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Partners in Health Update 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 notices 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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John Shermer
Managing Editor
Charleen Baseline
Production Coordinator

Specialty Drugs that Require Precertification document updated

In December 2009, we posted an updated version of the Specialty Drugs that Require Precertification document to our website. That document, however, contained an omission, and as a result we have posted a corrected version online. The current version of this document is available at www.amerihealth.com/providers/preapproval.

We apologize for any inconvenience this may have caused.

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

Professional
Facility
Ancillary
Timely submission of Medicare Advantage HMO members’ medical records

As part of the federally mandated Medicare Advantage Appeals and Grievances process, AmeriHealth is required to obtain a member’s medical record in order to make a determination of coverage. Should we uphold our determination, we are required to forward the member’s appeal file, which includes medical records, to an independent review entity (IRE). An IRE is contracted with the Centers for Medicare & Medicaid Services (CMS) to perform second-level independent reviews of Medicare Advantage members’ appeals. Medical records must be submitted to us in a timely manner. Receiving timely medical records enables us to submit them to an IRE and ensure compliance with mandated appeal deadlines.

CMS also requires that both AmeriHealth and an IRE make their determinations within 72 hours for an expedited appeal and within 30 days for a standard appeal. If a member requests an expedited review, we will immediately send a request to the provider for medical records. We must receive the records within 24 hours for an expedited appeal and within ten days for a standard appeal. If an appeal is sent to an IRE, the IRE may request additional records, which are required to be sent under the same time frames.

Upon our request, and in accordance with your Hospital, Ancillary Facility, or Ancillary Provider Agreement, you must provide copies of a Medicare Advantage HMO member’s medical records to us as requested.

Other reasons that we may require the timely submission of medical records include:
● facilitating the delivery of appropriate health care services to Medicare Advantage members;
● assisting with utilization review decisions, including those related to disease management programs, quality management, grievances (as discussed above), claims adjudication, and other administrative programs;
● complying with applicable state and federal laws and accrediting body requirements (e.g., National Committee for Quality Assurance);
● facilitating the sharing of such records among health care providers directly involved with the member’s care.

If you have any questions, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.
Submitting accurate contact information reduces waste

We make every attempt to decrease waste and increase efficiency. You can help us do this each time you complete transactions through the NaviNet® web portal by making sure to select or enter a valid address where the confirmation letters should be sent.

We receive hundreds of returned letters every week due to incorrect address information. To ensure that your confirmation letters are not returned to us because of an incorrect address, always do the following when completing transactions through NaviNet:

- Choose your most current address — sometimes old or invalid addresses remain in the system.
- Use a specific address (e.g., use “1079 Market Street, Suite 310” instead of “10th & Market” as your street address).
- Notify us when your information needs to be updated. Contact your Network Coordinator or Hospital/Ancillary Services Coordinator or mail or fax us a completed Provider Change Form, which is available at www.amerihealth.com/providerforms.

By following these simple steps, you’ll help us reduce mailing costs, and you’ll receive your confirmation letters in a timely manner.

Online precertification process now available for patients with AmeriHealth Administrators ID cards

AmeriHealth Administrators, which offers third-party administration services to self-funded health plans with plan members throughout the U.S., is pleased to provide you with an additional online service called iEXCHANGE®, a MEDecision product. iEXCHANGE supports the direct submission and processing of health care transactions, including inpatient and outpatient authorizations, treatment updates, concurrent reviews, and extensions.

Certain services require precertification to ensure that your patients receive the benefits available through their health benefits plan. Now, with just a click of the mouse you can log into iEXCHANGE, complete the precertification process, and review treatment updates.

Available transactions:
- inpatient requests and extensions
- other requests and extensions (outpatient and ambulatory)
- treatment searches
- treatment updates
- member searches

Top reasons to get started with iEXCHANGE:
- reduce the time and expense associated with paper, telephone, and fax processes;
- increase patient satisfaction by streamlining communication with AmeriHealth Administrators;
- implement more efficient processes, freeing up additional time to focus on patient care.

