HEDIS®: Top 10 Reasons to Participate in HEDIS!

Thank you for participating in HEDIS 2012. The annual Healthcare Effectiveness Data and Information Set (HEDIS) project begins again in February! For 2013 the National Committee for Quality Assurance (NCQA) has set the final deadline as May 15th for collecting HEDIS data. We appreciate your cooperation and timeliness in submitting the requested medical record information and/or accommodating the on-site appointment with the review nurses.

Do you ever wonder WHY you should participate in this necessary project each year? Here are the top 10 reasons why taking a few minutes to provide information for HEDIS is beneficial:

Drum roll please…

#10 – HEDIS is used by more than 90% of America’s healthplans to measure performance on important components of care and service.

#9 – As a participating provider, you have agreed to participate and cooperate with our quality and audit programs, including providing medical records where needed.

#8 – Centers for Medicare and Medicaid Services (CMS) requires this information to ensure that quality care is provided to Medicare and Medicaid patients.

#7 – Many states use HEDIS data for development of educational programs and public service announcements directed at areas of low compliance.

#6 – HEDIS results are used by consumers to help in the selection of a health plan, which means your office could acquire new patients.
#5 – Opportunity for contact with HEDIS staff to answer any questions related to the HEDIS project and keep the lines of communication open. We are all on the same team with the same ultimate goals.

#4 – HEDIS data can be used to track healthcare effectiveness and utilization trends across states and regions which may impact the way your practice chooses to direct care.

#3 – Identifies potential gaps in services for your patients, allowing for education between providers and patients about the importance of getting these services for optimum health care.

#2 – Your feedback helps us identify opportunities to send health care reminders to your patients on important preventive screenings.

**And the #1 Reason…**

As healthcare providers and administrators, we all strive for optimum health for our communities and the people we serve. HEDIS focuses on timely preventive care and results that support this goal. When we meet our goals, patients are healthier and happier and health care costs are reduced.

As you can see, we need you and we value you! We thank you and your staff for demonstrating teamwork and partnership as we work together to improve the health of our members, and your patients. We look forward to working with you this HEDIS season.
Care Management Programs

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, what test results mean or how to get needed resources can be a bigger piece of a healthcare puzzle that for some, are frightening and complex issues to handle.

Anthem Blue Cross is available to offer assistance in these difficult moments with our Care Management Programs. Our Case Managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers. The care management process utilizes experience and expertise of the care coordination team whose goal is to educate and empower our members to increase self management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the customer service number on the back of their health plan card. They will be transferred to a team member based on the immediate need. Physicians can also refer by contacting us. No issue is too big or too small. We can help with transitions across level of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

How do you contact us

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Management Telephone Number</td>
<td>1-888-334-0870</td>
</tr>
<tr>
<td>Care Management Referral Form Fax</td>
<td>1-866-333-4827</td>
</tr>
<tr>
<td>Care Management Email Address</td>
<td><a href="mailto:CMReferralSpecialistNE@WellPoint.com">CMReferralSpecialistNE@WellPoint.com</a></td>
</tr>
<tr>
<td>Care Management Business Hours</td>
<td>Monday - Friday 8:00 a.m. – 5:00 p.m.</td>
</tr>
</tbody>
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Initiative to Increase Influenza Vaccination Rates for African-American and Hispanic Members

Anthem Blue Cross, along with America’s Health Insurance Plans (AHIP) and the Department of Health and Human Services (DHHS), supports the Office of Minority Health’s 2011-2012 Minority Flu Outreach Campaign. The objective of the campaign is to help reduce the disparity in influenza vaccination in African-American and Hispanic populations. Key goals of the campaign are to:

- Raise awareness.
- Promote access to vaccines; and
- Promote community outreach through partnerships.

Purpose and Goals of This Bulletin

In order to support the Minority Flu Outreach Campaign, we are asking Primary Care Physicians (PCPs) and Obstetrics and Gynecology (OB/GYN) specialists to help promote influenza (flu) vaccination to African American and Hispanic members.

Take Advantage of Free Materials to Promote Flu Vaccination

To help our providers, we have included information on how to access a broad portfolio of free, culturally appropriate materials designed to help educate and encourage flu vaccination among minority populations.

