

Professional Network News

In This Issue

	Page
Announcements	
• Medical referrals and preauthorization inquiry tool online	2
• Pharmacy benefit manager transition to Express Scripts, Inc.	2
• New employer accounts	3
Billing	
• 2010 FEP member benefit changes	3
• Walmart associates must have preauthorization for behavioral health services	5
• Self-insured schools of California add medical management requirement for physical medicine benefit	5
• Attention electronic submitters: have you filed all your claims for 2009?	6
• Filing coordination of benefits claims electronically	6
Network	
• 2009 Anthem Blue Cross PPO, Select PPO and Freedom Blue Provider Manual now available	7
• Receive fax information on FEP members	7
• Workers' Compensation medical provider network	8
• New toolkit: learn to communicate better with diverse patients	9
• Rapid update	9
• Network leasing	10
• Consumer assessment of healthcare providers and systems	10
Program	
• The BlueCard® program	12
• Update: MyHealth Advantage	12
• New wellness initiatives for federal employees	13
• Identifying and treating substance abuse in primary care	14
• Promoting behavior change and compliance	14
• Helping the uninsured	15
• Giving the gift of life: organ donation	16
Guidelines	
• Understanding our medical policies	16
• Practice guidelines available on the web	16
• Preventive health guidelines	17
Pharmacy	
• Avandia: risks vs. benefits	17

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. ** The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Announcements

Medical referrals and preauthorization inquiry tool online

ProviderAccess® has a new inquiry tool for viewing status of previously submitted medical authorization requests on:

- Inpatient admissions
- Outpatient services
- Office consultations

Except for HMO authorizations handled by the medical group, it is available to all provider types – ancillary, behavioral health, facility and professional – who submit referral or authorization requests to Anthem Blue Cross.

There are four options to search for a medical referral or authorization request:

- Certification number (also known as authorization number, case number or reference number)
- Member
- Date range
- Updated by health plan

These inquiry screens are printer friendly.

Accessing the online Medical Referrals and Preauthorization Inquiry is quick and easy. After logging in to ProviderAccess, click on the Referrals & Preauths tab. Then select one of the Medical Referral & Preauthorization Inquiry links.

Note: Your in-house ProviderAccess administrator approves and grants rights for this inquiry function. Please direct questions about access to ProviderAccess tech support at **866-755-2680**.

Pharmacy benefit manager transitions to Express Scripts, Inc.

In April 2009 WellPoint, Inc. the parent company of Anthem Blue Cross, announced the acquisition of WellPoint NextRx, our affiliated pharmacy benefit manager by Express Scripts, Inc. Express Scripts is an industry-leading pharmacy benefit management company, and we are certain the transition will result in first-rate service for our members and providers. The transaction closed during the fourth quarter of 2009.

While ownership of our affiliated pharmacy benefit manager is changing, we anticipate few changes for our network health care providers. We will continue managing the drug list/formulary and will retain decision-making control of clinical pharmacy policies and programs upon close of the transaction. Additionally, the processes for submitting claims and completing prior authorization review will not change.

We are working closely with Express Scripts to ensure a smooth transition of pharmacy benefits, and we are confident that members' medication therapy will not be disrupted.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

We will keep you informed as the transition to Express Scripts continues. Thank you for your cooperation. If you have any questions, please contact your provider representative.

New accounts effective January 1, 2010

We are excited to announce that the following new national employer groups will join Anthem Blue Cross.

- DIRECTV is joining our National Accounts business with almost 40,000 eligible members nationally with access to either our PPO or EPO networks.
- ITT Corp Systems Division, the Active Network and Dreyer's with access to our PPO networks

Billing

2010 FEP member benefit changes

Federal employees health benefits: 2010 Service Benefit plan members can be identified by the "R" prefix of the identification number.

Benefit	2010 Standard Option PPO	2010 Basic Option-Network Only
Referrals	Not Required	Not Required
Physician care	\$20 office visit copay	\$25 copay for primary care visits
Diagnostic and treatment services provided in the office	\$30 specialist office visit copay 15% of our allowance	\$35 copay for specialist visits No copay for lab and X-rays
Preventive care	New for 2010: copay credit for annual physical	New for 2010: Copay credit for annual physical
Adult routine physicals and preventive screenings	\$20 copay for primary care visits	\$25 copay for primary care visits
Well-child care (up to 22): routine physical exams, routine hearing tests, labs, immunizations and related office visits	No out-of-pocket expenses for covered preventive screenings \$30 copay for specialist visits No out-of-pocket expenses for covered services	No out-of-pocket expenses for covered preventive Screenings \$35 copay for specialist visits No out-of-pocket expenses for covered services
Hospital care	\$200 per admission	\$150 per day up to \$750 per admission
Inpatient	15%* of our allowance (no deductible for surgery)	\$75 per day per facility (waived for covered diagnostic tests)
Outpatient		
Surgery	15%* of our allowance	\$100 copay per performing surgeon
Inpatient/outpatient physician care		

