



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

As 2021 comes to a close, we've been preparing for 2022 and have some important updates to share with you. This month's newsletter has information to help you as you deliver the quality care our members have come to expect.

See What's New for 2022

This year's [Annual Provider Notification](#) is ready for you! The new year will bring important changes to our benefit plans, and simpler administrative processes for you and your team. Our annual notice also gives a recap of key changes that took place in 2021, and highlights regulatory requirements and trainings needed for your continued participation in our network.

Be sure to visit emblemhealth.com/AnnualProviderNotice2021-2022.

New Medicare Advantage Plan in 2022 for CNY Members

As we mentioned in previous newsletters, nearly 250,000 Medicare-eligible City of New York retirees are eligible to be transferred to the NYC Medicare Advantage Plus plan starting in 2022. The **NYC Medicare Advantage Plus plan** is a Medicare Advantage PPO group retiree offering through The Alliance, a collaboration between EmblemHealth and Empire BlueCross BlueShield. The plan allows retirees to visit any doctor nationally that accepts Medicare, while ensuring providers get paid their negotiated contractual rate or 100% of the Medicare-allowable rate if non-contracted (less any member copay).

Dental Network Changing from DentaQuest to Healthplex in 2022

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

EmblemHealth's Provider Toolkit Updates

Our [Provider Toolkit](#) which houses many of the most important documents you need to work with our company and care for members, now has these updated resources available:

- [2022 Summary of Companies, Lines of Business, Networks, and Plans](#)
- [2022 Plans That Do Not Need Referrals](#)
- [Medicare Advantage Guide for EmblemHealth](#)
- [Commercial Plan Guide for EmblemHealth](#)

New Resource on ConnectiCare's Site:

- [2022 Medicare Advantage Guide for ConnectiCare](#)
-

New Provider Portal

Save time and effort by taking advantage of our new secure portal's capabilities. Use it to upload documents in support of preauthorization requests, concurrent review determinations, customer service inquiries, and more.

ConnectiCare providers are urged to submit preauthorization requests, referrals, and ER Admission and Newborn Notifications online. Help us

make faxes and phone calls a thing of the past. For help, see [Educational materials](#) and [Frequently Asked Questions](#)

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**

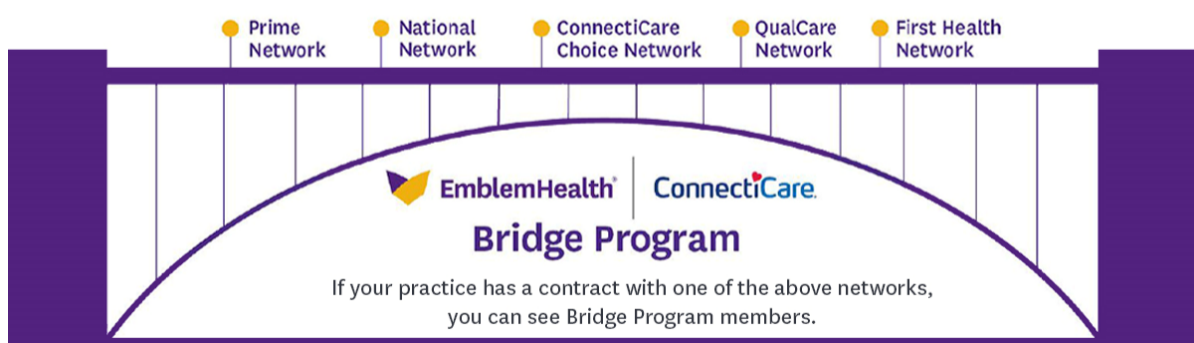
Care Management Program for HIV/AIDS Patients

Dec. 1 is World AIDS Day. Studies show that better health outcomes result from strong provider-patient relationships, a multidisciplinary Care Team approach, and regular office visits. Refer your patients with HIV to an infectious disease specialist, if needed, and maintain ongoing communication for continuity of care.

