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## Provider Transparency Update

Published: Mar 1, 2019 - **Products & Programs**

A key goal of Anthem Blue Cross and Blue Shield (Anthem)'s provider transparency initiatives is to improve quality while managing health care costs. One of the ways this is done is by giving certain providers ("Payment Innovation Providers") in Anthem's various Payment Innovation Programs (e.g., *Enhanced Personal Health Care (EPHC)*, *Bundled Payments*, *Medical Home programs*, etc.) (the "Programs") quality, utilization and/or cost information about the health care providers ("Referral Providers") to whom the Payment Innovation Providers may refer their patients covered under the Programs. If a Referral Provider is higher quality and/or lower cost, this component of the Programs should result in their getting more referrals from Payment Innovation Providers. The converse should be true if Referral Providers are lower quality and/or higher cost.

Providing this type of data, including comparative cost information, to Payment Innovation Providers helps them make more informed decisions about managing health care costs and maintaining and improving quality of care. It also helps them succeed under the terms of the Programs.

Additionally, employers and group health plans (or their representatives or vendors) may also be given quality/cost/utilization information about Payment Innovation Providers and Referral Providers so that they can better understand how their health care dollars are being spent and how their health benefits plans are being administered. This will, among other things, give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Anthem will share data on which it relied in making these quality/cost/utilization evaluations upon request, and will discuss it with Referral Providers - including any opportunities for improvement. For questions or support, please refer to your local EPHC Market Representative or Care Consultant.

**URL:** <https://providernews.anthem.com/nevada/article/provider-transparency-update-14>

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## Some of your patients will begin moving to IngenioRx in Q2 2019

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

In January, Anthem, Inc. announced that it's accelerating the launch of IngenioRx, its new pharmacy benefits manager (PBM), which will serve members of all Anthem's affiliated health plans. We will begin moving some members to IngenioRx in Q2, and we will continue the transition, in waves, with the majority of members moving in the latter part of 2019 and Q1 2020.

**As one of our contracted providers, we wanted to share a few details about what this means for you.**

- If your patient has an active prior authorization, that will transfer to IngenioRx.
- If your patient currently fills home delivery or specialty prescriptions through Express Scripts, prescriptions with at least one refill will be transferred, with the exception of controlled substances and compound drugs, to IngenioRx Home Delivery Pharmacy and IngenioRx Specialty Pharmacy.
- As your patients transition, new home delivery and specialty prescriptions will need to be sent to IngenioRx.
  - For providers using ePrescribing there are no changes, simply select IngenioRx.
  - For providers who do not use ePrescribing, you should send your home delivery and specialty prescriptions to IngenioRx.

*IngenioRx Home Delivery Pharmacy new prescriptions:*

*Phone Number: 833-203-1742*

*Fax number: 800-378-0323*

*IngenioRx Specialty Pharmacy:*

*Prescriber phone: 833-262-1726*

*Prescriber fax: 833-263-2871*

- If you want to check whether or not a specific patient has moved to IngenioRx, Availity will display the member's PBM information under the *patient information section* as part of the eligibility and benefits inquiry.

If you have immediate questions, you can contact the Provider Service phone number on the

back of your patient's ID card or call the number you normally use for questions.

URL: <https://providernews.anthem.com/nevada/article/some-of-your-patients-will-begin-moving-to-ingeniorx-in-q2-2019-6>

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## Important reminder regarding Specialty Pharmacy clinical site of care program

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

AIM Specialty Health® (AIM), a separate company, administers the specialty pharmacy clinical site of care program. Based on the information you provide, AIM will review the drug for both clinical appropriateness and the site of care against health plan clinical criteria when services are requested in the hospital outpatient facility setting. It is important to note that coverage for the site of care is documented within the approved pre-certification. If you need to request a change to the site of care previously approved please contact AIM at 877-291-0366, Monday–Friday, 7:00 a.m.–5:00 p.m. PT. View the [Clinical Site of Care drug list](#) and [Clinical Site of Care pre-service clinical review FAQs](#) for more information.

URL: <https://providernews.anthem.com/nevada/article/important-reminder-regarding-specialty-pharmacy-clinical-site-of-care-program-3>

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## Clinical criteria updates for specialty pharmacy

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

On December 1, 2018, Anthem Blue Cross and Blue Shield (Anthem) introduced the [new clinical criteria page for injectable, infused or implanted drugs](#).

