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Provider relations: ready with the answers
When questions, comments or concerns arise, Blue Cross and Blue Shield of Vermont’s (BCBSVT) provider relations staff is available to help with your practice’s needs. You can always call your provider relations representative, or contact the provider relations department at (888) 449-0443. You can also email them at providerrelations@bcbsvt.com. Business hours are Monday through Friday, 8 a.m. through 4:30 p.m.

Practice Profile:
Upper Valley practice looks to become a leader in care coordination and population health

By Tim Simard

“What is one thing you can do to improve your health before we meet again?”

This important quote hangs on the wall of every exam room at White River Family Practice (WRFP) in White River Junction. Often, it’s the first picture patients see while meeting with their doctors for annual check-ups or other important visits. According to White River Family Practice’s staff, it’s also part of a bigger effort to engage patients more directly with their care.

“This quote isn’t just about what I, as a provider, think a patient should do; it’s about what the patient needs to realize he or she needs to do to get better, get healthier,” says Dr. Sean Uiterwyk of WRFP.

While a patient goes away from his or her check up with homework on how to better his or her health, WRFP works behind the scenes to ensure patients have a support system for needed health changes. This helps patients who want...
to make small changes, like becoming more physically fit, to patients with chronic conditions that may send them to the emergency room several times a year. By working with updated patient data and engaging patients more, WRFP staff believe they can reduce trips to the emergency room and improve the health and well-being of their entire patient base.

The physicians’ commitment to this effort earned the practice a roughly $365,000 state innovation models grant, also known as a SIM grant. With this money, and working with claims data supplied to the practice from medical centers and insurance carriers, like Blue Cross and Blue Shield of Vermont, WFRP plans to identify which of their patients could use improved outpatient care to reduce their trips to the ER or readmission to the hospital. The practice also plans to implement many other health initiatives, some of which include collecting patient self-reported health confidence.

“We’ve already come a great distance in just a few years. We have a strong and dedicated staff, so I have no doubt that we’ll be successful,” says Dr. Sean Uiterwyk.

Over the past five years, WRFP has taken steps not only to keep with the times, but forge ahead as a Vermont leader in primary care. In 2010, the practice successfully implemented an electronic health record system with the help of the Vermont Information Technology Leaders (VITL). Its success with electronic health records led the practice to receive the 2013 Ambulatory HIMSS Davies Award. Through its commitment to its patients, WRFP also earned a certification as a level III patient-centered medical home.

WFRP physicians are most proud of developing a team approach to helping patients with chronic conditions.

Upper Valley landmark

WFRP has been a trusted practice in the Upper Connecticut River Valley for more than 30 years and serves about 10,000 patients—about evenly split between Vermont and New Hampshire—each year. While operating across the Connecticut River from the much larger Dartmouth-Hitchcock Medical Center, WRFP has earned a reputation as a smaller alternative to the large hospital.

“This has always been a very stable practice. We’re blessed to work with 25 people who all share the same goals,” says Joanne Arey, the office manager at WRFP.

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Completing the picture, changing behaviors

Determined which patients visit the ER most often, why they visit and other related trends will take collaboration from many different parties. In 2013, WRFP patients visited the Dartmouth-Hitchcock ER about 1,000 times. While some of these visits were undoubtedly emergencies, many patients may have been better served at an urgent care facility or with their primary care providers. Cutting down on non-emergency ER visits ultimately saves the health care system countless dollars, says Dr. Nunlist.

“These visits are costing Medicare and companies like [BCBSVT] a lot of money. The system isn’t sustainable,” Dr. Nunlist adds.

Working towards a more sustainable system will require the efforts of the patient and physician, with good community support to ensure success, explains Apgar.

“It’s about changing a patients’ behavior and getting them to call us under certain circumstances instead of rushing to the ER. We should be able to prevent many ER visits and many hospital stays,” she says.

But first, WRFP needs accurate and timely data. Dartmouth-Hitchcock has shared its statistics, but the practice needs timely claims data to complete the picture. Getting insurance companies to respond to claims data requests from a small practice has proven tricky, explains Dr. Nunlist.

