Student health insurance rules under the Affordable Care Act (ACA), effective for policy years beginning on or after July 1, 2012, were published by the Department of Health and Human Services in the Federal Register on March 21, 2012. HMSA is working to make the changes necessary to comply with these rules and will keep you posted on any changes that may impact you as soon as that information becomes available.

Some details of the final rule that may impact your practice:

- Student health insurance coverage is defined as insurance provided through an arrangement between an institution of higher education and a health insurance issuer only for students and their dependents.
- Students who obtain insurance coverage directly from an insurer or those covered under their parents’ health plan are considered to be under an individual plan and not a student plan, so different rules apply.
- Guaranteed issue and renewability provisions do not apply to student health insurance.
- A transition period for compliance with annual limits required under the ACA of not less than $100,000 on essential health benefits will apply for policy years beginning before Sept. 23, 2012. For policy years beginning on or after Sept. 23, 2012, but before Jan. 1, 2014, plans cannot impose annual limits of less than $500,000. After that, plans cannot impose annual limits.
- A student health insurance policy in which an individual student is newly enrolled after March 23, 2010, is not grandfathered.
- Student health coverage is required to provide preventive services (as defined under the ACA) without copayments or other cost sharing.
- A health plan may arrange for a student health center to serve as its in-network provider where students can receive preventive services without cost sharing.
- States may continue to regulate student health insurance coverage as a type of blanket or non-employer group coverage, provided that the state requirements do not prevent the application of federal law. CMS is consulting with state insurance officials in these cases to balance state interests with consumer protections.

Again, the rules apply to policy years beginning after July 1, 2012.
PATIENT REVIEW OF PHYSICIANS

On hmsa.com, members will be able to share their patient experiences by viewing and posting reviews of participating physicians. Beginning July 1, 2012, consumers who have had a visit with a participating physician can log on to their My Account to rate their experience, including the doctor’s communication, availability, practice environment, and if they would recommend that physician.

The data gathered will be displayed on the Blue Cross and Blue Shield Association website at bcbs.com to help its members find a physician to meet their needs.

PROPOSED ICD-10 DATE CHANGE

The Department of Health and Human Services is accepting comments for a proposed rule that pushes back the compliance date for conversion to ICD-10 by one year to Oct. 1, 2014.

A copy of the proposed rule can be found at www.gpo.gov/fdsys/pkg/FR-2012-04-17/pdf/2012-8718.pdf. The deadline for comments is May 17, 2012, 5 p.m. EST. Comments may be submitted electronically to www.regulations.gov or by mail to:

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-0040-P
P.O. Box 8013
Baltimore, MD 21244-8013

BY THE NUMBERS

To learn more about the PCMH program and how to participate, interested providers can access the 2012 PCMH Program Guide at www.hmsa.com/providers/assets/HMSA_PCMHProgramGuide.pdf.

<table>
<thead>
<tr>
<th>Pay-for-Quality</th>
<th>February 2012</th>
<th>March 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of providers.</td>
<td>1016</td>
<td>1022</td>
</tr>
<tr>
<td>Average number of providers who have logged in to HBIOnline™.</td>
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<td>523</td>
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<tr>
<td>Number of providers who have submitted supplemental data claims per month.</td>
<td>2011 program 42</td>
<td>2012 program 40</td>
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<tr>
<td>Number of supplemental data submissions per month.</td>
<td>2011 program 1,770</td>
<td>2012 program 4,606</td>
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PCMH

<table>
<thead>
<tr>
<th>Number of physician organizations.</th>
<th>13</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of providers.</td>
<td>373</td>
<td>376</td>
</tr>
</tbody>
</table>

Note: The last day to submit supplemental data for the 2011 program was Feb. 10, 2012. The first day to submit supplemental data for the 2012 program was Feb. 22, 2012.
Managing Your HHIN Password

Important guidelines to follow:
- Do not share your HHIN username or password.
- Change your password if it is compromised.
- Create a password that is specific to you and keep it in a safe place.

Changing your password every 60 days:
- A reminder message will appear 21 days before your password will expire.
- Complete the following boxes:
  - Current password.
  - New password.
  - Confirm password.

- Change your password:
  - If the password was successfully changed, the message “Password change was successful” will appear in green. Please login again to continue.
  - If the password was not successfully changed, a message indicating the reason for the error will appear in red.

