

# METROPLUSHEALTH | BEHAVIORAL HEALTH | PROVIDER QUICK-REFERENCE GUIDE



## PROVIDER PORTAL

The **MetroPlusHealth Provider Portal** is now more convenient than ever before. You can find:

- **Provider Manual & Authorization Grid**
- **Guidelines and Policies, including:**
  - UB04 User Guidelines
  - Pharmacy Policies
  - Clinical Practice Guidelines
  - Pharmacy Policies

And more...

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



## BEHAVIORAL HEALTH CONTACT INFORMATION:

### BEHAVIORAL HEALTH SERVICES:

Provider referrals, authorizations, clinical matters, provider relations & claims :



1.800.303.9626



212.908.5208

Appeals:



Appeals coordinator : 1.800.303.9626



212.908.5209

All correspondence should be sent to:



[MetroPlusHealth](https://metroplus.org)

Attn: Behavioral Health / HARP Dept.  
50 Water St., 7<sup>th</sup> Floor  
New York, NY 10004

### BEHAVIORAL HEALTH CASE MANAGEMENT | PLAN OF CARE:



212.908.3319



[BHPOC@metroplus.org](mailto:BHPOC@metroplus.org)

Grievance and Complaints:



1.800.303.9626

### HEALTH HOMES | HEALTH HOMES LIAISON:



844.225.4277

### CHILDREN'S SPECIAL SERVICES | CSS PLANS OF CARE:



212.908.3018



[childrensspecialservice@metroplus.org](mailto:childrensspecialservice@metroplus.org)



Find A Doctor: [Metroplus.org/find-doctor](https://metroplus.org/find-doctor)

### PHARMACY CONTACT INFORMATION:

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

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@METROPLUSHEALTH



## 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



## CLAIM SUBMISSIONS

**Claims must be submitted detailing all services rendered for every encounter.** This applies regardless of whether the provider is paid on a capitation or fee-for-service methodology.

**Claim Submission Deadline (days following date of service / discharge):** Medicare, Medicaid and Family Health Plus - 90 days; MetroPlus Gold and Child Health Plus - 120 days; 30 days following MetroPlusHealth's request to the IPA or IPA Provider as applicable, for additional information: 60 days following receipt of an explanation of benefits from a primary payer if MetroPlusHealth is secondary

- Clean claims adjudication within 30 / 45 days from the date the claim is received.
- Sign-up for EFT to receive claim payments electronically.



## 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



**MetroPlusHealth**  
Provider Services  
50 Water Street, 7<sup>th</sup> Fl.  
New York, NY 10004



## MEMBER ELIGIBILITY & BENEFITS:

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



1.800.303.9626



providers.metroplus.org

METROPLUSHEALTH PRODUCT		WHERE TO SEND CLAIMS	
<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Enhanced (HARP)</li> <li>• MetroPlus Gold</li> <li>• Partnership in Care (SNP)</li> </ul>	<ul style="list-style-type: none"> <li>• Child Health Plus</li> <li>• Essential Plan</li> <li>• GoldCare I/II</li> <li>• Marketplace / SHOP</li> </ul>	BY MAIL	ELECTRONICALLY
<ul style="list-style-type: none"> <li>• Medicare Plans: Advantage / Platinum / UltraCare</li> </ul>		MetroPlusHealth P.O. Box 381508 Birmingham, AL 35238-1508	
WHERE TO SEND CLAIM RECONSIDERATIONS / APPEALS			
If you disagree with a claim payment determination, you have the right to appeal. You must explain the reason for the appeal and include all pertinent information as well as a copy of the original claim. Claims must be submitted in writing within 45 calendar days of the date of the original or denial notification.			
BY MAIL	BY CERTIFIED MAIL	BY FAX:	
MetroPlusHealth P.O. Box 830480 Birmingham, AL 35283-0480	MetroPlusHealth 50 Water Street, 7 <sup>th</sup> Floor New York, NY 10004	(Behavioral Health Only): 212.908.3314	