

FAQ: NYC Medicare Advantage Plus

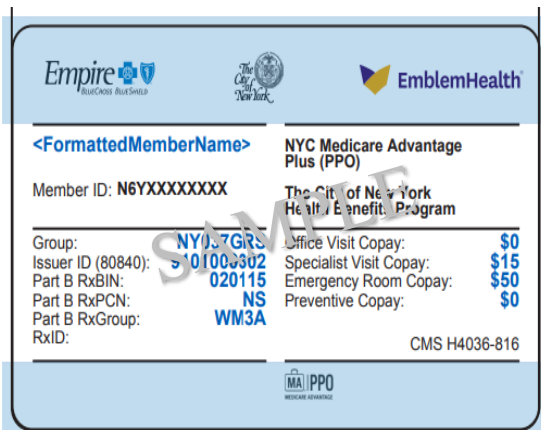
Q: What is NYC Medicare Advantage Plus?

A: Beginning January 1, 2022, NYC Medicare Advantage Plus is the group retiree offering for City of New York Medicare eligible retirees. NYC Medicare Advantage Plus is a Medicare Advantage PPO plan. Under this new plan, City of New York retirees will have no difference in cost share for both in-network and out-of-network services. NYC Medicare Advantage Plus offers the same hospital and medical benefits traditional Medicare covers as well as additional benefits traditional Medicare does not provide, such as an annual routine physical exam, hearing exam, health and fitness tracker, LiveHealth Online,* and SilverSneakers.*

This plan is offered through the Retiree Health Alliance, an alliance between Empire BlueCross BlueShield (Empire) and EmblemHealth.


Q: What is changing for City of New York retirees transitioning to NYC Medicare Advantage Plus on January 1, 2022?

A: Prior to January 1, 2022, City of New York retirees received Part A (Hospital) and Part B (Professional) services through traditional Medicare and supplemental Part A benefits through Empire and supplemental Part B benefits through EmblemHealth. Under the NYC Medicare Advantage Plus plan, City of New York retirees will have a Medicare Advantage PPO plan instead of using traditional Medicare and supplemental insurance. Each member will receive a new ID card (sample below), cobranded with Empire and EmblemHealth logos, to access their new NYC Medicare Advantage Plus plan.



The image shows a sample ID card for the NYC Medicare Advantage Plus (PPO) plan. It features the logos for Empire BlueCross BlueShield, The City of New York, and EmblemHealth. The card includes the following information:

- Member ID:** N6YXXXXXXX
- Group:** NYJ7GRS
- Issuer ID (80840):** S0100302
- Part B RxBIN:** 020115
- Part B RxPCN:** NS
- Part B RxGroup:** WM3A
- RxID:** CMS H4036-816
- NYC Medicare Advantage Plus (PPO)**
- The City of New York Health Benefit Program**
- Office Visit Copay:** \$0
- Specialist Visit Copay:** \$15
- Emergency Room Copay:** \$50
- Preventive Copay:** \$0



The image shows another sample ID card for the NYC Medicare Advantage Plus (PPO) plan. It features the logos for Empire BlueCross BlueShield and EmblemHealth. The card includes the following information:

- empireblue.com/nyo-ma-plus**
- Member Services:** 1-833-325-1191
- TDD/TTY:** 711
- 24/7 NurseLine:** 1-833-614-1298
- Provider Services:** 1-833-325-1191
- Providers:** Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply.
- Members:** Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage.
- Possession of this card does not guarantee eligibility for benefits.**
- Medical Claims & Inquiries:** P.O. Box 1407, Church Street Station, New York, NY 10008-1407
- Issue Date:**

* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Empire BlueCross BlueShield. Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Empire BlueCross BlueShield. Avallity, LLC is an independent company providing administrative support services on behalf of Empire BlueCross BlueShield. AIM Specialty Health is an independent company providing some utilization review services on behalf of Empire BlueCross BlueShield. MyNexus is an independent company providing post-acute benefits management services on behalf of Empire BlueCross BlueShield.

