Call one number for your needs

In an effort to improve your calling experience, AmeriHealth has enhanced its toll-free number, 1-800-275-2583, to provide a convenient “one-stop shop” for all of your inquiries. This telephone number can be used for many service needs, such as:

- Interactive Voice Response (IVR) system
- ConnectionsSM Health Management Programs
- Precertification/Preauthorization*
- Provider Services (claim status, eligibility, and benefits)

These changes have been made to the Important Resources section of Partners in Health Update and will be reflected on the back of member ID cards, starting in October.

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

*For behavioral health services, providers should still call the number listed on the back of the member’s ID card under mental health/substance abuse.

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NATIONAL PROVIDER IDENTIFIER (NPI)

Claims submitted without a valid, registered NPI will reject

NPIs must be registered with AmeriHealth

As has been communicated in this publication numerous times, claims submitted to AmeriHealth without a registered NPI began rejecting as of May 23, 2008, per the Centers for Medicare & Medicaid Services mandate. NPIs can be registered online by submitting an NPI provider registration web form at www.amerihealth.com/providers/npi/provider_registration.htm.

Claims submitted with invalid NPIs will reject

Each claim must pass an NPI check-digit validation to ensure that it has a valid NPI. To date, many claims are not passing this check-digit validation. The most common reasons why claims are not passing the NPI check-digit validation are:

- The wrong provider identifier is entered in an NPI field.
- The NPI is entered incorrectly.
- The number entered is not a valid NPI.

Processing of claims

For purposes of processing a claim in accordance with the reimbursement terms of your AmeriHealth provider contract, you may continue to provide your 10-digit legacy number in addition to your valid, registered NPI. The sole purpose for providing the 10-digit legacy number is to facilitate accurate claims payment — not to identify the claim for acceptance into AmeriHealth’s system. Only a valid NPI will be accepted by AmeriHealth as the primary identifier on the claim.

If you need more information about NPI claims submission, please refer to AmeriHealth’s National Provider Identifier (NPI) Toolkit: Tips for Proper Electronic and Paper Claims Submission, located at www.amerihealth.com/pdfs/providers/npi/toolkit.pdf.

Learn more about NPIs. Our previous communications, FAQs, and additional resources are available at www.amerihealth.com/providers/npi.

Please note: AmeriHealth will receive contracted behavioral health providers’ NPI information directly from Magellan Behavioral Health, Inc. For more information, please contact Magellan National Provider Services Center at 1-800-788-4005, or visit Magellan at www.magellanhealth.com.
ANNOUNCEMENTS

ID card style change (PA only)

Beginning this fall, ID cards for some Pennsylvania members will have a new look. The new cards will be issued to members when a change, such as choosing a new primary care physician (PCP), adding a dependent, or upon benefit renewal, is made to their coverage. Until such a change is made, members will continue to use their current cards.

The new design divides the front of the card into four quadrants, each separated by a horizontal line. Each quadrant will contain information specific to the member, such as the members name and identification number, PCP information, and cost-sharing information.

The back of the card will provide important telephone numbers. To make it easier to obtain information about our members, providers can now use one number, 1-800-275-2583, to request precertification for covered services and obtain eligibility information.* NaviNet® is also available to confirm member eligibility.

If you have questions about the new ID cards, please contact your Network Coordinator.

Note: New cards will not go into effect for AmeriHealth New Jersey and Delaware members until 2009. We will provide more information at that time.

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

NaviNet® is a registered trademark of NaviMedix, Inc.

