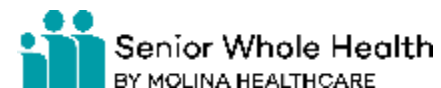


Molina Healthcare Payer Space Functions

Presented by: Molina Provider Services

June 2023



Legacy Portal Sunset Reminder

Direct Access to the legacy Molina Provider Portal was removed for the following states: FL, IL, MI, MS, NM , NY, OH, SC, TX, UT, WA, and WI.

Availity Essentials is now Molina Healthcare's exclusive provider portal

Availity Essentials is now Molina Healthcare's official secure provider portal for traditional (non-atypical) providers. After the Molina legacy provider portal is sunset, the following tools will be accessible **only** via Availity Essentials: eligibility and benefits, claims inquiry, claims submission, saved claims, claims template portal and member search.

Atypical or non-healthcare providers (i.e., personal care, adult day care, taxi-services, or offer home modifications) will be permitted direct access to the Molina Provider Portal until further notice.

Agenda

- Payer Spaces and the SSO Process
- Appeal and Correct Eligible Claims
- Prior Authorizations
- Member Rosters
- Patient Care Portlet
- Reports
- Coming Soon
- Reporting Portal Issues
- Contacting your Molina Provider Services Team

Payer Spaces and the SSO Process

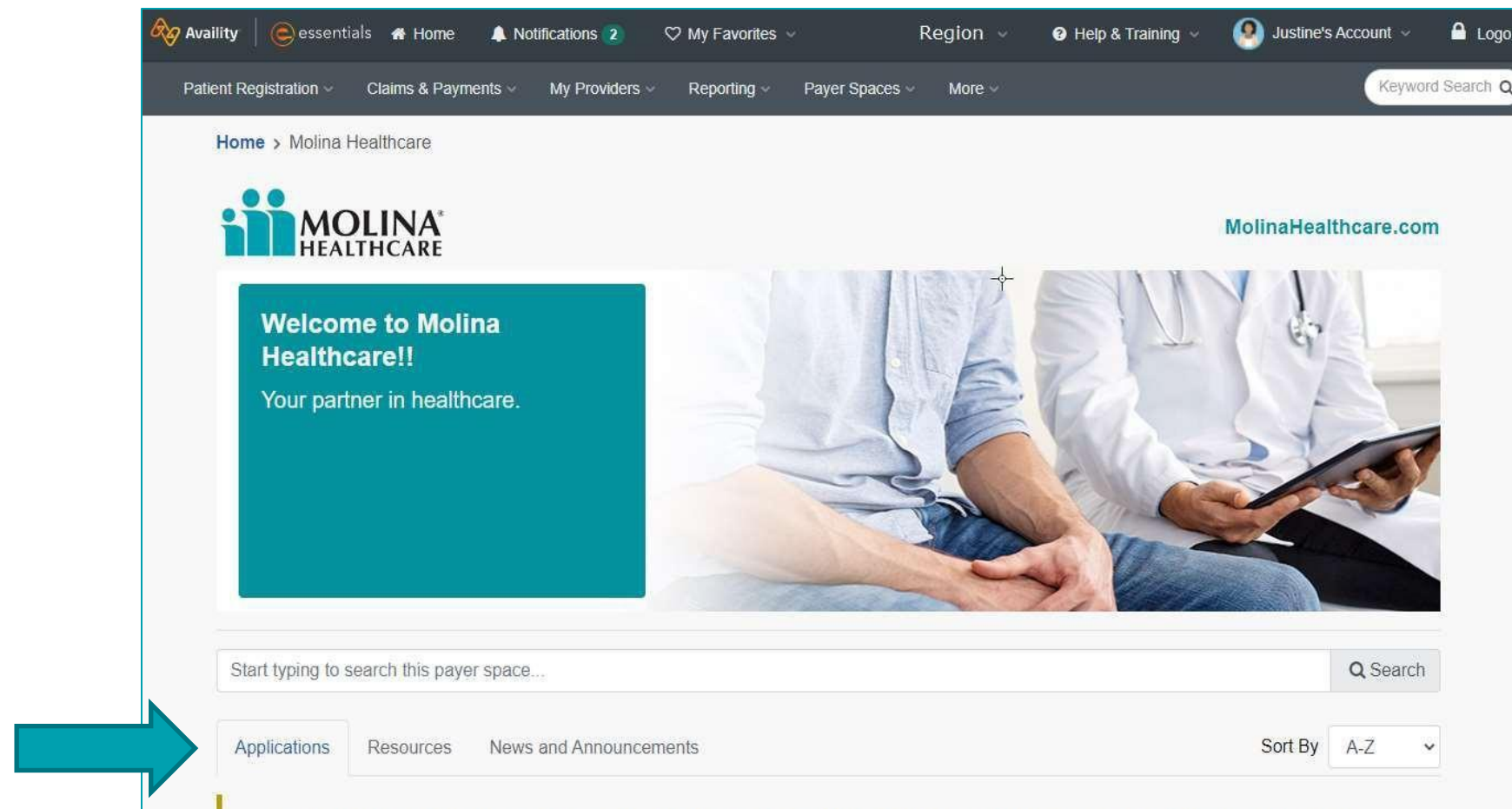
Payer Spaces (1 of 7)

A Payer Space contains links to payer-specific Applications, Resources and News and Announcements. Molina's Payer Space is accessed via the Single Sign On process through Availity Essentials.

The screenshot displays the Availity Essentials user interface. At the top, the navigation bar includes 'Availity | essentials | Home | Notifications 4 | My Favorites | Region | Help & Training | Justine's Account | Logout'. Below this, a secondary menu shows 'Patient Registration | Claims & Payments | My Providers | Payer Spaces | More'. The 'Payer Spaces' menu is highlighted, and a red arrow points to the Molina Healthcare tile. The main content area features a 'Notification Center' with three items: 'Providers have...', 'Provider Satisfaction Survey for Regions 4 and 5 Community Care Network (CCN)', and 'Provider Appointing Survey for Region 4 Community Care Network (CCN)'. To the right, there is a 'Messaging' section with 'Unassigned', 'Unread', 'Pending', and 'Recently Resolved' counts, and a 'My Account Dashboard' with links for 'My Account', 'Maintain User', 'Add User', 'Manage My Organization', and 'Spaces Management Tool'. At the bottom, the 'My Top Applications' section includes tiles for 'EB Eligibility and Benefit', 'Spaces Management', 'RV Remittance Viewer', and 'Maintain User'. A promotional banner for 'Premiera Blue Cross' is also visible.

