Molina Healthcare Portal SSO Functions

2022 | Presented by Provider Network Management Team

MOLINA HEALTHCARE

SWH Senior Whole Health BY MOLINA HEALTHCARE

PASSPORT HEALTH PLAN BY MOLINA HEALTHCARE

MHO-4367
0322

Agenda

A number of functions are still being transferred to the Availity Essentials platform.

You can access the following while logged into Availity via Single Sign On (SSO):

- Authorizations
- Appeals/Correct Claims
- Claims Templates*
- Member Roster
- HEDIS® Profile
- Reports*

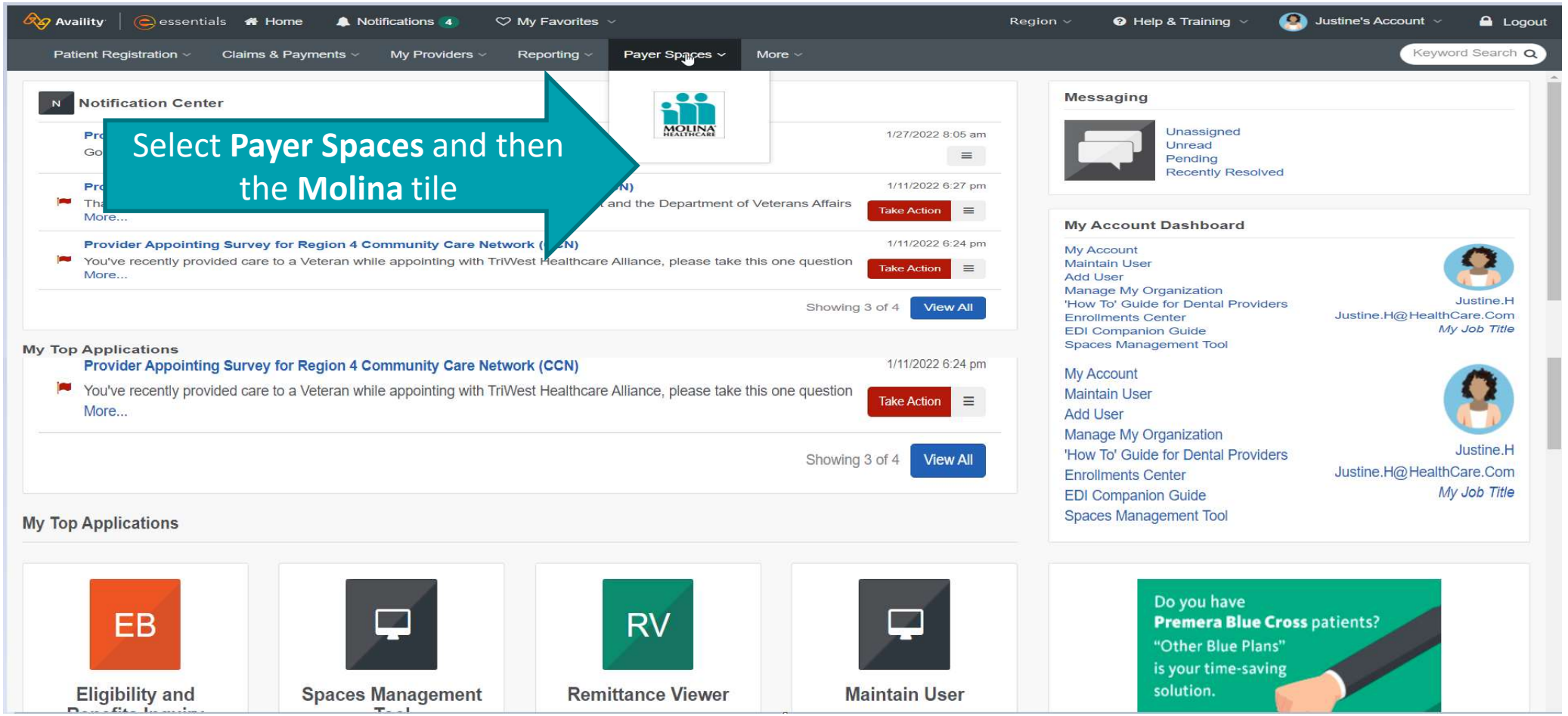
** Not applicable for all states*

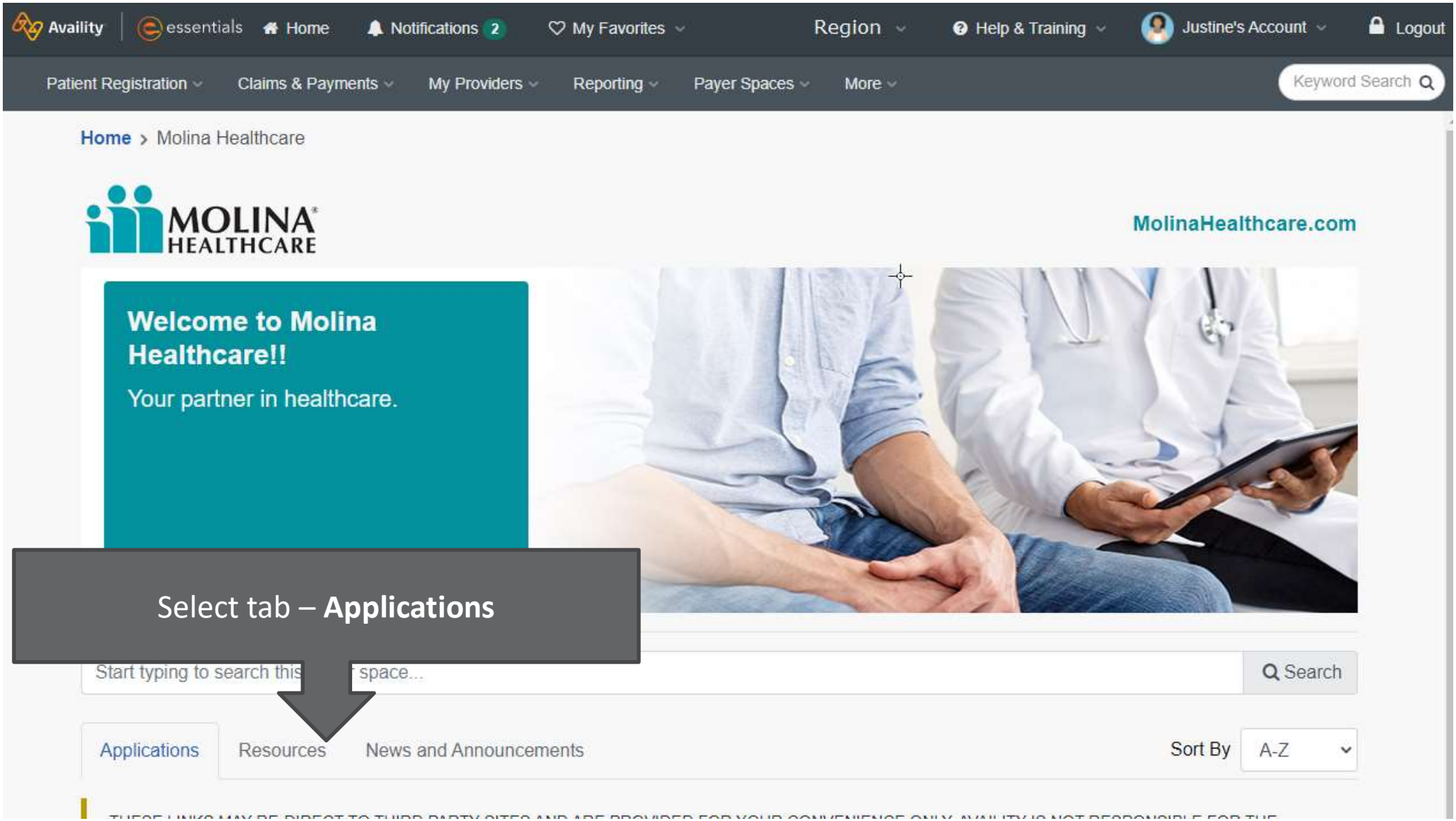
Payer Spaces

MOLINA HEALTHCARE

Payer Spaces

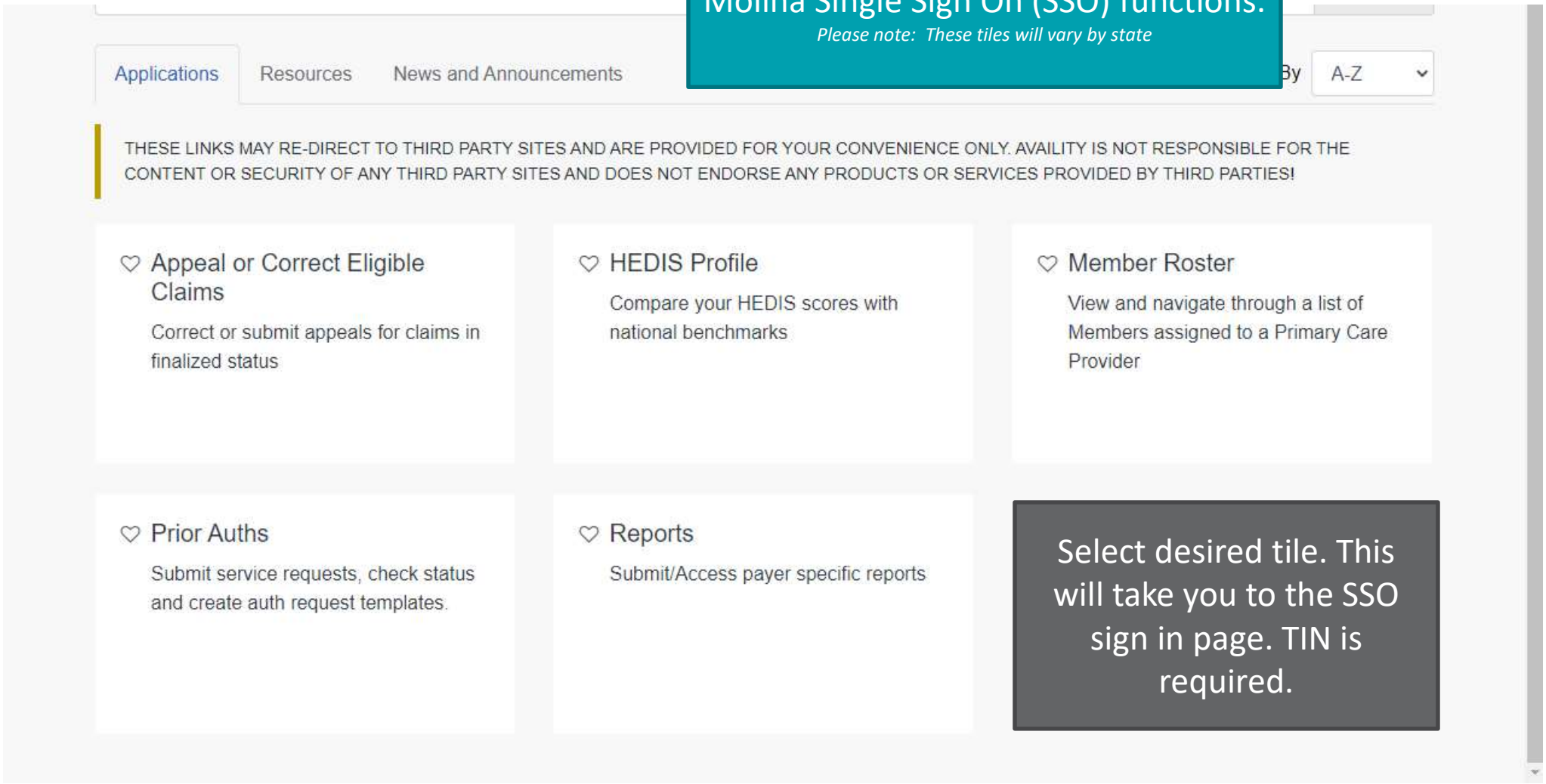
- A payer space contains links to payer-specific applications, resources, such as documents and links, and news and announcements. The applications can reside on Availity Essentials, on the payer's website, or on a third-party website.
- The links on a payer space page are organized on separate tabs. A number on a tab indicates the number of new links on the tab.
- The Applications tab contains links to applications specific to the payer.


Availity
essentials
Home
Notifications 4
My Favorites
Region
Help & Training
Justine's Account
Logout
Patient Registration
Claims & Payments
My Providers
Reporting
Payer Spaces
More
Keyword Search
Select **Payer Spaces** and then the **Molina** tile
MOLINA HEALTHCARE
Notification Center
1/27/2022 8:05 am
1/11/2022 6:27 pm
and the Department of Veterans Affairs
Take Action
More...
Provider Appointing Survey for Region 4 Community Care Network (CCN)
1/11/2022 6:24 pm
