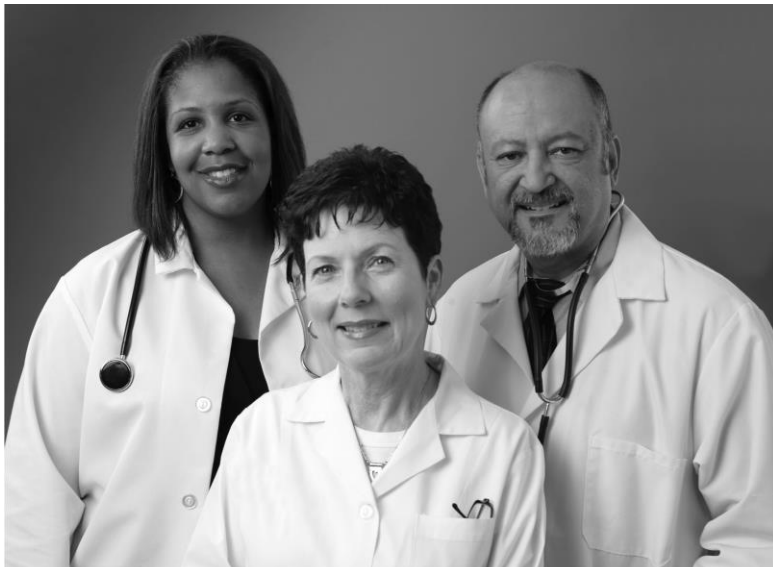


Provider Bulletin — June 2019

A bulletin for the Molina Healthcare of New York, Inc. Network



Questions?

Call Provider Services

(877) 872-4716- 8 a.m. – 6 p.m.

Monday through Friday

MHNYProviderServices@MolinaHealthcare.com

Connect with Us

Provider Web Portal

<https://provider.molinhealthcare.com>

New Appeal Request Form

Molina Healthcare of New York, Inc. has combined the Provider Clinical Appeal Request Form and Claim Reconsideration Request Form into one. The new form, “Provider Appeal Request Form” is available for use, it is posted to our website at <https://www.molinahealthcare.com/providers/ny/medicaid/forms/Pages/fuf.aspx>.

The new form is multi-purpose in that you may submit a clinical appeal or a claim payment dispute, it requires the same information to be provided as the previous forms did but it also gives additional information on timeframes for submission. If the preferred method for submission is via fax, please note the fax number that should be used is, 315-234-9812. It is Molina Healthcare’s expectation that the new form is utilized immediately, and the old process be fully retired by August 1, 2019.

Helpful Hints:

- Select “Clinical Appeal” or “Claim Payment Dispute” at the top of the form
- Include any new and/ or additional supporting documentation (office notes, laboratory and radiology reports, brief medical history, treatment plans, etc. when submitting your request
- The “Appeal Contact” information in Section 1 is requesting a specific contact with the appeals knowledge within your office for our Appeals Department to contact should need be
- The “Representative” information in Section 1 is requesting the information of the individual filling out the request form

If you have any questions or concerns, please contact Molina Healthcare of New York, Inc. Provider Services at (877) 872-4716.



Your Extended Family.

MCD_PV_NAF_0619_06/19/2019