Provider Memorandum

New PA Guide and Forms for MMP/Duals Line of Business

Molina Healthcare of Illinois (Molina) has made changes to help reduce delays and deliver a better experience in processing your MMP/Dual Prior Authorization (PA) requests. Reference the updated Prior Authorization Pre-Service Review Guide and Prior Authorization Forms on the Frequently Used Forms page, under the heading Authorization Requests in the MMP/Duals provider section of MolinaHealthcare.com.

What's Different?

These tools provide a more efficient, clear process for the submission of MMP PA requests. Improvements include:

- PDF documents that are fillable online, downloadable, and printable.
- Specific MMP/Medicare fax numbers on the documents to ensure your requests are routed correctly and in a timely manner.

Important: To reduce delays, please include **all necessary information** and/or justification when submitting forms. Molina cannot process PA requests without **all** information. Molina uses The Centers for Medicare & Medicaid Services (CMS), state, and/or MCG/InterQual clinical guidelines, as appropriate.

Is It Truly Urgent?

Requests for expedited/urgent authorization processing **must** follow the applicable guidelines (CMS/state/unified rules). This includes who requests the expedited review as well as justification that applying the standard time frame for making determinations could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

We ask for your assistance to ensure that **all** applicable guidelines are met when requesting urgent processing; this facilitates our review of all requests as quickly as the members' health requires. Inappropriate requests for urgent processing will be redirected by the Utilization team to the standard process in accordance with guidelines.

Note: Retrospective requests for services that have already been rendered will **not** be accepted. However, this does **not** apply for Home Health and DME, as long as those requests are received within two days**.** Also note that Home Health does **not** require a Prior Authorization for the first two 30-day episodes of care from start of care.

Molina **strongly encourages** the use of the Availity Essentials Provider Portal to make authorization requests. This will eliminate your wait/hold time on the phone **and** provide you with documentation of your request. You are also able to access the PA Code LookUp tool within the portal. Please contact your Provider Network Manager to assist with any portal questions.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit Molina's Service Area page at MolinaHealthcare.com.

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? Click here.

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! Click here to join Molina's provider email list.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.