

February 2008

Working Together For Quality Health Care



Update your provider information with AmeriHealth

Have you made any changes to your key practice information, such as your mailing address or the name of your practice? If so, please be sure to notify us.

We value your help in keeping our data files current. Accurate data files allow us to continue to provide you with important information on billing, claims, changes or additions to policies, and announcements of administrative processes.

You may submit this information to us electronically via the Provider Change Form, which is available on www.amerihealth.com/providers/forms, or through NaviNet®.

You may also call your Network Coordinator or Provider Services to report changes.

Please note: Thirty days' advance notice is required for processing.










NaviNet® is a registered trademark of NaviMedix®, Inc.

For articles specific to your area of interest, look for the appropriate icon:




-  Professional
-  Facility
-  Ancillary

INSIDE THIS ISSUE

NATIONAL PROVIDER IDENTIFIER (NPI)

-    ▪ AmeriHealth's NPI contingency plan to continue through May 23, 2008
-    ▪ Register your NPI online with provider registration web form
-    ▪ NPIs must be registered with AmeriHealth

BILLING

-    ▪ AmeriHealth rejecting paper claims submitted on forms CMS-1500 (12/90) and UB-92







NAVINET®

-    ▪ Electronic Fund Transfer feature available through NaviNet®

PRODUCTS

-    ▪ AmeriHealth New Jersey introduces new public sector options

MEDICAL

-    ▪ Precertification required for Medical Infusion Therapy Drugs
-    ▪ Advance policy change notifications available online

QUALITY MANAGEMENT

-    ▪ Clinical Practice Guidelines study results for asthma and diabetes (NJ only)

PREVENTIVE HEALTH

-    ▪ ConnectionsSM Health Management Programs: Supporting our members, your patients

NATIONAL PROVIDER IDENTIFIER (NPI)

AmeriHealth's NPI contingency plan to continue through May 23, 2008



After careful assessment of provider readiness, we have determined that a significant percentage of providers have either not yet registered their NPIs with AmeriHealth, or have not begun submitting their NPIs on claims. Therefore, AmeriHealth's NPI contingency plan will continue through May 23, 2008 — the latest date allowed by the Centers for Medicare & Medicaid Services (CMS). Unless CMS announces an extension, providers must use their NPI on all claims as of May 23, 2008.

AmeriHealth's contingency plan: Dual use

The dual use strategy allows providers to submit all electronic and paper claims with NPIs and 10-digit legacy provider identifiers (AmeriHealth-assigned IDs that providers use to identify themselves as an AmeriHealth-participating health care provider). If providers have

registered their NPI with AmeriHealth or submitted an NPI with a CMS certification, they may continue to submit claims with their NPI and 10-digit legacy identifier, consistent with our dual use strategy.

Our dual use strategy is intended to ensure that AmeriHealth is NPI compliant, but in a manner that maintains operations, recognizes providers' varying states of readiness, and avoids unnecessary disruption in providers' cash flow.

More information about AmeriHealth's NPI dual use claims submission, including the entire AmeriHealth NPI contingency plan, electronic and paper claim submission instructions, and relevant FAQs, is available on www.amerhealth.com/providers/npi.

Register your NPI online with provider registration web form



Providers may now register their NPIs with AmeriHealth online by submitting an NPI provider registration web form.

Please visit www.amerhealth.com/providers/npi/provider_registration.html to register your NPI information with us.

NATIONAL PROVIDER IDENTIFIER (NPI)

NPIs must be registered with AmeriHealth



NPI-only claims will reject if NPI is not registered with AmeriHealth

As previously stated in our NPI contingency plan, NPI-only claims will reject if providers have not registered their NPIs with us. AmeriHealth can accept claims with an NPI as the primary identifier if providers have registered their NPI with us. However, providers must register their NPI with AmeriHealth prior to submitting NPI-only claims.*

Once you have registered your NPI with us, please submit claims with the NPI and 10-digit legacy identifier, consistent with our dual use strategy.

In addition to all providers currently participating with AmeriHealth, NPIs will be required for new practitioners who request participation with AmeriHealth. The NPI, if not already registered, will also be requested as part of the recredentialing process.

