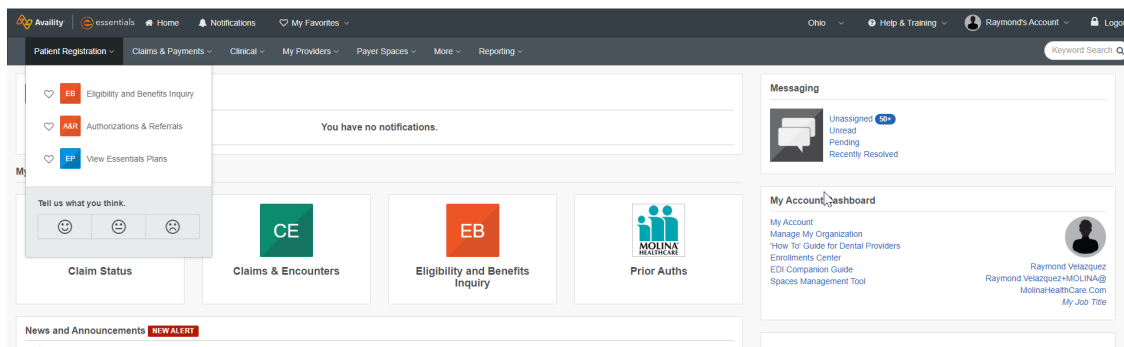


How to submit a Quick Claim (formerly Smart Claim)

Use the Quick Claims application when...

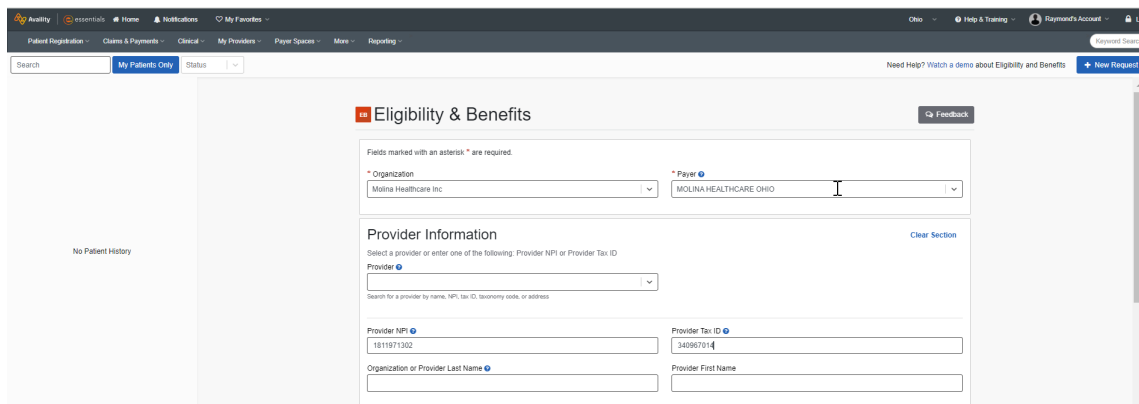
- The claim does not have any attachments.
- The patient:
 - has only one insurance provider.
 - has agreed to allow the payer to pay the provider for services.
- Release of Information is on file at the service provider or utilization review organization.
- Signature is On File using the authorization form for CMS-1500 claim form Box 12 and/or Box 13.

Under the **Patient Registration** tab, click **Eligibility and Benefits Inquiry**

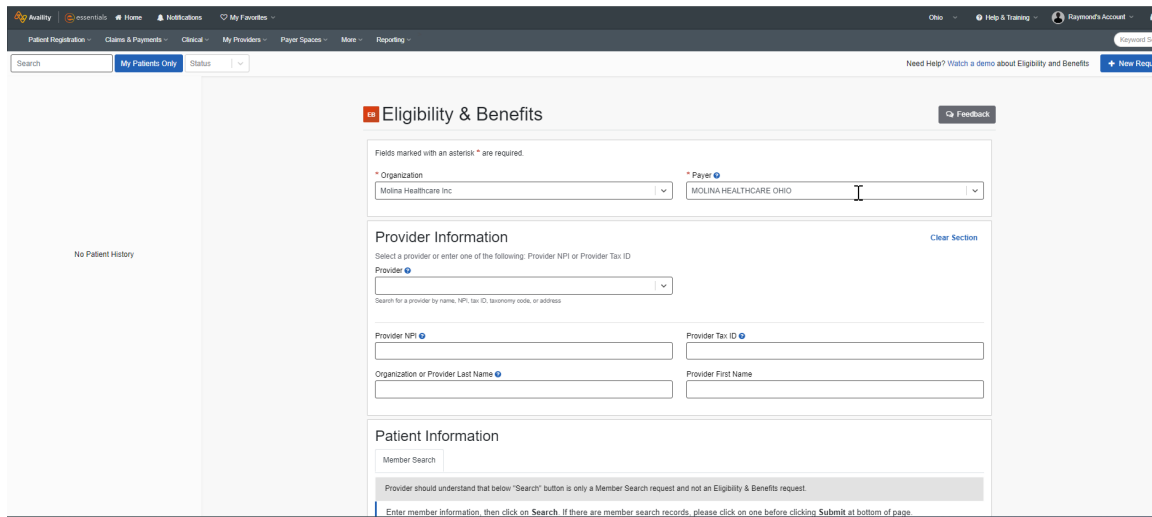


Scroll down to the **Provider Information** section:

