IMPORTANT!

Molina Provider Tips:

How To File An Appeal

A member, authorized representative, or legal representative of the estate may file a plan appeal orally or in writing within sixty (60) calendar days from the date on the Notice of Adverse Benefit Determination.

An appeal will be expedited in response to the clinical urgency of the situation; i.e., when a delay would jeopardize a Member's life or materially jeopardize a Member's health. A request to expedite may come from the Member, a provider, or when Molina Healthcare feels it prudent to do so.

Any issues related to a clinical denial and/or appeal of a coverage decision, is referred to the Utilization Management Department to review the medical necessity aspects of the request.

Modes of Submission

Provider Portal: https://provider.molinahealthcare.com.
Mail:

Molina Healthcare of Florida, Inc.
Attention: Grievance & Appeals Department
PO Box 527450
Miami, FL 33152-7450

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

Secure email: **MFL_ProviderAppeals@MolinaHealthcare.com**

Appeals must be submitted on the Molina Provider Appeal Form found on our website, www.molinahealthcare.com. The form must be filled out completely in order to be processed.

Additionally, the item(s) being resubmitted should be clearly marked as reconsideration and must include any documentation to support the appeal and a copy of the authorization form (if applicable).

If you have questions, please contact Molina Healthcare of Florida at: 855-322-4076
Thank you for your continued care to our members!