENT DOB: 08/10/1994 SEX: Male		INSURED DOB: 08/10/1994 SEX: Male	
PATIENT RELATIONSHIP TO INSURED: 41-Child Where Insured Has No Financial Responsibility		INSURED POLICY NO: HHC CA INSURED PROGRAM NAME: Medicaid HMO	
MARITAL STATUS:		INSURED EMPLOYER NAME:	
PATIENT CONDITION RELATED TO a. EMPLOYMENT (current or previous): b. AUTO ACCIDENT ?: Yes PLACE(STATE): CA c. OTHER ACCIDENT ?:		IS THERE ANY OTHER HEALTH BENEFIT PLAN: No POLICY HOLDER'S NAME (Last Name First Name Middle Initial):	
DATE OF CURRENT ILLNESS:		POLICY HOLDER'S DOB: SEX:	
DATE OF SIMILAR ILLNESS:		PLAN OR PROGRAM NAME:	
DATES PATIENT UNABLE TO WORK CURRENT OCCUPATION		PLAN OR GROUP NUMBER:	
FROM DATE:	TO DATE:	EMPLOYER'S NAME OR SCHOOL NAME:	
HOSPITALIZATION		POLICY HOLDER RELATIONSHIP:	
FROM DATE:	TO DATE:		
OUT SIDE LAB: Yes CHARGES:			
PRIOR AUTHORIZATION NO: 2342342343			
PATIENT ACCOUNT NO: 2342342342			
DIAGNOSES CODE			
PRINCIPAL DIAGNOSES CODE: 031.9			
SL NO	Diagnosis Code	Diagnosis Description	

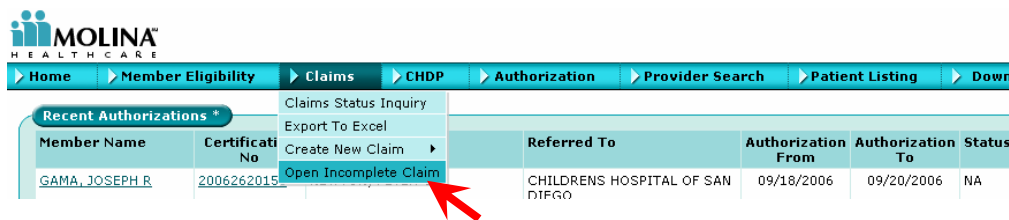
Claim Lines										
Dates of Service		Place of Service	Procedure Code	Modified	Diagnosis Code	Charges	Days or Unit	EPSDT Family Plan	Emergency	COB
From	To									
10/18/2006	10/18/2006	11	12005			2.00	1	N	N	N
TOTAL CHARGES:						2.00	AMOUNT PAID:		0.00	BALANCE DUE: 2.00
Billing Provider Information		Rendering Provider Information			Facility Provider Information		Referring Provider Information			
Assignment of Benefit: Y Release of Information: I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Provider ID: 123123123123 Name: ABC HOSPITAL HEALTH, Address: 1231 CHILDRENS WAY, SAN DIEGO, CA. Zip Code: 12312 State LDC NO:		Provider ID: Name: WRIGHT ABC M State LDC NO: 12345			Name: 123 UNIVERSITY AVE STE 120 SAN DIEGO 92105 Address: 1231 UNIVERSITY AVE, STE 150, SAN DIEGO, CA. Zip Code: 12345		Provider ID: 2131231231 Name: ABC			

Open Incomplete Claim

This functionality enables the user to open already saved claims (Incomplete Claims) to continue the submission process.

Navigate the Professional Claim

User can click on the Open Incomplete Claim from the Claims menu (Claim → Open Incomplete Claim)



On click of the Open Incomplete Claim the following screen will be displayed.

The screenshot shows the 'Open Incomplete Claims' search form. The form is divided into two main sections: 'Member Information' and 'Claim Information'. The 'Member Information' section includes fields for Member Number, Date Of Birth, First Name, Last Name, and Gender. The 'Claim Information' section includes fields for Claim Type, Tracking Number, Create From, Requested Date, and Create To. A 'Search' button is located at the bottom right of the form. A note at the bottom states: 'Note: User can search and edit Claims that has been saved by him/her only'.

Member Information

Member Number: Date Of Birth: (mm/dd/yyyy)

First Name: Last Name:

Gender: All

Claim Information

Claim Type: * Select

Tracking Number: Requested Date: (mm/dd/yyyy)

Create From: (mm/dd/yyyy) Create To: 10/16/2006 (mm/dd/yyyy)

Note: User can search and edit Claims that has been saved by him/her only

The Incomplete Professional Claims can be fetched on the basis of the Member Information or the Claim Information. User needs to select the Claim Type as mandatory to open the Saved or Incomplete Professional Claims.

After entering the search criteria user can click on the “search” button to display the results.

Open Incomplete Claims

- Required Field

Member Information

Member Number:
Date Of Birth: (mm/dd/yyyy)
First Name:
Last Name:
Gender: All

Claim Information

Claim Type: Professional Claim
Tracking Number:
Requested Date: (mm/dd/yyyy)
Create From: 11/06/2006 (mm/dd/yyyy)
Create To: 11/07/2006 (mm/dd/yyyy)

Note: User can search and edit Claims that have been saved by the user only

Search Clear Cancel

Claims Found

Select	Member Name	Tracking Number	Created Date
<input type="checkbox"/>	KAY ABC	TN0631000001	11/06/2006

Delete

On click on the "Tracking Number" data link in the search result, user can open the Incomplete Claim. User can see the Member Information by clicking on the 'Member Name' data link. The user also can delete the saved Claims by selecting the check box against the claim in the search result and click on the "Delete" button.

Claims Found

Select	Member Name	Tracking Number	Created Date
<input type="checkbox"/>	KAY ABC	TN0631000001	11/06/2006

Delete

Create New PM160 Form

This functionality enables the registered provider to submit the PM160 Forms through ePortal. The providers can take the print out of the submitted forms. The following are the steps to submit the PM160 Form.

Navigate the PM160 Form

User can click on the PM160 Form from the sub menu Create New CHDP (CHDP → Create New CHDP → PM160 Form



The page will be redirected to member information page which is showing below.

PM160 Form

[Member Information](#) | [Claim Information](#) | [Other Information](#) | [Summary](#)

* - Required Field

Patient Information
[Find a Member](#)

Date of Service: * 19 (mm/dd/yyyy)

Last Name: *

First Name: *

Middle Initial:

Medical Record No:

DOB: * 19 (mm/dd/yyyy)

Age: Years Months

Sex:

Telephone No: (1234567890)

LA Code:

County Code:

County:

Next Visit: * 19 (mm/dd/yyyy)

Responsible Person ☐ (Check if Responsible Person is same as Patient)
[Find a Member](#)

Last Name: *

First Name: *

Middle Initial:

Address1: *

Apt #:

City: *

Zip Code: *

Ethnic Code: * Select

Next>>

Save for Later

Member Information Page

The Member Information Page contains two sections.