These materials include a provider toolkit, posters, fliers, brochures, e-Cards, handouts, multicultural materials and much more.
The Cobb National Medical Association Health Institute Immunization Toolkit

Visit the Cobb National Medical Association Health Institute website at http://cobb.nmanet.org/index.php/Site/ and click on Immunization Toolkit to download the Toolkit for Healthcare Professionals.\(^1\)

\(^1\) The National Medical Association (NMA) launched the W. Montague Cobb/NMA Health Institute in December 2004 to develop, evaluate, and implement strategies to promote wellness and eliminate health disparities and racism in medicine.

The Toolkit for Healthcare Professionals includes information to help providers develop a successful campaign to increase awareness and educate patients on the benefits of flu vaccination:

- Fact Sheets providers can share with their patients:
  - Myths About the Flu
  - Influenza Disparities in Minorities and Seniors
  - Protecting All From Flu mini-brochure

The toolkit also includes resources to support provider offices in implementing an influenza campaign to promote awareness to patients:

- Flu season promotional campaign work plan
- Patient vaccination monitoring and chart review tips
- Promotional materials and reminder letters
- Evaluation and planning for next year
- Websites, recommendations and resources

The “Flu Ends With U” Campaign by the Centers for Disease Control

The Centers for Disease Control and Prevention (CDC) offers the following free tools and resources at www.cdc.gov/flu/freeresources:

- Posters – 8 ½ x 11 inch (letter size) posters with important messages promoting flu vaccination to African American and Hispanic populations.
- Multicultural materials that can be downloaded and reproduced either in color or black and white.
- A variety of fliers, handouts and brochures in English, Spanish and Chinese to help parents, caregivers and others understand the facts about flu and flu vaccination.
- e-Cards that can be used to remind members about the flu season, vaccination, hand washing and other important health-conscious messages.

Help Us Help Our Members

Together, Anthem Blue Cross, PCPs and OB/GYNs can help educate minorities on the importance of flu vaccination and help increase vaccination rates.

We thank our providers in advance for helping to promote flu vaccination and improve health outcomes for our members.

For More Information

If you would like more information, please contact the Department of Health and Human Services/Centers for Disease Control and Prevention, at www.cdc.gov/flu or www.flu.gov or call 1-800-CDC-INFO.
Child and Adolescent Immunizations: Five Steps to Quality Improvement in Practice

Managing child and adolescent immunizations can be challenging. While the reasons vary, physicians and their staff can do much to increase immunization rates in their practices.

Consider these five key steps:

1. **Recommend to parents they comply with the immunization schedule.** Most parents believe in the benefits of immunization for their children. However, as a health care practitioner, you may encounter parents who question the need for, or safety of, childhood vaccines. Parents may choose to delay or forgo immunizing their children with some or all of the recommended vaccines.

   Physicians and providers are the most important source of truth and influence in members’ health care decision-making. To help parents make well-informed decisions about immunizing their children, providers should be prepared to respond effectively to concerns and questions.

   The Centers for Disease Control and Prevention (CDC) offers guides and tools to assist you. You can locate these resources on their website at [www.cdc.gov/vaccines/pubs/providers-guide-parents-questioning-vacc.htm](http://www.cdc.gov/vaccines/pubs/providers-guide-parents-questioning-vacc.htm).

2. **Use a Vaccine Administration Record.** Accurate, up-to-date patient records are critical to providing optimal healthcare. Whether paper or electronic, each patient’s medical record should have a current vaccine administration record. When all data fields are filled in, the immunization information you need is readily available for your review.

   For a printable version of the vaccine administration record recommended by the CDC, as well as instruction and sample records for documenting the administration of vaccines, including combination vaccines, go to: [www.immunize.org/catg.d/p2022.pdf](http://www.immunize.org/catg.d/p2022.pdf).

3. **Participate in a population-based immunization information system or immunization registry.** Patients often receive vaccines in more than one setting, such as at school, public health clinics, pharmacies and grocery stores. Immunization registries are a centralized repository for immunization records and are an important tool to help ensure that children receive their immunizations according to the recommended schedules. These immunization registries can also help to prevent over-immunizing.

