


# 2025 Molina Medicare Contracting Job Aid

## Agency Invitation

Agencies receive an email (example below) to log into the Workflow Onboarding system. They are asked to change their password after signing in with the credentials given in the email.

The User Name is the Agency's National Producer Number (NPN).



Dear Insurance Agency,

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

Thank you for choosing to partner with Molina.

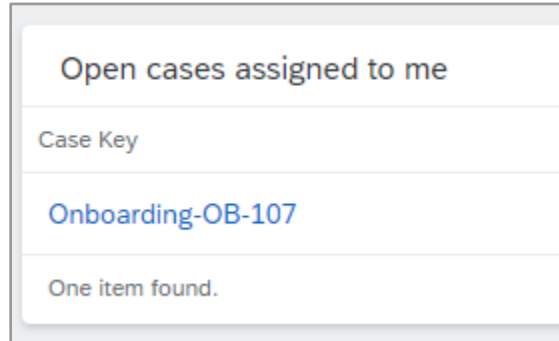
Medicare Broker Support Unit  
Phone 866-440-9788  
Email [MCRBrokerContracting@MolinaHealthCare.com](mailto:MCRBrokerContracting@MolinaHealthCare.com)

Site URL [Login](#)

User Name (NPN)

Password

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



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 \*   
[required]

Entity NPN

Principal SSN \*   
[required]

Principal NPN

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

Download the NIPR Summary of Consumer Rights.

The onboarding process takes you through a series of forms organized as tabs across the top of the screen. The tabs will indicate when a form is not complete.

Required fields are indicated with an asterisk (\*).

You may save your application and return to it at any time by using the Save Application button at the top of the application.

When you reach the end of the series of tabs, you must hit Submit or your application will not be processed.

## General Tab

Complete the General tab ensuring all fields with an \* have been completed. Please note, you must enter your name in other sections of the onboarding application exactly as it appears in this general section.

General <span>Incomplete</span>	Licenses <span>Incomplete</span>	Appointments	Background Questionnaire <span>Incomplete</span>	Background Agreement	Banking Information <span>Incomplete</span>	LOA Acknowledgment	Agency Assessment
<b>Entity Information</b>				<b>Contact Information</b>			
Entity's Name				Salutation <span>--select--</span> <input type="button" value="v"/>			
Entity's Email Address				Principal First Name			
Entity's Contact Phone * <input type="text"/>				Preferred First Name <input type="text"/>			
Entity's Contact Phone Ext. <input type="text"/>				Do you have a middle name? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Entity's Contact Fax <input type="text"/>				Principal Last Name			
Entity NPN				Suffix <span>--select--</span> <input type="button" value="v"/>			
Entity's Tax ID				Principal Contact Job Title			
Associated Agency				Principal's Email Address * <input type="text"/>			
Preferred Address: * <input checked="" type="radio"/> Legal <input type="radio"/> Mailing <input type="radio"/> Home				e.g. johndoe@site.com <span>[required]</span>			
<b>Legal Address</b>				Date of Birth * <input type="text"/>			
Business Address Line 1				<span>[required]</span>			
Business Address Line 2				NPN			
Business City				SSN			
Business State				<b>Home Address</b>			
				Address Line 1 * <input type="text"/>			
				<span>[required]</span>			

## Licenses Tab

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

General	Licenses	Appointments	Background Questionnaire	Background Agreement
Please select the states you like to be appointed in: * <input type="checkbox"/> AZ <input type="checkbox"/> SC <input type="checkbox"/> TX <input type="checkbox"/> VA <span>[required]</span>				

