

# Provider Update

## NEWS FOR THE NETWORK

October 2024

*Provider Update* is a monthly, online provider newsletter. We encourage you to [register](#) to receive *Provider Update* by email. If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in your spam folder or check with your organization's system administrator to ensure the organization's firewall is adjusted to allow for receipt of *Provider Update* from (SENDER: [providerupdate@email-carepartnersct.com](mailto:providerupdate@email-carepartnersct.com)).

## Reminders and Updates

### What's ahead for 2025

As you likely know, certain provisions of the Inflation Reduction Act (IRA) will result in a number of changes across the health care industry beginning Jan. 1, 2025, impacting all members of a Medicare Part D prescription drug plan, including CarePartners of Connecticut members.

Because of the substantial and wide-reaching effect of these provisions, we want to highlight the most significant updates you and your patients can anticipate in connection with the IRA, as well as some consequent changes CarePartners of Connecticut is making to our Pharmacy formulary tiering for 2025 — some of which we anticipate will result in an increased number of calls and questions from patients in need of prescription updates and medication reviews.

### Industrywide changes resulting from the IRA

The provisions of the IRA apply to all Medicare Advantage and Medicare Part D prescription drug plans. The most notable changes our members will see in 2025 in relation to these industrywide provisions include:

- **Lower maximum out-of-pocket limit (MOOP)** – For 2025, the MOOP will be lowered from \$3,300 to \$2,000, meaning that \$2,000 is the highest amount a member may be obligated to pay for all their prescription drugs in 2025 before entering catastrophic coverage, during which CarePartners of Connecticut would pay the remainder of their prescription drug costs.
- **Implementation of the Medicare Prescription Payment Plan** – Members will have the opportunity to opt into the Medicare Prescription Payment Plan, which is a new payment option that will allow them to better manage their out-of-pocket Part D prescription drug costs by splitting bills into regular monthly installments across the calendar year, as an alternative to paying the full amount up front. This is expected to improve access to drugs, and may also contribute to increased utilization due to the removal of a cost barrier preventing some members from starting a new treatment or adhering to an existing treatment. The program is free to join and there is no accrued interest on outstanding payments.
- **The prescription drug coverage gap (“donut hole”) is going away** – Currently, Medicare Part D prescription drug plans have a coverage gap known as the “donut hole,” which means that once a member and their plan have spent a certain amount for covered drugs for the plan year, their coverage is temporarily limited. This will be eliminated for 2025.

## CarePartners of Connecticut Pharmacy formulary and benefit changes

In an effort to ensure that our plan premiums remain affordable, CarePartners of Connecticut is implementing certain changes as a result of the IRA for the 2025 plan year.

Firstly, we'll be making a number of changes to our Pharmacy formulary, which will cause some drugs to have higher cost shares as a result of moving to higher tiers, and some drugs to no longer be covered. (For drugs that are no longer covered, there may be a therapeutically equivalent medication available that will meet the member's needs.)

Formulary changes occur every year, but the volume of these changes will be markedly higher for 2025 than in previous years. While the majority of these changes will not have a substantial effect, members and providers should be prepared for the fact that certain tier changes will result in significantly higher costs for some drugs.

Additionally, we're making changes to our benefit structures for 2025, which will include drugs on Tier 3 and Tier 4 moving from fixed copays to a coinsurance payment structure, meaning that the member will pay a percentage of the actual cost of the drug. Coinsurance payments for some drugs will be similar or lower in cost compared to the current copays, but it's important to note that costs for some Tier 3 and Tier 4 drugs — particularly high-cost brands — will be significantly higher on the coinsurance model.

