




EmblemHealth[®]



Medicare Advantage HMO/POS/D-SNP Plans

*Reference
Guide*

2020 EmblemHealth Medicare Advantage HMO/POS Sample Member ID Card and Plans

 **Plan Name** →

MEMBER: **SAMPLE CARD**
ID NUMBER: **K000000000**

Network: **VIP Prime** MedicareRx
PCP Name: **Dr. SAMPLE CARD** Prescription Drug Coverage
PCP Phone: **800-447-8255** Rx BIN#: 400023
Copay: **PCP \$0 SPEC \$0** Rx PCN#: 0020050403
Urgent: \$0 ER \$0 Issuer#: (80840)
Rx \$0 CMS#: H3330-037-000
Comprehensive Dental

emblemhealth.com/medicare

MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Call **1-866-447-9717**
Customer Service: **1-877-344-7364** (TTY/TDD: 711)
Emblem Behavioral Health Services: **1-888-447-2526**
EmblemHealth Pharmacy Services: **1-877-444-7097**
Dental (DentaQuest): **1-844-776-8749**
Vision (CPS-EyeMed): **1-844-790-3878**
Transportation: **1-888-857-1509**

Behavioral Health claims to: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802
All other claims to: EmblemHealth, PO Box 2845, New York, NY 10116-2845

Underwritten by HIP Health Plan of New York

- EmblemHealth VIP Value (HMO)
- EmblemHealth VIP Essential (HMO)
- EmblemHealth VIP Gold (HMO)
- EmblemHealth VIP Gold Plus (HMO)
- EmblemHealth VIP Premier Group (HMO)
- EmblemHealth VIP Rx Carve-out Group (HMO)
- EmblemHealth VIP Rx Saver (HMO)
- EmblemHealth VIP Part B Saver (HMO)
- EmblemHealth VIP Go (HMO-POS) - **No Referral Required**
- EmblemHealth VIP Dual (HMO D-SNP)
- EmblemHealth VIP Passport (HMO) - **No Referral Required**
- EmblemHealth VIP Passport NYC (HMO) - **No Referral Required**
- EmblemHealth VIP Dual Select (HMO D-SNP) - **No Referral Required**
- EmblemHealth VIP Solutions (HMO D-SNP) - **No Referral Required**

2020 EmblemHealth Medicare Advantage HMO/POS Plan and Network Changes

New Utilization Management Preauthorization Rules

Starting Jan. 1, 2020, EmblemHealth will reduce the number of procedure codes requiring preauthorization by half and adopt a strategy which limits your need to seek preauthorization based on the member's type of benefit plan. Procedure code lists may further limit what needs a preauthorization based on diagnosis. Starting Feb. 1, 2020, the Site of Service rules will also apply to Medicare members with the VIP Prime and Medicare Choice PPO networks. More information is available at emblemhealth.com/providers/clinical-corner/um-and-medical-management.

Montefiore CMO

Starting Jan. 1, 2020, Montefiore Management Company (CMO) will no longer manage EmblemHealth's Medicare members. Instead, EmblemHealth will directly manage claims payment, case, disease, and utilization management for medical services. Behavioral health services will be managed by Beacon Health Options. The CMO's referrals and authorizations will be honored. EmblemHealth will not change members' Primary Care Physician (PCP) assignments. New member ID's will be issued without the CMO logo. Key changes in how care for our members will be managed:

- **Referrals**

For dates of service on or after Jan. 1, 2020, referrals will need to be submitted through and retrieved from emblemhealth.com. For an optimal member experience, when a referral is needed, please enter it while the patient is in the office and provide a copy to them before they leave the appointment. Our portal gives you the option to fax or print the referral, as needed. Specialists may look up referrals made to them. **Reminder:** Several Medicare plans do not require a referral. Please see page 2 for this list.

- **Preauthorizations**

For dates of service on or after Jan. 1, 2020, EmblemHealth or one of its delegates will conduct utilization management services using the Medicare preauthorization List emblemhealth.com/providers/clinical-corner/um-and-medical-management going into effect Jan. 1. Preauthorization requests will need to be submitted through emblemhealth.com. Utilization management for behavioral health services will be conducted by Beacon Health Options. You may contact them at **888-447-2526**.

