

Provider Update

NEWS FOR THE NETWORK

November 2023

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).

Reminders and Updates

Register for a claims consultation in Connecticut

In the spirit of collaboration with our valued provider partners, CarePartners of Connecticut is pleased to announce that providers are invited to join us for a claims consultation event at our headquarters in November.

Wednesday, Nov. 8 from 10 a.m. – 2 p.m.

CarePartners of Connecticut Headquarters
55 Capital Boulevard, Suite 101,
Rocky Hill, CT 06067

The event will present an opportunity for providers to meet with our Provider Relations team, who will be available as a resource to support you by answering questions you may have about claims — from submission, to adjudication, to processing, and more.

Appointments will be scheduled in 30-minute increments and registration is required. Please register for this event by Nov. 6, 2023.

Refreshments and Wi-Fi access will be available.

Please note that you should continue to submit corrected claims and provider payment disputes per your normal process, and claims should not be held until your consultation. Paper claims should not be brought to these consultation appointments

To reserve your space, please [complete a claims registration form](#) and submit it by email to Claims_Consultations@Point32Health.org. We hope to see you there! ♦

Sign up for upcoming trainings

We offer regular trainings to update providers and office staff on our CarePartners of Connecticut product. Join us for the following interactive Overview and Updates sessions:

- Thursday, Nov. 16, 1-2 p.m.
- Tuesday, Dec. 12, 11 a.m. - noon

Registration for these sessions is available on our [Webinars page](#).

We also offer online [Printable Guides](#) and [Training Videos](#) to assist providers in doing business with us. ◆

Reminder on COVID-19 coverage

With the release of the COVID-19 booster this fall, CarePartners of Connecticut would like to remind providers of the following COVID-19 coverage:

- **COVID-19 vaccines:** CarePartners of Connecticut reimburses providers for the administration of COVID-19 vaccines and associated services. In-network COVID-19 vaccines will remain covered at no cost to our members. We follow federal and state guidance related to out-of-network member cost shares for these services.
- **COVID-19 testing:** CarePartners of Connecticut covers in-person polymerase chain reaction (PCR), antigen and antibody laboratory testing for COVID-19 consistent with federal and state guidance. Testing for COVID-19 infection is covered when ordered or referred by a physician or appropriately licensed health care provider, or in accordance with state regulatory guidelines. Members are encouraged to use participating providers/laboratories for all COVID-19 testing. We encourage providers to remind members that every U.S. household can once again receive four free COVID-19 rapid tests mailed to their home through a program from the Department of Health and Human Services.
- **COVID-19 treatment:** Treatments and services ordered by a provider, including Paxlovid, are covered. We follow federal guidelines regarding approved treatments, and state guidance related to cost shares for these services.

For more information, please refer to our [COVID-19 page for providers](#). ◆

CarePartners of Connecticut 2024 benefit changes

As the annual election period for Medicare Advantage is underway, we want to update you on changes to our CarePartners of Connecticut plans and benefits for the coming plan year, which are effective for dates of service beginning Jan. 1, 2024, upon the plan's effective or renewal date.

For 2024 benefit update information, please refer to [this document](#) on our provider website. ◆

2024 formulary coverage changes

CarePartners of Connecticut is incorporating a number of updates to our drug formularies for the 2024 plan year, which are summarized below.

Drugs moving to non-covered status

Effective for fill dates on or after Jan. 1, 2024, CarePartners of Connecticut will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives. Refer to [this document](#) for the list of drugs moving to non-covered status.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2023. If you are a prescribing provider and you wish for a member to continue taking a drug on this list, you'll need to submit a formulary exception request.

All members currently utilizing the following select drugs will be grandfathered for 2024 to ensure that there is no member impact or disruption to their therapy.

- Jyanrque
- Taltz
- Ocaliva
- Cresemba
- Apomorphine injection
- Xywav
- Mavenclad

Drugs moving to a higher tier

For fill dates beginning Jan. 1, 2024, certain drugs will be moving to a higher tier, as indicated on [this list](#).

For members currently taking these drugs, their current coverage will continue unchanged through Dec. 31, 2023.

If an impacted patient cannot afford the new copay, please 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.

Addition of prior authorization requirements

CarePartners of Connecticut will require prior authorization for the glucagon-like peptide-1 (GLP-1) class of drugs for 2024, which includes Byetta, Bydureon, Ozempic, Trulicity, Mounjaro, Rybelsus, and Victoza.

Please keep in mind that the prescribing and utilization of these medications for weight loss is considered inappropriate, and is not allowed by the Centers for Medicare and Medicaid Services.