Payer Spaces (2 of 7)

After clicking on the Molina Payer Space tile, the Payer Space landing page will appear.



Payer Spaces (3 of 7)

The Applications tab contains various tiles that will direct users to additional functionality offered by Molina. Please note, these tiles may vary by state!

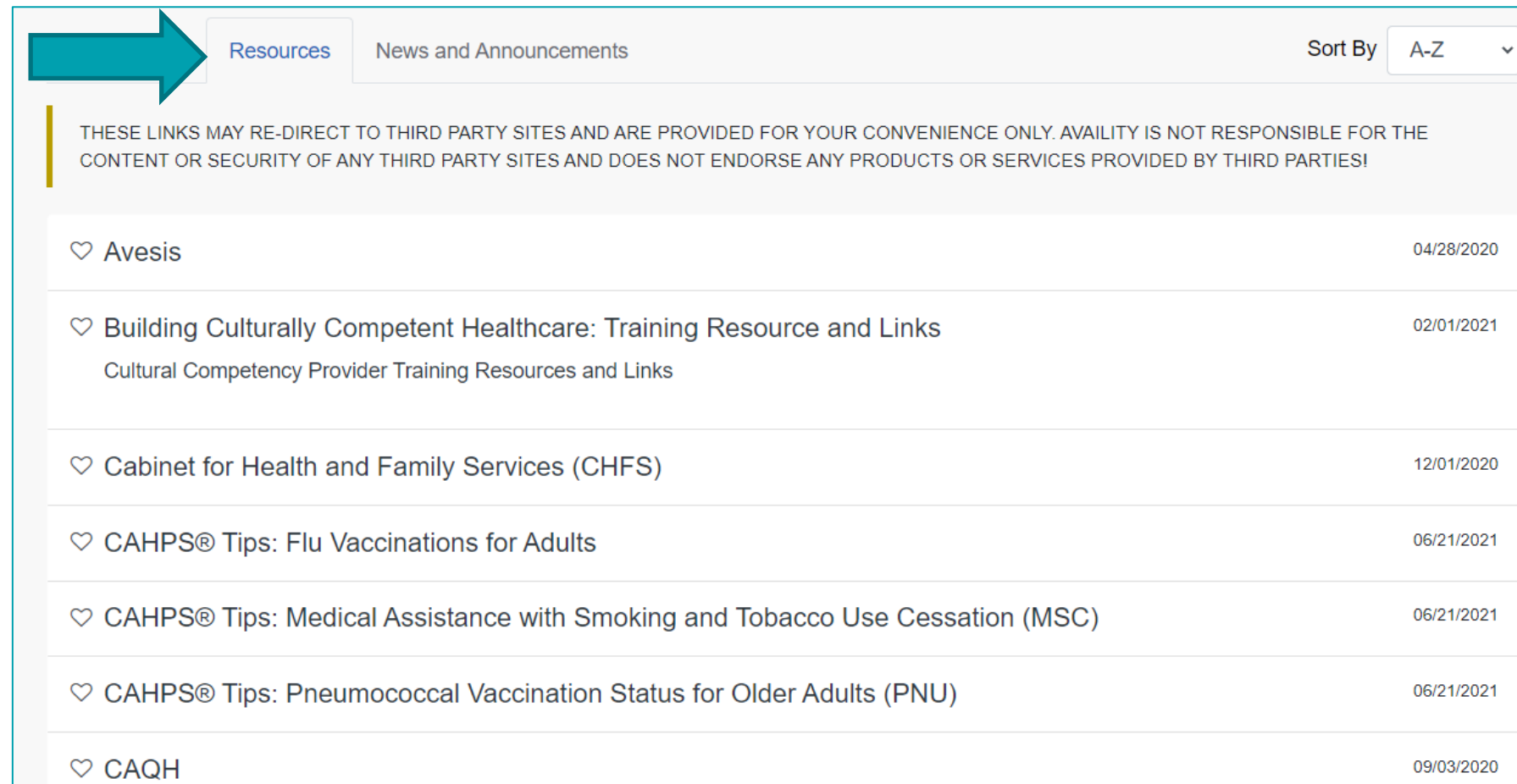
Applications Resources News and Announcements Sort By A-Z

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

- ♥ Appeal or Correct Eligible Claims
Correct or submit appeals for claims in finalized status
- ♥ Claims Template Portal
Create claim templates for frequently submitted claims
- ♥ HEDIS Profile
Compare your HEDIS scores with national benchmarks
- ♥ Member Roster
View and navigate through a list of Members assigned to a Primary Care Provider
- ♥ Prior Auths
Submit service requests, check status and create auth request templates.
- ♥ Reports
Submit/Access payer specific reports

Payer Spaces (4 of 7)

The Resources tab contains links to useful Health Plan specific resources.

