

Overview

Quick Summary

To provide the guidelines for New Facility Enrollment.

Contents

This publication contains the following topics:

Overview..... 1

Quick Summary..... 1

Contents..... 1

References..... 2

New Facility Workflow2

Pre-Enrollment Portal..... 2

New Facility Request Form Overview7

Facility Enrollment 10

Facility Cases in Salesforce 14

References

New Facility Workflow

Pre-Enrollment Portal

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

Home Help

ConnectiCare® Plan is a wholly-owned subsidiary of Molina Healthcare Inc.

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

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

Delegated provider

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

Next

View our list of [frequently asked questions](#)
Return to the [ConnectiCare](#)

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

Home

Join Molina Network

* What state are you wanting to contract in? ⓘ

--None--

Next

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

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

Home

Join Molina Network

*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.)

Previous

Next

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

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.

Home

Join Molina Network

☐ I do not have an NPI

* Provider NPI

* Provider TIN

Previous

Next

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

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.

[Home](#)

Join Molina Network

Primary Taxonomy*

☐ I do not know my Taxonomy[Previous](#)[Next](#)

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

[Home](#)

Join Molina Network

Primary Taxonomy

☒ I do not know my Taxonomy☐ I am an LTSS or Waiver provider and do not have a specialty

* Type

[Previous](#)[Next](#)

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

[Home](#)

Join Molina Network

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

Previous

Next

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

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.

[Home](#)

Join Molina Network

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.

[Home](#)

Join Molina Network

* Add another Speciality?

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

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.

Home

Join Molina Network

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 ⓘ 	* Are you registered with Medicare? --None--
Complete this field.	
Doing Business As (DBA) ⓘ 	My Facility does NOT have an NPI false
* Preferred Organization Name ⓘ 	* Facility NPI 78787878
With which state do you wish to contract? MI	* Facility TIN 78787880
* Are you registered with Medicaid? --None--	

Previous

Next

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

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 counites

Home

Join Molina Network

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	☐	☐
Alger	☐	☐
Allegan	☐	☐
Alpena	☐	☐
Antrim	☐	☐
Arenac	☐	☐
Baraga	☐	☐
Barry	☐	☐
Bay	☐	☐
Benzie	☐	☐
Berrien	☐	☐
Branch	☐	☐
Calhoun	☐	☐
Cass	☐	☐
Charlevoix	☐	☐

[Go Back](#) [Next](#)

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

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

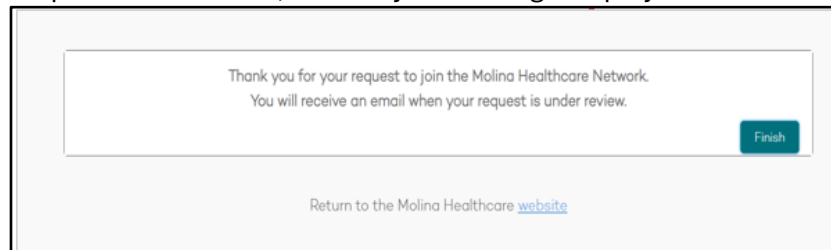
* Requestor Email: you@example.com

[Go Back](#) [Submit](#)

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

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.

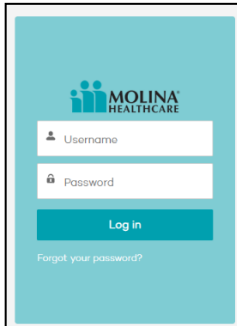
After a thorough review of the information submitted, facility leads are approved or rejected by the health plan based on the health plan requirements (i.e., by service area, provider type, etc.).

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

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

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 Facility Inc	123456789	1234567890		96075363-Continue...	

Open Selected Practice

Return to the Molina Healthcare [website](#)

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.

Documents Needed 0% Complete

The following documents are required to complete the form:

- Copies of current organizational or facility licenses/certifications/registrations
- A copy of your current (not expired) professional liability insurance face sheet
- A copy of the letter verifying approval of CMS participation (if applicable)
- If your organization is not accredited by a body listed in this form and your organization is required to be certified by CMS or the State, we also request a copy of the most recent CMS or State on-site survey results
- Sample Claim Form
- W9 form(s) showing all federal Tax Identification Numbers (TINs) used by the organization/facility (Only Page 1 of this form is needed: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- A copy of current and valid occupational license or other evidence of authority to do business in the state
- You must complete and attach the MHI Disclosure of Ownership and Controlling Interest form

Continue

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**.

Test Facility Inc Contacts
To delete an entry, select a name and hit the Delete button.

Contact Name	Roles
Tina Rain	Practice Manager; Billing; Contracting; Contract Signatory; Credentialing

Total Records: 1 Page 1 of 1

I want to add another contact ☒ Yes

Go Back Save and Continue

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

Note: Molina accepts documents in PDF format only.

- a. Click **Upload Files**.
- b. Select the appropriate document file or use the drag-and-drop function.
- c. 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.

Organizational or Facility Licenses/Certifications/Registrations

Upload Files Or drop files

*Required

Active professional liability insurance face sheet

Upload Files Or drop files

*Required

- d. Click **Save and Continue**.

Result: The application is submitted.

Completed 100% Complete

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

Back to Group

- e. Click **Back to Group**.

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

The screenshot displays the 'Account' section for 'Test Facility Inc.' in the Provider Network Management (Authenticated) Portal. The account status shows 'Accepting New Patients' as checked and 'Needs Credentialing' as unchecked. Below the account information, a horizontal menu contains several tabs: 'Practitioners', 'Details', 'Locations', 'Related Records', 'Roster Upload', 'Files', 'Cases', 'Request Changes', and 'Request Termination'. The tabs 'Details', 'Locations', 'Related Records', 'Files', and 'Cases' are highlighted with red boxes. Below the tabs, the 'Practitioner Roster' section is visible, featuring a search bar and a series of dropdown filters for 'First', 'Last', 'Provid.', 'CAQ', 'Case', 'Molin.', 'CAQ', 'Chan.', 'Crede.', 'Is Par', 'Par D.', and 'LOB'.

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.