

VNS Health Managed Long Term Care (MLTC) Provider Orientation



Updated February 2026

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About VNS Health and The Benefits of Partnership



Who is VNS Health?

The future of care. The comfort of home.

Our Mission

To improve the health and well-being of people through high-quality, cost-effective healthcare in the home and community.

As Your Neighbor

We provide a full range of easy-to-access home care services, solutions, and health plans that are simple to understand and put our patients and members in control of their health care.

As Your Partner

We strive to create valuable relationships with other organizations and providers that are meaningful to those we serve, to help maximize the impact of our programs in our communities.

Serving New Yorkers

We touch over 50,000 New Yorkers every day. In 2023, we made over 760,000 home visits, while providing care to over 100,000 patients.*



Over 130 Years of Experience!

Health Plans

Home Care

Hospice Care

Community Outreach

Care Management

Behavioral Health

Professional Solutions

Personal Care

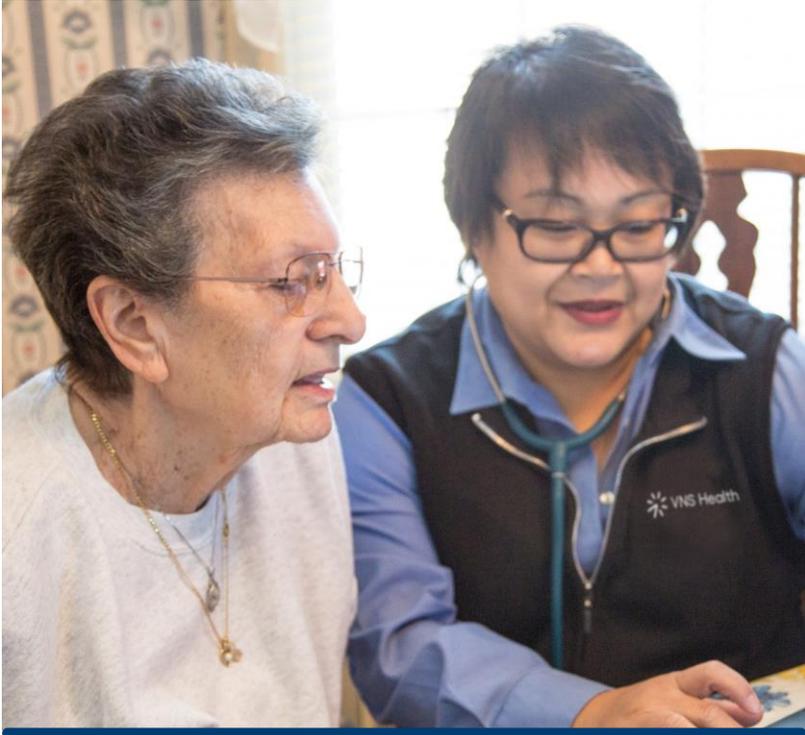
Core Values

Our Core Values are at the center of everything we do at VNS Health. They unify all team members around a set of shared principles and behaviors.

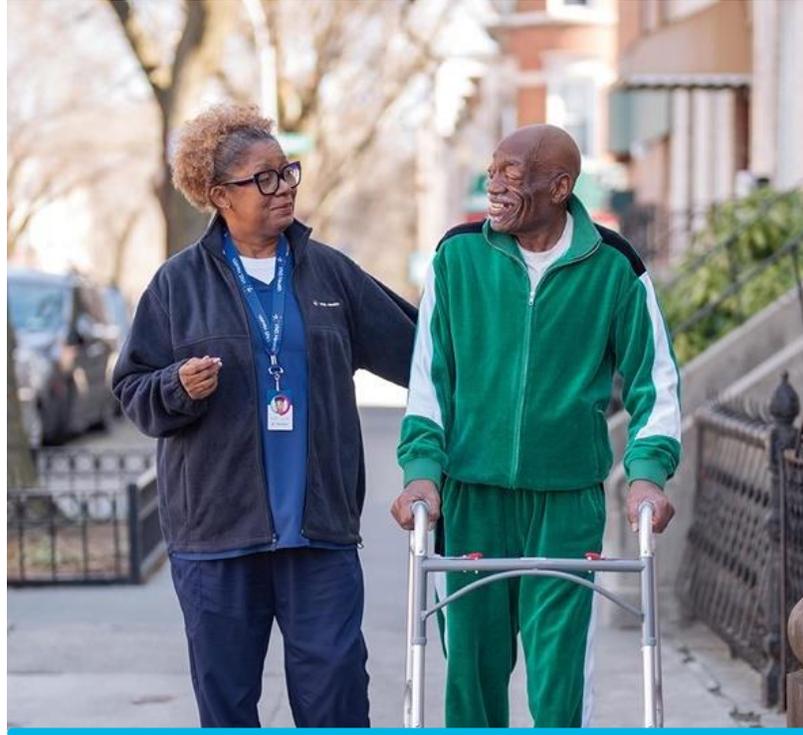


The VNS Health Difference

Our health care solutions are...



