Web Portal Overview

New Provider Portal Features!

MOLINA® HEALTHCARE

Your Extended Family.

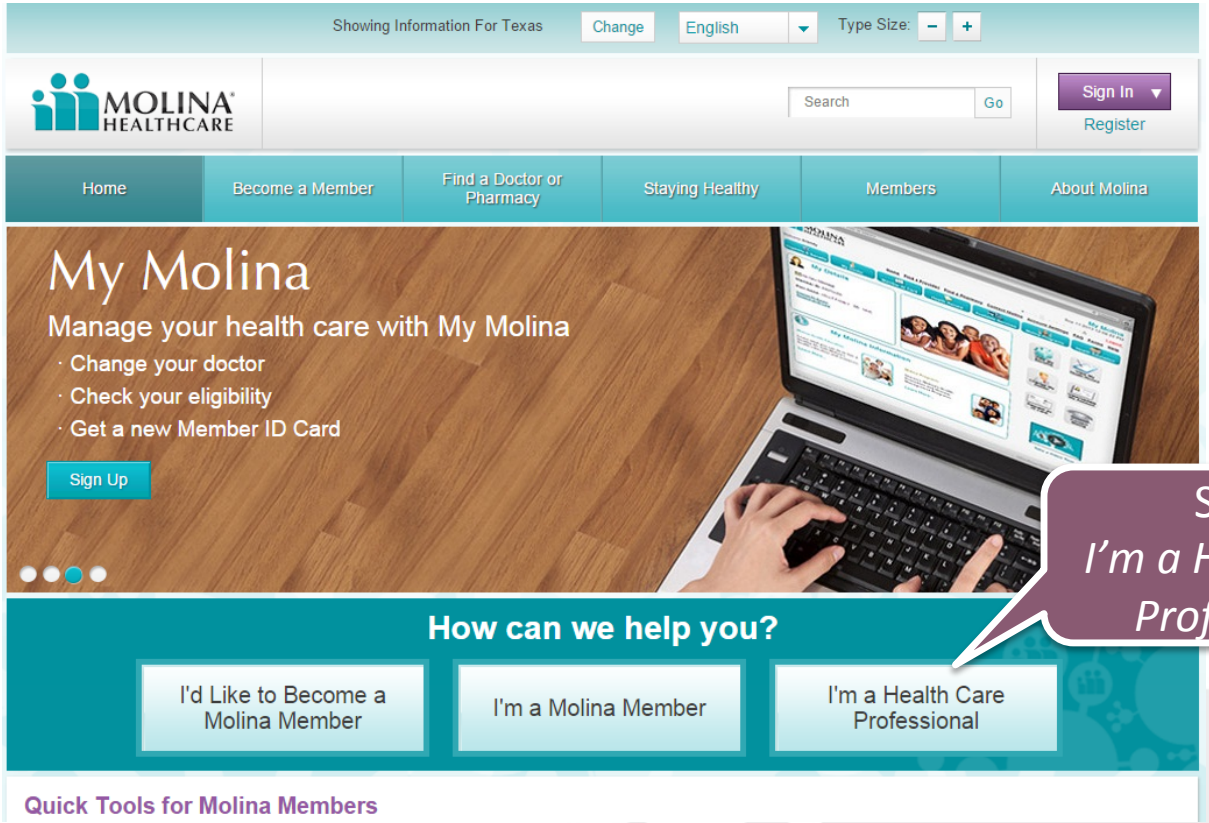
mhtxportal2015

Please Note: All the Member IDs, Names, and any Data in this Demo are fictitious. Only TEST data was used and does **NOT** represent any Molina Member information.

The screen captures were taken from the TX environment for training purposes only.

Accessing From the Molina Public Website

http://www.MolinaHealthcare.com

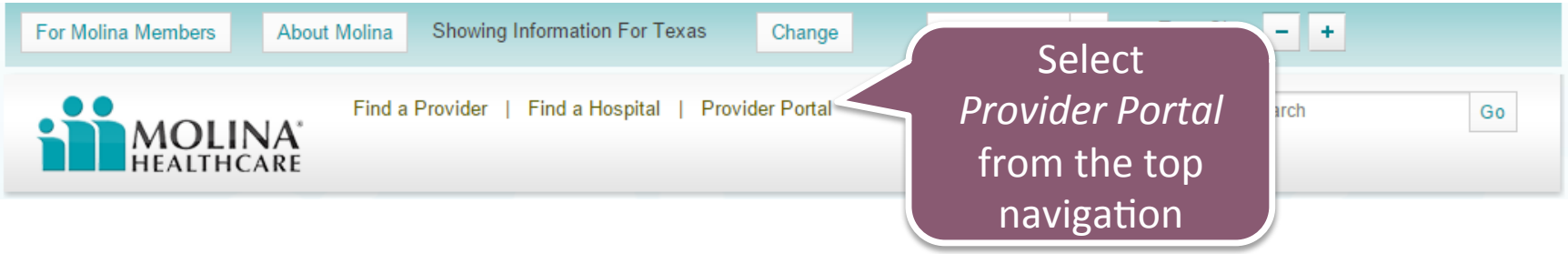


Select *I'm a Health Care Professional*

Accessing From the Molina Public Website

MOLINA HEALTHCARE
Your Extended Family.

Accessing From the Molina Public Website



The link to the Provider Portal is accessible for all Lines of Business

Accessing via Direct Link

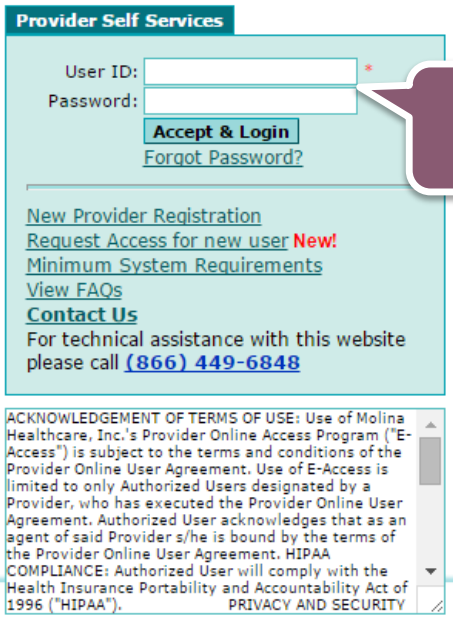
https://Provider.MolinaHealthcare.com/

Welcome to the Web Portal

The Web Portal is a secure area that provides multiple services now available to all Molina Providers. In the Web Portal you will be able to do the following:

- Check member eligibility and benefits
- Search and manage your service request/ authorizations
- Search and manage claims
- View other information helpful to you

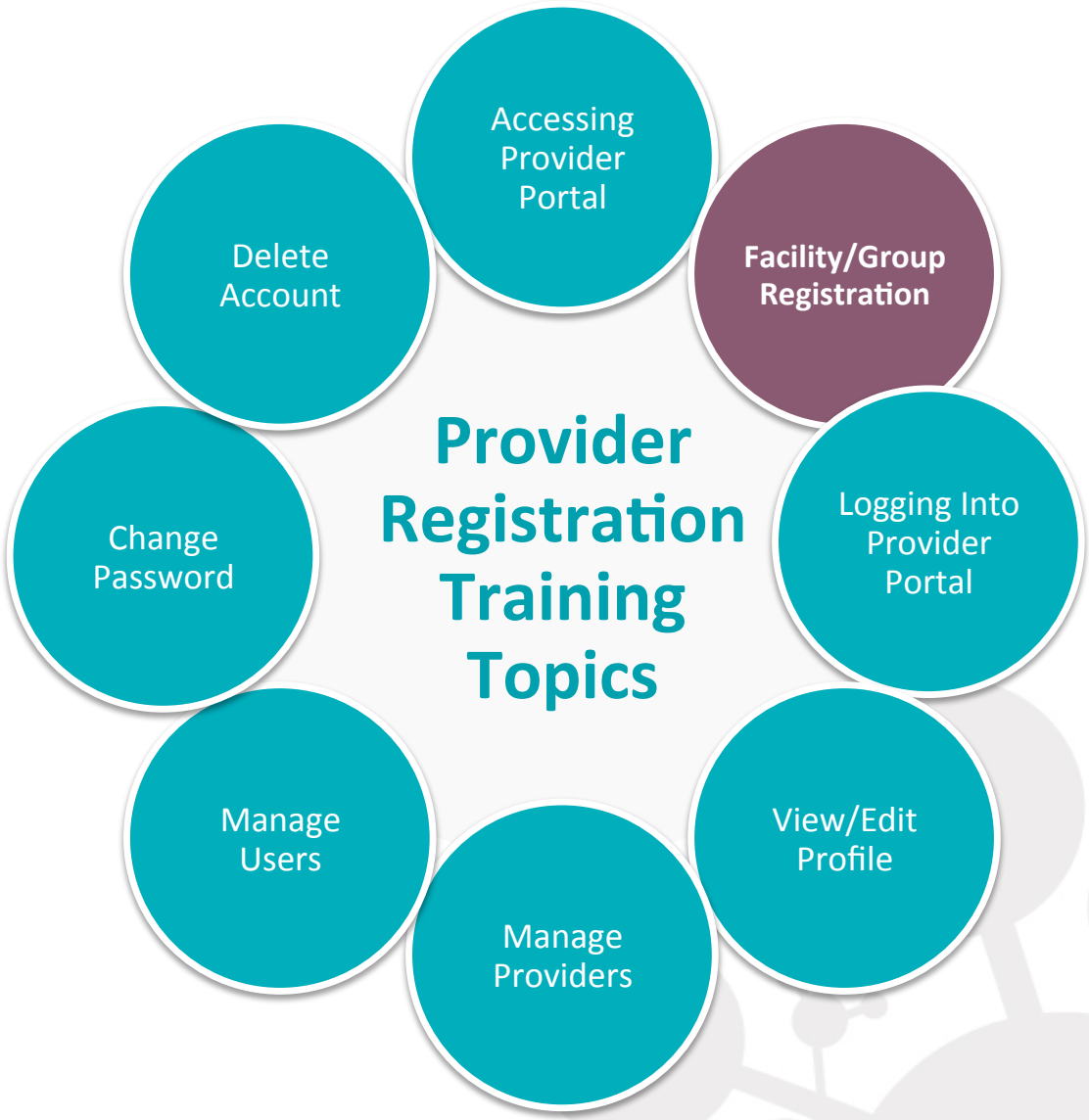
Register today to access our on-line services. A video will guide you through the easy on-line registration process.



MOLINA HEALTHCARE
Your Extended Family.

Provider Registration

MOLINA HEALTHCARE
Your Extended Family.



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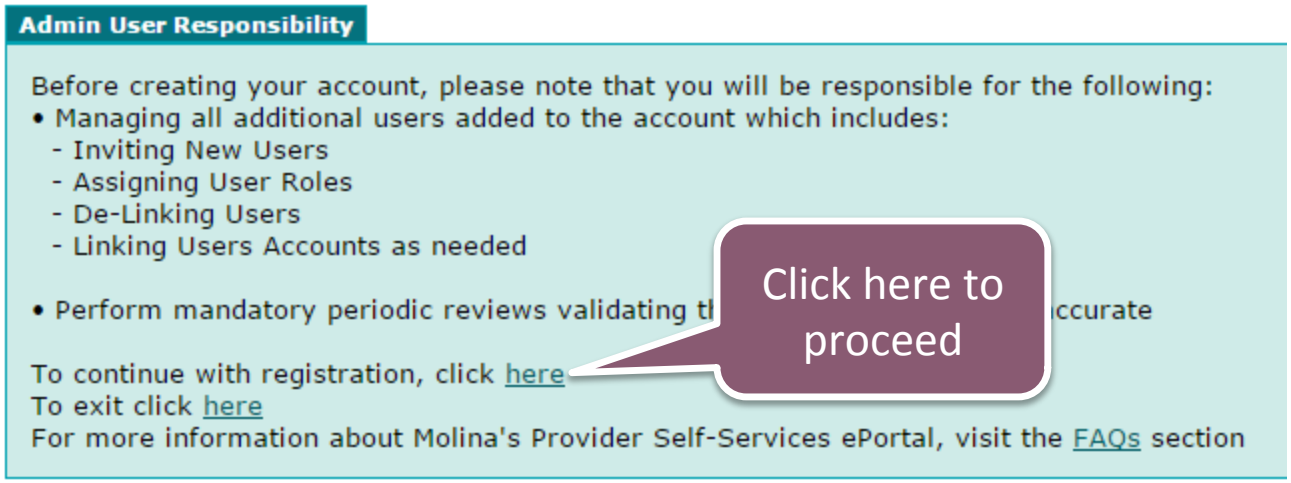
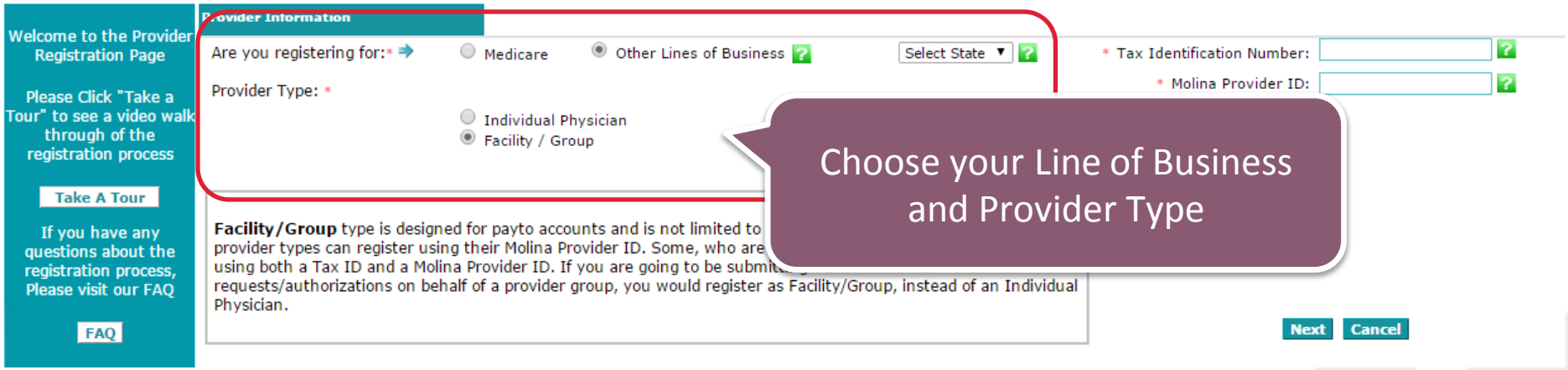


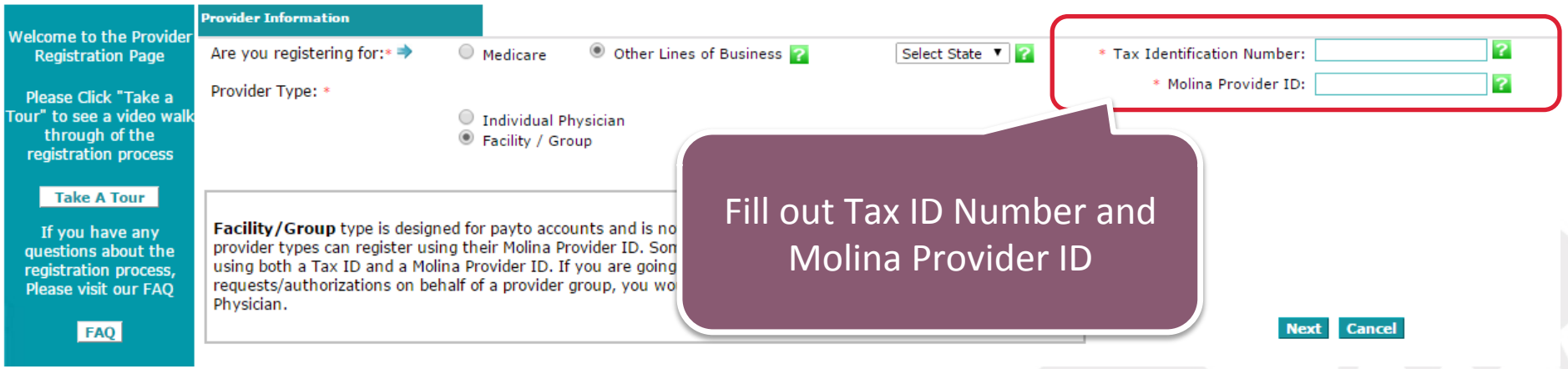
Please note: The first account created is automatically the Admin User account.
The Admin User account provides access to all Web Portal functionality and is responsible for management of all other users under the account.



Select the between Medicare or Other Lines of Business. If you select Other Lines of Business, please select State from dropdown menu.

Select a Provider Type (Facility/Group) A description for each Provider Type will appear depending on which one is selected.

MOLINA HEALTHCARE
Your Extended Family.



Fill out Tax ID Number and Molina Provider ID

Contact your local provider services representative if you do not know your Molina provider ID.

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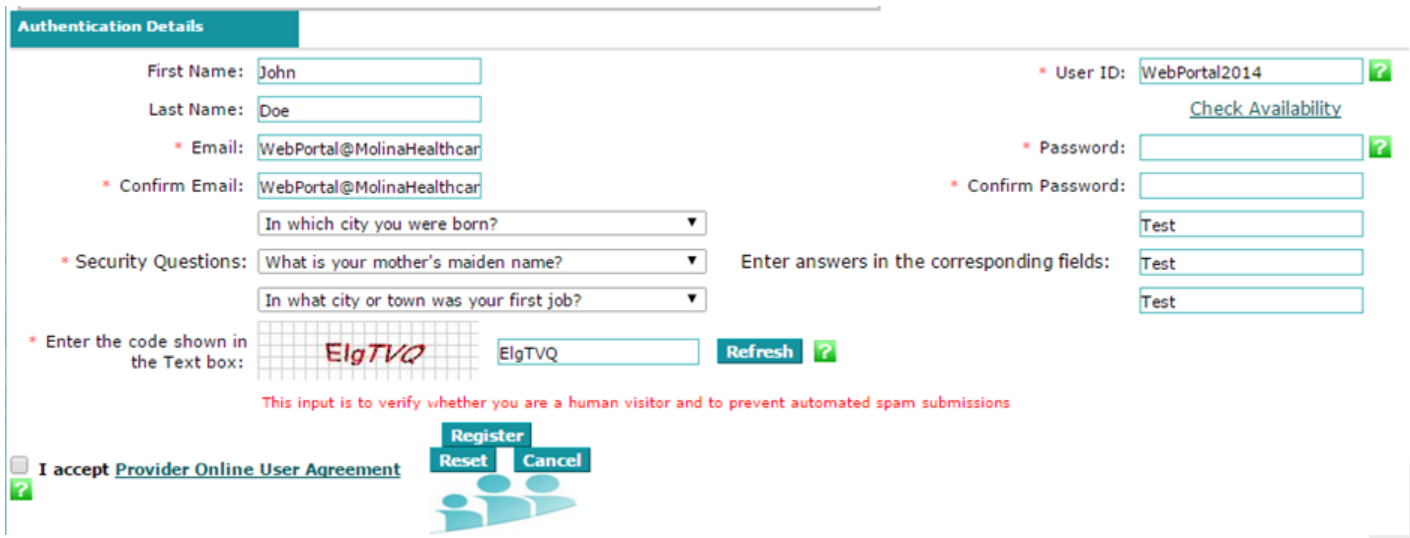
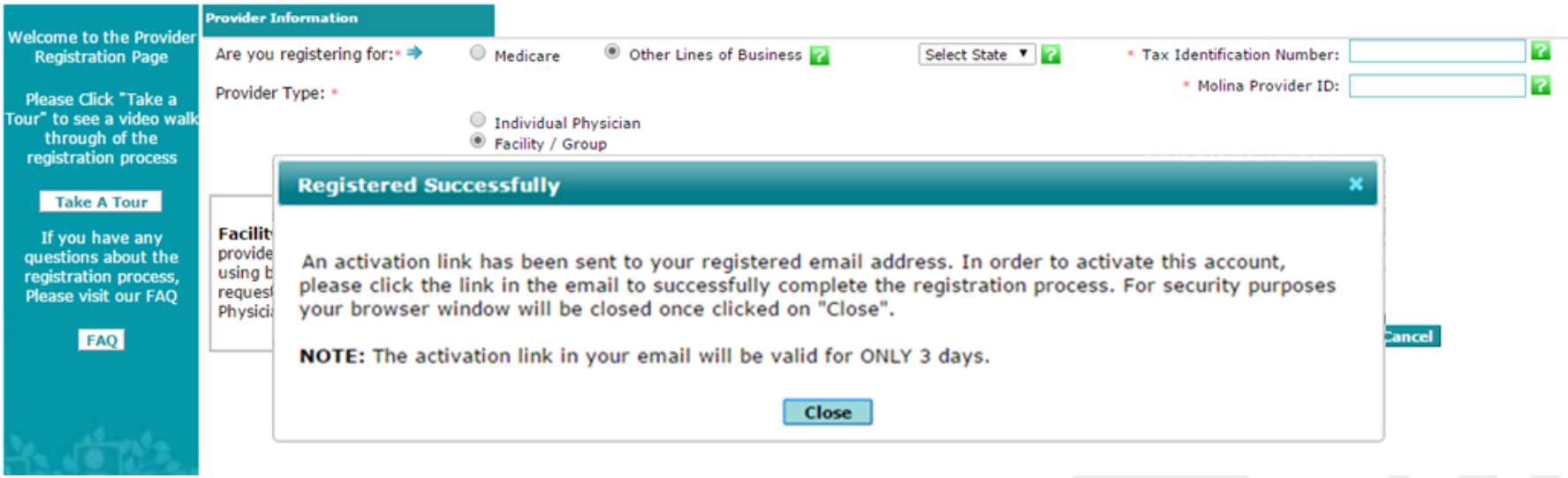


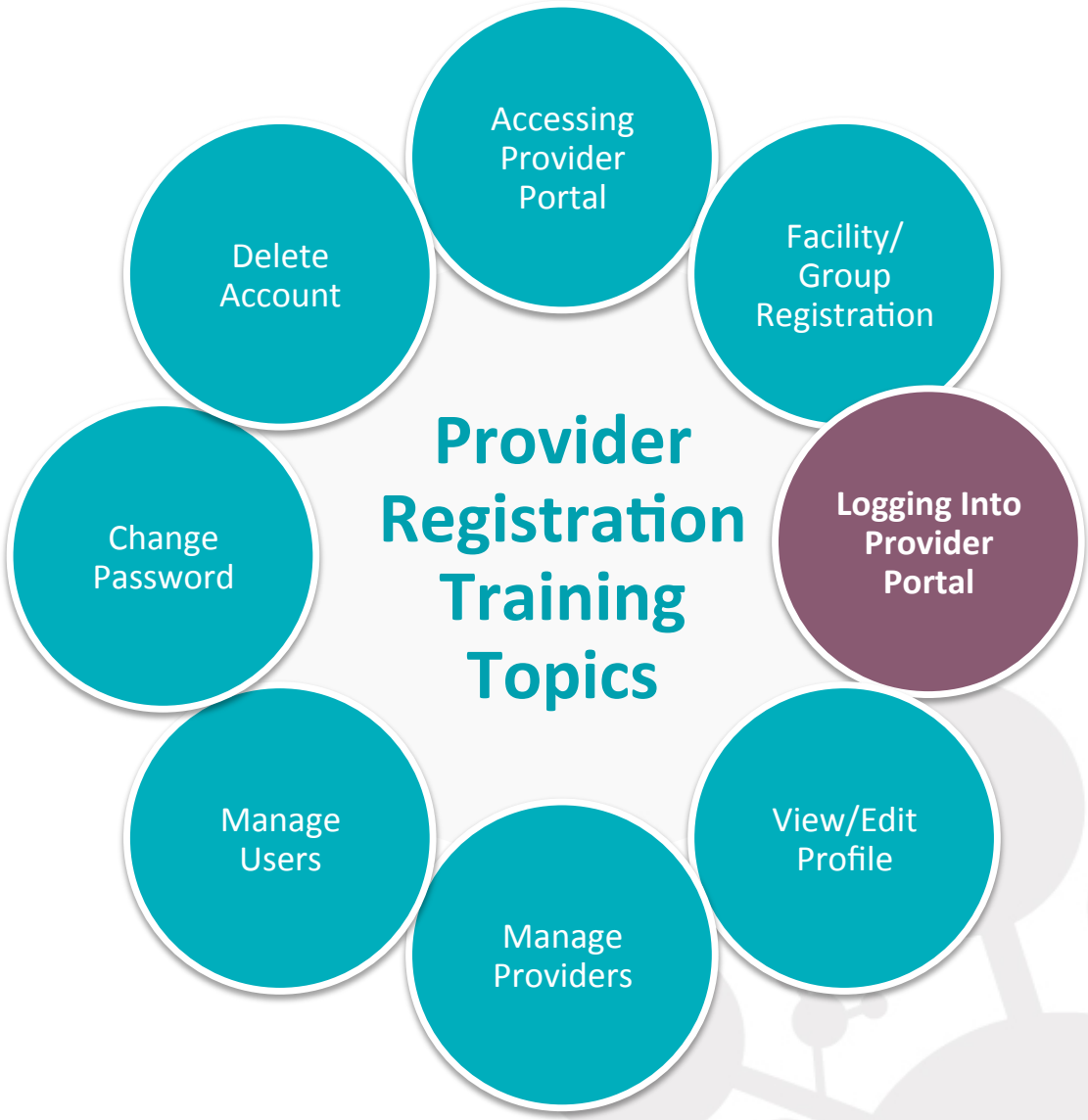
The Authentication Details section appears after inputting the appropriate information for the Provider Information. All fields in the Authentication Details sections are *required*.

MOLINA HEALTHCARE
Your Extended Family.



Go to the e-mail that was provided during the registration process to your activate Molina provider portal account. After closing the message window you will be sent to the Provider Services Login Page.

MOLINA HEALTHCARE
Your Extended Family.



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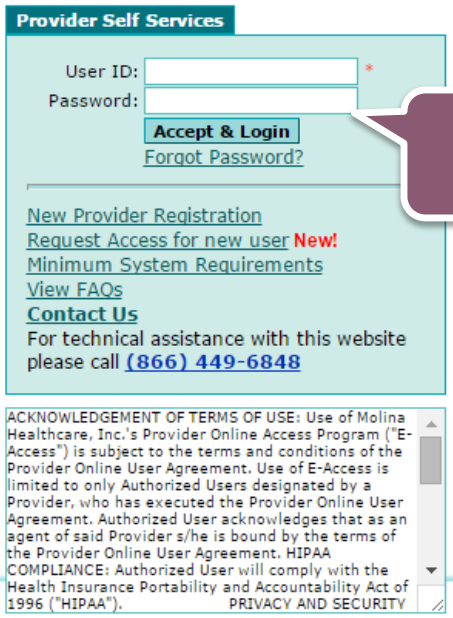

MOLINA HEALTHCARE
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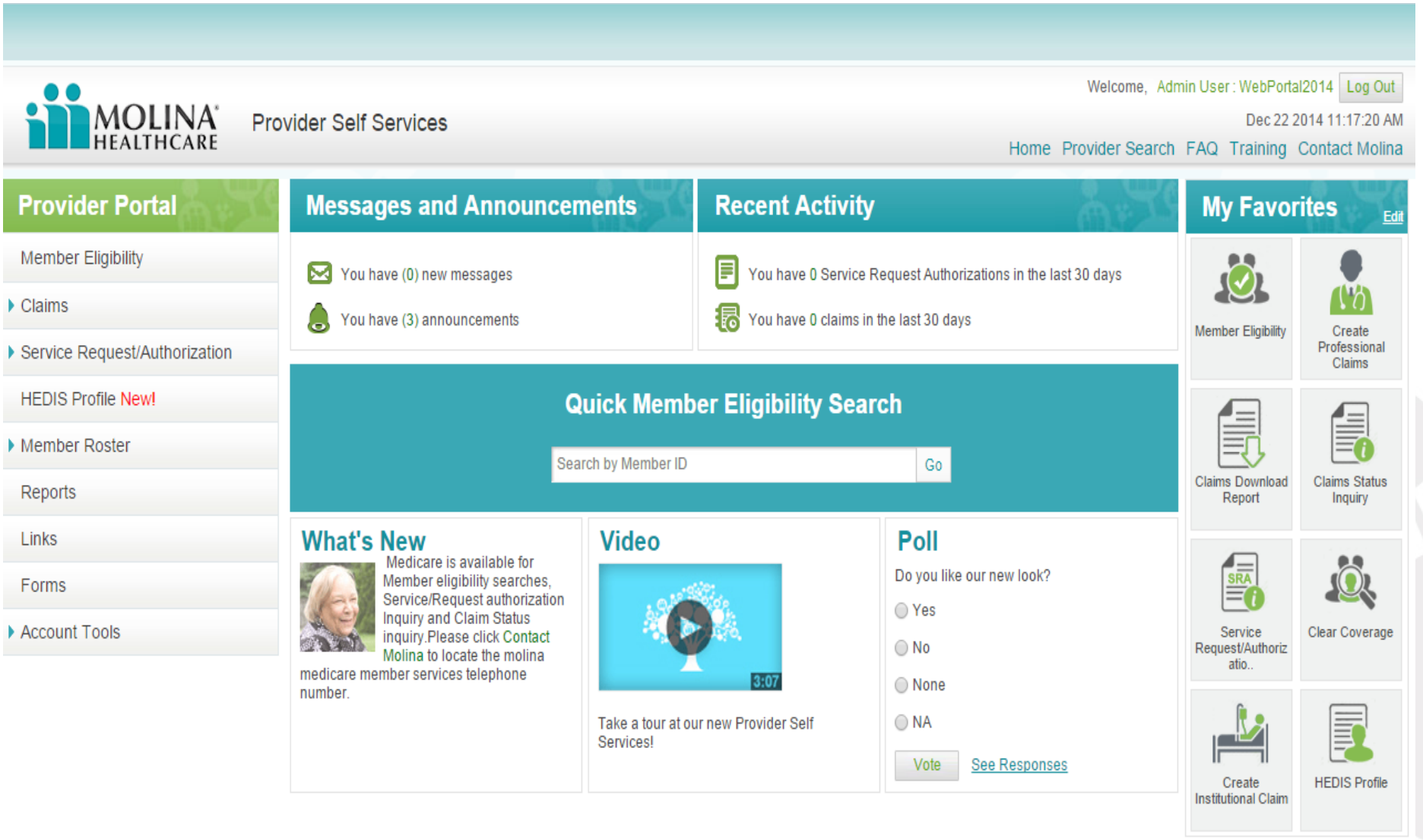
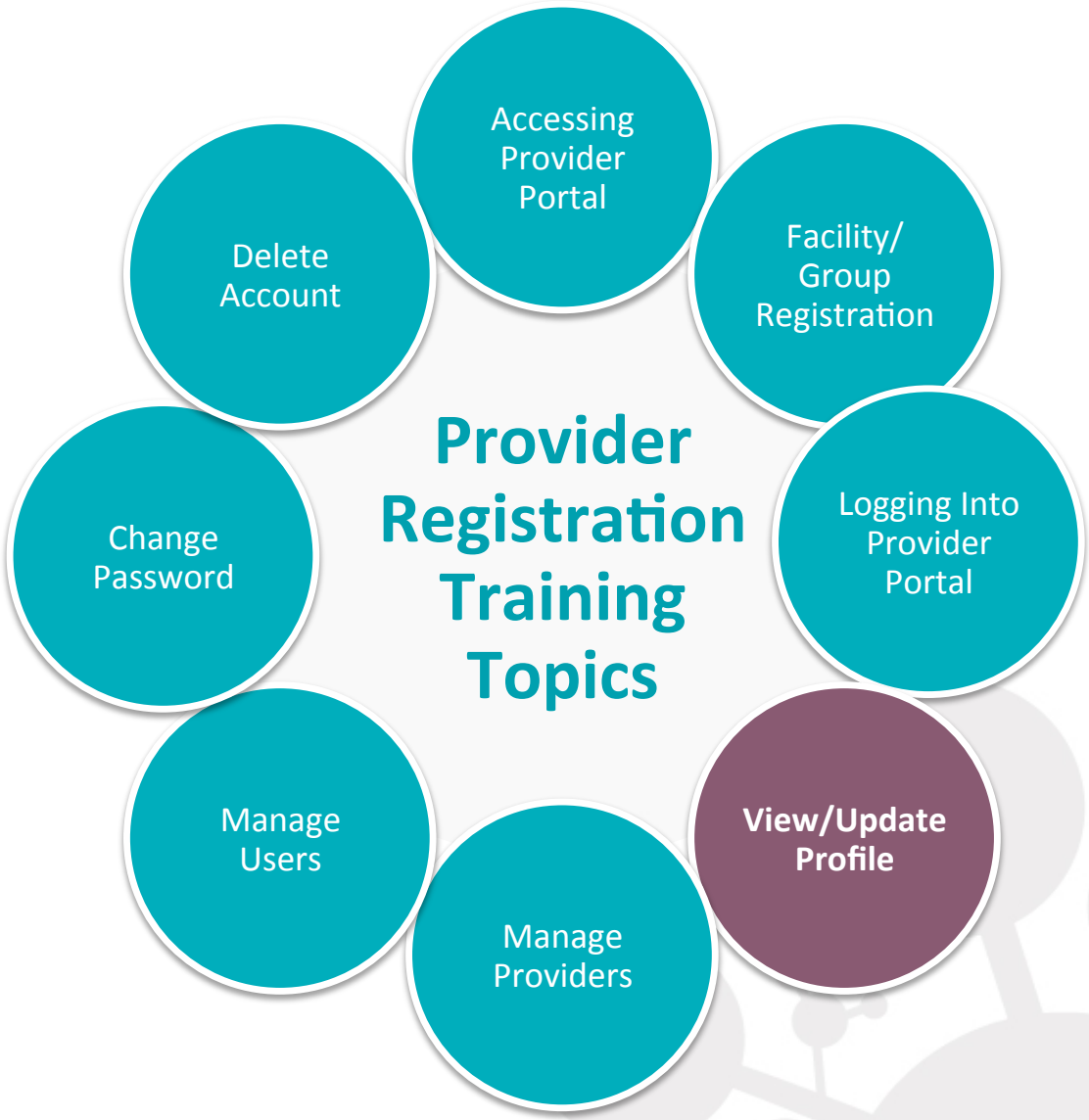

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User : WebPortal2014
Log Out
Dec 22 2014 11:17:20 AM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (0) new messages
You have (3) announcements
Recent Activity
You have 0 Service Request Authorizations in the last 30 days
You have 0 claims in the last 30 days
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
My Favorites
Edit
Member Eligibility
Create Professional Claims
Claims Download Report
Claims Status Inquiry
Service Request/Authoriz atio..
Clear Coverage
Create Institutional Claim
HEDIS Profile



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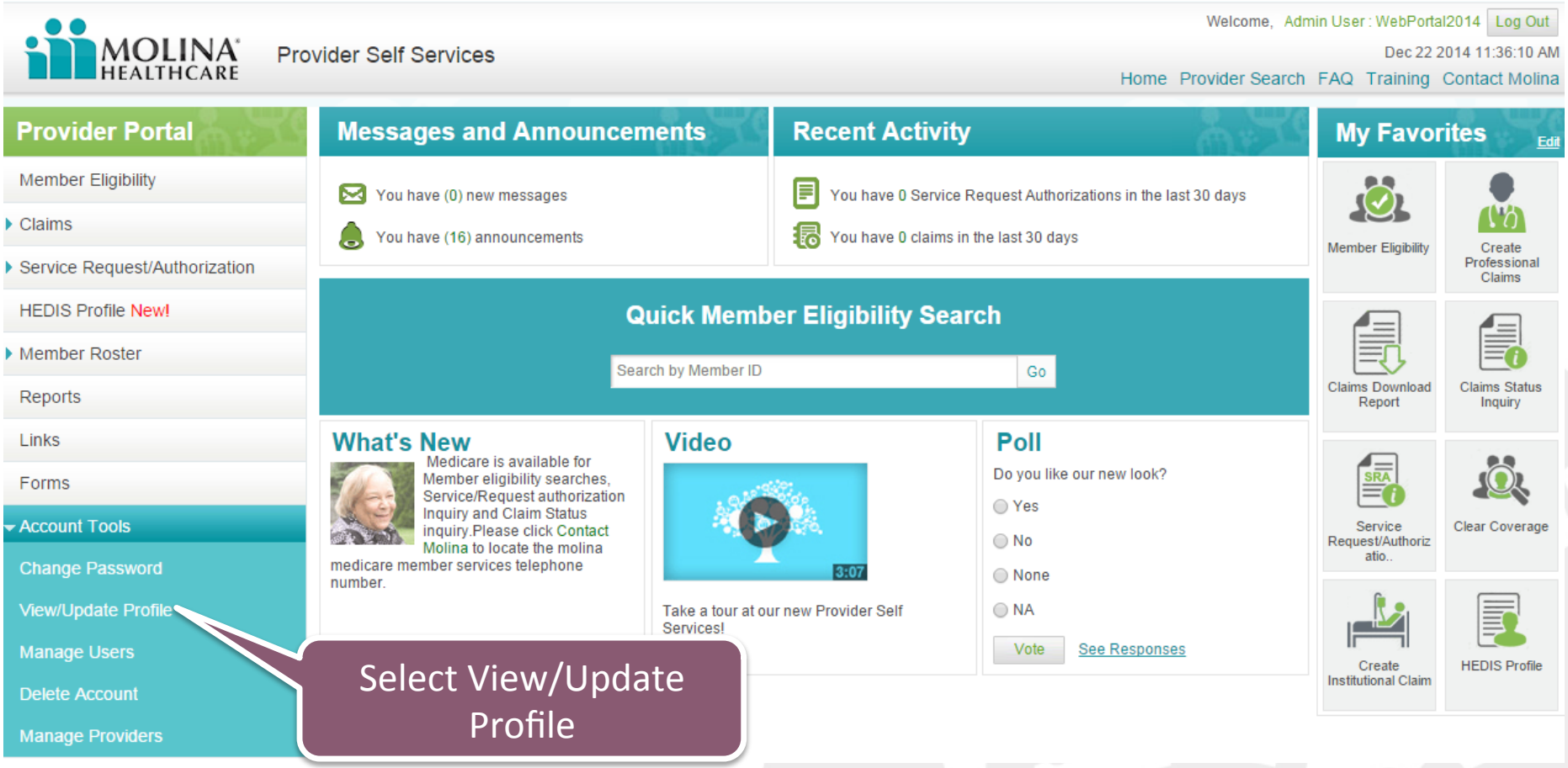

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User : WebPortal2014 Log Out
Dec 22 2014 11:36:10 AM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Change Password
View/Update Profile
Manage Users
Delete Account
Manage Providers
Messages and Announcements
You have (0) new messages
You have (16) announcements
Recent Activity
You have 0 Service Request Authorizations in the last 30 days
You have 0 claims in the last 30 days
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
My Favorites
Edit
Member Eligibility
Create Professional Claims
Claims Download Report
Claims Status Inquiry
Service Request/Authoriz atio..
Clear Coverage
Create Institutional Claim
HEDIS Profile
Select View/Update Profile

NPI Submission

My Profile

General Information

Name:	Web Portal_Tester	Title:	
Status:	Active	Credential Status:	
Provider Type:	AMBULATORY HEALTH CARE FACILITIES	Federal Tax ID:	123456789
License Number:		License Effective Date:	
License Termination Date:		Ethnicity:	NO ETHNICITY
Date Of Birth:		Gender:	

Specialty

Specialty Type	Specialty
AMBULATORY SURGICAL CENTER	PRIMARY

Languages

Language Code	Description

Contact Information

Mailing Address

Address 1:	12345 MAIN STREET	Address 2:	
State:	CA	City:	LONG BEACH
County:	LOS ANGELES	Zip:	90801
Email:	WebPortal@MolinaHealthcare.com		

Physical Address

Address 1:	12345 MAIN STREET	Address 2:	
State:	CA	City:	LONG BEACH
County:	LOS ANGELES	Zip:	90801

Phone Numbers

Primary Phone Number:	SSS-SSS-SSSS	Mobile Number:	
Secondary Phone Number:			

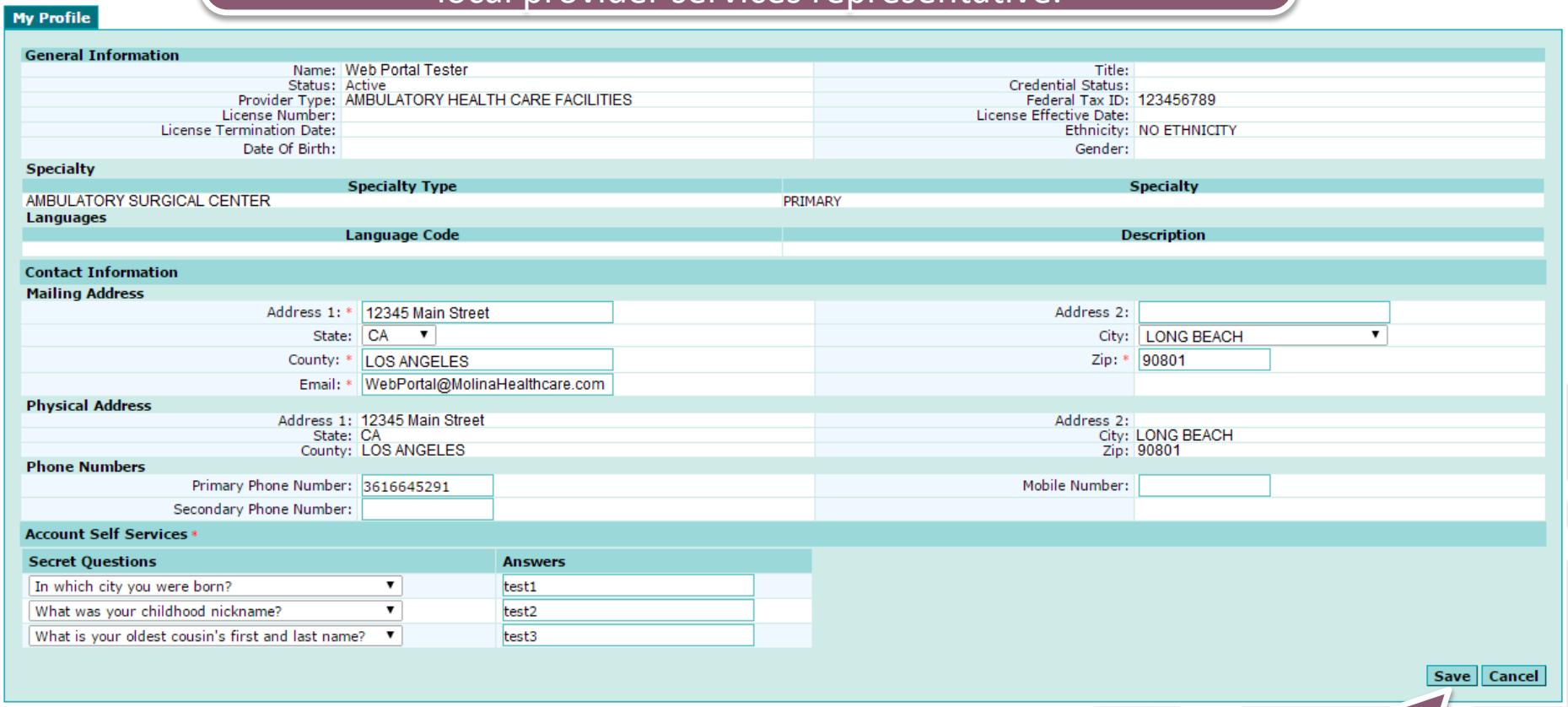
Account Self Services

Secret Questions	Answers
In which city you were born?	Test
What is your mother's maiden name?	Test
In what city or town was your first job?	Test

Edit

To update your profile, select Edit

Update any information in any editable field. If the field that you need to edit is not open to change, please contact your local provider services representative.



Select Save after updating your profile

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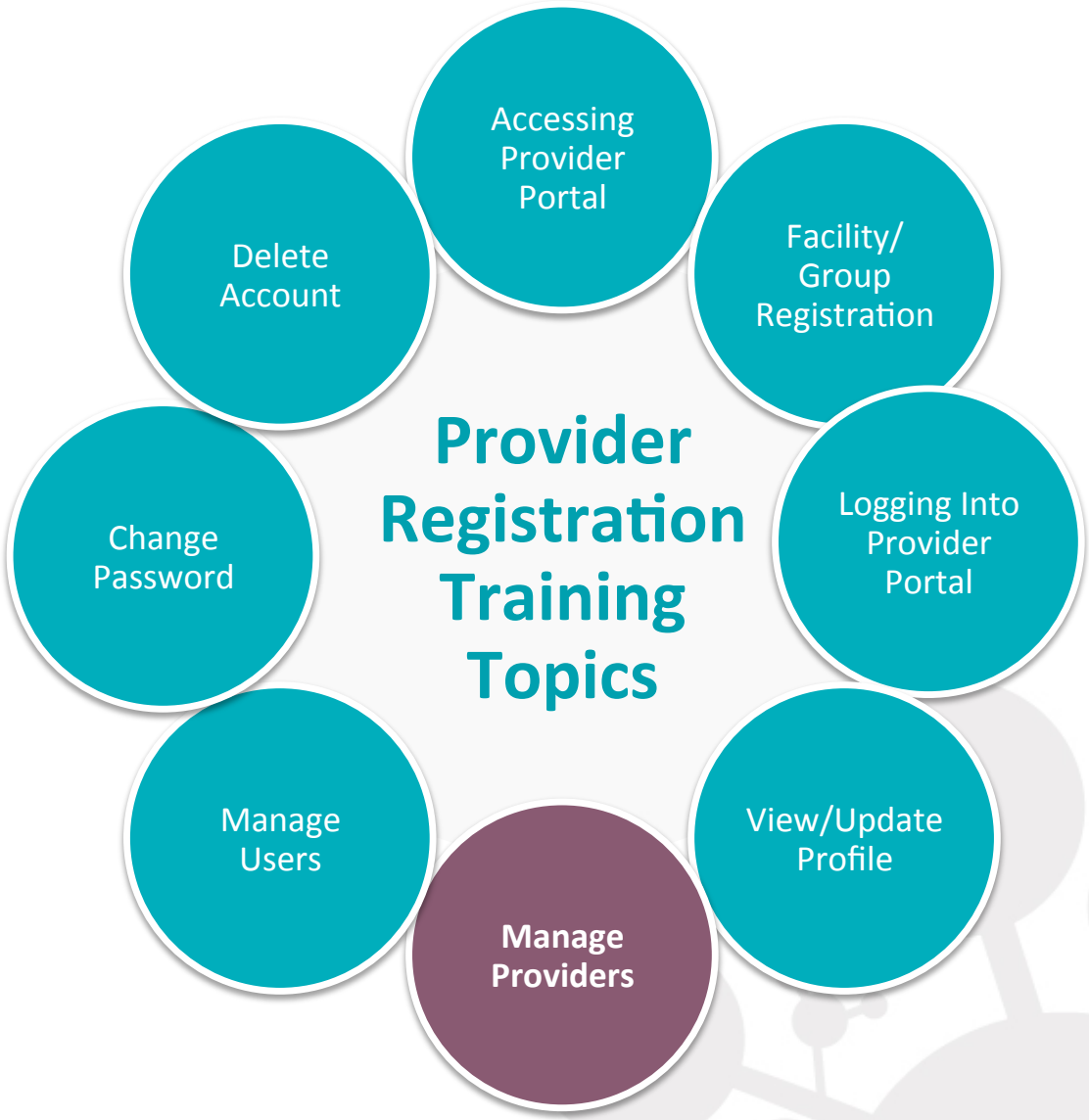

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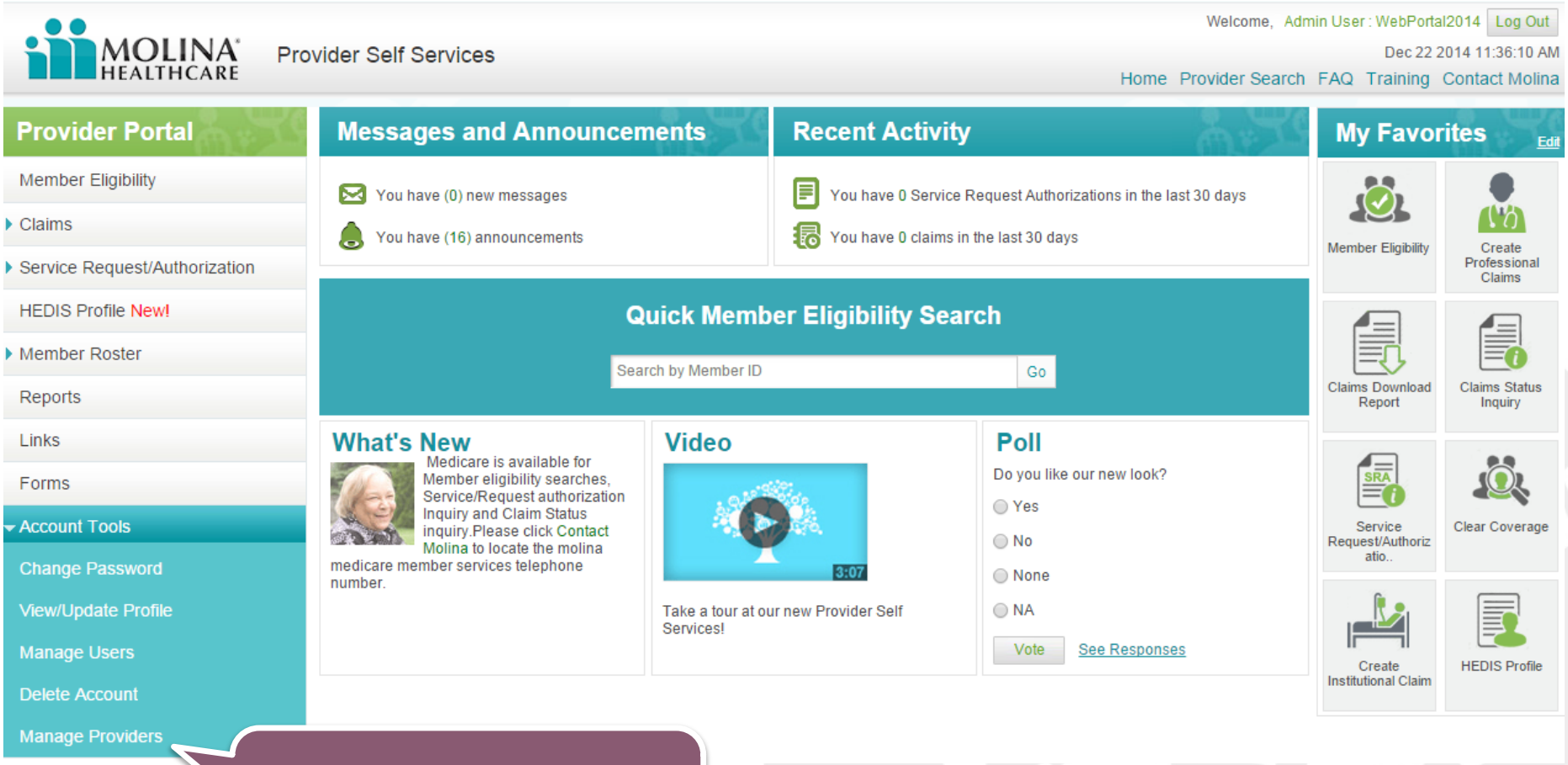
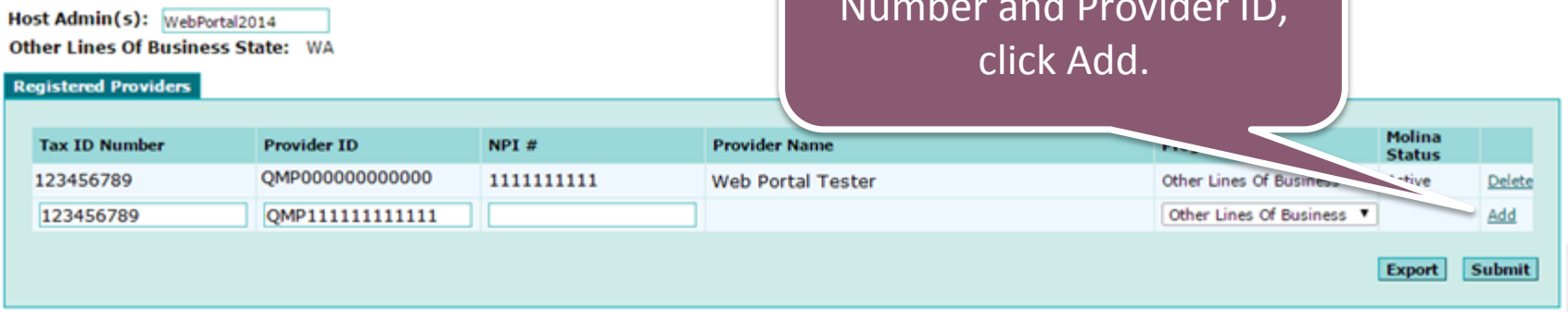
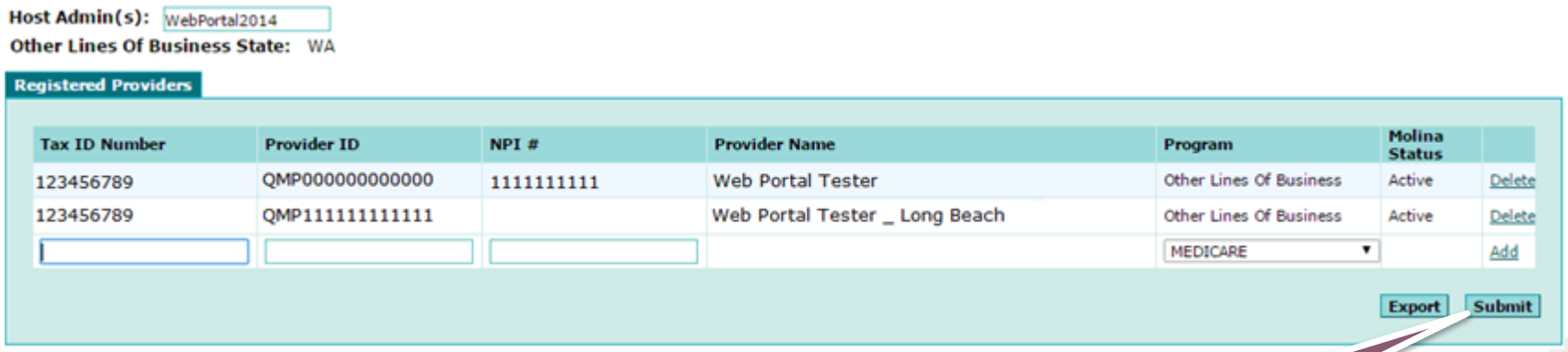


Select Manage Providers

MOLINA HEALTHCARE
Your Extended Family.

After you fill out the Tax ID Number and Provider ID, click Add.





When you are finished adding Providers, click Submit

MOLINA HEALTHCARE
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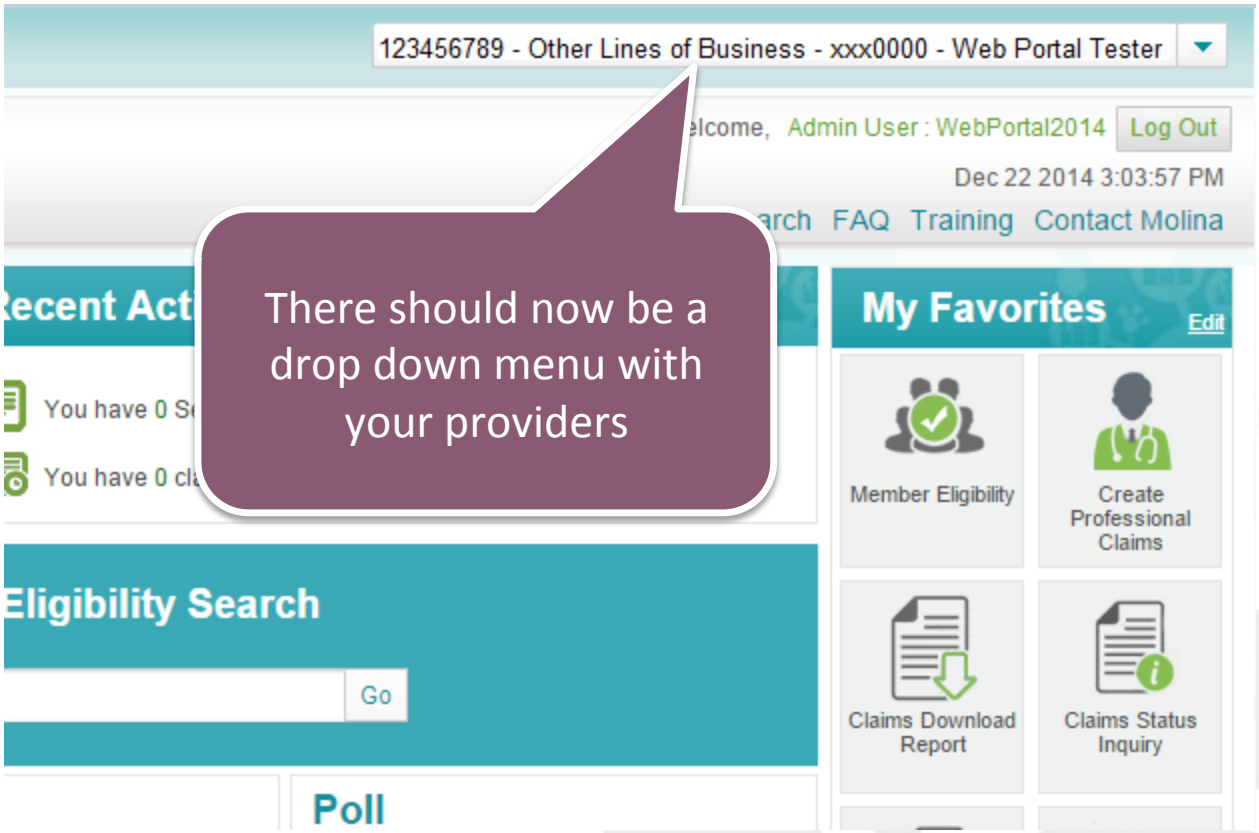
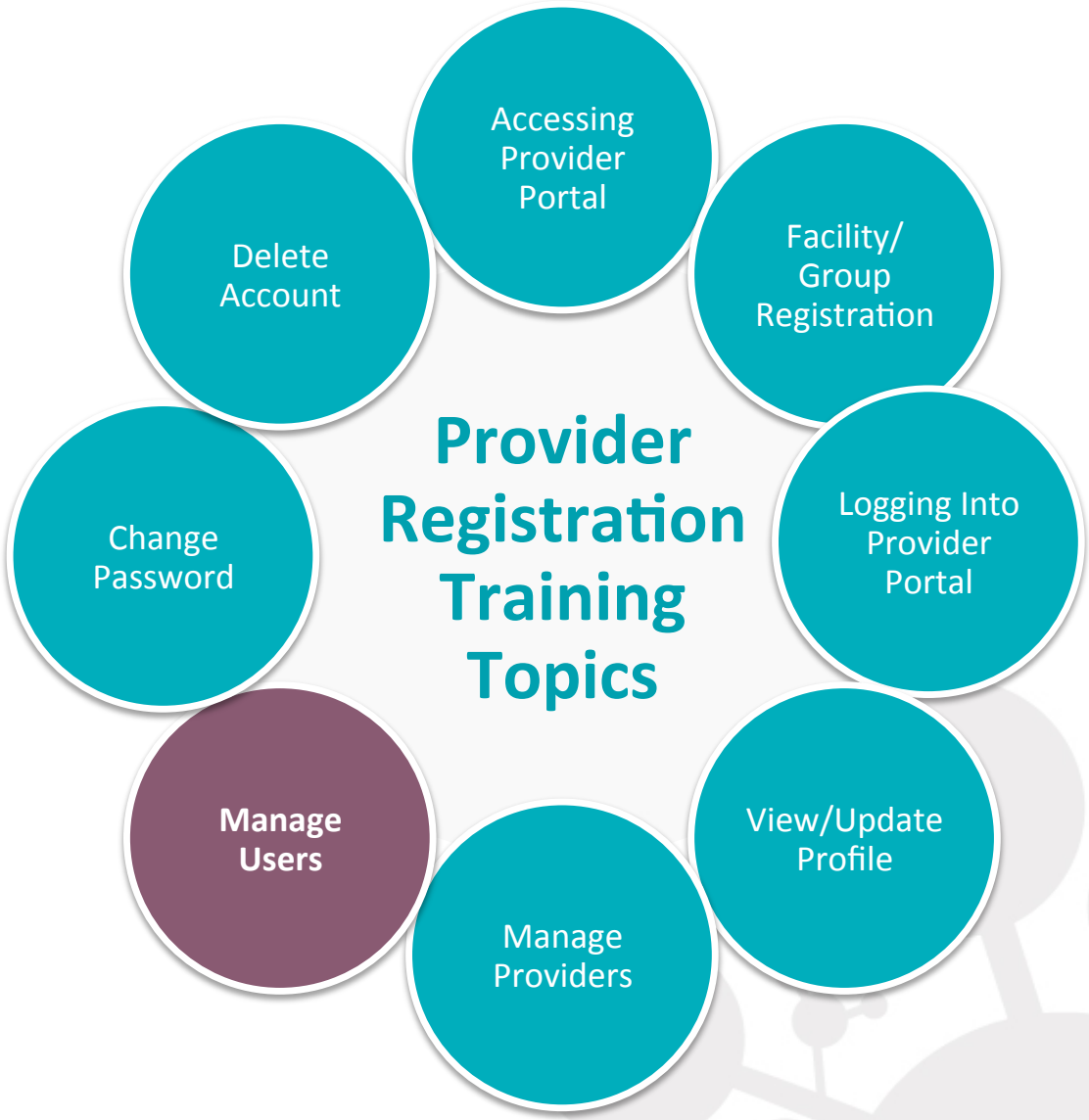

123456789 - Other Lines of Business - xxx0000 - Web Portal Tester
Admin User : WebPortal2014
Log Out
Dec 22 2014 3:03:57 PM
FAQ
Training
Contact Molina
There should now be a drop down menu with your providers
My Favorites
Edit
Member Eligibility
Create Professional Claims
Claims Download Report
Claims Status Inquiry
Eligibility Search
Go
Poll



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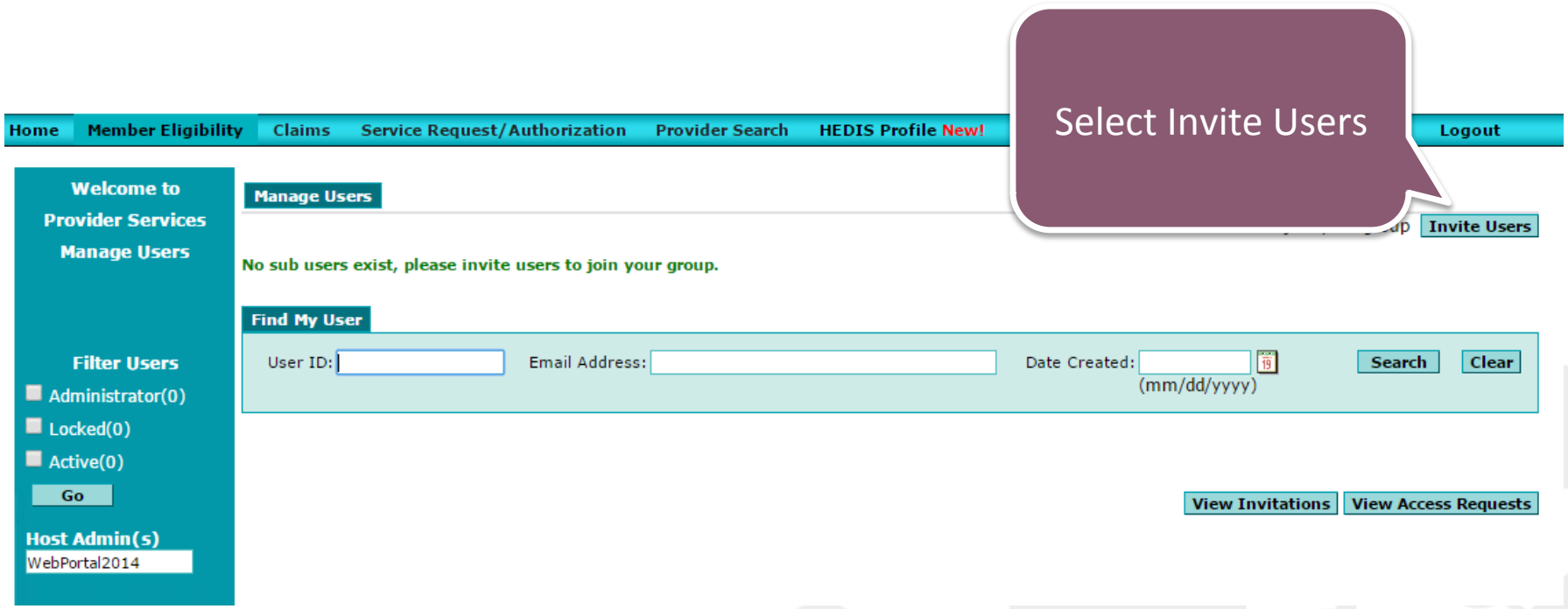
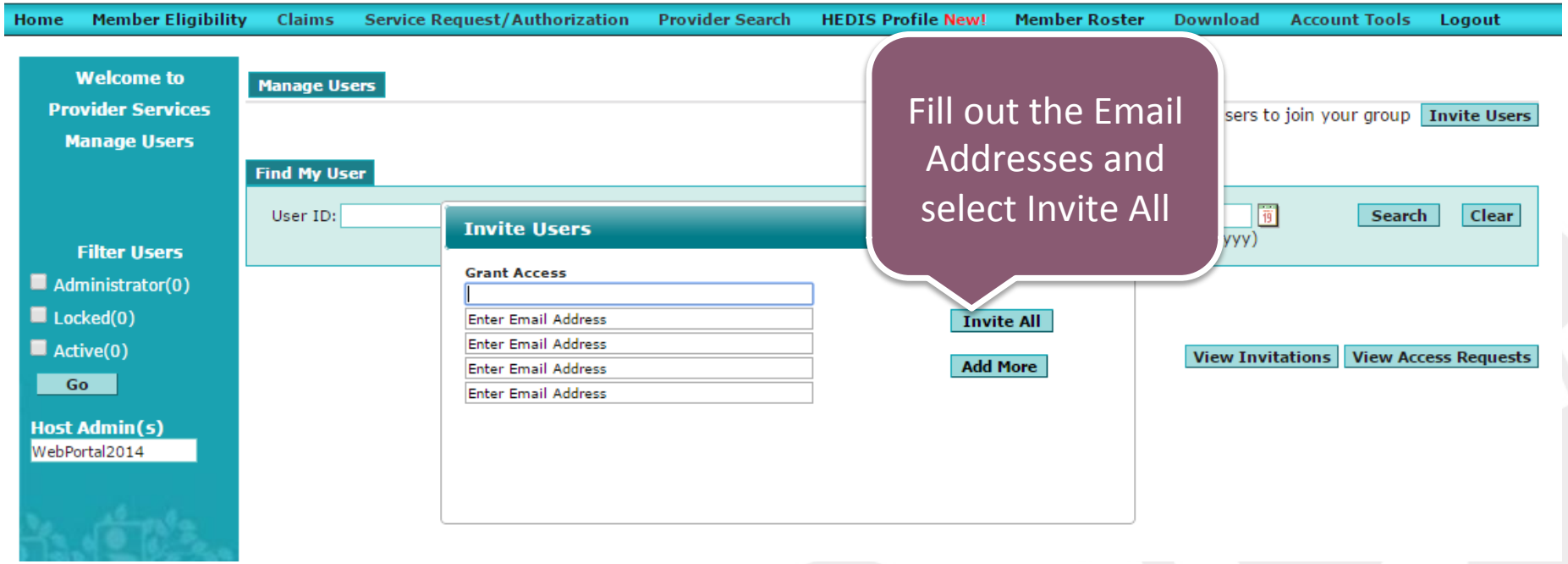

