

Provider Bulletin

Molina Healthcare of California

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November 12, 2025

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Regulatory Updates – AB 3275

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

What you need to know:

Recent legislative and regulatory changes will impact claims reimbursement and prior authorization processes for California health plans and providers. This bulletin summarizes the key provisions, implications, and important dates for AB 3275.

AB 3275 (California State Law) (Medi-Cal and MP LOB)

Effective January 1, 2026, AB 3275 amends the Health & Safety Code, Insurance Code, and Welfare & Institutions Code to address health care coverage and claims reimbursement in California. It applies to health care service plans, including Medi-Cal managed care, and health insurers operating in the state.

Key Provisions:

- Health plans and insurers must reimburse “complete claims” within 30 calendar days of receipt.
- If a claim is incomplete, the claimant must be notified of contest or denial within 30 days.
- Previous timelines (up to 45 working days) are shortened or eliminated.
- Enrollee complaints regarding delayed or denied payments must be processed as grievances.
- The California Department of Managed Health Care and Department of Insurance must define “clean claim” criteria by July 31, 2025.
- Regulatory guidance issued by these departments is exempt from the Administrative Procedure Act until December 31, 2027.

Implications:

- Accelerates provider and claimant payments by tightening reimbursement deadlines.
- Clarifies grievance procedures for delays or denials.
- Requires operational updates for claims processing and compliance.
- Emphasizes the importance of “clean claim” definitions for timely reimbursement.
- Provides regulatory flexibility for rule implementation until the end of 2027.

Provider Action

Providers should review and update claims and prior authorization workflows to ensure compliance with these new requirements.



Key Dates:

- July 31, 2025: “Clean claim” criteria deadline.
- January 1, 2026: Main reimbursement and notification provisions take effect.

What if you need assistance?

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

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