

CarePartners of Connecticut Provider Resource Guide

We look forward to working together. The following information was developed in response to frequently asked questions. It includes easy to use online tools and resources available to you. This information will be updated regularly so visit our website often. Our site is in development and new information is continuously being added. The most current information available to providers can always be viewed online at carepartnersct.com/for-providers/provider-resource-center.

CONTACT INFORMATION

Public Provider website: carepartnersct.com/for-providers

Provider Services: 888.341.1508

ONLINE TOOLS

- [Provider Resource Center](#): Provider Manual, forms, medical necessity guidelines, pharmacy formularies, behavioral health guidelines and more
- [Secure Provider Portal](#): Member eligibility and benefits, referral submission and inquiry, prior authorizations, inpatient notification, claim status and adjustments and more
- *Provider Update* Newsletter: 60-day notifications and other important business communications for providers, which are available in the [News](#) section of the public Provider website. To register to receive Provider Update, complete the [online registration form](#), also available in the [News](#) section of the public Provider website.

PROVIDER RESOURCE CENTER HIGHLIGHTS

- [Provider Manual](#)
- [Prior Authorization and Inpatient Notification List](#)
- [Plan Overviews](#)

IMPORTANT FORMS

- Check current practice information using the [Doctor Search](#). To update your information, complete the [Provider Information Change Form](#).
- To order paper referral forms, fill out the [WB Mason Provider Forms Requisition](#) and fax it to WB Mason at 800.773.4488, or email it to carepartnersct@wbmason.com.
- Submit inpatient notification requests on the secure Provider [portal](#) or submit [this form](#) by fax (as directed on the form).

REFERRALS, PRIOR AUTHORIZATION AND INPATIENT NOTIFICATION

CarePartners of Connecticut covers medically necessary, appropriately authorized services in conjunction with the member's benefit plan document and in coordination with the provider recommending the service, drug, device or supply. Certain services require a referral, prior authorization and/or inpatient notification to confirm that the member's PCP, CarePartners of Connecticut, or an approved vendor on behalf of CarePartners of Connecticut has approved the member's specialty care services.

Providers should submit referrals, prior authorization requests, and inpatient notifications to CarePartners of Connecticut in accordance with the requirements and time frames detailed in the [CarePartners of Connecticut Provider Manual](#).

CLAIMS INFORMATION

Claims Submission

To avoid a filing deadline denial, claims must be received by CarePartners of Connecticut within 60 days of the date of service for professional or outpatient services or within 60 days from the date of discharge.

All paper CMS-1500 and UB-04 claims must be submitted on standard red claim forms and mailed to the following address:

CarePartners of Connecticut
PO Box 518
Canton, MA 02021-0518

The CarePartners of Connecticut explanation of payment (EOP) is a weekly report of all claims that have been paid, pending or denied for a particular provider. EOPs may be viewed electronically by logging on to [PaySpan Health](#) and electronic versions of EOPs are available for download and printing on the [PaySpan Health](#) website.

Claim Adjustment Requests

Registered users of the secure Provider [portal](#) can submit corrected claims or dispute a claim using the online claim adjustment feature. Once a transaction has been submitted, providers will receive a tracking number as confirmation that the adjustment has been received by CarePartners of Connecticut.

Paper submissions of claim adjustment requests may be mailed to the following address:

CarePartners of Connecticut
PO Box 478
Canton, MA 02021-0478

Submissions must include a copy of the EOP, appropriate documentation, and a completed Provider Request for Claim Review Form.

Note: Payment disputes cannot be submitted via EDI; however, corrected claims may be submitted via EDI using the appropriate frequency code.

ELECTRONIC SUBMISSION INFORMATION

For specific inquiries on submitting electronic claims, either directly to CarePartners of Connecticut or through a clearinghouse, contact the EDI Operations Department by telephone at 888.631.7002, ext. 52994, or by email at EDI_CT_Operations@carepartnersct.com.

HOW TO REGISTER FOR THE SECURE PROVIDER PORTAL

Go to the secure Provider [portal](#) log-in page and click "Register here." Determine the type of registration you need to complete. To add an additional provider or providers to your existing account, click "I need additional access" or to register a new account, click "Continue with registration."

You will need the following information to add additional providers or create a new account:

- NPI (National Provider Identification)
- One of the following:
 - Tax ID number (group registrations)
 - Social Security Number (individual registrations)
 - Or information from two recent claims submitted by the provider

Select Your Role

If you are registering to be the SAA of the NPI entered and there is already an NPI in place, you must select "Replace current SAA" or "Cancel to start over" and select a different role.

Are you **registering as the provider** or **on behalf of the provider**?

If you are registering as the provider, select "Provider"

- You will need to enter the last four digits of your SSN or your TIN

If you are registering on behalf of the provider, select "On behalf of provider"

- You will need to provide one of the following to continue:
 - Last four digits of the provider's SSN
 - The provider's TIN
 - Or information from two recent claims submitted to THP by the provider

Complete the account information page

If you are the provider, you will need to answer security questions to validate your identity. Once you complete the questions correctly, you will be able to access the secure Provider [portal](#).

If you are registering on behalf of the provider, you will be required to list the provider's email address. An email will be sent to the provider requesting he/she approve or reject your request. The provider will also be asked to answer security information to validate his or her identity. If the request is approved, you will receive an email indicating you may now access the secure Provider [portal](#).

Have questions?

Call Provider Services at 888.341.1508.

TECHNICAL SUPPORT

Browser Note

If you are using an outdated or unsupported browser, certain features on CarePartners of Connecticut website may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.

PROVIDER EDUCATION

Our Provider Education team offers many training opportunities (guides, resources, webcasts, webinars and custom onsite visits) to deliver overviews and guidance on key topics for providers. Contact us at Provider_Training@carepartnersct.com if you'd like to schedule a training for your office.