

## Overview

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### Quick Summary

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

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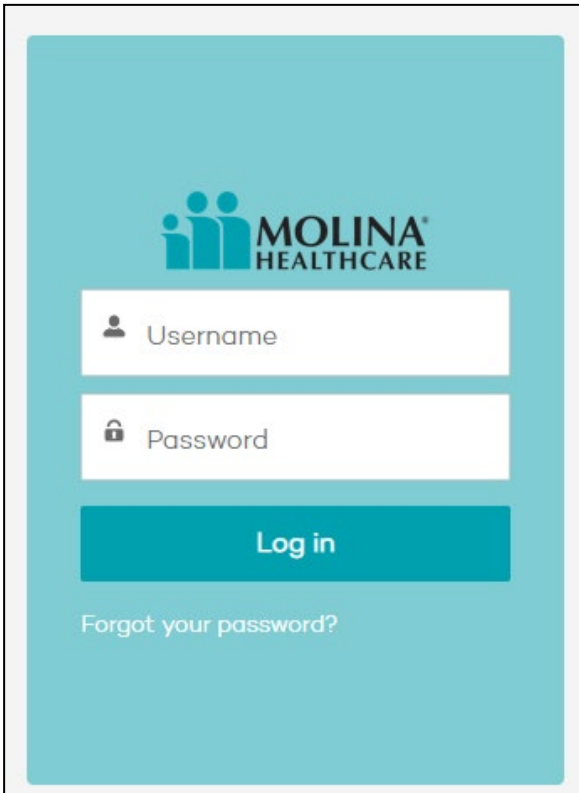
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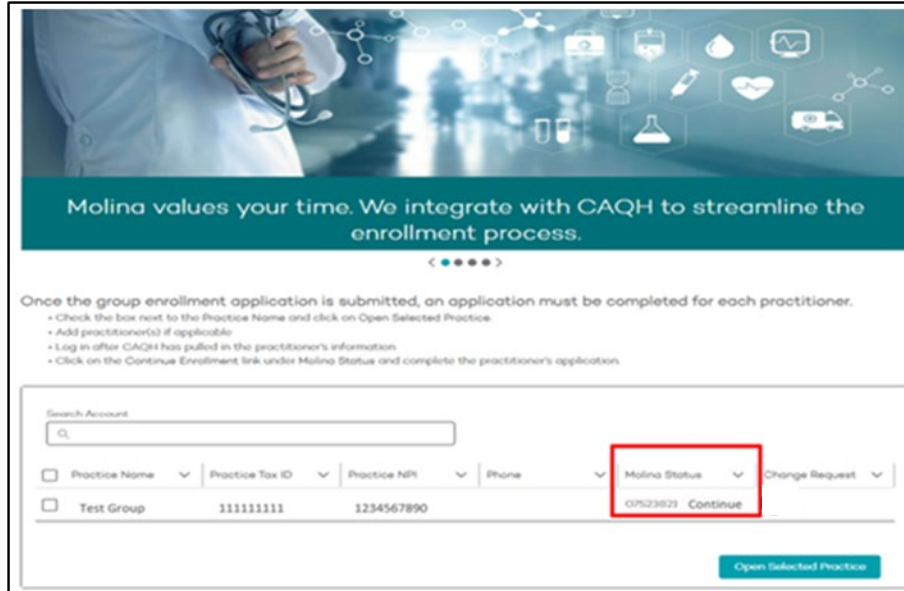
## Provider Network Management (Authenticated) Portal Overview

- 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	<p>Log in to the Provider Network Management (Authenticated) Portal with a username and password.</p> <div data-bbox="566 858 1141 1646" 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**.



- 3 **Complete the group details.**  
**Note:** Some information may be populated from the pre-enrollment lead.

Complete the following details about your Group or Practice.

**Group Details**

\* Legal Name: Test Group

Doing Business As:

\* Practice/Group NPI: 1111111111

\* Practice/Group Tax ID: 1111111111

\* Number of Practitioners in the Group: 1

Group Website (must include https://):

We are registered with Medicaid

\* Group CHAMPS ID:

We are registered with Medicare

\* Group Medicare #:

\* Group Type: Allopathic & Osteopathic Physicians

Group Taxonomy (ten-character code): 207R00000X

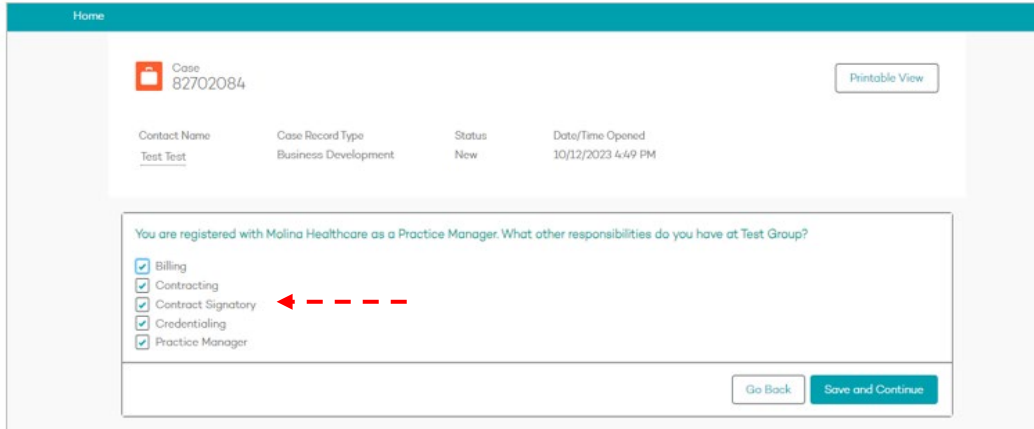
Save and Continue

Return to the Molina Healthcare [website](#)

