



ATTENTION PROVIDERS AND SUBMITTERS OF ELECTRONIC CLAIMS

The deadline for receiving the 2016 Annual Certification Forms is **December 31, 2015**. If you have not submitted a Certification Form for your submitter number (beginning with 450), immediate action is required. Submitters who do not submit the required form will be *deactivated* *February 1, 2016*. Providers should verify with their submitter that this requirement has been met to ensure no delays in claims payment.

Submitters must mail the Annual Certification Forms to Molina at the following address:

Molina Medicaid Solutions - EDI Department
PO Box 91025
Baton Rouge, LA 70821-9025

The form can be found here: [2016 EDI Certification Form](#)