Register to self-serve:
Upon completion of the registration process, you can retrieve your forgotten password or unlock your account right from the HHIN Login page. When you use HHIN for the first time, the registration page will appear. If you selected not to register at this time, follow the instructions below.
- Click on account settings or your username.
- Provide a valid and accessible email address.
- Answer three security challenge questions.
- Click submit.
- Click on the link in the email message sent to complete and validate your registration.
- Account settings can be updated once every 24 hours.

To schedule a HHIN training session for your office, contact Traci Tabladillo in the HMSA HHIN unit at 948-5851 on Oahu or 1 (800) 603-4672, ext. 5851, toll-free on the Neighbor Islands.

For all other HHIN questions or issues, contact the HHIN Help Desk at 948-6446 on Oahu or 1 (800) 760-4672, toll-free on the Neighbor Islands.

HMSA No Longer Supports Version 4010

Health Insurance Portability and Accountability Act (HIPAA) Version 5010 standards took effect Jan. 1, 2012, and all HIPAA electronic transactions with HMSA must be compliant. Those partners using the 4010 format must test and update to 5010 standards by the June 30, 2012, deadline to ensure correct transaction processing.

You may continue to send electronic claims in the 4010 format. However, claim processing may be impacted since HMSA will not maintain 4010 version EDI software of both 837 claims and 835 remittances after May 1, 2012. this may mean HMSA will have to void your file, return claims, or impact timeliness of your payments if the data, code sets, or format is inaccurate.

Most of HMSA’s electronic trading partners use the 5010 format. The Centers for Medicare & Medicaid Services will start to enforce compliance on June 30, 2012.

Providers who have not converted to the 5010 format yet should call HMSA’s Electronic Transaction Services department at 948-6355 on Oahu or 1 (800) 377-4672 toll-free on the Neighbor Islands to discuss their transition.

Personal Health Records

The Blue Cross and Blue Shield Association has created a guide for the use of personal health records. To find out more, visit www.bcbs.com/healthcare-partners/personal-health-records.

To see the Clinicians’ Quick Reference Guide on personal health records, turn to page 6.
New Policy Drafts Online for Review

New medical policies are posted online for your review. Please check www.hmsa.com/portal/provider/zav_mm.000.003.htm in the Provider E-Library for drafts of policies that may affect your practice.

Comments should be sent by the due date indicated online and may be emailed to medical_policy@hmsa.com or faxed to 944-5611 on Oahu. Questions? Call Provider Services at 948-6330 on Oahu or 1 (800) 790-4672 toll-free on the Neighbor Islands.

Annual Review of Medical Policies

The following policies have been reviewed and updated and are in the Provider E-Library at www.hmsa.com/portal/provider/zav_mm.000.003.htm; copies are available on request.

- Autologous Chondrocyte Implantation.
- Intrastromal Corneal Ring Segments.
- Speech Therapy Services.
- Thoracic Sympathectomy for Hyperhidrosis.
- Heart Transplant.
- Heart/Lung Transplant.
- Lung and Lobar Lung Transplant.
- Allogeneic Stem-Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms.
- Hematopoietic Stem-Cell Transplantation for CNS Embryonal Tumors and Ependymoma.
- Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer.

90-Day Notice for Policy Changes Effective Aug. 1, 2012

- **Low-Molecular-Weight Heparin:** The Criteria/Guidelines section has been updated to include coverage criteria for low-molecular-weight heparin during pregnancy.
- **Uterine Artery Embolization to Treat Fibroids:** The Criteria/Guidelines, Limitations/Exclusions, and Administrative Guidelines sections include revisions.

Archived Policies

Archived policies are inactive and not updated. These policies will no longer be used when reviewing requests for coverage and these services will no longer require precertification. The following policy has been archived and will be housed in the archived policy section www.hmsa.com/portal/provider/zav_mm.000.004.htm:

- Vacuum Assisted Breast Biopsy.

Codes That Do Not Meet Payment Determination Criteria

Effective April 1, 2012, the following code was added to the list:

- S3721 Prostate cancer antigen 3 (PCA3) testing.

FDA-Approved Drugs Requiring Precertification

Effective Aug. 1, 2012, Aflibercept (Eylea), codes J3490/J3590, will require precertification for off-label indications.

