Welcome to Affinity by Molina Healthcare!

Effective November 1, 2021, Affinity Health Plan will become Affinity by Molina Healthcare. Both Affinity by Molina Healthcare and Molina Healthcare of New York, Inc. are part of the national Molina family of health plans.

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, 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. Affinity by Molina Healthcare offers 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!

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Visit MolinaHealthcare.com

History and Mission

Why Choose Molina Healthcare?

Molina Healthcare, Inc., a FORTUNE 500 company, focused on providing access to quality health care to over 4.1 million members. We have been treating members like family for over 40 years, and continue to expand our reach across New York State.

Our Vision:

- Everyone receives quality healthcare.
- Respect all providers and their role in the healthcare delivery system.
- Continually sustain a trusted business and clinical relationship with physicians, hospitals and other professionals.
- Allow members to achieve optimal health status.

Our Goal:

- Health Plan partner of choice by delivering cist effective, reliable and seamless service.
- Our Provider Engagement teams work in collaboration with key provider partners to improve quality outcomes. Our provider Engagement Team consists of:
  - **Provider Service Representatives:** Operational support to all Molina contracted providers. Training, claims resolution and front-end contact for all Molina departments.
  - **Network Operations:** Credentialing, re-credentialing, rosters and demographic changes.
  - **Contract Managers:** Contracting with new providers to build, strengthen and maintain Molina's contracted provider network. Finding payer methods that allow for integration and innovation.

Molina, Inc.'s History:

Molina was founded in 1980 by C. David Molina, M.D. as a provider organization serving the Medicaid population through a network of primary care clinics in California. In 1994, Molina Healthcare of California received its license as a health maintenance organization and began operating as a health plan. Over the past several years, MHI has expanded its operations into 15 states and Puerto Rico.
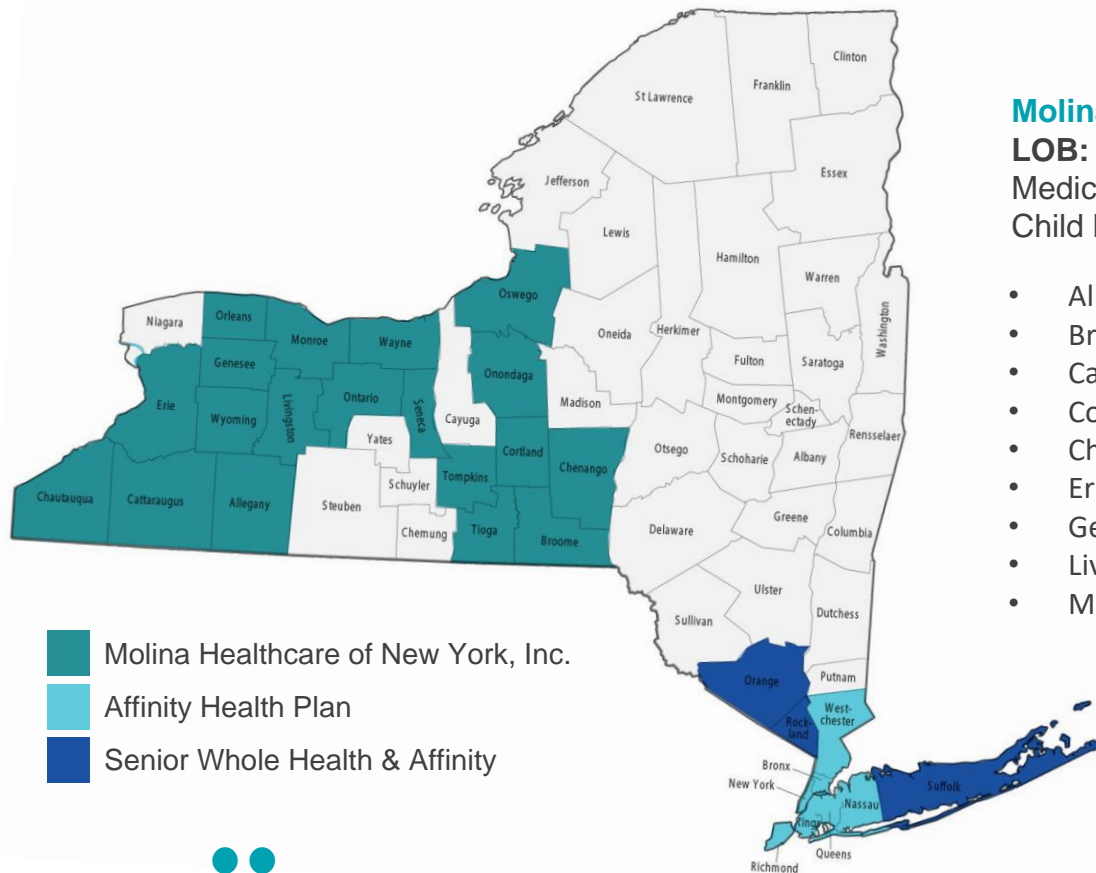
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Service Area

Molina Healthcare's New York Service Area

Molina Healthcare of New York Counties
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 Counties
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

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

Legend:
- Molina Healthcare of New York, Inc.
- Affinity Health Plan
- Senior Whole Health & Affinity

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Affinity BY MOLINA HEALTHCARE

Overview of Services

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)

Pharmacy Services

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

Pharmacy Request for Prior Authorization
Molina Healthcare of New York Inc. providers may request a prior authorization for a medication by faxing a completed form to (844) 823-5479 or by contacting us at (877) 872-4716.

