

# 1199SEIU PROVIDER Connections

Your Key to the  
1199SEIU  
Benefit Funds

Winter/Spring 2015

## Message from the **Executive Director**

As the healthcare industry continues to undergo major changes, we at the 1199SEIU Benefit Funds remain committed to keeping our network of participating providers up to date on the developments that affect their 1199SEIU patients.

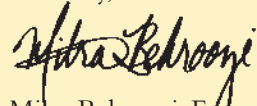
In this issue of *Provider Connections*, you will learn about important new prior authorization programs for laboratory services and specialty drugs. These programs can reduce the possibility of multiple providers ordering redundant tests, which in turn helps improve your 1199SEIU patients' care coordination. We keep you informed about changes to our Preferred Drug List, and tell you how you can ensure that your information on file with the Funds is up to date.

You will read about two new developments that may impact your practice. First, the 1199SEIU Home Health Aide Benefit Fund has merged into the 1199SEIU Home Care Benefit Fund (HCBF), bringing all of our home care members into one self-insured, self-administered fund. This means that our home health aides, who used to receive their care under EmblemHealth, are now covered by the HCBF. And our early retirees now have the option of choosing between our new Dental Plus Plan and a traditional Prescription Plan. To determine all of your 1199SEIU patients' eligibility for services, we remind you to always check their Health Benefits ID cards.

Because we know how important it is to treat the whole person, we offer details on our 1199SEIU Member Assistance Program (MAP). Our MAP professionals are available to help supplement the care you provide to your 1199SEIU patients who may be dealing with depression, anxiety, stress or any other mental health issues, so please do not hesitate to refer your patients to our MAP Department at (646) 473-6900.

As partners in your 1199SEIU patients' care, we hope you find this newsletter useful. If you have any comments, questions or concerns, please feel free to contact your designated Provider Representative or call our Provider Relations Call Center at (646) 473-7160 and a staff member will be happy to assist you.

Sincerely,



Mitra Behroozi, Executive Director  
1199SEIU Benefit and Pension Funds



As the healthcare industry continues to undergo major changes, we at the 1199SEIU Benefit Funds remain committed to keeping our network of participating providers up to date on the developments that affect their 1199SEIU patients.

## Program News

### Reminder:

## Claims Review and Prior Authorization Program Required for Outpatient Molecular and Genomic Laboratory Tests

As we informed you, the 1199SEIU Benefit Funds have partnered with CareCore National, LLC, to prior authorize certain outpatient molecular and genomic tests and to help ensure appropriate utilization and billing of these tests. To maximize the efficiency of the program and streamline the approval process, prior authorization is required for only a subset of the tests; the remaining tests are subject to clinical review during claims processing.

**Please note that CareCore will not accept any post-service prior authorization requests for dates of service on or after January 1, 2015. We urge you to update your administrative policies and coding practices accordingly to avoid unnecessary denials.**

All reviews are made within two days of CareCore receiving the necessary clinical information. To avoid unnecessary delays in processing your request, be sure to provide the laboratory performing the services with all applicable diagnosis codes and clinical information. An updated listing of codes that require prior authorization, as well as the full range of codes under the Funds' Laboratory Management Program and the program's clinical criteria, is available at [www.1199SEIUFunds.org/Providers](http://www.1199SEIUFunds.org/Providers). For more information, or to request an urgent review, you may also call CareCore at (844) 840-1199, Monday through Friday, 7:00 am to 7:00 pm, or visit [www.CareCoreNational.com](http://www.CareCoreNational.com).



## New Embolization Codes Require Prior Authorization

As of October 1, 2014, new Current Procedural Terminology (CPT) codes are included on our list of outpatient procedures requiring prior authorization from CareAllies, one of the Benefit Funds' vendors for health and medical management programs. The new codes, which are used to bill for services that block blood flow, are listed here:

- **37241:** Loss of blood from venous malformations other than hemorrhage

- **37242:** Loss of blood from arterial malformations other than hemorrhage
- **37243:** Tumors or interruption in the arterial blood supply to an organ or tissue
- **37244:** Loss of blood from arteries or lymphatic vessels

To request prior authorization, please call CareAllies at (800) 227-9360 from 8:30 am to 6:00 pm, Monday through Friday, or fax your request to (866) 535-8972.

## Claims News

### Submit Provider Information Updates at Least 60 Days in Advance

Keeping our Provider Directory listings current allows 1199SEIU patients to quickly and easily locate your practice and find the services they need. However, maintaining an accurate directory has become more challenging as many practices and institutions have merged or changed ownership in recent years. Please help us ensure that all your information – including provider name, specialty, type of practice, address and telephone number – is up to date by notifying us of any demographic changes at least 60 days in advance.