BILLING

Tips for submitting claims adjustments

When submitting adjustment requests electronically to your Network Coordinator or our Adjustment department using Microsoft Excel® or Microsoft Access™ files, please include the following fields:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmeriHealth Claim ID Number</td>
<td>Performing Provider Name</td>
</tr>
<tr>
<td>Member ID</td>
<td>Modifier</td>
</tr>
<tr>
<td>Date of Service From</td>
<td>Modifier</td>
</tr>
<tr>
<td>Date of Service To</td>
<td>Modifier</td>
</tr>
<tr>
<td>Procedure/Service Code</td>
<td>Revenue Code</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>Units Billed</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>Charged (billed) Amount</td>
</tr>
<tr>
<td>Patient Insured ID number</td>
<td>Allowed Amount</td>
</tr>
<tr>
<td>Vendor (billing) Provider Number</td>
<td>Payment Amount</td>
</tr>
<tr>
<td>Vendor (billing) Provider Name</td>
<td>Expected Amount</td>
</tr>
<tr>
<td>Performing Provider Number</td>
<td></td>
</tr>
</tbody>
</table>

Submitting your adjustment requests with the above information, especially the highlighted fields, enables us to improve turn-around time and maintain a higher level of service while processing the claim.

If you have additional questions, please contact your Network Coordinator.
Save money and increase office efficiency by going electronic (NJ only)

According to the American Medical Association (AMA), “If both physicians and payers use electronic transactions instead of manual ones for the estimated 3 billion claims submitted annually, the health care system can save over $90 billion each year.”

How you can cut practice administration costs

Based on a 2006 Milliman study, the chart below illustrates savings opportunities for a typical physician practice by switching from paper to electronic transactions.

<table>
<thead>
<tr>
<th></th>
<th>Manual cost</th>
<th>Electronic cost</th>
<th>Savings per transaction</th>
<th>Transactions per year</th>
<th>Estimated annual savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims</td>
<td>$6.63</td>
<td>$2.90</td>
<td>$3.73</td>
<td>6,200</td>
<td>$23,124.21</td>
</tr>
<tr>
<td>Eligibility verification</td>
<td>$3.70</td>
<td>$0.74</td>
<td>$2.95</td>
<td>1,250</td>
<td>$3,693.04</td>
</tr>
<tr>
<td>Referrals</td>
<td>$8.30</td>
<td>$2.07</td>
<td>$6.22</td>
<td>1,000</td>
<td>$6,223.17</td>
</tr>
<tr>
<td>Preauthorization</td>
<td>$10.78</td>
<td>$2.07</td>
<td>$8.71</td>
<td>100</td>
<td>$870.62</td>
</tr>
<tr>
<td>Payment posting</td>
<td>$2.96</td>
<td>$1.48</td>
<td>$1.49</td>
<td>4,340</td>
<td>$6,456.59</td>
</tr>
<tr>
<td>Claim status</td>
<td>$3.70</td>
<td>$0.37</td>
<td>$3.33</td>
<td>620</td>
<td>$2,065.59</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$42,433.23</strong></td>
</tr>
</tbody>
</table>

In addition to the per-transaction financial savings, Milliman identified other, harder-to-quantify benefits achieved through the greater use of technology. Examples include:

- **Electronic claims submission**
  - reduces claim rejections and the need to resubmit claims multiple times;
  - improves cash flow;
  - reduces accounts receivable days since claims are paid more quickly.

- **Electronic eligibility verification**
  - allows physicians to easily validate every patient’s insurance eligibility on every visit;
  - reduces the collection and billing costs for patients without coverage;
  - reduces bad debt.

- **Electronic transactions** reduce the time office staff spends on the telephone.

- **Electronic payment posting** significantly reduces accounts receivable errors and improves customer satisfaction.

How AmeriHealth can assist you with electronic savings opportunities

Electronic claims submission

For more information or if you currently submit claims electronically and have questions regarding AmeriHealth’s electronic submission requirements, please refer to your Provider Manual CD, or visit our website at www.amerihealth.com/providers/claims_and_billing/edi/index.html.

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BILLING

Save money and increase office efficiency by going electronic (NJ only) (continued)

Eligibility and other electronic transactions
The NaviNet® Portal offers providers fast, secure, HIPAA-compliant access to provider and member information, and allows for real-time transactions. Best of all, NaviNet is free and does not require the use of additional software. With NaviNet, you can:

- **Check eligibility.** Confirm eligibility and benefits information, including plan type, coverage dates, copayments, coordination of benefits, pre-existing condition clause information, PCP, and PCP capitated sites (where applicable).

