

# VNS Health Medicare Provider Orientation



*Updated February 2026*

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# About VNS Health and The Benefits of Partnership



# One Team One Mission

The future of care.  
The comfort of home.



## A Legacy of Looking Ahead

As one of the nation's largest nonprofit home and community-based health care organizations, we've been innovating in health care since our founder Lillian Wald coined the term "public health nurse," over 130 years ago.

VNS Health continues to break ground with industry-leading products and services that help our partners adeptly meet the growing challenges facing the health care industry.

VNS Health brings together our complete range of health care expertise to support your growth and to help our patients and plan members live, age and heal in the comfort of their homes and communities. We make it easy for our patients and members to access the best-in-class health care products and services.

Combining generations of clinical guidance with today's most advanced health care strategies and innovative management tools, VNS Health is more than just a partner.

Together, we're a team.

# 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

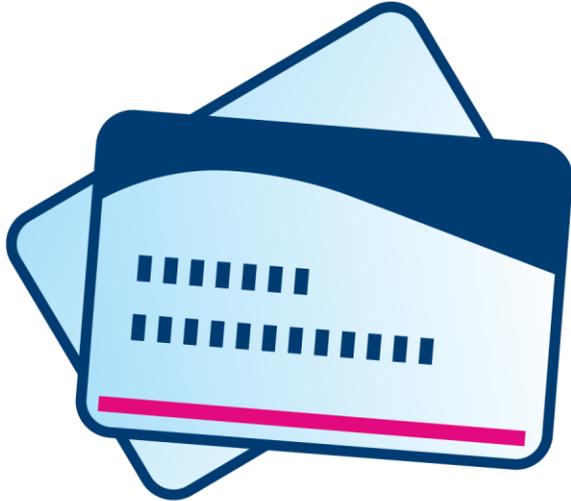
Behavioral Health

Professional Solutions

Personal Care

# Just Some of the Reasons Why We Stand Out

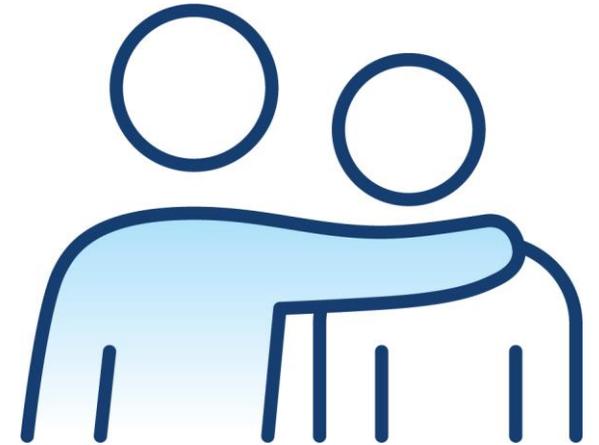
## Expertise



## Excellence



## Advocacy



### Medicare and Medicaid

Helping member benefits work for them

### Quality Care

Choice of outstanding doctors and hospitals

### Providing Support

Champions for members, patients and their loved ones

## 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.



# 2026 VNS Health Health Plans



**\$0 monthly plan premium (Part C), \$0 primary care copay, \$35 specialist copay**

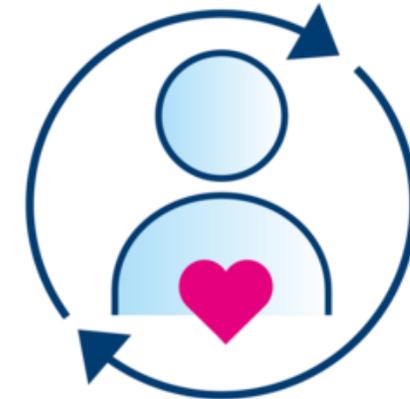
**Over-the-Counter (OTC) allowance (\$107/quarter)**

**Prescription drug coverage (Part D) as low as \$0**

- **Dental:** \$2,500/year for comprehensive dental care
- **Vision:** \$0 copay exam, \$300/year for eyewear
- **Hearing:** \$0 copay for exam, \$1,500 every three years for hardware

### **Additional Benefits**

- Acupuncture: 20 visits/year
- Routine podiatry: 6 visits/year
- Transportation to medical care: 11 round trips/year
- Gym membership: SilverSneakers®
- 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 primary care copay and \$0 specialist copay\***

