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distribution program** page 16

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Did you know?



Identifying your Network Coordinator

Your Network Coordinator can provide education on policies, procedures, and specific billing processes. If you need assistance identifying your Network Coordinator, please use the *Network Coordinator Locator Tool* found on the NaviNet® web portal or on www.amihealth.com/providers under Contact Information. If you do not have Internet access, call Customer Service at 1-800-275-2583 for assistance.

Partners in Health Update™ is a publication of AmeriHealth and its affiliates (AmeriHealth) created to provide valuable information to the AmeriHealth participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with AmeriHealth. This publication is the primary method for communicating any such changes. Suggestions are welcome.

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AmeriHealth HMO, Inc. in New Jersey has an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).



AmeriHealth HMO, Inc. in Delaware and AmeriHealth HMO, Inc. in Pennsylvania have an accreditation status of *Commendable* from the National Committee for Quality Assurance (NCQA).

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

- P** Professional
- F** Facility
- A** Ancillary

AmeriHealth Healthy LifestylesSM Keys to Wellness encourages and supports healthy behaviors in members (PA and DE only)

AmeriHealth Healthy Lifestyles Keys to Wellness is a value-added prevention program designed to identify members who are currently low-risk but have the potential to become high-risk in the future. The goal of the program is to educate, guide, and empower these members to consciously make good choices to keep themselves healthy.

The AmeriHealth Healthy Lifestyles Keys to Wellness nurses contact members and work in collaboration with them and their health care providers to encourage and support the members to adopt and follow healthy behaviors that will improve their chances of staying well.

AmeriHealth Healthy Lifestyles Keys to Wellness nurses can provide:

- telephone consultations to help members identify potential risk factors related to their environment, behaviors, nutrition, and health;
- a personalized action plan that gives members easy-to-follow steps and goals to keep them motivated;
- information about risk factors, self-management skills, and other resources.

By empowering the member with information and tools about ways to stay healthy, we can help improve long-term health and well-being choices. If you are interested in having your patients work with a nurse from AmeriHealth Healthy Lifestyles Keys to Wellness, please call 1-800-313-8628, prompt 1.

Note: The program is not available to members in New Jersey, the Federal Employee Program, and for pediatric services.



ON THE WEB

Enhanced AmeriHealth Medicare website to launch later this month

Our updated AmeriHealth Medicare website will be available later this month. Your AmeriHealth Medicare patients will be able to visit www.amerhealthmedicare.com to view their health and benefits information online. Members can use a fresher, more user-friendly website and access Medicare Matters — a new feature designed to explain how Medicare works.

To learn more about www.amerhealthmedicare.com, call your Network Coordinator or Hospital/Ancillary Services Coordinator.



Good 2 B Me website educates adolescents and their parents on health and wellness

The preteen and teenage years are a time when many kids begin to think about their well-being and cultivate health habits that they will carry with them for the rest of their lives. Last month we launched a new website — *Good 2 B Me* — to inform adolescents about the major physical, emotional, and social issues that affect them and to help them gain the confidence to make smart choices for their health today and in the years ahead.

A spotlight on key youth health issues

One focus of the new site is adolescent immunizations and the crucial role they play in protecting kids' health. Studies show that more than 35 million American adolescents do not receive their recommended immunizations by the time they are 14, making them more susceptible to certain illnesses and diseases.

Other prevalent health issues highlighted on the site include body mass index (BMI) and weight categories, exercise, nutrition, eating disorders, and substance abuse.

Engaging kids and parents

Graphics, interactive 3-D navigation, and customized content on the *Good 2 B Me* website encourage kids 11 to 17 to have fun while learning about their health. Exclusive features are available for parents, including

parenting tips and articles on a wide range of adolescent health topics to help raise awareness of youth health issues and the importance of a healthy lifestyle.

A resource for your patients

We encourage you to refer your patients — parents and kids alike — to the *Good 2 B Me* website as a starting place for information about adolescent health

issues. For more in-depth information, *Good 2 B Me* also provides helpful links to authoritative external sites like the Centers for Disease Control and Prevention and the National Institutes of Health.

Check out the site today at www.amerihealth.com/good2bme.



Redesigned “For Providers” section of amerihealth.com coming soon

We are pleased to announce that we will launch a completely redesigned website for providers in the coming weeks.

This redesign was accomplished as a result of valuable input from you — our network providers — and our goal is to improve your user experience while visiting amerihealth.com.

Our new site will feature streamlined navigation, prominent news and communications links, and our enhanced search capability — all within an attractive new layout.

Specific improvements include:

- a simplified layout that greatly improves navigation;
- a *Quick Links* section that prominently features links to commonly used tools and material, such as the Network Coordinator Locator Tool;
- a *News & Announcements* section to keep you informed of changes and breaking news.

Let us know what you think. Email us at providercommunications@amerihealth.com. For more information, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

Your CMS compliance training must be completed by December 31, 2009

In accordance with a requirement from the Centers for Medicare & Medicaid Services (CMS), all network providers and their staff who treat our Medicare Advantage members must complete annual Medicare Advantage and Part D compliance training in an effort to combat fraud, waste, and abuse. Under this new regulation, you must complete the initial training by December 31, 2009.

Completing the training requirement

To complete this required training, visit www.amerhealth.com/compliancetraining, where you will find training materials. To confirm with AmeriHealth that you have completed the training, you will need to provide your electronic signature.

Already completed compliance training?

We recognize that many providers may have already completed this training requirement through another organization. If you have completed your CMS compliance training for 2009, your electronic signature is still needed for confirmation — go to www.amerhealth.com/compliancetraining to provide it.

If you do not have access to the Internet, call the Provider Supply Line at 1-800-858-4728 for a paper copy of the training materials and/or Compliance Certification form. Please note that you will be responsible for mailing or faxing the form to us by December 31, 2009, in order to fulfill your training requirement for 2009.

If you have questions about this required training, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

An updated *Provider Manual* is coming soon



The *Provider Manual for Participating Professional Providers (Provider Manual)* is being updated and will be available soon through the NaviNet® web portal.

The revised *Provider Manual* will reflect changes to important information regarding our policies, procedures, and programs previously communicated through *Partners in Health Update*.

The *Provider Manual* will be available as easy-to-navigate PDFs that are organized into color-coded sections. Within each section are links to important information, such as forms and reference material, with a simple click of your mouse.

If you do not have access to the NaviNet web portal, you may request a print version of the *Provider Manual* by calling the Provider Supply Line at 1-800-858-4728.

Call 1-800-275-2583: One number for all of your needs



Our toll-free number, 1-800-275-2583, is a convenient way to access the following services:

- Provider Services
- Interactive Voice Response (IVR) system
- ConnectionsSM Health Management Programs
- Precertification/preauthorization*

Please use 1-800-275-2583 for all of your needs. The former telephone numbers for the services listed above will eventually be disconnected.

*For behavioral health services, providers should still call the number listed on the member's ID card under Mental Health/Substance Abuse.

Billing updates for dental anesthesia services

Effective September 21, 2009, AmeriHealth is updating its billing requirements for reporting dental anesthesia services.

The following requirements are also available in Policy #00.01.14f: Reporting and Documentation Requirements for Anesthesia Services, which is currently available in the *Policy Notifications* section of www.amerhealth.com/medpolicy.

