

Provider Portal and VillageCareMAX-Altruista Health Provider Authorization Portal
 The VillageCareMAX Provider Portal is a quick, convenient, and secure way to verify member eligibility, review claims status, submit claims inquiry request, and much more. The portal is available 24 hours a day, 7 days a week and can be accessed by visiting <https://secure.healthx.com/villagecareprovider/>. The VillageCareMAX-Altruista Health Provider Authorization Portal integrates with GuidingCare Care Management and allows providers to electronically submit authorizations, check on status of authorizations, update and add additional information to an authorization and can be accessed by visiting: <https://vcm.guidingcare.com/AuthorizationPortal/>

How to Make a Referral

For your convenience, VillageCareMAX offers the following ways to make a referral:

- By email**
 Email us at vcmxrefer@villagecare.org
 You may attach a spreadsheet with individual referrals listed on each line for batch referrals.
- Online via web**
 Go to www.villagecaremax.org/providers#referrals
- By phone**
 Call us at **1-800-469-6292**

How to Check on a Status of a Referral

You may check on a status by calling our

Intake Call Center 212-337-5774

- Speak to an Intake representative
- Track status of referral(s) submitted
- Respond to incoming calls from member services or key partners
- Process referrals, schedule UAS and NYIA assessments
- Educate prospective members about the benefit plan and respond to general enrollment questions

Department	Contact Information	Hours of Operation	Information
Member Enrollment & Eligibility Verifications	EMEDNY toll-free: 1-800-997-1111 Member Services Fax: 212-337-5711* * Any member or provider communication other than authorization, grievance and appeals	24 hours / 7 days Mon-Fri, 9 am - 5 pm	Verify VCMAX Enrollment on EMEDNY: MLTC Plan Code: VL MAP Plan Code: VM To facilitate care management, VCM requests notification to UM of all hospital admissions in accordance with the following timeframes: -Elective: 5 days prior to admission -Urgent: any time prior to admission but no later than 1 business day after admission -Emergent: within 1 business day of emergent admission
Dental Services » LIBERTY Dental Benefits Manager	Tel: 833-276-0853	Mon - Fri, 8 am - 8 pm	
Optometry/Vision Services » Superior Vision (Versant)	Tel: 866-819-4298	Mon - Fri, 8 am - 8 pm	
Claims/ Provider Services	Tel: 855-769-2500	Mon – Fri 9 am to 5 pm	
Audiology/Hearing Services » HearUSA (audiology)	Tel: 855-898-1320	Mon - Fri 8 am - 8 pm	

Authorizations	Tel: 800-469-6292	7 days/week 8 am - 8 pm	All Fax Numbers should be used for requests related to authorizations including authorization changes, authorization corrections, authorization modifications, clinical & supporting documentation, and prior authorization forms.
» LHCSA/CDPAS/Personal Care	Fax: 646-618-8997		PCA and CDPAS including Overtime Requests.
» Long Term Support Services	Fax: 646-362-2004		SADC, ADHC, PERS, Home-Delivered Meals, and Home Modifications.
» DME	Fax: 718-517-2709		Requests for all new & existing DME/ Medical Necessity, Prescriptions.
» Grievance and Appeals	Fax: 347-226-5180		All requests related to grievance and appeals.
» Skilled Nursing Facility Admissions	Fax: 978-967-8030		All information regarding Skilled Nursing Facility Admissions, including: PRI and Short Term Rehab Requests, Clinicals, Discharge Summaries, Requests for Continuity of Care, etc.
Transportation Services (non-emergency)			
Sentry Management Solutions	Tel: 844-573-6879	Mon – Sat, 7 am - 9 pm Sun, 8 am - 5 pm	

Prior Authorization List

The following services require prior authorization (contact Utilization Management). For a complete list of services with additional details, please see the VillageCareMAX Provider Manual, Section 10. For a complete list of DME codes that require prior authorization, please see Appendix 10 in the Provider Manual.

Frequently utilized MLTC Services	Frequently utilized MAP Services
<ul style="list-style-type: none"> » DME » Nursing Home Care » Home Health Care » Adult Day Health Care & Social Day Care » Non-emergency Transportation » Rehabilitation Therapy (PT, OT, ST) » Respiratory Therapy » Nutrition » Social and Environmental Supports » Home Delivered & Congregate Meals » Private Duty Nursing » Community-based Long-Term Services and Supports (LTSS) » Respite services » Tele-Monitoring » Home Infusion 	<ul style="list-style-type: none"> » DME » Hospital admissions » Skilled Nursing Facility admissions » Surgeries » Outpatient Behavioral Health services <ul style="list-style-type: none"> » Auth required after 20 visits for non-physician services » Alcohol and Substance Abuse services » <u>Rehabilitation Therapy (PT, OT, ST, Cardiac & Pulmonary)</u> <ul style="list-style-type: none"> » Auth required for all visits » Home Health Care » Organ Transplant » Chiropractic services » Diagnostic Services (MRI/MRA, EMG, PET Scan, Nuclear Medicine, Discogram/ Myelogram) » Mobile Radiology » Acupuncture visits for lower back pain » <u>Acupuncture "Supplemental Benefit" –</u> <ul style="list-style-type: none"> » MAP: limit 5 visits/month –max 50/year

Claims

Mail paper claims (CMS-1500 or UB-04) and claims correspondence, including Claims Appeals to: ILS - VillageCareMAX P.O. Box 21516 • Eagan, MN 55121	Electronic claims submissions: Use VillageCareMAX Change HealthCare payer ID: 26545
<ul style="list-style-type: none"> • For MLTC claims, if VillageCareMAX is not primary, submit the claim within 90 days of the date on the Explanation of Payment (EOP)/Remittance Notice and include EOP with your claim. • For MAP claims, VillageCareMAX is the payer for all covered services. • NPI and Tax ID must be included on all claims. 	

