

# Provider Newsletter



Healthy Blue

Medicaid Managed Care

<https://providers.healthybluela.com>

August 2018



## Table of Contents

*Topical Corticosteroids Hot Tip* Page 2

*Coding Spotlight — Obesity* Page 3

*Update: Incontinence supplies* Page 3

*Electronic Data Interchange migration to Availity* Page 3

*Healthy Blue fights opioid addiction: Extension for Community Health Care Outcomes and Quality Medication-Assisted Therapy* Page 4

*Electronic claim payment reconsideration* Page 5

*Online registration processes for electronic remittance advices and electronic funds transfers* Page 6

*Member's Rights and Responsibilities Statement* Page 7

*Important information about utilization management* Page 7

*The Interactive Care Reviewer tool is available — Start using today!* Page 8

*Medical Policy update* Page 9

*Prior authorization requirements* Page 9

## Reimbursement Policy:

*Medical Recalls* Page 10

## Topical Corticosteroids Hot Tip



This table is to assist prescribers in identifying topical corticosteroids included on all Healthy Blue formularies. It does not represent all commercially available topical corticosteroids.

When prescribing medications, always select “substitution permissible by law” (where applicable) to ensure your patients benefit from generic medications when available.

Therapeutic class	Formulary product	Relative cost per prescription*
Topical corticosteroids — low potency	<ul style="list-style-type: none"><li>Hydrocortisone Cream</li><li>Hydrocortisone Ointment</li></ul>	\$
Topical corticosteroids — medium potency	<ul style="list-style-type: none"><li>Triamcinolone Cream</li><li>Triamcinolone Ointment</li></ul>	\$
Topical corticosteroids — high potency	<ul style="list-style-type: none"><li>Fluocinonide-E Cream</li></ul>	\$\$
Topical corticosteroids — very high potency	<ul style="list-style-type: none"><li>Clobetasol Cream</li><li>Clobetasol-E Cream</li><li>Clobetasol Gel</li><li>Clobetasol Ointment</li></ul>	\$\$\$

\* Relative cost per prescription is intended to be directional in nature. Costs may change based on market dynamics. This information is meant to be used as a guide and should not take the place of clinical decision making by a prescriber regarding treatment.

Formulary status or drug availability may change. There may be additional qualifications needed for access to some drugs, such as a prior authorization or step therapy.

This document does not guarantee benefit coverage for any medication(s) as member coverage may vary.

BLA-NL-0046-18

## Coding Spotlight — Obesity

Obesity is a serious issue in the United States. The obesity rate is rising. Obesity has significant health consequences, contributing to increased incidence of several diseases, including metabolic syndrome, high blood pressure, diabetes, heart disease, high blood cholesterol, sleep disorders and cancers.



For detail information on obesity HEDIS® measurements and coding, please view the full update on our [provider website](#).

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

BLA-NL-0069-18

## Update: Incontinence supplies

Effective November 1, 2018, Healthy Blue incontinence supplies and benefit detail will be updated to ensure alignment with state and company requirements.

Codes will be configured to ensure benefit limitations are in place. Please review the full [notice](#) for the codes impacted.

BLA-NL-0067-18

## Electronic Data Interchange migration to Availity

Recently, Healthy Blue partnered with Availity as our designated Electronic Data Interchange (EDI) gateway and E-Solutions Service Desk, and Healthy Blue will not renew existing contracts with clearinghouse vendors. As a result, beginning January 1, 2019, Availity will manage all EDI trading partner relationships on behalf of Healthy Blue. This new partnership will not interrupt your current services.

### Transmitting 837 claims

If you currently transmit 837 claims using a clearinghouse, you should contact your clearinghouse as soon as possible to confirm your EDI submission path for Healthy Blue transactions has not changed. If your clearinghouse notifies you of changes regarding connectivity, workflow or the financial cost of EDI transactions, there is a no-cost option available to you – You can submit claims directly through Availity.

Direct submitters can also use Availity for their 837 transmissions.

### Registering with Availity

If you choose to submit directly through Availity but are not yet a registered user, go to <https://www.availity.com> and select **REGISTER**. The registration wizard will lead you through the enrollment process. Once complete, you will receive an email with your login credentials and next steps for getting started. If you have any questions or concerns please contact Availity at **1-800-AVAILITY (1-800-282-4548)**.

It is our priority to deliver a smooth transition to Availity for our EDI services. If you have questions please contact your Provider Relations representative or Provider Services at **1-844-521-6942**.

BLAPEC-0924-18

# Healthy Blue fights opioid addiction: Extension for Community Health Care Outcomes and Quality Medication-Assisted Therapy

## Extension for Community Health Care Outcomes (ECHO)

People are dying of opioid addiction. With the medication assisted treatment, you can help save lives! Join one of several video tele-consultative ECHO learning communities nationwide and participate with other clinicians learning about medication-assisted treatment for individuals with opioid disorders. For more information, visit the [ECHO website](#).

