

Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

January 27, 2026

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Providing Facility Information in Availability Essentials

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

When submitting an authorization request in the Availability 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 Availability Provider Portal to submit authorization requests:

availability.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 [Molina Provider Relations Representative](#).



Providing facility information in Availability Essentials

Background

When submitting an authorization request through the Availability 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.

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