Select Invite Users
Home
Member Eligibility
Claims
Service Request/Authorization
Provider Search
HEDIS Profile New!
Logout
Welcome to Provider Services Manage Users
Manage Users
Invite Users
No sub users exist, please invite users to join your group.
Find My User
User ID:
Email Address:
Date Created:
(mm/dd/yyyy)
Search
Clear
Filter Users
Administrator(0)
Locked(0)
Active(0)
Go
Host Admin(s)
WebPortal2014
View Invitations
View Access Requests

This allows any administrator to grant access and set the role of the user for the facility/group information



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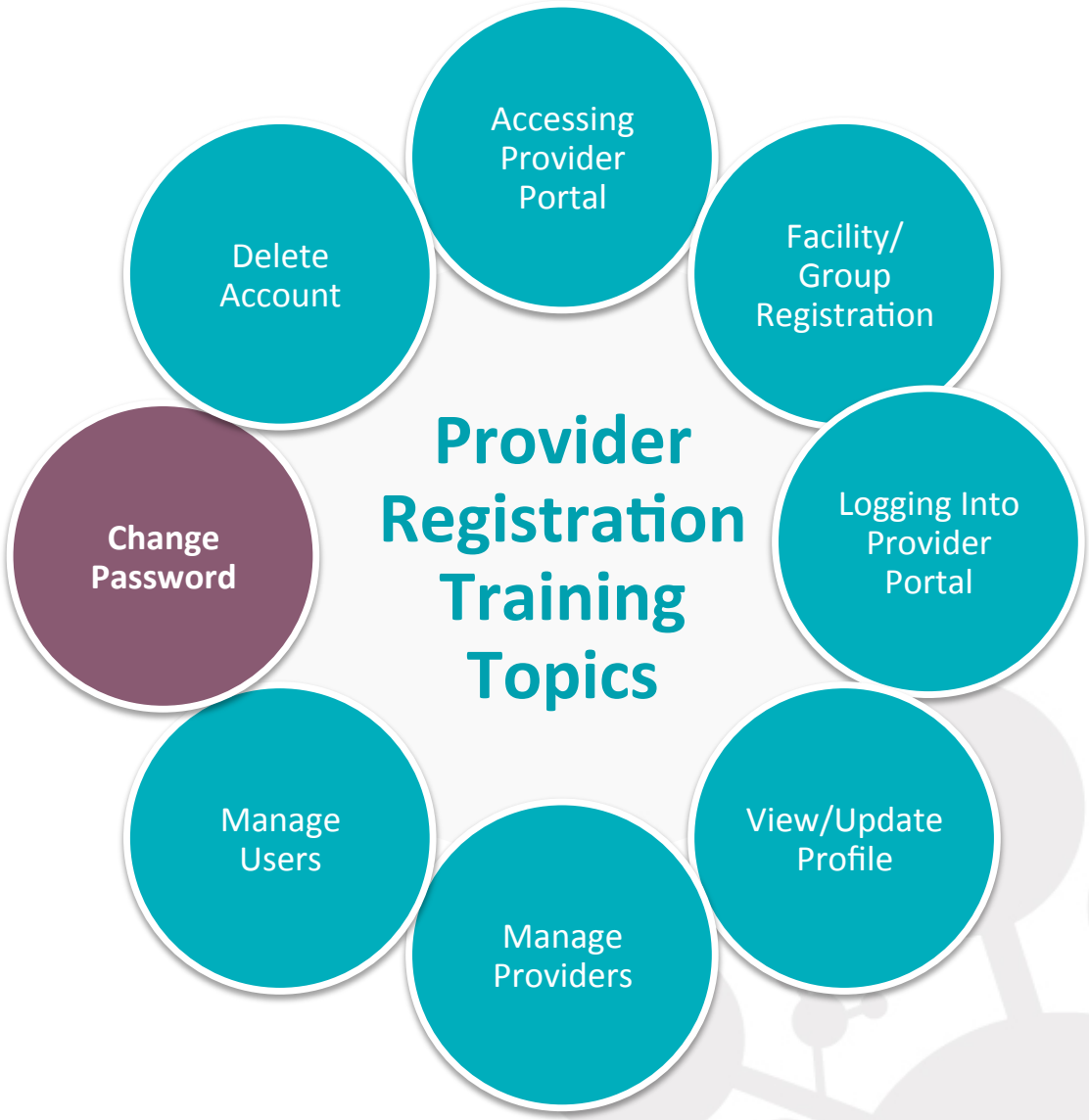

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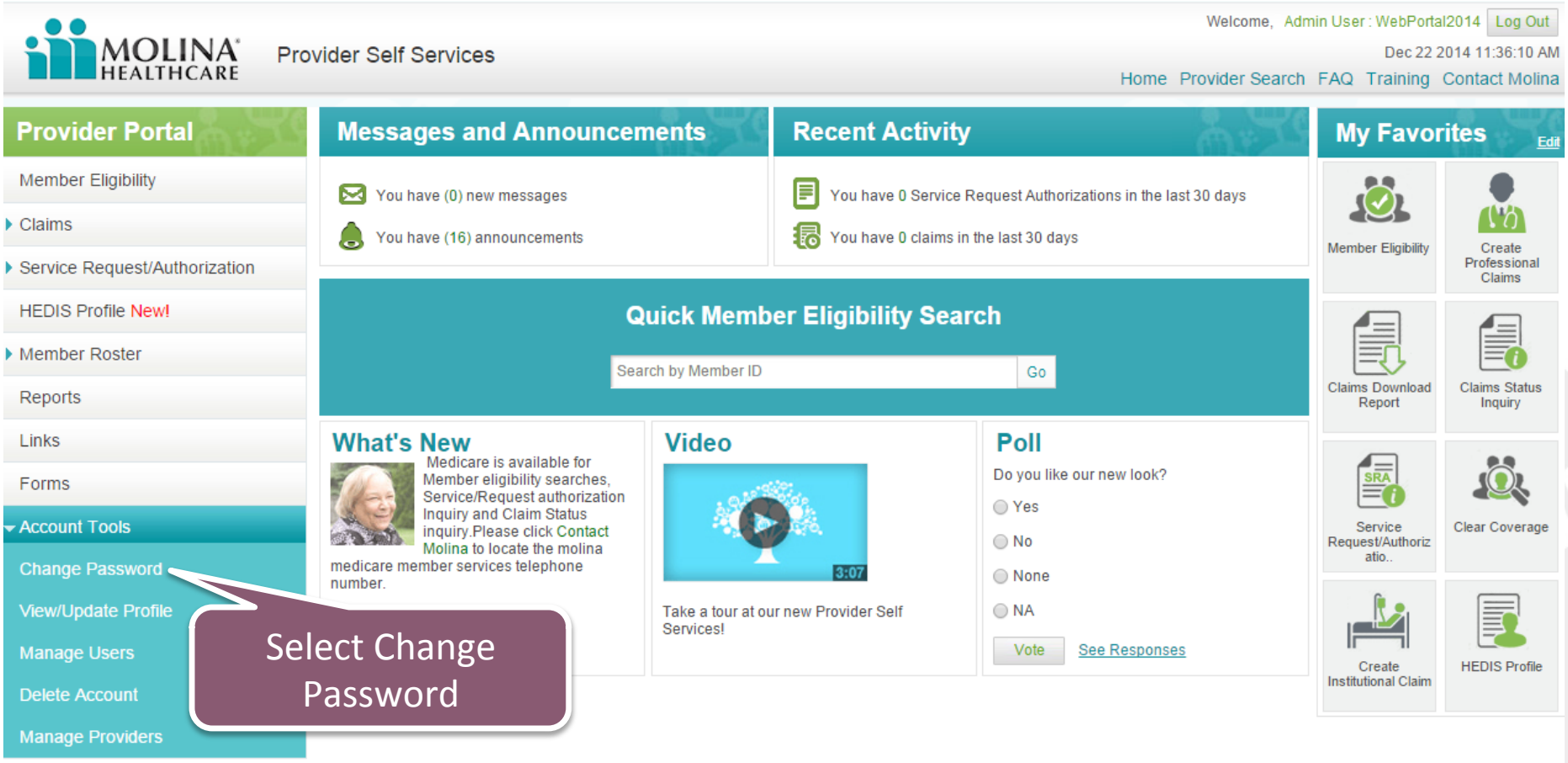
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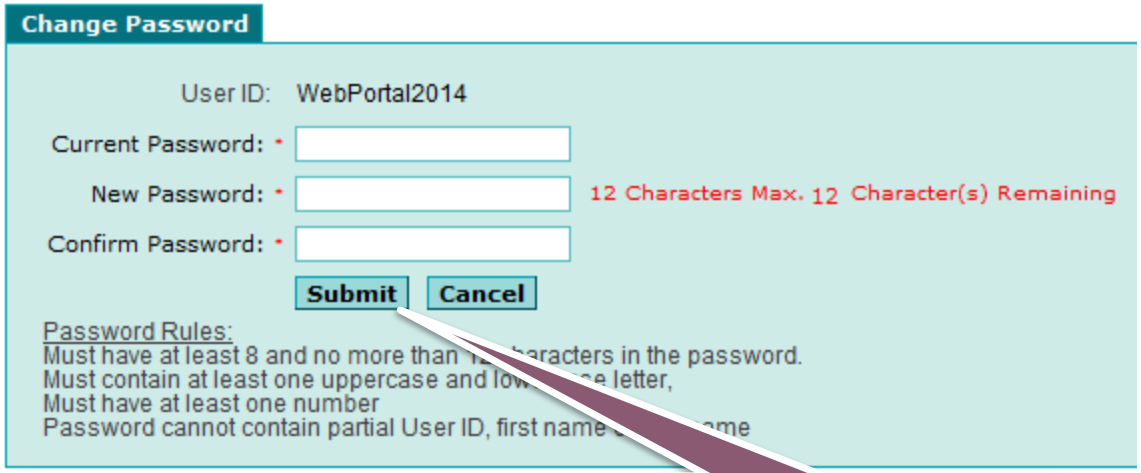
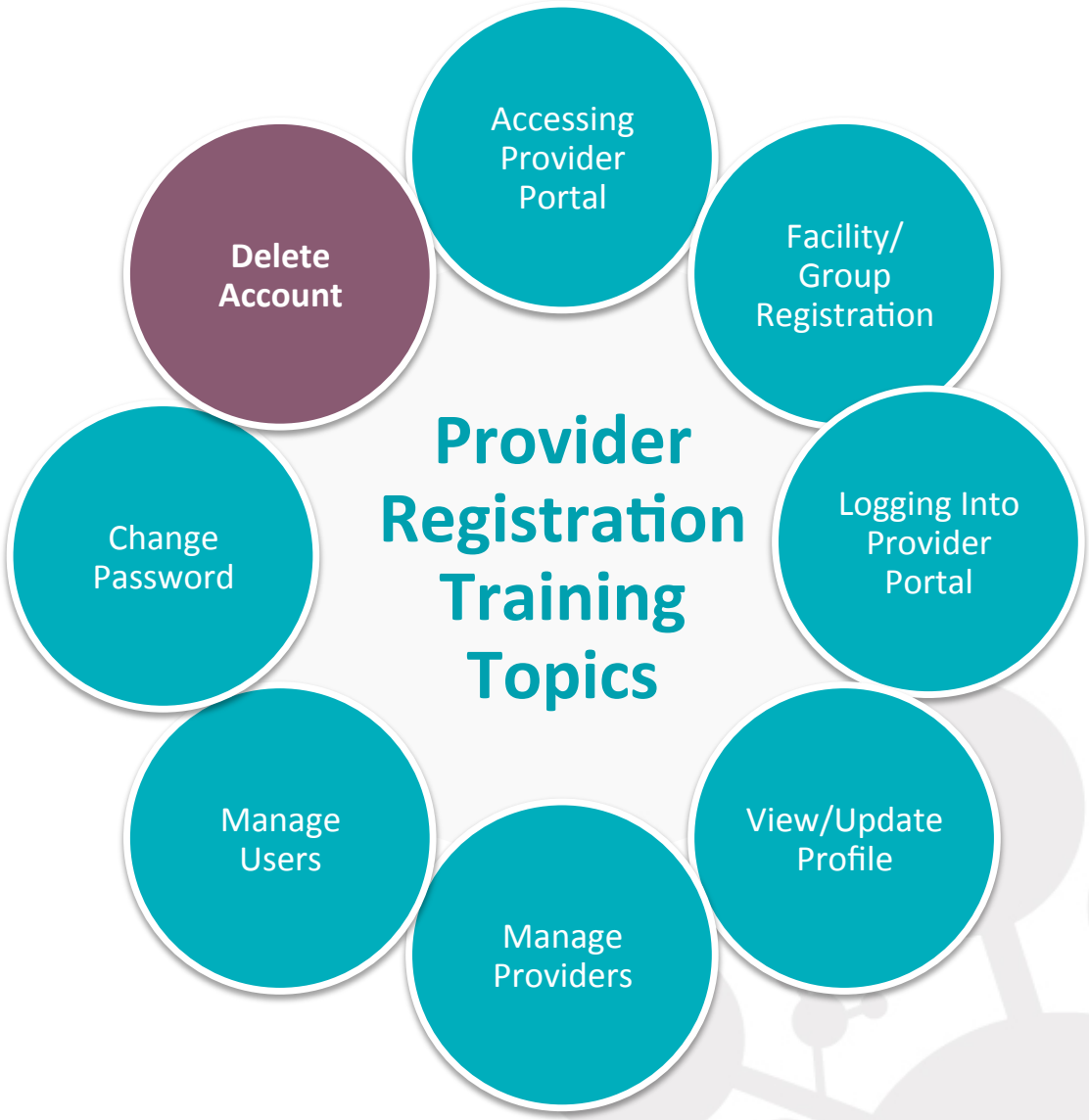
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
My Favorites
Edit
Member Eligibility
Create Professional Claims
Claims Download Report
Claims Status Inquiry
Service Request/Authoriz atio..
Clear Coverage
Create Institutional Claim
HEDIS Profile
Select Change Password



Fill in the required fields and select Submit

MOLINA HEALTHCARE
Your Extended Family.



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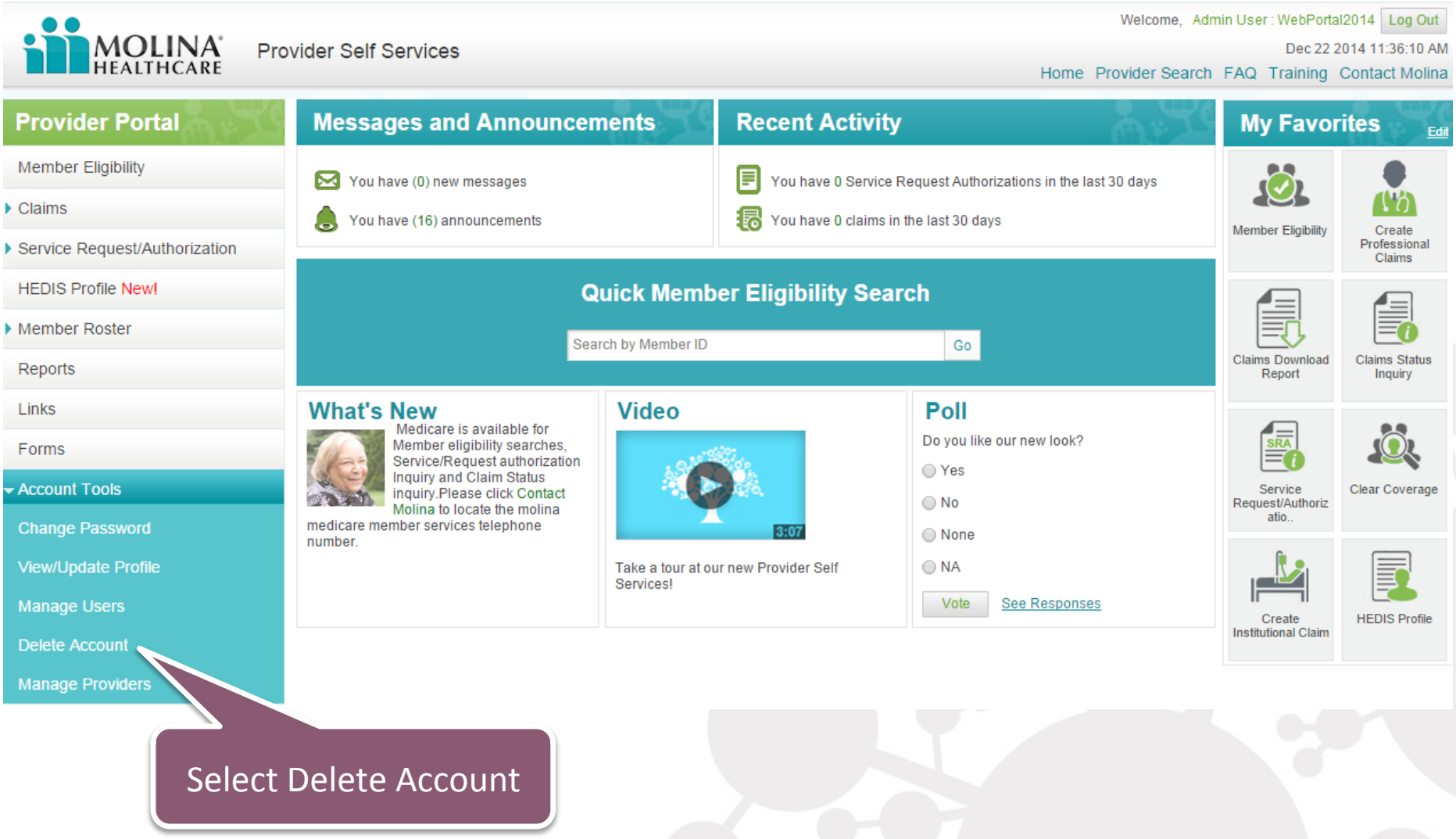
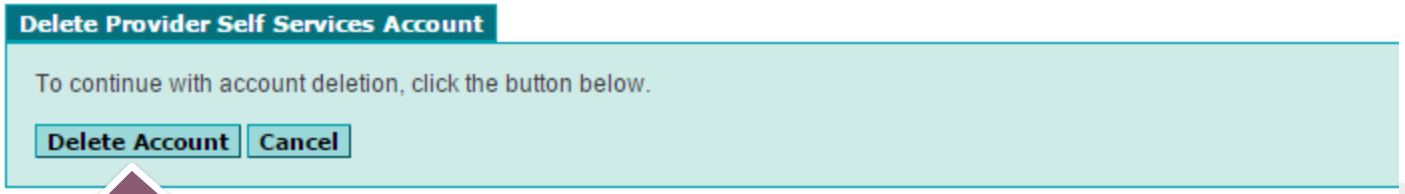
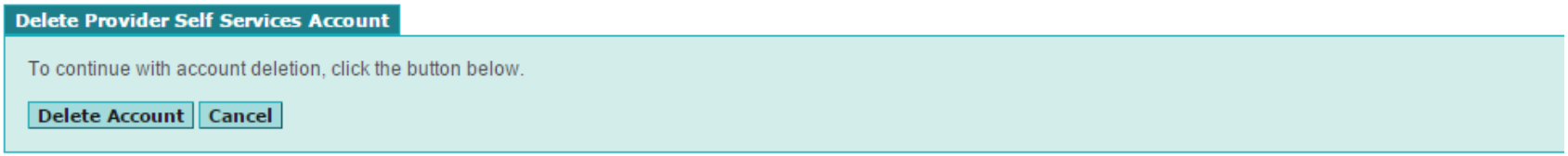


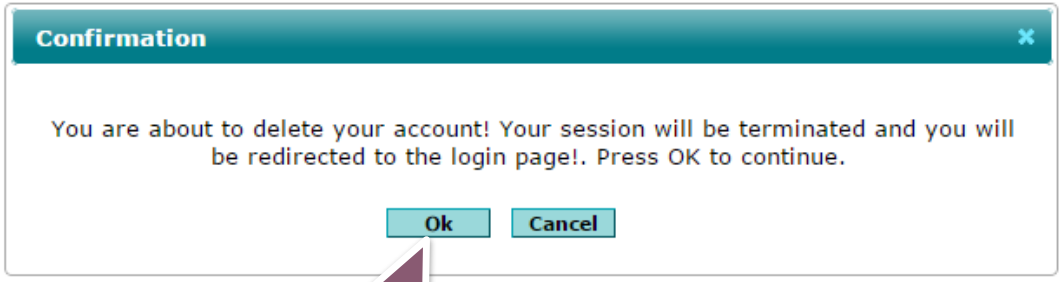
Select Delete Account



Select Delete Account

If a **host** admin is deleted, all linked users will lose access.
If an admin or linked account is deleted, only that account will lose access





Select Ok to delete account

Member Eligibility

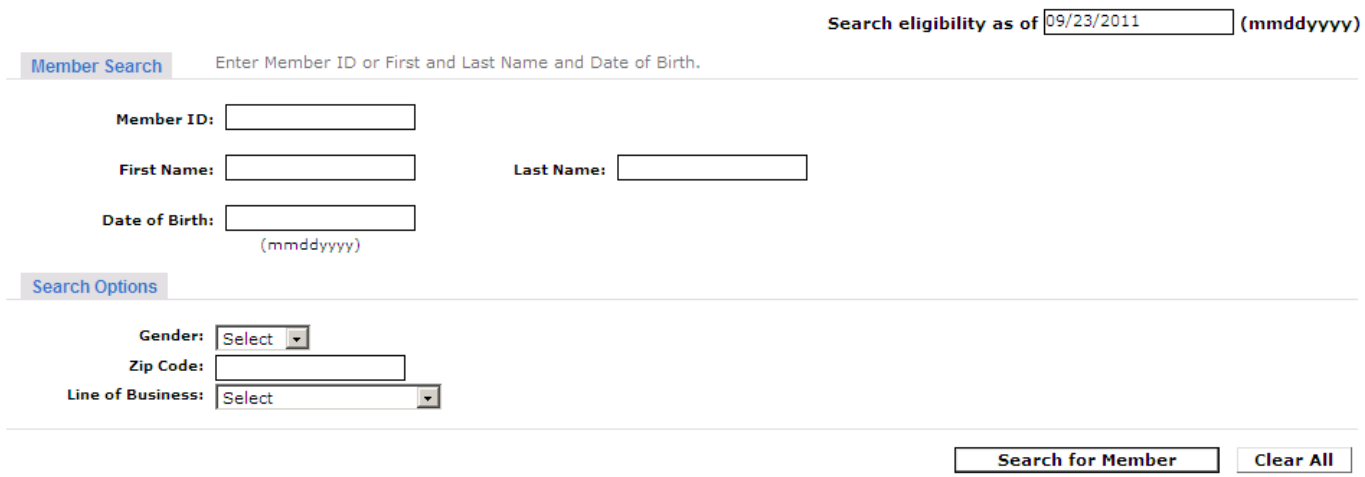
MOLINA® HEALTHCARE

Your Extended Family.

Member Eligibility

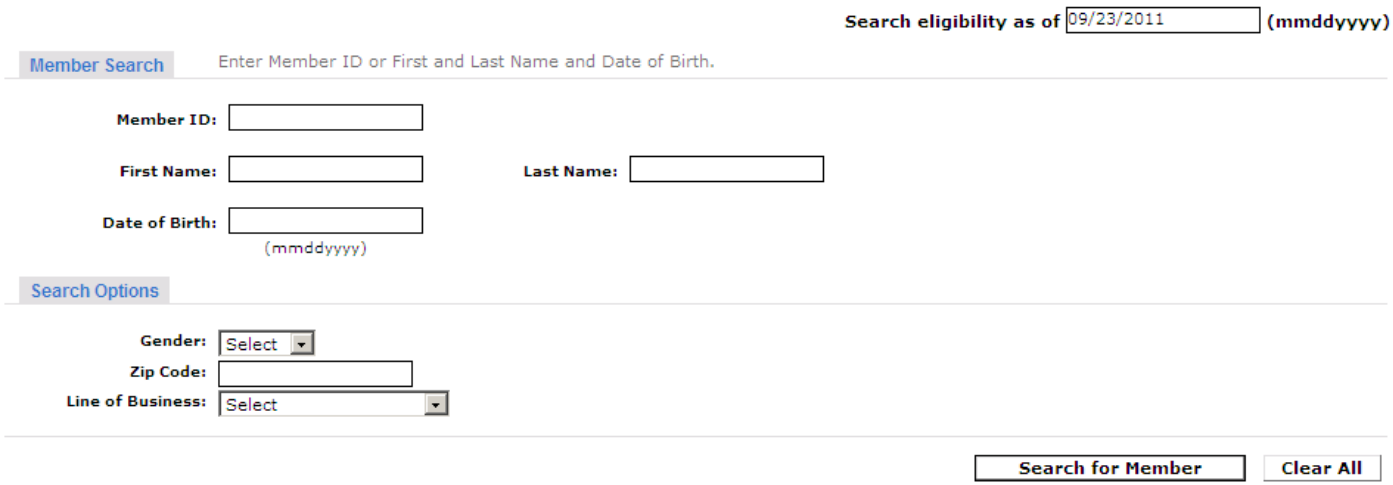
Member/Eligibility Inquiry provides the options to search by Member ID or Full Name and Date of Birth.

- *Click* Search to initiate the search.
- *Click* Clear to remove any data entered.



Member Search by Member ID

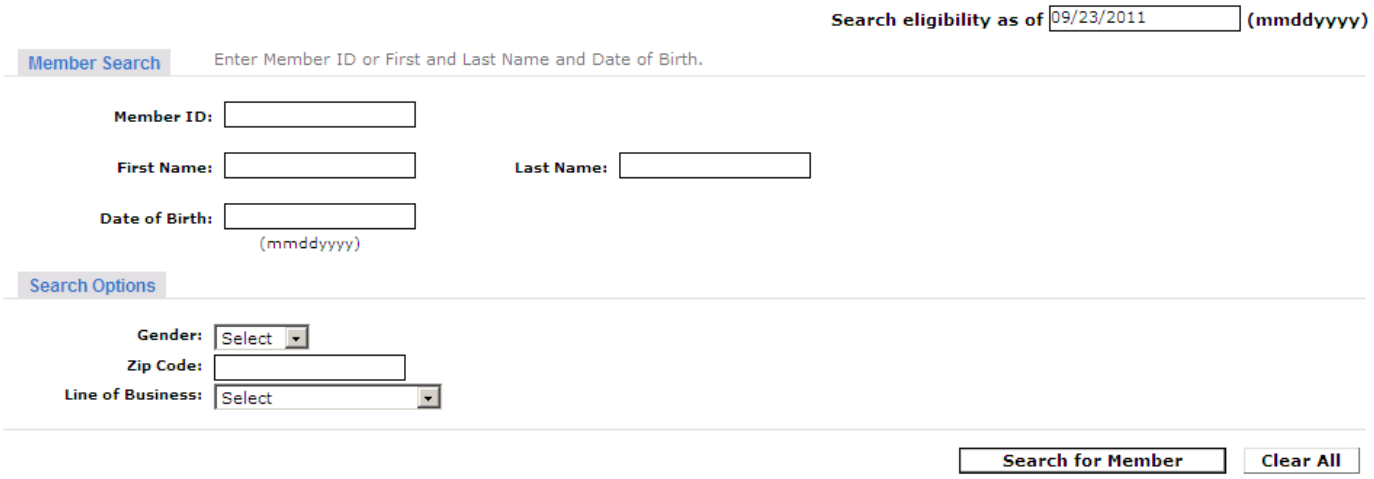
1. *Enter* the Subscriber's Member ID.
2. *Click* Search. The Member Eligibility and Benefits page displays.



Member Search by Name/Date of Birth

1. *Enter* the Member's First Name and/or Last Name, and the Date of Birth.

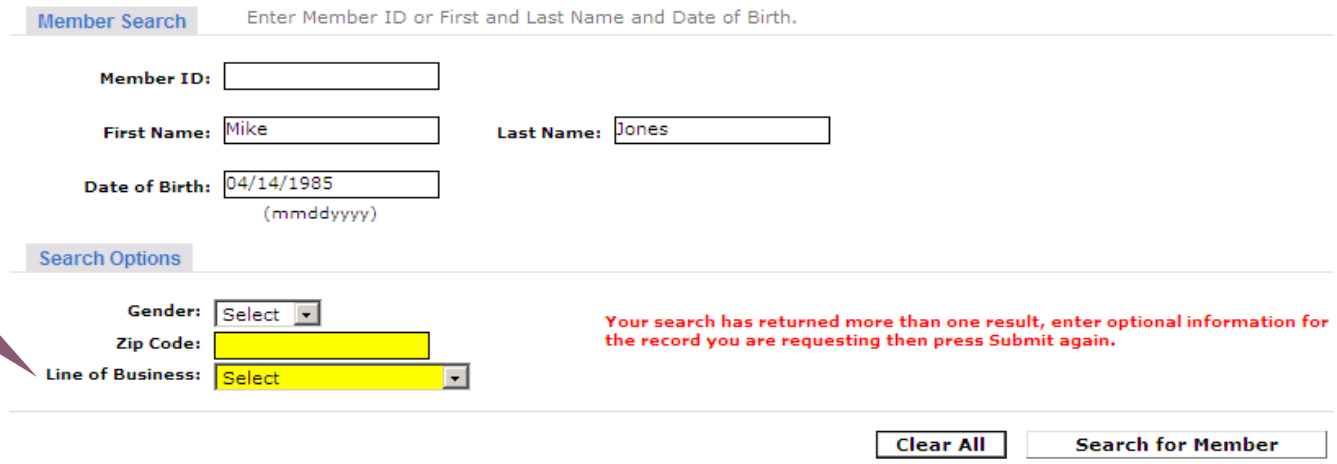
2. *Click* Search. The Member Eligibility And Benefits page displays.



Multiple Members Found

If any search results in multiple matches the page will display a message and highlight the fields that differentiate the members. You may select/enter any of the highlighted fields and do a search again. The following illustrates an example of the display of multiple member found search.

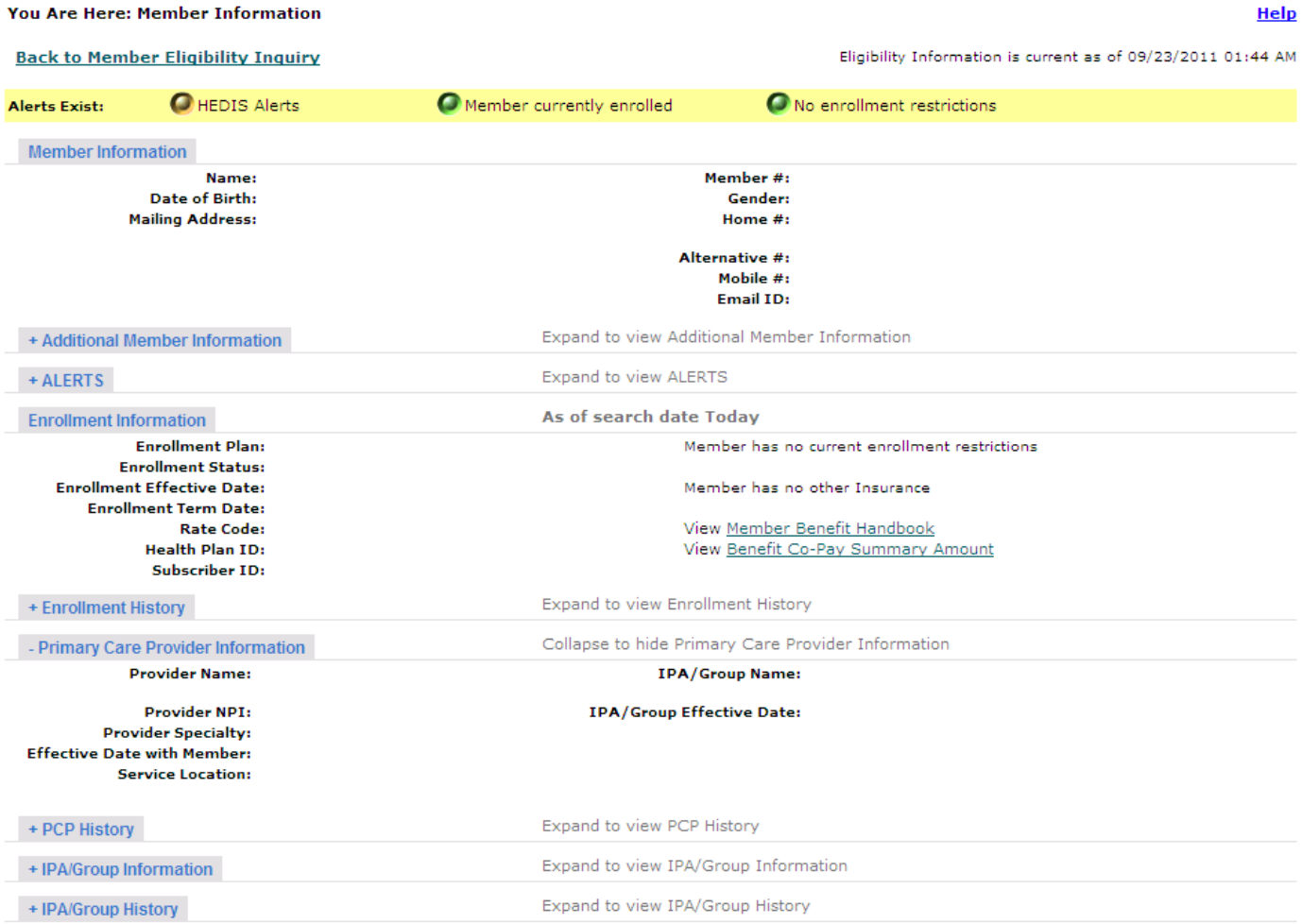
- *Enter Zip Code and/or select a Line of Business to see member details*

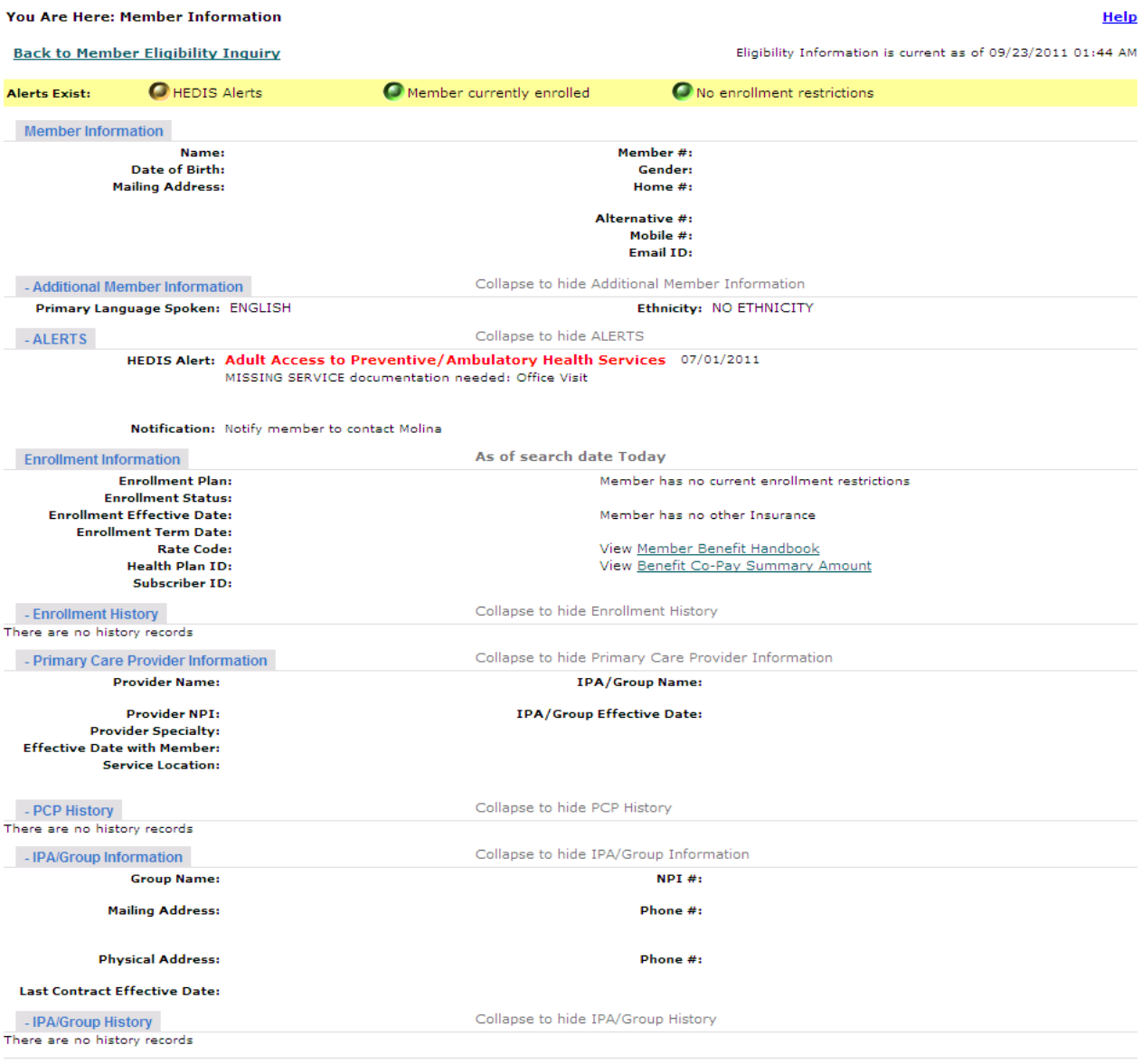


Member Eligibility and Benefits page

The Member Information, Enrollment Information, and Primary Care Provider are displayed.

- *Click* any closed tab to display more detail information.
- *Click* on tabs to view and hide information.




You Are Here: Member Information

Help

Back to Member Eligibility Inquiry

Eligibility Information is current as of 09/23/2011 01:44 AM

Alerts Exist: HEDIS Alerts | Member currently enrolled | No enrollment restrictions

Member Information

Name:
Date of Birth:
Mailing Address:

Member #:
Gender:
Home #:
Alternative #:
Mobile #:
Email ID:

- Additional Member Information — Collapse to hide Additional Member Information

Primary Language Spoken: ENGLISH

Ethnicity: NO ETHNICITY

- ALERTS — Collapse to hide ALERTS

HEDIS Alert: Adult Access to Preventive/Ambulatory Health Services 07/01/2011
MISSING SERVICE documentation needed: Office Visit

Notification: Notify member to contact Molina

Enrollment Information — As of search date Today

Enrollment Plan:
Enrollment Status:
Enrollment Effective Date:
Enrollment Term Date:
Rate Code:
Health Plan ID:
Subscriber ID:

Member has no current enrollment restrictions

Member has no other Insurance

View Member Benefit Handbook
View Benefit Co-Pay Summary Amount

- Enrollment History — Collapse to hide Enrollment History

There are no history records

- Primary Care Provider Information — Collapse to hide Primary Care Provider Information

Provider Name:
Provider NPI:
Provider Specialty:
Effective Date with Member:
Service Location:

IPA/Group Name:
IPA/Group Effective Date:

- PCP History — Collapse to hide PCP History

There are no history records

- IPA/Group Information — Collapse to hide IPA/Group Information

Group Name:
Mailing Address:
Physical Address:
Last Contract Effective Date:

NPI #:
Phone #:
Phone #:

- IPA/Group History — Collapse to hide IPA/Group History

There are no history records

- *If alerts exist they will display on the top yellow alert bar*
- *Click Member Benefit Handbook to access the member's handbook.*
- *Click view Benefit Co-Pay Summary Amount to display the member's co-pay, coinsurance and deductible.*
- *Click Back to go to the previous page.*

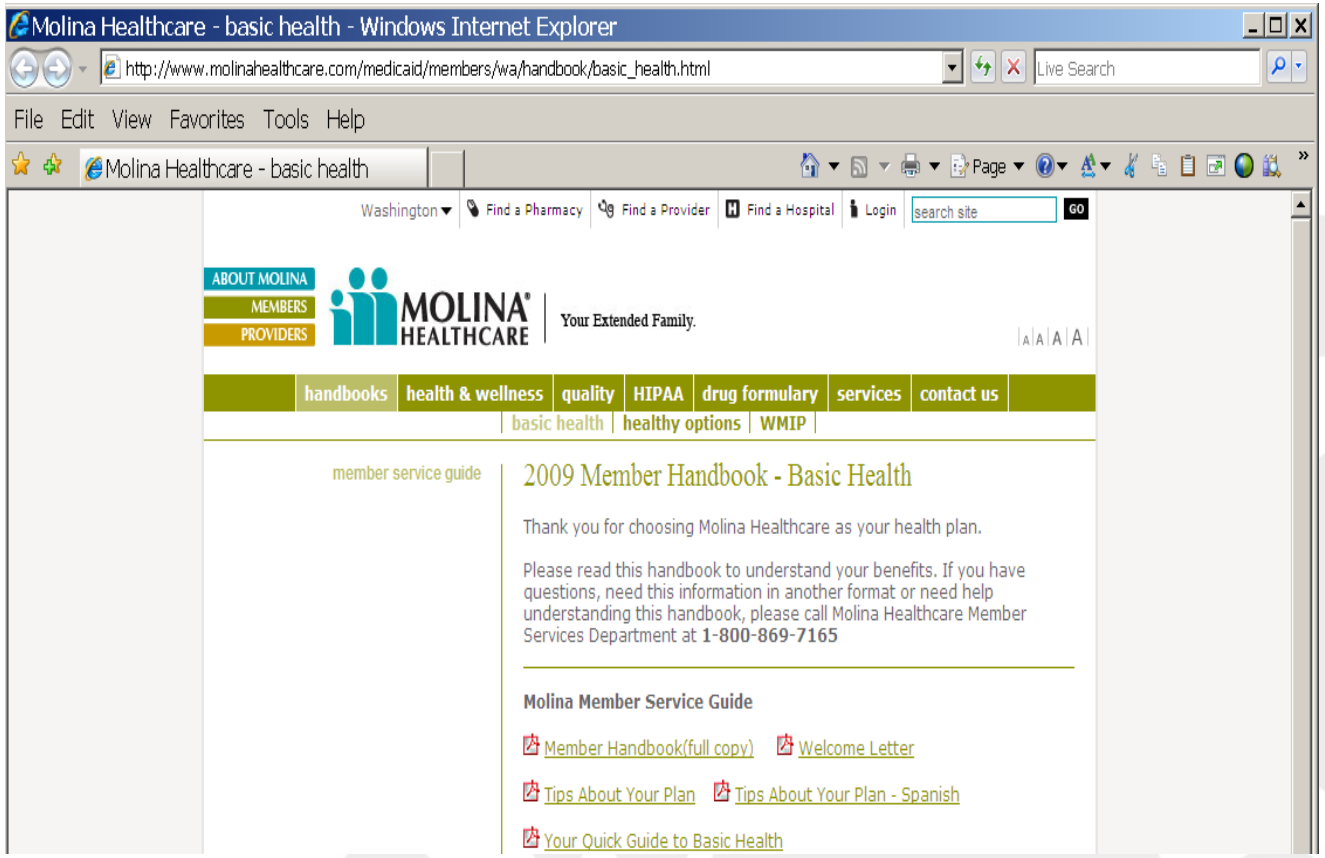
MOLINA HEALTHCARE
Your Extended Family.

Member Eligibility and Benefits (cont.)

The member's handbook is displayed for their benefit plans.

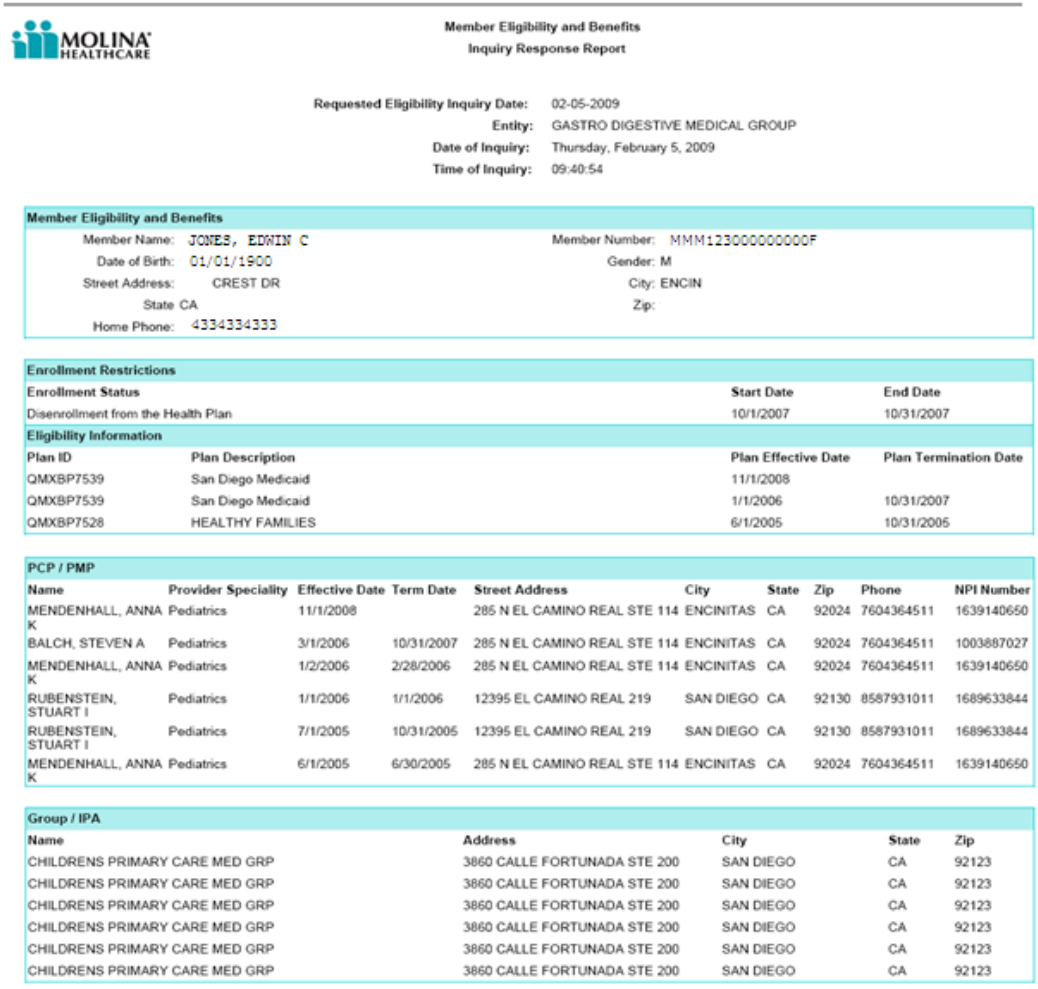
Click the displayed link to view the Member Handbook.

Click X to close the page.



Member Eligibility – Print Function

Click Print on the Member Eligibility Details page to display a printable PDF document.



MOLINA HEALTHCARE

Member Eligibility and Benefits
Inquiry Response Report

Requested Eligibility Inquiry Date: 02-05-2009
Entity: GASTRO DIGESTIVE MEDICAL GROUP
Date of Inquiry: Thursday, February 5, 2009
Time of Inquiry: 09:40:54

Member Eligibility and Benefits

Member Name: JONES, EDWIN C
Member Number: MMM123000000000F
Date of Birth: 01/01/1900
Gender: M
Street Address: CREST DR
City: ENCIN
State CA
Zip:
Home Phone: 4334334333

Enrollment Restrictions

Enrollment Status	Start Date	End Date
Disenrollment from the Health Plan	10/1/2007	10/31/2007

Eligibility Information

Plan ID	Plan Description	Plan Effective Date	Plan Termination Date
QMXBP7539	San Diego Medicaid	11/1/2008	
QMXBP7539	San Diego Medicaid	1/1/2006	10/31/2007
QMXBP7528	HEALTHY FAMILIES	6/1/2005	10/31/2005

PCP / PMP

Name	Provider Speciality	Effective Date	Term Date	Street Address	City	State	Zip	Phone	NPI Number
MENDENHALL, ANNA K	Pediatrics	11/1/2008		285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1639140650
BALCH, STEVEN A	Pediatrics	3/1/2006	10/31/2007	285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1003887027
MENDENHALL, ANNA K	Pediatrics	1/2/2006	2/28/2006	285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1639140650
RUBENSTEIN, STUART I	Pediatrics	1/1/2006	1/1/2006	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92130	8587931011	1689633844
RUBENSTEIN, STUART I	Pediatrics	7/1/2005	10/31/2005	12395 EL CAMINO REAL 219	SAN DIEGO	CA	92130	8587931011	1689633844
MENDENHALL, ANNA K	Pediatrics	6/1/2005	6/30/2005	285 N EL CAMINO REAL STE 114	ENCINITAS	CA	92024	7604364511	1639140650

Group / IPA

Name	Address	City	State	Zip
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123
CHILDRENS PRIMARY CARE MED GRP	3860 CALLE FORTUNADA STE 200	SAN DIEGO	CA	92123

Claims

MOLINA® HEALTHCARE

Your Extended Family.

Training Breakdown

- Create a Professional Claim
- Create an Institutional Claim
- Open Saved Claims
- Claims Status Inquiry
- Correct/Void a Claim
- Create/Manage Templates
- Download Exported Claim File

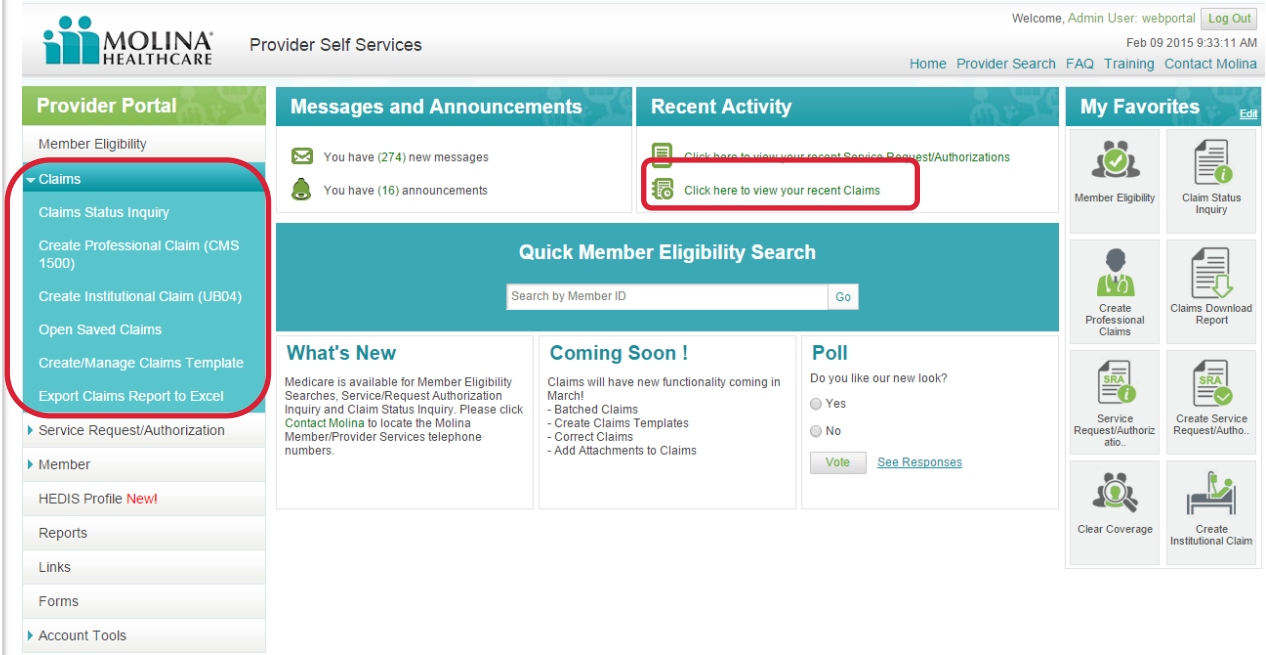
Note: All the Member IDs, Member Names, and Any Member Data in this Demo are fictitious. Only TEST data was used and does **NOT** represent any actual person or actual Member ID #

MOLINA HEALTHCARE
Your Extended Family.

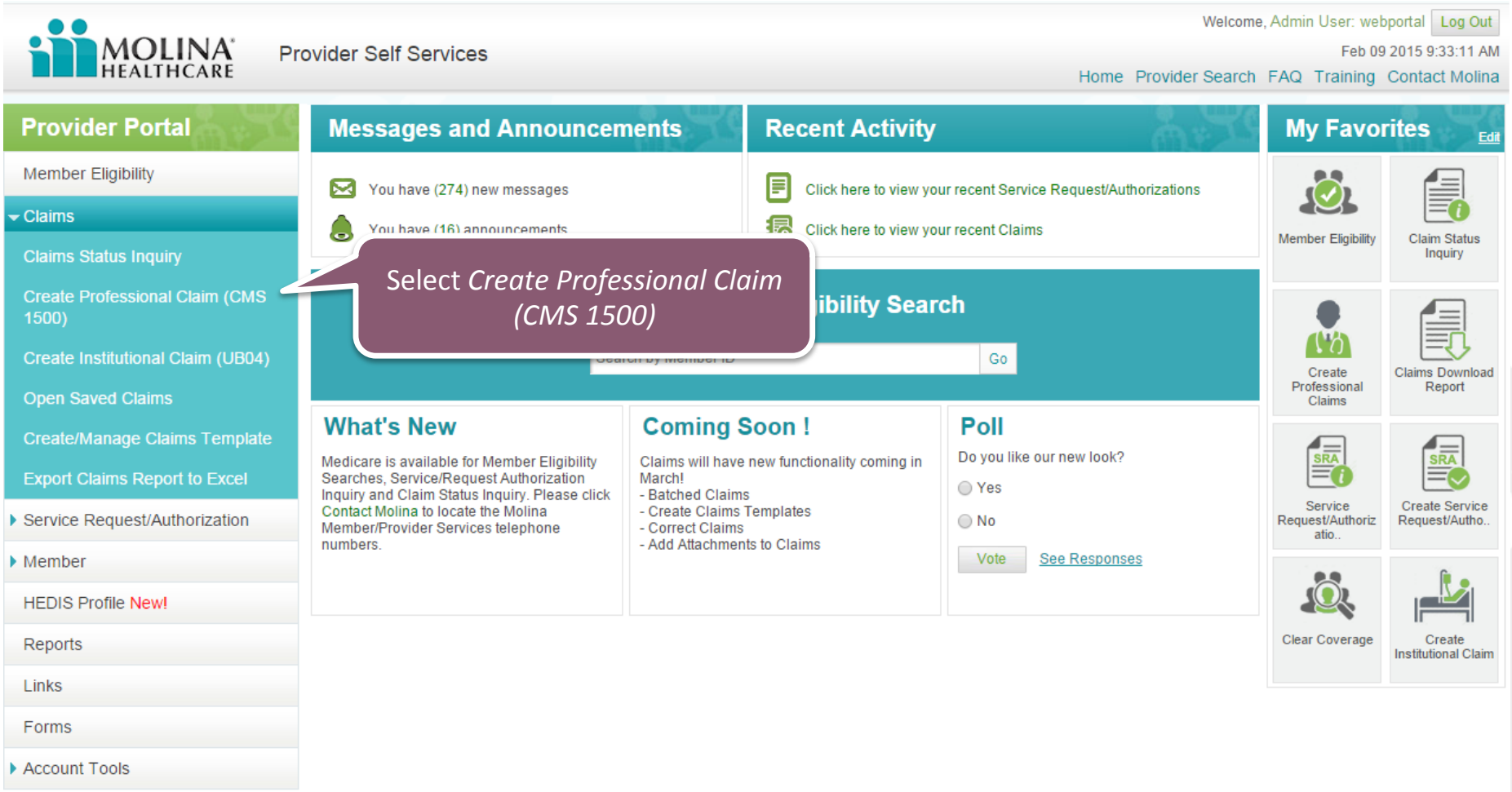
The Claims menu provides you with the following options:

- Claim Status Inquiry
- Create Professional Claim (CMS1500)
- Create Institutional Claim (UB04)
- Open Saved Claims
- Create/Manage Claims Templates
- Export Claims Report to Excel

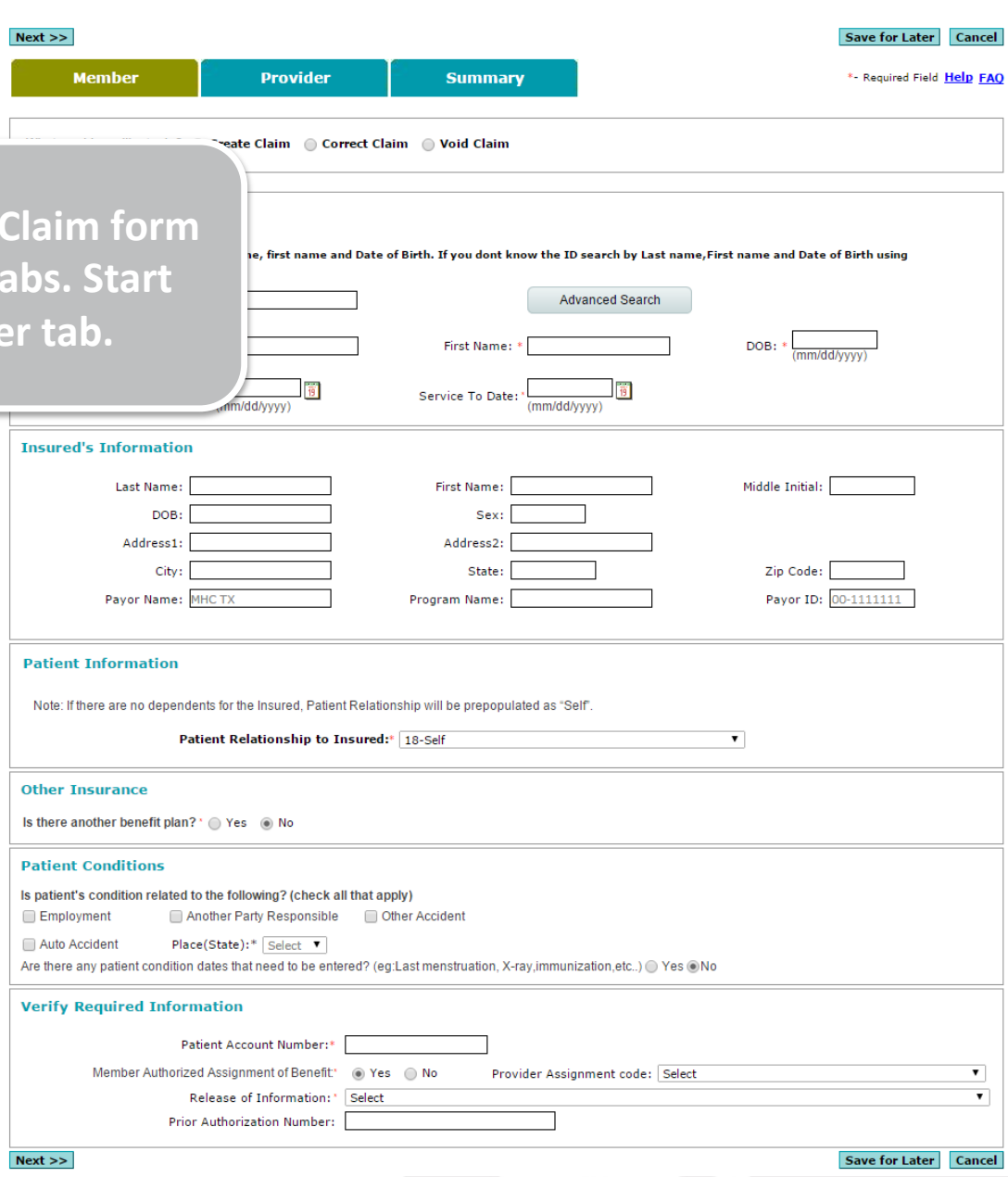
*Please Note: You may also view recent claims by selecting View your recent Claims



MOLINA HEALTHCARE
Your Extended Family.

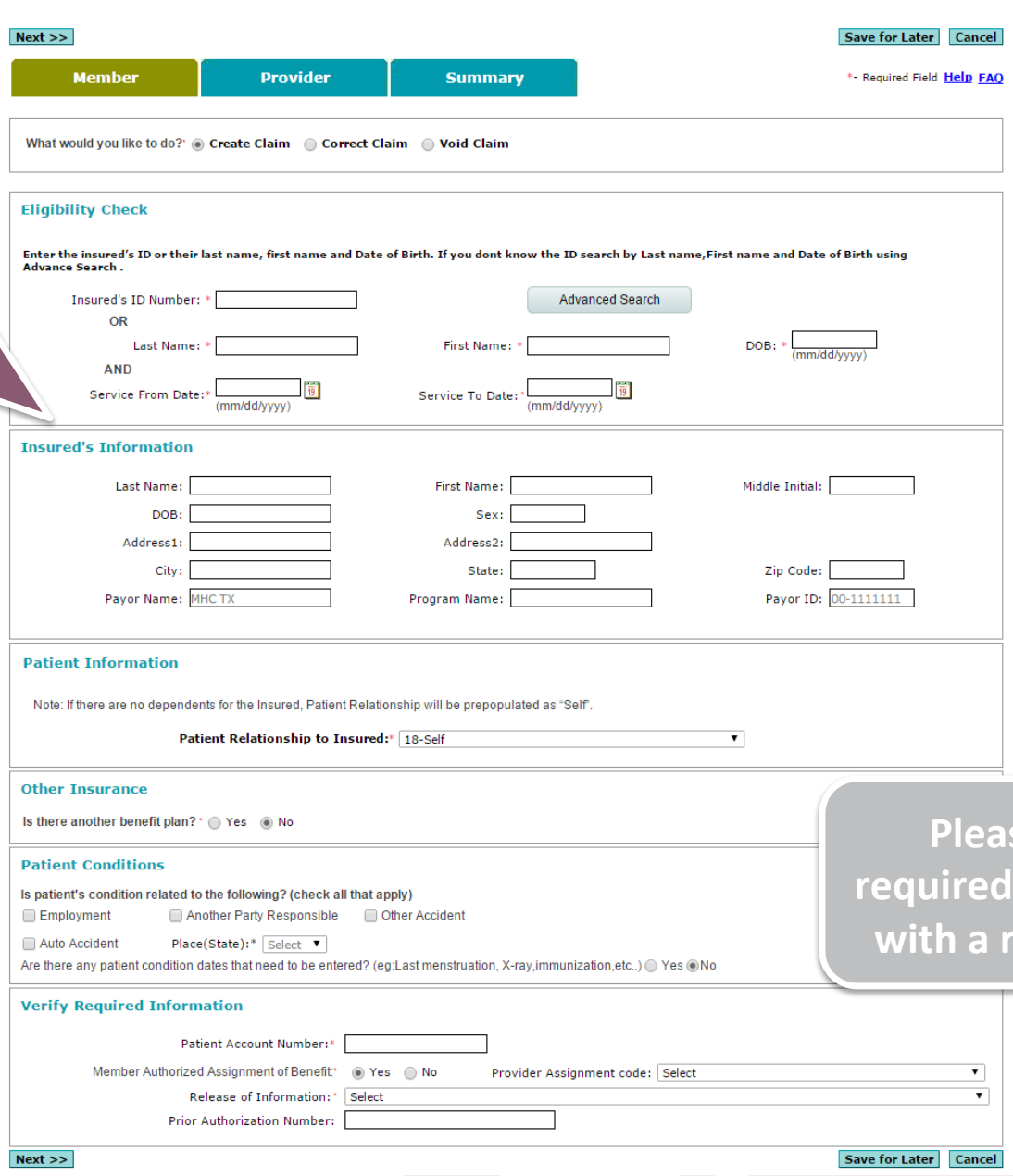

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportal
Log Out
Feb 09 2015 9:33:11 AM
Home
Provider Search
FAQ
Training
Contact Molina
Provider Portal
Member Eligibility
Claims
Claims Status Inquiry
Create Professional Claim (CMS 1500)
Create Institutional Claim (UB04)
Open Saved Claims
Create/Manage Claims Template
Export Claims Report to Excel
Service Request/Authorization
Member
HEDIS Profile New!
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (274) new messages
You have (16) announcements
Recent Activity
Click here to view your recent Service Request/Authorizations
Click here to view your recent Claims
Select Create Professional Claim (CMS 1500)
ibility Search
Go
What's New
Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Member/Provider Services telephone numbers.
Coming Soon !
Claims will have new functionality coming in March!
- Batched Claims
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims
Poll
Do you like our new look?
Yes
No
Vote
See Responses
My Favorites
Edit
Member Eligibility
Claim Status Inquiry
Create Professional Claims
Claims Download Report
Service Request/Authoriz atio..
Create Service Request/Autho..
Clear Coverage
Create Institutional Claim

The Professional Claim form includes three tabs. Start with Member tab.



