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## Our Bridge Network: Your Connection to More of Our Members

Did you know that your practice can see more EmblemHealth and ConnectiCare members?

You can see Bridge members if you are part of any of the following networks:

- EmblemHealth Insurance Company Prime Network (formerly HIPIC)
- EmblemHealth Plan, Inc. National Network (formerly GHI)
- ConnectiCare Choice Network
- QualCare Network
- First Health Network

The Bridge Network "bridges across" five networks to give more of our members access to care. This brings more patients to your office. In fact, our belief that Bridge is the solution to care led us to make it available to our own EmblemHealth and ConnectiCare employees!

How is this possible? EmblemHealth and ConnectiCare provide ASO for members belonging to self-funded employer groups. These members have access to some of our Commercial networks as part of our Bridge Network, which combines several existing networks—including some that may be very familiar to you. If you are part of any of the networks mentioned above and the word "Bridge" or "Bridge Network" appears on the member ID card of the member seeking care, you are considered in-network for that member.
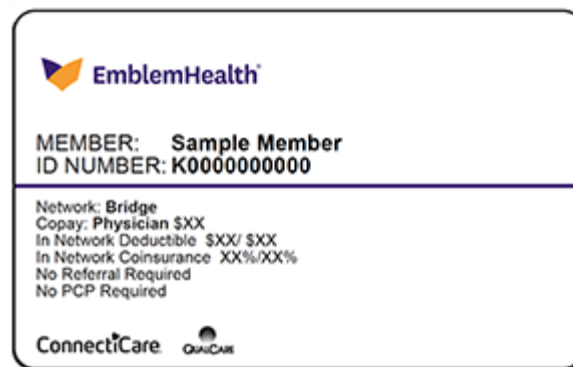
If this seems confusing, we're here to help you understand. Your contract(s) include(s) terms for providing services for administrative services only (ASO) members, and the Bridge Network is your newest connection. Please be sure your office staff understands this and doesn't mistakenly turn away covered members.

For more information, see our **reference guide.**

New Names You Should Know

Late last year, we announced we were retiring the GHI and HIPIC names and replacing them with new names that better reflect our identity as EmblemHealth. Here is what you need to know:

Former Name	NEW Name
Group Health Incorporated (GHI)	EmblemHealth Plan, Inc.
HIP Insurance Company of New York (HIPIC)	EmblemHealth Insurance Company

Coverage and benefits are not affected, and this name change does not change how you work with us or our members. It's just new names for the companies that have been part of your practice for years.

Still Time to Tell Us How You Feel About EmblemHealth

We'd like to hear your perspective on our shared mission of creating healthier futures for our communities. As a health plan with a renewed commitment to partnering with our providers, we need to hear your point of view. Please take a few minutes to complete this **Provider Satisfaction Survey**. We ask you to give us your honest feedback on how we can better serve you and your patients.

Want more influence? There is also an opportunity to join an advisory committee that will help inform our company as we continue our transformation. If you're interested, please enter your contact information at the end of the survey.

Site-of-Service Rules Expand to Medicare Members April 1

Starting April 1, we will begin applying the same site-of-service rules to our Medicare members as we do to our Commercial and Medicaid members. For the full list of applicable services, please see this **announcement** . For preauthorization lists and a preauthorization look-up tool, visit our **preauthorization page** regularly to ensure you are working with the most current information.

COVID-19 Update

Telehealth Benefits and Waiver of Certain In-Network Cost-Sharing Extended to April 4

For EmblemHealth Commercial plans in New York, telehealth requirements and benefits have been extended until April 4, 2021. This extension also applies to certain in-network cost-sharing.

Insurance companies cannot impose or require insureds to pay any copayments, coinsurance, or annual deductibles for the following services when covered under the policy:

- In-network laboratory test to diagnose COVID-19; and
- Visits to diagnose COVID-19 at the following locations including telehealth visits:
  - In-network provider's office
  - In-network urgent care center, any other in-network outpatient provider setting able to diagnose COVID-19, or an emergency department of a hospital.

For more COVID-19 updates, please visit our **website**.

GOVERNMENT-SPONSORED PROGRAM UPDATES

MEDICARE

Do Not Bill Dual Eligible and QMB Members with Full Medicare Benefits

Do Not Bill Dual Eligible and QMB Members with Full Medicare Benefits 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 (QMBs), 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. If you received Medicare and Medicaid payments for services given to these members, it must be accepted as payment in full. For more detail, see our **2021 Medicare Advantage Guide**.