### Benefits of participating include:

- Addiction treatment training.
- Free continuing education credits.
- Opportunity to receive expert input on your (de-identified) patient cases.
- Access to a virtual learning community for treatment guidelines, tools and patient resources.
- Opportunity to ask questions and get a variety of support from specialists.

## Quality Medication-Assisted Therapy (MAT)

To help ensure members have access to comprehensive evidence-based care, Healthy Blue is committed to helping its providers double the number of members who receive behavioral health services as part of MAT for opioid addiction.

When treating patients with opioid use disorder, it is considered best practice to offer and arrange evidence-based treatment. This usually consists of MAT with naltrexone, buprenorphine or, in some plans, methadone in combination with behavioral therapies. Behavioral therapies focused on medication adherence and relapse prevention can improve MAT outcomes and improve other social determinants of health, including development of an enhanced social support network in recovery.

## For more information

For more information about what is considered best practice for medication-assisted treatment, please read the American Society of Addiction Medicine's [National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).

You can also contact Jennifer Tripp by email at [jennifer.tripp@anthem.com](mailto:jennifer.tripp@anthem.com) for more information about the ECHO and MAT programs.

BLA-NL-0068-18



## Electronic claim payment reconsideration

As currently outlined in your provider manual, providers can submit claim payment reconsiderations verbally, in writing or electronically. We are reaching out to notify you about some exciting new tools for electronic submission that will become available through the Availity Portal. In addition, you should soon see changes in the provider manual that will outline this new information regarding claim remediation tools through the Availity Portal.

**Beginning October 4, 2018, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality.**

### **For you, this means an enhanced experience when:**

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

### **New Availity Portal functionality will include:**

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Healthy Blue.
- A worklist of open submissions to check a reconsideration status.



With the new electronic functionality, when a claim payment reconsideration is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claims payment reconsideration will receive an email notification informing him/her that the reconsideration review has been completed. If you are not satisfied with the reconsideration outcome, continue to follow the existing process to file an appeal, as outlined in your provider manual.

Look for announcements on the Availity Portal and for upcoming training opportunities. Providers who have questions as they begin to use the new functionality should contact Healthy Blue at **1-844-521-6942**.

BLA-NL-0058-18



# Online registration processes for electronic remittance advices and electronic funds transfers

## No action is required for providers already registered for electronic funds transfers (EFTs) and electronic remittance advices (ERAs).

Effective December 1, 2018, Healthy Blue's provider disbursement processes are changing. These changes include the following:

- New EFT enrollment: Go to EnrollHub™, a Council for Affordable Quality Healthcare (CAQH) Solutions™ enrollment tool.
- New ERA-only enrollment and change management for existing ERA-only enrollments: These will be managed through Availity. Go to <https://www.availity.com> and select **Enrollments Center** in the *My Account Dashboard* on the home page. Select **ERA Enrollment** in the *Multi-Payer Enrollments* section. Then, simply follow the wizard and submit. After submitting, you will be notified by email that enrollment is complete and start receiving 835s through Availity.
- Change Healthcare and PaySpan will no longer be used for EFT/ERA enrollment.
- Providers now have access to *Explanation of Payment* letters through our secure self-service provider website.

These enhancements offer Healthy Louisiana providers streamlined reimbursement registration tools.

The following chart summarizes information about the new processes to enroll in EFT or ERA or to update EFT and ERA transaction information after December 1, 2018.

Process to enroll or update electronic transactions after December 1, 2018		
Type of transaction	How to enroll, update, change or cancel	Contact to resolve issues
EFT only	Use the CAQH EFT EnrollHub tool available at <a href="http://www.caqh.org/solutions/enrollhub">http://www.caqh.org/solutions/enrollhub</a> .	CAQH Provider Help Desk <b>1-844-815-9763</b>
ERA only	Register for ERAs at <a href="https://www.availity.com">https://www.availity.com</a> .	Availity <b>1-800-282-4548</b>

### Is registration required?

Providers are not obligated to register for either EFT or ERA and will continue to receive a paper check and remittance advice.

### Is there a cost to providers for the changes to the EFT and ERA?

There is no cost to providers from Healthy Blue. Providers should inquire with trading partners and other vendors they work with to understand additional steps or any changes to services.

For more details including information and changes to expect and how to access historical ERAs from Change Healthcare and PaySpan, view the full [provider update](#).

BLA-NL-0063-18

## Member's Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to involve the health plan, participating practitioners and members in our system, Healthy Blue has adopted a *Member's Rights and Responsibilities Statement*, which is located in your *Provider Manual*.

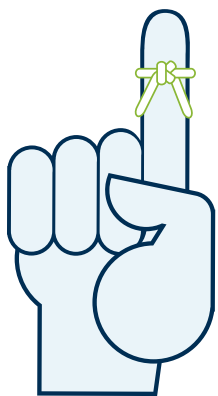
If you need a physical copy of the statement, call us at **1-844-521-6942**.

BLA-NL-0071-18

## Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our *Medical Policies* are available on our [provider website](#).

