



WELCOME TO THE SELECT CARE NETWORK

WHAT IS THE SELECT CARE NETWORK?

Select Care is a carefully tailored network designed to support a suite of commercial plans that EmblemHealth is offering in New York.

This network was built around key hospitals located where we strive to achieve significant membership growth. Currently, the network includes participating hospitals and physicians who admit to one or more of these hospitals. The network has community health centers and a full complement of facility and ancillary services. To locate the closest care site to your patient, please use the “Find a Doctor” online directory at www.emblemhealth.com/find-a-doctor.

1. Behavioral health care services: ValueOptions
Online: www.valueoptions.com; Phone: **1-888-447-2526**
2. Chiropractic/physical therapy (PT)/occupational therapy (OT): Palladian
Online: www.palladianhealth.com; Phone: **1-877-774-7693**
3. Durable medical equipment: Apria
Online: www.apria.com; Phone: **1-866-637-0256**
4. Exercise reward program: American Specialty Health
Online: www.ashcompanies.com; Phone: **1-800-848-3555**
5. Home infusion therapy: Coram
Online: www.coramhc.com; Phone: **1-800-522-0556**
6. Laboratory services: Quest Diagnostics
Online: www.questdiagnostics.com; Phone: **1-866-697-8378**
7. Mail-order prescription drugs: Express Scripts
Online: www.express-scripts.com; Phone: **1-800-305-5287**
8. Radiology services: CareCore
Online: www.carecorenational.com; Phone: **1-866-417-2345**



HOW TO MANAGE CARE FOR YOUR PATIENTS IN SELECT CARE NETWORK-BASED PLANS

The Importance of Keeping Care In-Network

With the exception of Select Care Platinum POS, our Select Care plans offer in-network coverage only. To ensure your patients receive maximum plan benefits, please refer them to practitioners, hospitals and other facilities that participate in the Select Care network.

Use Emblemhealth.com for Referrals and Prior Approvals

The easiest way to keep care in-network is to use our secure website. Our online referral and prior approval tools will automatically limit transactions to the Select Care network based on the member's ID number. To make future transactions go smoothly, please also check that your preferred EmblemHealth providers are part of the Select Care network (e.g., schedule surgery with Select Care network assistant and co-surgeons only).

Use Find a Doctor – Our Online Directory

You can also search for Select Care network providers using our “Find a Doctor” tool at www.emblemhealth.com/find-a-doctor.

Step 1 → Enter your ZIP code.

Step 2 → Choose one of the Health Benefit Exchange Plans.

Step 3 → Search by provider type, location, name or specialty.

Keep Your Directory Information Up to Date

To ensure our members and other Select Care network health care professionals can find you, it's important to keep your directory information current. To update information, such as your office hours, languages spoken by a clinician in your practice and handicap accessibility, sign in to our secure site at www.emblemhealth.com and use the “Practice Profile” or “Provider Profile” application. While you are checking the accuracy of your directory information, please also confirm we have a current and correct email address on file for you.

Note: All requested changes will not automatically display. Changes that do not require verification by our provider credentialing group will appear within 10 business days. Some changes, such as an update to license number, specialty and school, will be verified by our credentialing group and may take several weeks to appear.

If you do not have access to our secure site, you may fax your updates to the Provider Modifications team at **1-877-889-9061**.

SELECT CARE NETWORK-BASED PLANS

EmblemHealth currently offers 14 Select Care network-based plans (see chart below). Five of these plans are available on the NY State of Health marketplace; the rest, directly through EmblemHealth. All of the plans have the essential health benefits required under the Affordable Care Act. Where you see “Select Care D” in the plan name, it means your patient purchased the plan directly from EmblemHealth rather than through the marketplace. No matter where the plan was purchased, it will be supported by the Select Care network. In January 2015, we will be expanding our benefit plan offering to include additional options for small groups, available on the NY State of Health marketplace at www.nystateofhealth.ny.gov.

HOW WILL I BE PAID?

In general, reimbursement for covered services will be at the applicable Plan Fee Schedule, as set forth in your participation Agreements. The Market Share Program for podiatrists will not apply to members with Select Care network-based plans.

