



# Guide to Provider Changes

How to notify Molina Healthcare of changes to your practice.

If you need to....	You will need to complete and send....
Add a new provider to a group	Provider Information Update Form Provider Roster
Change a service location or add an address	Provider Information Update Form Provider Roster, listing each provider that the change applies to
Change the Pay To address	Provider Information Update Form
Add a new group to the same Tax Identification Number (TIN)	Provider Information Update Form Provider Roster Claim example W-9
Change group name only	Provider Information Update Form Provider Roster for all providers with new group name Claim example W-9
Change TIN only	Provider Information Update Form W-9
Individual name change	Provider Information Update Form Provider Roster
Terminate a provider from the group	Provider Information Update Form A termination letter on company letterhead including: <ul style="list-style-type: none"> <li>• Name of provider to be terminated</li> <li>• Group name</li> <li>• Effective date of termination</li> <li>• Reason for termination</li> <li>• Address(es) of practice location(s) affected by termination</li> </ul>

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Forms	Form Usage
Provider Roster	The Provider Roster is used in conjunction with the Provider Information Update Form to make updates to contracted providers and groups. The Provider Roster must include: Tax ID, CAQH number, NPI, Medicaid number, provider name, group name, credentials, PCP/ specialist/allied health, office based/hospital based, primary specialty, practice address. A Provider Roster template is available upon request.
Provider Information Update Form	This form is used to inform Molina Healthcare of changes, deletions, and additions to your practice.
W-9	This document is issued by the United States Internal Revenue Service (IRS). Molina Healthcare uses it to update the TIN Owner Name, DBA Name, and Tax ID when received with a Provider Information Update Form.
Individual Practitioner Credentialing	
I have a CAQH number I do not have a CAQH number	Complete CAQH Provider Data Form
Facilities Credentialing	
I am a facility, including Hospitals, Ambulatory Surgical Centers, Home Health Agencies, DME Suppliers, SNFs, and Urgent Care Centers	Complete the Molina Healthcare of Illinois Health Delivery Organization (HDO) Application. Once complete, send HDO applications to: Molina Healthcare of Illinois Attn: Network Development 1520 Kensington Road, Suite 212 Oak Brook, IL 60523-2197 Fax: (844) 488-7054 Email: <a href="mailto:MHILProviderNetworkManagement@MolinaHealthcare.com">MHILProviderNetworkManagement@MolinaHealthcare.com</a>
Contact Information	
I have additional questions	Contact Molina Healthcare Provider Services at (855) 866-5462, 8 a.m. to 5 p.m., Monday through Friday.