- **Enter/View referrals.** Submit referrals to the Plan and to NaviNet-enabled specialists and facilities electronically. Use the optional NaviNet auto-fax feature to fax referrals to specialists and facilities, even to those who are not registered with NaviNet. Submit encounters to report covered services performed by PCPs covered under our capitation arrangement (for use by PCPs only).

- **Enter/View authorizations.** Submit and retrieve authorization requests for procedures to be performed in an acute care facility or ambulatory surgery center.

- **Perform claims inquiries.** Review claims INFO submissions and the status of rejected claims.

All participating providers with Internet access are eligible to register for NaviNet. To connect to the NaviNet Portal, complete our online inquiry form found at the bottom of [www.amerihealth.com/providers/navinet/index.html](http://www.amerihealth.com/providers/navinet/index.html).

If you have questions about these opportunities, please contact your Network Coordinator.

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Home infusion drug billing reminder

Here are some points to keep in mind when deciding whether a patient’s infusion drug should be billed under Medicare Part B (medical) or Part D (pharmacy).

Generally, the method of infusion determines whether the infusion drugs are covered under Part B or Part D:

- Bill Part B if the drug is administered with an infusion pump or an implantable pump.
- Bill Part D if the drug is administered without an infusion pump, such as an IV push.

If the drugs are infused at the patient’s home, the following guidelines apply:

- Infusion drugs administered with an infusion pump are not covered unless specifically covered under the applicable Medicare policy.

- Infusion drugs administered without an infusion pump must be submitted by the patient’s Part D carrier. If you are not a Part D provider, the member must pay in full for the drugs, then seek reimbursement from the Part D plan.

Please note that we will be making changes to the preauthorization process and the preauthorization form on NaviNet® that will require you to note each drug’s route of administration.

For further details, please refer to the Medicare Part B vs. Part D Medical Policy on our website at [www.amerihealth.com/medpolicy](http://www.amerihealth.com/medpolicy).

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2 View the entire Milliman study at [http://transact.emdeon.com/milliman_study.pdf](http://transact.emdeon.com/milliman_study.pdf)
NaviNet and capitation roster report

Primary care physicians (PCPs) can view, print, and download electronic copies of their capitation rosters through NaviNet.

To access your capitated roster list, select Reference Materials and Reports from the Plan Transactions drop-down menu and then select CAP Rosters.

Next, fill out either the Provider or Tax ID field in combination with a specific month. This will generate an accurate CAP Report for the specified month. Note: Once generated, all rosters will be accessible for a period of 13 months.

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NaviNet and capitation roster report (continued)

Additionally, you can narrow your search by using the *Quick Search* drop down as displayed below. After selecting the *Quick Search* category, enter a corresponding value (e.g., the patient’s last name, USI number, etc.), and select the *Search* button.

These results can be sorted by selecting the column headers. You can also print or download the capitated roster list by selecting the appropriate button along the bottom of the screen.
Discontinuation of the AmeriHealth 65® Basic plan for special needs members (PA only)

Effective January 1, 2009, AmeriHealth will discontinue offering its AmeriHealth 65 Basic plan. This plan for special needs members is currently available in the following PA counties: Berks, Lehigh, Lancaster, Northampton, and York. AmeriHealth 65 Basic will continue through December 31, 2008, and members will receive their standard benefits until that date. AmeriHealth is working to ensure that all affected members receive adequate time and information to assist them in selecting new health insurance coverage by January 1, 2009. Additional information will be provided in future editions of Partners in Health Update and via other communication vehicles.

