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Formulary

Check out our latest Formulary, accessible from our website: www.WeCareForWisconsin.com or [click here](#).

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The Doctor's Note

September 2015

Dear Clinicians,

I am very pleased to announce that **as of Sept. 1, 2015, Arise covers doctor's office counseling for Advance Care Planning (ACP).**

These are 30-minute counseling sessions, typically performed by office staff that have been trained via the Wisconsin Medical Society "Honoring Choices" program to guide conversations between patients and their loved ones about end-of-life treatment choices.



Coverage details are included in the article inside this issue. Arise is very pleased to take this important step in fostering your work with your patients to help them have the peace of mind that their future health care choices are known and will be respected.

With this issue, we continue our new process of providing a link to the latest updates in our medical policies. Amy Dunlop, APNP Medical Policy Editor, puts together a very concise review of these policy changes with each quarterly newsletter so that you and your office staff can more easily track and understand these changes. Anytime there is a change, Arise provides for a 60-day transition period to allow doctors and members to accommodate to this change. The article also provides the link to the full list of Arise Medical Policies. For questions regarding the medical policies, please contact Amy Dunlop at Amy.Dunlop@wpsic.com.

We would appreciate feedback when you see the need for process improvements. Finally, feel free to call or email me with questions.

Kind regards,

Michael Ostrov MD MS
Medical Director Network and Quality
WPS Health Solutions
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Arise Rebranding

Arise Health Plan undergoes strategic rebranding

This year, Arise Health Plan is refreshing its image and its promise to customers. While we've always been committed to top-tier service, it's important for us to reaffirm that commitment to keep our customers, clients, and provider partners like you at the forefront of our efforts.

Over the next few months, you will see changes take place in our new look, logo, and messaging across various media channels, including our website, printed materials, and in our letters and emails to you.

We are getting more than just a facelift; this effort updates and refreshes our brand promise to YOU. You deserve our best effort, and we must keep the promises we make.

As we continue our tradition of Wisconsin-based service, we are looking to the future. Watch for our new look as it rolls out this year.

Health Plan Name Change

Arise RightCare*Plus* name change

Last fall, Arise Health Plan launched RightCare*Plus*, a brand new, narrow-network health plan for small and large groups.

Where you used to see references to the RightCare*Plus* network on your patients ID cards, look for one of three options: Arise Standard, **AboutHealth**, or no mention of the network.

Arise Provider Panel Update

Arise members can now visit UW Health System

Effective June 1, 2015, University Health Care Inc., commonly known as UW Health System, located in Madison, Wisconsin, secured an agreement with Arise Health Plan.

What does this mean to you?

Arise members are now able to seek care at this facility without receiving a referral. The standard prior authorization guidelines are still applicable.

Please visit our website at www.WeCareForWisconsin.com for additional information related to [authorizations](#).

Questions related to this expansion, and member benefits, should be directed to our Customer Service Department at 888-711-1444.

Arise Advance Care Planning

Arise now covers Advance Care Planning (ACP)

The time has come to value and promote Advance Care Planning (ACP) services. As of Sept. 1, 2015, Arise covers ACP services for fully-insured large groups and Arise insured ETF members. ACP is a well-regarded process for helping people engage in conversations that help them decide the kind and extent of medical care they would wish to have in the context of serious illness.

ACP is defined as the process of having a trained facilitator engage people and their loved ones in crucial conversations to help them set goals of care related to serious illness and end-of-life care.

The ACP process has been shown to improve health care satisfaction, improve outcomes and lower costs. In fact, there is a compelling body of literature demonstrating that following this process not only fosters better outcomes, but decreases potential harms in the form of painful and futile treatment.

By bringing in their values and preferences, these conversations help people make choices about the medical care they want to receive as they progress through stages of illness. An important outcome of these conversations is to have an individual complete an Advance Directive and/or a Medical Orders for Life Sustaining Treatment (MOLST) form and to have these forms accessible within their medical record so that, when the time comes, their wishes can be carried out.

These sensitive conversations are now receiving a great deal of positive media focus across the country. This is particularly true in Wisconsin as a result of La Crosse's nationally known "Respecting Choices" program. The Wisconsin Medical Society has adopted a similar approach called "Honoring Choices." The program has been in place for three years, resulting in facilitator training across the State. ACP is coming into mainstream media as evidenced by the May 28, 2015 issue of Vox, an online newspaper. They published an article entitled, "Wisconsin is learning how to die," which highlighted how Wisconsin is becoming a model for the nation in this area.

