
Overview

Quick Summary

To provide the guidelines for Adding Practitioners Individually.

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Definitions

The following table defines the terms used in this document:

Term	Definition
CAQH	Council for Affordable Quality Healthcare

References

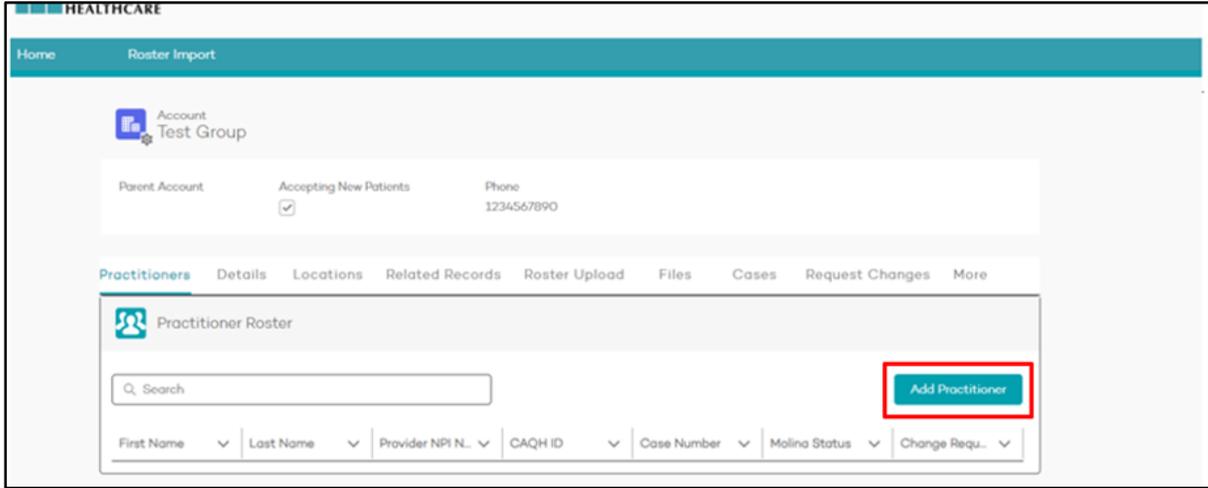
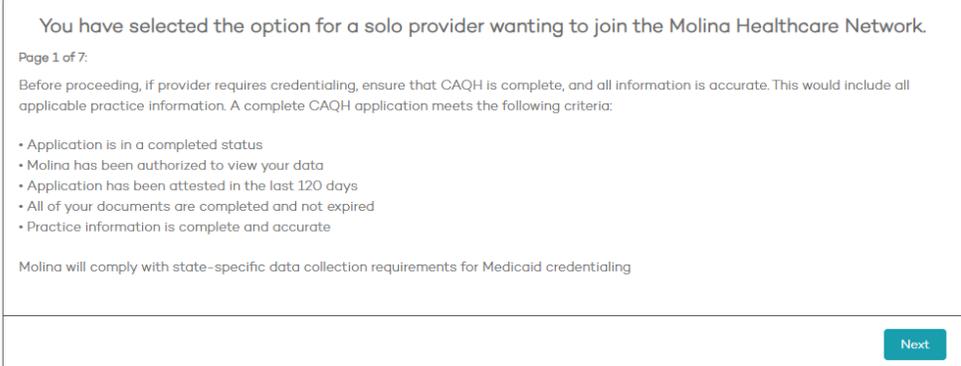
The following documents are referred to within this document:

- Roster Uploads – Job Aid

Adding Practitioners Individually

Follow these guidelines to add a practitioner:

Step	Action														
1	<p>Log in to the “Provider Network Management (Authenticated) Portal” with a username and password.</p> <div style="text-align: center; border: 1px solid black; padding: 10px; width: fit-content; margin: 20px auto;">  </div>														
2	<p>From the “Welcome” page:</p> <ol style="list-style-type: none"> a. Select the box next to the “Practice Name.” b. Click Open Selected Practice. <div style="border: 1px solid gray; padding: 10px; margin: 20px auto; width: 80%;"> <p>Search Account</p> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px;"> <input type="text"/> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><input checked="" type="checkbox"/></th> <th style="width: 20%;">Practice Name</th> <th style="width: 15%;">Practice Tax ID</th> <th style="width: 15%;">Practice NPI</th> <th style="width: 15%;">Phone</th> <th style="width: 15%;">Molina Status</th> <th style="width: 15%;">Change Request</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Test Group</td> <td>111111111</td> <td>111111111</td> <td>1234567890</td> <td>82702084 - Submitted</td> <td></td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> ↑ <div style="border: 2px solid red; padding: 5px; background-color: #00a0a0; color: white; border-radius: 5px;"> Open Selected Practice </div> </div> </div> <p>Result: The Account page opens.</p>	<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	82702084 - Submitted	
<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	82702084 - Submitted										

Step	Action
<p>3</p>	<p>In the Practitioner's tab: a. Click Add Practitioner.</p>  <p>Result: The Provider Information form opens.</p>
<p>4</p>	<p>Page 1 of adding a practitioner advises of CAQH requirements.</p>  <p>You have selected the option for a solo provider wanting to join the Molina Healthcare Network.</p> <p>Page 1 of 7:</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Molina will comply with state-specific data collection requirements for Medicaid credentialing</p> <p>Next</p>

5 Enter the Provider Information. (Page 2-7)

Fields with an * are required fields.

Page 2 of 7: Provider Information

* Practice Location

Provider Salutation

* 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

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

Example:

* Provider NPI

Please enter a 10-digit number.

* Provider Phone: Ten (10) digits

This value doesn't follow the required pattern. Try a different format or contact your admin for help.

6 Complete the Credentialing Questions. (Page 3 of 7)

Page 3 of 7: Credentialing Questions

* Provider Type

* Professional Designation

* Do you practice exclusively within the inpatient setting? (e.g. Pathologists, Anesthesiologists, ER Physicians, Radiologists, Etc)

* Does a credentialed provider supervise or collaborate with this Provider for diagnosis, treatment and/or prescribing?

* Registered with Medicare?

<p>7</p>	<p>Select your Primary Specialty. (Page 4 of 7)</p> <div data-bbox="354 254 1481 716" style="border: 1px solid #ccc; padding: 10px;"> <p>Page 4 of 7: Provider Specialties</p> <p>∨ Indicate the Provider's Specialties</p> <p>* Type</p> <p>Allopathic & Osteopathic Physicians</p> <p>* Specialty</p> <p>-- none selected --</p> <p>* Select another Specialty?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p style="text-align: right;">Previous</p> </div> <ul style="list-style-type: none"> • In the Type search window, locate the provider type. • Once the provider type is populated, select the associated specialty from the drop-down list.
<p>8</p>	<p>CAQH process: This process runs automatically for providers that require credentialing and pulls in all pertinent information (including certifications and licenses). (Page 5 of 7)</p> <p>-Enter any special experiences and Languages.</p> <p>-Enter in any other non-required applicable data that is asked on this page.</p>

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

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?

9

Please indicate the counties where the practitioner practices. (Page 6 of 7)

Page 6 of 7: Counties

✓ Indicate the CT counties where you practice

Counties in which you serve:

Search County Name:

Available CT Counties	In Person	Telehealth
Fairfield	<input type="checkbox"/>	<input type="checkbox"/>
Hartford	<input type="checkbox"/>	<input type="checkbox"/>
Litchfield	<input type="checkbox"/>	<input type="checkbox"/>
Middlesex	<input type="checkbox"/>	<input type="checkbox"/>
New Haven	<input type="checkbox"/>	<input type="checkbox"/>
New London	<input type="checkbox"/>	<input type="checkbox"/>
Tolland	<input type="checkbox"/>	<input type="checkbox"/>
Windham	<input type="checkbox"/>	<input type="checkbox"/>