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).

Members on any of the following classes of medications listed below will be permitted to receive them without the requirement of a new authorization:

- Anticonvulsants
- Antidepressants
- Antipsychotic
- Asthma
- Cytokine and CAM Antagonists
- Dupixent and Eucrisa

- HIV/AIDS
- Immunosuppressants
- Diabetes
- Smoking Cessation
- Multiple Sclerosis Agents
- Movement Disorders

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Care Coordination

Direct Case Management Referral

Care Coordination

Focused team for MMP & Medicaid members
Initial and follow-up health risk assessments
Coordination of needs
Link members with community resources

Complex Case Management

RNs & MSWs provide education, coordination and support for New York members with complex medical and social needs, and partner with the member and doctors

Health & Condition Management

Health management for smoking cessation, nutrition, high blood pressure, cholesterol or cancer screenings, etc.
Assessment for high-risk pregnancy
Disease management programs for asthma and depression
Reduce unnecessary ER visits and readmissions

Care Transitions and Community Connections

Transition from hospital to home
Community Connectors extend care management into the community
Nurse line available 24/7

Behavioral Health Case Management

Transition from hospital to home
Community Connectors extend care management into the community
Nurse line available 24/7

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PCP Member Roster

The Member roster application is a flexible tool that makes your member management easier by helping you:

1. View an up-to-date member list

No more monthly member lists. Knowing a provider's member roster in real-time helps reconcile accounts. This list applies to any provider with assigned Molina Healthcare of New York, Inc. members.

2. Customize your search with built-in filters

Search for members any way you like – by line of business, first name, last name, and more.

3. View various statuses for multiple members

Be informed about new members, members that are or will be in a hospital, and if any member has missing services through HEDIS® alerts.

4. Check member eligibility directly from the roster.

Click on your members' names and view member details at a glance.

5. Have easier access to other applications.

Jump directly from the roster to claims and service request/authorizations.

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

Visit MolinaHealthcare.com

Changing Primary Care Providers

Members may change their PCP at any time through:
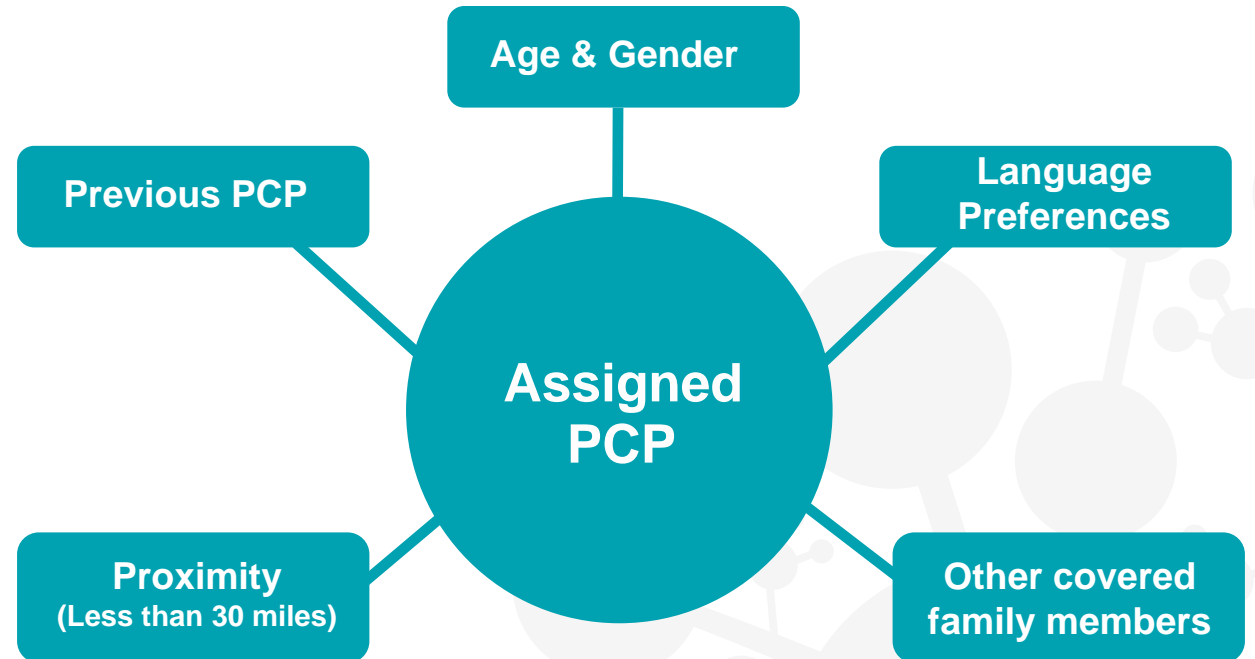
Member Services

