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Notice of Material Changes/Amendments to Contract and Prior Authorization Changes - September 2020

Published: Sep 1, 2020 - Administrative

Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements starred (*) below.

- Site of care medical necessity reviews expands to numerous surgical procedures beginning December 1, 2020*
- Updates for specialty pharmacy are available - September 2020*
- Reimbursement policy update: Distinct Procedural Services - Modifiers 59, XE, XP, XS, XU (Professional)*
- Reimbursement policy update: Frequency Editing (Professional)*

URL: <https://providernews.anthem.com/ohio/article/notice-of-material-changesamendments-to-contract-and-prior-authorization-changes-september-2020>

Site of care medical necessity reviews expands to numerous surgical procedures beginning December 1, 2020*

Published: Sep 1, 2020 - Products & Programs

Anthem Blue Cross and Blue Shield (Anthem) is committed to being a valued health care partner in identifying ways to achieve better health outcomes, lower costs and deliver access to a better health care experience for consumers.

For members enrolled in Anthem commercial plans with dates of service on or after December 1, 2020, the site of care medical necessity review will expand to numerous surgical procedures performed in an outpatient hospital setting. Clinical guideline [CG-SURG-52](#), Site of Care**[†]: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services will apply to the review process. AIM Specialty Health® (AIM) will administer the review.

The site of care review will apply to a wide range of surgical procedures, including but not limited to, the following specialty categories:

- Auditory system
- Digestive/Gastrointestinal system
- Eye/ocular adnexa system
- Female genital system
- Hemic and lymphatic system
- Integumentary system
- Male genital system
- Musculoskeletal system
- Nervous system
- Respiratory system
- Urinary system

For a complete list of procedures, Frequently Asked Question and additional information, visit aimproviders.com/surgicalprocedures/resources.

AIM will use [CG-SURG-52](#) to evaluate the clinical information in the request and determine if the procedure requested requires a hospital-based outpatient setting. Providers may contact AIM to request a peer-to-peer discussion before or after the review is complete.

The site of care review only applies to procedures performed in an outpatient hospital setting. The site of care review does not apply to procedures performed in a non-hospital setting or as part of an inpatient stay, nor when Anthem is the secondary payer.

Submit a request for review to AIM

Starting November 16, 2020, ordering providers may submit prior authorization requests for the hospital outpatient site of care for the applicable procedures for dates of service on or after **December 1, 2020** to AIM in one of the following ways:

- Access AIM's **ProviderPortal_{SM}** at providerportal.com. Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web portal at availity.com.
- Call the AIM Contact Center toll-free at 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

Beginning in November, AIM will offer webinars to provide information on navigating the AIM **ProviderPortal**. To register for a webinar visit aimproviders.com/surgicalprocedures.

This review applies to local fully insured Anthem members and members covered under self-insured (ASO) benefit plans with services medically managed by AIM. This review does not apply to BlueCard[®], Medicare Advantage, Medicaid, Medicare Supplement, or Federal Employee Program[®] (FEP[®]). Providers can view specific guidelines and prior authorization requirements for members on the [Prior Authorization](#) page of our anthem.com provider website.

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the members' ID card.

* In some plans, "level of care," "site of service" or another term such as "setting" or "place of service" may be the term used in benefit plans, provider contracts, or other materials instead of or in addition to "site of care" and, in some plans, these terms may be used interchangeably. For simplicity, Anthem will hereafter use "site of care".

** At the time of this notice, Anthem is in the process of retitling this guideline to use Site of Care in place of Level of Care.

622-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/site-of-care-medical-necessity-reviews-expands-to-numerous-surgical-procedures-beginning-december-1-2020-1>

Meet your Cancer Care Navigator

Published: Sep 1, 2020 - Products & Programs

Anthem Blue Cross and Blue Shield (Anthem) is committed to collaborating with oncology practices to help simplify the complexities of the cancer journey for patients while offering the best support and resources possible to our members facing treatment.

In pursuit of that commitment, we have created a new cancer support program to help members navigate through their cancer treatment journey while bringing relief to oncology practices in knowing their patients are supported in more ways than one.

