ConditionCare Program Benefits Patients and Physicians

Anthem members now have additional resources available to help them better manage chronic health conditions. The ConditionCare program is designed to help participants improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as an excellent adjunct to physician care.

The ConditionCare program helps members better understand and control certain medical conditions like diabetes, chronic obstructive pulmonary disease, heart failure, asthma and coronary artery disease. A team of nurses, with added support from other health care professionals such as dietitians, pharmacists and health educators, work with members to help them better understand their condition(s), doctor’s orders and what they can do to become better self-managers of their health condition(s).

Members are stratified into three different risk levels. Engagement methods vary by risk level, but can include:

- **Education** about their health condition(s) through mailings, telephonic outreach, and/or online tools and resources.

- **Round-the-clock phone access** to ConditionCare registered nurses.

- **Guidance and support** from nurse coaches and other health care professionals.

Physician benefits of ConditionCare include:

- **Saves time** for physicians and their staffs by answering patient questions and responding to concerns.

- **Supports the doctor-patient relationship** by encouraging participants to follow their doctor’s treatment plans and recommendations.

- **Informs** physicians with updates and reports on the patients’ progress in the program.

Customer Service and 24/7 Nurseline

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<thead>
<tr>
<th>Customer Care Center</th>
<th>1-866-408-6132</th>
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<tbody>
<tr>
<td>24/7 NurseLine</td>
<td>1-866-800-8789</td>
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Community Resource Coordinators

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<tr>
<th>Community Resource Coordinators</th>
<th>Central (Indianapolis)</th>
<th>1-866-795-5440</th>
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<tbody>
<tr>
<td>Norhwest (Merrillville)</td>
<td>1-866-724-5533</td>
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<tr>
<td>Southwest (Evansville)</td>
<td>1-866-461-3586</td>
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Authorizations

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<tr>
<th>Utilization Management/ Prior Authorization</th>
<th>1-866-408-7187 (phone)</th>
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<tbody>
<tr>
<td>Pharmacy Authorization</td>
<td>1-866-879-0106</td>
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Nurse coaches encourage participants to follow their physician’s plan of care; they do not offer separate medical advice. In order to help ensure that our service complements physicians’ instructions, we collaborate with treating physicians to understand members’ care plans and educate members on treatment plan options. Providers are given a quarterly report for their patients enrolled in the program that includes members’ current health education goals.

For more information about the ConditionCare program, such as program guidelines, educational materials and other resources, please visit the Healthy Returns website at www.healthy-returns.com.

2. Click on Physicians.
3. Click on Care Management.

Providers may refer patients who they feel may benefit from the ConditionCare program by submitting a Care Management Referral Form. Providers can access the form on our website:
2. Click on Physicians.
3. Click on Care Management.
4. Click on the Patient Referral tab and then click on Care Management Referral Form.
5. Fax the completed form to 1-800-779-6020.

If you have any questions or comments about the program, call 1-877-681-6694. Our nurses are available Monday – Friday from 8:30 a.m. to 9 p.m. and Saturday from 9 a.m. to 7:30 p.m. Central Time.
New Brochure Helps Educate Members about Emergency Room Use

It is important that members understand when to elect emergency room care, urgent care or schedule an office visit. Anthem developed a brochure to help members seek the appropriate level of care.

The new brochure is titled, “Stop! Are You Sure You Need to Go to the Emergency Room?” and provides guidance on:

- The role of the Primary Medical Physician (PMP) as the member’s medical home
- Preventive, routine, urgent, emergency and after-hours care
- When and how to use the 24/7 NurseLine

Anthem Practice Consultants have begun meeting with providers across the state to get their thoughts on how they address appropriate levels of care in their practices. Based on what they have told us, we offer these suggestions:

- **Encourage patients to use the 24-Hour NurseLine at 1-866-800-8789 before going to the emergency room.** Many physician practices are adding this information to their telephone recordings.

- **Talk with your patients about when they should go to the emergency room.** Educate new and existing patients about appropriate emergency room use, especially those who routinely seek care at the emergency room.

- **Ask the hospital to send copies of patients’ emergency room records.** When you receive the medical records, follow-up with patients and schedule an appointment if needed. Have your office staff talk with patients about contacting their PMP for non-emergent needs.

- **Know which members are assigned to you.** You can access a list of the members assigned to you by going to our secure provider website, MyAnthem. You can then contact members who have not been seen and schedule an appointment to establish care.

To access your patient roster:
1. Go to **www.anthem.com.**
2. Click on **Providers.**
3. Under **Providers | Spotlight,** click on **State Sponsored Plans | Indiana Hoosier Healthwise and Healthy Indiana Plan.**
4. Click on **Indiana Hoosier Healthwise and Healthy Indiana Plan (HIP).**
5. Login to **MyAnthem** to view a roster of members assigned to you.

- **Schedule patients for routine preventive care.** A proactive approach allows you to identify health issues that may, if left unresolved, result in patients seeking care at the emergency room.

