

Office Visit

News for health care providers



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Our logo says ConnectiCare and more

ConnectiCare is a member of the EmblemHealth family of companies. And you'll see that in our logo in some communications to you, our valued providers, such as this monthly email newsletter. EmblemHealth and ConnectiCare together help us offer our members a wider range of networks, products and services.

Remember: Use new Medicare Advantage ID numbers for 2020 dates of services

ConnectiCare Medicare Advantage patients have new identification cards for 2020 with completely **new ID numbers**. Be sure to ask members for copies of their new cards. You will need to use 2020 ID numbers to verify eligibility and be paid for claims for services on and after Jan. 1, 2020. Avoid any delays in claims payment by using the ID numbers from the members' new ID cards.

Another note: the new medical ID card also serves as a dental ID card if the member's plan includes dental benefits. [Check out this resource for a sample of the new cards.](#)

Claims payment and electronic fund transfers

We've moved from twice-a-week check runs to a daily schedule for our Medicare claims payments for 2020 dates of services. So, your office may be seeing more checks coming to you by mail. Avoid the influx by signing up for electronic fund transfers (EFTs) through PNC Bank's Remittance Advantage.

You can receive direct deposits to your bank account(s) via EFT payments and view or download your electronic remittance advices (ERA) online. If you are already registered on PNC for ConnectiCare or other health plans, you don't have to do anything.

Benefits of direct deposits and ERAs include:

- Faster receipt of payments can help improve your cash flow
- Match payments to remittances quickly and easily
- Import files directly into your practice management system
- View remittances online and print if needed

- Convenient search and reporting tools

Go to rad.pnc.com to register.

If you have questions about PNC Remittance Advantage, call their help line at 1-877-597-5489 from 8:30 a.m. to 8:30 p.m. Monday through Friday or email remit.advantage@pnc.com.

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

Updated 2020 payment policies

We have updated some of our payment policies for 2020. Please refer to the policies for details:

- **[Payment Policy: ASC Grouper 2020 \(Commercial\)](#)**, effective Jan. 1, 2020: Ambulatory surgical groupers will be paid according to surgical contracted rates when billed with revenue codes 360 or 490. If surgical services are billed with revenue codes other than 360 or 490 and the claims contain charges for anesthesia and/or recovery room, claims will be paid according to the surgical contracted rates unless otherwise negotiated.
- **[Payment Policy: Unlisted/Unspecified Procedure Codes \(Commercial and Medicare\)](#)**, effective May 1, 2020: We have updated our reimbursement policy for Unlisted Procedure Codes. As of May 1, 2020, clinical documentation review will be required for claims submitted with unlisted procedure/service codes. Claims submitted with unlisted procedure codes must be submitted with supporting clinical documentation or they will be denied. Please review the complete policy guidelines, which includes the required "Unlisted Procedure or Service Code Special Report Claim Form."

Also, here's our [Payment Policy: Anesthesia Reimbursement \(Commercial and Medicare\)](#) that went into effect on Oct. 1, 2019.

Primary care doctors can help patients reduce “avoidable” trips to the ER

Emergency room departments (ERs) play an important part in the delivery of **emergency care**. However, ERs are now providing care for conditions that are “not an actual emergency” and “avoidable,” according to the [U.S. News and World Report](#).¹

Primary care providers (PCPs) can help reduce these “avoidable” emergency room visits by:

- **Making after-hours care a topic of conversation:**
 - Talk to your patients to let them know what the appropriate use of the emergency room department is and when they should go there for treatment.
 - Tell your patients to add after-hours number(s) for your practice to their mobile phone contacts.
 - If your patient does visit an ER, follow up with them by email, phone or mail. And have them visit you within 30 days of their emergency room visit for follow-up care.

- **Providing patients with alternative after-hours options:**
 - Include access-to-care and after-hours instructions in your new-patient materials (e.g., welcome letter) or reports that you may give to your patient after each visit.
 - Make sure your patients know your office hours and telephone numbers and how evening and weekend coverage is provided to patients.
 - Educate patients on how to schedule same-day appointments for urgent needs and on what to do for urgent medical problems when the office is closed.
 - Provide patients with contact information for nearby “partnering” urgent care centers.

Your patients listen to you — and it will help them. According to the Society for Academic Emergency Medicine’s ED Crowding Task Force, emergency room crowding has led to “several adverse impacts on patient outcomes related to patient safety, care timeliness, patient centeredness, efficiency, effectiveness and equity.”²

Sources:

¹ Williams J. 'Avoidable' ER Visits Fuels Health Care Costs. *U.S. News & World Report*. 22 July 2019. <https://www.usnews.com/news/health-news/articles/2019-07-22/avoidable-er-visits-fuel-us-health-care-costs> (last accessed 14 Jan. 2020).

² Tsai M, Xirasagar S, Carroll S and et. al. *Reducing High-Users' Visits to the Emergency Department by a Primary Care Intervention for the Uninsured: A Retrospective Study. Inquiry*. Published online 2018 Mar 28. doi: [10.1177/0046958018763917](https://doi.org/10.1177/0046958018763917) (last accessed 14 Jan. 2020)

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 providers and members.

If you have ConnectiCare members who 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 medical record fax back or 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 the health plans' contracted providers' records are protected by this.

We appreciate your cooperation and timely responses to our requests. You 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.

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](#):

- [Provider resource: 2020 changes to Medicare Advantage plans](#)
- [Dual special needs plan member information available through provider website](#)
- [Reminders about caring for our Medicare Advantage members](#)

- [Medical policies updated for 2020](#)
- [Changes to claims payment for Medicare Advantage inpatient stays](#)
- [Update on Medicare Beneficiary Identifiers \(MBIs\)](#)

Keep in touch



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