Office Visit
News for health care providers

December 2021 - In This Issue

New Provider Portal – Referrals Are Printing Again!

A big "Thank You" to our provider partners who worked with us while our technical teams restored printing services for referrals. Giving a member a printed copy of their referral supports coordination of care and encourages the member to follow through with needed specialist appointments.

If you had trouble printing a referral **before Dec. 1**, we ask that you try again. If you tried to print a referral **after Dec. 1** and had trouble doing so, please use the message center (My Messages) in the Provider Portal ([EmblemHealth](#) / [ConnectiCare](#)) to let us know and we will investigate.

Reminder: You can upload clinical information and other supporting documentation directly into the Provider Portal. There is NO NEED to separately fax over documents anymore.

If you get stuck with anything else, we created Provider Portal Training Materials ([EmblemHealth](#) / [ConnectiCare](#)) that walk you through a range of topics from signing in to completing transactions. Also, please refer to our Frequently Asked

Questions ([EmblemHealth FAQ](#) / [ConnectiCare FAQ](#)) that include answers to the most common questions we have been getting from providers like you.

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

EmblemHealth: **866-447-9717**
ConnectiCare: Commercial: **860-674-5850**, Medicare: **877-224-8230**

Help Support Your Patients' Mental Health During the Holiday Season

Many people look forward to a holiday season of fun and festivities with family and friends. However, this time of year can also trigger feelings of sadness, stress, anxiety, and depression for a lot of people. When providing care, be sure to look out for signs of mental illness among your patients and refer them to behavioral health services if needed. Additionally, we're offering a few resources below to help support mental health awareness during this upcoming holiday season:

We Are Here to Help

Connecticare Members: Call Optum Behavioral Health at **888-946-4658**. [Liveandworkwell.com](#)

EmblemHealth Members: For questions or help finding a behavioral health professional, call Beacon Health Options at **888-447-2526** (TTY: 711). A representative can help 24 hours a day, seven days a week.

Montefiore Members Only: Call the University Behavioral Associates (UBA) Referral Line at **800-401-4822**. Available hours are 9 a.m. to 5 p.m., Monday to Friday.

[EmblemHealth Behavioral Health](#) | [Support During Holiday Season](#)
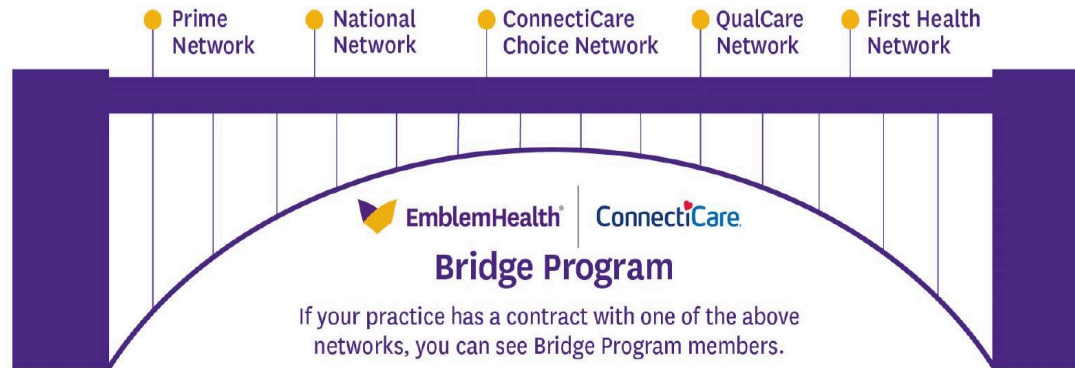
NYC Retirees' Medicare Advantage Plan Update

The City of New York (CONY) has awarded their group retiree business to Retiree Health Alliance, an alliance between Empire BlueCross BlueShield and EmblemHealth. The plan will not be implemented on Jan. 1, 2022. The new start date for the NYC Medicare Advantage Plus Plan is April 1, 2022. We will continue to provide updates on what this will mean for you.

Dental Network Changing from DentaQuest to Healthplex in 2022

Our dental network partner for certain dental products is changing in 2022 from DentaQuest to Healthplex. Members who need dental care should be directed to our Find a Doctor directory to find their in-network dentist. If additional assistance is needed, please contact Healthplex at **888-468-2183**, Monday to Friday from 8 a.m. to 5 p.m.

