



In The Know NOVEMBER 2020

Here Comes 2021: New Networks, New Plans, New Names

As 2020 comes to a close, it is important to look back at all we've accomplished together. EmblemHealth members benefited from our partnership as we navigated COVID-19, and we will continue partnering with you on a range of subjects as we move into 2021.

2021 Plans and Networks

We have begun posting key information about our networks and plans for 2021 to our [Provider Toolkit](#), including:

- **2021 Summary of Companies, Networks, and Benefit Plans**

for all 2021 offerings.

- **2021 Benefit Plans That Do Not Require a Referral** to help your practice know which plans simplify the connection to specialty care.

New Company Names to Know

With our many plans and companies, the sum of our parts is always EmblemHealth. To better reflect this, we're working to ensure that everything we do proudly features the EmblemHealth name. Therefore, here are new names for two of our companies:

- Group Health Incorporated (GHI) has changed its name to **EmblemHealth Plan, Inc.**
- HIP Insurance Company of New York (HIPIC) has changed its name to **EmblemHealth Insurance Company.**

Coverage and benefits are not affected by these changes in any way. We are sending members new ID cards to reflect these changes.

New Pharmacy Utilization Management Rules Coming Jan. 1

Beginning Jan. 1, 2021, **Express Scripts (ESI)** will perform drug utilization management services for all lines of business, including Medicaid and Medicare. The services include preauthorizations, quantity limits, and step therapy. **New Century Health (NCH)** will take over authorization of most oncology-related chemotherapeutic drugs and supportive agents. Please scroll down to our Pharmacy section near the bottom of this newsletter to read more.

COVID-19 Update: Medicare Advantage and the CARES Act

We want to share with you some important guidance as you continue to care for our members during the pandemic. EmblemHealth will follow Medicare guidelines in the federal coronavirus (COVID-19) stimulus bill (known as the "CARES Act")

- Will add 20% to inpatient Diagnosis-Related Group (DRG) weighting factor portion of the facility reimbursement for both in-network and out-of-network COVID-19 care given to Medicare Advantage members.
- Effective with **admissions occurring on or after Sept. 1, 2020**, claims eligible for the 20% increase in the Medicare Severity Diagnosis Related Group (MS-DRG) weighting factor will also **be**

required to have a positive COVID-19 laboratory test documented in the patient's medical record. Positive tests must be demonstrated using only the results of viral testing (i.e., molecular or antigen), consistent with CDC guidelines. The test may be performed either during the hospital admission or no less than 14 days prior to the hospital admission.

Please click [here](#) for more about this update and for all COVID-19 information.

EmblemHealth Fall 2020 “Twindemic” Survey Results

EmblemHealth conducted a survey of 1,005 New Yorkers this fall to address concerns raised by the CDC of a possible “[twindemic](#)” of COVID-19 and influenza. About half planned to get the flu vaccine, especially seniors and males. Most plan on getting their flu shot from their PCP, the most trusted source for the vaccine. Walk-in clinic visits are more likely to happen in Manhattan and Brooklyn than the Bronx and Queens. [Learn more](#).

ConnectiCare Telehealth Survey Results

ConnectiCare, an EmblemHealth company, conducted a survey of commercial and Medicare Advantage members who had telehealth visits in April or May 2020. While appealing more to younger members, all age groups were generally satisfied with their virtual care, would like to see telehealth as a covered benefit, and would like their PCPs to offer it. All members appreciate the value of face-to-face visits with doctors but also see telehealth as an important option for its safety and convenience. For more findings, see [ConnectiCare telehealth survey results](#).

COMMERICAL BUSINESS UPDATE

Enrollment for 2021 Small Group & Individual Plans Started Nov. 1

EmblemHealth began 2021 enrollment Nov. 1 for four new EmblemHealth Insurance Company 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](#).

