

# Doing Business with EmblemHealth

2021 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 website
- Transactions you need to know
- Resources to share with members





# EmblemHealth Legacy, Mission and Values



# WHO WE ARE

- EmblemHealth is one of the nation's largest nonprofit health plans, serving more than 3 million Medical, Dental, and Vision members who live and work across the New York tristate area.
- To our members, prospects, and partners, EmblemHealth helps to guide hardworking individuals navigate the medical system, offering straightforward solutions, and making better health more achievable.

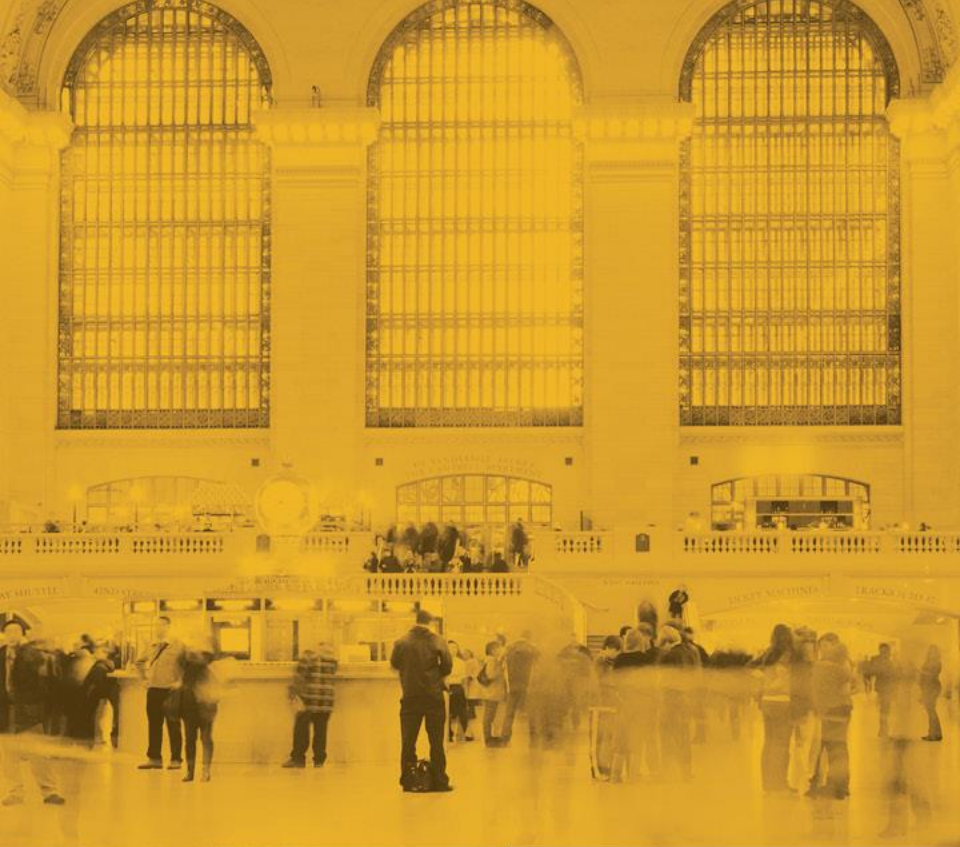




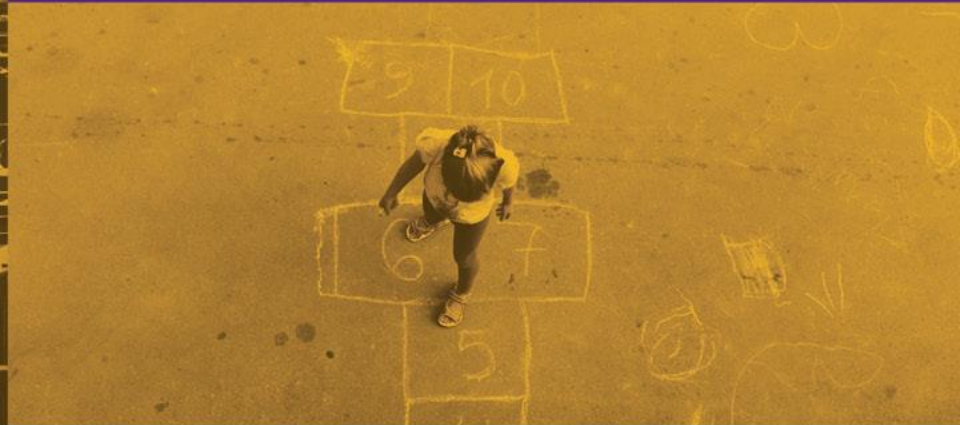
## OUR MISSION

Create healthier futures for  
our customers and communities  
as an enterprise.



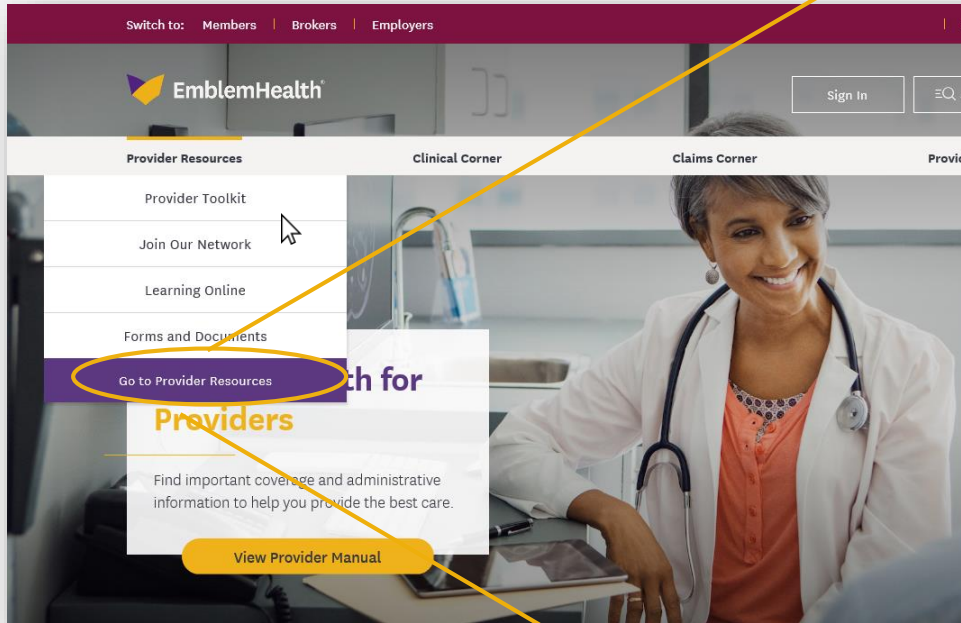


# Resources for Our Providers



# EMBLEMHEALTH.COM/PROVIDERS

## Provider Resources



### Get the most out of EmblemHealth

Have questions about your plan, what it covers, or how it works? We're here to help you understand health insurance and take full advantage of your coverage.

#### Provider Toolkit

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

[Go to Provider Toolkit](#)

#### Join Our Network

Working with us means you can work with patients from GHI, HIP and EmblemHealth Plans.

[Go to Join Our Network](#)

#### Learning Online

You've come to the right place to find training presentations and other learning opportunities for providers, many of them free of charge.

[Go to Learning Online](#)

#### Provider Newsletters

[Go to Provider Newsletters](#)

#### How Do I...

Help and support to help providers manage their EmblemHealth patients. EFT, ERA, Remit, 835, Electronic Funds Transfer, Electronic Admittance Advice, ECHO, Claims Payment, ACH

[Go to How Do I...](#)

#### Providers

Sign in to your EmblemHealth provider portal or register for access.

[Go to Providers](#)



# PROVIDER RESOURCES

## Provider Toolkit

The image shows a screenshot of the EmblemHealth website. The top navigation bar includes 'Switch to: Members | Brokers | Employers' and 'Contact Us'. The main navigation menu has 'Provider Resources', 'Clinical Corner', 'Claims Corner', and 'Provider Manual'. A dropdown menu for 'Provider Resources' is open, with 'Provider Toolkit' highlighted. Below the navigation, there is a banner for 'Provider Toolkit' with the text 'Welcome to EmblemHealth' and 'Here is some information to help you get to know us and help you best serve our members, your patients.' Below the banner are three resource cards, each with a 'Download PDF' button:

- 2021 Summary of Companies, Lines of Business, Networks and Benefits Plans**  
Updated 04/15/2021
- 2021 Benefit Plans That Do Not Require A Referral**  
Updated 04/15/2021
- Medicaid/HARP/CHP Resource Guide**  
Anticipated 2021 Changes, 2020 News Recap, & Medicaid Compliance Requirements





# PROVIDER RESOURCES

## Provider Toolkit – Tools to Note



**EmblemHealth**

**Medicaid/HARP/CHP Resource Guide**

*Anticipated 2021 Changes, 2020 News Recap, & Medicaid Compliance Requirements*

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

**Section I: Communication from 29-I Health Facility or Local Department of Social Services (LDSS) to Medicaid Managed Care Plan (MMCP)**

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)

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**Section II: Child/Youth Demographics**

1. Child/Youth Name (First Name, Middle Initial, Last Name):

2. Date of Birth (DOB)

3. Medicaid Client Identification Number (CIN):

Please list any additional Medicaid CINs (if known):

4. Child/Youth's Insurance Plan ID (if known and enrolled)

**Section III: Contact Information**

**MMCP Liaison (LDSS/29-I Health Facility's Primary Contact):**

1. First/Last Name:

2. Relationship to Child:

3. Email:

4. Phone #:

5. Address Line 1:

6. Address Line 2:

7. City, State, Zip:

**Secondary Contact:**

9. First/Last Name:

10. Relationship to Child:

11. Email:

12. Phone #:

13. Address Line 1:

14. Address Line 2:

15. City, State, Zip:

Send completed Transmittal Forms to  
**[Medicaid Care Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com)**



# 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)



# EMBLEMHEALTH.COM/PROVIDERS

## Clinical Corner

The screenshot shows the EmblemHealth logo in the top left and a 'Sign In' button in the top right. Below the logo, there are three main navigation categories: 'Provider Resources', 'Clinical Corner', and 'Claims Corner'. Under 'Clinical Corner', there is a list of sub-topics: 'UM and Medical Management', 'Medical Policies', 'Dental Providers', and 'Behavioral Health'. A purple button labeled 'Go to Clinical Corner' is positioned below this list. On the left side of the screenshot, there is a promotional box for 'EmblemHealth for Providers' with the text 'Find important coverage and administrative information to help you provide the best care.' and a yellow 'View Provider Manual' button.



### Utilization & 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.

[Read More](#)

### Medical Policies

Clinical review criteria to determine medical necessity.

[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](#)



### Dental

Find all you need to know about our dental plans and networks, including our policies on claims and X-ray submissions, predeterminations, standard exclusions and limitations, and coordination of benefits.

[Read More](#)



# EMBLEMHEALTH.COM/PROVIDERS

## Claims Corner



### Benefits

Information on changes to plan benefits that may have an impact on your claims.

[Read More](#)



### Policies & Procedures

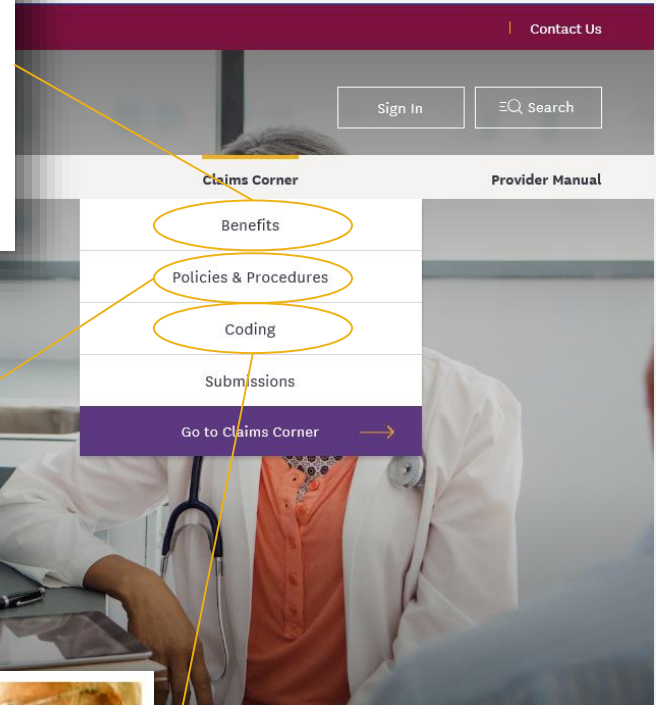
Policies and procedures for the coordinated care of our members.

