

IMPORTANT!

Are your claim denials being upheld on appeal?



Molina Healthcare of Florida (Molina) wants to help you get your claims paid promptly and correctly. Follow the tips below for a smoother reimbursement process:

PRIOR AUTHORIZATION

- ✓ Check for prior authorization requirements for all services being billed
 - Molina's Prior Authorization guidelines and Service Request Form are available on our website, www.molinahealthcare.com
 - Medicaid:** Healthcare Professionals ->Medicaid->Forms->Frequently Used Forms->2022 Prior Authorization Guide
 - Marketplace:** <https://www.molinamarketplace.com/marketplace/fl/en-us/Providers/~media/Molina/PublicWebsite/PDF/Providers/fl/medicaid/PA%20Guide%20Format%20120820-Effective%2010121.pdf>
 - Medicare:** https://www.molinahealthcare.com/providers/common/medicare/~media//Molina/PublicWebsite/PDF/Providers/common/medicare/Medicare_PA_Guide.pdf
- ✓ Submit your Prior Authorization request and supporting documentation to Molina
 - **Online:** Availity Portal at <https://availity.com/molinahealthcare>
 - **Mail:** Molina Healthcare of Florida, Inc.
Healthcare Services Authorizations & Inpatient Census
8300 NW 33rd Street, Suite 100
Doral, FL 33122
 - **Fax:** (866) 440-9791
- ✓ A blank Pharmacy Prior Authorization/Exception Form may be obtained by accessing www.MolinaHealthcare.com or by calling (855)-322-4076. Fax a completed Pharmacy Prior Authorization/Exception Form to Molina at (866)236-8531.
- ✓ Include clinical notes to assist in the decision-making process.

CLAIM SUBMISSION

- ✓ Check timely filing guidelines
 - **Medicaid and Marketplace**
 - Six (6) months after the discharge for inpatient services or the date of service for outpatient services.
 - When Molina is secondary, claims must be submitted within 90 days from the final determination by the primary insurance carrier. If Medicare is the primary carrier, claims must be submitted to Molina within 36 months from date of service or one year from Medicare's determination, whichever is later.
 - **Medicare**
 - Molina Medicare claims must be submitted to Molina with one calendar year after the discharge date for inpatient services or the date of service for outpatient services. If Molina is not the primary payer under coordination of benefits or third-party liability, Provider must submit claims to Molina within one calendar year after final determination by the primary payer.
- ✓ Make sure your claim has all of the required information. If Molina is not the primary carrier, please include the primary carrier's Explanation of Payment.
- ✓ Submit your claim to Molina
 - **Online:** Availity Portal at <https://availity.com/molinahealthcare>
 - **Clearing House:** Payer ID #51062
 - **Paper:**

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