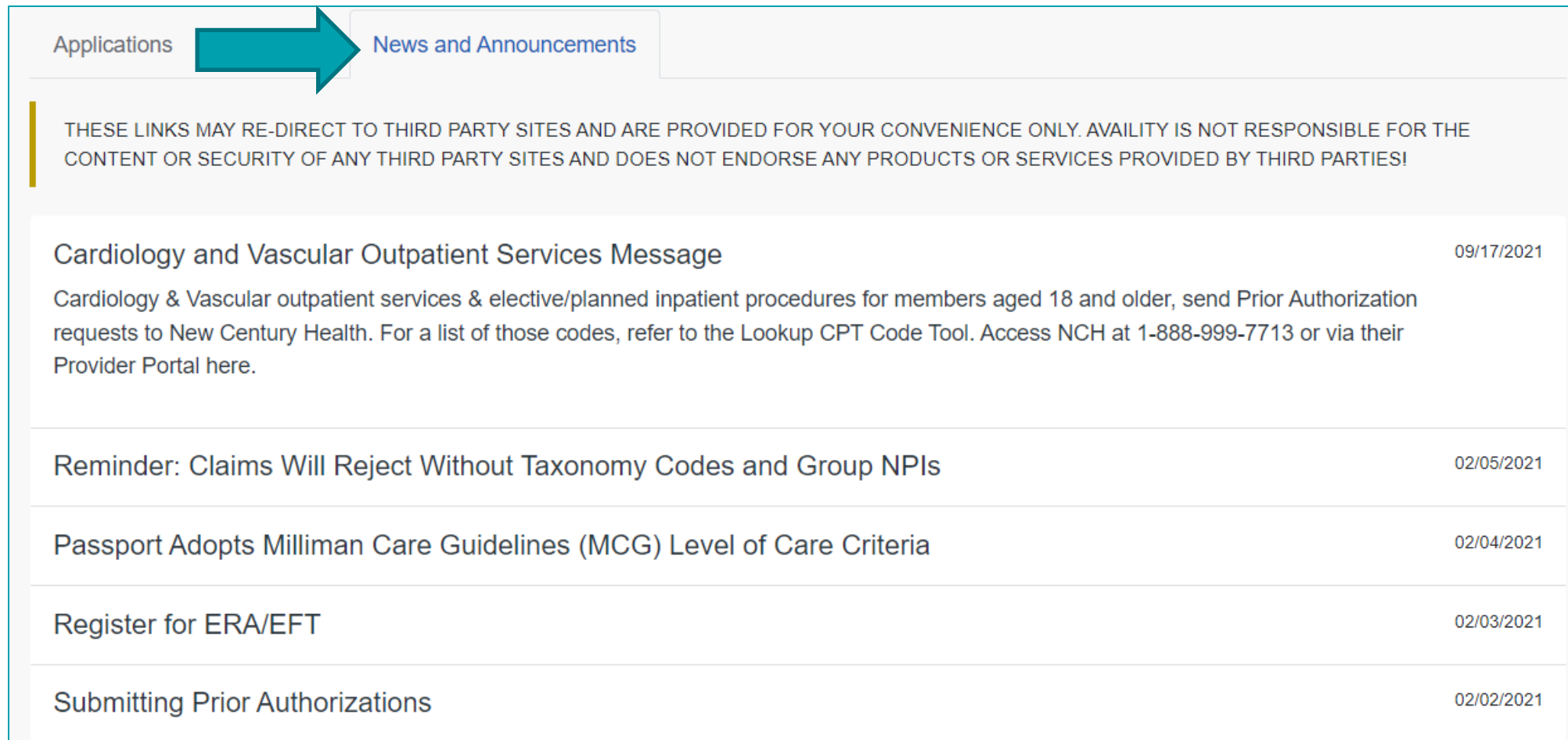


THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

Resource Name	Date
♥ Avesis	04/28/2020
♥ Building Culturally Competent Healthcare: Training Resource and Links Cultural Competency Provider Training Resources and Links	02/01/2021
♥ Cabinet for Health and Family Services (CHFS)	12/01/2020
♥ CAHPS® Tips: Flu Vaccinations for Adults	06/21/2021
♥ CAHPS® Tips: Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	06/21/2021
♥ CAHPS® Tips: Pneumococcal Vaccination Status for Older Adults (PNU)	06/21/2021
♥ CAQH	09/03/2020

Payer Spaces (5 of 7)

The News and Announcements tab contains Health Plan specific communications.



News Item	Date
Cardiology and Vascular Outpatient Services Message Cardiology & Vascular outpatient services & elective/planned inpatient procedures for members aged 18 and older, send Prior Authorization requests to New Century Health. For a list of those codes, refer to the Lookup CPT Code Tool. Access NCH at 1-888-999-7713 or via their Provider Portal here.	09/17/2021
Reminder: Claims Will Reject Without Taxonomy Codes and Group NPIs	02/05/2021
Passport Adopts Milliman Care Guidelines (MCG) Level of Care Criteria	02/04/2021
Register for ERA/EFT	02/03/2021
Submitting Prior Authorizations	02/02/2021

Payer Spaces (6 of 7)

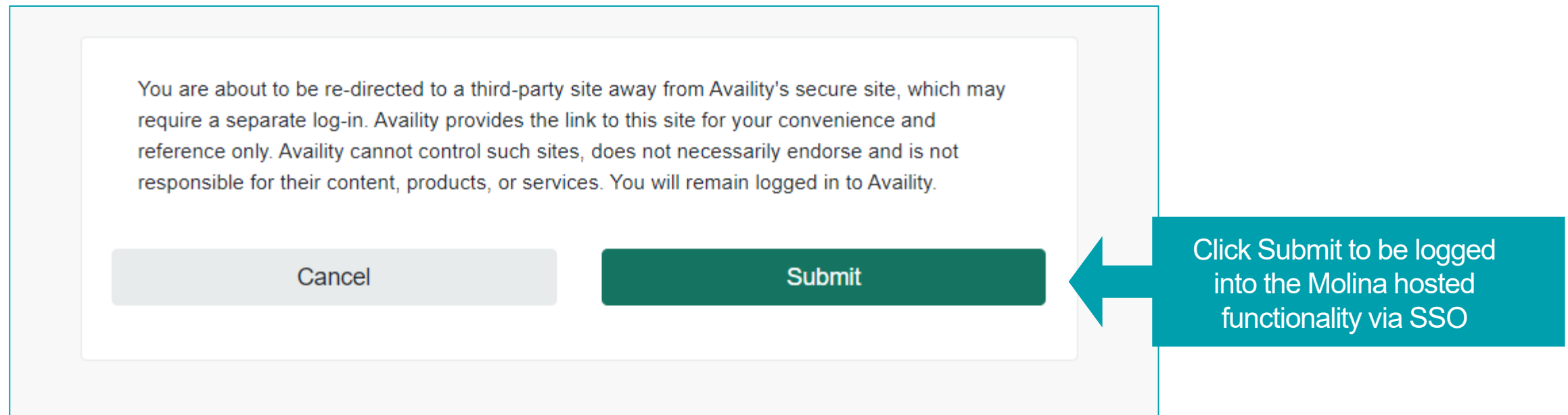
Most application tiles will prompt users to enter provider-specific information.

The screenshot shows a web form titled "Appeal or Correct Eligible Claims" with the MOLINA HEALTHCARE logo in the top right. The form includes several fields: "Organization" (dropdown menu with "Molina Healthcare Inc" selected), "NPI (Optional)" (text input field with "Enter NPI..." placeholder), "Tax ID" (dropdown menu with "Select TIN" placeholder), "State" (dropdown menu with "California" selected), "Medicare" (dropdown menu with "No" selected), and "Provider ID" (text input field with "Enter required fields" placeholder). A blue "Continue" button is at the bottom. Annotations include: a teal box with "Your Tax ID is required to Continue for all Applications" pointing to the Tax ID field; a teal box with "Once you've entered the Tax ID, select the applicable Provider" pointing to the Provider ID field; and a teal box with "Click Continue upon entering required information" pointing to the Continue button.

