

Molina Healthcare

Provider Quick Reference Guide



Molina Healthcare offers health plans for Medicaid, Child Health Plus, Health and Recovery Plan and Essential Plan individuals who reside in Allegany, Bronx*, Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Genesee, Kings*, Livingston, Monroe, Nassau*, New York*, Niagara, Onondaga, Ontario, Orange, Orleans, Oswego, Queens*, Richmond*, Rockland, Seneca, Suffolk*, Tioga, Tompkins, Wayne, Westchester* and Wyoming County. Plan options include essential dental benefits in accordance with New York State Medicaid.

RESOURCES AND GENERAL INFORMATION	
Provider Toll Free Number (Member Services Department)	(866) 609-1184
Provider Directory Search	Liberty Dental Plan: Find A Dentist
Benefit Schedules	Provider Portal- Sign In Available for download in the Provider Portal
Dental Home	Required for Medicaid and Child Health Plus Members
Network	Statewide Medicaid
Specialty Care Referrals	Required for Endodontists and Periodontists
Coordination of Benefits	Molina Healthcare/Liberty Medicaid Plans are always the payor of last resort. Should a member have dual coverage, providers should submit claims to their primary carrier <i>prior</i> to submitting to Liberty
ID Card	Members have a separate LIBERTY Dental Plan identification card.

*Affinity by Molina

SAMPLE MEMBER ID

(866) 609-1184 (TTY 711)

NAME First Name, Last Name
ID# Subscriber Number **EFFEC** 00/00/0000
GRP# [GroupNumber] GroupName NJ FamilyCare
PRV# [OfficeNumber] OfficeName
 OfficeAddress1 OfficeAddress2
 OfficeCity, OfficeState OfficeZip
 ContactPhone

NOTICE TO MEMBER

If you have an urgent dental need, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, contact LIBERTY Dental Plan Member Services for assistance. Please refer to your Member Handbook for specific emergency care coverage.

EDI Payer ID: CX083

Member Service/Grievance & Appeals: (800) 223-7242
 TTY: 711
 Normal Business Hours:
 Monday – Friday 8:00 a.m. - 6:00 p.m. Eastern time
 To report suspected Fraud, Waste or Abuse: (888) 704-9833

THIS CARD DOES NOT GUARANTEE ELIGIBILITY

(866) 609-1184 (TTY 711)

NAME First Name, Last Name
ID# Subscriber Number **EFFEC** 00/00/0000
GRP# [GroupNumber] GroupName NJ FamilyCare
PRV# [OfficeNumber] OfficeName
 OfficeAddress1 OfficeAddress2
 OfficeCity, OfficeState OfficeZip
 ContactPhone

MEMBER APPEAL TIMEFRAMES

Filing Limitation	60 calendar days
Records Due to Liberty	3 calendar days from the request
Resolution	30 calendar days
MEMBER GRIEVANCE TIMFRAMES	
Filing Limitation	No filing limit; can be filed at anytime
Records Due to Liberty	3 calendar days from the request
Resolution	30 calendar days