

REMINDER NOTIFICATION – RIVERSIDE/SAN BERNARDINO COUNTIES

Important Claims Submission Information and Addresses

Molina Healthcare of California (“Molina”) would like to remind you of the appropriate addresses for timely submission of claims, encounter data, PM-160’s, and provider appeals and disputes. Please note the below addresses to ensure compliance and prevent incorrect direction of important documents. On-line claim submission is also available through Molina’s secure Web Portal Services at www.molinahealthcare.com.

Important Addresses by Line of Business

Line of Business	Claims*	Encounters	Provider Appeals & Disputes	PM160 Forms
Medi-Cal	P.O. Box 22702 Long Beach, CA 90801	P.O. Box 22807 Long Beach, CA 90801	P.O. Box 22722 Long Beach, CA 90801 Attn: Provider Dispute Resolution Unit	P.O. Box 16027 Mailstop “HFW” Long Beach, CA 90806 Attn: CHDP Department
Marketplace (Covered CA)				N/A
Medicare/Medicaid Program (Cal MediConnect)				N/A
Molina Medicare Options Plus (MMOP)	P.O. Box 22811 Long Beach, CA 90801	P.O. Box 22802 Long Beach, CA 90801	P.O. Box 22817 Long Beach, CA 90801 Attn: Provider Appeals	N/A

**This includes contested/corrected claims. For contested claims, please resubmit a hard copy claim with the information requested.*

Emdeon is the clearinghouse vendor used by MHC. When submitting EDI Claims (via a clearinghouse) to Molina use the payer ID 38333. If you have questions or experience issues, please contact EDI customer service via phone at (866) 409-2935, email EDI.Claims@MolinaHealthcare.com or contact your regional provider services representative.

Claims Customer Service & Claims Special Project Options

For assistance with any claims related processes or individual claims issues, please contact Claims Customer Services at: (877) 665-4626.

If you would like our Claims Department to research claims related issues, you also have the option of submitting a Special Project. Please submit such claims to MHC_SpecialProjects@MolinaHealthcare.com or FAX (562) 499-0603. Please include the following components in your submission:

- Claim Number
- Billed amount
- Date of service
- Member ID
- Paid amount (if any)
- Member name
- Comments//Reason for project



McKinley Medical Group Formerly Contracted Providers

For formerly contracted McKinley Medical Group providers that are now under a direct contract with Molina (specialists & ancillary providers in particular), please ensure that claims and encounter data as of 2/1/2014 are being submitted to **Molina** directly rather than to McKinley Medical Group or other McKinley related entities.

*Just the Fax is published by Molina Healthcare of California. Visit us at our web site at: www.molinahealthcare.com
If you believe that you have received this fax in error or would like to be removed from our distribution database, please call toll free at (888) 665-4621 exts: 127414 or 127559 and leave the name of the provider and fax # you would like to have removed. It takes approximately 30 days to be removed from the distribution list.*

Molina expects to receive submission of claims and encounter data from its directly contracted providers at the appropriate addresses provided in this communication. If claims and encounter data dated 2/1/2014 and onwards have been submitted in error to McKinley Medical Group, please ensure to resubmit those claims to Molina directly.

Molina has also received questions regarding member ID cards for directly contracted providers. Please see the below example of Molina's member ID card.

Member: ID #: DOB:	
Provider: Provider Phone: Provider Group:	
24Hours Nurse Help Line: (888) 275-8750 Para Enfermera En Español: (866) 648-3537 RX Questions: Caremark/CVS (800) 770-8014 7 RxBIN 610473 Hospital Admission Notification: (800) 526-8196 Member Services: (888) 665-4621 Eligibility Info: (800) 357-0172 ER Notification: (800) 357-0163	

Note: The PCP's name will appear next to the "Provider" category and the name of the PCP's practice will appear next to the "Provider Group" category.

As an example, this could appear as "Joe Bruin MD Inc" or "Molina Medical Center SMO" in the "Provider" category. For the "Provider Group" category, it can indicate "ABC Medical Group" or "Molina Medical Center Staff Model."

Questions/Training

If you have any questions regarding this notice or require further training, please contact your regional Molina Provider Services Representative at (888) 665-4621 extension:

- 122233/127690/120104/127657/121934/114378/127685 Los Angeles County
- 128007/126556/126215/127709/128010 Riverside/San Bernardino Counties
- 127140/126232 Sacramento County
- 121588/126236/126225/120098/121587 San Diego County
- (760) 550-0693 Imperial County