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# In The Know JULY 2021

## **Welcome to the July Edition of *In the Know*.**

This edition contains a wealth of information to help you partner with us in giving our members the care they need when they need it. Be sure to make note of the important announcements. We're especially proud of our COVID-19 vaccine hesitancy campaign, which coincides with National Immunization Awareness Month in August.

As a reminder, all of our provider newsletters are posted on our [website](#) where you can find any notifications you may have missed.

## **New Provider Portal Rollout Is Underway!**

We began rolling out our new provider portal on July 12. Not all providers are moving over at once, so if you don't see an immediate

change, please be patient. Active accounts have been migrated so you should have access to the site, and we expect to phase in all providers by the end of July.

### *Support for You*

Learning how to use the new portal's features will be the key to your success. To support you, we have:

- Training Guides and Videos ([EmblemHealth](#)) ([ConnectiCare](#))
- Frequently Asked Questions ([EmblemHealth](#)) ([ConnectiCare](#))

### *What You'll Need*

To sign in to the new portal, you will need:

- An active, current, and unique email address.
  - You can no longer share email addresses with other users. Each portal account user must have their own email address. A unique email address is needed to set up each account's password the first time. You will also need your email if you ever need to retrieve or reset your username and password.
- **You must assign a Provider Portal Administrator/Office Manager for your practice or organization.** They will conduct important portal business on your practice's behalf.
- **A supported web browser such as Google Chrome (recommended) or Microsoft Edge.** The new portal will not work with Internet Explorer.
- **For ConnectiCare portal users:** Your transition was completed on July 16. Make sure to request approval from your manager to submit preauthorizations within the new system.

We look forward to supporting you and getting your feedback on our new provider portal in the coming months.

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## **Timely Filing Requirements**

EmblemHealth would like to remind providers of our timely filing requirements for claims submissions:

### **Participating Providers:**

- Claims must be received **within 120 days, post-date-of-service** unless otherwise specified by the applicable participation

agreement.

- Claims where EmblemHealth is the secondary payer must be received **within 120 days from the primary carrier's EOB voucher date** unless otherwise specified by the applicable participation agreement.
- **Corrected claims must also be submitted within 120 days, post-date-of-service** unless otherwise specified by the applicable participation agreement.

#### **Non-Participating Providers:**

- **Commercial products:** Claims must be received within 18 months, post-date-of-service.
- **Medicaid and Child Health Plus (CHPlus):** Claims must be received within 15 months, post-date-of-service.
- **Medicare:** Claims must be received within 365 days, post-date-of-service.

Providers who wish to appeal a claim denied for late submission should follow the provider grievance process in the Provider Manual Dispute Resolution chapters for the applicable line of business:

[Commercial/CHPlus](#)

[Medicaid](#)

[Medicare](#)

Reimbursement may be reduced by up to 25% for timely filing claims denials that are overturned upon successful appeal. Participating practitioners may not bill the patient for services that EmblemHealth has denied because of late submission.

For more information, see [Claims | EmblemHealth](#) (Chapter 30, under Timely Submission) and [Claims Submission - Timely Filing | EmblemHealth](#).

## **Health Care Transparency in Cost and Quality Information**

Effective **Dec. 27, 2020**, the Consolidated Appropriations Act, 2021 includes provisions designed to expand transparency in cost and quality information for health care consumers and employer groups.

As a result, our provider network contracts no longer restrict EmblemHealth from:

- I. Disclosing provider-specific cost or quality-of-care information or

data, through a consumer engagement tool or any other means, to referring providers, employer groups, members, or individuals eligible to become members; and

- II. Electronically accessing and sharing, in accordance with applicable privacy regulations, de-identified claims and encounter information or data with a business associate for plan administration and quality improvement purposes.

Be sure to share this regulatory update with your business leadership and/or privacy team, as appropriate.

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## **HEDIS Medical Record Request**

EmblemHealth and ConnectiCare are conducting our annual review of our members' records to evaluate compliance for documentation standards. This is a requirement of the New York State Department of Health (NYSDOH), the Connecticut State Department of Public Health, and the Centers for Medicare & Medicaid Services (CMS). Providing member medical records is part of your contractual agreement with us. If you receive a request from us, review and send us the required information within 10 business days of the date of the letter.

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## **Raising Immunization/Vaccination Awareness**

August is National Immunization Awareness Month (NIAM). We encourage you to ensure your patients are up to date on recommended vaccines. Research has consistently shown that health care professionals are the most trusted sources of vaccine information.

NIAM is a good time to remind your patients of the importance of getting vaccinated. To support COVID-19 vaccine awareness, EmblemHealth and ConnectiCare recently developed a COVID-19 vaccine hesitancy campaign to reach populations who remain reluctant to get vaccinated.

