

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **2/20/24**

**All red text is new for 2/20/24*

CMAP Addendum B January 2024

The January version of CMAP Addendum B has been updated and posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

The Department of Social Services (DSS) and Gainwell have 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 January 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 V25.0 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 December 26, 2023 with an effective date for dates of service January 1, 2024 and forward.

Any procedure code that is new, changed or deleted was updated on January 23, 2024. Any claims with new procedure codes were identified and reprocessed on your Remittance Advice (RA) for 2/14/2024.

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.”

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 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

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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.

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 [2024-04](#) - 2024 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes

Effective for dates of service, retroactive to January 1, 2024, and forward, the Connecticut Medical Assistance Program (CMAP) Department of Social Services (DSS) is adjusting the reimbursement for certain clinical diagnostic laboratory services. This update is being made to comply with federal Medicaid law (42 U.S.C. § 1396b(i)(7)), which prohibits state Medicaid programs from paying more than Medicare would pay for any laboratory service. These changes apply to the HUSKY Health Programs A, B, C and D.

Please refer to the provider bulletin for additional information

Provider Bulletin [2024-05](#) -

1) Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes on the Physician Office and Outpatient and Surgical Fee Schedules

Effective for dates of service, February 1, 2024 and forward, consistent with the current Connecticut Medical Assistance Program (CMAP) physician reimbursement methodology, the reimbursement methodology for the following procedure codes will be updated to 57.5% of the 2024 Medicare physician fee schedule. This update applies to services rendered and billed by enrolled physicians, podiatrists, physician assistants, advanced practice registered nurses. And certified nurse midwives. Refer to the chart below and the applicable physician fee schedules for the Maxfee rates.

2) Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Device

Effective for dates of service February 1, 2024 and forward, DSS is updating the reimbursement rate for the following long-acting reversible contraceptive (LARC) device on the physician office & outpatient fee schedule and family planning clinic fee schedule.

Please refer to the provider bulletin for additional information

Provider Bulletin [2024-06](#) -Payment Error Rate Measurement (PERM) Program Audit Requests

The Improper Payments Significant Information Act of 2002 directs Federal agency heads, in accordance with the Office of Management and Budget (OMB) guidance, to annually review its programs that are susceptible to significant erroneous payments and report the improper payment

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estimates to Congress. OMB identified the Medicaid and the Children's Health Insurance Program (CHIP) as programs at risk for erroneous payments.

Please refer to the provider bulletin for additional information

TPL Audit Report - January 2024

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

- BRIDGEPORT HOSPITAL
- MOUNT SINAI REHABILITATION HOSPITAL INC
- PROSPECT ROCKVILLE HOSPITAL INC
- THE DANBURY 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:

- Lawrence and Memorial Hospital - Outpatient - 2/22/24
- UCONN Health Ancillary Services - Outpatient - 2/22/24
- The Connecticut Hospice Inc - Inpatient - 3/1/24
- Windham Community Memorial Hospital - Inpatient - 3/25/24
- Greenwich Hospital - Inpatient - 4/11/24
- Bridgeport Hospital - Inpatient - 6/26/24
- Bridgeport Hospital - Outpatient - 6/26/24

Reminders/Upcoming Changes

Inpatient Hospital Claims require a Prior Authorization (PA)

Make sure that when you receive two separate PAs, that the PA date ranges do not overlap - when this happens the claim ONLY picks up one of the PAs. A denial will be received for the dates on the second PA.

Inpatient Hospital Fee Schedule for Organ Acquisition Cost

Hospitals are reminded that the Inpatient Hospital Fee Schedule for Organ Acquisition Cost can be found on the www.ctdssmap.com Web site under Provider > Provider Fee Schedule Download. Once on that page, select I Accept and scroll down to select the Hospital DRG Organ Acquisition pdf file.

The following chart is effective for 7/1/2023.

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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.