- **Teach patients about self-care for minor issues.**

- **Refer patients for issues that are often seen in the emergency room.** Anthem covers needed behavioral health counseling, pain management and dental care.

- **Consider expanding your office hours.** After-hours care is reimbursed at a higher rate.

If you need a supply of “Stop! Are Your Sure You Need to Go to the Emergency Room?” brochures or have questions, please call the Community Resource Coordinator in your region:
- Central (Indianapolis) 1-866-795-5440
- Northwest (Merrillville) 1-866-724-6533
- Southwest (Evansville) 1-866-461-3586
How to Obtain Language Assistance

Our members count on you for medical care and treatment, but may experience language barriers that prevent them from asking questions or communicating their concerns. Anthem is committed to communicating with our members about their health plan and our services, regardless of their language. We make it easy for our members and your patients to obtain language assistance.

Interpreter Services Are Available

Anthem employs interpreter services for use by all of our Customer Service call centers. Members can call the Customer Service phone number on the back of their ID card and a representative will assist them. Translation of written materials about benefits can also be requested by contacting Customer Service.

In addition, Anthem TTY/TDD services are available during business hours by dialing 1-866-408-7188. After-hours services are available through Relay Indiana by dialing 1-800-743-3333 or 711 (available 24 hours a day, seven days a week). A special operator will contact Anthem to help members with their needs.

We Believe in Continuous Improvement

Our Quality Improvement Program is an ongoing, comprehensive program we use to monitor and evaluate the quality, safety and appropriateness of the medical care and services provided to our members.

We strive to support the patient-physician relationship, which ultimately drives all quality improvement. Our goal is to maintain a well-integrated system that continuously identifies and acts upon opportunities for improved quality. We do this through the following programs and initiatives:

- Disease management and preventive health focuses on members with chronic health conditions, such as asthma, heart disease and diabetes, and preventive health services, such as immunizations and cancer screenings.
- Behavioral health management programs focus on improving coordination between medical and behavioral health care providers. It also addresses behavioral and mental health conditions such as alcohol and drug/substance abuse, depression, attention deficit and bipolar disorders.
- Patient safety focuses on ways to prevent and reduce medical errors in both inpatient and outpatient settings.

- Continuity and Coordination of Care focuses on using health plan information to facilitate continuity and coordination of medical care across the health care delivery system.
- Community health programs such as our State Health Index support our mission to improve the overall health of the people in the communities where we live and serve.

Service quality includes the many activities that support our commitment to member and provider satisfaction. An annual evaluation is developed highlighting the outcomes of these initiatives. To see a summary of our Quality Improvement Program:

2. Click on Providers.
3. Under Providers | Spotlight, click on State Sponsored Plans | Indiana Hoosier Healthwise and Healthy Indiana Plan.
4. On the State Sponsored Plans webpage, click on Indiana Hoosier Healthwise and Healthy Indiana Plan (HIP).
5. Scroll down to Quality Improvement Program.
6. Click on QIP Summary.

You can also obtain further information or give feedback by calling our Customer Care Center at 1-866-408-6132.
Better Medical Records Documentation Needed

An important aspect of quality care is careful documentation in members’ medical records by their health care providers. For this reason, we want to remind all Anthem contracted providers that they are required to adhere to Anthem’s medical record documentation standards.

Anthem conducts medical records reviews to assist providers and help ensure that care and treatment plans are documented. Medical records reviews assist providers in delivering quality care, identifying trends, and planning and implementing steps for improvement. These factors contribute to the ultimate goal of meeting documentation standards and achieving better health outcomes for our members and your patients.

- **Childhood Immunizations** – Immunizations are to be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) schedule and documented in the member’s medical record. Immunizations given outside the PMP’s office also need to be included in the member’s medical records.

- **Dental Referral** – Annual referrals to the dentist should begin at age three, or earlier if problems are suspected.

- **Colorectal Cancer Screening** – To be performed at age 50 and above, to include fecal occult blood test annually, or flexible sigmoidoscopy every five years, or colonoscopy every 10 years, or double contrast barium enema every five years.

- **Adult Immunizations** – Tetanus-diphtheria (TD) Booster once every 10 years. PMPs should determine the need for additional immunizations for high-risk patients. Varicella and Measles, Mumps and Rubella (MMR) for patients who do not have proof of immunity or no previous second dose, and Influenza, Hepatitis A and Hepatitis B.

To access our Medical Records Standards:
2. Click on Providers.
3. Under Providers | Spotlight, click on State Sponsored Plans | Indiana Hoosier Healthwise and Healthy Indiana Plan.
4. On the State Sponsored Plans webpage, click on Indiana Hoosier Healthwise and Healthy Indiana Plan (HIP).
5. Click on the Health & Wellness tab at the top of the page and then click on Quality.
6. Click on Medical Record Review.
7. Click on Medical Record Documentation to review medical records standards.

