ConnectiCare
an EmblemHealth company

March 2021 - In this issue

Tell Us How You Feel About Connecticare

ConnectiCare values our partnership with providers. We'd like to hear from you to help us with our shared mission of creating healthier futures for our communities. Please respond to our Provider Satisfaction Survey with your honest feedback on how we can better serve you. We will use the results to help us to continue to transform how we serve our partners and our communities. The survey will only take a few minutes of your time but will have a lasting impact. There is also an opportunity to join an advisory committee that will help inform our company as we continue our transformation. Enter your contact information at the end of the survey if you're interested.

Take our survey

Contraceptive Coverage In Mass. – 12-Month Refills Allowed

Massachusetts law allows fully-insured, commercial health plan coverage of a 12-month supply refill of oral contraceptives. After prescribing an initial prescription for oral contraceptives, you may prescribe up to a 12-month supply of oral contraceptives for your patient to receive all at once. Learn more.

Beginning May 1, Connecticare To Provide Care Management To Kidney Patients

We are transitioning the care management of our members living with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) to our Care Management team by May 1, 2021, with the implementation of the ConnectiCare Chronic Kidney Disease (CKD)/End Stage Renal Disease (ESRD) program.

Our team of care managers, social workers, and pharmacists may be in touch with your office as we coordinate patient care. For more information or to make a referral, call us as at 800-447-0768, Monday through Friday, 9 a.m. to 5 p.m.

The CKD/ESRD program will provide eligible members with holistic, seamless, and clinically robust wrap-around support throughout all stages of their health care journey. We'll identify members with complex needs and provide them with individualized care management interventions.

Our CKD/ESRD program aims to slow the progression of illness and reduce unnecessary utilization. The program seeks to improve condition management and navigation of the healthcare system through a structured approach to person-centered assessment, care planning, and delivery of interventions.

MEDICARE

Medicare Site of Service – New form

ConnectiCare's Medicare Advantage Site-of-Service preauthorization policy went into effect March 1, 2021. Please use this new form when submitting preauthorization requests.

Do not bill dual eligible and QMB members with full Medicare benefits

If Medicare-Medicaid dual eligible individuals have their Part A and Part B cost-share fully covered by their Medicaid plan, or if they 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. If you received Medicare and Medicaid payments for services given to these members, it must be accepted as payment in full.

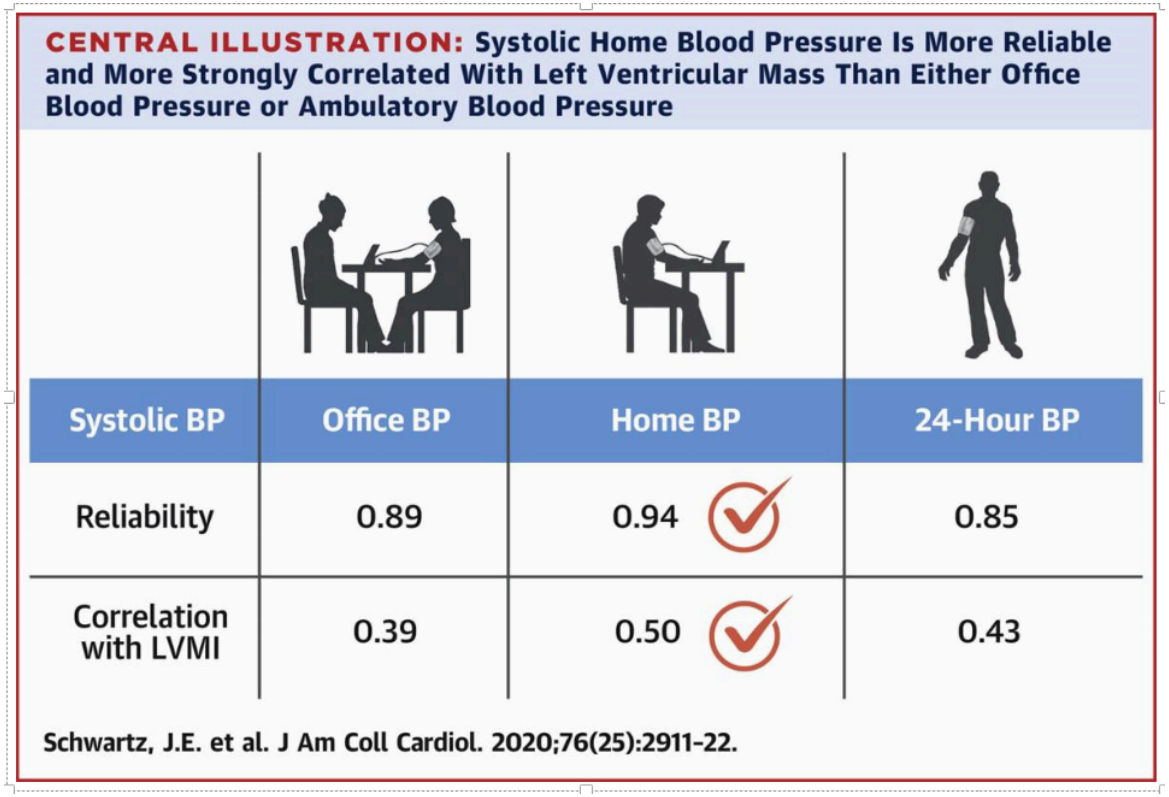
Medicare Outpatient Observation Notice (Moon)

All hospitals and critical access hospitals are required by CMS to provide Medicare beneficiaries, including Medicare Advantage enrollees, with the Office of Management and Budget (OMB)--approved Medicare Outpatient Observation Notice (MOON). The MOON and instructions for completing it are available on the Centers for Medicare & Medicaid Services (CMS) website.