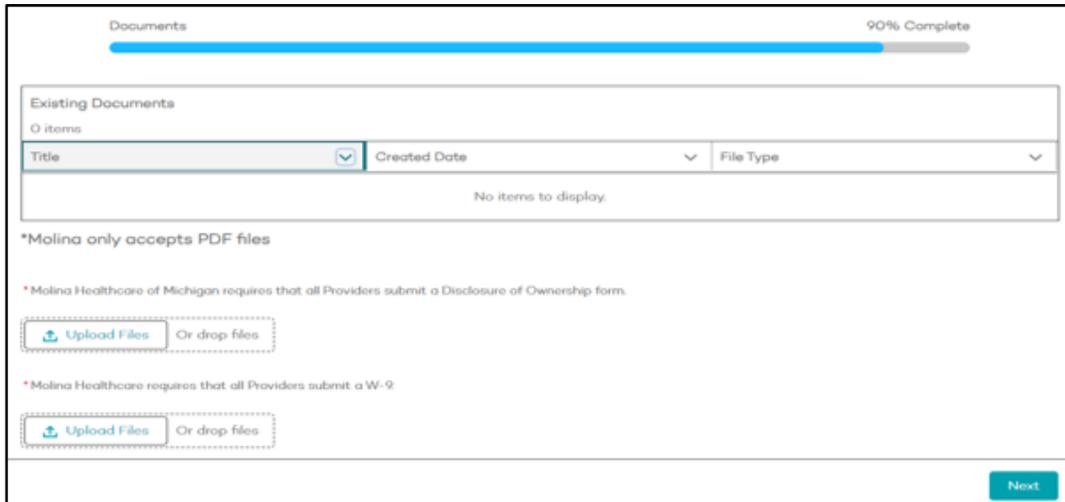
Previous Next

10

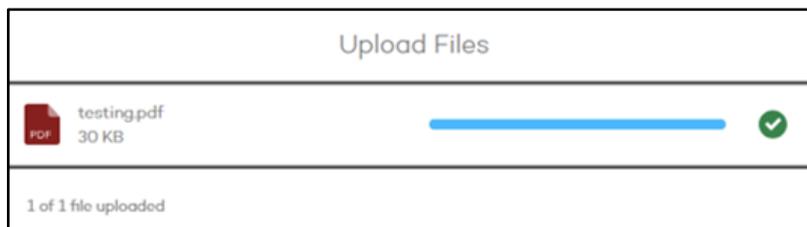
Documentation Uploading (Page 7 of 7)

The provider uploads and saves a document.

Note: Molina only accepts documents in PDF format.

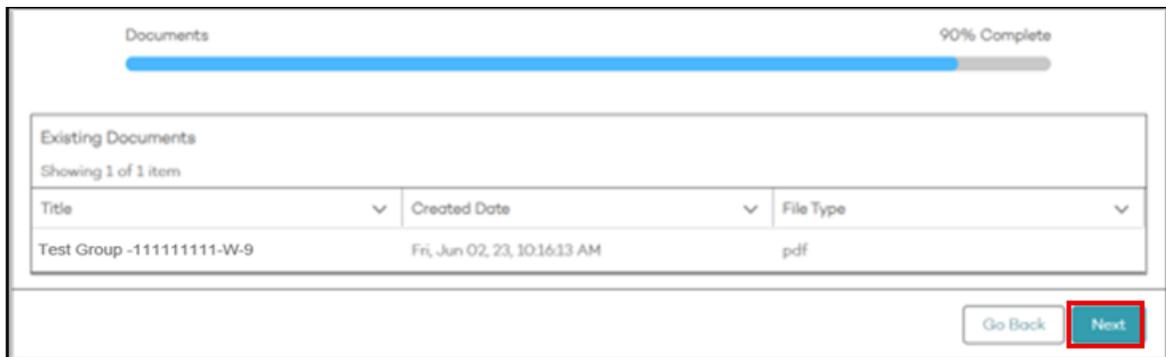


Important: Wait for the **Green Check** to appear to ensure the document has been uploaded before closing.



