

# Provider Tip Sheet

## How To File a Provider (Appeal, Dispute, and Grievance)

Molina Healthcare is committed to the timely resolution of all provider complaints. All provider complaints are acknowledged with a mailed letter within three (3) business days from receipt. A written notice of the status of any complaint is also mailed every thirty (30) days for Medicaid Appeal, Disputes until the complaint is resolved. All provider Appeals or Disputes will be resolved within 60 calendar days. Provider Grievances will be resolved within 90 calendar days. The information below will assist in the timely resolution of provider appeals, disputes, and grievances.

### Claim Related Complaints (Provider Appeals & Disputes)

- Provider Appeals are related to a clinical denial and/or appeal of a coverage decision and are referred to the Utilization Clinical Team to review the medical necessity aspects of the request.
- Provider Disputes are typically disputes related to, underpayments, untimely filing, and bundling issues.

#### Please Note:

Overpayments or Refund request disputes **are not handled by the Appeals and Grievance Department**. Please see **the Overpayment Dispute Request Section**.

Providers appealing or disputing a claim previously adjudicated must request such action **within one (1) year** of Molina's original remittance advice date. All claim appeals and disputes should be submitted on the Molina Provider Appeal/Dispute Form found on our website, [www.molinahealthcare.com](http://www.molinahealthcare.com) under Forms. **Cases submitted without the Provider Appeal/Dispute Form may cause a delay in processing**. The form must be complete and legible to aid in appeal or dispute processing along with a cover letter explaining reason for Appeal or Dispute. Only one claim is allowed for each Provider Appeal/Dispute form.

Appeals and Disputes being submitted for processing should be clearly marked as appeals and disputes and must include the following:

- Cover Letter/Appeal Dispute Form containing: Member Name, Member ID, Authorization Number (when applicable), Claim ID, DOS, Level of Appeal (1<sup>st</sup> or 2<sup>nd</sup> Level), Summary of reason for Appeal or Dispute clearly detailed.
- Complete medical records (for medical reviews)
- Copy of claim
- Any supporting documentation to back up your appeal or dispute

Provider appeals and disputes with their completed Appeal/Dispute Form may be submitted via fax, secure email, Availity or mail as listed below:

Fax: **(877) 553-6504**

Availity Portal: [availity.com/molinahealthcare](http://availity.com/molinahealthcare)

US Mail:

**Molina Healthcare of Florida  
Appeal and Grievance Unit  
P.O Box 36030  
Louisville, KY 40233-6030**

Secure email: [MFL\\_ProviderAppeals@MolinaHealthcare.com](mailto:MFL_ProviderAppeals@MolinaHealthcare.com)

**Important: Those appeals and disputes that are not received with a complete, legible Appeal/Dispute Form or Cover Letter and supporting documentation may be returned to you with a letter indicating why the appeal or dispute was not processed. If this occurs, you will need to resubmit your appeal or dispute appropriately. To avoid any delay in the processing of your appeal and dispute, please ensure that all information needed is submitted accurately.**

**Please note:**

Claims denied for missing documentation such as consent forms, explanation of benefits from primary carrier, itemized bills or invoice are not disputes. These must be submitted within 35 days from the date of the Explanation of Payment. You may submit documents with the claim utilizing the below methods

Availity Portal: [www.availity.com/molinahealthcare](http://www.availity.com/molinahealthcare)

Or

US Mail:

**Molina Healthcare of Florida  
P.O. BOX 22812  
Long Beach, CA 90801**

- Submission of additional documentation stated above **will not be accepted by Appeals and Grievance Department**. Any submission for additional documentation received by Appeal and Grievance Department will be returned to you advising to submit to the appropriate address and may delay processing of such documents.
- Requests for adjustments of claims paid by a delegated medical group/IPA must be submitted to the group responsible for payment of the original claim.

## **Claims Dispute Projects**

Provider disputes impacting **10** or more claims for the same root cause ,same provider, and same Line of Business may be submitted as a claim's disputes project utilizing the **Molina Claims Project Request Log** which is found on our website, [www.molinahealthcare.com](http://www.molinahealthcare.com) under Forms. Please ensure the log is filled out entirely for processing and may be emailed to: [MFLClaimsDisputesProjects@MolinaHealthCare.com](mailto:MFLClaimsDisputesProjects@MolinaHealthCare.com)

## **Non-Claim Related Complaints (Provider Grievances)**

Provider complaints not related to claims are also known as provider grievances and these are typically about a provider's dissatisfaction with Molina's policies and procedures, customer service, amongst others. A provider has forty-five (45) days to file a written or verbal grievance from the date the issue occurred. All provider Grievance are acknowledged with a mailed letter within three (3) business days from receipt. Provider Grievances will be resolved within 90 calendar days, and a resolution letter will be mailed within 3 days after Grievance closure. A provider may file a grievance by calling our Member Services Department, or by sending a request in writing via fax, mail, or email.

Member Services Phone: **(866) 472- 4585**

Fax: **(877) 553-6504**

Secure email: [MFL\\_ProviderAppeals@MolinaHealthcare.com](mailto:MFL_ProviderAppeals@MolinaHealthcare.com)

US Mail:

**Molina Healthcare of Florida  
Appeal and Grievance Unit  
P.O Box 36030  
Louisville, KY 40233-6030**

### **Overpayment Dispute Requests**

If you disagree with any overpayment determinations, please provide a written response within 40 days of the overpayment notification.

It is the Health Plans recommendation that any overpayment notifications are sent first utilizing Availity. You may do so by clicking on the section referring to **“overpayment recovery”** within Availity. Submitting your overpayment or offset request through Availity would provide a much smoother process.

Availity Portal: [www.availity.com/molinahealthcare](http://www.availity.com/molinahealthcare)

If you disagree with any overpayment determinations, please provide a written response within 40 days of the overpayment notification. Submit your dispute along with a copy of the notification via the below methods:

**Molina Healthcare of Florida  
Attn: Corporate Claims Recovery - Disputes  
PO Box 2470  
Spokane, WA 99210-2470  
Fax: 888-396-1121**

While is preferred to process a future claim offset, should you decide to issue a refund, please remit check payment along with a letter to include member name, member ID, claim number, dates of services and overpayment amounts. If you received a copy of an overpayment determination letter, please submit the letter alongside the refund check within 40 days of the notification. Please submit utilizing the below method:

**Refund Checks Lockbox  
Molina Healthcare of Florida  
PO Box 741037  
Atlanta, GA 30374-1037**

If you have questions, please contact Molina Healthcare of Florida at 855-322-4076.

Thank you for your continued care to our members!

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