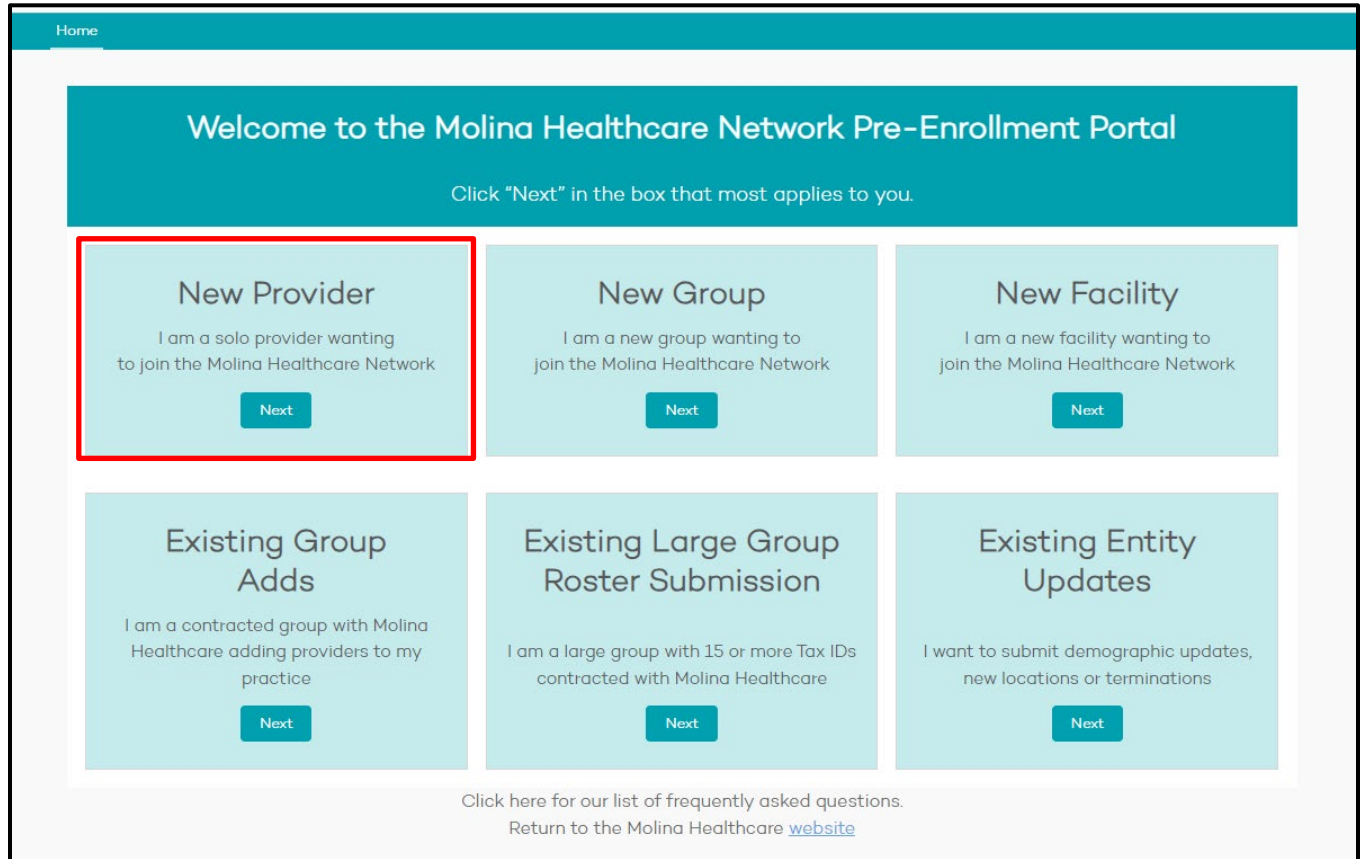


New Provider Workflow

Pre-Enrollment Portal

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



The screenshot shows the Molina Healthcare Network Pre-Enrollment Portal. At the top, there is a teal header with the text "Welcome to the Molina Healthcare Network Pre-Enrollment Portal" and a sub-header "Click 'Next' in the box that most applies to you." Below this, there are six light blue boxes arranged in a 2x3 grid. Each box contains a title, a description, and a "Next" button. The "New Provider" box is highlighted with a red border. At the bottom of the page, there is a link to frequently asked questions and a link to the Molina Healthcare website.

Home

Welcome to the Molina Healthcare Network Pre-Enrollment Portal

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

<h4>New Provider</h4> <p>I am a solo provider wanting to join the Molina Healthcare Network</p> <p>Next</p>	<h4>New Group</h4> <p>I am a new group wanting to join the Molina Healthcare Network</p> <p>Next</p>	<h4>New Facility</h4> <p>I am a new facility wanting to join the Molina Healthcare Network</p> <p>Next</p>
<h4>Existing Group Adds</h4> <p>I am a contracted group with Molina Healthcare adding providers to my practice</p> <p>Next</p>	<h4>Existing Large Group Roster Submission</h4> <p>I am a large group with 15 or more Tax IDs contracted with Molina Healthcare</p> <p>Next</p>	<h4>Existing Entity Updates</h4> <p>I want to submit demographic updates, new locations or terminations</p> <p>Next</p>

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

New Provider Request Form Overview

The New Provider request form can be completed by the provider or the practice manager and consists of four pages.