“Much of the data we get can sometimes be one or two years after the fact,” Dr. Nunlist says. “We need ways to get that data much more quickly.”

So far, BCBSVT has been quick to collaborate and share early findings. Other carriers, both private and government, have been slow to reply. Nunlist believes that as the practice has more measurable results to share, others will respond.

This grant will also help WRFP move forward on a project it started a few years ago. The practice participates with an interactive self-management website called HowsYourHealth, or HYH for short.

WRFP care providers plan to steer their patients toward the site for self-reflection about their health needs, whether it’s a small change in lifestyle or managing chronic conditions. The patient data collected securely on HYH will also help in the team-minded approach to care.

Looking ahead

WRFP received the grant in late summer, so now the practice is gearing up for two years of intensive data collecting.

With cooperation from all parties, the practice hopes to be able to share its findings and encourage other regional practices to adopt a similar approach to health care delivery and data collection.

“We’ve already come a great distance in just a few years. We have a strong and dedicated staff, so I have no doubt that we’ll be successful,” says Dr. Uiterwyk.

It all comes back to the question that hangs in all the practice’s exams rooms: “What is one thing you can do to improve your health before we meet again?” Not only does the sign ask for self-reflection, but it gets the conversation going between doctor and patient. If someone is visiting the ER multiple times throughout the year, what’s the underlying problem and what help does that person need, asks Dr. Nunlist.

“Some people do just fine with good family support and are confident that they can get themselves healthy. But some segment of the population isn’t comfortable doing it by themselves. Maybe they need a stronger support system and we want to help with that,” he adds.

Would you like your practice featured in a future edition of FinePoints? We’re interested to see what providers are doing to provide the best care possible. If you’re interested in having your practice and office featured in FinePoints, give us a shout. Send your ideas to communications@bcbsvt.com.

BCBSVT medication synchronization program

By Brian Murphy
BCBSVT program director, pharmacy

Blue Cross and Blue Shield of Vermont recently implemented a program that will allow your patients to synchronize their refills of certain medications that treat chronic conditions (e.g. high blood pressure). They can learn which medications qualify with the help of their pharmacists.

The new program allows pharmacists to call BCBSVT’s pharmacy benefit manager, Express Scripts Inc.®, and request an authorization to refill prescriptions earlier than normally permitted in order to synchronize refill dates.

BCBSVT has had a long standing commitment to promoting adherence to disease management regimens. As a result, our members have a higher adherence rate to their drug regimens than the national average. One reason for this adherence is that Vermonters are currently able to obtain 90-day supplies of medications at retail pharmacies. We hope this additional option for your patients who are working with you and their pharmacists to manage chronic conditions will produce even higher adherence to treatment plans and better health outcomes.

A pharmacist can request to synchronize your patient’s refills via ESI’s Pharmacy Help Desk.
Ann Hallett had good reason to be leery when her social worker suggested she avail herself of case management services at Blue Cross and Blue Shield of Vermont. Though she was an ideal candidate for the program—she was managing a chronic medical condition and trying to coordinate care among several providers—putting her trust in a health plan required her to overcome a fair amount of skepticism.

“I didn’t quite understand it. (My previous) insurance company used everything I said against me. And I never talked to the same person twice and it was frustrating,” says Hallett, a resident of the Northeast Kingdom town of Newark.

Instead, at BCBSVT, she found two nurses, Amy Ducharme and Susan Cleary, willing to listen, clarify communication between herself and her doctors and let her know what to expect.

“When I could not get the doctors to understand something, I would talk to Amy or Susan,” Hallett says. “I always knew I had them as backup.”

A life-changing diagnosis—or even a stretch of bad luck—can send a patient into a complex world of health care decisions. The case managers in BCBSVT’s integrated health management department are devoted to providing support in even the most complex circumstances for BCBSVT members and their families.

Whether members need help tackling multiple health issues, preparing for a new addition to the family or coping with the end of life, case managers can help talk through the options and obstacles ahead.

“Our members often have multiple doctors, specialists, therapists and other supportive providers to manage all of their health care needs,” says Ducharme, now clinical manager of the integrated health management department. “There is great potential for confusion and poor coordination among patient, family and providers.”