- Patient Information Section
- Responsible Person Section

Patient Information Section

To search for a member, enter the Date of Service in mm/dd/yyyy format and click on the Find a Member Link.

Patient Information

* - Required Field

[Find a Member](#)

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

Last Name: * First Name: * Middle Initial:

Medical Record No: DOB: * (mm/dd/yyyy) Age: Years Months

Sex: Telephone No: (1234567890) LA Code:

County Code: County: Next Visit: * (mm/dd/yyyy)

After clicking on the “Find a Member” hyper link, a new screen will be opened with the search criteria. Member Information can be found entering any of the following information.

- Member Number
- First Name & Last Name
- First name & Date of Birth
- Last Name & Date of Birth

After entering the search criteria user can click on the Search button to get the search results. The screen below shows the search results through the member search.

Member Search

Member Number:

First Name: Mark

Last Name: Phil

Date of Birth: (mm/dd/yyyy)

Members Found

Member Number	Member Name	DOB	PCP Name
12312312A	PHILIP, MARK	12/11/1986	SMITH, JOSE

1

Select the “Member Number” data link and the popup will be closed and selected member details will be populated in patient information sections.

PM160 Form

Member Information | [Claim Information](#) | [Other Information](#) | [Summary](#)

Patient Information * - Required Field
[Find a Member](#)

Date of Service: * 11/01/2006 19 (mm/dd/yyyy)

Last Name: * PHILIP First Name: * MARK Middle Initial:

Medical Record No: DOB: * 05/29/1986 19 (mm/dd/yyyy) Age: 20 Years 6 Months

Sex: Female Telephone No: 1234567890 (1234567890) LA Code:

County Code: 19 County: Los Angeles Next Visit: * 19 (mm/dd/yyyy)

Responsible Person ☐ (Check if Responsible Person is same as Patient) [Find a Member](#)

Last Name: * First Name: * Middle Initial:

Address1: * Apt #:

City: * Zip Code: * Ethnic Code: * Select

[Next>>](#) [Save for Later](#)

Next Visit in the Patient Information section is a required field which cannot be left blank.

Responsible Person Section

Responsible Person ☐ (Check if Responsible Person is same as Patient) [Find a Member](#)

Last Name: * First Name: * Middle Initial:

Address1: * Apt #:

City: * Zip Code: * Ethnic Code: * Select

[Next>>](#) [Save for Later](#)

Check the box (if Responsible Person is same as Patient) if the patient is same as the Responsible person. The patient details will be populated in the responsible person section. If you want to change any information for the Responsible Person you can change it by clicking on the “Find a Member” hyperlink.

Ethnic Code is required and can not be left blank in this section.

PM160 Form

Member Information | [Claim Information](#) | [Other Information](#) | [Summary](#)

* - Required Field

Patient Information [Find a Member](#)

Date of Service: * 11/01/2006 (mm/dd/yyyy)

Last Name: * PHILIP First Name: * MARK Middle Initial:

Medical Record No: DOB: * 05/29/1986 (mm/dd/yyyy) Age: 20 Years 6 Months

Sex: Female Telephone No: 1234567890 (1234567890) LA Code:

County Code: 19 County: Los Angeles Next Visit: * (mm/dd/yyyy)

Responsible Person ☒ (Check if Responsible Person is same as Patient) [Find a Member](#)

Last Name: * PHILIP First Name: * MARK Middle Initial:

Address1: * Address Apt #:

City: * Zip Code: * 99999 Ethnic Code: * 2-Asian

[Next>>](#) [Save for Later](#)

After filling the member information page if you want to take a break and do it later you can click on the "Save for Later" button, after which the tracking number will be generated with confirmation message.

[Home](#)
[Member Eligibility](#)
[Claims](#)
[CHDP](#)
[Authorization](#)
[Provider Search](#)
[Patient Listing](#)
[Download](#)

Form has been saved successfully. Please note down the Tracking Number for Future Reference. Tracking Number: 000000000003210

If you want to continue with the submission of the form Click the "Next" button or "Claim Information" link (next to Member Information on the top) then page will be redirected to the Claim information page which is showing in the following screen.

PM160 Form

[Member Information](#) |
 [Claim Information](#) |
 [Other Information](#) |
 [Summary](#)

* - Required Field

Visit Type: *

Type Of Screen: * ☐ Initial ☐ Periodic

PM160 Type: *

Screening Procedure Recheck: ☐

Accompanies Prior PM160 Dated: (mm/dd/yyyy)

Assessment

Code	Test Name	No Problem Suspected	Refused, Contra-Indicated, Not Needed	Problem Suspected (New)	Problem Suspected (Known)	Fees(\$)
01	HISTORY AND PHYSICAL EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	DENTAL ASSESSMENT/REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	NUTRITIONAL ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	ANTICIPATORY GUIDANCE HEALTH EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	DEVELOPMENTAL ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	SNELLEN OR EQUIVALENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	AUDIOMETRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	HEMOGLOBIN OR HEMATOCRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	URINE DIPSTICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	COMPLETE URINALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	TB MANTOUX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: 1.TB results are required in the comments section.

Claim information page

This Claim Information page contains three sections.

- Assessment Section
- Other Tests Section and
- Immunization Section

Assessment Section

Member Information | Claim Information | Other Information | Summary * - Required Field

Visit Type: *

Type Of Screen: * ☐ Initial ☐ Periodic

PM160 Type: *

Screening Procedure Recheck: ☐

Accompanies Prior PM160 Dated: (mm/dd/yyyy)

Assessment

Code	Test Name	No Problem Suspected	Refused, Contra-Indicated, Not Needed	Problem Suspected (New)	Problem Suspected (Known)	Fees(\$)
01	HISTORY AND PHYSICAL EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
02	DENTAL ASSESSMENT/REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
03	NUTRITIONAL ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
04	ANTICIPATORY GUIDANCE HEALTH EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
05	DEVELOPMENTAL ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
06	SNELLEN OR EQUIVALENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
07	AUDIOMETRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
08	HEMOGLOBIN OR HEMATOCRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
09	URINE DIPSTICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
10	COMPLETE URINALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
12	TB MANTOUX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Note: 1.TB results are required in the comments section.

In the Assessment section Click the Problem Suspected (New) or/and the Problem Suspected (Known) zoom icon in test code 01 row then popup will be opened with all the follow up codes, User can select any one the code by clicking on the code number.

Follow Up Code Search Results - Microsoft Internet Explorer provided by Cognizant

Follow Up Code

Code	Description
1	NO DX/RX INDICATED OR NOW UNDER CARE
2	QUESTIONABLE RESULT,RECHECK SCHEDULED
3	DX MADE AND RX STARTED
4	DX PENDING/RETURN VISIT SCHEDULED
5	REFERRED TO ANOTHER EXAMINAR FOR DX/RX
6	REFERRAL REFUSED

1

Cancel

After selecting any one of the followup code then popup will be closed and followup code will be populated in corresponding textbox.