Read about nonprofit community leader [Paola Martinez](#) finding her rhythm and, share the joy as EmblemHealth's own [Lindsay Lambert-Bernard](#) tells her story about reuniting with her newborn son's grandparents after they received the COVID19 vaccine. More stories can be found at [emblemhealth.com/choosehealth](https://emblemhealth.com/choosehealth). Provider resources can be found on the [CDC website](#).

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## COMMERICAL BUSINESS UPDATE

### EmblemHealth Now Offers Bridge Program to Fully Insured Members

We wish to remind you that EmblemHealth Plan, Inc., and EmblemHealth Insurance Company now offer existing large group benefit plan designs with access to the Bridge Program's combined five networks as an alternative to the traditional single-network access.

We created a [new Bridge webpage](#) to help you differentiate the ASO self-funded Bridge Program plans administered by EmblemHealth Insurance Company from the new, fully insured plans, and help you understand which administrative guidelines to follow. All plans will continue to follow the same Bridge Program payment protocols.

### Some ConnectiCare Members Under a New State Program Will Have No Cost-share

As of July 1, 2021, some ConnectiCare members who meet specific eligibility and income requirements will not have to pay their deductibles, copays or coinsurance for medically necessary, covered services – thanks to the state's new **Covered Connecticut Program**.

Under the program, which the Connecticut legislature approved last month, the state will pay for the monthly premiums and cost-shares of qualifying Connecticut residents who are parents and/or caretaker relatives of children who are eligible for HUSKY A (Connecticut's Medicaid program that covers children, their parents and pregnant women). These residents must have qualifying Silver Level plans purchased through the state insurance exchange, Access Health CT.

This means, **ConnectiCare providers should not charge any cost-shares to these members**. Submit your claims directly to ConnectiCare for processing.

Make sure to sign in to [connecticare.com/providers](https://connecticare.com/providers) to check your patients' benefits and eligibility and see if they are under the Covered Connecticut Program. We're in the process of sending out new member ID cards (sample below) to the ConnectiCare members who qualify for the program. Please note, their member ID numbers will remain the

same.



We will publish more updates as they become available, but, for now, you can see more about the program on the [Connecticut state website](#).

## COVID-19 National Emergency – COBRA Election Time Frame Impact to Providers

In light of federal COBRA regulations implemented to help individuals during the COVID-19 pandemic, some of our former members may, in the future, have the ability to make a COBRA continuation coverage election, pay outstanding premiums, and receive COBRA continuation coverage on a retroactive basis. When the COVID-19 national emergency ends and the time frames for electing retroactive COBRA continuation coverage are finalized, we will inform affected providers how we will accommodate their claims for services rendered.

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## GOVERNMENT-SPONSORED PROGRAM UPDATES MEDICARE

### 2021 Annual Special Needs Plan Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires providers to complete training for each dual-eligible special needs plan (D-SNP) they participate in. Providers must submit an attestation to receive a certificate of completion. Our trainings take only 15 minutes to complete.

Providers who care for **ConnectiCare's** Medicare Advantage members with Choice Dual (HMO D-SNP) plans need to complete ConnectiCare's [Special Needs Plan Model of Care \(SNP MOC\)](#) training no later than **Aug. 31, 2021**.

EmblemHealth's VIP Bold Network and Reserve Network providers must complete the [2021 EmblemHealth SNP MOC annual provider training](#) by **Oct. 30**. We will send instructions for the new simplified process for completing and attesting to the training to eligible providers.

## **Do Not Bill Members with Full Medicaid or QMB**

*(EmblemHealth)*

If Medicare-Medicaid dual eligible individuals have their Part A and Part B cost-share fully covered by their Medicaid plan, or are Qualified Medicare Beneficiaries (QMB), they are not responsible for their Medicare Advantage cost-share for covered services. You can use ePaces to check whether the member has full or partial Medicaid benefits. Please do not balance bill these members for any other costs. Any Medicare and Medicaid payments for services given to these members, must be accepted as payment in full. For more detail, see our [2021 Medicare Advantage Guide](#).

## **Do Not Bill Members with Full Medicaid or QMB**

*(ConnectiCare)*

If Medicare-Medicaid dual eligible individuals have their Part A and Part B cost-share fully covered by their Medicaid plan, or are Qualified Medicare Beneficiaries (QMB), they are not responsible for their Medicare Advantage cost-share for covered services. Connecticut providers can contact CT Department of Social Services at **800-842-8440** or visit their [website](#). Please do not balance bill these members for any other costs. Any Medicare and Medicaid payments for service given to these members, must be accepted as payment in full.

