

2023 New Provider Orientation

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!

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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.

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.

Our goal:

- Health Plan partner of choice by delivering cost 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.

Service area

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**



MolinaHealthcare.com

Molina Healthcare of New York, Inc. Counties Upstate Region

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

Molina Healthcare of New York, Inc. Counties Downstate Region

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

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

LOB:

IB-Duals (**Effective November 1, 2023**)

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



Senior Whole Health of New York by Molina Healthcare

LOB: Medicaid Advantage Plus (MAP) | MLTC

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



Overview of services

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: 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: emedny.org/info/ProviderEnrollment/index.aspx

Prescriptions written by licensed prescribers not enrolled in the NYS Medicaid Program will be denied effective April 1, 2023.

Questions and Additional Information:

- Providers may check their enrollment status by reviewing the Medicaid Pended Provider Listing found here: emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.asp
- 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 (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.

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 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

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

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

Eligibility, authorization and claims

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: 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

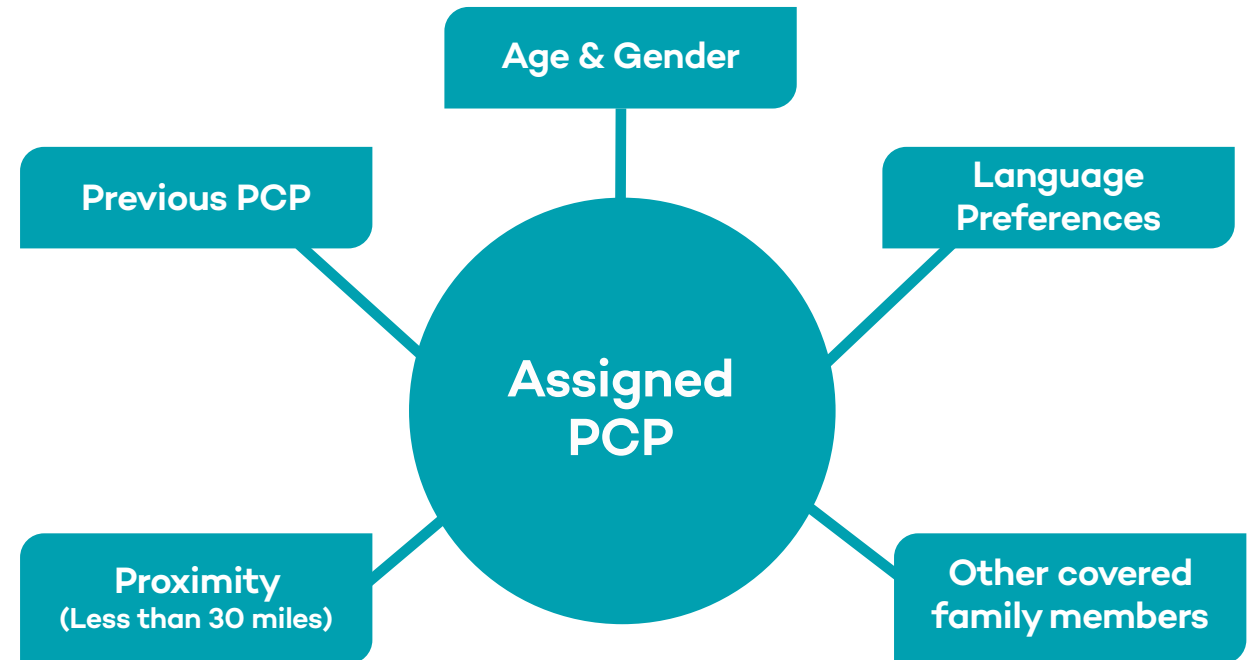
- (800) 223-7242, 8 a.m. to 6 p.m., Monday-Friday
- For hearing impaired: TTY 711

Member web portal

- Register or log on at 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

Affinity by Molina Healthcare of New York

Medicaid Managed Care:

 **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

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

HARP (Molina Healthcare PLUS):

 **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

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
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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](#)

Member ID cards

Affinity by Molina Healthcare of New York

Essential Plan:

Essential Plan

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

PCP Name:	RxBIN:
PCP Phone:	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:

Child Health PLUS

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>	RxBIN: <Bin_number_1>
PCP Phone: <PCP_Phone_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](#)

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](https://www.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 [molinahealthcare.com/members/ny/en-us/health-care-professionals/home.aspx](https://www.molinahealthcare.com/members/ny/en-us/health-care-professionals/home.aspx).