Similarly the assessment can be filled for the other tests in the assessment section.

PM160 Form

[Member Information](#) | [Claim Information](#) | [Other Information](#) | [Summary](#)

Visit Type: * 1-New

Type Of Screen: * Initial ☒ Periodic ☐

Screening Procedure Recheck: ☐

PM160 Type: * 1-Original

Accompanies Prior PM160 Dated: (mm/dd/yyyy)

Assessment

Code	Test Name	No Problem Suspected	Refused, Contra-Indicated, Not Needed	Problem Suspected (New)	Problem Suspected (Known)	Fees(\$)
01	HISTORY AND PHYSICAL EXAM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 <input type="button" value="m"/>	<input type="button" value="m"/>	1
02	DENTAL ASSESSMENT/REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
03	NUTRITIONAL ASSESSMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 <input type="button" value="m"/>	<input type="button" value="m"/>	
04	ANTICIPATORY GUIDANCE HEALTH EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
05	DEVELOPMENTAL ASSESSMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 <input type="button" value="m"/>	<input type="button" value="m"/>	
06	SNELLEN OR EQUIVALENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	6 <input type="button" value="m"/>	
07	AUDIOMETRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
08	HEMOGLOBIN OR HEMATOCRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
09	URINE DIPSTICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
10	COMPLETE URINALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
12	TB MANTOUX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	

Note: 1.TB results are required in the comments section.

Other Test Section

Other Tests

S.no	Code	Other Tests	No Problem Suspected	Refused, Contra-Indicated, Not Needed	Problem Suspected (New)	Problem Suspected (Known)	Fees(\$)
13	<input type="button" value="m"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
14	<input type="button" value="m"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
15	<input type="button" value="m"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	
16	<input type="button" value="m"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="m"/>	<input type="button" value="m"/>	

To select the test code Click on the zoom icon next to the “Code” against the serial number 13. A new popup screen will appear with the details of the tests along with the description. To select a particular test click on the link in the code Column.

Other Tests Search Results - Microsoft Internet Explorer provided by Cognizant

Other Tests

Code	Description
<u>13</u>	Sickle Cell: Electrophoresis
<u>15</u>	Lead: Blood Lead
<u>16</u>	VDRL,RPR or ART
<u>17</u>	Gonorrhea (GC) Test
<u>18</u>	Pap Smear
<u>20</u>	Chlamydia Test
<u>21</u>	Pelvic Exam
<u>22</u>	Ova and/or parasite
<u>23</u>	Lead Test-Blood drawing
<u>24</u>	Lead Refer- Counseling and referral
<u>25</u>	Blood Glucose assay
<u>26</u>	Total Cholesterol

1

Cancel

User can select any one of the code then popup will be closed and corresponding code and description will be populated in other test sections.

Other Tests

S.no	Code	Other Tests	No Problem Suspected	Refused, Contra-Indicated, Not Needed	Problem Suspected (New)	Problem Suspected (Known)	Fees(\$)
13	<u>13</u>	Sickle Cell: Electrophoresis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Search for followup codes can be done using the zoom icon next to Problem Suspected (New) and Problem Suspected (Known).

Immunization Section

Immunizations

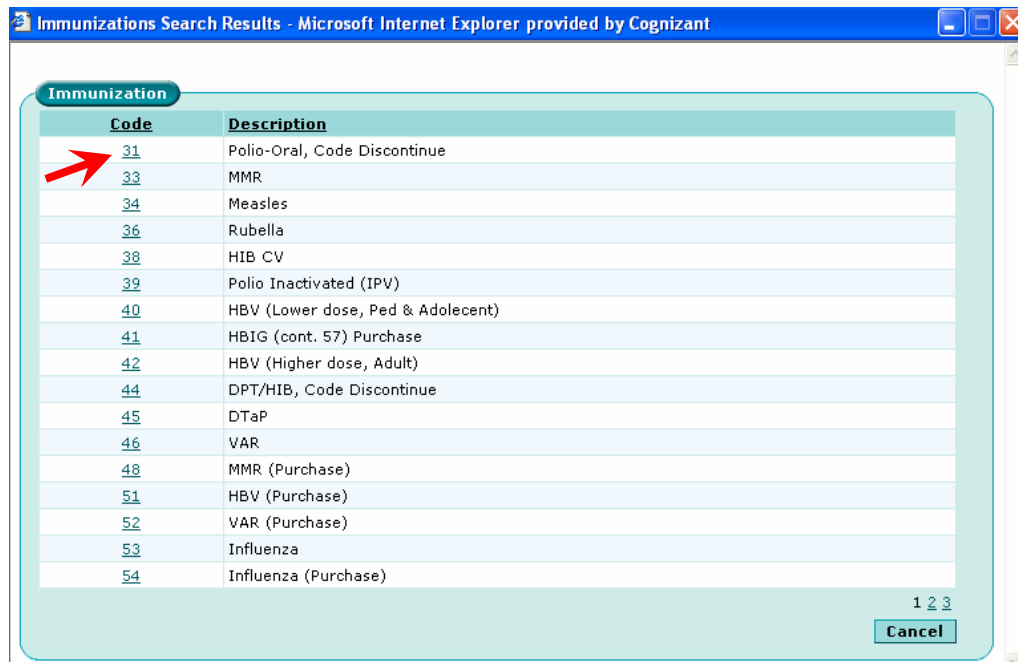
Immunization Code	Immunization Description	Status	Series	Fees(\$)
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	

Total Fees \$: 0

<<Previous Next>>

Save for Later

On Click of the zoom icon next to "Immunization Code", a popup will be opened with all the Immunization Code and Description.



User can select any one of the immunization code, clicking on the link under the Immunization code. On selection of the immunization code popup will be closed and immunization code and description will be populated in the corresponding row.

Immunization Code	Immunization Description	Status	Series	Fees(\$)
40	HBV (Lower dose, Ped & Adolescent)	1-Now up to Date for age	2	1
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	
		Select	Select	

Total Fees \$: 2

<<Previous Next>> **Save for Later**

On click of the "Previous" button will take the user to the Member Information Page. On click of the "Next" button or Other Information Link, the page will be redirected to Other Information page in the following screen.

Other Information page

Other Information page contains the following sections

Other Information Section

User need to enter all the mandatory fields in Other Information Section (Height, Weight, Blood Pressure and Birth Weight)

PM160 Form

[Member Information](#) | [Claim Information](#) | [Other Information](#) | [Summary](#)

Other Information * - Required Field

Height: * 1 Inches Weight: * 1 Lbs 0 Ozs Blood Pressure: * 1 / 1

Hemoglobin: Hematocrit: % Birth Weight: * 1 Lbs 0 Ozs

Patient is a Foster Child: ☐ Lead test results:

Routine Referrals Section

User can select Blood Lead or Dental check box or none of them.

