

Network News

Community Health Network of Connecticut, Inc.

A Newsletter for CHNCT Providers

March 2011

EDUCATING PROVIDERS ON FRAUD, WASTE AND ABUSE

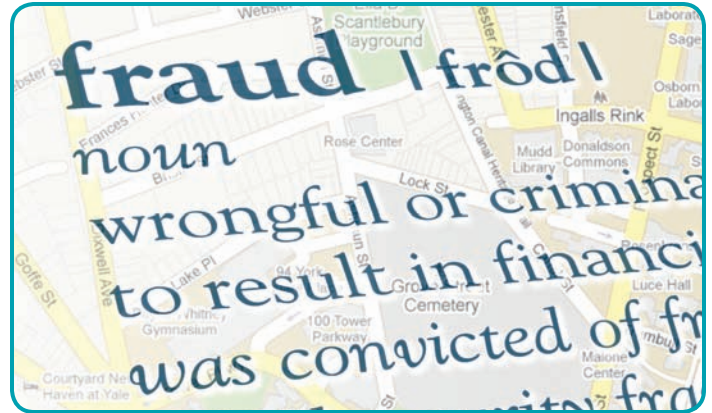
As a government contractor, CHNCT recognizes the importance of protecting the integrity of the programs we administer. As part of our Compliance and Ethics Program, we have developed policies and procedures regarding fraud and abuse that help educate our staff, providers and other contractors on various laws and regulations and how suspected fraud can be reported.

Topics addressed in CHNCT's policies include:

1. Federal False Claims Act legislation;
2. Procedures for detecting and preventing waste, fraud and abuse;
3. Connecticut state laws pertaining to civil and criminal penalties for false claims and statements involving federal healthcare programs; and
4. Whistleblower protections under such laws.

Providers may access these policies and procedures by visiting the Provider page of CHNCT's website (www.chnct.org) and clicking the Fraud and Abuse link on the left. CHNCT offers both a toll-free hotline and a reporting form to report suspected fraud and abuse. To report any concerns, providers may call 1.866.700.6109 or download CHNCT's Program Integrity Reporting Form on the Fraud and Abuse page of CHNCT's website.

In addition to CHNCT's policies and procedures, the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services has recently posted new physician educational materials regarding



fraud and abuse on its website. In February 2010, the OIG has added a PowerPoint presentation and speaker notes that providers may use to teach the material contained in the booklet they previously released, A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse. All materials were created to assist in teaching physicians about the Federal laws designed to protect the Medicare and Medicaid programs and the individuals they serve from fraud, waste and abuse. You can access all materials by visiting the following website: <http://oig.hhs.gov/fraud/PhysicianEducation/index.asp>

CHNCT IS GOING PAPERLESS

In an effort to move to a paperless environment, we are going to begin sending out important updates electronically. **We will also continue to post these important updates to our website.** Moving forward, our Provider Newsletters will only be published on our website at www.chnct.org. We will no longer be mailing them to providers. If you would like to receive important updates and our Provider Newsletter electronically, please email the following information to Robert Vecchio at rvecchio@chnct.org.

- Name of Practice
- Contact Name
- Contact Number
- Email Address
- Business Address



NOTICE REGARDING COVERAGE OF FOOT ORTHOSES



Foot orthoses, e.g., external orthopedic appliances or devices, in the form of inserts, arch supports and footwear are NOT covered under the benefit plan for Charter Oak members. These items are those as defined by HCPCS codes L3000 through L3649.

In addition, foot orthoses and/or corrective arch supports are NOT provided for HUSKY members under five years of age. Note, however, that metatarsus adductus shoes are an exception, limited to a congenital metatarsus adductus and are limited to children through age four.

REMINDER: APPROPRIATE USE OF CODE E1399

CHNCT is posting this notice to remind providers that code E1399 is miscellaneous durable medical equipment (DME) code, which should be used as a code of last resort for DME items, and may not be used for disposable items or diabetic supplies. The use of code E1399 is further limited to items for which no other HCPCS code exists.

Prior Authorization is required for all items, which will be reimbursed under code E1399. An invoice that includes the Manufacturer's Suggested Retail Price (MSRP) is required for all authorization requests and for all claims submitted with this code.

CHNCT encourages our providers to select code(s), which accurately describe the item dispensed. For lists of durable medical equipment, devices and supplies and associated fees, please refer to the State of Connecticut Department of Social Services Medicaid Fee Schedules under "MEDS," located at www.ctdssmap.com

This is in effect for HUSKY A, HUSKY B and Charter Oak lines of business.

