**Important Contact Information**

<table>
<thead>
<tr>
<th>Provider Services</th>
<th>Member Services</th>
<th>Utilization / Medical Management</th>
<th>Quality Management, Quality Risk Inquiries</th>
<th>Discharge Plans</th>
<th>Credentialing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel.: 866.247.5678</td>
<td>Tel.: 866.247.5678</td>
<td>Tel.: 866.247.5678</td>
<td><a href="mailto:QM@affinityplan.org">QM@affinityplan.org</a></td>
<td><a href="mailto:transitionalcareteam@affinityplan.org">transitionalcareteam@affinityplan.org</a></td>
<td><a href="mailto:credentialingahp@affinityplan.org">credentialingahp@affinityplan.org</a></td>
</tr>
<tr>
<td>Fax: 718.794.7808</td>
<td>Fax: 718.794.7804</td>
<td>Fax: 718.794.7822</td>
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<td>Monday - Friday, 8:30 a.m. - 6:00 p.m.</td>
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<tr>
<td>Email: <a href="mailto:ProviderRelations@affinityplan.org">ProviderRelations@affinityplan.org</a></td>
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</table>

**Provider Portal:**
https://identity.affinityplan.org/account

Access the secure provider portal to verify member eligibility, review claim status, and search for providers; to check authorization status and review details; to update demographic information; and to download member roster, Quality Incentive Program, and Gaps-in-Care and non-users reports.

If you have a problem logging onto the portal call **866.247.5678**.

**Affinity Website Provider Information:**
https://www.affinityplan.org/Providers/Providers/

Access provider resources and information; provider manual, directory, forms, formulary and newsletters; and credential request, “join the network” request, contact us information. Quality Related information - https://www.affinityplan.org/Providers/Provider-Toolkit/Quality-Incentive-Program/

**Access and Availability**

Refer to the Provider Manual, Section 4 for complete information at http://affinityplan.org/uploadedFiles/Affinityv3/Providers/Publications_and_Training/Files/Provider_Manual.pdf

**Notification Requirements**

Notification of the member’s hospital admission within two business days of an admission through the emergency room: **888.543.9074**. Follow the voice prompts for “authorizations” to connect to the Utilization Management Department. Behavioral Health Admissions - Notify no later than two business days by calling **800.974.6831**.

**Member Enrollment and Renewal**

Enrollment assistance: **866.731.8001**
Member renewals: **866.243.3174** Monday to Friday, 8:30 a.m. - 6:00 p.m.
Recertification@affinityplan.org
Online: https://www.affinityplan.org/Contact-Us/Reach-Out-to-Us/Contact-Form/Contact-Us/

**CVS Caremark (Pharmacy)**

Tel: **866.247.5678**
Fax: **866.255.7569**
Website: https://www.affinityplan.org/Providers/Support/Pharmacy/Pharmacy/
Pharmacy Management inquiries pharmacy@affinityplan.org

**LogistiCare (Transportation)**

Reservations: **844.678.1103**
(Monday through Friday, 8:00 a.m. - 5:00 p.m.)
Urgent Transportation: **844.678.1103**
Provider/Facility: **866.428.2351**

**DentaQuest (Dental)**

Provider service line: **888.308.2508**
Member service line: **866.731.8004** or **855.208.6768**
Find a dentist: https://providerlookup.affinityplan.org/#/

**Superior Vision (Optical)**

Optical providers go through Superior Vision
Provider service line: **866.819.4298** or **800.243.1401**, option 3
Call to join the network at **844.343.2900** or complete the provider nomination request form found on our website https://superiorvision.com/providers/
Member service lines: **800.879.6901** or **800.428.8789** or **866.810.3312**

**Beacon Health Strategies (Behavioral Health)**

Provider service: **800.974.6831** (pre-authorization)
Provider Relations department: **781.994.7556**
Member service: **888.438.1914**
Letter of interest form: www.beaconhealthstrategies.com/becoming_a_provider.aspx
nyprelations@beaconhealthoptions.com
www.beaconhealthstrategies.com

1776 Eastchester Road, Bronx, NY 10461 866.247.5678 AffinityPlan.org
**EFT payment - Change Healthcare and ECHO Health**

To sign up for electronic payments (EFT) visit https://view.echohealthinc.com/EFTERADirect/Affinity/index.html

To access EOP visit www.providerpayments.com

**ECHO contact**
Website: https://view.echohealthinc.com/UI/Inquiry.aspx#/ Customer service: 888.834.3511
cs_requests@echohealthinc.com

General inquiry: compliance@affinityplan.org Legal, Compliance, and Special Investigations: 718.794.5731
Affinity’s confidential hotline for reporting compliance concerns including fraud, waste, and abuse is 866.528.1505.

CGA Inquiries: compliancegrievance&appealunit@affinityplan.org

**Pre-authorizations**

A complete list of the treatments and procedures that require providers to obtain pre-authorizations: https://www.affinityplan.org/Providers/Resources/Pre-Authorization-Codes/Pre-Authorization-Codes/

For radiation therapy, ultrasound, sleep management, physical therapy (PT), occupational therapy (OT), speech therapy (ST), cardiac imaging and radiology services contact eviCore: 866.242.5615
Fax: 800.540.2406

For chiropractic contact Landmark: 800.638.4557
For DME contact Integra: 888.729.8818

For all other authorization requests fax the prior authorization request form to 718.794.7822.

If you wish to speak to a representative call 888.543.9074.
For detail visit http://affinityplan.org/Providers/Resources/Authorizations/Authorizations/

**Claims Guidelines - Customer Service / Claims: 866.247.5678**

Claims submissions: Claims must be submitted within the timeframe of the date of service that is specified on your contract (or 90 days) and should be done so either electronically or mailed as a hard copy to the addresses shown for the Claims department.

PCPs must submit encounter for capitated service and well service codes when rendered at the time of a sick visit.

Electronic claim submissions: Review our EDI frequently asked questions (FAQs). For inquiries on submitting EDI claims through Emdeon, our clearinghouse, you may access the Emdeon website at www.emdeon.com.

**Affinity Health Plan Claim Payer IDs**

Medical Claims: Medicaid, CHP, Essential Plan and HARP 1334

Medical Claims: Medicare (for date of service to 12/31/2018) 13333

Behavioral Health Claims 43324 Plan ID (SBR03) is 0009

**Mailing Address for Paper Claims**

All original submissions and corrected claims must be mailed to:
PO Box 981726 El Paso, TX 79998

**Claims Administrative Reconsiderations**

Mail denials not related to authorization or medical necessity denial:

**Attention: Claims Department**
PO Box 812
NY, NY 10028-0081

Note: Appeals related to Medical Necessity Denials should not be sent to this post office box.

Claims Resolution: Providerrelations@affinityplan.org

**Appeals / Claims Questions / Inquiries**

For Appeals:

When appealsing an Affinity adverse determination in writing you must submit your written request to

**Affinity Health Plan**
1776 Eastchester Road
Bronx, NY 10461
or Fax to 718.536.3358