

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:** **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

**Specialists**

- Directs
- IPA

 **Hospitals****Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

**FOR QUESTIONS CALL****PROVIDER SERVICES:**

(855) 322-4075, Extension:

**Los Angeles/Orange Counties**X111113 X123071  
X127657**Riverside/San Bernardino Counties**X127684 X120618  
X121805**Sacramento County**

X121360

**San Diego County**X123006 X121401  
X127709 X121413  
X121599**Imperial County**

X125682 X125666

## REMINDER NOTIFICATION: SUBMITTING TIMELY PROVIDER DEMOGRAPHIC UPDATES

This is a reminder notification to the Molina Healthcare of California (MHC) provider network regarding the submission of provider demographic updates or add/term updates.

MHC is required to maintain an up-to-date directory that contains accurate provider roster data. In accordance with California Health and Safety Code 1367.26, a health care service plan must maintain a list of primary care providers, medical groups, independent practice associations (IPA), hospitals, clinics, and other providers contracted with the plan.

In accordance with this requirement, MHC requests all IPAs and Direct Molina Contracted Groups who are delegated for credentialing to submit:

- A monthly roster outlining the additions, changes and terminations of your network. These files are due to the inboxes outlined below no later than the 10<sup>th</sup> of the month for the changes to be reflected by the 1<sup>st</sup> of the following month.
- A full provider roster on a quarterly basis. This roster shall indicate any changes in demographic information since the last quarterly update. These files are due to the inboxes outlined below 30 days post quarter end.
- Both the monthly and quarterly file submissions must indicate which providers have closed practices or are otherwise not accepting new patients.
- Rosters must be submitted on Molina's 274 ICE ROSTER format which include State mandated requirements.

MHC WILL NOT be accepting individual Provider Profiles from Groups/IPAs after January 1, 2020.

**All roster changes and monthly updates must be submitted to your designated provider services representative at:**

**MHC San Diego County Provider Services:**[MHCSanDiegoProviderServices@MolinaHealthCare.Com](mailto:MHCSanDiegoProviderServices@MolinaHealthCare.Com)**MHC Los Angeles & Orange County Provider Services:**[MHC\\_LAProviderServices@MolinaHealthCare.Com](mailto:MHC_LAProviderServices@MolinaHealthCare.Com)**MHC Riverside & San Bernardino County Provider Services:**[MHCIEProviderServices@MolinaHealthCare.Com](mailto:MHCIEProviderServices@MolinaHealthCare.Com)**MHC Imperial County Provider Services:**[MHCImperialProviderServices@MolinaHealthCare.Com](mailto:MHCImperialProviderServices@MolinaHealthCare.Com)**MHC Sacramento County Provider Services:**[MHCsacramentoProviderServices@MolinaHealthCare.Com](mailto:MHCsacramentoProviderServices@MolinaHealthCare.Com)

We thank you in advance for your continued cooperation in submitting the required information. This will ensure timeliness of updates in all MHC systems and assist in ensuring operations such as communications, claims, membership, and directories are correct.

**QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.