

# Claim and Authorization Reconsideration Training

2021 | Molina Healthcare of Ohio

# Authorization and Claim Reconsiderations: Claim Reconsideration Request Form Requirements

As of Aug. 1, 2019, claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked. This change is based on the Jan. 2019 update Molina made to the authorization and claim reconsideration processes.

## Request for Claim Reconsideration Form

- Must be submitted for any dispute that is related to a claim denial that is not due to an authorization

## Authorization Reconsideration Form

- Must be attached to any request involving an authorization denial or update

# Authorization and Claim Reconsiderations:


The appropriate form will be required to process the reconsideration.

- [Request for Claim Reconsideration Form](#)
- [Authorization Reconsideration Form](#)

These forms have been updated and are available on our website under the “Forms” tab. Please be sure you are accessing the current version of the form on our website or your request will be returned unworked.



- For more information regarding our Authorization and Claim Reconsideration processes please see the reference guides on our website on the “Manual Tab” under the section titled Quick Reference Guides & FAQs.



- These guides are specific to each line of business.
- Please confirm the line of business the member is eligible under and reference the correct guide for the reconsideration process and appeal rights.

# Authorization and Claim Reconsiderations:

## Claim Reconsideration Process (Not Related to an Authorization)

Submit a claim reconsideration only when disputing a payment denial, payment amount or code edit. Claim reconsiderations are applicable for disputes unrelated to clinical appeals or reconsiderations associated with pre-service and post-service authorization.

Primary insurance Explanation of Benefits (EOB), corrected claims, and itemized statements are not accepted via claim reconsideration. Please refer to the Corrected Claims submission process guidelines.

The Claim Reconsideration Request Form (CRRF) must be filled out entirely and include the claim number, or it will not be processed and the provider will be notified. Paper submissions received by mail will not be processed and the provider will be notified.

The form and supporting documents can be submitted through our **Provider Portal** or the form can be faxed to (800) 499-3406

# Provider Online Resources:

Provider Manual

Dental Manual

Provider Online Directories

Provider Portal

Preventive & Clinical Care Guidelines

Prior Authorization (PA) Information

Advanced Directives

Claims Information

Claims Reconsiderations

Pharmacy Information

HIPAA

Fraud, Waste and Abuse Information

Frequently Used Forms

Communications & Newsletters

Member Rights & Responsibilities

Contact Information

The screenshot shows the Molina Healthcare provider portal for Ohio. At the top, there are navigation tabs for 'For Molina Members', 'About Molina', and 'Showing Information For Ohio'. Below this is the Molina Healthcare logo and a search bar. A green navigation bar contains links for 'Home', 'manual', 'forms', 'policies', 'HIPAA', 'EDI ERAVEFT', 'Rx info', 'health resources', 'communications', and 'contact us'. The main content area features a login section with the text 'We're glad you're part of our family' and a 'Login to our provider portal' heading. The login form includes a 'User ID' field, a 'Password' field, and a 'Sign In' button. To the right, there is a section titled 'It Matters TO MOLINA' with a link to 'Email us'.

[www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders)

# Authorization Reconsiderations

## Authorization Reconsideration Process



As a reminder, on Jan. 1, 2019, Molina Healthcare updated the Authorization Reconsideration process.

Pre-service and post-service authorization reconsiderations have been combined into a single process, and claims reconsiderations now follow a separate process.

This change impacted claim reconsiderations and authorization reconsiderations received on or after Jan. 1, 2019.

# Authorization Reconsiderations: Medicaid and Marketplace

## Pre-Service and Post-Service Authorization Reconsiderations Recourses

You can ask for one Member Appeal represented by the provider

A member appeal can be requested within 60 calendar days of the date on the authorization denial letter. If your patient wants you to appeal on his or her behalf, your patient must tell us this in writing using the Authorized Representative Form posted at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).

You can ask for one Authorization Reconsideration

An Authorization Reconsideration can be submitted within 30 calendar days of the date on the authorization denial letter. Requests may be submitted whether a Peer-to-Peer is requested or not.

- Requests may be submitted through the Provider Portal or fax

You can ask for one Peer-to-Peer Review

The treating provider can request a Peer-to-Peer Review with the physician reviewer within 5 calendar days of the date on the authorization denial letter.