You've recently provided care to a Veteran while appointing with TriWest Healthcare Alliance, please take this one question
Take Action
More...
Showing 3 of 4
View All
My Top Applications
Provider Appointing Survey for Region 4 Community Care Network (CCN)
1/11/2022 6:24 pm
You've recently provided care to a Veteran while appointing with TriWest Healthcare Alliance, please take this one question
Take Action
More...
Showing 3 of 4
View All
My Top Applications
EB
Eligibility and
RV
Remittance Viewer
Maintain User
Messaging
Unassigned
Unread
Pending
Recently Resolved
My Account Dashboard
My Account
Maintain User
Add User
Manage My Organization
'How To' Guide for Dental Providers
Enrollments Center
EDI Companion Guide
Spaces Management Tool
Justine.H
Justine.H@HealthCare.Com
My Job Title
My Account
Maintain User
Add User
Manage My Organization
'How To' Guide for Dental Providers
Enrollments Center
EDI Companion Guide
Spaces Management Tool
Justine.H
Justine.H@HealthCare.Com
My Job Title
Do you have
Premera Blue Cross patients?
"Other Blue Plans"
is your time-saving
solution.

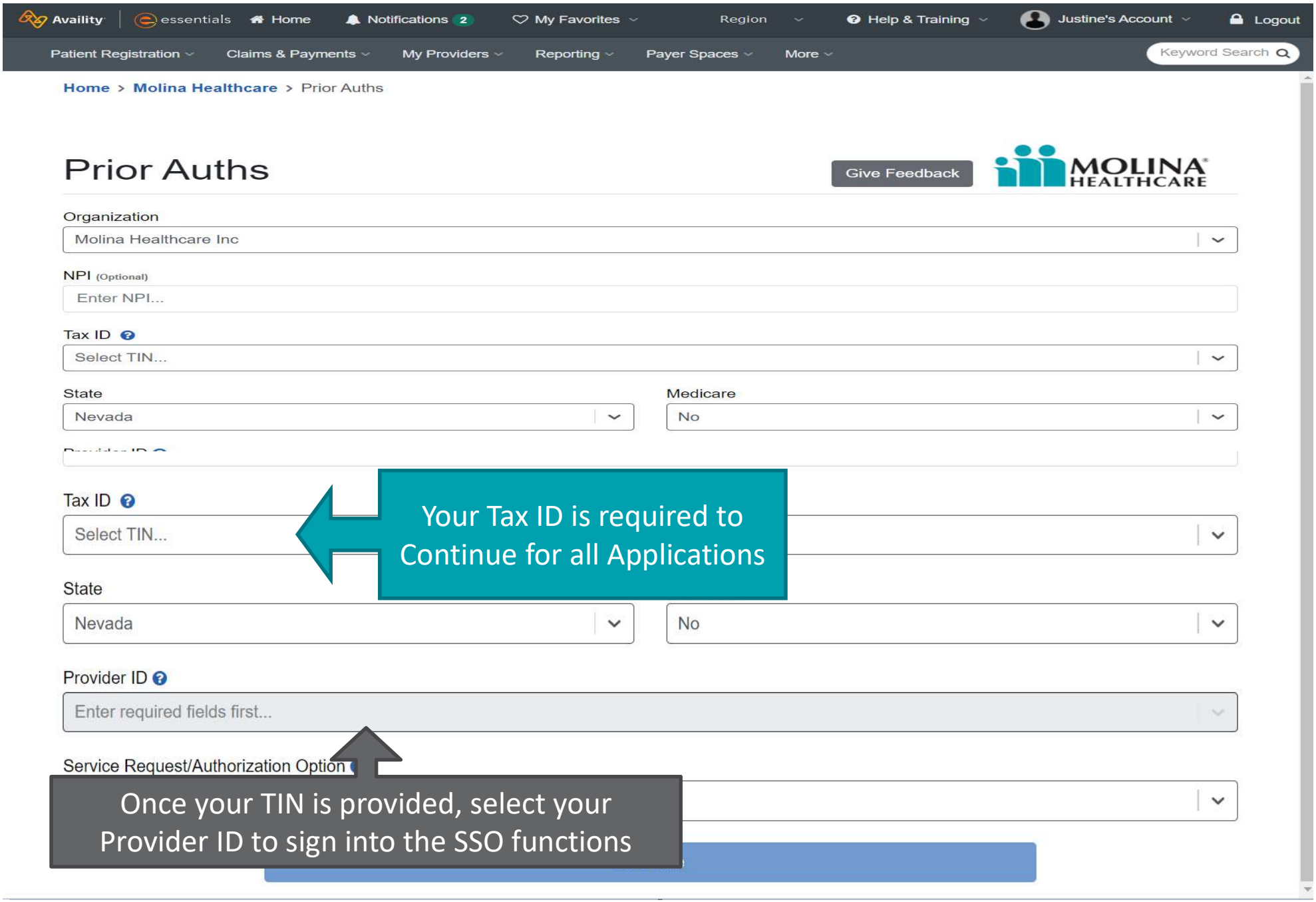

Availity
essentials
Home
Notifications 2
My Favorites
Region
Help & Training
Justine's Account
Logout
Patient Registration
Claims & Payments
My Providers
Reporting
Payer Spaces
More
Keyword Search
Home > Molina Healthcare
MOLINA HEALTHCARE
MolinaHealthcare.com
Welcome to Molina Healthcare!!
Your partner in healthcare.
Select tab – Applications
Start typing to search this space...
Search
Applications
Resources
News and Announcements
Sort By
A-Z

Applications –
Molina Single Sign On (SSO) functions.