**Over-the-Counter (OTC) and Grocery allowance (\$235/month)**

**Prescription drug coverage (Part D) as low as \$0\***

**Flex allowance (\$37.50/month) to help pay for utilities, dental, hearing, and vision**

- **Dental:** \$2,750/year for comprehensive dental care
- **Vision:** \$0 copay exam, \$300/year for eyewear
- **Hearing:** \$0 copay for exam, \$1,400 every three years for hardware

## **Additional Benefits**

- Acupuncture: 30 visits/year
- Routine podiatry: 6 visits/year
- Transportation to medical care: 7 round trips/year
- Gym membership: SilverSneakers®
- Telehealth
- 24/7 Nurse Hotline
- Home delivered meals after a hospital stay



# VNS Health Total (HMO D-SNP)

\$0 monthly plan premium (Part C), primary care copay, specialist copay

Over-the-Counter (OTC) and Grocery allowance (\$310/month)

Prescription drug coverage (Part D)

Flex allowance (\$70/month) to help pay for utilities, dental, hearing, and vision

- Long-term services and supports (including home health aide, nurse, and social worker)
- Worldwide coverage – up to \$50,000/year for emergency services and urgent care

- **Dental:** \$3,500/year for comprehensive dental care
- **Vision:** \$0 copay exam, \$350/year for eyewear
- **Hearing:** \$0 copay for exam, \$2,000 every three years for aids

