

New Facility Workflow

Pre-Enrollment Portal

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

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>

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New Facility Request Form Overview

The New Facility request form is completed by the practice manager and consists of four pages.

Form Entry Notes

Fields with an * are required fields.

Enter the Facility Details (Page 1 of 4)

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

Screen 1 of 4
Facility Details

<p>* Legal Name of Organization ⓘ</p> <input type="text"/>	<p>* Are you registered with Medicare?</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>
<p>Doing Business As (DBA) ⓘ</p> <input type="text"/>	<p><input type="checkbox"/> My Facility does NOT have an NPI</p>
<p>* Preferred Organization Name ⓘ</p> <div style="border: 2px solid red; padding: 2px;"><input type="text"/></div>	<p>* Facility NPI</p> <input type="text"/>
<p>* State</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	<p>* Facility TIN</p> <input type="text"/>
<p>* Are you registered with Medicaid?</p> <div style="border: 1px solid #ccc; padding: 2px;">--None--</div>	

Next

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Note: Preferred Organization Name is the name under which the organization operates.

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

Example:

* Provider NPI

1452

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 the counties served in-person or by telehealth. (Page 2 of 4)

Screen 2 of 4
 Select the Michigan counties in which 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"/>

Select your Primary Specialty (Page 3 of 4):

1. In the **Type** search window, locate the provider type.
2. 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**.

Page 3 of 4
 Select your Primary Specialty

* Type

* Specialty

- none selected --
- Christian Science Sanitorium
- Chronic Disease Hospital
- General Acute Care Hospital
- Long Term Care Hospital
- Military Hospital
- Psychiatric Hospital
- Rehabilitation Hospital
- Religious Nonmedical Health Care Institution
- Special Hospital

Note: Additional Specialties can be added by clicking **Yes**.

* Select another Specialty?

Yes

No

Requestor Details (Page 4 of 4):

Screen 4 of 4

Requestor Details

* Requestor First Name

Complete this field.

* Requestor Last Name

* Requestor Phone: digits only

* Requestor Email: you@example.com

[Go Back](#) [Submit](#)

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1. Enter the requestor's information.
2. Click **Submit**.

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

Thank you for your request to join the Molina Healthcare Network.
You will receive an email when your request is under review.

[Finish](#)

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3. Click **Finish**.

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

The health plan reviews facility 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.