- (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 MyAffinityPortal.com
- Members can change a PCP, request a new ID card, check eligibility and more.
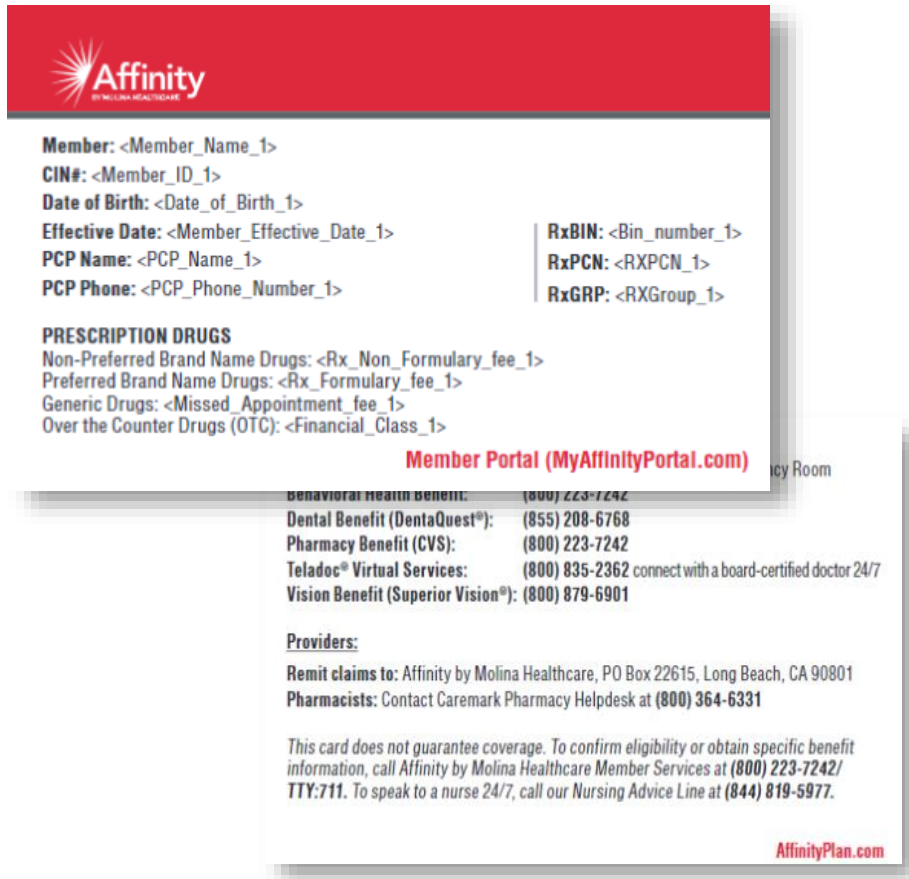
PCP Assignment

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:

Age & Gender

Language Preferences

Previous PCP

Assigned PCP

Other covered family members

Proximity (Less than 30 miles)

Visit MolinaHealthcare.com

Member ID Cards

Affinity by Molina Healthcare

Medicaid Managed Care:

HARP (Molina Healthcare PLUS):

Member ID Cards

Affinity by Molina Healthcare

Essential Plan:

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Essential Plan

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

RxBIN: <Bin_number_1>
PCP Name: <PCP_Name_1>
RxPCN: <RXPCN_1>
PCP Phone: <PCP_Phone_Number_1
RxGRP: <RXGroup_1>

rest Emergency Room

Member Portal (MyAffinityPortal.com)