Members with a confirmed diagnosis of type 2 diabetes mellitus in CarePartners of Connecticut's medical system will be grandfathered for 2024, and will not need to obtain a prior authorization. Members without this diagnosis who want to continue coverage will need to obtain a prior authorization, which will only be eligible for approval if they have a Part D covered indication.

Members who will not be grandfathered for 2024 will be notified.

Preferred product change for long-acting muscarinic agonists

The following changes will apply for respiratory products in the long-acting muscarinic agonists class of drugs, effective Jan. 1, 2024 for the plans listed above:

- Spiriva Handihaler and its generic are moving to non-formulary (Spiriva Handihaler may still be available, when appropriate, through the formulary exception process)
- Incruse Ellipta will be added to Tier 3
- Spiriva Respimat will remain on the formulary at Tier 3 for 2024
- CarePartners of Connecticut will notify affected members and providers and provide a list of covered formulary alternatives to Spiriva Handihaler to Incruse Ellipta

Enhanced coverage for select Part D-excluded drugs

For fill dates beginning Jan. 1, 2024, we're adding coverage for the following select erectile dysfunction drugs, vitamins and minerals, and cough and cold products typically excluded by Medicare Part D. (A quantity limit of 4 tabs per 30 days will be placed on erectile dysfunction drugs.)

| Drug | Tier |
|-------------------------|------|
| BENZONATATE CAP | 2 |
| CYANOCOBALAM INJ | 2 |
| FOLIC ACID TAB | 1 |
| HYD POL/CPM SUS | 2 |
| HYDROC/HOMAT TAB | 2 |
| PROMETH VC/ SYP CODEINE | 2 |
| PROMETH/COD SOL | 2 |
| SILDENAFIL CITRATE TAB | 2 |
| TADALAFIL TAB | 2 |
| VARDENAFIL TAB | 2 |
| VARDENAFIL TAB ODT | 2 |
| VITAMIN D CAP | 1 |

Preferred continuous glucose monitors

Freestyle and Dexcom continuous glucose monitoring products will be preferred at parity for 2024. Prior authorization will continue to be required for these products. ◆

Identifying alternate providers when terminating from the network

When a provider terminates from a Medicare Advantage Organization's network, the Centers for Medicare & Medicaid Services (CMS) now requires that the organization share a list of alternate in-network providers with members who were receiving treatment from the terminating provider to ensure continued care.

As a reminder, provider terminations must be submitted to CarePartners of Connecticut with advance notice per contractual terms and policies. Upon submitting a provider termination notice to CarePartners of Connecticut, please identify two alternate providers within the practice who are available to members. Include the following information in the provider termination request:

- Alternate provider names
- Alternate provider NPIs
- Alternate provider phone numbers

If no alternate providers are available within the practice, please work with your physician organization to identify the alternates. CarePartners of Connecticut will select alternate providers to share with the member if none are included in the termination notice. ◆

Limited service providers: Bill using POS code 17

CarePartners of Connecticut has updated our Limited Services Payment Policy, effective Nov. 1, 2023. Please note that all limited service providers, including walk-in retail clinics, should bill using place of service (POS) code 17.

For more information, refer to the updated [CarePartners of Connecticut Limited Services Payment Policy](#). ◆

Complex Care Management Services

CarePartners of Connecticut's Care Management Department provides care management services to help adult and pediatric members attain optimal health and achieve greater self-reliance in managing their health care. Our care managers provide systematic coordination and assessment of services using evidence-based clinical guidelines. CarePartners of Connecticut's complex care managers partner with community health workers, behavioral health care managers, and pharmacists to help coordinate care and access to services for members with multiple complex conditions.

These programs assist members with conditions such as chronic kidney disease, cancer, congestive heart failure, COPD, dementia, heart disease, asthma, diabetes, and a variety of rare diseases — as well as behavioral health conditions like depression/anxiety and serious and persistent mental illness (SPMI). Care managers help patients avert the need for more intensive medical services by providing them with information tailored to their needs and stage of readiness. Comprehensive whole person management allows for integration and support for the member's total medical care and treatment plan through intensive care management.

Care management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about CarePartners of Connecticut's Complex Care Management programs, including how to refer patients, email cm_cpct@carepartnersct.com. ◆

About Our Chronic Condition Management Programs

CarePartners of Connecticut takes a comprehensive approach to chronic condition management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. CarePartners of Connecticut's chronic condition management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are enrolled in chronic condition management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

To enroll a CarePartners of Connecticut member into one of our programs, email cm_cpct@carepartnersct.com. ♦

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 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.