

# ProviderNews

Timely News & Information Of Interest To Healthcare Providers

## Plan Year 2011 Changes

PEIA and the Finance Board instituted a number of changes to the Preferred Provider Benefit (PPB) Plans for Plan Year 2011.

The biggest changes include elimination of the pre-existing conditions limitation, tightening of eligibility rules, preferred drug list changes, the new PPB Plan C, an increase in some out-of-pocket maximums and an increase in the lifetime maximum.

All changes go into effect on July 1, 2010, unless otherwise noted. You will find more detail in the PEIA Summary Plan Description (SPD), which you can view online at [www.wvpeia.com](http://www.wvpeia.com) under “Forms & Downloads” and “Providers” and “Summary Plan Descriptions.”

In another change unrelated to the PPB plans, Carelink will no longer offer its managed care plan to PEIA members in Plan Year 2011. (See story on page six.)

Here’s a breakdown of the PPB changes:

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Provider News

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July 2010

## Fee Schedule Changes

PEIA adopted a number of changes to its medical fee schedules since the beginning of 2010. The following changes became effective on Jan. 1, 2010.

*Resource Based Relative Value Scale (RBRVS)* – PEIA currently uses Medicare’s Relative Value Units (RVUs), adjusted by the West Virginia geographical factors. We continue to multiply the malpractice factor by 2.7 in order to increase the allowance for the more difficult and costly procedures. The conversion factor is \$39.43.

If you’ve noticed changes in your payments, it may be due to the increase in codes subject to the capped allowance. In 2009, only 294 codes were subject to the capped allowance. In 2010, 8,629 are subject to the capped allowance.

*Clinical Lab* – The clinical lab fee schedule was updated, making the allowance 100 percent of Medicare’s January 2010 rates.

*Durable Medical Equipment (DME)* – The DME fee schedule was updated, making the allowance 84 percent of Medicare’s January 2010 rates.

*Outpatient Prospective Payment System (OPPS)* – PEIA updated its OPPS rates.

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### **Pre-existing Conditions Limitations, Dependent Eligibility Rules**

Gov. Manchin recently signed legislation that removes the pre-existing condition limitation from all PEIA PPB plans.

The bill also tightens PEIA's eligibility rules to:

- Allow existing plan members and retirees to add dependents to their coverage only during the open enrollment period each spring or when they have a qualifying event;
- Allow employees without health coverage to enroll in the plan only during open enrollment or at the time of a qualifying event.

For more information, contact PEIA Customer Service at 304-558-7850 or 1-888-680-7342.

### **Preferred Drug List Changes**

PEIA made changes to the Preferred Drug List or formulary for all PPB Plans.

The lists (see box on page three and four) show which drugs became non-preferred (\$50 copayment) and which became preferred (\$15 or \$20 copayment) for the plan year.

The lists, which are subject to change, affect active employees and non-Medicare retirees only. Members and their doctors affected by the changes will receive a letter from Express-Scripts.

The changes are on our Web site, [www.wvpeia.com](http://www.wvpeia.com), under Forms and Downloads, Members or Providers, Prescription Drug Information. The latest information is also available on the Express-Scripts Web site, [www.express-scripts.com](http://www.express-scripts.com), or by calling 1-877-256-4680.

### **PPB Plan C**

PEIA introduced a high-deductible health insurance plan.

The following services are covered in full and not subject to a member's deductible (\$1,200 for employee-only coverage and \$2,400 for employee and child(ren), family, or family with employee spouse coverage):

- Routine prenatal care (physician services)
- Well child exams and immunizations as recommended by the American Academy of Pediatrics
- High risk birth score program
- Annual screening mammogram
- Annual Pap smear
- Colorectal cancer screening age 50 + above
- Prostate cancer screening age 50 + above
- Adult Immunizations as recommended by the American Academy of Family Physicians

In addition to the drug formulary included in all PPB Plans, Plan C has a Preventive Drug List. The drugs on this list are not subject to the deductible but will be covered with normal copayments of \$5, \$20 and \$50, depending on the generic, preferred or non-preferred status of the drug.

Patients under Plan C will have a different ID card from those under Plans A and B. The deductible under Plan C is a combined medical and prescription drug deductible, and the status of each patient's deductible is available by fax-back from Wells Fargo, just like patients under Plans A and B. Once a patient's deductible is met, he or she is responsible for 20 percent of any charges. Under Plan C, office visits are subject to deductible and coinsurance. There are no office visit copayments like under Plans A and B.