   The CDC maintains a point and click map of the 50 states where you can access state-specific immunization websites.

   To locate these websites, go to [www.cdc.gov/vaccines/spec-grps/prog-mgrs/grantee-imz-websites.htm](http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/grantee-imz-websites.htm).

4. **Use a patient reminder system - also known as a Reminder/Recall process - to notify parents when their children are due for vaccinations.** A Reminder/Recall (RR) process can help providers communicate with individual patients, parents, guardians or other responsible parties. The RR process lets the patient, parent, guardian or other individual know that the patient is due now, on a future date (reminder) or is past due (recall) for one or more recommended immunizations.

   The main goal of a RR process is to improve timeliness and completion of recommended immunizations. The Task Force on Community Preventive Services recommends reminder and recall interventions based on strong evidence that the process effectively improves vaccination rates.1

5. **Ask about immunizations at all office contacts, including non-routine visits.** Ideally, immunizations should be administered as part of a comprehensive child health care exam. To help eliminate barriers and obstacles (e.g. appointment-only systems and unnecessary pre-vaccination physical examinations) that impede efficient vaccine delivery, providers are encouraged to take advantage of all health care visits as opportunities to provide vaccinations.

   The National Vaccine Advisory Committee (NVAC) recommends standards for immunization policies and practices, which are approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics. You may access these standards by visiting: [www.cdc.gov/mmwr/preview/mmwrhtml/00020935.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00020935.htm).

1 [www.thecommunityguide.org/vaccines/universally/clientreminder.html](http://www.thecommunityguide.org/vaccines/universally/clientreminder.html)
Pediatric Dental Care is Essential

We’d like to remind all providers of the need to educate parents about the importance of pediatric dental hygiene for infants and children.

Dental caries is a common, chronic infectious transmissible disease resulting from tooth-adherent specific bacteria, primarily mutans streptococci (MS), that metabolize sugars to produce acid which, over time, demineralizes tooth structure. The Centers for Disease Control and Prevention reports that caries is the most prevalent infectious disease in our nation’s children. More than 40% of children have caries by the time they reach kindergarten.

The American Academy of Pediatric Dentistry recommends the following:

- Oral health risk assessment: Every infant should receive an oral health risk assessment from his/her primary health care provider or qualified health care professional by 6 months of age.
- Establishment of a dental home: Parents should establish a dental home for infants by 12 months of age.
- Oral hygiene: Oral hygiene measures should be implemented no later than the time of eruption of the first primary tooth.
- Diet: Epidemiological research shows that human milk and breast-feeding of infants provide general health, while significantly decreasing risk for a large number of acute and chronic diseases. Human breast milk has not been epidemiologically associated with caries.

Additional information and resources are available at the website of The American Academy of Pediatric Dentistry: www.aapd.org.
Physician and Provider e-News Fall/Winter 2012

Business Operations

Medi-Cal Drug Rebate Program Drives Changes to Claims Billing

Earlier this year, you received information on Health Care Reform legislation which initiated changes to utilization reporting requirements for Medi-Cal Managed Care Organizations (MCOs), including Anthem Blue Cross. The new reporting requirements impact rebates issued by drug manufacturers to the Department of Health Care Services (DHCS). The requirements indicated the need to include National Drug Codes (NDCs), Unit of Measurement and Quantity of Unit on all claims billed to Anthem Blue Cross.

To comply with the legislation, we would like to remind providers to use NDCs on claims which include physician-administered drugs. This applies to drugs dispensed in both professional (medical) and institutional (facility) outpatient settings.

As of March 1, 2012, providers were required to bill the following information for physician-administered drugs for Medi-Cal Managed Care members:
- NDC(s)
- Unit of Measurement
- NDC Unit

We, like other Managed Care health plans, are required to report NDC data each month to DHCS. DHCS submits this utilization data to pharmaceutical manufacturers in order to obtain rebates under the Medi-Cal Drug Rebate Program. It is important that you follow the instructions below to ensure that the state receives timely Medi-Cal Drug Rebates from drug manufacturers.

For instructions on submitting professional and outpatient institutional claims containing physician-administered drugs, please read the Medi-Cal Drug Rebate Program Drives Changes to Claims Billing Provider Bulletin located on the Anthem website at www.anthem.com/ca.

