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Goodbye to 2020 — Get ready for a better 2021

As you review this last edition of *In the Know* for 2020, take time to reflect on how much we accomplished together – despite the challenging year – because of our close collaboration. We appreciate and thank you for your partnership, and for helping achieve the shared goal of better health outcomes for our members.

2021 will also bring many changes, including our continuing technology transformation that will make doing business with us easier than ever. In addition, we are excited to present our [Annual Provider Notification](#) microsite, which contains information your practice needs for next year. There you will find guides showing you the 2021 changes to our networks and benefit plans, including:

- [2021 Summary of Companies, Lines of Business, Networks, and Benefit Plans](#) for all 2021 offerings.
- New [quick guide](#) of all plans that will no longer need referrals in

2021.

- Our [2021 Medicare Advantage Guide](#).

COVID-19 vaccine update

The announcement of a COVID-19 vaccine has spurred excitement among members and providers. We published a new COVID-19 *Vaccine and Monoclonal Antibody Infusions Reimbursement Policy* with information on the current billing and claims payment policies for our Medicare Advantage, Commercial, and Medicaid plans (please see the **Important Notices** section of our [COVID-19 page](#) for providers). Please check this page regularly for updates on the vaccine and other COVID-19-related policies and procedures.

Reminder: NO Member Cost-sharing for COVID-19 Testing

EmblemHealth members across all product lines will have no cost-sharing (including copayments, coinsurance, or deductibles) for the diagnostic visit and related lab test for the coronavirus (COVID-19). You may NOT ask members for any money related to the COVID-19 test, or for the cost of personal protective equipment (PPE). Please visit our COVID-19 page regularly for up-to-date guidance on managing patient care during this pandemic.

New Pharmacy Utilization Management Begins Jan. 1

Beginning Jan. 1, 2021, Express Scripts will manage preauthorizations for our Medicare and Medicaid members' pharmacy needs. This builds on their work with our Commercial members that began last summer. The one exception is New Century Health (NCH), which will authorize most oncology-related chemotherapeutic drugs and supportive agents when delivered in the physician's office, outpatient hospital, or ambulatory setting. Exceptions apply. [Learn more](#).

Preauthorizations Must be Obtained for Elective Admissions

As you know, EmblemHealth requires providers and facilities to obtain preauthorization for elective services rendered in an inpatient hospital. Now, New York State has issued new guidance for health plans and providers that further defines how claims for inpatient services like these are handled.

Beginning on Jan. 1, 2021, if a facility fails to obtain preauthorization for an elective inpatient hospital admissions, claims will not be paid until medical necessity is established. [Learn more.](#)

COMMERICAL BUSINESS UPDATE

Enrollment for 2021 Small Group & Individual Plans Underway

EmblemHealth began 2021 enrollment on Nov. 1 for four new EmblemHealth Insurance Company (formerly HIP Insurance Company of New York (HIPIC)) small group plans. These EPO and PPO plans will neither require selection of a PCP, nor require members to obtain referrals for care. Learn more on the Network & Benefit Plans section of our [Annual Provider Notification website.](#)

GOVERNMENT-SPONSORED PROGRAM UPDATES MEDICARE

2021 Medicare Advantage Guide Available

See our [2021 Medicare Advantage Guide](#) to learn about our suite of Medicare Advantage networks and plans for 2021, and to see updated contact information and program participation requirements. There you can learn more about our new VIP Bold and VIP Reserve networks, and the specific rules that govern plans for all Medicare members.

Reminder: New Member IDs

To comply with Medicare regulations, we are issuing new IDs and new ID cards to Medicare subscribers' dependents. The new IDs will be unique to each member and will not be a derivation of the subscriber's ID. Your practice should always ask to see ID cards at each visit to ensure you have the most current information for online transactions, claims submissions, and referral requirements.

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 fully covered by their Medicaid plan, they are not responsible for their Medicare Advantage cost-share for covered services. Please do not balance bill these members for any other costs. If you received Medicare and Medicaid payments for services given to

these members, it must be accepted as payment in full.

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 [CMS' website](#).

MEDICAID, HARP, AND CHILD HEALTH PLUS (STATE-SPONSORED PROGRAMS) UPDATES

Changes to Compliance Certification Requirements – SSL Certification No Longer Required in December

As required by New York State Social Services Law (SOS) §363-d, providers are required to certify to the New York State Department of Health, upon enrollment in the Medicaid program, that they are satisfactorily meeting the requirements of SOS §363-d. Furthermore, compliance with the requirements of SOS §363-d is a condition of payment from the Medicaid program.