Our new Cancer Care Navigator program uses advanced predictive analytics to identify members who may be most at-risk for adverse experiences during chemotherapy treatment. Once identified, our oncology trained Cancer Care Navigators will collaborate with the oncology practice to identify how they can best support the member to help improve patient outcomes and experiences. Cancer Care Navigators will regularly contact each member to establish a personal, trusting relationship while coordinating with the member's oncologist at every step.

What you can expect from the Cancer Care Navigator (CCN) program:

- A single Anthem point of contact to help navigate the Anthem system supporting prior authorizations and claims
- Regular communication with your Anthem Navigator to help support patient needs and care plans
- Predictive analytics that identify members with the greatest risk for suffering complications during chemotherapy, helping reduce potentially avoidable admissions
- Social determinants of health support
- Supplemental cancer resources for patients:
 - Survivorship care for patients
 - Assistance with prescription regimen, improving medication adherence
 - After hours support for members with questions during evening hours

This program places a central focus on collaborating with providers to help simplify the complexities of cancer care for our members and serves as an extra layer of support for oncology practices.

To learn more about Cancer Care Navigator, contact your Anthem Clinical Liaison or email cancer.quality@anthem.com.

*Beginning September 2020, this program will be available to Anthem members residing in Indiana, Kentucky, Ohio, Missouri, and Wisconsin and will roll out to Anthem's remaining markets throughout 2021.

625-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/meet-your-cancer-care-navigator>

Predictive analytics guide proactive support to patients undergoing chemotherapy resulting in lowered admissions

Published: Sep 1, 2020 - Products & Programs

Anthem Blue Cross and Blue Shield (Anthem)'s collaborative partnerships with oncology practices, which include sharing of relevant data, have helped drive improved outcomes. Our **Potentially Avoidable Admissions During Chemo** model uses predictive analytics to equip oncologists with actionable, patient-level data to highlight those at greatest risk for complications during chemotherapy.

Since the launch of this model, early results indicate success, as observed by a **13% reduction in avoidable inpatient admissions**.¹

Our oncology partners have recognized the value of this predictive modeling capability and routinely supplement their own information to proactively outreach to patients who may benefit from additional support during treatment.

Mary Scott, RN, from City of Hope says this data enables them make better decisions about patient care, "...best part [of this model] is having some data and some information and some specifics about patients that are deemed to be at risk and keeping them out of the hospital, which is a pretty critical part of our work. I think with the Anthem information, we've been able to tackle that in a much better and more organized fashion because they provide us with a list of patients that are high risk, medium risk, and low risk for admission; people who are on chemotherapy, and these regimens can be pretty complicated, pretty toxic, and it helps us to make those better decisions for their care."

Watch this video to hear more about how our collaborative partnerships with oncology practices is leading to improved outcomes.

For more information on Anthem's Cancer Care Solutions, email cancer.quality@anthem.com or contact your Anthem Oncology Provider Clinical Liaison.

1 Anthem internal data. Among providers who participate in Anthem's Cancer Care Solutions programs we observed 12.8% fewer avoidable inpatient days per 1,000 over baseline. Based on Anthem commercial business, January through December 2019.

626-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/predictive-analytics-guide-proactive-support-to-patients-undergoing-chemotherapy-resulting-in-lowered-admissions>

Anthem to update formulary lists for commercial health plan pharmacy benefit

Published: Sep 1, 2020 - **Products & Programs** / Pharmacy

Effective with dates of service on and after October 1, 2020, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, Anthem Blue Cross and Blue Shield (Anthem) will update its drug lists that support commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.

As certain brand and generic drugs will no longer be covered, providers are encouraged to determine if a covered alternative drug is appropriate for their patients whose current medication will no longer be covered. Communications to providers and their patients affected by the changes went out in early August.

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

To ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

[View a summary of changes here.](#)

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem.

634-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/anthem-to-update-formulary-lists-for-commercial-health-plan-pharmacy-benefit-9>

Specialty pharmacy updates are available - September 2020*

Published: Sep 1, 2020 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after December 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Please note, inclusion of NDC code on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

[To access the Clinical Criteria information please click here.](#)

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0164	J3490 J9999 C9399	Jelmyto
ING-CC-0165	J3490 J3590 J9999 C9399	Trodelvy
ING-CC-0061	J1950 J3490	Fensolvi

*Non oncology use is managed by Anthem's medical specialty drug review team. *Oncology use is managed by AIM.*

Site of care updates

Effective for dates of service on and after December 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing prior authorization site of care review process.

