
Overview

Quick Summary

To provide the guidelines for New Facility Enrollment.

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References

New Facility Workflow

Pre-Enrollment Portal

Note: No login is required to access the Pre-Enrollment portal.

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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.

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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.

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Delegated provider

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

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You will select the state you wish to be contracted in.

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*What state are you wanting to contract in? ⓘ

--None--

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You will then select the best billing method that describes your request.

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*What best describes you?

I am a large health care entity with multiple TIN/NPIs that will file claims at both the facility and individual provider level.

I will only file claims for a facility

I will only file claims for individual providers or as a solo provider

I provide non-healthcare services and don't know how I will bill (i.e. transportation, home modifications, etc.)

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After you have selected the correct billing method you will enter your facility TIN and NPI. If you are an atypical provider type and do not have an NPI you are able to check the box to remove the NPI requirement.

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I do not have an NPI

* Provider NPI

* Provider TIN

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Upon clicking next, after entering the required data you will not be asked to enter the primary taxonomy for your facility. If you do not know your taxonomy you can check the box next to "I do not know my taxonomy" to select the applicable drop downs for your group.

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Primary Taxonomy*

I do not know my Taxonomy

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Primary Taxonomy

I do not know my Taxonomy

I am an LTSS or Waiver provider and do not have a specialty

*Type

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Primary Taxonomy

Search CareTaxonomy_

I do not know my Taxonomy

I am an LTSS or Waiver provider and do not have a specialty

* Type
Ambulatory Health Care Facilities

* Specialty
Clinic/Center

* Sub-specialty
Emergency Care

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Upon selecting next you are brought to a preview screen of the selections that you have made. The screen provides what request type is appropriate based on taxonomy. To proceed with the request click confirm. You could change the proposed taxonomy by selecting change my taxonomy if what is proposed does not align with your facility.

NOTE: If you select the check box "I am an LTSS or Waiver provider and do not have a specialty" the system will allow you to bypass entering your provider type and specialty.

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Looks like you're a facility, or an entity that provides LTSS services, that will show locations in the directory and will bill as a facility.

Primary Taxonomy

261QE0002X

Type

Ambulatory Health Care Facilities

Specialty

Clinic/Center

Sub-specialty

Emergency Care

[Change my Taxonomy](#)[Confirm](#)[Click here](#) for a list of our frequently asked questionsReturn to the Molina Healthcare [website](#)

You can add another specialty by clicking yes on this screen. If you do not have any additional to add select no and then click next.

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* Add another Speciality?

 Yes No[Previous](#)[Next](#)[Click here](#) for a list of our frequently asked questionsReturn to the Molina Healthcare [website](#)

Indicate if you offer LTSS services. If you do not offer these services simply leave the box blank and click next.

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 Do you offer LTSS services?[Previous](#)[Next](#)[Click here](#) for a list of our frequently asked questionsReturn to the Molina Healthcare [website](#)

If you do offer these services, select the box and you will be asked to provide the LTSS/Waiver services you provide and depending on the state you are requesting to contract with you may have to provide additional documentation. The required forms will be marked with a red asterisk.

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 Do you offer LTSS services?**LTSS/Waiver Services**

Available

Adaptive Assistance Devices
Adult Day Program
Assistive Technology
Assistive Technology Van Lifts and Tie Downs
Chore Services
Community Transition/Integration Services

Selected

HDO application[Upload Files](#) Or drop files***HCBS Waiver Attestation**[Upload Files](#) Or drop files[Previous](#)[Next](#)[Click here](#) for a list of our frequently asked questionsReturn to the Molina Healthcare [website](#)

Advise what line of business your facility wishes to contract with. Once selected click next.

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What line of business do you want to enroll with?

Marketplace

Medicaid

Medicare

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New Facility Request Form Overview

The New Facility request form is completed by the Practice Manager and consists of 3 pages. The following notes are important for this process.

Form Entry Notes

Fields with a * are required fields.