- **Claim submissions**

For dates of service on or after Jan. 1, 2020, please submit all claims to the claims address listed on the back of the member's new ID card or electronically using EDI Payor Number 55247. Claims should no longer be submitted to CMO. Claims submission addresses are available in the Directory chapter of our Provider Manual on the Claims Contacts page at emblemhealth.com/providers/manual/directory.

Affinity Plans – New Names & New Care Management Provider

In 2019, EmblemHealth partnered with Independent Living Systems (ILS) to provide care management and perform Health Risk Assessments for our Affinity Medicare members. In 2020, we will be renaming the Affinity plans and transitioning ILS' responsibilities to EmblemHealth.

From	To
Affinity Ultimate	EmblemHealth VIP Dual Select
Affinity Solutions	EmblemHealth VIP Solutions
Affinity Passport	EmblemHealth VIP Passport
Affinity Passport NYC	EmblemHealth VIP Passport NYC

VIP Prime Network Changes

Capital Region: Starting Jan. 1, EmblemHealth will offer its VIP Prime Network to all Medicare Advantage member in the following Capital Region counties: Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington.

Hudson Valley: In 2019, EmblemHealth expanded to the following Hudson Valley counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.

Connecticut: Starting Jan. 1, EmblemHealth's Medicare Advantage members will gain access to in-network providers in Connecticut. Medicare members using VIP Prime network (except Dual SNP members) can use Medicare Choice Network in Connecticut. Some services are available through delegated networks and providers only. These include routine vision care and eyewear (EyeMed); behavioral health (Beacon Health Options); chiropractic, occupational and physical therapy (Palladian); and dental (DentaQuest).

Similarly, Medicare members using ConnectiCare's Medicare Choice Network (except Choice Dual plan members) will have access to the VIP Prime Network in New York. Some services are only available through ConnectiCare's delegated networks and providers such as behavioral health offered through Optum.

Transportation: Vendor change for City of New York (CNY) transportation will be transitioned to Coordinated Transportation Solutions (CTS). CTS will provide applicable covered transportation for both EmblemHealth and ConnectiCare members.

Medicare Supplement Insurance Plans

In 2020, EmblemHealth will offer six (6) Medicare Supplement Insurance plans to assist Medicare members in covering such costs as deductibles, coinsurance and copayments. All EmblemHealth Medicare Supplement plans cover four (4) Basic Benefits, which include hospitalization, medical expenses, blood and hospice care.

EmblemHealth Medicare Connect Concierge

On Jan. 1, 2020, our Medicare members will have access to **EmblemHealth Medicare Connect Concierge**. The one phone number members can call when they need help solving their health care needs. **EmblemHealth Medicare Connect Concierge** can help:

- Make a doctor's appointment.
- Get referrals if needed on member's plan.
- Coordinate prior approvals.
- Answer benefit questions.
- Verify mailing address.
- Arrange transportation.
- Confirm over-the-counter (OTC) drug card balance.

To reach Medicare Connect Concierge, please call **877-344-7364 (TTY: 711)**, 8 am to 8 pm, 7 days a week.

2020 EmblemHealth Medicare Advantage HMO/POS Network and Plan Summary

You can use this page as a reference tool for the staff who schedule appointments for you. Please customize for each practice location.

Dr. _____ at _____ can accept patients who have these plans:

Network	Plan Name	Plan Type	PCP	Referral Required	OON Coverage	In-Network Cost-Sharing	Service Area	Important Things to Note
VIP Prime Network #	EmblemHealth VIP Value	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	12 counties	\$15 PCP copays. Confirm PCP status prior to accepting new patients. Referrals to specialist, ST, hearing.
VIP Prime Network #	EmblemHealth VIP Essential	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	14 counties	\$0 PCP copays. Confirm PCP status prior to accepting new patients. Referrals to specialist, ST, hearing.
VIP Prime Network #	EmblemHealth VIP Gold	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	14 counties	\$0 PCP copays. \$10 Chiropractic copays. Confirm PCP status prior to accepting new patients. Referrals to specialist, ST, hearing.
VIP Prime Network #	EmblemHealth VIP Gold Plus	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	14 counties	\$0 PCP copays \$0 Specialist copays
VIP Prime Network #	EmblemHealth VIP Premier Group	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	14 counties	Employer Group Plan. Service area for City of New York members is 9 county; Bronx, Kings, New York, Queens, Richmond, Nassau, Rockland, Suffolk, and Westchester.
VIP Prime Network #	EmblemHealth VIP Rx Carve-out Group	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	14 counties	Employer Group Plan, MA-only.. Service area for City of New York members is 9 county; Bronx, Kings, New York, Queens, Richmond, Nassau, Rockland, Suffolk, and Westchester.
VIP Prime Network #	EmblemHealth VIP Rx Saver	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance	24 counties	\$5 PCP copays and comprehensive dental and fitness benefits with no maximums.
VIP Prime Network #	EmblemHealth VIP Part B Saver	EmblemHealth Medicare HMO	Yes	Yes	No	Copays/coinsurance/ deductible applies to some services	24 counties	\$500 annual Part B rebate. Optional dental and fitness benefit riders are available at a low cost.
VIP Prime Network #	EmblemHealth VIP Go	EmblemHealth Medicare HMO-POS	Optional	No	Yes	Copays/coinsurance/ deductible applies to some services	24 counties	Out-of-network coverage on many benefits including PCP and Specialist.
VIP Prime Network	EmblemHealth VIP Dual	EmblemHealth Medicare HMO D-SNP	Yes	Yes	No	Member cost sharing must be billed by provider to NY State Medicaid (some Part D copays apply)	14 counties	Special Needs Plan limited to individuals with both Medicare and full Medicaid coverage. Providers are prohibited from balance billing Medicare-Medicaid dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care <u>training</u> annually.

2020 EmblemHealth Medicare Advantage HMO/POS Network and Plan Summary (Continued)

Network	Plan Name	Plan Type	PCP	Referral Required	OON Coverage	In-Network Cost-Sharing	Service Area	Important Things to Note
VIP Prime Network #	EmblemHealth VIP Passport	EmblemHealth Medicare HMO	Yes	No	No	Copays/coinsurance	4 counties	\$5 PCP copays. Dental, Vision and Hearing Coverage. Acupuncture and Fitness Program (SilverSneakers).
VIP Prime Network #	EmblemHealth VIP Passport NYC	EmblemHealth Medicare HMO	Yes	No	No	Copays/coinsurance	5 counties	\$10 PCP copays. Dental, Vision and Hearing Coverage. Acupuncture and Fitness Program (SilverSneakers).
VIP Prime Network	EmblemHealth VIP Dual Select	EmblemHealth Medicare HMO D-SNP	Yes	No	No	Member cost sharing covered by Medicaid (some Part D copays apply)	10 counties	Special Needs Plan limited to individuals with both Medicare and full Medicaid coverage. Providers are prohibited from balance billing Medicare-Medicaid dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care <u>training</u> annually.
VIP Prime Network	EmblemHealth VIP Solutions	EmblemHealth Medicare HMO D-SNP	Yes	No	No	Copays/coinsurance or member cost sharing covered by Medicaid (some Part D copays apply)	10 counties	Special Needs Plan limited to individuals with both Medicare and full or partial Medicaid coverage. Providers are prohibited from balance billing Medicare-Medicaid QMB or full benefit dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care <u>training</u> annually.

OON = out-of-network; PCP = primary care provider; 4 county = Nassau, Orange, Rockland, and Westchester; 5 county = Bronx, Kings, New York, Queens, and Richmond; 12 county = New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam; 14 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam; 24 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, Putnam, Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington; # = May access CCI Choice network for most services. Carved-out services, (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.

