

Doing Business with EmblemHealth

OVERVIEW FOR 29-I PROVIDERS



The information provided in this presentation is for educational purposes only and does not contain PHI.

WELCOME 29-I PROVIDERS

During this presentation, we will share information about:

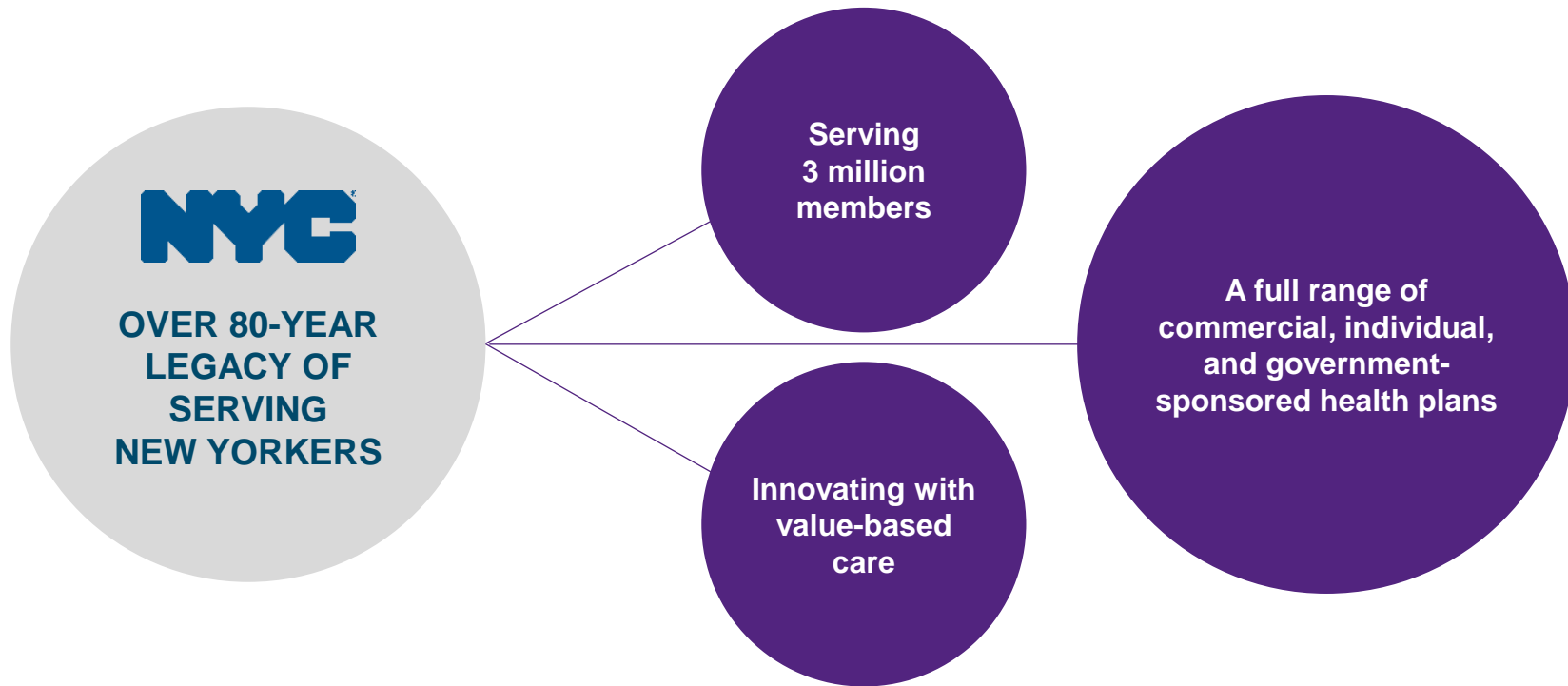
- Who we are
- Resources for you
- How to read our member ID cards
- The importance of following access and availability standards
- Our managed care partners
- Using our secure provider portal
- Transactions you need to know
- Resources to share with members



EmblemHealth Legacy, Mission and Values



EMBLEMHEALTH: ONE OF THE NATION'S LARGEST NONPROFIT HEALTH PLANS



Our Mission

To create healthier futures for our customers and communities.



LIVING OUR VALUES

**EMPOWER.
DELIVER.
DO IT TOGETHER.**




Resources for Our Providers



EMBLEMHEALTH.COM/PROVIDERS

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Provider Resources

Key Resources

[Frequently Asked Questions](#)

[News and Updates](#)

[Directory](#)

[Member ID Cards](#)

[Improving the Patient Experience \(PDF\)](#) ↓

[Access and Availability Standards \(PDF\)](#) ↓

[Network Laboratories](#)

[Plans with No Referrals \(PDF\)](#) ↓

[Urgent Care Center Locations](#)

Provider Toolkit

[Welcome materials, guides, and forms](#)

Our Companies, Lines of Business, Networks, and Benefit Plans (PDF)

 ↓

[Bridge Program](#)

[Commercial Networks and Benefit Plans](#)

[Medicaid, HARP, and CHPlus \(State-Sponsored Programs\)](#)

[Medicare Advantage Plans](#)

[Credentialing](#)

[Join Our Network](#)

Learning Online/ Required Trainings

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[Cultural Competency Continuing Education and Resources](#)

[Medicaid Cultural Competency Certification](#)

[Special Needs Plan Model of Care](#)

[Medicare Fraud, Waste, and Abuse](#)

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[Pulse8 Webinars](#)

[Referral Quick Guide](#)

For Your Members

[Resources to share with your members](#)

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[Find a center near you, view classes and events, and more](#)



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Provider Resources

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Provider Toolkit

Home > [Provider Resources](#) > [Provider Toolkit](#)

Provider Resources

A dedicated page of useful materials you can give your EmblemHealth patients to help manage their care and keep their costs down.

