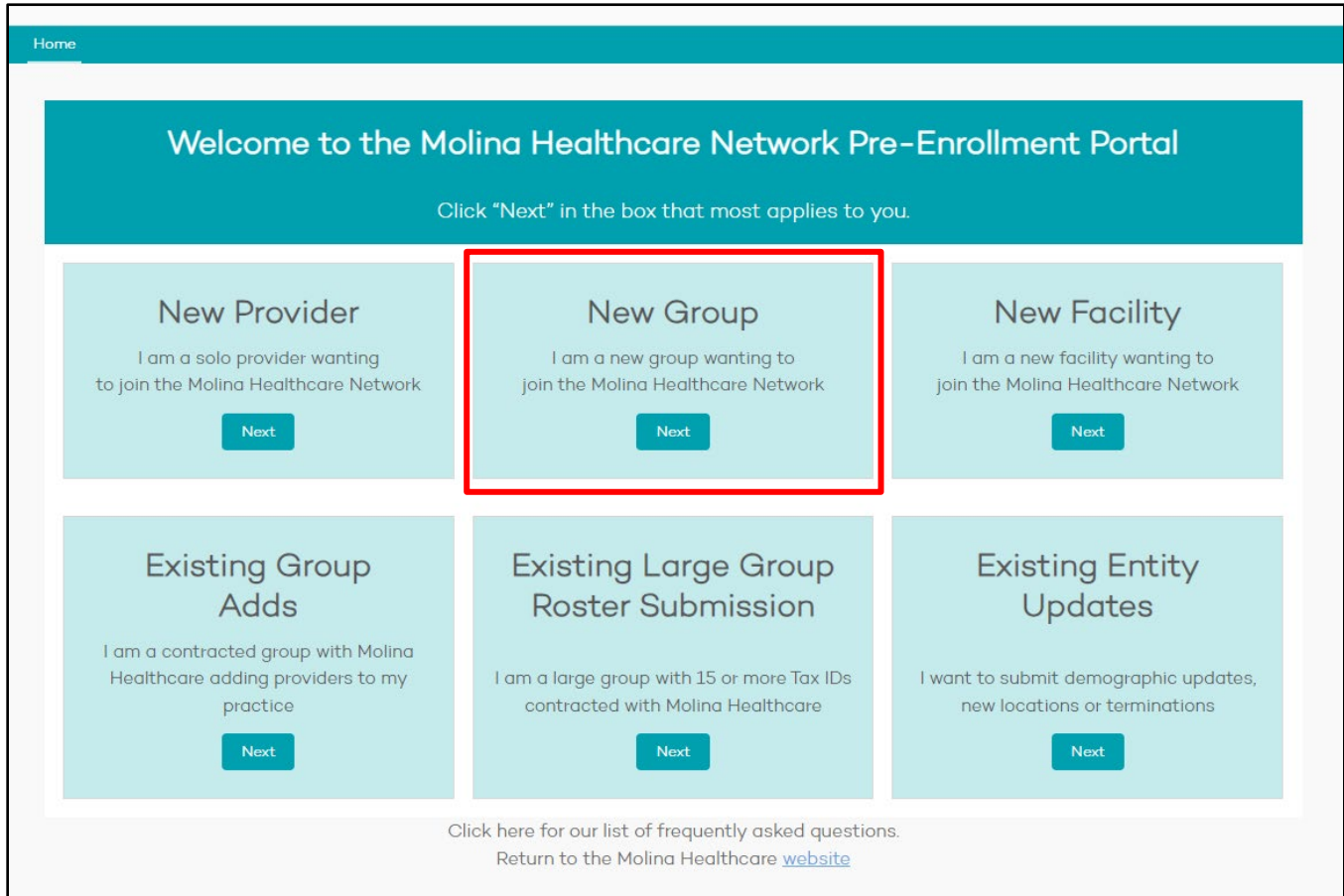


New Group Workflow

Pre-Enrollment Portal

Note: No login is required to access the Pre-Enrollment Portal.



Home

Welcome to the Molina Healthcare Network Pre-Enrollment Portal

Click "Next" in the box that most applies to you.

