

# Provider Network Portal Training

(Provider Enrollment Portal, Session 4)

May 13, 2026



# Pre-Enrollment Portal

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.

[Next](#)

**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.

[Next](#)

**Delegated provider**

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

[Next](#)



# Authenticated Portal

VS

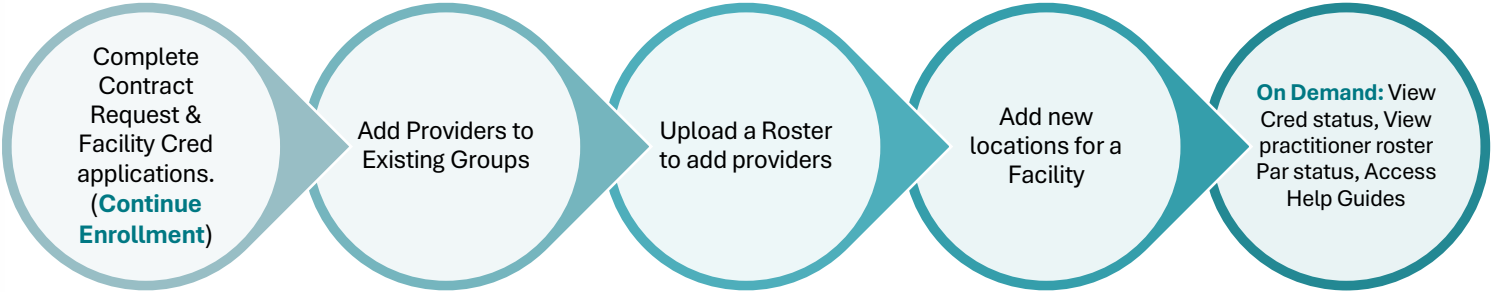
Welcome to the Molina Healthcare Family

Once your enrollment request is submitted, please review the next steps below to complete your application and/or add practitioners:

- Select the applicable State, check the box next the Practice Name, and click on Open Selected Practice.
- Groups/facilities, you must complete the application and provide service location, license and other information - click on the Continue Enrollment link under Molina Status.
- Add practitioner(s) if applicable via the Add Practitioner button for individual submissions, or via a Roster Upload for bulk submissions
- CACH will pull all data back for providers that require credentialing; for practitioners that do not require credentialing or for atypical provider types, click the Continue Enrollment link under Molina Status of the practitioner's record

Search Account	Select State
<input type="text"/>	MI
<input checked="" type="checkbox"/> Practice N.   <input type="checkbox"/> Practice T.   <input type="checkbox"/> Practice N.   <input type="checkbox"/> Phone   <input type="checkbox"/> Molina Status   <input type="checkbox"/> Change R.   <input type="checkbox"/> State	
<input checked="" type="checkbox"/> Test Business              000000000              0000000000              6162222222              184674545-Continue Enrollment              MI	

[Open Selected Practice](#)




# Provider Network Pre-Enrollment Portal

Welcome to the Provider Network Pre-Enrollment Portal!

Please choose the tile that adequately describes your situation or request:

Log in

**Existing Users  
Log In Here**



## 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.

Next

New Contract Requests

### 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.

Next

Request Access

### Delegated provider

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

Next

Delegated Providers

\*including new TIN / NPI Combinations

**Existing Users  
Log In Here**

- Providers are directed to the Pre-Enrollment Portal from the 'Join Our Network' page of the Molina website
- No login is required to access this site
- The provider will select the appropriate workflow, fill in all required fields, and submit the initial request
- The Contracting team will review before Approving or Denying the request. If any information is missing or incorrect, a team member will reach out directly.
- If **Approved**, an email will be sent to the Practice Contact with details on next steps, how to create an account, and directions to submit the additional details required for the enrollment process.

The items below are **Required** to proceed with the request:

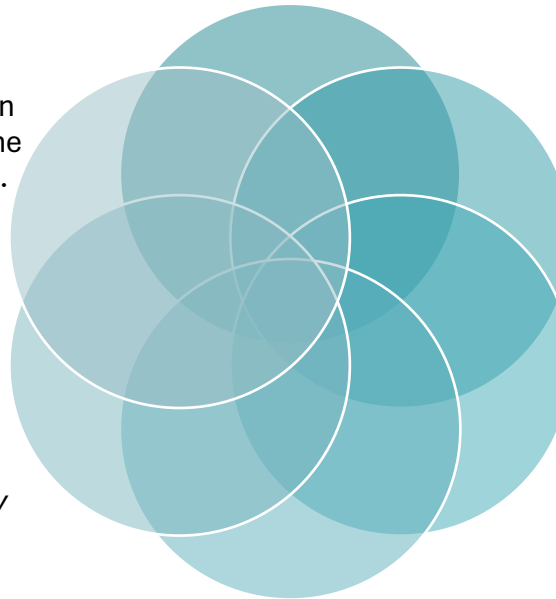
## Requirements:

### Updated / Current NPPES Account

(NPPES governs our decision making on how we view provider type, therefore, the type of request needed for the request.  
*i.e., facility vs group tiles*)

### Valid Email for Portal Registration

*(email address cannot be in-use by another group, or the request will not go through)*



NPI must be registered  
with MDHHS CHAMPS

Active & Attested  
CAQH Profile within  
**120 days** (for all  
providers that require  
credentialing)

### Signed and Current W-9 / Disclosure of Ownership Form

*(Only Molina's Form will be accepted; any other health plan disclosure form will be rejected)*

# Important Reminder

Once the **Initial Submission** is complete, a member of the contracting team at Molina will review the information and either Approve or Deny the request.

If approved, an email will be sent to the contact email provided in this pre-enrollment portal with information on how to login to the Provider Network Authenticated Portal (**step two**) and **Continue Enrollment** for the Group/Facility/Solo Provider.

If **Continue Enrollment** *is not completed within 30 days of Approval, the request will timeout and close automatically.* Once closed, this cannot be reopened in our system, and a new request would need to be submitted to begin the process again. Once Approval is received, the 30-Day Window begins.

**The initial submission in this Pre-Enrollment portal is the **First of Two Steps.****

# Pre-Enrollment Portal Steps



If you are starting the process as a new user, you will need to select your state (**Michigan**)

\*What state are you wanting to contract in? ⓘ

Michigan

To contract in multiple states, you will need to complete this form per state.

Choose the option that best fits your request from the 4 options listed

\*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.)

Previous Next

Place the Group/Facility (**Type 2**) NPI and TIN in the boxes and click **Next**

I do not have an NPI

\*Provider NPI ←

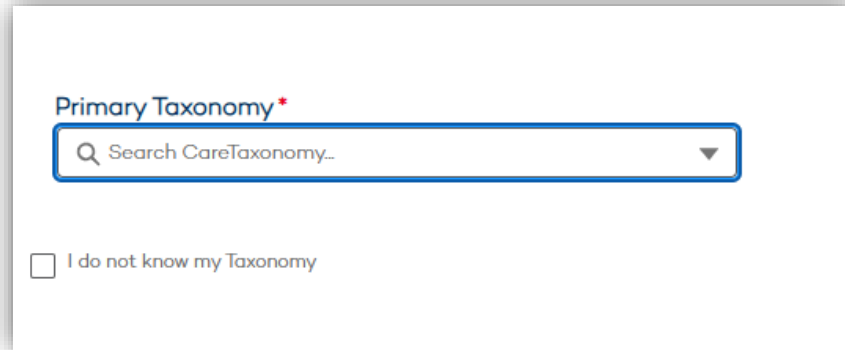
Provider TIN

**Type 2 NPI should be placed here, not individual provider NPI's**

**Exception:** Solo Providers looking to contract with only their type 1 NPI

You can choose **'I am an LTSS or Waiver provider and do not have a specialty'** or choose your Provider/Group/Facility Type