Time reported for the following dental anesthesia codes should be in units and *not* in minutes. Use the following HCPCS codes to report the services:

HCPCS code	Service
D9220	Deep sedation/general anesthesia — first 30 minutes
D9221	Deep sedation/general anesthesia — each additional 15 minutes
D9241	Intravenous conscious sedation/analgesia — first 30 minutes
D9242	Intravenous conscious sedation/analgesia — each additional 15 minutes

If you have any questions, contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

Reporting services using modifier -50

Modifier -50 is used to denote bilateral procedures that can be performed on identical sites, aspects, or organs on both sides of the body during the same operative session or on the same day. The Centers for Medicare & Medicaid Services (CMS) has defined codes that are subject to the bilateral payment rule (i.e., reimbursement at 150% of the fee schedule allowance), which accounts for multiple surgery adjustments when bilateral surgical procedures are performed. However, bilateral surgical procedures that are performed in conjunction with other surgical procedures may still be subject to multiple surgery reduction guidelines.

Certain other procedures are not subject to the 150% bilateral payment rule but may still be performed bilaterally. Payment for these procedures is based on 100% of the fee schedule allowance for each side as these are typically nonsurgical in nature and would therefore not be subject to multiple surgery adjustment when performed bilaterally.

Reimbursement consideration for services reported with modifier -50 is contingent upon eligibility, benefits, exclusions, precertification/referral requirements, provider contracts, and applicable policies. Since a code appended with modifier -50 already describes a bilateral service, it is not appropriate to report multiple units in the *units* field on the claim. Claims reporting services with modifier -50 and more than one unit will be denied stating “Multiple units not appropriate with modifier -50.”

We apply the CMS Physician Fee Schedule Database bilateral indicators to services to determine reimbursement consideration. Services with the CMS Physician Fee Schedule Database bilateral indicators of 0 or 9 should not be reported with modifier -50, as this is inappropriate. When reported with modifier -50, services with an indicator of 0 or 9 will be denied as an invalid procedure code/modifier combination.

Services with the CMS Physician Fee Schedule Database bilateral indicators of 2 should not be reported with modifier -50. These codes, by their terminology description, state that the procedure may be performed unilaterally or bilaterally. The bilateral payment allowance has been precalculated for the code. Services with the CMS Physician Fee Schedule Database bilateral indicators of 1 and 3 are appropriate to be reported with modifier -50.

In addition, please note modifier LT (left side) or RT (right side) is used to indicate on which side of the body a service or procedure is performed. They do not indicate a bilateral service and should not be used to report a service or procedure performed bilaterally.

If a provider bills incorrectly, overpayments may occur. Providers should bill correctly to avoid further overpayments and retractions.

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Reporting services using modifier -50 (continued)

Below are examples demonstrating the correct and incorrect ways to report services with modifier -50 bilateral indicators of 1, 2, and 3. These examples are for informational purposes only.

Example 1

This is the *correct* way to bill a bilateral submucous resection. A bilateral submucous resection currently has a CMS bilateral indicator of "1."

D. PROCEDURES, SERVICES, OR SUPPLIES (Eplain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS
CPT/HCPCS	MODIFIER					
30140			50			1

These are *incorrect* ways to bill a bilateral submucous resection.

	D. PROCEDURES, SERVICES, OR SUPPLIES (Eplain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS
	CPT/HCPCS	MODIFIER					
Incorrect example 1	30140			50			2
Incorrect example 2	30140		RT	LT	50		1
Incorrect example 3	30140				50		1
	30140				LT		1
Incorrect example 4	30140				RT		1
	30140				LT		1
Incorrect example 5	30140						1
	30140				50		1

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Reporting services using modifier -50 (continued)

Example 2

This is the *correct* way to bill a bilateral X-ray of the feet with two views. A bilateral X-ray of the feet with two views currently has a CMS bilateral indicator of “3.”

D. PROCEDURES, SERVICES, OR SUPPLIES (Eplain Unusual Circumstances)				E. DIAGNOSIS POINTER	F.		G. DAYS OR UNITS
CPT/HCPCS	MODIFIER				\$ CHARGES		
73620			50				1

These are *incorrect* ways to bill a radiological exam of the feet with two views.

	D. PROCEDURES, SERVICES, OR SUPPLIES (Eplain Unusual Circumstances)				E. DIAGNOSIS POINTER	F.		G. DAYS OR UNITS
	CPT/HCPCS	MODIFIER				\$ CHARGES		
Incorrect example 1	73620			50				2
Incorrect example 2	73620		RT	LT	50			1
Incorrect example 3	73620				50			1
	73620				LT			1
Incorrect example 4	73620				RT			1
	73620				LT			1
Incorrect example 5	73620							1
	73620				50			1

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Reporting services using modifier -50 (continued)

Example 3

This is the *correct* way to bill a bilateral ultrasound of the breast. A bilateral ultrasound of the breast currently has a CMS bilateral indicator of “2.”

D. PROCEDURES, SERVICES, OR SUPPLIES (Eplain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES	G. DAYS OR UNITS
CPT/HCPCS	MODIFIER				
76645					1

These are *incorrect* ways to bill a bilateral ultrasound of the breast.

	D. PROCEDURES, SERVICES, OR SUPPLIES (Eplain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES	G. DAYS OR UNITS
	CPT/HCPCS	MODIFIER				
Incorrect example 1	76645			50		1
Incorrect example 2	76645		RT	LT		2
Incorrect example 3	76645			RT		1
	76645			LT		1

For more information about modifier -50, please refer to our Claim Payment Policy #03.00.05f: Modifier 50 Bilateral Procedure, available on www.amerhealth.com/medpolicy. If you have any questions, contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2009 (PA and NJ only)



Effective October 1, 2009, we will be implementing a quarterly update to our Injectable and Vaccine Fee Schedule. These updates reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables. You will be able to view these changes starting October 1, 2009, using

the *Fee Schedule Lookup Tool* through the NaviNet® web portal.

If you have any questions about the updates, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

Observation services appropriate for acute medical conditions

AmeriHealth recognizes the appropriate use of observation services (i.e., observation status and observation level) for patients who have acute medical conditions but do not require acute inpatient admission. Observation services include diagnosis, treatment, and stabilization of patients within 6 to 24 hours.

InterQual provides guidelines for decision-making with regard to which patients have severity of illness and intensity of service requirements that would be appropriate for observation. Observation services, considered an outpatient service, can be provided in any location within a facility, whether in a specific observation unit or on a hospital floor. While AmeriHealth does *not* require authorization for observation, it is expected that hospitals adhere to the InterQual guidelines when billing for this service. For observations that are not requested as inpatient, AmeriHealth reserves the right to request and review medical records to assess appropriate billing for observation.

Examples of conditions that *would* warrant observation include:

- diagnosis of chest pain where serial EKGs and troponin levels are assessed but turn out to be negative for myocardial infarction or another serious cardiac condition;
- severe intractable abdominal pain (i.e., persistent pain that does not respond to at least two doses of parenteral analgesics given over the last four to six hours in the emergency room *or* with administration of ≥ 100 ml/hour of IV fluids).

