

# 2019 Network and Benefit Plan Updates

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# Introduction and Summary Table

Company	Provider Network	Member Benefit Plan
GHI	<b>Commercial:</b> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	<b>New York City Plans</b> <ul style="list-style-type: none"> <li>• GHI CBP plan</li> <li>• DC37 Med-Team</li> </ul>
	<b>Commercial:</b> National Network Tristate Network	EmblemHealth EPO/PPO
	<b>Commercial:</b> Network Access Network	Network Access Plan
	<b>Medicare:</b> Medicare Choice PPO Network	EmblemHealth Group Access Rx (PPO) EmblemHealth Group Access Rx National (PPO) ArchCare Advantage HMO SNP
		<b>Until December 31, 2018</b> <ul style="list-style-type: none"> <li>• GuildNet Gold HMO SNP</li> </ul>
HIP/HIPIC	<b>Commercial:</b> Metro NY Network (Until December 31, 2017 for new sales)	<b>As of August 1, 2018, members moved to Prime Network:</b> <ul style="list-style-type: none"> <li>• EmblemHealth CompreHealth EPO</li> </ul>
	<b>Commercial:</b> Premium & Vytra Premium Networks (Until December 31, 2017 for new sales)	Access I/II Prime HMO/POS/PPO/EPO Select PPO/EPO Vytra ASO
	<b>Commercial:</b> Select Care Network	<b>Until December 31, 2018</b> <b>Individual On/Off Exchange:</b> <ul style="list-style-type: none"> <li>• EmblemHealth Silver Value/Silver Value D</li> <li>• EmblemHealth Bronze Value/Bronze Value D</li> </ul>
		<b>As of January 1, 2019</b> <b>Individual On/Off Exchange:</b> <ul style="list-style-type: none"> <li>• EmblemHealth Platinum/EmblemHealth Platinum D</li> <li>• EmblemHealth Gold/EmblemHealth Gold D</li> <li>• EmblemHealth Silver/EmblemHealth Silver D</li> <li>• EmblemHealth Bronze/EmblemHealth Bronze D</li> <li>• EmblemHealth Basic/EmblemHealth Basic D</li> <li>• EmblemHealth Gold Value/EmblemHealth Gold Value D</li> <li>• EmblemHealth Silver Value/ EmblemHealth Silver Value D</li> </ul>
		<b>Small Group:</b> <ul style="list-style-type: none"> <li>• EmblemHealth Platinum Choice</li> <li>• EmblemHealth Gold Choice</li> <li>• EmblemHealth Gold Value S</li> <li>• EmblemHealth Silver Choice</li> <li>• EmblemHealth Silver Value S</li> <li>• EmblemHealth Bronze Value S</li> </ul>