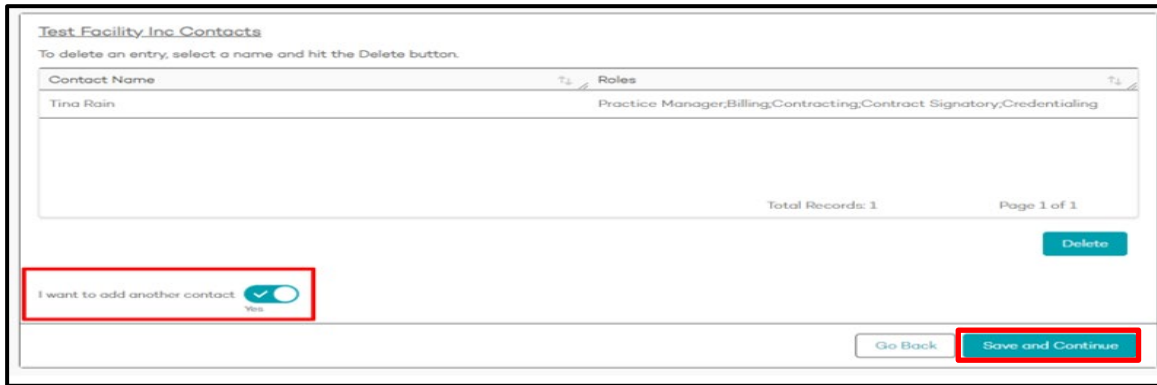
Click **Save and Continue**.

**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**.

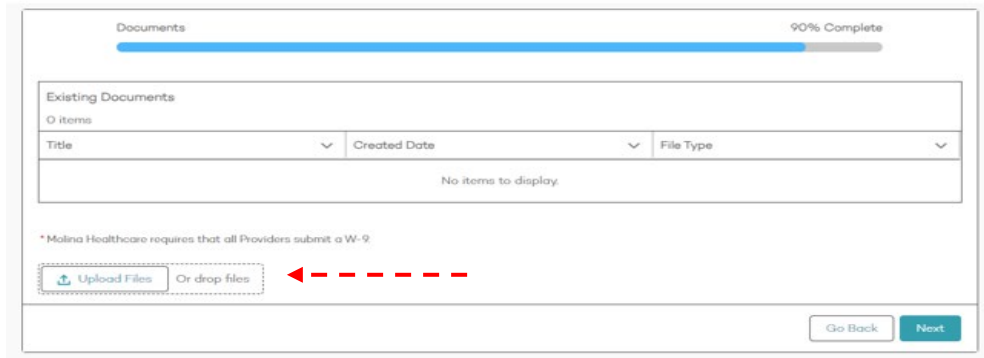


**5 Documents:**

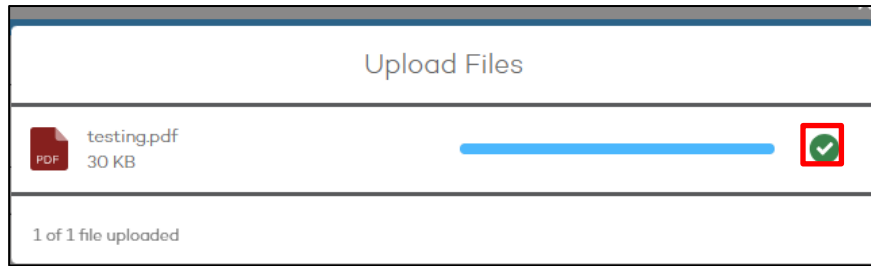
- All required documents are uploaded from this page.
- Molina accepts documents in **PDF format only**.

**Steps:**

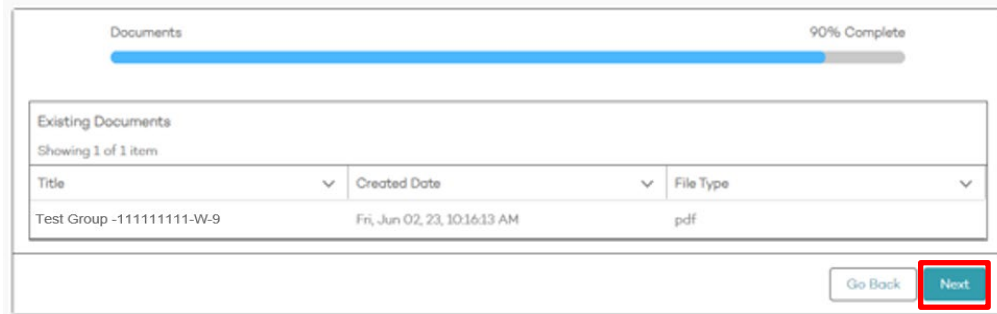
- Click **Upload Files** or use the drop files function.
- Select the appropriate document file.



