

Office e-Visit



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Consumer Reports Ranks ConnectiCare #1 Health Plan in CT

Consumer Reports just released its annual national ranking of health plans.

ConnectiCare's commercial business was ranked 31 out of 390 private plans. ConnectiCare was ranked the highest among all Connecticut plans.

Eighteen of the 50 top-ranked plans are from New England.


Many of the top-ranked plans are small, community-based plans.

These results confirm our commitment to being local, caring and personal.

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Office e-Visit is published quarterly by ConnectiCare, Inc. & Affiliates.

If you have any questions about the information in this newsletter, contact Provider Services at **1-800-828-3407**. Or, go to www.connecticare.com/provider

 Unless otherwise noted, stories apply to both commercial and Medicare products.

Effective 1/1/2012, New Pharmacy Benefits Manager for Medicare



Effective January 1, 2012, the pharmacy program for ConnectiCare's Medicare Advantage Plans will change to Express Scripts Pharmacy. This change affects both the 2012 Drug Formulary and mail order delivery (home delivery pharmacy) as follows.

> 2012 Drug Formulary:

As a result of tier changes within the Formulary, some members may begin paying more for their medications. Also, if a medication is no longer a covered drug on the Formulary, members may still choose to get this medication, but will have to pay full price after January 1.

ConnectiCare has notified members who are affected by these Formulary changes. If you have a patient who has been affected, you should have received a letter that tells you about other Preferred drug choices that your patient can take in place of the current medication.

> Mail Order/Home Delivery Pharmacy:

Our mail order program will change from *medco*® to Express Scripts Pharmacy. Your patients who use the mail order program will need to get a written prescription from you if they have no more refills remaining on their prescription. Remaining refills should automatically transfer to Express Scripts. As mandated by law, certain prescription medications may not transfer, such as controlled substance drugs, compounded (combined) drugs, and prescriptions over one year old. If this applies to your patients' current medications, they will also need to get a new prescription from you.

For more information, visit www.connecticare.com/medicare/find-your-pharmacy.aspx, or call Medicare Provider Services at 1-877-224-8230.

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What's New Online

> In-Office Lab & Radiology

Effective September 1, 2011, ConnectiCare made changes to the policy for In-Office Laboratory & Radiology for both Commercial and VIP Medicare plans. The lists for [commercial](#) and [Medicare](#) are available online. CPT code 85025 has also been added back to the specialties of Family Practice/General Practice/Internal Medicine and Pediatrics, retroactive to September 1.

> Inpatient Hospital Readmission Guidelines

Effective January 1, 2012, ConnectiCare will be updating its current guidelines for making benefit coverage determinations of Inpatient Hospital Readmissions for both [commercial](#) and [Medicare](#) members.

> Improved Online Pre-authorization Forms

ConnectiCare recently updated all of its pre-authorization forms for [commercial](#) and [Medicare](#) to make them easier to fill out online.

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Update on HIPAA 5010

January 1, 2012, is the effective date for all health insurers, providers, claim clearinghouses, and other affected parties to be ready for 5010, the latest HIPAA (Health Insurance Portability and Accountability Act) electronic transmission standards and code sets. The new standards allow for better reporting of clinical data due to more detailed coding. The move to 5010 is intended to improve the understanding of clinical data and to improve monitoring of many different health-related measures.

To prepare for 5010 readiness, ConnectiCare has been actively testing with all clearinghouse trading partners since the second quarter of 2011, and will continue through the end of 2011. If your office uses a practice management system or hospital system vendor, you do not need to conduct testing with ConnectiCare. You may want to contact your vendor to ensure

New Look for Office e-Visit

ConnectiCare is pleased to launch a redesigned provider newsletter, now named **Office e-Visit**.

The publication, available quarterly, builds on past provider newsletters that have been available as a resource to ConnectiCare providers since 2007. The new design includes better navigation to help you find the article and information you need.

The Office e-Visit will be available online at www.connecticare.com/provider.

