



Nevada Provider News

September 2020 Anthem Provider News and Important Updates -- Nevada

Products & Programs:

Site of Care* medical necessity reviews expand to numerous surgical procedures begin December 1, 2020 (MAC)	3
Predictive Analytics guide proactive support to patients undergoing chemo, resulting in lowered admissions	3

Pharmacy:

Anthem prior authorization updates for specialty pharmacy are available (MAC)	4
Anthem to update formulary lists for commercial health plan pharmacy benefit	5

Administrative:

Anthem Chat: A fast, easy way to have your questions answered	5
EDI Gateway Migration Deadline is September 15, 2020	6
Enhanced Medical Records Submission Process to Support Claims Processing	8
Patient360 Adds Care Gap Alert Feedback for Medical Providers	10
Receive and respond to medical record requests for postpay audit via Change Healthcare's Attach Assist functionality	12
Commercial Risk Adjustment (CRA) Reporting Update: 2020 Prospective Program Continues	14
New provider directory indicators for medication assisted treatment (MAT) providers	16

Reimbursement Policies:

Distinctive Procedural Services, Modifiers 59, XE, XP, XS, XU (Professional Reimbursement Policy) -- Update (MAC)	17
Frequency Editing (Professional Reimbursement Policy) -- Update (MAC)	18

Medicaid:

Controlling High Blood Pressure (CBP) 18
Medical drug benefit Clinical Criteria updates (March 2020) 20
Keep up with Medicaid news 21

Medicare:

Medical drug benefit Clinical Criteria updates (March 2020) 21
Medical drug benefit Clinical Criteria updates (May 2020) 22

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.

Site of Care* medical necessity reviews expand to numerous surgical procedures begin December 1, 2020 (MAC)

Published: Sep 1, 2020 - Products & Programs

Material Adverse Change (MAC)

[Site of Care* medical necessity reviews expand to numerous surgical procedures begin December 1, 2020](#)

622-0920-PN-CONV

Article Attachments

[20200901 622-0920-PN-CONV_MAC - SOC expansion surgical procedures - NV rv 20200814 final.pdf](#)
application/pdf - 728.06 KB

URL: <https://providernews.anthem.com/nevada/article/site-of-care-medical-necessity-reviews-expand-to-numerous-surgical-procedures-begin-december-1-2020-mac-1>

Predictive Analytics guide proactive support to patients undergoing chemo, resulting in lowered admissions

Published: Sep 1, 2020 - Products & Programs

Anthem's collaborative partnerships with oncology practices, which include sharing of relevant data, have helped drive improved outcomes. Our '**Potentially Avoidable Admissions During Chemo**' model uses predictive analytics to equip oncologists with actionable, patient-level data to highlight those at greatest risk for complications during chemotherapy.

Since the launch of this model, early results indicate success, as observed by a **13% reduction in avoidable inpatient admissions**.¹

Our oncology partners have recognized the value of this predictive modeling capability and routinely supplement their own information to proactively outreach to patients who may benefit from additional support during treatment.

Mary Scott, RN, from City of Hope says this data enables them make better decisions about patient care, "...best part [of this model] is having some data and some information and some specifics about patients that are deemed to be at risk and keeping them out of the hospital, which is a pretty critical part of our work. I think with the Anthem information we've been able to tackle that in a much better and more organized fashion because they provide us with a list of patients that are high risk, medium risk, and low risk for admission, people who are on chemotherapy, and these regimens can be pretty complicated, pretty toxic, and it helps us to make those better decisions for their care."

Watch this video to hear more about how our collaborative partnerships with oncology practices is leading to improved outcomes.

For more information on Anthem's Cancer Care Solutions, email cancer.quality@anthem.com or contact your Anthem Oncology Provider Clinical Liaison.

1 Anthem internal data. Among providers who participate in Anthem's Cancer Care Solutions programs we observed 12.8% fewer avoidable inpatient days per 1,000 over baseline. Based on Anthem commercial business, January through December 2019.

626-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/predictive-analytics-guide-proactive-support-to-patients-undergoing-chemo-resulting-in-lowered-admissions-1>

Anthem prior authorization updates for specialty pharmacy are available (MAC)

Published: Sep 1, 2020 - **Products & Programs** / Pharmacy

Material Adverse Change (MAC)

[Anthem prior authorization updates for specialty pharmacy are available](#)

637-0920-PN-CONV

Article Attachments

[20200901-637-0920-PN-CONV_MAC - Anthem Prior Auth Update for Specialty Rx - NV rv 20200815 final.pdf](#)
application/pdf - 667.93 KB

Anthem to update formulary lists for commercial health plan pharmacy benefit

Published: Sep 1, 2020 - **Products & Programs** / Pharmacy

Effective with dates of service on and after October 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem Blue Cross and Blue Shield (Anthem) will update its drug lists that support commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.

As certain brand and generic drugs will no longer be covered, providers are encouraged to determine if a covered alternative drug is appropriate for their patients whose current medication will no longer be covered. Communications to providers and their patients affected by the changes went out in early August.

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

To ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

View a summary of changes [here](#).

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem.

634-0920-PN-CONV

Anthem Chat: A fast, easy way to have your questions answered

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

If you have questions, you now have a new option to have them answered quickly and easily. With Anthem Chat, providers can have a real-time, online discussion through a new digital service, **available through Payer Spaces on [Availity](#)**.

- Faster access to provider services for all questions
- Real-time answers to your questions about prior authorization, appeals status, claims, benefits, eligibility, and more
- A platform that is easy to use making it simpler to receive help
- The same high level of safety and security you have come to expect with Anthem

Chat is one example of how Anthem is using digital technology to improve the health care experience, with a goal to save you valuable time. To start, access the service through Payer Spaces on [Availity](#).

Use Provider Chat: Select **Payer Spaces**, select **Anthem**, and from *Applications* select **Chat**.

620-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/anthem-chat-a-fast-easy-way-to-have-your-questions-answered>

EDI Gateway Migration Deadline is September 15, 2020

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

Migrate Your EDI Transactions to Availity Today! We want to remind you, as the Availity migration continues full speed ahead, Anthem will guide you to make it an effortless transition without having to rush.

If you, your clearinghouse or vendor have already migrated over to Availity, thank you and you are a step ahead! If not, start the process today to make the transition before **September 15, 2020**.

Take Action Now! Availity setup is simple and at no cost for you!

Use this [link](#) to learn about Availity to get started today:

All EDI transmissions currently sent or received today via the Anthem 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
- 278 Prior Authorization/Referrals
- 278N Inpatient Admission and Discharge Notification

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

- Transition your existing 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 with the new attachment function

Share with your team what you learn

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

Follow these steps to register with [Availity](#):

1. Log in and select **Help & Training | Get Trained** to open the Availity Learning Center in a new tab Search Catalog field and choose. It is your dedicated ALC account.
2. Search by keyword (Medical Attachments/Attachments) to find on-demand and live training options.
3. Click **Enroll** to enroll for a course and then go to your **Dashboard** to access it any time.

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

635-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/edi-gateway-migration-deadline-is-september-15-2020-3>

Enhanced Medical Records Submission Process to Support Claims Processing

Published: Sep 1, 2020 - Administrative

Anthem now offers a full suite of options to assist with medical record submissions. To ease your administrative burden and recognizing your staff may be working remotely, we have increased the intake channels for required medical records supporting claim submissions.

Here are the options available to you:

Leverage any of the following Availity-hosted channels for electronic claim attachment transmission:

- **EDI Transaction: X12 275 Patient Information (version 5010)**
 - Anthem supports the industry standard X12 275 transaction for electronic transmission of supporting claims documentation including medical records (pdf, jpeg, tif file types).
 - Access your X12 275 companion guide for more details.
 - Electronic Integrated Submission -- Submit the claim via EDI 837 batch file and supporting documentation via x12 275.
- **Availity Secure Provider Portal Options**
 - Direct Data Entry (DDE) -- The direct data entry claim application allows you to upload supporting documentation for a defined claim (unsolicited process).

- Attachments-New tool -- Submit **solicited or unsolicited** supporting documentation for your claims
- *Attend an Availity hosted webinar to learn more about all capabilities*

Start your transition today!

Start now to adopt these new processes and experience the many advantages to using an electronic option for claim attachment submission. You may find you are able to use these new processes to replace your more manual processes of submitting supporting documentation via fax or US Mail.

