



Colorado Provider News

January 2020 Anthem Provider News and Important Updates

- Colorado

Administrative:

| | |
|---|----|
| New Pathway PPO network to support new product offerings | 3 |
| available January 1, 2020 | |
| Working with Anthem Webinars -- January 2020 schedule: | 5 |
| Pathway PPO Overview | |
| Receive and respond to post pay audit medical record requests | 6 |
| via Availity beginning February 10, 2020 | |
| New Musculoskeletal and Pain Management Solution Effective. | 8 |
| for Select National ASO Accounts January 1, 2020 | |
| Upcoming retirement planned for legacy Medical Attachment | 9 |
| submission tool | |
| Let us help you accomplish your 2020 “To Do” list early – EDI. | 11 |
| Migration | |
| New Year brings new ID cards for many Anthem members | 12 |
| Drug fee schedule update | 13 |

Medical Policy & Clinical Guidelines:

| | |
|--|----|
| Important Update: Milliman Care Guideline (MCG), 23rd Edition, | 13 |
| Pelvic Organ Prolapse Repair (MAC) | |
| Dispatch Health: An extension of your team - Innovative On-. | 14 |
| demand Healthcare at Home | |

Reimbursement Policies:

| | |
|---|----|
| Outpatient facility edit implementation effective April 26, 2020. | 15 |
| (MAC) | |

Federal Employee Plan (FEP):

| | |
|--|----|
| 2020 FEP® Benefit information available online | 16 |
|--|----|

Medicare:

| | |
|--|----|
| Introducing two new Medicare Advantage special needs plans | 16 |
| for 2020 | |

| | |
|---|----|
| Reminder: Medicare claims for secondary payer must be submitted after the 30-day Medicare remittance period | 17 |
| Help protect your patients by providing medical ID protection -- best practices | 18 |
| Postponed -- Review of professional claims with emergency room level 5 E/M codes | 20 |
| Medical drug benefit Clinical Criteria updates – October 2019 | 21 |
| Medical drug benefit Clinical Criteria updates – November 2019 | 21 |
| Keep up with Medicare news | 22 |

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New Pathway PPO network to support new product offerings available January 1, 2020

Published: Jan 1, 2020 - Administrative

We would like to educate you on a new network to support new product offerings available starting this year. Our network called “Pathway”, previously a subset of our standard HMO network only, is now going to be available as a PPO network option for certain PPO/EPO plan offerings effective January 1, 2020.

The Pathway PPO network will be the same as our Pathway HMO network, but will now be available for PPO plan offering options. Those providers already participating in our Pathway HMO Network, have been invited to participate in our Pathway PPO Network unless they have chosen to opt out.

The reimbursement rates for the Pathway PPO network will be the same as your Pathway HMO reimbursement rates.

Please note: Since the Anthem Rates are the same for both Pathway HMO and Pathway PPO, participation for the Pathway PPO network is required to remain in the Pathway HMO network. We are not able to accommodate participation in Pathway HMO only.

Important distinction for Pathway PPO plan options:

- Members will have access to the **Pathway network when rendering services inside Colorado**.
 - No out-of-network benefits **inside Colorado** unless Emergency.
- Members will have access to the **PPO network ONLY when rendering services outside of Colorado**.

Identifying Members accessing the Pathway Network:

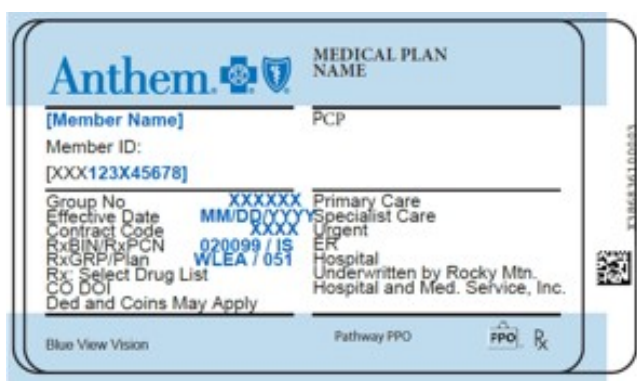
| Network Name (On Member ID cards) | Product Type | Health Benefits Plan Option | Three- Character Prefix |
|---|-----------------|--------------------------------|-------------------------------|
|---|-----------------|--------------------------------|-------------------------------|

| | | | |
|-----------------|-----|----------------------------|----------|
| Pathway X | HMO | Individual (Exchange) | VAB |
| Pathway X | HMO | Small Group (Exchange) | VAC |
| Pathway | HMO | Individual (Off Exchange) | VAA |
| Pathway | HMO | Small Group (Off Exchange) | AFX |
| Pathway | HMO | National Accounts | QWP |
| Pathway Network | HMO | Large Group | VAE |
| Pathway PPO | PPO | Small Group | PWL, CQQ |
| Pathway PPO | PPO | Large Group | WUS |

