



**COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC.'S  
PROVIDER NEWSLETTER**

**VOLUME 6, ISSUE 3, FOURTH QUARTER ■ 2005**



# The Network News

## **CHNCT's Healthy Beginnings Program: Program Enhancements**



Community Health Network Of Connecticut (CHNCT) is working to improve the birth outcomes of its membership through early identification, stratification and appropriate education and management of pregnant members. In an effort to achieve these goals, CHNCT is making the following enhancements to its Healthy Beginnings maternity program.

Program educational mailings will continue. The content of these mailings will be reviewed and updated annually to ensure that the most timely information is disseminated. As always, CHNCT will strive to ensure cultural and linguistic sensitivity in its materials.

All pregnant members will be stratified and touched telephonically. Members will be placed in high risk and moderate and low levels. Stratification and education is as follows:  
High Risk: a nurse with high risk perinatal experience will provide pro-active telephonic education with members who show any of the risk factors listed under section II of the Risk Factors on the Obstetric Notification/Risk Assessment Form. Members will be contacted monthly or more often depending upon the condition and the member's status.

Moderate Level: for members exhibiting social risk factors, a non clinical staff member will make contact with the member, encourage entry into prenatal care, and address social issues with the member such as homelessness, psychological issues, substance abuse or domestic violence. She will make referrals on the member's behalf to any appropriate social service agencies, as well as CHNCT's behavioral health subcontractor and will identify issues that may change the member's stratification level. Contact will be made once a trimester and postpartum.

Low Level: CHNCT has three outreach care coordinators, each of whom has a medical background as a certified nursing assistant. These outreach coordinators will contact all members experiencing normal pregnancies (again, once a trimester and again postpartum) to encourage prenatal care and appropriate self-care, and/or to identify issues that may change the member's stratification level. They will assist members in choosing obstetricians and pediatricians and help them to make appointments.

As you can see by our plan, early identification of pregnant members is key to its success in improving birth outcomes. CHNCT would like to work with you by supporting your treatment plan for our expectant mothers and we encourage you to submit these obstetric notification forms as soon as you are aware that a member is pregnant.

If there is any way that we can assist you in helping our pregnant members achieve the best possible outcome, please contact Dodi Michaud, Health Program Developer, at 203-949-4075.

### **Electronic Claim Submissions**

CHNCT has noticed an increase in paper claim submissions. Please consider the following:

- Paper claims take longer to process therefore slowing down your reimbursement.
- Sending paper versions of claims that you have submitted electronically will slow down the processing and result in duplicate claim rejections.

We accept claims electronically via our clearinghouse or by direct connection. Our WebMD payer number is 62149. If you have questions, contact us at 800-440-5071.

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**TO REPORT SUSPECTED  
FRAUD OR ABUSE,  
PLEASE CALL CHNCT'S**

***Fraud Reporting  
Hotline***

**1-866-700-6109**



# 2005-2006 INFLUENZA VACCINE INFORMATION

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) has published recommendations for use of influenza vaccine for the 2005-2006 season. Based on recommendations of the Advisory Committee on Immunization Practices (ACIP), a group that advises CDC on vaccinations, the CDC has disseminated its recommendation widely in the media and through mailings to providers and institutions.

For all appropriate recipients, the optimal time to vaccinate is October and November, although the length of the influenza season and the past pattern of peak flu activity means that late vaccination (December and later) can still provide protection against influenza.

This notice is intended to call attention to, and to reiterate, several of the recommendations as well as to provide selected ancillary information.

## Primary Changes in the 2005 Recommendations

- Beginning this season, CDC recommends that all children 6 months through 23 months of age receive a flu shot.
- ACIP recommends that persons with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration be vaccinated against influenza.
- ACIP emphasizes that all health-care workers should be vaccinated against influenza annually.
- Use of both available vaccines (inactivated and LAIV) is encouraged for eligible persons every influenza season, especially persons in recommended target groups. During periods when inactivated vaccine is in short supply, use of LAIV is especially encouraged when feasible for eligible persons (including health-care workers) because use of LAIV by these persons might considerably increase availability of inactivated vaccine for persons in groups at high risk.

