

Provider Update

NEWS FOR THE NETWORK

September 2024

Provider Update is a monthly, online provider newsletter. We encourage you to [register](#) to receive *Provider Update* by email. If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in 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* from (SENDER: providerupdate@email-carepartnersct.com).

Reminders and Updates

New HEDIS tip sheet for osteoporosis measure

CarePartners of Connecticut has developed a new HEDIS® tip sheet for the [Osteoporosis Management in Women Who Had a Fracture \(OMW\) measure](#).

The OMW measure assesses the percentage of women 67-85 years of age who suffered a fracture and received either a bone mineral density test or a drug prescription to treat osteoporosis in the 180 days (6 months) after the fracture. The best practices highlighted in this tip sheet, as well as our other HEDIS tip sheets, are intended to optimize your HEDIS rates and identify opportunities to improve patient care

For the full collection of tip sheets currently available to providers, refer to the [HEDIS tip sheet page](#) on our provider website. And as always, be sure to look to future issues of *Provider Update* for new information as we continue to develop additional tip sheets!

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ◆

Learn how to get the most out of every moment!

We're pleased to share details on Living Well's upcoming webinar series: *Healthy Habits to Get the Most Out of Every Moment*. In this four-session series, expert mindfulness instructor Kell Julliard will explore practices to keep us feeling energetic, vital, and confident through all phases of our lives.



Join us for a half hour on Wednesdays in September as we focus on:

- A brain built to last (Sept. 4, 1-1:30 p.m.)
- Forging strong and lasting connections (Sept. 11, 1-1:30 p.m.)
- Befriending your body — even when it's having a bad day (Sept. 18, 1-1:30 p.m.)
- Enjoying your purpose-driven life to the fullest (Wednesday, Sept. 25, 1-1:30 p.m.)

We invite you to pass along this information to your colleagues and patients, and hope that you join us as we learn how to get the most out of every moment. No previous experience of mindfulness practice is required.

Learn more and register [here](#). ◆

Drugs and Biologicals Payment Policy update and reminder

CarePartners of Connecticut is updating our Drugs and Biologicals Payment Policy, effective for dates of service beginning Nov. 1, 2024. As a result, providers will be required to append the JZ modifier on claims for drugs when there is no discarded amount from single-dose containers or single-use packages.

The policy will be bolstered with additional information on billing requirements related to the JZ and JW modifiers. (As a reminder, while the JZ modifier requirement will be new, providers are already required to append the JW modifier when applicable.)

As of Nov. 1, modifier JW should be reported when there is drug waste from a single-dose vial or package, and modifier JZ should be reported when there is no drug waste.

For more information, please refer to [the updated policy](#). ◆

Promoting the flu vaccine

The flu season runs from October through April each year, and the Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu.

Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address widespread disinformation, dispel misconceptions, and engage patients in their health, including vaccination safety and efficacy.

Flu shots are covered for CarePartners of Connecticut members at \$0 cost share (billed under Part B) at retail pharmacies or in doctors' offices.

The CDC continues to recommend that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in the 2019-2020 flu season alone, the flu vaccine prevented an estimated 7.5 million illnesses, 3.7 million medical visits, 105,000 hospitalizations and 6,300 influenza-related deaths in the United States.

The CDC has a robust [Influenza website](#) that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages. ◆

Metabolic Monitoring for patients on antipsychotic medications

Patients taking antipsychotic medications live with an increased risk of developing health conditions including diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity. Given these risks, yearly screening and ongoing metabolic monitoring are integral to the management of antipsychotics for all individuals.

Whether you're a primary care physician, behavioral health specialist, or prescriber, you can help ensure that patients taking antipsychotic medications are receiving annual screenings by ordering HbA1c or fasting glucose tests for diabetes, along with regular cholesterol monitoring.

Please be sure to use the following approved CPT codes when billing for screenings:

Test	CPT Code
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c	83036, 83037
LDL-C	80061, 83700, 83701, 83704, 83721
Cholesterol tests other than LDL	82465, 83718, 84478, 83722

Close collaboration among primary care providers, behavioral health specialists, and prescribers is crucial when treating patients who are taking antipsychotic medications. We encourage providers to use CarePartners of

Connecticut's [Coordination of Care Check List](#) — or a checklist of your own — to document and share provider contacts and communicate patient diagnoses, treatments, and other information beneficial to the development of an integrated care plan.

