ID - Provider Contract Request Form

If you are not currently a contracted provider with Molina Healthcare of Idaho and you are interested in joining our network of quality health care providers, please email this **completed form and a current W-9** to MHIDProviderContracting@MolinaHealthcare.com.

Please note: For providers to contract with a Medicaid managed care plan, the Idaho Department of Health and Welfare requires all providers to meet Idaho Medicaid enrollment requirements.

If you are adding, terminating, or changing providers for a participating group, please do not complete and submit this form. Please complete and submit a Provider Roster Template which can be found under the 'Forms' tab on the Provider Portal.

Contact Information	
Requestor Name:	Requestor Phone:
Requestor Email:	Requestor Fax:

Provider Identification	
Group Name (Legal & DBA):	
Tax ID*:	Group Specialty*:
Group Billing NPI:	Idaho Medicaid ID:

**please list additional TINs and specialties in "Additional Information" section*

Please Select Provider Type					
☐ ASC	☐ Behavioral	☐ DME	☐ FQHC/RHC	☐ Home Health	☐ Hospice
☐ Hospital	☐ Laboratory	☐ LTSS	☐ Multi-Specialty	☐ Physician	☐ Skilled Nursing
☐ Other Specify:					

Provider Information
Number of Practitioners part of the group:
Cities/Communities served (i.e. what is your service area):
Service location address:
Hospital Affiliation(s):
Does your group operate a clinical laboratory? ◯ Yes ◯ No
Have practitioners in this group been credentialed with Molina previously? ◯ Yes ◯ No
NPI of practitioner(s) that have been previously credentialed with Molina:
Are all practitioners employed by the group? ◯ Yes ◯ No

*** FORM CONTINUES ON NEXT PAGE ***

Help us understand the specialties and services provided by your group:

Unique services or additional information Molina should consider as part of your request:

Provider Acknowledgement

☐ **I have read and understand the statement below (request will not be considered until this box is checked)**.

Completion of the above information is not confirmation of your participation status with Molina Healthcare of Idaho. Determination to offer a contract is subject to department review that occurs during the first week of each month. If approved, final contractual status is based upon your ability to meet credentialing requirements and contractual obligations. We will notify you when your request is complete and eligible for department review.

*Please note, the contracting process can take up to **120 days** upon receiving all required documents (i.e. credential providers and create system records for claims processing and payment). Practitioners will not be eligible to see Molina patients until the **latter** of the group's contract effective date or the individual practitioner's credentialing date. Molina requires contracted Providers to accept new patients and to accept each product Molina offers.*