



California Provider News

January 2019 Anthem Blue Cross Provider Newsletter -
California

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Benefits to be available for chronic care management and advance care planning services effective February 23, 2019

Published: Jan 1, 2019 - Products & Programs

Anthem Blue Cross (Anthem) is committed to investing in primary care, rewarding coordinated, patient-centered care, and promoting proactive Chronic Care Management (CCM). In recognition of the time-intensive nature of this work, Anthem will reimburse chronic care management and advance care planning services for Commercial health plans effective for claims processed on or after February 23, 2019.

Chronic care management (CCM) is care rendered by a physician or non-physician health care provider and their clinical staff, once per calendar month, for patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Only one practitioner can bill a CCM service per service period (month). Three CCM codes are included in this payment policy change: **99490**, **99487** and **99489**.

Advance care planning (ACP) is a face-to-face service between a physician or other qualified health care professional and a patient discussing advance directives with or without completing relevant legal forms. An advance directive is a document in which a patient appoints an agent and/or records the wishes of a patient pertaining to their medical treatment at a future time if they cannot decide for themselves at that time. No specific diagnosis is required for the ACP codes to be billed. It would be appropriate to report a condition for which you are counseling the beneficiary. Two ACP codes are included in the payment policy change: **99497** and **99498**. Anthem requires patient consent prior to CCM or ACP service(s) being provided.

URL: <https://providernews.anthem.com/california/article/benefits-to-be-available-for-chronic-care-management-and-advance-care-planning-services-effective-february-23-2019-6>

Simplifying medication prior authorization process

Published: Jan 1, 2019 - Products & Programs / Pharmacy

Anthem Blue Cross (Anthem) is committed to offering efficient and streamlined solutions for submitting prior authorizations (PAs). This helps reduce the administrative burden while

improving the member experience for their patients.

Anthem's *Proactive PA* process approves select drugs in real time, using an automated prior authorization (PA) process. *Proactive PA* uses integrated medical and pharmacy data to seamlessly approve medication prior authorization requests where diagnoses are required. Anthem's prior authorization process helps to ensure clinically appropriate use of medications.

Providers can take advantage of the electronic prior authorization (ePA) submission process by logging in at covermymeds.com. Creating an account is FREE, and many prior authorizations are approved in real time. Read more about the ePA submission process [here](#).

Additionally, providers may be able to access real-time, patient-specific prescription drug benefits information through their electronic medical record (EMR) system. Learn more about this [feature](#).

URL: <https://providernews.anthem.com/california/article/simplifying-medication-prior-authorization-process>

Pharmacy information available on [anthem.com/ca](https://www11.anthem.com/ca)

Published: Jan 1, 2019 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit <https://www11.anthem.com/ca/pharmacyinformation/>. The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate "Marketplace Select Formulary" and pharmacy information, go to Customer Support, select your state, Download Forms and choose "Select Drug List. This drug list is also reviewed and updated regularly as needed. *FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org.* > Pharmacy Benefits.

AllianceRX Walgreens Prime is the specialty pharmacy program for the Federal Employee

Program. You can view the [Specialty Drug List](#) or call us at **1-888-346-3731** for more information.

URL: <https://providernews.anthem.com/california/article/pharmacy-information-available-on-anthemcomca-3>

Update regarding drugs not approved by the FDA

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Anthem Blue Cross (Anthem) continually monitors and updates the list of drugs not approved by the Food and Drug Administration (FDA), which are considered non-covered under prescription drug benefits. When drugs are added to this list, Anthem notifies impacted members that the drug is not FDA approved and will no longer be covered.

Effective December 1, 2018, [these drugs](#) were added to our list of drugs not approved by the FDA. For *new* members just beginning an Anthem plan or not yet having used one of these non-FDA-approved drugs, coverage for these drugs ended December 1, 2018.

Existing members who had been identified as already using at least one of the drugs added to the list received a letter to let them know their drug(s) will no longer be covered after December 31, 2018. However, if the patient had a prior authorization for a drug on [this list](#), coverage for that drug continued until the prior authorization expired on December 31, 2018.

