AIM Specialty Health update for the Federal Employee Program®

In the June issue of Network Update, we announced that AIM Specialty Health® (AIM) would be expanding services to the Federal Employee Program (FEP)® in August 2014. In our efforts to always provide the best quality of service to our providers and our members, the AIM implementation will be delayed until 2015. We look forward to sharing the details of the AIM program for FEP in a future issue of Network Update.

2014 Medical chart review for members who have purchased plans on or off the Exchange – Began in July

Each year, Anthem Blue Cross and Blue Shield (Anthem) requests your assistance in our retrospective medical chart review programs. We continue to request members’ medical records to obtain information required by the Healthcare Effectiveness Data and Information Set (HEDIS®) and the Centers for Medicare & Medicaid Services (CMS). For example, we recently notified you of our medical chart review program for Medicare Advantage members to meet CMS requirements.

Today, we are sharing with you our plans to initiate a similar chart review program which began in July for another subset of our member population – those 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). This particular effort is part of Anthem’s compliance with provisions of the Affordable Care Act (ACA) that require our company to collect and report diagnosis code data for our members who have purchased individual or small group health plans on or off the Exchange. The members’ medical record documentation helps support this data requirement.

Anthem engages Inovalon to conduct medical chart reviews for our Exchange members

To assist with our medical chart review program for members enrolled in our individual and small group Exchange plans, Anthem is collaborating with Inovalon – an independent company that provides secure, clinical documentation services – to contact providers on our behalf. Inovalon’s Web-based workflows will help reduce time and improve efficiency and costs associated with record retrieval, coding and document management. Anthem will be working with Inovalon in retrieving and reviewing our members’ medical records.

Inovalon will be using the following methods of collecting medical record information:

- Scanned or faxed medical records that providers’ offices send to Inovalon
- Onsite medical record reviews by trained clinical personnel
- Automated medical record retrieval using electronic health records (EHR) system interoperability through the provider’s EHR system
More specifically, in cases where Inovalon sends a letter requesting fewer than six medical records for review, Inovalon will follow up with a phone call to request that the providers’ offices fax or mail the medical chart information. We ask that provider offices fax or mail the medical record information to Inovalon within one week.

In cases where Inovalon is requesting more than six medical records to review, the company will call the provider’s office and arrange a time convenient for an Inovalon reviewer to visit the office onsite to collect the appropriate information. Before the onsite visit, Inovalon will mail or fax the provider’s office a letter to confirm the upcoming visit. The Inovalon medical record review personnel coordinate all clinical facility communication, medical record data review scheduling, collection, and tracking – onsite or remotely.

To make it easier for providers, an automated medical record data retrieval occurs through the provider’s EHR system. Upon receiving the provider group’s one-time authorization, Inovalon’s systems automatically retrieve targeted medical record data for quality and risk score accuracy from a centrally maintained repository from each EHR partner. The goal of this partnership is to improve the medical record data extraction experience for Anthem’s network-participating hospitals, clinics and physician offices. Anthem and Inovalon are working together to identify facilities and providers’ offices for engagement.

Appropriate coding helps provide comprehensive picture of patients’ health and services provided

As the physician of our members who have purchased health plans on and off the Exchange, you play a vital role in the success of this initiative and our compliance with ACA requirements. When members visit your practice or office, we encourage you to document ALL of the members’ health conditions, especially chronic diseases. As a result, there is ongoing documentation to indicate that these conditions are being assessed and managed. By maintaining quality coding and documentation practices and by cooperating with our medical chart requests, you will help ensure your patients receive the proper care they need, and you will be instrumental in helping Anthem meet our ACA obligations. Together, we can help ensure risk adjustment payment integrity and accuracy.

Reminder about ICD-9 CM coding

As you are aware, the ICD-9 CM 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-9 CM codes submitted on health care claims to monitor health care trends and costs, disease management and clinical effectiveness of medical conditions.

