

# New Provider Orientation

Molina Healthcare of New York, Inc.

2020

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Your Extended Family.



Dear Provider,

Welcome to Molina Healthcare of New York!

We are excited to have you as part of our provider network. This provider welcome packet is a high level overview of the programs, services and procedures you may find valuable as we begin to work together. Our goal is to do all we can to aid you in meeting all the medical needs of our members.

We have developed several tools to assist you in making your experience with Molina positive and successful.

Molina Healthcare offers Web Portal which is a secure internet based website for Molina Medicaid, CHIP, Medicare, and Marketplace lines of business. Through this site you may access member eligibility, claim status, submit authorizations, check participating providers, and download frequently used forms. Molina will provide you with an ID number and password to access the site which you can visit at your convenience. Molina will provide your office staff with any training on Web Portal that you are in need of.

Molina understands that communication with our network providers is essential. Molina will send out periodic communications through faxes, by email, and on our Web Portal page under the section: Communications. This will keep you current on upcoming changes with Molina, State and 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. To help us achieve this mission we offer four lines of business to meet the needs of your patients. Molina offers Medicaid, CHIP, HARP and Marketplace. If you have patients that you think may benefit from enrolling in any of the plans offered by Molina please let us know.

We look forward to working with you.

Sincerely,

Molina Healthcare of New York, Inc.



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# History and Mission







# Why Molina?

Molina Healthcare Inc. is a Fortune 500 Company, focused on providing access to quality health care to over 3.5 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 care professionals.
- Allow member to achieve optimal health status.

## Our Goal

- Health Plan partner of choice by delivering cost effective, reliable and seamless services.
- Our provider Engagement teams work in collaboration with key provider partner to improve quality Outcomes. Our Provider Engagement Team consist of:

**Provider Service Representatives:** Operational support to all Molina contracted providers. Training, claims resolutions, and front-end contact for all Molina departments

**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.

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# Service Area





## Health Plan Leadership

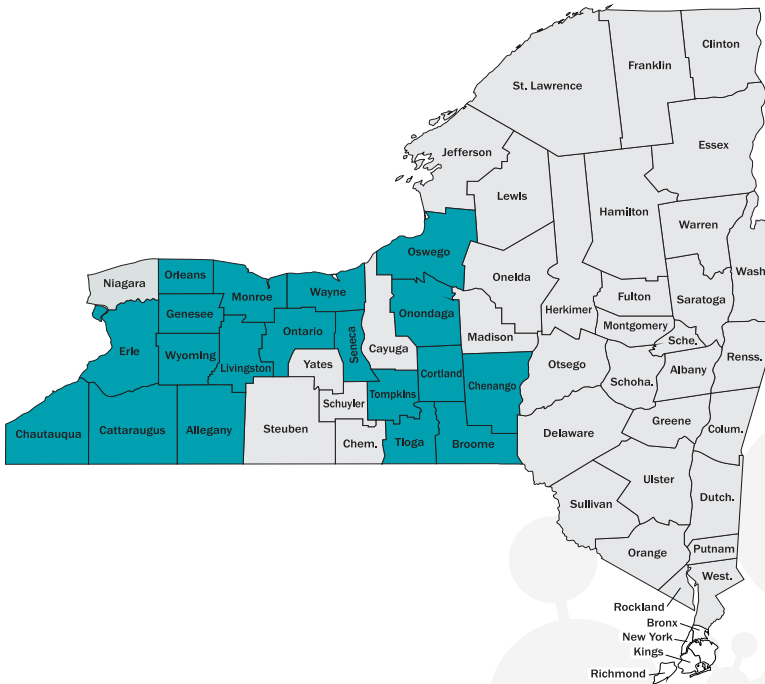
Colleen Schmidt, Plan President  
 Mumtaz Ibrahim, MD, Chief Medical Officer