## Priority Groups

Given uncertainties in doses and distribution, CDC\* has recommended a tiered prioritization early in the 2005-2006 season for receiving inactivated influenza vaccine (TIV) vaccination. The CDC has further recommended that the following priority groups, made up of individuals considered at increased risk for complications from influenza infection, receive TIV until October 24, 2005:

- Persons aged  $\geq 65$  years with comorbid conditions;
  - Residents of long-term care facilities;
  - Persons aged 2-64 years with comorbid conditions;
  - Persons aged  $\geq 65$  years without comorbid conditions;
  - Children aged 6-23 months (Note: Influenza vaccine is not approved for use in children less than 6 months old);
  - Pregnant women;
  - Healthcare personnel who provide direct patient care;
  - Household contacts and out-of-home caregivers of children aged less than 6 months.
- \*MMWR 2005; 54(34):850.  
*Beginning 10-24-05, all persons will be eligible for vaccination.*

The tiered use of prioritization is not recommended for live attenuated influenza vaccine (LAIV). LAIV may be administered at any time for vaccination of non-pregnant healthy persons aged 5 through 49 years, including most health-care personnel, other persons in close contact with groups at high risk for influenza-related complications, and others desiring protections against influenza. Additional information is available at <http://www.cdc.gov/flu>.

## ACIP Recommendations Regarding Inactivated Influenza Vaccine: Persons Who Should Not Be Vaccinated

CDC has recommended to the public that inactivated influenza vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine without first consulting a physician. Prophylactic use of antiviral agents is mentioned as an option for preventing influenza among such persons. Additional information is available at <http://www.cdc.gov/flu>.

## ACIP Recommendations for LAIV: Persons Who Should Not Be Vaccinated with LAIV

Regarding intranasally administered live attenuated influenza vaccine (LAIV), the ACIP has indicated that LAIV (trade name FluMist™) can be considered a useful option to inactivated vaccine for vaccination against influenza of specific population groups. It should be noted, however, that LAIV does not replace the inactivated vaccine and is not approved for all groups who can use the inactivated vaccine. LAIV is not recommended for persons at high risk for complications from influenza and thus individuals who should NOT receive LAIV include:

- Those younger than 5 years of age, or aged 50 years and older;
- Those with asthma, reactive airway disease or other chronic disorders of the pulmonary or cardiovascular systems;
- Those with chronic underlying medical conditions, including such metabolic diseases as diabetes, renal dysfunction, and hemoglobinopathies;
- Those with known or suspected immunodeficiency diseases or who are receiving immunosuppressive therapies;
- Children or adolescents receiving aspirin or other salicylates;
- Those with history of Guillain-Barré syndrome;
- Pregnant women;
- Any person who has a history of hypersensitivity to eggs or to components of LAIV.

Additional information is available at <http://www.cdc.gov/flu>.

## FDA PUBLIC HEALTH ADVISORY: Strattera® (atomoxetine) for Attention Deficit Disorder



On September 29, 2005 the Food and Drug Administration (FDA) issued a Public Health Advisory to alert physicians of reports of suicidal thinking in children and adolescents associated with Strattera® (atomoxetine), a drug approved to treat attention deficit hyperactivity disorder (ADHD). The FDA additionally directed Eli Lilly and Company, manufacturers of Strattera®, to develop a Medication Guide for patients and caregivers.

The FDA is advising health care providers and caregivers that children and adolescents being treated with Strattera® should be closely monitored for clinical worsening, as well as agitation, irritability, suicidal thinking or behaviors, and unusual changes in behavior, especially during the initial few months of therapy or when the dose is changed (either increased or decreased).

Health care professionals are encouraged by the FDA to report any unexpected adverse events associated with Strattera® directly to Eli Lilly at 1-800-LillyRx or to the FDA MedWatch program at 1-800-FDA-1088; by FAX at 1-800-FDA-0178; by mail to MedWatch, FDA, HFD-410, 5600 Fishers Lane, Rockville, MD 20857-9787; or online at [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm).

Additional information on this matter may be obtained at: [www.fda.gov](http://www.fda.gov).

## PCP SCHEDULING STANDARDS



CHNCT requires that all participating providers maintain emergency coverage 24 hours a day, 7 days a week. Specifically, on-call coverage is a contractual obligation for any participating PCP's. CHNCT should be informed of coverage arrangements.

Providers shall ensure that members have access to a live individual to handle medical problems in an emergency. Additionally, PCP scheduling practices must ensure that:

- Emergency cases are seen immediately or referred to an emergency facility.
- Urgent cases are seen within 48 hours of PCP notification.
- Routine cases are seen within 10 days of member's request.
- Well-care visits are scheduled within six weeks of PCP notification.
- New member appointments are provided within two weeks of notification.
- Maximum waiting times are within:
  - 30 minutes for scheduled appointments and
  - within 60 minutes for unscheduled appointments
  - 30 minutes for a provider to respond to pages for urgent care needs and within 45-minutes for semi-urgent needs.
- Must have 24-hour on-call system
- All providers must be available through the contracted practice a minimum of 20-hours each week

CHNCT evaluates and monitors provider compliance with scheduling requirements. These scheduling requirements are designed to enhance access to health services and to provide assurance of service availability based on the urgency of need.

