Virginia Provider News

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New year brings new ID cards for many Anthem members

Published: Jan 1, 2020 - **Administrative**

Now is the time to ask all of your patients to present their current ID card. Many members were assigned new identification numbers effective January 1, 2020, and new ID cards were provided digitally or mailed to all affected members in late December 2019. To ensure claims are processed appropriately, here is some helpful information.

Tips for Success: When Anthem members arrive at your office or facility, ask to see their current member identification card at each visit. Many of our members no longer receive a paper card, so they will present you with their digital card on their mobile device. Doing so will help you:

- Identify the member's product
- Obtain health plan contact information
- Speed claims processing

Note: Claims submitted with an incorrect ID number may be unable to be processed and may be returned to you for correction and resubmission with the correct ID.

Tips for Success: When you contact members about a claim returned for an invalid ID, and they do not recall receiving a new ID card or they misplaced their ID card, please ask members to confirm their member ID using one of the following options:

- Log in to their member account on anthem.com
- Use the Anthem mobile app called Sydney (formerly *Anthem Anywhere)* to access their electronic ID card

- Members can fax or email their most current card from anthem.com or the mobile APP to your office if needed

- Call their Anthem member services number

Following the tips above will result in a successful start to your new year.

URL: https://providernews.anthem.com/virginia/article/new-year-brings-new-id-cards-for-many-anthem-members-1

Let us help you accomplish your 2020 “To Do List” early: EDI Migration

Published: Jan 1, 2020 - **Administrative**

The new year always gives us an opportunity to set new goals. Beginning 2020, we want to help you check off a few “to do” items. As the Availity migration continues full speed ahead, let’s get you started on your first goals of the year:

Don’t delay and transition to Availity today

All EDI transmissions currently sent or received today via the Anthem EDI Gateway are now available on the Availity EDI Gateway.

- 837: Institutional and Professional
- 837: Dental
- 835: Electronic Remittance Advice
- 276/277: Claim Status
- 270/271: Eligibility Request
- 275: Medical Attachments

Below are the options you can choose from to exchange EDI transmissions with the Availity EDI Gateway:

- Migrate your direct connection with Anthem and become a direct submitter with Availity.

- Use your existing Clearinghouse or Billing Company for your EDI transmissions. (Work with them to ensure connectivity to the Availity EDI Gateway).

- Use Direct Single Claim entry through the Availity Portal.

Availity setup is simple and at no cost for you

Use this “Welcome” link below to get started today:
https://apps.availity.com/web/welcome/#/anthem

Learn something new

Enroll in one of Availity’s free courses and training demos. Making the switch to Availity's EDI Gateway is easy if you have all the resources that you need.

Follow these steps to register at www.Availity.com:

Log in to the Availity Portal and select **Help & Training | Get Trained** to access the Availity Learning Center (ALC).

Select Sessions from the menu under the search catalog field.

Scroll Your Calendar to locate your webinar.

Select View Course and then Enroll. The ALC will email you instructions to attend.

If you and your clearinghouse have already migrated, you are a step ahead. If not, take action today to make the transition.

For questions, contact Availity Client Services at 1-800-Availity (1-800-282-4548) for assistance Monday – Friday, 8 a.m. - 7 p.m. ET.

URL: https://providernews.anthem.com/virginia/article/let-us-help-you-accomplish-your-2020-to-do-list-early-edi-migration-3

Postponed: Review of professional claims with emergency room level 5 E/M codes

Published: Jan 1, 2020 - **Administrative**

Anthem Blue Cross and Blue Shield in Virginia communicated to you on May 1, 2019, that we were initiating post-payment reviews for professional ER claims billed with level 5 ER E/M codes 99285 and G0384. Anthem's implementation of this policy has been postponed. This update relates only to the policy announced May 1, 2019. All other current policies applicable to you, including, but not limited to, other audit or reimbursement policies pertaining to ER claims are unaffected by this update. We will keep you informed about the initiation of the review process; however, as always, we require proper coding and billing to ensure prompt and accurate payment.

