

# interChange Provider Important Message

## Hospital Monthly Important Message Updated as of 1/19/2026

\*All red text is new for 1/19/26

### CMAP Addendum B January 2026

The January version of CMAP Addendum B is under development and will be posted to the Hospital Modernization page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site once finalized.

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2026 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service January 1, 2026 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B V27.0 will be posted to the Hospital Modernization page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

APC Payment rate changes for procedure codes assigned a status indicator G or K will be loaded into the system with an effective date of January 1, 2026 at a future date.

The changes can be identified by the following indicators:

- “G or K” - A change has been made to the payment rate (status indicator G or K).
- “New” - The procedure code was added by CMS.
- “X” - A change has been made to the procedure code or status indicator.

Older versions of CMAP Addendum B can be found under the Hospital Modernization page under “CMAP Addendum B Changes and Historical Versions.”

### Annual 3M Grouper

Diagnosis Related Grouper (DRG) January Updates - DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold

Per the amendment to Attachment 4.19-A of the Medicaid State Plan, DSS shall pay for hospital inpatient services on a fully prospective per discharge basis using DRG-based payments. Diagnosis related groups have been assigned using the most recent version of the 3M All Patient Refined Diagnosis Related Grouper (APR-DRG) with each new grouper version released by 3M being implemented the subsequent January 1st. DRG Weights, average length of stays and outlier thresholds for the new version all have an effective date of January 1, 2026. A provider bulletin was distributed in December 2025 reminding hospitals of the

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annual update to the inpatient hospital adjustment factors, rates and the APR-DRG weights, effective January 1, 2026. The DRG calculator has been updated January 8, 2026 and posted to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site with the most current information.

## Annual Rates/Parameters for the Outpatient Payment Prospective System (OPPS)

Hospitals are reminded that they received their annual rates/parameters letter for the Outpatient Payment Prospective System (OPPS) in December 2025.

## Community Health Network of Connecticut Inc. (CHNCT) Inpatient Elective Authorizations

Inpatient elective authorizations are authorizations that are submitted for a planned inpatient admission. The provider requests authorization using CPT codes and a single date of service based on the planned date of admission. The inpatient authorization is created with an authorized start and end date matching the hospital's planned admission date for the inpatient stay. If the admission date changes, it is the hospital's responsibility to contact CHNCT with the new admit date. CHNCT will update the authorization and send the corrected prior authorization to Gainwell for claim processing. Failure to contact CHNCT and update the authorization will cause the hospital's inpatient claim to be denied.

For questions related to the prior authorization process, please contact CHNCT at 1-800-440-5071 and follow the prompts to Medical Authorizations.

## Provider Bulletins

Note that the following reflects an overview of provider bulletins distributed since the last Hospital Monthly Important Message was posted. Hospitals should use the links presented below to review the full bulletin.

### **Provider Bulletin 2025-68 - Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices**

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that effective January 1, 2026, the Department of Social Services (DSS) is updating the reimbursement rates for the following longacting reversible contraceptive (LARC) devices on the physician office & outpatient fee schedule.

Please refer to the provider bulletin for additional information.

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## Provider Bulletin 2025-71 - January 2026 Quarterly HIPAA Compliant Update - Laboratory Fee Schedule

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that effective January 1, 2026, the Department of Social Services (DSS) is incorporating the January 2026 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the Laboratory fee schedule.

Please refer to the provider bulletin for additional information.

## Provider Bulletin 2025-76 - Cell and Gene Therapy for Sickle Cell Disease

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that the Department of Social Services (DSS) is issuing guidance for claim submission for cell and gene therapy (CGT) products when submitted as part of the CGT Access Model for the treatment of Sickle Cell Disease (SCD) covered under HUSKY Health. This guidance is effective for dates of service on or after January 1, 2026.

Please refer to the provider bulletin for additional information.

