

# Provider Bulletin

Molina Healthcare of California

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May 1, 2025

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## Provider Explanation of Payment/835 Enhancement

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 Provider Partner,

As part of our ongoing efforts to improve operational transparency and streamline provider experience, we are pleased to announce an enhancement to the way refund postings are displayed on the Provider Explanation of Payment (EOP) and the 835 remittance files.

### **What's Changing?**

Currently, refund postings on both the EOP and 835 are identified using Molina's internal claim ID (ClaimID) and Check History ID (CHKHSTID). Based on valuable feedback from providers across our network, we will update this process.

**Effective immediately, the refund postings will reference the patient control number submitted on your original claim instead of the Molina ClaimID.** The patient control number is already present on the EOP and 835 and is a familiar and useful identifier for your billing systems.

### **Benefits of This Enhancement**

- Aligns reference identifiers with your internal accounting systems.
- Simplifies reconciliation and posting of refunds to patient accounts.
- Reduces administrative confusion and manual research associated with internal claim IDs.

### **Important Note on EOP Display**

Please be advised that due to character limitations on the PDF version of the EOP:

- If a patient control number exceeds 14 characters, the associated Check History ID (CHKHSTID) may be visually truncated
- This does not affect the integrity or content of the 835 file, which will display all values in full.
- The full patient control number will remain visible and unchanged on both the EOP and 835.

We do not anticipate this character limit significantly impacting provider operations, but we wanted to inform you proactively of this limitation.

### **When is this happening:**

This enhancement went live 4/30/25.

## Provider Action

No action is required at this time. Please note that refund postings will now reference the patient control number on the EOP and 835 to support easier reconciliation.



## 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 Daniel Amirian Elias Gomez	562-233-1753 747-331-0150 562-723-9760	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a> <a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a>
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California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Facilities Manager, Los Angeles	Laura Gonzalez	562-325-0368	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
San Diego, Sacramento, & Imperial Facilities	Dolores Garcia	619-980-7984	<a href="mailto:Dolores.Garcia@molinahealthcare.com">Dolores.Garcia@molinahealthcare.com</a>
Riverside & San Bernardino Facilities	MiMi Howard	562-455-3754	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

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](mailto:mhcproviderbulletin@molinahealthcare.com).

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

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