



Office Visit

News for health care providers

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COVID-19: Telehealth policy and waiver of Passage PCP referrals extended*

Recognizing the ongoing and critical need to limit the spread of the coronavirus (COVID-19), we will extend our temporary program of reimbursing in-network providers for telehealth visits through June 30, 2020.

Do not charge any cost share to our members. We are waiving member cost shares — including copayments, deductibles and coinsurance — that may apply to telehealth visits through June 30. Please refer to this [Temporary Payment Policy: Supplemental Telehealth Guidelines — Commercial/Medicare Advantage](#) for details.

This policy applies to members of all ConnectiCare commercial and Medicare Advantage plans.

No referrals for Passage plan members also extended for June

Our commercial members with Passage plans will not need Passage PCP referrals to seek specialist care through June 30, 2020. Our provider website will be updated to reflect this extension.

Please visit our [dedicated page](#) on our provider website for the latest ConnectiCare news and information on our response to the COVID-19 outbreak.

Using telehealth for quality measurement and risk adjustment*

Only weeks ago, your waiting room was filled. Today you're calling up the next patient on your laptop screen because of the coronavirus (COVID-19) pandemic.

Telehealth has allowed you to continue caring for your patients. It can do even more, by helping you close gaps in care and acquire the data needed for both commercial and Medicare Advantage health plan risk adjustment programs.

Here's [a tip sheet](#) that you can use to help you with quality measures and risk adjustment.

Get your claims payments sent directly to your bank accounts

Whether your staff is working in the office or from home, you can now get ConnectiCare Medicare Advantage claims payments without having to open the mail or take checks to the bank. Sign up for electronic funds transfer (EFT) through [PNC Bank's Remittance Advantage](#).

This free service lets you receive direct deposits to your bank account(s) via EFT payments. You will also get 24/7 online access to view or download your electronic remittance advices (ERAs) to see payment details for your Medicare Advantage claims.

Here's how to sign up for EFT today:

1. Sign into connecticare.com/provider and get your unique ConnectiCare "**pay-to-provider ID number**" (available through the EOP search page). You'll need this number to register for EFT payments.
2. Go to rad.pnc.com to register for EFT payments. Make sure to have an email address and your tax identification number (TIN) or employee identification number (EIN) handy.
3. Select **EmblemHealth/ConnectiCare** as payer and enter your unique ConnectiCare pay-to-provider ID number.

Please make sure you enroll for **all payees** associated with your TIN under EmblemHealth/ConnectiCare as payer. **Tip:** Go to the "search payees" page and filter for EmblemHealth/ConnectiCare as payer to find all the payees you need to enroll.

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

Medical record reviews to start this month

From now through December, Ciox Health and/or Optum may contact your office about retrieving the medical records of your patients who have ConnectiCare

Medicare Advantage plans. As you may be aware, the Centers for Medicare & Medicaid Services (CMS) requires health plans to have full and accurate records of all diagnoses.

Recognizing these unusual times, a Ciox representative will contact you with safe options to share the records requested for this project. You will be able to upload your charts remotely to the CioxLink portal (instructions will be sent to you directly) or, if you would like, you can arrange for a remote agent to download your charts from your EMR directly by simply calling Ciox at [1-877-445-9293](tel:1-877-445-9293).

You may also hear from Optum, which is working with us and Ciox. Together, these vendors will review the charts for 2019 and 2020 dates of services on our behalf.

As our partners and “business associates,” as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Ciox Health and Optum are fully HIPAA-compliant and are 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, please call our Medicare provider services enter at [1-877-224-8230](tel:1-877-224-8230).

Mental Health Awareness Month tip: Coordinate behavioral health and medical care

In recognition of Mental Health Awareness Month, we want to highlight the importance of behavioral health and medical care providers coordinating care of patients with mental health and substance abuse disorders.

Many individuals with behavioral conditions are also struggling with serious medical problems that require treatment from a variety of health care professionals. Coordinated care from health care professionals may lead to improved health outcomes and result in reduced costs, according to Optum Behavioral Health, ConnectiCare’s behavioral health provider.

Medical care professionals can coordinate care by:

- Talking about the medications patients take so patients can avoid potential harmful medication reactions.
- Providing better management of treatment and follow-up care.

[Go to Optum's website for more resources](#), including a coordination of care flyer and checklist.

New and updated medical policies

We have new and updated medical policies for your reference.

- The new policies are:
 - [Medical Policy: Osteopathic Manipulative Treatment \(Commercial\)](#) — effective June 21, 2020.
 - [Medical Policy: Ambulatory Monitoring Electroencephalogram \(EEG\) \(Commercial/Medicare\)](#) — effective Aug. 8, 2020.
 - [Medical Policy: Non-Invasive Electroencephalogram \(EEG\) \(Commercial\)](#) — effective Aug. 8, 2020.
- The updated policies are:
 - [Medical Policy: Gender Affirming/Reassignment Surgery \(Commercial\)](#) — last reviewed May 8, 2020.
 - [Medical Policy: Ocular Photoscreening \(Commercial\)](#) — last reviewed May 8, 2020.
 - [Medical Policy: Insulin Delivery Devices & Continuous Glucose Monitoring Systems \(Commercial\)](#) — last reviewed May 12, 2020.

Preauthorization determination is required for all non-emergency ambulance transports

Preauthorization for all non-emergency transportation has been required for all commercial and Medicare Advantage members since Jan. 1, 2020. Please refer to the preauthorization lists included in this [December 2019 provider headline](#).

Contracted ambulance service providers must make sure ConnectiCare has authorized the non-emergency transport **before it happens**. Full clinical details must be submitted with all preauthorization requests for routine non-emergency ambulance/medical transport services for **all ConnectiCare members**. If requests are received after the service is provided, or the service happens before our determination, the claim will be administratively denied for failing to meet the plan's requirements to obtain preauthorization before the service is rendered.

We encourage preauthorization requests be submitted before scheduling the transport. Please refer to the following policies about non-emergent transportation:

- [Medical Policy: Non-Emergent Transportation, Ambulance \(Commercial\)](#)
- [Medical Policy: Non-Emergent Ambulance Services \(Medicare\)](#)

Ambulance service providers should encourage facilities and/or providers to request these services of ConnectiCare directly and then, if approved, share authorization number with the servicing providers.

Ophthalmology: A reminder about Avastin dosage

For intravitreal injections with Avastin (J9035), only one unit, or 10 mg, of the prescription is allowed without preauthorization. If ophthalmologists are prescribing 1.25 mg per eye of Avastin, then preauthorization is not required.

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.

Recent provider headlines

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

- [COVID-19 info for our Massachusetts providers](#)
- [CARES Act and over-the-counter medicines information for all ConnectiCare providers](#)
- [Claims payment and electronic fund transfers](#)
- [Medical policies updated](#)
- [PCPs play key role in care of children with ADHD](#)
- [Help your patients get or stay active with SilverSneakers](#)

Keep in touch



**While we believe the information in this communication is accurate as of the date published, it is subject to correction or change during the rapidly evolving response to the COVID-19 outbreak.*

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