Overview

Quick Summary

To provide guidelines for group and practitioner enrollment in the Provider Network Management (Authenticated) Portal.

Contents

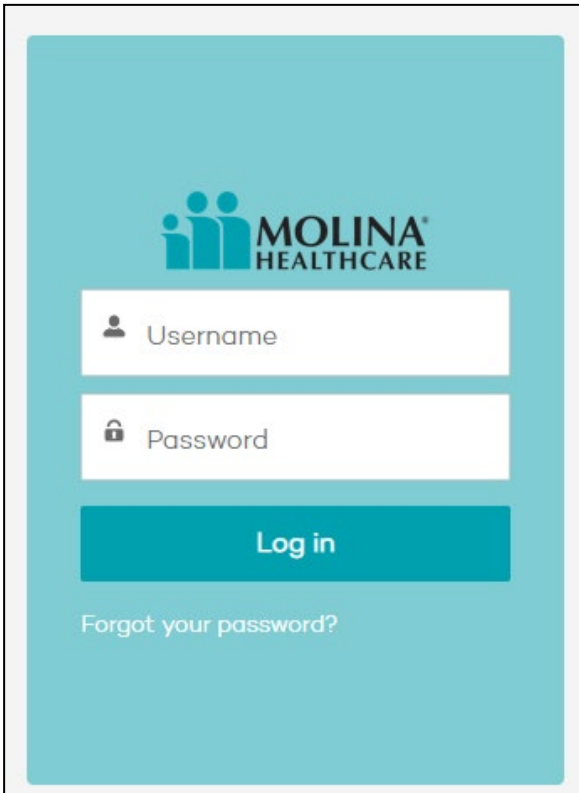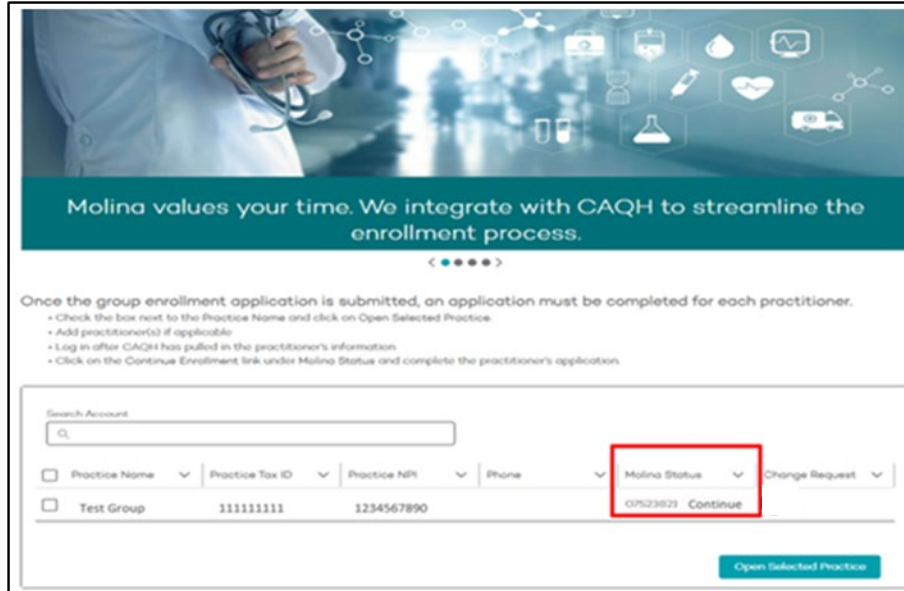This publication contains the following topics:

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 a group and practitioner application.
- The system loads the applicable fields.
- A system check is done to ensure the information is complete.

Group Enrollment

Step	Action
1	Log in to the Provider Network Management (Authenticated) Portal with a username and password.

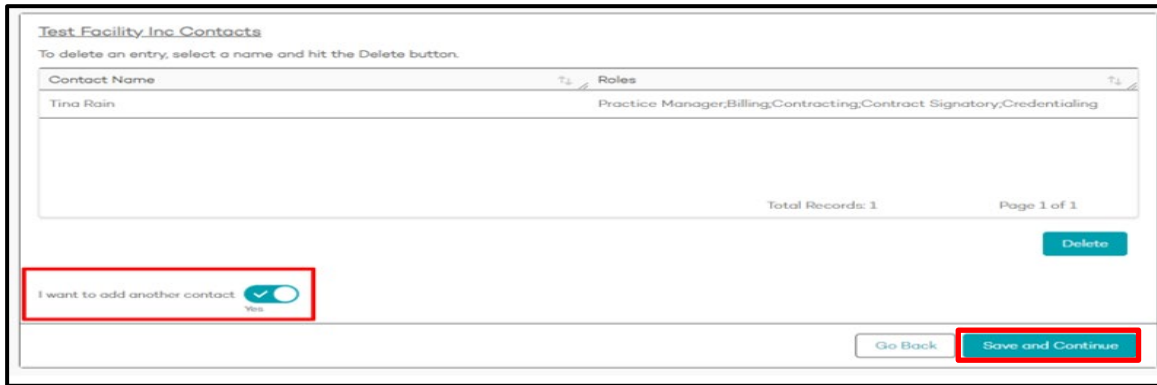| 2	On the Welcome page, navigate to the **Molina Status** column:
	a. Click **Continue Enrollment.**
3	**Complete the group details.**
	Note: Some information may be populated from the pre-enrollment lead.
	Click **Save and Continue.**
	Note: State-specific requirements are included in the enrollment form.

