

## Provider Services

Demographic changes, Provider Claims, Contracting, Credentialing, Training and Provider complaints

H: 8:00 a.m. - 6:00 p.m.  
 P: 877-872-4716  
 F: 844-879-4509  
 E: MHNYPProviderServices@MolinaHealthcare.com

Correspondence Address:  
 5232 Witz Dr.,  
 N. Syracuse, NY 13212-6501

## Member Services

Member Claims, Benefits, Eligibility/Identification, Pharmacy inquiries, PCP changes, Member complaints

H: 8:00 a.m. - 6:00 p.m.  
 P: 800-223-7242  
 Correspondence Address:  
 5232 Witz Dr.,  
 N. Syracuse, NY 13212-6501

## Utilization Management

Prior Authorizations, Service Requests, Care Management.

Molina highly encourages to use the Provider Portal for PA requests. Forms/PA Guidelines can be found at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

Provider Portal: <https://provider.molinahealthcare.com>

P: 800-223-7242  
 F: 866-879-4742  
 Correspondence Address:  
 5232 Witz Dr.,  
 N. Syracuse, NY 13212-6501

## Compliance and Fraud Alertline

If you suspect cases of fraud, waste, or abuse, you must report it to Molina.

P: 866-606-3889  
 Website: [www.molinahealthcare.alertline.com](http://www.molinahealthcare.alertline.com)

Correspondence Address:  
 ATTN: Fraud, Waste and Abuse Dept.  
 5232 Witz Dr.,  
 N. Syracuse, NY 13212-6501

## Credentialing

Forms can be found on [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

P: 877-872-4716  
 F: 844-879-4509

## Nurse Advice Line

Members may call our Registered Nurses who are available (24) hours a day, seven (7) days a week, (365) days per year.

P: 800-223-7242  
 TTY/TDD: 711

## Pharmacy

Prior Authorization Assistance, Inquiries (eg. J Codes). Forms can be found at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

P: 800-223-7242  
 F: 866-978-4742

## Pharmacy Benefit Manager

CVS Caremark

P: 800-223-7242  
 F: 844-823-5479  
 Help Desk: 800-364-6331

## Dental

HealthPlex is the vendor that administers dental benefits to Molina members.

P: 888-468-2183  
F: 516-228-5025

Correspondence Address:  
P.O. Box 9255  
Uniondale, NY 11553-9255

## Vision

Molina Healthcare of New York, Inc. manages vision benefits for Molina members.

P: 800-223-7242  
F: 315-234-9812

# Claim Guidelines

## Paper Submissions

Molina Healthcare of New York, Inc.  
PO Box 22615  
Long Beach, CA 90801  
F: 877-872-4716

## Claims Recovery

Molina Healthcare of New York, Inc.  
Attn: Claims Recovery  
200 Oceangate Suite 100  
Long Beach, CA 90802  
P: 866-642-8999

## Appeals/Adjustments

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

Provider Portal: <https://provider.molinahealthcare.com>  
EDI: Payer ID 16146

Molina Healthcare of New York, Inc.  
Attention: Provider Resolution Department  
5232 Witz Dr.,  
N. Syracuse, NY 13212-6501  
F: 315-234-9812

## Transportation

### Emergency Transportation

When a Molina 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 (CHP) Members.

## ICD-10

Effective 10/01/2015. All claims submitted with DOS on or after 10/01/2015, must include ICD-10 codes. Claims submitted without the appropriate code version, will result in denials. More information can be found online at [www.cms.gov/ICD10](http://www.cms.gov/ICD10)

For more information, please visit [MolinaHealthcare.com](http://MolinaHealthcare.com).