

# Provider Network Pre-Enrollment Portal

(V12 Provider Portal)



# 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

First Time Users

### 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

- 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.

Molina Healthcare Pre-Enrollment Portal

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

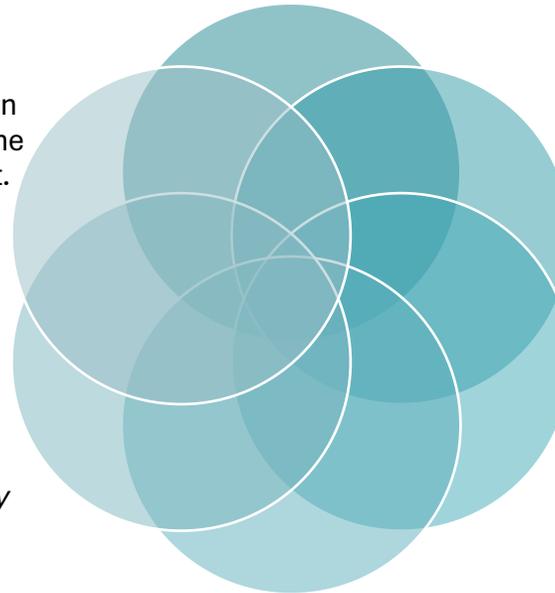
## Requirements:

### 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.**

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

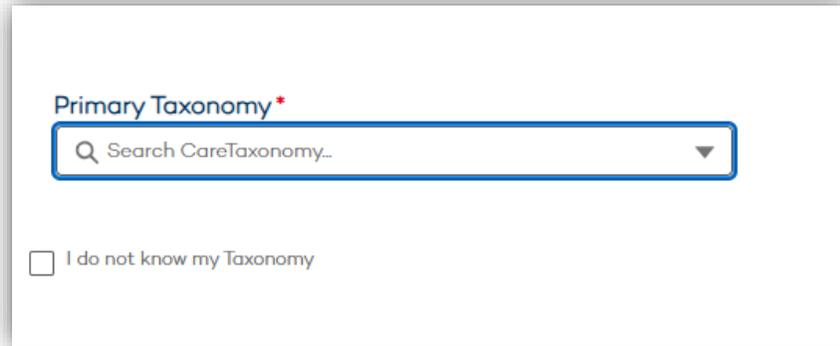
\*Provider NPI ←

Provider TIN

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

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**

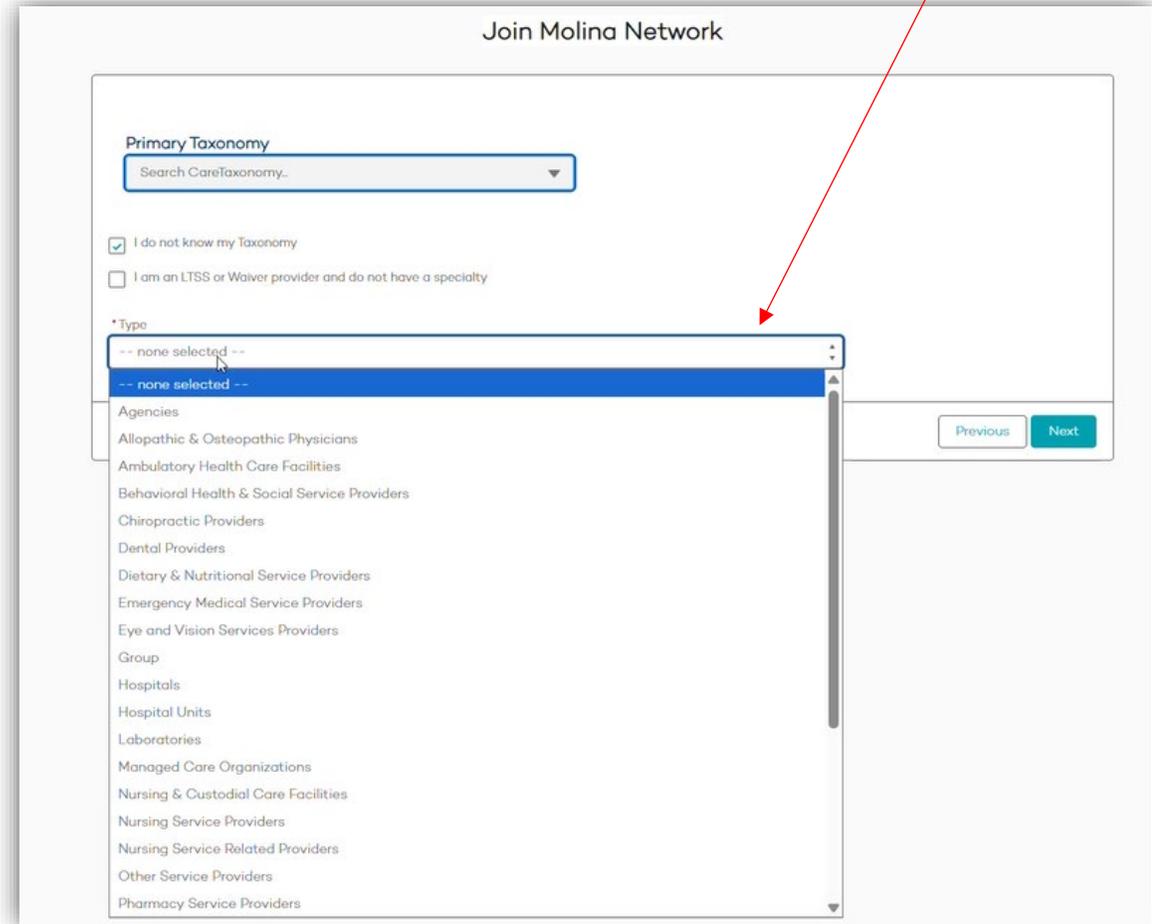


Primary Taxonomy\*

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'**.



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.

Join Molina Network

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  
193400000X

Type  
Group

Specialty  
Single Specialty

Sub-specialty

Change my Taxonomy Confirm

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.*

What line of business do you want to enroll with?

Marketplace

Medicaid

Medicare

Previous Next

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

Do you offer behavioral health services?

Yes  
 No

Adolescent Psychology

Adult Psychology

Chemical Detox Dependency

Child Psychology

Crisis Stabilization

Previous Next

**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**

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

*Screen 1 of 3*  
**Facility Details**

\*Legal Name of Organization: Demo MI Test portal  
\*Are you registered with Medicare?: No  
Doing Business As (DBA):  
My Facility does NOT have an NPI: false  
\*Preferred Organization Name: Demo MI Test portal  
\*Facility NPI: 7894567891  
With which state do you wish to contract?: MI  
\*Facility TIN: 512457899  
\*Are you registered with Medicaid?: No

Previous Next

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

*Screen 2 of 3*  
Select the counties in which you practice.  
Counties in which you serve:  
Search County Name:  
Available MI Counties: Alcona, Alger, Allegan, Alpena, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix. In Person: [checkboxes], Telehealth: [checkboxes].

Go Back Next

*Screen 3 of 3*  
**Requestor Details**

\*Requestor First Name: Shelle  
\*Requestor Phone: digits only: 5123636545  
\*Requestor Last Name: TestUAT  
\*Requestor Email: you@example.com: shelle@

Go Back Submit



## 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**.