

BlueLink

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JANUARY 2015

VOL. 17, ISSUE 1



Blue Rewards: A New Incentive Program for Your Patients

CareFirst now offers [Blue Rewards](#), a new member wellness incentive program that complements our Patient-Centered Medical Home (PCMH) program to emphasize quality, high-value health care.

What is Blue Rewards?

Blue Rewards is a member wellness incentive program and not an element of the PCMH Program. However, PCMH primary care providers (PCPs) play a key role in the Blue Rewards program since they demonstrate cost-savings and a commitment to care quality.

To earn their Blue Rewards incentive, your patients must select and schedule an appointment with a PCMH PCP* to complete the [Health & Wellness Evaluation Form](#). **Check out these [FAQs](#) for completing the form.**

Learn More

To learn more about the Blue Rewards incentive program, visit www.carefirst.com/providers/bluerewards or [register for training](#).

[Learn](#) more about PCMH or join.

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**Patients do not need to complete a [PCMH Election to Participate form](#) or participate in the PCMH Program to earn their Blue Rewards incentive.*

WHAT'S HAPPENING

Pharmacy Updates that Impact You

What You Need to Know

CareFirst is committed to keeping you informed of important pharmacy updates to support safe and appropriate drug therapies for our members. Ultimately, our goal is to work with you to improve your patients' overall health and costs.



Recent Updates from 2014

Compounded Medications

Effective Dec. 1, 2014, compounded prescriptions with ingredients deemed unsafe or potentially ineffective are no longer covered under CareFirst member benefits. Also, any compound prescription costing \$300 or more will now require prior authorization. In October, impacted providers and their patients were notified of the change.

What this means for you: If your patients are impacted by this change, you and your patients will be notified. As a reminder, to lower costs for your patients, consider the use of commercially available, FDA-approved medications.

Specialty Pharmacy Coordination Program

The Specialty Pharmacy Coordination Program is available for members with CareFirst pharmacy benefits. The program addresses the unique clinical needs of patients taking high-cost specialty medications for conditions such as multiple sclerosis, hepatitis C and hemophilia. These patients require high-quality care coordination and support to help obtain the best possible outcomes. With this program, patients have access to the following services:

- Comprehensive assessment at program initiation
- Coordination between the specialty care coordination team and the patient's primary care provider (PCP)
- Drug interaction reviews
- Access to their specialty medications through Mail Service Pharmacy or a participating retail pharmacy
- Drug and condition-specific education and counseling on

medication adherence, side effects and safety

- Refill reminders and inventory coordination to reduce drug waste
- On-call pharmacists 24 hours a day, seven days a week
- Specialty drug care coordination with a registered nurse specializing in select disease states (multiple sclerosis, hemophilia, hepatitis C and select intravenous immunoglobulin (IVIG) conditions)

What this means for you: If your patients take specialty medications, a pharmacist from CVS/caremark¹ may contact you or your patients to discuss their treatment plan. In addition, if your patients have been prescribed specialty medications for multiple sclerosis, hepatitis C, hemophilia or certain IVIG indications, a registered nurse will be available in coordination with you, the PCP, to assist your patients with their condition.

¹CVS/caremark is an independent company that provides pharmacy benefit management services to CareFirst.

WHAT'S HAPPENING (CONT'D)

Pharmacy Updates (cont'd)

Coming in 2015

In 2015, CareFirst will introduce two new offerings that will complement our Patient-Centered Medical Home (PCMH) program as we continue our commitment to helping you deliver quality, high-value health care.

Comprehensive Medication Review Program

Designed for members with the highest potential for medication-related issues, the Comprehensive Medication Review (CMR) program provides a dedicated team of pharmacists that work with you and your patients to address the importance of prescription management.

Beginning January 2015, patients will be identified for outreach through referrals by CareFirst care managers and claims analysis. The goal of this program is to lower overall medical spend and improve outcomes through pharmacist interventions aimed to reduce drug-related complications, verify the therapeutic regimen is most appropriate, identify and resolve issues with barriers to adherence and address under/over utilization of medications.

