

NCQA Accreditation

DEMONSTRATES OUR COMMITMENT TO QUALITY



Providing quality products, programs and services to our network partners and members has always been our goal. That dedication to quality was recently recognized when we earned Accreditation from the National Committee for Quality Assurance (NCQA).

NCQA assesses and reports on the quality of health insurers, managed care plans, physician organizations and other health-related programs. It reviewed our programs and activities that ensure access and service to members, such as maintaining a robust statewide network, helping members to integrate their care, promoting safety and healthy lifestyles through disease management and our Healthy Strides online wellness program.

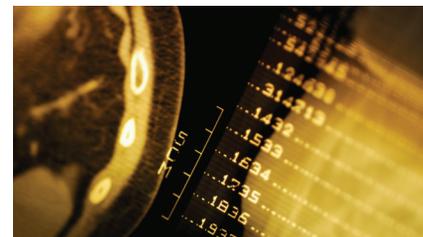
Chief Medical Officer Russell Munson, MD, oversees the clinical areas that were reviewed. "One of many things that sets HealthyCT apart is our local decision-making related to clinical issues. We use generally accepted national and HealthyCT-specific policies to manage medical utilization every day. Many companies across the country wait before applying to NCQA for Accreditation. We did not see a need to wait because we adhere to our policies. As a result, we have been recognized by NCQA. The real reward is knowing we are delivering quality to our members every day."

And as CEO Ken Lalime simply stated, "Earning this designation at the earliest opportunity goes to show that we directed our efforts in the right place, for the good of all of our 35,000 members."

Thank you for continuously providing quality care to our members every day. We couldn't have achieved this significant milestone without you!

ICD-10 is here

Under federal law, the ICD-10 code set replaced ICD-9 code as of October 1, 2015. Please note that we can't accept or process any claims for dates of service on or after October 1, 2015 with ICD-9 codes. Claims submitted with dates of service (outpatient) or dates of discharge (inpatient) on or after that date must have ICD-10 codes. Click [here](#) for more information



New radiology vendor

We are pleased to announce that eviCore will be our new radiology vendor. Prior authorization requests will be obtained from eviCore effective November 20, 2015 for dates of service on or after December 1, 2015. Please note that this will not change the types of radiology services (CT, MRI/MRA, SPECT, PET, Nuclear Cardiology) currently requiring prior authorization. eviCore will provide an automated process for real-time, online prior authorizations to expedite your requests. eviCore supports quality of health-care by embracing the latest standards of care, deploying evidence-based models and managing treatment and diagnosis to achieve the best possible outcomes. They utilize state-of-the-art technology and evidence-based criteria. Stay tuned for program specifics and educational training sessions beginning in November.

Exciting happenings this fall at HealthyCT



School is back in session. Leaves are changing. Fall is definitely in the air, and there are some exciting happenings this autumn at HealthyCT!

The next several months are a key time for both group and individual enrollment. The open enrollment period for individual members

begins November 1. We had a great enrollment period last year and saw a substantial increase in our membership. We currently stand at over 35,000 members and expect to see that number grow again by the time open enrollment closes on January 31. Of course, one of the primary reasons Connecticut businesses and individuals continue to join HealthyCT is our strong statewide network of healthcare professionals like you!

As a consumer-operated and oriented plan (CO-OP), our Board of Directors must include our members. This gives members a say in how their health plan is run. Later this fall, our members will again have the opportunity to vote their peers into the board room. If your practice offers HealthyCT to its employees, we hope you or somebody from your office will consider running for the Board during the next election cycle.

Here are some other new programs coming soon:

REDESIGNED HEALTHYCT.ORG: The HealthyCT website is being “refreshed” with a brand new design. Enhanced with bold graphics and new functionality, it’ll still be your destination for all the HealthyCT news and information you need to know.

SECURED PROVIDER WEBSITE UPDATE: Soon you’ll be able to check your patients’ accumulators at your convenience through the secure section of our website at <https://healthyct.alderaplatform.com/>.

DOCTOR CONSULTS BY PHONE: For those times when an office visit just doesn’t work or your patients are traveling, they’ll be able to reach a doctor over the phone around the clock every day of the year at no additional charge. This new program begins January 1, 2016 and will be available to all HealthyCT members. We’re currently developing this program’s policies. Stay tuned for more information, including how to participate in the network.

And that’s not all. We’ll have more exciting news to share in the weeks ahead. Stay tuned to this newsletter, faxes and emails for all the latest HealthyCT news. Please be sure to send your email address and practice name to providerinfo@healthyct.org so you don’t miss out!

SEND US YOUR EMAIL and practice name to providerinfo@healthyct.org so you can quickly get the latest HealthyCT news and updates.

