

Helpful Links for VNSNY CHOICE Providers

CONTRACTING	<p>Contracting for New Line of Business</p> <ul style="list-style-type: none"> ➤ NYDOH Provider Disclosure Certification ➤ IRS W-9 Form ➤ Amendment Request Form
CREDENTIALING	<p>Provider Documents & Forms</p> <ul style="list-style-type: none"> ➤ ADA Accessibility Questionnaire ➤ Disclosure of Ownership Control Interest Statement ➤ Facility Credentialing Application ➤ Demographic Update Request ➤ OMIG Annual Compliance Attestation <p>SelectHealth</p> <ul style="list-style-type: none"> ➤ HIV PCP Attestation (SelectHealth) – There would be two forms, one for initiation, and one for annual <p>MTLC</p> <ul style="list-style-type: none"> ➤ Social Adult Day Site Visit Toolkit
CLAIMS	<ul style="list-style-type: none"> ➤ CMS-1500 Form ➤ UB-04 Form ➤ Required data for Claims Forms ➤ Claims Submission for VNSNY CHOICE Providers ➤ ICD-10 FAQs ➤ Provider Remittance Guide ➤ Billing Instruction for Nursing Home Providers ➤ Claims Layout for Provider Codes
DELEGATED ENTITIES	<ul style="list-style-type: none"> ➤ Delegated Roster Submissions
QUALITY	<ul style="list-style-type: none"> ➤ EMR Data Sharing Manual
PHARMACY	<ul style="list-style-type: none"> ➤ Opioid Safety Edits ➤ Medicare Part D Link for Formulary List ➤ Select Health - Opioid Safety Edits ➤ SelectHealth Link for Formulary List ➤ Medicare Part D Coverage Determination Form ➤ SelectHealth Link for Medication Request Form ➤ Medication Adherence Tip Sheet
OTHER	<ul style="list-style-type: none"> ➤ Quick Reference Guide ➤ Provider Portal Manual