Advantages:

- **Easy Submission** -- medical documentation may include but not limited to:
 - itemized bills
 - medical records
 - discharge summaries
- **Less administrative burden** -- medical records submitted electronically save an average of 4 minutes per record for staff vs. faxing or mailing your records in
- **Electronic acknowledgment with a transaction audit trail** -- confirm delivery/receipt
- **Comprehensive history** -- view past medical record submissions by your organization
- **Administrative Savings** -- reduce your mailing expense and/or fax related expenses

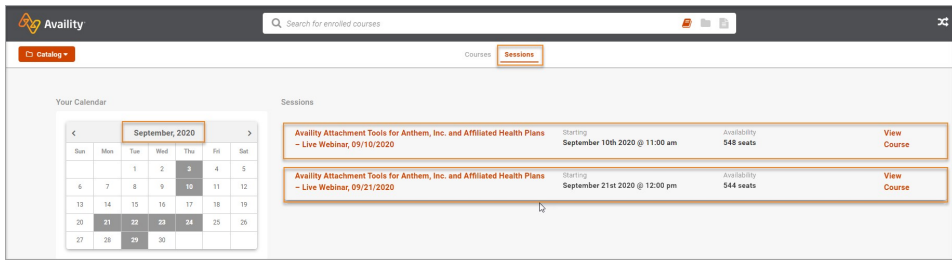
Want to learn more?

Register for an upcoming webinar session

1. In Availity Portal, select **Help & Training > Get Trained**.
2. The Availity Learning Center opens in a new browser tab.
3. Search for and enroll in a session using one of these options.
 - In the Catalog, search by webinar title or keyword (medattach).
 - Select the **Sessions** tab to scroll the live session calendar.

5. After you enroll, you'll receive emails with instructions to join the session.

Article Attachments



September/ October Dates

Date	Day	Time
09/10/2020	Thursday	11:00 a.m. -- 12:00 p.m. ET
9/21/2020	Monday	12:00 p.m. -- 1:00 p.m. ET
10/07/2020	Wednesday	4:00 p.m. -- 5:00 p.m. ET
10/20/2020	Tuesday	11:00 a.m. -- 12:00 p.m. ET

For assistance with set-up or submission contact Availity Client Services at 1-800-AVAILITY.

636-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/enhanced-medical-records-submission-process-to-support-claims-processing-3>

Patient360 Adds Care Gap Alert Feedback for Medical Providers

Published: Sep 1, 2020 - Administrative

Patient360 is a dashboard you can access through the Availity Portal that gives you a full 360° view of your Anthem patient's health and treatment history and will help you facilitate

care coordination. You can drill down to specific items in a patient's medical record to retrieve demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities.

What's new:

Medical providers now have the option available to include feedback for Anthem patients who have gaps in care. Your practice can locate these care gaps in the Active Alerts section on the Member Care Summary page of the Patient360 application.

Once you have completed the required fields on the Availity Portal to access Patient360 you will land on the **Member Summary** page of the application. To provide feedback, select the **Clinical Rules Engine (CRE)** within the **Active Alerts** section. This will open the **Care Gap Alert Feedback Entry** window. You can choose the feedback menu option that applies to your patient's care gap.

Are you using Patient360 for the first time? You can easily access Patient360 on the Availity Portal.

First, you need to be assigned to the Patient360 Role which your Availity Administrators can locate within the Clinical Roles options.

Once you have the Availity role assignment, navigate to Patient360 through the Availity Portal by selecting the application on Anthem Payer Spaces or by choosing the Patient360 link located on the patient's benefits screen.

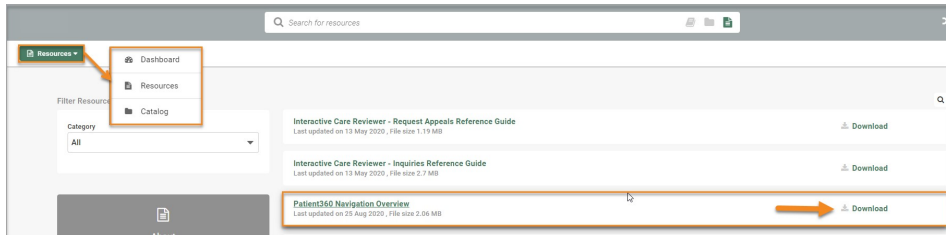
Do you need a job aid to help you get started?

The **Patient360 Navigation Overview** illustrates the steps to access Patient360 through the Availity Portal, and instructions on how to provide feedback for your patients who are displaying a Care Gap Alert. This reference is available for you to access online through the **Custom Learning Center**.

1. From Availity's home page select **Payer Spaces | Anthem payer tile| Applications | Custom Learning Center**
2. Select **Resources** from the menu located on the upper left corner of the page.

1. (To use the catalog filter to narrow the results select **Payer Spaces** from the **Category**)

3. Select **Download** to view and/or print the reference guide



641-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/patient360-adds-care-gap-alert-feedback-for-medical-providers-2>

Receive and respond to medical record requests for postpay audit via Change Healthcare's Attach Assist functionality

Published: Sep 1, 2020 - Administrative

We are offering providers that are using Change Healthcare for revenue cycle management an opportunity to have a streamlined in-workflow solution native to Relay Assurance application.

Starting September 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) will launch the use of Change Healthcare's Medical Attachment functionality for electronic communications as an additional digital option. This new functionality allows providers to upload medical records and itemized bill documents electronically instead of through traditional paper communications. This functionality can improve communications and increase transparency for medical record requests and will not otherwise impact the audit program.

Important facts regarding this change:

- This change only affects providers who use Assurance Reimbursement Management™ from Change Healthcare and have opted in to using the **Attach Assist**

- The new functionality is **only** for medical record requests for postpay claims for the Payment Integrity Quality Claims Review (Provider Audit) department only.
- There will be no duplicate requests (either paper or electronic). If you opt to use this method, paper requests for medical records will not be sent.
- In Assurance Reimbursement Management™, requests for additional documentation will be displayed to the user on the History tab of the claim. Assurance will be configured such that these requests drive workflow to ensure they are brought to the user's attention.
 - The original letter, historically sent via paper, is accessible as a PDF electronic copy in the provider's downloads folder in Assurance for review. The letter content is exactly the same as it was in paper format.
 - Each request letter (first, second and final attempt) 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 letter. If you wish to upload medical records after the response time has expired, please refer to the Change Healthcare training referenced below.
 - Providers can respond to the request by uploading records in Assurance Attach Assist. The attachments are received in almost real time and are delivered electronically to the payer's systems through secure means. Records can be accessed through a hyperlink in Assurance Attach Assist for the particular claim the record is associated.
- The following is out of scope or not impacted:
 - Vendor requests for medical records on behalf of the payer
 - Providers who do not use Assurance Reimbursement Management™ Attach Assist from Change Healthcare or have not configured Attach Assist within Assurance Reimbursement Management™
 - The request timing of request letter and the verbiage in the request letter
 - The Program Integrity Special Investigations Unit postpay review is not included at this time.

Resources

Training is available on the Change Healthcare Connect Center at <https://rcmknowledgecenter.changehealthcare.com/learn>.

Can I start using the functionality earlier?

Yes, you can. If you chose to opt in earlier, please ensure you are configured within Assurance Reimbursement Management™. Request early access via email at dl-Prod-ChangeHealthcare-Provider-Support@anthem.com.

For additional information, see our [Change Healthcare Medical Attachment functionality via Attach Assist FAQ](#).

Article Attachments

[617-0920-PN-CONV - Non-MAC - 344729 Provider FAQ.pdf](#)
application/pdf - 531.21 KB

617-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/receive-and-respond-to-medical-record-requests-for-postpay-audit-via-change-healthcares-attach-assist-functionality>

Commercial Risk Adjustment (CRA) Reporting Update: 2020 Prospective Program Continues

Published: Sep 1, 2020 - Administrative

As a provider, we understand you are committed to providing the best care for our members, which may now include telehealth visits. Telehealth visits are an acceptable form for seeing your patients, and assessing if they have risk adjustable conditions in support of the Anthem Commercial Risk Adjustment (CRA) prospective program. The prospective program is well under way for 2020, and focuses on member health assessments for patients with undocumented Hierarchical Condition Categories (HCC's), in order to help close patients' gaps in care. We continue to provide updates regarding the prospective program to solicit your help getting patients in for a wellness visit before the calendar year ends, and we offer incentives to recognize your efforts (see details below.)