“Our holistic, integrated approach to case management allows our nurses and social workers to provide assessment and assistance for members and providers as we work together to address complex and often overwhelming issues,” she adds.

The creation of Vermont Collaborative Care greatly enhanced the case management program. Vermont Collaborative Care (VCC), which launched in July 2013, is a joint initiative between BCBSVT and Brattleboro Retreat to co-manage members’ mental health, substance abuse and medical conditions. Nearly 25 percent of BCBSVT members have co-occurring medical and mental health or substance abuse conditions.

With this enhancement, case managers with different areas of expertise work side by side to support our members’ overall physical and mental health. The complete integration of VCC within the department even spurred a name change.

“Medical services’ no longer describes the mission of our department,” Ducharme said. “Integrated health management speaks to how we look at health care services for our members: whole person, mind and body.”

Case management is a free, voluntary program for members. Case managers reach out to those referred to assist in coordinating their services and answer their questions about care and coverage. With their clinical background, case managers are uniquely suited to support members in completing treatment and identifying goals, as well as optimizing their plan’s benefits.

The satisfaction of past participants is consistently at 95 percent or better and member feedback often includes praise for the case managers’ help in understanding illnesses and navigating complicated circumstances.

By working together, providers, case managers and members can more efficiently use their time and resources to get members to their desired outcomes.

Of course, returning to the peak of health is not always possible. BCBSVT case managers can assist members and their families with end-of-life decisions and services, as well.

In an oft-cited statistic, most Americans say they want to die at home, but 75 percent end up spending their final days in a hospital or nursing home. Case managers talk with members about their final wishes...
and, according to BCBSVT data, 98 percent of members in case management who died did so in the setting they chose.

At the beginning of life, BCBSVT’s Better Beginnings care management program helps women have healthy pregnancies and decrease their risk of complications and premature births. Program benefits include the choice of a breast pump, car seat, maternity fitness classes or homemaker visits; postpartum nurse or lactation consultant visits; childbirth and infant/child CPR classes; and a selection of books on pregnancy child development.

In 2012, the preterm delivery rates of BCBSVT members as a whole was 3.5 percent below the national average—8.1 percent compared to 11.5 percent—but those members who opted into the Better Beginnings program had a preterm delivery rate of 5 percent.

With the addition of Vermont Collaborative Care and its medical director, Dr. John Koutras, the program is giving special attention to depression during pregnancy and post-partum. The Better Beginnings nurses provide education and information on depression and make follow-up calls to families after babies arrive to ensure resources and follow-up care is in place as needed.

“Our case managers often encounter members when they are the most vulnerable or are in crisis,” Ducharme says. “We want to hear a member’s story and provide support as soon as possible. Our case managers and medical directors work together with providers as a team to find resources and treatment options for members.”

Hallett says working with case managers helped her feel more confident in the care she received. “I knew I could always trust them to answer my question, and if they didn’t have (an answer) right there, they would work on it,” she says. “I love the case management program—the way it works, who I got to talk to and how smoothly things went.”

To refer BCBSVT patients to the case management program, please contact customer service at (800) 924-3495.

Helping your patients with the 2015 exchange

Open Enrollment for the 2015 health benefits exchange will begin in October for small employers and in November for individuals and families purchasing independently. Patients currently not covered by health insurance will become eligible to apply.

All individuals who don’t receive health insurance through employment are required to purchase health insurance through Vermont Health Connect.

Those that work for small businesses of 50 employees or fewer can sign up via their employer through insurance carriers like Blue Cross and Blue Shield of Vermont.

The Green Mountain Care Board, the group that oversees health insurance companies and hospitals, finalized the 2015 exchange rates in early September. We are including a chart on page 6–7 for details on the 2015 deductibles, out-of-pocket maximums and rates.

The first year of the health care exchange has not been without a few bumps—from billing issues to long wait times when trying to call into the health exchange phone line. If any of your patients experience or express concerns with Vermont Health Connect, please have them call BCBSVT. BCBSVT is working with the state to make sure none of your patients go without coverage. Feel free to pass along our exchange hotline phone number to your patients: (800) 255-4550.

