CarePartners of Connecticut

MEDICARE ADVANTAGE

Provider Update

NEWS FOR THE NETWORK

April 2026

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

Claims appeals processing timeframe

At this time, we are experiencing a high volume of claims appeals, which has impacted processing timeframes for CarePartners of Connecticut. We strive to deliver excellent service to our provider partners, and are actively working to shorten claims appeals processing timeframes.

Currently, claims appeals have an average processing timeframe of approximately 180 days.

We encourage providers to allow for the full review timeframe noted above before contacting the Provider Service Center for a status update. If an appeal was submitted within the last 180 days, the Provider Service Center will be unable to provide updates at this time.

Additionally, please do not submit duplicate appeals, as this may further delay processing timelines.

For details on claims appeals, please refer to our online Provider Manual.

We appreciate your understanding and patience as we continue to make improvements.

◆

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 are responsible for reviewing and revalidating their information every 90 days to ensure accuracy of the Provider Directory. If you do not review and update your information at least every 90 days, this may result in suppression from the directory until your information is validated.

At a minimum of every 90 days, providers should make sure to review and verify the accuracy of their information displayed in our Harvard Pilgrim Health Care and Tufts Health Plan provider directories (including practice location, phone number, hours of operation, ability of each individual provider to accept new patients, and any other information that affects the content or accuracy of the directories).

Reporting changes

Changes to data should be reported via the CAQH Provider Data Portal for individual practitioners who have implemented it.

Report any contractual affiliation changes — such as a provider leaving or joining a contracted provider group or practice — to Harvard Pilgrim and/or Tufts Health Plan by:

- Submitting a Provider Change Form to Harvard Pilgrim's Provider Processing Center for Harvard Pilgrim products by email at PPC@point32health.org, *or*;
- Submitting a Medical or Behavioral Health Provider Information Form to provider_information_dept@point32health.org for Tufts Health Plan products.

If Point32Health identifies potentially inaccurate provider information in the directories, 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.

Attestation for facilities

As a reminder, for contracted facilities, confirmation of your directory data should be submitted using the recently updated facility attestation functionality available on Harvard Pilgrim's secure provider portal, HPHConnect, or on Tufts Health Plan's secure provider portal (available as of June 1, 2025). These online forms allow facilities to confirm that their information is accurate every 90 days to avoid directory suppression. For step-by-step instructions on how to complete the facility attestation forms, please refer to the updated Harvard Pilgrim Completing the Provider Data Attestation for Facilities User Guide and Tufts Health Plan Secure Provider Portal User Guide.

Additional information

For additional information, please refer to the updated Directory Accuracy and Suppression of Unverified Provider Information policy for Harvard Pilgrim Commercial plans, as well as the Directory Accuracy and Suppression of Unverified Provider Information sections recently added to the Providers sections of our Tufts Health Plan Commercial, Senior Products, and Public Plans Provider Manuals.

◆

Complex Care Management Services

CarePartners of Connecticut's Care Management Department provides care management services to help adult and pediatric members attain optimal health and achieve greater self-reliance in managing their health care. Our care managers provide systematic coordination and assessment of services using evidence-based clinical guidelines. CarePartners of Connecticut's complex care managers, including registered nurse care managers and behavioral health care managers, partner with professionals such as community health workers, pharmacists, and each other to help coordinate care and access to services for members with multiple complex conditions.

These programs assist members with conditions such as chronic kidney disease, cancer, congestive heart failure, COPD, dementia, heart disease, asthma, diabetes, and a variety of rare diseases — as well as behavioral health conditions like depression/anxiety and serious and persistent mental illness. Care managers help patients avert the need for more intensive medical and behavioral health services by providing them with information tailored to their needs and stage of readiness.

Care management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about CarePartners of Connecticut's Complex Care Management programs, including how to refer patients, email cm_cpct@carepartnersct.com.

◆

About Our Chronic Condition Management Programs

CarePartners of Connecticut takes a comprehensive approach to chronic condition management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. CarePartners of Connecticut's chronic condition management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are enrolled in chronic condition management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

To enroll a CarePartners of Connecticut member into one of our programs, email cm_cpct@carepartnersct.com.

◆

Updates to Medical Necessity Guidelines

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.

Updates to Medical Necessity Guidelines (MNG)		
MNG Title	**Eff. date**	**Summary**

CarePartners of Connecticut Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines	6/1/2026	Prior authorization will be required for the following codes/services:
		• Incontinence Devices
		  ▪ 53445
		• Sacral Nerve Stimulation for Urinary Incontinence
		  ▪ 64561
		  ▪ 64581
		• Sacral Nerve Stimulation for Fecal Incontinence
		  ▪ 64561
		  ▪ 64581
		• Osteogenesis Stimulators
		  ▪ E0747
		• Septoplasty
		  ▪ 30520
		• FoundationOne® Liquid CDx
		  ▪ 0239U
		• Lower Limb Prostheses
		  ▪ L5827
		  ▪ L5828

Updates to Medical Necessity Guidelines (MNG)		
MNG Title	**Eff. date**	**Summary**
		- L5856 - L5857 - L5858 - L5980 - L5981 - L5987 - L5973
[Upper Gastrointestinal Endoscopy (Esophagogastroduo-denoscopy, EGD)](#)	6/1/2026	MNG updated to specify that CPT code 43249 (for esophageal dilation procedures using an endoscope) will be covered with prior authorization only when submitted with an appropriate ICD-10 diagnosis code.

◆

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.

New prior authorization programs		
Drug/MNG	**Additional information**	**Eff. date**
[Zevaskyn](#)	CarePartners of Connecticut will cover Zevaskyn (J3389), an autologous cell sheet-based gene therapy indicated for the treatment of wounds in patients with recessive dystrophic epidermolysis bullosa, with prior authorization when the criteria on the MNG (which align with MassHealth's criteria) have been met.	4/1/2026

◆

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**
Anesthesia	4/1/2026	Minor administrative updates 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.