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POLICY UPDATES

DECEMBER 28, 2018



REMINDERS

SNP MOC Training Deadline Extended to January 31, 2019

Medicare providers in the VIP Prime Network must complete the EmblemHealth Special Needs Plan Model of Care (SNP MOC) provider training by **January 31, 2019**. To receive credit for the training, either complete the training online or review offline and fax your attestation to **855-685-6250**.

Providers in the Medicare Choice PPO Network must complete training offered by GuildNet and ArchCare. Find all required training modules and the EmblemHealth attestation on our [website](#).

EmblemHealth Offers Webinars for Practitioners and Office Staff

EmblemHealth webinars are held the second Wednesday of each month; 10 to 11 a.m. and 2 to 3 p.m. Our next webinar is scheduled for Wednesday, **January 9, 2019**. Hear an overview of our programs and learn how to maximize your administrative efficiencies using our web-based tools and resources — perfect for new staff or as a refresher. [See schedule](#).

Check Panel Reports and Schedule New Patient Visits

If you are a primary care physician, check your panel reports at emblemhealth.com/providers to identify new patients. Please call them to schedule new patient visits. Encourage new Medicare and Dual Eligible Special Needs Plan (SNP)

members to complete and submit their Health Risk Assessments, too.

After Hours & Weekend Coverage Standards

All network practitioners must be available, either directly or through coverage arrangements, 24 hours a day, 7 days a week, 365 days a year. Availability means by a live voice direct to the practitioner or covering practitioner, or via an answering service that can reach the practitioner or covering practitioner.

If an answering machine is used, the message must give members an option to directly contact the practitioner or covering practitioner in case of emergencies. An answering machine cannot simply refer the member to an emergency room unless it is a life-threatening issue. Review the [After Office Hours Access Standards](#) and make sure you have appropriate coverage in place. Members may also access one of our [participating urgent care locations](#).

Do Not Bill Dual-Eligible Members for Any Medicare Balance Due

If Medicare-Medicaid dual-eligible individuals have their Part A and Part B cost-share covered by their Medicaid plan, they are not responsible for their Medicare Advantage cost-share for covered services. Please do not balance bill these members for Medicare deductibles, coinsurance, or copayments. If you received Medicare and Medicaid payments for services given to these members, it must be accepted as payment in full. [Learn More](#).

Medicare Outpatient Observation Notice (MOON)

Per CMS, all hospitals and critical access hospitals (CAHs) are required to provide Medicare beneficiaries, including Medicare Advantage enrollees, with the OMB-approved **Medicare Outpatient Observation Notice (MOON)**. The MOON and instructions for completing the form are available on the [CMS website](#).

Sign Up for Free

Through [PNC Remittance Advantage](#) you can receive direct deposits to your bank account(s) (electronic funds transfer) and view or download your remittances online (Electronic Remittance Advantage). 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 [PNC Remittance Advantage](#), click on the "Register Now!" button, and follow the instructions to enroll. [Read More](#).

Informed Consent Required for Hysterectomy/Sterilization

Federal regulations require patient notification for hysterectomy and sterilization procedures. The patient or their representative must sign the required consent form for the service to be deemed a covered service under the Medicaid plan. The consent form must accompany a manual claim submission as proof of consent to avoid having the claim returned. [Learn More](#).

EmblemHealth

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EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP) and HIP Insurance Company of New York.

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