Effective for dates of service on and after March 1, 2019, the following new clinical criteria will be included in our clinical criteria review process. The drugs that require prior authorization will continue to require prior authorization notification with AIM.

Existing precertification requirements have not changed for the specific Clinical Criteria below. While there are no material changes, the document number and online location has changed. To access the clinical criteria information please click [here](#). The table below will

assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical Guideline/Medical Policy.

Anthem's pre-service clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Clinical Guideline / Medical Policy	Clinical Criteria Document Number	Clinical Criteria Name	Drug(s)	HCPCS or CPT Code(s)
CG-DRUG-29	ING-CC-0006	Hyaluronan Injections	Durolane, Euflexxa, Gel-One, Gen-Syn, GenVisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/FX, Synvisc/-One, TriVisc, Visco-3	J7318, J7320 , J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329
DRUG.00015	ING-CC-0007	Synagis (palivizumab)	Synagis	90378
DRUG.0031	ING-CC-0008	Testopel (testosterone subcutaneous implant)	Testosterone implant	S0189
DRUG.00074	ING-CC-0009	Lemtrada (alemtuzumab)	Lemtrada	J0202
DRUG.00078	ING-CC-0010	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	Praluent, Repatha	J3490, J3590
DRUG.00095	ING-CC-0011	Ocrevus (ocrelizumab)	Ocrevus	J2350
DRUG.00099	ING-CC-0012	Brineura (cerliponase alfa)	Brineura	J0567
DRUG.00116	ING-CC-0013	Mepsevii (vestronidase alfa)	Mepsevii	J3490
CG-DRUG-03	ING-CC-0014	Beta Interferons and Glatiramer		

Acetate for Treatment of Multiple Sclerosis	Avonex, Plegridy, Rebif, Betaseron, Extavia, Copaxone, Glatopa	J1595, J1826, J1830, J3490, Q3027, Q3028		
CG-DRUG-27	ING-CC-0017	Xiaflex (clostridial collagenase histolyticum) injection	Xiaflex	J0775
CG-DRUG-28	ING-CC-0018	Lumizyme (alglucosidase alfa)	Lumizyme	J0221
CG-DRUG-43	ING-CC-0020	Tysabri (natalizumab)	Tysabri	J2323
CG-DRUG-54	ING-CC-0021	Fabrazyme (agalsidase beta)	Fabrazyme	J0180
CG-DRUG-55	ING-CC-0022	Vimizim (elosulfase alfa)	Vimizim	J1322
CG-DRUG-56	ING-CC-0023	Naglazyme (galsulfase)	Naglazyme	J1458
CG-DRUG-57	ING-CC-0024	Elaprase (idursulfase)	Elaprase	J1743
CG-DRUG-58	ING-CC-0025	Aldurazyme (laronidase)	Aldurazyme	J1931
CG-DRUG-73	ING-CC-0027	Denosumab agents	Prolia, Xgeva	J0897
CG-DRUG-84	ING-CC-0028	Benlysta (belimumab)	Benlysta	J0490
CG-DRUG-88	ING-CC-0029	Dupixent (dupilumab)	Dupixent	J3490, J3590
CG-DRUG-89	ING-CC-0030	Implantable and ER Buprenorphine Containing Agents	Probuphine, Sublocade	J0570, J3490, Q9991, Q9992
CG-DRUG-103	ING-CC-0032	Botulinum Toxin	Botox, Xeomin, Dysport, Myobloc	J0585, J0586, J0587,

J0588, J0585,  
J0586, J0587,  
J0588

CG-DRUG-104	ING-CC-0033	Xolair (omalizumab)	Xolair	J2357
CG-DRUG-108	ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Duopa	J7340
CG-DRUG-111	ING-CC-0037	Kanuma (sebelipase alfa)	Kanuma	J2840
CG-DRUG-112	ING-CC-0038	Human Parathyroid Hormone Agents	Tymlos	J3490
DRUG.00013	ING-CC-0039	GamaSTAN [(immune globulin (human)]	GamaSTAN. GamaSTAN S/D	J1460, J1560
DRUG.00027	ING-CC-0040	Prialt (ziconotide)	Prialt	J2278
DRUG.00050	ING-CC-0041	Soliris (eculizumab)	Soliris	J1300
DRUG.00077	ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Cosentyx (secukinumab), Siliq (brodalumab), Taltz (ixekizumab)	C9399, J3490, J3590
DRUG.00080	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Cinqair (reslizumba), Fasenra (benralizumab), Nucala (mepolizumab)	J0517, J2182, J2786
DRUG.00081	ING-CC-0044	Exondys 51 (eteplirsen)	Exondys 51	J1428
DRUG.00086	ING-			



