Web Portal
Quick Reference Guide

MOLINA ®
HEALTHCARE

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Long Beach, CA 90802

MOLINA ®
HEALTHCARE

Your Extended Family.

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Why Register for Molina's Provider Web Portal?

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

- Easily search for members including eligibility status and member benefit details including missed service information.

- Create and submit single or batch claims and receive notification of status changes.

- Inquire on current claims status and print your claims. You can also quickly download claims reports and create claims templates with commonly used fields pre-populated.

- Create, submit and print Service Requests/Authorizations with notification of status changes.

- View Service Request approval status and save time with the ability to create templates for frequently used requests.

- Compare your HEDIS® scores with national benchmarks.

- Provides access to account information, manage and add users and update your profile.

To sign up, go to **https://Provider.MolinaHealthcare.com**. For more information, please contact the Provider Services Department (contact information listed on page 23 in this guide).

Member Portal (MyMolina.com)

Molina Healthcare also offers a Member Portal that your patients can use for a variety of transactions. They can sign up for our portal and easily change their doctor, order a new ID card, print a temporary ID card, view needed services and check their eligibility. Features also include health education materials tailored to meet their personal needs.

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If you need assistance with the Web Portal, contact the Provider Services Department for your state (under Contacts, page 23) or for technical issues, contact the Web Portal Help Desk at (866) 449-6848.

What's Inside the Web Portal?

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

- Member Eligibility and Benefit Information: Users can verify member eligibility as well as view benefits, covered services, and members' health records.
- Member Roster: Users can view a list of assigned membership for PCP(s) within the user's provider panel.
- Service Requests/Authorizations: Users can create, submit, and review Prior Authorization requests.
- HEDIS® Profile: Users can view their HEDIS® scores and search for members with needed services.
- Claims: Users can submit, correct, and void claims. Users can also check claim status, and view claims reports for all submitted claims.

You can register for and access the Web Portal by going to:
https://Provider.MolinaHealthcare.com

For Technical Questions, call Web Portal Help Desk at (866) 449-6848

1. Go to **https://Provider.MolinaHealthcare.com**.
2. Click on the "New Provider Registration" link under the Provider Web Portal Login box.
3. Under Admin User Responsibility, select "To continue with registration, click here" and you will be taken to the registration page.

Registration is easy as 1, 2, 3!

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

Users who are rendering services for Medicare D-SNP as well as other Lines of Business, such as Marketplace and Medicaid products, can register for one Line of Business and then add the additional lines using the Manage Provider Tool within the Account Tools menu.

2. Select your Provider Type.

What Provider Type Should I Select?
Facility/Group can be used by any provider type, including solo practitioners. This registration type allows users to submit claims and service request/authorizations. To register as a Facility/Group you must have both the Molina Healthcare Provider ID and the associated TIN. This is the preferred primary method of registration.

Individual Physician is recommended for use when a provider does not need to submit new or corrected claims. Providers who participate with multiple provider groups and want to see information pertaining to each group should register with the Individual Physician type. If the provider is registered only as a Facility/Group, they will be limited to information for that registered group only.

Note: Users can register with both the Facility/Group and the Individual Physician Provider Types and link the accounts. When using the Portal, they simply select the appropriate account for the transactions needed.

3. Tax ID Number & Molina Provider ID

If you do not know your provider ID, please contact the Provider Services Department (contact information listed on page 23 in this guide).

Completing this step will take you to the Authentication Details screen of the registration process. You must enter your Name, Email Address, Username, Password, Security Questions and Answers and you must accept the Terms of Agreement.

Role of the Administrator
If you are the first user to register with this Provider ID, you become the primary administrator of the account. You can navigate to the Account Tools page and click on 'Manage Users' to view other users or administrators. As the administrator of an account, you are entitled to designate or promote a user to administrator, manage users by granting different levels of access, and add other user accounts onto your account. You are also able to invite others to join your provider's account (See Account Tools section on page 18 for more details).

Requesting Access
Other users may request access to an existing account by going to the Provider Web Portal, clicking on the "Request Access for New User" link under the Login section, and providing the following information:
• NPI or Provider Name
• Requester's First & Last Name
• Position Title
• Email Address
• Phone Number (and extension if available)
• Reason for Requesting Access.

