

# How to Read a Molina Explanation of Payment (EOP)



Molina Healthcare, Inc. utilizes a standardized template across health plans, with only minor variations based on unique requirements for each region. The following outlines a typical EOP and details the information and values that comprise the document. Every Molina claim payment issued generates an EOP document.

Molina Healthcare of Illinois  
200 Oceangate, 6th Floor  
Long Beach, CA 90802



<Provider Name>  
<Address>  
<City, State, Zip>

**Confidential Protected Health Information**  
This document contains confidential Protected Health Information that is protected under HIPAA and other applicable federal and state laws. This information should be safeguarded at all times and should be securely destroyed when no longer needed. This information is intended only for use by the authorized recipient. Any unauthorized use or disclosure of this information should be reported to Molina Healthcare.

Your name, <IRS Name>, and Tax ID have been verified by the IRS.

To file a provider claim reconsideration, please see the reconsideration procedure at the end of this Explanation of Payment.

**Exciting COB Enhancement:** Molina can now accept COB claims through the standard 837 EDI file format.

Tax ID: <TIN>

EPC Draft #: <Draft #>

Payment Date: <Draft Date>

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Field Name	Definition
<Provider Name>	This is your payee name on record with the IRS validated by ECHO Health.
<Address>	This is your pay to street address on record with Molina Healthcare.
<City, State, Zip>	This is your city, state, and zip of pay to address on record with Molina Healthcare.
<IRS Name>	This is your payee name on record with the IRS validated by ECHO Health. If this validation fails, a notification will be displayed here to direct you to ECHO's IRS validation team for remediation.
<TIN>	This is your Tax ID.
<Draft #>	This is the payment # generated by ECHO Health.
<Draft Date>	This is the date of payment for the ECHO Health draft. This will typically one business day after the Molina check date.

Patient Name:				Member ID:				Payer Claim Ctrl #:			
Subscriber Name:				Patient Control #:				Payer Check Number:			
Carrier Name:				NPI #:				Policy Number:			
Rendering Provider:								Program:			

  

Claim Line	Service From	Proc/Rev	Units	Billed Amount	Allowed Amount	Disallow Amount	COB Amount	Other Adjustments	Patient Obligation		Net Plan Payable	FFS CAP	Line Status	Adjustment Reason	Remark
									Co-Ins	Co-Pay					
	Service Thru	Modifiers				Gross Plan Payable	Refund	FFS Withhold	Deductible	Non-Cov					
Claim Total:															

Field Name	Definition
Patient Name	This is the individual who received service.
Subscriber Name	This is the individual with a Molina policy.
Carrier Name	This will list the member's additional carrier (if applicable).
Rendering Provider	This is the rendering physician on this claim.
Member ID	This is the patient's Molina member ID.
Patient Control #	This is the patient control # for this claim.
NPI #	This is the pay-to provider's NPI
Payer Claim Ctrl #	This is the Molina claim number.
Payer Check Number	This is the Molina payment number. If there is no payment, this will be populated with the Check History ID, starting with CHKHST.
Policy Number	If the member has another carrier, the secondary carrier policy number is listed here.
Program	This is the Molina program name.
Claim Line	This is the Molina claim ID.
Service From	This is the starting date of service on the claim.
Service Thru	This is the ending date of service on the claim.
Proc-Rev	This is the procedure/service code on the claim.
Modifiers	Any claim code modifiers will be listed here.

Field Name	Definition
Units	This is the number of billed units on the claim.
Billed Amount	This is the billed amount on the claim.
Allowed Amount	Contractual payment amount on the claim line.
TX Add On	Only in use for Molina Healthcare of TX. Displays Texas state add-on amounts, if applicable.
Disallow Amount	Amount ineligible for payment on each claim line.
Gross Plan Payable	Contractual payment amount on the claim line.
COB Amount	If the member has a coordination of benefit with another carrier, any COB amount paid by another carrier will report here.
Refund	If any refund has been received by Molina from either a Third Party Liability (TPL) or your office, it is recorded here.
Other Adjustments	Interest or other misc. adjustments to a claim.
FFS Withhold	Additional adjustment to a claim that will correspond to a CARC/RARC on the claim. Typically this is used to display the Medicare Sequestration.
Co-Ins	Member's co-insurance, if any, on the claim.
Co-Pay	Member's co-pay, if any, on the claim.
Deductible	Member's deductible, if any, on the claim.
Non-Cov	Member's responsibility not from co-insurance, co-pay, or deductible.
Net Plan Payable	Total claim amount after interest and refunds have been applied.
FFS CAP	Indicates if claim line is fee-for-service or capitated.
Line Status	Indicates if Molina paid or denied each claim line.
Adjustment Reason	The Claim Adjustment Reason Code for the claim line.
Remark	The Remittance Advice Remark Code for the claim line.