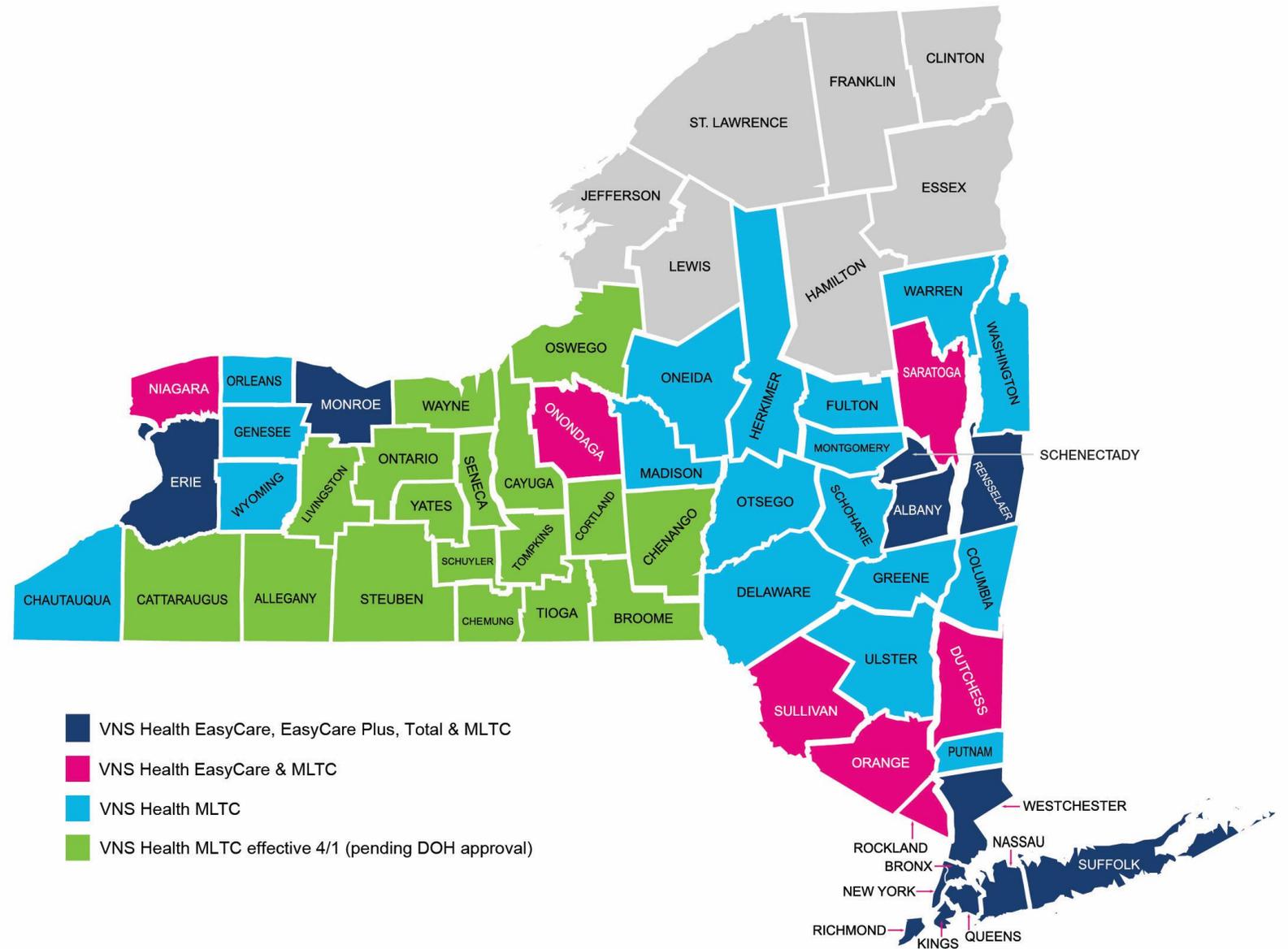
## Additional Benefits

- Acupuncture: 55 visits/year
- Routine podiatry: 6 visits/year
- Transportation: covered by New York State Medicaid
- Gym membership: SilverSneakers®
- Telehealth
- 24/7 Nurse Hotline
- Home delivered meals after a hospital stay



# Health Plans Service Area

As of April 1, 2026 our service area will cover 55 counties across New York State



- VNS Health EasyCare, EasyCare Plus, Total & MLTC
- VNS Health EasyCare & MLTC
- VNS Health MLTC
- VNS Health MLTC effective 4/1 (pending DOH approval)

# Medicaid Managed Long-Term Care (MLTC)

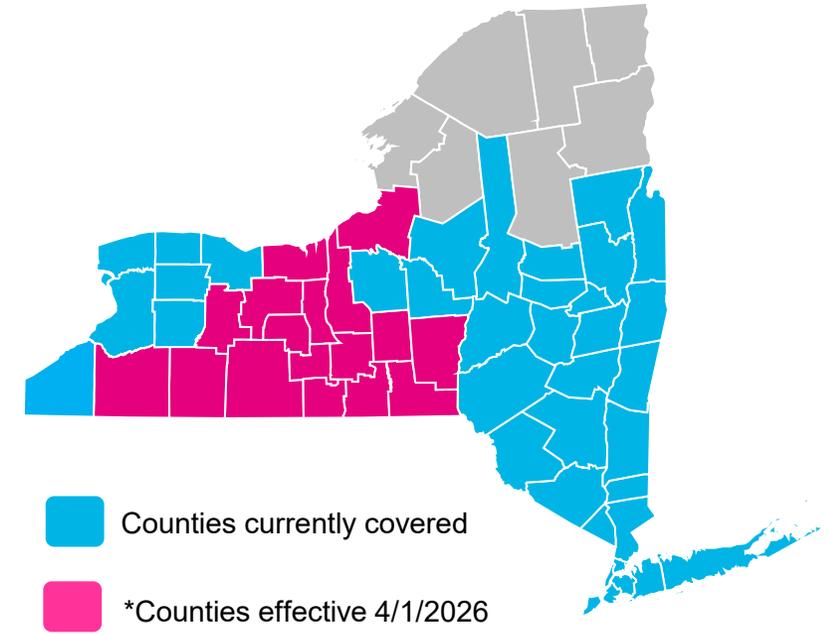
VNS Health MLTC includes all the Medicaid long-term care and other health-related services members need to live well at home and in community, including:

- \$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, eye, foot, hearing care
- Medical equipment and supplies
- Nutritional counseling
- Telehealth



