



# Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

## Provider Dispute Request Process – All Lines of Business

This notice is to request all provider disputes are submitted electronically via the WebPortal, Fax or E-mail to Molina. To ensure all pertinent information is included, we have created a Provider Dispute Request Form to be completed and submitted with your faxed or e-mailed dispute request.

The Provider Dispute Request Form is located on the Molina Healthcare Website under “Forms” at <http://www.molinahealthcare.com/providers/wa/medicaid/forms/Pages/fuf.aspx> or on the Provider WebPortal home page under Forms.

Please complete all elements of the form. Be sure to include supporting medical records and any other required documentation for review of your request. Request forms that are incomplete or missing required information will not be reviewed and will be returned to the provider without review. Disputes submitted untimely from the original decision will be denied.

If the dispute is regarding a claim denied for no prior authorization, you must include the extenuating circumstance as to why authorization was not obtained. Extenuating Circumstances include; the inability to know member had Molina coverage, the inability to anticipate services in advance, inherent components where a service is essential to another, received misinformation from Molina, and untimely authorization decision from Molina. In the case of coordination of benefits, include the name and mailing address of any entity that has disclaimed responsibility for payment including the denied EOB. Include proof of due diligence including dated eligibility confirmation from another payer, such as eligibility screen shot and/or primary payers EOB showing denied services or ineligibility of coverage. Additional information regarding extenuating circumstances can be found under the [Best Practice Recommendation for Extenuating Circumstances](#).

Molina has two levels for the dispute process. Third level dispute requests will be denied as the dispute process has been exhausted.

You can submit your disputes electronically at:

**Molina Provider WebPortal Link:** <https://provider.molinahealthcare.com/provider/login>

**Provider Dispute Fax:** (877) 814-0342

**Email:** [MHWProviderServicesInternalRep@Molinahealthcare.com](mailto:MHWProviderServicesInternalRep@Molinahealthcare.com)

If you have any questions or concerns, please call the Provider Contact Center at (855) 322-4082 Monday through Friday between 7:30 a.m. and 6:30 p.m.