

## CHECK MEMBER ELIGIBILITY AND BENEFITS

<b>Web Portal</b>	<a href="https://provider.molinahealthcare.com/provider/login">https://provider.molinahealthcare.com/provider/login</a>
<b>IVR Automated System</b>	Phone: 866-449-6849 (Medicaid) 866-856-8699 (MMP)
<b>Customer Contact Center</b>	Phone: 855-322-4080 Monday – Friday, 8:00 am to 5:00 pm

## SERVICE COORDINATION DEPARTMENT

\* Report change in condition

\* Change Plan of Care and or Care Giver

\* Report decline in health

\* Submit Prior Authorization request

<b>Prior Authorization (PA):</b> 855-322-4080 After Hours: 888-275-8750	<b>Fax:</b> 866-420-3639 (Medicaid) 844-251-1450 (MMP)
<p><b>Prior Authorization:</b> Long Term Support Services (LTSS) must be approved by a waiver services coordinator or care manager. Members should contact their waiver services coordinator or care manager for any needed services. PA form is located at <a href="https://www.molinahealthcare.com/providers/tx/duals/forms/Pages/fuf.aspx">https://www.molinahealthcare.com/providers/tx/duals/forms/Pages/fuf.aspx</a>. Clear Coverage Submission is available via the Provider Portal which can be located at <a href="https://provider.molinahealthcare.com/provider/login">https://provider.molinahealthcare.com/provider/login</a>. You can also submit your PA request via the applicable fax number listed above.</p>	
<p><b>Provider Manuals can be located at:</b>                  Medicaid: <a href="http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx">http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx</a>                  MMP: <a href="http://www.molinahealthcare.com/providers/tx/duals/manual/Pages/provd.aspx">http://www.molinahealthcare.com/providers/tx/duals/manual/Pages/provd.aspx</a></p>	

## YOUR MOLINA CONTACTS

<p><b>Provider Services:</b>                  Medicaid Provider Manual:  <a href="http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx">http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx</a>                  MMP Provider Manual:  <a href="http://www.molinahealthcare.com/providers/tx/duals/manual/Pages/provd.aspx">http://www.molinahealthcare.com/providers/tx/duals/manual/Pages/provd.aspx</a>                  Phone: 855-322-4080                  Fax: 877-800-8452                  E-mail:  <a href="mailto:mhtxproviderservices@molinahealthcare.com">mhtxproviderservices@molinahealthcare.com</a></p>	<p><b>Transportation: (Non-emergency only)</b></p> <ul style="list-style-type: none"> <li>• Dallas:                         <ul style="list-style-type: none"> <li>○ Logisticare: 855-687-3255</li> <li>○ Logisticare Fax: 877-585-8793</li> </ul> </li> <li>• Bexar/El Paso/Hidalgo:                         <ul style="list-style-type: none"> <li>○ LeFleur: 877-633-8747</li> <li>○ LeFleur Fax: 866-482-4871</li> </ul> </li> <li>• Harris/Jefferson:                         <ul style="list-style-type: none"> <li>○ MTM: 855-687-4786</li> <li>○ MTM Fax: 713-680-4501</li> </ul> </li> </ul>	<p><b>24 Hour Nurse Advice Line:</b>                  English: 888-275-8750                  TTY: 866-735-2929                  Spanish: 866-648-3537                  TTY: 866-833-4703</p>
<p><b>Pharmacy:</b>                  Phone: 866-449-6849                  Prior Authorization Fax: 888-487-9251                  Drug Formulary:  <a href="http://www.molinahealthcare.com/members/tx/en-US/PDF/Duals/formulary-2016.pdf">http://www.molinahealthcare.com/members/tx/en-US/PDF/Duals/formulary-2016.pdf</a></p>	<p><b>Customer Contact Center:</b>                  Phone: 855-322-4080</p> <ul style="list-style-type: none"> <li>• Translation/Interpreter</li> <li>• Appeals and Grievances</li> <li>• General Questions</li> </ul>	<p><b>Service Coordination Department:</b>                  Phone: 866-409-0039                  Fax: 866-420-3639</p>

## CLAIMS/BILLING INSTRUCTIONS

<p><b>Provider Web Portal:</b>  <a href="https://provider.molinahealthcare.com/">https://provider.molinahealthcare.com/</a></p>	<p><b>Paper Claims:</b>                  Molina Healthcare - Texas                  PO Box 22719                  Long Beach, CA 90801</p>	<p><b>EDI:</b>                  Payer ID Number: 20554                  For EDI questions email:  <a href="mailto:EDI.Claims@MolinaHealthcare.com">EDI.Claims@MolinaHealthcare.com</a></p>
<ul style="list-style-type: none"> <li>• To register for EFT/ERA: <a href="http://www.molinahealthcare.com/providers/common/duals/ediera/era/Pages/enrollERAFT.aspx">http://www.molinahealthcare.com/providers/common/duals/ediera/era/Pages/enrollERAFT.aspx</a></li> <li>• How to bill: <a href="http://www.molinahealthcare.com/providers/tx/PDF/Duals/molina-dual-options-star-plus-mmp-provider-manual.pdf">http://www.molinahealthcare.com/providers/tx/PDF/Duals/molina-dual-options-star-plus-mmp-provider-manual.pdf</a></li> </ul>		

## INCIDENT REPORTING

**Abuse, neglect, fraud and/or death of a member contact Molina Healthcare Care Management or HHSC Immediately. Call 911 for emergencies**  
**Abuse and Neglect should be reported to: 800-252-5400**