Company	Provider Network	Member Benefit Plan	
HIP/HIPIC (Continued)	Commercial: Prime Network	<p><b>Until December 31, 2018</b></p> <p><b>Prime Network – NYC, LI &amp; Westchester</b></p> <ul style="list-style-type: none"> <li>• Child Health Plus</li> </ul> <p><b>Large Group – Prime Network with Tristate Access:</b></p> <ul style="list-style-type: none"> <li>• Prime HMO</li> <li>• HIP HMO Preferred (City of NY)</li> <li>• EmblemHealth HMO Plus</li> <li>• EmblemHealth HMO Preferred Plus</li> <li>• Prime POS</li> <li>• Access I</li> <li>• Access II</li> <li>• EmblemHealth EPO Value</li> <li>• GHI HMO</li> <li>• Vytra HMO</li> </ul> <p><b>Large Group – Prime Network:</b></p> <ul style="list-style-type: none"> <li>• Prime PPO</li> <li>• HIP Select PPO</li> </ul> <p><b>Individual On/Off Exchange - Prime Network – NY Only:</b></p> <ul style="list-style-type: none"> <li>• EmblemHealth Platinum/EmblemHealth Platinum D</li> <li>• EmblemHealth Gold/EmblemHealth Gold D</li> <li>• EmblemHealth Silver/EmblemHealth Silver D</li> <li>• EmblemHealth Bronze/EmblemHealth Bronze D</li> <li>• EmblemHealth Basic/EmblemHealth Basic D</li> </ul> <p><b>Small Group - Prime Network with Tristate Access:</b></p> <ul style="list-style-type: none"> <li>• EmblemHealth Platinum 15/35</li> <li>• EmblemHealth Gold 40/60</li> <li>• EmblemHealth Healthy NY Gold</li> <li>• EmblemHealth Silver Value S</li> <li>• EmblemHealth Bronze Value S</li> <li>• EmblemHealth Gold Open Access</li> <li>• EmblemHealth Bronze H.S.A.</li> </ul>	<p><b>As of January 1, 2019</b></p> <p><b>Prime Network – NYC, LI &amp; Westchester</b></p> <ul style="list-style-type: none"> <li>• Child Health Plus</li> </ul> <p><b>Large Group – Prime Network with Tristate Access:</b></p> <ul style="list-style-type: none"> <li>• Prime HMO</li> <li>• HIP HMO Preferred (City of NY)</li> <li>• EmblemHealth HMO Plus</li> <li>• EmblemHealth HMO Preferred Plus</li> <li>• Prime POS</li> <li>• Access I</li> <li>• Access II</li> <li>• EmblemHealth EPO Value</li> <li>• GHI HMO</li> <li>• Vytra HMO</li> </ul> <p><b>Large Group – Prime Network:</b></p> <ul style="list-style-type: none"> <li>• Prime PPO</li> <li>• HIP Select PPO</li> </ul> <p><b>Small Group - Prime Network with Tristate Access:</b></p> <ul style="list-style-type: none"> <li>• EmblemHealth Platinum Premier</li> <li>• EmblemHealth Gold Premier</li> <li>• EmblemHealth Gold Premier 1</li> <li>• EmblemHealth Gold Plus</li> <li>• EmblemHealth Gold Plus 1</li> <li>• EmblemHealth Healthy NY Gold</li> <li>• EmblemHealth Silver Premier</li> <li>• EmblemHealth Silver Premier 1</li> <li>• EmblemHealth Silver Plus</li> <li>• EmblemHealth Silver Plus 1</li> <li>• EmblemHealth Bronze Plus H.S.A.</li> </ul>
		<p><b>Medicaid/Commercial:</b></p> <p>Enhanced Care Prime Network</p>	<p>EmblemHealth Enhanced Care (Medicaid)</p> <p>EmblemHealth Enhanced Care Plus (HARP)</p> <p>Essential Plan (BHP)</p>
	Medicare: VIP Prime Network	<p><b>Until December 31, 2018, members moved to VIP Prime Network:</b></p> <ul style="list-style-type: none"> <li>• EmblemHealth VIP Essential (HMO)</li> <li>• EmblemHealth VIP Value (HMO)</li> </ul>	
		<p><b>Until December 31, 2018</b></p> <ul style="list-style-type: none"> <li>• EmblemHealth VIP Dual (HMO SNP)</li> <li>• EmblemHealth VIP Gold (HMO)</li> <li>• EmblemHealth VIP Gold Plus (HMO)</li> <li>• EmblemHealth VIP Premier (HMO)</li> <li>• EmblemHealth VIP Rx Carve-Out (HMO)</li> <li>• EmblemHealth VIP Dual Group (HMO SNP)</li> <li>• Medicare Cost Plan</li> </ul>	<p><b>As of January 1, 2019</b></p> <ul style="list-style-type: none"> <li>• EmblemHealth VIP Dual (HMO SNP)</li> <li>• EmblemHealth VIP Gold (HMO)</li> <li>• EmblemHealth VIP Gold Plus (HMO)</li> <li>• EmblemHealth VIP Premier (HMO)</li> <li>• EmblemHealth VIP Rx Carve-Out (HMO)</li> <li>• EmblemHealth VIP Dual Group (HMO SNP)</li> <li>• EmblemHealth VIP Rx Saver (HMO)</li> <li>• EmblemHealth VIP Part B Saver (HMO)</li> <li>• EmblemHealth VIP Go (HMO-POS)</li> <li>• EmblemHealth VIP Essential (HMO)</li> <li>• EmblemHealth VIP Value (HMO)</li> <li>• EmblemHealth Affinity Medicare Passport Essentials (HMO)</li> <li>• EmblemHealth Affinity Medicare Passport Essentials NYC (HMO)</li> <li>• EmblemHealth Affinity Medicare Ultimate (HMO SNP)</li> <li>• EmblemHealth Affinity Medicare Solutions (HMO SNP)</li> </ul>

