



Provider Roster Submission Guide

Quality Data Builds Quality Experiences

Provider Roster Submission Process and Support

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Overview and Significance of Provider Roster Submissions

Provider Roster submissions ensure that CHP has accurate, up-to-date information on healthcare providers within capitated Medical Groups, IPA, and other networks, enabling efficient care coordination.

Data Utilization

- Maintain Accurate Provider Directories
- Facilitate Proper Claims Processing
- Enhance Network Management
- Support Member Access to Care

Required roster fields

To ensure your roster is accepted and processed please reference the “Ice Roster Instructions” tab in the template found on D360 portal:

Column	Field Name	Description	Sample	Required
E	Provider_Designation	Delegate network category (e.g., PCP, SPC, Ancillary (Mid-level))	PCP	Y
F	Name_Last	Providers Last Name	Ackerman	Y
G	Name_First	Providers First Name	Jenna	Y
L	Provider_Individual_NPI	consistent with NPDES	9999999999	Y
N	PRIMARY_Specialty_Expertise	Provider's primary specialty	Family Medicine	Y
O	PRIMARY_Specialty_Taxonomy	Specialty	207Q00000X	Y
AB	Supervising_Physician_Specialty	Applicable to mid-level practitioners	Internal Medicine	Y
AC	Supervising_Physician_Name	First and Last name	Bob Smith	Y
AD	Supervising_Physician_NPI	Please provide the Supervising NPI	123456789	Y
AG	License_Number	WA = 2 alpha, 8 digits	A812345678	Y
AI	License_Issue_Date	Use MM/DD/YYYY Format	01/01/2022	Y
AJ	License_Expiration_Date	Use MM/DD/YYYY Format	01/01/2022	Y
AK	DEA_Number	Please provide DEA Number	123456	Y
AM	DEA_Effective_Date	Please provide DEA effective date	01/01/2022	Y
AN	DEA_Expiration_Date	Use MM/DD/YYYY Format	01/01/2022	Y
AR	FQHC_Location	FQHC. This is to make sure we do not open panels for providers under FQHCs.	N	Y
AS	Address_Service_Location_NPI	If indicated Y in column AR, please fill in FQHC NPI.	9087451632	Y
AT	Address_Service_Location_Line_1	No PO BOX. Physical service location address.	557 N. Main Street	Y
AV	Address_Service_Location_City	City	Los Angeles	Y
AW	Address_Service_Location_State	Two letter state abbreviation	CA	Y
AX	Address_Service_Location_Zip_Code	optional	44310-0000	Y
AY	Address_Service_Location_County	County	LA	Y
AZ	Address_Service_Location_Phone	Standards and Guidelines	330-376-4545	Y
BD	Address_Service Location List in Directory	directory?	Y	Y
BE	Medicaid Accepting New Patients	line of business? "Y" or "N".		Y
BF	Medicare Accepting New Patients	line of business? "Y" or "N"		Y
BG	EAE Dual Medicare/ Medicaid Accepting New Patients	No Blanks. PCP Only Is provider accepting new patients at the EAE Medicare line of business? "Y" or "N"		Y
BH	Marketplace Accepting New Patients	Marketplace line of business? "Y" or "N"		Y
BI	Address_Service_Location_Age_Restrictions	and Over, etc. or None if no age restrictions are present	None	Y
BJ	Address_Service_Location_Gender_Restrictions	present	None	Y

Note: This tab **MUST** be deleted **PRIOR** to uploading in D360

ICE_Roster_Instructions ICE Roster Template +

Filter on the “Required” column to validate your roster includes accurate data for all the required fields

Detailed instructions for each field can be found on the ICE_Roster_Instructions tab

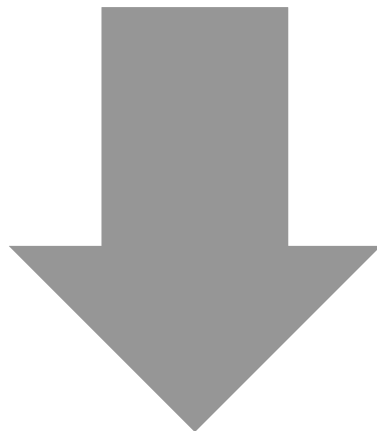
Credentialing vs. Provider Network Roster

Key Differences



Credentialing Roster

- Focused on verifying qualifications, licensing, and professional history, ensuring that the provider meets the required standards.
 - Requires the **HICE Quarterly Credentialing Roster Template**



Provider Network Roster

- A list of all healthcare providers who are part of the network, giving members access to providers and their service locations which will be covered under their insurance plan.
 - Requires the **ICE Provider Network Roster Template**

Credentialing Roster

Purpose:

- The credentialing roster is used to list all the healthcare providers (physicians, specialist, and other healthcare professionals) who have been evaluated and verified to ensure they meet CHP's specific qualifications, standards, and regulations. Credentialing is a thorough process that checks the provider's education, licensing, certifications, and professional history.

