



Welcome to the August Edition of *In the Know*.

In every issue, you'll find the latest information to help you better partner with us in caring for our members. To support you in using our **new provider portal**, we want to call your attention to the **[training materials](#)** referenced in the article below. Keep checking our portal updates as we continue to add new training resources.

City of New York Offers Medicare Advantage Option in 2022

The City of New York has awarded their group retiree business to Retiree Health Alliance, an alliance between EmblemHealth and Empire Blue Cross Blue Shield (BCBS). Effective **April 1, 2022**, approximately 240,000 Medicare-eligible City of New York retirees will transition to Retiree Health Alliance's NYC Medicare Advantage Plus plan.

The NYC Medicare Advantage Plus plan is a Medicare Advantage PPO plan that allows retirees to receive services from both in-network and out-of-network providers. Out-of-network providers must be eligible to receive Medicare payments. Under this new plan, City of New York retirees will have no difference in cost-share for both in-network and out-of-network services. NYC Medicare Advantage Plus offers the same

hospital and medical benefits Medicare covers, as well as additional benefits Medicare does not provide such as an annual routine physical exam, hearing, health and fitness tracker LiveHealth Online, and SilverSneakers®.

In the coming months, provider education materials and training opportunities – specific to the NYC Medicare Advantage Plus plan – will be made available to all providers in both EmblemHealth’s and Empire’s Medicare Advantage networks. We look forward to partnering with the City of New York and Empire BCBS to improve the health of New Yorkers through this opportunity.

Provider Portal Offers Convenient New Features

We have successfully moved all EmblemHealth and ConnectiCare provider portal users to our new, more modern portals. Thank you for your cooperation during the transition. Both portals ([EmblemHealth](#) and [ConnectiCare](#)) have these key features to help us better work together:

Referrals Need Both Referring and Servicing Providers

Providers must make referrals for plans that require them through our portals. The new transaction requires the selection of the Referring Provider and then the Servicing Provider.

Preauthorization Requests – Time-Saving Features

- **Portal users can upload documents in support of preauthorization requests.** To streamline workflow, we invite you to upload documents to the portal instead of faxing them. You can do this when the request is created, or later.
- **The Preauthorization Check Tool covers all our members.** This feature will indicate if a service needs preauthorization and who to work with.

Portal Accounts and Access to Transactions

Your designated provider Portal Administrators/Office Managers (Administrator) have been empowered to set up user accounts and manage user roles and permissions. This is in support of HIPAA compliance. If you need a new account or need to adjust your access to portal transactions (e.g. create a referral or look up a claim), your administrator must do that for you. Help is available to your Administrator, but our Provider Customer Service teams can no longer set up individual accounts or change security access.

Still Need Help?

We posted robust [educational materials](#) that walk you through a range of topics from signing in to completing a transaction. If you get stuck anywhere in the process, help is available. First, look for an answer in our Frequently Asked Questions:

[EmblemHealth FAQs](#)

[ConnectiCare FAQs](#)

If you still have questions or need additional support, you may contact Provider Customer Service:

EmblemHealth: **866-447-9717**

ConnectiCare: Commercial: **860-674-5850**, Medicare: **877-224-8230**

Provider ID Numbers to be Retired for EmblemHealth and ConnectiCare

As part of our continuing efforts to simplify processes for you, we are retiring our provider identification numbers. The HIP PRIS # and GHI Provider Number for EmblemHealth and Amisys ID for ConnectiCare (legacy numbers), are no longer needed. Further, you will no longer need to use a company-issued ID number. You should see little impact from this change as our new portals use NPI and TIN numbers for transactions.

The legacy numbers now only appear in our provider directories. Later this year, directory IDs will be replaced with a “PRPR ID” number used in our claims system. Your patients will need these numbers when selecting a primary care provider.

ConnectiCare Recognized by Mental Health CT

In July, **Mental Health CT** presented ConnectiCare President Eric Galvin with a handcrafted tiki to recognize ConnectiCare’s support during their 31 Days of Wellness campaign in May. The campaign exceeded their original goal of \$31,000, bringing the campaign total to over \$72,000 with ConnectiCare’s matching donation. Eric Galvin is pictured second from right in the [photo \(Facebook link\)](#).

EmblemHealth Risk Adjustment Program for PCPs Continues

EmblemHealth continues to partner with Pulse8™ to promote risk adjustment education and gap closure efforts for our New York State of

Health (NYSOH) Marketplace, Medicare HMO and Medicaid members. The process of risk adjustment relies on providers' accurate medical record documentation and claims coding to capture the complete health status of each patient. To help you do this, Pulse8 is offering free, 60-minute monthly webinars that are followed by a question-and-answer period. We encourage you and your staff to participate. [Learn more](#) about Pulse8 and how it can help your practice. You may register for Pulse8's monthly webinars through the secure provider portal or on our [website](#).

September is Gynecologic Cancer Awareness Month

According to the Centers for Disease Control and Prevention (CDC), all women are at risk for gynecologic cancers. Talk to your patients and encourage them to visit their gynecologist and get regular screenings. Cervical Cancer Screening is one of several quality measures we monitor for women's health. See our [Provider Quality Measure Resource Guide](#) for this and other measures that affect your patients. The CDC offers [online resources](#) and continuing medical education (CME) training for health care providers.

COMMERICAL BUSINESS UPDATE

Fully Insured Members Moving to Bridge Program

As of **Aug. 1, 2021**, several of our current large groups with EmblemHealth Plan, Inc. are leveraging our Bridge Program. As part of the program, members will be able to see their current providers, and those in four other networks, as an alternative to the current single-network access.

See our dedicated [Bridge webpage](#) to learn more about the program and which administrative guidelines to follow. All plans will continue to follow the same Bridge Program payment protocols.

GOVERNMENT-SPONSORED PROGRAM UPDATES

MEDICARE

2021 Annual Special Needs Plan Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires providers to complete training for each dual-eligible special needs plan (D-SNP) they participate in. Our trainings take only 15 minutes to complete. Providers must submit an attestation to receive a certificate of completion.

ConnectiCare's Training Deadline: Aug. 31, 2021

Providers who care for ConnectiCare's Medicare Advantage members with Choice Dual (HMO D-SNP) plans need to complete ConnectiCare's Special Needs Plan Model of Care (SNP MOC) training no later than **Aug. 31**.

EmblemHealth's Training Deadline: Oct. 31, 2021

By **Oct. 31**, EmblemHealth's VIP Bold Network and Reserve Network providers must complete the [2021 EmblemHealth SNP MOC annual provider training](#) and providers in the Network Access Network must complete training offered by [ArchCare](#).

EMBLEMHEALTH'S MEDICAID, HARP, AND CHILD HEALTH PLUS UPDATES (NEW YORK STATE-SPONSORED PROGRAMS)

Reminder: Taxonomy Code Enforcement for Medicaid Claims

To prevent your Medicaid claims from being rejected as "unclean," be sure to include required [Taxonomy Codes](#). Enforcement protocols should be fully implemented by the end of 3Q 2021.

Change of Address (and Contact) Notification

Providers must notify Medicaid of any change of address, telephone number, or other pertinent information within **15 days of the change**. For more detail on this requirement and how to submit changes, click to read [Reminder: Keep Your Directory Data Current](#).

Medicaid: New York State Medicaid Update

The Office of Health Insurance Programs of the New York State Department of Health regularly posts a Medicaid Update. [Click here](#) to view their latest announcements.



The [Claims Corner](#) section of our EmblemHealth website is a rich source of information that helps your practice navigate EmblemHealth claims and billing processes. To make EmblemHealth's Payment Integrity Policies easy to find, we have added a new web page to Claims Corner. Similar information may be found on our [ConnectiCare website](#) under Our Policies and Billing and Claims. Check often to see new postings.

Commercial and Medicare Preventive Grid Updates

Our commercial *Guides to Preventive Health Services* have been updated with changes effective **Oct. 1, 2021**. Our Medicare guides were updated Jan. 1, 2021 to align with CMS. View the new versions:

- [EmblemHealth Commercial](#)
- [EmblemHealth Medicare](#)
- [ConnectiCare Commercial](#)
- [ConnectiCare Medicare](#)

Reimbursement Policies

CODING

We follow the correct coding rules established by the Centers for Disease Control, American Medical Association, National Uniform Billing Committee, and Centers for Medicare and Medicaid Services for both professional and facility claims.

Starting **Nov. 16, 2021**, [EmblemHealth's Coding Edit Rules](#) are being updated to include facility claims. Note: Capped Durable Medical Equipment (DME) rentals for [EmblemHealth](#) and [ConnectiCare](#) will be denied when billed without modifiers KH, KI or KJ. *This DME change applies to Medicare claims only.*

Correct coding reminder: Providers seeing Medicare patients for an annual well women exam should use code G0101 for dates of service on or after Jan. 1, 2020.

