

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

July 16, 2026

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

## Provider Disputes

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal and Marketplace lines of business.

### What you need to know:

Dear Provider,

This notice is a reminder of the process for submitting a **Provider Claims Dispute**. A Provider Claims Dispute is a request to review a claim you believe was **processed incorrectly** (paid incorrectly, denied, or underpaid).

- Contractual or fee schedule payment concerns
- Reduced or zero payment
- Coding, modifier, or claim data issues
- Duplicate claim processing
- Eligibility/coverage updates (retro-eligibility)
- Timely filing (with documentation)
- Post-service authorization processing issues

**How to submit:** Submit Provider Claims Disputes through the [Availity Essentials® Portal](#) (preferred). Include a **clear description of the issue** and **all supporting documentation** to avoid delays.

### Before Submitting a Dispute

Before submitting a dispute, verify the issue cannot be resolved by submitting a **corrected claim** or by requesting a **claim payment inquiry/reconsideration** for minor billing or processing corrections.

### Timelines and Resolution

- Submit disputes within the timeframe required by your Provider Agreement and applicable regulations.
- After Molina receives a **complete** dispute, we will issue a **written determination within 45 working days**.
- If additional information is needed, Molina will notify you in writing, where you will have 30 working days to submit additional information, or the Claim dispute will be closed by Molina.

For members assigned to a **shared-risk capitated IPA/Medical Group**, the **first-level** dispute review must be completed by the IPA/Medical Group. Molina Healthcare of California remains responsible for the **final determination** for all Provider Claims Disputes.

## Provider Action

### How to Submit a Provider Claims Dispute

**Preferred Method:** [Availity Essentials® Portal](#)

Submitting disputes through Availity ensures faster routing and tracking.

1. Log in to the **Availity Essentials® Portal**
2. Search for the adjudicated claim
3. Select **"Dispute This Claim"**
4. Choose one of the following options:
  - **Claim Payment Inquiry/Reconsideration**
  - **Claim Payment Dispute/Appeal**
5. Complete all required fields and upload supporting documentation
6. Submit the dispute electronically

### Alternative Submission Methods

If Availity is not available, Providers may submit disputes using one of the following methods:

- **Fax:**  
Complete the [Provider Dispute Resolution Request Form](#).  
The form can be found under Forms at [MolinaHealthcare.com/Providers/CA](https://MolinaHealthcare.com/Providers/CA)
- Fax to **(562) 499-0633**
- **Mail:**  
Molina Healthcare of California  
Attn: Provider Dispute Resolution Unit  
PO Box 22722  
Long Beach, CA 90801

### What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

