**INTRODUCING THE ADVANCED ILLNESS SERVICES PROGRAM**

Read this bulletin on-line via NaviNet

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TO:

(1) CHIEF FINANCIAL OFFICER
(2) DIRECTOR/MANAGER OF PATIENT ACCOUNTS
(3) BILLING OFFICE STAFF
(4) ADMISSIONS/REGISTRATION STAFF
(5) CARE/CASE MANAGEMENT/UTILIZATION REVIEW DEPT.

FROM:

HIGHMARK BLUE SHIELD, FACILITY RELATIONS

SUBJECT:

INTRODUCING THE ADVANCED ILLNESS SERVICES PROGRAM

REFERENCE:

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PURPOSE

This bulletin announces that Highmark will offer an Advanced Illness Services (AIS) program as part of its Medicare Advantage plans for dates of service beginning January 1, 2011.

Additionally, this bulletin explains that Highmark AIS-contracted hospice providers will provide AIS services to Highmark Medicare Advantage members that experience a life-limiting illness.

BACKGROUND/OVERVIEW

AIS Program Description

The AIS program’s focus is controlling pain and symptoms, providing emotional support, facilitating decision-making related to care, and coordinating services for members with coverage under Highmark Medicare Advantage that are experiencing a life-limiting illness. Highmark is offering this program so that these particular members may have access to the professional services of uniquely trained physicians, nurses, social workers and/or home health aides employed by an AIS network hospice. AIS may be provided at the same time as curative care.

The AIS program is a specialized component of the overall medical management program for Highmark Medicare Advantage members. Members who might enroll are those with cancer, heart disease, end-stage kidney disease, stroke or other neurological disorders, and other life-limiting illnesses, including advanced frailty. The program offers 100 percent coverage (no copayments,
Highmark case managers engage members, family/caregivers and physicians to facilitate discussions about options at the end of life. The case manager monitors the provision of AIS program services to confirm members’ needs are being met. Please note that should a member choose to participate in hospice care, either during or subsequent to receiving AIS program services, they could choose to enlist the same hospice that provided their AIS services, although this is not a requirement for participation in the AIS program.

AIS Participation Guidelines
Members are not required to be homebound or meet a skilled level of care to be considered eligible for AIS program services. Members with Highmark Medicare Advantage coverage may receive AIS program services within their home or a health care or assisted-living facility. Physicians or their practice must provide an attestation “that a patient has a substantial risk of death within one year” (as stated in CPT II code 1150F) to demonstrate medical necessity.

An authorization from Highmark’s Healthcare Management Services (HMS) department is required in order for a member to participate in the AIS program and to receive the 10 visits. Participation in the AIS program is voluntary and no referral is required.

Goals of the AIS Program
A primary goal of the AIS program is to promote continuous coordinated care to allow earlier and more effective intervention when a member experiences a life-limiting illness. Other goals of the AIS program are to assist members in complex decision-making related to their goals of care, control of pain/other symptoms, and provide psychological support. The AIS program also facilitates improved communications between members and their families, and the healthcare professionals who are providing members’ medical services.

Qualifications for Contracted AIS Providers
Contracted AIS providers must be Medicare-certified as well as available to provide 24/7 coverage. Hospices interested in becoming contracted to provide Highmark AIS services should contact their Facility Relations representative to discuss additional criteria that might be required in order for them to provide covered AIS services for Highmark members with Medicare Advantage coverage.

Comparing/Contrasting AIS Program Services with Hospice Services
In order to dispel any potential misunderstandings regarding the services provided by the AIS program, the following bullets serve as clarification:

- Palliative care strives to alleviate discomfort/pain and to improve the quality of life for patients. Palliative care can be provided during any stage of an illness and most frequently to patients with life-limiting illness. It can be provided at the same time as curative care.

- Hospice care is a Medicare benefit. It is a form of palliative care that is provided when life
expectancy is six months or less.

- When a member is in an active hospice election period, the Medicare Advantage plan no longer is responsible for payment of Medicare-covered services related to the member’s terminal condition or payment of services unrelated to the terminal condition.

- During an active hospice election period, the Medicare Advantage plan would continue to cover supplemental or extra benefits not covered by Medicare, such as vision and dental.

- Under the Medicare hospice benefit, members who become hospice patients will not be enrolled in the AIS program. If the member revokes the hospice election, that member may again be eligible for AIS program services, depending on previous utilization of their 10-visit limit.

- Members receiving AIS program services are not required to enroll in hospice.

**IMPACT/ACTION**
Facilities need to understand the scope of AIS services in order to participate in the appropriate utilization of this new service.

**Provider Directory**
Effective January 1, 2011, a Highmark directory displaying network AIS program hospice providers will be available at the Highmark Blue Shield Provider Resource Center as well as through NaviNet®.

**Referrals**
In general, referrals are not required for any Highmark product. While referrals to the AIS program are not required, they may be made by a member’s primary care physician or specialty provider, family members, self and/or community case managers. To assist members with a life-limiting illness, Highmark’s internal case managers may identify appropriate members for the AIS program and will follow up with members, physicians, hospices and others as indicated.

**Authorizations**
An authorization is required for members to participate in the AIS program. A future bulletin will provide more information on the authorization process.

**AIS Program Accumulator**
Since members with coverage under Highmark Medicare Advantage who participate in the AIS program have a 10-visit lifetime limit over an unlimited time period (based upon the assignment of Health Care Common Procedure Coding System codes, also known as HCPCS codes, that will be explained in specific detail in a future facility bulletin), an accumulator has been designed to assist facilities. As usual, in order to locate NaviNet accumulators, providers will need to access Eligibility and Benefits to view the AIS program accumulator labeled “Service Maximum AIS.”
TIME FRAME
Highmark will offer the AIS program as part of its Medicare Advantage plans with dates of service beginning January 1, 2011.

ASSISTANCE
The NaviNet Provider Resource Center contains AIS program materials such as Webinars. In early 2011, AIS billing information will be available in the “Highmark Blue Shield Billing Highlights” section available on the NaviNet Provider Resource Center.

Effective January 1, 2011, a Highmark directory displaying network AIS program hospice providers will be available at the Highmark Blue Shield Provider Resource Center as well as through NaviNet.

Also, in the near future, another facility bulletin will be published outlining authorization, billing and attestation validation activities for those hospices contracted to serve as a member of the Highmark network of AIS program providers.

This Bulletin
Questions regarding this bulletin should be directed to the appropriate Facility Customer Service unit, based on the product under which the Medicare Advantage member has coverage:

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<th>For members with coverage under...</th>
<th>Contact Facility Customer Service at...</th>
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<tr>
<td>FreedomBlue PPO</td>
<td>1-866-588-6967</td>
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Inquiries about Eligibility, Benefits, Claim Status or Authorizations
For inquiries about eligibility, benefits, claim status or authorizations, Highmark encourages providers to use the electronic resources available to them – NaviNet and the applicable HIPAA transactions – prior to placing a telephone call to Facility Customer Service.

NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc., is an independent company that provides a secure, Web-based portal between providers and health care insurance plans.

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