# VNS Health Managed Long Term Care (MLTC) Service Area

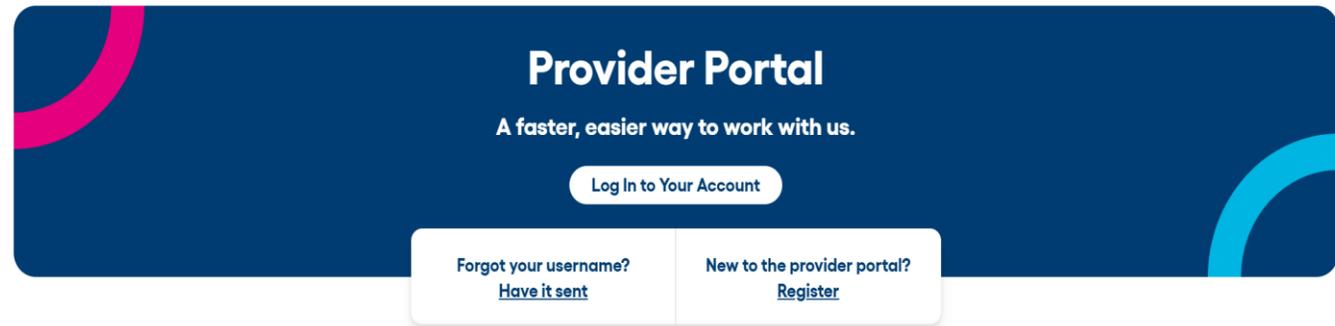
- Albany
- Allegany\*
- Broome\*
- Bronx
- Cattarugus\*
- Cayuga\*
- Chautauqua
- Chemung\*
- Chenango\*
- Cortland\*
- Columbia
- Delaware
- Dutchess
- Erie
- Fulton
- Genesee
- Greene
- Herkimer
- Kings (Brooklyn)
- Livingston\*
- Madison
- Monroe
- Montgomery
- Nassau
- New York (Manhattan)
- Niagara
- 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 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



# Sample Member ID Cards

## MLTC ID Card:



**VNS Health** 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:



**Select HEALTH**  
VNS Health

<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>

**Submit Medical Claims to:**  
SelectHealth from VNS Health  
PO Box 4498  
Scranton, PA 18505  
**Electronic Payer ID:** 77073

**Pharmacy Benefits:**  
NYRx EMedNY  
1-800-343-9000 - Option 1

**Provider Services:**  
1-866-783-0222

Note: This card is void when eligibility terminates.

**SelectHealth Care Team\***  
1-866-469-7774 (TTY: 711)  
Monday – Friday, 8 am – 6 pm  
\*At all other times your call will be handled by the after-hours call center.

**Behavioral Health Services**  
1-855-735-6098  
(TTY: 1-866-727-9441)  
24 hours a day, 7 days a week

**Superior Vision**  
1-800-507-3800  
(TTY: 1-800-201-7165)  
Monday – Friday, 8 am – 9 pm  
Saturday, 11 am – 4:30 pm

Plan administered by SelectHealth from VNS Health

# Sample Member ID Cards

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


HEALTH PLANS

<p><b>MEMBER NAME</b></p> <p>Member ID: SBSB_ID</p> <p>Plan: VNS Health Medicare (HMO)</p> <p>Effective Date: MEIA_REQ_DT</p> <p>PCP Name: PRPR_NAME</p> <p>PCP Phone Number: PRAD_PHONE</p> <p>Medicaid Number: MEME_MEDCD_NO</p> <p>Healthplex Dental Grp No: GG-385ECPS</p>	<p>RxBin: 015574</p> <p>RxPCN: ASPROD1</p> <p>RxGRP: VNS01</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center; font-size: 0.8em;">CMS-H5549 ISSUER: (80840)</p>
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HEALTH PLANS

<p><b>MEMBER NAME</b></p> <p>Member ID:</p> <p>Plan: EasyCare Plus (HMO D-SNP)</p> <p>Effective Date:</p> <p>PCP Name:</p> <p>PCP Phone Number:</p> <p>Medicaid Number:</p> <p>Healthplex Dental Grp No: GG-385ECPS</p>	<p style="font-weight: bold; font-size: 1.2em;">MAGNACARE™</p> <p>RxBin: 015574</p> <p>RxPCN: ASPROD1</p> <p>RxGRP: VNS01</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center; font-size: 0.8em;">CMS-H5549 ISSUER: (80840)</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](http://vnshealthplans.org) **Member Account:** [vnshealthplans.org/account](http://vnshealthplans.org/account)

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

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

Plan administered by VNS Health Medicare. Note: This card is void when eligibility terminates.



**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](http://vnshealthplans.org) **Member Account:** [vnshealthplans.org/account](http://vnshealthplans.org/account)

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**Provider Services:** 1-866-783-0222    **Submit Claims to:** VNS Health Medicare  
 Electronic Payer ID: 77073    PO Box 4498, Scranton, PA 18505

Plan administered by VNS Health Medicare. Note: This card is void when eligibility terminates.



\* MagnaCare is for Erie, Monroe, Albany, Rensselaer, Schenectady, Dutchess, Orange, Niagara, Saratoga, Onondaga, Rockland and Sullivan.