Simple
to understand



Easy
to access



Meaningful
in their outcomes

2026 Health Plans



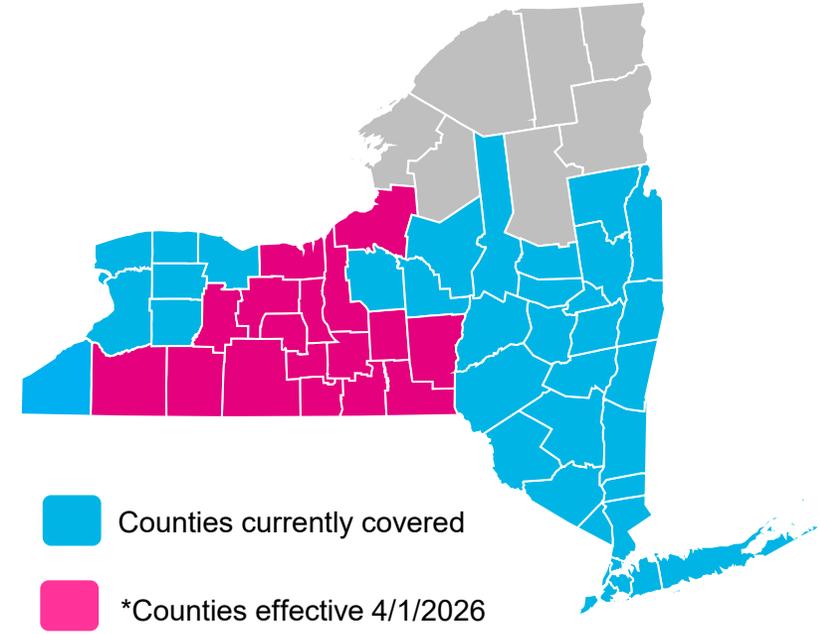
VNS Health MLTC includes all the Medicaid long-term care and other health-related services needed to live well at home and in the community, including:

- \$0 monthly plan premium
- \$0 copays for covered services
- Care coordination from a dedicated care manager
- Medication management
- Home-delivered meals
- Home safety modifications/improvements
- Medical equipment and supplies
- Chore services and housekeeping
- Personal emergency response systems
- Adult Day Health Care
- Social Adult Day Care
- Personal Care
- Home care
- 24/7 Nurse Support Line
- Nursing Home Care
- Respiratory therapy and oxygen
- Prosthetics and orthotics
- Dental care
- Eye exams and glasses
- Foot care
- Hearing exams and hearing aids
- Medical equipment and supplies
- Nutritional counseling
- Telehealth



VNS Health Managed Long Term Care (MLTC) Service Area

- Albany
- Allegany*
- Broome*
- Bronx
- Cattarugus*
- Cayuga*
- Chautauqua
- Chemung*
- Chenango*
- Cortland*
- Columbia
- Delaware
- Dutchess
- Erie
- Fulton
- Genesee
- Greene
- Herkimer
- Kings (Brooklyn)
- Livingston*
- Madison
- Monroe
- Montgomery
- Nassau
- New York (Manhattan)
- Niagara
- Oneida
- Onondaga
- Ontario*
- Orange
- Orleans
- Ostego
- Oswego*
- Putman
- Queens
- Rensselaer
- Richmond (Staten Island)
- Rockland
- Saratoga
- Schenectady
- Schoharie
- Schuyler*
- Seneca*
- Steuben*
- Suffolk
- Sullivan
- Tioga*
- Tompkins*
- Ulster
- Warren
- Washington
- Wayne*
- Westchester
- Wyoming
- Yates*

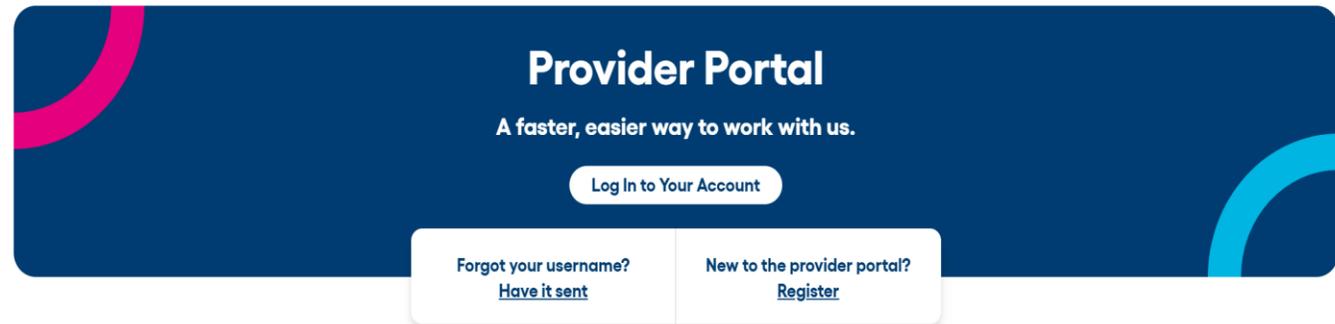


Ready to Refer to VNS Health MLTC? It's Easy!



To refer a patient to the VNS Health Medicaid Managed Long Term Care (MLTC) plan:

1. Discuss the plan with them
VNS Health MLTC Plan Brochure
[Download PDF](#)
2. Get their permission for VNS Health to contact them
3. Complete and submit the [referral form](#)
4. If you have any questions, please call 1-855-282-4642



You can also submit a referral via the [Provider Portal](#):

- Log into your account
- Left side of screen, click on Patients, then click on Enrollment Referrals
- Click on Submit Referral, you will be directed to a [form](#)
- Complete and submit

SelectHealth from VNS Health



SelectHealth from VNS Health is a specialized HIV SNP Medicaid plan. This plan is for people living with HIV, transgender and gender non-conforming people, and people experiencing homelessness or unstable housing, regardless of HIV status. A member's dependent children can also join the plan.

SelectHealth is dedicated to providing high-quality personalized care to people with complex health needs.

