

# Provider Network Authenticated Portal

# Provider Enrollment Webinar...

For a request of the slide deck please use [SWHProviderRelations@molinahealthcare.com](mailto: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

Log in

**Existing Users  
Log In Here**

Welcome to the Molina Healthcare Network Pre-Enrollment Portal

Click "Next" in the box that most applies to you.

**Join the Molina Network**

Submit a contract request to participate in the Molina Healthcare Network.

Next

**New Contract Requests**  
(including new TIN/NPI Combos)

**Access the Portal**

Contracted providers that need to gain access to the portal to add practitioners to your group, upload a roster, add facility locations or check on credentialing status.

Next

**Request Portal Access**

**Delegated provider**

I am a delegated provider that would like to submit my delegated roster.

Next

**Delegated Providers**

- 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**.

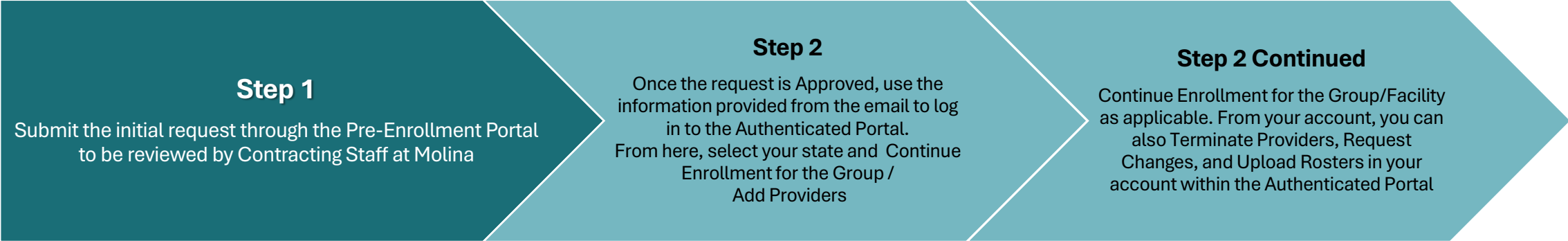
# Provider Network Authenticated Portal

The Provider Network Authenticated Portal will be the **2<sup>nd</sup> 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**.

