



Just the Fax

A fax bulletin from Molina Healthcare of Michigan (MHM) • April 19, 2023

Important Updates Regarding Overpayments Management, Medicare Expedited Appeals

On April 18, 2023, Availity and Molina Healthcare rolled out a new Essentials workflow that creates a better way for provider offices to manage overpayments. This new streamlined electronic process will help eliminate mail and fax for faster dispute resolution, and keep you current with overpayment requests.

To ensure you have access, check to see if you have the **Claim Status role**. If you don't have access, contact the Availity Essentials administrator for your office to decide if you need this role.

See how easy it is to use this new simplified workflow

Availity and Molina representatives will be offering a live webinar on April 20, 2023, from 11:00 a.m. to 12:00 p.m. EST.

The webinar will guide you through how to:

- View the status and details of any claims where Molina has identified an overpayment
- Request additional information, and dispute or resolve the overpayment
- Upload documents and use the conversation feature within the tool

To enroll in the April 20 webinar, please visit the Help and Training dropdown within Availity Essentials and proceed to Get Trained. Enter "Molina Healthcare Overpayments – Live Webinar, 4/20/2023" in the Search field at the top of the screen and then select the course. Lastly, click on the "Enroll" button.

As a registered Availity Essentials provider, you can also take advantage of other live webinars. The "Availity Essentials Provider Portal Overview for Molina Providers" webinar offers training on all of the processes currently available in Availity Essentials for Molina Healthcare. Here are the upcoming dates and times for the live webinar:

Friday, April 21, 2023 from 11:00 a.m. to 12:15 p.m. ET	Wednesday, June 7, 2023 from 12:00 p.m. to 1:15 p.m. ET
Tuesday, May 9, 2023 from 2:00 p.m. to 3:15 p.m. ET	Friday, June 23, 2023 from 10:00 a.m. to 11:15am ET
Thursday, May 25, 2023 from 3:00 p.m. to 4:15pm ET	

Important Expedited Appeals Information for Medicare Providers

An Expedited/Urgent service request, including appeal, **should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function.** Appeals and authorization requests outside of this definition should be submitted as routine/non-urgent (pursuant to Medicare 42 CFR § 422). If the request meets the criteria for Expedited/Urgent, indicate the reason at the time of the submission to avoid delays and follow all CMS guidelines. As a reminder, request services in a timely manner and provide necessary information for review so appropriate and timely decisions can be made.

Thank you for serving Molina members.