2019 NETWORK AND BENEFIT PLAN UPDATES

<b>Company</b>	<b>Provider Network</b>	<b>Member Benefit Plan</b>
<b>HIP/HIPIC (Continued)</b>	<b>FIDA:</b> Associated Dual Assurance Network (Until December 31, 2018)	<b>Until December 31, 2018</b> GuildNet Gold Plus FIDA Plan
<b>ConnectiCare, Inc.</b>	<b>Commercial:</b> Choice Network (includes full Prime Network)  Passage Network (includes Prime Network except PCPs)	Choice HMO Choice POS Passage HMO Passage POS
<b>ConnectiCare Insurance Company, Inc.</b>	<b>Commercial:</b> Choice Network (includes full Prime Network)  Flex Network (includes full Prime Network)  Passage Network (includes Prime Network except PCPs)	Choice EPO Choice POS FlexPOS Passage EPO Passage POS
	<b>Medicare:</b> Passage Network	<b>Until December 31, 2018</b> n/a  <b>As of January 1, 2019</b> • Medicare Advantage • HMO SNP Plans
<b>ConnectiCare of Massachusetts, Inc.</b>	<b>Commercial:</b> Choice Network (includes full Prime Network)	Choice HMO Choice POS

# 2019 Network and Benefit Plan Updates

## Section 1: Medicare Products

### Network Area Expansion

Effective January 1, 2019, EmblemHealth's Medicare VIP Prime Network will include the following counties for all new and existing plans: Dutchess, Sullivan, Ulster, and Putnam counties. Additionally, it will include the boroughs of New York City, and Westchester, Nassau, Suffolk, Rockland, and Orange counties. Medicare product offerings may depend on the county.

### Retiring Medicare Essential Network

The Essential Network is being retired at the end of 2018, and Medicare members will have access to the VIP Prime Network providers.

### Key things to know about our 2019 Medicare plans

#### VIP Gold (HMO)

- Some changes in premium and cost-sharing. Primary care doctor (PCP) and specialist copays remain at 2018 levels.

#### VIP Essential (HMO)

- \$0 PCP copays – NEW for 2019!
- 15 acupuncture visits per year added as a benefit
- Remains as \$0 premium plan in NYC's 4 counties
- Some premium and cost-sharing changes
- Expanded network

#### VIP Value (HMO)

- Remains as \$0 premium plan
- Reduced PCP copays to \$15
- Optional dental and fitness benefit riders are available
- Some cost-sharing changes
- Expanded network

#### VIP Dual (HMO)

- Over-the-counter (OTC) amounts going up to \$125 per month for NYC's 4 counties, and changing in other counties
- New Centers for Medicare & Medicaid Services (CMS) regulation allows dual members with Medicare and Medicaid to change plans only once per calendar quarter. They cannot change plans every month starting calendar year 2019.

#### VIP Gold Plus (HMO)

- We will continue to offer this plan with premium and cost-sharing changes.

### New Medicare products for 2019

#### VIP Rx Saver (HMO)

- Low premium plan available in Bronx and Westchester counties
- \$5 PCP copays and other great benefits
- Comprehensive dental and fitness benefits with no maximums

#### VIP Part B Saver (HMO)

- \$0 premium plan that gives Part B premium money (\$500 per year) back to members
- No deductible on primary care and specialist visits
- Deductible of \$1,000 applies to some services
- Optional dental and fitness benefit riders are available at a low cost

#### VIP GO (POS)

- No referral requirements
- A PCP of record is optional
- Out-of-network coverage allowed on many benefits
- Inpatient hospital, primary care, specialty, outpatient hospital/surgery, ambulatory surgery, skilled nursing, and rehabilitation therapies are accessible in- and out-of-network
- Deductible of \$500 applies to some services
- Beneficiary cost-sharing to be shared once finalized and approved



## Section 2: Large Group Products

**As of January 1, 2018, the CompreHealth EPO plan has been fully discontinued.**

In the fourth quarter of 2018, we will increase the number of EmblemHealth EPO Value plans currently being marketed. Please be sure to verify your patients' copays as there will be additional cost-sharing options available.