Routine Referral(s)

Blood Lead: ☐ Dental: ☐

Diagnosis Code Section

User can enter any number of diagnosis codes.

Diagnosis Code

(Remove) (Add more diagnosis code)

Diagnosis Code	Diagnosis Description
<input type="checkbox"/>	

On Click of the zoom icon a popup will be opened, enter Diagnosis Code or Description and press the "Search" button

On click of the "Search" button, the search result will appear on the same page in order to select the Diagnosis Code, click on the link displaying the code.

Diagnosis Search - Microsoft Internet Explorer provided by Cognizant

Diagnosis Search

Diagnosis Code:

Diagnosis Description:

Diagnosis Found

Diagnosis Code	Diagnosis Description
031	Diseases due to other mycobacteria
031.0	Diseases due to other mycobacteria; Pulmonary
031.1	Diseases due to other mycobacteria; Cutaneous
031.2	Diseases due to other mycobacteria; Disseminated
031.8	Diseases due to other mycobacteria; Other specified mycobact
031.9	Diseases due to other mycobacteria; Unspecified diseases due

1

Selected diagnosis code will be populated in the diagnosis sections. To add more diagnosis codes, click on the “Add more diagnosis code” link which will add one more row and again the diagnosis code can be selected using the zoom icon.

Diagnosis Code [\(Remove\)](#) [\(Add more diagnosis code\)](#)

Diagnosis Code	Diagnosis Description
<input type="checkbox"/> 031	<input type="text" value="Diseases due to other mycobacteria"/>

Referral Section

User can enter two referral names.

Referral

Sl No	Referred To	Provider Phone Number
01	<input type="text"/>	<input type="text" value="(1234567890)"/>
02	<input type="text"/>	<input type="text" value="(1234567890)"/>

Click the search zoom icon to open the search screen for Providers.

In the search screen if the user does not want to search using Name or location he/she can uncheck the box near the “By Name” and “By Location” labels. User will have to enter the Provider Type and the State for the search.

Provider Search

State: * CA

Provider Type: * PCP

Accept New Patient: Select

* - Required Field

By Name

Last Name:

First Name:

Specialty: All

Language: All

Gender: All

LOB: All

By Location

County: Select

City: Select

Zip code:

Distance Within: Select (Miles)

Search

Clear

Cancel

Providers Found

Provider Name	Address	Telephone	Specialty	Language	Gender	Distance (miles)
JONH, SMITH	ADDRESS1	1111111111	PEDIATRIC	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Female	
ALEN, RICK	ADDRESS2	2222222222	ORHTOPEDIC	ENGLISH, FRENCH		
DANIAL, THOMPSON	ADDRESS3	3333333333	FAMILY PRACTICE	ENGLISH, FRENCH		
MARK, TAYLOR	ADDRESS4	4444444444	INTERNAL MEDICINE	ENGLISH, SPANISH	Male	

1

On click on the “Provider Name” data link User can see the details of the Provider.

Provider Details			
Name:	JOHN, SMITH	Specialty:	PEDIATRIC
Language:	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Gender:	Female
Distance (in Miles):			

Service Location	
Name:	
Address:	ADDRESS1
Phone:	1111111111
Fax:	1112223334



Program					
Sacramento - MHC					
Accepting New Patient:	Y				
Gender Restriction:		Minimum Age:	0	Maximum Age:	21

Groups Affiliation	
Name:	WASHINGTON EYE HOSPITAL
Address:	ADDRESS
Phone:	1234567890
Name:	THOMAS HEALTHCARE INC
Address:	ADDRESS 5
Phone:	1122334456

Hospital Affiliation	
Name:	
Address:	
Phone:	

Select Provider Back

User can select the provider by clicking on the “Select Provider” button. If you can not see the “Select Provider” button scroll down until you see that. On click of the “Select Provider” button the details of the providers will be populated in the corresponding text box.

Referral			
Sl No	Referred To		Provider Phone Number
01	JOHN SMITH		1234567890 (1234567890)
02			(1234567890)

Questionnaires Section

User can select Yes or No options for all the questions.

Questionnaires	
Patient is Exposed Passive(Second Hand)Tobacco Smoke: *	Yes <input checked="" type="radio"/> No <input type="radio"/>
Tobacco used by Patient: *	Yes <input type="radio"/> No <input checked="" type="radio"/>
Counseled About/ Referred for Tobacco Use Prevention/ Cessation: *	Yes <input checked="" type="radio"/> No <input type="radio"/>

WIC Section

User can select any either Enrolled in WIC or Referred to WIC.

WIC (WIC requires Ht., Wt., and Hemoglobin/Hematocrit)	
Enrolled in WIC: <input checked="" type="radio"/>	Referred to WIC: <input type="radio"/>

Pay To Provider Section

User has to enter Pay to provider information manually

Pay to Provider			
Health Plan TIN#: *	<input type="text" value="QMXPR1111111"/>		
Pay To Name: *	<input type="text" value="CHILDRENS HOSPITAL OF CALIFORNIA"/>		
Address1: *	<input type="text" value="ADDRESS"/>	Suite#: <input type="text"/>	City: * <input type="text" value="CALIFORNIA"/>
Zip Code: *	<input type="text" value="99999"/>	Phone No: *	<input type="text" value="1234567890"/> (1234567890)

Rendering Provider Section

User has to enter Rendering Provider information manually

Rendering Provider			
Rendering Provider:	<input type="text" value="CHILDRENS HOSPITAL OF SAN DIEGO"/> <input type="button" value="v"/>		
Health Plan Code: *	<input type="text" value="12345"/>	Provider License No: *	<input type="text" value="111111111111111"/>
Last Name: *	<input type="text" value="JOHN"/>	First Name:	<input type="text" value="SMITH"/>
Address1: *	<input type="text" value="ADDRESS"/>	Suite#: <input type="text"/>	City: * <input type="text" value="CALIFORNIA"/>
Zip Code: *	<input type="text" value="99999"/>	Phone No: *	<input type="text" value="1234567890"/> (1234567890)

Patient Eligibility Section

In this section all the values will be populated automatically based on the patient selected in the Member information page.

Patient Eligibility		
County: *	19	AID: 30
ID Number: *	111111111	

Comments/Problem Section

User can enter New born information or other comments in this section.

Comments/Problems
New Borns: smith, 09/10/2006, male.]
<small>Note: BUMC: Requires Newborn's Last, First, Middle or Initial, DOB, Gender, Phone Number in Comment Section.</small>

Supporting Document Section

User can upload supporting documents where in the total size should not exceed 1 MB. By clicking on the browse button user can search for the document and on the click of the upload button the document will be uploaded.

