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Articles designated with an orange arrow include notice of changes or clarifications to administrative policies and procedures.
AmeriHealth announces early extension of dependent care coverage

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.amerihealth.com/news_events/press_releases.

Get important information delivered right to your email

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.amerihealth.com/providers/email.

Please allow up to two weeks for us to process your request and remember to add AmeriHealth (providercommunications@amerihealth.com) to your email address book. We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to www.amerihealth.com/privacy.

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 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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CPT copyright 2008 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. The AMA assumes no liability for data contained or not contained herein.
A revised Provider Manual is now available

The Provider Manual for Participating Professional Providers has been revised and is now available through the NaviNet web portal.

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

The Provider Manual is easy-to-navigate and is organized into color-coded sections. There are links to important information within each section, such as forms and reference material. Several forms have also been updated and are available at www.amerihealth.com/providerforms.

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

Billing guidelines for observation services

When a physician provides service to a member at an observation level of care, the physician should use the following Evaluation and Management codes when billing for these services to ensure accurate processing of the claim:

- 99217
- 99218
- 99219
- 99220
- 99234
- 99235
- 99236

We recognize the appropriate use of observation services (i.e., observation status and observation level) for patients to monitor and treat medical conditions on an outpatient basis and to evaluate a patient’s need for acute inpatient admission. Observation services are outpatient services that include diagnosis, treatment, and stabilization of patients from a minimum of six to a maximum of 24 hours per InterQual guidelines.

AmeriHealth uses guidelines for decision-making from InterQual with regard to which patients have severity of illness and intensity of service requirements that would be appropriate for observation. Observation services can be provided in any location within a facility.

If you have additional questions on how to bill for observation services, please refer to your Provider Manual for appropriate billing, or contact your Network Coordinator.
Reminder to provide notice of Medicare non-coverage

This is a reminder that all skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities must provide advance notice of Medicare coverage termination to Medicare Advantage HMO enrollees no later than two days before coverage of their services will end. However, if services are expected to be less than two days, the Notice of Medicare Non-Coverage (NOMNC) should be delivered upon admission. If there is a span of longer than two days between services, the NOMNC should be issued on the next to last time services are provided.

In addition to providing the date when coverage of services will end, the NOMNC also describes the patient’s options if he or she wants to appeal the decision or would like more information.

Please visit the Centers for Medicare & Medicaid Services (CMS) website at www.cms.hhs.gov for more information on this process.

Reminder: 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 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 calendar 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 calendar 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 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.
Policy notifications posted as of April 15, 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 April 15, 2010.

<table>
<thead>
<tr>
<th>Policy effective date</th>
<th>Notification title</th>
<th>Notification issue date</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 12, 2010</td>
<td>Hip Resurfacing</td>
<td>April 12, 2010</td>
</tr>
<tr>
<td>May 12, 2010</td>
<td>Pralatrexate (Folotyn™) for Injection</td>
<td>April 12, 2010</td>
</tr>
<tr>
<td>May 14, 2010</td>
<td>Intrahepatic Microspheres for Inoperable Liver Neoplasms</td>
<td>April 14, 2010</td>
</tr>
<tr>
<td>May 18, 2010</td>
<td>Therapeutic Radiology Port Films</td>
<td>February 17, 2010</td>
</tr>
</tbody>
</table>

To view these notifications, as well as 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.

Medical necessity evaluation for certain elective surgical procedures

Effective July 1, 2010, we will begin focused evaluation of the medical necessity of requests for the use of an inpatient setting for certain elective surgical procedures.

Examples include, but are not limited to, laparoscopic cholecystectomies, tonsillectomies, adenoidectomies, hernia repairs, and battery and generator changes. Providers should submit clinical documentation for instances where it is believed that the outpatient setting would not be appropriate and inpatient admission is necessary.

In addition, emergency admissions where these procedures are performed must also meet InterQual guidelines for acute admission.

