

Provider Lifecycle Management – the Pre-Enrollment Portal

Frequently Asked Questions (FAQ)

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

No, a login is not required to access the [Pre-Enrollment Portal](#).

Are all fields required?

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

Who do I reach out to if I have questions?

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

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

Please contact your provider relations representative for technical support.

Where can I find more information or training materials?

To access our resource documents [click here](#). You can also navigate to your health plan website for more information from this site.

What is the correct format for phone numbers?

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

What if I cannot find my provider type?

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.

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?

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

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

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.

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

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.

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

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

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

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

What card would a hospital select to submit a request?

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

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

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

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

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

Is CAQH required to submit a request?

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.

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

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

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

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