Molina Healthcare of Wisconsin, Inc.
Credentialing Checklist (CAQH)

Attached is the **Molina Healthcare of Wisconsin** Credentialing Packet. It is required that all providers are credentialed every three years to maintain participating provider status. Please provide the following:

- **Provider Last Name:** _____ **Provider First Name:** _____

- **Provider Group Name:** _____ **Group/Pay to NPI**: _____

- **Please Check:** ☐ PCP ☐ Specialist ☐ Ancillary

- **Provider Specialty:** _____ **Taxonomy Code:** _____

- **Medicaid #:** _____ **Medicare #:** _____

If you participate with **CAQH** and have an online credentialing application**, the following must be completed:**
- Log into CAQH and update all information
- Ensure online Attestation is current
- Ensure CV (Curriculum Vitae is updated and current)
- Ensure online **Primary Location** is current
- Upload current Malpractice Insurance face sheet with liability amounts (if applicable) Ensure Molina Healthcare, Inc. is listed as an authorized plan to view your credentialing application

☐ **CAQH ID #:** _____

☐ **Providers Date of Birth (mm/dd/yy):** _____

☐ **Last four digits of SS#:** _____

☐ **Copy of Collaborative Practice Agreement (Nurse Practitioners and Physician Assistants only)**

You may be contacted to arrange a site visit and/or an orientation. Upon completion of the credentialing process, Molina Healthcare will contact you with your credentialing status and effective date. Please note that an incomplete application will result in delayed processing of your credentialing.

OFFICE USE ONLY:

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