

<b>Provider Services   P: 877-872-4716   F: 844-879-4509</b>	
Provider Claims, Training, and Provider Complaints	<a href="mailto:MHNYProviderServices@MolinaHealthcare.com">MHNYProviderServices@MolinaHealthcare.com</a>
Provider Data: Demographic changes, Rosters and Credentialing	<a href="mailto:MHNYNetworkOperations@molinahealthcare.com">MHNYNetworkOperations@molinahealthcare.com</a>
Provider Contracting and SCAs	<a href="mailto:MHNYProviderContracting@molinahealthcare.com">MHNYProviderContracting@molinahealthcare.com</a>
<b>Member Services   P: 800-223-7242   F: 844-879-4509</b>	
<b>Appeals and Grievances (via Availity, Mail, Fax)</b>	
<b>Provider Portal:</b> Molina strongly encourages the use of the provider portal for appeal/dispute claims.	<a href="http://www.availity.com">www.availity.com</a>
<b>Mailing Address:</b>	<b>Molina Healthcare of New York, Inc.</b> ATTN: Appeals Department 2900 Exterior Street Suite 202, Bronx NY 10463 P: 877-872-4716   F: 315-234-9812
<b>Care Management   <a href="mailto:MHNYCaseManagement@molinahealthcare.com">MHNYCaseManagement@molinahealthcare.com</a></b>	
<p>Care Management Disease Education, Community and Social Determinants of Health Referrals. Molina encourages providers to call (800) 223-7242 to get connected with a member's case manager or to request a team meeting</p> <p>Home and Community Based Services (HCBS) initial service notifications, HCBS Plans of Care (POC), HCBS Child Adolescent Needs and Strengths (CANS-NY), HCBS Levels of Care (LOC), Community Oriented Recovery and Empowerment (CORE) service notification forms, CORE discharge notifications, Health Home disenrollment notifications, and Health Home Diligent Search Efforts (DSE) requests are mailed to <a href="mailto:MolinaNYPOC@molinahealthcare.com">MolinaNYPOC@molinahealthcare.com</a>.</p>	
<b>Clinical Policy (Benefit Interpretation Policies)   <a href="https://www.molinahealthcare.com/molinaclinicalpolicy">https://www.molinahealthcare.com/molinaclinicalpolicy</a></b>	
<b>Cultural Competency Attestation Form   <a href="#">Culturally and Linguistically Appropriate Resources/Disability</a></b>	
<b>Dental (DentaQuest ®) P: 888-308-2508</b>	
<b>Claims/payment issues:</b> F: 262-241-7379; Claims to be processed: F: 262-834-3589; All Other: F: 262-834-3450	
<b>Claims Questions:</b> <a href="mailto:denclaims@dentaquest.com">denclaims@dentaquest.com</a>   <b>Eligibility/Benefit Questions:</b> <a href="mailto:denelig.benefits@dentaquest.com">denelig.benefits@dentaquest.com</a>	
Electronic claims direct entry <a href="http://www.dentaquest.com">www.dentaquest.com</a> Mailing Address: DentaQuest IPA of New York LLC - Claims PO Box 2906 Milwaukee WI 53201-2906 Same Name and address except: ATTN: Utilization Management/Appeals for appeals	
<b>EDI / ERA / EFT</b>	
<b>Clearinghouse: SSI/Claimsnet // P: 800-356-0092</b> Payer ID 16146	
<b>To register for EFT/ERA's – ECHO Health, Inc. -- <a href="https://enrollments.echohealthinc.com/afteradirect/molinaHealthcare">https://enrollments.echohealthinc.com/afteradirect/molinaHealthcare</a></b> ECHO Customer Support (888) 834-3511	

**Fraud Waste Abuse | P: 866-606-3889 | F: 855-366-5462**

If you suspect cases of fraud, waste, or abuse, you must report it to Molina:

**Online:** [EthicsPoint - Molina Healthcare](#)

**Mail:** ATTN: Compliance Officer | 2900 Exterior Street, Suite 202 | Bronx NY 10463

**Paper Claim Mailing Address**

Paper Submissions must be sent to | Molina Healthcare of New York, Inc. | P.O Box 22615 | Long Beach, CA 90801

**Nurse Advice Line | P: 844-819-5977**

Members may call and connect to a Registered Nurse 24/7, 365 days per year.