Examples of conditions that would *not* warrant observation include:

- Bleeding and hemodynamic stability. (Observation *would* be appropriate if there were a known *or* suspected bleeding disorder, or epistaxis requiring packing, *or* persistent bleeding for greater than 24 hours and monitoring lab studies every four hours or providing blood products.)
- Vomiting and diarrhea with normal electrolytes and the ability to tolerate fluids. (Observation *would* be appropriate if the patient had any one the following symptoms and if the patient received IV fluids ≥ 75 ml/hour [and age ≥ 65 or renal failure or history of heart failure] *or* IV fluids ≥ 100 ml/hour:
 - BUN > 45
 - creatinine > 3.0
 - disorientation/lethargy
 - heart rate > 100
 - Na > 150
 - postural systolic blood pressure drop > 30
 - urine specific gravity > 1.030
 - vomiting, persistent and unresponsive ≥ 3 hours of emergency room treatment.)

For more information on observation services, facility providers may refer to the Care Management and Coordination section of the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers*. Professional providers may call Customer Service at 1-800-275-2583.

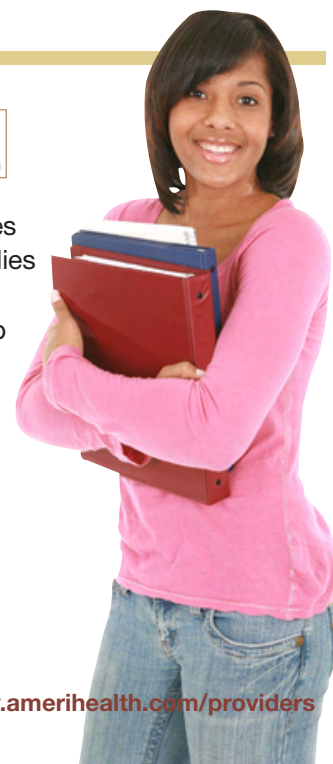
Coverage under Michelle's Law

In 2008, Congress passed Michelle's Law, which requires coverage for full-time students insured under their parents' policies to be extended for up to one year if the student is injured or becomes seriously ill and must take a medically-necessary leave of absence from a college or other post-secondary educational institution. To qualify for this extension, the student's physician must submit written documentation to AmeriHealth stating the need for a medically-necessary leave of absence.

This law does not allow college students to extend coverage beyond their policy's maximum age limits, nor does it guarantee coverage if their parents' coverage is

terminated. Michelle's Law becomes effective October 9, 2009, and applies to group and non-group contracts when either the group or non-group contract renews or upon issuance of a contract to new groups or to new non-groups.

For more information regarding Michelle's Law, please call Customer Service at 1-800-275-2583.



Policy notifications posted as of August 17, 2009

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of August 17, 2009.

Policy effective date	Notification title	Notification issue date
September 2, 2009	07.02.03d Implantable Cardiac Loop Monitor	August 3, 2009
September 4, 2009	07.00.03f Full-Body Monoplace or Multiplace Chamber Hyperbaric Oxygen Therapy	August 5, 2009
September 4, 2009	06.02.06g Genetic Testing for Inherited Breast Cancer 1 (BRCA1) and Breast Cancer 2 (BRCA2) Mutations	August 5, 2009
September 4, 2009	11.08.12f Surgery for Gynecomastia	August 5, 2009
September 21, 2009	00.01.14f Reporting and Documentation Requirements for Anesthesia Services	August 17, 2009
October 6, 2009	11.03.02f Bariatric Surgery	July 8, 2009
January 1, 2010	08.00.78 Self-Injectable Drugs	July 22, 2009

To access these notifications and then view the policies in their entirety, follow these instructions:

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

Be sure to check back often as the site is updated frequently.

Take Care Clinics now available to AmeriHealth PPO members

AmeriHealth PPO members have a new option available to them to receive professional health services. AmeriHealth PPO members may go to any one of the five Take Care Clinics in the Philadelphia region, three in New Jersey, and two in Delaware, on a walk-in basis. Take Care Clinics joins MinuteClinics* as available retail health clinics.

Take Care Clinics are staffed by board-certified family nurse practitioners who are licensed to write prescriptions. Take Care health providers focus exclusively on the diagnosis and treatment of common family illnesses like respiratory illnesses, skin conditions, minor injuries and other minor ailments, and administer vaccinations, physicals, and wellness offerings like men’s and women’s health evaluations.



Take Care Clinics can be found at select Walgreens and are open Monday through Friday, 8 a.m. to 7:30 p.m. and Saturday and Sunday, 9:30 a.m. to 5 p.m. No appointment is necessary.

You can view a detailed list of Take Care Clinic locations by selecting *Find Participating Doctors, Hospitals, and Ancillary Providers* from the *Find a Provider* page on www.amerihealth.com. Select the *AmeriHealth PPO* option, click *Continue*, type “take care” into the *Hospital, Clinic, or Other Medical Facility* field, and then click *Enter*. The resulting list includes addresses and phone numbers.

Note: This is not a statement of benefits. This program does not apply to AmeriHealth HMO or POS members because they have selected primary care practices to coordinate their care. Coverage may be verified by calling Customer Service.

*MinuteClinic, L.L.C. is a Delaware corporation, accredited by the Joint Commission as a retail health provider licensed to operate retail-based health clinics.

Upcoming changes to self-injectable drug coverage*

We are changing the way we cover self-injectable drugs in an effort to provide our commercial HMO, POS, Direct POS (PA only), HMO Plus (NJ only), and POS Plus (NJ only) members access to self-injectable drugs in the right setting at the right time for a good value. These changes are part of our evolving approach to managing specialty pharmaceutical benefits.

Upcoming changes for self-injectable drugs

Effective January 1, 2010, we will no longer provide benefits for most self-injectable drugs under our medical benefits program. However, HMO, POS, PPO, Direct POS (PA only), HMO Plus (NJ only), and POS Plus (NJ only) members who have AmeriHealth pharmacy coverage will continue have coverage for self-injectables under their pharmacy benefits. Members who have pharmacy coverage from another carrier should check their benefits to determine whether their prescription drug plan includes coverage for self-injectable drugs.

Self-injectables through our pharmacy benefits program

The self-injectable drugs that are available under our pharmacy benefits program are those that patients typically administer themselves and do not require physician monitoring. This list of drugs is available in the accompanying document, *Self-Injectable Drug List*. Please note that self-injectable growth hormones have been added to the pharmacy benefits program and require prior authorization.

We will continue to cover the following types of injectables under our medical benefits program at the appropriate levels of cost-sharing:

- injectables that cannot be administered without medical supervision;
- injectables that are mandated by law to be covered (e.g., insulin);
- injectables that are required for emergency treatment under the medical benefits program, such as self-injectable drugs that effectively counteract allergic reactions (e.g., EpiPen®).

Direct ship option available

We coordinate with our pharmacy benefits manager, FutureScripts®, to offer the FutureScripts Direct Ship Specialty Pharmacy Program to members who have pharmacy** coverage through AmeriHealth. You can use the FutureScripts Direct Ship Specialty Pharmacy Program to order self-injectables, and through this program FutureScripts will facilitate shipment to your office or to your patient's home. Your patients can benefit from key features of this program, including:

- free shipping;
- educational information and pharmacists available to answer questions about their therapies and possible side effects;
- proactive refill service, providing your patient with a phone call the week before the prescribed refill date to schedule the next delivery.

To enroll a patient in the FutureScripts Direct Ship Specialty Pharmacy Program, call FutureScripts at 1-888-678-7012, option 3, or go to www.futurescripts.com/priorauthorization and download the *Direct Ship Injectable Form*. FutureScripts will coordinate the shipment and delivery of the self-injectables.

