

# Provider Newsletter

<https://providers.healthybluelua.com>



Medicaid Managed Care  
Dual Advantage

August 2020



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the *Provider Newsletter* via email?**



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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

### New MCG Care Guidelines 24th edition

Effective August 1, 2020, Healthy Blue will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

#### **Inpatient Surgical Care (ISC):**

- *Viral Illness, Acute — Inpatient Adult (M-280)*
- *Viral Illness, Acute — Inpatient Pediatric (P-280)*
- *Viral Illness, Acute — Observation Care (OC-064)*

#### **Recovery Facility Care (RFC):**

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

BLA-NL-0222-20





## Submit behavioral health authorizations via our online Interactive Care Reviewer tool

Effective June 15, 2020, Healthy Blue is excited to announce an enhanced process for submitting authorization requests via the Interactive Care Reviewer (ICR) tool. The enhanced ICR tool will provide the opportunity for quicker decisions and eliminate wait times associated with faxes and telephonic intake.

The ICR tool will use sophisticated clinical analytics to approve an authorization instantly for higher levels of care such as inpatient, intensive outpatient and partial hospitalization.

### Benefits of the new ICR tool include:

- Reduction of administrative burden.
- Quicker access to care — 15 minutes for approval in some cases.
- Increased patient focus.
- Prioritization of more complex cases.
- Reduced possibility of errors (such as illegible faxes).
- Increased time spent with patients.

To access the ICR tool, visit <https://www.availity.com>.\*

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

BLAPEC-1762-20

## Provider data update

Healthy Blue partners with AIM Specialty Health®\* (AIM), a leading specialty benefits management company that provides services for radiology, cardiology, genetic testing, oncology, musculoskeletal, rehabilitation, sleep management, and additional specialty areas. Partnerships like this require that Healthy Blue's provider demographic information (group or practice name, additional providers added to the group/practice, location) is current and accurate to eliminate provider and member abrasion.

In the event the provider's demographic information has not been updated in Healthy Blue's system, the data will also be missing from the provider data that goes to AIM. Therefore, providers may not be able to locate the requested record in AIM's system. While the provider's information can be manually entered to build a case, the record will appear to be out-of-network, and the case will adjudicate accordingly.

Healthy Blue provider data updates flow to AIM via the provider data extract, but the data flow does not work in the reverse back to Healthy Blue. **It is important that providers make the following changes or updates with Healthy Blue, not AIM:**

- Group or practice name
- TIN
- NPI
- Address (add/remove location(s), corrections)
- Phone numbers
- Fax numbers
- Any additional changes



\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.

BLA-NL-0217-20



# Controlling High Blood Pressure (CBP)

This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg)



## Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is *not controlled*.

## What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit



**Read more online.**

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

BLA-NL-0221-20

# Coding spotlight: Provider guide to coding for cardiovascular conditions

In this coding spotlight, we will focus on several cardiovascular conditions; codes from Chapter 9 of the ICD-10-CM are listed in the table below.

Diseases of the circulatory system	Category codes
Acute rheumatic fever	I00-I02
Chronic rheumatic heart diseases	I05-I09
Hypertensive diseases	I10-I16
Ischemic heart diseases	I20-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Other forms of heart disease	I30-I52
Cerebrovascular diseases	I60-I69
Diseases of arteries, arterioles and capillaries	I70-I79
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	I80-I89
Other and unspecified disorders of the circulatory system	I95-I99



**Read more online.**

BLA-NL-0212-20



## Dual Advantage

### New MCG Care Guidelines 24th edition

View the [article](#) in the Medicaid section.

BLA-NL-0222-20/BLACRNL-0022-20



### Submit behavioral health authorizations via our online Interactive Care Reviewer tool

View the [article](#) in the Medicaid section.

BLAPEC-1762-20

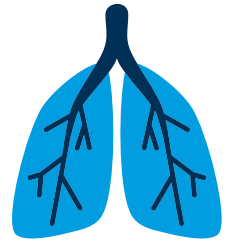
### Provider data update

View the [article](#) in the Medicaid section.

BLA-NL-0217-20

# Prior authorization codes moving from AIM Specialty Health to Healthy Blue

AIM Specialty Health<sup>®\*</sup> (AIM) currently performs utilization management review for bilevel positive airway pressure (BiPAP) equipment and all associated supplies. Beginning July 1, 2020, the following codes will require prior authorization with Healthy Blue rather than with AIM.



