NETWORK news

News from Premera Blue Cross

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PREMERA BLUE CROSS

COMPANY *Updates*

Rakesh "Roki" Chauhan, MD, Promoted to Senior Vice President and Chief Medical Officer

Premera Blue Cross is pleased to announce the promotion of Rakesh "Roki" Chauhan, MD, to Senior Vice President and Chief Medical Officer. In his new capacity, Dr. Chauhan is responsible for leadership, strategic planning and implementation of Premera's Care Facilitation programs and its affiliate family of companies.

Care Facilitation fosters collaborative relationships with physicians, offers consulting with employers and provides valuable healthcare information to Premera members. Programs include Care Management, Pharmacy and Clinical Quality.

A Fellow of the American Academy of Family Physicians and a member of the American College of Physician Executives, Dr. Chauhan attended medical school at Tufts University School of Medicine in Boston. He completed his residency and fellowship in family practice at the University of California, San Francisco at Santa Rosa, Calif.

Dr. Chauhan is a board-certified family physician with 19 years of clinical practice experience both in private practice and a multi-specialty clinic setting. He completed a Fellowship in Managed Care with America's Health Insurance Plans, and previously served as Assistant Clinical Professor in Family & Community Medicine at the University of California, San Francisco.

Dr. Chauhan succeeds John Castiglia, MD, as Premera Senior Vice President and Chief Medical Officer following Dr. Castiglia's retirement.

Providers Share Positive Feedback about Real-Time Estimates and Claims Tool

Premera will soon deliver user-friendly web technology to providers and office personnel that calculates patients' share of cost at the point of service. Providers will simply enter patient information and service details, such as procedure and diagnosis codes, and receive an estimate in real time to ensure accuracy. The calculation response is delivered within seconds based on the following:

- Contract pricing for each specific physician or provider
- Patient eligibility and benefit plan
- Patient current deductible, coinsurance or copay
- All accumulators met to date and out of pocket maximum

Feedback from local providers reinforces the shared value of the new tool. Kris Linden, office manager of OB/GYN Associates in Spokane said, "What I like about it is that it gives us a much

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Providers Share Positive Feedback about Real-Time Estimates and Claims Tool

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more accurate estimate of what the patient's out-of-pocket money will be." OB/GYN Associates is a practice of six doctors and two nurse practitioners.

Providers will also have the option of using the tool to submit their claims in real time to Premera, cutting paperwork and postage and shortening the period for reimbursement by days.

Kirsten Johnson, billing specialist for the Eye Clinic of Edmonds, with one ophthalmologist and one optometrist, explains, "We have had no glitches, no problems. I have seen payments within a week and there have been no issues as far as errors."

Providers and office personnel can also print a copy of the estimate for the patient that clearly shows how the patient's share of cost was calculated. Giving this information to the patient helps them better understand and plan their medical costs. It can also help patients make more informed decisions and may help reduce confusion about what is covered by their health plan and what is not. It can also help patients avoid financial surprises after receiving care.

Linden pointed out, "As the economy gets tighter, it will be to the benefit of the patient and the doctor's office to be able to have this discussion about what the out-of-pocket costs are going to be, rather than waiting until everything is processed. It eliminates the surprise factor."

This new web-based tool is currently available to a limited number of practices and as of mid-April we have received and processed 569 estimates requests and 52 claim submissions. It will be available to our provider network late this summer. Please watch for future announcements about this innovative and exciting new technology.

Advanced Imaging Quality Initiative — Achieving Appropriate Utilization

Premera is working with our network providers to establish imaging management practices that align services with evidence-based standards of care. Our goal is to achieve appropriate utilization of advanced imaging scans without implementing a prior authorization program. This is why Premera implemented the Advanced Imaging Quality Initiative (AIQI) in partnership with American Imaging Management and their RQI process.

Participation in this program through American Imaging Management (AIM) gives providers access to evidence-based clinical guidelines and direct physician consultation. As a preferred provider, you are required to submit a request with AIM when referring for advanced imaging scans. To register with AIM, go to ***www.americanimaging.net*** or call **AIM Customer Service 1-866-666-0776.**

If you are a **referring provider,** you can simplify the process by having the necessary clinical information on hand:

- Diagnosis - suspected or confirmed
- Symptoms (including duration, frequency and intensity)
- Treatment (including duration and type)
- Name of ordering/referring provider
- Insert that information in boxes 17 and 17b on CMS-1500 forms, per guidelines from the Centers for Medicare and Medicaid Services (CMS).