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
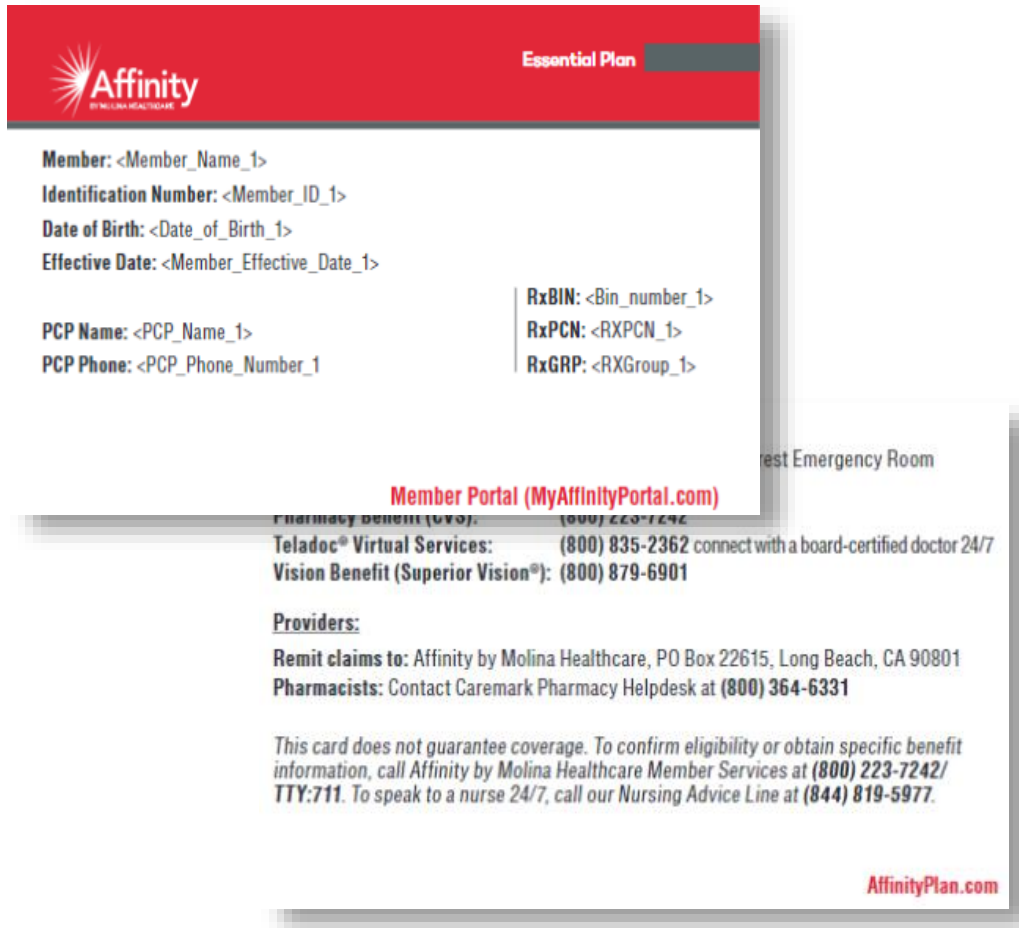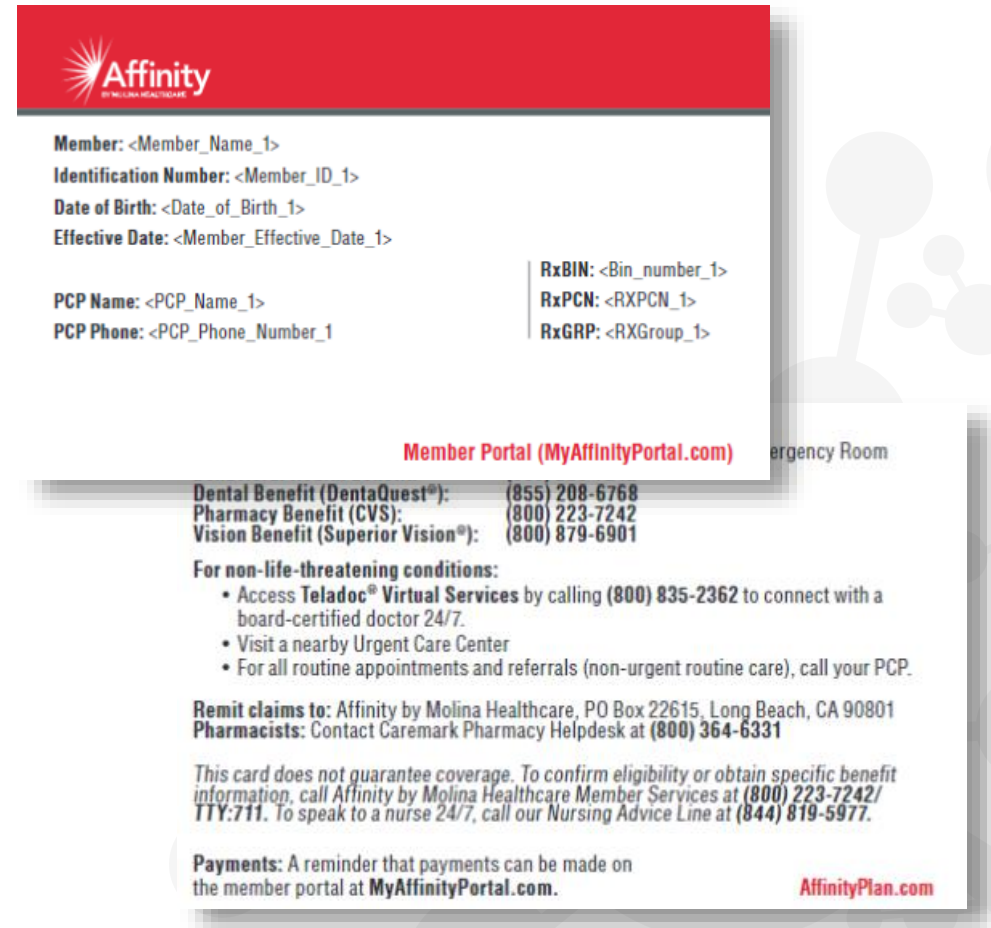**Pharmacists:** Contact Caremark Pharmacy Helpdesk at **(800) 364-6331**

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>

RxBIN: <Bin_number_1>
PCP Name: <PCP_Name_1>
RxPCN: <RXPCN_1>
PCP Phone: <PCP_Phone_Number_1
RxGRP: <RXGroup_1>

Member Portal (MyAffinityPortal.com) ergency Room

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

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 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.**

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

Providers may review the Prior Authorization Guide on our website under FORMS, as well as using the Prior Authorization Lookup tool on our website at https://www.molinahealthcare.com/members/ny/en-us/health-care-professionals/home.aspx.

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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 Form

You may also submit prior authorizations using the Prior Authorization Request form on our website at 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

Phone: (877) 872-4716   **Fax: (866) 879-4742**

Please Note:

- Existing authorizations approved for dates of service through 10/31/2021 will automatically transfer over with any/all remaining units.
- New authorization requests for DOS on 11/1/2021 and thereafter, please see contact information below:

Area	Phone	Fax
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

Services that were authorized by eviCore (radiology, cardiology, therapies, etc.) will be managed by Molina Healthcare of New York, Inc. as of November 1, 2021.

Claims Submission

Medical Claims can be direct entered through the Availity web portal at availity.com/molinahealthcare

Clearinghouse information regarding SSI/Claimsnet can be found on our website at https://www.molinahealthcare.com/providers/common/medicaid/ediera/edi/Pages/chinfo.aspx

Help Desk: (800) 356-0092

PAYER ID: 16146

For paper claims send to:
Molina Healthcare of New York, Inc.
P.O. Box 22615
Long Beach, CA 90801

Behavioral Health Paper & EDI Claims

• **For DOS 11/1/2021 through 12/31/2021:**
  • Continue to send to Beacon Health Options.

• **For DOS 1/1/2022 and after:**
  • Since we will no longer be utilizing Beacon Health Options as a vendor as of 1/2/2022, all behavioral health claims should be sent to the plan following the same approach as described above under "Medical Claims."