URL: https://providernews.anthem.com/virginia/article/postponed-review-of-professional-claims-with-emergency-room-level-5-em-codes-6

Receive and respond to post-pay audit medical record requests via Availity beginning February 10, 2020

Published: Jan 1, 2020 - **Administrative**

We are launching the use of Availity's medical attachment functionality to begin requesting medical records and itemized bill information from providers electronically instead of paper requests. This change applies only to the process of requesting and receiving medical records; it is not a change to the audit program. We began transitioning providers to this new process in an active limited launch in October 2019. We will complete the transition by February 10, 2020.

Important facts regarding this change:

- This change only affects providers who use Availity and who have opted into using the medical attachment functionality through the permissions in Availity's enrollment center.

- The new functionality is for medical record requests for post-pay claims for the Payment Integrity Quality Claims Review (provider audit) department only.

- There will be no duplicate requests (both paper and electronic).

- In Availity, the request will come into the provider's Medical Attachment "inbox"

The original letter historically sent via paper is accessible through a hyperlink in the Availity system as a pdf electronic copy. The letter content is the same as it was in paper format.
Each electronic request letter will have a timeframe for responding to the request. After the timeframe has passed for that letter, you will not be able to respond to that electronic letter. If you wish to upload medical records after the response time has expired, please refer to the Availity training referenced below.
Providers can respond to the request by uploading records in Availity. The attachments are received in almost real time and are delivered electronically to the payer's systems through secure means -- nothing is stored in Availity.

The following are not included or not impacted:

- Vendor requests for medical records on behalf of the payer.

- Providers that do not use Availity or have not turned on permissions for Medical Attachments within Availity.

- The request timing or verbiage in the request letter.

- At this time, the Program Integrity Special Investigations Unit (SIU) post pay review, but they will be included at a future date.

Resources

Training is available in Availity located here Availity Training on Electronic Medical Records for Program Integrity.

Can I start using the functionality earlier?

Yes. If you chose to opt in earlier, please ensure you are configured within Availity. You may request early access via this email address: dl-Prod-Availity-Provider-Support@anthem.com.

For additional information, see our frequently asked questions under article attachments to the right.

URL: https://providernews.anthem.com/virginia/article/receive-and-respond-to-post-pay-audit-medical-record-requests-via-availity-beginning-february-10-2020-2

Upcoming retirement planned for legacy Medical Attachment submission tool

Published: Jan 1, 2020 - **Administrative**

The **Medical Attachment tool** makes the process of submitting electronic documentation in support of a claim, simple and streamlined. We are now in the final stages of migration from the Medical Attachments link to the Attachments-New option.

What is happening to the legacy attachment tool?

- The legacy tool will be retired soon* with access via **Attachments-New** now.

- The history of the information you have previously submitted is still available on the legacy tool for now*.

- Read-only access to the history is in the final stages*

***Look for messaging on the legacy attachment tool for specific dates**

How to access *solicited* Medical Attachments for your office

Availity Administrator, complete these steps:

From ***My Account Dashboard,*** select ***Enrollments Center>Medical Attachments Setup,*** and complete the following sections:

Select Application>choose **Medical Attachments Registration**

Provider Management>Select **Organization** from the drop-down. Add NPIs and/or Tax IDs

Assign user access by checking the box in front of the user's name

Using Medical Attachments

Availity User, complete these steps:

Log in to www.availity.com

Select **Claims and Payments** > **Attachments-New** >**Send Attachment** Tab

Complete all required fields of the form

Attach supporting documentation

Submit

Need training?

To access additional training for this Availity feature:

- Log in and select **Help & Training** > **Get Trained** to open the Availity Learning Center (ALC) Catalog in a new browser tab.

- Search the Catalog by keyword **(attachments)** to find training demo and on-demand courses.

- Select **Enroll** to enroll for a course and then go to your Dashboard to access it any time.

