

Network Update

NEVADA

Drug fee schedule update

CMS average sales price (ASP) second quarter fee schedule with an effective date of April 1, 2015 will go into effect with Anthem Blue Cross and Blue Shield (Anthem) on May 1, 2015. To view the ASP fee schedule, please visit the CMS website at <http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/>.

Spring Provider Seminars coming soon!

Please join us for one of our upcoming provider seminars in Nevada. The sessions include important updates and information about doing business with us. Topics include: new Anthem Choice PPO (Pathway Tiered Network), ICD-10 updates, EFA/EFT updates, ProviderAccess – Remittance Advice updates, Availity Web Portal – Eligibility and Benefits redesign, plus more! We will be offering in-person meetings in Las Vegas and Reno, as well as online webinar options to help accommodate everyone's schedules. Requirements for attending an online webinar include: access to a computer with internet access, phone, and email address. **For locations and dates, see attached Provider Seminar Invitation.**

Online registration that's quick and easy!

We've streamlined our process and now have our registration online for both our "in-person" meetings, as well as "webinars". **The advantages of online registration include automated acknowledgement of your registration, appointment generated to add to your calendar, and reminder notification.** If you do not have access to the internet to register, you may fax in your information to us as indicated on the bottom of the Provider Seminar Invitation. If you can't attend but have questions about any of the information we'll cover, please contact your Anthem Provider Solutions representative.

Register online using one of the following options:

- Go to anthem.com, and select **Provider** link in the top center of the page. Select **Nevada** from drop down option, and **Enter**. From the **Provider Home page**, select the **Provider Seminars** link. Next, under the **Spring 2015 Provider Seminars** heading, select the link titled "**Spring 2015 Provider Seminar Invitation – online registration form**", select either "**IN-PERSON**" or "**WEBINARS**". Or go to the appropriate URL listed below:
- **Registration for IN-PERSON meetings:**
<https://www.livemeeting.com/lrs/1100001891/Registration.aspx?pageName=shx51sv1kqnmwftg>
- **Registration for WEBINAR meetings:**
<https://www.livemeeting.com/lrs/1100001891/Registration.aspx?pageName=p825p6v4hvhlvll>

ICD-10 Updates: Free Coding Practice Tool, End-to-End Testing Results

Visit our [ICD-10 Updates](#) webpage for these resources, as well as our latest information on ICD-10.

- **Free Coding Practice tool available to code medical scenarios in ICD-10:** Starting April 15, we are offering a free scenario-based coding practice tool designed to give physicians and their coders the opportunity to test their knowledge of the ICD-10 codes set by applying it to medical scenarios. These customized scenarios are based on provider type and specialty, so you can practice using codes relevant to you. **Registration is required.** This tool will be available until September 2015.
- **End-to-End testing results:** In 2014, we conducted extensive end-to-end claims testing with facility providers, professional providers and clearinghouses. Visit our ICD-10 webpage to learn about the insights we gained during the testing. We've also included a list of clearinghouses for which we've successfully tested.

Access co-payment, co-insurance, remaining deductible, and HRA information online via the Availity Web Portal

Did you know that you can access co-payment, co-insurance, remaining deductible, or even Health Reimbursement Account (HRA) information online through the Availity Web Portal? Have you had any troubles finding it? Find out how to navigate to this valuable information to ensure you are collecting the appropriate cost-shares from your patients.

Your organization's Primary Access Administrator (PAA) is responsible for registering new Users and granting access to functionalities in Availity. For those Users that have access to *Eligibility and Benefits* information, please follow the steps below. If the PAA needs add Eligibility and Benefits functionality to an existing User, the Users must log out of Availity and log back in for new functions to take effect.

Viewing member cost-shares on Availity:

- Log in to the [Availity Web Portal](http://www.availity.com) at www.availity.com
- Select **Eligibility and Benefits**, from the left side navigation menu, then **Eligibility and Benefits Inquiry**
- Enter the required fields for the specific member inquiry, and press **Submit**
- From the **Eligibility and Benefits Summary Results** page, view member cost-shares information under the **Service Type** heading.
 - Depending on the Benefit/Service type selected, will depend on which benefits are displayed.
 - Note: On the Eligibility and Benefits Inquiry screen, the **Benefit/Service Type** field defaults to **Health Benefit Plan Coverage**. If you select a more detailed benefit type for this field, you will still be able to view other benefits. If you don't find what you are looking for specifically, click **View Additional Benefits**, and select **Health Benefit Plan Coverage** and it may display more full benefit coverage.