Recently added

- [2023 Summary of Companies, Lines of Business, Networks & Benefit Plans - Updated 12/27/2022](#)
- [2023 Benefit Plans with No Referrals Required](#)



PROVIDER RESOURCES

Provider Toolkit – Tools to Note

Send completed Transmittal Forms to the
EmblemHealth Foster Care Liaison at
[Medicaid_Care_Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com)

Foster Care AND 29-I Transmittal Form to Medicaid Managed Care Plans and Child Health Plus Plans Notification of Child/Youth's Foster Care and/or 29-I Health Facility Placement

Section II: Communication from 29-I Health Facility or Local Department of Social Services (LDSS) to Medicaid Managed Care Plan (MMCOP) or Child Health Plus (CHPlus) Plan

1. Name of entity completing the form: 29-I Health Facility Choose a 29-I Facility LDSS Choose a county (note: LDSS is the district of fiscal responsibility)

<p>Section III: Child/Youth Demographics</p> <p>1. Child/Youth Name (First Name, Middle Initial, Last Name):</p> <p>2. Date of Birth (DOB):</p> <p>3. Medicaid Client Identification Number (CH/CHPlus Member ID):</p> <p>Please list any additional Medicaid CH/CHPlus Member ID (if known):</p> <p>4. Child/Youth's Insurance Plan ID (if known and available):</p>	<p>Section IV: Contact Information</p> <p>MMCOP Liaison (LDSS/CH Health Facility's Primary Contact)</p> <p>1. First/Last Name: 2. Relationship to Child: 3. Email: 4. Phone #: 5. Address Line 1: 6. Address Line 2: 7. City, State, Zip:</p> <p>Secondary Contact:</p> <p>8. First/Last Name: 9. Relationship to Child: 10. Email: 11. Phone #: 12. Address Line 1: 13. Address Line 2: 14. City, State, Zip:</p>
<p>Section V: Primary Care Physician (if known)</p> <p><input type="checkbox"/> Current PCP upon enrollment <input type="checkbox"/> Notification of change to PCP</p> <p>1. Physician Name (First, Last): 2. Practice Name (if applicable): 3. Phone #: 4. Address Line 1: 5. Address Line 2: 6. City, State, Zip:</p>	<p>Section VI: Additional Important Information</p> <p>Complete as applicable and known; list any immediate medical needs for the child/youth. Attach documents if available.</p> <p>List any other actions the MMCOP/CHPlus Plan needs to take regarding the child/youth's coverage or care.</p>
<p>Section VII: Placement/Change of Placement (select only one box that applies)</p> <p><input type="checkbox"/> Child/youth has been placed in a LDSS-certified setting and is eligible for Other Limited Health-Related Services: <input type="checkbox"/> Foster care <input type="checkbox"/> Orally <u>Date of placement:</u></p> <p><input type="checkbox"/> Child/youth has been placed with or transferred to a 29-I Health Facility and is eligible for both Core and Other Limited Health-Related Services: <input type="checkbox"/> Foster care <input type="checkbox"/> Orally <u>Date of placement:</u></p> <p><input type="checkbox"/> Child/youth has been placed with a 29-I Health Facility and is eligible for Other Limited Health-Related Services: <input type="checkbox"/> Orally <input type="checkbox"/> Pre-dispositional/placed youth <u>Date of placement:</u></p> <p><input type="checkbox"/> Child/youth has been discharged from the 29-I Health Facility and/or foster care and is eligible for Other Limited Health-Related Services up to one year post-discharge. <u>Date of discharge:</u></p> <p><input type="checkbox"/> Other (only complete if child/youth is enrolled in CHPlus OR if all other changes above DO NOT apply)</p>	



PROVIDER RESOURCES

Join Our Network

- Complete Organizational Credentialing application
- Provide current and valid 29-I license to operate (if applicable)
- Provide valid NPI (National Provider Identifier)
- Provide proof of current Professional and General Liability coverage with minimum limits of \$1 million per occurrence and \$3 million aggregate
- Confirmation by primary source that the provider is free of regulatory exclusion, preclusion, or debarment
- Confirmation of Medicaid Enrollment (if contracted for Medicaid)
- Confirmation of Annual Certification Statement for provider billing Medicaid
- Disclosure of Ownership for Medicaid
- Accreditation (if mentioned on application)



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Clinical Corner

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Clinical Corner



- UM and Medical Management**
 - Preauthorization Lists
 - Provider Portal Transaction Resources
 - Plans with No Referrals (PDF) [↓](#)
 - Preauthorization Contacts
 - Utilization Management News
- Vendor-Managed Utilization Management Programs**
 - Behavioral Health Services
 - Chiropractic Program
 - Durable Medical Equipment
 - Physical and Occupational Therapy Program
- Quality Improvement**
 - Utilization & Medical Management
- Pharmacy**
 - Pharmacy News
 - Formularies
 - Pharmacy Medical Preauthorization List
 - Enterprise Pharmacy Policies
 - New Century Health — Medical Oncology Policies
 - UM and Medical Management
- Medical Policies**
 - EmblemHealth Medical Policies
 - ConnectiCare Medical Policies
 - COVID-19 Updates**
 - COVID-19 Updates and Key Information You Need to Know
- Oncology Management**
- Radiology-Related Programs and Privileging Rules for Non-Radiologists**
- Spine and Pain Management**



Medical Policies

Clinical review criteria to determine medical necessity.

[Read More](#)

Search Our Quality Improvement Page

Find our Quality Improvement programs and resources here.

Pharmacy

See EmblemHealth's formularies and pharmacy programs.

[Read More](#)

Behavioral Health

Caring for your patients with behavioral health issues is important to their overall health. We are here to help you understand and address their health care needs.

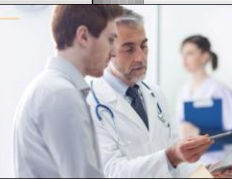
[Read More](#)



Quality Improvement

Our Quality Improvement programs and information are developed, implemented, and evaluated to promote and preserve clinical excellence that fosters the safety and well-being of our members.