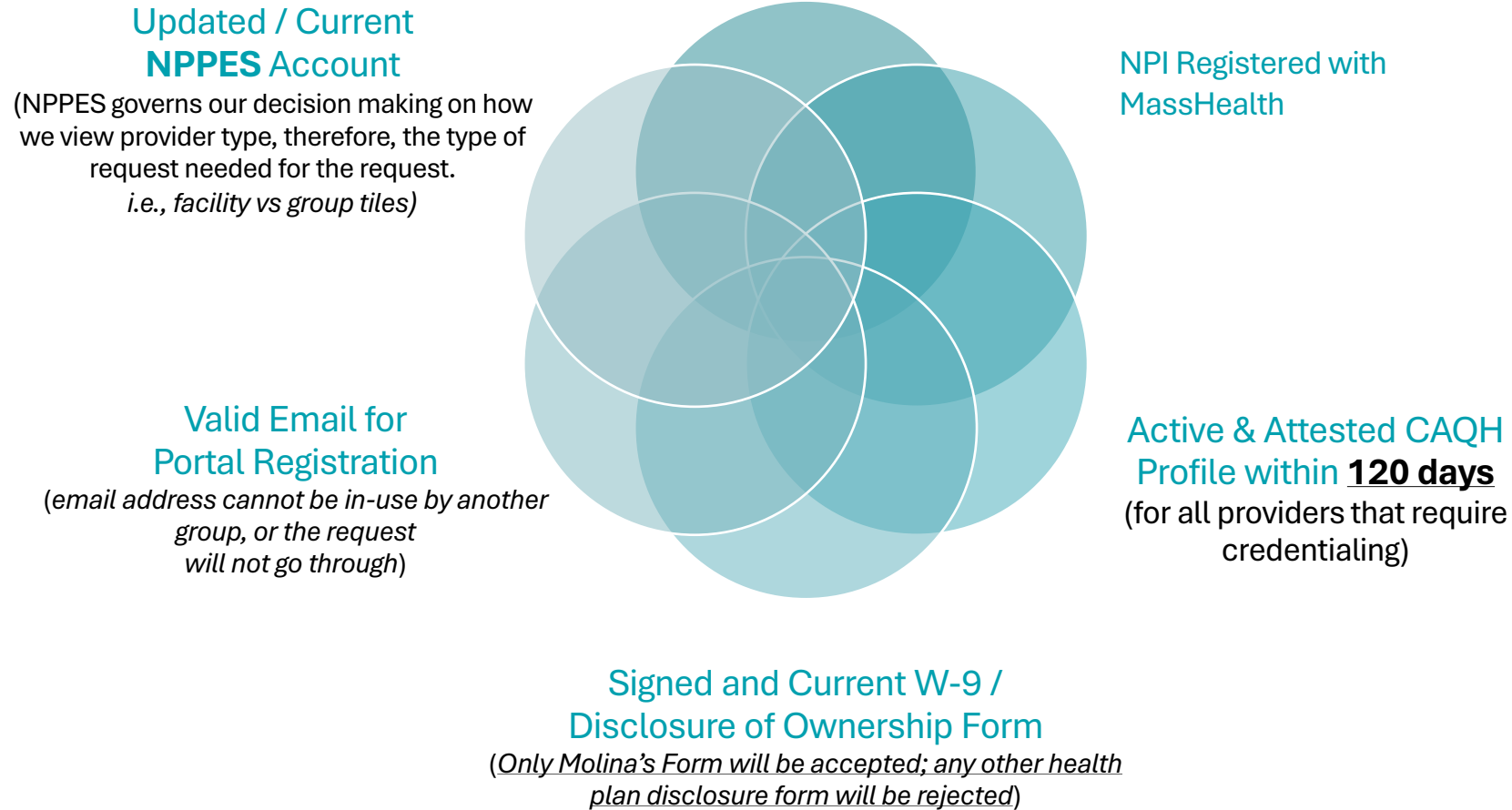
From here, the contact can **Continue Enrollment** for their group/facility, **Add Providers**, and **Upload Rosters**.

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.



# Requirements:



# 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](#)**

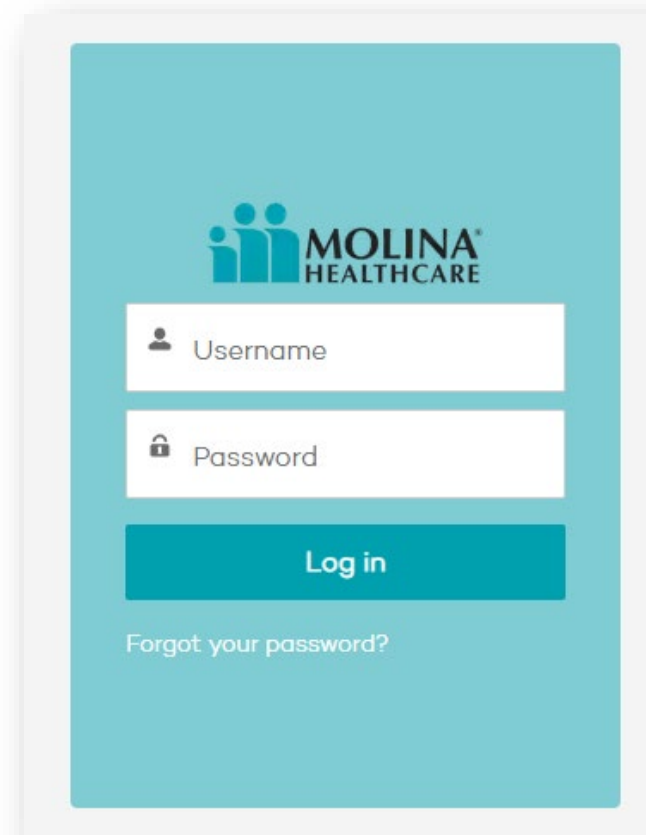
# Continue Enrollment

## Group or Facility



# Provider Network Authenticated Portal

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

The image shows a login portal for Molina Healthcare. It features a teal background with the Molina Healthcare logo at the top. Below the logo are two white input fields: one for 'Username' with a person icon and one for 'Password' with a lock icon. A teal 'Log in' button is positioned below the password field. At the bottom, there is a link that says 'Forgot your password?'.