## Section 3: Small Group Products

In 2018, we moved most of our small group plans to the Prime Network to give our members access to more providers. We expanded our small group's Prime Network access to include New Jersey via QualCare and Connecticut via ConnectiCare.

**Here are the changes to our suite of small group plans in 2019:**

Plan	Change
EmblemHealth Platinum 15/35 (Platinum Premier)	No PCP required New Jersey & Connecticut added 7/1/18
EmblemHealth Gold Open Access (Gold Premier)	New Jersey & Connecticut added 7/1/18
EmblemHealth Gold 40/60 (Gold Plus)	New Jersey & Connecticut added 7/1/18
Silver Value	Moving back to Select Care Network in 2019
Bronze Value	Moving back to Select Care Network in 2019
Platinum Choice	New plan
Gold Premier 1	New plan
Gold Plus 1	New plan
Gold Choice	New plan
Gold Value	New plan
Silver Premier	New plan
Silver Premier 1	New plan
Silver Plus	New plan
Silver Plus 1	New plan
Silver Choice	New plan

## Section 4: New Individual Plan Being Offered in 2019

### **EmblemHealth Gold Value (with adult dental and vision)**

This HMO plan offers specialist visits, urgent care visits, 3 free sick visits and primary care visits, lab services, \$25 generic drugs, free telemedicine, free preventive care, free acupuncture, and dental and vision coverage for adults and kids — all before meeting the deductible.

*As of January 1, 2018, the CompreHealth EPO plan has been fully discontinued.*

*In 2018, we moved most of our small group plans to the Prime Network to give our members access to more providers.*

## Section 5: Children’s Medicaid Redesign

EmblemHealth currently serves 56,000 Medicaid children. We are committed to taking care of New York’s children. We have applied to provide expanded care under New York State’s Medicaid Redesign program. This means that, if approved, we will enhance our Behavioral Health Services program to include more behavioral health services. We will also be able to offer home and community-based services (HCBS) to qualifying children, and better serve children in foster care. Below is a high-level summary of the new services that may be offered. The dates shared are based on the best information available from New York State at the time this brochure was printed. All dates are subject to change. More information will be provided as part of the new benefit implementations.

### Children Under Waivers

Today, the state has a number of “waivers,” or exceptions, in place that carve-out certain children from Medicaid Managed Care. The exceptions were generally for people who would otherwise be in an institution, nursing home, or hospital, but who were instead provided with a special package of benefits so they could continue to live at home with their families.

Each waiver describes a different population of children who are slated to move to managed care. They are referred to based on the name of the regulation or the governmental agency that made the services available. The objective is to sunset these separate programs and have health plans like ours administer these benefits instead. For example, under a 1915(c) HCBS Waiver Program, HCBS meet the needs of people who prefer to get long-term care services and support in their home or community, rather than in an institutional setting. Here are the key waiver programs in scope for the transition:

**1915(C) HCBS Waiver Programs Care at Home Waivers (CAH):** Provides medical and related services to families with physically and developmentally disabled children.

- DOH CAH Waiver (CAH I/II ): for physically disabled children
- OPWDD CAH Waiver (CAH III, IV, V): for developmentally disabled children

**Office of Children and Families (OCFS), Bridges to Health (B2H), Developmental Disability (DD), and Medically Fragile Waivers**

- Provides children in foster care who have significant mental health or developmental disabilities, or health care needs, with services to help them live in a home or community-based setting.

**OMH Waiver for Children and Adolescents with Serious Emotional Disturbance (SED)**

- Provides services and support to children and adolescents with serious emotional disturbances and their families to enable them to remain at home and in the community.

### Medically Fragile Children

In addition to children who have been receiving services via one of the waiver programs, New York State would like managed care plans to provide enhanced services to medically fragile children who meet the following criteria:

- Chronic debilitating conditions that **may** include:
  - Bronchopulmonary dysplasia
  - Cerebral palsy
  - Congenital heart disease

- Microcephaly
- Muscular dystrophy

- They may also meet one or more of the following:
  - Technologically dependent for life or health-sustaining functions
  - Require complex medication regimen or medical interventions
  - In need of ongoing assessment or intervention to prevent serious deterioration

### Foster Care Transition

Exclusion from mandatory managed care enrollment for children in the care of Voluntary Foster Care Agencies will be removed.