URL: https://providernews.anthem.com/virginia/article/upcoming-retirement-planned-for-legacy-medical-attachment-submission-tool-2

Coverage guidelines effective April 1, 2020

Published: Jan 1, 2020 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective ***April 1, 2020.*** These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, Medicare Advantage, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on November 7, 2019.

The services addressed in these coverage guidelines in this section and in the attachment under "Article Attachments" on the right will require authorization for all of our

HealthKeepers, Inc. products with the exception of Anthem HealthKeepers Plus (Medicaid), the Anthem CCC Plus plan, Medicare Advantage, and the Federal Employee Program.

A pre-determination can be requested for our PPO products.

Services related to specialty pharmacy drugs (non-cancer related) require a Medical Necessity review, which includes site of care criteria, as outlined in the applicable coverage or clinical UM guideline listed below.

Guidelines addressed in this edition of *Provider News* are:

- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) (SURG.00028)
- Treatment of Varicose Veins (Lower Extremities) (SURG.00037)
- Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis (SURG.00047)
- Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents (SURG.00097)
- Paraesophageal Hernia Repair (CG-SURG-92)
- Whole Genome Sequencing, Exome Sequencing, Gene Panels, and Molecular Profiling (GENE.00052)

URL: https://providernews.anthem.com/virginia/article/coverage-guidelines-effective-april-1-2020

Important update: Milliman Care Guideline (MCG), 23rd Edition; ORG: W0163 Pelvic Organ Prolapse Repair

Published: Jan 1, 2020 - **Guideline Updates**

Effective for dates of service on and after **May 1, 2020**, the updated clinical UM guideline MCG ORG: W0163 Pelvic Organ Prolapse Repair will now include the medical necessity review for pelvic organ prolapse repair surgery.

Initially, the clinical guideline only applied for pelvic organ prolapse length of stay review. With this update, it will also address the pre-operative and post-service medical necessity review of pelvic organ prolapse repair procedures. This change is effective for dates of service on and after May 1, 2020.

This notice does not apply to the Federal Employee Program® (FEP®), Medicare and Medicaid.

URL: https://providernews.anthem.com/virginia/article/important-update-milliman-care-guideline-mcg-23rd-edition-org-w0163-pelvic-organ-prolapse-repair-3

New Musculoskeletal and Pain Management Solution effective for select National ASO Accounts January 1, 2020

Published: Jan 1, 2020 - **Products & Programs**

Musculoskeletal (MSK) care and interventional pain management pose substantial challenges for employers as costs rise, the population ages and physician practice patterns vary widely. With disorders affecting one in every two American adults,[1] the need for evidence-based care and proactive consumer engagement is essential to better managing care and cost.

With that in mind, we are pleased to announce that select National Administrative Services Only (ASO) Accounts will utilize the comprehensive Musculoskeletal and Pain Management Solution, administered by AIM Specialty Health®. The new MSK program reviews certain spine and joint surgeries/procedures, and interventional pain services against clinical appropriateness criteria to help ensure that care aligns with established evidence-based medicine.

Transition Period

To ensure continuity of care, we will have a 90-day transition of care for members in active treatment for pain management or for members who have received prior approval through Anthem Blue Cross and Blue Shield. Providers do not need to obtain authorization through AIM for services already in progress or where prior authorization has already been obtained with Anthem.

Please visit anthem.com or call the number on the back of the member ID card for member eligibility.

[1] American Academy of Orthopedic Surgeons

URL: https://providernews.anthem.com/virginia/article/new-musculoskeletal-and-pain-management-solution-effective-for-select-national-aso-accounts-january-1-2020-4

2020 FEP® benefit information available online

Published: Jan 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

To view the 2020 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® or FEP, go to www.fepblue.org>select Benefit Plans>Brochure & Forms. Here you will find the Service Benefit Plan Brochure and Benefit Plan Summary information for year 2020. For questions, please contact FEP Customer Service toll free at **800-552-6989.**

URL: https://providernews.anthem.com/virginia/article/2020-fep-benefit-information-available-online-5

Medical drug benefit Clinical Criteria updates

Published: Jan 1, 2020 - **State & Federal** / Medicaid

Category: Medicaid

On August 16, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical*

Criteria applicable to the Anthem HealthKeepers Plus **medical drug benefit** for HealthKeepers, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider website, and the effective dates will be reflected in the ***Clinical Criteria Web Posting August 2019***. Visit ***Clinical Criteria*** to search for specific policies.

