Drug fee schedule update

CMS average sales price (ASP) first quarter fee schedule with an effective date of January 1, 2016 will go into effect with Anthem Blue Cross and Blue Shield (Anthem) on February 1, 2016. To view the ASP fee schedule, please visit the CMS website at http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/.

Anthem Choice PPO (Pathway Tiered Network) ID card correction for Small Group members

We have recently identified that Small Group Members aligned with our Anthem Choice PPO (Pathway Tiered Network) were inadvertently sent ID cards with the wrong alpha prefix of “YFD”. New cards have been re-issued with correct alpha prefix of “YFX”.

As a result of this incorrect alpha prefix, some providers had turned away members thinking it was tied to our Pathway PPO network only, and the provider was not participating in that specific network. This did not have any impact on claims processing.

As a reminder, Anthem Choice PPO (Pathway Tiered Network) utilizes two existing networks. Tier 1 utilizes the Pathway PPO network, and Tier 2 utilizes our standard PPO network. If a provider is not participating in Pathway PPO network, but they are participating in our standard PPO network, they can see the member under their Tier 2 – PPO benefit level. For additional information about the Anthem Choice PPO (Pathway Tiered Network), please reference the March 2015 issue of Network Update.

Anthem launched this new product to our Large Group members in April 1, 2015, and then expanded to Small Group October 1, 2015. Only the Small Group ID cards are impacted, which affects approximately 550 members.

Providers should continue to ask members for the most current copy of their ID card at each visit.

2016 FEP Benefit information available online

To view the 2016 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® (FEP), go to www.fepblue.org │select Benefit Plans │Brochure & Forms. Here you will find the Service Benefit Plan Brochure and Benefit Plan Summary information for year 2016. For questions please contact FEP Customer Service at 800-727-4060.

Medical Record Processing Changes for 2016

Medical Record Submissions – Member Identification Number Required

Anthem requires all medical records be submitted with the corresponding Anthem member identification (ID) number. The member ID number is a critical piece of information, as it allows us to better locate and identify medical records, reduce the amount of repeated
requests for outstanding medical records, and more quickly process provider claims. Providers should include the member ID number exactly as it appears on the Anthem member ID card, including the prefix, on the first page of each medical records submission.

**Beginning January 1, 2016, if the member ID number is not present on medical records received, Anthem will respond to the submitting provider with a letter explaining that we cannot identify the member and request the provider resubmit the documentation with the member ID number and prefix.**

If you have any questions about this process, please contact the Provider Service phone number on the back of the member ID card.

**CVS/Specialty provides in-network specialty pharmacy**

CVS specialty pharmacy is the dedicated in-network provider for Anthem members whose specialty drugs are covered under their medical benefit and whose specialty drug is being shipped to your office. This includes commercial, Medicare and Medicaid lines of business.

Anthem has a broader network of infusion and 340B providers that can administer infusion drugs in infusion suites or in the patient’s home.

**Anthem Care Comparison gives Anthem members and providers the complete picture of costs associated with medical procedures**

Anthem’s industry-leading transparency initiative, Anthem Care Comparison, an online tool that provides information about costs of 279 specific medical procedures performed at local area hospitals, outpatient surgery centers and free-standing radiology facilities. The tool allows members to access pricing information about these common procedures bundled with the cost of related services typically performed at the time of the procedure, including the facility, professional, and ancillary services.

Anthem Care Comparison is available throughout the entire state. The cost information is facility specific, so members can compare the differences in cost among hospitals, ambulatory surgery centers and/or free standing imaging centers, and get information on how frequently facilities perform each procedure, which can assist the member in assessing the care they seek.

Quality information is also included so members can compare expertise and experience. Anthem Care Comparison lists how often each facility performs each procedure along with procedure and quality comparisons that gauge facility performance and safety. Members can compare facilities based on the number of patients treated, complication rates, average length of stay and mortality rates. With this level of detail, members will be able to compare different facilities when consulting with their physician about where to have certain services performed.

Anthem Care Comparison is available to providers as well as members through our secure provider portal, ProviderAccess. To access this tool, go to anthem.com. Select Providers, Nevada, and enter. From the “ProviderAccess login” tout (blue box in upper left hand corner), select login, and enter your user name and password. Once logged in, from the Overview tab, under the “What’s New” section, select the “Anthem Care Comparison” link.

**AIM Specialty Health® online Pre-authorization Requests (for Ordering and Servicing Providers) can be accessed via the Availity Web Portal**

In 2015, AIM Specialty Health® (AIM) enhanced their web portal experience to enable servicing providers (those free-standing or hospital facilities that perform imaging procedures) to initiate and complete diagnostic imaging requests through AIM. Previously, servicing providers could only initiate requests for review of diagnostic imaging exams by phone. As a reminder, servicing providers should continue to coordinate care with the member’s ordering provider.
AIM Pre-authorization Requests (for Ordering and Servicing Providers) can be accessed online 24 hours a day, seven days a week.

Your office can save time, save money, and eliminate hassles by requesting and obtaining pre-authorizations online for radiology, cardiology, sleep, oncology, and specialty drugs. Information is available for both ordering and servicing providers.

Ordering and servicing providers may submit online pre-certification requests to AIM by either of the following options:

- Access AIM ProviderPortalSM directly at www.providerportal.com, or
- Access AIM via the Availity Web Portal at www.availity.com

**To Submit a Pre-authorization Request through Availity**

*If you have an Availity User ID and Password, use the following steps:*

- Log in to the Availity Web Portal at www.availity.com
- Enter your Availity User ID and Password
- Click the Auths & Referrals link, from the left side navigation menu
- Then select AIM Specialty Health
- Click Continue to accept the AIM Specialty Health Internet Hyperlink Disclaimer, that you are leaving the Availity site and being routed to AIM
- Once routed to AIM, from the My Homepage screen, click Start Your Order Request Here
- Complete requested information. If submitted information meets criteria, an authorization number will be issued.

