

Provider Bulletin

Central Health Medicare Plan

August 25, 2025

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Important Update Regarding Prior Authorization Submissions

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

What you need to know:

Effective September 20, 2025, Molina will implement a system update requiring additional documentation—including clinical records—for all prior authorization requests.

These attachments will become **mandatory** fields in the submission system. Requests submitted without the required documentation will be **blocked** from submission.

For additional details, please see the attached document.

When this is happening:

This new process will go into effect on September 20, 2025.

Provider Action

Begin attaching **clinical supporting documentation** with each prior authorization request. Ensure the records are specific to the service being requested.

What if you need assistance?

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

Important update regarding Prior Authorization submissions

Coming Soon

Molina will begin requiring additional documentation—including clinical records—for all prior authorization submissions¹. The clinical records submitted should be for the prior authorization being requested. Attachments will function as required fields. Without them, the system will block the submission.

This update is designed to:

- Streamline the review process
- Minimize back-and-forth communication with our Utilization Management team
- Enable faster, more informed decision-making

Action required:

- Begin attaching clinical supporting documentation when requesting a Prior Authorization. The clinical records submitted should be for the prior authorization being requested.

We appreciate your support in helping us improve efficiency and service quality.

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Thank you for your participation in our network.

¹If the Molina provider agreement specifically states that medical records do not need to be submitted for prior authorization approval or if state law or a government contract prohibits such medical records from being required for Medicaid or Marketplace, then this communication does not apply.