- Call Molina Healthcare Utilization Management at (855) 322-4079 from 8:30 a.m. to 5 p.m., Monday to Friday.
- Include 2 possible dates and times a licensed professional is available to conduct the review with a Molina Medical Director.


Molina Healthcare **Medicaid and Marketplace**  
Provider recourses for a denied authorization request.

# Authorization Reconsiderations: Medicare and MyCare Ohio


## Pre-Service and Post-Service Authorization Reconsiderations Recourses

Molina Healthcare **Medicare and MyCare Ohio** Provider recourses for a non-approved/denied authorization request.


### You can ask for one Peer-to-Peer Review



The treating provider can request a Peer-to-Peer Review with the physician reviewer within 5 calendar days of the date on the authorization non-approval/denial letter, or up to the date of discharge.



Call Molina Utilization Management at (855) 322-4079 from 8:30 a.m. to 5 p.m., Monday to Friday.



Include 2 possible dates and times a licensed professional is available to conduct the review with a Molina Medical Director.

NOTE: Due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.



# Authorization Reconsiderations: Medicare and MyCare Ohio

## Pre-Service and Post-Service Authorization Reconsiderations Recourses

Molina Healthcare Medicare and MyCare Ohio Provider recourses for a non-approved/denied authorization request.

### Inpatient Only

You can ask for one Authorization Reconsideration (Due to regulatory requirements, for outpatient decisions an authorization reconsideration is not available.)

An Authorization Reconsideration can be submitted within 30 calendar days of the date on the authorization non-approval letter, or until the claim is processed.

Requests may be submitted after the Peer-to-Peer is completed, or if a Peer-to-Peer was not requested within the stated timeframe.

Requests may be submitted through the Provider Portal or fax

# Authorization Reconsiderations: Medicare and MyCare Ohio

## Pre-Service and Post-Service Authorization Reconsiderations Recourses

Molina Healthcare **Medicare and MyCare Ohio** Provider recourses for a non-approved/denied authorization request.

You can ask for one Member Appeal represented by the provider

➔ A member appeal can be requested within 60 calendar days of the date on the authorization denial letter.

➔ If your patient wants you to appeal on his or her behalf, your patient must tell us this in writing using the Authorized Representative Form posted at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).

# Authorization Reconsiderations

## Quick Reference Guide

The grid below summarizes your options by type of authorization by line of business.

	Outpatient			Inpatient		
	Peer-to-Peer	Authorization Reconsideration	Provider Rep. Member Appeal	Peer-to-Peer	Authorization Reconsideration	Provider Rep. Member Appeal
Medicaid/ Marketplace	Yes	Yes	Yes	Yes	Yes	Yes
Medicare/ MyCare Ohio	Yes*	No	Yes	Yes	Yes	Yes

\*As noted in the slide above, due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.

For additional information read the:

- [Medicaid and Marketplace Authorization and Claim Reconsideration Guide](#) available on the “Manual” on our Medicaid and Marketplace websites
- [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#) available on the “Manual” tab on our MyCare Ohio website.

# Provider Portal

The Provider Portal is secure and available 24 hours a day, 7 days a week  
Self-service Provider Portal options include:

Online  
Claim  
Submission

Claims  
Status  
Inquiry

Corrected  
Claims

Healthcare Effectiveness Data and Information Set  
(HEDIS®) missed service alerts for members

Member Eligibility  
Verification and History

Update  
Provider  
Profile

Online Claim Reconsideration  
Requests

Member Nurse  
Advice Line  
Call Reports

View Primary Care Provider (PCP)  
Member Roster

Coordination of  
Benefits (COB)

Check Status  
of Authorization  
Request

Submit PA  
Requests

Molina offers monthly “It Matters to Molina” Provider Forums, and quarterly Provider Orientations. For more training information visit the Molina Provider Website and view the Provider Training dates and times.



Email Molina at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com) to sign up for the Molina Monthly Provider Bulletin. Please include your Provider Name, TIN and email address.

# Provider Appeal Request Form

On the Home Page select the “Claims” drop-down menu.

