

Provider Quick Reference Card

Service	Phone/Fax/URL	Service	Phone/Fax/URL
Provider and Member Services Behavioral health services Precertification 24/7 NurseLine Interpreter/Translation Services	Phone: 866-231-0847	Provider website	URL: https:// providerpublic. mybcbswny.com
		Availity Client services	Phone: 800-282-4548
Fraud, Waste, and Abuse		Availity Essentials*	URL: Availity.com
Pharmacy services		Electronic Payment Enrollment — EFT	URL: enrollsafe. payeehub.org
Child Health Plus (CHPlus) members only	Phone: 833-232-1713	Electronic Claims Submission & ERA	URL: Availity.com
Medicaid Managed Care (MMC) members (NYRx program)	Phone: 855-648-1909		Mail: New York Claims P.O. Box 61010 Virginia Beach, VA 23466-1010
NYRx retail pharmacy (MMC members)	Phone: 877-309-9493	Paper claims	
Retail pharmacy fax (CHPlus members)	Fax: 844-490-4877	Medical Answering Services, LLC (MAS) nonemergent	URL: medanswering.com
Medical injectable fax		transportation	
(MMC and CHPlus members)	Fax: 844-493-9206	Allegany, Cattaraugus, Chautauqua, Erie, Genesee,	Phone: 800-651-7040
Provider Relations	Fax: 844-831-6603	Niagara, and Wyoming counties	
		Orleans county	Phone: 866-932-7740

Service	Phone	Phone/Fax/URL		Service		Phone/Fax/URL
Member ID card prefixes	WNH WNB	Medicaid Managed Care Child Health Plus			Mail: Payment Disputes P.O. Box 61599	
Grievances and Medical Appeals	Mail:					Virginia Beach, VA 23466 -1599
	P.O. B Virgini	Medical Appeals P.O. Box 62429 Virginia Beach, VA 23466-2429		Payment Disputes	yment Disputes	Online: File a payment appeal at Availity.com > Claims & Payments > Claim Status,
		xpedited appeals): 59-5954				then submit an inquiry for the claim. Once you have
						found the claim, select Dispute Claim .

https://providerpublic.mybcbswny.com

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

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