Viewing deductible/HRA information on Availity:

- Follow the steps listed above for viewing member cost-shares
- From the **Eligibility and Benefits Inquiry** page, in the **Benefit/Service Type** field, select **Health Benefit Plan Coverage**
- From the **Eligibility and Benefits Summary Results** page, deductible information will be displayed under the **Service Type** heading
- Click on the **Remaining Deductible** link for further deductible details

- If the member has an HRA, the *Remaining Deductible* page will display the specific amount the Health Plan will pay based on the member HRA account balance (at the time of inquiry), as well as the specific member's payment responsibility to meet the deductible once the HRA account is exhausted.
- If the member does not have an HRA, the *Remaining Deductible* page will display the specific member's payment responsibility to meet the deductible.

Note: If the member does not have a deductible tied to their plan, then deductible information will not be displayed, and you will not see a Remaining Deductible link. Not all plans have a deductible.

Please note Availity will be redesigning the look of their Eligibility and Benefits pages in the near future. Watch for further details on these upcoming changes coming soon!

Update to the Cancer Care Quality Program – Attention Oncologists, Hematologists and Urologists

As a reminder, Anthem launched the Cancer Care Quality Program ("Program"), a quality initiative, on November 1, 2014. The Program provides participating physicians with evidence-based cancer treatment information that allows them to compare planned cancer treatment regimens against evidence-based clinical criteria. The Program also identifies certain evidence-based Cancer Treatment Pathways. Participating physicians who are in-network for the member's benefit plan are eligible to participate in the Program and for enhanced reimbursement if an appropriate treatment regimen is ordered that is on a Cancer Treatment Pathway. The Program is administered by AIM Specialty Health® (AIM), a separate company.

To help ensure the Cancer Treatment Pathways remain consistent with current evidence and consensus guidelines, they will be reviewed quarterly or more frequently as needed. When it is necessary to make a change to existing Cancer Treatment Pathways where a specific Cancer Treatment Pathway moves from "on Pathway treatment regimen" to "off Pathway treatment regimen", Anthem will provide 30 days' notice of the change to physicians in, *Network Update*, our provider newsletter. After the effective date of the change, physicians will no longer be eligible to receive enhanced reimbursement for the S codes once the number of months specified in any previous notification and instructions issued to the physician by AIM via the AIM *ProviderPortal* or AIM Call Center has expired. Any new requests will need to be on a selected Cancer Treatment Pathway to be eligible for enhanced reimbursement.

Quality and Cost Program to expand

Anthem previously has implemented an integrated management program to help members compare facility costs on imaging and sleep services. The program is administered in partnership with AIM.

On May 1 2015, this program will expand for some of your patients to include surgical procedures. Surgical procedures included in the expansion are:

- Colonoscopy – screening, biopsy, and lesion removal
- Endoscopy – Upper GI with Biopsy
- Arthroscopic ACL Repair
- Knee Arthroscopy with Cartilage Repair
- Shoulder Arthroscopy
- Shoulder Arthroscopy with Rotator Cuff Repair

Program components:

Provider notification

You may contact AIM when your patient requires one of the surgical procedures listed above. Both ordering and servicing providers may contact AIM.

Provider/patient transparency

Once AIM is notified, surgical facility cost information will be shared with you and your patient to help select a lower-cost option. This enhancement is available for fully-insured members. Cost information is based on Anthem's historical paid claims data for the various services in scope. This data is updated twice per year.

You may contact AIM in one of two ways:

- Online through *ProviderPortal*SM at www.aimspecialtyhealth.com/goweb
- Via telephone at 800-554-0580 or by using the number displayed on the back of the member ID card

Claims will not be denied for failure to inform AIM. Members will not be denied access to services if they do not choose a lower-cost option. Our goal is simply to provide members with information to make informed choices about their health care.

Note: FEP® members are not included in this program.

If you have any questions about this information, please contact your local Provider Solutions representative.

Update to Claims Processing Edits and Professional Reimbursement Policies

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

After Hours

The *After Hours* policy was revised to update information on holidays, condense language and change formatting.

Assistant Surgery "Nevers" Coding List revision

We have revised and reposted our Assistant Surgery Services "Nevers" Coding Chart effective January 1, 2015 to include codes within the 10000, 30000, 40000 and 60000 series that do not allow for surgical assistant. These codes were inadvertently omitted from the coding list and are NOT new codes being added. The Assistant Surgeon Services policy effective January 1, 2015 has not changed. We apologize for any inconvenience or confusion this may have caused.

