### 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/](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/](https://vcm.guidingcare.com/AuthorizationPortal/).

### Department | Contact Information | Hours of Operation | Information
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**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  
MA Plan Code: H2168  
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

**Claims/ Provider Services** | Tel: 855-769-2500 | Mon – Fri  
9 am to 5 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.

**Authorizations** | Tel: 800-469-6292 | | Inpatient admissions; UR requests, Clinical, Discharge Summaries.

- **Inpatient Admissions**  
  Fax: 212-402-4468

- **Outpatient Services**  
  Fax: 978-367-1872

- **LHCSA/CDPAS/Personal Care**  
  Fax: 646-618-8997

- **Long Term Support Services**  
  Fax: 646-362-2004

- **DME**  
  Fax: 718-517-2709

- **Grievance and Appeals**  
  Fax: 347-226-5180

- **Part B**  
  Fax: 917-243-9997

- **Skilled Nursing Facility Admissions**  
  Fax: 978-967-8030

**Pharmacy Services** | **MedImpact Pharmacy Benefits Manager**  
Tel: 888-807-6806, TTY 711. | Mon - Fri, 8 am - 8 pm | - VCMAX MLTC members obtain prescription drugs through their Medicare Prescription Drug Plan (Part D) and/or NYS Medicaid.  
- VCMAX MA and MAP members obtain prescription drugs through the VCMAX plan. Pharmacy network and prescription drug benefits are administered by MedImpact.  
- The formulary (including prior authorization and other requirements) as well as a listing of participating providers and pharmacies can be found via [www.villagecaremax.org](http://www.villagecaremax.org).

Revised: 3/2023
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.

**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
- **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**

### Frequently utilized MA & MAP Services
- **DME**
- **Hospital admissions**
- **Skilled Nursing Facility admissions**
- **Surgeries**
- **Outpatient Behavioral Health services**
  - Auth required after 20 visits for non-physician services
- **Alcohol and Substance Abuse services**
- **Rehabilitation Therapy (PT, OT, ST, Cardiac & Pulmonary)**
  - Auth required for all visits
- **Home Health Care**
- **Organ Transplant**
- **Chiropractic services**
- **Diagnostic Services (MRI/MRA, EMG, PET Scan, Nuclear Medicine, Discogram/Myelogram, CT Scan, EEG)**
- **Mobile Radiology**
- **Acupuncture visits for lower back pain**

### Claims (Not Applicable for Behavioral Health 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

- 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.
- For MA claims, VillageCareMAX is the primary payer.
- NPI and Tax ID must be included on all claims.

[www.villagecaremax.org](http://www.villagecaremax.org)