## Molina Healthcare Corporate Facts

**Total Membership:** 3,331,000

**Health Plans:** CA, FL, ID, IL, KY, MI, MS, NM, NY, OH, PR, SC, TX, UT, WA, WI

## New York Counties Served:



## Key Health Plan Facts

**Membership:** 78,000\*\*  
**Employees:** 150

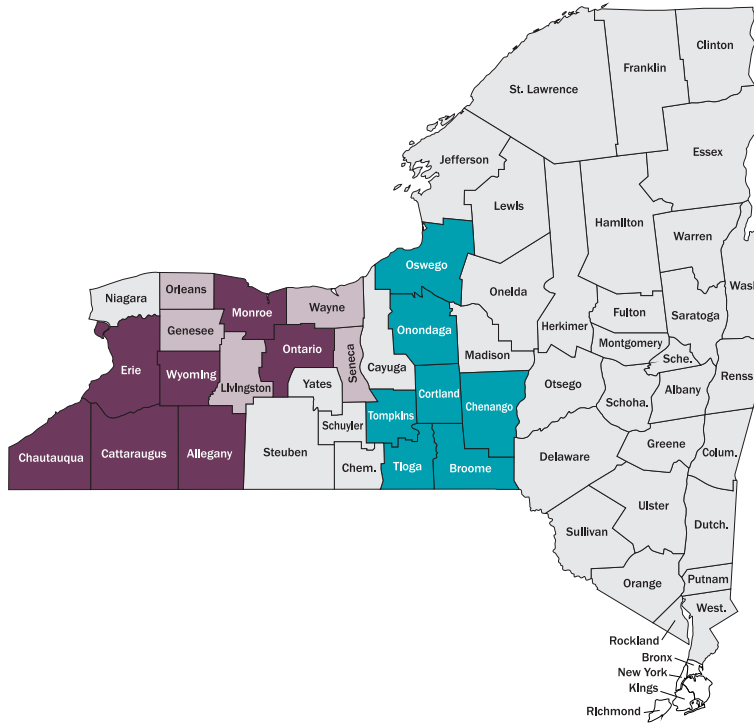
### Lines of Business

- Medicaid
  - Medicaid Managed Care (MMC)
  - Child Health Plus (CHP)
  - Health & Recovery Program (HARP)
  - Essential Plan

### Provider Network

- Primary care physicians – 700
- Specialist physicians – 4,000
- Ancillary services – 400
- Hospitals – 9

# Molina Healthcare of New York, Inc. Service Area



## Current Counties Molina is servicing

- Broome
- Chenango
- Cortland
- Oswego
- Onondaga
- Tioga
- Tompkins

## Acquired Counties – Expansion + Membership

- Erie
- Cattaraugus
- Chautauqua
- Allegany
- Wyoming
- Monroe
- Ontario

## Service Area Expansion in tandem w / Acquisition

- Orleans
- Genesee
- Livingston
- Wayne
- Seneca

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# Overview of Services







## 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: 800-223-7242 TTY/711**  
**Spanish: 800-223-7242 TTY/711**



## Pharmacy Services

Molina Healthcare of New York is contracted with Caremark to provide you prescription drug coverage. Our goal is to meet your needs and provide your medicines in a cost effective manner. You can find our Medicaid prescription drug formulary at: <https://www.molinahealthcare.com/providers/ny/medicaid/drug/Pages/formulary.aspx>

### Pharmacy Contact Information

Molina Healthcare Prior Authorization Pharmacy Department Phone Number: 877-872-4716

Molina Healthcare Prior Authorization Pharmacy Department Fax Number: 844-823-5479

### Pharmacy Request for Prior Authorization

Molina Healthcare of New York Providers may request a Prior Authorization for a Medication by Faxing a completed form to: 844-823-5479

### A Completed request includes:

A completed prior authorization form that is signed by the prescriber or authorized representative  
Clinical documentation (i.e. recent inpatient records, discharge summary, treatment plan, current lab reports, medical history)  
Medication history

