Frequently asked questions: Managed Long-Term Care

Effective March 1, 2025, we will implement operational enhancements to the Managed Long-Term Care (MLTC) program in New York. Below, you will find key details and answers to common questions to help ensure a smooth transition.

What is changing:
- MLTC member ID numbers
- Electronic funds transfer (EFT): EnrollSafe will replace Payspan as the EFT website.
- Electronic remittance advice (ERA): Availity Essentials will replace Payspan for ERA.
- Authorizations for personal care services, social daycare, and meals will be issued in weekly units and will no longer contain a *fixed* daily schedule, allowing for greater flexibility in service provision and billing.
- Claims changes:
  - Claim status information will be accessible via Availity Essentials.
  - Address for submitting paper claims
  - Claim timely filing guidelines
  - Need to split claims that span date of service on/after March 1, 2025
  - Value code and rate code required for nursing home claims
  - Alignment of bill types and revenue codes for specific service
  - Check run days
- Updated provider manual to reflect the above changes

What is not changing:
- Authorization information will be available on the legacy MLTC Provider Portal.
- Electronic claim submission — Payer ID 45302 for MLTC claims
- EDI claims submissions using Availity Essentials
- Dispute process
- Clinical appeal process
- The Care Management, Provider Services, and Provider Relations teams

Member identification numbers
Are MLTC member ID numbers changing?

Yes, MLTC IDs are changing. Members will be issued cards with a new subscriber ID number. The new numbers will be used for authorizations and claims for dates of service on/after March 1, 2025:
- Current MLTC member ID numbers, which begin with *IT,* will continue to be used for all dates of service on/before February 28, 2025.
- New MLTC ID numbers will begin with the prefix *JLJ.*

- Members will be sent their new cards at the end of February.

MLTC provider online references

How can I look up authorizations, claim status information, enrollment referrals, and care plans after March 1, 2025?

The legacy MLTC Provider Portal will include:
- All MLTC authorizations; authorizations for dates of service on/after March 1, 2025, will include the member's new ID number.
- Claims information will be available for dates of service prior to March 1, 2025.
- Enrollment referrals
- Recertification information
- Care plans for social daycare providers

Availity Essentials will include:
- Claims information for dates of service on/after March 1, 2025.
- Member eligibility — new

How can I register for Availity Essentials?

Registering:
- Confirm that your organization has assigned someone as the Availity Essentials administrator.
- Go to https://Availity.com and select **Get Started** in the upper right.

For any questions regarding Availity Essentials, call Availity Client Services at **800-282-4548** between the hours of 8 a.m. and 8 p.m. Eastern time, Monday through Friday.

How can I get Availity Essentials training?

Visit the Learning Center (on24.com) to access on-demand trainings.

MLTC legacy website and Availity Essentials guide

	Availity Essentials	MLTC Provider Portal (legacy)
Claims status	Claim with the date of service on or after March 1, 2025	Claims with the date of service before or on February 28, 2025
Eligibility — new feature!	Member profile (eligibility, demographics, and so on): • All members migrated will have an effective date of March 1, 2025. • New members enrolled thereafter will display their actual eligibility date.	Not available

	Availity Essentials	MLTC Provider Portal (legacy)
Authorizations	Not available	Authorizations will continue to be displayed in the MLTC Provider Portal. You can continue to view all the member's authorizations by looking up the member's CIN number: • Authorizations for dates of service before March 1 will be displayed with the member's older ID number beginning with *IT*. • Authorizations for dates of service after March 1 will be displayed with the member's new ID number beginning with *JLJ*.
Care plans (PCSP)	Not available	Care plans for social adult daycare providers will continue to be displayed in the legacy portal.
Enrollment referrals	Not available	Enrollment referrals including pre-enrollment referrals will continue to be displayed on the legacy website.
Medicaid recert	Not available	Medicaid recertification information will remain available, including the ability to obtain details of all members due to recertify.

Provider disputes and clinical appeals

Provider disputes and clinical appeals for MLTC members cannot be submitted via Availity Essentials. **Continue submitting disputes and appeals as outlined in your provider manual.**

Authorizations FAQ

How can I view MLTC authorizations?

You may continue to view MLTC authorizations on the legacy site, MLTC Provider Portal. Here, you can retrieve authorizations in real time, download authorizations, review authorization details, and run authorization reports.

What changes should I expect with new authorizations effective March 1, 2025?

All existing authorizations will be updated to end on February 28, 2025. You will receive new authorizations effective March 1, 2025. These new authorizations will have a unique authorization ID number and will include the member's new subscriber ID number beginning with *JLJ*.

Great news! Authorizations for personal care services, social daycare, and meals will be issued in weekly units and will no longer contain a fixed daily schedule, allowing for greater flexibility in service provision and billing.