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 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: availability.com/molinahealthcare

Phone: (877) 872-4716

Fax: (866) 879-4742

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

Claims submission

Medical Claims can be directly entered through the Availity Essentials portal at availity.com/molinahealthcare. Please submit on an original red and white form; no photocopies.

Clearinghouse information regarding SSI/Claimsnet can be found on our website at 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**

Appeals and Grievances

Please see the Appeals and Grievances section of the provider manual, Section 11 at 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)

Appeals:

Providers must submit appeals within 60 days from the original remit.

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
1776 Eastchester Road
Bronx, NY 10461

Enrollment information for ERA/EFT

In order to register for Electronic Funds Transfer or Electronic Remittance Advice please go to enrollments.echohealthinc.com/eftdirect/molinaHealthcare.

Payer ID 16146

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

Vendor information

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

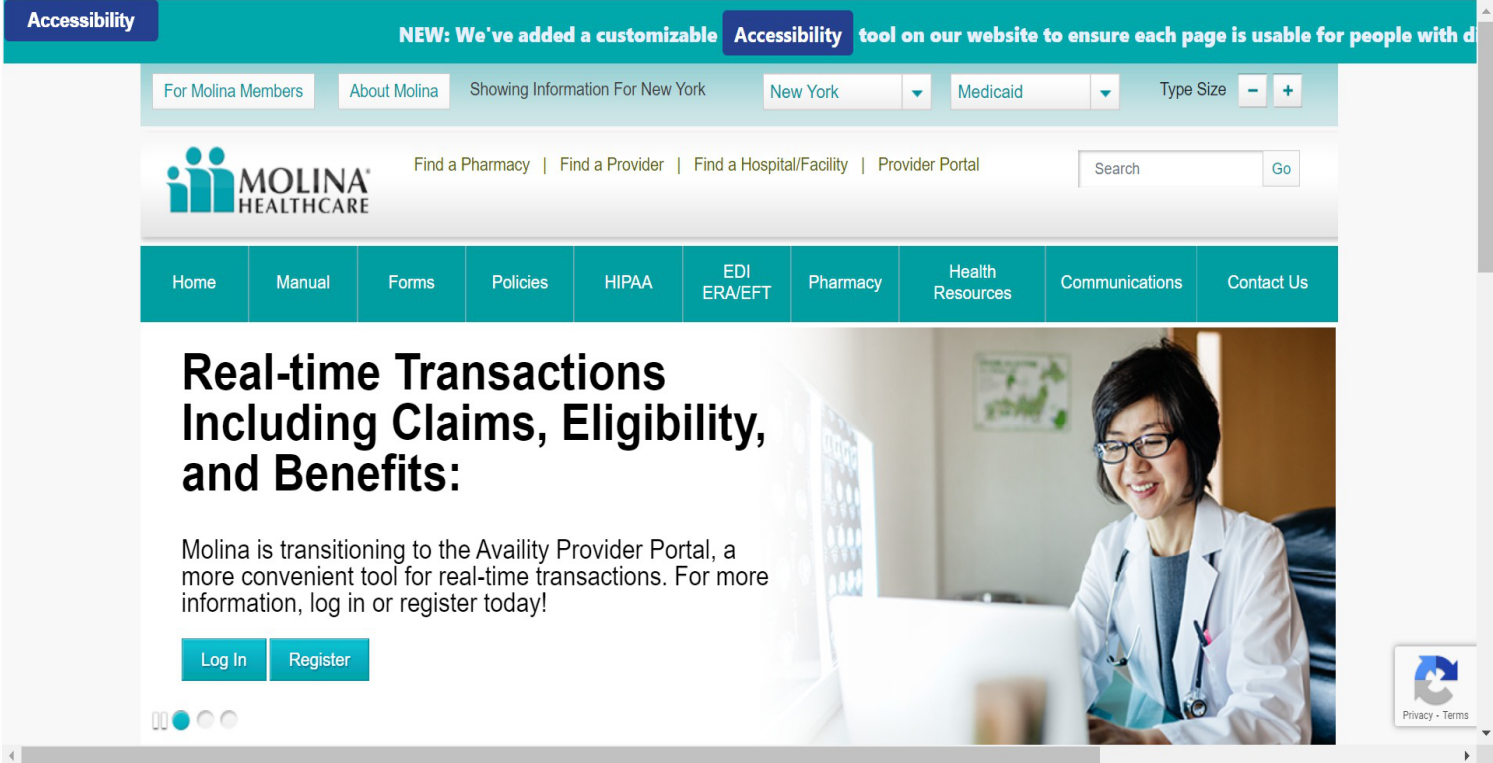
Provider resources

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

molinahealthcare.com/providers/ny/Medicaid/manual/medical.aspx



