



Reminder: New prior authorization requirements for members taking insulin

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Reminders....



Early extension of dependent care coverage begins June 1, 2010

Beginning June 1, AmeriHealth will extend health insurance coverage for young adults up to age 26 who are currently covered by their parents' individual or employer-sponsored health plans.

By allowing these young adults to remain on their parents' plans starting June 1, AmeriHealth is helping families avoid a potential gap in coverage until the new federal healthcare reform provision takes effect.

For more information about this new coverage, please read the press release at www.amerhealth.com/news_events/press_releases.



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If you would like to receive email updates providing you with the latest information, including *Partners in Health Update* and news alerts, simply complete our email address submission form at www.amerhealth.com/providers/email.

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

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

-  **Professional**
-  **Facility**
-  **Ancillary**



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.

The form is titled "Provider Change Form" and includes the AmeriHealth logo. It is divided into several sections:

- CURRENT PRACTICE INFORMATION:** Includes fields for "This change affects:" (Group practice or Individual physician), "NPI", "NPI effective date", "HMO ID #", "PPO ID #", "PHONE #", "Contact person:", "Authorizing signature:", and "Effective date of change Today's date".
- PROVIDER CHANGE INFORMATION:** A section with checkboxes for "Type of change:" such as "Adding a practice", "Joining a practice", "Adding an office location", "Changing an office location", "Telephone", "Fax", "Name change only", and "Tax ID change".
- PREVIOUS OFFICE INFORMATION:** Fields for Name, Street Address, City, State, ZIP, Telephone, and Fax.
- NEW OFFICE INFORMATION:** Fields for Name, Street Address, City, State, ZIP, Telephone, and Fax.
- Physician Members:** A section for listing multiple providers with fields for "Last", "First", "Middle", "Degree", "Individual provider ID#", "NPI", "Taxonomy code", and "NPI eff. date".
- BILLING LOCATION:** Fields for "Street address 1", "Street address 2", "City", "State", "ZIP", "Telephone", and "Federal tax ID #".
- CHANGE OF OWNERSHIP:** A section for "Legal business name of new owner" with fields for "Last", "First", "Middle", and "Degree".

ClaimCheck®: Upgrade scheduled and edit clarification

ClaimCheck® is a comprehensive code-auditing tool that we use to evaluate the relationships between procedure codes submitted on the CMS-1500 claim form (or equivalent electronic format). Claims are edited by ClaimCheck® to ensure that correct coding rules and guidelines are used. Please note the following information.

Upcoming upgrade scheduled

In an effort to maintain an enhanced level of transparency, the ClaimCheck® software will be upgraded from version 9.0.44 to 9.0.45 effective June 28, 2010. This upgrade applies to all contracted providers who deliver professional services to members by way of the CMS-1500 claim form or equivalent electronic format.

Upgrades to ClaimCheck® are scheduled twice yearly, typically in the spring and fall. The release schedule for ClaimCheck® upgrades is subject to modification for business reasons. Edits are sourced to various nationally accepted authorities, including the American Medical Association, CPT® (Current Procedure Terminology), Centers for Medicare & Medicaid Services, and national specialty societies.

Clarifying edits for reprocessed or adjusted claims

ClaimCheck® and Clear Claim Connection™ are updated regularly for consistency with Medical and Claim Payment Policy, new procedure codes, current health care trends, and/or medical and technological advances. ClaimCheck® clinical relationship logic is applied based on the date a claim is processed, reprocessed, or adjusted in our claims processing system. Clinical relationship logic is not applied based on the date the service was performed. Therefore, claims that are reprocessed or adjusted for any reason may receive a different editing outcome from ClaimCheck® based on the clinical relationship logic that is in effect at the time the claim adjustment occurs.

Notwithstanding the foregoing, it is understood that a specific claim payment policy may supersede the terms of this policy with respect to the subject of that claim payment policy only.