After registering, you can also access iEXCHANGE through the NaviNet® web portal for AmeriHealth Administrators.

For more information or to get iEXCHANGE for your office, please visit www.amerihealth-tpa.com/providers or contact the iEXCHANGE help desk at AmeriHealth Administrators by calling 1-888-444-4617.
Policy notifications posted as of January 19, 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 January 19, 2010.

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To access these notifications and then view the policies in their entirety, follow these instructions:
2. Select Accept and Go to Medical Policy Online.

Be sure to check back often, as the site is updated frequently.
Policy regarding trigger point injections


Trigger point injections are used in the management of chronic pain. The diagnosis of trigger points requires a detailed history and a thorough physical examination as the goal is to treat the cause of the pain, not just the symptom. Various agents may be injected, such as local anesthetics or steroids. Occasionally, the technique of dry needling is used, which, as its name indicates, does not include the injection of any agent. Dry needling differs from acupuncture, in which the needling itself stimulates distant points or meridians.

Symptoms indicating the presence of a trigger point hyperirritative focus include the following:
- history of onset of the painful condition and its presumed cause (e.g., injury or sprain);
- restriction of range of motion;
- pattern of pain distribution consistent with the referral pattern of trigger points;
- reproduction of referred pain pattern upon stimulation of trigger point;
- focal tenderness of a trigger point;
- muscular deconditioning in the affected area.

Trigger point injections are medically necessary and, therefore, are covered for myofascial pain syndrome when at least one of the following situations is present:
- Noninvasive medical management is not successful (e.g., use of analgesics, passive physical therapy, ultrasound, range of motion, and active exercises).
- As a bridging therapy to relieve pain while other treatments are initiated, such as medication or physical therapy.
- Joint movement is mechanically blocked, as is the case of the coccygeus muscle.

The medical necessity criteria for dry needling of trigger points are the same as those for trigger point injections.

Billing for trigger point injections

When billing for trigger point injections, use either CPT® code 20552 or 20553 and one of the following six ICD-9 diagnosis codes: 723.1, 723.9, 724.1, 724.2, 726.19, 729.1.

To report dry needling, use the appropriate codes for trigger point injection.

Please visit www.amerihealth.com/medpolicy for more information and to view the full policy.

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

New Jersey mandates coverage for autism (NJ only)

In 2009, the State of New Jersey passed a law that requires health insurers to cover the diagnosis and treatment of autism or another developmental disability. Autism includes autistic disorder, Asperger’s Syndrome, Rett Syndrome, childhood disintegrative disorder, and pervasive development disorder – not otherwise specified.

Under the law, medically necessary occupational, physical, and speech therapy as prescribed through a treatment plan must be covered for individuals whose primary diagnosis is autism or another developmental disability. In addition, if the individual is younger than 21 and has a primary diagnosis of autism, medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs as described in a treatment plan will be covered. The law requires that insurers provide $36,000 in benefits in any calendar year through 2011, but benefits may be affected by the federal mental health parity law.

Coverage in accordance with this law becomes effective February 9, 2010. We will begin to include coverage for eligible new members who begin coverage on or after February 9, 2010, and coverage will be applied over the next year to eligible existing members on their contract anniversary date. Benefits will be provided for services set forth in a treatment plan, which we may request and review for approval. Covered services may be subject to a review for medical necessity, and coverage is subject to the applicable copayment, deductible, and coinsurance provisions and benefit limits of the member’s benefits plan, as well as any applicable referral requirements.

Call Customer Service at 1-800-275-2583 for questions about coverage for eligible New Jersey group members. You can also refer to Policy #07.03.07d: Evaluation and Management of Autism Spectrum Disorders (ASD), which will be available on our website at www.amerihealth.com/medpolicy on the policy effective date.
Clinical Practice Guideline care compliance for patients with asthma and diabetes (NJ only)

In 2009, we conducted studies to assess the delivery of care and adherence to the Clinical Practice Guidelines for services received in 2008 among members enrolled in AmeriHealth New Jersey plans. The study results are listed below for asthma and diabetes.