If you have any questions about these changes, please call Customer Service at 1-800-275-2583. You can also refer to the notification for policy #08.00.78: Self-Injectable Drugs, on our website at www.amerhealth.com/medpolicy.

**These changes are pending approval for New Jersey members.*

***Please note that the FutureScripts Direct Ship Specialty Pharmacy Program is available for members who have either medical or pharmacy coverage through AmeriHealth. However, as of January 1, 2010, self-injectables through the FutureScripts Direct Ship Specialty Pharmacy Program will **only** be available for members who have pharmacy coverage through AmeriHealth. Accessing the FutureScripts Direct Ship Specialty Pharmacy Program under the medical benefit after January 1, 2010, is only for non-self-injectable specialty drugs that are typically administered in a provider's office.*

Note: This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Plan (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified by calling Customer Service.



Select Drug Program® Formulary changes

The Select Drug Program Formulary is a list of FDA-approved medications that were chosen for their medical effectiveness, safety, and value. The list changes periodically as the FutureScripts® Pharmacy and Therapeutics Committee reviews the formulary to ensure its continued effectiveness. The following are the most recent changes:

Generic Additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary cost-sharing:

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
bicalutamide	Casodex®	2. Cancer & Organ Transplant Drugs	July 13, 2009
carbamazepine XR	Tegretol® XR	3. Pain, Nervous System, & Psych	May 7, 2009
malathion lotion	Ovide®	5. Skin Medications	May 22, 2009
mycophenolate	Cellcept®	2. Cancer & Organ Transplant Drugs	May 4, 2009
Next Choice™	Plan B®	11. Female, Hormone Replacement, Birth Control	July 10, 2009

Brand Additions

These brand drugs will be covered at the appropriate brand formulary cost-sharing:

Effective: October 1, 2009

Brand Drug	Formulary Chapter
Autodisc® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Breeze®2 Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Contour® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Elite® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
FreeStyle® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
FreeStyle Lite® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Precision Xtra® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones

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Select Drug Program® Formulary changes (continued)

These brand drugs were previously added to the formulary and covered at the appropriate brand formulary cost-sharing:

Effective: July 1, 2009

Brand Drug	Formulary Chapter
Enablex®	14. Urinary & Prostate Meds
Yaz®	11. Female, Hormone Replacement, Birth Control

Brand Deletions

These brand drugs will be covered at the appropriate non-formulary cost-sharing:

Effective: October 1, 2009

Brand Drug	Generic Drug	Formulary Chapter
Casodex®	bicalutamide	2. Cancer & Organ Transplant Drugs
Cellcept®	mycophenolate	2. Cancer & Organ Transplant Drugs
Tegretol® XR	carbamazepine XR	3. Pain, Nervous System, & Psych

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary cost-sharing.

These brand drugs will be covered at the appropriate non-formulary cost-sharing with prior authorization approval:

Effective: October 1, 2009

Brand Drug	Generic Drug	Formulary Chapter
Accu-Chek® Test Strips	Not available	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
OneTouch® Test Strips	Not available	7. Diabetes, Thyroid, Steroids & Other Misc Hormones

There is no generic equivalent on our formulary for the above brand drugs; however, there are formulary brand therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary cost-sharing.

Prescription drug changes

For members enrolled in an AmeriHealth prescription drug program, there will be additional drugs requiring prior authorization. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. These updates are reflected below.

Drugs Requiring Prior Authorization

The prior authorization requirement for the following drugs was effective at the time the drugs became available in the marketplace:

Brand Drug	Generic Drug	Drug Category	Effective Date
Adcirca™	Not available	Heart, Blood Pressure, & Cholesterol	July 10, 2009
Cimzia®	Not available	Stomach, Ulcer, & Bowel Medications	May 14, 2009
EXFORGE HCT®	Not available	Heart, Blood Pressure, & Cholesterol	May 15, 2009
Nuvigil®	Not available	Pain, Nervous System, & Psych	May 1, 2009
Simponi™	Not available	Bones, Joints, & Muscles	May 8, 2009
Vectical™	Not available	Skin Medications	February 6, 2009

The following non-formulary drugs will be added to the list of drugs requiring prior authorization for new prescriptions. Members taking these drugs immediately prior to the effective date are not affected:

Effective: October 1, 2009

Brand Drug	Generic Drug	Drug Category
Aplenzin™	Not available	Pain, Nervous System, & Psych
Avidoxy™ DK	Not available	Antibiotics & Other Drugs Used for Infection
Temodar® Oral	Not available	Cancer & Organ Transplant Drugs
Toviaz™	Not available	Urinary & Prostate Medications

All diabetic test strips will require prior authorization *except* the following formulary test strips:

Effective: October 1, 2009

Brand Drug
Autodisc® Test Strips
Breeze®2 Test Strips
Contour® Test Strips
Elite® Test Strips

Brand Drug
FreeStyle® Test Strips
FreeStyle Lite® Test Strips
Precision Xtra® Test Strips

Annual Synagis® (palivizumab) distribution program

We are pleased to announce the Synagis® (palivizumab) distribution program for the 2009-10 respiratory syncytial virus (RSV) season, which is November through April in the U.S. According to the Centers for Disease Control and Prevention, RSV is the most common cause of bronchiolitis and pneumonia among children younger than 1.

During the RSV season, we will approve the monthly administration of Synagis® (palivizumab) for at-risk children younger than 2. Synagis® (palivizumab) is a humanized monoclonal antibody that provides passive immunity against RSV. It is intended to decrease the morbidity and mortality associated with RSV lower respiratory tract disease in at-risk children, which includes children with one of the following conditions and specific risk factors:

- chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia);
- history of preterm birth (< 35 weeks, 0 days gestation);
- congenital heart disease;
- severe neuromuscular disease;
- congenital abnormalities of the airway.

Recommendations for premature infants

Specific recommendations have been made to reduce the risk of RSV hospitalization for infants who are born at 32 through less than 35 weeks gestation (defined as 32 weeks, 0 days through 34 weeks, 6 days). Synagis® (palivizumab) prophylaxis should be limited to these infants who are at greatest risk of hospitalization due to RSV. This includes at-risk infants who are younger than 3 months and 0 days of age (less than 90 days) at the start of the RSV season, as well as those who are born during the RSV season and are likely to have an increased risk of exposure to RSV.

Epidemiologic data suggests that RSV infection is more likely to occur and lead to hospitalization for infants in this gestational age group when at least one of the following risk factors is present:

- The infant attends child care (defined as a home or facility where care is also provided for any number of infants or young toddlers in the same facility).
- The infant has a sibling younger than 5.

Prophylaxis may be considered for infants born at 32 through less than 35 weeks gestation who are born less than 3 months before the onset or during RSV season

and for whom at least one of the above factors is present. Infants in this gestational age category should receive prophylaxis only until they reach 3 months of age. In addition, these infants should receive a maximum of three monthly doses; many will receive only one or two doses until they reach 3 months of age.

Once an infant has passed 3 months of age (older than 90 days), the risk of hospitalization attributable to RSV lower respiratory tract disease is reduced. Administration of Synagis® (palivizumab) is not recommended after 3 months of age.¹

This criteria for premature infants are based on updated guidelines published in the 2009 American Academy of Pediatrics' *Red Book*® and are a change from the previous RSV season recommendations for infants.

