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POLICY UPDATES

OCTOBER 2018



REMINDERS

Required Training for EmblemHealth Practitioners, Providers, and Vendors

Each year, the Centers for Medicare & Medicaid Services (CMS) require you to complete Special Needs Plan (SNP) Model of Care (MOC) training for each of the Dual Eligible SNPs in which you participate. Medicare providers in the VIP Prime Network must complete the EmblemHealth SNP MOC provider training, and providers in the Medicare Choice PPO Network must complete training offered by GuildNet and ArchCare. [Find all required training modules on our website](#)

Tell Your Patients about Alternatives to the Emergency Room

Make sure your members know how to access care when you are not around. [This flyer](#) can help your patients choose the most appropriate site of care.

Check Panel Reports - Schedule New Patient Visits

If you're a primary care physician, we urge you to regularly check your panel reports at emblemhealth.com/providers. Review the reports to identify new patients and call them to schedule a new patient visit. Please encourage new Medicare and Dual Eligible Special Needs Plan (SNP) members to complete and submit their Health Risk Assessments, too.

Keep care in network - Use EmblemHealth's Mobile Anesthesia Groups

When performing procedures in your office, remember to use one of [our in-network mobile anesthesia groups](#). These providers are available to come to your office and can help to keep all your members care in network.

Include Correct NPIs for All Providers on Claim

Federal law mandates that health care practitioners use their unique, 10-digit National Provider Identifier (NPI) when submitting standard electronic health care transactions, such as claims. NPIs for attending physicians listed on a claim need their NPIs populated too. Check your Provider Profile on emblemhealth.com to make sure you have the right NPI on file. Use of an incorrect NPI can result in incorrect claims payment or denied claims.

Do Not Bill Dual Eligible Members for Any Medicare Balance Due

If Medicare-Medicaid dual eligible individuals have their Part A and Part B cost share covered by their Medicaid plan, they are not responsible for their Medicare Advantage cost share for covered services. Please do not bill these members for the balance of their Medicare deductibles, coinsurance, or copayments. If you received Medicare and Medicaid payments for services given to these members, it must be accepted as payment in full. [Learn More](#)

Informed Consent Required for Hysterectomy/Sterilization

Federal regulations require patient notification for hysterectomy and sterilization procedures. The patient or their representative must sign the required consent form for the service to be deemed a covered service under the Medicaid plan. This form must also accompany manual claim submissions as proof of consent. Remember to submit it to avoid having the claim returned. [Learn More](#)

Reduce Payment Processing Time and Improve Cash Flow!

Through [PNC Remittance Advantage](#) you can receive direct deposits to your bank account(s) (Electronic Funds Transfer) and view or download your remittances online (Electronic Remittance Advantage). Electronic transactions are fast, convenient, and reduce the risk of lost or stolen payments. This solution is free and allows you to reduce payment processing costs and improve cash flow. Visit [PNC Remittance Advantage](#), click on the "Register Now" button, and follow the instructions to enroll. [Read More](#).

Keep Your Directory Information Current

Please keep your directory information up to date so patients can find you. Review and make changes to your profile as shown in this [video](#).

Watch Video: [Know Your Network Participation](#)

Learn how to keep member care in network and how to know which networks your members can access.

Check Federal and State Exclusion Lists if You See Medicaid and/or HARP Patients

If you are a Medicaid and/or HARP provider, did you know you're required to routinely review certain federal and state databases to check the status of employees and staff? This is part of the Special Provisions related to Medicaid and HARP members in your provider agreement. It was mailed to you in March as part of the Standard Clauses contract amendment.

You should have a standard process for the review. Be ready to provide a copy of the procedure if asked. If there is an issue on any of the databases, let us know. Use the Message Center in our secure provider portal. If you don't have internet access, call our Provider Customer Service at [866-447-9717](tel:866-447-9717), Monday to Friday, from 8 a.m. to 6 p.m. The databases include:

- Social Security Administration's Death Master file
- National Plan and Provider Enumeration System (NPPES)
- Excluded Parties List System (EPLS), either the List of Excluded Individuals and Entities (LEIE) or the Medicare Excluded Database (MED)

- Any such other databases as the Secretary may prescribe

You are also required to check the following at least monthly:

- List of Excluded Individuals and Entities (LEIE) or the Medicare Excluded Database (MED)
- Excluded Parties List System (EPLS)
- U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) Sanctions List

Resources for you and your patients

[Community events calendar for EmblemHealth members](#)

We invite you and your patients to check out our many community events focused on health and wellness.

EmblemHealth Webinar for Practitioners and Office Staff

EmblemHealth webinars are held the second Wednesday of each month from 10 to 11 am and 2 to 3 pm. Join our next event on November 14. Hear an overview of our programs and learn how to maximize your administrative efficiencies using our web-based tools and resources — perfect for new staff or as a refresher. Space is limited, [Register](#) today.

EmblemHealth

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EmblemHealth benefit plans are underwritten by the EmblemHealth companies Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York.

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