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Meningitis Vaccines

The New York State Department of Financial Services has asked health plans to clarify benefit coverage for meningitis vaccines due to a new strain that is especially lethal (killing one out of every three people infected). Standard meningococcal vaccines are proving effective against the strain.

- BlueCross BlueShield of Western New York covers any immunization (including meningococcal) that is recommended by the Advisory Committee on Immunization Practices (ACIP) if the employer group has the benefit under Health Care Reform (HCR); certain employer groups may have opted out of the HCR preventive care requirements.

- Medicare Advantage plans cover immunizations (including meningococcal).

- For Medicaid Managed Care, Child Health Plus (CHP), and Family Health Plus, immunizations (including meningococcal) are covered. Medicaid and CHP vaccines should be obtained from the Vaccines for Children Program.

- The CPT code used to report this vaccine is 90734.

- The ACIP recommends this vaccine for ‘high-risk’ adults.

Please review the 2013 Adult Immunization Schedule on our provider website, with special attention to Meningococcal footnote 11. Go to Policies > Policies & Guidelines: Practice Guidelines.

Medical Services Protocol Updates Now on Our Website

Medical protocols that have recently undergone an annual review are now available online. Protocols have been added. The effective date of these changes is July 1, 2013, unless otherwise noted.

To view the protocols and cover letters, go to: Protocols.

- Please note that some of the protocol updates may not pertain to the members to whom you provide care.
- If you need assistance obtaining specific protocol updates, please contact Provider Service.

Utilization Management Updates

The Utilization Management program is designed to evaluate medical necessity, appropriateness, and efficiency of health care services.

- Timeliness and notification of review decisions are determined by federal and state regulations and are strictly adhered to.
  - To facilitate a timely review, all available medical information should be submitted when the request is initiated.
  - When a service is denied after the review, the member will receive an initial adverse determination letter explaining the reason for the denial and his or her rights for an appeal.
  - Medical necessity appeals are processed in the Utilization Management Department.
    - Depending upon the outcome of the appeal, further review may be done by an external review agent.
    - Appeals other than medical necessity, such as coding, billing, and reimbursement issues, can be initiated by contacting Provider Service.

Further information about Utilization Management, including contact information, can be found in Sections 5 and 6 of the Provider and Facility Reference Manual.
New Law for Breast Cancer Detection

New York state has a new law to help improve breast cancer detection and prevention. Mammography providers are now required to alert patients if dense breast tissue is found during a mammogram.

While dense breast tissue is not abnormal, it can make it more difficult to detect cancer with a mammogram. Dense breast tissue may be associated with an increased risk of cancer. A doctor may order additional screening tests based on the patient’s risk.

We recommend that patients:

• Have regular mammograms and discuss the results with their doctor.
• Read the information below about breast-imaging procedures and discuss any concerns with their doctor.

Current breast imaging procedures that may be recommended:

<table>
<thead>
<tr>
<th>Test type</th>
<th>What it is</th>
<th>Why this test is performed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Film Mammography</strong></td>
<td>Uses X-rays to look at breast tissue.</td>
<td>Primary screening tool.</td>
</tr>
<tr>
<td><strong>Digital Mammography</strong></td>
<td>Creates an electronic image (instead of film) of the breast that allows for computer storage and manipulation.</td>
<td>Somewhat more accurate in younger women with dense breasts.</td>
</tr>
<tr>
<td><strong>Ultrasound</strong></td>
<td>Uses sound waves to take pictures of the inside of the breast. Allows doctors to identify whether a mass is solid or a fluid-filled cyst.</td>
<td>Useful as a secondary screening test for high-risk women.</td>
</tr>
<tr>
<td><strong>Magnetic Resonance Imaging (MRI)</strong></td>
<td>Uses powerful magnets to create a three-dimensional view of breast tissue (requires a small injection of contrast material).</td>
<td>Usually the next step when an ultrasound does not provide sufficient information.</td>
</tr>
</tbody>
</table>

Breast imaging procedures that are currently considered investigational:

<table>
<thead>
<tr>
<th>Test type</th>
<th>What it is</th>
<th>Why it is investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Digital Breast Tomosynthesis</strong></td>
<td>Uses low-dose radiological images from different angles that can be viewed as a three-dimensional picture of the breast.</td>
<td>This procedure involves additional radiation exposure and imaging time. Still in clinical trials.</td>
</tr>
<tr>
<td><strong>Breast-Specific Gamma Imaging</strong></td>
<td>A nuclear medicine test that requires injection of radioactive material followed by scanning of the breasts five to 10 minutes later.</td>
<td>There is insufficient evidence to recommend its exact role and who would benefit from this testing.</td>
</tr>
</tbody>
</table>

*MRIs are more sensitive but less specific, which often leads to a higher rate of false-positives (abnormal findings that are not cancer) and unnecessary breast biopsies. MRIs are not recommended for women with an average risk of breast cancer as a first test.

If a patient is at high risk for breast cancer, an MRI in addition to a mammogram may be appropriate.
2012 Quality Improvement Program Overview

Working on Wellness
Each year, our Quality Improvement (QI) Department compiles data on the progress that our programs and initiatives have made to improve health care for our members.

Some of the initiatives in our QI programs are:

Customer Service
- Blue Cross Blue Shield Association
- Member Touchpoint Measures (includes claims accuracy and timeliness)

Network Services
- Network Adequacy: Access to Care
- Credentialing Program

Health Care Quality Improvement
- National Committee for Quality Assurance (NCQA)
- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Quality Assurance Reporting Requirements (QARR)
- Culturally and Linguistically Appropriate Services (CLAS)
- Patient Safety

Health Management (Disease Management)
- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Back Care
- Chronic Obstructive Pulmonary Disease (COPD)

Preventive Health
- Immunizations (childhood, adolescent, and adult)
- Well Visits (childhood, adolescent, and adult)

Case Management
- Palliative Care
- Right Start (prenatal care)
- Chronic Kidney Disease

Health Promotion
- Community Wellness Programs (health education, e.g., nutrition, fitness, stress management)
- Worksite Wellness Programs
- Lifestyle Benefits (discounts on fitness memberships and health and wellness practitioners)
- Smoking Cessation
- Childhood Health and Wellness
- My Health (interactive website that promotes member self-management of health)

More information about our programs, along with collaborative and coalition activities, can be found under Resources > Compliance and Quality Information on our provider website, bcbswny.com. If you would like a paper copy of this report or need additional information on any of our programs, you may contact the QI department at 1-800-677-3086, option 5, on our website via Click and Comment, or write to us at:

Quality Improvement
BlueCross BlueShield of Western New York, PO Box 80, Buffalo, NY 14240

Member Rights and Responsibilities
Our members have rights to help protect them and certain responsibilities that we ask them to assume. We encourage you to review these policies.

The most current version of our Member Rights and Responsibilities is available on our website, bcbswny.com.

Paper copies are available upon request by contacting our provider service department.
Referral Guidelines for In-Network Benefits

The following are important referral guidelines for using in-network benefits for Government Programs and Point-of-Service (POS) contracts with referral requirements.

Primary Care Physician Responsibility:
- Ensure a referral is requested prior to the date of service or within 30 days after the date of service for special circumstances.

Specialist Responsibility:
- If a referral is not received by the time of the appointment, the specialist must verify that the referral is in place by obtaining the referral number either from the member, PCP, or us.
- If the referral is not in place, the member is required to sign a financial responsibility form.
  - The specialist may then bill the member for services. (This does not apply to Medicaid HMO and Family Health Plus members, who cannot be billed for denied services.)
  - Members with a POS contract will be responsible for their deductible and/or coinsurance after the bill is submitted to us.
- As a specialist, if you want a patient to visit another specialist, you must contact the PCP to request a new referral authorizing a visit to another specialist.
- Specialists may request referrals directly from us for:
  - physical therapy
  - speech therapy
  - occupational therapy
  - durable medical equipment
  - hearing aids
  - orthotics
- Specialists must bill us within the timely filing requirements.