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

AmeriHealth New Jersey National Access Program (NJ only)

We are pleased to announce AmeriHealth Insurance Company of New Jersey’s National Access Program, with an effective date of September 1, 2008. This AmeriHealth New Jersey National Access Program is a PPO and POS PLUS benefit program that allows members whose employers have purchased a National Access Rider (formerly the New York Access Rider with PPO and POS PLUS based options) to obtain services throughout the continental United States from Multiplan’s PHCS national network of physicians, providers, and facilities for medical benefits, as well as Magellan Behavioral Health, Inc.’s national network for mental health and substance abuse services at the in-network benefits level.

The PHCS and Magellan Behavioral Health, Inc. national networks will provide members access to more than 500,000 providers nationally. Participating PHCS medical providers outside of the New Jersey, Pennsylvania, and Delaware AmeriHealth networks can be identified at www.PHCS.com. Participating Magellan Behavioral Health, Inc. national network providers can be identified by calling Magellan at 1-800-809-9954. All existing precertification requirements remain in effect for the PHCS and Magellan Behavioral Health, Inc. national network providers.

For more information on the National Access Program, please contact Customer Service.
Modifier 57 and Modifier 59

In August 2008, AmeriHealth posted two notifications on www.amerihealth.com/medpolicy regarding medical policies that define the documentation and reporting requirements for Modifier 57 and Modifier 59. The notifications are as follows:

For claims processed on or after September 22, 2008, providers will notice ClaimCheck® editing being applied to services that are reported with Modifiers 57 and 59. The additional editing is the result of automation in the application of standard editing in the processing system for these modifiers. To review the company’s policies on the appropriate use of Modifier 57 and 59, please review medical policies 03.00.16d Modifier 57 and 03.00.08c Modifier 59 in the Policy Notification section of www.amerihealth.com/medpolicy prior to September 22, 2008, or look in the Policy Bulletins section after September 22, 2008.

In addition, specific code editing results for procedure codes reported with Modifiers 57 and 59 will be available beginning September 22, 2008, via Clear Claim Connection™ in the Claims and Billing information section on www.amerihealth.com/providers.

Please contact your Network Coordinator if you have any questions.

Transition to all-electronic authorization inquiry and submission — Part II

Enhancements to the provider interactive voice response (IVR) system continue to progress. The new enhancements to the system will provide you with the ability to submit an authorization or precertification request for outpatient and office medical and/or surgical procedures.* This service will be directly accessible through Customer Service at 1-800-275-2583, prompt 2 for Provider Services.

This updated system will be available in the near future as part of our phased approach toward the electronic authorization mandate project.

Additional details and a tutorial will be available in future editions of Partners in Health Update.

*For behavioral health services, providers should still call the number listed on the back of the member’s ID card under Mental Health/Substance Abuse.
Policy Notifications available online

To better communicate updates to our medical and claim payment policies, we will be posting notifications online prior to the policy’s effective date. The notifications will be listed by the intended effective date, and we will provide the policy for you to become familiar with it in advance. To read these notifications, please follow these instructions:

2. Select Accept and Go to Medical Policy Online.
3. Select Policy Notifications from the Medical Policy column on the left sidebar.
4. Select the date under Policy Effective Date for the policy notification you wish to view.

Notifications will be posted frequently, so please check the site often.

Policy Notifications posted as of August 8, 2008

In order to better inform providers, AmeriHealth has developed a Policy Notification web page where our policies are posted prior to their effective date. Below is a listing of the Policy Notifications we have posted to the site as of August 8, 2008:

<table>
<thead>
<tr>
<th>Policy Effective Date</th>
<th>Notification Title</th>
<th>Notification Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2008</td>
<td>08.00.75 Erythropoiesis Stimulating Agents (ESAs)</td>
<td>July 1, 2008</td>
</tr>
<tr>
<td>October 1, 2008</td>
<td>06.02.01c Lyme Disease: Diagnosis and Intravenous (IV) Antibiotic Treatment</td>
<td>July 3, 2008</td>
</tr>
<tr>
<td>October 21, 2008</td>
<td>11.17.01d Bulking Agents for the Treatment of Stress Urinary Incontinence (SUI) due to Intrinsic Sphincter Deficiency (ISD) and for the Treatment of Vesicoureteral Reflux (VUR)</td>
<td>July 23, 2008</td>
</tr>
<tr>
<td>November 1, 2008</td>
<td>03.00.12 Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following the Initial Procedure for a Related Procedure During the Postoperative Period</td>
<td>August 4, 2008</td>
</tr>
<tr>
<td>November 1, 2008</td>
<td>03.00.31 Modifiers for Split or Shared Surgical Services (Modifiers 54, 55, and 56)</td>
<td>August 4, 2008</td>
</tr>
<tr>
<td>November 4, 2008</td>
<td>05.00.61c Cervical Traction for In-home Use</td>
<td>August 6, 2008</td>
</tr>
</tbody>
</table>

Visit the Policy Notifications web page on www.amerihealth.com/medpolicy to view these policies in their entirety, and be sure to check back often, as the site is updated frequently.
AmeriHealth is pleased to announce the Synagis® (palivizumab) distribution program for the 2008-09 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 one year of age. During RSV season, we will approve the monthly administration of Synagis® (palivizumab) for at-risk children younger than two years of age.

How does Synagis® (palivizumab) work?
Synagis® (palivizumab), a humanized monoclonal antibody, provides passive immunity against RSV and is intended to decrease the morbidity and mortality associated with RSV infection in at-risk children younger than two years of age. It is licensed for the prevention of RSV lower respiratory tract disease in at-risk children, which includes children who have:
- chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia)
- history of preterm birth (<35 weeks gestation)
- congenital heart disease

During RSV season, Synagis® (palivizumab) is administered to at-risk children intramuscularly once every 30 days for a maximum of five doses, according to the medically necessary criteria as outlined in our medical policy available on www.amerihealth.com/medpolicy. The policy was developed based on the recent guidelines for the use of palivizumab from the American Academy of Pediatrics (AAP) and expert consultant input (American Academy of Pediatrics 2006 Red Book, pp 563-565).

Please 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?
This year, AmeriHealth has coordinated with ACRO Pharmaceutical Services to be the sole vendor for Synagis® (palivizumab) during the 2008-09 season. Note that this is a change from the 2007-08 season. It is mandatory that all participating providers obtain Synagis® (palivizumab) through ACRO Pharmaceutical Services (a direct ship vendor), who will ship the agent directly to the health care provider. ACRO Pharmaceutical Services will provide Synagis® (palivizumab) exclusively for AmeriHealth during the 2008-09 season.

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. Do not forward referrals to MedImmune, LLC, as AmeriHealth is not participating in the RSV Connection™ Program.

If you have questions about the Synagis® (palivizumab) distribution program, please contact Customer Service. Look for more information regarding the shipment and facilitation of Synagis® (palivizumab) in next month's issue of Partners in Health Update.

*This is not a statement of benefits. Benefits may vary according to state requirements, product line (HMO, PPO, etc.) and/or employer groups. Member coverage may be verified through 1-800-275-2583, prompt 2 for Provider Services.

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 the AmeriHealth Synagis® (palivizumab) medical policy criteria, which is based on recommendations from AAP.

Tobacco smoke will not be accepted as an environmental pollutant. This guideline is based on the AAP Committee on Infectious Disease's indication 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. (American Academy of Pediatrics 2006 Red Book, pp 563-565).

