



# Office Visit

News for health care providers

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**Check ID cards and go to [connecticare.com](https://connecticare.com) to check eligibility**

We have started to issue new member ID numbers and cards to commercial members. We will complete roll-out of the new member ID numbers for all our commercial plans on or about Jan. 1, 2021.

The new ID numbers start with the letter "K" followed by a 10-digit number. [View a sample here](#). Please note the new commercial member ID numbers are similar to the member ID numbers of our Medicare Advantage members. But Medicare Advantage [ID cards clearly note the member has a Medicare Advantage plan](#).

**Check ID cards and ID numbers for all commercial patients at every visit and [sign into our provider website](#) to verify eligibility.**

Make sure to use the new ID numbers for dates of services on and after Aug. 1, 2020.

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### **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 enrollment period (AEP) for 2021 plans starts Oct. 15, 2020 and ends Dec. 7, 2020.

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
- 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.

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### **Anticipate prescription drug questions from Medicare members**

ConnectiCare will soon notify members in our Medicare Advantage plans of changes to their prescription formularies for 2021. 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.

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### **Updated ambulatory surgery centers grouper policy**

We have updated our [Payment Policy: ASC Grouper 2020 \(Commercial\)](#) to include new codes effective July 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.

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### **Flu shot clinics at ConnectiCare centers in October**

We're holding flu shot clinics – open to all – at our ConnectiCare centers in Manchester, Shelton and Waterbury. Flu shots will be given by appointment only, for everyone's safety, and most insurance plans accepted.

Walgreens will administer the shots. Must be 18 or older to participate. Patients can find [more information and make an appointment](#) on our website.

As a reminder, we published last month the list of [flu vaccines we'll cover](#) for the 2020-2021 flu season.

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### **Info needed from providers with lab equipment or that perform lab testing**

[Last June](#), we announced that ConnectiCare will be aligning with the Centers for Medicare & Medicaid Services (CMS) and the Federal Clinical Laboratory Improvement Amendments (CLIA) regulations that help to ensure quality laboratory testing. We published our updated [Payment Policy: Laboratory/Venipuncture \(Commercial and Medicare\)](#) for more details.

Under this policy, a valid Federal CLIA Certificate Identification number is required

for reimbursement of clinical laboratory services reported on a CMS 1500 Health Insurance Claim Form or its electronic equivalent.

Physicians, urgent care centers or other qualified health care professionals who:

- Own laboratory equipment (Physician Office Laboratory), and
- Perform laboratory testing outside of CLIA-waived tests

Must submit the following to ConnectiCare:

1. Proof of CLIA Certification of Compliance or Accreditation including the laboratory certification codes at the bottom of the CLIA Certificate.
2. A list of tests and codes performed at the location.

**Please send the information to ConnectiCare no later than Oct. 1, 2020**

by:

- Fax: 1-860-674-2849
- Mail: ConnectiCare  
Attention: Network Operations  
P.O. Box 546  
Farmington, CT 06034-0546

If ConnectiCare does not receive this information, claims received with CPT codes on the list that require a CLIA Certification of Accreditation or Compliance may be denied starting Feb. 1, 2021.

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### **Medical policy criteria updated for bone mineral density studies**

We have updated our [medical policy criteria for bone mineral density studies](#), effective Sept. 1, 2020. This policy applies to our commercial plans.

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### **Our care management team is here to help you care for your patients**

Our care management team supports your efforts to provide quality, coordinated and integrated care to your patients — our members. The team includes nurses, care navigators, certified diabetes educators, and others, who can help members

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who have complex or chronic conditions that require coordination of services and periodic monitoring.

Care managers can:

- Assess members' risk factors and needs
- Coordinate care by linking members to needed health practitioners and services
- Refer to community resources and/or behavioral health practitioners
- Help members overcome barriers to obtaining needed services or treatment compliance

Reasons you might refer a patient to care management:

- Non-compliance with treatment
- Consistently missed appointments for treatment or follow-up care
- Need for integrated behavioral health or personal care services
- High emergency department utilization rate
- Complex or chronic conditions that require integrated, coordinated care

**How to refer a member to care management:**

Simply call us at [1-800-829-0696](tel:1-800-829-0696).

Please note, when health care management decisions are made, they are based on the member's benefit plan and the appropriateness of the proposed health care treatments, drugs and supplies for that member. We do not reward practitioners or other individuals conducting utilization review for issuing denials of coverage for health care treatments, drugs, and supplies. We offer no incentives to promote decision making that would result in inappropriate denials of services that would result in underutilization. We also do not use employee incentives or disincentives to encourage barriers to care and service.

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**Use RadMD.com for clinical authorization submissions and information**

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If you are submitting authorization requests for the following services, we recommend you use [RadMD.com](https://www.radmd.com), a user-friendly, real-time automated tool offered by Magellan Healthcare:

- Radiology
- Radiation oncology
- Musculoskeletal surgery and pain pumps
- Outpatient left heart catheterization/Implantable devices
- Interventional pain management

RadMD, a secure website available 24/7,\* is an easy-to-navigate resource for both ordering and rendering providers as well as imaging facilities.

**Ordering and rendering providers can:**

- View up-to-the-hour authorization information, including:
  - Date request initiated
  - Date procedure approved
  - Authorization validity period
  - Valid billing (CPT®) codes, and more
- Upload clinical documentation directly to RadMD
- Access evidence-based clinical review criteria
- Get technical support if you have questions

**On the website, ordering physicians also have access to:**

- Clear instructions for submitting procedure requests, including the ability to submit multiple requests in the same online session
- Appropriate ICD-10 code lookup
- Continuous updates on authorization status allowing the user to view all notifications for a case
- Fast authorization decisions
- Search and select convenient imaging facilities
- Upload clinical documentation

- View the clinical information that was received
- Receive email notification of the final authorization decision

**Imaging facilities:**

Can quickly view approved authorizations for their patients so prompt service can be provided.

Go to [RadMD.com](https://www.RadMD.com) to set up an account. If you need help, please call [1-800-327-0641](tel:1-800-327-0641)

*\*RadMD.com is available 24/7, except during bi-weekly maintenance periods that are conducted after hours.*

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**ConnectiCare in the community**

ConnectiCare recently made additional donations to [FoodShare](#) and the [Connecticut Food Bank](#) to provide a total of more than 330,000 meals. We're also supporting [Healing Meals](#), a Bloomfield-based organization that helps provide healthy organic meals to people experiencing a health crisis. Our donation will help provide more than 4,000 meals to patients and their families and support Healing Meals' youth program as they prepare meals with guidance from an executive chef and adult mentors.

ConnectiCare also made a generous financial donation and will continue its long partnership with the [American Red Cross](#) to help ensure adequate blood supply throughout the state.

**Recent provider headlines**

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

- [Claims edits that go into effect Nov. 1, 2020](#)
- [Health Outcomes Survey and your Medicare Advantage patients](#)
- [2020-2021 flu season information](#)

- [Express Scripts providing commercial drug utilization management services](#)
- [New Compass plans available on Jan. 1, 2021 and later](#)
- [Update on preventive colon cancer screening](#)
- [Reminder: Alternative pain management services available to our members](#)
- [COVID-19 update: Cost shares for PCP and mental health clinician visits waived for ConnectiCare Medicare Advantage members](#)
- [The latest on the temporary telehealth policy and Passage PCP referrals](#)

## Keep in touch



*ConnectiCare is a brand name used for products and services provided by ConnectiCare Insurance Company Inc., and its affiliates, members of the EmblemHealth family of companies.*