

Provider Bulletin

Molina Healthcare of California

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September 8, 2025

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Assembly Bill 3275 Guidance – Claim Reimbursement APL 25-007

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:

BACKGROUND

The Department of Managed Health Care (DMHC) issued this All Plan Letter (APL) to provide guidance to health care service plans on processing and reimbursing claims for services received on or after January 1, 2026.

This directive is based on the Knox-Keene Health Care Service Plan Act and follows the enactment of Assembly Bill 3275. The bill amends Health and Safety Code sections 1371 and 1371.35 and adds section 1371.34 to strengthen consumer protections concerning claim-related grievances.

Claim Reimbursement Requirements

- A. Health Plans Must Reimburse Complete Claims Within 30 Calendar Days
- B. Interest on Claims and Penalty for Failure to Pay Interest
- C. Receipt and Acknowledgement of Claims
- D. Requirements for Contested and Denied Claims

Provider Dispute Resolution Mechanism Requirements

Section 1367 and Rule 1300.71.38 require MHC and capitated providers to maintain a fast, fair, and cost-effective process for resolving both contracted and non-contracted provider disputes. These disputes must be resolved in accordance with laws including Sections 1371 and 1371.35, with a written determination issued within 45 working days of receipt. If the provider wins the dispute, payment, including interest and penalties, must be made within five working days of the determination.

Beginning January 1, 2026, under AB 3275, interest and penalties will apply to all claim payments not made within 30 calendar days of receiving a complete claim, including those resolved through provider disputes.

Provider Action

This notification is based on All-Plan Letter (APL) 25-007, which can be found in full on the Department of Managed Health Care (DMHC) website at:

[dmhc.ca.gov/Portals/0/Docs/OPL/APL25-007-AssemblyBill3275Guidance\(Claim%20Reimbursement\)\(4_1_2025\).pdf?ver=i37HpYGfgP6BHL3ghvJ4QQ%3d%3d](https://dmhc.ca.gov/Portals/0/Docs/OPL/APL25-007-AssemblyBill3275Guidance(Claim%20Reimbursement)(4_1_2025).pdf?ver=i37HpYGfgP6BHL3ghvJ4QQ%3d%3d)



What you need to know Cont.

Section 1371.34 – Grievances About Delay or Denial of Payment of a Claim

Beginning January 1, 2026, Section 1371.34 is added to the Act, codifying in statute that a complaint made by an enrollee to a plan about a delay or denial of a payment of a claim shall be treated as a grievance, regardless of whether the enrollee uses the term “grievance” as part of the complaint.

Compliance and Filing Requirements

All claims for health care services received on or after January 1, 2026, must be processed in accordance with applicable law, including Sections 1371 and 1371.35 as amended by AB 3275, Rule 1300.71, and this APL. MHC will take all measures necessary to ensure timely and full compliance with AB 3275 and this APL, including making necessary updates to claim systems, provider contracts, service agreements, policies and procedures, notices, disclosure forms, and all other health plan documents.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Velma Castillo	562-233-1753 562-723-9760 626-721-3089	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@MolinaHealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@MolinaHealthcare.com
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@MolinaHealthcare.com
Imperial, San Diego & Sacramento	MiMi Howard Laura Gonzalez, Manager	562-455-3754 562-325-0368	Smimi.Howard@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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