

NEW PROVIDER ORIENTATION

2024

Welcome to Molina Healthcare of New York!

We are excited to have your practice be a part of our provider network. This presentation is a high-level overview of the programs, services, and procedures that you may find valuable as we begin to work together. Our goal is to do all that we can to aid you in meeting the healthcare needs of our members.

We have developed several tools to assist you in making your experience with Molina Healthcare of New York, Inc. positive and successful.

Molina Healthcare offers web portal services through Availity Essentials, a secure, internet-based website for all lines of business. Through this site, you may access member eligibility, claim status, submit authorization requests, check participating providers, and download frequently used forms.

We understand that communication with our network providers is essential. We will send out periodic communications through faxes, by email, and via our website under the Communications section. This will keep you current on upcoming changes with Molina Healthcare of New York, Inc. as well as with any state or federal regulations that may affect the way we do business.

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs. Molina Healthcare of New York, Inc. and Affinity by Molina Healthcare offer Medicaid, Child Health Plus, HARP, and Essential Plan products. If you have patients who think may benefit from enrolling in any of these plans, please contact us and we will help to enroll them.

We look forward to working with you!

TABLE OF CONTENTS

Introduction to Molina Healthcare	4
Provider Responsibilities	6
Eligibility, ID Cards, Authorization	10
Claim Submission	15
Appeal & Grievances	19
Healthcare Services	21
Quality Improvement	26
Pharmacy	29
Provider Resources.....	33

Introduction to Molina Healthcare

Molina Healthcare, Inc., a FORTUNE 500 company, focused on providing access to quality health care to over 5.1 million members. We have been treating members like family for over 40 years and continue to expand our reach across New York State.

Our Mission

We improve the health and lives of our members by delivering high-quality health care

Our Vision

We will distinguish ourselves as the low cost, most effective and reliable health plan delivering government-sponsored health care

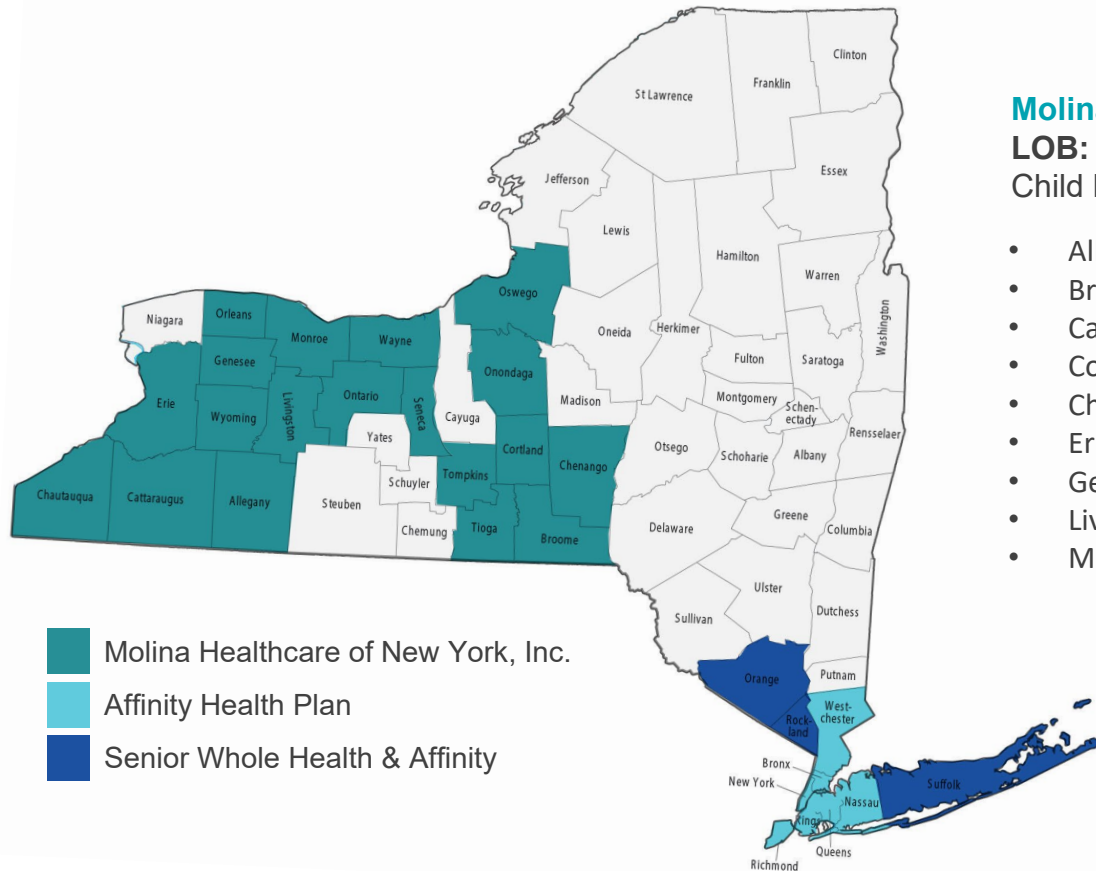
Our Values

- Integrity Always
- Absolute Accountability
- Supportive Teamwork
- Honest and Open Communication
- Member & Community Focused

Molina Healthcare- New York State Service Area

Health Plans:

- Molina Healthcare of New York, Inc (Downstate membership branding: Affinity by Molina Healthcare)
- Senior Whole Health of New York



Molina Healthcare of New York, Inc. – Upstate

LOB: Medicaid Managed Care (MMC) | HARP | Child Health PLUS (CHP) | Essential Plan (EP)

- Allegany
- Broome – **No CHP**
- Cattaraugus
- Cortland
- Chenango – **No CHP**
- Erie
- Genesee
- Livingston
- Monroe
- Onondaga
- Ontario
- Orleans
- Oswego – **CHP Only**
- Seneca
- Tioga – **No CHP**
- Tompkins
- Wayne
- Wyoming

Affinity by Molina Healthcare - Downstate

LOB: Medicaid Managed Care (MMC) |HARP| Child Health PLUS (CHP) |Essential Plan (EP)

- Bronx
- Kings
- Nassau
- New York
- Orange
- Queens
- Richmond
- Rockland
- Suffolk
- Westchester

Senior Whole Health of New York by Molina Healthcare

LOB: Medicaid Advantage Plus (MAP) | MLTC

- Bronx
- Nassau
- New York
- Kings
- Queens
- Westchester

LOB: IB Duals (Effective January 1, 2024)

