

# Claim Features Training - LTSS



Your Extended Family.

# Molina Healthcare's Web Portal

The Web Portal is secure and available 24 hours a day, seven days a week. Register for access to our Web Portal for self-services, including:

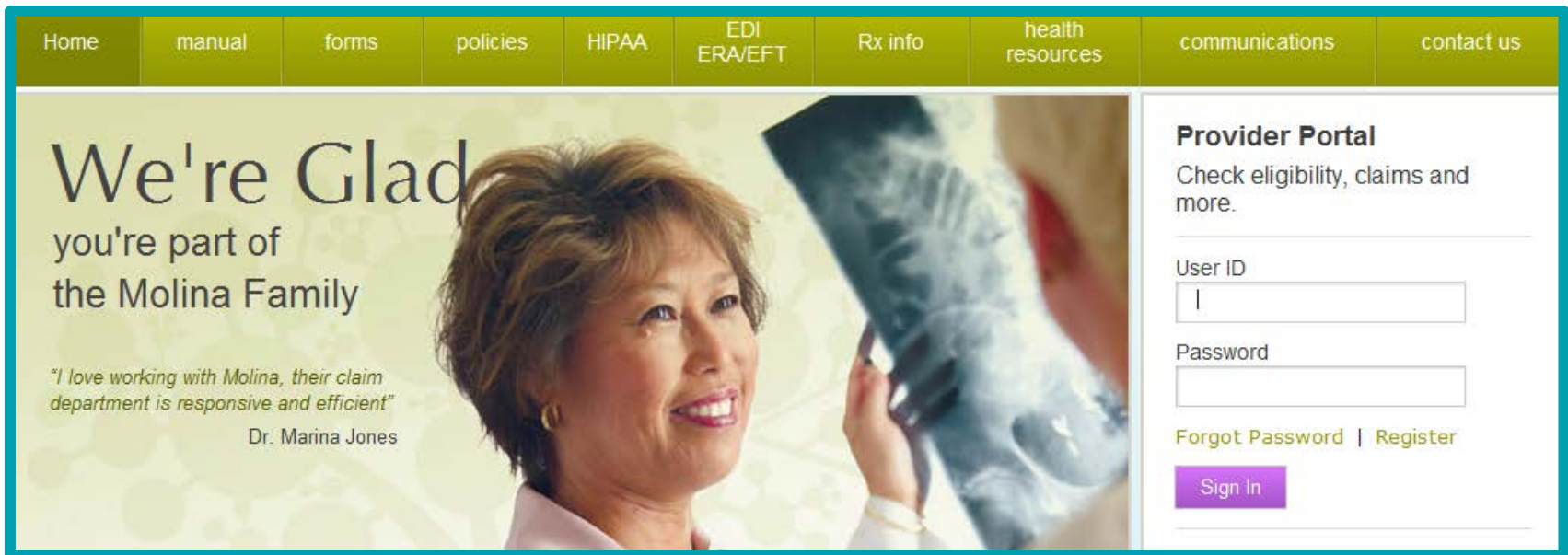
## Web Portal Claim Features

|                                |  |
|--------------------------------|--|
| Submit new professional claims | Submit new facility claims             |
| Submit a corrected claim       | Void a claim                           |
| Check the status of a claim    | Save claims for batch submission       |
| Create a claims template       | Add supporting documents to your claim |

Self-service tools are on the Web Portal. Register online at <https://eportal.molinahealthcare.com/Provider/login>

# Register for Web Portal

Register at [www.MolinaHealthcare.com/Providers/OH](http://www.MolinaHealthcare.com/Providers/OH). You will need the TIN and your Provider Identification number or three of the following: NPI, State License Number, Medicaid Number, or DEA Number.



The screenshot shows the Molina Healthcare website's navigation bar with links: Home, manual, forms, policies, HIPAA, EDI ERA/EFT, Rx info, health resources, communications, and contact us. Below the navigation bar is a banner for the Molina Family featuring a photo of Dr. Marina Jones and a testimonial: "I love working with Molina, their claim department is responsive and efficient". To the right of the banner is the "Provider Portal" registration form, which includes a heading "Provider Portal", a sub-heading "Check eligibility, claims and more.", a "User ID" input field, a "Password" input field, and a "Sign In" button. There are also links for "Forgot Password" and "Register".

# Registration Instructions

## 1. Begin registration

- Click “New Registration Process”
- Select “Other Lines of Business”
- Select state
- Select role type “Facility or Group”
- Click “Next”

## 2. Required Fields

- Enter first name
- Enter last name
- Enter email address
- Enter email address again to confirm

## 3. Username and Password

- Create a user ID using 8-15 characters
- Create a unique password with 8-12 characters
- Select three security questions and answers

## 4. Complete Registration

- Accept “Provider Online User Agreement” by clicking on the check box
- Enter the code in the textbox as shown in the image
- Click “Register”

# Logging into the Web Portal

Once you have registered, you can log in to the Provider Web Portal from our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

1. Select “I am a Health Care Professional.”

2. Then enter the user ID and password that you set up during the registration process.

# Claims Drop Down Menu

From the home screen, click on “Claims” to open the menu of claim functions available on the portal. You can:

Open a previously saved claim

Create a claims template

Export claims

Check the status of a claim

Create a claim

## Provider Portal

Member Eligibility

▼ Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

Export Claims Report to Excel

# Claim Status Inquiry

On the claim status inquiry screen you can perform a claim status inquiry with multiple search functions



## Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Aug 14 2015 09:30:07 AM

Search

Claim Type:  **Search by Claim type UB/1500.**

Search Options:  **Search by Claim status, member name/dob, member ID number or claim tracking number.**

Optional Search Criteria

Enter optional criteria to narrow your search

Received Date: From:  To:

Patient Control No:

Claim No:

Claims Status:

NPI:

Gender:

# Claim Status Inquiry

Once you have entered your criteria and selected the search button, a list of your claims will display.