Study Finds Home Blood Pressure Best Approach For Diagnosing Hypertension

A study published in the *Journal of American College of Cardiology* compared office blood pressure (OBP), ambulatory blood pressure (ABP), and home blood pressure (HBP). The data suggests that one week of HBP monitoring may be the best approach for diagnosing hypertension.

This study, *Reliability of Office, Home, and Ambulatory Blood Pressure Measurements and Correlation with Left Ventricular Mass*, and similar articles may be found in the National Library of Medicine.



Real-Time Prescription Benefit Tool

The Real-Time Prescription Benefit Tool (RTPB) is a valuable resource offered by Express Scripts, our pharmacy benefit manager. We encourage providers to adopt this tool as standard practice when prescribing medications. If you're not already using it, try it today to see how seamlessly this tool can help you make real-time, informed decisions at the point of prescribing.

Read more

Colorectal Cancer Awareness

Colorectal cancer is a leading cause of cancer deaths in the U.S. among cancers that affect both men and women, **according to the Centers for Disease Control and Prevention (CDC)**. Encourage your patients between the ages of

50 to 75 to get **screened** regularly. Colorectal screening is a HEDIS and QARR measure.

CMS Updated COVID-19 Vaccine Information In Toolkit

CMS recently updated the *Toolkit on COVID-19 Vaccine—Health Insurance Issuers and Medicare Advantage Plans*. The latest version includes various updates and several new sections, all of which are noted in the toolkit.

Temporary telehealth services

Check our website often for the latest information about telehealth services. Please see EmblemHealth's telehealth policy if you have EmblemHealth members as patients.

Preauthorization Required For Hospital Discharges To Skilled Nursing Facilities

As of March 8, 2021, hospitals are again required to request preauthorization when discharging a member to a skilled nursing facility (SNF). This applies to all ConnectiCare members with commercial and Medicare Advantage plans

In December 2020, we temporarily streamlined authorization processes for SNFs so hospitals and health care systems could promptly transfer patients to lower levels of care, when appropriate, without asking for prior approval. This was part of ConnectiCare's response to the coronavirus (COVID-19) outbreak.

Please submit preauthorization requests to our partner, CareCentrix, before the date of hospital discharge. Notice needs to be provided by:

Fax: 1-866-501-4665
Phone: 1-844-359-5388

Please refer to our dedicated COVID-19 page on our provider website for the latest news and the most up-to-date information.

Billing For Medicare Members' COVID-19 Vaccines

Medicare payment for COVID vaccinations administered during calendar years 2020 and 2021 to Medicare Advantage beneficiaries will paid in full by the Medicare Fee-for-Service program without member cost sharing. Those who can provide vaccines should submit claims for administration of the COVID-19 vaccine to the CMS Medicare Administrative Contractor (MAC) for payment.

Please refer to our dedicated COVID-19 page on our provider website for the latest news and the most up-to-date information.

ACA Member Medical Record Reviews Began This Month

From March through August, you may receive requests from Cognisight, LLC to review the medical records of your patients who have ConnectiCare commercial insurance plans (Access Health CT – ACA). If you receive a request for medical records, please provide them as soon as possible.

Four New Reimbursement Policies

In our continued efforts to offer guidance and resources to help ensure timely, accurate reimbursement for the services provided to our members, we have developed four new policies: Assistant-at-Surgery Modifiers 80/81/82 and AS, Discontinued Procedures Modifiers 53/73/74, Never Events Modifiers PA/PB/PC and Split Surgical- Modifiers 54/55/56. Please follow the links to download the full policies or visit our website.

Claims Coding Edits Effective May 25, 2021

Please refer to the table below for claims edits that will go into effect on May 25, 2021. These edits will apply to both commercial and Medicare Advantage plans. For a complete listing of coding edits, please download our Coding Edits Reimbursement Policy.

Line of business (LOB): ConnectiCare Commercial (CCIC), ConnectiCare Medicare (CCIM)

Claim type: Facility (F), Professional (P)

LOB	Claim type	Medical policy	Rule description
CCIC, CCIM	P	Diagnosis Code Guideline Policy	Claim lines reported with mutually exclusive code combinations according to the ICD-10-CM Excludes 1 Notes guideline policy are not payable
CCIC, CCIM	P	Diagnosis Code Guideline Policy	When a diagnosis code is billed and it indicates laterality (Right/Left), and the procedure/modifier code is conflicting, the service is not payable.
CCIC, CCIM	P	Diagnosis Code Guideline Policy	Any procedure or service received with a ICD-10-CM sequela (7th character "S") code billed in the primary, first listed or principal diagnosis position is not payable.

CCIC, CCIM	P	Diagnosis Code Guideline Policy	Any procedure or service received with a ICD-10-CM sequela (7th character "S") code billed as the only diagnosis on the claim is not payable.

Providers can access all our policies on connecticare.com/providers.

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Connecticare Tools, Resources, And Notifications Connecticare Tools, Resources, And Notifications

Every year, we let our providers know about the tools and resources that are available to you and our members and share information that is important for you to know. Here's the document for your reference.

Recent provider headlines

Check out recent provider news you may have missed:

- The latest COVID-19 updates
- Annual HEDIS data collection has begun
- February is American Heart Month
- March 4 is International HPV Awareness Day
- How to Recognize Marketplace Members
- Reimbursement Policies
- Medical Policies

Keep in touch