

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **5/21/2024**

**All red text is new for 5/21/2024*

CMAP Addendum B April 2024

The April version of CMAP Addendum B has been updated and posted to the Hospital Modernization page on the www.ctdssmap.com Web site. An important message was posted on April 23, 2024 to announce the updates. Attention Outpatient Hospitals: CMAP Addendum B Updated

The Department of Social Services (DSS) and Gainwell has updated 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).

These updates have been made, an updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B V25.1 has been 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.

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.

3M Grouper Updates

The Diagnosis Related Grouper (DRG) was implemented on April 24, 2024. Claims submitted on 4/24/24 with DOS 4/1/24 and after will use the new version of the grouper. Although this is a new version of the grouper, **there are no changes to DRG rates or weights.**

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-

interChange Provider Important Message

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 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.

Interim Payment Request Process for Providers Temporarily Unable to Submit Claims Due to Cyber Attack

Recoupment of Interim Payment:

DSS has been monitoring claim levels for all providers that received an interim payment due to the Change Healthcare Cyber Attack and has determined that some hospitals are back to normal payment levels based on their claim cycle payments in April and May. For those hospitals determined to be back at their normal payment levels will have the full interim payment recouped in the May 24, 2024 claim cycle. Hospitals will see this in their Remittance Advice (RA) dated May 29, 2024. Hospitals should expect to see the interim payment recouped in full in a future claim cycle, no later than September 30, 2024.

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 [2024-26](#) - Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices

Effective for dates of service May 1, 2024 and forward, DSS is updating the reimbursement rates for the following long-acting reversible contraceptive (LARCs) devices on the physician office & outpatient fee schedule:

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-27](#) - Update to the Automated Eligibility Verification System (AEVS) Response

interChange Provider Important Message

In an effort to support a timely Medicaid renewal process, the Automated Eligibility Verification System (AVES) and the batch ASC 5010 X12 271 eligibility response format will respond with a HUSKY member's eligibility renewal date.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-29](#) - Addition of Genetic Testing to Medical Authorization Portal

Effective June 1, 2024, enrolled genetic testing laboratory providers may submit prior authorization (PA) requests for genetic testing via the medical authorization portal.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-30](#) - Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)

The Department of Social Services (DSS) and Gainwell Technologies are publishing the Connecticut Medical Assistance Program Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 schedule for the benefit of the provider community.

Please refer to the provider bulletin for additional information.

TPL Audit Report - May 2024

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

- DANBURY HOSPITAL
- JOHNSON MEMORIAL HOSPITAL, INC
- PROSPECT MANCHESTER HOSPITAL, INC
- PROSPECT MANCHESTER HOSPITAL, INC
- PROSPECT ROCKVILLE HOSPITAL, INC
- 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
- St. Francis Hospital and Medical Center - Dental - 10/24/24
- St. Mary's Hospital Inc - Outpatient - 11/6/24
- St. Francis Hospital and Medical Center - Outpatient - 11/20/24

interChange Provider Important Message

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 the CT DSS portal, hospitals have been instructed to contact the benefit center or email ExpeditedHusky.DSS@ct.gov.

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:

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 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.

ctxihospipay 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 ctxihospipay@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.

Holiday Closures

Please be advised, that the Department of Social Services (DSS) and Gainwell Technologies' offices will be closed on Monday, May 27, 2024 in observance of the Memorial Day Holiday; the Department of Social Services (DSS) and Gainwell Technologies will re-open on Tuesday, May 28, 2024.