Provider Bulletin

Central Health Medicare Plan

CentralHealthPlan.com/chp

December 02, 2025

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Provider Bulletin Summary

November 24-28, 2025

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

What you need to know:

Dear Provider.

CHP will now distribute a Provider Bulletin every other Tuesday summarizing all provider communications posted to our website.

Please note:

- CHP will continue to post updates online as they become available throughout the month.
- This summary includes only items published during the current cycle; previously released Provider Bulletins remain accessible on the CHP provider website.
- This summary is not a substitute for the complete Provider Bulletin content. Full details, implementation timelines, and requirements are available online.

Thank you for your continued partnership and commitment to compliance.

Provider Action

Providers are responsible for reviewing Provider Bulletins online to ensure compliance with all regulatory requirements and policy changes.

Bulletins are available on the CHP provider website:

CHP Medicare Provider Bulletins
 CentralHealthPlan.com/chp/Providers
 /Medicare-Bulletins.aspx

What if you need assistance?

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



Summary of Provider Bulletins published on the CHP provider website:

Date Posted	Title	Audience	Line of Business	Summary
11/25/2025	Q4 Provider Satisfaction Survey	All Provider Types	Medicare	All providers are invited to share feedback through CHP's Q4 Provider Satisfaction Survey, open until December 19, 2025 . The survey is designed to gather insights that will help improve provider support and engagement.
11/26/2025	Plan-Directed Care	Primary Care IPA/MSO	Medicare	Reminder for Medicare providers about plan-directed care requirements. When referring members to non-contracted providers for covered services, members are only responsible for normal cost-sharing. Providers should coordinate with the plan before referrals, and plans must have clear processes and educate providers on documentation.