

REMINDER: TIMELY FILING OF CLAIMS

Claims must be submitted within 90 days.

March 22, 2019

As the California Department of Health Care Services continues to put greater emphasis on encounter data in its payment models, the timely filing of claims is essential to ensure appropriate provider payment and data submission to health plan partners.

As set forth in the participating provider agreement, participating providers and facilities are **required to submit claims within ninety (90) days from the date of service**.

Beginning May 1, 2019, claims filed beyond the timely filing limit will be denied as outside the timely filing limit. Providers must present documentation proving a clean claim was filed within the applicable filing limit to request payment for services denied as outside the timely filing limit.

If you have questions, please contact your Provider Relations Manager.

A handwritten signature in black ink that reads 'John Wallace'.

John Wallace
California Market President