

## ADDITIONAL SERVICES:

### PHARMACY SERVICES -

Medicaid Prior Authorization  
(CVS Caremark):

1.877.433.7643

Medicaid Appeals:

1.855.465.0027

Specialty "SGM" PA/Appeals):

1.800.303.9626, Opt. 4

### BEHAVIORAL HEALTH SERVICES -

Provider referrals, authorizations,  
clinical matters, provider relations  
& claims (Beacon Health Options):

1.855.371.9228

[beaconhealthoptions.com](http://beaconhealthoptions.com)  
or  
[provider.beaconhs.com](http://provider.beaconhs.com)

### LABORATORY SERVICES -

Find and Refer members to  
participating network labs.

1.800.303.9626

[metroplus.org/find-doctor](http://metroplus.org/find-doctor)

### DENTAL SERVICES -

Healthplex Member Services:

1.888.468.2189

### DURABLE MEDICAL EQUIPMENT (DME) -

Access prior authorization request  
form [metroplus.org/provider/forms](http://metroplus.org/provider/forms)

Requests submitted to Integra  
for all products except MLTC:

Fax: 212.908.5185

Requests for MLTC only:

Fax: 212.908.5282

## UPDATED PROVIDER PORTAL



The **MetroPlus Provider Portal** is now more  
convenient than ever before.

- **New!** Online Claims Entry
- **New!** Online Authorization Entry
- **New!** P4P Reports, Patient Gaps in Care,  
Utilization Reports, and much more
- Check Eligibility, Claims, Payment  
and Authorization Status
- Eliminate multiple logins -  
"one stop shop"
- Ask questions 24/7
- Fast, straightforward  
authorization requests:
  - Diagnosis and service code lookup
  - Clinical requirements check

Take a look today at: [metroplus.org/provider](http://metroplus.org/provider)



WE'RE METROPLUS.  
WE'RE NEW YORK CITY.



## PROVIDER SERVICES PHONE NUMBERS:

Main Provider Services Phone Number:  
1.800.303.9626 | TTY: 711/1.800.881.2812

LINE OF BUSINESS	PHONE NUMBER
<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Child Health Plus</li> <li>• Partnership in Care (SNP)</li> <li>• Enhanced</li> </ul>	1.800.303.9626
<ul style="list-style-type: none"> <li>• MetroPlus Gold</li> <li>• GoldCare I &amp; GoldCare II</li> </ul>	1.877.475.3795
<ul style="list-style-type: none"> <li>• Marketplace</li> <li>• Essential Plan</li> <li>• SHOP Plans</li> </ul>	1.855.809.4073
<ul style="list-style-type: none"> <li>• Medicare Plans</li> </ul>	1.866.986.0356
<ul style="list-style-type: none"> <li>• Managed Long-Term Care</li> </ul>	1.855.355.6582

## PRIOR AUTHORIZATION REQUESTS:

Medical and Radiology Services -  
**1.800.303.9626**

Find out more about services  
requiring prior authorization online:

[metroplus.org/provider/  
authorization-request](https://metroplus.org/provider/authorization-request)

## NOTIFY US AS SOON AS POSSIBLE OF CHANGES IN YOUR PRACTICE:

- Change of address
- Change of practice name/ownership
- New site or site closure
- Change of tax ID number
- Change of providers in group practice
- Extended leave of absence

**NOTIFY US BY:**

- 📞 1.800.303.9626
- 🖨️ 1.212.908.3691
- @ [providerupdate@metroplus.org](mailto:providerupdate@metroplus.org)

✉️ **MetroPlus Health Plan**  
Provider Services  
160 Water Street, 3<sup>rd</sup> Fl.  
New York, NY 10038

## MEMBER ELIGIBILITY & BENEFITS:

Member coverage, PCP and any restrictions must be verified before every encounter:

📞 1.800.303.9626      🌐 [providers.metroplus.org](https://providers.metroplus.org)

## CLAIM SUBMISSIONS (Must be submitted within 90 from 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.

METROPLUS PRODUCT		WHERE TO SEND CLAIMS	
		BY MAIL	ELECTRONICALLY
<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Enhanced</li> <li>• MetroPlus Gold</li> <li>• Partnership in Care (SNP)</li> <li>• Managed Long-Term Care</li> </ul>	<ul style="list-style-type: none"> <li>• Child Health Plus</li> <li>• Essential Plan</li> <li>• GoldCare I / GoldCare II</li> </ul>	<p>MetroPlus Health Plan P.O. Box 1966 New York, NY 10116-1966</p>	<p>Change Healthcare ID# 13265</p>
<ul style="list-style-type: none"> <li>• Marketplace / SHOP Plans</li> </ul>		<p>MetroPlus Health Plan P.O. Box 830480, Birmingham, AL 35238-0480</p>	
<ul style="list-style-type: none"> <li>• Medicare Plans: Advantage / Platinum</li> </ul>		<p>MetroPlus Health Plan P.O. Box 381508 Birmingham, AL 35238-1508</p>	
WHERE TO SEND CLAIM RECONSIDERATIONS / APPEALS			
<p>Claims must be submitted in writing within 45 calendar days of the date of the original check or denial notification. Appeals must include supporting documentation to explain why provider does not agree with the initial claim outcome)</p>			
<p>BY MAIL: MetroPlus Health Plan, Attn.: Claims 160 Water Street, 3rd Fl., New York, NY 10038</p>		<p>BY FAX: 212.908.8789</p>	