For more information, contact the Physician Phone Line at 215-241-4079, or outside the Philadelphia area, toll free at 1-888-814-2244. The Physician Phone Line is available Monday through Friday, 8:30 a.m. to 5:00 p.m.
Zostavax®, Gardasil®, and Menactra®/Menomune® vaccines now available through the Direct Ship Specialty Pharmacy Program (PA and DE only)

FutureScripts®, our pharmacy benefits manager, facilitates the shipments and deliveries of certain vaccines for eligible HMO/POS and PPO members. Zostavax for shingles, Gardasil for human papillomavirus (HPV), and Menactra/Menomune (A/C/Y/W-135) vaccines are now being included. Coverage for the vaccines is provided under the member’s medical benefit.

Providers are not required to maintain a supply of these vaccines. They may use the Direct Ship Specialty Pharmacy Program to order them and have them shipped directly to members or to their office. To obtain these vaccines through the program, providers should do one of the following:

- Call FutureScripts directly at 267-402-1711 or toll free at 1-888-678-7012, and select option 3.
- Visit www.amerihealth.com/providerforms, and download the Direct Ship Specialty Pharmacy Program form. Completed forms can be faxed along with a prescription to 215-761-9165.

Please refer to the chart below for eligible CPT® codes and descriptions.

<table>
<thead>
<tr>
<th>Eligible CPT codes</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>90649</td>
<td>HPV vaccine, types 6,11,16, and 18 (quadrivalent), 3-dose scheduled for intramuscular use</td>
</tr>
<tr>
<td>90650</td>
<td>HPV vaccine, types 16 and 18, bivalent, 3-dose scheduled for intramuscular use</td>
</tr>
<tr>
<td>90733</td>
<td>Meningococcal polysaccharide vaccine (any group[s]) for subcutaneous use</td>
</tr>
<tr>
<td>90734</td>
<td>Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetravalent) for intramuscular use</td>
</tr>
<tr>
<td>90736</td>
<td>Zoster (shingles) vaccine live for subcutaneous injection</td>
</tr>
</tbody>
</table>

For more information on the vaccine ordering process, please contact Customer Service at 1-800-275-2583.

Connections℠ 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 weight loss surgery, depression, back pain, colorectal cancer screening, and breast or prostate cancer.

Visit www.amerihealth.com/providerconnections for more information about the Connections Health Management Programs.
Educational tools can help your patients understand breast cancer treatments

If you treat patients with breast cancer, you spend a lot of time walking them through the different treatment options. For example, patients with early-stage breast cancer often need help understanding the risks and benefits of mastectomy versus lumpectomy with radiation. Also, women who choose mastectomy need help deciding if, when, and how to have breast reconstruction.

These are just two of many decisions breast cancer patients often face, and with each of those decisions come additional questions and worries. You do your best to answer those questions and alleviate those worries, but a Health Coach can give your patients additional support and guidance and are well-versed in both breast cancer treatment information and in decision support.

Health Coaches from the ConnectionsSM Health Management Program are all health care professionals, who are trained in helping patients understand treatment options, risks, and outcomes. They can send your patients breast cancer education tools from the Shared Decision-Making® video and booklet programs such as:

- Ductal Carcinoma In Situ: Choosing Your Treatment
- Early Stage Breast Cancer: Choosing Your Surgery
- Early Breast Cancer: Hormone Therapy and Chemotherapy — Are They Right for You?
- Breast Reconstruction: Is It Right for You?
- Living with Metastatic Breast Cancer: Making the Journey Your Own

Shared Decision-Making® video and booklet programs are 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 non-profit organization dedicated to improving the quality of medical decisions. They are reviewed every six months and updated as needed 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. They also include on-camera interviews with breast cancer patients who explain how they handled their condition and how they chose their particular treatment. This helps the viewer understand her own role in managing breast cancer and in electing treatment. Plus, it helps the viewer feel less alone during a very vulnerable time.