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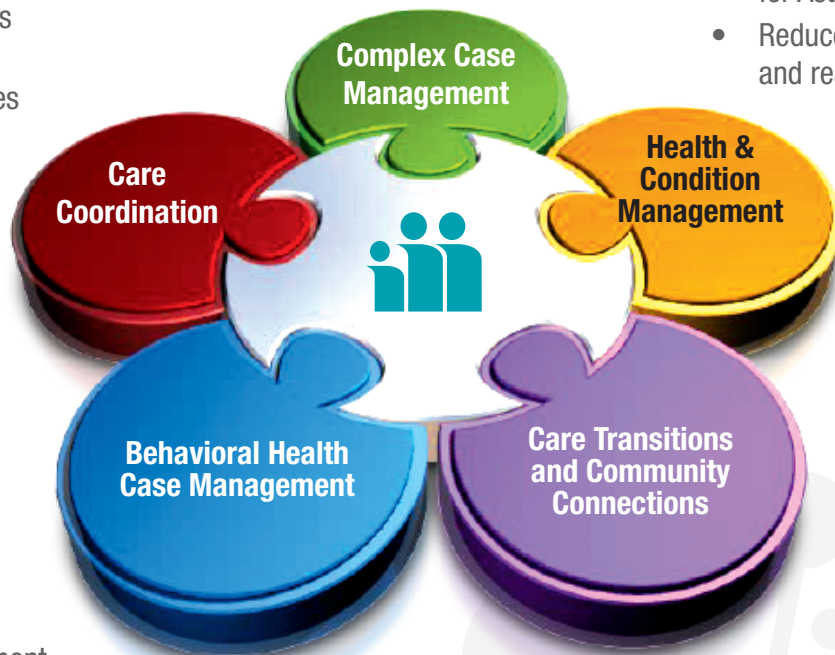


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# Care Coordination

## Direct Case Management Referral

- Focused Team for MMP & Medicaid Members
- Initial and follow-up Health Risk Assessments
- Coordination of needs
- Link Members with Community Resources
- 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 Management for things like smoking cessation, nutrition, high blood pressure or cholesterol or cancer screenings
- Assessment for high-risk pregnancy
- Disease Management programs for Asthma and Depression
- Reduce unnecessary ER visits and readmissions



- High Touch Management
- Psychiatrist Available
- Nurses and LCSWs
- Transition from hospital to home
- Community Connectors extend care management into the community
- Nurse Line available 24/7

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# Eligibility, Authorization and Claims





# Verifying Member Eligibility



- Molina offers various tools to verify member eligibility
  - Providers may use self-service Web Portal, IVR system, eligibility rosters or call Provider Services,
- Providers can also verify eligibility/health plan assignment for HFS recipients through Medical Electronic Data Interchange (MEDI)
- Provider's are responsible to verify member eligibility before rendering services
- At no time should a member be denied services because his/her name does not appear on Molina member roster
- If member does not appear on roster, contact Molina for further verification

**Web Portal:** <https://provider.molinahealthcare.com/provider/login>

**Provider Services:** (877) 872 – 4716

# PCP Member Roster

**Member Roster**

Select a Primary Care Provider : All Providers who are grayed out on the list do not have members assigned to them.

Select a letter to find a Member by Last Name

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Clear Filters

Click on an underlined column header to sort or hover over a ? for help with that column

Select	Last Name	First Name	Date Of Birth	Member ID	Line Of Business	PCP Effective Date	Status	PCP Name
					Select		Select	

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# 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 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, inpatients 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 member's name 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

Molina Healthcare offers various tools to verify member eligibility. Providers may use our online self-service Web Portal, integrated voice response (IVR) system, eligibility rosters or speak 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 Molina Healthcare for further verification.

3

Web Portal: <https://eportal.MolinaHealthcare.com/Provider/login>

4

Provider Services Contact Center: (877) 872-4716

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## Referrals and Prior Authorization

- Referrals need to be made when medically necessary services are beyond scope of PCP's practice
- Referrals to in-network specialists do not require authorization from Molina
- Information should be exchanged between PCP and specialist to coordinate care
- Prior authorization is request for prospective review to
  - Create collaborative approach to determine appropriate level of member care
  - Identify case management and disease management opportunities
  - Improve coordination of care
- Requests for services listed in the Prior Authorization Guide are evaluated by licensed nurses and clinicians
- Services requiring prior authorization can be found at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) under the Forms tab
- Service requests may be submitted via Web Portal or faxed in to numbers below

**Web Portal:** <https://provider.molinahealthcare.com>

**Prior Authorization Fax:** (866) 879-4742

## Requests for Authorization

- Provide supporting clinical documentation with elective service authorization requests
  - Information required generally includes
    - Current (up to 6 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
- Molina will process routine requests within 4 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 Prior Authorization Codification List for HCPCS codes requiring prior authorization, <https://www.molinahealthcare.com/providers/ny/medicaid/forms/Pages/fuf.aspx>

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# Requesting Prior Authorization