Content:

- This roster includes detailed information about the providers' professional credentials, licenses, training and any other information CHP requires to ensure the providers are qualified to deliver healthcare services to our members.

Usage:

- CHP uses credentialing rosters to ensure that all providers in our network meet certain standards of care and quality. This roster is crucial for maintaining regulatory compliance, quality control, and integrity within the provider network.

Provider Network Roster

Purpose:

- The provider network roster lists all healthcare providers who are part of CHP's network and are available to provide services to our members. These providers are contracted with CHP to offer services under the insurance plan. This roster shows the available healthcare options for members.

Content:

- This roster includes the names, specialties, contact details, and locations where services are offered by providers within the CHP network. This roster may also include some of the same information found in the credentialing roster but from a more in-depth perspective.

Usage:

- CHP uses the provider network roster to ensure accurate system data in alignment with your network. This ensures that the provider directory list is up to date to help members find doctors, specialists, hospitals, and other healthcare providers who are available in-network for services. This roster is also helpful for claims and billing purposes as it helps identify which providers are eligible for reimbursement under the network's terms.

Provider Monthly Roster

Provider monthly rosters notify CHP of any Non-PCP additions, terminations, or changes within your network, ensuring data integrity across all systems. You can think of this as a **change file**.

Updates Include:

Provider Additions

Non-PCP Terminations

Changes/Updates for the month

Provider Service location(s) –
Addition or Closure

Affiliation Changes

Panel Status Changes

Submission Details:

Frequency: Monthly (if changes occur)

- This includes the month you are submitting your quarterly roster

Method: D360 or Email to designated CHP Shared Mailbox

- Must be on the ICE Provider Network Roster Template
 - **Exception:** When you are reporting less than 10 updates, you can submit through the CHP shared mailbox

Exclusions from the Monthly Roster Submissions:

The following information is not accepted on the roster. Please submit this data **directly and separately** from the roster to the designated CHP shared mailbox: CHP-ProviderUpdate@MolinaHealthcare.com

- Clinic/FQHC Data Changes
- PCP Provider Data Changes
- PCP Termination Updates

Designated CHP-Shared Mailbox

Please ensure that you are using the correct CHP-shared mailbox. This mailbox is designed to only accept specific change/update request types.



CHP-ProviderUpdate@MolinaHealthcare.com

- **Change/Update Request Types:**
 - Provider Monthly (Change File) Rosters
 - Must be submitted on the ICE Provider Network Roster Template
 - Clinic/FQHC Data Changes
 - PCP Provider Changes
 - PCP Termination Updates

How to Submit PCP Provider Terms – Email

PCP provider terms should be submitted via email directly and separately from the roster to the designated CHP-Shared mailbox. Please utilize the [PCP Provider Term – Member Move Form](#) that follows the format below.

Termining or “MOVE FROM” PCP Provider:

- PCP Provider Name:
- PCP Provider Contact Email:
- Group Name:
- PCP Provider NPI:
- Service Location:
- LOB:
- Description of the Request:
 - Please include all details of the PCP Term and Member Move.

“MOVE TO” PCP Provider:

- Move To PCP Provider Name:
- Move To Group Name:
- Move To PCP Provider NPI:
- Move To Service Location:
- Move To PCP Provider Effective Date:
- Move To LOB:

* Note: Please attach any supporting documents for this request to the email.

Provider Quarterly Roster

Provider quarterly rosters provide a comprehensive list of all active providers under your IPA network, contracted with CHP, ensuring accurate system data through a full comparison. You can think of this as a **full reconciliation file**. This file is what will be used to update any discrepancies within your IPA network.

Updates Include:

Your quarterly roster must represent all active providers under your IPA by service location; including all providers under a clinic/FQHC, and mid-level providers.

New adds:

- Service location information change updates
- Including service location affiliation terms from our system that are not listed on your roster

PCP Accepting New Patients

Term any providers from our system that are absent from your roster

REMINDER: Mid-level providers require supervising physician information.