- Enter Provider Tax ID number (TIN)
- Enter Provider's National Provider Identifier (NPI) (**NOT applicable for Atypical Providers**)



Scroll down to the **Patient Information** section:



Eligibility & Benefits

Fields marked with an asterisk * are required.

* Organization: Molina Healthcare Inc

* Payer: MOLINA HEALTHCARE OHIO

Provider Information

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider: [Dropdown]

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI: [Text Field]

Provider Tax ID: [Text Field]

Organization or Provider Last Name: [Text Field]

Provider First Name: [Text Field]

Patient Information

Member Search

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

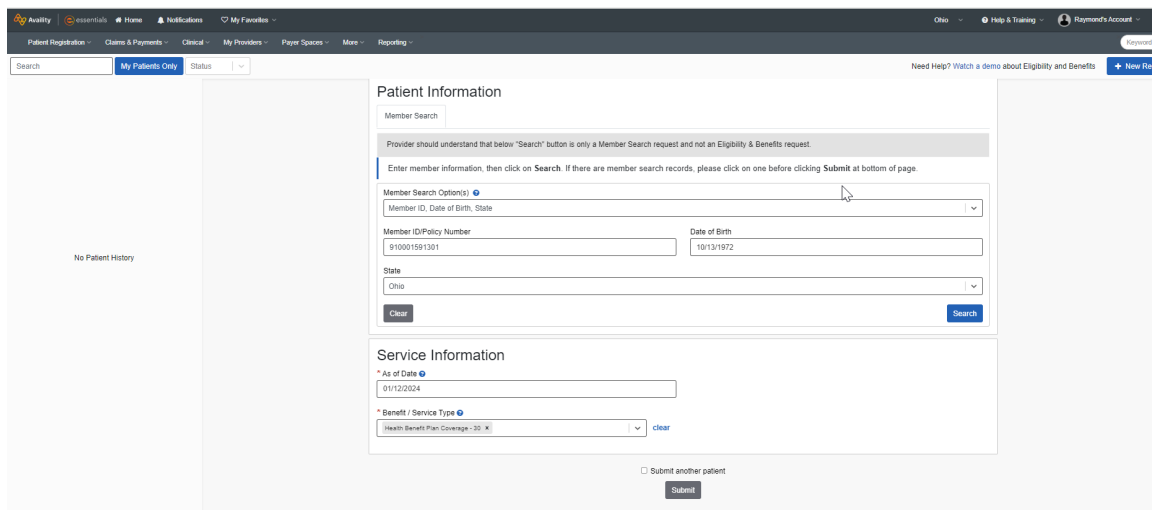
Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.

Member Search Options consist of the following combinations:

- Member ID, Date of Birth, State
- Member Last Name, Member First Name, Date of Birth, State
- Member ID, Member Last Name, Date of Birth, State
- Member ID, Date of Birth, Gender, State
- Member ID, Last Name, Date of Birth, Gender, State

Search for your Member

Scroll to the **Service Information** section and enter the Date of Service in the As of Date field



Patient Information

Member Search

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.

Member Search Option(s): [Dropdown]