Next, you will be asked to provide your **Taxonomy**



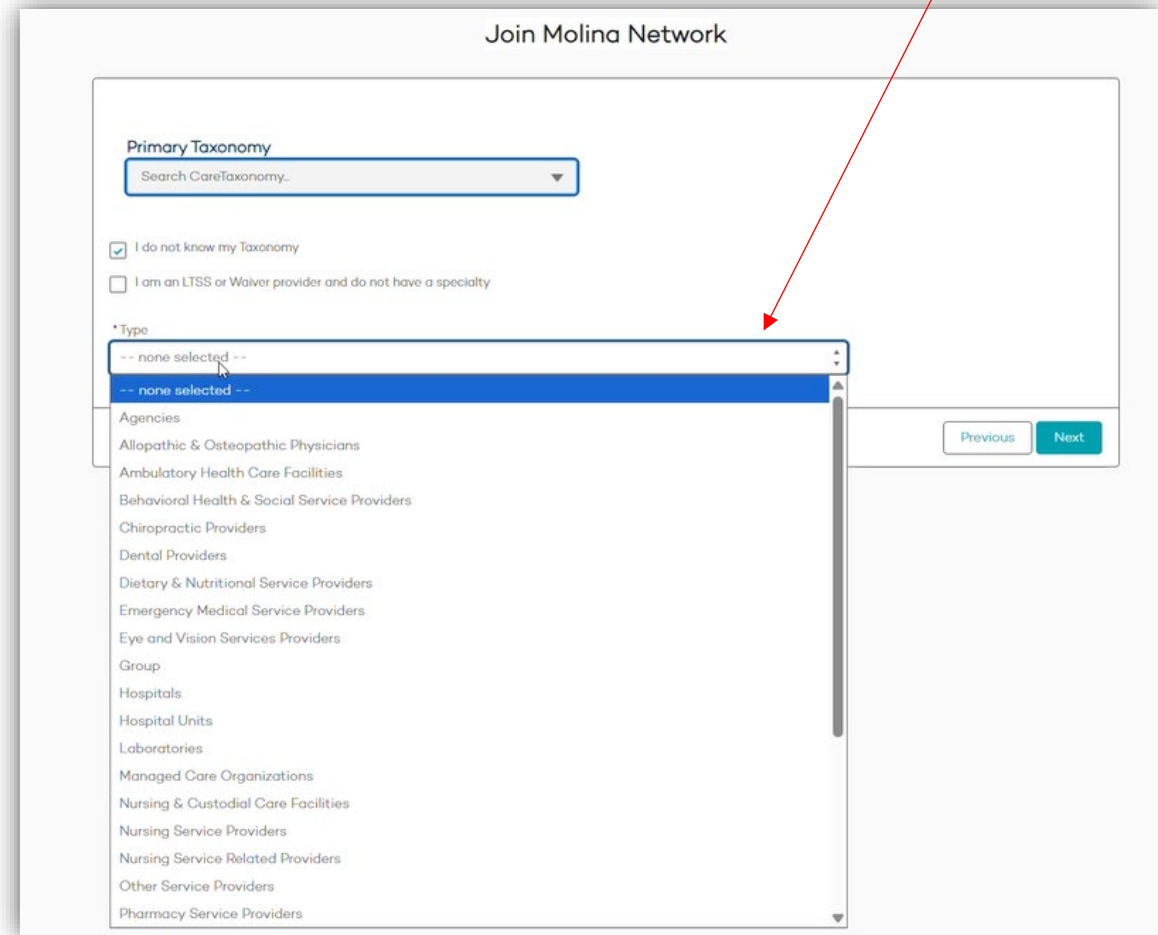
Primary Taxonomy\*

Search CareTaxonomy...

I do not know my Taxonomy

If you do not know your taxonomy, click the checkbox next to **'I do not know my taxonomy'**.

Providers must follow NUCC guidelines for Taxonomy. You can utilize the NUCC Taxonomy list [HERE](#).



Join Molina Network

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 --

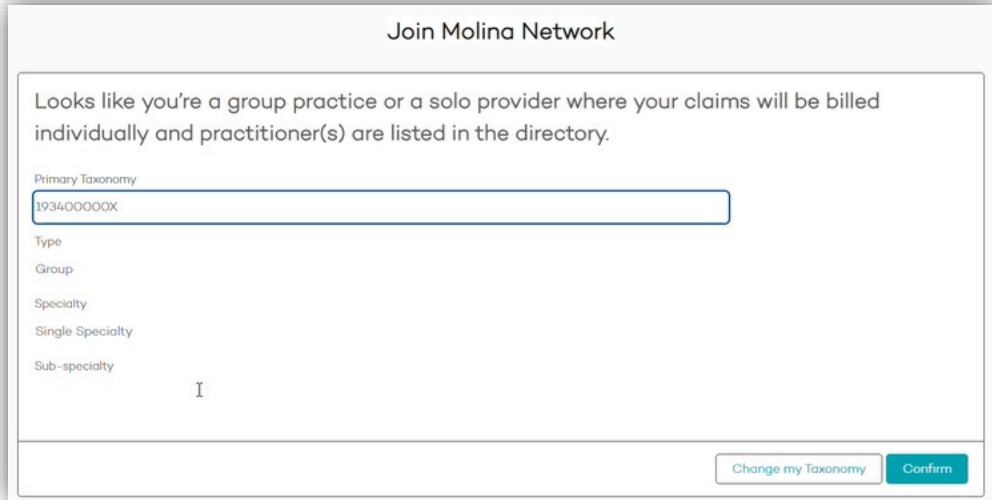
-- none selected --

Agencies

- Allopathic & Osteopathic Physicians
- Ambulatory Health Care Facilities
- Behavioral Health & Social Service Providers
- Chiropractic Providers
- Dental Providers
- Dietary & Nutritional Service Providers
- Emergency Medical Service Providers
- Eye and Vision Services Providers
- Group
- Hospitals
- Hospital Units
- Laboratories
- Managed Care Organizations
- Nursing & Custodial Care Facilities
- Nursing Service Providers
- Nursing Service Related Providers
- Other Service Providers
- Pharmacy Service Providers

Previous Next

Once you have entered the previous information, you will need to confirm your selections and verify they match what the system is reflecting.



Answer the question regarding **BH Services**.  
If **Yes**, choose the services offered and click **Next**.



Choose the lines of business you are requesting to include in your contract with Molina; **to select more than one option, hold control while making selections.**



**Please Note:** Molina Marketplace contracting will still be completed during the 2026 Pause as we will be rejoining the Market in 2027.

You will then complete the information for the **facility/ group/ solo-provider** on the following three screens.

*\*Please be sure the Legal and DBA names match the information provided on your W-9.  
The contact email provided will be the one used for automated emails and any correspondence from Molina regarding the request.*

**Join Molina Network**

Screen 1 of 3  
Facility Details

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

\*Legal Name of Organization: Demo MI Test portal

Doing Business As (DBA): Demo MI Test portal

\*Preferred Organization Name: Demo MI Test portal

With which state do you wish to contract?: MI

\*Are you registered with Medicare?: No

My Facility does NOT have an NPI: false

\*Facility NPI: 7894567891

\*Facility TIN: 512457899

\*Are you registered with Medicaid?: No

Screen 2 of 3  
Select the 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Allegan	<input type="checkbox"/>	<input type="checkbox"/>
Alpena	<input checked="" 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"/>

Screen 3 of 3  
Requestor Details

\*Requestor First Name: Shelle

\*Requestor Last Name: TestUAT

\*Requestor Phone: digits only: 5123636545

\*Requestor Email: you@example.com: shelle@



## Your submission is complete, you can now select **Finish**

You can also add another NPI & TIN for the same state (**MI**) OR start a new request for another state by selecting one of the options and clicking **Next**.

Join Molina Network

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

Do you want Submit another Form?

Add another NPI & TIN for the same state.

Start a new request for another state

Select one of the options above and click **Next**, or click **Finish** to return to Home page.

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

An email will be sent to contact email provided when your request is under review.  
You will receive another when the lead is **Approved** or **Rejected**.

The Approval email will contain directions and next steps to log into the **Provider Network Authenticated Portal** to Continue Enrollment and Add Practitioners.

**Please note** that this is a two-step process and your action will be required to continue the enrollment as instructed once the initial request is **Approved**.