Arise will build upon the Wisconsin ACP leadership tradition by recognizing your effort and those of your support staff in counseling your patients. The applicable billing codes are 99497 (initial 30-minute counseling session) and 99498 (subsequent 30-minute counseling sessions).

These are the recommended documentation elements to include ACP discussions:

1. A person designated to make decisions for the patient if the patient cannot speak for him or herself
2. The types of medical care preferred
3. The comfort level that is preferred
4. How the patient prefers to be treated by others
5. What the patient wishes others to know
6. Indication of whether or not an advance directive and/or MOLST document has been completed.

Arise is very pleased to take this important step in fostering your work with your

patients to help them have the peace of mind that their future health care choices are known and will be respected.

Prior Authorization List

New Arise prior authorization list revisions

Effective Oct. 1, 2015, Arise Health Plan has a revised Prior Authorization (PA) list. The new list of services requiring prior authorization is posted on the provider tab of the Arise website. You may start submitting PA requests for services scheduled on or after Oct 1. now.

As always, keep in mind that member benefits vary and may include different PA requirements. Please contact Arise to confirm PA requirements for your patient.

Also, please continue to reference the "Non-Covered Procedures and Services Medical Policy" to determine coverage before you provide services. This document can be found at [Medical Policies](#).

Click the link above or copy and paste the following URL into your browser:

http://www.wecareforwisconsin.com/providers/policies/coverage_policy_bulletins

If you have any questions related to the revised list, please contact Amy Dunlop, APNP Medical Policy Editor, at Amy.Dunlop@wpsic.com.

Arise Observation Stay Follow-up

Arise observation stay follow-up

Last quarter, we notified you that Arise would be reviewing **Observation Stays effective July 1, 2015**. Provided below is an update based on questions and comments we have been receiving.

- No prior authorization is needed for an observation stay at this time, unless a procedure or service associated with the observation stay requires prior authorization.
- Notification for inpatient admission is required. So, if a patient transitions from an observation stay to an inpatient stay, timely notification of the transition is needed.
- If the patient admitted for a same-day surgical stay (typically less than 24 hours) transitions to inpatient stay, timely notification of the transition is needed. If the patient transitions from same day surgical stay to observation, no prior authorization is needed for observation at this time. Be reminded that the patient must meet standard observation stay criteria.
- If there is a service that requires prior authorization (example: pain injections, spinal surgery) and it is being planned outpatient / ambulatory versus inpatient, please notify us of the planned location at the time of

the prior authorization request.

- We are currently auditing observation claims data. There may be a future requirement for prior-authorization of observations stays. You will receive ample notice if prior authorization becomes a requirement.

Thank you for bringing your questions to our attention. We hope this review helps.

Medical Policy Updates

The Medical Policy Committee met this quarter and approved the medical policies due for annual review.

Click [here](#) to review the revisions to medical policies.

Please be sure all doctors, other clinical staff, and office staff are aware of these changes before submitting requests for coverage. Please also share these policy changes with providers who may be ordering or performing services and clinicians who may be referring patients for services.

The complete library of our medical policies can be found at http://www.wecareforwisconsin.com/providers/policies/coverage_policy_bulletins.
No password required!

If you have specific questions or comments regarding development of policy content, contact the Medical Policy Editor by email medical.policies@wpsic.com or call 1-800-333-5003 ext. 64133.

Arise ICD-10 Readiness

Ready for ICD-10 implementation

With the anticipated deadline for ICD-10 codes approaching, Arise Health Plan wants to reassure you that we have thoroughly tested our systems through extensive end-to-end processing and are ready for implementation on Oct. 1, 2015.

To help answer any questions you may have, please refer to the [ICD-10 Frequently Asked Questions document](#).

Did you know?

Some of the ICD-10 codes coming out in October are more unusual than others. For example, codes include:

- Pecked by a chicken (W61.33)
- Hurt at the library (Y92.241)
- Accident while knitting or crocheting (Y63.D1)
- Burn due to water-skis on fire (V91.07)
- Bitten by parrot (W61.01)

For more unusual codes, [check out this article from Medical Economics.](#)

Arise Claim Editing Update

Arise provider claim editing tool allows you to do more

Facility edits have been incorporated into our claims processing system as of **Nov. 1, 2015**. These edits are based on the Centers for Medicare & Medicaid Services (CMS) Correct Coding Initiative (CCI) sourcing.

Providers can proactively determine how particular code combinations will process. In addition, you may view and print the supporting rationale upon which an edit was developed. You may view this information from the [provider homepage](#). On the site, enter your login information to access the CES (claims editing system) tool.