Anthem has observed that improvement is needed in meeting medical records standards. Some opportunities for improvement include:

- **Advanced Health Care Directive** – Discussion about an Advanced Health Care Directive should be noted in the member’s medical record. It may be noted on the intake form, progress notes, on an advanced directive form, or stamped in the medical record.

If you have questions about medical records reviews, please refer to your Provider Operations Manual or call the Community Resource Coordinator in your region:
- Central (Indianapolis) 1-866-795-5440
- Northwest (Merrillville) 1-866-724-6533
- Southwest (Evansville) 1-866-461-3586
Important Reminder about Notification of Pregnancy Reports

We would like to remind providers of the importance of submitting Notification of Pregnancy (NOP) Forms to the State of Indiana within five days of assessing a member’s pregnancy. The NOP form is a valuable assessment tool that allows Anthem to identify risk factors and establish follow-up care to help ensure better health outcomes for mothers and their babies.

Your local Anthem Practice Consultant is available to come to your office and discuss Notification of Pregnancy Report Forms and can provide training on how to complete the form on the Indiana Web interChange.

$60 Reimbursement Available for Eligible Providers

Recognized providers are eligible for reimbursement of $60 from the State of Indiana for each NOP successfully submitted through the Indiana Medicaid Web interChange. Visit the Indiana Medicaid website for eligibility requirements and claims billing instructions:

2. Click on the tab, Provider-Specific Information.
3. Click on Managed Care and then click on Notification of Pregnancy (NOP).

Providers should only use the Anthem Pregnancy Notification Report form when the Indiana Medicaid Web interChange will not accept their submission. To access the Anthem Pregnancy Notification Report form:

2. Click on Providers.
4. Click on Indiana Hoosier HealthWise and Healthy Indiana Plan (HIP).

5. Scroll down to Forms and Tools and click on Forms Library.
6. Scroll down to the heading, Clinical and Preventive Care Tools (Chart Forms and Resources) and click on Pregnancy Notification Report to access the paper form.
7. Fax completed paper forms to 1-800-551-2410 within seven days of assessment.

Important Information about Utilization Management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member’s coverage under their health plan. We do not reward providers or other individuals for issuing denials of coverage, service, or care, nor do we make decisions about hiring, promoting, or terminating individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in under-utilization.

Providers may discuss a UM denial decision with a physician reviewer by calling the toll-free number listed below. You can request a free copy of our UM criteria from our medical management department. Anthem’s medical policies and UM criteria are available on our website. To access the UM criteria:

2. Click on Providers.
4. Click on Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements.
How the Process Works

We work with providers to answer questions about the utilization management process and the authorization of care. Call us toll-free from 8:00 a.m. – 5:00 p.m. Monday through Friday.

Please note: The following phone numbers are for physicians and their staffs. Members should call the Customer Service phone number on their health plan ID card.

UM

– To discuss UM Processes and Authorizations
  1-888-831-2246

– To discuss Peer-to-Peer UM Denials with a Physician Reviewer
  1-877-496-0071

– To request a copy of UM Criteria
  1-888-831-2246

TTY/TDD

– TTY/TDD during business hours
  1-888-757-6034

– TTY/TDD after business hours through Relay Indiana
  1-800-743-3333 or 711

Accessing Utilization Management After Hours

You may leave a confidential voicemail message for UM after business hours. Please leave your contact information so one of our associates can return your call the next business day. Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

Calls From Utilization Management Associates

Our utilization management associates identify themselves by first name, title and company name when making or returning calls. They can provide information about specific utilization management requirements, operational review procedures and discuss utilization management decisions with you.

Clinical Practice and Preventive Health Guidelines on Our Website

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health and preventive health guidelines. These are available to providers on our website.

The guidelines, which are used for our Quality programs, are based on reasonable medical evidence and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually and updated as needed.

The current guidelines are available on our website. To access the guidelines:

2. Click on Providers.
3. Under Providers | Spotlight, click on State Sponsored Plans | Indiana Hoosier Healthwise and Healthy Indiana Plan.
4. Click on the Health & Wellness tab at the top of the page.
5. Click on Practice Guidelines.
Member Rights and Responsibilities

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. In accordance with our commitment to involve the health plan, participating practitioners and our members, Anthem has adopted a Member Rights and Responsibilities statement titled, “Your Rights and Responsibilities”. Copies of “Your Rights and Responsibilities” are available to participating providers and our members at any time upon request. To access “Your Rights and Responsibilities” on our website:

2. Click on Providers.
3. Under Providers | Spotlight, click on State Sponsored Plans | Indiana Hoosier Healthwise and Healthy Indiana Plan.
4. Click on Indiana Hoosier Healthwise and Healthy Indiana Plan (HIP).
5. Scoll down to Provider Communications and click on Provider Operations Manual and Important Updates.
7. Go to Chapter 10: Member Rights and Responsibilities.