



## Provider Data Accuracy and Validation

It is important for Providers to ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our Members and Provider Network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA) required element.

Invalid information can negatively impact Member access to care, Member/PCP assignments, and referrals. Additionally, current information is critical for timely and accurate Claims processing.

Providers must validate their Provider information on file with Molina at least once every 90 days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Marketplace Provider directory. Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/Address
- Specialty(ies)
- Telephone number, fax number, and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

- Delegated Providers, and other Providers that typically submit rosters, must submit a full roster that includes the above information to Molina at [MHNM.ProviderServies@MolinaHealthcare.com](mailto:MHNM.ProviderServies@MolinaHealthcare.com).
- All other Providers must log into Council for Affordable Quality Healthcare, Inc., (CAQH) account to attest to the accuracy of the above information for each health care Provider and/or facility in your practice that is contracted with Molina. If the information is correct, please select the option to attest that the information is correct. If the information is not correct, Providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Network Services representative for assistance.



Additionally, in accordance with the terms specified in your Provider Agreement with Molina, Providers must notify Molina of any changes as soon as possible, but at a minimum 30 calendar days in advance, of any changes in any Provider Information on file with Molina. Changes include, but are not limited to:

Change in office location(s)/address, office hours, phone, fax, or email.

- Addition or closure of office location(s).
- Addition of a Provider (within an existing clinic/practice).
- Change in Provider or practice name, Tax ID and/or National Provider Identifier (NPI).
- Opening or closing your practice to new patients (PCPs only).
- Change in specialty.
- Any other information that may impact Member access to care.

For Provider terminations (within an existing clinic/practice), Providers must notify Molina in writing in accordance with the terms specified in your Provider Agreement with Molina.

Note: Some changes may impact credentialing. Providers are required to notify Molina of changes to credentialing information in accordance with the requirements outlined in the Credentialing and Recredentialing section of Molina Marketplace Provider Manual.

Molina is required to audit and validate our Provider network data and Provider Directories on a routine basis. As part of our validation efforts, we may reach out to our Network of Providers through various methods, such as letters, phone campaigns, face-to-face contact, fax and fax-back verification, etc. Molina also may use a vendor to conduct routine outreach to validate data that impacts the Provider Directory or otherwise impacts its membership or ability to coordinate Member care. Providers are required to supply timely responses to such communications.