

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 3/16/2026

*All red text is new for 3/16/26

CMAP Addendum B January 2026

The January version of CMAP Addendum B is now available and posted on the Hospital Modernization page on the www.ctdssmap.com Web site as of February 25, 2026.

The Department of Social Services (DSS) has updated 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 has been posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

APC Payment rate changes for procedure codes assigned a status indicator G or K or K1 were loaded into the system with an effective date of January 1, 2026 on January 31, 2026. Claims submitted before the rate change were mass adjusted in the 2nd cycle of February.

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 or K1).
- “New” - The procedure code was added by CMS.
- “X” - A change has been made to the procedure code or status indicator.

Any procedure code that is “NEW”, changed or deleted has been updated with the publishing of the 2026 January CMAP Addendum B. Claims with the new procedure codes that are identified and reprocessed will appear on the hospital’s March 10, 2026 Remittance Advice with Internal Control Numbers (ICNs) beginning with region code 61 or 27.

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

2025 1099s Available on CMAP Web Site



interChange Provider Important Message

The purpose of this Important Message is to alert providers that the 1099s for year 2025 are available for download from the www.ctdssmap.com Web site. This functionality to download 1099s is available for all Master Users and any subordinate clerk accounts who have access to download PDF Remittance Advice files. The 2025 1099s were mailed via the USPS to providers the week of January 26, 2026.

Instructions on how to access 1099s in the link below from the Important Message posted 1/22/2026.

[2025 1099 Available on CMAP Web Site](#)

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 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 Web site with the most current information.

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.



interChange Provider Important Message

Provider Bulletins

Provider Bulletin [2026-07](#) - January 2026 - Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes

Effective for dates of service retroactive to January 1, 2026, and forward, the Connecticut Medical Assistance Program (CMAP) is adjusting the reimbursement for certain clinical diagnostic laboratory services under the HUSKY Health Program.

Procedure Code	Current Rate	Rate Eff. 1/1/26
81517	\$352.38	\$123.33
84393	MP	\$90.24
84394	MP	\$90.24
86581	MP	\$64.42

Please note: Claims billed for procedure code 81517 with dates of service January 1, 2026, and forward will automatically be reprocessed in the February 20, 2026, claim cycle, which you will see on your February 24, 2026 Remittance Advice. Claims billed for procedure codes 84393, 84394, 86581 will be identified and reprocessed in the future which will be communicated to providers via a banner message.

TPL Audit Report - March 2026

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

- Connecticut Children's Medical Center - Inpatient
- Griffin Hospital - Inpatient
- Manchester Memorial Hospital - Outpatient
- Manchester Memorial - Inpatient Crossover
- Saint Mary's Hospital - Inpatient
- Stamford Hospital - Inpatient
- Stamford 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



interChange Provider Important Message

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:

- Bristol Hospital - Inpatient 8/26/2026
- Gaylord Hospital - Long Term/Chronic Disease Outpatient 4/22/2026
- Griffin Hospital - Inpatient 8/6/2026

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, hospitals have been instructed to contact the benefit center or email 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
- 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.

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



interChange Provider Important Message

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. Please be sure to include your name and phone number with your inquiry.

The 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.

