



August 2018 – In this issue

[Specialist "eConsults" now available to ConnectiCare's PCPs](#)

[How about some props to encourage patient questions?](#)

[HEDIS updated technical specifications for Controlling High Blood Pressure \(CBP\)](#)

[Hospital readmission policy updated](#)

[Answers to questions about preauthorization through Magellan Healthcare](#)

[Recent provider headlines](#)

Specialist "eConsults" now available to ConnectiCare's PCPs

Primary care doctors, do you need to ask a specialist a simple question about your patient? Maybe you just want some quick advice on the treatment path to follow? Now you can.

We have partnered with Community eConsult Network (CeCN) to give our in-network commercial and Medicare Advantage primary care providers (PCPs)

access to a national network of board-certified specialists through an electronic, asynchronous secure platform.

This so-called "eConsult" service connects PCPs and specialists through a web-based, HIPAA-compliant communications systems. CeCN, based in Middletown, Connecticut, has been offering eConsult since 2011. It's now available in 12 states.

Through eConsult, a primary care doctor, nurse practitioner or physician's assistant can send basic clinical questions about a patient and patient's care to a specialist, complete with chart notes, photos and/or lab imaging results. The specialist will review and within two business days respond to the PCP with a diagnosis, treatment and management information.

Specialists could still recommend the PCP to order more tests or refer a patient to a specialist. But in many cases, eConsults give PCPs the recommendations needed to treat patients in a PCP setting for better coordination and efficiency. Please note, recommendations from the eConsult service do not supersede the opinion of the PCP in the treatment of the patient. The eConsult service is a resource for our PCPs.

PCPs can ask for a consult from a local specialty group or CeCN's national specialty group.

Questions are transmitted securely through direct messaging, secure email, fax or remote access — whatever the PCP prefers.

All common adult specialties are available through eConsults, including:

- Allergy
- Cardiology
- Complex primary care
- Dermatology
- Endocrinology

- ENT
- Gastroenterology
- Genomic medicine
- Geriatric medicine
- Hematology
- Infectious disease
- Nephrology
- Neurology
- Neuropsychology
- Neurosurgery
- Nutritionist
- OB/GYN
- Ophthalmology
- Orthopedics
- Pain medicine
- PharmD
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Sleep medicine
- Urology

Many common pediatric specialties are available through eConsults, including:

- Allergy
- Cardiology
- Complex pediatrics
- Complex primary care
- Dermatology

- ENT
- Endocrinology
- Gastroenterology
- Genomic medicine
- Hematology
- Infectious disease
- Nephrology
- Neurology
- Neuropsychology
- Nutritionist
- OB/GYN
- Ophthalmology
- Orthopedics
- Pulmonology
- Psychiatry
- Radiology
- Rheumatology

No provider cost, no patient cost

There's no cost to our in-network PCPs to set up or use the service. To get started, please [submit your contact information online](#) or contact Agi Erickson, Director of Business & Partnership Development at CeCN, at agi@chc1.com or [860-347-6971](tel:860-347-6971) ext. 3741.

The eConsult service won't cost your patient anything as well. Instead, it will help patients get the right care, avoid unnecessary tests or specialist visits, and possibly reduce their out-of-pocket medical costs.

How about some props to encourage patient questions?

Talking to your patients may help you uncover issues they may be reluctant to talk about or dismiss as part of the aging process. We're encouraging your patients to "[Ask Away](#)" when they visit you. We can help you get the conversation started and address issues covered in the [Medicare Health Outcomes Survey](#).

Ask your patients about their physical and mental health every time you see them. Here are some questions you may want to use:

- Do you find your health makes it hard for you to climb stairs, clean or participate in recreational activities you enjoy?
- Does pain or lack of energy interfere with work or recreational activities?
- Do you ever feel depressed or anxious?
- Do you feel emotionally drained?

We're offering providers the following items to help encourage your Medicare patients, or any of your patients, to ask you any question they have:

- *Ask Away* pins for providers and office staff to wear
- *Ask Away* window clings
- Posters explaining *Ask Away*
- Tabletop displays explaining *Ask Away*



If you're interested in getting any of the materials listed above, please contact [Samantha McLin](#), ConnectiCare's clinical quality manager, at [860-785-7898](#).