! Some tiles may require additional information.

Payer Spaces (7 of 7)

The below window will appear informing users they are being re-directed to a third-party site. This is the SSO process!



Appeal or Correct Eligible Claims

Appeal or Correct Eligible Claims (1 of 4)

The Appeal Claim module is a 3-step process:

- Submitting the Provider Appeal Request Form
- Waiver of Liability Form*
- Email Confirmation

♥ Appeal or Correct Eligible Claims

Correct or submit appeals for claims in finalized status

*For non-contracted Medicare and MMP Providers only!

Appeal or Correct Eligible Claims (2 of 4)

Search for the desired claim to appeal or correct by member name/DOB, member ID, claim number or status.

The screenshot shows the 'Claims Inquiry' page in the Molina Healthcare Provider Self Services portal. The page header includes the Molina Healthcare logo, 'Provider Self Services', and a user welcome message: 'Welcome, All Access User: aka642' with a 'Log Out' button. The date and time are 'Jun 26 2021 6:22:44 AM', and there are links for 'FAQ', 'Training', and 'Contact Molina'. Below the header, the 'Claims Inquiry' section is titled, and a note states: 'Information on Claims accepted into the adjudication system is current as of Jun 26 2021 12:55:34 AM PST'. The search form includes a 'Billing Provider' dropdown menu with 'PEDIATRICS-11111111' selected. Below this are three dropdown menus: 'Claim Type' (set to 'All'), 'Search Options' (set to 'Claim Status'), and 'Claim Status' (set to 'Paid'). The 'Additional Search Filters' section contains several input fields: 'Received Date' with 'From' and 'To' date pickers, 'Date of Service' with 'From' and 'To' date pickers, 'Rendering Provider' (set to 'All'), 'Gender' (dropdown), 'Patient Control No.' (text input), 'Coverage Type' (set to 'All'), 'Claims Status' (set to 'All'), and 'NPI' (text input). At the bottom right of the form are three buttons: 'Search', 'Clear', and 'Cancel'.

Appeal or Correct Eligible Claims (3 of 4)

Once the desired claim has been identified, click on the appropriate button to Appeal, Void or Correct the claim.

Claim Details

General Information

Member Name: DOE, JOE
Claim Source: EDI
Claim Header Status: Denied
Rendering Provider Name: MEDICAL CENTER
Rendering Provider NPI: 111111111
Check Paid Date: 02/04/2022
Service Date To: 1/10/2022

Claim Number: 220
Claim Status Effective: 1/10/2022
Billed Amount(\$): 116.00
Check Number: EFT
Service Date From: 1/10/2022
Patient Control Number:
Amount Paid(\$): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	Adj Grp Cd	Adj Rsn Cd	Rmk Cd
1	01/10/2022	01/10/2022	0510	99211		1	116.00	0.00	0.00	0.00	0.00	1/10/2022	Denied	CO	96	N129

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

DESCRIPTION OF HIPAA ADJUSTMENT & REMARK

ADJ GRP CODE	DESCRIPTION
CO	Contractual Obligation

ADJ RSN CODE	DESCRIPTION
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RMK CODE	DESCRIPTION
N129	Not eligible due to the patient's age.

[Appeal Claim](#) [Void Claim](#) [Correct Claim](#) [View Diagnosis Code](#) [Print Claim Summary](#) [Back](#)

! Finalized claims have the Correct Claim button.
All claims will have the Void Claim button

Appeal or Correct Eligible Claims (4 of 4)

Information from the claim will auto-populate within the Provider Appeal Request Form or the Correct/Void Claim form.

For Corrections/Voids, make any desired changes and Submit.

For Appeals, complete the remainder of the form and Submit.

The screenshot displays the 'Provider Appeal Request Form' interface. At the top, it includes instructions for filing an 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 the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

The form is divided into several sections:

- Provider Information:** Fields for Provider's Name (MEDICAL CENTER), NPI (1111111111), Federal ID (1234567890), Request Type (Appeal), Participation Status (Contract), Claim Number (220), Date of Service From (01/10/2022), Total Billed Charges (116.00), CPT Code, Authorization Number, Address, City/State/Zip, Email Address, Contact Person, Phone, and Fax Number.
- Member Information:** Fields for Member's ID (1234567890) and Member Name.
- Specific Issue(s):** A text area for describing the appeal.
- Supporting Information:** Attachments section with a 'Type of Attachment' dropdown and a 'Choose File' button. A note states: 'Upload files only when you want to add supporting information. Total Size of all files attached cannot exceed 128 MB'.
- Submission:** Fields for Submitter Name and Submission Date. A note indicates: 'Appeals submitted after 5pm are considered to be received on the next business day'. A checkbox certifies the submitter's identity: 'By entering my name below, I certify that I am either the submitting healthcare provider or the authorized representative of the provider and all information in any form submitted to Molina Healthcare is truthful and accurate.' Buttons for Print, Submit, and Cancel are present.
- Navigation and Action:** A 'Next >>' button, 'Save for Later', 'Save as Template', and 'Cancel' buttons. A tabbed interface shows 'Member', 'Provider', and 'Summary' tabs. Below the tabs, a question asks 'What would you like to do?' with options: Create Claim, Correct Claim (selected), and Void Claim. A 'Prior Claim ID#' field contains '1234567890' and an 'Enter' button.
- Eligibility Check:** A section with a '+ Manage and Use Templates' button and an 'Expand to view Manage and Use Templates' link. It prompts the user to 'Enter the insured's ID or their last name, first name and Date of Birth. If you don't know the ID search by Last name, First name and Date of Birth using Advance Search'. It includes an 'Advanced Search' button and fields for Insured's ID Number, Last Name, First Name, DOB, Service From Date, and Service To Date.
- Insured's Information:** Fields for Last Name, First Name, Middle Initial, DOB, Sex, Address1, Address2, City, State, and Zip Code.

Checking Appeal Status



Check the status of your appeal by searching for the desired claim. Once the claim in question has been located, click on the Claim ID. If the appeal has been reviewed and resolved, there will be a PDF icon – click to view the Decision Letter.