BCBSVT continues to work with the state to improve the process and make sure all members are enrolled properly and timely.

If you have any questions on the health exchange, please feel free to contact your provider relations consultant.
# Blue Cross and Blue Shield of Vermont

## 2015 plans and premiums

**on Vermont Health Connect**

### PLAN BENEFITS

<table>
<thead>
<tr>
<th>Blue Rewards Health and Wellness Plans</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to $300 per adult in health and wellness rewards</td>
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<td>✔️</td>
<td>✔️</td>
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</table>

<table>
<thead>
<tr>
<th>Financial accounts</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
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</thead>
<tbody>
<tr>
<td>Health Savings Account (HSA)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Health Reimbursement Arrangement (HRA) (available only through an employer)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

**Blue Rewards Health and Wellness Plans** All BCBSVT Blue Rewards plans include $300 reward for completing a health assessment, setting a personal health goal, getting an annual preventive check-up and getting a dental check-up or vision exam.

**CDHP Plans** All BCBSVT CDHP plans come with the option of an integrated health savings account, where you can save money tax free to help pay for qualified health care expenses.

### MEDICAL

<table>
<thead>
<tr>
<th>Individual plan deductible</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>deductible is doubled for 2-person and family policies</td>
<td>$1,250 aggregate</td>
<td>$2,000 aggregate</td>
<td>$5,000 aggregate</td>
</tr>
<tr>
<td>deductible type (see glossary on back for definitions)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual plan out-of-pocket maximum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>out-of-pocket maximum is doubled for 2-person and family policies</td>
<td>$4,250</td>
<td>$6,250</td>
<td>$6,250</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Medical cost-share</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>preventive care: visit <a href="http://www.bcbsvt.com/preventive">www.bcbsvt.com/preventive</a> for the full list of preventive services covered at $0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>primary care provider or mental health visits</td>
<td>deductible, then $20 combined 3/6/9 visits with no cost-share, then deductible applies, then co-pay $30</td>
<td>deductible, then $20 combined 3/6/9 visits with no cost-share, then deductible applies, then co-pay $30</td>
<td>deductible, then 50%</td>
</tr>
<tr>
<td>specialist visits</td>
<td>deductible, then $30</td>
<td>deductible, then $50</td>
<td>deductible, then 50%</td>
</tr>
<tr>
<td>emergency room</td>
<td>deductible, then $250</td>
<td>deductible, then $250</td>
<td>deductible, then 50%</td>
</tr>
<tr>
<td>inpatient/outpatient</td>
<td>deductible, then $500</td>
<td>deductible, then $1,750</td>
<td>deductible, then 50%</td>
</tr>
</tbody>
</table>

### PHARMACY

Through our Blue Rewards Gold, Silver or Catastrophic plans, you will receive three, six or nine primary care or mental health visits per calendar year at no cost.

<table>
<thead>
<tr>
<th>Individual prescription deductible</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>deductible is doubled and aggregate for 2-person and family policies when combined with medical</td>
<td>combined with medical</td>
<td>combined with medical</td>
<td>combined with medical</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual prescription out-of-pocket maximum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>out-of-pocket maximum is doubled for 2-person and family policies</td>
<td>$1,250</td>
<td>$1,250</td>
<td>$1,300</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescriptions drug cost-share</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>select wellness drugs (generic/preferred/non-preferred brands)</td>
<td>deductible, then $5/40%/60%</td>
<td>deductible, then $5/40%/60%</td>
<td>deductible, then $25/40%/60%</td>
</tr>
<tr>
<td>prescription drugs (generic/preferred/non-preferred brands)</td>
<td>deductible, then $5/40%/60%</td>
<td>deductible, then $5/40%/60%</td>
<td>deductible, then $25/40%/60%</td>
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</table>

### Premiums

<table>
<thead>
<tr>
<th>Single</th>
<th>Two Person</th>
<th>Adult and Child or Children</th>
<th>Family</th>
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</thead>
<tbody>
<tr>
<td>$493.87</td>
<td>$987.74</td>
<td>$953.17</td>
<td>$1,387.77</td>
</tr>
<tr>
<td>$428.14</td>
<td>$856.28</td>
<td>$826.31</td>
<td>$1,203.07</td>
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<tr>
<td>$360.49</td>
<td>$720.98</td>
<td>$695.75</td>
<td>$1,012.98</td>
</tr>
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*Blue Cross and Blue Shield of Vermont* — An independent licensee of the Blue Cross and Blue Shield Association.
### Deductible Types

In many plans, you get coverage for most services only after you have met deductibles, which you pay once in a calendar year. You may have aggregate or stacked family deductibles. With an aggregate family deductible, the family must meet the family deductible before any family member receives post-deductible benefits.