Search

Claim Type: \*  Search Options: \*  Claim Status: \*

Optional Search Criteria

Enter optional criteria to narrow your search

Received Date: From:  To:  Date of Service From:  To:

Patient Control No:

Claim No:

Claims Status:

NPI:

Gender:

## Claims Found

| Claim ID | Member Name | Total Charged Amount(\$) | Service Date From | Service Date To | Received Date | Status | Claim Type   | Attachments |
|----------|-------------|--------------------------|-------------------|-----------------|---------------|--------|--------------|-------------|
|          |             |                          |                   | 08/14/2014      | 08/15/2014    | Paid   | PROFESSIONAL | No          |
|          |             |                          |                   | 08/21/2014      | 08/22/2014    | Paid   | PROFESSIONAL | No          |
|          |             |                          |                   | 08/28/2014      | 08/29/2014    | Paid   | PROFESSIONAL | No          |
|          |             |                          |                   | 09/04/2014      | 09/05/2014    | Paid   | PROFESSIONAL | No          |
|          |             |                          |                   | 09/09/2014      | 09/12/2014    | Paid   | PROFESSIONAL | No          |

Select the claim number here to populate the claim details.



# Claim Status Inquiry

From the Claim Details screen, you can view the line time charges for your claim. Identify the “Check Number” and “Check Date,” and see if any lines were denied in the status fields.

## Claim Details

### General Information

Member Name:  
Claim Status Category:  
Claim Header Status: Paid  
Rendering Provider Name:  
Rendering Provider NPI:  
Check Paid Date: 08/25/2014  
Service Date To: 08/11/2014

Claim Number:  
Claim Status Effective: 8/11/2014  
Billed Amount(\$): 194.44  
Check Number:  
Service Date From: 08/11/2014  
Patient Control Number:  
Amount Paid:

### Claim Line Items

| Claim Line | Service From Date | Service To Date | Re | ts | Billed Amt | Pa | Member Copay | Line Eff | Page |
|------------|-------------------|-----------------|----|----|------------|----|--------------|----------|------|
| 1          | 08/11/2014        | 08/11/2014      |    |    | 54.61      | 9  | 0.00         | 8/11     |      |
| 2          | 08/12/2014        | 08/12/2014      |    |    | 54.61      | 9  | 0.00         | 8/11     |      |
| 3          | 08/13/2014        | 08/13/2014      |    |    | 54.61      | 9  | 0.00         | 8/11     |      |
| 4          | 08/14/2014        | 08/14/2014      |    |    | 30.61      | 3  | 0.00         | 8/11     |      |

Showing 1-4 of 4  per page

Save a previously paid claim as a template for future submissions.

Void or correct a claim.

Print your claim summary as an EOB here.

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

# Creating a Claim

- You can create and submit a claim through the Web Portal at no charge. You will receive a confirmation number once the claim is submitted.
- It will take one to three business days for the claim to be viewable to customer service staff.
- Claims can take up to **30 business days** to complete processing.

## Institutional Claims

These are generally billed on a UBO4 claim form.

## Professional Claims

These are generally billed on a CMS 1500 claim form.

# Completing the Patient Information

Complete all required (\*) fields of member information. If you enter the Member ID and service dates, the fields at the top of the form will auto populate with the member's information.

**Member**   **Provider**   **Summary**   \* - Required Field [Help](#)

What would you like to do?  Create Claim    Correct Claim    Void Claim

**Eligibility Check**

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

Insured's ID Number: \*   

OR

Last Name: \*    First Name: \*    DOB: \*   
(mm/dd/yyyy)

AND

Service From Date: \*     Service To Date: \*    
(mm/dd/yyyy)   (mm/dd/yyyy)

Complete with the member's Medicaid ID Number.

# Completing the Patient Information

Once this page is filled in completely, click “Next” at the bottom of the screen

Patient Relationship to Insured:\* 18-Self

## Other Insurance

Is there another benefit plan? \*

## Patient Conditions

Is patient's condition related to

Employment

An

Auto Accident

Place

Are there any patient condition data

## Verify Required Information

Patient Account Number: \*

Member Authorized Assignment of Benefit: \*  Yes  No

Provider Assignment code: Select

Release of Information: \*

Prior Authorization Number: \*

Select

Select

I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Fed  
Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Cla

This is the account number you generate for your member.

Choose “Y” if you have a signed document on file. Choose “I” if you only have informed consent to release medical information.

Next >>

Save for Later

Save as Template

Cancel

# Completing the Provider Information

The billing provider information should already be populated for you. If you notice the information is incorrect, please email [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com) to have your information corrected.

<< Previous    Next >>

Save for Later    Save as Template

Member

Provider

Summary

## Select a Billing Provider Information

Billing Provider: \*

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Last Name            | First Name           | Middle Initial       | TIN                  | NPI                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address1             | Address2             | City                 | State                | Zip Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Provider Information

Rendering Provider: \*

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| NPI                  | Last Name            | First Name           | Middle Initial       | Zip Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

This information should be auto populated based on your registered Group information.