[Read More](#)

### Coding

The proper coding of procedure and diagnosis for billing purposes.

[Read More](#)



# 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 shows the front and back of an EmblemHealth ID card. The front side (left) contains member information, and the back side (right) contains contact and claims information. Labels with arrows point to specific fields on both sides.

**CARD FRONT**

**Member name** → EmblemHealth logo

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

**Network name** → Network: **Enhanced Care Prime**

**PCP name** → PCP Name: **Dr. W Sample**      PCP Phone: **000-000-0000**

**Copays** → Copay: **PCP \$0 SPEC \$0 ER \$0 Rx \$1/\$3 Dental: \$0**  
BIN#: 015748  
PCN#: 0020111001

**Plan name** → **Enhanced Care**

**Customer service phone number** → **AdvantageCare Physicians**

**CARD BACK**

Go Paperless - Visit [emblemhealth.com/members](http://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 phone number** → 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

**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.

 <b>Enhanced Care</b>  MEMBER: <b>Sample Member</b> ID NUMBER: <b>XXX0000000</b> <hr/> <b>Network: Enhanced Care Prime</b> PCP Name: <b>Not Selected</b> PCP Phone: <b>855-283-2146</b> Copay: PCP \$0 SPEC \$0 ER \$0 Rx \$0/\$0 Dental: \$0 BIN#: 015748 PCN#: 0020111001	<p>Go Paperless - Visit <a href="http://emblemhealth.com/members">emblemhealth.com/members</a></p> <p><b>MEMBERS AND PROVIDERS:</b> Network providers must provide or arrange nonemergency care. Call 866-447-9717 to request prior approval and confirm eligibility.</p> <p>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</p> <p>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</p> <p>Underwritten by Health Insurance Plan of Greater New York</p> 
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# ID CARDS (Continued)

 **Enhanced Care**

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

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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**

**Montefiore**



Go Paperless - Visit [emblemhealth.com/members](http://emblemhealth.com/members)


MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Call **877-447-6668** to request prior approval and confirm eligibility.

Customer Service: **855-283-2146** (TTY/TDD: 711)  
Claims Questions: **877-447-6668**  
Behavioral Health or Substance Use: **800-401-4822**  
Dental (DentaQuest): **844-776-8748**  
Vision (EyeMed): **877-324-2791**

Emblem Health Customer Service, 55 Water St, New York, NY 10041  
Claims Submission, CMO, The Care Management Company,  
200 Corporate Drive, Yonkers, NY 10701

Underwritten by Health Insurance Plan of Greater New York

 **Enhanced Care**

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

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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**

**somos**



Go Paperless - Visit [emblemhealth.com/members](http://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 100, Hicksville, NY 11802

Underwritten by Health Insurance Plan of Greater New York


Managing entities  
(Healthcare Partners, Montefiore or SOMOS)



# 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 Beacon Health Options 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





# 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.

- Montefiore CMO
- 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

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 (Beacon)
- Vision (EyeMed)
- Dental (DentaQuest)
- Physical and Occupational Therapy (Palladian)
- Pharmacy/Specialty Pharmacy (Express Scripts and Accredo)
- Cardiology, DME, Inpatient Rehab, Home Health, LTC, Radiology, Radiation Therapy, SNF (eviCore)
- Spine surgery and pain management (OrthoNet)
- Laboratory services (Quest Diagnostics)



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

Beginning July 1, 2021, EmblemHealth will be responsible for covering the following 29-I Health Facility services for eligible Medicaid 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/](http://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 [@emblemhealth.com](mailto:Medicaid_Care_Coordination).



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

1. 29-I Health Facility Providers to share the EDI 837 files through email with the Trading Partner update as “TRI”.
2. EDI 837 P/I files received from 29-I Health Facility Providers to be loaded into Facets through BizTalk via the below formats.
  - a. File Transfer Process
  - b. TA1, 999, and 277 CA acknowledgments
3. Claims to be adjudicated and priced based on the contracted rates – Rate Codes configured against the Agreement Pricing Rule/Fee Schedule. Please see below testing scenarios that will be shared with your health facility.
  - a. Provider and Member Validation
  - b. Clinical Data Validation
  - c. Benefit and Price Calculation
  - d. Pricing Accuracy (Agreement ID, Fee Schedule, Rate Code)
4. QA to share the Pricing Accuracy Summary Report (Response File) to Provider.



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

Task	Duration in day(s)
Receive EDI 837 I/P claims file from 29I Facility Provider through email/MFT	1
Internal testing performed on the EDI Claims file received	5
Raise defects for the issues identified during testing	5
Fixing the defects	5
Retest the fix	2
Notify the Provider for any issues on the Claims file	1
Receive the corrected EDI Claim files from the Providers	3
Retest the EDI Claim files	2
Provider/RM sign-off	2





# BEHAVIORAL HEALTH SERVICES

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

- Members should contact Beacon Health Options 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](mailto:Medicaid_Care_Coordination@emblemhealth.com).

For information on accreditation, preauthorizations, claims, and more, please see the Beacon Health Options Provider Manual:  
[beaconhealthoptions.com/providers/beacon/handbook/](https://beaconhealthoptions.com/providers/beacon/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

DentaQuest administers comprehensive dental benefit to members.

DentaQuest is responsible for the provider network, including contracting, credentialing, claims, grievances, and appeals.

Go to [dentaquest.com](https://dentaquest.com) for more details, or call DentaQuest at **844-822-8108**, 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](mailto:Medicaid_Care_Coordination@emblemhealth.com).



# PHYSICAL AND OCCUPATIONAL THERAPY (PT/OT) PROGRAM

Palladian Health manages PT OT services.

- Providers can contact Palladian directly or work with the EmblemHealth Foster Care Liaison [Medicaid Care Coordination @emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com)
- Outpatient PT/OT requires preauthorization after initial visit.
- Contact Palladian for the member's second/seventh treatment, as applicable, and each treatment thereafter.
- Submit completed medical necessity review forms found on [evicore.com/palladian](http://evicore.com/palladian)

By Mail:           Palladian  
                          PO Box 366  
                          Lancaster, NY 14086

- Exclusions:
  - For HCP and Montefiore CMO, PT/OT services are preauthorized by these managing entities (update on grid as well)
  - PT/OT services rendered by a podiatrist are preauthorized via the podiatrist



# PHARMACY SERVICES AND SPECIALTY PHARMACY PROGRAM

Express Scripts (ESI) performs drug utilization management services for EmblemHealth members.

## Pharmacy Drug Reviews

Phone: **888-281-5539**

Fax: **877-251-5896**

## Medical Drug Reviews

Phone: **877-681-9866**

Fax: **866-896-1209**

EmblemHealth works with Accredo, an Express Scripts subsidiary, to administer complex specialty pharmacy medications through our Specialty Pharmacy Program.

Phone: **855-216-2166**

Fax: **888-302-1028**

Online: [accredo.com](https://www.accredo.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: <b>866-417-2345</b> ; Fax: <b>800-540-2406</b>
DME*	Contact DME company; they submit approval requests. Phone: <b>866-417-2345</b> ; Fax: <b>855-488-6275</b>
Inpatient Rehab*	Contact facility; they submit approval requests. Phone: <b>866-417-2345</b> ; Fax: <b>855-488-6275</b>
Home Health Care*	Contact agency; they submit approval requests. Phone: <b>866-417-2345</b> ; Fax: <b>855-488-6275</b>
Long-Term Care*	Contact facility; they submit approval requests. Phone: <b>866-417-2345</b> ; Fax: <b>855-488-6275</b>
Radiology	Contact eviCore to request approval for diagnostic imaging for outpatient radiology services. Phone: <b>866-417-2345</b> ; Fax: <b>800-540-2406</b>
Radiation Therapy	Contact eviCore to request approval for radiation therapy treatment plans rather than for individual CPT-4 codes. Phone: <b>866-417-2345</b> ; Fax: <b>800-540-2406</b>
Skilled Nursing Facility*	Contact facility; they submit approval requests. Phone: <b>866-417-2345</b> ; Fax: <b>855-488-6275</b>

\*To identify the provider of your choice please go to [emblemhealth.com/find-a-doctor](https://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.

eviCore works with inpatient facilities on discharge planning and the foster care liaison, and moving the member to the next level of care.

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

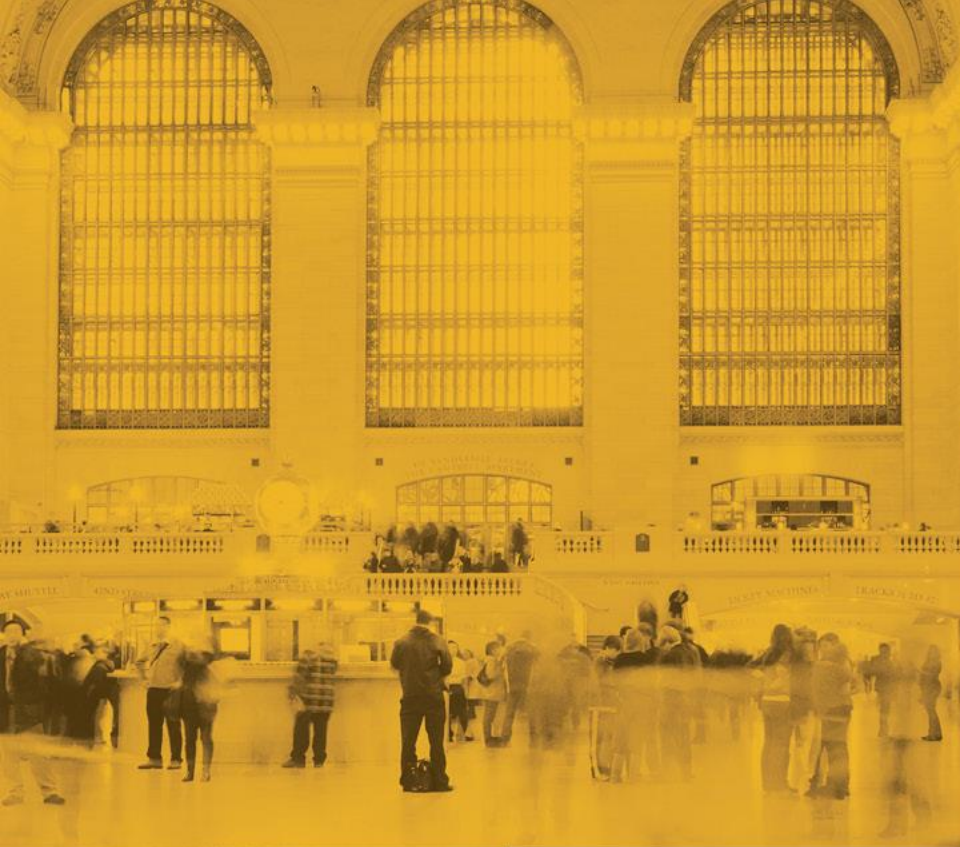




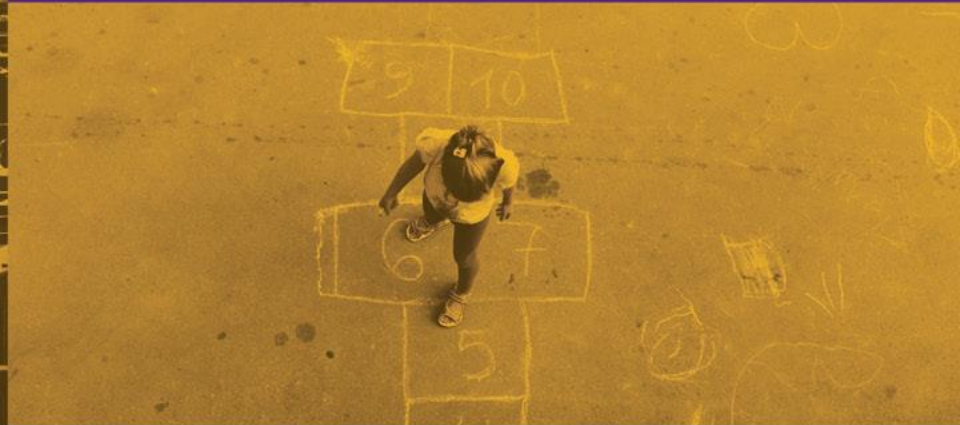
# NETWORK LABORATORY SERVICES

- Use in-network labs found on: [emblemhealth.com/provider/resources/toolkit/network-laboratory-services-for-all-plan-members](https://www.emblemhealth.com/provider/resources/toolkit/network-laboratory-services-for-all-plan-members)
- Quest is our preferred free-standing lab.
  - Quest Diagnostics Patient Services Locator:  
**800-377-7220**
  - Quest Diagnostics Customer Service department:  
**866-MY-QUEST (866-697-8378)**
  - Quest Diagnostics website:  
[questdiagnostics.com](https://www.questdiagnostics.com)
- Use other contracted labs only for proprietary test and services Quest cannot perform.
- Physicians may also use network hospitals. In limited circumstances, in-office lab tests may be performed.