Please note: These tiles will vary by state



Select desired tile. This will take you to the SSO sign in page. TIN is required.


Availity
essentials
Home
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My Favorites
Region
Help & Training
Justine's Account
Logout
Patient Registration
Claims & Payments
My Providers
Reporting
Payer Spaces
More
Keyword Search
Home > Molina Healthcare > Prior Auths
Prior Auths
Give Feedback
MOLINA HEALTHCARE
Organization
Molina Healthcare Inc
NPI (Optional)
Enter NPI...
Tax ID
Select TIN...
State
Nevada
Medicare
No
Tax ID
Select TIN...
Your Tax ID is required to Continue for all Applications
State
Nevada
No
Provider ID
Enter required fields first...
Service Request/Authorization Option
Once your TIN is provided, select your Provider ID to sign into the SSO functions

Appeal or Correct Eligible Claims

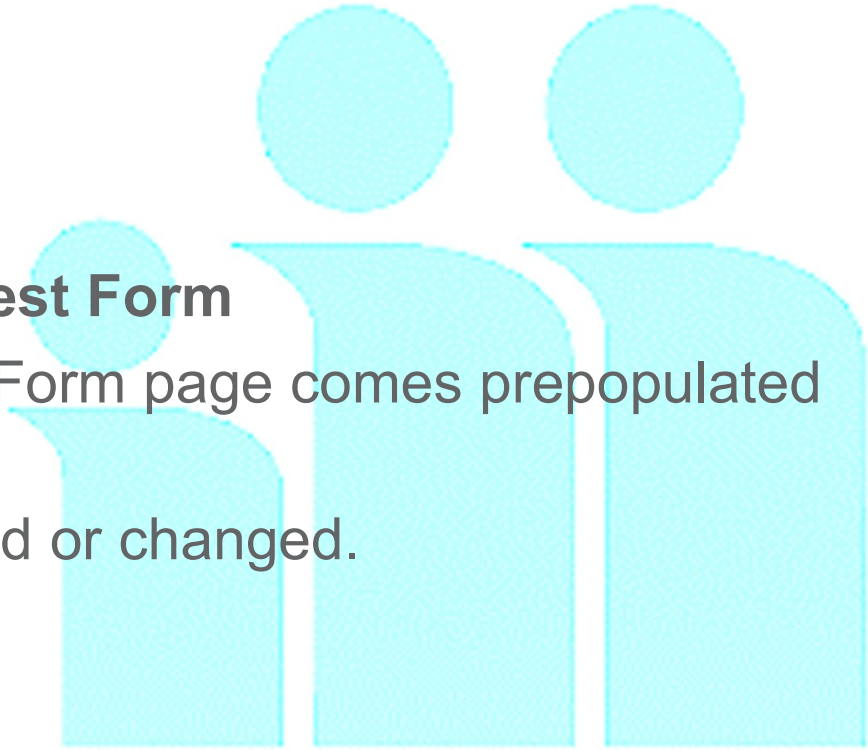
MOLINA HEALTHCARE

Appeals/Disputes

Appealing a Claim

The Appeal Claim module has three functionalities:

- Submitting Provider Appeal Request Form.
- Waiver of Liability Form.
- Email Confirmation.



Submitting Provider Appeal Request Form

Note: The Provider Appeal Request Form page comes prepopulated with details from the original claim.

Prepopulated data cannot be updated or changed.

Appeals/Disputes (cont.)

