

Administrative:

Attention Professional Providers: Important update regarding 3
 timely filing requirement for Anthem’s commercial and Medicare
 Advantage plans

Additional improvements coming to anthem.com 3

Guideline Updates:

Updates to AIM Advanced Imaging of the Abdomen and Pelvis. 5
 Clinical Appropriateness Guideline

Updates to AIM Radiation Therapy Clinical Appropriateness 8
 Guideline

Updates to AIM Sleep Disorder Management Clinical. 10
 Appropriateness Guideline

Updates to AIM Spine Surgery Clinical Appropriateness 11
 Guideline

Products & Programs:

Appropriate coding helps provide a comprehensive picture of 14
 patients’ health

Pharmacy:

Anthem’s prior authorization and clinical criteria updates for 15
 specialty pharmacy are available

Remaining members will transition to new PBM, IngenioRx, on 20
 January 1, 2020

Medicaid:

Direct contracting for nurse practitioners and physician 23
 assistants in 2019

Medical drug Clinical Criteria updates 25

Electronic submission is preferred method for requesting. 25
 pharmacy prior authorization

Suicide prevention and intervention: What you need to know 27

Keep up with Medicaid news 31

Medicare:

Attention professional providers serving Medicare Advantage 31
 patients: Important update from Anthem regarding timely filing
 requirement

CMS reminder: Expedited/urgent requests 32

Blue Cross and Blue Shield Association mandate about 33
 Medicare Advantage care management and provider
 engagement (APM ID 0037943)

Keep up with Medicare news 34

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.

Attention Professional Providers: Important update regarding timely filing requirement for Anthem's commercial and Medicare Advantage plans

Published: Nov 1, 2019 - Administrative

As required by the Ethics and Fairness in Carrier Business Practices Act, all health insurance companies licensed to do business in Virginia making material changes to existing agreements or exhibits must do so by way of a formal amendment process. Through an amendment dated July 15, 2019, Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc. notified professional providers about new timely filing requirements effective November 1, 2019. The July notification indicated that a 90-day timely filing requirement would apply to all professional claims – regardless of date of service – effective November 1, 2019.

Anthem has made the business decision to make the 90-day timely filing requirement effective for professional claims received with a date of service ON or AFTER November 1, 2019. We will NOT implement the requirement for professional claims with dates of service prior to November 1, 2019.

Please note that the 90-day timely filing requirement applies to commercial and Medicare Advantage professional claims only. Claims for members enrolled in Anthem HealthKeepers Plus benefit plans (Medicaid and the Commonwealth Coordinated Care Plus commonly referred to as Anthem CCC Plus) are not impacted. Additionally, the amendment does **NOT** apply to facility/hospital contracts.

If you have further questions, please contact your Anthem network manager.