[To access the site of care drug list, please click here.](#)

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are in italics.*

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0153	J0791	Adakveo (crizanlizumab)
ING-CC-0139	J3111	Evenity (romosozumab)
ING-CC-0154	J0223	Givlaari (givosiran)
ING-CC-0156	J0896	Reblozyl (luspatercept)
ING-CC-0003	J1558	Xembify (immune globulin)
*ING-CC-0002	Q5120	Ziextenzo (pegfilgrastim-bmez)

*Non oncology use is managed by Anthem's medical specialty drug review team. *Oncology use is managed by AIM.*

REMINDER: Process for Medical Non-Oncology Specialty Drug reviews

Please follow these steps to submit medical non-oncology specialty drug reviews:

Action	Contact
Submit a new prior authorization request for a medical specialty drug review Submit a reauthorization request for a medical specialty drug review previously performed by AIM	Call IngenioRx at 1-833-293-0659 or Fax IngenioRx at 1-888-223-0550
Inquire about an existing request (initially submitted to AIM or IngenioRx), peer-to-peer review, or reconsideration	Call IngenioRx

Please note:

- AIM continues to be responsible for performing **medical oncology drug** reviews for existing commercial medical benefit for our employer group business.
- Clinical criteria for **medical non-oncology specialty drugs** continue to reside on the [Clinical Criteria webpage](#).
- Post service clinical coverage reviews and grievance and appeals process and teams have not changed.

637-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/specialty-pharmacy-updates-are-available-september-2020>

New provider directory indicators for medication assisted treatment (MAT) providers

Published: Sep 1, 2020 - Administrative

Anthem Blue Cross and Blue Shield (Anthem) will begin publishing new indicators in our online provider directories to help members easily identify facilities and physicians

These directory indicators fall into four categories related to MAT:

- Facility that provides MAT
- Physician who provides MAT
- Facility with a certified opioid treatment program
- Facility that provides counseling for opioid use disorders

We encourage facilities and individual providers who provide these services to update their demographic information so these MAT indicators can be added to our directories. To submit updated professional demographic information, please visit [anthem.com](https://www.anthem.com) and locate the [Provider Maintenance Form](#) to submit changes to your information. For facility updates, please contact your provider network representative. Please contact Provider Services if you have any questions.

630-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/new-provider-directory-indicators-for-medication-assisted-treatment-mat-providers-2>

Inclusion of AIM-reviewed services in UM reimbursement penalties

Published: Sep 1, 2020 - **Administrative**

Anthem Blue Cross and Blue Shield (Anthem) requires prior authorization prior to the delivery of certain elective services in both the inpatient and outpatient settings. As previously communicated in [Provider News](#), most late prior authorizations are currently subject to a payment reduction to the Provider and Facility in accordance with your provider contract. This penalty has not been applied to services requiring prior authorization by AIM Specialty Health (AIM). Effective for claims processed after October 17, 2020, Anthem will apply the payment reduction penalty for failure to comply with the prior authorization requirements to services reviewed by AIM for commercial plan members.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access to AIM's *ProviderPortal*SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com.
- Call the AIM Contact Center toll-free at 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. Eastern time.

629-0920-PN-OH

URL: <https://providernews.anthem.com/ohio/article/inclusion-of-aim-reviewed-services-in-um-reimbursement-penalties-1>

EDI Gateway migration deadline is September 15, 2020

Published: Sep 1, 2020 - Administrative

Migrate Your EDI Transactions to Availity Today! We want to remind you, as the Availity migration continues full speed ahead, Anthem Blue Cross and Blue Shield (Anthem) will guide you to make it an effortless transition without having to rush.

If you, your clearinghouse or vendor have already migrated over to Availity, thank you and you are a step ahead! If not, start the process today to make the transition before **September 15, 2020**.

Take Action Now! Availity setup is simple and at no cost for you!

Use this [link](#) to learn about Availity to get started today:

All EDI transmissions currently sent or received today via the Anthem gateway are now available on the Availity EDI Gateway.

