


## 2023 Molina Medicare Contracting Process Job Aid

### For Agencies

#### 1) Agency Invitation

- Complete all fields as shown below and click **Create**.

**Onboarding**Edit | Permission Groups | Notifications | Form Designer

 Fill out the fields below to get started.

Individual/Entity \*  
Agency

Agency Type \*  
--select--

Associated Agency  
Start typing to select value

Principal First Name \*

Principal Last Name \*

Principal Title \*

Entity Name \*

Email Address \*  
e.g. johndoe@site.com

Principal Agent NPN \*

Entity NPN \*

Create

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

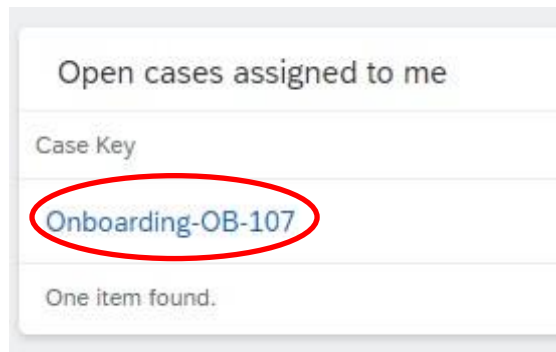
Medicare Broker Support Unit  
Phone 866-440-9788  
Email [MCRBrokerContracting@MolinaHealthCare.com](mailto:MCRBrokerContracting@MolinaHealthCare.com)

Site URL [Login](#)

UserID

Password Molina@

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



A screenshot of a web interface titled "Open cases assigned to me". Below the title is a table with one row. The first column is labeled "Case Key" and contains the text "Onboarding-OB-107", which is circled in red. Below the table, it says "One item found."

- 4) Enter the **TIN/FEIN** for the Agency and the **Principal SSN** in the fields below.
- 5) Check the box to authorize Molina Healthcare to request a PDB Report.
- 6) Click **Submit**.

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

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

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

**Submit**



7) Using the **General** tab, complete all required fields (\*).

[Save Application](#)

<b>General</b>	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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**Entity Information**

Entity's Name

Entity's Email Address

Entity's Contact Phone \*

Entity's Contact Phone Ext.

Entity's Contact Fax

Entity NPN

Entity's Tax ID

Tax Classification \* --select--

Associated Agency

Preferred Address: \* ☐ Legal ☐ Mailing

**Legal Address**

Legal Address Line 1

Legal Address Line 2

Legal City

Legal State

Legal Zip

**Mailing Address**

Mailing Address Line 1 \*

Mailing Address Line 2

Mailing City \*

Mailing State \*

Mailing Zip \*

**Contact Information**

Salutation --select--

Principal First Name

Preferred First Name

Do you have a middle name? ☐ Yes ☒ No

Principal Last Name

Suffix --select--

Principal Contact Job Title

Principal's Email Address \*  
e.g. john.doe@state.com

Date of Birth \*

NPN

SSN

**Home Address**

Address Line 1 \*

Address Line 2

City \*

State \*

ZIP \*

Primary Spoken Language English

Secondary Spoken Language --select--

8) On the **Licenses** 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

9) The **Appointments** tab, shown below, will show which states you currently have appointments for Molina in.

[Save Application](#)

General	Licenses	<b>Appointments</b>	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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Entity Information

Contact Information

10) On the **Background Questionnaire** tab, you will respond to the eight Yes/No questions listed.

- This is for the **Principal Agent**.

General	Licenses	Appointments	<b>Background Questionnaire</b>	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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*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? \*

☐ Yes  
☐ No

2. Have you ever been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? \*

☐ Yes  
☐ No

3. Have you ever pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? \*

☐ Yes  
☐ 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? \*

☐ Yes  
☐ No

5. Other than traffic infractions or "youthful offender" adjudication, have you ever been convicted of a crime? \*

☐ Yes  
☐ 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? \*

☐ Yes  
☐ No

7. Do you owe an Insurance company or other person for any premiums collected or monies advanced? \*

☐ Yes  
☐ 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? \*

☐ Yes  
☐ 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. \*

☐ Yes

I agree to comply with CMS regulations for Medicare Advantage Organizations. \*

☐ 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. \*

☐ 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. \*

☐ Yes

I agree to refrain from engaging in misleading, confusing, or "high pressure" sales tactics as you market Molina Medicare. \*

☐ 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. \*

☐ 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. \*

☐ 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. \*

☐ Yes

11) On the **Background Agreement** tab, you must sign the **Principal Agent** name as it appears on the **General** tab to the **three attestations** which are as follows:

- *FCRA Agreement*
- *Disclosure Agreement*
- *Authorization Agreement*

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

FCRA Agreement

Disclosure Agreement

Authorization Agreement

1

2

3

12) On the **E&O Insurance** tab, please complete all fields listed below.

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[Save Application](#)

General	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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Entity InformationContact Information

Please provide your E&O insurance information below.

