

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 3/14/25

*All red text is new for 3/14/25

CMAP Addendum B January 2025

The January version of CMAP Addendum B has been updated and posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

The Department of Social Services (DSS) has updated the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2025 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service January 1, 2025 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 V26.0 has been posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

Any procedure code that is “NEW”, changed or deleted was updated on January 28, 2025. Any claims with the new procedure codes were identified and reprocessed and will appear on the hospital’s March 11, 2025 Remittance Advice with Internal Control Numbers (ICNs) beginning with region code 61 or 27.

APC Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on 12/31/24 with an effective date for dates of service January 1, 2025 and forward.

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.”

Quarterly ICD-10 Updates Quarterly ICD-10 updates will be made effective for April 1st.

There are 50 ICD-10 surgical codes being added and 5 being discontinued. New codes will not be recognized until the new diagnosis grouper is installed.

Important Messages

2024 1099s Available on CMAP Web Site

The purpose of this Important Message is to alert providers that the 1099s for year 2024 are available for download from the www.ctdssmap.com Web site on Monday, January 27, 2025. 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 2024 1099s were mailed via the USPS to providers the week of January 27, 2025.

Outpatient Hospital Certification Letter Upload Instructions and Billing Reminder (Posted 2/3/25)

1115 Outpatient hospital providers receiving level 1 or level 2 certification needed to upload their certification letter through their secure web portal at www.ctdssmap.com and enter their new certification effective and end dates by February 28, 2025. Failure to upload the certification will result in denied claims.

Please refer to the important message on the home page of the Web site www.ctdssmap.com.

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Attention Electronic Billers and Trading Partners: Change to Electronic Data Interchange (EDI) requirements Important Message (Posted 2/11/25)

IMPORTANT NOTE: Hospitals, please verify that your clearinghouses/vendors that send your electronic files to CMAP are aware of this upcoming change and that the vendors have updated their contact information for their CMAP EDI trading partner Secure Portal ID.

On March 31, 2025, Gainwell Technologies in support of the Connecticut Medical Assistance Program (CMAP) will implement a new component of the system. CMAP uses EDI standards to verify the format of healthcare related information (for example, claims, payments, and eligibility) when it is shared between Trading Partners and CMAP.

Please refer to the important message on the home page of the Web site www.ctdssmap.com.

Attention All Providers: Important Reminder Concerning Ownership Changes: Due to Board Changes, Stock Exchange/Sale, Practice Sale, Changes in Leadership And All Other Transactions That Change the Ownership Or Change Any Ownership Of 5% Or Greater (Posted 2/18/25)

The Department of Social Services (DSS) would like to highlight an important enrollment requirement for all providers. Providers are Required to notify DSS Enrollment and Quality Assurance (QA) of all ownership changes and updates. Failure to do so PRIOR to the change (i.e. sale, stock purchase, change in owner %) will lead to possible claims recoupment and/or denial for the period between the date of change and notification to DSS and QA. Notification can be sent to ctproviderenrollment@gainwelltechnologies.com and to Nicole Sinisgalli at DSS QA Nicole.Sinisgalli@ct.gov.

Please refer to the Important Message on the home page of the Web site www.ctdssmap.com.

Attention Chronic Disease Hospitals: Chronic Disease Hospital Reimbursement Public Notice (Posted 2/24/25)

Effective on March 1, 2025, the Connecticut Department of Social Services (DSS) proposes to amend the rate or reimbursement methodology for hospital services. Public notice and draft Medicaid State Plan Amendment (SPA) pages summarizing each proposed change and process for submitting comments to DSS (including contact information) are published at this link: <https://portal.ct.gov/DSS/HealthAnd-Home-Care/Medicaid-State-Plan-Amendments>.

Specifically, public notice is being posted for the following SPA:

1. SPA 25-0011:
 - Chronic Disease Hospitals - Supplemental Payment
 - Chronic Disease Hospitals - Rate methodology for newly established free-standing chronic disease hospitals

Please refer to the Important Message on the home page of the Web site www.ctdssmap.com.

Provider Bulletins

There are no new bulletins.

TPL Audit Report - March 2025

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on March 1, 2025.

- NORWALK HOSPITAL ASSOCIATION
- GAYLORD HOSPITAL INC
- CONNECTICUT CHILDRENS MEDICAL CENTER

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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 re-enrollment has been completed.

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

- Connecticut Children's Medical Center - Outpatient - 3/26/25
- The Hospital of Central Connecticut - Outpatient - 7/2/25
- Bridgeport Hospital - Outpatient - 8/13/2025
- Yale New Haven Hospital - Outpatient - 8/20/2025

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.

Authorizations when clients have Medicare or Other Insurance

Hospitals are required to obtain authorization prior to the service being rendered when the client has Other Insurance (OI), and the service requires prior authorization. Prior authorization is not needed when the client has Medicare as their primary insurance and Medicare covers the service. In these situations, the hospital is submitting Medicare's co-insurance and/or deductible to be considered as secondary to Medicaid.

Inpatient Hospital Claims require a Prior Authorization (PA)

Make sure that when you receive two separate per-diem (Rehab or Behavioral Health) PAs, that the PA date ranges do not overlap - when this happens the claim ONLY picks up one of the PAs. A denial could be received for the dates on the second PA.

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.

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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. 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.**