



Molina Healthcare Provider Engagement

Quick Reference Guide 2025



<u>Department</u>	<u>Phone</u>	<u>Fax</u>
Member Services	<ul style="list-style-type: none"> 866-472-4585 TTY: (800) 955-8771 or 711 (English); (800) 955-8773 (Spanish) 	<ul style="list-style-type: none"> 844-834-2155
Utilization Management	<ul style="list-style-type: none"> 855-322-4076 	<ul style="list-style-type: none"> (MMA/LTC) 866-440-9791 (MP) 833-322-1061
MHFL Pharmacy Prior Authorizations	<ul style="list-style-type: none"> 855-322-4076 	866-236-8531
Nurse Advice Line (24 hours/7 days a week)	<ul style="list-style-type: none"> (English) 888-275-8750 (Spanish) 866-648-3537 TDD/TTY: 866-735-2929 (English) 866- 833-4703 (Spanish) 	
Provider Services	<ul style="list-style-type: none"> 855-322-4076 	
	Department Mailbox: mflproviderservicesmanagement@molinahealthcare.com Territory Assignment: Provider Service Manager per FL Regions (molinahealthcare.com)	
<u>Department</u>	<u>Phone</u>	<u>Fax</u>
Claim Recovery Unit	<ul style="list-style-type: none"> 866-642-8999 	

Behavioral Health	<ul style="list-style-type: none"> • (855) 322-4076 	
Electronic Funds (EFT) Change Healthcare/ECHO	<ul style="list-style-type: none"> • (888) 834-3511 	
Appeals & Grievances	<ul style="list-style-type: none"> • (866) 472- 4585 	(877) 553-6504
	Mailbox: MFL_ProviderAppeals@MolinaHealthcare.com Online Resources: Provider Tip Sheet (molinahealthcare.com)	
Provider Contracting	Department Mailbox: MFLProviderNetworkManagement@MolinaHealthCare.Com Territory Assignment: Provider Service Manager per FL Regions (molinahealthcare.com)	

Claims Submission

We encourage all Providers to submit their claims through our Availity portal

Availity Essentials Portal Link: <https://provider.molinahealthcare.com/>

Availity Essentials portal Claims submitting benefits include:

Ability to add attachments to Claims	Check Claims status
Submit corrected Claims	Receive timely notification of a change in status for a particular Claim
Easily and quickly void Claims	Ability to Save incomplete/un-submitted Claims
Create/Manage Claim Templates	



You Matter
to Molina

- Submit Claims to Molina through your EDI clearinghouse using **Payer ID 51062**
- For Paper claim submission:

MMA/LTC/MP

Molina Healthcare of Florida Claims
PO Box 22812
Long Beach, CA 90801

Vendors

Vendor Category	Vendor Name	Phone	Website	Lines of Business
Transportation	MTM Health	(888) 298-4781	https://www.mtm-inc.net/	All
Laboratory	Quest Diagnostics	866-MYQUEST	www.questdiagnostics.com	All
Laboratory	LabCorp	800-845-6167	http://www.labcorp.com	All
Vision	ICARE	855-373-7627	www.mycarehealth.com	MMA, LTC
Vision	Vision Service Plan (VSP)	800-615-1883	www.vsp.com	Marketplace (MP)
DME, HH, Home Infusion	Coastal Care Services	855-481-0505	www.ccsi.care	MMA, Marketplace (MP)
Therapy (PT, OT, ST)	HN1	888-550-8800	www.ataflorida.com	All