



Important Change Effective February 1, 2018

Referrals to In-Network Specialists

Molina Healthcare of Florida, Inc. ("Molina") PCPs serve an important role in supporting Molina members' healthcare, including the coordination of specialty care when appropriate. Although Molina's member handbooks for all lines of business require a PCP referral when accessing specialty care, Molina has only encouraged coordination between providers with no required supporting documents or forms.

Effective February 1, 2018, Molina will begin requiring a paper referral form that should be made available to Molina members, and collected by the specialist office in advance of, or on the date of, the specialist visit. This change will allow Molina and its network PCPs to promote primary care, and better coordinate specialty care at the right time and in the right setting.

The referral requirement does not affect Molina's Prior Authorization guidelines. Therefore, services that require prior authorization will continue to require clinical review and prior approval by Molina, and will not be reimbursed with a referral. Specialists should continue to submit requests for services that require prior authorization, and should not refer members to their PCP for authorization requests.

What You Need to Know

- PCPs must ensure assigned members needing specialty care are provided with the required form for specialist visits on or after February 1, 2018.
- Specialists with Molina members in active treatment should ensure that these members obtain a referral for continued care from their assigned PCP, for visits on or after February 1, 2018.
- Referrals are not required for visits to providers with the following specialties - Obstetrics and Gynecology, Dermatology, Chiropractic, and Podiatry. Members may access these specialties directly.
- Referrals are for in-network specialists only. If a member requires care from a non-participating specialist, the PCP must submit a prior authorization request.
- The referral form is attached to this communication and is available for download on Molina's website, www.Molinahealthcare.com, Forms Section.
- This change does not affect Molina's Prior Authorization Guidelines. Providers should continue to request authorization for those services listed in Molina Prior Authorization Guide, and supplemental Codification Document on Molina's website, www.Molinahealthcare.com, Forms Section.
- Molina's Provider Handbooks will be updated to align with this change, no later than December 31, 2017.

As Molina implements enhancements to its Web Portal and Integrated Voice Response (IVR) systems, PCPs will be able to submit referrals electronically and telephonically, eliminating the need for a paper referral. Until these enhancements are complete, PCPs and specialists should maintain a copy of the referral in the member's medical record, and make such copies available to Molina, if requested. Most importantly, specialists and PCPs should ensure timely communication of information related to member care, especially the communication of urgent needs or significant findings.

If you have any questions regarding this communication, you may contact your Provider Services Representative directly, or Molina's Provider Services Department at (855) 322-4076.



Molina Healthcare of Florida (MHF) In-Network Specialist Referral Form

Date:	
Patient Name:	
DOB:	
Member ID:	

THIS REFERRAL IS GOOD FOR 90 DAYS ONLY

(A referral is not required for visits to providers with the following specialties – Obstetrics and Gynecology, Dermatology, Chiropractic and Podiatry)

1. Provide original form to Member to be presented to specialist.
2. Forward a copy to requested specialist.
3. Place a copy in Member's medical record.
4. Include all necessary clinical information with this referral.

Diagnosis Description:	ICD 10 Diagnosis Code:
Referred To:* _____ *Must refer to a specialist within network Specialty: _____ Address: _____ _____	Specialist Phone Number: _____ Specialist Fax Number: _____ Number of Visits*: _____ *Maximum of 3 visits
Clinical Reasons for Referral:	

Requesting PCP:	
Phone Number:	
Fax Number:	
Signature:	
Date:	