Note: Most of these plans have a deductible that applies to in-network services. The following cost-sharing amounts apply:

Plan Name	Network	Plan Type	PCP Req'd	Referral Req'd	Deductibles (Individual/Family)	PCP and Allied Health/ Specialist/ ER Copay	Out-of-Network Coverage	Maximum Out Of Pocket (Individual/Family)	Coinsurance
Select Care Platinum	Select Care	HMO	Yes	Yes	\$0/\$0	\$15/\$35/\$100	No	\$2,000/ \$4,000	No
Select Care Gold	Select Care	HMO	Yes	Yes	\$600/\$1,200	\$25/\$45/\$150	No	\$4,000/ \$8,000	No
Select Care Silver	Select Care	HMO	Yes	Yes	\$2,000/ \$4,000*	\$30/\$50/\$150*	No	\$5,500/ \$11,000*	No
Select Care Bronze	Select Care	HMO	Yes	Yes	\$3,000/ \$6,000	50% cost-sharing	No	\$6,350/ \$12,700	Yes
Select Care Basic	Select Care	HMO	Yes	Yes	\$6,350/ \$12,700	0% cost-sharing	No	\$6,350/\$12,700	No
Select Care Platinum D HMO	Select Care	HMO	Yes	Yes	\$0/\$0	\$15/\$35/\$100	No	\$2,000/ \$4,000	No
Select Care Platinum POS	Select Care	POS	Yes	Yes	\$0/\$0	\$15/\$35/\$100	Yes	\$2,000/ \$4,000	Out of network only
Healthy NY HMO (gold)	Select Care	HMO	Yes	Yes	\$600/\$1,200	\$25/\$40/\$150	No	\$4,000/ \$8,000	No
Select Care Gold D HMO	Select Care	HMO	Yes	Yes	\$0/\$0	\$40/\$60/\$200	No	\$4,000/ \$8,000	No
HMO 40/60 (gold)	Select Care	HMO	Yes	Yes	\$0/\$0	\$40/\$60/\$200	No	\$4,000/ \$8,000	No
Select Care Silver D HMO	Select Care	HMO	Yes	Yes	\$2,000/ \$4,000	\$30/\$50/\$150	No	\$5,500/ \$11,000	No
HMO 35/55 (silver)	Select Care	HMO	Yes	Yes	\$2,000/ \$4,000	\$35/\$55/\$200	No	\$6,000/ \$12,000	No
Select Care Bronze D HMO	Select Care	HMO	Yes	Yes	\$3,000/ \$6,000	50% cost-sharing	No	\$6,350/ \$12,700	Yes
HMO HD6300 (bronze)	Select Care	HMO	Yes	Yes	\$6,300/ \$12,600	0% cost-sharing	No	\$6,300/ \$12,600	Yes

* Qualifying individuals will be eligible for added cost-sharing subsidies that further lower their costs. Please check the member's ID card for exact cost-sharing.

How Do I Collect Copays and Other Cost-Sharing?

Please refer to the member's ID card for cost-sharing information, such as copays, coinsurance and deductibles. Copays apply to the member's deductible until the plan-specific deductible is reached. To allow for accurate accounting of the member's out-of-pocket responsibility, please be sure to indicate copay amounts collected when submitting your claim. Before billing your patient for other out-of-pocket responsibilities, please wait until you receive the remittance advice from EmblemHealth to determine whether the deductible has been met.

Note: As mandated by NY State of Health, the following services and allied health professionals receive payment at the PCP copay level:

- cardiac and pulmonary rehabilitation
- chemotherapy*
- dialysis
- infusion therapy
- ABA treatment and assistive communication devices for autism spectrum disorder
- diabetic supplies, insulin and self-management education
- outpatient mental health and substance abuse services
- pediatric vision care exam

Anything New for Claims Submissions?

Most providers will need to follow the same claims submission protocols as they currently do for all of our other HMO members – submit claims to the managing entity shown on the member's ID card or on the eligibility details screen on our secure provider website at www.emblemhealth.com.

There is one exception: **anesthesia paper claims**. Send to the address below.


- For electronic claims, submit to:
Payor ID 55247
- For paper claims, mail to:
EmblemHealth
PO Box 2845
New York, NY 10116

*Copay is \$25 for the following plans: Select Care Platinum POS, Select Care Platinum D HMO, Select Care Gold D HMO, Select Care Silver D HMO, Select Care Bronze D HMO, Healthy NY HMO, HMO 40/60, HMO 35/55 and HMO HD6300.

HOW DO I IDENTIFY MEMBERS WITH SELECT CARE NETWORK-BASED PLANS?

To identify members in plans that use the Select Care network, look for “**Network: Select Care**” on the member’s ID card or the member eligibility page on our secure website at www.emblemhealth.com. See below for samples of ID cards showing the Select Care network.


Note: The Montefiore or HealthCare Partners logo on the front of the member’s ID card signifies that Montefiore or HealthCare Partners is the managing entity that processes referrals, prior approvals and claims for the member. The managing entity’s contact information can be found on the back of the ID card. AdvantageCare Physicians practitioners will see, on the front of the ID card, the name of the medical group that the member has been assigned to.