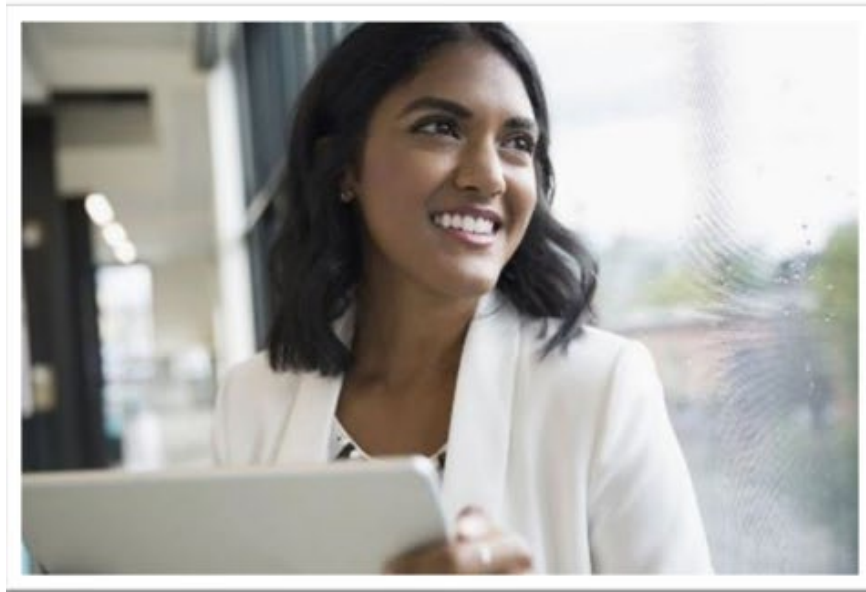
- Bronx
- Kings
- Nassau
- New York
- Orange
- Queens
- Richmond
- Rockland
- Westchester

Provider Responsibilities

Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the “Provider Responsibilities” section of the Provider Manual, located at <https://www.molinahealthcare.com/providers/ny/Medicaid/manual/medical.aspx>. Topics include:



Non-Discrimination of Health Care Service Delivery

Provider Data Accuracy and Validation

National Plan and Provider Enumeration System (NPES) Data Verification

Electronic Solutions/Tools Available to Providers

Primary Care Provider (PCP) Responsibilities

PROVIDER RESPONSIBILITIES

Non-Discrimination of Health Care Service Delivery

Non-Discrimination of Health Care Service Delivery

- Providers must comply with the nondiscrimination in health care service delivery requirements as outlined in the Cultural Competency and Linguistic Services section of this Provider Manual. Additionally, Molina requires Providers to deliver services to Molina Members without regard to source of payment. Specifically, Providers may not refuse to serve Molina Members because they receive assistance with cost sharing from a government-funded program

Facilities, Equipment, and Personnel

- The Provider's facilities, equipment, personnel and administrative services must be at a level and quality necessary to perform duties and responsibilities to meet all applicable legal requirements including the accessibility requirements of the Americans with Disabilities Act (ADA).

PROVIDER RESPONSIBILITIES

Provider Data Accuracy and Validation

- Maintaining an accurate and current Provider Directory is a State and Federal regulatory requirement, as well as an NCQA required element. Invalid information can negatively impact Member access to care, Member/PCP assignments and referrals. Additionally, current information is critical for timely and accurate Claims processing.
- Providers must validate their Provider information on file with Molina at least once every 90 days for correctness and completeness.
- Additionally, in accordance with the terms specified in your Provider Agreement, Providers must notify Molina of any changes, as soon as possible, but at a minimum 30 calendar days in advance of any changes in any Provider information on file with Molina. Changes include, but are not limited to:
 - Change in office location(s)/address, office hours, phone, fax, or email.
 - Addition or closure of office location(s).
 - Addition of a Provider (within an existing clinic/practice).
 - Change in Provider or practice name, Tax ID and/or National Provider Identifier (NPI).
 - Opening or closing your practice to new patients (PCPs only).
 - Change in specialty.
 - Any other information that may impact Member access to care
- For Provider terminations (within an existing clinic/practice), Providers must notify Molina in writing in accordance with the terms specified in your Provider Agreement.

Please note that all credentialing applications, rosters, and demographic changes should be emailed to MHNYNetworkOperations@molinahealthcare.com.

Eligibility and ID Cards

Verifying Member Eligibility

1

Various tools are offered to verify member eligibility. Providers are encouraged to use the Availity web portal; however, this information can also be obtained through the integrated voice response (IVR) system, eligibility rosters or by speaking with a customer service representative.

2

Please note: At no time should a member be denied services because his or her name does not appear on the eligibility roster. If a member does not appear on the eligibility roster, please contact Provider Services for further verification.

3

Web portal: www.availity.com/molinahealthcare

4

Provider Services Contact Center: (877) 872-4716

Changing Primary Care Providers

Members may change their PCP at any time through:

Member Services

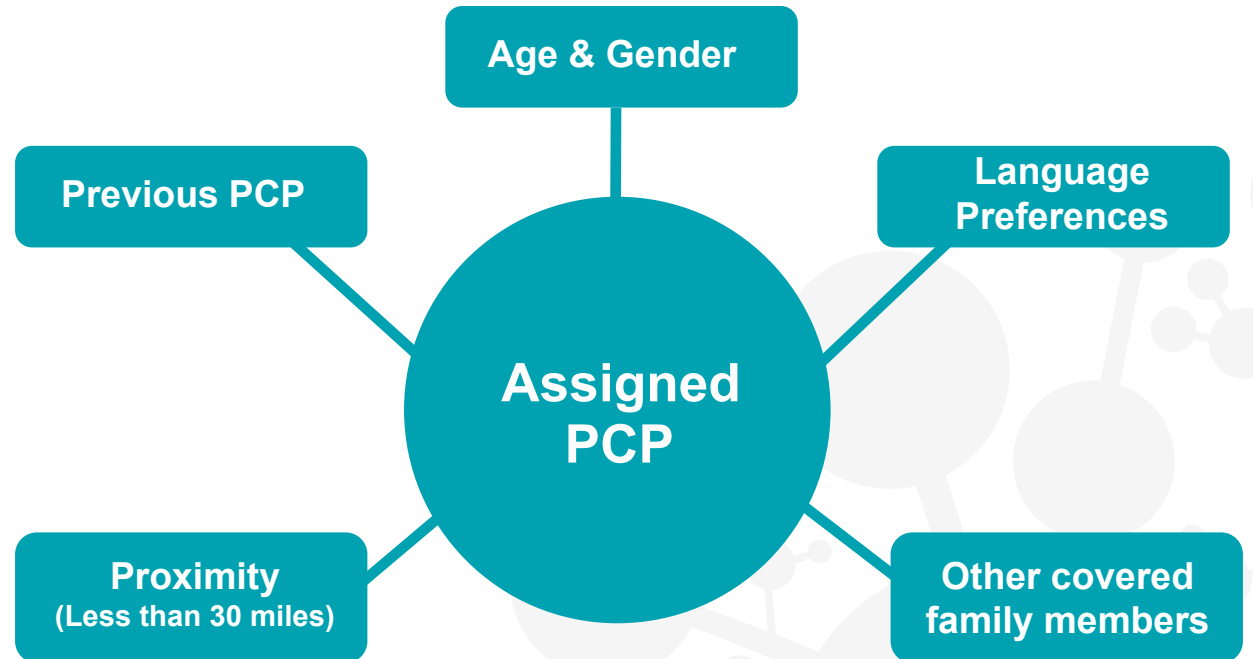
- (800) 223-7242, 8 a.m. to 6 p.m., Monday-Friday
- For hearing impaired: TTY 711

Member Web Portal

- Register or log on at <https://member.molinahealthcare.com/Member/LoginAY>
- Members can change a PCP, request a new ID card, check eligibility and more.

