# Provider Network Authenticated Portal

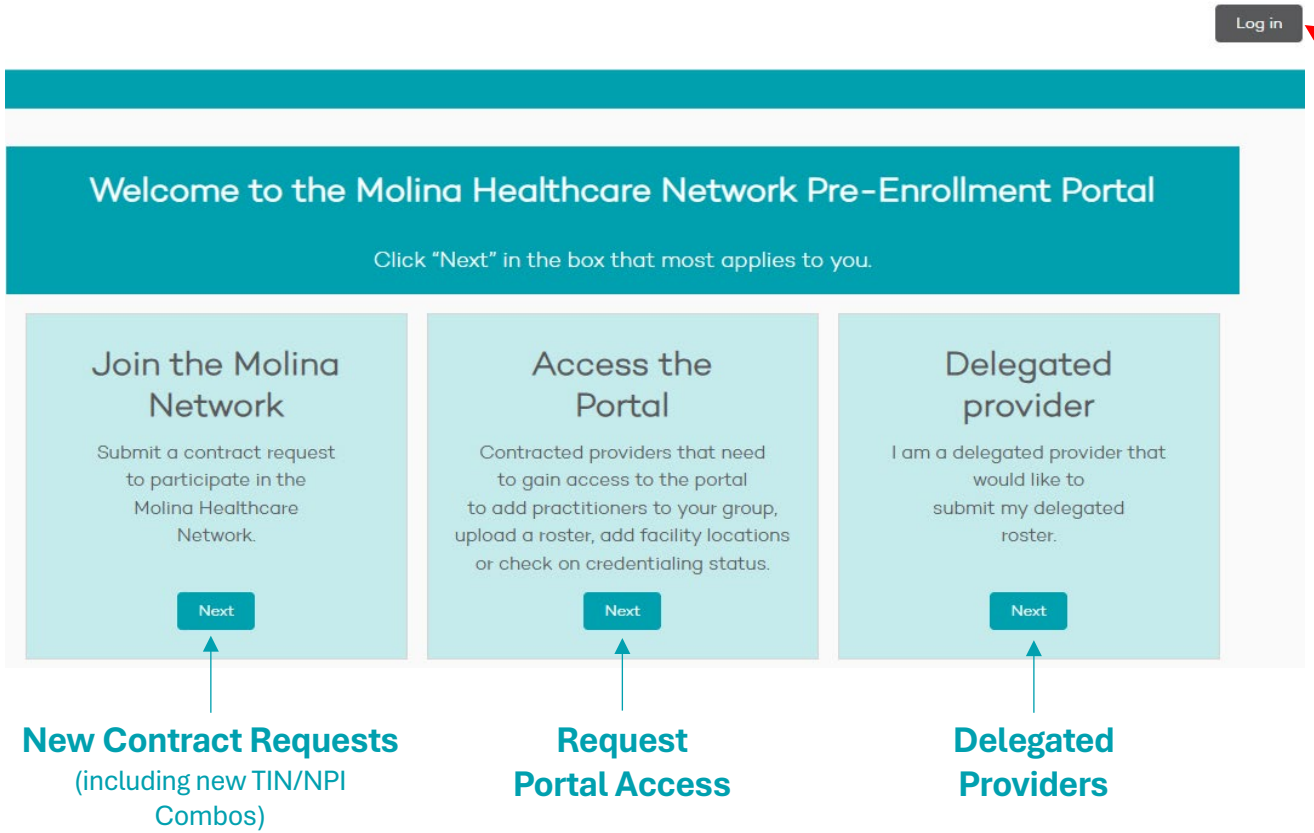
# Provider Enrollment Webinar…

For a request of the slide deck please use SWHProviderRelations@molinahealthcare.com or use the Molina provider website.

## Today's Agenda:

- Quick Review of Pre-Enrollment Portal
- Full Review of Continue Enrollment in the Authenticated Portal
- Add Practitioners / Request Changes / Navigating the Authenticated Portal
- Roster Reconciliation Requests
- Open Q&A (*if time allows*)

# Pre-Enrollment Portal Process Review




- Providers are directed to the Pre-Enrollment Portal from the '**Join Our Network**' page of the Molina website
- No login is required to access this site
- The provider will select the appropriate workflow, fill in all required fields, and submit the initial request
- The Contracting team will review before Approving or Denying the request. If any information is missing or incorrect, a team member will reach out directly.
- If **Approved**, an email will be sent to the Practice Contact with details on next steps, how to create an account, and directions to submit the additional details required for the enrollment process.

Once the initial request has been Approved and an account has been created, the second step of the enrollment process will be completed in the **Authenticated Portal**.

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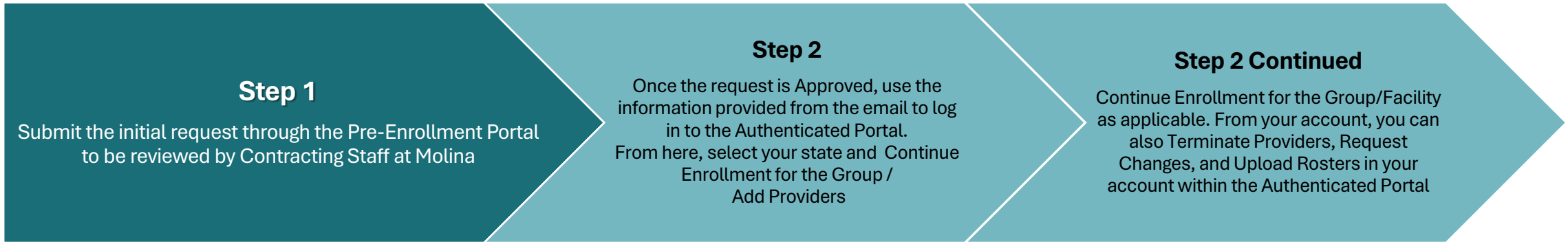
# Provider Network Authenticated Portal

The Provider Network Authenticated Portal will be the **2nd Step** to the Provider's request to contract with Molina Healthcare of Massachusetts. Once your request is Approved by the Molina contracting team, an email will be sent to the contact email provided in the pre-enrollment portal with next steps to log in to the **Authenticated Portal**.

From here, the contact can Continue Enrollment for their group/facility, Add Providers, and Upload Rosters.

Existing contracted groups and providers can also log in to this portal for any required maintenance.

**PLEASE NOTE: If you do not Continue Enrollment within 30 days of Approval, your request will auto-close due to inactivity and you will be required to resubmit a new request.**
**Molina is unable to reopen the request once it has auto-closed.**

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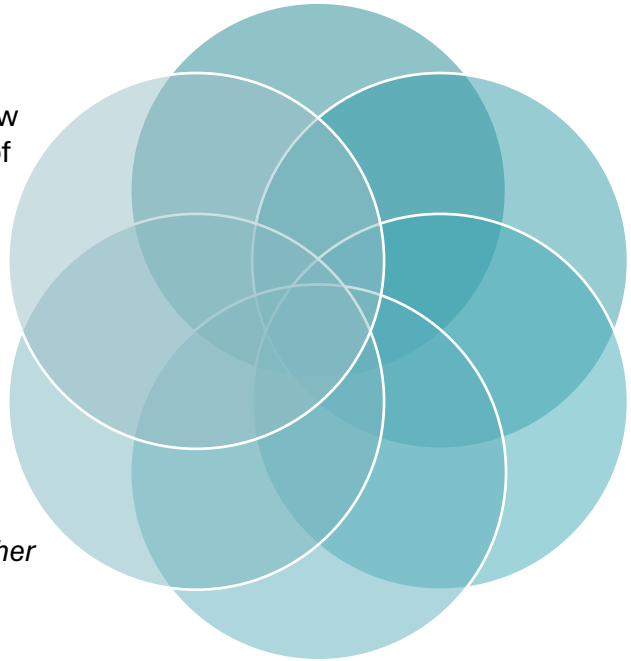
# Requirements:

Updated / Current
**NPPES** Account
(NPPES governs our decision making on how we view provider type, therefore, the type of request needed for the request.
*i.e., facility vs group tiles)*



NPI Registered with MassHealth

Valid Email for Portal Registration
(*email address cannot be in-use by another group, or the request will not go through*)

Active & Attested CAQH Profile within **120 days**
(for all providers that require credentialing)

Signed and Current W-9 / Disclosure of Ownership Form
(*Only Molina's Form will be accepted; any other health plan disclosure form will be rejected*)



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# Provider CAQH Information

Molina utilizes **CAQH ProView** to credential providers in the State of Massachusetts.
When submitting the information to Molina, please be sure the Provider's CAQH has been updated to reflect all current practice details, and that all information is up-to-date & attested within **120 Days** of submitting your request to Molina Healthcare of Massachusetts.

If the information is not updated to reflect the information specific to the practice(s) the provider is being added to, **OR** the CAQH attestation is not current within 120 Days, your application will not process correctly and could cause potential delays to the enrollment request or PAR date.

Active and Attested CAQH Profiles are a **Requirement** to become in-network with Molina for all providers that **require credentialing**. The portal has introduced new updates to provide CAQH information in real-time; an error will now populate at the top of the screen if the information entered the portal does not match the specific provider's CAQH information.

***Link:*** **CAQH ProView - Sign In**



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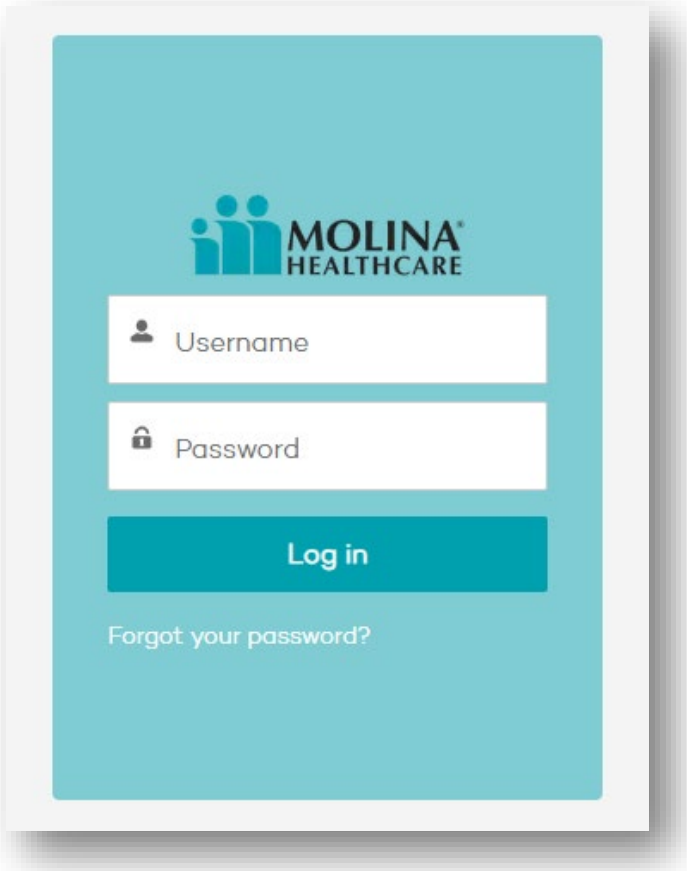
# Continue Enrollment

## Group or Facility

# Provider Network Authenticated Portal

Log in to the
“Provider Network Management (Authenticated) Portal”
with a username and password.