Claim Details

General Information

Member Name: DOE, JOE
Claim Source: EDI
Claim Header Status: Denied
Rendering Provider Name: MEDICAL CENTER
Rendering Provider NPI: 111111111
Check Paid Date: 02/04/2022
Service Date To: 1/10/2022

Claim Number: 220
Claim Status Effective: 1/10/2022
Billed Amount(\$): 116.00
Check Number: EFT
Service Date From: 1/10/2022
Patient Control Number:
Amount Paid(\$): 0.00

Appeal Status: Unsettled
Case ID: PRV - 760002
Letter:  

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	Adj Grp Cd	Adj Rsn Cd	Rsk Cd
1	01/10/2022	01/10/2022	0910	99211		1	116.00	0.00	0.00	0.00	0.00	1/10/2022	Denied	CO	96	N129

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

DESCRIPTION OF HIPAA ADJUSTMENT & REMARK

ADJ GRP CODE	DESCRIPTION
CO	Contractual Obligation

ADJ RSN CODE	DESCRIPTION
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RMK CODE	DESCRIPTION
N129	Not eligible due to the patient's age.

Buttons: Appeal Claim, Void Claim, Correct Claim, View Diagnosis Code, Print Claim Summary, Back

Prior Authorizations

Prior Authorizations – Michigan Only

MI Providers can submit prior authorizations directly in Availity and do not need to go through Payer Spaces.

Check out the recorded demo in the Availity Learning Center for more information:

<https://availitylearning.learnupon.com/catalog/courses/2874184>

Prior Authorizations (1 of 6)

The Prior Auths tile has 4 functionalities:

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

♥ Prior Auths

Submit service requests, check status and create auth request templates.

Prior Authorizations (2 of 6)

To ensure the prior authorization request is submitted successful the listed elements are required. Please note, some of these elements are auto-populated for you.

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

Prior Authorizations (3 of 6)

The Service Request/Authorization Form is available for inpatient and outpatient service requests.

The screenshot displays the 'Service Request/Authorization Form' interface. At the top, the Molina Healthcare logo and 'Provider Self Services' are visible, along with a user welcome message and a 'Log Out' button. The page includes 'Save', 'Clear', and 'Save Template' buttons. The form is divided into three main sections: 'Member Search', 'Patient Information', and 'Service Information'. The 'Member Search' section contains fields for Member ID, Last Name, First Name, and Date of Birth, with an 'Advanced Search' button. The 'Patient Information' section includes fields for Last Name, First Name, Middle Initial, Date of Birth, Sex, Address, City, State, Zip Code, Phone # (Home), Phone # (Mobile), and PCP Name. The 'Service Information' section features dropdown menus for 'Type of Service' and 'Place of Service', a date picker for 'Proposed Start Date', and dropdowns for 'Inpatient Notification' and 'Admission Date'. It also includes radio buttons for 'Care Type' (Routine/Elective or Urgent/Expedite Within 72 Hours) and a table for adding diagnosis codes. The table has columns for '[Remove]', 'Diagnosis Code', and 'Diagnosis Description'. At the bottom, there is a table for adding procedure codes with columns for '[Remove]', 'Procedure Code', 'Procedure Description', 'Number of Units', and 'Procedure Modifier'.

Prior Authorizations (4 of 6)

Auth Search options:

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

MOLINA HEALTHCARE

Welcome, All Access User: aka769 [Log Out](#)
Feb 08 2022 1:00:48 PM
[FAQ](#) [Training](#) [Contact Molina](#)

Service Request/Authorization Inquiry

Search Options: Member Number:

Service Request Date
From: To:
OR
Submission Date
From: To:

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

Prior Authorizations (5 of 6)

For services submitted regularly, users can copy from the Inquiry screen to a New Request or as a Template for future submission using the Copy to Template or Copy to New Buttons.

Service Request/Authorization Details

General Information

Member Name: DOE, JOE	Service Request/Auth Number: 1234567890
Service Request/Auth Type: Outpatient	Referred To Provider: REFER TO PROVIDER
Requesting Provider: MOLINA PROVIDER	Referred To Provider NPI: 1234567890
Requesting Provider NPI: 1234567890	Service Request Date To: 06/18/2020
Service Request Date From: 06/18/2020	Request Receipt Date : 08/07/2020
Service Request Description : Outpatient Medical Visits	

Diagnosis Code

Diagnosis Code	Description	Diagnosis Type
D75.1	Secondary polycythemia	Primary
M43.12	SPONDYLOLISTHESIS CERVICAL REGION	Secondary
R59.1	Generalized enlarged lymph nodes	Secondary

Service Line Items

Service Code	Service Description	Service Request Status	Reason	Total Number of Units
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Denied		1

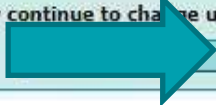
General Status

Description

Denied

If you have received pre-certification, but have not yet notified Molina of the actual dates of service, please refer to the hard copy documentation for more information.

If the member is currently inpatient and subject to concurrent review, the general status will be Pending or N/A and the number of days may continue to change until the case is finalized.



Prior Authorizations (6 of 6)

When submitting multiple prior authorization requests, you no longer need to start the SSO process all over again for each submission. Simply click on the Submit New SRA button at the bottom of the page to begin a new request!

Please use the Upload option below to attach required documents that may include but not limited to -

- Current (up to six months), adequate patient history related to the requested services
- Relevant physical examination that addresses the problem
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-Ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request

Attachments

Select Attachment Type for each file

Type of Attachment :

Supported file formats are PDF, TIF, JPG, BMP and GIF.
Upload 1 file at a time and continue uploading until you complete the attachments. Total Size of all Attachments should not exceed 128 MB.

Clinical Notes/Comments

Remarks:

Member Roster*

*For Primary Care Providers only

Member Rosters (1 of 3)

Member Rosters allow PCPs to view and navigate through a list of members assigned to them. Member Roster features include:

- Customizable member search with built-in features and sorting functions
- Ability to view various statuses such as needed services, inpatient and new member
- Ability to view the members Health Record

♥ Member Roster

View and navigate through a list of Members assigned to a Primary Care Provider

Member Rosters (2 of 3)

The screenshot shows the MOLINA Healthcare Member Roster interface. At the top left is the MOLINA Healthcare logo. The top right shows a user welcome message: "Welcome, All Access User: aka769712" with a "Log Out" button, and the date and time: "Feb 07 2022 2:24:41 PM". Below the logo is the "Member Roster" title. A dropdown menu for "Select a Primary Care Provider" is set to "All". Below that is a "Select a letter to find a Member by Last Name" section with a list of letters from "All" to "Z". A "Clear Filters" button is on the right. The main table has columns: "Select", "Last Name", "First Name", "Date Of Birth", "Member ID", "Line Of Business", "PCP Effective Date", "Status", and "PCP Name". The first row of data shows a member with Last Name "LNAME", First Name "FNAME", Date Of Birth "10/23/1984", Member ID "3492941", Line Of Business "Medicaid", PCP Effective Date "01/01/2022", Status "New", and PCP Name "PROVIDER, MOLINA". Below the table is a pagination control showing "Page 1 of 24" and "5 per page". At the bottom left are "Print" and "Export" buttons. At the bottom right is a "Member Health Record" button.