Please let us know how we can assist you by calling Premera Physician and Provider Relations at 1-877-342-5258, option 4. Providers can also refer to our detailed list of Frequently Asked Questions (FAQ) and additional program materials at ***premera.com/provider.***

Premera Holiday Closure Notification: May 22 – May 25!

HOLIDAY CLOSURE

Premera will be closed Friday, May 22 through Monday, May 25, 2009, for an extended Memorial Day holiday. This long weekend will be treated the same as any other holiday closure. We selected this particular Friday before Memorial Day weekend because of the historically lower call volumes. This closure is one of several measures Premera is taking to reduce operating costs. Providers can access eligibility and claims status information on our Provider Portal via OneHealthPort.

Prescription Requirement for Massage Therapist Claims

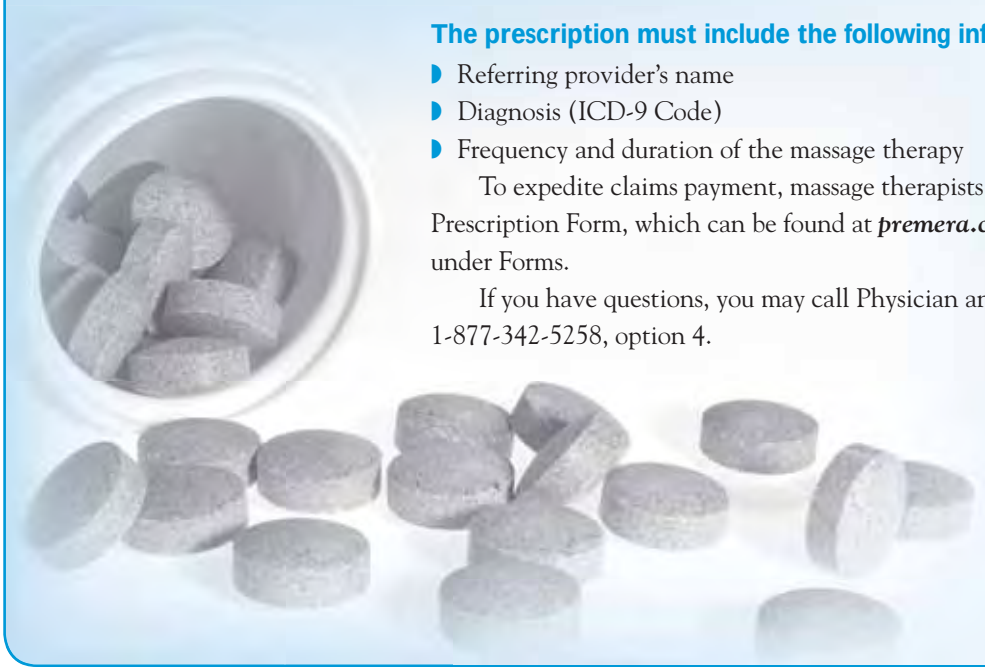
Premera plans to cover massage therapy if/when medically necessary **and** prescribed by a practitioner. Effective May 18, 2009, Premera Blue Cross will require a prescription for all massage therapy claims when services are performed by a licensed massage therapist.

The prescription must include the following information:

- Referring provider's name
- Diagnosis (ICD-9 Code)
- Frequency and duration of the massage therapy

To expedite claims payment, massage therapists can utilize the Massage Therapy Prescription Form, which can be found at ***premera.com/provider*** in the Provider Library under Forms.

If you have questions, you may call Physician and Provider Relations at 1-877-342-5258, option 4.