MOLINA HEALTHCARE
Your Extended Family.

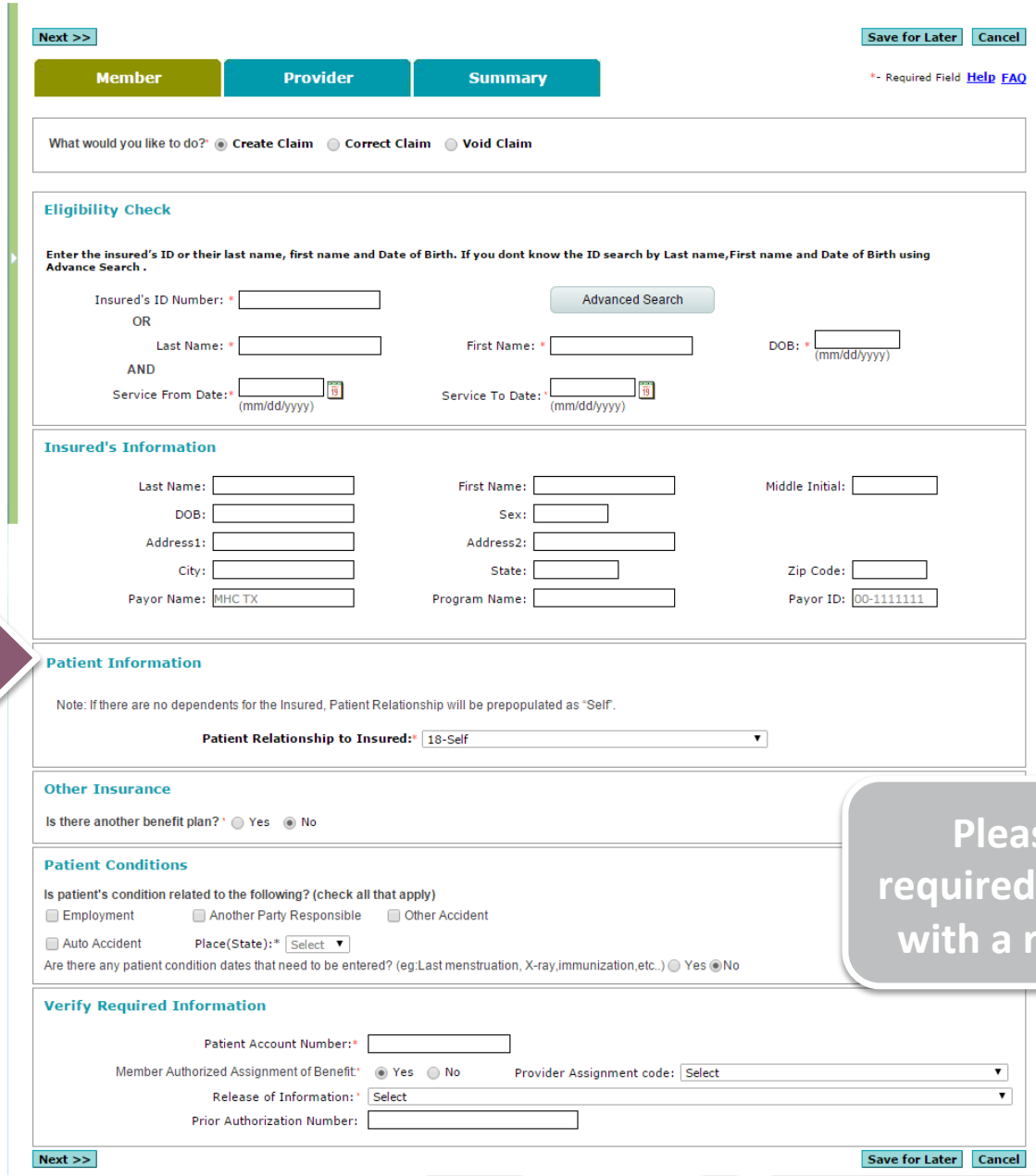
Once you fill in the required fields, the Insured's Information should auto-populate



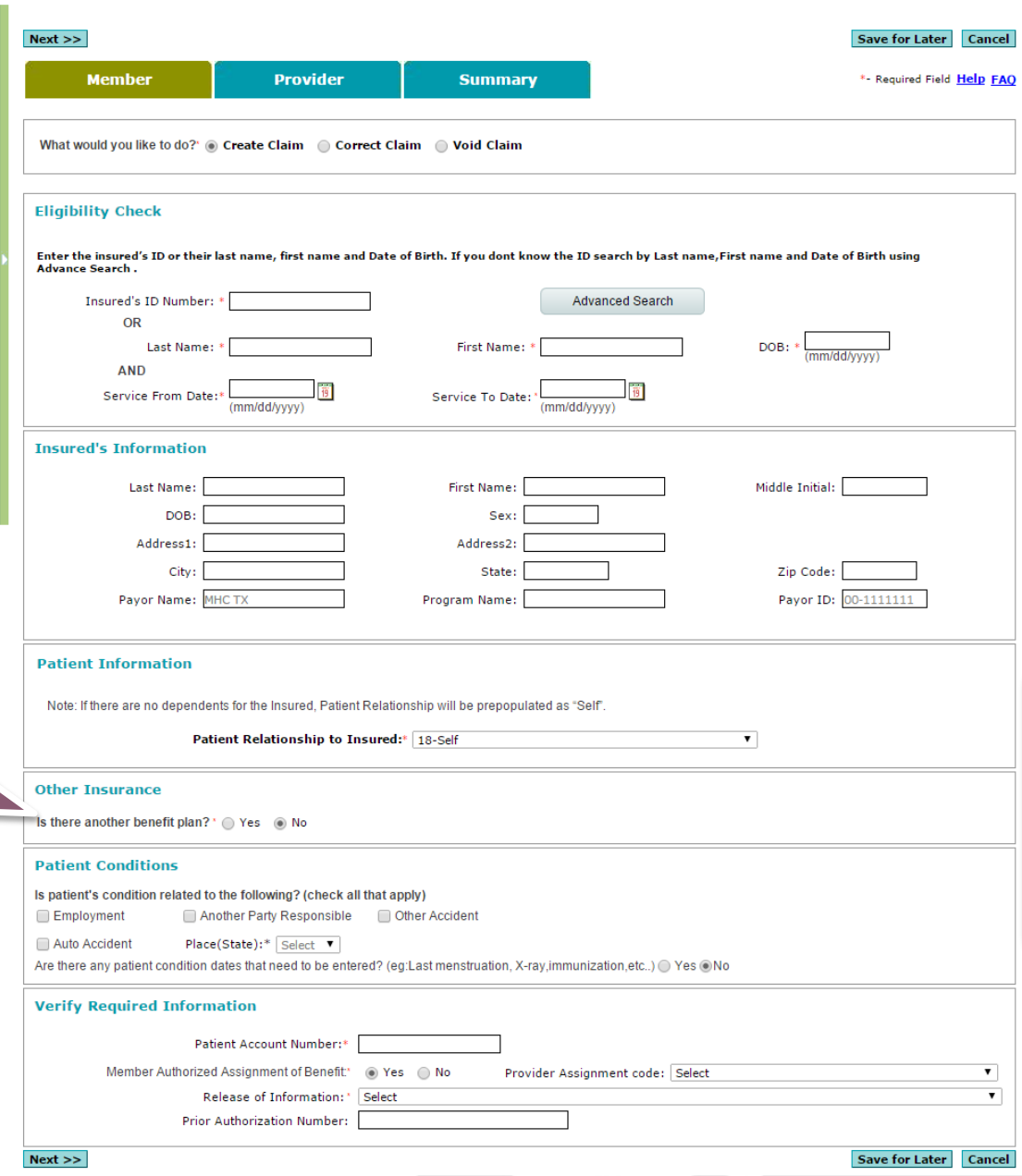
Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

Enter the Patient's Relationship to Insured. For most coverage, Patient Relationship to Insured defaults to "Self".



Please Note: All required field are noted with a red asterisk (*)

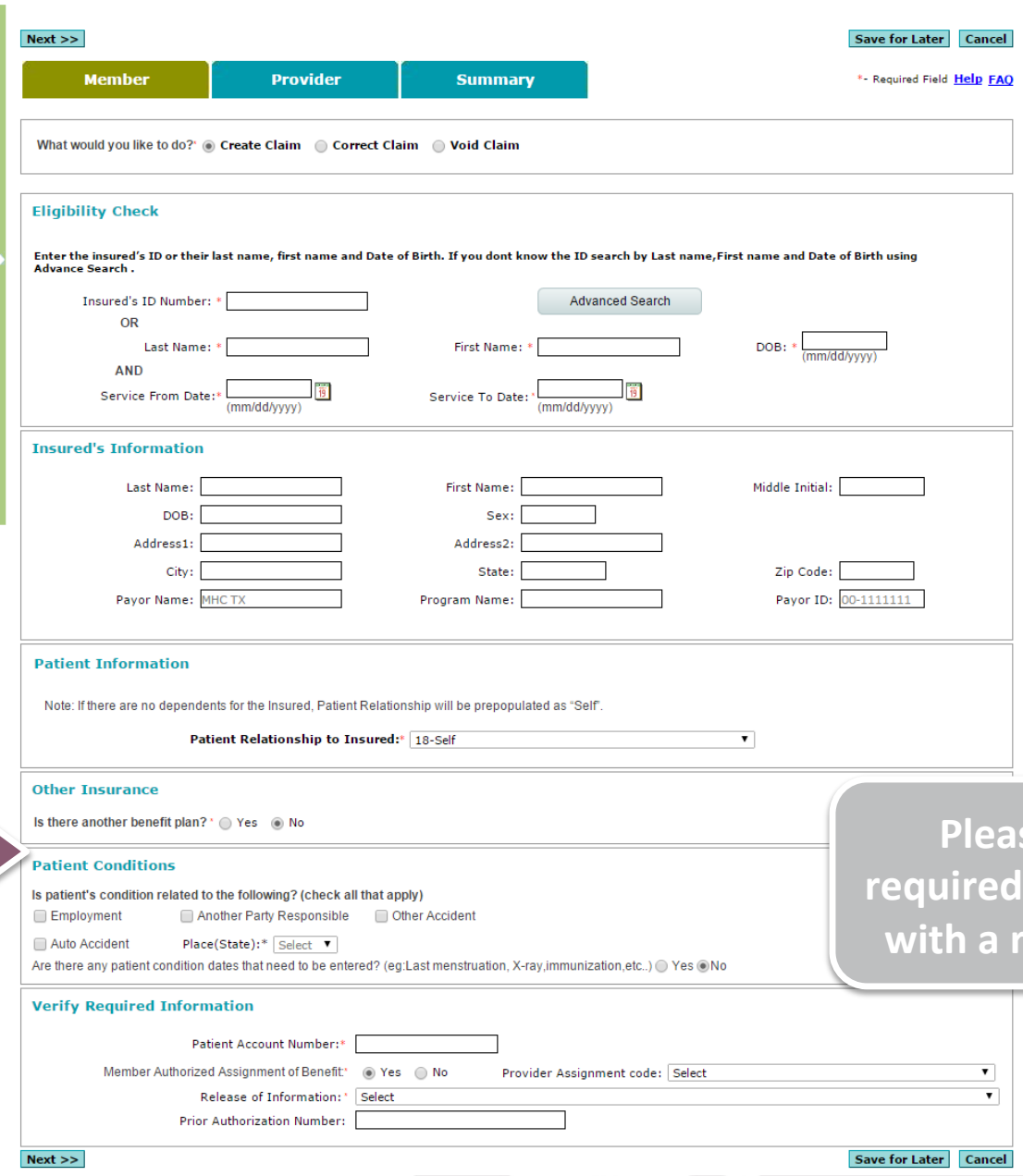


Enter information for other insurance, if applicable.

Note: If "Yes" is selected and this is a Secondary claim, you must attach EOB and update the COB line level information in the Provider Tab claim line.

Please Note: All required field are noted with a red asterisk (*)

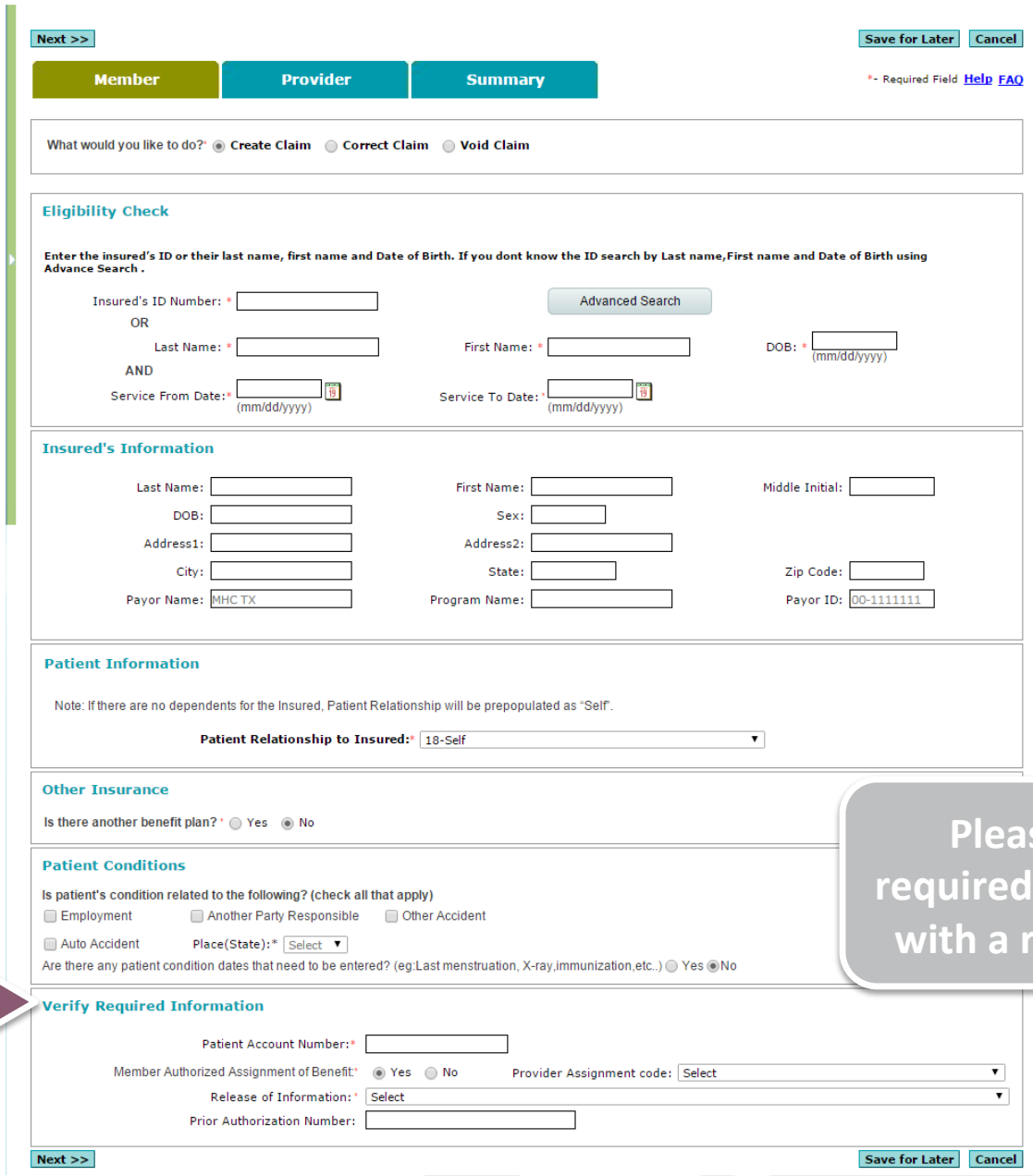
MOLINA HEALTHCARE
Your Extended Family.



Select all that apply. If there are any other dates known or related to the patient's condition, enter them as appropriate.

Please Note: All required field are noted with a red asterisk (*)

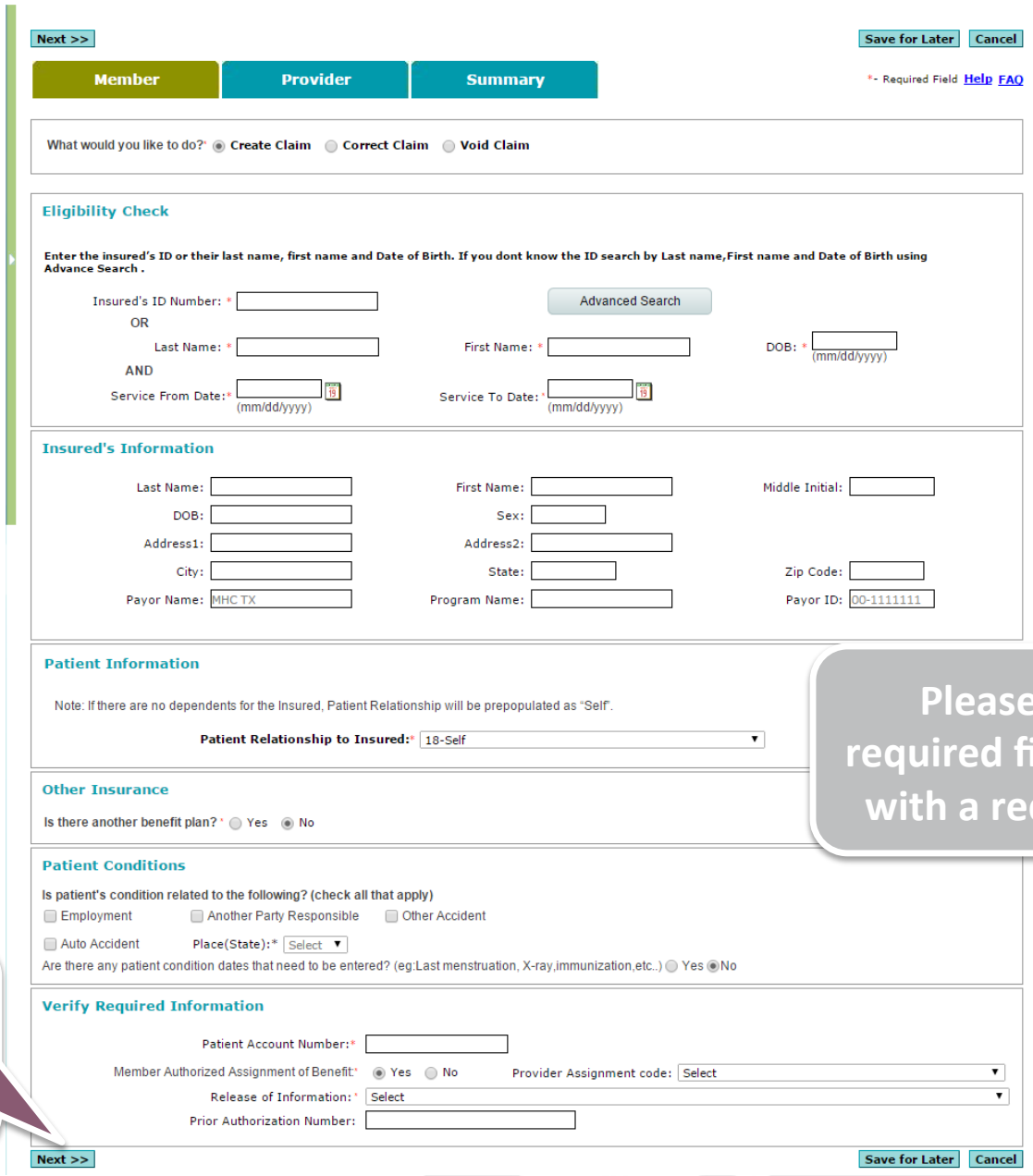
MOLINA HEALTHCARE
Your Extended Family.



Enter the required information to release patient information

Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

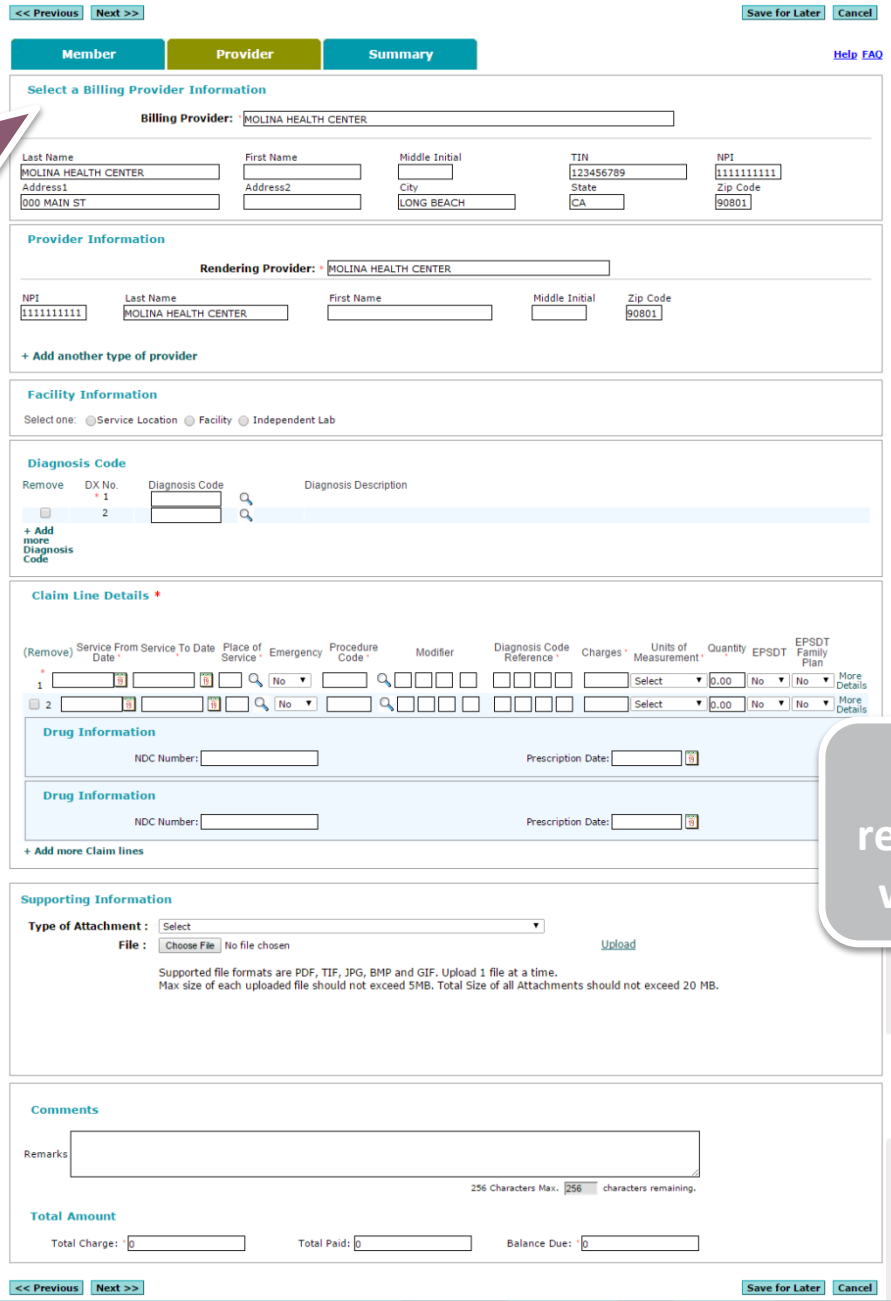


Please Note: All required field are noted with a red asterisk (*)

Upon completion of the required fields, select *Next >>*

MOLINA HEALTHCARE
Your Extended Family.

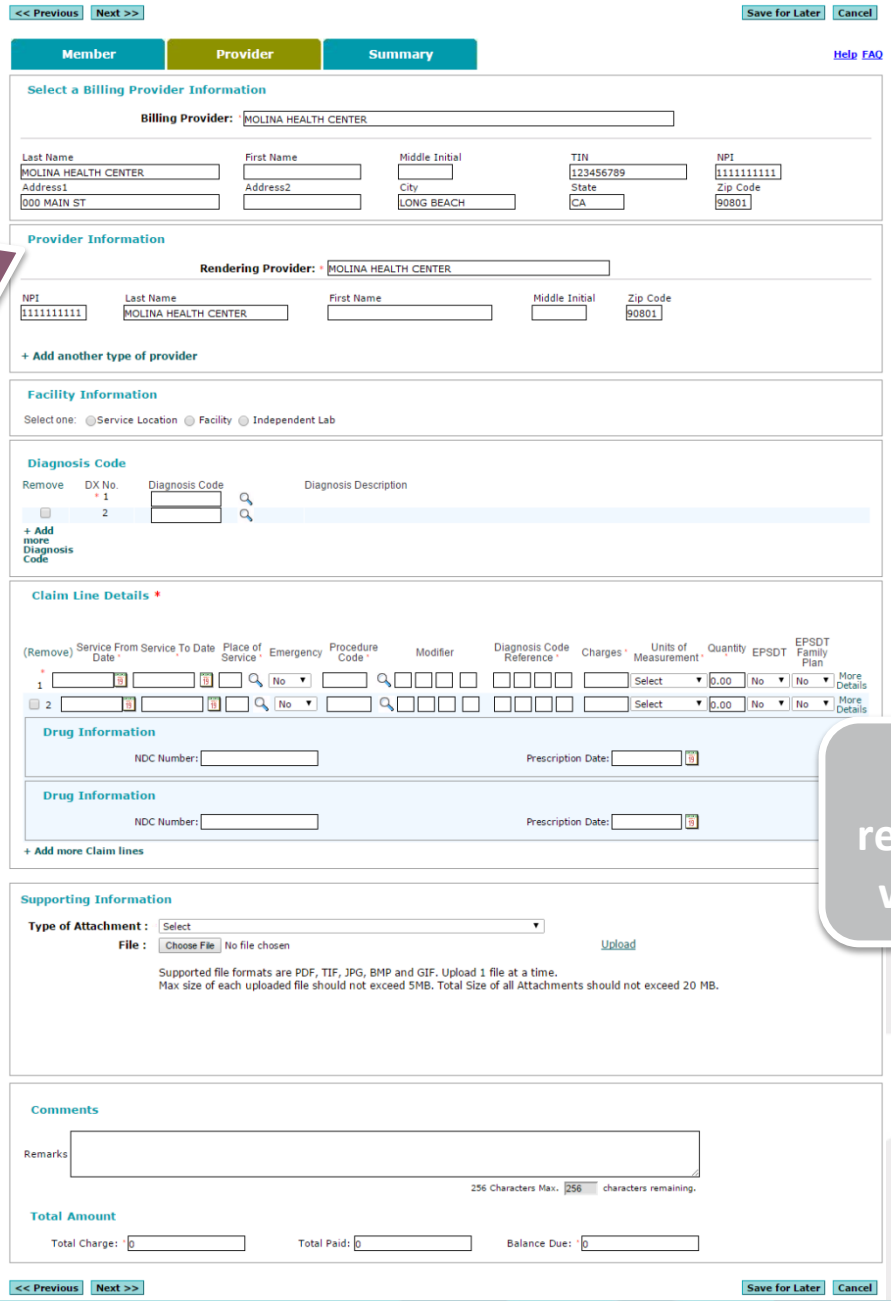
If you have more than one Billing Provider, a drop down list will appear. Once you make a selection, it will auto-populate the information.



Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

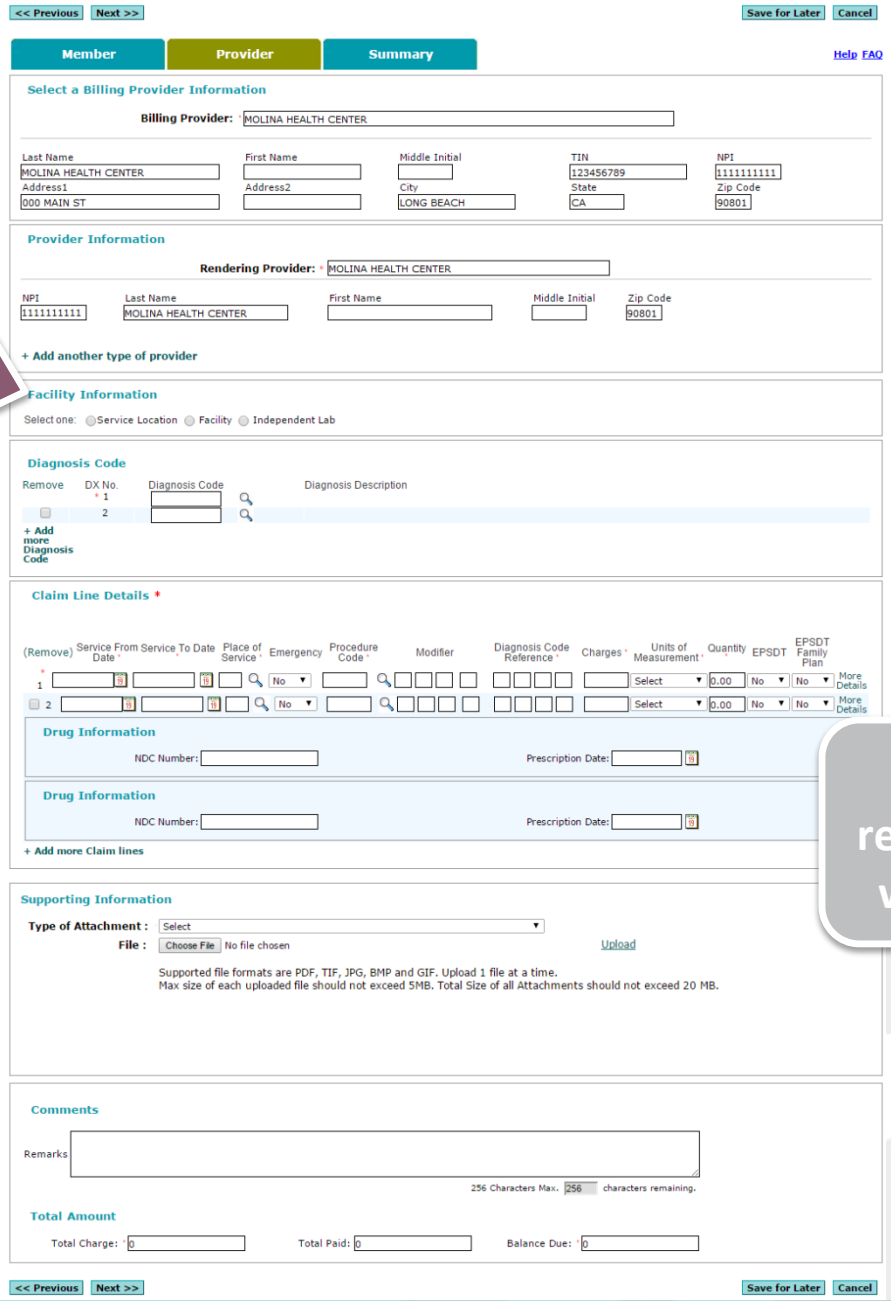
If there is more than one Rendering Provider, a drop down list will appear. Once you make a selection, it will auto-populate the information.



Please Note: All required field are noted with a red asterisk (*)

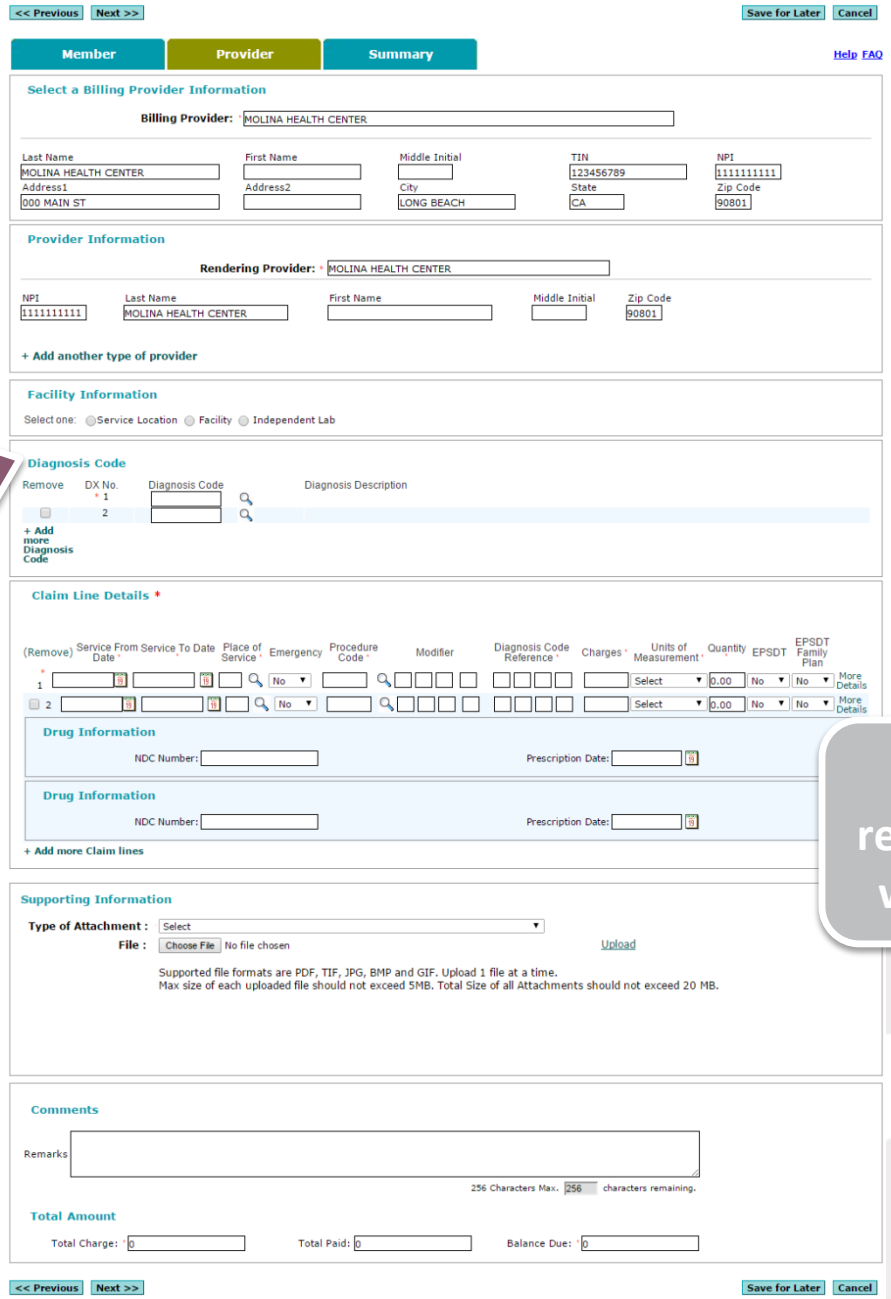
MOLINA HEALTHCARE
Your Extended Family.

If there is a Service Location affiliated with the Provider, you may select it in the list under Service Location. If it is a Facility or Independent Lab, please manually enter all necessary information.



Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

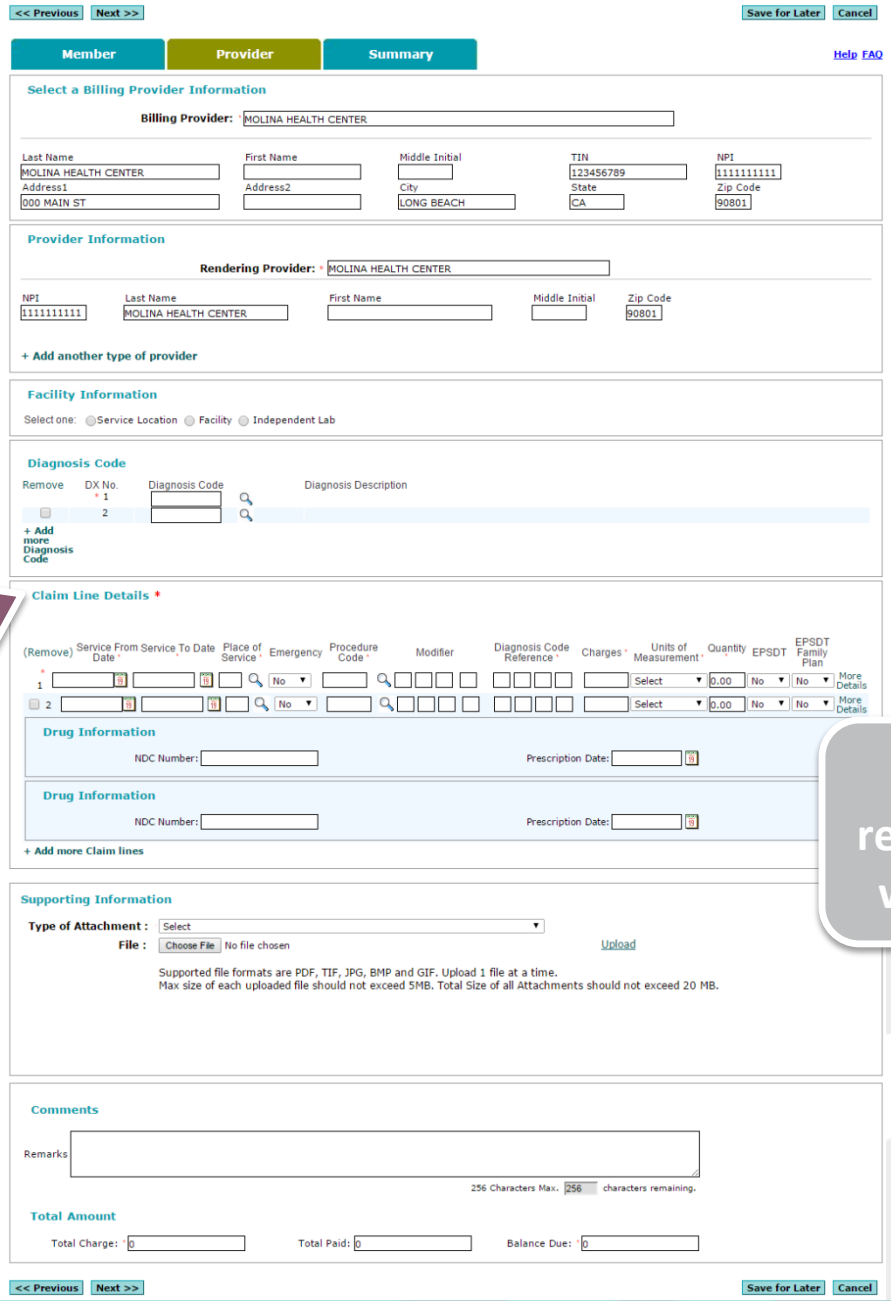


You must enter at least one Diagnosis Code. If not known, click on magnifying glass icons to search for the appropriate code.

Please Note: All required field are noted with a red asterisk (*)

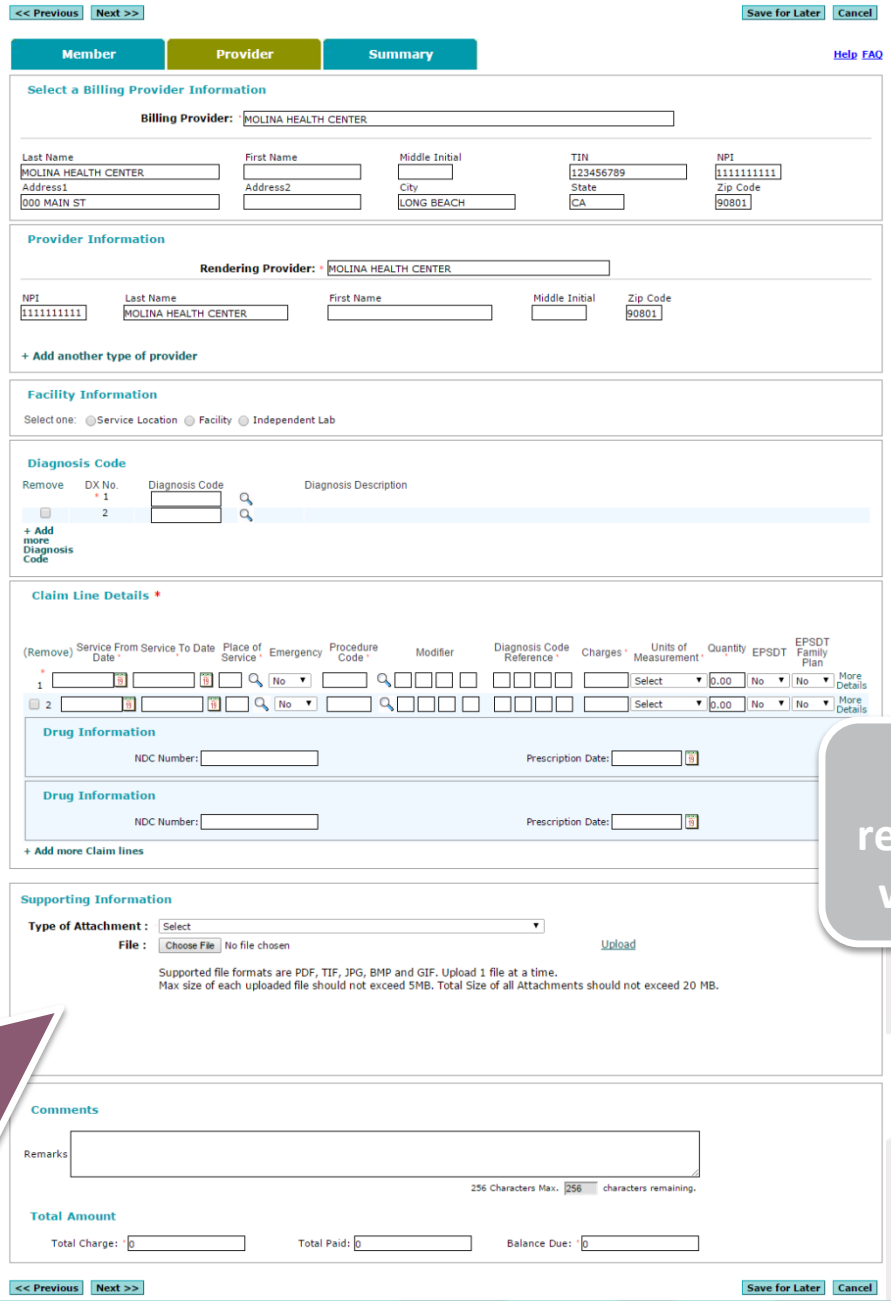
MOLINA HEALTHCARE
Your Extended Family.

Service Dates should auto-populate from the Member tab. Fill in the additional required information.



Please Note: All required field are noted with a red asterisk (*)

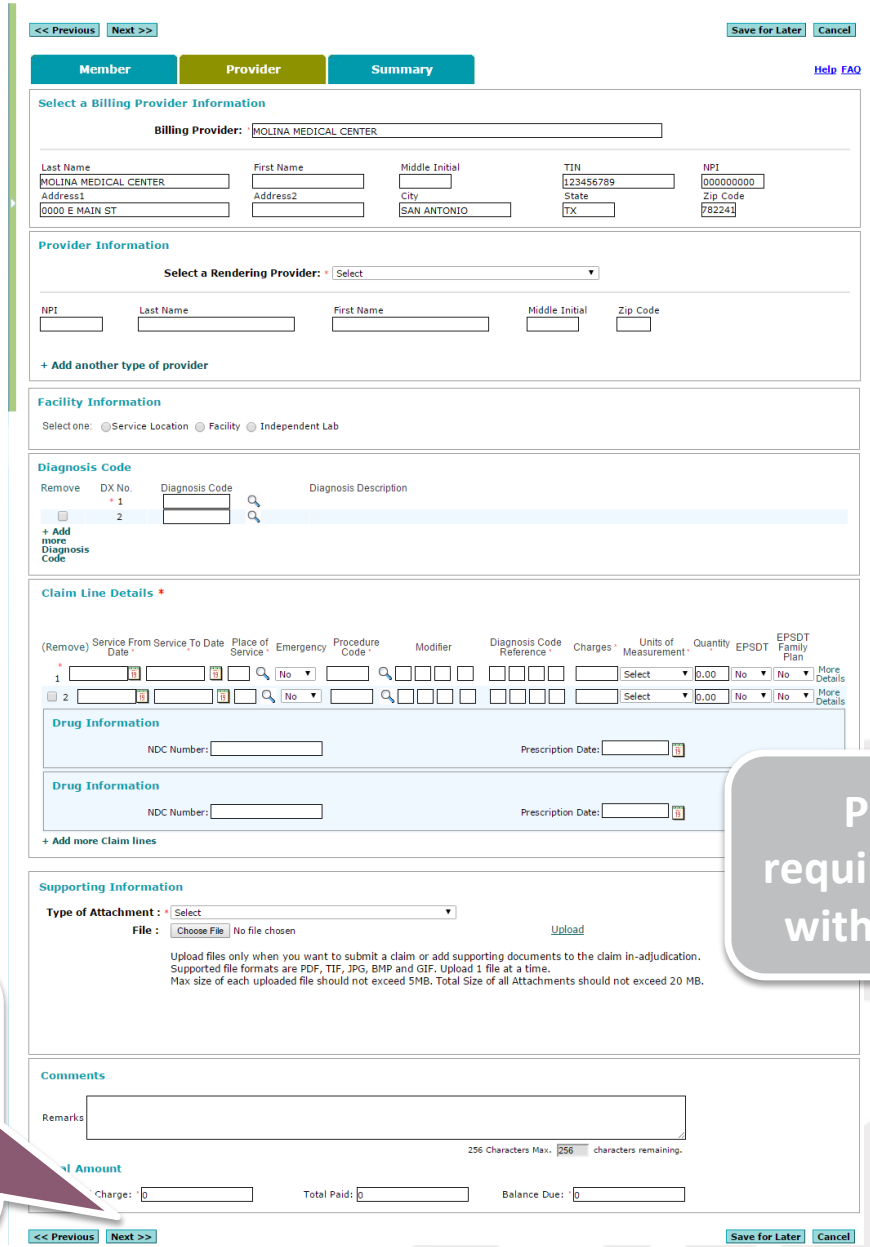
MOLINA HEALTHCARE
Your Extended Family.



These sections are available to upload supporting documentation or add comments and remarks. If an attachment is submitted, it is required to fill in the *Type of Attachment*.

Please Note: All required field are noted with a red asterisk (*)

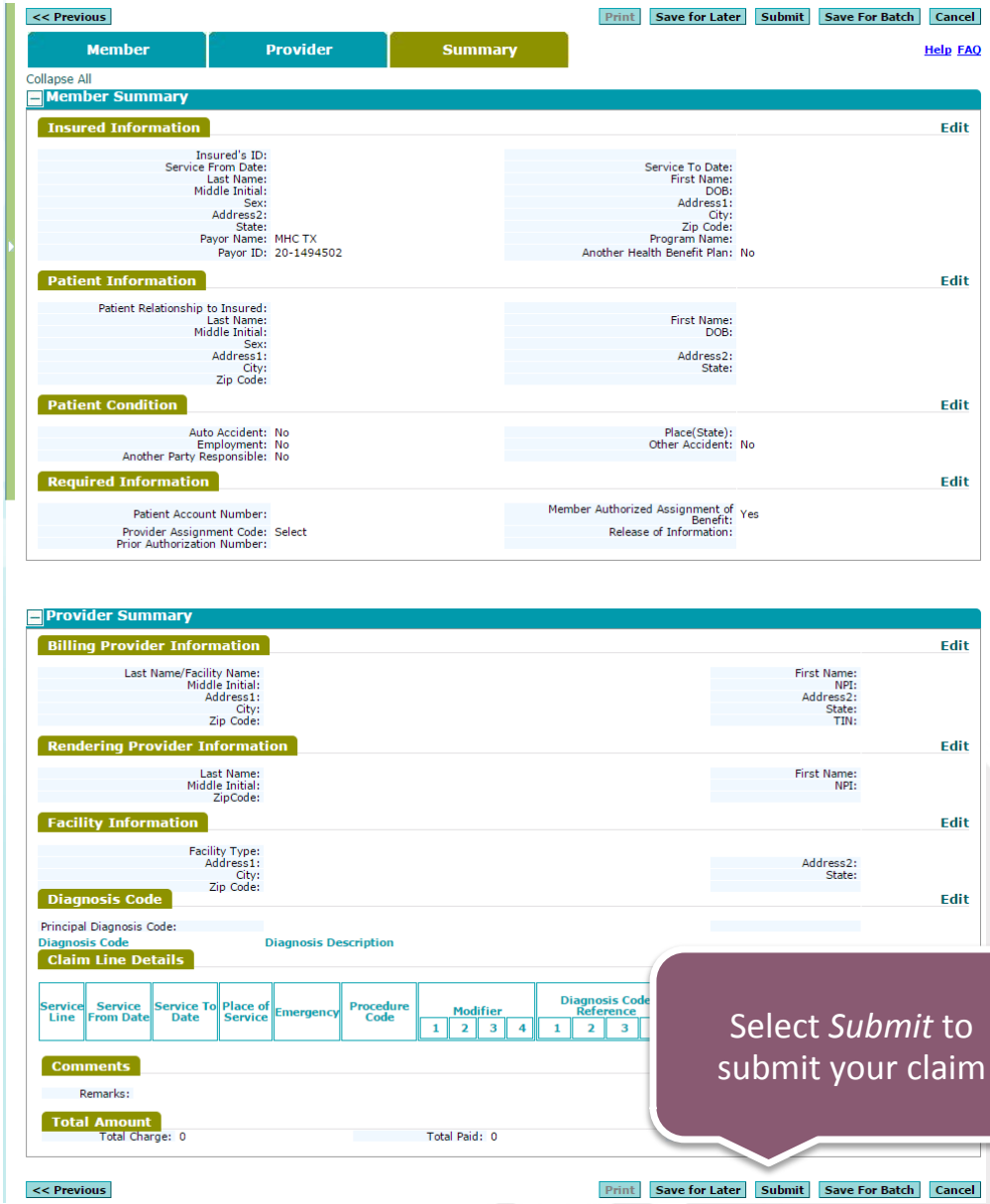
MOLINA HEALTHCARE
Your Extended Family.

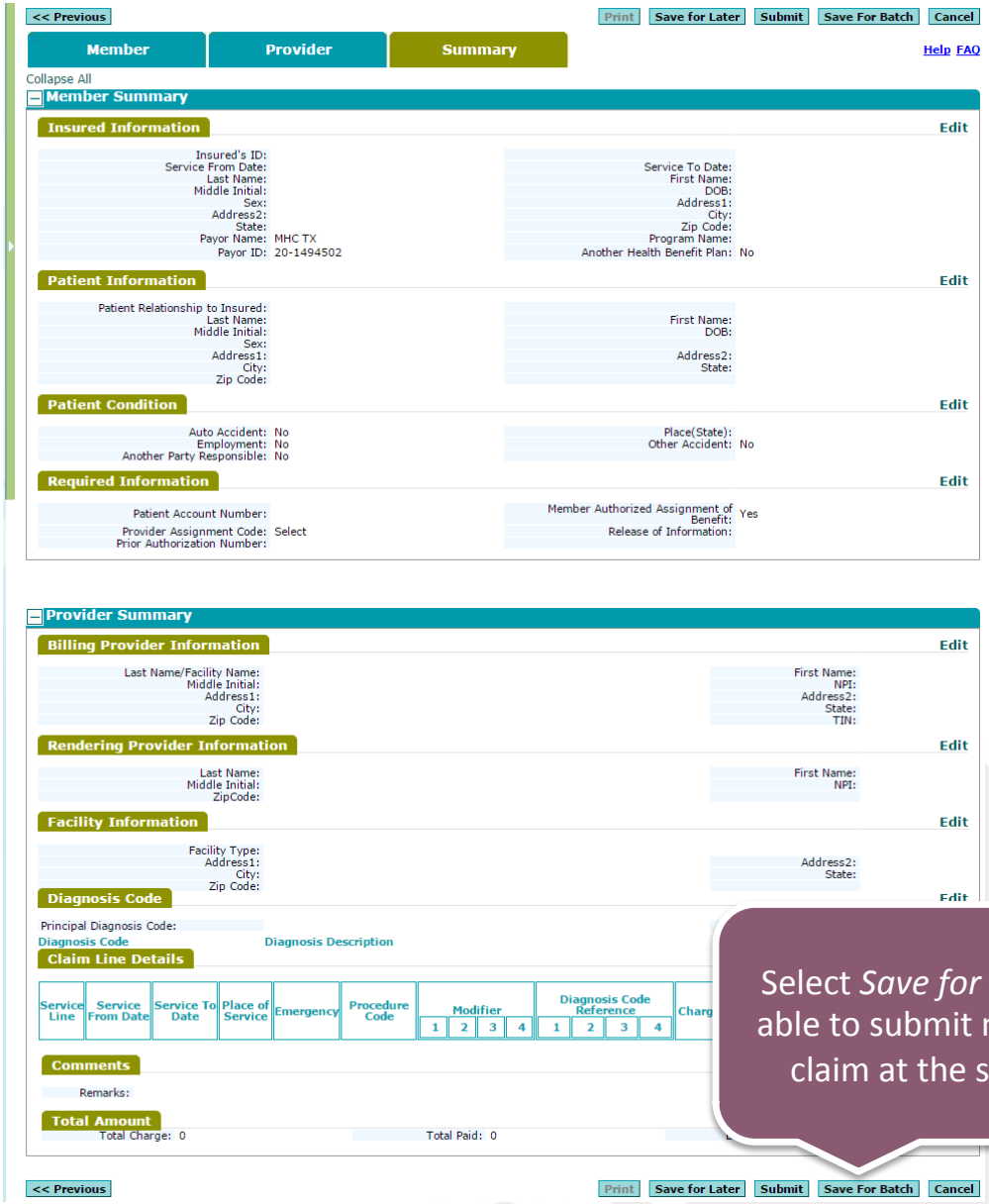


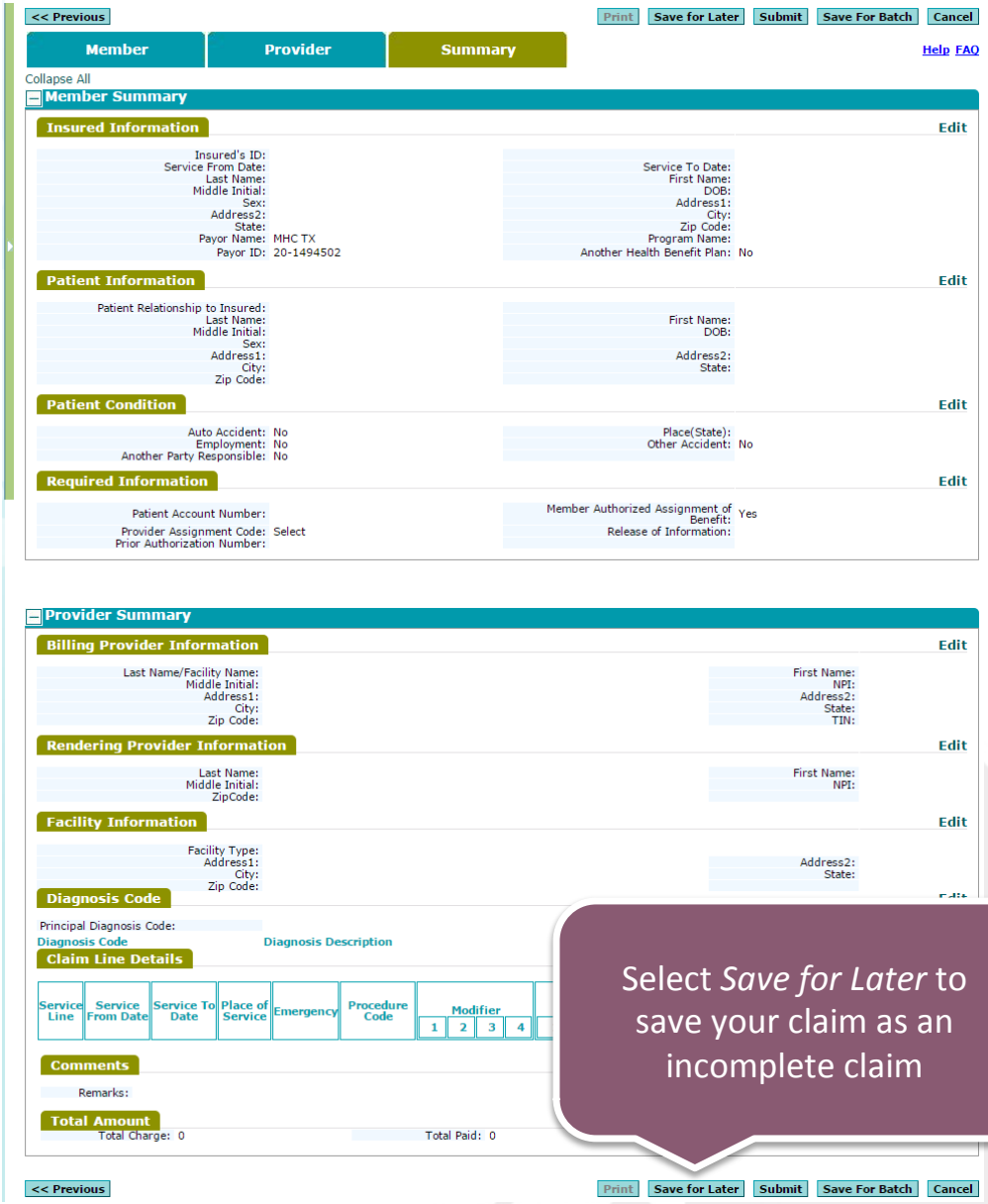
Upon completion of the required fields, select *Next >>*

Please Note: All required field are noted with a red asterisk (*)

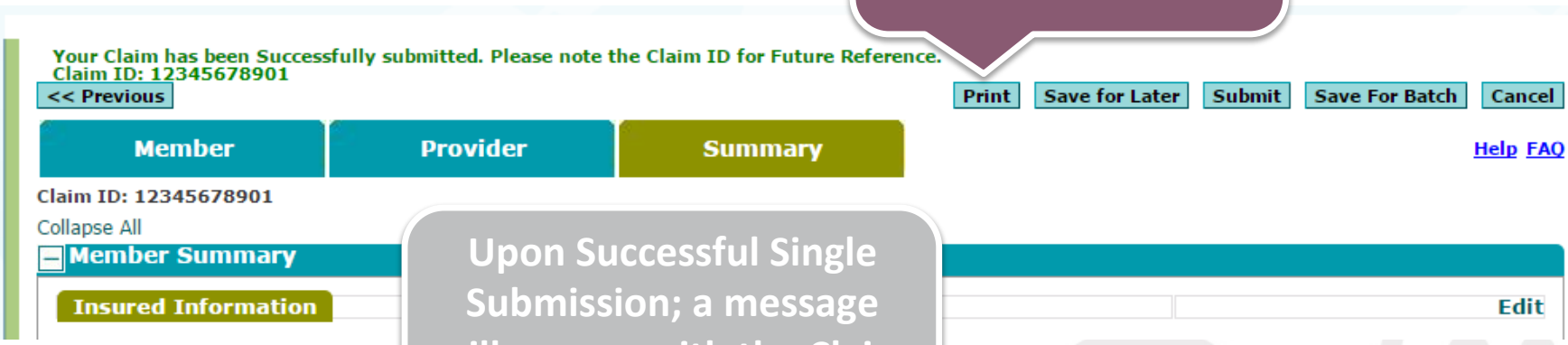
MOLINA HEALTHCARE
Your Extended Family.


<< Previous
Print
Save for Later
Submit
Save For Batch
Cancel
Member
Provider
Summary
Help FAQ
Collapse All
Member Summary
Insured Information
Edit
Insured's ID:
Service From Date:
Last Name:
Middle Initial:
Sex:
Address2:
State:
Payor Name: MHC TX
Payor ID: 20-1494502
Service To Date:
First Name:
DOB:
Address1:
City:
Zip Code:
Program Name:
Another Health Benefit Plan: No
Patient Information
Edit
Patient Relationship to Insured:
Last Name:
Middle Initial:
Sex:
Address1:
City:
Zip Code:
First Name:
DOB:
Address2:
State:
Patient Condition
Edit
Auto Accident: No
Employment: No
Another Party Responsible: No
Place(State):
Other Accident: No
Required Information
Edit
Patient Account Number:
Provider Assignment Code: Select
Prior Authorization Number:
Member Authorized Assignment of Benefit: Yes
Release of Information:
Provider Summary
Billing Provider Information
Edit
Last Name/Facility Name:
Middle Initial:
Address1:
City:
Zip Code:
First Name:
NPI:
Address2:
State:
TIN:
Rendering Provider Information
Edit
Last Name:
Middle Initial:
ZipCode:
First Name:
NPI:
Facility Information
Edit
Facility Type:
Address1:
City:
Zip Code:
Address2:
State:
Diagnosis Code
Edit
Principal Diagnosis Code:
Diagnosis Code
Diagnosis Description
Claim Line Details
Service Line
Service From Date
Service To Date
Place of Service
Emergency
Procedure Code
Modifier
1 2 3 4
Diagnosis Code Reference
1 2 3
Comments
Remarks:
Total Amount
Total Charge: 0
Total Paid: 0
Select Submit to submit your claim
<< Previous
Print
Save for Later
Submit
Save For Batch
Cancel


<< Previous
Print
Save for Later
Submit
Save For Batch
Cancel
Member
Provider
Summary
Help FAQ
Collapse All
Member Summary
Insured Information
Edit
Insured's ID:
Service From Date:
Last Name:
Middle Initial:
Sex:
Address2:
State:
Payor Name: MHC TX
Payor ID: 20-1494502
Service To Date:
First Name:
DOB:
Address1:
City:
Zip Code:
Program Name:
Another Health Benefit Plan: No
Patient Information
Edit
Patient Relationship to Insured:
Last Name:
Middle Initial:
Sex:
Address1:
City:
Zip Code:
First Name:
DOB:
Address2:
State:
Patient Condition
Edit
Auto Accident: No
Employment: No
Another Party Responsible: No
Place(State):
Other Accident: No
Required Information
Edit
Patient Account Number:
Provider Assignment Code: Select
Prior Authorization Number:
Member Authorized Assignment of Benefit: Yes
Release of Information:
Provider Summary
Billing Provider Information
Edit
Last Name/Facility Name:
Middle Initial:
Address1:
City:
Zip Code:
First Name:
NPI:
Address2:
State:
TIN:
Rendering Provider Information
Edit
Last Name:
Middle Initial:
ZipCode:
First Name:
NPI:
Facility Information
Edit
Facility Type:
Address1:
City:
Zip Code:
Address2:
State:
Diagnosis Code
Edit
Principal Diagnosis Code:
Diagnosis Code
Diagnosis Description
Claim Line Details
Service Line
Service From Date
Service To Date
Place of Service
Emergency
Procedure Code
Modifier
1 2 3 4
Diagnosis Code Reference
1 2 3 4
Charg
Comments
Remarks:
Total Amount
Total Charge: 0
Total Paid: 0
Select Save for Batch to be able to submit more than 1 claim at the same time
<< Previous
Print
Save for Later
Submit
Save For Batch
Cancel

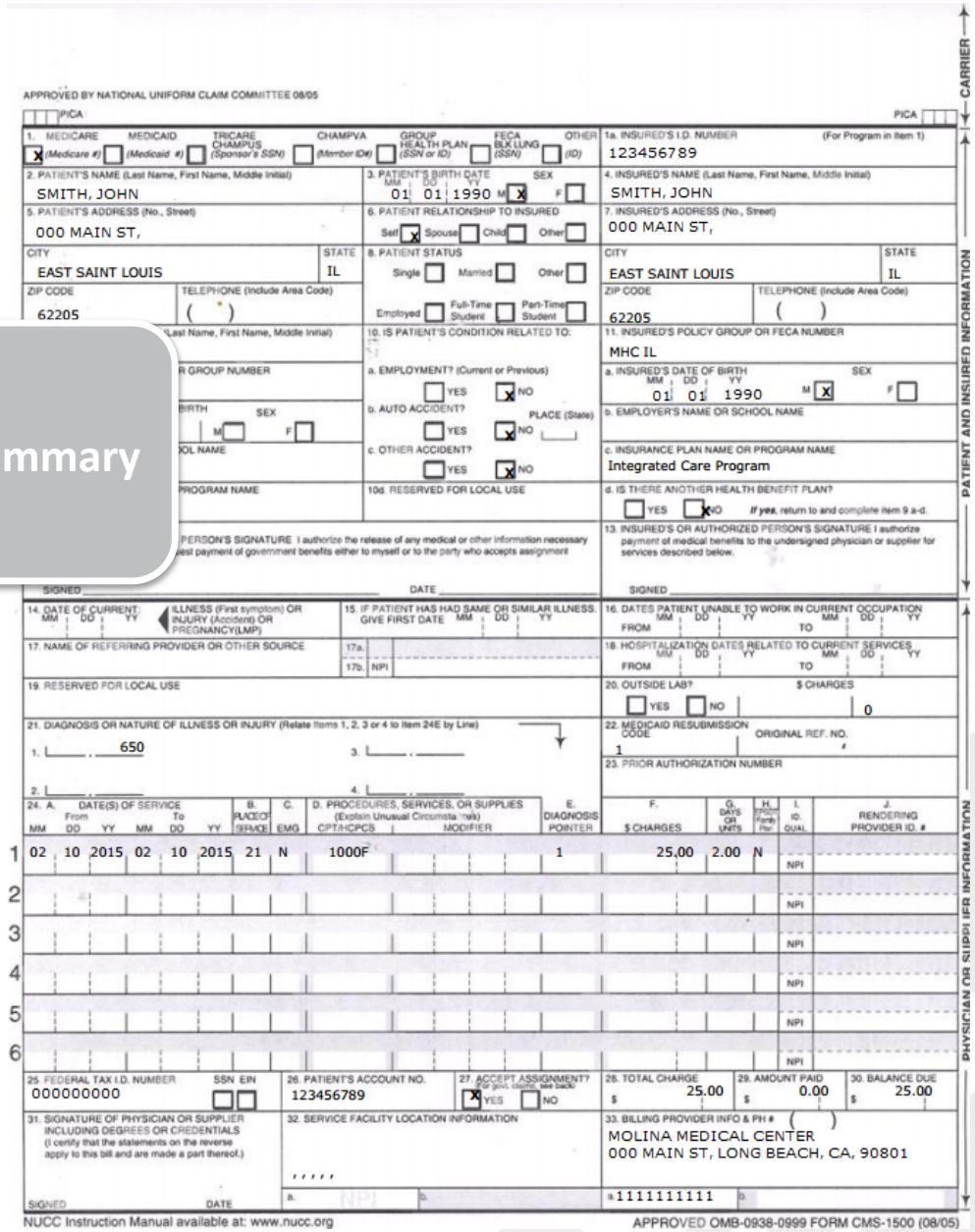

<< Previous
Print
Save for Later
Submit
Save For Batch
Cancel
Member
Provider
Summary
Help FAQ
Collapse All
Member Summary
Insured Information
Edit
Insured's ID:
Service From Date:
Last Name:
Middle Initial:
Sex:
Address2:
State:
Payor Name: MHC TX
Payor ID: 20-1494502
Service To Date:
First Name:
DOB:
Address1:
City:
Zip Code:
Program Name:
Another Health Benefit Plan: No
Patient Information
Edit
Patient Relationship to Insured:
Last Name:
Middle Initial:
Sex:
Address1:
City:
Zip Code:
First Name:
DOB:
Address2:
State:
Patient Condition
Edit
Auto Accident: No
Employment: No
Another Party Responsible: No
Place(State):
Other Accident: No
Required Information
Edit
Patient Account Number:
Provider Assignment Code: Select
Prior Authorization Number:
Member Authorized Assignment of Benefit: Yes
Release of Information:
Provider Summary
Billing Provider Information
Edit
Last Name/Facility Name:
Middle Initial:
Address1:
City:
Zip Code:
First Name:
NPI:
Address2:
State:
TIN:
Rendering Provider Information
Edit
Last Name:
Middle Initial:
ZipCode:
First Name:
NPI:
Facility Information
Edit
Facility Type:
Address1:
City:
Zip Code:
Address2:
State:
Diagnosis Code
Principal Diagnosis Code:
Diagnosis Code
Diagnosis Description
Claim Line Details
Service Line
Service From Date
Service To Date
Place of Service
Emergency
Procedure Code
Modifier
1 2 3 4
Comments
Remarks:
Total Amount
Total Charge: 0
Total Paid: 0
Select Save for Later to save your claim as an incomplete claim
<< Previous
Print
Save for Later
Submit
Save For Batch
Cancel

If you Select *Print*, you can print the claim summary



Upon Successful Single Submission; a message will appear with the Claim ID number.