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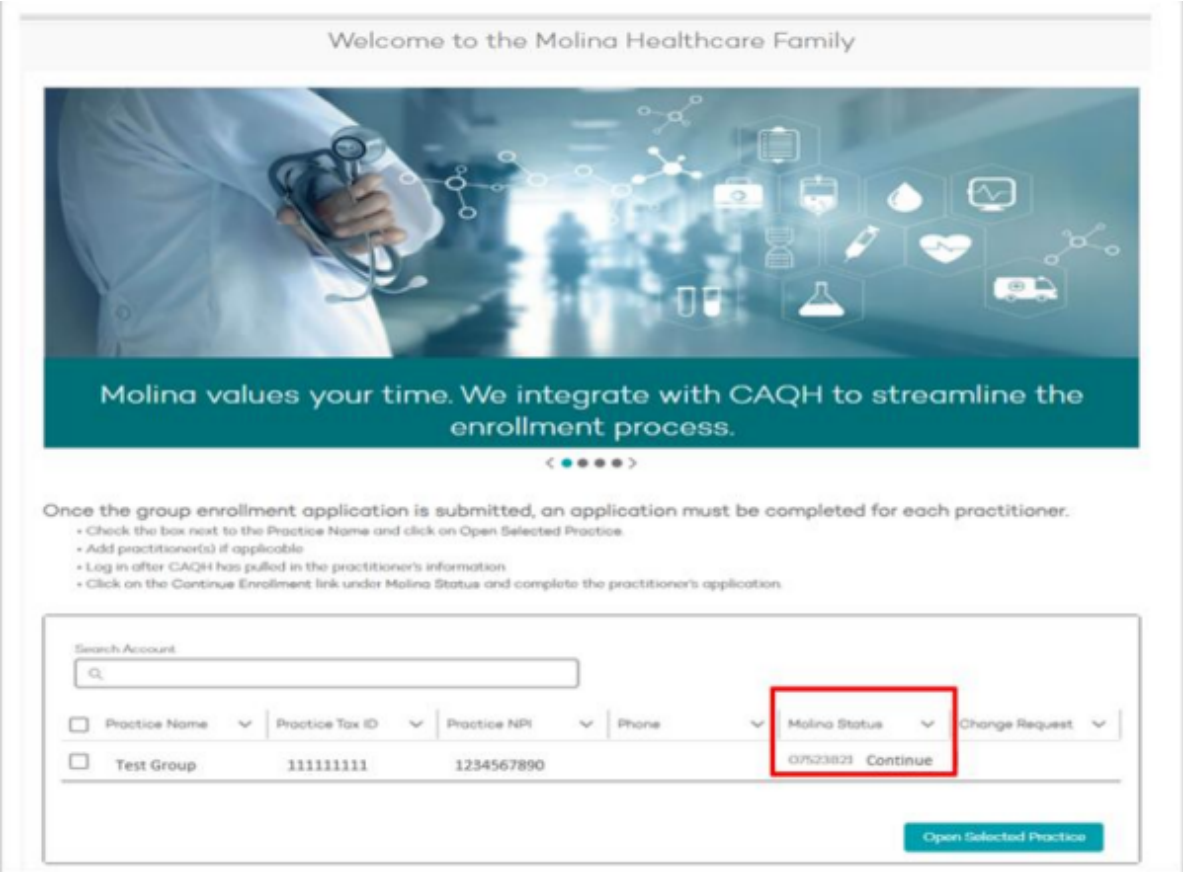
# Continue Enrollment State Selection

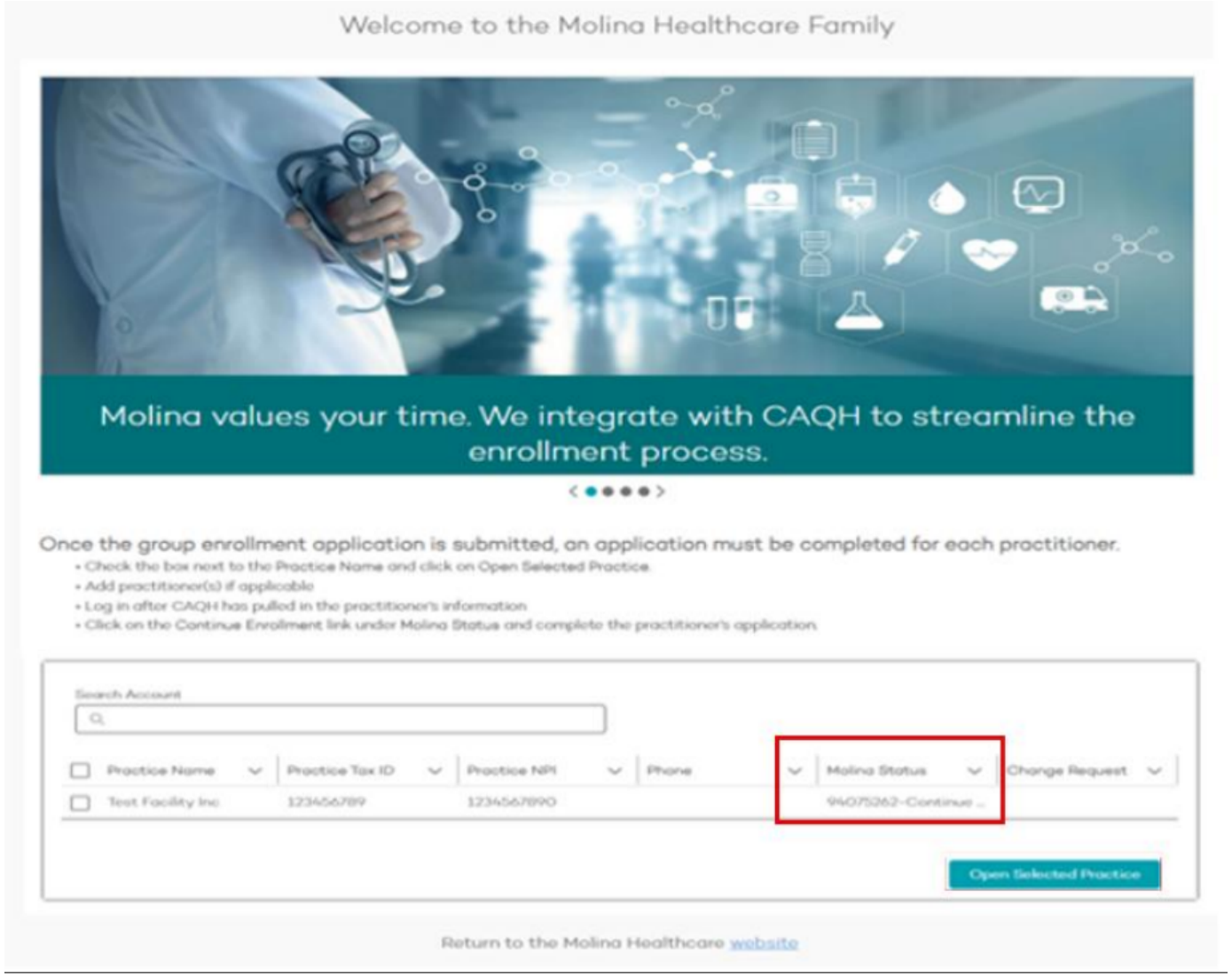
To see the information for the group/facility, you will need to select your state **first**.
You will not see the information in the columns until the state is Selected.




**No** State Selected – Blank

**MA** Selected –
Information populates on the record in the columns.

To complete the remaining portion of the application, select **'Continue Enrollment'** under the **Molina Status** Column



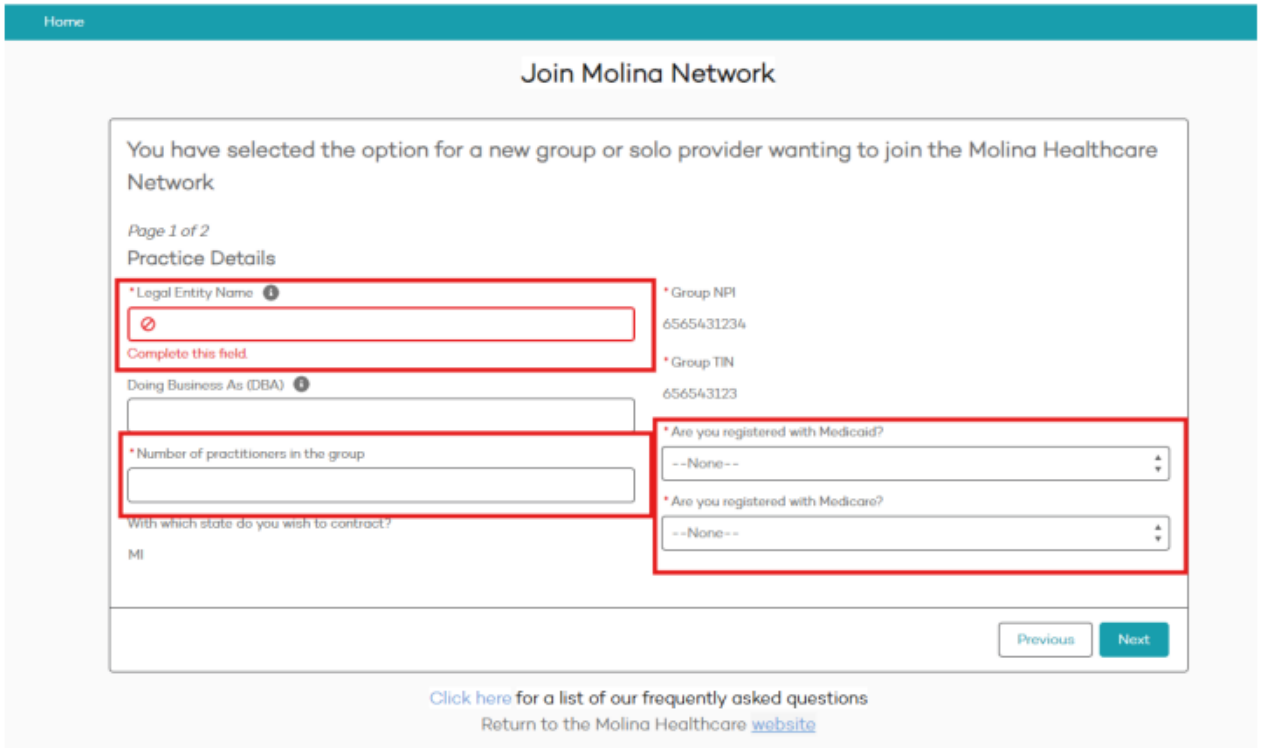

**Select Continue Enrollment from the status column – it is a clickable link**

**Your request is not complete until you have completed the Continue Enrollment portion of the application. Once complete, this column shows 'Submitted'.**