Help us with our recredentialing process

We recredential our network providers at least every 36 months, and we’re beginning this process. Notifications for information will begin at least six months prior to the required recredentialing date. With your help, we can make your recredentialing a smooth and streamlined process! We use two information sources to credential our network providers: CAQH and Aperture. Please verify and attest to your data in CAQH and grant us access to it. If you need help recovering your CAQH provider ID, please contact their support desk at **1-888-599-1771**. You may receive follow-up requests for more information from Aperture. These requests are legitimate and vital to our credentialing process. Thank you for your help!

Changes to Pharmacy Benefits Manager

You probably heard the news that Catamaran, our pharmacy benefits manager (PBM), recently completed a merger with OptumRx. We’ll keep you posted on what this means for you and our members as we learn more. In the meantime, you can find additional information online at <https://www.optum.com/landing/rx/connectedpharmacycare.html>.



Getting ready for flu season



Flu season is almost upon us. Together, we can help our members avoid the flu this year by encouraging them to receive a flu shot. Remember, when received in-network they're covered 100%. And, as you know, they're very effective – and they really don't hurt that much! All participating providers, homecare agencies and pharmacies are contracted to give flu shots.

Review your Provider Directory listing



Please be sure to periodically review your provider directory listing to confirm the information is still current. Has a provider joined or left your practice? Are you still accepting new patients? Have you added any new

locations? Are you not listed in our directory and would like to be?

To see your current Provider Directory listing, visit www.healthycct.org and select "Find a Doctor." If the information needs updating, please complete a **Provider Change Form** and fax it to **203-774-5727**.

Remember that all providers in a practice must be in network as we do not contract with split groups – this ultimately helps your patients to greater access of care and less confusion.

Help us stop fraud, waste and abuse

Estimates show that billions of dollars are lost to healthcare fraud and abuse every year, affecting all of us. To help fight fraud, waste and abuse, we're working with TC3 Health, an Emdeon® company, to implement a consistent approach for detecting potential claims fraud, waste and abuse. This payment integrity program complies with the Centers for Medicare and Medicaid Services (CMS) and the US Office of Personnel Management (OPM) requirements. It benefits all of us by helping to ensure compliant and accurate billing. The coding compliance system will use reasonable, sound logic and apply nationally recognized standards, including the American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS) and HHS-Office of Inspector General.

Occasionally, we may need additional documentation for a claim. If that happens, we'll contact you to request the necessary information and identify the findings on your Explanation of Benefits.

Remember, it's everyone's duty to report these issues. If you suspect an occurrence of fraud, waste or abuse, please anonymously call our Compliance Helpline at **1-855-898-2667**.

Vision exams covered 100% for large group members



All large group plan members can now receive an annual routine eye exam covered at 100% from an in-network vision provider. To identify these members, look for "FXL" in their group ID number. The **Provider Manual** has been updated to reflect this benefit.

Coming January 2016: Our small group and individual plan members will have adult routine vision exam benefits.

New payment guidelines

Please visit www.healthyct.org/providers/resources to review new payment guidelines for:

- Diabetic shoes and inserts
- Infertility coverage

In-network lab and pathology providers

Remember, referring your patients' specimens to participating network facilities helps them receive the highest level of benefits and avoid unnecessary out-of-pocket costs. Quest Diagnostics and our participating hospital/hospital-affiliated laboratories and pathology groups provide in-network services for our members.

Investigational/experimental services update

Although investigational/experimental procedures provide you and your patients additional treatment options, they require prior authorization to determine if they are covered. Some examples of these types of procedures include 3D mammography and genetic testing. To request prior authorization, please complete a **General Prior Authorization Form** and fax it to **1-855-817-5696**. In addition to the members' Certificate of Coverage (COC), investigational and/or experimental treatments are detailed in the Provider Manual as well as the prior authorization list.

Applied behavioral analysis services

Our plans include benefits for Applied Behavioral Analysis (ABA) services; please note that they require prior authorization. These services don't have a visit maximum, and their copay is the same as a primary care physician (PCP).

However, physical therapy, occupational therapy and speech therapy ABA services are subject to a specialist copay. These services do have a 40-visit maximum, but, they're accrued separately from the medical benefit.

Remittance payment information

Keep in mind that Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) are available and reimbursed twice per week. If you haven't already registered for EFT and ERA, please refer to the **Quick Reference Guide** for instructions.

Important clinical updates

Our Utilization Management/Medical Policy Committee approved and adopted policies for these conditions:

NEW POLICIES

- Genecept Assay Policy
- Vestibular Evoked Myogenic Potentials (VEMP) Testing
- Hospice Care Policy

UPDATED POLICIES

- Chronic Hepatitis C policy
- BRCA Testing
- Genetic Testing for Hereditary Colorectal Cancer
- Gender Dysphoria Treatment
- Non-Contact Low Frequency Ultrasound for the Treatment of Wounds

You can view all policies, including pharmacy, at <https://healthyct.alderaplatform.com>. Please note, you'll need to log in with a user name and password.

New general authorization request form

We updated the form on the website to make it easier for you to complete. Please do not forget to include the Tax Identification Number (TIN) for your group on the request.

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