

## Provider Complaint Process

### Provider Disputes and Appeals

Molina Healthcare is committed to the timely resolution of all provider complaints. Any disagreement regarding the processing, payment or non-payment of a claim is considered a Provider Dispute. Provider disputes are typically disputes related to overpayment, underpayments, untimely filing, coding and bundling issues. Provider Appeals are requests related to a denial of an authorization or medical criteria.

Providers disputing a Claim previously adjudicated must request such action within one year of Molina's original remittance advice date. A written acknowledgement letter will be mailed within three business days of receipt of a claim dispute or appeal. In addition, a written notice of the status of your request will be mailed every fifteen (15) days and thereafter until the case is resolved. Providers will be notified of Molina's decision in writing within sixty (60) days of receipt of the claim dispute or appeal in accordance with 641.3155, F.S.

Molina has a dedicated staff for providers available to receive and resolve claim dispute and appeals. Molina offers the following submission options:

- Submit requests directly to Molina Healthcare of Florida via the Provider Portal. <https://provider.molinahealthcare.com>
- Submit requests directly to Molina Healthcare of Florida via fax at: 877-553-6504
- Submit Provider Disputes impacting more than 10 claims can be submitted via email to [MFLClaimsDisputesProjects@MolinaHealthCare.Com](mailto:MFLClaimsDisputesProjects@MolinaHealthCare.Com). Please reference the "Frequently Used Forms" on the Molina Website and utilize the [Molina Provider Claims Project Request Log](#) upon submission.
- Submit Provider Appeal request to [MFL\\_ProviderAppeals@MolinaHealthcare.com](mailto:MFL_ProviderAppeals@MolinaHealthcare.com)
- Submit requests via mail to:  
Molina Healthcare of Florida  
Provider Dispute and Appeals  
P.O. BOX 527450  
Miami, FL 33152-7450

Please note:

- Claims denied for missing documentations such as consent forms, explanation of benefits from primary carrier, or itemized bills are not disputes. These must be submitted within 35 days from the date of the Explanation of payment. Please mail those requests with the copy of the claim to:  
Molina Healthcare of Florida  
P.O. BOX 22812  
Long Beach, CA 90801
- Requests for adjustments of claims paid by a delegated medical group/IPA must be submitted to the group responsible for payment of the original claim.

## Maximus

If the Provider Dispute/Appeal results in an unfavorable decision, and the provider has additional documentation supporting their position, the provider may resubmit the Provider Dispute/Appeal for secondary review. In the alternative, providers may also request a review of their original appeal by the State's independent dispute resolution organization, listed below:

Maximus Federal Services  
State Appeals Process  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534

Tel. (888) 866-6205  
Fax (888) 866-6190

## Provider Complaints Not Related to Claims

Providers with complaints not related to claims have forty-five (45) days to file a written complaint. A written acknowledgement letter will be mailed within three business days of receipt of complaint. In addition, a written notice of the status of your request will be mailed every fifteen (15) days and thereafter until the case is resolved. Providers will be notified of Molina's decision in writing within ninety (90) days of receipt and provided written notice of the disposition and the basis of the resolution within three (3) business days of resolution.

To file a Provider Complaint not related to claims, providers may contact Provider Services at (855) 322- 4076, or send the request for review in writing, along with any supporting documentation to the address below:

Molina Healthcare of Florida, Inc.  
Attention: Provider Dispute and Appeal  
P.O. Box 527450  
Miami, Florida 33152-7450

## Subcontractor Complaints Information

Subcontractor Provider Complaints Information	
Transportation	Access2Care <ul style="list-style-type: none"><li>• Mailing Address: Access2Care, 16331 Bay Vista Drive, Clearwater, FL 33760</li><li>• Contact Number: 844-814-4092.</li><li>• Fax Number: 888-305-8246</li><li>• Email: <a href="mailto:SRTSouth@amr.net">SRTSouth@amr.net</a></li></ul>
Therapy	Health Network One <ul style="list-style-type: none"><li>• Mailing Address: Health Network One, Inc., P.O. Box 350590, Fort Lauderdale, FL 33335-0590</li></ul>

<b>Subcontractor Provider Complaints Information</b>	
	<ul style="list-style-type: none"> <li>• Contact Number: 1.888.550.8800</li> <li>• Fax Number: 305-620-5973</li> <li>• Email: <a href="mailto:ATAFL@healthnetworkone.com">ATAFL@healthnetworkone.com</a></li> </ul>
DME, Home Health, Home Infusion	<p>Coastal Care</p> <ul style="list-style-type: none"> <li>• Mailing Address: Coastal Care Solutions, 7875 NW 12 ST, Suite 200, Miami, FL 33126</li> <li>• Contact Number: 1-855-481-0505</li> <li>• Website: <a href="http://www.ccsi.care">www.ccsi.care</a></li> </ul>
Behavioral Health	<p>Beacon Health</p> <ul style="list-style-type: none"> <li>• Mailing Address: Beacon Health Options Attention: Grievance &amp; Appeals Department, P.O. 1872, Hicksville, NY 11802-1872.</li> <li>• Contact number: 855-371-3945 (Medicaid) 855-371-9230 (Medicare/Exchange)</li> <li>• Fax Number: 305-722-3013</li> <li>• Email: <a href="mailto:miami_partners@beaconhealthoptions.com">miami_partners@beaconhealthoptions.com</a></li> <li>• Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a></li> </ul>
Vision	<p>iCare Solutions</p> <ul style="list-style-type: none"> <li>• Mailing Address: iCare Provider Relations; 5440 Mariner Street, Suite 112, Tampa, FL 33609</li> <li>• Contact Number (855) 373-7627</li> <li>• Email: <a href="mailto:grievances@myicarehealth.com">grievances@myicarehealth.com</a></li> <li>• Website: <a href="http://eHealthDeck.com">eHealthDeck.com</a></li> </ul>