# 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><b>Member Services Contact Center</b></p> <p>VNS Health EasyCare &amp; EasyCare Plus</p> <ul style="list-style-type: none"> <li>• 1-866-783-1444</li> </ul> <p>VNS Health MLTC</p> <ul style="list-style-type: none"> <li>• 1-888-867-6555</li> </ul> <p>VNS Health Total (MAP)</p> <ul style="list-style-type: none"> <li>• 1-866-783-1444</li> </ul> <p>SelectHealth from VNS Health</p> <ul style="list-style-type: none"> <li>• 1-866-469-7774</li> </ul>	<p><b>Provider Contact Center</b></p> <p>Health Plans Provider Services</p> <ul style="list-style-type: none"> <li>• 1-866-783-0222</li> </ul> <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><b>Claim Submissions</b></p> <ul style="list-style-type: none"> <li>• Claims must be submitted within 90 days of the date of service either electronically or mailed to the addresses below.</li> </ul>	<p><b>Claim Inquiries, Disputes &amp; Appeals</b></p> <ul style="list-style-type: none"> <li>• To check the status of a claim, sign in to the Provider Portal at <a href="https://providerportal.vnshealthplans.org" style="color: #00AEEF; text-decoration: underline;">providerportal.vnshealthplans.org</a></li> </ul>

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 and 'HEALTH PLANS' text. A contact number '1-866-783-0222' and user icons are visible in the top right. A left-hand navigation menu includes links for 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. The 'Recent Authorizations' section shows a table with columns for Member ID, Member First Name, Member Last Name, Auth Number, Auth Type, Start Date, Referred By Provider NPI, and Decision Status. The 'Recent Claims' section shows a table with columns for Member First Name, Member Last Name, Member ID, Claim Number, First Service Date, Latest Service Date, Network Status, Billed Amount, Allowed Amount, Paid Amount, and Payee Name.

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

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]	[REDACTED]	01-26-2024	01-26-2024	In	609.19	139.59	113.71	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01-22-2024	01-22-2024	In	591.19	135.38	108.31	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01-30-2024	01-30-2024	In	206.70	0.00	0.00	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01-26-2024	01-26-2024	In	66.39	54.17	54.17	[REDACTED]
[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



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.

**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

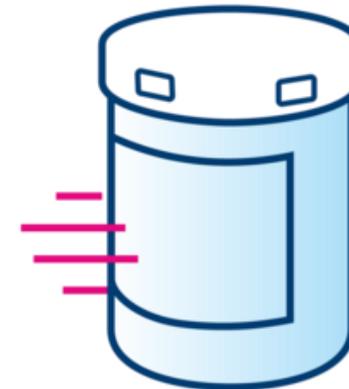
**Expedited Appeal Fax:**  
1-858-790-6060

[Provider Portal](#)

[Formulary List 2025](#)

[Request for Medicare Prescription Coverage Determination Form](#)

[Request for Medicare Prescription Coverage Redetermination Form](#)



**NYRx, the Medicaid Pharmacy Program:** all Medicaid members enrolled in Mainstream Managed Care receive their prescription drugs through NYRx, which allows New York State to pay pharmacies directly for the drugs and supplies of Medicaid members.

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

### [Standard PA form](#)

#### **To request a PA:**

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

## VNS Health EasyCare and EasyCare Plus

### ModivCare

Tel: 1-866-428-2351

If possible, please have the following information ready: Date of the trip, pick-up time, medical office full street address, telephone number, and any special needs (ex., wheelchair). Member must arrange trip at least two days before appointment. Can book 30 days ahead of appointment.

## VNS Health Total

For **non-emergency transportation by ambulance** because of a medical condition, call **ModivCare** at 1-877-718-4220 (TTY: 711), 7 days a week, 8 am–8 pm.

For non-emergency medical transportation, member or provider must contact the Statewide Transportation Broker,

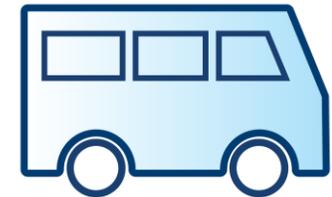
### **Medical Answering Services (MAS):**

- Online <https://www.medanswering.com/>
- Call Monday – Friday, 7 am – 6 pm  
(New York City, Long Island, Westchester, and Putnam counties → 1-844-666-6270)  
(Upstate → 1-866-932-7740)

Transportation requirements:

- Scheduled three days prior
- Provide appointment date, time, address, provider's name, Medicaid ID number, any special needs

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



Healthplex is delegated to manage appeals, claims processing and payment, credentialing and recredentialing, network development and management, and utilization management. All dentists will receive a Healthplex provider manual and the appropriate forms when they contract with Healthplex.