**Asthma study results**

*AmeriHealth NJ (Commercial)*

- Documentation of inhaled corticosteroid use increased from 78 percent for care delivered in 2007 to 80 percent for care delivered in 2008.
- Documentation of an assessment of asthma triggers increased from 29 percent in 2007 to 36 percent in 2008, while documentation of a written or oral action plan decreased significantly from 30 percent to 16 percent for the same time period. These low rates present opportunities for improvement.
- A significant decrease was noted in documentation of the peak flow meter use between 2007 and 2008 (16% to 7%).
- From 2007 to 2008, the percentage of charts with documentation that asthma was reassessed within six months of a primary care physician (PCP) visit for asthma decreased significantly from 93 percent to 86 percent, while documentation of current drug use at every visit after a PCP visit for asthma increased slightly (88% to 91%).
- Documentation of communication between PCPs and specialists who were seen as a result of a referral decreased between 2007 and 2008 (89% to 84%), although this change was not significant.
- Documentation of receipt of a flu shot increased from 34 percent for care delivered in 2007 to 41 percent for care delivered in 2008.

**Diabetes study results**

*AmeriHealth NJ (Commercial)*

- Documentation of completion of testing for HbA1c for diabetic members increased between 2007 and 2008; however, the increase was not significant (88% to 90%).
- Screening for retinal eye examinations for diabetic members remained relatively flat between 2007 and 2008 (51% to 50%). The rate remains low, representing an opportunity for improvement.
- Seventy-six percent of diabetic members received medical attention for nephropathy in 2008, and 84 percent of diabetic members completed LDL-C screening.
- For those diabetic members referred to a podiatrist in 2008, 46 percent of the charts had evidence of communication between the PCP and the specialist.

*AmeriHealth 65® HMO (Medicare Advantage)*

- Documentation of completion of testing for HbA1c for diabetic members remained essentially flat between 2007 and 2008 (90% to 91%).
- Screening for retinal eye examinations for diabetic members increased between 2007 and 2008 (59% to 63%); however, the increase was not significant, representing an opportunity for improvement.
- Eighty-three percent of diabetic members received medical attention for nephropathy in 2008, and 89 percent of diabetic members completed LDL-C screening.
- For those diabetic members referred to a podiatrist in 2008, 17 percent of the charts had evidence of communication between the PCP and the specialist, representing an opportunity for improvement.

We will continue to provide educational outreach for members with asthma and diabetes through the Connections™ Health Management Program, targeted mailings, and the member Update magazine. We will also continue the semi-annual distribution of the SMART® Registry to PCPs.
Clinical Practice Guideline care compliance for patients with asthma and diabetes (NJ only) (continued)

The SMART Registry provides a claims-based report that allows practitioners to track and manage the care of patients with asthma and diabetes. Clinical Alerts on the NaviNet® web portal, initiated in the beginning of 2009, will continue to provide practitioners with notifications regarding members with diabetes and asthma that are missing recommended services or medications. Clinical Practice Guidelines and medical record standards will also continue to be reviewed, revised, and distributed to practitioners on an annual basis and made available at www.amerihealth.com/clinicalguidelines.

The Connections Health Management Programs Annual Update provides an overview of resources available to assist with the management of members with chronic conditions. This document, as well as more information about the Connections Health Management Program and the SMART Registry, can be found at www.amerihealth.com/providerconnections. You can also call the Connections Provider Support Line with any questions at 1-866-866-4694.

This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, etc.), contract, or employer group. Individual member coverage must be verified with AmeriHealth. Please contact Customer Service for more information on specific benefits coverage.

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

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, and breast or prostate cancer.