For questions or additional information, use this **email**.

URL: https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-7

Coding spotlight: Provider's guide to coding respiratory diseases

Published: Jan 1, 2020 - **State & Federal** / Medicaid

Category: Medicaid

The following coding guidelines are applicable for Anthem HealthKeepers Plus providers:

ICD-10-CM coding

Respiratory diseases are classified in categories J00 through J99 in Chapter 10, "Diseases of the Respiratory System" of the *ICD-10-CM Official Guidelines for Coding and Reporting*.

Pneumonia

Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, "Certain Infectious And Parasitic Diseases" and Chapter 10, "Diseases of the Respiratory System." Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to Klebsiella

- J15.211 — pneumonia due to Staphylococcus aureus

- J11.08 + J12.9 — viral pneumonia with influenza.

Other types of pneumonia are coded as manifestations of underlying infections classified in chapter 1; two codes are required in such cases. Examples of this dual classification coding include I00 + J17 — pneumonia in rheumatic fever. When the diagnostic statement is pneumonia without any further specification and the organism is not identified, the assigned code is J18.9 — pneumonia, unspecified organism.

Influenza

ICD-10-CM classifies influenza as the following categories:

- J09 — due to certain identified influenza viruses
- J10 — due to other identified influenza virus
- J11 — due to unidentified influenza virus

Codes from categories J09 and J10 should be assigned only for confirmed cases of avian flu and other novel influenza A, or for other identified influenza virus.

Chronic obstructive pulmonary disease (COPD) and asthma

COPD is a general term used to describe a variety of conditions that result in obstruction of the airway. ICD-10-CM classifies these conditions to category J44, other chronic obstructive pulmonary disease.

Category J44 includes the following conditions:

- Asthma with chronic obstructive pulmonary disease

- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airways obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis

Category J44 is further subdivided to specify whether there is an acute lower respiratory infection (J44.0) and whether there is an exacerbation of the condition (J44.1). If applicable, a code from category J45 is assigned to specify the type of asthma. It is appropriate to code both the COPD with acute exacerbation and COPD with a lower respiratory infection. Be specific in the documentation, including the type of infection and the infective agent.

For COPD, document severity as either mild, moderate or severe. COPD can occur with or without acute or chronic respiratory failure, so any respiratory failure should be separately noted.

Asthma is classified into category J45; a fourth character indicates the severity as either mild intermittent, mild persistent, moderate persistent, severe persistent, other and unspecified;

also, a final character indicates whether the condition is uncomplicated, or whether status asthmaticus or exacerbation is present.
Asthma characterized as obstructive or diagnosed in conjunction with COPD is classified to category J44 — other chronic obstructive pulmonary disease. If the specific type of asthma is documented, also use code J45.

Signs and symptoms of COPD or asthma that are separately reported when they occur include hypercapnia, hypoxemia, polycythemia, and acute or chronic respiratory failure. Document any dependence on a ventilator or supplemental oxygen.

A diagnosis of asthmatic bronchitis without further specification is coded as J45.9 if the diagnosis is stated as exacerbated or acute chronic asthmatic bronchitis, code J44.1 is assigned. A diagnosis of asthmatic bronchitis with COPD or chronic asthmatic bronchitis is coded to J44.9.

Examples of coding for asthma include the following:

- J45.902 — asthmatic bronchitis with status asthmaticus

- J44.9 + J45.40 — moderate persistent asthma with COPD.