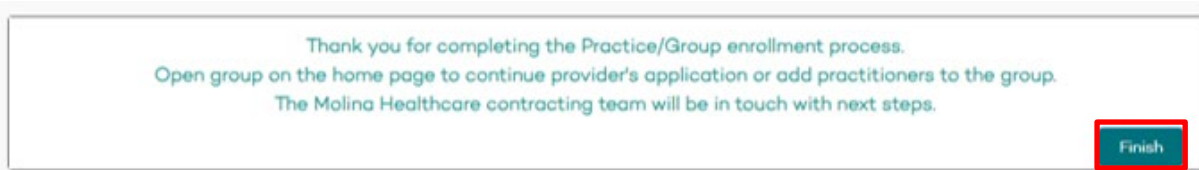
- c. Wait for the **green checkmark** to appear to ensure the document has been uploaded before closing the box.



- 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.


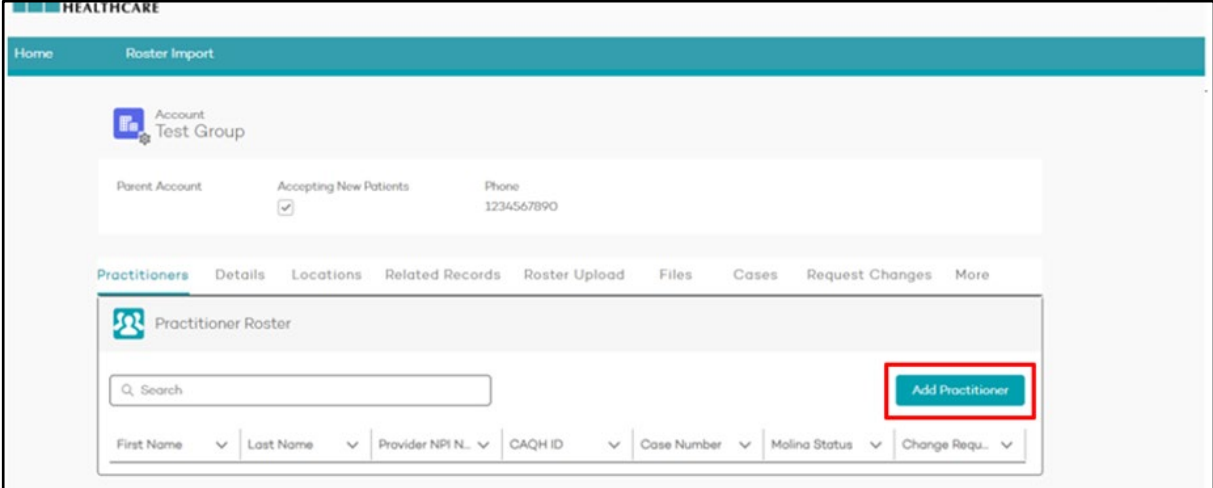


- g. Click **Finish**.

- 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).

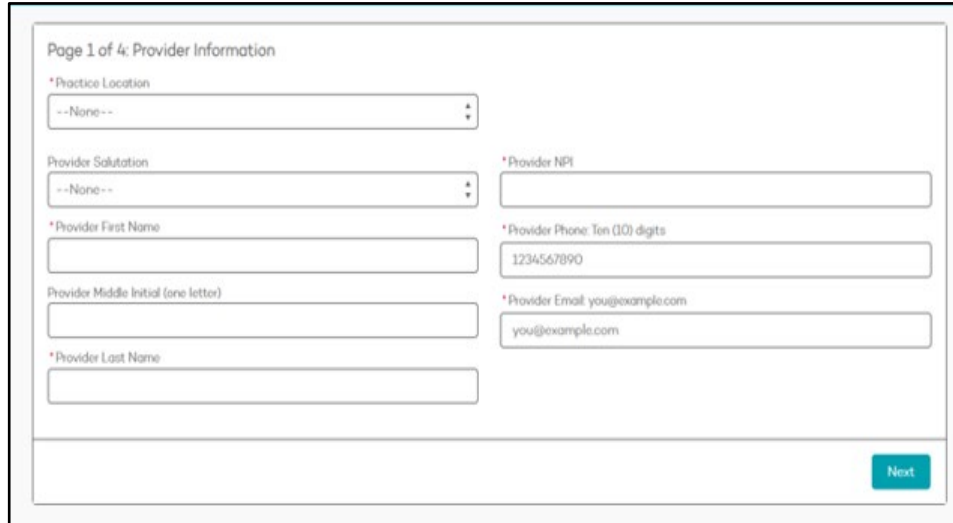
## Adding Practitioners Individually

Follow these guidelines to add a practitioner:

Step	Action
<b>1</b>	<p>From the Welcome page:</p> <ol style="list-style-type: none"> <li>a. Select the box next to the <b>Practice Name</b>.</li> <li>b. Click <b>Open Selected Practice</b>.</li> </ol> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div> <p><b>Result:</b> The <b>Account</b> page opens.</p>
<b>2</b>	<p>On the <b>Practitioner's</b> tab:</p> <ol style="list-style-type: none"> <li>a. Click <b>Add Practitioner</b>.</li> </ol> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div> <p><b>Result:</b> The <b>Provider Information</b> form opens.</p> <p><b>Note:</b> 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).</p>

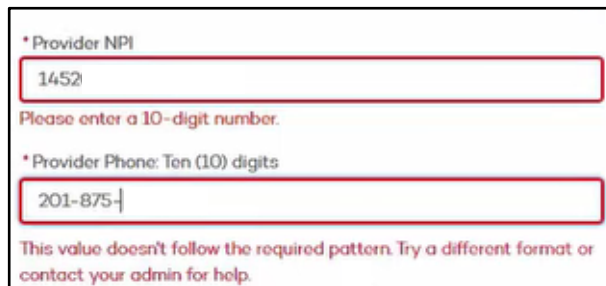
**3 Enter the Provider Information. (Page 1 of 4)**

Fields with an \* are required fields.