To submit your updated information, please complete the Provider Demographic Information Change Request Form, which can be found at [www.1199SEIUFunds.org/Providers](http://www.1199SEIUFunds.org/Providers), and send it to the Funds via the fax number or email address listed on the form. If you need help completing the form, you can review the Provider Demographic Information Change Request Form Guide on our website, or speak to a Provider Relations Representative at (646) 473-7160.

### ICD-10 Updates

As you know, entities covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) must adopt ICD-10-CM for diagnosis coding and ICD-10-PCS for procedure coding by October 1, 2015. To help ensure there is no disruption in claims processing or payment and prior authorization processes, we have developed a comprehensive plan of work. To view the Benefit Funds' ICD-10 plan, you may visit [www.1199SEIUFunds.org/Providers](http://www.1199SEIUFunds.org/Providers). If you have any questions about the Funds' ICD-10 plan, please email them to [ICD10@1199Funds.org](mailto:ICD10@1199Funds.org).

### Request a Denied Claim Review by Filing a Claim Reconsideration Request Form

If your medical claim is denied and you would like to request a review, please submit a Claim Reconsideration Request Form, available at [www.1199SEIUFunds.org/Providers](http://www.1199SEIUFunds.org/Providers). You can email, fax or mail the completed form and all supporting documents to the Benefit Funds' Medical Claims Department:

- **Email:** [MedicalRecon@1199Funds.org](mailto:MedicalRecon@1199Funds.org)
- **Fax:** (646) 473-7088
- **Mail:** 1199SEIU Benefit Funds, Medical Claims Department, PO Box 717, New York, NY 10108-0717

As indicated in the Provider Manual, Section 9.10, your request for a review must be received within 180 days of the initial claim processing date.

The image shows two overlapping forms from 1199SEIU Benefit Funds. The top form is the 'Provider Demographic Information Change Request Form' and the bottom form is the 'CLAIM RECONSIDERATION REQUEST' form. Both forms include fields for provider information, claim details, and reasons for reconsideration.

### **You May Be Seeing New Patients:**

## **More than 41,000 Home Care Workers Enrolled in Newly Merged Home Care Benefit Fund**

Since the Home Health Aide Benefit Fund merged into the self-insured, self-administered Home Care Benefit Fund (HCBF) last year – creating a single Benefit Fund – more than 41,000 1199SEIU home care workers have enrolled in the Fund. This means your 1199SEIU home health aide patients who previously received care under EmblemHealth now receive their care under our HCBF. Please remember to ask all of your 1199SEIU home care patients for their Health Benefits ID card to verify whether they are enrolled in Plan A or Plan B. Those enrolled in Plan A have no co-payments and must seek primary care services from their assigned patient-centered home network; those enrolled in Plan B have co-payments for medical services and prescriptions. To verify eligibility for services, you can also call our Interactive Voice Response (IVR) system at (888) 819-1199 or log on to NaviNet at [www.NaviNet.net](http://www.NaviNet.net) on the date of service. For more information, visit [www.1199SEIUFunds.org/Providers](http://www.1199SEIUFunds.org/Providers).



### **Attention Dental Providers:**

## **New 1199SEIU Dental Plus Plan Available to Early Retirees**

Effective January 1, 2015, 1199SEIU early retirees can enroll in the Funds' new Dental Plus Plan, which provides dental coverage up to \$3,000 per year for those in the National Benefit Fund and up to \$1,200 per year for those in the Greater New York Benefit Fund. Early retirees also have the option of receiving our Prescription Plan, which includes comprehensive drug coverage according to the Funds' guidelines for use, including the mandatory use of generic drugs, when available, and use of *The 90-Day Rx Solution* for maintenance medication prescriptions. To check which plan your 1199SEIU patients belong to, please ask to see their Health Benefits ID card, call our Interactive Voice Response (IVR) system at (888) 819-1199 or log on to NaviNet at [www.NaviNet.net](http://www.NaviNet.net) on the date of service. If you have any questions, call our Provider Relations Call Center at (646) 473-7160 and a representative will be happy to assist you.



# The Funds' Member Assistance Program Offers 1199SEIU Patients Mental Health Support

Primary care providers (PCPs) play a vital role in helping 1199SEIU patients who may be struggling with mental or behavioral health issues. PCPs can provide early detection and intervention for depression, anxiety, substance abuse and other problems that may become more serious – and contribute to preventable healthcare costs – if left untreated. That's why we encourage you to include mental and behavioral health screenings as part of your 1199SEIU patients' annual wellness exam.



Remember that the Benefit Funds can offer support to supplement your care. Through our Member Assistance Program (MAP), your 1199SEIU patients can get assistance for a broad range of personal problems from trained social workers. MAP staff can support members by connecting them with appropriate providers, programs and clinical resources. To refer an 1199SEIU patient to our MAP Department, please call (646) 473-6900.