With a stacked deductible, a member on a family plan may meet an individual deductible and begin receiving post-deductible benefits. When the family meets the family deductible, all family members receive post-deductible benefits.

<table>
<thead>
<tr>
<th>Plans</th>
<th>Standard Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATASTROPIC</td>
<td>PLATINUM</td>
</tr>
<tr>
<td>aggregate</td>
<td>$6,600</td>
</tr>
<tr>
<td>stacked</td>
<td>$6,600</td>
</tr>
<tr>
<td>combined 3/6/9 visits with no cost-share, then deductible applies, then copay</td>
<td>$0</td>
</tr>
<tr>
<td>deductible, then $0</td>
<td>$10</td>
</tr>
<tr>
<td>deductible, then $0</td>
<td>$20</td>
</tr>
<tr>
<td>deductible, then $0</td>
<td>$100</td>
</tr>
<tr>
<td>deductible, then 10%</td>
<td>deductible, then 20%</td>
</tr>
</tbody>
</table>

The total visits you will receive depends on your policy type.

<table>
<thead>
<tr>
<th>combined with medical</th>
<th>$0</th>
<th>$50 per member</th>
<th>$100 per member</th>
<th>$300 per member</th>
<th>combined with medical</th>
<th>combined with medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,300</td>
<td>$1,250</td>
<td>$1,250</td>
<td>$1,250</td>
<td>$1,250</td>
<td>$1,300</td>
<td>$1,300</td>
</tr>
<tr>
<td>deductible, then $0</td>
<td>$5/$40/50%</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $50/50%</td>
<td>deductible, then $20/$80/60%</td>
<td>deductible, then $20/$40/50%</td>
</tr>
<tr>
<td>deductible, then $5</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $50/50%</td>
<td>deductible, then $20/$80/60%</td>
<td>deductible, then $20/$40/50%</td>
</tr>
<tr>
<td>deductible, then $12</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $40/50%</td>
<td>deductible, then $50/50%</td>
<td>deductible, then $20/$80/60%</td>
<td>deductible, then $20/$40/50%</td>
<td>deductible, then $20/$40/50%</td>
</tr>
</tbody>
</table>

| $228.24 | $624.18 | $541.75 | $465.61 | $395.78 | $436.20 | $384.02 |
| $456.48 | $1,248.36 | $1,083.50 | $931.22 | $791.56 | $872.40 | $768.04 |
| $440.50 | $1,204.67 | $1,045.58 | $898.63 | $763.86 | $841.87 | $741.16 |
| $641.35 | $1,753.95 | $1,522.32 | $1,308.36 | $1,112.14 | $1,225.72 | $1,079.10 |
By Tim Simard

Blue Cross and Blue Shield of Vermont is expanding its integrated approach to health care by adding a critical, member-focused program to Blue Health Solutions, our suite of care management programs and solutions. This new venture, which launches at the beginning of 2015, will bring a local touch to help identified members and your patients stay healthy, get better and manage their illnesses while incorporating a whole-person health and wellness approach.

BCBSVT will now use evidence-based proprietary algorithms to identify and work directly with members with chronic conditions. In an effort to be sensitive to those members, we’re moving away from the traditional term of “disease management” and calling our program “chronic condition management.” The five chronic conditions are:

- Asthma
- COPD
- Coronary artery disease
- Diabetes
- Heart failure

Members who will most benefit from the chronic condition management program will speak with local case managers who will assist them to develop self-management strategies and optimize outcomes based on their severity of condition. Members will continue to have the best access to our world-class and award-winning customer service representatives in helping to address their needs. BCBSVT is also adding a new program to focus on the complex needs of members with rare conditions.