Appeals and Grievances

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

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 Appeal Form found on our website.

The item(s) being resubmitted should clearly be marked as a Claim Payment Dispute and must include the following:
- Any documentation to support the dispute
- The claim number clearly marked on all supporting documents
- Copy of authorization form (if applicable)

Ways to submit a dispute:
- Through the Availity provider portal
- Fax to (315) 234-9812
- Mail to:
  Molina Healthcare of New York, Inc.
  Attention: Appeals and Grievances Department
  5232 Witz Drive
  North Syracuse, NY 13212

Enrollment Information for ERA/EFT

In order to register for Electronic Funds Transfer or Electronic Remittance Advice please go to https://providernet.adminisource.com/Start.aspx.

Any questions during this process should be directed to Change Healthcare Provider Services at wco.provider.registration@changehealthcare.com or by calling (877) 389-1160.

You can find further instructions on registering on our website at https://www.molinahealthcare.com/providers/common/medicaid/ediera/era/enrollERAEFT.aspx.

As part of the transition to Molina Healthcare of New York (MOH-NY), current ACH, e-check payment and virtual credit Card (VCC) methodologies will be impacted as MOH-NY uses the ProviderNet platform offered by Change Healthcare. The impact you will personally experience will depend on whether or not you are currently enrolled in the ProviderNet platform, as described below:

- Providers currently enrolled on ProviderNet: If you are currently enrolled in ACH and enrolled on ProviderNet, you do not need to take any action. Your payments will continue uninterrupted with the Molina ACH and Explanation of Payments (EOP, or 835).
- Providers not currently enrolled on ProviderNet: If you are currently enrolled in ACH (leased networks, Direct ACH, All Payer ACH), but not on ProviderNet, you will need to enroll on ProviderNet to receive ACH payments and the Molina EOP. If you do not enroll on ProviderNet, your payments will revert to checks.
- Providers currently receiving payment via a virtual credit card (VCC) or an e-check:
- Payments via VCC or e-checks are not supported on the ProviderNet platform. If you are currently receiving payment via these methods, you will need to enroll on ProviderNet to receive ACH payments and an EOP. Otherwise, your payments will revert to checks.
- Providers receiving paper checks: If you are currently receiving paper checks, your payments will continue as paper checks. However, we encourage you to enroll in ACH payments, as this will speed up the delivery of your payments.

Visit MolinaHealthcare.com

Vendor Information

The following vendors will remain the same:

- DentaQuest
- Superior Vision
- Progeny
- Pharmacy (CVS Caremark 004336/ADV #)

The following are vendor changes:

- Services that were authorized by eviCore (radiology, cardiology, therapies, etc.) will be managed by Molina Healthcare of New York, Inc. as of November 1, 2021.

- Beacon Health Options ("Beacon") will remain the same through December 31, 2021. As of January 1, 2022, Beacon will no longer be the vendor and Molina Healthcare of New York, Inc. will manage the benefit.

- Claims and authorization for chiropractic services will be managed by Molina Healthcare of New York, Inc. as of November 1, 2021 (Landmark will no longer be used).
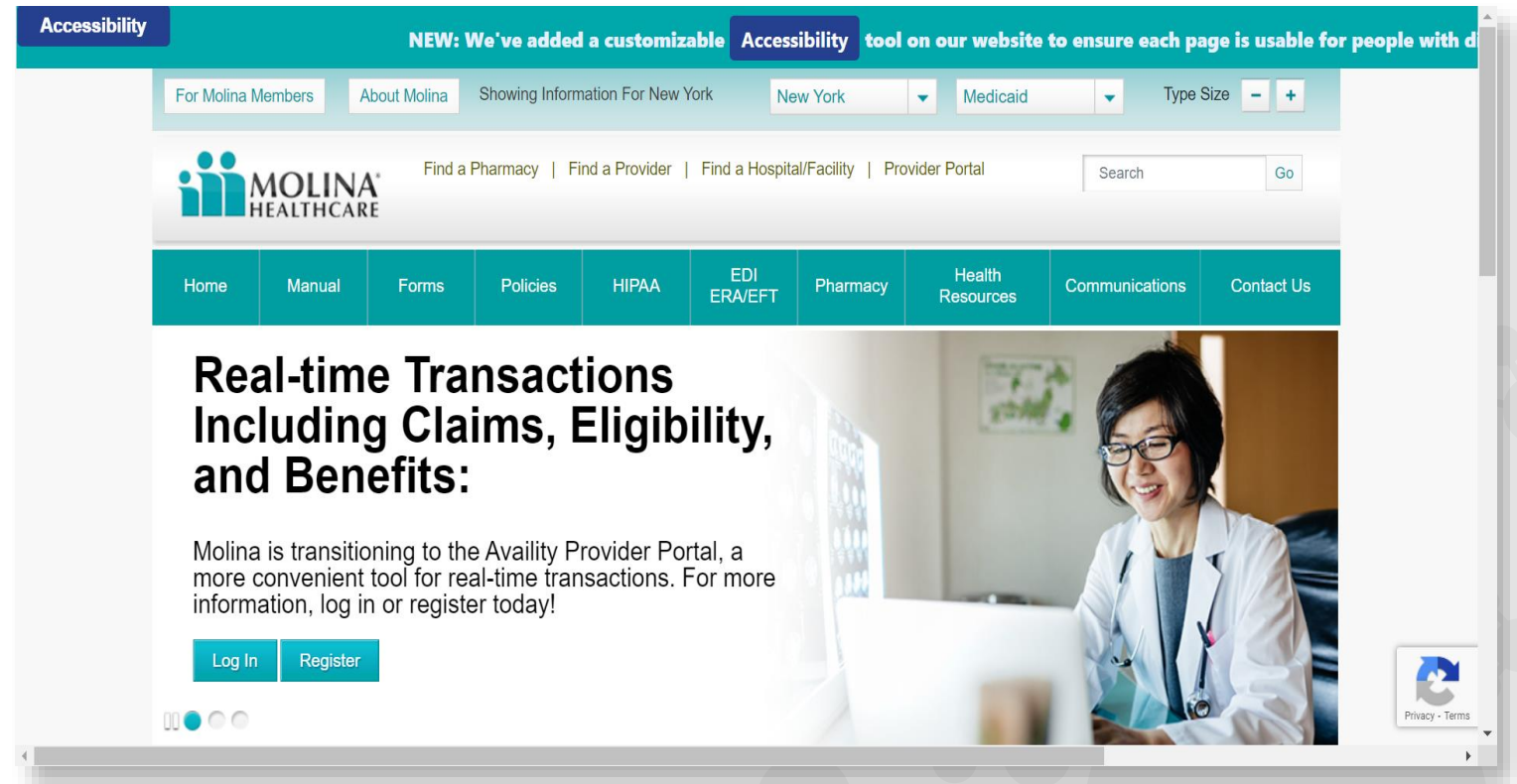
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Provider Resources