To locate the bulletin:
2. Click on Providers.
4. Scroll down to Provider Communications and click on Provider Operations Manual and Important Updates.

5. Click on the provider bulletin titled Medi-Cal Drug Rebate Program Drives Changes to Claims Billing.

Thank you again for your commitment to caring for Anthem Blue Cross Medi-Cal members. If you have any questions about the Medi-Cal Drug Rebate Program, please contact Customer Care:
- 1-800-407-4627 (outside L.A. County)
- 1 888-285-7801 (inside L.A. County)

HIPAA 5010

As you know from prior communications, Anthem Blue Cross has been following the evolution of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) since its inception in 1996. Our goal is to help ensure that our systems, supporting business processes, policies, and procedures successfully meet the implementation standards and deadlines mandated by the United States Department of Health and Human Services (DHHS).

HIPAA Title II, sometimes called Administrative Simplification, has two primary areas of regulation: 1) the standardization of certain electronic health care related transactions, and 2) the implementation of controls to protect an individual’s health information.

The HIPAA Administrative Simplification rules and regulations apply to covered entities defined to include health plans, health care clearinghouses and health care providers who transmit any health information in any electronic form in connection with transactions covered under the rules, and who receive, maintain, or disclose individually identifiable health information in any form or medium. All covered entities must comply with the standards adopted by HIPAA. If you need additional information please visit the 5010 Web Overview pages located on the main EDI sites at www.anthem.com/edi, or contact EDI SOLUTIONS 1-800-227-3983, or email EDI.ENT.Support@anthem.com
Availity® Services Offered for Anthem Blue Cross Providers

Availity’s secure multi-health plan portal – available at no charge to physicians, hospitals and other health care professionals – improves efficiencies through simplified and streamlined health plan administration. Availity® is health information when and where you need it – information that benefits your patients, providers and health plans.

Get the information you need instantly

Providers can access real-time eligibility, benefits and claims status information and much more through one secure Web portal at www.availity.com. Submit eligibility and benefit inquiries for single or multiple patients for multiple plans and receive a consolidated response in a consistent format.

- **Member eligibility and benefits inquiry** - real-time patient eligibility, benefits, and accumulative data, including current and historical coverage information. Detailed co-insurance, co-payment and deductible information for ALL members, including BlueCard® and FEP.

- **Claim status inquiry** – details and payment information including claim line-level details/processing.

- **Secure Messaging** – send a question to clarify the status of a claim or to get additional information on claims.

- **New! Online Remits** – link to online remits under Claims Management/Remittance Review.

*Anthem-specific products that can be accessed through Availity require continued registration on ProviderAccess.

Registering for Availity® just got easier!

Availity® now offers one business day registration for the provider organizations in California. The registration process can be completed within one business day if the person registering:

- Is the Primary Controlling Authority (PCA) and legally entrusted to sign documents for the provider organization.

- Accepts the online Organization Access Agreement (OAA).

The registration process includes an intuitive interface that guides providers through the registration process and includes a progress bar to show the applicant where he or she is within the process at all times:

- To access this feature, go to [http://www.availity.com](http://www.availity.com) and click the **Register now** button.

- Review the What’s New and Changed section for updates under the Help tab of the Availity® portal.

Another “time saver” for the PAA

Now on ProviderAccess, your Administrator-1 can download a csv file of active portal users. Use this file to efficiently add multiple users to your organization on the Availity portal. For more detailed instructions on uploading a file of users to Availity, go to the Help tab from the Availity® portal, and type **Uploading Multiple Users** in the search field or call Availity® Client Services at 1-800-AVAILITY (1-800-282-4548).

To register for access to the Availity® Health Information Network or to view a demo, go to www.availity.com or call Availity® Client Services at 1-800-AVAILITY (1-800-282-4548). Comments? Questions? network.education@anthem.com

Availity®, an independent company, provides claims management services for Anthem Blue Cross.
**Annual Satisfaction Survey**

We would like to provide a reminder to all of our providers that our Annual Satisfaction Survey was sent to members in October. The survey asks members for their feedback on how the Health Plan and our network of providers are meeting members’ needs. In keeping with our “customer first” philosophy, Anthem Blue Cross solicits this feedback in order to make health coverage effective, accessible and easy-to-use for our members.