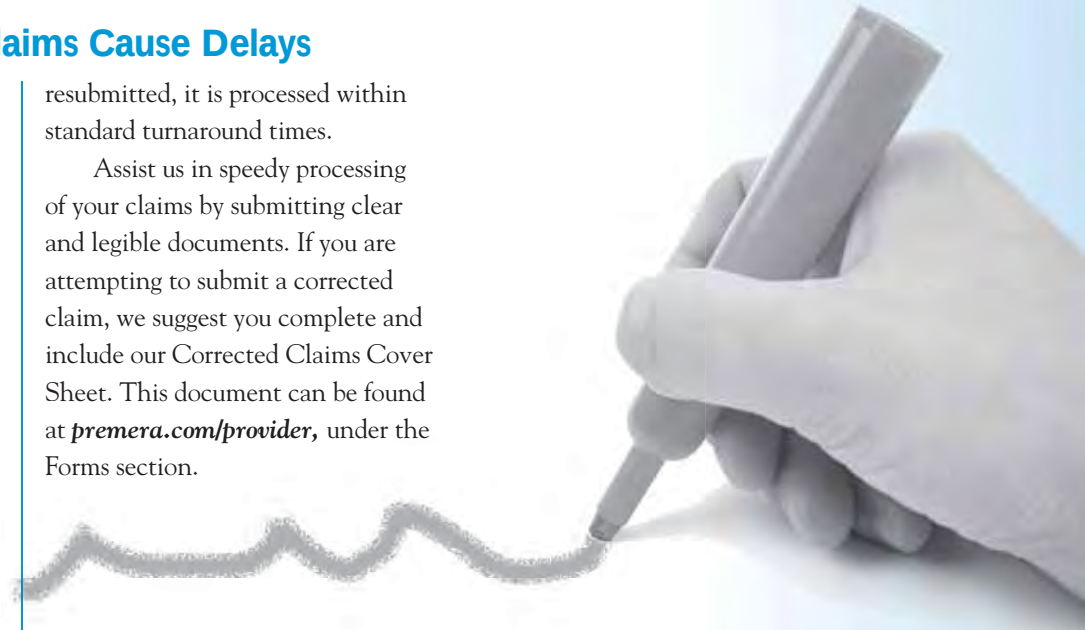
Illegible and Highlighted Claims Cause Delays

Illegible claims and Explanation of Benefits (EOBs) create more work for your billing office and delay payment by an additional 10-15 days compared with standard claims processing time.

On a daily basis, Premera receives a number of illegible claims and EOBs. Using a highlighter pen on these documents is one of the most common causes of illegibility. When the highlighted document is imaged that portion of the content shows up as blacked out.

The document then requires manual review, and in some cases, it must be returned to the provider's office for resubmission. When the claim is resubmitted, it is processed within standard turnaround times.

Assist us in speedy processing of your claims by submitting clear and legible documents. If you are attempting to submit a corrected claim, we suggest you complete and include our Corrected Claims Cover Sheet. This document can be found at ***premera.com/provider,*** under the Forms section.



Medical Policy *Updates*

Physicians, Providers and Office Staff

Premera medical policies are guides in evaluating the medical necessity of a particular service or treatment. We adopt policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate. **When there are differences between the member's contract and medical policy, the member's contract prevails. The existence of a medical policy does not guarantee that the member's contract allows the service.**

Medical policies are now available at ***premera.com/provider.*** Go to the Provider Portal and click on Medical Policies, under Reference Info. If you would like a copy of a particular medical policy and are unable to obtain it from the web site, e-mail your request to ***medicalpolicy@premera.com.*** **If you do not have Internet access,** you may call Physician and Provider Relations at 1-877-342-5258, option 4.

Note: All policy numbers begin with CPMP.

The following policy changes are effective for dates of service of **December 16, 2008,** and later:

PR.2.02.500 **Allergy Testing.** Policy statement updated to include oral challenge testing with criteria as **medically necessary.**

BC.5.01.08 **Intravenous Antibiotic Therapy for Lyme Disease.** Policy statements updated. Patients with chronic (>6 months) subjective symptoms ("post-Lyme syndrome") after receiving recommended treatment regimens for documented LD are **not medically necessary.** Antibiotic-refractory Lyme arthritis (unresponsive to 2 courses of oral antibiotics or to 1 course of oral and 1 course of intravenous antibiotic therapy) is **not medically necessary.**

PR.5.01.602 **Pharmacologic Treatment of Inflammatory Bowel Diseases.** Policy statement updated to include **medically necessary** and **investigational** indications for certolizumab pegol (Cimzia®) and natalizumab (Tysabri®).