COMMERCIAL BUSINESS UPDATE
Bridge Program

As you may know, our Bridge Program is an innovative concept that gives our members access to a combination of our existing networks through our affiliated companies and partners. In other words, you can now see a large group of EmblemHealth and ConnectiCare members who are probably calling your office right now for an appointment. To help you navigate this new and vastly improved program, we've updated our Bridge Program web page with even more information about the program and what you need to do to get paid.

Prime Network • National Network • ConnectiCare Choice Network • QualCare Network • First Health Network

EmblemHealth | ConnectiCare

Bridge Program

If your practice has a contract with one of the above networks, you can see Bridge Program members.

MEDICARE UPDATES
Medicare Advantage Plans for 2022

For all updates to our Medicare Advantage plans for 2022, see our web pages for EmblemHealth Medicare Advantage and ConnectiCare Medicare Advantage products. A few important points:

- EmblemHealth's member ID cards for individual Medicare Advantage plans will no longer have the primary care provider's (PCP) name. The PCP assignment is not changing unless the provider leaves the network or the member selects a new PCP.

- We are adding a new benefit to give members with VIP Dual, VIP Dual Reserve, and Choice Dual plans access to fresh produce and healthy foods to use as part of their over-the-counter (OTC) benefit (which varies by plan and service area).

- Discussing and documenting Advance Directives in the member's medical record is an important part of providing comprehensive patient care.

- Our plans offer preventive care, vaccine coverage, and a member rewards program to support your efforts keeping our members well.

Medicare Outpatient Observation Notice (MOON)

All hospitals and critical access hospitals are required by CMS to provide Medicare beneficiaries, including Medicare Advantage enrollees, with the OMB-approved

Medicare Outpatient Observation Notice (MOON). The MOON and instructions for completing it are available on [CMS' website](#).

ConnectiCare Medicare Members – Optum / ProHEALTH Delegation

As of Oct. 1, 2021, we delegated the medical management of some ConnectiCare Medicare Advantage members to Optum Care. The affected members are now assigned/attributed to a PCP who is part of the Optum Care Network of Connecticut IPA; this includes ProHealth Physicians. Medicare Advantage members enrolled in ConnectiCare Dual Special Needs Plans (D-SNPs) are excluded from this delegation.

All ConnectiCare Medicare Advantage members (excluding D-SNP) will be managed by Optum Care Network of Connecticut. Member ID cards will have the Optum logo on the bottom. See below for sample ID card.

Here are some frequently asked questions and answers to help you understand this change:

- **Which members/plans are managed by Optum Care Network of Connecticut and how do we identify them?**

    All ConnectiCare Medicare Advantage members (excluding D-SNP) will be managed by Optum Care Network of Connecticut. Member ID cards will have the Optum logo on the bottom. See below for sample ID card.

- **Are claims submitted to ConnectiCare or Optum Care Network of Connecticut?**

  At this time, all claims should continue to be submitted to ConnectiCare. We will inform you when claims will need to be sent to Optum Care Network of Connecticut.

- **Is ConnectiCare or Optum Care Network of Connecticut responsible for grievances and appeals?**

  All grievances and appeals will be handled by ConnectiCare and can be sent to Medicare_AppealsandGrievances@connecticare.com.

- **Where should providers submit preauthorization requests?**

  Preauthorization requests can be submitted to Optum Care Network of Connecticut by calling 888-556-7048 or by faxing the request to **855-268-2904**.

- **What if a member is under Transplant services?**

  Members who are under transplant services are managed by

ConnectiCare. If a member requires other services non-transplant related, they are managed by Optum Care Network of Connecticut.

- **What if a member needs Behavioral Health or Substance Abuse services?**

  Members who require Behavioral Health or Substance Abuse services are managed by ConnectiCare's Delegate Optum Health Behavioral Solution (OHBS). Preauthorization requests can be submitted to OHBS by calling Provider Services at [888-946-4658](#).

