



# The Network News

Volume 3, Issue 7

[www.chnct.org](http://www.chnct.org)

December, 2002

## Quote of the Month

"If you don't say anything, you won't be called upon to repeat it."  
-Calvin Coolidge

## CONGRATULATIONS TO FAIR HAVEN COMMUNITY HEALTH CENTER



for 30 years of providing services in the New Haven area.

**Hats off to you!!**

## Important Numbers

### Main Number

203-237-4000

### Provider Relations

800-440-5071

Fax: 203-639-1069

### Member Services

800-859-9889

Fax: 203-317-3972

### Care Management

800-440-5071

Fax: 203-639-0719

### Claims

800-440-5071

Fax: 203-630-7990

### BeneCare Dental

800-843-4727

### Magellan Behavioral Health

800-626-5907

### APCS Pharmacy

800-364-6331

## Fraud and Abuse

Community Health Network Of Connecticut (CHNCT) is committed to identifying, detecting and preventing fraud and abuse in our organization and the healthcare industry.

Fraud and Abuse are defined in the Code of Federal Regulations as follows:

- **Fraud:** an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.
- **Abuse:** provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in an unnecessary cost to the Medicaid program.

Fraud and Abuse in healthcare are major issues that affect all aspects of the industry. Each one of us has a responsibility to be aware of the different types of fraud and abuse that could occur and to report any instance we suspect may involve fraudulent activity.

### Examples of Fraud and Abuse

#### Committed by Members:

- Giving their enrollment card to someone who is not eligible for services.
- Inappropriate utilization of services, such as selling prescription drugs prescribed to them.

#### Committed by Providers/ Practitioners:

- Improper coding, including up-coding and unbundling.
- Billing for services that were never rendered.
- Inflating the bills for goods and/or services provided.
- Receiving more than one payment for the same service and keeping both payments.

#### Committed by Health Plans:

- Knowingly distributing marketing materials, that falsifies plan information.
- Cherry picking, or selecting the healthiest segment of the enrollment population.
- Failing to serve individuals with cultural or language barriers.
- Interfering with health care professional's advice to members regarding the member's health status, medical care, treatment options, etc. also known as the gag rule.
- Submitting false data to a government entity.

### How Does CHNCT Help Combat Fraud?

CHNCT's Compliance Program includes educating our staff on the different types of fraud and abuse that may occur in the healthcare industry. We offer our employees several methods of reporting any suspected instance of fraud and abuse, including a Compliance Hotline.

CHNCT also has a Recovery Unit in our Claims department that is responsible for reviewing for unusual or inappropriate billing activities. In addition, many departments at CHNCT perform internal audits within their specific areas for quality measures. For example, audits are conducted to review CHNCT's claim system and provider database to assure providers/ practitioners who have been excluded from federal programs have been flagged appropriately.

### How Providers/ Practitioners Can Report Suspected Fraud and Abuse

If you become aware of a potential fraud or abuse situation, we encourage you to report the instance to CHNCT. CHNCT offers the following reporting options to providers/ practitioners:

- You may contact CHNCT's Compliance Officer directly at 1-800-440-5071, extension 3124; or
- You may access our website at [www.chnct.org](http://www.chnct.org). Under the Health Care Provider link, you will find information on Fraud and Abuse. You can download CHNCT's Fraud and Abuse Reporting form, which can be mailed to the CHNCT, Attention: Compliance Officer, 290 Pratt Street, Meriden, CT, 06450. Please be sure to mark the envelope **Personal and Confidential**.

The **CT Department of Social Services' (DSS) Medicaid Fraud Control Unit** is also an option for providers/ practitioners to report suspected Medicaid Fraud. The toll-free number for reporting fraud to DSS is **1-800-842-2155**. Providers/ practitioners may access additional information on-line at [www.dss.state.ct.us/divs/QA/](http://www.dss.state.ct.us/divs/QA/) regarding fraud reporting.



**The Network News Provider Newsletter** is a bi-monthly publication of Community Health Network of Connecticut, Inc. (CHNCT). It offers policy news and tips on following procedures for CHNCT and the State of Connecticut Department of Social Services (DSS), for administering the HUSKY A and HUSKY B 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 health care status and well being of our members and their families that have entrusted us with their care.

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Karen Raymond

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**TRANSPORTATION CHANGES**



Community Health Network of Connecticut, Inc. (CHNCT) is pleased to announce that effective December 1, 2002 we entered into a partnership with Coordinated Transportation Solutions, Inc. (CTS). They will be coordinating all CHN member transportation services. The benefits have not changed. The only difference is that the telephone number has changed to request transportation for CHNCT members. To schedule transportation after November 30, 2002 please call 1-800-818-6781.

**UPCOMING HIPAA IMPLEMENTATION**

All providers must be aware that the Department of Social Services, EDS and CHNCT are continually preparing for the implementation of the Health Insurance Portability and Accountability Act (HIPAA). Federal regulations require that State Medicaid programs be compliant with the HIPAA electronic transmission standards. A few changes to claims submission as a result of the HIPAA format are:

- HCFA 1500 billers may submit up to 50 details per claim electronically
- HCFA 1500 billers may submit a unique prior authorization number on each detail line for electronic claims
- For HCFA 1500 billers, a two digit Facility Type Code will replace the one digit Place of Service Code effective March 2003.
- UB-92 billers may submit up to 999 details per claim electronically and 46 details per paper claim.
- Providers may submit paid claim adjustment requests electronically

**The schedule below pertains to DSS and EDS**

<b>Provider Type</b>	<b>Targeted Implementation Date</b>
Hospital, Nursing Home, State Institution, Medical Transportation, Compound Pharmacy Claims	First cycle in April, 2003
Independent Laboratory, Podiatrist, Chiropractor	First cycle in May, 2003
Physician, Nurse Midwife/Practitioner, Psychologist, Naturopath, Optometrist, Optician, Independent Radiology	First cycle in June, 2003
Home Health, Medical Equipment Supplier, Crossover Claims	First cycle in July, 2003
School Based Child Health, Community Clinics, Therapist, Access Agency, Personal Care Assistant, CT Home Care, ABI, PNMI, Alcohol and Drug	First cycle in August, 2003

**HIPAA CODING REQUIREMENTS:**

*Please be advised that due to DSS coding regulations, CHNCT cannot authorize, reimburse or report encounter data to DSS for 2003 deleted RCC, CPT, HCPCS, or ICD9 codes on or after date of service April 1, 2003.*

*Consequently, in order to ensure reimbursement for services rendered on or after April 1, 2003, please be sure to only request authorization and bill CHNCT for valid Medicaid, RCC, CPT, HCPCS, or ICD-9 codes for the corresponding dates of service. No exceptions will be made for claims that are submitted with invalid codes or for claims that are not resubmitted according to CHNCT policies and procedures.*

*Please watch for future notices regarding coding changes for DSS & the Health Insurance Portability and Accountability Act (HIPAA) along with State Medicaid to Federal Medicaid coding crosswalks.*



## Network Provider Additions & Deletions

### **New Providers / Practitioners:**

- Stuart Bussell, MD, General Surgery, Danbury Office of Physician Services, Danbury
- Alanna Coughlin, MD, Pediatrics, New Britain CHC, New Britain
- Jehangir Durrani, MD, Ophthalmology, Vernon
- Phillip Ho, MD, Otolaryngology, Sharon ENT, Sharon
- Roy Main, MD, Internal Medicine, Main Medical, Mystic
- John Mangieri, MD, Orthopedic, Orthopedic Services of Bridgeport
- Performance Health of Bridgeport, P.C., Physical Therapy, Bridgeport, Orange and New Haven
- Jonathan Sporn, MD, Hematology/Oncology, Woodland Physicians, Hartford
- Ada Vidal, MD, Pediatrics, Associates in Family Health, Bridgeport

**A special welcome to Danbury Hospital who will now be providing services for CHNCT HUSKY B members, and to Day Kimball Hospital for joining the CHNCT Hospital Network!**

### **No Longer Participating with CHNCT:**

- Karin Hemmingsen, Family Practice, Brooklyn, CT

### **Third Quarter CHNCT Practitioner Recognition Awards**

In January, 2002 CHNCT began the **Practitioner Recognition Award Program**. This award recognizes practitioners for going above and beyond expectations and in recognition of their hard work and dedication to our members. Listed below are the winners for the Third Quarter, 2002.



