

PROVIDER SERVICES:

1-800-303-9626 | Mon.-Sat., 8 am-8 pm | Press # for **PROVIDER SERVICES**; Press 1 for Member Eligibility; Press 2 for Claims | TTY Users:711 / 1-800-881-2812
 - **Marketplace: 1-855-809-4073** | Mon.-Sat., 8 am-8 pm | After 8 pm: after hours service line
 - **Medicare Advantage: 1-866-986-0356** | Mon.-Sat., 8 am-8 pm | After 8 pm Sundays & Holidays 24/7 medical answering service: **1-800-442-2560**
 - **FIDA: 1-844-288-FIDA (3432)** | Mon.-Sat., 8 am-8 pm | After 8 pm Sundays & Holidays 24/7 medical answering service: **1-800-442-2560**
 - **MetroPlus GoldCare I & GoldCare II: 1-877-475-3795** | Mon.-Sat., 8 am-8 pm | After hours: **1-800-442-2560**

Notify MetroPlus as soon as possible if there are changes in your practice (e.g. address, tax ID#, new site, closed site, change in practice name/ownership, change of providers in group practice, extended leave of absence):

- By Phone: 1-800-303-9626
- By Fax: 212-908-3691
- By Email: ProviderUpdate@Metroplus.org
- By Mail: MetroPlus Health Plan, Provider Services, 160 Water Street, 3rd Fl., New York, NY 10038

All medical, behavioral, community-based and facility-based LTSS providers participating in FIDA network are required to complete FIDA training. The training can be accessed via the web at: https://www.resourcesforintegratedcare.com/FIDA_Downloadable_Provider_Training

MEMBER ELIGIBILITY:

Members’ coverage, PCP, and any restrictions must be verified before every encounter.

Step 1: Ask to see their **MetroPlus Member ID** or **Photo ID** (If no photo ID, please contact Customer Services to verify eligibility)

Step 2: Check member’s eligibility using one of these methods:

- MetroPlus Provider Portal: <http://providers.metroplus.org>
- EMEVS web site: www.emedny.org for Medicaid, Medicaid Managed Long Term Care, HIV SNP, Medicare Advantage and Select members
- EMEVS verification line: call **800-997-1111**, enter the MetroPlus Provider Number 01529762 and the Plan Code 092
- MetroPlus Customer Services: **800-303-9626**

CLAIM SUBMISSION:

- Claims must be submitted within 90 days of the date of service or discharge
- Clean claims adjudication within 30 days from the date the claim is received.
- Sign-up for EFT to receive claim payments electronically. After log-in go to the heading “My Account” and select EFT Enrollment”
<https://providers.metroplus.org/providers/Pages/Default.aspx>

MetroPlus Products	Medicaid, CHP, SNP, MetroPlus Gold, Essential Aliessa, Essential Non Aliessa, GoldCare I, GoldCare II, Managed Long Term Care (MLTC) - MetroPlus Enhanced (Medical Claims Only)	Medicare Advantage, Medicare Platinum, FIDA	QHP Marketplace (Exchange)
Paper Claims are sent to ➡	MetroPlus Health Plan P.O. Box 1966, NY, NY 10116-1966	MetroPlus Health Plan, P.O. Box 381508, Birmingham, AL 35238-1508	MetroPlus Health Plan, P.O. Box 830480, Birmingham, AL 35238-0480
Electronic Claims ➡	Change Healthcare (formerly Emdeon) ID# 13265	Change Healthcare (formerly Emdeon) ID# 13265	Change Healthcare (formerly Emdeon) ID# 13265
Claims Reconsideration Appeals ➡ (must be submitted in writing within 45 calendar days of the date of the original check or denial notification)	<p><i>Appeals must include supporting documentation to explain why provider does not agree with the initial claim outcome)</i></p> <ul style="list-style-type: none"> • By Mail: MetroPlus Health Plan, Attn.: Claims, 160 Water Street, 3rd Fl., New York, NY 10038 • By Fax: 212.908.8789 		

PRIOR AUTHORIZATION REQUIREMENTS: for full list, go to: <http://www.metroplus.org/provider-services/authorization-grid>

The following services require prior authorization and/or verification of benefits. For these services call 800-303-9626:

- Services provided by a Non-Participating Provider
- Potentially Cosmetic Procedures
- Inpatient Admissions
- Experimental/Investigational or Rare Disease Treatment
- Genetic Testing
- Home Health Care and Personal Care/Home Attendant Services
- Skilled Nursing and Acute Rehab Facility Care
- Long Term Nursing Home Care
- Hospice Services
- Adult Day Health Care
- Request for PERS (Personal Emergency Response System)
- Durable Medical Equipment, including Orthotics and Prosthetics
- Erectile Dysfunction Treatments
- Physical Therapy, Occupational Therapy and Speech Therapy visits in excess of 20 visits in a calendar year for “exempt members.” This includes MetroPlus Advantage, CHP, MetroPlus Gold, Marketplace (Exchange), and members who are children 0-20 years of age and / or members with developmental disabilities. All other non-exempt Medicaid and Family Health Plus members are subject to a limit of 20 visits per calendar year per specialty type.

Prior Authorization Required (Con't)

VENDOR ARRANGEMENTS

PHARMACY SERVICES: Prior Approvals: Call CVS Caremark for Medicaid Prior Authorization at: **1-877-433-7643**; Medicaid Appeals: 1-855-465-0027 • Specialty “SGM” PA/Appeals: **1-866-814-5506**

RADIOLOGY SERVICES: Prior Approvals: Call eviCore Healthcare at **1-800-875-4902** for High-Tech Radiology services including CT, MRI / MRA, 3D, PET, and Nuclear Cardiology via Fax: **1-888-693-3210** or online: www.medsolutionsonline.com

BEHAVIORAL HEALTH: Prior Approvals: Call Beacon Health Options at **1-855-371-9228** for provider referrals, authorization or clinical matters or web at www.beaconhealthoptions.com ; **For Claims: 1-855-371-9228; For Customer Services: 1-855-371-9228.** MetroPlus Health Plan Behavioral Health Telephonic Collaborative Care resource. If you have a member that you are treating and would like to discuss Behavioral Health issues, please contact **212-908-5133**.

HIV TESTING HIV testing must be offered to all people between the ages of 13 and 64 receiving primary care services, care in the emergency room or care as an inpatient in a hospital. Prenatal care providers should provide HIV counseling to women as early as possible in their pregnancy. A repeat third trimester test, preferably at 34-36 weeks, should be recommended to all pregnant women who tested negative early in pregnancy.

LABORATORY

- LabCorp is MetroPlus’ preferred lab partner

DENTAL

- Dental coverage provided through Healthplex. Call **1-888-468-2189** for Healthplex Member Services.

DURABLE MEDICAL EQUIPMENT (DME)

- Dedicated DME fax numbers: **Medicare / FIDA: 212-908-4401**
 • **Medicaid: 212-908-5185** • **MLTC: 212-908 -5282**

ACCESS TO CARE MetroPlus members must secure appointments within the following time guidelines:

Emergency Care	Immediately upon presentation
Urgent Medical or Behavioral Problem	Within 24 hours of request
Non-Urgent “Sick” Visit	Within 48 to 72 hours of request, or as clinically indicated
Routine Non-Urgent, Preventive or Well Child Care	Within 4 weeks of request
Adult Baseline or Routine Physical	Within 12 weeks of enrollment
Initial PCP Office Visit (Newborns)	Within 2 weeks of hospital discharge
Adult Baseline or Routine Physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Newborn Visit for HIV SNP Members	Within 48 hours of hospital discharge
Initial Family Planning Visit	Within 2 weeks of request
Initial Prenatal Visit 1st Trimester	Within 3 weeks of request
Initial Prenatal Visit 2nd Trimester	Within 2 weeks of request
Initial Prenatal Visit 3rd Trimester	Within 1 week of request
In-Plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge)	Within 5 days of request, or as clinically indicated
In-Plan Non-Urgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Non-Urgent)	Within 4 to 6 weeks of request
Health Assessments of Ability to Work	Within 10 calendar days of request

If you are unsure of who your Provider Services Representative is, please contact 212-908-3636 for assistance.
 ICD-10: Claims with dates of service on or after 10/1/2015 must be billed with ICD-10 codes.