**AmeriHealth will receive contracted Behavioral Health Providers' NPI information directly from Magellan Behavioral Health, Inc. For further information, please contact Magellan National Provider Services Center at 1-800-788-4005, or visit Magellan at www.magellanhealth.com.*

How to obtain an NPI

National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in either of the following ways:

- **Online.** Complete the Web-based application on <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient way to obtain an NPI.
- **Paper.** Obtain a copy of the NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:
 - Phone: 1-800-465-3203 or TTY/TDD 1-800-692-2326
 - Email: customerservice@npienumerator.com
 - Mail:
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

Registering your NPIs with AmeriHealth

When providers register their NPIs with AmeriHealth, we are able to link the NPIs to existing data in our internal processing systems. To mitigate any potential impact on a provider's cash flow, we have requested that providers register their NPIs with us before submitting an NPI claim.

Registering your NPI with AmeriHealth is easy. Once you have obtained your NPI, you may register using either of the following methods:

- **Online.** Register your NPI online by submitting the appropriate NPI provider registration web form on www.amerhealth.com/providers/npi/provider_registration.html.
- **Paper.** Register your NPIs with us by mailing your completed custom NPI Submission Form. This form has been included in mailings to participating provider offices.

Contact your Network Coordinator with questions regarding the new provider registration web form or your custom NPI Submission Form.

NPI web resources

AmeriHealth provider NPI website

www.amerhealth.com/providers/npi

Contains NPI background, FAQs, registration forms, web links, and other information.

CMS main NPI website

www.cms.hhs.gov/NationalProvIdentStand/

Contains NPI Final Rule, FAQs, fact sheets, tip sheets, NPI Viewlet, Medicare MedLearn articles, and enumeration statistics.

NPI enumerator website

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

WEDI NPI outreach initiative

www.wedi.org/npioi/index.shtml

NPI Resource Center with information resources, industry readiness assessment survey, etc.

BILLING

AmeriHealth rejecting paper claims submitted on forms CMS-1500 (12/90) and UB-92



AmeriHealth no longer accepts paper claims submitted on forms CMS-1500 (12/90) and UB-92. All paper claims received after December 17, 2007, must be submitted on

revised forms CMS-1500 (08/05) and UB-04. Paper claims submitted on forms CMS-1500 (12/90) and UB-92 will reject.

NAVINET®

Electronic Fund Transfer feature available through NaviNet®



NaviNet offers you the opportunity to register *and* maintain Electronic Fund Transfer (EFT) account information. The EFT is designed to transfer payments by electronic means, rather than conventional paper-based payment methods. EFT transmissions often result in more timely payments and minimize the need for manual deposits. Information about EFT is accessible via the *ePayments* screen. Appropriate levels of security can be set by the security officer to restrict the ability to register, view, and change the provider's EFT account information.

Detailed information and instructions on how to use this feature can be found in the *User Guides* on NaviNet Plan Central by selecting *NaviNet Customer Care* under the *Customer Service* menu. You may also contact NaviNet Customer Care at [1-888-482-8057](tel:1-888-482-8057) for assistance.

For more information on NaviNet, visit www.amerihhealth.com/providers/navinet/index.html.

NaviNet® is a registered trademark of NaviMedix®, Inc.

PRODUCTS

AmeriHealth New Jersey introduces new public sector options



AmeriHealth New Jersey is pleased to announce the introduction of several new options that became available to New Jersey public sector groups on January 1, 2008. The following options are now available:

- two POS options
- two POS Plus options
- two PPO options

The PPO options may be selected with or without Integrated Rx.

Two new prescription designs are also available to these groups:

- freestanding Rx Coinsurance (90 percent/10 percent);
- freestanding Select Rx design (\$3/\$10/\$25 retail or \$5/\$15/\$40 mail order).

For more information or for questions about these new options, please contact Provider Services or your Network Coordinator.

Precertification required for Medical Infusion Therapy Drugs



The November 2006 *Partners in Health Update* and other resources have identified Medical Infusion Therapy Drugs and described their precertification requirements. This article is a reminder that this precertification requirement was effective January 1, 2007, and will be enforced. *Beginning no later than March 2008, if precertification approval is not obtained, claims for Medical Infusion Therapy Drug services will be denied.*

The current Medical Infusion Therapy Drugs are:

- Aldurazyme®
- Aredia®
- Avastin®
- Boniva®
- Ceredase®
- Cerezyme®
- Elaprase™
- Erbitux®
- Fabrazyme®
- Genasense®
- Herceptin®
- IVIg®
- Myozyme®
- Orenicia®
- Remicade®
- RespiGam®
- Tysabri®

See the *Note* below. For more information on these drugs, refer to applicable medical policy.

