

July 2009

Volume 7

Number 1

Public Employees Insurance Agency

601 57th St., SE

Suite 2

Charleston, West Virginia

25304-2345

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# PEIA News



## PEIA Changes for Plan Year 2010

There are changes coming in the PEIA PPB Plans. This newsletter covers the important changes. You will find more detail in the PEIA Summary Plan Description (SPD), which you will receive in the mail during the next several weeks. You may also view the Plan Year 2010 SPD online at [www.wvpeia.com](http://www.wvpeia.com) go to the bottom of the home page and find it under "Downloads."

The biggest change coming July 1 is a new contract between PEIA and Wells Fargo TPA (formerly Acordia National). With this new contract, Wells Fargo TPA will be subcontracting with Aetna to provide some services to PEIA members.

Here's a breakdown of the changes coming July 1:

1. New Out-of-State Provider Network — PEIA's new out-of-state network is Aetna Signature Administrators (ASA) Preferred Provider Organization (PPO), replacing Beech Street, MMO's SuperMed Plus Network and OneNet. The ASA PPO offers a broad network of physicians, facilities and ancillary providers. This new network only affects out-of-state services, and the rules for using out-of-state care have not changed.

Out-of-state prior approvals are now handled by ActiveHealth Management. If you need to find out-of-state providers, check out the ASA PPO website at [www.aetna.com/docfind/custom/asa/](http://www.aetna.com/docfind/custom/asa/). Be sure you see the 'ASA' at the end of the web address in your browser, or you may be in the wrong place on Aetna's site. To find out-of-state providers without using the web, call Wells Fargo TPA at 1-888-440-7342.

2. ActiveHealth Management, a subsidiary of Aetna, will provide utilization management, disease management and medical case management services, including prior approval for out-of-state care. ActiveHealth Management will play a key role in the Healthy Tomorrows program. (See related story on page 1.)

PEIA CHANGES ... continued on page 2

## PEIA Offers *Healthy Tomorrows*

On July 1, 2009, PEIA introduced a coordinated lifestyle and disease management program for all PEIA PPB Plan members called **Healthy Tomorrows**. Healthy Tomorrows combines PEIA's existing lifestyle and disease management programs with new programs and resources provided by ActiveHealth Management.

### CareConsiderations®

Using a customized system called the CareEngine®, ActiveHealth evaluates

information from medical claims, prescription claims and lab tests to identify potential opportunities to improve your health care. When an opportunity is identified, you and/or your physician will be notified via telephone or letter. These CareConsiderations® can help you and your physician to work together to make more informed decisions and improve your health.

### Informed Care Management

ActiveHealth Management offers

programs to help patients better manage their chronic health conditions. If you have one of the following conditions, you may qualify for an Informed Care Management program, which will team you up with a qualified ActiveHealth Management nurse to work one-on-one to manage:

1. Heart and Blood Vessel Conditions:  
blood clots, diseases of leg arter-

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PEIA CHANGES ... continued from page 1

- a. Utilization management includes precertification of inpatient stays and certain outpatient procedures. The list of services requiring precert has changed. (See related story on page 4.)
  - b. Disease management includes new programs that will help patients with chronic conditions manage those conditions more effectively. (See Healthy Tomorrows on page 1.)
  - c. Medical Case Management provides support to patients with chronic, long-term illnesses or injuries. Medical case management can help patients find the right care, in the right setting, at the right time.
3. Specific Benefit Changes and Clarifications:
- a. Biofeedback is no longer a covered service.
  - b. "Procrit® First" policy (See related story on page 3)
  - c. Sublingual immunotherapy is not covered.

If you have any questions about these changes, you may contact Wells Fargo TPA or ActiveHealth Management at 1-888-440-7342.

## Services Recommended for Preauthorization

Obtaining preauthorization for certain services will ensure PEIA coverage for those services. If ActiveHealth Management declines to give pre-authorization, you will be responsible for paying for the service. Because the guidelines for coverage are very stringent, PEIA recommends obtaining preauthorization for the following procedures:

- Accident-related dental services
- Chelation therapy
- Chiropractic services for children under age 16
- Massage therapy
- Oral surgery
- Orthotics
- Vision therapy

To obtain preauthorization, ask your medical provider to submit all relevant medical documentation to ActiveHealth Management. For more details, check your Summary Plan Description.

## New Relationships Mean New Appeal Instructions

With the new relationship between Wells Fargo TPA and ActiveHealth Management, there will be two entities handling appeals for PEIA members. The important thing to remember if you need to file an appeal is that your appeal should be directed to the entity that issued the claim or service denial you are appealing.

