

Office Visit

News for health care providers



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New Provider Portal is Live!

We have completed the rollout of our new provider portal. Learning how to use its new features will be the key to your success. To support you in this effort, we've created the following training materials and guides:

- Training Guides and Videos ([EmblemHealth](#)) ([ConnectiCare](#))
- Frequently Asked Questions ([EmblemHealth](#)) ([ConnectiCare](#))

What You'll Need

To sign in to the new portal, you will need:

- An active, current, and unique email address.
 - You can no longer share email addresses with other users. Each portal account user must have their own email address. A unique email address is needed to set up each account's password the first time. You will also need your email if you ever need to retrieve or reset your username and password.
- **You must assign a Provider Portal Administrator/Office Manager for your practice or organization.** They will conduct important portal business on your practice's behalf.
- **A supported web browser such as Google Chrome (recommended) or Microsoft Edge.** . The new portal will not work with Internet Explorer.

- Make sure to request approval from your manager to submit preauthorizations within the new system.

We look forward to supporting you and getting your feedback in the coming months.

New Post-Acute Care Process for ConnectiCare Starting Sept. 1

Beginning **Sept. 1, 2021**, post-acute care for ConnectiCare members will be managed by ConnectiCare instead of CareCentrix. By bringing this service in-house, we strive to provide better care for our members, and better serve the providers who need to connect these members with appropriate care. Providers will continue to work with the nurses who have been their contacts while the member was in the bed. Our care managers will also be able to reach out to members, or their families, while they are still in a hospital bed. Click [here](#) to see the letter and [FAQ](#).

Health Care Transparency in Cost and Quality Information

Effective **Dec. 27, 2020**, the Consolidated Appropriations Act, 2021 includes provisions designed to expand transparency in cost and quality information for health care consumers and employer groups.

As a result, our provider network contracts no longer restrict EmblemHealth from:

- (i) Disclosing provider-specific cost or quality-of-care information or data, through a consumer engagement tool or any other means, to referring providers, employer groups, members, or individuals eligible to become members; and
- (ii) Electronically accessing and sharing, in accordance with applicable privacy regulations, de-identified claims and encounter information or data with a business associate for plan administration and quality improvement purposes.

Be sure to share this regulatory update with your business leadership and/or privacy team, as appropriate.

HEDIS Medical Record Request

EmblemHealth and ConnectiCare are conducting our annual review of our members' records to evaluate compliance for documentation standards. This is a requirement of the New York State Department of Health (NYSDOH), the Connecticut State Department of Public Health, and the Centers for Medicare & Medicaid Services (CMS). Providing member medical records is part of your contractual agreement with us. If you receive a request from us, review and send us the required information within 10 business days of the date of the letter.

Raising Immunization/Vaccination Awareness

August is National Immunization Awareness Month (NIAM). We encourage you to ensure your patients are up to date on recommended vaccines. Research has consistently shown that health care professionals are the most trusted sources of vaccine information.

NIAM is a good time to remind your patients of the importance of getting vaccinated. To support COVID-19 vaccine awareness, EmblemHealth and ConnectiCare recently developed a COVID-19 vaccine hesitancy campaign to reach populations who remain reluctant to get vaccinated.

Provider resources can be found on our website at connecticare.com/choosehealth and on the [CDC website](https://www.cdc.gov).

COMMERICAL BUSINESS UPDATE

EmblemHealth Offers Bridge Program to Fully Insured Members

We wish to remind you that EmblemHealth Plan, Inc., and EmblemHealth Insurance Company now offer existing large group benefit plan designs with access to the Bridge Program's combined five networks as an alternative to the

traditional single-network access.


We created a [new Bridge webpage](#) to help you differentiate the ASO self-funded Bridge Program plans administered by EmblemHealth Insurance Company from the new, fully insured plans, and help you understand which administrative guidelines to follow. All plans will continue to follow the same Bridge Program payment protocols.

Some ConnectiCare Members Under a New State Program Will Have No Cost-share

As of July 1, 2021, some ConnectiCare members who meet specific eligibility and income requirements will not have to pay their deductibles, copays or coinsurance for medically necessary, covered services – thanks to the state’s new **Covered Connecticut Program**.

