Provider Newsletter

https://providers.healthybluela.com

Healthy Blue

Medicaid Managed Care
Dual Advantage

October 2020

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COVID-19 information from Healthy Blue

Healthy Blue is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Health (LDH) to help us determine what action is necessary on our part. Healthy Blue will continue to follow LDH guidance policies.

For additional information, reference the *COVID-19 News and Updates* section of our **website**.

BLAPEC-1682-20/BLACARE-0163-20

Medicaid

Provider Chat — A fast, easy way to have your questions answered

You now have a new option to have questions answered quickly and easily. With Healthy Blue Chat, providers can have a real-time, online discussion through a new digital service, available through Payer Spaces on **Availity**.*

Provider Chat offers:

- Faster access to Provider Services for all questions.
- Real-time answers to your questions about prior authorization and appeals status, claims, benefits, eligibility, and more.
- An easy to use platform that makes it simple to receive help.
- The same high level of safety and security you have come to expect with Healthy Blue.

Chat is one example of how Healthy Blue is using digital technology to improve the health care experience, with the goal to save you valuable time. To get started, access the service through **Payer Services on Availity**.

** Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.*

BLAPEC-2014-20

Healthy Blue

Performance Improvement Plans

As required by Section 14.2.8 of Healthy Blue's contract with the Louisiana Department of Health, we have established and implemented an ongoing program of Performance Improvement Projects (PIP) that focus on: Improving Screening for Chronic Hepatitis C Virus, as well as Pharmaceutical Treatment Initiation; and Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.

> *"Performance Improvement Projects shall be designed to achieve, through ongoing measurements and intervention, significant improvement sustained over time, with favorable effects on health outcomes and enrollee satisfaction."*
> *– Attachment B: Statement of Work, Section 14 of the Emergency Contract*

Healthy Blue has initiated PIP for 2020:

1. Improve screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
2. Improving Rates for:
   - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
   - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Healthy Blue's PIPs for 2020 are aimed at achieving improvement with access to care and improving quality of care of our members. **Our providers play a key role in achieving the project's success**!

BLA-NL-0255-20

Goals and resources for our providers to help with sustaining improvement in care:

1. **HCV Project:** Our goal is to identify members at risk for HCV and assist them with screening. We are also identifying members who have an HCV diagnosis but are not receiving treatment. We are outreaching those members and engaging them with Case Management efforts to assist them with seeking further medical care.

   How can you assist? Providers can assist with this effort by identifying those members who may have HCV or are at risk for HCV, and connecting them with the appropriate screenings and treatments

   Guidance on practice guidelines from The American Association for the Study of Liver Disease

2. **IET Project:** Our goal is to assist members with Substance Use Disorder and alcohol dependence with engagement and follow up treatment within seven and 30 days, post ED visit or hospitalization. According to the ASAM guidelines, early screening and detection of these disorders can lead to early diagnosis, treatment and improved outcomes.

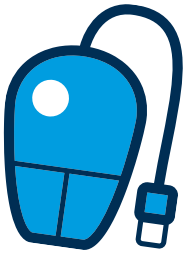
   How can you assist? Ensuring patients within your practice have a follow-up visit post an Emergency Department discharge or in-patient discharge is key. Additionally, using the Screening Brief Intervention Referral for Treatment approach in your practice is key to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

   Resources for Screening, Brief Intervention, and Referral to Treatment from Substance Abuse and Mental Health Services Administration

   Here is another **helpful resource** for your practice related to SBIRT.

Patient360 enhancement for medical providers

Patient360 is a real-time dashboard you can access through the Availity Portal* that gives you a full 360° view of your Healthy Blue patients' 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 to include feedback for Healthy Blue 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 all 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 section. 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 a 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 Healthy Blue 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 offers 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 the Availity home page, select Payer Spaces > Healthy Blue 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* menu.)
3. Select **Download** to view and/or print the reference guide

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BLA-NL-0236-20

Healthy Blue

My Diverse Patients

A website to support your diverse patients

Our unique differences can lead to critical disparities in how our patients receive their care. That is why we want to introduce you and your staff to **https://mydiversepatients.com**, which has educational resources you can use to help address these disparities.