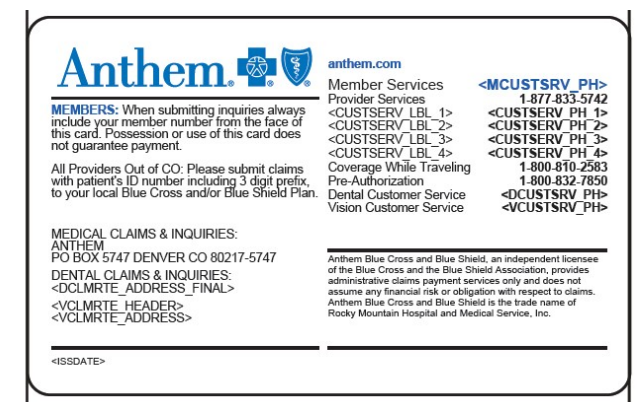
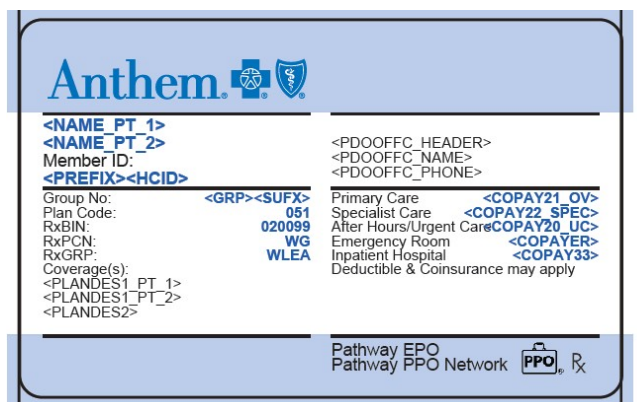
Note: While the "Pathway" network name may be slightly different depending on the Health Benefit Plan option, the network utilized for these on and off Exchange plans is the same.

Pathway PPO sample Member ID card

Small Group sample



Large Group sample



Provider Webinar opportunities discussing Pathway PPO Network

We will be conducting a “Working with Anthem” webinar regarding a Pathway PPO Overview on **January 29, 2020 at 12pm MT**. Please join us to learn about our new Pathway PPO network and the new products available to access this network starting January 1, 2020. Requirements for attending an online webinar include: access to a computer with internet access, phone, and email address.

Webinar Registration link: go to **anthem.com**, and select **Provider**. Under the *Communications* heading, select **Education an Training**. (*Select Colorado, if you have not done so already*). Under the *Seminars and Webinars* heading, select the plus sign next to *Working with Anthem webinars*, then **Register for a Working with Anthem Webinar**.

Thank you for the care you provide to our members.

URL: <https://providernews.anthem.com/colorado/article/new-pathway-ppo-network-to-support-new-product-offerings-available-january-1-2020>

Working with Anthem Webinars -- January 2020 schedule: Pathway PPO Overview

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

We are continuing our series of “Working with Anthem” webinars for 2020. These webinars are focused on one topic each session, and designed to help our providers and their staff learn how to use the tools currently available to improve operational efficiency when working with Anthem Blue Cross and Blue Shield (Anthem).

2020 Subject Specific Webinars -- January schedule

| | |
|---------------------|--|
| Topic: | Pathway PPO Overview |
| Date/Time: | Wednesday, January 29, 2020 |
| Description: | Please join us to learn about our new Pathway PPO network and the new products available to access this network starting |

January 1, 2020.

Registration link:

<https://anthem.webex.com/anthem/onstage/g.php?PRID=b6a696587e498199466cad7231c908d>

Webinars are offered using Cisco WebEx. There is no cost to attend. Access to the internet, an email address and telephone is all that's needed. **Attendance is limited, so please register today.**

Watch for additional topics and dates in future issues of our monthly provider newsletter throughout the year. We also will continue to offer our Fall Provider Seminars which will continue to cover a variety of topics in face-to-face and webinar options.

Recorded sessions:

Most sessions are recorded and playback versions are available on our Registration Page. The top portion of the page will show ***“Upcoming Events”*** and the bottom portion will show ***“Event Recordings”***.

Event Recordings Note:

As we have a new registration link effective September 1, 2019, event recordings will be split into two URLs.