# Provider Network Authenticated Portal

(Step Two)



# Provider Network Authenticated Portal

The Provider Network Authenticated Portal will be the **2<sup>nd</sup> Step** to the Provider's request to contract with Molina Healthcare of Michigan. Once your request is Approved by the Molina contracting team, an email will be sent to the contact email provided in the pre-enrollment portal with next steps to log in to the **Authenticated Portal**.

From here, the contact can **Continue Enrollment** for their group/facility, **Add Providers**, **Request Changes and Upload Rosters**.

Existing contracted groups and providers can also log in to this portal for any required maintenance.

**PLEASE NOTE: If you do not Continue Enrollment within 30 days of Approval, your request will auto-close due to inactivity and you will be required to resubmit a new request. Molina is unable to reopen the request once it has auto-closed.**



# Provider CAQH Information

Molina utilizes **CAQH ProView** to credential providers in the State of Michigan.

When submitting the information to Molina, please be sure the Provider's CAQH has been updated to reflect all current practice details, and that all information is up-to-date & attested within **120 Days** of submitting your request to Molina Healthcare of Michigan.

Active and Attested CAQH Profiles are a **Requirement** to become in-network with Molina for all providers that **require credentialing**. The portal has introduced new updates to provide CAQH information in real-time; an error will now populate at the top of the screen if the information entered the portal does not match the specific provider's CAQH information.

If the information is not updated to reflect the information specific to the practice(s) the provider is being added to, **OR** the CAQH attestation is not current within 120 Days, your application will not process correctly and could cause potential delays to the enrollment request or PAR date.

**For this reason, we ask that you do not begin the enrollment process for a provider until you have confirmed that the CAQH information reflects all information being entered into the portal for their enrollment.**

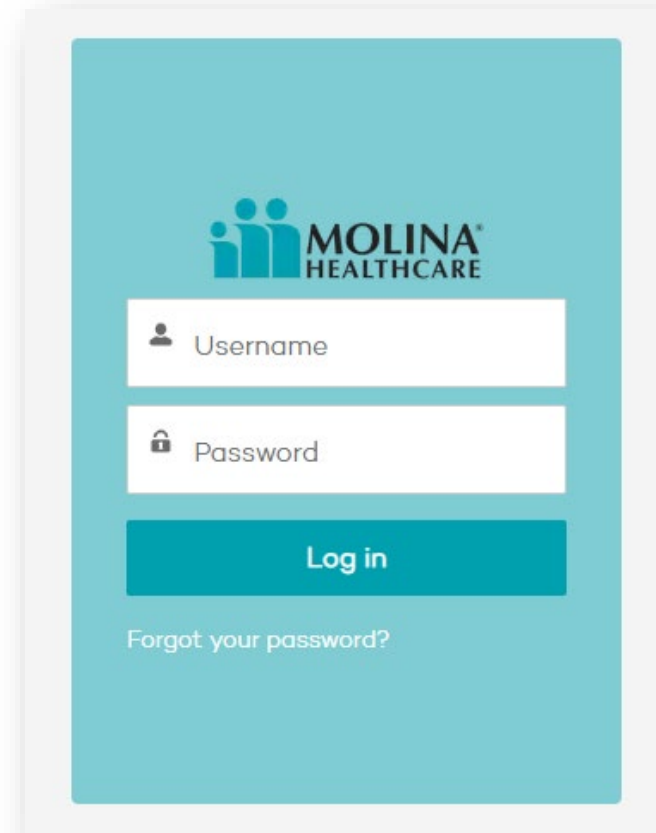
**Link: [CAQH ProView - Sign In](#)**

# Continue Enrollment Group or Facility



# Provider Network Authenticated Portal

Log in to the  
“Provider Network Management (Authenticated) Portal”  
with your username and password\*.



The image shows a login portal for Molina Healthcare. At the top, there is the Molina Healthcare logo, which consists of three stylized human figures in blue and teal, followed by the text "MOLINA HEALTHCARE". Below the logo, there are two input fields: the first is labeled "Username" and has a person icon to its left; the second is labeled "Password" and has a lock icon to its left. Below these fields is a teal button with the text "Log in". At the bottom of the form, there is a link that says "Forgot your password?".

\*Username and instructions for creating a password will be included in the email from Molina once your initial request is Approved.

# Continue Enrollment State Selection

To see the information for the group/facility, you will need to select your state **first**. You will not see the information in the columns until the state is Selected.

Search Account

Select State

<input type="checkbox"/>	Practice N..	Practice T..	Practice N..	Phone	Molina Sta..	Change R..	State	Account R..
<input type="checkbox"/>	Michigan ERT	381544225	5574447884	7664453339			MI	Provider Group

Open Selected Practice

No State Selected – Blank



Search Account

Select State

<input type="checkbox"/>	Practice N..	Practice T..	Practice N..	Phone	Molina Status	Change R..	State
<input type="checkbox"/>	Michigan ERT	381544225	5574447884	7664453339	<u>184685594-Continue Enrollment</u>		MI

Open Selected Practice

MI Selected – Information populates on the record in the columns.



To complete the remaining portion of the application, select **'Continue Enrollment'** under the **Molina Status** Column

Welcome to the Molina Healthcare Family

Once your enrollment request is submitted, please review the next steps below to complete your application and/or add practitioners:

- Select the applicable **State**, check the box next the **Practice Name**, and click on **Open Selected Practice**.
- **Groups/facilities**, you must complete the application and provide service location, license and other information - click on the **Continue Enrollment** link under **Molina Status**.
- Add practitioner(s) if applicable via the **Add Practitioner** button for individual submissions, or via a **Roster Upload** for bulk submissions
- CAQH will pull all data back for providers that require credentialing; for practitioners that do not require credentialing or for atypical provider types, click the **Continue Enrollment** link under **Molina Status** of the practitioner's record

Search Account

Select State

<input checked="" type="checkbox"/>	Practice N... <input type="text"/>	Practice T... <input type="text"/>	Practice N... <input type="text"/>	Phone <input type="text"/>	Molina Status <input type="text"/>	Change R... <input type="text"/>	State <input type="text"/>
<input checked="" type="checkbox"/>	Test Business	000000000	0000000000	6162222222	184674545-Continue Enrollment		MI

Select **Continue Enrollment** from the **status column** – it is a clickable link

Your request is **not** complete until you have completed the **Continue Enrollment** portion of the application. Once complete, this column shows **'Submitted'**.

Next, enter the requested details about your Practice.

The submitter will need the group/facility/solo provider's **Type 2 NPI / TIN**, as well as Medicaid and Medicare numbers.

*\*Previously entered information will auto-populate into the fields*

*Please be sure the Legal Entity Name and Doing Business As (DBA) Name reflect the information in the W-9*

Complete the following details about your Group or Practice.

▼ Group Details

Legal Entity Name

Test Business

Doing Business As (DBA)

\* Practice/Group NPI

\* Practice/Group Tax ID

\* Number of Practitioners in the Group

Group Website (must include https://)

We are registered with Medicaid

\* Group CHAMPS ID

We are registered with Medicare

\* Group Medicare #

\* Group Type

Group Taxonomy (ten-character code)

\* PCMH Certified?

Save and Continue

**Next**, provide the Mailing and Billing addresses for your practice

Provide the mailing and billing addresses for your Group or Practice.

Mailing Address  
\*This address will be used for mailing correspondence

Billing Address  
\*This address will be used for claims payments

Same as Mailing?

\* Street Name

Suite or Office Number

\* City

\* State  
--None--

\* ZIP Code

\* Phone: Ten (10) digits

\* Street Name

Suite, Office Number

\* City

\* State  
--None--

\* ZIP Code

Fax: Ten (10) digits

[Go Back](#) [Save and Continue](#)

**Then**, select the counties the group/facility/solo provider serve in person **and** via Telehealth. You can also use the search bar to search for the county you are looking for.

Confirm the Counties for this Group

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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Cass	<input type="checkbox"/>	<input type="checkbox"/>

[Go Back](#) [Save and Continue](#)

**Next**, identify responsibilities the submitter will handle through the credentialing / contracting process. *Select all that apply.* If you are responsible for all items listed, select all boxes before proceeding.

Each role must be associated with a contact.