For more information about PEIA's high-deductible Plan C, go to our Web site at [www.wvpeia.com](http://www.wvpeia.com) under "Services" and "Preferred Provider (PPB) Plans."

### **Lifetime Maximum Increase**

PEIA members enrolled in a PPB Plan will see a 50 percent increase in the amount of benefits the plan will pay over their lifetime.

The lifetime maximum increases from \$1 million to \$1.5 million because of the increasing cost of medical services and to ensure members can receive necessary services.

### **Out-of-pocket Maximum Increase**

Some PPB Plan A members will see an increase in their annual out-of-pocket maximum.

If a member has employee and child(ren), family or fam-

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ily with employee spouse coverage, the out-of-pocket maximum will increase to one and one half times the individual maximum.

For example, the current out-of-pocket maximum is \$1,250 for a member making \$30,000 with one of the above coverages. For Plan Year 2011, it will be \$1,875.

For more information, see the premium rate tables in the Shopper's Guide for Plan Year 2011, beginning on page 24. The Shopper's Guide is available on our Web site at [www.wv-peia.com](http://www.wv-peia.com) under Forms & Downloads and Shopper's Guides.

## Improve Your Score Changes

Beginning on July 1, 2011, PEIA's Improve Your Score program will offer a \$10 per month premium discount to PEIA policyholders who participate in the health screening program.

Improve Your Score is designed to make members and their doctors aware of individual health risks, including cholesterol, glucose or blood sugar, blood pressure and waist circumference (previously body mass index). Participants receive a color coded report card which grades each of the measures as "green" (healthy), "yellow" (moderate risk) or "red" (high risk) while also providing an aggregate color coded score. However, unlike the prior IYS program, the financial incentive is based upon participation

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## Preferred Drug List Changes

Drugs changing from preferred to non-preferred (\$50 copayment) and the formulary alternative:

DRUG NAME	PREFERRED DRUG LIST ALTERNATIVE
ACTONEL	ALENDRONATE TAB
ACTONEL WITH CALCIUM	ALENDRONATE TAB PLUS CALCIUM
ADVICOR	LOVASTATIN + NIACIN, NIASPAN
ALORA	GENERIC ESTRADIOL PATCHES
ANDRODERM	TESTIM
ANDROGEL	TESTIM
ASACOL	BALSALAZIDE, APRISO, PENTASA
ASACOL HD	BALSALAZIDE, APRISO, PENTASA
BENICAR HCT	LOSARTAN-HCTZ, BENICAR + HCTZ
CARBATROL	CARBAMAZEPINE
CLIMARA PRO	ESTRADIOL PATCH + PROGESTERONE
CONCERTA	METHYLPHENDTE, METADATE, VYVNSE
DILATRATE-SR	SOSORBIDE DINITRATE
DIOVAN HCT	LOSARTAN-HCTZ, DIOVAN + HCTZ
EFFEXOR XR	CYMBALTA
ESTRING	ESTRADIOL, MENEST
EXELON	GALANTAMINE, ER, ARICEPT, NAMENDA
FLOVENT DISKUS	PULMICORT FLEX, QVAR
FLOVENT HFA	PULMICORT FLEX, QVAR
HECTOROL	CALCITRIOL
HUMALOG	NOVOLOG
HUMALOG MIX 50-50	NOVOLOG
HUMALOG MIX 75-25	NOVOLOG
HUMULIN 50-50	NOVOLIN
HUMULIN 70-30	NOVOLIN
HUMULIN N	NOVOLIN
HUMULIN R	NOVOLIN
LEXAPRO	CITALOPRAM (IMMEDIATE RELEASE)
LIALDA	BALSALAZIDE, APRISO, PENTASA
LOTREL	GENERIC ACE INH + GENERIC CCB
LOTREL	BENAZEPRIL/AMLODIPINE BESYLATE
MOBAN	RISPERDNE, ABILFY, SEROQUIL, ZYPRX
NASCOBAL	CYANOCOBALAMIN INJ
NASONEX	FLUNISOLDE, FLUTICASNE, NASACORT
NORPACE CR	DISOPYRAMIDE
ORTHO EVRA	GENERIC ORAL CONTRACEPTIVES
ORTHO TRI-CYCLEN LO	GENERIC ORAL CONTRACEPTIVES
OXYTROL	OXYBUTYNIN ER
PRANDIN	NATEGLINIDE
PREMARIN	ESTRADIOL, MENEST
PRIMAQUINE	MEFLOQUINE
PRISTIQ	CYMBALTA
RANEXA	GEN BETA BLOCKER, CCB, NITRATE
SEREVENT DISKUS	FORADIL
SIMCOR	SIMVASTATIN + NIACIN, NIASPAN
SULAR	NISOLDIPINE
TRILEPTAL	OXCARBAZEPINE
TRILIPIX	FENOFIBRATE
VENTOLIN HFA	PROAIR HFA
WELCHOL	CHOLESTYRAMINE
YAZ	GENERIC CONTRACEPTIVE
ZEMPLAR	CALCITRIOL

