

# Provider Update

## NEWS FOR THE NETWORK

January 2025

*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](mailto:providerupdate@email-carepartnersct.com)).

## Reminders and Updates

### Important recent updates and a flyer for your practice

In the November and December issues of *Provider Update*, CarePartners of Connecticut announced some important upcoming changes, including:

- Utilization and care management delegation for select members
- Timely filing limit increasing to 120 days
- New prior authorization requirements
- Formulary updates

In addition, we've prepared [this flyer](#), which offers information about those notable changes and directs back to the relevant articles for further details. We encourage you to share the flyer with your practice to ensure that your staff are informed and updated! ♦

### Living Well – 2025 program offerings for providers and members

CarePartners of Connecticut is pleased to announce enhancements to the virtual Living Well program brought to you by Point32Health. (CarePartners of Connecticut is a joint venture between Hartford HealthCare and Tufts Health Plan, and is part of Point32Health's [family of companies](#).) While you can expect to see the same core programming that's made this resource so popular — including wellness webinars, meditation groups, and fitness classes — in 2025, we're offering series on exploring cultural cuisines; forming positive habits using small, manageable steps; and integrating mindfulness practices into everyday life. Living Well will also feature interviews with leading mindfulness researchers including [David Vago](#), a thought leader in mind-body health and neuroscience, who joins us later this month to share his insights and expertise.

To learn more about the program, visit the Living Well page, which is updated regularly to include details on current and upcoming offerings. We encourage providers to share this information with patients, office staff, and community members who could benefit or may be interested in participating. The Living Well program is free, and no advanced registration is required.

If you're interested in exploring recordings of past Living Well webinars, classes, and other offerings, visit the Point32Health [Living Well](#) and [Mind the Moment](#) YouTube pages. You can also [view the recorded version](#) of Dr. Jud Brewer's 2024 Hunger Habit workshop for Living Well, which is available until April 22, 2025. To access Living Well's 24/7 meditation hotline, featuring brief, pre-recorded sessions in English and Spanish, call 877-589-6736.

Since 2020, Point32Health's Living Well program has offered providers and their patients free, virtual wellness programming for improving physical and mental health. We're excited to share our 2025 plans with you and look forward to offering additional program enhancements in the future. ◆

## Continued stay reviews

It's important for CarePartners of Connecticut's utilization management (UM) team to collaborate with you on care and discharge planning to monitor the patient's progress, help ensure that they receive the right care based on their health needs, and assist in a smooth transition of care.

To that end, we're sharing a reminder that our UM team conducts concurrent review for members admitted to an acute inpatient facility for medical and surgical care. This includes initial reviews, as well as ongoing continued stay reviews throughout the hospital admission. InterQual criteria are applied as the basis for these reviews, but these criteria do not replace Medicare or Medicaid coverage guidelines, which are used in making coverage determinations where available.

Providers should be aware that we will be expanding these reviews for diagnosis-related group (DRG) admissions (also known as case rate admissions) in the coming year. As a result, you may notice CarePartners of Connecticut reaching out to your facility more often throughout a patient's stay for subsequent reviews of clinical information to make coverage determinations and substantiate a continued stay.

For additional information on utilization management and review, please refer to the [CarePartners of Connecticut Provider Manual](#). ◆

## Reminder: HEDIS MY2024 Medical Record Requests

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation through a standardized set of quality measures. This measure set — known as the Healthcare Effectiveness Data and Information Set (HEDIS®) — evaluates important dimensions of care and service including effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

As required by the NCQA and the Centers for Medicare and Medicaid Services (CMS), CarePartners of Connecticut will send HEDIS MY2024 medical record requests via mail to providers beginning in February 2025. Using a systematic process, NCQA selects a sample of providers to receive these requests. Providers should follow the submission instructions as outlined in the mailing.

Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that CarePartners of Connecticut's HEDIS measures accurately represent the high quality of care you provide to our members. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Please note that you may receive more than one mailing packet from us; we appreciate your cooperation in addressing all members and requests for medical records that you receive.

Providers must electronically submit the necessary information to the Provider Quality Performance Department via fax at 617-673-0754 or secure email at [HEDIS@point32health.org](mailto:HEDIS@point32health.org) by Feb. 28, 2025. For questions, contact the Provider Quality Performance HEDIS Help Line at 888-766-9818, option 1, ext. 52809.

To prepare for HEDIS data collection, we encourage you to visit our [HEDIS Tip Sheets for Your Practice page](#), where you can find a number of tip sheets we've developed to offer insight into specific measures and aid your practice in optimizing performance.