CC-0045	Increlex (mecasermin)	Increlex	J2170	
DRUG.00090	ING-CC-0046	Zinplava (bezlotoxumab)	Zinplava	J0565
DRUG.00096	ING-CC-0047	Trogarzo (ibalizumab-uiyk)	Trogarzo	J1746
DRUG.00104	ING-CC-0048	Spinraza (nusinersen)	Spinraza	J2326
DRUG.00108	ING-CC-0049	Radicava (edaravone)	Radicava	J1301
DRUG.00111	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Ilumya, Tremfya	J1628, J3245
CG-DRUG- 08	ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Cerezyme, Ellyso, Vpriv	J1786, J3060, J3385
CG-DRUG- 44	ING-CC-0057	Krystexxa (peglicase)	Krystexxa	J2507
CG-DRUG- 45	ING-CC-0058	Octreotide Agents	Sandostatin, Sandostatin LAR Depot	J2353, J2354
CG-DRUG- 61	ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Zoladex, Supprelin LA, Lupron Depot/Depot-Ped, Lupaneta Pack, Synarel Nasal Spray, Triptodur	C9399, J3490, J1675, J1950, J3315, J3316, J9202, J9217, J9218 , J9225, J9226, J3490
CG-DRUG- 69	ING-CC-0063	Stelara (ustekinumab)	Stelara	J3357, J3358
CG-DRUG- 74	ING-CC-0064	Interleukin-1 Inhibitors	Arcalyst, Ilaris	J2793, J0638

CG-DRUG-93	ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Actemra, Kevzara	J3262, C9399, J3490, J3590
CG-DRUG-82	ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Flolan, Remodulin, Tyvaso, Veletri, Ventavis	J1325, J3285, J7686, K0455, Q4074, S0155, S9347
CG-DRUG-83	ING-CC-0068	Growth hormone	Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive	J2940, J2941, Q0515, S9558
CG-DRUG-85	ING-CC-0069	Egrifta (tesamorelin)	Egrifta	J3490
CG-DRUG-86	ING-CC-0070	Jetrea (ocriplasmin)	Jetrea	J7316
CG-DRUG-87	ING-CC-0071	Entyvio (vedolizumab)	Entyvio	J2503, C9257, J9035, Q5107, J2778, J0178
CG-DRUG-92	ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Aralast, Glassia, Prolastin-C, Zemaira	J0256, J0257
CG-DRUG-94	ING-CC-0075	Rituxan (rituximab) for Non-Oncologic Indications	Rituxan	J9311
CG-DRUG-95	ING-CC-0076	Nulojix (belatacept)	Nulojix	J0485
CG-DRUG-105	ING-CC-0078	Orencia (abatacept)	Orencia	J0129
CG-DRUG-109	ING-CC-0079	Strensiq (asfotase alfa)	Strensiq	J3490

URL: <https://providernews.anthem.com/nevada/article/clinical-criteria-updates-for-specialty-pharmacy-18>

## Important update to Anthem's commercial drug lists

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

Effective with dates of service on and after April 1, 2019, and in accordance with Anthem Blue Cross and Blue Shields (Anthem)'s Pharmacy and Therapeutic (P&T) process, Anthem will update its commercial drug lists. Updates may include changes to drug tiers or the removal of a drug.

To help ensure a smooth transition and minimize member costs, providers should review these changes and consider prescribing a preferred drug to patients currently using a non-preferred drug, if appropriate.

Please note, this update does not apply to the Select Drug List or drugs lists utilized by the Federal Employee Program (FEP).

To view a summary of changes, click [here](#).

URL: <https://providernews.anthem.com/nevada/article/important-update-to-anthems-commercial-drug-lists-3>

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## Why do patients stop taking their prescribed medications and what can you do to help them?

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

You want what's best for your patients' health. So, it's challenging when a patient doesn't follow your prescribed treatment plan. Why do approximately 50% of patients with chronic illness stop taking their medications within one year of being prescribed<sup>1</sup>? What can be done differently? The missed opportunity may be that you're only seeing and hearing the tip of the iceberg -- the observable portion of the thoughts and emotions your patient is experiencing. The barriers that exist under the waterline -- the Titanic-sized, often invisible, patient self-talk that may not get discussed -- can create a misalignment between patient and provider.

