Provider Bulletin

Central Health Medicare Plan

April 9, 2025

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IPA Updates

This is an advisory notification to Central Health Medicare Plan (CHP) network providers applicable to CHP Medicare business.

What you need to know:

Monthly Capitation Update

Please be aware that the plan changed systems effective January 1, 2025. Monthly capitation deductions for 2025 services paid by the plan but are the financial responsibility of the IPA will begin with April capitation.

Beginning in April 2025, two capitation deduction reports will be sent to the IPA.

- One file will contain details for services deducted for dates of service December 31, 2024, and prior. This file is named with the IPA name previously used under the Bright Healthcare legacy system and posted to the previous Bright Healthcare sFTP folder.
- The other file will contain details for services deducted for dates of service on and after January 1, 2025. This file is named with the new Molina IPA ID and posted to the new sFTP folder established by Molina.

For information regarding the financial responsibility of services, please refer to Division of Financial Responsibility (DOFR) located in the contract agreement.

Teledoc

The plan has contracted with Teledoc for telehealth services. The plan has processes in place to process these claims, however, some claims with dates of service on and after January 1, 2025, may be misrouted to the IPA as IPA financial responsibility. Please be aware that the plan will continue to pay Teledoc claims billed directly to the plan; even if initially misrouted to the IPA.

Should an IPA receive a Teledoc claim from the plan, the claim can be acknowledged and denied. The IPA can consult with their Provider Relations Representative to confirm if the claim was misrouted.

Encounters

Submit your encounter test files. The plan is actively working with all IPAs on encounter testing. It is very important for the IPAs to work with their teams to quickly correct and resubmit test files. Common errors identified include:

- File naming convention is not adhering to required format
- Receiver or Submitter ID is wrong
- File headers need to use valid qualifiers
- Receiver Name is incorrect
- Service Facility Providers missing NPIs
- Invalid data submitted, examples include but not limited to: charge amount greater than 99999.99, start date after end date, and invalid diagnosis code

What if you need assistance?

If you have any questions regarding the notification, please contact your CHP Provider Relations Representative at PRCalifornia@molinahealthcare.com.

CENTRAL HEALTH MEDICARE PLAN