URL: <https://providernews.anthem.com/california/article/update-regarding-drugs-not-approved-by-the-fda-4>

Reminder: HCPCS code A0998 Ambulance response and treatment with no transport is active

Published: Jan 1, 2019 - **Administrative**

In early 2018, Anthem Blue Cross (Anthem) became one of the first major insurers to reimburse EMS providers for appropriate and medically necessary care billed under HCPCS code A0998 (Ambulance response and treatment, no transport). The code, which has been active since January 2018 for most standard Anthem benefit plans, allows EMS providers to receive reimbursement for treatment rendered in response to an emergency call to a

member's home or scene, when transportation to the hospital emergency room (ER) was not provided. Previously, Anthem reimbursed EMS providers for treatment rendered only when a patient was transported to the ER.

Important reminders:

- *The code is currently active and available for EMS use.*
 - o If an EMS provider responds to an emergency call and provides appropriate treatment at-home or on-site without transporting to the ER, code A0998 can be used.
- The EMS provider must render treatment to the patient per EMS protocols which are approved by the medical director at the local or state level.
 - o Billing of A0998 when treatment is not rendered is not appropriate.
- Anthem will apply medical necessity review to A0998 using coverage guideline CG-ANC-06.
- HCPCS code A0998 applies to all of Anthem's commercial health plans, and reimbursement will be made in accordance with the member's benefits.

Questions?

- For contract questions, please reach out to your contract representative.
- For questions about using code A0998, please reach out to [Jay Moore](#), Senior Clinical Director for Anthem, Inc.

URL: <https://providernews.anthem.com/california/article/reminder-hcpcs-code-a0998-ambulance-response-and-treatment-with-no-transport-is-active>

Workers' Compensation Physician Acknowledgments required by California Code of Regulations

Published: Jan 1, 2019 - **Administrative**

As a reminder, the Workers' Compensation Physician Acknowledgment is required by

California Code of Regulations §9767.5.1., "Medical Provider Networks" (MPN). The "MPN applicant shall obtain from each physician participating in the MPN a written acknowledgment in which the physician affirmatively elects to be a member of the MPN."

To maintain and affirm your participation in all MPNs that you have been selected for and have subscribed to Anthem's Provider Affirmation Portal, go to [Availity](#) and login. Once in, click on the Payer Spaces drop down menu in the top right hand corner, and select Anthem Blue Cross (Anthem) from the options available to you. On the next page click on "Resources" in the middle of the page and look for "MPN Provider Affirmation Portal."

If you cannot go online, call Anthem Workers' Compensation at **1-866-700-2168** and we can take action on your behalf in the Provider Affirmation Portal. Please also keep an eye out for email notifications from "Anthem MPN Admin."

Please also be advised the Provider Affirmation Portal will also notify participating medical providers when an MPN is terminating its relationship with Anthem and/or the Division of Workers Compensation.

URL: <https://providernews.anthem.com/california/article/workers-compensation-physicians-acknowledgments-required-by-california-code-of-regulations-976751-medical-provider-networks-2>

Contracted provider claim escalation process

Published: Jan 1, 2019 - **Administrative**

In an effort to better service our contracted providers right the first time, Anthem Blue Cross has improved our provider claim escalation process. Just click, [Provider Claim Escalation Process](#) to read, print, download and share the improved process with your office staff.

Our Network Relations Team is available by email at CAContractSupport@anthem.com to answer questions you have about the process.

URL: <https://providernews.anthem.com/california/article/contracted-provider-claim-escalation-process-3>

Provider Education seminars, webinars, workshops and more!

Published: Jan 1, 2019 - **Administrative**

Our Provider Network Education team offers quality complimentary educational programs and materials specially designed for our providers. For a complete listing of our workshops, seminars, webinars and job aids, log on to the Anthem Blue Cross website:

www.anthem.com/ca. Scroll down the page to **Partners in Health** > Tools for Providers. In the middle of the page select the box

Find Resources for California. From the **Answers@Anthem** page, select the link titled [Provider Education Seminars and Webinars](#) link.

URL: <https://providernews.anthem.com/california/article/provider-education-seminars-webinars-workshops-and-more-3>

Anthem Blue Cross provider directory and provider data updates

Published: Jan 1, 2019 - **Administrative**

It is extremely important that we have accurate and up-to-date information about your practice in our directories. Senate Bill 137 (SB 137), which went into effect on July 1, 2016, requires that Anthem Blue Cross (Anthem) provide our members accurate and up-to-date provider directory data. As a result, Anthem will be conducting ongoing outreaches to all practices to confirm the information we have on file is accurate. Without verification from you that our Provider Directory information is accurate, we will be required to remove your practice from the directories we make available to our members. We appreciate your attention to this matter.

URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-provider-directory-and-provider-data-updates-3>

Easily update provider demographics with the online Provider Maintenance Form

Published: Jan 1, 2019 - **Administrative**

Anthem Blue Cross (Anthem) providers should now submit changes to their practice profile using our online [Provider Maintenance Form](#). Online update options include: add an address location, name change, tax ID changes, provider leaving a group or a single location, phone/fax numbers, closing a practice location, etc. Visit the Anthem.com/ca form page to review more.

The new online form can be found on www.anthem.com/ca/provider/ > **Find Resources for California** > *Answers@Anthem tab>Provider Forms >Provider Change Forms>Provider Maintenance Form*. In addition, the **Provider Maintenance Form** can be found on the **Availity Web Portal** by selecting *California> Payer Spaces-Anthem Blue Cross>Resources tab >Provider Maintenance Form*.

Important information about updating your practice profile:

- **Change request should be submitted using the online Provider Maintenance Form**
- Submit the change request online. No need to print, complete and mail, fax or email demographic updates
- You will receive an auto-reply e-mail acknowledging receipt of your request and another email when your submission has been processed
- For change(s) that require submission of an updated IRS Form w-9 or other documentation, attach them to the form online prior to submitting
- Change request should be submitted with advance notice
- Contractual agreement guidelines may supersede effective date of request

You can check your directory listing on the *Anthem Blue Cross: "Find a Doctor tool"*. The Find a Doctor tool at Anthem is used by consumers, members, brokers, and providers to identify in-network physicians and other health care providers supporting member health plans. To ensure Anthem has the most current and accurate information, please take a moment to access the Find A Doctor tool (www.anthem.com/ca) and review how you and your practice are being displayed.

To report discrepancies please make correction by completing this [Provider Maintenance Form](#) online.

URL: <https://providernews.anthem.com/california/article/easily-update-provider-demographics-with-the-online-provider-maintenance-form-3>

Sign-up now for our Network eUPDATE today – it's free!

Published: Jan 1, 2019 - **Administrative**

Connecting with Anthem Blue Cross and staying informed will be even easier, faster and more convenient than ever before with our *Network eUPDATES*.

Network eUPDATE is our web tool for sharing vital information with you. It features short topic summaries and links that let you dig deeper into timely critical business information:

- Important website updates
- System changes
- Fee Schedules
- Medical policy updates
- Claims and billing updates

.....and much more

[Registration](#) is fast and easy. There is no limit to the number of subscribers who can register for *Network eUPDATES*, so you can submit as many e-mail addresses as you like.

URL: <https://providernews.anthem.com/california/article/sign-up-now-for-our-network-eupdate-today-its-free-3>

Network leasing arrangements

Published: Jan 1, 2019 - **Administrative**

Anthem Blue Cross (Anthem) has network leasing arrangements with a variety of organizations, which we call *Other Payors*. Other payors and affiliates use the Anthem network.

Under the terms of your provider agreement, members of other payors and affiliates are treated like Anthem members. As such, they're entitled to the same Anthem billing considerations, including discounts and freedom from balance billing. You can obtain the *Other Payors* list on the Availity web portal, at www.Availity.com. From the Availity site, select Home > Anthem California > Education and Reference Center, or email us at CAContractSupport@Anthem.com.

Clinical practice and preventive health guidelines available online

Published: Jan 1, 2019 - **Policy Updates**

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website. To access the guidelines, go to <https://www.anthem.com/ca/provider/>, scroll down and click on **Review Policies**. This will take you to **Medical Policy, Clinical UM Guidelines and Pre-Certification Requirements**. Then click on the Medical Policies and Clinical UM Guidelines (for local Plan members).

URL: <https://providernews.anthem.com/california/article/clinical-practice-and-preventive-health-guidelines-available-online-5>

HEDIS 2019 starts early February

Published: Jan 1, 2019 - **Policy Updates**

We will begin requesting medical records in February via a phone call to your office followed by a fax.

