Provider Bulletin

Molina Healthcare of New Mexico, Inc.

February 27, 2025

Notice of Recall: Availity Appeals and Reconsideration Changes Flyer

We are writing to inform you of an important update regarding the recent Availity flyer distributed to our provider community. It has come to our attention that there was a miscommunication in the flyer stating that Molina offers reconsideration services through Availity. We regret to inform you that this information is incorrect. Molina Healthcare does not offer reconsideration services through the Availity platform. We understand that this misinformation may have led to confusion and inconvenience for many of our providers. We sincerely apologize for any disruption this may have caused to your operations.

To submit a dispute, providers must fax a completed Provider Reconsideration Review Request (PRR) Form along with the necessary documentation. The PRR form includes the dedicated fax numbers for submission. PRRs are intended for initial disputes or disagreements related to claim payments or denials. Examples of PRRs include:

- Disagreement with the payment amount or denial of a claim
- Claim edit disputes

To ensure that your reconsideration requests are processed correctly, please follow the established guidelines as outlined in Molina's provider manuals available on our website at Welcome to Molina Healthcare of New Mexico (www.Molinahealthcare.com) or contact our Provider Relations team for assistance. We are committed to providing you with the necessary support and resources to navigate our processes efficiently. Our Provider Relations Team is available to provide support and address any questions or concerns you may have. If you are unsure whom to contact, please visit: New Mexico Providers Home or Molina Healthcare of New Mexico provider network contacts 2025.

Helpful resources

Molina provider websites:
- Marketplace
- Medicaid
- Medicare

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.

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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

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