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Maternity care Inpatient hospital care (precertification not required for normal delivery) Physician care including delivery and pre-and post-natal care	No out-of-pocket expenses for covered services No out-of-pocket expenses for covered services	\$150 copay per admission No out-of-pocket expenses for covered services
Emergency care Accidental injury Medical emergency	Nothing for outpatient hospital and physician services within 72 hours; regular benefits thereafter Regular benefits for physician and hospital care*	\$75 copay for emergency room care \$30 copay for urgent care Same as for accidental injury
Prescription care	Prescription drugs covered up to 90-day supply At the pharmacy 30% coinsurance for brands 20% coinsurance for generics Mail service No copay for generics (first 4 fills) \$10 copay for generics (additional fills) \$65 copay for brands (first 30 fills) \$50 copay for brands (additional fills)	Prescription drugs covered up to 34-day supply Retail pharmacy only No mail service \$10 copay for generics \$35 copay for formulary brands 50% coinsurance non-formulary brands (\$45 minimum)
Chiropractic care	\$20 copay per office visit; up to 12 spinal manipulations per calendar year	\$25 copay per office visit; up to 20 spinal manipulations per calendar year
Mental health and substance abuse	\$20 copay per office visit; \$200 per admission (prior approval required) \$30 copay per office visit for specialists	\$25 copay per office visit \$150 per day up to \$750 per admission (prior approval required)
Protection against catastrophic costs (out-of-pocket maximum)	\$5,000 member out-of-pocket maximum (PPO) or \$7,000 (combined PPO/non-PPO) per contract year	\$5,000 member out-of-pocket maximum per contract year.

* is subject to the calendar year deductible: \$300 per person or \$600 per family for 2010 Standard Option: No deductible for 2010 Basic Option. If you use a Non-PPO physician or other health care professional under Standard Option, you generally pay any difference between our allowance and the billed amount, in addition to any share of our allowance shown in the table above. Basic Option does not provide benefits when you use Non-PPO providers. Do not rely on this chart alone. This is a summary of the features of the Anthem Blue Cross Service Benefit Plan. Before making a final decision, please read the plan's federal brochure (RI 71-005). All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure. For a contractual and complete description of the benefits available under the Service Benefit Plan, please refer to the 2010 Anthem Blue Cross Service Benefit Plan brochure.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Walmart associates must have preauthorization for behavioral health services

Walmart chose New Directions as their behavioral health vendor, effective January 1, 2010. New Directions is owned by Blue Cross and Blue Shield of Kansas City.

Walmart associates are required to get preauthorization for behavioral health services rendered in facilities, for both ambulatory and inpatient services. Additionally, behavioral health office visits will need preauthorization on the 9th visit per benefit year.

Visit ndhb.com for more information about New Directions.

Self-insured schools of California (SISC) adds medical management requirement for physical medicine benefits

Effective February 1, 2010, self-insured schools of California (SISC) will require medical management for physical medicine benefits. American Specialty Health Networks, Inc. (ASH Networks) has been contracted to provide medical management for Anthem Blue Cross' physical medicine benefits for SISC members both in and out of network.

Authorization is not required for the first five visits in any calendar year. The five-visit waiver applies to all providers in an office that work under the same tax identification number. Verification of medical necessity is required for services rendered after the fifth visit per calendar year. Providers should render all necessary services, but reimbursement will be limited to covered services that are determined to be medically necessary through the ASH Networks medical necessity verification process.

Find the chiropractic and physical/occupational therapy forms packet and instruction guide at ashcompanies.com. The packet includes clinical forms and outcome assessment tools that are designed to be easily completed and follow a format that is consistent with standard medical record keeping practices.

The forms may be particularly useful for chiropractors, physical therapists and occupational therapists, but may not be as helpful for all providers. In such situations, copies of the member's medical records should be submitted to ASH Networks when medical necessity verification is required. In order to ensure expedient processing, submitted medical records **must** contain the following:

- patient and practitioner demographics
- treatment/services rendered
- appropriate outcome assessment results
- patient complaints
- any pertinent history and diagnoses
- clinical evaluation to support any diagnoses

Please submit ASH Networks forms or medical records to:

American Specialty Health Networks, Inc.
P.O. Box 509001
San Diego, CA 92150-9001
Fax: 877.427.4777

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

ASH Networks' Provider Services representatives are available Monday through Friday 5 a.m. – 6 p.m., at 800-972-4226, option 2.