Print Claim Summary



APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE [X] (Medicare #) MEDICAID [ ] (Medicaid #) TRICARE CHAMPUS [ ] (Sponsor's SSN) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (SSN or ID) FECA BLK LUNG [ ] (SSN) OTHER [ ] (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): SMITH, JOHN

3. PATIENT'S BIRTH DATE MM DD YY: 01 01 1990 SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SMITH, JOHN

5. PATIENT'S ADDRESS (No., Street): 000 MAIN ST,

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 000 MAIN ST,

CITY: EAST SAINT LOUIS STATE: IL

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ] Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

CITY: EAST SAINT LOUIS STATE: IL

ZIP CODE: 62205 TELEPHONE (Include Area Code): ( )

ZIP CODE: 62205 TELEPHONE (Include Area Code): ( )

Last Name, First Name, Middle Initial)

R GROUP NUMBER

IRTH SEX M [ ] F [ ]

OL NAME

PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

b. AUTO ACCIDENT? PLACE (State) YES [ ] NO [X]

c. OTHER ACCIDENT? YES [ ] NO [X]

10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER: MHC IL

a. INSURED'S DATE OF BIRTH MM DD YY: 01 01 1990 SEX M [X] F [ ]

b. EMPLOYER'S NAME OR SCHOOL NAME

c. INSURANCE PLAN NAME OR PROGRAM NAME: Integrated Care Program

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, return to and complete item 9 a-d.

PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary est payment of government benefits either to myself or to the party who accepts assignment

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES: 0

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 650

2.

3.

4.

22. MEDICAID RESUBMISSION CODE: 1 ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 10 2015	02 10 2015	21	N	1000F		1	25.00	2.00	N	NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER: 000000000 SSN EIN [ ]

26. PATIENT'S ACCOUNT NO.: 123456789

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 25.00

29. AMOUNT PAID: $ 0.00

30. BALANCE DUE: $ 25.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH #: ( )

MOLINA MEDICAL CENTER
000 MAIN ST, LONG BEACH, CA, 90801

a. 1111111111 b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

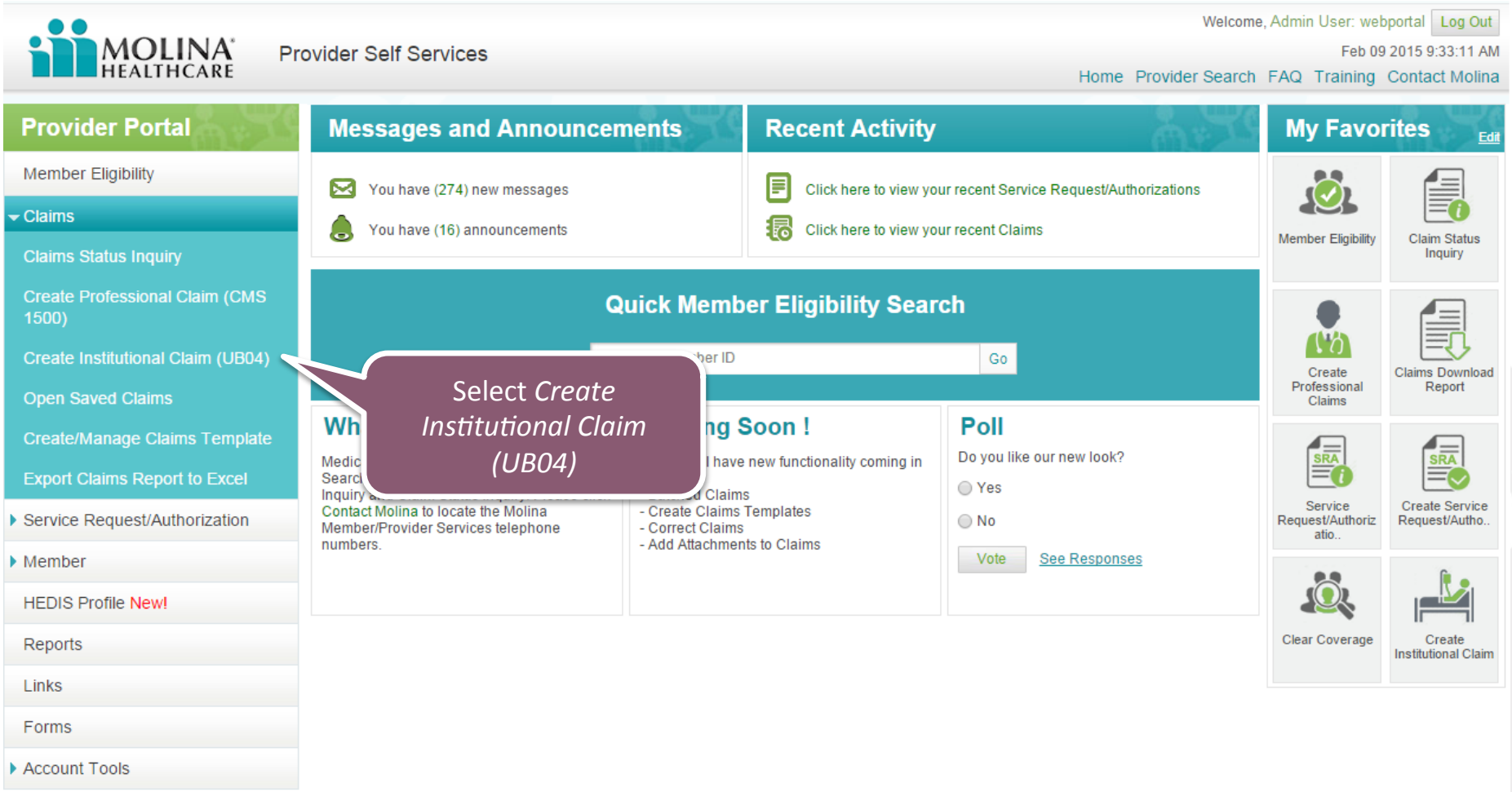
CARRIER

PATIENT AND INSURED INFORMATION

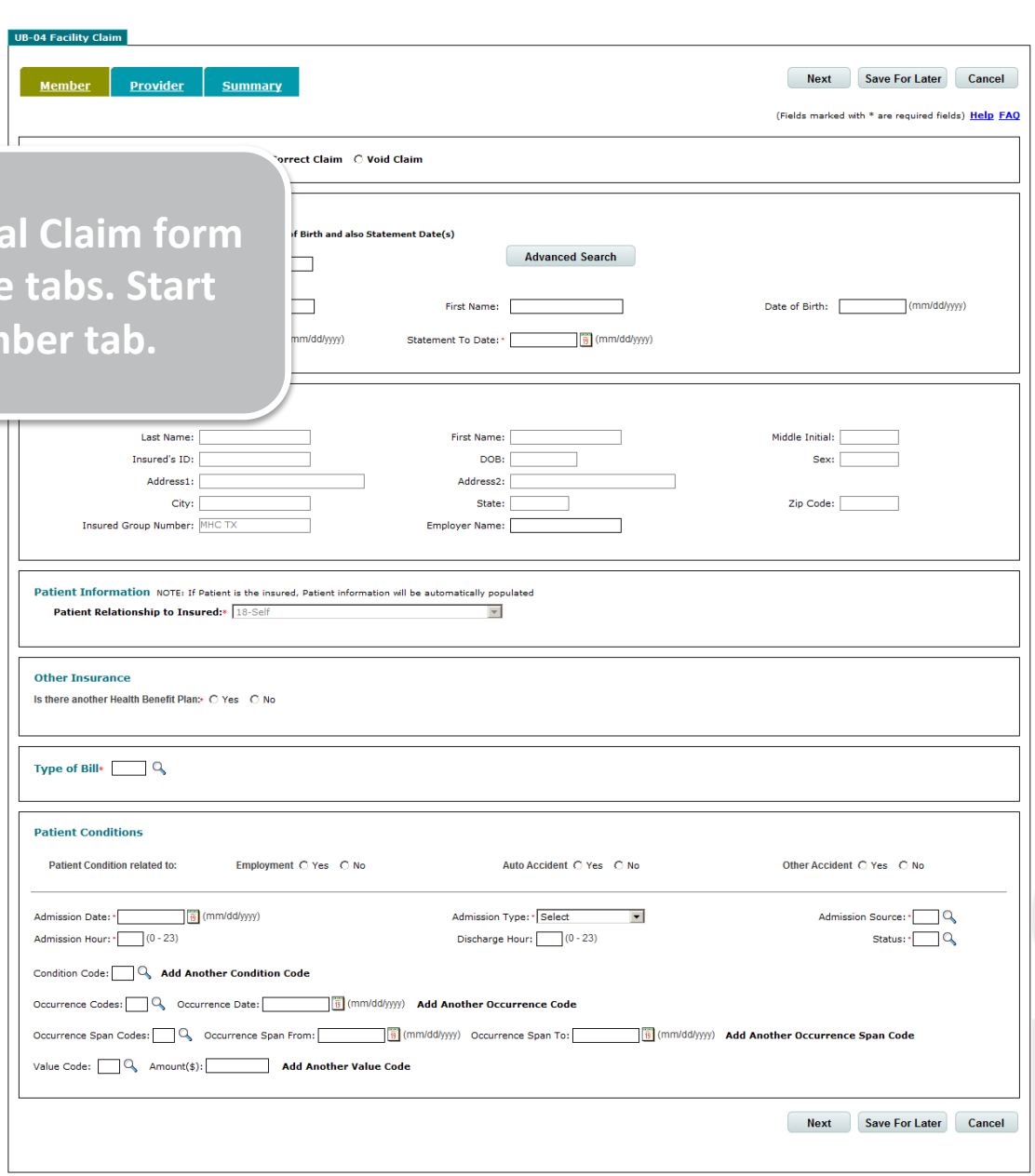
PHYSICIAN OR SUPPLIER INFORMATION

MOLINA HEALTHCARE
Your Extended Family.

MOLINA HEALTHCARE
Your Extended Family.

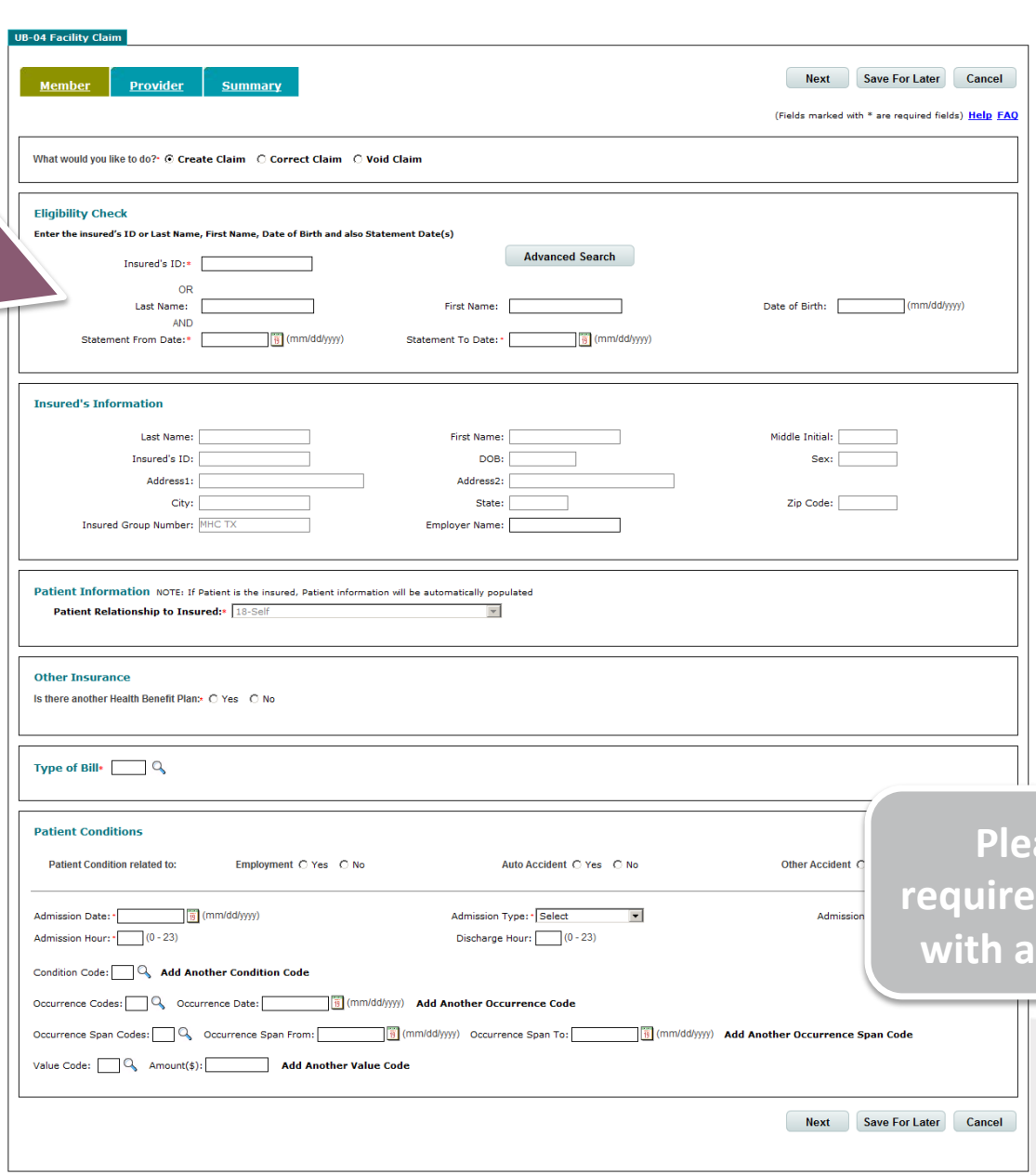

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportal
Log Out
Feb 09 2015 9:33:11 AM
Home
Provider Search
FAQ
Training
Contact Molina
Provider Portal
Member Eligibility
Claims
Claims Status Inquiry
Create Professional Claim (CMS 1500)
Create Institutional Claim (UB04)
Open Saved Claims
Create/Manage Claims Template
Export Claims Report to Excel
Service Request/Authorization
Member
HEDIS Profile New!
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (274) new messages
You have (16) announcements
Recent Activity
Click here to view your recent Service Request/Authorizations
Click here to view your recent Claims
Quick Member Eligibility Search
Go
Select Create Institutional Claim (UB04)
Contact Molina to locate the Molina Member/Provider Services telephone numbers.
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims
Poll
Do you like our new look?
Yes
No
Vote
See Responses
My Favorites
Edit
Member Eligibility
Claim Status Inquiry
Create Professional Claims
Claims Download Report
Service Request/Authoriz atio..
Create Service Request/Autho..
Clear Coverage
Create Institutional Claim

The Institutional Claim form includes three tabs. Start with Member tab.



MOLINA HEALTHCARE
Your Extended Family.

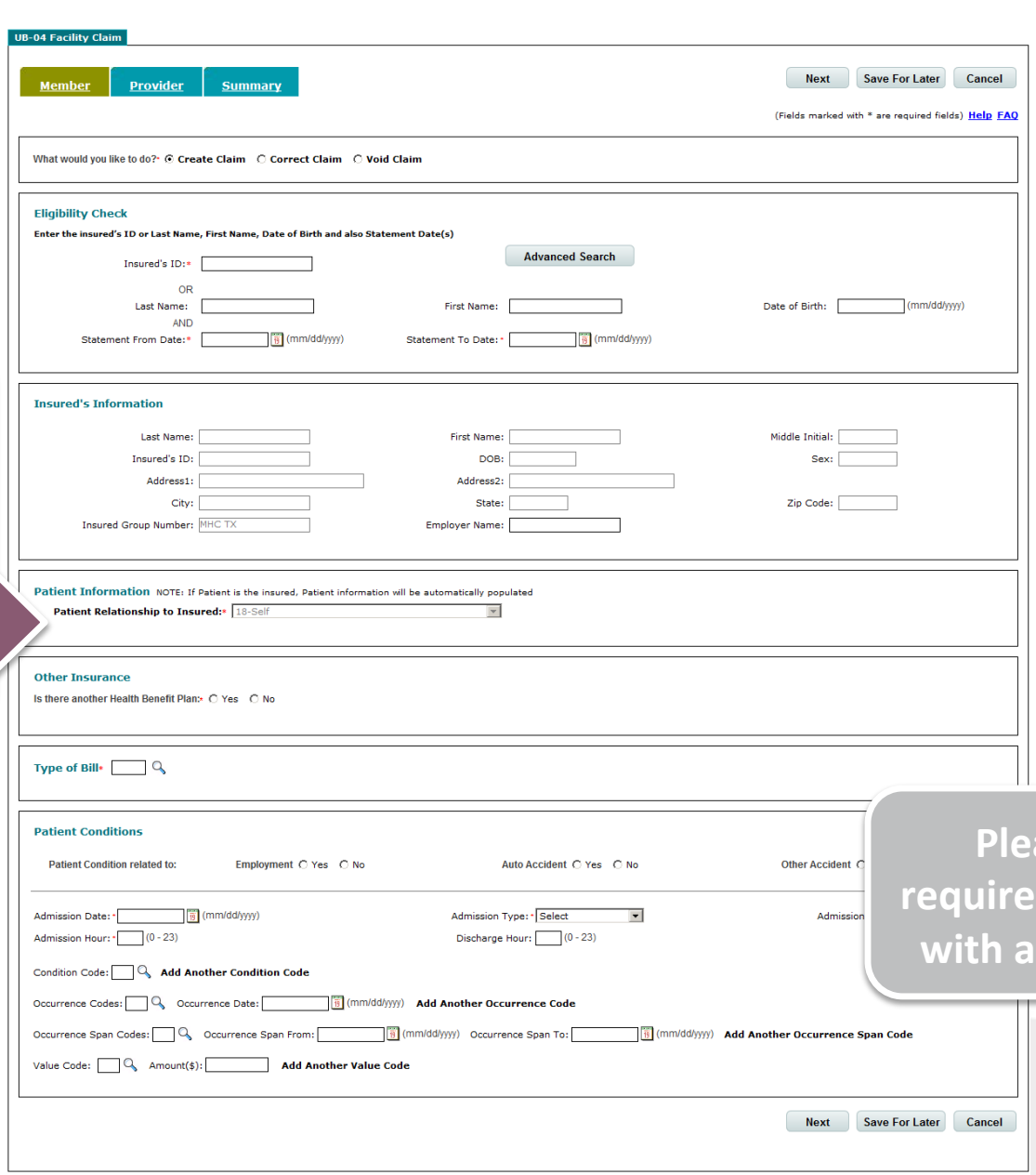
Once you fill in the required fields, the Insured's Information should auto-populate



Please Note: All required field are noted with a red asterisk (*)

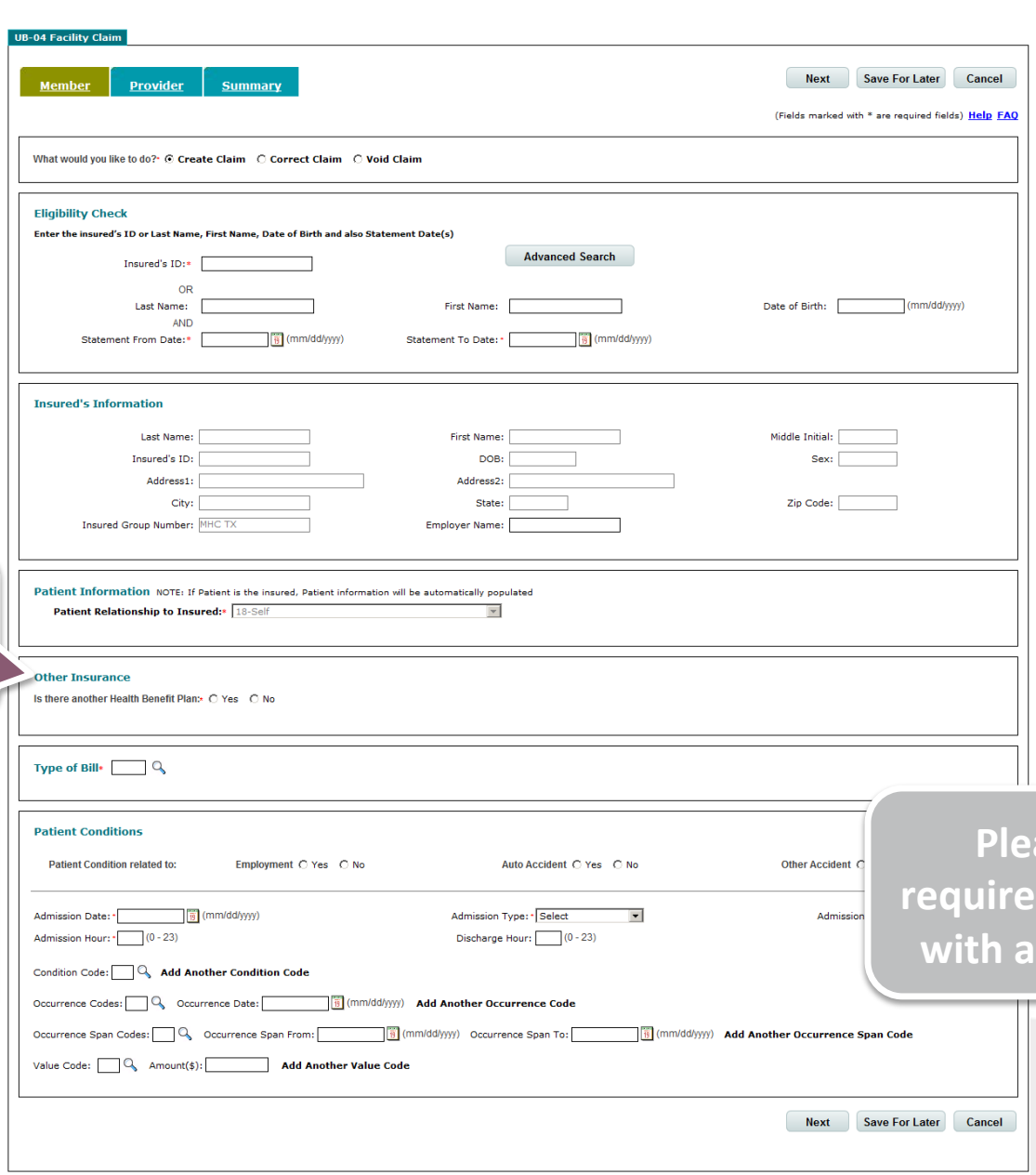
MOLINA HEALTHCARE
Your Extended Family.

Enter the Patient's Relationship to Insured. For most coverage, Patient Relationship to Insured defaults to "Self".



Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

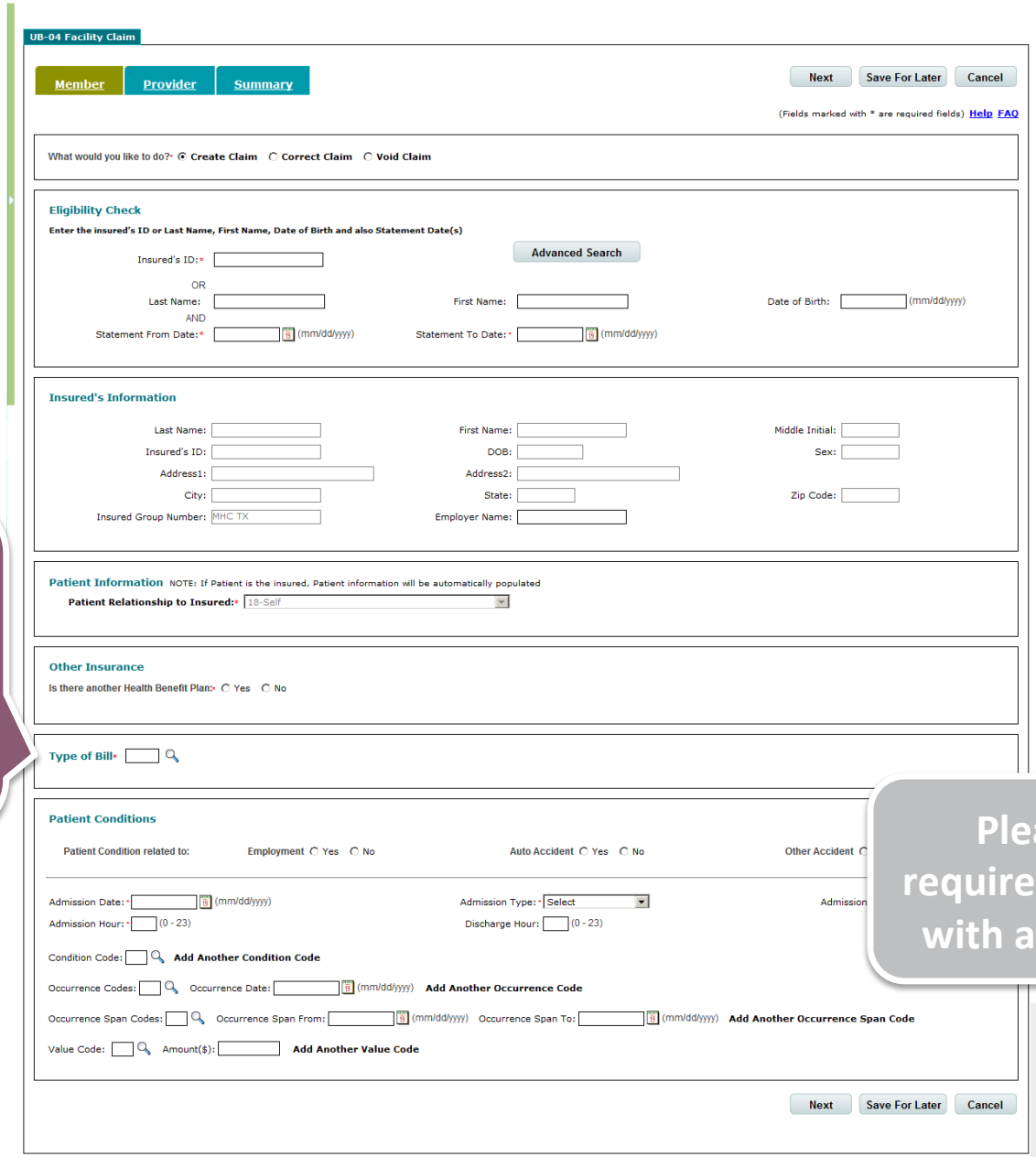


Enter information for other insurance, if applicable.

Note: If "Yes" is selected and this is a Secondary claim, you must submit Prior Payment and Estimated Amount Due in Provider Tab

Please Note: All required field are noted with a red asterisk (*)

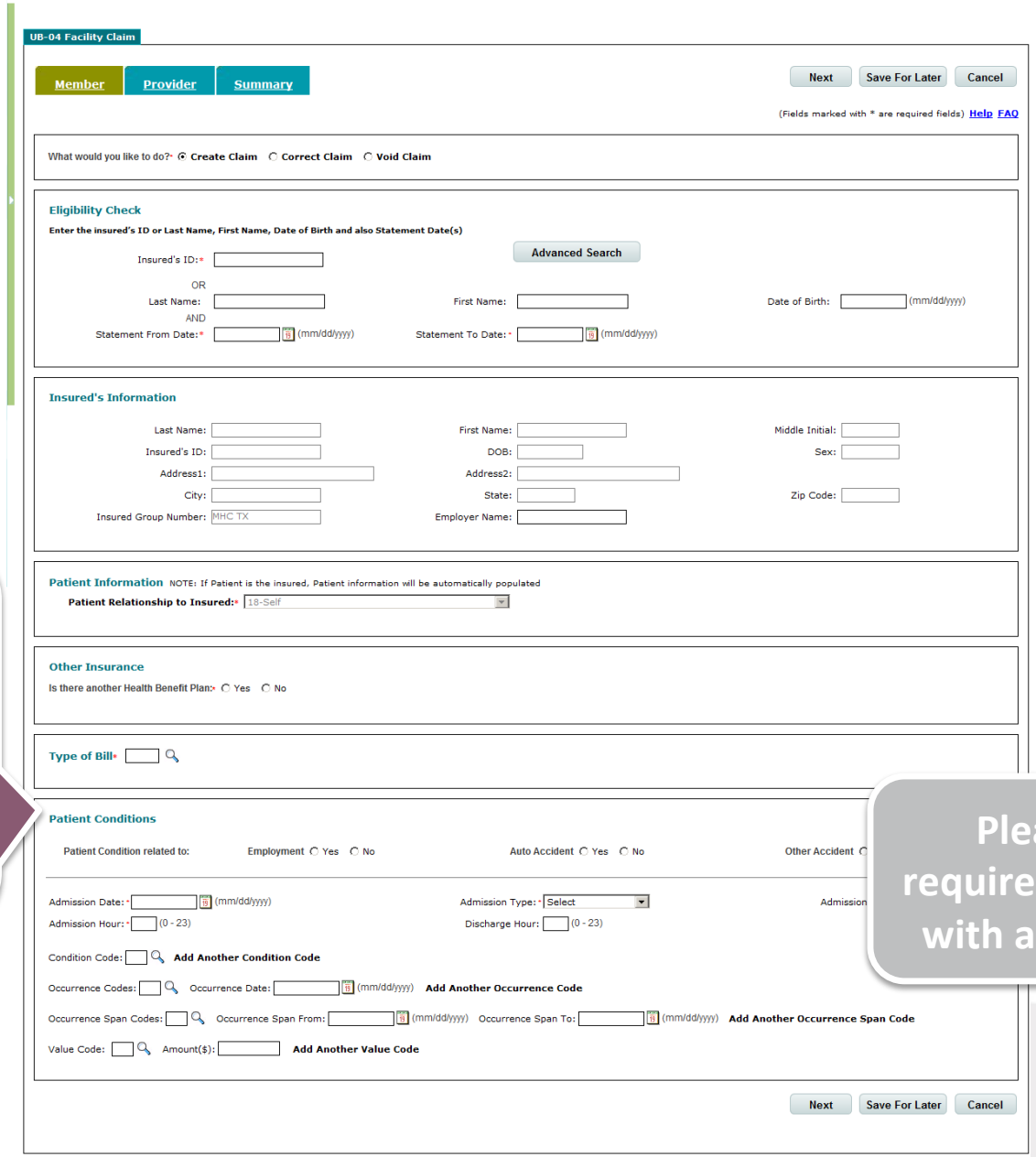
MOLINA HEALTHCARE
Your Extended Family.



Enter the Type of Bill you are submitting. If not known, click on magnifying glass icons to search for the appropriate code.

Please Note: All required field are noted with a red asterisk (*)

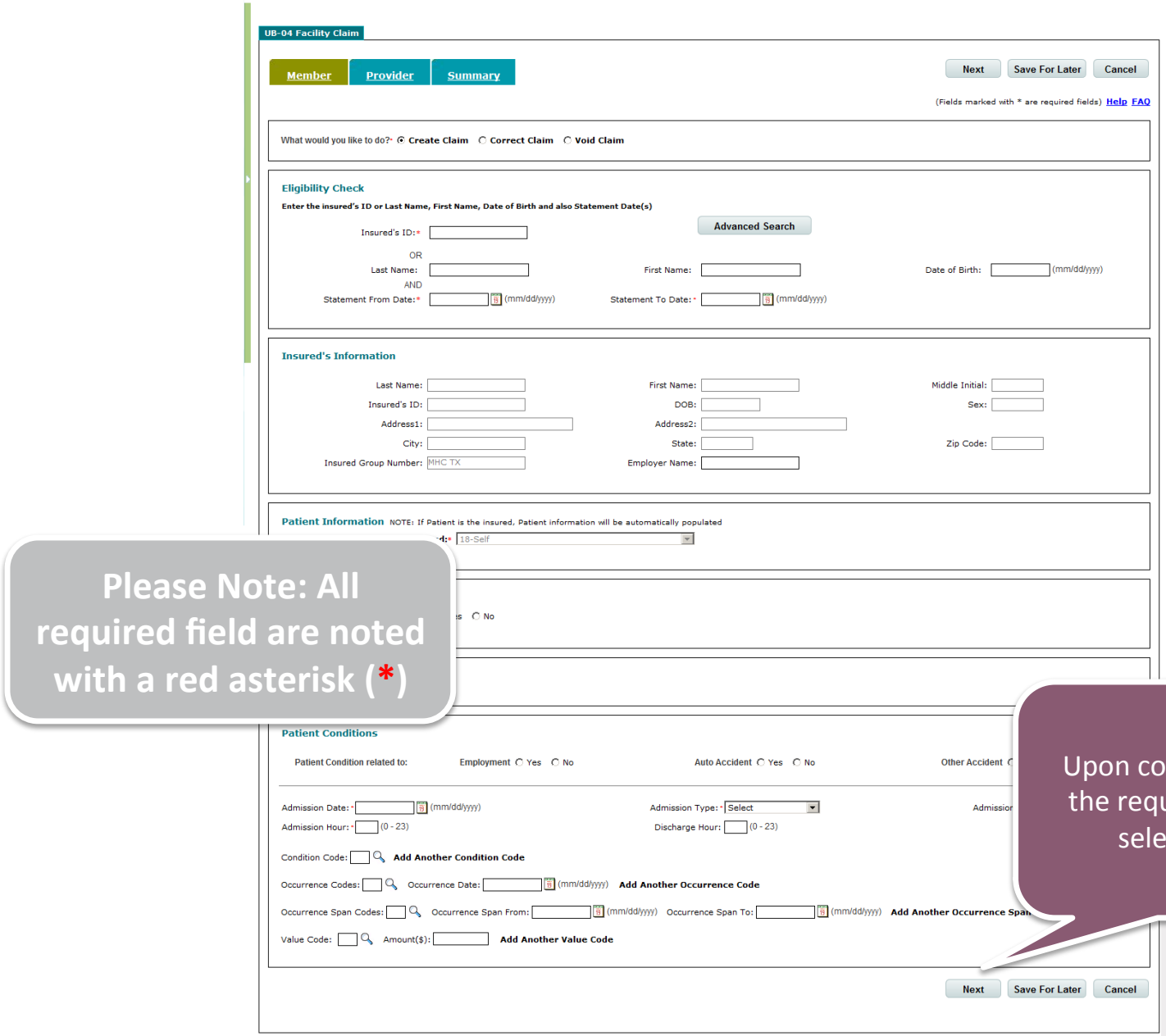
MOLINA HEALTHCARE
Your Extended Family.



Enter the Admission Date, Hour, Type, Source, and Status. If known, enter additional information relation to the patient's condition.

Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

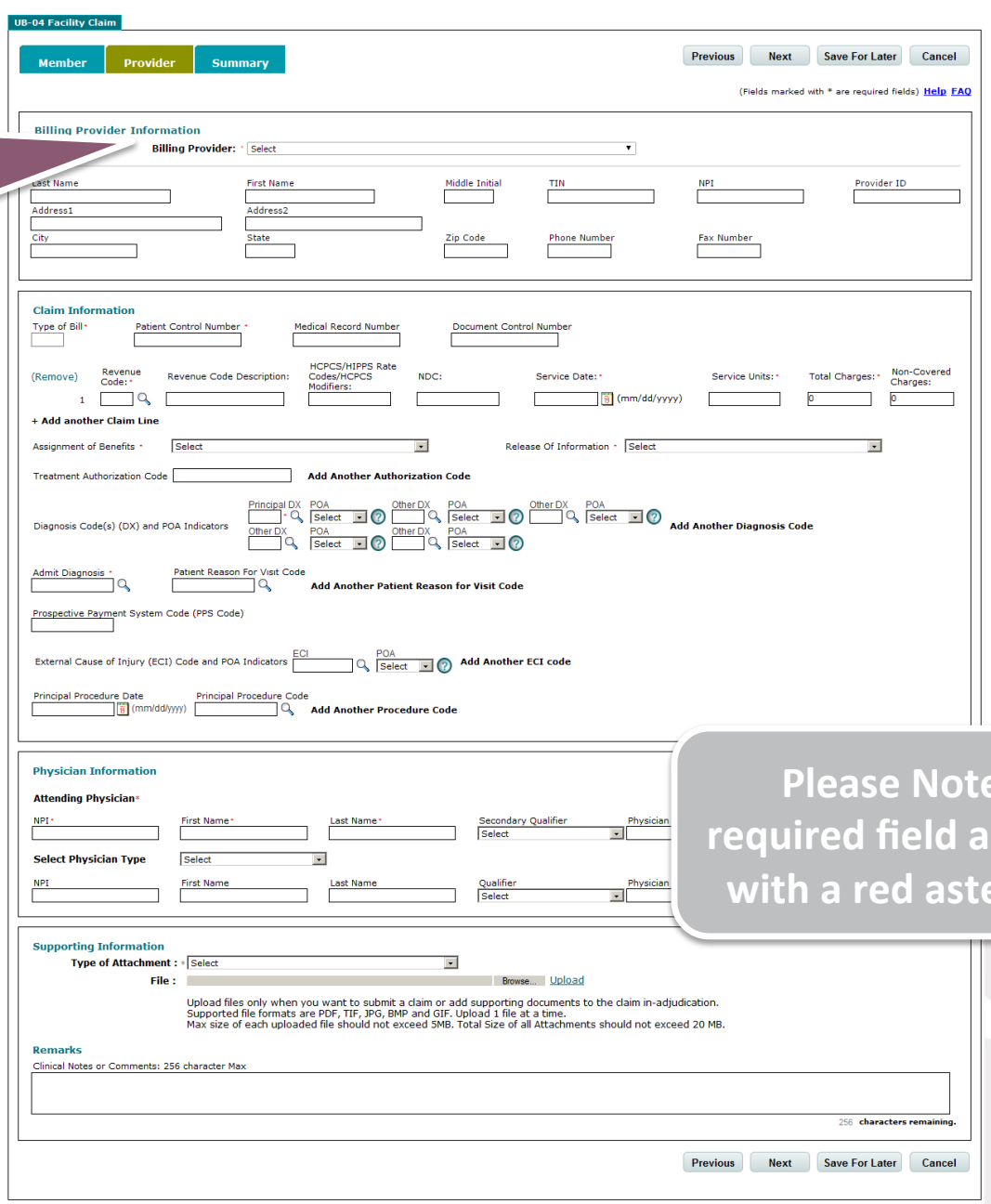


Please Note: All required field are noted with a red asterisk (*)

Upon completion of the required fields, select *Next*

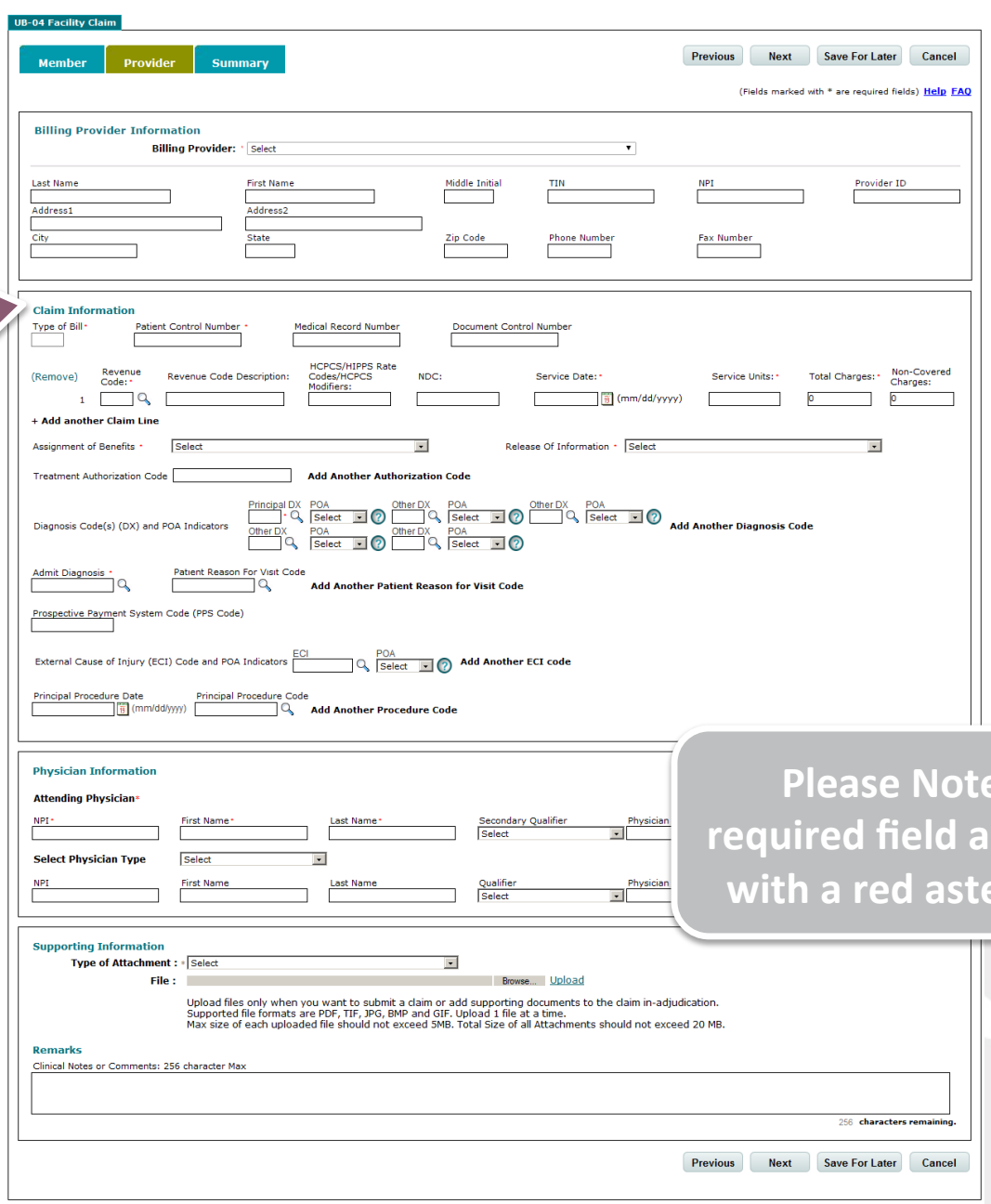
MOLINA HEALTHCARE
Your Extended Family.

If you have more than one Billing Provider, a drop down list will appear



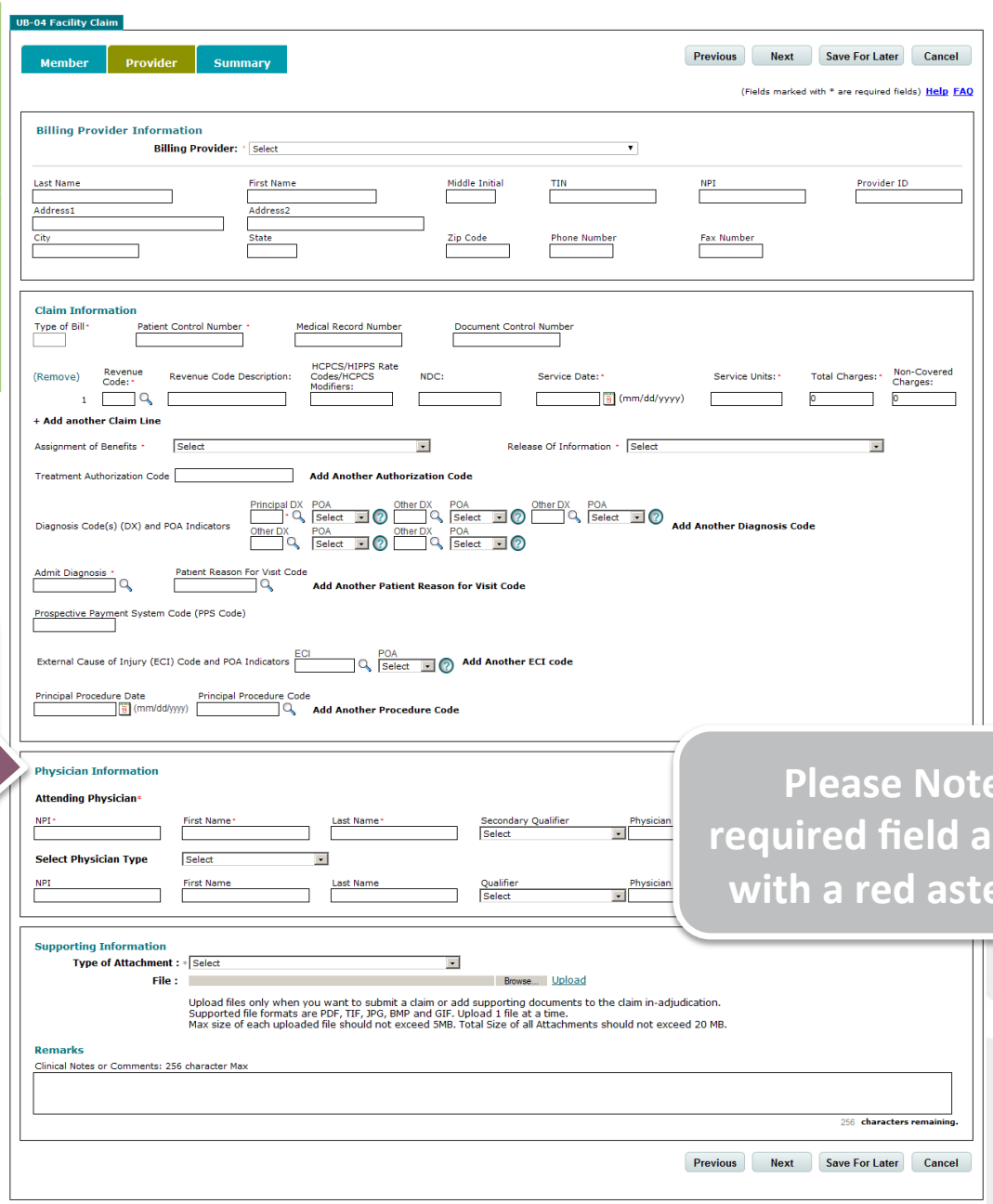
Please Note: All required field are noted with a red asterisk (*)

Enter all mandatory fields. Use the magnifying glass next to the field to search when an item is unknown. Add additional lines or information as needed.



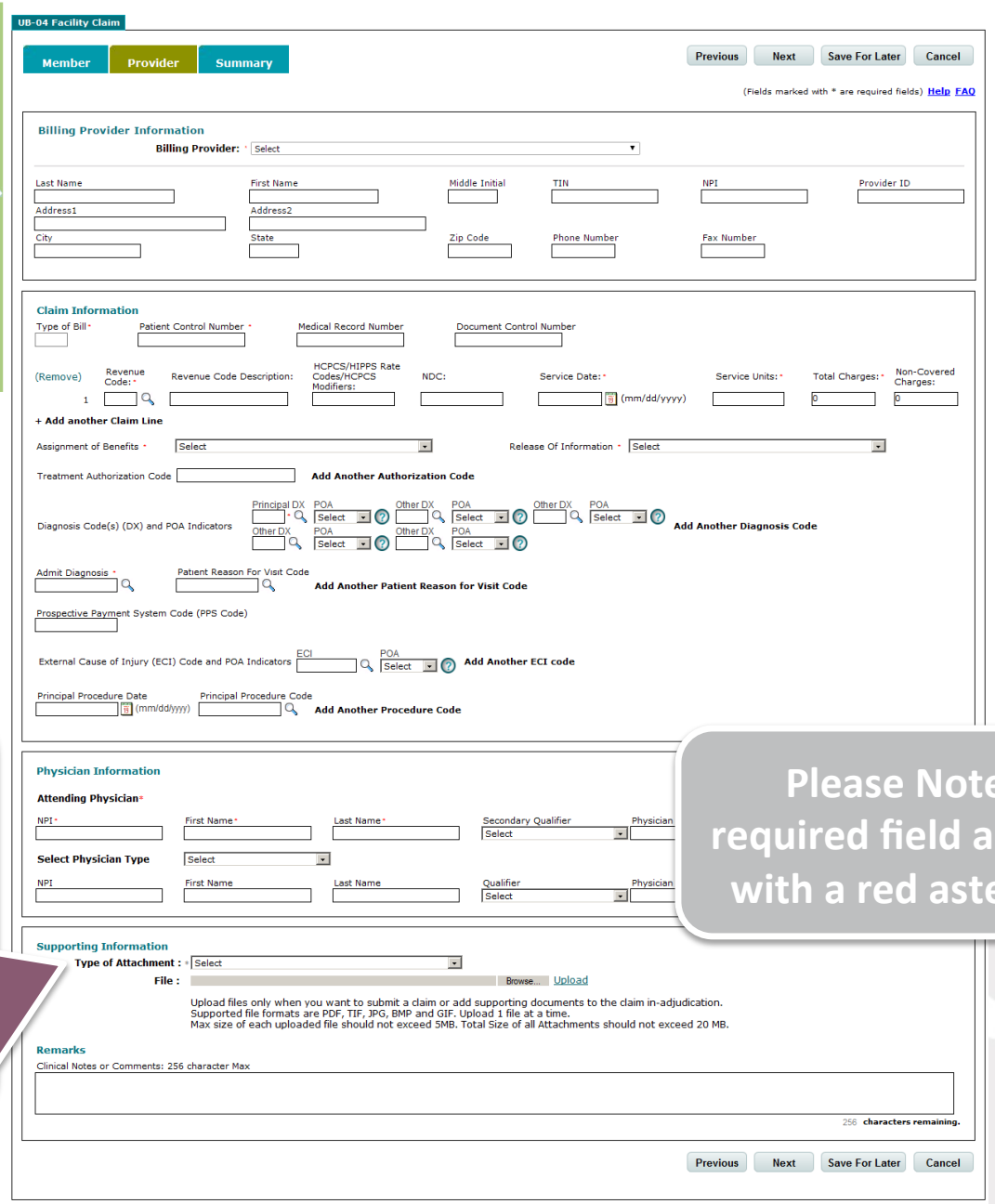
Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.



Enter the Attending Physician's information. You can also include additional physician types.

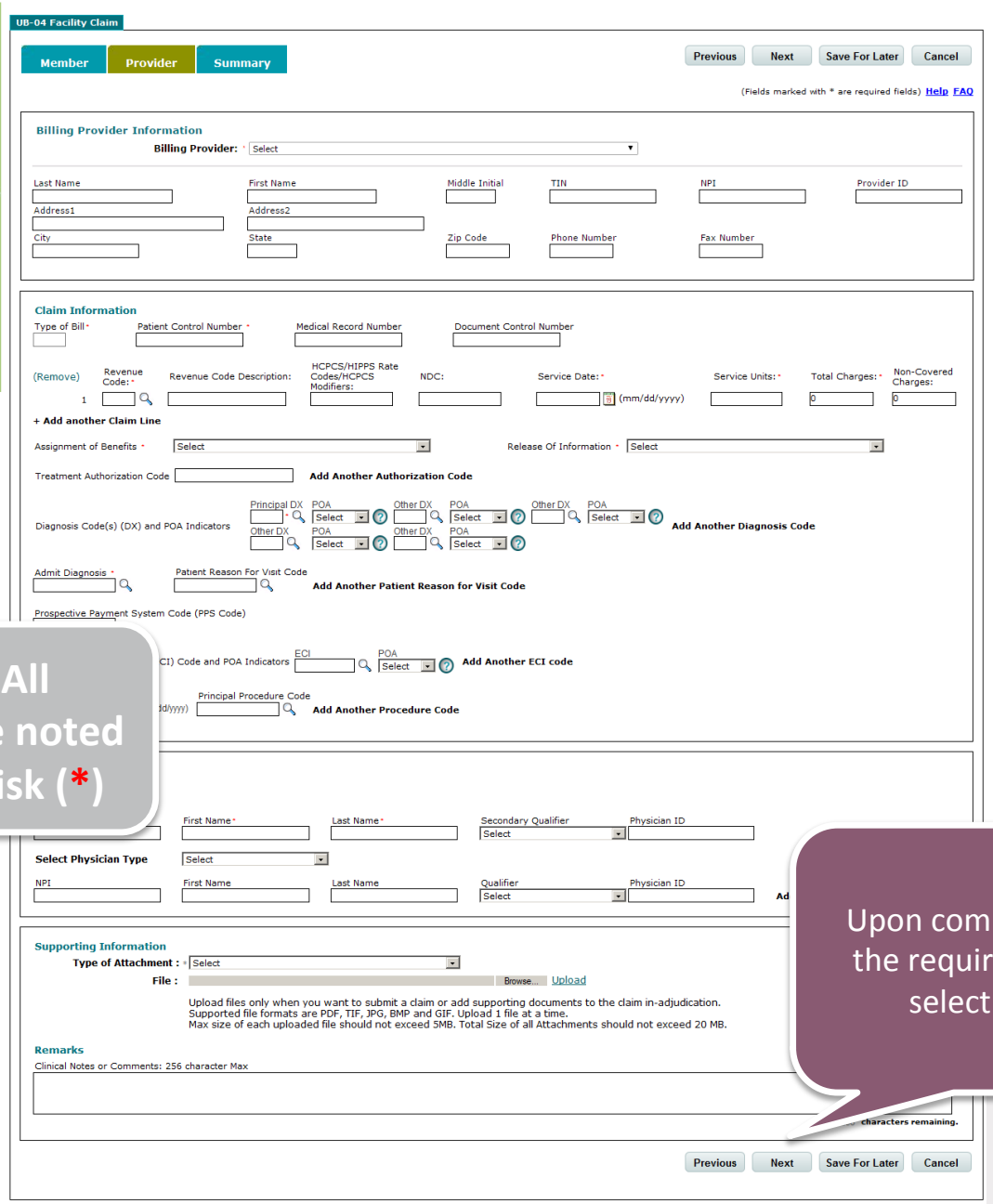
Please Note: All required field are noted with a red asterisk (*)



Supporting Information is available to upload supporting documentation or add comments and remarks. If an attachment is submitted, it is required to fill in the *Type of Attachment*.

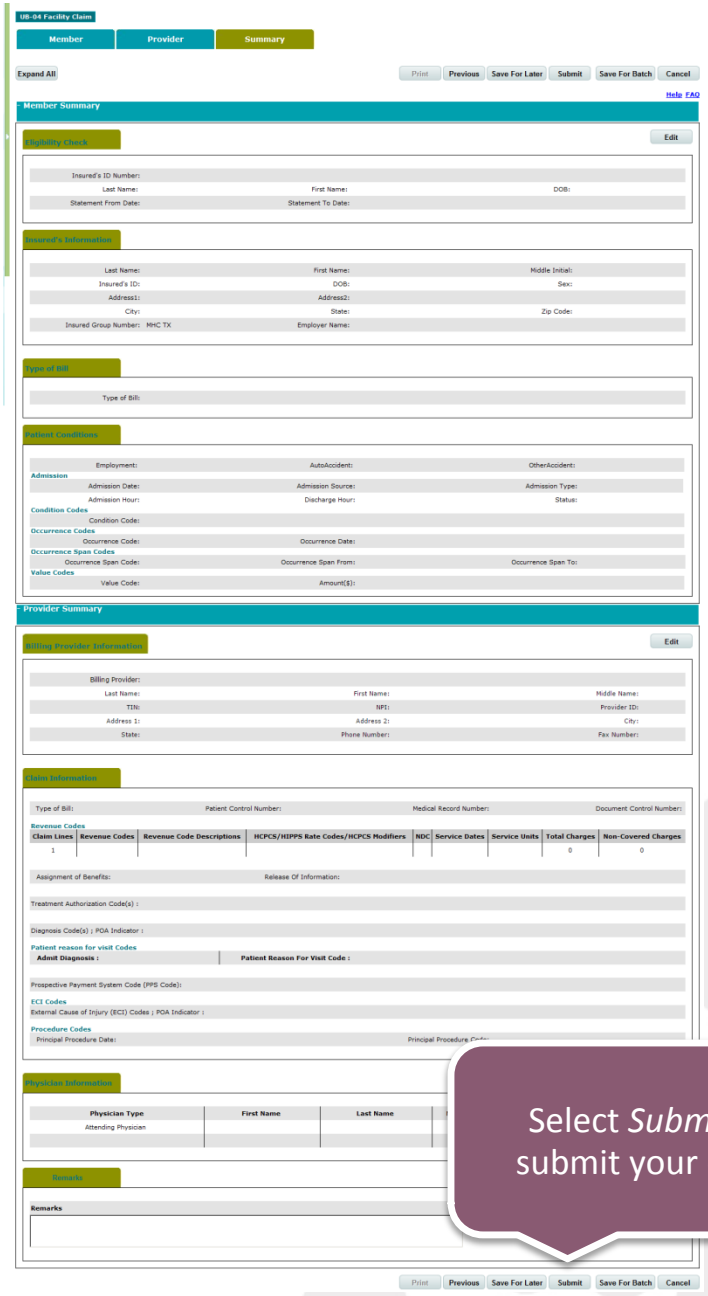
Please Note: All required field are noted with a red asterisk (*)

MOLINA HEALTHCARE
Your Extended Family.

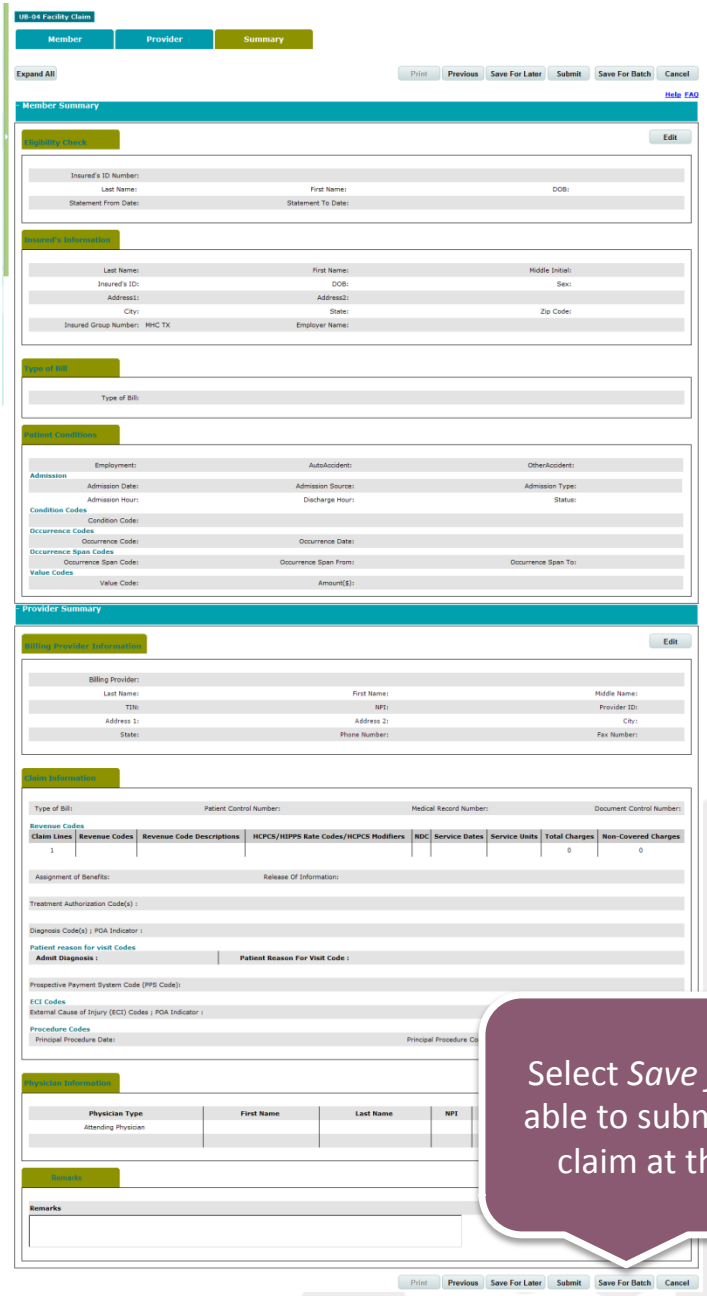


Please Note: All required field are noted with a red asterisk (*)

Upon completion of the required fields, select *Next*

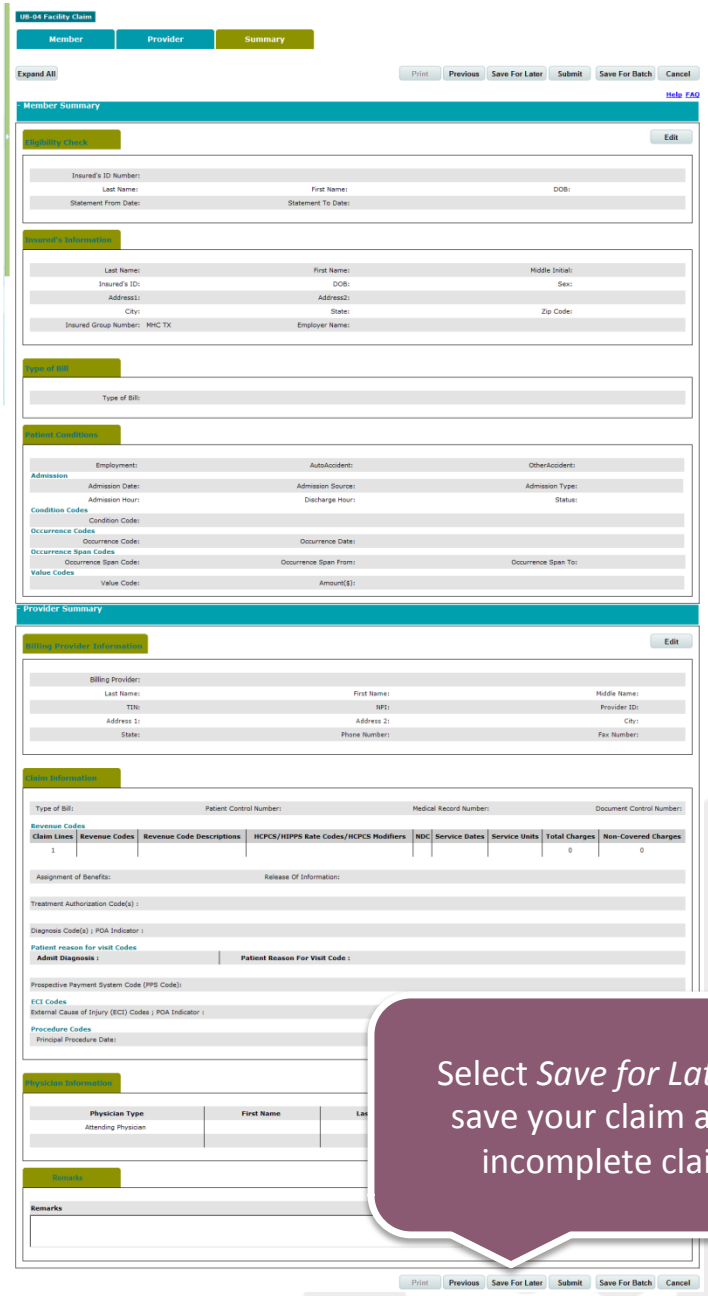


Select *Submit* to submit your claim



Select *Save for Batch* to be able to submit more than 1 claim at the same time

MOLINA HEALTHCARE
Your Extended Family.



