## Hospital Monthly Important Message Updated as of 4/14/25

\*All red text is new for 4/14/25

### CMAP Addendum B April 2025

The April version of CMAP Addendum B will be updated and posted to the Hospital Modernization page on the <a href="www.ctdssmap.com">www.ctdssmap.com</a> Web site in the near future. The update will be announced through an Important Message sent to Outpatient Hospitals.

The Department of Social Services (DSS) and Gainwell will update 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 April 1, 2025 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Once these updates have been made, an updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B V26.1 will be posted to the Hospital Modernization page on the <a href="https://www.ctdssmap.com">www.ctdssmap.com</a> Web site.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on April 3, 2025 with an effective date for dates of service April 1, 2025 and forward. If a claim was submitted before the updated G or K rate was loaded with a date of service on or after 4/1/2025, the claim will be mass adjusted in the 2<sup>nd</sup> cycle of May.

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. Inpatient claims submitted with new ICD-10 surgical codes will suspend with either EOB code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error" and then be finalized once the new grouper is in place.

### **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.

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 <a href="mailto:ctproviderenrollment@gainwelltechnologies.com">ctproviderenrollment@gainwelltechnologies.com</a> 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.

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

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: <a href="https://portal.ct.gov/DSS/HealthAnd-Home-Care/Medicaid-State-Plan-Amendments">https://portal.ct.gov/DSS/HealthAnd-Home-Care/Medicaid-State-Plan-Amendments</a>.

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**

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 2025-10 NEW Drug/Product Prior Authorization Form

The Department has posted a new Drug/Product Prior Authorization (PA) Request form. Effective 4/1/2025, this (PA) form is required to be submitted by the prescriber in instances when the prescriber is submitting an Early Refull Request. Proof Medically Necessary Request. Non-Professor

prescriber is submitting an Early Refill Request, Brand Medically Necessary Request, Non-Preferred Drug/Product Request, or an Optimal Dose Request.

The latest form can be found on the following link: <u>Pharmacy Prior Authorization Form</u> as well as at www.ctdssmap.com under the pharmacy information tab.

#### Provider Bulletin 2025-15 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 changes to clinical review criteria for certain medical goods and services.



## TPL Audit Report - April 2025

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

- DAY KIMBALL HOSPITAL
- YALE NEW HAVEN HOSPITAL
- NORWALK HOSPITAL ASSOCIATION
- STATE OF CONNECTICUT DBA JOHN DEMPSEY HOSPITAL
- BRIDGEPORT HOSPITAL
- GREENWICH HOSPITAL

## 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 <u>the re-enrollment due date</u> 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 <u>6 months</u>:

- 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.

#### 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 <a href="mailto:ctdssmap-provideremail@gainwelltechnologies.com">ctdssmap-provideremail@gainwelltechnologies.com</a>. Please be sure to include your name and phone number with your inquiry.

The <a href="mailto:ctxixhosppay@gainwelltechnologies.com">ctxixhosppay@gainwelltechnologies.com</a> 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 Friday, April 18, 2025 in observance of the Good Friday Holiday; the Department of Social Services (DSS) and Gainwell Technologies will re-open on Monday, April 21, 2025.