City of New York Member Benefit Updates

New Medical Necessity Reviews for City of NY Members

Start Jan. 1

Beginning with dates of service on or after Jan. 1, 2021, members enrolled in our City of New York CBP Plan will require a medical necessity review of the site of care for many surgical procedures performed in an outpatient hospital setting. To learn more about this new Empire BlueCross BlueShield policy that impacts CBP Plan members, please [click here](#).

Expansion of the Specialty Pharmacy Level of Care Program

On Nov. 1, Empire BlueCross BlueShield (BCBS) began site of service reviews for specialty drugs delivered in a hospital setting for both clinical appropriateness and the level of care. To learn more about this policy, which affects members enrolled in our City of New York CBP Plan, please [click here](#).

**GOVERNMENT-SPONSORED PROGRAM UPDATES
MEDICARE****Learn About Our 2021 Medicare Offerings – New Guide Available**

The 2021 Medicare Guide is now available. It's important to be familiar with:

- Our new networks and plans.
- Your own network participation.
- Plans requiring referrals. (Only two plans will need referrals!)

New Member IDs for Medicare Dependents

As required by CMS, Medicare Advantage beneficiaries' dependents will be issued new, unique member IDs, which are not a variation of the subscribers' IDs. By Jan. 2021, dependents will all have their own unique member ID cards. Please check the new ID cards to make note of the new ID numbers and the plan's referral requirements, which are also being added to the front of all member ID cards. See the EmblemHealth [Provider Manual](#) Member ID Card chapter to view samples.

**MEDICAID, HARP, AND CHILD HEALTH PLUS
(STATE-SPONSORED PROGRAMS) UPDATES****CAHPS Member Satisfaction Survey**

From Nov. 2020 through Jan. 2021, DataStat will conduct the

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Child Member Satisfaction Survey via mail and telephone. The CAHPS survey measures members' satisfaction with both their providers and their health plan. See our [Improving the Patient Experience](#) guide to help increase our scores.

Managing a Healthy Pregnancy With Future Steps

As part of our [Healthy Futures Program](#), Future Steps, a pregnancy telehealth app, is available to eligible EmblemHealth Medicaid and HARP members (ages 15-45) at no additional cost. Future Steps offers resources, education, and support to help your patients manage their health and the health of their baby anytime, anywhere using a smartphone, tablet, or computer. Visit [State-Sponsored Programs](#) for more information on how the Future Steps app can help you support your members.

New Behavioral Health Benefit(s) – Crisis Residence Services

As of **Dec. 1, 2020**, Medicaid and HARP members will be eligible for Crisis Residence Services. These overnight services, up to 28 days, help children and adults who are having an emotional crisis. The services can help avoid emergency inpatient admissions and can be used as part of a discharge plan to transition the member from hospital to home. The benefits will be managed by Beacon Health Options and Montefiore's University Behavioral Health, as applicable.

Medicaid Expands Provider Types for Fluoride Varnish Application in a Primary Care Setting

Starting **Oct. 1, 2020**, fluoride varnish can be applied by additional primary care provider types including registered nurses and physician assistants, based on scope of practice, to optimize treatment. In addition, New York State Medicaid will cover silver diamine fluoride (SDF), a topical treatment used to help prevent tooth cavities (or caries) from forming, growing, or spreading to other teeth.

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: Timely Filing Policy

EmblemHealth's timely filing time frame is 120 days from the date of service for both new and corrected claims. Claims submitted after 120 days may be denied. Certain contractual exceptions apply. For the full policy, see the [Claims chapter](#) of the EmblemHealth Provider Manual.

Reimbursement Policy Updates

Effective **Jan. 1, 2020**, EmblemHealth will apply a new reimbursement policy for [Anesthesia Payments](#).

Do Not Bill Dual Eligible Members for Any Medicare Balance Due

Medicare members with full Medicaid or Qualified Medicare Beneficiaries (QMBs) are protected by state and federal laws from paying cost-sharing for Medicare-covered Part A and Part B services, including Medicare Advantage cost-sharing for covered services. Providers may not balance bill these members for Medicare deductibles, coinsurance, or copayments. Medicare (or plan payment) and Medicaid payments, if any, for services provided to these members must be accepted as payment in full.