- a. The document is systematically renamed to identify the provider and document type.

Click **Next**.



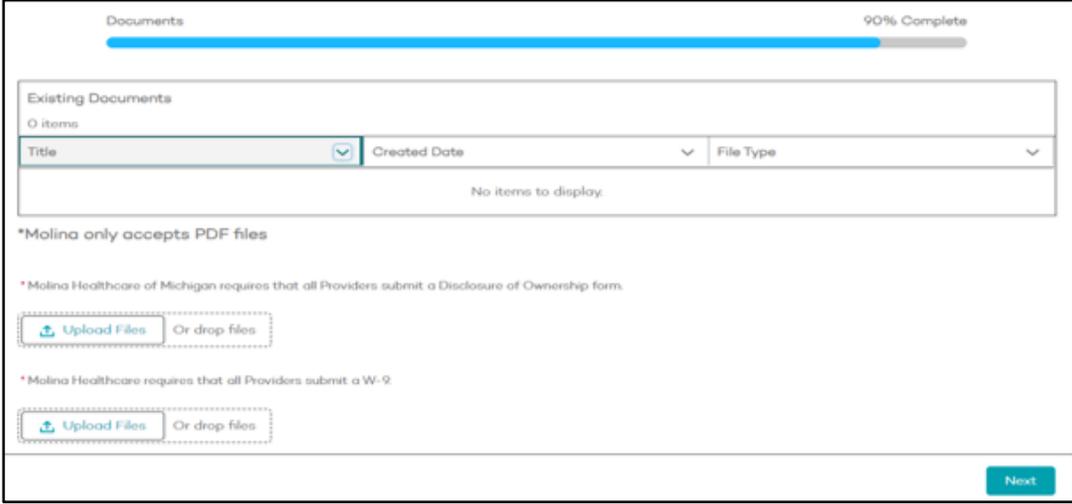
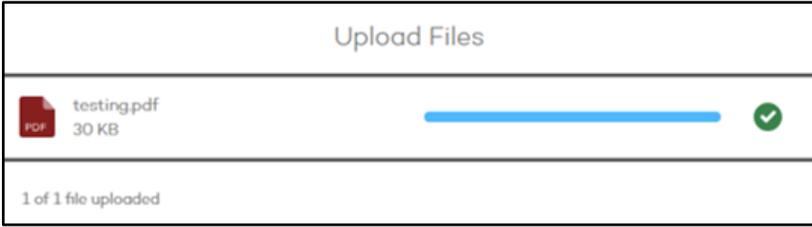
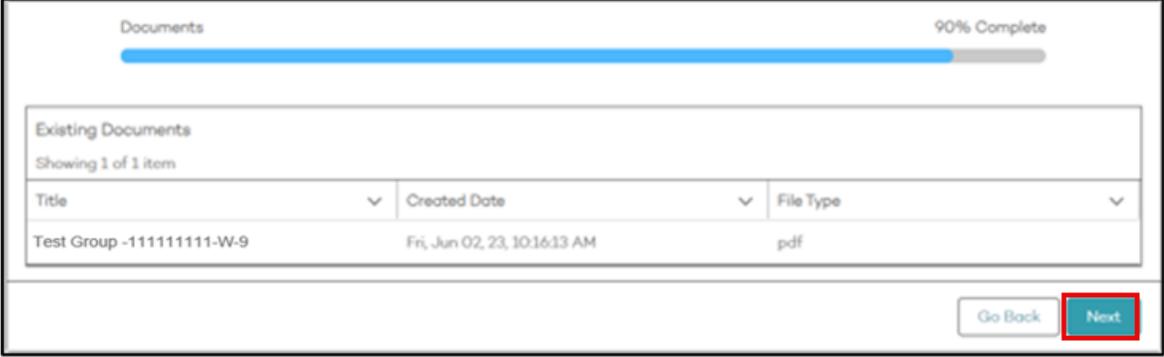
11 A **Thank You** message is displayed.