Select *Save for Later* to save your claim as an incomplete claim

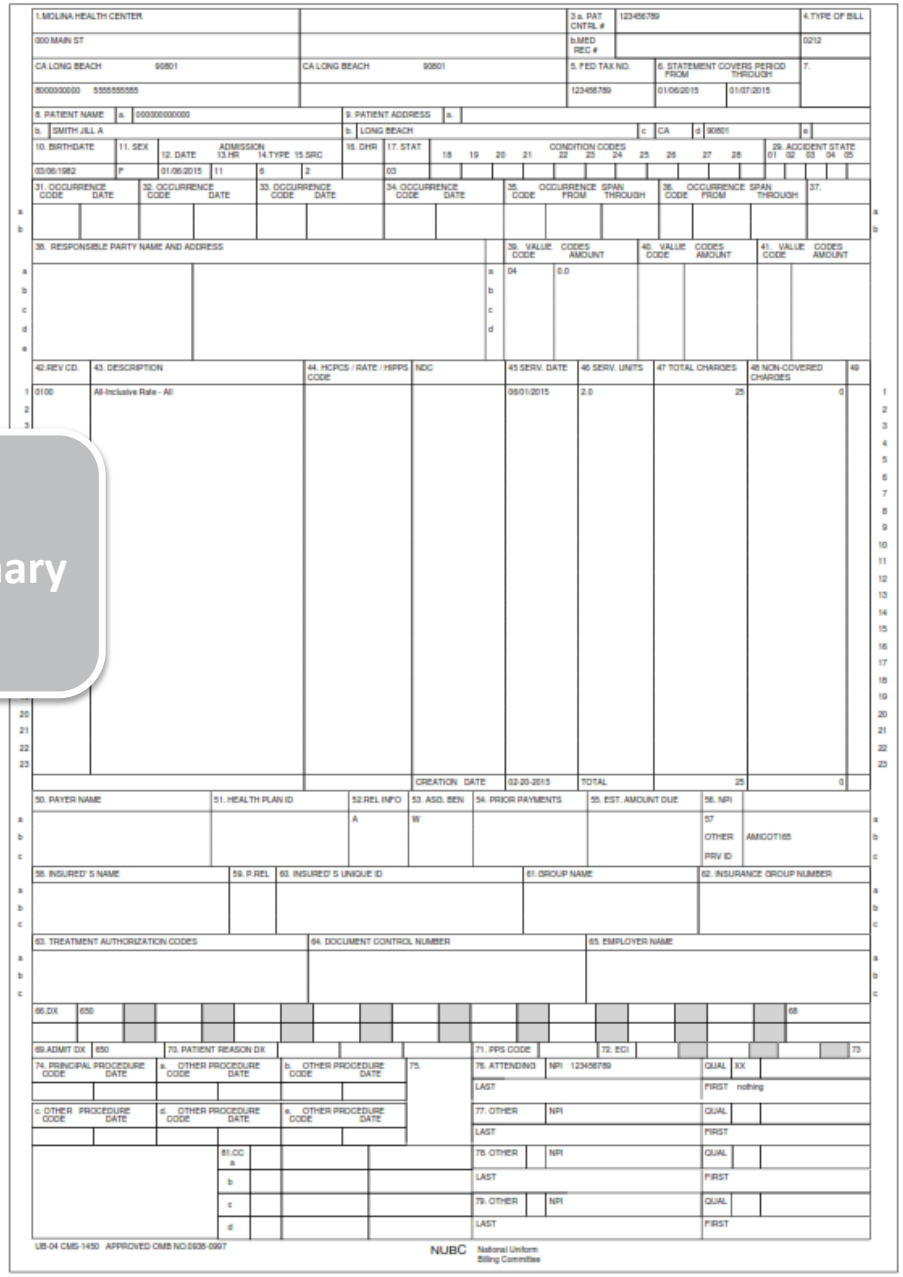
MOLINA HEALTHCARE
Your Extended Family.

If you Select *Print*, you can print the claim summary

Upon Successful Single Submission; a message will appear with the Claim ID number.

MOLINA HEALTHCARE
Your Extended Family.

Print Claim Summary



1.MOLINA HEALTH CENTER
000 MAIN ST
CA LONG BEACH 90801
8000000000 5555555555
3 a. PAT CNTRL # 123456789
b.MED REC #
4.TYPE OF BILL 0212
5. FED TAX NO. 123456789
6. STATEMENT COVERS PERIOD FROM 01/06/2015 THROUGH 01/07/2015
7.
8. PATIENT NAME a. 000000000000 b. SMITH JILL A
9. PATIENT ADDRESS a. b. LONG BEACH c. CA d 90801 e.
10. BIRTHDATE 03/06/1982
11. SEX F
12. ADMISSION DATE 01/06/2015
13.HR 11
14.TYPE 6
15.SRC 2
16. DHR
17. STAT 03
18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28
29. ACCIDENT STATE 01 02 03 04 05
31. OCCURRENCE CODE DATE
32. OCCURRENCE CODE DATE
33. OCCURRENCE CODE DATE
34. OCCURRENCE CODE DATE
35. OCCURRENCE SPAN CODE FROM THROUGH
36. OCCURRENCE SPAN CODE FROM THROUGH
37.
38. RESPONSIBLE PARTY NAME AND ADDRESS
39. VALUE CODES CODE AMOUNT a 04 0.0
40. VALUE CODES CODE AMOUNT
41. VALUE CODES CODE AMOUNT

42.REV CD.	43. DESCRIPTION	44. HCPCS / RATE / HIPPS CODE	NDC	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0100	All-Inclusive Rate - All			06/01/2015	2.0	25	0	
			CREATION DATE	02-20-2015	TOTAL	25	0	

50. PAYER NAME	51. HEALTH PLAN ID	52.REL INFO	53. ASG. BEN	54. PRIOR PAYMENTS	55. EST. AMOUNT DUE	56. NPI
		A	W			57 OTHER PRV ID AMICOT165

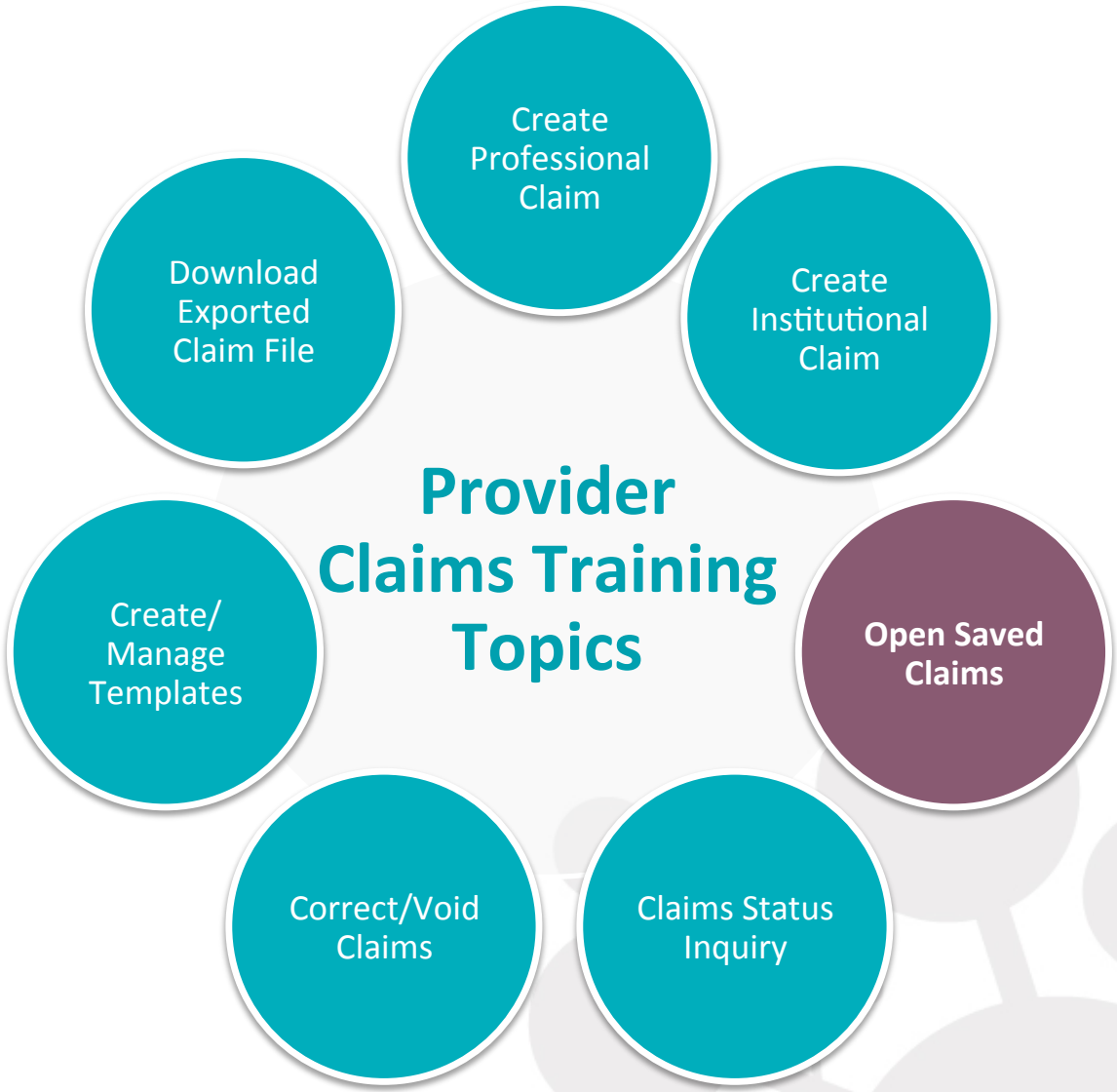
58. INSURED' S NAME	59. P.REL	60. INSURED' S UNIQUE ID	61.GROUP NAME	62. INSURANCE GROUP NUMBER

63. TREATMENT AUTHORIZATION CODES	64. DOCUMENT CONTROL NUMBER	65. EMPLOYER NAME

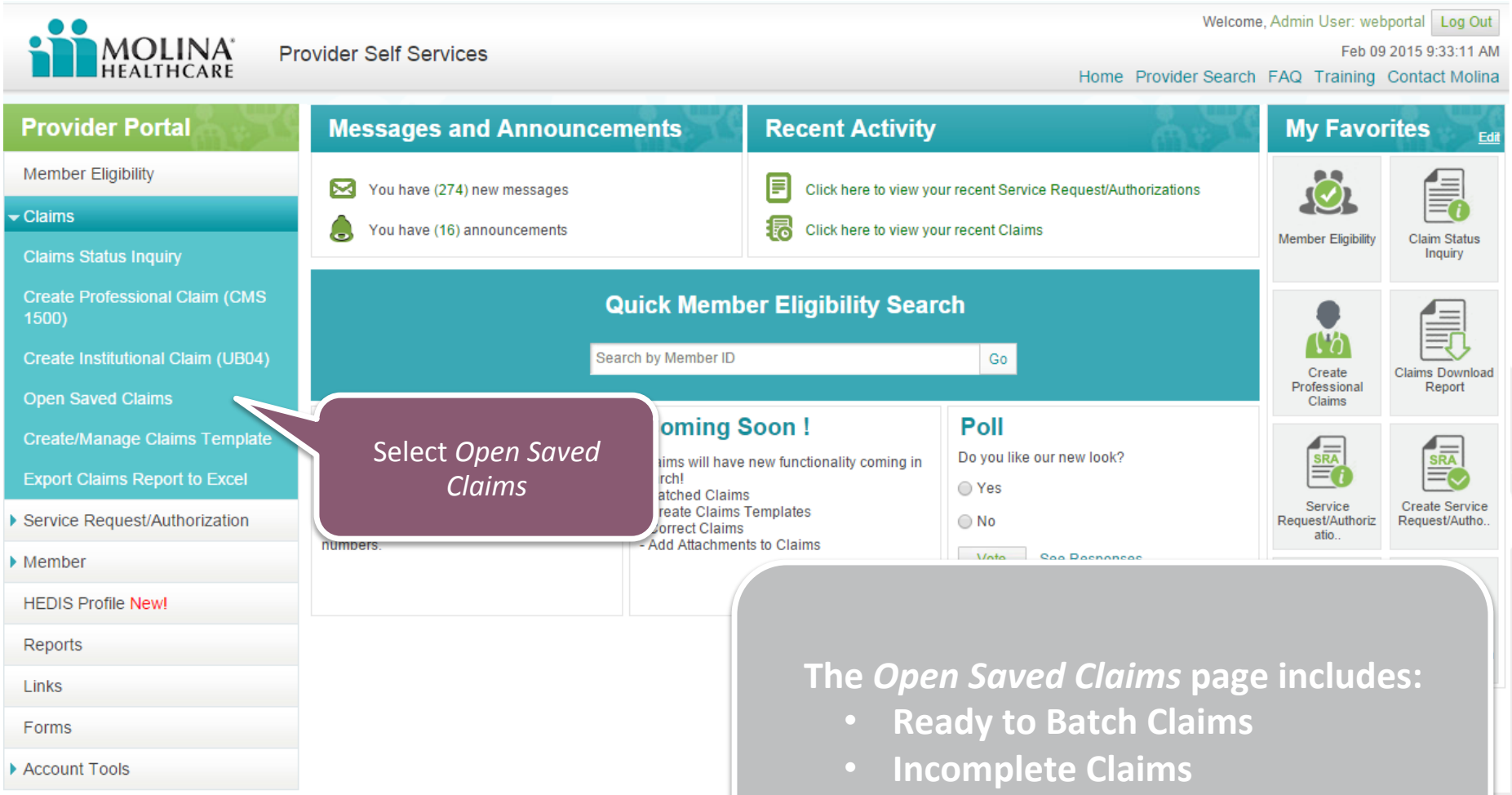
66.DX 650 68
69.ADMIT DX 650 70. PATIENT REASON DX 71. PPS CODE 72. ECI 73
74. PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75.
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
81.CC a b c d

76. ATTENDING	NPI 123456789	QUAL XX
LAST		FIRST nothing
77. OTHER	NPI	QUAL
LAST		FIRST
78. OTHER	NPI	QUAL
LAST		FIRST
79. OTHER	NPI	QUAL
LAST		FIRST

UB-04 CMS-1450 APPROVED OMB NO.0938-0997
NUBC National Uniform Billing Committee



MOLINA HEALTHCARE
Your Extended Family.



The *Open Saved Claims* page includes:

- Ready to Batch Claims
- Incomplete Claims

MOLINA HEALTHCARE
Your Extended Family.

The *Open Saved Claims* page includes:

- Ready to Batch: Claims that were *Saved for Batch*
- Incomplete Claims: Claims that were *Saved for Later*

Saved Claim Details

Status: All Claim Type: All From :

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Submit Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐		TN0000000002	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Delete

You can search Saved Claims by
- Status
- Claim Type
- Service Dates

Saved Claim Details

Service Date

Status: All Claim Type: All From : mm/dd/yyyy To : mm/dd/yyyy

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Submit Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐		TN0000000002	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Delete

MOLINA HEALTHCARE
Your Extended Family.

Saved Claim Details

Service Date

Status: All ▼ Claim Type: All ▼ From : mm/dd/yyyy To : mm/dd/yyyy

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN		Institutional	07/31/2012	09/07/2012

1 Page 1 of 1 Showing 1-2 of 2

Select the *Member Name* to view member details

Edit Submit Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐		TN0000000002	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Delete

Saved Claim Details

Service Date

Status: All ▼ Claim Type: All ▼ From : mm/dd/yyyy To : mm/dd/yyyy

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000001		07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Select the *Tracking Number* to view or submit the claim

Edit Submit Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐		TN0000000002	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Delete

Saved Claim Details

Service Date

Status: All ▼ Claim Type: All ▼ From : mm/dd/yyyy To : mm/dd/yyyy

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☑	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☑	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Submit Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Date
☐		TN0000000002	Professional		
☐	SMITH, JOHN	TN0000000003	Institutional		

1 Page 1 of 1 10 per page

You can select one or more *Ready to Batch* claims to submit or delete

MOLINA HEALTHCARE
Your Extended Family.

Saved Claim Details

Service Date

Status: All Claim Type: All From : mm/dd/yyyy To : mm/dd/yyyy

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☑	SMITH, JOHN	TN0		01/05/2015	01/05/2015
☑	SMITH, JOHN	TN0		07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Submit Delete

Claims Saved Batch Process

2 claim(s) have been submitted for claim processing

Ok

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐		2	Professional	01/05/2015	01/05/2015
☐			Institutional	01/05/2015	01/05/2015

Showing 1-2 of 2

Edit Delete

Upon Successful Batch Submission; a pop up will appear verifying that they were submitted.

MOLINA HEALTHCARE
Your Extended Family.

Saved Claim Details

Service Date

Status: All | Claim Type: All | From : mm/dd/yyyy | To : mm/dd/yyyy

Search | Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☑	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit | Submit | Delete

Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	ice To Date
☐		TN0000000002	Professional		
☐	SMITH, JOHN	TN0000000003	Institutional		

1 Page 1 of 1 10 per page g 1-2 of 2

elete

You can select one *Ready to Batch* claim to edit, submit or delete

MOLINA HEALTHCARE
Your Extended Family.

Saved Claim Details

Service Date

Status: All ▼ Claim Type: All ▼ From : mm/dd/yyyy To : mm/dd/yyyy

Search Cancel

Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☐	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

1 Page 1 of 1 10 per page Showing 1-2 of 2

Edit Submit Delete

Incomplete Claims

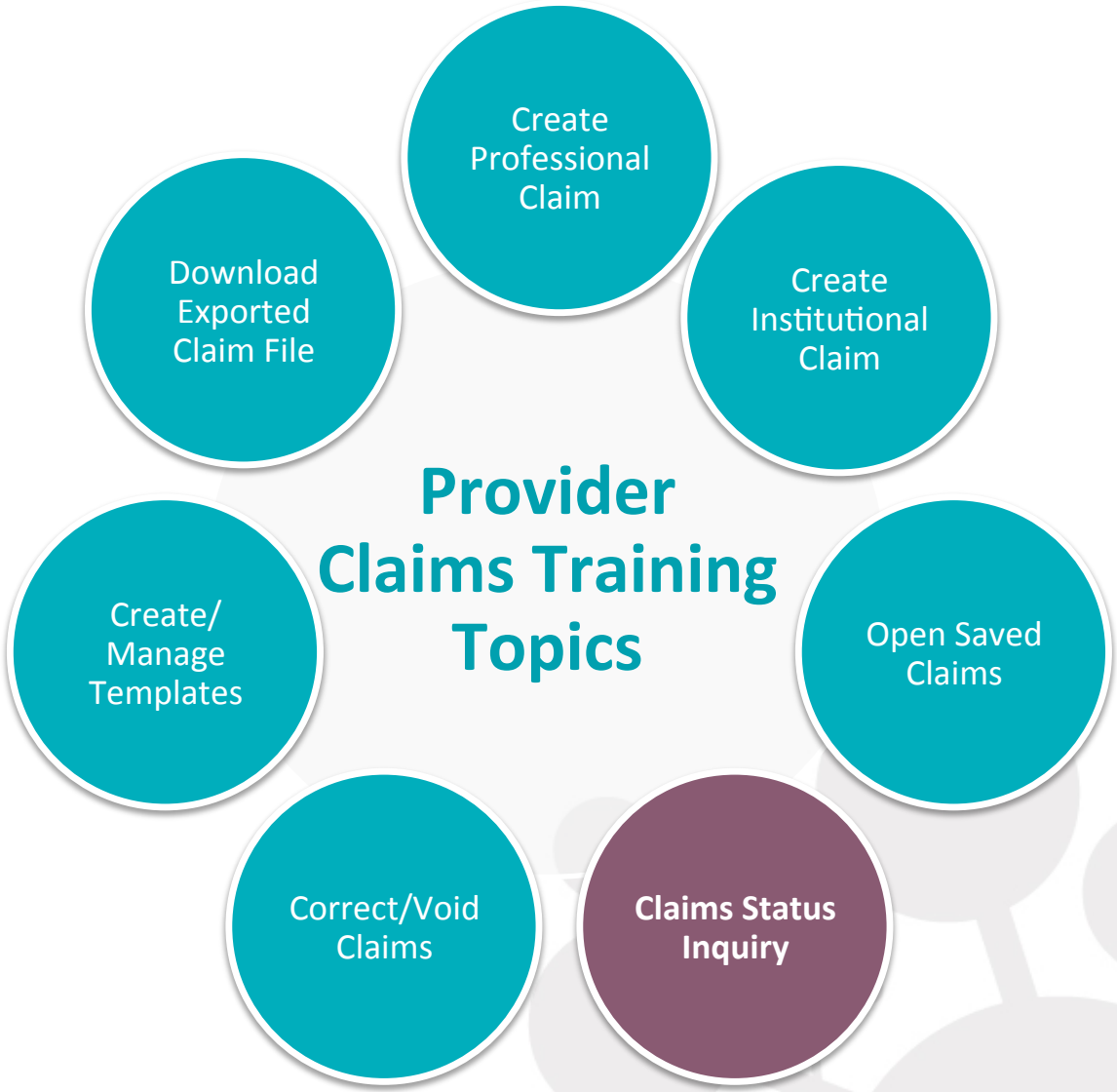
Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
☑		TN0000000002	Professional	01/05/2015	01/05/2015
☐	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

1 Page 1 of 1 10 per page Showing 1-2 of 2

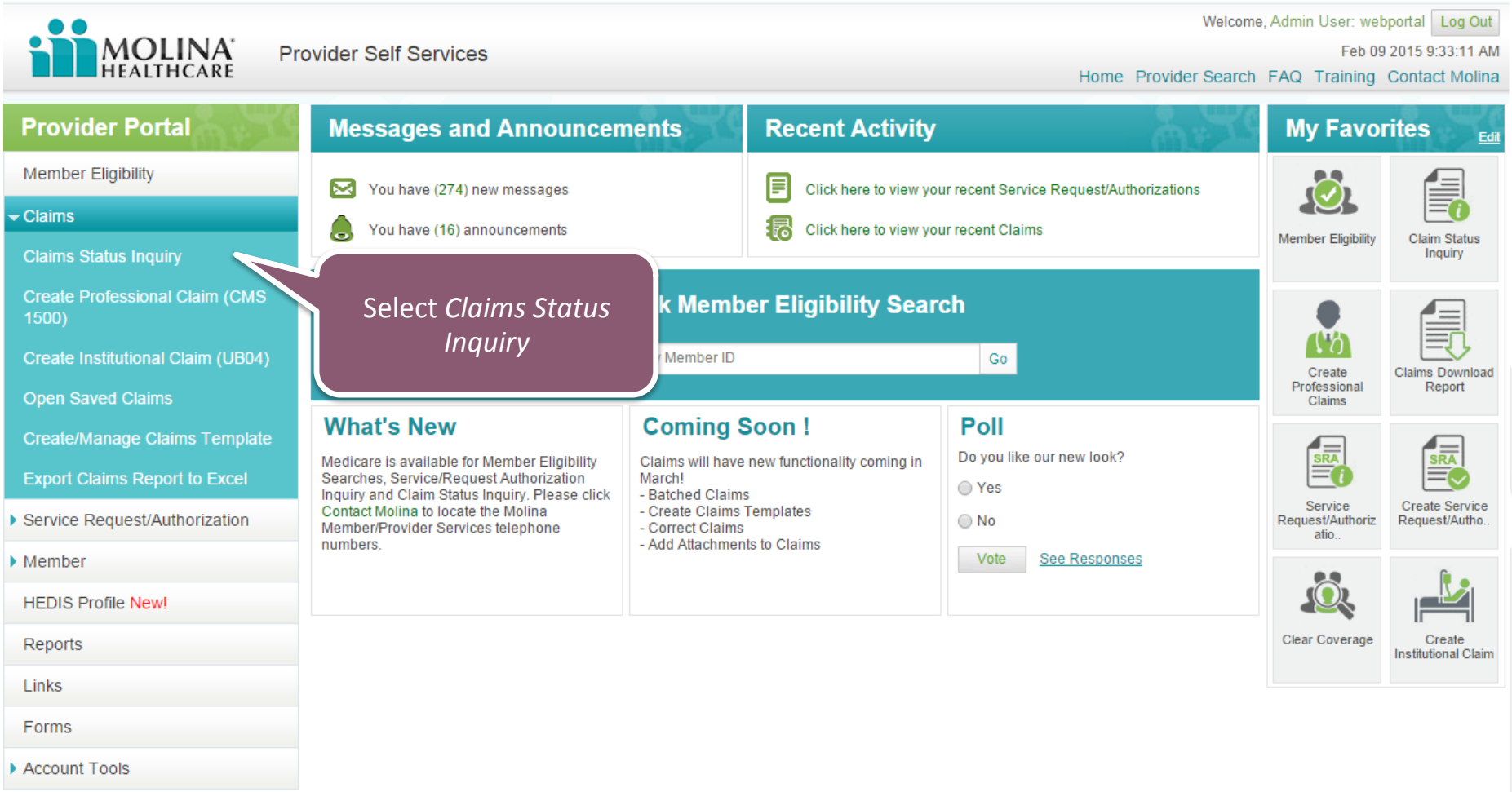
Edit Delete

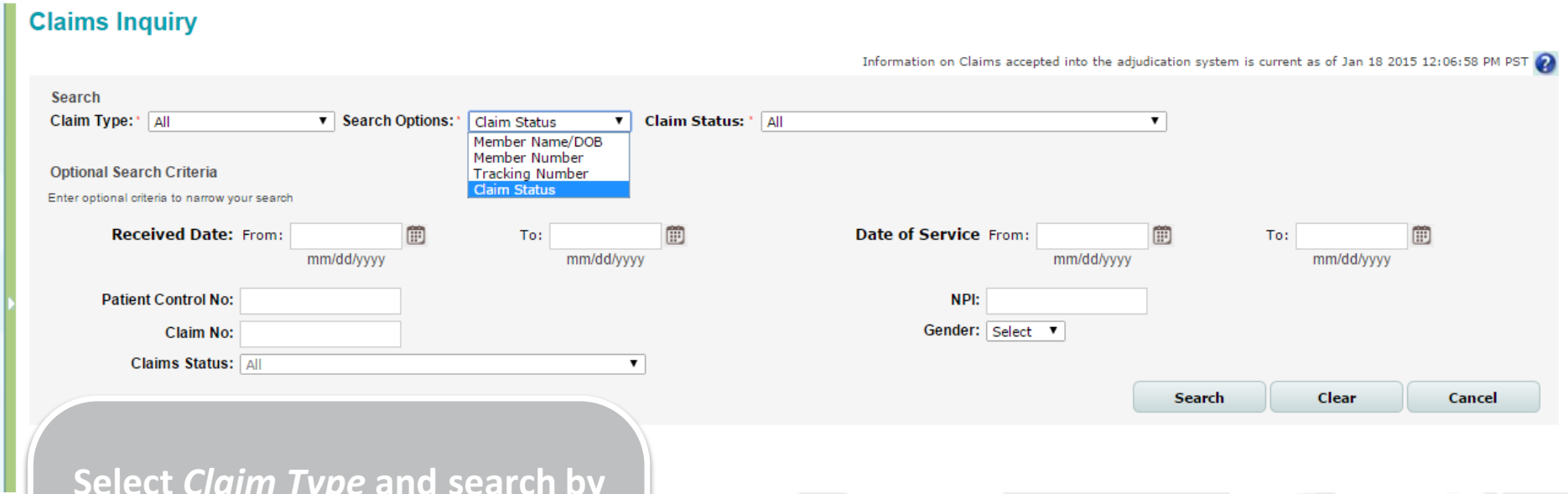
You can select one or more *Incomplete Claims* to delete, but you can only edit one claim at a time

MOLINA HEALTHCARE
Your Extended Family.



MOLINA HEALTHCARE
Your Extended Family.


MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportal
Log Out
Feb 09 2015 9:33:11 AM
Home
Provider Search
FAQ
Training
Contact Molina
Provider Portal
Member Eligibility
Claims
Claims Status Inquiry
Create Professional Claim (CMS 1500)
Create Institutional Claim (UB04)
Open Saved Claims
Create/Manage Claims Template
Export Claims Report to Excel
Service Request/Authorization
Member
HEDIS Profile New!
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (274) new messages
You have (16) announcements
Recent Activity
Click here to view your recent Service Request/Authorizations
Click here to view your recent Claims
My Favorites
Edit
Member Eligibility
Claim Status Inquiry
Create Professional Claims
Claims Download Report
Service Request/Authoriz atio..
Create Service Request/Autho..
Clear Coverage
Create Institutional Claim
Select Claims Status Inquiry
k Member Eligibility Search
Member ID
Go
What's New
Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the Molina Member/Provider Services telephone numbers.
Coming Soon !
Claims will have new functionality coming in March!
- Batched Claims
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims
Poll
Do you like our new look?
Yes
No
Vote
See Responses

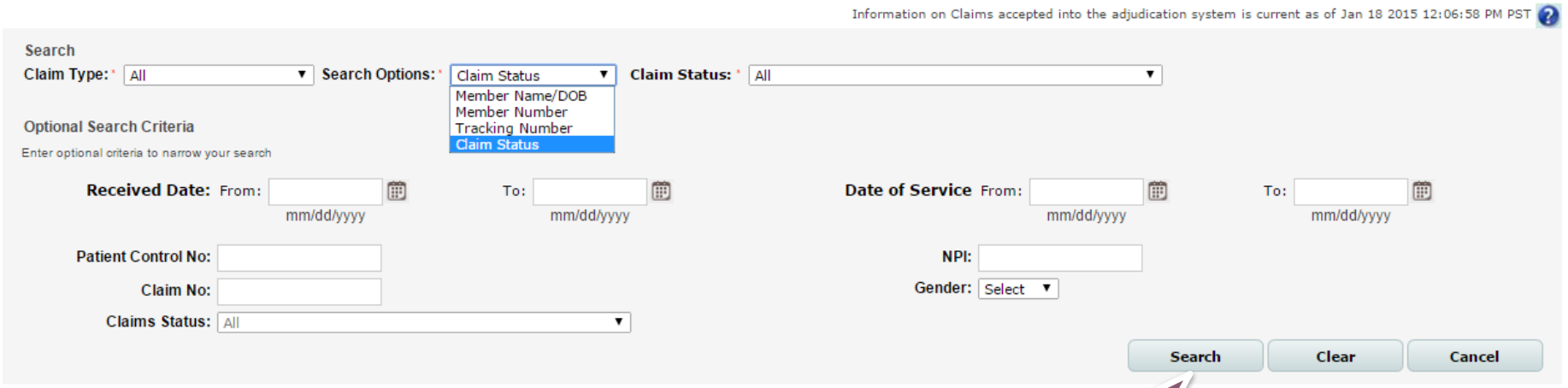


Select *Claim Type* and search by any of the following:

- Member Name/DOB
- Member Number
- Tracking Number
- Claim Status

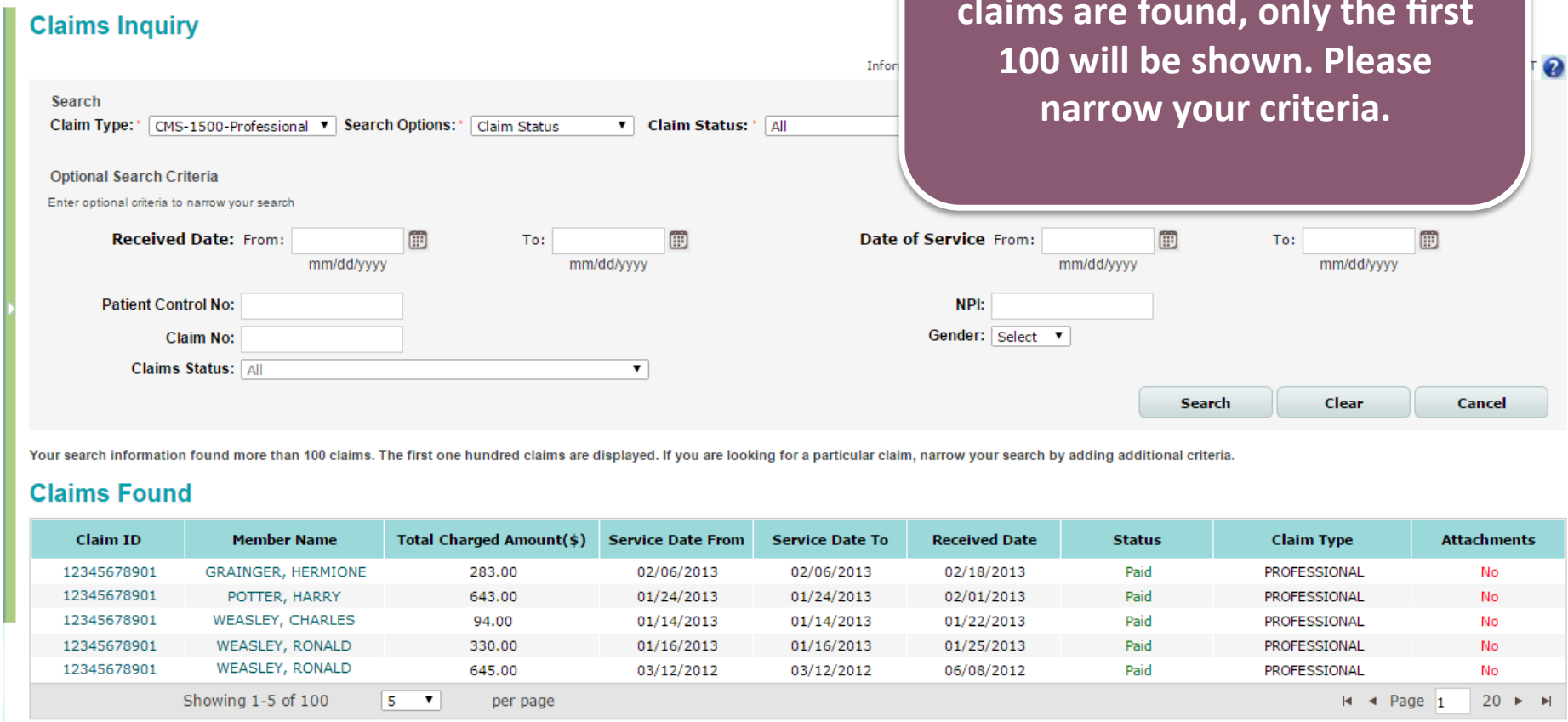
MOLINA HEALTHCARE
Your Extended Family.

Claims Inquiry



Upon completion of the required search criteria, select *Search*

Please Note: If more than 100 claims are found, only the first 100 will be shown. Please narrow your criteria.



Claims Inquiry

Search

Claim Type: * CMS-1500-Professional ▼ Search Options: * Claim Status ▼ Claim Status: * All

Optional Search Criteria

Enter optional criteria to narrow your search

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

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

Patient Control No:

Claim No:

Claims Status: All

NPI:

Gender: Select ▼

Search Clear Cancel

Your search information found more than 100 claims. The first one hundred claims are displayed. If you are looking for a particular claim, narrow your search by adding additional criteria.

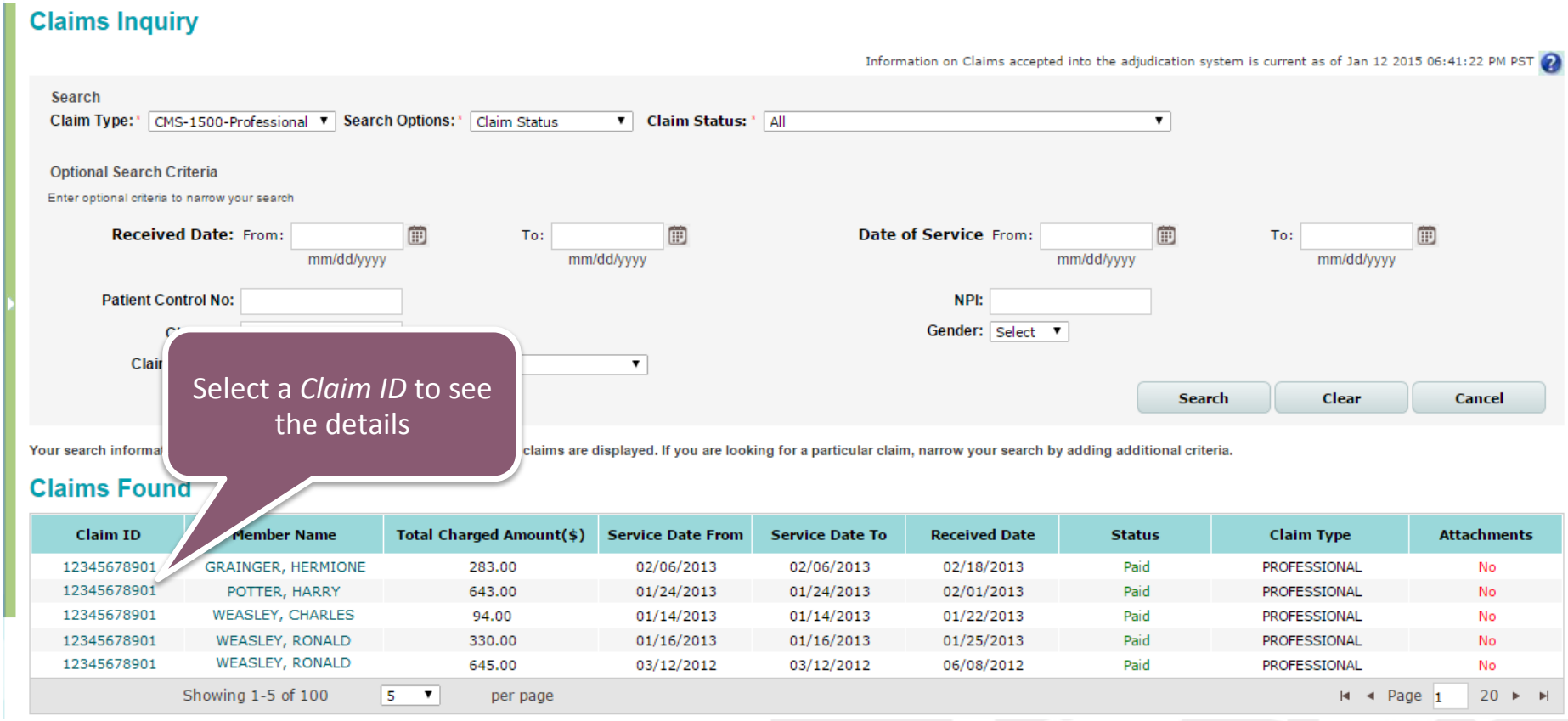
Claims Found

Claim ID	Member Name	Total Charged Amount($)	Service Date From	Service Date To	Received Date	Status	Claim Type	Attachments
12345678901	GRAINGER, HERMIONE	283.00	02/06/2013	02/06/2013	02/18/2013	Paid	PROFESSIONAL	No
12345678901	POTTER, HARRY	643.00	01/24/2013	01/24/2013	02/01/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, CHARLES	94.00	01/14/2013	01/14/2013	01/22/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	330.00	01/16/2013	01/16/2013	01/25/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	645.00	03/12/2012	03/12/2012	06/08/2012	Paid	PROFESSIONAL	No

Showing 1-5 of 100 5 ▼ per page ◀ Page 1 20 ▶

MOLINA HEALTHCARE
Your Extended Family.

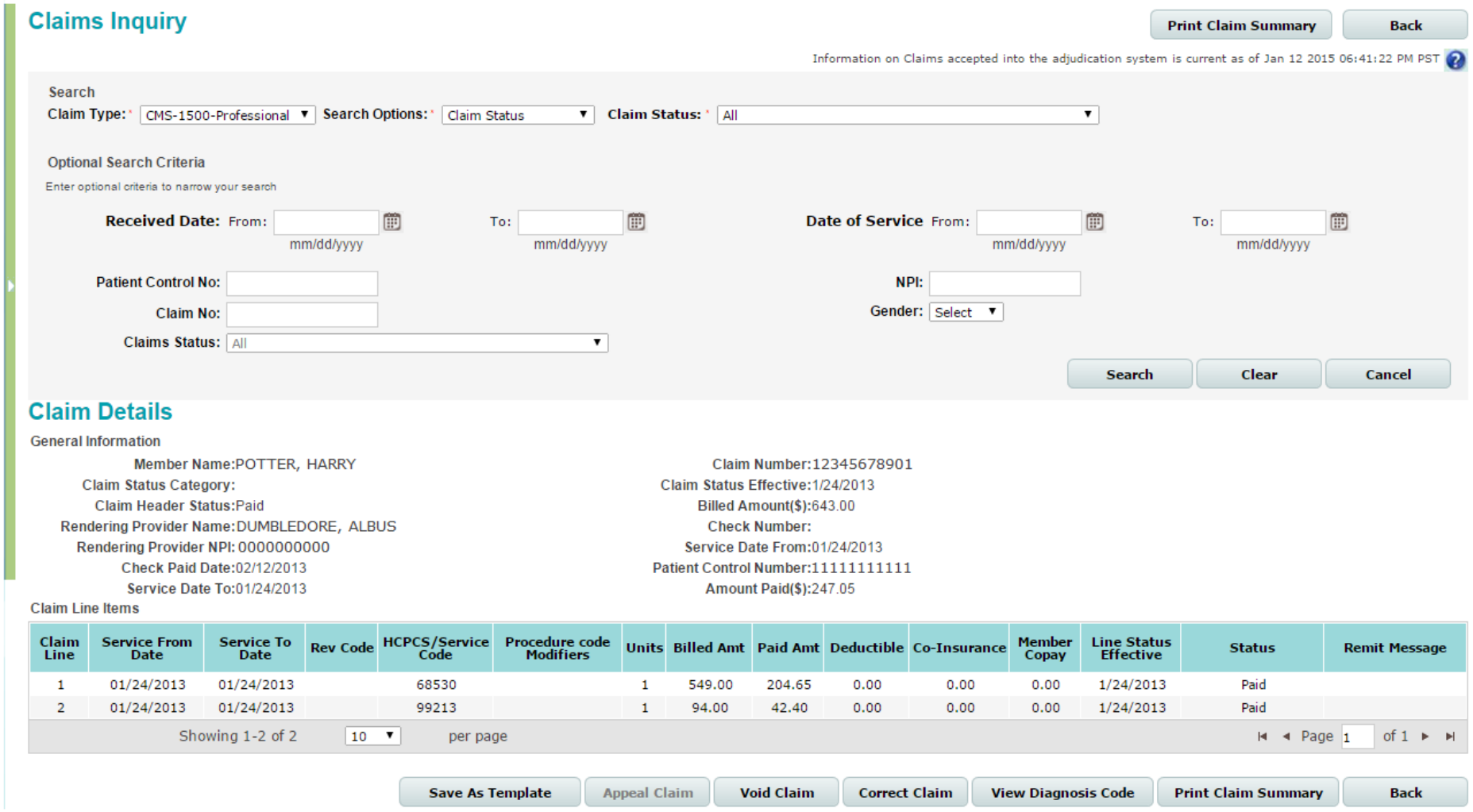
Claims Inquiry

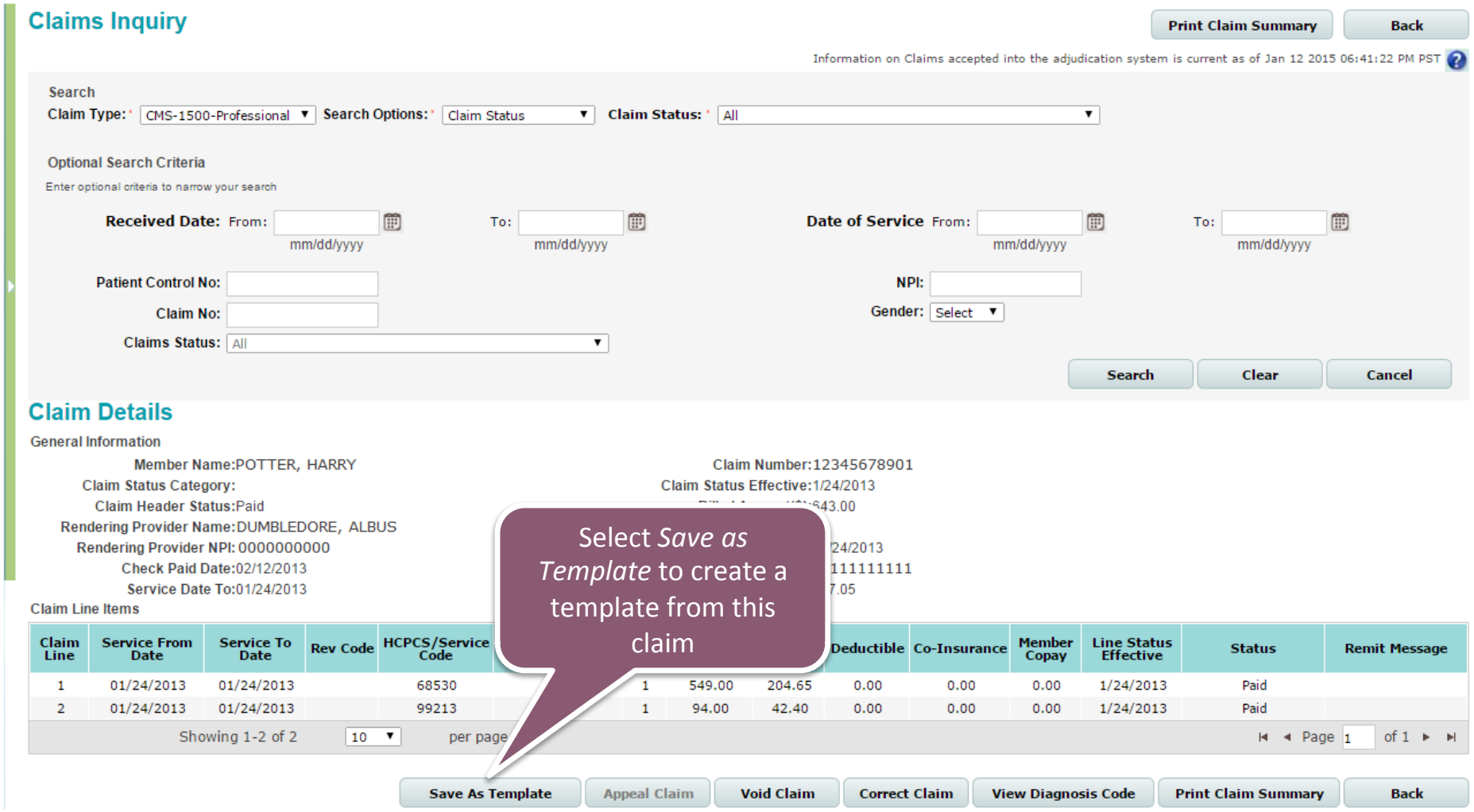


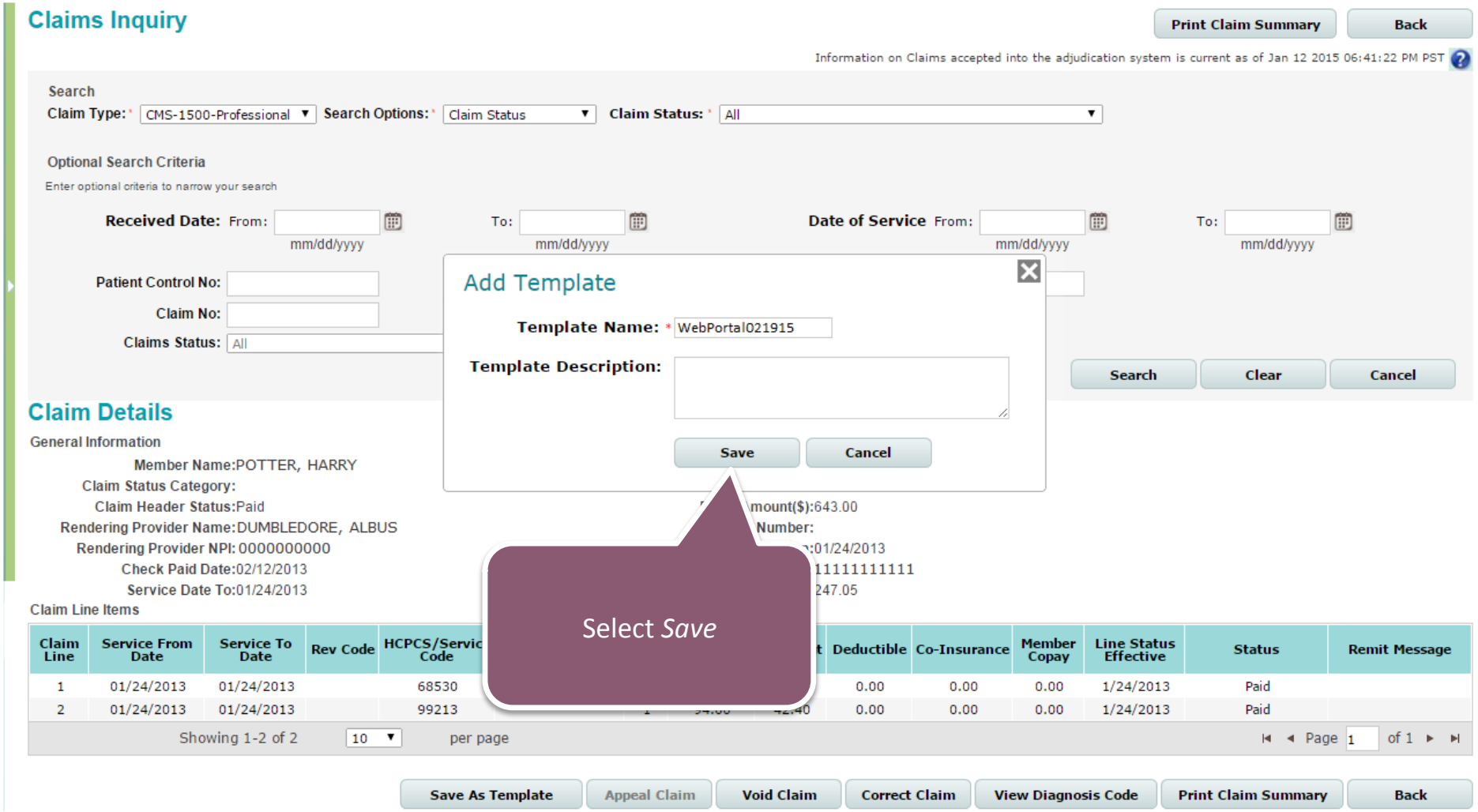
Claims Found

Claim ID	Member Name	Total Charged Amount($)	Service Date From	Service Date To	Received Date	Status	Claim Type	Attachments
12345678901	GRAINGER, HERMIONE	283.00	02/06/2013	02/06/2013	02/18/2013	Paid	PROFESSIONAL	No
12345678901	POTTER, HARRY	643.00	01/24/2013	01/24/2013	02/01/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, CHARLES	94.00	01/14/2013	01/14/2013	01/22/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	330.00	01/16/2013	01/16/2013	01/25/2013	Paid	PROFESSIONAL	No
12345678901	WEASLEY, RONALD	645.00	03/12/2012	03/12/2012	06/08/2012	Paid	PROFESSIONAL	No

Showing 1-5 of 100 | 5 per page | Page 1 20


Claims Inquiry
Print Claim Summary
Back
Information on Claims accepted into the adjudication system is current as of Jan 12 2015 06:41:22 PM PST
Search
Claim Type: CMS-1500-Professional
Search Options: Claim Status
Claim Status: All
Optional Search Criteria
Enter optional criteria to narrow your search
Received Date: From: mm/dd/yyyy To: mm/dd/yyyy
Date of Service From: mm/dd/yyyy To: mm/dd/yyyy
Patient Control No:
Claim No:
Claims Status: All
NPI:
Gender: Select
Search
Clear
Cancel
Claim Details
General Information
Member Name:POTTER, HARRY
Claim Status Category:
Claim Header Status:Paid
Rendering Provider Name:DUMBLEDORE, ALBUS
Rendering Provider NPI: 0000000000
Check Paid Date:02/12/2013
Service Date To:01/24/2013
Claim Number:12345678901
Claim Status Effective:1/24/2013
Billed Amount($):643.00
Check Number:
Service Date From:01/24/2013
Patient Control Number:11111111111
Amount Paid($):247.05
Claim Line Items
Claim Line | Service From Date | Service To Date | Rev Code | HCPCS/Service Code | Procedure code Modifiers | Units | Billed Amt | Paid Amt | Deductible | Co-Insurance | Member Copay | Line Status Effective | Status | Remit Message
1 | 01/24/2013 | 01/24/2013 | | 68530 | | 1 | 549.00 | 204.65 | 0.00 | 0.00 | 0.00 | 1/24/2013 | Paid |
2 | 01/24/2013 | 01/24/2013 | | 99213 | | 1 | 94.00 | 42.40 | 0.00 | 0.00 | 0.00 | 1/24/2013 | Paid |
Showing 1-2 of 2
10
per page
Page 1 of 1
Save As Template
Appeal Claim
Void Claim
Correct Claim
View Diagnosis Code
Print Claim Summary
Back


Claims Inquiry
Print Claim Summary
Back
Information on Claims accepted into the adjudication system is current as of Jan 12 2015 06:41:22 PM PST
Search
Claim Type: CMS-1500-Professional
Search Options: Claim Status
Claim Status: All
Optional Search Criteria
Enter optional criteria to narrow your search
Received Date: From: mm/dd/yyyy To: mm/dd/yyyy
Date of Service From: mm/dd/yyyy To: mm/dd/yyyy
Patient Control No:
Claim No:
Claims Status: All
NPI:
Gender: Select
Search
Clear
Cancel
Claim Details
General Information
Member Name:POTTER, HARRY
Claim Status Category:
Claim Header Status:Paid
Rendering Provider Name:DUMBLEDORE, ALBUS
Rendering Provider NPI: 0000000000
Check Paid Date:02/12/2013
Service Date To:01/24/2013
Claim Number:12345678901
Claim Status Effective:1/24/2013
Claim Line Items
Claim Line
Service From Date
Service To Date
Rev Code
HCPCS/Service Code
Deductible
Co-Insurance
Member Copay
Line Status Effective
Status
Remit Message
1 01/24/2013 01/24/2013 68530 1 549.00 204.65 0.00 0.00 0.00 1/24/2013 Paid
2 01/24/2013 01/24/2013 99213 1 94.00 42.40 0.00 0.00 0.00 1/24/2013 Paid
Showing 1-2 of 2
10
per page
Page 1 of 1
Select Save as Template to create a template from this claim
Save As Template
Appeal Claim
Void Claim
Correct Claim
View Diagnosis Code
Print Claim Summary
Back



MOLINA HEALTHCARE
Your Extended Family.

You can view Saved Templates in the Create/Manage Templates Page

Claims Inquiry

Template Added Successfully

Print Claim Summary | Back

System is current as of Jan 12 2015 06:41:22 PM PST

Search

Claim Type: CMS-1500-Professional Search Options:

Optional Search Criteria

Enter optional criteria to narrow your search

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

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

Patient Control No:

Claim No:

Claims Status: All

NPI:

Gender: Select

Search | Clear | Cancel

Claim Details

General Information

Member Name:POTTER, HARRY
Claim Status Category:
Claim Header Status:Paid
Rendering Provider Name:DUMBLEDORE, ALBUS
Rendering Provider NPI: 0000000000
Check Paid Date:02/12/2013
Service Date To:01/24/2013

Claim Number:12345678901
Claim Status Effective:1/24/2013
Billed Amount($):643.00
Check Number:
Service Date From:01/24/2013
Patient Control Number:11111111111
Amount Paid($):247.05

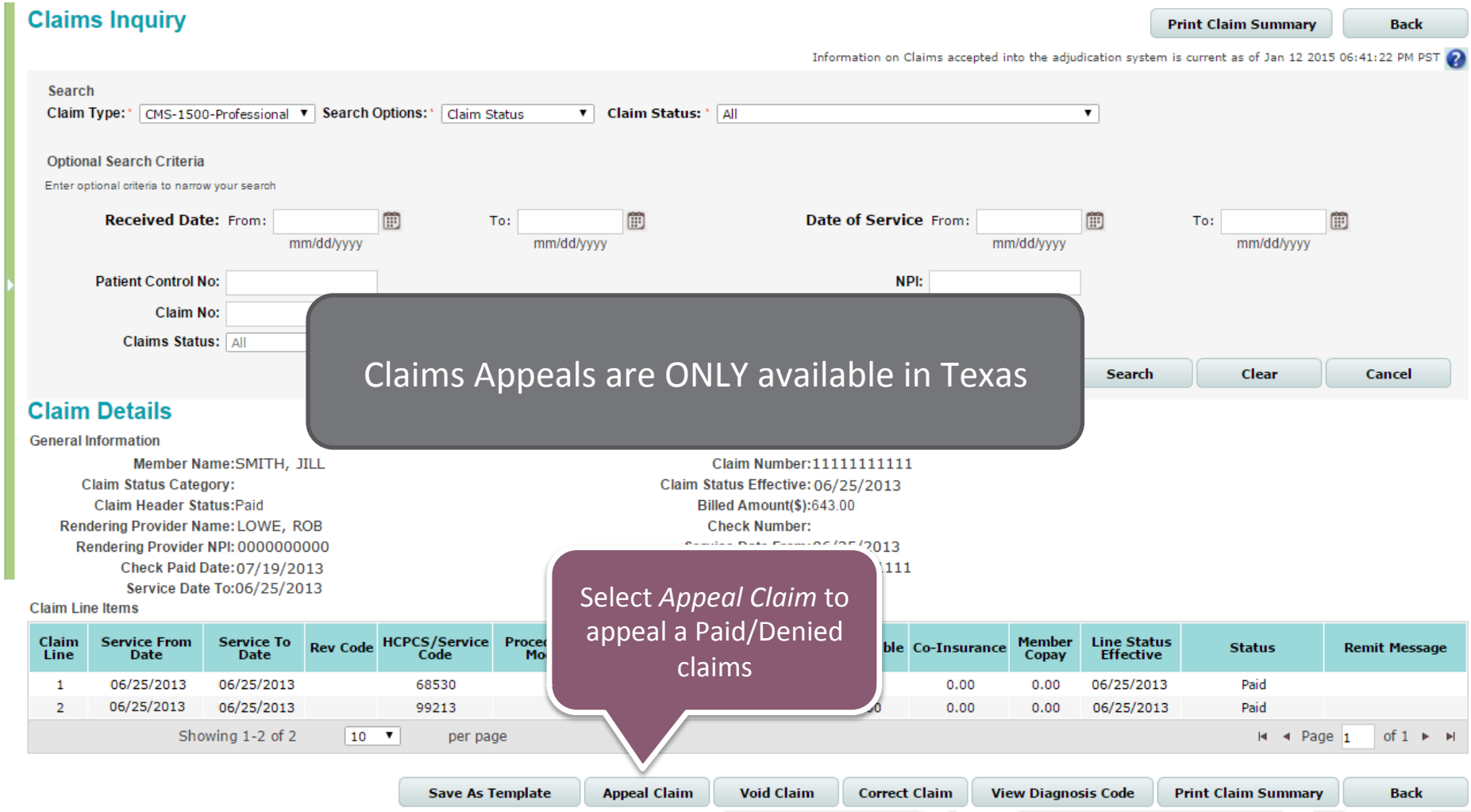
Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insurance	Member Copay	Line Status Effective	Status	Remit Message
1	01/24/2013	01/24/2013		68530		1	549.00	204.65	0.00	0.00	0.00	1/24/2013	Paid	
2	01/24/2013	01/24/2013		99213		1	94.00	42.40	0.00	0.00	0.00	1/24/2013	Paid	

Showing 1-2 of 2 10 per page Page 1 of 1

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

MOLINA HEALTHCARE
Your Extended Family.


Claims Inquiry
Print Claim Summary
Back
Information on Claims accepted into the adjudication system is current as of Jan 12 2015 06:41:22 PM PST
Search
Claim Type: CMS-1500-Professional
Search Options: Claim Status
Claim Status: All
Optional Search Criteria
Enter optional criteria to narrow your search
Received Date: From: mm/dd/yyyy To: mm/dd/yyyy
Date of Service From: mm/dd/yyyy To: mm/dd/yyyy
Patient Control No:
NPI:
Claim No:
Claims Status: All
Search
Clear
Cancel
Claims Appeals are ONLY available in Texas
Claim Details
General Information
Member Name:SMITH, JILL
Claim Number:11111111111
Claim Status Category:
Claim Status Effective:06/25/2013
Claim Header Status:Paid
Billed Amount($):643.00
Rendering Provider Name:LOWE, ROB
Check Number:
Rendering Provider NPI:0000000000
Check Paid Date:07/19/2013
Service Date To:06/25/2013
Select Appeal Claim to appeal a Paid/Denied claims
Claim Line Items
Claim Line
Service From Date
Service To Date
Rev Code
HCPCS/Service Code
Co-Insurance
Member Copay
Line Status Effective
Status
Remit Message
1 06/25/2013 06/25/2013 68530 0.00 0.00 06/25/2013 Paid
2 06/25/2013 06/25/2013 99213 0.00 0.00 06/25/2013 Paid
Showing 1-2 of 2
10
per page
Page 1 of 1
Save As Template
Appeal Claim
Void Claim
Correct Claim
View Diagnosis Code
Print Claim Summary
Back

Provider Complaint/Appeal Request Form

Instructions for filling a complaint/appeal:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit.
3. The completed form will be submitted to Molina Healthcare of Texas to Provider Complaints & Appeals. We will send a written acknowledgement of your request. It will be mailed to you within three (3) working days after the request is received.

Provider's Name: *	LOWE, ROB	NPI: *	0000000000	Federal ID: *	123456789
Request Type:	○ Complaint ◉ Appeal	Participation Status:	◉ Contract ○ Non - Contracted		
Claim Number: *	11111111111	Date of Service: *	06/25/2013 mm/dd/yyyy	Total Charges:	643.00
Address:	000 MAIN ST	City/State/Zip:	DALLAS,TX,75206		
Contact Person: *		Phone: *			
Member's ID: *	123456789	Member Name: *	SMITH, JILL	Date of Birth: *	11/11/1911 mm/dd/yyyy

Specific Issue(s): Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

Supporting Information

Attachments: Attach copies of any records you wish to submit below

ıment : Select

File : Choose File No file chosen Upload

Upload files only when you want to add supporting documents to the claim appeal. Upload 1
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should n

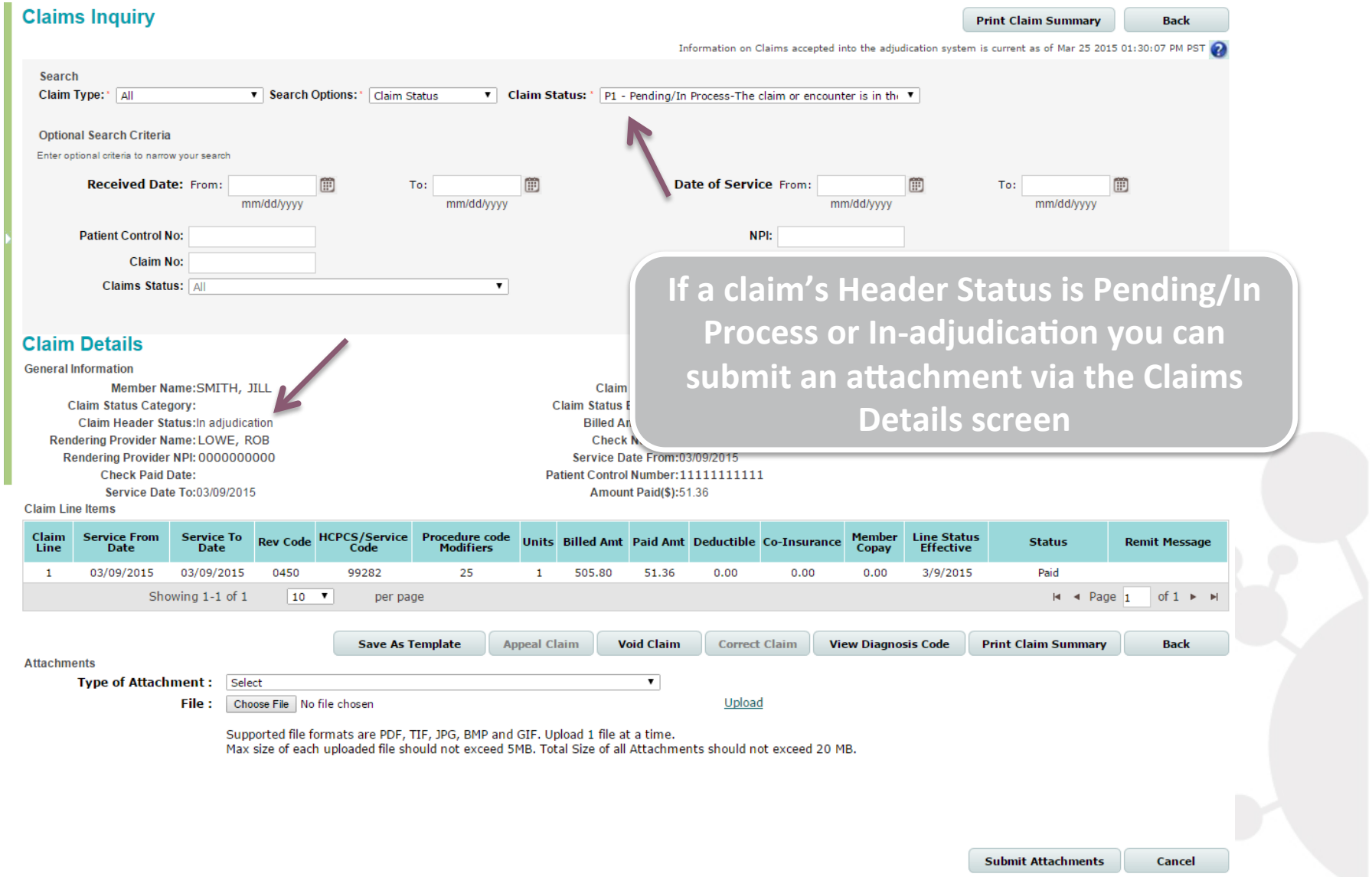
Name: * Date: 02/20/2015

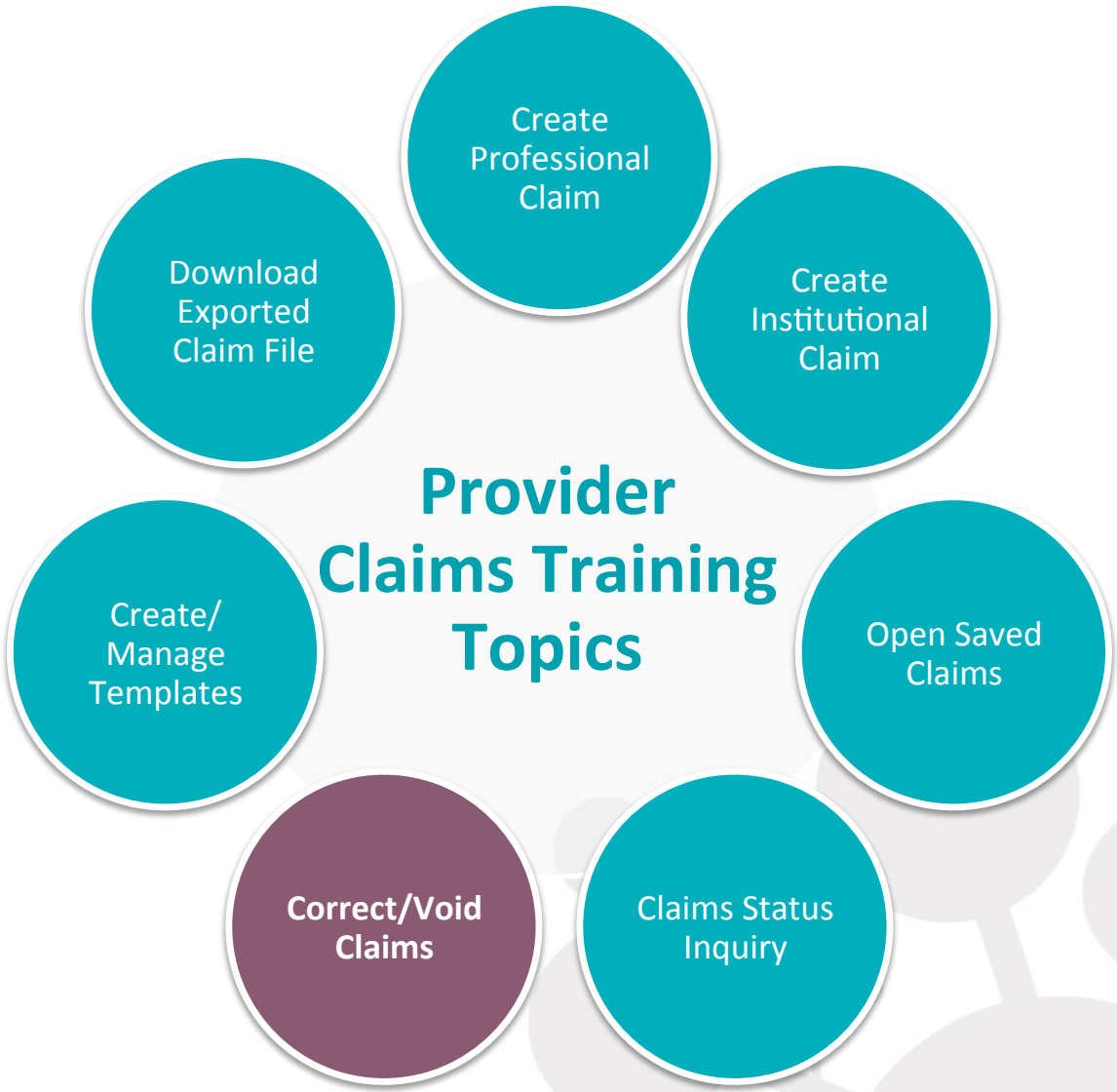
I agree that th mation provided is true and correct. If someone else is completing this form for me, by checking this box I am giving my consent for the person named above to submit on my behalf.

