



Network News

A NEWSLETTER FOR COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC. PROVIDERS / FALL-WINTER 2007

What's Inside:

FORMS NEWS
PAGE 2

NEW!
PROVIDER
CALL CENTER HOURS
PAGE 2

REMINDER:
MEMBER ACCESS
PAGE 2

IMPORTANT CHNCT
PHONE & FAX NUMBERS
PAGE 3



TO REPORT
SUSPECTED
FRAUD OR ABUSE,
PLEASE CALL
CHNCT'S
*Fraud Reporting
Hotline*
1-866-700-6109

Hello Healthcare Providers! Important Member Incentives

Please Spread The Word!

CHNCT currently has three member incentive programs in place designed to encourage and reward pregnant members and teens to obtain timely care.

Healthy Beginnings:

Prenatal incentive: Pregnant members who obtain their first prenatal visit in the first trimester or within forty two (42) days of enrollment receive a twenty-five dollar (\$25.00) Target Gift Card!



Postpartum incentive:

New moms who obtain their post partum visit within twenty one (21) and fifty six (56) days post delivery receive a coupon for a free portrait package at J.C. Penny! This is a minimum value of forty-nine dollars and ninety nine cents (\$49.99). There's no sitting fee and the member receives one 8 X10, two 5X7's and fifteen wallet size photos...for free!

Adolescent Well Care:

CHNCT will reward teens that obtain their well care visit each year by sending them a twenty-five dollar (\$25.00) gift card to Footlocker. And YOU can help. Here's how: CHNCT sends each teen between the age of 15-20 a Happy Birthday card during their birth month. In the card are instructions to bring the birthday card with them when they go for their well care visit and ask the provider to imprint the office stamp on a designated area of the card. The teen then returns the postage prepaid birthday card back to CHNCT. When we receive it, we send the Footlocker gift card!

An important change in UB-04 and HCFA 1500 Forms Submission

Effective October 15, 2007, Community Health Network of Connecticut will no longer accept claims submitted on a photocopied claim forms. Any photocopied claims received on or after October 15, 2007 will be returned to the provider for resubmission. Handwritten claim forms and the use of "white - out" will not be accepted. This change to claim submission requirements is necessary in order to facilitate our transition to advanced scanning technologies to scan and process claims. We encourage providers to submit claims electronically. Electronic claim submissions result in faster reimbursement and claims processing efficiency.

If you have any questions, please call our Provider Call Center @ 1-800-440-5071



FORMS NEWS

INFLUENZA IMMUNIZATION RECOMMENDATIONS FOR 2007-2008 INFLUENZA SEASON

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 2007-2008 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 through the media and also through mailings to providers and institutions.

For all appropriate recipients, the optimal time to vaccinate is October and November, although both length of the influenza season and the past pattern of peak flu activity mean that vaccination later in the flu season (December and later) can still provide protection against influenza. Because children aged 6 months through 8 years who have not been previously vaccinated need 2 doses of vaccine, they should optimally receive their first dose in September so that both doses can be administered before the onset of influenza activity.

The 2007-2008 trivalent vaccine strains are A/Solomon Islands/3/2006 (H1N1)-like (new for this season), A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like viruses.

This notice is intended to call attention to, and to reiterate, several of the present recommendations; and also to provide selective ancillary information.

ACIP Recommendations for Live Attenuated Influenza Vaccine (LAIV): Persons Who Should Not Be Vaccinated with LAIV

Regarding intranasally administered live attenuated influenza vaccine (LAIV), the ACIP has indicated that LAIV 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 certain persons at high risk for complications from influenza. Individuals who should NOT receive LAIV (and thus should only receive inactivated vaccine) include:

- Those younger than 5 years of age, or age 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>.

2007 RECOMMENDATIONS

(NEW AND UPDATED INFORMATION FOR THE 2007-2008 "FLU SEASON")

Annual influenza vaccination is presently recommended for the following groups:

- Persons at increased or high risk for influenza-related complications and severe disease, including:
 - All children aged 6 months through 59 months.
 - Persons aged 50 years and older.
 - Pregnant women or those who will be pregnant during influenza season.
 - Persons of any age with certain chronic medical conditions:
 - Pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes); those with a 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; those who have immunosuppression, including that caused by medications or disease condition.
 - Children and adolescents (aged 6 months – 18 years) who are receiving long-term aspirin or other salicylate therapy.
 - Residents of nursing homes and other chronic care facilities.
- Persons who live with or care for persons at high risk, including:
 - Household contacts and those who have frequent contact with: children under 59 months; adults age 50 years and older; and those with medical conditions that put them at higher risk for severe complications from influenza.
 - Health care workers and employees of facilities and residences for persons in groups at high risk

The 2007 recommendations include the following:

- CDC recommends vaccination of healthy children 24 through 59 months of age and their household contacts and out-of-home caregivers. This update extends previous recommendations for vaccination of children so that all children 6 months through 59 months of age receive annual vaccination.
- CDC emphasizes that all **previously unvaccinated** children 6 months through and including 8 years of age should receive **2 doses** of influenza vaccine. Those children who receive trivalent inactivated vaccine (TIV) should have a booster dose of TIV administered ≥ 4 weeks after the initial dose, yet before the onset of influenza season, if possible. Those children ages 5 years through and including 8 years who receive live, attenuated influenza vaccine (LAIV) should receive a second dose of LAIV ≥ 6 weeks after the initial dose, before the influenza season, if possible. If a child was vaccinated with influenza vaccine for the first time during a previous season but received only one dose of vaccine during that same season, 2 doses of vaccine should be administered this season.
- ACIP also emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in a community.
- ACIP recommends that neither amantadine nor rimantadine be used for the treatment of chemoprophylaxis of influenza A in the United States because of recent data indicating widespread resistance of influenza virus to these medications. Oseltamivir or zanamivir may be prescribed if antiviral treatment or chemoprophylaxis of influenza is indicated.

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

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

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. Chemoprophylactic 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>.

NPI UPDATES



The deadline for NPI numbers is **November 1, 2007**. Community Health Network of Connecticut will begin denying claims that are submitted without the appropriate NPI numbers. This is effective with all claims submitted on or after November 1, 2007.

The National Provider (NPI) final rule was mandated as part of HIPAA and published in the Federal Register on January 23, 2004. Providers may apply for an NPI online @ <https://nppes.cms.hhs.gov/NPPES/Welcome.do> <<file://localhost/NPPES/Welcome.do>>



New Provider Call Center Hours

Please make note of our current provider call center hours: Monday through Friday the call center will be opened at 8am and will close at 4:30pm. As of December 1, 2007 the provider call center hours will be Monday – Thursday 8am – 4:30pm and Friday 9am – 4:30pm. The provider call center is 1-800-440-5071. We can also be reached via email providerinquiries@chnct.org.



Save time save money!

ePower is a free online tool at CHNCT that allows providers to verify eligibility of CHNCT members, claims status, and authorization. This system runs on a secure web server and all patient data is protected when you are connected. Please contact us epowerhelp@chnct.org or our Provider call center @ 1-800-440-5071.

www.chnct.org

Important Phone Numbers

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

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.

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