



Provider Quick Reference Guide

(effective 11/1/21)

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
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 the Availity Provider Portal Provider Portal. Providers can register at Availity.com/MolinaHealthcare.	
Fraud Waste Abuse	
If you suspect cases of fraud, waste, or abuse, you must report it to Molina: Online: www.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 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	
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 www.dentaquest.com Mailing Address: DentaQuest IPA of New York LLC - Claims PO Box 2906 Milwaukee WI 53201-2906 Same Name and address except Att: Utilization Management/Appeals for appeals	
Vision (Superior Vision ®) P: 866-819-4298 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 Att: Claims Dept PO Box 967 Rancho Cordova CA 95741	

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Medical Claim Guidelines

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

EDI/ERA/EFT

Clearinghouse: SSI/Claimsnet

P: 800-356-0092

Payer ID 16146

To register for EFT/ERA's

providernet.adminisource.com/Start.aspx

Appeals/Adjustments

Provider Portal:

Molina strongly encourages the use of the provider portal for clean claims, corrected claims, and to appeal claims.

Provider Portal:

Availity.com/MolinaHealthcare

Appeals

Molina NY Healthcare

Attention: Appeals Department

1776 Eastchester Road

Bronx, NY 10461

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

Transportation

Emergency Transportation:

When a member's condition is life-threatening and requires use of special equipment, life support systems, and 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).