Print Submit Cancel

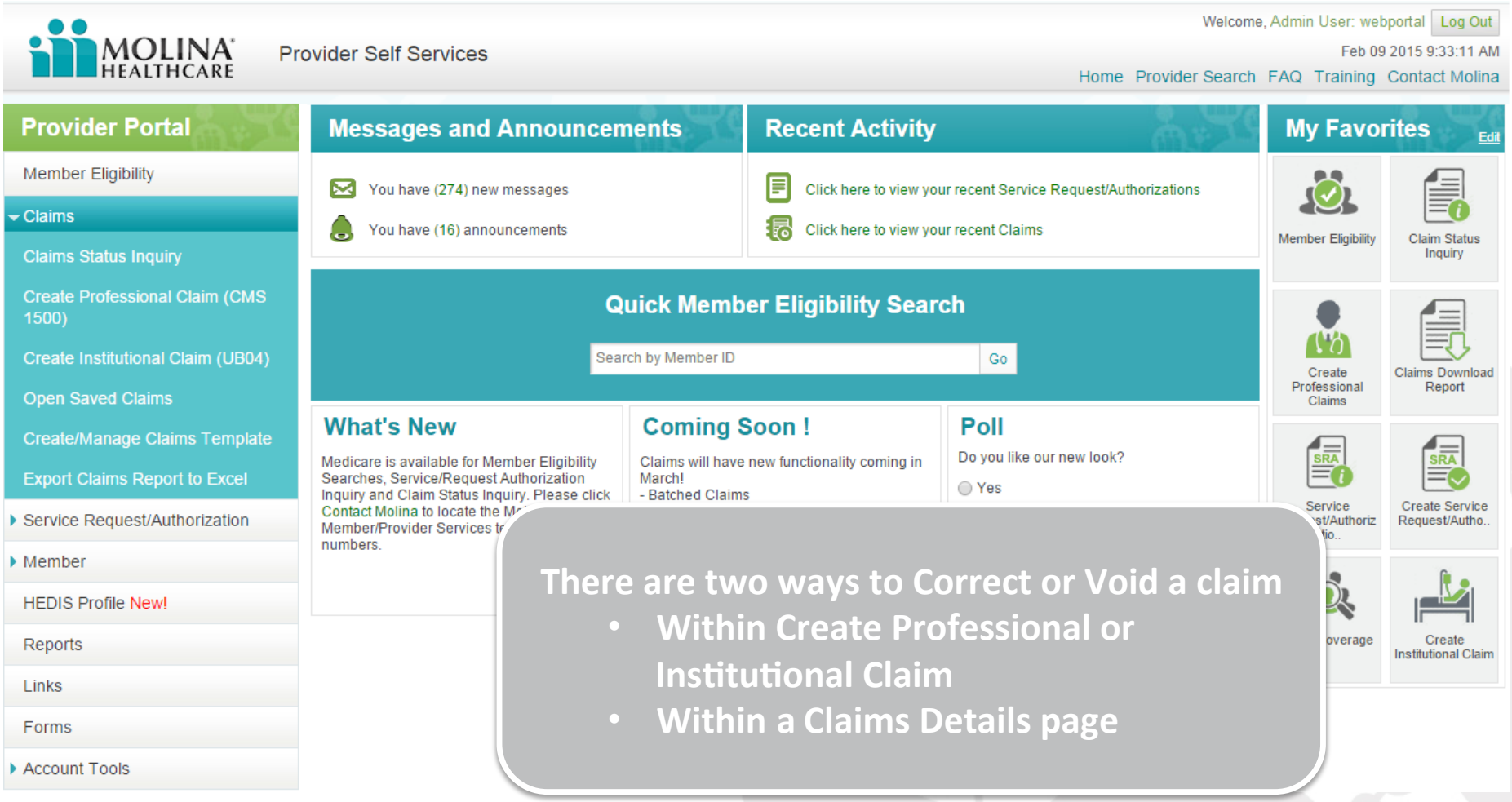
Fill out all the information and select *Submit*

After entering the necessary information the notification and all supporting documents that were uploaded will be delivered. Printing the claims summary will be covered next.

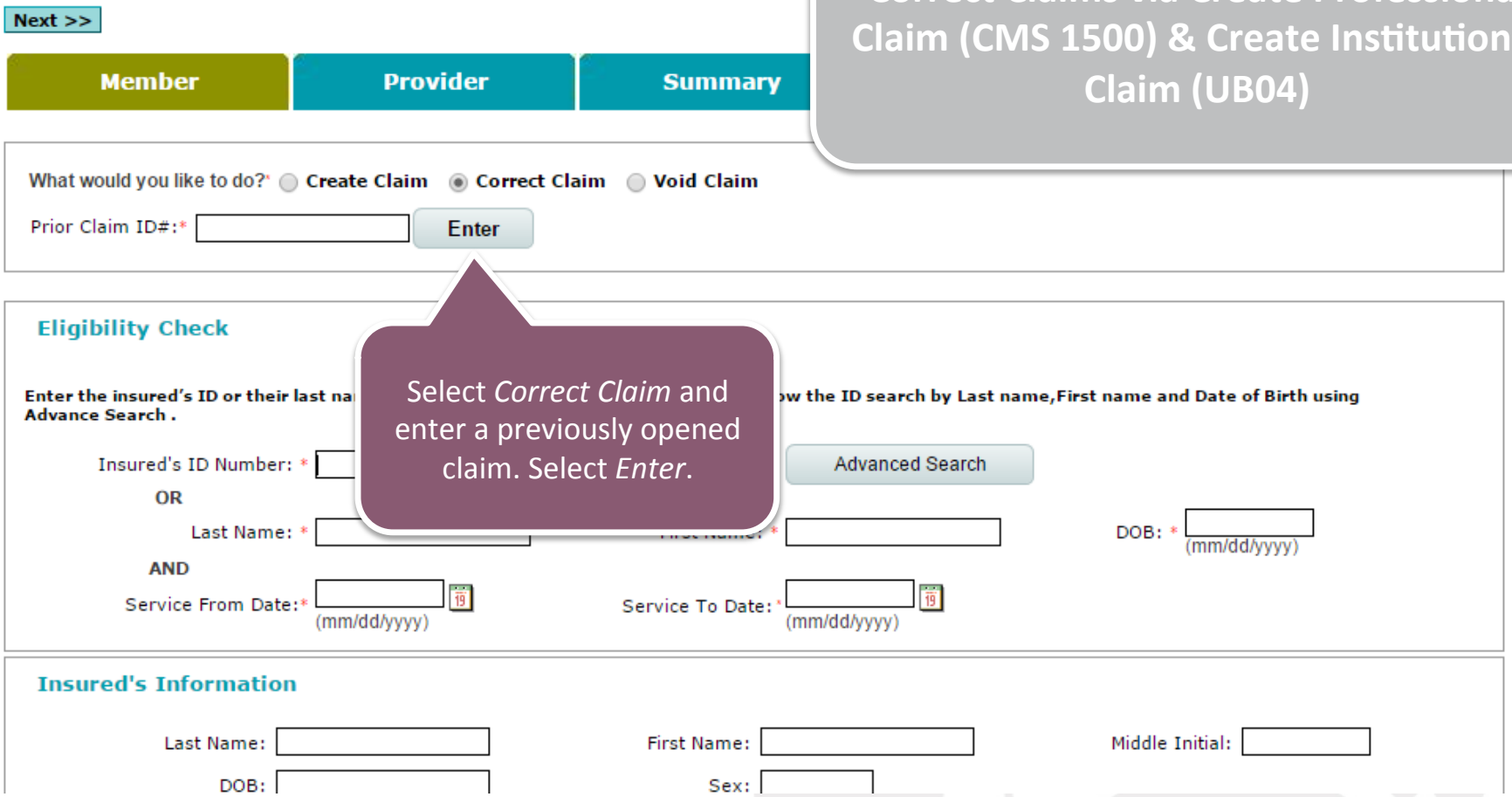

Claims Inquiry
Print Claim Summary
Back
Information on Claims accepted into the adjudication system is current as of Mar 25 2015 01:30:07 PM PST
Search
Claim Type: All
Search Options: Claim Status
Claim Status: P1 - Pending/In Process-The claim or encounter is in th
Optional Search Criteria
Enter optional criteria to narrow your search
Received Date: From: mm/dd/yyyy To: mm/dd/yyyy
Date of Service From: mm/dd/yyyy To: mm/dd/yyyy
Patient Control No:
Claim No:
Claims Status: All
NPI:
If a claim's Header Status is Pending/In Process or In-adjudication you can submit an attachment via the Claims Details screen
Claim Details
General Information
Member Name:SMITH, JILL
Claim Status Category:
Claim Header Status:In adjudication
Rendering Provider Name:LOWE, ROB
Rendering Provider NPI:0000000000
Check Paid Date:
Service Date To:03/09/2015
Service Date From:03/09/2015
Patient Control Number:11111111111
Amount Paid($):51.36
Claim Line Items
Claim Line
Service From Date
Service To Date
Rev Code
HCPCS/Service Code
Procedure code Modifiers
Units
Billed Amt
Paid Amt
Deductible
Co-Insurance
Member Copay
Line Status Effective
Status
Remit Message
1 03/09/2015 03/09/2015 0450 99282 25 1 505.80 51.36 0.00 0.00 0.00 3/9/2015 Paid
Showing 1-1 of 1
10
per page
Page 1 of 1
Save As Template
Appeal Claim
Void Claim
Correct Claim
View Diagnosis Code
Print Claim Summary
Back
Attachments
Type of Attachment : Select
File : Choose File No file chosen
Upload
Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time.
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.
Submit Attachments
Cancel



MOLINA HEALTHCARE
Your Extended Family.

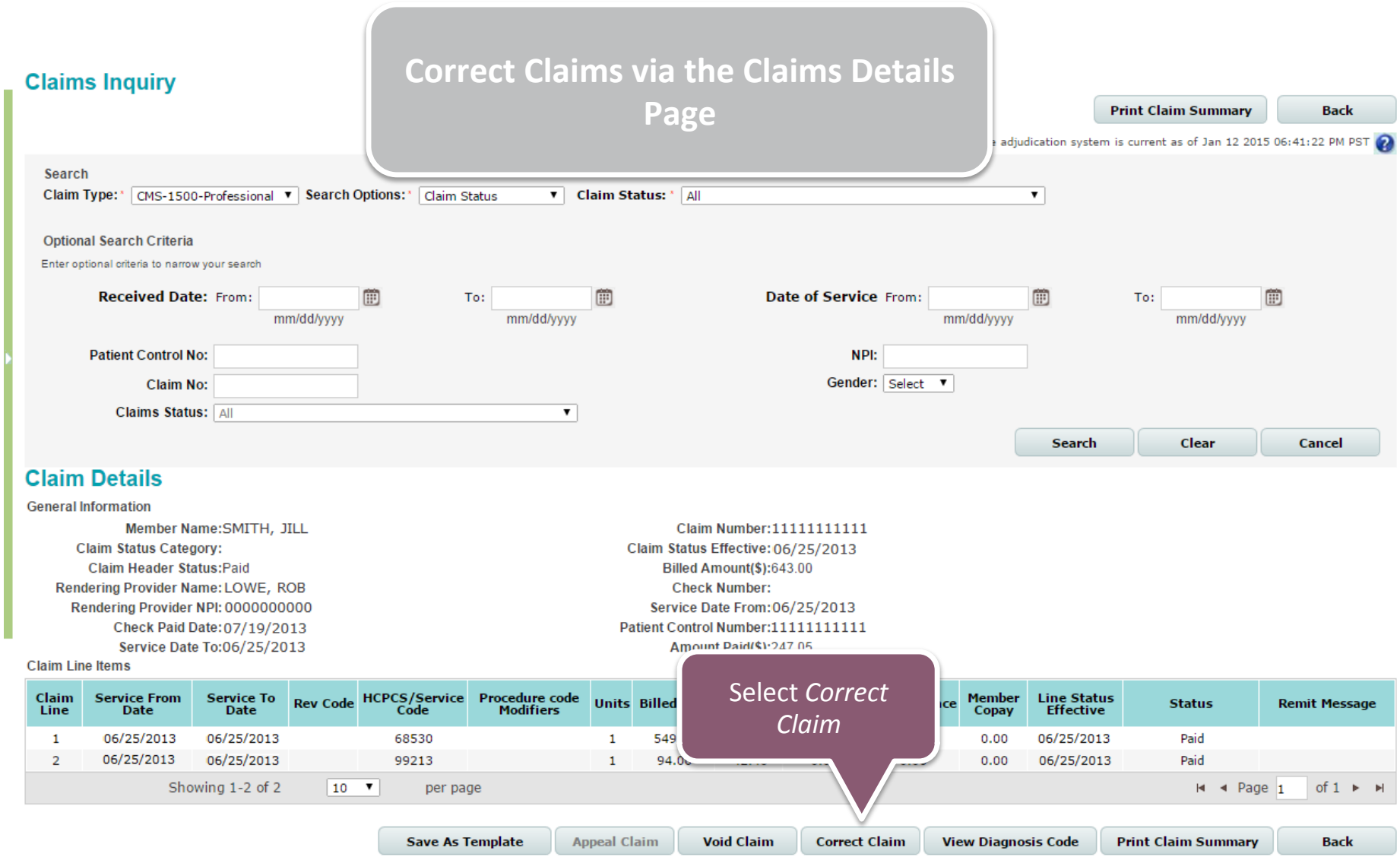

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportal
Log Out
Feb 09 2015 9:33:11 AM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Claims Status Inquiry
Create Professional Claim (CMS 1500)
Create Institutional Claim (UB04)
Open Saved Claims
Create/Manage Claims Template
Export Claims Report to Excel
Service Request/Authorization
Member
HEDIS Profile New!
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (274) new messages
You have (16) announcements
Recent Activity
Click here to view your recent Service Request/Authorizations
Click here to view your recent Claims
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click Contact Molina to locate the M
Member/Provider Services t
numbers.
Coming Soon !
Claims will have new functionality coming in March!
- Batched Claims
Poll
Do you like our new look?
Yes
My Favorites
Edit
Member Eligibility
Claim Status Inquiry
Create Professional Claims
Claims Download Report
Service
Create Service Request/Autho..
Create Institutional Claim
There are two ways to Correct or Void a claim
Within Create Professional or Institutional Claim
Within a Claims Details page

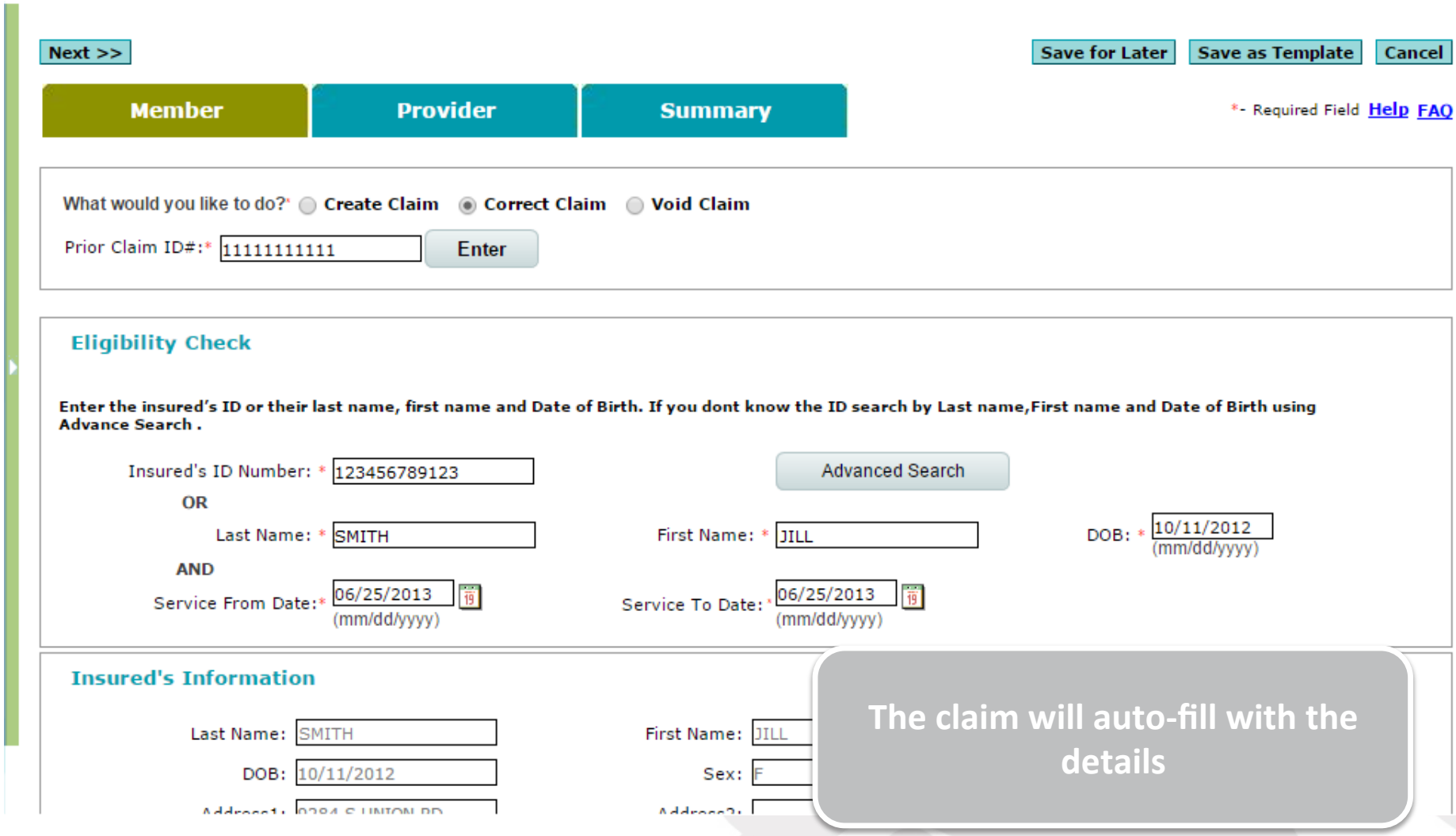
Correct Claims via Create Professional Claim (CMS 1500) & Create Institutional Claim (UB04)



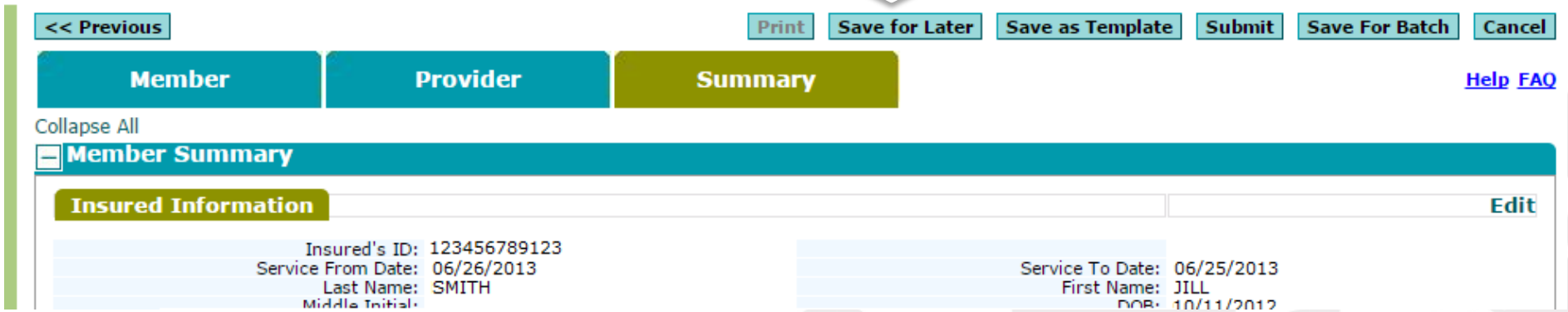
Select *Correct Claim* and enter a previously opened claim. Select *Enter*.

Correct Claims via the Claims Details Page

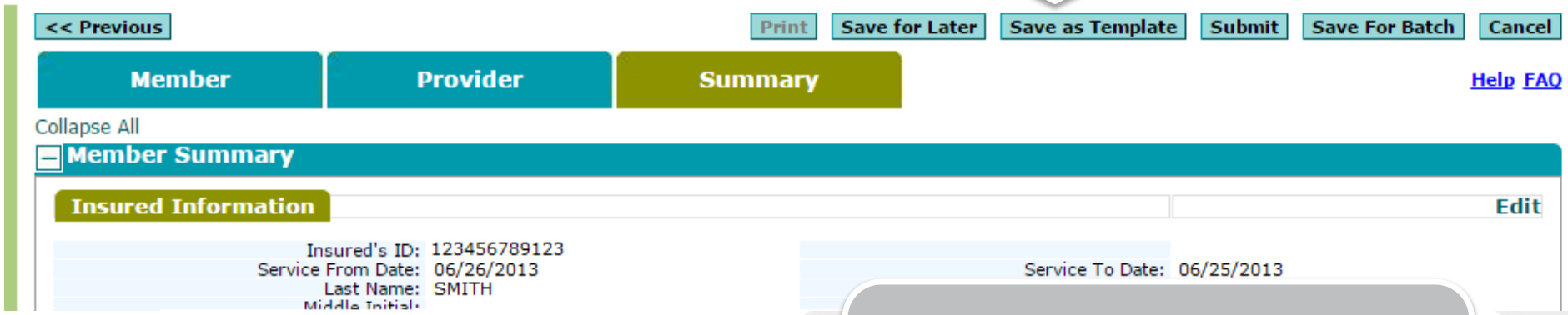



Next >>
Save for Later
Save as Template
Cancel
Member
Provider
Summary
*- Required Field Help FAQ
What would you like to do?* Create Claim Correct Claim Void Claim
Prior Claim ID#:* 11111111111
Enter
Eligibility Check
Enter the insured's ID or their last name, first name and Date of Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .
Insured's ID Number: * 123456789123
Advanced Search
OR
Last Name: * SMITH
First Name: * JILL
DOB: * 10/11/2012 (mm/dd/yyyy)
AND
Service From Date:* 06/25/2013 (mm/dd/yyyy)
Service To Date:* 06/25/2013 (mm/dd/yyyy)
Insured's Information
Last Name: SMITH
First Name: JILL
DOB: 10/11/2012
Sex: F
The claim will auto-fill with the details

Select *Save for Later* to save the claim as an incomplete claim

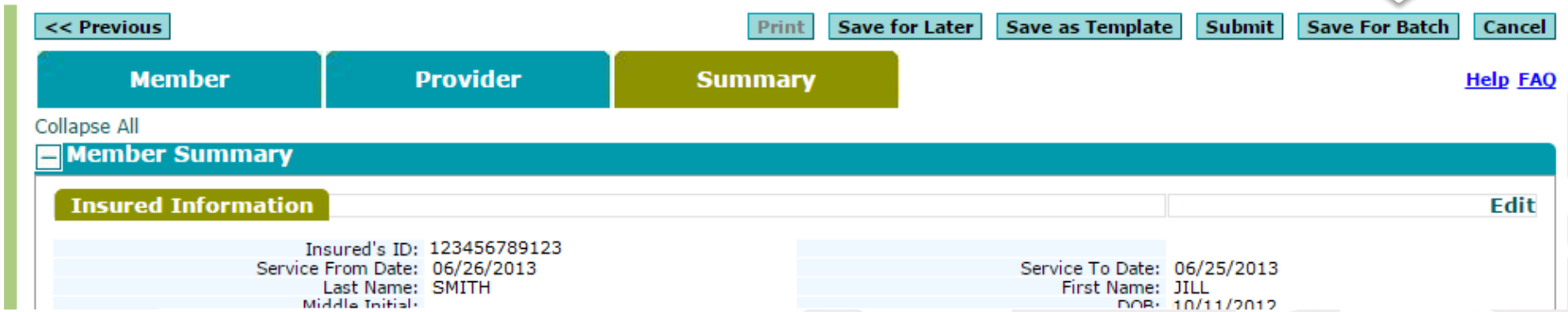


Select *Save as Template* to save the original claim as a template.

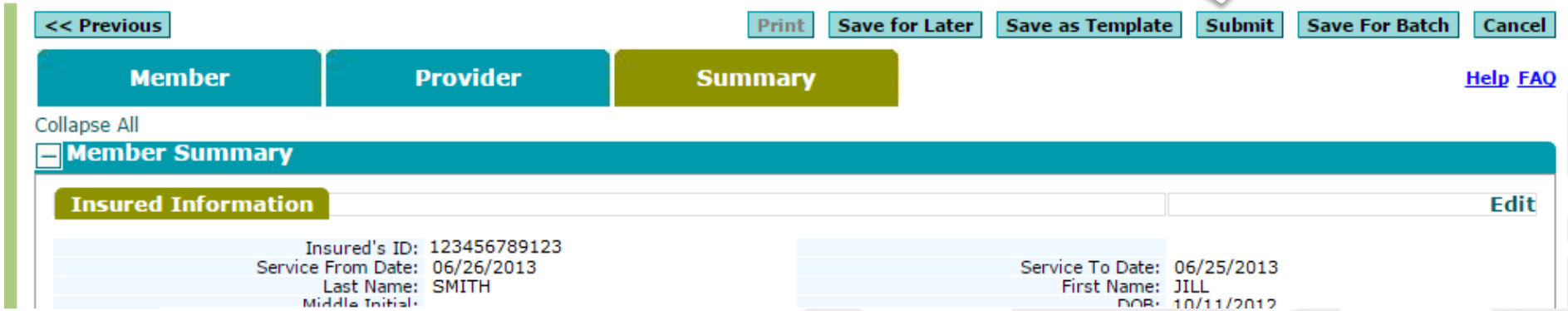


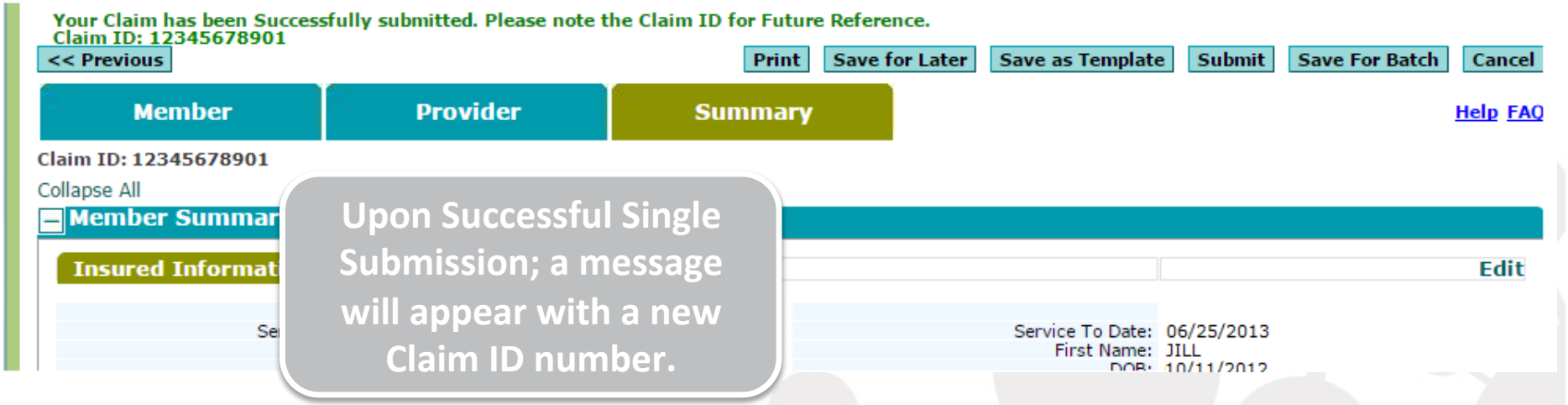
Please Note: If you *Save as Template*, your original claim will not be corrected

Select *Save for Batch* to submit the corrected claim in a batch



Select *Submit* to submit the claim





Upon Successful Single Submission; a message will appear with a new Claim ID number.

MOLINA HEALTHCARE
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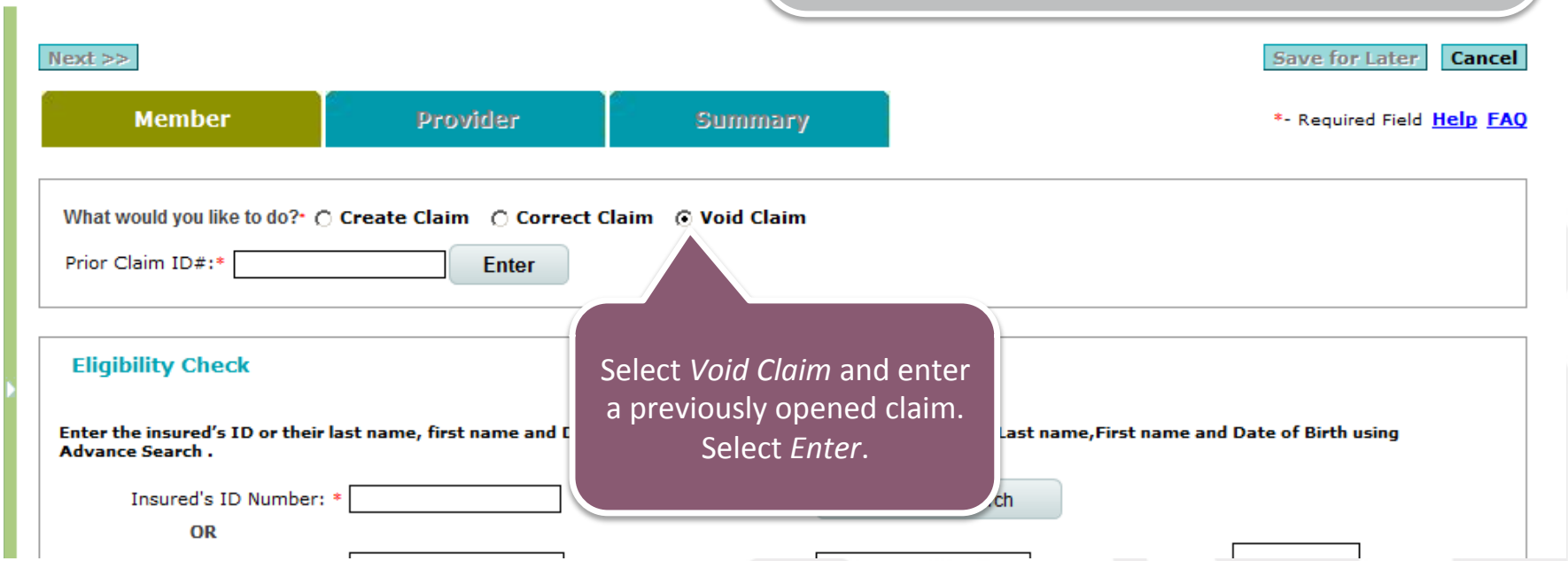
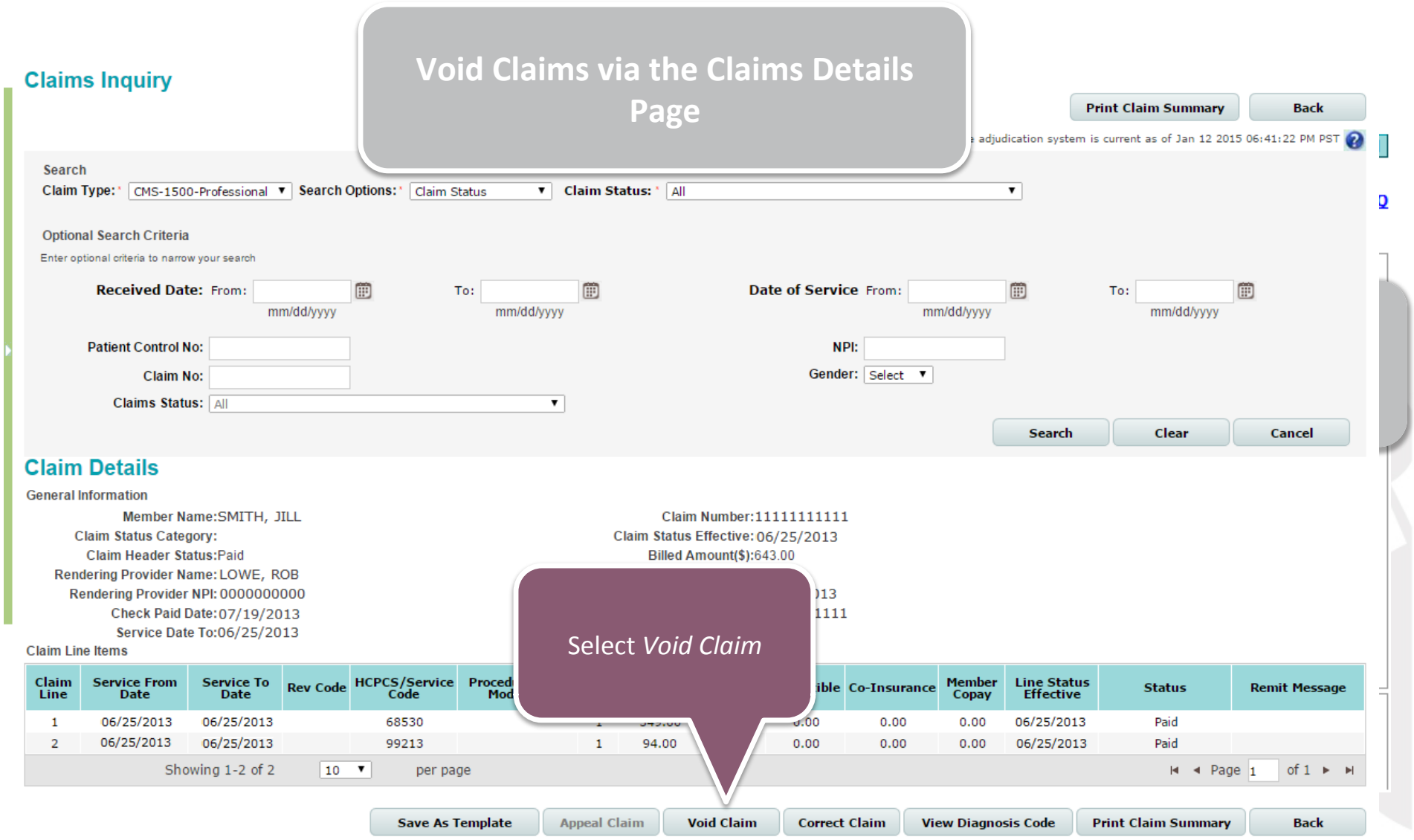
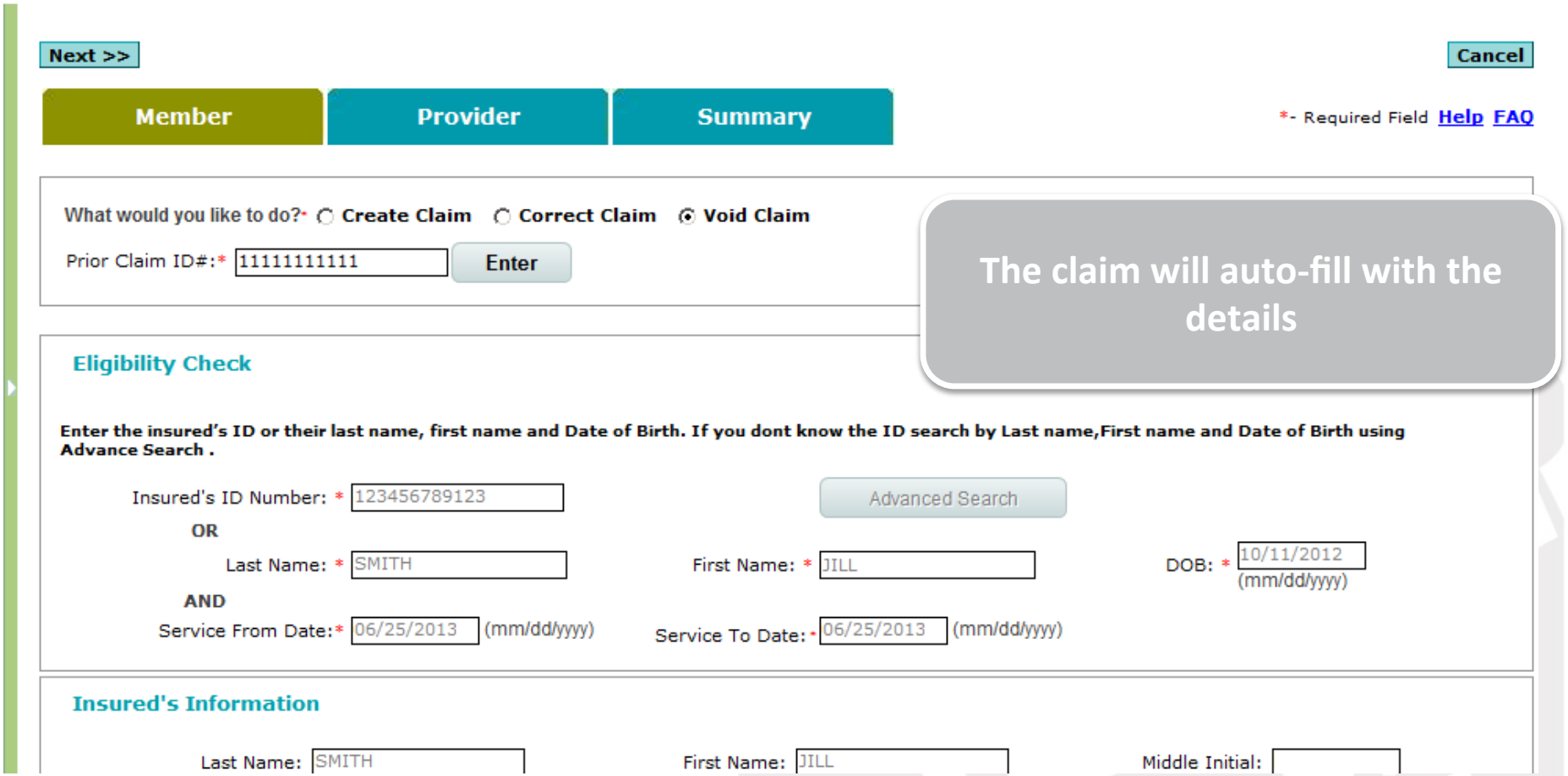
Void Claims via Create Professional Claim (CMS 1500) & Create Institutional Claim (UB04)

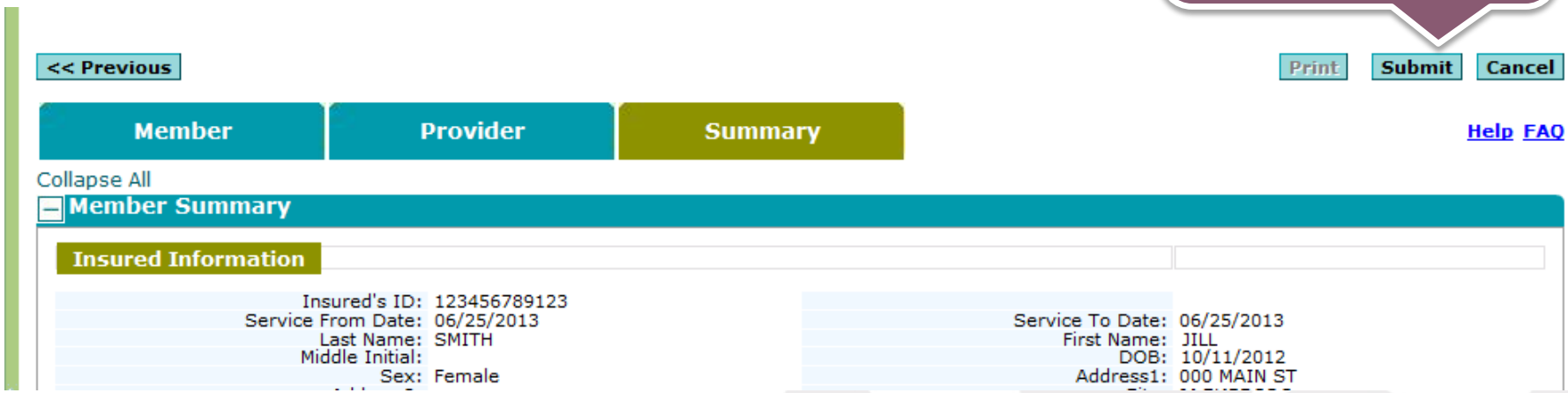


Void Claims via the Claims Details Page



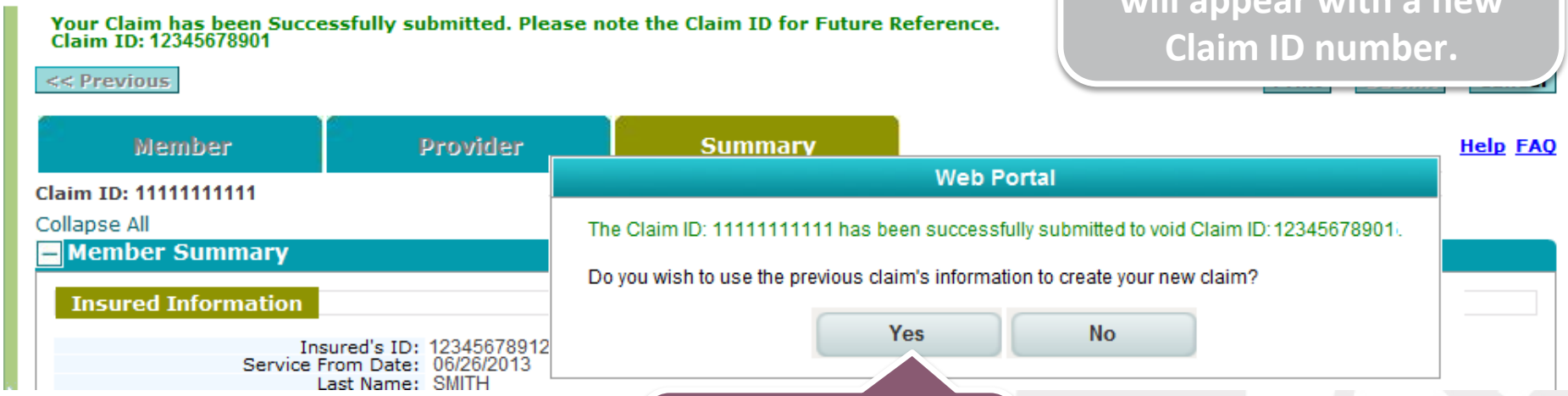

Next >>
Cancel
Member
Provider
Summary
*- Required Field Help FAQ
What would you like to do?* Create Claim Correct Claim Void Claim
Prior Claim ID#:* 11111111111
Enter
The claim will auto-fill with the details
Eligibility Check
Enter the insured's ID or their last name, first name and Date of Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .
Insured's ID Number: * 123456789123
Advanced Search
OR
Last Name: * SMITH
First Name: * JILL
DOB: * 10/11/2012 (mm/dd/yyyy)
AND
Service From Date:* 06/25/2013 (mm/dd/yyyy)
Service To Date:* 06/25/2013 (mm/dd/yyyy)
Insured's Information
Last Name: SMITH
First Name: JILL
Middle Initial:

Select *Submit* to void the claim

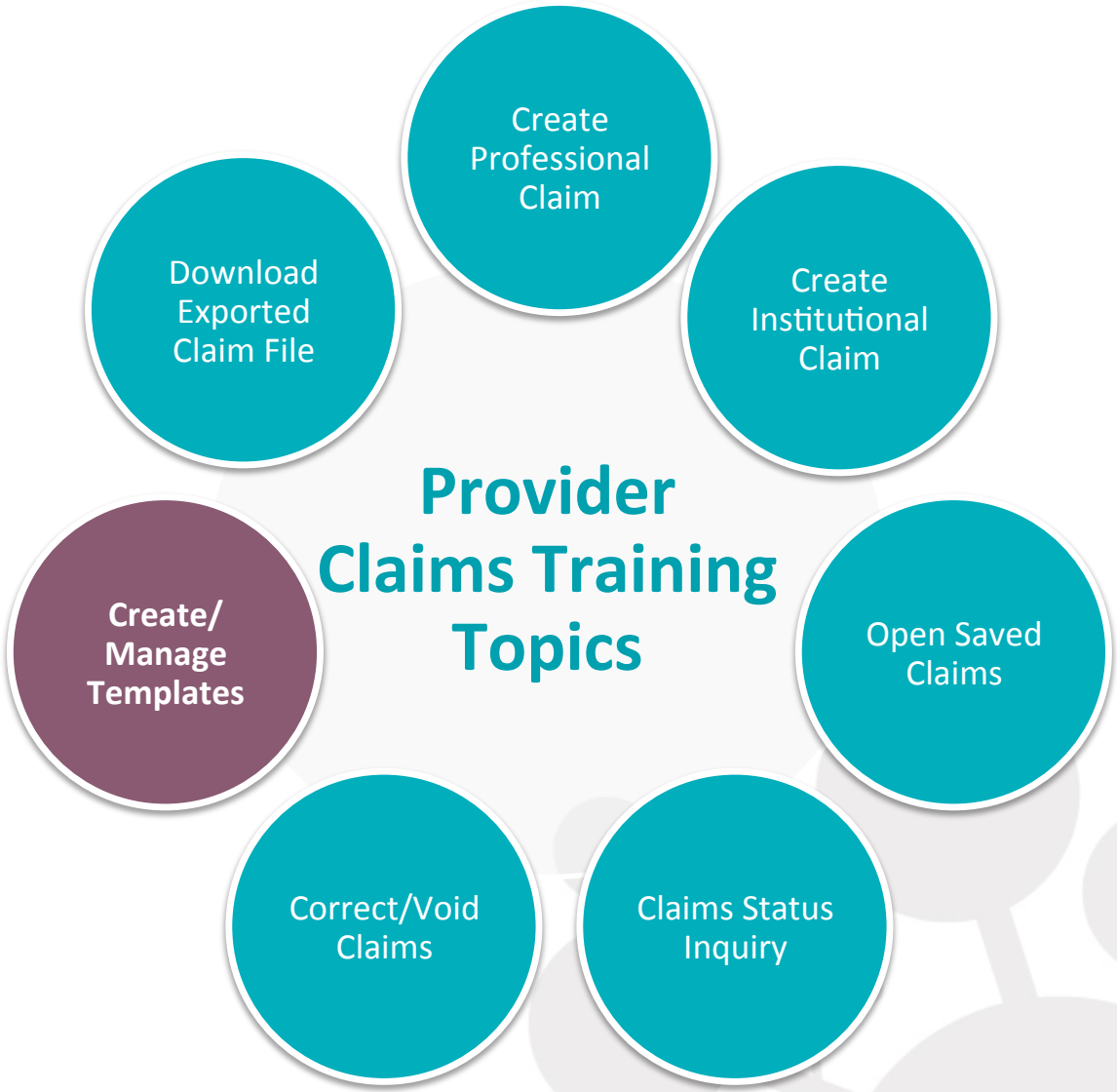


<< Previous
Print
Save for Later
Save as Template
Submit
Save For Batch
Cancel
Member
Provider
Summary
Help FAQ
Collapse All
Member Summary
Insured Information
Edit
Insured's ID: 123456789123
Service From Date: 06/26/2013
Last Name: SMITH
2013
Web Portal
Are you sure you want to void Claim ID# 11111111111?
Yes
No
Select *Yes* to void the claim

Upon Successful submission; a message will appear with a new Claim ID number.



You also have the opportunity to use the information to create a new claim



MOLINA HEALTHCARE
Your Extended Family.

Create/Manage Claims Template

Manage and Use Templates

Select	Claim Type	Template Name	Template Description
☐	CMS1500-Professional	Testing020115	
☐	CMS1500-Professional	CMS1500021915	
☐	CMS1500-Professional	WebPortal021215	
☐	CMS1500-Professional	WebPortal021215v1	
☐	CMS1500-Professional	WebPortal021215v2	
☐	CMS1500-Professional	Tester021615	
☐	CMS1500-Professional	WebPortal021915	

1 Page 1 of 1 10 per page Showing 1-7 of 7

Create Load Delete

You can create a claim template via;

- Claim Inquiry Details
- Corrected/Voided Claims
- Create/Manage Claims

MOLINA HEALTHCARE
Your Extended Family.

Create/Manage Claims Template

Manage and Use Templates

Select	Claim Type	Template Name	Template Description
☐	CMS1500-Professional	Testing020115	
☐	CMS1500-Professional	CMS1500021915	
☐	CMS1500-Professional	WebPortal021215	
☐	CMS1500-Professional	WebPortal021215v1	
☐	CMS1500-Professional	WebPortal021215v2	
☐	CMS1500-Professional	Tester021615	
☐	CMS1500-Professional	WebPortal021915	

1 Page 1 of 1 10 per page Showing 1-7 of 7

Create Load Delete

To create a claims template select *Create*

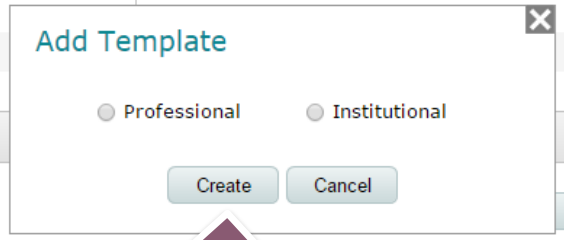
Create/Manage Claims Template

Manage and Use Templates

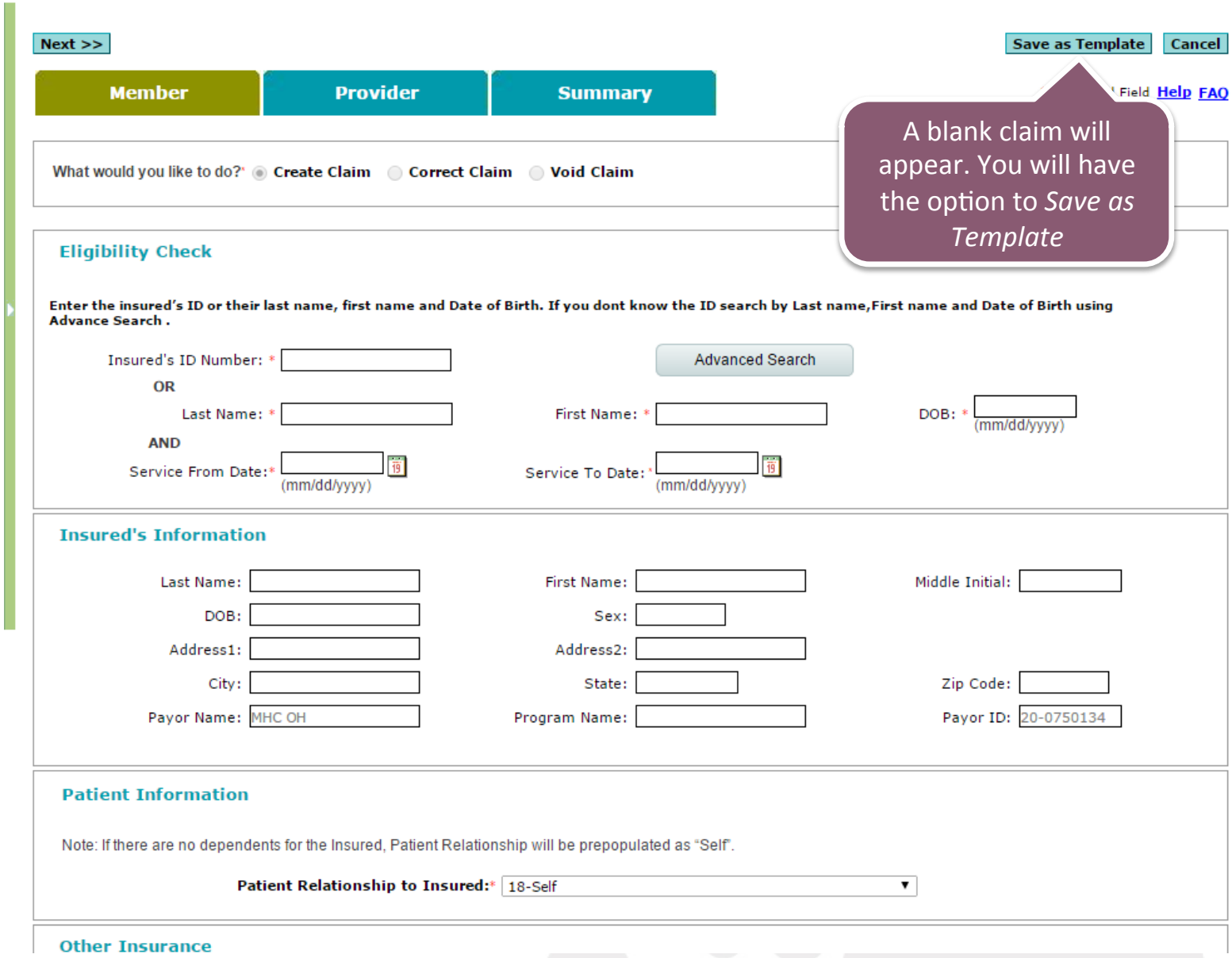
Select	Claim Type	Template Name	Template Description
	CMS1500-Professional	Testing020115	
	CMS1500-Professional	CMS1500021915	
	CMS1500-Professional	WebPortal021215	
	CMS1500-Professional	WebPortal021215v1	
	CMS1500-Professional		
	CMS1500-Professional		
	CMS1500-Professional		

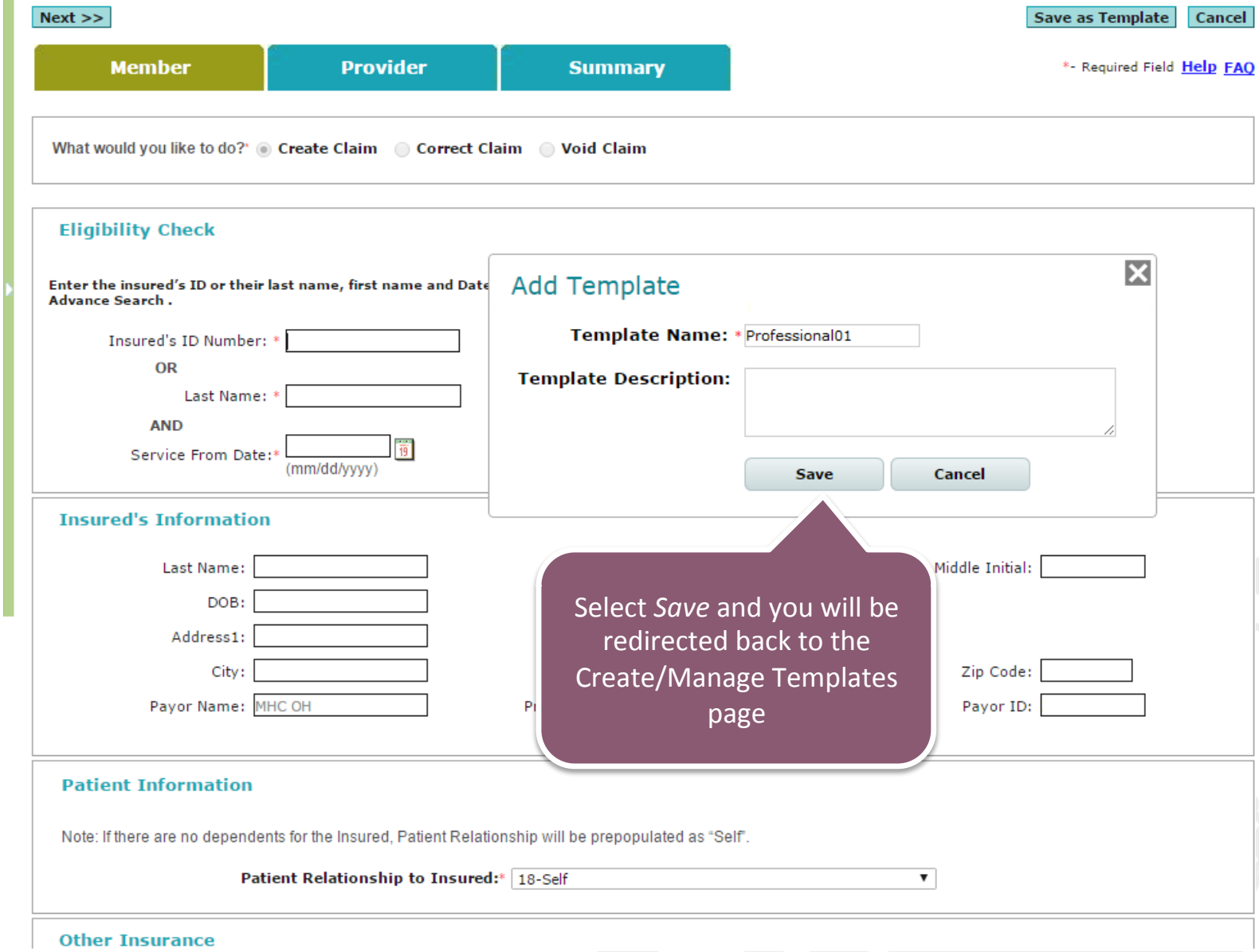
1 Page 1 of 1 10 per page Showing 1-7 of 7

Create Load Delete



Choose the type of claim you want to open and select *Create*


Next >>
Save as Template
Cancel
Member
Provider
Summary
Field Help FAQ
A blank claim will appear. You will have the option to *Save as Template*
What would you like to do?* Create Claim Correct Claim Void Claim
Eligibility Check
Enter the insured's ID or their last name, first name and Date of Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .
Insured's ID Number: *
Advanced Search
OR
Last Name: *
First Name: *
DOB: * (mm/dd/yyyy)
AND
Service From Date:* (mm/dd/yyyy)
Service To Date:* (mm/dd/yyyy)
Insured's Information
Last Name:
First Name:
Middle Initial:
DOB:
Sex:
Address1:
Address2:
City:
State:
Zip Code:
Payor Name: MHC OH
Program Name:
Payor ID: 20-0750134
Patient Information
Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".
Patient Relationship to Insured:* 18-Self
Other Insurance


Next >>
Save as Template
Cancel
Member
Provider
Summary
*- Required Field Help FAQ
What would you like to do?* Create Claim Correct Claim Void Claim
Eligibility Check
Enter the insured's ID or their last name, first name and Date
Advance Search .
Insured's ID Number: *
OR
Last Name: *
AND
Service From Date:*
(mm/dd/yyyy)
Add Template
Template Name: * Professional01
Template Description:
Save
Cancel
Insured's Information
Last Name:
DOB:
Address1:
City:
Payor Name: MHC OH
Middle Initial:
Zip Code:
Payor ID:
Select Save and you will be redirected back to the Create/Manage Templates page
Patient Information
Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".
Patient Relationship to Insured:* 18-Self
Other Insurance

Create/Manage Claims Template

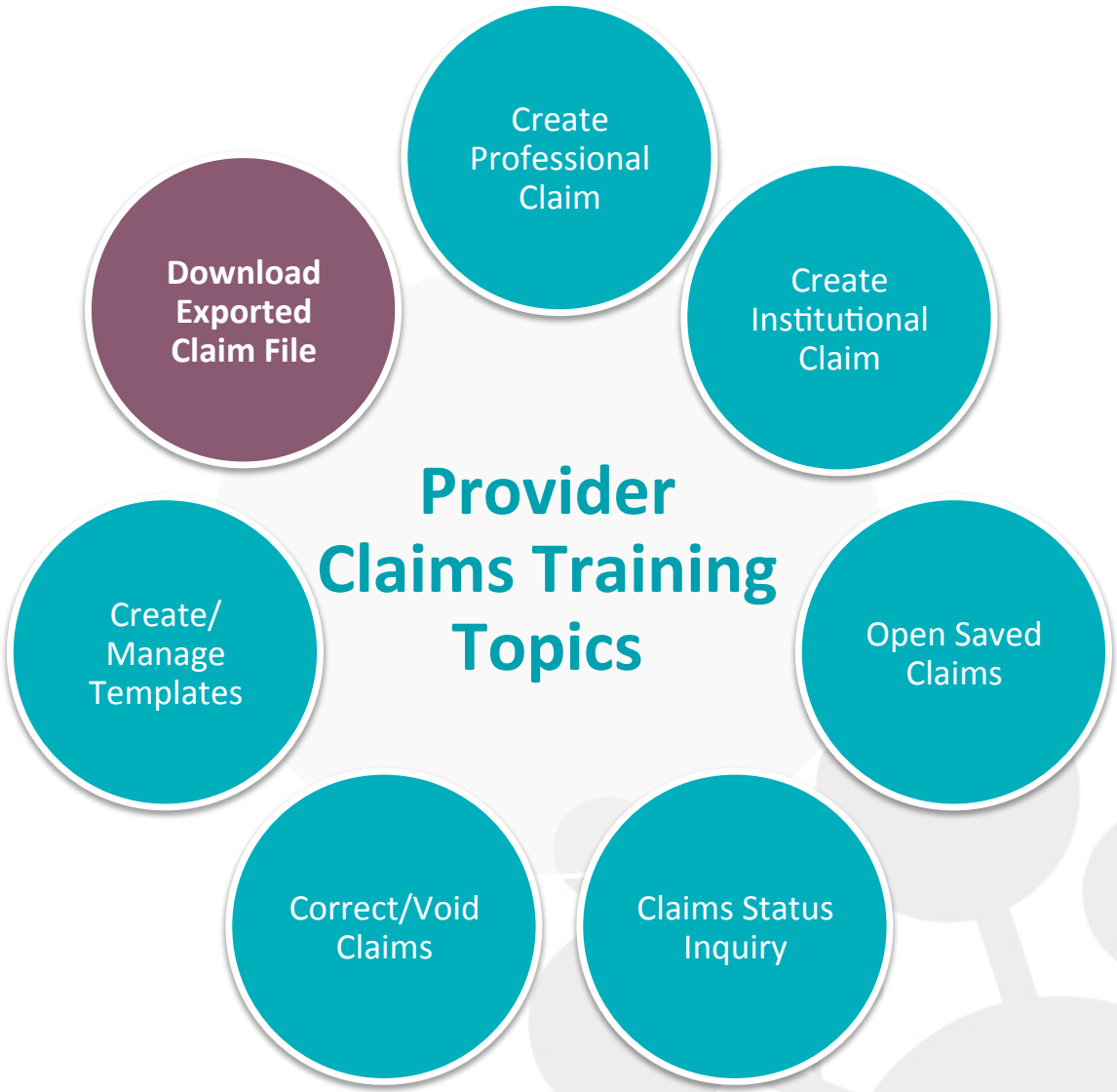
Manage and Use Templates

Select	Claim Type	Template Name	Template Description
☐	CMS1500-Professional	Testing020115	
☐	CMS1500-Professional	CMS1500021915	
☐	CMS1500-Professional	WebPortal021215	
☐	CMS1500-Professional	WebPortal021215v1	
☐	CMS1500-Professional	WebPortal021215v2	
☐	CMS1500-Professional	Tester021615	
☐	CMS1500-Professional	WebPortal021915	
☐	CMS1500-Professional	Professional01	

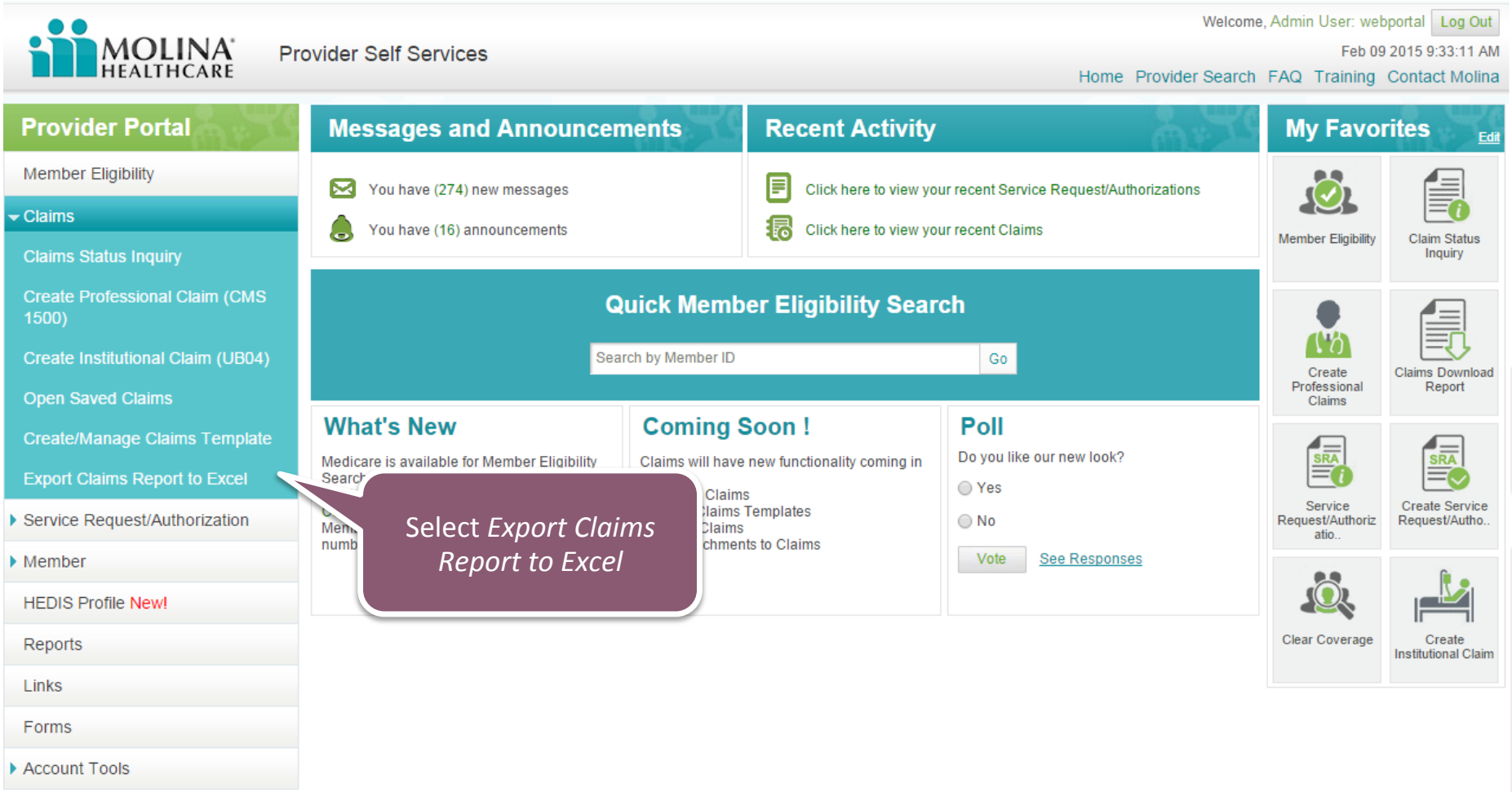
1 Page 1 of 1 10 per page Showing 1-8 of 8

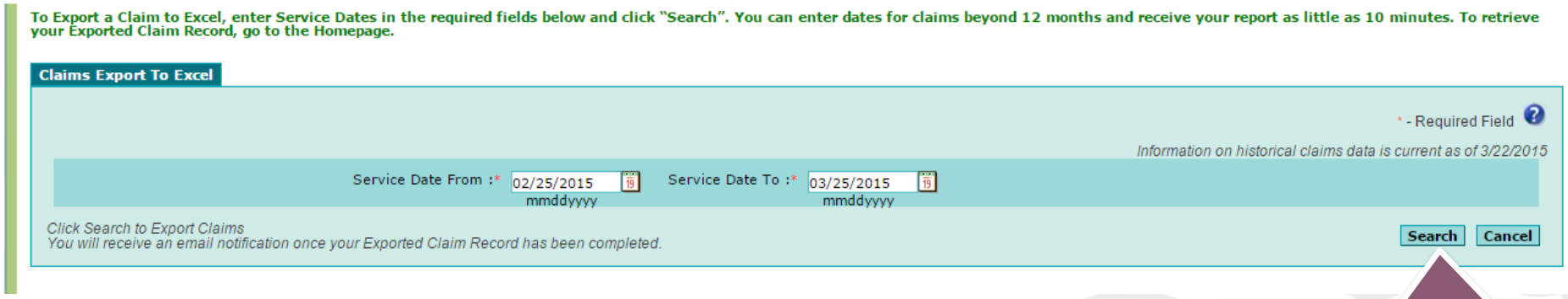
Create Load Delete

The template you created will appear in the list

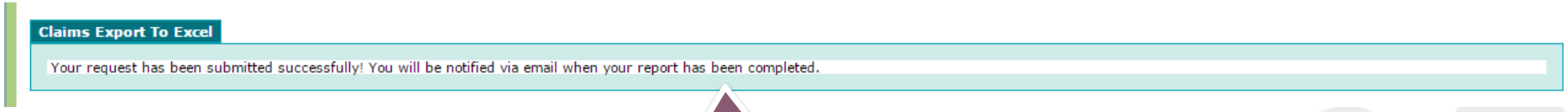


MOLINA HEALTHCARE
Your Extended Family.

