Molina Healthcare of Illinois, Inc.
CAQH Practitioner Credentialing Data Form

If you already participate in CAQH: Please complete the form and submit it (or any questions) using the contact information below. Please ensure your attestation is up to date and you have given Molina Healthcare authorization in CAQH to view your application.

If you would like to participate in CAQH: Please complete the below form and submit it (or any questions) using the contact information below. Molina will submit your information to CAQH. You may access the CAQH website at https://upd.caqh.org/oas. CAQH will send your login information to you.

Mail: Molina Healthcare of Illinois /ATTN: Network Development / 2001 Butterfield Rd, Suite 750 / Downers Grove, IL 60515
Email: MHILProviderNetworkManagement@MolinaHealthcare.com
Phone: (855) 866-5462
Fax: (800) 642-5270

Note: Using the CAQH Universal Credentialing Data Source does not constitute applying for participation with any health care organization. Filling in this data form does not constitute applying for participation with Molina Healthcare. Contact your Molina Provider Relations Manager directly regarding contracting. Please make sure that your CAQH information is current and complete.

PRACTITIONER INFORMATION:

Status with CAQH:
- ❑ I am participating
- ❑ I would like to participate
- ❑ I do not want to participate

CAQH ID Number (if already participating):

Last Name: | First Name: | Middle Initial:

Provider Type (MD, PT, etc.): | Date of Birth: | NPI:

Primary Specialty: | Category: ❑ PCP ❑ Specialist ❑ Allied/Ancillary

Medicaid ID: | Medicare ID:

Additional Specialties:

PRIMARY PRACTICE INFORMATION (to be contracted with Molina Healthcare):

Group Name: | Group TIN: | Group NPI:

Physical Street Address: | Suite/Floor:

City: | State: | County: | ZIP:

Phone: | Fax: | Email:

ALTERNATE PRACTICE INFORMATION (to be contracted with Molina Healthcare):

List Group Names & TINs:

CREDENTIALING CONTACT INFORMATION:

Contact Name: | Phone: | Email: