

Provider frequently asked questions (FAQ)

Table of contents

General questions

Provider portal questions

Site access and login

TIN maintenance

Eligibility, coverage and benefits

Claims and appeals

Prior authorizations

Refund tracking and remittance advice

Messaging and Provider Services

Portal functionality/navigation

General questions

What is the New York City Employees PPO (NYCE PPO) plan?

The NYCE PPO plan is a new joint venture between UnitedHealthcare and EmblemHealth. It's available to city employees, non-Medicare retirees and their dependents.

How do physicians, facilities and other health care professionals check eligibility, benefits and claim status for NYCE PPO members?

Please sign into the secure provider portal nyceppo.com to verify member eligibility, request prior authorization, submit an appeal or other claim-related support.

If you have questions about the NYCE PPO plan, please call Provider Services at: 844-849-5750. This number will be available beginning **Dec. 1, 2025**.

If my office only has a member's Social Security number, will we be able to verify member information online?

Yes. You can search using the member's Social Security number (SSN), or the member's unique health care ID number. Due to HIPAA requirement, the portal will not show the SSN online.

What happens if I switched delivery from paper to electronic remittance advice or if I want to keep both options?

EmblemHealth and UnitedHealthcare will keep your office on dual delivery from both for 6 months.

If you would like to stop dual delivery, sign into nyceppo.com. Select **Form center** and select the electronic paper remittance advices request form.

How does the electronic funds transfer (EFT) and the electronic remittance advice (ERA) process work?

EFT enrollment does not guarantee that all payments coming from EmblemHealth and UnitedHealthcare will be sent using this electronic option.

Note: There is no charge to the provider to enroll in the EFT/ERA process.

When we process a claim, the check/EFT issue date will determine the date that the funds are sent to the electronic vendor. The electronic vendor will make a deposit into the provider's account. Please note that this is typically 3-7 days after we send the funds to the electronic vendor.

How do providers enroll to receive ERAs?

Enroll by using Payor ID 26992, unless noted differently.

How do I contact the EFT vendor?**EFT vendor – Optum Financial Health:**

Help desk: 877-620-6194

optumbank.com

EFT vendor – Zelis:

Help desk: 877-828-8770

zelispayments.com

Have the claim number and tax identification numbers (TINs) ready for questions regarding an EFT deposit.

Provider portal questions

Site access and login

How do I access the NYCE PPO provider portal and online resources?

Simply go to nyceppo.com. Select **Sign in** then click **Create an account** to set up a [One Healthcare ID \(OHID\)](#), if you don't already have one. Click [Help Center](#) if you need assistance with setting up your account. The provider portal is an efficient way to check claim status, obtain benefits and much more. During your initial sign in, you will be asked to establish your office TINs. You will also have the ability to add TINs after you are registered.

What if I forget my password?

If you forget your password, you can use OHID's self-service tool to create a new one. Before you can set up the new password, you must confirm your identity using your email address or other verified information from your profile. To begin, select the [Forgot One Healthcare ID](#) on the [OHID Sign In](#) page.

What do I do if my account has been locked?

Your account is automatically locked if an incorrect password is entered too many times in a short period of time. This is an extra layer of protection for providers. You can unlock your account by verifying your identity and then setting up a new password. To begin, select **Continue** on the **Account Locked** page. Please see [OHID's Unlock Your Account](#) page for more information.

Are web logins office specific?

Your office may assign 1 administrative user. If multiple accounts are required, and for security purposes, individual accounts should be created. Individual accounts are unique and should not be shared.

Do all staff in my office use the same login for the portal?

No. Each staff member who needs access must create their own One Healthcare ID. While your office may designate 1 administrative user to manage settings, every individual user should have their own login for security purposes.

What if my office uses a shared email like info@doctorsoffice.com for all staff?

You should not use a shared email. Each staff member can register using:

- Their own personal email address, or a direct work email address (if 1 is assigned)
- Their personal cell phone number is for purposes of the 2-factor authentication process

Please note: Login/password sharing is not allowed.

Is it secure for staff to use personal email addresses or phone numbers?

Yes. Using personal emails/phone numbers is acceptable and recommended if the office does not issue individual employer specific addresses. This ensures each login is unique for 2-step authentication.

What happens if an employee with portal access leaves the office?

Call NYCE PPO Provider Services at 844-849-5750, 7 a.m.–7 p.m. Central time, Monday through Friday (excluding holidays) to deactivate that employee's account. This prevents them from accessing the portal after termination.

What can I do to speak directly with a representative?

You'll need to obtain a passcode. To obtain a passcode:

- Sign into **nyceppo.com**
- Enter the member ID number in the patient search box
 - Select the appropriate member from the drop-down menu
- Scroll to the bottom of the page
 - Select Provider service center; a pop-up box will appear with a call center phone number, and the passcode will be provided.

Note: The telephone number provided is a unique code generated each time the link is selected and connects to the member data. You cannot use this passcode for other member inquiries.

What types of provider tools are available online?

The following online tools can be found on nyceppo.com:

- Prior authorization
- Electronic remittance advice (ERA)
- NYCE PPO plan post-service appeal request tool
- Various clinical request forms are also available for download from the portal

Will additional portal features be available in the future?

We are continuously working to enhance the provider portal experience. As new portal features and capabilities are introduced, we will communicate updates and enhancements.

TIN maintenance

What is TIN maintenance and why is it important?

The **TIN maintenance** library in your account links you to claims for the associated provider. Without the correct TIN(s) in your **TIN maintenance** library, you will not be able to see member claims associated with the servicing provider.

How do I add a TIN?

1. Select **TIN maintenance** from the portal menu
2. Click **Add TIN**
3. Enter the TIN and the provider's name
4. Click **Submit**

How long does it take for a TIN to become active?

New TINs may take up to 1 hour for the system to sync with your account before you are able to see the associated member claim.

Is there a limit to the number of TINs I can store?

Yes, you can store up to 300 TINs per account.

What happens if I try to view claims without the correct TIN in my library?

Claims will not appear unless the correct TIN is added to your **TIN maintenance** library.

Can I remove a TIN from my account?

Yes. From the **TIN maintenance** screen, select the TIN you want to remove and click the delete option.

Can multiple users in my office share the same TIN list?

Yes. However, each user must create and maintain their own **TIN maintenance** library in their individual account.

Do I need to re-add a TIN if I update my account or reset my password?

No. Your saved TINs remain in your account unless you manually remove them.

Eligibility, coverage and benefits

How do I access a member's coverage and benefits in the provider portal?

1. From the navigation toolbar at the top, select **Patient search**
2. Enter the member's ID number or SSN and click **Search**
3. From the **Select patient** drop-down list, choose the member you want to see (dependents associated with the subscriber will appear in the drop-down menu)
4. Use the **View** drop-down menu to select coverage or benefits, depending on the information you need

What should I do if no benefits appear after entering a member ID?

- Double check that you entered the correct member ID
- Confirm that you selected the correct member from the drop-down list
- Clear the cache on your browser and refresh the page
- If still unavailable, try searching with the member's SSN

Will historical member benefits display in the new portal?

You will only be able to see 2026 benefits and beyond for NYCE PPO plan members. For information prior to 2026 visit the [EmblemHealth provider portal](#).

How do I find a member's ID number?

The member's ID number is printed on their ID card. You should always refer directly to the member ID card for the correct number.

If I search with the SSN, will I see all active coverage?

Yes, you will be able to see all active lines of coverage for 2026 and beyond.

How would I obtain the member ID number if they don't have their ID card?

Please contact Provider Service at 844-849-5750. Representatives are available 7 a.m.–7 p.m. Central time, Monday through Friday (excluding holidays).

Claims and appeals

Can claims be submitted using the provider portal?

Yes. There are 2 options for submitting medical claims using the portal:

1. **Portal claims submission:** For verified UnitedHealthcare providers or providers who want to verify their TIN with UnitedHealthcare, click **Claims** then sign in to manually enter your claims by clicking **Submit online**.
2. **Electronic claims submission:** For providers who regularly use a clearinghouse, use payer ID 26992 to submit claims electronically with 275 attachments enabled through your clearinghouse.

Note: Starting **Jan. 1, 2026**, all clearinghouse service organizations that submit transactions to 26992 must send their transactions to Optum or a clearinghouse that has a connection with Optum. All 835/ERAs will be sent under existing payer ID 39026. If you are not currently enrolled to receive ERAs from this payer ID, please complete enrollment using the existing process.

Once a claim is submitted, you can check the status of claims and pre-determinations on the portal within 5-7 business days.

Is there a fee associated with using the portal claims submission tool?

No.

How do I search for a claim using the portal?

There are 2 ways to search for claims:

1. **Advanced claim search**

- From the navigation bar, go to the **Claims** drop-down menu
- Select **Advanced claims search**
- You can search using the claim number, check number or member account number (if available)

2. **Patient search**

- From the navigation bar, click **Patient search**
- Enter the member ID and select the patient information you want to review
- From the **View** drop-down list, select **Claims/Claims appeals** and click **Search**
- Adjust the service date range, if needed. The portal will display all claims submitted for that member within the chosen date range.

○

Paper claims submission (electronic claims submissions are preferred)

Paper claims must be submitted using original red text CMS-1500 (Form 1500 (02-12)) or CMS- 1450 (UB04). Failure to use the proper claim forms can result in claim rejections.

Submit claims to the NYCE PPO plan online using payer ID 26992 or mail to:

NYCE PPO Plan
P.O. Box 21534
Eagan, MN 55121

Submit appeals to the NYCE PPO plan online using payer ID 26992 or mail to:

CNY Post Service Appeals
P.O. Box 211381
Eagan, MN 55121

Submit Puerto Rico claims online using payer ID 26992 or mail to:

PR-MAPFRE
P.O. Box 70297
San Juan, PR 00936-8297

Electronic payments

NYCE PPO plan reimburses all claim payments via EFT.

Action needed: Enroll in ERA/EFT on the portal.

- Sign into **nyceppo.com** or create your account
- Go to **Provider resources** under **Quick links** on the home page
- Click **Electronic Funds Transfer**
- Follow instructions on how to enroll
- Complete the ERA/EFT enrollment form, including any required documentation, such as banking information or voided checks

When a claim is being processed, how can I check the status?

You can check claim status by visiting **nyceppo.com** under **Claims**. You can also call the NYCE PPO Provider Services number 844-849-5750.

If I didn't receive a remittance advice with the paper check, what should I do?

- Sign into **nyceppo.com**
- Select **Advanced claims** from the **Claims** drop-down
- Select **Check number** and enter the 10-digit check number
- Enter the group number and select **Search**

The results will show all claims paid on the given check. Providers can call NYCE PPO Provider Services at 844-849-5750.

to request a copy or the remittance sent to them.

Why can't I see a claim for my office?

To see a claim, your provider TIN must be included in the **TIN maintenance** section of the portal. You will not be able to see a claim if the associated provider TIN is not included in your TIN library. When adding TINs, please allow up to 1 hour for the system to update your account to see any associated member claims. Refer to the **TIN maintenance** section of this FAQ.

When adding and editing TINs, if the legal name under the TIN includes all active providers in the practice who serve NYCE PPO plan members, will the claims appear?

If the active provider is billing using the TIN group, then the user should be able to see all member claims associated with that TIN.

What is the lookback period for claims?

Claims are only available online for a rolling 24-month period, based on service date. Any NYCE PPO plan member claims prior to **Jan. 1, 2026**, will not be available on the provider portal. For questions about claims with service dates before **Jan. 1, 2026**, call EmblemHealth Provider Services at 866-447-9717. If you're an EmblemHealth participating provider, you can also send a message through the [EmblemHealth provider portal](#).

Looking for your explanation of benefits (EOB)?

EOBs are available online within 7–9 days from the date the member's claim is processed.

Is there any way to get more information when the claim is listed as pending or under review?

The portal displays status and informs you to check back in 72 hours for status updates. The status updates are consistent with the claims inventory system.

Can I submit an appeal on the provider portal?

Yes. Appeals can be submitted for eligible claims denials in 1 of the following ways:

Online: Go to nyceppo.com. From the View drop-down list, select Claims/Claims appeals

By mail: CNY Post Service Appeals

P.O. Box 211381

Eagan, MN 55121

Can I submit multiple claims in 1 appeal?

No. Each appeal should be submitted for a single claim. If multiple claims need to be appealed, submit them separately to ensure proper tracking and review.

What is the typical turnaround time for appeals?

Standard turnaround time is 30 calendar days from the date of receipt. This may vary depending on the complexity of the appeal and the need for additional documentation.

Can I upload supporting documents with my appeal submission?

Yes. The portal allows you to attach supporting documentation when submitting an appeal. Files must meet the size and format requirements displayed in the upload field.

Where can I see the status of my appeal?

If you submitted an appeal on the portal, you can view the status by clicking **Claims appeal status dashboard** from the **Claims** drop-down list. You can search by date range (e.g., last 30 days) or by entering the transaction date range into that field.

I submitted my appeal by fax/mail and I cannot locate the status of my appeal on the portal?

All appeals submitted by fax, mail or OB form will not appear on the portal. For faxed or mailed appeals, you will receive notification by mail. Standard turnaround time for appeal completion is 30 days.

Who can I contact if I have questions about my appeal?

You can use the **Contact us** feature on the portal or call the Provider Services number. Have your claim number and appeal reference number ready. (Refer to the Messaging and Provider Services section below for instructions on obtaining assistance.)

Prior authorizations

You can submit prior authorizations and see updates online. Sign into **nyceppo.com**. Then, look up a patient using the patient search feature to find plan-specific prior authorization requirements and submit a request for review, if required. For step-by-step instructions, download the [NYCE PPO Prior authorization requirement search and submission tool guide](#).

Will the member ID card specify which services require prior authorization?

The member ID cards do not specify what services require prior authorization. However, the ID cards include the phone number to call to begin the prior authorization process. (See example ID cards shown below.)

Front	Back																								
<p style="text-align: center;">THE CITY OF NEW YORK HEALTH BENEFITS PROGRAM</p> <p style="text-align: center;">EmblemHealth UnitedHealthcare NYC Employees PPO Plan</p> <p>Member ID: K0000000000 Group Number: 76-417151</p> <p>CADE BLANK</p> <p style="text-align: right;">RxBIN: 610455 RxPCN: NY1000</p> <p>PCP \$0/\$15, Spec \$0/\$30 Preventive Care \$0, Physical Therapy \$0/\$20 Urgent Care \$25/\$50/\$100 ER \$150, Hospital \$300, Lab & X-Ray \$0/\$20 Advanced Imaging \$25/\$50/\$100</p> <p style="text-align: right;"><small>Network: EmblemHealth Bridge UnitedHealthcare Choice Plus is available outside the EmblemHealth service area.</small></p> <p>7045</p>	<p style="text-align: right;">Printed: 11-04-2025</p> <p><small>This card must be presented each time services are requested.</small></p> <table border="0"> <tr> <td><small>Medical:</small></td> <td><small>In Network</small></td> <td><small>Out of Network</small></td> </tr> <tr> <td><small>Deductible:</small></td> <td><small>\$0/\$0</small></td> <td><small>\$200/\$500</small></td> </tr> <tr> <td><small>OOP Max:</small></td> <td><small>\$7,150/\$14,300*</small></td> <td><small>No Limit/No Limit</small></td> </tr> </table> <p><small>*includes pharmacy</small></p> <table border="0"> <tr> <td>For Members:</td> <td>nyceppo.com</td> <td>212-501-4444</td> </tr> <tr> <td>UHC Behavioral Hlth:</td> <td></td> <td>212-501-4444</td> </tr> <tr> <td>Prime Therapeutics (Rx):</td> <td></td> <td>833-998-5430</td> </tr> </table> <p>PROVIDERS: For prior authorization, call the provider customer service number listed below.</p> <table border="0"> <tr> <td>For Providers:</td> <td>nyceppo.com</td> <td>844-849-5750</td> </tr> <tr> <td>Pharmacist Help Desk:</td> <td></td> <td>866-799-7919</td> </tr> </table> <p><small>Claims: EDI # 26992, NYCE PPO Plan, PO Box 21534, Eagan MN 55121 PR-MAPFRE Claims: PO Box 70297, San Juan, PR 00936-8297 Self-funded coverage administered by UMR, Inc. / EmblemHealth Plan, Inc.</small></p> <p style="text-align: center;"><small>Issuer</small> <small>(80840) 911-26992-02</small> © MAPFRE</p>	<small>Medical:</small>	<small>In Network</small>	<small>Out of Network</small>	<small>Deductible:</small>	<small>\$0/\$0</small>	<small>\$200/\$500</small>	<small>OOP Max:</small>	<small>\$7,150/\$14,300*</small>	<small>No Limit/No Limit</small>	For Members:	nyceppo.com	212-501-4444	UHC Behavioral Hlth:		212-501-4444	Prime Therapeutics (Rx):		833-998-5430	For Providers:	nyceppo.com	844-849-5750	Pharmacist Help Desk:		866-799-7919
<small>Medical:</small>	<small>In Network</small>	<small>Out of Network</small>																							
<small>Deductible:</small>	<small>\$0/\$0</small>	<small>\$200/\$500</small>																							
<small>OOP Max:</small>	<small>\$7,150/\$14,300*</small>	<small>No Limit/No Limit</small>																							
For Members:	nyceppo.com	212-501-4444																							
UHC Behavioral Hlth:		212-501-4444																							
Prime Therapeutics (Rx):		833-998-5430																							
For Providers:	nyceppo.com	844-849-5750																							
Pharmacist Help Desk:		866-799-7919																							

What does the NYCE PPO Prior authorization requirement search and submission tool guide help providers understand and accomplish?

The guide walks providers through the entire process of managing prior authorization requests within the NYCE PPO provider portal. It covers how to:

- Search for member-specific prior authorization requirements
- Submit new requests and attach clinical documentation
- Interpret search results and decision IDs
- Track and update submitted cases
- Handle pre-service appeals and peer-to-peer review requests

For detailed instructions and screenshots, refer to the full [NYCE PPO Prior authorization requirement search and submission tool guide](#).

How do I access the NYCE PPO provider portal to submit a prior authorization request?

You can access the guide on the NYCE PPO provider portal public landing page or when you sign into the provider portal at nyceppo.com. Go to **Quick links** and click on **Provider resources**.

Refer to the [NYCE PPO Prior authorization requirement search and submission tool guide](#) for step-by-step instructions on accessing and navigating the portal.

What information is needed to perform a prior authorization requirement search?

You'll need:

- Place of service
- Procedure and diagnosis codes
- Date of service
- Rendering provider's TIN

See the [NYCE PPO Prior authorization requirement search and submission tool guide](#) for detailed instructions and examples of valid search criteria.

How can I check the status of a prior authorization request or see past submissions?

Use the **View cases** or **View individual cases** options on the portal to:

- Check status
- Update or complete drafts
- Retrieve results using a transaction number

The [NYCE PPO Prior authorization requirement search and submission tool guide](#) explains how to navigate these features and interpret case status.

Note: If you are looking for a prior-authorization status prior to **Jan. 1, 2026**, contact EmblemHealth Provider Services at 866-447-9717. If you're an EmblemHealth participating provider, you can also send a message through the [EmblemHealth provider portal](#).

What do the color-coded sections in the search results mean?

- Orange: Applies directly to entered criteria
- Blue: Additional conditions may apply
- Gray: Other relevant info (e.g., place of service)

Refer to the [NYCE PPO Prior authorization requirement search and submission tool guide](#) for a full breakdown of color codes and how to interpret them.

What should I do if a provider in my office is not found during the submission process?

You can manually add providers by entering required details in the **Add provider manually** section.

The [NYCE PPO Prior authorization requirement search and submission tool guide](#) provides instructions on how to complete this process and validate TINs.

Refund tracking and remittance advice

How do I track a pending refund?

Use the **Refund tracking** tool in the portal. Enter the financial control number (FCN) listed on your overpayment notification letter or remittance advice.

Where can I find my FCN?

It appears on your overpayment notification letter and on your remittance advice.

What if my FCN is not 11 digits long?

All FCNs must be 11 digits long. If the number is shorter than that, add leading zeroes before searching.

Can I see all refunds associated with my TIN?

Yes, as long as the TIN is in your **TIN maintenance** library, you can search for and see all associated refunds.

How quickly is refund information updated in the portal?

Refund tracking updates when payments are processed. They may take 1–2 business days after receipt or issuance to display.

How do I search for remittance advice?

Navigate to the **Remittance advice** drop-down menu in the top toolbar. Select **Advanced remittance advice search**. You can search by payment number, claim number or patient account number.

Are providers automatically enrolled in ERA delivery?

Yes. By default, all providers are enrolled.

Can I opt for paper remittance advice?

Yes. Select **Remittance advice preferences** in the portal, complete the form with requested information and submit the request.

How long does it take to process a paper remittance request?

Please allow 10 business days for the change to take effect.

Can I download remittance advice from the portal?

Yes. Remittance advice can be viewed, saved or printed for your records directly from the portal.

Messaging and Provider Services

When calling the NYCE PPO plan Provider Services phone number, will my office be able to speak to a live representative and get assistance or is there a turnaround time for representative outreach?

Yes, you will be able to speak with a live representative. If you have a passcode number, you will be able to move through the call queue faster. Business hours are 7 a.m.–7 p.m. Central time, Monday through Friday (excluding holidays and weekends).

How do I obtain a passcode?

