



Changes to our specialty
pharmacy network

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Independence Healthcare Management certified as a Credentials Verification Organization

Independence Healthcare Management (IHM) has been certified as a Credentials Verification Organization (CVO) by the National Committee for Quality Assurance (NCQA). IHM is a Pennsylvania business corporation that provides managed care services to the AmeriHealth companies.

The two-year certification is valid through 2012 and means that IHM meets NCQA's rigorous standards for verifying that physicians and other health care providers have the proper credentials to care for patients. These credentials include education, licenses, board certifications, malpractice coverage, claims history, hospital affiliations, work history, references, and state and federal drug enforcement registrations.

The CVO certification also provides IHM with an opportunity to market its credentialing verification services to other health care organizations, avoiding the need to conduct frequent and redundant reviews of individual provider files.

NCQA is a nationally recognized, independent organization that accredits and certifies a wide range of health care organizations. NCQA's CVO certification is available to organizations that conduct credentials verification, report the credentialing information to clients, and can protect the confidentiality and integrity of the information. The certification was awarded after a rigorous onsite and offsite evaluation.

*Partners in Health Update*SM is a publication of AmeriHealth HMO, Inc. 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 such general changes. Suggestions are welcome.

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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 are presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

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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:



CMS compliance training no longer required

Since 2009, the Centers for Medicare & Medicaid Services (CMS) has required all providers who treat Medicare Advantage HMO members to complete annual Medicare Advantage and Part D compliance training in an effort to combat fraud, waste, and abuse. Effective June 7, 2010, this training is no longer required by CMS.

Under the new provision, entities that have met certification requirements through enrollment into Medicare or accreditation as durable medical equipment, prosthetic, orthotic, and supply providers are deemed to have met the training and educational requirements for fraud, waste, and abuse. Therefore an independent training is no longer necessary.

Reminder: Requirements for submitting changes to your office information



It is extremely important that you submit timely and accurate updates of your office information to AmeriHealth. This helps ensure prompt payment of claims, delivery of critical communications, seamless recredentialing, and accurate listings in our provider directories.

In fact, you are contractually obligated to notify us in a timely manner when changing key elements of your practice information. Please note the following requirements:

- **30-day** prior written notice for all updates of provider information;
- **60-day** prior written notice for closure of a primary care physician (PCP) practice to additional patients;
- **90-day** prior written notice for resignation/termination from our network.

Many updates may be submitted electronically through the *Provider Change Form* transaction on the NaviNet® web portal. Please note that the specific change requests available to you on NaviNet vary depending on your provider type, as well as on the lines of business in which you participate.*

To submit a change, select *Provider Change Form* from the Plan Transactions menu on NaviNet.

Physicians can:

- change address, office hours, total hours, and phone or fax numbers;
- change selection of capitated providers (for HMO PCPs only);
- add newly credentialed providers or participating providers to a participating group (applicable to group practices only);
- add hospital affiliation.

You may also download copies of the form from our website at www.amerhealth.com/providerforms, and fax the form, and accompanying documents to Network Administration at 215-988-6080. Be sure to retain the transmission confirmation from your fax machine.

Forms may also be mailed to:

Network Administration
AmeriHealth
P.O. Box 41431
Philadelphia, PA 19101-1431

Note: If a change also represents a change to your W-9 form (e.g., new name, new tax ID number, new billing vendor, new “pay to” address, or new ownership), the provider’s signature and the W-9 form *must* be provided. An office manager’s signature will suffice for any other changes.

For more information, please refer to the *Administrative Procedures* section of the *Provider Manual for Participating Professional Providers*. Please call your Network Coordinator with any questions.

*Providers contracted with Magellan Behavioral Health, Inc. should continue to contact their Magellan Network Coordinators at 1-800-866-4108 in Pennsylvania or 1-800-495-7670, ext. 3869 in New Jersey and Delaware.

Preauthorization submission requirements through NaviNet

Physicians, hospitals, and other health care providers play a vital role in our members' health. We offer administrative, clinical, and financial self-service tools through the NaviNet web portal to support the delivery of quality care to your patients, our members. These tools help drive unnecessary costs out of the health care system, improve patient safety, and streamline administrative processes. Using electronic tools through NaviNet has numerous benefits including:

- access from any computer with Internet access;
- little or no cost or fees;
- single, secure login;
- systematic response in seconds.