BCBSVT continues to offer improved whole-person care across the health management spectrum.

“Offering care management services for our members with chronic and rare conditions is another part of our mission to offer integrated approaches to health care. With the evolution of our medical services department to the new integrated health management department, we’re bringing medical, mental health, substance abuse and other care management programs under one umbrella,” says Audrey Spence, director of BCBSVT’s integrated health management department.

BCBSVT’s new approach with Blue Health Solutions will bring integration of data within its powerful analytics system enabling a more comprehensive whole person view that incorporates clinical data across the spectrum of health and wellness. Through data analysis and clinical expertise, BCBSVT will pro-actively identify members using evidence based proprietary algorithms designed to identify the most relevant and appropriate members for chronic condition management. Case managers will reach out to members, informing them about the program and how we can help them stay healthy, get better and manage their illnesses.

This change is also important because Vermont’s and the nation’s health care systems are changing. Integrating care will cut costs, reduce waste, avoid duplication and allow for the flexibility to partner with entities in the state so your patients are getting the right care, in the right place, at the right time.

“Put simply, integrated health management is a promise we can deliver through our expanded Blue Health Solutions,” Spence adds.

The chronic conditions program will take effect on Jan. 1, 2015. Members that currently receive “disease management” support through our vendor will receive transition material this fall. Along with one-on-one help from integrated health management staff, members will also have access to educational materials and our online health and wellness website, My Blue Health. This program will be completely voluntary, but we encourage our members to take advantage of these free services.

Your patients may come to you with the questions about the program after we’ve contacted them via letter or phone. Feel free to contact your provider relations consultant for more information.
Tips on serving members enrolled in our Federal Employee Program, also known as FEP.

**National Drug Code**
The claim submission requirement is changing for drugs dispensed or administered by a provider other than a pharmacy. Services on or after Oct. 19, 2014 must contain the National Drug Code (NDC) along with the unit of measure and quantity in addition to the applicable Current Procedural Terminology (CPT) or Health Care Procedure Coding System (HCPCS) code(s). See page 10 for more information.

**Medicare claims**
FEP is not set up as a Medicare crossover plan. You can, however, bill Medicare primary claims electronically through your submitter.

**Radiology services**
Radiology services do not require prior approval, but there are other services that may require prior approval for FEP members. You can find which services require prior approval by visiting www.bcbsvt.com.

**Customer service**
The FEP customer service department is open Monday–Friday from 8 a.m.–4:30 p.m., excluding some holidays. For benefits, claims and eligibility information, you may also visit the provider resource center at www.bcbsvt.com to conduct real-time eligibility and claims statuses.

**Help us stay up to date**
If your practice recently changed its office address, phone number, fax number or email addresses, we’d like to know.

- **Billing address:** The address where you receive billing and payment information and statements. This address sometimes differs from a physical address (i.e., post office box).
- **Physical address:** The street location of your practice where members receive medical services.
- **Contact name:** The individual your practice designates to receive most, if not all, important correspondence.
- **New staff:** New providers, or providers that recently left your practice.

Keeping Blue Cross and Blue Shield of Vermont apprised of any changes ensures you and your practice’s claims process without delay in receipt of payments. Also, if your practice uses a third-party biller that handles your accounts, please send the name and address of the billing company to our provider relations representatives so we may add that information into our records.

**Provider surveys coming this fall**
Blue Cross and Blue Shield of Vermont’s provider relations department will be mailing surveys out to a select number of providers this fall. These surveys are important for the department and the company, as they let us know how we’re doing and where you would like to see improvements. It is important that we get back as many surveys as we can. If you receive one of our surveys, please take time to fill it out and return it to the department. Your help and cooperation is greatly appreciated.
AcuExchange Tool enhances provider experience

By Alan Cunningham

As highlighted in the spring issue of FinePoints, we've recently adopted a new tool, AcuExchange, which we highly encourage you to use. AcuExchange enables you to communicate with Blue Cross and Blue Shield of Vermont online, and avoid phone or fax delays. You can submit prior approval requests for inpatient and outpatient services, attach electronic documents and send and receive messages to and from BCBSVT, all within this one, organized tool. In some instances, your requests will be eligible for automatic approval.