# Appointments Tab

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

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	Agency Assessment	eSignature	AHIP	Education	Submit
Your appointment information is shown below. This is for your reference only.											
<b>NIPR Agency Active Appointments</b>											
License State	Appointment LOA	Company Name	Appointment Status	Status Date							
ID	935 - Accident & Health Or Sickness	95502 - Molina Healthcare Of Utah, Inc.	Active	05/14/2020							
KY	39 - Health	16596 - Molina Healthcare Of Kentucky, Inc.	Active	07/23/2021							
MI	823 - Accident And Health	52630 - Molina Healthcare Of Michigan, Inc.	Active	03/12/2020							
NV	39 - Health	17064 - Molina Healthcare Of Nevada Inc	Active	07/05/2022							
OH	7432 - Accident & Health - Hic	15329 - Molina Healthcare Of South Carolina, Inc.	Active	07/01/2021							
TX	825 - Life, Accident, Health And Hmo	10757 - Molina Healthcare Of Texas, Inc.	Active	10/24/2019							
UT	935 - Accident & Health Or Sickness	95502 - Molina Healthcare Of Utah Inc	Active	10/24/2019							
VA	42 - Life & Health	16043 - Molina Healthcare Of Virginia, Llc	Active	07/23/2021							
8 total rows, displaying from 1 to 8											
<b>NIPR Agent Active Appointments</b>											
License State	Appointment LOA	Company Name	Appointment Status	Status Date							
ID	935 - Accident & Health Or Sickness	95502 - Molina Healthcare Of Utah, Inc.	Active	05/14/2020							
KY	39 - Health	16596 - Molina Healthcare Of Kentucky, Inc.	Active	07/23/2021							
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MS	236 - No Loa Needed	16301 - Molina Healthcare Of Mississippi, Inc.	Active	10/29/2022							
NM	11938 - Accident And Health Or Sickness	95739 - Molina Healthcare Of New Mexico, Inc.	Active	12/19/2019							
OH	7432 - Accident & Health - Hic	12334 - Molina Healthcare Of Ohio Inc	Active	12/19/2019							
OH	7432 - Accident & Health - Hic	15329 - Molina Healthcare Of South Carolina, Inc.	Active	07/01/2021							
SC	2151 - Local / Accident & Health Or Sickness	15329 - Molina Healthcare Of South Carolina, Inc.	Active	09/16/2022							
TX	825 - Life, Accident, Health And Hmo	10757 - Molina Healthcare Of Texas, Inc.	Active	12/19/2019							
UT	935 - Accident & Health Or Sickness	95502 - Molina Healthcare Of Utah Inc	Active	12/19/2019							
VA	42 - Life & Health	16043 - Molina Healthcare Of Virginia, Llc	Active	07/23/2021							
WA	-	96270 - Molina Healthcare Of Washington Inc	Active	12/19/2019							
WI	14 - Accident & Health	12007 - Molina Healthcare Of Wisconsin, Inc.	Active	12/19/2019							
13 total rows, displaying from 1 to 13											

## Background Questionnaire Tab

On the Background Questionnaire tab, answer the Yes/No questions.

Errors and Omissions insurance is required for all Agencies. You must select the box agreeing that you have the minimum requirements for Errors and Omissions insurance.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment
1. Have you been suspended, debarred or prohibited from selling insurance or from participation in any state or federal insurance or other program?						
<input type="radio"/> Yes						
<input checked="" type="radio"/> No						
2. Has your license ever been revoked or have you ever been censured by any state?						
<input type="radio"/> Yes						
<input checked="" type="radio"/> No						
3. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years?						
<input type="radio"/> Yes						
<input checked="" type="radio"/> No						
4. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed care company?						
<input type="radio"/> Yes						
<input type="radio"/> No						
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, intentional misrepresentation, or breach of fiduciary duty?						
<input type="radio"/> Yes						
<input type="radio"/> No						
6. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited liability company, for overdue monies, by an insurer, an insured or a producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless such bankruptcies involve or involved funds held on behalf of others.						
<input type="radio"/> Yes						
<input type="radio"/> No						
7. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?						
<input type="radio"/> Yes						
<input type="radio"/> No						
8. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?						
<input type="radio"/> Yes						
<input type="radio"/> No						
9. Has the Agency's accident and health license ever been suspended, revoked or terminated in any of the states where contracting is requested?						
<input type="radio"/> Yes						
<input type="radio"/> No						
<i>I attest to the following:</i>						

If you answer "yes" to any of the questions, you must provide an explanation in the box provided.

4. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed care company?	<input checked="" type="radio"/> Yes
	<input type="radio"/> No
	Please explain: *
	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

## Background Agreement Tab

Under the Background Agreement tab, read and complete all required agreements.

General Licenses Appointments Background Questionnaire Background Agreement Banking Information LOA Acknowledgment Agency Assessment eSignature AHIP Education Submit

Please sign all forms below to authorize your background check.

FCRA Agreement Disclosure Agreement Authorization Agreement

Sign your name exactly as it appears under the general tab.

## Banking Information Tab

In the Banking Information tab, fill out all fields.

Background Questionnaire Background Agreement Banking Information LOA

Tax Classification \* --select--

Bank Name \*

Bank Account Type \* --select--

Bank Account Number \*

Bank Routing Number \*

## LOA Acknowledgement Tab

If you are a licensed only agent / telesales (LOA), you must read and accept the LOA acknowledgement under the LOA Acknowledgement tab.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	Agency Assessment	eSignature	AHIP	Education	Submit
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As a licensed only agent/Telesales ("LOA") of an Agency that subsidiaries of Molina Healthcare, Inc. contract with, the LOA acknowledges and agrees to the following:

- LOA agrees that the Agency to which LOA belongs to is considered the Producer of Record for any Qualified Enrollments that LOA produces, and such Agency will receive the Initial Year Compensation, Renewal Compensation and Replacement Year Compensation.
- LOA agrees that the compensation it receives from the Agency for a Qualified Enrollment will never exceed the current fair market value cut off amounts published annually by CMS or the State, if applicable.
- The capitalized terms used in this LOA Acknowledgement Form have the following definitions:
  - Initial Year Compensation** means the compensation paid to the Producer of Record for a Qualified Enrollment when it meets the CMS Requirements to be qualified as an initial year enrollment and compensation is permitted to be paid pursuant to CMS requirements and Law. The Initial Year Compensation shall never extend beyond December 31 of each calendar year regardless of when the Beneficiary enrolled with Molina Healthcare.
  - Producer of Record** means the person or entity entitled to receive the Initial Year Compensation, Replacement Year Compensation or Renewal Compensation.
  - Qualified Enrollment** means an enrollment that has been accepted by Molina Healthcare for Molina Medicare and which compensation is permitted to be paid to the Producer of Record pursuant to CMS requirements and Law.
  - Renewal Compensation** means the compensation paid to the Producer of Record for a Qualified Enrollment when it meets the CMS Requirements to be qualified as a renewal year enrollment, compensation is permitted to be paid pursuant to CMS requirements and Law, and the Qualified Enrollment is not a new Beneficiary of Molina Medicare.
  - Replacement Year Compensation** means the compensation paid to the Producer of Record for a Qualified Enrollment when it meets the CMS Requirements to be qualified as a renewal year enrollment, compensation is permitted to be paid pursuant to CMS requirements and Law, and the Qualified Enrollment is a new Beneficiary of Molina Medicare.

## Agency Assessment Tab

Under the Agency Assessment tab, read and fill out all required fields.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	Agency Assessment	eSignature	AHIP	Education	Submit
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**Main Contact** ⓐ

Main Contact Name  Main Contact Email  Main Contact Phone

**Onboarding Contact** ⓐ

Onboarding Contact Name  Onboarding Contact Email  Onboarding Contact Phone

**Compliance Contact** ⓐ

Compliance Contact Name  Compliance Email  Compliance Phone

**Company Information** ⓐ

Company Website  Company Email Domain

Agency DBA  What year did the agency begin business?

Principal Agent Phone  What products do you currently sell?  MAPD  
 PDP  
 D-SNP  
 C-SNP  
 I-SNP  
 Med-Sup

What type of agents do you have?  Licensed Only Agent (W-2)  
 Participating Producer (1099)

Lead Generation Website

1st Month Agents Contracted  1st Month Target Enrollments

1st Quarter Agents Contracted  1st Quarter Target Enrollments

Rank your top 5 Carriers you sell Medicare products for. Must complete minimum of 1 Carrier.

Carrier  Rank

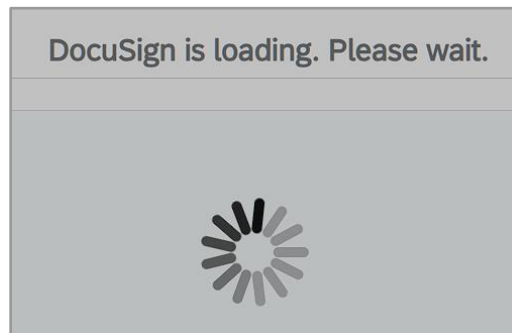
## eSignature Tab

Complete the eSignature tab by reading through the acknowledgements and signing the DocuSign agreements.

The screenshot shows the DocuSign interface with a navigation bar at the top containing tabs: General, Licenses, Appointments, Background Questionnaire, Background Agreement, Banking Information, LOA Acknowledgment, Agency Assessment, eSignature, AHIP, Education, and Submit. Below the navigation bar, a message reads: "While completing DocuSign, please be advised to the following:" followed by two paragraphs of text regarding Medicare Payee Forms and Business Type Disclaimers. A blue bar contains the text "Please review the documents below." and buttons for "FINISH" and "OTHER ACTIONS". Below this is a document viewer with a "START" button on the left and a toolbar with search, zoom, and print icons. The document content is titled "Article 1 Definitions" and lists six numbered items:

- 1.1 **Agency** means an agency that falls within one of the hierarchy levels accepted by Molina Healthcare and includes a principal and its Participating Producers that are licensed to market and sell Molina Medicare products.
- 1.2 **Beneficiary** means a person enrolled in Molina Medicare or a person that Agency or its Participating Producers are to market/sell Molina Medicare.
- 1.3 **Centers for Medicare and Medicaid Services (CMS)** means the government agency responsible for administering the Medicare Advantage program and Medicare-Medicaid program.
- 1.4 **CMS Requirement(s)** means the applicable statutes, regulations, directives and requirements of state and federal governmental agencies which govern the Medicare Advantage and Medicare-Medicaid Program (MMP) government programs.
- 1.5 **Initial Year Compensation** means the compensation paid to the Producer of Record for a Qualified Enrollment pursuant to CMS Requirements to be qualified as an initial year enrollment and compensation as permitted to be paid pursuant to CMS requirements and Law. The Initial Year Compensation shall never extend beyond December 31 of each calendar year regardless of when the Beneficiary enrolled with Molina Healthcare.
- 1.6 **Law** means all state, if applicable, and federal statutes, codes, orders, and regulations.