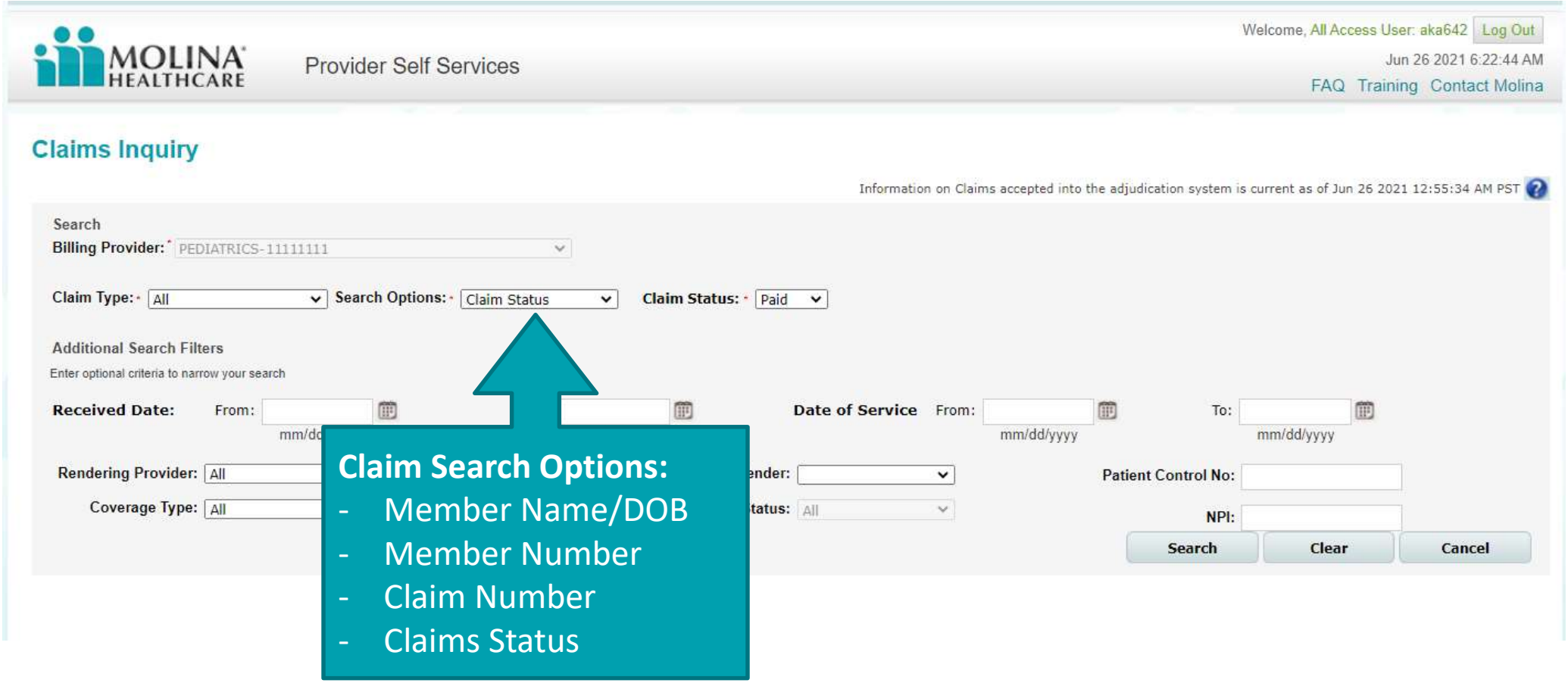
Waiver of Liability Form

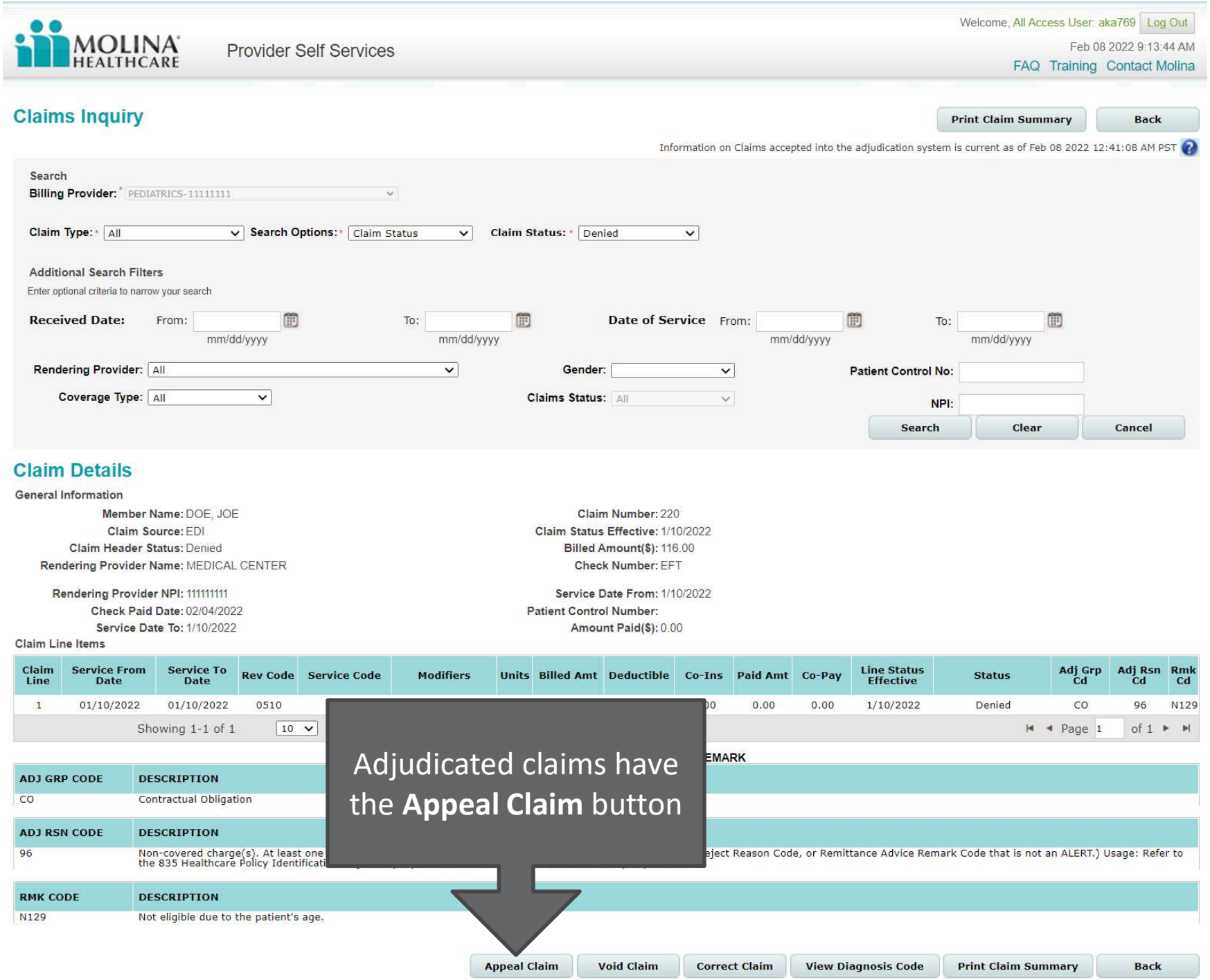
For non-contracted Medicare and MMP Providers only: Complete and attach the Waiver of Liability along with your appeal.

- Print, fill out, scan, and save the form to your computer then attach the document to the appeal along with all other supporting documents.
- Follow the attachment rules.

Email Confirmation

- Upon submission, you will receive an email to confirm that the online appeal was submitted successfully.


MOLINA HEALTHCARE
Provider Self Services
Welcome, All Access User: aka642
Log Out
Jun 26 2021 6:22:44 AM
FAQ
Training
Contact Molina
Claims Inquiry
Information on Claims accepted into the adjudication system is current as of Jun 26 2021 12:55:34 AM PST
Search
Billing Provider:
PEDIATRICS-11111111
Claim Type:
All
Search Options:
Claim Status
Claim Status:
Paid
Additional Search Filters
Enter optional criteria to narrow your search
Received Date:
From:
Date of Service
From:
To:
mm/dd/yyyy
Rendering Provider:
All
Coverage Type:
All
Patient Control No:
NPI:
Search
Clear
Cancel
Claim Search Options:
- Member Name/DOB
- Member Number
- Claim Number
- Claims Status


MOLINA HEALTHCARE
Provider Self Services
Welcome, All Access User: aka769 Log Out
Feb 08 2022 9:13:44 AM
FAQ Training Contact Molina
Claims Inquiry
Print Claim Summary
Back
Information on Claims accepted into the adjudication system is current as of Feb 08 2022 12:41:08 AM PST
Search
Billing Provider: PEDIATRICS-11111111
Claim Type: All
Search Options: Claim Status
Claim Status: Denied
Additional Search Filters
Enter optional criteria to narrow your search
Received Date: From: To: mm/dd/yyyy
Date of Service From: To: mm/dd/yyyy
Rendering Provider: All
Gender:
Patient Control No:
Coverage Type: All
Claims Status: All
NPI:
Search
Clear
Cancel
Claim Details
General Information
Member Name: DOE, JOE
Claim Source: EDI
Claim Header Status: Denied
Rendering Provider Name: MEDICAL CENTER
Claim Number: 220
Claim Status Effective: 1/10/2022
Billed Amount($): 116.00
Check Number: EFT
Rendering Provider NPI: 111111111
Check Paid Date: 02/04/2022
Service Date To: 1/10/2022
Service Date From: 1/10/2022
Patient Control Number:
Amount Paid($): 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 0.00 0.00 1/10/2022 Denied CO 96 N129
Showing 1-1 of 1
10
Page 1 of 1
EMARK
ADJ GRP CODE
DESCRIPTION
CO
Contractual Obligation
ADJ RSN CODE
DESCRIPTION
96
eject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to
RMK CODE
DESCRIPTION
N129
Not eligible due to the patient's age.
Adjudicated claims have the Appeal Claim button
Appeal Claim
Void Claim
Correct Claim
View Diagnosis Code
Print Claim Summary
Back

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:**			
Address:		**City/State/Zip:**			
Contact Person: *		**Phone:** *			
Member's ID: *	1234567890	**Member Name:** *	DOE, JOE		

Specific Issue(s):

Please state all details relating to your request including names, dates and

The **Provider Appeal Request Form** will auto populate information based on the claim selected

Supporting Information

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

Type of Attachment : Select

File : Choose File No file chosen Upload

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.
Total Size of all files attached cannot exceed 128 MB.

Submitter Name: *		**Submission Date:**	02/08/2022	**Receipt Date:**	02/08/2022

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

☐ By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge. *

Print **Submit** **Cancel**

Correct/Void Claim

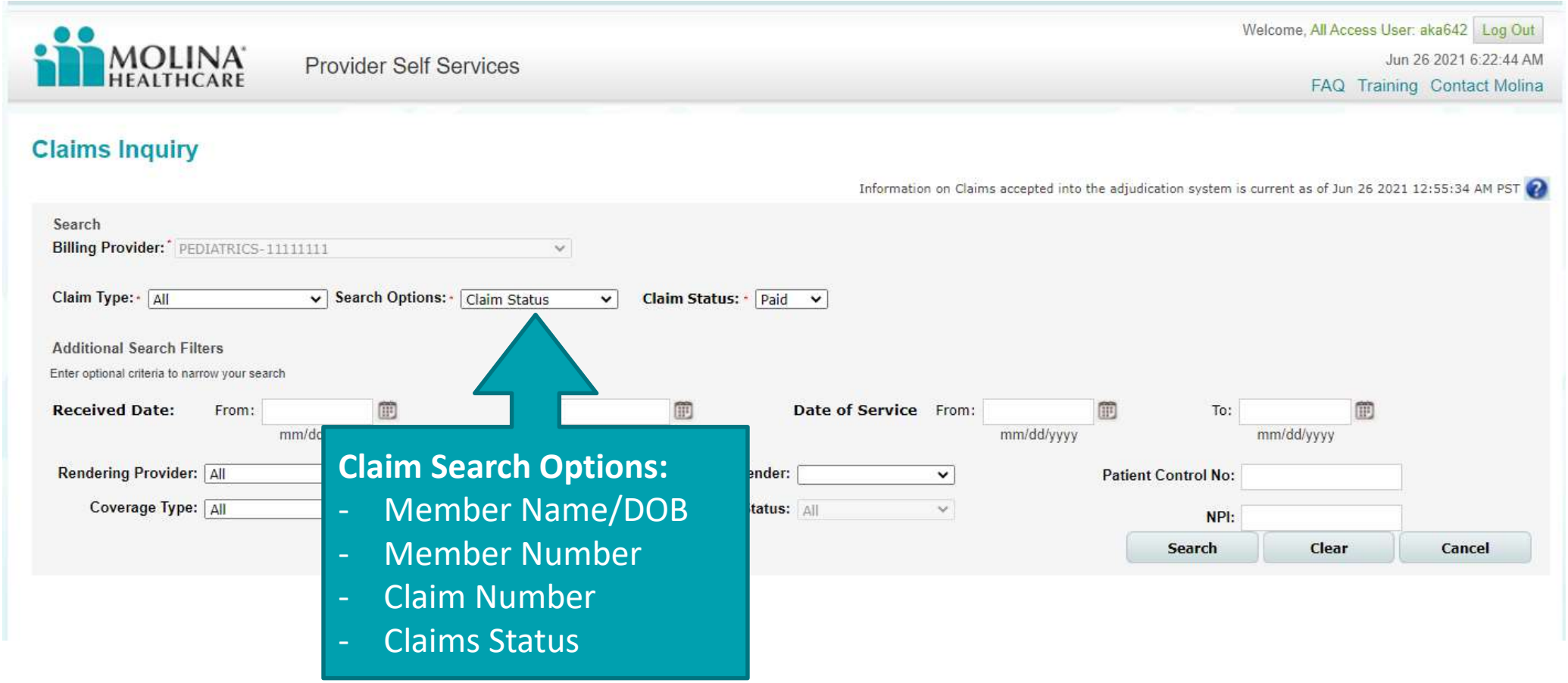
Correct Claim

- Corrected claims are considered new claims for processing purposes.
- You have the option to add attachments to the corrected claim.
- You can make corrections directly on the claim and select Submit on the final page.

