

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

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

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:** **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

**Specialists**

- Directs
- IPA

 **Hospitals****Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

**FOR QUESTIONS CALL PROVIDER SERVICES:**

(855) 322-4075, Extension:

**Los Angeles/Orange Counties**

x123071 x117079  
x120104 x111660  
x127657

**Riverside/San Bernardino Counties**

x128010 x127709  
x127684

**Sacramento County**

x126232 x121360

**San Diego County**

x120056 x121588  
x120630

**Imperial County**

x125682 x120153

## CORRECTED CLAIM POLICY CHANGE

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding an upcoming corrected claim policy change.

Within the next 90 days, MHC will begin utilizing Remittance Advice Remark Code (RARC) N779 to deny incoming corrected claims when the original claim being corrected is not in a finalized PAID, DENIED or REVERSED status. MHC will also begin utilizing RARC N779 to deny duplicate claims when the historical claim is not in a finalized PAID or DENIED status. This policy change aligns with MHC's RARC standardization initiative.

Once in effect, the following message will be displayed on the Explanation of Payment/Remittance Advice when the above stated conditions are met:

**N779** Replacement/Void claims cannot be submitted until the original claim has finalized. Please resubmit once payment or denial is received.  
Start: 11/01/2016

It is important to note that the Provider Portal will currently allow the correction of claims on original claims not yet in a PAID, DENIED or REVERSED status. The Provider Portal will soon be updated to not allow this type of claim entry. In the interim, please refrain from submitting replacement/void claims until the original claim has finalized. In the interim, please refrain from submitting corrected claims when the claim being corrected is not in a PAID, DENIED or REVERSED status.

You will receive a second notification in the future with the effective date of this change no less than 30 days from the effective date.

### QUESTIONS

If you have any questions regarding the notification, please contact your MHC Provider Services Representative at (855) 322-4075.