Welcome, All Access User: aka769712 [Log Out](#)
Feb 07 2022 2:24:41 PM
[FAQ](#) [Training](#) [Contact Molina](#)

Member Roster

Help

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

Select a letter to find a Member by Last Name
All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Clear Filters

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

Select	Last Name	First Name	Date Of Birth	Member ID	Line Of Business	PCP Effective Date	Status	PCP Name
	<input type="text"/>	<input type="text"/>		<input type="text"/>	Select		Select	
	LNAME	FNAME	10/23/1984	3492941	Medicaid	01/01/2022	New	PROVIDER, MOLINA
	LNAME1	FNAME1	12/09/1969	0000225	Medicaid	01/01/2022	New	PROVIDER, MOLINA
	LNAME2	FNAME2	09/30/2000	0000003	Medicaid	01/01/2022	New	PROVIDER, MOLINA
	LNAME3	FNAME3	02/07/1997	0000010	Medicaid	01/01/2022	New, Inpatient	PROVIDER, MOLINA
	LNAME4	FNAME4	09/10/2012	0000202	Medicaid	01/01/2022	New	PROVIDER, MOLINA

Showing 1-5 of 120

By default, Members are listed by Last Name

Print Export Member Health Record

Select an individual provider to view members assigned specifically to them

Click on a member's last name for Member Eligibility Details and Health Record access

Click in the teal column header or select from a drop down to sort

Print the Member Roster or Export to Excel

View the member's Health Record – click the button within the 'Select' column first!

Member Rosters (3 of 3)

The following can be viewed within the Member Health Record:

- Service history
- Service authorizations
- Inpatient admissions
- ED visits
- Lab results
- Allergies
- Medications

The screenshot displays the Molina Healthcare Provider Self Services interface. At the top, it shows the Molina Healthcare logo, the text "Provider Self Services", and a user welcome message: "Welcome, All Access User: aka203 | Log Out". The date and time are "Mar 02 2022 6:02:29 AM", and there are links for "FAQ", "Training", and "Contact Molina".

The main content area is titled "Member Eligibility Details" and includes a "Back to Roster" link. A "Member Health Record" callout box with a blue arrow points to the "Member Health Record" tab in the "Member Details" section. The "Member Information" section shows:

- Member ID: 0000000000
- Plan: Medicaid
- Status: ACTIVE
- Effective Date: 01/01/2022
- Enrollment Termination Date: (blank)

The "Service History" section includes filters for "Date of Service Start Date" and "Date of Service End Date" (both in mm/dd/yyyy format), a "Provider" dropdown menu set to "All", and a "Search" button. Below the filters is a table with the following data:

Date of Service	Provider	Service Description
2/5/2022	PROVIDER	OFFICE VISIT
2/5/2022	PROVIDER	OFFICE VISIT
2/4/2022	PROVIDER	OFFICE VISIT
1/11/2022	PROVIDER	OFFICE VISIT
1/11/2022	PROVIDER	OFFICE VISIT

At the bottom of the table, it says "Showing 1-5 of 8" and "5 per page". The page number is "Page 1 of 2". A disclaimer at the bottom reads: "This information is based on the claims and encounters data; if you know of any discrepancies or if you need any historical Service History information, please contact the Molina Case Manager."

Patient Care

Patient Care (1 of 5)

The Patient Care portlet contains valuable information such as:

- Member rosters
- Member information
- Clinical Data/PHR
- Alerts
- Assessments

♥ Patient Care

- Member Roster
- Member Information
- Clinical Data/PHR

Patient Care (2 of 5)

To access the provider profile under Patient Care, enter:

- Organization = Molina Healthcare
- Tax ID
- State

NPI is optional but helpful to enter for large TINs to perform an optimal query.


The screenshot displays a web interface titled "Patient Care". It features a teal header with the text "Member Health Messages" and a white box below it. Below this is another teal header labeled "Access Provider Profile". The form contains the following fields:

- Organization***: A dropdown menu with "Molina Healthcare MHI" selected.
- NPI (optional)**: A text input field with the placeholder "Enter NPI...".
- Tax ID***: A dropdown menu with "204881619" selected.
- State***: A dropdown menu with "Ohio" selected.


A blue "Submit" button is located at the bottom of the form.

Patient Care (3 of 5)

A list of provider groups associated with the information entered will appear. Select the proper radio button for the group you wish to obtain information for.

Patient Care Give Feedback 

Select the proper radio button here



Member Health Messages

Access Provider Profile

Organization*
Molina Healthcare MHI

NPI (optional)
Enter NPI...

Tax ID*
204881619

State*
Ohio

Submit

Select Provider

Select	NPI	TIN	Provider ID	Provider Name	Prov Service Location
<input type="radio"/>					CLEVELAND

Next

Patient Care (4 of 5)

The screenshot shows a search interface for patient care. At the top, a callout box says "Search by specific criteria" with an arrow pointing to the search criteria dropdown. Below this, the search criteria is set to "Last Name, First Name, Member ID, Line of Business, Status". To the left, a callout box says "Select a specific Primary Care Provider within the group to narrow results" with an arrow pointing to the "Select a Primary Care Provider" dropdown, which is currently set to "All". Below that, a callout box says "Click the members last name to open their Patient Care Profile" with an arrow pointing to the "QUINN" link in the table. To the right, a callout box says "Find members by the first letter of their last name" with an arrow pointing to the letter navigation buttons, where the letter "Q" is highlighted. At the bottom, a callout box says "Print the member roster or export to Excel" with an arrow pointing to the "Print" and "Export" buttons.

Search By : Last Name, First Name, Member ID, Line of Business, Status

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

Select a letter to find a Member by Last Name

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Click on a column header to sort or hover over a ? for help with that column.

