Overview

Quick Summary

To provide guidelines for group and practitioner enrollment in the Provider Network Management (Authenticated) Portal.

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Provider Network Management (Authenticated) Portal Overview

- Once a provider's pre-enrollment request is approved, the practice contact receives an email detailing the process for creating an account in the Provider Network Management (Authenticated) Portal.
- The user logs in to the portal to complete a group and practitioner application.
- The system loads the applicable fields.
- A system check is done to ensure the information is complete.

Group Enrollment

Ste p	Action
	Log in to the Provider Network Management (Authenticated) Portal with a username and password.
	Forgot your password?



	6	
		Ve integrate with CAQH to streamline the prollment process.
	Once the group enrollment application is subm • Check the box rest to the Prostee Nome and click on Op • Add practitioner(a) if applicable • Log in after CAQH has pulled in the practitioner's informa • Click on the Continue Enrollment link under Molina Status	nitted, an application must be completed for each practitioner. en Selected Proctice non
	Test Group 111111111 123	0/523823 Continue Open Selected Practice Open Selected Practice
-		
	nplete the group details. e: Some information may be popula	ted from the pre-enrollment lead.
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	e: Some information may be popula Complete the following details about your Group or Pract Group Details Legal Name Test Group Doing Business As Practice/Group NPI 111111111 Practice/Group Tax ID	tice. We are registered with Medicaid Group CHAMPS ID We are registered with Medicare Group Medicare # Group Type Agencies
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4	Roles:	A point of contact must be entered for each role.
		Home
		Case 82702084 Printable View
		Contact Name Case Record Type Status Date/Time Opened Test Test Business Development New 10/12/2023 4/49 PM
		You are registered with Molina Healthcare as a Practice Manager. What other responsibilities do you have at Test Group?
		Contracting
		Credentialing Practice Manager
		Go Bock Save and Continue
		To add another contact, shift the button at the bettom of the name to Vec
	•	To add another contact, shift the button at the bottom of the page to Yes. Click Save and Continue.
	Tes	t Facility.Inc.Contacts
	То	elete an entry, select a name and hit the Delete button.
	т	a Rain Practice Manager,Billing;Contracting;Contract Signatory;Credentialing
		Total Records: 1 Page 1 of 1
		Delete
	1 we	it to add another contact.
		Go Back Bave and Continue
5	Docum	
		All required documents are uploaded from this page.
	Ctones	Molina accepts documents in PDF format only .
	Steps:	a. Click Upload Files or use the drop files function.
		 a. Click Upload Files or use the drop files function. b. Select the appropriate document file.
		Documents 90% Complete
		Existing Documents
		O items
		Title Created Date File Type V No items to display. No No
		* Molina Healthcare requires that all Providers submit a W-9
		Go Back Next
		No items to display. * Molina Healthcare requires that all Providers submit a W-9. Upload Files Or drop files



		. Wait for the green checkmark to appear to ensure the document has been uple before closing the box.	oaded
		Upload Files	
		testing.pdf 30 KB	
	a.	. The document is systematically renamed to identify the group and document ty	/pe.
		Existing Documents Showing 1 of 1 item	
		Title Created Date File Type Test Group -11111111-W-9 Fri, Jun 02, 23, 10.16/13 AM pdf	
		Go Bock Next	
		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.	nish
	g.	Click Finish.	
6		ners are added to the group using one of the following processes:	
	b. Mul	ractitioners can be added individually. Iultiple practitioners can be added through a roster (refer to the Roster Uploads ocument).	



Adding Practitioners Individually

Follow these guidelines to add a practitioner:

Action
From the Welcome page:
a. Select the box next to the Practice Name.b. Click Open Selected Practice.
Search Account Q_ Practice Name Practice Tax ID Practice Name Practice Tax ID
Protocol name Protocol
Open Selected Practice
Result: The Account page opens.
On the Practitioner's tab:
a. Click Add Practitioner.
HEALTHCARE
Home Roster Import
Test Group
Parent Account Accepting New Patients Phone 21234567890
Practitioners Details Locations Related Records Roster Upload Files Cases Request Changes More
Practitioner Roster
Q. Search Add Practitioner
First Name V Last Name V Provider NPI N_V CAQH ID V Case Number V Molina Status V Change Requ.
Result: The Provider Information form opens.
Note: If a practitioner has been added via the New Provider workflow in the Pre-Enrollment
Portal, their information will appear on this page. The next step would be to continue enrollment (proceed to pages 10-17).



		vider Information		
	*Practice Location	nder information		
	None		*	
	Provider Solutation		* Provider NPI	
	None		;	
	* Provider First Name		* Provider Phone: Ten (10) digits	
			1234567890	
	Provider Middle Initia	(one letter)	*Provider Email: you@example.com	
	* Provider Last Name	R	you@example.com	
			Next	
			lighted in red when requirements are	unnet.
Example				unnet.
		Provider NPI		unnet.
		* Provider NPI 1452		unnet.
		* Provider NPI 1452 Please enter a 10-digit number.		unnet.
		Provider NPI 1452 Please enter a 10-digit number. Provider Phone: Ten (10) digits		unnet.
		* Provider NPI 1452 Please enter a 10-digit number. * Provider Phone: Ten (10) digits 201-875-		unnet.
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	lote: The <u>NUCC Taxonomy List</u> can assist users who are unsure of their type and sp
	AQH process: This process runs automatically for providers that require credential



	Page 4 of 4: Final Details			
	\checkmark Indicate the Michigan count	ties where you practice		
	Indicate the Michigan counties whe	ere you practice:		
	Counties in which you serve:	, ,		
	Search County Name:			
	Available MI Counties	In Person	Telehealth	Î
	Alcona			
	Alger			
	Allegan			
	Alpena Antrim			
	Arenac			
	Baraga			
	Barry			
	Bay			
	Benzie Berrien			
	Branch			
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•	Complete the field regard Click Submit . a you message is displayed Thank you for submitting the to update	ed.	ut your Provider. Please allow	v time for the system ess.



Continue Enrollment – Practitioners

The requestor must continue enrollment to complete their application once a practitioner has been added to a group.





Case 8270214	19			Printable Vie
Contact Name Test Test	Case Record Type Business Development	Status New	Date/Time Opened 10/13/2023 1:24 PM	
Provide	r Details			0% Complete
✓ Personal Del	toils			
Solutation			*Email	
None		:		
*First Nome			*Dote of Birth	
Test				
Middle Nome				
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			1.1	
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Steps:	Molina accepts documents in PDF format only.
6	 a. Click Upload Files or use the drop files function. b. Select the appropriate document file.
	Documents 90% Complet
Existing O items	ng Documents s
Title	Created Date \checkmark File Type
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Return to the Molina Healthcare <u>website</u>



Adding a Practice Location – Practitioners

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 If CAQH pulls in practicing locations, identify a primary location in the Available Practice Locations section. If no practicing location is displayed, use the button to add it manually. Click Save and Continue. 									
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