So we've created an online learning experience for the skills and techniques that may help you navigate these uncharted patient waters. After completing the learning experience you'll know how to see the barriers, use each appointment as an opportunity to build trust, and bring to light the concerns that may be occurring beneath the surface of your patient

interactions. Understanding and addressing these concerns may help improve medication adherence -- and you'll earn CME credit along the way.

Take the next step. Go to [MyDiversePatients.com](http://MyDiversePatients.com) > ***The Medication Adherence Iceberg: How to navigate what you can't see*** to enhance your skills. The course is approximately one hour and accessible by smart phone, tablet or desktop at no cost.

1 Centers for Disease Control and Prevention. (2017, Feb 1). Overcoming Barriers to Medication Adherence for Chronic Conditions. Retrieved from <https://www.cdc.gov/cdcgrandrounds/archives/2017/february2017.htm>

URL: <https://providernews.anthem.com/nevada/article/why-do-patients-stop-taking-their-prescribed-medications-and-what-can-you-do-to-help-them-2>

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## Working with Anthem Webinars - March 2019 schedule: new Availity Claim Payment Dispute Tool

Published: Mar 1, 2019 - Administrative

We are continuing our series of "Working with Anthem" webinars for 2019. 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).

### 2019 Subject Specific Webinars - March schedule

<b>Topic:</b>	<b>New Claim Payment Dispute option on Availity - coming 3/18/19</b>
<b>Date/Time:</b>	<b>March 28, 12pm PT</b>
<b>Description:</b>	<p><b>Learn about the new functionality now on Availity allowing providers to submit Claim Payment Disputes online.</b></p> <p>The Anthem provider claim payment dispute process consists of two steps.</p> <p><b>Claim Payment Reconsideration:</b> This is the first step in the Anthem provider payment dispute process. The reconsideration represents your initial request for an investigation into the</p>

outcome of the claim. Most issues are resolved at the claim payment reconsideration step.

### **Claim Payment**

**Appeal:** This is the second step in the Anthem provider payment dispute process. If you disagree with the outcome of the reconsideration, you may request an additional review as a claim payment appeal.

This webinar will walk you through an overview of the tool to allow you to start submitting any applicable Claim Payment Disputes electronically, and start saving you time!

<b>Registration link:</b>	<a href="https://antheminc.webex.com/antheminc/onstage/g.php?PRID=4dd9e774f237f0ecd17223a71abe7559">https://antheminc.webex.com/antheminc/onstage/g.php?PRID=4dd9e774f237f0ecd17223a71abe7559</a>
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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.

**URL:** <https://providernews.anthem.com/nevada/article/working-with-anthem-webinars-march-2019-schedule-new-availability-claim-payment-dispute-tool-1>

## Update: New process to submit claim payment disputes electronically coming March 18, 2019

Published: Mar 1, 2019 - Administrative

We wanted to give you an update to an article previously communicated in our [January 2019 Provider Newsletter](#) regarding the launch of the claim payment dispute tool on the Availity Portal. We had targeted this new tool to be available in early March, and we are **now targeting March 18, 2019**. When this tool launches it will be available for Local Plan member claim payment disputes. We are anticipating the tool will be available for BlueCard member claim payment disputes shortly after this launch. We will send another announcement when claim payment disputes become available for BlueCard members. *(Please note: Federal Employee Program (FEP) member claim payment disputes are out of scope for this tool at this time.)*

At the time of our launch of this new tool, you will have the ability to submit claim payment disputes electronically through the Availity Portal using the new **Dispute Claim** option accessed from the *Claim Status page*.

This tool makes it easier to:

- Electronically file a claim payment dispute
- Send supporting documentation
- Check the status of your claim payment dispute
- View your claim payment dispute history

A Claim Payment Reconsideration will be the first step of a claim payment dispute submitted through Availity. Anthem will review the request and communicate an outcome through the Availity Portal back to you. If needed, you can then choose to submit a Claim Payment Appeal.

Once the claim payment dispute is submitted for a second time (through the Claim Payment Appeal step), the decision is final, and may not be submitted again.