SelectHealth covers a wide range of services:

- Medical and hospital services, dental, vision care and more.*
- Easy access to expert HIV and transgender health care specialists in hospitals, physician groups and private practices. For members with HIV, their PCP is an HIV expert.
- Dedicated care managers who tailor care and services to each member
- Access to substance use treatment providers, behavioral health providers, and mental health specialists**
- Coverage for dependent children

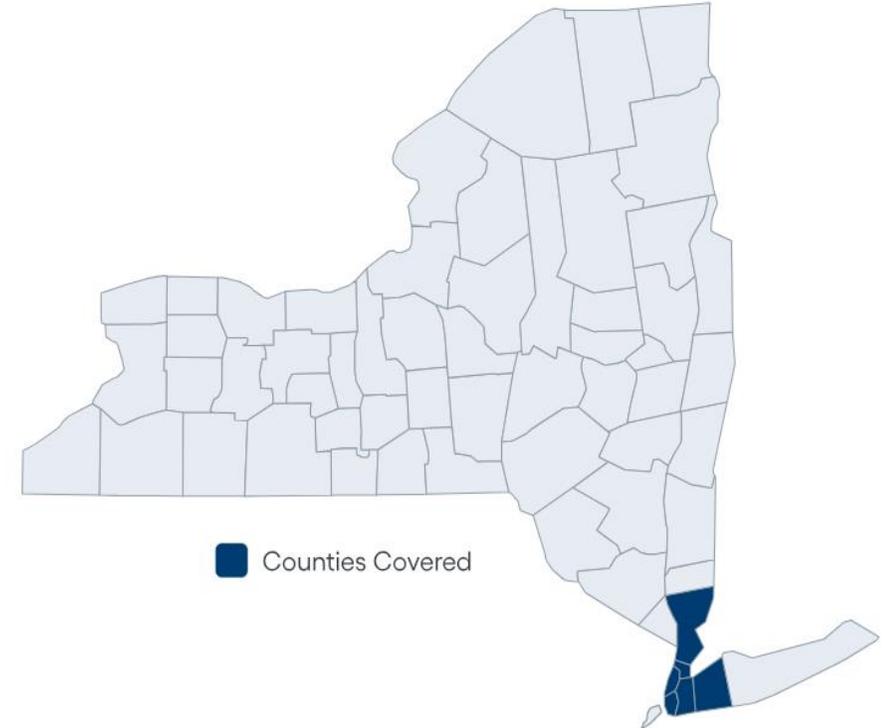
*Outpatient prescription drugs are covered by Medicaid NYRx. Medical benefits, including some physician-administered drugs, are covered by SelectHealth. For more information, visit <https://member.emedny.org>

**SelectHealth works with [Carelon Behavioral Health](#) to provide these services. More information on [Home and Community Based Services can be found here.](#)

SelectHealth from VNS Health Service Area

The following counties are serviced by SelectHealth from VNS Health:

- The Bronx
- Kings (Brooklyn)
- Nassau
- New York (Manhattan)
- Queens
- Westchester



Visit our website for additional information: www.vnshealthplans.org/service-areas

VNS Health EasyCare (HMO)

- \$0 monthly plan premium (Part C)
- \$0 primary care copay
- \$35 specialist copay
- \$0 copay for many generic prescription drugs
- \$107/quarter for OTC items
- Dental, vision, hearing
- Acupuncture
- Routine podiatry
- Transportation
- Gym membership
- Telehealth
- 24/7 nurse hotline
- Home delivered meals after a hospital stay

VNS Health EasyCare Plus (HMO D-SNP)

- \$0 monthly plan premium (Part C)
- \$0 copays for primary care and specialists*
- As low as \$monthly premiums for prescription drugs*
- \$235/month for OTC items & groceries
- \$37.50/month for home utilities and more
- Dental, vision, hearing
- Acupuncture
- Routine podiatry
- Transportation
- Gym membership
- Telehealth
- 24/7 nurse hotline
- Home delivered meals after a hospital stay

VNS Health Total (HMO D-SNP)

- \$0 monthly plan premium (Part C)
- \$0 copays for primary care and specialists
- \$0 for prescription drugs
- \$310/month for OTC items & groceries
- \$70/month for home utilities and more
- Dental, vision, hearing
- Acupuncture
- Routine podiatry
- Transportation
- Gym membership
- Telehealth
- 24/7 nurse hotline
- Home delivered meals after a hospital stay

VNS Health Sample Member ID Cards

MLTC ID Card:


HEALTH PLANS

VNS Health MLTC
Managed Long Term Care Plan

Member ID:
Member Name:

Care Team
1-888-867-6555 (TTY: 711)
Monday – Friday, 9 am – 5 pm

Dental - HealthPlex
 1-866-795-6493 (TTY: 711)
 Monday – Friday, 8 am – 6 pm

Vision - Superior Vision
 1-800-507-3800 (TTY: 711)
 Mon – Fri, 8 am – 9 pm & Sat, 11 am – 4:30 pm

This member is covered by fee-for-service Medicaid.

