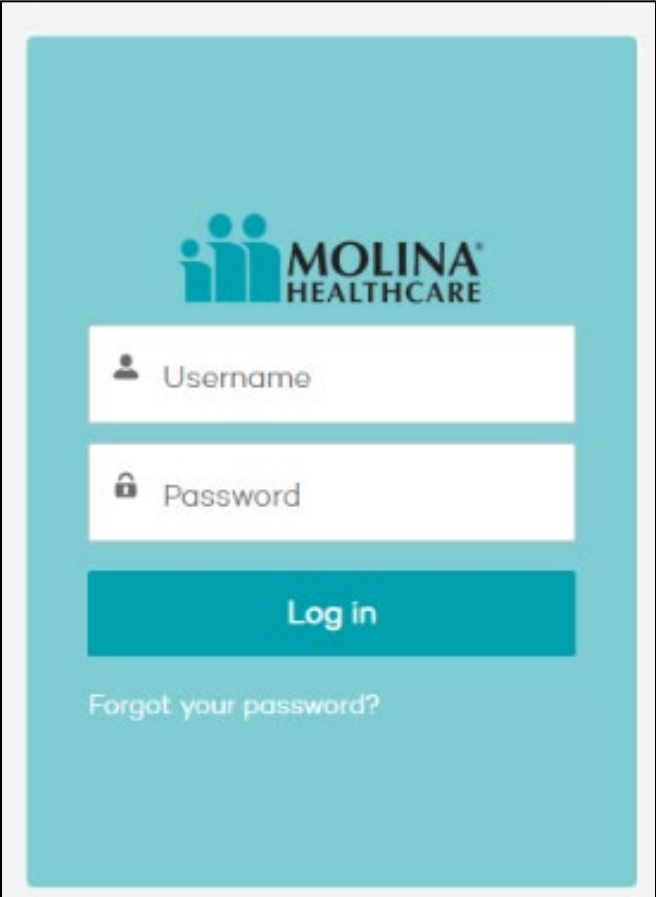


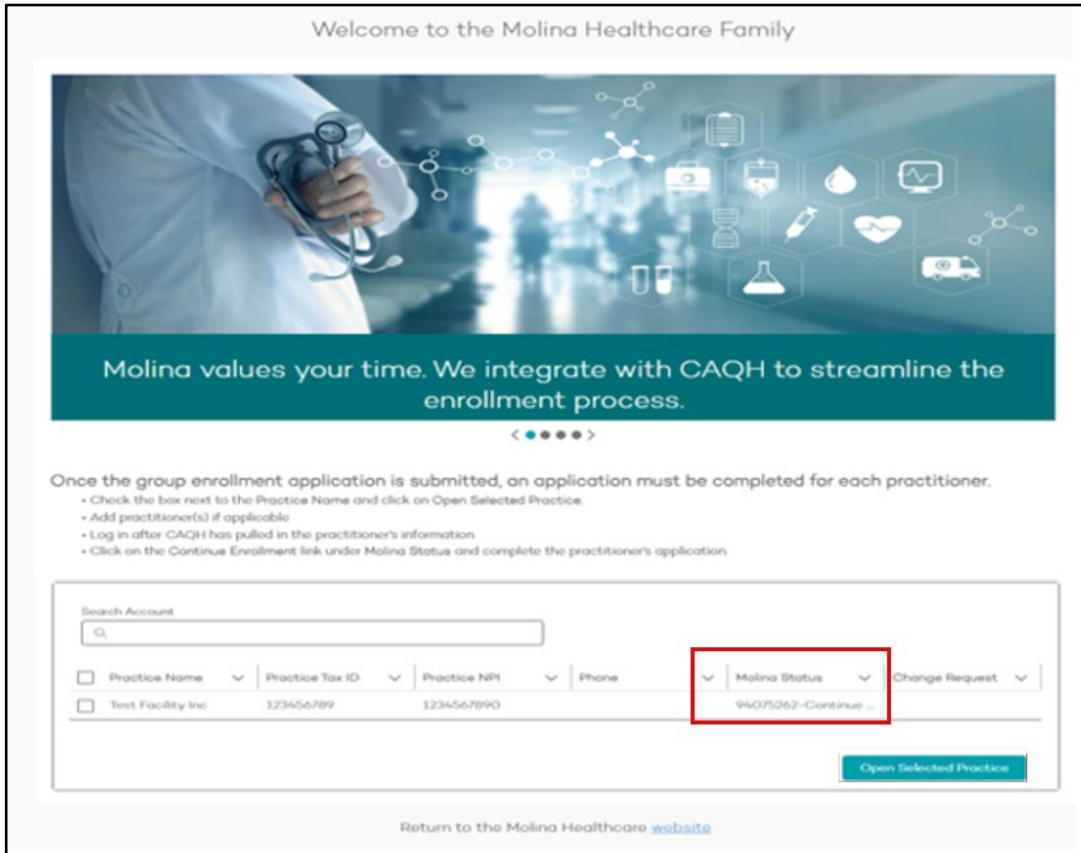
## Provider Network Management (Authenticated) Portal Overview