In an effort to manage the cost of health care and to more effectively process authorizations, we are continuing to implement enhanced electronic tools and resources for our network providers. In preparation, all NaviNet-enabled provider sites will be required to submit their initial authorization requests through NaviNet, **effective October 1, 2010**.

The following authorization types *must* be requested through NaviNet:

- medical/surgical procedures
- cardiac rehab
- chemotherapy/infusion
- durable medical equipment
- emergency hospital admission notification
- home health (effective June 1, 2010*)
 - dietitian
 - home health aide
 - occupational therapy
 - physical therapy
 - skilled nursing
 - social work
 - speech therapy
- home infusion
- outpatient speech therapy
- pulmonary rehab
- sleep studies

Tips for submitting authorizations

NaviNet submissions that result in a pended status can take up to two business days to be completed. These may include requests for additional clinical information as well as requests that may result in a duplication of services. If the authorization remains pended beyond two business days, providers should call **1-800-275-2583** for assistance.

Requests for medical/surgical procedures can be made up to six months in advance on NaviNet, and in most cases, requests for medically necessary care are authorized immediately.

In some instances, providers can modify the date of service previously approved by selecting *Authorizations* from the Plan Transactions menu and then selecting *Authorization Status Inquiry*.

Authorization requirements for non-enabled sites

All provider groups will be required to have all site locations enabled by December 31, 2010. To register for NaviNet, go to www.navinet.net and select *Sign up* from the top right. Register no later than November 1, 2010, to obtain access by December 31, 2010.

As provider sites become enabled, they will be required to submit their initial authorization requests through NaviNet.

About NaviNet

For your convenience, NaviNet is available to all participating providers Monday through Saturday, 5 a.m. to 10 p.m., and Sunday, 9 a.m. to 9 p.m. If your office location has not yet registered for NaviNet, please sign up at www.navinet.net. If your office is currently NaviNet enabled but would like training on how to submit authorizations, please call the eBusiness Provider Hotline at **215-640-7410** in Pennsylvania and Delaware or **856-638-2701** in New Jersey.

Note: Providers contracted with Magellan Behavioral Health, Inc. should continue to contact their Magellan Network Coordinators at 1-800-866-4108 to request preauthorization.

**Please refer to the April edition of Partners in Health Update for additional information on the home health authorization request changes.*



Changes to our specialty pharmacy network

FutureScripts®, our pharmacy benefits manager, has made changes to its network that may affect your AmeriHealth patients. Effective June 15, 2010, several specialty pharmacies are no longer in our network. Your AmeriHealth patients who were receiving specialty drugs through one of these pharmacies were notified directly of this change.

To ensure that there is no disruption in receiving their specialty drugs, FutureScripts is working with those affected members to transfer their prescriptions to a specialty pharmacy in the FutureScripts network and/or the FutureScripts Direct Ship Specialty Pharmacy Program. Through the Direct Ship Specialty Pharmacy Program, your AmeriHealth patients can have their specialty drugs delivered to the location of their choice at the same in-network level of cost-sharing. Any new or refilled prescriptions must be provided through a FutureScripts-participating pharmacy or the Direct Ship Specialty Pharmacy Program.

If your AmeriHealth patients come to you with questions about this change, we encourage you to have a discussion about the advantages of using the Direct Ship Specialty Pharmacy Program. The program offers your patients the following benefits:

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

Call FutureScripts at 1-888-678-7012 if you have any questions about these changes or to enroll an AmeriHealth patient in the Direct Ship Specialty Pharmacy Program.

Updates to Safe Prescribing Procedures for opioid withdrawal drugs



We are making updates to our Safe Prescribing Procedures regarding the prescribing of opioid withdrawal drugs, Suboxone® and Subutex® (buprenorphine). The following changes will be **effective August 1, 2010**:

- **Prior authorization.** Prior authorization will be required for Suboxone® and Subutex® (buprenorphine). In addition, approved prior authorizations will include an expiration date at the time the approval is made. If you want your patient to continue the drug therapy after the expiration date, a new request and approval will be required. Please note that prior authorization is required for both brand and generic formulations.
- **Quantity limits.** Suboxone® and Subutex® (buprenorphine) will have quantity limits. If you write your patient a prescription that exceeds the set quantity limit, the pharmacy will only fill the prescription up to the quantity limit. If you determine that your patient's therapy requires a greater quantity of medication than the set quantity limit for the drug, you may request a quantity limit exception. You must receive approval for the exception before coverage is available for the greater quantity.