The fax will contain **1)** a cover letter with contact information your office can use to contact us if there are any questions; **2)** a member list, which includes the member and HEDIS measure(s) the member was selected for; and **3)** an instruction sheet listing the details for each HEDIS measure. **As a reminder, under HIPAA, releasing PHI for HEDIS data collection is permitted and does not require patient consent or authorization.** HEDIS and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities [45 CFR 164.506(c) (4)]. For more information, visit www.hhs.gov/ocr/privacy.

HEDIS review is time sensitive, so please submit the requested medical records within **five business days**.

To return the medical record documentation back to us in the recommended 5-day turnaround time, simply choose one of these options:

Upload to our secure portal. This is quick and easy. Logon to www.submitrecords.com, enter the password included with your HEDIS Member List and select the files to be uploaded. Once uploaded you will receive a confirmation number to retain for your records.

OR

Send a secure fax to **1-888-251-2985**

OR

Mail to us via the **US Postal Service** to:

Anthem, Inc., 66 E. Wadsworth Park Drive, Suite 110H, Draper, UT 84020

Please contact your Provider Network Representative to let them know if you have a specific person in your organization that we should contact for HEDIS medical records.

Thank you in advance for your support of HEDIS.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

URL: <https://providernews.anthem.com/california/article/hedis-2019-starts-early-february-4>

Anthem offers risk adjustment and documentation training

Published: Jan 1, 2019 - **State & Federal** / Medicare

Anthem will offer general and condition-specific Medicare risk adjustment, documentation and coding training in 2019. Additional information will be available at [Important Medicare Advantage Updates](#) at anthem.com/ca/medicareprovider.

URL: <https://providernews.anthem.com/california/article/anthem-offers-risk-adjustment-and-documentation-training-2>

Medicare Advantage member Explanation of Benefits redesigned

Published: Jan 1, 2019 - **State & Federal** / Medicare

Anthem recently introduced a redesigned monthly *Explanation of Benefits (EOB)* to Medicare Advantage members.

The new *EOB* includes:

- Personalized tips to help members save on health care expenses.
- A preventive care checklist — to point out opportunities for screenings or other care.
- Alerts when a claim needs immediate attention.

If you or your members have any questions about how to read the new *EOB*, please call the number on the back of the member ID card.

URL: <https://providernews.anthem.com/california/article/medicare-advantage-member-explanation-of-benefits-redesigned-4>

Keep up with Medicare news

Published: Jan 1, 2019 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at [anthem.com/ca/medicareprovider](https://www.anthem.com/ca/medicareprovider) for the latest Medicare Advantage information, including:

[2019 provider annual notice of change](#)

[Prior authorization requirements for Colonoscopy and Upper Gastrointestinal Endoscopy](#)

[Medicare Advantage Reimbursement Policy October Provider Bulletin](#)

[Prior authorization requirements for Part B drugs: Moxetumomab Pasudotox, Cemiplimab and Fulphila](#)

[Prior authorization requirements for Part B drugs: Nivestym](#)

[Prior authorization requirements for high level definitive drug testing\(s\)](#)

[July Medicare Advantage reimbursement policy](#)

[Submit PA medication requests electronically; new phone number for MA prescription PAs](#)

[CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective Jan. 1, 2019](#)

[Inpatient Readmissions](#)

Preferred Community Health Partners care management integration

Published: Jan 1, 2019 - **State & Federal** / Medi-Cal Managed Care

Effective January 9, 2019, Anthem Blue Cross (Anthem) will integrate community health workers utilized by Preferred Community Health Partners (PCHP) into our current care management program to provide enhanced care transition for Anthem members with complex needs. Members will include but are not limited to those who have:

- Hospital readmissions.
- Frequent ER visits.
- No engagement with a PCP within three months or more.
- A readmission risk score greater than 24.
- Multiple diagnoses.
- Identified social determinants of health.

PCHP does not replace the Case Management department, nor the care or the care management provided by PCPs and specialists for Anthem members. Instead, PCHP provides an extra layer of support with community health workers as an extension of care management to help our members navigate the complex health care system.

Services are meant to complement members' efforts to improve health outcomes. Identified members will be contacted to determine the appropriate level of services. PCHP will not provide any clinical services.

