ProviderTrak Application Success Guide

Quick tips to help your application move through ProviderTrak smoothly

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Why this matters: ProviderTrak helps providers submit and track network participation, onboarding, credentialing, and application requests in one secure location. Many delays happen when applications are submitted with the wrong provider type, incorrect waiver service selections, missing documents, or mismatched identifiers. Use this tip sheet before you submit.

1. Pick the right provider type

Healthcare Provider	LTSS / Waiver Provider
A provider that delivers medical, clinical, behavioral health, facility, practitioner, or specialty services that are typically tied to health care delivery, credentialing, taxonomy, and specialty selection.	A provider that delivers Long-Term Services and Supports (LTSS), Home and Community-Based Services (HCBS), waiver services, non-medical supports, residential services, personal care, supportive home care, transportation, or other services for Family Care or Family Care Partnership members.
Use this path when: our request is primarily for medical or clinical network participation, specialty services, facility services, practitioner/group enrollment, or Home Health/Personal Care Agencies for BC+/SSI membership.	**Use this path when:** your request is tied to LTSS, waiver, HCBS, Family Care, Family Care Partnership, residential, personal care, supportive home care, adult family home, non-medical transportation, or similar services.

2. LTSS Providers: Select the Correct Waiver Services

Important: If you provide LTSS or waiver services, carefully select every waiver service your organization provides. These selections help route your application correctly and help Molina understand the services you are requesting to provide.

- Do not guess. Select the waiver service that matches the service you actually provide.
- Select all applicable services. If your organization provides more than one LTSS waiver service, make sure each one is moved to the selected list before moving forward.
- Review before submitting. Incorrect or missing waiver service selections may delay review or require follow-up.
- Use the LTSS/Waiver option when appropriate. If you are an LTSS or waiver provider and do not have a traditional healthcare specialty, choose the LTSS/Waiver option instead of forcing a healthcare specialty that does not fit.

3. Know Your Key Identifiers

Term	What it means	ProviderTrak tip
NPI	A National Provider Identifier is a unique identification number assigned to healthcare providers for standard health care transactions.	Use the organization or Type 2 NPI when the application is for a group, facility, or organization. Do not enter an individual practitioner's NPI unless the request is for that individual provider or a solo provider contracting under a Type 1 NPI.
Atypical Provider	An atypical provider is a provider that may not meet the standard definition of a healthcare provider for NPI purposes and may bill or enroll using a Medicaid ID instead of an NPI.	If your provider type does not require an NPI, select the option indicating you do not have one when available. Make sure your Medicaid ID and other enrollment information are accurate.
Medicaid ID	A Medicaid ID is the identifier issued through Wisconsin Medicaid / ForwardHealth when applicable to the provider type or service.	Where applicable, make sure your Medicaid ID is active and matches the provider, service, and location information submitted in ProviderTrak.
Taxonomy	A taxonomy code identifies the provider type, classification, or specialty.	Select the taxonomy that applies to the organization, group, facility, or provider being enrolled. Providers with an NPI generally have at least one taxonomy code because the taxonomy identifies the provider's type, classification, or specialty. If you do not know your taxonomy, use the available lookup or "I do not know my taxonomy" option when available.

Provider Category	Taxonomy Code?	Identifying Information to Use	Examples
Healthcare providers with an NPI (Type 1 NPI)	Yes. Taxonomy codes are used to identify the provider's type, classification, or specialty and are commonly tied to the NPI.	NPI, taxonomy code, Tax ID, Medicaid ID if applicable, service location, and credentialing/licensure information.	Physicians, nurse practitioners, clinics, hospitals, behavioral health providers, dentists, therapists, pharmacies, ambulance providers, and other clinical or healthcare service providers.
Organizations, groups, facilities, or agencies with a Type 2 NPI	Yes. These entities generally select the taxonomy that best describes the organization or facility type.	Type 2 NPI, taxonomy code, Tax ID, Medicaid ID if applicable, service location, ownership information, and required facility documents.	Group practices, clinics, home health agencies, hospitals, skilled nursing facilities, FQHCs, behavioral health agencies, and other enrolled organizations.
Atypical providers / non-healthcare service providers	Not always. Some atypical providers do not have an NPI and may not have a healthcare taxonomy code.	Use the applicable Medicaid ID, ForwardHealth provider number, Tax ID, legal business name, service location, waiver service type, license/certification if applicable, and required supporting documents.	Waiver residential providers, personal care-only agencies, certain transportation providers, home or vehicle modification providers, respite providers, supportive home care providers, adult day service providers, and other LTSS/waiver service providers that do not meet the standard healthcare provider definition.

Disclaimer: An NPI and healthcare taxonomy code are not required for all Atypical Providers. If you are an Atypical Provider, use the applicable Medicaid ID, Tax ID, legal business name, service location, waiver service type, and other required enrollment information when completing your ProviderTrak application.

4. Avoid the Most Common Application Delays

Common issue	What to do instead
Selecting a healthcare specialty when the request is really for LTSS or waiver services.	Choose the LTSS/Waiver option when your services are tied to Family Care, Family Care Partnership HCBS/waiver services.
Entering an individual NPI for a group, organization, or facility request.	Use the organization or Type 2 NPI when applicable. Only use an individual Type 1 NPI for individual or solo provider requests.
Leaving LTSS waiver services blank or selecting the wrong service.	Select every waiver service your organization provides and review the selected list before submitting.
Submitting without required documents.	Have required items ready before starting, such as W-9, licensure, certification, insurance, ForwardHealth enrollment information, HCBS/LTSS documents, or other supporting documents as applicable.
Using ProviderTrak for requests that still follow current maintenance processes.	ProviderTrak is for new onboarding, contracting, credentialing, adding practitioners, adding facility locations, and adding new services/specialties. Continue using current Molina processes for demographic updates, terminations/removals, monthly/quarterly roster submissions, ownership changes, Tax ID/W-9 updates, and supporting document updates until further notice.
Emailing the central team inbox to request application status updates.	Please wait for ProviderTrak system updates and respond promptly if additional information is requested. Reaching out to the central team inbox for status checks may slow down the overall review process and delay application processing for all providers.

5. Before You Click Submit: Quick Checklist

- Confirm you selected the correct provider type: Healthcare, LTSS/Waiver, or both, as applicable for your provider type/specialty.
- Confirm your Tax ID, NPI (if applicable), Medicaid ID, and taxonomy (if applicable) information are accurate.
- For LTSS providers, confirm all applicable waiver services are selected.
- Confirm each location and service being requested is included and accurate.
- Upload all required documents before submitting.
- Check your email, spam, and junk folders for ProviderTrak messages or requests for additional information.
- Do not submit duplicate applications unless Molina instructs you to do so.

Bottom line: The more accurate and complete your application is at submission, the faster Molina can route, review, and respond to your request.