## Twelve New Drugs Added to the Benefit Funds' Specialty Care Pharmacy

Accredo, the Benefit Funds' specialty care pharmacy, has added 12 new drugs to its list of available medications, including drugs for hepatitis C, multiple sclerosis and lung cancer. If you are prescribing any medications that require refrigeration or other specialty handling, you must prescribe them through Accredo. In these cases, please call Accredo at (800) 987-4904 and provide them with the patient's 1199SEIU Member ID number. The Accredo specialty pharmacist will arrange for the medication to be delivered directly to your patient or your office.

Effective January 1, 2015, Accredo has added eight new specialty medications:

- **Entyvio\*** – inflammatory conditions
- **Esbriet\*** – idiopathic pulmonary fibrosis
- **Harvoni\*** – hepatitis C
- **Northera** – miscellaneous specialty
- **Otezla\*** – inflammatory conditions
- **Plegridy\*** – multiple sclerosis
- **Ruconest\*** – hereditary angioedema
- **Viekira pak\*** – hepatitis C

In addition, these three specialty drugs were added as of October 1, 2014:

- **Eloctate\*** – hemophilia A
- **Sylvant** – multicentric Castleman's disease
- **Zykadia\*** – lung cancer

*\*Medication requires prior authorization.*

## Deletions from the Benefit Funds' Specialty Care Pharmacy

Effective January 1, 2015, the following drug is no longer included on our list of available specialty medications:

- **Synribo** – chronic myelogenous leukemia

In addition, these two drugs were removed from our list of available specialty medications as of October 1, 2014:

- **Adagen** – severe combined immunodeficiency disease
- **Cystaran** – cystinosis

## Changes to Six Drug Classes on Our Preferred Drug List

Our clinical pharmacists regularly review our Preferred Drug List (PDL) to help ensure that our members have access to the most cost-effective and clinically proven medications. Effective January 1, 2015, we updated six drug classes on the PDL to include generic drugs that have recently become available. Please review the preferred drugs available under the following drug classes in Section I of the PDL:

- Androgen replacement agents
- Antidepressants
- Glaucoma agents
- Growth hormones
- Inhaled corticosteroid therapy
- Oral hypoglycemic agents

Before prescribing medications for your 1199SEIU patients, remember to check the most recent PDL, effective January 1, 2015, at [www.1199SEIUFunds.org/Providers](http://www.1199SEIUFunds.org/Providers).

# New Prior Authorization and Quantity Duration Requirements for Prescription Drugs

As of January 1, 2015, the Benefit Funds have expanded the list of prescription drugs that require prior authorization through Express Scripts to include the medications below:

- **Adempas** – pulmonary hypertension
- **Alpha-1 Proteinase Inhibitors** – emphysema
- **Contrave** – chronic weight management
- **Hetlioz** – “non-24-hour” sleep-wake disorder in the blind
- **Hyqvia** – primary immunodeficiency
- **Myalept** – leptin deficiency
- **Orenitram** – pulmonary hypertension



We have also added four medications to the list of drugs that require quantity duration:

- **Harvoni** – hepatitis C
- **Olysio** – hepatitis C
- **Sovaldi** – hepatitis C
- **Viekira pak** – hepatitis C

To request prior authorization or quantity duration for these drugs, please contact Express Scripts at (800) 753-2851.

## Benefit Funds' Care Continuum Specialty Drug Review Program Adds New Medications

As of January 1, 2015, the Benefit Funds added eight new medications to the list of specialty drugs that require prior authorization through Care Continuum's Medical Benefit Management Specialty Drug Utilization Review Program. **Please note that Care Continuum will not accept any post-service prior authorization requests for dates of service on or after January 1, 2015.**

The new specialty drugs added to the program are:

- **Esbriet** – to treat lung disease
- **Hyqvia** – to treat primary immunodeficiency disorders
- **Lemtrada** – to treat multiple sclerosis
- **Myalept** – a replacement therapy to treat the complications of leptin deficiency
- **Plegridy** – to treat multiple sclerosis
- **Ruconest** – to treat hereditary angioedema
- **Viekira pak** – to treat hepatitis C

Remember to submit prior authorization requests through Care Continuum's ExpressPath Portal, where you can learn immediately if your request has been approved or where you can appeal denied requests online. To access the ExpressPath Portal, log in to your account or register for one at <https://www.Express-PAth.com>. If you need help with registration, visit [www.1199SEIU Funds.org/Providers](http://www.1199SEIU Funds.org/Providers) and download the ExpressPath Quick Start Guide. You can also get help from the ExpressPath support team at [ExpressPAthSupport@ExpressScripts.com](mailto:ExpressPAthSupport@ExpressScripts.com) or (844) 583-7039. For the most up to date list of specialty drugs included in the Medical Benefit Management Program, please visit [www.1199SEIU Funds.org/Providers](http://www.1199SEIU Funds.org/Providers).

**To help ensure expeditious and accurate authorization status, Care Continuum will no longer accept specialty drug authorization requests via fax beginning April 1, 2015.**

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