Fee-for-service providers will be reimbursed for the evaluation and management procedure codes that correspond to the patient's office visit. You will not 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 2008-09 season will begin on Wednesday, October 29, 2008. Shipping will end on Wednesday, April 15, 2009. Up to five doses will be shipped per patient (one shipment every 30 days).
Select Drug Program® Formulary updates

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 most recent changes are listed below:

Generic additions

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

<table>
<thead>
<tr>
<th>Generic drug</th>
<th>Brand drug</th>
<th>Formulary chapter</th>
<th>Effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>acarbose</td>
<td>Precose®</td>
<td>7. Diabetes, Thyroid, Steroids, &amp; Other Miscellaneous Hormones</td>
<td>May 9, 2008</td>
</tr>
<tr>
<td>calcipotriene topical solution 0.005%</td>
<td>Dovonex® Solution</td>
<td>5. Skin Medications</td>
<td>May 9, 2008</td>
</tr>
<tr>
<td>dronabinol</td>
<td>Marinol®</td>
<td>8. Stomach, Ulcer, &amp; Bowel Meds</td>
<td>July 3, 2008</td>
</tr>
<tr>
<td>ethinyl estradiol/drospirenone</td>
<td>Yasmin®</td>
<td>11. Female, Hormone Replacement, Birth Control</td>
<td>July 2, 2008</td>
</tr>
</tbody>
</table>

Brand additions

These brand drugs are covered at the appropriate brand formulary copayment based on the effective date indicated.

<table>
<thead>
<tr>
<th>Brand drug</th>
<th>Formulary chapter</th>
<th>Effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actonel® 150 mg</td>
<td>10. Bones, Joints, &amp; Muscles</td>
<td>August 1, 2008</td>
</tr>
</tbody>
</table>

Once a brand drug becomes available in the marketplace and is approved by the FutureScripts Pharmacy and Therapeutics Committee as a formulary drug, it will be added to the formulary and will be available at the brand formulary copayment.

*Please note that prior authorization is no longer necessary when prescribing Bystolic. In the future, providers may prescribe Bystolic without first obtaining prior authorization.

continued on page 13
Brand deletions

These brand drugs will be covered at the appropriate non-formulary copayment.

**Effective October 1, 2008**

<table>
<thead>
<tr>
<th>Brand drug</th>
<th>Generic drug</th>
<th>Formulary chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dovonex® Solution</td>
<td>calcipotriene topical solution 0.005%</td>
<td>5. Skin Medications</td>
</tr>
<tr>
<td>Risperdal®</td>
<td>risperidone</td>
<td>3. Pain, Nervous System, &amp; Psych</td>
</tr>
<tr>
<td>Sonata®</td>
<td>zaleplon</td>
<td>3. Pain, Nervous System, &amp; Psych</td>
</tr>
<tr>
<td>Wellbutrin XL® 150mg</td>
<td>bupropion XL 150 mg</td>
<td>3. Pain, Nervous System, &amp; Psych</td>
</tr>
</tbody>
</table>

The generic drugs for the brand drugs listed above are on our formulary and available at the generic formulary copayment.

Prescription drug updates

The drugs listed below now require prior authorization for members enrolled in an AmeriHealth prescription drug program. The prior authorization requirement ensures that drugs are used appropriately and guards against drug overuse. Updates to the prior authorization requirement are reflected below.

**Drugs requiring prior authorization**

The prior authorization requirement for the following drug was effective at the time the drug became available in the marketplace.

**Effective May 23, 2008**

<table>
<thead>
<tr>
<th>Brand drug</th>
<th>Generic drug</th>
<th>Drug Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taclonex Scalp® Suspension</td>
<td>Not available</td>
<td>Skin Medications</td>
</tr>
</tbody>
</table>

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

**Effective October 1, 2008**

<table>
<thead>
<tr>
<th>Brand drug</th>
<th>Generic drug</th>
<th>Drug category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alodox™</td>
<td>Not available</td>
<td>Antibiotics &amp; Other Drugs Used for Infection</td>
</tr>
<tr>
<td>AMRIX™</td>
<td>Not available</td>
<td>Pain, Nervous System, &amp; Psych</td>
</tr>
<tr>
<td>Crestor®</td>
<td>Not available</td>
<td>Heart, Blood Pressure, &amp; Cholesterol</td>
</tr>
<tr>
<td>Vytorin®</td>
<td>Not available</td>
<td>Heart, Blood Pressure, &amp; Cholesterol</td>
</tr>
</tbody>
</table>

Please note that prior authorization is no longer necessary when prescribing Bystolic. In the future, providers may prescribe Bystolic without first obtaining prior authorization.
The Connections℠ Health Management Programs
2008 Annual Update now available

The Connections Health Management Programs
2008 Annual Update is included with this issue of Partners in Health Update. Learn how you and your patients can benefit from these programs. Also, see what changes have been made to the Connections programs over the past year. The programs are designed to work with your patients 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 our Connections programs, visit www.amerihealth.com/providers/resources/connections.html.

