

participating provider news

WINTER 2016



A big leap forward

As we enter a new year, it's good to reflect on the previous year to see how far we've come. And, during 2015, we made great progress together. In fact, "A Big Leap Forward" was the theme of our recent Annual Meeting where our current and newly elected Board members gathered to share in our collective accomplishments.

2015 was definitely a year of tremendous growth:

- Total membership has doubled and now stands at over 40,000 members.
- Our small group book of business tripled and now represents over 30% of our total membership.
- We continued to welcome new and renewing large groups.
- The Connecticut network grew to over 19,000 providers.
- Our Wallingford-based HealthyCT team is now over 70 employees strong.

We also experienced some significant milestones, including receiving 3-year NCQA Accreditation and our first full year with our member-elected Board of Directors!

Much more is in store for 2016. With your help, we're looking forward to continuing our upward trajectory in the new year. We couldn't have realized any of these goals without you, and your dedication to HealthyCT will propel us during 2016 and beyond.

Important clinical updates

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

- Allergy Testing
- Chronic Hepatitis C
- Hospice Care

You can view all policies, including pharmacy, at the secure **Provider website**. Please note, you'll need to log in with a user name and password.



Formulary prior authorization requirements

Our prescription benefits have two formularies – Essential Health Benefit formulary for individual and small group members and the National Formulary for large group members. The list of drugs requiring prior authorization changes from time to time so it's important to check the lists often. Click [here](#) to review the lists of drugs requiring prior authorization.

Please note, Restasis, a drug used to increase tear production in patients, requires prior authorization and is subject to a quantity limit of 60 unit doses per month. Please click [here](#) to see other drugs' prior authorization, quantity limit and/or step therapy requirements.

Introducing Teladoc



We recently introduced Teladoc for our members. Included with every HealthyCT plan, this value-added service gives them 24/7/365 phone and video access to board-certified and licensed physicians.

Teladoc does not replace a member's primary care physician

(PCP). It's intended for immediate care and non-emergent medical issues as an alternative to an emergency room, when a member is traveling, or their physician's office is closed. Our communications will continue to reiterate the importance of primary care and the value of a strong patient-doctor relationship.

There are many reasons for offering Teladoc. Coverage for telemedicine is law in Connecticut but many practices won't offer the service or it will take time to build the required infrastructure. Also, our competitors offer telemedicine services. Teladoc helps us close both gaps. Our network PCPs can apply for the Teladoc network and those accepted may have preferred access to HealthyCT member consults.

Teladoc is a good alternative for the many HealthyCT members who don't have PCPs, and for those who need help after hours or out-of-state. The service also supports our mission to promote primary care and the doctor-patient relationship by:

- Capturing a member's PCP information and, with the member's permission, providing information about the consult to his or her doctor.
- Triageing members to a more appropriate level of care – the ER, urgent care or their physician.
- Referring patients to their PCP for follow-up.
- Identifying frequent Teladoc users, encouraging them to find a PCP to manage their overall care, and referring them to HealthyCT for additional follow-up.

If we can help patients stay out of the emergency room and connect them to participating primary care physicians, Teladoc has significant potential to reduce costs and improve health for both short and long-term savings. For all of these reasons, we included this service with our 2016 plans and, as a value-added service, there is no cost for the consult but some restrictions apply.

If you're interested in exploring telehealth, you may be eligible to participate in the Teladoc network. To learn more, please visit www.teladoc.com and click "Opportunities for Physicians."

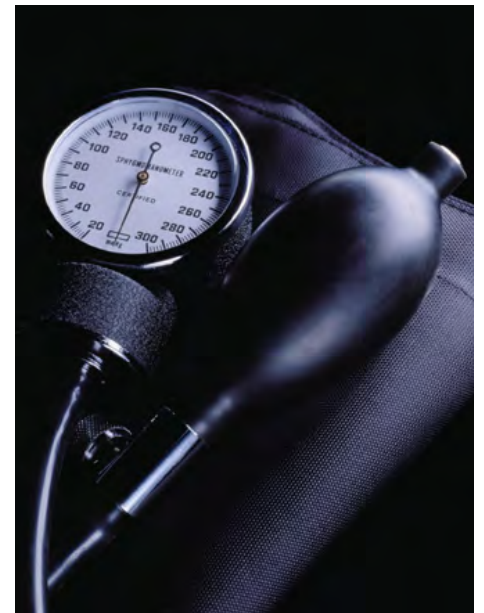
Preventive services update

As part of our mission to support primary care, we educate our members that it's just as important to visit their doctors when they're healthy as it is when they're sick. Preventive medicine is key to their overall health and well-being and can stop small problems from becoming bigger ones.

Every HealthyCT plan covers those common preventive services given an A or B rating by the United States Preventive Services Task Force (USPSTF) at 100% when members visit an in-network provider.

Non-preventive services which are done in conjunction with preventive services may result in a member cost share.

For a list of covered services, along with coverage guidelines and limits, please click [here](#).



Using data to improve the quality of care

As the need for meaningful clinical data continues to grow, we recently partnered with Inovalon to implement a solution that will increase accuracy in reporting of clinical diagnoses to the Department of Health and Human Services (HHS).

Your participation is critical to this initiative. In the coming weeks, Inovalon may contact you to discuss the medical record review process. They will coordinate this effort with your office staff to help ensure there is no disruption to the important patient care you deliver every day.

Thank you for your cooperation. This retrospective solution for medical data validation is used to gain deeper insight into members' medical history to identify and substantiate disease and comorbidities more efficiently. This partnership will advance our collective effort in delivering quality healthcare and improved patient outcomes to your patients and our members.