We encourage you to follow the principles below for diagnostic coding to properly demonstrate medical necessity and complexity:

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure in the first diagnosis position of the claim whether on a paper claim form or the 837 electronic claim transaction, or point to the primary diagnosis by using the correct indicator/pointer.
- Include any secondary diagnosis codes that are actively managed during a face-to-face, provider-patient encounter, or any condition that impacts the provider’s overall management or treatment of that patient in the remaining three positions (total of four diagnoses allowed per claim line).
- Always assign the ICD-9 code to the highest level of specificity, using four- or five-position codes as appropriate.

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

Inovalon continues outreach efforts on Anthem’s behalf to help identify members needing care

At Anthem, we are working to update health documentation for our members in the individual and small group markets who have purchased our health insurance plans on and off the Exchange. We identified members who have not seen a physician for medical care this year or appear to have some type of gap in care that could be closed by seeing a physician.
Working with our providers, we engaged Inovalon to contact our members and encourage in-office visits with their physicians. Therefore, as a physician, you may receive letters throughout the year from Inovalon on our behalf. Inovalon began contacting providers and members in January 2014. We want to help ensure you and your office staff are aware of these ongoing outreach efforts Inovalon is conducting on our behalf.

It is important to note that this is a voluntary program developed to encourage members to seek treatment for any conditions that may be identified during the assessment. The goal is to identify or help close gaps in care. We appreciate your cooperation should Inovalon contact your office or facility.

In the event our members do not visit their physicians, Inovalon also offers the option of a personal health visit that a medical professional from Inovalon conducts in members’ homes. The member may also opt to visit a retail clinic or other Inovalon location. We will continue to provide updates about the Inovalon engagement in upcoming editions of the Network Update.

Updated Alpha Prefix Reference

The Alpha Prefix Reference List has been updated. Access the updated list online by going to anthem.com, and select Provider link in top center of page. Select Nevada from drop down list and enter. From Provider Home tab, select the link titled “Contact Us (Escalation Contact List & Alpha Prefix List)”, and then the link titled “Alpha Prefix Reference List”.

Updated Escalation Contact List

We have also updated our Escalation Contact List. This list will help outline the appropriate process for escalating an issue, if needed, to ensure you have the best provider experience possible and the quickest resolution to your issue. An updated Escalation Contact List is located online. Go to anthem.com, and select Provider link in lower right corner. Select Nevada from drop down list and enter. From Provider Home tab, select the link titled “Contact Us (Escalation Contact List & Alpha Prefix List)”, and then the link titled “Escalation Contact List”.

Interactive Care Reviewer (ICR) – Updates

Please share this information with your staff who submits precertification requests.

Did you stop using ICR because you were experiencing an error message of “System Temporarily Unavailable”?  
We have identified the issue and have since corrected the problem. Please begin submitting your inpatient and outpatient requests again via ICR.

If you receive the “System Temporarily Unavailable” on a consistent basis, your organization’s firewalls may be blocking this site. Please contact your IT department and ask that they review internet filters and add “anthem.com” site as a trusted site to bypass the proxy.

Recent updates have been made to Interactive Care Reviewer (ICR) to restore previous functionality for submitters of inpatient requests

Users of ICR who previously attempted to add clinical notes for an inpatient request with a status of notification only will again be able to add clinical notes via ICR and resubmit for further review. The update button has been added back and you will now be able to upload your clinical notes again for your inpatient requests in notification only status.

We apologize for any inconvenience these issues may have caused your office. Please begin submitting your precertification requests again via ICR.
Update to Claims Processing Edits and Professional Reimbursement Policies

We have updated ProviderAccess, with the following revisions to our professional reimbursement policies:

Three-Dimensional (3D) Radiology Services (formerly 3D Rendering of Imaging Studies), Bundled Services and Supplies, and Modifier 59 (Distinct Procedural Service)

Anthem considers 3D rendering of imaging studies to be a technology and technique improvement that represents an aid to the physician via computer generated real-time study interpretation and decision support. These visual enhancements are considered an elective component of the overall imaging study performed and are not eligible for separate reimbursement. Modifiers will not override these edits.

Therefore, for claims processed on or after August 18, 2014 for dates of service on or after January 1, 2014, the Three-Dimensional (3D) Radiology Services, Bundled Services and Supplies, and Modifier 59 (Distinct Procedural Service) reimbursement policies will be updated to indicate that CPT code 76499 (unlisted diagnostic radiographic procedure) when reported as digital breast tomosynthesis (DBT) is incidental to mammography and breast MRI codes 77055, 77056, 77057, 77058, 77059, G0202, G0204, and G0206 and will not be eligible for separate reimbursement.

Bundled Services and Supplies

For claims processed on or after August 18, 2018, Section 1 of the Bundled Services and Supplies policy will include the following always bundled edits:

- Current Procedure Terminology (CPT®) code 0358T (bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report), (new code effective July 1, 2014) as Anthem considers this service to be part of the overall patient care
- HCPCS code G0390 (trauma response team associated with hospital critical care service); as this service is included in the hospital’s reimbursement.

Evaluation and Management Services and Related Modifiers -25 & -57

For claims processed on or after August 18, 2014, our editing system (ClaimsXten) will only allow one of the same evaluation and management codes when reported more than once for the same date of service. This edit supports the information outlined in the policy that states separate reimbursement is not allowed for an additional same level evaluation and management (E/M) service code reported on a single date of service by the same provider. Modifiers will not override this edit.

Modifier 59

The Modifier 59 policy has been updated to document that for claims processed on or after August 18, 2014, modifier 59 will not override the mutually exclusive edit for procedure code 88305 (Level IV - Surgical pathology, gross and microscopic examination) when reported with procedure codes G0416-G0419 (Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method, 10-20, or 21-40, or 41-60, or 60 specimens) as they represent duplicative services.

The following policies received annual reviews with no substantive changes.

- Incident to Services
- Modifier 22
- Physical and Manipulative Maintenance Services
- Standby Services
Reimbursement Policies and Clear Claim Connection are available on our secure provider portal, ProviderAccess.

Please review the full policy for any changes referenced above for further information. All professional Reimbursement Policies are located on our secure provider portal, ProviderAccess. Please go to anthem.com, and select the Provider link in the top center of the page. Select Nevada from the drop down list, and enter. From the Provider Home page, go to the ProviderAccess Login tout (blue box on the left side of the page), and select Medical from the drop down list and click on the login button.

Once logged into ProviderAccess, from the Overview tab, under the Policies and Procedures section, select the link titled “View Professional Reimb & Admin Policies”. From the Anthem’s Professional Reimbursement and Administrative Policies overview page, select Continue. Select link titled “Anthem’s Professional Reimbursement & Administrative Policies – By Type”, then select the Reimbursement link, and next the Policy you would like to view.

Clear Claim Connection™ is our web-based editing tool from McKesson and includes an interface that will allow you to view the clinical rationale for ClaimsXten edits when you enter claim scenarios. If you have not used Clear Claim Connection previously, we would like to take this opportunity to encourage you to access this user-friendly tool to explore the ClaimsXten edits. Follow the directions listed above to log into ProviderAccess. Once logged in, from the Claims tab, select the Clear Claim Connection link.

Upcoming Accessibility Survey for Behavioral Health Providers

Behavioral Health providers may receive a call from a representative with the North American Testing Organization (NATO). NATO conducts a survey every year for Anthem regarding appointment availability for our members. Not every behavioral health provider is contacted for this survey. The information NATO obtains is provided to Anthem to compile a report. It is a brief survey to obtain information regarding routine appointments, urgent appointments and non-life threatening emergent care. They also obtain information regarding the out-going message on the provider’s voicemail or the information provided by his/her answering services. They will also ask about coverage when the provider is out of the office (vacation). If you are contacted, it is important that you respond to the surveyors. This information is very important to Anthem. It helps add to the quality care provided by our providers for our members. Thank you for your support in gathering this important information.

HEDIS® 2014: Provider incentive winners announced!

We have completed the HEDIS data collection for 2014 and want to thank all of our provider offices and their staff who assisted us. Your collaboration in this process allows us to achieve the best HEDIS results possible.

This is the 3rd year for our incentive program to acknowledge some of our providers who either responded in a timely manner or went “Above & Beyond” to help make our HEDIS data collection successful. Any practices that responded within 5 business days of our initial request or who went out of their way by taking additional steps to help us with data collection were entered in a drawing to receive a gift. In the event an office was not able to accept a tangible gift, a special written recognition was given. We are pleased to announce our incentive winners as follows:

- Women’s Health Specialists of Nevada, Reno, NV
- Bright Futures Pediatrics, Las Vegas, NV
- Minden Family Medicine, Minden, NV
- Carson-Tahoe Regional Medical Center, Carson City, NV
- Women’s Health Associates of Southern Nevada, Las Vegas, NV
- Saint Mary’s Medical Center, Reno, NV
- Northern Nevada Medical Center, Reno, NV

Network Update is produced monthly by Anthem Blue Cross and Blue Shield.

Editor: Jackie Ferguson, 700 Broadway, Denver, CO 80273, E-mail: Jackie.Ferguson@anthem.com.

The content of this update is for informational purposes only and should not be construed as treatment protocols or required practice guidelines, nor should anything herein be construed as legal advice. Readers are strongly advised to consult their own legal counsel as necessary. Diagnoses, treatment recommendations and the provision of health care services for Anthem Blue Cross and Blue Shield members are the responsibility of physicians and providers.

In Colorado: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Nevada: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. 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.
Thanks again to all of our provider offices and their staff for assisting us in collecting HEDIS data. Our HEDIS results reflect the excellent care you provide to our members. An overview of our HEDIS rates will be published in the 4th quarter provider newsletter.

We look forward to working with you next HEDIS season!

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

**Cultural competence provider trainings available (with CME credits provided)**

Anthem Blue Cross and Blue Shield (Anthem) is very excited to offer its providers two culturally and linguistically targeted e-learning courses. These courses provide AMA Category 1 CME credits at no cost to you. The program was developed by Critical Measures, a nationally prominent consulting and training firm specializing in cross-cultural medicine, collaborated with the University of Minnesota Medical School to develop this training.

Anthem recognizes that its members are becoming more racially, culturally and linguistically diverse. As such, there is an increased emphasis on cultural competence training for physicians, nurses, and other healthcare professionals who interact with these patients on a daily basis. Research has shown that clinicians who are provided with multicultural training are better able to serve these growing patient populations, and are more likely to improve patient satisfaction, adherence and patient outcomes, as well as increase their market share from some of the nation’s fastest growing communities. Brief descriptions of the e-learning programs appear below.

**Language Access and the Law: Caring for the Limited English Proficient (LEP) Patient.** Physicians and clinics that receive Medicare or Medicaid funding typically are required to provide interpreters and translated materials. This program reviews the business, medical (quality and safety) and legal basis for the language access mandate in health care. This program is based on a comprehensive patient case study that describes the current state of language access law and national best practices as they apply to health plans, physician clinics, emergency rooms, outpatient/pharmacy care and inpatient/hospital treatment. This program takes between 1.5 – 2 hours to complete and provides 2.25 hours of CME/CEU credit for doctors and nurses.