*Note: The user must have an active User ID on ProviderAccess to access the AIM system through Availity. The Availity PAA must complete the Anthem Services Registration for each User to access AIM.*

For more information on how to access online authorizations via Availity, reference our AIM Specialty Health Quick Reference Guide.

**Facility Audit Vendor Partner Name Change**

Connolly Healthcare, an Anthem facility audit vendor partner, has recently changed their name to Cotiviti Healthcare and is in the process of rebranding all of their communications. Should you receive correspondence from Cotiviti Healthcare on behalf of Anthem, please accept this as a valid request. The rebranding is expected to be completed during the first quarter of 2016. You may still receive documentation from Connolly Healthcare until the process is complete.

**Update to Claims Processing Edits and Professional Reimbursement Policies**

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

**Revised Policies:**

**Bundled Services and Supplies – Professional**

For dates of service on or after January 1, 2016, services in the home or hospice setting identified by HCPCS codes G0151-G0164 and Q5001-Q5002 and Q5009 will be added to our always bundled edit along with HCPCS G codes G0299-G0300 (direct skilled nursing services of a registered nurse (RN) or licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes) and G9473-
G9479, which are effective January 1, 2016. These services are not eligible for reimbursement when reported on a CMS 1500 claim form and are being added to Section 1 of our policy.

Please note that effective January 1, 2016, HCPCS has deleted codes G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) and G0434 (Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter) therefore, we have removed these two codes from Section 1 of our policy.

**Coding Tip: Radiation Treatment Delivery and IGRT – professional**

Effective January 1, 2015, the American Medical Association (AMA) with input from the American Society for Therapeutic Radiology and Oncology (ASTRO) released CPT code 77387 for guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed (IGRT). According to the CPT Radiation Management and Treatment Table, the professional component (modifier -26) of 77387 is not bundled into treatment delivery codes 77371, 77372, 77373, 77385, and 77386; therefore, beginning with dates of service on or after January 1, 2015, the professional component of IGRT (77387) will be eligible for separate reimbursement when reported with treatment delivery codes 77371, 77372, 77373 (stereotactic radiation treatment delivery), 77385, and 77386 (intensity modulated radiation treatment delivery). Please note that HCPCS code G6015 for compensator-based beam modulation treatment delivery of inverse planned treatment is also included with this edit.

Beginning with our January 1, 2016 policy updates, we will no longer maintain our policy history table currently listed in our policies. Please refer to our Network Updates or our previous policy versions for information on policy and editing implementations and updates.

**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 bout (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 ConnectionTM** 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

**Clinical Practice and Preventive Health Guidelines available online**

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, which 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, go to anthem.com. Select the "Provider" link in the top center of the page. Select Nevada from the drop down list, and enter. Select the Health & Wellness tab, then the link title "Practice Guidelines". You can then choose from Clinical Practice Guidelines, Preventive Health Guidelines, or Behavioral Health Clinical Practice Guidelines.

Pharmacy information available on anthem.com

Visit http://www.anthem.com/pharmacyinformation for more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions or limitations that apply to certain drugs. The commercial drug list is reviewed and updates are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate the “Marketplace Select Formulary” and pharmacy information for Health Plans offered on the Exchange Marketplace, go to www.anthem.com, select Customer Support, select Nevada, Download Forms, Anthem Blue Cross and Blue Shield Drug Lists, and then choose Nevada Select Drug List.

Website links for the Federal Employee Program formulary Basic and Standard Options are Basic Option: https://www.caremark.com/portal/asset/z6500_drug_list807.pdf; and Standard Option: https://www.caremark.com/portal/asset/z6500_drug_list.pdf. This drug list is also reviewed and updated regularly as needed. FEP Pharmacy Policy updates have been added to the FEP Medical Policy Manual and may be accessed at www.fepblue.org. Benefit Plans | Brochures and Forms | Medical Policies.

Medicare Advantage Updates

Help ensure Anthem members have accurate information about your practice

Please keep Anthem informed of any changes to street address, phone number, office hours or any other change that affects your availability to see existing Anthem Medicare Advantage members. In addition, Anthem also needs to know if you are accepting new patients or if you stop accepting new patients. This helps ensure that our Medicare Advantage members have accurate information about your practice.

Please review formulary changes to help members find best medication values

Each year we evaluate our benefits and formulary and may make changes to update them. Formulary changes for 2016 include: tier changes, drug removals and new Prior Authorization and Quantity Limit requirements.

Our members will need your help to ensure they get their medications at the most affordable cost.

Please, encourage your patients to review the 2016 formulary information within their Annual Notice of Change (ANOC) mailing or their new member kit, or to view the information online. Ask them if the coverage for any of their prescriptions has been changed, and consider alternative medications that will meet their needs at a lower cost.

Current and previous year Medicare Advantage formularies are published at www.anthem.com/medicareprovider. An overview of plan changes for 2016, including notable formulary changes, can be found at www.anthem.com/medicareprovider under Important Medicare Advantage Updates. See the 2016 Medicare Advantage Plan Changes for your state dated October 1, 2015.
Health Care Reform Updates (including Health Insurance Marketplace / Affordable Care Act)

Please check out these recent postings to the Health Insurance Exchange Marketplace / Affordable Care Act information page:

- **Member ID card summary for ACA-compliant health plans**

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.