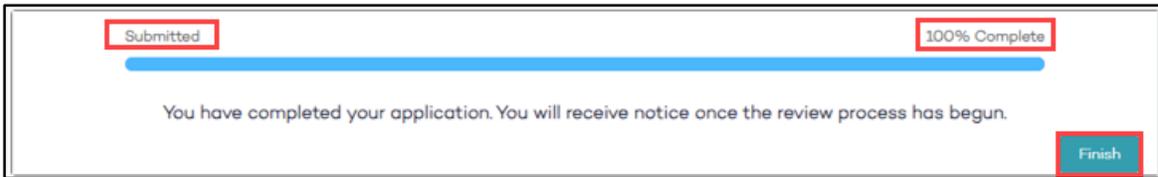


Click **Finish**.

Document(s) Upload

Document requirements vary by state. The Documents page systematically lists the required documents based on the state that is selected.

Step	Action
1	<p>b. The provider uploads and saves a document.</p> <p>Note: Molina only accepts documents in PDF format.</p>  <p>Important: Wait for the Green Check to appear to ensure the document has been uploaded before closing.</p>  <p>c. The document is systematically renamed to identify the provider and document type.</p> <p>d. Click Next.</p> 

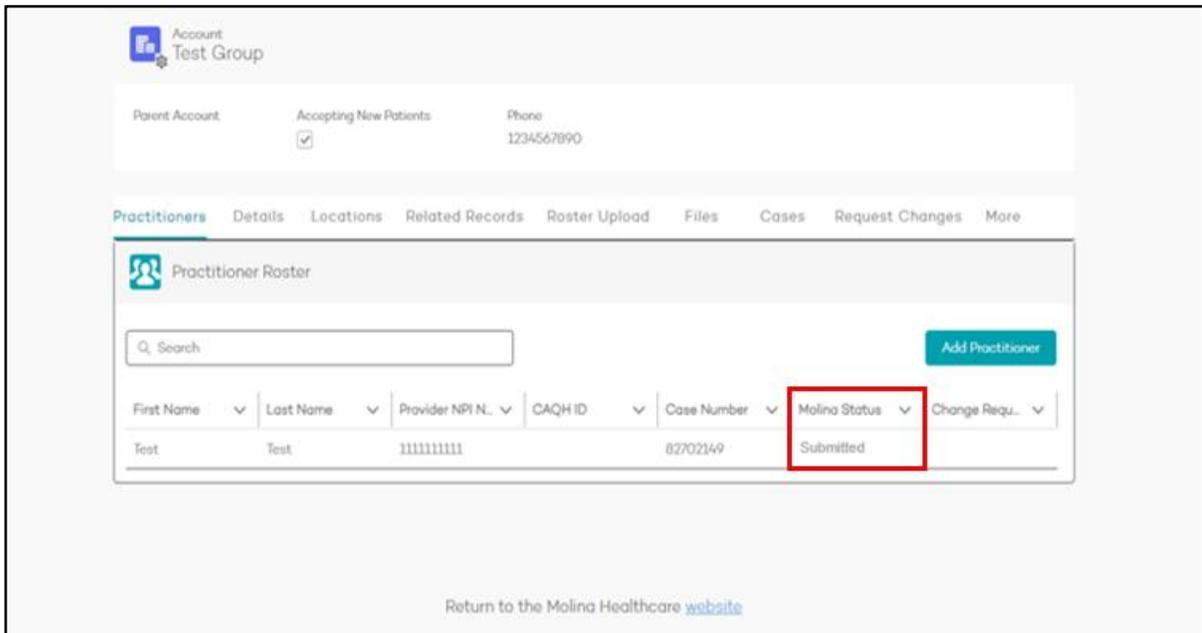
2
Click Finish.


Submitted 100% Complete

You have completed your application. You will receive notice once the review process has begun.

Finish

Result: The case status is updated to “Submitted.”