Medicare Outpatient Observation Notice (MOON)

All hospitals and critical access hospitals are required by CMS to provide Medicare beneficiaries, including Medicare Advantage enrollees, with the OMB-approved Medicare Outpatient Observation Notice (MOON). The MOON and instructions for completing it are available on CMS' website.

MEDICAID, HARP, AND CHILD HEALTH PLUS (STATE-SPONSORED PROGRAMS) UPDATES

Medicaid Pharmacy Carve-out Moved to May 1

On **May 1, 2021**, the pharmacy benefit for New York State (NYS) Medicaid Managed Care members will be transitioned to the NYS Medicaid Fee-for-Service (FFS) Pharmacy Program. To prescribe drugs or supplies to Medicaid Managed Care members after this transition occurs, **prescribers must be enrolled in the NYS Medicaid FFS program by May 1**. This will ensure continuity of care for EmblemHealth Enhanced Care (Medicaid) and Enhanced Care Plus (HARP) patients.

Starting July 1 – NPI and Taxonomy Code Enforcement on State-Sponsored Program Claims &

Encounter Data

EmblemHealth requires providers to add National Provider Identifiers (NPIs) and Taxonomy Codes to all claims for all services delivered to members. Missing codes may result in incorrect payment to you. Furthermore, if we do not have the correct taxonomy code on file, our pharmacy vendor may stop prescriptions you ordered from going through. To learn how to obtain a taxonomy code and how to use them, see the **EmblemHealth Guide for NPIs and Taxonomy Codes**.

Required Medicaid Cultural Competency Training

Each year, the New York State Department of Health requires providers and their staff, who have regular and substantial contact with EmblemHealth Enhanced Care (Medicaid Managed Care) and Enhanced Care Plus (HARP) members, to **certify** completion of **cultural competency training**. eMedNY also offers several training webinars for providers and their billing staff. See the Webinars/Training section below for more detail.

Change of Address and 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 here**.

Medicaid: 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 as well as past issues.

CLAIMS CORNER

The **Claims Corner** section of our website is a rich source of information that helps your practice navigate EmblemHealth claims and billing processes. Please check often to see posted updates.

Reimbursement Policy Updates

Reimbursement Policies are available for download in Claims Corner on our provider website. The following

policies have been added to the list and duplicative materials removed from other pages in Claims Corner. No substantive changes have been made to these policies; only their presentation and placement on our website.

- **Assistant at Surgery – Modifiers 80/81/82 and AS (Commercial)**
- **Discontinued Procedures – Modifiers 53, 73 & 74 (Commercial)**
- **Modifier Reference Policy (Commercial)**
- **Never Events/Adverse Events & Serious Reportable Events (Commercial)**
- **Split Surgical Care – (Modifiers 54/55/56) (Commercial)**

CLINICAL CORNER

Our **Clinical Corner** is where you can find our Medical Policies, Medical Technology Database, Preauthorization Lists and Preauthorization Look-up Tool, Clinical Practice Guidelines, and Pharmacy information.

Study Finds Home Blood Pressure Testing Best for Diagnosing Hypertension

A study published in the Journal of *the American College of Cardiology* compared office blood pressure (OBP), ambulatory blood pressure (ABP), and home blood pressure (HBP). The data suggests that one week of HBP monitoring may be the best approach for diagnosing hypertension.

This study, ***Reliability of Office, Home, and Ambulatory Blood Pressure Measurements and Correlation with Left Ventricular Mass***, and similar articles may be found in the National Library of Medicine.

CENTRAL ILLUSTRATION: Systolic Home Blood Pressure Is More Reliable and More Strongly Correlated With Left Ventricular Mass Than Either Office Blood Pressure or Ambulatory Blood Pressure

Systolic BP	Office BP	Home BP	24-Hour BP
Reliability	0.89	0.94 ✓	0.85
Correlation with LVMI	0.39	0.50 ✓	0.43

Schwartz, J.E. et al. J Am Coll Cardiol. 2020;76(25):2911-22.

Member Resources for Chronic Conditions

We recently added a new **Chronic Conditions** section to the Live Well section of our member website. There, members can find information about our Care Management programs including a new "Way Forward" section for individuals who want to learn more about specific chronic conditions such as diabetes and asthma, and how to best treat and manage these conditions. The site links to our blog and to our Health Assessment, Neighborhood Care, and Advantage Care Physicians (ACPNY) pages on the EmblemHealth site. The new site can be viewed at **emblemhealth.com/live-well/chronic-conditions**.