Pharmaceutical Waste

The *Pharmaceutical Waste* policy was updated to add, "If the dosage required to minimize waste is not available, provider will use the next available clinically appropriate unit to ensure minimization of pharmaceutical waste." Reminder to report units based on the dosage stated on the Health Care Common Procedure Coding System (HCPCS Level II) code. We also added the example of 6 mg of HCPCS Level II J2505 – (pegfilgrastim [Neulasta], 6mg) is reported as ONE unit. There are other minor wording changes for clarification.

Global Surgery

The *Global Surgery* policy received an annual review. Deleted Current Procedural Terminology (CPT®) codes for 2015, CPT Codes 0343T and 0344T, were removed from the YYY table. There were a few minor wording changes for clarification.

Urgent Care

The *Urgent Care* policy was updated to change the language in the description section from “facility or center not associated with a hospital” to “location”. And the coding section was updated to state the provider should bill the appropriate CPT/HCPCS Level II code(s) applicable for the services documented in the patient’s medical records.

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.

CPT® is a registered trademark of the American Medical Association

ClaimsXten® is a registered trademark of McKesson Information Solutions LLC

Clear Claim Connection™ is a registered trademark of McKesson Information Solutions LLC

Improving efficiencies in the Utilization Management process: Include reference numbers on fax cover sheets

As part of our continued efforts to improve efficiencies in the Utilization Management process, we have identified an opportunity to expedite information received by fax.

Asking providers to **include the reference number on fax cover sheets** is one such opportunity. This will make it easier to match new information with previously received material. It will benefit the provider and member by providing timelier and more cost-efficient communications.

What you need to do:

- Include the reference number on the fax coversheet on all future correspondence.
 - The reference number is provided on our fax communications or when a case is set up via phone.
- As a reminder, please do not include PHI on fax coversheets.

Thank you for your assistance.

Important Reminder for Nevada Providers and Facilities regarding written correspondence

To expedite your written correspondence, the first important step is to get it to the correct area for processing. You can assist Anthem's operation departments by **including the complete member ID including the 3 letter alpha prefix** on all correspondence. When incoming mail does not have a complete valid member ID, the inquiry will default to the wrong queue, or be returned for more information.

Either scenario creates unnecessary delays in the processing of your request. In nearly all cases, the complete member ID can be found on the front of the member's health plan ID card.

ConditionCare Program Benefits Patients and Physicians

Anthem members have additional resources available to help them better manage chronic 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, COPD, heart failure, asthma and coronary artery disease. A team of nurses with added support from other health professionals such as dietitians, pharmacists and health educators work with members to help them understand their condition(s), their doctor's orders and how to become a better self-manager of their condition. Members are stratified into three different risk levels.

Engagement methods vary by risk level, but can include:

- **Education** about their condition through mailings, telephonic outreach, and/or online tools and resources.
- **Round-the-clock phone access** to registered nurses.
- **Guidance and support** from Nurse Coaches and other health professionals.

Physician benefits:

- **Save time** for the physician and staff by answering patient questions and responding to concerns, freeing up valuable time for the physician and their staff.
- **Support the doctor-patient relationship** by encouraging participants to follow their doctor's treatment plan and recommendations.
- **Inform** the physician with updates and reports on the patient's progress in the program.

The goal of our nurse coaches is to encourage participants to follow their physician's plan of care; not to offer separate medical advice. In order to help ensure that our service complements the physician's instructions, we collaborate with the treating physician to understand the member's plan of care and educate the member on options for their treatment plan.

Please visit the anthem.com website to find more information about the program such as program guidelines, educational materials and other resources. Go to **anthem.com**, and select **Provider** link in the top center of the page. Select **Nevada** from drop down option, and **Enter**. From the **Health & Wellness tab**, select the [Condition Care](#) link. Also on our website is the [Patient Referral Form](#), which you can use to refer other patients you feel may benefit from our program.

If you have any questions or comments about the program, call **877-681-6694**. Our nurses are available Monday-Friday, 8:00 am to 9:00 pm, and Saturday, 9:00 am to 5:30 pm.

Please note that we also have a care management program specifically for members with health plans purchased on [Nevada Health Link](#). More information is available in the article entitled "Integrated Care Model for plans purchased on the Nevada Health Link Benefits Patients and Physicians".