The booklets that accompany the videos provide written versions of the material presented on screen, as well as:

- anatomical illustrations depicting invasive versus noninvasive cancers;
- tables comparing and contrasting how a woman’s treatment choice might affect her appearance, how much time she spends in recovery, and how likely she is to have a recurrence;
- drawings explaining what doctors mean by “sentinel lymph nodes,” as well as explanations of why the nodes might be removed or biopsied;
- drawings demonstrating what doctors mean by negative and positive margins;
- drawings and photos of the chests of women who have chosen different surgical options, including lumpectomy, mastectomy without reconstruction, and mastectomy with reconstruction.

Once a patient has had some time with a Shared Decision-Making® program, she will get a call from the same Health Coach who sent the program information. The Health Coach will offer to answer any questions the patient may have about the material and to provide support to those patients who are grappling with a treatment decision. The Health Coach can also help the patient formulate questions to ask you, her physician, if she still has lingering concerns or is uncertain about her preferences. Together Health Coaches and Shared Decision-Making® programs help make the decision-making process easier on you and your patient.

To learn more about the health coaching services available to your practice, call a Connections Program Specialist at 1-866-866-4694. Members can speak to Health Coaches directly by calling the Connections Health Management Program at 1-800-275-2583. Health Coaches are available 24 hours a day, 7 days a week, to support members and answer questions.

Shared Decision-Making® video programs are developed in partnership with the Foundation for Informed Decision Making.

Shared Decision-Making® is a registered trademark of the Foundation for Informed Decision Making.
2009 General Medical Records Review study findings
(NJ only)

Well-maintained medical records are essential for facilitating communication, continuity, coordination, and an effective plan of care. Accordingly, we have standards to ensure that medical records are maintained in a manner that is current, detailed, and organized, and we have a performance goal of 90 percent compliance for these standards. These standards are routinely communicated to primary care physicians (PCPs) through the Provider Manual or Partners in Health Update. You may also view our standards at www.amerihealth.com/qualitymanagement, or, for more information, call Customer Service at 1-800-275-2583. Compliance with the standards is assessed annually. We monitor processes and procedures used by physician offices to facilitate the delivery of continuous and coordinated medical care.

Specific findings
The 2009 General Medical Record Review study was based on an analysis of data extracted from medical records and obtained during office staff interviews. Study findings were assessed in the following three categories:

- general medical record review;
- clinical appropriateness review;
- continuity of care.

General medical record review
General medical record review indicator scores met the 90 percent performance goal with a few exceptions listed below. These indicators were also below goal in 2008 and continue to represent opportunities for improvement in medical record documentation:

- a separate immunization record for both children and adults is present in the chart (83.0%) — this indicator improved significantly from 2008 (75.5%);
- documented history of substance abuse for members 14 and older (69.9%) — this indicator declined from 2008 (75.8%);
- documented history of alcohol abuse (88.7%) — this indicator declined from 2008 (90.1%);
- a separate problem list for each member (73.5%) — this is an improvement from 2008 (71.8%).

Note: Please make every effort to add this information to all of your patient’s charts during 2010 to improve your compliance with nationally endorsed standards of care.

Clinical appropriateness review
All seven indicators were 99 to 100 percent compliant with medical record standards.

Continuity of care
A compliance rate of 90 percent or higher was observed in seven of the 11 continuity- and coordination-of-care indicators. A total of four indicators did not meet the compliance rate of 90 percent or higher. Here are a few of the indicators that did not meet the compliance rate.

Two clinical indicators did not meet the established performance goal:
- provision of routine gynecological services in the PCP office (76.8%);
- use of electronic medical records (34.7%).

Two indicators that reflect the presence of a tickler system to remind patients about preventive care visits were also below goal:
- reminder system – computerized (database);
- reminder system – proactive (population-based – patients identified by PCP’s database).