## Prior Authorization Request Options

- Web Portal: Use Molina Web Portal for prior authorization submission
  - Instructions are available on Web Portal
- Fax: Prior authorization form can be faxed to Molina, (866) 879-4742

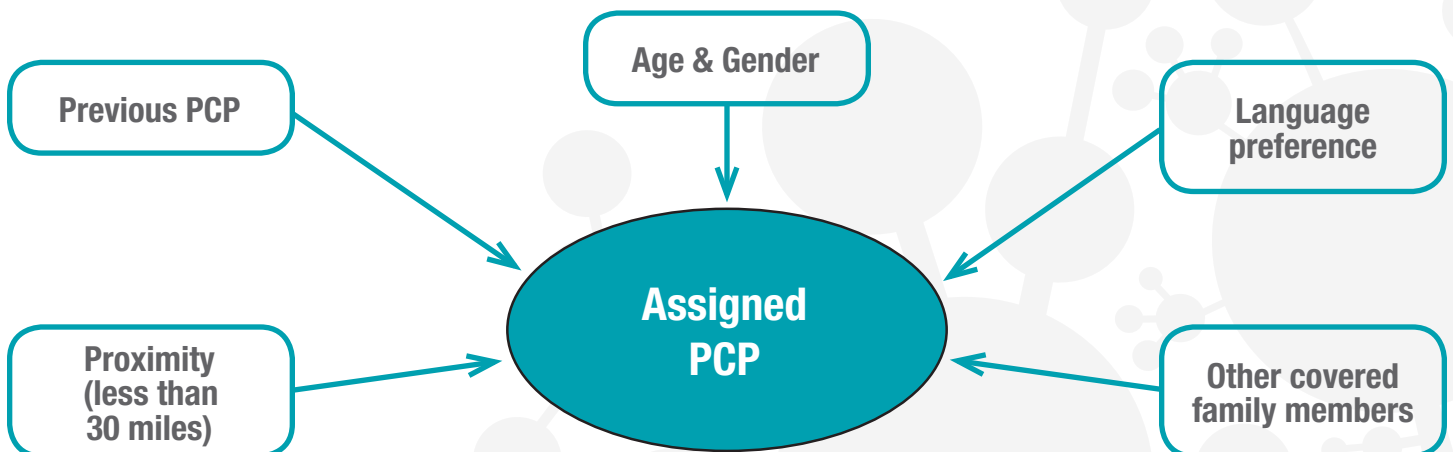


## Request for Authorization

- Providers requesting prior authorization can review criteria used to make final decision
  - Providers may speak to Medical Director who made determination
  - Molina clinical policies available for provider review at <https://www.molinahealthcare.com/providers/ny/Medicaid/Pages/home.aspx>
- Upon receipt of prior authorization, Molina will provide unique authorization number (use on claims related to 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
- Contact Molina with questions/concerns
- Prior Authorization (PA) form is available at, <https://www.molinahealthcare.com/providers/ny/Medicaid/Pages/fuf.aspx>

## 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:



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# 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/TDD 711

## Member Web Portal

- Register or log on at [MyMolina.com](http://MyMolina.com).
- Members can change a PCP, request a new ID card, check eligibility and more.

# Prior Authorizations (PA)

**Prior Authorization (PA)** is a request for prospective review. It is designed to:

- Assist in benefit determination
- Prevent unanticipated denials of coverage
- Create a collaborative approach to determining the appropriate level of care
- Identify care management and disease management opportunities
- Improve coordination of care

Requests for services on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained staff. A list of services and procedures that require prior authorization is in the Provider Manual and on our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). (See the “Prior Authorization Matrix” on the Forms tab.)

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# Prior Authorization Form

You can also submit PAs using the Prior Authorization Request Form on our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) under the forms tab.

Fax the Service Request Forms to the Utilization Management department using the numbers listed below, or submit via our Provider Web Portal.

## Web Portal :

<https://eportal.MolinaHealthcare.com/ Provider/Login>

Phone: (877)872-4716

Fax: (866)879-4742

**NOTE:** For contact numbers for specialty services (Radiology& NICU), please refer to the Prior Authorization/Pre-Service Review guide on the website under Frequently Used Forms.