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

Homepage Features:

Menu Bar Quick click to the different functions the Portal has to offer.

Messages and Announcements Displays notifications and messages sent by Molina Healthcare.

Recent Activity Find the most recent claims (based on date of service) and inpatient as well as outpatient Service Requests/Authorizations from the last 30 days.

Quick Member Eligibility Search Quickly search for members by their Member IDs.

News Content Three tiles displaying various media content, such as corporate communications, video tutorials, and a quick poll.

My Favorites Select up to eight (8) of your most used functions to quickly access on the homepage.

Member Eligibility Search

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

1. Enter the Member ID and click **Search for Member**; or

2. Enter their First Name, Last Name (enter at least three character of each name) and Date of Birth. Click **Search for Member.**

3. Narrow your search or view additional search options

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

After clicking **Search for Member**, the information will display.

Member Eligibility Details

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

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

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

Member Roster

The Member Roster application enables the registered user to view and navigate through a list of members assigned to a Primary Care Provider (PCP).

You will be able to:

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

Customize Your Member Search
Note: By default, members are listed by last name.

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

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

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

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

Additionally, you can click on an underlined header to sort by:

Date of Birth sorts by oldest or by most recent dates of birth.

Member ID sorts by highest or lowest value number. If you know the Member ID, you can enter it in the text box and the roster will display close matches.

Line of Business sorts the list alphabetically by line of business.

PCP Effective Date sorts the list by oldest or most recent effective date.

PCP Name sorts the list alphabetically by PCP's last name.

Last Name sorts members alphabetically, A to Z (by clicking twice they will reorder from Z to A).

First Name sorts members alphabetically, A to Z (by clicking twice they will reorder from Z to A).

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

Check Multiple Member Statuses At Once
To filter by member status, click on the drop-down arrow and select a status you want to display. You can select more than one. The types of statuses are:

- **Needed Services:** Member has a missed service. To see details on the missed service, go to the Member Eligibility Details page by clicking on the member's last name or by selecting the radio button on the far left column and clicking on the Verify Eligibility button below.
- **Inpatient:** Member has an open or requested authorization to go to a hospital for at least an overnight stay. The Inpatient status will stay in effect from the Submission Date of the authorization through the end of the Discharge Date month.
- **New:** Member has been recently assigned to a PCP. Members marked "New" will remain on your roster as new for at least one full calendar month.
- **Medicare-Medicaid Plan:** Member is enrolled in Molina Dual Options. For details go to the Member Eligibility Details page by clicking on the member's last name or by selecting the radio button on the far left column and clicking on the Verify Eligibility button below.
- **Term:** The date shown is the last day the member will be assigned to the current PCP. Members marked "Term - <date>" will remain on your roster list for at least one full calendar month.
- **CM:** Members who are case managed.
- **SNP:** Members who are part of the Special Needs Program (SNP).
- **Health Home:** Members who are Health Home Eligible.

Check Member Eligibility

There are two ways to check member eligibility.

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

Easy Access to Other Functions

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

- **Print** a list of members. This list can be the entire Member Roster for all providers or a customized, filtered list.
- **Export** member list to Microsoft Excel. This list can be the entire Member Roster for all providers or a customized, filtered list.
- **Verify Eligibility** for any member. When you select a name, this will bring you to the Member Eligibility Details page to verify eligibility.
- **Submit A Claim** for any selected member. When you select a member click **Submit Claim**. This will bring you directly to an online claims form.
- **Submit an Authorization** for any selected member. Select a member then click
- **Submit Authorization.** This will bring you to the Service Requests/Authorizations application.

The Healthcare Effectiveness Data and Information Set (HEDIS®) Profile is an application used to measure performance on significant dimensions of care and service.

The HEDIS® Profile is updated in the final week of every month and reflects all processed data received in the prior month.

You will be able to:

- View your HEDIS® scores and compare performance against peers and national benchmarks. *(You must have the Admin, All Access, or Clinical role-type to view the HEDIS® Profile)*
- Search/filter for members who need HEDIS® services
- Submit HEDIS® chart documentation online for completed service, so we can update our system.
- Retrieve/print a list of members who need HEDIS® services completed.