Please mail claims to the address listed on the member's ID card. For benefits questions, please visit ProviderAccessSM at anthem.com/ca, or call the customer service number on the member's ID card.

Attention electronic submitters: have you filed all claims for 2009?

As the year draws to a close, we encourage you to file all of your claims electronically, including outstanding A/R claims and claims with other coverage information. By filing electronic claims now, you can greet the New Year with a good start.

Filing claims electronically can help you save time, improving operating efficiency and cash flow for your practice or facility. Additionally, electronic claims filing helps decrease paperwork and reduce administrative expenses. You can also reduce the number of re-filed claims, errors and rejected claims by filing electronically. In addition, the electronic process provides easy-to-interpret reports and an audit trail to track claim submissions. If you have questions about the electronic filing process, call our EDI Solutions specialists Monday-Friday from 8 a.m. – 4:30 p.m. Pacific time at **800-227-3983**.

Filing coordination of benefits claims electronically

What, when, where, why and how

What?

Anthem Blue Cross secondary/tertiary claims can be filed electronically.

When?

Start today! Before you begin submitting secondary/tertiary claims electronically verify with your software vendor or clearinghouse that you have the ability to submit secondary/tertiary claims electronically.

Where?

File your secondary/tertiary claims electronically to Anthem Blue Cross.

Why?

What does this mean for you? Submitting secondary /tertiary claims electronically:

- Improves operating efficiencies
- Lowers administrative costs – postage, paper claim forms
- Provides a one-submission process
- Eliminates the need to submit paper Explanation of Benefits (EOBs)
- Provides an audit trail
- Less manual intervention
- Faster turn-around time
- Reduces processing delays

How?

EDI vendors have developed or enhanced their software to support sending COB claims electronically. Your software must contain the fields required to input data from the primary payer's explanation of benefits. For the COB filing requirements

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

for Anthem Blue Cross go to [anthem.com/edi>California>Documents>HIPAA Companion Guide>Requirements for Filing Coordination of Benefits \(COB\) Electronically](http://anthem.com/edi>California>Documents>HIPAA Companion Guide>Requirements for Filing Coordination of Benefits (COB) Electronically).

These are just a few of the reasons why electronic claims submission should be your method of choice. We're sure you'll agree that when every dollar counts, it's good to know that Anthem Blue Cross secondary claims can be filed electronically. Electronic claims submission – the smart choice!

Please contact our EDI Solutions Helpdesk if you have questions about filing COB claims at **800-227-3983**.

Network

The 2009 Anthem Blue Cross PPO, Select PPO and Freedom Blue Provider Manual (CD) is now available!

We're pleased to announce the 2009 Anthem Blue Cross PPO, Select PPO and Freedom Blue Provider Manual [CD] is now available, with an effective date of January 30, 2010. This publication provides the most current information on administering Anthem Blue Cross products and services to Anthem Blue Cross PPO, Select PPO and Freedom Blue members.

The 2009 version of this manual is an integral part of that commitment, containing an updated directory of services and information on member eligibility, claims reimbursement, credentialing and exhibits. Also, we've added six new sections to the manual: Medicare Advantage, Business Partners "Links" section, Anthem Centers of Medical Excellence, Provider Audit, Medical Policies and Provider Dispute Resolution Process for Contracted Providers.

You may access this manual online beginning Dec. 14, 2009. Just log onto [ProviderAccess](#). If you are unable to access it through ProviderAccess, you may request a manual on CD by e-mailing prov.communications@wellpoint.com, or fax your request to **818-234-8959**.

If you have any questions regarding the manual, contact Network Relations at **800-933-6633** or e-mail your inquires to networkrelations@wellpoint.com. For technical questions or support concerning ProviderAccess, please call **866-755-2680**.

Receive faxed information on FEP members

Beginning October 10, 2009, the following information can be obtained by fax:

- Member eligibility information
 - Policy effective/termination dates
 - Type of member enrollment
 - Medicare effective dates
 - Calendar year deductible accumulations
 - Catastrophic year-to-date accumulations
- Benefits information
 - Physician services
 - Hospital services
 - Dental

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

- Pharmacy
- Mental health
- Rehabilitation
- Claims status
 - Date paid
 - Direction of payment
 - Amount of payment
 - Remittance date
 - Check information
 - Date of denial
 - Description of denial reason
- Claims mailing address
- Pre-certification

These are just a few of the reasons why electronic claims submission should be your method of choice. We're sure you'll agree that when every dollar counts, it's good to know that Anthem Blue Cross secondary claims can be filed electronically. Electronic claims submission – the smart choice!

