

Molina Required Roster Data

To ensure successful file processing and reduce upload errors, please confirm all required data elements are present and accurately formatted before submitting your roster.

Please use Molina’s preferred template, please reach out to your provider services representatives for the excel template file.

Required roster data elements

General Information:

Type of Request
Legal entity name
Tax ID Number
Group Practice NPI
Roster Group Provider type

Practitioner Information:

| | |
|----------------|---------------------------|
| First Name | License Effective Date |
| Last Name | License Expiration Date |
| Taxonomy | License State |
| Date of Birth | Service Location Name |
| Individual NPI | Service Location Address |
| Medicaid ID | Service Location City |
| Gender | Service Location State |
| License Number | Service Location Zip code |

Required data formatting

| Data element | Required formatting criteria |
|---|--|
| Type of request | Molina only accepts rosters to add practitioners at this time; therefore, the type of request should always be “Add” |
| Tax ID Number | Digits only, no dashes |
| Roster Group Provider type | For non-delegated rosters value should be “ProviderGroup” |
| Gender | Only values of "Male" or "Female" |
| Is provider a PCP? | Only accepts Boolean values of "true" or "false" |
| Is Practitioner Hospital-Based? | Only accepts values of "Yes" or "No" |
| Accepting New Patients? | Only accepts Boolean values of "true" or "false" |
| Cultural Competency Completed? | Only accepts Boolean values of "true" or "false" |
| Telehealth services provided | Only accepts values of "Yes" or "No" |
| ADA Accessible? (Yes/No) | Only accepts values of "Yes" or "No" |
| Gender Restrictions (Male Only/Female Only) | Only accepts values of "Male Only" or "Female Only" |