

## Easier-to-Read Explanation of Payment Statements

As part of Molina Healthcare's ongoing efforts to incorporate feedback and continuously improve the services we offer you, we are making our Explanation of Payment (EOP) statements easier to read.

### What you can expect?

Effective Sept. 8, 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 Molina Dual Options MyCare Ohio Medicare-Medicaid Plan (MMP) EOPs.

### A special reminder

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

### Questions?

Please call Provider Services at (855) 322-4079, Monday through Friday between 8 a.m. and 6 p.m.

\* \* \* \* \*

Thank you for your continued service to Molina Healthcare members.

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

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

# 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



Paid Date: 03/05/2015

Check or EFT Trace # EFT1234

### Before

Claim Date	Rev	Mod	Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	ServiceFrom	Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Payable	CAP	Status	Cd	Cd	Msg
	ServiceThru	cpt/hcp	3								Deductible						
<b>Patient Name:</b> Test Patient <b>Rendering Provider Name:</b> Provider Smith <b>Member ID#:</b> 1235672354 <b>NPI#:</b> NPI123456 <b>Payer Claim Ctrl#:</b> 11112616500 <b>Program:</b> MMP MEDICARE <b>Patient Control #:</b> 123456789																	
1	02/05/2015		1.00	\$350.00	\$339.42	\$10.58	\$153.94	\$185.48	\$0.00	\$0.00	\$0.00	\$150.86	FFS	PAID	CO	45	***
2	02/05/2015	PC	0.80	\$6.40	\$5.82	\$0.58	\$4.66	\$1.16	\$0.00	\$0.00	\$0.00	\$4.57	FFS	PAID	CO	45	***
<b>TOTAL AMOUNT:</b>				<b>\$356.40</b>	<b>\$345.24</b>	<b>\$11.16</b>	<b>\$158.60</b>	<b>\$186.64</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$155.43</b>					

\*\*\*Msg: 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.

<b>Patient Name:</b> Test Patient <b>Rendering Provider Name:</b> Provider Smith <b>Member ID#:</b> 1235672354 <b>NPI#:</b> NPI123456 <b>Payer Claim Ctrl#:</b> 11112616500M <b>Program:</b> MMP MEDICAID <b>Patient Control #:</b> 123456789																	
1	02/05/2015		1.00	\$350.00	\$126.82	\$199.14	\$0.00	\$150.86	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
2	02/05/2015	PC	0.80	\$6.40	\$1.94	\$1.83	\$0.00	\$4.57	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
<b>TOTAL AMOUNT:</b>				<b>\$356.40</b>	<b>\$128.76</b>	<b>\$200.97</b>	<b>\$0.00</b>	<b>\$155.43</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>					

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



MOLINA HEALTHCARE OF [REDACTED]

## EXPLANATION OF PAYMENT

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



Paid Date: 03/05/2015

Check or EFT Trace # EFT1234

### After

Claim Date	Rev	Mod	Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	ServiceFrom	Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Payable	CAP	Status	Cd	Cd	Msg
	ServiceThru	cpt/hcp	3								Deductible						
<b>Patient Name:</b> Test Patient <b>Rendering Provider Name:</b> Provider Smith <b>Member ID#:</b> 1235672354 <b>NPI#:</b> NPI123456 <b>Payer Claim Ctrl#:</b> 11112616500 <b>Program:</b> MMP MEDICARE <b>Patient Control #:</b> 123456789																	
1	02/05/2015		1.00	\$350.00	\$339.42	\$10.58	\$153.94	\$0.00	\$0.00	\$0.00	\$38.48	\$147.00	\$150.86	FFS	PAID	CO	45
2	02/05/2015	PC	0.80	\$6.40	\$5.82	\$0.58	\$4.66	\$0.00	\$0.00	\$0.00	\$1.16	\$0.00	\$4.57	FFS	PAID	CO	45
<b>TOTAL AMOUNT:</b>				<b>\$356.40</b>	<b>\$345.24</b>	<b>\$11.16</b>	<b>\$158.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$39.64</b>	<b>\$147.00</b>	<b>\$155.43</b>				

\*\*\*Msg: 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

<b>Patient Name:</b> Test Patient <b>Rendering Provider Name:</b> Provider Smith <b>Member ID#:</b> 1235672354 <b>NPI#:</b> NPI123456 <b>Payer Claim Ctrl#:</b> 11112616500M <b>Program:</b> MMP MEDICAID <b>Patient Control #:</b> 123456789																	
1	02/05/2015		1.00	\$350.00	\$126.82	\$199.14	\$0.00	\$150.86	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
2	02/05/2015	PC	0.80	\$6.40	\$1.94	\$1.83	\$0.00	\$4.57	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45	***
<b>TOTAL AMOUNT:</b>				<b>\$356.40</b>	<b>\$128.76</b>	<b>\$200.97</b>	<b>\$0.00</b>	<b>\$155.43</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				