Select Care Silver HMO

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678**

Network: Select Care
PCP: **Dr. John Smith** Tel: **000-000-0000**
Deductible: **\$XX**
Copay after deductible met: **PCP \$XX SPEC \$XX ER \$XX**
Rx \$XX/\$XX NF \$XX
BIN#: **400023** PCN#: **01071998**


 **ADVANTAGECARE SITE** Underwritten by HIP Health Plan of New York


POSSESSION OF THIS CARD DOES NOT CERTIFY COVERAGE www.emblemhealth.com

MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Providers call **1-866-447-9717, option 4** to request prior approval of a hospital admission.

Customer Service: **1-800-447-8255** (TTY/TDD: 711)
Emblem Behavioral Health Services: **1-888-447-2526**
EmblemHealth Pharmacy Services: **1-855-283-2150**

Emblem Behavioral Health Services claims to: Emblem Behavioral Health Claims Services, PO Box 803, Latham, NY 12110.
All other claims to: EmblemHealth, PO Box 2845, New York, NY 10116-2845.


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HMO 35/55

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678**

Network: Select Care
PCP: **Dr. John Smith** Tel: **000-000-0000**
Deductible: **\$XX**
Coinsurance after deductible met: **XX%**
BIN#: **400023** PCN#: **01071998**

 **MANAGING ENTITY** Underwritten by HIP Health Plan of New York

POSSESSION OF THIS CARD DOES NOT CERTIFY COVERAGE www.emblemhealth.com

MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Providers call **1-866-447-9717**, to request prior approval of a hospital admission.

Customer Service: **1-800-447-8255** (TTY/TDD: 711)
Emblem Behavioral Health Services: **1-888-447-2526**
EmblemHealth Pharmacy Services: **1-855-283-2150**
24-Hour Nurse Advice Line: **1-877-444-7988**

Emblem Behavioral Health Services claims to: Emblem Behavioral Health Claims Services, PO Box 803, Latham, NY 12110.
All other claims to: EmblemHealth, PO Box 2845, New York, NY 10116-2845.

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TALK TO YOUR PATIENTS ABOUT HEALTH CARE REFORM

Encourage your uninsured members to visit the NY State of Health marketplace at www.nystateofhealth.ny.gov to compare plans, determine their eligibility for tax credits and cost-sharing subsidies, and purchase coverage. Your patients may also check out our Health Care Reform site at www.emblemhealthreform.com for specific information about EmblemHealth's plans.

Help your patients find a plan that meets their needs

Educate your patients about the importance of having health coverage. Let them know that EmblemHealth offers a variety of plans to meet their medical needs and budget.

For example:

- **Bronze plans** have lower monthly premiums and are a good choice for your patients who are healthy and require mostly preventive care.
- **Silver plans** are best for your patients who make less than 250% of the federal poverty level (about \$29,000 per year for an individual), as they offer cost-sharing subsidies to help reduce out-of-pocket costs.
- **Gold and platinum plans** have lower out-of-pocket costs and are a better choice for your chronically ill patients who visit you and other providers frequently.
- **Catastrophic plans** are high-deductible plans for your patients under age 30 who want coverage for unexpected medical costs.

Life events - more coverage opportunities

Certain life events may change your patients' eligibility for enrollment in a Select Care plan on the NY State of Health marketplace, or for tax credits and subsidies to help pay for the plan. Qualifying events include marriage, having a baby, adopting a child or putting a child up for adoption, losing a job or losing Medicaid coverage, becoming a citizen or legal resident, or moving out of New York State.

Please remind your patients to report these events as soon as possible to NY State of Health at www.nystateofhealth.ny.gov or 1-855-355-5777.

What's the benefit to you?

When a patient's income drops or family size increases, he or she may qualify for larger subsidies if enrolled in a Silver marketplace plan. You can then bill the insurance company – rather than your patient – for a larger share of the cost.

Note: Under the Affordable Care Act, coverage purchased through the marketplace must offer a 90-day grace period prior to terminating coverage for nonpayment of premiums. Delinquent members may be responsible for the cost of medical services obtained during this 90-day grace period.

WHAT PROCEDURES REQUIRE PRIOR APPROVALS?

As mandated by NY State of Health, the following procedures require prior approval from EmblemHealth or the managing entity (Montefiore or HealthCare Partners). These rules apply to all health plans participating in the marketplace.

Note: Prior approval is the responsibility of the provider – not the member.