PCP Assignment

PCP Assignment – Members have the right to choose their PCP. If the member or his/her designated representative does not choose a PCP, one will be assigned using the information below:



Member ID Cards


Molina Healthcare of New York

Medicaid Managed Care:

HARP (Molina Healthcare PLUS):

Essential Plan

Child Health Plus


 **MOLINA HEALTHCARE**

Member: <Member_Name_1>
CIN #: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>
PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RX BIN: 004740

PRESCRIPTION DRUGS
 NYRx Support: (800) 343-9000

MyMolina.com


 **MOLINA HEALTHCARE** Molina Healthcare PLUS

Member: <Member_Name_1>
CIN #: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>
PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RX BIN: 004740

PRESCRIPTION DRUGS
 NYRx Support: (800) 343-9000

MyMolina.com


 **MOLINA HEALTHCARE** Essential Plan

Member:
Identification Number: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>

PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RxBIN: <Bin_number_1>
RxPCN: <RXPCN_1>
RxGRP: <RXGroup_1>

MyMolina.com

 **MOLINA HEALTHCARE**

Member: <Member_Name_1>
Identification Number: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>

PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RxBIN: <Bin_number_1>
RxPCN: <RXPCN_1>
RxGRP: <RXGroup_1>

MyMolina.com

Members:

Emergency Care: Call 911 or go to the nearest Emergency Room.
Behavioral Health Benefit: (800) 223-7242
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit: Contact NYRx: at (800) 541-2831
Teladoc® Virtual Services: (800) 835-2362 connect with a board-certified doctor 24/7
Vision Benefit (Superior Vision®): (800) 879-6901

Providers:
Remit claims to: Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact NYRx: at (877) 309-9493

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Molina Healthcare of New York Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

MolinaHealthcare.com

Members:

Emergency Care: Call 911 or go to the nearest Emergency Room.
Behavioral Health Benefit: (800) 223-7242
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit: Contact NYRx: at (800) 541-2831
Teladoc® Virtual Services: (800) 835-2362 connect with a board-certified doctor 24/7
Vision Benefit (Superior Vision®): (800) 879-6901

Providers:
Remit claims to: Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact NYRx: at (877) 309-9493

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Molina Healthcare of New York Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

MolinaHealthcare.com

Members:

Emergency Care: Call 911 or go to the nearest Emergency Room.
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit (CVS): (800) 223-7242
Teladoc® Virtual Services: (800) 835-2362 connect with a board-certified doctor 24/7
Vision Benefit (Superior Vision®): (800) 879-6901

Providers:
Remit claims to: Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Molina Healthcare of New York Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

MolinaHealthcare.com

Members:

Emergency Care: Call 911 or go to the nearest Emergency Room.
Behavioral Health Benefit: (800) 223-7242
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit (CVS): (800) 223-7242
Vision Benefit (Superior Vision®): (800) 879-6901

For non-life-threatening conditions:

- Access **Teladoc® Virtual Services** by calling (800) 835-2362 to connect with a board-certified doctor 24/7.
- Visit a nearby Urgent Care Center
- For all routine appointments and referrals (non-urgent routine care), call your PCP.

Remit claims to: Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Molina Healthcare of New York, Inc. Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

Payments: A reminder that payments can be made on the member portal at MyMolina.com

MolinaHealthcare.com

Member ID Cards

Affinity by Molina Healthcare of New York

Medicaid Managed Care:

Affinity
BY MOLINA HEALTHCARE

Member: <Member_Name_1>
CIN#: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>
PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RxBIN: <Bin_number_1>
RxPCN: <RXPCN_1>
RxGRP: <RXGroup_1>

PRESCRIPTION DRUGS
Non-Preferred Brand Name Drugs: <Rx_Non_Formulary_fee_1>
Preferred Brand Name Drugs: <Rx_Formulary_fee_1>
Generic Drugs: <Missed_Appointment_fee_1>
Over the Counter Drugs (OTC): <Financial_Class_1>

[Member Portal \(MyAffinityPortal.com\)](#)

Members:
Emergency Care: Call 911 or go to the nearest Emergency Room
Behavioral Health Benefit: (800) 223-7242
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit (CVS): (800) 223-7242
Teladoc® Virtual Services: (800) 835-2362 connect with a board-certified doctor 24/7
Vision Benefit (Superior Vision®): (800) 879-6901

Providers:
Remit claims to: Affinity by Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Affinity by Molina Healthcare Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

[AffinityPlan.com](#)

HARP (Molina Healthcare PLUS):

Affinity
BY MOLINA HEALTHCARE

Molina Healthcare PLUS

Member: <Member_Name_1>
CIN#: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>
PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RxBIN: <Bin_number_1>
RxPCN: <RXPCN_1>
RxGRP: <RXGroup_1>

PRESCRIPTION DRUGS
Non-Preferred Brand Name Drugs: <Rx_Non_Formulary_fee_1>
Preferred Brand Name Drugs: <Rx_Formulary_fee_1>
Generic Drugs: <Missed_Appointment_fee_1>
Over the Counter Drugs (OTC): <Financial_Class_1>

[Member Portal \(MyAffinityPortal.com\)](#)

Members:
Emergency Care: Call 911 or go to the nearest Emergency Room
Behavioral Health Benefit: (800) 223-7242
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit (CVS): (800) 223-7242
Teladoc® Virtual Services: (800) 835-2362 connect with a board-certified doctor 24/7
Vision Benefit (Superior Vision®): (800) 879-6901

Providers:
Remit claims to: Affinity by Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Affinity by Molina Healthcare Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

[AffinityPlan.com](#)

Essential Plan

Affinity
BY MOLINA HEALTHCARE

Essential Plan

Member:
Identification Number:
Date of Birth:
Effective Date:

PCP Name:
PCP Phone:

RxBIN:
RxPCN:
RxGRP:

[Member Portal \(MyAffinityPortal.com\)](#)

Members:
Emergency Care: Call 911 or go to the nearest Emergency Room
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit (CVS): (800) 223-7242
Teladoc® Virtual Services: (800) 835-2362 connect with a board-certified doctor 24/7
Vision Benefit (Superior Vision®): (800) 879-6901

Providers:
Remit claims to: Affinity by Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Affinity by Molina Healthcare Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

[AffinityPlan.com](#)

Child Health Plus

Affinity
BY MOLINA HEALTHCARE

Member: <Member_Name_1>
Identification Number: <Member_ID_1>
Date of Birth: <Date_of_Birth_1>
Effective Date: <Member_Effective_Date_1>

PCP Name: <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>

RxBIN: <Bin_number_1>
RxPCN: <RXPCN_1>
RxGRP: <RXGroup_1>

[Member Portal \(MyAffinityPortal.com\)](#)

Members:
Emergency Care: Call 911 or go to the nearest Emergency Room
Behavioral Health Benefit: (800) 223-7242
Dental Benefit (DentaQuest®): (855) 208-6768
Pharmacy Benefit (CVS): (800) 223-7242
Vision Benefit (Superior Vision®): (800) 879-6901

For non-life-threatening conditions:

- Access **Teladoc® Virtual Services** by calling (800) 835-2362 to connect with a board-certified doctor 24/7.
- Visit a nearby Urgent Care Center
- For all routine appointments and referrals (non-urgent routine care), call your PCP.

Remit claims to: Affinity by Molina Healthcare, PO Box 22615, Long Beach, CA 90801
Pharmacists: Contact Caremark Pharmacy Helpdesk at (800) 364-6331

This card does not guarantee coverage. To confirm eligibility or obtain specific benefit information, call Affinity by Molina Healthcare Member Services at (800) 223-7242/TTY:711. To speak to a nurse 24/7, call our Nursing Advice Line at (844) 819-5977.