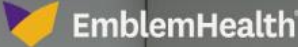


# Secure Website Registration and Security Application



# EMBLEMHEALTH.COM/PROVIDERS

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

 [Sign In](#) [Search](#)

[Provider Resources](#) [Clinical Corner](#) [Claims Corner](#) [Provider Manual](#)

## EmblemHealth for Providers

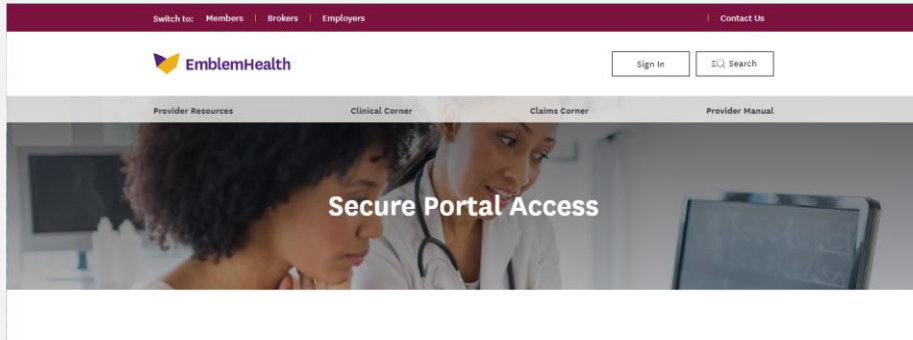
To ensure our members have access to the services they need for COVID-19 testing, members:

- **Do not** have any copay, deductible or coinsurance for COVID-19 diagnosis and testing visits
- **Do not** require preauthorization

[Learn More](#)



# REGISTER FOR ACCESS



## Managing Your EmblemHealth Patients

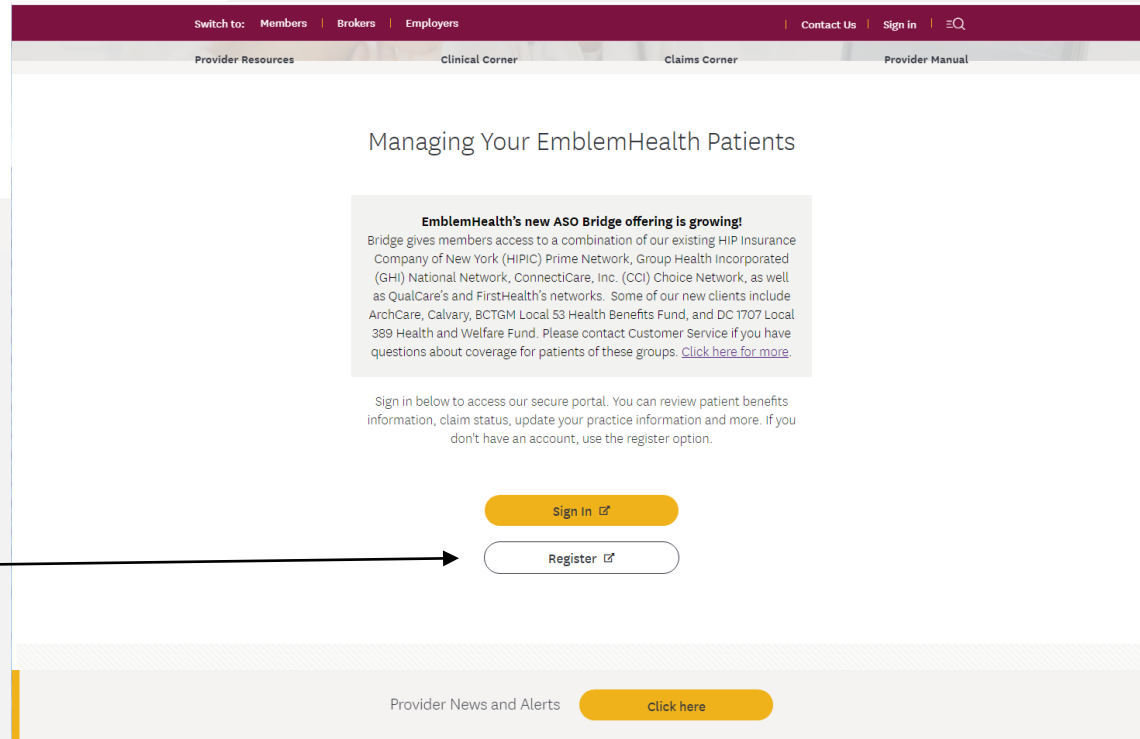
### EmblemHealth's new ASO Bridge offering is growing!

Bridge gives members access to a combination of our existing HIP Insurance Company of New York (HIPIC) Prime Network, Group Health Incorporated (GHI) National Network, ConnectiCare, Inc. (CCI) Choice Network, as well as QualCare's and FirstHealth's networks. Some of our new clients include ArchCare, Calvary, BCTGM Local 53 Health Benefits Fund, and DC 1707 Local 389 Health and Welfare Fund. Please contact Customer Service if you have questions about coverage for patients of these groups. [Click here for more.](#)

Provider News and Alerts

[Click here](#)

On this page, scroll down to Register.



# REGISTER FOR ACCESS (Continued)

- 1 Enter and validate your Tax ID number.
- 2 Enter user's name and email address.
- 3 Enter provider's PRIS number.

You are here: [EmblemHealth](#) > [Providers](#) > Register for myEmblemHealth

### Providers

- myEmblemHealth
- NEWS & FEATURES
- PROVIDER RESOURCES

## Register Now

EmblemHealth realizes that in today's busy world, you need access to information about your patients on your time — not ours. With myEmblemHealth, you can:

- Review patient claim status
- See check details
- View patient benefits information
- View year-to-date patient deductible balances
- Update your practice information

#### Login To EmblemHealth

Tax ID or Provider #:  PIN:

[Enter](#)

Tax ID\*:

First Name:

Last Name:

Email Address:

Re-enter Email Address:

Provider Number:



# REGISTER FOR ACCESS (Continued)

- 1 Answer all fields with (\*).
- 2 We recommend sending password via email for instant access to our online services.
- 3 Select relationship to provider.
- 4 Enhanced security.

1 \*Required Fields

**Tax ID:**

**Provider Number:**

**First Name:** GHI

**Last Name:** GHI

**Email Address:** GHI@test.com

**Send Password via: \*** Mail  E-mail  2

**Relationship to Provider: \*** Select a Relationship to Provider 3

Please select the address where you would like to receive your mail.

**Address: \***

**Mailstop:**

Please enter a security question that you can answer easily, but that is not the answer to the question. This will be used for identification purposes, to further protect your information from viewing your information. Please save this change it.

**Security Question: \*** Select a Security Question 4

**Security Answer: \***

**Disclaimer**

By accessing Provider Services, you acknowledge that you have consent to access, view and utilize the subject member information and you agree to indemnify EmblemHealth for any claims arising out of EmblemHealth's release of such provider information.

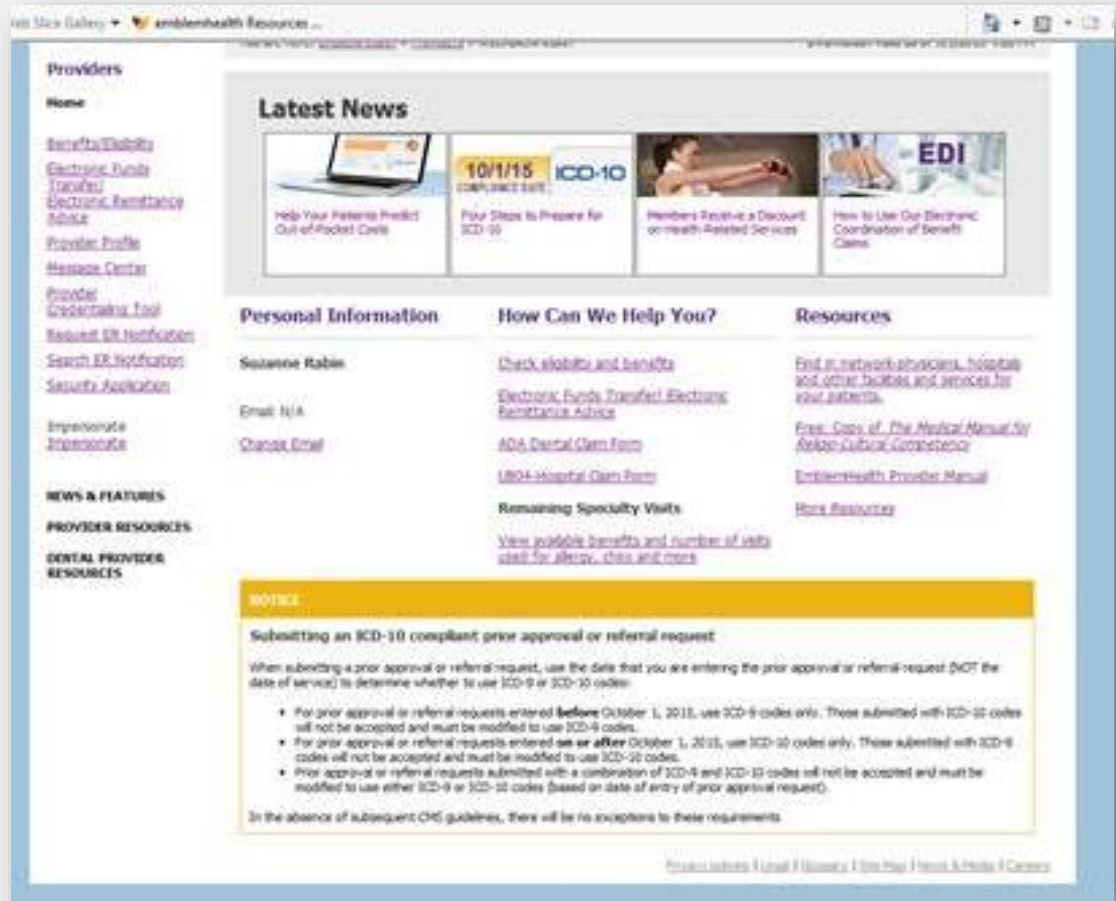
I Agree \*



# SECURE PROVIDER WEBSITE HOME PAGE

Provides a secure environment to view member and provider information such as:

- Claims/Checks
- Benefits/Eligibility
- Referrals
- Pre-Certification
- Preauthorizations
- EFT/ERA
- Lab Ordering
- Results
- Benefit Extension
- Provider Profile
- Message Center
- Provider Credentialing Tool
- Security Application
- Panel Report (PCPs only)
- Change Email



The screenshot displays the EmbellHealth Provider Website Home Page. The page is organized into several sections:

- Providers:** A sidebar menu on the left lists various services such as Home, Benefits/Eligibility, Electronic Funds Transfer, Electronic Remittance Advice, Provider Profile, Message Center, Provider Credentialing Tool, Request for Information, Search for Notification, Security Application, Impersonate, and Impersonate.
- Latest News:** A central banner area featuring three news items: "Help Your Patients Predict Out-of-Pocket Costs", "10/1/15 ICD-10 COMPLIANCE DATE", and "Members Enroll in a Discount on Health-Related Services".
- Personal Information:** A section for user details, showing the name "Suzanne Rubin", email "N/A", and "Change Email" link.
- How Can We Help You?:** A section with links for "Check eligibility and benefits", "Electronic Funds Transfer/Electronic Remittance Advice", "ADA Dental Claim Form", "UB04 Hospital Claim Form", "Remaining Speciality Visits", and "View guideline benefits and number of visits used for allergy, chiro, and more".
- Resources:** A section with links for "Find in-network physicians, hospitals and other facilities and services for your patients", "Free Copy of The Medical Manual by Anesthesiologists Association", "EmbellHealth Provider Manual", and "More Resources".
- NOTICE:** A prominent yellow box containing a notice about submitting ICD-10 compliant prior approval or referral requests, detailing the transition from ICD-9 to ICD-10 codes starting October 1, 2015.



# SECURITY ADMINISTRATION

## Registration

### 1 Select Manage Users

Allows a physician or administrator to add new users or delete existing users.

