
Overview

Quick Summary

To provide the guidelines for New Group Enrollment.

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Definitions

The following table defines the terms used in this document:

Term	Definition
CAQH	Council for Affordable Quality Healthcare
Business Development Case	A case to collect the new affiliation information for a practitioner when credentialing has already taken place or is not needed
Credentialing Case	A case to collect the new affiliation information as well as collect credentialing information

References

The following documents are referred to within this document:

- Roster Uploads – Job Aid

New Group Workflow

Pre-Enrollment Portal

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

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Welcome to the Molina Healthcare Network Pre-Enrollment Portal

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

Join the Molina Network

Submit a contract request to participate in the Molina Healthcare Network.

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Access the Portal

Contracted providers that need to gain access to the portal to add practitioners to your group, upload a roster, add facility locations or check on credentialing status.

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Delegated provider

I am a delegated provider that would like to submit my delegated roster.

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Upon entering the tile after clicking next you will be met with a series of questions to determine what request type is appropriate.

Pre-Screening Questions

You will select the state you wish to be contracted in.

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*What state are you wanting to contract in? ⓘ

--None--

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You will then select the best billing method that describes your request.

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*What best describes you?

I am a large health care entity with multiple TIN/NPIs that will file claims at both the facility and individual provider level.

I will only file claims for a facility

I will only file claims for individual providers or as a solo provider

I provide non-healthcare services and don't know how I will bill (i.e. transportation, home modifications, etc.)

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After you have selected the correct billing method you will enter your practice TIN and NPI. If you are an atypical provider type and do not have an NPI you are able to check the box to remove the NPI requirement.

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I do not have an NPI

* Provider NPI

* Provider TIN

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Upon clicking next, after entering the required data you will be asked to enter the primary taxonomy for your group. If you do not know your taxonomy you can check the box next to “I do not know my taxonomy” to select the applicable drop downs for your group.

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Primary Taxonomy*

I do not know my Taxonomy

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Primary Taxonomy
Search CareTaxonomy...

I do not know my Taxonomy
 I am an LTSS or Waiver provider and do not have a specialty

* Type
-- none selected --

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Primary Taxonomy
Search CareTaxonomy...

I do not know my Taxonomy
 I am an LTSS or Waiver provider and do not have a specialty

* Type
Group

* Specialty
Multi-Specialty

* Sub-specialty
N/A

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Upon selecting next you are brought to a preview screen of the selections that you have made. The screen provides what request type is appropriate based on taxonomy. To proceed with the request click confirm. You could change the proposed taxonomy by selecting change my taxonomy if what is proposed does not align with your group.

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Looks like you're a group practice or a solo provider where your claims will be billed individually and practitioner(s) are listed in the directory.

Primary Taxonomy

193200000X

Type

Group

Specialty

Multi-Specialty

Sub-specialty

N/A

[Change my Taxonomy](#)[Confirm](#)

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TIP- If the confirmation screen suggests you're a facility, but you are a provider group, then change the taxonomy to multi-Specialty group or Single-Specialty group, then add a specialty in the next screens to include your actual specialty.

You can add another specialty by clicking yes on this screen. If you do not have any additional to add select no and then click next.

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* Add another Specialty?

 Yes No[Previous](#)[Next](#)

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You can advise here if your group offers behavioral health services. Select the correct answer and then click next.

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Do you offer behavioral health services?

Yes

No

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Advise what line of business your group wishes to contract with. Depending on what state you are wishing to contract with, you may not see this question. Once selected click next.

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What line of business do you want to enroll with?

Marketplace

Medicaid

Medicare

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New Group Request Form Overview

Please Note: The system will validate the information on the request against existing information we have in the system. If your group or facility already exists, you will be advised to utilize the Access the Portal card to gain access to your existing group.

The New Group request form is completed by the Practice Manager and consists of 2 pages. The following notes are important for this process.

Notes

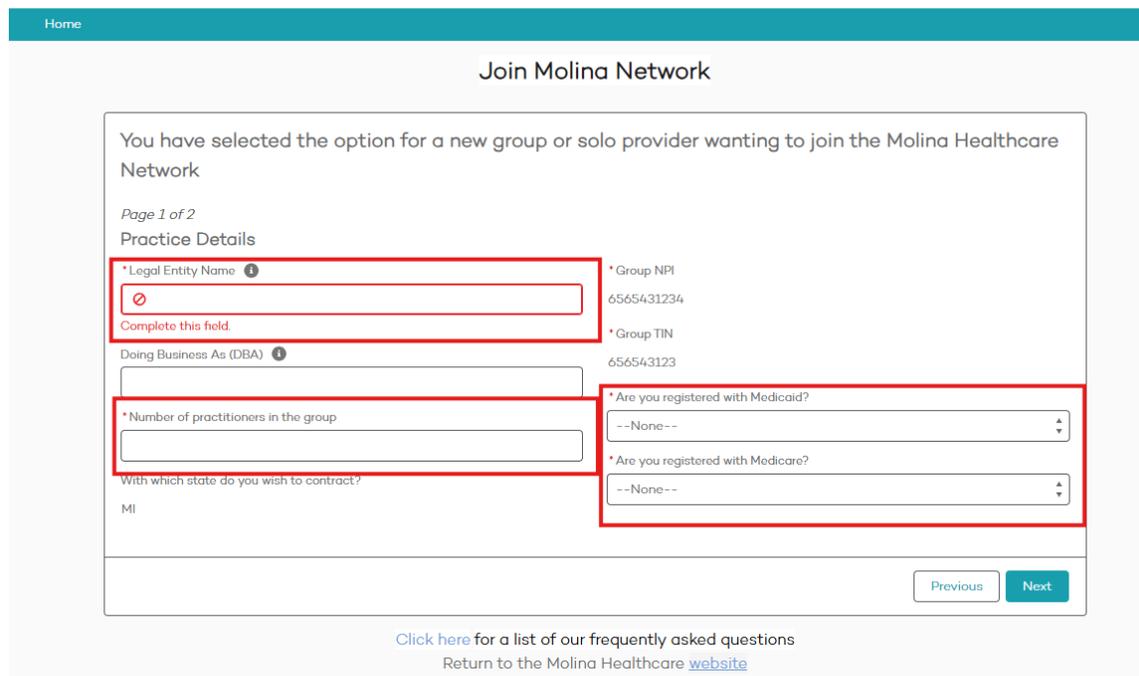
Fields with a * are required fields.