Payment Integrity Policies

Reminder: Enhanced Clinical Editing Processes

Starting on **Sept. 1, 2021**, EmblemHealth will be expanding our partnership with Cotiviti, Inc. for periodic post-payment reviews of paid medical claims. The post-payment reviews to be conducted are: *Retrospective Accuracy datamining (RA) and Clinical Claim Validation DRG review (CCV)*. These are the same/similar reviews

that are currently being conducted by Optum on behalf of EmblemHealth. [Click here for more information.](#)



CLINICAL CORNER

Medical Policy Updates

All EmblemHealth and ConnectiCare Medical Policies are available for download from our provider websites. The following are the recently revised policies for EmblemHealth:

- Blepharoplasty
- Breast Reduction Mammoplasty
- Capsule Endoscopy
- Visual Electrophysiology Testing

The following are the recently revised policies for ConnectiCare:

- Blepharoplasty
 - Breast Reduction Mammoplasty – Medical criteria used by ConnectiCare have been retired in favor of EmblemHealth’s criteria. Going forward, there will be a single policy for all members.
 - Visual Electrophysiology Testing
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PHARMACY

Reminder: ConnectiCare Oncology Drug Dose-Rounding Initiative Started Aug. 1

ConnectiCare has partnered with New Century Health (NCH) to optimize treatment of your oncology patients and help reduce their out-of-pocket requirements. NCH rolled out the new dose-rounding initiative **Aug. 1, 2021** for ConnectiCare members on select drugs. Register for the NCH online portal at my.newcenturyhealth.com. If you have questions or you want to coordinate a meeting to discuss this in more detail, contact NCH Network Operations at **888-999-7713**, option 6. You may also reach out to EmblemHealth: **866-447-9717**, ConnectiCare Commercial: **860-674-5850**, or ConnectiCare Medicare: **877-224-8230**.

Reminder: Cancer Drug Preauthorization List Expands in August

Starting Aug. 15, 2021, more oncology-related chemotherapeutic drugs and supportive agents will require preauthorization when delivered in the physician's office, outpatient hospital, or other ambulatory setting. See EmblemHealth's [Frequently Asked Questions: EmblemHealth Oncology Drug Management](#) and ConnectiCare's [Pharmacy Policies](#) to determine where to submit the preauthorization request.

[EmblemHealth](#)

[ConnectiCare
Commercial](#)

[ConnectiCare
Medicare](#)

Reminder – Send ConnectiCare Infertility Drug Reviews to ESI

Express Scripts (ESI) performs most drug utilization management services, **including infertility drug reviews**, for ConnectiCare commercial plan members, including those with plans sold through Access Health CT. Send requests for preauthorization, quantity limits, and step therapy for commercial members to ESI. Here are details on how you can [submit preauthorization requests through ESI's Electronic Prior Authorization \(ePA\) option](#).



WEBINAR/TRAINING

See the enhanced [Learning Online](#) section of EmblemHealth's provider website to register for monthly webinars. The next one is **Sept.8** from 10-11 a.m. or 2-3 p.m. You may also meet and attest to completion of required trainings for Medicaid and Medicare providers such as Medicaid Cultural Competency and Special Needs Model of Care, and access the free Pulse8 webinars. We also recommend that you take advantage of training opportunities offered by [CMS's Medicare Learning Network](#) and [eMedNY](#).

Free Pulse8 Webinars for Patient Management and ICD-10 Coding

Pulse8 offers free webinars for patient management and ICD-10 coding. To register, go to [pulse8.zoom.us](#) and select the session that interests you. See the full

schedule for 2021. If you have any questions, or you would like to set up a private session for your practice, send an email to ProviderEngagement@Pulse8.com or call their Customer Support team at **410-928-4218** ext 7. Their hours are 8 a.m. to 8 p.m., Monday through Friday.



IN EVERY ISSUE

Keep Your Directory and Other Information Current

Keep your email address current so we can get information to you quickly. If a provider in your practice is leaving, [please inform us](#) as soon as possible. To report other changes, you can also sign in to your Provider/Practice Profile on our [website](#). If you participate with us under a delegated credentialing agreement, ask your administrator submit these changes.

Remember to review your CAQH application every 120 days and ensure you have authorized EmblemHealth as an eligible plan to access your CAQH information.

EmblemHealth Neighborhood Care

[EmblemHealth Neighborhood Care](#) offers our plan members and other community members a place to get the personalized, one-on-one support of experts in clinical, benefits, and health management solutions in support of a holistic approach to health and wellness.

[Neighborhood Care](#) does not provide medical services; their role is to help practitioners manage patient care by supporting the primary practitioner-patient relationship. See [virtual classes](#) currently being offered as well as [on-demand classes](#) for meditation, chair yoga, and diabetes self-care. All classes are offered for free to you and all of your patients.

In Case You Missed It – *In the Know* Archives Available

If you missed an edition of *In the Know*, or have trouble opening a link in this one, see all our newsletters on our [website](#).

EmblemHealth

55 Water Street New York, NY, 10041



EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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