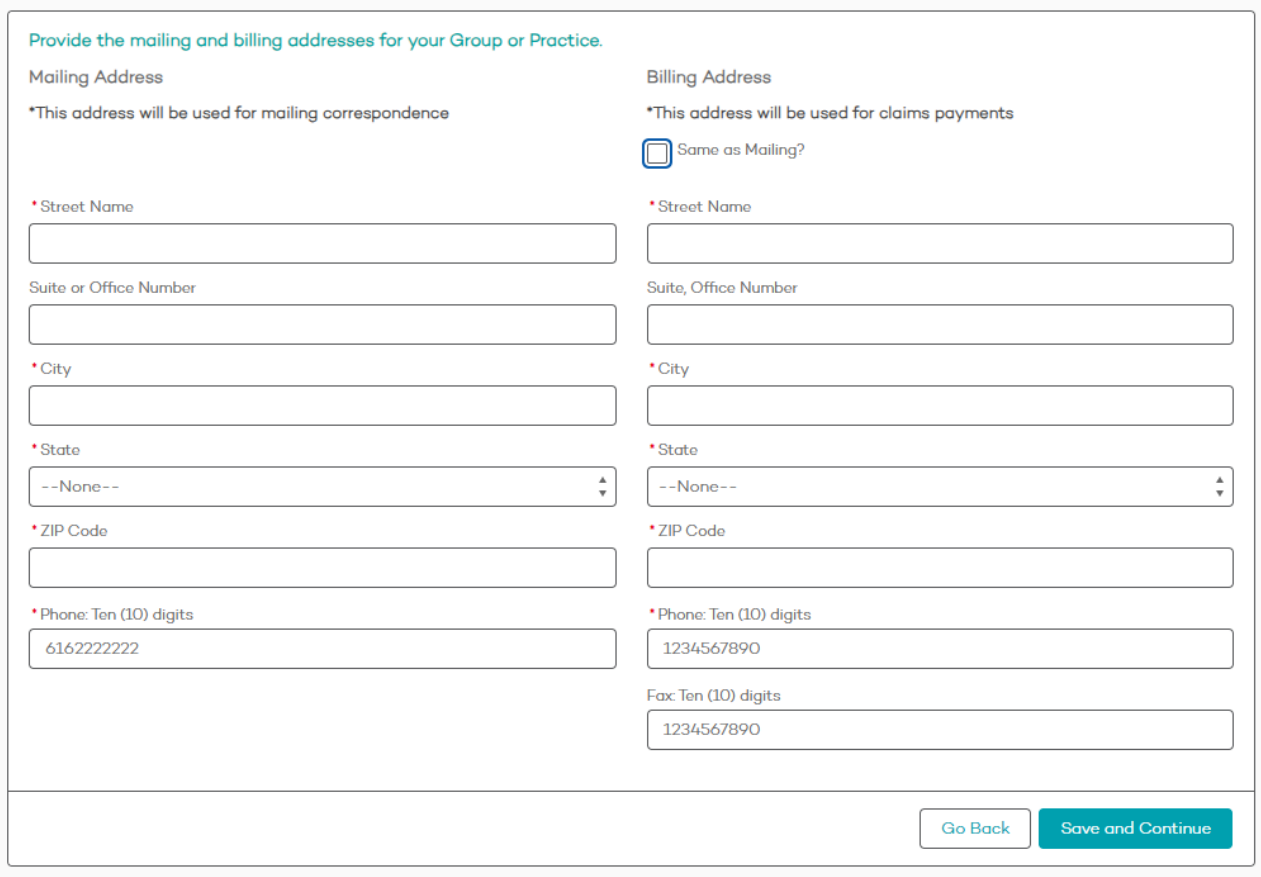
# Next, enter the requested details about your Practice.

The submitter will need the group/facility/solo provider's **Type 2 NPI** / **TIN**, as well as Medicaid and Medicare numbers.
**Previously entered information will auto-populate into the fields*

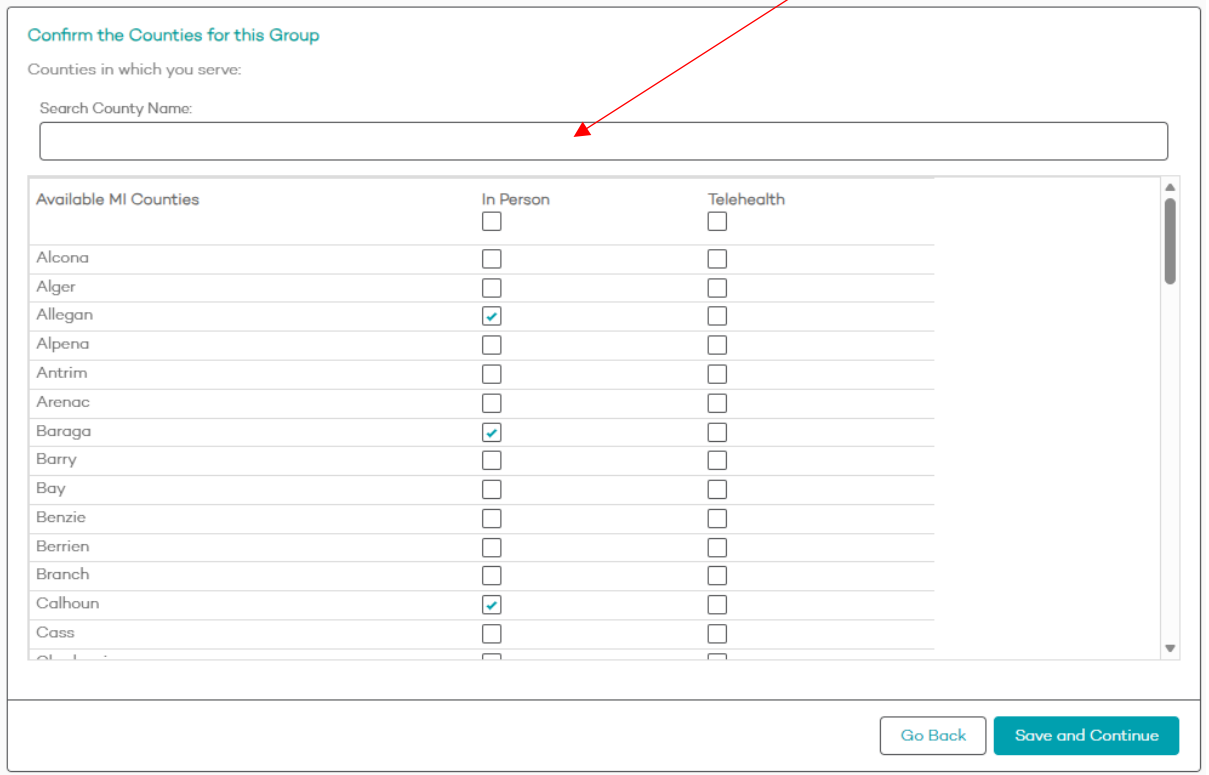
*Please be sure the Legal Entity Name and Doing Business As (DBA) Name reflect the information in the W-9*



**Next**, provide the Mailing and Billing addresses for your practice




**Then,** select the counties the group/facility/solo provider serve in person **and** via Telehealth. You can also use the search bar to search for the county you are looking for.

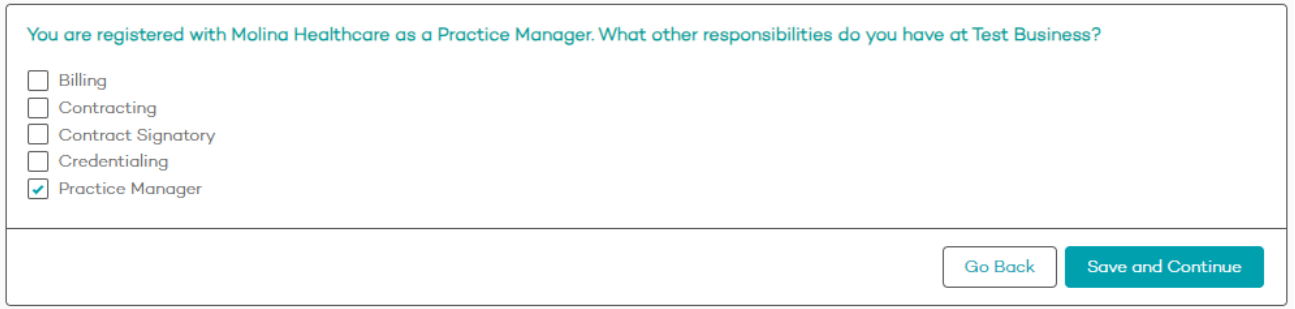


**Next**, identify responsibilities the submitter will handle through the credentialing / contracting process. *Select all that apply*. If you are responsible for all items listed, select all boxes before proceeding.

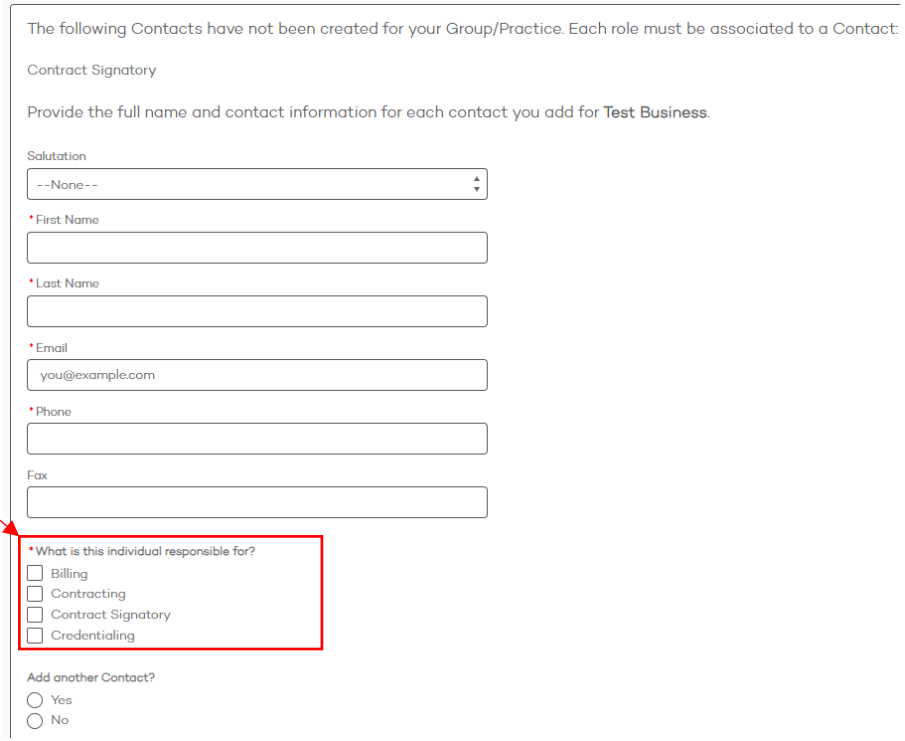
Each role must be associated with a contact.