### Key points to keep in mind

Depending on the drugs they take, your CarePartners of Connecticut patients may experience varying degrees of prescription drug coverage disruption and financial impacts. Some key points to note include:

- Providers who prescribe Part D medications to our members should prepare to receive an increased number of calls and questions from patients in need of prescription updates and medication reviews.
- The IRA provisions apply to all health plans with Medicare members, and we anticipate that many other plans will be making similar updates to their plan designs and formularies.
- CarePartners of Connecticut is communicating with our members through several different channels to ensure that they are aware of the coming changes.
- For many members, depending on which prescription drugs they take, much of the negative impact associated with tiering and benefit structure changes may be mitigated by the IRA's reduced MOOP and the introduction of the new Medicare Prescription Payment Plan.
- Providers should instruct members to prepare financially for the updates coming in 2025:
  - We also recommend that eligible patients consider enrolling in the Medicare Prescription Payment Plan if it may be right for them. They can do this during the AEP, once their Jan. 1, 2025 eligibility and enrollment is confirmed, or anytime throughout the 2025 benefit year. Patients looking for help in determining whether this payment option is a good fit for them should call Member Services at the number on the back of their ID card.
  - Recommend that members refill prescriptions prior to Jan. 1, 2025 for drugs that will be increasing in cost.

Look to next month's issue of Provider Update for a follow-up communication providing more in-depth detail regarding benefit updates, specific drugs that will be critically impacted, and more. ◆

## 2025 Part B Step Therapy program

Effective for fill dates on or after Jan. 1, 2025, the following coverage requirements will apply to CarePartners of Connecticut's Part B Step Therapy program:

- The following new categories will be added to the Part B Step Therapy program: Pemetrexed
- The following existing categories will be updated: Acromegaly, Antiemetics, and Retinal Disorders

In addition to the changes listed above, coverage criteria will be updated to be drug class specific. For more information, refer to our updated [Medicare Part B Step Therapy Medical Necessity Guidelines](#). ◆

## New 2025 CPT and HCPCS codes

CarePartners of Connecticut will accept new 2025 CPT and HCPCS codes for dates of service beginning Jan. 1, 2025. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2024 will be denied.

As indicated in our [General Coding and Claims Editing Payment Policy](#), as annual code revisions are released by the Centers for Medicare and Medicaid Services and the American Medical Association, CarePartners of Connecticut will update our systems and any related payment policies accordingly. ♦

## Claims editing platform update

CarePartners of Connecticut [announced in the August issue](#) of Provider Update that we are making updates to align our claims editing platforms in an effort to consistently apply industry standard claims edits and national correct coding.

While we originally indicated that these updates would apply for claims with dates of service on or after Oct. 1, 2024, we've encountered some delays in this implementation. Providers can expect to begin seeing edits associated with this claims editing platform update as of **Jan. 1, 2025**.

Look to future issues of Provider Update for any further updates on this initiative. ♦

## Reminder when updating portal access for users

Planning to make an update to your user and access information in the CarePartners of Connecticut secure portal? Our portal makes it simple for senior access administrators and access administrators to add or remove users and update permissions and roles — and it includes a bulk update feature to enable you to make multiple updates quickly.

When using this feature, we encourage you to carefully review the summary page (*see below*) that confirms the changes that you'll be making to users' accounts. We have found that users sometimes inadvertently apply their bulk changes to more providers/users than intended. The summary screens offer an opportunity to review the changes being made — including those for number of users, providers, and permissions — prior to submitting the updates.

Review and Confirm: Step 5 of 5

Please review the details below and hit SUBMIT to complete your bulk update.

### Users

1 Users Selected (View All)

### Providers

1 Providers Selected (View All)

### Permissions

- Actuarial Monthly
- Actuarial Settlement
- Alternative Submission Method
- Benchmark Report
- CQM Reports
- Cape Cod Referral Exception Form
- Case Specific
- Claim Status Inquiry - Group
- Claim Status Inquiry - Single NPI
- Eligibility
- Inpatient Notification Report
- Lab Reports
- Membership Management
- Office Visit Profile - #5
- PCH Reports
- Pharmacy Performance Reports
- Read and Visible USFHP CQM Reports
- Referral Inquiry
- Referral Submission
- Senior Care Options
- Submit Mental Health Service Request
- View Actual Reports

CANCEL GO BACK SUBMIT

Our CarePartners of Connecticut [Senior Access Administrator \(SAA\) and Access Administrator \(AA\) Guide to User Management Tool](#) provides step-by-step instructions on how to complete routine actions including:

- Adding new users
- Reviewing pending access requests
- Editing user permissions and roles
- Reviewing and removing inactive users
- Performing bulk updates

This is just one of many user guides that we offer to provide information and guidance on performing key transactions, leveraging the convenient tools and functionality found in CarePartners of Connecticut's secure portal, and more. You can find these materials on the Printable Guides page of the provider website.

At CarePartners of Connecticut, we appreciate your commitment to utilizing the electronic tools and resources we've made available to assist you with your practice. The ability to access member and benefit information and perform daily transactions through our secure portals not only facilitates administrative tasks, but also plays a key role in the timely and efficient delivery of health care services. ◆

## CarePartners of Connecticut Medical Necessity Guideline Updates

Providers and office staff can refer to the following chart to review changes and updates to CarePartners of Connecticut's Medical Necessity Guidelines, which detail coverage and prior authorization criteria.

MNG Title	Effective Date	Summary
<a href="#">Continuous Glucose Monitoring Systems: Freestyle and Dexcom Products</a>	12/1/2024	Minor updates to criteria.



## Medical drug program updates

You can refer to the chart below to review changes and updates related to CarePartners of Connecticut's prior authorization and coverage program for medical drugs.

Medications being added to prior authorization		
Drug(s)	Effective date	Policy & additional information
<b>Omisirge</b>	10/1/2024	<a href="#">Omisirge</a> Omisigre (HCPCS J3590), which was approved by the FDA in April 2023 for the treatment of patients with hematologic malignancies, is now covered with prior authorization. MassHealth's criteria will be used for review.
<b>Anktiva (nogapendekin alfa inbakicept-pmln)</b>	10/1/2024	<a href="#">Anktiva (nogapendekin alfa inbakicept-pmln)</a> Prior authorization is now required for Anktiva (HCPCS J9999), approved by the FDA in April 2024 for the treatment of adult patients with Bacillus Calmette-Guérin unresponsive nonmuscle invasive bladder cancer with carcinoma in situ with or without papillary tumors.

Medications being added to prior authorization		
Drug(s)	Effective date	Policy & additional information
<b>Tyenne (tocilizumab-aazg)</b>	10/1/2024	<a href="#">Targeted Immunomodulators Skilled Administration</a> Prior authorization is now required for Tyenne (HCPCS Q5135), approved by the FDA in March 2024 for the treatment of adults with rheumatoid arthritis, adults with giant cell arteritis, patients at least 2 years of age with polyarticular juvenile idiopathic arthritis, and patients at least 2 years of age with systemic juvenile idiopathic arthritis.
Updates to existing prior authorization programs		
<b>Givlaari (givosiran)</b>	12/1/2024	<a href="#">Givlaari</a> Adding provider specialty requirements and updating diagnosis requirements.
<b>Vyjuvek</b>	10/1/2024	<a href="#">Vyjuvek</a> Updated policy to specify that Vyjuvek will not be authorized in members who are currently on Filsuvez (birch triterpenes topical gel), as combination use with Vyjuvek and Filsuvez has not been studied.
<b>New-to-Market (NTM) Drugs</b>	10/1/2024	<a href="#">New to Market (NTM) Drugs</a> MNG name updated from New to Market (NTM) Drug Evaluation Process Under The Medical Benefit to New to Market (NTM) Drugs. Minor criteria update to add clarification related to gene therapies.



## Helpful reminders for providers

- **Avoid Printing:** All CarePartners of Connecticut provider documentation is updated regularly. For the most current information, providers should view all documentation online at [carepartnersct.com/for-providers](https://carepartnersct.com/for-providers) and avoid printing.
- **Browser Note:** If you are using an outdated or unsupported browser, certain features on CarePartners of Connecticut's website may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.
- **Secure Provider Portal Self-Service Tools:** CarePartners of Connecticut's online self-service tools enable providers to electronically submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. Log in to the secure Provider portal to manage transactions online.

### Not yet registered?

Information on how to [register for secure access](#) is available on CarePartners of Connecticut's public Provider [website](#).

**For more information:** [Public Provider Website](#); [Secure Provider Portal](#)

**Contact information:** Call Provider Services at 888-341-1508, weekdays, 8 a.m.–5 p.m.