

Provider Bulletin

Molina Healthcare of California

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May 05, 2026

- Imperial
- Riverside
- San Bernardino
- Los Angeles
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- San Diego

Billing Reminder: Skilled Nursing Facilities, Intermediate Care Facilities for Individuals with Developmental Disabilities and Subacute Care Facilities

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal and Medicare lines of business.

What you need to know:

Dear Valued Provider,

Molina Healthcare is committed to ensuring smooth claims processing and minimizing claim denials. Below are common denial reasons and recommendations to help reduce the number of denied claims:

1. Service Paid on Another Claim

- **Description:** These claims are denied when the same services have already been billed and paid under a different claim number.
- **Recommendation:** Before submitting a duplicate claim, check the status of the original claim by submitting an inquiry. Based on the inquiry results, Molina may adjust the original claim if needed.

2. Missing Authorization

- **Description:** These claims are billed without the required authorization.
- **Recommendation:** Verify authorization requirements and obtain authorization before submitting claims. Ensure that the authorization number is included on the claim to prevent unnecessary denials.

3. Enrollment Discrepancy

- **Description:** Claims are denied when the member does not have active enrollment during the date of service.
- **Recommendation:** Verify the member's eligibility before rendering services and before claim submission. Checking eligibility in advance can help prevent denials related to enrollment status.

4. Denial Reason

- **Description:** The revenue code submitted on the claim is invalid or not appropriate for the services billed.
- **Recommendation:** Providers are strongly encouraged to validate that the revenue code billed aligns with the type of service rendered and complies with current billing guidelines. Use authoritative coding resources and payer-specific billing manuals to ensure accuracy prior to submission. Claims submitted with invalid or incorrect revenue codes will result in denials and delay payment.

Provider Action

By following these best practices, providers can reduce the number of denied claims and improve overall claim processing efficiency. If you have any questions or need further assistance, please contact your Provider Relations Representative.

Thank you for your continued partnership.

To submit claims, check authorization status and member eligibility, log onto Molina's provider portal: availability.com/molinahealthcare/

For additional resources, please reference:

- Intermediate Care Facilities for Individuals with Developmental Disabilities Toolkit: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Health-Resources/Toolkits/ICF-DD-and-Subacute-Provider-Toolkit.pdf
- Skilled Nursing Facilities Toolkit: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/SNF-Toolkit.pdf



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	Clemente Arias	562-233-1753	Clemente.Arias@molinahealthcare.com
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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.