



September 2021 - In This Issue

New Provider Portal

City of New York Retirees Moving to New Medicare Advantage Plan in 2022

October is Breast Cancer Awareness Month

Top 3 Things to Know About the Bridge Program

ConnectiCare Medicare Members - Optum ProHealth Delegation

Do Not Bill Members with Full Medicaid or QMB

Medicare Outpatient Observation Notice (MOON)

Policies, Billing and Claims

New Policy for Commercial Members in 2022 No Cost/Reduced Cost Drugs,

Implants & Devices

Policy Updates

Home Infusion Utilization Management

New Provider Portal

As you use our new provider portal, know that help is available if you get stuck anywhere in the process. We have posted a robust set of <u>educational materials</u> that walk you through a range of topics from signing in to completing transactions. Please refer to our Frequently Asked Questions first that include answers to the most common questions we have been getting.

EmblemHealth FAQs ConnectiCare FAQs

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

EmblemHealth: 866-447-9717

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

City of NY Retirees Moving to New Medicare Advantage Plan in 2022

The City of New York recently awarded its group retiree business to Retiree Health Alliance, a collaboration between EmblemHealth and Empire BlueCross BlueShield (BCBS). Effective Jan. 1, 2022, Medicare-eligible City of New York retirees will transition to Retiree Health Alliance's NYC Medicare Advantage Plus plan. Learn more about this new product including claims processing.

October is Breast Cancer Awareness Month

Cancer is the second leading cause of death in the United States, and breast cancer is the most diagnosed cancer in women. Talking to your patients between the ages of 40 to 49 about when to start and how often they should get a mammogram is the first step towards early detection. Help boost compliance by offering your patients a "standing order" for their annual screening mammogram,

allowing them to complete the screening mammogram before their annual visit with you. Additionally, be sure your documentation meets CMS standards and that your provider credentials are attached to the correct ICD-10 codes when ordering to ensure accurate data capture. For more information and tips please contact your EmblemHealth Provider Relations Manager. Additional resources for men and women can be found at:

American Cancer Society
Susan G. Komen

COMMERCIAL BUSINESS UPDATE Top 3 Things to Know About the Bridge Program

- 1. Bridge combines five of our networks to increase member access to providers. This means Bridge increases the number of EmblemHealth or ConnectiCare members who can come to you for care, building your practice.
- 2. Providers are automatically considered in-network for the Bridge Program if you participate with any of these networks:
 - EmblemHealth Insurance Company's (formerly HIPIC) Prime Network
 - o EmblemHealth Plan, Inc.'s (formerly GHI) National Network
 - o ConnectiCare, Inc.'s (CCI) Choice Network
 - o QualCare Network
 - o First Health Network
- 3. Member cards are the key to knowing if a member is a part of the Bridge Program and are your guide to understanding the correct business rules to follow.

More information about the Bridge Program may be found on our website <u>here</u>.



MEDICARE UPDATES ConnectiCare Medicare Members – Optum/ProHealth Delegation

Starting **Oct. 1, 2021**, we are delegating 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 (D-SNP) plans are excluded from this delegation.

Do Not Bill Members with Full Medicaid or QMB

If Medicare-Medicaid dual eligible individuals have their Part A and Part B costshare fully covered by their Medicaid plan, or are Qualified Medicare Beneficiaries (QMBs), they are not responsible for their Medicare Advantage cost-share for covered services. Please do not balance bill these members for any other costs. Any Medicare and Medicaid payments for services given to these members must be accepted as payment in full.

For EmblemHealth members, you can use ePACES to check whether the member has full or partial Medicaid benefits. For more detail, see our <u>2021 Medicare</u> <u>Advantage Guide</u>.

For ConnectiCare members, you can contact the Connecticut Department of Social Services at **800-842-8440** or visit their website.

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.

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 <u>website</u> often to see new postings. Similar information can be found on EmblemHealth's <u>website</u>.

Payment Reimbursement Policies New Policy for Commercial Members in 2022: No Cost/Reduced Cost Drugs, Implants & Devices

Starting **Jan. 1, 2022**, the <u>No Cost/Reduced Cost Drugs</u>, Implants & Devices Reimbursement Policy will be applied to both inpatient and outpatient hospital services for both <u>EmblemHealth and ConnectiCare</u> commercial members in the same way that we have been processing Medicare claims since Jan. 1, 2020. 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.

Policy Updates

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

EmblemHealth's <u>COVID-19 Vaccine and Monoclonal Antibody Infusions</u>
 Policy – Revised August 2021

- ConnectiCare's <u>COVID-19 Vaccine and Monoclonal Antibody Infusions</u>
 <u>Policy Revised August 2021</u> (Commercial & Medicare)
- Preventive Care Services (Commercial) Effective 10/1/2021 PreP Monitoring and Ongoing Lab Testing were added effective 9/17/2021

Same Policies: New Names, Formats, or Locations

The following polices have 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):

EmblemHealth Reimbursement Polices table:

- Operating Microscope/Microsurgery (CPT 64727/69990) (Commercial & Medicare)
- <u>Outpatient Imaging Self-Referral (Commercial)</u>
- Preventive Care Services (Medicare)

ConnectiCare's Reimbursement Polices tables:

Ambulatory Surgical Groupers

Reminder: Enhanced Clinical Editing Processes – Post-Payment Reviews Have Begun

Starting on **Sept. 1, 2021**, Cotiviti, Inc. began periodic post-payment reviews of EmblemHealth's 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. <u>Click here for more information</u>.

CLINICAL CORNER Home Infusion Utilization Management

Beginning Oct. 1, 2021, Care Continuum (CCUM), an Express Scripts company, will perform home infusion utilization management services for all EmblemHealth and ConnectiCare members. This includes preauthorization of drugs, supplies, and nursing visits for members in all lines of business. To request

preauthorization for home infusion, you can contact CCUM from 8 a.m. to 7 p.m. ET, Monday to Friday at the numbers listed below based on the member's plan.

PLAN	EmblemHealth	ConnectiCare
TELEPHONE	877-681-9866	877-391-7821
FAX	866-896-1209	888-631-8817

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:

- Abdominoplasty/Panniculectomy
- Capsule Endoscopy
- Lipoprotein Subclassification Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease
- Transurethral Radiofrequency Micro-Remodeling for Female Stress Urinary Incontinence

The following are the recently revised policies for ConnectiCare:

- Abdominoplasty/Panniculectomy
- Capsule Endoscopy
- Transurethral Radiofrequency Micro-Remodeling for Female Stress Urinary Incontinence

Recent Provider Headlines

Check out recent provider news for **ConnectiCare** and **EmblemHealth**.

Provider ID Numbers to be Retired for EmblemHealth and ConnectiCare

- ConnectiCare Oncology Drug Dose Rounding Initiative Started Aug. 1
- EmblemHealth Risk Adjustment Program for PCPs Continues
- Send ConnectiCare Infertility Drug Reviews to ESI

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.

JP 55877