

2021 Medicare Advantage HMO/POS/D-SNP Plans

*Reference
Guide*

2021 EmblemHealth Medicare Advantage HMO/POS

Sample Member ID Card and Plans

EmblemHealth VIP Gold (HMO)
No Referral Required

MEMBER: **Sample Member**
ID NUMBER: **KXXXXXXXXX**

Network: **VIP Bold**
PCP Name: **Dr. Sample**
PCP Phone: **XXX-XXX-XXXX**

Copay: **PCP \$XX SPEC \$XX**
Urgent: \$XX ER \$XX

MedicareRx
Prescription Drug Coverage

Rx BIN#: 400023
Rx PCN#: 0020050403
Rx GRP#: KHYA
CMS#: H3330-021-XXX

ConnectiCare Comprehensive Dental

No Referral Required

VIP Bold Network

EmblemHealth VIP Dual (HMO D-SNP)
EmblemHealth VIP Dual Select (HMO D-SNP)
EmblemHealth VIP Essential (HMO)
EmblemHealth VIP Go (HMO-POS)
EmblemHealth VIP Gold (HMO)
EmblemHealth VIP Gold Plus (HMO)
EmblemHealth VIP Part B Saver (HMO)
EmblemHealth VIP Passport (HMO)
EmblemHealth VIP Passport NYC (HMO)
EmblemHealth VIP Rx Saver (HMO)
EmblemHealth VIP Solutions (HMO D-SNP)
EmblemHealth VIP Value (HMO)

VIP Reserve Network

EmblemHealth VIP Reserve (HMO)
EmblemHealth VIP Dual Reserve (HMO D-SNP)

Referral Required

VIP Prime Network

EmblemHealth VIP Premier (HMO) Group
EmblemHealth VIP Rx Carve-out (HMO) Group

Customer Service: **877-344-7364 (TTY: 711)**
Behavioral Health: **888-447-2526**
Pharmacy: **877-444-7097**
Dental (DentaQuest): **844-776-8749**
Vision (CPS-EyeMed): **844-790-3878**

PROVIDERS: Use emblemhealth.com/providers to check eligibility, find network providers, and see all preauthorization requirements and UM programs.

Provider Service: **866-447-9717**

Medical/Hospital Claims: EmblemHealth, PO Box 2845, New York, NY 10116-2845. Payor ID: 55247.
Behavioral Health Claims: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802.

Underwritten by Health Insurance Plan of Greater New York (HIP)

[Click here](#) for a handy, quick reference showing all EmblemHealth plans that do not need a referral.

2021 Networks for EmblemHealth Medicare Advantage HMO/POS Plans



Network and Plan Changes

In 2021, EmblemHealth will be implementing the following changes:

VIP Prime Network to Support Group Plans in 2021

Our VIP Prime Network will continue to be the Medicare network for VIP group plans in our 24-county Medicare service area. Group plan members require PCPs and referrals to see specialists.

EmblemHealth Is Offering Two New Medicare Networks with No Referral Requirements in 2021

EmblemHealth has customized two new Medicare network options for individuals. All plans will continue to access our vendor partners' networks and will follow the same preauthorization rules. Member ID cards will include the name of the new network and will show "No referral required" on the front of the member ID card. See sample card on page 3.

VIP Bold is the new network for existing individual plans starting **Jan. 1, 2021**. It will be offered in our 24-county Medicare Advantage service area. Most members will have access to the ConnectiCare Choice Network. Referrals are no longer required for members of individual plans.