New Provider

I am a solo provider wanting to join the Molina Healthcare Network

Next

New Group

I am a new group wanting to join the Molina Healthcare Network

Next

New Facility

I am a new facility wanting to join the Molina Healthcare Network

Next

Existing Group Adds

I am a contracted group with Molina Healthcare adding providers to my practice

Next

Existing Large Group Roster Submission

I am a large group with 15 or more Tax IDs contracted with Molina Healthcare

Next

Existing Entity Updates

I want to submit demographic updates, new locations or terminations

Next

Click here for our list of frequently asked questions.
Return to the Molina Healthcare [website](#)

New Group Request Form Overview

The New Group request form is completed by the practice manager and consists of three pages.

Form Entry Notes

Fields with an * are required fields.

Enter the Practice Details (Page 1 of 3)

You have selected the option for a new group wanting to join the Molina Healthcare Network.

Page 1 of 3

Practice Details

<p>* Legal Entity Name i</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>* Group NPI</p> <input style="width: 95%; height: 25px;" type="text"/>
<p>Doing Business As (DBA) i</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>* Group TIN</p> <input style="width: 95%; height: 25px;" type="text"/>
<p>* Number of practitioners in the group</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>* Are you registered with Medicaid?</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>
<p>* Practice Location</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	<p>* Are you registered with Medicare?</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>

Click here for our list of frequently asked questions.
[Return to the Molina Healthcare website](#)

Fields requiring specific formatting will be highlighted in red when the requirements are unmet.

Example:

* Provider NPI

14520

Please enter a 10-digit number.

* Provider Phone: Ten (10) digits

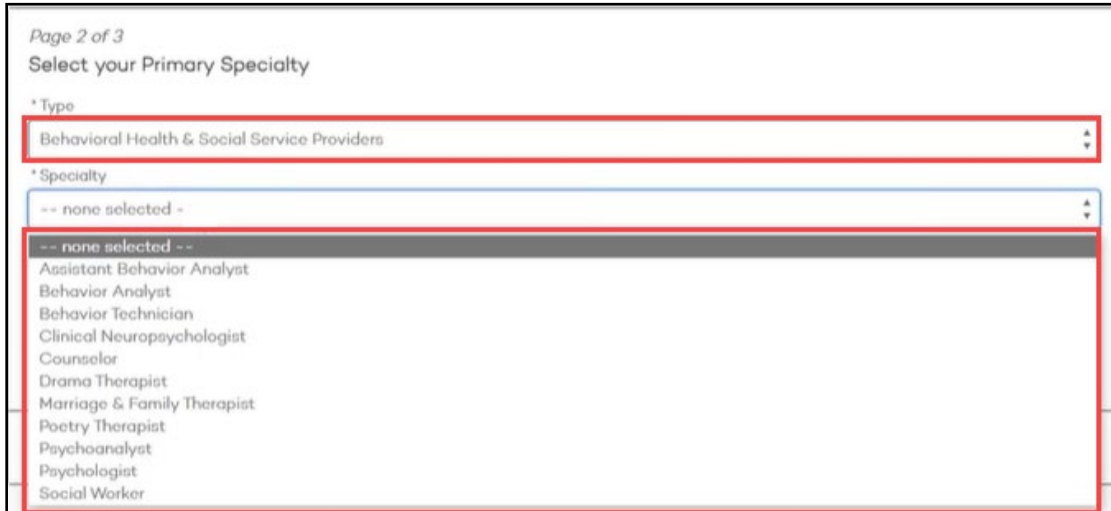
201-875-

This value doesn't follow the required pattern. Try a different format or contact your admin for help.

Select your Primary Specialty (Page 2 of 3):

1. In the **Type** search window, locate the provider type.
2. Select the associated specialty from the drop-down list once the provider type is populated.