HEDIS® 2015: Colorectal Cancer Screening

One of the HEDIS measures we are collecting this year is **Colorectal Cancer Screening**. This measure is collected to ensure that our members between the ages of 50 and 75 have been screened appropriately for colorectal cancer. The following items are needed from the member's medical record:

1. **Documentation must indicate the date that the member had one of the following screenings:**
 - **Colonoscopy** – Completed within the last 10 years (January 1, 2005 – December 31, 2014)
 - **Flexible Sigmoidoscopy** – Completed within the last 5 years (January 1, 2010 – December 31, 2014)
 - **Fecal Occult Blood Test (FOBT)** – Completed in 2014
 - There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT).
 - Depending on the type of FOBT test, a certain number of samples are required.

A result is NOT required if the documentation is clearly part of the "Medical History" section of the record. If this is not clear, the result or finding must also be present to ensure that the screening was performed and not merely ordered.

2. **To exclude a member from the measure, please provide documentation of one of the following at any time through December 31, 2014:**
 - History of colorectal cancer
 - History of total colectomy

Documentation of a digital rectal examination does not count as evidence of a colorectal cancer screening because it is not specific or comprehensive enough to screen for colorectal cancer.

Often colorectal screenings are not documented in health histories, but are typically included on Health History Forms. Please be sure to include these forms when completing HEDIS requests.

Our goal is to make the record retrieval process as easy as possible for your office. We also want you to know that we are available to answer any questions you have about HEDIS or any of the measures.

We look forward to working with you this HEDIS season and thank you in advance for your continued cooperation and support of HEDIS.

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

Medicare Advantage Updates

ACIP updates pneumococcal vaccine policy

Anthem would like to make you aware that the Advisory Committee on Immunization Practices (ACIP) has changed its policy regarding pneumococcal vaccines for persons over the age of 65.

Effective September 19, 2014, Anthem covers:

- An initial pneumococcal vaccine to all Medicare beneficiaries who have never received the vaccine under Medicare Part B; and
- A different, second pneumococcal vaccine one year after the first vaccine was administered (that is, 11 full months have passed following the month in which the last pneumococcal vaccine was administered).

ClaimCheck version 55 upgraded

Effective April 1, 2015, ClaimCheck upgraded to version 55 of ClaimCheck® 10.1 a nationally recognized code auditing system. Anthem uses the auditing software product from McKesson to reinforce compliance with standard code edits and rules. Additionally, ClaimCheck increases consistency of payment to providers by ensuring correct coding and billing practices are being followed. Using a sophisticated auditing logic, ClaimCheck determines the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesia codes and processes those services according to industry standards.

ClaimCheck is updated periodically to conform to changes in coding standards and include new procedure and diagnosis codes. Anthem uses ClaimCheck to analyze outpatient services, including those that are considered:

- Rebundled or unbundled services
- Multichannel services
- Mutually exclusive services
- Incidental procedures
- Inappropriately billed medical visits
- Diagnosis to procedure mismatch
- Upcoded services
- Fragmented billing of pre- and postoperative care

Other procedures and categories reviewed include:

- Cosmetic procedures
- Obsolete or unlisted procedures
- Age/sex mismatch procedures
- Investigational or experimental procedures
- Procedures billed with inappropriate modifiers

The information above is applicable to claims for individual Medicare Advantage members only. It is not applicable to group-sponsored Medicare Advantage claims.

Precertification required on four new Part B injectables

Anthem is adding the following four new injectable drugs to the 2015 Medicare Advantage list of Part B Injectables / Infusibles requiring precertification. **As of March 1, 2015, providers must call for prior authorization of these drugs.**

1. Benlysta (belimumab) for treatment of lupus (SLE) (J0490): Drugs billed with NOC HCPCS J code (J3490)
2. Iluvien (fluocinolone acetonide injection): for treatment of diabetic macular edema (DME) (unlisted, no J code established at this time)
3. Lemtrada (alemtuzumab injection): for treatment of relapsing forms of multiple sclerosis (MS) (unlisted, no J code established at this time)
4. Opdivo (nivolumab) for treatment of unresectable or metastatic melanoma (unlisted, no J code established at this time)

Please note for drugs currently billed under the Not Otherwise Classified J code (J3490), the plan's denial will be for the drug, and not the HCPCS. This applies to all Medicare Advantage Group Sponsored and Individual Medicare Advantage plans.