Void Claim

You may find that you need to void a claim that has been adjudicated or is in processing:

- Claims voided after they have been paid will generate a cost recovery request.
- A claim can be voided for up to a year through the Provider Portal.


MOLINA HEALTHCARE
Provider Self Services
Welcome, All Access User: aka642
Log Out
Jun 26 2021 6:22:44 AM
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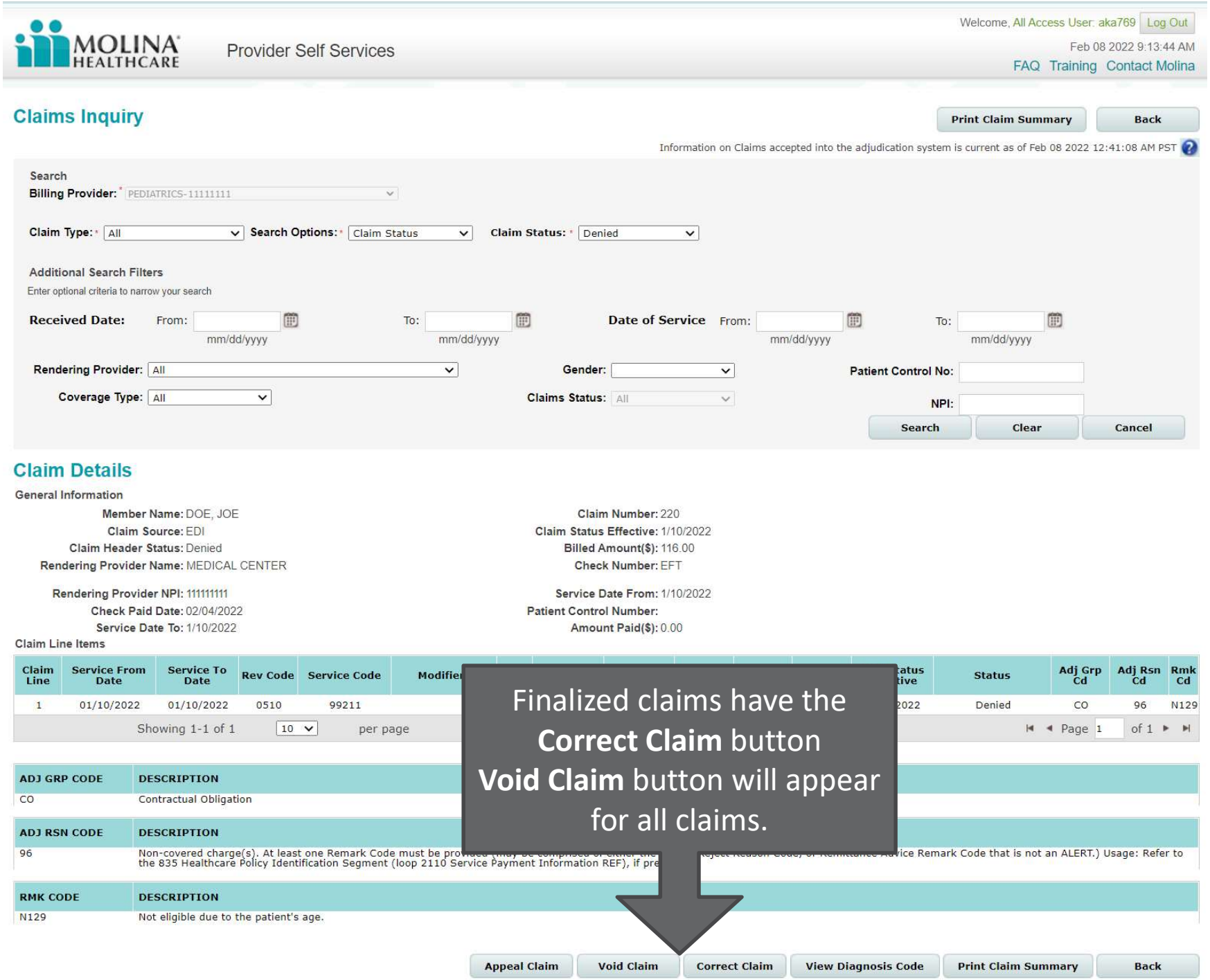
Contact Molina
Claims Inquiry
Information on Claims accepted into the adjudication system is current as of Jun 26 2021 12:55:34 AM PST
Search
Billing Provider:
PEDIATRICS-11111111
Claim Type:
All
Search Options:
Claim Status
Claim Status:
Paid
Additional Search Filters
Enter optional criteria to narrow your search
Received Date:
From:
Date of Service
From:
To:
mm/dd/yyyy
Rendering Provider:
All
Coverage Type:
All
Patient Control No:
NPI:
Search
Clear
Cancel
Claim Search Options:
- Member Name/DOB
- Member Number
- Claim Number
- Claims Status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Welcome, All Access User: aka769 Log Out
Feb 08 2022 9:13:44 AM
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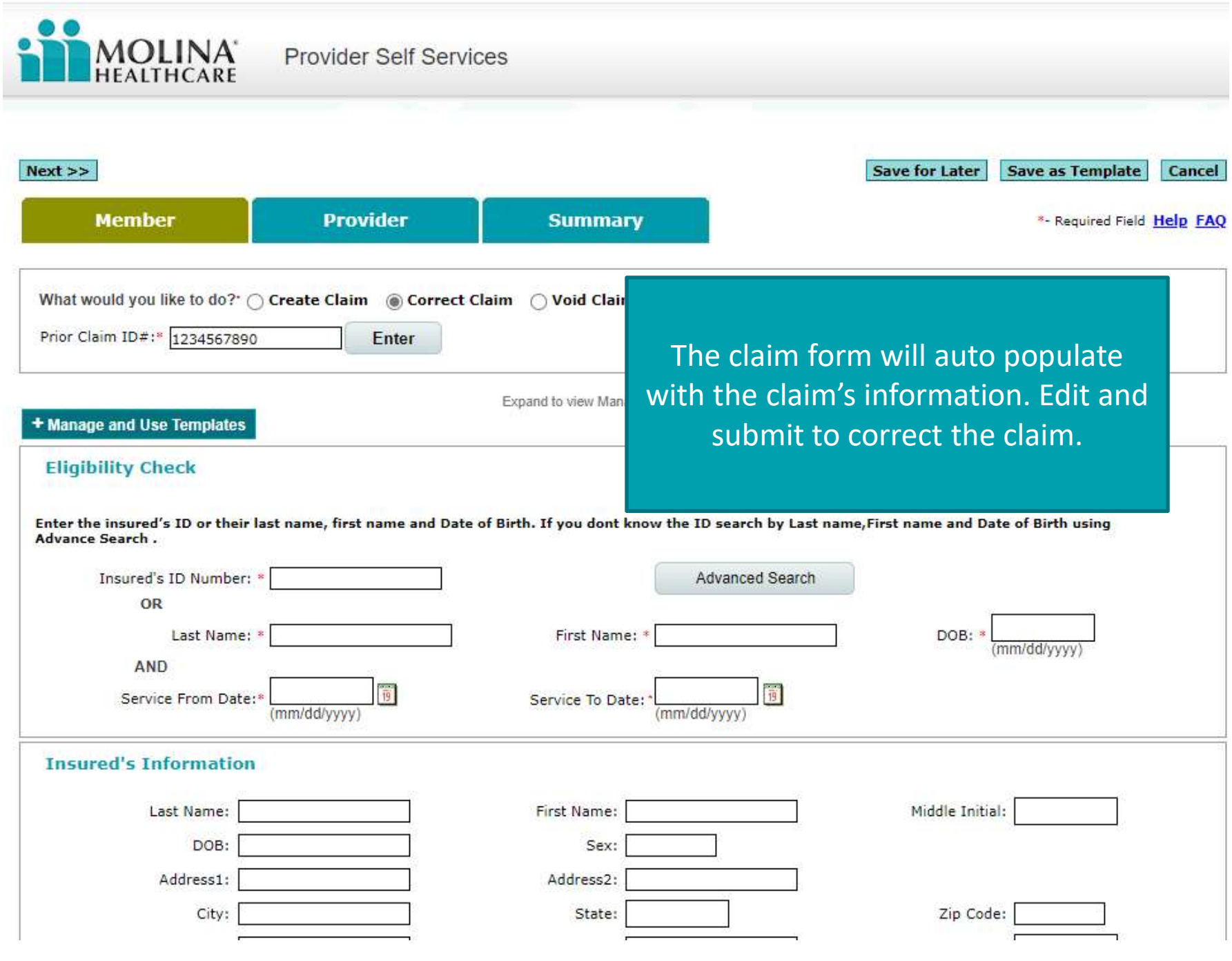
Search
Billing Provider: PEDIATRICS-11111111
Claim Type: All
Search Options: Claim Status
Claim Status: Denied
Additional Search Filters
Enter optional criteria to narrow your search
Received Date: From: To: mm/dd/yyyy
Date of Service From: To: mm/dd/yyyy
Rendering Provider: All
Gender:
Patient Control No:
Coverage Type: All
Claims Status: All
NPI:
Search
Clear
Cancel
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
Modifier
Status
Adj Grp Cd
Adj Rsn Cd
Rmk Cd
1
01/10/2022
01/10/2022
0510
99211
Denied
CO
96
N129
Showing 1-1 of 1
10
per page
Page 1 of 1
ADJ GRP CODE
DESCRIPTION
CO
Contractual Obligation
ADJ RSN CODE
DESCRIPTION
96
Non-covered charge(s). At least one Remark Code must be pro
Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if pre
RMK CODE
DESCRIPTION
N129
Not eligible due to the patient's age.
Finalized claims have the **Correct Claim** button **Void Claim** button will appear for all claims.
Appeal Claim
Void Claim
Correct Claim
View Diagnosis Code
Print Claim Summary
Back