- 837 Institutional and Professional
- 837 Dental
- 835 Electronic Remittance Advice
- 276/277 Claim Status
- 270/271 Eligibility Request
- 275 Medical Attachments

- 278 Prior Authorization/Referrals
- 278N Inpatient Admission and Discharge Notification

Below are the options you can choose from to exchange EDI transmissions with the Availity EDI Gateway:

- Transition your existing connection with Anthem and become a direct submitter with Availity.
- Use your existing Clearinghouse or Billing Company for your EDI transmissions. (Work with them to ensure connectivity to the Availity EDI Gateway).
- Use Direct Single Claim entry through the Availity Portal with the new attachment function

Share with your team what you learn

Enroll in one of Availity's free courses and training demos at your convenience. Making the switch to Availity's EDI Gateway is easy if you have all the resources that you need.

Follow these steps to register with [Availity](#)

1. Log in and select **Help & Training | Get Trained** to open the Availity Learning Center in a new tab Search Catalog field and choose. It is your dedicated ALC account.
2. Search by keyword (Medical Attachments/Attachments) to find on-demand and live training options.
3. Click **Enroll** to enroll for a course and then go to your **Dashboard** to access it any time.

For questions, contact Availity Client Services at 1-800-Availity (1-800-282-4548) for assistance Monday through Friday, 8 a.m. to 7 p.m. Eastern time.

635-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/edi-gateway-migration-deadline-is-september-15-2020-2>

Providers can now receive and respond to medical record requests for post-pay audit via Change Healthcare's Assurance Attach Assist Module

Published: Sep 1, 2020 - Administrative

Update: We are offering providers using Change Healthcare for revenue cycle management an opportunity to have a streamlined in-workflow solution native to Relay Assurance application.

Starting September 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) will launch the use of Change Healthcare's Medical Attachment functionality for electronic communications as an additional digital option. This new functionality allows providers to upload medical records and itemized bill documents electronically instead of through traditional paper communications. This functionality can improve communications and increase transparency for medical record requests and will not otherwise impact the audit program.

Important facts regarding this change:

- This change only affects providers who use Assurance Reimbursement Management™ from Change Healthcare and have opted in to using the Attach Assist functionality.
- The new functionality is **only** for medical record requests for post-pay claims for the Payment Integrity Quality Claims Review (Provider Audit) department only.
- There will be no duplicate requests (either paper or electronic). If you opt to use this method, paper requests for medical records will not be sent.
- In Assurance Reimbursement Management™, requests for additional documentation will be displayed to the user on the History tab of the claim. Assurance will be configured such that these requests drive workflow to ensure they are brought to the user's attention.
- The original letter, historically sent via paper, is accessible as a PDF electronic copy in the provider's downloads folder in Assurance for review. The letter content is exactly the same as it was in paper format.
- Each request letter (first, second and final attempt) will have a timeframe for responding to the request. After the timeframe has passed for that letter, you will not be able to respond to that letter. If you wish to upload medical records after the response time has expired, please refer to the Change Healthcare training referenced below.
- Providers can respond to the request by uploading records in Assurance Attach Assist. The attachments are received in almost real time and are delivered electronically

to the payer's systems through secure means. Records can be accessed through a hyperlink in Assurance Attach Assist for the particular claim the record is associated.

- The following is out of scope or not impacted:
 - Vendor requests for medical records on behalf of the payer
 - Providers who do not use Assurance Reimbursement Management™ Attach Assist from Change Healthcare or have not configured Attach Assist within Assurance Reimbursement Management™
 - The request timing of request letter and the verbiage in the request letter
 - The Program Integrity Special Investigations Unit post-pay review is not included at this time.

Resources

Training is available on the [Change Healthcare Connect Center](#) website.

Can I start using the functionality earlier?

Yes, you can. If you chose to opt in earlier, please ensure you are configured within Assurance Reimbursement Management™. Reach out to your Provider Solutions contact or request early access via the [Change Healthcare Provider Support email box](#).

For additional information, see our [Change Healthcare Medical Attachment Functionality FAQ](#).

617-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/providers-can-now-receive-and-respond-to-medical-record-requests-for-post-pay-audit-via-change-healthcares-assurance-attach-assist-module>

Enhanced medical records submission process to support claims processing

Published: Sep 1, 2020 - Administrative

Anthem Blue Cross and Blue Shield (Anthem) now offers a full suite of options to assist with medical record submissions

To ease your administrative burden and recognizing your staff may be working remotely, we have increased the intake channels for required medical records supporting claim submissions.