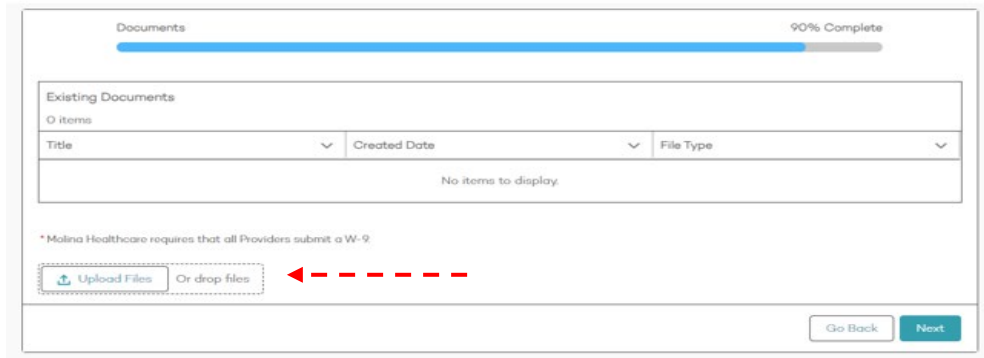| 4	**Roles:** A point of contact must be entered for each role.
	• To add another contact, shift the button at the bottom of the page to **Yes.**
	• Click **Save** and **Continue.**
5	**Documents:**
	• All required documents are uploaded from this page.
	• Molina accepts documents in **PDF format only**.
	Steps:
	a. Click **Upload Files** or use the drop files function.
	b. Select the appropriate document file.
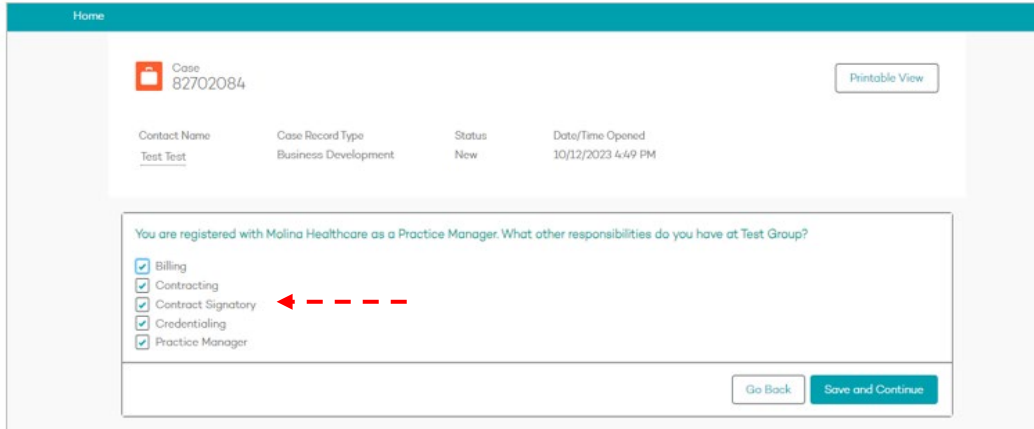
c. Wait for the **green checkmark** to appear to ensure the document has been uploaded before closing the box.
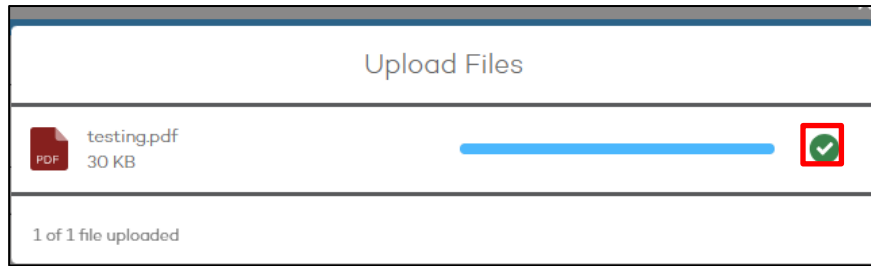
d. The document is systematically renamed to identify the group and document type.
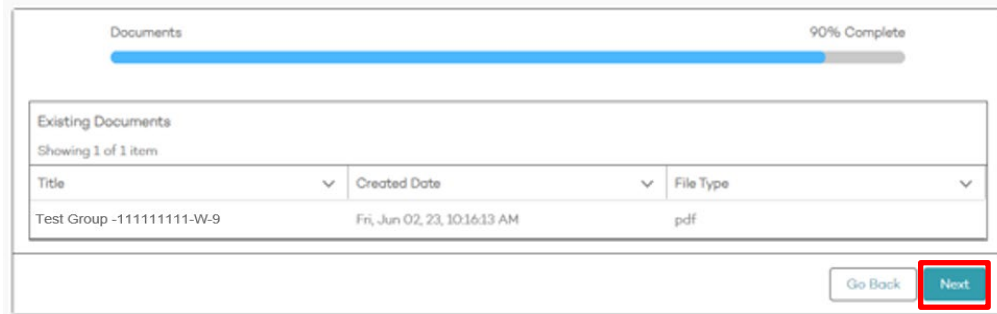
e. Once all the documents have been uploaded, click **Next.**
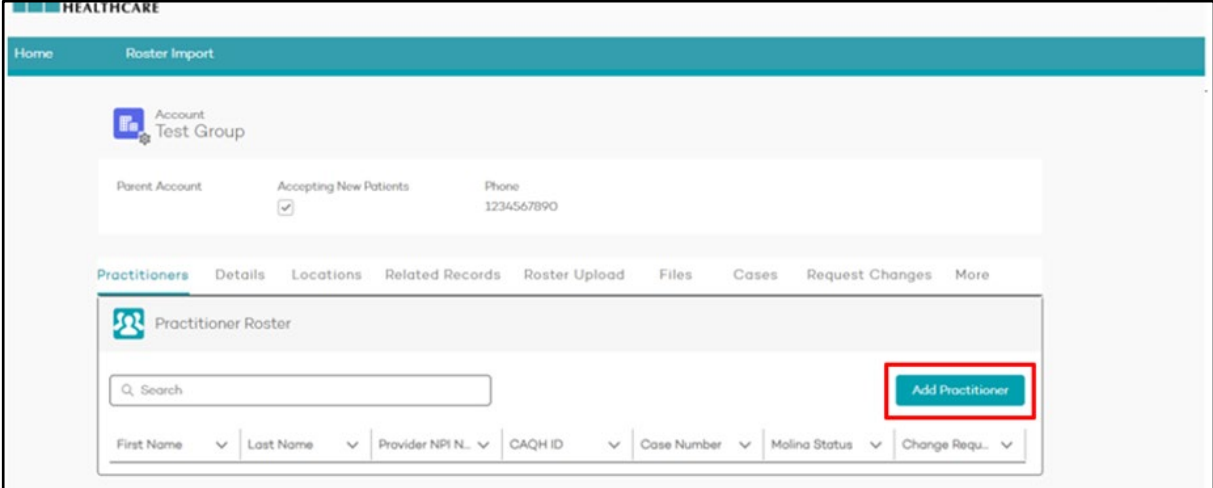
f. A **thank you** message is displayed.
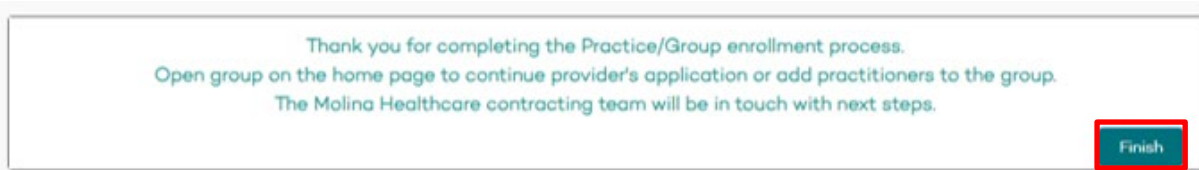
g. Click **Finish.**