- Billing
- Contracting
- Contract Signatory
- Credentialing

*If one of the boxes is left unchecked, it will prompt you to add a contact for that specific role.*

You are registered with Molina Healthcare as a Practice Manager. What other responsibilities do you have at Test Business?

- Billing
- Contracting
- Contract Signatory
- Credentialing
- Practice Manager

**The submitter will be asked to confirm the selections on the following page**

The following Contacts have not been created for your Group/Practice. Each role must be associated to a Contact

Contract Signatory

Provide the full name and contact information for each contact you add for Test Business.

Salutation  
--None--

\* First Name  
[Text Input]

\* Last Name  
[Text Input]

\* Email  
you@example.com

\* Phone  
[Text Input]

Fax  
[Text Input]

\* What is this individual responsible for?

- Billing
- Contracting
- Contract Signatory
- Credentialing

Add another Contact?

Yes  
 No

Once all roles are assigned a contact, you will have the ability to edit and delete **OR** Add another contact to the list for the practice.

Test Business Contacts

To delete an entry, select a name and hit the Delete button.

Contact Name	Roles
hannah davis	Practice Manager;Billing;Contracting;Contract Signatory;Credentialing

Total Records: 1 Page 1 of 1

Delete

I want to add another contact  No

Go Back Save and Continue

# Uploading Documents

**Finally**, upload the required documents for the credentialing / contracting processes.

Existing and Uploaded documents will show at the top of the screen.

**All** providers will be required to submit a Disclosure of Ownership\* and W-9.

*\*Only Molina's disclosure of ownership form will be accepted; any other health plan forms will be rejected.*

Existing Documents

0 of 0 items

Title	Created Date	File Type
No items to display.		

\*Molina only accepts PDF files

\*Molina Healthcare of Michigan requires that all Providers submit a Disclosure of Ownership form.

[Upload Files](#) Or drop files

\*Molina Healthcare requires that all Providers submit a W-9.

[Upload Files](#) Or drop files

**Required**

Upload CSHCS Form

[Upload Files](#) Or drop files

**CSHCS** – Children's Special Health Care Services – Specific to PCP Providers

[Go Back](#) [Next](#)

## Your Practice/Group Enrollment is Complete!

Thank you for completing the Practice/Group enrollment process.  
Open group on the home page to continue provider's application or add practitioners to the group.  
The Molina Healthcare contracting team will be in touch with next steps.

Finish

Select **Finish** to return to the home page.  
From here, you can Add Providers, Upload Rosters, Request Changes, etc.

*The Molina contracting team will be in touch with next steps.*

Once your group/facility submission is complete, it will say **Submitted** under the Molina Status Column...

Search Account Select State  
MI

<input type="checkbox"/>	Practice N..	Practice T..	Practice N..	Phone	Molina Status	Change R..	State
<input type="checkbox"/>					184674545-Submitted		MI
<input type="checkbox"/>					184681138-Submitted		MI
<input type="checkbox"/>					184685548-Submitted		MI
<input type="checkbox"/>					184688519-Submitted		MI
<input type="checkbox"/>	..				184688993-Submitted		MI

[Open Selected Practice](#)

From here, you can select the box next to the practice you want to view, select Open Selected Practice, and you will be taken to the group's landing page. From there you can Add Providers, Request Changes, etc.

***\*\*Please ensure your group enrollment is in Submitted status before Adding Practitioners to guarantee the group process is complete before moving to the next step.***

# Add Practitioners



## From the “Welcome” page:

- Select the box next to the “Practice Name.”
- Click Open Selected Practice.

*\*Ancillary Providers, see next slide*

Welcome to the Molina Healthcare Family

Once your enrollment request is submitted, please review the next steps below to complete your application and/or add practitioners:

- Select the applicable State, check the box next the Practice Name, and click on Open Selected Practice.
- Groups/facilities, you must complete the application and provide service location, license and other information - click on the Continue Enrollment link under Molina Status.
- Add practitioner(s) if applicable via the Add Practitioner button for individual submissions, or via a Roster Upload for bulk submissions
- CAQH will pull all data back for providers that require credentialing; for practitioners that do not require credentialing or for atypical provider types, click the Continue Enrollment link under Molina Status of the practitioner’s record

The screenshot shows a web interface for managing enrollment. At the top, there is a 'Search Account' field and a 'Select State' dropdown menu with 'MI' selected. Below this is a table with columns: Practice N., Practice T., Practice N., Phone, Molina Sta., Change R., State, and Account R. The first row of the table is highlighted in light blue and contains the following data: a checked checkbox, 'Test Business', '000000000', '0000000000', '6162222222', '184674545-Cont...', 'MI', and 'Provider Group'. A red box highlights the checked checkbox, and a red arrow points from it to the text 'Result: the Account page will open'. To the right of the table, there is a teal button labeled 'Open Selected Practice'.

<input checked="" type="checkbox"/>	Practice N...	Practice T...	Practice N...	Phone	Molina Sta...	Change R...	State	Account R...
<input checked="" type="checkbox"/>	Test Business	000000000	0000000000	6162222222	184674545-Cont...		MI	Provider Group

# Notice to Ancillary Providers with both Group and Facility Requests:

Please ensure you are adding providers to the **Provider Group** and ***not*** the Ancillary Group, as shown below.

Welcome to the Molina Healthcare Family

Once your enrollment request is submitted, please review the next steps below to complete your application and/or add practitioners:

- Select the applicable State, check the box next the Practice Name, and click on Open Selected Practice.
- Groups/facilities, you must complete the application and provide service location, license and other information - click on the Continue Enrollment link under Molina Status.
- Add practitioner(s) if applicable via the Add Practitioner button for individual submissions, or via a Roster Upload for bulk submissions
- CAQH will pull all data back for providers that require credentialing; for practitioners that do not require credentialing or for atypical provider types, click the Continue Enrollment link under Molina Status of the practitioner's record

Search Account

Select State

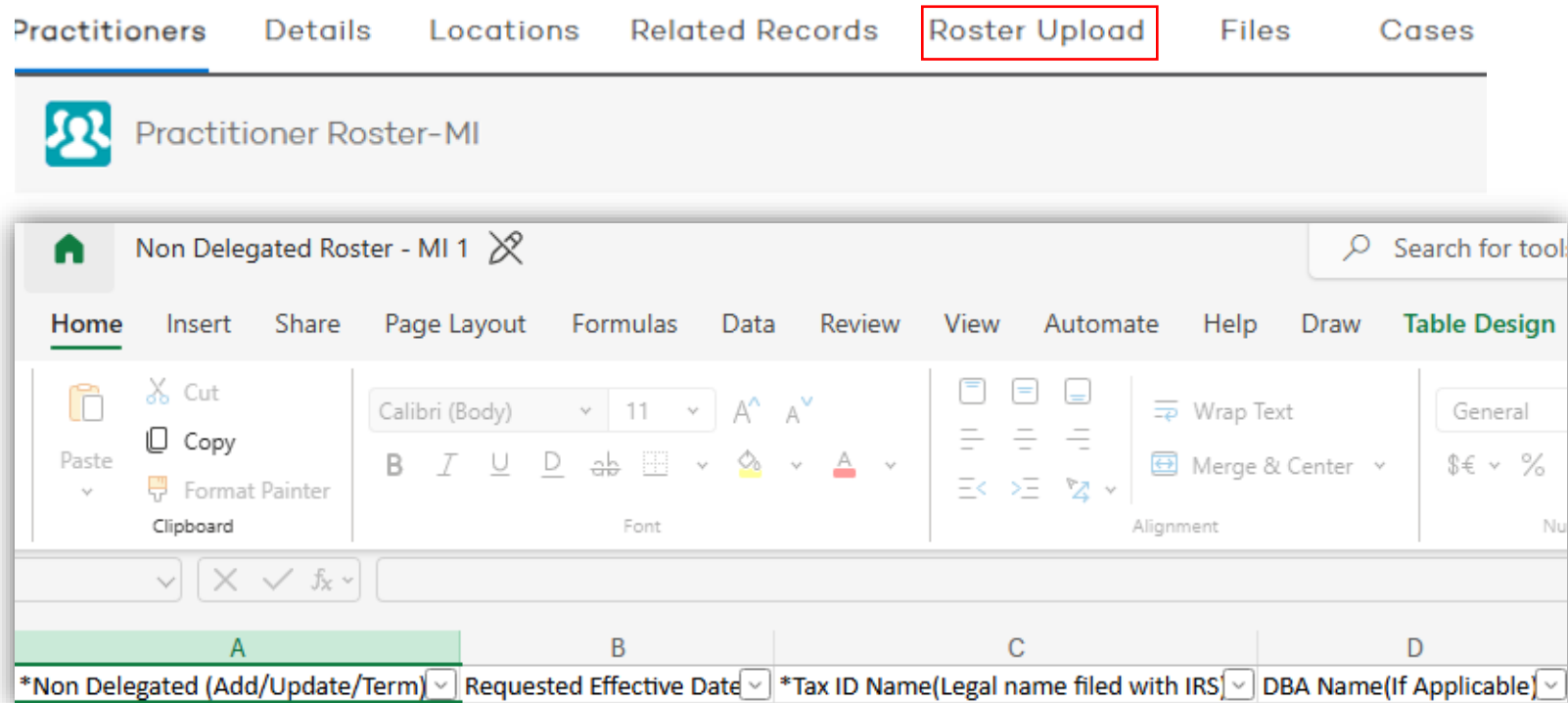
<input type="checkbox"/>	Practice N... ▾	Practice T... ▾	Practice N... ▾	Phone ▾	M ▾	Change R... ▾	S. ▾	Account R... ▾
<input type="checkbox"/>					148...		MI...	Provider Group
<input type="checkbox"/>					163...		MI	Ancillary Group