**HealthPlex provider line:** 1-888-468-2183

**Email:** [info@Healthplex.com](mailto:info@Healthplex.com)

## HealthPlex Portal

Members must identify themselves as VNS Health members and bring their Healthplex card.

**If asked for ID number, please use this list to select associated number:**

EasyCare: ID D0032069

EasyCare Plus: ID D0032068

MLTC downstate: ID D0032066

MLTC upstate: ID D0032066

TOTAL: ID D0032067

SH-HARP adult: ID D0037618

SH-HARP children: ID D0037618

LTSS adult: ID D0032065

LTSS children: ID D0032065

Medicaid adult SNP: ID D0032065

Medicaid children SNP: ID D0032065



Carelon Behavioral Health has been delegated to manage the following services: 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

[Carelon portal](#)

[Outpatient review form—adult day treatment](#)

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

# Superior Vision by VersantHealth

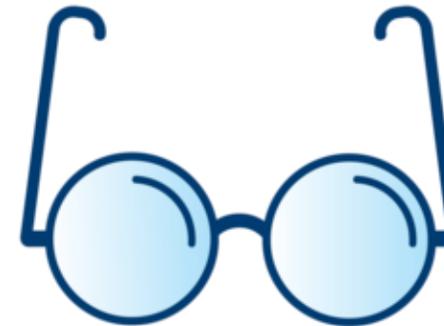
Superior Vision is a specialty health benefits company that manages routine (wellness) exams and eyewear and is delegated to complete claims processing and payments and credentialing and re-credentialing.

**Products:** VNS Health EasyCare, EasyCare Plus, and Total

**Superior Vision by VersantHealth:** 866-819-4298

[Superior Vision Portal](#)

[Quick Reference Guide](#)



# Provider Responsibilities



# Provider Responsibilities

VNS Health maintains provider agreements that incorporate provider and health plan responsibilities consistent with industry standards in compliance with New York State Managed Care Legislation and requirements for individuals and organizations receiving federal funds. The following requirements are applicable to VNS Health participating providers.

- Nondiscrimination
- Cultural competence
- Program participation and compliance
- Release of member information
- Billing
- Provider information
- Access and availability standards
- Credentialing
- Recredentialing
- Provider terminations and continuity of care



# 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 claims to be processed and disputes to be considered.

**Claims:** 90 days to submit clean claims from the date of service (**or the time frame stipulated in your contract**) and 60 days to dispute a claim from VNS Health issued Remittance.

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](mailto:ProviderAuthInquiries@VNSHealth.org)



# Grievances and Appeals



# Grievances and Appeals Decisions

When a VNS Health Medicare plan makes a decision related to payment coverage requests or an item provision, service, or drug, the terminology may differ depending on what is being requested, but they all mean an initial request:

- **Organization determination** – Part C benefits
- **Coverage determination** – Part D benefits
- **Initial determination** – can be used for both Part C and D benefits

These decisions, when not fully favorable, are subject to appeal, and our initial decision notices will provide you with your appeal rights. For our Medicare plans, Part C service appeals are broken down further for Part B drugs which are typically those drugs that are administered in the office by a physician.



# Appeal Types, Timeframes, and Rules

Appeal type	Decision timeframe	Rules/requirements
Expedited Part B drug appeal	72 hours	<p>May be submitted verbally or in writing.</p> <p>The appeal will be expedited when:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• A member may also request to expedite an appeal; however, the plan may deny and process it within the standard track if the plan determines that the member's health will not be at risk.</li> </ul>
Expedited Part C service/benefit appeal	72 hours, with a possible 14-day extension	
Standard Part B drug	Seven days	May be submitted verbally or in writing.
Standard Part C service/benefit appeal	30 calendar days, with a possible 14-day extension	
Claim appeal	60 calendar days	<ul style="list-style-type: none"> <li>• Must be submitted in writing</li> <li>• Cannot be expedited</li> <li>• Cannot be extended</li> </ul>

## The What and Where:

When submitting an appeal, at minimum, the following should be included in the request:

- Your name/who is filing the appeal, preferably on your office's letterhead which includes treating/requesting physician's
  - Name
  - Address
  - Phone Number
- Member's name and other type of member identifier such as
  - VNS Health member ID number
  - Date of birth
- Service or claim that is being appealed, and the reason why
- Supporting documentation such as clinical documentation/medical records, proof of timely filing (for claim appeals), or any other documents you feel may help support the appeal

**Phone:** 1-866-867-6555

**Fax:** 1-866-791-2213

**Mail:** P.O. Box 445

Elmsford, NY 10523

**Attn:** VNS Health Grievance & Appeals

# 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](mailto: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.

# Quality Improvement Program



# Quality Improvement Program

**Mission:** serve as a best-in-class health plan and continually improve the quality of healthcare for our members.

**How:** providing access to affordable, appropriate, and timely healthcare and services, which are routinely assessed for compliance with established standards. Participating providers must comply with all VNS Health Quality Management policies, procedures, and programs.

**Goal:** develop an integrated and comprehensive approach to continuously improving care and service to meet or exceed our members' expectations.

**Program framework:** based upon the philosophy of continuous quality improvement and includes:

- Development of quality improvement initiatives
- Quality measurement and evaluation
- Corrective action implementation and evaluation
- Communication with and education of our members and providers
- Annual evaluation of the program's effectiveness

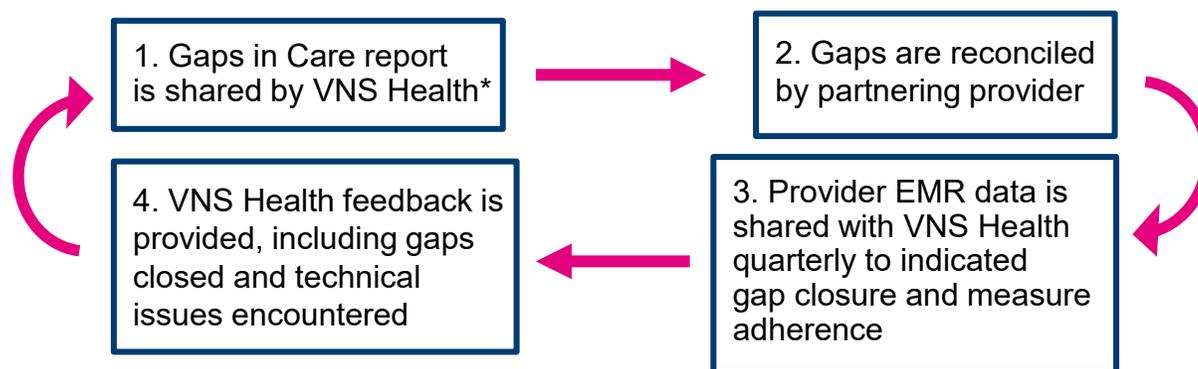
# Improving Health Outcomes and Quality Performance

**VNS Health collaborates with providers to share data bi-directionally to address care gaps.**

**Request:** to make the provider experience as efficient and rewarding as possible, we invite providers to participate in our automated data collection program supporting **Healthcare Effectiveness Data and Information Set (HEDIS®)** and **Quality Assurance Reporting Requirements (QARR)** supplemental data. Reduce your office staff’s administrative burden of collecting medical records if you use a secure Electronic Medical Record (EMR).

**Process:** we ask for an IT contact to assist in setting up a Secure File Transfer Protocol (SFTP). This standard network protocol is used for the secure file access, transfer, and management of any data stream. We will also request assistance on your end to establish and send a quarterly report. For the first initial files submitted, and subsequently once per annum, we will request a medical chart sample to conduct primary source verification. The data through this program include:

- **Gaps in Care reports:** Shared monthly via the VNS Health provider portal, displaying member level adherence across each quality measure (Total, EasyCare Plus, EasyCare, and SelectHealth)
- **Supplemental data files:** Providers leverage the standardize format to submit clinical supplemental data to close gaps in care to the plan reducing medical record requests



\*Generally monthly, the frequency of the Gaps in Care report will differ by provider.

# Quality Chart Collection Project Timelines

Medical record data may be requested to support several quality initiatives at different times during the year.