**-Patricia Joyce, MD, a Pediatrician at Burgdorf/St. Francis in Hartford**, went beyond her professional concern and became personally involved in the management of 2 chronically ill brothers, by continually working to promote an optimal level of healthcare..

**-Margaret Boron, MD, a Pediatrician at Hill Health Center in New Haven**. CHNCT has had numerous phone calls from mothers commending Dr. Boron on always following up with a phone call to see how their child is doing after their sick visit.

**-Dennis Williams, MD, a Pediatric and Adult Primary Care Physician at Park City Primary Care in Bridgeport**, has been commended for his communication and patience with members. He always goes an extra mile to call and send letters to members that have missed follow-up appointments to reschedule and/or confirm they are feeling better.

### **EPSDT:**

**-Sherie Bender, P.A., a FamilyCare provider located in Waterbury**, had the highest provider EPSDT ratio for an individual practitioner.

**-Healthwise Medical Associates, located in Vernon-Rockville area**, had the highest EPSDT ratio for a site.

**Congratulations to all of our providers!**

In order for the Claims Department to accept a refund from your office, you must include the following with your refund check:

- Patient's first and last name
- Patient's date of birth
- Patient's Medicaid Identification number
- Date of service
- Procedure codes of services billed
- Total charge billed

**A Message From Claims**

**\*\*\* A copy of your CHNCT Remittance Advice will be accepted in lieu of the above information \*\*\***

- A detailed explanation from you as to why you are returning funds
- If this is a partial refund or the result of a revised claim, please include a copy of the revised claims for processing.
- If your refund is a result of an overpayment request letter from CHNCT, please include a copy of the letter.

If any of the above information is missing, your refund will be returned to you requesting the necessary paperwork we need to process the refund.

### FINAL QUALIDIGM RESULTS:

CHNCT is proud to announce our final Qualidigm audit results for HUSKY A and B. A passing score is 85% for each category. Our results are as follows:

	<u>HUSKY A</u>	<u>HUSKY B</u>
Subcontractor Oversight	98%	98%
Utilization Management	99%	99%
UM Grid (File Documentation)	83% *	81% *
Access	98%	99%
Member Services	100%	100%
Quality Management	96%	96%
Credentialing	100%	100%
Credentialing Grid (File Documentation)	96%	96%



\* An action plan to improve the area of U.M. Grid (Clinical File Documentation) has been underway since May of 2002 and is monitored regularly at clinical rounds. This action plan has been submitted and reviewed by Qualidigm and DSS.

**ATTENTION PROVIDERS / PRACTITIONERS:** Beginning February, 2003 (the next issue of Network News) CHNCT will be adding a new column. We are inviting you (our provider community) to send in your questions regarding CHNCT and the HUSKY A & B programs we administer. Please direct any questions you want answered to the attention of Karen Raymond, Provider Relations, via fax at 203-639-1069 or email at [kraymond@chnct.org](mailto:kraymond@chnct.org). Your questions will be answered in the next issue of Network News and you will also receive a response letter. Please include your name and phone number for use only if the question is not clearly understood. Your name and/or practice name will not be published without your consent. Please: Only one (1) question per submission. Thank you.

### A MESSAGE FROM OUR CEO



*Our successful year as a HUSKY health plan is directly attributed to the exemplary care you have provided to our members. We appreciate the commitment on your part to serve our members with dignity and respect. With your help we will continue to grow, while ensuring that as a member of CHNCT, HUSKY participants can count on receiving the best health care "under the sun". Thank you for your continued support and best wishes during the holiday season.*

*Sylvia B. Kelly, CEO*