The screenshot shows the Molina Healthcare website interface. At the top, there is a teal header with the text "NEW: We've added a customizable Accessibility tool on our website to ensure each page is usable for people with d". Below this is a navigation bar with links for "For Molina Members", "About Molina", and "Showing Information For New York". There are also dropdown menus for "New York" and "Medicaid", and a "Type Size" control. The main navigation menu includes "Home", "Manual", "Forms", "Policies", "HIPAA", "EDI ERA/EFT", "Pharmacy", "Health Resources", "Communications", and "Contact Us". The main content area features a large heading: "Real-time Transactions Including Claims, Eligibility, and Benefits:". Below the heading is a paragraph: "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 background image shows a female doctor in a white coat smiling at a computer monitor. In the bottom right corner, there is a "Privacy - Terms" link.

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

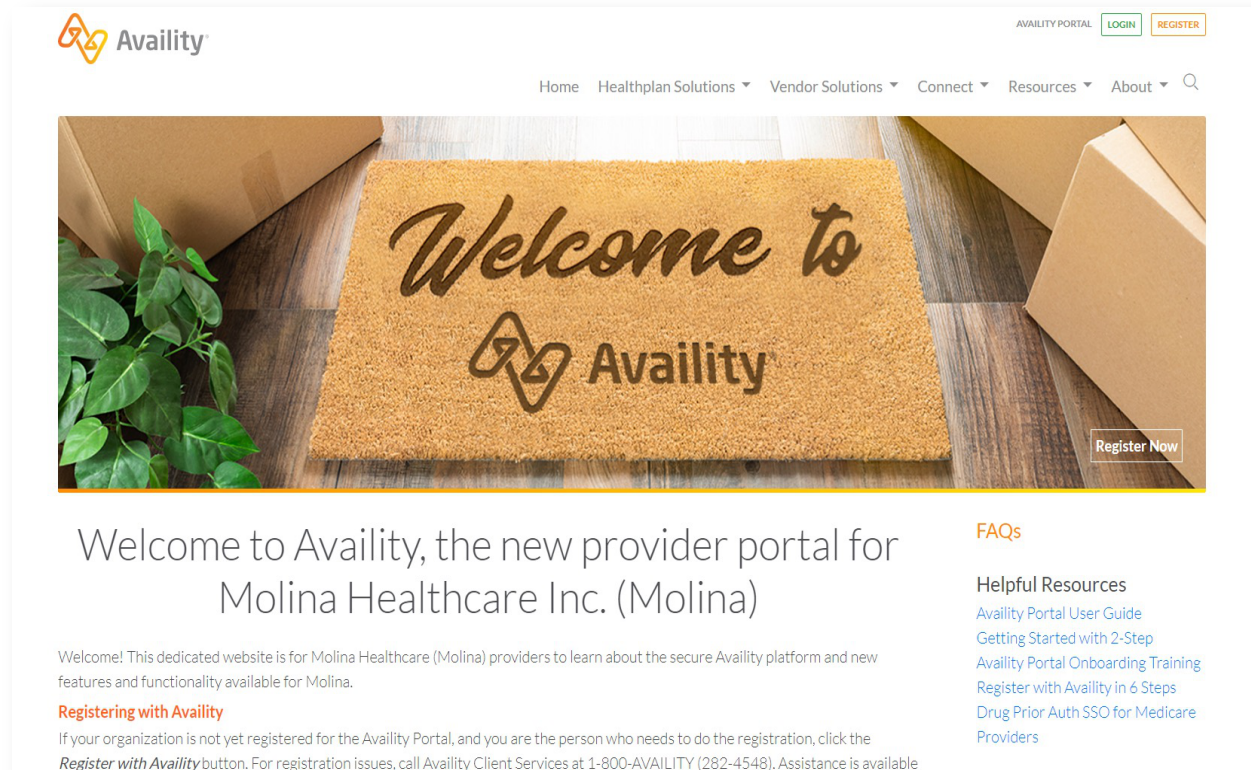
Availity Essentials web portal

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](https://www.availity.com/molinahealthcare)

Web portal registration



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 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. 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.

