

Molina Healthcare Portal SSO Functions

Presented by: Provider Services

June 2022



Agenda

- Payer Spaces and the SSO Process
- Appeal and Correct Eligible Claims
- Prior Auths
- Member Rosters
- HEDIS Roster
- Reports
- Coming Soon
- Reporting Portal Issues
- Contacting your Molina Provider Services Team

Payer Spaces and the SSO Process

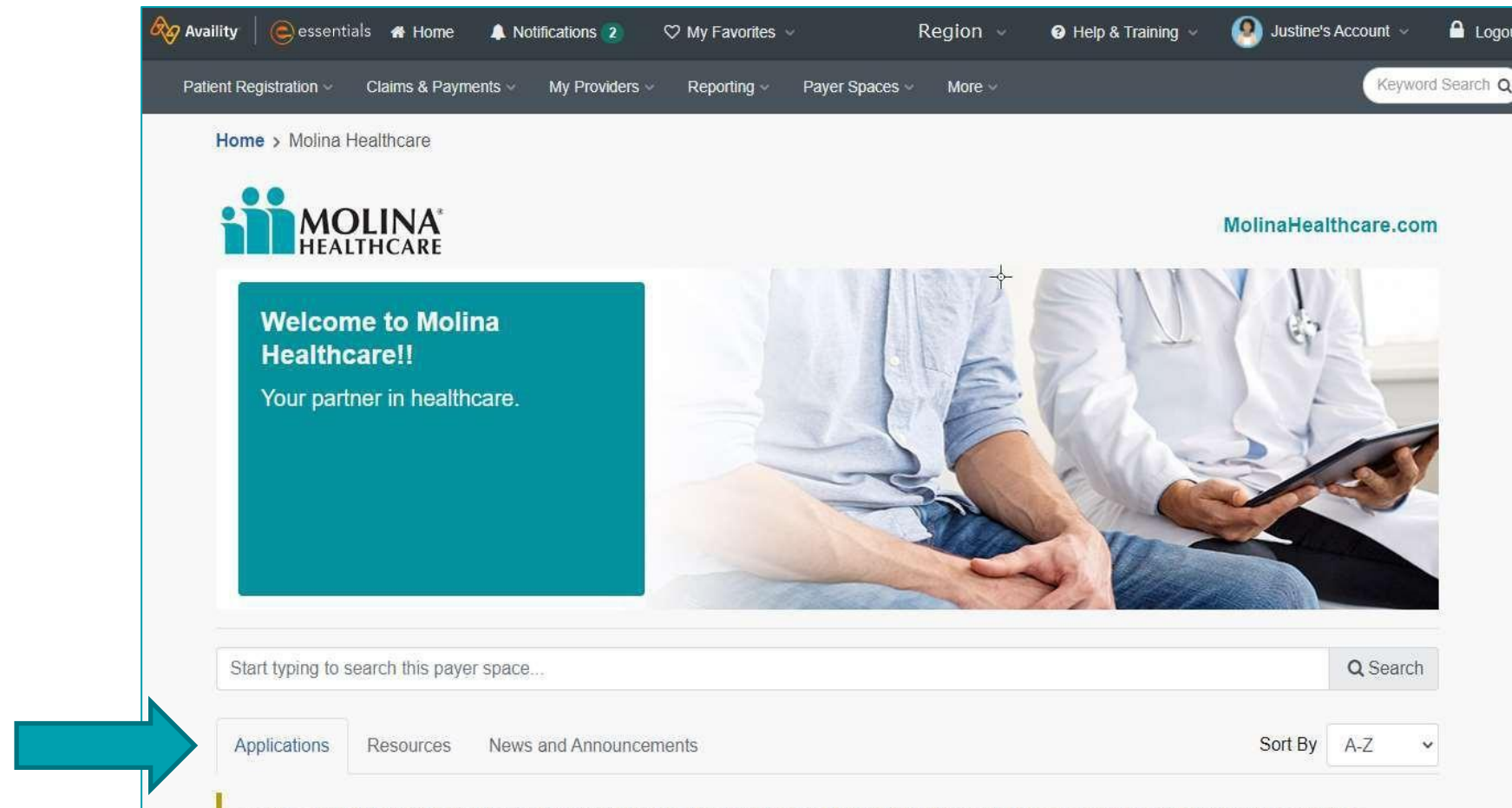
Payer Spaces (1 of 7)