Under the program, which the Connecticut legislature approved last month, the state will pay for the monthly premiums and cost-shares of qualifying Connecticut residents who are parents and/or caretaker relatives of children who are eligible for HUSKY A (Connecticut’s Medicaid program that covers children, their parents and pregnant women). These residents must have qualifying Silver Level plans purchased through the state insurance exchange, Access Health CT.

This means, **ConnectiCare providers should not charge any cost-shares to these members**. Submit your claims directly to ConnectiCare for processing. Make sure to sign in to connecticare.com/providers to check your patients’ benefits and eligibility and see if they are under the Covered Connecticut Program. We’re in the process of sending out new member ID cards (sample below) to the ConnectiCare members who qualify for the program. Please note, their member ID numbers will remain the same.

connecticare.com	
through Access Health CT	
ConnectiCare	
FNAME MI LNAME ID#:K6000000001 Group #:1111111 Rx group:KZPA BIN: 003858/PCN:A4 Coverage effective:07/01/2021	Covered Connecticut Program: Choice Silver Standard POS (CSR 87%) Some Copays* PCP: \$0 Specialist: \$0 Walk-in: \$0
 EXPRESS SCRIPTS	<small>*Copays shown after Covered Connecticut payment</small>

We will publish more updates as they become available, but, for now, you can see more about the program on the [Connecticut state website](#).

COVID-19 National Emergency – COBRA Election Time Frame Impact to Providers

In light of federal COBRA regulations implemented to help individuals during the COVID-19 pandemic, some of our former members may, in the future, have the ability to make a COBRA continuation coverage election, pay outstanding premiums, and receive COBRA continuation coverage on a retroactive basis. When the COVID-19 national emergency ends and the time frames for electing retroactive COBRA continuation coverage are finalized, we will inform affected providers how we will accommodate their claims for services rendered.

GOVERNMENT-SPONSORED PROGRAM UPDATES

MEDICARE

2021 Annual Special Needs Plan Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires providers to complete training for each dual-eligible special needs plan (D-SNP) they participate in. Providers must submit an attestation to receive a certificate of completion. Our trainings take only 15 minutes to complete.

Providers who care for **ConnectiCare's** Medicare Advantage members with Choice Dual (HMO D-SNP) plans need to complete ConnectiCare's [Special Needs](#)

[Plan Model of Care \(SNP MOC\) training](#) no later than **Aug. 31, 2021**.

EmblemHealth's VIP Bold Network and Reserve Network providers must complete the [2021 EmblemHealth SNP MOC annual provider training](#) by Oct. 30. We will send instructions for the new simplified process for completing and attesting to the training to eligible providers.

Do Not Bill Members with Full Medicaid or QMB (*ConnectiCare*)

If Medicare-Medicaid dual eligible individuals have their Part A and Part B cost-share fully covered by their Medicaid plan, or are Qualified Medicare Beneficiaries (QMB), they are not responsible for their Medicare Advantage cost-share for covered services. Connecticut providers can contact CT Department of Social Services at [800-842-8440](tel:800-842-8440) or visit their [website](#). Please do not balance bill these members for any other costs. Any Medicare and Medicaid payments for service given to these members, must be accepted as payment in full.

Do Not Bill Members with Full Medicaid or QMB (*EmblemHealth*)

If Medicare-Medicaid dual eligible individuals have their Part A and Part B cost-share fully covered by their Medicaid plan, or are Qualified Medicare Beneficiaries (QMB), they are not responsible for their Medicare Advantage cost-share for covered services. You can use ePaces to check whether the member has full or partial Medicaid benefits. Please do not balance bill these members for any other costs. Any Medicare and Medicaid payments for services given to these members, must be accepted as payment in full. For more detail, see our [2021 Medicare Advantage Guide](#).

Payment Integrity Policies New Policy

Routine Supplies & Services – Not Separately Reimbursable in the Inpatient Hospital Setting is a new policy for EmblemHealth; for ConnectiCare, this new policy replaces the *Inpatient Claims Submission Requirements Policy*.

