PEIA is making a policy change beginning July 1, 2017, that will require ALL maintenance medications to be filled in a 90-day supply at one of our Retail Maintenance Network pharmacies or through the CVS mail service program. The move, expected to save the program about $12 million per year, means that PEIA will no longer cover maintenance medications in any quantity other than 90-days.

For new starts, where the patient has not been prescribed a particular maintenance drug previously, PEIA will allow two (2) 30-day fills to get the patient stabilized on the medication. After those two 30-day fills, the patient will be required to purchase a 90-day supply.

The maintenance drug list and Retail Maintenance Network pharmacy list can both be found on the PEIA website at www.wvpeia.com. Click on Prescription Drug Lists under Popular Resources in the middle of the page.

Check out PEIA’s Most Favored Drug List

Within PEIA’s Preferred Drug List (formulary), there are drugs that PEIA favors over their alternatives, due to cost and efficacy, so we’ve created PEIA’s Most Favored Drug list that lists generics from low to high cost, and preferred brands alphabetically. You can find the list on our website. Go to www.wvpeia.com and click on Partners, then Health Care Providers, then scroll down to Prescription Drug Benefits to find the link. We hope you’ll consider prescribing from this list, when appropriate!
Comprehensive Care Partnerships Offer Unique Opportunities

PEIA's Comprehensive Care Partnership (CCP) Program, is designed to promote quality of care, preventive services and appropriate use of health services to identify health problems early and maintain control of chronic conditions. It offers providers a financial stake in keeping patients healthy.

CCP providers provide primary care services and coordination of care. The following is required of the CCP provider:

1. Perform an initial evaluation of the member to include an assessment of preventive health care services and overall health status.
2. Inform the member of recommended preventive health services and provide or coordinate the provision of those services.
3. Be accessible when the member is ill and/or educate the member on how to access services when the CCP is not immediately available.
4. Provide 24-hour telephone access to a medical provider.
5. Coordinate care with specialists to whom members are referred and assure that all information and treatment plans are consistent.
6. Notify PEIA of members who have not engaged with the CCP providers in a way that was intended in the program's design. A member who is seeing multiple PCPs and/or not engaging in care coordination with the CCP provider is not a good candidate for this program and may be removed from the program.

Here are some of the rules and requirements:

1. The medical clinic/practice must operate a West Virginia-based practice with services primarily provided in West Virginia. If a provider has an out-of-state location, then services provided at the out-of-state location will be included in the CCP reimbursement methodology.
2. Multi-specialty clinic/provider practices are eligible.
3. All providers who practice under the specified FEIN will be included in the CCP arrangement.
4. Pharmacy benefits may be included if the CCP owns/operates a pharmacy.
5. Laboratory benefits may be included if the CCP owns/operates a CLIA-certified laboratory.

PEIA works with each CCP provider group to design a partnership that is beneficial to all concerned. If you're interested in pursuing the CCP Program, fill out the Request for More Information form at www.wvpeia.com, click on Partners, then Health Care Providers, then Comprehensive Care Partnership to find the link.

Rx Savings Solutions Helps Members Save Money

Starting April 1, PEIA is offering another innovative service to help our members save money! Rx Savings Solutions helps members save money on their prescriptions by analyzing claims data, then reaching out to members with specific suggestions.

Once the member has registered with Rx Savings Solutions, the tool will provide recommendations on alternative medications that perform the same or better in clinical trials but with a lower out-of-pocket price. Rx Savings Solutions will also provide the member with a personalized letter that can help in the conversation with the prescriber about making any prescription changes. A pharmacy technician on their Member Services team will even contact the prescriber and pharmacy for the member.

If you are contacted regarding a prescription change, we hope you’ll cooperate in the effort to reduce patient costs.

Inducing Labor and Caesarean Sections

Effective April 1,2017, PEIA restricts any Cesarean Section, labor induction or any delivery following labor induction to the following criteria:

» Gestational age of the fetus must be determined to be at least 39 weeks and fetal lung maturity must be established before delivery.

» If the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Any Cesarean section, labor induction, or delivery that follows labor induction and that occurs prior to 39 weeks of gestation will be denied if the procedure is not considered to be, and documented as, medically necessary or the result of spontaneous labor.

Physician claims for obstetric delivery will require one of the following modifiers:

» UB-Medically necessary delivery prior to 39 weeks of gestation

» UC-Delivery at 39 weeks of gestation or later

» UA-Non-medically necessary delivery prior to 39 weeks of gestation

Records will be subject to retrospective review. If a procedure fails to meet the criteria for medical necessity, payments made will be subject to recoupment. Recoupment will apply to the physician charge for delivery.

