Consumer Reports Magazine 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.

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, information applies to both commercial and Medicare products.
Review of Medicare Patients’ Medical Records Underway: Your Assistance Will Be Needed

ConnectiCare, working with MedAssurant, has begun this year’s review of the medical records of ConnectiCare VIP Medicare Plan members. This 2012 review, which will require your assistance, is part of an effort to comply with the requirements and standards of the Centers for Medicare & Medicaid Services (CMS).

CMS requires Medicare Advantage plans to submit detailed documentation for each Medicare Advantage patient on an ongoing basis. The specific diagnoses of each plan member must be documented in accordance with ICD-9-CM standards. The documented diagnoses must be supported by valid documentation within the patient’s medical chart. In accordance with your agreement with ConnectiCare, Medicare Advantage Addendum, “Reporting Requirements; Policies and Procedures,” you are required to submit, upon request, all data necessary for ConnectiCare to fulfill these obligations.

ConnectiCare is pleased to work with MedAssurant, the vendor that will be conducting the chart reviews of ConnectiCare’s Medicare members on an ongoing basis through 2012. MedAssurant will contact you to arrange a convenient way of obtaining copies of medical records for ConnectiCare’s Medicare members who were treated from January 1, 2011, through December 31, 2011.

If you have questions about the review process, please contact ConnectiCare’s Provider Education and Service Representatives at (860) 409-2468. ConnectiCare appreciates your assistance, is part of an effort to comply with the requirements and standards of the Centers for Medicare & Medicaid Services (CMS).

Note: MedAssurant serves as ConnectiCare’s “Business Associate,” as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As such, MedAssurant is required under its Business Associate Agreement with ConnectiCare to protect, preserve and maintain the confidentiality of any Protected Health Information (PHI) it obtains from clinical records provided by medical practices.

Commercial Services Now Requiring Pre-authorization

Effective January 1, 2012, pre-authorization is required for electronic and Myoelectric prosthetics, and Ventricular Assist Devices. This applies to all commercial plans of ConnectiCare.

Go to Provider Headlines to see a complete list of the impacted codes for prosthetic limbs and Ventricular Assist Devices (VAD).

To view a listing of services and procedures that require pre-authorization for members covered under ConnectiCare, Inc. products, click here; for members covered under ConnectiCare of Massachusetts, Inc., click here.

HEDIS® 2012 Underway

In March, ConnectiCare began its annual HEDIS® data collection process.

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 ConnectiCare’s claims system; however, some medical record review may be required to complete the data collection. Your cooperation in helping collect these valuable data elements will be appreciated.

Letters requesting the medical records were sent out to providers who had one or more patients randomly selected in at least one of the measures. The records are needed to determine if the patient(s) had the services within the specified time frames. Patient information will be kept confidential.

Providers are being asked to fax or mail a copy of the requested medical record documentation, along with the completed information form, to ConnectiCare’s Health Promotion Department by the end of April 2012.

If you have questions or need assistance with the HEDIS® data collection process, please call the Health Promotion Department at (860) 674-2805.
Inpatient Hospital Readmission Guidelines Revised, Effective 3/1/2012

Effective March 1, 2012, ConnectiCare updated its guidelines for making benefit coverage determinations of Inpatient Hospital Readmissions for both commercial and Medicare members. ConnectiCare made the revisions with feedback from providers. To view the update for commercial plans, click here, for VIP Medicare Plans, click here.

Unless otherwise noted, information applies to both commercial and Medicare products.

Providers must obtain pre-authorization for Adjustment of Gastric Band for both commercial and Medicare patients. Then the providers must bill using CPT code 43999 with ICD-9 codes 278.01 and/or V53.51.

Get Paid Faster with EFT

Want to receive your payments faster? Sign up for Electronic Funds Transfer (EFT) for commercial products only.

ConnectiCare can issue an Electronic Funds Transfer (EFT) to your office’s bank account in lieu of printing and mailing a check for payment. And when you use EFT, your office will receive the payments faster...and you can view your statement online.

ConnectiCare will also notify providers who receive payment by EFT when the funds and Explanation of Payment (EOP) statement will be available.

With Provider Connections you can view your EOP online one to two days after receipt of the EFT. The paperless EOP provides all the same detail of the paper statement, but it’s online.

If you are not already registered, click here to register and start using this valuable tool.

What’s New Online

> Updated Credentialing Data Form & New Recredentialing Verification Form

ConnectiCare has updated its Credentialing Data Form and created a new Recredentialing Verification Form for providers to use. Providers who want to join the ConnectiCare network of participating health care providers must complete the Credentialing Data Form and submit it to ConnectiCare for consideration. The Recredentialing Verification Form is for participating providers who want to continue to be part of ConnectiCare’s network of participating health care providers.