ABSCARE-0280-19

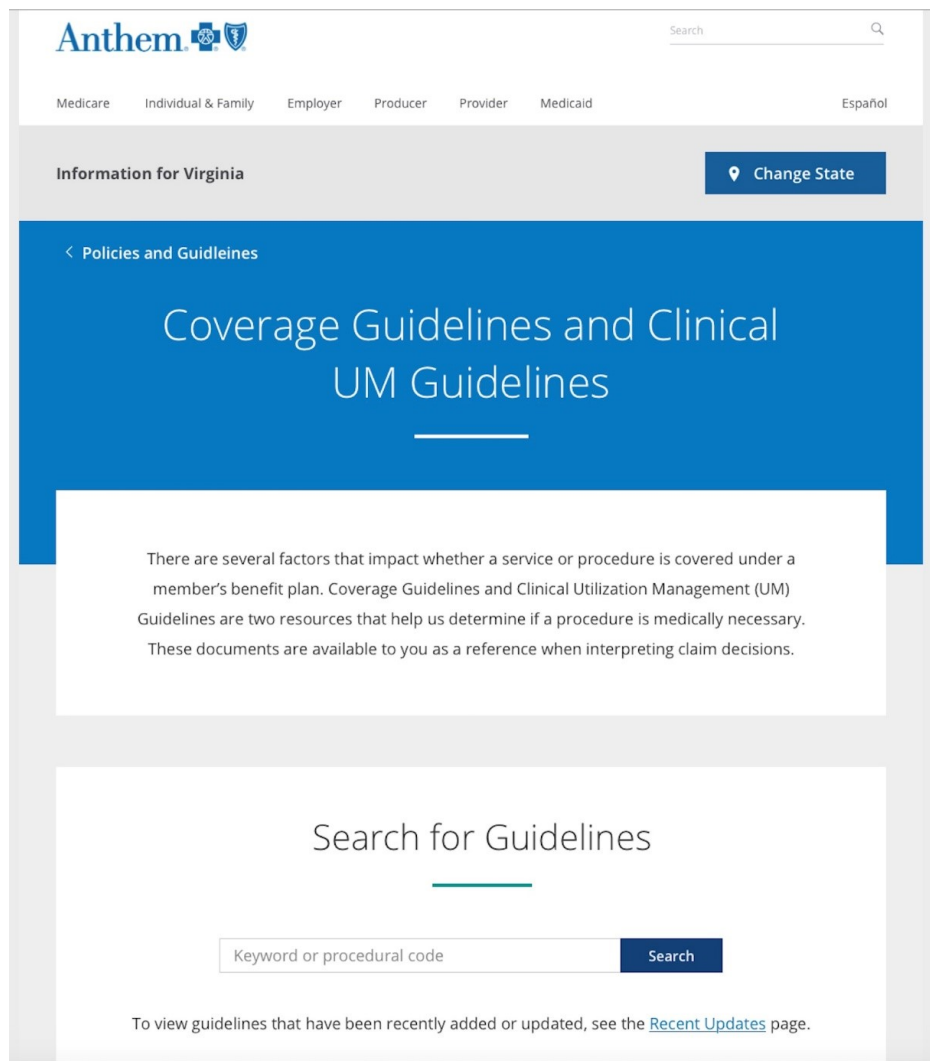
505340VAPENMUB

URL: <https://providernews.anthem.com/virginia/article/attention-professional-providers-important-update-regarding-timely-filing-requirement-for-anthems-commercial-and-medicare-advantage-plans>

Additional improvements coming to anthem.com

Published: Nov 1, 2019 - Administrative


More exciting new changes are coming to the public provider site at anthem.com. This next wave of updates includes a new, enhanced Coverage Guidelines page. The page will have an improved and straightforward process for viewing guidelines that allows providers to easily scan, sort and filter. In addition, providers will now be able to access “Search” from the Coverage Guidelines Policies landing page. Below is a preview of the streamlined page:




Coverage Guidelines and Clinical UM Guidelines: Search Results

Search

Policy Type

Show all 

Category

Show all 

No policy or guideline was found matching your search criteria. Check that the search keyword is spelled correctly, confirm the procedural code is valid, or try changing the

URL: <https://providernews.anthem.com/virginia/article/additional-improvements-coming-to-anthemcom-3>

Updates to AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guideline

Published: Nov 1, 2019 - **Guideline Updates**

Effective for dates of service on and after **February 9, 2020**, the following updates by section will apply to the AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guidelines.

- Foreign body (Pediatric only), Gastrointestinal bleeding, Henoch-Schonlein purpura, Hematoma or hemorrhage – intracranial or extracranial, Perianal fistula/abscess (fistula in ano), Ascites, Biliary tract dilatation or obstruction, Cholecystitis, Choledocholithiasis, Focal liver lesion, Hepatomegaly, Jaundice, Azotemia, Adrenal mass, indeterminate,

Hematuria, Renal mass, Urinary tract calculi, Adrenal hemorrhage, Adrenal mass, Lymphadenopathy, Splenic hematoma, Undescended testicle (cryptorchidism)

- Abdominal and/or pelvic pain
 - Combined pelvic pain with abdominal pain criteria in new “abdominal and/or pelvic pain” indication
 - Required ultrasound or colonoscopy for select adult patients based on clinical scenario
 - Ultrasound-first approach for pediatric abdominal and pelvic pain

- Lower extremity edema
 - Added requirement to exclude DVT prior to abdominopelvic imaging

- Splenic mass, benign, Splenic mass, indeterminate, Splenomegaly
 - Added new indications for diagnosis, management, and surveillance of splenic incidentalomas following the ACR White Paper (previously reviewed against “tumor, not otherwise specified”)

- Pancreatic mass
 - Separated criteria for solid and cystic pancreatic masses
 - Defined follow up intervals for cystic pancreatic masses

- Diffuse liver disease

- Added criteria for MR elastography

- Inflammatory bowel disease
 - Limited requirement for upper endoscopy to patients with relevant symptoms
 - New requirement for fecal calprotectin or CRP to differentiate IBS from IBD

- Enteritis or colitis, not otherwise specified
 - Incorporated Intussusception (pediatric only), and Ischemic bowel

- Prostate cancer
 - Moved this indication to Oncologic Imaging Guideline

- CPT codes
 - Added MR elastography CPT code 76391

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.

- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday - Friday, 8 a.m. to 5 p.m. ET.

For questions related to guidelines, please contact AIM via email at: aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the [current and upcoming AIM guidelines](#).

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-advanced-imaging-of-the-abdomen-and-pelvis-clinical-appropriateness-guideline-4>

Updates to AIM Radiation Therapy Clinical Appropriateness Guideline

Published: Nov 1, 2019 - **Guideline Updates**

Effective for dates of service on and after **February 9, 2020**, the following updates will apply to the AIM Radiation Therapy Clinical Appropriateness Guidelines.

- Special Treatment Procedure and Special Physics Consult
 - Removed oral cone endocavitary indication
- Intensity Modulated Radiation Therapy (IMRT), Stereotactic Radiosurgery (SRS) or Stereotactic Body Radiotherapy (SBRT) for bone metastases
 - Broadened description of adjacent normal tissues which may be of concern.