The claim form will auto populate with the claim's information. Edit and submit to correct the claim.

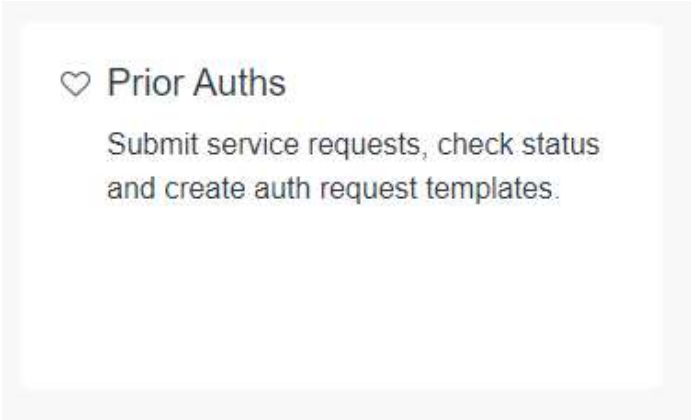
Prior Auths

MOLINA HEALTHCARE

Authorizations

The Service Request/Authorization page (**Prior Auths** tile) has four functionalities:

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



Authorizations (cont.)

Service Requests/Authorizations Inquiry

Use one of the following to search for a Service Request/Authorization:

- Molina Healthcare Member ID.
- Member Name.
- Service Request Number.
- Refer-to Provider.
- Refer-from Provider/Facility.
- Other optional search criteria.

Create Service Requests/Authorizations

The table on the next slide shows the information required to submit a Service Request/Authorization.

Authorizations (cont.)

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.

Authorizations (cont.)

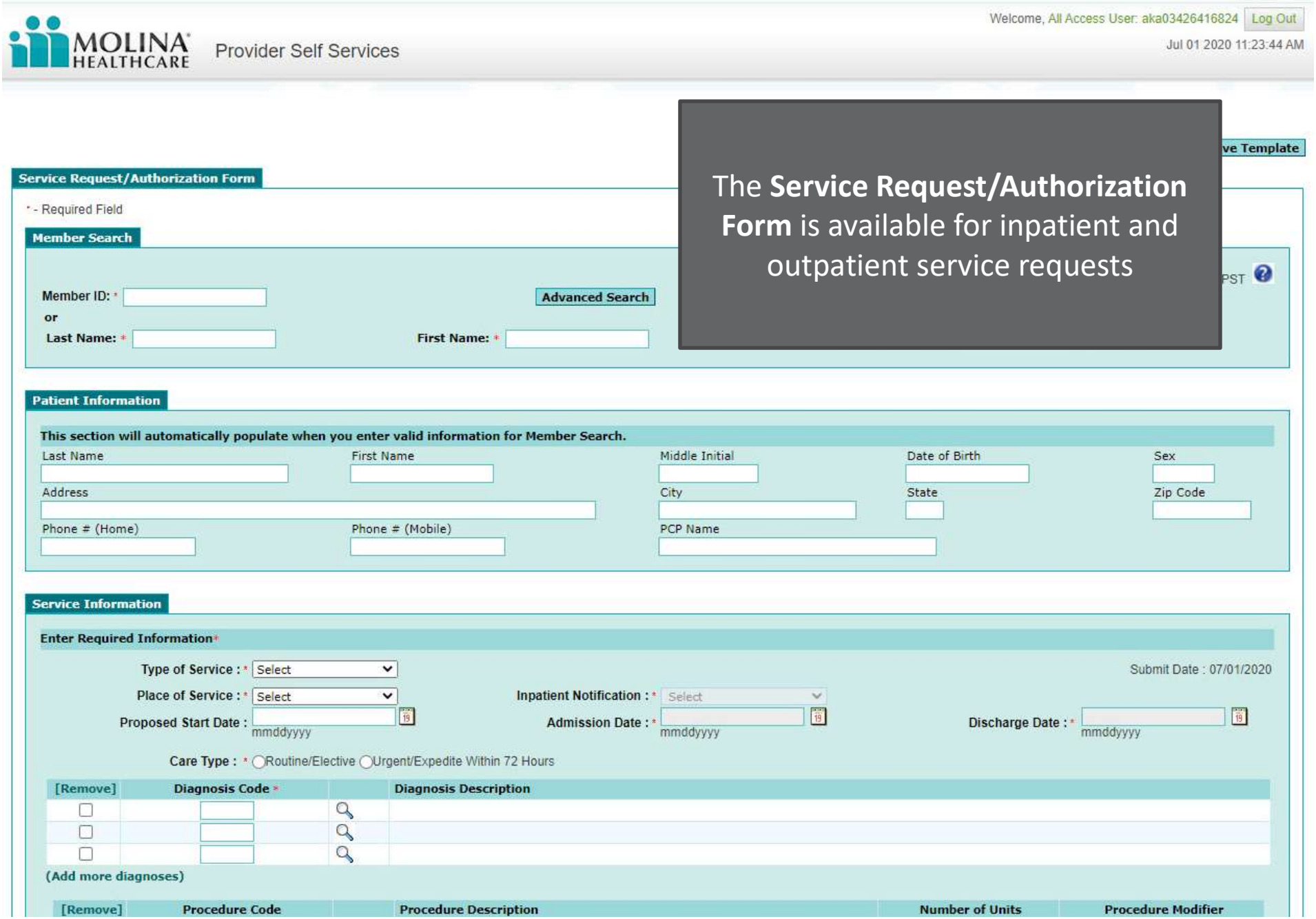
Open Incomplete Service Requests/Authorizations

You have the option to save a Service Request/Authorization to complete and submit at a later time.

Your saved, unfinished Service Request/Authorization can be opened by clicking on Open Incomplete Service Request/Authorization. Complete and submit your request.

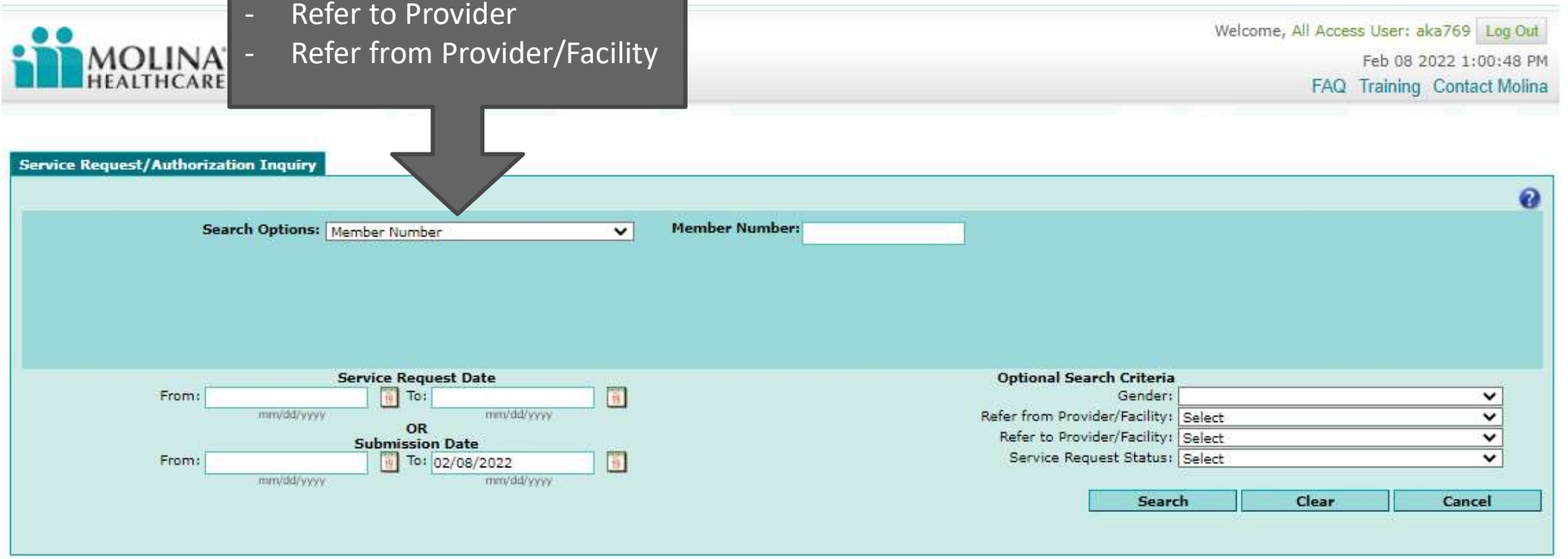
Create Service Request/Authorization Templates