VIP Reserve is the new network being introduced for our new VIP Reserve individual plans. The new plans will be available in the Bronx, Manhattan, Queens, and Brooklyn. Referrals are not required. Because this new network will support our new VIP Dual Reserve plans, providers in this network will be required to take our annual Special Needs Plan (SNP) Model of Care training. The new plans being offered with this network are:

- EmblemHealth VIP Reserve (HMO)
- EmblemHealth VIP Dual Reserve (HMO D-SNP)

EmblemHealth and ConnectiCare Reciprocity

EmblemHealth's Medicare Advantage members using VIP Prime and VIP Bold networks (except Dual SNP members) can use ConnectiCare's Medicare Choice Network in Connecticut. Some services are available through delegated networks and providers only. These include routine vision care and eyewear (EyeMed); behavioral health (Beacon Health Options); chiropractic, occupational and physical therapy (Palladian); and dental (DentaQuest).

Similarly, Medicare members using ConnectiCare's Medicare Choice Network (except Dual SNP plan members) have access to the VIP Prime Network in New York. Some services are only available through ConnectiCare's delegated networks and providers, such as behavioral health offered through Optum.

ConnectiCare to Offer New Medicare Plans in 2021

- ConnectiCare Choice Dual Basic (HMO D-SNP)
- ConnectiCare Choice Part B Saver (HMO)

See [**2021 Summary of Companies, Lines of Business, Networks & Benefit Plans**](#) for full details.

Service Area Expansions

The following plans will be sold in additional counties in 2021:

EmblemHealth VIP Solutions: Putnam, Dutchess, Sullivan, Ulster, Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington

EmblemHealth VIP Dual Select: Putnam, Dutchess, Sullivan, and Ulster

EmblemHealth VIP Dual: Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington

Telehealth – A New Benefit 2021

We are happy to offer additional telehealth for PCP, Specialist, individual psychiatry, mental health, and substance abuse visits starting **Jan. 1**. Please see our website for coding and other telehealth requirements.

New Member IDs for Medicare Dependents

 VIP Premier (HMO) Group Referral Required	
MEMBER: ID NUMBER:	Sample Member KXXXXXXXXXX
Network: VIP Prime PCP Name: Dr. Sample PCP Phone: XXX-XXX-XXXX	
Rx BIN#: 400023 Rx PCN#: 0020050403 Rx GRP#: KHYA CMS#: H3330-614	
Comprehensive Dental	
ConnectCare	

emblemhealth.com/medicare	
Customer Service: 877-344-7364 (TTY: 711) Behavioral Health: 888-447-2526 Pharmacy: 877-444-7097 Dental (DentaQuest): 844-776-8749 Vision (CPS-EyeMed): 844-790-3878	
PROVIDERS: Use emblemhealth.com/providers to check eligibility, find network providers, and see all preauthorization requirements and UM programs.	
Provider Service: 866-447-9717	
Medical/Hospital Claims: EmblemHealth, PO Box 2845, New York, NY 10116-2845. Payor ID: 55247. Behavioral Health Claims: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802.	
Underwritten by Health Insurance Plan of Greater New York (HIP)	

As required by CMS, Medicare Advantage beneficiaries' dependents will be issued new, unique member IDs which are not a variation of the subscribers' IDs. By **Jan. 2021**, dependents will all have their own unique member ID cards. Please check the new ID cards to make note of the new ID numbers and the plan's referral requirements, which are also being added to all member ID cards. See the **Member ID Card chapter** of the EmblemHealth Provider Manual for sample ID cards.

EmblemHealth Medicare Connect Concierge

Our Medicare members have access to **EmblemHealth Medicare Connect Concierge**. This is the one phone number members can call when they need help solving their health care needs. **EmblemHealth Medicare Connect Concierge** can help:

- Make a doctor's appointment.
- Get referrals for group plan members.
- Coordinate preauthorizations.
- Answer benefit questions.
- Verify mailing address.
- Arrange transportation for members with Medicaid when covered.

To reach Medicare Connect Concierge, please call **877-344-7364 (TTY: 711)**, 8 am to 8 pm, 7 days a week.

Health Survey for Medicare and Special Needs Plan Members

Please encourage your Medicare and Special Needs Plan members to complete the health risk assessment (HRA) survey over the phone when they get an automated call from EmblemHealth. This will help our care management team direct them to appropriate care and support services.