SelectHealth from VNS Health ID Card:



<F_NAME M L_NAME>
 Member ID: <SBSB_ID>
 Plan: SelectHealth
 Effective Date: <MEIA_REQ_DT> NYRx
 PCP Name: <PRPR_NAME> RxBin: 004740
 PCP Phone Number: <PRAD_PHONE>
 CIN: <MEME_MEDCD_NO> Plan Code: <000>

<p>Submit Medical Claims to: SelectHealth from VNS Health PO Box 4498 Scranton, PA 18505</p> <p>Electronic Payer ID: 77073</p> <p>Pharmacy Benefits: NYRx EMedNY 1-800-343-9000 - Option 1</p> <p>Provider Services: 1-866-783-0222</p> <p><small>Note: This card is void when eligibility terminates.</small></p>	<p>SelectHealth Care Team* 1-866-469-7774 (TTY: 711) Monday – Friday, 8 am – 6 pm</p> <p><small>*At all other times your call will be handled by the after-hours call center.</small></p> <p>Behavioral Health Services 1-855-735-6098 (TTY: 1-866-727-9441) 24 hours a day, 7 days a week</p> <p>Superior Vision 1-800-507-3800 (TTY: 1-800-201-7165) Monday – Friday, 8 am – 9 pm Saturday, 11 am – 4:30 pm</p>
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Plan administered by SelectHealth from VNS Health

EasyCare, EasyCare Plus and Total (MAP) ID Card:


HEALTH PLANS

<p>MEMBER NAME Member ID: SBSB_ID Plan: VNS Health Medicare (HMO) Effective Date: MEIA_REQ_DT PCP Name: PRPR_NAME PCP Phone Number: PRAD_PHONE Medicaid Number: MEME_MEDCD_NO Healthplex Dental Grp No: GG-385ECPS</p>	<p>RxBin: 015574 RxPCN: ASPROD1 RxGRP: VNS01</p> <div style="text-align: center; margin-top: 10px;">  </div> <p style="text-align: right; font-size: small;">CMS-H5549 ISSUER: (60840)</p>
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Care Team: 1-866-783-1444 (TTY: 711)

7 days a week, 8 am – 8 pm (Oct. – Mar.); Weekdays, 8 am – 8 pm (Apr. – Sept.)
vnshealthplans.org **Member Account: vnshealthplans.org/account**

Transportation: 1-877-718-4219 (TTY: 711)

<p>Dental: Healthplex 1-800-468-9868 (TTY: 1-800-662-1220)</p> <p>Vision: Superior Vision 1-800-879-6901 (TTY: 1-800-201-7165)</p> <p>Provider Services: 1-866-783-0222 Electronic Payer ID: 77073</p>	<p>Behavioral/Mental Health: Carelon 1-866-317-7773 (TTY: 1-866-835-2755)</p> <p>Prescription Drugs: MedImpact 1-888-672-7205 (TTY: 711)</p> <p>Submit Claims to: VNS Health Medicare PO Box 4498, Scranton, PA 18505</p>
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Plan administered by VNS Health Medicare. Note: This card is void when eligibility terminates.



Provider Resources



Quick Reference Guide Content:

- Member and provider contact centers
- Claims process
- Online resources
- Electronic Funds Transfer (EFT)
- Reinstatement of services
- Service authorization requests and changes
- Member referrals and inquiries
- Ancillary vendors


Health Plans
Provider Reference Guide

Member and Provider Contact Centers	
<p>Member Services Contact Center</p> <p>VNS Health EasyCare & EasyCare Plus</p> <ul style="list-style-type: none"> • 1-866-783-1444 <p>VNS Health MLTC</p> <ul style="list-style-type: none"> • 1-888-867-6555 <p>VNS Health Total (MAP)</p> <ul style="list-style-type: none"> • 1-866-783-1444 <p>SelectHealth from VNS Health</p> <ul style="list-style-type: none"> • 1-866-469-7774 	<p>Provider Contact Center</p> <p>Health Plans Provider Services</p> <ul style="list-style-type: none"> • 1-866-783-0222 <p>Fax Numbers: VNS Health Medicare 1-866-791-2214</p> <p>VNS Health MLTC 1-212-897-9448</p> <p>SelectHealth from VNS Health 1-646-459-7731</p>
Claims Process	
<p>Claim Submissions</p> <ul style="list-style-type: none"> • Claims must be submitted within 90 days of the date of service either electronically or mailed to the addresses below. 	<p>Claim Inquiries, Disputes & Appeals</p> <ul style="list-style-type: none"> • To check the status of a claim, sign in to the Provider Portal at providerportal.vnshealthplans.org

Providers have access to a variety of [easy-to-use reference materials](#)

- Provider toolkit
- Provider portal
- Claims, billing, and payments
- Credentialing
- Notices, news, and updates
- Formulary search
- All provider forms
- Provider manual
- Quick reference guide
- Helpful links



For Brokers Home Care Services Contact Us Español 中文

VNS Health HEALTH PLANS

A A A Search Login

Join a Health Plan Find a Doctor or Drug Member Benefits & Resources For Providers About Us

Health Professionals

Welcome to our health professionals!

Home > Resources for Health Professionals

Overview

- Welcome New Providers
- Provider Portal
- Provider Manual

Resources for Health Professionals

Thank you for being part of our provider network. We appreciate all that you do for our members!

This is your gateway to the digital tools, policies, guidance, and materials you and your staff need to deliver high-quality service to your patients and clients in our health plans. We hope these resources make your experience as efficient and rewarding as possible.

Your one-stop shop for claims, authorizations, eligibility, document submission, and more.

New to the provider portal? To register:

- Get verified
- Log in to your account
- Go to My Account section and request access for the providers you support by submitting
 - Entity name
 - NPI
 - Tax ID (only need to enter one)
- Hit SUBMIT button and wait for our review

Please select your role:

Admin: If you are an office manager or administrator and need to access one or more facilities, groups, or providers. Enter your name, email address, and phone number.

Billing Agent: If you are a billing agent or independent contractor for one or more facilities, groups, or providers. Enter your name, email address, and phone number.

