

# PROVIDER UPDATE

NOVEMBER 1, 2019

NEWS FOR THE NETWORK



## ABOUT: PROVIDER UPDATE NEWSLETTER

*Provider Update* is CarePartners of Connecticut's quarterly newsletter for providers, hospital administrators and ancillary providers in the CarePartners of Connecticut network. The newsletter is CarePartners of Connecticut's primary vehicle for providing 60-day notifications and other critical business-related information to providers.

## PUBLICATION SCHEDULE

The CarePartners of Connecticut *Provider Update* newsletter 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?

**On the Public Website:** Current and recent past issues of the CarePartners of Connecticut *Provider Update* newsletter are available in the [Provider News](#) section of the public Provider website at [carepartnersct.com/for-providers](http://carepartnersct.com/for-providers). The newsletter can be found in full PDF format, as well as by each individual article.

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

**In 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.

## 60-DAY NOTIFICATIONS

### IN-NETWORK REFERRALS CHANGE

Effective for dates of service on or after January 1, 2020, CarePartners of Connecticut will no longer require PCPs to issue a referral when a member is seeing an in-network provider or specialist.

PCPs must continue to issue referrals for CarePartners of Connecticut members to see an out-of-network provider or specialist. Members may be responsible for expenses if a referral is not obtained prior to an appointment with an out-of-network provider or specialist. For questions, providers should call Provider Services at 888.341.1508.

### 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.

### WHAT'S INSIDE

<a href="#">60-Day Notifications</a> .....	1
<a href="#">Plans</a> .....	3
<a href="#">Reminders</a> .....	5
<a href="#">Quality</a> .....	6
<a href="#">Administrative Updates</a> .....	7

## REMINDER

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](http://carepartnersct.com/for-providers) and avoid printing.

## CORRECT CODING REMINDER

As a routine business practice, claims are subject to payment edits that are updated at regular intervals and 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.

## PHARMACY COVERAGE CHANGES

### NONCOVERED DRUGS

Effective for fill dates on or after January 1, 2020, CarePartners of Connecticut will no longer cover [a number of drugs](#), including drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through December 31, 2019. For a member to continue taking one of these noncovered drugs, the prescribing provider must submit a formulary exception request.

## MEDICAL COVERAGE CHANGES

### NEW PRIOR AUTHORIZATION PROGRAMS

Effective for fill dates on or after January 1, 2020, CarePartners of Connecticut will require medical prior authorization for Rituxan® for use other than chronic lymphocytic leukemia (CLL) and non-Hodgkin's lymphoma (NHL). Prior authorization of Rituxan will not be required for the treatment of CLL and NHL. These changes will apply to members currently utilizing Rituxan, as well as 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 applicable medical necessity guidelines, including Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

### COVERAGE OF KANJINTI™ (TRASTUZUMAB-ANNS)

CarePartners of Connecticut covers Kanjinti (trastuzumab-anns), which was approved by the FDA and launched earlier this year as a biosimilar to Herceptin® (trastuzumab) for the treatment of HER2-overexpressing breast cancer and HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Kanjinti (trastuzumab-anns) and Herceptin (trastuzumab) are covered without prior authorization.

### COVERAGE OF MVASI™ (BEVACIZUMAB-AWWB)

CarePartners of Connecticut covers Mvasi (bevacizumab-awwb), which was approved by the FDA and launched earlier this year as a biosimilar to Avastin® (bevacizumab) for the treatment of metastatic colorectal cancer, non-squamous non-small cell lung cancer, glioblastoma, metastatic renal cell carcinoma and cervical cancer. Mvasi (bevacizumab-awwb) and Avastin (bevacizumab) are covered without prior authorization.

### MEDICAL BENEFIT DRUGS REQUIRING PRIOR AUTHORIZATION REFERENCE DOCUMENT

CarePartners of Connecticut has created a [list](#) of medical benefit drugs that currently require prior authorization under Part B. Prior authorization programs are in place due to specific indication(s) for use, cost and/or significant safety concerns. Coverage of the drugs on this list is subject to NCDs and LCDs.

