

# Provider Update

## NEWS FOR THE NETWORK

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

## Reminders and Updates

### **Change in denial process for lack of prior authorization**

CarePartners of Connecticut is offering a reminder and some additional detail regarding the upcoming change we previously announced pertaining to claim adjudication for ancillary and supporting services when they are billed in connection with services that require prior authorization and that authorization is not obtained.

As we shared in the May issue of *Provider Update*, **effective for dates of service beginning July 1, 2026**, if a claim is denied due to lack of prior authorization, untimely authorization, or failure to meet medical necessity criteria, any related ancillary or supporting services or procedures associated with the denied service, whether billed on the same claim or on separate claims, will also be denied. This includes medications used to support the procedure requiring prior authorization.

We indicated previously that ambulance services will be excluded from this updated denial process; additionally, please note that the reading of lab/pathology and radiology reports will be excluded. ◆

### **New HEDIS tip sheet for DSF-E**

The National Committee for Quality Assurance (NCQA) includes an important measure for Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) in their Healthcare Effectiveness Data and Information Set (HEDIS). The Centers for Medicare and Medicaid Services (CMS) is adding this measure to the Star ratings program for 2029, corresponding to the 2027 HEDIS measurement year.

**The DSF-E measure assesses the percentage of patients 12 years of age and older (18 years of age and older for Medicare) who were screened for clinical depression using a standardized instrument and if screened positive, received follow-up care.**

In support of NCQA and CMS efforts to address critical behavioral health gaps and underscore the importance of behavioral health as an essential component of overall care, CarePartners of Connecticut has developed a [HEDIS tip sheet](#) offering insight into the DSF-E measure. The new tip sheet identifies eligible depression screening instruments, follow-up criteria, measure exclusions, and best practices intended to optimize your HEDIS rates and identify opportunities to improve patient care.

As you may know, HEDIS is a major component of the CMS Star Rating system, which uses clinical performance data from HEDIS to help evaluate the overall quality of Medicare health plans and assist members in selecting the best plan for them.

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

## Get patients in for preventive services and screenings

To promote high quality clinical care, improve patient overall well-being, and strengthen HEDIS performance, CarePartners of Connecticut encourages our provider partners to schedule patients for annual preventive services and appropriate screenings. Proactively scheduling routine visits will help close gaps in care and maximize HEDIS outcomes.

Preventive services may include services such as cervical cancer screenings, depression screenings, diabetic eye exams, routine lab work or managing and controlling conditions such as hypertension and diabetes.

CarePartners of Connecticut routinely provides many practices with member-level gap in care quality reports. We recommend that providers take advantage of this valuable resource and suggest monthly monitoring of these reports to close gaps for patients who may be overdue for certain health care services, laboratory tests, or screenings.

Gap in care reports are shared primarily via secure email when a provider group contact is established, or via Electronic Data Download (EDD) mailbox (for groups with established access). If you need access to provider quality reports or have questions, please reach out to: [Star\\_Team@point32health.org](mailto:Star_Team@point32health.org).

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. ◆

## 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
Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility	6/1/2026	Minor administrative updates, including additional revenue codes for intermediate services
Outpatient Behavioral Health/Substance Use Disorder Payment Policy	6/1/2026	Minor administrative updates for accuracy and clarity
Allergy Testing and Treatment	6/1/2026	Minor administrative updates for accuracy and clarity
Cardiac Services	6/1/2026	Minor administrative updates for accuracy and clarity
Ambulance and Transportation Services	6/1/2026	Minor administrative updates for accuracy and clarity



## Helpful reminders for providers

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### 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.

### 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.

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