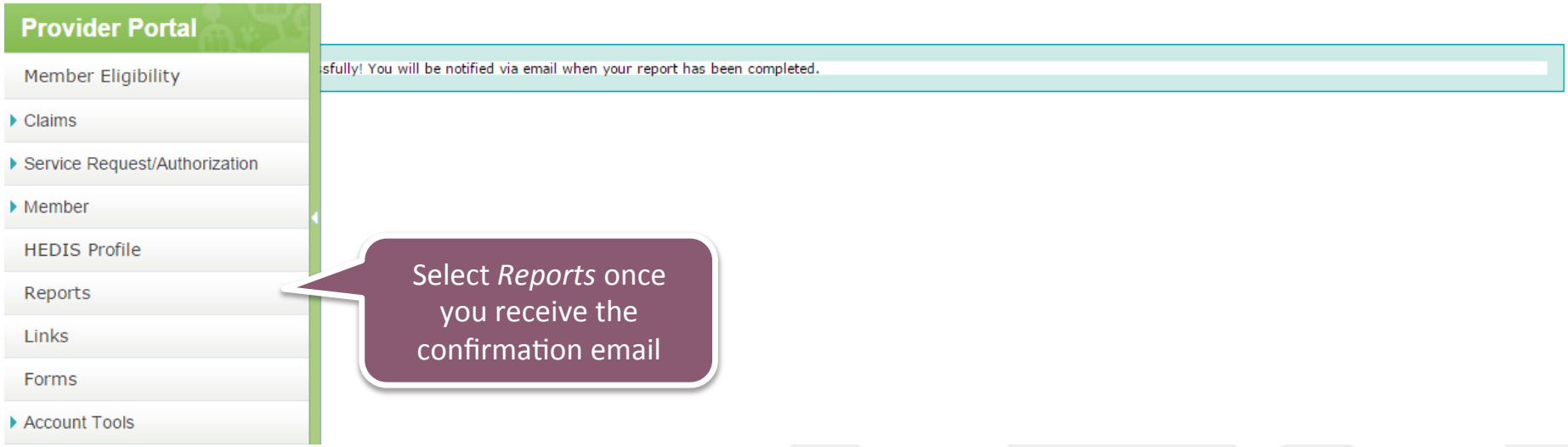

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportal
Log Out
Feb 09 2015 9:33:11 AM
Home
Provider Search
FAQ
Training
Contact Molina
Provider Portal
Member Eligibility
Claims
Claims Status Inquiry
Create Professional Claim (CMS 1500)
Create Institutional Claim (UB04)
Open Saved Claims
Create/Manage Claims Template
Export Claims Report to Excel
Service Request/Authorization
Member
HEDIS Profile New!
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (274) new messages
You have (16) announcements
Recent Activity
Click here to view your recent Service Request/Authorizations
Click here to view your recent Claims
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member Eligibility
Coming Soon !
Claims will have new functionality coming in
Claims
Claims Templates
Claims
chments to Claims
Poll
Do you like our new look?
Yes
No
Vote
See Responses
My Favorites
Edit
Member Eligibility
Claim Status Inquiry
Create Professional Claims
Claims Download Report
Service Request/Authoriz atio..
Create Service Request/Autho..
Clear Coverage
Create Institutional Claim
Select Export Claims Report to Excel



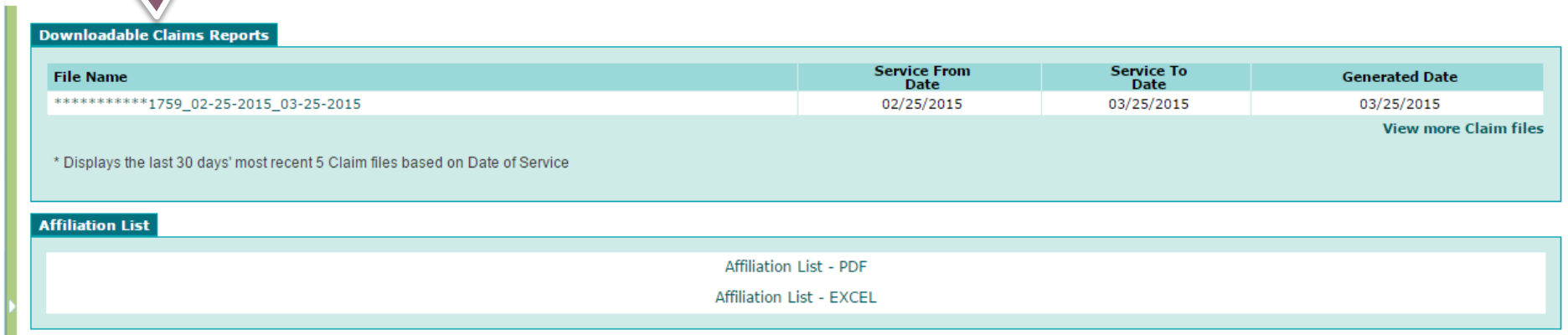
Choose your Service Dates and select *Search*



You will receive a successful submission message and in due time a confirmation email that your report is available.


Provider Portal
Member Eligibility
Claims
Service Request/Authorization
Member
HEDIS Profile
Reports
Links
Forms
Account Tools
sfully! You will be notified via email when your report has been completed.
Select *Reports* once you receive the confirmation email

The report should be available in the *Downloadable Claims Reports* Section



If you have any additional questions, please email WebPortal@MolinaHealthcare.com.

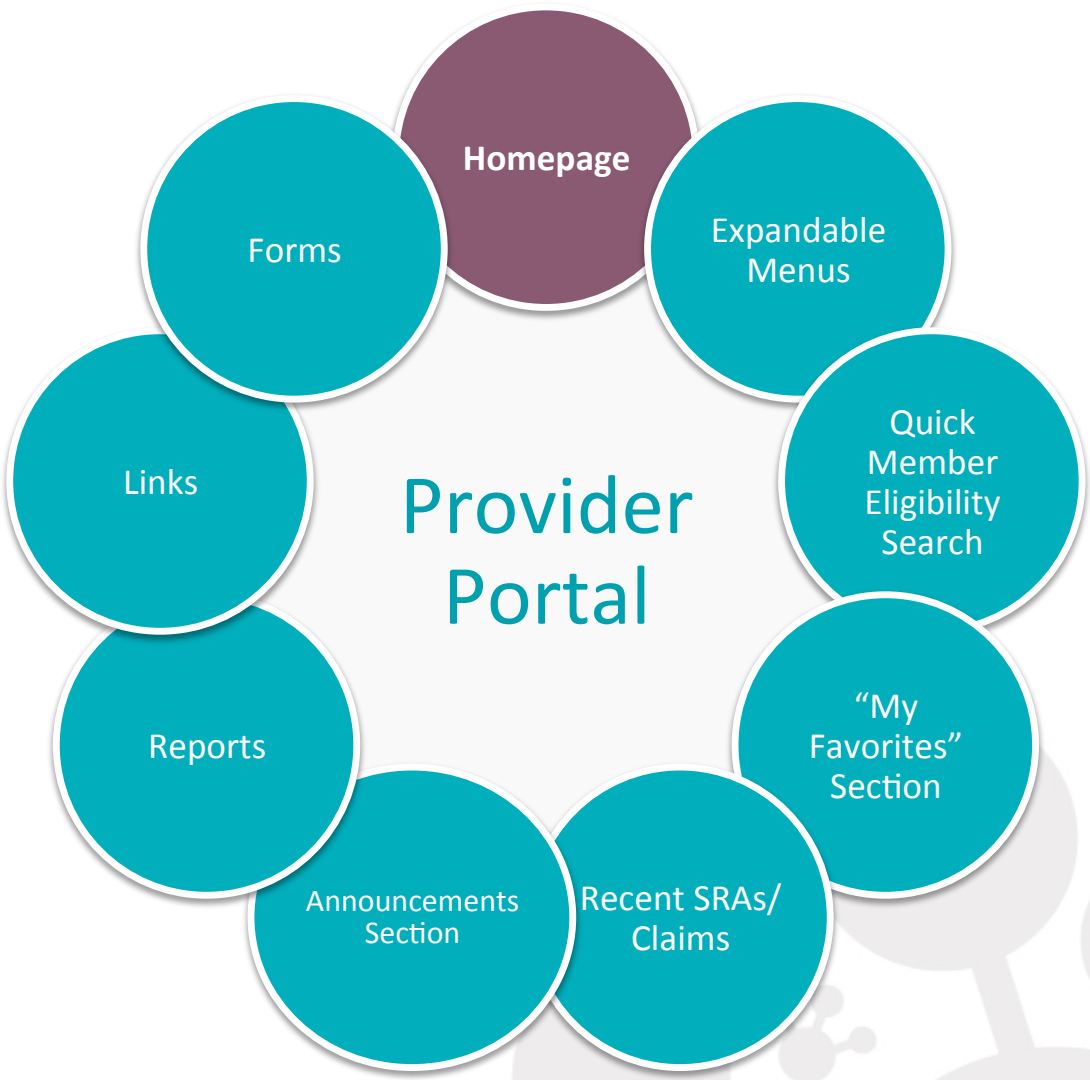
MOLINA HEALTHCARE
Your Extended Family.

Updates to Portal

1/1/2015 New Look to the Same Portal

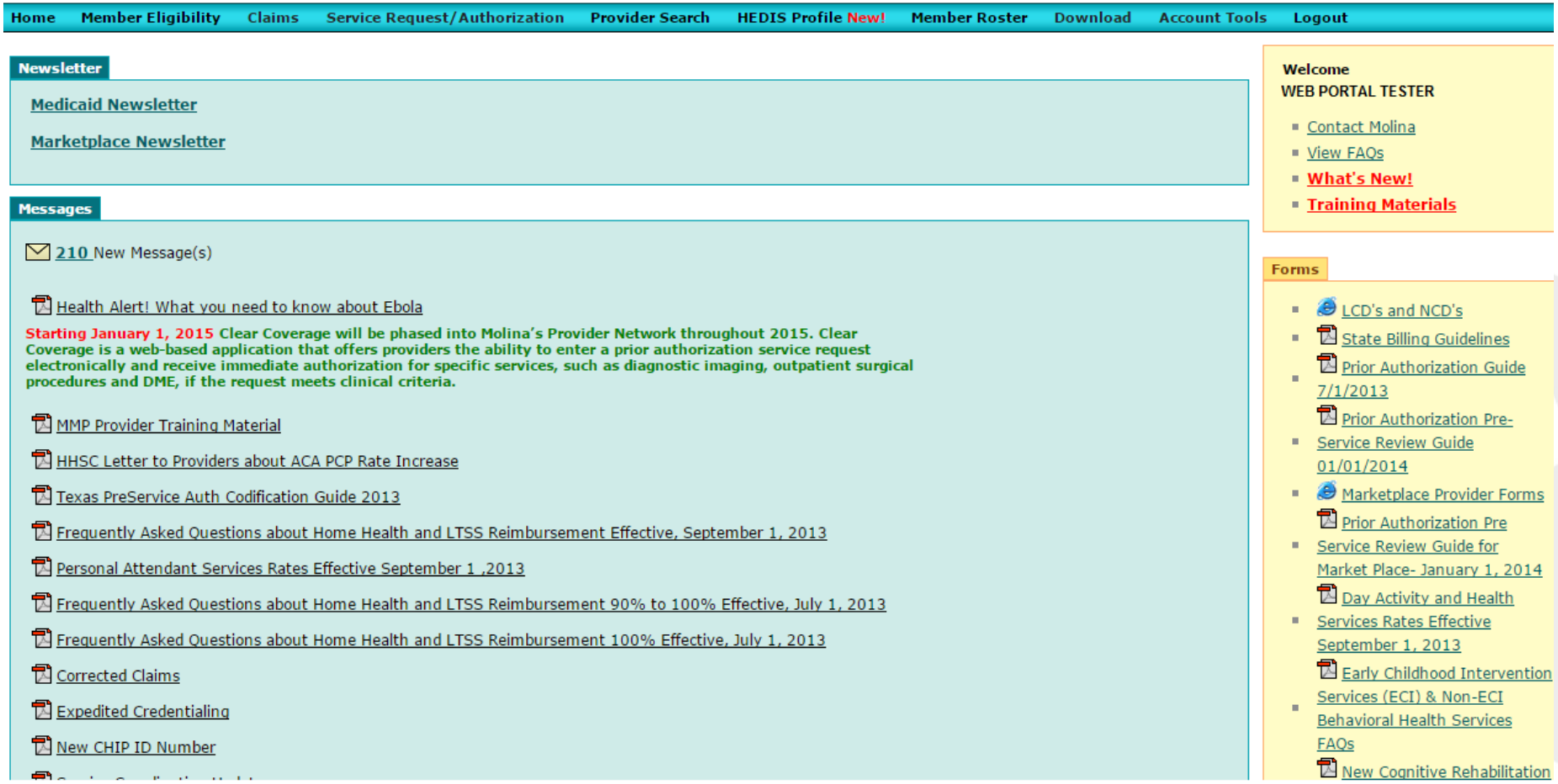
MOLINA® HEALTHCARE

Your Extended Family.

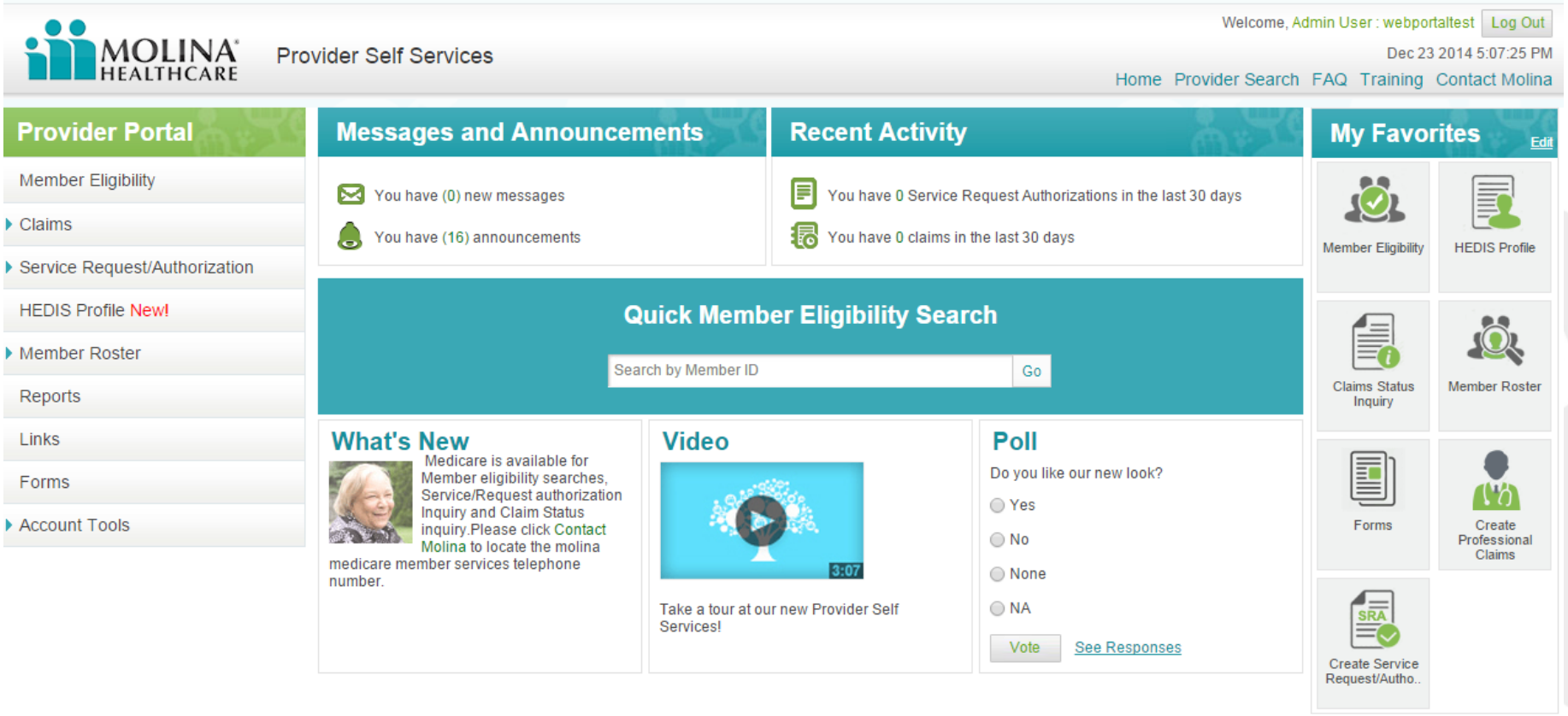


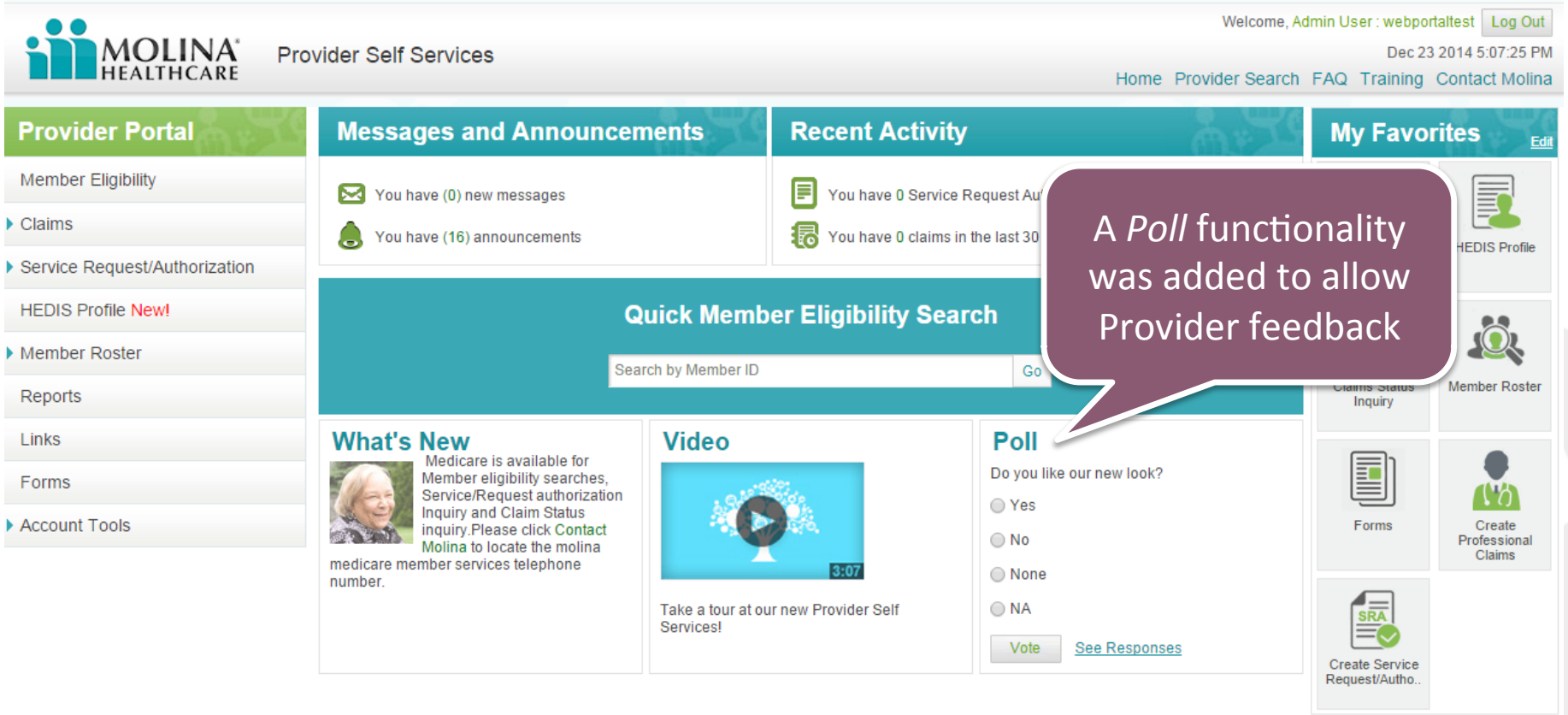
MOLINA HEALTHCARE
Your Extended Family.

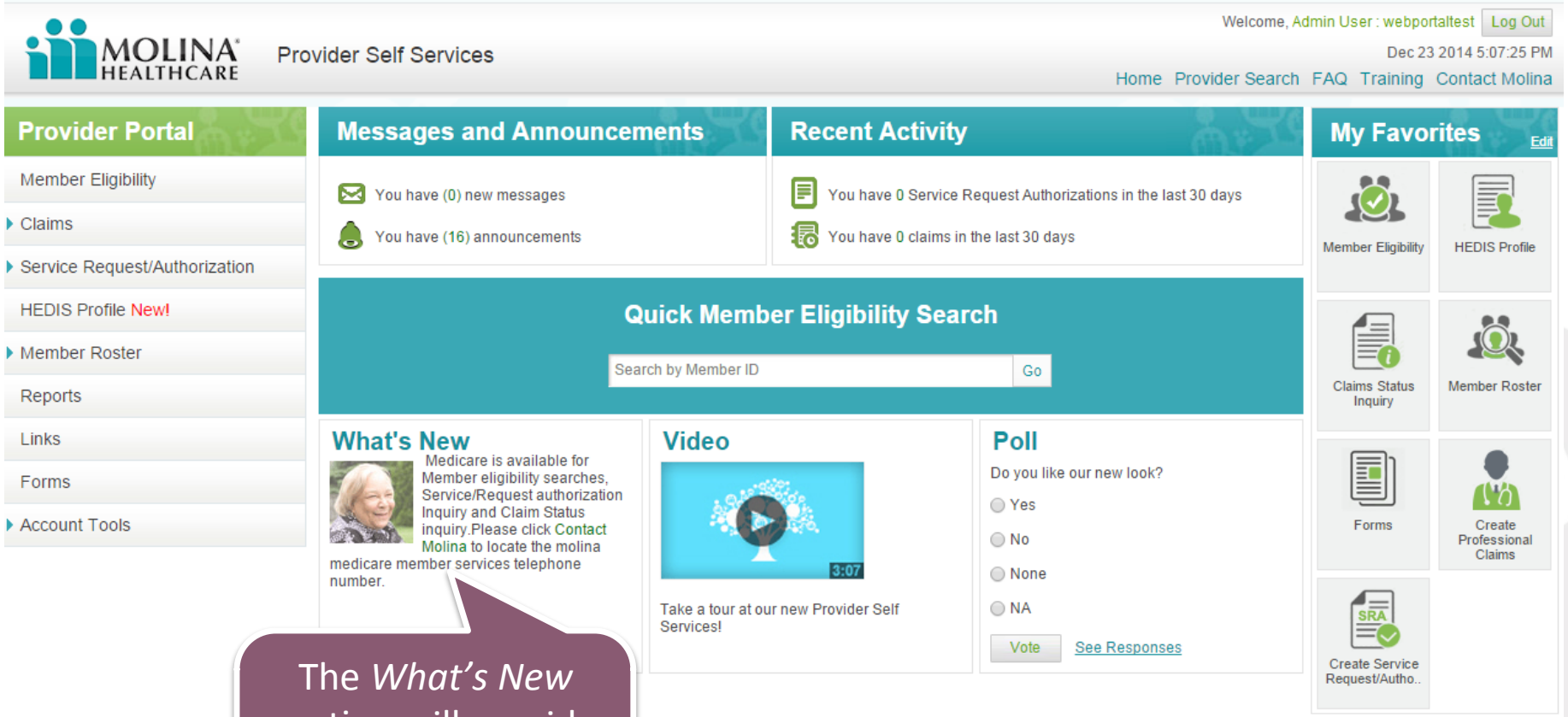
Provider Portal 2014



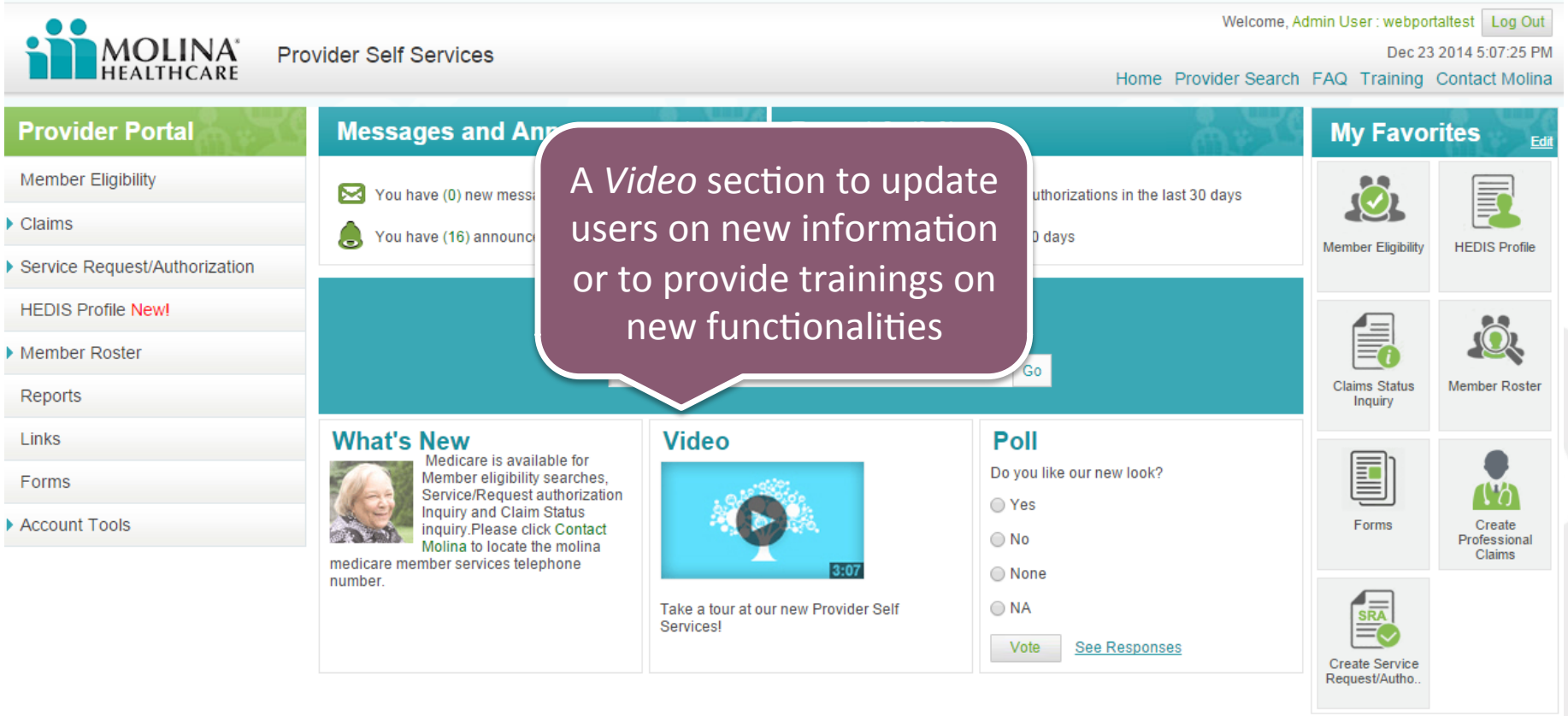
Provider Portal 2015




MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User : webportaltest
Log Out
Dec 23 2014 5:07:25 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (0) new messages
You have (16) announcements
Recent Activity
You have 0 Service Request Au
You have 0 claims in the last 30
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
A Poll functionality was added to allow Provider feedback
My Favorites
Edit
HEDIS Profile
Member Roster
Inquiry
Forms
Create Professional Claims
SRA
Create Service Request/Autho..



The *What's New* section will provide the latest information to users


MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User : webportaltest
Log Out
Dec 23 2014 5:07:25 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Ann
You have (0) new messa
You have (16) announc
uthorizations in the last 30 days
0 days
Go
A Video section to update users on new information or to provide trainings on new functionalities
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
3:07
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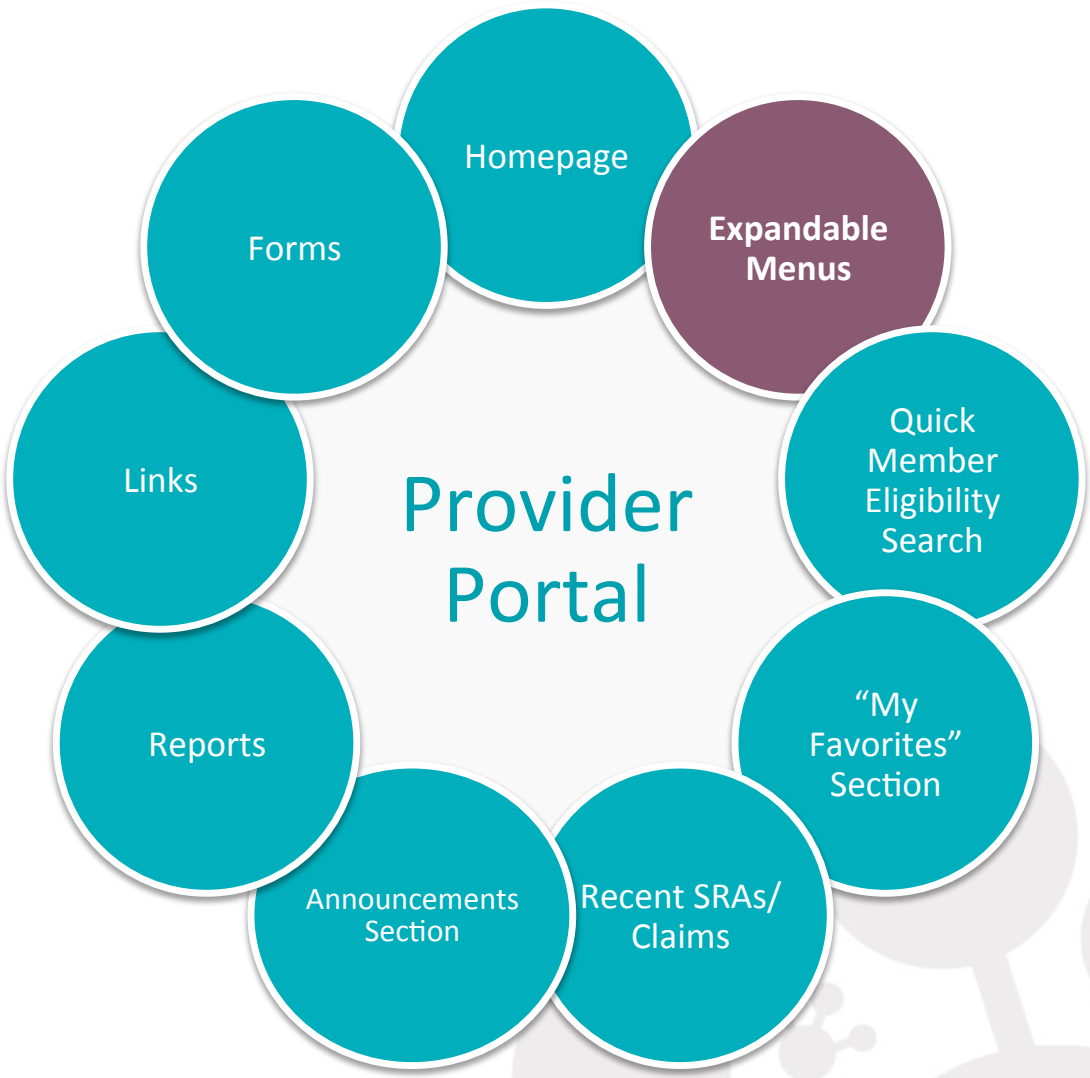
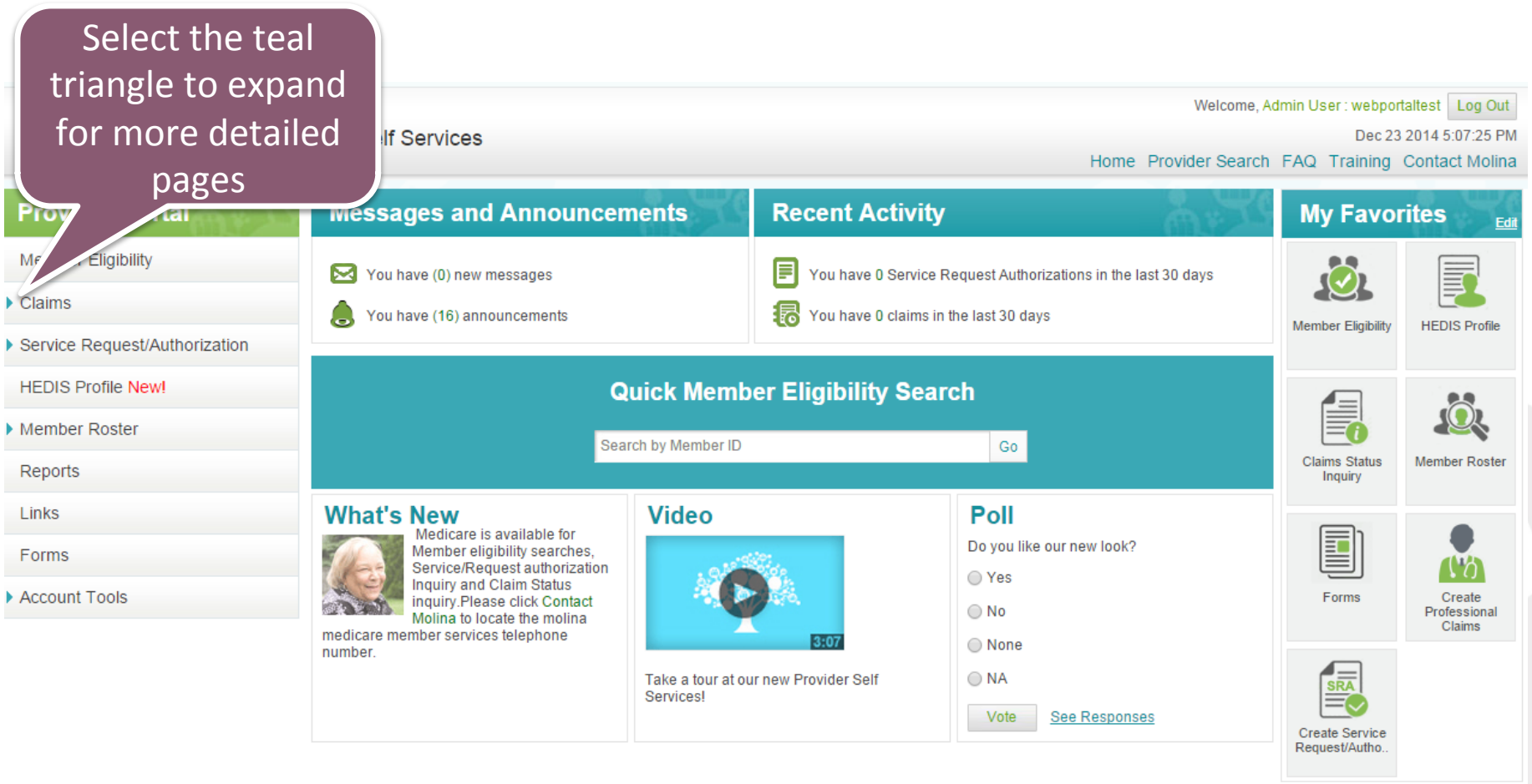
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
SRA
Create Service Request/Autho..



MOLINA HEALTHCARE
Your Extended Family.


Select the teal triangle to expand for more detailed pages
Welcome, Admin User : webportaltest
Log Out
Dec 23 2014 5:07:25 PM
Home
Provider Search
FAQ
Training
Contact Molina
Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
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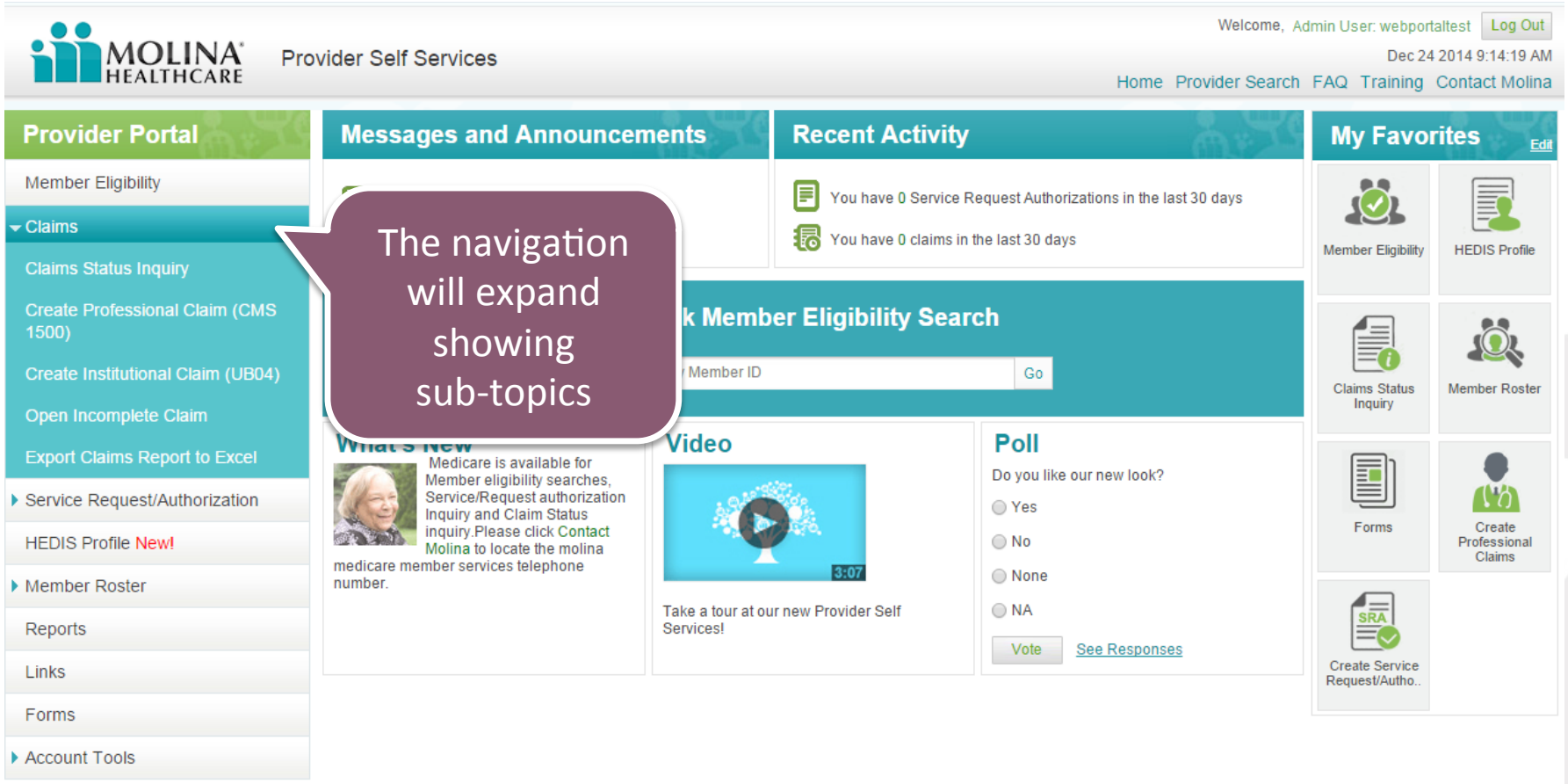
You have (0) new messages
You have (16) announcements
Recent Activity
You have 0 Service Request Authorizations in the last 30 days
You have 0 claims in the last 30 days
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Autho..
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses


MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportaltest
Log Out
Dec 24 2014 9:14:19 AM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Claims Status Inquiry
Create Professional Claim (CMS 1500)
Create Institutional Claim (UB04)
Open Incomplete Claim
Export Claims Report to Excel
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
The navigation will expand showing sub-topics
Messages and Announcements
Recent Activity
You have 0 Service Request Authorizations in the last 30 days
You have 0 claims in the last 30 days
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Member ID
Go
What's New
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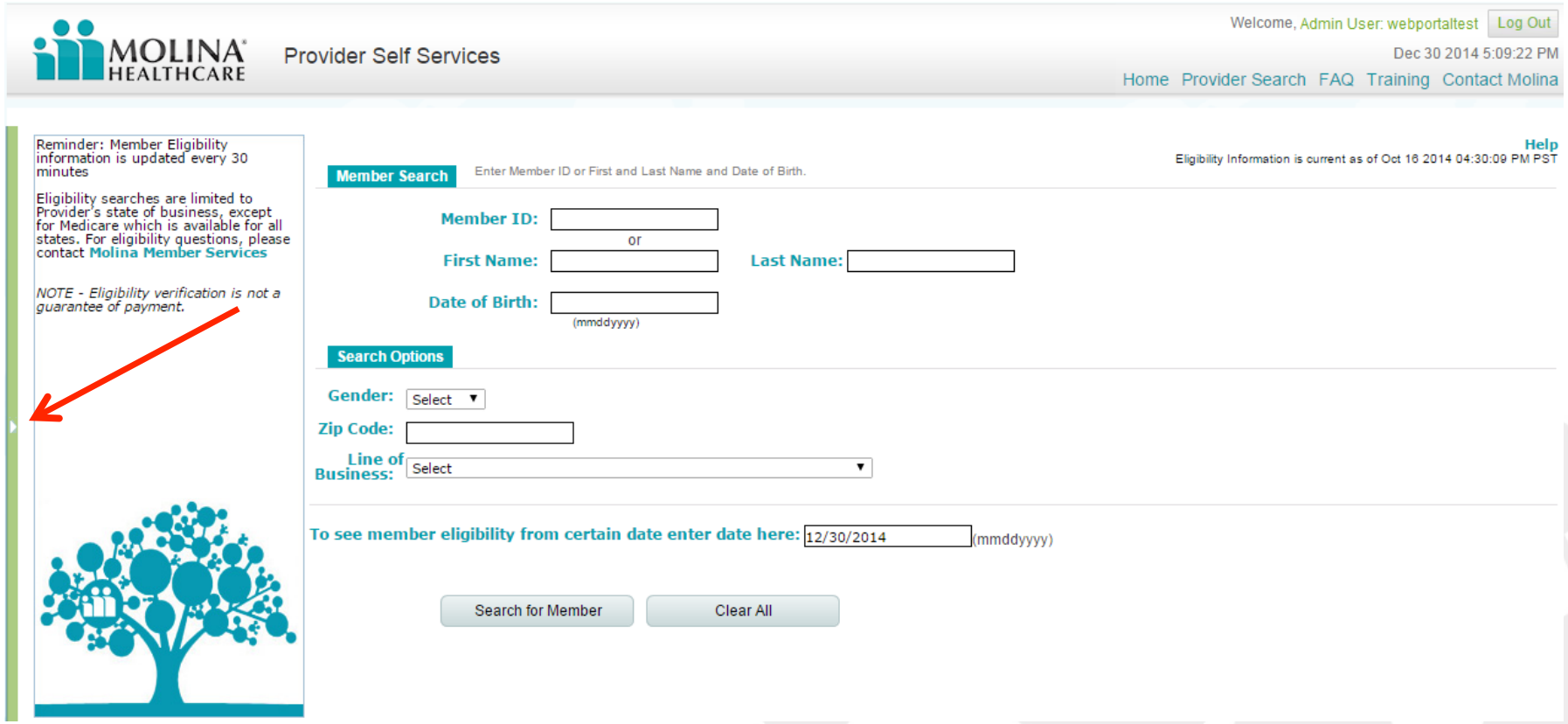
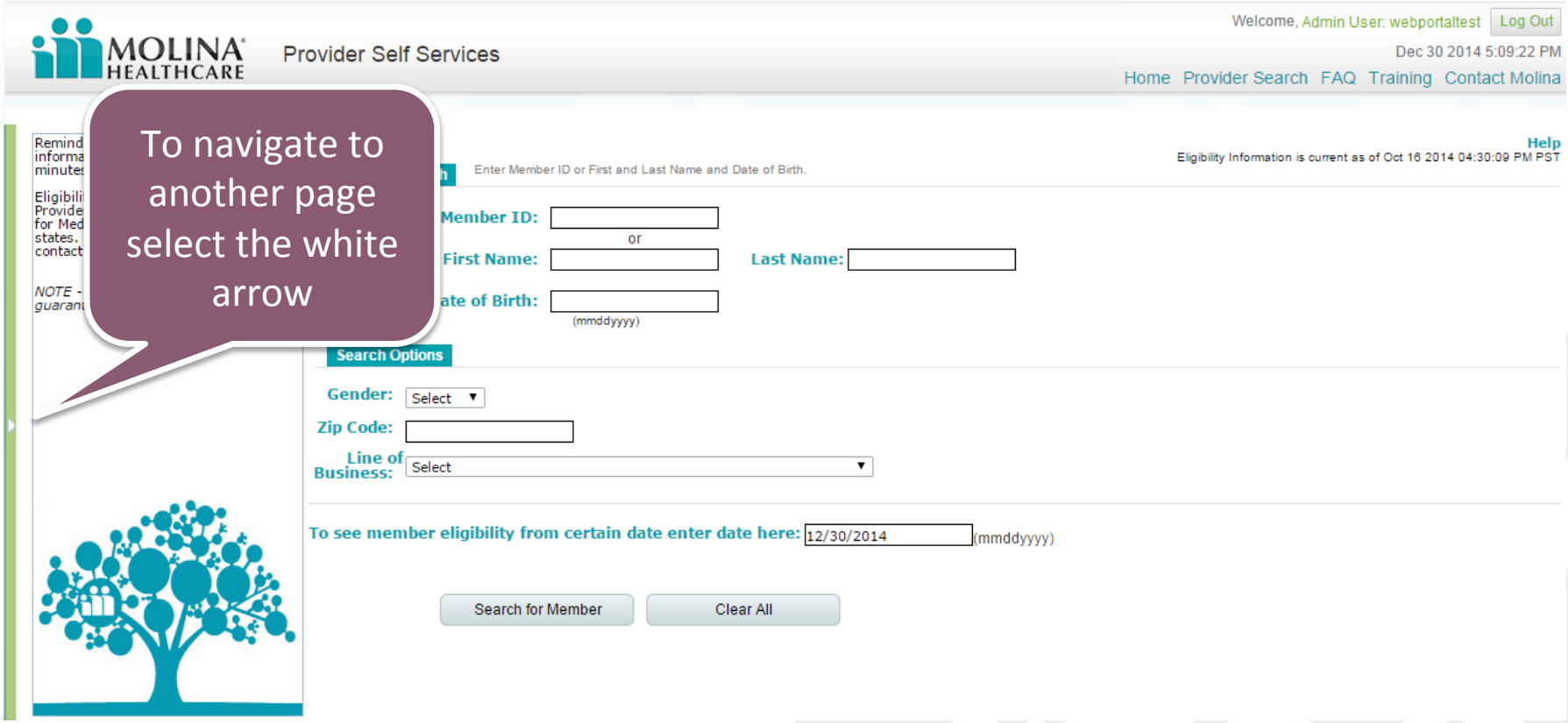
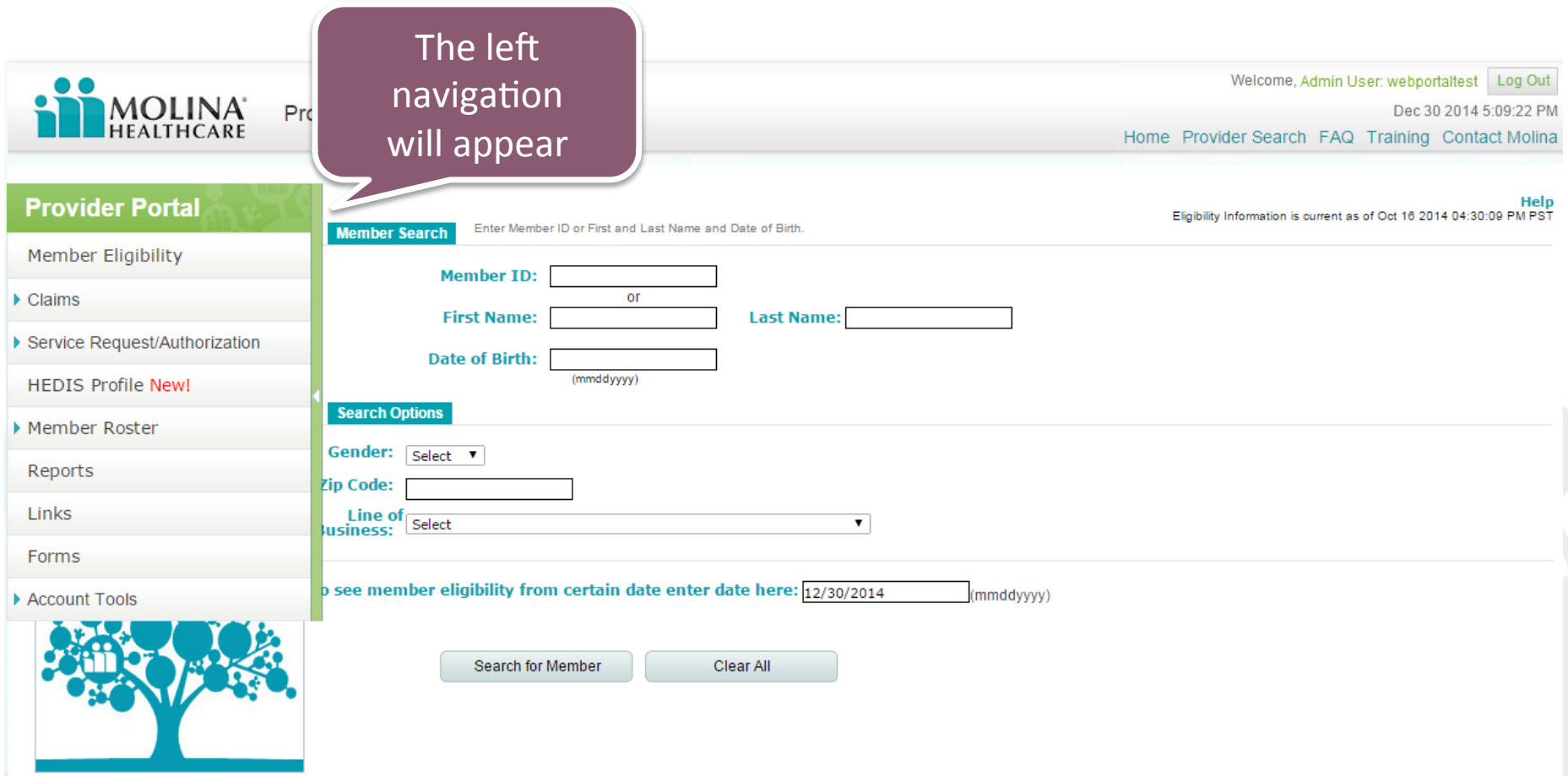
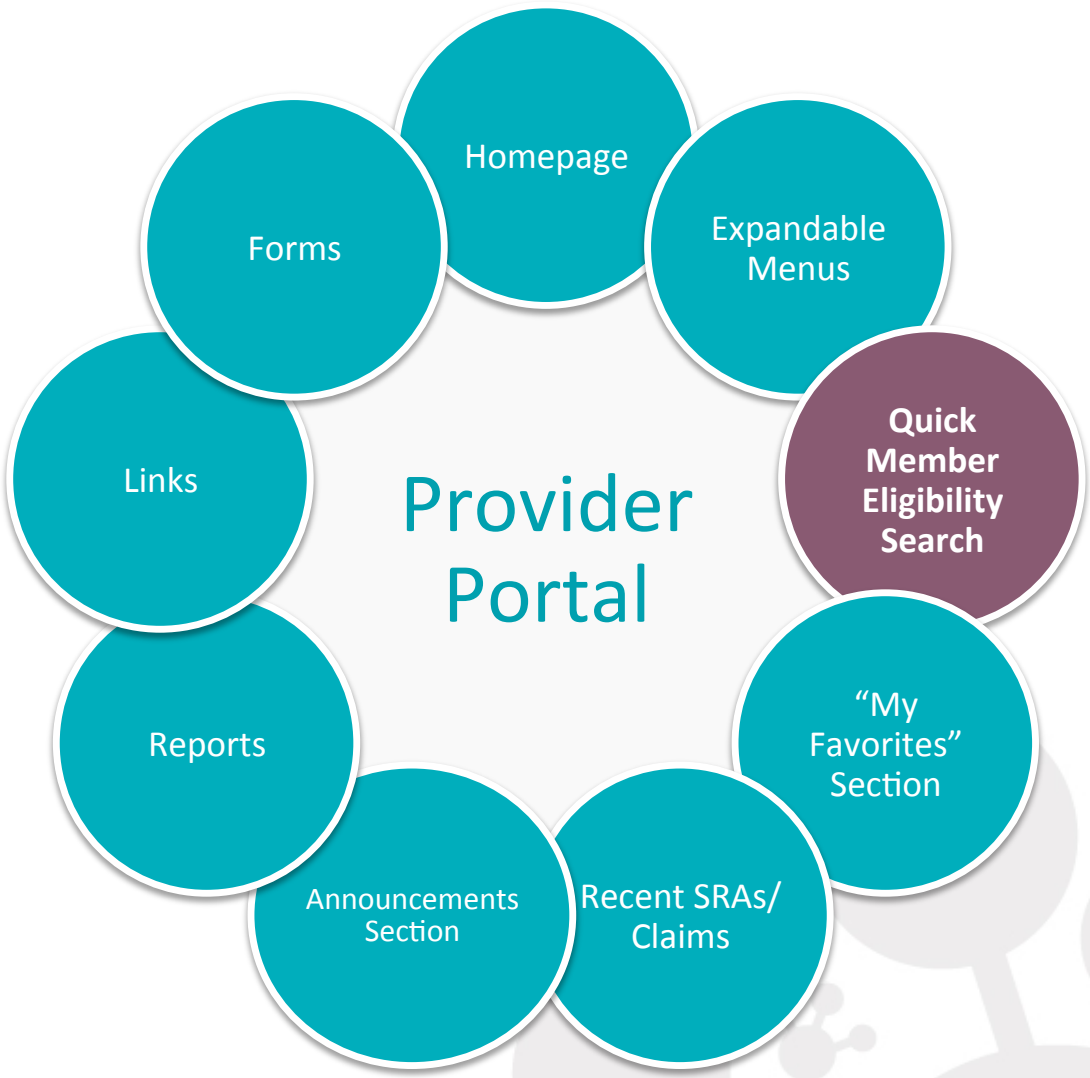
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
SRA
Create Service Request/Autho..



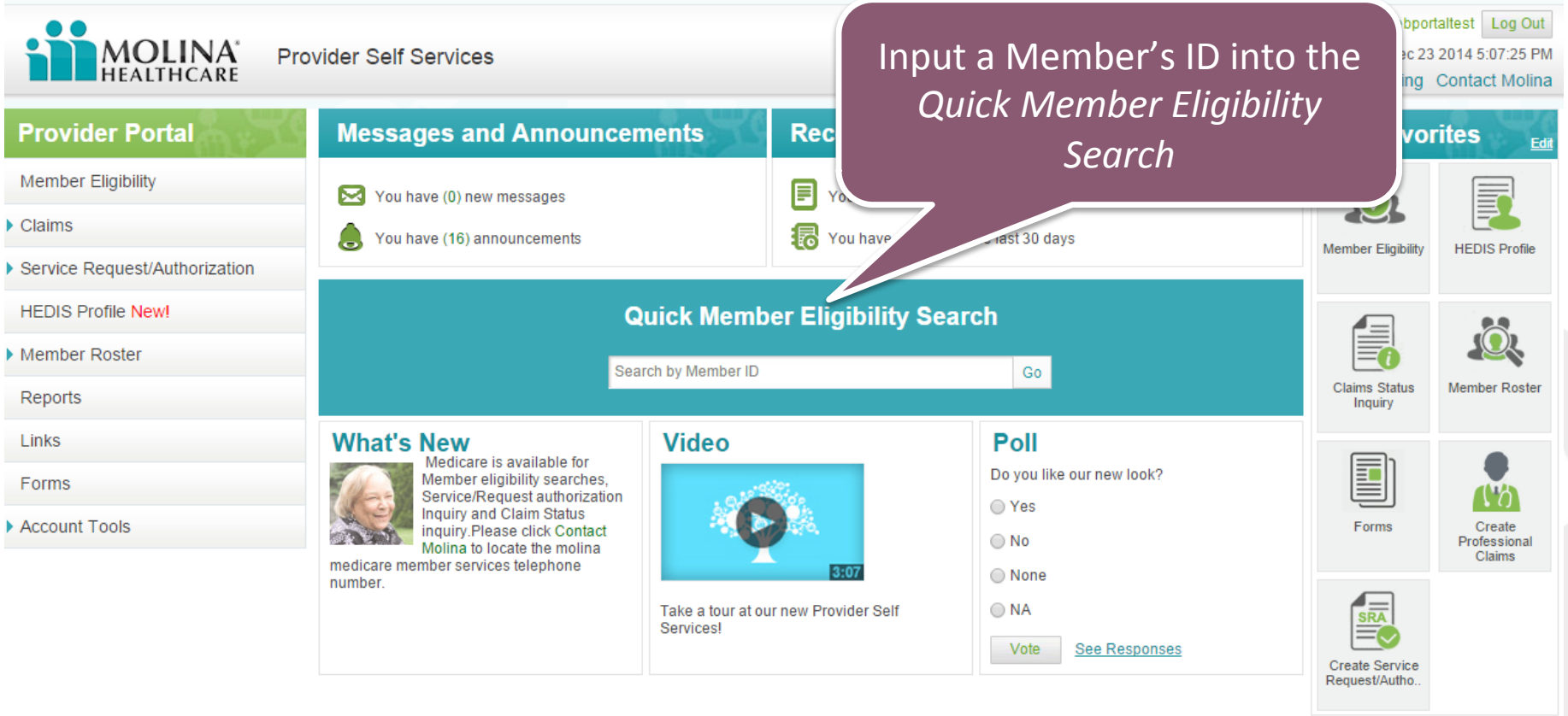
When you navigate away from the homepage, the menu bar minimizes to the left side of the screen

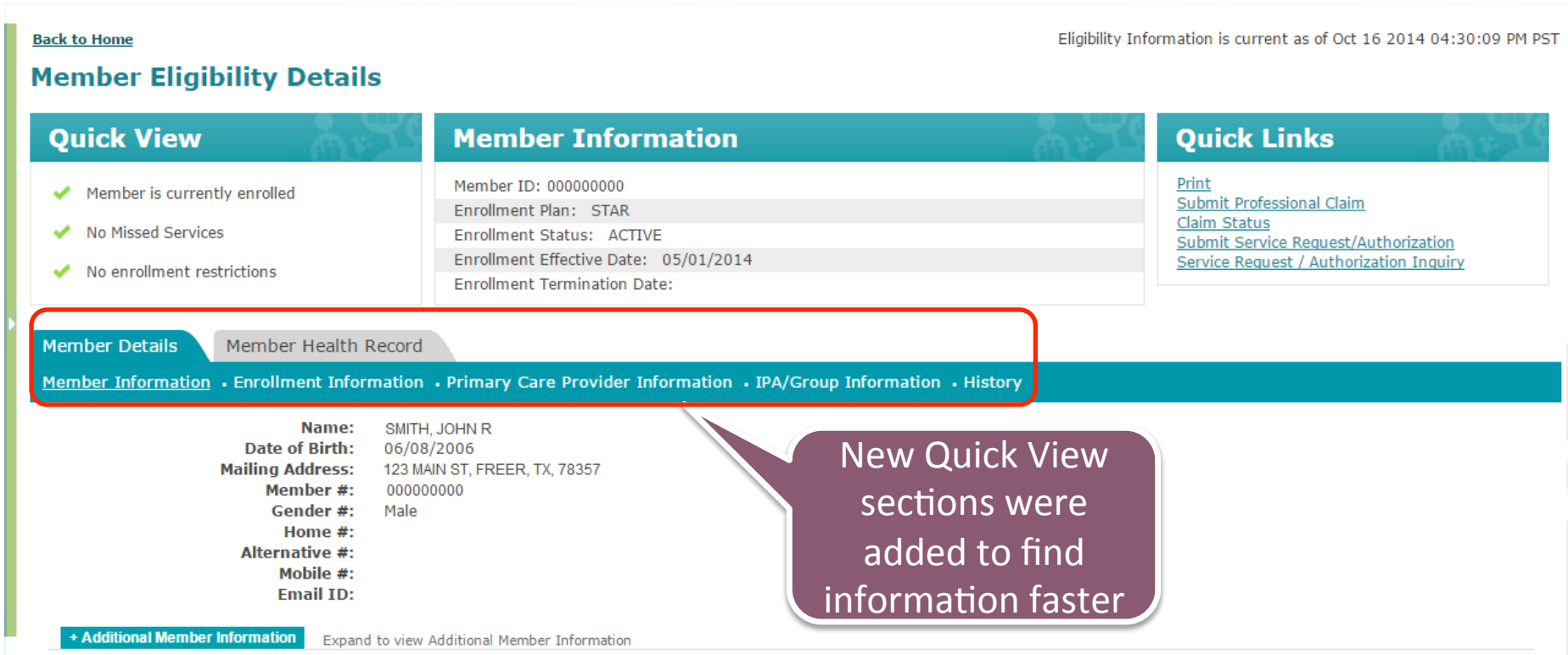

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportaltest
Log Out
Dec 30 2014 5:09:22 PM
Home
Provider Search
FAQ
Training
Contact Molina
To navigate to another page select the white arrow
Help
Eligibility Information is current as of Oct 16 2014 04:30:09 PM PST
Enter Member ID or First and Last Name and Date of Birth.
Member ID:
or
First Name:
Last Name:
Search Options
Gender:
Select
Zip Code:
Line of Business:
Select
To see member eligibility from certain date enter date here:
12/30/2014
(mmddyyyy)
Search for Member
Clear All

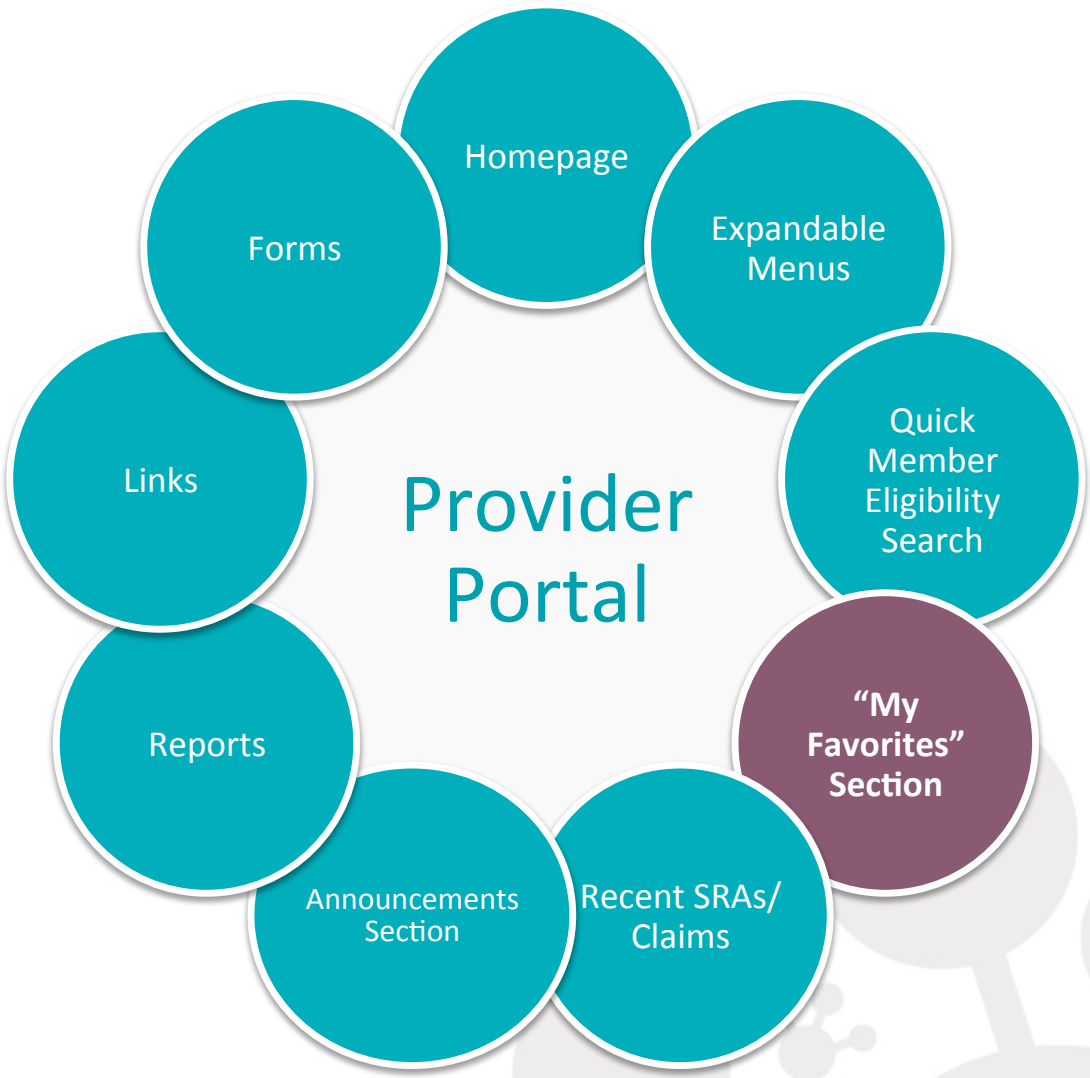

The left navigation will appear
MOLINA HEALTHCARE
Welcome, Admin User: webportaltest
Log Out
Dec 30 2014 5:09:22 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Help
Eligibility Information is current as of Oct 16 2014 04:30:09 PM PST
Member Search
Enter Member ID or First and Last Name and Date of Birth.
Member ID:
or
First Name:
Last Name:
Date of Birth:
(mmddyyyy)
Search Options
Gender:
Select
Zip Code:
Line of Business:
Select
o see member eligibility from certain date enter date here:
12/30/2014
(mmddyyyy)
Search for Member
Clear All



MOLINA HEALTHCARE
Your Extended Family.