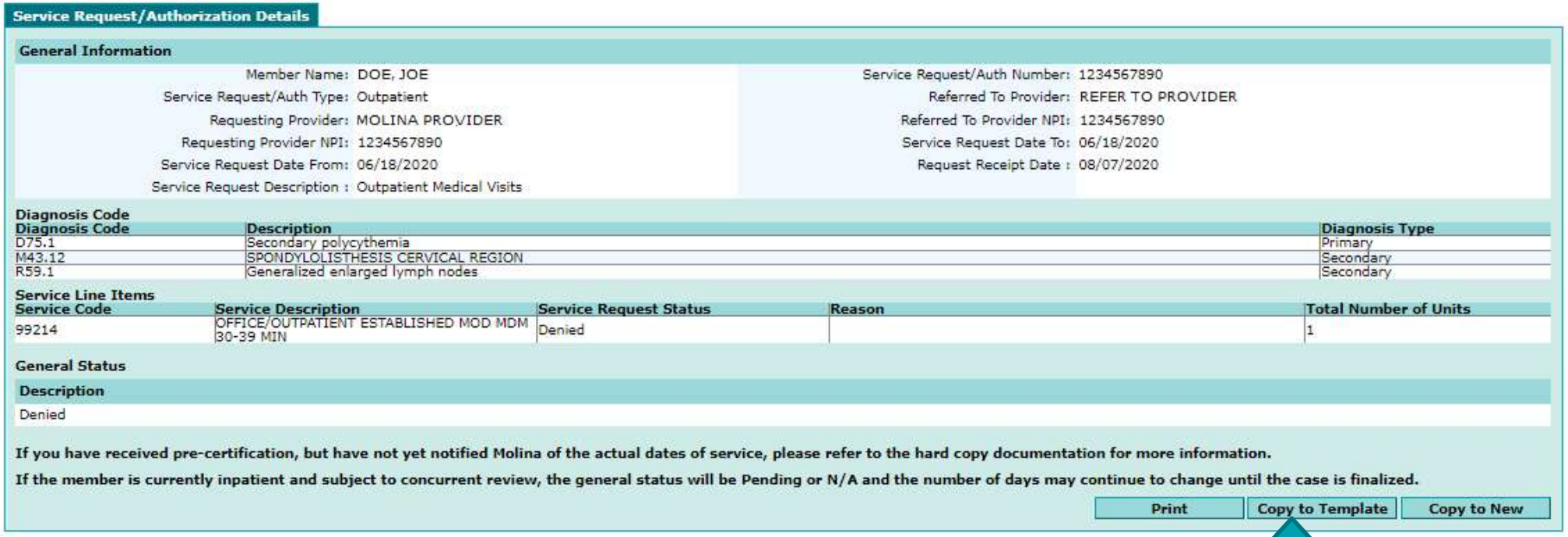
Create templates for service requests and save them for later use.



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

Auth Search options:
- Member Number
- Member Name/DOB
- Service Request Number
- Refer to Provider
- Refer from Provider/Facility





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.

Print | Copy to Template | Copy to New

If you submit a similar authorization regularly, you can copy from the Inquiry screen to a new request or as a template for future submissions

Member Roster*

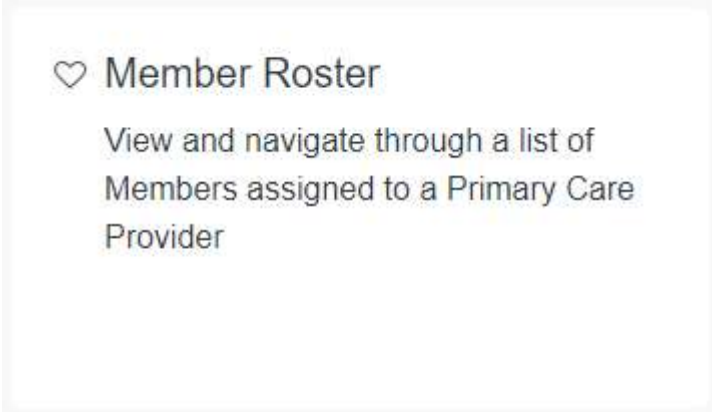
**This functionality is only available to PCPs*

MOLINA HEALTHCARE

Member Roster

PCPs can view and navigate through a list of Members assigned to them:

- Customize Member search with built-in filters and sorting functions.
- View various statuses (e.g. needed services, inpatient, new Members, etc.) for Members.
- View Members Health Record



Member Roster (cont.)

View Member's Health Record

Two ways to view your assigned member's health record:

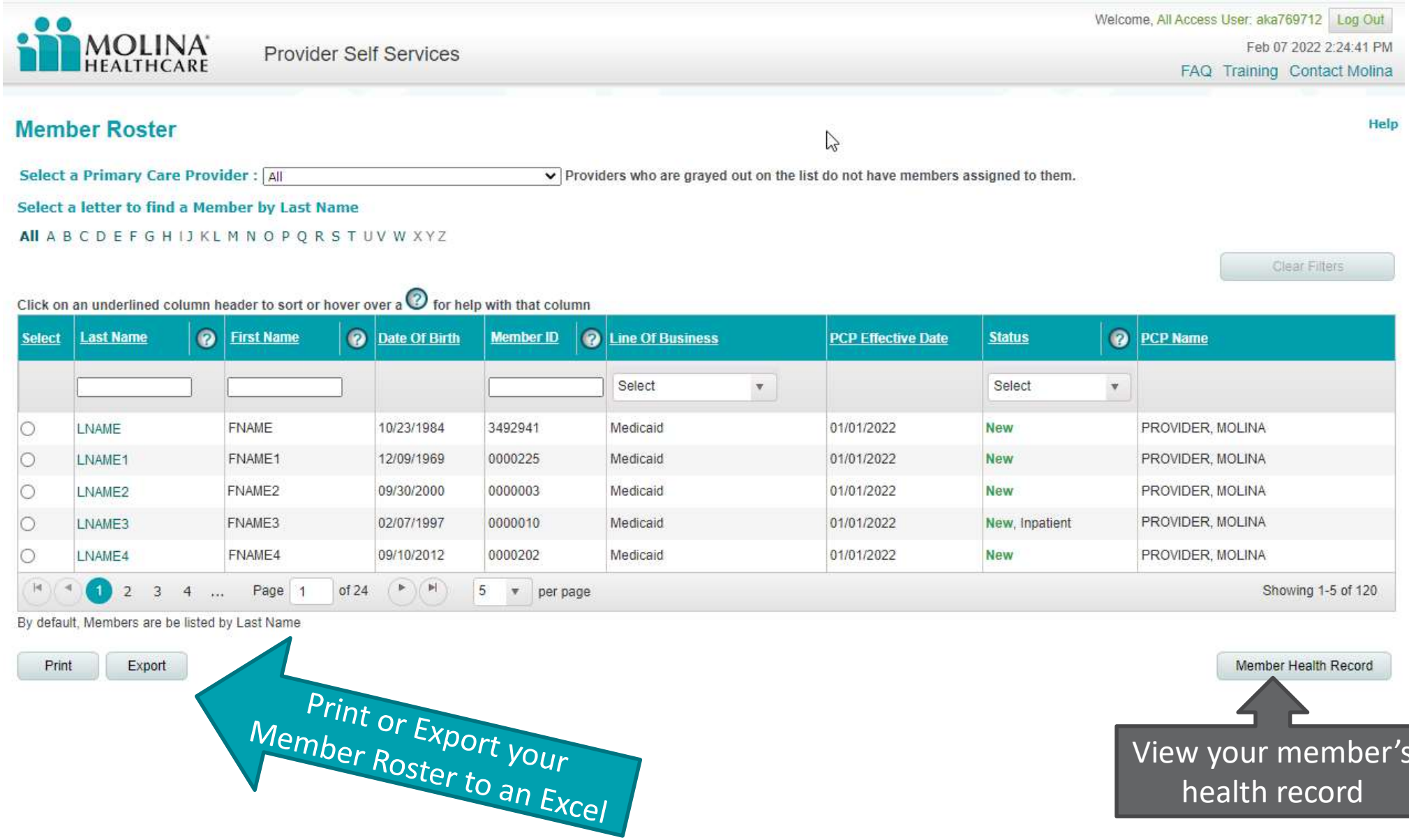
1. Click on a Member's Last Name. The link will bring you to the Member Eligibility Details page.
2. Select a Member and click Member Health Record. This will bring you to the Member Eligibility Details page.

