

Prior Authorization Request Fax Numbers

If your authorization status is pended please fax member clinical information to the appropriate fax number listed below. In order to expedite your authorization process, please include the reference ID for this submission request.

OHIO MEDICAID	1-888-752-0012
KENTUCKY MEDICAID	1-888-246-7043
MYCARE – OHIO DUAL MEMBERS	1-888-752-0012
OHIO HEALTH EXCHANGE	1-844-676-0372
KENTUCKY HEALTH EXCHANGE	1-877-716-9480
INDIANA HEALTH EXCHANGE	1-877-716-9480