



# Provider Quick Reference Guide

(Effective 3/2024)

<b>Provider Services</b>   P: 877-872-4716   F: 844-879-4509   <a href="mailto:MHNYProviderServices@MolinaHealthCare.Com">MHNYProviderServices@MolinaHealthCare.Com</a>	
Provider Claims, Provider Training, and Provider Complaints	
<b>Network Operations</b>   <a href="mailto:MHNYNetworkOperations@MolinaHealthCare.Com">MHNYNetworkOperations@MolinaHealthCare.Com</a>	
Provider Data: Credentialing, Demographic Changes, Rosters	
<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</b>   2900 Exterior Street, Suite 202   Bronx NY 10463   P: 877-879-4482   F: 866-879-4742	
<b>Email:</b> <a href="mailto:MHNYCaseManagement@molinahealthcare.com">MHNYCaseManagement@molinahealthcare.com</a> 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.	
<b>Clinical Policy (Benefit Interpretation Policies)</b>   <a href="https://www.molinahealthcare.com/molinaclinicalpolicy">https://www.molinahealthcare.com/molinaclinicalpolicy</a>	
<b>Dental (DentaQuest ®)</b> P: 888-308-2508	
<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>	
Clearinghouse: SSI/Claimsnet P: 800-356-0092 Payer ID 16146  To register for EFT/ERA's – ECHO Health, Inc. -- <a href="https://enrollments.echohealthinc.com/efteradirect/molinaHealthcare">https://enrollments.echohealthinc.com/efteradirect/molinaHealthcare</a> 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:** [www.molinahealthcare.alertline.com](http://www.molinahealthcare.alertline.com)

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

### **Medical Paper Claim Mailing Address**

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

**Member Services | 2900 Exterior Street, Suite 202 | Bronx NY 10463 | P: 800-223-7242 | F: 844-879-4509**

Member Claims, Benefits, Eligibility/Identification, Pharmacy Inquiries, PCP changes, Member Complaints

**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**

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

**Retail Drugs Only: P: 800-364-6331 | F: 844-823-5479**

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

### **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 with the exception of Nassau and Suffolk counties.
ModivCare (formerly LogistiCare)	The contracted Transportation Manager for the Long Island Region (Nassau and Suffolk counties).

**Telephone numbers listed by County are available below:**

[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)

**Utilization Management | 2900 Exterior Street, Suite 202 | Bronx NY 10463 | P: 877-872-4716 | F: 866-879-4742**

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)**

**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**