- Once a provider’s pre-enrollment request is approved, the practice contact receives an email detailing the process for creating an account in the Provider Network Management (Authenticated) Portal.
- The user logs in to the portal to complete an application.
- The system loads the applicable fields.
- A system check is done to ensure the information is complete.

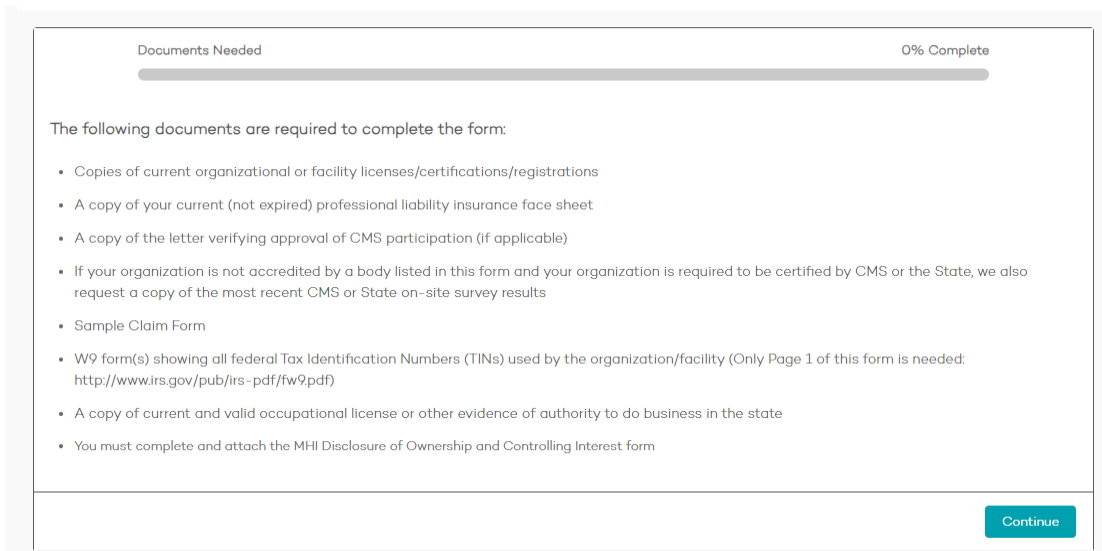
### Facility Enrollment

Step	Action
1	<p>Log in to the Provider Network Management (Authenticated) Portal with a username and password.</p> <div data-bbox="516 783 1167 1675" style="border: 1px solid black; padding: 10px; margin: 20px auto; width: fit-content;">  </div>

- 2 On the Welcome page, navigate to the **Molina Status** column:  
 a. Click **Continue Enrollment**.