# Completing the Provider Information

Fill in your diagnosis codes here ensuring they are the correct diagnosis codes based on the date of service. (ICD-9 for dates prior to Oct. 1, 2015 and ICD-10 for dates after).

You can use the magnifying glass to search by code or description.

| Diagnosis Code           |        |                      |                       |
|--------------------------|--------|----------------------|-----------------------|
| Remove                   | DX No. | Diagnosis Code       | Diagnosis Description |
|                          | * 1    | <input type="text"/> |                       |
| <input type="checkbox"/> | 2      | <input type="text"/> |                       |

+ Add more Diagnosis Code

### Diagnosis Search

Diagnosis Code Search

Diagnosis Code:

Diagnosis Description:

# Completing the Provider Information

## Claim Line Details

- Use the magnifying glass to search for the correct place of service.
- Add the procedure codes, modifiers and DX pointers.
- Use the magnifying glass to search for your procedure code.

| (Remove) | Service From Date | Service To Date | Place of Service | Emergency | Procedure Code | Modifier | Diagnosis Code Reference | Charges | Units of Measurement | Quantity | EPSDT | Family Plan |
|----------|-------------------|-----------------|------------------|-----------|----------------|----------|--------------------------|---------|----------------------|----------|-------|-------------|
| 1        | 07/01/2014        | 07/01/2014      | 12               | Mo        | 99213          |          | 1                        | 18.61   | UM-Unit              | 1        | Mo    | Mo          |
| 2        | 07/01/2014        | 07/01/2014      | 12               | Mo        | 99214          |          | 1                        | 18.61   | UM-Unit              | 1        | Mo    | Mo          |

“Service to Date” should match the “Service from Date.” Billing a date span on a single line will make the claim deny.

The “Diagnosis Code (DX) Reference” is where you point to the correct DX code.

If you are billing an EPSDT service, complete the referral indicator as needed.

# Completing the Provider Information

- Select the unit type.
- Enter the number of units per line item under quantity.
- Add the total charges per line item.

**LTSS Services will always be UN-Unit.**

**Claim Line Details \***

| (Remove)                   | Service From Date | Service To Date * | Place of Service * | Emergency | Procedure Code * | Modifier | Diagnosis Code Reference * | Charges * | Units of Measurement * | Quantity * | EPSDT | Family Plan |                              |
|----------------------------|-------------------|-------------------|--------------------|-----------|------------------|----------|----------------------------|-----------|------------------------|------------|-------|-------------|------------------------------|
| 1                          | 07/01/2014        | 07/01/2014        | 12                 | No        | T1019            |          | 1                          | 8.61      | UN-Unit                | 4          | No    | No          | <a href="#">More Details</a> |
| <input type="checkbox"/> 2 | 07/01/2014        | 07/01/2014        | 12                 | No        | T1019            | J2       | 1                          | 30.61     | UN-Unit                | 8          | No    | No          | <a href="#">More Details</a> |
| <input type="checkbox"/> 3 | 07/02/2014        | 07/02/2014        | 12                 | No        | T1019            |          | 1                          | 18.61     | UN-Unit                | 4          | No    | No          | <a href="#">More Details</a> |
| <input type="checkbox"/> 4 | 07/02/2014        | 07/02/2014        | 12                 | No        | T1019            | J2       | 1                          | 30.61     | UN-Unit                | 8          | No    | No          | <a href="#">More Details</a> |

[+ Add more Claim lines](#)

**The charge is the total amount billed for that line item, not the amount for a single unit.**

**Report quantity in units. Please use the reference chart at the end of this presentation for a definition of one unit.**



# Supporting Information

Add any attachment to support your claim such as a primary payers' explanation of benefits or medical records.

- Select the “Type of Attachment “(attachments should not exceed 20MB)
- Select “Browse” to search for the document
- Upload the attachment after selecting file.

## Supporting Information

**Type of Attachment :**

**File :**  [Upload](#)

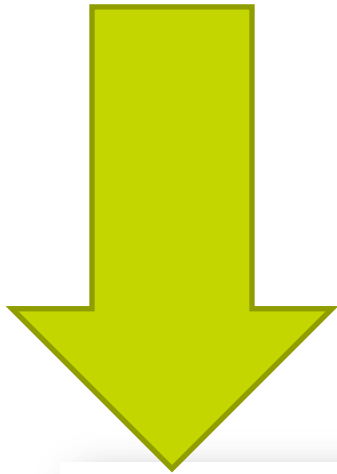
time.  
Attachments should not exceed 20 MB.

**Comments**

Remarks

|   |
|---|
| Select  |
| 21 - Recovery Plan  |
| A1 - Autopsy Report   |
| A3 - Allergies/Sensitivities Document                                   |
| AM - Ambulance Certification  |
| AS - Admission Summary  |
| B1 - Referral Form  |
| B2 - Prescription   |
| B3 - Physician Order  |
| BR - Benchmark Testing Results  |
| BS - Baseline   |
| BT - Blanket Test Results   |
| CB - Chiropractic Justification   |
| CK - Consent Form(s)  |
| CT - Certification  |
| D2 - Drug Profile Document  |
| DA - Dental Models  |
| DB - Durable Medical Equipment Prescription                             |
| DG - Diagnostic Report  |
| DJ - Discharge Monitoring Report  |
| <b>DS - Discharge Summary</b>   |
| EB - Explanation of Benefits (Coordination of Medicare Secondary Payor) |

# Provider Information



Add any comments with a maximum of 256 characters.

Add the total charge of the claim and balance due.

When finished click “Next”.