EmblemHealth to Provide Care Management to Kidney Patients May 1

March is National Kidney Month, a time to focus on, and raise awareness about, kidney disease, a serious condition affecting 37 million people. EmblemHealth is here to help you manage members affected by kidney disease, and we want to share some important news with you:

EmblemHealth is transitioning the care management of our members living with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) to our care management team by May 1, with the implementation of the EmblemHealth Chronic Kidney Disease (CKD)/End Stage Renal Disease (ESRD) program.

Our team of care managers, social workers, and pharmacists may be in touch with your office as we coordinate patient care. For more information or to make a referral, call us as at **800-447-0768**, Monday through Friday, 9 a.m. to 5 p.m.

The CKD/ESRD program will provide eligible members with holistic, seamless and, clinically robust wrap around support throughout all stages of their health care journey. We'll identify members with complex needs and provide them with individualized care management interventions.

EmblemHealth's CKD/ESRD program aims to slow the progression of illness and reduce unnecessary utilization. The program seeks to improve condition management and navigation of the healthcare system through a structured approach to person-centered assessment, care planning, and delivery of interventions.

Medical Policy Updates

All **Medical Policies** are available for download in Clinical Corner on our provider website. We encourage you to review this section for new information. These following are the most recently revised policies:

- Bariatric Surgery
- Neuropsychological Testing
- Non-Invasive Helicobacter Pylori Testing
- Varicose Vein Treatment

New Medical Policy: Commercial Plan Coverage Rules for Specialty Infusions Based on Site-of-Service Starting May 1

Starting **May 1**, in support of our commitment to keeping members' costs down, we are changing how we cover ongoing maintenance infusion services for adults (21+) in our Commercial plans. Routine maintenance will be covered in the following settings: Home (POS 11), Office (POS 11), and ambulatory infusion suites (POS 12 with Modifier SS, or POS 49). Exceptions for initial doses and members with justifiable needs to continue care in a hospital outpatient setting will be allowed. Your

patients' current authorizations will be valid through the date noted in their approval letter. For full details, please see our **Site of Service Medical Policy – Infusions and Injectables**.

March is Colorectal Cancer Awareness Month

Colorectal cancer is a leading cause of cancer deaths in the U.S. among cancers that affect both men and women, **according to the CDC**. It is most often found in people aged 50 years or older in all racial and ethnic groups.

The good news is that the number of adults in the U.S. who are **up-to-date with colorectal cancer screening** is increasing and colorectal screenings save lives. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. Encourage your patients between the ages of 50 to 75 to get **screened** regularly.

Colorectal screening is a HEDIS and QARR measure.

Medical Technologies Database

A comprehensive listing of medical technologies reviewed by the Medical Policy Committee for coverage consideration is available for download in Clinical Corner on our provider **website**.

PHARMACY

Formularies

EmblemHealth updates its Formularies on a regular basis. Find our most recent updates **here**.

Update: Medicaid Pharmacy Carve-out Moved to May 1 (*See Medicaid section above for details*).

WEBINAR/TRAINING

Join Us April 14 for Our Monthly Webinar

The next session of our monthly webinar series will be held on **Wednesday, April 14 from 10-11 a.m., and again from 2-3 p.m.** Practitioners and office staff are welcome to join this monthly webinar that provides an

overview of our products and benefit plans, special utilization management programs, and how to navigate our provider portal. **Register** today as space is limited.

Free Webinars for Patient Management and ICD-10 Coding

Pulse8 offers free webinars for patient management and ICD-10 coding. To see the full schedule for 2021, click **here**. To register, go to **pulse8.zoom.us** and select the session that interests you.

If you have any questions, or you would like to set up a private session for your practice, please email **ProviderEngagement@Pulse8.com** or call their Customer Support team at **410-928-4218 ext 7**. Their hours are 8 a.m. to 8 p.m., Monday through Friday.

Sign Up for eMedNY Training Webinars

eMedNY offers several training webinars for providers and their billing staff. Visit the **Provider Training** web page to view the list of topics, their descriptions, available session dates, and to register for webinar(s) appropriate for your specific training needs.

IN EVERY ISSUE

Please keep your email current so we can get information to you quickly.

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.

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; 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
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Privacy Policy
Nondiscrimination Policy