Specialty Pharmacy Program Expansion - Level of Care Review FAQs

Summary

For Anthem Blue Cross and Blue Shield (Anthem) members who require infusion or injection therapy services, the place of infusion or injection service, out-of-pocket expenses, safety, time and convenience are contributing factors that can impact health care value and member satisfaction. Many members prefer to receive their infusion or injection therapy in the physician’s office, Ambulatory Infusion Suite (AIS) or at home by a licensed Home Infusion Therapy (HIT) Provider.

However, there may be clinical circumstances that require a patient to receive infusions or injections in a hospital outpatient facility. Therefore, beginning with dates of service on and after July 1, 2016, Anthem will expand the Specialty Pharmacy program to include a review of the requested level of care (often referred to as the site of care). A new clinical guideline Level of Care: Specialty Pharmaceuticals CG-DRUG-47 will apply to the review process beginning with dates of service on and after July 1, 2016. The expanded program will continue to be administered by AIM Specialty Health (AIM), a separate company.

The level of care review does not apply to requests for review of oncology or end stage renal disease indications.

The following frequently asked questions (FAQs) provide additional detail about this change.

Level of care review process

Q1. **Will providers continue to request authorizations for specialty drugs using the AIM ProviderPortalSM?**
A1. Yes. Providers will continue to submit authorization requests by accessing the AIM ProviderPortal directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and this is the fastest and most convenient way to request authorization. You may also access AIM via the Availity Web Portal at availity.com.

Requests may also be submitted by calling the AIM Contact Center toll-free number: 800-554-0580.

Q2. **What is changing for dates of service beginning July 1, 2016?**
A2. The clinical guideline Level of Care: Specialty Pharmaceuticals CG-DRUG-47 will apply to the review process for specialty drugs beginning with dates of service July 1, 2016.
When providers submit a request for authorization of a specialty drug and select a hospital-based outpatient facility as the level of care, a list of alternate locations, such as Ambulatory Infusion Suites and Home Infusion Providers, will be made available. Medical specialty pharmacy providers will also be listed as an alternate option to supply the infused medication to physician offices who can administer it to the member.

If an alternate level of care is not selected, providers will be prompted to indicate the reason hospital-based level of care is medically necessary. If a request for hospital-based level of care does not meet medical necessity criteria upon review by a physician reviewer, the request will not be approved.

Infusions and injections currently administered in physician offices (except those using a provider-based billing model), AIS or at home by a HIT provider are not impacted by this change.

**Q3. Which drugs will be reviewed for level of care?**

A3. Level of care review includes specialty medications covered under the medical benefit that require preauthorization against a medical policy or clinical guideline that are clinically administered for infusions or injections. Medications with an oncology or end stage renal disease indication are excluded from the level of care review. Beginning May 1, 2017, hemophilia self-administered drugs will no longer be excluded from the program and will be reviewed for level of care. The complete list of drugs reviewed for level of care is available at www.aimprovider.com/specialtyrx.

**Q4. Who will perform level of care review to determine if the administration of a specialty drug in an outpatient facility is medically necessary?**

A4. AIM currently manages Anthem’s specialty drug utilization reviews against Anthem medical policies and clinical guidelines. Review for clinical appropriateness of the level of care will be provided by an AIM physician reviewer if the specialty drug is included in the program and outpatient facility setting is selected. Note that when the level of care guideline applies to a drug it is an integral component of the medical necessity review. The specialty medication and the level of care must both meet their respective clinical criteria in order for an approval to be issued.

**Q5. If providers select an alternate level of care location when submitting an authorization request, will the request be reviewed for level of care?**

A5. No. If the prescribing provider selects a physician office (except those using a provider-based billing model), Ambulatory Infusion Suite, or Home Infusion Therapy Provider, there will not be a level of care review. Only the drug will need to be reviewed for medical necessity.
Q6. Where can providers find the new clinical guideline that will apply to level of care reviews?
A6. The new clinical guideline Level of Care: Specialty Pharmaceuticals CG-DRUG-47 is available online. (Go to www.anthem.com>Tools for providers (select state)> Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements.) This guideline will apply to the review process beginning with dates of service July 1, 2016.

Q7. What happens if a member’s authorization is already approved for administration of a specialty drug in an outpatient facility level of care?
A7. We will honor previously approved authorizations until the current authorization expires. Once the authorization expires, providers will need to request a new authorization and will be directed to an alternate level of care unless it is medically necessary for the member to continue administration of the specialty drug in an outpatient facility setting.

Q8. Does the level of care review apply to medications covered under a member’s pharmacy benefit?
A8. No. Medications provided under the pharmacy benefit are not reviewed for level of care.

Alternate level of care locations

Q9. Which locations are considered alternatives to an outpatient facility level of care?
A9. Alternate providers include:

- Physician offices - administration occurring in a physician office (typically, the prescribing provider)
  - Hospital-owned physicians/physician groups that bill using a provider-based billing model are considered the same as Hospital Outpatient Service Departments and are not considered alternate sites.
  - CVS medical specialty pharmacy can supply specialty medications to providers electing to administer medication to the member in the office, when the provider does not supply the medication itself.