 MOLINA<sup>®</sup> HEALTHCARE

 Username

 Password

Log in

[Forgot your password?](#)



# 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.

Welcome to the Molina Healthcare Family



Molina values your time. We integrate with CAQH to streamline the enrollment process.

Once the group enrollment application is submitted, an application must be completed for each practitioner.

- Check the box next to the Practice Name and click on Open Selected Practice.
- Add practitioner(s) if applicable
- Log in after CAQH has pulled in the practitioner's information
- Click on the Continue Enrollment link under Molina Status and complete the practitioner's application.

Search Account

☐ Practice Name

Practice Tax ID

Practice NPI

Phone

Molina Status

Change Request

☐ Test Group

111111111

1234567890

07523823 Continue

Open Selected Practice

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

Welcome to the Molina Healthcare Family



Molina values your time. We integrate with CAQH to streamline the enrollment process.

Once the group enrollment application is submitted, an application must be completed for each practitioner.

- Check the box next to the Practice Name and click on Open Selected Practice.
- Add practitioner(s) if applicable
- Log in after CAQH has pulled in the practitioner's information
- Click on the Continue Enrollment link under Molina Status and complete the practitioner's application.

| <input type="checkbox"/> Practice Name     | <input type="checkbox"/> Practice Tax ID | <input type="checkbox"/> Practice NPI | Phone | Molina Status         | Change Request |
|--------------------------------------------|------------------------------------------|---------------------------------------|-------|-----------------------|----------------|
| <input type="checkbox"/> Test Facility Inc | 123456789                                | 1234567890                            |       | 94075262-Continue ... |                |

[Open Selected Practice](#)

[Return to the Molina Healthcare website](#)

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*

Home

### Join Molina Network

You have selected the option for a new group or solo provider wanting to join the Molina Healthcare Network

Page 1 of 2

#### Practice Details

\* Legal Entity Name ⓘ  
❌  
Complete this field

Doing Business As (DBA) ⓘ

\* Number of practitioners in the group

With which state do you wish to contract?  
MI

\* Group NPI  
6565431234

\* Group TIN  
656543123

\* Are you registered with Medicaid?  
--None--

\* Are you registered with Medicare?  
--None--

Previous Next

[Click here](#) for a list of our frequently asked questions  
Return to the Molina Healthcare [website](#)

Next, provide the Mailing and Billing addresses for your practice

Provide the mailing and billing addresses for your Group or Practice.

Mailing Address

\*This address will be used for mailing correspondence

\* Street Name

Suite or Office Number

\* City

\* State

--None--

\* ZIP Code

\* Phone: Ten (10) digits

6162222222

Billing Address

\*This address will be used for claims payments

☐ Same as Mailing?

\* Street Name

Suite, Office Number

\* City

\* State

--None--

\* ZIP Code

\* Phone: Ten (10) digits

1234567890

Fax: Ten (10) digits

1234567890

Go Back

Save and Continue

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.

Confirm the Counties for this Group

Counties in which you serve:

Search County Name:

| Available MI Counties | In Person                           | Telehealth               |
|-----------------------|-------------------------------------|--------------------------|
|                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alcona                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alger                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| Allegan               | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cass                  | <input type="checkbox"/>            | <input type="checkbox"/> |

Go Back

Save and Continue

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 **MOLINA**  
HEALTHCARE

**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.*

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

- ☐ Billing
- ☐ Contracting
- ☐ Contract Signatory
- ☐ Credentialing
- ☒ Practice Manager

[Go Back](#) [Save and Continue](#)

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

The following Contacts have not been created for your Group/Practice. Each role must be associated to a Contact.

