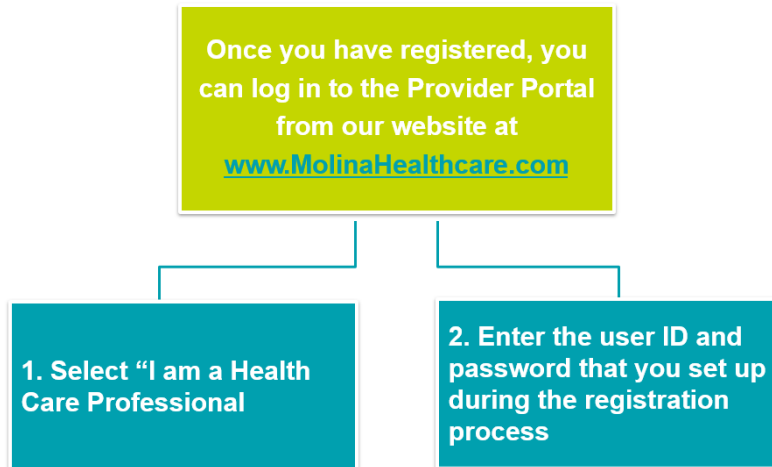


# Process for Appealing a Claim

**Note:** First, log into the Availity Essentials Provider Portal, then use SSO to go into Molina’s Legacy Portal.

## LOGGING INTO THE PROVIDER PORTAL

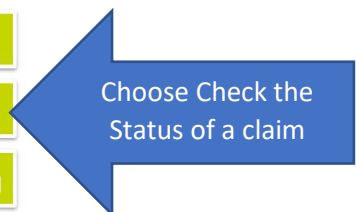


## CLAIMS DROP DOWN MENU



From the home screen, click on "Claims" to open the menu of claim functions available on the portal. You can:

- Create a claim
- Check the status of a claim
- Open a previously saved claim
- Export claims
- Create a claims template



# CLAIMS STATUS INQUIRY

On the claims status inquiry screen, you can perform a claim status inquiry with multiple search functions.

**Claims Inquiry**

Search  
Billing Provider: Spider1, Provider1 A-1111111112

Claim Type: All Search Options: Claim Status Claim Status: All

Additional Search Filters  
Enter optional criteria to narrow your search

Received Date: From: mm/dd/yyyy To: mm/dd/yyyy Date of Service: From: mm/dd/yyyy To: mm/dd/yyyy

Rendering Provider: Spider1, Provider1 A Gender: Patient Control No: NPI: Coverage Type: Medicaid Claims Status: All

Search Clear

**Select Billing Provider and Claim Type and search by any of the following:**

- Member Name/DOB
- Member Number
- Tracking Number
- Claim Status

# CLAIMS STATUS INQUIRY

Once you have entered your criteria and selected the search button, a list of your claims will display.

Your search information found 12 claim(s). If you are looking for a particular claim or group of claims, narrow your search by using the Additional Search Filters.

**Claims Found**

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

Claim ID	Billed	Service Date	Service Date	Received	Commission Type	Status	Status Date	Claim Type	Attachments	
18220112924					Original	Submitted	08/17/2018	PROFESSIONAL		
18204115664					Original	Submitted	07/23/2018	PROFESSIONAL		
18204115663	Spider1	3,456.00	07/11/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115661	Car	3,456.00	07/03/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115660	Super, Man A	1,236.00	07/03/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18204115659	Super, Man A	1,000.00	07/09/2018	07/22/2018	07/23/2018	Original	Submitted	07/23/2018	PROFESSIONAL	
18164000003	TESTER543695079 - TEST	200.00	05/01/2018	05/01/2018	06/13/2018	Original	Denied	06/13/2018	INSTITUTIONAL	
18163000005	TESTER543695079 - TEST	100.00	04/01/2018	05/18/2018	06/12/2018	Original	Denied	06/12/2018	PROFESSIONAL	

**Select the claim number to populate the claim details**

## APPEALING A CLAIM

You can appeal a claim via the Claim Details area on the Claim Status Inquiry page.

- Select the “Appeal Claim” button
- The Provider Appeal Request Form should appear with auto-populated information.

The screenshot shows a table with columns for ID, Count, Amount, and Date. The 'Appeal Claim' button is highlighted in yellow with a green arrow pointing to it. To the right is a preview of the 'Provider Appeal Request Form' with the following pre-filled information:

**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 Indiana Healthcare Provider Appeals & Grievances department. An electronic acknowledgment will be provided following the submission of your request.

Provider's Name: SPIDER1, PROVIDER1    NPI: 123456789    Federal ID: 123456789  
 Request Type: Appeal    Participation Status:  Contract  Non-Contracted  
 Claim Number: 1816300005    Date of Service From: 04/01/2018    Total Billed Charges: 100.00  
 CPT Code:    Authorization Number:     
 Address: Address1 Address2    City/State/Zip: ABCCity,MS,12345    Email Address: jsmith@healthcare.com  
 Contact Person: PROVIDER, PROVIDER    Phone:    Fax Number:     
 Member's ID:    Member Name: STER343995079, TEST    Date of Birth: 06/01/1999  
**Specific Issues:** 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:    
 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: 08/22/2018    Receipt Date: 08/22/2018  
 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 clicked.  
 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.

## APPEALING A CLAIM

- All populated data can be updated except the following:
  - Member ID
  - Member Name
  - Date of Birth
  - Email Address
  - Submission Date
  - Receipt Date
- Attachments can be uploaded by using the “Supporting Information” section

1. Attachments must be submitted in one of the follow formats: *.tif, .gif, .pdf, .bmp, .jpg*  
 2. Maximum file size is 128MB for the total size of all attachments

The screenshot shows the 'Provider Appeal Request Form' with the following pre-filled information:

**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.  
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 Request Type: Appeal    Participation Status:  Contract  Non-Contracted  
 Claim Number: 1816300005    Date of Service From: 04/01/2018    Total Billed Charges: 100.00  
 CPT Code:    Authorization Number:     
 Address: Address1 Address2    City/State/Zip: ABCCity,MS,12345    Email Address: jsmith@healthcare.com  
 Contact Person: PROVIDER, PROVIDER    Phone:    Fax Number:     
 Member's ID:    Member Name: STER343995079, TEST    Date of Birth: 06/01/1999  
**Specific Issues:** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

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## APPEALING A CLAIM

- Once all fields have been completed and attachments uploaded, you must agree to the terms and conditions by typing your name into the “Submitter Name” field
- After you have selected the checkbox next to the disclaimer, you can “Submit”
- Upon submission, you will receive an email confirmation, which serves as an electronic acknowledgement letter

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

Type of Attachment :


File :

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.

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**Availity Support—Call the Availity Help Desk from 7 a.m. to 7 p.m. Central Time at (800) 282-4548.**