[Read More](#)




EMBLEMHEALTH.COM/PROVIDERS

Claims Corner

The screenshot shows the EmblemHealth website's Claims Corner for providers. The navigation bar includes 'Switch to: Members | Brokers | Employers', 'Contact Us', and 'Search'. The main menu has 'EmblemHealth', 'Provider Resources', 'Clinical Corner', 'Claims Corner', 'Provider Manual', and 'Dental Corner', with a 'Sign in' button. The 'Claims Corner' page features a grid of sections: 'Reimbursement Policy', 'Payment Integrity Policies', 'Coding', and 'Benefits'. A table lists various links under 'Reimbursement Policies', 'Submissions', and 'Payment Integrity Policies'. Callouts connect these sections to their respective content areas.

Reimbursement Policy
See EmblemHealth's reimbursement policies
[Read More](#)

Payment Integrity Policies
See EmblemHealth's Payment Integrity policies
[Read More](#)

Coding
The proper coding of procedure and diagnosis for billing purposes.
[Read More](#)

Benefits
Information on changes to plan benefits that may have an impact on your claims.
[Read More](#)

Reimbursement Policies	Submissions	Reimbursement Policies	Coding
Updates ↓	Claims Contacts	Payment processes unique to our health plans	EmblemHealth Guide for NPIs and Taxonomy Codes
Submission Policy (PDF)	EmblemHealth Guide for Electronic Claims Submissions		
Policy (PDF) ↓	Timely Submissions	Payment Integrity Policies	Benefits
	Claims Submissions	How we pursue payment accuracy	Vaccines for Children Program



ADDITIONAL INFORMATION TO ASSIST A 29-I HEALTH FACILITY

For immediate assistance, we recommend 29-I facilities work directly with the EmblemHealth Foster Care Liaison through this mailbox:

[Medicaid_Care_Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com)



Our Member ID Cards



HOW TO READ OUR ID CARDS

Generic ID card with each part explained.

- Pay attention to logos and instructions on back of ID card.
- Referrals and pre-authorizations are not a guarantee of payment. Member must be eligible for coverage on the date of service.

The diagram illustrates the layout of an ID card, divided into two sections: CARD FRONT and CARD BACK. On the front, the EmblemHealth logo and plan name 'Enhanced Care' are at the top. Below, member information is listed: 'MEMBER: Jane Sample Card' and 'ID NUMBER: XXX0000000'. A horizontal line separates this from the network name 'Network: Enhanced Care Prime'. Below the line, PCP information is provided: 'PCP Name: Dr. Jane Sample Card' and 'PCP Phone: 000-000-0000'. Copay information follows: 'Copay: PCP \$0 SPEC \$0 ER \$0 Rx \$0/\$0 Dental: \$0'. At the bottom, the BIN number '015748' and PCN number '0020111001' are listed. On the back, a paperless instruction is at the top: 'Go Paperless - Visit emblemhealth.com/members'. Below, a notice states: 'MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Call 866-447-9717 to request prior approval and confirm eligibility.' Contact information is provided: 'Customer Service: 855-283-2146 (TTY: 711)', 'Claims Questions: 866-447-9717', 'Emblem Behavioral Health Services: 888-447-2526', 'Dental (Healthplex): 855-910-2406', and 'Vision (EyeMed): 877-324-2791'. The address for claims is: 'Emblem Health Customer Service, 55 Water St, New York, NY 10041', 'Claims Submission, EmblemHealth, PO Box 2845, New York, NY 10116', and 'Behavioral Health claims to: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802'. The card is underwritten by the Health Insurance Plan of Greater New York.

CARD FRONT

CARD BACK

Member name

Member ID number

Network name

PCP name

Copays

Plan name


Customer service phone number

Claims address- This address is where all 29-I's will send their Core health related Claims and Medical OLHRS claims.



ID CARDS (Continued)

The card below shows when a PCP has not been selected, and unless provided will be auto-assigned to member.



Enhanced Care

MEMBER: **Sample Member**
ID NUMBER: **XXX0000000**

Network: **Enhanced Care Prime**
PCP Name: **Not Selected** PCP Phone: **855-283-2146**
Copay: PCP \$0 SPEC \$0 ER \$0 Rx \$0/\$0 Dental: \$0
BIN#: 015748
PCN#: 0020111001

Go Paperless - Visit emblemhealth.com/members

MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Call 866-447-9717 to request prior approval and confirm eligibility.

Customer Service: 855-283-2146 (TTY/TDD: 711)
Claims Questions: 866-447-9717
Emblem Behavioral Health Services: 888-447-2526
Dental (DentaQuest): 844-776-8748
Vision (EyeMed): 877-324-2791

Emblem Health Customer Service, 55 Water St, New York, NY 10041
Claims Submission, EmblemHealth, PO Box 2845, New York, NY 10116
Behavioral Health claims to: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802

Underwritten by Health Insurance Plan of Greater New York




Specialty care for Medicaid members placed in foster care do not require primary care provider (PCP) referrals.




ID CARDS (Continued)


Managing entities (Healthcare Partners or SOMOS)

 **Enhanced Care**

MEMBER: **Sample Member**
ID NUMBER: **XXX00000000**


Network: **Enhanced Care Prime**
PCP Name: **Dr. W Sample** PCP Phone: **000-000-0000**
Copay: PCP \$0 SPEC \$0 ER \$0 Rx \$1/\$3 Dental: \$0
BIN#: 015748
PCN#: 0020111001



 **Enhanced Care**

MEMBER: **Sample Member**
ID NUMBER: **XXX00000000**

Network: **Enhanced Care Prime**
PCP Name: **Dr. W Sample** PCP Phone: **000-000-0000**
Copay: PCP \$0 SPEC \$0 ER \$0 Rx \$1/\$3 Dental: \$0
BIN#: 015748
PCN#: 0020111001



Go Paperless - Visit emblemhealth.com/members

MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Call 800-877-7587 to request prior approval and confirm eligibility.

