

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 4/12/2022

*all red text is new for 4/12/2022

CMAP Addendum B April 2022

The Department of Social Services (DSS) is in the process of updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2022 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service April 1, 2022 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 V23.0 will be posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on March 29, 2022 with a April 1, 2022 effective date for dates of service April 1, 2022 and forward.

Any procedure code that is “NEW”, changed or deleted will be updated in the near future.

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 [2022-09](#) - Coverage of Outpatient Dialysis Services under Emergency Medicaid for Non-Citizens

As previously communicated in PB 2021-62: Emergency Medicaid Coverage of Dialysis for End Stage Renal Disease, the Department of Social Services (DSS) will cover outpatient dialysis and related services for acute and chronic kidney failure and end stage renal disease under Emergency Medicaid (EM) for Connecticut residents who do not qualify for full Medicaid due to their immigration status.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-17](#) - April 2022 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule

Effective for dates of service April 1, 2022 and forward, the Department of Social Services (DSS) is incorporating the quarterly updates of the 2022 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient fee schedule.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-19](#) - Reinstatement of Multi-Loading for NEMT Transportation

Effective immediately, Non-Emergency Medical Transportation (NEMT) multiloading that was temporarily suspended as part of the Public Health Emergency (PHE) response to COVID-19 as outlined

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in PB 2020-39 'CMAP COVID-19 Response - Bulletin 25: Non-Emergency Medical Transportation and Non-Emergency Ambulance Transportation' will resume.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-20](#) - Changes to Provider Application Requirements

Section 1866(j)(2)(C) of the Affordable Care Act requires that States apply an application fee to certain types of providers. These providers are:

- institutional providers of medical or other items or services or supplier (A detailed definition of an “institutional” provider can be found in § 424.502.)
- The application fee does not apply to:
- individual physicians or non-physician practitioners, or other non-institutional providers,
- providers that are enrolled in Medicare or another State’s Medicaid program, or
- providers that have already paid the fee to the Center for Medicare and Medicaid Services (CMS) or another State Medicaid program.

Please refer to the provider bulletin for additional information. As an additional note, if a hospital is in need of DSS’ W9 form for the payment of this fee, they can obtain that by contacting the Provider Assistance Center at 1-800-842-8440.

Provider Bulletin [2022-24](#) - CMAP COVID-19 Response Bulletin 60: Administration of the Pfizer-BioNTech COVID-19 Pre-Diluted Vaccine

Consistent with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA), effective for dates of service retroactive to January 3, 2022, and through the end of the federal public health emergency (PHE), the Department of Social Services (DSS) will reimburse for the administration of the Pfizer-BioNTech COVID-19 Pre-Diluted vaccine for members 12 years of age and older.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-25](#) - New Medical Authorization Portal

Effective June 13, 2022, Community Health Network of Connecticut, Inc.™ (CHNCT) will transition the current HUSKY Health medical authorization system to a new web-based platform. The new platform will interface with Change Healthcare’s InterQual® (IQ) evidence-based criteria and may be used to view IQ criteria and submit prior authorization (PA) requests for most medical goods and services.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-31](#) - Policy Updates and Changes to Clinical Review Criteria

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

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-32](#) - HUSKY Plus Coverage Merging into HUSKY B

Effective for dates of service May 1, 2022, and forward, the Department of Social Services (DSS) will be eliminating the HUSKY Plus program per Public Act 21-123, Section 8 which eliminates statutory language related to HUSKY Plus. The services currently covered and authorized under the HUSKY Plus Program (HPP) will be incorporated and covered under HUSKY B (HUSKY B).

Please refer to the provider bulletin for additional information.

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TPL Audit Report - April 2022

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on **April 1, 2022**.

- Hartford Hospital
- Midstate Medical Center
- The Hospital of Central Connecticut
- The Shriners' Hospital for Children
- Windham Community Memorial Hospital
- Yale New Haven Hospital

As a reminder, failure to respond to an audit will result in a recoupment of claims. Any claims recouped can be identified by as having an Internal Control Number (ICN) starting with region code 52 and the Explanation of Benefit (EOB) code 8282 - CLAIM HAS BEEN RECOUPED DUE TO TPL AUDIT FAILURE.

Additionally, providers can view/modify the address that letters are mailed to via the Secure Web portal accounts. For additional information on maintaining address data, providers should refer to Chapter 10, available under Information > Publications on the www.ctdssmap.com Web site.

Re-enrollment Reminder for Hospitals

The hospitals 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 near future:

- William W. Backus Hospital - Inpatient 4/10/2022
- Stamford Hospital - Outpatient 6/30/2022
- State of Connecticut DBA John Dempsey Hospital - Outpatient - 5/30/2022
- Middlesex Hospital - Inpatient (2) - 8/1/2022

Reminders/Upcoming Changes

Reprocessed this Cycle: Outpatient Crossover Claims Incorrectly Denied

Gainwell Technologies has identified and reprocessed claims which incorrectly denied for edit 2536 "INELIGIBLE FOR PAYMENT AS NO MEDICARE PAYMENT SUBMITTED ON DETAIL". The impacted claims have been identified and re-processed in the April 8, 2022 claims cycle and will appear on your April 12, 2022 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 52.

Trauma Questionnaire Responses

Hospitals who wish to submit Trauma Questionnaire Responses may fax them to 1-833-577-3519 or email them to CTXIX-TraumaMailbox@gainwelltechnologies.com. If providers wish to continue sending those responses on paper, please be sure to include the trauma questionnaire letter you received and

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place that immediately behind the documentation regarding the claim. Additionally, the information should be unstapled.

Transition to Gainwell Technologies for ctxixhosppay Email Box

Gainwell Technologies is pleased to announce that the hospital email box has migrated to @gainwelltechnologies.com. While emails sent to ctxixhosppay@dxc.com will auto forward for a short period of time, hospitals are encouraged to begin using the ctxixhosppay@gainwelltechnologies.com email address. Documentation, such as the Hospital Modernization page, has also been updated to reflect the correct email address. As a reminder, hospitals should direct most of their inquiries to the PAC.

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 be used to submit APC and DRG related questions only. All other inquiries should be directed to the Provider Assistance Center at 1-800-842-8440.