In addition to codes in categories J44 and J45, codes may also be assigned to identify exposure to environmental tobacco smoke (Z77.22), history of tobacco dependence (Z87.891), occupational exposure to environmental tobacco smoke (Z57.31), tobacco dependence (F17. or tobacco use (Z72.0)

HEDIS® quality measures for respiratory conditions

Medication Management for People with Asthma (MMA)

This HEDIS measure looks at patients who have been identified as having persistent asthma and have been dispensed appropriate medication on which they remained during the treatment period.

Two rates are reported:

- The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period

- The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period

For patients with asthma, you should:

- Prescribe controller medication.

- Educate them on identifying asthma triggers and taking controller medications.

- Create an asthma action plan (document in the medical record).

- Remind them to get their controller medication filled regularly.

- Remind them to continue taking the controller medications even if they are feeling better and free of symptoms.

Exclusions:

- Acute respiratory failure

- Chronic respiratory conditions due to fumes/vapors

- COPD
- Cystic fibrosis
- Emphysema
- Other emphysema

Asthma Medication Ratio (AMR)

This HEDIS measure looks at patients who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Helpful tips:

- For each member, count the units of asthma controller medications dispensed during the measurement year.
- For each member, count the units of asthma reliever medications dispensed during the measurement year.
- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.

- For each member, calculate the ratio of controller medications to total asthma medications (units of controller medications divided by units of total asthma).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

This HEDIS measure looks at members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

Helpful tips:

- Managing chronic conditions takes planning. A pre-visit chart review is a good place to start.

- Proper diagnosis is needed to ensure members receive appropriate short- and long-term treatment.

- Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity.

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

Resources:

- *ICD-10-CM Expert for Physicians*: *the complete official code set*. Optum360, LLC. 2019.

- *ICD-10-CM/PCS Coding: theory and practice*. 2019/2020 Edition. Elsevier

- NCQA: HEDIS & performance management: **https://www.ncqa.org/hedis/measures**

URL: https://providernews.anthem.com/virginia/article/coding-spotlight-providers-guide-to-coding-respiratory-diseases-2

Inmate Services Program

Published: Jan 1, 2020 - **State & Federal** / Medicaid

Category: Medicaid

HealthKeepers, Inc. is the administrator for an Inmate Services Program that includes most penal institutions in Virginia. With the expansion of Medicaid in Virginia on January 1, 2019, inmate inpatient claims may be eligible for Medicaid. Anthem HealthKeepers Plus providers should always file with Medicaid first for Medicaid-eligible inpatient services. The Inmate Services Program should never be billed as primary for an Anthem HealthKeepers Plus member.

Medicaid prefixes are YTD for Medallion 4.0 claims and VAQ for Anthem HealthKeepers Plus Commonwealth Coordinated Care Plus (Anthem CCC Plus) claims. The prefixes for the Inmate Services Program claims from January 1, 2019, to June 30, 2019, are YTA and YTS. Claims for dates of services from July 1, 2019, to January 1, 2020, are VQX and XHY.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

URL: https://providernews.anthem.com/virginia/article/inmate-services-program

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Verifying and updating your provider information

Published: Jan 1, 2020 - **State & Federal** / Medicaid

Category: Medicaid

Maintaining accurate provider information is critically important to ensure that our Anthem HealthKeepers Plus members have timely and accurate access to care. Additionally, HealthKeepers, Inc. is required by Centers for Medicare & Medicaid Services (CMS) to include accurate information in provider directories for certain key provider data elements. To remain compliant with federal and state requirements, changes must be communicated within 30 days in advance of a change or as soon as possible.

Key data elements include physician name, address, phone number, accepting new patient status, hospital affiliations and medical group affiliations.

Please notify us by completing the *Provider Maintenance Form* available online at: **https://www.anthem.com/provider/provider-maintenance-form/**

Thank you for your help and continued efforts in keeping our records up to date.

URL: https://providernews.anthem.com/virginia/article/verifying-and-updating-your-provider-information-13

Medical drug benefit Clinical Criteria updates

Published: Jan 1, 2020 - **State & Federal** / Medicaid

Category: Medicaid

On September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the Anthem HealthKeepers Plus **medical drug benefit** for HealthKeepers, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider website, and the effective dates will be reflected in the ***Clinical Criteria Web Posting September 2019***. Visit ***Clinical Criteria*** to search for specific policies.

