

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **4/16/2024**

***All red text is new for 4/16/2024**

CMAP Addendum B April 2024

The April version of CMAP Addendum B will be updated and posted to the Hospital Modernization page on the www.ctdssmap.com 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 2024 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service April 1, 2024 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 V25.1 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 28, 2024 with an effective date for dates of service April 1, 2024 and forward.

Any procedure code that is new, changed or deleted will be updated in the near future. Any claims with new procedure codes will be identified and reprocessed on a future Remittance Advice (RA).

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.

The January Changes have been posted to the CMAP Addendum B Changes document on the Hospital Modernization page under “CMAP Addendum B Changes and Historical Versions”.

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 41 ICD-10 surgical codes being added and 6 being discontinued. New codes will not be recognized until the new diagnosis grouper is installed.

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 will be 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

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subsequent January 1st. DRG Weights, average length of stays and outlier thresholds for the new version will all have an effective date of January 1, 2024.

The Diagnosis Related Group (DRG) Calculator has been updated to reflect the DRG Weights, Average Length of Stays (ALOS) and Outlier Thresholds effective for discharge dates January 1, 2024 and forward. The Department of Social Services (DSS) has updated the hospital rates for discharge dates January 1, 2024 and forward. The hospital's Adjusted Base Rate, IME Factor and Cost-to-Charge ratio are located under the Provider Table CT tab in the DRG Calculator. In addition, the hospital's Behavioral Health and Rehab per diem rates have been updated for dates of service January 1, 2024 and forward. The updated DRG Calculator has been added to the Connecticut Medical Assistance Program (CMAP) Web site - Hospital Modernization Web Page.

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

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

Optum Change Healthcare (CHC) Network Service Interruption

Optum Change Healthcare (CHC) is experiencing a network service interruption as a result of a cyber security issue impacting specific trading partners that may impact your ability to submit either pharmacy POS claims and eligibility EDI transactions. According to Optum's website, this interruption is expected to continue at least through the day, February 22, 2024. Our security teams are working to mitigate and protect Gainwell networks and any affected client networks. If you have questions or require assistance, please contact the Provider Assistance Center (PAC) at 1-800-842-8440.

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 [2024-13](#) - Claim Adjustment Reason Codes (CARC) Changes on the X12 835 Health Care Claim Payment/Advice

This bulletin serves to inform all providers that on **May 1, 2024** the Department of Social Services (DSS) and Gainwell Technologies will be updating the Claim Adjustment Reason Codes (CARCs) and Claim Adjustment Group Codes (CAGCs) combinations for specific EOB codes on the X12 835 Health Care Claim Payment/Advice. This change is in support of feedback from the provider community that it is difficult to separate Medicare crossover claim adjustments from Medicaid primary claim adjustments.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-23](#) - 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 services and items.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-24](#) - Interim Payment Request Process for Providers Temporarily Unable to Submit Claims Due to Cyber Attack

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In response to the reimbursement interruption and impact caused by the Change Healthcare Cyberattack incident and in accordance with federal Medicaid guidance from the U.S. Centers for Medicare and Medicaid Services, the Department of Social Services (DSS) will be accepting interim payment requests from affected providers in order to maintain a continuation of care to members without interruption. This is a temporary measure and is only available to the extent that providers are temporarily unable to submit claims due to this incident. Affected providers must take all reasonable steps to reestablish their ability to submit claims as soon as feasible and should keep documentation of their process to regain the ability to submit claims normally.

Please refer to the provider bulletin for additional information.

TPL Audit Report - April 2024

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on April 1, 2024.

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

- Bridgeport Hospital - Inpatient - 6/26/24
- Bridgeport Hospital - Outpatient - 6/26/24
- Danbury hospital - Inpatient - 10/3/24
- Danbury Hospital DBA New Milford Hospital - Outpatient 10/3/24

Reminders/Upcoming Changes

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 claims the hospital provider can do one of the following 3 (three) things:

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Submit all claims on paper to GT (Gainwell Technologies) by

- FAX: 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 instead of attempting to keep submitting the claim w/same or different dates within the same month please refer to provider manual 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 our PAC (provider assistance center) at 800-842-8440 and if PAC can't assist, then they will forward your email over to the Provider representative that handles hospital claims.

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. All other inquiries will be re-directed to the Provider Assistance Center at 1-800-842-8440.