EmblemHealth Member Rewards Program

In 2021, EmblemHealth will continue to offer Medicare Advantage and Special Needs Plan members the **EmblemHealth Member Rewards Program** to encourage them to receive primary care and key health screenings. Members will receive a \$25 gift card for each of the following services they receive (earning up to \$75 per calendar year). Please encourage your members to come in for medically appropriate care. Your claims must be received by December 31 of the calendar year for the incentive to be paid. Only one reward can be earned for each health service. Timely filing requirements of 120 days must also be met.

Preventive Services Track	Diabetes Track
Annual well-visit	Annual well-visit
Breast cancer screening	HbA1c test
Colorectal cancer screening	Diabetic eye exam
Flu vaccine	Nephropathy screening





Pharmacy Changes

Express Scripts & New Century Health Will Conduct Utilization Management

Express Scripts

Starting **Jan. 1, 2021**, Express Scripts, Inc. (ESI) will perform most drug utilization management services (prior authorizations, quantity limits, and step therapy) for our Medicare Advantage and dual eligible SNP members. ESI's electronic prior authorization (ePA) option is fast, secure, and simple. It's the **fastest way to get your authorizations approved**. Any authorized personnel can use your electronic health record (EHR) or sign in to an online portal. You save time, and patients get their medications faster.

How to submit prior authorization requests with ESI's ePA.

- Check with your EHR vendor to ensure you have the latest software version enabling ePA. If not available, create a free account online for the tool that works best for your office: **CoverMyMeds or Surescripts**.
- Once enabled, you will see those drugs requiring prior authorization when e-prescribing.
- When the prescription is submitted, ESI will immediately confirm the need for prior authorization and electronically send clinical questions.
- You can answer the questions or place the request in a queue for office staff to complete later.
- Once complete, ESI will process the request and quickly respond with an approval or a denial.

You can also use these phone and fax numbers for prior authorization requests:

- Pharmacy Drug Reviews: call **877-920-1470**, 24/7/365 or fax to **877-251-5896**.
- Medical Drug Reviews: call **877-681-9866**, 8 a.m. to 7 p.m., Monday through Friday or fax to **866-896-1209**.

New Century Health

Starting **Jan. 1, 2021**, pending approval by the New York State Department of Health (NYSDOH), New Century Health (NCH) will authorize most oncology-related chemotherapeutic drugs and supportive agents when delivered in the physician's

office, outpatient hospital, or ambulatory setting. NCH will not provide review for members managed by HealthCare Partners and Montefiore CMO; or members under 18 years of age.

You can complete a prior authorization request online at my.newcenturyhealth.com.

You can also call NCH at **888-999-7713, option 6**, between the hours of 8 a.m. and 8 p.m., Monday through Friday, or fax the **prior authorization form** that's in the provider portal to **877-624-8602**.

An NCH representative will contact you soon to schedule a meeting and coordinate training.

All prior authorizations approved before Jan. 1

All prior authorizations issued by EmblemHealth before **Jan. 1, 2021** will remain valid until they expire.

For a summary of our pharmacy utilization management process, please see the **drug prior authorization overview chart**.

Pharmacy Networks Aligned to Benefits

We realigned our Express Scripts, Inc. pharmacy networks with the corresponding prescription drug benefits and included preferred pharmacy cost-sharing.

- **Express Scripts Broad Network:** VIP Dual SNP plan members, and other plan members without preferred pharmacy drug benefits will access this network.
- **Preferred Value Network:** Most VIP members will access this network.

Preferred pharmacies help members save on prescription drugs and improve medication adherence, so we ask that you remind members to use a preferred pharmacy when you can.



Some of the preferred pharmacies in New York include:

- Costco.
- Rite Aid.
- ShopRite.
- Walgreens.