Contract Signatory

Provide the full name and contact information for each contact you add for Test Business.

Salutation  
--None--

\* First Name

\* Last Name

\* Email  
you@example.com

\* Phone

Fax

\* What is this individual responsible for?

- ☐ Billing
- ☐ Contracting
- ☐ Contract Signatory
- ☐ Credentialing

Add another Contact?

☐ Yes  
☐ No

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.

Test Business Contacts

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

| Contact Name | Roles                                                                 |
|--------------|-----------------------------------------------------------------------|
| hannah davis | Practice Manager;Billing;Contracting;Contract Signatory;Credentialing |

Total Records: 1 Page 1 of 1

Delete

I want to add another contact ☐ No

Go Back Save and Continue

# 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.*



Organizational or Facility Licenses/Certifications/Registrations

[Upload Files](#) Or drop files

**\*Required**

Active professional liability insurance face sheet

[Upload Files](#) Or drop files

**\*Required**



Completed 100% Complete

Thank you for completing this form. Your information has been successfully submitted.

[Back to Group](#)

## Your Practice/Group Enrollment is Complete!

Thank you for completing the Practice/Group enrollment process.  
Open group on the home page to continue provider's application or add practitioners to the group.  
The Molina Healthcare contracting team will be in touch with next steps.

Finish

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.*



Once your group/facility submission is complete, it will say '[Submitted](#)' under the Molina Status Column...

The screenshot shows the 'Account Test Facility Inc' page. At the top, there are fields for 'Parent Account', 'Accepting New Patients' (checked), 'Needs Credentialing' (unchecked), and 'Phone'. Below this is a navigation bar with tabs: 'Practitioners', 'Details', 'Locations', 'Related Records', 'Roster Upload', 'Files', 'Cases', 'Request Changes', and 'Request Termination'. The 'Details' and 'Files' tabs are highlighted with red boxes. Below the navigation bar is the 'Practitioner Roster' section, which includes a search bar and a table of practitioner information. The table has columns for 'First', 'Last', 'Provid.', 'CAQ', 'Case', 'Molin.', 'CAQ', 'Chan.', 'Crede.', 'Is Par', 'Par D.', and 'LOB'. Each column has a dropdown arrow next to it.

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*

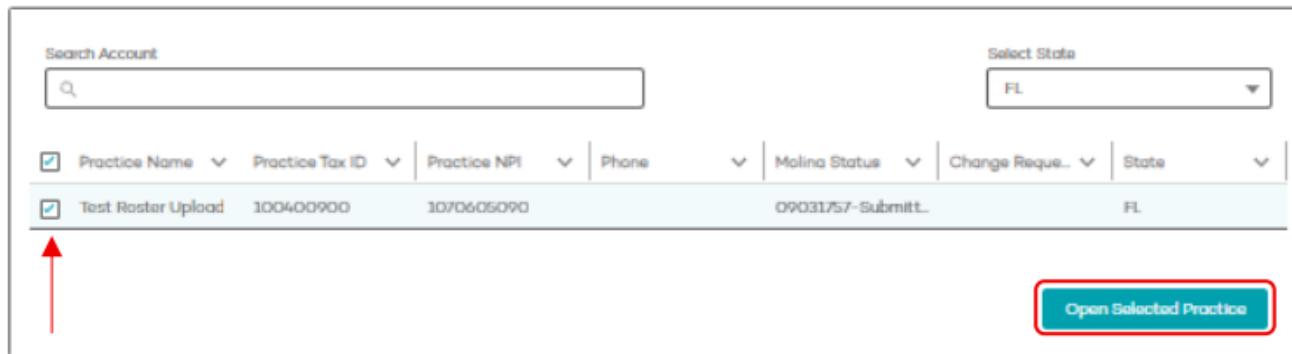
The screenshot shows a web interface for searching accounts. At the top is a search bar labeled 'Search Account'. Below it is a table with columns: Practice Name, Practice Tax ID, Practice NPI, Phone, Molina Status, and Change Request. The first row of the table has a checkbox selected next to 'Test Group', followed by the values '111111111', '111111111', '1234567890', and '82700084-Submitted'. Below the table, there is a red dashed arrow pointing upwards. To the right of the table, there is a button labeled 'Open Selected Practice' which is highlighted with a red rectangular box.