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## **EMBLEMHEALTH'S MEDICAID, HARP, AND CHILD HEALTH PLUS UPDATES (NEW YORK STATE-SPONSORED PROGRAMS)**

### **Medicaid Expands Coverage for Asthma and Diabetes Self-Management Training and Smoking Cessation Counseling**

Effective April 1, 2021, Medicaid expanded the list of practitioners who can be reimbursed for providing asthma and diabetes self-management training, as well as smoking cessation counseling services, to



EmblemHealth Medicaid and Health and Recovery Plan (HARP) members. The new provider types included in this expanded list are:

- **Asthma Self-Management Training** – licensed clinical social workers, licensed master social workers, physical therapists, and occupational therapists
- **Diabetes Self-Management Training** – clinical psychologists, optometrists, occupational therapists, and podiatrists
- **Smoking Cessation Counseling** – registered nurses, clinical psychologists, licensed clinical social workers, licensed master social workers, and licensed practical nurses

For details on professional certification, place of service, and billing requirements, see the [New York State Medicaid Update](#). To learn about the Care Management programs we offer our members to support you in the care you provide, call **800-447-0768** or visit our [website](#).

## **Reminder: Taxonomy Code Enforcement for Medicaid Claims**

To prevent your Medicaid claims from being rejected as “unclean,” be sure to include required [Taxonomy Codes](#). Enforcement protocols should be fully implemented by the end of 3Q 2021.

## **Reminder: Services for Children/Youth in a Voluntary Foster Care Agency**

As of **July 1**, all children and youth ages 21 and under who are currently in a Voluntary Foster Care Agency (VFCA) are now eligible to receive five Core Limited Health-Related Services, provided the VFCA has an Article 29-I license and all required New York State certifications, designations, and/or licenses. See the dedicated section of our provider website, [29-I VFCA Health Facility Providers](#), for useful resource guides and a video presentation we invite all our

## **Change of Address and Other Contact Notification**

Providers must notify Medicaid of any change of address, telephone number, or other pertinent information within **15 days of the change**. For more detail on this requirement and how to submit changes, click to read [Reminder: Keep Your Directory Data Current](#).



## New York State Medicaid Update

The Office of Health Insurance Programs of the New York State Department of Health regularly posts a Medicaid Update. Click [here](#) to view their latest announcements.

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### CLAIMS CORNER

The [Claims Corner](#) section of our EmblemHealth website is a rich source of information that helps your practice navigate EmblemHealth claims and billing processes. To make EmblemHealth's Payment Integrity Policies easy to find, we have added a new web page to Claims Corner. Similar information may be found on our ConnectiCare website under [Our Policies](#) and [Billing and Claims](#). Check often to see new postings.

### Payment Integrity Policies

#### New Policy

*Routine Supplies & Services – Not Separately Reimbursable in the Inpatient Hospital Setting* is a new policy for EmblemHealth; for ConnectiCare, this new policy replaces the *Inpatient Claims Submission Requirements Policy*.

[EmblemHealth](#)

[ConnectiCare](#)

### Enhanced Clinical Editing Processes

Starting on **Sept. 1, 2021**, EmblemHealth will be expanding our partnership with Cotiviti, Inc. for periodic post-payment reviews of paid medical claims. The post-payment reviews to be conducted are: *Retrospective Accuracy datamining (RA)* and *Clinical Claim Validation DRG review (CCV)*. These are the same/similar reviews that are currently being conducted by Optum on behalf of EmblemHealth. [Click here for more information.](#)

### Keeping ConnectiCare's Codes Current

Effective **July 1, 2021**, we have updated the following ConnectiCare policies to stay aligned with CMS'

quarterly code updates:

- [CCI ASC Groupers \(Commercial\)](#)
  - [CCI Experimental, Investigational or Unproven Services \(Commercial\)](#)
  - [CCI Experimental, Investigational or Unproven Services \(Medicare\)](#)
- 



## CLINICAL CORNER

### New Checklist for DME Preauthorization Requests

Our partner, eviCore, needs specific information and forms to process preauthorization requests for durable medical equipment (DME). Using this new [checklist](#) will help you avoid delays. Full details of the [Durable Medical Equipment Utilization Management program](#) are located on EmblemHealth's website in Clinical Corner under [Utilization Management Programs](#).

### New Post-Acute Care Process for ConnectiCare Starting Sept. 1

Beginning **Sept. 1, 2021**, post-acute care for ConnectiCare members will be managed by ConnectiCare instead of CareCentrix. By bringing this service in-house, we strive to provide better care for our members, and better serve the providers who need to connect these members with appropriate care. Providers will continue to work with the nurses who have been their contacts while the member was in the bed. Our care managers will also be able to reach out to members, or their families, while they are still in a hospital bed. Click [here](#) to see the letter and [FAQ](#).