We also want to remind you that EmblemHealth has an HIV/AIDS Care Management program for our members. It's a free service that assists members in finding community resources and navigating the health care system. Members can enroll by calling us at **800-447-0768** (TTY: **711**), Monday through Friday, 9 a.m. to 5 p.m. Members can also enroll on the [EmblemHealth website](#).

For more information about caring for members with HIV/AIDS, see the New York State Department of Health (NYSDOH) [AIDS Institute](#).

COMMERCIAL BUSINESS UPDATE



You're a provider for EmblemHealth and ConnectiCare Bridge Program members if you participate in any of the plans listed above. Visit our [website](#) for updated information about the Bridge Program.

GOVERNMENT-SPONSORED PROGRAM UPDATES

Medicare

Medicare Open Enrollment

Medicare open enrollment is underway. To see what is being offered in 2022, including new value-based benefits to help connect members to nutritious food, review our new Medicare Advantage web pages for [EmblemHealth](#) and [ConnectiCare](#).

EmblemHealth Medicare Service Area Changes for 2022

The following four plans will no longer be offered in the counties shown below:

- VIP Essential: Dutchess and Putnam
- VIP Value: Putnam and Sullivan
- VIP Dual Select: Richmond
- VIP Passport NYC: Richmond

Members of these plans may choose another EmblemHealth Medicare plan available in their area before **Dec. 7, 2021**; otherwise, they will be enrolled in Original Medicare.

Care Management Plans for D-SNP Members

Enrollees covered under our dual-eligible special needs plans (D-SNPs) have care plans on file with our Care Management Department. We make these care plans available to providers and are happy to share a copy with you. Please contact us to receive a copy for member(s) under your care.

For EmblemHealth Enrollees:

Email: complexcasemgmt@emblemhealth.com

Phone: **800-447-0768**

For ConnectiCare Enrollees:

Email: hmoreferrals@connecticare.com

Phone: **800-390-3522**

2021 Annual Special Needs Plan Model of Care Training – Deadline Extensions

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. [EmblemHealth's VIP Bold Network and Reserve Network](#) providers who do not complete the training by Nov. 30, 2021 will be referred to the EmblemHealth Credentialing Committee as this is a requirement for continued participation in our network.

[Providers who care for ConnectiCare's Medicare Advantage members with Choice Dual \(HMO D-SNP\) plans training](#) have an extension until **Dec. 3, 2021** to complete the training.

Do Not Bill Members with Full Medicaid or QMBs

If Medicare-Medicaid dual-eligible individuals have their Part A and Part B cost-share 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 [2021 Medicare Advantage Guide](#).

For ConnectiCare members, you can contact the CT Department of Social Services at **800-842-8440** or visit their [website](#).

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

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 emblemhealth.com/Providers/Training-Certification.

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.

Delayed: Medicaid Applied Behavior Analysis Benefit

The New York State Department of Health has decided to postpone the inclusion of Medicaid Applied Behavioral Analysis (ABA) services into Managed Care. Effective Oct. 1, 2021, ABA services will be covered by Medicaid Fee-for-Service until further notice. For more information, refer to the [September 2021 Medicaid Update](#).

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.



CLAIMS CORNER

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.

Advisory on Taxonomy Codes

When filing paper claims for Medicaid, claims will be denied when a handwritten taxonomy code is present, **but** the taxonomy qualifier is left blank. Review your

submissions carefully to avoid unnecessary denials.

PAYMENT REIMBURSEMENT POLICIES

Updated Policy for ConnectiCare

ConnectiCare's [Medical Necessity Guidelines: Experimental, Investigational or Unproven Service Policy](#) was updated with new codes effective **Oct. 1, 2021**.

Polices Starting Jan. 1, 2022

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

Starting **Jan. 1, 2022**, this new enterprise-wide 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.

Polices Starting March 1, 2022

Intraoperative Neurophysiology Monitoring (IONM) – New Policy – March 1, 2022

Starting **March 1, 2022**, we are introducing a new enterprise-wide policy, [Intraoperative Neurophysiology Monitoring \(IONM\)](#), that will apply

to both EmblemHealth and ConnectiCare providers. We are aligning our reimbursement policy with CMS' rules and CPT code 95941 will not be payable.

