



## WelbeHealth Provider Alert

|                  |                            |
|------------------|----------------------------|
| <b>Date:</b>     | December 10, 2025          |
| <b>From:</b>     | WelbeHealth                |
| <b>To:</b>       | Health Plan Providers      |
| <b>Type:</b>     | Informational              |
| <b>Subject:</b>  | Change – Claims Processing |
| <b>Business</b>  | PACE                       |
| <b>State(s):</b> | PACE - California          |

---

### Claims Timely Payments

---

Beginning January 1, 2026, the Department of Health Care Services (DHCS) will implement a new process for timely processing of claims. Assembly Bill 3275 states, upon receipt of a Complete Claim, payment or denial will be made within thirty (30) calendar days. WelbeHealth shall notify Providers in writing no later than thirty (30) calendar days after receipt of a claim. If a claim or a portion is contested (denied), the notice will identify the specific reason WelbeHealth is contesting (denying) the claim.

If an uncontested (paid) claim is not reimbursed by delivery to the provider's address of record within 30 calendar days after receipt, interest accrues at 15% per annum, beginning with the first calendar day after the 30-calendar day period.

If the interest payment is not included in the claim payment, WelbeHealth pays the provider an additional fifteen dollars (\$15) or ten percent (10%) of the accrued interest on the claim.

The requirement for interest and penalty applies to all claims, including claims for emergency services and care.

---

### Claim Timely Filing Limits

---

Effective January 1, 2026, corrected claims and correspondence claims submission time frames have changed to the following:

|                               |                                                                                                                       |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Clean Claims</b>           | The term listed in your agreement, or 365 days from the Date of Service                                               |
| <b>Corrected Claim</b>        | 180 days from the Date of Service unless the original claim was denied, then 180 days from the Remittance Advice (RA) |
| <b>Correspondence</b>         | 180 days from the date of the Remittance Advice (RA)                                                                  |
| <b>Provider Dispute (PDR)</b> | The term listed in your agreement or, 365 days from the date of action/inaction                                       |

---

If you have any questions, please contact your Provider Partnership Representative, or email the Provider Partnership team at [providers@welbehealth.com](mailto:providers@welbehealth.com). You may also visit our website [welbehealth.com/partners](http://welbehealth.com/partners) for online access to this document and all other WelbeHealth Provider Alerts.