CarePartners of Connecticut values your continued participation with our clinical quality improvement efforts to meet regulatory and accreditation requirements for the NCQA and CMS HEDIS® medical record review.

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

## 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](#) tool. 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](mailto: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. ◆

## CarePartners of Connecticut Medical Necessity Guideline Updates

Providers and office staff can refer to the following chart to review changes and updates to CarePartners of Connecticut’s Medical Necessity Guidelines, which detail coverage and prior authorization criteria.

MNG Title	Eff. date	Summary
<a href="#">CarePartners of Connecticut Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines</a>	3/1/2025	<p>Prior authorization will be required for the Intracept procedure (basivertebral nerve ablation, CPT codes 64628 and 64629), and CMS’ local coverage determination L39642 will be used for criteria.</p> <p>In addition, new prior authorization requirements added for the following:</p> <ul style="list-style-type: none"> <li>• <b>Deep Brain Stimulation for Essential Tremor and Parkinson Disease</b> (will use CMS criteria NCD 160.24 for codes 61880, 61885, 61886, 61863, 61864, 61867, and 61868)</li> <li>• <b>Implantable Neurostimulator – Sacral Nerve</b> (will use CMS criteria LCA A53017 for codes 64590, 64595)</li> </ul>
<a href="#">Hypoglossal Nerve Stimulation</a>	3/1/2025	New MNG outlining our newly developed internal criteria, and prior authorization will be required.



## 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) and Policy	Eff. date	Additional information
PiaSky <a href="#">Complement Inhibitors Policy</a>	1/1/2025	<a href="#">Complement Inhibitors</a> Prior authorization is now required PiaSky (HCPCS J1307), approved by the FDA in June 2024 for the treatment of adult and pediatric patients 13 years and older with paroxysmal nocturnal hemoglobinuria and body weight of at least 40 kg.
<a href="#">Kisunla (donanemab-azbt)</a>	1/1/2025	Prior authorization is now required for Kisunla (HCPCS J0175), approved by the FDA in July 2024 for the treatment of Alzheimer's disease.
<a href="#">Rytelo (imetelstat)</a>	1/1/2025	Prior authorization is now required for Rytelo (HCPCS C9399, J3490), approved by the FDA in April 2024 for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes with transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents.
Tremfya (guselkumab) intravenous <a href="#">Targeted Immunomodulators – Skilled Administration Policy</a>	1/1/2025	Prior authorization is now required for Tremfya IV (HCPCS J1628), approved by the FDA in September 2024 for the treatment of adult patients with moderately to severely active ulcerative colitis.
Pavblu Nyprozi Hercessi <a href="#">Medicare Part B Step Therapy Policy</a>	1/1/2025	Prior authorization is now required for Pavblu (HCPCS J3590), Nyprozi (HCPCS C9173), and Hercessi (HCPCS Q5146). These agents are non-preferred products within their respective therapeutic categories.
Updates to existing prior authorization programs		
Drug(s)	Eff. date	Policy & additional information
<a href="#">Abecma</a> <a href="#">Breyanzi</a> <a href="#">Carvykti</a> <a href="#">Kymriah</a> <a href="#">Tecartus</a> <a href="#">Yescarta</a>	1/1/2025	We will no longer require prior authorization for harvesting, preparation, and administration of chimeric antigen receptor T-cell therapy medications.  However, the medications themselves will continue to require prior authorization. Refer to <a href="#">this article</a> for more information.
<a href="#">Lyfgenia</a> <a href="#">Casgevy</a> <a href="#">Zynteglo</a> <a href="#">Roctavian</a> <a href="#">Hemgenix</a>	1/1/2025	Updates to criteria to align with MassHealth guidance and FDA labels.



## Prior authorization update for CAR T-cell drugs

In light of provider feedback we've received, effective Jan. 1, 2025, we will no longer require prior authorization for the preparation and administration of the following chimeric antigen receptor (CAR) T-cell therapy medications:

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Kymriah (tisagenlecleucel)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)

Please note that the medications themselves will continue to require prior authorization. However, prior authorization is no longer required for the harvesting, receipt and preparation, and administration of CAR T-cell therapy drugs (formerly represented by codes 0537T, 0538T, 0539T, and 0540T but replaced as of Jan. 1, 2025 with codes 38225, 38226, 38227, and 38228.)

In addition, we have expanded the initial authorization window for these drugs from three months to six months. We hope this change minimizes the administrative complication associated with needing to re-request a CAR T-cell drug after the initial authorization window runs out. ◆

## 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](https://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.