Last Name	First Name	Date of Birth	Member ID	Line of Business	Status	PCP Effective Date
QUINN				OHIO HEALTHY FAMILIES	[Blank]	07/02/2021

Print Export

Patient Care (5 of 5)

The screenshot displays a patient care dashboard with the following fields and tabs:

- Member ID:** [Redacted]
- Member Name:** [Redacted]
- Enrollment Plan:** MHKY MEDICA
- Enrollment Eff. Date:** 01/01/2021
- Enrollment Date:** 2078
- Redet Date:** N/A

The dashboard features four main tabs: **Member Information**, **Clinical/PHR**, **Alerts**, and **Assessments**. Below these tabs is a list of expandable sections:

- ▶ Member Profile
- ▶ Enrollment
- ▶ Primary C
- ▶ IPA/Group Information

Callouts provide details for each tab:

- Member information tab:** contacts contact info, effective dates, member ID, and current PCP.
- Alerts tab:** shows care gap information.
- Clinical/PHR tab:** contains information such as Care Team Info, Service Authorizations, Inpatient Admissions and ED Visits.
- Assessments tab:** contains uploaded completed assessments for the member.

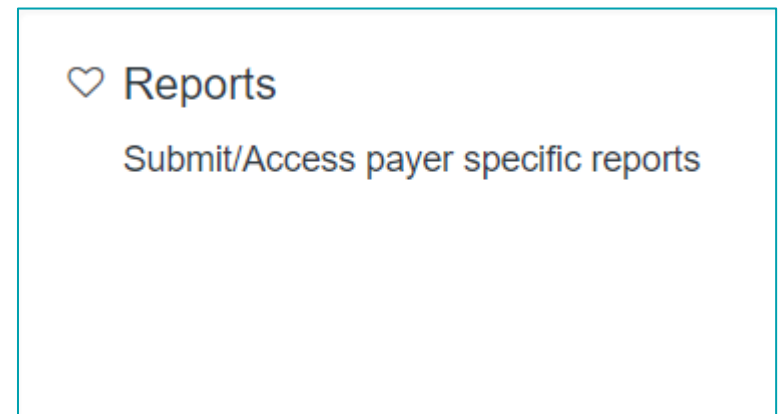
A **Member Health Messages** section is located at the bottom left of the dashboard.

Reports

Reports (1 of 4)

The Reports tile has 2 functionalities:

- Claim Report Request: allows users to pull claim reports using specific date spans.
- View Reports: where reports are housed once they have been requested and/or uploaded. Affiliation lists are housed within View Reports and, for some Health Plans, this is also where annual paid claim listings (PCL) are stored.



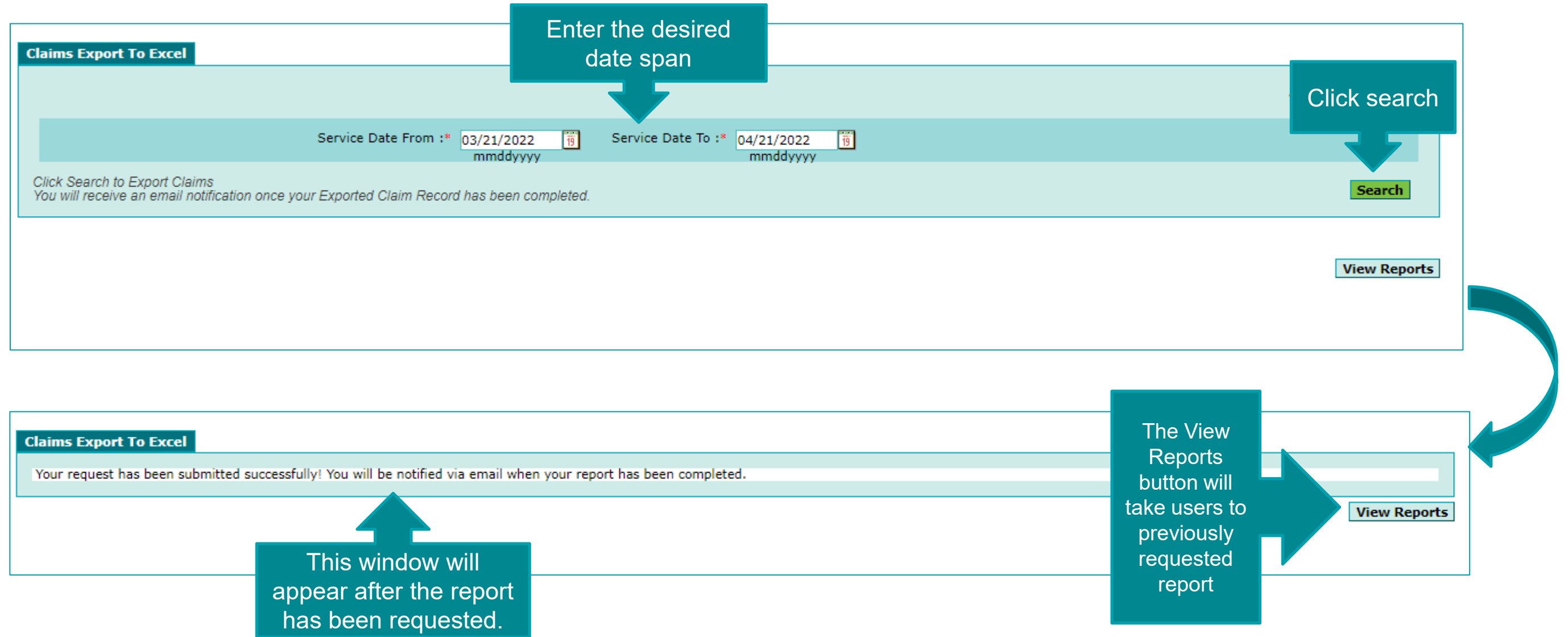
Reports – Claims Reports (2 of 4)

The Reports tile will ask for additional information prior to the SSO process. Below outlines the Report Option field:

The screenshot shows a web form with the following fields and callouts:

- Organization:** Molina Healthcare Inc (dropdown menu)
- NPI (Optional):** Enter NPI... (text input)
- Tax ID:** Select TIN... (dropdown menu)
- State:** Kentucky (dropdown menu)
- Provider ID:** Enter required fields first (text input)
- Reports Option:** Select... (dropdown menu)
- Callout 1:** A teal box with the text "Click to request a new claim report" and a downward arrow pointing to the "Claims Report Request" option in the Reports Option dropdown.
- Callout 2:** A teal box with the text "Click to access previously requested claim reports, access Affiliation List or view Paid Claim Listings*" and an upward arrow pointing to the "View Reports" option in the Reports Option dropdown.
- Continue:** A blue button at the bottom of the form.

