

Office Visit

News for health care providers



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2020 updates to Medicare Advantage plans

Here's what you need to know about changes to our 2020 ConnectiCare Medicare Advantage plans that will affect your patients and you.

- **Expanded Medicare provider network**

ConnectiCare members with Choice or Flex plans can visit New York health care professional and medical facilities in the **EmblemHealth VIP Prime Network** for certain services after Jan. 1, 2020.* Eligible EmblemHealth members will also be able to get certain medical care and services from ConnectiCare providers like you. These members will present EmblemHealth ID cards that also have a ConnectiCare logo. If an EmblemHealth member presents an ID card without a ConnectiCare logo, it's best to check his/her eligibility on the EmblemHealth website.

The expansion is like that of our commercial provider networks in January 2017. If you treat EmblemHealth members, please refer to emblemhealth.com/providers for medical and pharmacy policies, eligibility requirements and claims submission processes.

**Please note, services for diagnostic exams and eyewear after cataract surgery, behavioral health, dental, chiropractic, occupational and physical therapy are limited to Connecticut providers only. The expanded New York provider network is not available to members with Passage Plan 1 (HMO) and Choice Dual (HMO D-SNP) plans.*

- **New member ID numbers and ID cards**

Most ConnectiCare Medicare members will get new, 11-digit member numbers that start with the letter "K." Member ID numbers for members with dual special needs plans will not change. *All Medicare Advantage members will get new ID cards that go into effect Jan. 1, 2020.* Please make sure to ask for these ID cards for any 2020 dates of service.

To avoid any delays in claims payments, please use the member ID numbers with the prefix "K" when submitting Medicare claims for services **on and after Jan. 1, 2020**. Claims for 2020 services with old member ID numbers may be denied and returned for resubmission.

To submit Medicare claims for services that start in 2019 and extend into 2020, here's what you need to do:

- **Professional services claims** — Send your submission in two separate claims: services before Jan. 1, 2020, use the old member ID number; services on and after Jan. 1, 2020, use the new member ID number.
- **Inpatient claims** — Use the old member ID number if the hospital admission starts in 2019 and ends with a discharge date in 2020.
- **Outpatient claims** — Use the old member ID number for claims that start in 2019 and end in 2020.
- **No more referrals**

Members with Passage Plan 1 (HMO) will no longer need referrals for specialist care. We will still require members to have Passage PCPs to coordinate their care. Our dual special needs plan in 2020 will move from our Passage product suite to become Choice Dual (HMO D-SNP). Referrals for specialist care will no longer be required.
- **More frequent claims payment and statements**

We will move from twice-a-week check runs to a daily schedule for our Medicare claims payments for dates of services after Jan. 1, 2020. If you haven't enrolled in electronic fund transfers, your office may see an increase of paper checks received.

We encourage providers to sign up for electronic funds transfer (EFT) and electronic remittance advice (ERA) through [PNC Remittance Advantage](#). This service, free to ConnectiCare providers, will cut down on trips to the bank to deposit checks, can help with cash flow and reduce the risk of lost or mishandled payments.

Please note, if you sign up for EFT through PNC for Medicare claims payment, you will still get EFT payments through the Bank of America for Medicare Advantage claims with dates of services prior to Jan. 1, 2020, and for our commercial plans.

Preauthorization updates for 2020

We regularly review our medical preauthorization policies to make sure members have access to cost-effective, quality health care. We are updating those policies for dates of service on and after Jan. 1, 2020, for both our commercial and Medicare Advantage plans.

The updates are:

- **Medicare Advantage plans:** We are adding services — including orthopedic services, foot surgery and hysterectomy — to our preauthorization list for 2020. Please refer to [this Medicare Advantage preauthorization list](#) for details on codes.
- **Commercial plans:** We are adding services — including orthopedic services, foot surgery and hysterectomy — to our preauthorization list for 2020. Please refer to [this commercial preauthorization list](#) for details on codes for members with individual and employer-sponsored commercial plans.

How to submit preauthorization requests

Preauthorization requests will be reviewed by us or our partners, depending on the service. The preauthorization lists will direct you to the right resource for preauthorization review. You can help avoid delays by including all supporting clinical patient information with your preauthorization requests.

Medical policies updated for 2020

We have updated the following medical policies for 2020. Please refer to the policies for details:

- [Medical Policy: Balloon Sinuplasty \(Commercial\)](#), effective Jan. 1, 2020.
- [Medical Policy: Visual Electrophysiology Testing \(Commercial\)](#), effective Feb. 1, 2020.
- [Medical Policy: Intrastromal Corneal Ring Segments \(Commercial\)](#), effective Feb. 1, 2020.
- [Medical Policy: Total Ankle Replacement \(Commercial\)](#), effective Feb. 1, 2020.
- [Medical Policy: Mechanical Stretching Devices \(Commercial\)](#), effective Feb. 1, 2020.

- [Medical Policy: Dorsal Column Stimulator for Pain Management \(Commercial\)](#), effective Feb. 1, 2020.

