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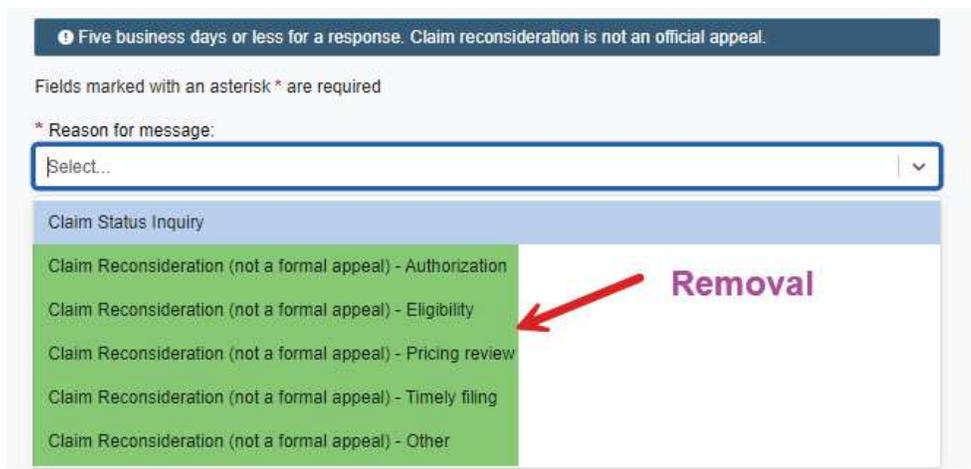
New process - When the provider clicks the **Dispute Claim** button on the Claim Status Inquiry, the following dropdown box will display with **Request Reason** options, including both Reconsideration and Appeal options:

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!