

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **6/18/2024**

***All red text is new for 6/18/2024**

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 Update for July 1, 2024 will be forthcoming.

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 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

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

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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.

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. 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 [2024-33](#) - Coverage of Over-the-Counter Formula and Nutritional Supplements for Clients Enrolled in the WIC Program and Medicaid

This bulletin serves as a reminder to providers that the CT Medical Assistance Program (CMAP) covers specialty/prescription formula for patients. The Special Nutrition Program for Women, Infants, and Children (WIC) patients on specialty formulas who also have Medicaid (HUSKY) coverage requires a prescription for specialty formula.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-34](#)

1) July 1, 2024, Changes to the Connecticut Medicaid Preferred Drug List (PDL):

The Pharmaceutical & Therapeutics (P&T) Committee has modified the list of preferred prescription products. The Committee has determined these preferred products as efficacious, safe, and cost-effective choices when prescribing for HUSKY A, HUSKY C, HUSKY D, Tuberculosis (TB), Emergency Medicaid Dialysis Service (EMDS), and Family Planning (FAMPL) clients.

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2) Reminder about the 5-day Emergency Supply:

In addition to the one-time 14-day temporary supply, DSS also allows for a 5-day emergency supply of a medication that requires PA for non-PDL or Brand Medically Necessary (BMN). If the pharmacist or prescriber is unable to obtain a PA and the client requires the medication after the one-time 14-day override has been used, the pharmacist may call the Pharmacy Prior Authorization Assistance Call Center, available 24 hours a day, 7 days a week, at 1-866-409-8386 to request a one-time 5-day emergency supply of the medication.

3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL):

This serves to provide clarification on billing requirements for a pharmacy when a brand name medication, which is identified as a preferred product on the Connecticut Medicaid PDL, is dispensed.

4) Pharmacy Web PA Tool:

Actively enrolled prescribing providers and clerks affiliated to the prescriber can utilize the Pharmacy Web PA feature to:

Please refer to the provider bulletin for additional information.

TPL Audit Report - June 2024

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

- DANBURY HOSPITAL
- DAY KIMBALL HOSPITAL
- GREENWICH HOSPITAL
- NORWALK HOSPITAL ASSOCIATION
- ST FRANCIS HOSPITAL AND MEDICAL CENTER
- STATE OF CONNECTICUT DBA JOHN DEMPSEY 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

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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.

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.

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.

Holiday Closures

Please be advised, that the Department of Social Services (DSS) offices will be closed on Wednesday, June 19, 2024 in observance of the Juneteenth Day Holiday; the Department of Social Services (DSS) will re-open on Thursday, June 20, 2024.

Please be advised that the Department of Social Services (DSS) and Gainwell Technologies (GT) offices will be closed on Thursday, July 4, 2024 in observance of the Independence Day Holiday; the Department of Social Services (DSS) and Gainwell Technologies (GT) will re-open on Friday, July 5, 2024.