Where can I find MLTC authorizations for dates of service *before* March 1, 2025?

MLTC authorizations for dates of service before March 1, 2025, will continue to be available on the legacy site MLTC Provider Portal.

How do I request a service authorization on behalf of a member?

You can continue to fax service requests and all clinical documentation to our MLTC Care Management team at **718-368-6267**.

Who can I call if I have questions about an authorization?

You may call our MLTC Provider Service Line at **929-946-6500** from 9 a.m. to 5 p.m., Monday through Friday.

How do I file a clinical appeal?

The appeal process **is not changing**. MLTC clinical appeals should be sent in **no later than 60 days** from the initial adverse determination (IAD) date to:
>Anthem Blue Cross and Blue Shield HP
>Appeals and Grievance Dept.
>1985 Marcus Ave., Ste. 150
>Lake Success, NY 11042

Claims FAQ

The following changes are effective **March 1, 2025**.

Overview

Anthem will enhance the claim processing system for the MLTC program in New York. These enhancements include several changes related to claims.

Claim submissions key points

Electronic submissions: How and where do I send my claims?

The address to submit paper claims for MLTC is changing. However, the EDI Payer ID for MLTC is not changing.

After March 1, 2025, submit MLTC claims as follows:

Electronic/EDI claims
Payer ID: 45302
Submit claims through Availity Essentials
   or any other clearinghouse that can route
   to Availity Essentials

Paper claims
Anthem Blue Cross and Blue Shield HP
MTLC Claim Submissions
P.O. Box 61010
Virginia Beach, VA 23466-1010

Member ID number changes
To ensure the proper processing of your claim, the appropriate subscriber ID must be used in the claim:

DOS before/on February 28, 2025
Member ID begins with *IT.*

DOS on/after March 1, 2025
Member ID begins with *JLJ.*

How do I split claims by dates of service?

If a claim spans before and after March 1, 2025, the claim must be split into two separate claims. This applies to all claims, whether EDI, paper, or out-of-area:
- Service dates on/before February 28, 2025, must be submitted as a claim with the member ID number that begins with *IT.*
- Service dates on/after March 1, 2025, need to be submitted as a separate claim with the member ID that begins with *JLJ.*

Claim form details:

Claim form	Field name	EDI claim	Paper claim
Institutional (*UB-04* or *837*)	Serv Date	Loop 2400, DTP/472/03	Box 45

Professional (*CMS-1500* or *837P*) Ser	Service Date	Loop 2400, DTP/472/03	Item 24A

Important: For institutional claims, the Statement Covers Period (Box 6) will not be used to identify claim routing.

Claim splitting example

If a claim spanned from February 27 to March 5, 2025, it would need to be submitted as two separate claims like so:

Claims	Line	Service date
Claim 1	1	2/27/2025
	2	2/28/2025
Claim 2	1	3/01/2025
	2	3/02/2025
	3	3/03/2025
	4	3/04/2025
	5	3/05/2025

If a claim is submitted without splitting the claim based on dates of service:
- The system will process dates February 27 and 28 and issue payment accordingly.
- For dates of March 1 onward, the system will generate a message (*Explanation of Payment* Code SPL) indicating that a separate claim must be submitted for these dates.
- Do not submit a corrected claim for this purpose.

Additional claims questions
I submitted my claim but have not received payment. Can you tell me if you have received my claim?

If you have not received payment, confirm that you have received a *TA1* or *997* response file from Availity Essentials. (Note: The TA1 and 997 response files from Availity Essentials may differ from other clearinghouse files you may be using to submit claims to Anthem.) Those files indicate whether your claim was accepted or not by Anthem:
- If the claim is in *Accepted* status, allow five days for processing.
- If the claim is not accepted, the reason will be indicated in the *TA1* or *997* file.

If you have not received a *TA1* or *997* response file from Availity Essentials, please contact your clearinghouse for assistance.

My remittance indicates that the claim was accepted, but I have not received payment. How can I check on the status of my claim?

We encourage providers to access https://Availity.com to perform a claim search because most questions can be answered there.

I have checked Availity Essentials, and I still can't locate my claim. How can I get help?

You may call our MLTC Provider Service Line at **929-946-6500** from 9 a.m. to 5 p.m., Monday through Friday. We will gladly assist with your claim questions.

What are the key timeframes related to claim processing?

Claim type	Timeframe
Primary claim submission	Participating providers have **90 days** from the date of service to submit a claim unless more time is specified in their contract. For nursing home claims, the 90-day period is calculated from the through date on the claim.
Secondary claim submissions (member cost shares)	Secondary claim submissions for member cost shares must be made within **90 days** of the primary payer's *Explanation of Payment (EOP)* date unless more time is specified in the provider's contract.
Claim disputes	Submit within **60 days** of the health plan's *EOP* date.