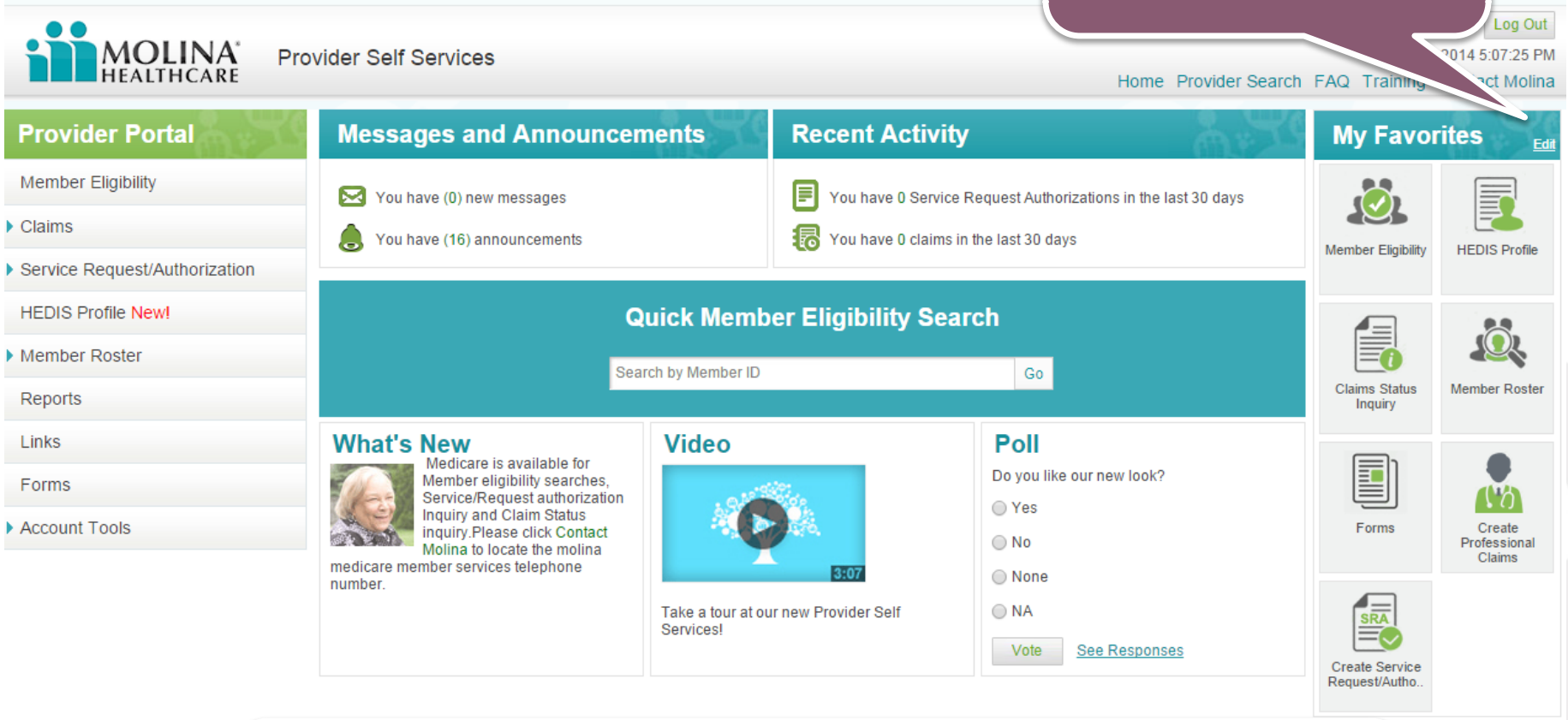

MOLINA HEALTHCARE
Provider Self Services
Log Out
Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (0) new messages
You have (16) announcements
Quick Member Eligibility Search
Search by Member ID
Go
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Autho..
Input a Member's ID into the *Quick Member Eligibility Search*


Back to Home
Eligibility Information is current as of Oct 16 2014 04:30:09 PM PST
Member Eligibility Details
Quick View
Member is currently enrolled
No Missed Services
No enrollment restrictions
Member Information
Member ID: 000000000
Enrollment Plan: STAR
Enrollment Status: ACTIVE
Enrollment Effective Date: 05/01/2014
Enrollment Termination Date:
Quick Links
Print
Submit Professional Claim
Claim Status
Submit Service Request/Authorization
Service Request / Authorization Inquiry
Member Details
Member Health Record
Member Information • Enrollment Information • Primary Care Provider Information • IPA/Group Information • History
Name: SMITH, JOHN R
Date of Birth: 06/08/2006
Mailing Address: 123 MAIN ST, FREER, TX, 78357
Member #: 000000000
Gender #: Male
Home #:
Alternative #:
Mobile #:
Email ID:
+ Additional Member Information
Expand to view Additional Member Information
New Quick View sections were added to find information faster

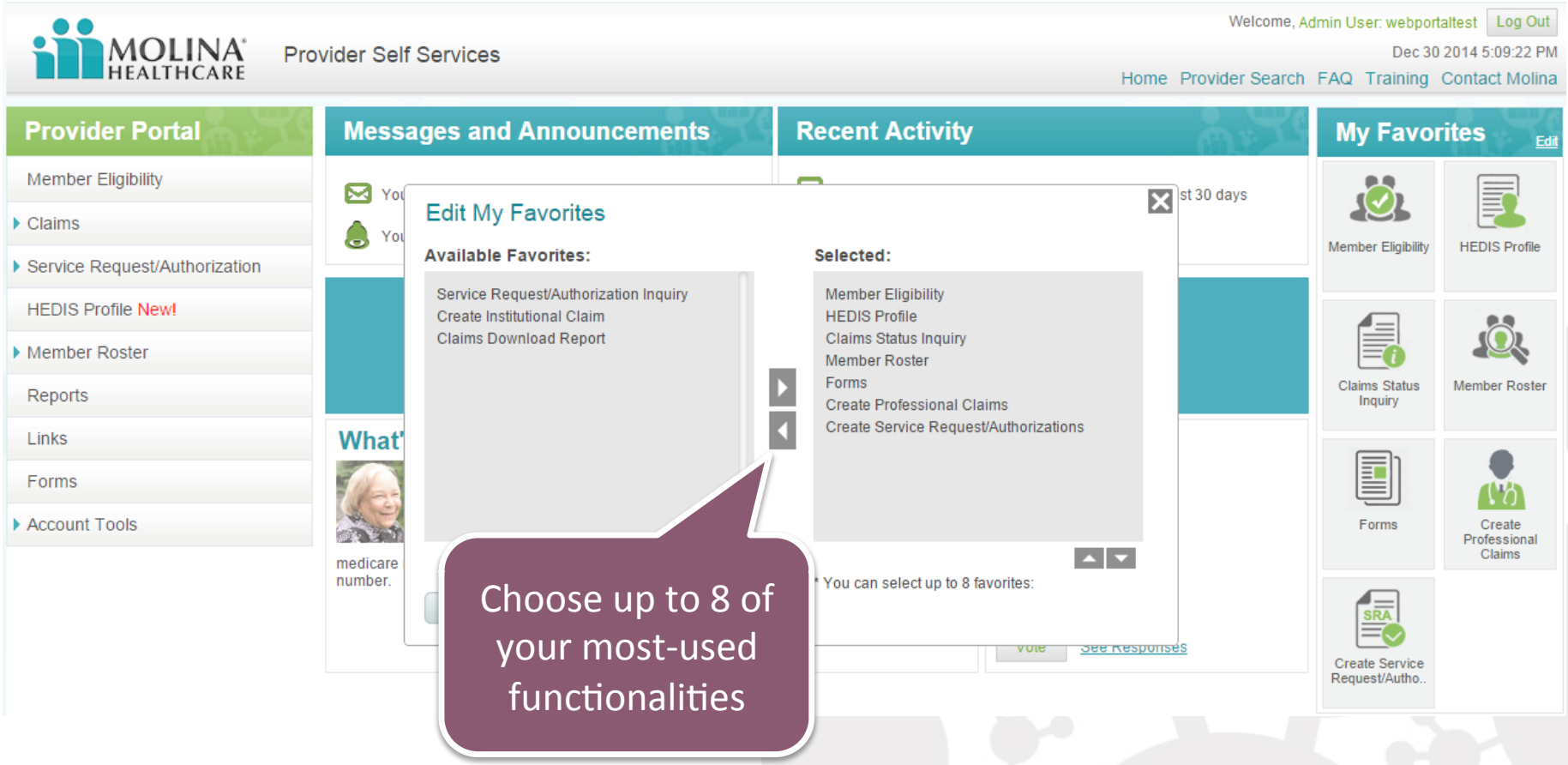


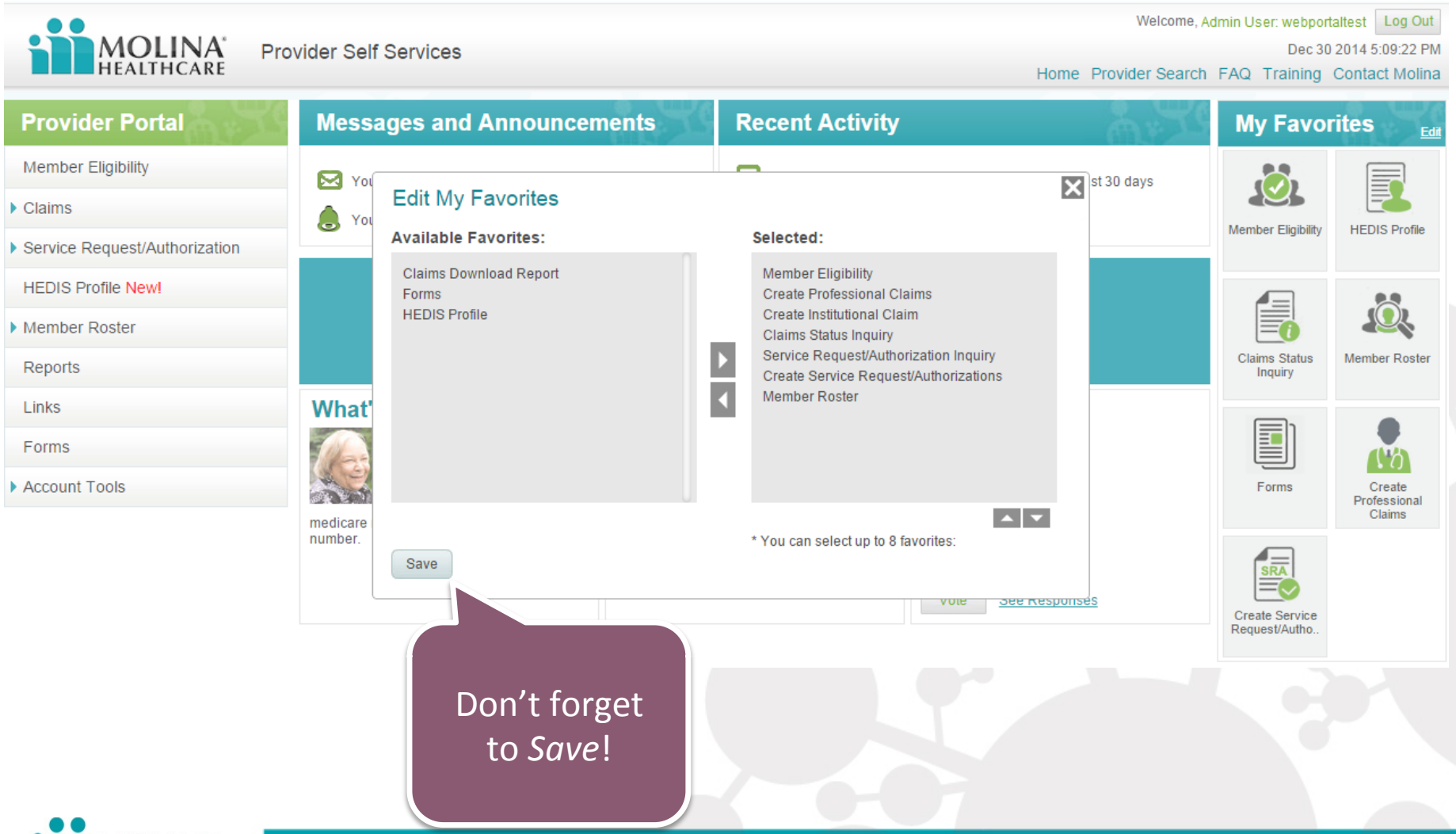
MOLINA HEALTHCARE
Your Extended Family.

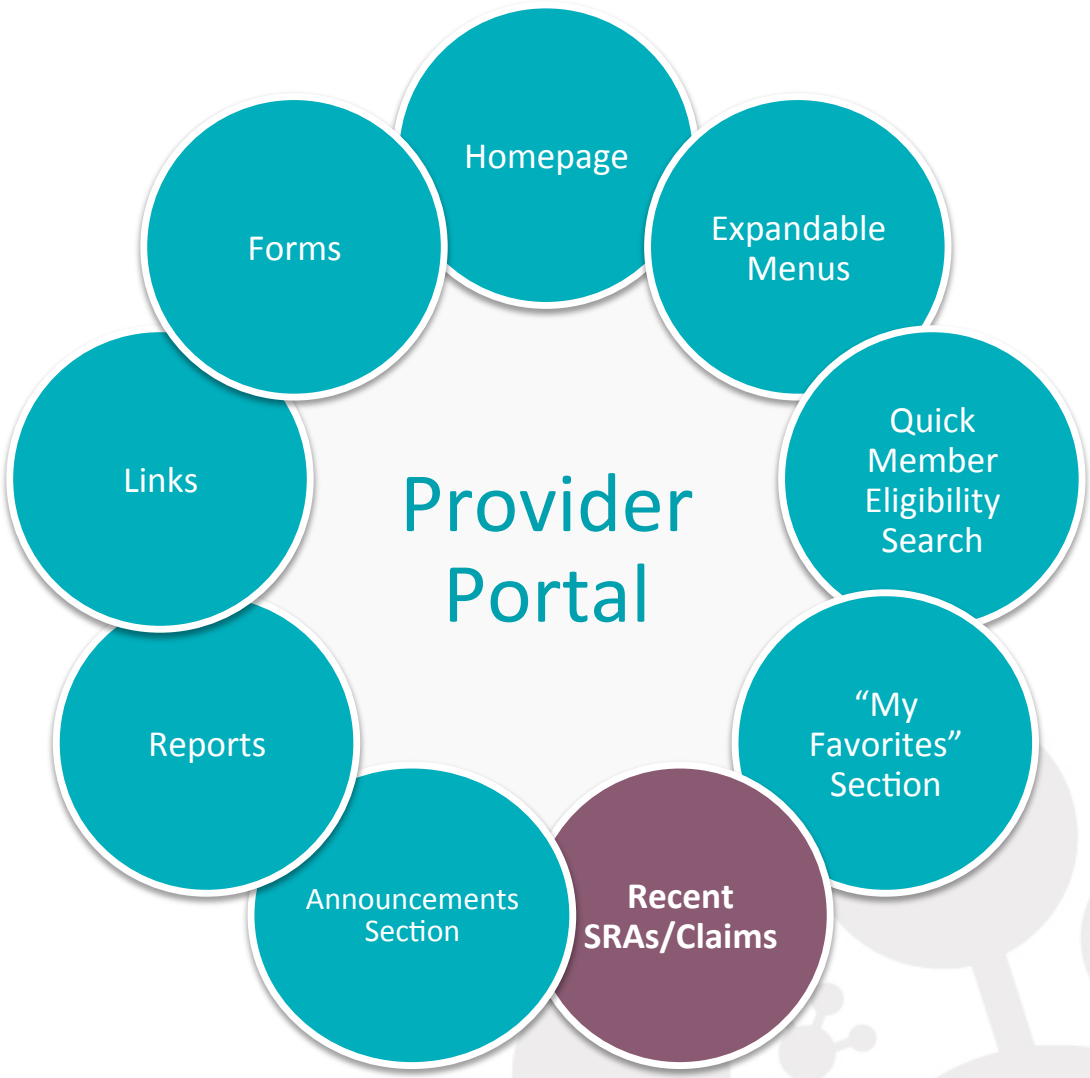
Select *Edit* to customize your Favorites



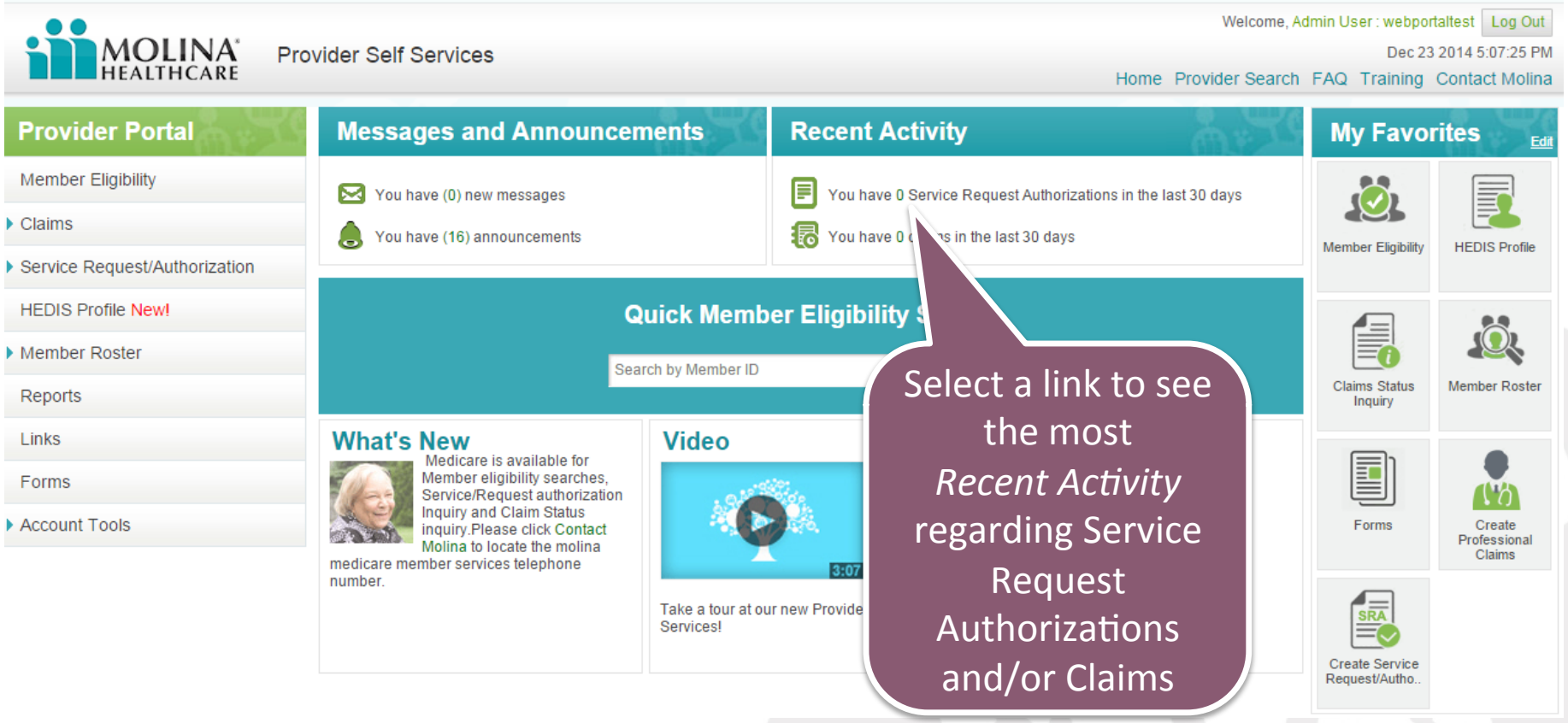
You can customize your own menu items for easy access to your most used functionalities right on the home screen.


MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportaltest
Log Out
Dec 30 2014 5:09:22 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Announcements
Recent Activity
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Autho..
Edit My Favorites
Available Favorites:
Service Request/Authorization Inquiry
Create Institutional Claim
Claims Download Report
Selected:
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Authorizations
You can select up to 8 favorites:
Choose up to 8 of your most-used functionalities

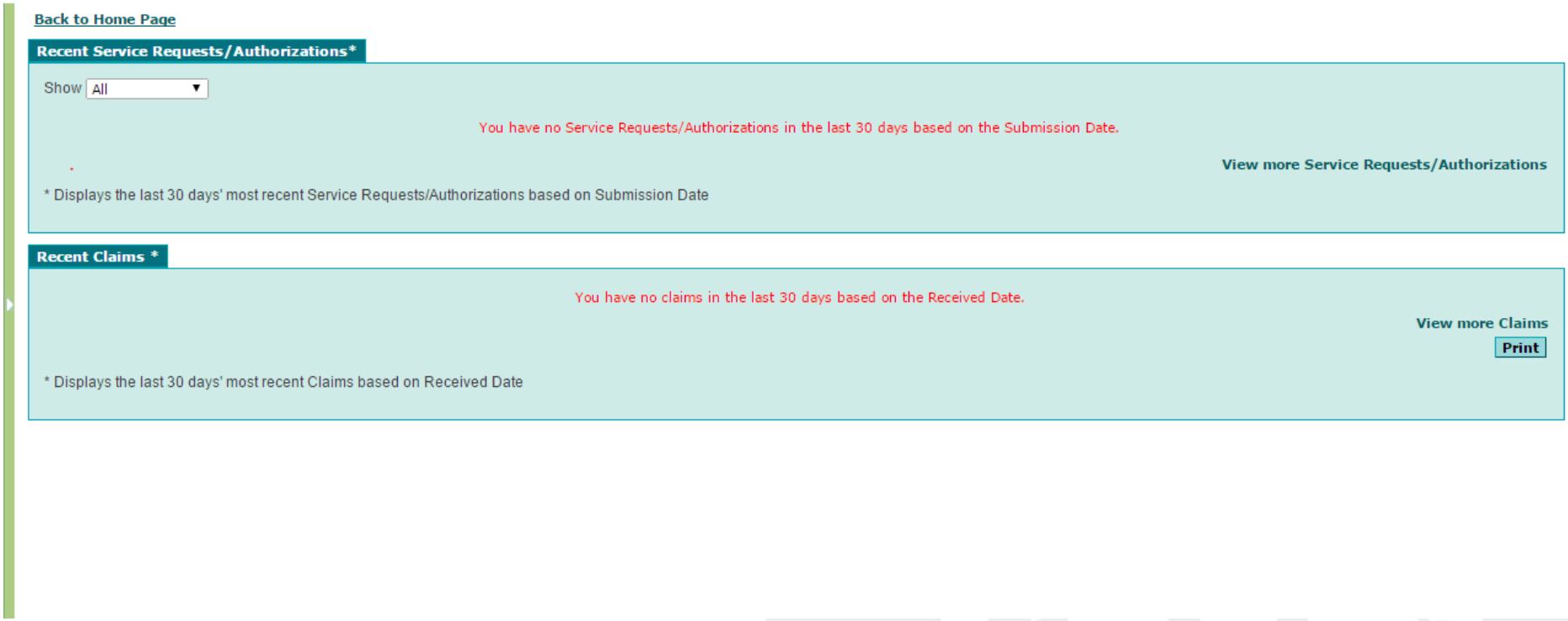

MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User: webportaltest
Log Out
Dec 30 2014 5:09:22 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Announcements
Recent Activity
st 30 days
What'
medicare
number.
Edit My Favorites
Available Favorites:
Claims Download Report
Forms
HEDIS Profile
Selected:
Member Eligibility
Create Professional Claims
Create Institutional Claim
Claims Status Inquiry
Service Request/Authorization Inquiry
Create Service Request/Authorizations
Member Roster
* You can select up to 8 favorites:
Save
Vote
See Responses
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Autho..
Don't forget to *Save*!

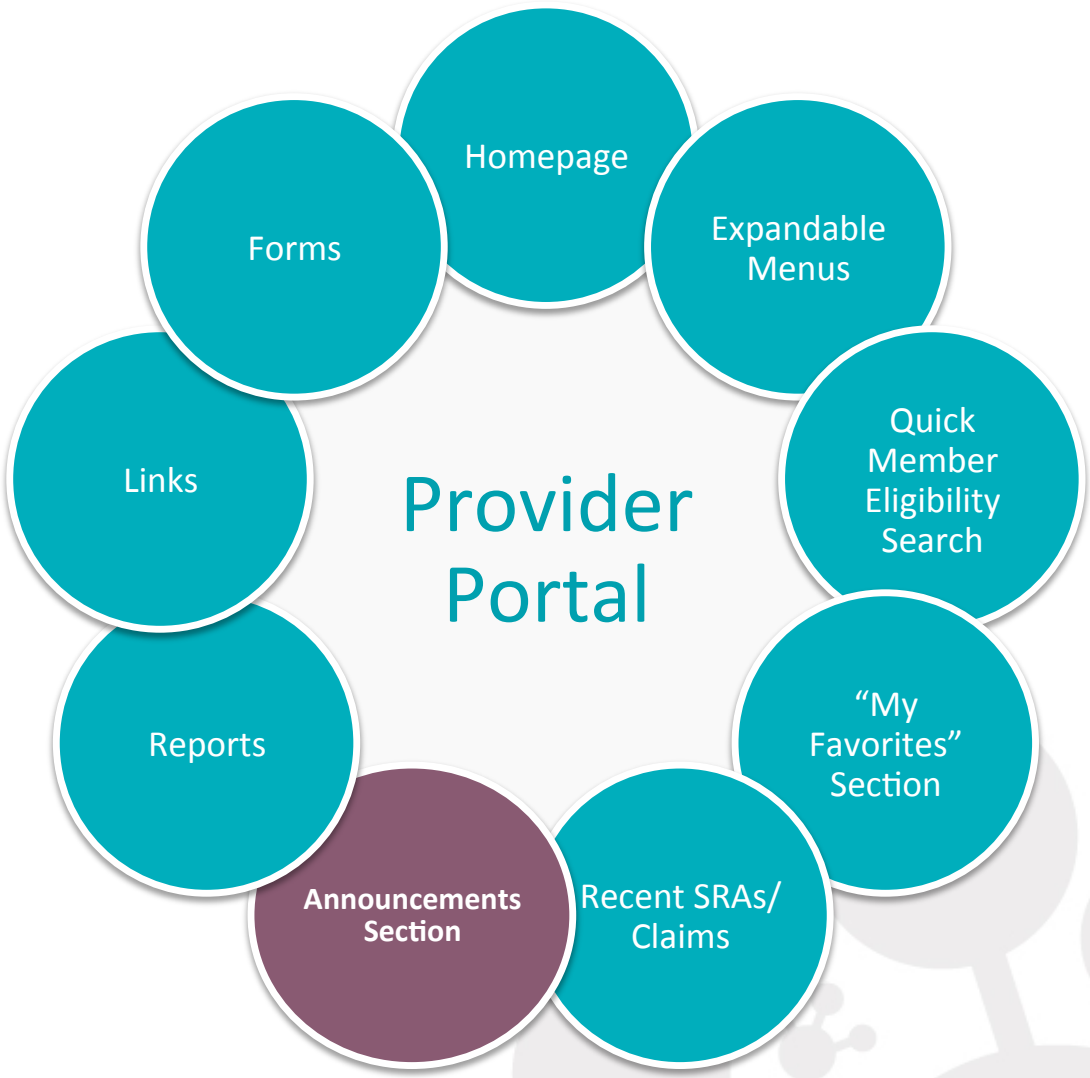


MOLINA HEALTHCARE
Your Extended Family.


MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User : webportaltest
Log Out
Dec 23 2014 5:07:25 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
Service Request/Authorization
HEDIS Profile New!
Member Roster
Reports
Links
Forms
Account Tools
Messages and Announcements
You have (0) new messages
You have (16) announcements
Recent Activity
You have 0 Service Request Authorizations in the last 30 days
Quick Member Eligibility
Search by Member ID
What's New
Medicare is available for Member eligibility searches, Service/Request authorization Inquiry and Claim Status inquiry.Please click Contact Molina to locate the molina medicare member services telephone number.
Video
Take a tour at our new Provide
Services!
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Autho..
Select a link to see the most Recent Activity regarding Service Request Authorizations and/or Claims

Once the link is selected you will be taken to a screen showing Authorizations and Claims





MOLINA HEALTHCARE
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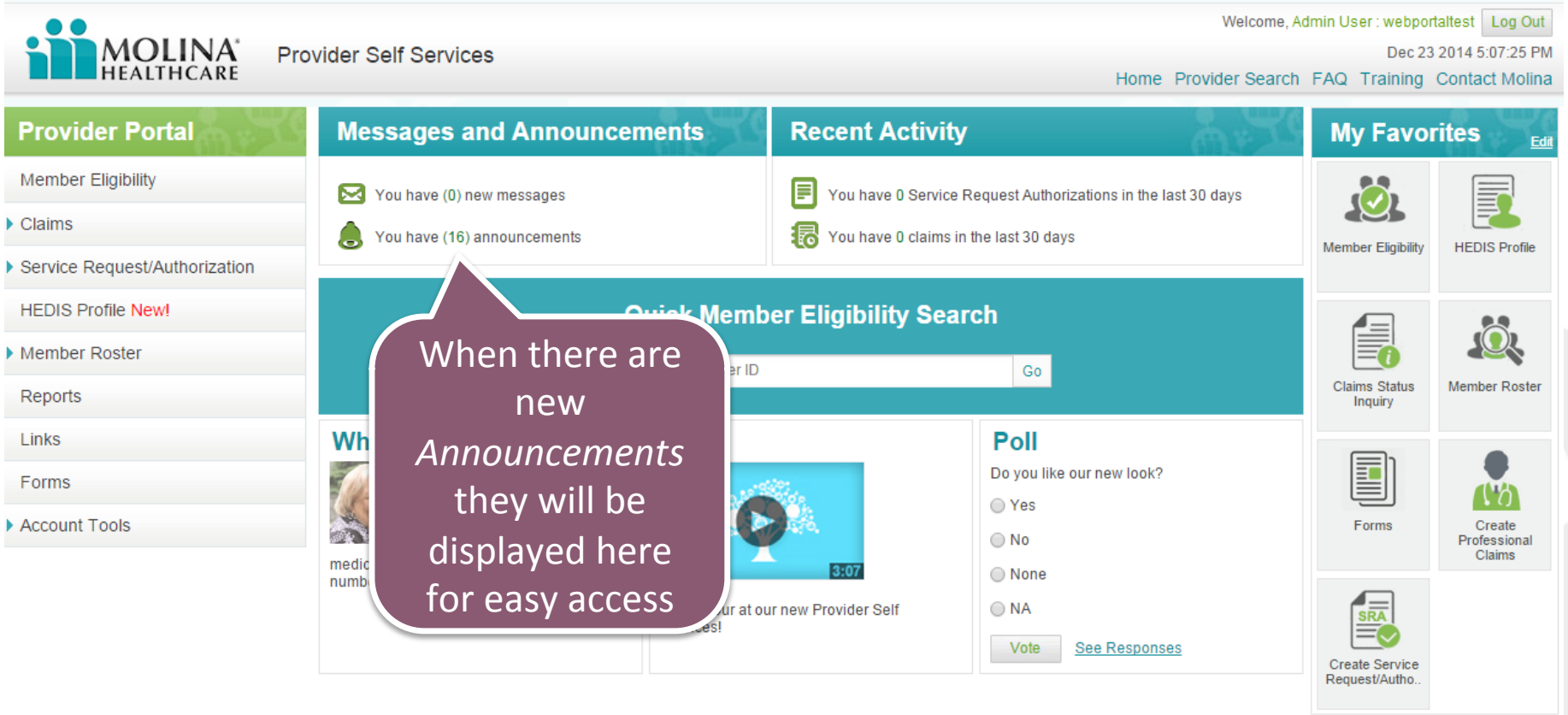
MOLINA HEALTHCARE
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Dec 23 2014 5:07:25 PM
Home Provider Search FAQ Training Contact Molina
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Member Roster
Reports
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Forms
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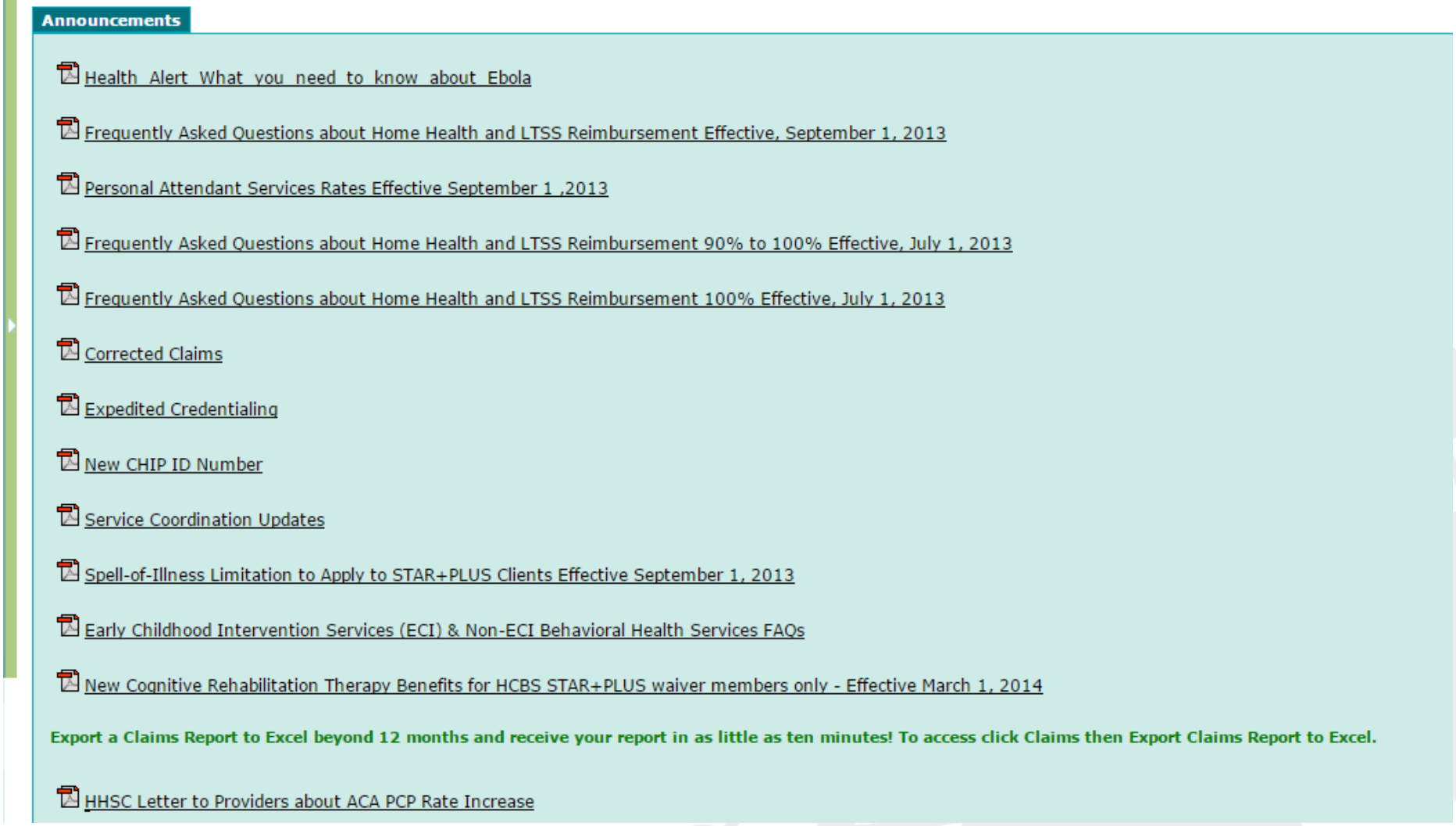
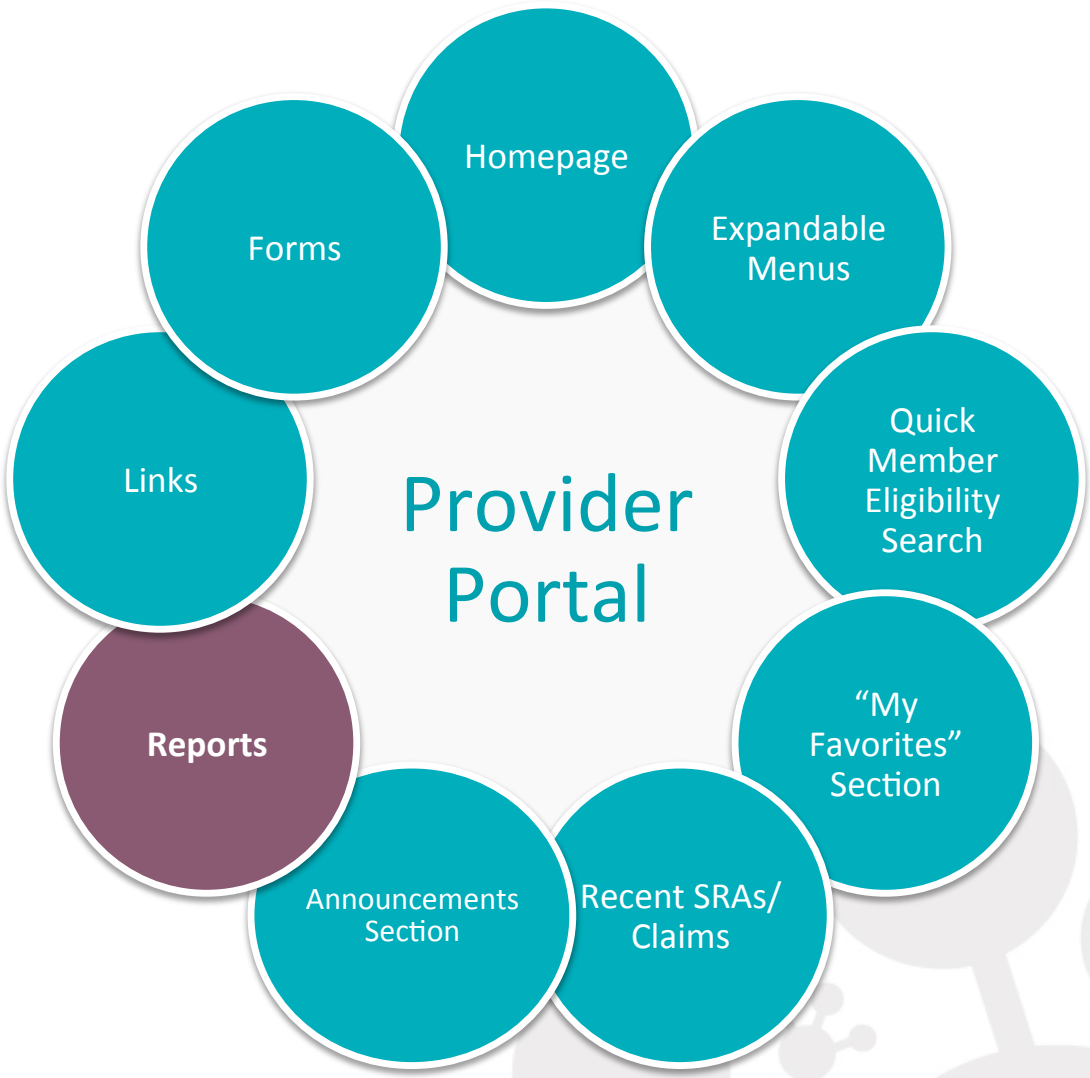
Messages and Announcements
You have (0) new messages
You have (16) announcements
Recent Activity
You have 0 Service Request Authorizations in the last 30 days
You have 0 claims in the last 30 days
Member Eligibility Search
Go
When there are new Announcements they will be displayed here for easy access
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
My Favorites
Edit
Member Eligibility
HEDIS Profile
Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
Create Service Request/Autho..

The most recent announcements will be displayed.





MOLINA HEALTHCARE
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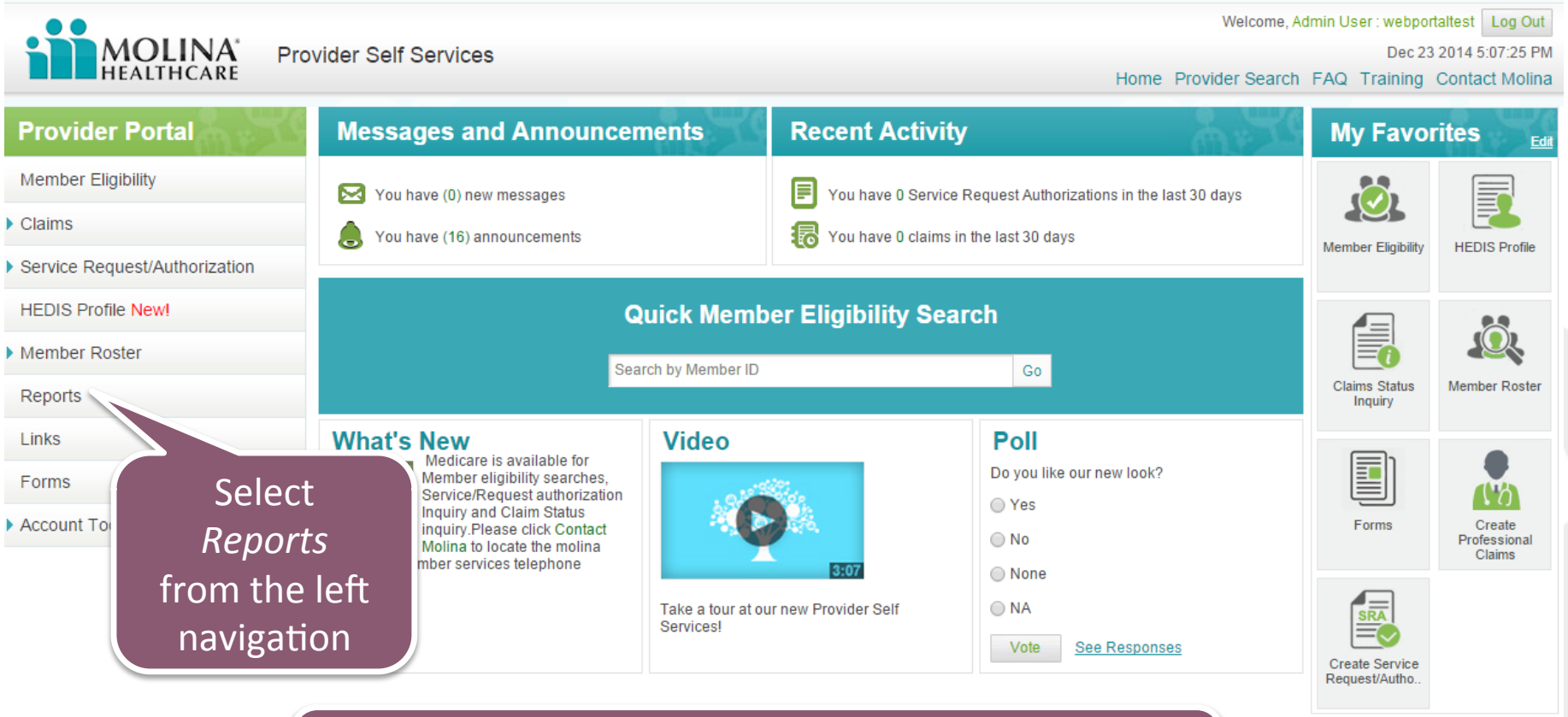
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Welcome, Admin User : webportaltest
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Dec 23 2014 5:07:25 PM
Home Provider Search FAQ Training Contact Molina
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Video
3:07
Take a tour at our new Provider Self Services!
Poll
Do you like our new look?
Yes
No
None
NA
Vote
See Responses
Select Reports from the left navigation
This option allows to access previously downloaded reports.

Reports will be shown here

Downloadable Claims Reports

File Name	Service From Date	Service To Date	Generated Date
******9022_08-01-2014_12-11-2014	08/01/2014	12/11/2014	12/22/2014

View more Claim files

* Displays the last 30 days' most recent 5 Claim files based on Date of Service

Affiliation List

Affiliation List - PDF

Affiliation List - EXCEL

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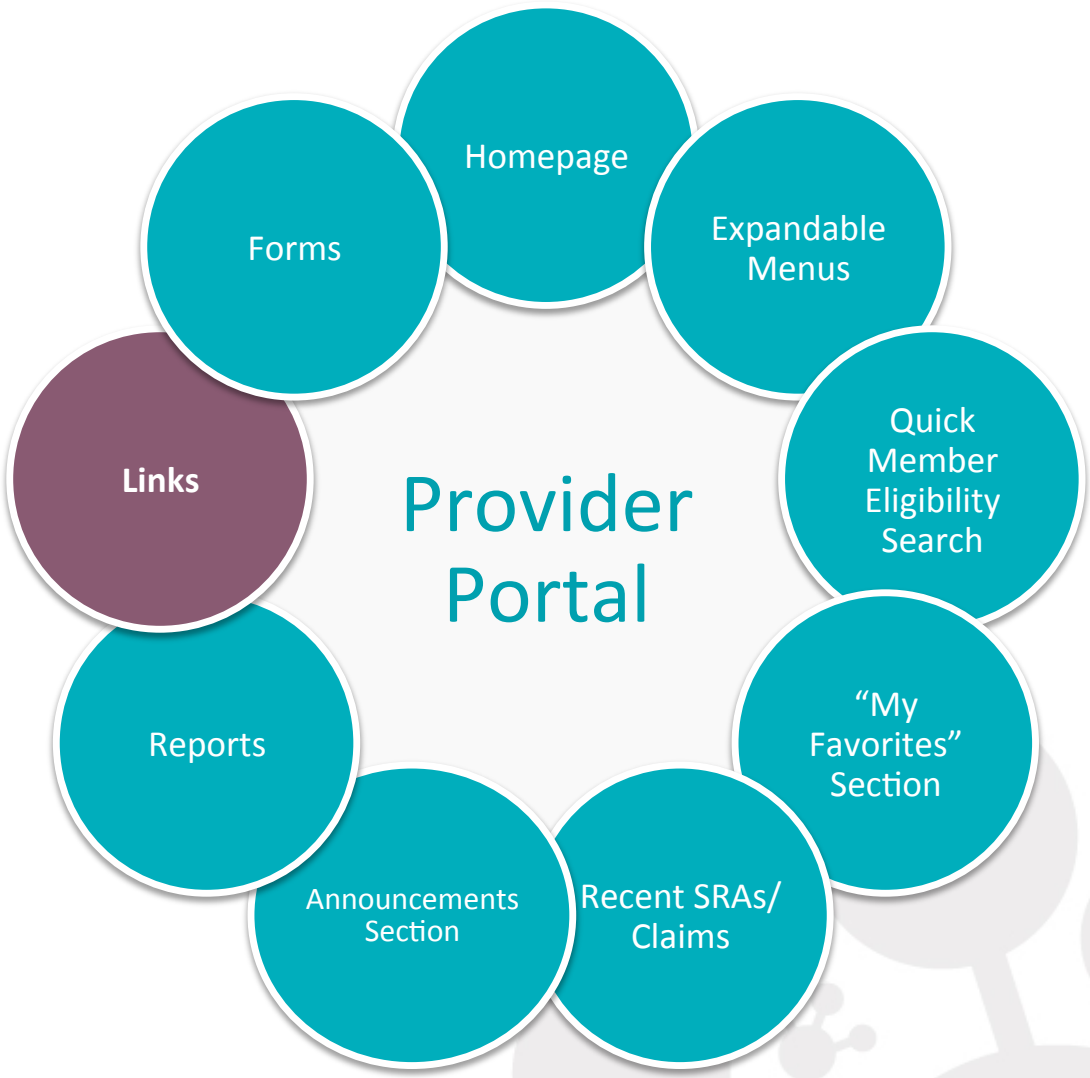
Your Extended Family.



MOLINA HEALTHCARE
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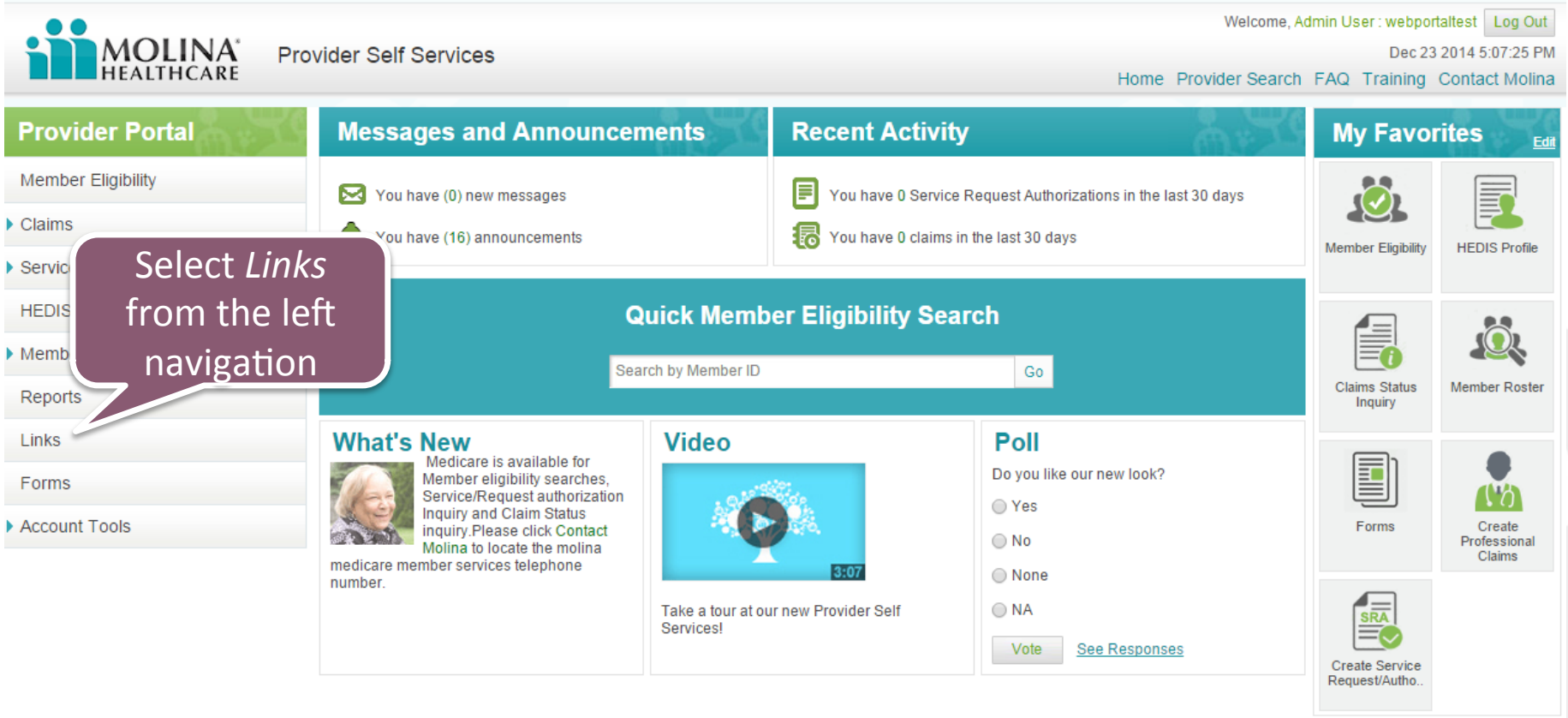
MOLINA HEALTHCARE
Provider Self Services
Welcome, Admin User : webportaltest
Log Out
Dec 23 2014 5:07:25 PM
Home Provider Search FAQ Training Contact Molina
Provider Portal
Member Eligibility
Claims
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Reports
Links
Forms
Account Tools
Select Links from the left navigation
Messages and Announcements
You have (0) new messages
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Member Roster
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Create Professional Claims
SRA
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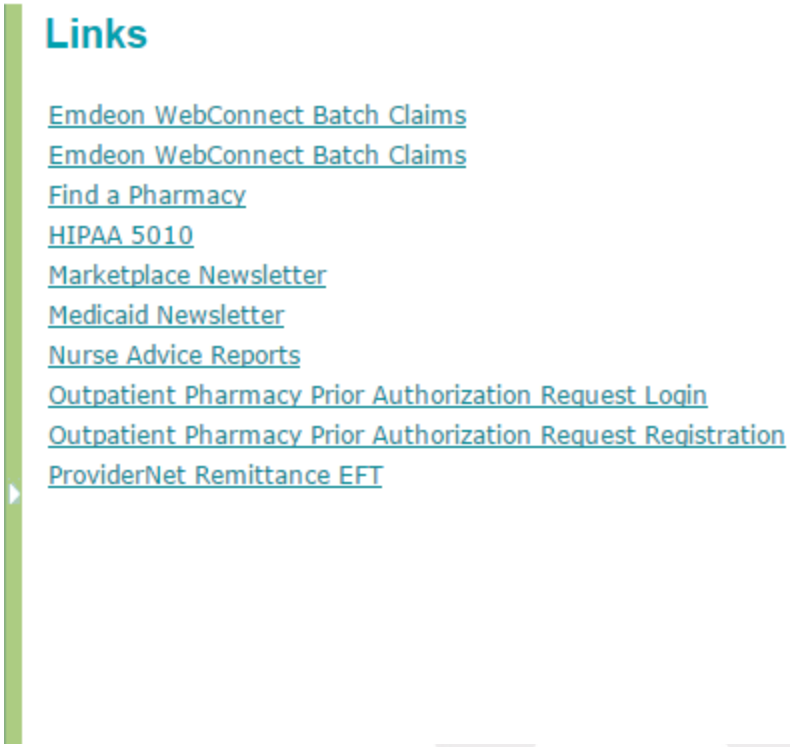
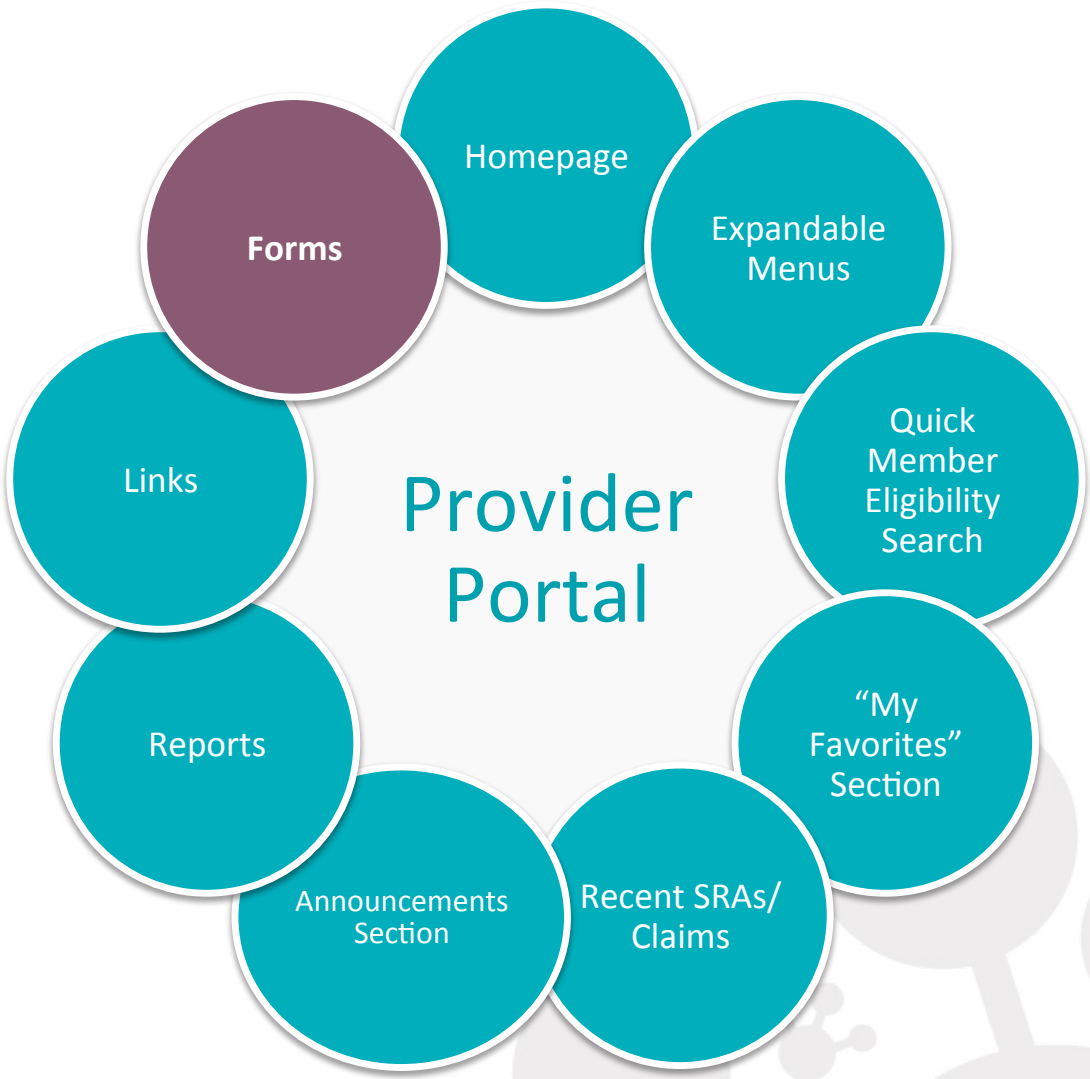


This page will display a list of the most commonly used links.



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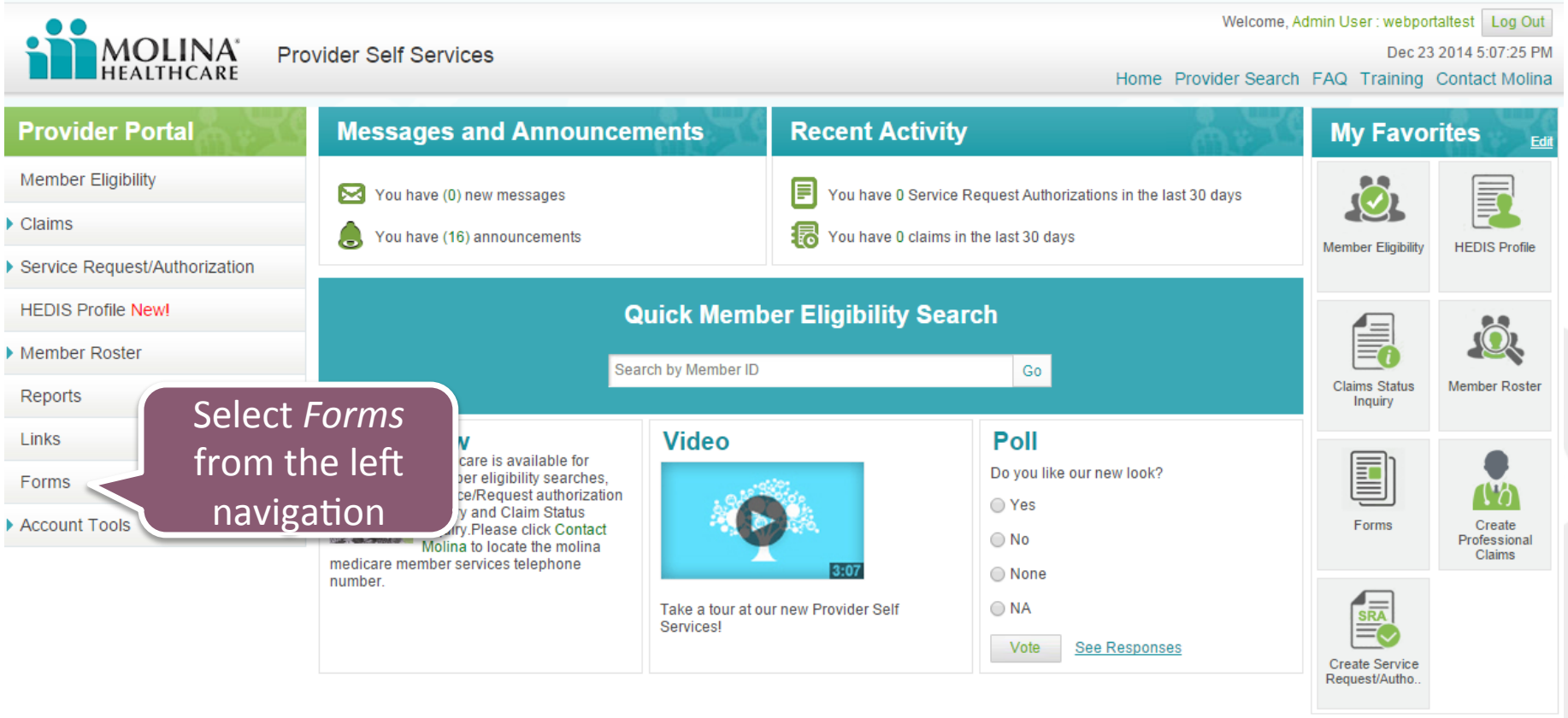
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Claims Status Inquiry
Member Roster
Forms
Create Professional Claims
SRA
Create Service Request/Autho..

This page will display a list of the most commonly used forms.

Forms

- Provider Information
- LCD's and NCD's
- State Billing Guidelines
- Marketplace Provider Forms
- Provider Communications
- Prior Authorization Guide 7/1/2013
- ACUTE MHT_CHIP_JEFFPO
- ALL MHT_ePORTAL_PMO
- MHT_SS+_ACUTEPO
- Revised LTSS Provider Orientation
- Import_claims
- Molina WebConnect Self Enrollment
- WebConnect create_claims instructions
- HHSC Letter to Providers about ACA PCP Rate Increase
- Texas PreService Auth Codification Guide 2013
- Frequently Asked Questions about Home Health and LTSS Reimbursement Effective, September 1, 2013
- Frequently Asked Questions about Home Health and LTSS Reimbursement 90% to 100% Effective, July 1, 2013
- Frequently Asked Questions about Home Health and LTSS Reimbursement 100% Effective, July 1, 2013
- Corrected Claims
- Expedited Credentialing
- New CHIP ID Number
- Service Coordination Updates
- Spell-of-Illness Limitation to Apply to STAR+PLUS Clients Effective September 1, 2013
- Personal Attendant Services Rates Effective September 1 ,2013
- Prior Authorization Pre-Service Review Guide 01/01/2014
- Prior Authorization Pre Service Review Guide for Market Place- January 1, 2014

For any questions please contact your provider services representative by calling

1-855-322-4080

or emailing mhtxproviderservices@molinahealthcare.com.