From Molina Healthcare: How to check appeal status via Availity Payer Spaces

Molina has launched a new Claims Appeal status feature that allows Availity users to view and print final determination letters. It's as simple as searching for the claim via the Availity Appeal or Correct Eligible Claims Payer Spaces function. When the claim is located, you will see the status of the appeal displayed and can view and/or print the decision letter by clicking on the .pdf document file.

How to Access:

1. Availity Essentials Menu Bar > Payer Spaces >Molina Health > Choose Applications Tab >Choose Appeal or Correct Eligible Claims



2. Search for the desired claim to appeal or correct by member name/DOB, member ID, claim number or status.

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						Informatio	n on Claim	s accepted into	the adjud	ication system is	s current as of Jun	26 2021	12:55:34 AM
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3. Click on the Claim ID

Your search inform	nation found X claim(s). If yo	u are looking	for a particular	claim or group	of claims, nar	row your search by	using the Additional Search Fil	ters.		
Claims Fou	und									
Click on an under	lined column header to sort	or hover over	a 🕜 for help	with that colum						
Claim ID 🕜	Member Name 🕜	Billed Amt	Service Date From	<u>Service Date</u> <u>To</u>	Received Date	Submission Type	Status	<u>Status</u> Date	Claim Type	Attachments
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Disclaimer - All represented data is fictitious and not based on actual providers or members information.

4. Now you can see the Appeal Status and view or print the letter

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c	laim Source: ED	0				Claim Statu	s Effective: 1/1	0/2022		Case Id: PR	/ - 780902				
Claim He	ader Status: De	nied				Billed	Amount(\$): 11	5.00		Leaser:					
Nendering Pro	wider Name: Mi	DICAL CENTER				Che	sk Number: EF								
Rendering P	Provider NPI: 111	111111				Service	Date From: 1/1	0/2022							
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5. Click on the .pdf Letter icon to view the Decision letter

Attention To: MEDICAL	CENTER
Attention To: MEDICAL Fax Number: (513) 555 -	CENTER
Fax Number: (513) 555 -	
	1111
Dear Provider:	
The Provider Appeals & (Grievances Team has received the submission referenced below:
Provider Name:	MEDICAL CENTER
Rendering Provider:	MEDICAL CENTER
Member Name:	DOE, JOE
Member ID:	1234567890
Member DOB:	02/29/1983
Date of Service:	1/10/2022
Claim Number:	220
Case ID:	PRV - 760902
insurance information is	as follows:
Information Verified on	8/2/2022 :
Information Verified on Member Active Under Po	8/2/2022 : alicy with12/1/2020 from 12/31/2022
Information Verified on Member Active Under Po Primary Insurance Carrie	8/2/2022 : olicy with 12/1/2020 from 12/31/2022 #: MOLINA
Information Verified on Member Active Under Pe Primary Insurance Carrie Phone Number: (513) 55	8/2/2022 : blicy with 1/1/2020 from 12/31/2022 : MOLINA 6 - 2222
Information Verified on Member Active Under Pe Primary Insurance Carrie Phone Number: (513) 55 Policy ID: PPA70232323	8/2/2022 : blicy with 12/1/2020 from 12/31/2022 r: MOLINA 6 - 2222
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Information Verified on Member Active Under Pr Primary Insurance Carrie Phone Number: (513) 55 Diolis (DI: PFA-07023233 Group ID: 0000302 Subscriber Name: DOE, Please submit a correcte http://www.molinahealt For questions, call Provi 8 a.m. to 6 p.m. for MyC	8/2/2022 : Biley with 12/1/2020 from 12/31/2022 :**MOLINA 5 - 2222 JOE d claim with the primary EOB using the billing guidelines found here: hcare.com/providers/oh/medicaid/forms/Pages/fuf.aspx This is the final decision for this dispute. der Services at (855) 322-4079. A representative is available to assist you fror are Ohio, and from 8 a.m. to 5 p.m. Monday through Friday for Medicaid and a
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