All Users with the Role assignment of "Claim Status" will have access to the **Dispute Claim** option from the *Claim Status page*. Contact your Availity Administrator to obtain access, if you do not currently have "Claim Status" functionality.

## Claim Payment Dispute Tool Training

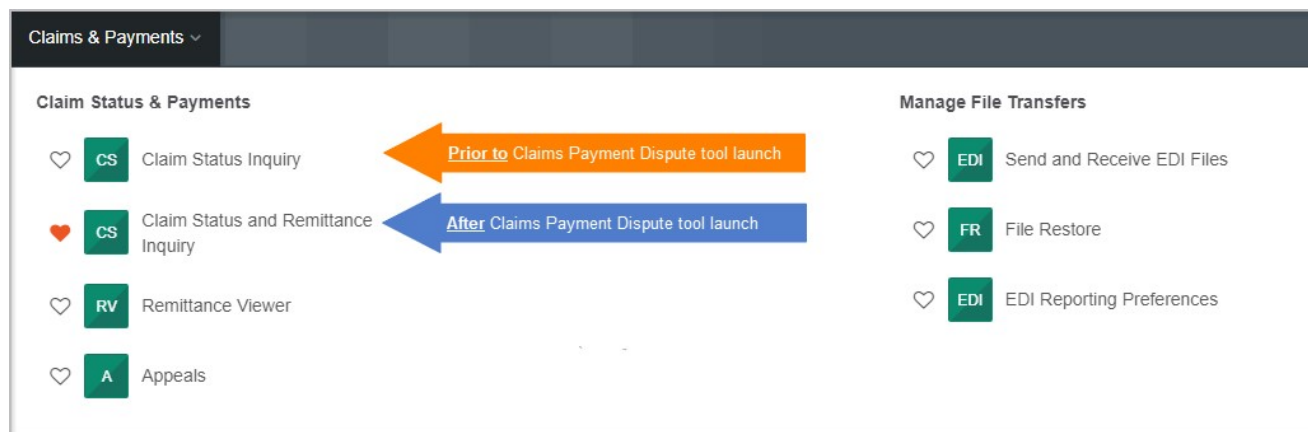
You can get a jump start on your training and be ready to go as soon as the tool is fully launched. To learn more about the claim payment dispute tool, register for a live webinar or view a previous recording:

- Log in to Availity at [www.availity.com](http://www.availity.com) and select **Help & Training | Get Trained**
- Type **Appeals** in the search field
- Enroll in a course

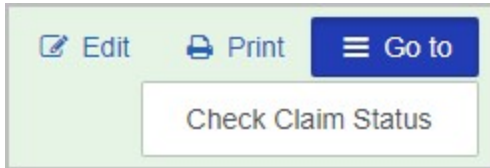
## Claim Status and Remittance Inquiry page enhancements

When the claim payment dispute tool is launched, you will notice some other changes to the Availity Portal *Claim Status and Remittance Inquiry* page:

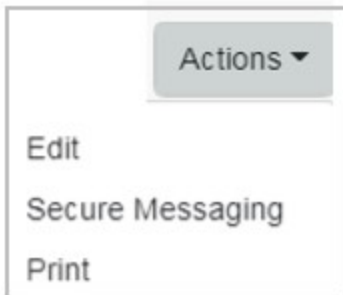
- You will see a new option under the *Claims & Payments* menu for “**Claim Status and Remittance Inquiry**”. Once this tool is launched this new link will replace the previous “Claim Status Inquiry” link (see screen shot below).
  - Note:** If you previously had “Claim Status Inquiry” saved as a favorite, you will need to save the new “Claims Status and Remittance Inquiry” link as a favorite as the favorite feature will not transfer over to the new link automatically.



- You will also see a new **Go To** menu on the patient *Eligibility and Benefit Detail* page to navigate seamlessly to the new *Claims Status and Remittance Inquiry* page.



- The new claim status look also includes color coded patient ID cards and easy to read claim detail.



## Secure Messaging Changes

Once the claim payment dispute tool is launched, you will also see changes to the *Secure Messaging* tool. A new **Actions** menu on the updated *Claim Status* page will be used to access the *Secure Messaging* tool. The link *Do you have a question about this claim?* will no longer be available with the update to this page. You can also use the **Actions** menu to *edit* or *print* the claim screen.