If you have questions, you may call HealthSmart Benefit Solutions at 1-888-440-7342 or PEIA at 1-888-680-7342.
**Annual Wellness Visits**

PEIA provides each member an annual primary care visit that is covered at 100% with no deductible, copayment or coinsurance once per plan year. We recommend the Annual Routine Physical and Screening Examination be provided by a primary care physician.

**Billing Instructions:**

» Bill one of the following codes for this visit:
  - 99381-99397 for the annual adult preventative care visit

» The most commonly used diagnosis code for this visit is:
  - Z00.00

» If you are CLIA certified, you may process labs in your office. You can bill the following for the lab work:

<table>
<thead>
<tr>
<th>Panel Code</th>
<th>Component Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>80061</td>
<td>-</td>
<td>Lipid Panel</td>
</tr>
<tr>
<td>80050</td>
<td>-</td>
<td>General Health Panel -- includes the following panel:</td>
</tr>
<tr>
<td></td>
<td>80053</td>
<td>Comprehensive Metabolic Panel -- includes the following component code:</td>
</tr>
<tr>
<td></td>
<td>84443</td>
<td>Thyroid Stimulating Hormone (TSH) plus ONE of the following CBC or combination of CBC component codes for the same patient on the same date of service:</td>
</tr>
<tr>
<td></td>
<td>85025</td>
<td>Blood Count; complete (CBC automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count</td>
</tr>
<tr>
<td>-</td>
<td>85027 + 85004</td>
<td>Blood Count; complete (CBC automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; automated differential WBC count</td>
</tr>
<tr>
<td>-</td>
<td>85027 + 85007</td>
<td>Blood count; complete (CBC automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; blood smear, microscopic examination with manual differential WBC count</td>
</tr>
<tr>
<td>-</td>
<td>85027 + 85009</td>
<td>Blood count; complete (CBC automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; manual differential WBC count, buffy coat</td>
</tr>
</tbody>
</table>

» If you are not CLIA certified, labs must be performed and billed by a CLIA certified provider.

» Bill appropriate immunization codes.

If you have questions about billing for this visit, please contact HealthSmart at 1-888-440-7342.

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**Medical Home Program to End**

Since January 1, 2007, PEIA has offered its Medical Home program. Due to budgetary constraints, the Medical Home program will end on June 30, 2017.

PEIA still encourages members to choose and use a medical home provider, but will no longer offer the $10 copayment for those visits. All primary care office visits will require a $20 copay, unless the provider participates in PEIA’s Comprehensive Care Partnership (CCP) program. (See related story on page 2)

PEIA appreciates the cooperation and care provided by the physicians who have participated in the Medical Home program.

**New Facility Fee Limits**

Last July PEIA implemented Facility Fee Limits on certain outpatient procedures when performed outside West Virginia. Beginning July 1, 2017, PEIA will expand the list of procedures subject to the Facility Fee Limit.

Facility Fee Limits are imposed on procedures that are readily available in WV when they are performed outside WV. When a patient has one of these procedures out of state, the limit will kick in, and the patient will be responsible for charges above the limit, keeping PEIA’s cost to what it would have been had the patient opted to have the procedure in-state.

The new Facility Fee Limit chart is on our website at www.wvpeia.com. Just click on Forms and Downloads, scroll down to Downloads, and choose Facility Fee Limits PY 2018.
Recognizing that obesity and diabetes are two huge drivers of health care costs for the Plan, PEIA offers the Face to Face Diabetes Management program and the Weight Management program to members who qualify.

**Face to Face (F2F)**

The F2F program pairs diabetic members and/or their dependents with a participating provider of their choosing for counseling and health education services. The provider works with each member over the course of the two-year program to ensure the member gets the best diabetes care possible by monitoring:

A. recommended testing and treatment of diabetes;
B. the member’s currently prescribed medicines and knowledge about how to take them; and
C. physical activity and nutrition plan to assist the member in achieving optimal health.

For more information or an application, check the F2F website, www.peiaf2f.com.

**Weight Management Program**

PEIA offers a facility-based weight management program for PEIA PPB plan A, B and D members who have a Body Mass Index (BMI) of 25 or greater or a waist circumference of 35 inches or greater for women or 40 inches or greater for men. The program includes comprehensive services from registered and licensed dietitians, degreed exercise physiologists and personal trainers at approved fitness centers. The current list of participating facilities is on PEIA’s website at www.wvpeia.com.

If you have patients who qualify for the program, please encourage them to complete the application, which includes some medical information, and provide written approval from the physician. For more information call 1-866-688-7493 or go to www.wvpeia.com.

**HealthSmart Update**

HealthSmart’s provider website is getting a new look and feel early this fall. There are several enhancements coming as part of this website update, including EOB and bulk remit downloads, which will be available to providers at https://tpa.healthsmart.com

HealthSmart is PEIA’s Third Party Administrator.