



Molina Healthcare of Ohio CAQH Provider Data Form for Credentialing Purposes

Ohio Revised Code 3963.05 prescribes the credentialing form used by the Council for Affordable Quality Healthcare (CAQH) as the required credentialing application for physicians.

If you participate in CAQH:

To begin the credentialing process, please complete this CAQH Provider Data Form and submit it to Molina Healthcare of Ohio, Inc. at the email or mailing address provided below. Molina will credential for the Medicare and Marketplace products, and as of 10/1/22, ODM will take over centralized credentialing for the Medicaid and MyCare products.

If you are not participating in CAQH:

Please complete this CAQH Provider Data Form and return it to Molina Healthcare at the email or mailing address provided below. A CAQH number will be generated, and your office will be notified. **Once you receive your CAQH number, it is your responsibility to complete the online CAQH Provider Application and include all appropriate documents and notify Molina.** You may access the CAQH website at www.caqh.org. Click on Providers UPD Login and Information, and follow the first-time login instructions.

The CAQH Support Desk can be reached directly at (888) 599-1771 to assist in the resolution of any issues regarding CAQH participation.

Last Name:		First Name:		Middle Initial:
Provider Type: (MD, DO, DC, DDS, DMD, DPM, etc.)		Last 4 digits of Provider SS#:	Provider NPI#:	Provider Medicaid ID#:
Date of Birth: ____/____/____	Email Address:			
Primary Telephone Number:()		Primary Fax Number:()		
Group Name:				
Primary Office Street Address:				Suite#:
Primary Office City:		State:	County:	Zip:
Specialty:		Applying as: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional		
Are you board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, board name:		
Are you registered with CAQH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, CAQH Provider ID:		
For Nurse Practitioners, Physician Assistants and Nurse Midwives only:	Supervising Physician Name & Degree:		Supervising Physician Specialty:	
Authorized Signature:		Date Signed:		

Please return via fax to (866) 713-1893, email: MHOProviderUpdates@MolinaHealthCare.com, or mail to the address below to Attn: PIM

NOTE: If you have already completed your application with CAQH, please ensure that you have authorized all applicable organizations to access your data. Using the CAQH Universal Credentialing Data Source does not constitute applying for participation with any healthcare organization.