Effective immediately, providers are no longer required to complete the annual December certification, commonly referred to as the “SSL Certification,” using the form located on the Office of the Medicaid Inspector General’s (OMIG) website. Instead, a provider adopting and maintaining an effective compliance program will now record (attest to) this as part of their annual “Certification Statement for Provider Billing Medicaid.” This annual certification must occur on the anniversary date of the provider’s enrollment in Medicaid. Providers can find their anniversary dates on their initial Medicaid enrollment welcome letters, and reminders are mailed to providers in advance of this annual date for compliance certification.

All providers who are subject to the mandatory compliance program requirements in SOS §363-d will be impacted by these changes.

Questions regarding this notice should be directed to OMIG’s Bureau of Compliance at **518-408-0401** or via email at compliance@omig.ny.gov.

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 website is a rich source of information that helps your practice navigate EmblemHealth claims and billing processes. Please check often to see posted updates.

Reminder: Include Taxonomy Codes for All Servicing Providers on Claims and Encounter Data Submissions

EmblemHealth requires providers add taxonomy codes to all claims and encounter data submissions for all services delivered to members. Missing codes may result in incorrect payment or a denied claim. Furthermore, if we do not have the correct taxonomy code on file, our pharmacy vendor may stop prescriptions you ordered from going through.

Providers May Receive Multiple 1099s for 2020 Claims

In **Jan. 2021**, providers may receive more than one 1099 from EmblemHealth. Claims processed before the transition to **ECHO Health, Inc. (ECHO)** will be sent one 1099 for claims paid directly from the EmblemHealth legacy system and another 1099 for claims paid out of ECHO's system.

EFT/ERA – Sign Up for Free

Through **ECHO Health, Inc.**, you can receive direct deposits to your bank account(s) (known as electronic funds transfer (EFT)) and view or download your remittances online (known as electronic remittance advantage (ERA)). 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 [ECHO](#), click on the “Click Here” button, and follow the instructions to enroll. [Learn more](#).



CLINICAL CORNER

New HIV/AIDS Web Resource Available to Members – Please Share

We acknowledged World AIDS Day, Dec. 1, in the November edition. Since then, we’ve launched a dedicated HIV/AIDS web resource for our members. As you talk to your patients who have HIV/AIDS, please refer them to the [new web page](#) to help them stay informed. The page includes answers to frequently asked questions, information about our case management program, and a link to the CDC’s “[Living With AIDS](#)” information.

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

Check Panel Reports – Schedule New Patient Visits

If you’re a primary care physician, we urge you to regularly check your panel reports on our website 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 assessments, too.

Medical Policy Updates

All [Medical Policies](#) are available for download in Clinical Corner on our provider website. We encourage you to review this section for new information. We have recently added a new policy for Testing for Coronavirus Disease 2019 (COVID-19) and revised the policy for Breast Implants and Reconstruction.

Medical Technologies Database

A comprehensive listing of medical technologies reviewed by the Medical Policy Committee for coverage consideration is available for download in Clinical

Corner on our provider [website](#).



PHARMACY

Formularies

EmblemHealth updates its Formulary on a regular basis. Updates planned for **Jan. 1, 2021** have been posted to Clinical Corner. Find our most recent updates [here](#).

Pharmacy Network Changes for 2021

We've made some changes to our pharmacy networks starting Jan. 1, 2021. We notified our members about the changes and provided them with suggested alternatives. If you wish to help your members find their nearest, in-network pharmacy, you can visit our [Find a Doctor page](#).



WEBINAR/TRAINING

Join us Jan. 13 for our monthly webinar

The next session of our monthly webinar series will be held on **Wednesday, Jan. 13 from 10-11 a.m., and again from 2-3 p.m.** Practitioners and office staff are welcome to join this monthly webinar that provides an overview of our products and benefit plans, special utilization management programs, and how to navigate our provider portal. [Register today](#) as space is limited.

Note: In 2021, providers in the VIP Bold Network will need to take the Special Needs Plan (SNP) Model of Care (MOC) training.



IN EVERY ISSUE

Please keep your email current so we can get information to you quickly.

Keep Your Directory Information Current

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 [secure website](#).

If you participate with us under a delegated credentialing agreement, please have your administrator submit these changes.

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.

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](#).

EmblemHealth

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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.

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