Note: Given the importance of continuity and coordination of care as patients move from one physician’s care to another’s care, please ensure that you arrange to receive information from physicians to whom you refer patients as well as discharge summaries for patients receiving care from inpatient facilities.

*This annual compliance assessment is based on a random sampling of medical records reviewed across the network.*
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<td><strong>Anti-Fraud and Corporate Compliance Hotline</strong></td>
<td>1-866-282-2707  &lt;br&gt;www.amerihealth.com/antifraud</td>
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<tr>
<td><strong>Care Management and Coordination</strong></td>
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<tr>
<td>Case Management</td>
<td>1-800-313-8628</td>
</tr>
<tr>
<td>Baby FootSteps®</td>
<td>215-241-2198  &lt;br&gt;1-800-598-2229</td>
</tr>
<tr>
<td>AmeriHealth Healthy Lifestyles℠ Keys to Wellness (PA and DE only)</td>
<td>1-800-313-8628</td>
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<tr>
<td><strong>Connections℠ Health Management Programs</strong></td>
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<tr>
<td>Connections℠ Health Management Program Provider Support Line</td>
<td>1-866-866-4694</td>
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<tr>
<td>Connections℠ Complex Care Management Program</td>
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<tr>
<td><strong>Credentialing</strong></td>
<td>215-988-6534 &lt;br&gt;www.amerihealth.com/credentials</td>
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<tr>
<td>Credentialing Hotline</td>
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<tr>
<td>Credentialing Violation Hotline</td>
<td>215-988-1413</td>
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<tr>
<td>Credentialing and re-credentialing inquiries (NJ only)</td>
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<td><strong>Customer Service/Provider Services</strong></td>
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<tr>
<td>• Provider Automated System (eligibility/claims status/referrals)</td>
<td>1-800-275-2583</td>
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<tr>
<td>• Connections Health Management Programs</td>
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<td>• Precertification/maternity requests</td>
<td></td>
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<tr>
<td>— Imaging services (PA and DE only) (CT, MRI/MRA, PET, and nuclear cardiology)</td>
<td>1-800-313-8628</td>
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<td>— Authorizations</td>
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<td>Provider Services user guide</td>
<td><a href="http://www.amerihealth.com/providerautomatedsystem">www.amerihealth.com/providerautomatedsystem</a></td>
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<tr>
<td><strong>eBusiness Help Desk</strong></td>
<td>215-241-2305</td>
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<tr>
<td><strong>FutureScripts®</strong></td>
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<tr>
<td>Prescription drug authorization</td>
<td>1-888-678-7012  &lt;br&gt;1-888-671-5285</td>
</tr>
<tr>
<td>Toll-free fax</td>
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<tr>
<td>Direct Ship Specialty Pharmacy Program</td>
<td>1-888-678-7012  &lt;br&gt;215-761-9165</td>
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<tr>
<td>Fax</td>
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<tr>
<td>Blood Glucose Meter Hotline</td>
<td>1-888-678-7012</td>
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<tr>
<td>Pharmacy website (formulary updates, prior authorization)</td>
<td><a href="http://www.amerihealth.com/rx">www.amerihealth.com/rx</a></td>
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<td><strong>FutureScripts® Secure</strong></td>
<td>1-888-678-7015</td>
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<tr>
<td>Medicare Part D</td>
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<td>Formulary updates</td>
<td><a href="http://www.amerihealthmedicare.com">www.amerihealthmedicare.com</a></td>
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<td><strong>Imaging services (NJ only)</strong> (CT, MRI/MRA, PET, and nuclear cardiology)</td>
<td>1-800-859-5288</td>
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<td><strong>Medical Policy website</strong></td>
<td><a href="http://www.amerihealth.com/medpolicy">www.amerihealth.com/medpolicy</a></td>
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<td><strong>NaviNet® portal registration</strong></td>
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<tr>
<td><strong>Provider Supply Line</strong></td>
<td>1-800-858-4728</td>
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