**Viewpoints: Clinical Competence in a Globally Mobile World.** Today, over one billion people cross international borders each year. That number is expected to double in ten years. American medicine must adapt to the growing numbers of immigrants, refugees, students, international business people and travelers to the U.S. We must also contend with the fact that U.S. citizens are traveling to the most remote parts of the globe and returning home with diseases that have been foreign to us up to now. In a globally mobile world, disease is no longer local. Viewpoints will better prepare physicians to treat common infectious and parasitic diseases that originate from outside the U.S. and to assist them in distinguishing medical conditions commonly seen in the United States from those of foreign origin even when they exhibit the same symptoms. This program takes between 2.5 – 3 hours to complete and provides 6.0 hours of CME/CEU credit for doctors and nurses.

To access these offerings, please view the course [Quick Start guide](http://bridginghealthcaregaps.com/QuickStart/Quick_Start_for_Anthem_BCBS.pdf), or do to the following url directly:

http://bridginghealthcaregaps.com/QuickStart/Quick_Start_for_Anthem_BCBS.pdf

For more information, please contact Jason Duong, jason.duong@wellpoint.com.

The information contained in these training programs is provided for educational purposes only, and shall not constitute medical or legal advice. While Anthem is making these training programs available to you, we are neither endorsing nor taking responsibility for the information contained in the programs. Additionally, we do not guarantee the quality or accuracy of the information presented in these non-Anthem materials. None of the information is intended to be required for use in your practice. Physicians and other health professionals must rely on their own expertise in evaluating information, resources and tools to be used in your practice. The information, resources and tools that we offer for your consideration are never a substitute for your professional judgment.
Medicare Advantage Updates

Free support for Medicare Advantage Members with Type 2 Diabetes

Patients with diabetes are faced with many challenges, such as knowing how and when to eat, avoiding complications, and getting support from family and friends. A Better Choices, Better Health® — Diabetes workshop can help patients manage these concerns.

These free workshops offer the benefit of the support of others who understand what patients with diabetes are going through, and your patients are invited to register for these free workshops.

Developed and tested at Stanford University, a Better Choices, Better Health®—Diabetes workshop can help people with diabetes:

- Understand how to eat with diabetes while still making it enjoyable
- Monitor and manage blood sugar levels
- Start or maintain a regular exercise program
- Improve communication with family, friends, and primary care team
- Design a self-management program.

Anyone 18 years or older with Type 2 diabetes can register for a workshop. Participants who are also our members will be asked if they would like to be part of the research study.

This workshop is offered free of charge as part of research study conducted by Stanford University. The study is funded by the National Council on Aging. Not all participants in the workshop will qualify for the study, but may take the workshop anyway.

Online Workshops are a convenient way for members who live in any state to interact with peers online and take charge of their health. Members can participate from home or anywhere with Internet access by registering at www.selfmanage.org.

For more information about the online program, visit www.selfmanage.org.

ICD-10: Another delay provides another opportunity

On April 1, 2014, the Protecting Access to Medicare Act of 2014 was signed into law. The bill includes a provision that effectively delays the implementation of ICD-10 diagnosis and inpatient procedure codes for at least one year. The delay also provides an opportunity to be even more prepared for the transition to come. We encourage you to continue your ICD-10 readiness activities, including:

- **Practice Assessment**: Understand where your practice stands on required tasks to comply by October 1, 2015. Carefully examine your documentation procedures. Reviewing your patient population and coding patterns will help you understand how ICD-10 will affect your practice. You may want to start with a review of the most often-used ICD-9 codes in your practice and work with your coding staff to select the appropriate corresponding ICD-10 codes. Identifying these codes will help reinforce the information to highlight when documenting patient diagnoses for ICD-10.

- **Training**: Significant time and effort will be required to bring yourself and your coders up to speed on the new ICD-10 requirements, new code sets, required documentation and associated technology.

- **IT Systems**: A variety of systems, including practice management, electronic health record and billing, must be modified to support ICD-10.

- **Documentation**: Clinical documentation improvement helps prevent high ICD-10 related denial rates and supports improved compliance with new and existing requirements. Medical record documentation plays a critical role in managing Medicare Advantage members. Accurate risk adjusted payment relies on complete and accurate medical record documentation and
Network Update is produced monthly by Anthem Blue Cross and Blue Shield.
Editor: Jackie Ferguson, 700 Broadway, Denver, CO 80273, E-mail: Jackie.Ferguson@anthem.com.