Standard pharmacies that participate in the Value network but only offer standard cost-sharing include:

- CVS.
- Hannaford.
- Sam's Club.
- Target.
- Walmart.

Pharmacy locator links are available on our website to help you and your members find a nearby participating pharmacy.

Over-the-Counter Coverage

New for 2021, more plan members have over-the-counter (OTC) benefits and can get health and wellness-related items, first-aid supplies, masks/PPE, vitamins, and more. VIP Reserve (HMO) members will have a mail order-only OTC benefit. For more information, please see the member's

Evidence of Coverage or use the **Pharmacy section** on our website.

Helping Members Stay Adherent to Their Medication Regimes

Taking medications as prescribed (medication adherence) is important for treating and controlling chronic conditions. Pharmacists play an important role in helping members stay adherent. Here are some steps as a pharmacist you can take to help members remain adherent.

- Remind members to refill their prescriptions – this can be done through text, email, or reminder calls.
- Identify barriers to members not taking their medication as prescribed.
- Provide medication synchronization (limit the members' trip to the pharmacy for medications).
- Move members to 90-day fills for maintenance medications.
- Educate members on the side effects of the medications and how to treat them.
- Educate members on why it is important to take the medication.
- Encourage members to leverage available technologies (reminders to take medications or have prescriptions refilled).





Medicare Requirements

Required: SNP MOC Training

CMS requires Medicare providers to complete Special Needs Plan (SNP) Model of Care (MOC) training each year for each health plan's MOC.

Our VIP Bold and VIP Reserve Network providers must complete the 2020 EmblemHealth SNP MOC provider training by **Dec. 15** to meet this annual requirement. You will only need to complete this training once a year.

If you did not take the 2020 training as part of the annual outreach beginning in May, or as part of your application process, please download the training and an **attestation form**. Review materials and return completed attestation to:

Fax: **855-685-6250**

Or

EmblemHealth Return Mail Center

101 Poor Farm Road, Unit B

Princeton, NJ 08540

Fraud, Waste & Abuse

EmblemHealth expects its contracted providers to avoid fraud, waste, and abuse.

To learn about this important topic, see the **Medicare Learning Network's educational materials**.

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**.

Medicare/Medicaid and Qualified Medicare Beneficiaries (QMB)

EmblemHealth offers a number of plans to members who have Medicaid (VIP Dual, VIP Dual Select, VIP Dual Reserve, VIP Solutions). In addition, many Qualified Medicare Beneficiaries (QMBs) enroll in our Medicare Advantage plans. Members with full Medicaid or QMBs are not responsible for paying any member cost-share for their plan-covered benefits.

Do not bill dual eligible and QMB members for any Medicare cost-sharing

Medicare-Medicaid full dual eligible and QMB individuals who qualify to have their Medicare Parts A and B cost-share covered by their state Medicaid plan are not responsible for paying their Medicare Advantage plan cost-shares for covered services. Federal and New York State law prohibit providers from balance billing Medicare-Medicaid dual eligible individuals for any Medicare deductibles, coinsurance, or copayments. All Medicare and Medicaid payments, if any, received for services provided to dual eligible individuals must be accepted as payment in full. To comply with this requirement, providers treating dual eligible and QMB individuals enrolled in an EmblemHealth Medicare Advantage plan must do the following:

- Verify plan and Medicaid/QMB eligibility prior to providing a service.
- Do not bill the member or collect cost-sharing during the visit.
- Bill New York State Medicaid for the member's cost-share.
- Consider the claim as "paid in full," regardless of the Medicaid or plan payment.

Federal law and provider contracts prohibit Medicare (EmblemHealth) providers from balance billing beneficiaries with Medicare and full Medicaid. Providers may reference Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997). D-SNP members and providers have this law printed on their EmblemHealth Explanation of Benefits (EOB) and Explanation of Payment (EOP), respectively.