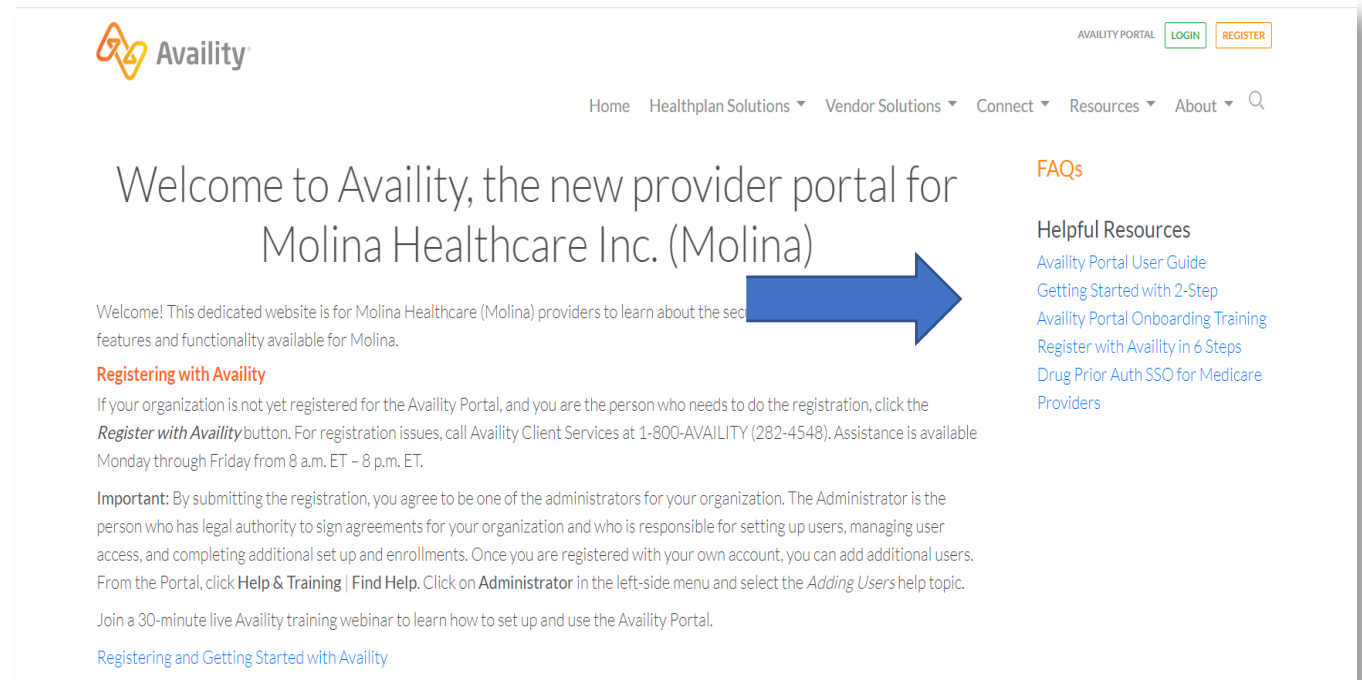
Registering with Availity Essentials portal

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.–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.