Customer Service: 855-283-2146 (TTY/TDD: 711)
Claims Questions: 800-877-7587
Emblem Behavioral Health Services: 888-447-2526
Dental (DentaQuest): 844-776-8748
Vision (EyeMed): 877-324-2791

Emblem Health Customer Service, 55 Water St, New York, NY 10041
Claims Submission, HealthCare Partners, 501 Franklin Ave, Suite 300, Garden City, NY 11530
Behavioral Health claims to: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802

Underwritten by Health Insurance Plan of Greater New York

Go Paperless - Visit emblemhealth.com/members

PROVIDERS: Network providers must provide or arrange non-emergency care. Call 844-990-0255 to request prior approval or claims questions.

Providers - Confirm Eligibility: 800-447-8386
Customer Service: 855-283-2146 (TTY: 711)
Emblem Behavioral Health Services: 888-447-2526
Dental (DentaQuest): 844-776-8748
Vision (EyeMed): 877-324-2791

EmblemHealth Customer Service: 55 Water St, New York, NY 10041
Claims Submission: PO Box 211473, Eagan, MN 55121
EmblemHealth Behavioral Health Services Claims: PO Box 1850, Hicksville, NY 11802

Underwritten by Health Insurance Plan of Greater New York



Access to Care



FOLLOW ACCESS AND AVAILABILITY STANDARDS

- Keep your 29-I address information and contact's current.
- Know your network participation.
 - Have you contracted (in-network/par) with EmblemHealth and/or Carelon Behavioral Health for behavioral health services?
- If your member requires clinical care after office hours, please contact the Nurse Triage line at **877-444-7988**.

Foster Care Initial Health Services and Ongoing Assessment and Treatment Time Frame	Activity	Mandated Activity	Mandated Time Frame	Who Performs
24 Hours	Initial screening/screening for abuse/neglect	X	X	Health practitioner (preferred) or child welfare caseworker
5 Days	For children under the age of 13, conduct HIV risk assessment *	X	X	Child welfare caseworker or designated staff
10 Days	Request consent for release of medical records & treatment	X	X	Child welfare caseworker or health staff
30 Days	Initial medical assessment	X	X	Health practitioner
30 Days	Initial dental assessment	X	X	Health practitioner
30 Days	Initial mental health assessment	X	R	Mental health practitioner
30 Days	Family Planning Education and Counseling and follow-up health care for youth age 12 and older (or younger as appropriate)	X	X	Health practitioner
45 Days	Initial developmental assessment	X	R	Health practitioner
45 Days	Initial substance abuse assessment	R	R	Health practitioner
60 Days	Follow-up health evaluation	R	R	Health practitioner



FOLLOW ACCESS AND AVAILABILITY STANDARDS

(Continued)

* OCFS Regulations regarding HIV Counseling and Testing of children and youth in foster care have been revised to reflect the May 2017 updates to Public Health Law. VFCA/LDSS are required to conduct an HIV risk assessment on children under the age of 13 within 5 days of entering foster care placement and annually thereafter. All patients age 13 or older receiving primary care services must be offered HIV testing at least once as a routine part of health care.

In addition to the above, there are assessments/evaluations that are required to be completed during the course of the foster care placement. These assessments are time sensitive and impact child's health, safety, and well-being. MMCPs are not permitted to require Prior Authorization for these assessments. Examples of on-going assessments include:

1. Following absent without consent (AWOC).
2. For purposes of determining eligibility for residential placements (OPWDD, OMH, OASAS and OCFS placement).
3. Updated/repeated assessments/evaluations are routine and standard. Children/youth in foster care often require multiple assessments/evaluations as they may experience changes in functionality and/or clinical presentation that impact service intensity.



Managing Entities and Special Programs



MANAGING ENTITIES AND SPECIAL PROGRAMS

EmblemHealth contracts with several delegated entities to provide care to its members (in addition to other providers). The delegated entity is listed on the member's ID card. When a member is assigned or chooses a PCP associated with one of the delegated entities, the delegated entity will be responsible for coordinating care, as well as utilization management and case management.

- HealthCare Partners (HCP)
- SOMOS

Reminder: As a 29-I health facility, you will never send CLHRS/OLHRS claims to any of the managing entities listed above.



MANAGING ENTITIES AND SPECIAL PROGRAMS (Continued)

EmblemHealth also contracts with provider/vendors to provide special programs for members. These provider/vendors are considered network providers. Preauthorization, if required, must be obtained directly from these vendors.

- Core Limited Services (VFCA/ Foster Care population only)
- Other Limited Health-Related Services (VFCA/Foster Care population only)
- Behavioral Health (Carelon)
- Vision (EyeMed)
- Dental (Healthplex)
- Cardiology, DME, Radiology, Radiation Therapy (eviCore)
- Spine surgery and pain management (OrthoNet)
- Laboratory services (Quest Diagnostics)

Reminder: Effective **April 1, 2023**, pharmacy benefits for Medicaid members transitioned to [NYRx](#), the New York State (NYS) Medicaid Pharmacy program.



VOLUNTARY FOSTER CARE AGENCY (29-I)/FOSTER CARE POPULATION ONLY

EmblemHealth covers the following 29-I Health Facility services for eligible Medicaid and CHPlus members in NY State:

1. Core Limited Health-Related Services (CLHRS) on a per diem basis, inclusive of: Nursing Services, Skill Building Licensed Behavioral Health Practitioner (LBHP), Medicaid Treatment Planning and Discharge Planning, Clinical Consultation/ Supervision Services, VFCA Managed Care Liaison/Administration
2. Medically necessary Other Limited Health-Related Services (OLHRS) on a per encounter basis that the 29-I Health Facility is authorized by the State to provide will include Medicaid State Plan amendments and carved in behavioral health benefits for children, i.e., Children and Family Treatment Supports and Services (CFTSS), Other Licensed Practitioners (OLP), Community Psychiatric Supports and Treatment (CPST), and Home and Community Based Services (HCBS).



