

## PROVIDER BULLETIN

---

**TO:** Participating Primary Care Monroe Plan IPA and YourCare Primary Care IPA Network Providers  
**FROM:** Monroe Plan for Medical Care and YourCare IPA Provider Relations Department  
**DATE:** 01/05/2026  
**SUBJECT:** Quarterly Roster and Data Request

To ensure Monroe Plan for Medical Care and Molina Health Plan of NY have the latest information on all affiliated providers, please complete the roster available at this link: [Monroeplan Roster Template](#) and submit it to [pfmemails@monroeplan.com](mailto:pfmemails@monroeplan.com).

**If your office maintains a roster containing the required data elements, you may send your complete provider roster to [pfmemails@monroeplan.com](mailto:pfmemails@monroeplan.com).**

To maintain data integrity, Monroe Plan will be outreaching on a quarterly basis. Monroe plan will provide you with a group roster for you to validate upon request.

**Please note: This does not replace routine provider enrollment forms and demographic change forms. These forms remain the most efficient method for enrolling and credentialing providers in a timely manner.**

- **Monroe Plan Website:** [Provider Resources & Forms – Monroe Plan for Medical Care](#)

It is imperative that data sites are up to date and current with your providers data. This includes CAQH and NPES.

- **NPES:** [NPES \(hhs.gov\)](https://www.hhs.gov)
- **CAQH:** [CAQH ProView - Sign In](#)

Upon submission of the roster, we will update our records to ensure Molina Health Plan has accurate information. If you have any questions, please feel free to contact us.

We appreciate your ongoing commitment to the broader community.

Provider Relations & Network Management