Automatic Enrollment in VIP Dual Plan

Starting 2021, EmblemHealth will be participating in the New York State dual integration initiative. Members of Enhanced Care and HARP plans who become Medicare eligible will be automatically enrolled in the VIP Dual plan at least 60 days prior to their Medicare Parts A and B effective dates. Members will have an option to opt out of default enrollment. EmblemHealth will be responsible for coordinating care and services and paying both Medicare and Medicaid benefits and claims for these members. To learn about the dual eligible programs, see:

- **Medicare Dual Eligible at a Glance**
- **Prohibition on Billing Dual Eligible**
- **Understanding Medicaid Medicare COB in NY**
- **Medicaid Eligibility Verification**



2021 EmblemHealth Medicare Advantage Network and Plan Summary

You can use this page as a reference tool for the staff who schedule appointments for you. Please customize for each practice location.

Dr _____ at _____ can accept patients who have these plans:

Network	Plan Name	Plan Type	PCP	Referral Required	OON Coverage	In-Network Cost-Sharing	Important Things to Note
☐ VIP Prime	EmblemHealth VIP Premier	EmblemHealth Medicare HMO for Groups	Yes	Yes	No	Copays/coinsurance	
☐ VIP Prime	EmblemHealth VIP Rx Carve-out	EmblemHealth Medicare HMO for Groups	Yes	Yes	No	Copays/coinsurance	
☐ VIP Bold	EmblemHealth VIP Essential	EmblemHealth Medicare HMO for Individuals	Yes	No	No	Copays/coinsurance	\$0 PCP copays. Confirm PCP status prior to accepting new patients. Telehealth benefit with variable copays added.
☐ VIP Bold	EmblemHealth VIP Value	EmblemHealth Medicare HMO for Individuals	Yes	No	No	Copays/coinsurance	\$15 PCP copays. Confirm PCP status prior to accepting new patients. Telehealth benefit with variable copays added.
☐ VIP Bold	EmblemHealth VIP Rx Saver	EmblemHealth Medicare HMO for Individuals	Yes	No	No	Copays/coinsurance	\$5 PCP copays and comprehensive dental and fitness benefits with no maximums. Telehealth benefit with variable copays added.
☐ VIP Bold	EmblemHealth VIP Gold	EmblemHealth Medicare HMO for Individuals	Yes	No	No	Copays/coinsurance	\$0 PCP copays. \$25 Specialist copays. Confirm PCP status prior to accepting new patients. Telehealth benefit with variable copays added.
☐ VIP Bold	EmblemHealth VIP Gold Plus	EmblemHealth Medicare HMO for Individuals	Yes	No	No	Copays/coinsurance	\$0 PCP copays \$0 Specialist copays Telehealth
☐ VIP Bold	EmblemHealth VIP Go	EmblemHealth Medicare HMO-POS	Optional	No	Yes	Copays/coinsurance/ deductible applies to some services	Out-of-network coverage on most benefits including PCP and Specialist.
☐ VIP Bold	EmblemHealth VIP Part B Saver	EmblemHealth Medicare HMO	Yes	No	No	Copays/coinsurance/ deductible applies to some services	\$500 annual Part B premium rebate. Optional dental and fitness benefit riders are available at a low cost.
☐ VIP Bold	EmblemHealth VIP Passport	EmblemHealth Medicare HMO	Yes	No	No	Copays/coinsurance	\$5 PCP copays. Dental, vision and hearing coverage. Telehealth, fitness program (SilverSneakers®).
☐ VIP Bold	EmblemHealth VIP Passport NYC	EmblemHealth Medicare HMO	Yes	No	No	Copays/coinsurance	\$10 PCP copays. Dental, vision and hearing coverage. Telehealth, fitness program (SilverSneakers®).