Payments: A reminder that payments can be made on the member portal at [MyAffinityPortal.com](#).

[AffinityPlan.com](#)

CLAIM SUBMISSION

Claim Submission

Molina strongly encourages providers to submit claims electronically, including secondary Claims. Electronic claims submission provides significant benefits to the provider including:

- Helps to reduce operation costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina faster

Molina offers the following electronic Claims submission options:

- Submit claims directly to Molina via the Availity Essentials portal
- Submit claims to Molina via your regular EDI clearinghouse

If electronic Claim submission is not possible, please submit paper claims to the following address:



Molina Healthcare of New York, Inc.
PO Box 22615
Long Beach, CA 90801

When submitting paper Claims:

- Paper claim submissions are not considered to be “accepted” until received at the appropriate Claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black and white forms, copied forms, and any altering including handwritten claims.
- Claims must be typed with either 10 or 12-point Times New Roman font, using black ink. For more information, please see CMS claims submission guidance: <https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500>

EDI / ERA / EFT

Clearinghouse: SSI/Claimsnet
Help Desk Phone: 800-356-0092
Molina Payer ID 16146

- Clearinghouse information can be found on our website:
<https://www.molinahealthcare.com/providers/ny/medicaid/home.aspx>

Molina utilizes Change Healthcare/ECHO Health for electronic payments. In-network providers are encouraged to register for Echo Health within 30 days of receiving their first reimbursement check from Molina.

Benefits of EFT/ERAs:

- Quicker Payment
- Ability to search historical ERAs with ease
- View, download, print and save ERAs for quick reference

How to enroll with ECHO Health:

To register please visit: <https://enrollments.echohealthinc.com/efteradirect/molinaHealthcare>.
Payer ID 16146

- Any questions during this process should be directed to ECHO Customer Support (888) 834-3511

Balance Billing and Claims Payment

Providers **may not** balance bill Molina Members for any reason for covered services. Detailed information regarding the billing requirements for non-covered services are available in the MHNY Provider Manual.

Your Provider Agreement with MHNY requires that your office verify eligibility prior to rendering any service and obtain approval for those services that require prior authorization.

In the event of a denial of payment, providers shall look solely to **MHNY** for compensation for services rendered, with the exception of any applicable cost sharing/co-payments.

- ✓ The date of claim receipt is the date as indicated by its data stamp on the claim.
- ✓ The date of claim payment is the date of the check or other form of payment.

APPEAL AND GRIEVANCES

Appeals and Grievances

Claim Disputes: Providers disputing a claim previously adjudicated must request such action within 90 days (pursuant to terms of contract) of the original remittance advice date. Regardless of type of denial/dispute, **all written claim disputes** must be submitted on the Molina Provider Claim Appeal and Dispute Form found on our website.

Claim Appeals: Providers must submit appeals within 60 days from the original remit (pursuant to terms of contract).

The item(s) being submitted should clearly be marked as a **Claim Payment Dispute** or a **Clinical Appeal** and must include the following:

- Any documentation to support the appeal/dispute
- The claim number clearly marked on all supporting documents
- Copy of authorization form (if applicable)

Ways to submit an appeal or dispute:

- Through the Availity provider portal
- Fax to (315) 234-9812
- Mail to:
Molina Healthcare of New York, Inc.
Attention: Appeals and Grievances Department
2900 Exterior Street Suite 202
Bronx, NY 10463

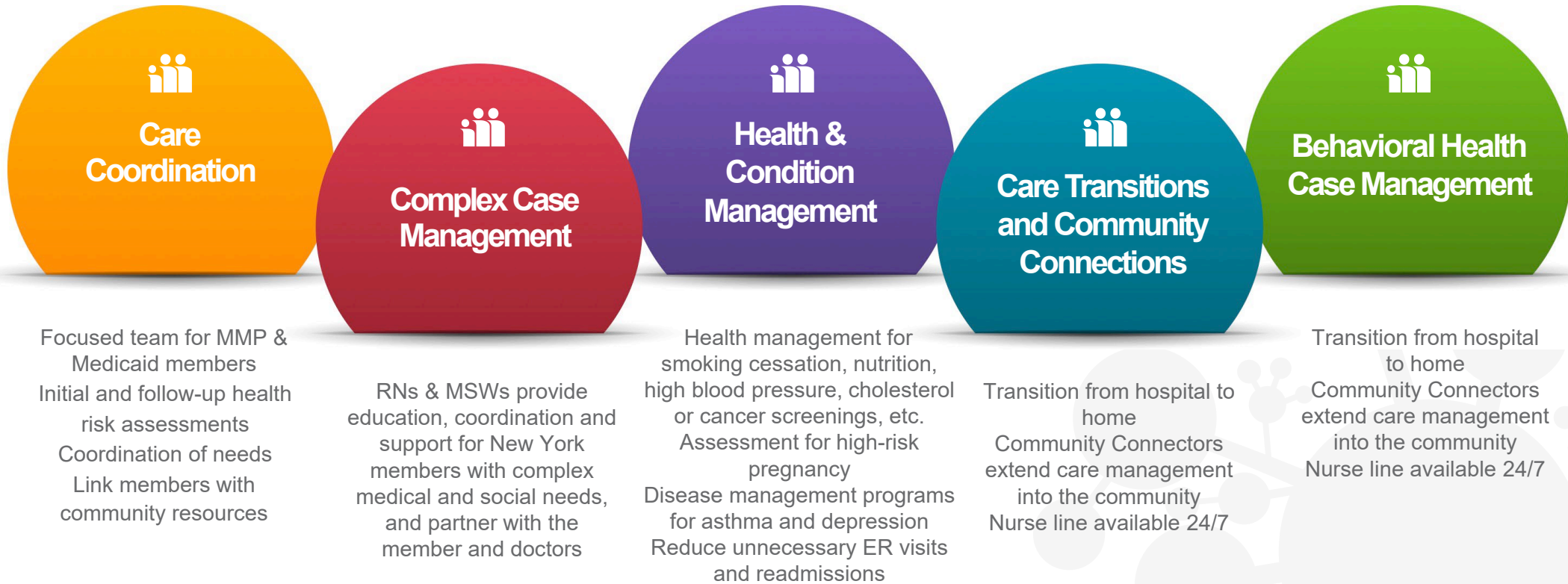
Please see the Appeals and Grievances section of the provider manual, Section 11 at <https://www.molinahealthcare.com/providers/ny/Medicaid/manual/medical.aspx>

Healthcare Services



Care Coordination

Direct Case Management Referral



Prior Authorization

Prior Authorizations (PA)

Prior Authorization (PA) is a request for prospective review. It is designed to:

- Create a collaborative approach to determining the appropriate level of care
- Identify care management and disease management opportunities
- Assist in benefit determination
- Prevent unanticipated denials of coverage

When to Request Prior Authorization

- Referrals for visits to in-network specialists do not require authorization
- Information should be exchanged between PCP and specialist to coordinate care
- Referrals for visits to out of network providers and facilities would require authorization

Specific services requiring prior authorization can be found at MolinaHealthcare.com/PriorAuthorizationLookupTool in the Authorization Look up tool. Requests for services on the Authorization Look Up tool are evaluated by licensed nurses and trained staff.

Service requests may be submitted via the Availity web portal or faxed to **(866) 879-4742**.