Account Test Group

Parent Account: Accepting New Patients Phone: 1234567890

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

Practitioner Roster

Q Search Add Practitioner

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

Return to the Molina Healthcare [website](#)

Adding a Practice Location – Practitioners

Step	Action										
1	<p>Identify the practicing location:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #009999; color: white;"> <th style="width: 50%;">If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>CAQH pulls in practicing locations,</td> <td>review the location(s) listed in the “Available Practice Locations” section to ensure a primary location is identified.</td> </tr> <tr> <td>a practicing location is not pulled in from CAQH,</td> <td> add the location manually. <ol style="list-style-type: none"> 1. Click the “I want to add another location” button. 2. Click Save and Continue. </td> </tr> </tbody> </table> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p style="text-align: right;">40% Complete</p> <hr/> <p style="text-align: center;">Available Practice Locations</p> <p style="text-align: center;"> <input type="checkbox"/> Name <input type="checkbox"/> Accepting New Patients <input type="checkbox"/> Location Ordinal <input type="checkbox"/> Provider Type <input type="checkbox"/> Exclude </p> <p style="text-align: center;">Select additional locations where you practice. Then click Save and Continue.</p> <p style="text-align: center;"> <input type="checkbox"/> Name <input type="checkbox"/> NPI <input type="checkbox"/> TIN <input type="checkbox"/> Street <input type="checkbox"/> City <input type="checkbox"/> State </p> <div style="border: 2px solid red; padding: 5px; margin: 5px 0;"> <p style="font-size: small;">If you do not have available practice locations, add a location below.</p> <p>I want to add another location <input checked="" type="checkbox"/> Yes</p> </div> <p style="text-align: right;"> <input type="button" value="Go Back"/> <input style="background-color: #009999; color: white;" type="button" value="Save and Continue"/> </p> </div>	If...	Then...	CAQH pulls in practicing locations,	review the location(s) listed in the “Available Practice Locations” section to ensure a primary location is identified.	a practicing location is not pulled in from CAQH,	add the location manually. <ol style="list-style-type: none"> 1. Click the “I want to add another location” button. 2. Click Save and Continue. 				
If...	Then...										
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a practicing location is not pulled in from CAQH,	add the location manually. <ol style="list-style-type: none"> 1. Click the “I want to add another location” button. 2. Click Save and Continue. 										
2	<p>a. Complete the location information.</p> <p>b. Click Save and Continue</p> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Practice Locations</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%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>*Location Address</p> <input style="border: 2px solid red;" type="text"/> <p style="font-size: x-small; color: red;">Complete this field</p> </td> <td style="width: 50%; border: none;"> <p>*Location County</p> <input type="text"/> </td> </tr> <tr> <td style="border: none;"> <p>Building or Suite Number</p> <input type="text"/> </td> <td style="border: none;"> <p>*Location Phone: Ten (10) digits</p> <input type="text" value="1234567890"/> </td> </tr> <tr> <td style="border: none;"> <p>*Location City</p> <input type="text"/> </td> <td style="border: none;"> <p>Location Fax: Ten (10) digits</p> <input type="text" value="1234567890"/> </td> </tr> <tr> <td style="border: none;"> <p>*Location State</p> <input type="text" value="--None--"/> </td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"> <p>*Location ZIP Code</p> <input type="text"/> </td> <td style="border: none;"></td> </tr> </table> <p style="text-align: right;"> <input type="button" value="Go Back"/> <input style="background-color: #009999; color: white;" type="button" value="Save and Continue"/> </p> </div>	<p>*Location Address</p> <input style="border: 2px solid red;" type="text"/> <p style="font-size: x-small; color: red;">Complete this field</p>	<p>*Location County</p> <input type="text"/>	<p>Building or Suite Number</p> <input type="text"/>	<p>*Location Phone: Ten (10) digits</p> <input type="text" value="1234567890"/>	<p>*Location City</p> <input type="text"/>	<p>Location Fax: Ten (10) digits</p> <input type="text" value="1234567890"/>	<p>*Location State</p> <input type="text" value="--None--"/>		<p>*Location ZIP Code</p> <input type="text"/>	
<p>*Location Address</p> <input style="border: 2px solid red;" type="text"/> <p style="font-size: x-small; color: red;">Complete this field</p>	<p>*Location County</p> <input type="text"/>										
<p>Building or Suite Number</p> <input type="text"/>	<p>*Location Phone: Ten (10) digits</p> <input type="text" value="1234567890"/>										
<p>*Location City</p> <input type="text"/>	<p>Location Fax: Ten (10) digits</p> <input type="text" value="1234567890"/>										
<p>*Location State</p> <input type="text" value="--None--"/>											
<p>*Location ZIP Code</p> <input type="text"/>											