Inovalon is a healthcare technology leader that combines advanced analytics and data-driven intervention platforms to gain insight and impact clinical and quality outcomes and utilization. For more information, please visit www.inovalon.com.

If you have any questions, call **1-855-208-1641**.

Pharmacy benefits manager transition

By now, you've likely heard about the merger between Catamaran and OptumRx. While you'll notice OptumRx branding on the Catamaran website, administrative functions such as the Pharmacy Member Services phone number and BIN number on members' ID cards haven't changed. And we'll continue to work together with OptumRx to provide the same high level of pharmacy service and support to you and your patients.

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.healthyct.org and select "Find a Doctor." If the information needs updating, please click [here](#) to 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.

New and revised payment guidelines

Please click [here](#) to review new and revised payment guidelines for:

- Infertility Coverage
- Telemedicine
- Preventive Services
- Colorectal Cancer Screening
- Contraceptives and Contraceptive Services
- Prenatal Care
- OB Ultrasound
- Nutritional Counseling
- Behavioral Health Levels of Care
- Observation Stay

SECURELY SEND US YOUR EMAIL, practice name and Tax ID number to providerinfo@healthyct.org by March 11, 2016 and be entered to win a \$25 Dunkin' Donuts Gift Card! Click [here](#) for official rules.

What our Quality Improvement Program means to you

Our Quality Improvement (QI) Program is a formal process designed to implement, monitor and evaluate the services we provide to our members and providers. Whether that's the implementation of a new wellness program or the monitoring of our Member Services answer times, the QI Program plays a role in everything we do. At the end of every year, we formally evaluate what we've achieved in comparison to our QI Program goals.

Highlights of the 2015 QI Program Evaluation:

- We sustained a comprehensive Quality Improvement Committee structure whose membership includes actively practicing physicians licensed in Connecticut.
- Results of the 2015 Provider Experience Survey showed almost 93% of respondents were satisfied with us and 92% were satisfied with the Provider Services team.
- Our Disease Management programs reached more than 2,100 members to help them better manage their asthma and diabetes.
- The growth of our network, which includes all Connecticut hospitals and over 19,000 healthcare providers, gives our members, your patients, broad access to quality, local care.

For a full description of our QI Program and the 2015 QI Program Evaluation (available in April 2016), please send an e-mail to marketing@healthyct.org.

Expediting claims with unlisted and unspecified codes

Certain services or procedures you provide may not have an established CPT or HCPC code. Please note, all unlisted/unspecified codes require medical records for medical necessity review.

To help expedite our review:

- Provide a copy of your patient's medical records along with the claim associated with the unlisted/unspecified code.
- Clearly designate the portion of the documentation that identifies the service/procedure associated with the unlisted code.

For more information, please click [here](#) to review the Unlisted and Unspecified Codes Benefit Guideline.

Accumulator lookup tool now available

You can now log into the secure Provider website to view your patients' plan accumulators, or how much they've spent towards their deductibles and out-of-pocket maximums. This tool displays the patients' maximum benefit amount, how much they've spent to date and the remaining balance. Please visit the secure **Provider website** and log in with your username and password to begin to use this tool. After logging in, select "Member Eligibility Search" under "Patient." Then click "Usage" in the "Benefit" column. If you have questions or need help logging in, please call Provider Services at **1-855-208-1641**. You can also find more information about this and other features available in the secure Provider website by clicking [here](#).

Medical records collection process

To meet state and federal mandates, we're required to collect medical records for some of our members. We've partnered with Indegene to help us in this process. Indegene will contact you directly to request the medical records or to schedule an appointment to collect the necessary data. If you have any questions, please email HEDIS@healthyct.org or call 1-855-208-1641. We appreciate your cooperation!



Claim submission timeframes

To help ensure processing of your claims, please remember the filing limit for initial submissions is 120 days from the date of service. If the claim involves coordination of benefits (COB), you must submit it within six months of either the date of service, or the date of discharge from the hospital. When submitting a claim where we are the secondary payor, please submit the denial letter, remit, Explanation of Benefits (EOB) or the other carrier's take-back notice.

Reminder: recredentialing process underway

You may have received your recredentialing notice – we send them at least six months prior to the required date. If you've already been recredentialed, thank you for your cooperation! If not, the following can help expedite the process:

- 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 CVO, the other resource we're using in the recredentialing process. These requests are legitimate and vital to our credentialing process.

Thank you for your help!

Where to send claims

We accept both electronic and paper claim submissions. However, submitting electronically is more effective and efficient, so we strongly encourage using this method.

ELECTRONIC CLAIM SUBMISSIONS

We accept claims through the Xerox EDI Gateway, as well as Emdeon. Below are more details, including carrier codes. Please contact your clearinghouse for more information about submitting electronic claims.

Payer ID or Carrier Code

- Xerox/ACS: 77180
- Emdeon: 45336

EDI Phone Support: 800-952-0495

Email Support:

edicommercialsupportteam@xerox.com

Electronic Funds Transfer & Electronic Remittance Advice via Emdeon

Phone: 866-506-2830

Fax: 615-238-9615

Click **here** to electronically enroll in EFT

Click **here** to electronically enroll in ERA

*NOTE: You must be registered for ERA in order to enroll in EFT. For more information, click **here**.*

PAPER CLAIM SUBMISSIONS

Please mail paper claims for medical, behavioral health and vision services to:

HealthyCT

PO Box 33728

Indianapolis, IN 46203-0728

If you have any questions about submitting claims, please call Provider Services at 1-855-208-1641.

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**YOUR HEALTH
– YOUR PLAN.**

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