## Claim Status Tool Training

To learn more about the changes to the claim status tool, view the training demo:

Log in to Availity and select **Help & Training | Get Trained**

Type **Claims Status – Training Demo** in the search field

Enroll in the course

## “Working with Anthem” webinars



Don't forget we are also hosting our ["Working with Anthem" webinars](#) this month and the topic will be the new Claim Payment Dispute tool, as well as, the additional changes to Claim Status page and the Secure Messaging tool. A representative from Availity will be a guest presenter and providing a live demo. Check our our registration link to [register](#) today!

**URL:** <https://providernews.anthem.com/nevada/article/update-new-process-to-submit-claim-payment-disputes-electronically-coming-march-18-2019-2>

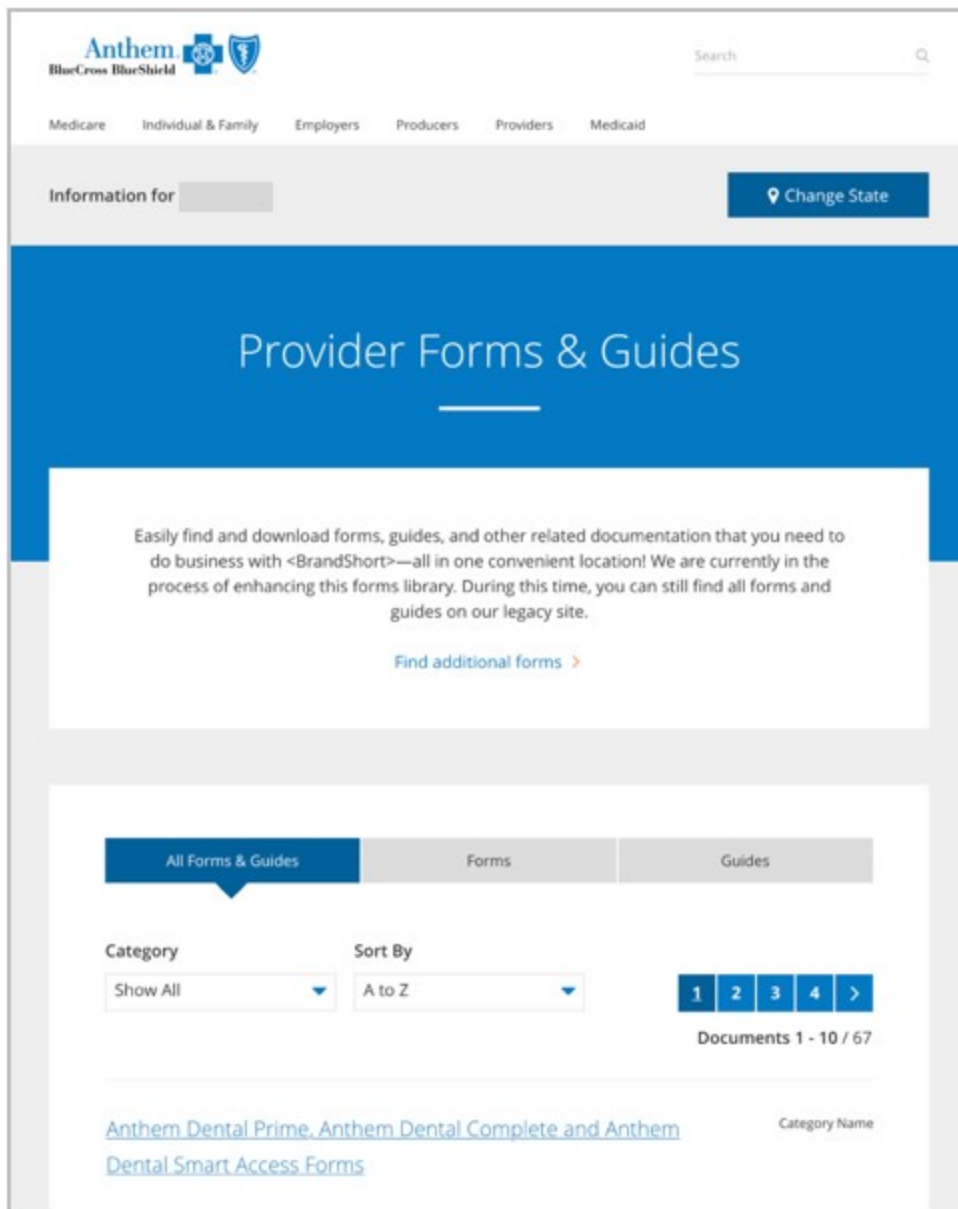
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## **Anthem launches additional changes to anthem.com in March**

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

This March, anthem.com will be introducing exciting updates to the public provider site. Coming in the next wave of changes, providers can anticipate a new landing page for provider manuals, a redesign of Dental, Electronic Data Interchange (EDI) and Employee Assistance Program (EAP) pages, and the first version of a redesign of Provider Forms, as seen below.