- Single fraction treatment
 - Removed poor performance status criteria

- Central Nervous System cancers
 - Added evidence review

- Spine Lesions; Primary or Metastatic Lesions of the Spine, Metastatic Lesions in the Lung
 - Added note calling out separate criteria for curative intent treatment of extracranial oligometastatic disease.

- SBRT in the treatment of extracranial oligometastatic disease
 - Added new section with discussion and indications

- Prostate cancer – hypofractionation
 - Added fractionation guideline with EBRT/IMRT.

- Prostate cancer – postoperative radiotherapy and SBRT
 - Added indication based on ASTRO/ASCO/AUA recommendation

- Prostate cancer – use of hydrogel spacer
 - Added discussion and medical necessity statement about hydrogel spacers for prostate irradiation

- CPT code changes
 - Added 77316, 77295 and 55874
 - Removed 77427

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-radiation-therapy-clinical-appropriateness-guideline-5>

Updates to AIM Sleep Disorder Management Clinical Appropriateness Guideline

Published: Nov 1, 2019 - Guideline Updates

Effective for dates of service on and after **February 9, 2020**, the following updates will apply to the AIM Sleep Disorder Management Clinical Appropriateness Guidelines.

- Polysomnography and Home Sleep Testing: Established sleep disorder (OSA or other) – follow-up laboratory studies

Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.

- Management of OSA using APAP and CPAP Devices

Expanded treatment of mild OSA with APAP and CPAP to patients with any hypertension based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation

Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday–Friday, 8 a.m. to 5 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the [current and upcoming AIM guidelines](#).

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-sleep-disorder-management-clinical-appropriateness-guideline-5>

Updates to AIM Spine Surgery Clinical Appropriateness Guideline

Published: Nov 1, 2019 - **Guideline Updates**

Effective for dates of service on and after **February 9, 2020**, the following updates will apply to the AIM Musculoskeletal Program Spine Surgery Clinical Appropriateness Guidelines.

- **Conservative management – all sections**

Addition of physical therapy or home therapy requirement and one complementary modality for all spine procedures based on preponderance of benefit over harm to conservative care

- **Lumbar Disc Arthroplasty**

Changed the duration of conservative management from 1 year to 6 months based on the FDA prospective study that was done to approve the lumbar disc arthroplasty procedure

Added age, level requirements, and symptom/sign requirement and clarified contraindications in reflect these changes

Added exclusions criteria of Prior spine surgery of any form at the target level

- **Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)**

Inclusion for implant failure similar to cervical spine

Consolidated juvenile and congenital in adolescent idiopathic

Decreased duration of conservative management required based on lower evidence for efficacy in spinal stenosis and specialty panel feedback

Excluded anterior lumbar interbody fusion for foraminal stenosis without evidence of instability exclusion due to very low quality evidence for efficacy

- **Lumbar Laminectomy**

Decreased duration of conservative care required for known spinal stenosis based on guidance from NASS and less evidence for efficacy of conservative management in this

| |
|---|
| population |
| Aligned conservative care duration with discectomy criteria |
| Added new indication for synovial cyst |

- **Noninvasive Electrical Bone Growth Stimulation**

| |
|--|
| Clarification of guideline intent |
| Allow active nicotine use as a risk factor in lumbar uses of bone growth stimulation |
| Allow thoracic fusion similar to lumbar |

- **Bone Graft Substitutes and Bone Morphogenetic Proteins**

| |
|---|
| Allow active nicotine use as a risk factor for pseudoarthrosis in graft failure |
|---|

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free number: 866-789-0397, Monday–Friday, 8 a.m. to 5 p.m. ET.

For questions related to guidelines, please contact AIM via email at

aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the [current and upcoming AIM guidelines](#).

Please note, this program does not apply to the Federal Employee Program (FEP) or National Accounts.

URL: <https://providernews.anthem.com/virginia/article/updates-to-aim-spine-surgery-clinical-appropriateness-guideline-5>

Appropriate coding helps provide a comprehensive picture of patients' health

Published: Nov 1, 2019 - Products & Programs

As the physician of a member who has coverage under Affordable Care Act (ACA) compliant plans, you play a vital role in accurately documenting the health of the member to ensure compliance with ACA program reporting requirements. **When Anthem members visit your practice, we encourage you to document ALL of the members' health conditions, especially chronic diseases. Ensuring that the coding on the claim submission is to the greatest level of specificity can help reduce the number of medical record requests from us in the future.**

Please ensure that all codes captured in your EMR system are also included on the claim(s), and are not being truncated by your claims software management system. For example, some EMR systems may capture up to 12 diagnosis codes, but the claims system may only have the ability of capturing four. If your claim system is truncating some of your codes, please work with your vendor/clearing house to ensure all codes are being submitted.