Molina Healthcare of South Carolina  
Prior Authorization/Pre-Service Review Guide  
Effective: 1/1/2016



### This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare MEDICAID Members ONLY

Use the Molina web portal for faster authorization turnaround times  
Contact Provider Services for details

\*\*\*Referrals and Office Visits to Participating Molina Network Specialists do not require Prior Authorization\*\*\*

Refer to Molina's website for specific codes that require authorization  
Only covered services are eligible for reimbursement

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>◆ <b>Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:</b> <ul style="list-style-type: none"> <li>○ Inpatient, Residential Treatment, Partial hospitalization, Day Treatment</li> <li>○ Electroconvulsive Therapy (ECT)</li> <li>○ Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD)</li> </ul> </li> <li>◆ <b>Cosmetic, Plastic and Reconstructive Procedures</b> (in any setting)</li> <li>◆ <b>Durable Medical Equipment:</b> Refer to Molina's website or portal for specific codes that require authorization.</li> <li>◆ <b>Experimental/Investigational Procedures</b></li> <li>◆ <b>Genetic Counseling and Testing</b> except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations</li> <li>◆ <b>Habilitative Therapy</b> – After initial evaluation plus six (6) visits for outpatient and home settings (per state benefit)</li> <li>◆ <b>Home Healthcare and Home Infusion:</b> After initial evaluation plus six (6) visits</li> <li>◆ <b>Hospice:</b> notification only</li> <li>◆ <b>Hyperbaric Therapy</b></li> <li>◆ <b>Imaging, Advanced and Specialty Imaging:</b> Refer to Molina's website or portal for specific codes that require authorization</li> <li>◆ <b>Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice</b></li> <li>◆ <b>Neuropsychological and Psychological Testing</b></li> <li>◆ <b>Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:</b> <ul style="list-style-type: none"> <li>▪ Emergency Department services</li> <li>▪ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay</li> <li>▪ Local Health Department (LHD) services</li> <li>▪ Other services based on state requirements</li> </ul> </li> <li>◆ <b>Occupational Therapy:</b> For ages 18 years and younger only: the initial evaluation plus six (6) visits for therapy in an outpatient and home setting do NOT require authorization. Obtain authorization for visit 7 and beyond.</li> </ul> | <ul style="list-style-type: none"> <li>◆ <b>Office Visits &amp; Office Based Surgical Procedures at participating providers do not require authorization</b></li> <li>◆ <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:</b> Refer to Molina's website or portal for specific codes that require authorization</li> <li>◆ <b>Pain Management Procedures:</b> except trigger point injections</li> <li>◆ <b>Physical Therapy:</b> For ages 18 years and younger only: the initial evaluation plus six (6) visits for therapy in an outpatient and home setting do NOT require authorization. Obtain authorization for visit 7 and beyond.</li> <li>◆ <b>Pregnancy and Delivery:</b> notification only</li> <li>◆ <b>Prosthetics/Orthotics:</b> Refer to Molina's website or portal for specific codes that require authorization</li> <li>◆ <b>Radiation Therapy and Radiosurgery (for selected services only):</b> Refer to Molina's website or portal for specific codes that require authorization</li> <li>◆ <b>Rehabilitation Services:</b> Including Cardiac and Pulmonary</li> <li>◆ <b>Sleep Studies,</b> except Home Sleep Studies</li> <li>◆ <b>Specialty Pharmacy drugs (oral and injectable):</b> Refer to Molina's website or portal for specific codes that require authorization</li> <li>◆ <b>Speech Therapy:</b> After initial evaluation</li> <li>◆ <b>Transplants including Solid Organ and Bone Marrow</b> Kidney transplants require authorization through the SC-DHHS contracted QIO (Quality Improvement Organization) KeyPro. Fax such requests to (855) 300-0082<br/>Solid organ and bone marrow transplants – Fax requests to Molina (855) 237-6178<br/>Corneal transplants do not require authorization</li> <li>◆ <b>Transportation:</b> non-emergent air and ground transport only</li> <li>◆ <b>Unlisted, Miscellaneous and certain T (Temporary) Codes:</b> Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request. Refer to Molina's website or portal for specific codes that require authorization</li> </ul> |
|--|---|

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review.