Please contact our EDI Solutions Helpdesk if you have questions about filing COB claims at **800-227-3983**.

Workers' compensation medical provider network

The Workers' Compensation Reform Legislation was conceived to tackle many of the primary cost drivers and related issues regarding the state Workers' Compensation system. The bill allows self-insured employers, third party administrators (TPA) and insurance carriers to form medical provider networks (MPNs).

An MPN is a group of health care providers selected by the insurance carrier, self-insured employer or TPA to provide medical care to injured workers. **The health care professionals must provide medical services to all injured workers including existing and new work related injuries.** By establishing an MPN, employers will be able to control the medical care of an injured worker's claim for most injuries.

We are providing access to our Prudent Buyer network and Occupational Medicine Network to use as a state-certified MPN for treating eligible injured workers. Our MPN currently provides network access, bill review, case management and utilization review services to insurance companies, TPAs and self-insured employers in California.

Please note that if you choose to terminate your participation in the workers' compensation network by terminating your contract, opting out, or if your demographic information is not current, you will not appear in our online directory thus causing you to be terminated from our client's MPN.

If you renew your contract, opt back in or update your demographic information, this will reinstate you into the Anthem Blue Cross workers' compensation network. However, this does not automatically reinstate you into the insurer or employer's MPN. To confirm your MPN status after one of the above occurs, please contact the insurer or employer directly.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

For additional information about the obligations of the treating physician within the MPN other MPN issues, or if you do not treat Workers' Compensation patients, visit the Blue Cross' Workers' Compensation Services website at wcs.anthem.com/WCMCSHomePage.htm or call us at 866-700-2168.

New toolkit: learn to communicate better with diverse patients

We invite you to check out **Caring for Diverse Populations: Better Communication, Better Care**, a new cultural competency resource for doctors and health care professionals. This valuable toolkit can help reach national goals for reducing health disparities caused by lack of culturally or linguistically appropriate care.

What is in the new toolkit?

The toolkit includes a compilation of the best resources available for improving cultural and linguistic competency, such as:

- Communication tools and tips for more successful patient encounters
- Commonly used signs and sentences in several non-English languages
- Guides for finding and working with interpreters and culturally competent office staff
- Resource web links to low literacy and non-English language patient education materials
- Regulations and standards for culturally and linguistically appropriate services (CLAS)

The toolkit is based on work by the Industry Collaborative Effort (ICE) Cultural and Linguistic Workgroup, a volunteer group of providers, health plans, associations, state and federal agencies, accrediting bodies and other resources from public health entities.

How to get your free toolkit?

The new toolkit will be available in early 2010 on a new website dedicated to cultural and linguistic competency: FairHealthTogether.com or on CD. Contact your provider representative for more information about our cultural and linguistic resources. We're here to help.

Rapid Update: provider e-mail communication is now available

Connecting with Anthem Blue Cross and staying informed will be even easier, faster and more convenient. Important need-to-know provider updates are a click away.

Rapid Update is our latest web tool for sharing vital information. It features short topic summaries and links that let you dig deeper into timely critical business information, but only when necessary:

- Important website updates
- System changes
- Fee schedules
- Medical Policy updates
- Mailed communication and more

It's easy to register. Just [click here](#), then start watching your e-mail.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Network leasing

We have network leasing arrangements with a variety of organizations, which we call “other payors.” Other payors and affiliates use our network. Under the terms of your provider agreement, members of those other payors and affiliates are treated like Anthem Blue Cross members. As such, they are entitled to the same Anthem Blue Cross billing considerations, including discounts and freedom from balance billing. You can get the other payors list on the ProviderAccess section of our website at anthem.com/ca. If you do not have Internet access, please call 800-933-6633 for assistance.

Consumer Assessment of Healthcare Providers and Systems

We use a variety of different methods to assess compliance with the established access standards. Our members share their perceptions of the care and the services they receive from network providers by responding to standardized member surveys. We use the Quality Compass (QC) 75th percentile as the national benchmark and the California Cooperative Healthcare reporting Initiative (CCHRI) average as the regional benchmark to identify our health care delivery system’s strengths and weakness.

Consumer Assessment of Healthcare providers and Systems (CAHPS®) 4.0H, a standardized HMO and PPO member satisfaction survey is used to assess member experience with the delivery of care and services received.