Insurance Name \*   
[required]

Coverage Amount \*   
[required]

Effective Date \*   
[required]

Expiration Date \*   
[required]

E&O Upload \*  [↑](#) [×](#)  
[required]

13) On the **Banking Information** tab, complete all fields for administrative fees to be paid.

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[Save Application](#)

General	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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Entity InformationContact Information

Bank Name \*   
[required]

Bank Account Type \* —select—   
[required]

Bank Account Number \*   
[required]

Bank Routing Number \*   
[required]

14) On the **eSignature** tab, please sign all DocuSign agreements.

15) On the **LOA Acknowledgement** tab, please read through the acknowledgement and then click **Accept**.

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[Save Application](#)

General	Licenses	Appointments	Background Questionnaire	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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Entity InformationContact Information

- 16) Complete the **Principal Certification** during the onboarding process.
- 17) On the **Certification** tab, you will click the icon to complete the required certification.
- 18) Lastly, you will navigate to the **Submit** tab and click **Submit**. *This will send the contract to the Broker Support Unit for review.*

Save Application

General

Licenses

Appointments

Background Questionnaire

Background Agreement

E&O Insurance

Banking Information

eSignature

LOA Acknowledgment

Certification

Submit

Entity Information

Contact Information

## For Agents

### 1) Agent Invitation

- Complete all fields as shown below and click **Create**.
- **Agent Types:**
  - *Participating Producer – Independent Producer*
  - *Licensed Only Agent (LOA) – Employed Agent*
  - *LOA Telesales – Employed Telesales Agent*

Onboarding

Fill out the fields below to get started.

Individual/Entity \*

Agent

Agent Type \*

–select–

Associated Agency

Start typing to select value

First Name \*

Last Name \*

Email Address \*

e.g. johndoe@site.com

NPN \*

Create

2) All agent levels will receive an email to complete their contracting.



Dear ,

You have been invited to onboard with Molina through  
! To accept this invitation, please use the  
information below to complete your application online.

Thanks,

Medicare Broker Support Unit

Phone 866-440-9788

Email [MCRBrokerContracting@MolinaHealthCare.com](mailto:MCRBrokerContracting@MolinaHealthCare.com)

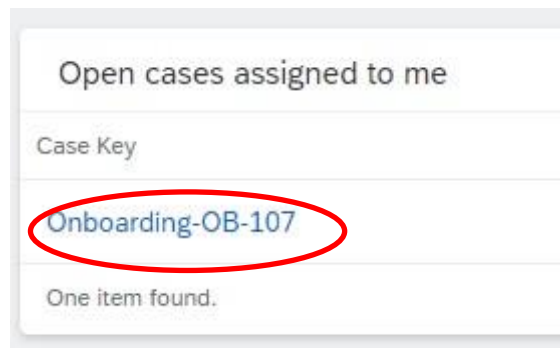
Site URL

[Login](#)

UserID

Password

3) Once you have logged in, click on the Onboarding case assigned to you



4) On the **Licenses** 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

5) The **Appointments** tab will show which states you currently have appointments for Molina in.

6) On the **Background Questionnaire** tab, you will respond to the eight Yes/No questions listed.

- This is for the **Agent**.

General	Licenses	Appointment	<b>Background Questionnaire</b>	Background Agreement	E&O Insurance	Banking Information	eSignature	LOA Acknowledgment	Certification	Submit
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**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? \*

2. Have you ever been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? \*

3. Have you ever pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? \*

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? \*

5. Other than traffic infractions or "youthful offender" adjudication, have you ever been convicted of a crime? \*

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? \*

7. Do you owe an Insurance company or other person for any premiums collected or monies advanced? \*

8. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you? \*

**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. \*

I agree to comply with CMS regulations for Medicare Advantage Organizations. \*

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. \*

I agree to use ONLY marketing collaterals and advertisements that have been approved by CMS and Molina Healthcare in connection with marketing Molina Medicare. \*

I agree to refrain from engaging in misleading, confusing, or "high pressure" sales tactics as you market Molina Medicare. \*

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. \*

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. \*

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. \*

7) On the **Licenses** 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

8) The **Appointments** tab will show which states you currently have appointments for Molina in.

9) On the **E&O Insurance** tab, please completed all fields listed as shown below.

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]

[↑](#) [×](#)



**10)** On the **Banking Information** tab, the **Participating Producer** will complete the Banking Information tab fields listed below for compensation to be paid to.

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

**11)** Agents will complete their certification during the onboarding process.

**12)** On the **Certification tab**, please click the icon to complete the required certification.

**13) Participating Producers** are required to sign all DocuSign agreements which can be found on the **eSignature** tab.

**14)** *For Licensed Only Agents (LOA) and LOA Telesales Agents*, click on the **LOA Acknowledgement** tab. Please read through the acknowledgement and then click **Accept**.

**15)** Lastly, navigate to the **Submit** tab and click *Submit*. By clicking Submit, *this will send the contract to the Broker Support Unit for review*.