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

Visit MolinaHealthcare.com

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

It has all the same features as MyAffinityPortal.com, plus:

- 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 Web Portal

Molina Healthcare of New York, Inc. participating providers may register for access to the Availity web portal for self-service functions 24 hours a day, seven days a week.

Portal Highlights	
Member eligibility verification and history	Claims status inquiry
View coordination of benefits (COB) information	View Nurse Advice Line call reports for members
Update provider profile	View HEDIS® missed service alerts for members
View PCP member roster	Status check of authorization requests
Submit online service and prior authorization requests	Submit claims online

Register online at availity.com/molinahealthcare.com

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Web Portal Registration

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. 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.

Visit MolinaHealthcare.com

Registering with Availity Web 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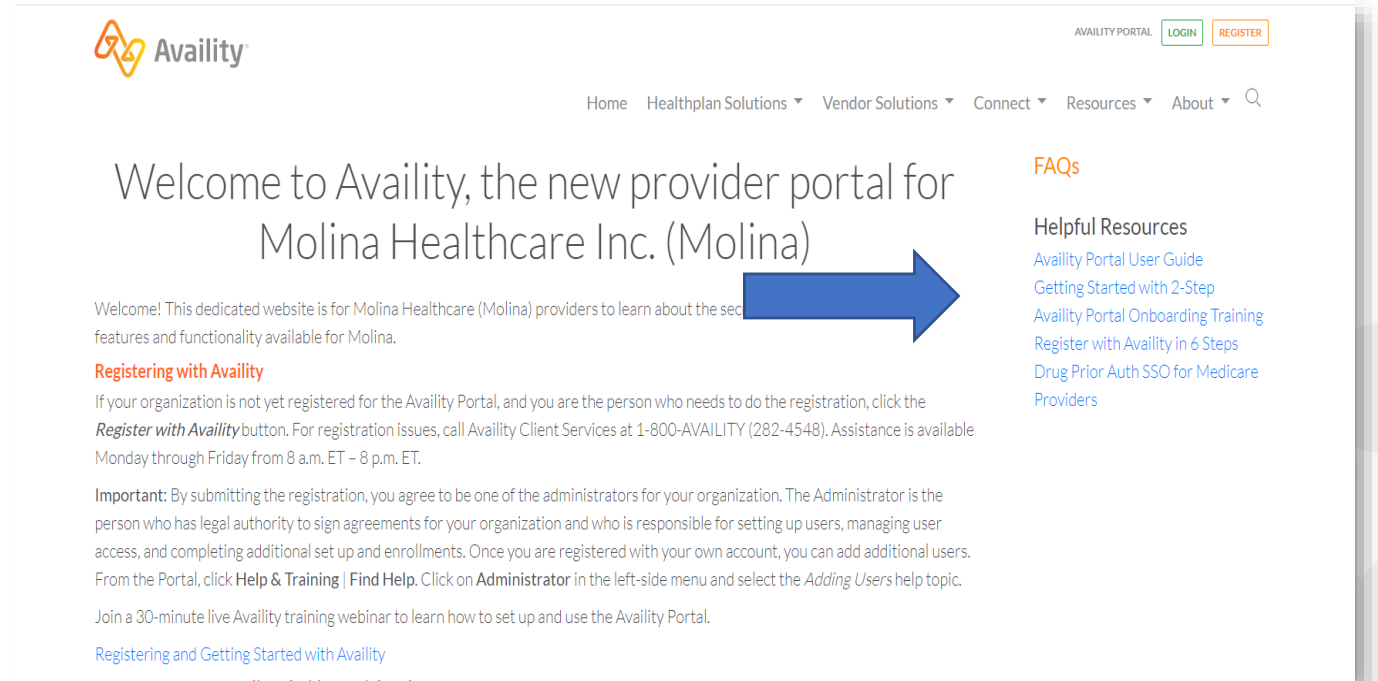 add additional users. From the Portal, click **Help & Training | Find Help**. Click on **Administrator** in the left-side menu and select the Adding Users help topic.

