

PROVIDER UPDATE

NOVEMBER 1, 2020

NEWS FOR THE NETWORK |  CarePartners
of Connecticut

Provider Update is CarePartners of Connecticut's quarterly newsletter for providers, hospital administrators and ancillary providers in the CarePartners of Connecticut network. *Provider Update* is CarePartners of Connecticut's primary vehicle for providing 60-day notifications and other critical business-related information to providers. *Provider Update* is published on February 1, May 1, August 1 and November 1 and contains 60-day notifications effective for dates of service on or after April 1, July 1, October 1 and January 1.

Where Can I Find *Provider Update*?

Public Provider Website: Current and recent past issues of *Provider Update* are available in the [News](#) section of the public Provider [website](#). The newsletter can be found in full PDF format as well as by each individual article.

Email: Providers and office staff can register for *Provider Update* by completing the [online registration form](#), available in the [News](#) section of the CarePartners of Connecticut public Provider [website](#).

Print: A high-level, one-page mailing is distributed quarterly to contracting providers, highlighting the 60-day notifications and pointing providers to the [News](#) section of the CarePartners of Connecticut public Provider website so they can read articles and [register](#) to receive *Provider Update* by email.

Note: Providers are encouraged to [register](#) to receive the newsletter by email as outlined above.

REMINDER: 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 and avoid printing.

Reminder: Coronavirus (COVID-19) Updates for Providers

As a reminder, for the most up-to-date information about CarePartners of Connecticut's coverage of COVID-19 diagnostic testing, COVID-19 treatment, telehealth/telemedicine, pharmacy policies, authorization and any other applicable updates, refer to the Coronavirus (COVID-19) Updates for Providers [page](#) on CarePartners of Connecticut's public Provider [website](#). Be sure to check back regularly for the most recent updates.

WHAT'S INSIDE

60-Day Notifications	2
Administrative Updates	4
Plans	5
Reminders	5
For More Information	9

BROWSER NOTE

If you are using an outdated or unsupported browser, certain features on CarePartners of Connecticut's websites may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.

60-DAY NOTIFICATIONS

New 2021 PPO Plan: CarePartners Access

CarePartners of Connecticut will introduce a new PPO plan called CarePartners Access (PPO) effective for dates of service on or after January 1, 2021. Key features of this PPO plan include, but are not limited to:

- \$0 premium with \$1,000 medical deductible
- \$0 PCP copay for in-network services
- Rich prescription drug benefits including \$0 deductible and \$0 on Tier 1 and Tier 2 drugs at preferred pharmacies
- \$1,000 embedded dental benefit with no copays for preventive visits and 50% coinsurance for restorative and major services
- Single medical deductible that applies to some in-network services, such as inpatient hospital services and most out-of-network non-preventive services
- Fixed member copays apply to most in-network services, while coinsurance applies to most out-of-network services. **Note:** PCP and specialist visits will have copays both in- and out-of-network, but the deductible applies to out-of-network visits
- A service area that now includes Middlesex County (i.e., Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham)
- Both in- and out-of-network coverage. **Note:** Benefits must be covered anywhere in the United States and Puerto Rico
- Members are not required to select a PCP but will be encouraged to do so
- Referrals are not required for any services, in- or out-of-network
- Prior authorization rules for in-network services are similar to those on the CarePartners of Connecticut HMO plans
- Prior authorization is not required for out-of-network services; however, providers and members are encouraged to request a pre-visit coverage decision from CarePartners of Connecticut before rendering/seeking out-of-network services. **Note:** Without a pre-visit coverage decision, CarePartners of Connecticut may deny coverage if it is later determined that the services are not covered or were not medically necessary

Note: Before services are rendered, providers are reminded to check member benefits and cost-share amounts using CarePartners of Connecticut's secure Provider [portal](#) or other self-service channels, even for members seen on a regular basis.

2021 Benefit Changes for CarePartners of Connecticut's HMO Members

The following benefit changes apply to CarePartners of Connecticut's HMO members and are effective for dates of service on or after January 1, 2021, upon the plan's effective or renewal date:

Additional Telehealth Benefit

- Expanded telehealth coverage beyond Medicare requirements for PCP visits, specialist visits, individual behavioral and psychiatric health visits, observation services, opioid treatment program services, and outpatient substance abuse services.
- Coverage includes only synchronous audio and visual consultations using a HIPAA-compliant communication software.
- Services are covered with existing patients from any location.
- Referral and cost-sharing rules are the same as for the corresponding in-person visit.

Note: CarePartners of Connecticut has offered additional coverage during the COVID-19 pandemic. Current coverage includes the removal of referrals and prior authorizations for testing as well as diagnosis and treatment services related to COVID-19. Coverage also includes expanded telehealth benefits for medically necessary services. Refer to [Coverage Changes Related to Coronavirus \(COVID-19\)](#) for more information.

Other Changes

Note: The following changes may not apply to all CarePartners of Connecticut HMO plans:

- Introduced a \$25 per calendar quarter, over-the-counter (OTC) benefit on the CarePartners of Connecticut HMO Preferred plan
- Reduced cost-share for Tier 2 prescription drugs to \$0 at preferred pharmacies
- Removed cost-share from diagnostic colonoscopies and diagnostic fecal immunochemical tests (FIT)

- Reduced Opioid Treatment Program copays to \$20 per encounter
- Added coverage for acupuncture for chronic lower back pain, per Medicare guidelines
- Increased outpatient behavioral health and substance abuse services to \$30 per visit
- Reduced Wellness Allowance on the CarePartners of Connecticut HMO Preferred plan to \$175 per year
- Removed the BrainHQ benefit **Note:** Memory fitness will continue to be covered under the Wellness Allowance, when applicable

Note: This is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using CarePartners of Connecticut's secure Provider [portal](#) or other self-service channels, even for members seen on a regular basis.

Coverage Updates

60-Day Notifications

The following changes are effective for dates of service on or after January 1, 2021:

Prior Authorization

CarePartners of Connecticut will require prior authorization for FoundationOne® CDx (0037U), ThyroSeq® (0026U), hyperbaric oxygen therapy (G0277 and 99183) and dorsal column neurostimulator insertion (63650, 63655, 63663, 63685 and 95972). These changes are documented in the [CarePartners of Connecticut Prior Authorization and Inpatient Notification List](#).

Other Coverage Updates

Prior Authorization

Tecartus™

CarePartners of Connecticut now requires prior authorization for Tecartus (brexucabtagene autoleucel). For more information, refer to the Medical Necessity Guidelines for [Modified T-Cell Therapies](#).

Pharmacy Coverage Changes

Noncovered Drugs

Effective for fill dates on or after January 1, 2021, CarePartners of Connecticut will no longer cover several [drugs](#), including those drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through December 31, 2020. For a member to continue taking one of these noncovered drugs, the prescribing provider must submit a formulary exception request.

Drug Status Changes

Effective for fill dates on or after January 1, 2021, several [drugs](#) will be moving tiers. For members currently taking these drugs, coverage will continue without disruption through December 31, 2020. If your patient cannot afford the new copay, refer to the formulary for potential therapeutic alternatives at lower tiers. If the available alternatives are not clinically appropriate, a tier exception can be requested and will be reviewed in accordance with CMS regulations as not all drugs are eligible for tier exceptions.

Claim Edits

Drugs and Biologicals

Effective for dates of service on or after January 1, 2021, CarePartners of Connecticut will implement additional claim edits for drugs and biologicals.

CarePartners of Connecticut's policies regarding drugs and biologicals are derived from evaluation of drug manufacturers' prescribing information and the following sources:

- AMA's CPT Manual
- CMS and CMS HCPCS Level II Manual
- FDA
- ICD Manual
- Medical Journals
- Micromedex® and DRUGDEX®
- National Comprehensive Cancer Network Drugs & Biologics Compendium™
- National Government Services Inc. website

- Pharmaceutical Compendium

These policies support appropriate diagnosis codes, indications, dosages and frequencies. In some instances, off-label indications will also be allowed where there is evidence of efficacy.

This information is documented in the [Drugs and Biologicals Payment Policy](#).

Critical Care and Telemedicine

Effective for dates of service on or after January 1, 2021, CarePartners of Connecticut will implement critical care and telemedicine claim edits. These claim edits are derived from CMS, AMA's CPT Manual, HCPCS, ICD - 10, nationally accredited societies and CarePartners of Connecticut payment policies.

These edits are documented in the applicable CarePartners of Connecticut payment policies available in the [Provider Resource Center](#) on the public Provider website.

Core Administration System Implementation

CarePartners of Connecticut continues to make significant investments to improve its technical infrastructure and is in the process of migrating to a new core administration system to support claims processing. The new system implementation is targeted for the 2021 plan year.

Providers contracting with CarePartners of Connecticut can expect the following changes on the new core administration system:

- Claims submitted with dates of service prior to the system implementation date will continue to be processed on CarePartners of Connecticut's existing system.
- Claims submitted with dates of service on or after the system implementation date will be processed on the new system.

At this time, CarePartners of Connecticut does not anticipate any changes that providers will need to make or action to be taken because of, or in preparation for, this system update. CarePartners of Connecticut has managed this update through a structured program that has included extensive testing efforts. As the go-live date approaches, CarePartners of Connecticut will provide further updates on the system migration and possible changes that may impact providers, if any.

For questions regarding the system implementation, call Provider Services at 888.341.1508.

Correct Coding Reminder

As a routine business practice, claims are subject to payment edits that are updated at regular intervals and are generally based on CMS (including the National Correct Coding Initiative [NCCI] edits), specialty society guidelines and drug manufacturers' package label inserts.

Procedure and diagnosis codes undergo periodic revision by CMS (including NCCI edits) and the AMA. As these revisions are made public, CarePartners of Connecticut will update its systems to reflect these changes.

Documentation is updated to reflect the addition and replacement of procedure codes where applicable.

ADMINISTRATIVE UPDATES

Updates to CarePartners of Connecticut's Provider Directory

CarePartners of Connecticut is working to improve provider directory information for its members. CarePartners of Connecticut currently uses CAQH for credentialing purposes through ProView by CAQH®. Beginning in late 2020, providers will be able to review and maintain up-to-date provider directory information through ProView® in the new directory section.

Providers will receive email notifications when they are added to the directory and will be prompted to review their existing information and add more details about their practice.

The directory works similarly to the current credentialing system. Every three months, providers will be prompted to confirm their information. If nothing has changed, providers will simply need to re-attest to their data. If changes or updates are needed, providers may make those any time.

Provider directory information will be transferred to CarePartners of Connecticut by CAQH. Providers will no longer need to notify CarePartners of Connecticut of these changes directly. **Note:** This change applies to directory information only. Contracting and billing questions should still go directly to CarePartners of Connecticut.

For more information about this program, including a brief demonstration video by CAQH of how the system works, visit the HealthCare Administrative Solutions (HCAS) [website](#) or the CAQH [website](#).

For questions, providers should call Provider Services at 888.341.1508.

PLANS

Medicare Annual Election Period (AEP): October 15-December 7

CarePartners of Connecticut would like to remind providers about the AEP, which is happening right now. Choosing a Medicare Advantage plan like CarePartners of Connecticut can potentially help your patients save money and receive benefits such as dental and prescription drug coverage, which are included in CarePartners of Connecticut's plans.

Medicare eligible patients can enroll in a plan during the AEP, which runs October 15 through December 7, 2020, for an effective date of January 1, 2021.

Additionally, CarePartners of Connecticut has expanded its service area to now include Middlesex County, and welcomes all new providers and health care facilities, such as Middlesex Health, to the CarePartners of Connecticut network.

REMINDERS

Coverage Changes Related to Coronavirus (COVID-19)

CarePartners of Connecticut has offered additional coverage during the COVID-19 pandemic. Current coverage includes the removal of referrals and prior authorizations for testing, as well as diagnosis and treatment services related to COVID-19. Coverage also includes an expanded telehealth benefit for medically necessary services. This coverage is effective for dates of service on or after March 6, 2020, until further notice. In addition, CarePartners of Connecticut will waive copays for all specialist visits, labs, diagnostic tests and X-rays for the period October 1 to December 31, 2020. During this period, CareAdvantage Preferred members can also apply their Wellness Allowance toward the purchase of fitness equipment. As the pandemic has continued, CarePartners of Connecticut is offering these additional benefits to ensure that members continue to receive other care they may need to stay healthy.

While this additional coverage is not reflected in the members' 2021 benefits, CarePartners of Connecticut will continue to reevaluate its COVID-19 related coverage and may extend or expand it as necessary, if the pandemic continues during the 2021 benefit year. Any changes will be subject to regulatory requirements and approval.

For the most up-to-date information about CarePartners of Connecticut's coverage of COVID-19 diagnostic testing, COVID-19 treatment, telehealth/telemedicine, pharmacy policies, authorizations and any other applicable updates, refer to the Coronavirus (COVID-19) Updates for Providers [page](#) on CarePartners of Connecticut's public Provider [website](#).

Be a Champion for the 2020-2021 Seasonal Flu Vaccine

The 2020-2021 influenza season will coincide with the continued or recurrent circulation of coronavirus (COVID-19). Influenza vaccination for everyone 6 months and older will help reduce prevalence of illness caused by influenza and will reduce symptoms that might be confused with those of COVID-19. Prevention and reduction in the severity of influenza illness as well as reduction of outpatient illnesses, hospitalizations and intensive care unit (ICU) admissions through influenza vaccination could also alleviate stress on the United States health care system. For more information, refer to the CDC [website](#) for guidance on vaccine planning during this pandemic.

Note: When patients come in for the flu vaccine, it is recommended that providers ensure their patients are up to date with any other preventive vaccines they may need.

Who Should Be Vaccinated?

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for everyone 6 months and older who does not have contraindications. For these individuals, a licensed, recommended and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recumbent influenza vaccine (RIV4) and live attenuated influenza vaccine (LAIV4) are expected to be available for the 2020-2021 flu season.

There are two new vaccines licensed for use during the 2020-2021 flu season:

1. A quadrivalent high-dose vaccine licensed for use in adults 65 years and older. This vaccine will replace the previously licensed trivalent high-dose vaccine.
2. A new vaccine that will be available as a quadrivalent adjuvanted vaccine licensed for use in adults 65 and older. This vaccine is like the previously licensed trivalent vaccine containing MF59 adjuvant, but it has one additional influenza B component.

For more information on the new flu vaccine recommendations for the 2020-2021 flu season, refer to the CDC's [Morbidity and Mortality Weekly Report](#).

People at High Risk for Developing Flu-Related Complications

- [Children younger than 5 years of age, but especially children younger than 2 years of age](#)
- [Adults older than 65 years of age](#)
- [Pregnant women \(and women up to two weeks postpartum\)](#)
- [Residents of nursing homes and other long-term care facilities](#)
- [American Indians and Alaska Natives](#)
- People who have medical conditions including:
 - [Asthma](#)
 - Neurological and neurodevelopmental conditions, including disorders of the brain, spinal cord, peripheral nerve and muscle, such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy or spinal cord injury
 - Chronic lung disease, such as COPD and cystic fibrosis
 - [Heart disease](#), such as congenital heart disease, congestive heart failure and coronary artery disease
 - Blood disorders, such as sickle cell disease
 - Endocrine disorders, such as [diabetes](#)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders, such as inherited metabolic disorders and mitochondrial disorders
 - Weakened immune system due to disease or medication, such as [HIV/AIDS and cancer](#) or those on chronic steroids
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People who are morbidly obese: [body mass index \(BMI\)](#) of 40 or greater

CDC Recommendations for When to Start Immunizing

Balancing considerations regarding unpredictable influenza season onset and concerns that vaccine-induced immunity might wane over the course of a flu season, the CDC recommends people be vaccinated by the end of October.

Children ages 6 months through 8 years who require two doses should receive their first dose as soon as possible after the vaccine becomes available to allow time for the second dose to be administered. **Note:** The two doses must be given at least four weeks apart.

Where to Get Immunized

- Provider offices
- Pharmacies such as CVS, Walgreens, Walmart and participating independent pharmacies
- Participating pharmacies within the Caremark network; this expanded network is for members who receive their pharmacy benefit through CarePartners of Connecticut
- At any other self-pay clinic/vaccination site (member reimbursement would apply)

Note: Age restrictions may apply for vaccines administered outside of a provider's office.

Note: Members can call the Member Services number on the back of their ID card if they have questions about where to go for their flu shot.

Coverage for Seasonal Flu Vaccine

For most plans, there is no cost to the member, and copayment and deductible do not apply. If members pay out of pocket for the flu vaccine, they can submit for reimbursement from CarePartners of Connecticut. Members can call the Members Services number on the back of their ID card if they are unsure whether their plan covers flu vaccination in full.

Provider Reimbursement for Seasonal Flu Vaccine Administration

Refer to CarePartners of Connecticut's [Immunization Payment Policy](#).

Reporting Adverse Events Following Vaccination

Refer to the [VAERS](#) website or call 800.822.7967.

CDC Information

- [Information for Health Professionals](#)
- [What You Should Know for the 2020–2021 Flu Season](#)
- [Free Flu Resources](#): Messaging (available in multiple languages) to address flu recommendations (free for download)
- [Flu Activity & Surveillance](#)

Reference: [CDC](#)

CMS Requirement for Billing of Inpatient and Skilled Nursing Facility Claims

As a reminder, and per CMS requirements, a condition code of "40" must be present on inpatient and skilled nursing facility (SNF) claims (for Medicare beneficiaries) when the patient is transferred to another participating Medicare provider before midnight on the day of admission. Therefore, inpatient and SNF claims for CarePartners of Connecticut members not meeting this criterion will be rejected back to the submitting provider for correction and resubmission to CarePartners of Connecticut. For additional information on billing requirements for inpatient and SNF claims, refer to the [Inpatient Facility](#) and [Skilled Nursing Facility](#) payment policies.

Update Your Practice and Billing Information

Members use CarePartners of Connecticut's online provider directory ([Doctor Search](#)) to find physicians, specialists and allied health providers who meet their health care needs. To ensure your payments are being mailed to the correct address and your practice is accurately represented in [Doctor Search](#), it is critical that you regularly update your billing address and provider demographic information as changes occur.

Providers are reminded to notify CarePartners of Connecticut of any changes to their contact or panel information, such as a change in their ability to accept new patients, a change in the practice or billing street address (including suite number, if applicable) or phone number, or any other change that affects their availability to see patients. Changes must be communicated in writing as soon as possible so that members have access to the most current information in the provider directory.

Note: Providers are also reminded to update their covering provider list as needed. CarePartners of Connecticut does not automatically add providers new to your practice to the list of covering providers.

How to Update Your Information

Providers can confirm current practice information using the [Doctor Search](#). If the information listed is incorrect, update it as soon as possible by completing CarePartners of Connecticut's [Provider Information Change Form](#) (available in the Resource Center on CarePartners of Connecticut's public Provider [website](#)) and returning it to CarePartners of Connecticut as noted on the form.

Billing Addresses

Providers can update billing addresses by completing the [Provider Information Change Form](#) and selecting "billing" as the address type.

