

# PROVIDER UPDATE

NOVEMBER 1, 2021

NEWS FOR THE NETWORK



*Provider Update* is CarePartners of Connecticut's monthly, online-only 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.

Effective with the August 1, 2021 issue of *Provider Update*, providers no longer receive a quarterly *Provider Update* paper mailing. CarePartners of Connecticut encourages all providers who have not yet registered for *Provider Update* to [register](#) to receive the same important content and updates in the monthly, online-only format. Failure to register to receive the monthly newsletter by email may result in providers missing important updates, including those related to payment policies.

**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](mailto:providerupdate@email-carepartnersct.com)).

If you do not register to receive *Provider Update* by email, you can refer to the [News](#) section of the public Provider [website](#). Current and recent past issues of *Provider Update* are available here. *Provider Update* can be found in full PDF format as well as by each individual article.

## 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 vaccinations, diagnostic testing and treatment, telehealth/telemedicine, 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.

## Reminder: 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](#).

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## REMINDERS

### 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.

### 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.

# 60-DAY NOTIFICATIONS

## Coverage Updates

### Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea

Effective for dates of service on or after January 1, 2022, CarePartners of Connecticut will require prior authorization for Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea using CPT codes 64568, 0466T, 0467T and 0468T. For more information, refer to the CarePartners of Connecticut [Prior Authorization and Inpatient Notification List](#).

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## 2022 Benefit Changes for 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, 2022, upon the plan's effective or renewal date:

### Plan Consolidation

CarePartners of Connecticut's CareAdvantage Premier HMO plan will be consolidated into the CareAdvantage Prime HMO plan per CMS requirement. With this change, CarePartners of Connecticut's HMO portfolio will have two plans in 2022: CareAdvantage Preferred HMO and CareAdvantage Prime HMO.

### Additional Telehealth Benefit

- Additional telehealth coverage beyond Medicare will be expanded to include other health care professionals (PAs and NPs), kidney disease education services, diabetes self-management training, group sessions for behavioral health specialty services, group sessions for psychiatric services, group sessions for outpatient substance abuse and urgently needed services.  
**Note:** 2021 coverage categories include 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 members from any location.
- Referral requirements and cost-sharing are the same as for the corresponding in-person visit.

### Other Benefit Changes

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

- Decreased maximum out-of-pocket (MOOP) costs from \$7,550 to \$4,900 for CareAdvantage Preferred and from \$5,900 to \$4,900 for CareAdvantage Prime.
- Increased copayment amount from \$10 per visit to \$20 per visit for Medicare-covered acupuncture for chronic lower back pain. PCP referral is required for out-of-network services, including services by licensed acupuncturists.
- Increased copayment amount from \$15 per visit to \$20 per visit for Medicare-covered chiropractic services and initial evaluation.
- Expanded dental coverage to include services from out-of-network providers.
- \$0 copayment for therapeutic Continuous Glucose Monitors (CGMs) with prior authorization.
- \$0 copayment for E-visits and virtual check-ins with PCPs or specialists.
- Emergency care copayment will be waived and applicable outpatient surgery copayment will apply to an emergency room visit resulting in surgery performed in an operating room, other hospital outpatient facility or ambulatory surgical center on the same date of service.
- Introduced a [Medicare Part B Step Therapy Policy](#) for certain Part B prescription drugs.
- Introduced Drug Management Program (DMP) to help members safely use their opioid medications.
- Reduced over-the-counter (OTC) allowance from \$40 per calendar quarter to \$35 per calendar quarter for Medicare-approved OTC items on the CareAdvantage Prime plan.
- Removed quantity limitations from Eyewear coverage so long as the member stays within the allowed amount.
- Wellness Allowance benefit expanded to include costs associated with online wellness classes or subscriptions, such as Peloton (CareAdvantage Preferred only).
- Increased premium from \$30 to \$39 for CareAdvantage Prime.
- Clarified that referral is not required for out-of-network outpatient services facilities; referral is still required for services by out-of-network providers.

**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 tools, even for members seen on a regular basis.

## 2022 Benefit Changes for Access PPO Members

The following benefit changes apply to CarePartners of Connecticut's Access PPO members and are effective for dates of service on or after January 1, 2022, upon the plan's effective or renewal date:

### Additional Telehealth Benefit

- Additional telehealth coverage beyond Medicare will be expanded to include other health care professionals (PAs and NPs), kidney disease education services, diabetes self-management training, group sessions for behavioral health specialty services, group sessions for psychiatric services, group Sessions for outpatient substance abuse and urgently needed services.  
**Note:** 2021 coverage categories include 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 members from any location.
- Cost-sharing is the same as for the corresponding in-person visit.

### Other Benefit Changes

- Changed maximum out-of-pocket (MOOP) costs from single combined amount of \$7,550 (in- and out-of-network) to \$4,900 (in-network) and \$10,000 (combined in- and out-of-network).
- Increased in-network copayment amount from \$10 per visit to \$20 per visit for Medicare-covered acupuncture for chronic lower back pain.
- \$0 in-network copayment for therapeutic Continuous Glucose Monitors (CGMs) with prior authorization.
- \$0 in-network copayment for E-visits and virtual check-ins with PCPs or specialists.
- Emergency care copayment will be waived, and applicable outpatient surgery cost share will apply to an emergency room visit resulting in surgery performed in an operating room, other hospital outpatient facility or ambulatory surgical center on the same date of service.
- Introduced a [Medicare Part B Step Therapy Policy](#) for certain Part B prescription drugs.
- Introduced Drug Management Program (DMP) to help members safely use their opioid medications.
- Changed out-of-network copayment for PCP office visits and certain vision exams to \$50 per visit after deductible.