### EmblemHealth Preauthorization List Updated

On June 30, 2021, we reposted the EmblemHealth Preauthorization List (Version 3.6.5) in Clinical Corner. While you can always check the [EmblemHealth](#)

[Utilization Management Preauthorization Lists](#) page for the current preauthorization rules, we recommend using the **Preauthorization Check Tool** in the provider portal. It is easy to use and will give you clear, member-specific guidance.

### EmblemHealth Medical Policy Updates

All EmblemHealth [Medical Policies](#) are available for download in Clinical Corner on our provider website.

The following are the recently revised policies:

- Capsule Endoscopy
  - Fecal Microbiota Transplant (FMT) for Recurrent Clostridium Difficile Infection
  - Infertility Services — Commercial
  - Insulin Delivery Devices and Continuous Glucose Monitoring Systems
  - Testing for Coronavirus Disease 2019 (COVID-19)
- 



### PHARMACY

#### Reminder - Send ConnectiCare Infertility Drug Reviews to ESI

Express Scripts (ESI) performs most drug utilization management services, **including infertility drug reviews**, for ConnectiCare commercial plan members, including those with plans sold through Access Health CT. Submit requests for preauthorization, quantity limits, and step therapy for commercial members to ESI. Here are details on how you can [submit preauthorization requests through ESI's Electronic Prior Authorization \(ePA\) option](#).

#### ConnectiCare Oncology Drug Dose Rounding Initiative Starting Aug. 1

ConnectiCare has partnered with New Century Health (NCH) to optimize treatment of your oncology patients and help reduce their out-of-pocket requirements. Starting **Aug. 1, 2021**, NCH will roll out the new dose rounding initiative for ConnectiCare members on select drugs.

According to the Hematology/Oncology Pharmacy Association (HOPA), the rounding of drug doses to the nearest vial size is an important initiative that has many benefits for both the patient and the practice.

NCH has developed user-friendly portal enhancements to make this easy for your [practice](#). If you don't have access to the NCH online portal, register at [my.newcenturyhealth.com](http://my.newcenturyhealth.com).

If you have questions or you want to coordinate a meeting to discuss this in more detail, contact NCH Network Operations at **888-999-7713**, option 6. You may also reach out to EmblemHealth: **866-447-9717**, ConnectiCare Commercial: **860-674-5850**, or ConnectiCare Medicare: **877-224-8230**.

### **Reminder: Cancer Drug Preauthorization List Expands in August**

Starting **Aug. 15, 2021**, more oncology-related chemotherapeutic drugs and supportive agents will require preauthorization when delivered in the physician's office, outpatient hospital, or other ambulatory setting. See EmblemHealth's [Frequently Asked Questions: EmblemHealth Oncology Drug Management](#) and ConnectiCare's [Pharmacy Policies](#) to determine where to submit the preauthorization request.

[EmblemHealth](#)

[ConnectiCare Commercial](#)

[ConnectiCare Medicare](#)



### **WEBINAR/TRAINING**

See the enhanced [Learning Online](#) section of EmblemHealth's provider website to register for monthly webinars (next one is **August 11: 10-11 a.m. or 2-3 p.m.**); meet and attest to completion of required trainings for Medicaid and Medicare providers such as Medicaid Cultural Competency and Special Needs Model of Care; and access the free Pulse8 webinars for patient management and ICD-10 coding.

We also recommend that you take advantage of the training opportunities offered by [CMS's Medicare Learning Network](#) and [eMedNY](#).



## IN EVERY ISSUE

### Keep Your Directory and Other Information Current

If a provider in your practice is leaving, [please inform us](#) as soon as possible. To report other changes, you can also sign in to your Provider/Practice Profile on our [website](#).

If you participate with us under a delegated credentialing agreement, please have your administrator submit these changes.

Remember to review your CAQH application every 120 days and ensure you have authorized EmblemHealth as an eligible plan to access your CAQH information.

### EmblemHealth Neighborhood Care

Neighborhood Care has recently added on demand classes for meditation, chair yoga, and diabetes self-care. All classes are offered for free to you and all of your patients.

[EmblemHealth Neighborhood Care](#) offers our plan members and other community members a place to get the personalized, one-on-one support of experts in clinical, benefits, and health management solutions in support of a holistic approach to health and wellness.

[Neighborhood Care](#) does not provide medical services; their role is to help practitioners manage patient care by supporting the primary practitioner-patient relationship. See [virtual classes](#) currently being offered.

### In Case You Missed It – In the Know Archives Available

If you missed an edition of In the Know, or have trouble opening a link in this one, please see all our newsletters on our [website](#).

**EmblemHealth**

55 Water Street New York, NY, 10041



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