## Provider Bulletin 2025-77 - Annual Update to the Inpatient Hospital Adjustment Factors and Update to the APRDRG Weights

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that, effective for inpatient hospital discharges on or after January 1, 2026: (1) the adjustment factor added to the All Patient Refined - Diagnosis-Related Group (APR-DRG) base payment calculation will be updated for calendar year (CY) 2026 in accordance with the existing approved methodology and (2) the version 43 traditional weights established by 3M will be implemented for APR-DRG.

Please refer to the provider bulletin for additional information.

## Provider Bulletin 2025-78 - REVISED: Out-of-State and Border Hospital Reimbursement - Effective January 1, 2026

The purpose of this provider bulletin is to notify border and out-of-state (OOS) hospitals that the rates and parameters for reimbursement of inpatient and outpatient hospital services, provided to Connecticut Medicaid members, have been updated effective for dates of discharges on or after January 1, 2026.

Please refer to the provider bulletin for additional information.

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## Provider Bulletin 2025-79 - Spravato Coverage Guidelines

*This provider bulletin (PB) supersedes guidance found in PB 20-83 Spravato® Coverage Guidelines.*

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that for dates of service, January 1, 2026 and forward, the Department of Social Services (DSS) will be updating the physician office and outpatient fee schedule with the new procedure code, J0013 for Esketamine nasal spray, marketed as Spravato® for HUSKY A, HUSKY B, HUSKY C, and HUSKY D members.

Please refer to the provider bulletin for additional information.

## Provider Bulletin 2025-83 - January 2026 Quarterly HIPAA Compliant Update - Dental Fee Schedules for Adults and Children

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that, for dates of service January 1, 2026 and forward, the Department of Social Services (DSS) is incorporating the January 2026 Healthcare Common Procedure Coding System (HCPCS) changes by adding Current Dental Terminology (CDT) codes to the dental fee schedules for adult and children.

Please refer to the provider bulletin for additional information.

## Provider Bulletin 2025-84 - Policy Updates and Changes to Clinical Review Criteria

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming policy changes to clinical review criteria for certain medical services and items.

Please refer to the provider bulletin for additional information.

## Provider Bulletin 2025-86 - Changes to Prior Authorization of Physical, Occupational, and Speech Therapies for Individuals Whose Primary Diagnosis is Intellectual Disability, Developmental Delay, Autism or Other Developmental Disorder

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of an upcoming change to the medical necessity review criteria used for physical, occupational, and speech therapy authorizations for individuals whose primary diagnosis is intellectual disability, developmental delay, autism, or other developmental disorder.

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Please refer to the provider bulletin for additional information.

## **Provider Bulletin 2025-87 - Changes to the Prior Authorization of Radiology Services for HUSKY Health Members with Limited Benefit Coverage**

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that, effective for dates of service January 1, 2026 and forward, the Connecticut Medical Assistance Program (CMAP) is end dating the telehealth frequency limits on subsequent inpatient and nursing facility visits. These changes apply to services reimbursed under the HUSKY Health programs (A, B, C, and D).

Please refer to the provider bulletin for additional information.

## **Provider Bulletin 2026-01 - Changes to the Prior Authorization of Radiology Services for HUSKY Health Members with Limited Benefit Coverage**

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that, for dates of service, February 1, 2026, and forward, prior authorization requests for radiology services for members with limited benefit coverage (Family Planning limited benefit, Emergency Outpatient Dialysis limited benefit and Tuberculosis limited benefit) must be submitted to Community Health Network of Connecticut, Inc. (CHNCT) and NOT EviCore by Evernorth.

Prior authorization requests for all other HUSKY Health members (HUSKY A, B, C, and D) should continue to be sent directly to EviCore following the current process.

Please refer to the provider bulletin for additional information.

## **Provider Bulletin 2026-02 - Connecticut Medical Assistance Program Provider Satisfaction Survey**

The Department of Social Services (DSS) is conducting a Provider Satisfaction Survey to obtain your feedback on the services provided by Gainwell Technologies.

