ConnectiCare

August 2017

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New post-acute care program to start Sept. 5, 2017

ConnectiCare has contracted with CareCentrix to manage post-acute care for our commercial and Medicare members, effective Sept. 5, 2017.

Here are some key details:

- CareCentrix will manage authorization of services provided to ConnectiCare members being discharged to skilled nursing facilities, inpatient rehabilitation facilities and home health care providers.
- CareCentrix's services will last up to 90 days after discharge from acute-care facilities.
- CareCentrix will also manage authorization of post-acute care durable medical equipment and non-specialty home infusion services.
- ConnectiCare will continue to manage discharges to long-term acute care facilities.
- ConnectiCare will continue to manage authorization of home health, durable medical equipment and non-specialty home infusion services when these services are not related to a post-acute episode of care.

If providers do not obtain authorization, as described above, from CareCentrix for acute-care discharges on or after Sept. 5, 2017, claims may be denied.

Claims and appeals processes are not changing: Please continue to submit claims, claims questions and appeals to ConnectiCare.

CareCentrix is contacting affected providers to arrange a convenient time for training on the authorization process.

PCPs may get letters from UConn regarding their patients and a study on depression, delirium and dementia

The University of Connecticut Center on Aging and the School of Medicine at UConn Health are recruiting ConnectiCare Medicare Advantage members who may have one or more of the "3Ds:" dementia, depression and delirium.

Primary care providers (PCPs) may receive a letter from UConn letting them know their patient is involved in the ongoing study. The letter may also include treatment recommendations for the patient.

The study, funded by the national Patient-Centered Outcomes Research Institute, will test how a new home-based clinical team care model may improve health-related outcomes of older adults living with cognitive vulnerability and their families.

The study will recruit 760 adults in Connecticut who are age 65 and older, living at home in Connecticut for the next 12 months and have their Medicare insurance through ConnectiCare, a partner in the study. Family members of these adults will also be invited to participate in the study.

Recruitment will be based on any claims providers may have submitted in the prior month. If the claims contained any ICD-10 codes related to dementia, depression or delirium, a ConnectiCare representative will call the member or family member (for adults diagnosed with dementia) to find out if they are interested in participating in the study and if UConn can contact them.

The study is not taking doctor referrals at this time. If a doctor wants his/her patients to be considered for the study, make sure to include ICD-10 codes related to dementia, depression or delirium on any claims related to the treatment of that patient.

Help save your patients money: Refer to in-network providers

We have seen an increase in claims from out-of-network providers because of improper referrals from in-network doctors. These out-of-network referrals may cost your patients higher, and possibly unexpected, out-of-network charges.

If you have to refer your patients to an out-of-network provider in non-emergency situations, you will need to get preauthorization approval from us first. In emergencies, you can refer patients to out-of-network providers without

getting our permission first.

To get our prior approval for out-of-network referrals, simply fill out this preauthorization form and fax it, along with any supporting medical documentation, to our clinical review team at 1-800-923-2882 or 1-860-674-5893.

Please note, services are not considered authorized until we issue an authorization. Incomplete or missing information will delay the processing of the preauthorization request.

Health assessments with HealthFair and ComplexCare Solutions underway

ConnectiCare began sending invitations in June to about 15,000 commercial members asking them if they were interested in receiving an in-home health assessment from ComplexCare Solutions or a wellness exam on a HealthFair mobile health clinic.

The purpose of the visit is to provide each member with up-to-date information on their health, close gaps in care, identify potential health risks and recommend preventive services.

These visits are not intended to replace the professional advice and care our members receive from their primary care providers (PCPs). Neither HealthFair nor ComplexCare Solutions will treat members beyond the health assessments.

It's important to note that these health assessments will not be coded as annual wellness exams or physical evaluations so PCPs can still perform those preventive services at no cost to the members.

Members who undergo the assessments will be asked for permissions to share the results with their PCPs. If the members agree, ComplexCare Solutions and HealthFair will send the results to the members' PCPs.

We encourage you to reach out to these members, your patients, for follow-up care. We believe all medical decisions should be made by the patient in consultation with his or her PCP.

HEDIS measure defined: Medication reconciliation post-discharge (MRP)

Medication reconciliation post-discharge (MRP) is one of the measures under the Healthcare Effectiveness Data and Information Set (HEDIS) because it can improve patient safety, reduce readmission and help prevent adverse drug reactions.

Medication reconciliation — a review of the medication list for a patient recently discharged from an acute care facility with the most recent list in the outpatient medical record — is crucial. More than 40 percent of medication errors are believed to happen due to inadequate medication reconciliation during admission, transfer and discharge of patients, according to research. Of these errors, about 20 percent are believed to endanger patient safety.

Download this provider resource explaining the measure and how providers can maintain compliance for each of their patients.

Tips on the preauthorization process for infertility providers

Our commercial utilization management department has 15 days to review each preauthorization request from infertility providers. We do our best to make a determination earlier if possible. Here's what you can do to help.

- If you are requesting to change any previously approved requests or cycles, you must submit the request by fax to 860-674-5893 so it can be reviewed by a nurse.

    - This includes, but is not limited to, a request to cancel, change date, date extension, or conversion to Freeze All.

- If infertility preauthorization request has been denied, you can appeal our decision by calling 800-828-3407.
- If you already have an approved request/cycle and need to request additional medication, please fax the request to our pharmacy department at 860-674-2851. The fax should include the following information:
    - previously approved authorization number
    - date span

Please note, our utilization management department will no longer call providers if we approved their preauthorization requests. We will notify you of approvals by fax.

Recent provider headlines

Check out the latest Provider News & Headlines:

- New oncology management program for members ages 18 and older
- You can now check for patients' Passage referrals online
- Epidural codes will not require preauthorization
- Medicare news: Organization determination requests for non-covered services
- Prescribe fitness to your Medicare Advantage patients

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