New effective date for National Participating Provider Precertification List (NPL)

Earlier, we told you that all Coventry commercial and Medicare Coventry-based plans (except self-funded Federal Employee Health Benefit plans) with medical precertification would use a single National Participating Provider Precertification List (NPL) beginning January 1, 2016.

All Florida commercial and Medicare Coventry-based plans with medical precertification will use the NPL beginning January 1, 2016.

However, all other commercial and Medicare Coventry-based plans with medical precertification will begin to use the NPL on April 1, 2016. Self-funded Federal Employee Health Benefits plans don’t use the NPL.

Check the NPL when the Coventry members in your practice need ambulatory and inpatient services. If the member’s plan requires precertification, submit a request to us. For elective services, it’s best to contact us at least two weeks in advance.

If you don’t precertify the services listed on the NPL, Coventry, employer groups or members won’t be financially responsible for the applicable service(s), if those services are still given. If member eligibility and plan coverage for the procedure/service you asked for hasn’t changed, precertification approvals are valid for six months in all states. This is unless we tell you otherwise when you precertify.

Services not included on the precertification list are subject to the coverage terms of the member’s plan.

We update the precertification list semi-annually in January and July. However, we may add new, U.S. Food and Drug Administration (FDA)-approved drugs to the list at different times. Where applicable, vendor precertification programs will continue.

To help save time, submit precertification requests and inquiries online. Call us if you need help. Look for the “precertification” number on the member’s ID card.

You can still use directprovider.com to submit electronic authorization requests and access:

- Member eligibility, claims and payment information
- Online search options for diagnosis and procedure codes

In addition to precertification, we use pre-payment claim edits to support published Clinical Policy Bulletins (CPBs). View medical and pharmacy CPBs online.

Be sure to check our secure website and www.coventryhealthcare.com for the most up-to-date precertification requirements.
Stay informed on the web

Visit us online to get a copy of your Provider Manual and information on:

- Our Quality management program and how it can help you and your patients. We integrate quality management and metrics into all that we do. You can find details on the program goals and the progress toward those goals on-line.
- How we work with members in our chronic disease management programs, and how to enroll a member in a disease management program.
- Our complex case management program and learn how to refer members.
- Policies and procedures.
- Member Rights and Responsibilities.
- What utilization management is and how decisions are made, including our policy against financial compensation.
- Clinical Practice Guidelines and Preventive Services Guidelines.

You can access these materials by going to our website and following these steps:

- **Commercial** – Choose “Quick Links.” Under “Regional Health Plans” select the appropriate plan. Then select “Providers,” then “Document Library.”
- **Medicare** – Choose “Quick Links.” Then select “Coventry Health Care Medicare Website.” Under “Plan Sites” select the appropriate plan from the pull-down menu. Then select “Providers,” then “Document Library.”
- Medicaid – Choose “Quick Links.” Scroll down to “Medicaid” and select your plan. Select “For Providers,” then “Document Library.”

If you don’t have internet access, call our Provider Service center for a paper copy.

Approval process for bariatric surgeries

We want your bariatric surgery patients to focus on getting well. To avoid denial of services for these patients, make sure that they meet coverage requirements before surgery.

For more information, read our clinical policy for this surgery (CPB #0157.)

Compound drugs made with bulk ingredients aren’t covered

For patients’ safety, we no longer cover compounded medicine made with bulk ingredients, as they haven’t been approved by the U.S. Food and Drug Administration.

If you have patients using a compounded product made with bulk ingredients, we ask that you work with them to find an alternative option.
Help your patients reduce heart disease and stroke risks

We offer several programs that can help our members reduce their risk of heart disease and stroke:

• Our Case Management program is a collaborative process between you and your patient to help produce better health outcomes.

• Our Disease Management program proactively identifies members with chronic illnesses, including coronary artery disease and diabetes. We support members through educational mailings and/or phone calls from health education associates or disease case managers.

• Our Pharmacy Medication Adherence program provides telephone outreach by pharmacists, nurses and customer service agents to members at high risk for not taking their blood pressure, cholesterol and diabetes medications as prescribed.