VFCA (29-I)/FOSTER CARE POPULATION ONLY – CLAIMS

- All fully contracted and credentialed in-network providers are eligible to bill for CLHRS and OLHRS.
- All claims will be sent to EmblemHealth by paper or electronic submission for processing.
- 29-I Health Facility Billing Tool at 29ibilling.ctacny.org/
- Out-of-network 29-I health facility providers are eligible to bill through the establishment of Single Case Agreements.
- For Essential Community Providers (ECP) EmblemHealth will work with 29-I health facilities to identify any needed services that are better provided by a ECP. If ECP is not in network, EmblemHealth will contract with ECP or establish a single case agreement.

For more information about Single Case Agreements, contact the EmblemHealth Foster Care Liaison at [Medicaid Care Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com).



BEHAVIORAL HEALTH SERVICES

Carelon Behavioral Health administers behavioral health services and behavioral health OLHRS for foster care children. As a 29-I facility you will contract with Carelon Behavioral Health to provide these services.

- 29-I facilities should contact Carelon Behavioral Health under the Emblem Behavioral Health Services Program (EBHSP).
- For preauthorization, call **888-447-2526**.
- 29-I facilities may also contact the EmblemHealth Foster Care Liaison for further assistance at Medicaid_Care_Coordination@emblemhealth.com.

For information on accreditation, preauthorizations, claims, and more, please see the Carelon Behavioral Health Provider Manual:
carelonbehavioralhealth.com/providers/resources/provider-handbook.



VISION SERVICES

- EyeMed is the vision services provider for EmblemHealth members' routine vision and materials benefit.
- EyeMed is responsible for the provider network, including contracting and credentialing, claims processing and payment, routine vision grievances, and claims appeals.
- To find an in-network EyeMed provider, contact EyeMed Customer Service at **877-324-2791** (TTY: **711**) or you can contact the EmblemHealth Foster Care Liaison at [Medicaid_Care_Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com).



DENTAL SERVICES

- Health plex administers comprehensive dental benefit to members.
- Healthplex is responsible for the provider network, including contracting, credentialing, claims, grievances, and appeals.
- Members who need dental care should be directed to emblemhealth.com/find-a-doctor. If additional assistance is needed, please contact Healthplex at **888-468-2183**, Monday to Friday from 8 a.m. to 5 p.m.
- You may also contact the EmblemHealth Foster Care Liaison for assistance at Medicaid_Care_Coordination_@emblemhealth.com.



EVICORE SERVICES

eviCore healthcare conducts utilization management for:

Service	What Do Doctors Who Make Community Referrals Need to Know?
Cardiology	Contact eviCore to request approval for cardiology imaging services in most outpatient settings. Phone: 866-417-2345 ; Fax: 800-540-2406
DME*	Contact DME company; they submit approval requests. Phone: 866-417-2345 ; Fax: 855-488-6275
Radiology	Contact eviCore to request approval for diagnostic imaging for outpatient radiology services. Phone: 866-417-2345 ; Fax: 800-540-2406
Radiation Therapy	Contact eviCore to request approval for radiation therapy treatment plans rather than for individual CPT-4 codes. Phone: 866-417-2345 ; Fax: 800-540-2406

*To identify the provider of your choice please go to emblemhealth.com/find-a-doctor lookup tool



EVICORE SERVICES (Continued)

Before requesting preauthorization, complete applicable request form found on [evicore.com](https://www.evicore.com)

eviCore conducts first-level clinical standard and expedited appeals

Note: Preauthorization is not required for services provided as part of an inpatient hospital stay or an emergency room encounter.

29-I facilities may work directly with the EmblemHealth Foster Care Liaison at [Medicaid Care Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com).

For More Information

eviCore provides a variety of training modules on their website: [evicore.com](https://www.evicore.com).



EMBLEMHEALTH SPINE SURGERY AND PAIN MANAGEMENT THERAPIES PROGRAM

Contact OrthoNet, LLC for preauthorization for:

- Select spine surgery for codes requiring preauthorization and related forms, see the **EmblemHealth Spine Surgery and Pain Management Therapies Program** chapter 12 of the Provider Manual at emblemhealth.com/providers.
- Interventional pain management therapy procedures

Service Sites:

- Office (POS 11)
- Outpatient hospital (POS 22)
- Ambulatory surgery center (POS 24)
- Inpatient hospital (POS 21)



NETWORK LABORATORY SERVICES

- Use in-network labs found on: emblemhealth.com/provider/resources/toolkit/network-laboratory-services-for-all-plan-members
- Quest and LabCorp are our preferred free-standing labs.

Quest Diagnostics Patient Services Locator:
800-377-7220

Quest Diagnostics Customer Service department:
866-MY-QUEST (866-697-8378)

Quest Diagnostics website:
questdiagnostics.com

Visit **labcorp.com** to make an appointment at a patient service location.

To find a lab near you, you can call **888-LabCorp (888-522-2677)**.