In the United States:

About three times more Black Americans die from hypertension than their white counterparts.[1]

Black women with a Master's degree have a higher infant mortality rate than white women who did not finish high school.[2]

Hispanics are 51 percent more likely to have diabetes-related deaths than the general population.[3]

LGBT youth are up to three times more likely to attempt suicide than their non-LGBT counterparts.[4]

My Diverse Patients features resources to help you address disparities in health care, such as:

- Continuing medical education experiences about disparities, potential contributing factors and opportunities for providers to enhance care.
- Real life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

While there is no easy answer to the issue of health care disparities, the vision of My Diverse Patients is to start reversing these trends one patient at a time.

Visit My Diverse Patients today to embrace the knowledge, skills, ideals, strategies and techniques to continue enhancing the quality of care for your diverse patients.

1 American Heart Association. (2010). Heart Disease and Stroke Statistics — A 2010 Update. pp116-117. DOI: 10.1161/CIRCULATIONAHA.109.192667. Retrieved from **http://circ.ahajournals.org/content/circulationaha/121/7/e46.full.pdf?download=true**

2 Center for Disease Control and Prevention. (2017). CDC Wonder. Retrieved from **https://wonder.cdc.gov/welcomet.html**

3 Center for Disease Control and Prevention. (2015, May 8). Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States — 2009–2013. Morbidity and Mortality Weekly Report (MMWR). Vol. 64(17); 469-478. Retrieved from **https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s_cid=mm6417a5_w**

4 Center for Disease Control and Prevention. (2016, Aug 12). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. Morbidity and Mortality Weekly Report (MMWR). Vol. 65, No. 9. Retrieved from **https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf**

BLA-NL-0256-20

Healthy Blue

Coding spotlight: providers guide to coding for behavioral health disorders

Behavioral health disorders are classified in Chapter 5 of the *ICD-10-CM*

Behavioral health disorders are commonly underreported on claims. Many Healthy Blue members may have behavioral health disorders that are not properly managed. Health care providers can assist by taking detailed histories and coding behavioral health issues properly on claims. Below are the ICD-10-CM coding guidelines for behavioral health conditions.

When documenting behavioral disorders, the following descriptors apply:	
Type:	Depressive, manic, or bipolar disorder
Episode:	Single or recurrent
Status:	Partial or full remission; identify most recent episode as manic, depressed, or mixed
Severity:	Mild, moderate, severe, or with psychotic elements

Read more online.

BLA-NL-0237-20

Healthy Blue

Provider transparency update

A key goal in our provider transparency initiative is to improve quality while managing health care costs. One of the ways we do that is by offering value-based programs including Freestanding Patient Centered Care (FPCC), Medicare Advantage Enhanced Personal Health Care Essentials and so on (known as the Programs).

Value-based program providers (also known as payment innovation providers)

Value-based program providers (also known as payment innovation providers) in our programs receive quality, utilization and/or cost data, reports, and information about the health care providers (referral providers) to whom the providers may refer their Healthy Blue patients. If a referral provider is higher quality and/or lower cost, this component of the Programs should result in the provider receiving more referrals from value-based program providers. The converse should be true if referral providers are lower quality and/or higher cost.

Providing this type of data to value-based program providers (including comparative cost information) helps them make more informed decisions about managing health care costs, maintain/improve quality of care and succeed under the terms of the programs.