**Note:** This function may not be available at this time for all lines of business (LOBs).

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > Set Permissions

Information valid as of 1/30/2015 12:26 PM

### Providers

[Home](#)

[Claims/Checks](#)  
[Benefits/Eligibility](#)  
[Referrals](#)  
[Pre-Certifications/  
Prior Approvals](#)  
[Electronic Funds  
Transfer/  
Electronic Remittance  
Advice](#)  
[Lab Ordering/  
Results](#)  
[Benefit Extension](#)  
[Provider Profile](#)  
[Message Center](#)  
[Provider  
Credentialing Tool](#)  
[Security Application](#)  
**Manage Users**  
[Manage Roles](#)

[My Reports](#)  
[Panel Report](#)

### Manage Users:

**Find a User**

User ID\*:  Last Name\*:  First Name:

	Name	ID	Status	Roles
<input type="checkbox"/>	Mary Doe	MDOE0713	Active	Office Manager
<input type="checkbox"/>	Jimmy Doe	JDOE21130	Active	Back Office Staff
<input type="checkbox"/>	Yolanda Farquhar	YOLFAR0927	Active	Back Office Staff

1





# SECURITY ADMINISTRATION

## Registration (Continued)

- User may select a personal ID and password.
- Password must be 5 - 20 characters and consist of letters and numbers only.

**Note:** This function may not be available at this time for all LOBs.

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > [Set Permissions](#)

### Providers

[Home](#)

[Claims/Checks](#)  
[Benefits/Eligibility](#)  
[Referrals](#)  
[Pre-Certifications/  
Prior Approvals](#)  
[Electronic Funds  
Transfer/  
Electronic Remittance  
Advice](#)  
[Lab Ordering/  
Results](#)  
[Provider Profile](#)  
[Message Center](#)  
[Submit NPI](#)  
[View Patient PHRs](#)  
[Provider  
Credentialing Tool](#)  
[Security  
Application](#)

[My Reports  
Panel Report](#)

**NEWS & FEATURES**

**PROVIDER RESOURCES**

**DENTAL PROVIDER  
RESOURCES**

### Manage Users: Select an Account

Manage your accounts:

Associate users to everyone in your organization at once by selecting the master account. Create users specifically for yourself by selecting your personal account.

[Manage users for the Master Account for Group #](#) **Practice Tax ID Number would be used here**

[Manage users for the Personal Account for](#) **Practitioner's Name and PRIS # would be used here**

	Name	ID	Status	Roles
<input type="checkbox"/>	Mary Doe	MDOE0713	Active	Office Manager
<input type="checkbox"/>	Jimmy Doe	JDOE21130	Active	Back Office Staff
<input type="checkbox"/>	Yolanda Farquhar	YOLFAR0927	Active	Back Office Staff

Enter User Information Marked with an (\*)



# SECURITY ADMINISTRATION

## Registration (Continued)

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > Set Permissions Information valid as of 2/2/2015 4:44 PM

**Providers**

**Home**

[Claims/Checks](#)  
[Benefits/Eligibility](#)  
[Referrals](#)  
[Pre-Certifications/  
Prior Approvals](#)  
[Electronic Funds  
Transfer/  
Electronic Remittance  
Advice](#)  
[Lab Ordering/  
Results](#)  
[Benefit Extension](#)  
[Provider Profile](#)  
[Message Center](#)  
[Provider  
Credentialing Tool](#)  
**[Security Application](#)**  
**Manage Users**  
Manage Roles

[My Reports](#)  
[Panel Report](#)

**Manager Users: for Group:**

**User Information:** [\(Cancel\)](#)

<b>User ID*:</b>	<input type="text"/>	<b>Office Location:</b>	
<b>First Name*:</b>	<input type="text"/>	<b>Street:</b>	<input type="text"/>
<b>Last Name*:</b>	<input type="text"/>	<b>Suite Number:</b>	<input type="text"/>
	<input type="button" value="Check for existing user"/>	<b>City:</b>	<input type="text"/>
<b>Date of Birth*:</b>	<input type="text"/> <input type="button" value="Calendar"/>	<b>State:</b>	<input type="text" value="--- Select ---"/>
<b>Password*:</b>	<input type="text"/>	<b>Zip Code:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>	<b>Home Phone:</b>	<input type="text"/>
<b>Status*:</b>	<input type="radio"/> Active <input type="radio"/> Inactive	<b>Work Phone:</b>	<input type="text"/>
		<b>Fax:</b>	<input type="text"/>

**\* Required Fields**

**Assign Roles:**

**Choose role(s)\*:**  Back Office Staff  Billing Specialist  Doctor  Front End Staff  Office Manager



# SECURITY ADMINISTRATION

## Assign Roles

- The administrator can change the employee's role(s) at any time.
- Roles should be based on the employee's job function.

My Reports  
[Panel Report](#)

**NEWS & FEATURES**

**PROVIDER RESOURCES**

**DENTAL PROVIDER RESOURCES**

**Assign Roles:**

**Choose role(s)\*:**  Back Office Staff  Billing Specialist  Doctor  Front End Staff  Office Manager

Permissions	Back Office Staff	Billing Specialist	Doctor	Front End Staff	Office Manager
Eligibility and Benefits Inquiry	✓	✓	✓	✓	✓
Claims Inquiry	✓	✓	✓		✓
Panel Report	✓	✓	✓	✓	✓
Edit Profile	✓	✓	✓	✓	✓
Edit Practice Profile	✓	✓	✓	✓	✓
Member Benefits Extension Search	✓	✓	✓	✓	✓
Member Benefits Extension Request	✓	✓	✓		✓
Referral Inquiry	✓		✓		✓
Referral Submission	✓		✓		✓
Prior Approval Inquiry	✓		✓		✓
Prior Approval Submission	✓		✓		✓
GHI Pre-Certifications Search	✓	✓	✓	✓	✓
GHI Pre-Certifications Request	✓	✓	✓		✓

**Note:** This function may not be available at this time for all lines of business.



# COMMUNICATING WITH US

## Message Center

WELCOME    PLAN OPTIONS    FIND A DOCTOR    HEALTH & WELLNESS    ABOUT US

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > Message Center      Information valid as of 1/4/2012 11:35 AM

### Mailbox (2 NEW)

Delete    Compose Message

	Inquiry Date	Type	Ref #	Claim #	Service Date	Delete
★	12/20/2011 12:10:31 AM	<a href="#">News and Alerts</a>	743385	N/A	12/20/2011 12:10:31 AM	<input type="checkbox"/>
★	12/6/2011 3:20:44 PM	<a href="#">News and Alerts</a>	733787	N/A	12/6/2011 3:20:44 PM	<input type="checkbox"/>

- Secure environment, PHI protected
- Access available 24 hours a day, 7 days a week
- Quick response time
- Reduces need to call EmblemHealth directly
- Saves provider time and money

If you do not receive timely notification, please contact the EmblemHealth Foster Care Liaison directly at [Medicaid Care Coordination @ emblemhealth.com](mailto:Medicaid_Care_Coordination@emblemhealth.com)



# KEEP YOUR DIRECTORY INFORMATION CURRENT

## Verifying Provider Information

- Periodically, providers are asked to review and update their provider and practice information.
- Select link to review and update your practice and provider information quickly and easily.
- The Provider Profile allows you to update your W-9.
- Incorrect information leads to payment errors and incorrect listings in our directories.

The screenshot shows the 'PROVIDERS' section of the EmblemHealth website. The navigation bar includes links for 'Provider Manual', 'Forums and Webinars', 'Claims Corner', 'Provider Resources', 'Medical Policies', and 'Join Our Networks'. The breadcrumb trail indicates the user is at 'EmblemHealth > Providers > myEmblemHealth > Verify Profile'. The page title is 'Providers' and the sub-header is 'Home'. A list of links includes 'Claims/Checks', 'Benefits/Eligibility', 'Pre-Certifications/Prior Approvals', 'Electronic Funds Transfer/Electronic Remittance Advice', 'Lab Ordering/Results', 'Benefit Extension', 'Practice Profile', 'Message Center', 'Submit NPI', 'View Patient PHRs', 'Provider Credentialing Tool', 'NEWS & FEATURES', 'PROVIDER RESOURCES', and 'DENTAL PROVIDER RESOURCES'. The main content area is titled 'It's Time to Verify Your Profile, Directory Listings and Network Participation' and describes a two-step process: 1. Confirm practice information (phone number, specialty/practice, office hours, service address) and 2. Review network participation for each practice site. A 'Verify Your Profile Now' button is prominently displayed. 'Helpful Tips' advise that providers are in-network for all benefit plans associated with a network and refer to the 'Provider Manual' for mapping benefit plans to networks. A link 'Review your profile another time' is also present.



# PROVIDER PROFILE

## Updates & Networks

1 Provides a snapshot of the information on file with EmblemHealth.

- To correct or change a provider's information, select the "Update" link and make your changes.
- If you cannot complete an update online, submit changes via:  
**Email:**  
[providermodifications@emblemhealth.com](mailto:providermodifications@emblemhealth.com)  
**Fax: 877-889-9061**
- If you are affiliated with an EmblemHealth-delegated entity, please submit any profile changes to that entity.

2 To locate the networks in which you are contracted, select the "Update" link for your Physician Locations.

**Note:** This feature is not available to hospital physicians and should not be used by physicians under a delegated credentialing relationship.

**Providers**

Home

[Claims/Checks](#)

[Benefits/Eligibility](#)

[Referrals](#)

[Pre-Certifications/  
Prior Approvals](#)

[Electronic Funds  
Transfer/  
Electronic Remittance  
Advice](#)

[Lab Ordering/  
Results](#)

**Provider Profile**

[Message Center](#)

[Submit NPI](#)

[View Patient PHRs](#)

[Provider  
Credentialing Tool](#)

[Security Application](#)

[My Reports](#)

[Panel Report](#)

**NEWS & FEATURES**

**PROVIDER RESOURCE**

**DENTAL PROVIDER  
RESOURCES**

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > My Profile Information valid as of 5/22/2014 2:36 PM

### Provider Profile - Doe, John (XXXXXXXX)

Below is how Doe, John currently appears in our provider directory.

Keeping our provider directory updated is of critical importance so your patients can find you. Also, incorrect provider file information can **slow down the payment of your claims**.

#### Provider Details 1

**Provider Details: [\(update\)](#)**

<b>Provider Name:</b>	Doe John MD
<b>Provider Status:</b>	Yes - since 03/15/2000
<b>Gender:</b>	Male
<b>NY License #:</b>	XXXXXX
<b>Medicare Number:</b>	XXXXX
<b>Medicaid Number:</b>	XXXXXXXX
<b>School Attended:</b>	USA/Harvard Medical School
<b>PIN:</b>	*****
<b>Account holder email:</b>	jdoe@gmail.com
<b>Provider NPI:</b>	XXXXXXXXXX
<b>Specialties:</b>	Internal Medicine
<b>Spoken Languages:</b>	English, French, German
<b>Hospital Affiliations:</b>	New York Hospital, New York University Langone Medical Center

**Physician Locations**

**Doe, John** practices at the following locations.

Select each service location to view/update details: Service Address, Correspondence Address, Phone, Fax and more.

- 123 Main Street Suite 456 Anytown NY 10078 > [update](#) 1 2



# PROVIDER PROFILE

## Find Your Networks

The screenshot displays the 'Provider Profile' page for John Doe, MD. The page is divided into several sections:

- Providers:** A sidebar menu with links for Home, Claims/Checks, Benefits/Eligibility, Referrals, Pre-Certifications/Prior Approvals, Electronic Funds Transfer, Electronic Remittance Advice, Lab Ordering/Results, Provider Profile, Message Center, Submit NPI, View Patient PHRs, Provider Credentialing Tool, and Security Application.
- NEWS & FEATURES:** A section for news and features.
- PROVIDER RESOURCES:** A section for provider resources.
- DENTAL PROVIDER RESOURCES:** A section for dental provider resources.
- Provider Profile - John Doe, MD:** The main content area, which includes:
  - Provider Details:** A form with fields for Provider Name (Doe, John, MD), Gender (Male), NY License #, Medicare Number, Medicaid Number, School Attended (Harvard Medical School), PIN, Account holder email (j.johndoe@me.com), and Provider NPI.
  - Specialties:** A list of specialties including ANATOMIC PATHOLOGY, ANESTHESIOLOGY, AUDIOLOGY, and BLOOD BANKING/TRANSFUSION.
  - Spoken Languages:** A list of languages including ABKHAZIAN, AFAM (OROMO), AFAR, and AFRIKAANS.
  - Correspondence Address:** Address 1 (123 Main Street), Address 2 (Suite 456), Attn (John Doe, MD), City (Anytown), State (NY), and Zip (17890-1234).
  - Network Affiliations:** A list of networks including ESSENTIAL NETWORK, PREM OR VYTRA PREM, PRIME, and SELECT CARE.
  - Participating Products:** A list of products including Child Health Plus, Choice Plus Direct, EmblemHealth Dual Eligible (HMO SNP), EmblemHealth EPO 35 / 55, EmblemHealth Essential (HMO), EmblemHealth HMO 35 / 55, EmblemHealth HMO 40 / 60, EmblemHealth HMO HD6300, EmblemHealth Medicare HMO, EmblemHealth VIP High Option (HMO), EmblemHealth VIP Premier Plus (HMO), Family Health Plus, HIP HMO Direct, HIP Medicaid, HIP Prime, HIP Prime EPO, HIP Prime POS, HIP Prime PPO, HIP Select EPO, HIP Select PPO, HIP VIP Medicaid Advantage (HMO), and HIPaccess I.