ConnectiCare will inform you via e-mail when the publication is available. The e-mail will be sent to providers who are registered online. So make sure you are registered with our [Provider Connections](#) and be sure to give us your most recent e-mail address. If you are already registered, make sure to update your profile with the correct e-mail address.

What do you think? Give us feedback and let us know what you think of the new Office e-Visit. E-mail us at OpsCommunications@ConnectiCare.com.

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that they are ready, or you can e-mail our electronic data interchange manager at JD'Amico@ConnectiCare.com to determine whether your clearinghouse is ready to support 5010 transactions with ConnectiCare.

To learn more about the 5010 mandate please visit the government website at www.cms.gov/Versions5010andD0/.

To learn the latest on what ConnectiCare is doing for the 5010 update, click on the red button below.

[5010 / ICD-10 Readiness](#)

ConnectiCare's nine-digit
zip code is
060344050

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Flu Immunization for the 2011-2012 Influenza Season

Commercial Codes for Flu Shots	
90654	90658
90655	90660
90656	90662
90657	

Medicare Codes for Flu Shots	
90654	Q2035
90655	Q2036
90656	Q2037
90657	Q2038
90660	Q2039
90662	

Members insured with ConnectiCare are covered for the flu vaccine. For most members there is no copayment, coinsurance or deductible applied if the only reason for the visit is to get a flu shot. However, if there is another reason billed for the visit in addition to the flu shot, any applicable copayment, coinsurance and deductible will apply.

FluMist[®], the intranasal vaccine for seasonal flu, is covered for members age 2 to 17, and with prior approval, it is covered for members age 18 to 49.

ConnectiCare will also cover Fluzone High Dose, an inactivated influenza virus vaccine, for members age 65 and older.

If a member receives a flu vaccination from a non-participating provider, ConnectiCare will cover the usual and customary amount. If the member pays for the immunization out of pocket and wants to be reimbursed, the member will need to provide a receipt and complete the ConnectiCare [Out-of-Plan Reimbursement Form](#). VIP Medicare members should use this [Medicare Out-of-Plan Reimbursement Form](#).

Members may also call Member Services at 1-800-251-7722 (commercial plans) or 1-800-224-2273 (VIP Medicare Plans) to request a form. For members who have a hearing or speech impairment and use a TDD/TTY Service, call 1-800-833-8134 (commercial plans) or 1-800-842-9710 (VIP Medicare Plans).

If the provider bills the member for any additional balance, the member will be responsible for paying it.

ConnectiCare's Flu Information Line: Effective immediately, ConnectiCare members can call the Flu Information Line from 8 a.m. to 8 p.m., 7 days a week, to learn about the flu vaccine, and how to locate a participating flu clinic. The toll-free number is 1-877-417-7929.

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A Provider's Guide to Preventive Services for Your Patients

ConnectiCare updated its preventive health services coverage to comply with the federal health reform law. Under this law, new health plans beginning on or after September 23, 2010, will provide certain basic preventive health services with no copayments, deductibles, or coinsurance costs if provided by participating ("in-network") ConnectiCare health care providers.

Preventive care changes under the health reform law may not apply to grandfathered plans, which are any group or individual health plans that were in effect on March 23, 2010, and have not made certain changes to coverage as described in the law.

In order to receive accurate payments for preventive health services, it's important to use the correct coding. To help providers through the process, ConnectiCare created [A Provider's Guide to Preventive Health Services for Your Patients](#) (Commercial Plans Only).

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HEDIS 2012 Coming Soon: We May Need Your Help


ConnectiCare will begin our annual HEDIS[®] data collection process in March 2012. HEDIS[®]—Healthcare Effectiveness Data and Information Set—is a nationally recognized set of performance measures that allows health plans to report standardized clinical data to consumers, providers, and regulatory agencies.

Much of the HEDIS[®] information is available through our claims system; however, some medical record review may be required to complete the data collection. We sincerely appreciate your anticipated cooperation in helping us collect these valuable data elements.