**Pharmacy | CVS/Caremark ® | P: 877-872-4716 | F: 844-823-5479**

**MMC/HARP**

**Retail Drugs Carved-Out to NYRx (NY DOH) for Prior Authorization Assistance**

**Inquiries – P: 877-309-9493 | F: 800-268-2990** <https://www.emedny.org/nyrx/>

**Physician Administered J-codes Carved-In to Molina for Prior Authorization Assistance**

**Inquiries: P: 877-872-4716 | F: 844-823-5479 (J Codes and Home Infusion)**

**CHP/EP**

**Retail Drugs Carved-In to Molina for Prior Authorization Assistance**

**Inquiries: P: 877-872-4716 | F: 844-823-5479**

**Physician Administered J-Codes Carved-In to Molina for Prior Authorization Assistance**

**Inquiries (J Codes and Home Infusion): P: 877-872-4716 | F: 844-823-5479 (J Codes and Home Infusion)**

**Physician Provider-Related Questions on Molina pharmacy benefit**, please contact Molina

Healthcare Provider Contact Center **P: 877-872-4716 | F: 844-823-5479**

**CVS/Caremark®**

**Pharmacy Provider or PBM-Related Questions**, please contact CVS/Caremark Pharmacy Help Desk:

**P: 888-769-9030 | F: 844-823-5479**

**Provider Portal | [www.availity.com](http://www.availity.com)**

**Quality Improvement & Risk Adjustment**

General Information: [MHNYQuality@MolinaHealthCare.com](mailto:MHNYQuality@MolinaHealthCare.com)

HEDIS®/QARR/Risk Adjustment Medical Records: [MHNYQualityCharts@MolinaHealthCare.com](mailto:MHNYQualityCharts@MolinaHealthCare.com)

Member Incentive Flyer: [Member Incentive Program Molina Healthcare of New York, Inc.](#)

**Transportation**

Emergency Transportation	When a member's condition is life-threatening and requires use of special equipment, life support systems, close monitoring, emergency transportation is required.
Non-Emergency Transportation	Covered through the State on a fee for service basis for Medicaid Managed Care and Molina Healthcare PLUS members Excluded: Child Health Plus Members (CHP)
Medical Answering Services (MAS)	The contracted Transportation Manager for all of New York State <a href="https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf">https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf</a>

## Utilization Management

Prior Authorizations, and Service Requests. **Molina highly encourages the use of the Availity Provider Portal.**

**Providers can register at** | [www.availity.com/Essentials-Portal-Registration](http://www.availity.com/Essentials-Portal-Registration)

Refer to Molina's Provider Website or Prior Authorization Look-Up Tool for specific codes that require Prior Authorization. Only covered services are eligible for reimbursement

**Prior Authorization Form:** [Molina Healthcare Medicaid Forms](#) (see Prior Authorization Guide and Prior Auth Form)

**Prior Authorizations including Behavioral Health Authorizations:** P: 877-872-4716 | F: 866-879-4742

**Radiology Authorizations:** P: 855-714-2415 | F: 877-731-7218

**Progeny: (NICU Admissions)** P: 888-832-2006 | F: 833-734-1510

### Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT, Lab, or X-ray report/results).
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

*The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.*

### Turn Around Time Expectations:

- **Pre-authorization/Standard/Non-Urgent:** Molina's decision must be made as fast as the Member requires or within three (3) business days of receipt of necessary information but no more than fourteen (14) days of the request.
- **Concurrent:** Molina decision must be made and notify Member/Member's Representative and Provider by phone and writing within one (1) business day of receipt of necessary information.
- **Urgent/Expedited:** Molina's decision must be made within seventy-two (72) hours of receipt of expedited request.

**Vision (Superior Vision ®) | P: 866-819-4298 | <https://www.SuperiorVision.com>**

Superior Vision manages vision benefits for Molina Healthcare members: **Payer ID 41352**

**Versant Health Complaints & Appeals Department** | PO Box 791 Latham NY 12110

**Paper Claims ATTN: Claims Dept** | PO Box 967 Rancho Cordova CA 95670