Medical Infusion Therapy Drugs require precertification for *all* settings. This includes administration in an outpatient facility, a professional provider's office, or a home.

Medical Infusion Therapy Drugs must be precertified for all of the following managed care products:

New Jersey	Delaware	Pennsylvania
51+ HMO	HMO	HMO
51+ HMO Plus	POS	POS
51+ HMO Split Copay	PPO	Flex Copay/Deductible (HMO, POS, Direct POS)
51+ POS Plus	Flex Copay Programs (HMO, POS, and PPO)	AmeriHealth 65®
51+ PPO	PPO HSA-qualified HDHPs	
51+ PPO HSA-qualified High Deductible Health Plans (HDHP)		
Small Employer Health (SEH) HMO Plus		
SEH HMO Split Copay		
SEH POS Plus		
SEH POS Split Copay		
SEH PPO HSA-qualified HDHPs		
AmeriHealth 65®		

Note: Infusion drugs that are newly approved by the U.S. Food and Drug Administration during the effective term of the contract are considered new and emerging technology and will be subject to precertification, pending notification from AmeriHealth.

Advance policy change notifications available online



To better communicate policy changes to providers, advance notification articles regarding changes to medical policies are now published on www.amerhealth.com/medpolicy. These notification articles will be available at least 30 days in advance of the proposed changes to policy.

Please follow these instructions to read notifications:

1. Visit www.amerhealth.com/medpolicy.
2. Select *Accept and Go to Medical Policy Online*.

3. Select *News & Announcements* from the Medical Policy column on the left sidebar.
4. Select links to notification articles.

Another new enhancement to the *News & Announcements* section is a listing of recently published policies to the website arranged by month. These listings are updated daily, so please check back frequently to see what's new.

Clinical Practice Guidelines study results for asthma and diabetes (NJ only)



In 2007, we conducted studies to assess the delivery of care and adherence to the *Clinical Practice Guidelines* for services received in 2006 among members enrolled in AmeriHealth New Jersey. The study results are listed below for asthma and diabetes.

Asthma Clinical Practice Guidelines study results

AmeriHealth NJ (Commercial)

- Documentation of an assessment of asthma triggers remained essentially unchanged in 2006 (35 percent), and the use of action plans decreased significantly from 36 percent in 2005 to 27 percent in 2006. The rates remain low, representing opportunities for improvement.
- Documentation of referrals to specialists increased from 30 percent in 2005 to 33 percent in 2006; however, evidence of communication between PCPs and specialists declined from 89 percent in 2005 to 79 percent in 2006. The decline was significant, representing an opportunity for improvement.
- From 2005 to 2006, increases were seen in the percentage of charts with documentation that asthma was reassessed within six months of a PCP visit for asthma (88 percent to 93 percent) and documentation of current drug use at every visit after a PCP visit for asthma (86 percent to 91 percent).

Diabetes Clinical Practice Guidelines study results

AmeriHealth NJ (Commercial)

- Documentation of completion of HbA1c testing for diabetic members increased between 2005 and 2006 (83 percent to 87 percent), although this increase was not significant.
- Screening for retinal eye examinations for diabetic members decreased between 2005 and 2006 (56 percent to 53 percent), although this decrease was not significant.
- Seventy-nine percent received medical attention for nephropathy in 2006.

- Eighty-four percent of diabetic members received annual LDL-C screening in 2006 as compared to 92 percent of diabetic members who received screening within a two year period (2004 and 2005).

AmeriHealth 65® (Medicare)

- Documentation of HbA1C testing for diabetic members remained relatively unchanged in 2006 (89 percent).
- Screening for retinal eye examinations for diabetic members demonstrated a decline between 2005 and 2006 (78 percent to 73 percent), although this decrease was not significant.
- Eighty-five percent of diabetic members received medical attention for nephropathy in 2006.
- Ninety-one percent of diabetic members received annual LDL-C screening in 2006 as compared to 96 percent of diabetic members who received screening within a two year period (2004 and 2005).