# CHANGE IN TIME FRAMES FOR PART B DRUG REQUESTS

## PRIOR AUTHORIZATION REQUESTS

Per CMS requirements and effective for dates of service on or after January 1, 2020, the following changes will be implemented to Medicare Part B drug time frames:

- CarePartners of Connecticut must notify the member (and the prescribing provider or other prescriber involved, as appropriate) of its determination as soon as possible as the member's health condition requires, but no later than 72 hours after receipt of the request.
- When a request for expedited determination is approved, CarePartners of Connecticut must make its determination and notify the member (and the provider or prescriber involved, as appropriate) of its decision as soon as possible as the member's health condition requires, but no later than 24 hours after receiving the request.

Providers should fax all Part B drug requests to 857.304.6463. As a reminder, providers should fax all Part D drug requests to 617.673.0956. **Note:** Providers are reminded to respond to inquiries for clinical information from CarePartners of Connecticut in a timely manner.

## REQUESTS FOR RECONSIDERATION

Per CMS requirements and effective for dates of service on or after January 1, 2020, Medicare Part B drug time frames for reconsiderations (appeals) will be as follows:

- CarePartners of Connecticut must notify the member (and the prescribing provider or other prescriber involved, as appropriate) of its determination as soon as possible as the member's health condition requires, but no later than seven calendar days after the receipt of the request.
- When a request for an expedited determination is approved, CarePartners of Connecticut must make its determination and notify the member (and the prescribing provider or other prescriber involved, as appropriate) of its decision as soon as possible as the member's health condition requires, but no later than 72 hours after receiving the request.

For a [listing](#) of all Part B drugs that require prior authorization, visit the Resource Center on the public Provider website. The Request for Medicare Part B Prescription Drug Organization Determination form will be available in the Resource Center on the public Provider website effective January 1, 2020.

## PLANS

### 2020 IMPROVEMENTS FOR PROVIDERS

CarePartners of Connecticut continues to look for ways to improve the provider experience. In response to valuable feedback from providers, CarePartners of Connecticut will implement the following improvements, effective January 1, 2020:

- Expedited patient care and administrative ease with the [removal of in-network referrals](#)  
**Note:** PCPs must continue to issue referrals for CarePartners of Connecticut members to see an out-of-network provider or specialist.
- Patient visit incentives, including a \$0 PCP visit copay, \$0 medical deductible and \$0 premium plan with robust benefits
- Integrated care model to help coordinate your patients' health
- Expanded network with more than 900 providers added
- Improved provider tools, including easy-to-use online access to the [Doctor Search](#), [secure Provider website](#) and online provider [Resource Center](#)

**Note:** There will be no prior authorization changes for 2020.

## 2020 BENEFIT CHANGES

The following [changes](#) are effective on or after January 1, 2020, upon the plan's effective or renewal date:

### REFERRAL REQUIREMENT

- Removed referral requirement for services rendered by in-network providers

**Note:** PCPs must continue to issue referrals for CarePartners of Connecticut members to see an out-of-network provider or specialist.

### GREAT DENTAL BENEFIT

- Replaced preventive dental allowance with embedded benefits offered through Dominion National
- \$1,500 annual maximum benefit on Preferred plan services covering preventive, restorative and comprehensive services; cost shares may apply
- \$750 annual maximum benefit on Prime and Premier plans covering preventive and restorative services; member cost shares may apply
- Optional buy-up available for Prime and Premier members for additional \$16 per month to reduce cost share on restorative services and add 50% coverage for comprehensive services
- No waiting period

### IMPROVED RX COVERAGE

- Removed deductibles from all plans
- Introduced a preferred pharmacy network with \$0 copay on Tier 1 drugs
- Introduced a vaccine tier to cover common vaccines at \$0