Prior Authorization cont.

What To Include in Requests for Authorization

Provide supporting clinical documentation with elective service authorization requests.

Information required generally includes:

- Current (up to six months) patient history related to requested services
- Physical examination that addresses the problem
- Lab or radiology results to support request (including MRI, CT, lab or X-ray)
- PCP or specialist progress notes/consultations
- Any information or data specific to request

Routine requests are processed within four days of initial request.

- Urgent requests processed within 48 hours
- If more information is required, we will pend the case and notify you

Status of Authorization Requests

- Providers requesting prior authorization can review criteria used to make final decisions or may speak to the medical director who made the determination. Molina clinical policies are available for provider review at <https://www.molinahealthcare.com/providers/ny/Medicaid/Pages/home.aspx> under the Health Resources tab
- Upon receipt of prior authorization, Molina will provide a unique authorization number to be used on claims related to the service authorized
- **Our goal is to ensure members are receiving the right services at the right time and in the right place**
- Help us meet this goal by sending information to support member's need for services

Prior Authorization cont.

Prior Authorization Form

You may also submit prior authorizations using the Prior Authorization Request form on our website at [New York Providers Home \(molinahealthcare.com\)](https://www.molinahealthcare.com) under the forms tab.

Service request forms may be faxed to the Utilization Management department using the number listed below or submitted via our web portal.

Web Portal: availity.com/molinahealthcare

Contact Information:

<u>Area</u>	<u>Phone</u>	<u>Fax</u>
General Authorizations	(877) 872-4716	(866) 879-4742
PA Advanced Imaging	(855) 714-2415	(877) 731-7218
PA Transplant	(855) 714-2415	(877) 813-1206

Quality Improvement

The background of the slide is a solid teal color. Overlaid on this background is a faint, light-colored graphic consisting of numerous circles of varying sizes connected by thin lines, resembling a network or a molecular structure. The circles are scattered across the right side and bottom of the slide, with some larger circles and some smaller ones.

Quality Improvement

- Quality is a Molina core value, and ensuring members receive the right care in the right place at the right time is everyone's responsibility.
- Molina's Quality Improvement Department maintains key processes/initiatives to ensure measurable improvements are made in member care and service.
- Clinical and service quality are measured, evaluated and monitored through:
 - NCQA Healthcare Effectiveness Data and Information Set (HEDIS)
 - NYS DOH Quality Assurance Reporting Requirements (QARR)
 - Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)
 - Provider satisfaction surveys
- Additional information about Molina's Quality Improvement initiatives is available at [New York Providers Home \(molinahealthcare.com\)](https://www.molinahealthcare.com) under the Health Resources tab.

Providers

- Distribution of gap in care reports to identify patients who need care, or who may be missing services
- Value based programs-targeted measures with incentive dollars, utilization reports, early identifier (at risk), and high dollar reports
- Supplemental data collection to improve data capture and to assist in care coordination activities
- Practice support – education for staff about quality measures, provide coding education
- Improve overall satisfaction for our members and for your practice

Community

- Health Home Quality Program – provide gap-in-care reports, education on helping members get services. The Health Homes support you and our members.
- Community Health Events – encourage your hardest to reach members to access services within the community at a Molina-sponsored health care event designed to close priority care gaps.
- Customer Resource Centers – partner with the Quality Improvement and Community Engagement team to offer health care services at a local CRC.

Access and Availability Standards

Molina will be monitoring providers' compliance and conducting ongoing evaluations regarding the availability and accessibility of services to members.

Please adhere to these regulatory standards.

Primary Care Provider (PCP) or Prenatal Care	
Urgent care	Within 24 hours of the request
Emergency care	Immediately
Non-urgent sick visit	Within 48 to 72 hours of the request
Routine care (non-urgent)	Within four weeks of the request
Preventative care	Within four weeks of the request
Initial PCP visit for newborns	Within two weeks of hospital discharge
Prenatal – first trimester	Within two weeks of request
Second trimester	Within one week of request
Third trimester	Within three days of request
Follow-up discharge	Within seven days of discharge
Specialty Care Provider	
Routine care (non-urgent)	Within four to six weeks of request
Behavioral Health	
Non-life threatening emergency care	Within six hours of request
Urgent care	Within 24 hours of request
Routine care	Within 10 working days of request



After Hours Access

- All physicians must have back-up coverage after hours or during absence/ unavailability
- Molina requires providers to maintain a 24-hour telephone service, 7 days a week
 - Access may be via an answering service
 - Voicemail alone is not acceptable
- The after-hours answering service must instruct the member: *“If this is a life-threatening emergency, hang up and call 911.”*

Pharmacy

Pharmacy Services

Molina Healthcare of New York, Inc. is contracted with Caremark to provide Essential Plan (EP) and Child Health Plus (CHP) members with prescription drug coverage. Our goal is to meet members' needs by providing medicines in a cost-effective manner. You can find our CHP and Essential Plan prescription drug formularies at <https://www.molinahealthcare.com/providers/ny/medicaid/drug/Pages/formulary.aspx>.

- Medicaid Managed Care (MMC) and Health and Recovery Plans (HARPs) members receive their prescription drug benefits from NYRx as of April 1st, 2023.

A completed request includes:

A completed prior authorization form that is signed by the prescriber or authorized representative, and clinical documentation (e.g., recent inpatient records, discharge summary, treatment plan, current lab reports, medical and medication history).



Pharmacy Services Effective April 1, 2023

Effective April 1, 2023, New York State Medicaid members enrolled in mainstream Medicaid Managed Care (**MMC**) Plans, Health and Recovery Plans (**HARPs**), and HIV-Special Needs Plans (**SNPs**) will have their pharmacy benefits transitioned from their Medicaid Managed Care Plan to **NYRx**, the Medicaid Pharmacy Program. Information regarding the Pharmacy Benefit Transition may be found in the October 2022 Special Edition Medicaid Update found here: https://www.health.ny.gov/health_care/medicaid/program/update/2022/no11_2022-10_speced.htm.

There are two options for enrollment:

1. **Individual Billing Medicaid Provider** - Providers who wish to order, prescribe, refer, **and receive payment** for covered services should apply as an “Individual Billing Medicaid” (or “Individual Biller”).
2. **Ordering, Prescribing, Referring, Attending (OPRA) Provider** - Providers who **only** wish to order, prescribe, and refer and **not** receive payment may enroll in the NYS Medicaid Program as an OPRA provider. *This is an abbreviated enrollment pathway comparatively to the option noted above.*

Information regarding how to enroll as a Medicaid provider, after choosing the appropriate provider type, is available on the eMedNY “Provider Enrollment and Maintenance” web page, located at: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>

Prescriptions written by licensed prescribers not enrolled in the NYS Medicaid Program will be denied effective September 1, 2022.

Questions and Additional Information:

- Providers may check their enrollment status by reviewing the *Medicaid Pended Provider Listing* found here: [Medicaid Managed Care Network \(emedny.org\)](https://www.emedny.org)
- Questions regarding the enrollment process, your enrollment status, or what you need to do to enroll, please contact providerenrollment@health.ny.gov or call the eMedNY Call Center at 1-800-343-9000
- Enrollment policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.