2020 EmblemHealth Medicare Advantage HMO/POS Contact Information

	VIP Prime Network	
Provider Customer Service	Use the Message Center link at emblemhealth.com : HealthCare Partners (HCP)-managed members: Note: To identify managing entity, refer to member's ID card or sign in to emblemhealth.com and use Benefits/Eligibility link.	P: 866-447-9717 P: 800-877-7587
Member Customer Service		P: 877-344-7364 (TTY: 711)
Preauthorizations	HIP-managed members: HCP-managed members:	emblemhealth.com P: 866-447-9717/F: 866-215-2928 P: 800-877-7587/F: 888-746-6433
Referrals	HIP-managed members: HCP-managed members:	emblemhealth.com P: 866-447-9717 P: 800-877-7587/F: 888-746-6433
Independent/Free-Standing Laboratory Services	Quest Diagnostics customer service: Patient service center locator: Note: For a full list of contracted labs, go to emblemhealth.com/labservices	questdiagnostics.com P: 866-697-8378 P: 800-377-7220
Behavioral Health	Prior approvals: Beacon Health Options:	beaconhealthoptions.com P: 888-447-2526
Pharmacy Services	Prior approvals:	P: 877-444-3657
Specialty Pharmacy Program	Accredo is the preferred specialty pharmacy.	accredo.com : P: 855-216-2166/F: 888-302-1028
Injectable Drug UM Program	Prior approvals for: HIP-managed members: HCP-managed members:	P: 888-447-0295/F: 877-243-4812 P: 800-877-7587/F: 888-746-6433
Home Infusion Therapy	Prior approvals:	Homeinfusion@emblemhealth.com ; P: 800-367-8103 (Voice Mail)/212-510-5978
Radiology Services	eviCore Scheduling Program: Prior approvals for: HIP-managed members: HCP-managed members:	P: 866-699-8131 evicore.com P: 866-417-2345/F: 800-540-2406 P: 800-877-7587/F: 888-746-6433
Cardiology Imaging Services	eviCore Scheduling Program: Prior approvals for: HIP-managed members: HCP-managed members:	P: 866-699-8131 evicore.com P: 866-417-2345/F: 888-622-7369 P: 800-877-7587/F: 888-746-6433
Durable Medical Equipment (DME); Skilled Nursing Facility; Inpatient Rehabilitation Facility; Long-Term Care Facility; Home Health Care	Prior approvals for: HIP-managed members: Personal Care Assistants & Consumer Directed Personal Assistance Program for HIP-managed members: HCP-managed members:	evicore.com P: 866-417-2345/F: 888-622-7369 emblemhealth.com P: 866-447-9717 P: 800-877-7587/F: 888-746-6433
Diabetic Testing Supplies	Orders:	abbottdiabetescare.com P: 888-522-5226
Hearing Aids	HearUSA: CPS Hearing:	hearusa.com P: 877-664-9353 Bronx, Kings, Monroe, Nassau, New York, Queens, Rensselaer, Richmond, Rockland, Suffolk, Ulster, and Westchester cpshearing.com P: 212-675-5745 Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Upstate New York

2020 EmblemHealth Medicare Advantage HMO/POS Contact Information (Continued)

	VIP Prime Network	
Outpatient Physical and Occupational Therapy	Prior approvals for: HIP-managed members: Initial referrals and prior approvals for: HCP-managed members:	palladianhealth.com P: 877-774-7693/F: 716-809-8324 P: 800-877-7587/F: 888-746-6433
Chiropractic Services	Prior approvals for: HIP-managed members: HCP-managed members:	palladianhealth.com P: 877-774-7693/F: 716-712-2802 P: 800-877-7587/F: 888-746-6433
Vision Services	EyeMed:	eyemed.com P: 888-581-3648
Dental Services	DentaQuest:	dentaquest.com P: 844-822-8108
Pain Management & Spinal Surgery	Prior approvals for: HIP-managed members: OrthoNet: For forms: HCP-managed members:	P: 844-296-4440 orthonet-online.com P: 844-730-8503 P: 800-877-7587/F: 888-746-6433
CTS Transportation Service	Transportation for CNY members receiving dialysis	P: TBD

For a comprehensive listing of all EmblemHealth networks and corresponding benefit plans, see the Provider Networks and Member Benefit Plans chapter of the EmblemHealth Provider Manual at emblemhealth.com. A referral or approval is not a guarantee of payment. Payment is subject to the participation agreement, member's eligibility and benefits on the date of service, compliance with utilization management policies, and application of EmblemHealth's medical and claims policies.