- Recordings after September 1, 2019 will be available from the current registration link, under the **[“Event Recordings”](#)** heading.
- Archived Event Recordings from January -- August 2019 are available [here](#).

URL: <https://providernews.anthem.com/colorado/article/working-with-anthem-webinars-january-2019-schedule-pathway-ppo-overview-1>

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 for this Availity tool by selecting this link: [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](#).

URL: <https://providernews.anthem.com/colorado/article/receive-and-respond-to-post-pay-audit-medical-record-requests-via-availity-beginning-february-10-2020-3>

New Musculoskeletal and Pain Management Solution Effective for Select National ASO Accounts January 1, 2020

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

Musculoskeletal care and interventional pain management (MSK) 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 adults¹, 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 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, 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 that have received prior approval through the Anthem precertification. Providers do not need to obtain authorization through AIM portal for services already in progress or where prior authorization has been obtained with Anthem.

Please contact [anthem.com](https://www.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/colorado/article/new-musculoskeletal-and-pain-management-solution-effective-for-select-national-aso-accounts-january-1-2020-5>

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 current attachment tool?

- The legacy tool will be retired soon* with access via **Attachments-New** option available 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 assign access to utilize submitting 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 the Medical Attachments tool

Availity User, complete these steps:

Log in to [availity.com](https://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 into Availity. 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/colorado/article/upcoming-retirement-planned-for-legacy-medical-attachment-submission-tool-3>

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. Starting in 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:

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, 8:00 am – 7:00 pm ET.

URL: <https://providernews.anthem.com/colorado/article/let-us-help-you-accomplish-your-2020-to-do-list-early-edi-migration-4>

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. Requesting a copy of the most current ID card 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 for correction and resubmission with the correct ID.

Tips for Success: When you contact a member 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 the member to confirm their member ID using one of the following options:

- Log in to their member account on [anthem.com](https://www.anthem.com)
- Use 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](https://www.anthem.com), or the Sydney 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/colorado/article/new-year-brings-new-id-cards-for-many-anthem-members-2>

Drug fee schedule update

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

CMS average sales price (ASP) first quarter fee schedule with an effective date of January 1, 2020 will go into effect with Anthem Blue Cross and Blue Shield (Anthem) on February 1, 2020. To view the ASP fee schedule, please visit the CMS website at <http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/>.

URL: <https://providernews.anthem.com/colorado/article/drug-fee-schedule-update-5>

Important Update: Milliman Care Guideline (MCG), 23rd Edition, Pelvic Organ Prolapse Repair (MAC)

Published: Jan 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

Material Adverse Change (MAC)

Important Update: Milliman Care Guideline (MCG), 23rd Edition, Pelvic Organ Prolapse Repair

URL: <https://providernews.anthem.com/colorado/article/important-update-milliman-care-guideline-mcg-23rd-edition-pelvic-organ-prolapse-repair-mac>

Dispatch Health: An extension of your team - Innovative On-demand Healthcare at Home

Published: Jan 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

DispatchHealth brings comfortable healthcare to the home

DispatchHealth is a healthcare delivery service designed to reduce ER visits for non-emergencies and ensure patients with acute healthcare needs get the care they need in a timely manner. DispatchHealth serves as a rescue service after hours and weekends, when your team is unavailable or when your patients are unable to transport themselves to your office for care. DispatchHealth tucks your mutual patients back into your care so they can return to your supervision quickly and conveniently.

Injuries and illnesses DispatchHealth treats

DispatchHealth treats everything an urgent care center can. Plus more! Their medical team is geared up and ready to treat any number of conditions.

- **Common Ailments:** Influenza, Fever, Joint or Back Pain, Sprains and Strains, Eye Infections, Urinary Tract Infections, Skin Rashes or Lacerations, Evaluation of Weakness, Falls Among the Elderly, Anxiety
- **Procedures Performed:** IV placement, 12 lead ECG, Administer IV fluids, medications and antibiotics, laceration repair (simple to complex) sutures or staples, incision and drainage of skin lesions, splint injured extremities, advanced blood laboratory testing on-site, rapid infectious disease testing (flu, strep, mono), catheter insertion (foley, coude,

suprapubic), nasal packing and cautery, gastrostomy tube replacements (feeding tube), IV medications (diuretics, bronchodilators steroids, antibiotics, antiemetics)

- For a complete list, visit dispatchhealth.com/what-we-treat/

How Providers Partner with DispatchHealth

Refer a patient by requesting care

Request care for a patient by calling our local Denver (303-500-1518, press 1) or Colorado Springs (719-270-0805, press 1) team. You can call after hours, on weekends and during holidays. DispatchHealth is available from 7:00 am – 10:00 pm, 7 days a week, every day of the year including holidays.

