MOLINA HEALTHCARE®

Claim Management for Member Match Requirements

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Claim Management for Member Match Requirements.

MHC would like to remind our provider partners how claims are managed to match member information. This communication is to assist you with any questions you may have.

Providers are subject to certain coding requirements for claim submissions. To match to the appropriate member record, the following information must be billed on each claim:

- Member ID – located on the member's identification card
- Name – first and last name
- Date of Birth – month, day, and year
- Correct Plan Address - the plan where the member has coverage; this may not be the state in which the provider is located

To ensure claims are processed in a timely manner and not returned, Molina recommends the following:

1. Verify insurance information is updated each time a patient is seen
2. Include current and complete member information when submitting a claim
3. Check that claims are being submitted to the appropriate Health Plan addresses

Frequently Asked Questions:
What is changing?
There are no changes. This bulletin is a reminder of member information required on each billed claim.

Are claims denied?
Claims are returned with a notice, not denied. The correct member information should be submitted to the member's plan as a new claim submission, not as an adjustment.

Sample Notice for Returned Claims:

Why am I not allowed to submit an adjustment?
As noted above, claims are returned for member information. These claims are not denied. For returned claims, a new claim must be submitted with the corrected member information.

What Payer ID should I use?
- CA – 38333
- CA Enc – 33373

How do I know the appropriate Health Plan Address?
Claims should be submitted to the member's plan. Reference this chart for the appropriate billing address:

Box Name	Purpose of Box	Address
Molina Healthcare CA	Molina Dual Options CA - Claims	PO BOX 2040 Long Beach, CA 90801
CHDP/Encounters - Pacific Station - CA	CHDP/Encounter claims	PO BOX 16027 Long Beach, CA 90801
Molina Healthcare - Los Angeles	MHC paper claims	PO BOX 22702 Long Beach, CA 90801
Molina Advantage of CA Encounters	MHC MA Encounter paper claims	PO BOX 22802 Long Beach, CA 90801
Molina Healthcare of CA - Encounters	CA Encounter paper claims	PO BOX 22807 Long Beach, CA 90801

QUESTIONS
If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.