

Office Visit

News for health care providers



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New in-home palliative care services for our commercial and Medicare Advantage members

On Jan. 1, 2019, we began to offer the in-home palliative care services of Aspire Health to our commercial and most Medicare Advantage members.*

Aspire Health is the nation's largest provider of non-hospice, community-based palliative care. Since launching in 2013, it has collaborated with doctors to care for more than 50,000 patients with advanced illness. In Connecticut, Dr. Tara Friedman is the senior medical director.

Aspire Health teams include clinicians — doctors, nurse practitioners, nurses — plus social workers, chaplains and patient care coordinators. They provide experienced, compassionate “eyes and ears in the home” of patients with serious illness. They are on-call for patients and their families 24 hours a day, seven days a week. Aspire Health clinicians can prescribe medications and provide needed support to manage symptoms, such as pain, difficulty breathing, fatigue, nausea and difficulty sleeping.

Aspire Health will notify your office when a patient has accepted the offer of palliative care. Aspire Health has a robust data collection system that allows it to track and report to you patients' status and quality metrics. Further, its system produces a [summary of every visit](#) and sends it to your office. Aspire Health will follow your preferences and protocols for communicating about patients and coordinating their care.

ConnectiCare covers the full cost of Aspire Health's services. Aspire Health will apply its proprietary algorithm to identify ConnectiCare members who could benefit from palliative care. You and other health care providers may also refer patients who are ConnectiCare members by calling [\(844\) 232-0500](tel:844-232-0500).

**Please note, this new program will not be offered to our members with ConnectiCare Medicare Advantage Passage Dual (HMO SNP) plan.*

Annual HEDIS data collection to start next month

Our annual medical record review begins next month. HEDIS, which stands for Healthcare Effectiveness Data Information Set, is a National Committee for Quality Assurance (NCQA) tool used by health plans, like ConnectiCare, to measure performance of the services and care our members receive.

We use the results from the annual HEDIS review to improve the quality of members' care and strengthen our educational programs for our providers and members.

If you have ConnectiCare members that are included in the random HEDIS sample, we may request medical record information from your office. If this is the case, we may ask your office to provide the patients' medical records through:

- a scheduled visit to your office
- a faxed request
- access to the patient's electronic medical record (EMR)
- an electronic exchange of information via a secure file transfer (FTP) site

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted, and the release of this information requires no special patient consent or authorization. Please be assured members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans' contracted providers' records are protected by this.

We appreciate your cooperation and your timely response to our requests. Our ConnectiCare providers play an important role in promoting the health and wellness of our members. We will do what we can to work quickly and efficiently with you and your office staff to get the information needed.

Talk to your patients about staying active

Physical activity is one of the most important factors for health, especially as people age. Physical activity may help older patients reduce their risk of developing high blood pressure, colon cancer and diabetes. It can also reduce the risk of dying from coronary artery disease, improve their stamina and muscle strength, and help reduce their risk of falling, according to the [Centers for Disease Control and Prevention](#).

Start the conversation

We're telling Medicare members to "Ask away" during their doctor visits — raise questions and concerns when they're in your office. When it comes to physical fitness, you can get the ball rolling by asking about their routines. Here are some questions you can ask:

- How often do you exercise?
- What is your current level of physical activity (e.g., carrying laundry or groceries, yard work, chair exercises, walking, jogging, swimming)?
- If you don't currently exercise, why not? What's preventing you from exercising?

After assessing your patient's fitness level, encourage more activity by explaining the benefits. Remind them that activities as simple as walking or gardening can make a big impact on their health. You can also offer suggestions to boost their daily routine, like walking in malls to protect against bad weather or using their [SilverSneakers](#)[®] benefits.*

Need more help?

Check out our blog posts on [6 reasons to get moving](#) and [6 ways to guard against falls](#).

**SilverSneakers is a benefit of some Medicare Advantage plans. It is not included with Passage Dual (HMO SNP) plans and some group Medicare plans. Patients can check their evidence of coverage (EOC) to see if they are eligible for SilverSneakers.*

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New post-pay review and education program for E&M codes

We work to actively promote correct claim coding, including the appropriate use of Evaluation and Management (E&M) codes. To support this effort and our goal

of improved physician education, we are implementing a post-pay review and education program for providers. Providers who appear to bill a higher volume of high level evaluation and management codes in comparison to their peers will be identified as part of this program.

Providers who are identified will receive a request for medical records. We will review the claim submissions along with the medical records to determine if the appropriate E&M level was billed.

If we determine that the medical documentation submitted supported an E&M code of a lower level than what was originally paid, we will adjust the claim and recoup the amount. If a provider fails to submit the supporting documentation requested, we will also adjust the claim and recoup the amount. In either case, a remittance advisory describing the payment details of the adjusted claim will be sent to the mailing address we have on file for the provider.

Please visit [our website for more specific guidelines](#).

CMS requirement on Medicare “Preclusion List” effective Jan. 1

As you may know, new regulations from the Centers for Medicare & Medicaid Services now prohibits Medicare Advantage plans, like ConnectiCare, from paying for health care items, services and prescriptions by individuals and entities listed in CMS’ Medicare “Preclusion List.” This went into effect Jan. 1, 2019.

The “Preclusion List” will be compiled by CMS and will include providers and suppliers who fall within any of the following categories:

- “are currently revoked from Medicare, are under an active reenrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program;”
or
- “have engaged in behavior for which CMS could have revoked the prescriber, individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the

Medicare program. Such conduct includes, but are not limited to, felony convictions and Office of Inspector General (OIG) exclusions.”

ConnectiCare Medicare Advantage members affected by this new regulation will receive a letter from us starting this month. We will also send copies of those member letters to the affected providers.

To learn more about the “Preclusion List,” visit the [CMS website](#).

A reminder about requesting changes to your Tax Identification Number (TIN)

If you are submitting Tax Identification Number (TIN) changes, those requests require new contracts. Claims submitted prior to the effective date of the new contract, displaying the new TIN, will be processed as out of network.

We want your feedback on your satisfaction with ConnectiCare

We recently sent out a survey to our provider community asking you for your opinions on your experience with ConnectiCare’s utilization management process. If you haven’t taken it yet, please take a look. You have until Feb. 15 to share your opinions. It shouldn’t take more than 5 minutes to complete. We will use this information to improve our preauthorization process for medical/surgical and pharmacy services.

[Start Survey](#)

ConnectiCare in the community



A team of ConnectiCare members and employees sorted 6,450 pounds of donated meat and packed 400 boxes of food for low-income seniors in the state. The project was sponsored by Good Deeds with ConnectiCare, a volunteer program that brings together our members and employees in service to create healthier communities.



Chief Sales and Marketing Officer Roberta Wachtelhausen was a guest on the MetroHartford Alliance Pulse of the Region radio show. She discussed how employers can help employees get and stay healthy.



Homes for the Brave provides housing, vocational training, and life skills coaching to help veterans rise out of homelessness. This December, ConnectiCare delivered bags with blankets, alarm clocks and other household items to help people transition to having homes.

Much more to see! Follow us on social media to stay up to date:

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Keep in Touch