View Your HEDIS® Scores

If you are registered for multiple lines of business; click on the drop down arrow to toggle between your accounts. This will allow you to view information specific to that account. Once you are in the HEDIS® Profile tool, the "My Rates" tab will display.

Filter the list by clicking on the drop down menu options:
- Select a Provider *(for Facility/Groups)*
- Select a Group *(for Individual Providers)*
- Select a Service Location

If a Group or Provider is grayed out, they do not have members assigned to display. Your Measures will appear alongside your current measurement year performance. The "% of Patients who Received Services" column will change color based on the national benchmarks.

Medicaid NCQA Nat'l Medicaid Percentiles: *(Shown on the Medicaid Profile Only)*
Green = Your rate is at or above 90% NCQA benchmark
Yellow = Your rate is at or above 75% NCQA benchmark
Red = Your rate is below the 75% NCQA benchmark

Medicare Star Ratings: *(Shown on the Medicare Profile Only)*
Green = Your rate is at or above the 5 star rating
Yellow = Your rate is at or above the 4 star rating
Red = Your rate is below the 4 star ratings

Search for Members who Need HEDIS® Services

If you switch to the "Members" tab, it displays a list of members who either need a HEDIS® service, or have completed one. If you are searching for members who need services, select **Needed Services** in the "Service Status" drop down menu.

The "Measure" column indicates the HEDIS® Measure that the member needs or has completed. To see a definition of the Measure, toggle back to the "My Rates" tab and hover over the question mark.

All the fields, except for address and phone number, are searchable by entering a search term in the blank text boxes below the respective column headers. You can also search or filter by the Measure and PCP Name by selecting the drop-down menu of each column.

Submit HEDIS® Chart Documentation for Completed Services

To view documents for a specific member, first select a member by checking the box in the first column. Then select **View Documents** at the bottom of the screen. A pop up will display with a list of documents submitted for this member.

If a member has completed a service that is being shown as Needed, you can submit relevant medical record documentation (e.g., progress note, immunization record, lab report, etc.) by choosing the member and selecting **Upload Documents**. The attachment tool will appear allowing you to upload multiple files. Any file format can be attached as long as the total size is under 2GB. Once the documentation has been uploaded, the HEDIS® team will review the chart. If it meets HEDIS® criteria, we will update our records within 60 days of receipt of documentation.

Tip: If you are struggling to get the attachments under the 2GB limit, try changing the file format.

Retrieve/Print List of Rates or Members

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

At the bottom of both the "My Rates" and "Members" tab, there are options to Print or Export. To print a report, click on **Print** and a print-ready version of the report will display in a new window. If you select **Export**, you can choose between two formats - PDF or Excel.

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

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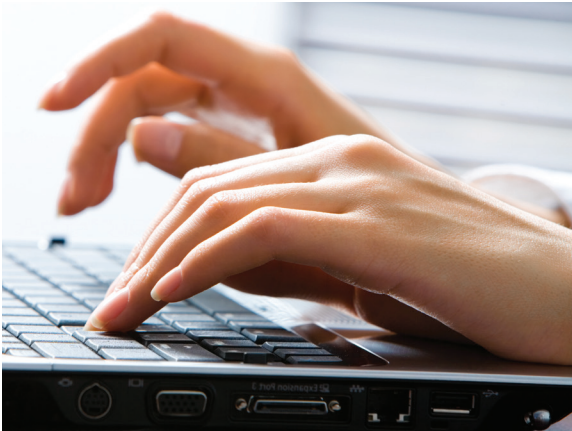- **Create Service Request/Authorization Templates**

Service Requests/Authorizations Inquiry

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

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

Optional Search Criteria:

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

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

Create Service Requests/Authorizations

The table on the following page shows the information required to submit a Service Request/Authorization. Users have the option to save a Service Request/Authorization which they can complete and submit at a later time.

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

For emergency situations, please contact Molina Healthcare using the contact information listed for your state on page 23.

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

Open Incomplete Service Requests/Authorizations

Users have the option to save an unfinished Service Request/Authorization. These saved requests can be opened by clicking on Open Incomplete Service Request/Authorization. Once opened the request can be completed and submitted.

