



A NEWSLETTER FOR COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC. PROVIDERS / SUMMER 2006

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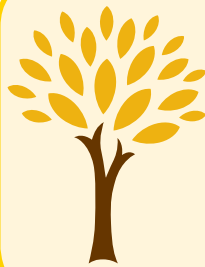
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**TO REPORT
SUSPECTED
FRAUD OR ABUSE,
PLEASE CALL
CHNCT'S**

*Fraud Reporting
Hotline*

1-866-700-6109



1st Annual CHNCT Foundation Golf Tournament

On, Monday, August 28, 2006, The CHNCT Foundation will be holding its First Annual Golf Tournament at the TPC River Highland-Home to the Buick Championship, A PGA Tour Event. The CHNCT Foundation is a non-profit, tax-exempt 501(c)(3) charitable organization that promotes the importance of healthcare initiatives for underprivileged children. For more detailed information visit us at: www.chnctfoundation.org/golf or please contact us via email: foundation@chnct.org.

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 PCPs. 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

National Provider Identifier (NPI)

The NPI will affect all of us within the next year or so. The deadline for implementing the system is May 23, 2007. Part of HIPAA, the NPI was mandated in the HIPAA regulations. The idea is that one national number will identify all healthcare providers who submit electronic transmissions. This number is not based on any information about the provider and you cannot get any information about a provider from reading the number.

What providers will need to obtain an NPI? Answer: Anyone that submits electronic transmissions. This includes facilities, group practices and the individual providers associated with them. The process is easy and there are ways to submit groups of providers at once. To learn more, visit CMS at <http://www.cms.hhs.gov/NationalProvIdentStand/>.

HCFA 1500

The National Uniform Claims Committee (NUCC) has released the revised version of the HCFA1500 that accommodates the reporting of the National Provider Identifier (NPI).

CHNCT is requesting that providers use the new form by April 1, 2007. We will be ready to receive the new form after October 1, 2006 so any provider that wishes to use the new form may do so. Any claim submitted after April 1, 2007 will have to be on the new form. For more information and a PDF version of the new HCFA 1500, please log onto: <http://www.nucc.org/>.

Advance Directives Reminder

Members have the right to make decisions concerning their medical care, including The federal Patient Self-Determination Act (PDSA) encourages patients to make decisions in advance about the types of medical treatment they are willing to accept in the event that they become unable to make healthcare decisions for themselves. It requires healthcare providers to acknowledge these directives should the patient become incapacitated.

Under the PDSA, health care providers and agencies must ask patients if they have documentation of these decisions, called Advance Directives, Living Wills, etc. CHNCT urges all its providers to post notification of whether or not a member has a living will or advance directive or other form of care instructions in a prominent place in each patient's current medical record, preferably at the front of the chart.

Important Notice Regarding Remittance Advice and Check Schedule

Community Health Network of Connecticut, Inc. has implemented a change in the Remittance Advice (RA) and check issue dates for both HUSKY and SAGA. This change began with the SAGA check write of August 9th.

The following is the schedule for the remainder of 2006. We will be posting this schedule as well as a 2007 schedule on the CHNCT website shortly. If you have any questions regarding these changes, please contact Network Management at 1-800-440-5071.

2006 SCHEDULE

Month	Program	Process Date*	Mail Date
August	SAGA HUSKY	9th and 23rd 16th and 30th	10th and 24th 17th and 31st
September	SAGA HUSKY	6th and 20th 13th and 27th	7th and 21st 14th and 28th
October	SAGA HUSKY	4th and 18th 11th and 25th	5th and 19th 12th and 26th
November	SAGA HUSKY	1st and 15th 8th and 29th	2nd and 16th 9th and 30th
December	SAGA HUSKY	6th and 20th 13th and 27th	7th and 21st 14th and 28th

*THIS SCHEDULE IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

ePower - Have You Checked It Out?

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 about ePower by visiting our website at www.chnct.org and clicking on the ePower provider link, or by calling your Provider Relations Representative line at **1-800-440-5071**.

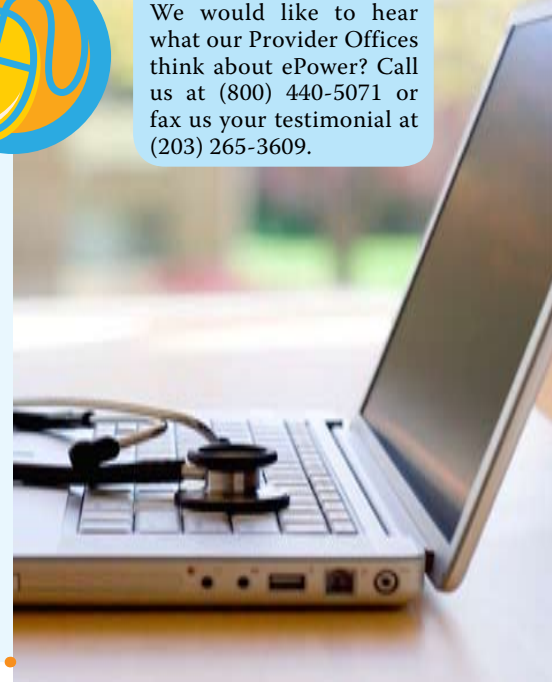


ePower Testimonials

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

Electronic Claims News

We have signed an agreement with Post-n-Track, a web-based claim portal that will allow you to send your claims to us electronically. This is in addition to our current AdminisTEP and Emdeon Connection. You may submit claims to several Connecticut payers through their system. If you do not currently have an office billing system, their software will allow you to type your claims in and send them to us via the internet. Visit them on the web for more information at <http://www.post-n-track.com/index.html>. If you would like to use this system, contact Ray Hastings at 203-949-4056 or rhastings@chnct.org. The best part, it is free to you.



E-mail News

Want to get more information from CHNCT? Here is how: send us your email address and we will send updates on hot topics, how to items and other information that may be of interest. To join this service, send an email to rhastings@chnct.org with your name, organization and title. We NEVER sell or share your personal information with anyone outside the company.

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	

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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SAGA NEWS IMPORTANT NEWS & ALERTS

SAGA Codes Not Fee'd By DSS

In order to effectively administer claims payment, including applicable SAGA retrospective claims adjustments through EDS, the fee schedule utilized by CHNCT must align with the current Medicaid fee schedule. For claims received after December 20, 2005, CHNCT will implement the following system and claims reimbursement policy changes:

1. CHNCT will implement the "base" Medicaid fee schedule utilized by EDS.
2. CHNCT will no longer assign fees to codes that do not have a current fee established by DSS.

WHAT DOES THIS MEAN FOR YOU?

In order to avoid denials for codes that were previously assigned fees and reimbursed by CHNCT; please bill with an appropriate, corresponding code that is currently listed on the fee schedule with an assigned fee, if one exists.

If there is no "valid" corresponding code, and you submit a code that has not been assigned a fee, CHNCT will deny it.

If you have any questions about these changes, please contact Provider Relations, Network Management at 1-800-440-5071.