| <input checked="" type="checkbox"/> | Practice Name | Practice Tax ID | Practice NPI | Phone      | Molina Status      | Change Request |
|-------------------------------------|---------------|-----------------|--------------|------------|--------------------|----------------|
| <input checked="" type="checkbox"/> | Test Group    | 111111111       | 111111111    | 1234567890 | 82700084-Submitted |                |

**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.



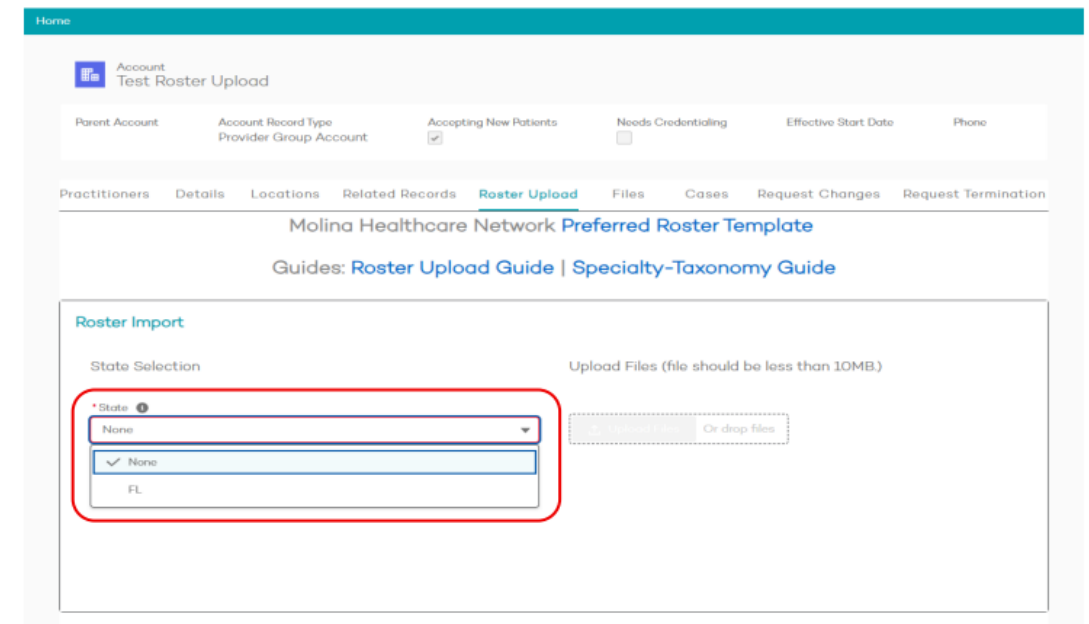
Search Account

Select State

| <input checked="" type="checkbox"/> | Practice Name      | Practice Tax ID | Practice NPI | Phone | Molina Status       | Change Reque... | State |
|-------------------------------------|--------------------|-----------------|--------------|-------|---------------------|-----------------|-------|
| <input checked="" type="checkbox"/> | Test Roster Upload | 100400900       | 1070606090   |       | 09031757-Submitt... |                 | FL    |

[Open Selected Practice](#)

RESULT: The Group Account page opens.



