

2022 Molina Medicare Contracting Job Aid

Agency Invitation –

Onboarding
Edit | Permission Groups | Notifications | Form Designer

i Fill out the fields below to get started.

Individual/Entity * <input style="width: 90%;" type="text" value="Agency"/>	Principal First Name * <input style="width: 95%;" type="text"/>
Agency Type * <input style="width: 90%;" type="text" value="--select--"/>	Principal Last Name * <input style="width: 95%;" type="text"/>
Associated Agency <input style="width: 95%;" type="text" value="Start typing to select value"/>	Principal Title * <input style="width: 95%;" type="text"/>
	Entity Name * <input style="width: 95%;" type="text"/>
	Email Address * <input style="width: 95%;" type="text" value="e.g. johndoe@site.com"/>
	Principal Agent NPN * <input style="width: 95%;" type="text"/>
	Entity NPN * <input style="width: 95%;" type="text"/>

Create

The Agency will receive an email to log into the Workflow Onboarding system. They will be asked to change their password after signing in with the credentials given in an email.



Dear

You are invited to onboard your Agency with Molina through as an ! To accept this invitation, please use the information below to complete your application online.

Thank you for choosing to partner with Molina.

Medicare Broker Support Unit
 Phone 866-440-9788
 Email MCRBrokerContracting@MolinaHealthCare.com

Site URL	Login
UserID	
Password	Molina@

Once logged in, click on the Onboarding case assigned to you.

Open cases assigned to me
Case Key
Onboarding-OB-107
One item found.

Enter the TIN/FEIN for the Agency and the Principal SSN and check the box to authorize the for PDB report.

Please enter your TIN/FEIN to continue. If you enter your TIN/FEIN, your NPN will be automatically populated.

Agency Tax ID *

Entity NPN

Principal SSN *

Principal NPN

I authorize Molina Healthcare to request NIPR for a PDB Report.

[Download the NIPR Summary of Consumer Rights.](#)

Complete the general tab ensuring all fields with an * have been completed.

Save Application

General	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
<p><i>Entity Information</i></p> <p>Entity's Name</p> <p>Entity's Email Address</p> <p>Entity's Contact Phone * <input type="text"/></p> <p>Entity's Contact Phone Ext. <input type="text"/></p> <p>Entity's Contact Fax <input type="text"/></p> <p>Entity NPN</p> <p>Entity's Tax ID</p> <p>Tax Classification * <input type="text" value="--select--"/></p> <p>Associated Agency</p> <p>Preferred Address: * <input type="radio"/> Legal <input type="radio"/> Mailing</p> <p><i>Legal Address</i></p> <p>Legal Address Line 1</p> <p>Legal Address Line 2</p> <p>Legal City</p> <p>Legal State</p> <p>Legal Zip</p> <p><i>Mailing Address</i></p> <p>Mailing Address Line 1 * <input type="text"/></p> <p>Mailing Address Line 2 <input type="text"/></p> <p>Mailing City * <input type="text"/></p> <p>Mailing State * <input type="text" value="--select--"/></p> <p>Mailing Zip * <input type="text"/></p>						<p><i>Contact Information</i></p> <p>Salutation <input type="text" value="--select--"/></p> <p>Principal First Name <input type="text"/></p> <p>Preferred First Name <input type="text"/></p> <p>Do you have a middle name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Principal Last Name</p> <p>Suffix <input type="text" value="--select--"/></p> <p>Principal Contact Job Title</p> <p>Principal's Email Address * <input type="text" value="e.g. jsmith@state.com"/></p> <p>Date of Birth * <input type="text"/></p> <p>NPN</p> <p>SSN</p> <p><i>Home Address</i></p> <p>Address Line 1 * <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>City * <input type="text"/></p> <p>State * <input type="text" value="--select--"/></p> <p>ZIP * <input type="text"/></p> <p>Primary Spoken Language <input type="text" value="English"/></p> <p>Secondary Spoken Language <input type="text" value="--select--"/></p>				

On the License tab, you will select the states you wish to be appointed in. (Please note, you will only see states you are licensed in AND your direct upline is appointed in.)

Please select the states you like to be appointed in:

CA
 FL
 MI
 NM
 OH
 WA

Your Extended Family.