Supporting Documents								
C:\Documents and Settings\132395\Desktop\CHDPServices.gif	Browse...	Upload						
<small>(Can upload up to 5 documents whose total size does not exceed 1 MB)</small>								
<table border="1"><thead><tr><th>Name</th><th>Size</th><th>Action</th></tr></thead><tbody><tr><td>CHDPServices.gif</td><td>1.01 KB</td><td>Remove</td></tr></tbody></table>			Name	Size	Action	CHDPServices.gif	1.01 KB	Remove
Name	Size	Action						
CHDPServices.gif	1.01 KB	Remove						
Total File Size:1.01KB								
<<Previous Next>>		Save for Later						

After entering the entire details click on the “Next” button or the Summary link at the top of the page to navigate to the Summary Page which is showing in the following screen.

PM160 Form

[Member Information](#) | [Claim Information](#) | [Other Information](#) | [Summary](#)

Member information

Patient Information

Date of Service: 11/01/2006	First Name: SMITH
Last Name: JOHN	Medical Record No:
Middle Initial:	Age: 20 Years 6 Months
DOB: 05/29/1986	Telephone No: 1234567890
Sex: Female	County Code: 19
County: CALIFORNIA	Next Visit:
LA Code:	

Responsible Person

Last Name:	First Name:
Middle Initial:	Address1:
Apt #:	City:
Zip Code:	Ethnic Code:

Claim Information

Visit Type:	PM160 Type:
Type Of Screen:	Accompanies Prior PM160 Dated:
Screening Procedure Recheck: No	

Welcome CHILDRENS HOSPITAL OF SAN DIEGO

- [View / Update Profile](#)
- [Change Password](#)
- [Manage Office Users](#) **new**
- [Edit Questionnaire](#) **new**
- [Contact Molina](#)
- [View FAQs](#)
- [Upcoming Features](#) **new**

Find A Provider

Zip Code:

Specialty:

Quick Search

Forms

- [MHC Medication Prior Authorization Form](#)
- [Service Request Form \(Referral Form\)](#)
- [Service Request Form](#)

In Summary Page user has to select signature on file option and after reviewing the information filled, user can submit the form by clicking the "Submit" Button.

Signature on file: ☒

[<<Previous](#) [Print](#) [Save for Later](#) [Submit](#) [Cancel](#)

After submitting the forms, the confirmation message will be shown at the top of the page with the tracking Number which can be used for future references.

MOLINA **HEALTHCARE** Pro

[Home](#) [Member Eligibility](#) [Claims](#) [CHDP](#) [Authorization](#) [Provider Search](#) [Patient Listing](#) [Download](#)

Your Form has been Submitted Successfully. Please note the Tracking Number for Future Reference.

At any time while filling up the form user can click on the “Save for Later” button to save the information. And on the basis of the generated Tracking Number, user can pull up the incomplete form by clicking on the “Open Incomplete CHDP” link under the “CHDP” tab.

Create New Growing Up Healthy Form

This functionality enables the registered provider to submit the GUHF Forms through ePortal. The providers can take the print out of the submitted forms. The following are the steps to submit the GUHF Form.

Navigate the PM160 Form

User can click on the GUHF Form from the sub menu Create New CHDP (CHDP → Create New CHDP → GUHF Form)



After click on the 'Growing up Healthy Form' from the menu, it will redirect to Member Information Page in the following screen.

Member Information Page

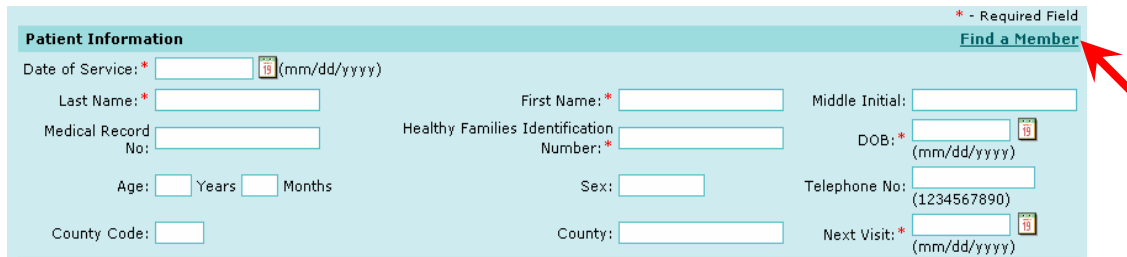
The Member Information Page contains two sections.

- Patient Information Section
- Responsible Person Section

A screenshot of the 'Growing up Healthy Form' Member Information page. The page has a header with the title 'Growing up Healthy Form' and a sub-header with links: 'Member Information', 'Claim Information', 'Other Information', and 'Summary'. Below the header, there are two main sections: 'Patient Information' and 'Responsible Person'. The 'Patient Information' section includes fields for Date of Service, Last Name, First Name, Middle Initial, Medical Record No., Healthy Families Identification Number, DOB, Age, Sex, Telephone No., County Code, County, and Next Visit. The 'Responsible Person' section includes fields for Last Name, First Name, Middle Initial, Address1, Apt #, City, Zip Code, and Ethnic Code. There are 'Find a Member' buttons for both sections. At the bottom, there are 'Next>>' and 'Save for Later' buttons. A legend indicates that an asterisk (*) denotes a required field.

Patient Information Section

To search for a Member, enter the Date of Service in mm/dd/yyyy format and click on the “Find a Member” link.



The form is titled "Patient Information" and includes a legend indicating that an asterisk (*) denotes a required field. A red arrow points to the "Find a Member" link in the top right corner. The form contains the following fields:

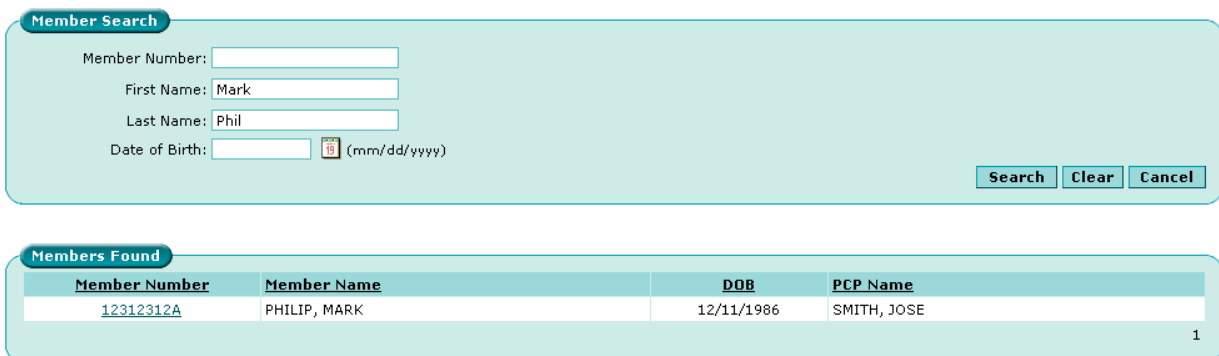
- Date of Service: * (mm/dd/yyyy)
- Last Name: *
- First Name: *
- Middle Initial:
- Medical Record No:
- Healthy Families Identification Number: *
- DOB: * (mm/dd/yyyy)
- Age: Years Months
- Sex:
- Telephone No: (1234567890)
- County Code:
- County:
- Next Visit: * (mm/dd/yyyy)

After clicking on the “Find a Member” hyper link, a new screen will be opened with the search criteria. Member Information can be found by entering any of the following information.