Home

Account Test Roster Upload

Parent Account Account Record Type Provider Group Account Accepting New Patients Needs Credentialing Effective Start Date Phone

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

Molina Healthcare Network Preferred Roster Template

Guides: [Roster Upload Guide](#) | [Specialty-Taxonomy Guide](#)

Roster Import

State Selection Upload Files (file should be less than 10MB)

\* State

☒ None

FL

# Group Landing Page

Home

Account Test Roster Upload

Parent Account Account Record Type Accepting New Patients Needs Credentialing Effective Start Date Phone

Provider Group Account ☒ ☐

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

Molina Healthcare Network Preferred Roster Template

Guides: [Roster Upload Guide](#) | [Specialty-Taxonomy Guide](#)

**Roster Import**

State Selection Upload Files (file should be less than 10MB)

\* State ⓘ

None

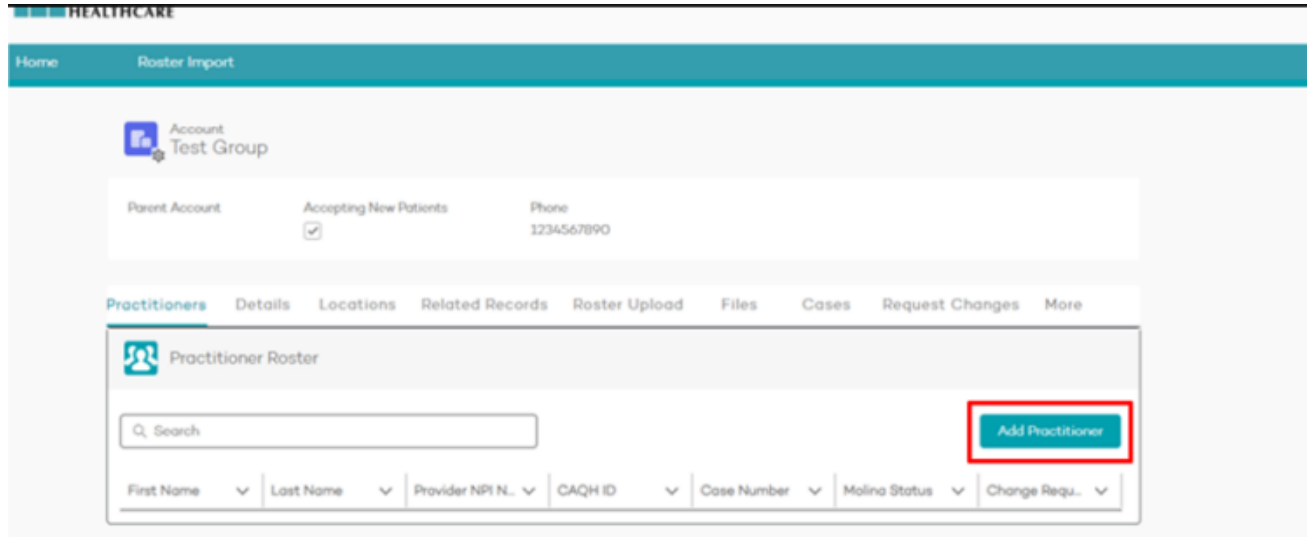
✓ None

FL

Upload Files Or drop files

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**



The screenshot displays the MOLINA Healthcare web portal. At the top, there's a teal header with 'HEALTHCARE' and navigation links for 'Home' and 'Roster Import'. Below this, the 'Account Test Group' section shows details like 'Parent Account', 'Accepting New Patients' (checked), and 'Phone' (1234567890). A horizontal menu below the account details includes 'Practitioners' (selected), 'Details', 'Locations', 'Related Records', 'Roster Upload', 'Files', 'Cases', 'Request Changes', and 'More'. The 'Practitioner Roster' section features a search bar, a table with columns for 'First Name', 'Last Name', 'Provider NPI N.', 'CAQH ID', 'Case Number', 'Molina Status', and 'Change Requ..', and a red-bordered button labeled '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 1 of 7:

Before proceeding, if provider requires credentialing, ensure that CAQH is complete, and all information is accurate. This would include all applicable practice information. A complete CAQH application meets the following criteria:

- Application is in a completed status
- Molina has been authorized to view your data
- Application has been attested in the last 120 days
- All of your documents are completed and not expired
- Practice information is complete and accurate

Molina will comply with state-specific data collection requirements for Medicaid credentialing

Next

Page 2 asks for Provider Demographic Information

Massachusetts

Page 2 of 7: Provider Information

\*Practice Location

--None--

Provider Salutation

--None--

\*Provider First Name

Provider Middle Initial (one letter)

