



**CHOICE**<sup>SM</sup>  
Health Plans

**Provider News**

## Urgent Action Required: All VNSNY CHOICE Providers

This Medicaid-related form needs your urgent attention.

### Provider Disclosure Certification

You are required to fill out and return [this Provider Disclosure Certification form](#) to VNSNY CHOICE. Please return it by December 31, 2020.

Each year, the New York State Department of Health (NYSDOH) requires each provider to certify that they will comply with applicable Medicaid statutes, regulations, rules and updates governing the Medicaid program.

Medicaid managed care organizations (MCOs), including all VNSNY CHOICE Health Plans, are now required to collect and retain these forms from all of our contracted providers.

To comply with this regulation, we're asking all providers to [complete both pages of this form](#) and return it to us by December 31, 2020.

If you have already submitted this form in 2020, you are set! Thank you!

**NOTE:** If you are part of a group such as an independent provider association or accountable care organization, please check with your group administrator. If they have filed a Provider Disclosure Certification form for your group, you will not have to submit one on

your own.

**Fill out, sign and return this form to VNSNY CHOICE**

**There are two ways you can return this form:**

- Scan the completed document and email it as an attachment to [CHOICEcompliancecertification@vnsny.org](mailto:CHOICEcompliancecertification@vnsny.org)
- Print it out and mail it to:

VNSNY CHOICE Health Plans  
220 East 42nd Street, Third Floor  
New York, NY 10017  
**ATTN: Provider Operations**

**IMPORTANT:** DO NOT return this form by replying to this email. Please send the form directly to [CHOICEcompliancecertification@vnsny.org](mailto:CHOICEcompliancecertification@vnsny.org)

**Have questions?**

Please call toll free: 1-866-783-0222  
TTY for the hearing impaired: 711  
Monday – Friday, 8 am – 5 pm

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**Thank you for being part of the  
VNSNY CHOICE Provider network!**

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