As always, there are three steps in the appeal process:

1. Call the company that issued the denial or took the action you are questioning. If you don't receive satisfaction from the phone call,

- then proceed to step 2.
2. Appeal your claim or service denial **IN WRITING** to the entity that issued the denial. You have 60 days from the date of the denial to file your appeal. If you don't receive satisfaction from your written appeal, you can proceed to step 3.
3. Appeal your claim or service denial to the director of PEIA.

This is a summary of the appeals process. For full details and the phone numbers and addresses you will need, see your Plan Year 2010 Summary Plan Description.

## Wells Fargo Issues New ID Cards

PEIA's medical claims administrator, Wells Fargo, will issue new combined medical and prescription drug ID cards to PPB Plan members for Plan Year 2010, which begins on July 1. A sample of the card is shown below.



The new plastic cards will serve as ID when you seek medical services. They will include contact information for Wells Fargo TPA, Express-Scripts and Aetna Signature Administrators PPO, the new out-of-state network.

Please destroy your old cards and begin using the new cards immediately. If you need a replacement card or additional cards, please contact Wells Fargo TPA at 1-888-440-7342.

## Dependent Eligibility Audits are Coming Soon!

In an effort to keep your premiums and plan costs as low as possible, PEIA will be working with a vendor to conduct Dependent Eligibility audits. These audits will verify that only dependents who meet PEIA's eligibility requirements are covered by the plan. This type of audit is used by many businesses and government agencies to identify ineligible dependents such as ex-spouses, adult children and others. When you are audited, you must provide copies of documents such as birth certificates, marriage license, etc., as proof of your dependents' eligibility.

The first phase of PEIA's dependent eligibility audit will begin in August 2009. We will provide additional information by mail, in newsletters and on our website, [www.wvpeia.com](http://www.wvpeia.com).



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PEIA NEWS is published by the West Virginia Public Employees Insurance Agency for active employees and retirees.

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- ies/PAD, heart attack and angina, heart failure, high blood pressure, high cholesterol and stroke.
- 2. Lung conditions: asthma and chronic obstructive pulmonary disease (COPD)
- 3. Diabetes (for members not participating in the Face-to-Face Program)
- 4. Low-Back Pain
- 5. Depression (covered if associated with any of the conditions listed above)

#### Existing PEIA programs

Along with the new offerings, PEIA will continue to offer its cutting-edge disease management programs as a part of the **Healthy Tomorrows** program.

The *PEIA Face to Face Diabetes Program* pairs diabetic PEIA members with trained pharmacists to learn to manage the disease. For members who comply with the program requirements, PEIA waives the copay on all of their diabetes drugs, as well as coinsurance on diabetes-related lab tests. To apply for the Face to Face Diabetes program, call 1-888-440-7342.

The *PEIA Weight Management Program* provides eligible members with the services of dietitians, exercise physiologists and personal trainers at approved fitness centers. To apply, call 1-888-440-7342.

The *Dr. Dean Ornish Program for Reversing Heart Disease* for persons with diagnosed heart disease, diabetes or at high risk for either condition. This hospital-based program addresses exercise, stress management, and nutrition in a supportive environment. For enrollment information, call 1-800-650-8442.

*Tobacco cessation services* are available to PEIA members who use tobacco and have been paying the "standard" premium. Physician services and pharmaceutical supports are provided with coverage for one attempt per year, three times per lifetime and unlimited attempts for pregnant women. No need to apply, call your physician for a consultation and, if appropriate, a prescription.

The *PEIA Pathways to Wellness Program* provides health screens and lifestyle change programs at participating worksites. Members can receive cash rebates for participating in the new Improve Your Score program. For more information: [www.peiapathways.com](http://www.peiapathways.com).

The *PEIA Renal Care Management Program* helps members understand and manage their kidney disease. For further information, call PEIA's renal care nurse at 1-888-440-7342.

These programs are a partnership

## New Anemia Drug Policy

Effective May 1, 2009, the PEIA implemented a "Procrit® First" policy for patients requiring erythropoietin stimulating agents such as Epogen®, Aranesp® or Procrit®. Procrit® will be required as the first-line therapy for these patients rather than Aranesp® or Epogen®.

All three of these drugs are considered to be therapeutically equivalent in treating anemia caused by a variety of conditions, including renal failure and chemotherapy.

among PEIA, Wells Fargo TPA and ActiveHealth Management. You and your health information are protected by all federal and state privacy laws, so your health information cannot be used to affect your employment in any way.

To make this transition as seamless as possible, PEIA has provided a grace period for patients who received Epogen® or Aranesp® during a cycle of chemotherapy that started before May 1, 2009. Procrit® is required for treatment cycles that begin after that date, unless medical necessity is demonstrated.

PEIA requires prior authorization for the use of any drugs in this class of medications. Your physician should request prior authorization.

