

# Provider Bulletin

Molina Healthcare of California

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March 25, 2025

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

## Changes to State License Requirements

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

### **What you need to know:**

Effective July 1, 2025, the National Committee for Quality Assurance (NCQA) will require MHC to have processes in place to monitor practitioner licenses upon expiration. Historically, NCQA has only mandated verification of active/current licenses at initial credentialing and re-credentialing decisions, but not in the interim.

**To comply with this requirement, Molina Healthcare's Credentialing team will initiate immediate termination notifications for practitioners who do not renew their licenses on or before the expiration date.**

These notifications will be sent via the same distribution list currently used for practitioners with an Office of Inspector General (OIG) or State Medicaid exclusion.

In alignment with NCQA standards:

1. 30-Day Renewal Grace Period
  - If a practitioner renews their license within 30 days after the expiration date and provides notification of renewal, their contract termination will be lifted without requiring new credentialing.
2. Recredentialing Requirement After 31 Days
  - If a practitioner's license remains expired for 31 days or more, they must undergo initial credentialing before being reinstated in the network.
3. Practitioner Responsibility for Notification
  - The Credentialing team will not proactively monitor expired licenses for renewal. Practitioners must notify the Network team upon renewal.
4. Automated License Monitoring
  - Our new Salesforce system will continuously track license expiration dates and alert us to renewals. Therefore, practitioners do not need to send separate confirmation of their renewal—only ensure timely renewal.

## Provider Action

No provider action is required.

We appreciate your cooperation in maintaining compliance with NCQA standards.

## 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 Daniel Amirian Anita White Elias Gomez	562-517-1014 562-549-4809 562-980-3947 562-517-0445	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a> <a href="mailto:Princess.White@molinahealthcare.com">Princess.White@molinahealthcare.com</a> <a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a>
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Riverside County	Patricia Melendez	562-549-3957	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Salvador Perez Lincoln Watkins Tan Do	562-549-3825 858-974-1758 858-287-4869	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a> <a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a> <a href="mailto:Tan.Do@molinahealthcare.com">Tan.Do@molinahealthcare.com</a>

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego, Sacramento, & Imperial California Facilities	Dolores Garcia	562-549-4900	<a href="mailto:Dolores.Garcia@molinahealthcare.com">Dolores.Garcia@molinahealthcare.com</a>
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino, California Facilities	MiMi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

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](mailto:mhcproviderbulletin@molinahealthcare.com).

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.