What this means for you: If your patients are identified as high-risk, a CVS/caremark pharmacist may contact you or your patients to discuss their drug profile and work with you to reduce drug-related complications.

Exclusive Specialty Pharmacy Network

The Exclusive Specialty Pharmacy Network is available for all members with CareFirst pharmacy benefits. Affected members and providers will be notified prior to the patient's effective date.

Once effective, patients must fill their [specialty medications](#) through an exclusive specialty pharmacy in our network – CVS/caremark Specialty Pharmacy² or OncoSource Rx Specialty Pharmacy³ – depending on their health condition.

By using a pharmacy in this exclusive network, your patients receive specialty medications and personalized pharmacy care management services from a team of clinical experts specially trained in their health condition. The Specialty Customer Care Team addresses patients' unique clinical needs and helps to improve adherence to prescribed therapies in an effort to improve health and reduce overall health care costs.

What this means for you: If the medications on the [Specialty Pharmacy Drug List](#) have been prescribed, you and your patients will be notified 30 days prior to their effective date to allow time for you to:

- Obtain a prior authorization for all new prescriptions. (Prior authorization is required for all specialty medications listed on the [Specialty Pharmacy Drug List](#).)
- Write a new prescription and fax it to CVS/caremark Specialty Pharmacy at (800) 323-2445 or OncoSource Rx Specialty Pharmacy at (877) 800-4791. (Medications listed on [Specialty Pharmacy Drug](#)

[List](#) must be filled at CVS/caremark or OncoSource Rx.)

As a reminder, request prior authorizations online. Simply log in to the Provider Portal at www.carefirst.com/providers and navigate to the *Pre-Auth/Notifications* area to complete your request. You can also register for training at www.carefirst.com/cpet to learn how to [use the tool](#).

Questions?

- CVS/caremark: (855) 582-2038
- CVS/caremark Specialty Pharmacy: (855) 264-3237
- OncoSource Rx Specialty Pharmacy: (888) 662-6779

We will continue to keep you updated of the latest pharmacy changes as they are developed.

Formulary Spotlight

We have also created new formularies for 2015. If your patients are impacted by our formulary changes, you and your patients will be notified 30 days prior to their effective date.

Formularies can be accessed at www.carefirst.com/rx. Our preferred drug lists are also available at www.carefirst.com/preferreddrugs.

As a reminder, generic medicines typically have the lowest copay on your patients' prescription benefit plans. Visit www.carefirst.com/qualityandaffordability for more information.

²CVS/caremark Specialty Pharmacy is an independent company that provides specialty pharmacy services to CareFirst.

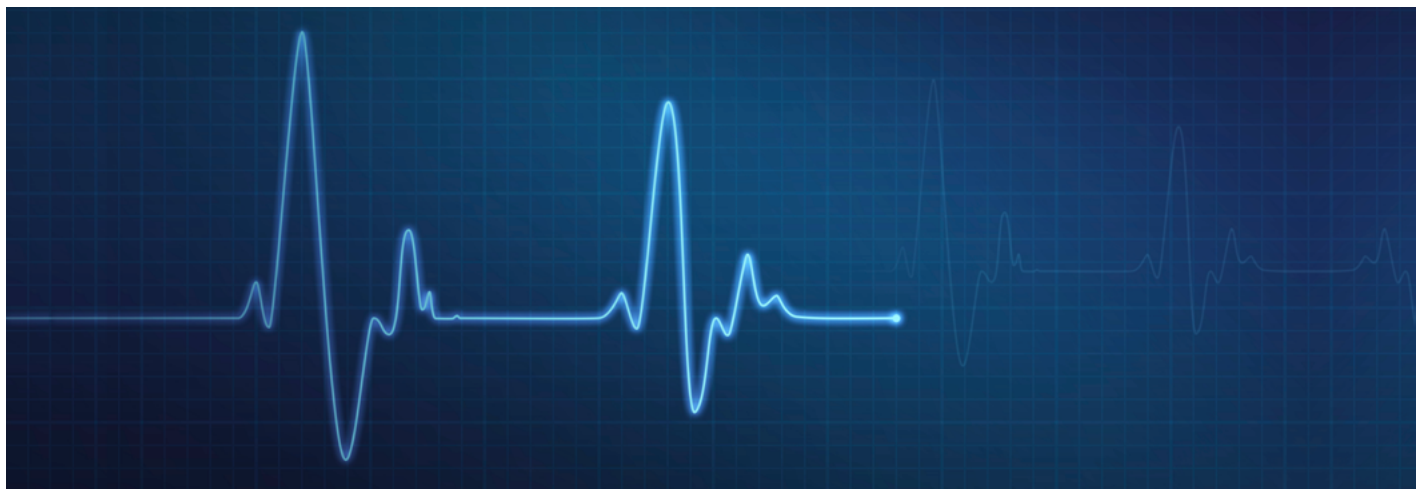
³OncoSource Rx Specialty Pharmacy is an independent company that provides specialty pharmacy services to CareFirst.

