Provider Network Management Portal: FAQ's

Q. Do I need a login to access the Pre-Enrollment Portal?

A. No, a login is not required to access the Pre-Enrollment Portal.

Q. Are all fields required?

A. The fields with the red asterisks are required, but you can include additional information in the non-required fields.

Q. Who do I reach out to if I have questions?

A. Please contact your provider relations representative if you have any questions.

Q. Who do I reach out to if I need technical support?

A. Please contact your provider relations representative for technical support.

Q. What if I cannot find my provider type?

A. If you are unsure what provider type to select, access the National Uniform Claim Committee (NUCC) NUCC Taxonomy Code Set to assist with the provider type selection.

Q. What is the correct format for phone numbers?

A. The correct format for entering phone numbers in the portal is ten digits only (no dashes or parenthesis).

Q. I can locate my provider type but cannot complete my request in the Pre-Enrollment Portal because some of the information requested does not apply to me. Who can I reach out to for assistance?

A. Contact your provider relations representative if you have questions about completing the request in the Pre-Enrollment Portal.

Q. I am part of a new group. How do I add practitioners once I complete the New Group card?

A. Once your request is reviewed and approved, you will receive an email notification on how to set up an account in the Provider Network Management Portal. After you complete all the steps outlined in the email, you can add your practitioners to the practice.

Q. My group was contracted before the Pre-Enrollment Portal was implemented. How can I utilize the portal to manage my practice?

A. Providers contracted before the Pre-Enrollment Portal implementation will submit a request through the **Existing Group Adds** card if you are a group and the **Existing Entity Updates** card if you are a facility. Once the health plan reviews and approves the request, an email detailing the steps to create an account with a username and password will be sent. This process will link the practice manager to the group.

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Q. Can there be more than one practice manager assigned to a group?

A. Additional practice managers can be linked to the group by submitting a request through the Existing Group Adds card.

Q. Is CAQH required to submit a request?

A. Yes, CAQH is required for providers who require credentialing. However, CAQH is not required for providers who work exclusively in an inpatient or freestanding facility setting.

Q. What card would a Federally Qualified Health Center or Rural Health Center select to submit a request?

A. A Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) would utilize the New Facility card to submit a request.

Q. What card would a hospital select to submit a request?

A. A hospital would utilize the New Facility card to submit a request.

Q. What card would a Long-Term Services and Supports (LTSS) provider select to submit a request?

A. An LTSS provider would utilize the New Facility card to submit a request.

Q. What card would an urgent care provider select to submit a request?

A. An urgent care provider would utilize the New Facility card to submit a request.

Q. How do I obtain my login information?

A. Once the pre-enrollment request is approved, an email notification with instructions on creating an account with a username and password is sent.

Q. My password expired. What should I do?

A. Click on the Forgot Your Password? Go to the login page and follow the instructions to reset your password.

Q. My login has been deactivated – how do I regain access?

A. In the Pre-Enrollment Portal, submit a request through the Existing Group Adds card if you are a group and the Existing Entity Updates card if you are a facility. Once the health plan reviews and approves the request, an email detailing the steps to create an account with a username and password will be sent to the requestor.

Medicaid **Q. What if my Medicaid is pending – can I submit a request?**

A. The group and the practitioner must be active with Medicaid before submitting a request.

Q. How soon can I re-apply if my request is denied?

A. If your request is denied, you will receive an email notification detailing the reason for the denial and when you can reapply.

Q. Can I upload my roster template?

A. The approved template can be found in the Provider Network Management Portal under the Roster Upload tab.

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Q. How can I tell if my roster file uploaded successfully?

A. If the Roster File is uploaded successfully, the following notification will appear: "The Roster File will be reviewed manually by Molina."

Q. Where can I find the Credentialing date for new providers?

A. Once the provider is credentialed, that date will appear on the practitioner roster in the group record.

Q. Where can I find the Effective date for new providers?

A. Once the provider is active, the par date will appear on the practitioner roster in the group record.

Q. How long does it take to get credentialed?

A. Each provider's credentialing timeframe will be different. To ensure a timely process, emails and requests from the credentialing team should be responded to promptly. Additionally, providers should make sure the CAQH information and attestations are current.

Q. How can I make changes or updates to my practice?

A. Change requests can be submitted through the Provider Network Management Portal by navigating to your practice and requesting applicable changes.

If you have any questions,
please call **Provider Services** at **(855) 322-4077**

Currently contracted with Molina Healthcare of MI?

Please utilize the below email if you need assistance,
or need confirmation on your Provider Relations Manager.

mhmproviderservicesmailbox@MolinaHealthcare.com

V12 Provider Trainings are Returning!

For Questions, Comments, or Concerns on Provider Network Management
Portal upcoming trainings, or to provide feedback on what you would like to see covered
in these trainings, please email:

Hannah Davis | Provider Education Relations Manager
Hannah.davis2@MolinaHealthcare.com

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Health Systems & Hospital Networks

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Physician Specialists, Physician Networks, Advanced Imaging/Radiology, Ambulatory Surgical Centers, FQHC Non-BH Providers, Anesthesiologists, Hospitalists, Doulas, Urgent Care

MHMProviderServicesPhysician@MolinaHealthcare.com

DME, Dialysis, Laboratory, LTAC, Home Health, Home Hospice, Home Infusion, Infusion Pharmacy, Orthotics & Prosthetics, Skilled Nursing Facility (SNF), National Vendors: Hear USA, VSP, Quest, LabCorp

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Long Term Services & Support (LTSS)

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General Inquiries

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