- ❑ Billing
- ❑ Contracting
- ❑ Contract Signatory
- ❑ Credentialing

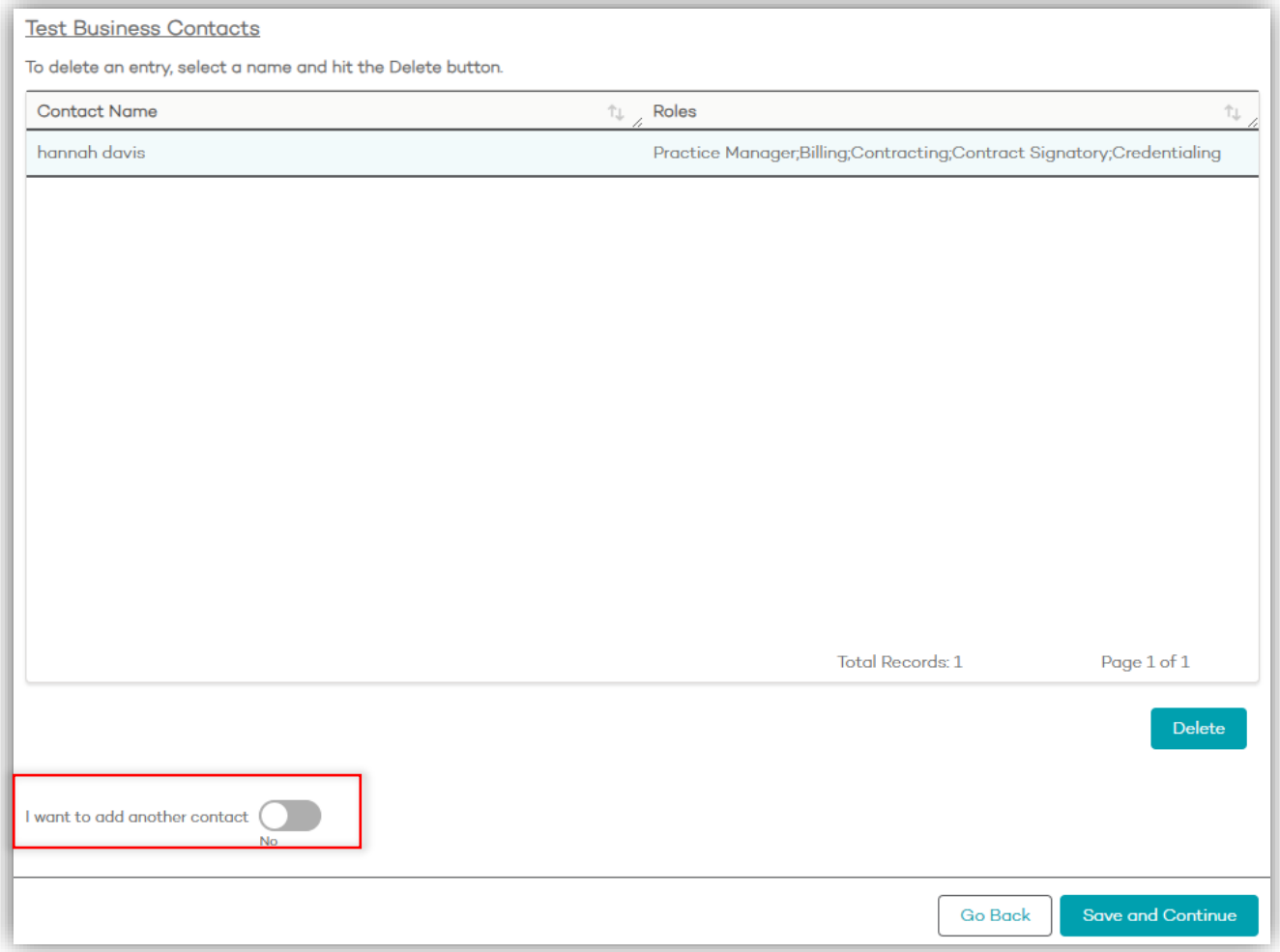
*If one of the boxes is left unchecked, it will prompt you to add a contact for that specific role.*




***The submitter will be asked to confirm the selections on the following page***



Once all roles are assigned a contact, you will have the ability to edit and delete **OR** Add another contact to the list for the practice.



# Uploading Documents

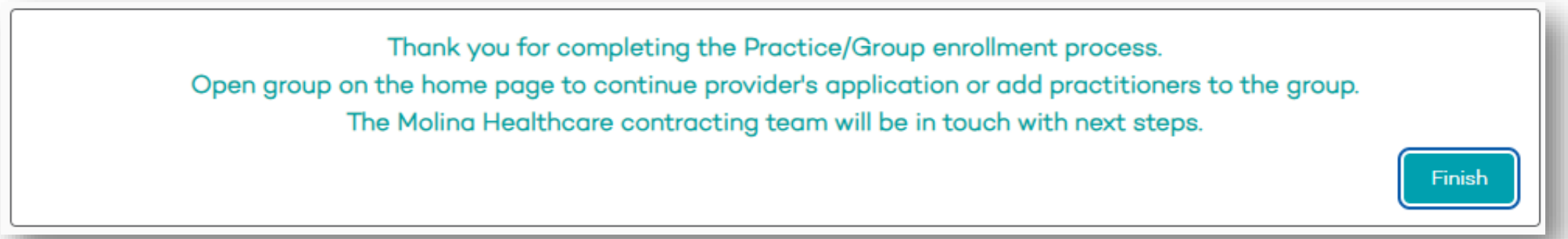
**Finally**, upload the required documents for the credentialing / contracting processes.

Existing and Uploaded documents will show at the top of the screen.

**All** providers will be required to submit a Disclosure of Ownership* and W-9.

**Only Molina's disclosure of ownership form will be accepted; any other health plan forms will be rejected.*


# Your Practice/Group Enrollment is Complete!




Select **Finish** to return to the home page.

From here, you can Add Providers, Upload Rosters, Request Changes, etc.

***The Molina contracting team will be in touch with next steps.***



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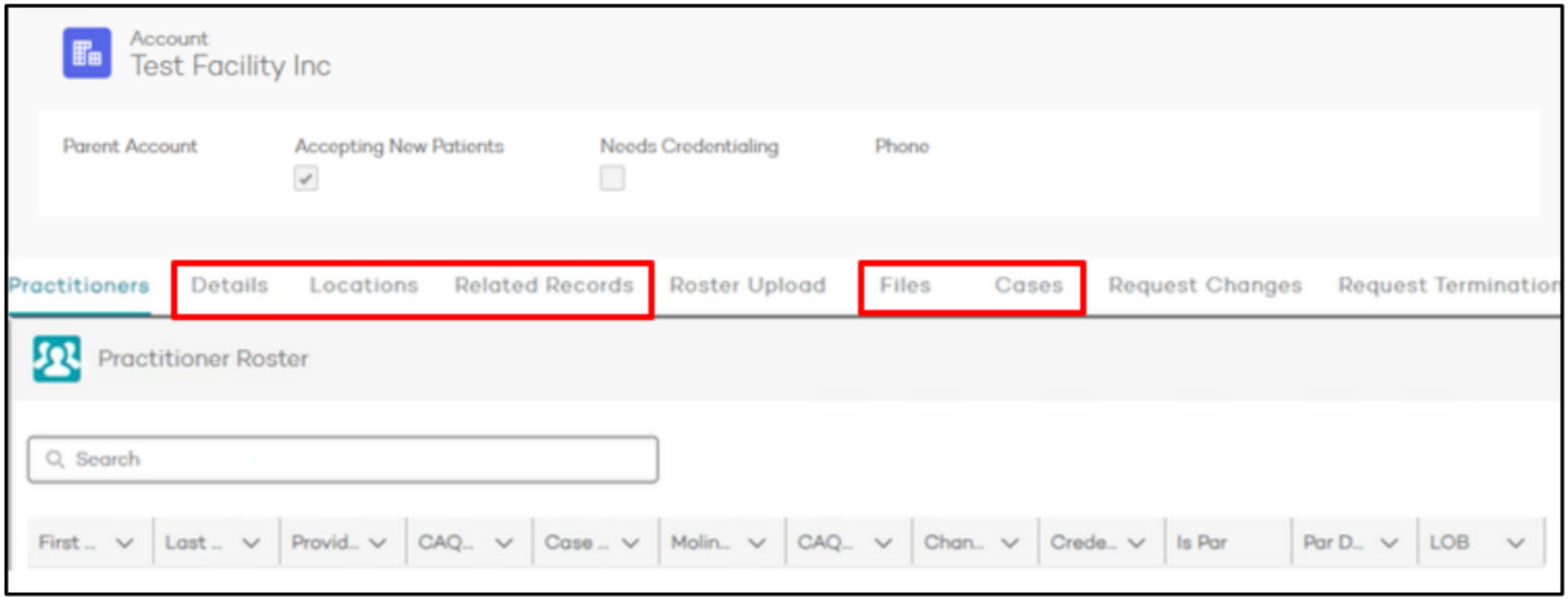
Once your group/facility submission is complete, it will say '**Submitted**' under the Molina Status Column…




From here, you can select the box next to the practice you want to view, select Open Selected Practice, and you will be taken to the group's landing page. From there you can Add Providers, Request Changes, etc.
***Please ensure your group enrollment is in Submitted status before Adding Practitioners to guarantee the group process is complete before moving to the next step.*

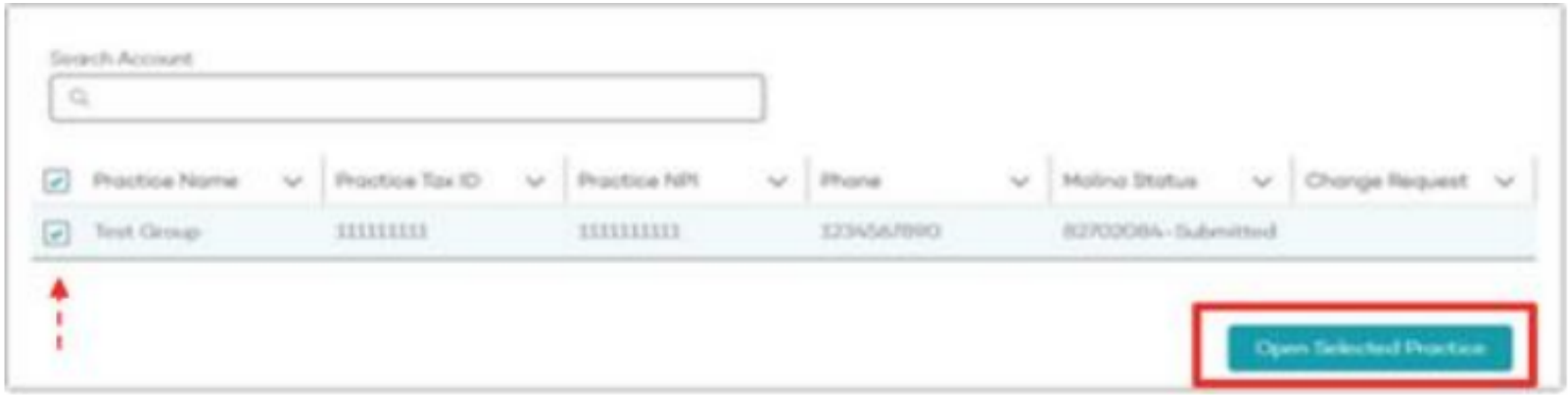
# Add Practitioners

From the **“Welcome”** page:

**a.** Select the box next to the “Practice Name.”

**b.** Click Open Selected Practice.

***Ancillary Providers, see next slide***

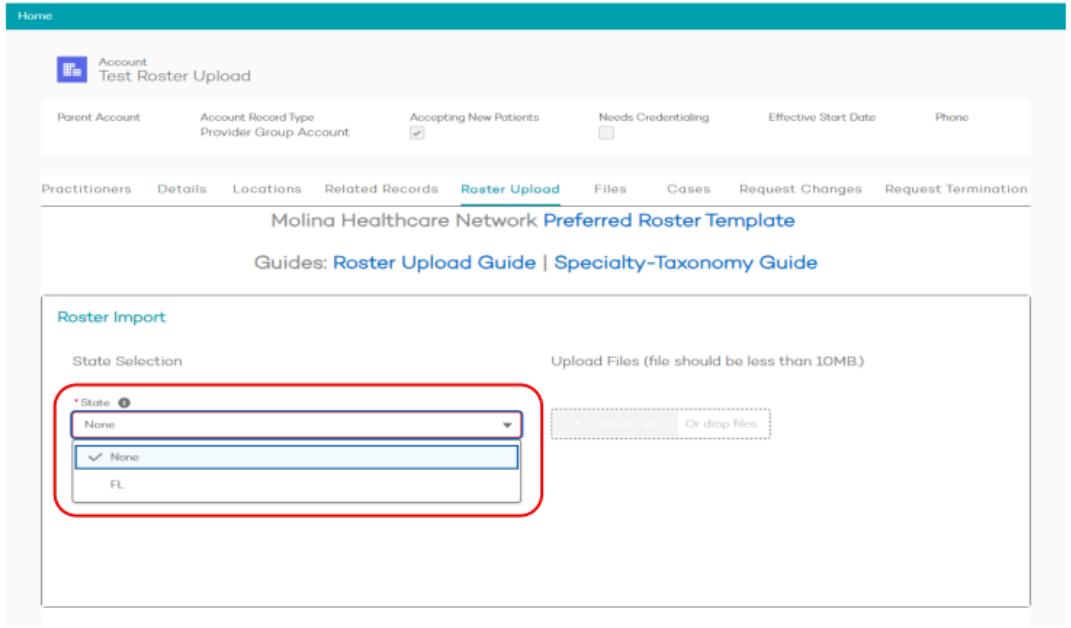



**Result:** The **Account** page opens.

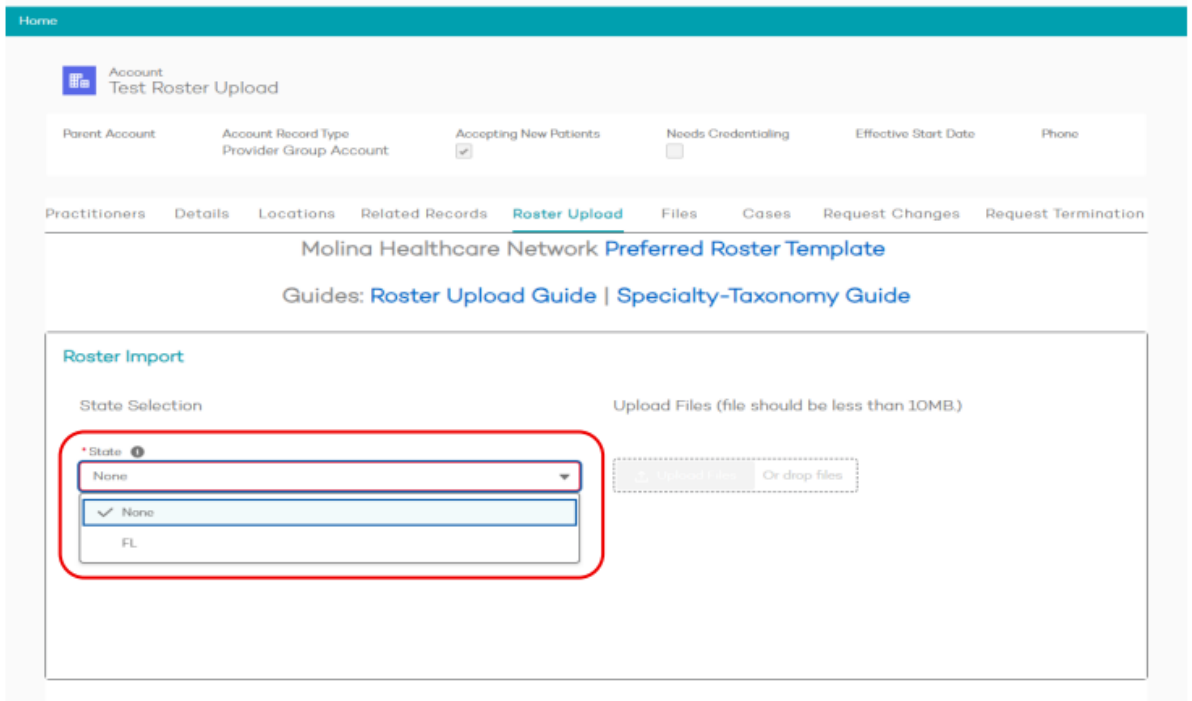
# If you have more than 5 Providers…

We highly recommend uploading a roster of your providers under the Roster Upload tab.
After selecting this tab, you will see a link to the obtain Molina's Non-Delegated Roster, as well as information on Roster Etiquette for submission.


RESULT: The Group Account page opens.

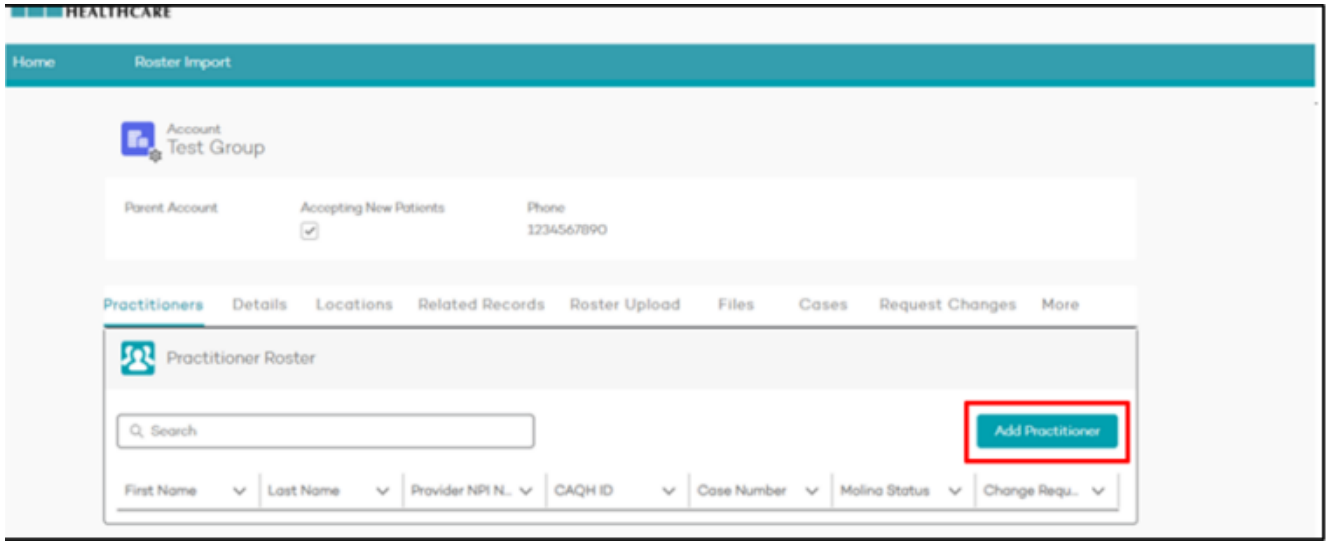


# Group Landing Page



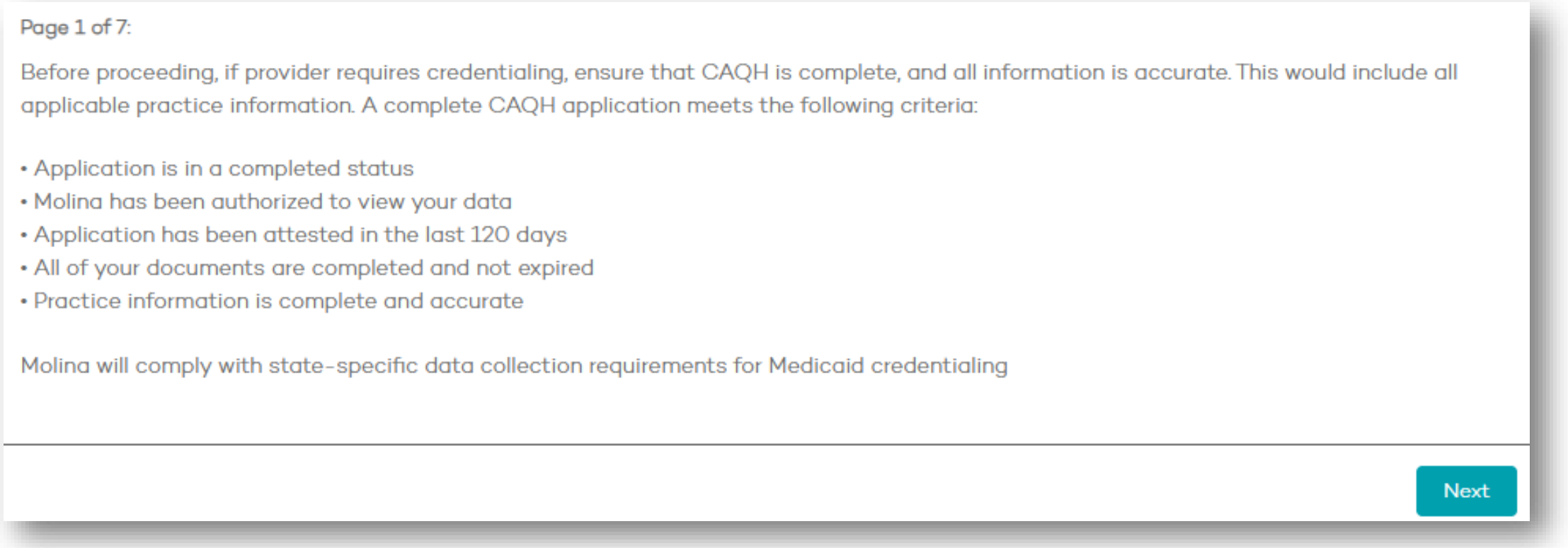

After Opening the Selected Practice, the landing page will always open under the Practitioners tab.
From here, you can Add Providers or View your Providers' Effective and Term Dates.
**Next**, we will walk through the process to Add Providers.

# Under the Practitioner Tab, Click **Add Practitioner**



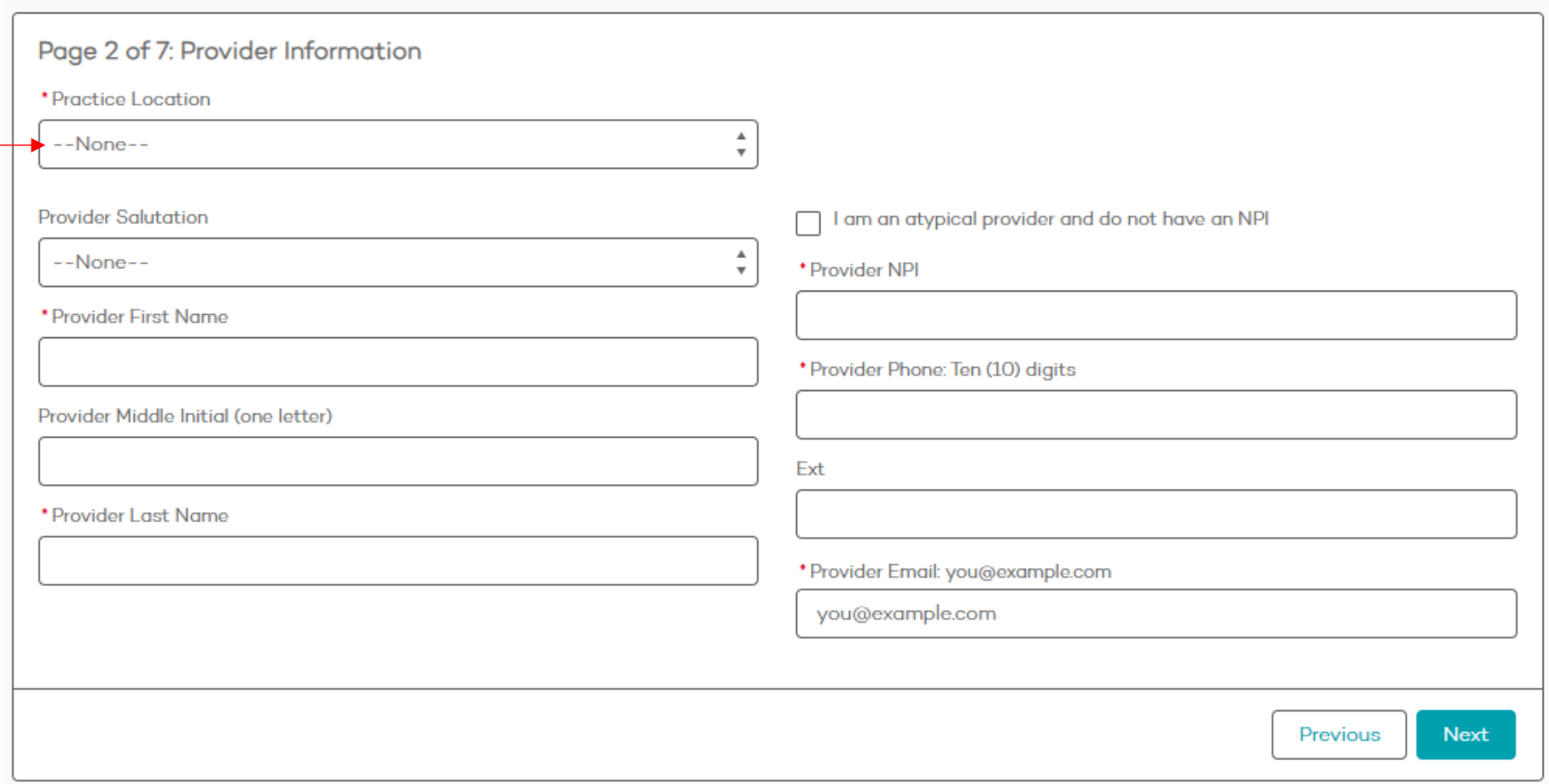

**NOTE:** The portal will allow you to Add Providers before the Group Enrollment has been fully submitted. To allow for a smooth process, ensure your group submission is complete by Continuing Enrollment for the group/facility before Adding Practitioners.