Regular and routine care

Percent member’s responding “Usually” or “Always” to the CAHPS 4.0H routine care question. Compliance: \geq CCHRI Average or QC 75th percentile.

In past 12 months got routine care when needed	2008	2009	QC 75 th percentile	Performance Target
HMO	74.8%	77.2%	88.51%	\geq CCHRI Average 79.1%
PPO	80.0%	85.8%	87.82%	\geq CCHRI Average 83.9%

Urgent care

Percent member’s responding “Usually” or “Always” to the CAHPS 4.0H Urgent care question.

Compliance: \geq CCHRI Average or QC 75th percentile.

In past 12 months got routine care when needed	2008	2009	QC 75 th percentile	Performance Target
HMO	79.4%	81.8%	90.91%	\geq CCHRI Average 84.4%
PPO	83.5%	86.8%	90.82%	\geq CCHRI Average 86.3%

In 2009, PPO CAHPS member response rates were greater than the established urgent and routine care standard CCHRI average thresholds. However the HMO member response rates were lower than the established urgent and routine care CCHRI average thresholds and hence show a need for improvement. Our

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

compliance rates in all categories were lower than the national quality compass 75th percentile goal.

Emergency care

Assessment of ER appeals data indicated very few reported issues with emergency care access. A significant number of ER appeals were relevant to “balanced billing”.

Specialty referral

Percent members responding “Usually” or “Always” to the CAHPS 4.0H question.

Ease of getting a specialist appointment	2008	2009	QC 75 th percentile	Performance Target
HMO	77.7%	74.4%	86.71%	≥ CCHRI Average 78.1%
PPO	82.6%	84.4%	86.93%	≥ CCHRI Average 85.2%

Compared to 2008, ease of access to specialist declined for HMO members and improved for PO members. However results were below the CCHRI and 75th percentiles.

After hour care

Patient Assessment Survey (PAS) – After Hour Care Telephone Survey

This survey assesses compliance at the Medical group level and participation is voluntary.

	2008	2009	Performance Target
After hour emergency care instructions	94%	96%	≥ CCHRI Average 96.0%
After hour provider availability	66%	74%	≥ CCHRI Average 75.0%

CAHPS Special question 6a: In the last 12 months when you called your doctor’s office after regular office hours, how often did you get the medical help or advice you needed?

Member Response Options	CAHPS	CAHPS	PAS – HMO
	HMO-2009	PPO-2009	CA Average 2009
Did not call the doctor after hour	58.3%	68.6%	69.2%
% Never & sometimes got advice	47.6%	39.3%	27.5%
% Usually & Always got advice	52.4%	60.7%	72.5%

Conclusion: 60.7% of the PPO and 52.4% of the HMO members who called for after hour advice or help usually or always received adequate advice.

Office appointment wait time

Compared to our large membership very few members actually filed an office appointment wait time relevant complaint.

Access to telephone services

2008 average time to reach a live person was 35 seconds and the call abandonment rate was 3.78%. Both standard compliance thresholds were met.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Anthem annually reviews the survey tools, methodology and outcomes to insure compliance with the Physician Access Standards. Anthem will continue to annually assess compliance with the standards and strive to understand declines in order to foster improvement.

In spite of our consistently growing provider network with stable open practices and the adequate geographic availability of providers in urban, suburban and rural areas, provider access continues to be a challenge and impacts member satisfaction.

We can only achieve our access standard compliance goals by partnering with our physicians. We applaud doctors for their dedication and efforts to provide appropriate care to our members.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Program

The BlueCard® program

BlueCard is a national program that lets Blue Plan members to get health care services while traveling or living in another Blue Plan's service area. The program links participating providers with all the Blue Plans across the nation through a single electronic network for claims processing and reimbursement. Additionally, the program links providers in more than 200 countries and territories worldwide. The program allows providers to conveniently submit claims for patients from other Blue Plans, either domestic or international, to their local Blue Plan. For providers' convenience, the local Blue Plan is the single contact for all claims payments, customer service issues and adjustments for BlueCard and out-of-area claims.

For contracted providers, the BlueCard program offers a focal point for claims submission, payment and service for all BlueCard claims. The BlueCard program supports initiatives that help plans better work together to provide seamless service to providers.

The BlueCard program supports the plan-provider relationship in several ways:

- Providers can call **BlueCard Eligibility®** at **800-676-BLUE (2583)** or submit a HIPAA-compliant electronic eligibility inquiry (transaction 270) to their local host plan to obtain membership and coverage information for out-of-area members.
- The BlueCard host plan collects out-of-area claims and pays providers.
- The local host license is the single contact for the claims payments, customer service issues, provider education, and adjustments for BlueCard and other out-of-area claims.

