

## Authorization Reconsideration Process

*For providers in all networks  
(note line of business-specific processes below)*

Effective Jan. 1, 2019, Molina Healthcare has updated the Authorization Reconsideration process.

Pre-service and post-service authorization reconsiderations have been combined into a single process, and claims reconsiderations will now follow a separate process.

This change will impact claim reconsiderations and authorization reconsiderations received on or after Jan. 1, 2019.

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#### Questions?

Provider Services – (855) 322-4079  
8 a.m. to 5 p.m., Monday to Friday  
(MyCare Ohio available until 6 p.m.)

Email us at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

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## Pre-Service and Post-Service Authorization Reconsiderations:

### Medicaid and Marketplace Providers

Molina Healthcare Medicaid and Marketplace providers have the following recourse for a denied authorization request.

(see Quick Reference Grid below)

#### 1. You can ask for one Peer-to-Peer Review

The treating provider can request a Peer-to-Peer Review with the physician reviewer within 5 calendar days of the date on the authorization denial letter.

##### To make the request:

- Call Molina Healthcare Utilization Management at (855) 322-4079 or Advance Imaging at (877) 731-7218 from 8:30 a.m. to 5 p.m., Monday to Friday.
- Include 2 possible dates and times a **licensed professional** is available to conduct the review with a Molina Medical Director.

#### 2. You can ask for one Authorization Reconsideration

An Authorization Reconsideration can be submitted within 30 calendar days of the date on the authorization denial letter. Requests may be submitted whether a Peer-to-Peer is requested or not.

##### Requests may be submitted through the Provider Portal or fax and must include:

- The completed **Authorization Reconsideration Form** which is available at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).
- Justification for the reconsideration.
- Appropriate medical documentation supporting overturn of the decision (must be information to supplement the original request). If you will be submitting an encrypted disc, please write the password on the completed Authorization Reconsideration Form and indicate that the disc is to follow to ensure secure disc submission.
- Disc Submission: Larger files may not be able to process through our Provider Portal or fax. These large files can be submitted by disc to ensure they are received and processed timely. Follow the policy below when submitting as a disc:

- Submit one medical record per disc. Discs received with more than one medical record will not be processed and the provider will be notified.
- If the Authorization Reconsideration submission is received with incomplete or missing information it will not be processed and the provider will be notified.
- Place the Molina-assigned claim ID number on the disc.
- Mail discs to: Molina Healthcare of Ohio  
Attn: Provider Inquiry Research and Resolution  
P.O. Box 349020  
Columbus, OH 43234-9020

### 3. You can ask for one Member Appeal represented by the provider

A member appeal can be requested within 60 calendar days of the date on the authorization denial letter. If your patient wants you to appeal on his or her behalf, your patient **must** tell us this in writing using the **Authorized Representative Form** posted at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).

Please consult your contractual agreement for any exclusions or exceptions.

## Medicare and MyCare Ohio Providers

**Molina Healthcare Medicare and MyCare Ohio Providers have the following recourse for a non-approved/denied authorization request.**

(see Quick Reference Grid below)

### 1. You can ask for one Peer-to-Peer Review

The treating provider can request a Peer-to-Peer Review with the physician reviewer within 5 calendar days of the date on the authorization non-approval/denial letter, or up to the date of discharge.

#### To make the request\*:

- Call Molina Healthcare Utilization Management at (855) 322-4079 from 8:30 a.m. to 5 p.m., Monday to Friday.
- Include 2 possible dates and times a licensed professional is available to conduct the review with a Molina Medical Director.

\*Due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.

### 2. Inpatient Only: You can ask for one Authorization Reconsideration

(Due to regulatory requirements, for outpatient decisions an authorization reconsideration is not available. Please refer to member appeal rights noted below.)

An Authorization Reconsideration can be submitted within 30 calendar days of the date on the authorization non-approval letter, or until the claim is processed. Requests may be submitted after the Peer-to-Peer is completed, or if a Peer-to-Peer was not requested within the stated timeframe.

#### Requests may be submitted through the Provider Portal or fax and must include:

- The completed Authorization Reconsideration Form which is available at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).
- Justification for the reconsideration.
- Appropriate medical documentation supporting overturn of the decision (must be information to supplement the original request). If you will be submitting an encrypted disc, please write the password on the completed Authorization Reconsideration Form and indicate that the disc is to follow to ensure secure disc submission.

- Disc Submission: Larger files may not be able to process through our Provider Portal or fax. These large files can be submitted by disc to ensure they are received and processed timely. Follow the policy below when submitting as a disc:
  - Submit one medical record per disc. Those received with more than one medical record will not be processed and the provider will be notified.
  - If the Authorization Reconsideration submission is received with incomplete or missing information it will not be processed and the provider will be notified.
  - Place the Molina-assigned claim ID number on the disc.
  - Mail discs to: Molina Healthcare of Ohio  
Attn: Provider Inquiry Research and Resolution  
P.O. Box 349020  
Columbus, OH 43234-9020

**3. You can ask for one Member Appeal represented by the provider**

A member appeal can be requested within 60 calendar days of the date on the authorization denial letter. If your patient wants you to appeal on his or her behalf, your patient must tell us this in writing using the **Authorized Representative Form** posted at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).

Please consult your contractual agreement for any exclusions or exceptions.

**Quick Reference Grid:**

The grid below summarizes your options by type of authorization by line of business.

	Outpatient			Inpatient		
	Peer-to-Peer	Authorization Reconsideration	Provider Rep. Member Appeal	Peer-to-Peer	Authorization Reconsideration	Provider Rep. Member Appeal
<b>Medicaid/ Marketplace</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Medicare/ MyCare Ohio</b>	Yes*	No	Yes	Yes	Yes	Yes

\*As noted above, due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.

**Claims Reconsideration Process (Not Related to an Authorization)**

*For providers in all networks*

Submit a claim reconsideration only when disputing a payment denial, payment amount or code edit. Claim reconsiderations are applicable for disputes unrelated to clinical appeals or reconsiderations associated with pre-service and post-service authorization.

- Primary insurance Explanation of Benefits (EOB), corrected claims, and itemized statements are not accepted via claim reconsideration. Please refer to the Corrected Claims submission process guidelines.
- The Claim Reconsideration Request form (CRRF) must be filled out entirely and include the claim number, or it will not be processed and the provider will be notified. Find the form at: [MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders) under “Forms.” (Paper submissions received by mail will not be processed and the provider will be notified.)
  - Fax the form and supporting documents to (800) 499-3406
  - The form and supporting documents can also be submitted through our Provider Portal