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. The top navigation bar includes 'Availity | essentials | Home | Notifications 4 | My Favorites | Region | Help & Training | Justine's Account | Logout'. Below this, a secondary navigation bar contains 'Patient Registration | Claims & Payments | My Providers | Payer Spaces | More'. A teal arrow points to the 'Payer Spaces' menu item, with the text 'Select Payer Spaces, click on the Molina tile' overlaid. 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 is a 'Messaging' section with 'Unassigned', 'Unread', 'Pending', and 'Recently Resolved' items. Below that is a 'My Account Dashboard' with links for 'My Account', 'Maintain User', 'Add User', 'Manage My Organization', 'How To Guide for Dental Providers', 'Enrollments Center', 'EDI Companion Guide', and 'Spaces Management Tool'. At the bottom, there are four tiles: 'Eligibility and Benefits', 'Spaces Management', '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 into the Molina Legacy Portal via the SSO process. Please note, these tiles may vary by state!

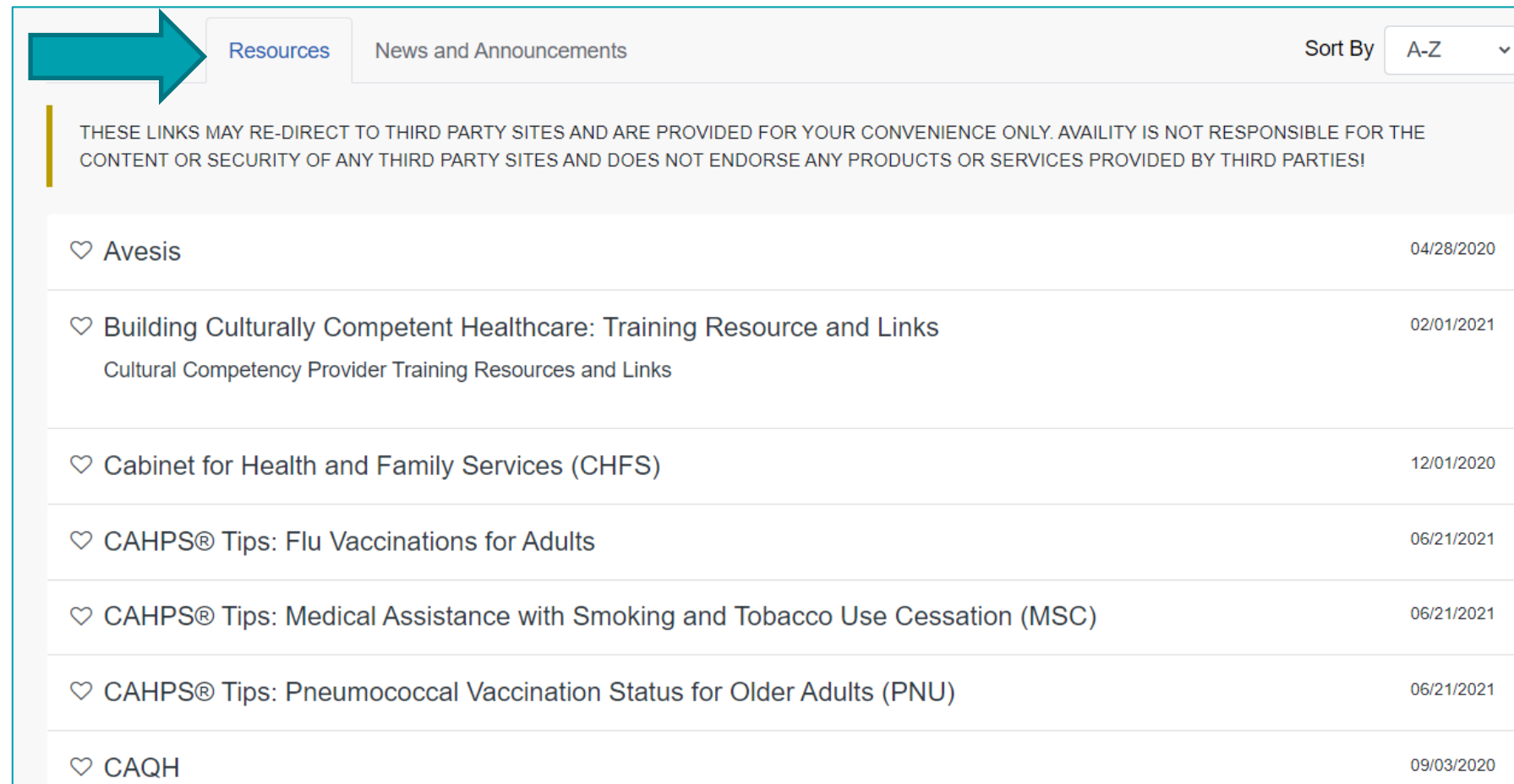
Applications Resources News and Announcements Sort By A-Z

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.

