Provider Bulletin

Molina Healthcare of California

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May 9, 2024

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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 see the detailed instructions 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.

When this is happening:

There are two distinct kinds of provider rosters:

Monthly Provider Roster

- **Send monthly** – Including the months when the Quarterly Roster is sent
  - Monthly Roster includes Adds, Updates, and Terms (non-PCP) for each month.
    - PCP terms (termination from a service location or group) would need to be submitted via the Share Mailboxes since default provider information is required for member moves.
    - Clinic/FQHC data will not be processed in the monthly roster. They will need to be sent to the appropriate county-shared mailbox.

Provider Action

Provider Roster Template

The ICE Roster Template can be found on the Availity Essentials Provider Portal under Payer Spaces.

Naming Convention

All provider rosters must follow this file naming convention:

- Provider/GroupName_RosterType_Date.xlsx

Examples

1. UCDavis_MonthlyRoster_03242023.xlsx
2. UCDavis_QuarterlyRoster_03242023.xlsx

Delivery Method

Send the Rosters and provider updates to the appropriate **county-shared mailbox:**

1. MHC Inland Empire Provider Services: MHCIEProviderServices@MolinaHealthCare.com
2. MHC Los Angeles Provider Services: MHC_LAProviderServices@MolinaHealthCare.com
3. MHC Imperial Provider Services: MHCImperialProviderServices@MolinaHealthCare.com
4. MHC Sacramento Provider Services: MHCSacramentoProviderServices@MolinaHealthCare.com
5. MHC San Diego Provider Services: MHCSanDiegoProviderServices@MolinaHealthCare.com

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<u>Quarterly Provider Roster</u>

- **Send quarterly** – Every 3 months
  - Quarterly Roster is a full reconciliation file – there will not be any updates from this file.

<u>Responses Regarding Roster Submission</u>

Any roster, roster update, or data maintenance request that does not contain all required data elements will be returned to the contracted provider entity (submitter) to append the missing information.

1. **Data Required** – When the request does not have the required information or data
   a. The request will be sent back to the sender of the email asking for the required data prior to processing the request.
      i. Note: The request will not be processed until all required data is received.
2. **Processing Turn Around Time (TAT)** – If all required data is received, the sender of the email will receive a response email letting them know the request is being processed and indicating the TAT this request will be completed.
3. **Roster Processing Responses** – If all required data is received and the roster is processed, we will send additional information. When we send this "process completion" email back to the email sender, we will indicate:
   a. For Monthly Roster
      i. If any providers have not been processed and the reason why.
   b. For Quarterly Roster (full reconciliation file)
      i. The expectation is all active providers and service locations are listed.

<u>Shared Mailbox Update vs. Roster</u>

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 Shared Mailbox:

1. 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, and service location.
2. When the update requires an attachment:
   a. Profile
   b. W9
   c. Etc.
3. Urgent requests need to be processed prior to the Monthly Roster.

<u>Requests Other Than Provider Updates</u>

The **county-shared mailbox** is to be used for provider update (Add/Terms/Changes) requests only. If you have questions regarding providers, processes, or timeframes, please contact your designated Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems (SNFs, LTSS, ICF/DD)	Teresa Suarez Laura Gonzalez	562-549-3782 562-549-4887	Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles County	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts Anita White	562-517-1014 562-549-3550 562-549-4809 562-549-4069 562-980-3947	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi Marina Higby	279-895-9354 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Salvador Perez Dolores Ramos Lincoln Watkins	562-549-3825 562-549-4900 858-300-7722	Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

Please take a few moments to participate in our Communication Preference Survey. Your feedback will directly influence Molina's engagement with providers, creating a more seamless and efficient communication experience for our network.

Take the survey at molinahealthcare.surveymonkey.com/r/VS5RGTG!