PR.5.01.605 **Medical Necessity Criteria for Pharmacy Edits.** Policy statement revised to include Leukotriene modifiers for the treatment of allergic rhinitis refractory to antihistamines or nasal corticosteroids as **medically necessary** under certain circumstances.

PR.7.01.539 **Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome.** ***New Policy.*** Hip surgery (open and arthroscopic) for the treatment of femoroacetabular impingement (FAI) syndrome is considered **investigational.**

BC.8.01.20 **Hematopoietic Stem Cell Transplantation for Non-Hodgkin's Lymphomas.** Policy statement added. Either autologous or allogeneic stem-cell support is considered **investigational** for peripheral T-cell lymphoma (PTCL) at any stage of disease.

PR.8.01.516 **Interstitial or Balloon Breast Brachytherapy.** Policy statement added. Electronic brachytherapy is considered **investigational.**

The following policy changes are effective for dates of service of **January 13, 2009,** and later:

BC.1.01.20 **Continuous Monitoring of Glucose in the Interstitial Fluid.** ***New Policy.*** The new policy clarifies the definition of intermittent glucose monitoring versus continuous glucose monitoring and expands upon **medically necessary** indications for continuous glucose monitoring.

PR.1.01.109 **Continuous Monitoring of Glucose in the Interstitial Fluid.** This policy has been **deleted** and replaced by BC.1.01.20 Continuous Monitoring of Glucose in the Interstitial Fluid. (see above)

BC.2.04.48 **Genetic Testing for Warfarin Dose.** Policy statement clarified. Genotyping to determine cytochrome p450 2C9 (CYP2C9) and vitamin K epoxide reductase subunit C1 (VKORC1) genetic polymorphisms is considered **investigational** for the purpose of managing the administration and dosing of warfarin, including use in guiding the initial warfarin dose to decrease time to stable INR and reduce the risk of serious bleeding.

BC.6.01.25 **Percutaneous Vertebroplasty.** ***New Policy.*** Percutaneous vertebroplasty may be considered **medically necessary** for the treatment of symptomatic osteoporotic vertebral fractures that have failed to respond to conservative treatment (e.g., analgesics, physical therapy and rest) for at least 6 weeks. Percutaneous vertebroplasty may be considered **medically necessary** for the treatment of severe pain due to osteolytic lesions of the spine related to multiple myeloma or metastatic malignancies. Percutaneous vertebroplasty is considered **investigational** for all other indications.

BC.6.01.38 **Percutaneous Kyphoplasty.** ***New Policy.*** Percutaneous kyphoplasty may be considered **medically necessary** for the treatment of symptomatic osteoporotic vertebral fractures that have failed to respond to conservative treatment(e.g., analgesics, physical therapy, and rest) for at least 6 weeks. Percutaneous kyphoplasty may be considered **medically necessary** for the treatment of severe pain due to osteolytic lesions of the spine related to multiple myeloma or metastatic malignancies. Percutaneous kyphoplasty is considered **investigational** for all other indications.

PR.6.01.515 **Vertebroplasty and Kyphoplasty.** This policy has been **deleted** and replaced by two policies. BC.6.01.25 Percutaneous Vertebroplasty and BC.6.01.38 Percutaneous Kyphoplasty. (see above)

BC.7.01.20 **Vagus Nerve Stimulation.** Policy statement changed. Vagus nerve stimulation is considered **investigational** as a treatment of other conditions including depression, essential tremor, obesity and headaches.

BC.8.01.01 **Adoptive Immunotherapy.** Policy statement updated. Adoptive immunotherapy using adoptive cellular therapy (ACT) for the administration of lymphokine-activated killer cells (LAK) tumor-infiltrating lymphocytes (TIL), or antigen-loaded dendritic cells (ADCs) is considered **investigational.**

The following policy changes are effective for dates of service of **February 10, 2009,** and later:

BC.2.01.40 **Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions.** Policy statement updated to include radial ESWT in the **investigational** statement.