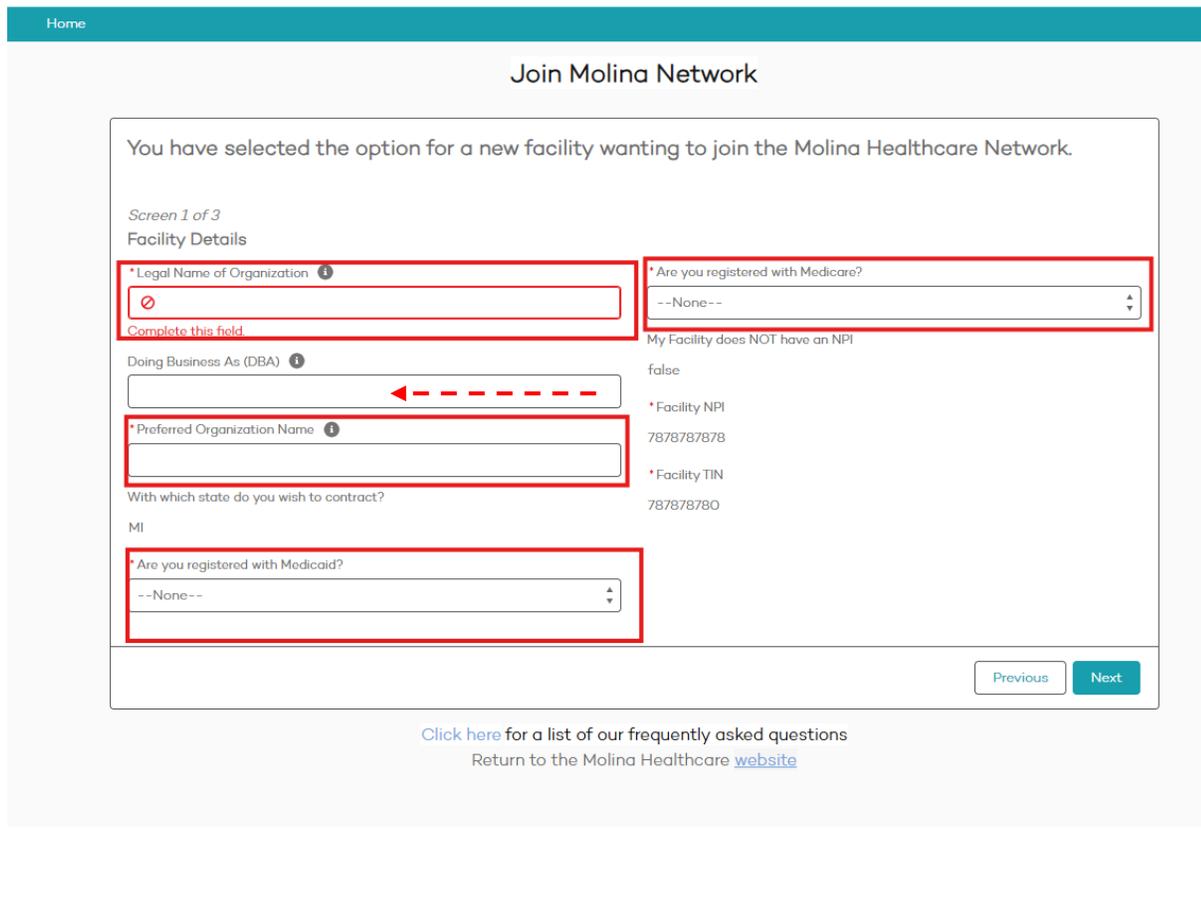
Page 1:

Enter the required data into the fields. If you do not enter all required data, you will not be able to advance to the next screen

- Legal Name of Organization
- Preferred Organization Name
- Your Medicaid and Medicare participation

Note: Other required data that was previously entered on the previous screens will be transferred to the request.

The “Preferred Organization Name” is the name under which the organization operates.



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You have selected the option for a new facility wanting to join the Molina Healthcare Network.

Screen 1 of 3
Facility Details

* Legal Name of Organization 
 Complete this field.