Reminder about ICD-10 coding

As you may be aware, the ICD-10 coding system serves multiple purposes including identification of diseases, justification of the medical necessity for services provided, tracking morbidity and mortality, and determination of benefits. Additionally, Anthem uses ICD-10 codes submitted on claims to monitor health care trends and costs, disease management, and clinical effectiveness of management of medical conditions. The Centers for Medicare & Medicaid Services (CMS) uses ICD-10 as part of the risk adjustment program created under the ACA to determine the risk score associated with a member's health.

Using specific ICD diagnosis codes will help convey the true complexity of the conditions being addressed in each visit.

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure.
- Include any secondary diagnosis codes that are actively being managed.
- Include all chronic historical codes, as they must be documented each year pursuant to the ACA. (e.g., an amputee must be coded each and every year even if the visit is not addressing the amputated limb specifically).

If you are interested in having a coding training session conducted by an Anthem coding auditor, please contact our Commercial Risk Adjustment Representative who supports Virginia:

- Alicia.Estrada@anthem.com

URL: <https://providernews.anthem.com/virginia/article/appropriate-coding-helps-provide-a-comprehensive-picture-of-patients-health-3>

Anthem's prior authorization and clinical criteria updates for specialty pharmacy are available

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

Prior authorization updates

Effective for dates of service on and after **February 1, 2020**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior

authorization review process.

Please note, inclusion of the national drug code (NDC) on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

Access the [clinical criteria document information](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. *Drugs used for the treatment of Oncology are in italics and will still require prior authorization by AIM Specialty Health® (AIM), a separate company.* This applies to members with Preferred Provider Organization (PPO), Anthem HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

| Clinical Criteria | HCPCS or CPT Code(s) | Drug |
|---------------------|------------------------|-------------------------|
| ING-CC-0072 | Q5118 | Zirabev |
| ING-CC-0075 | Q5115 | Truxima |
| ING-CC-0075 | J3490 | Ruxience |
| <i>ING-CC-0107</i> | <i>Q5118</i> | <i>Zirabev</i> |
| <i>*ING-CC-0142</i> | <i>J1930</i> | <i>Somatuline Depot</i> |
| <i>ING-CC-0143</i> | <i>C9399 J9999</i> | <i>Polivy</i> |
| <i>ING-CC-0144</i> | <i>J9313</i> | <i>Lumoxiti</i> |
| <i>ING-CC-0145</i> | <i>J9119</i> | <i>Libtayo</i> |

* Non-oncology use is managed by Anthem's medical specialty drug review team; *oncology use is managed by AIM.*

Clinical criteria updates

Effective for dates of service on and after **February 1, 2020**, the following current clinical criteria documents were revised and might result in services that were previously covered

but may now be found to be not medically necessary.

Access the [clinical criteria document information](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. *Drugs used for the treatment of Oncology are in italics and will still require prior authorization by AIM Specialty Health® (AIM), a separate company.* This applies to members with Preferred Provider Organization (PPO), Anthem HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

- *ING-CC-0001 Erythropoiesis Stimulating Agents*

Reduced the timeframe for response for the use of Aranesp, Epogen and Procrit for anemia associated with myelosuppressive chemotherapy from 8-9 weeks to 8 weeks.

- *ING-CC-0002 Colony Stimulating Factor Agents*

Removed medically necessary criteria for the prophylaxis of febrile neutropenia for Leukine.

- *ING-CC-0041 Complement Inhibitors*

Added medical necessity criteria for Soliris for the new indication of neuromyelitis optica spectrum disorder.

- *ING-CC-0048 Spinraza (nusinersen)*

Updated medical necessity criteria for use after gene therapy to require decline in clinical status.

- *ING-CC-0082 Onpattro (patisiran)*

Added not medically necessary criteria for combination use with other agents for amyloidosis.

- *ING-CC-0106 Erbitux (cetuximab)*

Updated medical necessity criteria for RAS testing to require both KRAS and NRAS wild type.

Quantity limit updates

Effective **January 31, 2020**, clinical criteria document ING-CC-0136 Drug dosage, frequency, and route of administration will be archived.

Effective for dates of service on and after **February 1, 2020**, prior authorization review of drug dosage, frequency and route of administration for the following specialty pharmacy codes from new or current clinical criteria will be based on the quantity limits established in the applicable clinical criteria document. The table below will assist you in identifying the applicable clinical criteria documents and corresponding HCPCS codes.

Access the [clinical criteria document information](#).

For Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc., prior authorization of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require prior authorization by AIM Specialty Health® (AIM), a separate company. This applies to members with Preferred Provider Organization (PPO), Anthem HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

| Clinical Criteria Document Number | Clinical Criteria Name | Drug(s) | HCPCS Code(s) |
|-----------------------------------|-----------------------------------|--|--|
| ING-CC-0001 | Erythropoiesis Stimulating Agents | Aranesp, Epogen, Mircera, Procrit, Retacrit | J0881, J0882, J0885, J0887, J0888, Q4081, Q5105, Q5106 |
| ING-CC-0003 | Immunoglobulins | Asceniv, Bivigam, Carimune NF, Flebogamma DIF. | |

| | | | |
|---|---|--|---|
| Gammagard, Gammagard S/D, Gammaked, Gammplex, Gamunex-C, Octagam, Panzyga, Privigen | J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599 | | |
| ING-CC-0007 | Synagis (palivizumab) | Synagis | 90378 |
| ING-CC-0013 | Mepsevii (vestronidase alfa) | Mepsevii | J3397 |
| ING-CC-0018 | Lumizyme (alglucosidase alfa) | Lumizyme | J0221 |
| ING-CC-0021 | Fabrazyme (agalsidase beta) | Fabrazyme | J0180 |
| ING-CC-0022 | Vimizim (elosulfase alfa) | Vimizim | J1322 |
| ING-CC-0023 | Naglazyme (galsulfase) | Naglazyme | J1458 |
| ING-CC-0024 | Elaprase (idursulfase) | Elaprase | J1743 |
| ING-CC-0025 | Aldurazyme (laronidase) | Aldurazyme | J1931 |
| ING-CC-0028 | Benlysta (belimumab) | Benlysta | J0490 |
| ING-CC-0031 | Intravitreal Corticosteroid Implants | Illuvien, Retisert, Ozurdex, Yutiq | J7311, J7312, J7313, J7314 |
| ING-CC-0032 | Botulinum Toxin | Botox, Xeomin, Dysport, Myobloc | J0585, J0586, J0587, J0588 |
| ING-CC-0033 | Xolair (omalizumab) | Xolair | J2357 |
| ING-CC-0034 | Agents for Hereditary Angioedema | Cinryze, Haegarda, Berinert, Berinert, Firazyr, Ruconest, Kalbitor, Takhzyro | J0596, J0597, J0598, J1290, J1744, J0599, J0593 |
| ING-CC-0041 | Complement Inhibitors | Soliris, Ultomiris | J1300, J1303 |
| ING-CC-0043 | Monoclonal Antibodies to Interleukin-5 | Cinqair, Fasenna, Nucala | J0517, J2182, J2786 |
| ING-CC-0050 | Monoclonal Antibodies to Interleukin-23 | Tremfya, Ilumya | J1628, J3245 |
| ING-CC-0051 | Enzyme Replacement | | |

| | | | |
|-----------------------------|---|---|--|
| Therapy for Gaucher Disease | Cerezyme, Elelyso, Vpriv | J1786, J3060, J3385 | |
| ING-CC-0058 | Octreotide Agents | Sandostatin, Sandostatin LAR Depot | J2353, J2354 |
| ING-CC-0061 | GnRH Analogs for the treatment of non-oncologic indications | Lupron Depot/Depot-Ped | J1950, J9217 |
| ING-CC-0062 | Tumor Necrosis Factor Antagonists | Simponi Aria, Remicade, Inflectra, Renflexis, Ixifi, Humira, Enbrel, Cimzia | J1602, J1745, Q5103, Q5104, Q5109, J0135, J1438, J0717 |
| ING-CC-0063 | Stelara (ustekinumab) | Stelara | J3357, J3358 |
| ING-CC-0066 | Monoclonal Antibodies to Interleukin-6 | Actemra | J3262 |
| ING-CC-0071 | Entyvio (vedolizumab) | Entyvio | J3380 |
| ING-CC-0072 | Selective Vascular Endothelial Growth Factor (VEGF) Antagonists | Avastin, Lucentis, Eylea, Macugen, Zirabev, Mvasi | J2503, C9257, J9035, J2778, J0178, Q5118, Q5017 |
| ING-CC-0073 | Alpha-1 Proteinase Inhibitor Therapy | Aralast, Glassia, Prolastin-C, Zemaira | J0256, J0257 |
| ING-CC-0075 | Rituxan (rituximab) for Non-Oncologic Indications | Rituxan, Truxima | J9312, Q5115 |

URL: <https://providernews.anthem.com/virginia/article/anthems-prior-authorization-and-clinical-criteria-updates-for-specialty-pharmacy-are-available>

Remaining members will transition to new PBM, IngenioRx, on January 1, 2020

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

Anthem Blue Cross and Blue Shield’s launch of our new pharmacy benefits manager (PBM) solution, IngenioRx, is nearly complete – serving members of all Anthem’s affiliated health plans (including HealthKeepers, Inc.). We began transitioning members on May 1, 2019, and have continued throughout 2019, with all members completely transitioned to IngenioRx by January 1, 2020.

