EmblemHealth.com Quick Reference For Providers

Check Member Eligibility and Benefits, Review Claims, and More at emblemhealth.com.

Checking Member Eligibility and Benefits, Including Benefit Limits
1. Select Benefits/Eligibility from the left navigation.
2. To search by patient ID number, enter one or more ID numbers separated by commas and select Search. You can also search by patient last name and date of birth. (For members in HIP-underwritten plans, you can also check eligibility for dates in the past.)
3. The results page lists member information, such as plan effective date, plan name, and plan status. You can also view hospital or dental eligibility.
4. Select Details to view the member’s demographic information, managing entity, and primary care physician.
5. Select Benefit Details or Benefit Summary to view a summary of benefits. For certain limited benefits, such as outpatient speech, occupational, and physical therapy, select Benefit Limits to see the patient’s benefit limit and the benefits remaining in the current coverage year.

Claims Inquiry
1. Select Claims/Checks from the left navigation.
2. To search claims for the past 18 months:
   a. Pick the Member’s Plan (EmblemHealth, GHI, or HIP).
   b. Select Category (e.g., medical, hospital) from the drop-down menu.
   c. Select Provider(s) from the drop-down menu.
   d. Enter at least one piece of information, such as service date, patient ID, or claim number.
   e. Select Search Claims to view claims on screen or Download Results to view claims in an Excel report.
3. The results page will display claims activity using the parameters you specified.
4. Select Claim # to view more details on a particular claim.
5. After viewing claim details, you may choose to Print Claim or go Back to Claims List.
6. If you wish to contact us about a claim, select Contact EmblemHealth About This Claim, write a brief message, attach a file if needed, and click Send Message. The claim information prepopulates.
7. If the claim has been paid and a check number is available, select Check # for check details and a copy of the check/remittance if available.
8. After viewing check details, you may choose to Print or go Back to Claim Details.

Note: You may also select the Search Checks tab to search by check.

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Pre-Certification/Prior Approval
1. To enter a new request:
   a. Select Pre-Certifications/Prior Approvals from the left navigation.
   b. Enter the patient’s ID number or last name and date of birth. Select Search.
   c. Select the Name of the patient you want to create a prior approval request for.
   d. Choose type of prior approval request (e.g., inpatient services, outpatient services, home care, etc.).
   e. Fill in the required fields and submit the request.

2. To search for a request:
   a. Select Pre-Certifications/Prior Approvals from the left navigation. Then, select Search Pre-Certifications/Prior Approvals.
   b. To search for a specific Pre-Certification/Prior Approval, enter the reference number.
   c. To search all Pre-Certifications/Prior Approvals for a patient, input the patient’s ID number.

Referrals (only available for members in HIP-underwritten plans)
1. To create a referral:
   a. Select Referrals from the left navigation.
   b. Enter patient ID number or patient last name and date of birth.
   c. Select the Name of the patient for whom the referral is being requested.
   d. Enter the requested information, including service date, member ID, facility code, service type, servicing provider, diagnosis code, and procedure or number of visits.
   e. Review the information on the Referral Details Review screen. Select Edit to make changes. Select Submit to submit referral request.

2. To search for a referral entered by you or made to you:
   a. Select Referrals from the left navigation. Then, select Search Referrals.
   b. You may search by review type, service type, service date, member ID, or trace or authorization number.

Panel Reports (HIP primary care physicians [PCPs] only)
1. To view members on your active PCP roster, select Panel Report from the left navigation.
2. To view an available report, select the report from the Available Reports menu.
3. To create a new report, select New Report and fill in the search criteria.

Note: If you have both GHI and HIP accounts, you can access information about referrals, prior approvals, and panel reports for both accounts without exiting the website to log in again. Simply select the desired feature from the left navigation and enter your ID and password for the other account.

Message Center – Contact Us
1. Select Message Center from the left navigation.
2. To send us a message:
   a. Select Compose Message.
   b. Select an Inquiry Category from the drop-down menu and select Submit.
   c. Fill in the appropriate fields and select Send Message.

Note: See Claims Inquiry section for how to send us a claims-related message directly from the Claims Details screen.

Request Increase in Specialty Visits (available for GHI EPO/PPO plan members only)
1. Select Benefit Extension from the left navigation.
2. Enter patient ID number and rendering provider tax ID and choose a Service Request from the drop-down menu. Select Next.
3. Fill in other appropriate patient, provider, and medical information and select Submit.
4. You may also view requests for extensions by selecting Search Benefit Extensions from the left navigation.

Update Your Practice Profile
1. Select Provider Profile or Practice Profile from the left navigation to view your information.
2. To change any information, select Update and make the necessary corrections. Select Save to save the updates.