Member ID, Date of Birth, State

Member ID/Policy Number: 810001591301

Date of Birth: 10/13/1972

State: Ohio

Clear Search

Service Information

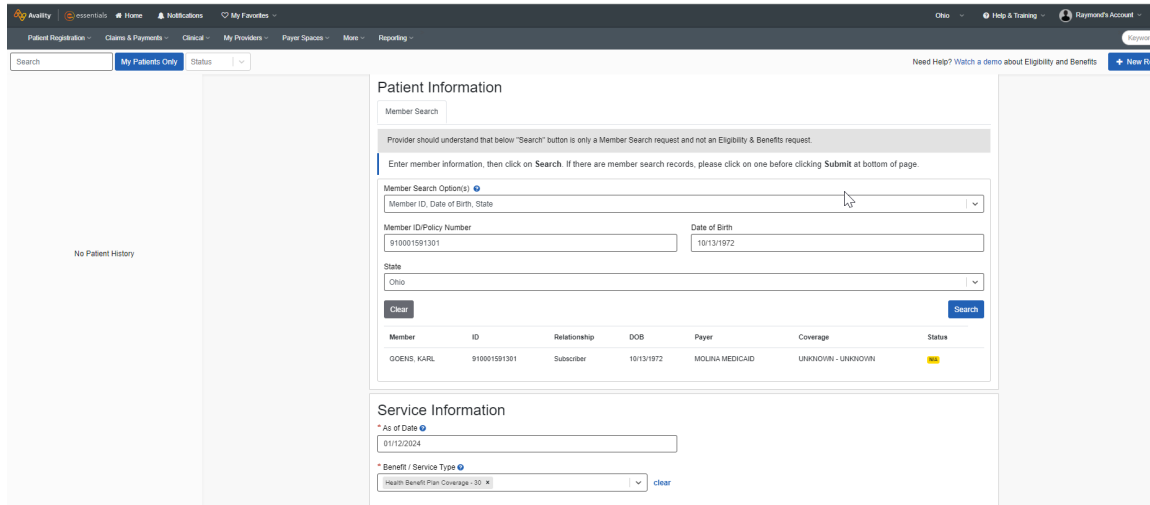
* As of Date: 01/12/2024

* Benefit / Service Type: Health Benefit Plan Coverage - 30, X

Submit another patient

Submit

Click the **Search** button on the right of the screen:



Patient Information

Member Search

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.

Member Search Option(s)

Member ID, Date of Birth, State

Member ID/Policy Number: 910001591301

Date of Birth: 10/13/1972

State: Ohio

Clear Search

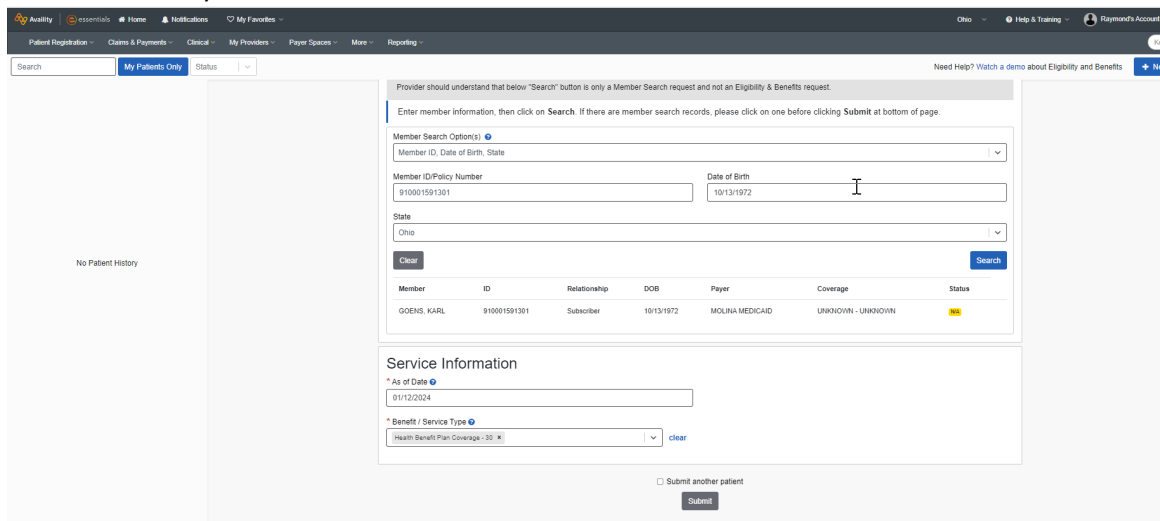
Member	ID	Relationship	DOB	Payer	Coverage	Status
GOENS, KARL	910001591301	Subscriber	10/13/1972	MOLINA MEDICAID	UNKNOWN - UNKNOWN	✓

Service Information

* As of Date: 01/12/2024

* Benefit / Service Type: Health Benefit Plan Coverage - 30 ✓ clear

If your Member is found, that record will be displayed above the **Service Information** section. Highlight this record with your cursor and click the **Submit** button at the bottom of the screen.



Patient Information

Member Search

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.

Member Search Option(s)

Member ID, Date of Birth, State

Member ID/Policy Number: 910001591301

Date of Birth: 10/13/1972

State: Ohio

Clear Search

Member	ID	Relationship	DOB	Payer	Coverage	Status
GOENS, KARL	910001591301	Subscriber	10/13/1972	MOLINA MEDICAID	UNKNOWN - UNKNOWN	✓

