



Santa Clara
Family Health Plan
The Spirit of Care

To: Delegated Medical Groups and Health Plans
From: Santa Clara Family Health Plan (SCFHP)
Date: November 21, 2014
Subject: **Timely Filing Limits for Claims**

Dear Delegated Medical Groups and Health Plans:

California Welfare and Institutions Code Section 14115 mandates a 12 month timely filing limit for Medi-Cal claims. Therefore, **effective immediately**, the timely filing limits for all Medi-Cal claims will be **12 months from the date of service**. These new billing time limits are applicable to both contracted and non-contracted providers.

Original or initial claims must be received by the delegated group or health plan within six months from the date of service.

Claims that are not received within the six-month billing time limit and do not meet any of Medi-Cal's delay reasons as delineated in the *Medi-Cal Provider Manual, CMS 1500 Submission and Timeliness Instructions*, will be reimbursed at a reduced rate or will be denied as follows:

- Claims received during the seventh through ninth month will be reimbursed at 75% of the payable amount.
- Claims received during the tenth through twelfth month will be reimbursed at 50% of the payable amount.
- Claims received after the twelfth month will be denied.

If you have any questions, please feel free to call the Provider Services department at 1-408-874-1788 or email us at providerservices@scfhp.com.

Thank you for your continued support!