Please share this information with others in your organization that will benefit from this online tool. Specific questions pertaining to CES editing tool should be directed to our Customer Service Department at 800-765-4977.

Thank you for continuing to partner with Arise Health Plan as we work hard to serve our mutual customers.

Arise iExchange tool

iExchange for Prior Authorization Requests

We are excited to announce that **Arise providers will have access to iExchange beginning Oct. 1, 2015.**

iExchange is a web-based tool used to facilitate timely prior authorization review. Prior authorization requests should be submitted electronically via iExchange.

Using iExchange when submitting these requests results in quicker approvals, the ability to monitor requests, access to alerts when cases are updated, and less administrative expense associated with phone calls and faxes. [Click here to read our flyer](#) for more information on the benefits of using iExchange!

Some Arise providers may already be familiar with iExchange through a WPS account. If you are not currently using iExchange to submit prior authorization requests, please contact us to set up an account today at iexchange@wpsic.com or contact Jim Samosky at (608)226-4159; james.samosky@wpsic.com.

Onsite training is also available for your convenience.

NEW EDI Website

Our Electronic Data Services (EDI) department will be launching a brand new version of our EDI website in the last quarter of 2015.

We believe it will be a better online presentation of the company's EDI product/service offerings. You will see that the new site will include all of our new

company brandings for each line of business.

Other improvements include:

- Centralized location of all online EDI enrollment forms.
- Enhanced version of our Five Easy Steps to electronic claim filing.
- Rolling message board for improved awareness of current events and updates.
- Social media buttons so you can follow us on Facebook, Twitter, and Google+.
- Easy access to our "EDI Connection" which is a list of our current approved clearinghouses, billing services, and vendors.

For any questions, concerns please contact us at:

EDI Marketing (toll-free) 1-800-782-2680, Option 4, to learn more about electronic claims submission.

EDI Help Desk 1-800-782-2680, Option 2, between 7:55 a.m. - 4:30 p.m. Central Standard Time (CST) for questions about EDI enrollment for claims submission, electronic remittance, and electronic funds transfer.

Evidence-Based Medical Decision-Making Tools

Arise evidence-based medical decision-making tools

The Arise Medical Affairs Department uses both internally developed Medical Policies and science evidence-based resource products, such as Millman Care Guidelines and the independent research organization, Hayes, to form the basis for clinical review.

Both our Medical Policies and use of resource products are approved by our Medical Policy Committee (MPC) and Quality Improvement Committee (QIC).

Our MPC is comprised of clinicians including practicing providers from the community. The committee meets quarterly to consider scientific evidence and current practice standards in review and approval of new medical policies and those policies due for annual review. Nationally published and internally developed guidelines are reviewed annually or more frequently, if significant changes in standards of care are identified.

Our QIC oversees the MPC. Members include clinicians and representatives from multiple departments at Arise, as well as practicing providers from the community.

Additional reference sources include but are not limited to:

- BlueCross BlueShield Technology Evaluation Center
- Clinical Guidelines posted through the National Guideline Clearinghouse (NGC), an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services.
- Government agencies and regulatory bodies
- National Comprehensive Cancer Network (NCCN)

- National Institute for Health Care Excellence (NICE)
- Specialty society guidelines and standards
- The Cochrane Library
- UpToDate®
- Washington State Health Care Authority Health Technology Assessment

Internally developed Medical Policies are available on the Arise website. [Click here for more information.](#)

If you have questions or comments regarding evidence development or general content of Arise medical policies, contact us at medical.policies@wpsic.com.

For specific patient-related criteria inquiries, please contact Arise Health Plan with the applicable patient name and member number along with the procedure, service, or treatment in question at:

Arise Health Plan

Attn: Medical Management Department
P.O. Box 11625
Green Bay, WI 54307-1625

Phone: (920) 490-6901 or toll free 888-711-1444, Ext. 76901
Fax: (920) 490-6943

Complex Case Management

Arise Complex Case Management

Arise Health Plan provides a Complex Case Management program designed for members dealing with a serious illness, injury or chronic health condition. This program is provided by case managers who are Registered Nurses with specialized training in case management and is offered to members at no additional cost.

The Case Manager collaborates with members and health care providers to develop a plan that is tailored to each individual's health care needs. This process allows our members to take full advantage of their available benefits, resources and enhances their health care experience.

We encourage providers to refer Arise Health Plan members for case management services. For additional information you can reach us by phone (888) 833-4988, fax (920) 490-6943, or email casemanagement@arisehealthplan.com.

www.WeCareForWisconsin.com



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