3

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

123 Test Road Practice Conditions

Indicate the following practice conditions:

<p>Gender Restrictions</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">--None--</div>	<p>Patient Capacity</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5,000</div>
<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>Panel Status</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">--None--</div>
	<p>Age Minimum</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
	<p>Age Maximum</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

Languages Spoken by Office Staff

ABKHAZIAN

ACEHNESE

AFAAN (OROMO)

AFAR

AFRIKAANS

* Does this location provide laboratory services?

--None--

Go Back
Save and Continue

4

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

Indicate the daily office hours for 123 Test Road :

<p>Monday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Monday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>
<p>Tuesday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Tuesday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>
<p>Wednesday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Wednesday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>
<p>Thursday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Thursday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>
<p>Friday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Friday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>
<p>Saturday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Saturday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>
<p>Sunday Open</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">7:00 AM</div>	<p>Sunday Close</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">5:00 PM</div>

Go Back
Save and Continue

- 5
 - a. To add another location, click **Yes**.
 - b. Click **Next**.



* Do you want to add another Practice Location?

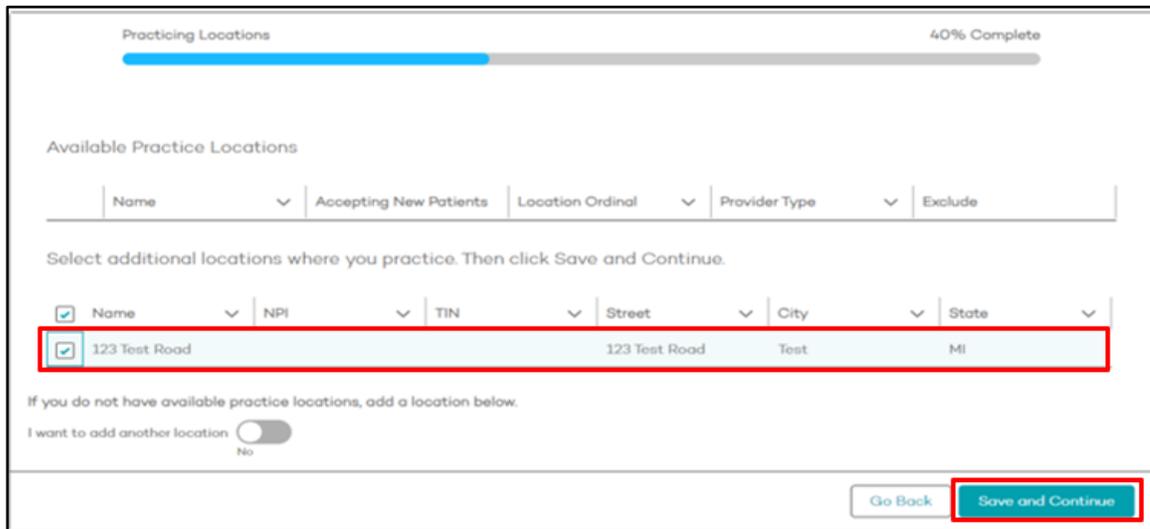
Yes ←

No

Previous Next

- c. Follow Steps 1-5 for all additional locations.

- 6 Add the practicing relationship details for each location:
 - a. Click the checkbox next to the location.
 - b. Click **Save and Continue**.



