



Claim Dispute/Appeal Request Form – Michigan

This is not a status form, please contact Molina at 855-322-4077 or use WebPortal to status your claims(s)

NOTE: FAILURE TO COMPLETE THIS FORM WILL RESULT IN A DELAY OF PROCESSING YOUR REQUEST

Please allow 45 business days to process this adjustment request

Medicaid Line of Business (includes CSHCS) Medicare Line of Business Marketplace

Please return this complete form and any supporting documentation to:

Molina Healthcare of Michigan, 880 West Long Lake, Suite 600 Attn: Claims, Troy, MI 48098 Or Fax to: (248) 925-1768

Section 1: General Information

Today's Date		No. of Claims		Claim Number	
Member Name				Member Id#	
Provider Name				Date of Service	
Provider ID (TIN)		Provider Fax #		Provider Phone #	
				Contact Person	

Section 2: Type of Claim Adjustment

Based upon the following reasons, we are requesting reconsideration of this claim.

Provider: Please check applicable reason(s) and attach all supporting documentation.

Appeals

CCI Edits (documentation required)

Attn: CCI Edits Appeal

Fax to: 248-925-1768

Timely Filing:

Use to appeal claims denied past one year filing limit.

Must be submitted within 90 days of denial date

Attach claim & supporting documentation showing claim was filed in a timely manner.

Newborn timely filing denials will not be reviewed if proper documentation was not included with original claim submission.

Attn: Timely Filing Appeal

Fax to: 248-925-1768

COB-Related Adjustment **Fax to 248-925-1768**

Alternate Insurance Information to **add or term** from a

member file **Fax to 877-860-7751**. Please include

Primary Insurance Carrier Information EOB

Refunds or Return Checks

Mail to:
Molina Healthcare of Michigan Inc.
25874 Network Place
Chicago, IL 60673-1258

Coding Changes - Corrected Claim

Faxed copies are not accepted. MAIL TO:

Medicaid: PO Box 22668 Long Beach, CA 90801

Medicare: PO Box 22811 Long Beach, CA 90801

Or submit corrected claim electronically

Molina's payor Id is #38334

Authorization

Authorization now on file – Please contact the call center 855-322-4077 to have the claim(s) processed.

For an authorization, change information on an existing authorization or to appeal a denied authorization, do not use this form. Authorization form & instructions are available on Molina Healthcare website or WebPortal.

MEDICAID Fax 800-594-7404

MEDICARE Fax 888-295-7665

Payment Amount

- Overpayment – Explain use COMMENTS below
- Underpayment – Explain use COMMENTS below.
- Paid Wrong Provider, processed under incorrect tax identification number

OTHER

None of these categories apply – Please contact the call center 855-322-4077 to have the claim(s) reviewed

Comments: _____

Claims Dispute/Appeal Request Form Instructions

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Please indicate the Line of Business

SECTION 1: General Information

1. If preferred, save the form to your own computer
2. Complete each box in Section 1
3. Use one form per claim number
4. Please do not alter this form, as it will not be accepted

SECTION 2: Type of Claim Adjustment**PLEASE CHECK THE MOST APPROPRIATE BOX****1. Appeals:**

- CCI Edits and Timely Filing appeals must be submitted with supporting documentation.

2. COB:

- Requires a copy of primary payer EOP (Explanation of Payment).
- Requires effective date and/or term date, contract/policy number, and name of primary carrier:
Or, send electronically with completed fields according to the EDI file layout.

3. Payment Amount

- Requires supporting documentation of the calculation/formula used to determine amount of under/overpayment.
- Indicate if a request for a reversal is to be completed for overpayments.
- Requires a copy of the claim and supporting documentation for all duplicate claims.
- Requires a copy of authorization for all authorization related issues.

Please use additional paper attachments if necessary to document comments.

Fax form and documentation attention: **Claims Department** at (248) 925-1768 or mail to:

Molina Healthcare of Michigan
880 West Long Lake Road, Suite 600
Attention: **Claims Department**
Troy, MI 48098