Note: Synagis® (palivizumab) is not effective in the treatment of RSV disease, and it is not approved for this indication.

How can Synagis® (palivizumab) be obtained for office use?

Synagis® is a medical benefit that is managed by the FutureScripts® Direct Ship Specialty Pharmacy Program and facilitated by ACRO Pharmaceutical Services. ACRO Pharmaceutical Services will provide Synagis® (palivizumab) exclusively for AmeriHealth during the 2009-2010 RSV season, and it is mandatory that all participating providers obtain Synagis® (palivizumab) through the FutureScripts Direct Ship Specialty Pharmacy Program. Through this program, ACRO Pharmaceutical Services will ship the agent directly to your office.

Synagis® (palivizumab) can be requested directly from ACRO Pharmaceutical Services by completing the RSV Enrollment Form, which can be obtained by calling the FutureScripts Direct Ship Specialty Pharmacy Program at 1-888-678-7012, option 3, or ACRO Pharmaceutical Services at 1-800-906-7798.

In order to facilitate requests as efficiently as possible, all referrals should be sent directly to ACRO Pharmaceutical Services to coordinate shipment and the delivery of Synagis® (palivizumab) to your office.

We are **not** participating in RSV Connection™, a voluntary program through MedImmune, LLC, the makers of Synagis® (palivizumab). Please do **not** forward referrals to MedImmune, LLC.

¹ American Academy of Pediatrics, 2009 Red Book, pp 560-569.

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Annual Synagis® (palivizumab) distribution program (continued)

Guidelines for ordering Synagis® (palivizumab):

The following guidelines apply when ordering Synagis® (palivizumab):

- Synagis® (palivizumab) will generally be approved for office administration only, unless a patient is receiving home nursing services for a separate indication.
- The RSV Enrollment Form must include sufficient clinical information to meet our Synagis® (palivizumab) medical policy criteria, which is based on recommendations from the American Academy of Pediatrics (AAP).
- Tobacco smoke will not be accepted as an environmental pollutant. This guideline is based on the indication from the AAP Committee on Infectious Disease that, while at-risk infants should never be exposed to tobacco smoke, passive household exposure to tobacco smoke has not been associated with an increased risk of RSV hospitalization on a consistent basis.²

- Fee-for-service providers will be reimbursed for the evaluation and management procedure codes that correspond to the patient’s office visit. Since FutureScripts will pay ACRO Pharmaceutical Services directly, you will neither pay for doses ordered through the FutureScripts Direct Ship Specialty Pharmacy Program nor receive reimbursement for the actual pharmaceutical.
- Upon approval of your request, Synagis® (palivizumab) will be shipped to your office monthly during RSV season. Overnight shipping for the 2009-2010 RSV season will begin on Wednesday, October 28, 2009. Shipping will end on April 14, 2010. Up to five doses will be shipped per patient (one shipment every 30 days).

²American Academy of Pediatrics, 2006 Red Book, pp 563-565.

Note: This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Plan (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified by calling Customer Service.

Upcoming NDC submission changes for institutional providers



For institutional providers: Effective September 21, 2009, we will require all claims for outpatient services containing the following pharmacy revenue codes and an **unlisted and/or nonspecific** (CPT® or HCPCS) code to also include a valid National Drug Code (NDC) when submitted: 250 – 259, 262, 263, 331, 332, 335, 343, 344, and 631 – 637. By requesting this detailed drug billing information, we can provide greater transparency for our members and providers.

NDC billing information

Once these new billing requirements are effective, please submit the NDC using the 5-4-2 format when billing with hyphens (e.g., 12345-1234-12). NDC numbers without hyphens (e.g., 12345678911) will also be accepted. Please do not include spaces, decimals, or other characters in the 11-digit string, or the claim will be returned to you for correction prior to processing.

Certain claims for unlisted and nonspecific drug codes that are not accompanied by an NDC in the correct format

and location will not be processed and will be returned to you for correction and resubmission after these changes have been implemented. Please note that the NDC requirement is applicable to the claim processing date and not the date of service.

Please refer to the *Claims Preprocessing Edits Claims Resolution Document* at www.amerhealth.com/ediforms for information on claims submission resolution. If you have questions, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

Note: Changes in NDC submissions went into effect January 1, 2009, for professional and home infusion providers. Please see the January 2009 edition of *Partners in Health Update* for more information about those changes and to view the complete list of unlisted and nonspecific drug codes.

Updated overview guides now available for substance-use disorders, depression, and suicide

AmeriHealth and Magellan Behavioral Health, Inc.* are providing the updated *Substance-Use Disorders Identification Overview* and *Depression and Suicide Overview* guides for 2009. These guides are double-sided charts that include information on substance-use disorders and pharmacotherapy for substance-use disorders, depression treatment, and assessing and managing suicidal patients.

The *Substance-Use Disorders Identification Overview* includes more detailed pharmacotherapy prescribing information and the *Depression and Suicide Overview* now includes information on assessing and managing the adolescent suicidal patient. Each guide also provides resources that support clinical practices consistent with

nationally recognized standards of care. AmeriHealth developed these guides in collaboration with Magellan Behavioral Health, Inc. and they are consistent with our clinical practice guidelines.

Providers may download a copy from our website at www.amerhealth.com/providers/resources (in the *Worksheets, Forms, and Guides* section). If you do not have access to the Internet, please call the Provider Supply Line at 1-800-858-4728.

*Magellan Behavioral Health, Inc. manages mental health and substance abuse benefits for most members.

Note: This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Plan (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified by calling Customer Service.

Expanded preventive health efforts



To improve upon our preventive health outreach, we have added two new programs to the ConnectionsSM Health Management Program. This program now provides support and information for members with cardiometabolic risk factors and those who are inconsistent with the use of medications for certain chronic conditions.

Cardiometabolic risk factors

Cardiometabolic risk factors are behaviors and conditions that increase a person's overall chance of developing heart disease and diabetes. Some of these risk factors include: tobacco use, a high body mass index, obesity, hypertension, high cholesterol, and diabetes. Once a member is identified with these risk factors, they are included in our cardiometabolic risk management outreach program.

Within this program, members learn about their varying symptoms and the behavior and lifestyle changes that may help them lead healthier lives. Based on the severity of their condition, members who smoke or are overweight may also be invited to join an intensive smoking cessation or weight management program to help them better manage their condition.



Medication persistence program

We also launched a medication persistence program, targeting members who are not consistently taking certain prescribed medications for coronary heart disease, heart failure, diabetes, and hypertension.

Health Coaches will work with these members to discover any barriers they may be facing that keep them from

taking the proper medication at the proper dosage on a regular basis. Health Coaches also encourage members to talk to their doctor about their condition and experiences with their prescribed medications.

For more information about the Connections Program or for help referring your patients with cardiometabolic risk factors or issues with medication persistence to health coaching, call the Connections Provider Support line at 1-866-866-4694.

Supporting the benefits of breastfeeding

The American Academy of Pediatrics and the World Health Organization recommend that mothers exclusively breastfeed their infants for the first six months of life and then continue the practice with other nutrition thereafter. The promotion and support of breastfeeding should commence during pregnancy and continue until breastfeeding is underway. This can be accomplished in various ways, including formal education, direct support of mothers during breastfeeding observations, and programs offering peer support.