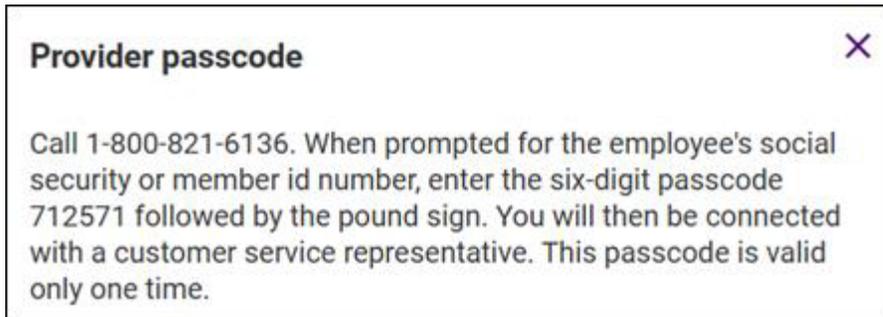
1. By fax
2. Provider portal

How to obtain a passcode by fax:

- Please contact the appropriate number listed on the member's ID card:
 - **Medical provider:** 844-849-5750Representatives are available 7 a.m.–7 p.m. Central time, Monday through Friday (excluding holidays).
- Select **Provider** option in the interactive voice response (IVR) system
- Select the reason for the call to obtain the appropriate passcode

How to obtain a passcode in the provider portal:

- Sign into the secure portal using your OHID
- Enter the member ID number in the **Patient search** box, then press **Search**. Refer to the member ID card to locate the member ID number.
- Scroll all the way down to the bottom of the page
- Select **Provider service center**
 - A pop-up box like the following screenshot will open:



This is an example for illustrative purposes only.

How do I contact a provider advocate without calling Provider Services?

Use the **Contact us** link in the portal, enter the member ID, select the **Inquiry type** from the drop-down menu, fill in the required fields and submit your message. You can also upload supporting documents.

How quickly will I receive a response?

Responses are sent to our secure **Message center**. A representative will respond to your inquiry within 24–48 business hours. You will receive an email notification when your inquiry information is available. To maintain HIPAA compliance, you must sign back into the portal to see the full message.

Does the Contact us email option allow my office to ask about a claim status for a member, like calling the Provider Services number?

Yes.

Can I include multiple claims in 1 message?

- Multiple members: No; send 1 request per member
- Multiple dates for same member: Yes, if the dates of service are for the same member

Portal functionality/navigation

The NYCE PPO provider portal offers multiple tools to help you manage claims, eligibility and communications.

Home button

- Returns you to the landing page from anywhere in the portal

My account

- Update account details at any time and save changes
- Sign out securely when work is complete

TIN maintenance

- Add, edit and store up to 300 provider TINs per account
- TINs are required to see claims for associated providers
- Newly added TINs take up to 1 hour to process

Message center

- Submit secure inquiries using the **Contact us** feature
- Upload supporting documentation
- Receive responses in the **Message center** within 24–48 business hours.

Patient search

- Search using patient ID or SSN
- See coverage, benefits, HRA and demographic information
- Search claims, claims appeals and provider network status

Claims management

- Advanced claim search by claim number, check number or patient account number
- View status of claims and dental predeterminations
- Access EOBs and remittance advice
- Submit claims electronically (using **NYCE PPO plan EDI number 26992**) or using your office's established clearinghouse
- Submit paper claims following ID card instructions

Appeals

- Access the **Claim appeal status dashboard** to check appeal status
- Search appeals by date range or transaction number
- View history of submitted appeals

Refund tracking

- Track pending refunds using the FCN from overpayment letters or remittance advice

Remittance advice

- Search remittance advice by payment number or claim number
- Change delivery preference between electronic and paper

Forms center

- Access forms and documents at **nyceppo.com**

Contact and messaging

- Submit secure inquiries using the **Contact us** link
- Upload supporting documentation
- Receive responses in the **Message center** within 24–48 business hours

UM1491-NYCE

© 2025 EmblemHealth. All Rights Reserved.

© 2025 United HealthCare Services, Inc. All Rights Reserved.

Proprietary information of United HealthCare Services, Inc.

Do not distribute or reproduce without express permission

of United HealthCare Services, Inc.



This is for informational purposes only. It is not medical advice and should not be substituted for regular consultation with your health care provider. If you have any concerns about your health, please contact your health care provider's office. Also, this information is not intended to imply that services or treatments described here are covered benefits under your plan. Please refer to your Summary of Benefits and Coverage, Summary Plan Description, or other plan documents for specific information about your benefits coverage.