Page 1:

Enter the required data into the fields. If you do not enter all required data, you will not be able to advance to the next screen

- Legal entity name
- Number of practitioners
- Your Medicaid and Medicare participation

Note: Other required data that was previously entered on the previous screens will be transferred to the request.



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You have selected the option for a new group or solo provider wanting to join the Molina Healthcare Network

Page 1 of 2

Practice Details

* Legal Entity Name ⓘ <input type="text" value=""/>	* Group NPI 6565431234
Doing Business As (DBA) ⓘ <input type="text" value=""/>	* Group TIN 656543123
* Number of practitioners in the group <input type="text" value=""/>	* Are you registered with Medicaid? --None--
With which state do you wish to contract? MI	* Are you registered with Medicare? --None--

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Page 2:

- Counties serviced are available to choose but not required
- Enter the required requester information.

Page 2 of 2
 Select the 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"/>
Cedar	<input type="checkbox"/>	<input type="checkbox"/>

* Requestor First Name

* Requestor Last Name

* Requestor Phone: digits only

* Requestor Email (format like so: you@example.com)

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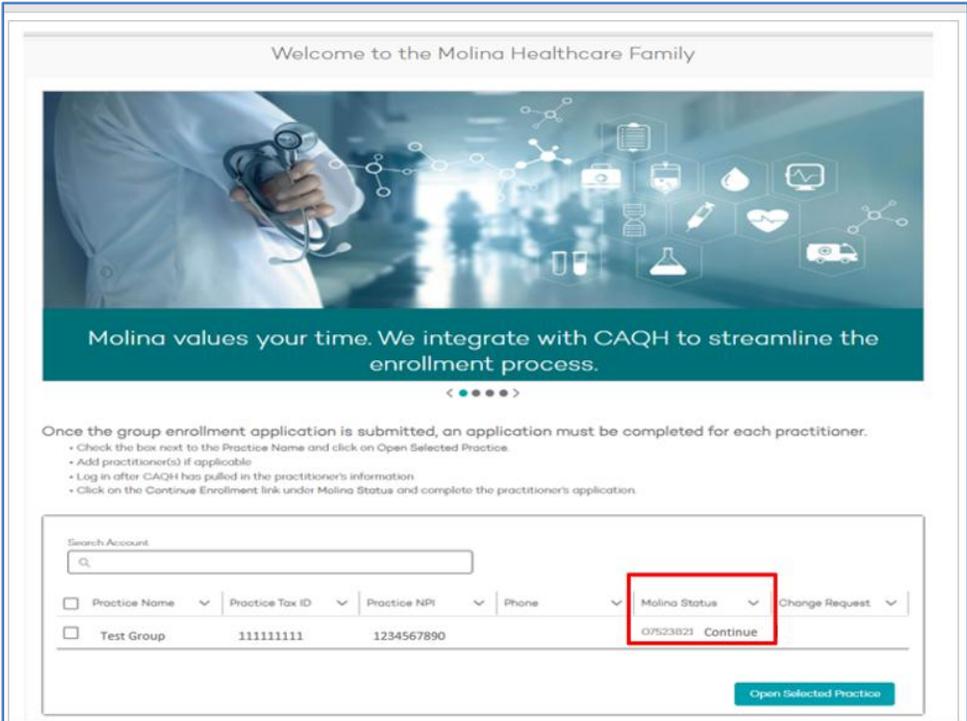
Group requests submitted through the “Pre-Enrollment Portal” are reviewed by the health plan in Salesforce.

After a thorough review of the information submitted, group leads are approved or rejected by the health plan based on the health plan requirements (i.e., by service area, provider type, etc.).

If...	Then...
the health plan approves the request,	the requestor receives an email notification regarding the approved status and instructions to log in to the “Provider Network Management (Authenticated) Portal” to complete the application process.
the health plan rejects the request,	the requestor receives an email notification regarding the rejected status.

Group Enrollment

The requestor follows these steps to enroll a group:

Step	Action
1	<p>Log in to the “Provider Network Management (Authenticated) Portal” with a username and password.</p> 
2	<p>From the “Welcome” page, “Molina Status” field, click Continue Enrollment.</p> 

3	Enter all required information in the form fields.
4	<p>Once the group enrollment is complete, the following notification displays.</p> <p>a. Click Finish.</p> <div data-bbox="272 352 1442 520" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Thank you for completing the Practice/Group enrollment process.</p> <p>Open group on the home page to continue provider's application or add practitioners to the group.</p> <p>The Molina Healthcare contracting team will be in touch with next steps.</p> <div style="float: right; margin-top: 5px;"> <input type="button" value="Finish"/> </div> </div>
5	<p>Practitioners are added to the group using one of the following processes:</p> <p>a. To add practitioners individually, refer to the “Adding a Practitioner – Job Aid.”</p> <p>b. To add multiple practitioners, refer to the “Roster Upload - Job Aid.”</p>