PRG Update - Effective July 1, 2012

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>DESCRIPTION</th>
<th>PRG</th>
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<tbody>
<tr>
<td>93621</td>
<td>Comprehensive Electrophysiologic evaluation with left atrial pacing and recording from coronary sinus or left atrium</td>
<td>5 (change)</td>
</tr>
<tr>
<td>93651</td>
<td>Intracardiac catheter ablation arrhythmogenic focus</td>
<td>6 (change)</td>
</tr>
</tbody>
</table>
TriWest Password Requirements Just Got Easier

Tired of getting frequent reminders to update your TriWest.com password? Just seems like yesterday when you changed it? Well, relief is here as the government has eased the password expiration requirements.

Passwords are now good for 150 days, instead of just 60 days for registered users of the secure provider website at TriWest.com. Passwords also can be shorter – nine digits instead of 15!

When a password expires, registered users still need to be in compliance with government requirements.

Passwords for accessing the secure provider portal must:

• Be at least nine characters long.

• Contain one or more letters (upper or lowercase):
  A, b, C,...

• Contain one or more of these special characters: #, $, or @.

• Contain one or more numbers: 1, 2, 3....

The new password must not:

• Repeat any of your last five passwords.

• Contain a Social Security number.

• Contain a username, first name, last name, and/or full name.

The password is case sensitive. You can reset a password only once per day.

For information about TRICARE program, Hawaii providers may call 948-5213 on Oahu.
PERSONAL HEALTH RECORDS

Clinicians’ Quick Reference Guide

The changing healthcare environment includes significant opportunities for improving care by providing patients with increased access to and management of their health information and the health information of loved ones they care for. One example of this consumer empowerment is the increasing use of personal health records. This guide will answer some of the questions you may have about this technology and the role it plays in improving the quality of healthcare for your patients.

THE PERSONAL HEALTH RECORD
A personal health record, or “PHR,” is an electronic tool your patients can use to store and manage their health and medical information. Generally Web-based, a PHR may include information about health and medication history, the family’s medical history and other pertinent information, such as where they live, emergency contact information, allergies and travel destinations that may be subject to health precautions.

THE PURPOSE OF A PHR
The PHR is a tool for patients to better manage their care and support more effective communication with their physicians and other healthcare professionals (referred to here collectively as “clinicians”). It is important for clinicians to know details about previous medical conditions or treatments in order to offer the best possible care. A Web-based PHR can help your patients keep a more-complete, up-to-date record of dates of care, specific treatments, tests and medications. If they choose, patients may be able to print or electronically share information from their PHR with their clinicians so they have a more-complete picture of medical conditions, medications and previous care. With better information, you and your patients can make more-informed care decisions.

BENEFITS OF A PHR

Convenience

- PHRs can provide the patient a detailed record of their health history without having to remember or keep paper records of such information as immunization dates, injury and illness dates or treatments they have received.
- Should they choose to, the information in their PHR can be shared with clinicians so they can easily see what types of treatments the patient has undergone and what medications have been prescribed.
- With the increasing use of electronic record-keeping systems in clinical settings, PHRs that can connect to hospital or medical office information systems may simplify the patient registration process.

Education

- PHRs may include or link to educational resources and tools such as wellness programs and health risk assessments.
- PHRs may have features to help patients track chronic illnesses, diet, exercise and other everyday health behaviors.

Access to life-saving information

- PHRs may help clinicians identify potentially harmful interactions between medications.
- Web-based PHRs can be an important source for critical information when patients are traveling, in need of emergency care or providing caregiver support to dependents who are elderly or away from home.

PHR PRIVACY AND ACCESS
Well-designed PHRs are private and secure. No one should be able to view a person’s PHR without appropriate consent. However, patients may be able to permit or specify special access and viewing permissions that would allow use of the PHR in a critical emergency situation. In this limited type of emergency situation, clinicians may be able to access patients’ medical history when patients are not able to provide urgently needed information. For example, emergency care clinicians should be able to learn if patients have allergies or are taking medications that may affect the care they deliver. The information contained in the PHR is meant to be available at all times, whenever and wherever the patient and their authorized users have access to the Web.

This guide was created through a collaboration of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield companies, and the American College of Physicians, the American Osteopathic Association of Medical Informatics and the Medical Group Management Association.