



ProviderNews

Timely News & Information Of Interest To Healthcare Providers

Fee Schedule Updates

PEIA made a number of fee schedule changes on January 1, 2007. We follow the Medicare/CMS fee schedule for reimbursements for most medical services as well as drugs and biologicals.

The 2007 conversion factor is \$38.80 for anesthesia and \$42.72 for all other services. PEIA uses CMS's RVUs with WV geographical factors, and calculates the malpractice component at 2.7 times the actual WV value.

The 2007 Clinical lab fee schedule was adopted on January 1, 2007. The rate is 105% of Medicare's fees.

The 2007 DME fee schedule was adopted on January 1, 2007, and reflects the CMS rates for July 2007 minus 16%.

All of the 2007 fee schedules are available for download from PEIA's website at www.wvpeia.com. Click on "Providers" on the left side of the page, then scroll to the bottom under "Downloads" to get the ones you need.

Hospitals have been notified individually regarding changes to their PPS and OPSS fee schedules.

Acordia Now Wells Fargo

Acordia National, the medical claims Third Party Administrator (TPA) for the PEIA PPB Plan, is now Wells Fargo Third Party Administrators.

Wells Fargo acquired Acordia in 2001. They operated under separate names, but Acordia National adopted the Wells Fargo name in February this year.

Although the company name has changed, the staff that handles your claims and assists you with questions regarding health claims, benefits, preauthorization, prior approval for out-of-state care, precertification and utilization management will remain the same. You'll also continue to use the same phone numbers, fax numbers and mailing address.

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June 2007



New Plan for Medicare Primary Members

Beginning July 1, 2007, all PEIA-insured, Medicare-eligible retirees and Medicare-eligible dependents of retirees will be covered by Coventry's **Advantra Freedom** Private Fee for Service Plan. It is a Medicare Advantage/Prescription Drug (MAPD) plan, covering all of the benefits previously covered under Medicare Parts A and B, as well as full prescription drug benefits.

The change was made for a number of reasons, including the favorable reimbursements from CMS for members in an MAPD plan, as well as a major reduction in the state's long-term liability for other post-employment benefits (OPEB).

What does this change mean for providers?

New ID Cards: Beginning July 1, 2007, you will need to get a copy of the new ID card from each Medicare-primary PEIA member. The new ID card, shown below, carries Coventry's logo and contact information.



New Billing Instructions: All medical claims must be submitted to Coventry, and NOT to the Medicare Part A or B intermediary. Advantra Freedom mailed billing information to all WV providers in May. Here's a recap.

Claims Submission Process

- Use CMS-1500 or UB-92 claim forms (or electronic filing equivalent). Include all ICD 9 codes at highest specificity level and all CMS/Medicare required coding conventions
- Send claims directly to **Advantra Freedom** at the address below:
Coventry/Advantra Freedom
P.O. Box 7154
London, KY 40742-7154
(Note: claims submitted to Medicare or a Medicare Supplemental carrier will be denied)
- Submit claims electronically to **Advantra Freedom** using payor ID 25152.
- Claims should be submitted within thirty (30) days from the date of service

Reimbursement

- Providers will be reimbursed at 100% of current Medicare fee schedules

New Benefit Design for Medicare Members

In December 2006, the PEIA Finance Board adopted a new benefit design for all Medicare-eligible retirees and Medicare-eligible dependents of retirees. These benefits lower monthly premiums for these members, and require them to share in the cost. The chart below describes the new benefit design.

Unlike the plan for active employees, the out-of-pocket maximum for these Medicare-eligible members includes all copayments and coinsurance for medical services.

These benefits will be administered by Coventry Health Care through its Advantra Freedom Private Fee-for-Service plan (see related article on page 1).

Medicare Retiree Changes	
Primary Care Office Visit	\$10/visit
Specialty Care Office Visit	\$20/visit
Lab, Imaging and most other services	20% coinsurance
Hospital Outpatient Surgery	\$50/facility copay + 20% coinsurance
Hospital Inpatient	20% coinsurance
Annual Deductible	\$0
Annual Out-of-Pocket Maximum	\$500
Premium monthly reduction (per Medicare member)	\$22
Annual Premium reduction (monthly amount x 12)	\$264

Meet PEIA's New Medical Director

Shelda Martin joined PEIA's staff in March as our full-time Medical Director.

Doctor Martin will be responsible for a variety of disease management programs and will also handle medical appeals for PEIA members.

She started out as a medical technologist and quickly realized that she a desire to attend medical school. She graduated in the top of her class at West Virginia University School of Medicine, and completed her residency in Internal Medicine at Charleston Area Medical Center in 1999, serving as Chief Resident during her final year.

Dr. Martin stayed on after her residency and became a member of the faculty teaching in general internal medicine.