Service Information

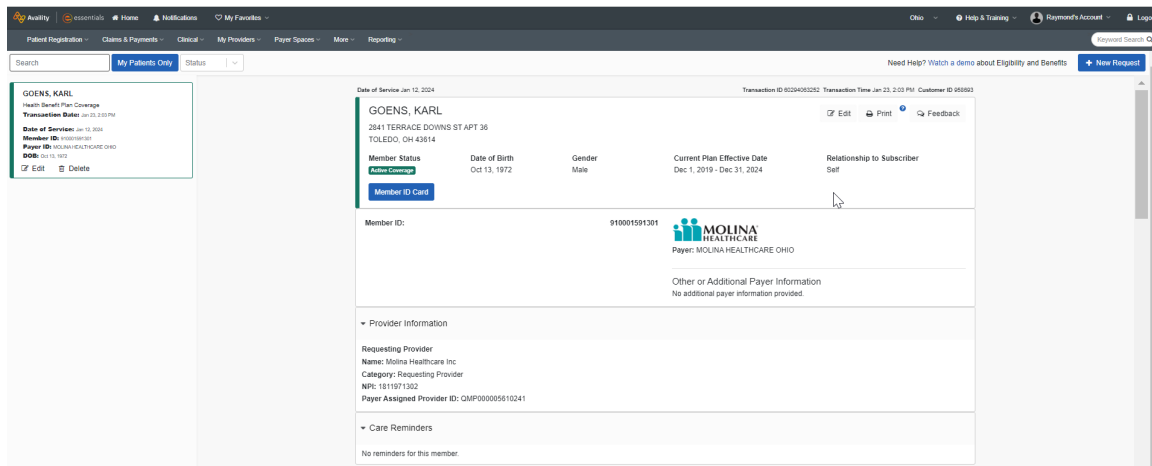
* As of Date: 01/12/2024

* Benefit / Service Type: Health Benefit Plan Coverage - 30 ✓ clear

☐ Submit another patient

Submit

The following screen will appear:



GOENS, KARL
Health Benefit Plan Coverage
Transaction Date: Jan 23, 2024 PM
Date of Service: Jan 15, 2024
Member ID: 910001591301
Payer ID: MOLINA HEALTHCARE OHIO
DOB: Oct 13, 1972
[Edit] [Delete]

Date of Service Jan 12, 2024
Transaction ID: 022403252 Transaction Time: Jan 23, 2:05 PM Customer ID: 85893

2841 TERRACE DOWNS ST APT 36
TOLEDO, OH 43614

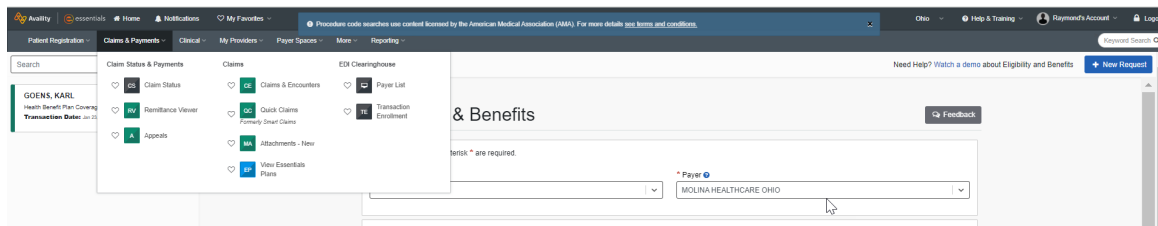
Member Status: **Active Coverage**
Date of Birth: Oct 13, 1972
Gender: Male
Current Plan Effective Date: Dec 1, 2019 - Dec 31, 2024
Relationship to Subscriber: Self
[Member ID Card]

Member ID: 910001591301
Payer: MOLINA HEALTHCARE OHIO
Other or Additional Payer Information: No additional payer information provided.

Provider Information
Requesting Provider: Name: Molina Healthcare Inc
Category: Requesting Provider
NPI: 1811971302
Payer Assigned Provider ID: CMP00005610241

Care Reminders
No reminders for this member.

Now that you have verified your Member's Eligibility and Benefits, go to the **Claims & Payments** tab and select the **Quick Claims (QC)** button under the **Claims** section:



Claims & Payments

Claims Status & Payments
Claims Status
[QC] Quick Claims
[AP] Approvals
[View Essentials]

Claims & Encounters
[QC] Quick Claims
[AP] Approvals
[View Essentials]

EDR Clearinghouse
[Payer List]
[Transaction Enrollment]

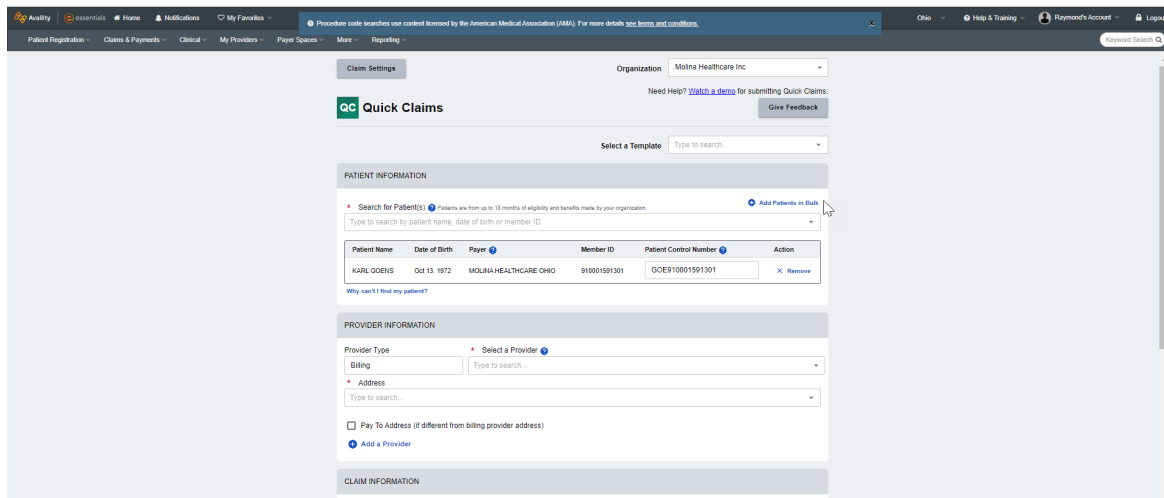
& Benefits
[Feedback]