- Children in the care of Voluntary Foster Care Agencies will be required to enroll in a Medicaid Managed Care plan.
- Children in foster care who receive aligned HCBS will be required to enroll in a Managed Plan.

**Reminder:** Children in foster care in the care of the local district began enrolling in plans in 2013.

- Plans who currently serve these children will continue to maintain responsibility for their care.
- Their aligned children’s HCBS will continue to be paid through the fee-for-service delivery system until July 1, 2019.

### Children’s Home and Community-Based Services (HCBS)

The following are the HCBS that will be available to qualifying children:

- Health Home Care Management
- Accessibility Modifications
- Adaptive and Assistive Equipment
- Caregiver/Family Supports and Services
- Community Self-Advocacy Training and Support
- Habilitation
- Non-Medical Transportation
- Palliative Care
- Prevocational Services
- Respite
- Supported Employment
- Financial Management Services for the Customized Goods and Services (phased in as a pilot)
- Customized Goods and Services (phased in as a pilot)

**Eligibility:** 1) target criteria; 2) risk factors; and 3) functional criteria as well as Medicaid eligibility; limited to children that would otherwise qualify for institutional placement level of care (LOC) criteria.





### Community First Choice Option (CFCO)

CFCO State Plan Services for children meeting aligned children’s HCBS eligibility criteria. CFCO services include:

- Assistive Technology
- Community Transitional Services
- Congregate and Home Delivered Meals
- Environmental Modification
- Home and Community Support Services
- Moving Assistance
- Transportation

**Eligibility:** Available to children who are eligible for Medicaid solely because of receipt of HCBS.

## Section 6: Medicaid Children’s Behavioral Health Carve-in

New York State created HARP (Home Affordable Refinance Program) to cover Medicaid adults with behavioral health issues. The program started in NYC and then expanded to additional counties. Similarly, the state is now looking to move the responsibility for behavioral health for Medicaid children to a managed care plan like ours. These are the new services that will be available:

### Behavioral Health Services

- New York State Office of Alcoholism and Substance Abuses Services (OASAS) opioid treatment program (OTP) services (hospital-based programs)
- OASAS outpatient rehabilitation programs (hospital-based programs)
- OASAS outpatient services (hospital-based programs)
- Partial hospitalization
- Personalized recovery-oriented services (minimum age is 18 for this adult-oriented service)
- Continuing day treatment (minimum age is 18 for this adult-oriented service)
- Comprehensive psychiatric emergency program (CPEP) including extended observation bed
- Assertive community treatment (minimum age is 18 for this adult-oriented service)
- Residential supports and services (new early and periodic screening, diagnostic and treatment [EPSDT] prevention, formerly known as foster care Medicaid per diem)

**Eligibility:** Available to any Medicaid enrollee under 21 years of age who meets Medical Necessity Criteria (MNC).

### State Plan EPSDT Services:

- EPSDT: Early and Periodic Screening, Diagnostic and Treatment
- Other Licensed Practitioner (OLP)
- Children’s Crisis Intervention (CCI)
- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation Services (PSR)
- Family Peer Support Services (FPSS)
- Youth Peer Support and Training (YPST)

**Eligibility:** Available to any Medicaid enrollee under 21 years of age who meets Medical Necessity Criteria (MNC).

**Subject to the availability of Global Cap Resources in Excess of Budget Restoration; Subject to timely CMS and other state approvals**