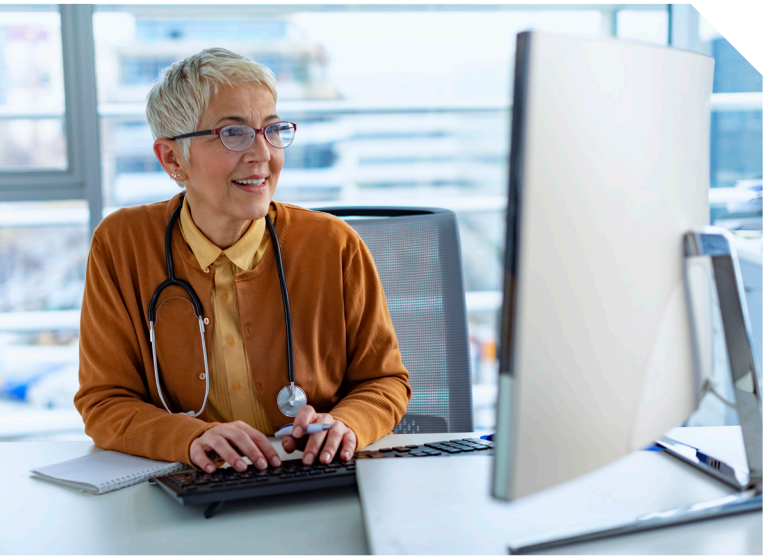
Additionally, employers and group health plans (or their representative/vendors) may also be given data about value-based program providers or referral providers to better understand how their health care dollars are being spent and how their health benefits plans are being administered. This will give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Upon request, Healthy Blue will share the data used to make these quality/cost/utilization evaluations and will discuss it with referral providers, including any opportunities for improvement.

BLACRNL-0034-20

Evaluation and management services correct coding

Healthy Blue continues to be dedicated to delivering access to quality care for our members, providing higher value to our customers and helping improve the health of our communities. In an ongoing effort to promote accurate claims processing and payment, Healthy Blue is taking additional steps to assess selected claims for evaluation and management (E/M) services submitted by professional providers. Beginning on December 1, 2020, we will be using an analytic solution to facilitate a review of whether coding on these claims is aligned with national industry coding standards.



Providers should report E/M services in accordance with the American Medical Association (AMA) CPT® manual and CMS guidelines for billing E/M service codes: *Documentation Guidelines for Evaluation and Management*. The appropriate level of service is based primarily on the documented medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem and face-to-face time are considered contributing factors. The coded service should reflect and not exceed that needed to manage the member's condition(s).

Claims will be selected from providers who are identified as coding at a higher E/M level as compared to their peers with similar risk-adjusted members. Prior to payment, Healthy Blue may review E/M claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E/M code level submitted is higher than the E/M code level supported on the claim. If the E/M code level submitted is higher than the E/M code level supported on the claim, Healthy Blue reserves the right to:

- Deny the claim and request resubmission of the claim with the appropriate E/M level;
- Pend the claim and request documentation supporting the E/M level billed; and/or
- Adjust reimbursement to reflect the lower E/M level supported by the claim.

The maximum level of service for E/M codes will be based on the complexity of the medical decision-making, and reimbursed at the supported E/M code level and fee schedule rate.

This initiative will not impact every level four or five E/M claim. Providers whose coding patterns improve and are no longer identified as an outlier are eligible to be removed from the program.

Providers who believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service will be able to follow the dispute resolution process (including submission of such documentation with the dispute).

BLACRNL-0029-20

Policy Update — Medicaid

Multiple and Bilateral Surgery: Professional and Facility Reimbursement

(Policy 06-010, effective 01/01/2021)

Effective January 1, 2021, the following updates have been made to the policy:

- Healthy Blue allows reimbursement to professional providers and facilities for multiple and bilateral surgery. Reimbursement is based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed on the same day by the same provider to the same patient.
- Healthy Blue has updated the policy under the Multiple Surgery section to note that Healthy Blue does not apply multiple procedure reduction reimbursement to Modifier 51 exempt (also known as MS-exempt) or add-on procedure codes since the fee allowance and/or relative value is already reduced for the procedure itself, and a single surgery procedure is subject to a multiple procedure reduction when submitted with multiple units.

Visit **https://providers.healthybluela.com** to view the Multiple and Bilateral Surgery reimbursement policy for additional information regarding percentages and reimbursement criteria.

BLA-NL-0174-19

Policy Update — Medicaid

Unlisted, Unspecified or Miscellaneous Codes

(Policy 06-004, effective 01/01/2021)

Currently, unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

- Effective January 1, 2021, a description that supports the identification of the nature of an illness or other problem used to examine the symptoms when the unspecified diagnosis codes have a corresponding left, right or bilateral diagnosis will no longer be necessary. Healthy Blue will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes and reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis.

For additional information, review the **Unlisted, Unspecified or Miscellaneous Codes reimbursement policy**.

BLA-NL-0186-19