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

COVID-19 Pandemic Funding for Medicaid and Child Health Plus Providers

On **Sept. 10, 2021**, the U.S. Department of Health and Human Services (HHS), through the Health Resources & Services Administration (HRSA), announced new funding available for health care providers affected by the COVID-19 pandemic. The HHS application is available on the [HRSA website.](#)

Medicaid Hospital Inpatient Billing Discharge Status Codes

EmblemHealth in-network hospitals are reminded to correctly identify and properly code whether patients are **transferred or discharged**, since this affects Medicaid hospital inpatient billing and payments. Providers can refer to the Medicaid Update article titled *Medicaid Billing – Patient Status Codes* for additional information, including status definitions.

New York State-Required Training Certification – Deadline Extended Until Dec. 31, 2021

Each year, the New York State Department of Health requires providers and their staff who have regular and substantial contact with EmblemHealth Enhanced Care

(Medicaid Managed Care) and Enhanced Care Plus (HARP) members to certify completion of cultural competency training. This required certification must now be submitted by **Dec. 31, 2021**. For more information, visit [Medicaid Cultural Competency Training Certification](#).

Medicaid NDC Submissions – Reimbursement Policy Update

New York Health Department regulations require National Drug Code (NDC) numbers for Medicaid, HARP, and Child Health Plus state-sponsored programs claims as of Oct. 1, 2021.

We are currently reconfiguring our systems to align with this requirement. During this time, claims may not initially deny and resubmission of corrected claims with a valid NDC number will be required. Claims submitted with missing, invalid, incomplete NDC information, etc. may be resubmitted with the appropriate NDC information for reconsideration. This requirement also applies to 340B providers; appending a modifier of "UD" is not an exemption; valid NDC codes must be included on claims.

For more information on NDC requirements including frequently asked questions, see our [National Drug Code (NDC) Submissions Reimbursement Policy](#) or visit the State of [New York Health Department website at New York State Medicaid Update - August 2021 Volume 37 - Number 10](#).

For **Commercial** and **Medicare** members see the [Claims Corner, Reimbursement Policy](#) section for NDC policy update.

Removal of Specialty Referral Requirement for Children in Foster Care

As of **Sept. 1, 2021**, EmblemHealth no longer requires referrals from primary care providers for specialty care for [foster care members](#). Removing specialty care referral requirements will help promote access to services for a population whose needs are continuously changing.

POLICIES, BILLING AND CLAIMS

The ConnectiCare website is a rich source of information that helps your practice navigate ConnectiCare claims and billing processes. Check the [website](#) often to see new postings. Similar information can be found on EmblemHealth's [website](#).

PAYMENT REIMBURSEMENT POLICIES

Policy Updates

The following policies have been updated and published in their respective Reimbursement Policies tables:

EmblemHealth Reimbursement Policies table: A new edit has been added to the [Coding Edits Policy (Commercial, Medicare, and Medicaid)](#) effective March 1, 2022.

ConnectiCare's Reimbursement Policies table: A new edit has been added to the [Coding Edits Policy (Commercial, Medicare, and Medicaid)](#) effective March 1, 2022.

Same Policies: New Names, Formats, or Locations

The following policy has not changed. They have recently been reviewed and may have been documented in a new format, renamed and/or added to the following table(s):

The [Assistant at Surgery Modifiers 80/81/82 and AS (Commercial)](#) policy has been moved to the new enterprise policy format and applies to both EmblemHealth and ConnectiCare commercial members. We'd like to remind you that each surgeon must bill under their own rendering provider NPI.

Reminder: Polices Starting Jan. 1, 2022

Preventive Medicine & Screening – How to Effectively Use E&M Codes

Starting **Jan. 1, 2022**, this new enterprise-wise policy, Preventive Medicine & Screening, gives you guidance on the appropriate use of Evaluation & Management (E&M) Codes when billing for preventive screening services. In addition, you can now see the quarterly updated version of the Preventive Services List (Commercial) for EmblemHealth and for ConnectiCare.

Definitive Drug Testing (Commercial & Medicaid)

Definitive drug testing, also known as confirmation testing, is used when it is necessary to identify specific medications, illicit substances, and metabolites. Starting **Jan. 1, 2022**, our claims system will be updated to automate the limitations and exclusions section of our policy regarding HCPCS codes G0481-G0483. See full article on definitive drug testing.