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

My Facility does NOT have an NPI
false

Doing Business As (DBA) 

* Preferred Organization Name 

With which state do you wish to contract?
MI

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

* Facility NPI
78787878

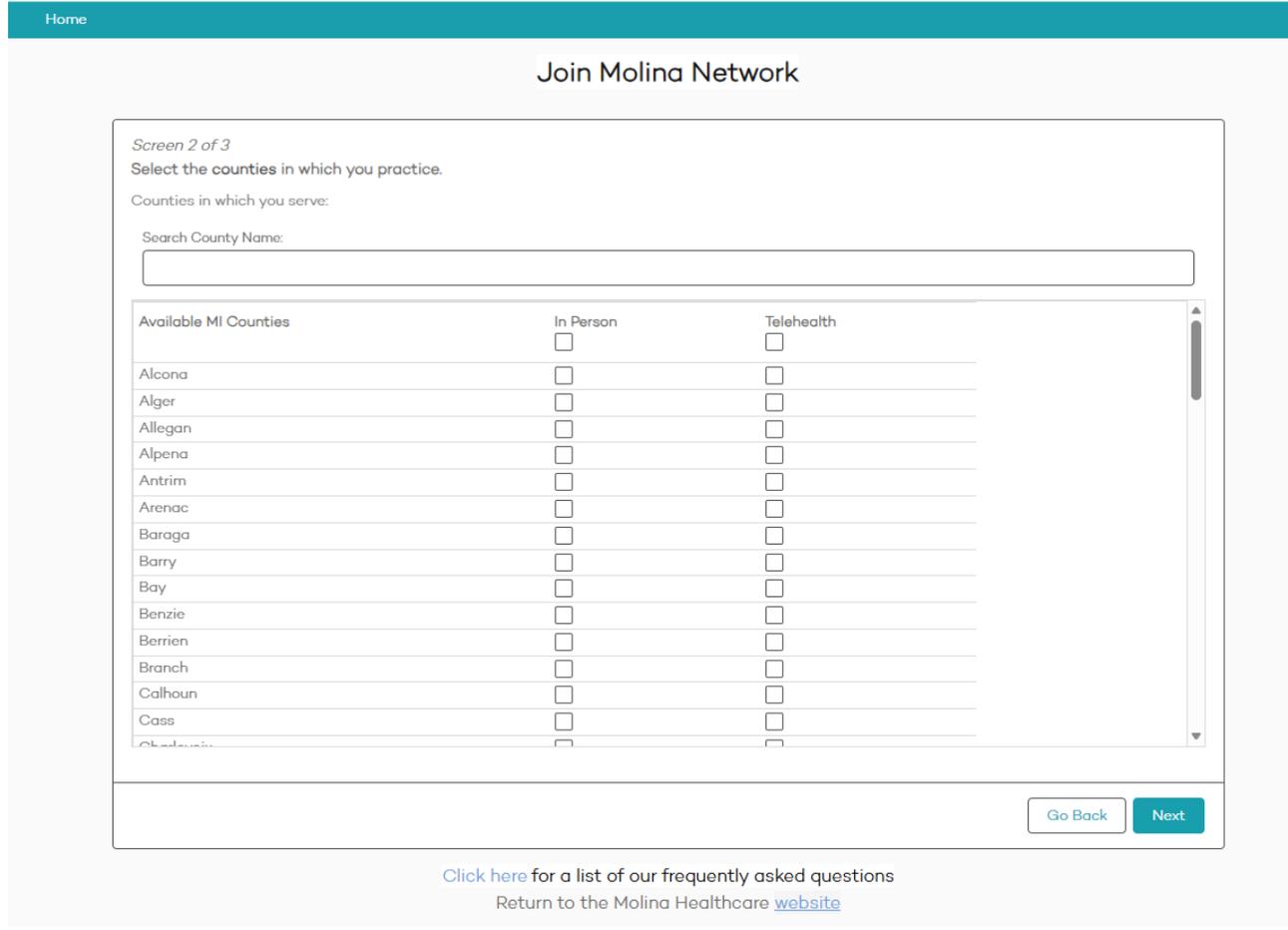
* Facility TIN
787878780

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Select the counties in which you practice (Page 2 of 3):

1. In the **Type** search window, locate the county.
2. Check the box next to the applicable in person or telehealth counties



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Screen 2 of 3
Select the counties in which you practice.