Pharmacy Benefit Contacts for Molina



- **Prior Authorization Assistance, Inquiries (J Codes and Home Infusion):** P: 877-872-4716 | F: 844-823-5479
 - To be used for:
 - EP or CHP members for Pharmacy benefits, as well as physician administered medications
 - MMC or HARP members with physician administered medications
- **CVS Caremark for Pharmacists Only:** P: 800-364-6331 | F: 844-823-5479
 - To be used for EP or CHP members' Pharmacy benefits

Prescriptions for medications requiring prior approval, for most injectable medications or for medications not included on the formulary may be approved when medically necessary and when formulary alternatives have demonstrated ineffectiveness. When these exceptional needs arise, providers may fax a completed Prior Authorization/Medication Exception Request.

The physician may fax the completed [Prior Authorization Form](#) to Molina Healthcare at 1-844-823-5479. The forms are also available on the [Frequently Used Forms page](#).

*For NYRx inquiries regarding MMC or HARP members' Pharmacy benefits and to request prior authorization, please call 877-309-9493.

Provider Resources

24-Hour Nurse Advice Line

- Molina provides 24-Hour Nurse Advice Line
- Members can call when they have symptoms or need health information
- Registered nurses are available to assess medical/behavioral health symptoms and help direct members to care they need
- The Nurse Advice Line numbers listed on back of member ID cards



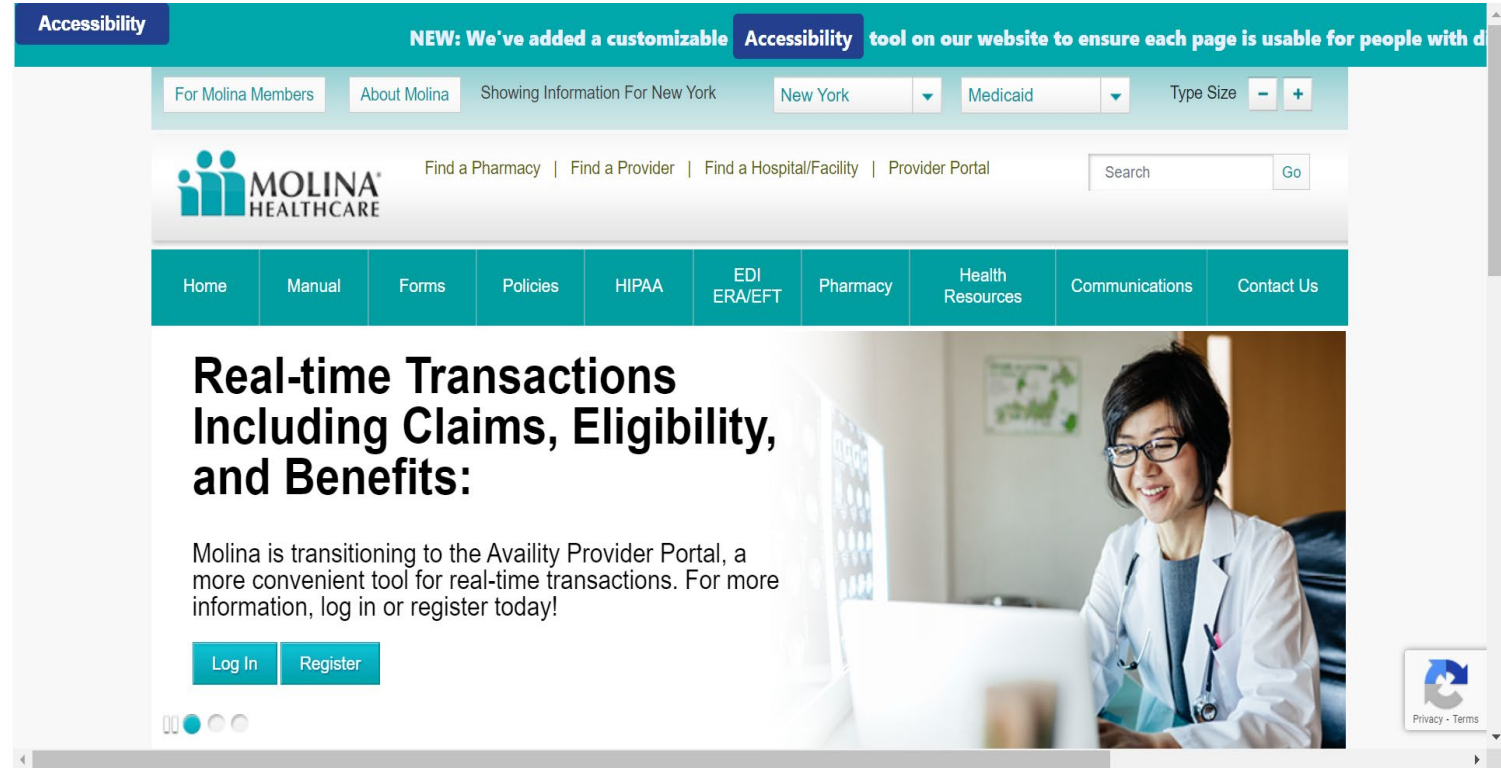
English: (844) 819-5977 (TTY 711)
Spanish: (844) 819-5977 (TTY 711)

Online Provider Resources

- Provider manual
- Provider online directories
- Availity web portal
- Frequently used forms
- Preventive & clinical care guidelines
- Prior authorization information
- Advanced directives
- Model of Care Training
- Pharmacy information
- HIPAA
- Fraud, Waste & Abuse information
- Communications & newsletters
- Member rights & responsibilities
- Contact information
- News & updates
- Service area maps

Please note that the provider manuals can be found at

<https://www.molinahealthcare.com/providers/ny/Medicaid/manual/medical.aspx>



The screenshot displays the Molina Healthcare website interface. At the top, there is a teal navigation bar with an 'Accessibility' link and a new announcement: 'NEW: We've added a customizable Accessibility tool on our website to ensure each page is usable for people with d'. Below this, a secondary navigation bar includes links for 'For Molina Members', 'About Molina', and 'Showing Information For New York'. A dropdown menu is set to 'New York', and another dropdown is set to 'Medicaid'. A 'Type Size' control with minus and plus buttons is also present. The main header features the Molina Healthcare logo and a search bar with a 'Go' button. A teal navigation menu contains links for 'Home', 'Manual', 'Forms', 'Policies', 'HIPAA', 'EDI ERA/EFT', 'Pharmacy', 'Health Resources', 'Communications', and 'Contact Us'. The main content area has a large heading: 'Real-time Transactions Including Claims, Eligibility, and Benefits:'. Below the heading, a text block states: 'Molina is transitioning to the Availity Provider Portal, a more convenient tool for real-time transactions. For more information, log in or register today!'. There are 'Log In' and 'Register' buttons. A 'Privacy - Terms' link is visible in the bottom right corner of the content area.

Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

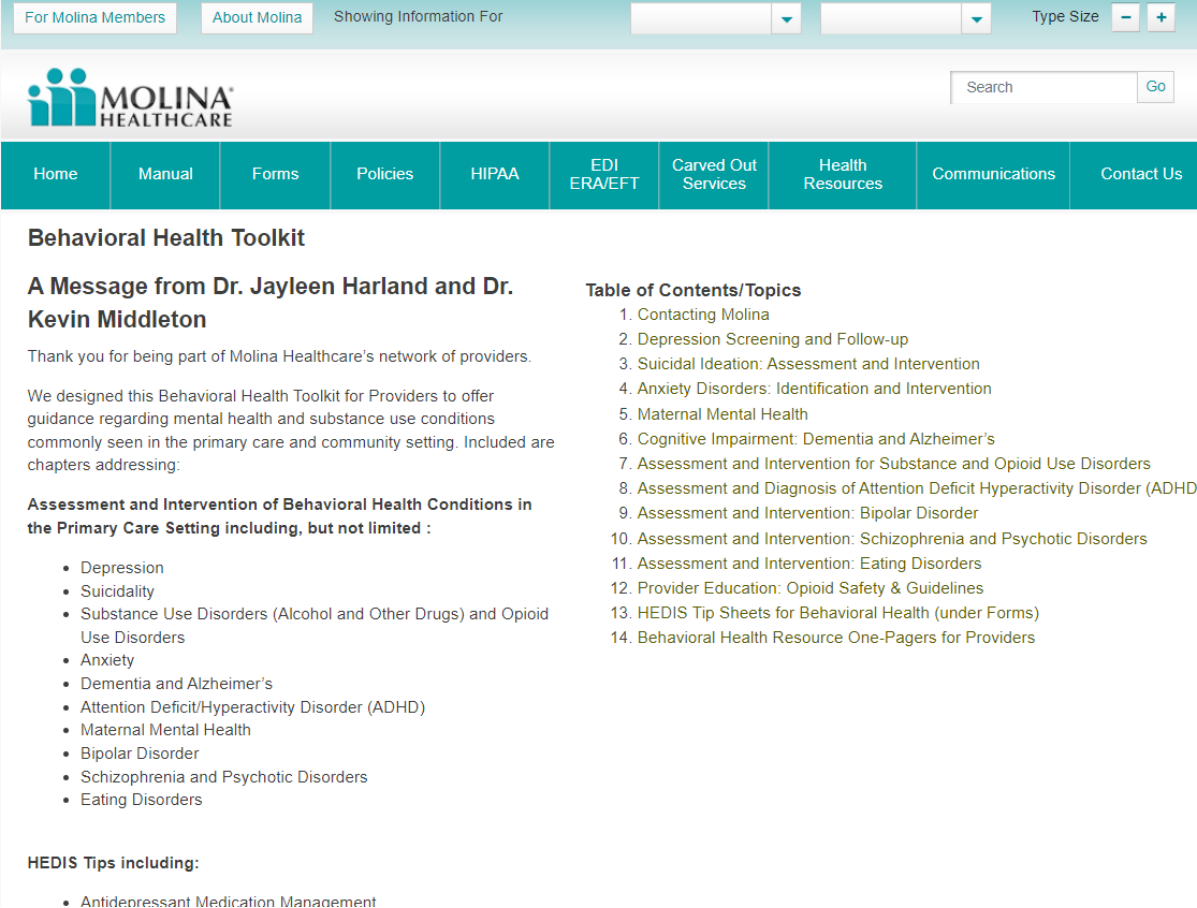
Provider Manual Highlights	
• Benefits and Covered Services Overview	• Long Term Supports and Services
• Claims, Encounter Data and Compensation (including the no balance billing requirements)	• Member Grievances and Appeals
• Compliance and Fraud, Waste, and Abuse Program	• Member Rights & Responsibilities
• Contacts	• Model of Care
• Credentialing and Re-credentialing	• Pharmacy
• Utilization Management, Referral and Authorization (Healthcare Services)	• Preventive Health Guidelines
• Eligibility, Enrollment, and Disenrollment	• Provider Responsibilities
• Health Management (Health Education & Disease Management)	• Quality Improvement
• Health Insurance Portability and Accountability Act (HIPAA)	• Transportation Services
• Interpreter Services	

Behavioral Health Toolkit

To support providers in offering best practice behavioral health interventions in the health care setting, we have the Behavioral Health (BH) Toolkit on the Provider website under Health Resources.

Our BH Toolkit for Providers highlights common conditions that may present in various health care settings, including recommended standardized screening and assessment tools, interventions, and resources.

The BH Toolkit includes newly added conditions for consideration and updated resources to support the delivery of best practices and standards of care to this population.



The screenshot shows the Molina Healthcare provider website. At the top, there are navigation tabs for "For Molina Members" and "About Molina", and a "Showing Information For" dropdown menu. The Molina Healthcare logo is prominently displayed. Below the logo is a search bar with a "Go" button. A teal navigation bar contains links for Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Carved Out Services, Health Resources, Communications, and Contact Us. The main content area is titled "Behavioral Health Toolkit" and features a message from Dr. Jayleen Harland and Dr. Kevin Middleton. The message text reads: "Thank you for being part of Molina Healthcare's network of providers. We designed this Behavioral Health Toolkit for Providers to offer guidance regarding mental health and substance use conditions commonly seen in the primary care and community setting. Included are chapters addressing: Assessment and Intervention of Behavioral Health Conditions in the Primary Care Setting including, but not limited to: Depression, Suicidality, Substance Use Disorders (Alcohol and Other Drugs) and Opioid Use Disorders, Anxiety, Dementia and Alzheimer's, Attention Deficit/Hyperactivity Disorder (ADHD), Maternal Mental Health, Bipolar Disorder, Schizophrenia and Psychotic Disorders, and Eating Disorders." To the right of the message is a "Table of Contents/Topics" list with 14 items, including "Contacting Molina", "Depression Screening and Follow-up", "Suicidal Ideation: Assessment and Intervention", "Anxiety Disorders: Identification and Intervention", "Maternal Mental Health", "Cognitive Impairment: Dementia and Alzheimer's", "Assessment and Intervention for Substance and Opioid Use Disorders", "Assessment and Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)", "Assessment and Intervention: Bipolar Disorder", "Assessment and Intervention: Schizophrenia and Psychotic Disorders", "Assessment and Intervention: Eating Disorders", "Provider Education: Opioid Safety & Guidelines", "HEDIS Tip Sheets for Behavioral Health (under Forms)", and "Behavioral Health Resource One-Pagers for Providers". At the bottom of the message section, there is a "HEDIS Tips including:" section with a bullet point for "Antidepressant Medication Management".

Provider Online Directory

The Provider Online Directory offers enhanced search functionality so information is available quickly and easily. Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