Items labeled adjustments were added by our payment system to balance the transaction. They reflect no adjustment to actual payment.

Payment Adjustments (Refund & Recovery)					
Advance Create Date	Reference ID	Adjustment Type	Original Advance Amount	Advance Remaining Balance	Adjustment Amount
03/13/2023		Forwarding Balance	\$4.22	\$0.00	-\$4.22
				<b>Total Net Adjustments</b>	-\$4.22

This Explanation of Payment (EOP) reflects an advance applied. Please refer to the EOP's referenced in the Reference ID above for the specific claim details that create this advance.

Future payments will be deducted until the net result of this advance is \$0.00.

Field Name	Definition
Advance Create Date	This is the date in Molina's system that the forwarding balance was created.
Reference ID	This will contain the Check History ID (CHKHST) that is assigned to every payment or non-payment Molina generates.
Adjustment Type	This will indicate the type of adjustment being reported: <b>Forwarding Balance</b> indicates a previous balance owed to Molina is being applied for recoupment. <b>Overpayment Recovery</b> indicates the total of all reversal claims on the payment that are related to refund postings. <b>Provider Return/Refund Credit</b> indicates the total of all refunds applied on the payment.
Original Advance Amount	This is the full amount of the recoupment and does not reflect any amounts recouped as of the current payment.
Advance Remaining Balance	This reflects the remaining balance on the recoupment, including any amounts recouped on the current payment.
Adjustment Amount	This reflects the amount of the recoupment applied to the current payment.

# Understanding Molina Advances - Creation

## Advance Type: FFS

On each check run, Molina Healthcare pulls all available claims ready to be processed and finalizes them by provider and program. If the net total of all claims during this process is a positive, a Molina payment number is assigned and payments are issued via check, virtual card, or EFT.

When the net total of all claims is a negative, a forwarding balance, or advance, is created. When this occurs, the following information is reported on the Explanation of Payment:

Payer Claim Ctrl #:  
Payer Check Number: CHKHST33621763  
Policy Number: N/A  
Program: MMP Medicare

1. The Molina Payer Check Number will be populated with a number starting with CHKHST. This is called the Checkhistory ID.
2. The Payment Adjustments section of the EOP will reflect the total of the advance/forwarding balance created and reference the Checkhistory ID.
3. The Total Amount Paid will reflect the net total of all claims on the Explanation of Payment. If you have a TaxID with multiple NPI's consolidated, this amount may reflect positive dollars.
4. The Total Payment will reflect the combined payment minus the forwarding balance created.

On your **835**, this will be reflected as a negative on CS adjustment.

Example: \*CS:CHKHST1234567\*-348530.07

Items labeled adjustments were added by our payment system to balance the transaction. They reflect no adjustment to actual payment.

Payment Adjustments (Refund & Recovery)					
Advance Create Date	Reference ID	Adjustment Type	Original Advance Amount	Advance Remaining Balance	Adjustment Amount
	CHKHST33621763	Forwarding Balance	\$0.00	\$0.00	\$215.88
				<b>Total Net Adjustments</b>	\$215.88

Statement Summary						
Billed Amount	Disallow Amount	COB Annual	Other Adjustments	FFS Withhold	Patient Obligation	Net Plan Payable
-\$7,124.25	-\$6,908.37	\$0.00	-\$215.88	\$0.00	\$0.00	-\$215.88

Document Total

Total Amount Paid: -\$215.88

Payment Adjustment: \$215.88

Total Payment: \$0.00

### Advance Type: Capitation

In the event an Advance/Forwarding Balance is created as a result of a negative capitation balance, the capitation summary report will report a negative amount.

The Molina Payment Number will not display a Checkhistory ID.

Capitation Summary for: 3/1/2023	
Total Amount:	(\$36.00)
Less Advances:	\$0.00
<b>Total Paid:</b>	<b>(\$36.00)</b>

### Advance Type: Manual

In the event an Advance/Forwarding Balance is created as a result of a manual creation by Molina, such as recoupments of a cash advance, levy, or other cause, please contact your Molina provider representative with the Checkhistory ID reported on the Forwarding Balance section for support.