**Helpful hint:** You may see a loading screen appear as you wait.





## AHIP Tab

On the AHIP tab we check your current AHIP Medicare + Fraud Waste & Abuse quiz score and display it. If your current score is above 90% you may continue to the Education tab.

If you use the link provided, your scores are automatically transmitted to Molina.

If your current score is below 90%, you have the option to navigate to the AHIP Medicare Training website via the link provided to complete the certificate.

If you do not wish to transmit your score from the AHIP Medicare Training website, you must upload a copy of your current certificate. This may delay the Onboarding process as the certificate will need to be manually reviewed.



Home	Background Agreement	Banking Information	LOA Acknowledgment	Agency Assessment	eSignature	AHIP	Education
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AHIP Score 0

AHIP Completion Date

Please click <https://www.ahipmedicaretraining.com/clients/molina/> to complete and transmit your certificate and select Molina Healthcare (link must be clicked in order to complete the transmission) your AHIP Medicare + Fraud Waste & Abuse to Molina.

If you do not wish to transmit your AHIP certificate, you can upload a copy of your certificate here, however, there may be up to 2 – 3 weeks delay to process due to the manual verification.

AHIP Certificate Upload   

## Education Tab

On the Education tab, click on the 'Start this course' or 'Continue this course' button to complete your Molina Certification.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	Agency Assessment	eSignature	AHIP	Education	Submit
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Content Library / 2025 Molina Medicare Annual Training

Home

Content Library

Achievements

Live Sessions

Messages

2025 Molina Medicare Annual Training

Start this course

0%

Modules

**Helpful Hint:** If you receive a login screen, click back to the general tab and return to the education tab. This should clear it. In not save your application and then log out. Clear your cookies and browsing history, then log back in.

## Submit Tab

If you have an Immediate release, you must upload a copy of your release form.

If you do not have an Immediate release click “No” to the upload question, and “Yes” to the Constructive Release attestation.

Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	eSignature	AHIP	Education	Submit
Do you have a completed immediate release to upload? *							<input type="radio"/> Yes
							<input checked="" type="radio"/> No
I understand I am requesting a Constructive Release for myself and my active downline from Yourplanchoice, LLC and will move to my new requested agency effective 10/01/2024. *							<input type="checkbox"/> Yes
<input type="button" value="Submit"/>							

If you already have an Immediate release click “Yes” to the upload question, and upload the release using the Release Form Upload box.

Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	eSignature	AHIP	Education	Submit
Do you have a completed immediate release to upload? *							<input checked="" type="radio"/> Yes
							<input type="radio"/> No
Release Form Upload *							<input type="text"/> <input type="button" value="↑"/> <input type="button" value="X"/>
<input type="button" value="Submit"/>							

If the agency or principal agent have Regulatory Actions present on the PDB report from NIPR, they will be displayed on the Submit Tab. You must review the regulatory actions and comment explaining them for Molina’s review.

General Licenses Appointments Background Questionnaire Background Agreement Banking Information LOA Acknowledgment Agency Assessment eSignature JWP Education Submit

Entity Regulatory Actions

STATE	REASON FOR ACTION
CT	Demonstrated Lack Of Fitness Or TrustworthinessOther States Action
IN	Demonstrated Lack Of Fitness Or Trustworthiness
LA	Failure To Respond To An Order Of The Commissioner
NC	Misrepresentation Of Insurance ProductPolicyDemonstrated Lack Of Fitness Or Trustworthiness
NE	Unfair Insurance Practices Act ViolationAllowed Business From Agent Not AppointedLicensedFailure To Report Other State Action
UT	Failure To RespondOther States ActionFailure To Report Other State Action

Individual Regulatory Actions

STATE	REASON FOR ACTION
CT	Demonstrated Lack Of Fitness Or TrustworthinessOther States Action
IN	Demonstrated Lack Of Fitness Or Trustworthiness
LA	Failure To Respond To An Order Of The Commissioner
NC	Misrepresentation Of Insurance ProductPolicyDemonstrated Lack Of Fitness Or Trustworthiness
NE	Unfair Insurance Practices Act ViolationAllowed Business From Agent Not AppointedLicensedFailure To Report Other State Action
UT	Failure To RespondOther States ActionFailure To Report Other State Action

Please explain the BRS (Regulatory Actions) present on the PDB report. \*

required

**REMEMBER:** You must click the Submit button to send your application to Molina for review.

## Agent Invitation

All Agent levels will receive an email (example below) to log into the Workflow Onboarding system. The email will include a temporary password. They will be asked to change their password after signing in with the credentials given in the email.