# **Page 1** of Adding a Practitioner advises of CAQH Requirements



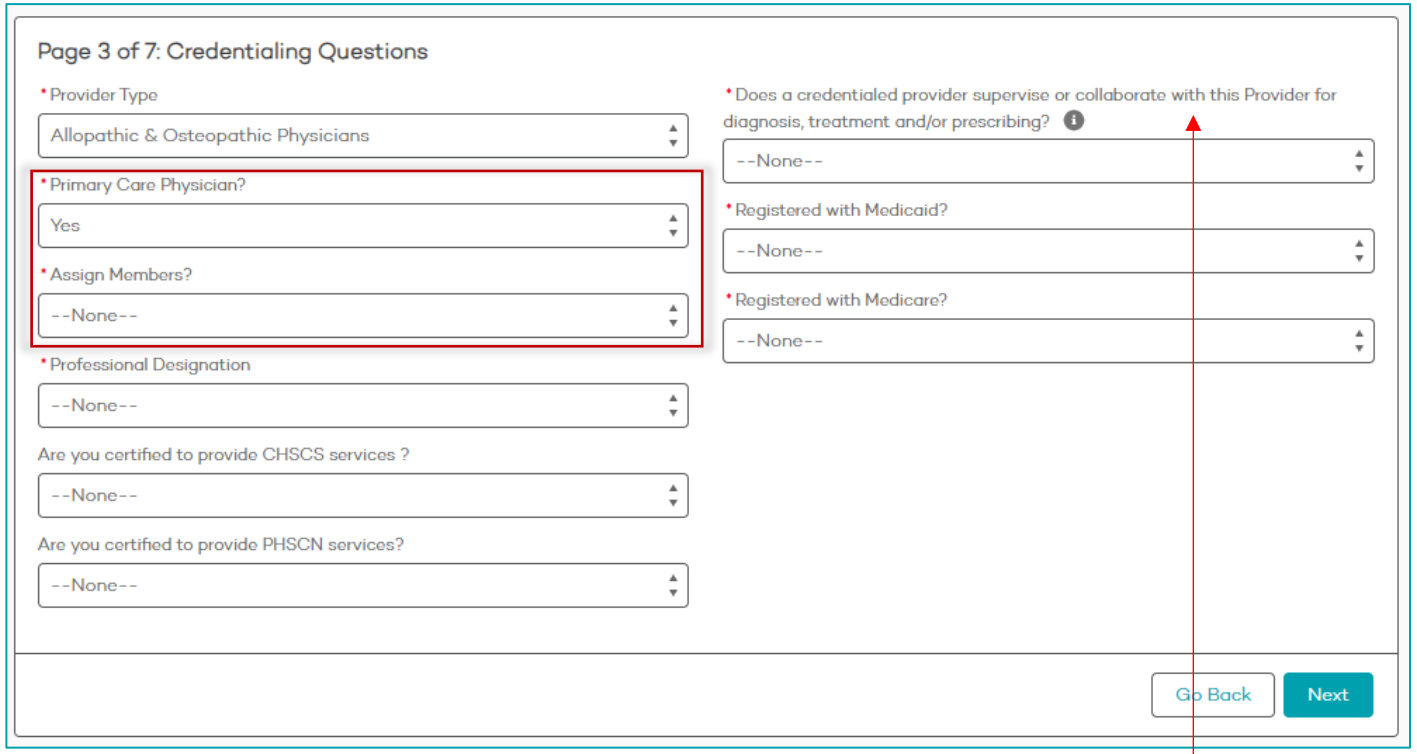
# **Page 2** asks for Provider Demographic Information

**Massachusetts**

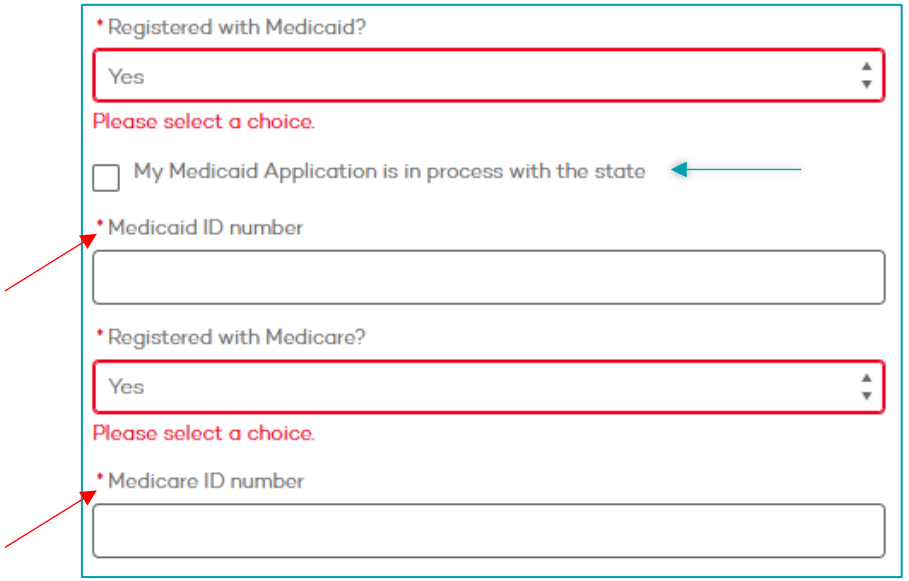


# **Page 3** is for Credentialing Questions

Answering **Yes** to the PCP question will pop in an additional question regarding the assignment of members. This will be a **required** question for all PCP providers.




Provider must be registered with **Masshealth.** You can select the box if your Medicaid application is still in process for the state. You will be required to provide your Medicaid and Medicare numbers at this time.




Please note, Supervising Physicians must be Credentialed and PAR with Molinabefore they are able to be designated as a Supervising/Collaborating Provider

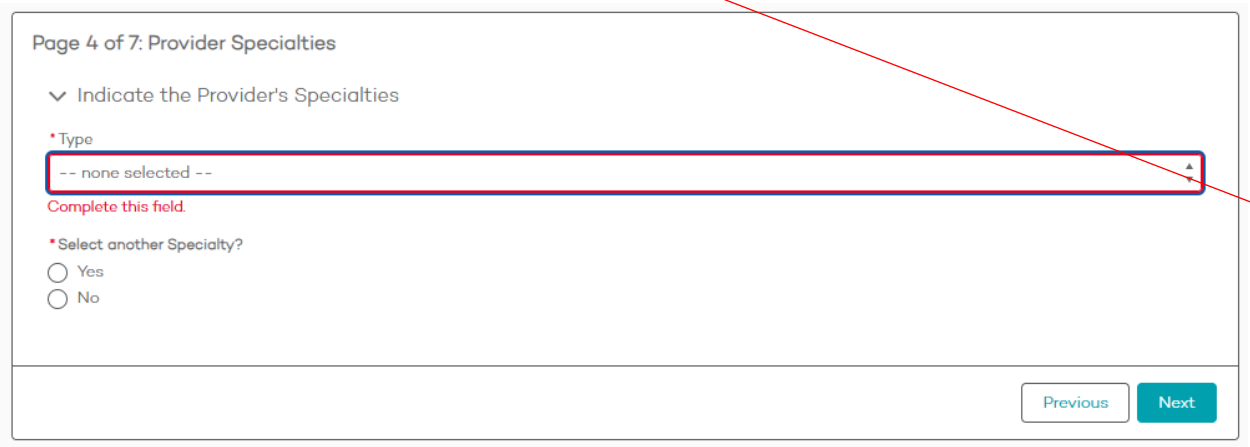
# **Page 4** is to indicate the Provider's Specialties

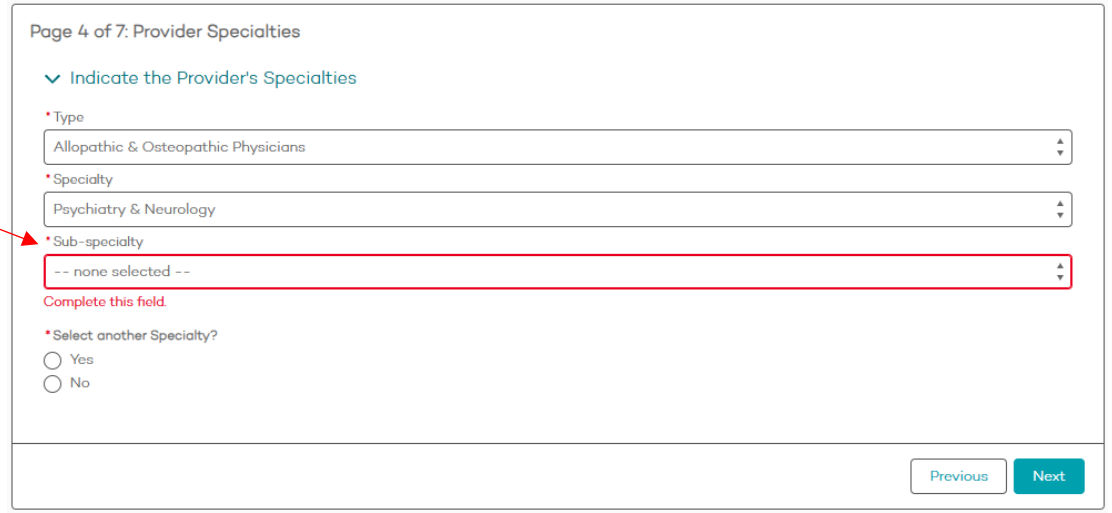
Choose the Provider's specialty type from the drop-down menu


You can add another specialty by selecting **Yes** under 'Select another Specialty?' before clicking **Next**.

# Page 4 continued...

Choose the Provider's specialty type from the drop-down menu.
If alerted, select provider's sub-specialty type from the pop-up menu.



