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EmblemHealth

POLICY **UPDATES** JUNE 2018

Networks Are Changing for Some Members

On January 1, 2018, we began offering the Prime Network for many of our commercial plans. Members enrolled in 2017 benefit plans linked to the Select Care Network or the Metro NY Network will change to the Prime Network upon renewal of their policies.

Readmission Policy Change Starts June 1, 2018

On June 1, 2018, we will change our hospital readmission policy to align with the Centers for Medicare & Medicaid Services' (CMS') guidance. A second admission to the same hospital or hospitals within the same hospital system within 30 calendar days of a member's discharge for the same or similar diagnosis will be subject to a clinical review. Read More.

Note This New Address for Beacon Paper Claims

On July 1, 2018, Beacon's paper claims submission address will change. You can start using the address below for behavioral health claims effective immediately:
Emblem Behavioral Health Services
PO Box 1850
Hicksville NY 11802

Note This New Address for Pre-Payment Review Submissions for High Cost Outliers

We're reducing processing time for high-cost outlier claims. We now have an email and a postal mail address to send medical records, so they get to the right staff faster. Send them to: prepaymenthco@emblemhealth.com. For medical records that are too large to email, please send them to:
EmblemHealth
Prepayment Review
PO Box 3235, New York, NY, 10116 – 3235
Attention: Nancy Newbold

How Specialists Refer AdvantageCare Physicians Patients

If a doctor at AdvantageCare Physicians (ACPNY) has referred an EmblemHealth patient to you for specialist care and you believe the patient needs a referral to a sub-specialist, that request must go back to the AdvantageCare Physicians primary care physician. If the primary care physician decides that a referral to a sub-specialist is the correct course of care for the patient, he/she is responsible for making the referral to the sub-specialist. Read More.

Check Federal and State Exclusion Lists if You See Medicaid and/or HARP Patients

If you're a Medicaid and/or HARP provider, did you know you're required to routinely review certain federal and state databases to check the status of employees and staff?

This is part of the Special Provisions related to Medicaid and HARP members in your provider agreement. It was mailed to you in March as part of the Standard Clauses contract amendment.

You should have a standard process for the review. Be ready to provide a copy of the procedure if asked. If there is an issue on any of the databases, let us know. Use the Message Center in our secure provider portal. If you don't have internet access, call our Provider Customer Service at **866-447-9717**, Monday to Friday, from 8 a.m. to 6 p.m.

The databases include:

- Social Security Administration's Death Master file
- National Plan and Provider Enumeration System (NPPES)
- Excluded Parties List System (EPLS), either the List of Excluded Individuals and Entities (LEIE) or the Medicare Excluded Database (MED)
- Any such other databases as the Secretary may prescribe

You are also required to check the following at least monthly:

- List of Excluded Individuals and Entities (LEIE) or the Medicare Excluded Database (MED)
- Excluded Parties List System (EPLS)
- U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) Sanctions List
- New York State Office of Inspector General (OMIG) Exclusion list

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