HEALTH CARE POLICY

Technology Updates for Indemnity and Managed Care Plans

Our Technology Assessment Unit evaluates new and existing technologies to apply to our local indemnity and managed care benefit plans. The unit relies on current scientific evidence published in peer-reviewed medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst and CareFirst BlueChoice criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via *CareFirst on Call* ([professional](#) and [institutional](#)) or [CareFirst Direct](#). The Technology Assessment Unit recently made the following determinations:

TECHNOLOGY	DESCRIPTION	CAREFIRST AND CAREFIRST BLUECHOICE DETERMINATION
Alair® bronchial thermoplasty	Use of radiofrequency energy to enhance airway patency in patients with severe asthma	Considered medically necessary in patients meeting defined criteria. CPT® reporting codes 31660, 31661.
IFuse™ sacroiliac joint fusion	A minimally invasive procedure using proprietary hardware to create a fusion of the sacroiliac joint to relieve low back pain	Considered experimental / investigational. CPT® reporting code 0334T.
Acessa™ ablation procedure for uterine fibroids	Laparoscopic procedure that uses radiofrequency energy to destroy tumor tissue	Considered experimental / investigational. CPT® reporting code 0336T.
Long-term continuous glucose monitoring	Adjunct to regular measuring of serum glucose levels to improve diabetes control	Considered medically necessary for insulin dependent type 2 diabetics meeting specified criteria. HCPCS reporting codes A9276, A9277, A9278.
Biofeedback	Use of a monitor of physiologic function as an aid to patients learning control of certain body functions.	Considered medically necessary for urinary incontinence, fecal incontinence, and dyssynergic constipation. CPT® reporting codes 90901 or 90911.



HEALTH CARE POLICY (CONT'D)

Effective Dates for Medical Policy Updates

Our Health Care Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services.

The table below is designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from nonlocal accounts, such as NASCO and FEP, may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through *CareFirst on Call* ([professional](#) and [institutional](#)) or [CareFirst Direct](#).

Note: The effective dates for the policies listed below represent claims processed on and after that date.

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.017 Pulse Electrical Stimulation Device for Osteoarthritis of the Knee	Under Policy Guidelines, added 2014 rationale statement. Report service with HCPCS code E0762.	Periodic review and update. Effective date 12/22/14
1.01.018 Neuromuscular Electrical Stimulation (NMES) Devices	Under Policy Guidelines, added 2014 rationale statement. Report service with HCPCS codes A4595, E0731 or E0745.	Periodic review and update. Effective date 12/22/14
2.01.002 Dynamic Posturography	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 92548.	Periodic review and update. Effective date 12/22/14
2.03.009 Antineoplaston A Therapy	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 96549.	Periodic review and update. Effective date 12/22/14
6.01.010 Stereotactic Radiosurgery and Stereotactic Body Radiotherapy with 3-D Conformal Radiation Therapy	Policy statement revised to include stereotactic body radiotherapy (SBRT) for the treatment of low-to intermediate-risk organ confined prostate cancer as a medically necessary indication. See Policy for details.	Revision. Effective date 10/1/14
7.01.017 Cosmetic and Reconstructive Surgery with Attached Companion Table	Cosmetic table revised to include thyroid chondroplasty reduction (Adam's apple reduction) and voice modification surgery as cosmetic procedures only. See Policy for details.	Revision. Effective date 12/22/14
7.01.067 Prolotherapy (Proliferative Therapy)	Under Policy Guidelines, added 2014 rationale statement. Report service with HCPCS code M0076.	Periodic review and update. Effective date 12/22/14