Practicing Locations 40% Complete

Available Practice Locations

Name	Accepting New Patients	Location Ordinal	Provider Type	Exclude
<input checked="" type="checkbox"/> 123 Test Road		123 Test Road	Test	MI

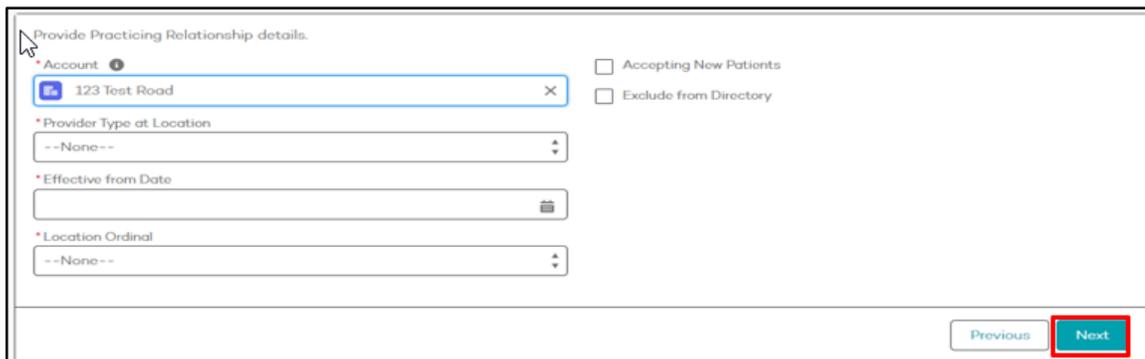
Select additional locations where you practice. Then click Save and Continue.

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

I want to add another location

Go Back Save and Continue

- c. Complete the Practicing Relationship details.
 - d. Click **Next**.



Provide Practicing Relationship details.

* Account Accepting New Patients

Exclude from Directory

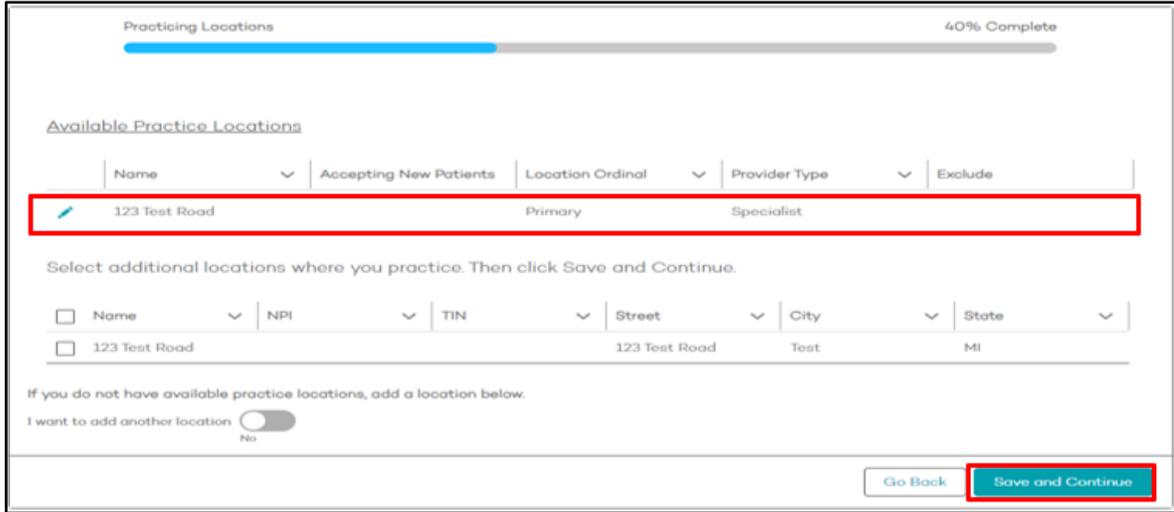
* Provider Type at Location

* Effective from Date

* Location Ordinal

Previous Next

Result: The address will populate in the “Available Practice Locations” section.



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.

<input type="checkbox"/>	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

Go Back Save and Continue

e. Click **Save and Continue**.