Project	Timeframe	Description
Supplemental data collection	Year-round	Clinical data requests to close gaps in care
HEDIS medical record review project	February—May 5th	Medical records requested by hybrid measures
IPRO chart review	Ad hoc	Medical records requested to support DOH char reviews and case studies
Clinical practice guidelines audit	Annual	Medical records requested to assess adherence with VNS Health guidelines

**Consumer Assessment of  
Healthcare Providers and Systems  
(CAHPS)  
&  
Centers for Medicare & Medicaid  
Stars Rating Program**



Next

## CAHPS Survey



1

Members complete **yearly surveys** about their experience with VNS Health.

2

This survey is called the *Consumer Assessment of Healthcare Providers and Systems*, or **CAHPS**.

3

It asks members:

- **how well they are treated** by health plan reps,
- what **they think of the benefits** we provide,
- how they rate their **quality of care**, among other things.

# Star Ratings



# Who completes the CAHPS Survey?



A random sample of Medicare members annually.



A member enrolled for at least 6 months in:

- **Medicaid Advantage Plus (MAP/Total) plan**  
*or one of our Medicare-only plans:*
- **EasyCare**
- **EasyCare Plus**



A member that is not institutionalized (inpatient, hospice, etc.)



A member that is 18+



A member residing in the United States.

# Members are asked about how their health plan performs in these areas.

Here is where providers can have an impact.

## Rating of the Health Plan

Overall Rating Question

## Rating of Healthcare Quality

Overall Rating Question

## Rating of the Drug Plan

Overall Rating Question

## Annual Flu Vaccine

Yes / No Question

## Getting Needed Care

Questions about access to care, treatment, and specialists

## Getting Appointments and Care Quickly

Questions about access to providers

## Care Coordination

Questions about tests, treatment and doctors

## Getting Needed Prescription Drugs

Questions about filling prescriptions

## Customer Service

Questions about their Experience with the Health Plan team members and processes

Questions?



# Appendix





# 2026 Medicare Benefits Overview

	EasyCare	EasyCare Plus	Total
<b>Monthly Plan Premium (Part C)</b>	\$0	\$0	\$0
<b>Primary Doctor Copays</b>	\$0	\$0*	\$0
<b>Specialist Doctor Copays</b>	\$35	\$0*	\$0
<b>Monthly Premium for Prescription Drugs (Part D)</b>	As low as \$0*	As low as \$0*	\$0
<b>Healthy Extras Card</b>	\$107/quarter	\$272.50/month**	\$380/month**
<b>OTC Items and Groceries</b>	OTC items only	\$235/month for OTC items & groceries	\$310/month for OTC items & groceries
<b>Home Utilities &amp; More</b>	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
<b>Dental</b>	\$2,500/year for dental care	\$2,750/year for dental care***	\$3,500/year for dental care***
<b>Vision</b>	\$0 eye exam; \$300/year for eye wear	\$0 eye exam; \$300/year for eye wear	\$0 eye exam; \$350/year for eye wear
<b>Hearing</b>	\$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
<b>Acupuncture</b>	20 visits/year^	30 visits/year^	55 visits/year^
<b>Routine Podiatry</b>	6 visits/year	6 visits/year	6 visits/year
<b>Transportation to approved healthcare locations</b>	11 round trips/year	7 round trips/year	Covered by New York State Medicaid
<b>Gym Membership</b>	SilverSneakers®	SilverSneakers®	SilverSneakers®
<b>Long-Term Services and Supports</b>	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.



# Helpful Links and Contacts

**Join Our Provider Network:** If you are interested in joining the VNS Health Plans Provider network, please fill out the following form <https://www.vnshealthplans.org/join-our-network-form/> as accurately as possible. Once your request has been reviewed for network need, you will be notified by mail. Submission of this form does not guarantee participation with our Health Plans.

**Provider Demographic Update Form:** <https://www.vnshealthplans.org/provider-demographic-update-form/>

**Provider Credentialing Request Form:** <https://www.vnshealthplans.org/health-professionals/credentialing/>

**EFT Request Form:** If you are interested in enrolling in EFT (Electronic Funds Transfer) for VNS Health Plans please fill out the required form. <https://www.vnshealthplans.org/provider-eft-request-form/>

Please allow VNS Health Plans 10 business days to have your EFT approved and set up. Any inquiries regarding EFT set up and status can be directed to VNS Health Plans Provider Services at 866-783-0222.

**Availity:** Please note that to begin receiving EFT payments and remittances, you will also need to enroll with Availity to receive electronic remittance advice files. Registration link: <https://www.availity.com/Essentials-Portal-Registration>

**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.

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