Also, we have updated our New Technology Guidance policy and separated them into the following two policies, effective Jan. 1, 2020:

- [Medical Necessity Guidelines: Experimental, Investigational or Unproven Services](#)
- [Omnibus Policy](#)

All these policies will be available on [our provider website](#) before Jan. 1, 2020.

Reducing the risk of falls: prevention begins with you

We know about the risks of falling on ice- or snow-covered walkways and driveways in the winter. Dangers lurk indoors, too. A fall can be costly and devastating.

As doctors, you can help! Please talk to your patients about how to reduce the risks of falling.

Here's how you can help

- Ask your older adult patients if they have fallen since their last visit.
- Talk to them about the consequences of falls, such as injuries, fractures, loss of the ability to live independently, limited mobility and decreased quality of life.
- Discuss the risk factors such as age, lack of activity, prescription drugs, hearing or visual impairments and unsafe home environment, including tripping hazards.
- Conduct a "timed get up-and-go" test during the patient's annual wellness visit.
- Evaluate the fall risk and provide education, including recommendations and treatment such as an exercise program to improve balance, an eye exam, medication review, vitamin D and a bone mineral density test, if the patient is due.

- Suggest the use of a cane or walker and physical therapy, when needed, and follow up to make sure the patient is not having trouble following your suggestions and recommendations.

Our ongoing "[Ask Away](#)" campaign also educates our Medicare members about ways to reduce the chances of a life-changing fall. ConnectiCare offers the [SilverSneakers](#)® program at no cost to most of our Medicare Advantage members.* For more information about fall prevention, please check out these [online resources from the Centers for Disease Control and Prevention](#).

**Members of our Medicare Advantage special needs plan as well as some of our employer group Medicare plans do not have the SilverSneakers benefit.*

ConnectiCare care management team to manage kidney care program, starting January

ConnectiCare will coordinate treatments and manage care for your patients with chronic kidney disease or end-stage renal disease starting in January. We are transitioning the program from Optum® Kidney Resource Services (KRS).

ConnectiCare nurses, social workers and other members of our care management team will help manage members' care and provide them with information on nephrologists, dialysis units and community resources available in their area.

A ConnectiCare care manager will call affected members in January to introduce the program and begin to work with them. Members will also receive letters in December about the change.

Members may be calling you to close gaps in care

We have sent letters urging our commercial and Medicare Advantage members to contact their doctors to make appointments as soon as they can to complete their missing screenings. Letters were customized for each member. Preventive care measures that were highlighted were:

- Annual physical
- Colon cancer screening

- Breast cancer screening
- Cervical cancer screening
- Flu shot

For members with diabetes, our letters pointed out if they were missing:

- HbA1c blood tests
- Urine protein tests
- Diabetic eye exams
- Blood pressure readings

If you have patients with diabetes, please check their records and reach out to those who have gaps in their care. Please do this before the end of the calendar year.

Medical record reviews start this month

Ciox Health may contact your office through April to retrieve and review the medical records of patients who have ConnectiCare commercial plans.

We are required to submit accurate and complete member diagnosis data to the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS). Ciox will call your offices to coordinate a convenient chart retrieval method and set the date when records are needed.

Please respond to Ciox's request for records promptly. Notice of the need for these reviews and your required compliance are included in your contract with ConnectiCare.

As our partner and "business associate," as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Ciox is fully HIPAA compliant and is required to protect, preserve and maintain the confidentiality of any protected health information (PHI) obtained from clinical records provided by medical practices.

We appreciate your help. If you have questions, call provider services at [1-800-828-3407](tel:1-800-828-3407).

Has any of your information changed? Let us know.

Check our [provider directory](#) to make sure we have the right information for you and your practice. Our members rely on our provider directory to find doctors like you quickly and easily.

Relevant changes include your:

- Tax ID number
- National provider identification (NPI)
- Address
- Phone number
- Office hours
- Ability to accept new patients

Submit any changes by filling out our [provider information update form](#) and sending it back to us as noted on the form.

ConnectiCare in the community

Neil Kelsey, ConnectiCare's vice president and chief actuary, participated in the Health Care Affordability Forum on Nov. 14 at the Legislative Office Building in Hartford. Leaders of the Connecticut General Assembly of Insurance and Real Estate Committee hosted the forum to discuss the rising costs of health care. Neil was part of a panel that discussed a variety of issues related to health care affordability. More information about the panel can be found [here](#). You can also view the [entire forum on demand through CT-N](#).

Recent provider headlines

Check out the latest [Provider News & Headlines](#):

- [Medicare Advantage plans will not require specialist referrals in 2020](#)
- [Updates to our commercial and Medicare Advantage drug lists](#)
- [Medication synchronization: Help make it easier for your patients to get their medications](#)
- [Coding information about physical exams for Medicare Advantage members](#)
- [Communication between PCPs and ophthalmologist key to patients getting their annual diabetic retinopathy exams](#)
- [Alzheimer's Awareness Month: Support group held monthly at ConnectiCare center in Manchester](#)
- [ConnectiCare center news: Norwalk location now open](#)

Keep in Touch

