

# Provider Update

## NEWS FOR THE NETWORK

May 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

### Payment update: pre-admission testing for inpatient admissions

CarePartners of Connecticut is updating our policy related to the reimbursement of pre-admission testing for inpatient admissions, effective for dates of service beginning July 1, 2025.

For contracted hospitals reimbursed based on diagnosis-related groups (DRGs) or at a global case rate, payment for pre-admission services that occur within 10 days of an admission (as opposed to the current timeframe of three days) will be included in the inpatient reimbursement and will not be reimbursed separately.

We've updated our Inpatient Facility Payment Policy to reflect this change. For DRGs and global-case-rate-contracted hospitals, the policy specifies the following regarding pre-admission testing services, which may be subject to random post-payment audits and retraction:

- **Diagnostic** services that are provided within 10 days of an inpatient admission are included in the inpatient reimbursement.
- **Non-diagnostic** services related to the principal diagnosis that are provided within 10 days of an inpatient admission are included in the inpatient reimbursement.
- **Any ambulatory** day care, radiology or laboratory procedures that result in an inpatient admission are included in the inpatient DRG reimbursement.

Please refer to [the updated policy](#) for more information. ♦

### Sign up for Electronic Funds Transfer

If you're currently receiving paper checks, it's simple to switch to electronic funds transfer (EFT) at your convenience through Payspan. You'll benefit from:

- **Quicker** access to funds, with payments deposited directly into your bank account
- **Greater** convenience and efficiency with no manual processes or risk of lost paper checks
- **Easy-to-use** payment reports enabling you to track, review, and reconcile current and past online payments through Payspan

When you make the switch to electronic funds transfer with Payspan, you'll no longer receive paper checks, explanations of payment (EOPs), or Electronic Remittance Advice (ERA/835s) from CarePartners of Connecticut. You'll receive your payment and payment advisories from Payspan, which offers two electronic methods of remittance.

- **EOPs** — Access images of your Explanations of Payment (EOPs) online with the ability to view, download, and print up to 18 months of EOPs.
- **ERA/835s** — Choose to have your HIPAA-compliant Electronic Remittance Advice (ERA/835) sent directly to one of the data exchange partners. Simply follow the instructions for routing 835s to an electronic mailbox when activating your account.

Typically, it takes at least 48 hours after enrollment for your EFT account to become activated, and electronic payment is available two business days following payment release from Payspan.

Registering for electronic payments is simple! To get started:

1. **Obtain** a registration code and PIN by calling Payspan Provider Services at 877-331-7154 or visiting [payspanhealth.com/RequestRegCode/](https://payspanhealth.com/RequestRegCode/).
2. **Have** your bank name, routing number, account number, and your TIN/NPI handy.
3. **Follow** the step-by-step registration instructions on the [Payspan registration website](#).

If you already have a Payspan account, update it online to include CarePartners of Connecticut.

For questions about EFT, providers can email Payspan at [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com), or call 877-331-7154. ♦

## Reminder: updates to Inpatient Facility Payment Policy

As we announced in [last month's issue](#) of Provider Update, CarePartners of Connecticut wants to remind our provider partners that we are making updates to our [Inpatient Facility Payment Policy](#), effective for dates of service beginning June 1, 2025.

With this update — in support of [our goal of reducing avoidable readmissions](#) — CarePartners of Connecticut will review claims for members who are readmitted to the same hospital or the same hospital system within 30 days of the original inpatient discharge for the same or a related condition for which they were treated during the original admission. If it is determined that the member is being treated for the same or a related condition as the original admission, the readmission claim payment will be retracted.

This change will apply for claims paid using diagnosis-related group or case rate payment methodology. Our [Readmission \(Bridging of Claims\) Payment Policy](#) has also been updated to reflect the new process. ♦

## Notice requirement for terminating practitioners

Please note that providers must notify CarePartners of Connecticut with **at least 90 calendar days'** written notice prior to the effective date of a primary care provider or specialist terminating from our network.

Be sure to complete a [Provider Information Change Form](#) and email it to [Provider\\_Information\\_Dept@point32health.org](mailto:Provider_Information_Dept@point32health.org) any time a provider is leaving your practice. When notified of a primary care provider's scheduled departure date, CarePartners of Connecticut will inform impacted members and assign them a new PCP.

