

Molina Healthcare is alerting our providers that the Claims Correction function on the Availity Essentials provider portal cannot populate the claim submission form to allow the provider to make necessary changes in certain instances. The current error message is:

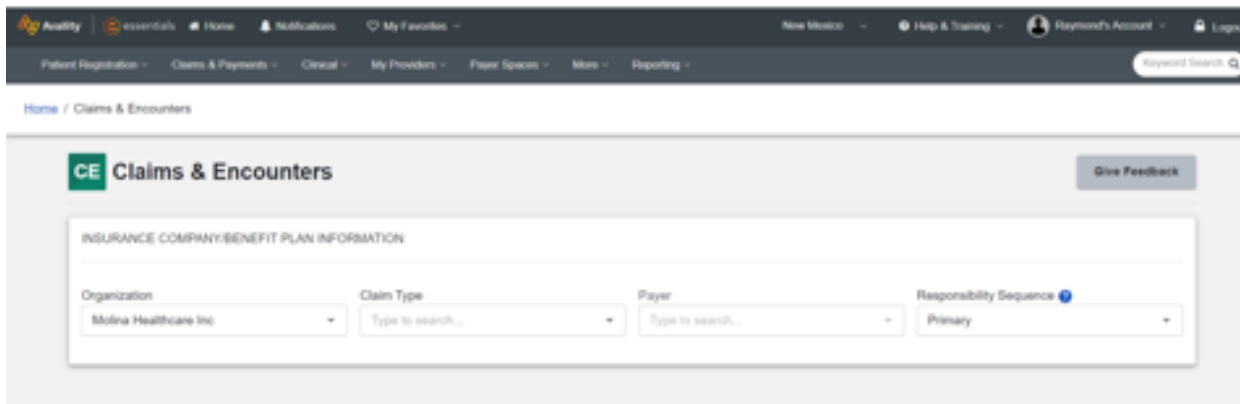
The payer is unable to return data for this claim. Reenter your claim data on the appropriate **Claims** screen, select **Replacement of Prior Claim** in the **Frequency Type** field, and enter the payer's claim number in the **Payer Claim Control Number**.

To assist our providers, Molina has corrected the message:

The payer is unable to populate the data for this claim. To fix this claim, you **must**:

- Enter your claim data on the appropriate **Claims** screen
- Select **Replacement of Prior Claim** in the **Frequency Type** field; (7 – Replacement of Prior Claim)
- Enter the **Prior Claim** number in the **Payer Claim Control Number** field

Under the **Claims & Payment** tab is the **Claims & Encounters** option – clicking this brings up the screen below:



The screenshot shows the Availity provider portal interface. At the top, there is a navigation bar with links for Availity, essentials, Home, Notifications, My Favorites, New Mexico, Help & Training, Raymond's Account, and Logout. Below the navigation bar, there is a secondary menu with links for Patient Registration, Claims & Payments, Clinical, My Providers, Paper Spaces, More, and Reporting, along with a Keyword Search box. The main content area is titled "Home / Claims & Encounters" and features a "CE Claims & Encounters" header with a "Give Feedback" button. Below the header is a form titled "INSURANCE COMPANY/BENEFIT PLAN INFORMATION" with four dropdown menus: Organization (Molina Healthcare Inc), Claim Type (Type to search...), Payer (Type to search...), and Responsibility Sequence (Primary).

The provider will choose the appropriate **Claim Type**, **Professional Claim (CMS-1500)** or **Facility Claim (UB-04)**. Then, the claim entry form will appear. The provider needs to enter data into all required fields by:

1. Selecting **Replacement of Prior Claim** in the **Frequency Type** field (7 – Replacement of Prior Claim). The screen below shows where the provider would select the correct **Frequency Type** for a **Corrected Claim**.

The screenshot shows the 'CLAIM INFORMATION' section of the Avality Claims & Payments form. The 'Frequency Type' dropdown menu is selected with '7 - Replacement of Prior Claim'. Other fields include Patient Control Number / Claim Number, Medical Record Identification Number, Place of Service, Provider Accepts Assignment (Assigned), Release of Information, Provider Signature on File, Claim Filing Indicator (CI - Commercial Insurance Co.), Prior Authorization Number, Care Plan Oversight Number, Acute Manifestation Date (mm/dd/yyyy), Spinal Manipulation Service Patient Condition Code, Clinical Laboratory Improvement Amendment Number, and Payer Claim Control Number.

2. Entering the **Prior Claim Number** in the **Payer Claim Control Number** field:

The screenshot shows the 'Payer Claim Control Number' field at the bottom of the form, which is currently empty. The 'Frequency Type' field remains set to '7 - Replacement of Prior Claim'. The rest of the form fields are the same as in the previous screenshot.

## Not registered with Avality Essentials?

If your organization is not yet registered for Avality Essentials and you're responsible for the registration, please visit [avality.com/MolinaHealthcare](https://avality.com/MolinaHealthcare) and click the **Register** button.

Call Avality Client Services at **(800) AVAILITY (282-4548)**. Assistance is available Monday-Friday from 8 a.m. to 8 p.m. ET with any registration issues.