PR.5.01.520 **Pharmacy Medical Necessity Criteria for Branded Antidepressants.** ***New Policy.*** Branded SSRI, SNRI and any second generation antidepressant (including duloxetine (Cymbalta®) when used to treat depression) may be considered **medically necessary** when there has been a trial and failure of at least one generically available second generation antidepressant. Use of Duloxetine (Cymbalta®) to treat any diagnosis other than major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathy, and fibromyalgia is considered **investigational.**

PR.5.01.521 **Pharmacologic Treatment of Neuropathy, Fibromyalgia and Seizure Disorders.** ***New Policy.*** Duloxetine (Cymbalta®) may be considered **medically necessary** for the following indications: diabetic peripheral neuropathy and fibromyalgia. Use of duloxetine for other indications is considered **investigational.** Pregabalin (Lyrica®) may be considered **medically necessary** for the following labeled indications: diabetic peripheral neuropathy, post-herpetic neuropathy, fibromyalgia or refractory partial seizures. Use of pregabalin for other indications including generalized anxiety disorder and social anxiety disorder is considered **investigational.**

BC.6.01.21 **Magnetoencephalography/Magnetic Source Imaging.** Policy statement updated. Magnetoencephalography for the purpose of determining the laterality of language function in patients undergoing diagnostic workup for evaluation of surgery for epilepsy, brain tumors, and other indications requiring brain resection, may be considered **medically necessary.** Magnetoencephalography is considered **investigational** for all other indications.

PR.7.01.521 **Mastectomy for Gynecomastia.** Policy statements revised. Mastectomy for gynecomastia may be considered **medically necessary** when glandular breast tissue is causing a physical functional impairment and is not a result of obesity, adolescence, or the reversible effects of drug treatment. Mastectomy for gynecomastia is considered **not medically necessary** for all other clinical conditions.

BC.8.01.02 **Chelation Therapy.** Policy statement updated. Chelation therapy may be considered **medically necessary** in the treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis).

The following policy will be effective for dates of service following **July 30, 2009.**

PR.7.01.538 **Arthroscopic Lavage and Arthroscopic Debridement as a Treatment for Osteoarthritis of the Knee.** New Policy Arthroscopic lavage and debridement is considered **medically necessary** for osteoarthritis of the knee only when concomitant mechanical symptoms due to loose bodies or meniscal tears are confirmed by physical examination, MRI, or arthrogram. Arthroscopic lavage and debridement is considered **not medically necessary** for osteoarthritis of the knee in the absence of mechanical symptoms.

ER Visits and Hospitalizations Fell among Patients Receiving Multiple Medication Safety Education Materials

Seattle-based Health Services researchers recently completed a two-year analysis of Premera's Polypharmacy Program. In the assessment of 12,962 Premera members from late 2004 to early 2007, researchers observed a 1.2 percentage point decrease in persons having ER visits and a 1 percentage point reduction in persons having hospitalizations after members were mailed a simple brown bag with a set of instructions.

Members were asked to fill the brown bag with all their prescriptions, over-the-counter medications, and supplements, and take it to their next doctor's appointment for review. Premera had found many of its members were not only receiving multiple medications but also had multiple doctors. By putting all the drugs in one place, a provider could assess the appropriateness of the medications and change dosages if necessary.

In one of the key observations, the researchers found that 22.8 percent of the members had gone to the emergency room in the year before they had received their brown bags, while 21.6 percent went during the year after they had taken part in the program. Meanwhile, 12.9 percent had been hospitalized the year prior to the program, compared to 11.9 percent the year after. These differences were statistically significant. The analysis was not designed to determine cause and effect.

The findings noted that pharmacy utilization did increase after the program materials were mailed. A reduction in total healthcare costs was also observed.

However, Ed Wong, Premera's Vice President of Pharmacy Services, points out that the Polypharmacy Program was never intended to save money on drug costs. The goal of the program has always been safety.

Premera has mailed out approximately 150,000 bags since the program began in 2001. The bags are sent to members in Washington, Oregon and Alaska who are 19 and older and are taking five or more drugs for chronic conditions such as diabetes, hypertension or high cholesterol over a three-month period.

Premera's Polypharmacy Program is co-sponsored by the Washington State Medical Association (WSMA) and the Washington State Department of Health (WSDOH), and by the Oregon Medical Association (OMA) and Alaska State Medical Association (ASMA) in their states.

To learn more about Premera's Polypharmacy Program, or to request bags for your practice, please go to ***premera.com.*** Click on Pharmacy on the top navigation and then scroll down to Understand Your Coverage and click on Managing Multiple Medications Safely.