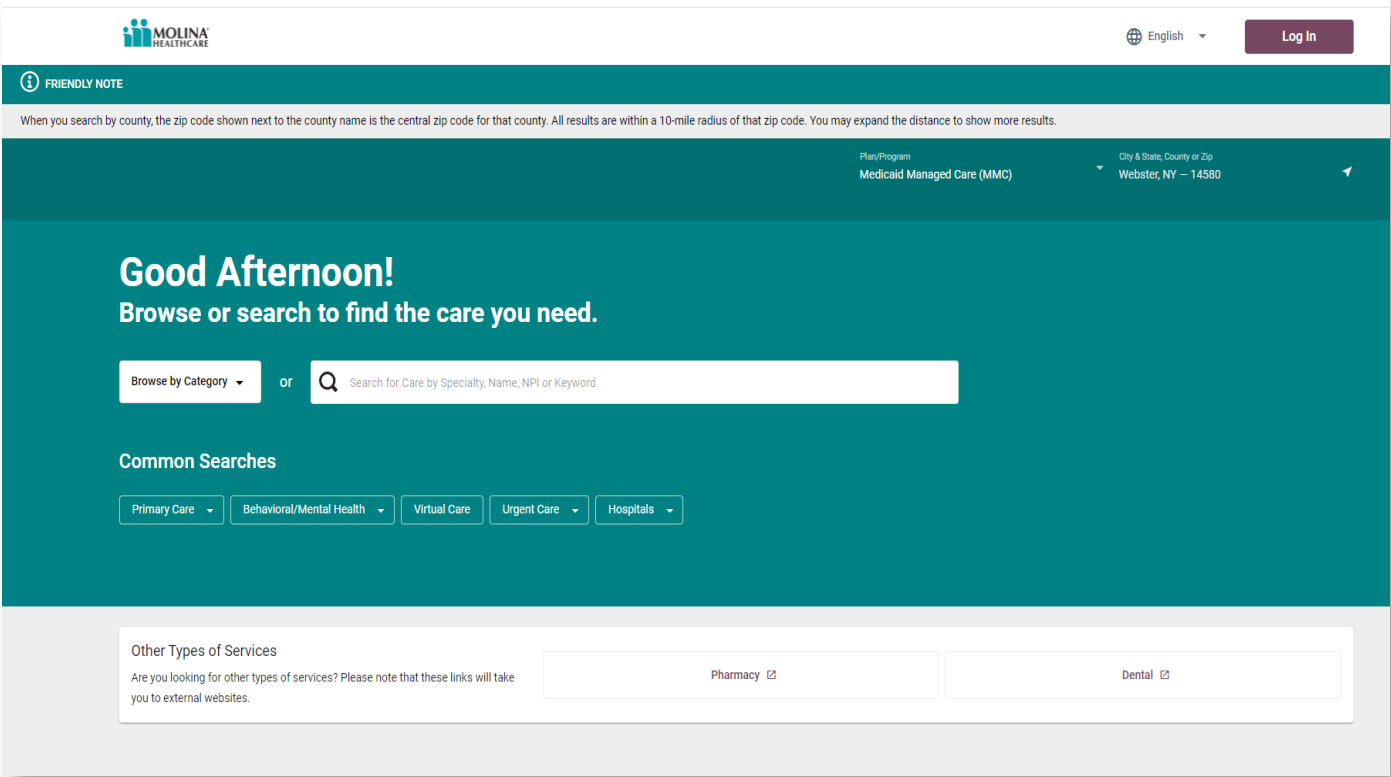
There are also many resources available before you even register with Availity. See below!



The screenshot shows the Availity portal homepage for Molina Healthcare Inc. (Molina). The page features the Availity logo in the top left corner. In the top right corner, there are links for 'AVAILITY PORTAL', 'LOGIN', and 'REGISTER'. Below the logo, there is a navigation menu with links for 'Home', 'Healthplan Solutions', 'Vendor Solutions', 'Connect', 'Resources', and 'About'. The main heading reads 'Welcome to Availity, the new provider portal for Molina Healthcare Inc. (Molina)'. A blue arrow points to the 'Register with Availity' button. Below the heading, there is a welcome message: 'Welcome! This dedicated website is for Molina Healthcare (Molina) providers to learn about the new features and functionality available for Molina.' This is followed by a section titled 'Registering with Availity' which contains the same registration instructions as the text on the left. Below that is an 'Important' notice and a link to a 30-minute live Availity training webinar. On the right side of the page, there are sections for 'FAQs' and 'Helpful Resources' with links to 'Availity Portal User Guide', 'Getting Started with 2-Step', 'Availity Portal Onboarding Training', 'Register with Availity in 6 Steps', and 'Drug Prior Auth SSO for Medicare Providers'.

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 emailed to MHNYNetworkOperations@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



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."