It is important to note that breastfeeding interventions should be presented to women in ways that provide new mothers with the information they need to make an informed decision regarding breastfeeding without feeling guilty if they decide against it.



The benefits of breastfeeding

Breast milk is easily digested and contains antibodies that protect against diarrhea, ear infections, colds and other illnesses. In addition, children who are breastfed are less likely to develop type 2 diabetes, asthma, and certain cancers. There are also benefits to breastfeeding for the mother, such as a decreased risk for breast cancer and ovarian cancer.

Our AmeriHealth Healthy LifestylesSM programs offer reimbursements for mothers who choose to breastfeed their babies. Eligible members can receive up to \$50 for the purchase of a breast pump and up to \$100 for certified lactation consultant visits.

For more information, members can consult the information they

receive from Baby FootSteps[®], call 1-800-275-2583, or visit www.amerihalthexpress.com.

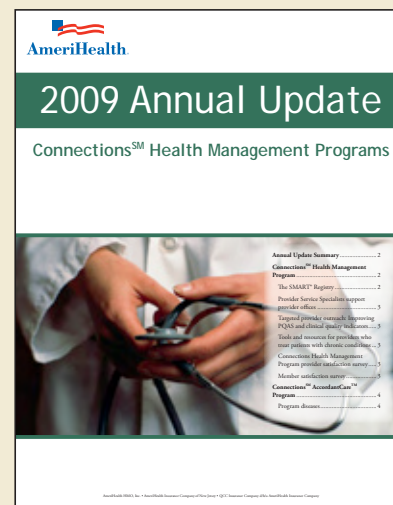
The ConnectionsSM Health Management Programs 2009 Annual Update is now available



Included with this edition of *Partners in Health Update* is the *ConnectionsSM Health Management Programs 2009 Annual Update*. The *Annual Update* includes information on how you and your patients can benefit from the Connections Health Management Programs and also highlights the accomplishments made by our Connections Programs during the past year.

Nurses from the Connections Programs work with members to encourage implementation of and adherence to your treatment plans. The programs also help your patients by offering disease management and decision support.

To learn more about the Connections Programs, visit www.amerihhealth.com/providerconnections.



Cancer screening flyer now available

The American Cancer Society reports that three out of four cancers detected are in adults older than 55. However, cancer can occur at any age. For that reason, it is important for health care providers to stress the importance of cancer prevention to their patients during routine office visits.

We want to remind members that they can reduce the risk of developing cancer by adopting a healthier lifestyle, avoiding high-risk behaviors, and getting the recommended age-appropriate cancer screenings.

To educate members, we developed a one-page, at-a-glance tool to assist health care providers in reminding and educating their patients, our members, about recommended cancer screenings. The AmeriHealth cancer screening flyer provides recommendations for colorectal, prostate, cervical, and breast cancer for men and women at average risk.

Men at average risk

Colorectal — starting at age 50

Prostate — starting at age 50, discuss options with your health care provider

Women at average risk

Colorectal — starting at age 50

Pap Test — starting at age 21 or 3 years after sexual activity begins

Mammogram — starting at age 40

The cancer screening flyer is available in English and Spanish on the NaviNet® web portal, on our website at www.amerhealth.com/providers/resources (under *Interventions and Reminders*), and upon request from your Network Coordinator. We encourage you to download, print, and distribute this flyer to your eligible AmeriHealth patients.



IMPORTANT RESOURCES

American Imaging Management (AIM)

Call for CT, MRI/MRA, PET, and Nuclear Cardiology (NJ only)	1-800-859-5288
Call for CT, MRI/MRA, PET, and Nuclear Cardiology (PA/DE only)	1-800-275-2583

Care Management and Coordination

Case Management	1-800-313-8628
Baby FootSteps®	1-800-598-BABY (2229)
AmeriHealth Healthy Lifestyles SM Keys to Wellness (PA and DE only)	1-800-313-8628

ConnectionsSM Health Management Programs

Connections SM Health Management Program Provider Support Line	1-866-866-4694
Connections SM AccordantCare TM Program	1-866-398-8761

Corporate and Financial Investigations Department

Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.amerihealth.com/anti-fraud
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Credentialing

Credentialing Hotline	215-988-6534 www.amerihealth.com/credentials
Credentialing Violation Hotline	215-988-1413
Credentialing and Re-credentialing inquiries (NJ only)	1-866-227-2186

Customer Service (policies/procedures/claims)

HMO and PPO	1-800-275-2583
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eBusiness

Help Desk	215-241-2305
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FutureScripts®

Prescription Drug Authorization	1-888-678-7012
Toll-free Fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012

FutureScripts® Secure

Medicare Part D	1-888-678-7015
Formulary updates	www.amerihealth65.com

Health Resource Center

AmeriHealth Healthy Lifestyles SM	1-800-275-2583
Precertification	1-800-275-2583

Interactive Voice Response (IVR) system

1-800-275-2583

NaviNet® Portal Registration

www.amerihealth.com/navinet

Provider Medical Policy website

www.amerihealth.com/medpolicy

Provider Pharmacy website

www.amerihealth.com/provider_rx

Provider Supply Line

1-800-858-4728



AmeriHealth

AmeriHealth HMO, Inc. • AmeriHealth Insurance Company of New Jersey
• QCC Insurance Company d/b/a AmeriHealth Insurance Company

Visit our website:

www.amerihealth.com/providercommunications

2009 Annual Update

ConnectionsSM Health Management Programs



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Annual Update summary

The 2009 ConnectionsSM Programs *Annual Update* highlights the accomplishments of our Connections Programs during the past year. The program is comprised of two comprehensive disease management and decision support programs — the ConnectionsSM Health Management Program and the ConnectionsSM AccordantCareTM Program. Member participation in both programs is extremely high with 99 percent of eligible members taking part in the Connections Health Management Program and 87 percent of eligible members participating in the Connections AccordantCare Program. Both programs strive to improve the quality and reduce the cost of health care through more informed patient-physician communication. This is accomplished by providing individually tailored health coaching and support material to patients and actionable clinical information to physicians.

These robust programs cover a variety of chronic conditions and offer decision support and health information. The Connections Health Management Program focuses on common, chronic diseases such as asthma, coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), heart failure (HF), and diabetes. The Connections AccordantCare Program supports members with one or more of 16 complex, chronic conditions. Interventions include outreach phone calls, interactive voice messaging, and mail campaigns. Providers with patients in the Connections Health Management Program receive a semiannual SMART[®] Registry, a tailored medical report that assists physicians in better treating patients with specific health care gaps.

This year's *Annual Update* provides general information on the Connections Programs as well as information about new initiatives, new outreaches, and new tools to help you provide support to your patients, our members.

ConnectionsSM Health Management Program

The Connections Health Management Program, offered in partnership with Health Dialog, provides disease management and decision support to eligible members 24 hours a day, seven days a week, through Health Coaches and online resources. For providers, it is a resource to help you manage your patients with asthma, CHD, COPD, HF, diabetes, migraines, hypertension, gastroesophageal reflux disease (GERD), peptic ulcer disease (PUD), cardiometabolic risk, and poor medication persistence.

The SMART[®] Registry

AmeriHealth distributed two releases of the SMART Registry in 2009. The SMART Registry tracks important evidence-based aspects of care for patients with one or more of the following conditions:

- asthma
- CHD
- COPD
- diabetes
- co-morbid hypertension
- HF

The most recent SMART Registry was sent to 1,122 AmeriHealth primary care practices and provides information on 4,785 AmeriHealth members. These reports offer practical, relevant information about your Connections-eligible patients in a convenient format to help you stay informed about your patients and monitor their care plans.