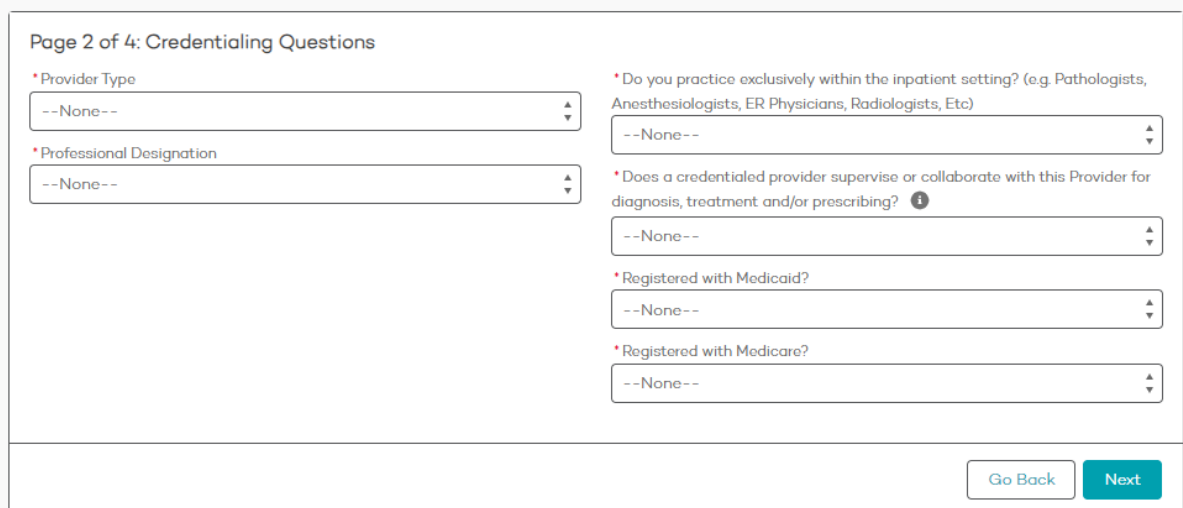


Fields requiring specific formatting will be highlighted in red when requirements are unmet.

**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)**

Page 4 of 4: Final Details

▼ Indicate the Michigan counties where you practice

Indicate the Michigan counties where you practice:

Counties in which you serve:

Search County Name:

Available MI Counties	In Person	Telehealth
Alcona	<input type="checkbox"/>	<input type="checkbox"/>
Alger	<input type="checkbox"/>	<input type="checkbox"/>
Allegan	<input type="checkbox"/>	<input type="checkbox"/>
Alpena	<input type="checkbox"/>	<input type="checkbox"/>
Antrim	<input type="checkbox"/>	<input type="checkbox"/>
Arenac	<input type="checkbox"/>	<input type="checkbox"/>
Baraga	<input type="checkbox"/>	<input type="checkbox"/>
Barry	<input type="checkbox"/>	<input type="checkbox"/>
Bay	<input type="checkbox"/>	<input type="checkbox"/>
Benzie	<input type="checkbox"/>	<input type="checkbox"/>
Berrien	<input type="checkbox"/>	<input type="checkbox"/>
Branch	<input type="checkbox"/>	<input type="checkbox"/>
Calhoun	<input type="checkbox"/>	<input type="checkbox"/>
Cass	<input type="checkbox"/>	<input type="checkbox"/>
Charlevoix	<input type="checkbox"/>	<input type="checkbox"/>
Cheboygan	<input type="checkbox"/>	<input type="checkbox"/>

\*Is the scope of your practice limited in any way?

--None--

Go Back Submit

- Complete the field regarding the scope of the practice.
- Click **Submit**.

**7 A thank you message is displayed.**

Thank you for submitting the initial information about your Provider. Please allow time for the system to update your request before continuing the Enrollment Process.