Detailed disclosures of all ClaimCheck® code edits are available through Clear Claim Connection™, which is accessible through the NaviNet® web portal 24 hours a day, 7 days a week. If you have any questions about ClaimCheck® or Clear Claim Connection™, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

BILLING

Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2010 (NJ and PA only)

Effective July 1, 2010, we will be implementing a quarterly update to our Professional 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 on July 1, 2010, through the NaviNet web portal. To do so, select *Reference Material and Reports* from the Plan Transactions menu, and then select *Fee Schedule Inquiry*.

If you have any questions about the updates, please contact your Network Coordinator.



Policy notifications posted as of May 20, 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 May 20, 2010.

Policy effective date	Notification title	Notification issue date
June 11, 2010	11.08.05f Application and Removal of Tattoos	May 12, 2010
June 11, 2010	00.01.48 Marijuana for Medical Use	May 12, 2010
June 18, 2010	11.17.07d Radiofrequency Micro-remodeling (by transurethral, transvaginal, or paraurethral approach) for Urinary Stress Incontinence	May 19, 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 27, 2010	11.08.08e Chemical Peels	April 28, 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.

Reminder: New prior authorization requirements for members taking insulin

Effective July 1, 2010, members who are currently taking Humulin[®], Humalog[®], ReliOn[®]/Novolin[®], and Apidra[®] insulin will be required to obtain prior authorization.

As previously communicated, Novolin[®], Novolog[®], Lantus[®], and Levemir[®] are now the preferred brands of insulin for all prescription drug programs and are the only insulins available on the Select Drug Program[®] Formulary. In addition, all new prescriptions for Humulin[®], Humalog[®], ReliOn[®]/Novolin[®], and Apidra[®] insulin require prior authorization. These changes became effective April 1, 2010.

Prior authorization requests will be reviewed in accordance with our established criteria, and, if approved, non-preferred insulin will be covered at the highest level of cost-sharing. If denied, non-preferred insulin will not be a covered benefit. To learn more about our pharmacy policy and prior authorization criteria for insulin, visit the Pharmacy Policy section of our website at www.amerihealth.com/rxpolicy.

Refer to the March edition of *Partners in Health Update* for the original notification regarding these changes. If you have any questions, please contact FutureScripts[®], our pharmacy benefits management company, at 1-888-678-7012.

Select Drug Program® Formulary updates

The Select Drug Program Formulary is a list of medications approved by the U.S. Food and Drug Administration 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 most recent changes are listed below.

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 level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
budesonide	Pulmicort Respules®	13. Allergy, Cough & Cold, Lung Meds	April 3, 2010
cefditoren	Spectracef®	1. Antibiotics & Other Drugs Used For Infection	February 8, 2010
clindamycin phosphate	Evoclin®	5. Skin Medications	April 5, 2010
diltiazem HCl	Cardizem® LA	4. Heart, Blood Pressure, & Cholesterol	March 19, 2010
epinephrine pen injector	AdrenaClick™	13. Allergy, Cough & Cold, Lung Meds	April 5, 2010
epinephrine pen injector	EpiPen®	13. Allergy, Cough & Cold, Lung Meds	April 5, 2010
hydrocortisone/pramoxine kit	Analpram E™ Kit	8. Stomach, Ulcer, & Bowel Meds	January 26, 2010
imiquimod cream	Aldara®	5. Skin Medications	February 25, 2010
losartan	Cozaar®	4. Heart, Blood Pressure, & Cholesterol	April 9, 2010
losartan — HCTZ	Hyzaar®	4. Heart, Blood Pressure, & Cholesterol	April 9, 2010
metaxalone	Skelaxin®	10. Bones, Joints, & Muscles	April 5, 2010
protect topical emulsion	Biafine®	5. Skin Medications	February 17, 2010
tamsulosin	Flomax®	14. Urinary & Prostate Meds	March 3, 2010

Brand additions

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

Brand drug	Formulary chapter	Effective date
Suboxone®	16. Diagnostics & Misc Agents	May 1, 2010
Trilipix®	4. Heart, Blood Pressure, & Cholesterol	April 1, 2010

This brand drug will be added to the formulary and will be covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Besivance™	12. Eye Medications	July 1, 2010

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Select Drug Program® Formulary updates (continued)

Brand deletions

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

Effective July 1, 2010.