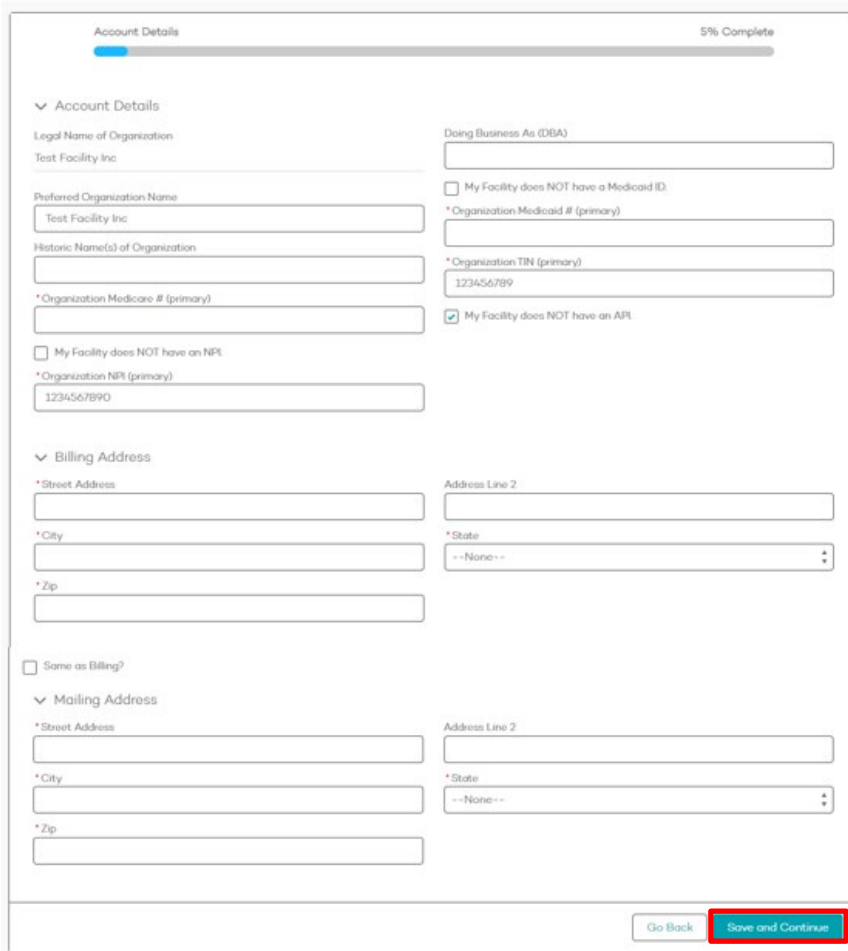


**Result:** A window displays a list of documents required for enrollment.



**Note:** The list of documents may vary according to state requirements. The submission cannot be completed if any required documents are missing.

### 3 Complete the Account Details.



Account Details 5% Complete

Account Details

Legal Name of Organization  
Test Facility Inc

Preferred Organization Name  
Test Facility Inc

Historic Name(s) of Organization

\* Organization Medicare # (primary)

My Facility does NOT have an NPI

\* Organization NPI (primary)  
1234567890

Doing Business As (DBA)

My Facility does NOT have a Medicaid ID.

\* Organization Medicaid # (primary)

\* Organization TIN (primary)  
123456789

My Facility does NOT have an API

Billing Address

\* Street Address

\* City

\* Zip

Address Line 2

\* State  
--None--

Same as Billing?