### NEW WELLNESS ALLOWANCE (PART OF THE CAREPERKS BENEFIT PACKAGE)

- New \$200 per year Wellness Allowance available toward the purchase of a fitness tracker, membership fees to a qualified fitness facility, participation in instructional fitness classes and more. Allowance is part of the CarePerks package that also includes the separate \$150 per year Weight Management Program allowance

### NEW OVER-THE-COUNTER (OTC) BONUS

- Introduced a \$40 per calendar quarter OTC bonus on the Prime and Premier plans
- Available toward purchase of Medicare-approved items

### OTHER CHANGES

- Added new tier for premier-level hearing aids through Hearing Care Solutions
- Lowered routine eye exam copay to \$15
- Added full membership to BrainHQ memory fitness training at no cost to the member
- Removed additional copay from labs, tests and X-rays when rendered as part of an office visit. Members will only pay the office copay, not the additional copay for the service.
- Lowered copay of ultrasounds to \$60
- Introduced a 20% coinsurance on dialysis services

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

## REMINDERS

### REGISTER TO RECEIVE PROVIDER UPDATE BY EMAIL

Providers who have not yet registered to receive the CarePartners of Connecticut *Provider Update* newsletter by email must 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 who 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, you must 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.

### SUBMIT TRANSACTIONS ELECTRONICALLY USING SELF-SERVICE CHANNELS

CarePartners of Connecticut's online self-service tools enable providers to submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information, etc., electronically. Log in to the [secure Provider website](#) 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 TRAINING

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

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

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 Education](#).

### HOW TO ENROLL FOR ELECTRONIC CLAIMS SUBMISSION

It is crucial to set up accurate claims submission processes with CarePartners of Connecticut to ensure timely processing and adjudication of claims. CarePartners of Connecticut encourages electronic submission be made directly to CarePartners of Connecticut, though 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 ask that 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 1.888.631.7002, ext. 52994, or email [EDI\\_CT\\_Operations@carepartnersct.com](#).

## UPDATE YOUR PRACTICE AND BILLING INFORMATION

Members use CarePartners of Connecticut's online provider directory, i.e., [Doctor Search](#), to find physicians, specialists and Allied Health providers who fit 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 to 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 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, please update it as soon as possible by completing CarePartners of Connecticut's [Provider Information 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 Form](#), selecting "billing" as the address type and including a W-9 as indicated on the form.

## 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.

## QUALITY

### ANNUAL WELLNESS VISIT (AWV)

An Annual Wellness Visit (AWV) can foster provider-patient engagement and promote preventive health. Many components of an AWV, if done by the health care provider, meet the criteria for the Health Outcome Survey for CMS Star measures. AWVs are also associated with closing quality gaps.

Components to focus on during an AWV:

- 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

## ADMINISTRATIVE UPDATES

### 270/271 ELIGIBILITY THROUGH ATHENAHEALTH, INC.

Effective for dates of service on or after September 9, 2019, athenahealth enabled 270/271 eligibility for CarePartners of Connecticut members. This functionality is now available, upon login, to providers who use athenahealth as a clearinghouse. For questions or technical assistance, providers should call athenahealth at 1.800.981.5084.

### FRAUD, WASTE AND ABUSE HOTLINE

CarePartners of Connecticut has a Fraud, Waste and Abuse Hotline to help CarePartners of Connecticut providers, members 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 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, or abusing the pharmacy benefit?
- 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?

If you have concerns like these, you can call the CarePartners of Connecticut Fraud, Waste and Abuse Hotline to report your concerns 24 hours a day, 7 days a week, at 877.824.7123. You may identify yourself or report anonymously. The information you provide will be forwarded to CarePartners of Connecticut Compliance Department within one business day for your concerns to be addressed.

## FOR MORE INFORMATION

### WEBSITES

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

### CONTACT INFORMATION

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

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