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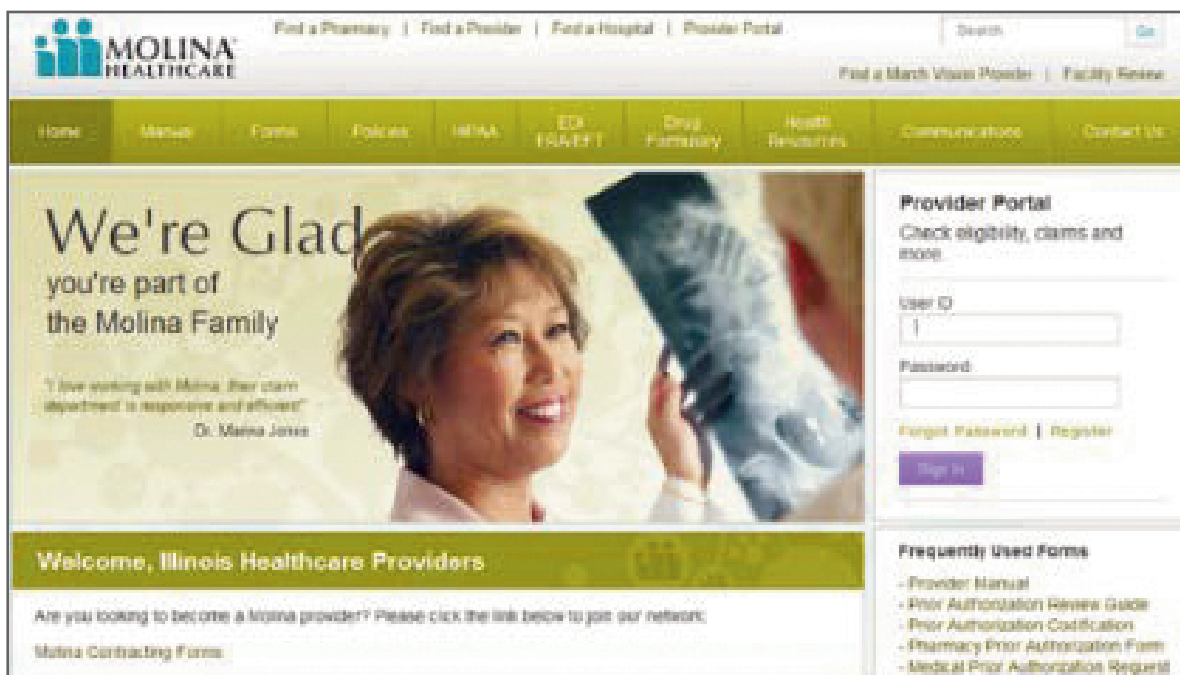
# Provider Resources





# Online Provider Resources

- Provider manual
- Provider online directories
- 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



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# Check out our Molina Mobile App!

## Access all the same features as on mymolina, plus:

- 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 ID Recognition



## Web Portal

Molina Healthcare participating providers may register for access to our Web Portal for self-service functions 24 hours a day, seven days a week, like:

### Web 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 <https://eportal.MolinaHealthcare.com/Provider/login>.

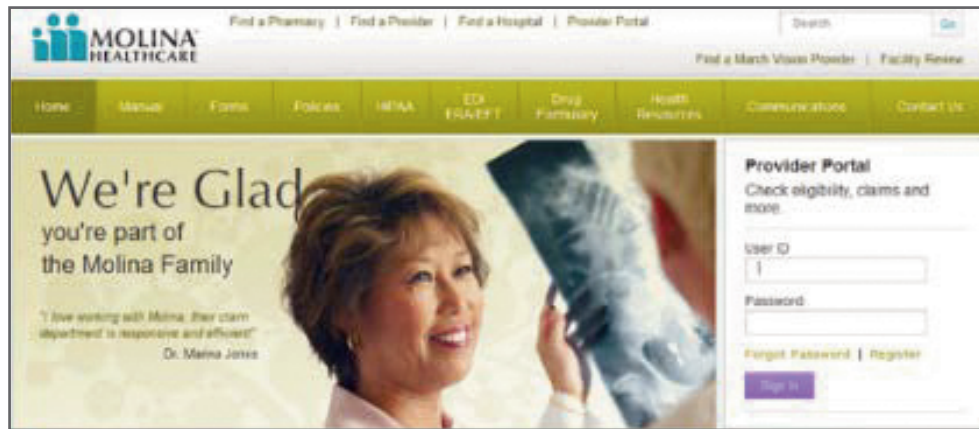
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# Register for Web Portal

Visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) to register. You will need the TIN and your Provider Identification number or three of the following: NPI, State License Number, Medicaid Number or DEA Number.