Mailing Address

\* Street Address

\* City

\* Zip

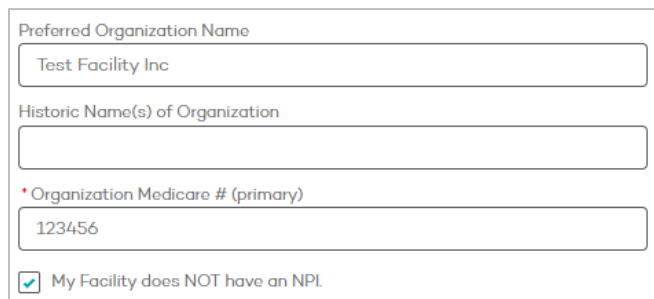
Address Line 2

\* State  
--None--

Go Back Save and Continue

Click **Save and Continue**.

- If a provider **does not** have an NPI, check the box; no NPI information is required.



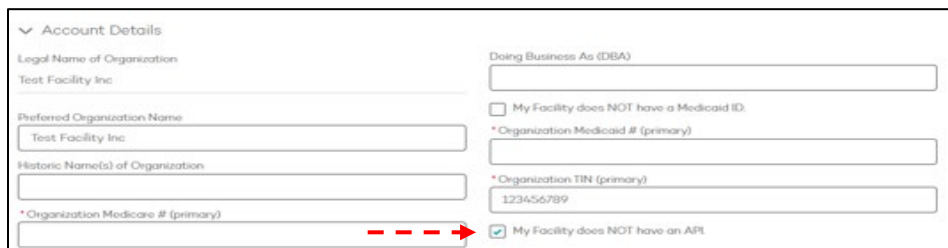
Preferred Organization Name  
Test Facility Inc

Historic Name(s) of Organization

\* Organization Medicare # (primary)  
123456

My Facility does NOT have an API

- If the provider **has** an API, uncheck the box; the Organization API can be entered.



Account Details

Legal Name of Organization  
Test Facility Inc

Preferred Organization Name  
Test Facility Inc

Historic Name(s) of Organization

\* Organization Medicare # (primary)

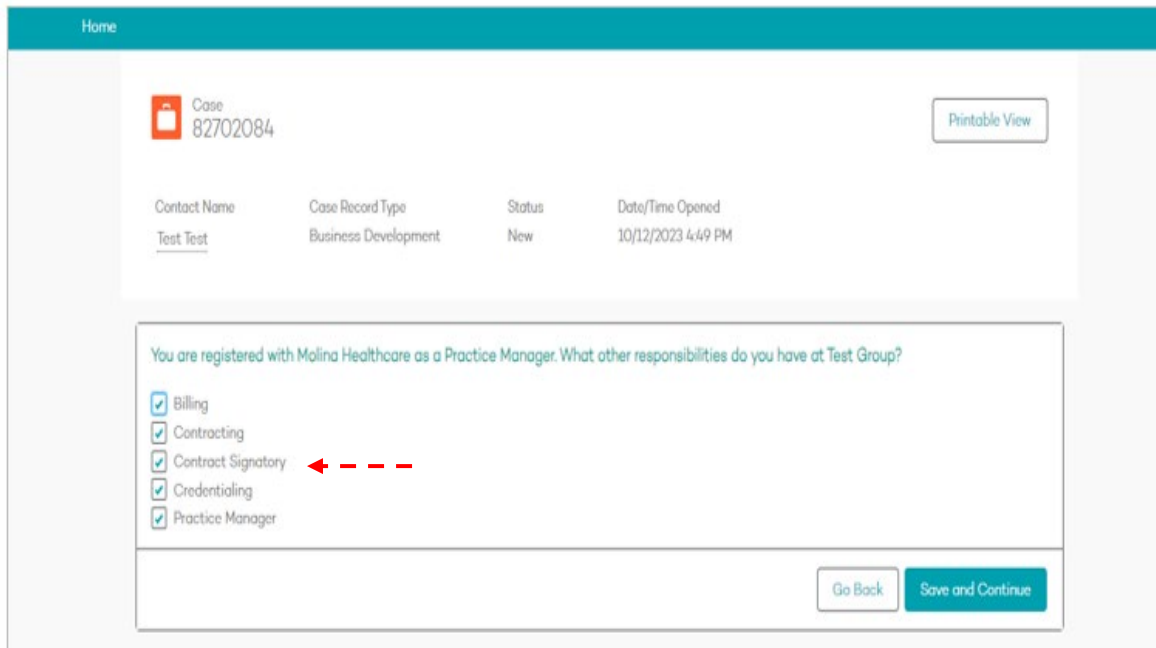
My Facility does NOT have an API

My Facility does NOT have an API.

