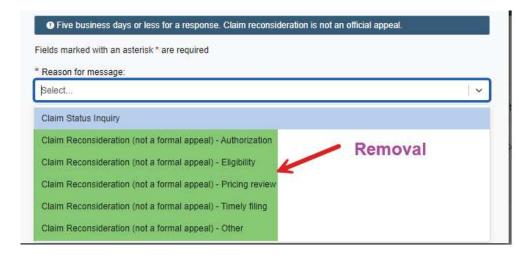


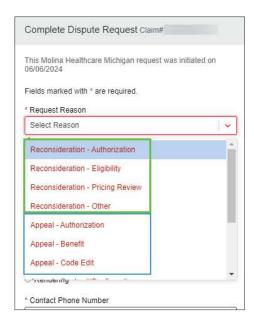
## Changes to Reconsiderations Process on Availity Essentials

To help streamline our providers' workflow in Availity Essentials, we are making changes to the **Reconsiderations functionality from the Message this Payer button on the Claim Status Inquiry** (Secure Messaging), effective December 4, 2024. Molina Healthcare, Inc. and Availity have included additional dropdown options to the "Request Reason" dropdown under the **Dispute Claims** button on the Claim Status Inquiry functionality to simplify the Appeals and Reconsiderations submission process.

**Existing process (decommissioned)** - When the provider clicks the **Message this Payer** button on the Claims Status Inquiry, the following dropdown box will display with message options. The highlighted options below will be removed from the dropdown.



**New process** - When the provider clicks the **Dispute Claim** button on the Claim Status Inquiry, the following dropdown box will display with **Request Reason** options, including both Reconsideration and Appeal options:



All reconsideration options will be displayed along with existing appeal options as mentioned below:

- Reconsideration Authorization
- Reconsideration Eligibility
- Reconsideration Pricing Review
- Reconsideration Other
- Appeal Authorization
- Appeal Benefit

- Appeal Code Edit
- Appeal Contract/Configuration
- Appeal Enrollment/Eligibility/COB
- Appeal Medical Necessity
- Appeal Other Non-Medical Necessity
- Appeal Untimely Filing



## Please note:

- Reconsideration: May take up to 15 days to receive a response and possible adjustment and does not require supporting documentation
- Appeal: May take up to 30-90 days to complete and does require supporting documentation

If you have questions about the new functionality, please contact your Provider Relations representative.

Thank you for being a valued partner and for the care you provide our members!