The content of this update is for informational purposes only and should not be construed as treatment protocols or required practice guidelines, nor should anything herein be construed as legal advice. Readers are strongly advised to consult their own legal counsel as necessary. Diagnoses, treatment recommendations and the provision of health care services for Anthem Blue Cross and Blue Shield members are the responsibility of physicians and providers.

Coding Productivity: Decreases in coder productivity of up to 20 percent are anticipated, creating a potential backlog in cash flow. Early and thorough preparation and education may help reduce the possible negative impact on coder productivity.

Transition Plan: Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget.

We encourage you to take this time to assess your progress, refocus if necessary and continue to move forward with your ICD-10 transition efforts. In addition to information provided here by Anthem, you may want to visit the following websites for the latest news, resources and references to help you prepare for the new deadline.

- The one-page reference sheet produced by AAPC shows how the code sets are organized, with easy color coding to help you find what you're looking for. It also has mnemonic tips (such as "C is for cancer" and "T is for toxicity") to help you remember where the new codes are located.
- American Medical Association physician resource page
- Centers for Medicare & Medicaid Services (CMS) Provider Resources
- AAPC ICD-10 Implementation and Training Opportunities

Avoid second fills of High-Risk Medications

Anthem is required to monitor prescription activity for high-risk medications as defined by The Centers for Medicare and Medicaid Services (CMS) to improve patient safety.

To ensure providers are aware of any high-risk medications prescribed for our Medicare Advantage members, we fax a list of high-risk medication claims to providers each week.

Anthem also distributes a monthly report to prescribers detailing the number of members on high-risk medications and the number of high-risk medications prescribed year-to-date. We also contact members who have filled prescriptions for high-risk medications and suggest that they discuss the prescription with their physician and ask if there is a safer alternate drug.

If you receive a high-risk medication fax or report from us, please review it and help us support safe medication choices. Alternatives to these high-risk medications are listed on www.anthem.com/maprovidertoolkit.

Improve Medicare Advantage members’ medication adherence with 90-day prescriptions

To help improve medication adherence, Anthem will fax providers prescribing a 30-day supply of oral diabetic medications, RAS antagonists and statins to promote the use of 90-day prescriptions. 90 day prescriptions help improve the adherence of our Medicare Advantage members by having them travel to their pharmacy less often. When medically appropriate, we request that you convert the member’s prescription to a 90-day supply to improve patient adherence and outcomes without compromising the quality of care. Please note that we do not intend to transfer these prescriptions to a mail-order or specialty pharmacy. The member will obtain the 90-day supply medication at the same pharmacy where he or she previously obtained the 30-day supply prescription.

Anthem to fax ADA guideline reminders, coordinate office visits for members with diabetes

The American Diabetes Association guidelines recommend that ACE inhibitors or ARB medications be given to patients with diabetes and hypertension to help reduce the risk of cardiovascular events and the progression of nephropathy indicated by levels of
microalbuminuria/albuminuria. We will send a fax to providers who are treating Medicare Advantage members with diabetes and hypertension not on a RAS antagonist (ace inhibitor, angiotensin receptor blocker, direct renin inhibitor). If you would like Anthem to coordinate an office visit for these members, please indicate that on the fax.

Y0071_14_20054_I 05/27/2014

**Health Care Reform Updates (including Health Insurance Exchange)**

We invite you to go to anthem.com to learn about the many ways health care reform and health insurance exchange may impact you. New information is added regularly. To view the latest articles on health care reform and/or health insurance exchange, and all achieved articles, you can access them all online. Go to anthem.com, select the Provider link in the top center of the page. Select Nevada from the drop down list, and click Enter. From the Provider Home page, select the link titled Health Care Reform Updates and Notifications or Health Insurance Exchange information.