As a reminder, most day-to-day pharmacy experiences will not be affected:

- Members will continue to use their prescription drug benefits as they always have, getting their medications using a retail pharmacy, home delivery, or specialty pharmacy.
- Current home delivery and specialty pharmacy prescriptions and prior authorizations will transfer automatically to IngenioRx when a member transitions, with the exception of controlled substances and compound drugs (see more below).
- If you use ePrescribing and are sending home delivery or specialty pharmacy prescriptions, simply select IngenioRx after your patient has transitioned.
- If you do not use ePrescribing, send home delivery and specialty pharmacy prescriptions to IngenioRx after your patient has transitioned (see contact information below).
- Members will continue to use the same drug list.

Frequently Asked Questions

| | |
|------------------------|--|
| Question Answer | When can I expect my patients to transition to IngenioRx? Most Anthem members have already transitioned to IngenioRx. The remaining members will be transitioned on January 1, 2020. |
| Question | |

| | |
|-------------------------------|--|
| <p>Answer</p> | <p>Do providers need to take any action? Federal law does not allow prescriptions for controlled substances or compound drugs to be automatically transferred to another pharmacy, so providers with patients using these medications will need to send a new prescription to IngenioRx after they've transitioned.</p> |
| <p>Question Answer</p> | <p>Will my patients be notified of this change? Anthem will notify members before they transition to IngenioRx. Members currently filling home delivery and specialty pharmacy medications will be notified by mail.</p> |
| <p>Question Answer</p> | <p>How will I know if an Anthem member has moved to IngenioRx? Avality – our Web-based provider tool – displays member PBM information under the <i>patient information</i> section as part of the eligibility and benefits inquiry. We have enhanced this section of Avality to indicate when a member has moved to IngenioRx. Avality includes the name of the PBM and date the member moved to IngenioRx, or the date the member is scheduled to move to IngenioRx.</p> |
| <p>Question Answer</p> | <p>How will specialty drugs be transitioned? Specialty pharmacy prescriptions and prior authorizations will automatically transfer to IngenioRx. In addition, the IngenioRx Care Team will call members to introduce them to IngenioRx and discuss the medications they take.</p> |
| <p>Question Answer</p> | <p>How do I submit prescriptions to IngenioRx? If you use ePrescribing and are sending home delivery or specialty pharmacy prescriptions, simply select IngenioRx in your ePrescribing system.</p> <p>If you do NOT use ePrescribing, you can submit prescriptions using the following information:</p> <p>IngenioRx Home Delivery Pharmacy new prescriptions: Phone Number: 1-833-203-1742 Fax number: 1-800-378-0323</p> <p>IngenioRx Specialty Pharmacy: Prescriber phone: 1-833-262-1726 Prescriber fax: 1-833-263-2871</p> |
| <p>Question Answer</p> | <p>What phone number should I call with questions? For questions, contact the Provider Services phone number on the back of your patient's ID card.</p> |

Direct contracting for nurse practitioners and physician assistants in 2019

Published: Nov 1, 2019 - **State & Federal** / Medicaid

Category: Medicaid

In 2019, we began direct contracting and credentialing of nurse practitioners (NPs) and physician assistants (PAs) in Virginia. Once contracted and credentialed, Anthem HealthKeepers Plus NPs and PAs can begin billing services under their own 10-digit NPI.

Virginia legislation passed in March 2019 requires payers to offer provider contracting opportunities to nurse practitioners who meet HealthKeepers, Inc.'s terms and conditions **effective October 1, 2019**. Currently, licensed NPs and PAs can only bill for covered services under the supervision of the participating physician using that physician's name and NPI. With this change, NPs and PAs must bill HealthKeepers, Inc. directly and the "incident to" guidelines will no longer apply. CMS defines "incident to" services as services billed by physicians and nonphysician practitioners that are furnished incident to physician professional services in the physician's office (whether located in a separate office suite or within an institution) or in a patient's home. **Note that the new participation agreement will not apply to certified nurse midwives as they are contracted under a separate participation agreement.**

How the contracting process will work

Credentialing and contracting of NPs and PAs is now underway. Our network managers have begun reaching out to network-participating providers who we know currently employ NPs and PAs. **Please note that the new participation agreement *will not* apply to certified nurse midwives or clinical nurse specialists, as they are contracted under a separate agreement.**

Other than the provider type description, the participation agreement will contain the same provisions and obligations as our standard physician agreements.

Credentialing process

NPs and PAs are required to be credentialed through HealthKeepers, Inc. Therefore, NPs and PAs must complete the online application process through the Council for Affordable Quality Healthcare, Inc. (CAQH).

To join CAQH ProView®:

Go to <https://proview.caqh.org/pr>.

Select **register now** on the bottom right and follow the instructions.

If you already participate with CAQH and have completed your online application, ensure you authorized HealthKeepers, Inc. access to your credentialing information.

Note: If you have selected **Global Authorization**, HealthKeepers, Inc. will already have access to your data. To authorize HealthKeepers, Inc.:

Go to <https://proview.caqh.org/pr> and enter your username and password.

Select the cog wheel in the upper right and then select **Authorize**.

Scroll down, locate *Anthem* and check the box beside *Anthem*.

Select **Save** to submit your changes.