## Provider Notes

### HIPAA National Provider Identifier

If you have not done so already, we strongly urge you to apply for your unique National Provider Identifier. The NPI Final Rule that was issued on January 23, 2004, will allow each physician, health care professional and institution that conducts electronic transactions to use one unique identifier for all your business needs.

Most health plans will be required to accept and use NPI's in standard transactions by May 23, 2007. In the event of a delay in NPI assignment we recommend filing applications well before the compliance date of May 23, 2007, to avoid possible claim rejections.

The Centers for Medicare and Medicaid (CMS) allow you to apply for your NPI in three ways:

- Apply through an easy web-based application process by logging on to <https://nppes.cms.hhs.gov>.
- Prepare a paper application and submit it to the NPI Enumerator. The application can be found at the CMS website <https://nppes.cms.hhs.gov>.
- or by calling (800) 465-3203 or TTY (800) 692-2326.

Bulk Enumeration may be an option if you are part of a professional association. You only need a single NPI even if you provide services at various locations. Be sure to apply once to avoid being assigned additional NPI's.

For more information on NPI, visit the CMS website at [www.cms.hhs.gov/hipaa/hipaa2/](http://www.cms.hhs.gov/hipaa/hipaa2/) or call the HIPAA hotline at (866) 282-0659. If you've already received an NPI, please contact our Provider Relations Department to arrange for electronic acceptance.

### UB-92 BILLING REMINDER

Any provider that is submitting claims on a UB-92 should be reminded that we cannot accept a Bill-Type 135 or 137 (late charges or corrected claim) unless a previous claim had been submitted for the same services and same date of service. In other words, we cannot correct or add to a claim that we have not received previously.

### SAGA Balance Billing Reminder

Recently, CHNCT has been getting a number of bills for balances for remainder in charges for services rendered to members. In your agreement with CHNCT, it identifies that you agree to look solely to CHNCT or DSS, as applicable, for payment for Covered Services provided to Members. As a Contractor and Practitioner you further agree that in no event, including, without limitation, non-payment by CHNCT, bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against, a Member or any person acting on behalf of the Member, other than CHNCT, for Covered Services provided; bill or charge a Member for missed appointments or duplication of patient records. This does not prohibit Contractor from collecting co-payments, deductibles or supplemental charges specifically provided in the Plan.



### Reminder:

We are now located in Wallingford. Please send paper claims, referral forms and correspondence to:

Community Health Network of Connecticut, Inc.  
11 Fairfield Boulevard  
Wallingford, CT 06492

# IMPORTANT PHONE NUMBERS...

| DEPARTMENT            | PHONE                 | FAX            |
|-----------------------|-----------------------|----------------|
| Main Switchboard      | (203) 949-4000        | (203) 265-2970 |
| Provider Relations    | (800) 440-5071        | (203) 265-3609 |
| Care Management       | (800) 440-5071        | (203) 265-3994 |
| Claims                | (800) 440-5071        | (203) 265-3590 |
| HUSKY Member Services | (800) 859-9889        | (203) 265-3197 |
| SAGA Member Services  | (866) 361-7242 (SAGA) |                |
| Fraud Reporting       | (866) 700-6109        |                |



## ePower Reminder!

ePower is a free on-line service that CHNCT offers to its participating providers. Through ePower, providers can look up eligibility history, claim status and specialists can look up authorizations for services. Provider office staff no longer needs to spend valuable time making telephone inquiries. Providers can obtain information on ePower by visiting our website at [www.chnct.org](http://www.chnct.org) and clicking on the ePower provider link, or by calling your Provider Relations Representative line at **(800) 440-5071**.

The Network News Provider Newsletter is a publication of Community Health Network of Connecticut, Inc. (CHNCT). It offers new policies and tips on following procedures for CHNCT, for administering both the HUSKY A and B and SAGA programs.

We pledge each member will be serviced with the highest level of respect, dignity, and professional integrity. In partnership with our provider network, we will continually seek to improve the healthcare status and well being of our members and their families that have entrusted us with their care.

Community Health Network of Connecticut, Inc.  
11 Fairfield Boulevard, Wallingford, CT 06492  
Phone: (203) 949-4000 Fax: (203) 265-2970  
[www.chnct.org](http://www.chnct.org)

## ePower Testimonials

We would like to here what our Provider Offices think about ePower? Call us at (800) 440-5071 or fax us your testimonial at (203) 265-3609.



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