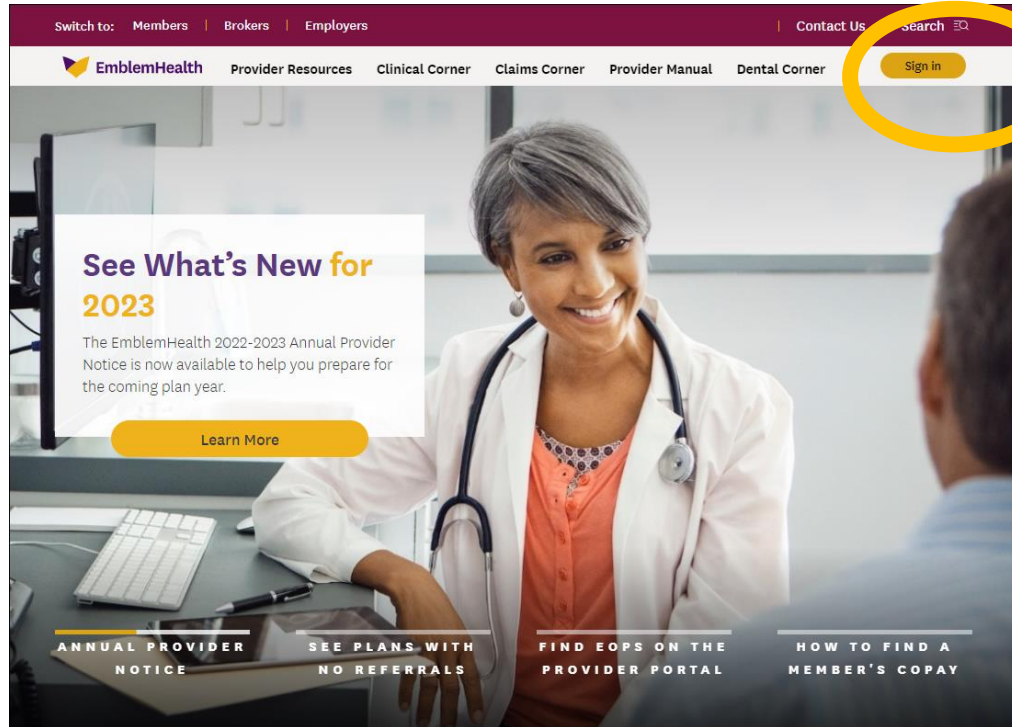
- Use other contracted labs only for proprietary test and services our preferred labs cannot perform.
- Physicians may also use network hospitals. In limited circumstances, in-office lab tests may be performed.



Secure Provider Portal



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Provider Portal

Sign in to access our secure portal [Sign In](#)

Home > [Provider Resources](#) > [Provider Portal](#)

A Better Way to Manage Your EmblemHealth Patient

No need for phone or fax!

Our secure [provider portal](#) gives real-time access to member plan benefits, claims information, and the policy changes that affect them. It streamlines utilization reviews, supports coordination of care, facilitates dispute resolution, and much more.

EmblemHealth
Provider Portal

i If you have an account with us and it's your first time visiting our new portal, please [click here to continue](#). If you're new, and have a registration code, click Register below to begin.

Username*

Password*

[Forgot Username?](#) [Forgot Password?](#)

[Sign In](#)

If you haven't received a code or are having trouble, [view our quick guide](#) for more information.

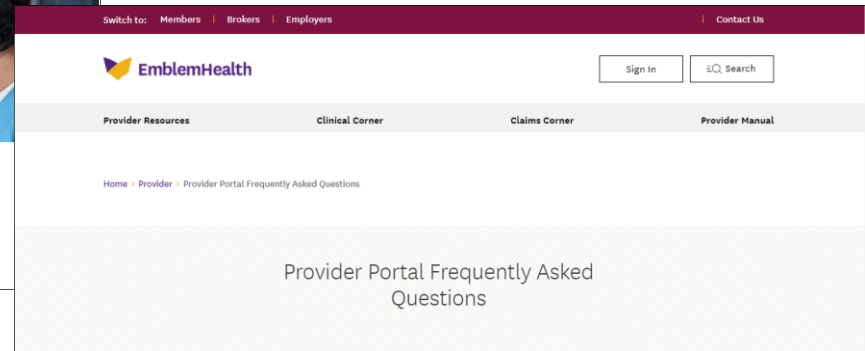
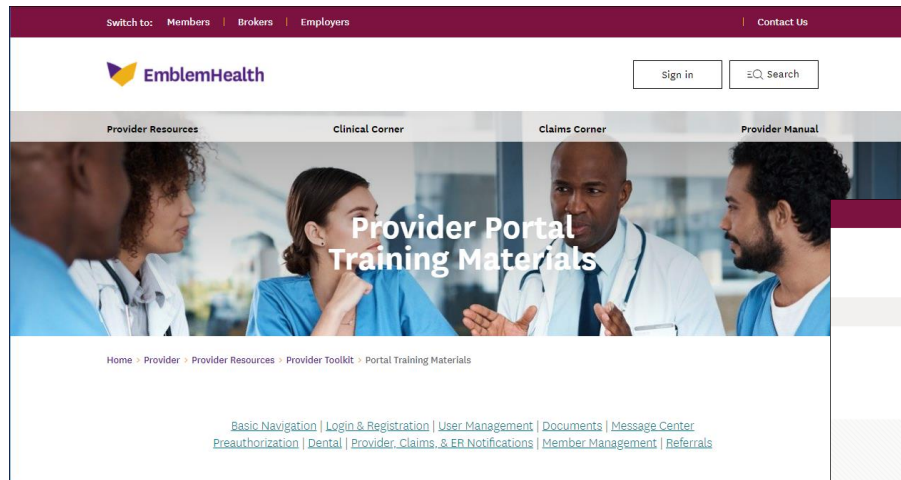
[Register](#)



SECURE PROVIDER PORTAL

Training Materials and Frequently Asked Questions

emblemhealth.com/providers/resources/toolkit/portal-training-materials



emblemhealth.com/providers/providerportalfaq



Transactions



TAXONOMY CODES – WHAT ARE THEY?

Provide taxonomy codes on all EmblemHealth claims; absence of these codes may result in incorrect payment.

Taxonomy Codes – What Are They?

- Unique 10-character alphanumeric code
- Used to identify individual or organization provider type and specialty at the claim level
- Codes have three distinct levels:
 - Level I is the Practitioner Type
 - Level II is Classification
 - Level III is the Area of Specialization

A complete list of taxonomy codes can be found within the Health Insurance Portability and Accountability Act (HIPAA).



TAXONOMY CODES – HOW DO I USE THEM?