Open Selected Practice

Add Providers to  
Provider Group,  
**NOT** Ancillary Group

## If you have more than 5 Providers...

We highly recommend uploading a roster of your providers under the Roster Upload tab. After selecting this tab, you will see a link to the obtain Molina's Non-Delegated Roster, as well as information on Roster Etiquette for submission.



The screenshot shows a web application interface with a navigation bar containing the following tabs: Practitioners, Details, Locations, Related Records, **Roster Upload** (highlighted with a red box), Files, and Cases. Below the navigation bar, there is a header for 'Practitioner Roster-MI' with a person icon. The main content area displays a Microsoft Excel spreadsheet titled 'Non Delegated Roster - MI 1'. The Excel ribbon is set to 'Table Design' and shows the 'Home' tab. The spreadsheet has columns labeled A, B, C, and D. The first row of data contains the following text: '\*Non Delegated (Add/Update/Term)', 'Requested Effective Date', '\*Tax ID Name(Legal name filed with IRS)', and 'DBA Name(If Applicable)'. Each of these text elements is followed by a small downward arrow icon, indicating they are dropdown menus.

# Group Landing Page

Account  
Test Business

Parent Account      Account Record Type: Provider Group Account      Accepting New Patients: ✓      Needs Credentialing: [ ]      Phone: (616) 222-2222

**Practitioners**   Details   Locations   Related Records   Roster Upload   Files   Cases   Request Changes   More

Practitioner Roster-MI

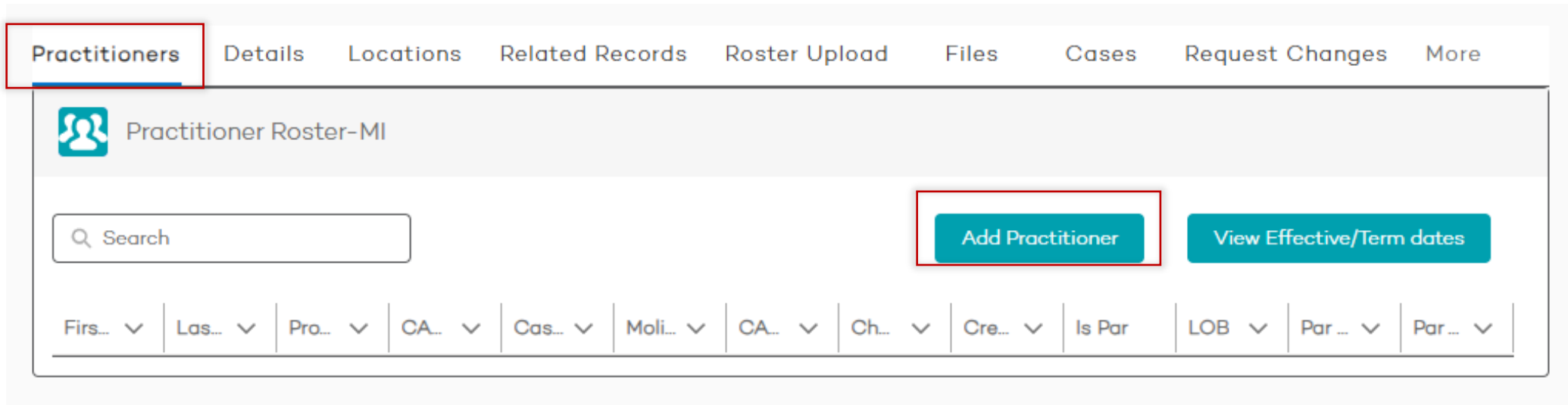
Search      Add Practitioner      View Effective/Term dates

Firs...	Las...	Provider N...	CAQH ID	Case Number	Molina Status	CAQH Status	Ch...	Cre...
				184675683	Pending Medicaid Verifica...	N/A		

After Opening the Selected Practice, the landing page will always open under the Practitioners tab. From here, you can Add Providers or View your Providers' Effective and Term Dates.

**Next**, we will walk through the **Add Providers** process.

## Under the Practitioner Tab, Click **Add Practitioner**



The screenshot displays the 'Practitioner Roster-MI' interface. At the top, a navigation bar includes tabs for 'Practitioners', 'Details', 'Locations', 'Related Records', 'Roster Upload', 'Files', 'Cases', 'Request Changes', and 'More'. The 'Practitioners' tab is selected and highlighted with a red box. Below the navigation bar, the page title 'Practitioner Roster-MI' is shown next to a person icon. A search bar with a magnifying glass icon and the text 'Search' is located on the left. To the right of the search bar, the 'Add Practitioner' button is highlighted with a red box, and the 'View Effective/Term dates' button is visible. Below these elements is a row of filter dropdown menus: 'Firs...', 'Las...', 'Pro...', 'CA...', 'Cas...', 'Moli...', 'CA...', 'Ch...', 'Cre...', 'Is Par', 'LOB', 'Par ...', and 'Par ...'.

**NOTE:** The portal will allow you to Add Providers before the Group Enrollment has been fully submitted. To allow for a smooth process, ensure your group submission is complete by Continuing Enrollment for the group/facility before Adding Practitioners.

## Page 1 of Adding a Practitioner advises of CAQH Requirements

Page 1 of 7:

Before proceeding, if provider requires credentialing, ensure that CAQH is complete, and all information is accurate. This would include all applicable practice information. A complete CAQH application meets the following criteria:

- Application is in a completed status
- Molina has been authorized to view your data
- Application has been attested in the last 120 days
- All of your documents are completed and not expired
- Practice information is complete and accurate

Molina will comply with state-specific data collection requirements for Medicaid credentialing

Next

## Page 2 asks for Provider Demographic Information

Michigan

Page 2 of 7: Provider Information

\*Practice Location  
--None--

Provider Salutation  
--None--

\*Provider First Name  
[Text Input]

Provider Middle Initial (one letter)  
[Text Input]

\*Provider Last Name  
[Text Input]

I am an atypical provider and do not have an NPI

\*Provider NPI  
[Text Input]

\*Provider Phone: Ten (10) digits  
[Text Input]

Ext  
[Text Input]

\*Provider Email: you@example.com  
you@example.com

Previous Next

# Page 3 is for Credentialing Questions

Answering **Yes** to the PCP question will pop in an additional question regarding the assignment of members.

This will be a **required** question for all PCP providers.

Provider must be registered with **MI Medicaid – MDHHS CHAMPS**. You can select the box if your Medicaid application is still in process for the state. You will be required to provide your Medicaid and Medicare numbers at this time.