Counties in which you serve:

Search County Name:

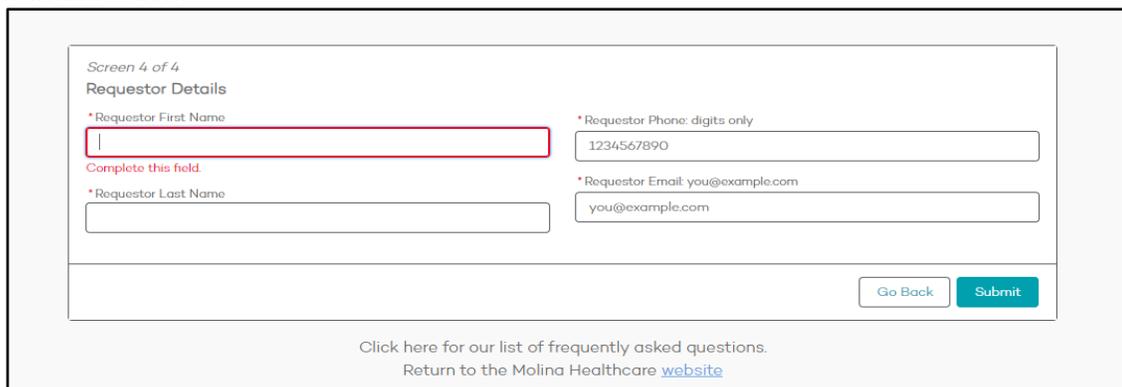
Available MI Counties	In Person	Telehealth
Alcona	<input type="checkbox"/>	<input type="checkbox"/>
Alger	<input type="checkbox"/>	<input type="checkbox"/>
Allegan	<input type="checkbox"/>	<input type="checkbox"/>
Alpena	<input type="checkbox"/>	<input type="checkbox"/>
Antrim	<input type="checkbox"/>	<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"/>

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Requestor Details (Page 3 of 3):

1. Enter the requestor's information.
Note: This information is important because this person will be the contact for any communication.



Screen 4 of 4
Requestor Details

*Requestor First Name

Complete this field.

*Requestor Last Name

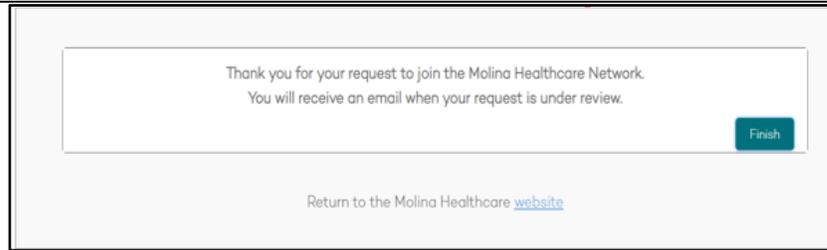
*Requestor Phone: digits only

*Requestor Email: you@example.com

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2. Click **Submit**.
Note: Once the request is submitted, a thank you message displays.



3. Click **Finish**.

Result: The requestor is redirected to the “Home” page.

Facility requests submitted through the “Pre-Enrollment Portal” are reviewed by the health plan in Salesforce.

After a thorough review of the information submitted, facility leads are approved or rejected by the health plan based on the health plan requirements (i.e., by service area, provider type, etc.).

If...	Then...
the health plan approves the request,	the provider receives an email notification regarding the approved status and instructions to log in to the “Provider Network Management (Authenticated) Portal” to complete the application process.
the health plan rejects the request,	the provider receives an email notification regarding the rejected status.