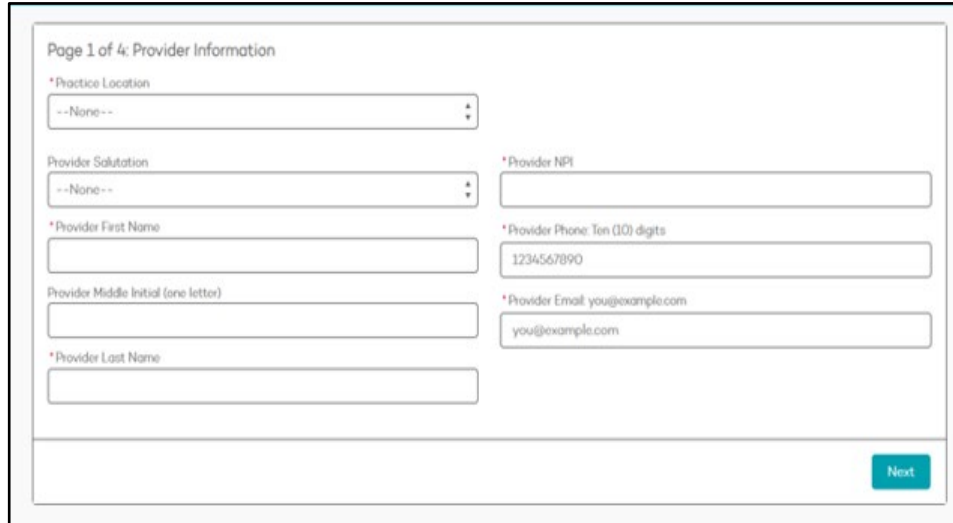| 6	Practitioners are added to the group using one of the following processes:
	a. Practitioners can be added individually.
	b. Multiple practitioners can be added through a roster (refer to the Roster Uploads document).