We support the Million Hearts® initiative, sponsored by the U.S. Department of Health and Human Services. The goal of the initiative is to prevent one million heart attacks and strokes by 2017.

The Million Hearts website offers free tools, videos and educational materials you can use to help your patients:

• Manage their high blood pressure and cholesterol
• Control their risk factors for heart disease and stroke
• Lead heart-healthy lives

2016 Commercial Risk Adjustment program

Our Commercial Risk Adjustment program identifies patients enrolled in individual or small group plans either on or off the health insurance exchange that have or are at risk for acute and chronic conditions. We can help you manage patient care through proper medical record documentation, coding and billing.

To help these efforts, you can:

• Schedule health assessments for your Coventry patients
• Provide medical record to our vendors, Verisk Health and Arro Health
• Evaluate health conditions and document them in medical records and claims

Know who needs an assessment

Our member gap magnifier report identifies patients with conditions requiring management. It also lists patients at risk for conditions. You can get a copy of this report during a meeting with one of our nurses.

The health assessment identifies current or suspected conditions. Your patients can schedule a free health assessment with our vendors. Or they can schedule one at your office, which may be subject to cost share.

We’ll share the vendors’ information with you to coordinate care. Health assessments performed by our vendors don’t replace your care.

Prepare for record requests

Our vendors will retrieve records on our behalf, so submit them upon request. This helps us identify patients with documented medical conditions that qualify for risk adjustment.

Improve your documentation

As a reminder, remember to evaluate and document the treatment of all conditions at each encounter and for each date of service. Then submit this information by paper or electronic claim.
**Medical record audit results for PCPs**

Every two years we conduct random audits to assess compliance of primary care physicians (PCP) with the following medical record documentation criteria:

- Medical record content and organization of records
- Confidentiality of patient information
- Performance goals for participating practitioners

Our overall national compliance score for 2015 was 92.2 percent. This exceeded the goal of 85.0 percent. All regions met or exceeded the goal.

**Opportunities for improvement**

The following opportunities for improvement were identified:

- Documentation of a current immunization record for children or immunization history for adults
- Documentation of communication with referred specialists and/or discharge summaries from inpatient facilities and/or home health care agencies, as appropriate
- Documentation of advance directives, located in a prominent part of the medical record, for patients 18 years and older

**Where to get more information**

You'll find specific documentation criteria in the online Provider Manual on our [website](#). The site’s Document Library has tools and forms to help you improve your medical record documentation. To find your state’s manual, go to “Quick Links.” Under “Regional Health Plans” select the appropriate plan. Then select “Providers,” then “Document Library.” Documentation criteria include:

- Recommended immunization schedules and vaccine administration records for children and adults
- Examples of medical history forms

The Centers for Medicare & Medicaid Services requires documentation of advance directives for Medicare patients. Visit the [U.S. Living Will Registry](#) website for more information.

**Support appropriate lab testing**

Your guidance is crucial in helping our members get recommended lab tests. We want to remind you of the evidence-based recommendations for annual lab testing for patients who are prescribed certain categories of medication.

Here are recommended lab tests for each medication category¹:

<table>
<thead>
<tr>
<th>Medication category</th>
<th>Annual lab test(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiotensin-converting enzyme (ACE) Angiotensin receptor blockers (ARBs)</td>
<td>Serum potassium and serum creatinine or Serum potassium and blood urea nitrogen</td>
</tr>
<tr>
<td>Digoxin</td>
<td>Serum potassium and serum creatinine or Serum potassium and blood urea nitrogen</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Serum potassium and serum creatinine or Serum potassium and blood urea nitrogen</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>Serum concentration for the prescribed drug</td>
</tr>
</tbody>
</table>

¹HEDIS Technical Specifications, Volume 2
Patients can save with Quest Diagnostics® and other in-network labs

Your Coventry Health Care patients who are members of commercial, Medicare and Medicaid plans will transition to Aetna products over the next two years. The timing will vary by market. It’s important for you to note that Coventry’s and Aetna’s two laboratory networks are different.

As these patients become members of Aetna’s plans, you can help them save money by referring them to Quest Diagnostics and other in-network labs. Referring them to labs that aren’t in Aetna’s network may cause them to pay more out of pocket.