* Payer: MOLINA HEALTHCARE OHIO

The screen shown below will be displayed. Go to the **Search for Patient(s)** field in the **Patient Information** section. All Members whose Eligibility has been searched will appear in the dropdown field;

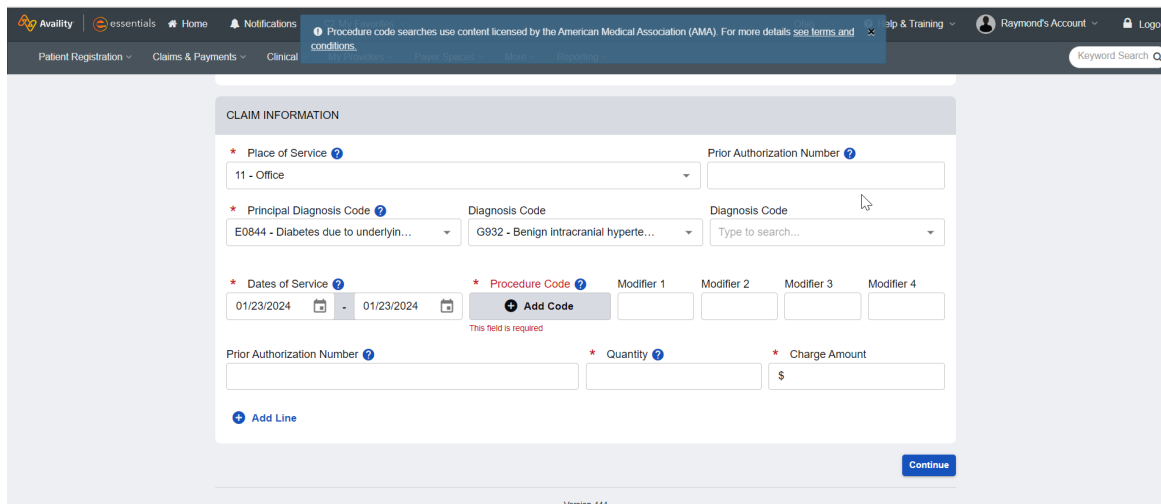
- Select your Member in the **Search for Patient(s)** field in the **Patient Information** section
- Select your Provider in the **Select a Provider** field in the **Provider Information** section. You can add different Provider Types, which include:
 - Billing Provider
 - Rendering Provider
 - Referring Provider
 - Supervising Provider

- Scroll down to the **Claim Information** section

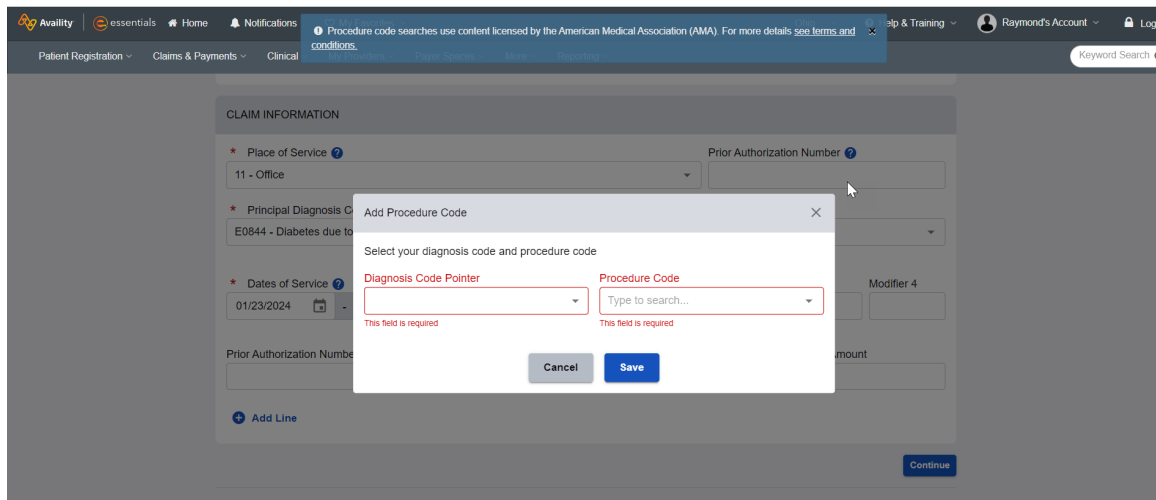


The following data is required:

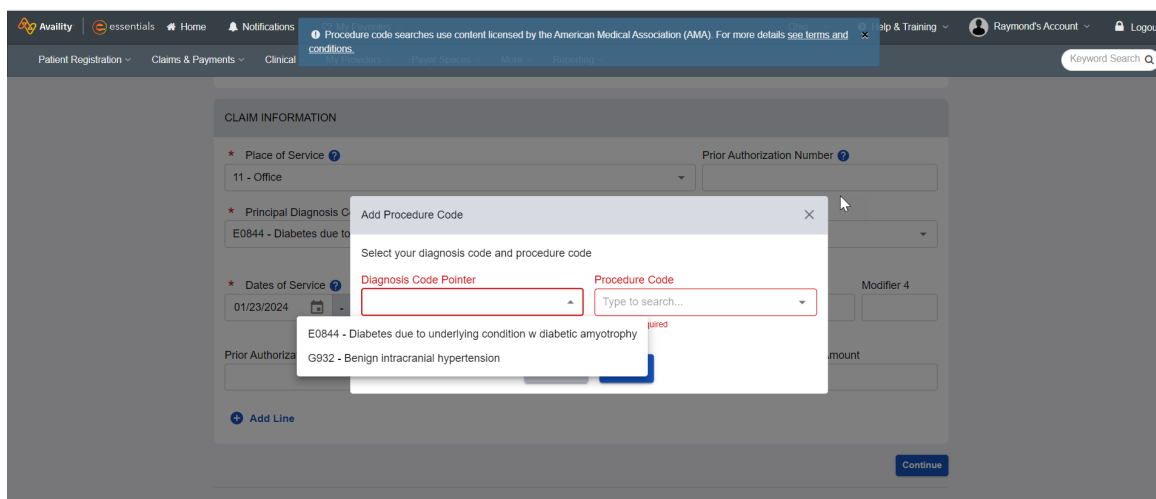
- Select the **Place of Service** in the dropdown field
- Enter the **Prior Authorization Number**, if applicable
- Enter the **Principal Diagnosis Code**; you can enter the English description and the appropriate ICD-10 Diagnosis Codes will appear. Please note that up to Three (3) Diagnosis Codes can be entered
- Enter the **Dates of Service**; the first field is the From or Start Date; the second field is the To or End Date



Click the **Add Code** button under **Procedure Code**; the following screen appears:

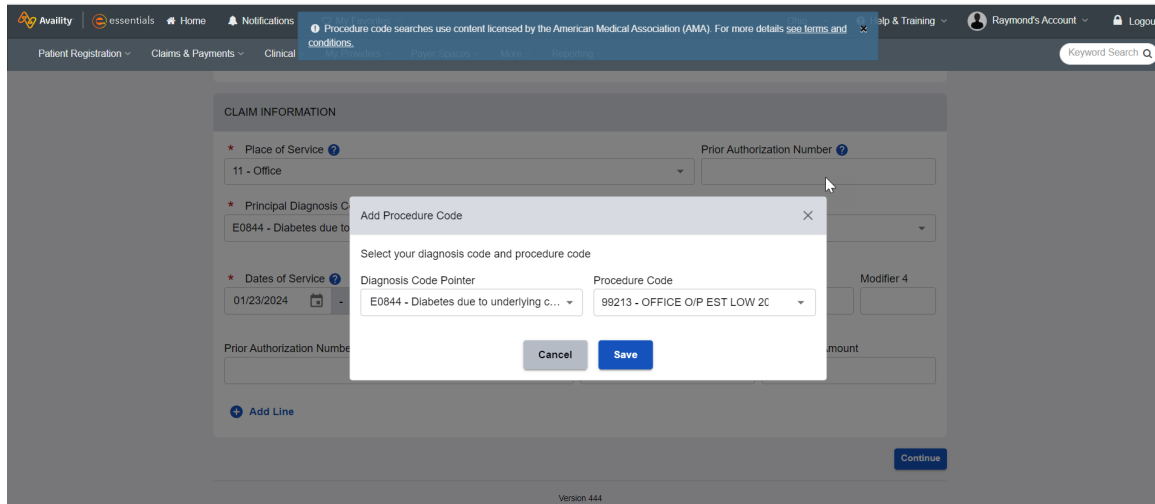


When you click the down arrow in the Diagnosis Code Pointer field, the following screen displays the Diagnosis Code(s) entered:



- Select the Diagnosis related to the Procedure Code to be entered.
- Enter the Procedure Code for this line. You can enter the CPT / HCPCS code or you can enter the English description of the Procedure / Service. ***If you choose to enter the English description, please Confirm that you select the correct Procedure Code.***

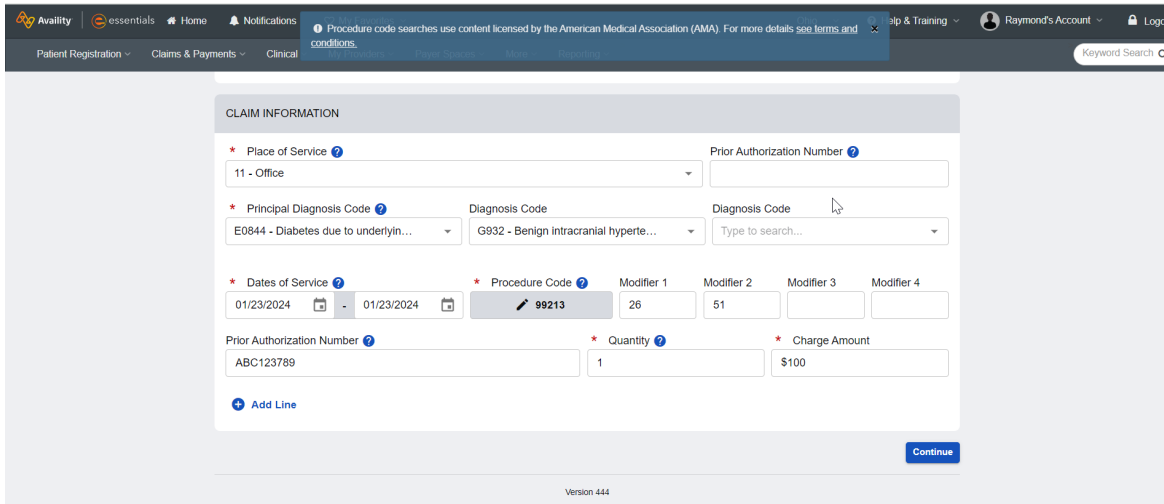
- Click the **Save** button



The screenshot shows the 'CLAIM INFORMATION' form in the Molina Healthcare portal. A modal dialog titled 'Add Procedure Code' is open, prompting the user to 'Select your diagnosis code and procedure code'. The dialog contains two dropdown menus: 'Diagnosis Code Pointer' (showing 'E0844 - Diabetes due to underlying c...') and 'Procedure Code' (showing '99213 - OFFICE O/P EST LOW 2C'). There are 'Cancel' and 'Save' buttons at the bottom of the dialog. The background form shows fields for 'Place of Service' (11 - Office), 'Principal Diagnosis Code' (E0844 - Diabetes due to underlying c...), 'Dates of Service' (01/23/2024), and 'Prior Authorization Number'.

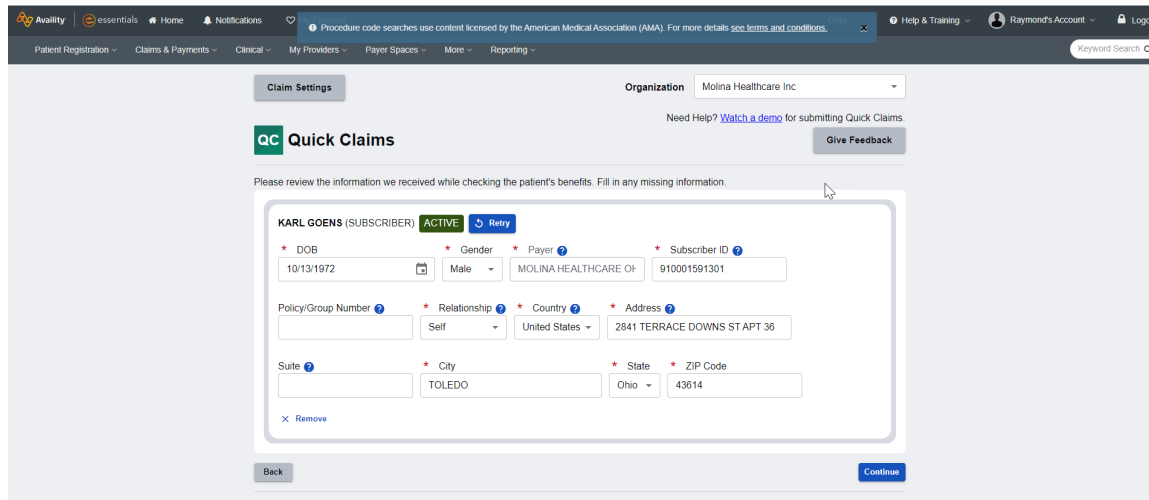
- Enter any **Modifier(s)**, if applicable. You can enter up to Four (4) Modifiers
- Enter your **Prior Authorization Number**, if applicable. This is NOT a required field.
- Enter the **Quantity** that you are billing.
- Enter the **Charge Amount** that you are billing.

