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COVID-19 updates: Vaccine policy and SNF preauthorization

Here are some COVID-19 updates for you:

- You can download our [COVID-19 Vaccine and Monoclonal Antibody Infusions Reimbursement Policy](#), effective Nov. 9, 2020.
- **Updates on hospital discharges to skilled nursing facilities (SNFs):**

Thank you for all that you are doing to care for your patients and protect public health. We know the focus at this time is to make sure our hospital and health care systems can care for those who are sick with the coronavirus (COVID-19) and promptly transfer patients to lower levels of care, when appropriate.

To help you focus on caring for your patients, we are taking steps to **temporarily streamline authorization processes for skilled nursing facilities (SNFs)**. This is effective immediately.

These updates are specific to ConnectiCare providers caring for our members with commercial and Medicare Advantage plans, unless noted otherwise.

Hospital discharges to skilled nursing facilities

ConnectiCare members who are discharged from hospitals to skilled nursing facilities (SNFs) will not require preauthorization approval. Care will be approved automatically through the end of the third calendar day from the admission to the SNF.

CareCentrix must be notified of these transfers to SNFs before the end of the third calendar day from admission. Notice needs to be provided by:

- Fax: 1-866-501-4665 or
- Phone: [1-844-359-5388](tel:1-844-359-5388)

Preauthorization review will begin on the fourth calendar day after admission, following the usual process that includes applying criteria specific to admission to skilled nursing facilities.

As we update our policies and practices in response to the coronavirus (COVID-19) pandemic, we will do our best to keep you informed. Please refer to [our website](#) for the latest news and the most up-to-date information.

Commercial plan updates for 2021

Just a reminder: **all commercial members will have new member ID numbers and ID cards**, starting Jan. 1, 2021. The new member ID numbers start with the letter "K" followed by a 10-digit number. [View a sample here](#).

The new commercial member ID numbers are similar to those of our Medicare Advantage members. [Medicare Advantage ID cards](#) do clearly note the member has a Medicare Advantage plan.

Make sure to ask our commercial members for ID cards. **It's important to check ID cards and ID numbers for all commercial patients at every visit and [sign in to our provider website](#) to verify eligibility.**

Please be aware that the explanation of payment statements (EOPs) for services provided to members with the new K-ID will also change after Jan. 1. Here's a [document to help you understand the new format](#).

To avoid any delays in claims payments, please use the new ID numbers for services on and after Jan. 1, 2021. Claims for 2021 services with old member numbers (those started with the numeral "9") may be denied and returned for resubmission.

Provider payments will be made through our partnership with PNC Bank and the ECHO Health payment platform. If you haven't signed up for electronic funds transfer (EFT) through PNC-ECHO, you will receive your claims payment by virtual credit card. Normal transaction fees apply based on your merchant acquirer relationship. These virtual credit cards expire after 60 days.

Preauthorization policies updated, effective March 1, 2021

We are updating preauthorization policies to include site-of-service reviews for our Medicare Advantage line of business for dates of services on or after **March 1, 2021**. We have been conducting site-of-service reviews for our commercial plans since August 2019.

We will review preauthorization requests for certain non-emergency surgical services and/or procedures to determine if the proposed site of service is medically appropriate for the service or procedure. This will apply to all Medicare Advantage members after March 1, 2021.

This update is aimed at making sure members receive care in the most appropriate setting. Under the [new policy](#), providers will need to submit preauthorization requests if:

- Office-based procedures are provided in an outpatient hospital or ambulatory surgery, or
- Certain outpatient surgical procedures are provided in an outpatient hospital, including hospital-owned, off-campus facilities.

Affected services include, but are not limited to: dermatology, gastrointestinal, gynecological, orthopedic, ophthalmologic and urologic procedures. Refer to the policy to see the affected medical codes.

Providers who have ordered or scheduled affected services for dates on or after March 1, 2021 should make sure to obtain authorizations before services are performed on ConnectiCare Medicare Advantage members. If providers do not get the site-of-service approvals for affected medical services, claims may be denied, and members cannot be billed for the services.

HCPSC/CPT coding requirements payment policy updated, effective Jan. 1, 2021

We have updated our [Payment Policy: HCPSC and CPT Coding Requirements for Outpatient Claims](#) for commercial plans. The updated policy goes into effect Jan. 1, 2021. It applies only to ConnectiCare members with commercial plans.

Health Care Procedure Coding System (HCPSC) or Current Procedural

Terminology (CPT) codes are required on outpatient claims. The policy includes a list of revenue codes that require a HCPCS/CPT procedure code(s) when billed on outpatient claims, UB04. Outpatient claims for services that are billed without the required HCPCS and/or CPT code(s) **will not** be paid and will be returned to providers for proper resubmission.

New 2021 codes

Billing codes are updated each year by the American Medical Association. Please refer to the 2021 manuals for Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS).

We're in the process of updating our systems for new 2021 codes. Claims submitted with new codes will be pended. Due to the pandemic, there had been a delay in the Centers for Medicare & Medicaid Services (CMS) posting the RVU file and fee schedules. We are working diligently to have the new 2021 codes configured as quickly possible while ensuring accuracy.

Both Medicare and commercial claims containing new codes will be pended and processed as soon as the new 2021 codes are configured. Providers do not need to resubmit claims.

Be on the lookout for 1099 tax forms for claims paid in 2020

ConnectiCare providers may receive multiple 1099s next year for claims paid in 2020. This is due to changes to provider payments as we transitioned to PNC/ECHO starting on July 2020. PNC/ECHO will generate and send a 1099 for payments made to you from their payment platform.

Need preauthorization for medical services? Call us.

Our staff is available electronically or by phone between 8 a.m. and 5 p.m. Monday through Friday, excluding holidays, for utilization management questions. Call us at one of the following numbers to request services for ConnectiCare patients with:

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- Commercial plans: [1-800-562-6833](tel:1-800-562-6833)
 - Medicare Advantage plans: [1-800-508-6157](tel:1-800-508-6157)

After-hours, on weekends or on holidays, you can leave a confidential voicemail message for our Utilization Management Department. Urgent and emergency requests are responded to within the mandated turnaround times.

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 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
- Language spoken

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

Provider Services holiday hours

Our regular provider services hours are 8 a.m. to 6 p.m. Monday through Friday. This holiday season, we are closing on the following days:

- Friday, Dec. 25 (Christmas)
 - Friday, Jan. 1, 2021 (New Year's Day)
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Recent provider headlines

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

- [What's new for 2021?](#)
- [New and updated policies, including medical policy for COVID-19 testing](#)
- [Reminders about caring for our Medicare Advantage members](#)
- [Medicare contract-level risk adjustment data validation \(RADV\) audit is ongoing](#)
- [Help diabetic patients prevent vision loss](#)
- [Keep your CAQH information current and accurate](#)

Keep in touch



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