Visit www.amerihealth.com/providerconnections for more information about the Connections Health Management Programs.
Help to educate your patients about back pain with health coaching

Well-informed patients can help you make the most of every office visit. Patients have questions, and with the right information, many of those questions can be answered before their appointment with you. Imagine if your patients with back pain understood why they don’t always need an X-ray or MRI right away, why exercise is so important, and why surgery is not always a quick and easy fix. If that sounds good to you, refer your back pain patients to a Connections℠ Health Coach.

The Connections℠ Health Management Program Health Coach

Health Coaches are health care professionals such as nurses, dietitians, and respiratory therapists. They are trained in helping patients understand the different treatment options for their condition that will allow them to become more informed and make the most of each doctor’s visit. Health Coaches can send your patients educational material about back pain from the Shared Decision-Making® program library, such as:

- Acute Low Back Pain: Managing your pain through self-care
- Chronic Low Back Pain: Managing your pain and your life
- Herniated Disc: Choosing the right treatment for you
- Spinal Stenosis: Choosing the right treatment for you

Shared Decision-Making® education tools

Shared Decision-Making® video and booklet programs are educational tools designed to help patients understand their condition and their treatment options, so they can be prepared to have productive discussions with their doctors. The programs are based on medical evidence researched and evaluated by the Foundation for Informed Medical Decision Making, a nonprofit organization dedicated to improving the quality of medical decisions. The programs are regularly reviewed and updated to ensure that they contain the most current and accurate information.

The video components of these programs feature explanations from respected clinicians who speak in clear, easy-to-understand terms about these conditions and their treatment options. They also include on-camera interviews with real patients who explain how they handled their condition and how they chose their particular treatment. This helps patients understand their own role in managing their condition and in electing treatment.

The booklets that accompany the videos are written versions of the material presented on-screen and also include:

- anatomical illustrations that help readers understand how the different components of the back and spine can develop pain;
- drawings of the basic stretching and strengthening exercises that can help with back pain and explanations of when it is safe to do each exercise;
- lists of the different NSAIDs, steroids, and narcotics that can be used to manage back pain and the main side effects of each;
- graphics summarizing the main findings from studies, such as the Spine Patient Outcomes Research Trial¹, which compared the benefits of surgery with those of conservative care for a number of back conditions, including herniated disc, spinal stenosis, and spondylolisthesis.

Once a patient has had some time with a Shared Decision-Making® program, he or she will get a call back from the same Health Coach who sent the program. The Health Coach will then offer to answer any questions the patient may have about the material and offer support to those patients who are grappling with a treatment decision.

In the end, patients come away more educated about their diagnosis, treatment options, and the risks and benefits those options, and they are better prepared for discussions with their clinicians.

To learn more about the health coaching services available to your practice, call a Provider Service Specialist at 1-866-866-4694.

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

¹http://www.dartmouth.edu/spine-trial/publications.htm
# Important Resources

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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℠ Keys to Wellness (PA and DE only)** | 1-800-313-8628 |
| **Connections℠ Health Management Program - Provider Support Line** | 1-866-866-4694 |
| **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/Provider Services** |                         |
| Provider Automated System (eligibility/claims status/referrals) | 1-800-275-2583  
www.amerihealth.com/credentiasl |
| Connections Health Management Programs |                        |
| Precertification/maternity requests |                        |
| — Imaging services (PA and DE only) (CT, MRI/MRA, PET, and nuclear cardiology) |                        |
| — Authorizations                |                            |
| Provider Services user guide    | www.amerihealth.com/credentiasl |
| **eBusiness Help Desk**         | 215-241-2305              |
| **FutureScripts®**              |                            |
| Prescription drug authorization | 1-888-678-7012  
1-888-671-5285                |
| Toll-free fax                   |                            |
| Direct Ship Specialty Pharmacy Program | 1-888-678-7012  
215-761-9165             |
| Fax                             |                            |
| Blood Glucose Meter Hotline     | 1-888-678-7012             |
| Pharmacy website (formulary updates, prior authorization) | 1-888-678-7012  
www.amerihealth.com/rx     |
| **FutureScripts® Secure**       |                            |
| Medicare Part D                 | 1-888-678-7015             |
| Formulary updates               | www.amerihealthmedicare.com  |
| **Imaging services (NJ only)**  | 1-800-859-5288             |
| (CT, MRI/MRA, PET, and nuclear cardiology) |                        |
| **Medical Policy website**      | www.amerihealth.com/medpolicy |
| **NaviNet® portal registration** | www.amerihealth.com/navinet |
| **Provider Supply Line**        | 1-800-858-4728             |

