MOLINA HEALTHCARE | Molina Complete Care

Provider Notice

Thank you for being a Molina Complete Care (MCC) network provider and helping us provide high quality health care services to our members.

Effective July 1, 2021, we will no longer conduct medical necessity retro review through the provider claims appeal process. Providers will need to appeal denied authorizations within 60 days of the authorization denial.

Retro authorization review through the claims appeal process will be conducted for the following circumstances only:

- Emergency Medical Treatment and Labor Act (EMTALA)—Provider must indicate this on appeal
- Claim Legitimately Submitted to the Incorrect Managed Care Organization (MCO)—Provider must include a copy of the Admit Form documenting the name of the MCO the member was enrolled in, and a copy of the Remittance Advice documenting the denial of the claim as not being enrolled in the MCO within 30 calendar days of the date of the Explanation of Payment
- "John" or "Jane" Doe Admission—Provider must submit a copy of the admission sheet or other supporting records documenting that the coverage was not known
- The service is directly related to another service for which prior approval has already been obtained and that has already been performed
- The new service was not a known need at the time the original authorization was obtained
- MCO denied the service due to the member having primary insurance at the time authorization was submitted

Please call Customer Care if you have any questions:

- Commonwealth Coordinated Care Plus: 1-800-424-4524 (TTY 711)
- Medallion 4.0: 1-800-424-4518 (TTY 711)