2021 EmblemHealth Medicare Advantage Network and Plan Summary (Continued)

Network	Plan Name	Plan Type	PCP	Referral Required	OON Coverage	In-Network Cost-Sharing	Important Things to Note
☐ VIP Bold	EmblemHealth VIP Dual	EmblemHealth Medicare HMO for Medicare and Medicaid Individuals	Yes	No	No	\$0 Member cost-sharing covered by Medicaid	Special Needs Plan limited to individuals with both Medicare and full Medicaid coverage. Providers are prohibited from balance billing Medicare-Medicaid dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care training annually.
☐ VIP Bold	EmblemHealth VIP Dual Select	EmblemHealth Medicare HMO for Medicare and Medicaid Individuals	Yes	No	No	\$0 Member cost-sharing covered by Medicaid	Special Needs Plan limited to individuals with both Medicare and full Medicaid coverage. Providers are prohibited from balance billing Medicare-Medicaid dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care training annually.
☐ VIP Bold	EmblemHealth VIP Solutions	EmblemHealth Medicare HMO for Medicare and Medicaid Individuals	Yes	No	No	\$0 Member cost-sharing covered by Medicaid	Special Needs Plan limited to individuals with both Medicare and full or partial Medicaid coverage. Providers are prohibited from balance billing Medicare-Medicaid QMB or full benefit dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care training annually.
☐ VIP Reserve	EmblemHealth VIP Reserve	EmblemHealth Medicare HMO for Individuals	Yes	No	No	Copays/Coinsurance	\$0 PCP copay. Dental, vision and hearing coverage. Telehealth and mail order OTC benefits.
☐ VIP Reserve	EmblemHealth VIP Dual Reserve	EmblemHealth Medicare HMO for Medicare and Medicaid Individuals	Yes	No	No	\$0 Medicare cost-sharing covered by Medicaid	Special Needs Plan limited to individuals with both Medicare and full Medicaid. Providers are prohibited from balance billing full benefit dual eligible individuals for all Medicare deductibles, coinsurance, or copayments. Providers are required to complete EmblemHealth Special Needs Plans Model of Care training annually.

For a comprehensive listing of all EmblemHealth networks and corresponding benefit plans, see the Summary Table of Companies, **Lines of Business, Networks & Benefit Plans.**

2021 EmblemHealth Medicare Advantage HMO/POS Contact Information

	Contact Information	
Provider Customer Service	Use the Message Center link at emblemhealth.com P: 866-447-9717 Note: To identify managing entity, refer to member's ID card or sign in to emblemhealth.com and use Benefits/Eligibility link.	
Member Customer Service	P: 877-344-7364 (TTY: 711)	
Preauthorizations	HIP-managed members:	emblemhealth.com P: 866-447-9717/F: 866-215-2928
Referrals	HIP-managed members:	emblemhealth.com P: 866-447-9717
Claims Submission & Inquiries – HIP Members	Electronic Claim Submission: 55247 Paper Medical Claim Submission Address: EmblemHealth PO Box 2845 New York, NY 10116-2845	Paper Hospital Claim Submission Address: EmblemHealth PO Box 2803 New York, NY 10116-2803 Claim Inquiries: emblemhealth.com P: 866-447-9717
HealthCare Partners (HCP) – Cohort I – Managed Members	Provider Customer Service, Referrals & Preauthorizations: HCP Cohort I-managed members: P: 800-877-7587/F: 888-746-6433	Electronic Claim Submission: 11328 Paper Claim Submission Address: HealthCare Partners Attn: Claims Department 501 Franklin Avenue, Suite 300 Garden City, NY 11530-5807 Claim Inquiries: 516-746-2200 or 888-746-2200
HealthCare Partners (HCP) – Cohort II – Managed Members	Provider Customer Service, Referrals & Preauthorizations: HCP Cohort II-managed members: P: 800-877-7587/F: 888-746-6433	Electronic Claim Submission: 55247 Paper Claim Submission Address: EmblemHealth PO Box 2845 New York, NY 10116-2845 Claim Inquiries: emblemhealth.com P: 866-447-9717
Independent/Free-Standing Laboratory Services	Quest Diagnostics customer service:	questdiagnostics.com P: 866-697-8378
	Patient service center locator:	P: 800-377-7220
	Note: For a full list of contracted labs, go to emblemhealth.com/labservices	

