Provider Bulletin

Molina Healthcare of California
molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

September 23, 2025

☒ Imperial
☒ Riverside
☒ San Bernardino
☒ Los Angeles
☒ Orange
☒ Sacramento
☒ San Diego

Reminder: Opt-Out of Receiving Checks and Register for Electronic Funds Transfer (EFT) Payments

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

Dear Valued Provider,

Here is a friendly reminder to announce an opportunity to enhance your payment experience with the Molina network. By registering for Electronic Funds Transfer (EFT), you can receive your payments quickly, securely, and directly into your bank account. EFT offers you a faster, safer, and more efficient way to manage your reimbursements.

Why Choose EFT?

- **Speed:** Payments are deposited directly to your bank account, reducing processing and mailing times.
- **Security:** EFT eliminates the risk of lost or stolen checks, providing a secure transfer of funds.
- **Convenience:** Enjoy streamlined reconciliation and reduce manual handling of paper checks and virtual cards.

Provider Action

Visit echohealthinc.com/ to complete your enrollment.

For detailed step-by-step instructions, please refer to the attached flyer.

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 County	Clemente Arias Elias Gomez Velma Castillo	562-233-1753 562-723-9760 626-721-3089	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@MolinaHealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@MolinaHealthcare.com
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@MolinaHealthcare.com
Imperial, San Diego & Sacramento	MiMi Howard Laura Gonzalez, Manager	562-455-3754 562-325-0368	Smimi.Howard@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

Register for Electronic Funds Transfer (EFT) on the ECHO Platform

1. Gather Necessary Information:

Collect all required information, including your provider identification details (such as NPI), Tax ID, banking information (account number, routing number), and contact information.

2. Navigate to EFT Registration:

ECHO Health: **echohealthinc.com**

3. Enter Provider Information:

Input your provider information accurately, including your name, NPI, Tax ID, and any other required details as specified by the ECHO system.

4. Provide Banking Information:

Enter the banking information for the account where you want to receive electronic payments. Ensure the accuracy of the account number, routing number, and other pertinent details.

5. Review and Confirm:

Review all the information you've entered for accuracy, especially your banking details. Confirm that the selected health plans are correct.

6. Submit Enrollment Request:

Submit your EFT enrollment request through the ECHO system. Ensure all required fields are completed before proceeding.

7. Await Confirmation:

Wait for confirmation of your EFT enrollment. You may receive a reference number or confirmation email once your enrollment request has been processed.

8. Finalize Enrollment:

Once your banking information is verified and your enrollment request is approved, your EFT enrollment will be finalized. You'll receive confirmation of your enrollment status.

9. Monitor Payment Activity:

Monitor your bank account for electronic payments from the enrolled health plans. Ensure that payments are deposited correctly and reconcile any discrepancies with the respective health plans.

10. Update Information as Needed:

Keep your banking information up to date in the ECHO system. If there are any changes to your bank account, promptly update the information to avoid payment disruptions.

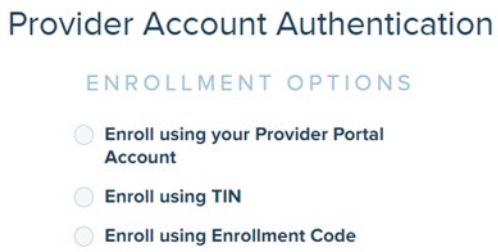
Enrolling in EFT

Option 1 – No fees

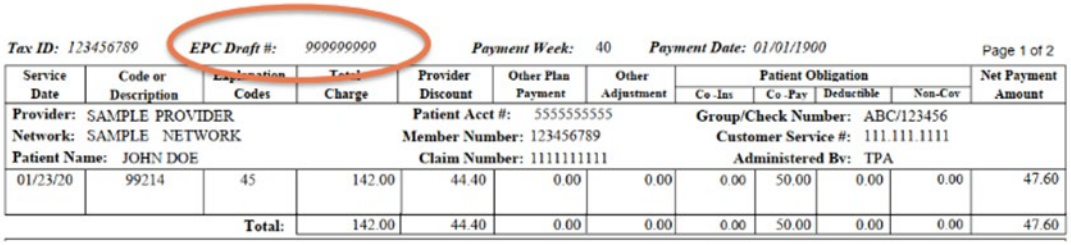
Enrollment for Molina Healthcare (MHC) and Central Health Plan (CHP) claims payment only (no fees apply), visit: echohealthinc.com

1. Providers have 3 enrollment options:

- Provider Portal Account
- TIN
- Enrollment Code



2. The ECHO draft number can be found on all provider Explanation of Provider Payments (EPP)



Tax ID: 123456789 *EPC Draft #:* 999999999 *Payment Week:* 40 *Payment Date:* 01/01/1900 Page 1 of 2

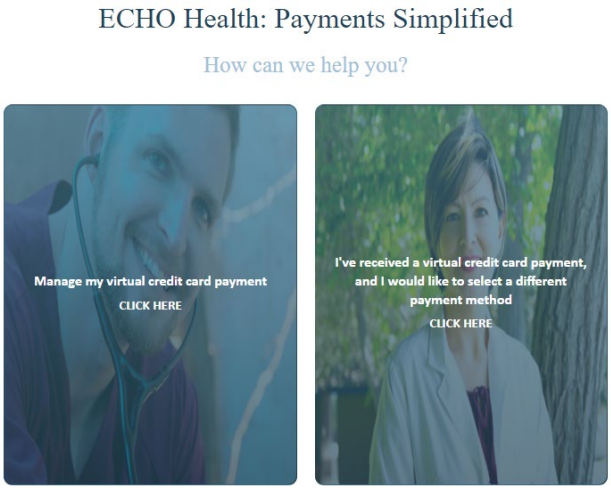
Service Date	Code or Description	Explanation Codes	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment Amount
							Co-Ins	Co-Pay	Deductible	Non-Cov	
Provider: SAMPLE PROVIDER				**Patient Acct #:** 5555555555			**Group/Check Number:** ABC/123456				
Network: SAMPLE NETWORK				**Member Number:** 123456789			**Customer Service #:** 111.111.1111				
Patient Name: JOHN DOE				**Claim Number:** 1111111111			**Administered By:** TPA				
01/23/20	99214	45	142.00	44.40	0.00	0.00	0.00	50.00	0.00	0.00	47.60
		Total:	142.00	44.40	0.00	0.00	0.00	50.00	0.00	0.00	47.60

NOTE: You must await your initial payment via virtual credit card before you can register for EFT. *Draft number and draft amount* (supplied with your initial payment), and your *TIN* are required for first-time enrollment.

Please visit our website for additional step-by-step: **[ECHO Registration]**

To opt out of the Virtual Card Services

1. Please visit: **echovcards.com**
2. Ensure you choose the right option



3. From here you can enter the draft # of the payment received and elect to receive it via check