

**THIS CA UPDATE HAS BEEN  
SENT TO THE FOLLOWING:**
**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal  
Managed Care
- Molina Medicare  
Options Plus
- Molina Dual Options Cal  
MediConnect Plan  
(Medicare-Medicaid Plan)
- Molina Marketplace  
(Covered CA)

**PROVIDER TYPES:**
**Medical Group/  
IPA/MSO**
**Primary Care**

- IPA/MSO
- Directs
- MMG

**Specialists**

- Directs
- IPA

**Hospitals**
**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

**FOR QUESTIONS CALL**
**PROVIDER SERVICES:**

(855) 322-4075, Extension:

**Los Angeles County**

122233	127685	121934
127690	127657	114378
120104	127879	111131

**Riverside/San  
Bernardino Counties**

128007	126215	126556
128010	127709	123251

**Sacramento County**

127140	126232
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**San Diego County**

121588	120098	126236
121587	126225	121057

**Imperial County**

CELL: 760-679-5680	
121587	121588

## EXPLANATION OF PAYMENT STATEMENTS

This is an advisory notification to the Molina Healthcare of California (MHC) provider network regarding changes to our Explanation of Payment (EOP) statements.

As part of our ongoing efforts to incorporate feedback and continuously improve the service we offer you, we are making our EOP statements easier to read.

### What you can expect?

Effective September 9, 2015, amounts previously listed under the Coordination of Benefits (COB) field for the Program: MMP Medicare will now be listed under the co-pay, co-insurance and deductible fields. This change, which aims to improve the clarity of the information presented, applies to both the electronic and paper versions of MHC's Cal MediConnect EOPs.

### A special reminder

MMP members are not liable for Medicare Part A and B cost sharing, including deductibles, coinsurance and copayments.

### QUESTIONS

If you have any questions or require further clarification regarding this notification, please contact your Molina Provider Services Representative at (855) 322-4075.

### Sample Explanation of Payment Statement - Electronic Remittance Advice (835)

Before	After
CLP*34541024A*1*663.8*254.69*211.97*HM*1234567890~ NM1*QC*1*Test*Patient****MI*400000000091~ REF*CE*QMXBP0836~ DTM*232*20130826~ DTM*233*20130826~ DTM*050*20150401~ AMT*AU*451.83~ SVC*HC>A0427>RH*595*200.75**1~ DTM*472*20130826~ <b>CAS*PR*2*51.21~ --- Coinsurance</b> CAS*CO*131*4.1~ <b>CAS*PR*1*147~ --- Benefit Deductible</b> CAS*CO*45*191.94~ AMT*B6*403.06~ <b>LQ*HE*MA13~--- Remark Code</b>	CLP*34541024A*1*663.8*254.69*211.97*HM*1234567890~ NM1*QC*1*Test*Patient****MI*400000000091~ REF*CE*QMXBP0836~ DTM*232*20130826~ DTM*233*20130826~ DTM*050*20150401~ AMT*AU*451.83~ SVC*HC>A0427>RH*595*200.75**1~ DTM*472*20130826~ <b>CAS*CO*2*51.21~ --- Coinsurance</b> CAS*CO*131*4.1~ <b>CAS*CO*1*147~ --- Benefit Deductible</b> CAS*CO*45*191.94~ AMT*B6*403.06~ <b>LQ*HE*MA13~--- Remark Code</b>

# Sample MMP Explanation of Payment Statement (Paper Remittance Advice) with co-insurance and deductible



MOLINA HEALTHCARE OF [REDACTED]

## EXPLANATION OF PAYMENT

Explanation of Payment for:  
 PayTo Provider  
 1234 Test Ave, [REDACTED]  
 NPI: 8765755674  
 TAX ID: TaxID 123456