[EmblemHealth](#)

Enhanced Clinical Editing Processes

Starting on **Sept. 1, 2021**, EmblemHealth will be expanding our partnership with Cotiviti, Inc. for periodic post-payment reviews of paid medical claims. The post-payment reviews to be conducted are: Retrospective Accuracy datamining (RA) and Clinical Claim Validation DRG review (CCV). These are the same/similar reviews that are currently being conducted by Optum on behalf of EmblemHealth. [Click here for more information.](#)

Keeping ConnectiCare's Codes Current

Effective **July 1, 2021**, we have updated the following ConnectiCare policies to stay aligned with CMS' quarterly code updates:

- [CCI ASC Groupers \(Commercial\)](#)
 - [CCI Experimental, Investigational or Unproven Services \(Commercial\)](#)
 - [CCI Experimental, Investigational or Unproven Services \(Medicare\)](#)
-

New Checklist for DME Preauthorization Requests for EmblemHealth Members

EmblemHealth's partner, eviCore, needs specific information and forms to process preauthorization requests for durable medical equipment (DME). Using this new [checklist](#) will help you avoid delays. Full details of the [Durable Medical Equipment Utilization Management program](#) are located on EmblemHealth's website in Clinical Corner under [Utilization Management Programs](#).

EmblemHealth Preauthorization List Updated

On June 30, 2021, we reposted the [EmblemHealth Preauthorization List](#) (Version 3.6.5) in Clinical Corner. While you can always check the EmblemHealth Utilization Management Preauthorization Lists page for the current preauthorization rules, we recommend using the Preauthorization Check Tool in

the provider portal. It is easy to use and will give you clear, member-specific guidance.

EmblemHealth Medical Policy Updates

All EmblemHealth **Medical Policies** are available for download in Clinical Corner on our provider website. The following are the recently revised policies:

- Capsule Endoscopy
 - Fecal Microbiota Transplant (FMT) for Recurrent Clostridium Difficile Infection
 - Infertility Services — Commercial
 - Insulin Delivery Devices and Continuous Glucose Monitoring Systems
 - Testing for Coronavirus Disease 2019 (COVID-19)
-

PHARMACY

Reminder: Send ConnectiCare Infertility Drug Reviews to ESI

On June 30, 2021, we reposted the Express Scripts (ESI) performs most drug utilization management services, **including infertility drug reviews**, for ConnectiCare commercial plan members, including those with plans sold through Access Health CT. Submit requests for preauthorization, quantity limits, and step therapy for commercial members to ESI. Here are details on how you can [submit preauthorization requests through ESI's Electronic Prior Authorization \(ePA\) option](#).

Reminder: ConnectiCare Oncology Drug Dose Rounding Initiative Starting Aug. 1

ConnectiCare has partnered with New Century Health (NCH) to optimize treatment of your oncology patients and help reduce their out-of-pocket requirements. Starting **Aug. 1, 2021**, NCH will roll out the new dose rounding initiative for ConnectiCare members on select drugs.

According to the Hematology/Oncology Pharmacy Association (HOPA), the rounding of drug doses to the nearest vial size is an important initiative that has

many benefits for both the patient and the practice.

NCH has developed user-friendly portal enhancements to make this easy for your practice. If you don't have access to the NCH online portal, register at my.newcenturyhealth.com.

If you have questions or you want to coordinate a meeting to discuss this in more detail, contact NCH Network Operations at [888-999-7713](tel:888-999-7713), option 6. You may also reach out to EmblemHealth: [866-447-9717](tel:866-447-9717), ConnectiCare Commercial: [860-674-5850](tel:860-674-5850), or ConnectiCare Medicare: [877-224-8230](tel:877-224-8230).

Reminder: Cancer Drug Preauthorization List Expands in August

Starting **Aug. 15, 2021**, more oncology-related chemotherapeutic drugs and supportive agents will require preauthorization when delivered in the physician's office, outpatient hospital, or other ambulatory setting. See EmblemHealth's [Frequently Asked Questions: EmblemHealth Oncology Drug Management](#) and ConnectiCare's [Pharmacy Policies](#) to determine where to submit the preauthorization request.

[EmblemHealth](#)
[ConnectiCare Commercial](#)
[ConnectiCare Medicare](#)

Recent Provider Headlines

Check out recent [provider news](#).

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