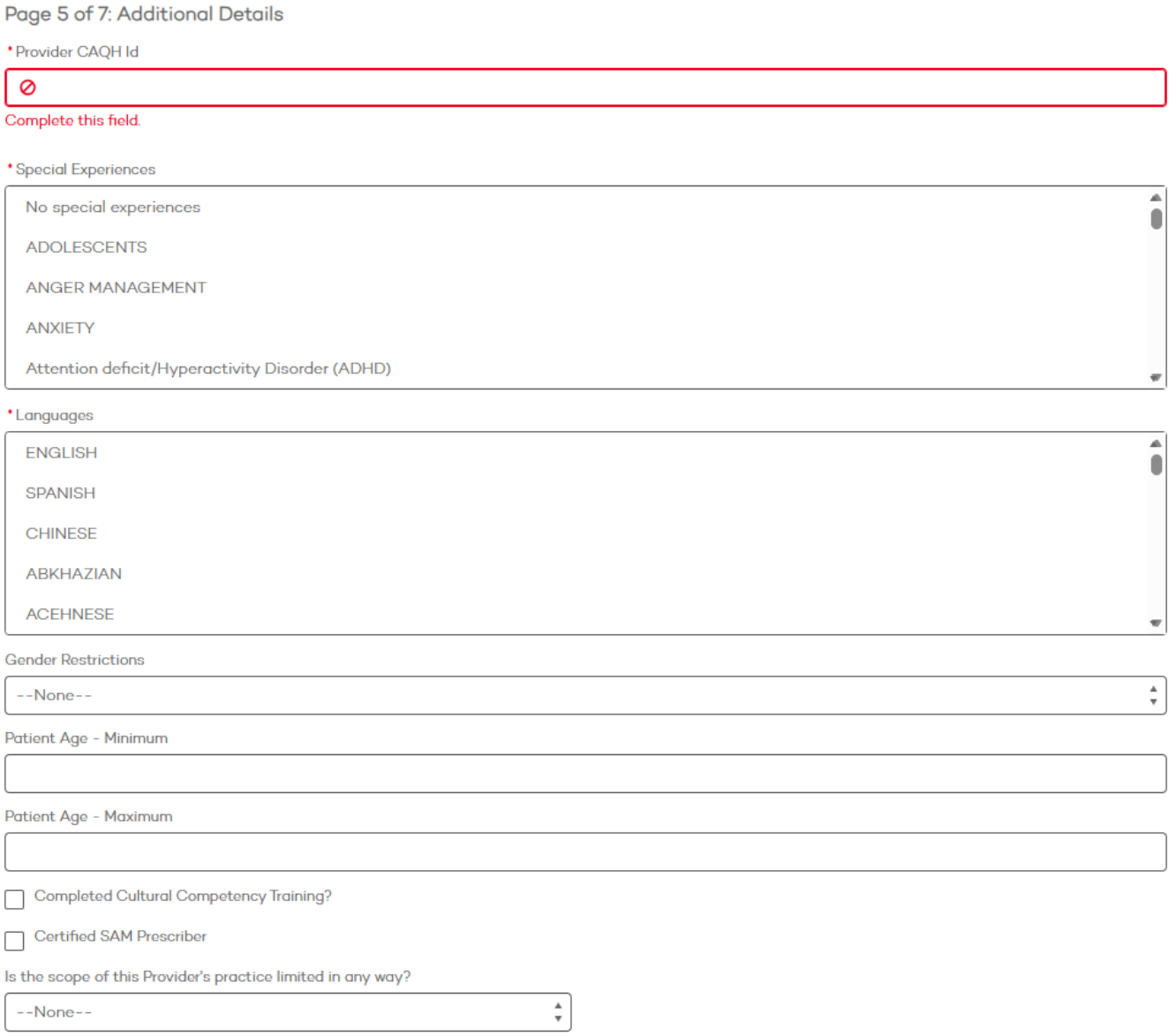

You can add another specialty by selecting **Yes** under 'Select another Specialty?' before clicking **Next**.

# **Page 5** is for Additional Details

## Enter Provider's CAQH ID

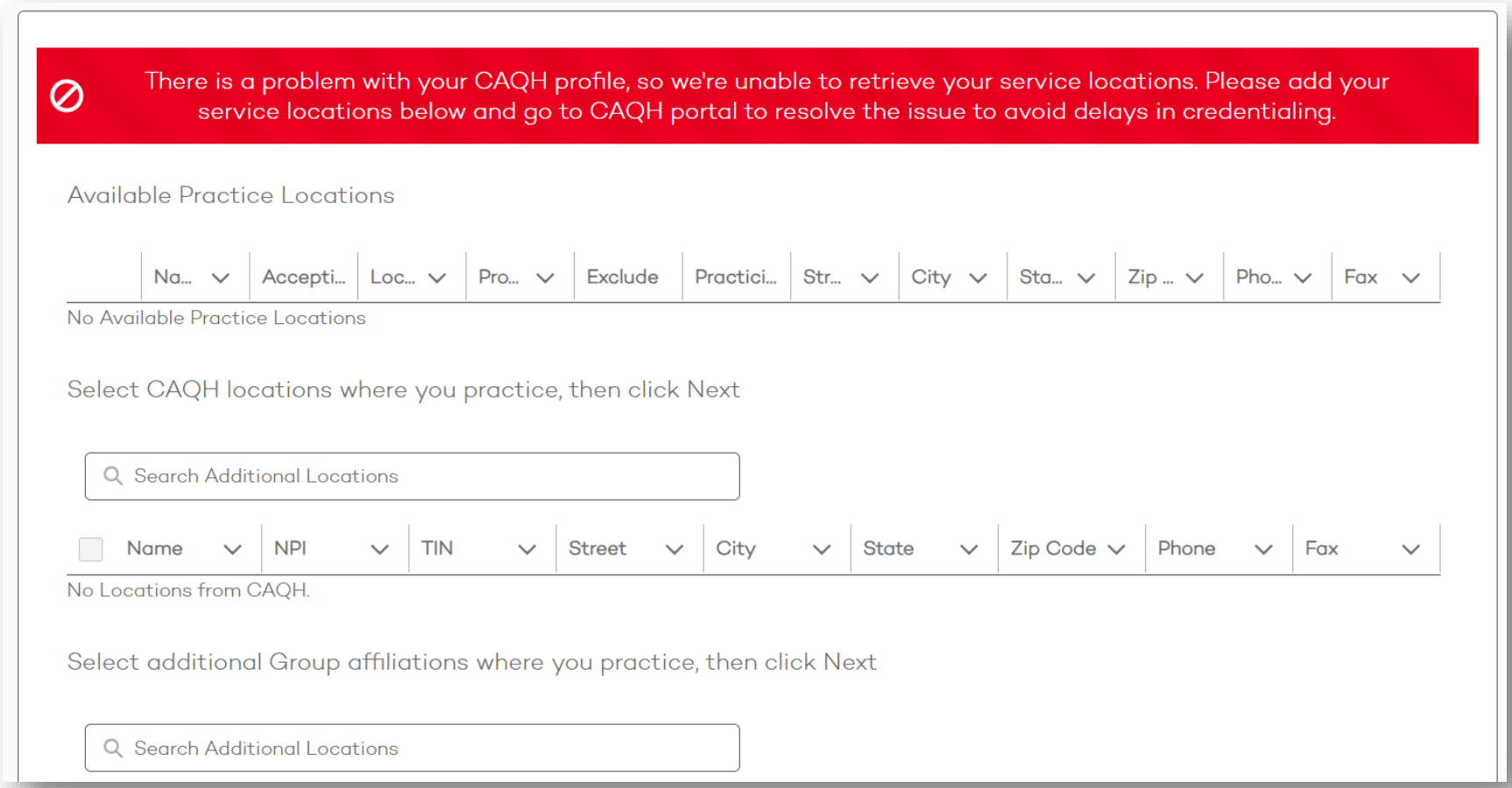
**Before submitting, please ensure the Provider's CAQH has been updated to reflect the corresponding practice information and attested within the last 120 days. If this is not completed, the system will be unable to pull the correct information and could cause a delay in the process.*

Complete the remaining additional details and verify if the provider's practice is limited in any way before selecting **Next**.



# Additional Details Continued...

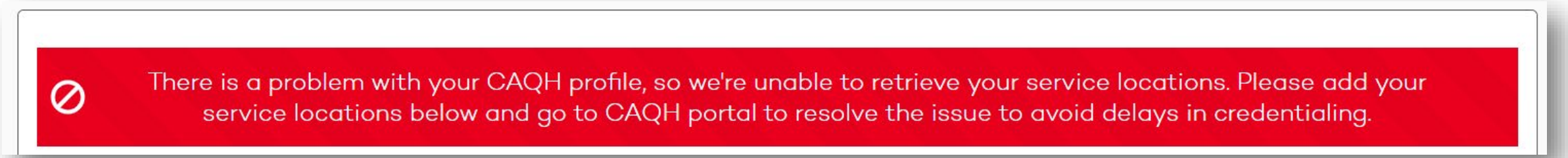
**The portal's new update will verify the Provider's CAQH information in real-time.** If the CAQH information does not reflect the correct service locations or provider information provided in the request, an error will populate at the top of the page. This error will direct the user to verify and update any pertinent credentialing information in the Provider's CAQH before proceeding with the application.



## For Credentialed Providers:

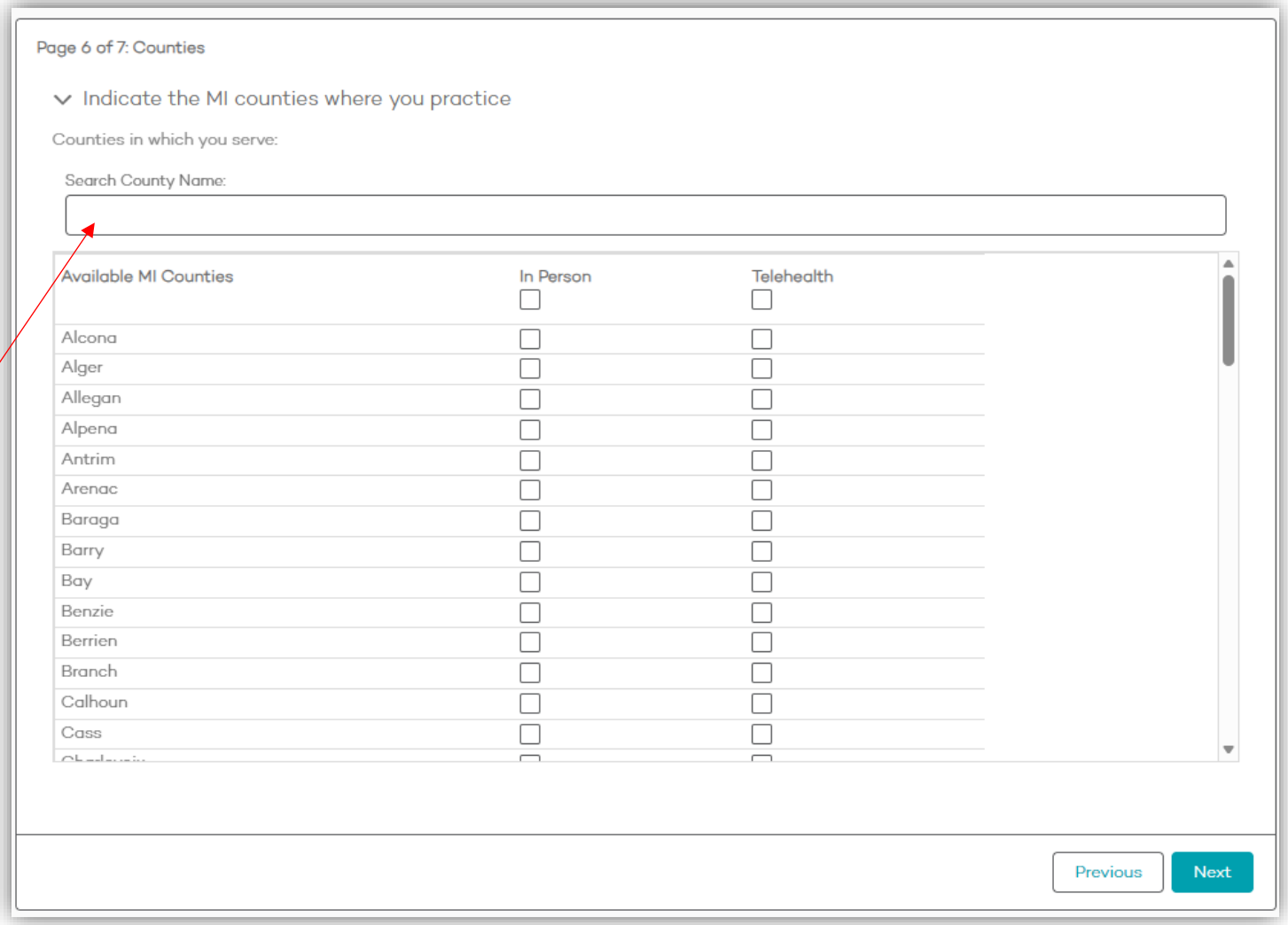
Due to the new CAQH Update in the portal, a submission will not be allowed if the information provided does not match what is in the Provider's CAQH Profile.