- Member Number
- First Name & Last Name
- First name & Date of Birth
- Last Name & Date of Birth

After entering the search criteria user can click on the Search button to get the search results. The screen below shows the search results through the member search.

The screen below shows the search result on the basis of the search on Member Number



The screen displays the "Member Search" section with input fields for Member Number, First Name (pre-filled with "Mark"), Last Name (pre-filled with "Phil"), and Date of Birth (mm/dd/yyyy). Search, Clear, and Cancel buttons are at the bottom right.

Below the search section is the "Members Found" section, which displays a table of search results:

Member Number	Member Name	DOB	PCP Name
12312312A	PHILIP, MARK	12/11/1986	SMITH, JOSE

A page number "1" is displayed at the bottom right of the table.

The screen below shows the search result on the basis of the search on Last Name and First Name of the Member.

If the search results have more than 10 records then the user can see the remaining search results by clicking on the page number at the bottom of the page.

By selecting the “Member Number”, the popup will be closed and the selected member details will be populated in the Patient Information Section.

* - Required Field

Patient Information [Find a Member](#)

Date of Service: *	11/01/2006	(mm/dd/yyyy)			
Last Name: *	PHILIP	First Name: *	MARK	Middle Initial:	R
Medical Record No:		Healthy Families Identification Number: *	12345678A	DOB: *	11/26/1988
				(mm/dd/yyyy)	
Age:	18	Years	0	Months	
		Sex:	Female	Telephone No:	1234567890
				(1234567890)	
County Code:	36	County:	San Bernardino	Next Visit: *	
				(mm/dd/yyyy)	

Responsible Person Section

Responsible Person ☐ (Check if Patient and Responsible person is same) [Find a Member](#)

Last Name:		First Name:		Middle Initial:	
Address1:		Apt #:			
City:		Zip Code:		Ethnic Code: *	Select

[Next>>](#) [Save for Later](#)

If the responsible person is the same as the patient, user can click on the “(Check if Patient and Responsible person is same)” box. By checking this box the responsible person section will be populated with the patient details. User can edit this information if required.

Responsible Person ☒ (Check if Patient and Responsible person is same) [Find a Member](#)

Last Name:	PHILIP	First Name:	MARK	Middle Initial:	
Address1:	ADDRESS	Apt #:			
City:	CITY	Zip Code:	99999	Ethnic Code: *	1-American Indian

[Next>>](#) [Save for Later](#)

If you want to continue with the submission of the form click the “Next” button or Claim Information link (next to Member Information) then page will be redirected to the Claim Information Page.

Claim Information Page

This Claim Information page contains three sections.

- Assessment Section
- Additional Assessment Section
- Other Tests Section and
- Immunization Section

Claim Information Header Section

The screenshot shows the 'Claim Information' header section of the 'Growing up Healthy Form'. It includes tabs for 'Member Information', 'Claim Information', 'Other Information', and 'Summary'. The 'Claim Information' tab is active. The form contains the following fields:

- Visit Type: * 1-New (dropdown menu)
- Type Of Screen: * Initial (radio button), Period (radio button)
- GUHF Type: * Select (dropdown menu)
- Screening Procedure Recheck: ☐
- Accompanies Prior GUHF Dated: (mm/dd/yyyy)

A legend indicates that an asterisk (*) denotes a required field.

Visit type and the GUHF Type are the required fields and can not be left blank.

Assessment Section

By clicking on the drop down under the “Type of Assessment”, user can select the Assessment Code and can enter the Fees in the respective Fees column

The screenshot shows the 'Assessment' section of the form, which is a table with the following columns: 'Assesment', 'Type of Assesment', 'Done', and 'Fees(\$)'.

Assesment	Type of Assesment	Done	Fees(\$)
HISTORY AND PHYSICAL EXAM INCLUDES:	Select	<input type="checkbox"/>	
DENTAL ASSESSMENT/REFERRAL			
NUTRITIONAL ASSESSMENT			
ANTICIPATORY GUIDANCE			
HEALTH EDUCATION			
DEVELOPMENTAL ASSESSMENT			

Red arrows point to the 'Type of Assesment' dropdown menu and the 'Fees(\$)' column.

Additional Assessment Section

In this section user can search for the CPT code by clicking on the zoom icon corresponding to the test.

Additional Assessment				
Additional Asesment	CPT Code		Done	Fees(\$)
SNELLEN OR EQUIVALENT	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
AUDIOMETRIC	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
HEMOGLOBIN OR HEMATOCRIT	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
URINE DIPSTICK	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
COMPLETE URINALYSIS	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
TB MANTOUX	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>

On click of the zoom icon to search for CPT code, a new popup screen will be opened with search criteria. User can search for the CPT code by entering procedure code or description.

In the search result, user can select the CPT code by clicking on the procedure code number.

Procedure Search - Microsoft Internet Explorer provided by Cognizant

Procedure Code Search

Procedure Code:
 Procedure Description: P

Your search information found more than 100 claims. One hundred claims are displayed. You may change your search information and try again.

Code Found




Code	Description
0001F	HEART FAILURE COMPOSITE
0001T	ENDO REP INFRARENL AAA MOD BIFURCAT
0002T	ENDO REP INFRARNL AAA;AORT-UNIILIAC
0003T	CERVICOGRAPHY
0005F	OSTEOARTHRITIS COMPOSITE
0005T	TRNSCTH CERBRVSC ART STNT PERQ;INIT
0006F	STATIN THERAPY PRESCRIBED
0006T	TRNSCATH CERBRVSC ART STNT PERQ;ADD
0007F	BETA-BLOCKER THERAPY PRESCRIBED
0007T	TRNSCATH CERBRVSC STNT PERQ RAD S&I

1 2 3 4 5 6 7 8 9 10 ...

Selected CPT code will be populated in Additional Assessment sections as below. Similarly the CPT code can be entered for the other tests also.

Additional Assessment				
Additional Asesment	CPT Code		Done	Fees(\$)
SNELLEN OR EQUIVALENT	0001F		<input checked="" type="checkbox"/>	1
AUDIOMETRIC	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
HEMOGLOBIN OR HEMATOCRIT	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
URINE DIPSTICK	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
COMPLETE URINALYSIS	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
TB MANTOUX	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>

Other Tests Section

Other Tests				
Other Tests	CPT Code		Comments	Fees(\$)
			<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>

Note: Comments are mandatory on adding a test.

In this section the comments are required for the test.

On click of the zoom icon to search for CPT code, a new popup screen will be opened with search criteria. User can search for the CPT Code by entering Procedure Code or Description.