The UserID is the Agency's National Producer Number (NPN).



Dear ,

Thank you for your interest in selling Molina Medicare. You have been invited to onboard with Molina through ! To accept this invitation, please use the information below to complete your application online.

This link will be active for 60 days from the date the first link was sent at which time the link will be deactivated.

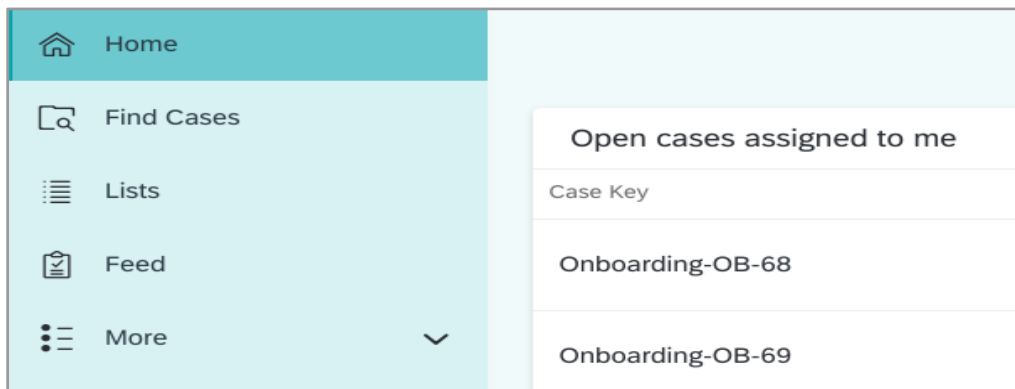
Thanks,

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

Site URL	<a href="#">Login</a>
User Name (NPN)	
Password	

Your user ID will match your National Producer Number (NPN).

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



**The onboarding process takes you through a series of forms organized as tabs across the top of the screen. The tabs will indicate when a form is not complete.**

**You may save your application and return to it at any time by using the Save Application button.**

**Save Application**

**When you reach the end of the series of tabs, you must hit Submit or your application will not be processed.**

## General Tab

Complete the General tab ensuring all fields with an \* have been completed. If you need to save your application you can at any time by clicking Save Application at the top of the screen.

[Save Application](#)

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	AHIP	Education	eSignature	Submit
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Please complete all required fields.

<p><i>Personal Information</i></p> <p>Salutation <input type="text" value="--select--"/></p> <p>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>Last Name <input type="text"/></p> <p>Suffix <input type="text" value="--select--"/></p> <p>Date of Birth <input type="text"/></p> <p>SSN <input type="text"/></p> <p>NPN <input type="text"/></p> <p>Associated Agency <input type="text"/></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"/></p> <p>ZIP * <input type="text"/></p> <p>Business Phone * <input type="text"/></p> <p>Contact Ext. Number <input type="text"/></p> <p>Contact Fax <input type="text"/></p> <p>Contact Email <input type="text"/></p> <p>Primary Spoken Language * <input type="text"/></p>
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## Licenses Tab

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.)

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	AHIP	Education	eSignature	Submit
---------	----------	--------------	--------------------------	----------------------	---------------------	------	-----------	------------	--------

Your license information is shown below. Please select the state(s) you would like to be appointed in.

Please select the states you like to be appointed in: \*

<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> ID	<input type="checkbox"/> KY	<input type="checkbox"/> MA	<input type="checkbox"/> MI
<input type="checkbox"/> OH	<input type="checkbox"/> SC	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> WA
<input type="checkbox"/> WI					

[Toggle All](#)

# Appointments Tab

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

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	LOA Acknowledgment	Agency Assessment	eSignature	AHIP	Education	Submit
Your appointment information is shown below. This is for your reference only.											
<b>NIPR Agency Active Appointments</b>											
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8 total rows, displaying from 1 to 8											
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WI	14 - Accident & Health	12007 - Molina Healthcare Of Wisconsin, Inc.	Active	12/19/2019							
13 total rows, displaying from 1 to 13											

