

Provider Bulletin

Molina Healthcare of California

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

September 19, 2025

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

Claims Data Submission Requirements

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medicare line of business.

What you need to know:

Molina is responsible for delivering monthly claims details to members through a Centers for Medicare & Medicaid Services (CMS) approved Explanation of Benefits (EOB). To comply with CMS requirements, the EOB must include enrollee claims activity for the reporting period, covering services provided by both delegated and capitated providers.

Independent Physician Associations (IPAs) are required to:

- Collect member cost shares (copayments, coinsurance, and deductibles) in accordance with plan benefits.
- Report these payments to Molina using the Standard 837 format, detailed below.
- Follow Molina's specified submission format and timeline to ensure proper reconciliation.

Data Requirements Overview

The required claim data mapping in the Standard 837 format, including example submissions for each loop and segment, follows:

1. Provider Name

- a. Already a required field in Enc file.
- b. Loop 2010AA – Billing Provider Name NM103
- c. Example: NM1*85*2*ABC Group Practice*

2. Claim Number

- a. Already a required field in Enc file.
- b. Loop 2300 – Claim Information CLM01
- c. Example: CLM*A37YH556*

3. Out of Network Provider Status

- a. There is no specific 'out of network' indicator field. However, the Par/Non-Par Provider status field in 837 encounters shows whether a Provider had a participation agreement with the submitting IPA at the time of claim filing.
- b. Loop 2300 – Claim Information CLM07

4. Date of Service

- a. Already a required field in Enc file.
- b. Loop 2400 – Service Line Number DTP03
- c. Example: DTP*472*RD8*20250314-20250325

5. Amount Billed to Plan

- a. Already a required field in Enc file.
- b. Loop 2300 – Claim Information CLM02
- c. Example: CLM*A37YH556*500

Provider Action

Please ensure your organization submits all required claims and member cost share data in the Standard 837 format by the deadlines outlined in Molina's reporting schedule.



6. Total Cost (Allowed Amount)

- a. There is no direct field for this amount value; however, it can be calculated.

7. Plan's Share (IPA Paid Amount)

- a. Molina requires the IPA Paid amount, but not all Groups provide this information or may report \$0.
 b. Loop 2320 – Other Subscriber Information AMT02 (Header Paid Amount)
 c. Example: AMT*D*411
 d. Loop 2430 – Line Adjudication Information SVD02 (Line Paid Amount)
 e. Example: SVD*MHC*55

8. Member's Share (Patient Paid Amount)

- a. Required for balancing the claim billed amount; not required for certain adjustment reason codes.
 b. Loop 2430 – Line Adjudication Information CAS Adjustment Group = PR (Line Patient Paid Amount)
 c. Example: CAS*PR*1*7.93
 d. Loop 2430 – Line Adjudication Information CAS Adjustment Reason = 1, 2, or 3 (Line Patient Paid Amount)
 e. Example: CAS*CO*1*7.93

What if you need assistance?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles	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	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial	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

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

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