We will continue to provide educational outreach to members with asthma and diabetes through the ConnectionsSM Health Management Program, targeted mailings, and the member *Update* magazine. We will also continue the semiannual distribution of the SMART[®] Registry to PCPs. The registry provides a claims-based report that allows practitioners to track and manage the care of patients with both asthma and diabetes. The February 2008 SMART Registry release notably includes a targeted initiative on asthma. *Clinical Practice Guidelines* and medical record standards will also continue to be reviewed, revised, and distributed to practitioners annually.

The *Connections Health Management Program Annual Update*, included in the September 2007 *Partners in Health Update*, provides an overview of resources available to assist with the management of members with chronic conditions. Information about the Connections Health Management Program and the SMART Registry is also available on www.amerhealth.com/providers or by calling the Connections Provider Support Line at 1-866-866-4694.

SMART[®] is a registered trademark of Health Dialog Services Corporation. Used with permission.

ConnectionsSM Health Management Programs: Supporting our members, your patients



Contact the Connections Health Management Programs to:

- refer a member for disease management or decision support;
- ask questions, provide feedback, or request information about a member active in the Connections programs;
- request program information for use at your office.

Contact the ConnectionsSM Health Management Program Provider Support Line at [1-866-866-4694](tel:1-866-866-4694).

Contact the ConnectionsSM AccordantCareTM Program at [1-866-398-8761](tel:1-866-398-8761).

Contact the ConnectionsSM Kidney Program at [1-866-303-4CKP \[4257\]](tel:1-866-303-4CKP).



Partners in Health Update is a publication of the Provider Communications department for the exchange of information and ideas among the AmeriHealth provider community. Suggestions are welcome.

CONTACT INFORMATION:

Rose Sutkowski
Managing Editor

Charleen Baselice
Production Coordinator

Provider Communications
AmeriHealth
1901 Market Street
35th Floor
Philadelphia, PA 19103
providercommunications
@amerihealth.com

AmeriHealth products are offered directly by QCC Insurance Company d/b/a AmeriHealth Insurance Company, AmeriHealth HMO, Inc., and AmeriHealth Insurance Company of New Jersey.

This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party websites mentioned in this publication are maintained by organizations over which AmeriHealth exercises no control, and accordingly, AmeriHealth disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

CPT® (Current Procedural Terminology) is a copyright of the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a registered trademark of the AMA.

Investors in NaviMedix®, Inc. include an affiliate of AmeriHealth, which has a minority ownership interest in NaviMedix®, Inc.



IMPORTANT RESOURCES

View our online provider directories at www.amerihealth.com

American Imaging Management (AIM) (Call for CT, MRI/MRA, PET, and Nuclear Cardiology)	1-800-859-5288
CARE MANAGEMENT AND COORDINATION Case Management	1-800-313-8628
Baby FootSteps®	1-800-598-BABY (2229)
CONNECTIONSSM HEALTH MANAGEMENT PROGRAMS Connections SM Health Management Program Provider Support Line	1-866-866-4694
Connections SM Kidney Program	1-866-303-4CKP (4257)
Connections SM AccordantCare TM Program	1-866-398-8761
CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT Anti-Fraud and Corporate Compliance Hotline Credentialing Violation Hotline	1-866-282-2707 www.amerihealth.com/anti-fraud www.amerihealth.com/credentials
eBUSINESS Help Desk	215-241-2305
FutureScripts® Prescription Drug Authorization Toll Free Fax	1-888-678-7012 1-888-671-5285
Direct Ship Injectable Fax	1-888-678-7012 215-761-9165
Blood Glucose Meter Hotline	1-888-494-8213 (option 2)
FutureScripts® Secure Medicare Part D	1-888-678-7015
HEALTH RESOURCE CENTER AmeriHealth Healthy Lifestyles SM	1-800-275-2583
Precertification	215-241-2100 1-800-227-3116
PROVIDER MEDICAL POLICY WEB PAGE	www.amerihealth.com/medpolicy
PROVIDER NETWORK eSERVICES NaviNet® Portal Registration EDI Claim Registration	www.amerihealth.com/providers/navinet/index.html 856-638-2701 (NJ) 302-661-6111 (DE) 215-640-7410 (PA)
PROVIDER PHARMACY WEB PAGE	www.amerihealth.com/provider_rx
PROVIDER SERVICES (Policies/Procedures/Claims) HMO	1-800-821-9412 (NJ) 1-800-888-8211 (DE)
PPO	1-800-595-3627 (NJ) 1-800-888-8211 (DE)
PROVIDER SUPPLY LINE	1-800-858-4728