Finish

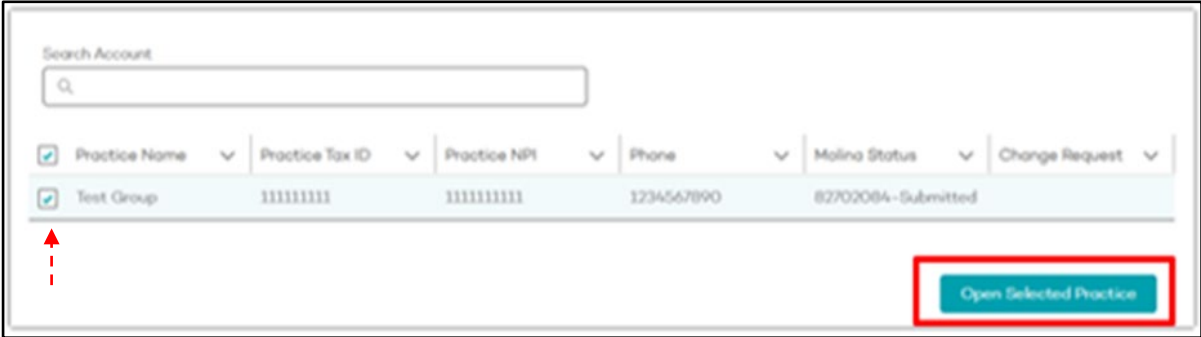
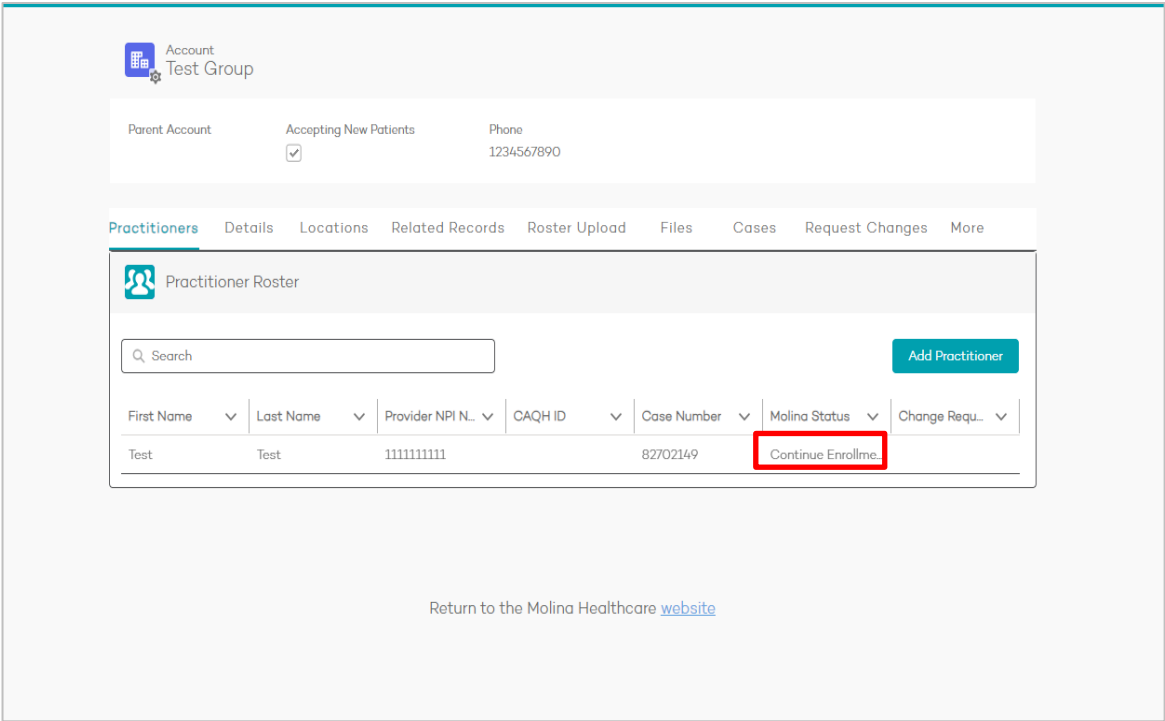
Click **Finish**.

**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
<b>1</b>	<p>From the Welcome page:</p> <ol style="list-style-type: none"> <li>a. Select the box next to the <b>Practice Name</b>.</li> <li>b. Click <b>Open Selected Practice</b>.</li> </ol> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">  </div> <p><b>Result:</b> The <b>Account</b> page opens.</p>
<b>2</b>	<div style="border: 1px solid black; padding: 10px; margin: 10px 0;">  </div> <ul style="list-style-type: none"> <li>• Locate the provider.</li> <li>• Click <b>Continue Enrollment</b>.</li> </ul>

**3 Complete the application.**

Home



Case  
82702149

Printable View

Contact Name  
Test Test

Case Record Type  
Business Development


Status  
New

Date/Time Opened  
10/13/2023 12: PM

Provider Details

0% Complete

▼ Personal Details

<p>Solution <input type="text" value="--None--"/></p> <p>*First Name <input type="text" value="Test"/></p> <p>Middle Name <input type="text"/></p> <p>*Last Name <input type="text" value="Test"/></p> <p>Suffix <input type="text"/></p>	<p>*Email <input type="text" value="test235@ttest.com"/></p> <p>*Date of Birth  <input type="text"/></p> <p>*Gender <input type="text" value="--None--"/></p> <p>Ethnicity <input type="text" value="--None--"/></p>
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▼ Professional Identification

<p>*NPI <input type="text" value="1111111111"/></p> <p>SSN <input type="text"/></p> <p>TIN <input type="text"/></p> <p>CAQH ID Last CAQH Attestation Date</p>	<p>*CHAMPUS# <input type="text"/></p> <p>Medicaid# <input type="text"/></p>
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[Save and Continue](#)

[Return to the Molina Healthcare website](#)

