

# Provider Bulletin

Molina Healthcare of California

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February 26, 2025

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

## Availity Appeals and Reconsideration Changes

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

### **What you need to know:**

Molina has updated the drop-down menu options for "Dispute this Claim" in Availity to simplify the reconsideration and appeal process.

Based on provider feedback, we have streamlined the selection process by reducing the number of options. Providers will now see only two choices:

- **Claim Payment Inquiry/Reconsideration**
- **Claim Payment Dispute/Appeal**

For a detailed summary of these changes, please review the attachment. These updates are designed to make the process more intuitive and efficient.

## Provider Action

Please review the attachment for a summary of the changes.



## **What if you need assistance?**

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

<b>Service County Area</b>	<b>Provider Relations Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
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<b>California Facilities (Hospitals, SNFs, CBAS, ICF/DD &amp; ASC Providers)</b>	<b>Facility Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	<a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>
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Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	<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.

# Availity Appeals and Reconsideration changes

## Summary of changes to drop-down menu options for Dispute this Claim

### Overview of changes

Based on feedback we received from the Molina provider community regarding the multiple options to select from when submitting a reconsideration or appeal, we have streamlined the options in Availity to simplify the selection process for you. There are now only two options to select from:

- **Claim Payment Inquiry/Reconsideration**
- **Claim Payment Dispute/Appeal**

### Details of the updated options

#### 1. Claim Payment Inquiry/Reconsideration

A Claim Payment Inquiry or Reconsideration is a review of a claim you believe was paid or denied incorrectly due to a minor error. These inquiries are typically straightforward and can be quickly resolved. This option consists of the following categories:

1. **Reconsideration – Authorization (not a formal appeal)**
2. **Reconsideration – Eligibility (not a formal appeal)**
3. **Reconsideration – Pricing Review (not a formal appeal)**
4. **Reconsideration – Other (not a formal appeal)**

Examples to use this option include:

- Retro-eligibility issues
- Coordination of benefit updates
- Claims denied as a duplicate in error
- Claims denied for no authorization when authorization is not required or when an approved authorization is on file

Please note that you cannot submit supporting documentation with a claim payment inquiry. The outcome of a payment inquiry may result in either a claims adjustment or a directive to submit a **Corrected Claim** or initiate the **Claim Payment Dispute/Appeal** process.

## 2. Claim Payment Dispute/Appeal

A Claim Payment Dispute or Appeal is a more formal review of a claim you believe was paid or denied incorrectly. This process typically requires you to submit supporting documentation to substantiate your dispute or appeal. This option consists of the following categories:

1. Appeal – Authorization
2. Appeal – Benefit
3. Appeal – Code Edit
4. Appeal – Contractual Payment Issue
5. Appeal – Enrollment/Eligibility/COB
6. Appeal – Untimely Filing

Examples to use this option include:

- Denials for code edits
- Untimely filing
- Non-covered benefits
- Absent or denied authorizations