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

000000-000001-000000-000002 2845 1 0500CK01

000000-000001-000000-000002 2844 1 0500CK01

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



Molina Healthcare of [REDACTED]

## EXPLANATION OF PAYMENT

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



Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

### Before

Claim Date	Rev	Mod Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	Service/From Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Withhold	Payable	CAP	Status	Grp	Rsn	Cd
ServiceThru	cpt/hpc	3	4						Interest	Deductible							Msg
<div><div>Patient Name: Test Patient Rendering Provider Name: Provider Smith</div><div>Member ID#: 123 572354 NPI#: NPI123456</div><div>Payer Claim Ctrl#: 1234567890 Program: ████████ MMP MEDICARE</div><div>Patient Control #: 123456789</div></div>																	
1	05/22/2015 0022 PC	18.00	\$0.00	\$5,396.76	-\$5,396.76	\$2,561.76	\$2,835.00	\$0.00	\$0.00	\$0.00	\$51.24	\$2,510.52	FFS	PAID	CO	45	*
2	05/22/2015 0120 PC	18.00	\$5,396.76	\$0.00	\$5,396.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97	*
3	05/22/2015 0250 06/08/2015 PC	5.00	\$190.78	\$0.00	\$190.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97	*
TOTAL AMOUNT:			\$5,587.54	\$5,396.76	\$190.78	\$2,561.76	\$2,835.00	\$0.00	\$0.00	\$0.00	\$51.24	\$2,510.52					

\*\*\*Msg: 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

Claim Date	Rev	Mod/Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	Service/From Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Withhold	Payable	CAP	Status	Grp	Rsn	Cd
	ServiceThru								Interest	Deductible							Msg
Patient Name: Test Patient Rendering Provider Name: Provider Smith Member ID#: 123 572354 NPI#: NPI123456 Payer Claim Ctrl#: 1234567890M Program: [REDACTED] MMP MEDICAID Patient Control #: 123456789																	
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	\$899.22	FFS	PAID	CO	45	***
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	FFS	PAID	CO	45	***
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	FFS	PAID	CO	45	***
TOTAL AMOUNT:			\$5,587.54	\$3,409.74	-\$2,177.80	\$899.22	\$2,510.52	\$0.00	\$0.00	\$0.00	\$0.00	\$899.22					

\*\*\*Msg: 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

000000-000002-000000-000003 2847 1060CK01

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



Molina Healthcare of [REDACTED]

## EXPLANATION OF PAYMENT

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



Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

### After

Claim Date	Rev	Mod/Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	Service/From Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Withhold	Payable	CAP	Status	Grp	Rsn	Cd
ServiceThru	cpt/hc	3	4						Interest	Deductible							Msg
<div>Patient Name: Test Patient Rendering Provider Name: Provider Smith</div> <div>Member ID#: 123572354 NPI#: NPI1234567</div> <div>Payer Claim Ctrl#: 1234567890 Program: [REDACTED] MMP MEDICARE</div> <div>Patient Control #: 123456789</div>																	
1	05/22/2015 0022 PC	18.00	\$0.00	\$5,396.76	-\$5,396.76	\$2,561.76	\$0.00	\$2,835.00	\$0.00	\$0.00	\$51.24	\$2,510.52	FFS	PAID	CO	45	***
2	05/22/2015 0120 PC	18.00	\$5,396.76	\$0.00	\$5,396.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97	***
3	05/22/2015 0250 06/08/2015 PC	5.00	\$190.78	\$0.00	\$190.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97	***
TOTAL AMOUNT:			\$5,587.54	\$5,396.76	\$190.78	\$2,561.76	\$0.00	\$2,835.00	\$0.00	\$0.00	\$51.24	\$2,510.52					

\*\*\*Msg: 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	Adj	Adj	Rmk				
Line	Service/From Code	Units	1	2	Amount	Amount	Amount	Amount	Applied	Amount	Insurance	Deductible	Withhold	Payable	CAP	Status	Grp	Rsn	Cd	Cd	Cd	Msg
	ServiceThru		3	4						Interest												
Patient Name: Test Patient				Member ID#: 123572354				Payer Claim Ctrl#: 1234567890M				Patient Control #: 123456789										
Rendering Provider Name: Provider Smith				NPI#: NPI123456				Program: [REDACTED] MMP MEDICAID														
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	\$899.22	FFS	PAID	CO	45				***
	05/27/2015 PC										\$0.00											
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	FFS	PAID	CO	45				***
	05/27/2015 PC										\$0.00											
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	FFS	PAID	CO	45				***
	06/13/2015 PC										\$0.00											
TOTAL AMOUNT:					\$5,587.54	\$3,409.74	\$2,177.80	\$899.22	\$2,510.52	\$0.00	\$0.00	\$0.00	\$0.00	\$899.22								

\*\*\*Msg: 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

000000-000002-000000-000003 2646 1060CK01