HEALTH CARE POLICY (CONT'D)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
7.01.090 Pulmonary Vein Ablation / Isolation for Atrial Fibrillation	Under Description added cryoablation. Policy statement changed to transcatheter ablation/ isolation of the pulmonary veins as a treatment for atrial fibrillation is considered medically necessary for specific (listed) indications. Report service with Category I CPT® code 93656. Refer to policy for details.	Revision. Effective date 10/1/14
10.01.014A Preventable Adverse Events	Under Policy Guidelines added 2014 rationale statement. Refer to operating procedure for list of applicable conditions.	Periodic review and update. Effective date 12/22/14
11.01.028 Serum Proteomic Pattern Analysis Testing for Screening for Diagnosis of Ovarian Cancer	Under Policy Guidelines added 2014 rationale statement. Report service with Category I CPT® code 84999.	Periodic review and update. Effective date 12/22/14
11.01.029 Serum Antibody Marker Testing for Inflammatory Bowel Disease	Under Policy Guidelines added 2014 rationale statement. Report service with Category I CPT® codes 83520, 88347.	Periodic review and update. Effective date 12/22/14
11.01.044 Genetic Expression Profiling for Coronary Artery Disease	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® unlisted code 81599.	Periodic review and update. Effective date 12/22/14
11.01.045 Proteomics-Based Testing for Evaluation of Ovarian Masses	Under Policy guidelines, added 2014 rationale statement. Report service with Category I CPT® code 81503.	Periodic review and update. Effective date 12/22/14
11.01.048 Gene Expression Assay for Risk Assessment in Colon Cancer	Under Policy Guidelines, added updated with 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® code 84999.	Periodic review and update. Effective date 10/1/14
11.01.053 Measurement of Antibodies to Infiximab and Adalimumab	Policy title changed to Measurement of Antibodies to Infiximab and Adalimumab. Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 86849. See Policy for details.	Periodic review and update. Effective date 10/1/14

QUALITY IMPROVEMENT

It's That Time of Year: Member Satisfaction Survey

CareFirst annually participates in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to measure members' satisfaction with their experience with their practitioner offices, health care and health plan. The survey is a standardized tool that allows results to be publicly reported so individuals have an objective means to compare health plans. The results assist CareFirst to identify opportunities for improvement and to track progress toward its goal of meeting the national 90th percentile for each measure. The 2014 (experience from 2013) CAHPS survey results revealed the following opportunities:

MEASURE	GOAL (NATIONAL 90 TH PERCENTILE)	CAHPS 2014 BLUECHOICE RESULTS	CAHPS 2014 BLUEPREFERRED RESULTS
Claims Processing	93.2%	88.2%	85.5%
Customer Service	92.0%	82.9%	85.3%
Getting Care Quickly	90.2%	85.3%	88.7%
Getting Needed Care	91.6%	84.30%	86.7%
How Well Doctors Communicate	96.6%	93.2%	95.3%
Rating of Personal Doctor	87.9%	81.4%	83.6%
Rating of Specialist Seen Most Often	88.3%	82.4%	85.0%
Rating of All Health Care	82.2%	78.3%	78.4%
Rating of Health Plan	75.6%	73.5%↑	75.6%↑

The ↑ indicates a significant improvement from the previous year

Claims Processing and Customer Service for both BlueChoice and BluePreferred remained consistent from 2013 to 2014.