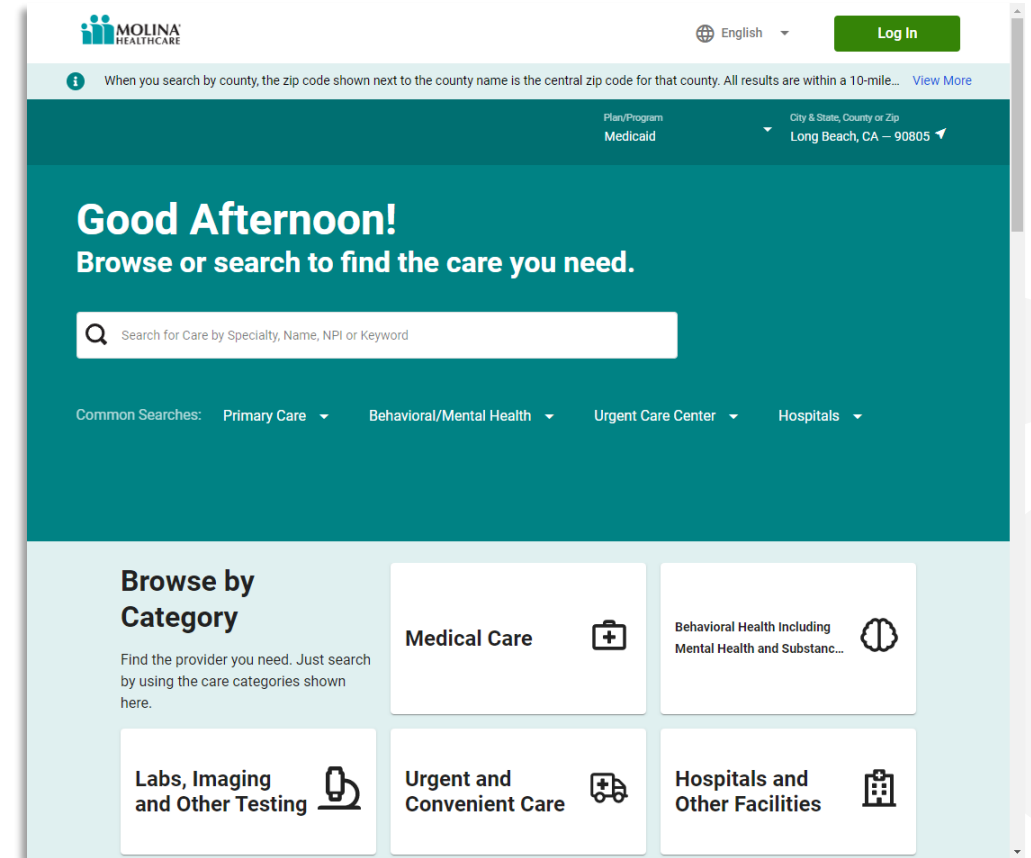
Our goal is to ensure members have access to a highly accurate list of available providers through searchable online directories and printed directories.

Key benefits include:

- User-friendly and intuitive navigation
- Provider profile cards for quick access to information
- Browsing by category, search bar and common searches
- Expanded search options and filtering for narrowing results
- Provider information you can save to use later

To find a provider, visit MolinaHealthcare.com and select Find a Doctor or Pharmacy

Reminder: Members should be referred to participating providers.



Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regularity requirement, as well as a National Committee for Quality Assurance (NCQA)-required element. Invalid information can negatively impact member access to care, member/PCO assignments and referrals.

Important Reminder: Providers must validate the Provider Online Directory information every 90 days for correctness and completeness.

Please notify Molina at least 30 days in advance for any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of an office location
- Addition or termination of a provider
- Change in Tax ID and/or National Provider Identifier (NPI)
- Open or close your practice to new patients (PCP only)

All changes should be sent to our Network Operations team at MHNYNetworkOperations@molinahealthcare.com.

Molina Healthcare has a mobile app for our members that allows them to keep up on their healthcare.



Application features:

- Improved virtual ID cards with sharing and printing options
- Improved bill pay for Marketplace members
- Urgent care finder
- Pharmacy finder
- Symptom checker
- Favorite doctor option
- Face recognition

Availity Essentials Portal

Web Portal Registration

Availity

AVAILITY PORTAL LOGIN REGISTER

Home Healthplan Solutions Vendor Solutions Connect Resources About

Welcome to Availity, the new provider portal for Molina Healthcare Inc. (Molina)

Register Now

Welcome! This dedicated website is for Molina Healthcare (Molina) providers to learn about the secure Availity platform and new features and functionality available for Molina.

Registering with Availity

If your organization is not yet registered for the Availity Portal, and you are the person who needs to do the registration, click the **Register with Availity** button. For registration issues, call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available

FAQs

Helpful Resources

- Availity Portal User Guide
- Getting Started with 2-Step
- Availity Portal Onboarding Training
- Register with Availity in 6 Steps
- Drug Prior Auth SSO for Medicare Providers

Molina offers, at no cost*, convenient real-time transactions through the Availity Portal. **We strongly encourage you to take advantage** of the many free self-service options that are available within the Availity Portal by registering at [availity.com/molinahealthcare](https://www.availity.com/molinahealthcare). To access Molina's enhanced functions available through Availity's Payer Space Applications Tiles, you will need the following information:

Group Provider ID and Individual Provider ID (TIN and NPI)

* Molina providers utilizing Availity Portal have access to the Availity Portal at no cost. Additionally, all Availity Portal users are automatically enrolled in the no cost Base Plan of the Availity EDI Clearing House Direct (CH). This allows providers to submit batch EDI transactions to Molina (and other Availity Payer Partners).

Note: to use EDI CH, providers must have a practice management system/EHR system capable of generating batch files.

Registering with Availity Essentials Portal

If your organization is not yet registered for the Availity Portal, and you are the person who needs to do the registration, click the **Register with Availity** button. For registration issues, call Availity Client Services at (800) AVAILITY [(800) 282-4548]. Assistance is available Monday through Friday from 8 a.m. ET – 8 p.m. ET.

Important: By submitting the registration, you agree to be one of the administrators for your organization. The administrator is the person who has legal authority to sign agreements for your organization and who is responsible for setting up users, managing user access, and completing additional set-up and enrollments. Once you are registered with your own account, you may add additional users. From the Portal, click **Help & Training | Find Help**. Click on **Administrator** in the left-side menu and select the Adding Users help topic.

Join a 30-minute live Availity training webinar to learn how to set up and use the Availity Portal.

There are also many resources available before you even register with Availity. See below!

Availity

AVAILITY PORTAL LOGIN REGISTER

Home Healthplan Solutions Vendor Solutions Connect Resources About

Welcome to Availity, the new provider portal for Molina Healthcare Inc. (Molina)

Welcome! This dedicated website is for Molina Healthcare (Molina) providers to learn about the site features and functionality available for Molina.

Registering with Availity

If your organization is not yet registered for the Availity Portal, and you are the person who needs to do the registration, click the **Register with Availity** button. For registration issues, call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday from 8 a.m. ET – 8 p.m. ET.

Important: By submitting the registration, you agree to be one of the administrators for your organization. The Administrator is the person who has legal authority to sign agreements for your organization and who is responsible for setting up users, managing user access, and completing additional set up and enrollments. Once you are registered with your own account, you can add additional users. From the Portal, click **Help & Training | Find Help**. Click on **Administrator** in the left-side menu and select the *Adding Users* help topic.

Join a 30-minute live Availity training webinar to learn how to set up and use the Availity Portal.

[Registering and Getting Started with Availity](#)

FAQs

Helpful Resources

- [Availity Portal User Guide](#)
- [Getting Started with 2-Step Availity Portal Onboarding Training](#)
- [Register with Availity in 6 Steps](#)
- [Drug Prior Auth SSO for Medicare Providers](#)

AVAILITY ESSENTIALS PORTAL

Core Functionalities

Availity Essentials Portal is secure and available 24 hours a day, seven days a week.

Self-service options include:

Online Claims Submission

Claims Status Inquiry

Corrected Claims

Healthcare Effectiveness Data and Information Set (HEDIS®)

Member Eligibility Verification and History

Secure Messaging

Online Claim Reconsideration Requests

Explanation of Payments (EOPs)

Submit and Check Status of Authorization Request

View PCP Member Roster

Care Coordination Portal

Manage Overpayment Request

**Thank you for
your partnership!**