\*Provider Last Name

☐ I am an atypical provider and do not have an NPI

\*Provider NPI

\*Provider Phone: Ten (10) digits

Ext

\*Provider Email: you@example.com

you@example.com

Previous

Next



## 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.

Page 3 of 7: Credentialing Questions

\* Provider Type  
Allopathic & Osteopathic Physicians

\* Primary Care Physician?  
Yes

\* Assign Members?  
--None--

\* Professional Designation  
--None--

Are you certified to provide CHSCS services ?  
--None--

Are you certified to provide PHSCN services?  
--None--

\* Does a credentialed provider supervise or collaborate with this Provider for diagnosis, treatment and/or prescribing?  
--None--

\* Registered with Medicaid?  
--None--

\* Registered with Medicare?  
--None--

Go Back Next

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.

\* Registered with Medicaid?  
Yes

Please select a choice.

☐ My Medicaid Application is in process with the state

\* Medicaid ID number

\* Registered with Medicare?  
Yes

Please select a choice.

\* Medicare ID number

Please note, Supervising Physicians must be Credentialed and PAR with Molina before 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

Page 4 of 7: Provider Specialties

✓ Indicate the Provider's Specialties

\*Type

-- none selected --

Complete this field.

\*Select another Specialty?

☐ Yes

☐ No

Previous Next

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.

Page 4 of 7: Provider Specialties

▼ Indicate the Provider's Specialties

\*Type  
-- none selected --  
Complete this field.

\*Select another Specialty?  
☐ Yes  
☐ No

Previous Next

Page 4 of 7: Provider Specialties

▼ Indicate the Provider's Specialties

\*Type  
Allopathic & Osteopathic Physicians

\*Specialty  
Psychiatry & Neurology

\*Sub-specialty  
-- none selected --  
Complete this field.

\*Select another Specialty?  
☐ Yes  
☐ No

Previous Next

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**.

#### Page 5 of 7: Additional Details

\* Provider CAQH Id

Complete this field.

\* Special Experiences

No special experiences

ADOLESCENTS

ANGER MANAGEMENT

ANXIETY

Attention deficit/Hyperactivity Disorder (ADHD)

\* Languages

ENGLISH

SPANISH

CHINESE

ABKHAZIAN

ACEHNESE

Gender Restrictions

--None--

Patient Age - Minimum

Patient Age - Maximum

☐ Completed Cultural Competency Training?

☐ Certified SAM Prescriber

Is the scope of this Provider's practice limited in any way?

--None--

# 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.

There is a problem with your CAQH profile, so we're unable to retrieve your service locations. Please add your service locations below and go to CAQH portal to resolve the issue to avoid delays in credentialing.

Available Practice Locations

|         |              |          |          |         |               |          |        |          |           |          |       |
|---------|--------------|----------|----------|---------|---------------|----------|--------|----------|-----------|----------|-------|
| Na... ▾ | Accepti... ▾ | Loc... ▾ | Pro... ▾ | Exclude | Practici... ▾ | Str... ▾ | City ▾ | Sta... ▾ | Zip ... ▾ | Pho... ▾ | Fax ▾ |
|---------|--------------|----------|----------|---------|---------------|----------|--------|----------|-----------|----------|-------|

No Available Practice Locations

Select CAQH locations where you practice, then click Next

Q Search Additional Locations

|                          |        |       |       |          |        |         |            |         |       |
|--------------------------|--------|-------|-------|----------|--------|---------|------------|---------|-------|
| <input type="checkbox"/> | Name ▾ | NPI ▾ | TIN ▾ | Street ▾ | City ▾ | State ▾ | Zip Code ▾ | Phone ▾ | Fax ▾ |
|--------------------------|--------|-------|-------|----------|--------|---------|------------|---------|-------|

No Locations from CAQH.

Select additional Group affiliations where you practice, then click Next

Q Search Additional Locations

## 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.



There is a problem with your CAQH profile, so we're unable to retrieve your service locations. Please add your service locations below and go to CAQH portal to resolve the issue to avoid delays in credentialing.