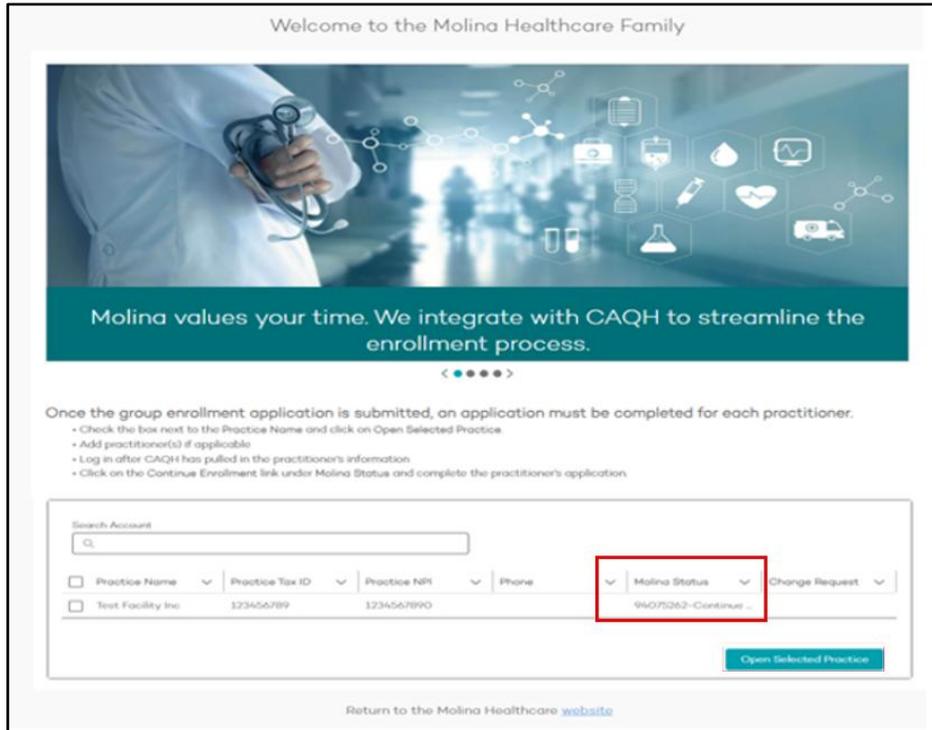
Facility Enrollment

The practice manager follows these steps to enroll a facility:

NOTE: The enrollment process is where your facility information will be gathered. This information is required for your facility to begin the contracting, credentialing and complete the enrollment process.

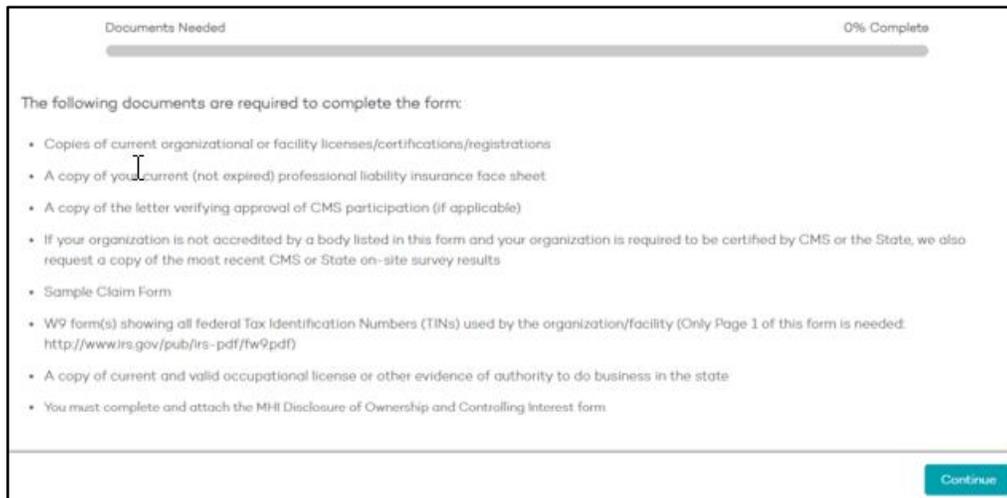
Step	Action
1	<p>Log in to the “Provider Network Management (Authenticated) Portal” with a username and password.</p> <div data-bbox="737 583 972 905" style="text-align: center;">  </div>

2 From the “Welcome” page, “Molina Status” field, click **Continue Enrollment**.



Please note: If this step is not completed your information will not be sent to be credentialed and enrolled with Molina.

Result: A window displays an all-inclusive list of the documents required for enrollment. This list may vary by state.



Note: Submission cannot be completed if any of the required documents are missing.

3 Enter all required information.

Note: State-specific requirements are included in the enrollment form.

a. **Roles:**

- A point of contact must be entered for each role.
- Add more contacts by moving the button at the bottom of the page to **Yes**.