- Ambulatory Infusion Suites (AIS) - a health care provider that offers intravenous administration, subcutaneous treatments or administered injections on an outpatient basis in a licensed ambulatory infusion suite

- Home Infusion Therapy (HIT) providers - a health care provider that offers intravenous administration, subcutaneous treatments or administered injections in a home setting

Q10. How will providers and members be advised of alternate locations for the administration of the specialty drug?
A10. AIM will provide alternate locations to providers when the authorization is requested and reviewed. Alternate location options will also be listed in provider and member denial letters.
Q11. **How will alternate locations be identified for a particular member?**

A11. Alternate provider locations are identified specific to the member’s medication and member home address, based on their zip code. Anthem members seeking care in CA, CO, CT, GA, IN, KY, ME, MO, NH, NV, NY, OH and WI will receive a letter with at least two alternate provider locations, with a maximum of three alternate locations. Anthem members seeking care in any other states may receive letters with a single alternative provider location and a maximum of two alternate locations.

In any scenario, CVS specialty pharmacy is a potential option to ship to the physician’s office, if the provider is willing to administer the medication in the office.

For hemophilia self-administered drugs, in most cases two alternative providers will be included in a letter.

Q12. **What if there are less than two alternate providers available to the member per their specific location?**

A12. If there are less than two alternate providers available, and the request is for administration in CA, CO, CT, GA, IN, KY, ME, MO, NH, NV, NY, OH and WI, the member will receive a level of care exception for use in the higher level of care for the duration of the drug authorization. If there are less than two alternate providers available and the request is for administration outside of CA, CO, CT, GA, IN, KY, ME, MO, NH, NV, NY, OH and WI, the member may receive a level of care exception for use in the higher level of care for the duration of the drug authorization, if there are no alternative providers available to supply the medication, based on the member’s location.

For hemophilia self-administered drugs, the member will receive a level of care exception for use in the higher level of care for the duration of the drug authorization if there are no alternative providers available to supply the medication based on the member’s location.

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**Member information and impact**

Q13. **Which members are impacted by this change?**

A13. The expanded program applies to local Anthem members with specialty pharmacy services medically managed by AIM Specialty Health. The expanded program does not apply to the following plans: BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, and Federal Employee Program® (FEP®).

Q14. **Will this change reduce member out-of-pocket cost?**
A14. Out-of-pocket cost can vary depending on the member’s benefit plan. Members may experience reduced out-of-pocket costs when using an alternate level of care provider.

Q15. Are members required to change doctors?
A15. No. The clinical guideline reviews the clinical appropriateness of the level of care (location) dispensing and administering the medication, so it does not impact the member’s relationship with their prescribing doctor. Prescribing doctors should consider discussing the appropriate level of care to administer the specialty drug with their patient.

Q16. Who can members call to discuss alternate provider locations?
A16. Members can call the Member Service number on the back of their insurance card to discuss alternate providers. Member letters will also instruct members to call their Member Service number.

Q17. Is the member held harmless if a preauthorization request is denied for level of care and is still administered in the outpatient facility setting?
A17. Under the terms of the health plan participating facility agreements, if the in-network outpatient facility administers the medication irrespective of a medical necessity denial issued, the facility would be responsible for the cost and administration of the medication. The member would not be responsible for the cost unless a waiver has been signed and the member has agreed to be financially responsible for the services.

Other information

Q18. What are the requirements for provider offices that currently perform infusions or injections in the office, or would like to start providing infusions or injections in the office for their patients?
A18. Physicians can choose to infuse specialty drugs in their office for their patients under their license. Providers do not need to contract as an Ambulatory Infusion Suite (AIS) or Home Infusion Therapy (HIT) provider unless they plan to extend infusion services beyond their own patient population.

Q19. What are the qualifications a provider must meet to qualify as an Ambulatory Infusion Suite (AIS) or Home Infusion Therapy (HIT) provider?
A19. The provider must be a licensed pharmacy that provides a wide range of services required to safely and effectively administer infusion, nutritional therapies, specialty drugs, and disease state and care management services in an AIS or Home setting. Typical therapies include but are not limited to, antibiotic therapy, total parenteral nutrition and pain management. The provider must offer supplies and clinical services furnished by an accredited AIS or HIT to individuals under the care of a physician, or other healthcare provider. Such supplies and clinical services are provided in an integrated manner under a plan established and periodically reviewed by the ordering physician or other healthcare provider.
A summary of other minimum contract considerations include the following:

- Recognized Accreditation for Home Care and Ambulatory Health Care Services
- Full Medicare and Medicaid participation
- Licensed pharmacy
- Certified/licensed nurses
- Proof of liability insurance of not less than one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the aggregate
- Acceptance of standard reimbursement fee schedule for medication and administrative services

If you believe your office meets the above criteria, you may contact your network management representative to request more detailed contract criteria.