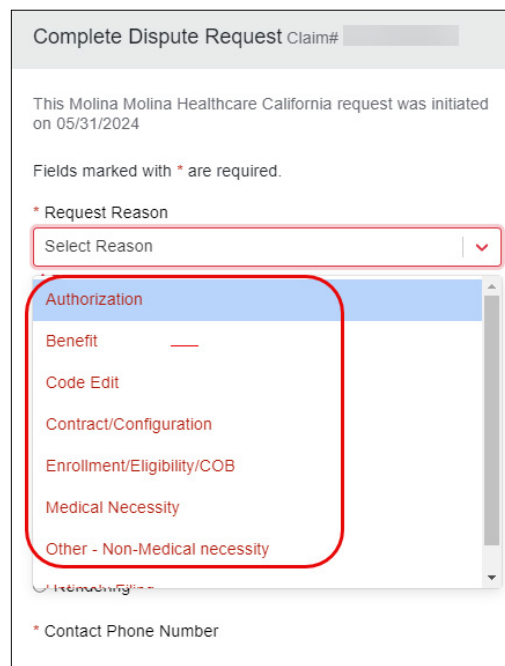


Molina Healthcare, Inc. and Availity Essentials have added an enhancement to the provider portal to simplify provider appeals and reconsiderations. A dispute claim button has been added to the claims status inquiry functionality, which can be used to submit appeals and reconsiderations. This enhancement aims to add the **Reconsiderations** option in addition to the appeals. This Availity enhancement – which will include claim reconsiderations and appeals under one dropdown with the reasons for each – will not be used to dispute claim recovery letter. (The recovery process is done via the **Overpayments** application.)

Currently, when the provider clicks **Complete Dispute Request**, the following dropdown box appears:



Complete Dispute Request Claim# [redacted]

This Molina Molina Healthcare California request was initiated on 05/31/2024

Fields marked with * are required.

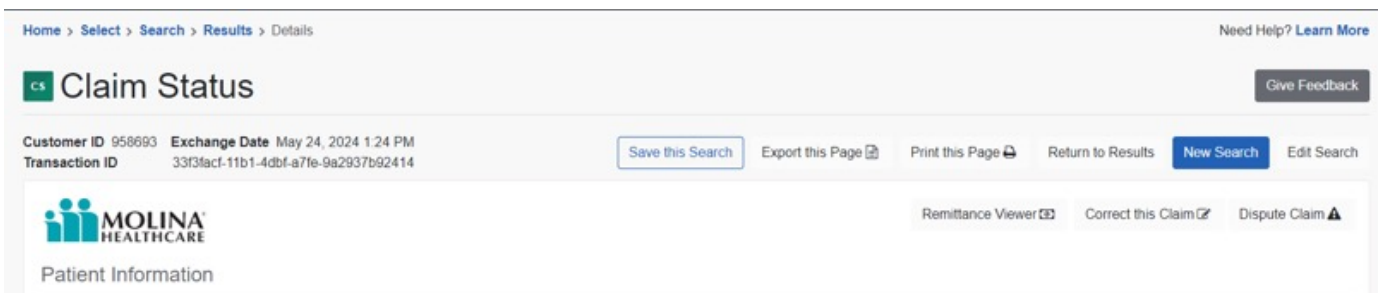
* Request Reason

Select Reason

- Authorization
- Benefit
- Code Edit
- Contract/Configuration
- Enrollment/Eligibility/COB
- Medical Necessity
- Other - Non-Medical necessity

* Contact Phone Number

This dropdown box **only** allows a provider to submit an appeal.




Home > Select > Search > Results > Details Need Help? [Learn More](#)

CS Claim Status Give Feedback

Customer ID 958693 Exchange Date May 24, 2024 1:24 PM
Transaction ID 33f3facf-11b1-4dbf-a7fe-9a2937b92414

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 [Remittance Viewer](#) [Correct this Claim](#) [Dispute Claim](#)

Patient Information



Effective June 15, a new dropdown box will be displayed after the provider clicks the **Dispute Claim** button. The new option includes:

- **Reconsideration** — 3-5 days to receive a response and possible adjustment and **does not require** supporting documents
- **Appeal** — 30-90 days to complete and **require** supporting documentation

This is how the dropdown box will be displayed with newly added options:

The screenshot shows a web form titled "Complete Dispute Request Claim# 241225002430". Below the title, it states "This Senior Whole health Massachusetts request was initiated on 06/07/2024". A note says "Fields marked with * are required." The form has a field for "* Request Reason" which is highlighted with a green box. A dropdown menu is open below it, showing several options: "Reconsideration - Authorization (not a formal appeal)", "Reconsideration - Eligibility (not a formal appeal)", "Reconsideration - Pricing Review (not a formal appeal)", "Reconsideration - Other (not a formal appeal)", "Appeal - Authorization", "Appeal - Benefit", and "Appeal - Code Edit". The "Appeal - Authorization" option is highlighted with a blue box. Below the dropdown, there is a field for "* Contact Phone Number" with the value "555779999".

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

- **Reconsideration - Authorization (not a formal appeal)**
- **Reconsideration - Eligibility (not a formal appeal)**
- **Reconsideration - Pricing Review (not a formal appeal)**
- **Reconsideration - Other (not a formal appeal)**
- **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**

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!