Let DispatchHealth extend your patient care

A board-certified physician assistant or nurse practitioner and medical technician will arrive at your patients' homes within a few hours in a branded vehicle equipped with the ability to diagnose and treat complex medical conditions and navigate challenging social environments.

Tuck in to primary care

DispatchHealth fully documents your patients' visit and sends clinical documentation back to you via fax 24-48 hours post visit. When immediate primary care follow up is needed, you will receive a call from the DispatchHealth team. Additionally, DispatchHealth follows up with every patient within three days and refers back to you for additional care as needed. DispatchHealth bills insurance directly for the care provided.

URL: <https://providernews.anthem.com/colorado/article/dispatch-health-an-extension-of-your-team-innovative-on-demand-healthcare-at-home>

Outpatient facility edit implementation effective April 26, 2020 (MAC)

Published: Jan 1, 2020 - **Policy Updates** / Reimbursement Policies

Material Adverse Change (MAC)

Outpatient facility edit implementation effective April 26, 2020

URL: <https://providernews.anthem.com/colorado/article/outpatient-facility-edit-implementation-effective-april-26-2020-mac>

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® (FEP), go to www.fepblue.org > select Benefit Plans > [Plan 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 at 800-852-5957.

URL: <https://providernews.anthem.com/colorado/article/2020-fep-benefit-information-available-online-6>

Introducing two new Medicare Advantage special needs plans for 2020

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

Category: Medicare

Anthem Blue Cross and Blue Shield (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.

In addition to our I-SNP plan, Anthem and CareMore will partner with our Anthem providers to offer a Chronic Special Needs Plan (C-SNP), Anthem MediBlue Diabetes (HMO C-SNP). This plan will focus on providing the best in care to Medicare Advantage beneficiaries with

diabetes. Our C-SNP plan is designed to address the greater incidence of chronic disease and disability in the Medicare and Medicaid dual-eligible and Medicare-only populations and enhance the coordination of a member's primary and acute care, long-term care, and prescription drug benefits through a unified case management program. Members will be eligible for a Healthy Start appointment where a health risk assessment (HRA) will be completed. After the HRA, CareMore clinicians will collaborate with the Anthem member's PCP to design an individualized care plan.

With these new products, the prior authorization requirements will be different from our other Medicare Advantage products. 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 these products to our Medicare Advantage portfolio. To learn more about our Anthem plans and how we are helping our members receive quality health care, visit <https://www.anthem.com> or call the number on the back of the member's ID card. If you wish to become a participating Medicare Advantage HMO provider for these plans, please contact your Provider Contracting representative.

ABSCRNU-0101-19 506285MUPENMUB

URL: <https://providernews.anthem.com/colorado/article/introducing-two-new-medicare-advantage-special-needs-plans-for-2020>

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.

ABSCRNU-0094-19 November 2019

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URL: <https://providernews.anthem.com/colorado/article/reminder-medicare-claims-for-secondary-payer-must-be-submitted-after-the-30-day-medicare-remittance-period-5>

Help protect your patients by providing medical ID protection -- best practices

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

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.

ABSCRNU-0086-19 November 2019

505755MUPENMUB

URL: <https://providernews.anthem.com/colorado/article/help-protect-your-patients-by-providing-medical-id-protection-best-practices-4>

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

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

Category: Medicare

Anthem Blue Cross and Blue Shield communicated to you on [June 1, 2019](#), that we were initiating post-payment reviews for professional emergency room (ER) claims billed with level 5 ER evaluation and management (E/M) codes 99285 and G0384.

The implementation of this policy has been postponed.

This update relates only to the policy announced June 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, we require proper coding and billing to ensure prompt and accurate payment.

ABSCARE-0107-19 November 2019

506163MUPENMUB

URL: <https://providernews.anthem.com/colorado/article/postponed-review-of-professional-claims-with-emergency-room-level-5-em-codes-7>

Medical drug benefit Clinical Criteria updates – October 2019

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](#).

ABSCRNU-0085-19 October 2019 505536MUPENMUB

URL: <https://providernews.anthem.com/colorado/article/medical-drug-benefit-clinical-criteria-updates-october-2019>

Medical drug benefit Clinical Criteria updates – November 2019

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](#).

ABSCRNU-0097-19 November 2019 505908MUPENMUB

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- [City of Marietta Offers Medicare Advantage Option](#)
- [Prior authorization requirements for E0784, K0553 and K0554](#)
- [Pharmacy benefit manager change to IngenioRx](#)
- [Medical Policies and Clinical Utilization Management Guidelines update](#)