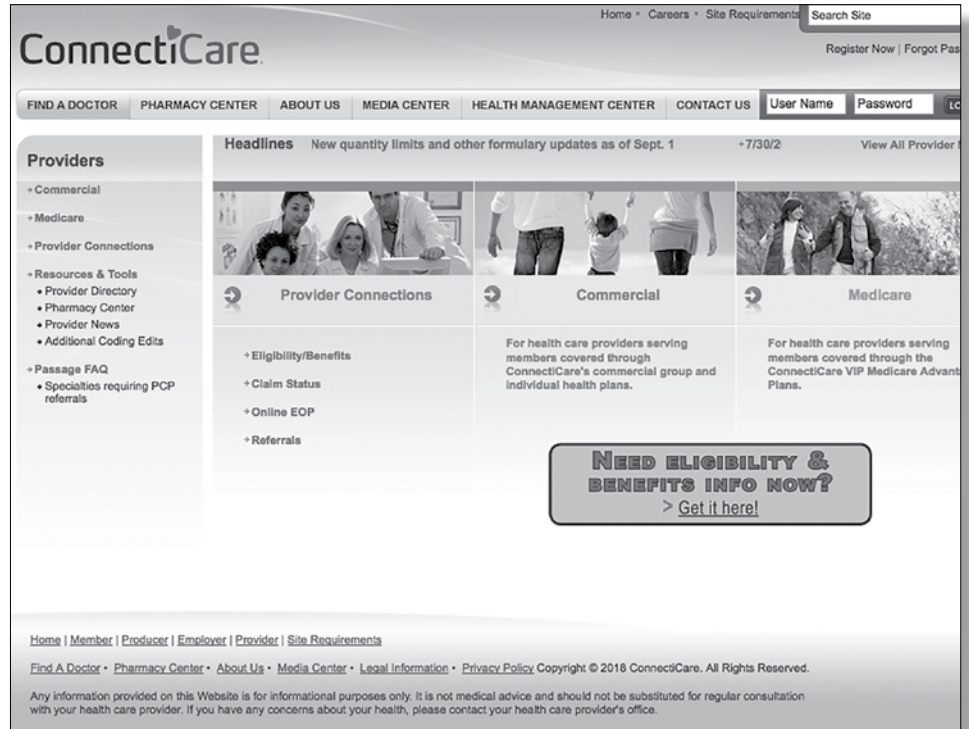
<ul style="list-style-type: none"> <li>• All 1915(c) children’s waivers transition to Health Home</li> </ul>	October 2018
<ul style="list-style-type: none"> <li>• Implement three <b>new</b> state plan services (OLR, PSR, CPST) in Managed Care Benefit</li> <li>• Children from OMH SED, DOH CAH, and OPWDD CAH 1915(c) waivers transition to Managed Care</li> <li>• Implement <b>new</b> array of 12 HCBS in Managed Care Benefit</li> </ul>	January 2019
<ul style="list-style-type: none"> <li>• Implement <b>new</b> FPSS</li> <li>• Implement three-year phase-in of LOC eligibility for HCBS Begins (within limits of Global Spending Cap)</li> <li>• Foster care population, including B2H Waiver Program children, transition to Managed Care</li> <li>• Existing behavioral health benefits transition to Managed Care for children</li> </ul>	July 2019
<ul style="list-style-type: none"> <li>• Implement <b>new</b> YPST and CCI services</li> </ul>	January 2020

### Support Medicaid recertification

Remind Medicaid members to recertify two months prior to their Eligibility End Date to avoid losing eligibility. Anticipated end dates may be found on the Eligibility Detail screen in the provider portal and on the PCP Roster. If your Medicaid patients have questions about the renewal process or want help in completing the renewal application, they can call us at **888-432-8026**.

## Section 7: ConnectiCare Products

EmblemHealth Prime Network providers in New York State are also in-network providers for commercial group members of ConnectiCare. ConnectiCare, based in Connecticut, is a subsidiary of EmblemHealth. Payment for services to ConnectiCare members follows your contract with EmblemHealth for commercial members in the Prime Network. Register on **connecticare.com/providers** to look up ConnectiCare medical and pharmacy policies and check members' eligibility and benefits. The EmblemHealth logo will be displayed on the front or back of the members' ConnectiCare ID card.



## Section 8: ASO Client's Plans

### GuildNet Gold Plus-Fully Integrated Dual Advantage Plan (FIDA) and GuildNet Gold-Medicare Advantage Plan end on December 31, 2018

Beginning January 1, 2019, EmblemHealth will no longer supply the provider networks (Associated Dual Assurance Plan Network underwritten by Health Insurance Plan of Greater New York and Medicare Choice PPO Network underwritten by Group Health Incorporated) and management services to GuildNet. Clinicians that currently serve special needs plan (SNP) members still need to take GuildNet's 2018 SNP MOC (model of care) training.



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