# Understanding Molina Advances – Recoupment

When a provider has an outstanding advance balance owed to Molina, it will be applied to each claims payment made until the balance reaches zero. In instances when multiple advances are applied, each advance will be listed separately.

On the Explanation of Payment, when an outstanding balance is applied, the information below is provided:

1. **Advance Create Date:** This is the date on the advance that was created in Molina’s systems. The original EOP with claim information will be dated around this time.
2. **Reference ID:** This is the Checkhistory ID, which is listed on the original EOP if the advance was created from a claims payment run.
3. **Adjustment Type:** When an advance is applied, this will be reflected as a forwarding balance.
4. **Original Advance Amount:** This reflects the total amount of the advance that was created.
5. **Advance Remaining Balance:** This reflects the amount remaining on the advance after being recouped from the current payment.
6. **Adjustment Amount:** This reflects the amount of the advance being recouped from the current payment.

On the **835** this transaction will be listed in the PLB segment as a Forwarding Balance referencing the CHKHST number.

Example: FB:CHKHST1234567\*315214.91

Items labeled adjustments were added to our payment system to balance the transaction. They reflect no adjustment to actual payment

Payment Adjustments (Refund & Recovery)					
Advance Create Date	Reference ID	Adjustment Type	Original Advance Amount	Advance Remaining Balance	Adjustment Amount
03/08/2023	CHKHST33621763	Forwarding Balance	\$215.88	\$0.00	- \$215.88
				<b>Total Net Adjustments</b>	- \$215.88

Statement Summary						
Billed Amount	Disallow Amount	COB Annual	Other Adjustments	FFS Withhold	Patient Obligation	Net Plan Payable
\$19,659.00	\$19,345.40	\$0.00	\$215.88	\$0.00	\$0.00	\$313.60

Document Total

Total Amount Paid: \$313.60

Payment Adjustment: -\$215.88

Total Payment: \$97.72

Molina advances are recouped as part of a bulk total, decreasing the total payment owed to a provider until the balance is fulfilled. Recoupment dollars are not applied to specific claims. When Molina pays a claim, but no check/EFT is issued due to an outstanding balance owed to Molina, the provider should consider the claim as paid, as previous claim(s) were overpaid.

## Accessing Advance Explanation of Payments

Copies of original Explanation of Payments can be accessed through Echo Health’s Inc. website [providerpayments.com](http://providerpayments.com) or through the Molina Availity portal.

Copies of the original EOP that created recoupments, as well as each payment the recoupment applied to, can be located by doing the following:

1. Login to [providerpayments.com](http://providerpayments.com) or your Availity profile.
2. Enter the checkhistory ID into the search field “Claim.”
3. You will receive results, which will include the original EOP that created the recoupment, and each payment that advance was applied to.
4. Click on “EPP” on [Providerpayments.com](http://Providerpayments.com) to download the EOP. Click on 835 to download the 835 for that payment date.



Certain caveats apply. Due to Molina's migration over to ChangeHealthcare/ECHO, explanation of payment documents dated prior to the migration will only be searchable on Availity.

If the advance created was from capitation or manually by Molina, searching in this manner will only list the payments that the advance was applied to. Please contact your Molina provider services representative for additional support.

## ECHO Providerpayments.com search:

*Records are available on providerpayments.com until two years from payment date.*

<b>Select TIN:</b>	<b>Select Type:</b>	<b>Search Criteria:</b>	
All TIN ▼	Claim Number ▼	CHKHST34342096	<b>Search</b>

## Molina 835

Every Molina payment is eligible to have an 835 generated for electronic remitting. Molina's 835's are generated by Echo Health Inc. and conform to industry standards. Listed below are some Molina-specific 835 logic.

Refund Postings (as of 02/15/23):

Refund postings for all claims on the current payment are reported on the 835 on the PLB03-2 PLB segment as a lump sum in two parts.

The reversal claim information will be logged as type 72: PLB\* <Provider NPI>\*YYYYDDMM\*72:<Checkhistory ID>\* <Amount>

The refund amount information will be logged as type WO: PLB\* <Provider NPI>\*YYYYDDMM\*WO:<CheckhistoryID>\* <Amount>

Advance Applied/Forwarding Balance Recoupment:

Forwarding balances (also called advance applied) are reflected on the 835 in the PLB03-01 segment with the checkhistoryID of the payment that created the forwarding balance.