Prescribing opioid withdrawal drugs in a practice setting

As a result of the Drug Addiction Treatment Act of 2000 (DATA 2000), the clinical context of medication-assisted opioid addiction treatment was expanded by allowing qualified physicians to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications for the treatment of opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e., methadone clinic).

Physicians *must* have the applicable DATA 2000 waivers in order to prescribe Suboxone® and Subutex® (buprenorphine) for opioid addiction in a practice setting (e.g., office, hospital). Please include your waiver ID number assigned by the Drug Enforcement Administration on all prescriptions and requests for Suboxone® and Subutex® (buprenorphine). For more information about DATA 2000, go to www.buprenorphine.samhsa.gov/waiver_qualifications.html.

If you have any questions concerning the updates to our Safe Prescribing Procedures, please contact Customer Service at 1-800-275-2583.

Policy notifications posted as of June 17, 2010

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 June 17, 2010.

| Policy effective date | Notification title | Notification issue date |
|-----------------------|---|-------------------------|
| July 9, 2010 | 07.00.03g Full-Body Monoplace or Multiplace Chamber Hyperbaric Oxygen Therapy | June 9, 2010 |
| July 13, 2010 | 05.00.30d Noninvasive Respiratory Assist Devices (RADs): Continuous Positive Airway Pressure (CPAP) Devices and Bi-Level Devices | April 16, 2010 |
| July 16, 2010 | 07.06.03 Bioimpedance for the Detection of Lymphedema | June 16, 2010 |
| July 27, 2010 | 11.08.08e Chemical Peels | April 28, 2010 |
| September 8, 2010 | 11.08.04f Selective Photothermolysis Using Pulsed-Dye Lasers (PDL) | June 10, 2010 |

To view these notifications, as well as 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.

HEALTH AND WELLNESS

ConnectionsSM Health Management Programs: Supporting your patients, our members



Call the Provider Support Line at **1-866-866-4694** to refer a member to a Health Coach if the member has any of the following conditions:

- asthma
- diabetes
- cardiometabolic risk
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- issues with medication persistence
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including chronic pain, weight loss surgery, depression, breast or prostate cancer, and end-of-life decisions.

Visit www.amerihealth.com/providerconnections for more information about the Connections Health Management Programs.

IMPORTANT RESOURCES

| | |
|--|--|
| Anti-Fraud and Corporate Compliance Hotline | 1-866-282-2707 www.amerihealth.com/antifraud |
| Care Management and Coordination | |
| Case Management | 1-800-313-8628 |
| Baby FootSteps® | 215-241-2198 1-800-598-2229 |
| ConnectionsSM Health Management Programs | |
| Connections SM Health Management Program Provider Support Line | 1-866-866-4694 |
| Connections SM Complex Care Management Program | 1-800-313-8628 |
| Credentialing | 215-988-6534 |
| Credentialing Hotline | www.amerihealth.com/credentials |
| Credentialing Violation Hotline | 215-988-1413 |
| Credentialing and re-credentialing inquiries (NJ only) | 1-866-227-2186 |
| Customer Service/Provider Services | |
| <ul style="list-style-type: none"> • Provider Automated System (eligibility/claims status/referrals) • Connections Health Management Programs • Precertification/maternity requests <ul style="list-style-type: none"> – Imaging services (PA and DE only) (CT, MRI/MRA, PET, and nuclear cardiology) – Authorizations | 1-800-275-2583 |
| Provider Services user guide | www.amerihealth.com/providerautomatedsystem |
| eBusiness Help Desk | 215-241-2305 |
| 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 |
| Pharmacy website (formulary updates, prior authorization) | www.amerihealth.com/rx |
| FutureScripts® Secure | |
| Medicare Part D | 1-888-678-7015 |
| Formulary updates | www.amerihealthmedicare.com |
| Imaging services (NJ only) (CT, MRI/MRA, PET, and nuclear cardiology) | 1-800-859-5288 |
| Medical Policy website | www.amerihealth.com/medpolicy |
| NaviNet® portal registration | www.amerihealth.com/navinet |
| Provider Supply Line | 1-800-858-4728 |



AmeriHealth

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• QCC Insurance Company d/b/a AmeriHealth Insurance Company

Visit our website:

www.amerihealth.com/providercommunications