The error will let the submitter know they can add the practice locations manually, but the information must be updated in CAQH before proceeding with the Provider's request to avoid delays in the credentialing process.

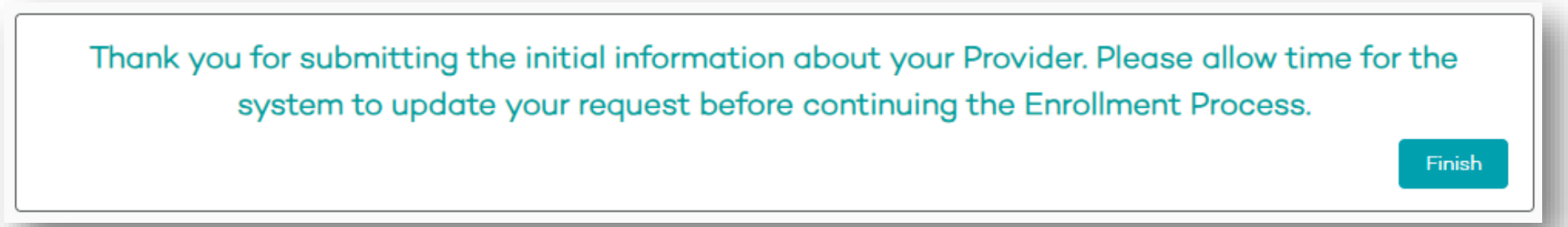


# **Page 6** is for designating counties you service

Indicate **all** counties you provide services in Massachusetts either In Person or via Telehealth.
You can also search by name in the bar above the selection pane.



# Your Initial Provider Submission is Complete!




Once the submitter selects 'Finish', it will take them back to the home page where they can add another provider or view the status of their practitioners.

Please allow 24-48 hours for the system to fully process the information provided in the application.

**If any additional info or clarification is needed, the Molina Contracting Team will be in touch via email**



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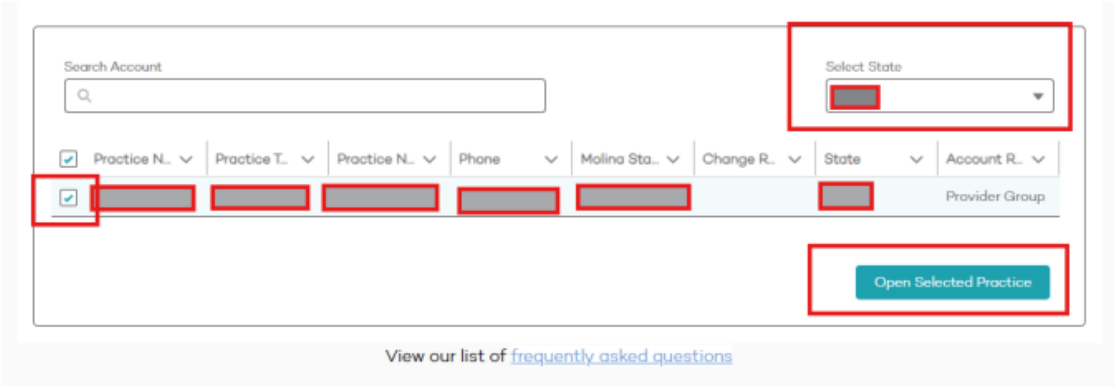
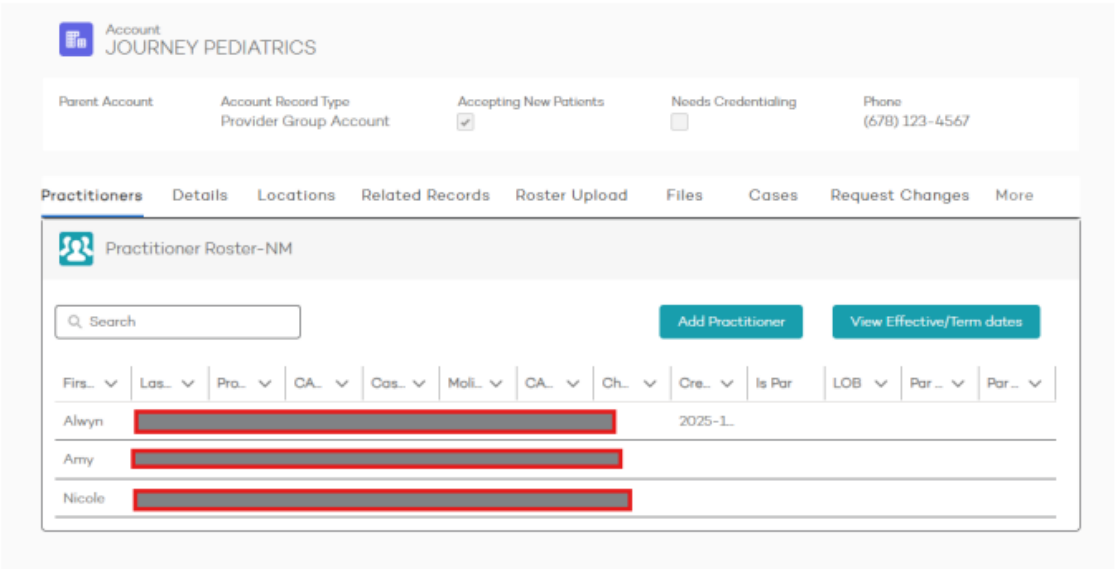
# Navigating the Authenticated Portal

# State must be selected Before Details will populate into the columns…

To see the information for the group/facility, you will need to select your state **first**.
You will not see the information in the columns until the state is Selected.

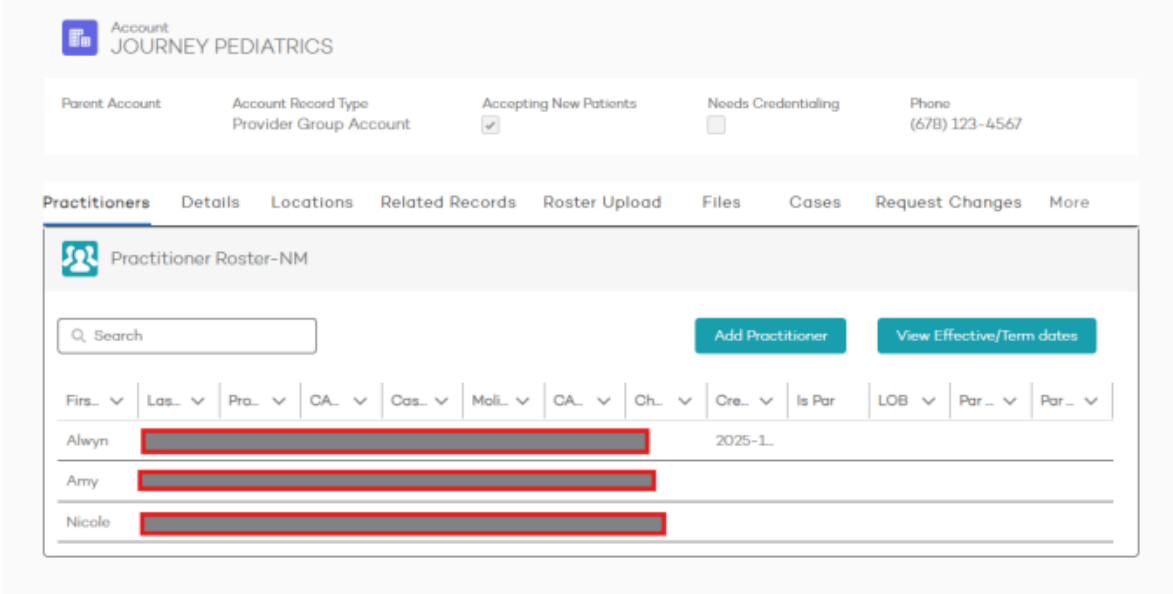


# Authenticated Portal Navigation

To view information about a specific group/facility, select your state. Next, you would select the box next to the one you want to view and click Open Selected Practice.

When opening the selected practice, it will automatically open to the Practitioner Roster page. From here, you can Add Practitioners, View Effective / Term Dates, etc.




Each item listed is a separate tab that includes more information.

Upload a roster, request changes, request termination and view details pertaining to your submissions by selecting the corresponding tab.

The columns will populate with pertinent information related to the practitioner's status.

# Roster Reconciliation

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# Roster Reconciliation: What is it?

If the information in the portal is not reflecting the information previously submitted, or any information appears incorrect for your providers, non-delegated providers can reach out to your Provider Relations Manager to begin the process of a **Roster Reconciliation**. Delegated providers can do this through the portal.

**What is it?** A roster can be submitted to your PRM with all corrected & updated information for the providers, practice locations, etc. Once received, this will be sent to our Configuration Team to initiate the updates and/or corrections to be made in Molina's system.

Having an accurate roster ensures smooth credentialing, regulatory compliance, and efficient claims processing. Regular review and reconciliation reduces errors; it increase timely processing of claims and improve overall operational outcomes.

We do encourage our delegated groups to submit quarterly updates to their roster whenever possible.

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# Provider Relations Team

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# We Heard You!

We have received feedback from our providers regarding a lack of awareness with who their Provider Relations Manager is. To address this, we will be adding summary information to the website and future trainings that highlight each PRM and their responsibilities at Molina Healthcare of Massachusetts.

If you are not sure who your Provider Relations Manager is, please add a message in the chat so we are able to connect you with the correct person for any questions or concerns you may have.


| | |
|---|---|
| *Molina Account Manager* | SWHProviderRelations@molinahealthcare.com |
| *Nexalix Acevedo* | SWHDelegatedProvider@molinahealthcare.com |
| *Tracy Daly* | SWHNetworkRequests@molinahealthcare.com |
| *Amy Nelson* | SWHCredentialing@molinahealthcare.com |

# Q & A – Any Questions?

I will now unmute microphones for Open Q&A.
A copy of today's slide deck will be sent out to the attendees by end of week.

**General Provider Relations Mailboxes:**

SWHProviderRelations@molinahealthcare.com

SWHDelegatedProvider@molinahealthcare.com

SWHNetworkRequests@molinahealthcare.com

SWHCredentialing@molinahealthcare.com

# THANK YOU!

If you have feedback, additional questions, or suggestions on what you would like to see in future provider enrollment training sessions, please reach out directly at SWHProviderRelations@molinahealthcare.com.