Provider: If you are a physician or practitioner and need access to your practices. Enter your name, email address, tax ID, individual NPI, and one of the following: check number, claim number, and/or electronic funds transfer (EFT) number.

- Patients:
 - Membership roster and PCP panel
 - Patient eligibility search
 - Patient enrollment referrals
- Admission, discharge, and transfer (ADT) alerts
- Claims
- Authorizations
- Provider Directory
- Formulary Search
- Provider Toolkit
- Appeals and Disputes
- Communications Center
- Resources
- My Account

The screenshot displays the VNS Health Provider Portal interface. At the top, there is a navigation bar with the VNS Health logo, 'HEALTH PLANS', and a contact number '1-866-783-0222'. A sidebar on the left contains a menu with items like Patients, ADT Alerts, Claims & Payments, Authorizations, Provider Directory, Formulary Search, Provider Toolkit, Appeals & Disputes, Communication Center, Resources, My Account, and Log Out. The main content area features a 'Welcome to the VNS Health Provider Portal!' message and four summary cards: 1 Authorizations, 317 Claims, 50 Members, and 0 Submitted Requests. Below these are search and filter buttons for each category. Two data tables are shown: 'Recent Authorizations' and 'Recent Claims', both displaying the 10 most recent entries with filter options.

Recent Authorizations

Member ID	Member First Name	Member Last Name	Auth Number	Auth Type	Start Date	Referred By Provider NPI	Decision Status
>	[REDACTED]	[REDACTED]	[REDACTED]	Radiology (MRI/ PET/ CAT/ SPECS/ etc.)	12-05-2022	[REDACTED]	Denied
>	[REDACTED]	[REDACTED]	[REDACTED]	Radiology (MRI/ PET/ CAT/ SPECS/ etc.)	08-30-2022	[REDACTED]	Denied
>	[REDACTED]	[REDACTED]	[REDACTED]	Durable Medical Equipment (DME)	12-18-2023	[REDACTED]	Approved

Recent Claims

Member First Name	Member Last Name	Member ID	Claim Number	First Service Date	Latest Service Date	Network Status	Billed Amount	Allowed Amount	Paid Amount	Payee Name
>	[REDACTED]	[REDACTED]	[REDACTED]	01-26-2024	01-26-2024	In	609.19	139.59	113.71	[REDACTED]
>	[REDACTED]	[REDACTED]	[REDACTED]	01-22-2024	01-22-2024	In	591.19	135.38	108.31	[REDACTED]
>	[REDACTED]	[REDACTED]	[REDACTED]	01-30-2024	01-30-2024	In	206.70	0.00	0.00	[REDACTED]
>	[REDACTED]	[REDACTED]	[REDACTED]	01-26-2024	01-26-2024	In	66.39	54.17	54.17	[REDACTED]
>	[REDACTED]	[REDACTED]	[REDACTED]	02-21-2024	02-21-2024	In	286.70	165.26	132.21	[REDACTED]

[Join Our Provider Network](#)

[Provider Demographic Update Form](#)

[Provider Credentialing Request Form](#)

[EFT Request Form](#)

[Availity](#)

[Provider Claims Dispute Form](#)

Filing an Appeal

Phone: 1-866-867-6555

Fax: 1-866-791-2213

Mail: P.O. Box 445

Elmsford, NY 10523

Attn: VNS Health Grievance & Appeals



Delegated Vendors





Pharmacy – MedImpact

Products: VNS Health EasyCare, EasyCare Plus, and Total

The **MedImpact** physician support center features pharmacy benefit-related information as well as self-service tools to help physician providers provide quality, cost-effective pharmacy services to MedImpact VNS Health members.

MedImpact customer service:

1-800-788-2949

Expedited appeal request:

1-866-783-1444

Address:

MedImpact Healthcare Systems
10181 Scripps Gateway Court
San Diego, CA 92131

Fax number:

1-858-790-7100

Expedited appeal fax:

1-858-790-6060

[Provider portal](#)

<https://www.vnshealthplans.org/health-professionals/formulary-search/>

[Request for Medicare prescription coverage determination form](#)

[Request for Medicare prescription coverage redetermination form](#)

SelectHealth from VNS Health for Medication Request Form:

NYRx, the Medicaid Pharmacy Program: NYRx allows New York State to pay pharmacies directly for the drugs and supplies of Medicaid members. The transition did not apply to members enrolled in Managed Long-Term Care plans (e.g., PACE, MAP, and MLTC), the Essential Plan, or Child Health Plus.

[NYS Medicaid Prior Authorization Request Forms For Prescriptions](#)

[Standard PA form](#)

To request a PA:

- 1) Call NYS Medicaid PA call center at **1-877-309-9493** and **select option “1”** for the prescriber. The call center is operational 24 hours a day, seven days per week.
- 2) Completed PA forms can be faxed to NYS Medicaid at **1-800-268-2990**.
Fax requests may take up to 24 hours to process.

Non-Emergency Transportation Covered by Medicaid

VNS Health Total and VNS Health MTLC don't cover transportation as part of the benefits.

How to Schedule Transportation: To arrange non-emergency medical transportation, you or your provider must contact the Statewide Transportation Broker, **Medical Answering Services (MAS):**

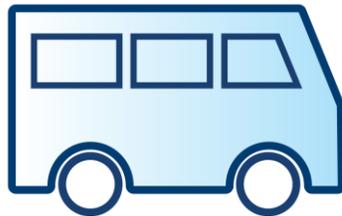
Online: <https://www.medanswering.com/>

Call: Monday–Friday 7am to 6pm

- New York City, Long Island, Westchester, and Putnam counties – 1-844-666-6270
- Upstate – 1-866-932-7740

Contact MAS at least three days before transportation need and provide appointment date, time, address, provider's name, Medicaid identification number, and any special needs (if you use a wheelchair).