Create Service Request/Authorization Templates

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

Claims

The **Claims** module has six (6) functionalities:

- **Claims Status Inquiry**
- **Create Professional Claims**
- **Create Institutional Claims**
- **Open Saved Claims**
- **Create/Manage Claims Template**
- **Export Claims Report to Excel**

Claims Status Inquiry

To search for a claim, select the Claim Type along with one of the following criteria as well as the optional search criteria:

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

Optional Search Criteria:

- Patient Control Number *(Your internal Member Number)*
- Claim Number
- NPI
- Gender

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

On the Claims Details page you can view the complete details as well as do the following:

- Save the claim as a template
- Void the claim
- Correct the claim *(if the claim has a finalized status)*
- View the Diagnosis Code
- Print the Claim Summary
- Add attachments *(if the claim has a non-finalized status)*

Create Professional Claims

Within the Create Professional Claim form, you can Create, Correct, or Void a claim. You need to know the prior claim number to correct or void a claim. For new and corrected claims, you must fill in the required information within the three (3) tabs in order to submit for single or batch submissions: **Member, Provider** and **Summary.**

Member	
Eligibility Check	Enter Molina Healthcare Member ID or enter First Name, Last Name and Date of Birth to search for a Member based on Service From and To Dates.
Insured's Information	This section will automatically populate with a successful Eligibility Check search.
Patient Information	If the patient is not the same as the insured subscriber, enter the patient's relationship to insured.
Other Insurance	Enter information for other insurance, if applicable.
Patient Condition	Enter other information such as Auto Accident, Employment, Other Party Responsible, etc., if known.
Verify Required Information	Requires that you enter place of service, patient account number, other health benefit plan (if known) and authorization to release patient information.

Provider	
Billing Provider Information	The required information will automatically populate based on your account or the Billing Provider you selected from the drop down menu.
Provider Information	The required information will automatically populate based on your account or the Rendering Provider you selected from the drop down menu. If the rendering provider information is not available, call the Provider Services department for your state (contact information listed on page 23).
Facility Information	The required information will automatically populate based on your account or you can add a Facility or Independent Lab.
Diagnosis Code	Enter or search for a diagnosis code(s). You must enter at least one (1) diagnosis code.
Claim Line Details	Service From Date, Service To Date, Place of Service, Procedure Code, Units of Measurement, Quantity and Charges are required to add Claim Line Details. At least one Diagnosis Code reference is required for each claim line entered to submit your claim.
Supporting Information	This section is available to upload supporting documentation, or add comments and remarks or brief explanatory statements. Comments are limited to 256 characters.

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

Claims

Create Institutional Claims

Within the Create Institutional Claim form, you can Create, Correct, or Void a claim. You need to know the prior claim number to correct or void a claim. For new and corrected claims, you must fill in the required information within the three (3) tabs in order to submit for single or batch submissions: **Member, Provider** and **Summary.**

Member	
Eligibility Check	Enter Molina Healthcare Member ID or enter First Name, Last Name and Date of Birth to search for a Member based on Service From and To dates.
Insured's Information	This section will automatically populate with a successful Eligibility Check search.
Patient Information	If the patient is not the same as the insured subscriber, enter the patient's relationship to insured.
Other Insurance	Enter information for other insurance, if applicable.
Type Of Bill	Enter the type of bill you are submitting.
Patient Conditions	Enter other information such as Auto Accident, Employment, Other Party Responsible, etc., if known. Include Admission Date, Hour, Type, Source, and Status.

Provider	
Billing Provider Information	The required information will automatically populate based on your account or the Billing Provider you selected from the drop down menu.
Claim Information	Enter the Patient Control Number, Revenue Code, Service From Date, Service To Date, Service Units, Total Charges, Assignment of Benefits, Release of Information, Diagnosis Code(s), and the Admit Diagnosis Code.
Physician Information	Enter the Attending Physician's information. There is also the option for additional physician types.
Supporting Information	This section is available to upload supporting documentation, or add comments and remarks or clinical notes. Comments are limited to 256 characters.

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

Open Saved Claims

Providers can find their ready for batch and incomplete claims in this section.
- **Ready for Batch** allows you to view claims that were *Saved for Batch*. You can edit a single claim, or if you select one or more claims, you can Delete or Submit for batch submission.
- **Incomplete Claims** allows you to edit or delete claims that were *Saved for Later*.