Connections℠ Health Management Programs: supporting our members, your patients

Call the Provider Support Line at 1-866-866-4694 to refer a patient for Health Coaching with any of the following conditions:

- asthma
- diabetes
- heart failure
- chronic obstructive pulmonary disease (COPD)
- hypertension
- coronary heart disease (CHD)
- migraine

Health Coaches provide disease management and decision support for numerous health-related issues.

Call the Connections AccordantCare Program at 1-866-398-8761 to refer a patient with any of the following diseases:

- 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
- dermatomyositis
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- amyotrophic lateral sclerosis (ALS)
- Gaucher disease

Call our Care Management and Coordination department at 1-800-313-8628 to refer a patient with end-stage renal disease on outpatient dialysis.
Partners in Health Update is a publication of the Provider Communications department for the exchange of information and ideas among the AmeriHealth provider community. Suggestions are welcome.

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

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

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2008 ConnectionsSM Programs Annual Update summary

The 2008 Connections Annual Update highlights the accomplishments of our Connections Health Management Programs during the past year. Our Connections Program is a comprehensive disease management and decision-support program — which includes both the ConnectionsSM Health Management Program and the ConnectionsSM AccordantCareTM Program. Member participation in both programs is high — 98 percent of eligible members take part in the Connections Health Management Program and 90 percent in the Connections AccordantCare Program. Both programs are intended 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 by giving physicians clinical information that they can apply to their treatment plan.

These are robust programs covering a variety of chronic conditions and offering 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), diabetes, and heart failure. The AccordantCare Program supports members with one or more of 16 more 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 aids physicians in better treating patients with specific health care needs.

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, with chronic conditions.

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 and your patients better manage their asthma, CHD, COPD, diabetes, heart failure, migraines, hypertension, gastroesophageal reflux disease (GERD), and peptic ulcer disease (PUD).

The SMART® Registry

AmeriHealth distributed two releases of the SMART Registry in 2008. The SMART Registry tracks important evidence-based aspects of care for patients with one or more of the following conditions:

- asthma
- CHD
- COPD
- diabetes
- heart failure

The SMART Registry is received by 1,262 AmeriHealth primary care practices and includes information on more than 6,750 AmeriHealth members. These reports offer practical, relevant information about your patients in a convenient format to help you stay informed about your patients and to monitor their care plans.

The June 2008 SMART Registry introduced the medication persistence report, an enhanced medication monitoring tool. This new report:

- helps you manage your patients with diabetes and cardiac conditions who are using ACEi/ARBs, beta blockers, and lipid-lowering drugs;
- tells you if your patients have ever filled a prescription for the recommended medication and if they are getting their refills.

A new report titled the Medication Persistence Report is located on the tab after the Network Report on the June SMART Registry. This new report provides you with the names of your patients with CHD, diabetes and heart failure, and their persistence rates — if these drugs are indicated — for ACEi/ARBs, beta blockers, and lipid-lowering medications. Only members with pharmacy

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claims information in our databases will be included in this report.

Patients with prescription fill rates of 80 percent or more are labeled as persistent. Patients with lower prescription fill rates are labeled as nonpersistent and may be flagged for follow-up. Poorly persistent patients are often good candidates for Health Coaching. Health Coaches are specially trained health care professionals, such as nurses, dietitians, and respiratory therapists, who provide support and health care information over the phone. This coaching benefit is provided at no additional cost to AmeriHealth members eligible for the Connections Program.