You may access this survey by:

- Clicking on the following link: [https://www.surveymonkey.com/r/CMA\\_PSatisfactionSurvey2026](https://www.surveymonkey.com/r/CMA_PSatisfactionSurvey2026)

Please refer to the provider bulletin for additional information.

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## TPL Audit Report - January 2026

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on January 1, 2026.

- Stamford Hospital Crossover Inpatient
- William W Backus Hospital Outpatient

## Re-enrollment Reminder for Hospitals

Hospital providers are reminded to take note of their re-enrollment due date with CMAP. Failure to complete and submit their re-enrollment application in enough time to allow for review by DSS by the re-enrollment due date will cause the hospital to be dis-enrolled on the re-enrollment due date.

Dis-enrollment will impact claims processing and the hospitals' ability to verify eligibility until the reenrollment has been completed.

**The following hospitals have re-enrollment due dates coming up in the next 6 months:**

- Gaylord Hospital, Inc - Outpatient 4/22/2026
- Johnson Memorial Hospital - Inpatient 1/15/2026
- Johnson Memorial Hospital - Outpatient 1/15/2026

## Reminders/Upcoming Changes

### Newborn Form W-416 Delays

The typical turnaround time is 24 hours for processing this form. If after 3 business days hospitals do not see the newborn's client ID and are not able to find it on [www.ctdssmap.com](http://www.ctdssmap.com), hospitals have been instructed to contact the benefit center or email [ExpeditedHusky.DSS@ct.gov](mailto:ExpeditedHusky.DSS@ct.gov).

### Written Correspondence

For timely filing appeals, the hospital provider can do one of the following three (3) things:

Submit all claims on paper to Gainwell Technologies by

- FAX: 1-877-413-4241
- EMAIL: [ctdssmap-provideremail@gainwelltechnologies.com](mailto:ctdssmap-provideremail@gainwelltechnologies.com)
- MAIL: Written Correspondence - PO Box 2991 - Hartford, CT 06104.

Make sure that a cover letter is attached and that you state the reason why you are sending in the claims on paper.

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## Claim Denials

If your claim denies please refer to Provider Manual Chapter 12 “[Claim Resolution Guide](#)”. This chapter provides a detailed description of the cause of the Explanation of Benefit (EOB) code and more importantly, the necessary correction to the claim, if appropriate, in order to resolve the error condition. If you need additional assistance, please contact the Provider Assistance Center at 1-800- 842-8440 and if PAC is unable to assist, then they will escalate your inquiry.

## ctxixhosppay Email Box

As a reminder, hospitals should direct their inquiries to the Provider Assistance Center at 1-800-842-8440. If hospitals are experiencing extended call wait times, hospitals may email the provider assistance call center with their question at [ctdssmap-provideremail@gainwelltechnologies.com](mailto:ctdssmap-provideremail@gainwelltechnologies.com). Please be sure to include your name and phone number with your inquiry.

The [ctxixhosppay@gainwelltechnologies.com](mailto:ctxixhosppay@gainwelltechnologies.com) email box should only be used to submit APC and DRG related questions only. All other inquiries will be re-directed to the Provider Assistance Center at 1- 800-842-8440.

## Holiday Closures

Please be advised, that the Department of Social Services (DSS)’ and Gainwell Technologies’ offices will be closed on Monday, January 19, 2026 in observance of the Martin Luther King Holiday. The Department of Social Services (DSS) and Gainwell Technologies will re-open on Tuesday, January 20, 2026.

The Department of Social Services (DSS)’ office will be closed on Thursday, February 12, 2026 in observance of the Lincolns’ Birthday Holiday; the Department of Social Services (DSS) will re-open on Friday, February 13, 2026.

Both the Department of Social Services (DSS) and Gainwell Technologies’ offices will be closed on Monday, February 16, 2026 in observance of Presidents’ Day Holiday; the Department of Social Services (DSS) and Gainwell Technologies will re-open on Tuesday, February 17, 2026.