The Appointment tab shows which states you currently have appointments for Molina in. On the Background Questionnaire tab, answer the 8 Yes/No questions and mark the boxes. This is for the Principal Agent.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
Answer(s) with "Yes" require an explanation.										
1. Have you ever had your insurance or securities license suspended, revoked or subject to disciplinary action, or have you ever had an application for an insurance license denied by any insurance department? *										<input type="radio"/> Yes <input type="radio"/> No
2. Have you ever been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? *										<input type="radio"/> Yes <input type="radio"/> No
3. Have you ever pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? *										<input type="radio"/> Yes <input type="radio"/> No
4. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? *										<input type="radio"/> Yes <input type="radio"/> No
5. Other than traffic infractions or "youthful offender" adjudication, have you ever been convicted of a crime? *										<input type="radio"/> Yes <input type="radio"/> No
6. Have you been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? *										<input type="radio"/> Yes <input type="radio"/> No
7. Do you owe an insurance company or other person for any premiums collected or monies advanced? *										<input type="radio"/> Yes <input type="radio"/> No
8. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you? *										<input type="radio"/> Yes <input type="radio"/> No
I attest to the following:										
I agree I have thoroughly reviewed this Agent Appointment Application and have answered all questions to the best of my knowledge. *										<input type="radio"/> Yes
I agree to comply with CMS regulations for Medicare Advantage Organizations. *										<input type="radio"/> Yes
I agree to avoid prohibited practices such as door to door marketing, offering inducements for enrollments or other unapproved promotional activities such as gift cards or cash incentives. *										<input type="radio"/> Yes
I agree to use ONLY marketing collaterals and advertisements that have been approved by CMS and Molina Healthcare in connection with marketing Molina Medicare. *										<input type="radio"/> Yes
I agree to refrain from engaging in misleading, confusing, or "high pressure" sales tactics as you market Molina Medicare. *										<input type="radio"/> Yes
I agree to comply with all of the terms and conditions of Molina Healthcare's standard Producer agreement, which includes a HIPAA Business Associate Agreement, and CMS Program Requirements. A copy of the Producer Agreement will be provided to me upon Molina Healthcare's approval of this Agent Appointment Application. *										<input type="radio"/> Yes
I acknowledge that upon approval of this Agent Appointment Application, I will be an independent contractor, not an employee of Molina Healthcare. Accordingly, I will have no claim for vacation or sick leave, retirement benefits, Social Security, Workers' Compensation benefits, disability or unemployment insurance benefits, or employee benefits of any kind. *										<input type="radio"/> Yes
I agree that I will not solicit individuals to enroll in Molina Medicare until I receive notification from Molina Healthcare that this Agent Appointment Application has been approved. *										<input type="radio"/> Yes

Sign the 3 Attestations on the Background Agreement tab.

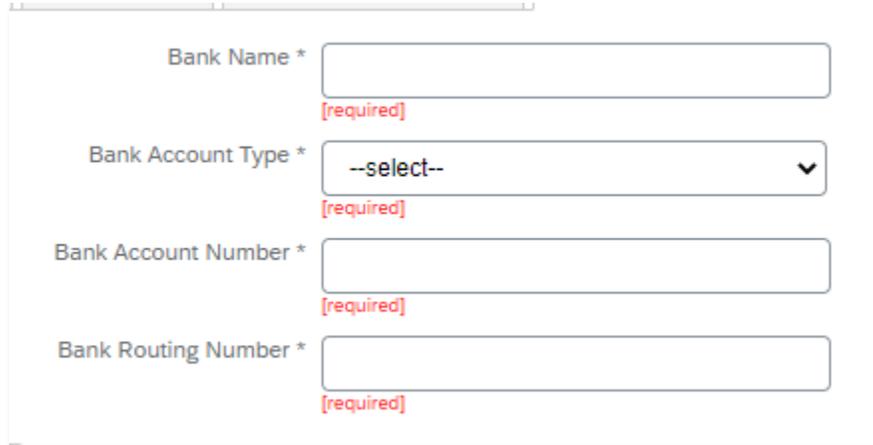
General	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
Please sign all forms below to authorize your background check.										
FCRA Agreement			Disclosure Agreement			Authorization Agreement				

The E&O Insurance tab, complete all fields.