Update: MyHealth Advantage

Effective January 1, 2010, Anthem 360° Health®'s MyHealth Advantage program will be included in some of your patients' health benefit plans at no additional cost.

MyHealth Advantage is designed to help improve member health and coordination of care by working with doctors to identify potential medical gaps and health risks. The program scans medical, pharmacy and lab claims, and compares them with current evidence based medical guidelines and best clinical practices. When potential health risks are identified, members receive a confidential, personalized

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

message called a [MyHealth Note](#) by mail. It suggests specific actions that, when endorsed by their doctor, can help them comply with best practices for medical care. All the messages within the MyHealth Note direct members to speak with their doctors before making any changes in their medical care. It also includes a list of recent medical, lab and pharmacy claims that can be helpful if shared with the treating physicians – especially when members are following care plans from multiple providers.

If a clinical issue is identified, like the member is overdue for an annual test or there is a drug therapy issue, their doctor is notified by mail as well. If you receive a notice and would like to provide additional information about the member or the recommendation, you may fax a form back or call a MyHealth Advantage nurse.

MyHealth Advantage also helps members make the most of their health care dollars by alerting them when they can save money by switching to a specific generic or formulary-preferred medication.

The results can include better health through improved compliance with medical standards. In fact, a recent internal analysis showed 46% of participants who received a MyHealth Note were brought back into clinical compliance¹.

The personal health guidance in the MyHealth Note helps members understand their current health status, make better informed health care decisions and achieve and maintain wellness.

¹ Based on an internal review of current participants; Members acted within 12 months of receiving the initial MyHealth Note.

© ANTHEM and 360° Health are registered trademarks of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

New wellness initiatives for federal employees

Beginning January 1, 2010, the Federal Employee Program (FEP) will reward members when they complete either the adult **Blue Health Assessment** or a child's **BMI Assessment**.

About the programs

Blue Health Assessment: If an adult member completes the Blue Health Assessment, our health risk assessment, the copay for his or her subsequent annual physical examination or an individual preventive counseling visit will be waived. The member will receive a certificate for a preventive visit at no charge, with instructions to present the certificate to the doctor at the time of care.

BMI Assessment: Children ages five through 17 who complete a BMI assessment, and whose BMI is at or higher than the Center for Disease Control (CDC) threshold for overweight (85th percentile or higher), will receive a certificate to present at the time of care. The copays for up to four nutritional counseling visits will be waived. The member must complete the child BMI Assessment and will be directed to present the certificate to the physician at the time of care.

Steps for the provider:

- Copays are not collected when certificate is presented. Reimbursement will be included when claim is filed to the local plan. Copays collected in error will require a refund.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

- To ensure correct reimbursement, the claim must be filed with the appropriate evaluation/management procedure code and diagnosis for adults or the appropriate nutritional counseling codes and diagnosis for children.
- Certificate may be retained for records and is not required in submission of claim.
- Child's certificate encompasses four visits. Sign and date each visit on the certificate.

Please call your local plan FEP customer service if you have questions.

Identifying and treating substance abuse in primary care

Did you know even a brief intervention by a doctor has been shown to be helpful in encouraging patients to examine and decrease their substance abuse?

We think primary care physicians are critical to screening and diagnosing substance use disorders since many conditions that present in your office may be due to underlying alcohol and drug use. That's why we're asking you to help identify and treat members at risk for alcohol and/or drug use and dependence. You can help ensure members receive appropriate interventions and are linked to treatment resources when needed. A 15- to 30-minute screening and a brief intervention, when needed, may help. This approach may result in more than 15% of the population of patients with substance abuse problems making healthier choices for a sustained period of time.

You will be reimbursed for structured screenings of Anthem Blue Cross members using the two CPT codes (99408 and 99409) that became available January 1, 2008. We also have a Physician Toolkit available to you at no charge that includes a booklet with provider guidelines, a wall poster for exam rooms, screening tools and brochures you can distribute to your patients on opiates and alcohol. These materials can be downloaded from anthem.com/ca under provider information. If you would like a packet mailed to you, please contact Michael Command at Michael.Command@anthem.com or call 858-571-8352.

If a patient needs further evaluation and treatment for behavioral health services, please call the number on the back of their member ID card for more information about authorization requirements and benefits.

Promoting behavior change and compliance

In the hectic day-to-day office environment, it's often hard to find the time to motivate patients towards change and compliance. Trying to get patients to take their medications, eat healthier and get more exercise can be challenging and frustrating for doctors.