\* Organization API

- Continue the application process.
- Click **Save and Continue** after each section.

**4 Roles:** A point of contact must be entered for each role.



Home

Case 82702084 Printable View

Contact Name	Case Record Type	Status	Date/Time Opened
Test Test	Business Development	New	10/12/2023 4:49 PM

You are registered with Molina Healthcare as a Practice Manager. What other responsibilities do you have at Test Group?

- Billing
- Contracting
- Contract Signatory ← - - - -
- Credentialing
- Practice Manager

Go Back Save and Continue

- To add another contact, shift the button at the bottom of the page to **Yes**.
- Click **Save and Continue**.



Test Facility, Inc. Contacts

To delete an entry, select a name and hit the Delete button.

Contact Name	Roles
Tina Rain	Practice Manager; Billing; Contracting; Contract Signatory; Credentialing

Total Records: 1 Page 1 of 1

Delete

I want to add another contact  Yes

Go Back Save and Continue

**5 Complete Practice Location information.**

Practice Location60% Complete

COMPLETE THE BELOW INFORMATION FOR EACH PRACTICE LOCATION

Only include information for locations that you wish to be listed with Molina Healthcare.

Complete this page and the next before exiting the form.

**Physical Location**

<p>* Legal Name of Location <sup>?</sup></p> <input type="text"/>	<p>Location DBA <sup>?</sup></p> <input type="text"/>
<p>* Preferred Location Name <sup>?</sup></p> <input type="text"/>	<p>Other DBAs Previously Used (if under same ownership)</p> <input type="text"/>
<p>Is this the primary address?</p> <input type="text" value="--None--"/>	<p>* Site-specific Medicare #</p> <input type="text"/>
<p>* Is this location Medicare Certified?</p> <input type="text" value="--None--"/>	<p>* Site-specific TDI #:</p> <input type="text"/>
<p>* Site-specific NPI</p> <input type="text"/>	
<p>* Site-specific TIN</p> <input type="text"/>	

**Physical Location Address**

<p>* Street Address</p> <input type="text"/>	<p>Address Line 2</p> <input type="text"/>
<p>* City</p> <input type="text"/>	<p>* State</p> <input type="text" value="--None--"/>
<p>* Zip</p> <input type="text"/>	<p>* Phone</p> <input type="text"/>
<p>* Fax</p> <input type="text"/>	

Practice Location 65% Complete

---

▼ Physical Location Information

<p>Practice Limitations (e.g., age, gender, etc.)</p> <input style="width: 95%;" type="text"/>	<p>Gender Restrictions</p> <input style="width: 95%;" type="text" value="--None--"/>
<p>Patient Age - Minimum</p> <input style="width: 95%;" type="text"/>	<p>• Is this location handicap accessible?</p> <input style="width: 95%;" type="text" value="--None--"/>
<p>Patient Age - Maximum</p> <input style="width: 95%;" type="text"/>	<p>Service Location Delivers Babies</p> <input style="width: 95%;" type="text" value="--None--"/>
<p>Service Location Medicare Bed Count</p> <input style="width: 95%;" type="text"/>	<p>Service Location Medicaid Bed Count</p> <input style="width: 95%;" type="text"/>

\* Please list any languages spoken by office personnel (hold shift and click to select multiple values)

English

Spanish

Chinese

Other

ABKHAZIAN

\* Ages Accepted (hold shift and click to select multiple values)

