

Office Visit

News for health care providers



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2019-2020 flu season information

Last year's flu season was the longest in 10 years. We're hoping that doesn't happen again. All ConnectiCare members are covered for the flu vaccine. And here are the vaccine codes we cover:

Medicare codes for flu vaccinations		Commercial codes for flu vaccinations	
90653	90685	90653	90685
90662	90686	90662	90686
90672	90687	90672	90687
90674	90688	90674	90688
90682	90756	90682	90756
Administration Code: G0008		Administration code: 90460, 90461, 90471, 90472, 90473, 90474	

For most members, there is no copayment, coinsurance or deductible if the only service that is provided during the visit is the administration of a flu shot. If there is an additional, separate reason billed for a visit, applicable copayment, coinsurance and deductible will apply.

If a member receives a flu vaccination from a non-participating provider, we cover the usual-and-customary amount. If a member pays out of pocket, he or she can provide a receipt to us along with a completed [Out-of-Plan Reimbursement Form](#). Medicare members should use this [Medicare Out-of-Plan Reimbursement Form](#).

Flu shot clinics at ConnectiCare centers

We're also holding flu shot clinics – open to all – at ConnectiCare centers in Manchester and Waterbury on Saturday, Oct. 5. Walgreens will administer the shots. No registration needed, and most insurance plans accepted. Must be 18 or older to participate.

A reminder about advising patients on Medicare plan enrollment

The Centers for Medicare & Medicaid Services (CMS) reminds health care providers that they should remain neutral when discussing Medicare and Part D plans with their patients. The Medicare annual election period (AEP) for 2020 starts Oct. 15, 2019 and ends Dec. 7, 2019.

Providers may:

- Provide the names of plans or plan sponsors with which they may contract and/or participate
- Answer questions or discuss the merits of a plan or plans, including cost sharing and benefit information
- Provide information on and help applying for the low-income subsidy (LIS)
- Refer patients to plan marketing materials that are available in common areas
- Refer their patients to other sources of information, such as state health insurance assistance programs (SHIPs), plan marketing representatives, state Medicaid offices, local Social Security offices or CMS, either through its [website](#) or 1-800-MEDICARE
- Share information with patients from the CMS website, including the "[Medicare and You](#)" handbook, "[Medicare Plan Finder](#)" or other resources written or approved by CMS

Providers should not:

- Offer scope-of-appointment forms for plan sponsors
- Accept Medicare enrollment applications
- Mail marketing materials on behalf of plans
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider

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- Offer anything of value to induce plan enrollees to select them as their provider
 - Offer inducements to persuade beneficiaries to enroll in a particular plan
 - Conduct health screenings as a marketing activity
 - Accept compensation directly or indirectly from a plan for beneficiary enrollment activities
 - Distribute materials or applications within an exam room

Providers who violate these regulations could face penalties up to and including termination of their contract with Medicare and Part D plans and plan sponsors.

If you have questions about discussing Medicare enrollment with your patients, please contact your network account manager.

Anticipate prescription drug questions from Medicare members

ConnectiCare will soon notify members in our Medicare Advantage plans of changes to their prescription formularies for 2020. Please support your patients who may be affected by:

- Anticipating any changes in medications that may be needed,
- Answering your patients' questions, and
- Writing new prescription orders for them, when needed, well before the New Year.

Medical policy on varicose veins surgical treatments updated for commercial plans

Our updated [Medical policy: Varicose veins - surgical treatments \(commercial\)](#) will go into effect Nov. 1, 2019.

Updates to the policy include:

- Clarification under the "Limitations/Exclusions" section to include additional plan benefit exclusions as noted in the latest membership agreements

- Added specifications on what types of photographs should be submitted as part of preauthorization requests
- Updated the sclerotherapy injections section to require photographs to be taken within one month of the requested service date

Reimbursement policies for observation stay updated with FAQ section

Our observation reimbursement policies for commercial and Medicare Advantage plans now include a frequently-asked-questions section.

Here are the policies:

- [Reimbursement policy: Observation stay \(commercial\)](#)
- [Reimbursement policy: Observation stay \(Medicare\)](#)

ConnectiCare commercial providers who are in network for certain EmblemHealth plans

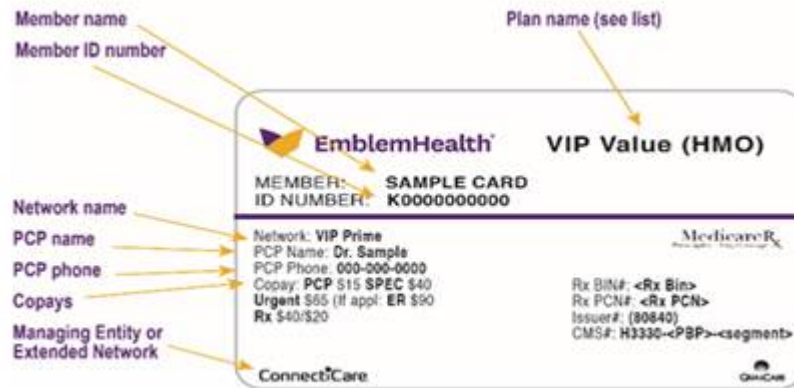
Providers for our commercial plans can also treat certain EmblemHealth members. In 2017, EmblemHealth, our parent company in New York, expanded one of its networks to include ConnectiCare’s commercial HMO provider network in Connecticut.

Here are the EmblemHealth plans whose members can access the ConnectiCare HMO network:

Network	EH HMO Prime network products that have access to ConnectiCare HMO network	Network	EH HMO Prime network products that have access to ConnectiCare HMO network
Large Groups		Small Groups	

PRIME	EH HMO Preferred Plus	PRIME	EH Platinum Premier
PRIME	EH HMO Plus	PRIME	EmblemHealth Gold Premier
PRIME	HIP Prime EPO	PRIME	EmblemHealth Gold Premier 1
PRIME	EPO Value	PRIME	EH Gold Plus
PRIME	HIP HMO Preferred	PRIME	EH Gold Plus 1
PRIME	HIP Prime	PRIME	EH Silver Plus
PRIME	HIP access I	PRIME	EH Silver Plus 1
PRIME	HIP Prime POS	PRIME	EH Silver Premier
PRIME	HIP access II	PRIME	EH Silver Premier 1
PRIME	Vytra	PRIME	EmblemHealth Bronze Plus H.S.A.
PRIME	GHI HMO	PRIME	EH Gold Healthy NY

EmblemHealth members with the above plans will have a member ID card with a ConnectiCare logo included, like the one illustrated below:



Front of EmblemHealth member ID card



Back of EmblemHealth member ID card

EmblemHealth members with the above plans can get medical care and services under their in-network benefits from ConnectiCare commercial providers. For these members, EmblemHealth's policies and procedures apply. Go to emblemhealth.com/providers or call 1-866-447-9717 for details.

Please note, claims need to be submitted to Emblem but will be paid according to your ConnectiCare contract.

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.

Recent provider headlines

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

- [Educating your patients on statins](#)
- [Administrative policy for PCPs accepting Passage plans](#)
- [A reminder about our new site-of-service utilization policy](#)
- [Payment integrity admission policy for inpatient claim submissions](#)
- [Claims edit goes into effect Oct. 29, 2019](#)
- [Formulary update effective Oct. 1, 2019](#)
- [Refer patients to our care management team](#)

Keep in Touch