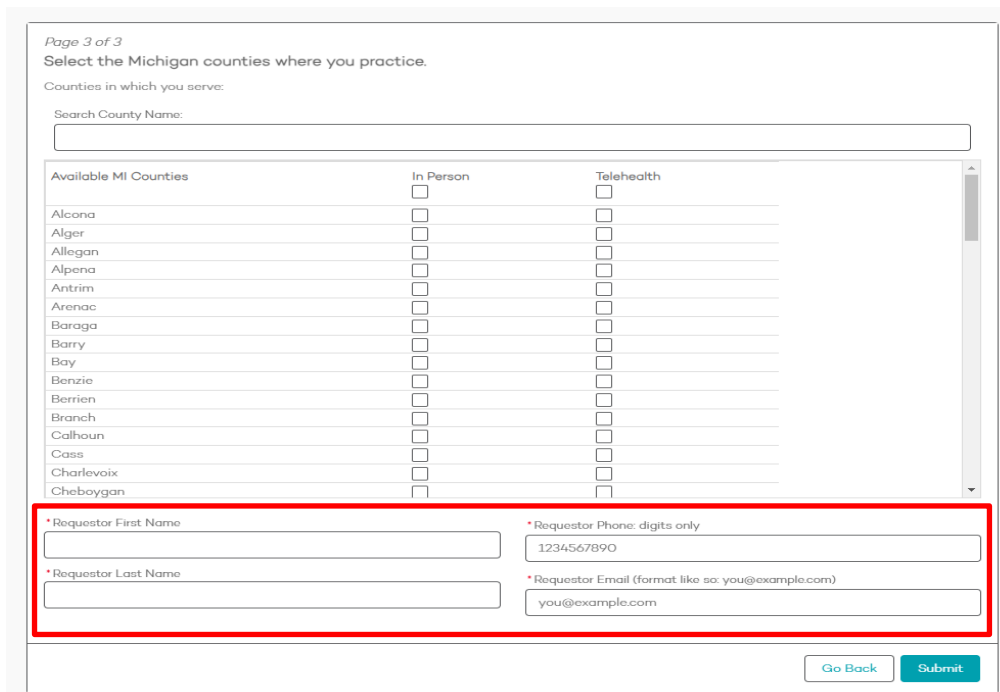
Note: The [NUCC Taxonomy List](#) can assist users unsure of their **type** and **specialty**.



Note: Additional specialties are added by clicking **Yes** to select another specialty.



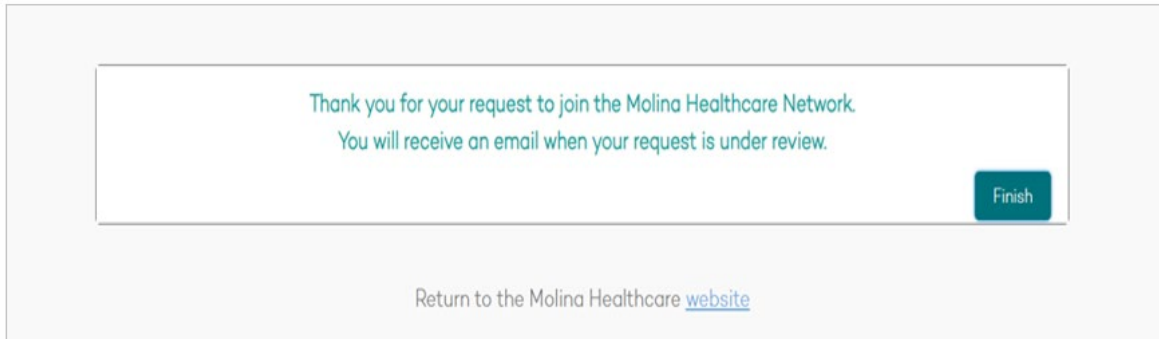
Select the counties served in-person or by telehealth. (Page 3 of 3)



Enter the requestor's information.

- Click **Submit**

Note: Once the request is submitted, a **thank you** message is displayed.



- Click **Finish**

Result: The requestor is redirected to the **home** page.

The health plan reviews group requests submitted through the Pre-Enrollment Portal.

- A decision is made regarding the request after the health plan thoroughly reviews the submitted information.
- The provider receives an email notification detailing the next steps.