One or more of your patients may be randomly selected in at least one of our measures. If so, we will need your assistance in retrieving medical record information to determine if the patients had services within the specified time frames.

We will either ask you to fax or mail a copy of the medical record documentation requested or we may schedule a time to come to your office to review medical records. We appreciate your cooperation and your timely response to our request. If there is anything we can do to help with this process, please let us know.

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Colorectal Cancer Screening Initiative a Success

To help providers with getting patients screened for colorectal cancer, ConnectiCare is again offering the Fecal Immunochemical Test (FIT) kit initiative for 2011. Last year, 371 members participated in the 2010 FIT initiative. The initiative provides a good screening alternative for colorectal cancer for patients who refuse a colonoscopy.



www.insuretest.com for additional information about the InSure test.

For every physician-signed requisition that ConnectiCare receives, a FIT kit will be mailed to the patient's home. There are no dietary or medication restrictions before or during the test. The patient's ordering physician will receive the results so immediate

action can be taken if needed.

As part of the 2011 program, ConnectiCare mailed to physicians a list of patients, age 50 or older, who, according to our claims, did not have a colorectal screening test. Included in the mailing were pre-filled patient laboratory requisitions for an InSure® Fecal Immunochemical Test. Visit

Thank you for your effort to increase colorectal cancer screening among your patients. If you have questions, please call our Health Promotion/Preventive Services Department at 860-409-6351 or 860-409-2480.

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When referring members to a participating ConnectiCare provider, [search our extensive network of providers.](#)

Need information on Out-of-Network referrals, [click here.](#)

ConnectiCare®
You know us by 

Sign Up for Electronic Fund Transfer Today!

Electronic Fund Transfer (EFT) is a quick and easy way for participating providers to receive payment for the claims submitted to ConnectiCare.

When you select to receive funds electronically, you can expect to receive your payment directly into your bank account within 48 hours of each claim's payable date.

Simply fill out the [Electronic Fund Transfer \(EFT\) Form](#) and return it to ConnectiCare's Finance Department. (ConnectiCare may also ask that you provide us with a spec sheet from your bank or a copy of a voided check.) In general, you will begin receiving payment electronically within 10 business days from the date we receive your completed form.

If you have additional questions regarding EFT, call 1-800-828-3407 or go to www.connecticare.com/provider/Commercial/EFT.aspx.

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Pharmacy Updates for Commercial Plans

The following revisions have been approved by the Pharmacy & Therapeutics Committee:

Pre-authorization Requirements

Pradaxa – Tier 3
Makena – Tier 3
Fortesta – Tier 3
Axiron – Tier 3
Incivek – Tier 2
Vitreolis – Tier 2
Cuvposa – Tier 3
Daliresp – Tier 3
Dificid – Tier 3
Zytiga – Tier 3
Yervoy – Tier 3
Lazanda – Tier 3
Zalboraf – Tier 3

Go to connecticare.com/provider to learn more about our pre-authorization requirements.

The Pharmacist Is In

To discuss a pharmacy-related, medical necessity determination, call a pharmacist reviewer at 1-800-828-3407. For all other medical necessity determinations, call one of our medical directors at 860-674-2292.

Step Therapy

Edarbi – Tier 3
Duexis – Tier 3
Horizant – Tier 3

Quantity Limits

Xarelto – Tier 3
Latuda – Tier 3
Lazanda – Tier 3
Iprivask – Tier 3

Tier Changes & New Tier Assignments

> From Tier 3 to Tier 2:

Pylera
Lansoprazole
Viibryd (Effective January 1, 2012)

> From Tier 2 to Tier 3:


Dexilant (Effective January 1, 2012)
Opana ER (Effective January 1, 2012)
Prevpac (Effective January 1, 2012)
Anzemet (Effective January 1, 2012)

> PA and/or QL Removed:

Voltaren Gel – QL removed – Tier 3
Forteo – PA removed – Tier 2
Flomax – QL removed
Lansoprazole – PA removed

Go to www.connecticare.com/Pharmacy.aspx to view the entire listing.

