



The Network News

www.chnct.org

Volume 3, Issue 6

October, 2002

Quote of the Month

"Eating words has never given me indigestion."

-Winston Churchill

DSS WEBSITE

Website for DSS Fee Schedules:

- www.ctmedicalprogram.com
- Click on **Publications**
- The site will direct the user to **Fee Schedules**

Disclaimer: Do not attempt to download any of the DSS fee schedules to your office computer or laptop. These files are strictly for viewing purposes only due to the size of the file. CHNCT will not be held responsible for any damage caused as a result of attempting to do the above.

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

INFLUENZA SEASON IS APPROACHING

Influenza vaccine is strongly recommended for any person aged > 6-months who is at increased risk for complications from influenza. In addition, healthcare workers and other persons (including household members) in close contact with persons at high risk should be vaccinated to decrease the risk of transmitting influenza to persons at high risk.

Vaccination recommendations:

High Risk of Severe Illness:

- 65 years old or older
- Children 6-23 months old
- Adults and children with a chronic health condition
- More than 3-months pregnant during the flu season

Can Give Flu to Those at High Risk

- Household contact or caregiver of someone at high risk
- Healthcare workers
- Household contact or caregiver of a child under 2-years old

E.R.S., Medical Management

Connecticut Department of Social Services

Medical Assistance Program

Provider Bulletin - #PB 2002-36 - August, 2002

All providers billing on HCFA 1500 Forms must take notice of the change in claim submission requirements. **As of October 1, 2002, EDS will no longer accept HCFA 1500 claims submitted on photocopied claim forms.** Community Health Network of Connecticut, Inc. (CHNCT) will be following suite with this change. All claims received on or after this date must be submitted on an original red HCFA 1500 claim form. Any claims received after October 1, 2002 on a photocopied form will be returned to the provider for resubmission.

This change is the result of a new process that allows EDS to scan all HCFA 1500 claims received. At the time of scanning, the data you enter on the claim form will be loaded into the CT Medical Assistance Program system for claims processing. This process may shorten your claims processing time, resulting in faster payment. It will also result in faster responses by the Provider Assistance Center Staff to claim inquiries. These representatives will be able to retrieve a copy of claims in question directly from their desktop PCs.

Original red HCFA 1500 forms can be obtained from private printing vendors. An original red HCFA 1500 form can also be found on the Connecticut Medical Assistance Program Website at the address listed below, and may be printed using a color printer. Providers should allow one to two weeks for delivery when ordering forms from private printing vendors.

www.ctmedicalprogram.com

DSS P.B. #2002-36



CHNCT HEDIS 2002 Summary

August 13, 2002

CHNCT has successfully completed our first (baseline) HEDIS measures in preparation for NCQA accreditation. A great deal of time and effort went into this production. We reported on the following measures:

Childhood Immunization Status
Adolescent Immunization Status
Breast Cancer Screening
Cervical Cancer Screening
Prenatal/Postpartum Care
Antidepressant Medication Mgmt.
Diabetic Retinal Eye Exams
Cholesterol Management After Acute Cardiovascular Event
Adult Access to Preventive/Ambulatory Health Services
Children's Access to Primary Care Providers
CAHPS Member Satisfaction Survey
Advising Smokers to Quit.

The results of these baseline measures, known as the HEDIS REPORT CARD, can be found on the CHNCT Intranet at <http://merrack4/hedis.htm>, or on the CHNCT web site at www.chnct.org.

Compared to national Medicaid Benchmarks we excel in some areas and have room for improvement in others. We have already begun to work on interventions for improving some areas and the comparison of this year to next year will be a part of our NCQA accreditation process.

C.D., Quality Improvement



What You Need to Know About HIPAA Now

ARE YOU FAMILIAR WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)?

If you aren't, you're not alone. Although HIPAA was signed into law in 1996, only the "portability" aspect of the law (which protects the ability of people with current or pre-existing medical conditions to get health insurance) has been fully implemented. Now the "accountability" aspects of the law are beginning to be addressed. For more information regarding this act please access the following website: www.aafp.org/fpm/20010300/43what.html. Find out what you need to know.

The HEALTH Corner

By K. S. O.

IT'S FLU SEASON AGAIN!

The influenza virus changes every year which means the flu vaccine must be reformulated every year. The influenza virus is spread via respiratory secretions (coughing and sneezing). The incubation period is from 1 to 4 days. Infected persons are contagious for about a week, although children and patients with weakened immune systems are contagious for a longer period of time. The influenza virus is potentially fatal and infects tens of millions each year. In 1918, the influenza virus subtype H1N1, known as the "Spanish Flu", killed 500,000 people in the US and 20 million people globally. In 1957, the "Asian Flu" (H2N2) killed 70,000 in the US. In the 1997-1998 flu season, the "A/Sidney" strain caused almost double the US yearly average of 20,000 influenza related deaths.

The influenza virus is spread via respiratory secretions from infected people, through coughing and sneezing. The secretions contaminate the air, hands, and the environment. The incubation period is very short (from 1 to 4 days), and attack rates range from 15-40% in a normal year. Sick people "shed" the virus and are contagious for about a week. Persons with weakened immune systems (those with cancer, AIDS, or on immunosuppressants) easily contract influenza and shed the virus for 2-3 weeks. School age children are the first to become ill and are considered to be the most contagious since they shed virus for 7 to 10 days. Because they have little or no previous exposure to influenza, children have less immunity and can experience more severe forms of the flu. Others at serious risk of influenza complications are patients with asthma, pulmonary disease, heart disease, diabetes, renal disease, and anemia.