Submission Details:

Frequency: Quarterly (every 3 months)

Due Dates:

Q1: April 15th **Q2:** July 15th
Q3: October 15th **Q4:** January 15th

Method: Upload to Delegation 360 Portal

- Must be submitted on the ICE Provider Network Roster Template

Impact of Termed Providers on Member Assignments

If a provider within your IPA network is listed in the CHP system but does not appear on your Quarterly Provider Roster (Full Reconciliation), the following actions will occur to ensure compliance:

The provider will be termed in the CHP system to align with your roster.

If a termed provider has assigned members, CHP will assess the members' service utilization to determine if they are receiving services within your IPA.

If yes: The member will be reassigned to the active provider within your IPA where they are receiving services.

If no: The member will be reassigned to the active provider outside your IPA where they are receiving services.

If a member is not seeking services from any provider, either within or outside your IPA, CHP will assign a PCP within your IPA.

Provider Quarterly Roster – Missing Service Location Affiliations



If a provider within your IPA network is listed in the CHP system with affiliations to service locations that do not appear on your Quarterly Provider Roster (Full Reconciliation), the following actions will occur to ensure compliance:



These provider service location affiliations will be termed in the CHP system to align with your roster.



If the service location address is **NOT** affiliated to a provider on your roster, and the provider has members assigned.

If yes: The member will remain assigned to the active provider within your IPA where they are receiving services, and the service location will be updated.

If no: The member will be reassigned based on their current active rendering provider where they are receiving services.

Delegation 360 Provider Portal

Introduction

- Molina Healthcare of California's Delegation 360 (D360) platform centralizes report ingestion and displays delegate performance across key metrics, streamlining data intake and enabling performance tracking of Key Performance Indicators (KPIs).

Platform Access

- Submit an updated D360 Access Contact List to Molina quarterly to ensure accurate user access.
- For ad-hoc user additions, email MHCDO.Support@MolinaHealthcare.com using the D360 New User Ad-Hoc template.
- Inactive users (60 days without access) will have their accounts deactivated.

Portal Log-in & Salesforce Authenticator

- After user access is requested, a welcome email with login details will be sent.
- Follow the email link to reset the password.
- Complete the multi-factor authentication (MFA) setup on initial login. Refer to the D360 User Guide for instructions.

* For additional details, please refer to your Roster Education Packet and review ***Education Material 3 - D360 User Guide – Version 2.0.***

Steps to Complete the ICE Provider Network Roster Template

1. Access the Template:

- Find in the Delegation 360 Resource Library: ICE_ProviderNetwork_Roster_Template_2025
- Do not modify the template to avoid delays. Only fill in the required fields.

2. Select Submission Type:

- Choose between Monthly or Quarterly Submissions

3. Review Instructions Tab:

- ICE_Roster_Instructions *Note this tab must be removed prior to D360 file upload
 - Follow the structured format
 - Complete the required data fields as instructed on this tab
 - For template completion assistance, contact your Provider Relations Representative to request a training or walkthrough.

4. Save the Template using the Required Naming Convention Format:

- Provider/GroupName_RosterType_Date.xlsx
- Example:
 - UCDavis_MonthlyRoster_03242023.xlsx
 - UCDavis_QuarterlyRoster_03242023.xlsx
- Rosters not adhering to the specified naming convention format will result in file rejection.

5. Submit the Template:

- Monthly: Submit via D360 or Send to CHP-Shared Mailbox
- Quarterly: Submit via D360 Portal

6. Process Complete

Behavioral Health Providers

Important Reminder for Roster Submissions

- Only Behavioral Health (BH) providers contracted with CHP should be included in your roster submissions.
-  **Do not list** BH providers who **do not have an active BH contract** with CHP.

Why This Matters:

- ✓ Ensures accuracy in provider directory listings
- ✓ Prevents processing delays in roster review
- ✓ Supports clean and compliant data

Health Plan Crossover (Dual Health Plan)



Two Rosters Required: If you have both Molina and Central Health Plan (CHP), submit separate rosters in D360 for each plan.



Molina and CHP County-Shared Mailbox Requests: Requests should be directed to the dedicated shared mailbox for each Line of Business (LOB) listed below.



