Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2021-64**
www.ctdssmap.com **September 2021**

TO: Acute Inpatient Hospitals

RE: Diagnostic Related Group (DRG) Review Process

The Department of Social Services (DSS) has been conducting reviews of inpatient hospital claims paid under the Diagnostic Related Group (DRG) methodology to ensure DSS is reimbursing the proper amount for these claims in conformance with Connecticut Medical Assistance Program (CMAP) policy. These post payment reviews are conducted by DSS' contractor, Health Management Systems, Inc. (HMS). Based on DRG review feedback from CT hospitals, DSS has implemented a new procedure which will reprice claims finalized through the DRG process directly in the Medicaid Management Information System (MMIS). This replaces the recoupment and rebill process and will expedite the issuance of final payment. Please refer to the CT DSS DRG Provider Review Process documented below for an outline of the overall process, what to expect at each stage, and important contact information.

Medical Record Requests

- Acute care, inpatient, in-state and border hospitals participating in CMAP will receive a list of claims monthly for which HMS is requesting medical records. These letters will be mailed to the address that is on file with CMAP or that you have provided to HMS. The letters are also available in the HMS Provider Portal. **Providers should visit the HMS Provider Portal at HMSPortal.HMS.com to remain in compliance.**
- Hospitals have 30 calendar days to submit the medical record to HMS. The preferred methods of submission are through the HMS Provider Portal or via secured file transfer protocol (sFTP). Records can also be sent via mail or fax. Details on how a hospital can submit records will be included in the letter.
- If the record is not received within 30 days, the claim will go to the hospital on a findings letter as a Technical Denial and the claim will be fully recouped.

Findings Letters

- If HMS receives a complete medical record, the record will be reviewed within 45 days of receipt and a finding letter will be issued. There are 3 different types of findings:
  - *Finding*- A Finding means that, upon review of the medical record, HMS identified an overpayment. The finding letter will include a detail page with the claim details and a description of the finding. The hospital has 30 calendar days to submit in writing a Reconsideration Request (dispute of the finding) before the Medicaid payment recovery is initiated. The reconsideration can be filed the same way medical records are submitted.
  - *No Finding*- No Finding means that, upon review of the medical record, HMS determined that payment was made correctly. No additional action is required from the hospital, and the Medicaid payment will not be recouped.

- *Technical Denial*- Technical Denial means that HMS did not receive a record or received an incomplete record for that claim. Once a hospital receives a technical denial finding, they have 30 calendar days to submit the medical record to HMS. Failure to submit the medical records will result in a full recoupment of the claim. Once HMS receives the medical record, it will be reviewed and a finding letter will be issued. If there is a finding, the hospital will then have an additional 30 calendar days to submit a reconsideration.

➢ All findings letters will be available in the HMS Provider Portal. Hospitals should check the portal monthly to ensure that they are up to date with responding to findings letters. If a reconsideration is not received for a finding or a technical denial, the Medicaid payment will be recouped 30 calendar days after the finding letter was issued.

Reconsideration Letters

➢ If a hospital submits a Reconsideration Request in response to a finding, there are three types of letters that can be issued:

- *Reconsideration Uphold*- Review of additional documentation concluded that initial overpayment determination was accurate. The overpayment amount will be recovered.
- *Reconsideration Overturned*- Review of additional documentation identified no overpayment. There is no further action needed from the hospital and no recoupment will be made.
- *Reconsideration Exhaust*- The hospital did not submit a rebuttal within 30 calendar days of the finding letter. This results in an uphold of the initial overpayment determination and the overpayment amount will be recouped.

Recoupment Process

➢ *Findings Letters*- If no rebuttal is received within 30 calendar days after issuing the findings letter, the Medicaid payment will be recouped.

➢ *Reconsideration Uphold/Reconsideration Exhaust Letters*- The overpayment amount will be recouped off a future remittance advice 30 calendar days after letter receipt.

➢ The overpayment amount will be recouped from the header level of the claim and hospitals will no longer need to rebill Medicaid using the updated coding. Please see Provider Bulletin 2021-40 '*Revised Diagnostic Related Group (DRG) Coding Review*s' for further details regarding the recoupment process for DRG reviews.

➢ Any claims that were recouped prior to June 2021 will need to be rebilled to CMAP by the hospital with corrected coding and DRG information as provided on the HMS Findings Detail reports.

- Any claims that cannot be billed electronically due to CMAP timely filing limitations should be sent as a PDF with the corresponding original ICN for the claim via secure e-mail to ct_medicaid_state@hms.com.
- HMS will review the submission and submit it to DSS for processing. Hospitals should ensure correct

placement of the primary and secondary diagnosis codes in order for the claim to be accepted and sent for processing.

HMS Contact Information

- To contact the HMS Provider Services Department:
  - E-mail: CTPI@hms.com
  - Phone: 1-866-206-6855
  - Fax: 1-855-278-3480
- The HMS Provider Portal can be accessed at HMSPortal.HMS.com. To set up HMS Provider Portal access:
  - *For existing eCenter users*: If you had an active account in the previous portal (eCenter), your account will automatically be migrated over to the new system**. Please do not register again with the new HMS Provider Portal.**
  - *For new users*: To set up a new account, go to HMSPortal.HMS.com and choose "Register". On the following screen, select Provider and complete the registration form.
- To schedule HMS Provider Portal Training:
  - To set up a training demo with HMS Provider Relations, please contact Abigail Calderon by phone at (702) 322-2066 or email at Abigail.Calderon@hms.com.
- For HMS Technical Assistance, please contact the HMS Help Desk at 1-844-715-4357.
- For sFTP set up, please contact GoGreen@hms.com.
- For escalated issues, please contact the HMS Account Management team at ct_medicaid_state@hms.com.