

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

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

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

ALERT: Notice of Change in Process – Incorrect Claims Address

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

Effective 01/01/2023 Molina will no longer accept claims submitted via non-approved submission pathways.

Molina accepts claims electronically via clearinghouse and through the <https://provider.molinahealthcare.com/>. Molina also accepts paper claims on original (red colored) CMS-1500 and 1450 (UB-04) claim forms sent to the Molina Claims PO Box identified below. This PO Box is also found in the Provider Manual, and on the Member ID card.

**PO Box 22702
Long Beach, CA 90801**

New and/or corrected paper claims must be sent to via these approved routes ensure they are received in a controlled, secure environment, and to reduce delays in processing. Paper claim submissions will not be considered “accepted” by Molina until received at the appropriate Claims PO Box. Claims submitted to non-approved locations/pathways (e.g., Molina physical office locations) will be returned.

Paper Claim Submission Requirements

Please note that submission of paper claims must adhere to the following requirements:

- Paper claims must use original Flint OCR red and white CMS 1500 (02/12) and CMS 1450 (UB-04) paper claim forms.
 - Other claim form types will be upfront rejected and returned to the provider. This includes black and white forms, copied forms as well as forms with any altering to include claims with handwriting.
- Paper claims are typed with either 10- or 12-point Times New Roman font in black ink.
- Paper claim submission must avoid the use of highlights, italics, bold text, or staples.

Additional information on claim submission requirements is available in our Provider Manual(s).

The Provider Manual(s) is available at: <https://www.molinahealthcare.com/>.

As always, your partnership with Molina is highly valued, and we are committed to providing you with excellent customer service.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
San Diego/Imperial County	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
Los Angeles/Orange County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
Riverside County	Mary Hernandez	562-542-1550	Mary.Hernandez2@molinahealthcare.com
California Hospital Systems	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles/San Bernardino	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhproviderjustthefax@molinahealthcare.com
Please include provider name and fax number and you will be removed within 30 days.*