

Provider Update

NEWS FOR THE NETWORK

June 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).

Reminders and Updates

Reminder to submit your electronic claims

Save time, reduce errors, and receive payment quickly with 837 electronic claims submission. In addition, timely electronic claims submission enables us to assist your patients in getting quick access to care management and other health services to ensure that they are receiving the best care. With all these benefits, we encourage you to send us your claims electronically, rather than by paper.

While the Change Healthcare cyber security event in February caused some disruption with electronic claims, CarePartners of Connecticut has restored connection with Change Healthcare/Optum RelayHealth and we are ready to accept and process your electronic claims.

Please be sure to use payer ID# 16307 when submitting electronic claims to CarePartners of Connecticut.

In addition to Change Healthcare/Optum RelayHealth, CarePartners of Connecticut has established connections with several other trading partners, giving your practice options for electronic claims submission. Our trading partners include:

- Allscripts
- Cortex EDI
- Dominion National
- Waystar
- Zirmed

If you have any questions or issues with submitting claims electronically to us, please work directly with the trading partner/clearinghouse or the software vendor at your provider organization. If you currently utilize another trading partner, please let your trading partner know that you would like them to work with CarePartners of Connecticut and inform our electronic data interchange (EDI) team at edi_operations@point32health.org. If you are having any difficulties establishing an EDI connection with CarePartners of Connecticut, please contact the Provider Account Management team at carepartnersct@point32health.org. ♦

Coordination of medical and behavioral health care

At CarePartners of Connecticut, we believe collaboration and communication between primary care physicians (PCPs) and behavioral health care providers are pivotal to high quality patient care, helping to minimize adverse medication interactions, allowing for better management of treatment, and improving follow up for patients with behavioral health and other medical conditions.

Because patients with serious medical conditions often have co-occurring behavioral health issues (e.g., depression and/or anxiety, insomnia, substance use disorder) that can exacerbate their medical conditions, allowing the primary care setting to be a gateway for behavioral health as well as primary care concerns has proven to be an effective way to address the needs of the whole person and to improve health outcomes.

Coordinating care for a shared patient

Individuals with co-occurring physical and behavioral health conditions often rely on multiple organizations and treatment professionals to provide their care, requiring effective coordination for improved health outcomes and fewer gaps in care. While CarePartners of Connecticut does not require referrals for outpatient behavioral health treatment, we encourage all PCPs to screen patients for any behavioral health concerns and to subsequently initiate and coordinate care, as appropriate, with behavioral health specialists.

Communication among providers treating a shared patient aids the PCP by confirming that the patient has followed through with seeking care from a behavioral health care provider.

- We encourage PCPs to request that other treating professionals provide them with relevant clinical information such as any medical, behavioral health, or substance use treatment and medications they are prescribing, and we encourage PCPs to document this information in the patient progress notes.
- It's also helpful to discuss with patients at their initial primary care session the benefits of coordinating their care with other health care professionals.

Patient release of information

PCPs can assist behavioral health practitioners by requesting that their patient complete an Authorization to Disclose Protected Health Information form, to attain such information as the reason for the referral (e.g., presenting problem, preliminary behavioral health diagnoses, chief concern), any medical conditions the patient may have, or medications currently being prescribed, etc. You may also use your own release of information form.

Resources for additional guidance

We encourage providers to use this [Coordination of Care Check List](#) to assist with documentation of processes, contacts, and other information integral to the whole-person treatment of primary care/behavioral health patients. CarePartners of Connecticut believes that the spirit of partnership and collaboration is the key to an exceptional health care experience. If you need help finding a behavioral health clinician for your patient, contact Provider Services at 888-341-1508. ♦

Language interpretation services reminder

In support of our provider partners and culturally diverse member population, we'd like to remind you that CarePartners of Connecticut offers access to free language interpretation services to facilitate the care and treatment of your non-English-speaking patients. Patients in need of qualified interpreters or translation of written materials are encouraged to outreach to CarePartners of Connecticut Member Services at 888-341-1507 for additional information. ♦

Medication Reconciliation – reminder for primary care providers

Medication errors are among the most prevalent patient safety incidents in the U.S., with more than 40% attributed to inadequate medication reconciliation during the hospital admission, transfer, and discharge processes. The consequences of medication error for patients can range from mild to severe to lethal. Fortunately, with proper medication reconciliation across the continuum of patient care, many of these errors can be avoided.