Red annotations highlight key areas: 'Edit your location information here' points to the Provider Details section, and 'Provider Network Participation' points to the Network Affiliations section. 'Benefit Plan Participation' points to the Participating Products section.

This page is displayed when you select the "Update" link from the Provider Profile page. You may edit or update your location information or find your network affiliations and participating products (plans).



# PROVIDER PROFILE

## Update Your Office Hours

- 1 New York State Department of Health requires us to have your practice's accurate office hours on file. Please sign in to [emblemhealth.com/providers](https://emblemhealth.com/providers) to update your office hours or other information by following the instructions below:
- 2 Select “update” for each Physician Location found on the lower portion of the Provider Profile screen.  
Scroll down past **Network Affiliations** and **Participating Products** to the first location address. **Complete all updates.**
- 3 Select “Save All Changes” to save your updates.

**Physician Locations**

**John Doe** practices at the following locations.

Select each service location to view/update details: Service Address, Correspondence Address, Phone, Fax and more.

- 123 Main Street, Suite 456 Anytown, NY 17890 > [update](#) **1**

**123 Main Street Suite 456** **2**

	1st Shift Start Time			1st Shift End Time			2nd Shift Start Time			2nd Shift End Time		
Mon	09	00	AM	06	00	PM						
Tue	09	00	AM	06	00	PM						
Wed	09	00	AM	06	00	PM						
Thu	08	30	AM	06	00	PM						
Fri	09	00	AM	07	00	PM						
Sat	09	00	AM	05	00	PM						
Sun	09	00	AM	05	00	PM						

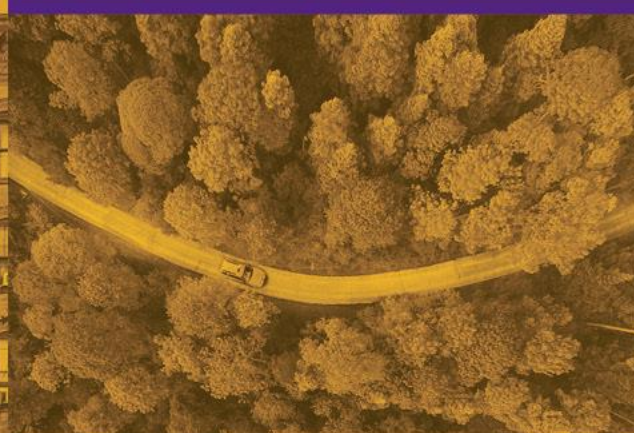
[Save All Changes](#) **3**







# Transactions



# ELIGIBILITY

- 1 Eligibility screen shows if the patient is active and whether the plan is primary.
- 2 Clicking on a link or underlined field takes you to additional information about that member.
- 3 Plan type indicates member's plan coverage.

PROVIDERS    Provider Manual    Forums and Webinars    Claims Corner    Provider Resources    Medical Policies    Join Our Networks

You are here: [EmblemHealth](#) > [Providers](#) > [mvEmblemHealth](#) > Eligibility Details    Information valid as of 11/14/2014 7:27 PM

### Providers

Home

[Claims/Checks](#)  
[Benefits/Eligibility](#)  
[Referrals](#)  
[Pre-Certifications/  
Prior Approvals](#)  
[Electronic Funds  
Transfer/  
Electronic Remittance  
Advice](#)  
[Lab Ordering/  
Results](#)  
[Provider Profile](#)  
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[View Patient PHRs](#)  
[Provider  
Credentialing Tool](#)  
[Security Application](#)

My Reports  
[Panel Report](#)

#### NEWS & FEATURES

#### PROVIDER RESOURCES

#### DENTAL PROVIDER RESOURCES

## HMO Medical Eligibility (as of 11/14/2014) FIDA

Please note: Previous Date searches apply to HIP member searches only.

### Medical Eligibility Details for Member 20638104

Member Name:	LEO Q. LEONARDO
ID#:	XXXXXXXXXXXX
DOB:	01/17/1925
Plan Effective Date:	01/01/2014
Relation to Insured:	Primary
Plan:	EmblemHealth Dual Assurance Plan
Network:	EMBLEM HEALTH DUALS ASSURANCE
LOB:	MR
Termination Date:	
Demographic Information:	55 WATER ST NEW YORK, NY 10041-0004 888-888-8888
Managing Entity:	HIP
PCP Name:	John Doe, MD
PCP ID:	XXXXXX
PCP Address:	123 Main Street, Suite 456 NY, NY 11798
PCP Phone#:	631-555-6666
PCP Assignment Date:	01/01/2014
Medical Center/Network ID#:	Brooklyn Network
COB:	HIP Primary
Employer Group:	EH - FIDA DUALS ASSURANCE, NYC
DUP:	Me

[Benefits](#)  
[Benefit Summary \(PDF\)](#)  
[Benefit Limits](#)



# ELIGIBILITY AND BENEFITS SEARCH

- User may search a patient's benefits and/or eligibility either by:
  - ID number
  - Member's last name and date of birth
- When searching by ID number, several members and lines of business can be requested at one time.
- Note: You must add a comma between each ID number.

You are here: [EmblemHealth?](#) > [Providers](#) > [myEmblemHealth?](#) > Patient Eligibility

## Eligibility and Benefits Search

**Providers**

[Home](#)

[Claims/Checks](#)

[Benefits/Eligibility](#)

[Referrals](#)

[Pre-Certifications/](#)  
[Prior Approvals](#)

[Electronic Funds](#)  
[Transfer/](#)  
[Electronic Remittance](#)  
[Advice](#)

[Lab Ordering/](#)  
[Results](#)

[Provider Profile](#)

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[Submit NPI](#)

[View Patient PHRs](#)

[Provider](#)  
[Credentialing Tool](#)

[Security Application](#)

[My Reports](#)  
[Panel Report](#)

**NEWS & FEATURES**

**PROVIDER RESOURCES**

**DENTAL PROVIDER**  
**RESOURCES**

**Patient ID Number Search**

Enter multiple patient ID numbers separated by commas.

OR


**Patient Name Search**

**Last Name:\***

**Date of Birth:\***

**Choose Eligibility as of Date (HIP only)**

Today

Previous Date:  

\*Required Fields



# BENEFIT DETAILS SUMMARY

## **EmblemHealth Enhanced Care (Medicaid)**

### **Member Benefits**

#### **Covered by EmblemHealth - All Members**

We cover the following services for all members when medically needed. In most cases, they must be provided by network providers and approved or arranged by your PCP. Please call Customer Services at **1-855-283- 2146** if you have any questions or need help with any of the services below.

#### **Routine and Preventive Medical Care**

This kind of care helps prevent health problems. It also helps find problems before they get serious.

Care includes routine and sick visits to your PCP and other network doctors for:

- Regular checkups
- Well-baby and well-child care (shots, checkups and developmental screenings)
- Eye and hearing exams
- Eyeglasses and other medically needed vision aids
- Regular gynecological exams
- Breast exams (including mammography)
- Allergy testing and treatment
- HIV counseling and testing services
- Smoking cessation counseling
- Child/Teen Health Plan Program (C/THP) Services for Medicaid members until the age of 21, including transportation to obtain these services



# CLAIMS

## Search

- 1 You must select a plan type and category.
- 2 Search for a claim by date range, patient ID, claim number, check number, or status.
  - If signed in under a TIN number, you will see all claims at all locations. If signed in under a PRIS number, claims will be specific to provider and location.
- 3 View up to 1,000 lines on screen or download up to 3,000 lines.
  - Claims information available for 18 months.
  - Spreadsheet can be sorted to meet your office needs.
  - Less is best — no need to enter data in all fields.

**Providers**

myEmblemHealth

- Claims/Checks
- Benefits/Eligibility
- Referrals
- Pre-Certifications/Prior Approvals
- Lab Ordering/Results
- Benefit Extension
- Practice Profile
- Message Center
- Submit NPI
- View Patient PHRs
- Provider Credentialing Tool

**NEWS & FEATURES**

**PROVIDER RESOURCES**

**DENTAL PROVIDER RESOURCES**

### Claims/Checks

Claims and checks up to 18 months old are available for review.

Please make sure to pick the member's plan\*

EmblemHealth  GHI  HIP 1

\*Entering Patient ID below will search for claims across all plans.

1 **Category:** MEDICAL **Provider(s):** ALL PROVIDERS

Please enter at least ONE piece of information to search below.

**Search Claims** Search Checks

Serv. Date From: mm/dd/yyyy

Serv. Date To: 11/28/2012 2

Patient ID:

Claim #:

Last Name:

First Name:

Date of Birth: mm/dd/yyyy

Status: All

Search Claims 3

Download Results

EmblemHealth can send you an email when claims have settled. [Receive claims activity alerts](#)



# CLAIMS

## Download Search

CLAIMNUM	ALT_ID	MEMBER FULL NAME	BIRTHDATE	PROVNUM	TAXIDNUM	PROVIDER FIRST NAME	PROVIDER LAST NAME	ICD9CODE	CPTCODE	MODIFIER	CPTCODEDE SC	BEG SERVICE DATE	END SERVICE DATE
EMC0000000	930xxxxxx	Last Name, First	19950228	5x10127	166000001	JOHN	SMITH		99203		NEW PT-OFF/OPD VISIT	20110415	20110415
EMC0000001	932xxxxxx	Last Name, First	19950228	5x10127	166000001	JOHN	SMITH		73030		XRAY UPPER EXTREMITY	20110415	20110415
EMC0000002	936xxxxxx	Last Name, First	19730512	135x188	166000001	IAN	SMITH		99222		INITIAL IP HOSP CARE	20110224	20110224
EMC0000003	951xxxxxx	Last Name, First	19591228	1236x5	166000001	BRIAN	SMITH		99214		EST PT-OFF/OPD VISIT	20110223	20110223
EMC0000004	930xxxxx1	Last Name, First	19540716	456x98	166000001	KEVIN	SMITH		73060		XRAY UPPER EXTREMITY	20110222	20110222



# CLAIMS

## Search Results

- Claims listed by doctor and by plan.
- Click on the underlined fields to obtain additional detailed information when you sign into your account

▶ For Dr. Smith								
<u>Service Date</u>	<u>Claim #</u>	<u>Patient ID</u>	<u>Patient</u>	<u>Settled Date</u>	<u>Paid</u>	<u>Check/EFT#</u>	<u>Status</u>	<u>Plan</u>
02/15/2011	<a href="#">0560560560</a>	930xxxxxx	<a href="#">Last Name, First</a>	03/08/2011	\$0.00		Denied	EMB
▶ For Dr. Y								
<u>Service Date</u>	<u>Claim #</u>	<u>Patient ID</u>	<u>Patient</u>	<u>Settled Date</u>	<u>Paid</u>	<u>Check/EFT#</u>	<u>Status</u>	<u>Plan</u>
02/17/2011	<a href="#">0455461100</a>	963xxxxxx	<a href="#">Last Name, First</a>	03/17/2011	\$0.00		Pending	EMB
▶ For Dr. X								
<u>Service Date</u>	<u>Claim #</u>	<u>Patient ID</u>	<u>Patient</u>	<u>Settled Date</u>	<u>Paid</u>	<u>Check/EFT#</u>	<u>Status</u>	<u>Plan</u>
02/15/2011	<a href="#">EMC1115556</a>	931xxxxxx	<a href="#">Last Name, First</a>	02/23/2011	\$65.36	<a href="#">2541638</a>	Settled	EMB



# CLAIMS

## Search Results Details

Click on “check number” for check detail information in your account

- 1 Payment summary indicates member’s responsibility.
- 2 Note(s) column indicates reason for denial.
- 3 Contact EmblemHealth to submit a claim inquiry.
- 4 Claim Detail screen is equivalent to the Explanation of Payment notice.