In 2001, she began a specialization in HIV and opened the first Ryan White Title 3 Center in West Virginia to help the uninsured deal with this life-altering disease. She also developed the WVU Outpatient Clinic to help the un- and under-insured with a variety of medical needs. "We had three goals with our program," said Dr. Martin, "good care, easy access and comprehensive medicine. People deserve good health care, regardless of their ability to pay."

She accepted the position with PEIA to expand the Agency's disease management programs which include such innovations as the weight management program, and the Face-to-face diabetes and hypertension programs. "It's a wonderful opportunity to be able to help 200,000 people, rather than the number of patients I could help previously." Along with her new responsibilities at PEIA, Dr. Martin continues to work with the HIV programs and teaching at Charleston Area Medical Center.

She can be reached at smartin@wvadmin.gov.

New Plan for Medicare Primary Members

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- Total payment will be that portion received from **Advantra Freedom** and the enrollee cost sharing amount

Member Administration

- Request to see the **Advantra Freedom** member's identification card.
- Verify the member's eligibility by contacting the Customer Service Department telephone number listed on the ID card
- Collect the member's co-payment at the time of visit
- Collect any remaining enrollee co-insurance after receiving a Remittance Advice from Coventry/**Advantra Freedom**
- Submit your claim either electronically or via paper to the Customer Service Department address listed on the ID card

PEIA's Medicare beneficiaries will be enrolled in **Advantra Freedom** electronically, and can see any Medicare provider, physician or supplier. Reimbursement is based on current Medicare rules and payment methods.

If you are already a Medicare approved provider, you will appreciate the benefits of Advantra Freedom because:

- * You agree to accept the plan on a patient-by-patient basis.
- * The member typically pays a co-payment or 20% coinsurance and Coventry reimburses you the balance of the Medicare allowed amount.
- * There is no waiting for cross-over payments or patient billing.
- * No additional referrals or pre-authorizations are required other than any existing Medicare predetermination or certification requirements.
- * For existing Medicare providers there is no additional provider contract, credentialing or other paperwork required for the Private Fee-for-Service product.

Pharmacy Changes for Advantra Freedom Members

With the implementation of the Advantra Freedom MAPD plan, prescription drug coverage for affected members will be administered by Caremark. There are differences between the current PEIA formulary and the new one with Caremark. Formulary changes can be rocky, so we would appreciate your assistance transitioning these members.

Coventry has worked with Express Scripts to obtain pharmacy related transitions to ensure a smooth conversion for these members. Detailed information on these transitions and further clarification on benefit changes are listed below. Each member who is affected by a change received a letter with details of the affected drugs and specific information about formulary alternatives. PEIA asked members to take these letters to their prescribers to see if the alternatives are an option. The changes are detailed below.

Change in Customer Service Phone Numbers

Caremark has a dedicated PEIA Member Pharmacy Customer Service team which can be reached at 1-888-816-7671. If you have questions about prior authorizations or requesting exceptions, call 1-877-215-4100.

New Prescription Drug Formulary

As of July 1, 2007, PEIA members will convert to the Advantra Freedom Drug Formulary. If members are receiving a drug that is not covered by Advantra Freedom, the member may receive a one-time coverage override during the first 90 days of the plan year. The formulary is available on the Advantra Freedom website at www.advantrafreedom.com.

Days' Supply

Previously these members were eligible for up to a 34-day supply of medication for one copay however, effective July 1, 2007, they are ONLY eligible for a 30-day supply for one copay. Coventry has contacted members receiving 31-34 days' supply. Members are allowed up to 90 day supply on maintenance medications at participating pharmacies and through mail order.

Prior Authorization (PA)

With Advantra Freedom, some medications require PA. Members who currently have a PA with Express Scripts on a drug that requires a PA through Advantra Freedom will be transitioned to Caremark systematically. You don't need to do anything for these members to allow the prescription to be sent to Caremark.

Members on a drug that requires PA through Advantra Freedom that didn't with PEIA will have to go through the PA process. They can receive a one-time, 30-day fill during the first 90 days. Beyond the initial 90-day transition period, or when the one-time fill has been used, prior authorization will be required. Clinical information will be required for a coverage determination to be made by Coventry's clinical staff.

Quantity Limits (QL)

Advantra Freedom quantity limits may differ from PEIA's current plan. You will be notified of any patients who are currently receiving a dosage of a drug over Advantra Freedom's quantity limits that did not have limitations under their PEIA plan.

Step Therapy (ST)

Advantra Freedom step therapy requirements may differ from PEIA's current plan. Current Step Therapy

authorizations have been transitioned from Express Scripts to Caremark. Step therapy will be required for new prescriptions effective July 1, 2007. Members will be allowed a one-time, 30-day transition fill for any new step therapy medication during their initial 90-day transition period. When the one-time approval has been used, use of the first-step medication will be required. If the first-step medication is not appropriate, clinical information will be required by Coventry's clinical staff.