Most of the questions in the survey can be answered by simply filling in the selected answer. Completing the survey takes only a few minutes, and we ask that you encourage your patients, our members, to complete and submit the survey.

Those who would like help completing the survey, can contact The Dieringer Research Group at 1-877-837-8074 for assistance.

**Medi-Cal Pharmacy Updates: Where to Get Information**

Anthem Blue Cross wants to make sure you have timely access to pharmacy policy changes and new developments. The following information is available under the Pharmacy Benefits Menu on the Anthem Blue Cross website:

- Prescription Drug Benefits
- Pharmacy and Therapeutics Process
- Where to Get Prescriptions Filled
- Preferred Drug List/Formulary
- Prior Authorization Process
- Multi-Source Brands
- Dose Optimization
- Quantity Limits
- Benefit Exclusions
- Office-Based Injectables
- Cost to Member
- Important Toll-free Contact Numbers

To access this information:

2. Click on **Providers** in the upper left hand corner.
3. Under Learn More, click on **State Sponsored Plans**.
4. On the Medicaid Provider Resources webpage, scroll down to **Additional Programs and Services** and click on the **Pharmacy – MediCal** link.

In addition to Medi-Cal pharmacy information, you will also find pharmacy information links for Access for Infants and Mothers (AIM), Major Risk Medical Insurance Program (MRMIP) and Telehealth:

- Pharmacy – AIM
- Pharmacy – MediCal
- Pharmacy – MRMIP
- Telemedicine

If you would like more information, please call the Prescription Drug Plan at **1-800-700-2533** or Express Scripts Prior Authorization at **1-800-338-6180**.
McKesson’s ClaimsXten™ Rules, Reimbursement Policies

You may be familiar with ClaimsXten™, a claims editing software product from McKesson used by Anthem Blue Cross Medicaid since 2010 (Medi-Cal, L.A. Care, MRMIP, CMSP Path2Health, AIM and Healthy Families programs are all included.) ClaimsXten uses claim rules, which apply plan reimbursement policies to submitted claims. Effective December 8, 2012, we are updating the Reimbursement Policies and McKesson’s ClaimsXten™ Rules.

To help you with this update we have created a McKesson ClaimsXten™ Rules grid. This grid includes all rules in effect for Anthem Blue Cross Medicaid, and includes all new, revised and existing rules to give you a comprehensive list for reference and review. The effective dates for the new and revised rules are noted on the grid, which is available on the Anthem Blue Cross Medicaid web site.

McKesson ClaimsXten™ Rules Grid

You can view the McKesson ClaimsXten™ Rules grid at www.anthem.com/ca. Go to the upper left-hand corner or under OTHER ANTHEM WEBSITES and click on Providers then click on State Sponsored Plans. Scroll down to Provider Training and click on McKesson ClaimsXten™ Rules.

Clear Claim Connection™

If you are using Clear Claim Connection™, the online tool designed to enable providers to prospectively prescreen claims and retrospectively inquire on claim disposition, please note that the version currently available should not be used for the Facility claims edits contained in the attached grid.

Reimbursement Policy

As applicable, Anthem Blue Cross Medicaid will follow state-specific guidelines and policies for reimbursement. To view these policies please see the California Medi-Cal Provider Operations Manual at http://files.medical.ca.gov/pubsdoco/Manuals_menu.asp as well as the Provider Operations Manuals located on the ProviderAccess secure provider portal at https://provider2.anthem.com/wps/portal/ebpmybcc. Go to Provider Manuals on the left hand column, click View All and scroll down to State Sponsored Business.

We value and appreciate you as our partner in providing quality care. If you have any questions about these changes, please contact Anthem Blue Cross Medicaid at the appropriate number below:

Medi-Cal (outside of Los Angeles County).... 1-800-407-4627
Medi-Cal (inside Los Angeles County) ........... 1-888-285-7801
Healthy Families Program.......................... 1-800-845-3604
County Medical Services Program (CMSP) ...1-800-670-6133

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