- [Lab Ordering/ Results](#)
- [Benefit Extension](#)
- [Practice Profile](#)
- [Message Center \(2\)](#)
- [Submit NPI](#)
- [View Patient PHRs](#)
- [Provider Credentialing Tool](#)

**Patient:** [Test, John](#)  
**Claim #:** EMC0000000      **Patient Acct. #:** B1C000EC  
**Provider:** DR. XYZ      **Settled Date:** 12/19/2011  
**Claim Type:** Medical EPO/PPO

**Subscriber Information**

**Subscriber:** Test, John      **Subscriber Address:** 123 Test Drive  
City, NY 13xxx  
**ID:** 930xxxxxx

**NEWS & FEATURES**  
**PROVIDER RESOURCES**

Service Date	Service Provided	CPT Code	Amount Billed	Basic Allowance	Copayment Applied	Benefits We Paid Toward This Claim	Note
12/12/2011	EAR PULSE OXIMETRY	94760	\$21.00	\$0.00	\$0.00	\$0.00	1
<b>TOTALS</b>			<b>\$21.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Note(s):**  
This statement reflects action taken with your participating provider. You are responsible only for services that are not covered by your benefit plan or for any applicable copayment, coinsurance and/or deductible. A service that has been denied due to inadequate information, or because prior approval was required, but not obtained, is the responsibility of the provider and you do not need to take action.

**Payment Summary:**

Basic Allowance	\$0.00
Amount We Paid	\$0.00

1. The maximum allowance for this service is included in the primary procedure. No additional payment will be made.

[Contact EmblemHealth About This Claim](#)

[Back To Claims List](#)      [Print Claim](#)





# 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><b><u>UB04</u></b></p> <p>Billing Provider Taxonomy: Box 81a with B3 qualifier          Attending Provider Taxonomy: Box 81b with B3 qualifier</p>	<p><b><u>HCFA 1500</u></b></p> <p>Billing Provider Taxonomy: Box 33B – Qualifier ZZ          Rendering Provider Taxonomy Line Level : 24J – Qualifier ZZ</p>
---	--

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/](https://enrollments.echohealthinc.com/)

- If a provider enrolls for EFT through this link: [enrollments.echohealthinc.com/EFTERADirect/EmblemHealth](https://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](https://emblemhealth.com/providers).
- Click on “Claims/Checks” link.
- Click on the applicable claim.
- Note in the Comment section the nature of the inquiry.
- Reply back if you need further clarification or want to supply additional information.
- If you have a claim or multiple claims to dispute, use our Message Center to attach a file, such as a corrected claim, a primary Explanation of Benefits notice, or medical records, etc.

### 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](https://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 Prior Approval 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](https://emblemhealth.com/providers)
  - Phone: **866-447-9717**
  - Fax: **866-215-2928**

If a PCP is associated with SOMOS, CMO, 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](#)

**EmblemHealth** [Sign In](#) [Search](#)

[Provider Resources](#) [Clinical Corner](#) [Claims Corner](#) [Provider Manual](#)

- UM and Medical Management** >
- Medical Policies
- Dental Providers
- Behavioral Health
- [Go to Clinical Corner](#)

**EmblemHealth for Providers**

Find important coverage and administrative information to help you provide the best care.

[View Provider Manual](#)

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

**EmblemHealth** [Sign In](#) [Search](#)

[Provider Resources](#) [Clinical Corner](#) [Claims Corner](#) [Provider Manual](#)

## UM & 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.

- EmblemHealth Utilization Management Preauthorization List 1/1/2020 HIP & ...** (02/26/2020)
- Clinical Practice Guidelines
- 2020 Infertility Mandate PA Coding



# PREAUTHORIZATION TRANSACTION

Welcome, [Redacted] [Change PIN](#) [Log Out](#) [AAA](#)

**EmblemHealth**

**PROVIDERS** | [Provider Manual](#) | [Forums and Webinars](#) | [Claims Corner](#) | [Provider Resources](#) | [Medical Policies](#) | [Join Our Networks](#)

You are here: [EmblemHealth](#) > [Providers](#) > myEmblemHealth Information valid as of 3/17/2020 5:38 PM

GHI PPO members (other than City of New York) are being migrated to our new claims platform. Members will be transitioned when their plan renews. Please ask your patients for their current member ID card at each appointment. Please submit pre-authorization requests and claims using the applicable member ID that is in effect on the date of service. The following changes apply once members are on the new system:

- Identifying migrated members
- Radiation therapy & cardiology imaging programs
- HIP radiology self-referral payment policy will apply to migrated GHI PPO members
- Anesthesia claims

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**NEWS & FEATURES**

**PROVIDER RESOURCES**

**DENTAL PROVIDER RESOURCES**

**Personal Information**

[Redacted]

Email: N/A

[Change Email](#)

**How Can We Help You?**

[Check eligibility and benefits](#)

[Check claim status](#)

[Check pre-certification/prior approval](#)

[Electronic Funds Transfer/ Electronic Remittance Advice](#)

[ADA Dental Claim Form](#)

[URO4-Hospital Claim Form](#)

**Remaining Specialty Visits**

[View available benefits and number of visits used for allergy, chiro and more](#)

**Resources**

[Find in network: physicians, hospitals and other facilities and services for your patients.](#)

[Free: Copy of The Medical Manual for Belizo-Cultural Competency](#)

[EmblemHealth Provider Manual](#)

[More Resources](#)

[Cultural Competency Continuing Education and Resources](#)

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## Select transaction

**Providers**

**myEmblemHealth**

**Please select the Requesting Provider.**

**Prior Approval Request**

**Emblem Us** [Redacted]

- [Referrals](#)
- [Prior Approvals](#)
- [Search Referrals and Prior Approvals](#)
- [Request ER Notification](#)
- [Search ER Notification](#)
- [Preauthorization Check](#)

For **Physical/Occupational Therapy** for members delegated to Palladian, requiring Prior Approval after the initial evaluation, please contact Palladian at [www.palladianhealth.com/providers](http://www.palladianhealth.com/providers) or call 1-877-774-7693 for questions. **Speech Therapy** requests for restorative services do not require a referral or prior approval for claim payment.

Inpatient Services	For all Admission Types including Medical, Surgical, Rehab SNF and Mental Health.
Outpatient Services	For all Outpatient Services including but not limited to Outpatient Clinics, Surgery and Ambulatory Surgical Centers.
Office Services	For services requiring Prior Approval to be performed by a physician or other health care professional in an office setting. Routine services with an authorized referral from the requesting provider do not require a prior approval. Simply use the authorization number of the referral issued by the requesting provider on your claim submission.
Home Care	To request Home Health Care Services.
Durable Medical Equipment	To request Durable Medical Equipment.
Transportation	To request Transportation.

**Select your entity:** Entity: H/CAREMGR/ ▾

**Requesting Provider:** Enter Pris # or NPI: [Redacted] X [Next](#)



# PREAUTHORIZATION TRANSACTION (Continued)

## Provide details

**Providers**

myEmblemHealth

- Referrals
- Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

### Prior Approval Request for Outpatient Facility

Requesting Provider: [Redacted]

Please enter Facility Code and Release of Info.

Service Date\*: 03/19/2020 (mm/dd/yyyy)

Member ID\*: [Redacted]

Name: [Redacted]

Sex: [Redacted]

Birthdate: [Redacted]

Plan: [Redacted]

LOB: [Redacted]

Medical Group Name: [Redacted]

Medical Group Number: 14

Facility Code\*:
 

- Off Campus - Outpatient Hospital (19)
- On Campus - Outpatient Hospital (22)**
- Ambulatory Surgical Center (24)
- Birthing Center (25)
- Outpatient Rehab Facility (62)
- Dialysis Center (65)
- Other Facility (99)

Release of info\*: [Redacted]

Received Via\*: [Redacted]

Notify Date\*: (mm/dd/yyyy)

Please provide contact information so that HIP may address any clinical issues required to complete a review of this case.

Contact Information

Contact Name\*: [Redacted]

Contact Telephone\*: [Redacted] ext: [Redacted]

or

Contact Fax\*: [Redacted]

Information Not Available

[< Back](#) [Start Over](#) [Next >](#)

\* Required Field

Click on the [Info](#) for field information.

myEmblemHealth

### Prior Approval Request for Outpatient Facility

Requesting Provider: [Redacted]

Certification Type: Initial

Service Type\*: Surgical (2)

Service Level: Elective (01)

Enter the Facility PRIS # / NPI or Search for a facility.

Facility PRIS # or NPI\*: [Redacted]

Name: [Redacted]

Location: [Redacted]

**Diagnosis:**

Enter diagnosis code. To add more than one diagnosis, enter the code and click Add. To search for a diagnosis, click Search. To clear all codes, click Clear All. To delete a code, click Delete next to the description.

#	Code	Description	
1	Z80.0	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	Delete
*	[Redacted]	[Redacted]	Add

**Procedure(s) and/or Service(s):**

To add procedures and/or services, enter the Code and Units. To add up to four modifiers to the code, use the drop down boxes. To add additional codes, click Add. To search for a procedure or modifier, click Search. To clear all procedures and modifiers, click Clear All. To remove a procedure and any modifiers attached to the procedure, click Delete next to the description.

**Click on the Procedure to modify the details**

#	Code	Units	Description	Modifier	
1	45384	1	COLONOSCOPY W/LESION REMOVAL	--	Delete
*	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Add

**Procedure Detail(s) for 45384:**

#	From Date	To Date	Requested Units
1	* 3/19/2020	* 6/17/2020	* 1

**Additional Physician:**  No  Yes

**Comments (Max: 500 characters):**

This Comments area may be used to document information that is specific to the requested service. Only procedure codes or services that are requested in this transaction should be referenced. These Comments are for internal use only and will not display for external users who inquire on the case's status.

test note





# PREAUTHORIZATION TRANSACTION (Continued)

Opportunity to review and edit.

**myEmblemHealth** **Prior Approval Details Review**

Your Prior Approval Request for Outpatient Facility has not yet been submitted. Please review the information below and click the "Next" button to continue.

**Review Type:** Outpatient Facility  
**Category:** Health Services Review  
**Certification:** Initial

**Member ID:** [REDACTED] **Member Plan:** [REDACTED]  
**Member Name:** [REDACTED] **Member PCP:** [REDACTED]  
**Member Sex:** [REDACTED] **Member PCP Phone:** [REDACTED]  
**Member DOB:** [REDACTED] **Member Eligibility Date:** [REDACTED]  
**Managing Entity:** [REDACTED]

**Requesting Provider:** [REDACTED] **Facility:** [REDACTED]

**Contact Name:** [REDACTED]  
**Contact Phone:** [REDACTED]  
**Contact Fax:** [REDACTED]

**Service Type:** Surgical (2) **Facility Code:** On Campus - Outpatient Hospital (22)  
**Service Level:** Elective (01) **Release of info:** Yes, Provider has a Signed Statement (Y)  
**Service Date:** 3/19/2020  
**Notify Date:** 3/17/2020 **Received Via:** Phone

**Diagnosis:**

Code	Description
Z80.0	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS

**Procedures:**

Code	Description	Modifier	Date	Requested Units
45384	COLONOSCOPY W/LESION REMOVAL	--	3/19/2020	1

**45384 Details:**

Line	From Date	To Date	Requested Units
1	3/19/2020	6/17/2020	1

**Comments:** test note



# PREAUTHORIZATION TRANSACTION (Continued)

Opportunity to provide clinical information offered.

**Providers**

myEmblemHealth

- [Referrals](#)
- [Prior Approvals](#)
- [Search Referrals and Prior Approvals](#)
- [Request ER Notification](#)
- [Search ER Notification](#)
- [Preauthorization Check](#)

---

### Clinical Criteria


**Requesting Provider:** [REDACTED]

For the procedure(s) requested (45384) you may provide us with clinical details to expedite the review process. This may result in an approval, or a pended prior approval for HIP review. Any clinical information provided to the health plan in support of medical necessity determinations must reproduce information already documented in the patient's medical records. This applies equally to correspondence, telephone calls, and electronic transactions. Presentation of information other than that which can be audited from medical records may constitute fraud.

Would you like to continue?

The request is being made in response to an order/request from the member's physician. Information relating to medical necessity was obtained from the member's physician and is true, accurate, and complete to the best of the requestor's knowledge.