For questions about CAQH ProView, call the CAQH help desk at **1-888-599-1771** or email providerhelp@proview.CAQH.org.

Benefits of direct contracting for NPs and PAs

This direct contracting and credentialing approach will allow us to include NPs and PAs in our provider directories as independent providers. Our members can easily search our provider finder tool for participating NPs and PAs.

In addition, direct contracting with NPs and PAs will allow for simplified handling of Medicare crossover claims. Medicare crossover claims for services provided by NPs and PAs to

members holding a secondary group coverage policy will process under the participating NP or PA record — without rebilling by the group under the supervising physician’s NPI.

Looking ahead

Going forward, we will keep you informed of details and the date contracted NPs and PAs can begin billing directly for their services.

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/direct-contracting-for-nurse-practitioners-and-physician-assistants-in-2019-1>

Medical drug Clinical Criteria updates

Published: Nov 1, 2019 - **State & Federal** / Medicaid

Category: Medicaid

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the HealthKeepers, Inc. **medical drug benefit** for Anthem HealthKeepers Plus members. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* are publicly available on the provider website, and the effective dates will be reflected in the [Clinical Criteria Web Posting July 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-clinical-criteria-updates-13>

Electronic submission is preferred method for requesting pharmacy prior authorization

Published: Nov 1, 2019 - State & Federal / Medicaid

Category: Medicaid

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps Anthem HealthKeepers Plus members get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:

- Surescripts®: <https://providerportal.surescripts.net/providerportal>
- CoverMyMeds®: <https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call **1-866-797-3239**.
- For questions or issues with accessing the CoverMyMeds portal, call **1-866-452-5017**.

For questions regarding pharmacy benefits, please contact Provider Services at **1-800-901-0020**.

URL: <https://providernews.anthem.com/virginia/article/electronic-submission-is-preferred-method-for-requesting-pharmacy-prior-authorization-8>

Suicide prevention and intervention: What you need to know

Published: Nov 1, 2019 - State & Federal / Medicaid

Category: Medicaid

You may be surprised to learn that suicide is currently the 10th leading cause of death in the United States. In 2017 alone, there were an estimated 1.4 million suicide attempts by Americans. As staggering as these numbers are, we'd like to focus on what can be done to mitigate these statistics. The front lines in the battle against suicide are **prevention** and **intervention**. According to the CDC, suicide prevention should incorporate reducing factors that increase risk and increasing factors that help with resilience and/or coping.

Please read through the information below, which can be used to both prevent and intervene when it comes to suicide and your Anthem HealthKeepers Plus patients.

Suicide statistics

While the following statistics may be hard to read, awareness plays a big role in solving this issue:

- Nearly 45,000 lives were lost to suicide in 2016.
- Suicide rates went up more than 30% in half of U.S. states since 1999.
- There was a significant rise in suicide rate among youth ages 10 to 14.
- Suicide is the second leading cause of death for people 10 to 34 years of age.
- Men are more likely to use more lethal methods, such as firearms or suffocation, while women are more likely to attempt suicide by poisoning or prescription overdose.
- American Indian/Alaska Native youth and middle-aged persons have the highest rate of suicide.

Risk factors

Understanding who is at risk is vital to suicide prevention/intervention. The following traits are risk indicators:

- Depression, other mental disorders or substance use disorder

- Chronic pain
- A prior suicide attempt
- Family history of a mental disorder, substance use or suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers or celebrities

Warning signs

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

How to help someone at risk

- Ask the question, “Are you thinking of killing yourself?”
- Keep them safe from harming or endangering themselves.
- Be there and promote a connectedness.
- Help them connect to resources.
- Follow up with your patient after determining they are at risk.

New evidence-based practice for health care providers

- Health care providers can help prevent suicide when they understand the risk factors and use evidence-based treatments and therapies.
- The Joint Commission recommends screening all patients in all medical settings for suicide risk using validated, population and setting-specific tools.
- It is no longer acceptable to contract for safety with patients; you need to remove or ensure safe storage of potentially lethal items.
- Familiarize yourself with the social media outlets in order to identify suicidal content and get help for the person posting the message. Websites such as Instagram, Facebook, Snapchat, Tumblr, Twitter and YouTube have built in safety tools.

Be familiar with the resources

- **National Suicide Prevention Lifeline 1-800-273-TALK (8255)** — this is a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Callers are routed to the closest crisis center within Lifeline’s network of more than 160 centers.
- **Suicide Prevention Resource Center (SPRC)** — SPRC provides technical assistance, training and materials to assist states, tribes, campuses, organizations, professionals and stakeholders develop suicide prevention programs, interventions and policies. SPRC also acts as Secretariat to the National Action Alliance for Suicide Prevention.
- **National Action Alliance for Suicide Prevention** — this is a public/private partnership that advances the National Strategy for Suicide Prevention through the work of nearly 200 organizations.
- **Behavioral Health Treatment Services Locator** — this tool is a directory of mental health and substance use treatment facilities in the United States and U.S. territories.