Brand drug	Generic drug	Formulary chapter
AdrenaClick™	epinephrine pen injector	13. Allergy, Cough & Cold, Lung Meds
Biafine®	protect topical emulsion	5. Skin Medications
EpiPen®	epinephrine pen injector	13. Allergy, Cough & Cold, Lung Meds
Pulmicort Respules®	budesonide	13. Allergy, Cough & Cold, Lung Meds
Skelaxin®	metaxalone	10. Bones, Joints, & Muscles

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

Prescription drug updates



There are several updates for members enrolled in an AmeriHealth prescription drug program. A drug will be excluded from coverage because it is available over the counter; typically, over-the-counter medications are excluded from all AmeriHealth prescription drug programs. Also, prior authorization and quantity limit requirements will be applied to additional drugs. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. Quantity level limits are designed to allow a sufficient supply of medication based upon the maximum daily dose and length of therapy approved by the U.S. Food and Drug Administration for a particular drug. These most recent updates are reflected below.

Over-the-counter exclusion

This brand drug will no longer be covered under the prescription drug program because it is available over the counter:

Effective June 1, 2010.

Brand drug	Generic drug	Drug category
Zegerid® 20mg	Not available	Stomach, Ulcer, & Bowel Meds

Drugs requiring prior authorization

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

Brand drug	Generic drug	Drug category	Effective date
Ampyra™	Not available	Bones, Joints, & Muscles	February 19, 2010
Cayston™	Not available	Antibiotics & Other Drugs Used for Infection	February 26, 2010
Exalgo™	Not available	Pain & Nervous System	April 2, 2010
Mirapex ER®	Not available	Pain & Nervous System	February 26, 2010
Pennsaid®	Not available	Pain & Nervous System	April 2, 2010
Victoza®	Not available	Diabetes	March 5, 2010

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PHARMACY

Prescription drug updates (continued)

The following non-formulary drugs require prior authorization for new prescriptions as of the date indicated below. Members taking these drugs immediately prior to the effective date are not affected:

Brand drug	Generic drug	Drug category	Effective date
Samsca™	Not available	Bones, Joints, & Muscles	April 1, 2010
Zipsor™	Not available	Bones, Joints, & Muscles	July 1, 2010

Drugs requiring prior authorization and quantity level limits

The following drugs will be added to the list of drugs requiring prior authorization and will also be subject to quantity limits:
Effective August 1, 2010.

Brand drug	Generic drug	Drug category
Suboxone®	Not available	Opioid Withdrawal
Subutex®	buprenorphine*	Opioid Withdrawal

*Prior authorization also applies to the generic formulation.

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.amerhealth.com/providerconnections for more information about the Connections Health Management Programs.

ConnectionsSM Complex Care Management Program seeks panelists for Physician Advisory Board

As reported in the December 2009 and April 2010 editions of *Partners in Health Update*, AmeriHealth is currently transitioning the care management of members with complex, chronic conditions from an outside vendor to our own in-house nurse care managers. As part of this transition, AmeriHealth will create a Physician Advisory Board comprised of rheumatologists, neurologists, hematologists, gastroenterologists, and pediatric pulmonologists.

Key tasks of the Physician Advisory Board will include:

- conducting quarterly educational sessions, clinical updates, and/or case rounds with AmeriHealth care managers;
- providing consultation by phone or secure email to care managers regarding specific members;
- assisting with the development and review of clinical tools and clinical guidelines.

The ideal Physician Advisory Board member would be a provider who is practicing in his or her specialty and who supports population health principles and managed care.

Doctors on the Physician Advisory Board will receive an hourly stipend for their work. For more information or to apply for a position, please contact Lisa Blondin, M.D. at 856-778-6563 or Lisa.Blondin@amerihealth.com.