Form Entry Notes

Fields with an * are required fields.

Enter Practice and Provider Information (Page 1 of 4)

You have selected the option for a solo provider wanting to join the Molina Healthcare Network.

Page 1 of 4: Practice and Provider Information

*What is your role?

▼ Practice Information

*Legal Entity Name <input type="text"/>	*Practice Location <input type="text" value="--None--"/>
Doing Business As (DBA) <input type="text"/>	*Practice TIN <input type="text"/>

▼ Provider Information

Provider Salutation <input type="text" value="--None--"/>	*Provider NPI <input type="text"/>
*Provider First Name <input type="text"/>	*Provider Phone: Ten (10) digits <input type="text" value="1234567890"/>
Provider Middle Initial (one letter) <input type="text"/>	*Provider Email: you@example.com <input type="text" value="you@example.com"/>
*Provider Last Name <input type="text"/>	

[Next](#)

[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

Please enter a 10-digit number.

* Provider Phone: Ten (10) digits

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

Complete the Credentialing Questions (Page 2 of 4):

Page 2 of 4: Credentialing Questions

* Provider Type

* Professional Designation

* Do you practice exclusively within the inpatient setting? (e.g. Pathologists, Anesthesiologists, ER Physicians, Radiologists, Etc)

* Does a credentialed provider supervise or collaborate with this Provider for diagnosis, treatment and/or prescribing?

* Registered with Medicaid?

* Registered with Medicare?

Select your Primary Specialty (Page 3 of 4)

Page 3 of 4

Select your Primary Specialty

* Provide your CAQH Id

Complete this field.

* Type

* Specialty

-- none selected --

Allergy & Immunology

Anesthesiology

Clinical Pharmacology

Colon & Rectal Surgery

Dermatology

Electrodiagnostic Medicine

Emergency Medicine

Family Medicine

General Practice

Hospitalist

Independent Medical Examiner

Integrative Medicine

Internal Medicine

Legal Medicine

Medical Genetics

Neurological Surgery

Neuromusculoskeletal Medicine, Sports Medicine

Neuromusculoskeletal Medicine & OMM

Nuclear Medicine

- In the **Type** search window, locate the provider type.
- Once the provider type is populated, select the associated **Specialty** from the drop-down list.

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

CAQH process: This process runs automatically for providers that require credentialing and pulls in all pertinent information (including certifications and licenses).

Select the counties served in-person or by telehealth. (Page 4 of 4)

Page 4 of 4: Final Details

✓ Indicate the Michigan counties where you practice

Indicate the Michigan counties where you practice:

Counties in which you serve:

Search County Name:

Available MI Counties	In Person	Telehealth
Alcona	<input type="checkbox"/>	<input type="checkbox"/>
Alger	<input type="checkbox"/>	<input type="checkbox"/>
Allegan	<input type="checkbox"/>	<input type="checkbox"/>
Alpena	<input type="checkbox"/>	<input type="checkbox"/>
Antrim	<input type="checkbox"/>	<input type="checkbox"/>
Arenac	<input type="checkbox"/>	<input type="checkbox"/>
Baraga	<input type="checkbox"/>	<input type="checkbox"/>
Barry	<input type="checkbox"/>	<input type="checkbox"/>
Bay	<input type="checkbox"/>	<input type="checkbox"/>
Benzie	<input type="checkbox"/>	<input type="checkbox"/>
Berrien	<input type="checkbox"/>	<input type="checkbox"/>
Branch	<input type="checkbox"/>	<input type="checkbox"/>
Calhoun	<input type="checkbox"/>	<input type="checkbox"/>
Cass	<input type="checkbox"/>	<input type="checkbox"/>
Charlevoix	<input type="checkbox"/>	<input type="checkbox"/>
Cheboygan	<input type="checkbox"/>	<input type="checkbox"/>

* Is the scope of your practice limited in any way?

--None--

Go Back Submit

- Complete the question regarding the scope of the practice.

Note: Requestor Details are required if the form is completed by a practice manager.

Requestor Details

* Requestor First Name

* Requestor Last Name

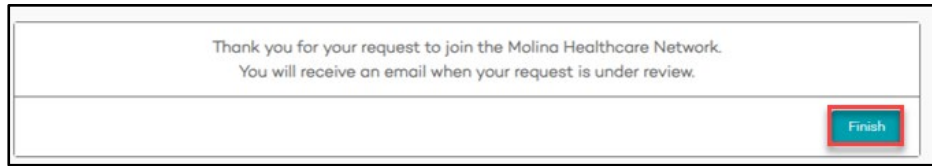
* Requestor Phone: digits only

* Requestor Email (you@example.com)

Go Back Submit

- Once all the required information is entered, click **Submit**.

A **thank you** message is displayed.



Click **Finish**.

The health plan reviews provider 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.