## Begin registration

- Click “New Registration Process”
- Select “Other Lines of Business”
- Select State
- Select role type “Facility or Group”
- Click “Next”

## Required fields

- Enter first name
- Enter last name
- Enter email address
- Enter email address again to confirm

## Complete registration

- Accept “Provider Online User Agreement” by clicking on the check box
- Enter the code in the text box as shown in the image
- Click “Register”

## User name and password

- Create a unique user ID using 8-15 characters
- Create a unique password using 8-12 characters
- Select three security questions and enter answers

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# Web Portal

**Provider Portal**

- Member Eligibility
- Claims
- Service Request/Authorization**
- Member Roster
- HEDIS Profile **New!**
- Reports
- Links
- Forms
- Account Tools

**Messages and Announcements**

- You have (0) new messages
- You have (3) announcements

**Recent Activity**

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims

**My Favorites**

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Service Request/Author...
- Clear Coverage
- Service Request/Authoriz atio.

**Quick Member Eligibility Search**

Search by Member ID

**What's New**

Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click **Contact Molina** to locate the Molina Member/Provider Services telephone numbers.

**Coming Soon !**

Claims will have new functionality coming in March!

- Batched Claims
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims

**Poll**

Do you like our new look?

Yes

No

[See Responses](#)

Create new or track previously submitted claims and prior authorizations.

Customize your favorites for quick access.

## Member Eligibility Search

**Provider Portal**

- Member Eligibility
- Claims
- Service Request/Authorization
- Member Roster
- HEDIS Profile **New!**
- Reports
- Links
- Forms
- Account Tools

**Member Search** (Member ID or First and Last Name and Date of Birth.)

**Member ID:**

or

**First Name:**  **Last Name:**

**Date of Birth:**  (mmddyyyy)

**Search Options**

**Gender:**

**Zip Code:**

**Line of Business:**

to see member eligibility from certain date enter date here:  (mmddyyyy)

Click **Member Eligibility** from the main menu. Search for a Member using Member ID, First Name, Last Name and/or Date of Birth. When a match is found, the Web Portal will display the member's eligibility and benefits page.

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# Provider Directory

- To find a Provider, visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com), select Find a Doctor or Pharmacy, and click
  - Find a Provider
  - Find a Hospital/Facility
  - Find a Pharmacy
- Molina providers may request a provider directory by calling Provider Services at 877-872-4716



## Web Portal

- Why register for Molina's Provider Web Portal?
  - Easy-to-use online tool designed to meet your needs
- Web Portal features
  - Search for member details, including eligibility status and covered benefits
  - Create, submit, correct and void claims; submit attachments and receive notifications of status changes
  - Check current claim status and print claims
  - Submit disputes online
  - Create, submit and print Service Requests with notifications of status changes
  - View Service Request approval status
  - Track required HEDIS services for members and compare your scores with national benchmarks
  - View member Personal Health Record
  - Access account information, manage and add users and update your profile
  - Update provider demographics

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## Access Standards

Molina will be monitoring the IPA for compliance and conducts ongoing evaluations regarding the availability and accessibility of services to members.

Please ensure adherence to these regulatory standards

Appointment Type	Wait Time Standards
Urgent Care	Within 24 hours of the request
Office Wait Time	Should not exceed 30 minutes from appointment time
<b>Primary Care Provider (PCP) or Prenatal Care</b>	
Emergency Care	Immediately
Routine Care (non-urgent)	Within three weeks of the request
Preventive Care	Within five weeks of the request
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
<b>Specialty Care Provider</b>	
Routine Care (non-urgent)	Within 10 working days of the request
<b>Behavioral Health</b>	
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*

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# Contact your Provider Relations Team