For questions regarding the appropriate use of code E1399, you may contact our Provider Call Center at 1.800.440.5071, option 7.



THANK YOU FOR YOUR HELP

HEDIS

Thank you for supporting our HEDIS project! We know our requests for access to our members' medical records may be disruptive to your practice. So we want to let you know how much we appreciate your efforts. Through the HEDIS data, we're able to monitor the care our members receive and develop interventions to encourage members to see their health care providers and follow up as appropriate.

CAPHS

The CAHPS surveys will be going out to your patients soon. Please let them know that they may receive a call or questionnaire about CHNCT and encourage them to freely respond. The feedback we receive provides a platform for continuous improvement efforts to ensure CHNCT members get the care they need. Thank you!

CHNCT REMINDER: PROVIDER RECONSIDERATION PROCESS

CHNCT updated its Provider Reconsideration Process, effective August 2, 2010. This process gives providers an avenue to address claims denied for administrative reasons, which were denied by CHNCT in error and reported within 60 days of the date of the remit. (This process is not for claims that were denied due to medical necessity.)

If you feel that CHNCT denied a claim in error and it is within 60 days of the remit, please contact the Provider Call Center at 1.800.440.5071.

The call center representative will decide whether the claim was denied in error. If it is determined that the



claim denied in error, they will facilitate reprocessing your claim(s).

If a claim is denied for COB and you believe that CHNCT is the primary payer, you must:

- Fax CHNCT a term letter from the primary payer; OR
- Fax CHNCT information from the (former) primary payer's website that shows an end date for the Member's coverage; OR
- Fax CHNCT an EOB from the (former) primary payer showing the member was not eligible with that plan on the date of service. This will allow CHNCT to process the claim for the specific Date of Service; OR
- Provide the name and social security number of the policyholder. With this information CHNCT can investigate whether another policy is primary.

Please note: This process is not a replacement to a provider's appeals rights.

If you feel that CHNCT denied a claim in error and it is more than 60 days of the remit, please contact your Senior Provider Relations Representative.

If you have any questions regarding this communication, please contact the Provider Call Center at 1.800.440.5071.

IMPORTANT: POLICY CHANGES

Effective for dates of service March 1, 2011 and forward, the Department of Social Services (DSS) is increasing the allowance for procedure code J7302 (Levonorgestrel-releasing intrauterine contraceptive system, 52mg). Please refer to the DSS Physician Office and Outpatient Fee Schedule for the applicable fee.

PLEASE REGISTER FOR ePower

@chnct.org

One of the services CHNCT offers its participating providers is the ePower tool. This free, web-based tool allows providers to verify claim status, member eligibility and authorizations.

Upon registration, you will receive an ePower User Manual along with an Administration Manual that will help you navigate through the ePower software.

To obtain access, complete the ePower Amendment found on our website at www.chnct.org. Please print out two copies of the Amendment and mail both original copies to:

CHNCT Provider Relations
11 Fairfield Blvd., Suite 1
Wallingford, CT 06492

Once CHNCT receives a list of the users at your practice, they will be set up with a user name and password. It is quick and easy.

If there are any issues or if your password needs to be reset, simply call our Provider Call Center at 1.800.440.5071.

CHNCT HAS NEW CLAIMS PROCESSING ADDRESS

Effective immediately, all completed paper medical/surgical claims should be sent to our new claim processing center at:

Community Health Network of Connecticut, Inc.
Claim Processing Center
PO Box 830704
Birmingham, AL 35283-0704

These claims include:

- Completed single CMS-1500 and UB-04 claim forms
- Completed CMS-1500 and UB-04 claim forms with attachments to support the claims
- Completed CMS-1500 and UB-04 claim forms with other insurance EOB attached for coordination of benefit
- All corrected medical/surgical claims

All other correspondences should be sent to the following address:

Community Health Network of Connecticut, Inc.
11 Fairfield Blvd., Suite 1
Wallingford, CT 06492

Providers submitting paper claims must use original red CMS-1500 and UB-04 claim form, as these claims will be electronically scanned.

Providers interested in submitting claims electronically to CHNCT should contact CHNCT's Management Information Systems (MIS) department at 1.203.949.4000 for more information.



Community Health Network of Connecticut, Inc.
"The One With the Sun"

TO REPORT SUSPECTED FRAUD OR ABUSE, PLEASE CALL CHNCT'S FRAUD REPORTING Hotline 1.866.700.6109

PRSR STD
AUTO
U.S. Postage
PAID
Marion, CT
Permit No. 17

Community Health Network
of Connecticut, Inc.
11 Fairfield Blvd., Suite 1
Wallingford, CT 06492