Here are the options available to you

Leverage any of the following Availity-hosted channels for electronic claim attachment transmission:

- EDI Transaction: X12 275 Patient Information (version 5010)
 - Anthem supports the industry standard X12 275 transaction for electronic transmission of supporting claims documentation including medical records (pdf, jpeg, tif file types). Access your X12 275 companion guide for more details.
- Availity Secure Provider Portal Options
 - Direct Data Entry (DDE) – The direct data entry claim application allows you to upload supporting documentation for a defined claim (unsolicited process).
 - Attachments-New tool – Submit solicited or unsolicited supporting documentation for your claims
- Combined Capability
 - Electronic Integrated Submission – Submit the claim via EDI 837 batch file and supporting documentation via x12 275
 - Electronic and Portal Integrated Option – Submit claim via EDI 837 batch file and attach medical records via the Availity Portal Attachment-New tool.

Attend an Availity hosted webinar to learn more about all capabilities

Start your transition today!

Start now to adopt these new processes and experience the many advantages to using an electronic option for claim attachment submission. You may find you are able to use these new processes to replace your more manual processes of submitting supporting documentation via fax or US Mail.

Advantages:

- **Easy Submission** of medical documentation to include but not limited to:
 - itemized bills
 - medical records
 - discharge summaries
- **Less administrative burden** – medical records submitted electronically save an average of 4 minutes per record for staff vs. faxing or mailing your records in
- **Electronic acknowledgment with a transaction audit trail** – confirm delivery/receipt
- **Comprehensive history** – view past medical record submissions by your organization
- **Administrative Savings** – reduce your mailing expense and/or fax related expenses

Want to learn more?

1. Register for an upcoming webinar session
2. In Availity Portal, select **Help & Training > Get Trained.**
3. The Availity Learning Center opens in a new browser tab.
4. Search for and enroll in a session using one of these options.
 - In the Catalog, search by webinar title or keyword (medattach).
 - Select the Sessions tab to scroll the live session calendar.
5. After you enroll, you'll receive emails with instructions to join the session.

September/October Webinar Dates

Date	Day	Time
September 10, 2020	Thursday	11: 00 a.m. – 12:00 p.m. ET
September 21, 2020	Monday	12:00 p.m. – 1:00 p.m. ET
October 7, 2020	Wednesday	4:00 p.m. – 5:00 p.m. ET
October 20, 2020	Tuesday	11:00 a.m. – 12:00 p.m. ET

636-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/enhanced-medical-records-submission-process-to-support-claims-processing-2>

Patient360 adds care gap alert feedback for medical providers

Published: Sep 1, 2020 - Administrative

Patient360 is a dashboard you can access through the Availity Portal that gives you a full 360° view of your Anthem Blue Cross and Blue Shield (Anthem) patient's health and treatment history and will help you facilitate care coordination. You can drill down to specific items in a patient's medical record to retrieve demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities.

What's new

- Medical providers now have the option available to include feedback for Anthem patients who have gaps in care. Your practice can locate these care gaps in the Active Alerts section on the Member Care Summary page of the Patient360 application.
- Once you have completed the required fields on the Availity Portal to access Patient360 you will land on the **Member Summary** page of the application. To provide feedback, select the **Clinical Rules Engine (CRE)** within the **Active Alerts**. This will open the **Care Gap Alert Feedback Entry** window. You can choose the feedback menu option that applies to your patient's care gap.

Are you using Patient360 for the first time? You can easily access Patient360 on the Availity Portal. First, you need to be assigned to the Patient360 Role which your Availity Administrators can locate within the Clinical Roles options.

Once you have the Availity role assignment, navigate to Patient360 through the Availity Portal by selecting the application on Anthem Payer Spaces or by choosing the Patient360 link located on the patient's benefits screen.

Do you need a job aid to help you get started?

The **Patient360 Navigation Overview** illustrates the steps to access Patient360 through the Availity Portal, and instructions on how to provide feedback for your patients who are displaying a Care Gap Alert. This reference is available for you to access online through the **Custom Learning Center**.