Create/Manage Templates

With the Create/Manage Templates section you are able to create Professional and Institutional claim templates, as well as manage previously saved templates.

Note: The template must be saved and loaded in order to open a new claim.

Export Claims Report to Excel

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

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

Account Tools

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

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

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

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

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

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

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

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

*Note: There is a link on the Manage Users Screen which explains the differences between the following roles: **Host/Admin, Clinical, Non-Clinical, Biller, Reporting, All Access, Default Access and No Access.***

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

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

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

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

Manage Multiple Provider Groups?
At any time, you can switch between provider groups by going to the top of the screen and clicking the drop down menu. Simply select the group you want to view.

1. **I already have a Medicaid account and tried to register for Medicare but it's saying that my email is already in use. What do I do?**
    You can register for Medicare using a different email address, or call Provider Services for assistance.

2. **How can I receive help to understand how to use the Web Portal?**
    Your health plan Provider Services Representative can provide assistance on Web Portal functionality questions. Please see page 23 for your specific state contact information. The Web Portal Help Desk can assist with Technical and Log-in issues by calling (866) 449-6848.

3. **How many users can be added to a Web Portal Account?**
    There are no limitations on the number of users for a Web Portal account.

4. **What is the time frame that claims must be submitted to have the current date reflected?**
    Claims must be submitted by 2:00 p.m. Pacific Time in order to reflect the current date. Any claim submitted after 2:00 p.m. Pacific Time will reflect the date of the next business day.

5. **If a claim is processed on the weekend or holiday when will it appear in Molina's system?**
    Claims processed on weekends or holidays will appear on Mondays or the first business day after the holiday.

6. **Can I search for providers with additional search criteria online?**
    Yes. Providers and members can now search by provider group as well as the other search criteria on the Provider Online Directory.

7. **How often is the eligibility status updated?**
    Eligibility information is updated every 30 minutes.

8. **Can a user be added to more than one active Web Portal account?**
    Yes, a user can exist in more than one Web Portal Account if they are invited or registered for the other accounts.

9. **How do I change the Administrator for my account?**
    You are allowed to promote another user as the admin for your account. A promoted admin will have the same capabilities as the current admin.

10. **If the existing Administrator is no longer employed by the provider or group, and cannot be contacted, what is the process for creating a new Administrator user?**
    Contact a Web Portal Help Desk Technician at (866) 449-6848. You will be required to provide information to confirm your identify, in addition to identifying details of the previous Administrator.

11. **Who can change a User's Role type and how is it changed?**
    Only the Account Administrator can change a User's role type. The role type is changed by accessing the "Manage Users" link and clicking on the Office User ID.

12. **Can a User have more than one Role at a time?**
    No; however, there is an "All Access" Role that provides access to all functionality, with the exception Administrator functions.

13. **What browsers are currently compatible with Molina's Provider Self Services?**
    Molina's Provider Web Portal is fully compatible with Internet Explorer 6, 7, 8, and 10. Other browsers, such as Safari and Google Chrome may work but are not currently supported and may result in errors.

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

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

Provider Services Contact Information:

**Molina Healthcare
of California**
200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: (855) 322-4075

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

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

Molina Healthcare of Michigan
880 W Long Lake Rd., Suite 600
Troy, MI 48098
Phone: (855) 322-4077

**Molina Healthcare
of New Mexico**
400 Tijeras Ave NW, Suite 200
Albuquerque, NM 87102
Phone: (855) 322-4078

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

**Molina Healthcare of
Puerto Rico**
654 Luis Muñoz Rivera Avenue
San Juan, Puerto Rico 00918
(888) 558-5501

Molina Healthcare of South Carolina
4105 Faber Place Drive, Suite 120
North Charleston, SC 29405
Phone: (855) 237-6178

Molina Healthcare of Texas
5605 E. Loop 410, Suite 200
San Antonio, TX 78216
Phone: (855) 322-4080

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

**Molina Healthcare
of Washington**
P.O. Box 4004
Bothell, WA 98041-4004
Phone: (855) 322-4082

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

MOLINA HEALTHCARE ®

Your Extended Family.

For Technical Questions, call Web Portal Help Desk at (866) 449-6848