How to Submit Taxonomy Codes on Your Claims

The Foster Care Agency taxonomy code for all 29-I Health Facilities is 253J00000X and must be on all claims

<p><u>UB04</u></p> <p>Billing Provider Taxonomy: Box 81a with B3 qualifier Attending Provider Taxonomy: Box 81b with B3 qualifier</p>	<p><u>HCFA 1500</u></p> <p>Billing Provider Taxonomy: Box 33B – Qualifier ZZ Rendering Provider Taxonomy Line Level : 24J – Qualifier ZZ</p>
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Transaction Type	Taxonomy Code	Loop	Segment	Data Element	Data Element	Data Element
837P	Billing Taxonomy	2000A	PRV	PRV01 = BI	PRV02 = PXC	PRV03 - Taxonomy Code
	Rendering Taxonomy - Claim Level	2310B	PRV	PRV01 = PE	PRV02 = PXC	PRV03 - Taxonomy Code
	Rendering Taxonomy - Line Level	2420A	PRV	PRV01 = PE	PRV02 = PXC	PRV03 - Taxonomy Code
837I	Billing Taxonomy	2000A	PRV	PRV01 = BI	PRV02 = PXC	PRV03 - Taxonomy Code
	Attending Taxonomy -Claim Level	2310A	PRV	PRV01 = AT	PRV02 = PXC	PRV03 - Taxonomy Code



EFT/ERA

To register:

After you receive your first CPR payment via ECHO Health VCard, you have the option to enroll in EFT/ERA by contacting ECHO Provider Support at **888-492-0032** or enrolling online at: enrollments.echohealthinc.com/

- If a provider enrolls for EFT through this link: enrollments.echohealthinc.com/EFTERADirect/EmblemHealth, there is no charge for EFT/ERA service.
- Alternately, ECHO offers an “All Payer” service for a fee (per draft) which is a contracted percentage with the provider. The benefit to the provider is that once enrolled, their EFT choice applies regardless of the payer as long as it is processed by ECHO. The provider signs a contract agreeing to this before the first draft.

EmblemHealth recommends the use of EFT/ERA because it can:

- Improve your cash flow.
- Reduce administrative expenses.
- Match payments to remittances quickly and easily.
- Manage the destination of your claims payments.
- Manage user access



CLAIMS

Filing a Claims Dispute

Web Inquiry

- Sign in to emblemhealth.com/providers.
- Click on “Claims” tab and select “Search Claims”.
- Click on the applicable claim.
- On the Claim Details screen, click “Ask a Question” and enter the nature of the inquiry.
- If you want to supply additional information, use the paper clip to attach files, such as a corrected claim, a primary Explanation of Benefits notice, or medical records, etc.
- If you have multiple claims to dispute, use our Message Center tool in My Messages.

Grievance

- A request to change an adverse determination that was based on administrative policies, procedures, or guidelines.
- A grievance may result from how a claim was processed, including computational errors, interpretation of contract reimbursement terms, timeliness of payment, or from failure to follow a plan policy or procedure.
- Refer to EmblemHealth’s Provider Manual for more information on our grievance policy and procedures.

Note: as of **April 1, 2019**, EmblemHealth applies a default 120-day timely filing requirement for par providers. Unless the participation agreement states an alternative time frame to be applied, all claims need to be submitted within 120 days of the date of service. This timely filing limit applies to original and corrected claims submitted by participating providers.



PREAUTHORIZATION

Inpatient hospital admissions, hospice, assistant surgeon, non-par providers, ambulance, and outpatient services may require preauthorization. For a list of services requiring preauthorization, see Clinical Corner at emblemhealth.com/providers. A new Preauthorization Look-up Tool has been added to Clinical Corner in addition to the one available in the secure provider portal as part of the Preauthorization transaction.

- When possible, all requests for preauthorization should be coordinated with the EmblemHealth Foster Care Liaison.
- Preauthorization is not required for Core Limited Health-Related Services.
- Preauthorization may be required for Other Limited Health-Related Services.
- Preauthorization requests can be submitted via:
 - EmblemHealth Foster Care Liaison: [Medicaid Care Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com)
 - Online: emblemhealth.com/providers
 - Phone: **866-447-9717**
 - Fax: **866-215-2928**

If a PCP is associated with SOMOS or HCP, they will contact the number identified on the member's ID card. They may also reach out to the EmblemHealth Foster Care Liaison for assistance.

Emergency hospital admissions do not require preauthorization; however, the hospital must notify the plan within two (2) business days.



PREAUTHORIZATION RULES

Switch to: [Members](#) | [Brokers](#) | [Employers](#) | [Contact Us](#) | [Search](#)

[EmblemHealth](#) | [Provider Resources](#) | **Clinical Corner** | [Claims Corner](#) | [Provider Manual](#) | [Dental Corner](#) | [Sign in](#)

Clinical Corner

- UM and Medical Management**
- Preauthorization Lists
- Provider Portal Transaction Resources
- Plans with No Referrals (PDF) [↓](#)
- Preauthorization Contacts
- Utilization Management News
- Care Management Programs**
- Care Management

- Vendor-Managed Utilization Management Programs**
- Behavioral Health Services
- Chiropractic Program
- Durable Medical Equipment
- Physical and Occupational Therapy Program
- Pharmacy Services and Specialty Pharmacy

- Oncology Management
- Radiology-Related Programs and Privileging Rules for Non-Radiologists
- Spine and Pain Management
- Quality Improvement**
- Programs and Resources
- Clinical Practice Guidelines

- Pharmacy**
- Pharmacy News
- Formularies
- Pharmacy Medical Preauthorization List
- Enterprise Pharmacy Policies
- New Century Health — Medical Oncology Policies
- UM and Medical Management
- Pharmacy Services

- Medical Policies**
- EmblemHealth Medical Policies
- ConnectiCare Medical Policies
- COVID-19 Updates**
- COVID-19 Updates and Key Information You Need to Know

UM & Medical Management

Home > Clinical Corner > UM and Medical Management

EmblemHealth is simplifying our utilization management (UM) rules. We are reducing your need to seek pre-authorization (PA) based on the member's type of plan (Commercial, Medicaid and Medicare) and the selected site of service.