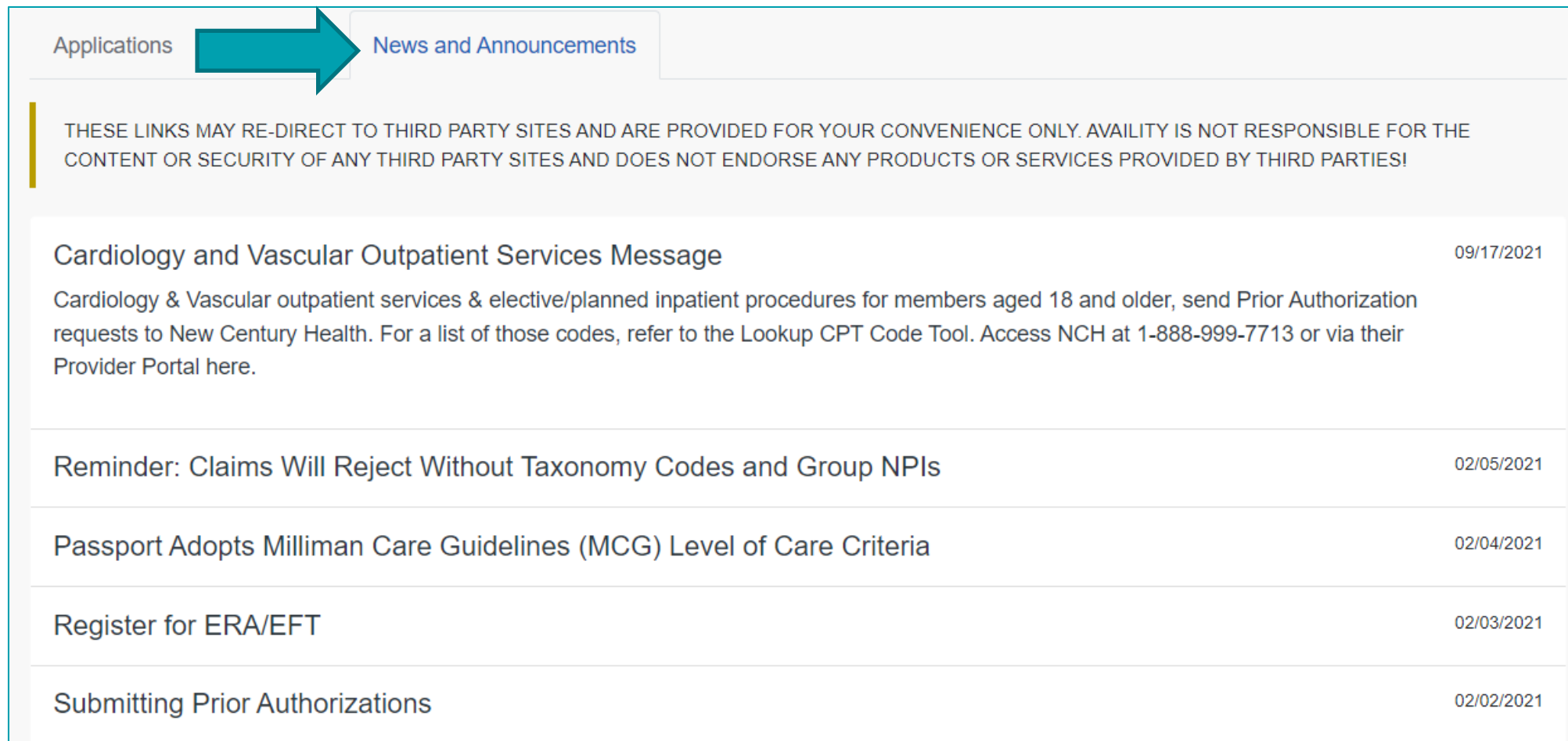



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Resource Name	Date
♥ Avesis	04/28/2020
♥ Building Culturally Competent Healthcare: Training Resource and Links Cultural Competency Provider Training Resources and Links	02/01/2021
♥ Cabinet for Health and Family Services (CHFS)	12/01/2020
♥ CAHPS® 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.



Applications  News and Announcements

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!