For questions or additional information, use this **email**.

URL: https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-8

Keep up with Medicaid news

Published: Jan 1, 2020 - **State & Federal** / Medicaid

Category: Medicaid

Please continue to check our website https://mediproviders.anthem.com for the latest Medicaid information for members enrolled in HealthKeepers, Inc.'s Anthem HealthKeepers Plus and the Commonwealth Coordinated Care Plus (Anthem CCC Plus) benefit plans. Here are topics we're addressing in this edition:

Improving the patient experience

Coverage Guidelines and Clinical Utilization Management Guidelines update

URL: https://providernews.anthem.com/virginia/article/keep-up-with-medicaid-news-16

Introducing a new Medicare Advantage special needs plan for 2020

Published: Jan 1, 2020 - **State & Federal** / Medicare

Category: Medicare

As we continue our efforts to provide member-focused health plans for Medicare Advantage beneficiaries, Anthem Blue Cross and Blue Shield (Anthem) is offering a new special needs plan for 2020. Our Anthem MediBlue Care On Site (HMO I-SNP) plan offers benefits for integrated care and case management through a holistic approach while promoting continuity of care and preserving provider choice.

Anthem will offer an Institutional Special Needs Plan (I-SNP), Anthem MediBlue Care On Site (HMO I-SNP), focused on beneficiaries who are living in skilled nursing facilities or qualified beneficiaries living in assisted living centers. Anthem will collaborate with CareMore

Health mobile clinicians in the community to deliver a high-touch, well-coordinated, holistic model of care to institutionalized patients at the member's bedside. Working alongside primary care physicians to ensure the best possible outcomes for the member, the goal is to improve access to care and better communication with the patient, family, staff and providers. In addition to our contracted mobile providers, the plan includes our Anthem contracted Medicare Advantage HMO fee-for-service providers.

With the I-SNP product, the prior authorization requirements will be different from our other Medicare Advantage plans. Please ensure when reviewing prior authorization requirements to select **Medicare I-SNP C-SNP** from the drop-down box on the provider website. Anthem is excited to introduce this special needs plan to our Medicare Advantage portfolio. To learn more about our I-SNP plan, visit https://www.anthem.com or call the number on the back of the member's ID card.

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URL: https://providernews.anthem.com/virginia/article/introducing-a-new-medicare-advantage-special-needs-plan-for-2020-1

Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ

Published: Jan 1, 2020 - **State & Federal** / Medicare

Category: Medicare

The Group Retiree Medicare Advantage PPO plans for Anthem Blue Cross and Blue Shield (Anthem) members may include the National Access Plus benefit, which allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare and accepts the member's PPO plan. These PPO plans also offer benefits that original Medicare doesn't cover, including an annual routine physical exam, hearing, vision, chiropractic care, acupuncture, LiveHealth Online and SilverSneakers.®

If you are already part of our Medicare Advantage PPO network, thank you. Visit us on the Web for the **FAQ** that will be helpful as you grow your practice and serve members who may be new to our Group Retiree PPO plans.

Out-of-network providers are paid Medicare allowable rates for covered services, less the members' copayment, coinsurance and/or deductible. **No contract is required.**

With the National Access Plus benefit, the member's cost share doesn't change — whether local or nationwide; doctor or hospital; in- or out-of-network.

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URL: https://providernews.anthem.com/virginia/article/medicare-advantage-group-retiree-ppo-plans-and-national-access-plus-faq-3

Medicare preferred continuous glucose monitors

Published: Jan 1, 2020 - **State & Federal** / Medicare

Category: Medicare

On **January 1, 2020**, Anthem Blue Cross and Blue Shield (Anthem) will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Anthem will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call **1-833-293-0661**.