\* Required Field

Click on the  for field information.



# PREAUTHORIZATION TRANSACTION (Continued)

Answer clinical questions.

**Providers**

> myEmblemHealth

- [Referrals](#)
- [Prior Approvals](#)
- [Search Referrals and Prior Approvals](#)
- [Request ER Notification](#)
- [Search ER Notification](#)
- [Preauthorization Check](#)

---

**Clinical Criteria**

**Requesting Provider:** Dr. Deepak Vadada

Allergy to Anesthesia.

Any Bleeding disorder.

Failed office-based procedure attempt due to body habitus, abnormal anatomy, or technical difficulties.

Is the member 18 or less than 18 years or 75 years or older.

Patient is unable to cooperate with procedure due to mental status, severe anxiety, or extreme pain sensitivity.

The individual has clinical conditions which may compromise the safety of an office-based procedure, select any /all of the below if applicable.

Asthma

CVA

Diabetes

Hypertension Cardiovascular Disease

MI

Pregnancy

Seizure Disorder


**History past 90 days:**

No Ambulatory Surgical Center (ASC) credentialed and access.

**Submit**

The request is being made in response to an order/request from the member's physician. Information relating to medical necessity was obtained from the member's physician and is true, accurate, and complete to the best of the requestor's knowledge.

\* Required Field

Click on the  for field information.



# PREAUTHORIZATION TRANSACTION (Continued)

Confirmation of submission.

**Providers**

myEmblemHealth

- [Referrals](#)
- [Prior Approvals](#)
- [Search Referrals and Prior Approvals](#)
- [Request ER Notification](#)
- [Search ER Notification](#)
- [Preauthorization Check](#)

**Prior Approval Details Submitted**

Prior Approval entered via EmblemHealth.com on 03/17/2020 at 4:58:36 PM

Your trace number is 36768706. This trace number is provided for your use in corresponding with the HIP Care Management Department in identifying this prior approval request. This Prior Approval does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

<b>Review Type:</b>	(O) Outpatient Facility	<b>My Trace #:</b>	[REDACTED]
<b>Category:</b>	(HS) Health Services Review	<b>HIP Authorization#:</b>	[REDACTED]
<b>Certification:</b>	(I) Initial	<b>Review Status:</b>	[REDACTED]
<b>Member ID:</b>	[REDACTED]	<b>Member Plan:</b>	[REDACTED] Care
<b>Member Name:</b>	[REDACTED]	<b>Member PCP:</b>	[REDACTED]
<b>Member Sex:</b>	[REDACTED]	<b>Member PCP Phone:</b>	[REDACTED]
<b>Member DOB:</b>	[REDACTED]	<b>Member Eligibility Date:</b>	[REDACTED]
<b>Managing Entity:</b>	[REDACTED]		
<b>Requesting Provider:</b>	[REDACTED]	<b>Facility:</b>	[REDACTED]
<b>Contact Name:</b>	[REDACTED]		
<b>Contact Phone:</b>	[REDACTED]		
<b>Contact Fax:</b>	[REDACTED]		
<b>Service Type:</b>	(2) Surgical	<b>Facility Code:</b>	(22) On Campus - Outpatient Hospital
<b>Service Level:</b>	(01) Elective	<b>Release Of Info:</b>	(Y) Yes, Provider has a Signed Statement
<b>Service Date:</b>	03/19/2020		
<b>Notify Date:</b>	03/17/2020	<b>Received Via:</b>	Phone

**Diagnosis:**

Code	Description
Z80.0	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS



# REFERRALS

All referrals must be done via the website.

- Select Referrals link in the left column.
- PCPs can request referrals for specialist care.
- Users can also view referrals entered by the PCP.
- Give referral to member before they leave the office.

The screenshot shows the myEmblemHealth website interface. At the top, a breadcrumb trail reads "You are here: EmblemHealth > Providers > myEmblemHealth" and the date "Information valid as of 8/28/2012 9:22 AM" is displayed. The left navigation menu, under the heading "Providers", lists several options: "Claims/Checks", "Benefits/Eligibility", "Referrals" (circled in red), "Pre-Certifications/Prior Approvals", "Lab Ordering/Results", "Provider Profile", "Message Center (3)", "Submit NPI", "View Patient PHRs", "Podiatry-Market Share Program", "Provider Credentialing Tool", and "Security Application". Below this menu are "My Reports" and "Panel Report". The main content area is divided into three columns: "Personal Information" (containing "Email: N/A" and "Change Email"), "How Can We Help You?" (with links for eligibility, claim status, pre-certification, lab ordering, ADA forms, and PHRs), and "Resources" (with links for finding providers, a medical manual, and a provider manual). A "Remaining Specialty Visits" section is also present at the bottom of the main area.



# REFERRALS (Continued)

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > Referral

## Request a Referral

To begin the Referral process, please put in the member information below.

### Patient ID Number Search

ID Number:\*

Date of Birth:

Or

### Patient Name Search

Last Name:\*

Date of Birth:\*

**\*Required Fields**

**Providers**

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**NEWS & FEATURES**

**PROVIDER RESOURCES**

**DENTAL PROVIDER  
RESOURCES**

Providers can request a new referral by either entering the member's "ID number" or the "Last Name" and "Date of Birth".



# REFERRALS (Continued)

- System returns member Doe, Jane.
- User has the option of selecting this member or conducting a New Search.

You are here: [EmblemHealth](#) > [Providers](#) > [myEmblemHealth](#) > Pre-Certification/Prior Approval Information valid as of 8/28/2012 9:25 AM

### Providers

**myEmblemHealth**

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- [Benefits/Eligibility](#)
- **Referrals**
  - [Search Referrals](#)
  - **Request Referral**
- [Pre-Certifications/Prior Approvals](#)
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- [Provider Profile](#)
- [Message Center \(3\)](#)
- [Submit NPI](#)
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- [Podiatry-Market Share Program](#)
- [Provider Credentialing Tool](#)
- [Security Application](#)

My Reports

- [Panel Report](#)

### Select a Member

HMO Medical

Name	Date of Birth	Primary/Secondary	Effective Date	Status	Termination Date	ID #
<b>Subscriber</b>	01/1951	N/A	01/01/2012	Active		141xxxx

**Disclaimer:**  
Authorizations shown are determinations of medical necessity only. They apply only to the specific provider(s) and service(s) shown above. Authorizations do NOT guarantee payment of benefits for these services. Payment depends on the member's plan on the date(s) the services are provided. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description. Examples of coverage limits/exclusions include copay charges, deductibles and coinsurance; annual, lifetime or episodic maximums; and pre-existing conditions. Members with in-network only coverage must confirm with EmblemHealth and the provider who will perform the requested services that the provider participates with EmblemHealth before services are given. To confirm provider participation status, please review EmblemHealth's [provider directory](#).

If you have any questions regarding Referrals on members with HIP plan, please call Coordinated Care at **1-866-447-9717, extension 4**.



# REFERRALS (Continued)

1 Referral Request returns with these fields populated:

- Member ID
- Name
- Birth Date
- Plan Data

2 Select Service Date via calendar.

3 System returns dropdown menus:

- Facility Code
- (POS) Place of Service
- Release of Information

Office (11) should be selected if the service requested by the PCP is a Consultation.

Providers

myEmblemHealth

### Referral Request

Requesting Provider: **John Doe**

Please enter Facility Code and Release of Info.

Service Date\*: 08/28/2012 (mm/dd/yyyy)

Member ID\*: [Empty Field]

Name: John Smith

Sex: M

Birthdate: 00/00/0000

Plan: HIP Prime

Facility Code\*: [Dropdown Menu]

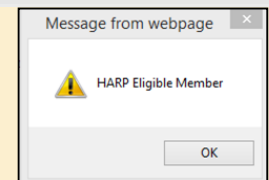
Release of info\*: [Dropdown Menu]

\* Required Field

Click on the info icon for field information.

Next >

Note: A pop-up window will appear if the member is enrolled in EmblemHealth Enhanced Care Plus (HARP).





# REFERRALS (Continued)

## Referral Request

Enter:

- 1 Service type/level
- 2 Servicing Provider PRIS or NPI, or use Search to find provider
- 3 Diagnosis code
- 4 Select procedure
- 5 Enter number of visits (6 maximum)
- 6 Enter free-text comments.

- [Prior Approvals](#)
- [Search Referrals and Prior Approvals](#)
- [Preauthorization Check](#)

**Service Type\*:** Consultation (3) ? Info

**Service Level:** Elective (01) ? Info

---

Enter the Servicing Provider PRIS # / NPI or Search   provider. ? Info

**Provider PRIS # or NPI\*:**   ? Info

**Name:** \_\_\_\_\_

**Location:**

**Diagnosis:**

Enter diagnosis code. To add more than one diagnosis, enter the code and click Add. To search for a diagnosis, click Search. To clear all codes, click Clear All. To delete a code, click Delete next to the description.

#	Code	Description	
*			Add
*	? Info		

---

**Procedure(s) and/or Service(s):**

Select procedure and enter number of visits.

  ? Info

Consult / Follow-Up / Testing / Treatment

**6 Comments (Max: 500 characters):**  
 This Comments area may be used to document information that is specific to the requested service. Only



# REFERRALS (Continued)

## Details Review Page

This is the final chance to edit/make changes before submitting the Referral Request.

When complete:  
Select **Submit**

<b>Member ID:</b>		<b>Member Plan:</b>	HIP VIP Medicare								
<b>Member Name:</b>		<b>Member PCP:</b>									
<b>Member Sex:</b>		<b>Member PCP Phone:</b>									
<b>Member DOB:</b>		<b>Member Eligibility Date:</b>	1/1/2012								
		<b>Managing Entity:</b>	HIP								
<b>Requesting Provider:</b>		<b>Servicing Provider:</b>									
<b>Service Type:</b>	Consultation (not PT/OT/ST) (3)	<b>Facility Code:</b>	Office (11)								
<b>Service Level:</b>	Elective (01)	<b>Release of info:</b>	Yes, Provider has a Signed Statement (Y)								
<b>Service Date:</b>	8/28/2012										
<b>Diagnosis:</b>	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>625.8</td> <td>FEM GENITAL SYMPTOMS NEC</td> </tr> </tbody> </table>			Code	Description	625.8	FEM GENITAL SYMPTOMS NEC				
Code	Description										
625.8	FEM GENITAL SYMPTOMS NEC										
<b>Procedures:</b>	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> <th>Date</th> <th>Requested Units</th> </tr> </thead> <tbody> <tr> <td>--</td> <td>Consult / Follow-Up / Testing / Treatment</td> <td>8/28/2012</td> <td>6</td> </tr> </tbody> </table>			Code	Description	Date	Requested Units	--	Consult / Follow-Up / Testing / Treatment	8/28/2012	6
Code	Description	Date	Requested Units								
--	Consult / Follow-Up / Testing / Treatment	8/28/2012	6								
<b>Details:</b>	<table border="1"> <thead> <tr> <th>Line</th> <th>From Date</th> <th>To Date</th> <th>Requested Units</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>8/28/2012</td> <td>2/24/2013</td> <td>6</td> </tr> </tbody> </table>			Line	From Date	To Date	Requested Units	1	8/28/2012	2/24/2013	6
Line	From Date	To Date	Requested Units								
1	8/28/2012	2/24/2013	6								



# REFERRALS (Continued)

If all criteria are satisfied, system returns:

- 1 My Trace Number
- 2 Authorization Number
- 3 Review Status

My Trace Number or Authorization Number can be used to search for referrals.

**myEmblemHealth**

**Referral Details Submitted**

Referral entered via EmblemHealth.com on 08/28/2012 at 09:37:59 AM

Your trace number is \_\_\_\_\_ This trace number is provided for your use in corresponding with HIP Health Plan of New York. Payment is contingent on the member's continued eligibility, contractual benefits (if applicable) in the benefits year and care is rendered in accordance with the appropriate physician certification of medical necessity.

