

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 7/16/24

*All red text is new for 7/16/24

CMAP Addendum B July 2024

The Department of Social Services (DSS) is in the process of updating 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 July 1, 2024 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 V25.2 will tentatively posted 7/24/2024 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 June 25, 2024 with an effective date for dates of service July 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 April 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

There is a tentative target date of 7/23/2024 for the implementation of the updated Diagnosis-Related Grouper (APR-DRG). An Important Message will announce when grouper changes have been implemented.

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

Diagnosis Related Grouper (DRG) January Updates - DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold

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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 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.

Recoupment of Interim Payments Due to Cyber Attack:

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. You can identify an interim payment recoupment by the reason code 8409 "Provider Interim Payment," under account receivables.

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 [2024-38](#) - 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 [2024-39](#) - Reimbursement Rate Increases for Select Behavioral Health Services for Children

Pursuant to section one of Public Act 23-204, the Connecticut Department of Social Services (DSS) was allocated seven million dollars towards increasing the reimbursement rates of select behavioral health services for children covered under HUSKY Health.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-41](#) - Confirmation of Receipt of Prescriptions Covered Under the Connecticut Medical Assistance Program (CMAP), Including Pharmacy Provider Claims, Excluding Medical Equipment, Devices and Supplies (MEDS).

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To address recent issues with the delivery of prescriptions, including local pharmacy delivery and commercial carrier delivery, the below requirements for all pharmacy services will become effective immediately. This policy supersedes the guidance established in [Provider Bulletin 2021-56](#).

Please refer to the provider bulletin for additional information.

TPL Audit Report - July 2024

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

- HOSPITAL FOR SPECIAL CARE
- SVMC HOLDINGS, INC

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 - Outpatient - 7/26/24
- 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
- SVMC Holdings, Inc - Inpatient - 12/27/24
- SVMC Holdings, Inc - Outpatient - 12/27/24
- SVMC Holdings, Inc - Inpatient - 12/27/24
- SVMC Holdings, Inc - Intermediate Duration - 12/27/24
- SVMC Holdings, Inc - Inpatient - 12/27/24
- Norwalk Hospital Association - Outpatient - 1/3/25

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.

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.

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Written Correspondence

For timely filing claims the hospital provider can do one of the following 3 (three) 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 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 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.