During the past year, physicians with 11 or more chronic-condition patients received the Registry in a CD format instead of on paper. Since 2008, a number of enhancements have been made to the CD version of the SMART Registry:

- Template letters to remind your patients of needed tests and treatments were added for patients with COPD, CHD, HF, and hypertension. These four new letters are in addition to the existing template letters for patients with asthma or diabetes.
- Packaging was enhanced through the use of an unbreakable CD case and shipment via Fed Ex[®] in a standard letter-size mailer rather than a box.

In addition, the June 2009 SMART Registry CDs were password-protected to ensure the safety of our members' protected health information. Physicians received a separate letter with a unique, random password for opening the

protected files. Passwords were also posted on the NaviNet[®] web portal for your convenience. To locate your password, select *Reference Materials and Reports* from the *Plan Transaction* menu, then select *SMART Registry Password*.

Please refer to your most recent SMART Registry to update the clinical care your patients have received and to refer your patients who may benefit from health coaching to the Connections Program.

Provider Service Specialists support provider offices

Provider Service Specialists (PSSs) are local clinical professionals who provide support and offer information about the Connections Health Management Program. Your PSS can:

- help you understand the Connections Program and become an active participant;
- provide assistance and best practices for using the SMART Registry;
- provide you with clinical support tools to refer your patients to a Connections Health Coach.

Please call the Provider Support Line at 1-866-866-4694 for more information about how a PSS can help you or to schedule a visit from a PSS.

Targeted provider outreach: Improving clinical quality indicators

In February 2009, the Connections Health Management Program began a targeted clinical initiative to help providers interested in improving their clinical quality indicators. A secondary focus of this program is to help improve heart failure beta blocker persistence. This initiative will run through January 2010. As part of this initiative, PSSs:

- meet with physicians and other clinical care practitioners to discuss the use of the SMART Registry and to provide clinical resources for use by providers and patients;
- furnish practices with a printout of the practice's Registry, filtered to focus on patients fitting the initiative's criteria;
- provide monthly lists to providers who are interested in seeing what type of outreach their patients are receiving from the Connections Health Management Program, as well as identifying gaps;
- work with the practices to send out letters to their patients who are non-compliant or in need of follow-up, utilizing the SMART Registry template letters via a mail merge on the practice's own letterhead.

If you would like to speak with a PSS about reaching out to your patients, please contact the Connections Provider Support Line at 1-866-866-4694.

Tools and resources for providers who treat patients with chronic conditions

Several tools and resources are available to your office to help manage your patients with chronic conditions. Visit www.amerhealth.com/providerconnections to find tools such as the BMI resource card, microalbuminuria brochure, response plans for asthma and heart failure, a list of Shared Decision-Making[®] videos, and more. Additional quantities of print materials are available by contacting your PSS at 1-866-866-4694.

Provider satisfaction survey

The annual provider satisfaction survey for the Connections Health Management Program was conducted by an independent research company in the fourth quarter of 2008. A new approach was used in surveying providers this year. A select number of physicians were invited to participate in a structured interview by phone to evaluate their experiences and to solicit ideas for future improvements and enhancements to the Connections Program. As a result of this feedback, we are developing new clinical tools and communication/feedback avenues.

Member satisfaction survey

Each year, AmeriHealth surveys a sample of members to determine their levels of awareness, use, and satisfaction with the Connections Health Management Program. The survey is conducted by telephone by an outside company at the end of the year.

The 2008 survey sample population included members with and without one of the five managed chronic conditions (asthma, CHD, HF, diabetes, and COPD), members who have had telephone contact with a Health Coach, and members who have never spoken to a Health Coach. The survey found that:

- Eighty-seven percent of the respondents indicated that their impression of AmeriHealth was positively affected because of the Connections Program.
- Eighty-seven percent of the respondents would recommend Connections to family and friends.
- Sixty-nine percent of the respondents indicated that it is important that AmeriHealth continue to offer the Connections Program.

NaviNet[®] is a registered trademark of NaviNet, Inc.

An AmeriHealth company holds a minority ownership interest in NaviNet, Inc.

Shared Decision-Making[®] is a registered trademark of the Foundation for Informed Medical Decision Making. Used with permission.

The most frequently cited reasons for using Connections are:

- to obtain information about an illness or condition;
- to understand treatment options and choose among them;
- to help manage a chronic illness.

We encourage you to use the Connections Program to help you support your patients by calling 1-866-866-4694.

ConnectionsSM AccordantCareTM Program

The Connections AccordantCare Program is offered through a partnership with Accordant Health Services, an independent company, which is a specialized health management organization. The program provides resources to assist you and your eligible AmeriHealth patients who live with one or more of the 16 complex chronic conditions that the program supports.

The goal of the program is to work with you to improve the clinical outcomes for these patients. Prevention of complications is the cornerstone of the program. Healthy behaviors are promoted and a support system is developed around each individual's unique needs. Accordant interventions are evidence-based, and the program has earned full accreditation from the National Committee for Quality Assurance.

AccordantCare staff offer support to your patients through frequent assessments and 24/7 availability. Licensed health care professionals, including nurses and social workers, emphasize and reinforce your treatment plan. Conversations are designed to detect changes in the member's health status. You are notified of any important changes in your patient's health status.

Members receive educational mailings specific to their conditions; the mailings cover topics from preventive strategies to acute management. Resource specialists work to find resources, such as financial assistance, transportation services, and local support groups. Exclusive online health resources are provided for members and their caregivers.

As with our other health management program, the Connections AccordantCare Program is designed to improve patients' compliance and self-management skills and to support your treatment plans.

More than 9,800 members were participating in the Connections AccordantCare Program as of May 31, 2009. More than 65 percent participated at an "interactive status" (active communication with a disease management nurse and completion of quarterly assessments).

Program diseases

The diseases covered by this program are:

- seizure disorders
- rheumatoid arthritis
- multiple sclerosis
- Crohn's disease
- Parkinson's disease
- systemic lupus erythematosus (SLE)
- myasthenia gravis
- sickle cell disease
- cystic fibrosis
- hemophilia
- scleroderma
- polymyositis
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- amyotrophic lateral sclerosis (ALS)
- dermatomyositis
- Gaucher disease

The Connections AccordantCare Program assists you by:

- offering support to your patients who have questions about their conditions 24 hours a day, seven days a week;
- educating your patients through AccordantCare's informative website, www.accordant.com, monthly newsletters, and contact with AccordantCare nurses;
- improving patient compliance with your prescribed treatment plan through educating patients and notifying you of pertinent changes in health status;
- conducting routine health evaluations with your patients by telephone or email to detect early warning signs of complications;
- providing you with access to AccordantCare's nationally recognized medical advisers who are available to discuss complex patient or treatment issues at no cost to you;
- offering specialized care coordination services to coordinate the care of critically ill patients;
- coordinating care among all members of the patient's health care team.

For more information, visit the AccordantCare website at www.accordant.net. If you have questions, call the Connections AccordantCare Program at 1-866-398-8761, 8 a.m. to 9 p.m., Monday through Thursday, or 8 a.m. to 5 p.m. on Friday, EST. Messages left after hours will be returned the next business day.