A PCHP community health worker may reach out to your practice to introduce themselves and establish a relationship with the physician. They may also discuss developing a mechanism by which to share information regarding patients who have been identified for complex care services.

For questions regarding PCHP and complex care services, please contact **1-888-334-0870**.

URL: <https://providernews.anthem.com/california/article/preferred-community-health-partners-care-management-integration>

Medical Policies and Clinical Utilization Management Guidelines update

Published: Jan 1, 2019 - **State & Federal** / Medi-Cal Managed Care

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Note:

- Effective November 1, 2018, AIM Specialty Health® (*AIM Musculoskeletal Level of Care Guidelines*, *Sleep Study Guidelines* and *Radiology Guidelines*) will be used for clinical reviews.
- When requesting services for a patient (including medical procedures and medications), the Precertification Look-Up Tool may indicate that precertification is not required, but this does not guarantee payment for services rendered; a *Medical Policy* or *Clinical UM Guideline* may deem the service investigational or not medically necessary. In order to determine if services will qualify for payment, please ensure applicable clinical criteria is reviewed prior to rendering services.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit
<https://www.anthem.com/ca/medicalpolicies/search.html>.

Please open the attachment to view the list of new and revised Medical Policies and Clinical Utilization Management Guidelines.

URL: <https://providernews.anthem.com/california/article/medical-policies-and-clinical-utilization-management-guidelines-update-9>

My Diverse Patients: A website to support your diverse patients

Published: Jan 1, 2019 - **State & Federal** / Medi-Cal Managed Care

While there's no single, easy answer to the issue of health care disparities, the vision of My Diverse Patients is to harness the power of data and identify ways to bridge gaps often experienced by diverse populations.

We've heard it all our lives: in order to be fair, you should treat everyone the same. But the challenge is that everyone is not the same – and these differences can lead to critical disparities not only in how patients access health care, but in their outcomes as well.

The reality is that the burden of illness, premature death and disability disproportionately affects certain populations.¹ My Diverse Patients features robust educational resources to help support you in addressing these disparities, such as:

- Continuing medical education about disparities, potential contributing factors and opportunities for you to enhance care.
- Real life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

Accelerate your journey to becoming your patients' trusted health care partner by visiting <https://mydiversepatients.com> today.

Centers for Disease Control and Prevention (2013, Nov 22) CDX Health Disparities and Inequalities Report – United States, 2013. *Morbidity and Mortality Weekly Report* Vol 62 (Suppl 3), p3.

URL: <https://providernews.anthem.com/california/article/my-diverse-patients-a-website-to-support-your-diverse-patients-2>

Anthem Blue Cross now offering telehealth to Medicaid members

Published: Jan 1, 2019 - **State & Federal** / Medi-Cal Managed Care

Anthem Blue Cross is now offering the telemedicine service LiveHealth Online (LHO) for its Medi-Cal Managed Care (Medi-Cal) beneficiaries statewide. LHO is a mobile app and

website (<https://startlivehealthonline.com>) that provides beneficiaries with a convenient way to have live video visits with board-certified doctors, psychologists or psychiatrists. This service is available through mobile devices or computers from anywhere for nonemergency health conditions.

Doctors using LHO are available 24/7, 365 days a year including holidays. Any Anthem member who is enrolled in Medi-Cal can access LHO simply downloading the mobile application and registering to access the tools, resources and information available. Live video doctor visits via LHO are an easy and convenient way to get quality medical care for common health conditions like coughs, colds, cuts, bruises, strains. LHO visits can also be used to get quality care for nonemergency behavioral health conditions. Prescriptions and/or prescription refills can be provided by board-certified doctors, if needed.

Doctors who have visits with patients via LHO can send prescriptions directly to a member's pharmacy of choice, if needed. A summary of each visit is created and can be forwarded to the patient's PCP with their permission. This valuable ability supports continuity of care and collaboration among providers.

While LHO is a valuable tool for our Medi-Cal members, patients should also understand the importance of their PCP-patient relationship, and they should make sure to follow up with their PCP after LHO visits. LHO is not intended to, nor can it, take the place of the patient's PCP relationship and the services provided by their PCP.

URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-now-offering-telehealth-to-medicaid-members>