Stephen Rollnick and William R. Miller, authors of *"Motivational Interviewing (MI): Preparing People to Change,"* have identified a communication style that can save time and frustration when you're trying to motivate patients to change. It's designed to resolve ambivalence and build motivation for behavior change. The word "interviewing" is used because it involves careful listening and strategic questioning, rather than teaching, in order to help patients resolve their ambivalence about change. It's like a news reporter gathering facts for a story.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

MI's therapeutic technique is designed to help people make meaningful personal changes in their lives. Whether you're trying to get them to quit smoking, take their cardiac medications, keep their cholesterol in check, or help them lose weight, MI techniques can assist with it all.

The basic approach for Motivational Interviewing is OARS:

- O: Ask open-ended questions. "What brings you here today?" or "Tell me about what's been happening since we last spoke?" Open-ended questions create a momentum to explore change.
- A: Affirm perceptions and strengths. Statements about how they accomplished something in the past will help them realize that they can make change. Affirmations can be wonderful rapport builders.
- R: Reflective listening. It's key to this work. The best motivation you can give to your patients is to listen carefully.
- S: Summarize the conversation. Reflect back to the client what he or she has been telling you. This is an effective way to communicate your interest in a client, build rapport, and call attention to elements of the discussion to shift direction.

Want to learn more? Go to motivationalinterview.org or stay tuned for future provider bulletins for more information about motivational interviewing as a way to elicit positive behavior change in your patients.

*adapted from Miller, W.R. and Rollnick, S. "Motivational Interviewing: Preparing People to Change", NY: Guilford Press, 2002

Helping the uninsured

Many uninsured people in our communities may be qualified to receive assistance. Anthem Blue Cross' parent company, WellPoint, has a foundation that helps fund the Foundation for Health Care Coverage Education (FHCE), a national nonprofit organization committed to assisting uninsured individuals who are eligible to obtain health care coverage through federal and state programs.

The FHCE has announced it will help uninsured consumers identify and apply for health care coverage as part of its mission to improve the overall health of Americans throughout the United States.

We invite you to refer uninsured patients, or those who have uninsured family members, to FHCE for help getting health care coverage. Just call the Uninsured Hotline toll-free number at 800-234-1317. You can e-mail questions to fhceinfo@coverageforall.org or visit their website at coverageforall.org.

An estimated one-third of patients without insurance are eligible for some type of assistance. Those who are pregnant, or live in a household with children under age 19, are even more likely to qualify. Specific government programs have developed to assist working families.

Referred patients will receive caring and sensitive assistance from professionals in eligibility enrollment. This information will only be used to screen the individual for available assistance through government programs.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Giving the gift of life: organ donation

Each year, organ transplants save thousands of lives, and its success rate continues to rise. But there are far more potential recipients than donors, so more donations are urgently needed. Today, it's possible to transplant more than 25 different organs and tissues. We encourage members to let you know about any plans they may have for organ donation. It's a unique opportunity to give the gift of life, and we encourage you to discuss it with your qualifying patients, including adults aged 18 and older and minors who have parental or guardian consent. More information about organ donation is available online at organdonor.gov/donor/index.htm.

Guidelines

Understanding our medical policies

Medical policies are created through the Office of Medical Policy and Technology Assessment and approved through the Medical Policy and Technology Assessment Committee (MPTAC). The MPTAC consists of external, practicing doctors, as well as doctors who are medical directors in our company. Anthem Blue Cross medical policy is based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, national physician specialty society recommendations, and the views of medical practitioners in relevant clinical areas, and any other relevant factors. The literature is reviewed regularly and monitored for new studies and evidence. For additional information please reference our medical policy ADMIN.00001 Medical Policy Formation, available on our website below.

Finding medical policies and utilization management guidelines is easier than ever thanks to a recent website upgrade. Simply go to bluecrossca.com/home-providers.html, then select **Providers>Learn More>Medical Policies and Clinical UM Guidelines**. Policies and guidelines are listed alphabetically by category or can be found using the search engine.

If you don't have Internet access, you can request a hard copy of specific medical policies or clinical UM guidelines by calling Provider Inquiry at **800-794-0838**.

Practice guidelines available online

Clinical practice guidelines are an important part of our medical care delivery system, so it's required that contracted providers and PMG/IPAs adopt them. Our most current clinical practice and preventive health guidelines are available on our website, including guidelines for musculoskeletal and low back pain. To access them online, go to the Provider home page at anthem.com/ca. Under the Health Information tab, select Practice Guidelines from the drop-down menu. We provide copies of the guidelines to contracted PMG/IPAs and providers upon request. Please call **877-273-4189** if you'd like a hard copy.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Preventive health guidelines

Routine exams and screenings can catch possible health problems early — allowing patients to get treatment or make lifestyle changes before a condition becomes more serious. For a current and complete listing of recommended preventive care and immunization guidelines, visit anthem.com/ca. You can also request a printed copy by calling 877-273-4189.

