



<Important Plan Information>

<Date>

<<FirstName>> <LastName>>, <<Title>> <<Cntr_ID>>:<<Cost_Center>>
<<Attention>>
<<Address1>>
<<Address2>>
<<City>>, <<State>> <<ZIP>>

SUBJECT: Important Information to Help You Get Started with HARP and Essential Plan

Dear <<FirstName>> <<LastName>>, <<Title>>:

As a participating provider in the Enhanced Care Prime Network (formerly, Medicaid Prime Network), you currently see patients in our standard Medicaid Managed Care (MMC) plan which has been renamed EmblemHealth Enhanced Care. Effective October 1, 2015, EmblemHealth Enhanced Care plan began covering expanded Behavioral Health services for adults in New York City.

Additionally, you may soon begin to see patients in the two new benefit plans also associated with the Enhanced Care Prime Network - a health and recovery plan (HARP) called EmblemHealth Enhanced Care Plus, and an individual health plan called Essential Plan.

Key Points about HARP: EmblemHealth Enhanced Care Plus

- HARP is a managed care product for adult Medicaid beneficiaries aged 21 and over who are eligible for mainstream MMC and meet the criteria for serious mental illness (SMI) and substance use disorder (SUD).
- EmblemHealth Enhanced Care Plus will offer eligible individuals all of the behavioral health services and physical health services provided by MMC plans, in addition to Home and Community Based Services (HCBS) and assignment to Medicaid Health Home for comprehensive care plan management.
- EmblemHealth Enhanced Care Plus is effective on October 1, 2015, in the five boroughs of NYC, and on July 1, 2016 in Nassau, Suffolk and Westchester Counties. Coverage for HCBS services begins January 1, 2016.
- Visit the Behavioral Health Services section of our Provider Toolkit at **emblemhealth.com/Provider-Toolkit.aspx** for resources that support the early detection, assessment and treatment for behavioral health issues.

Key Points about Essential Plan

- Essential Plan is offered on the New York State of Health (NYSOH) marketplace. It is a hybrid between Qualified Health Plan (QHP) and Medicaid. The Essential Plan will offer affordable comprehensive coverage to individuals between the ages of 19 and 64 (US citizens) or 21 and 64 (legally residing immigrants), who either earn between 138% and 200% percent of the federal poverty level or are of certain immigration statuses .*

*Pending NYSOH approval

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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- As with QHPs, Essential Plan includes all benefits under the 10 categories of ACA-required Essential Health Benefits. Essential Plan doesn't have a deductible.
- If a member becomes pregnant under the Essential Plan, she must go to the NYSOH to update her member information. The member will be temporarily transitioned to Medicaid throughout her pregnancy for comprehensive coverage, at no additional cost. If a pregnant member under the Essential Plan seeks medical treatment from your practice, please advise her of this protocol.*
- Essential Plan provides coverage in eight New York downstate counties including the five boroughs of NYC, plus Nassau, Suffolk and Westchester counties.
- Enrollment for Essential Plan begins November 1, 2015 (same as general 2016 open enrollment on NYSOH) and is available year round (the same as Medicaid). Coverage under Essential Plan will be effective January 1, 2016 for individuals enrolled by December 15, 2015. Effective coverage dates differ by eligible population.

Reminders

- **Both plans offer in-network coverage only.** Using our Referral/Prior Approval functions will ensure correct provider selection. To confirm that providers also participate in our Enhanced Care Prime Network, you may also use our "Find a Doctor" tool at emblemhealth.com/Find-a-Doctor.
- **Identifying members.** To identify members in either of these new benefit plans, please look for "Network: Enhanced Care Prime" and the respective plan name on the member ID card, or sign in to our secure provider website at emblemhealth.com/providers to view the member's eligibility, see your network participation and review/edit your practice information.
- **Get updates automatically.** Please refer to the Provider Networks and Member Benefit Plans chapter of the EmblemHealth Provider Manual at emblemhealth.com/Providers/Provider-Manual to see the current suite of benefit plans associated with the EmblemHealth Enhanced Care Prime Network. When you access the provider manual, you will be able to subscribe to the chapter and receive an email notice each time the benefit suite is updated.

If you have any questions regarding this mailing, please sign in to the secure provider website to use our Message Center. Select "General Information" from the drop-down menu on the "Ask a Question" page. If you do not have Internet access, please contact our Provider Call Center at **1-866-447-9717**.

Thank you in advance for your ongoing service to ensure quality care to our members.

Sincerely,



Philip J. Gillich, MPH
Vice President, Physician Contracting and Management