Visit our website:  
www.amerihealth.com/providercommunications
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Note: Partners in Health Update™ articles are specific to a provider type. The audience is identified by the following indicators:

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A – Ancillary
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September 2009

Call 1-800-275-2583: One number for all of your needs
August 2009 (Medical)
September 2009
October 2009
November 2009

ClaimCheck® upgrade scheduled
December 2009

CMS compliance training deadline is December 31, 2009
December 2009

Complete your CMS compliance training by December 31, 2009
November 2009

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November 2009

HMO/PPO Flex products require precertification for comprehensive outpatient pain management
December 2009

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Precertification is required for select procedures
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Partners in Health UpdateSM

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Reminder: Timely submission of Initial Maternity Patient Questionnaire important for early outreach
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November 2009

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December 2009

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April 2009

Clear Claim Connection™ service interruption scheduled for May 2, 2009
May 2009

Important H1N1 (swine flu) information
November 2009

Introducing shorter, reader-friendly web addresses
June 2009

Keep your information up to date
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Mandated provider claim appeals process (NJ only)
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Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2009 (PA and NJ only)  P, F, A
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January 2009

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Updated claims tool kit now available  P
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<td>AmeriHealth Healthy Lifestyles&lt;sup&gt;SM&lt;/sup&gt; Rewards: A new approach to wellness by incenting members (NJ only)</td>
<td>August 2009</td>
<td>P, F, A</td>
</tr>
<tr>
<td>Enhanced consumer website including new hospital comparison and locator tool</td>
<td>November 2009</td>
<td>P, F, A</td>
</tr>
<tr>
<td>How our member portal helps your patients</td>
<td>May 2009</td>
<td>P, F, A</td>
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### CONTRACTING

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Important notice regarding AmeriHealth affiliates</td>
<td>June 2009</td>
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### CREDENTIALING

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Notes</th>
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<tr>
<td>New credentialing procedure effective January 1, 2010 (PA and DE only)</td>
<td>October 2009</td>
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**Reminder article was published in:**
- November 2009
- December 2009

### ICD–10

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Notes</th>
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<tr>
<td>ICD-10 implementation timeline update</td>
<td>February 2009</td>
<td>P, F, A</td>
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<tr>
<td>Update on the ICD-10 timeframe</td>
<td>January 2009</td>
<td>P, F, A</td>
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</table>
# Partners in Health Update℠

## Manual Updates

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<tr>
<th>Update Description</th>
<th>Date</th>
<th>Status</th>
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<tbody>
<tr>
<td>A new Hospital Manual is coming soon (NJ only)</td>
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<tr>
<td><strong>Medical</strong></td>
<td></td>
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<tr>
<td>Autism law reminder and provider list now available (PA only)</td>
<td>October 2009</td>
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<tr>
<td>Baby FootSteps® goes green</td>
<td>August 2009</td>
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<td>Change and opportunity when converting hospital payments to a DRG reimbursement method (PA and DE only)</td>
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<td>ClaimCheck® upgrade scheduled</td>
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<td>Clarification for billing fluids with injections and infusions</td>
<td>June 2009</td>
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<td>Clinical criteria used for utilization management determinations</td>
<td>December 2009</td>
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<tr>
<td>CMS compliance training required for all providers</td>
<td>June 2009/August 2009</td>
<td>P, F, A</td>
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<tr>
<td>CMS has changed its policy on stamped signatures</td>
<td>March 2009</td>
<td>P, F, A</td>
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<tr>
<td>Convenient access to seasonal flu and H1N1 flu vaccinations for HMO, POS, and PPO members</td>
<td>November 2009</td>
<td>P, F, A</td>
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<tr>
<td>Coverage under Michelle’s Law</td>
<td>September 2009</td>
<td>P, F, A</td>
</tr>
<tr>
<td>Coverage under Michelle’s Law effective October 9, 2009</td>
<td>October 2009</td>
<td>P, F, A</td>
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</tbody>
</table>
Enhancements made to the provider interactive voice response system  
March 2009  