**Note:**

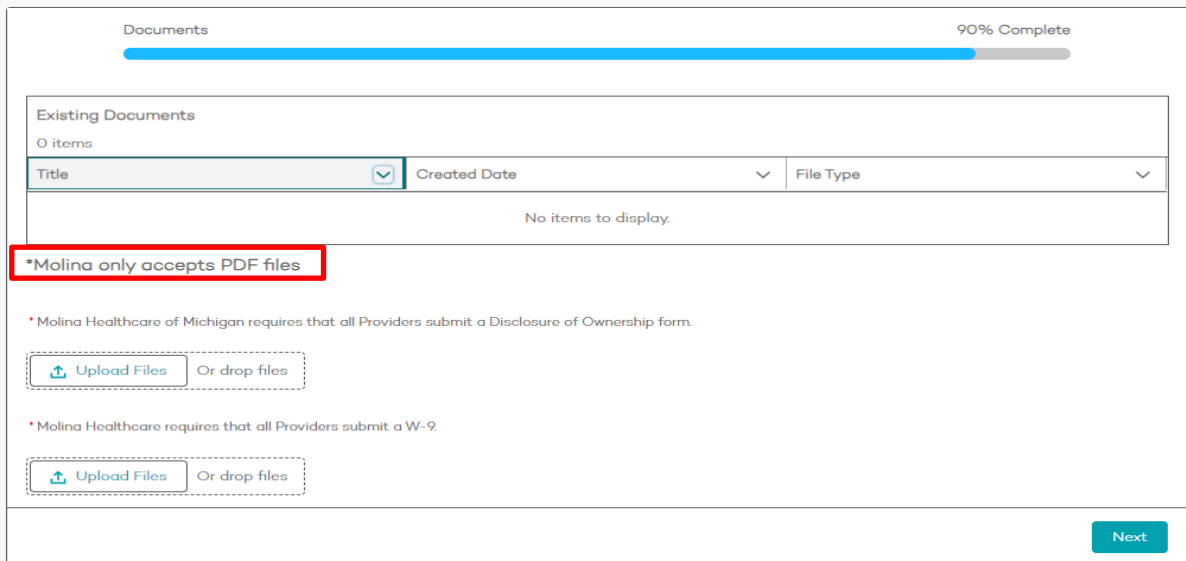
- For providers enrolled with CAQH, some information will be pre-populated.
- For providers **not** enrolled with CAQH, the information must be entered manually.

**4 Documents**

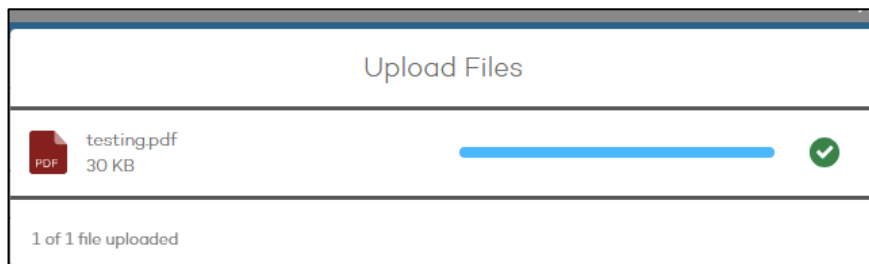
- All required documents are uploaded from this page.
- Molina accepts documents in PDF format only.

**Steps:**

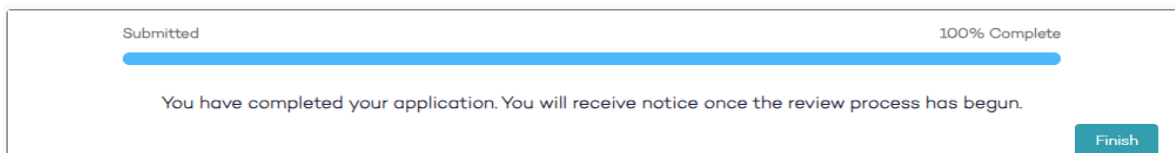
- Click **Upload Files** or use the drop files function.
- Select the appropriate document file.



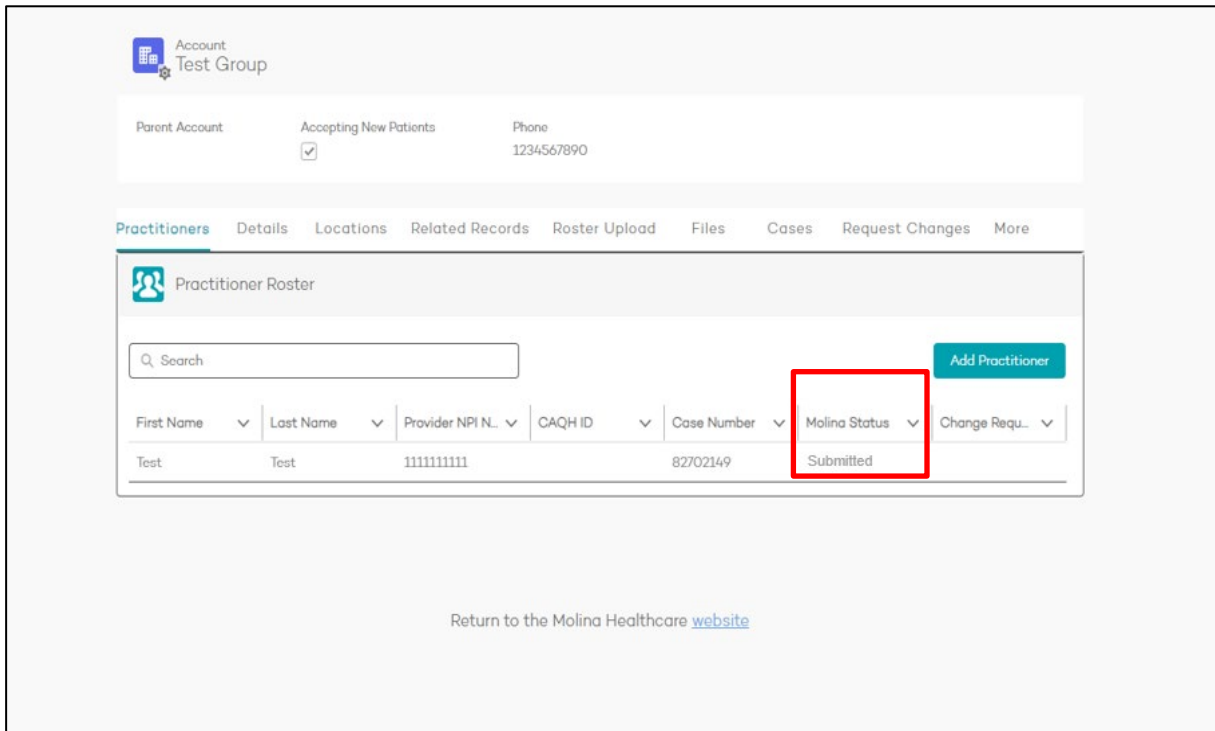
- Wait for the **green checkmark** to appear to ensure the document has been uploaded before closing the box.



