



The State Administered General Assistance (SAGA) Program

Effective August 1, 2004, Community Health Network of Connecticut (CHNCT) became the program administrator for State Administered General Assistance (SAGA).

The SAGA program provides medical assistance to low-income persons who do not qualify for, or who are awaiting an eligibility determination for other State or Federal programs. Qualification for SAGA is based on income and assets and is determined by eligibility workers at the regional State of Connecticut Department of Social Services (DSS).

Once a person or family is eligible for SAGA, the benefit package covering all SAGA recipients includes:

- Primary Care Services, provided primarily at an FQHC (Community Health Center), where available
 - Dental Services
 - Specialty Services, provided only with a referral from the Primary Care Practice and authorization from CHNCT. In certain circumstances, on a case-by-case basis, a request may be made to CHNCT for a non-participating provider referral. These requests must be submitted prior to the provision of care or services. The circumstances that will be considered are as follows:
 - There is no participating primary care provider within a 20-mile radius.
 - There is no participating specialist reasonably accessible to the member.
 - The services and/or care requested is highly specialized and it has been determined that the care cannot be provided in-network. Additionally, clinical documentation has been provided to the CHNCT Medical Director for review.
 - It is an urgent situation and the provider office calls in for a one-day authorization.
 - A change to a participating provider would be injurious to the health status of a member, i.e. end-of-life care or mid-cancer treatment protocol. However, in certain circumstances, a transition plan to a participating provider may be developed with a finite number of transition visits to the non-participating provider approved.
- Certain services are exempt from the referral requirement. These include anesthesia, emergency department care, family planning services, OB/GYN care, laboratory and radiology services and durable medical equipment under \$200
- Acute Inpatient Rehab Care at any participating Rehab Facility
 - Rehabilitation Services (OT, PT, Speech Therapy, Podiatry, Audiology, Chiropractic or Naturopathy) performed only at FQHCs, contracted outpatient clinics or hospitals
 - Emergency Transportation (Ambulance) and Regularly Scheduled Transportation for Radiation Oncology, Chemotherapy and Renal Dialysis only
 - Pharmaceutical Drugs
 - DME and required medical supplies

There are coverage exclusions under the SAGA program, which do not exist under the HUSKY program.

The services, which are NOT covered for SAGA recipients are (please contact CHNCT for further exclusions):

- Home Care
- Routine Vision Care
- Rehabilitation Services (OT, PT, Speech Therapy, Podiatry, Audiology, Chiropractic or Naturopathy) performed by independent providers who are NOT located at FQHCs, outpatient clinics or hospitals
- Non-Emergency Transportation
- Non-Medical Procedures and Conditions, or any services not medically necessary

CHNCT will manage all other medical services (listed above) for the practitioner/provider network, as mandated by the State of Connecticut, including hospital outpatient clinics. DSS will continue to manage all Hospital Care (except for outpatient clinics) and Behavioral Health/Substance Abuse Services.

All providers are encouraged to submit SAGA claims electronically, whenever possible.

For information on provider participation in the SAGA program, or for reimbursement questions, contact CHNCT's Provider Relations Department at 1-800-440-5071 or visit www.chnct.org and refer to Providers and SAGA.





Enhancements to the Asthma Disease Management Program HUSKY A & B



CHNCT is pleased to announce some enhancements to its asthma disease management program, now known as Healthy Airways. Until recently, the program consisted of educational mailings to all members with asthma and quarterly medication usage reports to physicians whose members were taking rescue medications exclusively based upon pharmacy utilization reports.

Enhancements to the program include:

- Updated mailing materials to all members with asthma.
- Continuation of the quarterly medication usage reports.
- Telephonic educational interventions by a nurse for select members who have multiple emergency room and/or inpatient hospital stays with a primary diagnosis of asthma, consisting of educational topics and support of the physician's treatment plan.
- Preliminary depression screening and appropriate referral for those members eligible for the educational interventions.

All physicians will be receiving a letter announcing the program, and physicians caring for members who are eligible for telephonic interventions will receive an additional communication listing the names of the members who are eligible. The program is scheduled to begin on January 1, 2005.



Provider Appeals Process

Providers may request and must be granted an appeal to any Community Health Network of Connecticut decision, action, or unresolved complaint within 60 days of notice of denial. Resubmitting a claim(s) is not considered an appeal unless it is accompanied by a letter stating the intent of the appeal.

If there is a disagreement with the appeal decision, there is a second and third level of review. The appeal must be submitted in writing with all the necessary information asking to be reviewed by the next level.

For further appeal information please visit our website at www.chnct.org, Provider Policies and Procedures or contact Providers Relations at . . .

1-800-440-5071



Grace Period for Deleted CPT Codes

Beginning dates of service January 1, 2005, any CPT procedure codes deleted from the 2005 CPT code book will **not** be allowed to be used for the 90-day grace period, as allowed in previous years. The State of Connecticut will no longer honor the 90-day grace period, whereby practitioners/providers could continue to bill deleted CPT codes through the first quarter of a new calendar year. Codes deleted for 2005 must be discontinued as of January 1st and must be replaced with the appropriate new codes noted in the 2005 CPT code book. In the event a deleted code has no replacement, or has been replaced with more than one new code, contact CHNCT's Provider Relations Department at **1-800-440-5071** for assistance.



ePower Reminder!

ePower is a free online service that CHNCT offers to its participating providers. Through ePower, providers can look up eligibility history, claim status and history reducing the need to make telephone inquiries. Providers can obtain information on 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.

Electronic Claim Submissions



We have noticed an increase in paper claim submissions. Please consider the following:

VS.



1. Paper claims take longer to process therefore slowing down your reimbursement
2. Sending paper versions of claims that you have submitted electronically will slow down the processing and result in duplicate claim rejections

**We accept claims electronically via our clearinghouse or by direct connection.
Our WebMD payer number is 62149.
If you have questions, contact us at 1-800-440-5071.**

Referrals & Authorizations

The member's PCP must follow CHNCT policy and procedures to initiate a referral and authorization in order for a member to be seen by a specialist.



The specialist must call CHNCT at 1-800-440-5071 prior to the first appointment for an authorization number if written confirmation has not been received by CHNCT.



*We are now located in Wallingford
Please send paper claims to:*

Community Health Network of Connecticut, Inc.
11 Fairfield Boulevard
Wallingford, CT 06492

Advance Directives

Members have the right to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives. Providers may contract with other entities to furnish this information but will still remain legally responsible for ensuring that this information is in the patient's records.



Important CHNCT Phone and Fax Numbers

<u>DEPARTMENT</u>	<u>PHONE</u>	<u>FAX</u>
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
Member Services	800-859-9889	203-265-3197
SAGA Member Services	877-361-SAGA	
Fraud Reporting	866-700-6109	

The Network News Provider Newsletter is a publication of Community Health Network of Connecticut, Inc. (CHNCT). It provides policy news and tips on following procedures for CHNCT and the State of Connecticut Department of Social Services (DSS), regarding the administration of the HUSKY 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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