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](http://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](http://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](http://vnsnychoice.org/health-professionals)

To make updates to your Provider demographic information, fill out the online form at [vnsnychoice.org/health-professionals](http://vnsnychoice.org/health-professionals)
**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
- Acupath
- Apex (in-home lab draws only)
- Bayside
- Bio-Chem
- Bio-Reference
- Empire City
- Enzo
- Lab Corp
- Lenco
- Lincoln
- Modern Diagnostics
- Quest Diagnostics
- Sherman Abrams
- Shiel (in-home lab draws only)
- Xeron

**Appointment Availability Standards**

<table>
<thead>
<tr>
<th>Visit Request</th>
<th>Appointment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency care</td>
<td>Immediately upon presentation at a service delivery site</td>
</tr>
<tr>
<td>Urgent medical care</td>
<td>Within 24 hours of request</td>
</tr>
<tr>
<td>Non-urgent, “sick” visit</td>
<td>Within 48 to 72 hours of request</td>
</tr>
<tr>
<td>Routine, non-urgent preventative appt.</td>
<td>Within 4 weeks of request</td>
</tr>
<tr>
<td>Newly discharged members</td>
<td>Within 2 weeks</td>
</tr>
<tr>
<td>New patient</td>
<td>Within 12 weeks</td>
</tr>
</tbody>
</table>

*If emailing, send all PHI via secure email.*