## Notice: Election for Plan Exemption

Under a 1996 Federal law, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is self-funded by the employer, rather than provided through a health insurance policy. The Public Employees Insurance Agency (PEIA) has elected to exempt the PEIA PPB Plan from item number three (3) of the following requirements:

1. Limitations on pre-existing condition exclusion periods.
2. Special enrollment periods.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Parity in the application of certain limits to mental health benefits.
6. Required coverage for reconstructive surgery following mastectomies.

The PEIA PPB Plan complies with all of the other listed Federal requirements. The exemption from the Federal requirement will be in effect for the plan year beginning July 1, 2009, and ending June 30, 2010. The election may be renewed for subsequent plan years. The only practical

effects to PEIA members of this election are that the PEIA PPB Plan will make a fifty dollar reduction for family coverage and a twenty-five dollar reduction for single coverage in premiums per month for policyholders who certify that they and their covered dependents do not use tobacco; and that members are eligible for twenty-five or fifty dollar incentives under the Improve Your Score program for improving their body mass index, cholesterol, blood pressure and blood sugar scores.

The Federal law also requires the Plan to provide covered employees and dependents with a certificate of creditable coverage when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

If you have questions about this election, please call Customer Service at (304) 558-7850 or, toll-free, at 1-888-680-7342.

# Services Requiring Precertification

PEIA's PPB Plan requires that certain inpatient admissions and outpatient procedures be reviewed to determine medical necessity and to evaluate for case management.

The following inpatient admissions require precertification:

1. Hysterectomy
2. Laminectomy
3. Laminectomy with spinal fusion surgery
4. Discectomy with spinal fusion surgery
5. Spinal fusion surgery
6. Artificial intervertebral disc surgery
7. Insertion of implantable devices
8. Uvulopalatopharyngoplasty
9. Leforte osteotomy
10. Elective and cosmetic surgeries
11. Bariatric surgery (gastric bypass, Lap-band, etc.)
12. Transplants and transplant evaluations (including but not limited to: kidney, liver, heart, lung and pancreas, small bowel, and bone marrow replacement or stem cell transfer after high dose chemotherapy)
13. Mental health
14. All admissions to out-of-state hospitals/facilities

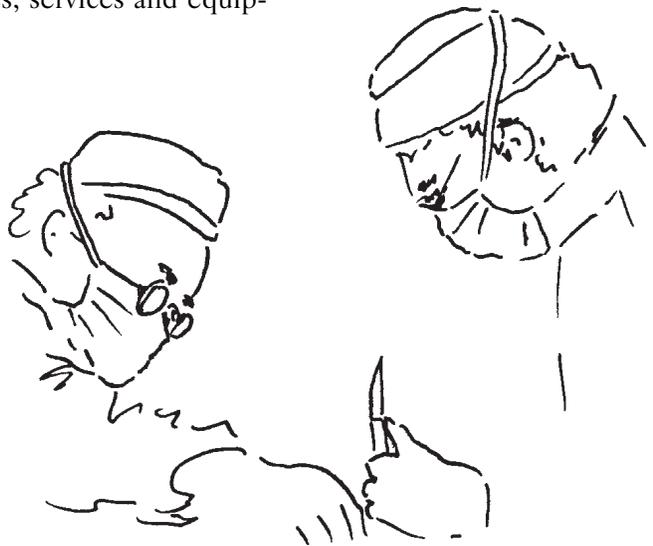
The following outpatient procedures/services require precertification:

1. home health care services,
2. partial/day mental health programs,

3. durable medical equipment purchases and/or rentals of \$1,000 or more
4. surgeries:
  - a. hysterectomy,
  - b. implantable devices,
  - c. uvulopalatopharyngoplasty,
  - d. Leforte osteotomy,
  - e. elective and cosmetic surgeries,
  - f. bariatric surgery (gastric bypass, etc.),
  - g. transplants,
  - h. discectomy with spinal fusion surgery,
  - i. laminectomy
  - j. laminectomy with spinal fusion surgery,
  - k. spinal fusion surgery, and
  - l. artificial disc surgery
5. sleep studies, services and equipment

6. continuous glucose monitors
7. Any potentially experimental/investigational procedure or medical device
8. CT scan of sinuses or brain
9. CTA (CT angiography)
10. MRI scan of knee and spine
11. SPECT (single photon emission computed tomography) of brain and lung
12. IMRT (intensity modulated radiation therapy)
13. Hyperbaric Oxygen Therapy (HBOT)
14. Elective (non-emergent) air ambulance transportation

The precertifications are now handled by ActiveHealth. If you have questions about any of these changes, contact ActiveHealth at 1-888-440-7342.



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