- All non-emergency inpatient hospital admissions (acute, rehabilitation and skilled nursing facility care)
Note: This benefit is limited to 200 days per year for the following plans: Select Care Platinum, Select Care Gold, Select Care Silver, Select Care Bronze and Select Care Basic. For more information, see the member's benefit details page on our secure site at www.emblemhealth.com.
- Non-participating assistant surgeon and co-surgeon (If required, the prior approval should be requested at the time the surgery is authorized to determine the necessity of the request.)
- All services and procedures provided in an ambulatory or outpatient surgery center, including sleep studies
- Land and air ambulance (non-emergent)
- Durable medical equipment (purchased, customized or rental), including hearing aids and prosthetic devices (Breast pumps covered in full, except for all hospital-grade breast pumps, which require prior approval after the initial 60-day period.)
- Home health care (nursing, PT, OT, speech therapy [ST], home infusion therapy)
Note: This benefit is limited to 40 visits per year. Home infusion therapy counts toward the limit for the following plans: Select Care Platinum, Select Care Gold, Select Care Silver, Select Care Bronze and Select Care Basic. For more information, see the member's benefit details page on our secure site at www.emblemhealth.com.
- Hospice
Note: This benefit is limited to 210 days per year. For more information, see the member's benefit details page on our secure site at www.emblemhealth.com.
- Hyperbaric oxygen therapy
- Infertility services
- Lymphedema therapy
- Neuropsychological and psychological testing
- Outpatient cardiac and pulmonary rehabilitation
- Reconstructive versus cosmetic surgery
- Services by any out-of-network physician or facility for in-network benefits (excluding emergency care, out-of-area dialysis)
- Specialist acting as the primary care physician
- Transition-of-care situations for new members or continuation of care for members when their provider leaves the network
- Transplant evaluation and services

WHAT PROCEDURES REQUIRE PRIOR APPROVALS? (CONTINUED)

For the following services, we contract with other organizations to conduct medical necessity reviews on our behalf. See the provider manual at www.emblemhealth.com/providermanual for applicable lists of codes requiring prior approval.

- All inpatient behavioral health services for psychiatric care, including alcohol and substance abuse detoxification and rehabilitation. Contact ValueOptions at www.valueoptions.com or **1-888-447-2526** for prior approval.*
- Chiropractic services. Contact Palladian at www.palladianhealth.com or **1-877-774-7693** for prior approval.
- Outpatient rehabilitative and habilitative (PT/OT/ST). Referral from EmblemHealth required before the first PT/OT visit. Contact Palladian at www.palladianhealth.com or **1-877-774-7693** for prior approval after the first PT/OT visit.**
Note: This benefit is limited to 60 visits for habilitative visits per condition per lifetime, plus 60 visits for rehabilitative visits per condition per lifetime. For more information, see the member's benefit details page on our secure site at www.emblemhealth.com.
- High-tech radiology, including cardiology. Contact CareCore at www.carecorenational.com or **1-866-417-2345** for prior approval.**
- Radiation therapy. Contact CareCore at www.carecorenational.com or **1-866-417-2345** for prior approval.**
- Specialty drugs. For drugs in the EmblemHealth Injectable Drug Utilization Management Program, contact ICore at www.icorehealthcare.com or **1-800-424-4084** for prior approval.***

* If the member's ID card indicates Montefiore as the managing entity, contact Montefiore at **1-800-401-4822** for prior approval.

** If the member's ID card indicates Montefiore or HealthCare Partners as the managing entity, contact the appropriate managing entity for prior approval. If the member's ID card indicates the member has an AdvantageCare Physicians PCP (look for Manhattan's Physician Group, Preferred Health Partners, Queens-Long Island Medical Center or Staten Island Physician Practice on the front of the member's ID card), contact EmblemHealth for prior approval.

*** If the member's ID card indicates Montefiore or HealthCare Partners as the managing entity, contact the appropriate entity for prior approval.

QUESTIONS?

If you have questions about the Select Care network, please sign in to www.emblemhealth.com and use our Message Center to send an inquiry to Provider Customer Service. Select “General Information” from the drop-down menu on the “Ask a Question” page. If you do not have Internet access, please contact our Provider Call Center at **1-866-447-9717**.

For questions about the NY State of Health marketplace, visit www.nystateofhealth.ny.gov or call **1-855-355-5777**.

Use Our Provider Manual to ...

Stay up to date: Subscribe to receive email notifications whenever we make changes to the provider manual.

See details on all of our networks and plans: Refer to the new Provider Networks and Member Benefit Plans chapter of the Provider Manual at www.emblemhealth.com/providermanual.

See member ID card images: Learn to identify all of your EmblemHealth members.

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Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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