The NYC Medicare Advantage Plus plan is offered through an alliance between Empire BlueCross BlueShield Retiree Solutions and EmblemHealth. Empire and EmblemHealth have come together to create a new, customized, fully insured Group Medicare Advantage program for the City of New York. Empire BlueCross BlueShield Retiree Solutions is an LPPO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield Retiree Solutions depends on contract renewal. Empire BlueCross BlueShield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. EmblemHealth insurance plans are underwritten by EmblemHealth Plan, Inc., EmblemHealth Insurance Company, and Health Insurance Plan of Greater New York (HIP). EmblemHealth Services Company, LLC provides administrative services to EmblemHealth companies. The EmblemHealth companies are separate companies from Empire BlueCross BlueShield. EBSCRNU-0204-21 October 2021

Q: What is the member prefix for NYC Medicare Advantage Plus?

A: The prefix is N6Y.

Q: Are NYC Medicare Advantage Plus members required to select a primary care physician (PCP)?

A: No, NYC Medicare Advantage Plus members are not required to select a PCP. However, members are encouraged to choose a PCP as a healthcare advocate and first point of contact for health concerns.

Q: Does a provider have to be a participating provider with Empire or EmblemHealth to provide care to NYC Medicare Advantage Plus members?

A: No, the NYC Medicare Advantage Plus plan is a PPO plan that allows members to get care from both participating and nonparticipating providers. NYC Medicare Advantage Plus members can see any Medicare healthcare provider.

Q: Do NYC Medicare Advantage Plus members need a referral to see a specialist?

A: No, referrals are not needed to provide care to NYC Medicare Advantage Plus members.

Q: Is there a specific network arrangement because of the Retiree Health Alliance?

A: Yes, 13 counties in downstate New York will use EmblemHealth professional providers and Empire facility providers as the contracted network:

- | | | |
|------------|------------|---------------|
| • Bronx | • Orange | • Suffolk |
| • Dutchess | • Putnam | • Sullivan |
| • Kings | • Queens | • Westchester |
| • Nassau | • Richmond | |
| • New York | • Rockland | |

Q: Is a provider considered participating with NYC Medicare Advantage Plus if the provider is currently contracted with Empire or EmblemHealth?

A: It depends. If a professional provider has an existing contract with EmblemHealth, then the provider is participating.

Facility and ancillary providers with an existing Empire contract are participating, according to the network arrangement outlined above. Professional providers in the 13 downstate counties must have a contract with EmblemHealth to be considered participating.

Professional and facility providers in other Empire counties outside of the 13 downstate counties with an existing Empire contract are participating for NYC Medicare Advantage Plus, regardless of provider type as the network arrangement is not applicable outside of these 13 downstate counties.

Q: If a professional provider in the 13 downstate counties has a contract with both EmblemHealth and Empire, which contract is considered for participation in the network?

A: The EmblemHealth contract will be considered the participating contract for professional providers including chiropractors, physical therapists, occupational therapists, and speech therapists in the 13 downstate counties.

Q: In the 13 downstate counties, are there any exceptions for certain professional specialties that would utilize their Empire contract?

A: Yes, behavioral health professional specialties, both professional and facility, will be considered participating under their Empire contract.

Q: In the 13 downstate counties, if a professional provider is not contracted with EmblemHealth but does have a contract with Empire, is the provider considered nonparticipating?

A: Yes, the provider will be considered non-participating and will be reimbursed according to the local Medicare fee schedule allowable when seeing NYC Medicare Advantage Plus members.

Q: How are contracted providers reimbursed?

A: Reimbursement is based on your contracted rate. For details, contracted providers should review their contract:

- Professional providers excluding behavioral health specialists in the 13 downstate counties will be reimbursed per their contract with EmblemHealth.
- Professional providers in all other Empire counties will be reimbursed per their contract with Empire.
- Behavioral health specialists will be reimbursed per their contract with Empire.
- Facility and ancillary providers will be reimbursed per their contract with Empire.
- All provider types outside of the Empire service area will be reimbursed per their contract with their local Blue plan.

Q: How are noncontracted providers reimbursed?

A: Noncontracted providers are reimbursed according to the local traditional Medicare fee schedule less the NYC Medicare Advantage Plus member's cost share.

Q: What is the claims submission process for dates of service and dates of admission, as of January 1, 2022?

