



CHOICESM
Health Plans

Provider News

Urgent Action Required: All VNSNY CHOICE Providers

This email concerns two Medicaid-related forms that need your urgent attention:

- Provider Disclosure Certification
- Medicaid Compliance Program Certification

Provider Disclosure Certification

You are required to fill out and return [this Provider Disclosure Certification form](#) to VNSNY CHOICE. Please return it by November 30, 2019.

The New York State Department of Health (NYSDOH) requires each provider to certify each year that they will comply with applicable Medicaid statutes, regulations, rules and updates governing the Medicaid program.

Medicaid managed care organizations (MCOs), including all VNSNY CHOICE Health Plans, are now required to collect and retain these forms from all of their contracted providers.

In order for you and VNSNY CHOICE to comply with the regulation, we're asking all providers to [complete both sides of this form](#) and return it to us by November 30, 2019.

If you have already submitted this form in 2019, you are set! Thank

you!

NOTE: If you are part of a group such as an independent provider association or accountable care organization, please check with your group administrator. If they have filed a Provider Disclosure Certification form for your group, you will not have to submit one on your own.

Fill out, sign and return this form to VNSNY CHOICE

There are two ways you can return this form:

- Scan the completed document and email it as an attachment to CHOICEcompliancecertification@vnsny.org
- Print it out and mail it to:

VNSNY CHOICE Health Plans
220 East 42nd Street, Third Floor
New York, NY 10017
ATTN: Provider Operations

Medicaid Compliance Program Certification

All VNSNY CHOICE providers are also required to certify each year that they have a **Medicaid compliance program in place** if they meet certain financial and other criteria.

As a CHOICE participating provider, you are required to attest to these criteria and provide proof of certification. You are also required to sign the form if you *do not* meet these criteria.

To facilitate our annual collection, **please complete the online form and attach certification documents.**

[Additional information regarding the regulation can be found at this link.](#)

Fill out this online Compliance Program Certification Form

Have questions?

Please call toll free: 1-866-783-0222
TTY for the hearing impaired: 711
Monday – Friday, 9 am – 5 pm

**Thank you for being part of the
VNSNY CHOICE Provider network!**

We want to make this publication useful to you. Please let us know what you think! Write to us at CHOICEProviderNews@vnsny.org.

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