The screenshot shows the Molina Healthcare Provider Self Services interface. At the top, there is a header with the user's ID (00000000), organization name (MOLINA MEDICAL CENTER - WEST), and a welcome message for Admin User. The navigation menu on the left includes: Member Eligibility, Claims (selected), Service Request/Authorization, Member Roster, HEDIS Profile, Reports, Links, Forms, and Account Tools. The main content area is divided into several sections: Messages and Announcements (0 new messages, 4 announcements), Recent Activity (Service Requests/Authorizations, Claims), My Favorites (Member Eligibility, Create Professional Claims, Create Institutional Claim, Claim Status Inquiry, Downloaded Claims Report, Create Service Request/Authorizations, Service Request/Authorizations, Member Roster), Quick Member Eligibility Search (Search by Member ID, Go), What's New (June 2015, HEDIS Profile now available for SC and IL), Coming Soon! (ICD-10 UPDATE!!!, Molina will begin allowing ICD-10 codes on authorization requests beginning 8/5/2015, questions? Are you ready? Take our Provider Readiness Survey. Interested in testing? Learn More), and a Poll (Do you like our new look? Yes/No, Vote, See Responses).

# Provider Appeal Request Form

00000000 - Other Lines Of Business - xxx0000 - MOLINA MEDICAL CENTER - WEST

Welcome, Admin User - webportaltest [Log Out](#)

Aug 14 2015 7:02:48 AM

Home Provider Search FAQ Training Contact Molina

**Provider Portal**

- Member Eligibility
- Claims**
  - Claims Status Inquiry**
  - Create Professional Claim (CMS 1500)
  - Create Institutional Claim (UB04)
  - Open Saved Claims
  - Create/Manage Claims Template
  - Export Claims Report to Excel
- Service Request/Authorization
- Member Roster
- HEDIS Profile
- Reports
- Links
- Forms
- Account Tools

**Recent Activity**

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims

**My Favorites**

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Service Request/Authoriz.
- Service Request/Authoriz. info.
- Member Roster

**Quick Member Eligibility Search**

Search by Member ID

**What's New**

June 2015

- HEDIS Profile now available for SC and IL

**Coming Soon !**

**ICD-10 UPDATE!!!**

Molina will begin allowing ICD-10 codes on authorization requests beginning 8/5/2015. questions? Are you ready? Take our Provider Readiness Survey. Interested in testing? [Learn More](#)

**Poll**

Do you like our new look?

Yes

No

[See Responses](#)

Once you select the Claims Status Inquiry feature, you may search for the claim you would like to appeal.


# Provider Appeal Request Form



The screenshot shows a web interface for a 'Claims Inquiry' system. At the top left, the title 'Claims Inquiry' is displayed in blue. To the right, a status message reads: 'Information on Claims accepted into the adjudication system is current as of Mar 21 2017 02:03:48 AM PST'. Below this is a search section with several dropdown menus: 'Billing Provider' (set to 'Select'), 'Claim Type' (set to 'All'), 'Search Options' (set to 'Claim Status'), and 'Claim Status' (set to 'All'). Underneath is an 'Additional Search Filters' section with the instruction 'Enter optional criteria to narrow your search'. This section includes date pickers for 'Received Date' (From and To) and 'Date of Service' (From and To), all with 'mm/dd/yyyy' placeholders. It also features dropdowns for 'Rendering Provider' (set to 'Select'), 'Gender', 'Coverage Type' (set to 'All'), and 'Claims Status' (set to 'All'). There are also text input fields for 'Patient Control No.' and 'NPI'. At the bottom right of the form are three buttons: 'Search', 'Clear', and 'Cancel'. A purple callout bubble with a white border points to the search filters, containing the text: 'Search for claim using available search filters.'

You may search for the desired claim by using any of the available search filters: claim status, claim number, date of service, etc.

# Provider Appeal Request Form

**Claims Found**

Click on an underlined column header to sort or hover over a  for help with that column

<u>Claim ID</u> 	<u>Member Name</u> 	<u>Billed Amt</u>	<u>Service Date From</u>	<u>Service Date To</u>	<u>Received Date</u>	<u>Submission Type*</u>	<u>Status</u>	<u>Status Date</u>	<u>Claim Type</u>	<u>Attachments</u>
<input type="text"/>						Select ▼	Select ▼		Select ▼	
<a href="#">0101010101</a>		00	03/21/2017	03/21/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">11112222333</a>		00	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">9876543210</a>		824	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">0123456789</a>	SMITH, JOHN	2,167.00	09/14/2016	09/14/2016	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">1111111111</a>	DOE, JANE	8,161.00	10/15/2016	10/15/2016	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">2222222222</a>	SMITH, JOHN	3,363.00	03/20/2017	03/20/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">3333333333</a>	SMITH, JOHN	3,447.00	03/20/2017	03/20/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">4444444444</a>	DOE, JANE	5,235.00	03/20/2017	03/20/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">5555555555</a>	DOE, JANE	3,420.00	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">7777777777</a>	SMITH, JOHN	5,832.24	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	

Page 1 of 10    10 per page    Showing 1-10 of 100

**Print**    \*Submission Types are only applicable to claims submitted via Web Portal.

Select claim ID for desired claim.

