CarePartners of Connecticut MEDICARE ADVANTAGE

Provider Update

NEWS FOR THE NETWORK

December 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).

Reminders and Updates

Reminder: HEDIS MY2025 Medical Record Requests

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation. The assessment in the NCQA's standardized measurement criteria — known as the Healthcare Effectiveness Data and Information Set (HEDIS®) — includes considerations such as 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 CMS, CarePartners of Connecticut will send HEDIS MY2025 medical record requests via mail to providers beginning in February 2026. 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.

CarePartners of Connecticut requires providers to electronically submit the necessary information to the Provider Quality Performance Department via fax at 617-673-0754 or secure email at HEDIS@point32health.org by February 28, 2026. For questions, contact the Provider Quality Performance HEDIS Help Line at 888-766-9818, option 1, ext. 52809. 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.

On CarePartners of Connecticut's HEDIS and Star Rating tip sheets page, you can find a number of tip sheets we've developed to offer insight into specific measures and aid your practice in optimizing performance, as well as this tip sheet presentation providing information pertaining to HEDIS hybrid measures that require medical record review each year.

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

Reminder: QMB members exempt from Part A/B cost-sharing

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. As a reminder, under the QMB program enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

Identifying members with QMB status

CMS's HIPAA Eligibility Transaction System (HETS) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS.

In addition, CarePartners of Connecticut provides the necessary information to our members and providers regarding QMB eligibility.

The Explanations of Payment we send to providers include an alert that the notice may contain claims covered by the QMB program and remind providers to review their records for any wrongfully collected cost-sharing, which may be billed to a subsequent payer.

More information

For more detailed information about CMS's QMB program, please refer to this document from the Medicare Learning Network. ◆

New 2026 CPT and HCPCS codes

CarePartners of Connecticut will accept new 2026 CPT and HCPCS codes for dates of service beginning Jan. 1, 2026. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2025 will be denied.

As indicated in our General Coding and Claims Editing Payment Policy, as annual code revisions are released by the Centers for Medicare and Medicaid Services and the American Medical Association, CarePartners of Connecticut will update our systems and any related payment policies accordingly. ◆

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.

Updates to existing prior authorization programs		
Drug/MNG	**Policy and additional information**	**Eff. date**
Vyjuvek	In alignment with MassHealth criteria, we've updated the limitations section on the MNG to specify that Vyjuvek will not be used on the same target wounds as other topicals or gene therapies for a diagnosis of DEB, e.g., Filsuvez or Zevaskyn.	12/1/2025

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Updates to Payment Policies

Please refer to the chart below for information on new and updated CarePartners of Connecticut Payment Policies. For details, access the policies listed below by navigating to the Payment Policies category of our Provider Resource Center.

Updates to Payment Policies		
Payment Policy Title	**Eff. date**	**Summary**
Oral Surgery	12/1/2025	Minor administrative updates for accuracy and clarity.
Modifiers	12/1/2025	Minor administrative edits for accuracy and clarity.
Serious Reportable Events and Conditions	12/1/2025	Minor administrative edits for accuracy and clarity.
Anesthesia	12/1/2025	Minor administrative edits for accuracy and clarity.
Physical, Occupational, and Speech Therapy Professional	12/1/2025	Minor administrative edits for accuracy and clarity, including addition of billing instructions and compensation information from archived Outpatient Rehabilitation Facility Payment Policy.
Home Infusion	12/1/2025	Minor administrative edits for accuracy and clarity.

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.

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. to 5 p.m.