## 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.

Page 6 of 7: Counties

✓ Indicate the MI 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"/> |

Previous Next

# Your Initial Provider Submission is Complete!

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

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**



# 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.

**Account**

JOURNEY PEDIATRICS

|                |                                               |                                                               |                                                 |                         |
|----------------|-----------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|-------------------------|
| Parent Account | Account Record Type<br>Provider Group Account | Accepting New Patients<br><input checked="" type="checkbox"/> | Needs Credentialing<br><input type="checkbox"/> | Phone<br>(678) 123-4567 |
|----------------|-----------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|-------------------------|

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

**Practitioner Roster-NM**

Q Search Add Practitioner View Effective/Term dates

| Firs.. ▾ | Last.. ▾ | Pra.. ▾ | CA.. ▾ | Cas.. ▾ | Moli.. ▾ | CA.. ▾ | Ch.. ▾   | Cre.. ▾ | Is Par | LOB ▾ | Par .. ▾ | Par .. ▾ |
|----------|----------|---------|--------|---------|----------|--------|----------|---------|--------|-------|----------|----------|
| Alwyn    |          |         |        |         |          |        | 2025-1.. |         |        |       |          |          |
| Amy      |          |         |        |         |          |        |          |         |        |       |          |          |
| Nicole   |          |         |        |         |          |        |          |         |        |       |          |          |

# 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.

Search Account

Select State

| <input checked="" type="checkbox"/> | Practice N. ▾ | Practice T. ▾ | Practice N. ▾ | Phone ▾ | Molina Sta... ▾ | Change R. ▾ | State ▾ | Account R. ▾   |
|-------------------------------------|---------------|---------------|---------------|---------|-----------------|-------------|---------|----------------|
| <input checked="" type="checkbox"/> |               |               |               |         |                 |             |         | Provider Group |

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.

 Account  
JOURNEY PEDIATRICS

Parent Account

Account Record Type  
Provider Group Account

Accepting New Patients  
☒

Needs Credentialing  
☐

Phone  
(678) 123-4567

Practitioners

Details

Locations

Related Records

Roster Upload

Files

Cases

Request Changes

More

 Practitioner Roster-NM

Q Search

Add Practitioner

View Effective/Term dates

| Firs_  | Las_ | Pra_ | CA_ | Cas_ | Moli_ | CA_ | Ch_ | Cre_   | Is Par | LOB | Par _ | Par _ |
|--------|------|------|-----|------|-------|-----|-----|--------|--------|-----|-------|-------|
| Alwyn  |      |      |     |      |       |     |     | 2025-1 |        |     |       |       |
| Amy    |      |      |     |      |       |     |     |        |        |     |       |       |
| Nicole |      |      |     |      |       |     |     |        |        |     |       |       |

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



# 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.](#)

# Provider Relations Team



# 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.

**Lauren Morton**; AVP, Provider  
Network Management & Ops

**Alison Rafuse**; Manager,  
Provider Relations

**Paul Burke**; Director,  
Provider Contracts

*Molina Account Manager*

*Nexalix Acevedo*

*Tracy Daly*

*Amy Nelson*

[SWHProviderRelations@molinahealthcare.com](mailto:SWHProviderRelations@molinahealthcare.com)

[SWHDelegatedProvider@molinahealthcare.com](mailto:SWHDelegatedProvider@molinahealthcare.com)

[SWHNetworkRequests@molinahealthcare.com](mailto:SWHNetworkRequests@molinahealthcare.com)

[SWHCredentialing@molinahealthcare.com](mailto: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](mailto:SWHProviderRelations@molinahealthcare.com)

[SWHDelegatedProvider@molinahealthcare.com](mailto:SWHDelegatedProvider@molinahealthcare.com)

[SWHNetworkRequests@molinahealthcare.com](mailto:SWHNetworkRequests@molinahealthcare.com)

[SWHCredentialing@molinahealthcare.com](mailto: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](mailto:SWHProviderRelations@molinahealthcare.com).

