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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](tel:866-447-9717)

ConnectiCare: Commercial: [860-674-5850](tel:860-674-5850), Medicare: [877-224-8230](tel:877-224-8230)

Provider ID Numbers to be Retired for ConnectiCare and EmblemHealth

As part of our continuing efforts to simplify processes for you, we are retiring our provider identification numbers. The Amisys ID for ConnectiCare and the HIP PRIS # and GHI Provider Number for EmblemHealth (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 \(Facebook link\)](#).

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 **Jan. 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.

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 EmblemHealth 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](#).

POLICIES, BILLING AND CLAIMS

Our ConnectiCare website is a rich source of information that helps your practice navigate our claims and billing processes. Visit [Our Policies](#) and [Billing and Claims](#) check it 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.

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

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](tel:888-999-7713), option 6. You may also reach out to EmblemHealth: [866-447-9717](tel:866-447-9717), ConnectiCare Commercial: [860-674-5850](tel:860-674-5850), or ConnectiCare Medicare: [877-224-8230](tel: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](#).

Recent Provider Headlines

Check out recent [provider news](#).

Keep in Touch



ConnectiCare is a brand name used for products and services provided by ConnectiCare Insurance Company Inc. and its affiliates, members of the EmblemHealth family of companies.

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