Adding Practitioners Individually

Follow these guidelines to add a practitioner:

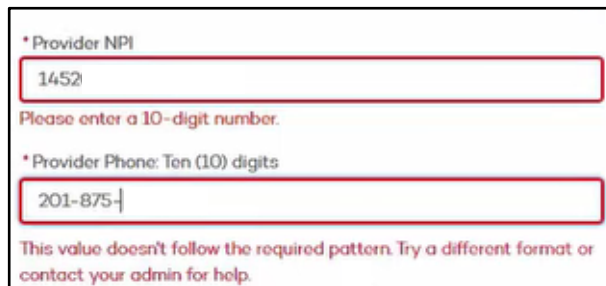| Step	Action

1	From the Welcome page:
	
	   a. Select the box next to the **Practice Name**.
	   b. Click **Open Selected Practice**.
	
	Result: The **Account** page opens.

2	On the **Practitioner's** tab: a. Click **Add Practitioner.** **Result:** The **Provider Information** form opens. **Note:** If a practitioner has been added via the New Provider workflow in the Pre-Enrollment Portal, their information will appear on this page. The next step would be to continue enrollment (proceed to pages 10-17).

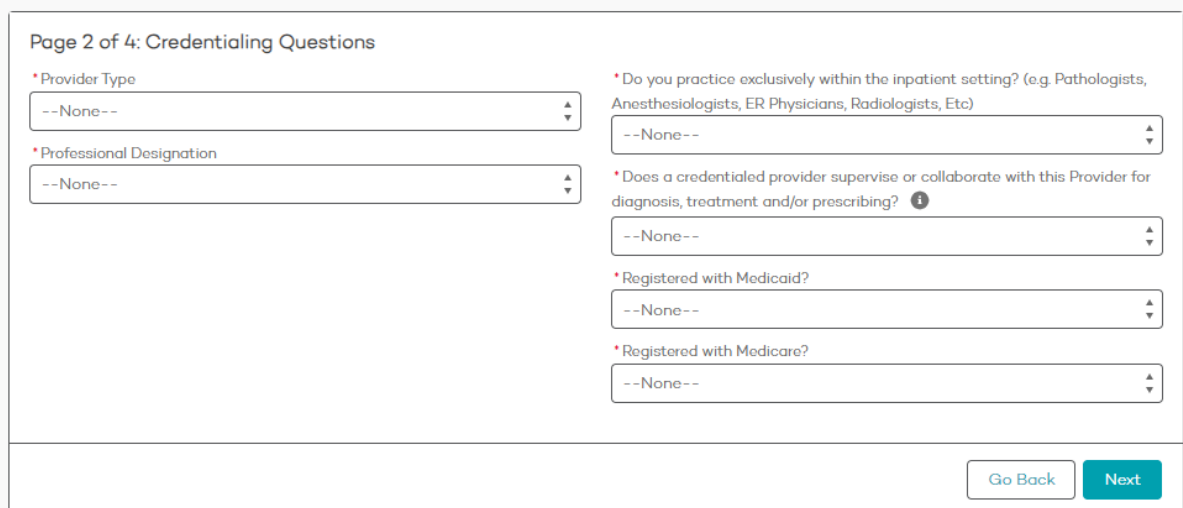| 3	**Enter the Provider Information.** (Page 1 of 4)
	Fields with an * are required fields.