Once the search results display, click on the desired claim ID to access the claim details.



# Provider Appeal Request Form

Once routed to the “Claim Details” page, you can access the Provider Appeal Request Form by selecting the “Appeal Claim” button.

**Claim Details**

General Information

Member Name: EVERDEEN, KATNISS  
Claim Status Category: Denied  
Claim Header Status: Denied  
Rendering Provider Name: MOLINA MEDICAL  
Rendering Provider NPI: 111111111  
Check Paid Date: 03/14/2016  
Service Date To: 8/31/2015

Claim Number: 1010101010  
Claim Status Effective: 8/31/2015  
Billed Amount(\$): 68.00  
Check Number:  
Service Date From: 8/31/2015  
Patient Control Number: 222222222  
Amount Paid(\$): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Line Status Effective	Status	Remit Message
1	08/31/2015	08/31/2015		99232		1	68.00	8/31/2015	No Payment will be made for this claim line	Claim denied charges.

Showing 1-1 of 1  per page Page 1 of 1

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#) [View Diagnosis Code](#) [Print Claim Summary](#) [Back](#)

Select “Appeal Claim” button.

Note: The “Appeal Claim” button is only available for finalized (paid, denied, etc.) claims.

# Provider Appeal Request Form

The following information will be auto-populated:

- Provider Name
- NPI
- Federal ID
- Claim Number
- Date of Service
- Total Billed Charges
- Address
- City/State/Zip
- Member ID
- Member Name
- Date of Birth
- Submission Date
- Receipt Date

### Provider Appeal Request Form

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:*	MOLINA MEDICAL	NPI:*	111111111	Federal ID:*	22222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:*	101010101	Date of Service From:*	07/26/2015 mm/dd/yyyy	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahe
Contact Person:*		Phone:*		Fax Number:	
Member's ID:*	333333333	Member Name:*	DOE, JOHN	Date of Birth:*	07/07/2007 mm/dd/yyyy

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

#### Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name:*		Submission Date:	07/13/2017	Receipt Date:	07/13/2017
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Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.\*

# Provider Appeal Request Form

All populated data can be updated by backspacing and typing the correct information into the field.

All fields with the exception of “Member ID,” “Member Name,” “DOB” and “Email Address” are editable.

The “Submission Date” and “Receipt Date” are populated based on the time zone of the logged in provider. These values are set and cannot be changed.

### Provider Appeal Request Form

**Instructions for filing an Appeal:**

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit.
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name: *	MOLINA MEDICAL	NPI: *	111111111	Federal ID: *	22222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number: *	101010101	Date of Service From: *	07/26/2015 mm/dd/yyyy	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahe
Contact Person: *		Phone: *		Fax Number:	
Member's ID: *	333333333	Member Name: *	DOE, JOHN	Date of Birth: *	07/07/2007 mm/dd/yyyy

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

### Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name: *		Submission Date:	07/13/2017	Receipt Date:	07/13/2017
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Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge. \*

# Provider Appeal Request Form

You may attach any supporting documents that are related to the appeal request.

Maximum file size is 125MB for attachments.

Attachments must be submitted in one of the following formats: *.tif, .gif, .pdf, .bmp, or .jpg.*

Attachments can be uploaded by using the “Supporting Information” section.

**Provider Appeal Request Form**

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name: MOLINA MEDICAL      NPI: 111111111      Federal ID: 22222222

Request Type: Appeal      Participation Status:  Contract  Non - Contracted

Claim Number: 101010101      Date of Service From: 07/26/2015      Total Billed Charges: 226.80  
mm/dd/yyyy

CPT Code:      Authorization Number:      Email Address: Molina.Medical@molinahealthcare.com

Address: 777 MOLINA WAY      City/State/Zip: LONG BEACH, CA, 90802      Fax Number:      Date of Birth: 07/07/2007  
mm/dd/yyyy

Contact Person:      Phone:      Date of Birth: 07/07/2007  
mm/dd/yyyy

Member's ID: 333333333

Specific Issue(s): Please state all details relating to your appeal. Attach supporting materials below to support your request.