For more information, visit the [New York State Department of Health Transportation page](#)





Behavioral Health – Carelon Behavioral Health

Carelon Behavioral Health has been delegated to manage appeals, claims processing and payment, credentialing and recredentialing, customer service, network development and management, and utilization management.

Products: VNS Health EasyCare, EasyCare Plus, Total, and SelectHealth from VNS Health

Carelon Behavioral Health: 1-800-397-1630

[Provider Portal](#)

[Outpatient Review Form - Adult Day Treatment](#)

Completed form fax: 1-800-441-2281 or 1-781-994-7634

DME Supplies – Delivered or Shipped

RX Requirements: All items require a prescription, except incontinence supplies within the first 30 days of enrollment.

- ✓ Date
- ✓ Member’s Name
- ✓ Diagnosis & Related ICD 10 code
- ✓ Doctor’s NPI
- ✓ DME product(s) Brand
- ✓ Quantity/Frequency/Size
- ✓ MD signature with signature date
- ✓ If primary insurance: Medicaid ID and/or VNS Health ID #



Processes:

- Fax prescription to VNS Health MLTC 1-212-897-9448
- The standard request takes 14 to 28 days (expedited 72 hours).
- Delays may occur if RX is missing or incomplete.
- Some items may require medical records or chart notes.

Supplies distributed by DME vendors:

- Surgical Supplies
- Ostomy Supplies
- Tracheotomy supplies
- Incontinence
- Blood Glucose Monitors and Supplies
- Canes and Crutches
- Continuous Passive Motion Devices
- Diabetic Shoes/Insert Custom
- Heat and Cold Applications
- Manual Wheelchair
- Manual Wheelchair Accessories
- Neuromuscular Electrical Stimulators (NMES) and/or Supplies
- Neurostimulators and/or supplies
- Surgical Dressings
- Orthotics and Prosthetics
 - Breast Prostheses and Accessories
 - Limb Prostheses
 - Orthotics: Custom Fabricated
 - Orthotics: Off-the-shelf
 - Custom Fitted – patient goes to site
- Mobility providers
 - Electrical and Manual Wheelchairs
 - Wheelchair Accessories
 - Powered beds
 - Power Operated Vehicles including Scooters and Power Chairs
- Home Infusion
- Oxygen Wound Therapy Providers

HHAeXchange's (HHAX)

HHAX is a web-based software solution for scheduling, communication, and billing of Home Health Services.

What does the HHAX Portal provide to homecare agencies?

The HHAX Portal provides a direct connection from the agency to VNS Health for:

- Electronic case broadcasting, authorizations, plan of care management, and entering confirmed visits
- Real-time two-way messaging
- Free EVV solution for time, attendance, and duty tracking
- Electronic billing

[HHAeX Support](#)

Services Available



Home Care Services

VNS Health offers a wide range of home care services for those in the New York City area. Whether a patient needs specialized care as they recover from surgery or senior care, we bring the care to them.

- Personal care services
- Nursing
- Senior care
- Rehabilitation therapy
- Behavioral Health services
- After-surgery care
- Wound care
- Care for Alzheimer's and other dementias
- Stroke care



Nursing Home (NH): a permanent residence for people in need of 24/7 care.

Skilled Nursing Facility (SNF): a temporary residence for patients undergoing medically necessary rehabilitation treatment. Short-Term stay is covered under MLTC. Long-Term stay is covered under Medicaid Fee for Service (FFS).

Medical Adult Day (MAD): provides meals, social activities and companionship but can also offer therapies on site such as physical and occupational therapies and often a nurse to help with medication management.

Social Adult Day Care (SADC): a structured, comprehensive program that provides functionally impaired adults with an array of services in a protective setting for any part of the day, but for less than a 24-hour period.



Licensed Home Care Service Agencies (LHCSA): home care services to clients who pay privately or have private insurance coverage. May also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity.

Certified Home Health Agencies (CHHAs): provide nursing services and other skilled care to patients temporarily. Services include, but not limited to, physical, occupational, and speech therapy, and social services, and medical equipment.

Hospice Care: provides compassionate, comfort-oriented end of life care aimed at improving the quality of life. The goal is to identify the patient and family goal of care and link patient goals with identified knowledge deficits to improve quality of life.

Chores Environmental: includes extermination of bedbugs, and insects, removal of items due to hoarding. Claims are submitted by the Network Development and Contracting Team.

Meals on Wheels/Home Delivered Meals: members with 20 hours or less of Personal Care Assistant (PCA) service. Provider should be informed in advance, preferably before noon, of the previous day. Providers provide fresh and frozen meals, packed frozen meals.

Personal Emergency Response Systems (PERS): providing the same type of devices, including LAN line, cordless, GPS, and fall sensor. Important to update emergency contacts in our systems. Recommended to test devices once a month and respond to the test alert. Discontinue services as soon as possible.



Provider Responsibilities



Provider Information: Providers are responsible for contacting VNS Health to report any changes in their practice. It is essential that VNS Health maintain an accurate provider database to ensure proper payment of claims and capitation, to comply with provider information reporting requirements mandated by governmental and regulatory authorities, and to provide the most up-to-date information on provider choices to our members.