Quest Diagnostics is our national preferred lab provider for Aetna members. Its related companies include AmeriPath® and Dermpath Diagnostics®. Their 2,200 locations offer services from routine blood tests to complex gene-based and molecular testing. This means patients can get the testing they need, where and when they need it. It’s also easy for them to find a lab and make an appointment.

Patients can also use other in-network, independent labs. They can still use their current lab, too, if it’s in the network.

Patients with questions can call the number on their ID card. They can also visit our online referral directory to find in-network labs.

For your patients still with Coventry, continue to use Coventry’s provider manuals for lab and pathology participation. Or, visit the health plan website and look under “Find a Doctor.”

We did it—we’re all using new ICD-10 codes now

You’ve been using the new ICD-10 code set since October 1, 2015. Now we’re processing your claims with these codes.

These new codes will help us better understand your patients’ conditions and treatments. They also should lead to better care and outcomes.

Keep using these helpful resources for any ongoing questions you may have:

- The Centers for Medicare & Medicaid Services (CMS)
- Our Frequently Asked Questions document on our health plan websites, and directprovider.com

If you have questions that the above can’t answer, call us at 1-888-632-3862.
Centers for Medicare & Medicaid Services (CMS) compliance changes for 2016

As of January 1, 2016, each first tier, downstream and related entity (FDR) must complete the CMS training to meet general compliance and fraud, waste and abuse (FWA) training requirements. All FDRs and their employees need to use the CMS training on the CMS Medicare Learning Network (MLN) website.

Register for the course

You’ll be able to access the new CMS General Compliance and FWA Training on the MLN site. After taking the course you’ll receive a certificate of completion. We’ll accept this certificate as evidence of completing the general compliance and FWA training in 2016.

CMS will issue more information about the 2016 training changes soon.

Complete your attestation

Through your Coventry and/or Aetna Medicare agreement, FDRs must meet CMS compliance requirements annually. You can confirm you’ve met them each year by completing an attestation. The new Medicare Attestation will be available on NaviNet — Aetna’s secure provider website — and/or www.aetnaeducation.com in the near future.

For Aetna and Coventry (dual contracted) providers: 2016 attestation site changes

In 2016 we’re moving the site to NaviNet. With NaviNet, there will be no limitations on attesting for more than 20 tax identification numbers. If you’re contracted with both Aetna and Coventry and have never used NaviNet, we suggest you log in or register today:

- **New users: Register for NaviNet**, and then complete your FDR annual attestation.
- **Existing users: Log in to NaviNet**, and then complete your 2016 FDR annual attestation.

Once in Aetna Plan Central, hover over “Compliance Reporting” and then click on “Medicare Attestation.”

For Coventry-only providers: 2016 attestation process — no changes

If you are a Coventry-only provider (i.e., you don’t participate with Aetna), nothing is changing. You need to register and take the annual attestation when it is available:

- Visit www.aetnaeducation.com
- Type attestation under “search” and click “GO”
- Click “2016 Aetna Medicare Attestation”

An authorized representative must complete the attestation. One attestation meets Aetna and Coventry annual compliance requirements.

Failure to meet FDR compliance requirements may impact your participation status.

Help us ensure our Medicare directories are accurate

The Centers for Medicare & Medicaid Services requires that Medicare Advantage plans and Qualified Health Plans maintain accurate directories. Having your up-to-date contact information allows us to do that.

Coventry updates

To complete your updates, your request will need to be submitted to Coventry in writing. Contact your provider representative or contact the number on the back of the member ID card for help in submitting your update.

Visit directprovider.com to check eligibility, benefits and view member ID cards, claims history, receipt and adjudication or to view Electronic Funds Transfers and remittances. But changing your address within the “Manage Account” section of this website does not change your address as it is associated to your Tax Identification Number in the payer’s system.

Aetna updates

If you’ve been calling our Provider Service Center to update your information, we ask that you use Aetna’s secure provider website instead. The site lets you confirm the information you submit. It prevents unauthorized individuals from submitting wrong information about your office or facility.

We’re here to help

For more information visit www.aetnaeducation.com and search educational content or the list of requirements by typing “FDR” in the search box. Or, call 1-800-624-0756.