

Provider Newsletter



Medicaid Managed Care

<https://providers.healthybluelo.com>

October 2019



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Care coordination expanding with preferred community health partners

Effective October 1, 2019, Healthy Blue will integrate community health workers used by preferred community health partners (PCHPs) into our current care management program to provide enhanced care transition for Healthy Louisiana members with complex needs. These members include those with the following situations:

- Hospital readmissions
- A readmission risk score of more than 24
- Frequent emergency department visits
- Multiple diagnoses
- Identified social determinants of health
- Lack of engagement with the PCP for three or more months



The PCHP provides an extra layer of support by using community health workers as an extension of care management to help members navigate the complex health care system. Services complement members' efforts to improve health outcomes. The PCHP makes an initial outreach to identified members to determine the appropriate level of services but does not provide any clinical services, replace Healthy Blue case management, nor do they replace the care and care management provided by PCPs and specialists.

A PCHP community health worker may reach out to your practice to introduce themselves and establish a relationship with the physician. They may also discuss developing a mechanism by which to share information regarding patients who have been identified for complex care services.

The community health worker also broadens the impact of case management by focusing on action plan developments in various ways, such as helping members fill prescriptions, scheduling appointments and arranging rides to the doctor. They can even accompany members to appointments when appropriate and provide connections to meal delivery services.

For questions regarding PCHP and complex care services, please call **1-844-521-6942**.

BLA-NL-0144-19

MCG Care Guidelines update and customizations

The upgrade to the 23rd edition of the MCG Care Guidelines for Healthy Blue has changed from May 24, 2019, to September 16, 2019. In addition, Healthy Blue has customized some of the MCG Criteria.



Customizations to the 23rd edition of the MCG Care Guidelines:

Effective September 16, 2019, the following customizations will be implemented:

- Left Atrial Appendage Closure, Percutaneous (W0157) — customized to refer to SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156) — customized to refer to Musculoskeletal Program Clinical Appropriateness Guidelines, Level of Care Guidelines and Preoperative Admission Guidelines

Effective November 1, 2019, customizations will be implemented for Chemotherapy and Inpatient & Surgical Care (W0162) for adult patients.

The customizations provide specific criteria, guidance and/or examples for the following:

- Clinical indications for admission:
 - Aggressive hydration needs that cannot be managed in an infusion center
 - Prolonged marrow suppression
- Regimens that cannot be managed outpatient

Providers can view a summary of the 23rd edition of the MCG Care Guidelines customizations [online](#) by selecting **Customizations to MCG Care Guidelines 23rd Edition (Publish date November 1, 2019)**.

BLA-NL-0156-19

Medical drug *Clinical Criteria* updates

On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutics (P&T) Committee approved changes to *Clinical Criteria* applicable to the **medical drug benefit** for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the [provider website](#), and the effective dates will be reflected in the [Clinical Criteria Q1 web posting](#). Visit [Clinical Criteria](#) to search for specific policies.

BLA-NL-0157-19

On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (P&T) Committee approved changes to *Clinical Criteria* applicable to the **medical drug benefit** for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the [provider website](#), and the effective dates will be reflected in the [Clinical Criteria Q2 web posting](#). Visit [Clinical Criteria](#) to search for specific policies.

BLA-NL-0163-19

For questions or additional information on *Clinical Criteria*, reach out via [email](#).

Reimbursement Policy

Policy Update

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

(Policy 06-0149, effective 01/01/19)

Currently, Healthy Blue includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component services in the reimbursement of preventive medicine evaluation and management (E&M) visits unless they are appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service.

However, effective January 1, 2019, the following EPSDT component services will be added to the list of services identified as separately reimbursable from the preventive medicine E&M visit:

- Hearing screening with or without the use of an audiometer or other electronic device
- Vision screening

For additional information, please review the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) reimbursement policy at <https://providers.healthyblueia.com>.

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