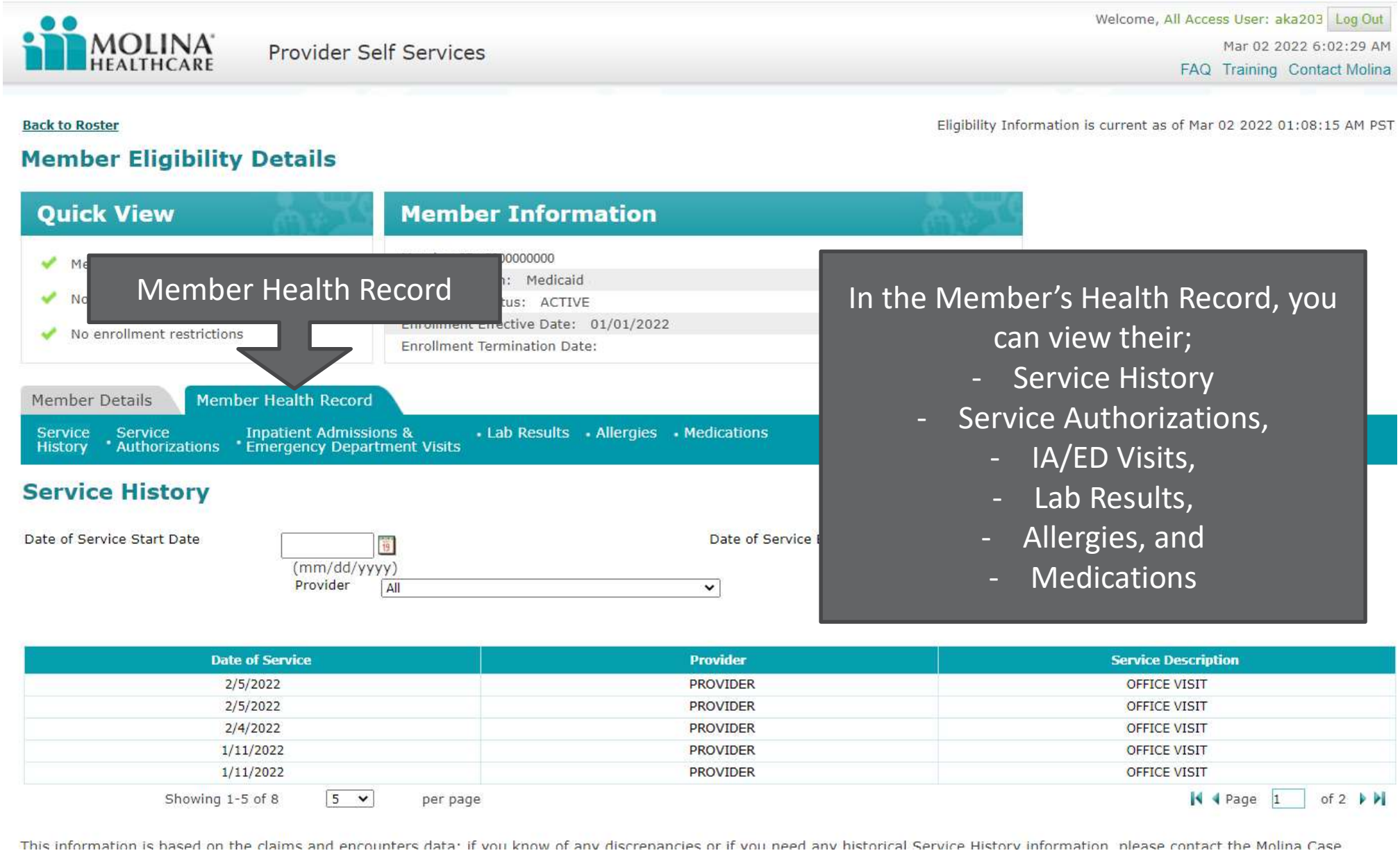
Member Roster (cont.)

Easy Access to Other Functions

Turn off your pop-up blocker for these functions to work properly:

- Print a list of Members.
- Export Member list to Microsoft Excel.
- View Member Health Record


MOLINA HEALTHCARE
Provider Self Services
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
Providers 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
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
1 2 3 4 ... Page 1 of 24
5 per page
Showing 1-5 of 120
By default, Members are be listed by Last Name
Print
Export
Member Health Record
Print or Export your Member Roster to an Excel
View your member's health record


MOLINA HEALTHCARE
Provider Self Services
Welcome, All Access User: aka203
Log Out
Mar 02 2022 6:02:29 AM
FAQ Training Contact Molina
Back to Roster
Eligibility Information is current as of Mar 02 2022 01:08:15 AM PST
Member Eligibility Details
Quick View
No enrollment restrictions
Member Information
Medicaid
ACTIVE
Enrollment Effective Date: 01/01/2022
Enrollment Termination Date:
Member Health Record
Member Details
Member Health Record
Service History
Service Authorizations
Inpatient Admissions & Emergency Department Visits
Lab Results
Allergies
Medications
Service History
Date of Service Start Date
(mm/dd/yyyy)
Provider
All
In the Member's Health Record, you can view their;
- Service History
- Service Authorizations,
- IA/ED Visits,
- Lab Results,
- Allergies, and
- Medications
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
Showing 1-5 of 8
5
per page
Page 1 of 2
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

HEDIS® Profile*

**This functionality is only available to PCPs*

MOLINA HEALTHCARE

HEDIS® Profile

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

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

- View your HEDIS® scores and compare performance against peers and national benchmarks.
- Search/filter for Members who need HEDIS® services.
- Submit HEDIS® chart documentation online for completed service.
- Retrieve/print a list of Members who need HEDIS® services completed.

HEDIS® Profile (cont.)

Your Measures will appear alongside your current measurement year performance. The “% of Patients who Received Services” column will change color based on the national benchmarks.

Medicaid 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

HEDIS Profile

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

	Your Current 2016 Measurement Year Performance				2015 Measurement Year Performance		2015 NCQA Nat'l Percentiles[3]			
Medicaid measures	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	20.34%	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	97.22%	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%	86.98%	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%

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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

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
					Select				Select	Select
☐	BLACK	SIRIUS	02/01/2000	00000000A	Weight Assessment and Counseling- BMI Percentile (WCC) Total	200 Oceangate #100, Long Beach, CA 90802	0000000000	Needed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
☐	DIGGORY	CEDRIC	01/17/1963	00000000B	Cervical Cancer Screening -All (CCS)	200 Oceangate #100, Long Beach, CA 90802	0000000000	Needed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
☐	GRYFFINDOR	GODRIC	01/20/2003	00000000C	Immunizations for Adolescents (IMA) *(Meningococcal and Tdap)	200 Oceangate #100, Long Beach, CA 90802		Completed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
☐	PETTIGREW	PETER	01/20/2003	00000000D	Weight Assessment and Counseling- BMI Percentile (WCC) Total	200 Oceangate #100, Long Beach, CA 90802		Needed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802
☐	SLYTHERIN	SALAZAR	05/01/1990	00000000E	Cervical Cancer Screening -All (CCS)	200 Oceangate #100, Long Beach, CA 90802		Completed	POMFREY, POPPY	604 PINE AVE LONG BEACH 90802

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Reports are based on assigned PCP.

View Documents | Upload Documents | Print | Export

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

Reports

MOLINA HEALTHCARE

Reports

The **Reports** module has two functionalities:

- View and Request Downloadable Claims Reports
- View Affiliation list (Provider Roster)

Export Claims Report to Excel

The **Claims Report Request** module allows you to download a report of submitted claims.

Enter Service Dates From and Service Dates To, then click Submit. Click Search and an Excel file will be generated and placed in the Download Exported Claims module in the **View Reports** section. Typically, this report becomes available within a few minutes to an hour.

View Affiliation List

The Affiliation List is sometimes called the Provider Roster and can be found under **View Reports**. It lists the providers that are affiliated with your group, as well as their addresses, phone numbers, and specialties.

In Conclusion…

MOLINA HEALTHCARE

** Important Reminder **

Once all of these SSO portal functions are enabled and tested in the Availity Essentials environment, Molina will disable the Legacy Portal and the Single Sign On tiles.

Therefore, we strongly encourage all providers and their staff to become familiar with Availity as soon as possible.

Molina Healthcare Providers, Welcome to Availity Essentials (formerly known as Availity Provider Portal)

FAQs

Helpful Resources

Availity Essentials User Guide

Availity Essentials Onboarding Training

Questions? Answers!

Thanks for Participating!

MOLINA HEALTHCARE