This first version of the new Provider Forms will keep growing and evolving in the coming months.



We will continue to keep you informed of upcoming changes to the public provider site as we progress toward streamlining our Web platform and other business processes.

URL: <https://providernews.anthem.com/nevada/article/anthem-launches-additional-changes-to-anthemcom-in-march-3>

# **Anthem Commercial Risk Adjustment (CRA) Program Update: Medical chart collection for ACA members due March 31, 2019 at the latest**

Published: Mar 1, 2019 - Administrative

Each year, Anthem requests your assistance in our Commercial Risk Adjustment (CRA) Program. There are **two distinct programs (Retrospective and Prospective) that work to improve risk adjustment accuracy** and focus on performing appropriate interventions and chart reviews **for patients with undocumented Hierarchical Condition Categories (HCC), in order to document and close the coding gaps.**

The CRA Program is specific to our Affordable Care Act (ACA) Members who have purchased our individual and small group health insurance plans on or off the Health Insurance Marketplace (commonly referred to as the exchange).

With our **Retrospective Program** we focus on medical chart collection. We continue to request members' medical records to obtain information required by the Centers for Medicare & Medicaid Services (CMS). This particular effort is part of Anthem's compliance with provisions of the ACA that require our company to collect and report diagnosis code data for our ACA membership. The members' medical record documentation helps support this data requirement.

Analytics are performed internally on claims which do not have the ICD10 code for which we suspect a chronic condition. These medical records will be requested, reviewed and any additional codes abstracted can be submitted to CMS to increase our risk score values.

Anthem network providers -- **may be PCPs, specialists, facilities, behavioral health, ancillary, etc.** -- may receive letters from vendors such as Inovalon, Cotiviti, and CIOX requesting access to medical records for chart review. These vendors are independent companies that provide secure, clinical documentation services and contact providers on our behalf. The vendors' Web-based workflows help reduce time and improve efficiency and costs associated with record retrieval, coding and document management.

We ask that our network providers provide the medical record information to the designated vendor **within 30 days of the request** (***by March 31, 2019 at the latest***). While faxing remains our primary method for record retrieval, we offer many other electronic ways for providers to submit information.

**Electronic options that may make medical chart collection easier for providers:**

- **EMR Interoperability**
  - Allscripts (Opt in -- signature required)
  - NextGen (Opt out -- auto-enrolled)
  - Athenahealth (Opt out -- auto-enrolled)
  - MEDENT
  
- **Remote/Direct Anthem access**
- **Vendor virtual or onsite visit**
- **Secure FTP**

The goal of these electronic options is to both improve the medical record data extraction and the experience for Anthem's network-participating hospitals, clinics and physician offices. If you are interested in this type of set up or any other remote access options, please contact our Commercial Risk Adjustment Network Education Representative: [Socorro.Carrasco@anthem.com](mailto:Socorro.Carrasco@anthem.com)

Thank you for your continued efforts with our CRA Program, and expediting these medical chart collection requests.

**URL:** <https://providernews.anthem.com/nevada/article/anthem-commercial-risk-adjustment-cra-program-update-medical-chart-collection-for-aca-members-due-march-31-2019-at-the-latest-1>

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## Updated Escalation Contact List

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

The Escalation Contact List has been updated. Access the updated list online. Please go to **anthem.com**. Select **Providers**. Under the *Communications* heading, select **Contact Us**. Choose **Nevada**, then select **Escalation Contact List**.

**URL:** <https://providernews.anthem.com/nevada/article/updated-escalation-contact-list-9>

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## Dual Eligible Special Needs Plans -- provider training required

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

In 2019, Anthem is offering Dual Eligible Special Needs Plans (D-SNPs) to people who are eligible for both Medicare and Medicaid benefits or who are qualified Medicare beneficiaries (QMBs). D-SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These plans are \$0 premium plans. Some include a combination of supplemental benefits such as hearing, dental, vision as well as transportation to doctors' appointments. Some D-SNP plans may also include a card or catalog for purchasing over-the-counter items.