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 PORTAL LOGIN REGISTER

Availity®

Home Healthplan Solutions Vendor Solutions Connect Resources About

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

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

Welcome! This dedicated website is for Molina Healthcare (Molina) providers to learn about the 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
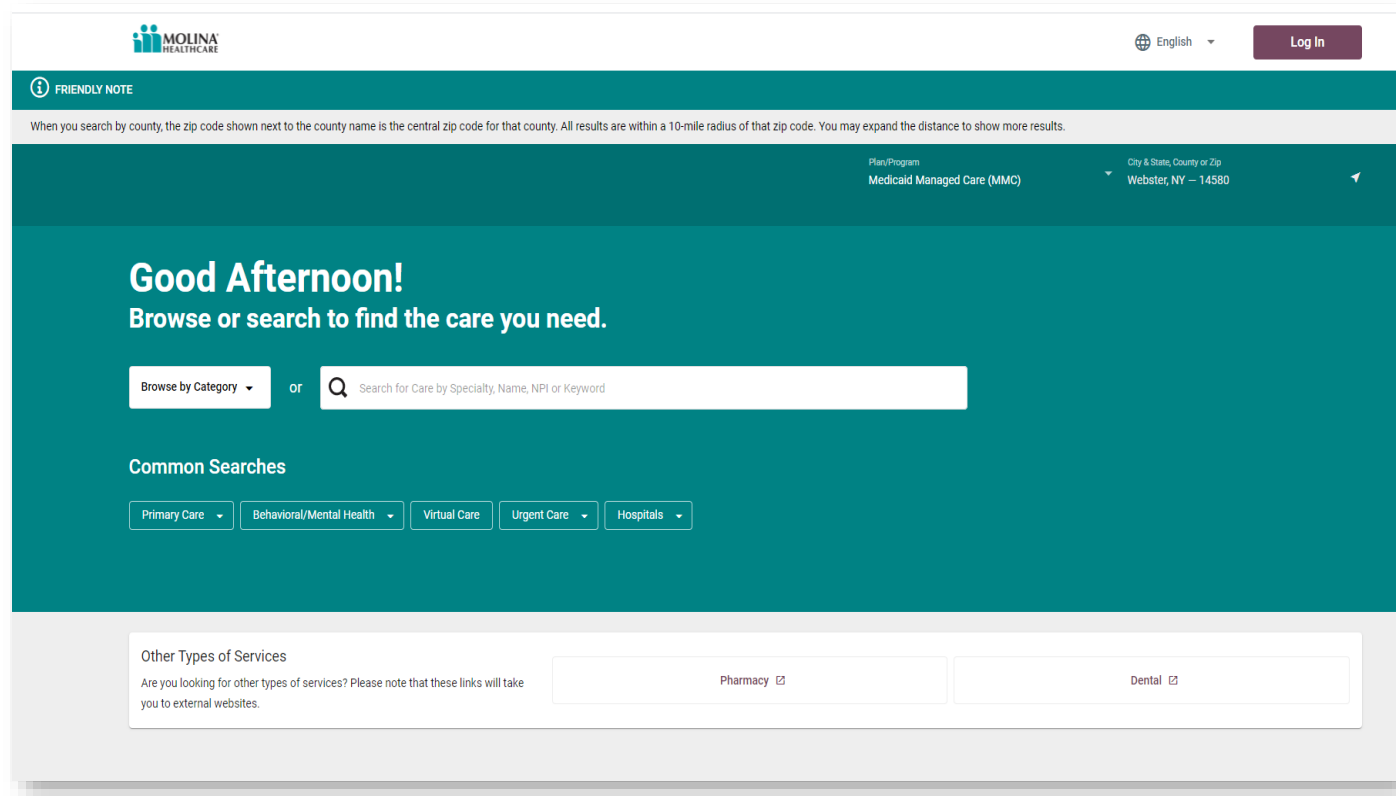
Visit MolinaHealthcare.com

Provider Directory

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

Credentialing and Demographic Changes

Please note that all credentialing applications, rosters, and demographic changes should be faxed to (844) 879-4509 or emailed to **MHNYNetworkOperations@molinahealthcare.com**.

