Senior Whole Health
BY MOLINA HEALTHCARE

ATTENTION: The Molina Medicare Utilization Department made changes to provide a better experience for you and reduce delays in processing your prior authorization requests.

1) The Molina Medicare Utilization Department has posted an updated the Medicare Prior Authorization (PA) Guide and Medicare Prior Authorization Forms to the Medicare provider page of MolinaHealthcare.com. These tools provide a more efficient, clear process for the submission of Medicare PA requests. Improvements include specific Medicare fax numbers on the guide to ensure your Medicare requests are routing correctly, and in a timely manner. Please include all the necessary information when submitting forms, as this will reduce delays and requests for additional information. Molina uses CMS, State, and/or MCG/InterQual clinical guidelines (as appropriate). Please review those prior to your submission to ensure you have provided all necessary information and/or justifications for the requested service.

2) Please remember that requests for expedited/urgent authorization processing must follow the applicable guidelines (CMS/State/Unified Rules). This includes who requests the expedited review as well as justification that applying the standard time frame for making determinations could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. We ask for your assistance to ensure applicable guidelines are met when requesting urgent processing; this facilitates our work to review all requests as quickly as the members' health requires. Inappropriate requests for urgent processing can be redirected by The Medicare Utilization department to the standard process in accordance with guidelines.

3) To align with the Molina Corporate process, retrospective requests for services that have already been rendered will not be accepted (note: does not apply to OH MMP in accordance with state requirements). This also does not apply for Home Health and DME as long as those requests are received within 2 days**. *Also note that Home Health does not require a prior authorization for the first two 30-day episodes of care from start of care.***

4) Molina highly encourages the use of the provider portal (provider.molinahealthcare.com) to make authorization requests. This will reduce your wait/hold time on the phone as well as provide you with documentation of your request. You are also able to access the PA Code LookUp tool on the portal. Please contact your provider services representative to assist with any portal questions you may have at 855-838-7999.