Self-Injectable Drug List

EFFECTIVE JANUARY 1, 2010

The self-injectable drugs listed below are subject to change as new medications come to market or new determinations are made by AmeriHealth. This list contains only those drugs and biologics that are determined by AmeriHealth to be self-injectable.

BRAND NAME	GENERIC NAME	DRUG CLASS	CODE	DESCRIPTION
Actimmune	interferon gamma-1b	Interferons	J9216	Injection, interferon, gamma-1b, 3 million units
Alprostadil	alprostadil	Peripheral Vasodilators	J0270	Injection, alprostadil, 1.25 mcg
Apokyn	apomorphine	Anti-Parkinson's, Others	J0364	Injection, apomorphine HCl, 1 mg
Arixtra	fondaparinux	Anticoagulants, Injectable, Other	J1652	Injection, fondaparinux sodium, 0.5 mg
Avonex	interferon beta-1a	Interferons	J1825	Injection, interferon beta-1a, 33 mcg
Avonex	interferon beta-1a	Interferons	Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use
Avonex	interferon beta-1a	Interferons	Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use
Betaseron	interferon beta-1b	Interferons	J1830	Injection interferon beta-1b, 0.25 mg
Bravelle	urofollitropin	Gonadotropins	J3355	Injection, urofollitropin, 75 IU
Caverject	alprostadil	Peripheral Vasodilators	J0270	Injection, alprostadil, 1.25 mcg
Cetrotide	cetorelix acetate	Anabolic Hormones	J3490	Unclassified drugs
Cimzia	certolizumab pegol	GI Anti-Inflammatory	C9249	Injection, certolizumab pegol, 1 mg
Cimzia	certolizumab pegol	GI Anti-Inflammatory	J3490	Unclassified drugs
Copaxone	glatiramer	Nervous System Disorders, Other	J1595	Injection, glatiramer acetate, 20 mg
Depo Sub-Q Provera 104	medroxyprogesterone acetate	Contraceptives, Others	J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
Depo-Provera 150mg ONLY	medroxyprogesterone acetate	Contraceptives, Others	J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
Edex	alprostadil	Peripheral Vasodilators	J0270	Injection, alprostadil, 1.25 mcg
Eligard	leuprolide	GRH Analogs	J9218	Leuprolide acetate, per 1 mg
Enbrel	etanercept	Antiarthritic, Syst.Bio. Response Modifier	J1438	Injection, etanercept, 25 mg
Extavia	interferon beta-1b	Interferons	J1830	Injection interferon beta-1b, 0.25 mg
Fertinex	urofollitropin	Gonadotropins	J3355	Injection, urofollitropin, 75 IU
Follistim AQ	follitropin beta	Gonadotropins	S0128	Injection, follitropin beta, 75 IU
Forteo	teriparatide	Bone Formation Agents	J3110	Injection, teriparatide, 10 mcg
Fragmin	dalteparin	Anticoagulants, Fractionated Heparins	J1645	Injection, dalteparin sodium, per 2500 IU
Fuzeon	enfuvirtide	HIV Entry/Fusion Inhibitor	J1324	Injection, enfuvirtide, 1 mg
Ganirelix Acetate	ganirelix	Gonadotropins	S0132	Injection, ganirelix acetate, 250 mcg
Genotropin	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Genotropin Miniquick	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Gonal-F	follitropin alpha	Gonadotropins	S0126	Injection, follitropin alfa, 75 IU
Gonal-F RFF	follitropin alpha	Gonadotropins	S0126	Injection, follitropin alfa, 75 IU



AmeriHealth

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BRAND NAME	GENERIC NAME	DRUG CLASS	CODE	DESCRIPTION
Humatrope	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Humira	adalimumab	Antiarthritic, Syst.Bio. Response Modifier	J0135	Injection, adalimumab, 20 mg
Imitrex	sumatriptan	Serotonin 5ht-1 Receptor Agonists	J3030	Injection, sumatriptan succinate, 6 mg
Increlex	mecasermin	Anabolic Hormones	J2170	Injection, mecasermin, 1 mg
Infergen	interferon alfacon-1	Interferons	J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
Innohep	tinzaparin	Anticoagulants, Fractionated Heparins	J1655	Injection, tinzaparin sodium, 1000 IU
Intron A	interferon alfa-2B	Interferons	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
Intron A Pen	interferon alfa-2B	Interferons	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
Kineret	anakinra	Antiarthritic, Syst.Bio. Response Modifier	J3490	Unclassified drugs
Lovenox	enoxaparin	Anticoagulants, Fractionated Heparins	J1650	Injection, enoxaparin sodium, 10 mg
Lupron (2-week kit only)	leuprolide	GRH Analogs	J9218	Leuprolide acetate, per 1 mg
Luvris	lutropin alpha	Gonadotropins	J3490	Unclassified drugs
Menopur	menotropins	Gonadotropins	S0122	Injection, menotropins, 75 IU
Miacalcin	calcitonin-salmon	Bone Density Regulators, Calcitonins	J0630	Injection, calcitonin salmon, up to 400 units
Norditropin	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Norditropin Nodiflex	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1mg
Novarel	chorionic gonadotropin	Gonadotropins	J0725	Injection, chorionic gonadotropin, per 1,000 USP units
Nutropin	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Nutropin AQ	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Omnitrope	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Ovidrel	chorionic gonadotropin	Gonadotropins	J0725	Injection, chorionic gonadotropin, per 1,000 USP units
Pegasys	peginterferon alfa-2a	Interferons	S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml
PEG-Intron	peginterferon alfa-2b	Interferons	S0146	Injection, pegylated interferon alfa-2b, 10 mcg per 0.5 ml
PEG-Intron Redi-Pen	peginterferon alfa-2b	Interferons	S0146	Injection, pegylated interferon alfa-2b, 10 mcg per 0.5 ml
Pergonal	menotropins	Gonadotropins	S0122	Injection, menotropins, 75 IU
Pregnyl	chorionic gonadotropin	Gonadotropins	J0725	Injection, chorionic gonadotropin, per 1,000 USP units
Profasi	chorionic gonadotropin	Gonadotropins	J0725	Injection, chorionic gonadotropin, per 1,000 USP units
Prostin VR Pediatric	alprostadil	Peripheral Vasodilators	J0270	Injection, alprostadil, 1.25 mcg
Rebif	interferon beta-1a	Interferons	J1825	Injection, interferon beta-1a, 33 mcg
Rebif	interferon beta-1a	Interferons	Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use
Rebif	interferon beta-1a	Interferons	Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use
Relistor	methylnaltrexone bromide	MU-Opioid Receptor Antagonists	J3490	Unclassified drugs
Repronex	menotropins	Gonadotropins	S0122	Injection, menotropins, 75 IU
Saizen	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Serostim	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
Simponi	golimumab	Antiarthritic, Syst.Bio. Response Modifier	J3490	Unclassified drugs
Somavert	pegvisomant	Anabolic Hormones	J3490	Unclassified drugs
Supprelin	histrelin	Sex Hormones, Other	J1675	Injection, histrelin acetate, 10 mcg
Tev Tropin	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg
*Victoza	liraglutide	Incretin Mimetics	J3490	Unclassified drugs
Zorbtive	somatropin	Anabolic Hormones	J2941	Injection, somatropin, 1 mg

*Pending FDA approval