

VNSNY CHOICE

Provider Reference Guide



Member and Provider Contact Centers

Member Services Contact Center

VNSNY CHOICE MLTC

- 1-888-867-6555

VNSNY CHOICE Total (MAP)

- 1-866-783-1444

SelectHealth

- 1-866-469-7774

Provider Contact Center

CHOICE Provider Services

- 1-866-783-0222

Fax Numbers: VNSNY CHOICE MLTC

1-212-897-9448

VNSNY CHOICE Total (MAP)

1-866-791-2214

SelectHealth

1-646-459-7731

Claims Process

Claim Submissions

- Claims must be submitted within 90 days of the date of service either electronically or mailed to the addresses below.
- Claims must include the National Provider Identifier (NPI) and the VNSNY CHOICE Payer ID #77073.

VNSNY CHOICE Claims

P.O. Box 4498

Scranton, PA 18505

Part D Vaccine Claims:

MedImpact Healthcare Systems, Inc.

P.O. Box 509108

San Diego, CA 92150

Claim Inquiries, Disputes & Appeals

- To check the status of a claim, sign in to the Provider Portal at vnsproviderportal.tmghealth.com/portal/home
- To file a claim dispute, fill out the Provider Claims Dispute form at vnsnychoice.org/for-health-professionals-overview/claims-billing-and-payments
- Claim appeals must be filed in writing, via fax or mail.

Fax: 1-866-791-2213

VNSNY CHOICE Health Plans

Attn: Grievances & Appeals

P.O. Box 445

Elmsford, NY 10523

Online Resources: vnsnychoice.org/health-professionals

The following resources are available online:

- Request to join CHOICE network
- Demographic update form
- Prior authorization forms
- Provider Manual and credentialing tools
- Provider notices: alerts and coverage updates

To **join** the CHOICE Provider Network, fill out the online form at vnsnychoice.org/health-professionals

To make **updates** to your Provider demographic information, fill out the online form at vnsnychoice.org/health-professionals

Electronic Funds Transfer (EFT)

The following two steps need to be completed in order to begin receiving EFT payments and remittances.

- Fill out the “VNSNY CHOICE EFT Request Form” located at vnsnychoice.org/health-professionals
- To receive ERA files, enroll with our ePayment provider Availity at availity.com/provider-portal-registration

Reinstatement of Services

To reinstate services after a hospitalization: Phone: 1-212-290-6586

Service Authorization Requests and Changes

To make a request or change for all products: Phone: 1-866-783-0222

Member Referrals and Inquiries

To make a referral to CHOICE*:
Phone: 1-888-735-8912
Fax: 1-212-714-2938
Email: MLTC_Pre-Enrollment_Team@vnsny.org

Ancillary Vendors

- | | | |
|--------------------------------------|----------------|---|
| • Behavioral Health (Beacon Options) | 1-800-397-1630 | beaconhealthoptions.com |
| • Dental (Healthplex) | 1-888-468-2183 | healthplex.com/provider |
| • Pharmacy (MedImpact) | 1-800-788-2949 | mp.medimpact.com/physicianportal/ |
| • Transportation (Logisticare) | 1-866-428-2351 | logisticare.com/health-care-professionals |
| • Vision (Superior Vision) | 1-866-819-4298 | superiorvision.com/provider |

Participating Labs

- | | | |
|---------------------------------|----------------------|----------------------------------|
| • Accu Reference | • Empire City | • Quest Diagnostics |
| • Acupath | • Enzo | • Sherman Abrams |
| • Apex (in-home lab draws only) | • Lab Corp | • Shiel (in-home lab draws only) |
| • Bayside | • Lenco | • Xeron |
| • Bio-Chem | • Lincoln | |
| • Bio-Reference | • Modern Diagnostics | |

Appointment Availability Standards

Visit Request

- Emergency care
- Urgent medical care
- Non-urgent, “sick” visit
- Routine, non-urgent preventative appt.
- Newly discharged members
- New patient

Appointment Standard

- Immediately upon presentation at a service delivery site
- Within 24 hours of request
- Within 48 to 72 hours of request
- Within 4 weeks of request
- Within 2 weeks
- Within 12 weeks