Reminder article was published in:  
April 2009

Guidelines for spinal surgical procedure requests  
November 2009

Implementation of scalp hair prosthesis mandate (DE only)  
April 2009  
May 2009

Mandated coverage for autism spectrum disorders (PA only)  
June 2009  

Reminder articles were published in:  
July 2009  
August 2009

Medicare members must receive notice of noncovered/excluded services and member payment responsibility (PA and NJ only)  
January 2009  

Enclosure – Notice of Denial of Medical Coverage

Network Coordinator Locator Tool now available on amerihealth.com (NJ and DE only)  
May 2009  

Reminder article was published in:  
June 2009

New federal mental health and substance abuse parity mandate  
July 2009

New federal mental health and substance abuse parity mandate effective October 3, 2009  
October 2009

New hearing aid mandate for children under 16 (NJ only)  
April 2009

OB/GYN copayment and product information for routine and nonroutine services  
July 2009

Observation services appropriate for acute medical conditions  
September 2009
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<th>Place of service for diagnostic coronary procedures</th>
<th>P, F</th>
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<tr>
<td>November 2009</td>
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<tr>
<th>Policy notifications posted as of December 16, 2008</th>
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<th>Policy notifications posted as of January 15, 2009</th>
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<th>Policy notifications posted as of February 17, 2009</th>
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<td>March 2009</td>
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<td>May 2009</td>
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<tr>
<th>Policy notifications posted as of May 18, 2009</th>
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<td>June 2009</td>
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<th>Policy notifications posted as of June 17, 2009</th>
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<td>July 2009</td>
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<td>September 2009</td>
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<th>Policy notifications posted as of September 17, 2009</th>
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<th>Policy notifications posted as of October 19, 2009</th>
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<th>Policy notifications posted as of November 18, 2009</th>
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<td>December 2009</td>
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<tr>
<th>Reminder: Changes to precertification requirements for most outpatient mental health services (PA and DE only)</th>
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<tr>
<td>January 2009</td>
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<tr>
<th>Reminder: Check precertification requirements for durable medical equipment</th>
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<thead>
<tr>
<th>Reminder: New look for member ID cards (PA only)</th>
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<tr>
<td>January 2009</td>
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</table>
Partners in Health Update®

MEDICAL (CONTINUED)

Reminder: Referrals not needed for services provided through Direct Access OB/GYN®
January 2009

Reminder: Transition to all-electronic authorization inquiry and submission continues
January 2009

Retail health clinics offer convenient access to care (DE only)
March 2009

Take Care Clinics now available to AmeriHealth PPO members
September 2009

Timely submission of maternity patient questionnaires important for early outreach
January 2009

Reminder articles were posted in:
April 2009
June 2009
August 2009
December 2009 (Administrative)

Updated prosthetics and orthotics mandate (NJ only)
December 2009

Updates to the hearing aid mandate for children under 16 (NJ only)
December 2009

NAVİNET®

Change your practice information through the NaviNet web portal
December 2009

Clinical Alerts – Helping providers identify gaps in care
November 2009

Clinical Alerts coming soon to NaviNet
February 2009

Reminder article was posted in:
April 2009
**Clinical Alerts now available on the NaviNet web portal**  
May 2009  
P, F