2021 EmblemHealth Medicare Advantage HMO/POS Contact Information (Continued)

	Contact Information	
Behavioral Health	Preauthorizations: Beacon Health Options:	beaconhealthoptions.com P: 888-447-2526 Electronic Claim Submission: Payer ID: FHC & Affiliates Paper Claim Submission Address: Emblem Behavioral Health Services Program PO Box 1850 Hicksville, NY 11802-1850 Claim Inquiries: Beacon Health Options or 800-235-3149
Pharmacy Services	Preauthorizations: ESI's Electronic Prior Authorization (ePA) All EmblemHealth-managed members: Medical Drug Reviews: P: 877-681-9866 /F: 866-896-1209 Pharmacy Drug Reviews: P: 877-920-1470 /F: 877-251-5896 Preauthorizations for most adult chemotherapy & supportive agents: my.newcenturyhealth.com P: 888-999-7713 , option 6/F: 877-624-8602 . CMO-managed members: P: 888-666-8326 HCP (Cohort 1)-managed members: P: 800-877-7587 /F: 888-746-6433 Mail order: Express Scripts: P: 800-305-5287	
Specialty Pharmacy Program	Accredo is the preferred specialty pharmacy.	accredo.com : P: 855-216-2166 /P: 888-302-1028
Home Infusion Therapy	Preauthorizations:	Homeinfusion@emblemhealth.com ; P: 800-367-8103 (Voice Mail)/ 212-510-5978
Radiology Services	Preauthorizations for:	evicore.com
	HIP & HCP Cohort II-managed members:	866-417-2345 /F: 800-540-2406 Paper Claim Submission Address: eviCore 400 Buckwalter Place Blvd. Bluffton, SC 29910 Claim Inquiries: 800-420-3471
Cardiology Imaging Services	Preauthorizations for:	evicore.com
	HIP & HCP Cohort II-managed members:	P: 866-417-2345 /F: 888-622-7369 Paper Claim Submission Address: eviCore 400 Buckwalter Place Blvd. Bluffton, SC 29910 Claim Inquiries: 800-420-3471

2021 EmblemHealth Medicare Advantage HMO/POS Contact Information (Continued)

	Contact Information	
Durable Medical Equipment (DME); Skilled Nursing Facility; Inpatient Rehabilitation Facility; Long-Term Care Facility; Home Health Care	Preauthorizations for:	evicore.com
	HIP & HCP Cohort II-managed members:	P: 866-417-2345/F: 888-622-7369
	Personal Care Assistants & Consumer Directed Personal Assistance Program for HIP-managed members:	emblemhealth.com
		P: 866-447-9717 Paper Claim Submission Address: eviCore 400 Buckwalter Place Blvd. Bluffton, SC 29910 Claim Inquiries: 800-420-3471
Diabetic Testing Supplies	Orders:	abbottdiabetescare.com P: 888-522-5226
Hearing Aids	HearUSA: CPS Hearing:	hearusa.com P: 877-664-9353 Bronx, Kings, Monroe, Nassau, New York, Queens, Rensselaer, Richmond, Rockland, Suffolk, Ulster, and Westchester cpshearing.com P: 212-675-5745 Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Upstate New York
Outpatient Physical and Occupational Therapy	Preauthorizations for: HIP & Cohort II-managed members:	palladianhealth.com P: 877-774-7693/F: 716-809-8324 Paper Claim Submission Address: Palladian Health PO Box 366 Lancaster, NY 14086 Claim Inquiries: phinfo@evicore.com
Chiropractic Services	Preauthorizations for: HIP & HCP Cohort II -managed members:	palladianhealth.com P: 877-774-7693/F: 716-712-2802 Paper Claim Submission Address: Palladian Health PO Box 366 Lancaster, NY 14086 Claim Inquiries: phinfo@evicore.com