These items do NOT have ConnectiCare's logo. They are offered in the spirit of helping all doctors and patients have open and honest conversations. You have the power to help improve the quality of life of your patients.

HEDIS updated technical specifications for Controlling High Blood Pressure (CBP)

The National Committee for Quality Assurance (NCQA) has released updated 2019 Technical Specifications for the Healthcare Effective Data Information Set (HEDIS) for Controlling High Blood Pressure (CBP) measure. HEDIS is a nationally recognized tool that measures health plans, like ConnectiCare, on the performance of the services and care our members receive.

NCQA is now allowing the addition of administrative specifications for measuring compliance for CBP. This change could significantly reduce the burden on providers and health plans during the HEDIS medical record review season.

Providers can now use automated data to identify the most recent BP reading taken during an outpatient visit, a non-acute inpatient encounter or remote monitoring event during the measurement year. **The member is considered to be numerator compliant if the corresponding CPT II codes billed equate to <140/90** (please see below). These changes will provide a more accurate and timely accounting of blood pressure control.

Below is a list of the applicable revisions to the CBP measure that you need to be aware of:

- Added administrative specifications which allows for providers to bill CPT codes related to blood pressure values.

Blood Pressure Value	Code System	Code
Diastolic 80-89	CPT – CAT -II	3079F
Diastolic Greater Than/Equal to 90	CPT – CAT -II	3080F
Diastolic Less Than 80	CPT – CAT -II	3078F
Systolic 139-139	CPT – CAT -II	3075F
Systolic Greater Than/Equal to 140	CPT – CAT -II	3077F
Systolic Less Than 130	CPT – CAT -II	3074F

- Updated blood pressure thresholds to be less than 140/90 for all members, regardless of age or diabetes diagnosis. This change aligns with

the American Heart Association's clinical recommendations to more accurately assess hypertension.

- Removed the medical record confirmation of the hypertension diagnosis and replaced it with two outpatient visits with a hypertension diagnosis during the measurement year or the year prior to the measurement year.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.

Please refer to the HEDIS® 2019 Tech Specs for detailed information or contact our Quality Department at [860-409-2491](tel:860-409-2491).

Hospital readmission policy updated

Our updated hospital readmission policy, effective Oct. 1, 2018, defines the payment guidelines for readmissions to acute general short-term hospitals within 30 calendar days for the same, similar or related diagnosis. The policy applies to in-network facilities for readmissions that have occurred within the 30-calendar-day period of a previous discharge within the same hospital or hospital system.

Here's the [updated hospital readmission policy](#).

Answers to questions about preauthorization through Magellan Healthcare

We've put together answers to questions about our [expanded partnership with Magellan Healthcare](#). [Read the FAQ](#) and consult it for guidance when seeking preauthorization for these services for our commercial and Medicare Advantage patients:

- Cardiac imaging program and implantable devices, and
- Outpatient interventional spine pain management for these procedures:

- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radiofrequency (RF) neurolysis)
- Sacroiliac joint injections

Recent provider headlines

Check out the latest [Provider News & Headlines](#):

- [New preauthorization requirements for diagnosis and treatment of obstructive sleep apnea](#)
- [New quantity limits and other formulary updates as of Sept. 1](#)
- [Medical records reviews of your ConnectiCare commercial patients to start this month](#)
- [Health Outcomes Survey and your Medicare Advantage patients](#)
- [Has any of your information changed? Let us know.](#)
- [New services requiring preauthorization through Magellan Healthcare](#)
- [More HCPCS, CPT codes will be needed for certain outpatient commercial claims, starting Aug. 1](#)
- [Updated Evaluation and Management Services payment policy, effective Sept. 1](#)
- [We're encouraging Medicare members to "Ask away"](#)
- [Medical record reviews to start this month](#)
- [Behavior health training and services available to PCPs](#)
- [ConnectiCare tools, resources and notifications](#)

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