# Provider Quick Reference Guide

Provider Services Provider Services	
Demographic changes, Provider Claims, Contracting, Credentialing, Training and Provider complaints	<p>H : 8:00 a.m. - 6:00 p.m.            P : 877-872-4716            F : 844-879-4509            E : <a href="mailto:MHNYProviderServices@MolinaHealthcare.com">MHNYProviderServices@MolinaHealthcare.com</a></p> <p>Correspondence Address:            5232 Witz Dr.,            N. Syracuse, NY 13212-6501</p>
Member Services	
Member Claims, Benefits, Eligibility/Identification, Pharmacy inquiries, PCP changes, Member complaints	<p>H : 8:00 a.m. - 6:00 p.m.            P : 800-223-7242</p> <p>Correspondence Address:            5232 Witz Dr.,            N. Syracuse, NY 13212-6501.</p>
Utilization Management	
<p>Prior Authorizations, Service Requests, Care Management.</p> <p>Molina highly encourages to use the Provider Portal for PA requests. Forms/PA Guidelines can be found at <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a>.</p>	<p>Provider Portal: <a href="https://provider.molinahealthcare.com">https://provider.molinahealthcare.com</a></p> <p>P : 877-872-4716            F : 866-879-4742</p> <p>Correspondence Address: 5232 Witz Dr.,            N. Syracuse, NY 13212-6501</p>
Compliance and Fraud Alertline	
If you suspect cases of fraud, waste, or abuse, you must report it to Molina.	<p>P : 866-606-3889            Website: <a href="http://www.molinahealthcare.alertline.com">www.molinahealthcare.alertline.com</a></p> <p>Correspondence Address:            ATTN: Fraud, Waste and Abuse Dept.            5232 Witz Dr.,            N. Syracuse, NY 13212-6501</p>
Credentialing	
Forms can be found on <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a> .	<p>P : 877-872-4716            F : 844-879-4509</p>

5232 Witz Drive, North Syracuse, NY 13212 (800) 223-7242

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# Provider Quick Reference Guide

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 <a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a> .	P : 877-872-4716 F : 844-823-5479
Pharmacy Benefit Manager	
CVS Caremark	Help Desk: 800-364-6331 F : 844-823-5479
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

5232 Witz Drive, North Syracuse, NY 13212 (800) 223-7242

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# Claim Guidelines

Paper Submissions	
	Molina Healthcare of New York, Inc. PO Box 22615 Long Beach, CA 90801 P: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: <a href="https://provider.molinahealthcare.com">https://provider.molinahealthcare.com</a> EDI: PayerID 16146	Molina Healthcare of New York, Inc. Attention: A&G 5232 Witz Dr., N. Syracuse, NY 13212-6501 F:315-234-9812
Transportation	
<b>Emergency Transportation</b> 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.	
<b>Non-Emergency Transportation</b> 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 <a href="http://www.cms.gov/ICD10">www.cms.gov/ICD10</a>	

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

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# Quality Improvement







## Quality Incentive Program

- To achieve the highest levels of quality, Molina offers a Quality Incentive Program (QIP) for performance in NCQA HEDIS® measures
  - Bonus payments calculated per roster member, per month on annualized basis when provider group reaches performance goals
  - Bonus payments made to the group practice as a whole, in accordance with HEDIS guidelines
- Eligible members are enrolled in HealthChoice and populations for each measure meet NCQA criteria
- To assist providers in determining eligible members, Molina will make reasonable efforts to ensure accurate member rosters and provide regular Missing Services Reports
- For more information on the Quality Incentive Program's measures, parameters and payment schedule, visit [MolinaHealthcare.com](http://MolinaHealthcare.com)

## 2020 Member Incentive Program

ADULT INCENTIVES	Amount
Adult Well Visit Ages 19 – 64	\$ 25
Breast Cancer Screening Ages 40 -74	\$ 25
Colorectal Cancer Screening Ages 50 – 75	\$ 25
All 3 Diabetic Tests (HbA1c, Eye Exam, Nephropathy Screening)	\$ 25
1 Prenatal Visit within the first Trimester	\$ 25
6 Prenatal Visits	Car seat
1 Postpartum Visits 7 to 84 days after delivery	\$ 25

CHILD INCENTIVES	Amount
Well Child Visit Ages 3 – 6	\$ 25
Well Child Visit Ages 12 – 17	\$ 25

**Walmart** 



[MolinaHealthcare.com](http://MolinaHealthcare.com)

# 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)
  - Provider satisfaction surveys
- Additional information about Molina's Quality Improvement initiatives available at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

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# Thanks for your partnership!

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