



# Provider Quick Reference Guide

(Effective 4/1/2023)

<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>
Demographic changes, Rosters and Credentialing	<a href="mailto:MHNYNetworkOperations@Molinahealthcare.com">MHNYNetworkOperations@Molinahealthcare.com</a>
Provider Contracting	<a href="mailto:MHNYProviderContracting@Molinahealthcare.com">MHNYProviderContracting@Molinahealthcare.com</a>
<b>Appeals / Adjustments</b>	
<b>Provider Portal:</b> Molina strongly encourages the use of the provider portal for clean claims, corrected claims, and to appeal claims.	<a href="https://Availity.com/MolinaHealthcare">Availity.com/MolinaHealthcare</a>
<b>Appeals:</b>	<b>Molina Healthcare of New York, Inc.</b> ATTN: Appeals Department 1776 Eastchester Road   Bronx, NY 10461 P: 877-872-4716   F: 315-234-9812
<b>Care Management   1776 Eastchester Road   Bronx, NY 10461   P: 877-879-4482   F: 866-879-4742</b>	
<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>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>	
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/eftdirect/molinaHealthcare">https://enrollments.echohealthinc.com/eftdirect/molinaHealthcare</a> ECHO Customer Support (888) 834-3511	

**Locations:** 1776 Eastchester Road Bronx, NY 10461

**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 | 1776 Eastchester Road | Bronx, NY | 10461

### **Medical Paper Claim Guidelines**

**Paper Submissions | Molina Healthcare of New York, Inc. | P.O Box 22615 | Long Beach, CA 90801 | P: 877-872-4716**

**Member Services | 1776 Eastchester Road | Bronx, NY 10461 | 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**

### **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)** is the contracted Transportation Manager for all of New York State with the exception of Nassau and Suffolk counties.

**ModivCare** (formerly LogistiCare) is 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 | 1776 Eastchester Road | Bronx, NY 10461 | P: 877-872-4716 | F: 866-879-4742**

Prior Authorizations, and Service Requests. **Molina highly encourages the use the Availity Provider Portal. Providers can register at [Availity.com/MolinaHealthcare](http://Availity.com/MolinaHealthcare).**

**Vision (Superior Vision®) | P: 866-819-4298 | [www.Superiorvision.com](http://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**

**Locations: 1776 Eastchester Road Bronx, NY 10461**