

Provider Bulletin

Molina Healthcare of California

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November 10, 2025

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ICE Roster Template Enhancements

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

What you need to know:

We are pleased to announce a comprehensive set of enhancements to the **ICE Roster Template**. These updates are designed to streamline provider data submission, increase data accuracy, and support ongoing regulatory compliance. Below is a summary of the major changes and new features included in this release.

Key enhancements:

1. County-Shared Mailbox Addresses

The updated template now includes **county-shared mailbox addresses** for quick reference. This feature enables providers and administrators to easily identify the correct contact for roster-related inquiries, improving communication efficiency and response times.

2. Ancillary (Mid-Level) Provider Requirements

Language pertaining to **Ancillary or Mid-Level Provider Requirements** has been expanded for greater clarity. Expectations for **nurse practitioners, physician assistants**, and other ancillary staff are now more clearly defined, emphasizing proper documentation and compliance standards.

3. Updated Required Fields

Several fields within the roster have been updated to ensure more accurate reporting:

- **Provider Title:** Professional designation (e.g., MD, PA, NP) is now required.
- **License State:** Each provider's state of licensure must be included to verify credentials.
- **Other Field Updates:** Instructions and definitions for select fields have been refined to promote consistent data entry.

Provider Action

Providers and administrators are encouraged to review and begin using the **updated ICE Roster Template** for all future submissions.

To request a copy of the new roster template, please contact your Provider Relations representative.



4. Roster Information Tab

A new Roster Information tab provides file metadata, reporting period, and submission guidance. This centralized reference helps users understand submission requirements and minimize errors.

5. File Naming Convention & Reporting Period (Include in the subject line)

All roster submissions must now follow a **standardized file naming convention** reflecting:

- Provider group name
- NPI
- Reporting period (Q1, Q2, Q3 or Q4)
- Calendar year
- Roster type

The reporting period must also be clearly indicated both in the file name and on the Roster Information tab, simplifying compliance tracking.

6. Data Usage Definitions, Roster Effective Dates, and Provider Termination Dates

- **Data Usage Definitions:** Clarifies how roster data is used for credentialing, auditing, and regulatory review.
- **Roster Effective Dates:** Identifies when the roster becomes active to maintain accurate and timely records.
- **Provider Termination Dates:** Ensures records reflect when providers are no longer active on the roster.

7. Data Examples Tab

The **Data Examples** tab includes sample entries for all required fields, guiding users in submitting accurate and complete information.

8. Drop-Down Menus for Standardization

Drop-down menus have been added to key fields to improve data consistency and ease of entry. Fields now featuring drop-down options include:

- Request Type (e.g., new, update, termination)
- Provider Designation
- Primary Specialty Board Status
- FQHC Location
- Service Location Gender Restrictions

We appreciate your continued partnership and commitment to data accuracy and timely reporting. These enhancements are designed to make roster management more efficient and ensure continued compliance with all applicable guidelines.

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.

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

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 Velma Castillo Anita White Anisha Brar	562-233-1753 562-723-9760 626-721-3089 310-654-4832 N/A	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@molinahealthcare.com Princess.White@molinahealthcare.com Anisha.Brar@molinahealthcare.com
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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

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

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