> Sleep Studies Codes Updated, Commercial Only

ConnectiCare covers one complete sleep study per lifetime per member when provided by participating providers at facilities that are accredited by the American Academy of Sleep Medicine (AASM). Acceptable CPT codes for sleep studies are 95805, 95807-95811. Click here to find out the acceptable diagnosis codes and scroll down to the sleep studies section.

> Online Provider Forms

ConnectiCare is continuing the process of updating provider forms online to make them easier to fill out. If you need a form, check out this link for members who are covered by ConnectiCare’s commercial plans or this link for members with ConnectiCare VIP Medicare Plans.

Pre-authorization Required When Referring Members Out-of-Network

ConnectiCare’s contracts with participating providers state that providers may make referrals only to other participating ConnectiCare providers. If you plan to refer a ConnectiCare member to a non-participating provider, you must submit to ConnectiCare a pre-authorization request in advance of the service.

ConnectiCare will authorize out-of-plan services only when medically necessary services cannot be provided by an in-network participating provider.

Referring ConnectiCare members to out-of-network providers without prior approval from ConnectiCare could lead to increased and unexpected expenses for your patients, who may be unaware they were being referred to out-of-network providers and would have to pay for the cost of the out-of-network service.

Remember, when making referrals, search our extensive network of providers first. Or, if you are referring members to an out-of-network provider, fill out and submit the Out-of-Network Clinical Review Pre-authorization Request Form to obtain prior approval from ConnectiCare.

Providers must obtain pre-authorization for Adjustment of Gastric Band for both commercial and Medicare patients. Then the providers must bill using CPT code 43999 with ICD-9 codes 278.01 and/or V53.51.

Need help explaining ConnectiCare’s pre-authorization process to your patients?

Refer them to the How Pre-authorization Works for You flyer available on ConnectiCare’s website.
Do You Have a New Provider Joining Your Group?

If you have welcomed a new provider to your office, make sure you have notified ConnectiCare. Participating groups must inform ConnectiCare of any and all new providers joining their practice before these new providers can treat ConnectiCare members.

If you don’t, these new providers will see their claims denied because we have no information in our system that states they are part of your participating group.

Contact your Provider Education & Services representative directly for information on what is needed to get your new provider included in the ConnectiCare network.

Or call (860) 674-5700 and ask for Network Operations and a Provider Education & Services representative can assist you. You can also fax the information to (860) 674-2849.

CRNAs Must Be Credentialed with ConnectiCare

Certified Registered Nurse Anesthetists (CRNA) must be credentialed with ConnectiCare in order to treat members of ConnectiCare VIP Medicare Plans.

Any CRNA who has not completed ConnectiCare’s credentialing process will be considered an ineligible provider. Visit the Credentialing & Recredentialing Program Overview to learn more about ConnectiCare’s policies and procedures for credentialing.

Or complete and submit the ConnectiCare Credentialing Data Form to start your credentialing process.

Notify ConnectiCare of Any Changes to Your Provider Information

It is important that ConnectiCare has your most current provider information, such as telephone number, address, tax ID number, NPI, etc. Go to ConnectiCare’s Provider Directory to double check your demographic information.

Submit any changes in writing to the attention of ConnectiCare c/o Network Operations 175 Scott Swamp Road Farmington, CT 06032-3124 Fax: (860) 674-2849

Please be sure to include the effective date.

ConnectiCare Provider Education and Service Representatives Available for Office Visits

If you are interested in having a ConnectiCare representative come to your office and meet with you, don’t hesitate to contact us at (860) 674-5700 and ask for Provider Education and Services. Or fax us at (860) 674-2849 to request an educational overview for your staff.

It’s allergy season... that means it’s antihistamine time

Before you prescribe Clarinex to your patient, make sure to ask ConnectiCare for prior approval. To request pre-authorization for Clarinex, use the Pharmacy Pre-authorization Form: General Requests.

Stay Up-To-Date With the Latest Provider News on ConnectiCare.com

ConnectiCare keeps providers updated with the latest provider news through Office e-Visit, this quarterly e-Newsletter, and Provider Headlines, a web page on ConnectiCare.com that is updated regularly with the information that may impact you.

To receive Office e-Visit directly in your inbox, make sure you are registered with Provider Connections with your most recent e-mail address and updated profile. On occasion, ConnectiCare also e-mails important updates to providers who have registered online.

To register online, go to https://secured.connecticare.com/registerprovider.aspx

Helpful Hint:

If a vaccine is not covered by ConnectiCare, then the administration of that vaccine will also not be covered.

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