---

<b>Review Type:</b> (R) Referral	<b>My Trace #:</b> 1	
<b>Category:</b> (SC) Specialty Care Review	<b>Authorization #:</b> 2	
<b>Certification:</b> (I) Initial	<b>Review Status:</b> Approved	3

---

<b>Member ID:</b> _____	<b>Member Plan:</b> HIP VIP Medicare
<b>Member Name:</b> _____	<b>Member PCP:</b> _____
<b>Member Sex:</b> _____	<b>Member PCP Phone:</b> _____
<b>Member DOB:</b> _____	<b>Member Eligibility Date:</b> 01/01/2012
	<b>Managing Entity:</b> HIP

---

<b>Requesting Provider:</b> _____	<b>Servicing Provider:</b> _____
-----------------------------------	----------------------------------

---

<b>Service Type:</b> (3) Consultation (not PT/OT/ST)	<b>Facility Code:</b> (11) Office	
<b>Service Level:</b> (01) Elective	<b>Release Of Info:</b> (Y) Yes, Provider has a Signed Statement	
<b>Service Date:</b> 08/28/2012		

---

**Diagnosis:**

Code	Description
625.8	FEM GENITAL SYMPTOMS NEC



# REFERRALS (Continued)

Providers may search for member referred by them or referred to them.

**Providers**

- myEmblemHealth
  - Referrals
  - Prior Approvals
  - Search Referrals and Prior Approvals**
  - Check if pre-auth is required

**Search for Referral or Prior Approval** Search by Trace #/Auth #

My Location: <All>

Review Type: <All>

Referred by you  Referred to you

Service Type: <All>

Service Date: 09/06/2012 Through 09/20/2012 (mm/dd/yyyy)

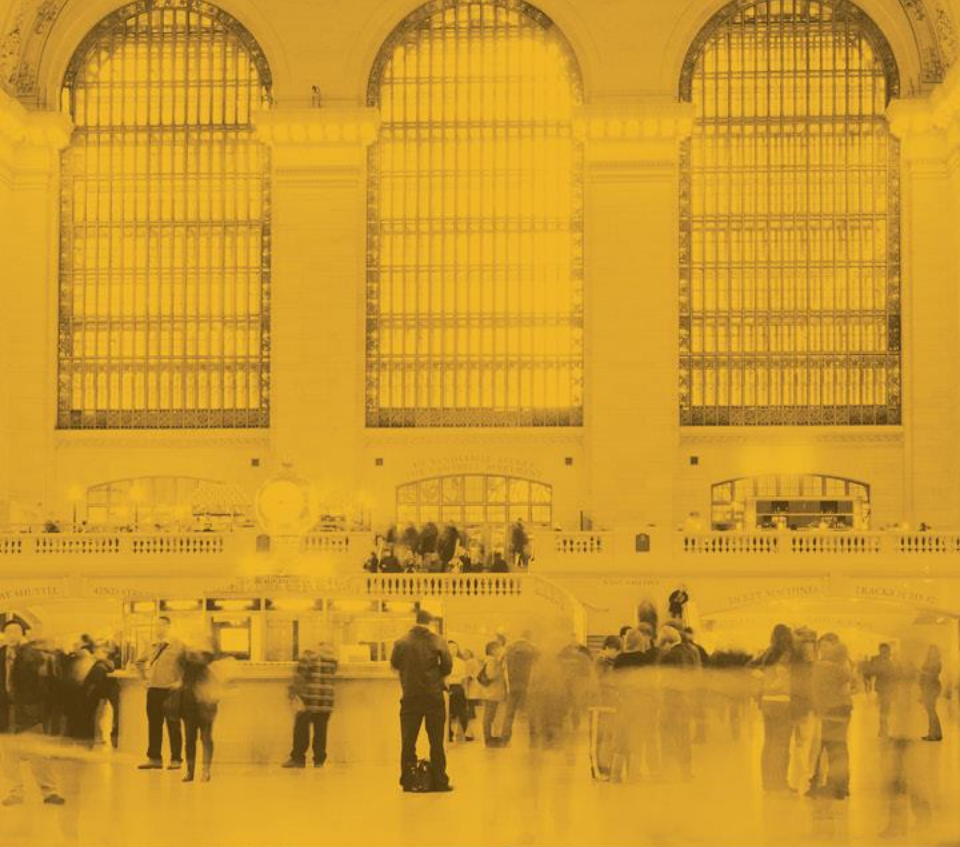
Member ID:  Search

Review Status:  
 Approved  Pended  Rejected  
 Incomplete  Void  Denied  
 Suspended

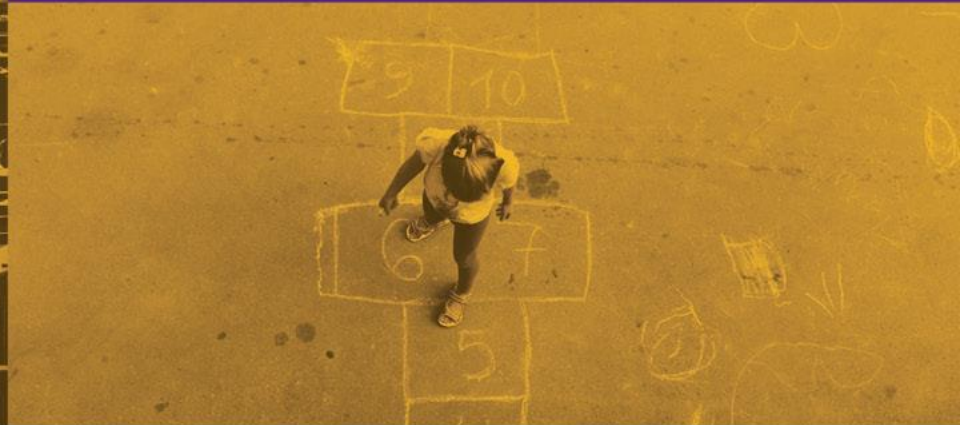
Mental Health:  Mental Health  Non Mental Health

Search





# 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](https://emblemhealth.com/community).



*\*This denotes that 29-1 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

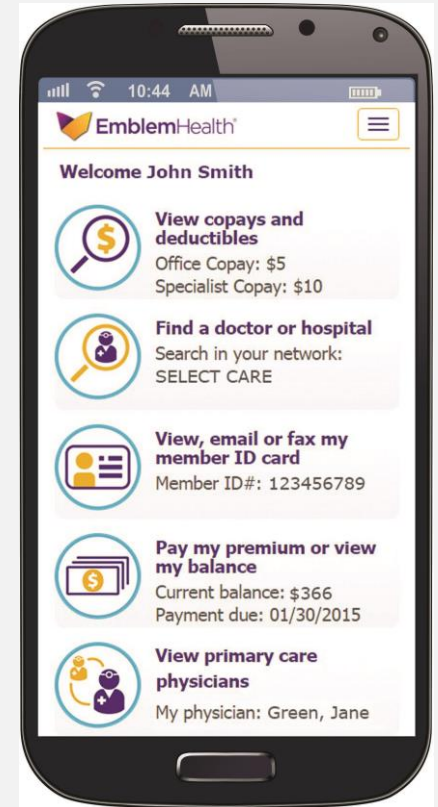
- Help them locate providers when generating a referral.
- Get a map and directions using the device's GPS (location services must be turned on).

## 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.*



# CARE4TODAY APP

## FIRST

download the FREE App  
or visit our website:  
[care4today.com/mhm](http://care4today.com/mhm)



## THEN

you just enter your medications and the  
time you take them

## NEXT

you can choose to set up refill reminders to help  
you avoid running out of your medication



**CARE4TODAY™  
MOBILE HEALTH  
MANAGER USES A  
COLOR-CODED  
SYSTEM**

to help you see when it's  
time to take a medication  
and helps you stay on  
schedule.

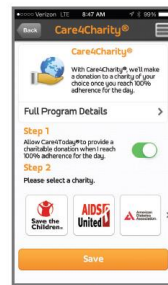
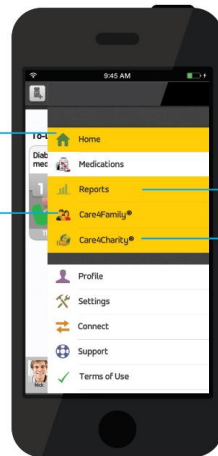
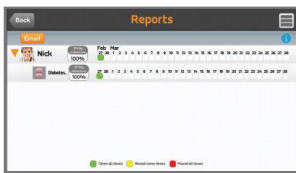


**ANOTHER GREAT  
FEATURE OF  
CARE4TODAY™  
MOBILE HEALTH  
MANAGER IS  
CARE4FAMILY®**

which lets you monitor  
the medication schedule  
of a loved one, and see  
if they are taking their  
medications.

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TRACK HOW OFTEN YOU  
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doctor right from your phone.



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**HEALTHIER  
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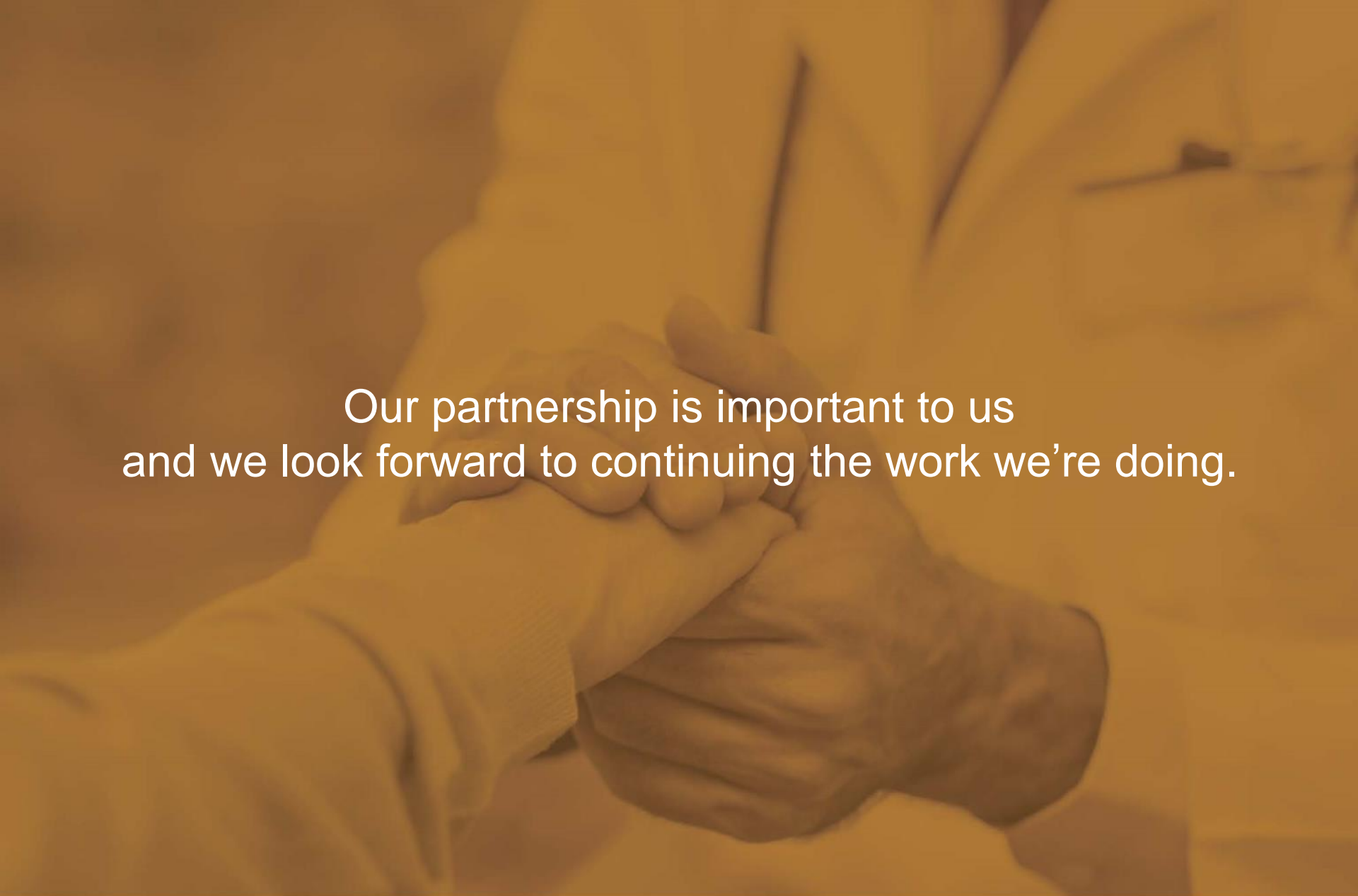




# ADDITIONAL INFORMATION TO ASSIST A 29-I HEALTH FACILITY

- Throughout the presentation we have mentioned the ability to connect directly with the EmblemHealth Foster Care Liaison (FCL). The FCL will conduct one on one meetings after your provider training to share additional information and familiarize you with our clinical processes.
- At the time of the meeting, the FCL will share her direct contact information. However, we recommend for immediate assistance that the 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 partnership is important to us  
and we look forward to continuing the work we're doing.



**Thank you for caring for our members.**