**Providers who are contracted for D-SNP plans are required to complete annual training to keep up-to-date on plan benefits and requirements, including coordination of care and Model of Care elements.** Providers contracted for our D-SNP plans will receive notices in Q1 2019 that contain information for online training through self-paced training through our training site, hosted by SkillSoft. Every provider contracted for our D-SNP plans is required to complete this annual training and click the attestation within the training site stating that they have completed the training. These attestations can be completed by individual providers or at the group level with one signature.

Centers for Medicare & Medicaid Services regulations protect D-SNP members from balance billing.

For any questions regarding how claims are paid, please contact Provider Services by calling the number on the back of the member's ID card.

75743MUPENMUB 01/24/2019

URL: <https://providernews.anthem.com/nevada/article/dual-eligible-special-needs-plans-provider-training-required-5>

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## Change to 835 ERA for all D-SNP MA members for 2019

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

Anthem updated the 835 electronic remittance advice (ERA) for individual Medicare Advantage members enrolled in dual special needs plans (D-SNPs). These members have

Medicare and Medicaid coverage. This change was made per the Centers for Medicare & Medicaid Services [Change Request CR10433](#).

The following changes have been implemented for the cost share and should be filed with the state Medicaid agency:

- Group code patient responsibility (PR) will be assigned.
  
- Claim adjustment reason codes (CARCs) will include the following:
  - 1 -- deductible amount (professional claim)
  - 2 -- coinsurance amount (professional claim)
  - 3 -- copay amount (professional and facility claim)
  - 247 -- deductible for professional service rendered in an institutional setting and billed on an institutional claim (facility claim)
  - 248 -- coinsurance for professional service rendered in an institutional setting and billed on an institutional claim (facility claim)
  
- Remittance advice remark codes (RARCs) will include the following:
  - N781 -- Patient is a Medicaid/qualified Medicare beneficiary. Review your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.
  - N782 -- Patient is a Medicaid/qualified Medicare beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.
  - N783 -- Patient is a Medicaid/qualified Medicare beneficiary. Review your records for any wrongfully collected copay. This amount may be billed to a subsequent payer.

Please be sure to ask Medicare Advantage members for their Medicaid identification number to assist with billing for the cost share. This number will be different from their Medicare Advantage identification number.

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## Clinical criteria updates for specialty pharmacy

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

The following revised clinical criteria will be effective May 1, 2019. Visit [www.anthem.com/pharmacyinformation/clinicalcriteria](http://www.anthem.com/pharmacyinformation/clinicalcriteria) to search for specific clinical criteria. Please share this notice with other members of your practice and office staff.

Clinical criteria effective date	Clinical criteria number	Clinical criteria	Clinical criteria (new/revised)
May 1, 2019	ING-CC-0001	Erythropoiesis Stimulating Agents	Revised
May 1, 2019	ING-CC-0004	H.P. Acthar Gel® (repository corticotropin injection)	Revised
May 1, 2019	ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised

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## Introducing a new clinical criteria web page for injectable, infused or implanted drugs covered under the medical benefit

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

Beginning March 1, 2019, providers will be able to view the [Clinical Criteria](#) website to review clinical criteria for all injectable, infused or implanted prescription drugs.

This new website will provide the clinical criteria documents for all injectable, infused, or implanted prescription drugs and therapies covered under the medical benefit. These clinical criteria documents are not yet being used for clinical reviews, but are available to providers for familiarization of the new location and formatting.

Once finalized, providers will be notified prior to implementation of clinical criteria documents. Injectable oncology drug clinical criteria will not be posted on this website until mid-2019. Until implementation, providers should continue to access the clinical criteria for medications covered under the medical benefit through the standard process.

If you have questions or feedback, please use this [email link](#).

**URL:** <https://providernews.anthem.com/nevada/article/introducing-a-new-clinical-criteria-web-page-for-injectable-infused-or-implanted-drugs-covered-under-the-medical-benefit-11>

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## Keep up with Medicare news

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

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

- [Group Retiree members and National Access Plus](#)
- [2019 risk adjustment provider training](#)
- [New provider learning opportunity: Put the AIM ProviderPortal to work for you](#)
- [New provider service phone number beginning January 1, 2019](#)

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**URL:** <https://providernews.anthem.com/nevada/article/keep-up-with-medicare-news-47>

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