Molina Healthcare of Nebraska, Provider Notice

When to use the Appointment of Representative Form

11/18/2025

The following information is intended to clarify when providers should use the Appointment of Representative (AOR) Form:

- A "Provider Claim Reconsideration/Appeal Request" is not a member appeal. A provider Claim Appeal is considered a complaint regarding an action that is related to claim processing, payment, non-payment, of a post service. Provider Claim Appeals are requests to investigate the outcome of a claim. A provider complaint that is unrelated to a claim (i.e., policy, procedure, etc.), is considered a provider grievance. The AOR Form is not required in these instances.

- A "Member Appeal" is to dispute an Adverse Benefit Determination of a pre-service decision, such as the denial of a request for service authorization. Members, or providers acting on behalf of the member (and with written consent), may file an appeal requesting a review of the adverse benefit decision. If the provider is submitting this type of Member appeal (on behalf of the member), this is called an "Appointment of Representative," and the form is required.

- We offer an AOR form located here www.MolinaHealthcare.com/Providers/NE/Medicaid/Resources/Forms.aspx. Providers may use their own form if it specifies that the member gives approval for the provider to appeal denials on their behalf. It is acceptable for the form to be signed prior to the denial of the service. Additional information is available in the Provider Manual at www.molinahealthcare.com/providers/ne/medicaid/resources/provider-materials.aspx.

- Note: If a claim appeal is inadvertently denied for missing the AOR Form, please notify your Provider Relations Representative and we will work with our Appeals Team to ensure education is provided, and have that appeal reworked.

If you have general questions about this communication, please contact our Provider Relations Team at NEProviderRelations@MolinaHealthcare.com.