

## APPLICATION CHECKLIST & INSTRUCTIONS

**Please complete the below form and submit it to your Molina Healthcare representative.**

Note: Using the CAQH Universal Credentialing Data Source does not constitute applying for participation with any health care organization. Contact your Molina Healthcare representative directly regarding contracting. Please make sure that your CAQH information is current & complete. **Failure to supply all information listed below or to complete all forms entirely will prevent initiation of the credentialing process and will cause delays in the contracting process.**

If you already participate in CAQH:

- \* Molina must have access to a completed application attested to w/in the past 120 days.
- \* You must give Molina Healthcare authorization to use your CAQH application.
- \* Failure to do **ALL** these steps will prevent initiation of the credentialing process.

If you would like to participate in CAQH:

- \* Submit the information on the attached Provider Information Form to your Molina representative
- \* Molina will submit your information to CAQH to create your account and obtain a CAQH ID.
- \* Here are the steps to get started: <https://upd.caqh.org/OAS/GettingStarted.aspx>
- \* You may access the general CAQH website at <https://upd.caqh.org/oas>.
- \* You must complete the CAQH application in its entirety and give Molina authorization to use it.
- \* You must notify your Molina representative once your application is complete and available.
- \* Failure to do ALL these steps will prevent initiation of the credentialing process.

**The following documents are required to complete your credentialing.**

**You must always include these documents:**

- Completed Practitioner Information Form (attached, pg. 2)  
(Failure to complete in its entirety for each practitioner to be credentialed will prevent initiation of credentialing)
  - Completed Ownership/Controlling Interest Disclosure Form (Failure to complete in its entirety for each practitioner to be credentialed will prevent initiation of credentialing)
  - For Physician Assistants ONLY: A copy of the first two pages of your supervising physician agreement  
<http://www.nmmb.state.nm.us/pdf/SupervisingPhysicianSR.pdf>
- W9 and IRS letter for Tax Identification Number (TIN)

**If you do not utilize CAQH, you must always include these documents or credentialing cannot be initiated:**

- Complete credentialing application w/ Molina specific attestation (signed within 120 days)  
(Must be completed for each practitioner to be credentialed & attested within the past 120 days)
- Copy of curriculum vitae or resume  
(Only required if application references the CV/Resume or has date gaps)
- Copy of W-9 form(s)  
(for ALL practice groups that will be contracted with Molina for each practitioner)
- Copy of CURRENT professional liability malpractice insurance face sheet  
(for ALL practice groups that will be contracted with Molina for each practitioner)
- Copy of certificates for conducting x-ray and/or laboratory service(s)  
(for ALL practice groups that will be contracted with Molina for each practitioner)
- Copy of a State-issued Medicaid enrollment confirmation letter (showing organization enrollment)



**PRACTITIONER INFORMATION FORM**

Provide the following details ONLY in relation to your intended affiliation with Molina Healthcare of New Mexico. Attach any necessary addendums showing additional practice information (e.g., groups, addresses, etc.)

**PRACTITIONER INFORMATION (to be used for contracting w/ Molina Healthcare):**

<b>Start/Hire Date:</b>			
Status w/CAQH: <input type="checkbox"/> I am participating <input type="checkbox"/> I would like to participate <input type="checkbox"/> I do not want to participate		CAQH ID Number: (If already participating)	
		Individual NPI:	
Last Name:		First Name:	Middle Initial:
Provider Type MD, PT, etc.):	Date of Birth:		Last 4 digits of SSN:
<input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Ancillary <b>Provider Directory:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Accepting New Members:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Prescriptive Authority (RX):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Molina requires electronic claims submission. Will you be able to submit claims electronically?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Providing <u>telemedicine</u> services to Molina members from: <input type="checkbox"/> Within NM <input type="checkbox"/> Outside of NM			
Primary Specialty (w/ Molina Healthcare):			
Secondary Specialties (w/Molina Healthcare):			
Supervising Provider Name (PA's or NP's if applicable):			
<b>PRIMARY PRACTICE INFORMATION (to be used for contracting w/ Molina Healthcare):</b>			
Practice Type: <input type="checkbox"/> Solo Practice <input type="checkbox"/> Group/Clinic Practice <input type="checkbox"/> Hospital Employee		Facility Accredited:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Accredited with (if accredited):
Group/Facility Name <b>(If not solo):</b>		Group NPI:	
Age/Gender/Other Practice Limitation:		Tax ID # (TIN):	
Physical Street Address:		Suite/Floor:	
City:	State:	County:	Zip:
Phone:	Fax:	E-mail:	
Office Hours: Monday:From	to	Thursday:From	to
Tuesday:From	to	Friday: From	to
Wednesday:From	to	Saturday:From	to
		Sunday: From	to
Mailing Address:			
City:		State:	Zip:
Credentialing Contact Name:		Phone:	E-mail: