December 1, 2025

Appeal & Grievance Process Change Notification

Overview of Process Change

Effective **January 1, 2026**, Molina Healthcare of New York will implement a new process regarding the handling of consent forms, invoices, itemized bills, and Explanation of Benefits (EOBs) from primary payors. *It is important to note that these documents are not considered claim disputes or appeals.* This overview outlines the revised procedure and requirements for submitting these types of supporting documentation.

Process for Submitting Supporting Documentation

When submitting consent forms, invoices, itemized bills, or EOBs from primary payors that were not included with the original claim, please follow the steps below:

1. Include Documentation with Original Claim:
    - All necessary supporting documentation should be sent with the initial claim to facilitate timely processing and payment.
2. Corrected Claim Submission:
    - If a claim is denied due to missing documentation, submit a corrected claim through Availity and attach the required documents. Adhere to the following file attachment requirements:
        - The maximum allowed file size is 64MB per file, with a combined total size of 640MB.
        - No more than 10 files may be added per submission.
        - File names must be 200 characters or less and may include letters, numbers, spaces, and approved special characters.
        - Accepted file formats are jpg, tiff, gif, png, or pdf.
3. ***Do Not Submit as Claim Disputes or Appeals: Requests involving these types of documents should not be submitted as claim disputes or appeals, as they will not be processed under those categories.***

Claim Payment Dispute/Appeals

A Claim Payment Dispute/Appeal 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.
- Failure to provide services in a timely manner.
- Failure to make a coverage decision in a timely manner.
- Denials for code edits
- Untimely filing
- Non-covered benefits
- Absent or denied authorizations

Clam Payment Disputes/Appeals can be submitted through one of the following options:

- Availity Portal - Providers are strongly encouraged to use the online Availity Essentials portal to submit Provider Claims Disputes.
- Fax - Provider Claims Disputes/Appeals can be faxed to Molina at (315) 234-9812 with a completed Medicaid Provider Claim Appeal/Dispute Form.
- Mail - Molina Healthcare of New York, Inc. Attention: Appeals and Grievances Department 2900 Exterior Street, Suite 202 Bronx, NY 10463

The Provider must include a completed Medicaid Provider Claim Appeal/Dispute Form or the dispute will be returned. The Medicaid Provider Claim Appeal/Dispute Form can be found on the Provider website and the Availity Essentials portal. The form must be filled out completely to be processed. All requests submitted without appropriate documentation will be denied for lack of information.

The Provider will be notified of Molina's decision in writing within 90 calendar days of receipt of the Claims Payment Dispute/Appeal.

If you have any questions regarding this process change or need further guidance on Molina's claim submission procedures, please reach out to your Provider Relations Representative or send an email inquiry to MHNYProviderServices MHNYProviderServices@MolinaHealthCare.Com.

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