Provider Bulletin

Central Health Medicare Plan

August 1, 2025

☒ Alameda ☒ Contra Costa ☒ Fresno ☒ Imperial ☒ Kern ☒ Kings ☒ Los Angeles ☒ Madera ☒ Orange
 ☒ Placer ☒ Riverside ☒ Sacramento ☒ San Bernardino ☒ San Diego ☒ San Francisco ☒ San Joaquin
 ☒ San Mateo ☒ Santa Clara ☒ Solano ☒ Stanislaus ☒ Tulare ☒ Ventura ☒ Yolo

Provider Roster Submission Instructions

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

What you need to know:

If you are a capitated Medical Group, IPA, or other group that submits a provider network roster to CHP Provider Inbox

<u>CHPProviderUpdate@MolinaHealthcare.com</u>, please review the updated instructions below. If further clarification is needed, email CHP Provider Relations at <u>PRCalifornia@molinahealthcare.com</u>.

If you are part of the Fee-For-Service CHP/Molina Direct Network or belong to a non-delegated group, please log into your Council for Affordable Quality Healthcare (CAQH) account to verify your information.

When this is happening:

There are two distinct provider roster types:

1. Monthly Provider Rosters (Change Files)

- Monthly rosters should be sent every month that your IPA has provider adds, updates, or NON-PCP records to report. This includes the month you are submitting your quarterly roster.
 - PCP Terms (Provider termination from the group OR provider terminations from a service location) must be submitted separately from the roster via the CHP shared mailbox CHPProviderUpdate@MolinaHealthcare.com.
 - Default provider information is required to address member moves.
 - Clinic/Facility/FQHC (Brick & Mortar) data updates must be submitted separately from the roster via the CHP shared mailbox.

2. Quarterly Provider Roster

- Quarterly Rosters MUST be submitted every 3 months.
- Your Quarterly Roster will be used as a full reconciliation file to ensure that your provider network reflects accurately in our system.
- Physicians that are not on your roster will result in termination from your network.
- All service locations for all physicians must be listed on your roster to ensure physician to address affiliations are correct in our system.

Central Health Plan: 200 Oceangate, Suite 100 Long Beach, CA 90802

Provider Action

Please follow these guidelines for roster submission.

Provider Roster Template

Utilize the same ICE roster for both the monthly and quarterly provider roster submissions. Please ensure you utilize the latest version. The template can be found on the D360 portal.

Health Plan Crossover

If you have both Molina and CHP, you are required to submit separate rosters in D360 for each plan. (Submit two rosters).

Naming Convention

Please use the following Provider Roster Naming Convention: Group/IPA_Provider Roster Type_Date

Examples

- UCDavis Q2 QuarterlyRoster 07012025
- UCDavis MonthlyRoster 07012025
 - 1. 2025_Q2_7-15-2025 1-11 PM_GroupName
 - 2. 2025_07_7-15-2025 2-28 PM_GroupName

Delivery Method

- Quarterly Rosters and Monthly Change Files must be submitted through D360 to be accepted and processed by Molina.
- Currently, PCP Terms, and Clinic/FQHC updates must be submitted to the CHP mailbox.

What if you need assistance?

If you have any questions regarding the notification, please contact your CHP Provider Relations Representative at

PRCalifornia@molinahealthcare.com.



Responses Regarding Roster Submission

Rejected provider roster or provider records:

- Any roster, roster updates, or data maintenance request that does not contain all required data elements will be returned to the contracted provider entity (submitter) via email to append or correct information.
 - Note: The request will not be processed until all required data is received.

Processing notification:

- o If all required data is received, the submitter of the roster will receive an "in process" notification via email that will include the estimated time it will take to complete your submission.
 - **Note:** The end-to-end roster update process can take up to 4 weeks to complete for both the monthly and quarterly roster submissions.

Completion notification:

If all required data is received and the roster is processed, we will send a "process completion" notification via email
that will include information on records that may have been excluded from the roster processing cycle and the reason
it was excluded.

Shared Mailbox Update vs. Roster

There are instances where you would send the provider update in an email to the **CHP shared mailbox** rather than on the Monthly Roster. The general rule of thumb is to send an email if additional information is needed or if you need to send an attachment. The roster template does not have the functionality to include attachments. The rosters are processed systematically.

Examples of what would need to be sent in an email to the CHP Shared Mailbox

- 1. Anything that requires a member move such as the following:
 - PCP terms:
 - For all PCP terminations, please provide the terming PCP name, NPI, group TIN, service location(s), and the receiving provider name, NPI, group TIN, a service location
 - By providing complete information along with your request we can ensure our members' transition to their new PCP is as seamless as possible.
 - PCP service location changes
 - o For all PCP service location changes, please indicate the terming service location and the new service location to be added.
 - Submit this form to the shared mailbox for any member moves listed above: molinahealthcare.com/-/media/Molina/ PublicWebsite/PDF/Providers/ca/Medicaid/PCP-Provider-Term-Member-Move-Form.ashx
- 2. When the update requires an attachment:
 - For example, in the event we do not have a record loaded in our system with your IPA, we may request that you send back additional information:
 - o Profile
 - o W9
- 3. Clinic/Facility/FQHC (Brick & Mortar) data updates must be submitted separately through the CHP Shared Mailbox

Requests Other Than Provider Updates

The **CHP shared mailbox** is only used for provider update (adds/terms/change) requests. If you have questions regarding providers, processes, or periods, please contact Provider Relations: PRCalifornia@molinahealthcare.com.

CHP-Shared Mailbox

• Central Health Plan (CHP): CHPProviderUpdate@MolinaHealthcare.com