No Cost/Reduced Cost Drugs, Implants & Devices

Starting **Jan. 1, 2022**, the No Cost/Reduced Cost Drugs, Implants & Devices, Implants & Devices Reimbursement Policy will be applied to both inpatient and outpatient hospital services for both EmblemHealth and ConnectiCare. This policy has coding guidelines for reporting drugs, devices, and/or implants with their associated procedures when obtained by the provider at full cost, no cost, or at a reduced cost.

Reminder: Previously Announced Policies

We want to call to your attention this previously announced policy which you may start to see impact to your claims:

NDC Requirements for Commercial and Medicare Members

In January of 2021, we let you know that we planned to require the submission of a valid National Drug Code (NDC) number on all professional and facility drug claims. Enforcement of this policy was put on hold.

However, starting **May 1, 2022**, a valid NDC number, unit of measure, and units dispensed for drugs administered by health care professionals in ambulatory care settings will be required on all professional and facility drug claims except for child and adult immunization drug codes. Claims submitted with missing, invalid, incomplete NDC information, etc., will be denied. Claims may be resubmitted with the appropriate NDC information for reconsideration.

NDC numbers are the industry standard identifier for drugs and provide full transparency to the medication administered. The NDC number identifies the manufacturer, drug name, dosage, strength, package size, and quantity. Including NDC information on claims will differentiate drugs that share the same HCPCS, CPT, or Revenue codes for drug preferences and enhance reimbursement processes.

EmblemHealth: For more information on NDC requirements including frequently asked questions, see our National Drug Code (NDC) Submissions Reimbursement Policy.

ConnectiCare: For more information on NDC requirements including frequently asked questions, see our National Drug Code (NDC) Submissions Reimbursement Policy.

See above for Medicaid NDC requirements.

CLINICAL CORNER

Remind Patients on Antipsychotic Medications to Get Metabolic Testing

As we approach the end of the year, be sure to remind your patients on antipsychotic medications to get their annual metabolic testing. Many patients are unaware of the medical side effects of their antipsychotic treatment. Your support can help aid in the overall improvement of metabolic monitoring in children and adults. Below are a few ways you can help address the medical impact of your patients' behavioral health diagnoses:

- Educate patient, parent, or guardian on the importance of monitoring glucose and cholesterol yearly to decrease risk of diabetes and chronic illness.

- Draw metabolic test in-office or order lab testing for blood glucose, HbA1c and cholesterol for patients prescribed antipsychotic medications.

- Review results of metabolic testing with patients and discuss importance of coordination of care between behavioral health and primary care providers.

TIP for Using the Preauthorization Lookup Tool: Make sure to clear the screen between searches to ensure the answer you see applies to the code you are looking up.

Medical Policy Updates

All EmblemHealth and ConnectiCare Medical Policies are available for download from our provider websites.These are the recent changes:

Revised
- Gender Affirming/Reassignment Surgery (EmblemHealth and ConnectiCare)

- Infertility Services (EmblemHealth Commercial)

- Intraoperative Radiation Therapy for Breast Cancer (EmblemHealth)

- Prostatic Urethral Lift (PUL) (EmblemHealth)

- Septoplasty (EmblemHealth and ConnectiCare)

Retired
- Genetic Testing for Frontotemporal Dementia (FTD) (EmblemHealth)

PHARMACY

Formularies (EmblemHealth only)

See [2022 Formulary Changes](#) for a summary of the updates that will apply in the new year. Affected members have been notified. As needed, calls will be made to our providers to coordinate medication changes.

Better Options for Infusion Services

Members receiving their medications by infusion may find that receiving their infusions at home or in their provider's office is a better option. If that isn't appropriate, several major infusion centers with locations around the region are in the ConnectiCare network. These infusion centers are often more comfortable and offer a wider range of days and times for appointments, making it easier for your patient to get the care they need. We encourage you to consider your patients' needs—whether that's geography or scheduling—when choosing a site of care.

Recent Provider News

Check out recent provider news for [ConnectiCare](#) and [EmblemHealth](#).

Keep in Touch