## Background Questionnaire Tab

On the Background Questionnaire tab, answer the Yes/No questions and mark the boxes. This includes agreeing to the errors and omissions.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	AHIP	Education	eSignature	Submit	
<b>Please answer all questions below.</b>										
1. Have you ever been denied a license to sell insurance or any kind, or Medicare or HMO products, in any state?							<input type="radio"/>	Yes		
							<input type="radio"/>	No		
2. Has your license ever been revoked or have you ever been censured by any state?							<input type="radio"/>	Yes		
							<input type="radio"/>	No		
3. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years?							<input type="radio"/>	Yes		
							<input type="radio"/>	No		
4. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed care company?							<input type="radio"/>	Yes		
							<input type="radio"/>	No		
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, intentional misrepresentation, or breach of fiduciary duty?							<input type="radio"/>	Yes		
							<input type="radio"/>	No		
6. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited liability company, for overdue monies, by an insurer, an insured or a producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless such bankruptcies involve or involved funds held on behalf of others.							<input type="radio"/>	Yes		
							<input type="radio"/>	No		
7. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?							<input type="radio"/>	Yes		
							<input type="radio"/>	No		

If you answer yes to any of the Yes/No questions, please provide an explanation in the box.

4. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed care company?	<input checked="" type="radio"/> Yes
	<input type="radio"/> No
	Please explain: *
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>



## Background Agreement Tab

On The Background Agreement tab, read and complete all required agreements. Sign your name exactly as it appears under the General tab.

The screenshot shows a navigation bar with tabs: General, Licenses, Appointments, Background Questionnaire, Background Agreement, Banking Information, AHIP, Education, eSignature, and Submit. Below the tabs, a blue instruction reads: "Please sign all forms below to authorize your background check." Three buttons are displayed: "FCRA Agreement", "Disclosure Agreement", and "Authorization Agreement".

## Banking Info Tab

**Participating Producers** will complete the Banking field. Participating Producers is an agent who is paid directly from Molina and they have an upline.

Under the Banking Field, complete the information. If you select 'Yourself' as 'Who is the Payee?' question, fill out the banking fields with your information.

The screenshot shows the Banking Information tab selected in the navigation bar. A blue instruction reads: "Enter EFT banking information below." The form contains the following fields:

- Who will be paid? \* (Dropdown menu with "Yourself" selected)
- Tax Classification \* (Dropdown menu with "--select--" selected)
- Bank Name \* (Text input field)
- Bank Account Type \* (Dropdown menu with "--select--" selected)
- Bank Account Number \* (Text input field)
- Bank Routing Number \* (Text input field)

(Banking Tab continued on next page.)

If you select "Your Business" in the Who will be Paid box, Business Name and Business Tax ID boxes will be shown and you will need to fill out the banking fields with your business's banking information.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	AHIP	Education	es
Enter EFT banking information below.								
Who will be paid? * <input type="text" value="Your Business"/>								
Tax Classification * <input type="text" value="--select--"/>								
Business Name * <input type="text"/>								
Business Tax ID * <input type="text"/>								
Bank Name * <input type="text"/>								
Bank Account Type * <input type="text" value="--select--"/>								
Bank Account Number * <input type="text"/>								
Bank Routing Number * <input type="text"/>								

## AHIP Tab

On the AHIP tab we check your current AHIP Medicare + Fraud Waste & Abuse quiz score and display it. If your current score is above 90% you may continue to the Education tab.

If your current score is below 90%, you have the option to navigate to the AHIP Medicare Training website to complete the certificate.

If you use the link provided, your scores are automatically transmitted to Molina.

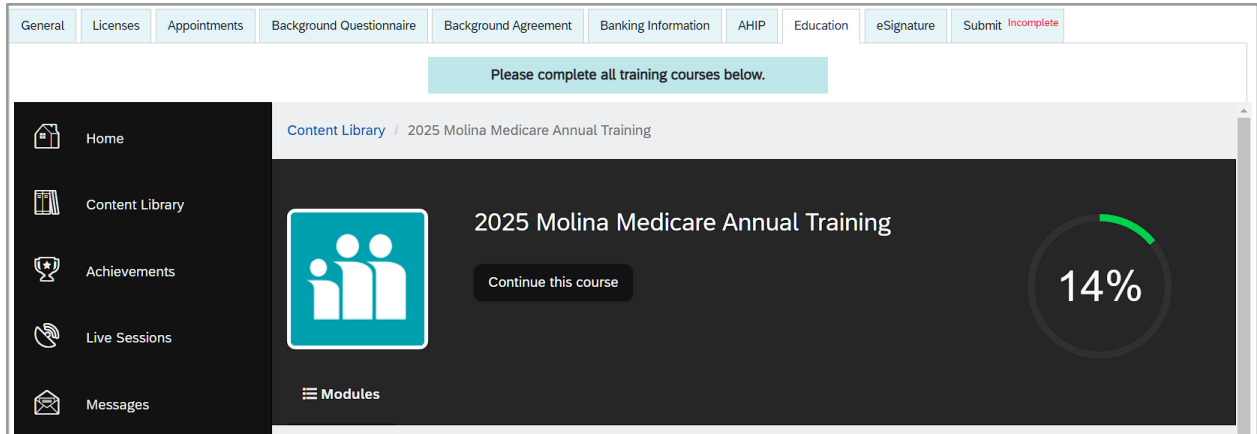
If you do not wish to transmit your score from the AHIP Medicare Training website, you must upload a copy of your current certificate. This may delay the Onboarding process as the certificate will need to be manually reviewed.