Cardiology and Vascular Outpatient Services Message	09/17/2021
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.	
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)

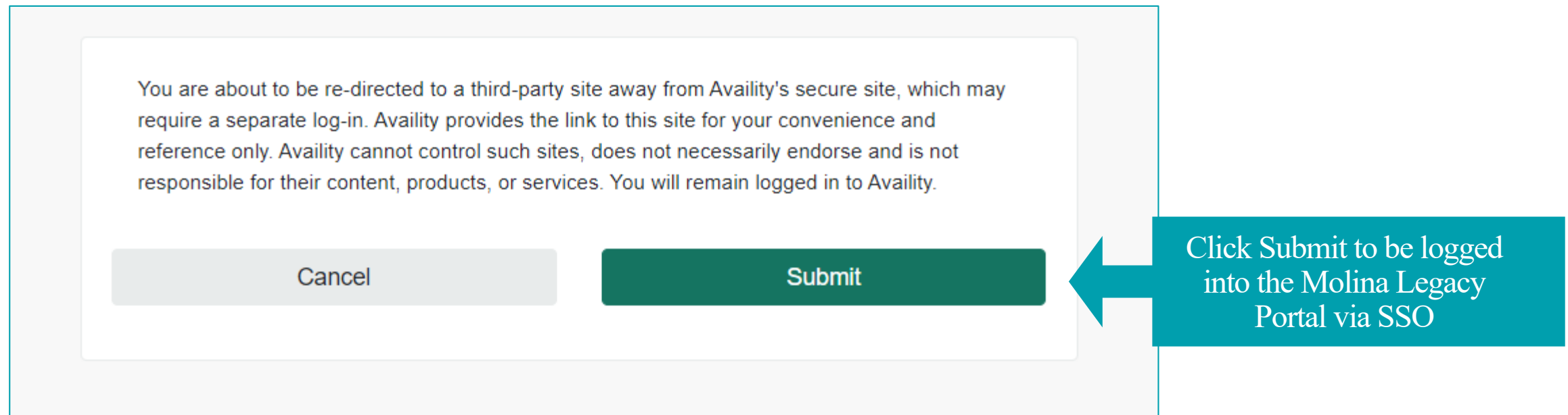
Each Application tile will prompt users to enter provider-specific information.

The screenshot shows a web form titled "Appeal or Correct Eligible Claims" with the MOLINA HEALTHCARE logo in the top right. The form contains 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" and an arrow pointing to the Tax ID field; a teal box with "Once you've entered the Tax ID, select the applicable Provider" and an arrow pointing to the Provider ID field; and a teal box with "Click Continue upon entering required information" and an arrow 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 the 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' section of 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' title is displayed, followed by a timestamp: 'Information on Claims accepted into the adjudication system is current as of Jun 26 2021 12:55:34 AM PST'. The main search area contains several filters: 'Billing Provider' (dropdown menu with 'PEDIATRICS-11111111'), 'Claim Type' (dropdown menu with 'All'), 'Search Options' (dropdown menu with 'Claim Status'), and 'Claim Status' (dropdown menu with 'Paid'). Under 'Additional Search Filters', there are fields for 'Received Date' (From and To) and 'Date of Service' (From and To), each with a calendar icon. Other filters include 'Rendering Provider' (dropdown menu with 'All'), 'Gender' (dropdown menu), 'Patient Control No.' (text input), 'Coverage Type' (dropdown menu with 'All'), 'Claims Status' (dropdown menu with 'All'), and 'NPI' (text input). At the bottom right of the search area 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. This information cannot be changed.

Complete the remainder of the form and Submit.

Provider Appeal Request Form

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.

Provider's Name: MEDICAL CENTER NPI: 1111111111 Federal ID: 1234567890
Request Type: Appeal Participation Status: Contract Non - Contracted
Claim Number: 220 Date of Service From: 01/10/2022 mm/dd/yyyy Total Billed Charges: 116.00
CPT Code: Authorization Number: Email Address: Address: City/State/Zip: Phone: Fax Number: Contact Person: Member's ID: 1234567890 Member Name: Specific Issue(s): Please state all details relating to your request including

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#: 1234567890 Enter

+ Manage and Use Templates Expand to view Manage and Use Templates

Eligibility Check

Enter the insured's ID or their last name, first name and Date of Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .

