

IMPORTANT!

Molina Provider Tips:



How To Request Prior Authorization

Prior authorization requirements are designed to assure the medical necessity of service, prevent unanticipated denials of coverage, ensure participating Providers are utilized and ensure that all services are provided at the appropriate level of care for the Member's needs.

Molina Healthcare's Prior Authorization guidelines and Service Request Form are available on our website at: <http://www.molinahealthcare.com/medicaid/providers/fl/forms/Pages/fuf.aspx>

Molina will only process completed request forms. Molina's decisions are based upon the information included with the PA request. Clinical notes are recommended.

The following information **MUST** be included for the request form to be considered complete:

- Member First name, Last Name, Date of Birth and Identification number
- Prescriber first name, last name, NPI, phone number and fax number
- Drug name, strength, quantity and directions of use
- Diagnosis

Modes of Submission

Online:

Molina Portal (for existing registered providers/users): <https://provider.molinahealthcare.com>.

**** The Molina Legacy Provider Portal is no longer accepting new provider registrations. As of March 1, 2022, the Molina Legacy Provider Portal will no longer accept new user registrations. Providers should register on the **Availity Portal** at <https://availity.com/molinahealthcare> to avoid any disruption in accessibility and functionality.**

Mail: **Molina Healthcare of Florida, Inc.**
Healthcare Services Authorizations & Inpatient Census
8300 NW 33rd Street, Suite 100
Doral, FL 33122

Fax: **(866) 440-9791**

Pharmacy

Some medications, such as those listed with (SP) Specialty on the Preferred Formulary require clinical notes for review. If clinical information and/or medical justification is missing, Molina will either fax or call your office to request that the clinical information be sent for review. To avoid delays in decisions, be sure to complete the PA form in its entirety, including medical justification and/or supporting clinical notes.

Fax a completed Pharmacy Prior Authorization/Exception Form to Molina at (866)236-8531. A blank Pharmacy Prior Authorization/Exception Form may be obtained by accessing www.MolinaHealthcare.com or by calling (855)-322-4076.

Please refer to the provider handbook at www.molinahealthcare.com for additional information regarding prior authorizations or contact Molina Healthcare of Florida at 855-322-4076. Thank you for your continued care to our members!