



Provider Quick Reference Guide

Effective January 2026

Provider Services | P: 877-872-4716 | F: 844-879-4509

Provider Claims, Training, and Provider Complaints	MHNYProviderServices@MolinaHealthcare.com
Provider Data: Demographic changes, Rosters and Credentialing	MHNYNetworkOperations@molinahealthcare.com
Provider Contracting and SCAs	MHNYProviderContracting@molinahealthcare.com

Member Services | P: 800-223-7242 | F: 844-879-4509

Appeals and Grievances (via Availity, Mail, Fax)

Provider Portal: Molina strongly encourages the use of the provider portal for appeal/dispute claims.	Availity Essentials portal
Mailing Address:	Molina Healthcare of New York, Inc. ATTN: Appeals Department 2900 Exterior Street Suite 202, Bronx NY 10463 P: 877-872-4716 F: 315-234-9812

Care Management | MHNY.caremanagement@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

Home and Community Based Services (HCBS) initial service notifications, HCBS Plans of Care (POC), HCBS Child Adolescent Needs and Strengths (CANS-NY), HCBS Levels of Care (LOC), Community Oriented Recovery and Empowerment (CORE) service notification forms, CORE discharge notifications, Health Home disenrollment notifications, and Health Home Diligent Search Efforts (DSE) requests are mailed to MolinaNYPOC@molinahealthcare.com.

Clinical Policy (Benefit Interpretation Policies) | <https://www.molinahealthcare.com/molinaclinicalpolicy>

Cultural Competency Training & Attestation Form | [Availity Essentials portal](#)

You must first log in and navigate to Molina Healthcare under Payer Spaces, then select the Resources tab, and then the Culturally and Linguistically Appropriate Services Provider Training Resources/Disability Resources and Links to view the available resources and training.

Dental (Liberty Dental) VENDOR CHANGE - Effective 1/1/2026

Eligibility/Benefit Questions:	(P)888.352.7924 Eligibility & Benefits: Opt 1
Claims/payment issues:	(P) 888.352.7924 opt 2; (F) 888.401.1129
Claims Questions:	claims@libertydentalplan.com
Claim Submission:	Paper Claim Mailing Address: Liberty Dental Plan, Attn: Claims Department, PO Box 15149 Tampa, FL 3368 Electronic Claims Submission – via the Provider Portal below
Liberty Dental Provider Portal - Payor ID CX083	Liberty Dental Plan

Appeals & Grievances: (F) 833-250-1814	Email: GandA@libertydentalplan.com (please ensure emails are sent securely) Mailing Address: Liberty Dental Plan, Grievances & Appeals, PO Box 26110, Santa Ana, CA 92799-6110
Liberty Dental Provider Relations Department (P) 888.352.7924; (F) 949.313.0766	Mailing Address: Liberty Dental Plan Attn: Provider Relations P.O. Box 26110 Santa Ana, CA 92799-6110 EMAIL: Provider@libertydentalplan.com
EDI / ERA / EFT - Molina Healthcare.com	
Clearinghouse: SSI/Claimsnet // P: 800-356-0092 Payer ID 16146	
To register for EFT/ERA's – ECHO Health, Inc. -- https://enrollments.echohealthinc.com/efteradirect/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: EthicsPoint - Molina Healthcare	
Mail: ATTN: Compliance Officer 2900 Exterior Street, Suite 202 Bronx NY 10463	
Paper Claim Mailing Address Molina Healthcare of New York, Inc. P.O Box 22615 Long Beach, CA 90801	
<ul style="list-style-type: none"> • Paper Claims are required to be submitted on original red and white CMS-1500 and CMS1450 (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 to include Claims with handwriting. • Link to paper Claims submission guidance from CMS: https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500 	
Nurse Advice Line P: 844-819-5977	
Members may call and connect to a Registered Nurse 24/7, 365 days per year.	
Pharmacy P: 877-872-4716 F: 844-823-5479	
MMC/HARP	
<ul style="list-style-type: none"> • Retail Drugs Carved Out to NYRx (NY DOH) for Prior Authorization Assistance <ul style="list-style-type: none"> ◦ Inquiries – P: 877-309-9493 F: 800-268-2990 https://www.emedny.org/nyrx/ • Physician Administered J-codes Carved In to Molina for Prior Authorization Assistance <ul style="list-style-type: none"> ◦ Inquiries: P: 877-872-4716 F: 844-823-5479 (J Codes and Home Infusion) 	
CHP/EP	
<ul style="list-style-type: none"> • Retail Drugs Carved In to Molina for Prior Authorization Assistance <ul style="list-style-type: none"> ◦ Inquiries: P: 877-872-4716 F: 844-823-5479 • Physician Administered J-Codes Carved In to Molina for Prior Authorization Assistance <ul style="list-style-type: none"> ◦ Inquiries (J Codes and Home Infusion): P: 877-872-4716 F: 844-823-5479 (J Codes and Home Infusion) • Pharmacy Provider or PBM-Related Questions (CHP/EP only) <ul style="list-style-type: none"> ◦ Contact CVS/Caremark Pharmacy Help Desk: P: 888-769-9030 F: 844-823-5479 	
Physician Provider-Related Questions on Molina pharmacy benefit	
<ul style="list-style-type: none"> • Contact Molina Healthcare Provider Contact Center P: 877-872-4716 F: 844-823-5479 	
Provider Portal Availity Essentials portal	

Quality Improvement & Risk Adjustment

General Information: MHNYQuality@MolinaHealthCare.com

HEDIS®/QARR/Risk Adjustment Medical Records: MHNYQualityCharts@MolinaHealthCare.com

Member Incentive Flyer: [Member Incentive Program Molina Healthcare of New York, Inc.](http://MemberIncentiveProgram.MolinaHealthcareofNewYork.Inc)

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 https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf

Utilization Management

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

Refer to Molina's Provider Website or Prior Authorization Look-Up Tool for specific codes that require Prior Authorization. Only covered services are eligible for reimbursement

Prior Authorization Form: [Molina Healthcare Medicaid Forms](#) (see Prior Authorization Guide and Prior Auth Form)

Prior Authorizations including Behavioral Health Authorizations: P: 877-872-4716 | F: 866-879-4742

Radiology Authorizations: P: 855-714-2415 | F: 877-731-7218

Progeny: (NICU Admissions) P: 888-832-2006 | F: 833-734-1510

Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT, Lab, or X-ray report/results).
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.

Turn Around Time Expectations:

- **Pre-authorization/Standard/Non-Urgent:** Molina's decision must be made as fast as the Member requires or within three (3) business days of receipt of necessary information but no more than seven (7) days of the request.
- **Concurrent:** Molina decision must be made and notify Member/Member's Representative and Provider by phone and writing within one (1) business day of receipt of necessary information.
- **Urgent/Expedited:** Molina's decision must be made within seventy-two (72) hours of receipt of expedited request.

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

Reference Links

Access to Care/Appointment Access - Timeframes: [Access to Care Standards/Timeframes](#)

Molina Provider Website: [Molina Healthcare.com](#)

Forms: [New York Providers Home \(MolinaHealthcare.com\)](#) under the forms tab

Model of Care Training - [MolinaHealthcare.com/model-of-care-provider-training](#)

Prior Authorization Lookup - [PA Lookup Tool](#)

Provider Communications - [Molina Provider Communications - Updates and Bulletins](#)

Provider Manuals - [Molina Healthcare Provider Manual](#)

Provider Quick Reference Guide - [2025 Provider Quick Reference Guide](#)

Self Disclosure Program/Process - [Self Disclosure Program/Process](#)