- **Garrett Lee Smith Suicide Prevention Program** — the purpose of this program is to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child- and youth-serving organizations.
- **Tribal Technical Assistance Center (TTAC)** — The TTAC provides culturally relevant, evidence-based, holistic technical assistance to support native communities who seek to address mental and substance use disorders and suicide.

Additional resources:

- National Action Alliance for Suicide Prevention: www.actionallianceforsuicideprevention.org
- National Indian Child Welfare Association: www.nicwa.org/YouthSuicidePreventionToolkit
- Indian Health Services Resources: www.ihs.gov/behavioral/index.cfm?module=BH&option=Suicide
- Veterans Crisis Line: www.veteranscrisisline.net

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**.

References:

American Foundation for Suicide Prevention (2019). *Suicide Statistics*. AFSP. Retrieved from: <https://afsp.org/about-suicide/suicide-statistics>.

Centers for Disease Control and Prevention (2018). *Suicide: Prevention strategies*. CDC. Retrieved from <https://www.cdc.gov/violenceprevention/suicide/prevention.html>.

National Institute of Mental Health (2017, May). Mental health information. NIH. Retrieved from <https://www.nimh.nih.gov/health/index.shtml>.

Substance Abuse and Mental Health Services Administration (n.d). SAMHSA. Retrieved from www.samhsa.gov.

Suicide Prevention Lifeline. National Suicide Prevention Lifeline. Retrieved from <https://suicidepreventionlifeline.org>.

URL: <https://providernews.anthem.com/virginia/article/suicide-prevention-and-intervention-what-you-need-to-know>

Keep up with Medicaid news

Published: Nov 1, 2019 - **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 some topics we're addressing in this edition:

[Electronic visit verification](#)

[New Reimbursement Policy: Update Drug Screen Testing](#)

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicaid-news-13>

Attention professional providers serving Medicare Advantage patients: Important update from Anthem regarding timely filing requirement

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

Category: Medicare

As required by the Ethics and Fairness in Carrier Business Practices Act, all health insurance companies licensed to do business in Virginia making material changes to existing agreements or exhibits must do so by way of a formal amendment process. Through an amendment dated July 15, 2019, Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc. notified professional providers about new timely filing requirements effective November 1, 2019. The July notification indicated that a 90-day timely filing requirement would apply to all professional claims – regardless of date of service – effective November 1, 2019.

Anthem has made the business decision to make the 90-day timely filing requirement effective for professional claims received with a date of service ON or AFTER November 1, 2019. We will NOT implement the requirement for professional claims with dates of service prior to November 1, 2019.

Please note that the 90-day timely filing requirement applies to commercial and Medicare Advantage professional claims only. Claims for members enrolled in Anthem HealthKeepers Plus benefit plans (Medicaid and the Commonwealth Coordinated Care Plus commonly referred to as Anthem CCC Plus) are not impacted. Additionally, the amendment does **NOT** apply to facility/hospital contracts.

If you have further questions, please contact your Anthem network manager.

ABSCARE-0280-19

505340VAPENMUB

URL: <https://providernews.anthem.com/virginia/article/attention-professional-providers-serving-medicare-advantage-members-important-update-from-anthem-regarding-timely-filing-requirement>

CMS reminder: Expedited/urgent requests

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

Category: Medicare

The Centers for Medicare & Medicaid Services (CMS) define an expedited/urgent request as:

“An expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member's life, health or ability to regain

maximum function in seriously jeopardy.”

Contracted providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

504409MUPENM

URL: <https://providernews.anthem.com/virginia/article/cms-reminder-expeditedurgent-requests-5>

Blue Cross and Blue Shield Association mandate about Medicare Advantage care management and provider engagement (APM ID 0037943)

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

Category: Medicare

The Blue Cross and Blue Shield Association issued a mandate requiring a change in the way we process **Host** and **Home** plan HEDIS® STARS Care Gaps, risk adjustment (RADV) and medical records requests. The goal of this mandate is to improve health outcomes and care management for Medicare Advantage out-of-area members.

More information about this mandate will be published in the December 2019 edition of *Provider News*.

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

504427MUPENMUB

URL: <https://providernews.anthem.com/virginia/article/blue-cross-and-blue-shield-association-mandate-about-medicare-advantage-care-management-and-provider-engagement-apm-id-0037943-2>

Keep up with Medicare news

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

Category: Medicare

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

- Review additional information about the [2019 Enhanced Personal Health Care Program releases myFHR](#)

503661MUPENMUB

- Visit us on the Web for additional information about the [new Reimbursement Policy: Update Drug Screen Testing](#)

501120MUPENMUB

- Visit us online for additional information about the [rehabilitative services prior authorization review update](#)

504173MUPENMUB

- Check out additional information about the [billing Medicare Part D for shingles or tetanus vaccination claims](#)

53569WPPENMUB

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicare-news-92>
