Guide to Provider Changes

How to notify Molina Healthcare of changes to your practice.

Complete the necessary forms and email to WIProviderEngagement@MolinaHealthcare.com.

If you need to….	You will need to complete and send….
Add a new provider to a group	Credentialing forms, if applicable Provider Information Update Form Provider Roster
Change a service location or add/delete a service location	Provider Information Update Form Provider Roster, listing each provider where the change applies
Change the Pay To Address	Provider Information Update Form Updated W-9
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: • Name of provider to be terminated • Group name • Effective date of termination • Reason for termination • Address(es) of practice location(s) effected by termination

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: CAQH number, Credentials, Group name, Group NPI, Medicaid number, NPI, Office based/hospital based, PCP/specialist/allied health, Practice address, Primary specialty, Provider effective date, Provider name, Tax ID, if the provider is accepting new patients, and if the provider should be listed in the directory. 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 and can be found at MolinaHealthcare.com or by emailing WIProviderEngagement@MolinaHealthcare.com.
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 but would like to register Do not want to register for a CAQH number	Use CAQH Checklist Complete CAQH Provider Data Form Use WI Practioner Application

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 Wisconsin Health Delivery Organization (HDO) Application and the Owner Disclosure Form. Once complete, send applications to: Molina Healthcare of Wisconsin Attn: Credentialing PO Box 242480 Milwaukee, WI 53224-9931 Email: WisconsinCredentialing@MolinaHealthcare.com

Contact Information	
I have additional questions	Contact Molina Healthcare Provider Services at (855) 326-5059, 8 a.m. to 5 p.m., Monday through Friday, or email WIProviderEngagement@MolinaHealthcare.com