

Provider Bulletin

Central Health Medicare Plan

January 30, 2026

- Alameda
- Contra Costa
- Fresno
- Imperial
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- Los Angeles
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- Placer
- Riverside
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- San Bernardino
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- Tulare
- Ventura
- Yolo

Chronic – Special Needs Plan (C-SNP)

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

What you need to know:

Central Health Medicare Plan operates a Chronic – Special Needs Plan (C-SNP). Medicare beneficiaries with certain medical conditions can enroll in the C-SNP. Eligible medical conditions include diabetes, chronic health failure, cardiac arrhythmias, coronary artery disease, peripheral vascular disease, or chronic venous thromboembolic disorder.

To verify a member's medical condition, the attached *C-SNP Condition Qualification form* must be completed by the provider. IPAs are encouraged to work with their providers to complete the C-SNP Condition Qualification form timely.

C-SNP members without a completed *C-SNP Condition Qualification form* are typically disenrolled from the plan two months after initial enrollment. Members transitioning to a new PBP may also require an updated C-SNP Condition Qualification form.

On a monthly basis, IPAs are emailed a list of C-SNP members at-risk for disenrollment due to no confirmed qualified diagnosis. Members listed in the files need a completed C-SNP Condition Qualification form or they will be terminated from your IPA. It is strongly recommended that IPAs work directly with their providers to obtain a documented qualified diagnosis. Provider Relations may conduct outreach to high volume IPAs requesting a plan of action to strategically retain these members.

Provider Action

We appreciate your participation with our plan and value the care provided to our members.

We ask that you coordinate with your providers so that members can retain their health care coverage.

What if you need assistance?

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

PRCalifornia@molinahealthcare.com.



CONFIDENTIAL & IMPORTANT

C-SNP Condition Qualification

The member listed below has enrolled in a C-SNP plan with Central Health Medicare Plan, to continue the member's health plan coverage, we must verify that they have a condition that qualifies them for enrollment in this plan.

Member Name:	
DOB:	Member ID:
PCP Name:	

INSTRUCTIONS: Please complete the information below to verify this patient's qualifying condition.
Please note that failure to verify the member's condition may affect their health plan enrollment.

Please indicate this patient's qualifying diagnosis/diagnoses.		
	Diabetes	Chronic heart failure
	Cardiac arrhythmia	Coronary artery disease
	Peripheral vascular disease	Chronic venous thromboembolic disorder
Comments:		

Date of most recent assessment:
Provider name:
NPI:
Provider's signature:

Return the completed form as soon as possible to Central Health Medicare Plan via **FAX: (626)388-2371**.

We greatly appreciate your help in this matter. Thank you for always providing excellent care to our members.