DRUG LIST continued on page 4

DRUG LIST continued from page 3

Drugs changing from non-preferred to preferred (\$15 copayment for Plan A, \$20 for Plan B or C):

DRUG NAME
APRISO
METADATE CD
NASACORT AQ
TESTIM

## Face to Face Diabetes Changes

PEIA members who elect to participate in the Face to Face diabetes management program during Plan Year 2011 must be tobacco free when they enroll. Previously, members could take part in the program if they agreed to become tobacco free within six months.

In addition, PEIA has taken over enrollment in the program, a function previously handled by Wells Fargo. Beginning in Plan Year 2011, members may enroll in the program only once in their lifetime.

The Face to Face diabetes management program offers disease management counseling from a local pharmacist. PEIA then will waive copayments for diabetes-related drugs and lab work (except in Plan C), if members keep appointments and follow the agreed plan of care.

Members can sign up for Face to Face on-line by going to [www.peiaf2f.com](http://www.peiaf2f.com). They also can enroll by calling PEIA at 1-304-558-7850 or 1-888-680-7342.

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The statewide conversion factor for all hospitals paid through OPPI is \$74.82, which is 111 percent of Medicare's rates. The calendar year fixed dollar threshold is \$2,175. The new outlier threshold is the maximum of 1.75 x APC pay and APC pay + \$2,175.

*Drugs and Biologicals* – The agency updated the Drugs and Biologicals fee schedule. PEIA adopted Medicare allowances. Therefore, most drugs are covered at average sale price plus five percent. Vaccines are included in this fee schedule, but their rates are set at 95 percent of average wholesale price (AWP).

The RBRVS, Clinical Lab, DME, and Drugs and Biologicals fee schedules are on PEIA's Web site at [www.wvpeia.com](http://www.wvpeia.com). Under "Our Customers," select "Providers" and then select "Fee Schedules."

PEIA is currently working on the Prospective Payment System (PPS) update for inpatient services at acute care hospitals. When finalized, the rates will be mailed to each hospital in late June.

*End-of-Life Benefit* - Effective July 1, 2010, PEIA will cover one end-of-life consultation for members.

Reimbursement is based on:

S0257 End-of-Life Consultation

Units	Allowance
1	\$25
2	\$50
3	\$75
4	\$100

PEIA will cover a maximum of four units. You may bill, as appropriate, a hospital visit and an end-of-life consultation on the same day.

## Carelink Ends Managed Care Option

As you may already know, Carelink will no longer offer its managed care option to PEIA members, effective July 1, 2010.

Despite lengthy negotiations, PEIA and Carelink were unable to come to terms. Members covered by Carelink will be enrolled in another plan offered by PEIA beginning in July. Therefore, be sure to request a copy of a member's new health card.

Carelink will continue to serve its existing members through the end of this plan year for services incurred prior to July 1, 2010. For more information, call Carelink at 1-800-348-2922.

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and not the color coded outcome.

Members may be screened at any participating PEIA Pathways to Wellness worksite or at a designated Labcorp site with advance reservations.

## Health, Wellness Programs

If you know a PEIA member who is ready to make a lifestyle change, consider recommending one of the disease-management programs, depending on the person's needs and diagnosis:

*The PEIA Face to Face Diabetes Program* offers PEIA PPB Plan members with diabetes consultative services with trained pharmacists and the waiver of their diabetic drug and lab copayments so long as they comply with program requirements. To apply, call 1-304-558-7850 or 1-888-680-7342.