Valid NPI on All 837 Claims Encounters and APD Inbound Files for HIPAA Covered Providers

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. 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.

Reminder: Include Taxonomy Codes for All Servicing Providers on Claims

EmblemHealth requires providers add taxonomy codes to all claims for all services delivered to members. Missing codes may result in incorrect payment to you. Furthermore, if we do not have the correct taxonomy code on file, our pharmacy vendor may stop prescriptions you ordered from going through. To learn how to obtain a taxonomy code and how to use them, see the [Claims chapter](#) of our Provider Manual.

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.



CLINICAL CORNER

November is American Diabetes Month

November is diabetes awareness month. Now is a good time to encourage your patients with diabetes to learn more about managing their condition. Join EmblemHealth Neighborhood Care for a virtual, free, 3-session [Diabetes Self-Management Series](#) led by Jennifer Calo, MS, RDN, CDN, CDCES. During the first session Dec. 2 from 3-4 p.m., your patients will learn what diabetes is, how it is diagnosed, and strategies to prevent complications. They will also learn about different methods to monitor blood sugar levels and more.

Dec. 1 is World AIDS Day

Dec. 1 is World AIDS Day. One in seven people living

with HIV are not even aware they have the virus. It's as important as ever to talk to your patients at risk and be sure they get tested regularly. For more information about caring for members with HIV/AIDS, see the [New York State AIDS Institute](#).

Clinical Practice Guidelines (CPGs)

We encourage you to consult our [Clinical Practice Guidelines \(CPGs\)](#) for assistance in the treatment of acute, chronic, and behavioral health issues. We've adopted these guidelines from professionally recognized sources and through consultation between board-certified specialists and our Medical Policy Committee(MPC). The guidelines are reviewed and updated regularly. CPGs are not intended as a substitute for your professional assessment but to assist you in the management of certain types of preventive and clinical care.

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.

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](#).

Utilization Management Services Starting Jan. 1, 2021

Two utilization management process updates will go into effect Jan. 1:

- Express Scripts (ESI) will perform drug utilization

management services for all lines of business, including Medicaid and Medicare. The services include preauthorizations, quantity limits, and step therapy.

- New Century Health (NCH) will authorize most oncology-related chemotherapeutic drugs and supportive agents when delivered in the physician's office, outpatient hospital, or ambulatory setting. This will not apply to EmblemHealth Plan, Inc. (formerly GHI) members; members managed by HealthCare Partners and Montefiore CMO; or members under 18 years of age.

You can learn more about these changes [here](#). You may receive a letter with additional details about one or both of these changes, including important exceptions.

Step Therapy for Plan B Drugs

Starting Jan. 1, 2021, EmblemHealth will recommend use of selected preferred products. Therefore, we will be implementing step therapy for the Medicare line of business for certain categories of Part B drugs. This change will not apply to our City of New York retirees.

To see the selected preferred products and the step therapy protocols, click [here](#).



WEBINAR/TRAINING

Join us Dec. 9 for our monthly webinar

The next session of our monthly webinar series will be held on **Wednesday, Dec. 9 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.

Required Training for EmblemHealth Practitioners, Providers, and Vendors

All Medicare providers in the VIP Prime Network are

required to complete the 2020 Special Needs Plan (SNP) Model of Care (MOC) training for each of the dual eligible SNPs in which they participate, as mandated by the Centers for Medicare & Medicaid Services (CMS). **The deadline has been extended to Dec. 15.**

Find all required training modules for EmblemHealth and ArchCare on our [website](#).

Note: In 2021, providers in the VIP Bold Network will need to take the SNP MOC Training.



IN EVERY ISSUE

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](#). Please make sure to keep your email current so we can get information to you quickly. If you participate with us under a delegated credentialing agreement, please have your administrator submit these changes.

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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