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2019 HEDIS data collection is underway

EmblemHealth is committed to ensuring our members receive the care they need and achieve expected health outcomes. EmblemHealth began the annual Healthcare Effectiveness Data Information Set (HEDIS) medical record review in February. HEDIS is a nationally recognized tool that allows EmblemHealth to evaluate the services and care our members receive. We may contact your office soon. More

Coordination of care: an integral part of patient care

Navigating a complex health care system can be a challenge, but coordinating services among all providers, primary and specialty practitioners, and care settings is essential for ideal patient care. This is especially true as conditions and care needs change over time. To learn more about how care coordination may help your patients, click <u>here</u>.

Keep Your Information Current

Keeping directory information up to date , especially the phone number to be used for making appointments and setting up afterhours coverage, can help with care coordination. While you are checking your information, please make sure we have a current/accurate email address, specialty(ies), NPI, and taxonomy code.

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 <u>CMS' website</u>.

Skilled nursing: utilization management and Medicaid permanent placement update

Utilization management after 90 days

Please note that eviCore only manages members in Skilled Nursing, Inpatient Rehab, and Long-Term Acute Care facilities for 90 days. Thereafter, you will need to contact EmblemHealth at **888-447-2884** to address ongoing inpatient days.

Permanent placement process for Medicaid members

If a Medicaid member needs long-term residential care, the facility must request increased coverage from the Local Department of Social Services (LDSS) via submission of the LDSS-3559 (DOH-5182) form (or equivalent) within 48 hours of a change in a member's status. The facility must also submit to the LDSS a completed Notice of Permanent Placement Medicaid Managed Care (MAP form) within 60 days of the change in status. The facility must also notify EmblemHealth of the change in status. If requested, the facility must submit a copy of the MAP form to EmblemHealth for approval prior to the facility's submission of the MAP form to the LDSS. Payment for residential care is contingent on the LDSS' official designation of the member as a "Permanent Placement Member."

EmblemHealth Neighborhood Care – resources for you and your patients

We invite you and your patients to learn about our **Neighborhood Care** centers and our many community events focused on health and wellness.



PHARMACY

Reminder: Stelara now available as a pharmacy benefit for commercial members

Effective April 1, 2019, the self-injectable drug, **Stelara**, is part of the pharmacy benefit for our commercial members through Accredo, our preferred specialty pharmacy.

Vaccines for Children (VFC) – billing and reimbursement for covered vaccines

Join the VFC Program to provide no-cost vaccines for eligible Medicaid members under 18. To learn more, click <u>here</u>.



CLAIMS CORNER

Policy: Surgical Pathology Coding Policy

EmblemHealth has instituted additional **payment policies** for Surgical Pathology CPT Codes to help process claims consistently and in accordance with best practice standards.

Medicaid: New York State Medicaid Update

We are happy to share with you the newest issue of <u>Medicaid</u> <u>Update</u> (PDF) from the Office of Health Insurance Programs of the New York State Department of Health. Please visit the <u>DOH</u> <u>Medicaid Update page</u>.

Submission: Do not bill dual-eligible members for Medicare cost-sharing

You may not balance bill our dual-eligible HMO SNP members (EmblemHealth VIP Dual Group; EmblemHealth VIP Dual;

EmblemHealth Affinity Medicare Ultimate; EmblemHealth Affinity Medicare Solutions; and ArchCare Advantage) for Medicare deductibles, coinsurance, or copayments. You may bill Medicaid as the secondary payer. Medicare and Medicaid payments must generally be accepted as payment in full. <u>More</u>

Informed consent required for Medicaid hysterectomy/sterilization

Federal regulations require Medicaid patients' consent to hysterectomy and sterilization procedures. A signed consent form must be submitted for the claim to be processed. <u>More</u>



CLINICAL CORNER Medical Policy Updates

This month's update includes revisions to the following medical policies: BRCA 1 and 2 Genetic Testing (Sequence Analysis/Rearrangement); Gene Expression Profiling; Gene Expression Profiling and Biomarker Testing for Breast Cancer; Insulin Delivery Devices and Continuous Glucose Monitoring Systems; Orthognathic Surgery; Radiofrequency Ablation for Spinal Pain; Selective Internal Radiation Therapy; and Sacroiliac Joint Fusion.

Medical Technologies Database Updated March 2019

To see the latest updates, click here.

Reminder: Use network labs

To keep member costs down, please refer EmblemHealth members to Quest Diagnostics, or its affiliate, AmeriPath, our preferred free-standing labs, or another participating laboratory. If you do not have an account, call:

- Quest Diagnostics at **866-697-8378** and follow the voice prompts.
- AmeriPath at 800-553-6621 for dermatopathology services.
- AmeriPath at **866-436-9631** for hematopathology, cytogenetics, gastroenterology, and urology services.

WEBINAR/TRAINING



Monthly webinar for practitioners and office staff

New to EmblemHealth or looking for an overview of 2019 networks and benefit plans? We offer monthly webinars where you can learn about our special utilization management programs and web-based tools and resources. Our next events are **May 8, 2019** 10 to 11 a.m. and 2 to 3 p.m. Space is limited. **Register today**.

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

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