Medication reconciliation is an integral part of the [Transitions of Care HEDIS measure](#) and a Joint Commission National Patient Safety Goal since 2005. Defined by the National Institutes of Health as the process of comparing a patient's medication orders to all the medications that the patient has been taking, medication reconciliation should be performed during every transition of patient care, when new medications are ordered, or existing orders are modified. Because the process often involves multiple health care professionals in multiple settings, it's essential for your practice to establish a standard medication reconciliation procedure, with clearly defined roles for physicians, nurses, pharmacists, and other members of the care team.

It's also important to include your patients in the medication reconciliation process so that when called upon, they can address questions about their medication history. Engaging patients in the process also provides the opportunity for you to gauge their level of knowledge about their medications and treatment and identify discrepancies that could lead to harmful medication errors.

As a reminder, when a CarePartners of Connecticut member discharges from an inpatient facility, one of our nurse care managers will outreach to them within the first week of discharge to complete a medication reconciliation by phone prior to their transition-in-care appointment. We encourage providers to schedule visits with patients within 30 days of discharge, if not sooner.

When implemented consistently, medication reconciliation can help prevent errors of omission, duplication, and dosing, as well as adverse drug reactions and interactions that could lead to hospital readmission. We are grateful for the attention you provide to this critical process and look forward to our continued collaboration on behalf of CarePartners of Connecticut members. ♦

Durable medical equipment updates

CarePartners of Connecticut is assessing our coding and reimbursement platforms and making updates where necessary to better manage coding related to durable medical equipment (DME) and the application of regulatory requirements.

This work will be implemented through a phased approach over the next several months, and will involve updating configuration and payment policies to more actively apply rules pertaining to:

- proper coding
- the use of appropriate modifiers
- place of service requirements
- adherence to regulatory requirements from governing bodies such as state Medicaid agencies and the Centers for Medicare and Medicaid Services (CMS), as applicable depending on the member's product
- DME rent-to-purchase rules and associated coding and modifier

Reminder: orders/prescriptions for DME supplies

As you may be aware, for some DME items, members may be required to obtain a prescription or order from a physician. The reordering of supplies and accessories is based upon actual patient usage. DME suppliers may not automatically ship supplies to CarePartners of Connecticut members as refills of the original order/prescription. **The DME supplier must contact the member at least 14 days prior to dispensing the refill in order to ensure that the item is still reasonable and necessary.** This information should be documented in the member's medical record prior to filling the order for the DME item.

DME suppliers may not dispense a quantity of supplies exceeding the patient's expected utilization. The supplier should stay attuned to atypical utilization patterns on behalf of their patients and verify with the ordering physician that any atypical utilization is, in fact, warranted. If a claim is billed and the DME supply exceeds regulatory or policy limits, the claim line will be denied.

For more information, please refer to our [Durable Medical Equipment and Medical Supplies Payment Policy](#). ♦

Medical drug program updates

Updates to existing prior authorization programs		
Drug(s)	Eff. date	Policy & additional Information
Xolair (omalizumab)	8/1/2024	Xolair (omalizumab)
Breyanzi (lisocabtagene maraleucel)	6/1/2024	Breyanzi (lisocabtagene maraleucel) Breyanzi (HCPSC Q2054) will now be covered, with prior authorization, for Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL).



Upcoming training opportunity

CarePartners of Connecticut offers interactive training sessions for up-to-date information on products, plans, and processes that you can attend without having to leave your office. To register for a session, simply find a training date that works for you on our [webinars page](#), click the link, and enter the requested information.

- Thursday, June 20 from 10–11 a.m. ET

We look forward to seeing you! ♦

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.