Fields requiring specific formatting will be highlighted in red when requirements are unmet.
Example:

4	**Complete the Credentialing Questions.** (Page 2 of 4)

5	**Select your Primary Specialty.** (Page 3 of 4)
	Page 3 of 4
	Select your Primary Specialty
	*Provide your CAQH Id
	Complete this field.
	*Type
	Allopathic & Osteopathic Physicians
	*Specialty
	-- none selected --
	-- none selected -- Allergy & Immunology Anesthesiology Clinical Pharmacology Colon & Rectal Surgery Dermatology Electrodiagnostic Medicine Emergency Medicine Family Medicine General Practice Hospitalist Independent Medical Examiner Integrative Medicine Internal Medicine Legal Medicine Medical Genetics Neurological Surgery Neuromusculoskeletal Medicine, Sports Medicine Neuromusculoskeletal Medicine & OMM Nuclear Medicine
	• In the **Type** search window, locate the provider type. • Once the provider type is populated, select the associated **specialty** from the drop-down list. **Note:** The NUCC Taxonomy List can assist users who are unsure of their **type** and **specialty**. **CAQH process:** This process runs automatically for providers that require credentialing and pulls in all pertinent information (including certifications and licenses).

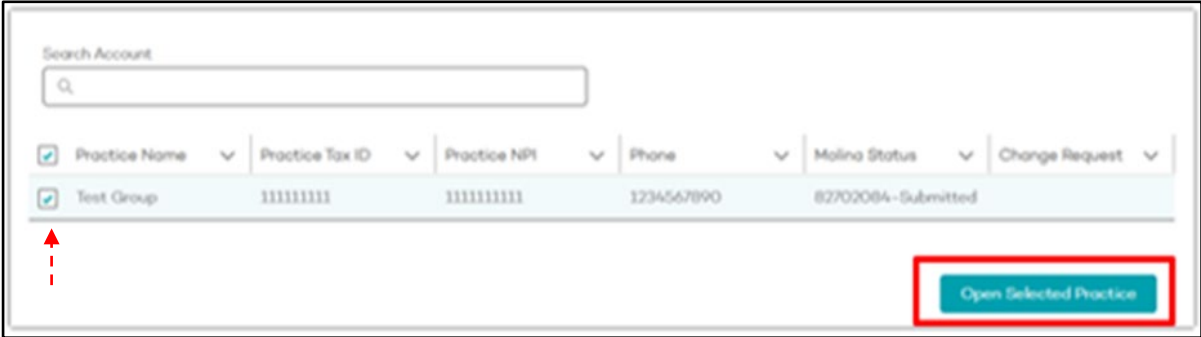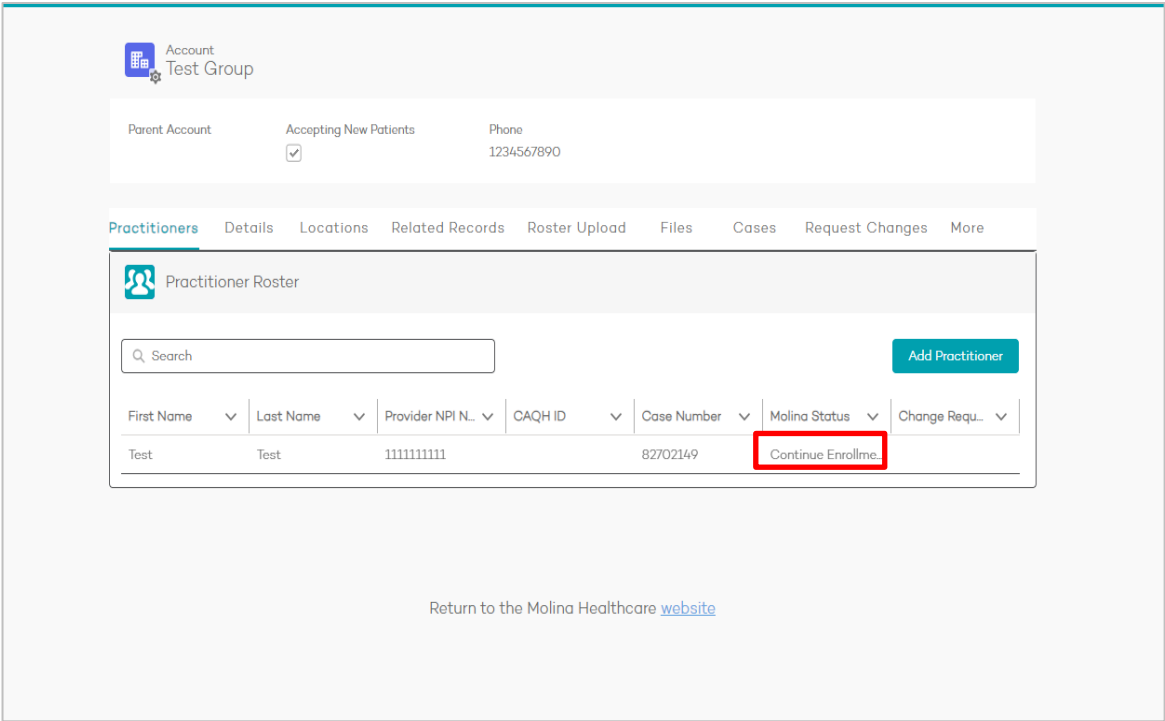| 6	**Select the counties served in-person or by telehealth.** (Page 4 of 4)
	• Complete the field regarding the scope of the practice. • Click **Submit.**
7	A **thank you** message is displayed. Click **Finish.** **Note:** • If a practitioner **is enrolled** with CAQH, the requestor must allow the system time to pull that information before continuing enrollment. • If a provider **is not enrolled** with CAQH, the requestor can continue the enrollment process and manually complete the application.