**Comments**

Remarks

256 Characters Max.  characters remaining.

**Total Amount**

Total Charge:  Total Paid:  Total Adjusted Amount:  Balance Due:

[<< Previous](#) [Next >>](#) [Save for Later](#) [Cancel](#)

# Validate Information

1. View the summary page.
2. Check the insured information, provider information, and general claim information for errors.
3. If an error is found, you can go back to the previous screens by clicking “Member” or “Provider.”
4. Once you validate all information is correct, click “Submit” in the bottom right corner.

<< Previous

Member Provider Summary

Collapse All

Member Summary

Insured Information

Insured's ID: \_\_\_\_\_

Service From Date: \_\_\_\_\_

Billing Provider Information Edit

Last Name/Facility Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ NPI: \_\_\_\_\_  
Address1: \_\_\_\_\_ Address2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ TIN: \_\_\_\_\_

Rendering Provider Information Edit

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ NPI: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Facility Information Edit

Facility Type: \_\_\_\_\_ NPI: \_\_\_\_\_  
Address1: \_\_\_\_\_ Address2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Diagnosis Code Edit

Principal Diagnosis Code: \_\_\_\_\_  
Diagnosis Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

Claim Line Details Edit

| Service Line | Service From Date | Service To Date | Place of Service | Emergency | Procedure Code | Modifier |   |   |   | Diagnosis Code Reference |   |   |   | Charges | Units of Measurement | Quantity | EPSDT | EPSDT Family Planning |
|--------------|-------------------|-----------------|------------------|-----------|----------------|----------|---|---|---|--------------------------|---|---|---|---------|----------------------|----------|-------|-----------------------|
|              |                   |                 |                  |           |                | 1        | 2 | 3 | 4 | 1                        | 2 | 3 | 4 |         |                      |          |       |                       |
|              |                   |                 |                  |           |                |          |   |   |   |                          |   |   |   |         |                      |          |       |                       |

Comments Edit

Remarks: \_\_\_\_\_

Total Amount Edit

Total Charge: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

<< Previous Print Save for Later Submit Cancel

# Batch Submissions

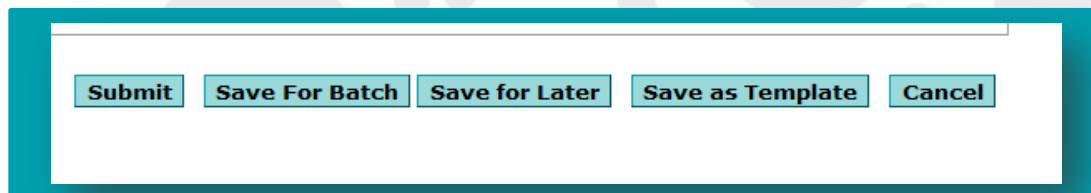
You can also build claims and submit a batch of claims all at once. To do this, complete a claim following the normal process, then, instead of submitting, select “Save for Batch.”



Claims saved for a batch can be found in the “Saved Claims” section in the side menu. Ready-to-batch claims need to be selected and then can be submitted all at once.



You will still receive an individual claim number for each claim submitted.



# Correcting a Claim

- You can now submit a corrected claim on the Web Portal in one of two ways. One way is by selecting the “Create a Professional Claim,” then select the radio button for “Correct Claim” in the first field.
- You will need to enter the previously assigned 11 digit claim ID number that you are correcting, then select enter to proceed.



The image shows a screenshot of the claim correction form. At the top, there are tabs for 'Member', 'Provider', and 'Summary'. Below the tabs, there are radio buttons for 'Create Claim', 'Correct Claim' (which is selected), and 'Void Claim'. Below the radio buttons, there is a text input field labeled 'Prior Claim ID#:-' followed by an 'Enter' button. A blue arrow points from the right towards the 'Enter' button. At the bottom of the form, there is a section labeled 'Eligibility Check'. In the top right corner, there are buttons for 'Save for Later' and 'Cancel'. A legend indicates that a red asterisk (\*) denotes a 'Required Field'.

# Correcting a Claim

- You can also submit a corrected claim by searching for the claim in the “Claim Status” inquiry field.
- Enter the information related to the claim you want to correct such as the 11 digit claim number, or enter a date span to pull claims.
- Select the claim you want to edit by clicking on the “Claim ID” or the “Member Name.”

## Claims Inquiry

Search  
Claim Type: All Search Options: Claim Status Claim Status: All

Optional Search Criteria  
Enter optional criteria to narrow your search

Received Date: From: 06/01/2014 To: 03/25/2015

Patient Control No:

Claim No:

Claims Status: All

Search with date span here by entering your “Service Date From” then “Service Date To.”

## Claims Found

| Claim ID | Member Name | Total Charged Amount(\$) | Service Date From | Service Date To | Received Date | Status |
|----------|-------------|--------------------------|-------------------|-----------------|---------------|--------|
|          |             | 163.83                   | 08/11/2014        | 08/15/2014      | 08/15/2014    | Paid   |
|          |             | 163.83                   | 08/18/2014        | 08/22/2014      | 08/22/2014    | Paid   |
|          |             | 130.83                   | 08/25/2014        | 08/29/2014      | 08/29/2014    | Paid   |
|          |             | 109.22                   | 09/03/2014        | 09/05/2014      | 09/05/2014    | Paid   |
|          |             | 163.83                   | 09/08/2014        | 09/12/2014      | 09/12/2014    | Paid   |

# Correcting a Claim

- Once you have selected the claim you will be correcting it will populate the Claim Details screen.
- Here you can select the “Correct Claim” button
- Once you have Selected the “Correct Claim Option,” your claim will be opened and you can make changes.