Inovalon Requests

Inovalon -- an independent company that provides secure, clinical documentation services -- helps us comply with the provisions of the Affordable Care Act (ACA) that require us to assess members' relative health risk levels. Please submit health assessments to Inovalon when completed and if you have questions, you can reach Inovalon directly at 1-877-448-8125.

Prospective Program ask of Providers

Anthem network providers -- usually PCPs -- receive letters from Inovalon, requesting that they:

1. **Schedule a comprehensive in person or telehealth visit with patients** identified by Inovalon to confirm or deny if previously coded or suspected diagnoses exists, and;
2. **Submit a Health Assessment** documenting the previously coded or suspected diagnoses (also called SOAP Notes - *Subjective, Objective, Assessment and Plan*).

Incentives offered for properly submitted Health Assessments

- \$100 for each Health Assessment properly submitted electronically via Inovalon's ePASS® tool
- \$50 for each Health Assessment properly submitted via fax

ePASS® is Training is available to ensure health assessment completion accuracy

- Training Webinars every Wednesday - 3:00 - 4:00 PM EST
- Register by sending an email to ePASSProviderRelations@inovalon.com with your name, organization, contact information and the date of the webinar you wish to attend. Information will be provided on how to join the webinar.

Alternative Engagement

Inovalon's ePASS® tool is our preferred method for submission. However, we offer alternate options to be flexible and meet your needs. If in 2019 your practice utilized these alternative options for prospective member outreach, we thank you for continuing to utilize these alternative forms of program participation in 2020.

For those providers not familiar with alternative options, they are listed here. Telehealth visits are also an acceptable form of a patient visit for these alternative engagement options. Any questions can be directed to the Anthem CRA Network Education Representative listed below.

- **EPHC Providers using PCMS** - Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool to schedule members for comprehensive visits. PCMS does have a link to take you directly to the Inovalon ePASS® tool where completed health assessments will result in a \$100 incentive payment per submitted health assessment.
- **List of Members to be scheduled** - Anthem CRA provides member/patient reports for providers to schedule members for comprehensive visits. No health assessment needed. Not eligible for additional incentive because CRA will get the diagnosis for gap closure through claims submission.
- **EPIC Patient Assessment Form (PAF)** - Providers with EPIC as their electronic medical record (EMR) system can fax the EPIC PAF to Anthem CRA at 1-855-244-0926 with a coversheet indicating "see attached Anthem Progress Note," which is eligible for a \$50 incentive payment.
- **Providers Existing Patient Assessment Form (PAF)** - Utilizes providers' existing EMR system and applicable PAF. Must be submitted to Anthem CRA at 1-855-244-0926 with coversheet indicating, "see attached Anthem Progress Note," which is eligible for a \$50 incentive payment.

Please contact the Commercial Risk Adjustment Network Education Representative if you have any questions: Socorro.Carrasco@anthem.com.

Thank you for your commitment to assessing your patient's health and closing possible gaps in care.

623-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/commercial-risk-adjustment-cra-reporting-update-2020-prospective-program-continues-1>

New provider directory indicators for medication assisted treatment (MAT) providers

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

Anthem Blue Cross and Blue Shield (Anthem) will begin publishing new indicators in our online provider directories to help members easily identify facilities and physicians designated as medication assisted treatment (MAT) providers for opioid use disorder.

These directory indicators fall into four categories related to MAT:

- Facility that provides MAT
- Physician who provides MAT
- Facility with a certified opioid treatment program
- Facility that provides counseling for opioid use disorders

We encourage facilities and individual providers who provide these services to update their demographic information so these MAT indicators can be added to our directories.

To submit updated professional demographic information, please visit [anthem.com](https://www.anthem.com) and locate the **Provider Maintenance Form** to submit changes to your information. For facility updates, please contact your Contract Manger. Please contact Provider Services if you have any questions.