In the search result, user can select the CPT Code by clicking on the Procedure Code Number.

Procedure Search - Microsoft Internet Explorer provided by Cognizant

Procedure Code Search

Procedure Code:

Procedure Description:




Your search information found more than 100 claims. One hundred claims are displayed. You may change your search information and try again.

Code Found

Code	Description
0001F	HEART FAILURE COMPOSITE
0001T	ENDO REP INFRARENAL AAA MOD BIFURCAT
0002T	ENDO REP INFRARNAL AAA;AORT-UNIILIAC
0003T	CERVICOGRAPHY
0005F	OSTEOARTHRITIS COMPOSITE
0005T	TRNSCTH CERBRVSC ART STNT PERQ;INIT
0006F	STATIN THERAPY PRESCRIBED
0006T	TRNSCATH CERBRVSC ART STNT PERQ;ADD
0007F	BETA-BLOCKER THERAPY PRESCRIBED
0007T	TRNSCATH CERBRVSC STNT PERQ RAD S&I







1 2 3 4 5 6 7 8 9 10 ...

Selected CPT code will be populated in Other Test sections

Other Tests				
Other Tests	CPT Code		Comments	Fees(\$)
ANESTH, REPAIR OF CLEFT LIP	00102		<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>

Note: Comments are mandatory on adding a test.

Immunization Section

Immunization	CPT Code		Status	Fees(\$)
			Select <input type="button" value="v"/>	<input type="text"/>
			Select <input type="button" value="v"/>	<input type="text"/>
			Select <input type="button" value="v"/>	<input type="text"/>
			Select <input type="button" value="v"/>	<input type="text"/>
			Select <input type="button" value="v"/>	<input type="text"/>
			Select <input type="button" value="v"/>	<input type="text"/>

In this section, Click the CPT Code search zoom icon, on click of the icon a new popup screen will be opened where the user can search on the basis of the CPT Code or the Description.

Procedure Search - Microsoft Internet Explorer provided by Cognizant

Procedure Code Search

Procedure Code:
Procedure Description:

Your search information found more than 100 claims. One hundred claims are displayed. You may change your search information and try again.

Code Found

Code	Description
0001F	HEART FAILURE COMPOSITE
0001T	ENDO REP INFRARENL AAA MOD BIFURCAT
0002T	ENDO REP INFRARNL AAA;AORT-UNIILIAC
0003T	CERVICOGRAPHY
0005F	OSTEOARTHRITIS COMPOSITE
0005T	TRNSCTH CERBRVSC ART STNT PERQ;INIT
0006F	STATIN THERAPY PRESCRIBED
0006T	TRNSCATH CERBRVSC ART STNT PERQ;ADD
0007F	BETA-BLOCKER THERAPY PRESCRIBED
0007T	TRNSCATH CERBRVSC STNT PERQ RAD S&I

1 2 3 4 5 6 7 8 9 10 ...

Selected CPT code will be populated in Immunizations sections.

Immunizations				
Immunization	CPT Code		Status	Fees(\$)
ANESTH, BLEPHAROPLASTY	00103		Select	
			Select	
			Select	
			Select	
			Select	
			Select	
			Select	

Total Fees :\$ 2

<<Previous Next>>

Save for Later

Click on the previous button will take the user to the Member Information Page. On Click of the “Next” button or Other Information Link, the page will be redirected to Other Information page which is showing in the following screen.

Growing up Healthy Form

[Member Information](#) | [Claim Information](#) | [Other Information](#) | [Summary](#)

* - Required Field

Other Information

Height: * in. /4 in. Weight: * lbs ozs Blood Pressure: * /

Hemoglobin: Hematocrit: % Birth Weight: * lbs ozs

Lead Test Result:

Patient is a Foster Child: ☐ Staying Healthy Assessment Tool Completed: ☐

Routine Referral(s)

Sent to Lab For Lead Test: ☐ Referred to Dentist This Visit: ☐

Diagnosis Code *

(Remove) (Add more diagnosis code)

	Diagnosis Code		Diagnosis Description
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Referral

Sl.No	Referred To	Provider Phone Number
01	<input type="text"/>	<input type="text"/> (1234567890)
02	<input type="text"/>	<input type="text"/> (1234567890)
03	<input type="text"/>	<input type="text"/> (1234567890)

Questionnaires

Other Information Page

Other Information page contains the following sections

Other Information Section

Growing up Healthy Form

[Member Information](#) | [Claim Information](#) | [Other Information](#) | [Summary](#)

* - Required Field

Other Information

Height: * 1 Inches /4

Weight: * 1 lbs ozs

Blood Pressure: * 1 / 1

Hemoglobin:

Hematocrit: %

Birth Weight: * 1 lbs ozs

Lead Test Result:

Patient is a Foster Child: ☐

Staying Healthy Assessment Tool Completed: ☐

If the visit type is partial, it will be optional for the user to enter Height, Weight and Blood Pressure, otherwise in all the other cases user will have to fill in these details in order to successfully submit the form.

Routine Referral(s) Section

User can select any one of the check box from the screen.

Routine Referral(s)

Sent to Lab For Lead Test: ☐

Referred to Dentist This Visit: ☐

Diagnosis Section

User can enter any number of Diagnosis Codes by clicking on the “Add more Diagnosis code” link. On click of the link a new row will be added for the Diagnosis Code.

Diagnosis Code

[\(Remove\)](#)

[\(Add more diagnosis code\)](#)

	Diagnosis Code	Diagnosis Description
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

On click of the zoom icon a popup screen will be opened, where the user can enter diagnosis code or description and press “search” button to see the results.

User can select the required Diagnosis Code by clicking on the Diagnosis Code link in the below screen.

Diagnosis Search - Microsoft Internet Explorer provided by Cognizant

Diagnosis Search

Diagnosis Code:

Diagnosis Description:

Search **Clear** **Cancel**

Diagnosis Found

Diagnosis Code	Diagnosis Description
031	Diseases due to other mycobacteria
031.0	Diseases due to other mycobacteria; Pulmonary
031.1	Diseases due to other mycobacteria; Cutaneous
031.2	Diseases due to other mycobacteria; Disseminated
031.8	Diseases due to other mycobacteria; Other specified mycobact
031.9	Diseases due to other mycobacteria; Unspecified diseases due

1

After selecting any one of the Diagnosis Code, the Diagnosis Code and Description will be populated in the Diagnosis Sections.

Diagnosis Code [\(Remove\)](#) [\(Add more diagnosis code\)](#)

	Diagnosis Code		Diagnosis Description
<input type="checkbox"/>	031		Diseases due to other mycobacteria
<input type="checkbox"/>			
<input type="checkbox"/>			

Referral Section

User can enter three Referral Names.