A: Beginning January 1, 2022, under the NYC Medicare Advantage Plus plan, providers will change billing processes as follows:

- Providers will submit all claims (facility, professional, and ancillary) to Empire.
- Providers will **not** submit any claims to traditional Medicare or EmblemHealth.
- Claims can be submitted electronically (preferred) or by paper (*UB-04* or *CMS-1500* forms).
- Inpatient admissions on or before December 31, 2021, will follow previous billing procedures, regardless of the date of discharge.
- Payer ID: *CONYI*
- If a vendor or clearinghouse needs additional time to add the new payer ID, providers may use existing Empire payer IDs:
 - 00803 — Professional claims
 - 00303 — Institutional claims

Q: How can member eligibility and benefits be verified?

A: Member eligibility and benefits can be verified online or via phone:

- **Online:** Eligibility, benefits, claims, commonly used forms, and remit information are all available through the Availity Portal* at [availity.com](https://www.availity.com). If you do not have an Availity account, we encourage you to register at your earliest convenience.
- **Phone:** Call the Provider Service number on the back of the member's ID card.

Q: Is prior authorization required?

A: Some services will require a prior authorization. Providers may use Availity to determine if a prior authorization is required:

- Contracted providers must request prior authorization.
- All providers will follow Empire authorization guidelines.

- Noncontracted providers are not required to submit prior authorizations, but requesting prior authorization is highly encouraged. Requesting prior authorization will confirm services are covered and are medically necessary.

Q: How can a provider request prior authorization?

A: Providers are encouraged to use Availity to request prior authorization but may request by fax and phone as well:

- **Online:** [availity.com](https://www.availity.com) (Preferred and most efficient)
- **Phone:** Call the Provider Services number on the back of the member's ID card and follow the prompts

In some instances, prior authorization is delegated for specific services:

- AIM Specialty Health®* — Radiology, cardiology, genetic testing, sleep, msk, radiation oncology, and medical oncology
- myNexus* — Home health

Q: Does the plan follow Medicare guidelines detailed in the national coverage determinations (NCDs) and local coverage determinations (LCDs)?

A: Yes, NCDs and LCDs will be applied in accordance with federal regulation and CMS guidance for both contracted and noncontracted providers.

Q: Does the NYC Medicare Advantage Plus plan require advance patient notification for services not covered under this plan?

A: Providers are encouraged to contact the plan for a formal determination of coverage if the provider thinks a service may not be covered.

If a contracted provider performs a service that may not be covered and the plan has not issued a *Notice of Denial of Medical Coverage*, also known as the *Integrated Denial Notice*, a determination that the service is noncovered, the provider can only collect the cost share that would apply for the service as if the service were actually coverable. The provider must not balance bill an NYC Medicare Advantage Plus member for a noncovered service if the plan has not issued the member an *Integrated Denial Notice* that the service will not be covered.

For more information, see [Chapter 4, Section 160, of the Medicare Managed Care Manual](#).

Q: Can providers collect cost share amounts up front from NYC Medicare Advantage Plus members?

A: Yes, providers may request the member's cost share at the time of service.

Q: Can NYC Medicare Advantage Plus members be balance billed?

A: No, NYC Medicare Advantage Plus members may only be billed the applicable member cost share as indicated on the provider remittance.

Q: Will there be any additional way to learn more about the NYC Medicare Advantage Plus plan for providers?

A: Yes, please join a provider education session. There will be a variety of date and time options and will be for any provider type. The registration information will be in the provider newsletters from October through January 2021.

Registration link: <https://bit.ly/2Y9DrBj>

Date	Times (in Eastern time)
November 9, 2021	8 to 9 a.m. 4 to 5 p.m.
November 11, 2021	8 to 9 a.m. 4 to 5 p.m.
November 16, 2021	Noon to 1 p.m. 3 to 4 p.m.
November 18, 2021	Noon to 1 p.m. 3 to 4 p.m.
December 7, 2021	8 to 9 a.m. 4 to 5 p.m.
December 9, 2021	8 to 9 a.m. 4 to 5 p.m.
December 14, 2021	Noon to 1 p.m. 3 to 4 p.m.
December 16, 2021	Noon to 1 p.m. 3 to 4 p.m.
January 19, 2022	8 to 9 a.m. 4 to 5 p.m.
January 21, 2022	8 to 9 a.m. 4 to 5 p.m.
January 26, 2022	Noon to 1 p.m. 3 to 4 p.m.
January 28, 2022	Noon to 1 p.m. 3 to 4 p.m.