Many providers have told BCBSVT how much they appreciate this new tool. “I piloted the AcuExchange online authorization program with Blue Cross and Blue Shield of Vermont from January 2011 to January 2012. We utilize the program daily for initial and renewal authorization submissions,” says Jacklyn Corrette, commercial insurance and private pay team leader at Keene Medical Products Inc. in Enfield, N.H.

“The authorization process for certain types of equipment we rent and sell is quick and easy. Instead of filling out a form and faxing it with the medical records, now the form is filled out online, medical records are uploaded and submitted through the AcuExchange secure website and a confirmation number is granted at time of submission,” she adds.

You can easily create an account with AcuExchange by enrolling in the Provider Resource Center. Once you’ve logged into AcuExchange, you’ll find a personalized site where you can track requests by a number of options, including patient name, type of service and other factors.

If a request needs follow-up documentation or the request is incomplete, BCBSVT will notify you within AcuExchange. You can also run reports on requests and see the letters BCBSVT sends to you and your patients in regards to these requests.

BCBSVT has posted instructional videos on how to navigate AcuExchange and the user manual appears in the Provider Resource Center and on the AcuExchange login page.

The BCBSVT provider relations team continues to reach out to professional providers, DME suppliers and facility administration to encourage use of the automatic approvals and train users on how to use the tool.

“This portal will help decrease the time you spend on submitting authorizations, and instead of waiting for the letter of approval, you now can view the approval through the portal,” Corrette says. “I recommend all providers that are not utilizing the AcuExchange portal to contact the provider relations department at Blue Cross and Blue Shield of Vermont for demonstrations on how the portal works so you can sign up and start using immediately.”

NDC going live in mid-October

On Oct. 19, BCBSVT will begin reimbursing some community physicians and home infusion therapy providers based upon the National Drug Code (NDC) number for drugs rather than the Healthcare Common Procedure Coding System (HCPCS) number. (This does not apply to drugs dispensed in a pharmacy.)

The NDC number is a more specific identifier of a drug, which will give us greater clarity into what medications our members are receiving. It also follows the path that other payers, including Medicare, have made over the last few years. Medical billers will follow the same process when submitting invoices to BCBSVT as they currently follow for Medicare when it comes to billing for drugs. If you have any questions, you should contact your provider relations consultant.
Members with our three-tier drug rider pay different co-payments or co-insurance for drugs based on whether they are:

- Generic
- Preferred brand-name
- Non-preferred brand-name

The Plan changes the Preferred Brand-name Drug List in two circumstances:

- The list changes four times a year to reflect drugs entering or leaving the marketplace.
- The Plan automatically deletes drugs from the preferred brand-name list without notice throughout the year when generic forms become available. Co-payments or co-insurance for generic drugs are significantly lower.

Certain drugs require prior approval. For a list of these drugs and a complete Preferred Brand-name List in two circumstances:

- Different co-payments or co-insurance for drugs based on whether they are:
- Available as generics:

The following medications have been added to our Preferred Brand-name Drug List:

- IMBRUVICA

90-day notice for drugs being removed from the Preferred Brand-name Drug List; medications to be removed on August 7, 2014:

- BYDUREON

The following medication has been deleted from our Preferred Brand-name Drug List, effective immediately, as they are now available as generics:

- CYMBALTA
- EVISTA
- LOVAZA
- LIDOERM
- LUNESTA
- NASACORT® AQ
- XELODA

This list is subject to change. We provide updates through newsletters and other mailings. The most up-to-date list is available on our website at:

www.bcbsvt.com/RxCenter

A complete paper copy of our formulary is available upon request by contacting: pharmacy@bcbsvt.com

Preferred drugs only covered for those who have purchased additional drug coverage:

- BRAVELLE
- VIAGRA
- CETROTIDE

To confirm your coverage, refer to your health plan contract or contact our customer service team at (800) 247-2583.

*Not covered by all prescription drug benefits.

A complete paper copy of our formulary is available upon request by contacting: pharmacy@bcbsvt.com.