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URL: https://providernews.anthem.com/virginia/article/medicare-preferred-continuous-glucose-monitors-11

Medical drug benefit Clinical Criteria updates

Published: Jan 1, 2020 - **State & Federal** / Medicare

Category: Medicare

On August 16, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider website, and the effective dates will be reflected in the *Clinical Criteria Web Posting August 2019*. Visit *Clinical Criteria* to search for specific policies.

For questions or additional information, use this email.

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URL: https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-9

Help protect your patients by providing medical ID protection: Best practices

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Category: Medicare

Overview

Many of our members have reported that they received unsolicited calls (or emails) from an individual or company offering to provide durable equipment devices, such as back or leg braces, or items such as topical creams at little or no cost. While it may be tempting to want to receive something for free, members should know that there is a cost.

Although our members may not receive a bill for these devices or medications, the items are billed to the insurance companies, costing hundreds or even thousands of dollars each.

How does this impact members?

Members should also know that the cost may be more than monetary. Allergic reactions may occur when using medications that are not properly prescribed. Ill-fitting leg or back braces, or equipment that is not specifically intended for the pain experienced by the member, could do more harm than good.

This problem is prevalent throughout the country, so all of our members should be aware. Billions of unsolicited telemarketing calls are made each year, many of which are promoting health care services. Calls often spoof local phone numbers or numbers that appear familiar to trick the recipient into accepting the call.

How can I help protect my patients?

While the ultimate purpose of these telemarketing calls is to sell these items, the immediate goal of the person or company placing the call is to obtain valuable personally identifiable information (PII) from the member. Without this personal information, such as a social security number or insurance identification number, selling these devices and medications is much more difficult. Share this information with you patients to help them learn how to protect their PII.

You can help protect your patients and their personally identifiable information from scams by reminding them of the following:

- Don’t fall prey to scams!

- Take a few moments to review your *Explanation of Benefits (EOB)* and the services listed.

- When receiving robotic (robo) or telemarketing calls:

- Simply hang up the phone.

- Beware of threatening or urgent language used by the caller.

- Do not provide any personally identifiable information such as your social security number or insurance identification number. The caller may imply that they have your information and ask you to provide it to confirm that they have the correct information. Do not provide the information or confirm it if they do happen to have any identification information.

- When receiving emails:

- Do not open email attachments you weren't expecting.

- Check for spelling mistakes and poor grammar.

- Do **not** click on the links you are sent. You can type the link into a new browser.

- Online scams can come from anywhere. Take a few moments to review your *EOB* and confirm that you received the services listed on the *EOB*.

- Additional ways to protect yourself:

- Shred or destroy obsolete documents that contain medical claims information or *EOBs*.

- Do not use social media to share medical treatment information.

How to report when you receive what you suspect is a scam call or email:

- To file a complaint with the Federal Trade Commission, you can go to: https://ftc.gov/complaint or call 1-877-FTC-HELP.

- Members may contact their plan's Member Services department.

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URL: https://providernews.anthem.com/virginia/article/help-protect-your-patients-by-providing-medical-id-protection-best-practices-3

Reminder: Medicare claims for secondary payer must be submitted after the 30-day Medicare remittance period

Published: Jan 1, 2020 - **State & Federal** / Medicare

Category: Medicare

Claims will deny when a provider submits a Medicare claim to Anthem Blue Cross and Blue

Shield (Anthem) as a secondary payer if the claim has been received prior to the 30-day Medicare remittance period. Providers submitting a paper claim for Medicare claims that are filed with Medicare as the first payer must not file with Anthem as the secondary payer until the 30-day remittance period has expired.

These claims rejections are a result of improper timely filing by providers. To eliminate claims rejections when Anthem is the secondary payer, submit the claim 30 days after the Medicare Remittance period.

For additional information, call the number on the back of the member’s ID card.

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URL: https://providernews.anthem.com/virginia/article/reminder-medicare-claims-for-secondary-payer-must-be-submitted-after-the-30-day-medicare-remittance-period-4

Healthcare Quality Patient Assessment Form and Patient Assessment Form

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***Category:* Medicare**

Anthem Blue Cross and Blue Shield (Anthem) offers the *Healthcare Quality Patient Assessment Form (HQPAF)/Patient Assessment Form (PAF)*. This newsletter focuses on key tips that may help participating providers successfully close out their 2019 *HQPAF/PAF*.

