

Provider Bulletin

Central Health Medicare Plan

January 27, 2026

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Providing Facility Information in Availity Essentials

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

What you need to know:

When submitting an authorization request in the Availity Provider Portal, it is essential to include facility information in addition to the requesting and servicing provider details.

Facility information is required to confirm where care will be delivered, verify network participation, and apply the correct authorization and reimbursement rules. Missing this information may result in processing delays, denied requests, or disruptions to patient care.

Provider Action

Sign in to the Availity Provider Portal to submit authorization requests:

[availity.com/providers/](https://www.availity.com/providers/)

For more information, please see the attachment.

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: Providing facility information in Availity Essentials

Background

When submitting an authorization request through the Availity Essentials Provider Portal, it is essential to include facility information in addition to the requesting and servicing provider details. This ensures accurate processing and timely decision making. Facility details help Molina Healthcare, Inc. confirm the location where care will be delivered, validate network participation, and apply the correct reimbursement and authorization rules. Missing facility information can lead to delays in decisioning, authorization request denials and access to care.

Recommendation

Outpatient and inpatient authorization requests

Enter servicing/rendering provider information

- You must enter the servicing or rendering provider details in the designated fields. These fields ensure that the provider delivering the service is correctly identified for authorization and reimbursement purposes.

Enter additional information

- You must include the facility information where the service will be rendered in Provider Notes section. This ensures the health plan can confirm the location, network participation, and apply correct authorization and reimbursement rules.

The screenshot shows a web form titled "Rendering Providers & Facilities" with the instruction "Add a combination of up to 1." Below this is a light blue header bar with a "NAME" label and a "Facility" button. Underneath is a table with two rows of fields: the first row contains "NPI", "Payer Assigned Provider ID", "Name", and "Tax ID"; the second row contains "Address Line 1", "City", "State", and "Zip Code". Below the table is a section titled "Additional Information" containing a "Provider Notes" box. The notes box has a placeholder text: "ADD FACILITY DETAILS HERE: Facility Name Address State Zip NPI/TIN # (if available)". To the right of the notes box is an "Important Note" stating: "All information are entered in Provider. Notes must be in plain text (string format) without: - Special characters (e.g. #, #, &, *, -, etc.) - Line breaks". A light blue arrow points from the note towards the notes box.

Rendering Providers & Facilities			
Add a combination of up to 1.			
NAME Facility			
NPI	Payer Assigned Provider ID	Name	Tax ID
Address Line 1	City	State	Zip Code

Additional Information

Provider Notes

ADD FACILITY DETAILS HERE: Facility Name Address State Zip NPI/TIN # (if available)

Important Note: All information are entered in Provider. Notes must be in plain text (string format) without:
- Special characters (e.g. #, #, &, *, -, etc.)
- Line breaks