SMART[®] Registry release for June 2010

The next release of the SMART Registry will be mailed to AmeriHealth providers in June 2010. The SMART Registry provides information on doctors' patients who are eligible for the ConnectionsSM Health Management Program with any of the following chronic conditions: asthma, diabetes, heart failure, coronary heart disease, and chronic obstructive pulmonary disease.

The SMART Registry CDs include a security measure to protect our members' health information. Practices with more than 11 Connections-eligible patients with a chronic condition automatically receive the SMART Registry on CD, which is password-protected. Letters that provide the password will be mailed to practices approximately one week before the SMART Registry is mailed. Practices can also look up their password through the NaviNet[®] web portal. To do so, select *Reference Material and Reports* from the Plan Transactions menu and then select *SMART Registry Password*.

If you have any questions about the SMART Registry CD or the encryption process, please contact a Connections Program Specialist (CPS)* by calling the Connections Program Provider Support Line at 1-866-866-4694. A CPS can help you and your staff to navigate the CD to locate the most important information.

You can also schedule an appointment with a CPS to meet with you and your staff to review the SMART Registry reports and to help with making referrals to the Connections Health Management Program.

To speak with a CPS about the SMART Registry or any other aspect of the Connections Program, call the Provider Support Line at 1-866-866-4694.

*Connections Program Specialists were previously known as Provider Service Specialists.

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

Healthways SilverSneakers® Fitness Program proven to reduce health care costs of members with diabetes

Study: Health care cost and utilization associated with use of a health club membership benefit in older adults with diabetes

According to a recent study published in *Diabetes Care*, the journal of the American Diabetes Association, older adults with diabetes who are enrolled in the SilverSneakers Fitness Program are admitted to the hospital less often, have lower inpatient care costs, and have significant reductions in their overall health care costs after only the first year of participation.¹

The study, funded by the Centers for Disease Control and Prevention and conducted by Group Health and the University of Washington, extends a January 2008 study that looked at nearly 5,000 SilverSneakers participants during a two-year period. Researchers examined whether the impact of SilverSneakers participation on health care costs and utilization also applies to older adults with chronic conditions such as diabetes.²

The health care costs from SilverSneakers members with diabetes (study group) were compared to costs from diabetic members of the same age and gender who were not enrolled in SilverSneakers (control group).

Key conclusions

Lower total health care costs. During the first year of the program, the study group generated \$1,600 less per member in total health care costs than the control group. During the second year, the health care costs for the study group continued to decline. Reductions of \$1,230 per member were seen for the study group compared to the control group during the second year.

Lower hospitalization rates. Study group members had 29 percent fewer hospital admissions than the control group members. Costs per member for inpatient care were similar for study and control group members.

Greater savings with more participation. Participants who averaged two or more visits per week in the first year of the study had significantly lower health care costs in the second year than those members who visited the fitness center fewer than two times per week in year one. Members who participated more frequently generated \$2,141 less per member in total health care costs than members with lower participation.

The study suggests that the health care cost reductions associated with participation in an exercise program for older adults in general also apply to older adults with diabetes. In fact, the impact on total health care cost is seen earlier and is three times greater in this higher-risk group.

For more information about this study, please visit www.healthways.com.

Note: SilverSneakers is offered to AmeriHealth Medicare Advantage HMO members at no additional cost. To enroll in the program, members can simply bring their health plan ID card to any participating SilverSneakers location. For a complete list of locations, members can visit the SilverSneakers website at www.silversneakers.com or call 1-866-584-7685.

¹Huong, H.Q., Maciejewski, M.L., Gao, S., Lin, E, Williams, B., & LeGerfo, J.P. (2008). Health Care Use and Costs Associated with Use of a Health Club Membership Benefit in Older Adults with Diabetes. *Diabetes Care*, 31(8), 1562-1567. <http://care.diabetesjournals.org/content/vol31/issue8>.

²www.cdc.gov/pccd/issues/2008/jan/07_0148.htm.

SilverSneakers is a registered mark of Healthways, Inc.



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
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 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