Continue Enrollment – Practitioners

The requestor must continue enrollment to complete their application once a practitioner has been added to a group.

Step	Action
1	From the Welcome page: a. Select the box next to the **Practice Name**. b. Click **Open Selected Practice**. **Result:** The **Account** page opens.
2	 • Locate the provider. • Click **Continue Enrollment.**

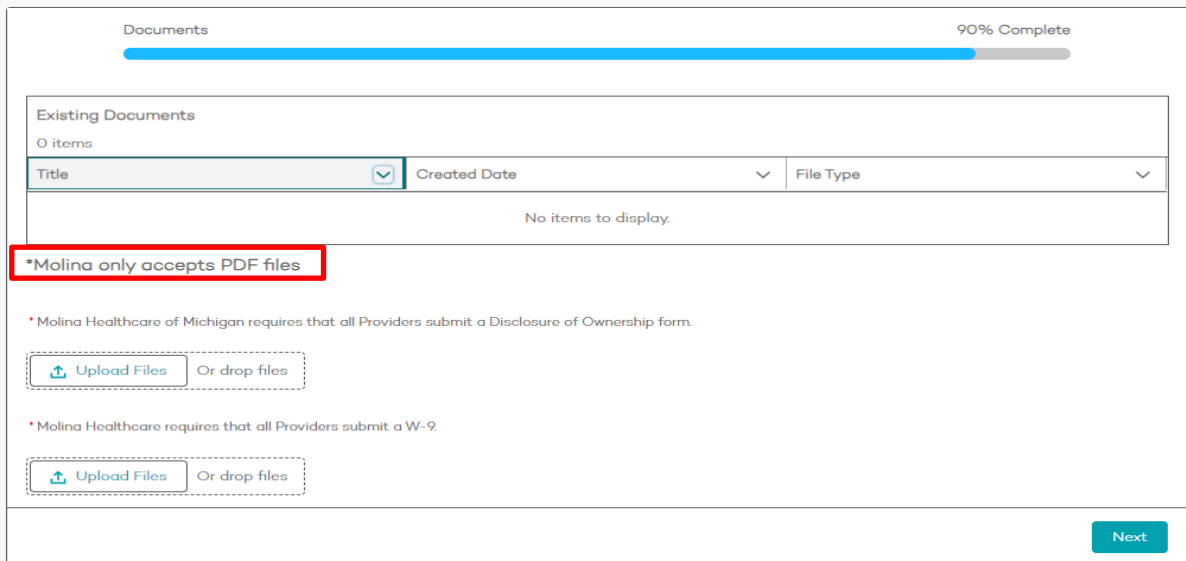| 3	**Complete the application.**

Note:

- For providers enrolled with CAQH, some information will be pre-populated.
- For providers **not** enrolled with CAQH, the information must be entered manually.
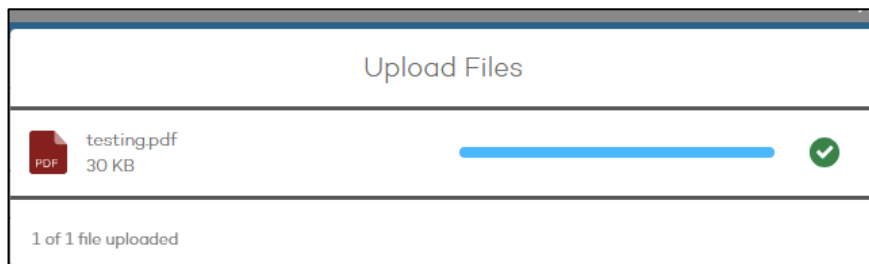
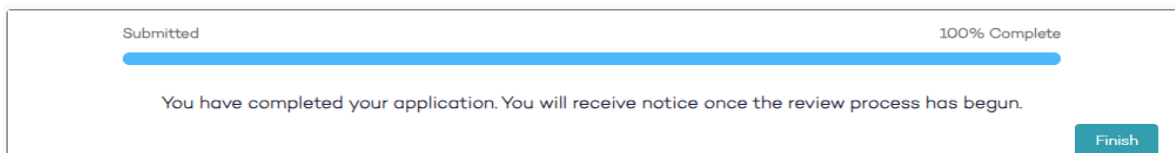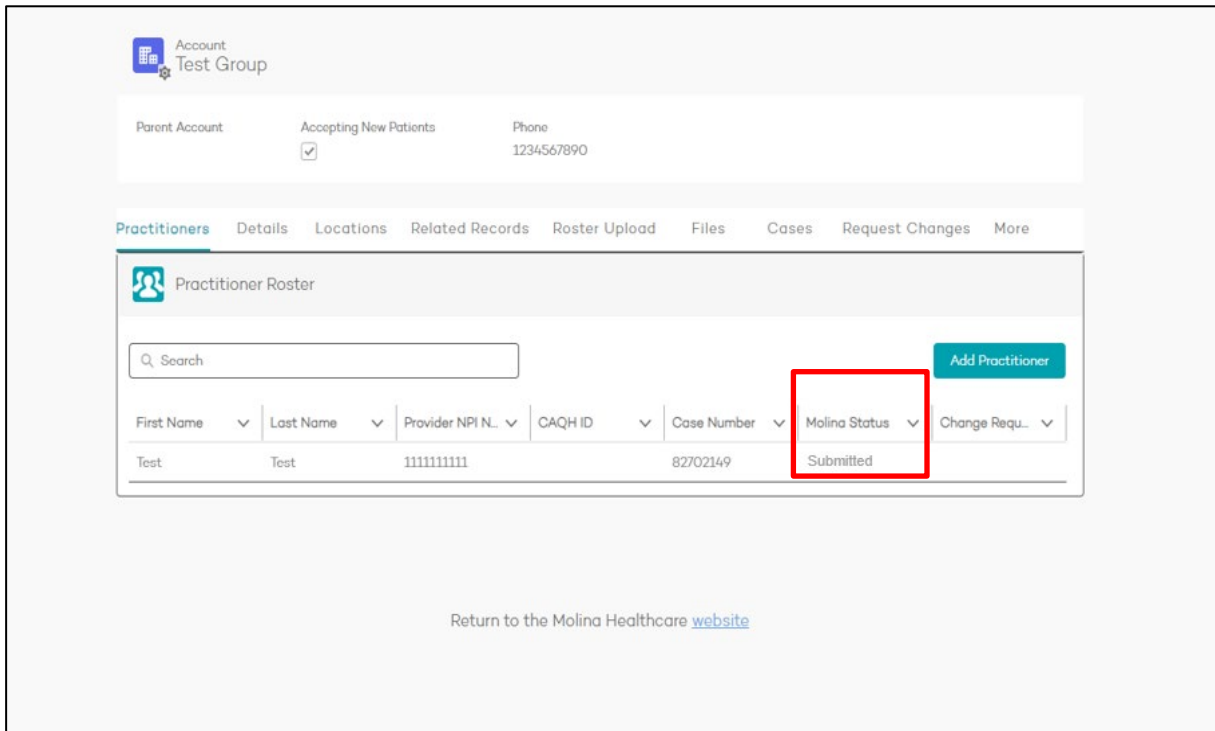| 4	**Documents**
	• All required documents are uploaded from this page.
	• Molina accepts documents in PDF format only.
	Steps:
	a. Click **Upload Files** or use the drop files function.
	b. Select the appropriate document file.

    c. Wait for the **green checkmark** to appear to ensure the document has been uploaded before closing the box.

    d. Once all the documents have been uploaded, click **Next.**

    e. A notification displays.

    f. Click **Finish.**

5	**Result:** The Molina Status for the practitioner changes to **Submitted.**

Adding a Practice Location – Practitioners

Step	Action
1	• If CAQH pulls in practicing locations, identify a primary location in the **Available Practice Locations** section. • If no practicing location is displayed, use the button to add it manually. • Click **Save and Continue.**
2	• Complete the location information. • Click **Save and Continue.**

3	• Complete the **Practice Conditions.** • Click **Save and Continue.**
	123 Test Road Practice Conditions Indicate the following practice conditions: Gender Restrictions — --None-- Patient Capacity — 5,000 ☐ This location provides wheelchair-accessible medical equipment Panel Status — --None-- ☐ This location advertises for Women's Health Age Minimum ☐ This location accepts VA patients ☑ Include this Location in the Molina Directory Age Maximum Languages Spoken by Office Staff ABKHAZIAN ACEHNESE AFAAN (OROMO) AFAR AFRIKAANS * Does this location provide laboratory services? --None-- Go Back **Save and Continue** Return to the Molina Healthcare website
	• Enter the office hours. • Click **Save and Continue.**
	Indicate the daily office hours for 123 Test Road : Monday Open — 7:00 AM Monday Close — 5:00 PM Tuesday Open — 7:00 AM Tuesday Close — 5:00 PM Wednesday Open — 7:00 AM Wednesday Close — 5:00 PM Thursday Open — 7:00 AM Thursday Close — 5:00 PM Friday Open — 7:00 AM Friday Close — 5:00 PM Saturday Open — 7:00 AM Saturday Close — 5:00 PM Sunday Open — 7:00 AM Sunday Close — 5:00 PM Go Back **Save and Continue** Return to the Molina Healthcare website

4	• To add another location, click **Yes.** • Click **Next.** • Follow the process previously detailed.