Referral

Sl.No	Referred To	Provider Phone Number
01	<input type="text"/>	<input type="text" value="(1234567890)"/>
02	<input type="text"/>	<input type="text" value="(1234567890)"/>
03	<input type="text"/>	<input type="text" value="(1234567890)"/>

Click the search zoom icon to open the search popup screen as below

In the search screen if the user does not want to search using Name or location he can uncheck the box near the "By Name" and "By Location" labels. User will have to enter the Provider Type and the State for the search.

Provider Search

State: * CA

Provider Type: * PCP

Accept New Patient: Select

* - Required Field

By Name

Last Name:

First Name:

Specialty: All

Language: All

Gender: All

LOB: All

By Location

County: Select

City: Select

Zip code:

Distance Within: Select (Miles)

Search

Clear

Cancel

Providers Found

Provider Name	Address	Telephone	Specialty	Language	Gender	Distance (miles)
JONH, SMITH	ADDRESS1	1111111111	PEDIATRIC	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Female	
ALEN, RICK	ADDRESS2	2222222222	ORHTOPEDIC	ENGLISH, FRENCH		
DANIAL, THOMPSON	ADDRESS3	3333333333	FAMILY PRACTICE	ENGLISH, FRENCH		
MARK, TAYLOR	ADDRESS4	4444444444	INTERNAL MEDICINE	ENGLISH, SPANISH	Male	

1

By clicking on the “Provider Name” data link user can see the details of the provider as shown in the screen below.

Provider Details

Name:	JOHN, SMITH	Specialty:	PEDIATRIC
Language:	CANTONESE, HMONG, PUNJABI, RUSSIAN, SPANISH	Gender:	Female
Distance (in Miles):			

Service Location

Name:	
Address:	ADDRESS1
Phone:	1111111111
Fax:	1112223334

Program

Sacramento - MHC

Accepting New Patient:	Y				
Gender Restriction:		Minimum Age:	0	Maximum Age:	21

Groups Affiliation

Name:	WASHINGTON EYE HOSPITAL
Address:	ADDRESS
Phone:	1234567890
Name:	THOMAS HEALTHCARE INC
Address:	ADDRESS 5
Phone:	1122334456

Hospital Affiliation

Name:	
Address:	
Phone:	

Select Provider
Back

After clicking on the “Select Provider” button the search screen will be closed and the corresponding provider details will be filled in the Referral section.

Referral

Sl.No	Reffered To	Provider Phone Number
01	JOHN SMITH	1234567890 (1234567890)
02		(1234567890)
03		(1234567890)

Questionnaire Section

User can select Yes or No option for all the questions in the following screen.

Questionnaires	
Patient is Exposed Passive(Second Hand)Tobacco Smoke:	* Yes <input type="radio"/> No <input type="radio"/>
Tobacco used by Patient:	* Yes <input type="radio"/> No <input type="radio"/>
Counseled About/Referred for Tobacco Use Prevention/Cessation:	* Yes <input type="radio"/> No <input type="radio"/>

WIC Section

User can select any check box from the following screen (either Enrolled in WIC or Referred to WIC)

WIC (WIC requires Ht., Wt., and Hemoglobin/Hematocrit)	
Enrolled in WIC: <input checked="" type="radio"/>	Referred to WIC: <input type="radio"/>

Pay To Provider Section

User has to enter Pay to Provider information manually.

Pay to Provider			
Health Plan TIN#:	* QMXPR1111111		
Pay To Name:	* CHILDRENS HOSPITAL OF CALIFORNIA		
Address1:	* ADDRESS	Suite#:	
		City:	* CALIFORNIA
Zip Code:	* 99999	Phone No:	* 1234567890 (1234567890)

Rendering Provider Section

User has to enter Rendering Provider manually.

Rendering Provider			
Rendering Provider:	CHILDRENS HOSPITAL OF SAN DIEGO		
Health Plan Code:	* 12345	Provider License No:	* 111111111111111
Last Name:	* JOHN	First Name:	SMITH
Address1:	* ADDRESS	Suite#:	
		City:	* CALIFORNIA
Zip Code:	* 99999	Phone No:	* 1234567890 (1234567890)

Comments/Problems Section

User can enter any comments or New Born Information in this section.

Comments/Problems

Note: BUMC: Requires Newborn's Last, First, Middle or Initial, DOB, Gender, Phone Number in Comment Section.

User can upload supporting documents for which the total size should not exceed 1 MB.

Supporting Documents

C:\Documents and Settings\132395\Desktop\CHDPServices.gif [Browse...](#) [Upload](#)

(Can upload up to 5 documents whose total size does not exceed 1 MB)

User can upload supporting documents where in the total size should not exceed 1 MB. By clicking on the browse button user can search for the document and on the click of the upload button the document will be uploaded.

Supporting Documents

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

(Can upload up to 5 documents whose total size does not exceed 1 MB)

Name	Size	Action
CHDPServices.gif	1.01 KB	Remove

Total File Size: 1.01KB

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

After entering the entire details click on the "Next" button or the "Summary" link at the top of the page to navigate to the summary Page which is showing in the following screen.

Summary Page

In Summary Page user has to select "Signature on file" check box and after reviewing the information filled, user can submit the form by clicking the "Submit" button.

Signature on file: ☒

[<<Previous](#) [Print](#) [Save for Later](#) [Submit](#) [Cancel](#)



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[Claims](#)
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e.

[illegible]

Open Incomplete CHDP Form

This functionality enables the provider to open incomplete CHDP forms to continue the submission process.

Navigate the PM160 Form

User can click on the Open Incomplete CHDP from the CHDP menu ((CHDP → Open Incomplete CHDP)



Through this screen the user can fetch the saved PM160 and Growing Up Healthy Forms.

The saved CHDP Forms can be fetched on the basis of the Member Information or the CHDP Information. In both the cases user needs to specify the CHDP type.

After entering the search criteria user can click on the “search” button to see the results.

A screenshot of the 'Open Incomplete CHDP' form. The form is divided into two main sections: 'Member Information' and 'CHDP Information'. The 'Member Information' section includes fields for Member Number, Date Of Birth, First Name, Last Name, and Gender. The 'CHDP Information' section includes a dropdown for CHDP Type (set to 'PM160 Form'), Tracking Number, Requested Date, Create From, and Create To. A 'Search' button is located at the bottom right of the form. Below the form, there is a table titled 'CHDP Found' with columns: Select, Member Name, Tracking Number, and Created Date. The table contains two rows of data. A red arrow points to the 'Select' column, and another red arrow points to the 'Tracking Number' column. A 'Delete' button is located at the bottom left of the table.

Select	Member Name	Tracking Number	Created Date
<input type="checkbox"/>	Abc.xyz	0000000000001103	09/22/2006
<input type="checkbox"/>	abc_sqsqsqs	0000000000001087	09/22/2006

By clicking on the Tracking Number in the search result user can open the form and start working on it. User can see the member Information by clicking on the Member name. Also the user can delete the saved Form by clicking on the check box against that form in the search result and pressing the “Delete” Button. Overridable