You can request a free copy of our UM criteria from our Medical Management department. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the numbers listed below. To access UM criteria online, go to <https://providers.healthybluelocal.com/la/pages/medical-policies.aspx> and select **Medical Policies and Clinical Utilization Management Guidelines**.



We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

### You can submit precertification requests by:

- Calling us at **1-844-521-6942**.
- Faxing to **1-800-964-3627**.
- Submitting online at: <https://www.availity.com>.

### Have questions about utilization decisions or the UM process?

Call our Clinical team at **1-844-521-6942**.

BLA-NL-0071-18

# The Interactive Care Reviewer tool is available — Start using today!

The Interactive Care Reviewer (ICR) tool offers a streamlined process to request inpatient and outpatient procedures as well as locate information on previously submitted requests for Healthy Blue members via the Availity Portal.



## What benefits does the ICR tool provide?

- Free and easy to use
- Access almost anywhere
- Preauthorization determinations
- Inquiry capability
- Fax reduction
- Ability to view decision letter
- Ability to save favorites
- Comprehensive view of all your preauthorization requests

## How do I gain access to the ICR tool?

You can access the ICR tool through Availity. (Select **Authorizations & Referrals** from the *Patient Registration* drop-down menu in the upper left of the page.)

If you have not yet registered for Availity, go to <https://www.availity.com> and select **Register** at the top of the page. Select your **Organization Type** from the available options at the bottom of the page and follow the registration wizard.

## How can I learn more about ICR?

Learn more about ICR by attending one of the [monthly webinars](#).

## Whom can I contact with questions?

For questions regarding our ICR tool, please contact your local Provider Network Relations representative.

For questions on accessing our tool via Availity, call Availity Client Services at **1-800-282-4548**. Availity Client Services is available Monday through Friday from 8 a.m. to 7 p.m. Eastern time (excluding holidays) to answer your registration questions.

Note: ICR is not currently available for requests involving transplant services or services administered by AIM Specialty Health® or OrthoNet LLC. For these requests, follow the same preauthorization process you use today.

BLA-NL-0062-18



## Medical Policy update

Effective December 27, 2017, the Medical Policy and Technology Assessment Committee approved the following revision of the *DRUG.00017 Hyaluronan Injections in Joints Other Than the Knee* policy: Position statement revised from Medically Necessary to **Investigational and Not Medically Necessary** for hyaluronan injections for the treatment of temporomandibular joint disorders.

For questions regarding this *Medical Policy* update, please contact your Provider Relations representative.

BLAPEC-0729-18

## Prior authorization (PA) requirements

### Cabazitaxel (Jevtana)

Effective September 1, 2018, PA requirements will change for injectable drug Cabazitaxel (Jevtana) to be covered by Healthy Blue.

#### PA requirements will be added to the following:

- Cabazitaxel (Jevtana) — injection, 1 mg (J9043)

BLA-NL-0057-18

### Mepolizumab (Nucala) and reslizumab (Cinqair)

Effective September 1, 2018, PA requirements will change for injectable/infusible drugs mepolizumab (Nucala®) and reslizumab (Cinqair®).

#### PA requirements will be added to the following:

- Mepolizumab (Nucala) — injection, 1 mg (J2182)
- Reslizumab (Cinqair) — injection, 1 mg (J2786)

BLA-NL-0060-18

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

#### Please use one of the following methods to request PA:

- Web: <https://www.availity.com>
- Fax: 1-888-822-5595 (for inpatient); 1-888-822-5658 (for outpatient)
- Phone: 1-844-521-6942

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers through the Availity Portal (<https://www.availity.com>). Providers who are unable to access Availity may call us at **1-844-521-6942** for PA requirements.

# Reimbursement Policy

## Policy Update

## Medical Recalls

[Policy 06-111 — effective 11/01/2018]



In applicable circumstances, the appropriate modifier, condition code or value code (identified below) should be used to identify a medically recalled item. This will assist Healthy Blue in identifying medically recalled items and support correct coding guidelines.

Applicable condition codes are 49 and 50. Condition code 49 signifies products replaced within the product lifecycle due to the product not functioning properly, and condition code 50 is used for product replacement for known recall of a product.

When a credit or cost reduction is received by the provider for the replacement device, applicable modifiers are FB and FC. Modifier FB is used when items are provided without cost to the provider, supplier or practitioner, and modifier FC is used when a partial credit is received by the provider, supplier or practitioner for the replacement device.

Note: In circumstances where we have reimbursed the provider for repair or replacement of items or procedures related to items due to a medical recall, we are entitled to recoup or recover fees from the manufacturer and/or distributor as applicable. In circumstances where we have reimbursed the provider the full or partial cost of a replaced device and the provider received a full or partial credit for the device, we are entitled to recoup or recover fees from the provider.

Please refer to CMS and/or your state's guidelines, and the Medical Recalls reimbursement policy for additional details at <https://providers.healthyblueia.com>.

BLA-NL-0045-18