Dates and tips to remember:

Anthem encourages you to review your patient population as soon as possible. You can help patients schedule an in-office visit. These appointments help the patient manage chronic conditions, which impact the health status of the patient.

At the conclusion of each office visit with the patient, providers who are participating in the *HQPAF/PAF* program are asked to complete and return a *HQPAF/PAF*. The form should be completed based on information collected during the visit. Participating providers may continue to use the 2019 version of the *HQPAF/PAF* for encounters taking place on or before December 31, 2019. Anthem will accept the 2019 version of the *HQPAF/PAF* for 2019

encounters until midnight on January 31, 2020. Important note: *HQPAF/PAF* for 2019 dates of service that are rejected due to provider error and corrected by the provider may be submitted through March 31, 2020.

If not already submitted, participating providers are required to submit an *Account Setup Form* ***(ASF)***, *W9* and a completed direct deposit enrollment by March 31, 2020. Participating providers should call **1-877-751-9207** if they have questions regarding this requirement. Failure by a participating provider to comply with this requirement will result in forfeiture of the provider payment for submitted 2019 *HQPAF/PAF* program, if applicable.

If you have any questions about the PAF or HQPAF programs, please call **1-877-751-9207** from 9:30 a.m. to 7:30 p.m. Eastern time, Monday to Friday.

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URL: https://providernews.anthem.com/virginia/article/healthcare-quality-patient-assessment-form-and-patient-assessment-form-4

Medical drug benefit Clinical Criteria updates

Published: Jan 1, 2020 - **State & Federal** / Medicare

Category: ***Medicare***

On September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider website, and the effective dates will be reflected in the *Medicare Advantage Clinical Criteria Web Posting September 2019*. Visit *Clinical Criteria* to search for specific policies.

For questions or additional information, use this email.

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URL: https://providernews.anthem.com/virginia/article/medical-drug-benefit-clinical-criteria-updates-10

Electric Boat offers Medicare Advantage options

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Category: ***Medicare***

Effective **January 1, 2020**, Electric Boat retirees who are eligible for Medicare Parts A and B will be enrolled in a Medicare PPO plan under Anthem Blue Cross and Blue Shield (Anthem). The plan includes the National Access Plus benefit, which allows retirees the freedom to receive services from any provider as long as the provider is eligible to receive payments from Medicare. Additionally, Electric Boat retirees will have the same cost share for both in-network and out-of-network covered services. The Medicare Advantage plan offers the same hospital and medical benefits that original Medicare covers, as well as additional benefits that original Medicare does not cover, such as an annual routine physical exam, LiveHealth Online and SilverSneakers.

The prefix on Electric Boat ID cards will be ZDX. The cards will also show the National Access Plus icon.

Providers can submit claims electronically using the electronic payer ID for the Anthem plan in their state or submit a *UB-04* or *CMS-1500* form to the Anthem plan in their state. Claims should not be filed with original Medicare.

Detailed prior authorization requirements also are available to contracted providers by accessing the provider self-service tool at https://www.availity.com.

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URL: https://providernews.anthem.com/virginia/article/electric-boat-offers-medicare-advantage-options-3

Keep up with Medicare news

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Category: ***Medicare***

Please continue to check Important Medicare Advantage Updates at anthem.com/medicareprovider for

the latest Medicare Advantage information, including:

City of Cincinnati Retirement System to offer Medicare Advantage option

Prior authorization requirements for E0784, K0553 and K0554

Medical Policies and Clinical Utilization Management Guidelines update

Virginia 2020 Medicare Advantage plan changes

City of Marietta Offers Medicare Advantage Option

Pharmacy benefit manager change to IngenioRx

URL: https://providernews.anthem.com/virginia/article/keep-up-with-medicare-news-104