At CarePartners of Connecticut, we appreciate your commitment to closing gaps in patient care and share your dedication to ensuring that members taking antipsychotic medications receive the continuum of care they need for improved overall health. ◆

Help us keep directory information up to date

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers should review and revalidate their information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update information at least every 90 days may result in directory suppression until such information is validated.

Please make sure to notify CarePartners of Connecticut in advance of any changes to your practice address(s), phone number, office hours, ability to accept new patients, and any other changes affecting availability to see patients. You can confirm current practice information using the [Doctor Search](#). If the information listed is incorrect, update it as soon as possible by informing CarePartners of Connecticut using the Directory Inaccuracy reporting feature located on the search or by completing the [Provider Information Change Form](#) and returning it to CarePartners of Connecticut by email at provider_information_dept@point32health.org, as noted on the form.

If CarePartners of Connecticut identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider record may be subject to suppression in the directories until up-to-date information is received. ◆

Capped rental modifiers: reminder and clarification

As a reminder, capped rental durable medical equipment (DME) items should be billed with the appropriate capped rental modifier, in accordance with correct coding practices.

When billing capped rental equipment codes for Medicare members, you must use modifier KH for the first month of the rental, modifier KI for the second and third months, and modifier KJ for months four through 13.

We indicated in a previous communication that it is not appropriate to report modifier RR throughout the rental period; however, we would like to clarify that while it is not appropriate to report **only the modifier RR** throughout the rental period, it is appropriate to report RR in tandem with KH, KI, or KJ, as applicable.

When billing for new and used equipment purchases, providers must continue using the NU (new) and UE (used) modifiers. ◆

Billing charges on claims for same date of service

As a reminder, when billing for an office visit with more than one service provided, we ask that you bill all the service codes related to the visit on one claim rather than submitting separate claims for each code. If a visit has already been billed and additional charges are needed, the original claim should be corrected – this eliminates the need to submit a new claim and avoids unnecessary claims denials.

For example, if a patient attends an annual examination and receives a vaccine during the exam, the visit and the administration of the vaccine should be billed on one claim. If the administration of the vaccine was not included in the original claim, submit a corrected claim to include the additional code. For more information regarding billing best practices, our [Provider Manual](#) provides additional resources. ◆

Reducing 30-day readmissions

Reducing hospital readmissions within 30 days is a considerable priority in health care, leading to increased patient satisfaction and improved outcomes.

To do this, it's essential to identify patients who may not understand their transition of care instructions, including necessary follow-up care and changes to their medication regimens, and to provide targeted post-discharge transitions of care interventions.

Effective transition of care interventions should prioritize timely follow-up and patient education.

Timely follow-up

Follow-up that is absent or delayed too far beyond the window immediately following a patient's transition out of the hospital can be a significant factor in the occurrence of 30-day readmissions. Some examples of timely follow-up that can help avoid these early readmissions include:

- Communication from the patient's primary care physician, such as reaching out to schedule a follow-up appointment
- Follow-up phone calls from any member of the patient's care team
- Home visits, when appropriate
- Medication reconciliation/review to ensure that the patient's medications are being used and monitored appropriately

Patient education

It's critical to make sure the patient has a solid understanding of their transition of care plan so they can take the correct steps to avoid adverse events and readmissions. An integral component of transition of care patient education is medication management; CarePartners of Connecticut strongly encourages providers to review these patients' medication lists with them to ensure that the lists are accurate and they have the correct prescriptions. ◆

The importance of culturally appropriate health care

As you know, the ability of health care professionals to provide culturally appropriate care is essential to the overall health and well-being of our communities' diverse populations. Because beliefs and behaviors surrounding health are influenced by race, ethnicity, nationality, and language, it's vital for providers to thoughtfully consider these factors when developing care plans and treating patients.