Credentialing: Is required for all practitioners who provide services to VNS Health members and all other health professionals and facilities who are permitted to practice independently under State law and who provide services to VNS Health members, except for hospital-based health care professionals.

Recredentialing: Participating Providers must be recredentialled every three years. Procedures for recredentialing include updating information obtained in initial credentialing and consideration of performance indicators.

Provider Terminations and Continuity of Care: In the case of any provider termination, VNS Health will provide for continuity of care for members. Providers who terminate participation with VNS Health are obligated to the continuation of treatment and hold harmless provisions specified in their contracts.

Provider Changes: Such as Updates, Mergers, and Acquisitions:

1. A formal letter is needed detailing updates, mergers, and/or acquisitions with an effective date, TIN and NPI.
2. Provider is responsible for sending out a notification letter to affected members, informing them of the impending transition and offering options. VNS Health needs copy of this letter as well as a list of impacted members.

Billing and Claims Processing





Availity

The preferred Electronic Data Interchange (EDI) and vendor for all health plan transactions. Availity works with providers and their vendors to avoid disruption in transaction transmissions. The existing Payer IDs — **77073** and VNS Health — are not changing and will be used moving forward.

If you wish to submit directly, you can connect directly to the Availity Gateway at no cost for all VNS Health Plans 837, 835, and 27X transactions.

Go to <https://apps.availity.com/web/welcome/#/edi> to set up your business or vendor for submitting EDI transactions through Availity.

[Availity's Provider Engagement Portal](#) is accessible for eligibility and benefits inquiry, claim submission, claim status inquiry, and electronic remittance advice. Please ensure you are registered with Availity for this access.

For questions or assistance, contact Availity Client Services
1-800-Availity (1-800-282-4548), Monday–Friday, 8 am–8 pm (ET)

For hard copy (paper) submissions:

VNS Health
Health Plans
P.O. Box 4498
Scranton, PA 18505

Or call us at:

1-866-783-0222
(TTY: 711)
Monday–Friday, 8 am–5 pm

Covered Part D vaccine claims should be mailed to:

MedImpact Healthcare Systems
P.O. Box 509108
San Diego, CA 92150-9108

Billing and Claims Processing

Adhere to Timely Filing Requirements: Submit claims within the specified timeframe to avoid denials based on lateness.

Below are general claims dispute timelines for reference. However, providers must abide by the time frame stipulated in their contract for the claims to be submitted and disputed to be considered.

Provider type	Days to submit a clean claim	Days to dispute a claim
LHCSAs/FIs	120	60
SNFs	90	60
Meals on Wheels	90	90
Ancillary Providers	90	180

Please be sure your claim has these [required data elements](#) before submitting your form. This information is needed for claims to be processed correctly:

The [CMS-1500 claim form](#) (sample) and [UB-04 claim form](#) (sample) can be used to bill fee-for-service encounters. The UB-04 claim form should be used by facilities and by facilities billing on behalf of employed providers.

You can find instructions for submitting your claim by clicking on “How to submit claims” above.

Provider Claims Dispute Form: This form is for the sole purpose of submitting a Claim Payment Inquiry related to the adjustment of a claim. This is not to replace the Appeal process. <https://www.vnshealthplans.org/provider-claims-dispute-form/>

Filing an Appeal: All claim appeals must be filed in writing and must be filed within 60 calendar days of our initial decision about the request or as otherwise specified in the provider contract.

Phone: 1-866-867-6555

Fax: 1-866-791-2213

Mail: P.O. Box 445

Elmsford, NY 10523

Attn: VNS Health Grievance & Appeals



Utilization Management



Reviews member records and utilizes clinical criteria, guidelines, and regulations to determine the medical necessity of a service.

Process:

- A service request (SR) comes in by phone, fax, or mail and is taken by Authorization Operations.
- The Auth Team determines if SR can be processed by the Auth Team or if the SR requires clinical UM review
- If the SR requires UM review, the auth is assigned for clinical UM review and medical director review as needed

Timeline:

- Expedited requests - regulatory timeframe provides up to 72 hours to decide (approval or denial)
 - Expedited requests should be reserved for requests that, if SR is not reviewed within 3 days, the member faces life-threatening risk
 - Requests that are made in conjunction with a facility discharge or within 7 days of discharge are also appropriate for expedited requests
- Standard requests - regulatory timeframe provides up to 14 days to decide
- Extensions - extensions are allowed for both expedited and standard requests when it is in the best interest of the member, i.e., the plan is awaiting additional information from the provider so UM can make a decision.

Fax number:

MLTC: 212-897-9448

Medicare/Total: 866-791-2214

SelectHealth: 646-459-7731

Escalation Only: ProviderAuthInquiries@VNSHealth.org



Grievances and Appeals



Grievances and Appeals

The objective is to provide practitioners with processes for resolving concerns related to service authorizations or claims payment. VNS Health manages appeals in accordance with its policies and procedures, which are based on CMS and NYSDOH regulatory requirements. VNS Health informs each provider of the process and their right to file an appeal according to the plan-type regulatory requirements.

All participating providers must cooperate with VNS Health in the process.

When VNS Health MLTC or SelectHealth from VNS Health does one of the following, these decisions are considered plan actions:

- Denies or limits services requested by a member or their provider
- Denies a request for a referral
- Decides that a requested service is not a covered benefit
- Reduces, suspends, or terminates services that we already authorized
- Denies payment for services (claim appeals)
- Doesn't make grievance or appeal determinations within the required timeframes

These described plan actions above are subject to appeal, and our initial decision notices will provide you with your appeal rights.