Insured's ID Number: * Advanced Search
OR
Last Name: * First Name: * DOB: * (mm/dd/yyyy)
AND
Service From Date: * (mm/dd/yyyy) Service To Date: * (mm/dd/yyyy)

Insured's Information

Last Name: First Name: Middle Initial: DOB: Sex: Address1: Address2: City: State: Zip Code:

Prior Authorizations

Prior Authorizations (1 of 5)

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 5)

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 5)

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

The screenshot displays the MOLINA Healthcare Provider Self Services interface. At the top, the logo and name 'MOLINA HEALTHCARE' are visible, along with the text 'Provider Self Services'. A user greeting 'Welcome, All Access User: aka03426416824' and a 'Log Out' button are in the top right corner, along with the date and time 'Jul 01 2020 11:23:44 AM'. Below the header, there are buttons for 'Save', 'Clear', and 'Save Template'. The main form is titled 'Service Request/Authorization Form' and includes a 'Member Search' section with fields for Member ID, Last Name, First Name, and Date of Birth, and an 'Advanced Search' button. Below this is the 'Patient Information' section, which contains 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 includes 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 features radio buttons for 'Care Type' (Routine/Elective or Urgent/Expedite Within 72 Hours) and a 'Discharge Date' field. At the bottom, there are two tables: one for 'Diagnosis Code' and 'Diagnosis Description' with a 'Remove' button, and another for 'Procedure Code', 'Procedure Description', 'Number of Units', and 'Procedure Modifier'.

Prior Authorizations (4 of 5)

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 5)

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	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

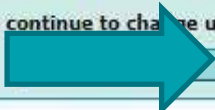
General Status

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.


Copy to Template
Copy to New

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. Several teal callout boxes with arrows point to specific features: one points to the provider dropdown, another to the "Last Name" column header, a third to the "Select" column header, a fourth to the "Print" and "Export" buttons, and a fifth to the "Member Health Record" button.

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 "Quick View" section shows a "Member Health Record" link with a downward arrow. Below this, there are tabs for "Member Details" and "Member Health Record". The "Member Health Record" tab is active, showing a "Service History" section with search filters for "Date of Service Start Date", "Date of Service End Date", and "Provider".

The "Service History" table lists 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".

HEDIS[®] Profile*

*For Primary Care Providers only

HEDIS[®] Profile (1 of 3)

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

HEDIS[®] Profile functionality includes:

- View HEDIS[®] scores and compare performance against peers and national benchmarks
- Search/filter for members who need HEDIS[®] services and export listings
- Submit HEDIS[®] chart documentation for completed services

♡ HEDIS Profile

Compare your HEDIS scores with national benchmarks



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

HEDIS® Profile (2 of 3)

Measures will appear alongside current measurement year performance within the My Rates tab. The ‘% of Patients who Received Services’ column will change color based on the national benchmark.

My Rates tab

Medicaid and Marketplace NCQA Nat'l Percentiles:

Green = Your rate is at or above 90% NCQA benchmark

Yellow = Your rate is at or above 75% NCQA benchmark

Red = Your rate is below the 75% NCQA benchmark

Medicare/Duals Star Ratings:

Green = Your rate is at or above the 5 star rating

Yellow = Your rate is at or above the 4 star rating

Red = Your rate is below the 4 star ratings

FAQ Help
The performance rates are based on claims/encounters data received as of 05/31/2016

My Rates Members

Group Name: MOLINA MEDICAL CENTER
 Select a Provider: All
 Select a Service location: All
 Show Data For: All Members
 Coverage: Medicaid

Medicaid measures	Your Current 2016 Measurement Year Performance				2015 Measurement Year Performance		2015 NCQA Nat'l Percentiles ³			
	Total # Patients in Measure	# Patients Completed Services	# Patients Still Needing Services	% of Patients who Received Services	Your Performance	Health Plan Performance ^{1,2}	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Adolescent Well Care Visit -All (AWC) ?	413	84	329	80.34%	0.00%	52.98%	41.76%	49.15%	59.98%	66.58%
Adult Access to Preventive/Ambulatory Health Services-All years (AAP) ?	564	202	362	35.82%	0.00%	76.87%	79.59%	83.84%	86.91%	88.75%
Adult BMI Assessment - All (ABA) ?	1	0	1	0.00%	0.00%	80.57%	75.47%	83.45%	89.62%	92.94%
Annual Dentist Visit 2-21 Years -Total (ADV) ?	1468	256	1212	17.44%	0.00%	0.00%	40.24%	54.69%	60.31%	66.64%
Antidepressant Medication Management - Effective Acute Phase (AMM) ?	3	3	0	100.00%	0.00%	53.73%	46.70%	50.50%	56.20%	62.60%
Appropriate Testing for Children with Pharyngitis 2 to 18 years (CWP) ?	17	17	0	100.00%	0.00%	75.14%	62.98%	71.48%	79.83%	85.25%
Appropriate Treatment for Children with Upper Respiratory Infection Age 2-18 (URI) ?	36	1	35	2.78%	100.00%	88.14%	84.24%	88.09%	92.51%	95.17%
Cervical Cancer Screening -All (CCS) ?	302	117	185	38.74%	0.00%	54.12%	54.33%	61.05%	67.88%	73.08%
Childhood Immunizations * (CIS) Chicken Pox Immunization ?	5	5	0	100.00%	0.00%	86.96%	87.59%	91.17%	92.76%	94.81%
Childhood Immunizations * (CIS) CO10 ?	5	1	4	20.00%	0.00%	17.22%	28.70%	35.88%	42.13%	49.63%