These guidelines reflect recommendations for average-risk individuals and are intended to help patients manage their health. The guidelines are not intended to replace a doctor's recommendations. We encourage members to talk to their doctors about other exams, screenings and immunizations that are appropriate for them and their families. The guidelines are based on recommendations by independent national health care organizations, including the American Academy of Pediatrics, the American Academy of Family Physicians and the U.S. Preventive Services Task Force.

Each member's benefit plan may or may not cover all preventive services described on anthem.com/ca. For more complete information on their benefits coverage, please refer Anthem Blue Cross members to their certificate of coverage, where they'll find details about benefits, limitations and exclusions. Or they can call the customer service number listed on their ID card.

Pharmacy

Avandia: risks vs. benefits

The full, long-awaited results of the Rosiglitazone Evaluated for Cardiac Outcomes and Regulation of Glycemia in Diabetes (RECORD) trial was presented on June 5, 2009, at the American Diabetes Association's (ADA) annual meeting. This was a post-marketing cardiovascular (CV) outcome study requested by the Federal Drug Administration (FDA) and funded by GlaxoSmithKline (GSK), the manufacturer of Avandia® (rosiglitazone). Despite being designed to answer the question of whether Avandia increases CV morbidity and mortality, the results of the trial were inconclusive.

In the RECORD study, 4,447 subjects with type 2 diabetes, on metformin or sulfonylurea monotherapy, were randomized to add-on Avandia therapy or the combination of metformin plus sulfonylurea. After a mean follow up of 5.5 years, add-on therapy with Avandia was found to be non-inferior to the combination of metformin and sulfonylurea for the combined primary outcome of CV hospitalization or CV death. There were also no differences in the individual endpoints of CV death, myocardial infarction (MI), or stroke; however, risk of heart failure (HF) was significantly increased.¹

Risk of bone fracture became a concern with Avandia after the publication of results from the A Diabetes Outcome Progression Trial (ADOPT) study in 2008. Overall incidence of bone fracture was higher in the Avandia group (risk ratio [RR] 1.57, 95% CI 1.26-1.97, P<.0001). These excess of fractures were mainly upper limb (RR 1.57, 95% CI 1.12-2.19, P=.0095) and distal lower limb (RR 2.60, 95% CI 1.67-4.04, P<.0001) and were mainly in women (RR 1.75 upper limb and 2.93 distal lower limb).²

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.

People who have diabetes are already at significant risk for adverse CV events simply by having the disease. It is accepted that the thiazolidinediones (TZDs) cause weight gain, fluid retention and an increased risk of heart failure with both Actos® (pioglitazone;Takeda) and Avandia carrying a black box warning highlighting this risk. In addition, the black box warning for Avandia states that it may increase the risk of MI, but data are inconclusive.^{3,4} More clinical data is needed to fully elucidate the risk/benefit profile of the TZDs. In the interim, it seems prudent to avoid the use of TZDs in individuals with HF or at risk of MI, and to use them cautiously in women at high risk of fractures.

1) Home PD, Pocock SJ, Beck-Nielsen H, et al., for the RECORD Study Team. Rosiglitazone evaluated for cardiovascular outcomes in oral agent combination therapy for type 2 diabetes (RECORD): a multicenter, randomized, open-label trial. *Lancet*. 2009; DOI:10.1016/S0140-6736(09)60953-3. Available at: <http://www.thelancet.com>
2) Kahn SE, Zinman B, Lachin JM, et al, for the A Diabetes Outcome Progression Trial (ADOPT) study group. Rosiglitazone-associated fractures in type 2 diabetes: an analysis from a diabetes outcome progression trial (ADOPT). *Diabetes Care*. 2008;31:845-851.
3) Actos [Prescribing Information]. Deerfield, IL. Takeda Pharmaceuticals, Inc., September 2007.
4) Avandia [Prescribing Information]. Research Triangle Park, NC. GlaxoSmithKline, October 2008.

Professional Network News is published six times a year by Anthem Blue Cross and comments may be addressed to:

Anthem Blue Cross
21555 Oxnard Street
Woodland Hills, CA 91365

Editor: Lana Turner

E-mail: Prov.Communications@WellPoint.com

Professional Network News

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. * ANTHEM is a registered trademark. † The Blue Cross name and symbol are registered marks of the Blue Cross Association.