Reports – Claims Reports (3 of 4)



Reports – View Reports (4 of 4)

Downloadable Claims Reports

File Name	Service From Date	Service To Date	Generated Date
*****8277_03-21-2022_04-21-2022	03/21/2022	04/21/2022	04/21/2022
*****8277_03-23-2021_03-23-2022	03/23/2021	03/23/2022	03/23/2022

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

[View more Claim files](#)

Downloadable Claims Reports provides a list of previously ran reports

Nurse Advice Reports

You have no Nurse Advice Reports in last 30 days.

[View more Nurse Advice Reports](#)

Paid Claims Listing (PCL) houses annual PCLs*

Paid Claims Listing (PCL)

You have no Paid Claims Listing (PCL) files in last 60 days.

[View more PCL Reports](#)

Affiliation List

Affiliation List - PDF
Affiliation List - EXCEL

Affiliation List offers a list of providers affiliated with the specific provider chosen during the SSO process**

*Varies by Health Plan

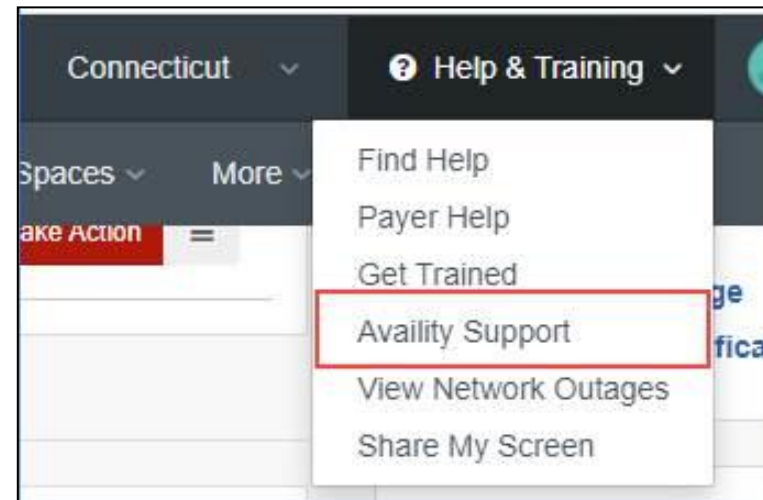
**To update provider information please submit an information change request to the Health

Reporting Portal Issues

Reporting Portal Issues (1 of 2)

Availity Essentials Issues:

- Contact Availity Customer Service (ACS) at (800) 282-4548
- Submit an ACS ticket by accessing Help and Training > Availity Support within the Availity Essentials Portal



Reporting Portal Issues (2 of 2)

Payer Spaces / SSO Issues:

- Alert your Provider Service Representative, providing the following as applicable:
 - State & Line of Business
 - TIN/NPI
 - User ID & Email
 - Claim number(s)
 - SRA/Prior Auth number(s)
 - Member ID(s)
 - Issue detail
 - Screen Shots
 - Molina Legacy Portal user ID
 - This is the 'aka####' ID found in the upper right-hand corner of the Molina Legacy Portal

Welcome, All Access User: aka734434572853 KY [Log Out](#)

Contacting Your Provider Service Representative

Health Plan	Contact	E-mail	Additional Resources
AZ	Kelley Pavkov	Kelley.Pavkov@molinahealthcare.com	
CA	Vanessa Lomeli Clemente Arias	Vanessa.lomeli2@molinahealthcare.com Clemente.arias@molinahealthcare.com	
FL	Provider Services Team	MFLProviderNetworkManagement@MolinaHealthCare.com	
IA	Provider Services Team	IAProviderServices@MolinaHealthcare.com IAContracting@MolinaHealthCare.com	
ID	Jessica Poole	Jessica.Poole@MolinaHealthCare.Com	
IL	Provider Services Team	MHILProviderNetworkManagement@MolinaHealthCare.com	Service Area (molinahealthcare.com)
KY	Provider Services Team	KYProviderRelations@MolinaHealthcare.com	Meet the KY Provider Services Team
MA	Provider Services Team	SWHProviderRelations@MolinaHealthCare.com	
MI	Provider Services Team	MHMPProviderServicesMailbox@molinahealthcare.com	
MS	Provider Services Team	MHMSProviderServices@molinahealthcare.com	
NM	Provider Services Team	MHNM.ProviderServices@molinahealthcare.com	
NV	Provider Services Team	NVProviderRelations@molinahealthcare.com	
NY	Provider Services Team	MHNYProviderServices@molinahealthcare.com Senior Whole Health: SWHNY-ProviderRel-NY@MolinaHealthCare.com	
OH	Provider Services Team	OHProviderRelations@MolinaHealthCare.com	
SC	Provider Services Team	SCProvider.Services@MolinaHealthCare.com	
TX	Provider Services Team	MHTXProviderServices@MolinaHealthCare.com	
UT	Provider Services Team	MHUPProviderServicesRequests@MolinaHealthCare.com	
VA	Provider Services Team	MCCVA-Provider@molinahealthcare.com	
WA	Dan Johnson	Daniel.Johnson@molinahealthcare.com	
WI	Provider Services Team	MHWIPProviderNetworkManagement@MolinaHealthCare.com	

Coming Soon!

Portal Enhancements

Molina constantly explores ways to improve the provider experience. Here are some portal enhancements you can expect to see throughout 2023*!

Coming soon: exciting new Availity Essentials portal functionalities

We're excited to announce new functionalities for the Availity Provider Portal that will help improve efficiency and add to a better experience for you. These are just some of the exciting capabilities coming your way!

Coming soon

E&B Accumulators

- For each member/plan submitted, the tool will provide the Molina plan, amount paid, and benefit/count level accumulated towards the threshold or limit

Claims Re-Evaluation (Appeals)

- Providers can submit claims disputes and

Prior Authorization (PA) Submissions and Status Reviews

- Submit and view auth status through Availity
- View all-payor Auth Dashboard
- More streamlined auth submittal process, with ability to add attachments

*Enhancements may vary by Health Plan. Timeframes for go-live are contingent upon successful testing.

Thank you