General	Licenses	Appointments	Background Questionnaire	Background Agreement	Banking Information	AHIP	Education	eSignature	Submit <span style="color: red;">Incomplete</span>
<div style="display: flex; justify-content: space-between;"> <span>AHIP Score 0</span> <span>AHIP Completion Date</span> </div> <p>Please click <a href="https://www.ahipmedicaretraining.com/clients/molina/">https://www.ahipmedicaretraining.com/clients/molina/</a> to complete and transmit your certificate and select Molina Healthcare (link must be clicked in order to complete the transmission) your AHIP Medicare + Fraud Waste &amp; Abuse to Molina.</p> <p>If you do not wish to transmit your AHIP certificate, you can upload a copy of your certificate here, however, there may be up to 2 – 3 weeks delay to process due to the manual verification.</p> <p>AHIP Certificate Upload <input type="text"/> <span style="color: blue;">↑</span> <span style="color: blue;">✕</span></p>									

## Education Tab

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

On the Education tab, click on the 'Start this course' or 'Continue this course' button to complete your Molina Certification.



**Helpful Hint:** If you receive a login screen, click back to the general tab and return to the education tab. This should clear it. In not save your application and then log out. Clear your cookies and browsing history, then log back in.

## eSignature tab

**Participating Producers** will complete the eSignature tab by signing the DocuSign agreements then submit on the last tab. Participating Producers is an agent who is paid directly from Molina and they have an upline.

Save Application

General Licenses Appointments Background Questionnaire Background Agreement Banking Information AHIP Education eSignature Submit *Incomplete*

While completing DocuSign, please be advised to the following:

[Medicare Payee Forms](#): Both W-9 and Supplier Profile are **REQUIRED** forms to be completed by Agent/Agency for Molina.

**Business Type Disclaimer**: If Agent/Agency marks "C Corporation or S Corporation" they are exempt from being issued a 1099. If Agent/Agency marks "Limited Liability Company (LLC)" and enter a tax classification of C Note: Molina only exception are for medical payments (e.g. payments to doctor or hospital); whereby Molina will issue 1099s.

Please review the documents below. FINISH OTHER ACTIONS ▾

START

**RECITALS**

**WHEREAS**, Participating Producer belongs to an Agency that Molina Healthcare contracts with; and

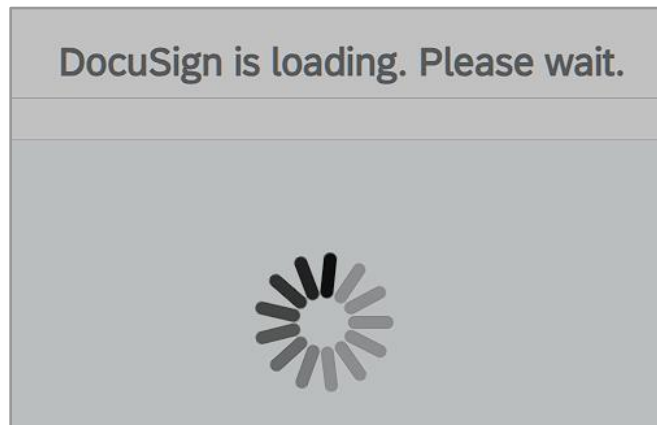
**WHEREAS**, Molina Healthcare desires to contract with Participating Producer to market and sell Molina Healthcare's Medicare products.

**NOW, THEREFORE**, in consideration of the promises, covenants and warranties stated herein, the Parties agree as follows:

**Article 1**  
**Definitions**

1.1 **Agency** means an agency that falls within one of the hierarchy levels accepted by Molina Healthcare and includes a principal and Participating Producers that are licensed to market and sell Molina Medicare products.

**Helpful hint:** You may see a loading screen appear as you wait.



## Submit Tab

If you have an Immediate release, you must upload a copy of your release form.

If you do not have an Immediate release click “No” to the upload question, and “Yes” to the Constructive Release attestation.