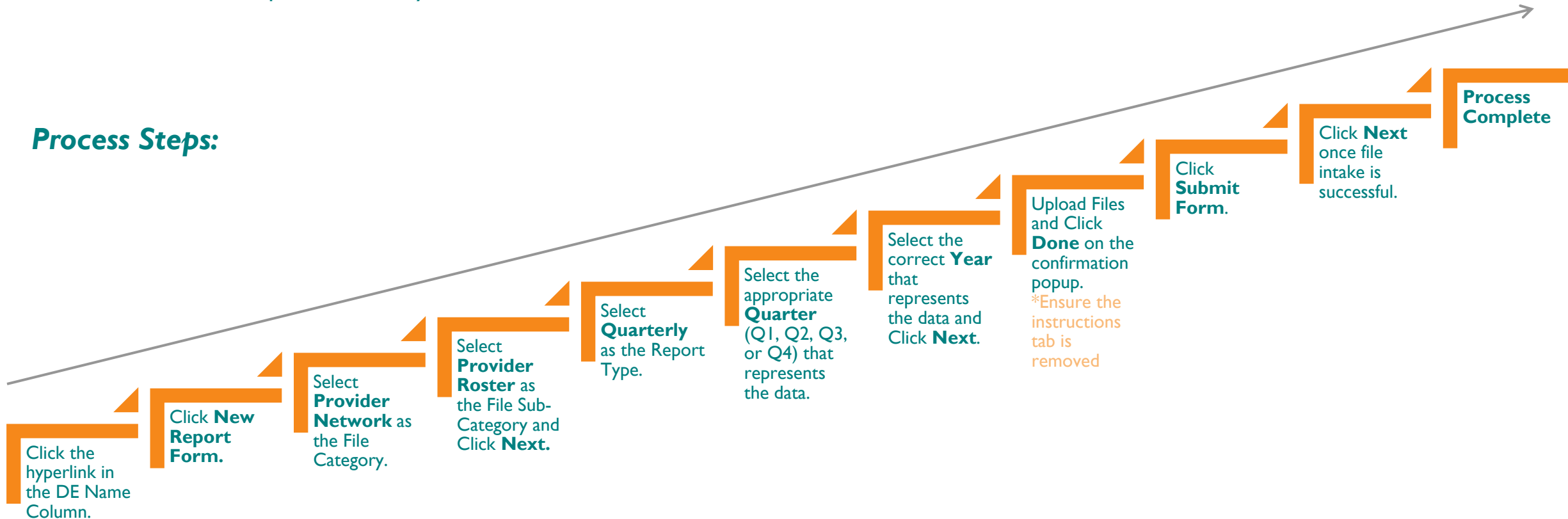
CHP-Shared Mailbox: CHP-ProviderUpdate@MolinaHealthcare.com
MHC Inland Empire Provider Services: MHCIEProviderServices@MolinaHealthcare.com
MHC Los Angeles Provider Services: MHC_LAProviderServices@MolinaHealthcare.com
MHC Imperial Provider Services: MHCImperialProviderServices@MolinaHealthcare.com
MHC Sacramento Provider Services: MHCSacramentoProviderServices@MolinaHealthcare.com
MHC San Diego Provider Services: MHCsanDiegoProviderServices@MolinaHealthcare.com

Delegation 360 Provider Portal – Provider Network Roster Report Submission Process

To submit your Provider Rosters, navigate to your Delegated Entity (DE) Profile, select the appropriate DE and Health Plan.

* For additional details, please refer to your Roster Education Packet and review *Education Material 3 - D360 User Guide – Version 2.0*.

Process Steps:



Delegation 360 Provider Portal – Error Report Overview

If the file intake fails, the report will display a “Resubmission Required” status, indicating errors in the file. All errors must be resolved before resubmission. A detailed error report can be accessed via the “Error Report” tab within your profile.

Error Details:

- **Error Record Column:** Identifies the column where the error occurs.
- **Record Identifier:** Shows the row number of the error.
 - **Note:** Incorrect/Modified templates will reference column numbers (headers).
- **Error Description:** Specifies the error that must be corrected before resubmission.

Common Error Descriptions:

- **Schema Difference:** Indicates the wrong template was used or modifications were made to the ICE Roster Template.

* Note: Submissions that include the Instructions Tab of the ICE Roster Template will result in multiple errors. This tab must be removed prior to uploading the file in D360.

All guides and templates are available in the Delegation 360 (D360) Resource Library.

- ICE Provider Network Roster Template: Required to submit provider rosters.
- Delegation 360 User Guide: Detailed instructions for accessing and using the D360 portal.
 - ✓ This guide is included in your Roster Education Package and is titled Education Material 3 - D360 User Guide – Version 2.0

Provider Relations Representative: Available for support.

- **Questions**
- **Schedule Training**
 - ICE Roster Template Review: In-depth review on how to complete and submit the template.
 - D360 Roster Submission Review: Comprehensive training on navigating and submitting via D360.