For more information, please refer to the Provider Terminations and Network Changes section of the [CarePartners of Connecticut Provider Manual](#). Thank you for keeping us up to date so that we can better serve our members.

## Patient navigation services for breast and cervical cancer screening

CarePartners of Connecticut encourages providers who care for our members to offer patient navigation services for breast and cervical cancer screening in those patients who may benefit from them, in alignment with [guidance from](#)

[the U.S. Department of Health and Human Services](#) and the Health Resources and Services Administration's [Women's Preventive Services Guidelines](#).

As you are aware, women's preventive health care such as early screening and detection are crucial to improving outcomes in patients at risk for breast and cervical cancer — and are provided with no member cost sharing in accordance with the Patient Protection and Affordable Care Act. In addition to screening, the subsequent follow-up (if necessary) is equally vital to ensure that patients adhere to the relevant recommendations. Patient navigation services maximize the likelihood of patients' success in this adherence, as many patients are unlikely to take the level of initiative necessary or don't know where to begin and could benefit from additional advocacy by the various providers coordinating their care.

Patient navigation offers a personalized approach to care that may include support services such as assistance with understanding the health care system, language translation, transportation, and connecting to social services. These services can be tailored to patients' unique needs, and can be conducted either in-person, virtually, or through a hybrid model. ◆

## **HEDIS tip sheets for measures related to patients with diabetes**

CarePartners of Connecticut would like to remind our providers that we have a number of HEDIS tip sheets specific to measures related to patients with diabetes, including:

- [Eye Exam for Patients with Diabetes \(EED\)](#)
- [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#)
- [Glycemic Status Assessment for Patients with Diabetes \(GSD\)](#)

The best practices highlighted in our HEDIS tip sheets are intended to support your practice by ensuring that the data reported accurately reflects your practice's performance on these measures, and by identifying opportunities to improve patient care.

For the full collection of CarePartners of Connecticut 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).* ◆

## **Concurrent Use of Opioids and Benzodiazepines tip sheet**

When used together, opioid medications to treat pain and benzodiazepines prescribed for anxiety, insomnia, or other conditions can put an individual at greater risk of overdose. Both drug classes act as central nervous system depressants that when combined, can lead to sedation and dangerously low breathing rates, or even cessation of breathing.

Because of this significant risk, the concurrent use of opioids and benzodiazepines is strongly discouraged, especially among older adults who have increased sensitivity to benzodiazepines and decreased metabolism of long-acting agents.

As part of Medicare Star Ratings, the Centers for Medicare and Medicaid Services (CMS) has a measure aimed at assessing and discouraging the concurrent use of opioids and benzodiazepines.

Our new [Concurrent Use of Opioids and Benzodiazepines \(COB\)](#) Star Measure tip sheet includes an overview of that measure along with information and guidance for providers to consider before prescribing these medications for patients.

All CarePartners of Connecticut's Star Measure tip sheets outline key features of specific Medicare Star Rating program measures. These best practices and tips can optimize Star Ratings and identify opportunities to improve patient care. For the full collection of tip sheets currently available, refer to the [HEDIS and Star Measure tip sheets page](#) on our provider website.

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## CarePartners of Connecticut's access to care standards

One of CarePartners of Connecticut's fundamental priorities is ensuring the best possible access to care for the members we serve. To that end, the Access Standards section of our [Provider Manual](#) (located on page 17) outlines network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things. Please refer to the Provider Manual to review these standards and requirements. ♦

## Helpful reminders for providers

<b>Avoid printing</b>	All CarePartners of Connecticut provider documentation is updated regularly. For the most current information, providers should view all documentation online at <a href="https://carepartnersct.com/for-providers">carepartnersct.com/for-providers</a> and avoid printing.
<b>Browser note</b>	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.
<b>Secure Provider Portal self-service tools</b>	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.

<b>Not yet registered?</b>	Information on how to <a href="#">register for secure access</a> is available on CarePartners of Connecticut's public Provider <a href="#">website</a> .
<b>For more information</b>	<ul style="list-style-type: none"><li>• <a href="#">Public Provider Website</a></li><li>• <a href="#">Secure Provider Portal</a></li></ul>
<b>Contact information</b>	Call Provider Services at 888-341-1508, weekdays, 8 a.m. to 5 p.m.