Click **Continue**



The screenshot shows the 'CLAIM INFORMATION' form in the Molina Healthcare portal. The form is now populated with the following information: 'Place of Service' (11 - Office), 'Principal Diagnosis Code' (E0844 - Diabetes due to underlying c...), 'Diagnosis Code' (G932 - Benign intracranial hyperten...), 'Dates of Service' (01/23/2024 - 01/23/2024), 'Procedure Code' (99213), 'Modifier 1' (26), 'Modifier 2' (51), 'Modifier 3' (), 'Modifier 4' (), 'Prior Authorization Number' (ABC123789), 'Quantity' (1), and 'Charge Amount' (\$100). The 'Continue' button is highlighted in blue at the bottom right of the form.

- The following screen is displayed:



Claim Settings Organization: Molina Healthcare Inc

Need Help? [Watch a demo](#) for submitting Quick Claims. [Give Feedback](#)

Please review the information we received while checking the patient's benefits. Fill in any missing information.

KARL GOENS (SUBSCRIBER) ACTIVE [Retry](#)

* DOB: 10/13/1972 * Gender: Male * Player: MOLINA HEALTHCARE OH * Subscriber ID: 910001591301

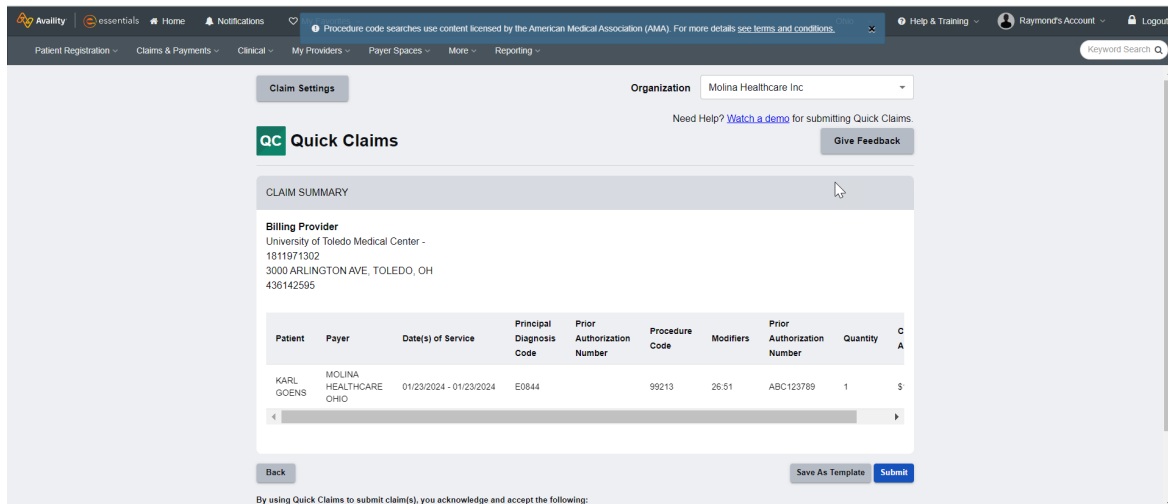
Policy/Group Number: * Relationship: Self * Country: United States * Address: 2841 TERRACE DOWNS ST APT 36

Suite: * City: TOLEDO * State: Ohio * ZIP Code: 43614

[X Remove](#)

[Back](#) [Continue](#)

Click **Continue**; the following screen appears:



Claim Settings Organization: Molina Healthcare Inc

Need Help? [Watch a demo](#) for submitting Quick Claims. [Give Feedback](#)

CLAIM SUMMARY

Billing Provider
University of Toledo Medical Center -
1811971302
3000 ARLINGTON AVE, TOLEDO, OH
436142595

Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Prior Authorization Number	Procedure Code	Modifiers	Prior Authorization Number	Quantity	Unit
KARL GOENS	MOLINA HEALTHCARE OHIO	01/23/2024 - 01/23/2024	E0844		99213	26.51	ABC123789	1	\$

[Back](#) [Save As Template](#) [Submit](#)

By using Quick Claims to submit claim(s), you acknowledge and accept the following:

Click **Submit** to enter the claim; you can also click **Save As Template**

SC Smart Claims[Give Feedback](#)

✓ Success! Your claim has been submitted. Please access your organization's ReceiveFiles mail box to view claim responses. This can take up to 24 days.

Customer ID: 1194

Transaction Date: 07/06/2022

CLAIM SUMMARY

Billing Provider

123 SAMPLE STREET

Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
✓ SALLY STRAWBERRY	MOLINA HEALTHCARE	07/06/2022 - 07/06/2022	S60417S	29086		2	\$31.00

Transaction ID:

[Start New Claim](#)[Save As Template](#)[Print](#)