Service Date To:09/22/2014 Amount Paid(\$):163.83

Claim Line Items

| Claim Line | Service From Date | Service To Date | Rev Code | HCPCS/Service Code | Procedure code Modifiers | Units | Billed Amt | Paid Amt | Deductible | Co-Insura |
|------------|-------------------|-----------------|----------|--------------------|--------------------------|-------|------------|----------|------------|-----------|
| 1          | 09/22/2014        | 09/22/2014      |          | T1019              |                          | 0     | 54.61      | 54.61    | 0.00       | 0.00      |
| 2          | 09/24/2014        | 09/24/2014      |          | T1019              |                          | 0     | 54.61      | 54.61    | 0.00       | 0.00      |
| 3          | 09/26/2014        | 09/26/2014      |          | T1019              |                          | 0     | 54.61      | 54.61    | 0.00       | 0.00      |

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[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#)

**\*Note:** The claim must be in a paid or denied status to make corrections.



# Correcting a Claim

- Once you have entered the claim number you are correcting, the screen will automatically populate the claim information for the patient.
- You can proceed with making your changes to the fields needed, such as the diagnosis code and procedure codes.

Type in corrected diagnosis code here.

Insert an additional procedure here.

## Diagnosis Code

| Remove                   | DX No. | Diagnosis Code | Diagnosis Description |
|--------------------------|--------|----------------|-----------------------|
| <input type="checkbox"/> | * 1    | 781.2          | ABNORMALITY OF GAIT   |
| <input type="checkbox"/> | 2      |                |                       |

+ Add more Diagnosis Code

## Claim Line Details \*

| (Remove)                 | Service Date * | Service To Date * | Place of Service * | Emergency | Procedure Code * | Modifier | Diagnosis Code Reference * | Charges * | Units of Measurement * | Quantity | EPSDT | EPSDT Family Plan | More Details |
|--------------------------|----------------|-------------------|--------------------|-----------|------------------|----------|----------------------------|-----------|------------------------|----------|-------|-------------------|--------------|
| * 1                      | 06/02/2014     | 06/13/2014        | 12                 | Yes       | T1019            |          | 1                          | 273.05    | Select                 | 0.00     | No    | No                | More Details |
| <input type="checkbox"/> | 2              | 06/02/2014        |                    | No        |                  |          |                            |           | Select                 | 0.00     | No    | No                | More Details |



# Correcting a Claim

Add attachments to claims during submission and to previously submitted “pended” claims. To do so, perform a claim search through the Web Portal.

1. Select the “Pending Claim” to which you want to add an attachment.

2. Select your “Type of Attachment” and then add your document.

**Supporting Information**

Type of Attachment :

File :

Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

**Remarks**

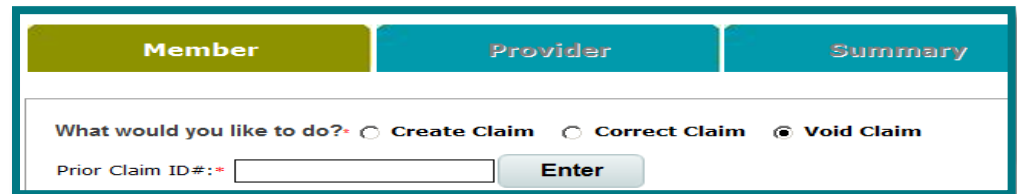
Clinical Notes or Comments: 256 character Max

256 characters remaining.

# Voiding a Claim

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

- Select the “Void Claim” button and enter the claim number you want to void.
- Claims voided after they have been paid will generate a cost recovery request.
- A claim can only be voided for up to a year through the Web Portal.
- Corrected claims still must be submitted within your contractually agreed timelines.



The screenshot shows a web portal interface with three tabs: 'Member' (highlighted in green), 'Provider', and 'Summary'. Below the tabs, there is a section titled 'What would you like to do?' with three radio button options: 'Create Claim', 'Correct Claim', and 'Void Claim'. The 'Void Claim' option is selected. Below this, there is a text input field labeled 'Prior Claim ID#:' followed by an 'Enter' button.

Amount Paid(\$):0.00

| Code | Units | Billed Amt | Paid Amt |
|------|-------|------------|----------|
| rs   | 0     | 109.20     | 0.00     |

Buttons: Appeal Claim, Void Claim

Select, “Void Claim.”

# Open a Saved Claim

You can open a previously saved claim from the Provider Web Portal home page.

- These are the claims that were saved for batch or claims that were saved prior to completion.

**Provider Portal**

- Member Eligibility
- ▼ Claims
  - Claims Status Inquiry
  - Create Professional Claim (CMS 1500)
  - Create Institutional Claim (UB04)
  - Open Saved Claims**
  - Create/Manage Claims Template
  - Export Claims Report to Excel

**Saved Claim Details**

Status:  Claim Type:

Service Date  
From:  To:

**Ready to Batch**

| Select              | Member Name | Tracking Number | Claim Type | Service From Date | Service To Date |
|---------------------|-------------|-----------------|------------|-------------------|-----------------|
| No items to display |             |                 |            |                   |                 |

Page 0 of 0 per page

**Incomplete Claims**

| Select              | Member Name | Tracking Number | Claim Type | Service From Date | Service To Date |
|---------------------|-------------|-----------------|------------|-------------------|-----------------|
| No items to display |             |                 |            |                   |                 |

Page 0 of 0 per page

Select the claim you want to complete for submission.

