

Provider Update

NEWS FOR THE NETWORK

June 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

Update on referral requirement for home health agency care

In the [November 2024 issue](#) of *Provider Update*, CarePartners of Connecticut announced a number of benefit changes for the 2025 plan year, including a new requirement that referrals be obtained for home health agency care for out-of-network providers for CarePartners CareAdvantage Preferred HMO members.

We want to offer an update concerning this change: In response to feedback from our provider partners, effective for dates of service beginning June 15, 2025 a provider/discharging facility order will satisfy this referral requirement. No additional referral from the patient's primary care physician will be needed to initiate home health agency care.

CarePartners of Connecticut aims to provide our members with the best care in the most appropriate setting while minimizing any unnecessary administrative burden on the providers in our network who deliver that care. We hope this update helps to alleviate concerns and better facilitate efficient coordination of care processes. ♦

Reminder: Annual wellness visit covered by calendar year

We're committed to supporting our members in maintaining their optimal health, as well as working with our provider partners to further that common goal. Annual wellness visits are vital to this effort, offering an opportunity for providers and members to collaborate on preventive care and detect and address health issues early, and empowering members to take charge of their health.

As a reminder, CarePartners of Connecticut uses a calendar year (Jan. 1 through Dec. 31) for coverage of annual wellness visits. This means that a member can schedule a wellness visit fewer than 365 days after their previous visit, so long as the visits are in different calendar years (*see example below*).

Date of wellness visit	Previous wellness visit	Coverage
April 1, 2026	Nov. 15, 2025	Covered visit
Dec. 31, 2026	Jan. 1, 2026	Not covered due to being in same calendar year

We encourage providers to schedule annual wellness visits with members who are overdue for these important check-ins. ♦

Patient consent to share SUD medical records

If you provide substance use disorder (SUD) services under a Part 2 program (a federally assisted substance use disorder treatment program), we're reminding you that you must comply with the [Confidentiality of Substance Use Disorder Patient Records Rule \(42 C.F.R. PART 2\)](#), which protects the privacy of individuals seeking or receiving SUD treatment and requires providers to obtain patient consent for treatment, payment, and disclosure of health care information.

For your convenience, we've developed a [Patient Consent Form](#) that you can share with your patients for completion and collection prior to their appointments. Please feel free to utilize this form or one of your own to obtain patient consent.

Although providers do not need to submit completed consent forms to CarePartners of Connecticut unless we request them, CarePartners of Connecticut reserves the right to deny payment of provider claims if you do not obtain the required patient consent.

For more information, please refer to this [U.S. Department of Health and Human Services fact sheet](#) as well as the Confidentiality of Member Medical Records section of our [CarePartners of Connecticut Provider Manual](#). ♦

Prior authorization for certain Part B drugs

As you are aware, CarePartners of Connecticut requires prior authorization for many medical benefit drugs, and you can find prior authorization and coverage criteria for these drugs in the [Provider Resource Center](#) on our provider website.

We recently encountered a temporary system error that resulted in a number of medically administered Medicare Part B drugs not appropriately requiring an authorization as they should for our members. You can find the list of drugs impacted by this system error on [this page](#), which also designates whether or not each drug is associated with a [Medicare Part B step therapy requirement](#).

This system error has been corrected and the drugs are properly configured to require the necessary prior authorizations as a condition of coverage. If any of your CarePartners of Connecticut patients are currently taking any of these medications and you have not previously obtained prior authorization, please submit a prior authorization request.

We appreciate your patience and understanding and apologize for any confusion this may cause. ♦

Coordination of benefits reminder

As the population ages and more people become eligible for Medicare, many Americans are supplementing their Medicare coverage with private health insurance or employer-sponsored coverage. In addition, there are some individuals who are eligible for both Medicaid and Medicare who have Commercial health insurance coverage as well.

Given the percentage of Medicaid beneficiaries who have one or more additional sources of health care coverage, we're reminding providers that under current law, Medicaid is generally the payer of last resort for health care services. This means that if a Medicaid enrollee has multiple sources of health care coverage, Medicaid pays only after the other sources — such as private insurance or Medicare — are exhausted.

CarePartners of Connecticut's [Coordination of Benefits Quick Reference Guide](#) can help you identify which plan is primary before submitting claims on behalf of patients with more than one health insurance plan. We encourage you to review the guide, which includes common coordination of benefit scenarios.

You can also learn more by referring to the Coordination of Benefits section of our [Provider Manual](#). ♦

Reminder: member eligibility and non-covered services

As you know, it's important for our provider partners to check members' benefits and eligibility prior to initiating care or referring them for a service to ensure that they have active health insurance coverage through a CarePartners of

Connecticut product and that the service is covered under their plan. We're offering some reminders and additional resources to help with this process.

To help determine if a member is eligible (and for many other quick and convenient self-service capabilities), we recommend using our [secure provider portal](#). You can also find more guidance on how to verify a member's benefits and eligibility in our [Eligibility and Benefits Inquiry Quick Reference Guide](#).

Remember to always make sure a member is covered for a service before referring or billing. Billing a member for a service that is not covered under their plan is generally not allowed and will not be reimbursed, unless the member provides an advance written agreement to pay for the specific non-covered service.

For more details, you can refer to the CarePartners of Connecticut [Provider Manual](#). ♦

Get patients in for preventive services and screenings

To promote high-quality clinical care and overall patient well-being — and to support HEDIS efforts and maximize success on HEDIS scores — CarePartners of Connecticut encourages our provider partners to get your patients scheduled this year for any preventive services or screenings. These visits help identify or manage new or existing conditions and address gaps in care.

These include, among other services: eye exams for members with diabetes, cervical cancer screenings, or measures to manage or control conditions like hypertension.

CarePartners of Connecticut routinely provides practices with member-level gap in care quality reports. Please take advantage of this valuable resource! Remember to review these reports on at least a monthly basis for information on patients who are not compliant for certain quality measures or who may be overdue for certain health care services, laboratory tests, or screenings. Gap in care reports are shared via providers' secure Electronic Data Download (EDD) account/mailbox for those provider groups who have one established, or sent via secure mail. If you need access to provider quality reports or have questions, please reach out to: Star_Team@point32health.org.

And as a reminder, our provider website hosts a collection of [HEDIS and Star Measure tip sheets](#), which highlight best practices and tips designed to identify opportunities to improve patient care and aid your practice's performance on these measures. Be sure to check back periodically, as we often develop new tip sheets to assist you in different aspects of care. ♦

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.