Allergy Testing & Immunotherapy Policy Expanding to ConnectiCare March 1, 2022

Starting **March 1, 2022**, the [Allergy Testing & Immunotherapy policy](#) that has been in place for EmblemHealth is being adopted across the enterprise and will also apply to ConnectiCare providers.

Same Policy: New Format

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

- [Modifiers PO/PN and Clinic Visit Ss \(G0463\)](#)

Reminder: Previously Announced Policy(ies)

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

Multiple Endoscopy-Pay Percent

As announced in June, our Coding Edit Rules were updated to include a policy, Multiple Endoscopy-Pay Percent, that went into effect for claims submitted for dates of service on or after **Sept 1, 2021**. We now edit endoscopic procedure codes billed to align with CMS guidelines. Edits will apply to multiple endoscopic procedures performed for the same patient, by the same provider, on the same date of service.

[EmblemHealth](#) [ConnectiCare](#)



CLINICAL CORNER

Medical Policy Updates

All [EmblemHealth](#) and [ConnectiCare](#) Medical Policies are available for download from our provider websites.

New policy for ConnectiCare:

- Cortical Stimulation for Epilepsy (NeuroPace®)

The following are the recently revised policies:

- Artificial Intervertebral Discs (EmblemHealth)
 - Breast Implants and Reconstruction (EmblemHealth & ConnectiCare)
 - Cortical Stimulation for Epilepsy (NeuroPace®)
 - Cryosurgical Ablation for Prostate Cancer (EmblemHealth)
 - Medical Guideline – Gene Expression Profiling (EmblemHealth)
 - Transcatheter Aortic Valve Replacement (EmblemHealth & ConnectiCare)
-



PHARMACY

New for 2022: Electronic Appeal Requests

Starting **Jan. 1, 2022**, our ePA (electronic prior authorization tool) will be able to accept appeal requests. The new transaction will provide an immediate response when the appeal is received. An electronic notification will be sent once a determination has been made. Prescribers will continue to have the option of submitting appeals via mail, phone, and fax.

Formularies

To see announcements of formulary changes, see EmblemHealth's [Formulary Updates](#) web page. To determine whether a specific drug is covered by a member's health plan, use the applicable Formulary search:

- [Commercial Formulary Search](#)
 - [Medicare Formulary Search](#)
 - [Medicaid Formulary Search](#)
-



WEBINAR/TRAINING

See the enhanced [Learning Online](#) section of EmblemHealth's provider website to access the free Pulse8 webinars for patient management and ICD-10 coding. You can also attest to completion of required trainings for Medicaid and Medicare providers such as Medicaid Cultural Competency and Special Needs Model of Care.

We recommend that you take advantage of the training opportunities offered by [CMS's Medicare Learning Network](#) and [eMedNY](#).



IN EVERY ISSUE

Keep Your Directory and Other Information Current

It's important to keep your contact information current so we can get information to you quickly and keep our directories up to date. 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 to 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.

Consult EmblemHealth's Online Provider Manual for Important Information

The EmblemHealth Provider Manual is a valuable online resource and an extension of your Provider Agreement. It applies to all EmblemHealth plans and includes details about your administrative responsibilities, and contractual and regulatory obligations. You can also find information about best practices for interacting with our plans and how to help our members navigate their health care. The manual is updated regularly so be sure to download a current PDF when looking for information. You can find the [Provider Manual here](#) on the top right side of the home page of our website.

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, please see all our newsletters on our [website](#).

Recent Provider News & Updates

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

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.

This email was sent to tmaltz@emblemhealth.com by EmblemHealth. To ensure delivery to your inbox, add EmblemHealth@emblemhealthcommunications.com to your address book or safe sender list. If you'd like to unsubscribe from our mailing list, [click here](#). Note this mailbox is not monitored. Do not respond to this email. If you need assistance, contact your Customer Service representative.

Copyright ©2021 EmblemHealth.
All Rights Reserved.

[Privacy Policy](#)
[Nondiscrimination Policy](#)

JP 56675