Inside the box for row 4:

*Do you want to add another Practice Location?
- ○ Yes
- ○ No
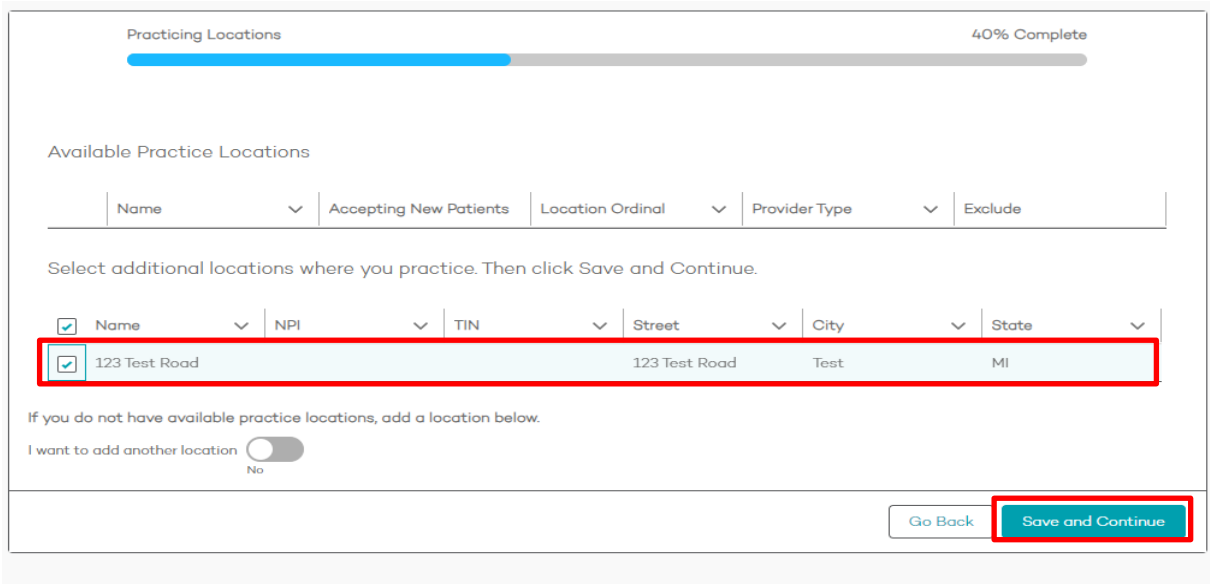
Previous | **Next**

5	Once a location is added, check the box, and click **Save and Continue.**

Practicing Locations   40% Complete

Available Practice Locations

Name	∨	Accepting New Patients	Location Ordinal	∨	Provider Type	∨	Exclude

Select additional locations where you practice. Then click Save and Continue.

☑ Name	∨	NPI	∨	TIN	∨	Street	∨	City	∨	State	∨
☑ 123 Test Road						123 Test Road		Test		MI	

If you do not have available practice locations, add a location below.

I want to add another location   ⬤ No

Go Back | **Save and Continue**

6	**Complete the Practicing Relationship details.**

	Provide Practicing Relationship details.
	
	* Account ⓘ ☐ Accepting New Patients
	🔲 123 Test Road ✕ ☐ Exclude from Directory
	
	* Provider Type at Location
	--None-- ▲▼
	
	* Effective from Date
	                         📅
	
	* Location Ordinal
	--None-- ▲▼
	
	                          Previous **Next**
	
	Click **Next.**

7	Once the information is entered, the address will populate under **Available Practice Locations.**
	Practicing Locations 40% Complete **Available Practice Locations** 	Name		Accepting New Patients	Location Ordinal		Provider Type		Exclude
---	---	---	---	---	---	---	---
✏️ 123 Test Road			Primary		Specialist		| Select additional locations where you practice. Then click Save and Continue. | ☐ Name		NPI		TIN		Street		City		State	
---	---	---	---	---	---	---	---	---	---	---	---
☐ 123 Test Road						123 Test Road		Test		MI		 If you do not have available practice locations, add a location below. I want to add another location ⬤ No Go Back **Save and Continue** Click **Save and Continue.**