Child

Adolescent

Adult

Geriatric

Service Location Advertise for Women's Health \*

Procedures (hold shift and click to select multiple values)

ECT

I/P

O/P

Methadone

Suboxone

Provider Accepts VA

Indicate the daily office hours for :

<p>Monday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Monday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>
<p>Tuesday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Tuesday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>
<p>Wednesday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Wednesday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>
<p>Thursday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Thursday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>
<p>Friday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Friday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>
<p>Saturday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Saturday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>
<p>Sunday Open</p> <input style="width: 95%;" type="text" value="7:00 AM"/>	<p>Sunday Close</p> <input style="width: 95%;" type="text" value="5:00 PM"/>

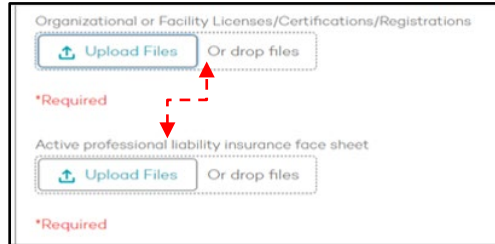
**Note:** For facilities that are open 24 hours, enter the Open Hours as 12:00 a.m. and the Close Hours as 11:59 p.m.

**6 Documents:**

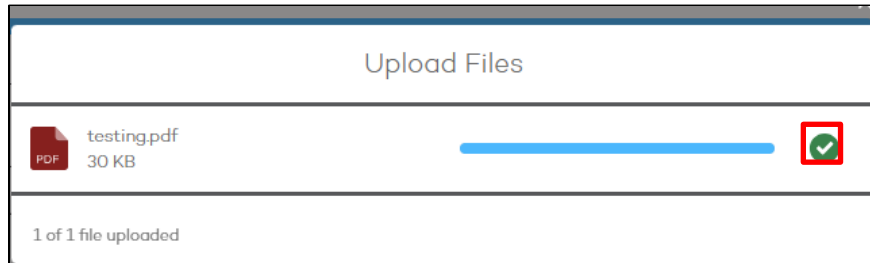
- All required documents are uploaded from this page.
- Molina accepts documents in PDF format only.

**Steps:**

- Click **Upload Files** or use the drop files function.
- Select the appropriate document file.

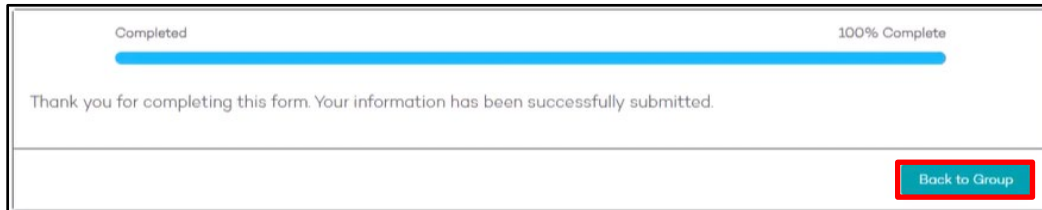


- Wait for the **green checkmark** to appear to ensure the document has been uploaded.



- Once all the documents have been uploaded, click **Save and Continue** to complete the application process.

**Result:** A **thank you** message is displayed.



- Click **Back to Group**.

**7**

- Once the application is completed, the status on the **Welcome Page** changes to **Submitted**.
- The following tabs will be populated:
  - Details
  - Locations
  - Related records
  - Files
  - Cases

Account  
Test Facility Inc

Parent Account    Accepting New Patients     Needs Credentialing     Phone

**Practitioners**    **Details**    Locations    Related Records    Roster Upload    **Files**    Cases    Request Changes    Request Termination

Practitioner Roster

Q Search

First ...   Last ...   Provid...   CAQ...   Case ...   Molin...   CAQ...   Chan...   Crede...   Is Par   Par D...   LOB

**Note:** Practitioners can be added to a facility record via a roster upload.