Page 3 of 7: Credentialing Questions

\* Provider Type  
Allopathic & Osteopathic Physicians

\* Primary Care Physician?  
Yes

\* Assign Members?  
--None--

\* Professional Designation  
--None--

Are you certified to provide CHSCS services ?  
--None--

Are you certified to provide PHSCN services?  
--None--

\* Does a credentialed provider supervise or collaborate with this Provider for diagnosis, treatment and/or prescribing?  
--None--

\* Registered with Medicaid?  
--None--

\* Registered with Medicare?  
--None--

Go Back Next

\* Registered with Medicaid?  
Yes

Please select a choice.

My Medicaid Application is in process with the state

\* Medicaid ID number

\* Registered with Medicare?  
Yes

Please select a choice.

\* Medicare ID number

Please note, Supervising Physicians must be Credentialed and PAR with Molina **and** MDHHS Champs before they are able to be designated as a Supervising/Collaborating Provider

## Page 4 is to indicate the Provider's Specialties

Choose the Provider's specialty type from the drop-down menu

Page 4 of 7: Provider Specialties

✓ Indicate the Provider's Specialties

\*Type

-- none selected --

Complete this field.

\*Select another Specialty?

Yes

No

Previous Next

You can add another specialty by selecting **Yes** under 'Select another Specialty?' before clicking **Next**.

## Page 4 continued...

Choose the Provider's specialty type from the drop-down menu.  
If alerted, select provider's sub-specialty type from the pop-up menu.

Page 4 of 7: Provider Specialties

✓ Indicate the Provider's Specialties

\* Type  
Allopathic & Osteopathic Physicians

\* Specialty  
Psychiatry & Neurology

\* Sub-specialty  
-- none selected --

Complete this field.

\* Select another Specialty?  
 Yes  
 No

Previous Next

You can add another specialty by selecting **Yes** under 'Select another Specialty?' before clicking **Next**.

## Page 5 is for Additional Details

### Enter Provider's CAQH ID

*\*Before submitting, please ensure the Provider's CAQH has been updated to reflect the corresponding practice information and attested within the last 120 days. If this is not completed, the system will be unable to pull the correct information and could cause a delay in the process.*

Complete the remaining additional details and verify if the provider's practice is limited in any way before selecting **Next**.

**Reminder:** hold down CTRL on your keyboard to select more than one option in a list.

Page 5 of 7: Additional Details

\* Provider CAQH Id



Complete this field.

\* Special Experiences

No special experiences  
ADOLESCENTS  
ANGER MANAGEMENT  
ANXIETY  
Attention deficit/Hyperactivity Disorder (ADHD)

\* Languages

ENGLISH  
SPANISH  
CHINESE  
ABKHAZIAN  
ACEHNESE

Gender Restrictions

--None--

Patient Age - Minimum

Patient Age - Maximum

Completed Cultural Competency Training?

Certified SAM Prescriber

Is the scope of this Provider's practice limited in any way?

--None--

# Additional Details Continued...

The portal's new update will verify the Provider's CAQH information in real-time. If the CAQH information does not reflect the correct service locations or provider information provided in the request, an error will populate at the top of the page. This error will direct the user to verify and update any pertinent credentialing information in the Provider's CAQH before proceeding with the application.

⊘ There is a problem with your CAQH profile, so we're unable to retrieve your service locations. Please add your service locations below and go to CAQH portal to resolve the issue to avoid delays in credentialing.

Available Practice Locations

Na... ▾	Accepti...	Loc... ▾	Pro... ▾	Exclude	Practici...	Str... ▾	City ▾	Sta... ▾	Zip ... ▾	Pho... ▾	Fax ▾
---------	------------	----------	----------	---------	-------------	----------	--------	----------	-----------	----------	-------

No Available Practice Locations

Select CAQH locations where you practice, then click Next

<input type="checkbox"/>	Name ▾	NPI ▾	TIN ▾	Street ▾	City ▾	State ▾	Zip Code ▾	Phone ▾	Fax ▾
--------------------------	--------	-------	-------	----------	--------	---------	------------	---------	-------

No Locations from CAQH.

Select additional Group affiliations where you practice, then click Next

## For Credentialed Providers:

Due to the new CAQH Update in the portal, a submission will not be allowed if the information provided does not match what is in the Provider's CAQH Profile.

The error will let the submitter know they can add the practice locations manually, but the information must be updated in CAQH before proceeding with the Provider's request to avoid delays in the credentialing process.



There is a problem with your CAQH profile, so we're unable to retrieve your service locations. Please add your service locations below and go to CAQH portal to resolve the issue to avoid delays in credentialing.

## Page 6 is for designating counties you service

Indicate **all** counties you provide services in Michigan either **In Person** or via **Telehealth**. You can also search by name in the bar above the selection pane.

Page 6 of 7: Counties

✓ Indicate the MI 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"/>

Previous Next

## Your Initial Provider Submission is Complete!

Thank you for submitting the initial information about your Provider. Please allow time for the system to update your request before continuing the Enrollment Process.

Finish

Once the submitter selects 'Finish' they will be taken back to the home page where they can add another provider or view the status of their practitioners.

Please allow [24-48 hours](#) for the system to fully process the information provided in the application.



If the Molina status column shows ‘[Continue Enrollment](#)’ next to a practitioner, it means that the CAQH did not pull the information correctly, or their CAQH does not match the information provided.

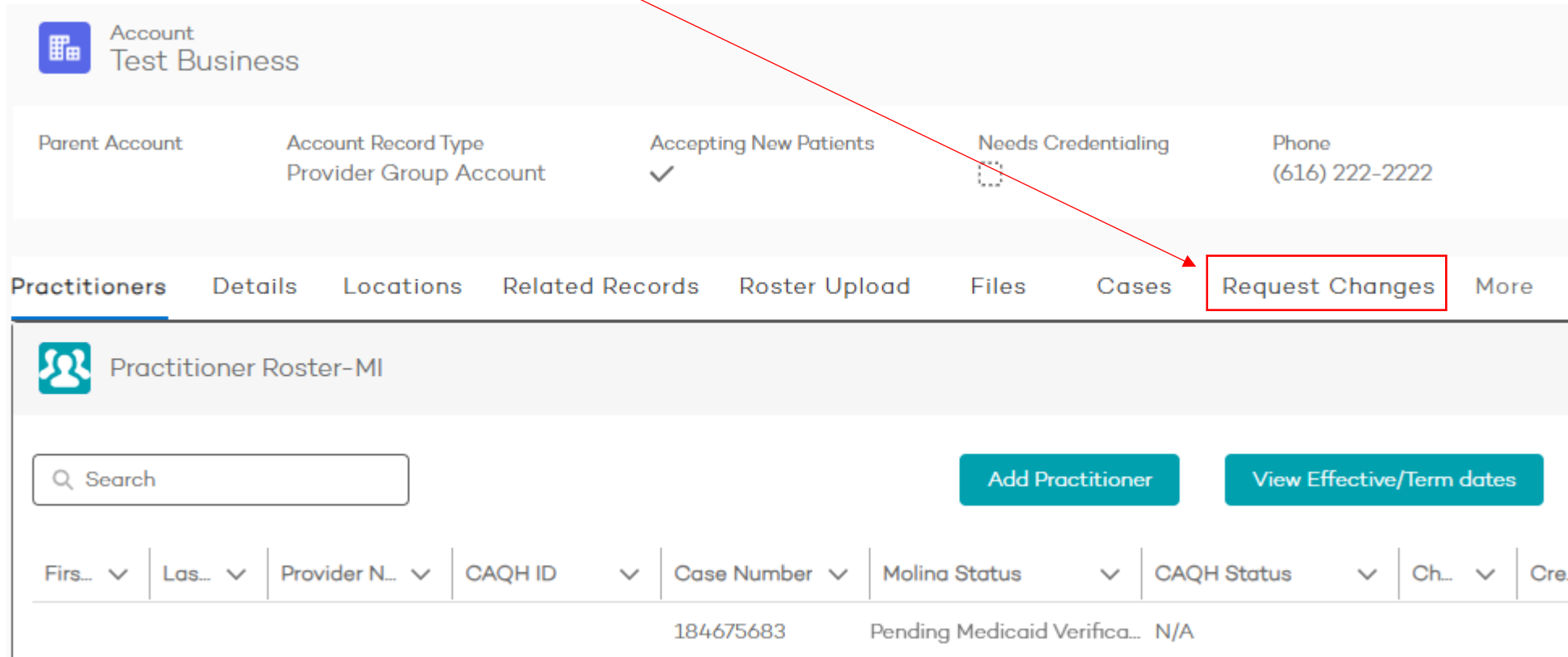
The provider will need to update the corresponding information in their CAQH profile, re-attest their profile changes, then go into V12 and **manually** add the information into the provider application by clicking [Continue Enrollment](#) next to the Provider’s name.