**Clinical Alerts to be introduced on NaviNet**  
March 2009  
P, F, A

**Electronic Funds Transfer feature available through the NaviNet web portal**  
December 2009  
P, F, A

**New Clinical Alerts are now available**  
December 2009  
P

**Provider Satisfaction Survey: Deadline extended until December 18**  
December 2009  
P, F, A

**Removal of estimated length of stay**  
May 2009  
P, F, A

**The benefits of using the NaviNet web portal**  
May 2009  
P, F

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**ON THE WEB**

**Easy online access to new and updated policy information**  
August 2009  
P, F, A

**Enhanced AmeriHealth Medicare website to launch later this month**  
September 2009  
P, F, A

**Enhancements to the provider search tool**  
August 2009  
P, F, A

**Good 2 B Me website educates adolescents and their parents on health and wellness**  
September 2009  
P, F, A

**New search feature available on amerihealth.com**  
July 2009 (Web News)  
P, F, A

**Redesigned “For Providers” section of amerihealth.com coming soon**  
September 2009  
P, F, A
All members must obtain self-injectable Low Molecular Weight Heparin through pharmacy benefit
December 2009

Announcing new preferred diabetic test strips effective October 1, 2009
August 2009

Annual Synagis® (palivizumab) distribution program
September 2009
October 2009

Changes to self-injectable drug coverage effective January 1, 2010
December 2009

Enclosure – Specialty Drugs Requiring Precertification

Important changes about self-injectable drug coverage coming January 1, 2010
January 2009 (Specialty Pharmacy)

Reminder articles were posted in:
February 2009
March 2009
April 2009
May 2009
June 2009

Medicare Part D formulary changes
May 2009

NDC code submission changes effective January 1, 2009
February 2009

Reminder articles were posted in:
March 2009
April 2009
May 2009
June 2009

NDC submission information for compound drugs
November 2009

New billing requirements for Avastin® in ophthalmological use (NJ only)
June 2009

New preferred diabetic test strips effective October 1, 2009
October 2009
Precertification changes for Avastin® in ophthalmological use (PA and DE only)  
June 2009

Reminder: New prescribing procedures for narcotic medications  
April 2009

Prescription drug updates/changes  
March 2009  
June 2009  
September 2009  
December 2009

Prevacid® 15 mg capsules will be available OTC  
November 2009

Select Drug Program® Formulary updates/changes  
March 2009  
June 2009  
September 2009  
December 2009

Upcoming changes to self-injectable drug coverage  
September 2009  
October 2009  
November 2009

Enclosure (September 2009) – Self-Injectable Drug List

Upcoming NDC code submission changes for institutional providers  
July 2009  
September 2009

Updating Safe Prescribing Procedures to include narcotics  
March 2009

Use direct ship for specialty injectable and specialty oral medication therapies  
July 2009

Valid NDC required on claims submitted for drugs (e.g., J codes and other drug codes)  
January 2009 (Specialty Pharmacy)
**Partners in Health Update**

**Preventive Health / Health and Wellness**

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<tr>
<th>Program/Update</th>
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<tr>
<td>AmeriHealth Healthy Lifestyles programs help members maintain a healthy weight</td>
<td>July 2009</td>
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<tr>
<td>Cancer screening flyer now available</td>
<td>September 2009</td>
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<tr>
<td>Clinical Insights now available</td>
<td>November 2009</td>
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<tr>
<td>Clinical Practice Guidelines now available</td>
<td>November 2009</td>
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<tr>
<td>Connections AccordantCare Program assists physicians in providing evidence-based care for complex conditions</td>
<td>October 2009</td>
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<tr>
<td>Connections AccordantCare Resource Specialists provide assistance to patients with complex conditions</td>
<td>May 2009</td>
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<tr>
<td>Connections Health Management Program provider survey results for 2008</td>
<td>May 2009</td>
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<td>Connections Health Management Programs: Supporting our members, your patients</td>
<td>January 2009</td>
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<tr>
<td>Disease management support through the Connections Health Management Program</td>
<td>March 2009</td>
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<tr>
<td>Encourage members to receive colorectal cancer screenings</td>
<td>March 2009</td>
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<tr>
<td>Evolving colorectal cancer screening options: Helping your patients decide</td>
<td>April 2009</td>
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<tr>
<td>Expanded preventive health efforts</td>
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**Partners in Health Update℠**

