

Provider Bulletin



Molina Healthcare of California & Central Health Medicare Plan

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May 18, 2026

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Provider Roster Submission Requirements & Common Rejection Reasons

This is an advisory notification to Molina Healthcare of California (MHC) and Central Health Medicare Plan (CHP) network providers applicable to the all lines of business.

What you need to know:

MHC and CHP is committed to maintaining accurate provider information within our internal systems and public provider directory. Timely and precise roster submissions are essential to:

- Support accurate claims processing
- Ensure members can access correct provider information
- Reduce administrative delays and rework

Roster Submission Requirements

For provider groups contracted for **delegated credentialing**, rosters must be submitted:

- **Monthly or quarterly**, based on contractual requirements
- **By the designated due date**
- In the **required format**
- Complete and accurate at the time of submission

Incomplete, inaccurate, or improperly formatted rosters will delay processing and updates to Molina systems and the provider directory.

Important: Full Roster Rejection Policy

Please note: If any errors are identified, the entire **roster submission will be rejected.**

This policy is in place to ensure data integrity and avoid partial or inconsistent updates across systems.

Top Reasons for Roster Rejections

To help prevent delays, please review the most common reasons rosters are rejected:

- Physician Service Location County not provided or invalid
- Primary Specialty Taxonomy not provided
- Multiple suite numbers included in a single column (only one allowed per column)
- Missing **Supervising Physician specialty, name, and NPI** for Nurse Practitioners
 - *Exception: NP holds a 103/104 license (must be indicated)*
- Missing **“List in Directory” indicator**
- Provider designation not provided or invalid

Provider Action

Provider groups should:

- Review internal processes for roster preparation and validation
- Ensure all required fields are complete prior to submission
- Adhere to formatting guidelines
- Submit rosters by required deadlines

If your organization is experiencing frequent roster rejections:

- Contact your assigned **Provider Relations Representative**
- A meeting can be coordinated to:
 - Review submission requirements
 - Identify recurring issues
 - Provide guidance to improve submission accuracy

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below or your CHP Provider Relations Representative at PRCalifornia@molinahealthcare.com.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-233-1753	Clemente.Arias@molinahealthcare.com
	Elias Gomez	562-723-9760	Elias.Gomez@molinahealthcare.com
	Velma Castillo	626-721-3089	Velma.Castillo@molinahealthcare.com
	Anisha Brar	562-756-1347	Anisha.Brar@molinahealthcare.com
	Anita White	310-654-4832	Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
	Zuleyma Neal	510-421-8057	Zuleyma.Neal@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@molinahealthcare.com
	Christian Hernandez	619-669-3307	Christian.Hernandez@molinahealthcare.com
California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@molinahealthcare.com
Imperial, San Diego & Sacramento	Brittney Aguilar	916-216-9882	Brittney.Aguilar@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

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