Please be aware that some of our policies and procedures may be affected by COVID-19 regulations published by state and federal regulators. Please review our [Provider COVID-19 page](#) to stay up-to-date on all changes.

- News**
- Preauthorization Rules**

[Go to News](#) →

[Go to Preauthorization Rules](#) →



Resources for Our Members



EMBLEMHEALTH NEIGHBORHOOD CARE

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; our role is to help practitioners manage patient care by supporting the primary practitioner-patient relationship.

Using the EmblemHealth Neighborhood Care visit form, providers can recommend plan members to a local Neighborhood Care site for services including:

- **In-person EmblemHealth Customer Service***
ID cards, claims and billing questions, provider search
- **Care management and coordination for EmblemHealth members***
Referrals, pharmacy questions, durable medical equipment, fulfillment assistance
- **Social work and community navigation***
Housing, employment and financial assistance, behavioral health resources
- **Fitness and wellness classes***
Zumba, yoga, nutrition, disease prevention, self-management programs

For more information, visit emblemhealth.com/community.

**This denotes that 29-I facilities, VFCA, or LDSS can only receive this information through EmblemHealth Customer Service and/or the EmblemHealth Foster Care Liaison.*



MYEMBLEMHEALTH APP

The *myEmblemHealth* app allows our members to get key plan information, services, and features any time they want, wherever they are.

Find a plan doctor, dentist, or hospital

- Help them locate providers when generating a referral.
- Get a map and directions using the device's GPS (location services must be turned on).

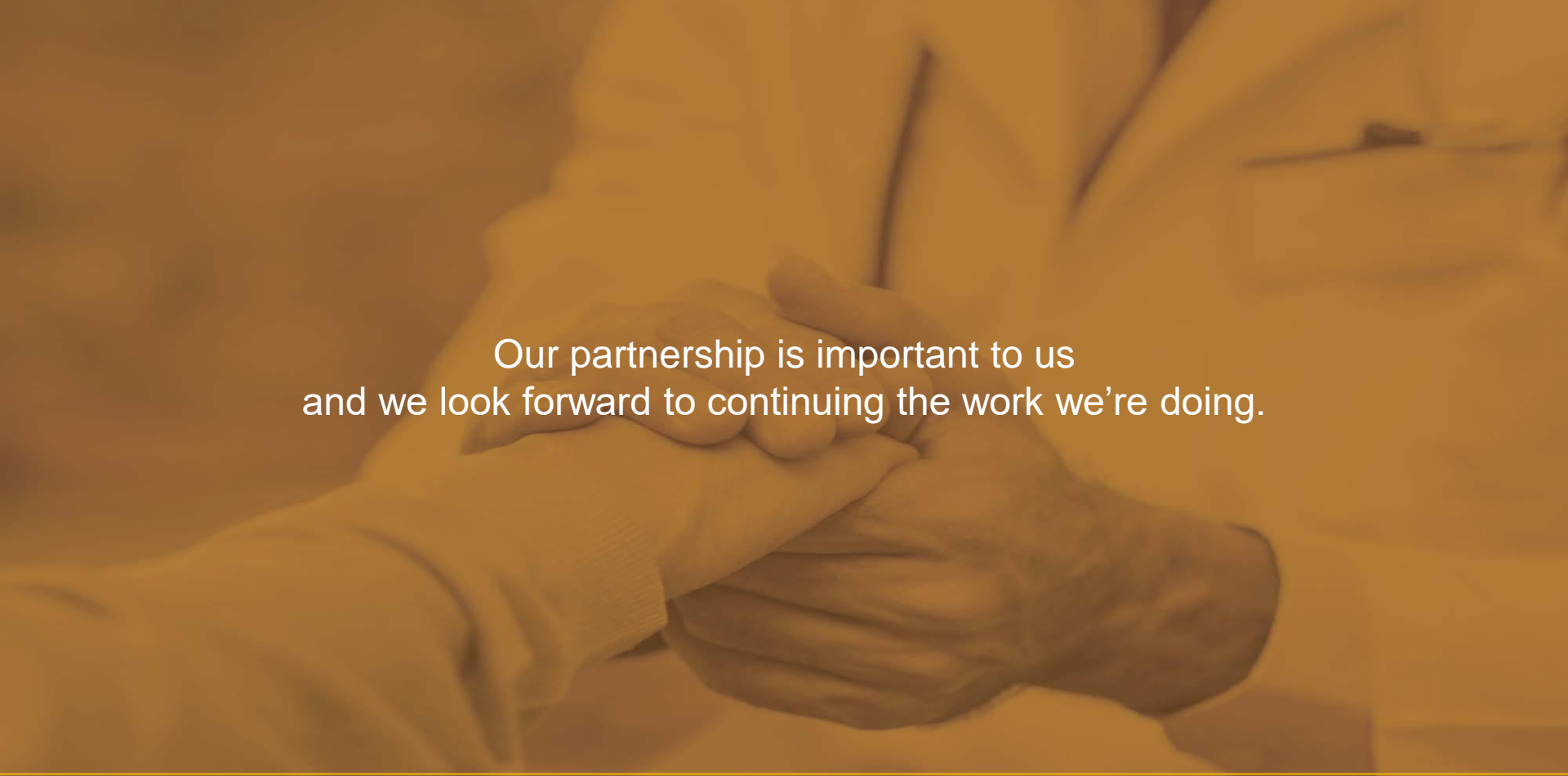
Did they forget their ID card at home? No problem.

- Display member's ID card and even email or fax it to your office.
- Display member's plan benefits and copays.
- Display member's designated PCP, if selected.

Security

EmblemHealth members must first sign in or register to access this app. Member information is always safe. *Compatible with iOS and Android devices.*





Our partnership is important to us
and we look forward to continuing the work we're doing.



Thank you for caring for our members.