**Supporting Information**  
Attachments: Attach copies of any records you wish to submit below

Type of Attachment: Select

File: Choose File No file chosen [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.

Submitter Name:      Submission Date: 07/13/2017      Receipt Date: 07/13/2017

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

Print      Submit      Cancel

# Provider Appeal Request Form

Once all fields have been completed and attachments made, you must agree to the terms and conditions by typing your name into the “Submitter Name” field.

### Provider Appeal Request Form

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:*	MOLINA MEDICAL	NPI:*	111111111	Federal ID:*	222222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:*	10101010101	Date of Service From:*	07/26/2015 <small>mm/dd/yyyy</small>	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahea
Contact Person:*		Phone:*		Fax Number:	
Member's ID:*	333333333	Member Name:*	DOE, JOHN	Date of Birth:*	07/07/2007 <small>mm/dd/yyyy</small>

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

### Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment : Select

File : Choose File No file chosen Upload

Upload files only when you v  
Max size of each uploaded fil

peal. Upload 1 file at a time.  
ents should not exceed 20 MB.

Submitter Name:\*

Submission Date: 07/13/2017

Receipt Date: 07/13/2017

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.\*

Print Submit Cancel

Enter submitter name.

# Provider Online Resources

The check box next to the disclaimer at the bottom of the form must also be selected.

### Provider Appeal Request Form

**Instructions for filing an Appeal:**

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit.
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name: *	MOLINA MEDICAL	NPI: *	111111111	Federal ID: *	22222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number: *	101010101	Date of Service From: *	07/26/2015 <small>mm/dd/yyyy</small>	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahea
Contact Person: *		Phone:		Fax Number:	
Member's ID: *	333333333	Member Name: *	DOE, JOHN	Date of Birth: *	07/07/2007 <small>mm/dd/yyyy</small>

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

### Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment : Select

File : Choose File No file chosen Upload

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter: Check box Submission Date: 07/13/2017 Receipt Date: 07/13/2017

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

Print Submit Cancel

# Provider Appeal Request Form

The Provider Appeal request is considered complete once the “Submit” button has been selected at the bottom of the form.

**Provider Appeal Request Form**

**Instructions for filing an Appeal:**

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit.
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name: \*  NPI: \*  Federal ID: \*

Request Type: Appeal Participation Status:  Contract  Non - Contracted

Claim Number: \*  Date of Service From: \*   Total Billed Charges:

CPT Code:  Authorization Number:

Address:  City/State/Zip:  Email Address:

Contact Person: \*  Phone: \*  Fax Number:

Member's ID: \*  Member Name: \*  Date of Birth: \*

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

**Supporting Information**

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name: \*  017 Receipt Date:

Appeals submitted have not yet been selected for review. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am legally authorized to act on behalf of the healthcare provider submitting this information, and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

# Email Confirmation

Upon submission, you will receive an email confirmation, which serves as an electronic acknowledgement letter.



The screenshot shows an email header with the following details:

- From: WebAdmin
- To: Molina Medical
- Subject: Claims Appeals

The body of the email begins with:

Dear [MOLINA CENTER WEST]:

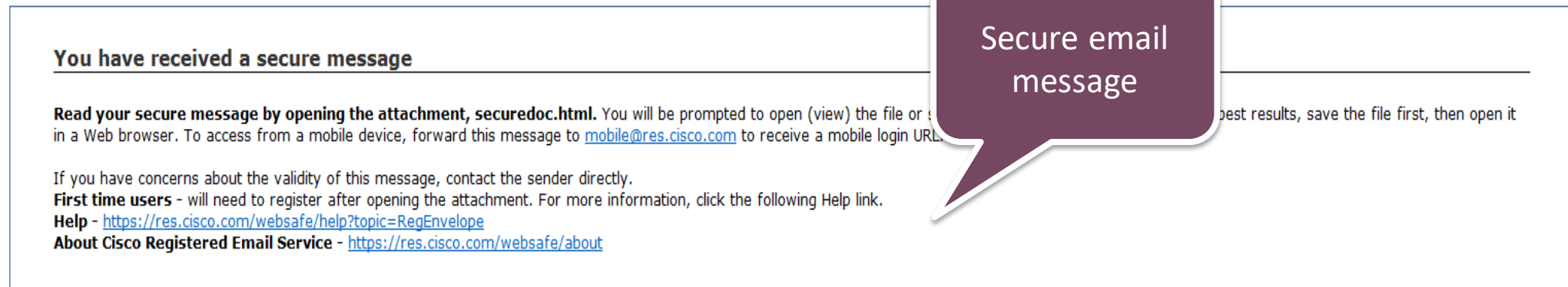
On [##CURRENTDATE], we received your request appealing the action taken for the following claim(s) 012345678910 . We will review your request and provide a decision when a resolution has been reached.

If you have any additional questions please call the Provider Contact Center.

Sincerely,  
Provider Inquiry, Research & Resolution  
Molina Healthcare

A callout bubble on the right side of the email content contains the text "Email Confirmation".

Upon receipt of the message, you will be prompted to do a one time registration with the provider's email address to view the message. A password will be required for all messages received thereafter.



The screenshot shows a notification header:

**You have received a secure message**

The main text reads:

Read your secure message by opening the attachment, **securedoc.html**. You will be prompted to open (view) the file or document in a Web browser. To access from a mobile device, forward this message to [mobile@res.cisco.com](mailto:mobile@res.cisco.com) to receive a mobile login URL.

Additional instructions include:

- If you have concerns about the validity of this message, contact the sender directly.
- First time users** - will need to register after opening the attachment. For more information, click the following Help link.
- Help** - <https://res.cisco.com/websafe/help?topic=RegEnvelope>
- About Cisco Registered Email Service** - <https://res.cisco.com/websafe/about>

A callout bubble on the right side of the notification content contains the text "Secure email message".



# Commitment to Provider Satisfaction

Molina Healthcare of Ohio is committed to increasing our Provider Partners' satisfaction by obtaining your feedback.

Some of the ways we do this include:

- Dedicated Provider Services Representatives in each region of the state for training and questions
- An annual Provider Satisfaction Survey
- It Matters to Molina program that includes monthly forums and an information page on the Provider Website including surveys for providers to share feedback



Take our "[It Matters to Molina Suggestion Box](#)" survey on the [It Matters to Molina Page](#) of our Provider Website, under the "Communications" tab.

## Your Opinion Matters to Molina

[Email us](#) to share your comments, concerns or ideas. Your feedback is important to us. Let us know what we're doing well and what we can do to improve.

**Please share your feedback with us so we can continue to provide you with excellent customer service!**

# Resources

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities.

- Behavioral Health questions:  
[BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com)
- Hospital or hospital-affiliated physician group questions:  
[OHProvider.ServicesHospital@MolinaHealthcare.com](mailto:OHProvider.ServicesHospital@MolinaHealthcare.com)
- MyCare Ohio LTSS and Ancillary questions:  
[OHMyCareLTSS@MolinaHealthcare.com](mailto:OHMyCareLTSS@MolinaHealthcare.com)
- Nursing Facilities questions:  
[OHProviderServicesNF@MolinaHealthcare.com](mailto:OHProviderServicesNF@MolinaHealthcare.com)
- Physician practice questions:  
[OHProviderServicesPhysician@MolinaHealthcare.com](mailto:OHProviderServicesPhysician@MolinaHealthcare.com)
- General questions:  
[OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)



Coordination of Benefits (COB) or Member Enrollment updates:

- Medicaid members [MHOEnrollment@MolinaHealthcare.com](mailto:MHOEnrollment@MolinaHealthcare.com)
- Medicare members [MPEnrollmentOH@MolinaHealthcare.com](mailto:MPEnrollmentOH@MolinaHealthcare.com)
- MyCare Ohio Opt-In members [OHMMP\\_EnrollmentAccountingMHI@MolinaHealthcare.com](mailto:OHMMP_EnrollmentAccountingMHI@MolinaHealthcare.com)
- MyCare Ohio Opt-Out members [OptOut.OHMMP@MolinaHealthcare.com](mailto:OptOut.OHMMP@MolinaHealthcare.com)