**PREVENTIVE HEALTH / HEALTH AND WELLNESS (continued)**

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<thead>
<tr>
<th>Topic</th>
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<th>Providers</th>
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<tbody>
<tr>
<td>How the Connections℠ program can help your patients with antihypertensive treatment</td>
<td>November 2009</td>
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<td>New weight gain guidelines for pregnancy</td>
<td>December 2009</td>
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<td>Nutrition counseling benefit available for New Jersey members</td>
<td>December 2009</td>
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<tr>
<td>October is breast cancer awareness month</td>
<td>October 2009</td>
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<tr>
<td>Online immunization schedules for newborns and children now available</td>
<td>July 2009</td>
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<tr>
<td>Osteoporosis and osteopenia: Preventing fractures</td>
<td>May 2009</td>
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<tr>
<td>Preventing HPV and cervical cancer</td>
<td>April 2009</td>
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<tr>
<td>Quit&amp;Fit® selected as new tobacco cessation program for special populations</td>
<td>November 2009</td>
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<tr>
<td>Recommendations from the CDC on adolescent immunization</td>
<td>August 2009</td>
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<tr>
<td>Resources and tools available to help manage cholesterol</td>
<td>October 2009</td>
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<td>Shared decision-making legislation may shape informed consent and help doctors collaborate with patients</td>
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<tr>
<td>SMART® Registry release for January 2009</td>
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<tr>
<td>SMART® Registry release scheduled for June 2009</td>
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<tr>
<td>Supporting the benefits of breastfeeding</td>
<td>September 2009</td>
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</tbody>
</table>
The Connections\textsuperscript{SM} Health Management Programs 2009 Annual Update P
is now available
September 2009

Enclosure – the Connections\textsuperscript{SM} Health Management Program 2009 Annual Update

Two vaccines for the upcoming influenza season P
October 2009

Updated overview guides now available for substance-use disorders, P, F, A
depression, and suicide
September 2009

PRODUCTS

Clarification on referrals for AmeriHealth Direct Point-of-Service P, F, A
benefits plan (PA only)
April 2009

Get your Medicare Advantage patients moving with the SilverSneakers\textsuperscript{®} P, F, A
fitness program (NJ only)
May 2009

Medicare Advantage product name and logo changes P, F, A
October 2009

Enclosure – 2010 Medicare Advantage products flyer

Reminder article was posted in:
December 2009

Member benefits changes and clarifications (PA and NJ only) P, F, A
December 2009

Enclosure – Specialty Drugs Requiring Precertification

New Jersey benefits clarification (NJ only) P, F, A
April 2009

Reminder: AmeriHealth 65\textsuperscript{®} Basic plan is discontinued (PA only) P, F, A
January 2009

Reminder: AmeriHealth Direct Point-of-Service offers members P, F, A
more direct access to participating providers (PA only)
February 2009
## Reminder: Upcoming precertification changes (PA and DE only)
April 2009
June 2009

*Enclosure* – Specialty Drugs Requiring Precertification

## QUALITY MANAGEMENT

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<td>P, A</td>
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<td>Clinical Practice Guidelines study results for asthma and diabetes (NJ only)</td>
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<td>March 2009</td>
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<td>Our Quality Management Program supports quality of care and service</td>
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<tr>
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<td>PCP satisfaction with information received from organizational providers and specialists (NJ only)</td>
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<td>December 2009</td>
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<td>Policy reminder regarding utilization management decisions</td>
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<td>November 2009</td>
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<tr>
<td>The Provider Satisfaction Survey coming soon to the NaviNet® web portal</td>
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<td>October 2009</td>
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</table>

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SMART® is a registered trademark of Health Dialog Services, Incorporated.
SilverSneakers® is a registered mark of Healthways, Inc.