

Molina Healthcare and Availity Essentials™ are offering providers new features for managing claims to help facilitate the timely processing of your claims. There are three categories for managing claims described below — corrected claims, claims reconsideration and claims appeal. Corrections and reconsiderations are a quick and efficient way to get a response for your finalized claim.



Corrected claims → Demo



Three days to process a corrected claim

A claim has been previously submitted and adjudicated by Molina and is being resubmitted by the provider due to an error or omission. A corrected claim allows the providers to submit the claim with additional or correct information.

Examples of corrected claims:

- ✓ Change to any information previously billed: code, date, diagnosis, units, etc.
- ✓ Claims denied due to another insurance — primary Payer Explanation of Payment required.
- ✓ Claims denied because of missing required invoice.
- ✓ Claims denied for itemized bill required.
- ✓ Claims denied because of billing an unlisted procedure code.



Claims reconsideration → Info guide



3-5 days to receive a response and possible adjustment

A claim reconsideration is a request by a provider to have Molina review a claim that was previously paid, denied or reduced.

Examples of reconsideration requests:

- ✓ The provider perceives their claim to have been paid incorrectly or incompletely.
- ✓ The provider perceives their claim was denied based on incorrect or incomplete information.
- ✓ The provider perceives their claim payment to have been reduced incorrectly based on incorrect criteria.
- ✓ The provider perceives Molina failed to follow the applicable policies, rules or regulations.



Claims appeal → Demo



30-90 days to complete, and appeals require supporting documentation

A provider appeal/dispute is the adjustment request of the processing, payment or nonpayment of a claim by Molina.

Examples of appeal requests:

- ✓ A reduction, suspension or termination of a previously authorized service.
- ✓ A denial, in whole or in part, of payment for a service.
- ✓ Failure to provide services in a timely manner.
- ✓ Failure to make a coverage decision in a timely manner.