Interventions are ongoing to improve members' satisfaction based on the outcomes from this survey as well as real-time surveys that measure members' recent experiences with claims payment and customer service.



QUALITY IMPROVEMENT (CONT'D)

Appointment Wait Time – How Does Your Practice Match Up?

CareFirst annually evaluates members' access to primary care against its preferred appointment wait times. These desired appointment times are found in the [Practitioner Office Standards](#) on the CareFirst website.

Here are results:

2014 Accomplishments

BlueChoice member satisfaction results exceeded the 95 percent goal for waiting to get an appointment within 30 days for preventive care for the second consecutive year.

2014 Opportunities for Improvement (Results falling below the 90 percent goal, unless otherwise indicated)

- Obtaining an appointment within 30 days for preventive care (BluePreferred – almost 2 percent below the 95 percent goal)
- Obtaining an appointment within 14 days for routine care (BlueChoice and BluePreferred whose results worsened significantly)

Preferred Times for Appointments

TYPE OF APPOINTMENT	PREFERRED APPOINTMENT TIMES
Non-symptomatic (Preventive Care)	30 days
Symptomatic Non-urgent (Routine Care)	14 days
Urgent Care	24 hours
After-hours Care	Responds to caller within 30 minutes

- Obtaining an appointment within 24 hours for urgent care (BlueChoice and BluePreferred)
- Receiving a return call within 30 minutes when calling a practitioner after office hours (BlueChoice and BluePreferred whose results improved significantly)
- Receiving the advice or help needed when calling a practitioner after office hours (BlueChoice and BluePreferred)

Members were also asked why they rated their personal doctor a 7 or lower on the Consumer Assessment of Providers and Systems (CAHPS) survey. Once in the PCP's office, approximately 3 in 10 gave the reason of "too long waiting in the office." More than 20 percent indicated they felt "rushed through their appointment." These perceptions influence members' experience and satisfaction with their physician. Members' opinions of expediency can affect their experience and satisfaction with access to their physician.

CPET CORNER

New Year, New Updates for FEP

[The Center for Provider Education and Training](#) (CPET) offers convenient, accessible and resourceful webinars and seminars for you and your staff. If you are a Professional, Institutional or Ancillary provider, the webinar featured below might pique your interest.

FEP 2015 Updates Webinar – This webinar is designed to inform providers of any benefit updates to the Federal Employee Program for 2015. It includes both professional and institutional benefit update information.

Visit www.carefirst.com/cpet to sign up today or call (877) 269-2219 for more information.

PHARMACY UPDATES

New Drugs, New Generics, New You

New Drugs

Below are new drugs that are now available or will become available soon.

BRAND NAME	GENERIC NAME
Xtoro™	finafloxacin
Viekira Pak™	ombitasvir/ paritaprevir/ ritonavir co-packaged with dasabuvir tablets
Lynparza™	olaparib

For the most current preferred drug list, visit www.carefirst.com/preferredrugs. For more information about medications that require prior authorizations, visit www.carefirst.com/preauth. For a copy of the formulary and pharmaceutical management procedures, call (887) 800-3086.

New Generics

The following drugs will be available as generic. The generics will be covered on tier 1 and the Brand Name drugs will be on tier 3 or non-preferred.

BRAND NAME
Celebrex®
Mirapex ER®
Naprelan®
Renagel®
Tarka®
Teveten HCT®

A Little Feedback, Please

Ok, you've just finished reading the latest issue of *BlueLink*, and you're thinking 'I sure feel enlightened, empowered and ready to conquer the world – or at least as it relates to CareFirst.'

So, what do you do next?

Take a couple of moments to jot down why or how *BlueLink* has given you those good vibes. What did you enjoy in this issue and what could use a little more work? Did you like the topics, the graphics, the audio clip?

Email your comments to newsletter.editor@carefirst.com.



CHIEF MEDICAL OFFICER AND
SR. VICE PRESIDENT OF MEDICAL AFFAIRS
Jon P. Shematek M.D.

EDITOR
Robert Hilson

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The CareFirst BlueCross BlueShield
family of health care plans