2021 EmblemHealth Medicare Advantage HMO/POS Contact Information (Continued)

	Contact Information	
Vision Services – Hardware and Routine Vision Only	EyeMed:	<u>eyemed.com</u> P: 888-581-3648 Claims Submission: <u>eyemed.com</u> EyeMed 4000 Luxottica Place Mason, OH 45040 Claim Inquiries: P: 844-790-3878
Dental Services	DentaQuest:	<u>dentaquest.com</u> P: 844-822-8108 Electronic Claim Submission: Payer ID: EMBDQ or Payer Name: DQ/Emblem Paper Claim Submission Address: Emblem Dental (DentaQuest) PO Box 463 Milwaukee, WI 53201 Fax Claim Submission: 262-834-3589
Pain Management & Spinal Surgery	Preauthorizations for: HIP & HCP Cohort II-managed members: OrthoNet: For forms:	P: 844-296-4440 <u>orthonet-online.com</u> P: 844-730-8503

A referral or approval is not a guarantee of payment. Payment is subject to the participation agreement, member's eligibility and benefits on the date of service, compliance with utilization management policies, and application of EmblemHealth's medical and claims policies.

2021 EmblemHealth Medicare Advantage HMO/POS Provider Dispute Resolution

WHAT/HOW/WHERE TO FILE INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
	Initial Practitioner Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
COMPLAINT/GRIEVANCE PROCEDURES				
Sign in to: emblemhealth.com . Write to: EmblemHealth Medicare HMO PO Box 2844 New York, NY 10116-2844	Complaint: 45 calendar days from the event Grievance: 45 calendar days from the claim denial Unless otherwise specified by your contract with EmblemHealth	15 calendar days from receipt of request	Complaint: 30 calendar days from receipt of request Grievance: 45 calendar days from receipt of request	Decision is final
STANDARD RECONSIDERATION (APPEAL) PROCEDURES ON BEHALF OF MEMBER				
Write to: EmblemHealth Medicare HMO Attn: Grievance & Appeals PO Box 2807 New York, NY 10116-2807 Telephone: 877-344-7364 (TTY: 711) Fax: 212-510-5320	60 calendar days from the date of the written adverse determination	15 calendar days from receipt of request	For services already rendered: 60 calendar days from receipt of request For services not yet rendered: 30 calendar days from receipt of request May be extended for up to 14 calendar days	Independent appeal review
EXPEDITED RECONSIDERATION (APPEAL) PROCEDURES ON BEHALF OF MEMBER				
Telephone: 888-447-6855 (TTY: 711) Fax: 866-350-2168	60 calendar days from the date of the written adverse determination	n/a	72 hours from receipt of request May be extended for up to 14 calendar days	Independent appeal review

*Contracted time frames in provider agreements will supersede time frames in this guide. For facility time frames, see the EmblemHealth Provider Manual or applicable agreement.

Links referred to in this Guide:

2021 Summary Table of Companies, Lines of Business, Networks & Benefit Plans

EmblemHealth Provider Manual Member ID Card chapter: emblemhealth.com/providers/manual/member-identification-cards

SNP MOC Attestation Form: emblemhealth.com/providers/resources/learning-online

Fraud, Waste & Abuse — Medicare Learning Network's educational materials: cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf

Drug preauthorization overview chart: emblemhealth.com/providers/clinical-corner/um-and-medical-management/pre-authorization-list

CMS' MOON requirements: cms.gov/Medicare/Medicare-General-Information/BNI/MOON.html

Medicare Dual Eligible at a Glance: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Prohibition on Billing Dual Eligible: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Understanding Medicaid Medicare COB in NY: <http://www.wnyc.com/health/entry/94/>

Medicaid Eligibility Verification: [https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf)

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