# Creating a Claim Template

You can create and save templates from either the Claims Status Inquiry section or from the Create/Manage Claim Template section in the side menu.

You can customize the information in the templates. Some examples are: member information, provider information, and claim specific information such as the procedure codes.

## Provider Portal

Member Eligibility

### Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

Export Claims Report to Excel

Service Date 10/06/18/2014

Amount Paid(\$):0.00

### Claim Line Items

| Claim Line | Service From Date | Service To Date | Rev Code | HCPCS/Service Code | Procedure code Modifiers | Units | Billed Amt | Paid Amt | Deductible | Co-Insur |
|------------|-------------------|-----------------|----------|--------------------|--------------------------|-------|------------|----------|------------|----------|
| 1          | 06/16/2014        | 06/18/2014      |          | T1019              |                          | 0     | 109.20     | 0.00     | 0.00       | 0.00     |

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Save As Template

Appeal Claim

Void Claim

Correct Claim



Your Extended Family.

# Creating a Claim Template

To create a template, go to the Create/Manage Claims Template option under the Claims Tab.

Select the "Create" button.

## Create/Manage Claims Template

### Manage and Use Templates

| Select                   | Claim Type | Template Name |
|--------------------------|------------|---------------|
| <input type="checkbox"/> |            |               |

Page 0 of 0 10 per page

Select "Professional" or "Institutional" claim to be created.

Create

Add Template

Professional  Institutional

Create Cancel

# Creating a Claim Template

- Once you select the claim type, the claim fields will appear.
- Enter information in the Member, Provider, and Summary Tabs.
- Select the “Save As Template” button in the top right corner of your claim.
- Templates can be named for future use.

The screenshot displays a web application interface for creating a claim template. At the top, there are navigation buttons: '<< Previous' on the left, 'Print', 'Save as Template' (highlighted with a green box), and 'Cancel' on the right. Below these are three tabs: 'Member', 'Provider', and 'Summary', with 'Summary' being the active tab. A 'Collapse All' button is located above the 'Member Summary' section header. The 'Member Summary' section contains three main data entry areas: 'Insured Information', 'Patient Condition', and 'Required Information', each with an 'Edit' link. The 'Insured Information' section includes fields for Insured's ID, Service From Date, Last Name, Middle Initial, Sex, Address2, State, Payor Name (MHC OH), Payor ID (20-0750134), Service To Date, First Name, DOB, Address1, City, Zip Code, Program Name, and Another Health Benefit Plan (No). The 'Patient Condition' section includes Auto Accident (No), Employment (No), Another Party Responsible (No), Place(State), and Other Accident (No). The 'Required Information' section includes Patient Account Number, Provider Assignment Code (Select), Prior Authorization Number, Member Authorized Assignment of Benefit (Yes), and Release of Information. Below the Member Summary is the 'Provider Summary' section, which includes a 'Billing Provider Information' section with fields for Last Name/Facility Name, Middle Initial, First Name, and NPI.

# Saving as a Template

You can create multiple templates and save them for future use.

- To load a previous template, check the select box and click the “Load” button.
- Now you can make changes or add additional information to submit your claim for processing.

The screenshot displays the 'Create/Manage Claims Template' interface. At the top, it shows the MOLINA Healthcare logo and 'Provider Self Services'. The user is logged in as 'Support User: DaSilvaM' on 'Mar 17 2015 8:10:54 AM'. The main content area is titled 'Create/Manage Claims Template' and 'Manage and Use Templates'. It features a table with the following data:

| Select                   | Claim Type           | Template Name | Template Description |
|--------------------------|----------------------|---------------|----------------------|
| <input type="checkbox"/> | CMS1500-Professional |               | test2                |
| <input type="checkbox"/> | CMS1500-Professional |               | test                 |
| <input type="checkbox"/> | CMS1500-Professional |               | test                 |
| <input type="checkbox"/> | CMS1500-Professional | Training 2    | Training Demo 2      |
| <input type="checkbox"/> | UB04-Institutional   | Training 1    | Training demo,       |

Below the table, there is a pagination control showing 'Page 1 of 1' and '10 per page'. At the bottom right, there are three buttons: 'Create', 'Load' (highlighted with a yellow box), and 'Delete'.

# Export Claims to Excel

You can create a claims report by clicking “Export Claims Report to Excel.”

Enter the service to and from dates for your search

You will receive an email showing the claims report as completed.

## Provider Portal

Member Eligibility

### ▼ Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

[Export Claims Report to Excel](#)

### Claims Export To Excel

Service Date From :\*    
mmddyyyy

Service Date To :\*    
mmddyyyy

*Click Search to Export Claims*

*You will receive an email notification once your Exported Claim Record has been completed.*



Your Extended Family.



# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                               | Unit Increment |
|-----------|----------|---|----------------|
| S5101     |          | Adult Day Health Services                 | Half Day       |
| S5102     |          | Adult Day Health Center Services          | One Day        |
| T1019     |          | Personal Care Aide Services               | 15 minutes     |
| T2029     |          | Supplemental Adaptive & Assistive Devices | Per Service    |
| S5165     |          | Home Modifications                        | Per Service    |
| S5160     |          | Emergency Response Services               | Installation   |
| S5161     |          | Emergency Response Services               | Monthly Fee    |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                         | Unit Increment |
|-----------|----------|-------------------------------------|----------------|
| S5170     |          | Home Delivered Meals                | Per Meal       |
| S0215     |          | Supplemental Transportation         | Per Mile       |
| T1002     |          | Waiver Nursing (RN)                 | 15 minutes     |
| T1003     |          | Waiver Nursing (LPN)                | 15 minutes     |
| S5125     |          | Home Care Attendant – Nursing       | 15 minutes     |
| S5125     | U8       | Home Care Attendant - Personal Care | 15 minutes     |
| H0045     |          | Out of Home Respite                 | Per Day        |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                           | Unit Increment |
|-----------|----------|---------------------------------------|----------------|
| S5102     | UA       | Adult Day Service - Enhanced          | One Day        |
| S5101     | UA       | Adult Day Service - Enhanced          | Half Day       |
| S5100     | UA       | Adult Day Service - Enhanced          | 15 Minutes     |
| S5102     | UAU3     | Adult Day Service - Intensive         | One Day        |
| S5101     | UAU2     | Adult Day Service - Intensive         | Half Day       |
| S5100     | UAU1     | Adult Day Service - Intensive         | 15 Minutes     |
| A0080     | UA       | Adult Day Service -<br>Transportation | One Mile       |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                                 | Unit Increment    |
|-----------|----------|---|-------------------|
| A0080     | UAU2     | Adult Day Service - Transportation (second) | One Mile          |
| T2003     | UA       | Adult Day Service - Transportation          | One, One-way Trip |
| T2003     | UAU2     | Adult Day Service - Transportation (second) | One, One-way Trip |
| T2025     | UAU5     | Adult Day Service - Transportation          | One Round Trip    |
| T2025     | UAU2     | Adult Day Service - Transportation (second) | One Round Trip    |
| S5170     | UA       | Home Delivered Meals                        | One Meal          |
| S5170     | UAU6     | Home Delivered Meals - Therapeutic          | One Meal          |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                                | Unit Increment |
|-----------|----------|--|----------------|
| S5170     | UAU7     | Home Delivered Meals - Kosher              | One Meal       |
| S5130     | UA       | Homemaker Service                          | 15 Minutes     |
| S5121     | UA       | Chore Service                              | One Job        |
| G0155     | UA       | Social Work Counseling Service             | 15 Minutes     |
| S9470     | UA       | Nutritional Consultation Service           | 15 Minutes     |
| T1019     | UA       | PCS by Cert Long Term Care Agency Provider | 15 Minutes     |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description  | Unit Increment |
|-----------|----------|--|----------------|
| T1019     | UAU2     | PCS by Cert Long Term Care Agency Provider Group Visit | 15 Minutes     |
| T1019     | UAU1     | PCS by Consumer Directed Personal Care                 | 15 Minutes     |
| T1019     | UAU3     | PCS by Consumer Directed Personal Care Group Visit     | 15 Minutes     |
| T1019     | UAU4     | PCS by Consumer Directed PC (OT)                       | 15 Minutes     |
| T1999     | UAU1     | Home Medical Equip/Supplies - Ambulatory               | One Item       |
| T1999     | UAU2     | Home Medical Equip/Supplies - Ambulatory (second)      | One Item       |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description  | Unit Increment |
|-----------|----------|--|----------------|
| T1999     | UAU5     | Home Med Equip/Supplies - Non-ambulatory (second)      | One Item       |
| T1999     | UAU6     | Home Med Equip/Supplies - Non ambulatory (third)       | One Item       |
| T1999     | UAU7     | Home Med Equip/Supplies - Hygiene/Disposables          | One Item       |
| T1999     | UAU8     | Home Med Equip/Supplies - Hygiene/Disposables (second) | One Item       |
| T1999     | UAU9     | Home Med Equip/Supplies - Hygiene/Disposables (third)  | One Item       |
| T1999     | UA       | Home Med Equip/Supplies - Equipment and Repair         | One Item       |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                                    | Unit Increment         |
|-----------|----------|--|------------------------|
| T1999     | UAUC     | Home Med Equip/Supplies - Nutrition Supplement | One Item               |
| S5161     | UAU1     | Personal Emergency Response System             | One Month Rental       |
| S5161     | UAU2     | Personal Emergency Response System             | One Partial Month      |
| S5160     | UA       | Personal Emergency Response System             | Installation           |
| S5161     | UAU3     | Personal Emergency Response System             | Second Pendant Rental  |
| S5162     | UA       | Personal Emergency Response System             | Alternative ERS Device |



# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                                      | Unit Increment     |
|-----------|----------|--|--------------------|
| S5135     | UAU5     | Independent Living Assist - Travel Attendant     | 15 Minutes         |
| S2025     | UA       | Independent Living Assist - Telephone Assistance | One Completed Call |
| T2025     | UAU6     | Transportation                                   | One Round Trip     |
| T2025     | UAU3     | Transportation (second)                          | One Round Trip     |
| T2003     | UAU5     | Transportation                                   | One, One-way Trip  |
| T2003     | UAU4     | Transportation (second)                          | One, One-way Trip  |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                         | Unit Increment          |
|-----------|----------|-------------------------------------|-------------------------|
| T2038     | UA       | Community Transition Service        | One Completed Job Order |
| A0200     | UA       | Non Medical Transportation          | One Round Trip          |
| A0200     | UAU2     | Non Medical Transportation (second) | One Round Trip          |
| A0100     | UA       | Non Medical Transportation          | One, One-way Trip       |
| A0100     | UAU2     | Non Medical Transportation (second) | One, One-way Trip       |
| T2025     | UAU1     | Enhanced Community Living Service   | 15 Minutes              |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                        | Unit Increment |
|-----------|----------|------------------------------------|----------------|
| S5101     | UB       | Adult Day Service - Enhanced       | Half Day       |
| S5100     | UB       | Adult Day Service - Enhanced       | 15 Minutes     |
| S5102     | UBU3     | Adult Day Service - Intensive      | One Day        |
| S5101     | UBU2     | Adult Day Service - Intensive      | Half Day       |
| S5100     | UBU1     | Adult Day Service - Intensive      | 15 Minutes     |
| A0090     | UB       | Adult Day Service - Transportation | One Mile       |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                                 | Unit Increment    |
|-----------|----------|---|-------------------|
| A0090     | UBU2     | Adult Day Service - Transportation (second) | One Mile          |
| T2003     | UBU4     | Adult Day Service - Transportation          | One, One-way Trip |
| T2003     | UBU2     | Adult Day Service - Transportation (second) | One, One-way Trip |
| T2025     | UBU5     | Adult Day Service - Transportation          | One Round Trip    |
| T2025     | UBU4     | Adult Day Service - Transportation (second) | One Round Trip    |
| T2029     | UBU1     | Home Medical Equip/Supplies - Ambulatory    | One Item          |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                                    | Unit Increment    |
|-----------|----------|--|-------------------|
| T2029     | UBU7     | Home Med Equip/Supplies - Hygiene/Disposables  | One Item          |
| T2029     | UB       | Home Med Equip/Supplies - Equipment and Repair | One Item          |
| T2029     | UBBC     | Home Med Equip/Supplies - Nutrition Supplement | One Item          |
| S5161     | UBU1     | Personal Emergency Response System             | One Month Rental  |
| S5161     | UBU2     | Personal Emergency Response System             | One Partial Month |
| S5161     | UBU2     | Personal Emergency Response System             | One Partial Month |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                             | Unit Increment           |
|-----------|----------|---|--------------------------|
| S5160     | UB       | Personal Emergency Response System      | Installation             |
| S5161     | UBU3     | Personal Emergency Response System      | Second Pendant Rental    |
| S5162     | UB       | Personal Emergency Response System      | Alternative ERS Device   |
| S5165     | UB       | Environmental Accessibility Adaptations | One Completed Work Order |
| S5170     | UB       | Home Delivered Meals                    | One Meal                 |
| S5170     | UBU2     | Home Delivered Meals - Therapeutic      | One Meal                 |
| S5170     | UBU7     | Home Delivered Meals - Kosher           | One Meal                 |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description   | Unit Increment          |
|-----------|----------|---|-------------------------|
| T2013     | U2       | Tier 2  | Per Day                 |
| T2031     | U3       | Tier 3  | Per Day                 |
| T2038     | U4       | Community Transition Svc (for NH residents enrolling in the waiver) | One Completed Job Order |
| T2031     | U2       | Assisted Living Service - Tier 2                                    | Per Day                 |
| T2031     | U3       | Assisted Living Service - Tier 3                                    | Per Day                 |
| S5101     |          | Adult Day Health  | Half Day                |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description  | Unit Increment |
|-----------|----------|--|----------------|
| S5102     |          | Adult Day Health   | One Day        |
| A0080     |          | Adult Day Health - Transportation                            | Per Mile       |
| T1019     |          | Personal Care - Employer Authority                           | 15 Minutes     |
| T1019     | HQ       | Personal Care - Employer Authority - Group Visit             | 15 Minutes     |
| S5130     |          | Homemaker  | 15 Minutes     |
| S5121     |          | Chore Service  | Per Job        |
| T2029     |          | Home Med Equip and Supp Adaptive and Assist Devices - Budget | Per Service    |



# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description  | Unit Increment |
|-----------|----------|--|----------------|
| S5165     |          | Home Modifications Maintenance and Repair - Budget Authority | Per Service    |
| S5160     |          | Personal Emergency Response                                  | Installation   |
| S5161     |          | Personal Emergency Response                                  | Monthly Rental |
| S5170     |          | Home Delivered Meals   | One Meal       |
| S5170     | UBU3     | Alternative Meals - Budget Authority                         | One Meal       |
| S0215     |          | Waiver Transportation  | Per Mile       |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description                         | Unit Increment |
|-----------|----------|-------------------------------------|----------------|
| T2001     | RN       | Waiver Nursing                      | 15 Minutes     |
| T2003     | LPN      | Waiver Nursing                      | 15 Minutes     |
| T2001     | RNHQ     | Waiver Nursing - Group Visit        | 15 Minutes     |
| T2003     | LPNHQ    | Waiver Nursing - Group Visit        | 15 Minutes     |
| S5125     |          | Home Care Attendant - Nursing       | 15 Minutes     |
| S5125     | U8       | Home Care Attendant - Personal Care | 15 Minutes     |
| H0045     |          | Out of Home Respite                 | Per Day        |

# LTSS User Guide – Ohio Home Care Waiver

| HCPC Code | Modifier | Description   | Unit Increment    |
|-----------|----------|---|-------------------|
| T2025     |          | Enhanced Community Living                               | 15 Minutes        |
| G0155     |          | Social Work Counseling                                  | 15 Minutes        |
| S9470     |          | Nutritional Consultation                                | 15 Minutes        |
| S5135     |          | Independent Living Assistance                           | 15 Minutes        |
| T2038     |          | Community Transition                                    | One Completed job |
| T2025     | UB       | Choices Home Care Attendant - Employer/Budget Authority | 15 Minutes        |
| S5121     | UB       | Pest Control - Budget Authority                         | One Job           |