



POLICY UPDATES

NOVEMBER 16, 2018



Medicare benefit plan changes for 2019

For Medicare coverage effective January 1, 2019, the annual open enrollment period runs from October 15, 2018 to December 7, 2018. Please talk to your patients about their coverage needs and budget considerations. EmblemHealth is offering three new plans and improved plan options with reduced cost-sharing and additional benefits. Our new VIP Go plan, a point-of-service plan, does not require referrals. Our Medicare service area now includes Dutchess, Sullivan, Ulster, and Putnam counties. All plans will use the VIP Prime Network. The Essential Network and the Medicare Cost Plan are both being retired at the end of 2018. [More](#)

EmblemHealth to provide Medicare Advantage benefits to former Affinity members

Beginning January 1, 2019, EmblemHealth will provide Medicare Advantage benefits to approximately 10,000 members who were previously in [Affinity's](#) Medicare Advantage plan.

These members' 2019 Affinity Medicare Advantage plan benefits will remain the same. However, their plan will now be administered by EmblemHealth.

Members will receive 2019 member ID cards from EmblemHealth in December. They may begin using their new member ID cards in January. Their new cards will have new ID numbers, starting with the letter "K". The plan name and "no referral needed" will appear on the top-right side of the card.

There are four Affinity Medicare Advantage plans that will be administered by EmblemHealth:

- EmblemHealth Affinity Medicare Ultimate (HMO SNP) – Comprehensive Dental
- EmblemHealth Affinity Medicare Solutions (HMO SNP) – Preventive Dental
- EmblemHealth Affinity Medicare Passport Essentials (HMO) – Preventive Dental
- EmblemHealth Affinity Medicare Passport Essentials NYC (HMO) – Preventive Dental

As always, please review your patients' insurance information. Be sure to update your records with any new member ID numbers and note EmblemHealth's claims submission information listed on the back of the card for care you deliver after January 1, 2019. Please note: any claims for care provided to Affinity Medicare Advantage members before January 1, 2019 should be sent to Affinity.

Before the end of the year, new sample member ID cards will be included in the Provider Manual on emblemhealth.com for reference.

EmblemHealth is pleased to partner with [Affinity Health Plan](#) to ensure members receive the support and service they expect, as we begin providing their Medicare Advantage benefits.

Thank you for partnering with us to care for our members.

Accredo – EmblemHealth's new specialty pharmacy

Starting January 1, 2019, Accredo, an Express Scripts subsidiary, will replace Magellan Health, Inc. as EmblemHealth's preferred specialty pharmacy vendor for all EmblemHealth members. Prescriptions will be transferred to Accredo so your patients will not miss any remaining refills. You will need to send specialty pharmacy prescriptions for EmblemHealth members to Accredo starting January 1, 2019. For prior approvals, contact Accredo at accredo.com, or call them at **855-216-2166**.

EmblemHealth to perform injectable drug utilization management beginning Jan. 1, 2019

Effective January 1, 2019, Magellan Health, Inc. will no longer provide utilization management (UM) for injectable drugs. Starting on January 1, prior approval for injectable drugs will be managed by EmblemHealth. Prior approval requests must be submitted as follows: web: <https://emblem.promptpa.com>, fax: **877-243-4812**, or phone: **888-447-0295**.

Help members earn rewards for taking care of their health

This year's program encourages Medicare, Medicaid, Qualified Health Plan, and Essential Plan members to receive targeted services to earn a Target gift card in amounts that increase with the number of services needed and obtained. Please provide timely appointments, sign and date applicable forms to confirm the targeted service received, and provide referrals and prior approvals for any additional care needed.

CLAIMS CORNER

CODING

EmblemHealth follows the Centers for Medicare & Medicaid Services' (CMS) claims coding policies

- See correct use of Modifier 24 for evaluation and management services during the postoperative period for major and minor procedures. [More](#)
- See which indications are covered for Extracorporeal Photopheresis (CPT code 36522). [More](#)
- See correct way to bill for services that are part of a clinical trial. [More](#)

New Coding Convention added to ICD 10-CM Diagnosis Coding Policy

"Laterality" (side of the body affected) is a new coding convention added to ICD-10 codes to increase specificity of the diagnosis. Beginning January 1, 2019, EmblemHealth will implement two claim edits to make sure the laterality diagnosis coding is an appropriate match for modifiers and other diagnosis submitted for the same claim line. [More](#)

MEDICAID UPDATES

Medicaid/HARP: More Coverage for Physical Therapy

Beginning July 1, 2018, coverage for Physical Therapy (PT) visits for Enhanced Care (Medicaid) and Enhanced Care Plus (HARP) members increased from 20 to 40 visits in a year, when medically necessary. Limits do not apply to members under age 21, members who are developmentally disabled, and members with a traumatic brain injury.

POLICY

Dual Eligible Medicare/Medicaid Members: Bill Medicaid Last Home - Health Care Agencies Undergoing Audit

When a recipient is eligible for both Medicare and Medicaid, or has other third-party insurance benefits, the provider must bill Medicare or the other third-party insurance first for covered services prior to submitting a claim to Medicaid. The Office of the Medicaid Inspector General (OMIG) and its contractor, the University of Massachusetts Medical School (UMass), are auditing Home Health Care agencies. Those who only billed Medicaid will be required to bill Medicare and return the duplicated payment to Medicaid. [More](#)

UTILIZATION REVIEW

October Prior Approval Quarterly Update

Effective October 1, 2018, prior approval will be required for four additional injections. [More](#)

SUBMISSIONS

New Address for Palladian Health Claim Submissions

Please send HIP Professional paper claims for all services managed by Palladian to:

Palladian Health, PO Box 366, Lancaster, NY 14086.

EmblemHealth

55 Water St. New York, NY, 10041



EmblemHealth benefit plans are underwritten by the EmblemHealth companies Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York.

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