Member Responsibility:
- If the PCP determines that the member needs care from another provider or specialist, the PCP will contact us to authorize a referral.
- If the member has not received a copy of the referral by the time of the appointment with the specialist, the member must call their PCP immediately to ensure that the referral has been requested and to obtain the referral number.
- If the PCP did not request the referral, the member must provide the date of the specialist appointment to the PCP and ask him or her to request the referral immediately.
- If the referral is not in place, the member will be required to sign a financial responsibility form. (This does not apply to Medicaid HMO and Family Health Plus members, who cannot be billed for denied services.)
- Members who self-refer with a POS contract will be responsible for any applicable deductible and coinsurance.

Did you miss us?

Prior editions of the 2011-12 Vital Signs Practitioner Newsletter are still available on the Provider site at bcbswny.com.
HMO/POS Provider Networks: Primary Care Physicians and Specialists

Our HMO/POS members may contact your office to confirm your participation in their plan’s network. The member identification card shows the coverage type, plan number, and referral requirements. The plan number corresponds to the provider network. Please confirm the coverage type that appears on the front of the member identification card before you respond.

Knowing your provider network participation status will enable you to respond correctly to avoid any confusion or higher out-of-pocket costs to the member.

Members can be directed to our website or they may contact Customer Service for assistance.

Out-of-Area Urgent Care

When a BlueCross BlueShield member is traveling outside of our service area and is in need of non-emergency urgent care for conditions such as skin rash, ear infection, sprained ankle or the flu, they should be instructed to go to an urgent care center that participates in the BlueCross BlueShield Association’s National Network.

No authorization is required.

If the member wishes to see another participating physician in the National Network, they must:

- Call 1-800-810-2583 (BLUE) to locate a provider in the BlueCross BlueShield Association’s National Network
- Call their PCP for authorization
- Make an appointment and present their membership card

The primary care office should then call us with the authorization so that the member’s claims will be promptly paid as an in-network benefit.

In an emergency, members should go to the nearest emergency room or dial 911.

For follow-up care to an emergency room or urgent care visit, members must call their PCP for preauthorization.

Electronic Provider Demographic Update

The Electronic Provider Demographic Update is now available on HEALTHeNET.

Our latest electronic support application helps reduce phone calls, correspondence, scanning/printing, faxing, postage, and other office expenses. Designed to streamline and enhance your provider service experience:

- This supplements our paper-based Provider Demographic Change Form
- Submit your office-related updates:
  - Level I updates are sent (in real-time) into our provider data files, including:
    - Phone numbers
    - Fax numbers
    - Office hours
    - Birth dates
    - Languages spoken
    - Email addresses
  - Level II updates are pended for review and response by our Provider File staff. This includes:
    - Address changes
    - State licenses
    - Board certifications

- You can attach supporting electronic documentation
- We’ll respond directly to your HEALTHeNET user account
- Inquiries, attachments, and responses are saved online and are searchable
- Updates are assigned a unique ID in the system, if you need to follow-up
- An online user guide is available

Contact the PCI Help Desk at 1-877-895-4724 and request the Electronic Provider Demographic Update application today.
Telephone Directory

Provider Service
1-800-950-0051 or (716) 884-3461 (Traditional)
1-800-950-0052 or (716) 882-2616 (Managed Care)
1-877-327-1395 (Government Programs)

Provider Relations and Contracting
1-800-666-4627

Utilization Management
1-800-677-3086 or (716) 884-2942

We Want to Hear from You!

Was something you read not clear?
Do you have an idea for making this newsletter more useful?
Want to tell us what’s on your mind?
Your feedback is important and will help us improve our service to you.

Please email your questions, comments or suggestions to:
WNYPracNewsletter@bcbswny.com

Note about website links
Links provided in this newsletter to content on the BlueCross BlueShield of Western New York website and third party websites are valid and working at the time of publication.