Nursing home claims

Starting March 1, 2025, nursing home stay claims must include a valid room-and-board revenue code and a correctly reported rate code in the *UB-04* paper form's Value Code section and in the appropriate segment of the 837i transaction. Claims with the plan as the primary payer need a matching authorization revenue code. Also, include the rate codes for secondary claims.

Your service approvals will be issued with a revenue code from the list below, depending on the type of service. Your claim must be submitted with a matching revenue and rate code in order to be processed correctly for payment.

Service description	Rev code	Rate codes
SNF — Sub Acute/Custodial	0190	3810, 3812, 3838, 3839, 2862, 2863
SNF — Sub Acute, Level 3 (AIDS)	0193	3755, 3756, 3766, 3767, 3848, 3849
SNF — Sub Acute, Level 4 (VENT)	0194	3759, 3760, 3775, 3776, 3770, 3771

| SNF — Traumatic Brain Injury | 0199 | 3754, 3845, 3753, 3844 |

Institutional claim form and 837i requirements for type of bill and revenue code

To ensure that the claim system accurately processes and links your claim to a service authorization and your contract terms, submit your claim with the appropriate bill types and revenue codes based on the service you provide.

Service	Bill type	Rev codes
Consumer- directed and licensed home care agency	32x, 33x, 34x	057x, 058x, 0590
Social daycare and adult day healthcare	89x	310x
Home delivered meals	32x, 33x, 34x	0580, 0590
Six-month in-home assessment	32x	0560
Environmental supports (such as chores and pest control)	34x	0580
Personal emergency response system	34x	0590
Home healthcare (PT, OT, ST, SW, nurse)	32x	042x(PT), 043x(OT), 044(ST)x, 055x(nurse), 056x(SW)
Physical, occupation, or speech therapy in an outpatient setting	13x, 14x, 22x, 73x, 74x, 77x	042x(PT), 043x(OT), 044(ST)x

Claim disputes
How do I dispute a claim?

The claim dispute process is **not changing**. Your *EOP* will indicate the timeframe and where to submit your claim. MLTC disputes should be sent no later than **60 days** from the *EOP* date to:

> Anthem Blue Cross and Blue Shield HP
> Appeals and Grievance Dept.
> 1985 Marcus Ave., Ste. 150
> Lake Success, NY 11042

Check runs
Will our check runs still be on the same days?

No, check run days are changing. Payments will still be issued twice a week. However, they will be on different days. New check run days will be Wednesday and Saturday.

Electronic funds transfer FAQ

What changes are happening?

Effective March 1, 2025, Payspan is being replaced by EnrollSafe as the EFT enrollment website. EFT payments with claim dates of service prior to that date will continue to be issued through Payspan.

How do I register a new account for EFT?

Visit the EnrollSafe enrollment site (payeehub.org) and complete the two-part registration process to receive direct payment deposits. A confirmation will be provided following the registration at EnrollSafe. A second confirmation will be provided following the entry of your banking information for enrollment.

What about existing EnrollSafe accounts?

Log in to EnrollSafe to review and update your account information.

Can I register multiple EFT accounts?

No, you can only register one EFT account per taxpayer ID (TIN). If you have multiple National Provider Identifiers (NPIs), use a different bank for each NPI.

Where can I get help for EFT?

Refer to the attached *EnrollSafe/EFT User Reference Manual.* You may also contact their support via email at support@payeehub.org or by phone at **877-882-0384.**

Electronic remittance advice FAQ

What changes are happening?

Effective March 1, 2025, Payspan will be replaced by Availity Essentials for ERA. ERAs with claim dates of service prior to that date will continue to be issued through Payspan.

How do I access ERA information?

ERA details are available through Availity Essentials or your clearinghouse/billing service. For the former, log in to https://Availity.com, navigate to My providers, and complete the ERA enrollment steps (use EDI Payer ID 45302).

Where can I view or download remittance advice?

In Availity Essentials, go to Payer Spaces Applications Remittance Inquiry tool.

Any additional advice for ERA?

If you use a vendor or clearinghouse, work directly with them for ERA registrations or changes.

For missing or late *Electronic Remittance Advice (835),* contact Availity Client Services at **800-282-4548** or work with your clearinghouse.

Contact information

Anthem's MLTC Provider Service Line, **929-946-6500**, is for inquiries related to authorizations, claims, appeals, and enrollments.

Anthem's MLTC Provider Relations can be reached by email at providerrelations3@anthem.com; referrals should be sent to MLTCIntake@anthem.com.

Availity Client Services: **800-282-4548** or https://Availity.com

EnrollSafe: **877-882-0384** or support@payeehub.org