000000-00001-00000-00002-2945 1690CK01

Paid Date: 03/05/2015

Check or EFT Trace # EFT1234

### Before

Claim Date	Rev	Mod Mod	Billed Amount	Allowed Amount	Disallow Amount	Gross Plan Payable	COB Amount	Co-Pay Applied	Refund Amount	Co-Insurance Deductible	Net Plan Payable	FSS CAP	Line Status	Adj Grp Cd	Adj Rsn Cd	Adj Rmk Cd	Msg	
Line	ServiceFrom Code	Units	1 2	3	4													
	ServiceThru cpt/hpc																	
1 02/05/2015		1.00	RH	\$350.00	\$339.42	\$10.58	\$153.94	\$185.48	\$0.00	\$0.00	\$0.00	\$0.00	\$150.86	FFS	PAID	CO	45	***
02/05/2015	PC																	
2 02/05/2015		0.80	RH	\$6.40	\$5.82	\$0.58	\$4.66	\$1.16	\$0.00	\$0.00	\$0.00	\$0.00	\$4.57	FFS	PAID	CO	45	***
TOTAL AMOUNT:				\$356.40	\$345.24	\$11.16	\$158.60	\$186.64	\$0.00	\$0.00	\$0.00	\$0.00	\$155.43					

\*\*\*Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.  
 Line 2. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.

Patient Name:	Test Patient	Member ID#:	1235672354	Payer Claim Ctr#:	11112616500M	Patient Control #:	123456789											
Rendering Provider Name:		NPI#:	NP11234567	Program:	MMP MEDICAID													
1 02/05/2015		1.00	RH	\$350.00	\$126.82	\$199.14	\$0.00	\$150.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
02/05/2015	PC																	
2 02/05/2015		0.80	RH	\$6.40	\$1.94	\$1.83	\$0.00	\$4.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
TOTAL AMOUNT:				\$356.40	\$128.76	\$200.97	\$0.00	\$155.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					

\*\*\*Mag: Line 1. -No further payment applicable due to coordination of benefits.  
 Line 2. -No further payment applicable due to coordination of benefits.

## EXPLANATION OF PAYMENT

Explanation of Payment for:  
 PayTo Provider  
 1234 Test Ave, [REDACTED]  
 NPI: 8765755674  
 TAX ID: TaxID 123456



000000-00001-00000-00002-2944 1690CK01

MOLINA HEALTHCARE OF [REDACTED]

Paid Date: 03/05/2015

Check or EFT Trace # EFT1234

### After

Claim Date	Rev	Mod Mod	Billed Amount	Allowed Amount	Disallow Amount	Gross Plan Payable	COB Amount	Co-Pay Applied	Refund Amount	Co-Insurance Deductible	Net Plan Payable	FSS CAP	Line Status	Adj Grp Cd	Adj Rsn Cd	Adj Rmk Cd	Msg	
Line	ServiceFrom Code	Units	1 2	3	4													
	ServiceThru cpt/hpc																	
1 02/05/2015		1.00	RH	\$350.00	\$339.42	\$10.58	\$153.94	\$0.00	\$0.00	\$0.00	\$38.48	\$147.00	\$150.86	FFS	PAID	CO	45	***
02/05/2015	PC																	
2 02/05/2015		0.80	RH	\$6.40	\$5.82	\$0.58	\$4.66	\$0.00	\$0.00	\$1.16	\$0.00	\$0.00	\$4.57	FFS	PAID	CO	45	***
TOTAL AMOUNT:				\$356.40	\$345.24	\$11.16	\$158.60	\$0.00	\$0.00	\$35.64	\$147.00	\$0.00	\$155.43					

\*\*\*Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.  
 Line 2. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.

### No Changes to M Claim

Patient Name:	Test Patient	Member ID#:	1235672354	Payer Claim Ctr#:	11112616500M	Patient Control #:	123456789											
Rendering Provider Name:		NPI#:	NP11234567	Program:	MMP MEDICAID													
1 02/05/2015		1.00	RH	\$350.00	\$126.82	\$199.14	\$0.00	\$150.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
02/05/2015	PC																	
2 02/05/2015		0.80	RH	\$6.40	\$1.94	\$1.83	\$0.00	\$4.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
TOTAL AMOUNT:				\$356.40	\$128.76	\$200.97	\$0.00	\$155.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					

\*\*\*Mag: Line 1. -No further payment applicable due to coordination of benefits.  
 Line 2. -No further payment applicable due to coordination of benefits.