Grievances and Appeals

VNS Health MLTC and SelectHealth from VNS Health

Service Appeals must be filed within 60 calendar days from the initial date of denial / plan action. **Claim Appeals** must be filed within 60 calendar from the initial claim denial date, unless your contract with VNS Health states otherwise. Service and Claim Appeals are processed by VNS Health as follows:

Appeal type	Decision timeframe	Rules/requirements
Expedited service appeal	72 hours, with a possible 14-day extension	<p>May be submitted verbally or in writing. The appeal will be expedited when:</p> <ul style="list-style-type: none"> • Services are concurrent • A physician indicates or VNS Health determines that waiting for the appeal decision within the standard timeframe may risk or jeopardize the member’s health • A member makes the request. However, the plan may deny and process it within the standard track if it’s determined that the member’s health will not be at risk or jeopardized.
Standard service appeal	30 calendar days, with a possible 14-day extension	
Claim appeal	30 calendar days	<ul style="list-style-type: none"> • Must be submitted in writing • Cannot be expedited • Cannot be extended

Compliance Program



Fraud, Waste and Abuse (All Plans)

VNS Health policy: comply with all federal and state laws regarding fraud, waste, and abuse. We will implement and enforce procedures to detect and prevent fraud, waste, and abuse regarding claims submitted to federal and state healthcare programs, and to provide protection for those who report in good faith actual or suspected wrongdoing.

The compliance policy: we maintain a strict policy of zero tolerance toward fraud and abuse and other inappropriate activities. Individuals who engage in any inappropriate activity alone or in collaboration with another employee, member, or provider are subject to immediate disciplinary action, up to and including termination.

Definitions:

Fraud – An **intentional deception or misrepresentation** made by a person with the knowledge that could result in some unauthorized benefit to themselves or other person(s). Includes any act that constitutes fraud under applicable federal or state law.

Waste – The **extravagant, careless, or needless expenditure of funds** resulting from deficient practices, systems, controls, or decisions.

Abuse – Provider practices that are **inconsistent with sound fiscal, business, or medical practices** and result in an unnecessary cost or reimbursement for services that are not medically necessary or fail to meet professionally recognized standards of care. Also includes enrollee practices that result in unnecessary cost.

Fraud, Waste and Abuse (All Plans)

Relevant Statutes and Regulations

Stark Law: with several separate provisions, governs physician self-referral for Medicare and Medicaid patients. Physician self-referral is the practice of a physician referring a patient to a medical facility in which he has a financial interest, be it ownership, investment, or a structured compensation agreement.

False Claims Act (FCA): Using the FCA, private citizens (i.e., whistleblowers) can help reduce fraud against the government.

Reporting of fraudulent, wasteful, and abusive activities

We expect members, vendors, providers, interns, volunteers, consultants, board members, and First Tier, Downstream and Related Entities (FDRs) as well as others associated with our business to bring any alleged inappropriate activity which involves VNS Health to our attention. Providers may confidentially report a potential violation of our compliance policies or any applicable regulation by contacting:

VNS Health Compliance Officer

220 East 42nd Street 6th Floor New York, NY 10017

Email – SIUmailbox@vnshealth.org

Report fraud, waste, and abuse anonymously to Ethics Point, Inc., a contracted vendor, by using the VNS Health Hotline at 1-888-634-1558 or [online](#). This service is available 24/7.



Questions?

Appendix





2026 Medicare Benefits Overview

	EasyCare	EasyCare Plus	Total
Monthly Plan Premium (Part C)	\$0	\$0	\$0
Primary Doctor Copays	\$0	\$0*	\$0
Specialist Doctor Copays	\$35	\$0*	\$0
Monthly Premium for Prescription Drugs (Part D)	As low as \$0*	As low as \$0*	\$0
Healthy Extras Card	\$107/quarter	\$272.50/month**	\$380/month**
OTC Items and Groceries	OTC items only	\$235/month for OTC items & groceries	\$310/month for OTC items & groceries
Home Utilities & More	N/A	\$37.50/month for utilities, and certain dental, hearing or vision expenses	\$70/month for utilities, and certain dental, hearing or vision expenses
Dental	\$2,500/year for dental care	\$2,750/year for dental care***	\$3,500/year for dental care***
Vision	\$0 eye exam; \$300/year for eye wear	\$0 eye exam; \$300/year for eye wear	\$0 eye exam; \$350/year for eye wear
Hearing	\$0 hearing exam; \$1,500 every 3 years for hardware	\$0 hearing exam; \$1,400 every 3 years for hardware	\$0 hearing exam; \$2,000 every 3 years for hardware
Acupuncture	20 visits/year^	30 visits/year^	55 visits/year^
Routine Podiatry	6 visits/year	6 visits/year	6 visits/year
Transportation to approved healthcare locations	11 round trips/year	7 round trips/year	Covered by New York State Medicaid
Gym Membership	SilverSneakers®	SilverSneakers®	SilverSneakers®
Long-Term Services and Supports	N/A	N/A	Yes (including Home Health Aide, Nursing & Social Work)

*Benefits and costs depend on your level of Low Income Subsidy (LIS) or Medicaid eligibility and the plan you enroll in. **Grocery and utility benefits are part of special supplemental benefits for the chronically ill and not all members qualify. Chronic illnesses include diabetes, dementia, heart failure, lung disorders, stroke, and other conditions. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. ***Additional coverage available under Medicaid based on medical necessity. Authorization may be required. ^Additional acupuncture visits for chronic low back pain covered by Medicare.