- Once all the documents have been uploaded, click **Next**.
- A notification displays.



- Click **Finish**.

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

The screenshot displays the 'Account Test Group' page. At the top, there is a navigation bar with 'Practitioners' selected. Below this, a 'Practitioner Roster' table is shown. The table has columns for First Name, Last Name, Provider NPI N., CAQH ID, Case Number, Molina Status, and Change Requ.. The 'Molina Status' column for the first entry is highlighted with a red box and contains the text 'Submitted'. Below the table, there is a link to 'Return to the Molina Healthcare website'.

First Name	Last Name	Provider NPI N.	CAQH ID	Case Number	Molina Status	Change Requ..
Test	Test	1111111111		82702149	Submitted	

## Adding a Practice Location – Practitioners

Step	Action												
1	<ul style="list-style-type: none"> <li>If CAQH pulls in practicing locations, identify a primary location in the <b>Available Practice Locations</b> section.</li> <li>If no practicing location is displayed, use the button to add it manually.</li> <li>Click <b>Save and Continue</b>.</li> </ul> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">Practicing Locations <span style="float: right;">40% Complete</span></p> <div style="width: 50%; background: linear-gradient(to right, #009688 40%, #ccc 40% 60%, #ccc 60%); height: 10px; margin: 5px 0;"></div> <p>Available Practice Locations</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 25%;">Name</td> <td style="width: 25%;">Accepting New Patients</td> <td style="width: 25%;">Location Ordinal</td> <td style="width: 25%;">Provider Type</td> <td style="width: 20%;">Exclude</td> </tr> </table> <p style="font-size: small;">Select additional locations where you practice. Then click Save and Continue.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 20%;">Name</td> <td style="width: 15%;">NPI</td> <td style="width: 15%;">TIN</td> <td style="width: 15%;">Street</td> <td style="width: 15%;">City</td> <td style="width: 20%;">State</td> </tr> </table> <div style="border: 2px solid red; padding: 5px; margin-bottom: 10px;"> <p style="font-size: x-small;">If you do not have available practice locations, add a location below.</p> <p style="font-size: x-small;">I want to add another location <input checked="" type="checkbox"/> Yes</p> </div> <div style="text-align: right; margin-top: 10px;"> <span style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 10px;">Go Back</span> <span style="border: 2px solid red; background-color: #009688; color: white; padding: 2px 10px;">Save and Continue</span> </div> </div>	Name	Accepting New Patients	Location Ordinal	Provider Type	Exclude	<input type="checkbox"/>	Name	NPI	TIN	Street	City	State
Name	Accepting New Patients	Location Ordinal	Provider Type	Exclude									
<input type="checkbox"/>	Name	NPI	TIN	Street	City	State							
2	<ul style="list-style-type: none"> <li>Complete the location information.</li> <li>Click <b>Save and Continue</b>.</li> </ul> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p><b>Practice Locations</b></p> <p style="font-size: x-small;">Molina Healthcare requires that you provide details about all of the locations for this Group or Practice. When you indicate that you want Location Details to be listed in the Molina Healthcare directory, the information provided here will be verified by a Molina Healthcare Network Specialist, and then published in our member directory.</p> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"> <p>*Location Address <input style="border: 2px solid red;" type="text"/></p> <p style="font-size: x-small; color: red;">Complete this field.</p> <p>Building or Suite Number <input type="text"/></p> <p>*Location City <input type="text"/></p> <p>*Location State <input type="text" value="--None--"/></p> <p>*Location ZIP Code <input type="text"/></p> </td> <td style="width: 50%;"> <p>*Location County <input type="text"/></p> <p>*Location Phone: Ten (10) digits <input type="text" value="1234567890"/></p> <p>Location Fax: Ten (10) digits <input type="text" value="1234567890"/></p> </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <span style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 10px;">Go Back</span> <span style="border: 2px solid red; background-color: #009688; color: white; padding: 2px 10px;">Save and Continue</span> </div> </div>	<p>*Location Address <input style="border: 2px solid red;" type="text"/></p> <p style="font-size: x-small; color: red;">Complete this field.</p> <p>Building or Suite Number <input type="text"/></p> <p>*Location City <input type="text"/></p> <p>*Location State <input type="text" value="--None--"/></p> <p>*Location ZIP Code <input type="text"/></p>	<p>*Location County <input type="text"/></p> <p>*Location Phone: Ten (10) digits <input type="text" value="1234567890"/></p> <p>Location Fax: Ten (10) digits <input type="text" value="1234567890"/></p>										
<p>*Location Address <input style="border: 2px solid red;" type="text"/></p> <p style="font-size: x-small; color: red;">Complete this field.</p> <p>Building or Suite Number <input type="text"/></p> <p>*Location City <input type="text"/></p> <p>*Location State <input type="text" value="--None--"/></p> <p>*Location ZIP Code <input type="text"/></p>	<p>*Location County <input type="text"/></p> <p>*Location Phone: Ten (10) digits <input type="text" value="1234567890"/></p> <p>Location Fax: Ten (10) digits <input type="text" value="1234567890"/></p>												