*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 1-866-688-7493.

*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 have been paying the standard premium. Physician services and pharmaceutical supports are provided with coverage for one attempt per year with a maximum of three times per lifetime. There is no lifetime maximum for

pregnant women. Members can request a consultation with their physician at any time.

*The PEIA Pathways Program* provides health screens and lifestyle change programs at participating worksites, including the Improve Your Score program. (See story on pages three and four.) For more information: [www.peiapathways.com](http://www.peiapathways.com). *Free, private and just for you.*

### Weight Management Program Change

PEIA has transferred its Weight Management Program from Wells Fargo to West Virginia University. The toll-free number to contact the program remains 1-866-688-7493.

In May, the Centers for Disease Control and Prevention published an analysis of PEIA's Weight Management Program in its publication *Preventing Chronic Disease*. View the story at [http://www.cdc.gov/pcd/issues/2010/may/09\\_0114.htm/](http://www.cdc.gov/pcd/issues/2010/may/09_0114.htm/).

## Preferred Network Providers

If you have a patient who needs a bone-marrow or kidney transplant, West Virginia University is the preferred provider for bone-marrow transplants and CAMC is for kidney transplants. For more information, Call Wells Fargo at 1-888-440-7342.

## ActiveHealth Program

Aetna's ActiveHealth program includes an information-driven care management system that enables patients and doctors to work together to make better clinical decisions and to improve the health of PEIA members.

ActiveHealth provides support by compiling information from:

- medical, pharmacy and behavioral health claims
- feedback from members working with a registered nurse in Aetna's health programs

Members and doctors can receive alerts when a potential care issue is identified on the following conditions:

#### *Heart and blood vessel conditions*

- Blood clots
- Diseases of leg arteries/PAD
- Heart attack and angina
- Heart failure
- High blood pressure
- High cholesterol
- Stroke

#### *Lung conditions*

- Asthma (adult and child)
- Chronic obstructive pulmonary disease (COPD)

*Diabetes* (for members not participating in the Face-to-Face program)

#### *Low-back pain*

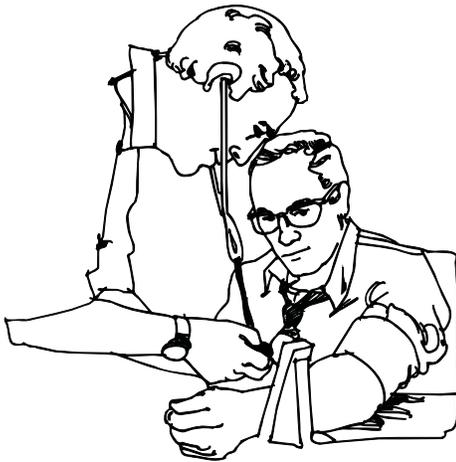
*Depression* (covered with one of the conditions listed above)

For more information about ActiveHealth, call Aetna at 1-888-440-7342.

# River Valley Alliance Terminated

PEIA's contract with the River Valley Health Alliance, which includes Marietta Memorial and Selby hospitals and their physician groups, will be terminated, effective June 30, 2010.

**As of July 1, 2010, all providers in the River Valley Health Alliance will be considered out-of-network for PEIA members.**



To avoid higher costs to PEIA members, we ask that you refer your PEIA patients to West Virginia providers when appropriate. If services from an out-of-network provider are medically necessary, a request for approval of out-of-network services may be requested through ActiveHealth. If approved, then the higher benefit level will apply. Otherwise, the out-of-network services will be processed at the lower benefit level. Emergency services do not require prior authorization.

As the cost of health care continues to rise, programs such as PEIA must make tough decisions about how to extend the highest levels of coverage possible while providing coverage to all members of the plan. This requires that we weigh the costs of benefits available to our members against how we can guarantee access to health care to all those that may need

it. PEIA has noted a substantially higher cost for medical care outside the state of West Virginia when compared to the cost of that same type and level of care within the state of West Virginia.

If you have other questions about your out-of-state benefits or to request a prior authorization, please call Wells Fargo at 1-888-440-7342.

## Renal Care Program Update

PEIA no longer offers the Renal Care Management Program. If your patient has a comorbid condition listed on page five in the ActiveHealth story, they may be able to obtain disease management services through Aetna's ActiveHealth program.

For more information, call ActiveHealth at 1-888-440-7342.

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