Page 1 of 4 10 per page Showing 1-10 of 39

■ Your rate is at or above 90% NCQA benchmark
■ Your rate is at or above 75% NCQA benchmark
■ Your rate is below the 75% NCQA benchmark

Print Export

1) Health Plan Performance: Includes data from claims/encounters as well as medical records for sampled members in particular measures.
 2) A 0% that is present in the Health Plan Performance column indicates that the denominator was too low to report or the Plan did not report the measure.
 3) The most current (2015) NCQA National Percentiles are displayed. The data are updated annually with the NCQA audited benchmarks in July/August.

HEDIS[®] Profile (2 of 3)

HEDIS[®] Needed Services List will show members who have outstanding HEDIS[®] services within the Members tab. This list can be printed or exported for convenience.

Members tab

HEDIS Profile FAQ Help
The performance rates are based on claims/encounters data received as of 05/31/2016

My Rates **Members**

HEDIS Needed Services List

Group Name: MOLINA MEDICAL CENTER

Select a Provider: All

Select a Service location: All

Show Data For: All Members

Service Status: All

Coverage: Medicaid

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

At Molina, we care about your patient information. Please send us the relevant medical record documentation (e.g., progress note, immunization record, lab reports) if a HEDIS service was completed but not reflected on the profile by clicking on the Upload Documents button below. We will review the information and update our records if it meets the HEDIS criteria.

Select	Last Name	First Name	Date of Birth	Member ID	Measure	Address	Phone	Status	PCP Name	Service Location
<input type="checkbox"/>	BLACK	SIRIUS	02/01/2000	00000000A	Weight Assessment and Counseling- BMI Percentile (WCC) Total	200 Oceanate #100, Long Beach, CA 90802	0000000000	Needed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
<input type="checkbox"/>	DIGGORY	CEDRIC	01/17/1963	00000000B	Cervical Cancer Screening -All (CCS)	200 Oceanate #100, Long Beach, CA 90802	0000000000	Needed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
<input type="checkbox"/>	GRYFFINDOR	GODRIC	01/20/2003	00000000C	Immunizations for Adolescents (IMA) *(Meningococcal and Tdap)	200 Oceanate #100, Long Beach, CA 90802		Completed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
<input type="checkbox"/>	PETTIGREW	PETER	01/20/2003	00000000D	Weight Assessment and Counseling- BMI Percentile (WCC) Total	200 Oceanate #100, Long Beach, CA 90802		Needed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
<input type="checkbox"/>	SLYTHERRIN	SALAZAR	05/01/1990	00000000E	Cervical Cancer Screening -All (CCS)	200 Oceanate #100, Long Beach, CA 90802		Completed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802

Page 1 of 1 10 per page Showing 1-5 of 5

Reports are based on assigned PCP.

If the member is not assigned to you, contact Provider services at 888-665-4621

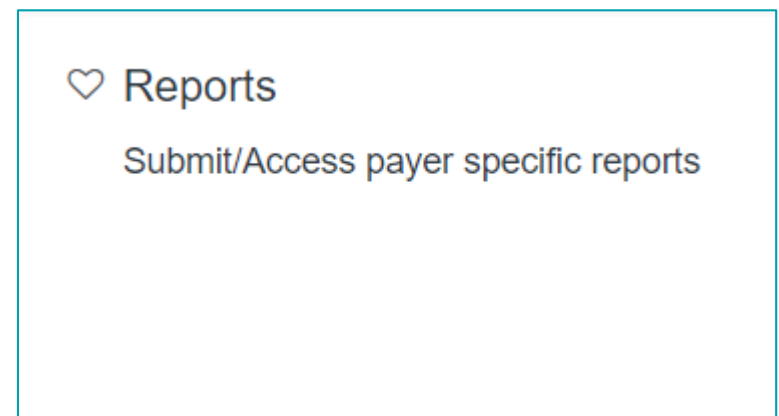
Reports

*For Primary Care Providers only

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:

Organization
Molina Healthcare Inc

NPI (Optional)
Enter NPI...