Visit MolinaHealthcare.com

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

24/7

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.*"
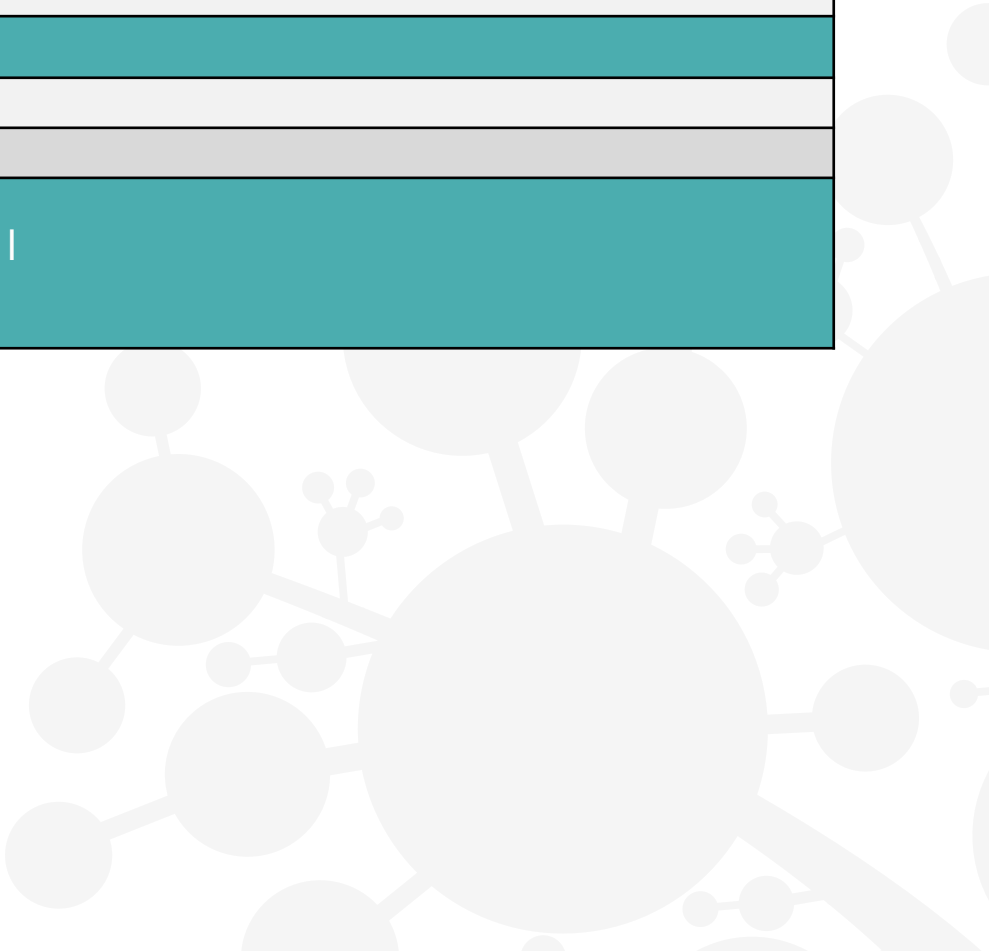
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Contact Information

Provider Quick Reference Guide

Provider Services	1776 Eastchester Road	Bronx, NY 10461	**P:** (877) 872-4716	**F:** (844) 879-4509	
Provider Claims, Training, and Provider Complaints	MHNYProviderServices@MolinaHealthcare.com
Demographic changes and Credentialing	MHNYNetworkOperations@molinahealthcare.com
Provider Contracting	MHNYProviderContracting@molinahealthcare.com
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	
Utilization Management	1776 Eastchester Road	Bronx, NY 10461	**P:** (877) 872-4716	**F:** (866) 879-4742	
Prior Authorizations, Service Requests, Care Management. **Molina highly encourages the use of the Availity Provider Portal. Providers may register at Availity.com/MolinaHealthcare.**	
Fraud Waste Abuse	
If you suspect cases of fraud, waste, or abuse, you must report it to Molina: **Online:** Molinahealthcare.alertline.com **Mail:** ATTN: Compliance Officer	5232 Witz Drive	North Syracuse, NY	13212 **P:** (866) 606-3889	**F:** (855) 366-5462	
Nurse Advice Line	P: (844) 819-5977	
Members may call and connect with 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): **Retail Drugs Only: P:** (800) 364-6331| **F:** (844) 823-5479	

Provider Quick Reference Guide (Continued)

Dental (DentaQuest ®) P: (888) 308-2508
Claims/Payment Issues: **F:** (262) 241-7379
Claims to be Processed: **F:** (262) 834-3589 | All Other: **F:** (262) 834-3450
Claims Questions: denclaims@dentaquest.com
Eligibility/Benefit Questions: denelig.benefits@dentaquest.com
Electronic Claims Direct Entry: **dentaquest.com**
Vision (Superior Vision ®) | P: (877) 872-4716 | Superiorvision.com
Superior Vision manages vision benefits for Affinity by Molina Healthcare members.
Claim Guidelines
Paper Submissions | Affinity by Molina Healthcare | P.O. Box 22615 | Long Beach, CA 90801 | P: (877) 872-4716

Provider Quick Reference Guide (Continued)

EDI/ERA/EFT

Clearinghouse: SSI/Claimsnet
P: (800) 356-0092
Payer ID: 16146
To register for EFT/ERAs: providernet.adminisource.com/Start.aspx
Any questions: P: (877) 389-1160

Appeals/Adjustments

Molina highly encourages the use of the following for clean claims, corrected claims, to appeal claims, and for adjustment requests:

Provider Portal: **Availity.com/MolinaHealthcare**

Affinity by Molina Healthcare
Attention: Appeals Department
1776 Eastchester Road
Bronx, NY 10461

P: (877) 872-4716 | F: (315)234-9812

Transportation

Emergency Transportation
When an Affinity by Molina Healthcare member's condition is life-threatening and requires use of special equipment, life support systems, and/or 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 are Child Health Plus (CHP) members.
NYS in contracted with Medical Answering Services (MAS). More information is available at **Medanswering.com.**

Affinity by Molina Healthcare Facilitated Enrollers (Assistors) | P: (866) 731-8001

Quality Improvement

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:
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)
  - Quality Assurance Reporting Requirements (QARR)
  - Provider satisfaction surveys
- Additional information about Molina's Quality Improvement initiatives is available at MolinaHealthcare.com.

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 member risk scoring and to assist in care coordination activities
- Practice support – education for staff about incentive measures, provide coding education
- Effective appointment education – how to help your patients prepare for their appointment
- Improve overall satisfaction for our members and for your practice
- 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 Home Quality Program – provide gap-in-care reports, education on helping members get services. The Health Homes support you and our members.

Visit MolinaHealthcare.com

Thank you for your partnership!