## **Sample MMP Explanation of Payment Statement (Paper Remittance Advice) with co-payment**



## EXPLANATION OF PAYMENT

Explanation of Payment for:  
PayTo Provider  
1234 Test Ave, REDACTED  
NPI: 8765755674  
TAX ID: TaxID 123456



Molina Healthcare of

Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

00 0000-000002-0000000-000003 2647 1060CK01

## Before

\*\*\*Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.  
Line 2. -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.  
Line 3. -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

### EXPLANATION OF PAYMENT

Explanation of Payment for:  
PayTo Provider  
234 Test Ave, [REDACTED]  
NPI: 8765755674  
TAX ID: TaxID 123456

Molina Healthcare of

Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

\*\*\*Mag: Line 1. -Paying up to Maximum Allowable due to coordination of benefits  
Line 2. -No further payment applicable due to coordination of benefits  
Line 3. -No further payment applicable due to coordination of benefits

# Sample MMP Explanation of Payment Statement (Paper Remittance Advice) with co-payment

00000000-0000-0000-0000-000000000000 1945080CK01



Molina Healthcare of [REDACTED]

Paid Date: 01/05/2015

Check or EFT Trace # EFT7892



## EXPLANATION OF PAYMENT

Explanation of Payment for:  
PayTo Provider  
1234 Test Ave, [REDACTED]  
NPI: 8765755674  
TAX ID: TaxID 123456

After

Claim Date	Rev	Mod	Mod	Billed	Allowed	Disallow	Gross	Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Grp	Rsn	Adj	Adj		
Line	ServiceFrom	Code	Code	Units	1	2	Amount	Payable	Amount	Applied	Amount	Insurance	Deductible	Withhold	Payable	CAP	Status	Cd	Cd	Cd	Cd	Msg
	ServiceThru	cpt/hpc			3	4																
Patient Name: Test Patient	Rendering Provider Name: Provider Smith								Member ID#: 123572354													
									NPI#: NPI123456													
1 05/22/2015 0022		18.00		\$0.00	\$5,396.76	-\$5,396.76	\$2,561.76		\$0.00	\$2,835.00	\$0.00	\$0.00	\$0.00	\$51.24	\$2,510.52	FFS	PAID	CO	45		***	
05/22/2015 PC																						
2 05/22/2015 0120		18.00		\$5,396.76	\$0.00	\$5,396.76	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97		***	
05/22/2015 PC																						
3 05/22/2015 0250		5.00		\$190.78	\$0.00	\$190.78	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97		***	
05/08/2015 PC																						
TOTAL AMOUNT:				\$5,587.54	\$5,396.76	\$190.78	\$2,561.76		\$0.00	\$2,835.00	\$0.00	\$0.00	\$0.00	\$51.24	\$2,510.52							

\*\*\*Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.  
Line 2. -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.  
Line 3. -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

## EXPLANATION OF PAYMENT

Explanation of Payment for:  
PayTo Provider  
1234 Test Ave, [REDACTED]  
NPI: 8765755674  
TAX ID: TaxID 123456

Molina Healthcare of [REDACTED]

Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

No Changes to M Claim

Claim Date	Rev	Mod	Mod	Billed	Allowed	Disallow	Gross	Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Grp	Rsn	Adj	Adj		
Line	ServiceFrom	Code	Code	Units	1	2	Amount	Payable	Amount	Applied	Amount	Insurance	Deductible	Withhold	Payable	CAP	Status	Cd	Cd	Cd	Cd	Msg
	ServiceThru	cpt/hpc			3	4																
Patient Name: Test Patient	Rendering Provider Name: Provider Smith								Member ID#: 123572354													
									NPI#: NPI123456													
1 05/27/2015 0022		18.00		\$0.00	\$3,409.74	-\$3,409.74	\$899.22		\$2,510.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$899.22	FFS	PAID	CO	45		***	
05/27/2015 PC																						
2 05/27/2015 0120		18.00		\$5,396.76	\$0.00	\$5,396.76	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45		***	
05/27/2015 PC																						
3 05/27/2015 0250		5.00		\$190.78	\$0.00	\$190.78	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45		***	
05/13/2015 PC																						
TOTAL AMOUNT:				\$5,587.54	\$3,409.74	\$2,177.80	\$899.22		\$2,510.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$899.22							

\*\*\*Mag: Line 1. -Paying up to Maximum Allowable due to coordination of benefits  
Line 2. -No further payment applicable due to coordination of benefits  
Line 3. -No further payment applicable due to coordination of benefits