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 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.

Asthma targeted provider outreach

In February 2008, the Connections Health Management Program began a targeted clinical initiative to address the needs of providers caring for patients with asthma. This initiative will run until January 2009 and focuses on patients who appear to have controller medication gaps and/or excessive use of rescue medication. 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 and referral tools for use by providers and patients.
▪ The PSSs provide practices with a printout of the practice’s Registry, filtered to focus on patients fitting the initiative’s criteria.

Many providers have found this initiative useful because the SMART Registry identifies patients who have not followed through with the recommended medication plan and the doctors are able to implement strategies to address this.

Tools and resources for providers who treat patients with asthma and other chronic conditions

A series of asthma management materials are now available to help support you and your patients with asthma — including customizable symptom response plans and controller medication information.

Tools and resources for your patients with asthma or other chronic conditions are available for your office. Visit www.amerihealth.com/providers/resources/connections.html to find tools such as the PHQ-9 depression screening questionnaire, diabetes and kidney disease brochure, the BMI card, diabetes and asthma template letters, a list of Shared Decision-Making® videos, and more. Paper copies of these materials are available by contacting your PSS at 1-866-866-4694.

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Connections Health Management Program provider satisfaction survey

The fourth annual provider satisfaction survey for the Connections Health Management Program was conducted by an independent research company in the fourth quarter of 2007. For the first time, providers were able to respond to the survey online through a link in the Partners in Health Update (now available online). A follow-up survey was then mailed to nonrespondents. The survey found that awareness of the program was high among respondents. Other important results:

- Nearly 50 percent said patients had talked with them about the program.
- More than 75 percent said the program improved communication with their patients.
- Sixty-four percent found the SMART Registry to be a helpful resource.
- Sixty-six percent found the support from the PSSs to be helpful.
- Sixty-nine percent found the program helpful for their chronic patients who have used it.
- More than 50 percent said the program provided a more positive image of the health plan.

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 2007 survey sample population included members with and without one of the five managed chronic conditions, (asthma, CHD, COPD, diabetes, and heart failure), 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-five percent of the respondents indicated that their impression of AmeriHealth was positively affected by Connections.
- More than 89 percent of the respondents would recommend Connections to family and friends.
- Seventy-five percent of the respondents indicated that it is important that AmeriHealth continue to offer Connections.

The most frequently cited reasons for using Connections include:

- 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, 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 that address the whole person, including comorbidities, 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 (NCQA).

Knowledgeable, licensed AccordantCare nurses offer support to your patients through frequent assessments and 24/7 availability. Nurses emphasize and reinforce your treatment plan. Conversations are designed to detect changes in the member’s health status. Nurses notify you of any important changes in your patient’s health status.

Members receive customized educational mailings, specific to their conditions, that cover topics from preventive strategies to acute management. Social workers locate specialized resources, such as financial assistance and local support groups. Exclusive online health resources are provided for both members and their caregivers.

As with our other health management program, the ConnectionsSM AccordantCareSM Program is designed to
ConnectionsSM Health Management Programs

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improve patients’ compliance and self-management skills and to support your treatment plans.

More than 950 members were participating in the Connections AccordantCare Program as of April 30, 2008. More than 60 percent participated at an “interactive status” (active communication with an AccordantCare nurse and completion of quarterly assessments). Disease-specific mailings and access to an extensive web library are available to all participants.

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 condition 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.

ConnectionsSM Kidney Program
Since 2004, AmeriHealth, in collaboration with RMS, Inc, has offered the Connections Kidney Program to provide disease management services to our members with end-stage renal disease on dialysis.

Based on ongoing evaluations, we decided to discontinue the Connections Kidney Program effective April 30, 2008. Members enrolled in the program were assigned to case managers in AmeriHealth’s Care Management and Coordination department to ensure that these members continue to receive the appropriate support.

To refer a patient on dialysis to the AmeriHealth Care Management and Coordination department, call 1-800-313-8628.