Specialty Pharmacy

Advantra Freedom contracts exclusively with Caremark Therapeutic Services to provide specialty pharmacy services for several conditions including:

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|----------------------------|----------------------|
| * Asthma | * Crohn's Disease |
| * Enzyme Replacement | * Hemophilia |
| * Hepatitis | * Hormonal Therapies |
| * Other Bleeding Disorders | * Multiple Sclerosis |
| * Oncology | * Psoriasis |
| * Rheumatoid Arthritis | * Pulmonary Disease |
| * Immune Disorders | * Anemia |

A member receiving medications for these conditions can receive a one-time, 30-day coverage override during the first 90 days. Caremark Therapeutic Services will work with you and the member to fill specialty pharmacy needs. If you have questions regarding Caremark Therapeutic Services, please call their Customer Service number at 1-800-237-2767.

All new PEIA members to the Advantra Freedom prescription drug plan are eligible for the normal 30-day transition supply of Part D-covered medications during their initial 90-day coverage period. This will prevent members from going without necessary medications while you and they consider covered formulary options, or request a formulary exception.

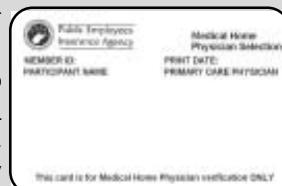
Medical Home News

On January 1, 2007, PEIA introduced a new benefit linking members of the PEIA PPB Plans with Medical Home providers. Medical Home is a concept adopted and embraced by both the American Academy of Family Physicians and the American Academy of Pediatrics as a way to improve the quality and continuity of care.

PEIA and Wells Fargo TPA began recruiting general practitioners, family practitioners, internists, pediatricians, geriatricians and OB/GYNs for this program in August 2006. Those types of physicians are eligible to serve as Medical Homes under the plan. The network continues to grow as more and more physicians become aware of the program.

If you have already chosen to serve as a Medical home, then you're familiar with the separate ID card (shown below) that links you to your Medical Home patients. Patients pay a discounted \$10 copayment for office visits with their Medical Home provider.

If you haven't opted into the Medical Home program, you can complete an application online at www.wellsfargo.com/tpa. Click on Resources and then Forms; look for the Physician Data Form. If you have questions, contact Wells Fargo TPA at 1-888-440-7342.



HealthCheck for All West Virginia Children

West Virginia's state health payers' efforts to address chronic disease prevention starts with children entering kindergarten and hopes to build a partnership with commercial payers that will allow the gathering of baseline data statewide. Despite the benefits of a comprehensive well-child screen, our state's children do not always receive the recommended screenings, and care is sometimes duplicated or missed. HealthCheck (Early and Periodic Screening, Diagnosis and Treatment Program, EPSDT) provides a protocol for screening a wide range of physical, developmental and behavioral conditions, including chronic diseases as asthma, diabetes and obesity.

Starting in September 2007, the HealthCheck protocol will be the standard for well-child screens for children entering Kindergarten. This protocol meets the standards of the American Academy of Pediatrics' (AAP) *Bright Future* guidelines, thus ensuring children receive a high quality well-child exam. Parents will be required to furnish evidence their child received a HealthCheck screen before the child enters kindergarten in 2008.

In addition, all three State payers (Medicaid, WV-CHIP and PEIA) will require that this protocol be the standard for well-child screens billed to them for children ages birth through 20. Providers are expected to use the HealthCheck form or an approved equivalent to

document the unclothed physical, vision, hearing, dental and development screens and other services required under the HealthCheck protocol.

The benefits of HealthCheck for all children are:

- Comprehensive range of preventive and primary health services
- Thorough screening of consistent quality for all children entering school
- Early identification of diseases, mental illnesses and developmental delays
- Assured follow-up and treatment of conditions found through the health exam
- Increasing the number of children (and possibly other family members) with a medical home
- Establishing and improving communication between families and health care providers

Copies of the HealthCheck form or approved equivalent are to be part of the child's medical record and made available upon request to assure payment for services billed under CPT codes of 99381 - 99385 for new patients and 99391 - 99395 for established patients. HealthCheck has also developed a privacy compliant version that will allow ease of sharing with school and child care authorities when they request it from parents.

WVCHIP and PEIA will monitor compliance with the HealthCheck protocol through post payment audits. Take-backs will occur if the HealthCheck form or an approved equivalent are not part of the medical record.

For more information about HealthCheck or to download screening forms, visit www.wvdhhr.org/mcfh/ICAH/healthcheck/.



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