*If this is not done, it will cause a delay to the enrollment, or auto-close after 30 days of inactivity. If the application auto-closes, it will need to be resubmitted. Molina does not allow the cases to be reopened after 30 days have passed.*

# Request Changes to Enrollment



From the home page, open the practice you want to request changes for. Once open, navigate to the **Request Changes** tab as shown below.



Account  
Test Business

Parent Account      Account Record Type  
Provider Group Account

Accepting New Patients      Needs Credentialing      Phone  
✓      (616) 222-2222

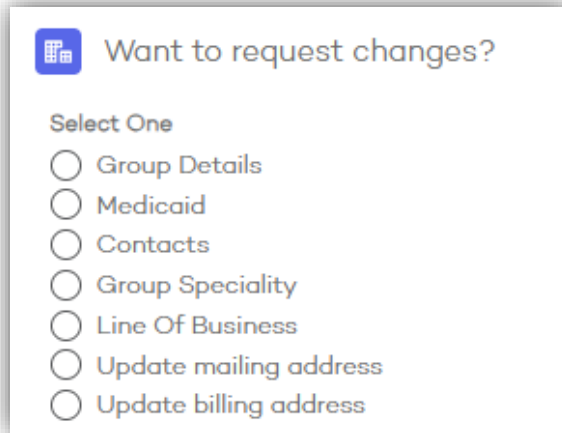
Practitioners    Details    Locations    Related Records    Roster Upload    Files    Cases    **Request Changes**    More

Practitioner Roster-MI

Search      Add Practitioner      View Effective/Term dates

Firs... ▼	Las... ▼	Provider N... ▼	CAQH ID ▼	Case Number ▼	Molina Status ▼	CAQH Status ▼	Ch... ▼	Cre...
				184675683	Pending Medicaid Verifica...	N/A		

The changes that can be requested are shown here:



Want to request changes?

Select One

- Group Details
- Medicaid
- Contacts
- Group Speciality
- Line Of Business
- Update mailing address
- Update billing address

Once submitted, the request will go into a queue for the Provider Contracting Staff to work [by date of receipt](#).

If necessary, staff will email the group/facility contact with any clarifying questions.

If no changes are needed, a note will be placed in the case, and the request will be closed.

**Please Note:** All details should be updated in [NPPES/CHAMPS](#) before requesting in the portal.

We use NPPES/CHAMPS as a source of truth for our providers and will close a request if the request does not match the information in these systems. *i.e.: Request submitted to update a provider specialty, but old specialty is still showing in the provider's NPPES account. The request would be closed due to information not matching.*

Selecting 'Group Details', will open the below screen, allowing you to update Group Demographic Information and upload Supporting Documentation.

Group Details

---

○ ————— ●

**Provider Demographics**  
Update any outdated information below for

**Contact Information**

Phone

Fax

Website

**Pay To Information**

\* Pay to Name

\* NPI

NPI Effective Date

**Supporting Documentation**  
Updating Pay To Name requires uploading a w9 form.

Or drop files

**Tax ID Information**

\* TIN

TIN Effective Date

Comments

**Supporting Documentation**  
Updating TIN requires uploading a w9 form.

Or drop files

# Navigating the Authenticated Portal



# State must be selected Before Details will populate into the columns...

To see the information for the group/facility, you will need to select your state **first**. You will not see the information in the columns until the state is Selected.

Search Account

Select State

<input type="checkbox"/>	Practice N..	Practice T..	Practice N..	Phone	Molina Sta..	Change R..	State	Account R..
<input type="checkbox"/>	Michigan ERT	381544225	5574447884	7664453339			MI	Provider Group

Open Selected Practice

No State Selected – Blank




Search Account

Select State

<input type="checkbox"/>	Practice N..	Practice T..	Practice N..	Phone	Molina Status	Change R..	State
<input type="checkbox"/>	Michigan ERT	381544225	5574447884	7664453339	184685594-Continue Enrollment		MI

Open Selected Practice

MI Selected – Information populates on the record in the columns.



# Authenticated Portal Navigation

To view information about a specific group/facility, select your state. Next, you would select the box next to the one you want to view and click Open Selected Practice.

The screenshot displays a web interface for navigating to a specific practice. At the top left is a search bar labeled "Search Account" with a magnifying glass icon. To the right is a "Select State" dropdown menu currently showing "MI". Below these is a table with columns: Practice N... (with a minus icon), Practice T..., Practice N..., Phone, Molina Sta..., Change R..., State, and Account R... (with a minus icon). The first row of the table is highlighted in light blue and has a checked checkbox in the first column. Below the table is a teal button labeled "Open Selected Practice". Red arrows and boxes highlight the search bar, the state dropdown, the checked checkbox, and the button.

Practice N... ▼	Practice T...	Practice N...	Phone	Molina Sta...	Change R...	State	Account R... ▼
<input checked="" type="checkbox"/>	Test Business	000000000	0000000000	6162222222	184674545-Sub...	MI	Provider Group
						MI	Provider Group
						MI	Provider Group
						MI	Provider Group

When opening the selected practice, it will automatically open to the [Practitioner Roster](#) page. From here, you can Add Practitioners, View Effective / Term Dates, etc.

Account  
Test Business

Parent Account      Account Record Type  
Provider Group Account

Accepting New Patients      Needs Credentialing      Phone  
✓      ☐      (616) 222-2222

Practitioners    Details    Locations    Related Records    Roster Upload    Files    Cases    Request Changes    More

Practitioner Roster-MI

Search

Add Practitioner    View Effective/Term dates

Firs...	Las...	Provider N...	CAQH ID	Case Number	Molina Status	CAQH Status	Ch...	Cre...
				184675683	Pending Medicaid Verifica...	N/A		

Each item listed is a separate tab that includes more information.

Upload a roster, request changes, request termination and view details pertaining to your submissions by selecting the corresponding tab.

The columns will populate with pertinent information related to the practitioner's status.

# Roster Reconciliation



# Roster Reconciliation: What is it?

If the information in the portal is not reflecting the information previously submitted, or any information appears incorrect for your providers, non-delegated providers can reach out to your Provider Relations Manager to begin the process of a **Roster Reconciliation**. Delegated providers can do this through the portal.

**What is it?** A roster can be submitted to your PRM with all corrected & updated information for the providers, practice locations, etc. Once received, this will be sent to our Configuration Team to initiate the updates and/or corrections to be made in Molina's system.

Having an accurate roster ensures smooth credentialing, regulatory compliance, and efficient claims processing. Regular review and reconciliation reduces errors; it increase timely processing of claims and improve overall operational outcomes.

We do encourage our delegated groups to submit quarterly updates to their roster whenever possible.

# Provider Relations Team & Contact Information



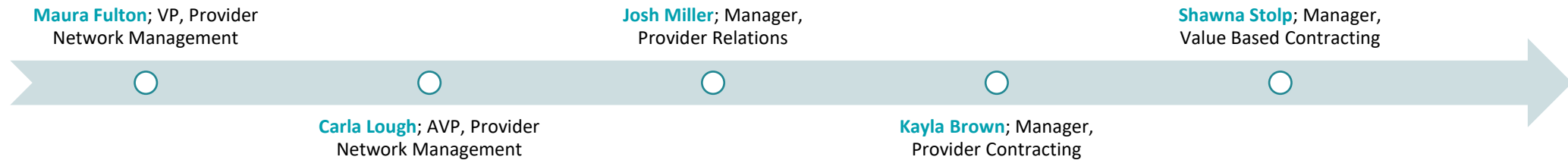
# We Heard You!