**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 tools, even for members seen on a regular basis.

## Pharmacy Coverage Changes

### Medicare Part B Step Therapy Policy

Effective for dates of service on or after January 1, 2022, CarePartners of Connecticut will implement a Medicare Part B Step Therapy Policy, which will require members to first try certain preferred drugs to treat their medical condition before coverage of another non-preferred drug for that condition is approved as medically necessary by CarePartners of Connecticut. These coverage changes only apply to members initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the [Medicare Part B Step Therapy Policy](#).

The policy applies a step therapy for the following drugs:

Drug Class	Non-preferred Product(s)	Preferred Product(s)
Autoimmune	Avsola	Inflectra
	Renflexis	Remicade
Bendamustine HCl Injection	Treanda	Bendeka
		Belrapzo
Bevacizumab – Oncology	Avastin	Mvasi

Drug Class	Non-preferred Product(s)	Preferred Product(s)
		Zirabev
<b>Iron Preparation, Parenteral</b>	Feraheme	Ferrlecit
	Injectafer	Infed
	Monoferic	Venofer
<b>Leucovorin / LEVOleucovorin Injection</b>	Fusilev	leucovorin injection
	Khapzory	
<b>Neutropenia Colony Stimulating Agents – long acting</b>	Nyvepria	Fulphila
	Udenyca	Neulasta
	Ziextenzo	
<b>Neutropenia Colony Stimulating Agents – short acting</b>	Granix	Zarxio
	Leukine	
	Neupogen	
	Nivestym	
<b>Paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome</b>	Soliris	Ultomiris
<b>Retinal Disorders</b>	Beovu	Avastin
	Eylea	Mvasi
	Lucentis	Zirabev
	Macugen	
	Visudyne	
<b>Rituximab</b>	Rituxan	Riabni
	Rituxan Hycela	Ruxience
		Truxima
<b>Trastuzumab</b>	Herceptin	Herzuma
	Herceptin Hylecta	Kanjinti
		Ogivri
		Ontruzant
		Trazimera
<b>Triamcinolone Acetonide Injection</b>	Zilretta	triamcinolone acetonide injection
<b>Viscosupplements</b>	Durolane	Euflexxa
	Gel-One	
	Gel-Syn	
	Genvisc 850	
	Hyalgan	
	Hymovis	
	Monovisc	
	Orthovisc	
	Supartz	
	Synjoynt	
	Synvisc	
	Synvisc One	
	Triluron	
	Trivisc	
	Visco-3	

## Noncovered Drugs

Effective for fill dates on or after January 1, 2022, CarePartners of Connecticut will no longer cover several [drugs](#), including drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through December 31, 2021. 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, 2022, several [drugs](#) will be moving tiers. For members currently taking these drugs, coverage will continue without disruption through December 31, 2021. If a member cannot afford the new copayment, 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.

## Annual Wellness Visit

CarePartners of Connecticut members are able to receive their Annual Wellness Visit once per calendar year instead of once every 366 days. This means that those members who had their Annual Wellness Visit late in the 2021 calendar year can schedule their 2022 Annual Wellness Visit early in the 2022 calendar year. The same logic applies to all future Annual Wellness Visits as long as they are scheduled within the next calendar year.

An Annual Wellness Visit can foster provider-patient engagement and promote preventive health. Many components of an Annual Wellness Visit, if done by the health care provider, meet the criteria for the Health Outcome Survey for CMS Star measures. Annual Wellness Visits also provide a great opportunity to close quality and risk adjustment gaps.

Components to focus on during an Annual Wellness Visit:

- Health-risk assessment
- Medication review and discussion
- Medical and family history
- Emotional and cognitive health screening
- Assessment of functional ability such as Activities of Daily Living (ADLs) and safety such as fall risk and hearing impairment
- Health counseling on topics like fall prevention, incontinence, physical activity and more
- Advance care planning

## 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.

## REMINDERS

### Review and Update CarePartners of Connecticut Provider Directory Information

CarePartners of Connecticut is working to improve provider directory information for its members. CarePartners of Connecticut currently uses CAQH® for credentialing purposes through CAQH ProView®. In early 2022, providers will be able to review and maintain up-to-date provider directory information through ProView in the new directory section. Until late 2021, providers should continue to refer to the instructions outlined in the [Reminder: Update Your Billing and Contract Information](#) article.

**Note:** Providers will receive email notifications when they are added to the directory and will be prompted to review their existing information and/or 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 simply need to reattest to their data. If changes or updates are needed, providers may complete those at any time.

Provider directory information will be transferred by CAQH to CarePartners of Connecticut for inclusion in the provider directory. Once this is implemented, providers will no longer need to directly notify CarePartners of

Connecticut of these changes. **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, call Provider Services at 888.341.1508.

## 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 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](mailto:Provider_Training@carepartnersct.com).

## Update Your Billing and Contract 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 the [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 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 the [Provider Information Change Form](#) and returning it to CarePartners of Connecticut by email ([provider\\_information\\_dept@tufts-health.com](mailto:provider_information_dept@tufts-health.com)), 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.

## 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 set 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](mailto:EDI_CT_Operations@carepartnersct.com).

## Monthly Pharmacy Formulary Changes

As a reminder, for the most up-to-date information about CarePartners of Connecticut's monthly pharmacy formulary changes, refer to the [Provider Pharmacy](#) page on CarePartners of Connecticut's public Provider [website](#). Be sure to check back monthly for the most recent updates.

## 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.



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