To contact the plan for prior authorization of these services, see below:

- Phone: 866-797-9884 Option 5
- Fax: 866-959-1537
- Email: maspecialtypharm@anthem.com

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Health Care Reform Updates (including Health Insurance Marketplace / Affordable Care Act)

[Integrated Care Model for plans purchased on Nevada Health Link benefits patients and physicians](#)

An Integrated Care Model affords members with plans purchased on [Nevada Health Link](#) (also called the exchange) the ability to have continuity of care with each care management case. A single Primary Care Nurse provides case and disease assessment and management. This continuity provides opportunity for the member to get assistance working through an acute phase of an illness and then work with their nurse on the necessary behavioral changes needed to 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 Integrated Care Model helps exchange members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma and coronary artery disease. Our nurse care 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 integrated model 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.

Nurse Care Managers encourage participants to follow their physician's plan of care; not to offer separate medical advice. In order to help ensure that our service complements the physician's instructions, we collaborate with the treating physician to understand the member's plan of care and educate the member on options for their treatment plan.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. They will be transferred to a team member based on the immediate need. Physicians can also refer by contacting us telephonically or through electronic means. 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 Case Management?

CM Telephone Number	CM Email Address	CM Business Hours
Phone 888-613-1130 Fax 800-947-4074	case.management@anthem.com	Monday - Friday 8:00 am – 9:00 pm Saturday 9:00 am – 5:30 pm

We invite you to go to anthem.com to learn about the many ways health care reform and health insurance marketplace / affordable care act information may impact you. New information is added regularly. To view the latest articles on health care reform and/or health insurance marketplace / affordable care act, 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 Marketplace / Affordable Care Act information](#).

Provider Seminar Invitation

Spring 2015 Nevada



Please join us at one of the sessions below and learn more about the following topics at the spring Provider Seminars:

- New – Anthem Choice PPO (Pathway Tiered Network)
- ICD-10 updates
- ERA/EFT Updates
- ProviderAccess – Remittance Advice Updates
- Availity Web Portal – Eligibility & Benefits redesign
- Plus more!

*****Please share this information with your office staff and billing staff/service.*****

In-Person Meeting Options:

Registration for IN-PERSON meetings:

<https://www.livemeeting.com/lrs/1100001891/Registration.aspx?pageName=shx51sv1kqnmwftg>

Check one	Date	Time	Location/Room (<i>Note: lunch will be provided</i>)	RSVP by deadline
<input type="checkbox"/>	Tues, May 19	11am-2pm	Peppermill Hotel & Casino, 2707 S. Virginia St., Reno	Monday, May 11
<input type="checkbox"/>	Wed, May 20	11am-2pm	Gold Coast Hotel & Casino, 4000 W. Flamingo Rd., Las Vegas	Monday, May 11

Online Webinar Options:

Requirements for attending an online webinar include: access to a computer with internet connection, phone, and email address.

Registration for WEBINAR meetings:

<https://www.livemeeting.com/lrs/1100001891/Registration.aspx?pageName=p825p6v4hvhzvlvll>

Date	Time	Topic	Location	RSVP by
W, Jun 3	8-9am	Part 1 (<i>general content updates</i>)	Online – webinar	Fri, May 29
Th, Jun 4	12-1pm	Part 2 (<i>Provider Connectivity/Availity content</i>)	Online – webinar	Fri, May 29
T, Jun 9	8-9am	Part 2 (<i>Provider Connectivity/Availity content</i>)	Online – webinar	Fri, Jun 5
W, Jun 10	12-1pm	Part 1 (<i>general content updates</i>)	Online – webinar	Fri, Jun 5

Online registration that's quick and easy:

- Click on the registration links above, or go to directly to the directions online:
Or, go to **anthem.com**, and select **Provider** link in lower right corner. Select **Nevada** from drop down option, and **Enter**. From the **Provider Home page**, select the **Provider Seminars** link. Next, under the **Spring 2015 Provider Seminars heading**, select the link titled "**Spring 2015 Provider Seminar Invitation – online registration form**", select either "**IN-PERSON**" or "**WEBINARS**".
- Complete the required information, and answer required questions.
- Click the **Register** button.

Attendance at the each meeting location is limited.

You will receive an e-mail confirming your registration if you register before we have reached maximum capacity. We will also notify you if your registration cannot be accepted.

If you do not have access to register online for an "IN-PERSON" meeting, please fax to 303-831-5833 or email Kathleen.Sanderlin@anthem.com:

Provider/Group Name: _____ Specialty: _____

Contact first and last name: _____ Contact Phone Number: _____

Contact Person's E-mail Address: _____ # Attending: ____*

Tax ID Number: _____

*** If you are registering multiple attendees, you must include each individual attendee's name and email address.**