Pharmacy POS Edits Eliminate 30-day Overrides for Anti-depressants, Other Meds

Changes made in Premera's Point of Sale (POS) edits effective March 1, 2009, eliminate temporary coverage overrides (30-day prescription) for several widely used brand name medications and branded second generation antidepressants.

These changes were following the recommendation of Premera's Medical Services team. The clinical rationale is that it is not appropriate to provide coverage for a temporary 30-day prescription of certain medications, with the possibility that the prescription would then not be covered after the 30-day override period.

According to Robert Small, MD, Behavioral Health Medical Director, "It is a disservice to members and providers to cover a medication for 30-days, and then cease coverage after the 30-day period. It's more advantageous for members and providers to know what medications are not covered before starting a new prescription."

What will change?

Members currently using these drugs, and meeting POS edit criteria, will continue to have their prescriptions covered, as long as they continue to take the drug and meet the criteria for their specific medication.

Pharmacists filling new prescriptions for certain brand name drugs (e.g. Strattera, Provigil, Cymbalta and all brand name second-generation antidepressant medications) will receive a real-time message notifying them that the prescription is now subject to Premera's POS Edit program.

The member will be asked to consult with his or her physician, who can do one of two things in order to have a prescription covered by Premera. The prescriber can prescribe an alternate medicine (i.e. one not on the prior authorization drug list) or request an exception. Exceptions can be requested by calling Premera's Pharmacy Services at 1-888-261-1756 or using the appropriate fax-back form found on ***premera.com*** and faxing it to 1-888-260-9836.

Continuity of Care Supports Patient Care

The Continuity of Care process is designed to support members in consistently obtaining care through an established relationship with their provider whenever possible. Change in provider network status may necessitate the need for members to find a new healthcare provider in order to continue their (prescribed) care regimen.

Members can utilize the Continuity of Care process to support uninterrupted care in several ways: either through mailings they receive from our health plan or through assistance from Customer Service. Continuity of Care allows members to avoid out-of-network charges. It also supports utilization of services provided by established network health care providers.

Providers can initiate Continuity of Care on behalf of their patients (our members) by contacting Customer Service, or Physician and Provider Relations. Continuity of Care supports referrals to established network healthcare providers.

For questions about treatment requirements and service rates related to provision of care in relation to Continuity of Care requirements, call Premera Physician and Provider Relations at 1-877-342-5258, option 4.

Accessing Case Management Services

Providers can access case management services by calling 1-800-342-5258, option 3, or online at ***premera.com/provider.*** Click on Care Facilitation in the left-hand navigation bar, and then click the Care Management tab where you can scroll down to find the "Case Management Referral Form." Complete and fax the form to the number noted. (In order to protect privacy, email is not used.)

In December, the 210 members of the Washington Medical Case Management Association (WMCMA) presented **Gloria Simmons,** RN, CCM, with the Case Manager of the Year Award. The Excellence in Case Management Award was presented to **Laura Brumm,** MSN, RN, and CCM. **Lisa Schessler,** RN, CCM and **Marinette Magbual,** RN, CCM, were all nominated for the Case Manager of the Year award. All four nurse case managers are part of Premera's Care Management team.

Spotlight On Premera's Case Management Services

Case Management services are a component of Premera's Care Management program, which is designed to support better health outcomes, fewer hospital readmissions and lower healthcare costs. Case Management services are available to group and individual members.

Case Management is available for members with complex, acute and chronic conditions, who require hospitalization and/or significant healthcare upon discharge such as a transplant, pre-term birth or stroke. It is also available for members with health issues that can lead to multiple admissions to inpatient facilities or visits to the emergency room such as respiratory failure, wound healing or difficult management of congestive heart failure.

Case Managers are registered nurses, licensed social workers or licensed behavioral health counselors who coordinate care between Premera members and their healthcare providers in order to support recovery and healing. Case Managers contribute to the development of long-term treatment plans, evaluate member care situations, and identify alternative recovery resources for members.

PREMERA BLUE CROSS

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Please post or circulate this newsletter in your office

Network News

Back issues of Network News are on our Web site at ***www.premera.com/provider*** in the Library on the Provider page under "Communications."

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