Article from "Zymetx, Inc. 2002"

Network Provider Additions / Deletions August and September, 2002

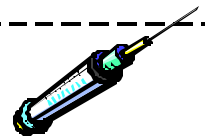
New Providers / Practitioners:

- Doris Alther, MD, Internal Medicine, Greater Bristol Primary Care Group, Plainville
- Susan Alward, CNM, Nurse Midwife, Staywell Health Center, Waterbury
- Steven Brandwein, MD, Gastroenterology, D.O.P.S., Danbury
- Patricia Casey, APRN, Family Practice, FamilyCare, PC, Waterbury
- Anil Chandrashekhar, MD, Family Practice, Generations Family Health Center, Inc., Willimantic
- Day Kimball Hospital, Putnam
- James DeJesus, DPM, Podiatry, Family Footcare, Naugatuck
- Carolina Gapud, MD, Pediatrics, Ellington Pediatrics, Ellington
- Gwendolyn Grant, MD, Rheumatology, FamilyCare, PC, Waterbury
- Charles Hemenway, MD, Pediatrics, Fairfield
- Kammy Jain, MD, Family Practice, Community Health Center, Middletown
- A.A. Kdesh, MD, Internal Medicine, Bridgeport
- Michael Kilgannon, MD, Internal Medicine, Windham Medical Group, Willimantic
- Adriel Kramer, MD, Family Practice, Family Practice Group, Middletown, CT
- Walter Kwass, MD, Vascular Surgery, CT Heart Group, New Haven
- Elizabeth Mirabile-Levins, MD, Pulmonary/Critical Care, Waterbury Pulmonary Associates, Waterbury
- Antonio Lopez, MD, Endocrinology, Clinical Center for Neoplastic Disease, Ansonia
- David Mader, DPM, Podiatry, Family Footcare, PC, Naugatuck
- Rosemary Maduka, MD, Family Practice, Lakeside Family Practice, LLC, Coventry
- Maxim Mobility, DME, New Haven
- Kathryn Montgomery, MD, Pediatrics, Pediatric & Adolescent HealthCare, Ansonia
- David Mullen, DPM, Podiatry, Dr. McHugh & Associates, Watertown
- Coretta Murphy, MD, Internal Medicine, Hill Health Center, New Haven
- Alan Nelson, MD, Gastroenterology, Fairfield City I/M & Gastro Assoc., Bridgeport
- Flordeliza J. Palazzolo, MD, Pediatrics, Ellington Pediatrics, Ellington
- Anca Pralea, MD, Internal Medicine, Sound Medical Associates, Old Saybrook
- Mary Pronovost, MD, General Surgery, General Surgeons of Greater Bridgeport, Bridgeport
- Myrna Reyes, MD, Internal Medicine, Bridgeport
- Peter W. Reyelt, MD, General Surgery, Sharon Surgical Group, Sharon
- James Seely, MD, Family Practice, Community Health Center, Middletown
- Diana Sidlik, APRN, Nurse Practitioner, St. Mary's Family Health Center, Waterbury
- Nezible Thomas, APRN, Pediatrics, Hill Health Corporation, New Haven
- Sara Viteri, MD, Pediatrics, Grove Hill Medical Center, New Britain
- Rachna Walia, MD, Pediatrics, United Community & Family Services, Norwich

No Longer Participating with CHNCT:

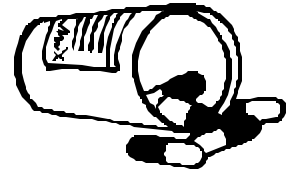
- Miguel Aquino, MD, Internal Medicine, Waterbury
- Kenneth Kaplove, MD, Neurology, Waterbury
- John A. Pierce, MD, Family Practice, Rocky Hill

SYNAGIS



Synagis is indicated for the prevention of serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high-risk for RSV disease. CHNCT has established an exclusive partnership with McKesson/VitaRx to dispense and deliver Synagis directly to the PCP for administration. Prior authorization is required for the series, not each injection. If a patient receives initial injections in the hospital, the outpatient series will need prior authorization. To obtain prior authorization, please telephone McKesson/VitaRx at 1-888-456-7274 for a Synagis request form. If there are any questions, please contact CHNCT's Care Management Department at 1-800-440-5071. *E.R.S., Medical Management*

**CHNCT Formulary Additions/Deletions for
October, 2002:**



New Additions to Formulary

<u>Brand Name</u>	<u>Generic Name</u>
Carac.	Fluorouracil
Ortho-Evra.	Norelgestromin/Ethinyl Estrodiol Transdermal System
Ultram.	Tramadol
Viread.	Tenofovir
Rebif.	Interferon Beta 1a
Paxil CR.	Paroxetine Ext-Rel
Faslodex.	Fulvestrant
Avonex	
Betaseron	
Copaxone	
Actimmune	
Emla Kit	
Pulmozyme	
Growth Hormones	

Brand Deletion—Generic now available:

Aralen
Brethine
Buspar
Intal
Lariam
Florinef

New Strength to be Added:

Adderall XR 5mg/15mg

E.R.S., Medical Management

**CHNCT Adds Member Primary
Language Information to PCP Rosters**

Primary Care Providers may notice some additional information on the membership rosters for September. The rosters are the easiest way to confirm eligibility for CHNCT HUSKY A and B members. **Beginning this month we have enhanced the roster report to include the primary language spoken by each member.**

CHNCT has included the member's primary language to assist providers in the identification of members who may need translation services when receiving care or discussing medical issues. This information will also give you an overall picture of the language needs of your panel, which may be helpful in assessing the need for bilingual staff or translation services.

We are also including a two-part reference sheet of interpretation services that you may find helpful in addressing a translation need. The first side lists organizations that provide the interpretation services, and the second side lists hospital interpretation services. We will be sending updated versions of these lists with the rosters quarterly.

S. M. Billing & Enrollment