



CHOICE™
Health Plans

Provider News

Work Smart and Save TIME in 2020!

Get your new year off to a smart start! You can take steps today to streamline the way you do business with VNSNY CHOICE Health Plans, which can get you paid faster and more efficiently.

Plus: Patient surveys and a medical records review are coming soon!

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Easily Inquire About a Claim

Have a question about a claim decision? It takes only a few minutes to use the CHOICE Provider Claims Inquiry Form on our website.

Simply fill out the form, attach any supporting documents and click submit. You'll be notified that your inquiry was received, and a CHOICE representative will get back to you.

[Use the Provider Claims Inquiry Form](#)

Move to Electronic Payments

Speed up your claims payments by signing up for electronic funds transfer (EFT) so your payments are directly deposited into your bank account. Our ePayment provider, Change Healthcare, allows you to search, view, and print readable images of your remittances, making it easier to keep track of payments.

Complete the following two steps to begin receiving EFT payments and remittances:

- To set up EFT payments, fill out this [VNSNY CHOICE EFT Request Form](#) and hit the "Send" button.
- To receive Electronic Remittance Advice (ERA) files, [enroll with Change Healthcare directly](#).

For more information, contact Provider Services at 1-866-783-0222 or [e-mail us](#).

[Sign up for EFT](#)

Avoid Returned or Delayed Claims

Even electronic payments can be delayed or returned if key information on claims is missing or wrong.

Here are some common errors on claims and easy fixes:

- **Provider ID is missing.** All claim submissions must include the provider's National Provider Identification (NPI) and Tax ID number (TIN).
- **Service date is missing.** Be sure to include accurate dates of service on each claim.
- **The claim includes a range of dates in more than one calendar year.** Claims for services that occurred in 2019 should not include dates past 12/31/2019. For any services that occur after 1/1/2020, please submit a new claim.
- **The claim is for treatment of a condition the patient has no diagnosis for.** Be sure that the procedures you're billing for are justified by the proper [ICD 10 diagnostic codes](#) on the claim.

[Read more about Bills and Claims in our Provider Manual](#)

Bonus Tip: Include CPT II Codes on Bills

Here are three reasons why, when you bill for a test or screening, you should include--in addition to the [Current Procedural Terminology \(CPT\)](#) code--the procedure's CPT II codes to indicate the results:

- Reporting your results helps CHOICE meet important quality measures, which can lead to **bonuses for you**.
- Telling us how your patients are doing up front makes it **less likely we'll ask for a record review** down the road.
- You're giving CHOICE **important data to help us coordinate care for your patients** who are our members.

[Learn more about the new CPT II codes at the American Medical Association.](#)

VNSNY CHOICE Total Providers: Your Patients Are Being Surveyed This Spring

From March through May, some VNSNY CHOICE Total (HMO D-SNP) enrollees will be receiving CAHPS (Consumer Assessment of Healthcare Providers and Systems) or the Healthcare Outcome Survey (HOS) for completion and feedback on, among other things, the quality and accessibility of the services they receive from care providers and health plans.

The surveys are designed by and reported back to the Centers for Medicare and Medicaid Services (CMS) for evaluation. If you receive any member inquiries concerning the survey, you can refer them to the CHOICE Total member services line at 1-866-783-1444 (TTY 711).

Learn more about the survey at www.ma-pdpcahps.org/en.

CHOICE Total and SelectHealth Providers: We May Ask to Review Some of Your Medical Records

Beginning in February, VNSNY CHOICE's contracted HEDIS vendor **Cotiviti** may contact you on our behalf to request medical records for some of your patients. This review is part of the annual Healthcare Effectiveness Data and Information Set (HEDIS) audit.

Developed by the National Committee for Quality Assurance (NCQA) to monitor managed care organization performance, HEDIS measures quality by examining medical records to determine whether certain care standards for patients have been met. This is not an audit of physician performance.

As a reminder, your provider participation agreement with VNSNY CHOICE requires that you supply us with medical records needed for

various purposes, including quality reviews, at no charge. Cotiviti will make every effort to minimize disruption to your practice and to patient care.

Your assistance in the data collection process for HEDIS is extremely important to its success. Thank you in advance for working with us!

Questions?

Call toll free: **1-866-783-0222**
TTY for the hearing impaired: **711**
Monday – Friday, 9 am – 5 pm

[Use the VNSNY CHOICE Provider Portal](#)

[Click here for our Provider Reference Guide](#)

[Use our SECURE online claims payment inquiry form](#)

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

We want to make this publication useful to you. Please let us know what you think! Write to us at CHOICEProviderNews@vnsny.org.

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