How to Create a Referral

1. Log in to emblemhealth.com/providers
 - a. Select Referrals from the left navigation.
 - b. Enter patient ID number or patient last name and date of birth.
 - c. Select the Name of the patient for whom the referral is being requested.
 - d. Enter the requested information, including service date, member ID, facility code, service type, servicing provider, diagnosis code, and procedure or number of visits.
 - e. Review the information on the Referral Details Review screen. Select Edit to make changes. Select Submit to submit referral request.

2. To search for a referral entered by you or made to you:
 - a. Select Referrals from the left navigation. Then, select Search Referrals.
 - b. You may search by review type, service type, service date, member ID, or trace or authorization number.

2020 EmblemHealth Medicare Advantage HMO/POS Claim Contacts

Organization	Type of Claim	EDI or Payor ID	Clearing House	Paper Claim Submission Address	Contact for Inquiries
HIP	Medical claims	HIP: 55247	Vendor or direct submission	EmblemHealth PO Box 2845 New York, NY 10116-2845	emblemhealth.com or 866-447-9717
HIP	Hospital claims	HIP: 55247	Vendor or direct submission	EmblemHealth PO Box 2803 New York, NY 10116-2803	emblemhealth.com or 866-447-9717
HealthCare Partners (HCP) [except for members in HCP Cohort 2]	Claims for members managed by HCP	11328	Vendor	HealthCare Partners Attn: Claims Department 501 Franklin Avenue Suite 300 Garden City, NY 11530-5807	516-746-2200 or 888-746-2200
HCP Cohort 2	Claims for members managed by HCP Cohort 2	55247	Vendor or direct submission	EmblemHealth PO Box 2845 New York, NY 10116-2845	emblemhealth.com or 866-447-9717
Palladian Muscular Skeletal Health	Professional claims for PT/OT services members managed by Palladian and claims billable under the Chiropractic program	37268	Vendor	Palladian Health PO Box 366 Lancaster, NY 14086	palladianhealth.com
eviCore	Billable as part of the Radiology program only for eviCore contracted providers	HIP: 14182	Vendor	eviCore healthcare P.O. Box 677 Lake Katrine, NY 12449	800-420-3471
Beacon Health Options	Billable as part of the Emblem Behavioral Health Services Program	FHC & Affiliates	Vendor	Emblem Behavioral Health Services Program PO Box 1850 Hicksville, NY 11802	800-235-3149
DentaQuest	Dental Claims	Payer ID: EMBDQ or Payer Name: DQ/ Emblem	Vendor	Emblem Dental (DentaQuest) PO Box 463 Milwaukee, WI 53201	dentaquest.com or 844-822-8108

2020 EmblemHealth Medicare Advantage HMO/POS Provider Dispute Resolution

WHAT/HOW/WHERE TO FILE INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
	Initial Practitioner Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
COMPLAINT/GRIEVANCE PROCEDURES				
Sign in to: www.emblemhealth.com . Write to: EmblemHealth Medicare HMO PO Box 2844 New York, NY 10116-2844	Complaint: 45 calendar days from the event Grievance: 45 calendar days from the claim denial Unless otherwise specified by your contract with EmblemHealth	15 calendar days from receipt of request	Complaint: 30 calendar days from receipt of request Grievance: 45 calendar days from receipt of request	Decision is final
STANDARD RECONSIDERATION (APPEAL) PROCEDURES ON BEHALF OF MEMBER				
Write to: EmblemHealth Medicare HMO Attn: Grievance & Appeals PO Box 2807 New York, NY 10116-2807 Telephone: 877-344-7364 (TTY: 711) Fax: 212-510-5320	60 calendar days from the date of the written adverse determination	15 calendar days from receipt of request	For services already rendered: 60 calendar days from receipt of request For services not yet rendered: 30 calendar days from receipt of request May be extended for up to 14 calendar days	Independent appeal review
EXPEDITED RECONSIDERATION (APPEAL) PROCEDURES ON BEHALF OF MEMBER				
Telephone: 888-447-6855 (TTY: 711) Fax: 866-350-2168	60 calendar days from the date of the written adverse determination	n/a	72 hours from receipt of request May be extended for up to 14 calendar days	Independent appeal review

*Contracted time frames in provider agreements will supersede time frames in this guide

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