Tax ID ⓘ
Select TIN...

State
Kentucky

Provider ID ⓘ
Enter required fields first

Reports Option
Select...

Claims Report Request

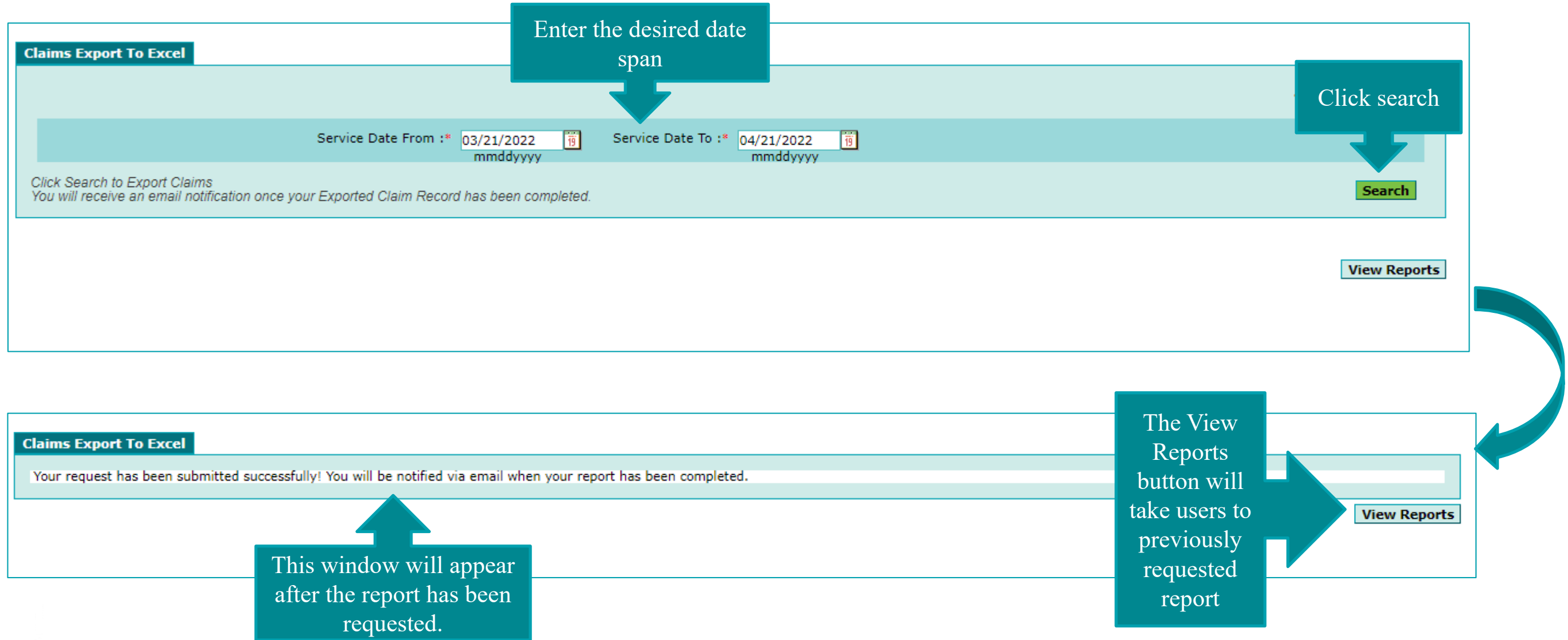
View Reports

Continue

Click to request a new claim report

Click to access previously requested claim reports, access Affiliation List or view Paid Claim Listings*

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

View more Claim files

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

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

Affiliation List - PDF
Affiliation List - EXCEL

*Varies by Health Plan

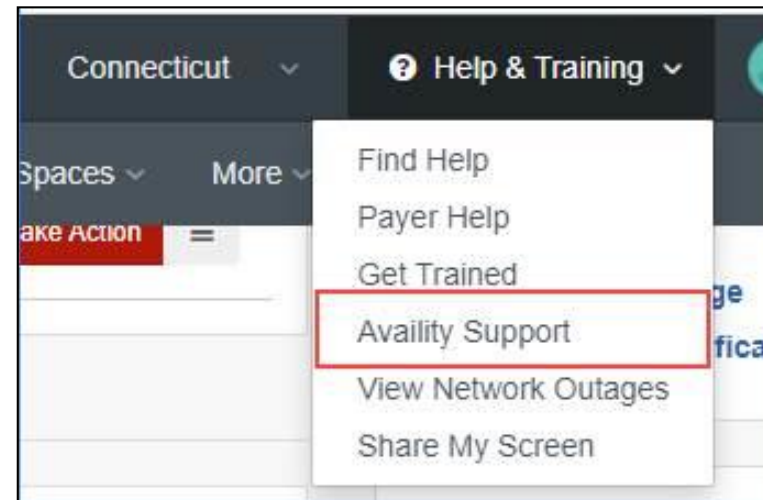
**To update provider information please submit an information change request to the Health Plan.