4 **Upload Documents:** All required documents are uploaded from this page.

Note: Molina accepts documents in PDF format only.

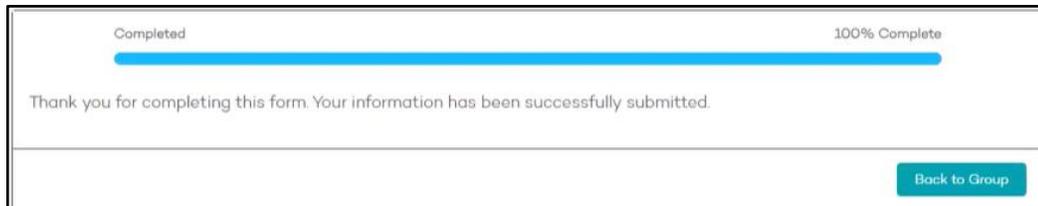
- Click **Upload Files**.
- Select the appropriate document file or use the drag-and-drop function.
- Wait for the **Green Check** to appear to ensure the document has been uploaded.

Note: Once the practice manager uploads and saves a document, the document is systematically renamed to identify the provider and document type.



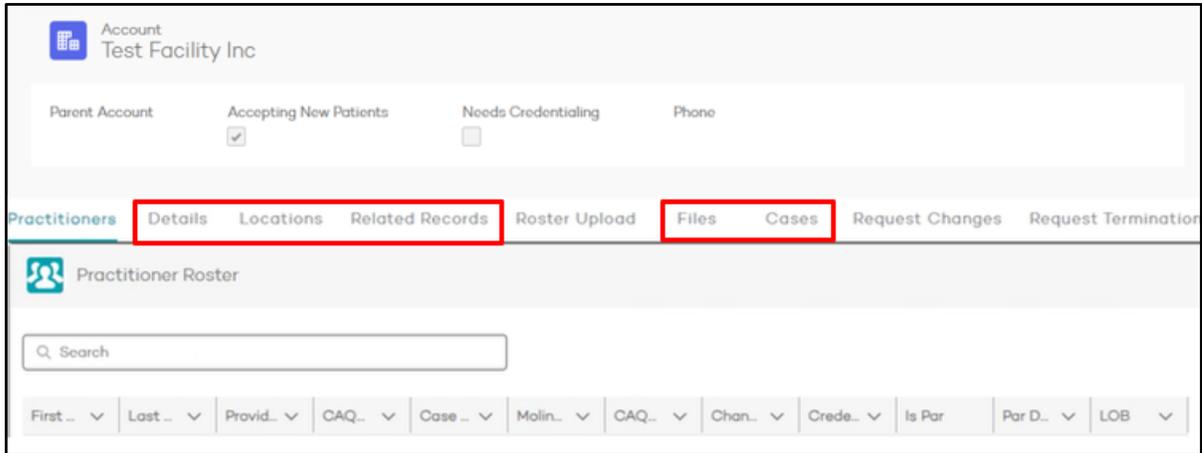
d. Click **Save and Continue**.

Result: The application is submitted.



e. Click **Back to Group**.

5 Once the facility application is submitted, the following tabs will populate in the “Provider Network Management (Authenticated) Portal”



Note: Practitioners can be added to a facility record via a roster upload or add practitioner button.

Please note that practitioners added to a facility will not go through the credentialing process. If you have providers that require credentialing they will need to be added to a provider group.

Facility Cases in Salesforce

Facility Record:	
Created after the lead is converted in Salesforce	
Credentialing Case	A Credentialing Case is created if the facility requires credentialing.
Business Development Cases	A Business Development Case is created if the facility does not require credentialing.
Facility Record:	
Created after sanctions and exclusions have been verified	
Contracting Case	Once a facility application has been submitted in the Provider Network Management Portal, the provider is sent for sanction and exclusion verification. If no sanctions or exclusions are found, then a contracting case is created.
Location Record:	
Created once the application is submitted in the Provider Network Management (Authenticated) Portal	
Credentialing Case	A Credentialing Case is created if the location requires credentialing.
Business Development Cases	A Business Development Case is created if the location does not require credentialing.