

Provider Bulletin

Molina Healthcare of California

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August 07, 2025

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Provider Roster Submission Instructions

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

If you are a capitated Medical Group, IPA, or other group that submits rosters to MHC, please review the updated instructions below. If you need further detail or clarification is needed, contact your county-specific Provider Relations Representative (listed below).

If you are part of the Fee-For-Service Molina Direct Network or belong to a non-delegated group, please log into your Council for Affordable Quality Healthcare (CAQH) account to verify your information.

As a reminder, all Medi-Cal providers sent to MHC to load into our system must have completed the Department of Healthcare Services (DHCS) Medi-Cal provider screening and enrollment process. Additionally, a facility site review must be completed and up to date for all Medi-Cal providers included in your Molina provider roster submission.

When this is happening:

There are two distinct provider roster types:

1. Monthly Provider Rosters (Change Files):

- Monthly rosters should be sent every month that your IPA has 10 or more provider adds, updates (request that do not require member moves), or NON-PCP terms records to report. **This includes the month you are submitting your quarterly roster.**
 - PCP Terms (Provider termination from the group OR provider terminations from a service location) **must be submitted separately from the roster** via the appropriate county shared mailbox.
 - Default provider information is required to address member moves.
 - Clinic/FQHC (Brick & Mortar) data updates must be submitted separately from the roster via the appropriate county-shared mailbox.

2. Quarterly Provider Roster

- **Quarterly Rosters MUST be submitted every 3 months.**
- Your Quarterly Roster will be used as a full reconciliation file to ensure that your provider network reflects accurately in our system.
- **Physicians that are not on your roster will result in termination from your network.**
- All service locations for all physicians must be listed on your roster to ensure physician to address affiliations are correct in our system.

Provider Action

Please follow these guidelines for roster submission.

Provider Roster Template

Utilize the same ICE roster for both the monthly and quarterly provider roster submissions. Please ensure you utilize the latest version. The template can be found on the D360 portal.

Health Plan Crossover

If you have both Molina and CHP, you are required to submit separate rosters in D360 for each plan. **(Submit two rosters).**

Naming Convention

Please use the following Provider Roster Naming Convention: Group/IPA_ProviderRosterType_Date

Examples

- **UCDavis_Q2_QuarterlyRoster_07012025**
- **UCDavis_MonthlyRoster_07012025**
 1. **2025_Q2_7-15-2025 1-11 PM_GroupName**
 2. **2025_07_7-15-2025 2-28 PM_GroupName**

Delivery Method

- Quarterly Rosters and Monthly Change Files must be submitted through D360 to be accepted and processed by Molina.
- Currently, PCP Terms, and Clinic/FQHC updates must be submitted to the appropriate county-shared mailbox.

County-shared mailbox addresses can be found on the following page.



Responses Regarding Roster Submission

- **Rejected provider roster or provider records:**

- Any roster, roster updates, or data maintenance request that does not contain all required data elements will be returned to the contracted provider entity (submitter) via email to append or correct information.
 - **Note:** The request will not be processed until all required data is received.

- **Processing notification:**

- If all required data is received, the submitter of the roster will receive an “in process” notification via email that will include the estimated time it will take to complete your submission.
 - **Note:** The end-to-end roster update process can take up to 8 weeks to complete for both the monthly and quarterly roster submissions.

- **Completion notification:**

- If all required data is received and the roster is processed, we will send a “process completion” notification via email that will include information on records that may have been excluded from the roster processing cycle and the reason it was excluded.

Shared Mailbox Update vs. Roster

There are instances where you would send the provider update in an email to the appropriate **county-shared mailbox** rather than on the Monthly Roster. The general rule of thumb is to send an email if additional information is needed or if you need to send an attachment. The roster template does not have the functionality to include attachments. The rosters are processed systematically.

Examples of what would need to be sent in an email to the County-Shared Mailbox

1. Anything that requires a member move such as the following:
 - **PCP terms**
 - For all PCP terminations, please provide the terming PCP name, NPI, group TIN, service location(s), and the receiving provider name, NPI, group TIN, a service location.
 - By providing complete information along with your request we can ensure our members’ transition to their new PCP is as seamless as possible.
 - **PCP service location changes**
 - For all PCP service location changes, please indicate the terming service location and the new service location to be added.
 - Submit this form to the appropriate **county-shared mailbox** for member moves listed above: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/PCP-Provider-Term-Member-Move-Form.ashx](https://media.Molina/PublicWebsite/PDF/Providers/ca/Medicaid/PCP-Provider-Term-Member-Move-Form.ashx)
2. When the update requires an attachment:
 - For example, in the event we do not have a record loaded in our system with your IPA, we may request that you send back additional information:
 - Profile
 - W9
3. Clinic/Facility/FQHC (Brick & Mortar) data updates must be submitted separately through the appropriate county-shared mailbox.

Requests Other Than Provider Updates

The **county-shared mailboxes** are only used for provider update (adds/terms/change) requests. If you have questions regarding providers, processes, or periods, please contact your designated Provider Relations Representative listed on the next page.

County-Shared Mailboxes

- MHC Inland Empire Provider Services: MHCIEProviderServices@MolinaHealthcare.com
- MHC Los Angeles Provider Services: MHC_LAProviderServices@MolinaHealthcare.com
- MHC Imperial Provider Services: MHCImperialProviderServices@MolinaHealthcare.com
- MHC Sacramento Provider Services: MHCsacramentoProviderServices@MolinaHealthcare.com
- MHC San Diego Provider Services: MHCsanDiegoProviderServices@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.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Anita White	562-233-1753 562-723-9760 310-654-4832	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com 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
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
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Laura Gonzalez, Manager	562-325-0368	Laura.Gonzalez3@molinahealthcare.com
Imperial, San Diego & Sacramento	Laura Gonzalez MiMi Howard	562-325-0368 562-455-3754	Laura.Gonzalez3@molinahealthcare.com Smimi.Howard@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802