General
Licenses
Appointments
Background Questionnaire
Background Agreement
Banking Information
AHIP
Education
eSignature
Submit Incomplete

Do you have a completed immediate release to upload? \*

Yes  
 No  
(required)

Individual Regulatory Actions

STATE	REASON FOR ACTION
CT	Demonstrated Lack Of Fitness Or TrustworthinessOther States Action
IN	Demonstrated Lack Of Fitness Or Trustworthiness
LA	Failure To Respond To An Order Of The Commissioner
NC	Misrepresentation Of Insurance Product/PolicyDemonstrated Lack Of Fitness Or Trustworthiness
NE	Unfair Insurance Practices Act ViolationAllowed Business From Agent Not Appointed/LicensedFailure To Report Other State Action
UT	Failure To RespondOther States ActionFailure To Report Other State Action

Please explain the RIRS (Regulatory Actions) present on the PDB report. \*

(required)

If you already have an Immediate release click “Yes” to the upload question, and upload the release using the Release Form Upload box.

Questionnaire
Background Agreement
Banking Information
LOA Acknowledgment
eSignature
AHIP
Education
Submit

Do you have a completed immediate release to upload? \*

Yes  
 No

Release Form Upload \*

If you have Regulatory Actions present on the PDB report from NIPR, they will be displayed on the Submit Tab. You must review the regulatory actions and comment explaining them for Molina’s review.

General Licenses Appointments Background Questionnaire Background Agreement Banking Information LOA Acknowledgment Agency Assessment eSignature JWP Education Submit

Entity Regulatory Actions

STATE	REASON FOR ACTION
CT	Demonstrated Lack Of Fitness Or Trustworthiness Other States Action
IN	Demonstrated Lack Of Fitness Or Trustworthiness
LA	Failure To Respond To An Order Of The Commissioner
NC	Misrepresentation Of Insurance Product Policy Demonstrated Lack Of Fitness Or Trustworthiness
NE	Unfair Insurance Practices Act Violation Allowed Business From Agent Not Appointed Licensed Failure To Report Other State Action
UT	Failure To Respond Other States Action Failure To Report Other State Action

Individual Regulatory Actions

STATE	REASON FOR ACTION
CT	Demonstrated Lack Of Fitness Or Trustworthiness Other States Action
IN	Demonstrated Lack Of Fitness Or Trustworthiness
LA	Failure To Respond To An Order Of The Commissioner
NC	Misrepresentation Of Insurance Product Policy Demonstrated Lack Of Fitness Or Trustworthiness
NE	Unfair Insurance Practices Act Violation Allowed Business From Agent Not Appointed Licensed Failure To Report Other State Action
UT	Failure To Respond Other States Action Failure To Report Other State Action

Please explain the BRS (Regulatory Actions) present on the PDB report.\*

[required]

**REMEMBER:** You must click the Submit button to send your application to Molina for review.

Congratulations! You have completed your agent application submission. Please watch for your Welcome letter within the next 7-10 business days.

## FAQ

### Licenses issues

Agents:

You will only see states you are licensed in AND your direct upline is appointed in.

### eSignature issues

If your screen isn't loading, you may go back to the general tab and then return to the eSignature tab.

Signature \*

[Please ensure your provided signature matches the name you provided earlier in the process. If you have provided a middle initial, please include in your signature. You provided your name as

If you are receiving an error message after signing, make sure your name matches as it does in the General Tab (Including your middle name, if that applies).

### eSignature steps:

A yellow rectangular button with the word "START" in black capital letters.

Click the START button to begin.

Please review the documents and click the FILL IN button.

A yellow arrow-shaped button pointing to the right with the words "FILL IN" in black capital letters.

You will be able to just click FILL IN from here on out to sign.

Your signature will be adapted after the first signature. Click to sign.



Ready to finish? Click the FINISH button when completed,

**Ready to Finish?**

You've completed the required fields. Review your work, then select **FINISH**.

A yellow rectangular button with the word "FINISH" in black capital letters.

Scroll to the top of the application after clicking FINISH and you may move on to the next part of your onboarding process. You will have a message confirming everything has been signed.

## Thank you for signing your contract!

### Background agreement issues

A small, dark gray rectangular button with the text "FCRA Agreement" in white.A small, dark gray rectangular button with the text "Disclosure Agreement" in white.A small, dark gray rectangular button with the text "Authorization Agreement" in white.

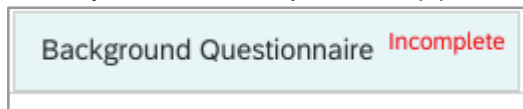
If you aren't ready to sign the agreements, you may cancel and come back after clicking on one of them. The cancel button will be located on the bottom right corner of the screen.

## Education issues

If you receive a login screen, click back to the general tab and return to the education tab. This should clear it. In not save your application and then log out. Clear your cookies and browsing history, then log back in.

## Submit issues

If you are ready to submit your application and receive an error message, the tabs will show you the incomplete tab(s) marked with a red message.



Check to make sure that all required fields with an \* are filled out, and any Yes/No questions are marked. If any Yes/No answers are yes, you will need to provide an explanation.