3

- Complete the **Practice Conditions.**
- Click **Save and Continue.**

**123 Test Road Practice Conditions**

Indicate the following practice conditions:

<p>Gender Restrictions  <input type="text" value="--None--"/></p> <p><input type="checkbox"/> This location provides wheelchair-accessible medical equipment</p> <p><input type="checkbox"/> This location advertises for Women's Health</p> <p><input type="checkbox"/> This location accepts VA patients</p> <p><input checked="" type="checkbox"/> Include this Location in the Molina Directory</p>	<p>Patient Capacity  <input type="text" value="5,000"/></p> <p>Panel Status  <input type="text" value="--None--"/></p> <p>Age Minimum  <input type="text"/></p> <p>Age Maximum  <input type="text"/></p>
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Languages Spoken by Office Staff

ABKHAZIAN

ACEHNESE

AFAAN (OROMO)

AFAR

AFRIKAANS

\* Does this location provide laboratory services?

Return to the Molina Healthcare [website](#)

- Enter the office hours.
- Click **Save and Continue.**

Indicate the daily office hours for 123 Test Road :

<p>Monday Open  <input type="text" value="7:00 AM"/></p> <p>Tuesday Open  <input type="text" value="7:00 AM"/></p> <p>Wednesday Open  <input type="text" value="7:00 AM"/></p> <p>Thursday Open  <input type="text" value="7:00 AM"/></p> <p>Friday Open  <input type="text" value="7:00 AM"/></p> <p>Saturday Open  <input type="text" value="7:00 AM"/></p> <p>Sunday Open  <input type="text" value="7:00 AM"/></p>	<p>Monday Close  <input type="text" value="5:00 PM"/></p> <p>Tuesday Close  <input type="text" value="5:00 PM"/></p> <p>Wednesday Close  <input type="text" value="5:00 PM"/></p> <p>Thursday Close  <input type="text" value="5:00 PM"/></p> <p>Friday Close  <input type="text" value="5:00 PM"/></p> <p>Saturday Close  <input type="text" value="5:00 PM"/></p> <p>Sunday Close  <input type="text" value="5:00 PM"/></p>
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Return to the Molina Healthcare [website](#)

4

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



\*Do you want to add another Practice Location?

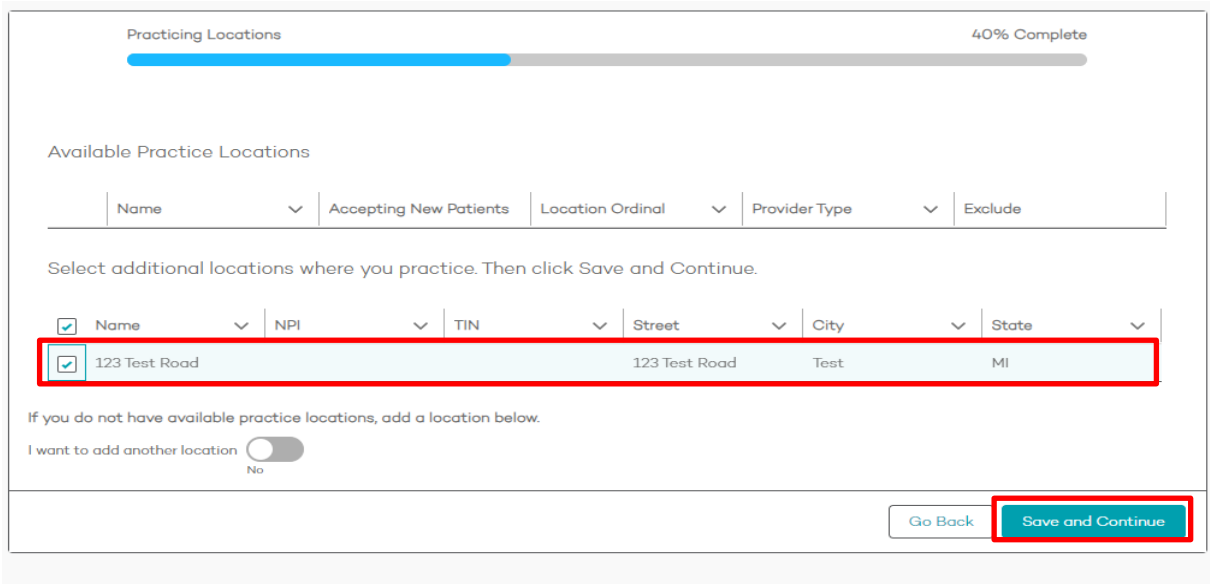
Yes ← - - - -

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.					
<input checked="" type="checkbox"/> Name	NPI	TIN	Street	City	State
<input checked="" type="checkbox"/> 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  
 Exclude from Directory

\* Provider Type at Location

\* Effective from Date  
 

\* Location Ordinal


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
<input type="checkbox"/> 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

Click **Save and Continue**.