1. From Availity's home page select Payer Spaces > Anthem payer tile > Applications > **Custom Learning Center**
2. Select **Resources** from the menu located on the upper left corner of the page. To use the catalog filter to narrow the results select **Payer Spaces** from the **Category**
3. Select **Download** to view and/or print the reference guide

641-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/patient360-adds-care-gap-alert-feedback-for-medical-providers-1>

Anthem Commercial Risk Adjustment (CRA) Reporting Update: 2020 Prospective Program continues

Published: Sep 1, 2020 - Administrative

As a provider, we understand you are committed to providing the best care for our members, which may now include telehealth visits. Telehealth visits are an acceptable form for seeing your patients, and assessing if they have risk adjustable conditions in support of the Anthem Commercial Risk Adjustment (CRA) prospective program. The prospective program is well under way for 2020, and focuses on member health assessments for patients with undocumented Hierarchical Condition Categories (HCC's), in order to help close patients'

Inovalon Requests

Inovalon, an independent company that provides secure, clinical documentation services, helps us comply with the provisions of the Affordable Care Act (ACA) that require us to assess members' relative health risk levels. Please submit health assessments to Inovalon when completed and if you have questions, you can reach Inovalon directly at 1-877-448-8125.

Prospective Program ask of Providers:

Anthem network providers – usually PCPs – receive letters from Inovalon, requesting that they:

1. **Schedule a comprehensive in person or telehealth visit with patients** identified by Inovalon to confirm or deny if previously coded or suspected diagnoses exists, and;
2. **Submit a Health Assessment** documenting the previously coded or suspected diagnoses (also called SOAP Notes - *Subjective, Objective, Assessment and Plan*).

Incentives offered for properly submitted Health Assessments:

- \$100 for each Health Assessment properly submitted electronically via Inovalon's ePASS[®] tool
- \$50 for each Health Assessment properly submitted via fax

ePASS[®] is Training is available to ensure health assessment completion accuracy:

- Training Webinars every Wednesday, 3:00 to 4:00 p.m. Eastern time
- Register by sending an email to ePASSProviderRelations@inovalon.com with your name, organization, contact information and the date of the webinar you wish to attend. Information will be provided on how to join the webinar.

Alternative Engagement

Inovalon's ePASS[®] tool is our preferred method for submission. However, we offer alternate options to be flexible and meet your needs. If in 2019 your practice utilized these alternative options for prospective member outreach, we thank you for continuing to utilize these alternative forms of program participation in 2020.

For those providers not familiar with alternative options, they are listed here. Telehealth visits are also an acceptable form of a patient visit for these alternative engagement options. Any questions can be directed to either your local Provider Representative, or the Anthem CRA Network Education Representative listed below.

- **EPHC Providers using PCMS** – Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool to schedule members for comprehensive visits. PCMS does have a link to take you directly to the Inovalon ePASS[®] tool where completed health assessments will result in a \$100 incentive payment per submitted health assessment.
- **List of Members to be scheduled** – Anthem CRA provides member/patient reports for providers to schedule members for comprehensive visits. No health assessment needed. Not eligible for additional incentive because CRA will get the diagnosis for gap closure through claims submission.
- **EPIC Patient Assessment Form (PAF)** – Providers with EPIC as their electronic medical record (EMR) system can fax the EPIC PAF to Anthem CRA at 1-855-244-0926 with a coversheet indicating "see attached Anthem Progress Note," which is eligible for a \$50 incentive payment.
- **Providers Existing Patient Assessment Form (PAF)** – Utilizes providers' existing EMR system and applicable PAF. Must be submitted to Anthem CRA at 1-855-244-0926 with coversheet indicating "see attached Anthem Progress Note" which is eligible for a \$50 incentive payment.

Please contact the Commercial Risk Adjustment Network Education Representative if you have any questions: Mary.Swanson@anthem.com

Thank you for your commitment to assessing your patient's health and closing possible gaps in care.

623-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/anthem-commercial-risk-adjustment-cra-reporting-update-2020-prospective-program-continues-1>

Reimbursement policy update: Distinct Procedural Services-Modifiers 59, XE, XP, XS, XU (Professional)*

Published: Sep 1, 2020 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after December 1, 2020, the Non-reimbursable section will be updated to include “When multiple related procedures are performed on the same anatomical digit, by the same provider, during the same operative session. Modifiers FA, F1-F9 and TA, T1-T9 should be appended to applicable site specific services”.

For more information about this policy, visit the Reimbursement Policies webpage for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

632-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/reimbursement-policy-update-distinct-procedural-services-modifiers-59-xe-xp-xs-xu-professional-1>

Reimbursement policy update: Frequency Editing (Professional)*

Published: Sep 1, 2020 - **Policy Updates** / Reimbursement Policies

Beginning with dates of service on or after December 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) will apply a frequency limit to CPT codes 90791, *Psychiatric diagnostic evaluation* and 90792, *Psychiatric diagnostic evaluation with medical services* with the following limitations:

- 1 per 365 days, per member, per provider NPI for members over 21
- 2 per 365 days, per member, per provider NPI for members under age 21

For more information about this policy, visit the Reimbursement Policies webpage for your state: [Indiana](#), [Kentucky](#), [Missouri](#), [Ohio](#), [Wisconsin](#).

633-0920-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/reimbursement-policy-update-frequency-editing-professional-4>

Update: Notice of changes to the AIM musculoskeletal program

Published: Sep 1, 2020 - State & Federal / Medicare

As you know, AIM Specialty Health® (AIM)* administers the musculoskeletal program for Medicare Advantage members, which includes the medical necessity review of certain surgeries of the spine, joints and interventional pain treatment. For certain surgeries, the review also includes a consideration of the level of care.

Effective December 1, 2020, two joint codes (29871 and 29892) will be incorporated into the [AIM Level of Care Guideline for Musculoskeletal Surgery and Procedures](#).

According to the clinical criteria for level of care, which is based on clinical evidence as outlined in the AIM guideline, it is generally appropriate to perform these two procedures in a hospital outpatient setting. To avoid additional clinical review for these surgeries, providers requesting prior authorization should either choose **hospital observation** admission as the site of service or **Hospital Outpatient Department (HOPD)**.

We will review requests for inpatient admission and will require the provider to substantiate the medical necessity of the inpatient setting with proper medical documentation that demonstrates one of the following:

- Current postoperative care requirements are of such an intensity and/or duration that they cannot be met in an observation or outpatient surgical setting.
- Anticipated postoperative care requirements cannot be met, even initially, in an observational surgical setting due to the complexity, duration, or extent of the planned procedure and/or substantial preoperative patient risk.

On January 1, 2020, CMS removed total hip arthroplasty as well as six spine codes from the inpatient only (IPO) list making these procedures eligible for payment by Medicare in the hospital outpatient setting in addition to the hospital inpatient setting. The two-midnight rule should guide providers on the expected reimbursement. The codes that were removed from the inpatient only list and are also in the AIM Musculoskeletal program are 27130, 22633, 22634, 63265 and 63267. CMS has established a two year grace period (ending December 31, 2021) for site of service reviews of these codes in order to facilitate provider transition to compliance with the two-midnight rule. To this end, it is recommended that providers choose hospital observation or Hospital Outpatient Department (HOPD) during the prior authorization process when clinically appropriate to the respective patient. Choosing hospital observation still allows for the surgery to be performed and recovered in the main hospital, so long as discharge is planned for less than two midnights. Alternatively, the provider may choose to perform the procedure in the Hospital Outpatient Department (HOPD). However, the inpatient setting will still be approved should the provider decide it is the optimal setting for the member.

Providers should continue to submit prior authorization requests to AIM using one of the following ways:

- Access AIM *ProviderPortal_{SM}* directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal* at availity.com.
- Call the AIM toll-free number at **1-800-714-0400**, Monday through Friday 8 a.m. to 8 p.m. ET.

If you have questions, please contact the provider number on the back of the member's ID card.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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URL: <https://providernews.anthem.com/ohio/article/update-notice-of-changes-to-the-aim-musculoskeletal-program-1>

Medical drug benefit clinical criteria updates

Published: Sep 1, 2020 - **State & Federal** / Medicare

On May 15, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting May 2020](#). Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

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URL: <https://providernews.anthem.com/ohio/article/medical-drug-benefit-clinical-criteria-updates-51>
