



Frequently Asked Questions for 29-I Health Facility Providers

- Q1.** Regarding authorizations, how long is a typical EmblemHealth authorization period?
- A1.** Authorization times vary depending on service. However, 90 days is average authorization period for preauthorizations.
- Q2.** In review of the 29-I billing guidance document, it did not mention taxonomy codes. Is this needed?
- A2.** The Foster Care Agency taxonomy code for all 29-I health facilities is **253J00000X** and must be on all claims. Please also visit the [29-I Health Facility Billing Tool | MCTAC \(ctacny.org\)](#); this information will be captured in the interactive tool **box 81a**.
- Q3.** Will foster parents have access to a child's account?
- A3.** No, only the 29-I health facility, VFCA, or LDSS.
- Q4.** Does the PCP apply for preauthorization or does the 29-I/VFCA do that?
- A4.** Yes, the PCP applies for preauthorizations. If the PCP is part of the 29-I health facility, then the PCP at the 29-I facility will apply for preauthorizations.
- Q5.** Does EmblemHealth have a rate sheet for 29-I or are the rates based on 100% Medicaid rate?
- A5.** EmblemHealth pays at 100% of the Medicaid rate defined by the state.
- Q6.** Can you go over the claims testing process?
- A6.** After a 29-I health facility is contracted and credentialed, they will receive an email regarding the testing process and test scenarios. EmblemHealth's IT team will be on the email and begin working with the 29-I facility through the testing process.

Q7. Our clearing house will automatically change ISA16 from “T” to “P” on our test files. Is there a work around to this issue?

A7. Yes, EmblemHealth can change it back from P to T when we receive the EDI file.

Q8. How do you enroll in EFT and is there a fee?

A8. There are two methods for enrollment; both are based on provider choice.

To enroll into EFT, please use this link:

enrollments.echohealthinc.com/EFTERADirect/EmblemHealth. When this link is used there is no charge for EFT/ERA service. Enrollment using this link covers payments through PNC/ECHO for the whole EmblemHealth “family”: HIP, GHI, CCI, ASO groups, dental, etc.

Alternately, ECHO offers an “All Payer” service for a fee (per draft) which is a contracted percentage with the provider. The benefit to the provider is that once enrolled, their EFT choice applies regardless of the payer, as long as it is processed by ECHO. If the provider wishes to cancel their “All Payer” service with ECHO, they may contact **ECHO customer service at 833-629-9725**. EmblemHealth does not have access to view a provider’s payment choice or banking information.