Please provide your E&O insurance information below.

Insurance Name * <input type="text"/>	Effective Date * <input type="text"/>
[required]	[required]
Coverage Amount * <input type="text"/>	Expiration Date * <input type="text"/>
[required]	[required]
E&O Upload * <input type="text"/>	↑ ×
[required]	

Complete the Banking Information tab for admin fees to be paid too.



A screenshot of a web form for banking information. It contains four fields, each with a red "[required]" label below it:

- Bank Name * (text input)
- Bank Account Type * (dropdown menu showing "--select--")
- Bank Account Number * (text input)
- Bank Routing Number * (text input)

Complete the eSignature tab by signing the DocuSign agreements then submit on the last tab.

Read through the acknowledgement and press Accept at the bottom of the screen.

Accept

Complete the Principal certification during the onboarding process. On the certification tab, you will click on the icon to complete the certification. * Please note – You will be required to take both 2021 and 2022 certification modules.



Don't forget to submit – this sends the contract to BSU for review.

Submit

Agent Invitation –

Onboarding

 Fill out the fields below to get started.

Individual/Entity *	<input type="text" value="Agent"/>	First Name *	<input type="text"/>
Agent Type *	<input type="text" value="--select--"/>	Last Name *	<input type="text"/>
	<small>[required]</small>	Email Address *	<input type="text"/>
Associated Agency	<input type="text" value="Start typing to select value"/>	<small>e.g. johndoe@site.com</small>	
		NPN *	<input type="text"/>

Create

Agent Type –

- Participating Producer – Independent Producer
- Licensed Only Agent – Employed Agent
- LOA Telesales – Employed Telesales Agent

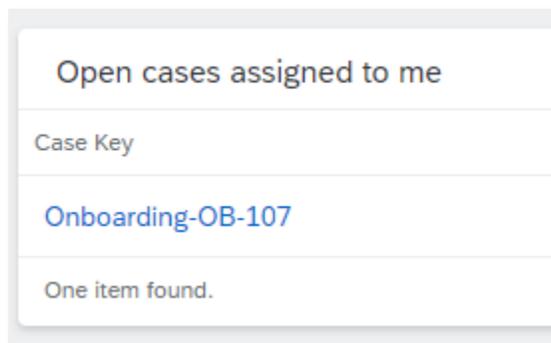
Your Extended Family.

All Agent levels -

The Agent will receive an email to complete their contracting.



Once logged in, click on the Onboarding case assigned to you.



On the License tab, you will select the states you wish to be appointed in. (Please note, you will only see states you are licensed in AND your direct upline is appointed in.)

Please select the states you like to be appointed in:

- CA FL MI NM OH
 WA

The Appointment tab shows which states you currently have appointments for Molina in.

The E&O Insurance tab, you will complete all fields.

Please provide your E&O insurance information below.

Insurance Name * <input type="text"/>	Effective Date * <input type="text"/>
<small>[required]</small>	<small>[required]</small>
Coverage Amount * <input type="text"/>	Expiration Date * <input type="text"/>
<small>[required]</small>	<small>[required]</small>
E&O Upload * <input type="text"/>	<input type="button" value="↑"/> <input type="button" value="×"/>
<small>[required]</small>	

The **Participating Producer** will complete the Banking Information tab for compensation to be paid too.

Bank Name * <input type="text"/>
<small>[required]</small>
Bank Account Type * <input type="text" value="--select--"/>
<small>[required]</small>
Bank Account Number * <input type="text"/>
<small>[required]</small>
Bank Routing Number * <input type="text"/>
<small>[required]</small>

Agents will complete their certification during the onboarding process. On the certification tab, you will click on the icon to complete the certification.



Participating Producers will complete the eSignature tab by signing the DocuSign agreements then submit on the last tab.



This year, our **License only Agents and LOA Telesales** are no longer required to sign a contract. They have a special LOA Acknowledgement tab.



Read through the acknowledgement and press Accept at the bottom of the screen.



Don't forget to submit – this sends the contract to BSU for review.