You Matter  
to Molina

We have received feedback from our providers regarding a lack of awareness with who their Provider Relations Manager is. To address this, we will be adding summary information to the website that highlights each PRM and their responsibilities at Molina Healthcare of Michigan.

If you are not sure who your Provider Relations Manager is, please add a message in the chat so we are able to connect you with the correct person for any questions or concerns you may have.



- Lisa Carlton**, Provider Relations Manager
- Tehmeika Dupree**, Provider Relations Manager
- Karen Schuessler**, Provider Relations Manager
- Andrew Sutter**, Provider Relations Manager
- Lori DiNello**, Provider Relations Manager
- Alison Brady**, Provider Relations Manager, *Networks*
- Jodi Moody**, Provider Relations Manager, *Networks*
- Sarah Fenton**, Provider Relations Manager, *LTSS*
- Tim Paletti**, Provider Relations Manager, *Ancillary*
- Sara Nash**, Provider Relations Manager, *Behavioral Health*

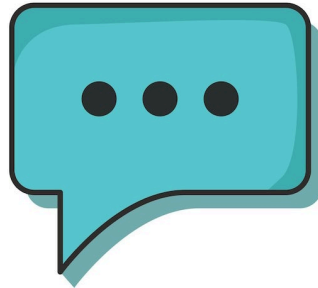
## Specialty Provider Relations Managers:

- Hannah Davis**, Provider Relations Manager, *Provider Education*
- Auriel Harris**, Provider Relations Manager, *Provider Concierge*
- Shawn Boeneman**, Provider Relations Manager, *Communications*

## General Provider Relations Mailboxes:

- [MHMProviderServicesHospital@molinahealthcare.com](mailto:MHMProviderServicesHospital@molinahealthcare.com)
- [MHMProviderServicesPhysician@molinahealthcare.com](mailto:MHMProviderServicesPhysician@molinahealthcare.com)
- [MHMBHProviderServices@molinahealthcare.com](mailto:MHMBHProviderServices@molinahealthcare.com)
- [mhmproviderservicesmailbox@molinahealthcare.com](mailto:mhmproviderservicesmailbox@molinahealthcare.com)

# We want your Feedback!



We want to know what you would like to see in **Future V12 Training Sessions!**

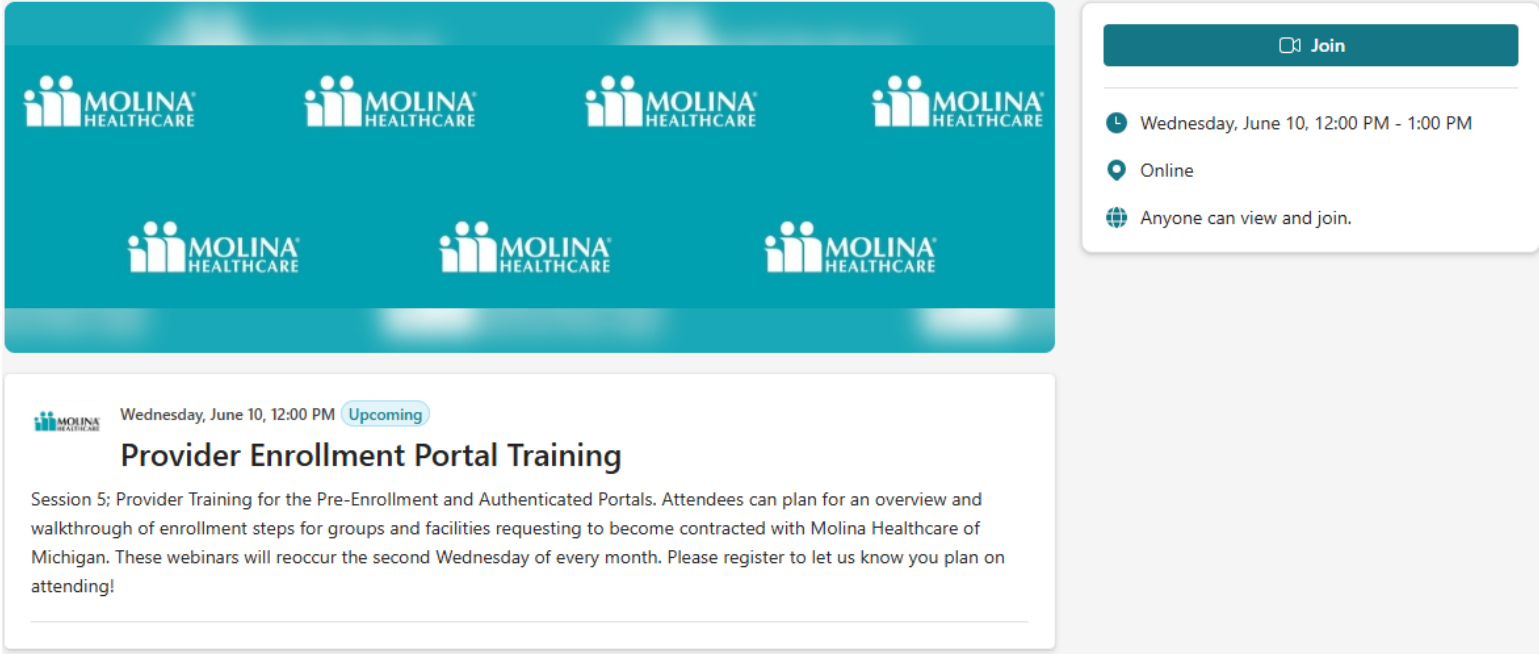
We have been using this monthly webinar to walk through the Pre-Enrollment and Authenticated Portal processes. We want to assist with general questions we've received, while providing a high-level overview that can be used as a resource if needed!

If you have anything specific you would like to see in the future training sessions, [please drop it in the chat at this time](#) so I can work to include those items in the upcoming webinars!

# Join our next session in June!

Thank you for making our Provider Enrollment Portal Training so successful!

We will continue the series next month on **June 10<sup>th</sup>** from **Noon – 1:00pm**. Registration Link below!



The screenshot shows a Zoom meeting page. At the top, there is a teal banner with the Molina Healthcare logo repeated four times. Below the banner, the meeting details are displayed: a teal 'Join' button, the date and time 'Wednesday, June 10, 12:00 PM - 1:00 PM', the location 'Online', and the visibility setting 'Anyone can view and join.'. Below the details, the meeting title 'Provider Enrollment Portal Training' is shown with a 'Upcoming' status. The description reads: 'Session 5; Provider Training for the Pre-Enrollment and Authenticated Portals. Attendees can plan for an overview and walkthrough of enrollment steps for groups and facilities requesting to become contracted with Molina Healthcare of Michigan. These webinars will reoccur the second Wednesday of every month. Please register to let us know you plan on attending!'.

[Click Here to Register!](#)



# Q & A – Any Questions?

I will now unmute microphones for Open Q&A.

A copy of today's slide deck will be sent out to the attendees by end of week and will be available on You Matter to Molina by next week. [You Matter to Molina](#)



## General Provider Relations Mailboxes:



[MHMProviderServicesHospital@molinahealthcare.com](mailto:MHMProviderServicesHospital@molinahealthcare.com)

[MHMProviderServicesPhysician@molinahealthcare.com](mailto:MHMProviderServicesPhysician@molinahealthcare.com)

[MHMBHProviderServices@molinahealthcare.com](mailto:MHMBHProviderServices@molinahealthcare.com)

[mhmproviderservicesmailbox@molinahealthcare.com](mailto:mhmproviderservicesmailbox@molinahealthcare.com)



# THANK YOU!

If you have feedback, additional questions, or suggestions on what you would like to see in future provider enrollment training sessions, please reach out to me directly at [Hannah.Davis2@molinahealthcare.com](mailto:Hannah.Davis2@molinahealthcare.com)

## **Hannah Davis**

Provider Relations Manager, Education  
Molina Healthcare of Michigan, Inc.