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)

Molina Legacy Portal 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	Pamela Langston	Pamela.Langston@molinahealthcare.com	
CA	Viviana Urquiza	Viviana.Urquizu@molinahealthcare.com	
FL	Carol Andrews	Carol.Andrews@MolinaHealthCare.com	
ID	Cassie Gillespie-Woods	Catherine.Gillespie-Woods2@molinahealthcare.com	
IL	Latasha Smith	Latasha.Smith@MolinaHealthCare.com	Service Area (molinahealthcare.com)
KY	Provider Services Team	ProviderRelations@passporthealthplan.com	Meet the KY Provider Services Team
MA	Beatriz Agosto	Beatriz.Agosto@MolinaHealthCare.com	
MI	Provider Services Team	MHMProviderServicesMailbox@molinahealthcare.com	
MS	Chinwe Nichols	Chinwe.Nichols@molinahealthcare.com 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	
NY-SWH	Provider Services Team	SWHNY-ProviderRel-NY@MolinaHealthCare.com	
OH	Provider Services Team	OHProviderRelations@MolinaHealthCare.com	
SC	Lisa Collins	Lisa.Collins@MolinaHealthCare.com	
TX	Denise Arvia	Denise.Arvia@MolinaHealthCare.com	
UT	Provider Services Team	MHUProviderServicesRequests@MolinaHealthCare.com	
VA	Jeanne Bellucci	Jeannette.Bellucci@molinahealthcare.com	
WA	Dan Johnson	Daniel.Johnson@molinahealthcare.com	
WI	Provider Services Team	WIProviderNetworkManagement@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 2022-2023*!

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

Coming soon: Exciting new functionality on Availity Essential

We're excited to announce new functionality for the Availity Provider Portal that will help improve efficiency and add to a better experience for our providers. These are just some of the exciting capabilities coming your way now through early 2023!

Coming soon in 2022

Enhancement	Features
New E&B Interface	<ul style="list-style-type: none"> Enhanced Eligibility and Benefits module will make finding the benefit information you need easier and quicker
Smart Claims	<ul style="list-style-type: none"> Quick entry forms and templates for claims

Coming later in 2022

Enhancement	Features
Claims Status Plus	<ul style="list-style-type: none"> An expanded view of Claim activity with better messaging and the ability to submit attachments electronically.
Enhanced Member Roster	<ul style="list-style-type: none"> PCPs and providers in the same group can Customize Member search, View various statuses (e.g, needed services, inpatient, new Members, etc.) Access other functions to view Member details, submit claims and request service authorizations
Real-time Authorization Approvals	<ul style="list-style-type: none"> Provides real-time approvals for authorization requests for certain services
Prior Authorization (PA) Submissions and Status Reviews	<ul style="list-style-type: none"> Submit and view auth status through Availity View all-payor Auth Dashboard More streamlined auth submittal process, with ability to add attachments
Automatic PA Requirement Checks	<ul style="list-style-type: none"> Verify instantly if PA is required Single Sign On to delegated vendors
Patient Cost Estimator	<ul style="list-style-type: none"> Provides view of member cost estimate based on the individual member's benefits
Auth Determination Correspondence	<ul style="list-style-type: none"> Near real-time access to auth status notification materials (currently fax/letter)
Claims Correction	<ul style="list-style-type: none"> Provide ability for a provider who has submitted a claim(s) to make a correction on the non-finalized claim.

Coming in 2023

Enhancement	Features
New E&B Interface	<ul style="list-style-type: none"> Enhanced Eligibility and Benefits module will make finding the benefit information you need easier and quicker
Smart Claims	<ul style="list-style-type: none"> For each member/plan submitted, returns Molina Plan/dollar & benefit/count level accumulated (HIPAA-Health Benefit Plan-30)
Claims Re-Evaluation (Appeals)	<ul style="list-style-type: none"> Submit claims disputes electronically View status on claims disputes electronically

Thank you