Contact information

Provider quick reference guide (effective 4/1/2023)

Provider Services P: (877) 872-4716 F: (844) 879-4509	
Provider Claims, Training, and Provider Complaints	MHNYProviderServices@MolinaHealthcare.com
Demographic changes, Rosters and Credentialing	MHNYNetworkOperations@MolinaHealthcare.com
Provider Contracting	MHNYProviderContracting@MolinaHealthcare.com
Appeals / Adjustments	
<p>Provider Portal: Molina strongly encourages the use of the provider portal for clean claims, corrected claims, and to appeal claims.</p>	Availity.com/MolinaHealthcare
<p>Appeals:</p>	<p>Molina Healthcare of New York, Inc. ATTN: Appeals Department 1776 Eastchester Road Bronx, NY 10461 P: (877) 872-4716 F: (315) 234-9812</p>
Care Management 177 Eastchester Road Bronx, NY 10461 P: (877) 879-4482 F: (866) 879-4742	
<p>Email: MHNYCaseManagement@MolinaHealthcare.com Care Management Disease Education, Community and Social Determinants of Health Referrals. Molina encourages providers to call (800) 223-7242 to get connected with a member’s case manager or to request a team meeting.</p>	

Provider quick reference guide (effective 4/1/2023)

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 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

EDI / ERA / EFT

Clearinghouse: SSI/Claimsnet
P: (800) 356-0092
Payer ID 16146
To register for EFT/ERA's – Health, Inc. –
enrollments.echohealthinc.com/afteradirect/MolinaHealthcare
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: 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 | Longbeach, CA 90801 |
P: (877) 872-4716

Provider quick reference guide (continued)

Member Services | 1776 Eastchester Road | Bronx, NY | 10461 | **P:** (800) 223-7242 | **F:** (844) 879-4509

Member Claims, 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

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 of the Availity Provider Portal.**
Providers can register at [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare).

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

Provider quick reference guide (continued)

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 services 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:

[emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf](https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf)

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. 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.

Helpful resources for core services

CORE Overview Website

omh.ny.gov/omhweb/bho/core/

CORE Operations Manual

omh.ny.gov/omhweb/bho/core/core-services-operations-manual.pdf

CORE Services NYC Designation List

apps.omh.ny.gov/omhweb/bho/docs/nyc-core-provider.xlsx

CORE Services Rest of State Designation List

apps.omh.ny.gov/omhweb/bho/docs/ros-core-provider.xlsx

CORE Services Staff Training Memo

omh.ny.gov/omhweb/bho/core/core-staff-training-memo.pdf

CORE Licensed Practitioner of the Healing Arts Memo and Recommendation Form omh.

ny.gov/omhweb/bho/core/lpha-memo-and-recommendation-form.pdf

CORE Licensed Practitioner of the Healing Arts

omh.ny.gov/omhweb/bho/core/core-lpha-recommendation-form-fillable.pdf

CORE Benefit and Billing Guidance

omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

MCO Notification Letter

omh.ny.gov/omhweb/bho/core/core-mco-notification-letter.pdf

CORE Provider Service Initiation Template

omh.ny.gov/omhweb/bho/core/core-provider-service-initiation-notification-form.pdf

CORE Frequently Asked Questions (revised 11/15/2022)

omh.ny.gov/omhweb/bho/core/core-faq.pdf

Public Facing CORE/BH HCBS Data

omh.ny.gov/omhweb/bho/core_hcbs_access_dashboard.pdf

CORE Educational Materials for Individuals and Families

omh.ny.gov/omhweb/bho/core/core-member-brochure.pdf

omh.ny.gov/omhweb/bho/core/core-member-faq.pdf

omh.ny.gov/omhweb/bho/core/core-member-palm-card.pdf

- **All 3 above are available in 9 languages on the CORE Overview Website**

CORE CPI Training

practiceinnovations.org/initiatives/hcbs-home-and-community-based-services/Overview

MCTAC Trainings

ctacny.org/trainings/

ctacny.org/special-initiatives/CORE/

ctacny.org/contact-us/

Coalition for Behavioral Health

coalitionny.org/crr

The CRR supports the HCBS/CORE learning lab for HCBS/CORE technical assistance and support.

OMH Adult Behavioral Health Managed Care Policy, Guidance, and Resources

omh.ny.gov/omhweb/bho/policy-guidance.html

Pre-Recorded Webinars

Login (ctacny.org)

Webinar: New Features Training: Social Determinants of Health, CORE Eligibility, PSYCKES Consent eSignature, and-20230314 1500-1 - NYS Information Technology Service WebEx Enterprise Site

**Thank you for
your partnership!**

MolinaHealthcare.com

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