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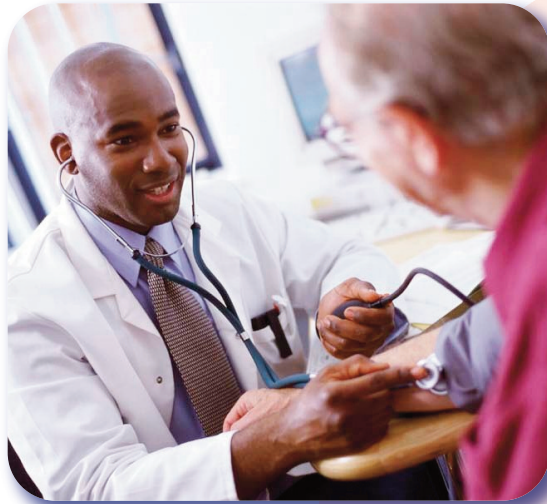
DiabetiCare Program: Clinical Practice Guideline Update

The American Diabetes Association published the 2011 Clinical Practice Recommendations for the care of diabetes. In addition to the “Suggested Guidelines for the Management of Diabetes” already available on ConnectiCare’s website, there is important information worth noting about foot care and nephropathy screening.

Foot Care Recommendations

Health care professionals should do a complete foot exam every year on their patients with diabetes. The following is an excerpt from the 2011 American Diabetes Association’s Clinical Practice Recommendations on foot care.

- > For all patients with diabetes, perform an annual comprehensive foot examination to identify risk factors predictive of ulcers and amputations. The foot examination should include inspection, assessment of foot pulses, and testing for loss of protective sensation (LOPS) (10-g



monofilament plus testing any one of: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold).

- > Provide general foot self-care education to all patients with diabetes.
- > A multidisciplinary approach is recommended for individuals with foot ulcers and high risk feet, especially those with a history of prior ulcer or amputation.
- > Refer patients who smoke, have LOPS and structural abnormalities, or have history of prior lower-extremity complications to foot care specialists/podiatric physician for ongoing preventative care and lifelong surveillance.

Nephropathy Screening and Treatment

The American Diabetes Association’s Clinical Practice Guidelines recommend:

- > Performing an annual test to assess urine albumin excretion in type 1 diabetic patients with diabetes duration of 5 years and in all type 2 diabetic patients starting at diagnosis.
- > Measure serum creatinine at least annually in all adults with diabetes regardless of the degree of urine albumin excretion. The serum creatinine should be used to estimate GFR and stage the level of chronic kidney disease (CKD) if present.

Furthermore, this year’s ADA clinical recommendations for nephropathy screening included the following table of suggested management for complications of more advanced chronic kidney disease.


The complete text of the American Diabetes Association’s foot care recommendations and nephropathy screening may be found on www.diabetes.org.

Management of CKD in diabetes

GFR (ml/min/1.73m ²)	Recommended
All patients	Yearly measurement of creatinine, urinary albumin, potassium
45-60	Referral to nephrology if possibility for nondiabetic kidney disease exists (duration type 1 diabetes <10 years, heavy proteinuria, abnormal findings on renal ultrasound, resistant hypertension, rapid fall in GFR, or active urinary sediment) Consider need for dose adjustment of medications Monitor eGFR every 6 months Monitor electrolytes, bicarbonate, hemoglobin, calcium, phosphorus, parathyroid hormone at least yearly Assure vitamin D sufficiency Consider bone density testing Referral to dietary counseling
30-44	Monitor eGFR every 3 months Monitor electrolytes, bicarbonate, calcium, phosphorus, parathyroid hormone, hemoglobin, albumin, weight every 3-6 months Consider need for dose adjustment of medications
<30	Referral to nephrologist

Adapted from www.kidney.org/professionals/KDOQI/guideline_diabetes/

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