Racial and ethnic minority groups often face health care challenges that others do not. Whether due to social stigma, geographic hurdles, or financial or language barriers, many individuals and families are unable to access much-needed medical and behavioral health care.

CarePartners of Connecticut's [language interpretation services](#) are available to assist providers with communication for non-English-speaking patients. In addition to supporting patients' communication needs, health care professionals can practice culturally appropriate care by:

- Integrating traditional healers into patient care teams
- Incorporating culture-specific values into treatment planning
- Including family and community members in decision making
- Collaborating with local clinics that are easily accessible to specific populations
- Expanding practice hours to accommodate work schedules and geographic challenges
- Educating staff on the components and importance of culturally appropriate health care

We recognize that providing culturally appropriate medical and behavioral health care requires special consideration, but when we take the time to understand and meet the needs of patients with diverse backgrounds, we not only address health disparities, but help improve quality of care and overall health outcomes across our communities.

Providers can learn more — or stay up to date — on how best to serve patients of all backgrounds by referring to the U.S. Department of Health and Human Services' [Physician's Practical Guide to Culturally Competent Care](#). ♦

Strategies for success: behavioral health HEDIS measures

CarePartners of Connecticut is offering some reminders and strategies for improvement on the [Follow-Up After Hospitalization for Mental Illness \(FUH\)](#) and [Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#) HEDIS measures.

FUH measure

To maximize the opportunity for success on the **FUH HEDIS measure**, we recommend that your practice consider the following strategies and reminders (in addition to the best practices highlighted on our HEDIS tip sheet):

- Appointments on the day of discharge do not count as compliant for this measure.
- In order to be compliant for the FUH measure, appointments must be with a behavioral health (BH) provider.
- Consider using telehealth or virtual appointments for greater convenience.
- For PCP offices with an integrated care model, it is important to have BH specialists keep appointments available for patients who have been recently discharged from an inpatient BH hospitalization.
- If the seven-day timeframe has passed, it is still vital that patients who have been hospitalized with a BH diagnosis receive follow-up care with BH providers. The 30-day timeframe for a follow-up appointment is also important.
- For help finding an available BH provider or community partner, the member or PCP office can refer to the [CarePartners of Connecticut Provider Directories](#) or call the Member Services number listed on the member's ID card.

IET measure

We'd also like to offer some suggestions for improvement on the **IET HEDIS measure** to promote engagement in substance use disorder treatment after diagnosis so that patients are aware of treatment options and empowered to take the necessary steps in their recovery:

- Before scheduling an appointment, consider factors such as transportation, location, and time of the appointment to ensure that the member does not experience barriers.
- If it is a virtual appointment, consider the level of access the member may or may not have to technology.
- Provide reminder calls to confirm the appointment and reach out proactively within 24 hours if the member does not keep a scheduled appointment to schedule another one.
- Ensure that the care transition plans are shared with the PCP.
- Provide timely submission of claims with correct service coding and principal diagnosis. The initial diagnosis and follow-up diagnosis must be the same for the visits to be compliant for the IET measure. ♦

Medical drug program updates

You can refer to the chart below to review changes and updates related to CarePartners of Connecticut's prior authorization and coverage program for medical drugs.

Medications being added to prior authorization		
Drug(s)	Eff. date	Policy & additional information
Updates to existing prior authorization programs		
Breyanzi	9/1/2024	<ul style="list-style-type: none"> • Removed requirement that follicular lymphoma be Grade 3B. • Added criteria to include the treatment of adult patients with relapsed or refractory mantle cell lymphoma as third-line therapy, including prior treatment with a Bruton tyrosine kinase inhibitor.



Helpful reminders for providers

- **Avoid Printing:** 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 and avoid printing.
 - **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.
 - **Secure Provider Portal Self-Service Tools:** CarePartners of Connecticut's online self-service tools enable providers to electronically submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. Log in to the secure Provider portal to manage transactions online.
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Not yet registered?

Information on how to [register for secure access](#) is available on CarePartners of Connecticut's public Provider [website](#).

For more information: [Public Provider Website](#); [Secure Provider Portal](#)

Contact information: Call Provider Services at 888-341-1508, weekdays, 8 a.m.–5 p.m.