630-0920-PN-CONV

URL: <https://providernews.anthem.com/nevada/article/new-provider-directory-indicators-for-medication-assisted-treatment-mat-providers-4>

Distinctive Procedural Services, Modifiers 59, XE, XP, XS, XU (Professional Reimbursement Policy) -- Update (MAC)

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

Material Adverse Change (MAC)

[Distinctive Procedural Services, Modifiers 59, XE, XP, XS, XU \(Professional Reimbursement Policy\) -- Update](#)

632-0920-PN-CONV

Article Attachments

[20200901-632-0920-PN-CONV_MAC - Distinct Procedural Services - Prof - NV rv 20200814 final.pdf](#)

application/pdf - 597.02
KB

URL: <https://providernews.anthem.com/nevada/article/distinctive-procedural-services-modifiers-59-xe-xp-xs-xu-professional-reimbursement-policy-update-mac-1>

Frequency Editing (Professional Reimbursement Policy) -- Update (MAC)

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

Material Adverse Change (MAC)

Frequency Editing (Professional Reimbursement Policy) -- Update

633-0920-PN-CONV

Article Attachments

[20200901-633-0920-PN-CONV_MAC - Frequency Editing - Prof - NV rv 20200814 final.pdf](#)
application/pdf - 601.69
KB

URL: <https://providernews.anthem.com/nevada/article/frequency-editing-professional-reimbursement-policy-update-mac-3>

Controlling High Blood Pressure (CBP)

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

This HEDIS[®] measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg)

Record your efforts:

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is *not controlled*.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit

Exclusions:

- End stage renal disease
- Nephrectomy or Kidney transplant
- Pregnancy
- Nonacute inpatient stay
- Members aged 66 to 80 with frailty and advanced illness
- Members 81 years old and above with frailty

Helpful tips:

- Have your office staff recheck blood pressure for members with initial diagnosis of hypertension and record readings greater than 140 mm Hg systolic and 90 mm Hg diastolic during outpatient office visits. Educate your staff to record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs and other programs for additional education and support.
- Educate members and their spouses, caregivers or guardians about the elements of a healthy lifestyle such as:

- Heart-healthy eating and a low-salt diet.
- Smoking cessation and avoiding secondhand smoke.
- Adding regular exercise to daily activities.
- Home BP monitoring.
- Ideal BMI.
- The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code on the claim form to help reduce the burden of HEDIS medical record review

How can we help?

We support you in helping members control high blood pressure by:

- Providing online [Clinical Practice Guidelines](#) on our provider website.
- Reaching out to our hypertensive members through our education and support programs.

Other available resources:

- [National Heart, Lung, and Blood Institute](#)
- [CDC Blood Pressure educational materials](#)

ANV-NU-0140-20

URL: <https://providernews.anthem.com/nevada/article/controlling-high-blood-pressure-cbp-4>

Medical drug benefit Clinical Criteria updates (March 2020)

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

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield Healthcare Solutions. Please note, this does

not affect the **prescription drug benefit**. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting March 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

ANV-NU-0141-20

URL: <https://providernews.anthem.com/nevada/article/medical-drug-benefit-clinical-criteria-updates-march-2020>

Keep up with Medicaid news

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

Please continue to check [Medicaid Provider Communications & Updates](#) at [anthem.com/mediproviders](https://www.anthem.com/mediproviders) for the latest Medicaid information.

- [Provider data update](#)
- [New MCG Care Guidelines 24th edition](#)
- [Medical Policies and Clinical Utilization Guidelines update](#)

ANV-NU-0138-20

ANV-NU-0142-20

ANV-NU-0112-20

URL: <https://providernews.anthem.com/nevada/article/keep-up-with-medicaid-news-38>

Medical drug benefit Clinical Criteria updates (March 2020)

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

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield Healthcare Solutions. Please note, this does not affect the **prescription drug benefit**. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting March 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

ANV-NU-0141-20

URL: <https://providernews.anthem.com/nevada/article/medical-drug-benefit-clinical-criteria-updates-march-2020-1>

Medical drug benefit Clinical Criteria updates (May 2020)

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

On May 15, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield (Anthem) and AMH Health, LLC (AMH Health). These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting May 2020 \(Anthem\)](#) [Clinical Criteria Web Posting May 2020 \(AMH Health\)](#). Visit [Clinical Criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

ABSCRNU-0162-20

URL: <https://providernews.anthem.com/nevada/article/medical-drug-benefit-clinical-criteria-updates-may-2020>
