Payment Integrity Administrative Policy:
Annual Fee Schedule Updates
(CMS and Medicaid)

REVIEW DATE:	APPROVED BY
1/23/2023	EmblemHealth's RPC (Reimbursement Policy Committee)

Policy Statement: EmblemHealth and ConnectiCare update their systems based upon fee schedules approved by the Centers for Medicare & Medicaid Services (CMS), New York State Department of Health (NYSDOH), third party partners and Comprehensive Benefit Plan (CBP) fee schedules. These updated fee schedules are used to calculate applicable payments to our practitioners.

These updated fee schedules are used to calculate payments to our contracted practitioners and facilities based on the applicable reimbursement schedule. It is EmblemHealth/ConnectiCare policy that once the newest schedule is received, it is loaded, tested and available to pay claims within **60-days**. Claims received after the load date are paid using the updated fee schedule, if applicable, and no retroactive adjustments based on this new fee schedule will be made on claims submitted prior to the updated fee schedule load date.

CMS:

Each year EmblemHealth and ConnectiCare update their systems based upon fee schedules approved by the Centers for Medicare & Medicaid Services (CMS). These updated fee schedules are used to calculate applicable payments to our practitioners.

It is EmblemHealth/ConnectiCare policy that once the newest schedule is received from CMS, it is loaded, tested and available to pay claims within **60-days**. Once loaded, claims received after the load date are paid using the updated fee schedule, if applicable, and no retroactive adjustments based on this new fee schedule will be made on claims submitted prior to the initial 60-day time frame.

Medicaid:

EmblemHealth updates its systems based upon the Medicaid fee schedules released by the New York State Department of Health (NYSDOH). These updated fee schedules are used to calculate applicable payments to practitioners who are reimbursed based on the Medicaid fee schedule.

It is EmblemHealth's policy that once the newest Medicaid fee schedule is received, it is loaded, tested and available to pay claims within **60-days**. Claims received after the load date are paid using the updated fee schedule, if applicable, and no retroactive adjustments based on this new fee schedule will be made on claims submitted prior to the updated fee schedule load date.

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Revision history

DATE	REVISION
1/23/2023	• Reformatted and reorganized policy, transferred content to new template. • Updated ConnectiCare to 60 days.
4/27/2022	• Updated Policy Statement to include Comprehensive Benefit Plan Fee Schedule (CBP)
1/21/2022	• Reformatted and reorganized policy, transferred content to new template