Fraud, Waste and Abuse Hotline

CarePartners of Connecticut has a Fraud, Waste and Abuse Hotline to help CarePartners of Connecticut providers, members, employees and vendors who have questions, concerns and complaints related to possible wasteful, fraudulent or abusive activity. Common concerns may include the following:

- Have you ever seen indications that a patient might be using a CarePartners of Connecticut ID card fraudulently?
- Have patients ever reported receiving excessive, nonordered, or unnecessary medications or medical supplies?
- Have patients ever given you information about questionable billing practices by other providers?
- Have you been made aware or do you suspect that a patient may be seeking a prescription for a non-legitimate medical purpose, abusing the pharmacy benefit or receiving controlled substances from multiple prescribers?
- Have you ever received a fax request from an out-of-state pharmacy for pain cream, antibiotic ointments, etc., which may represent a fraudulent pharmacy scheme?

Anyone who has concerns like these can report them by calling the CarePartners of Connecticut Fraud, Waste and Abuse Hotline 24 hours a day, 7 days a week, at 877.824.7123. Providers can choose to identify themselves or report anonymously. The information provided will be forwarded to CarePartners of Connecticut's Compliance Department within one business day so provider concerns can be addressed in a timely manner.

How to Enroll for Electronic Claims Submission

It is crucial to set up accurate claim submission processes with CarePartners of Connecticut in order to ensure timely processing and adjudication of claims. CarePartners of Connecticut recommends that electronic submission be made directly to CarePartners of Connecticut, although claims submitted through clearinghouses will also be accepted.

Claims submitted directly to CarePartners of Connecticut must be in HIPAA-compliant standard 837 formats and include all required information. Providers who would like to submit claims through clearinghouses should contact their clearinghouse and request they start the process of setting up Payor ID 16307.

For more information, refer to the Claim Requirements and Dispute Guidelines chapter of the [CarePartners of Connecticut Provider Manual](#). For questions regarding submitting electronic claims directly or through a clearinghouse, contact the EDI Operations Department at 888.631.7002 ext. 52994 or EDI_CT_Operations@carepartnersct.com.

Submit Transactions Electronically Using Online Self-Service Channels

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 handle transactions online.

Not Yet Registered?

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

Provider Resource Center

The [Provider Resource Center](#) is a central repository on CarePartners of Connecticut's public Provider [website](#) where providers and office staff can find provider documentation, including but not limited to the [Provider Manual](#), payment policies, forms, and clinical and prior authorization criteria.

To access the Provider Resource Center, visit CarePartners of Connecticut's public Provider [website](#), hover over [For Providers](#) in the upper right-hand corner and then select [Provider Resource Center](#).

Provider Training

CarePartners of Connecticut offers [webinars](#) for provider office staff that cover a variety of topics, including plan descriptions, policy overviews and online resources for providers. For more information, refer to the [Webinars](#) page of the Training section on CarePartners of Connecticut's public Provider [website](#).

The [Training](#) section also provides [printable guides and resources](#) including visuals with step-by-step instructions on how to navigate the secure Provider [portal](#) to view claims, submit claims adjustments, view authorizations and more, to assist staff with day-to-day operations.

For questions regarding provider office staff education or to request that a specific topic be addressed in an upcoming webinar or training video, email Provider_Training@carepartnersct.com.

Register to Receive *Provider Update* by Email

Providers who have not yet registered to receive *Provider Update* by email should complete the [online registration form](#), available in the [News](#) section of the CarePartners of Connecticut public Provider website.

Providers who routinely visit the public Provider website for updates and prefer not to receive *Provider Update* by email can indicate that preference on the [online registration form](#).

Note: If you have registered to receive *Provider Update* by email but are still not receiving it, check 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* (SENDER: providerupdate@email-carepartnersct.com).

Current and recent past issues of *Provider Update* are also available in printable format in the [News](#) section of the CarePartners of Connecticut public Provider [website](#).

FOR MORE INFORMATION

WEBSITES

- [Public Provider Website](#)
- [Secure Provider Portal](#)

CONTACT INFORMATION

- Call Provider Services at 888.341.1508, weekdays, 8 a.m.-5 p.m.

PROVIDER
UPDATE

NEWS FOR THE NETWORK



705 Mount Auburn Street, Watertown, MA 02472