## Line of business: Individual Medicare Advantage, Group Retiree Solutions and Medicare-Medicaid Plans

<b>E0470</b>	Respiratory assist device, bilevel pressure capability, without back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
<b>E0471</b>	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

AIM will continue to manage the supply codes for automatic positive airway pressure (APAP) and continuous positive airway pressure (CPAP) requests.

Healthy Blue will continue to follow the COVID-19 Public Health Emergency orders from CMS until the waivers no longer apply. If the Public Health Emergency Orders are no longer in place beginning July 1, 2020, the following codes will require prior authorization with Healthy Blue rather than with AIM when used in combination with the BiPAP codes above.

## Precertification requests

### Submit precertification requests via:

- **Fax** — 1-866-959-1537
- **Phone** — Please dial the customer service number on the back of the member's card, identify yourself as a provider and follow the prompts to reach the correct precertification team. There are multiple prompts. Select the prompt that fits the description for the authorization you plan to request
- **Web** — Use the Availity<sup>\*</sup> Web Tool by following this link:  
<https://apps.availity.com/availity/web/public.elegant.login>



*\* AIM Specialty Health is an independent company providing utilization management on behalf of Healthy Blue. Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.*

## In-Office Assessment program



Healthy Blue is proud to offer the 2020 Optum\* In-Office Assessment (IOA) program, formerly known as the *Healthcare Quality Patient Assessment Form/Patient Assessment Form (HQPAF/PAF)* program. The name change reflects significant advancements in technology over the past few years, evolving from a paper form-based program to a program that securely exchanges clinical information digitally through multiple digital modalities.

If you are interested in learning about the electronic modalities available, please contact your Optum representative or the Optum Provider Support Center at **1-877-751-9207** from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The IOA program is designed to help participating providers ensure chronic conditions are addressed and documented to the highest level of specificity at least once per calendar year for all of our participating Medicare Advantage plan members. The IOA Program is designed to help overall patient quality of care (preventive medicine screening, chronic illness management and trifurcation of prescriptions for monitoring of high-risk medications and medication adherence) and care for older adults when generated for a Special Needs Plan (SNP) member.

### Success stories

Below are some achievements Optum has accomplished with provider groups through the IOA Program:



- As a result of incorporating technology and/or different types of resources offered under the IOA program, numerous provider offices demonstrated an increase in productivity, documentation and coding accuracy.
- Providers have taken advantage of the IOA program resources to help alleviate some of the burden for their staff and office resources.

### COVID-19 update

Healthy Blue knows this is a difficult time for everyone. We will continue to adapt and evolve our practices to fully address the changing dynamics of these unprecedented events. Healthy Blue is following the CDC guidelines on social distancing; thus, all nonessential IOA program personal are to work telephonically/electronically with the provider groups until further notice.



**Read more online.**

\* Optum is an independent company providing medical chart review services on behalf of Healthy Blue.

BLACRNL-0017-20



## AIM Musculoskeletal program expansion



Effective November 1, 2020, AIM Specialty Health<sup>®</sup> (AIM),\* a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joint for Medicare Advantage (MA) patients, as further outlined below.

AIM will follow the Healthy Blue clinical hierarchy for medical necessity determination. For Medicare Advantage products, AIM makes clinical appropriateness based on CMS National Coverage Determinations, Local Coverage Determinations, other coverage guidelines, and instructions issued by CMS and legislative benefit changes. Where the existing CMS guidance provides insufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.



### Prior authorization requirements

For services scheduled on or after November 1, 2020, providers must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify they have received a prior authorization before scheduling and performing services.

Detailed prior authorization requirements are available to contracted providers by accessing the Availity Portal\* at [www.availity.com](http://www.availity.com). Contracted and noncontracted providers may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements or additional questions as needed.

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**Read more online.**

BLACRNL-0024-20



## Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM

To support improvement of health outcomes for our members, cost-sharing requirements (copays, deductibles and coinsurance) are not applied to chronic care management (CCM) and transitional care management (TCM) services for Medicare Advantage plans (with the exception of Dual-Eligible Special Needs Plans [D-SNPs]), effective for dates of service on and after September 1, 2019.

CCM, complex CCM and TCM services will be allowed per Medicare coverage guidelines. Members and providers must still meet criteria set by Medicare. **These services require advanced consent from the member, which must be documented in the patient's medical record.**



[Read more online.](#)

BLACRNL-0020-20

## Medical drug *Clinical Criteria* updates

### March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

The *Clinical Criteria* is publicly available on the provider website. Visit the [Clinical Criteria website](#) to search for specific policies.

For questions or additional information, use this [email](#).

BLACRNL-0021-20

# 2020 Special Needs Plans

## Introduction

Healthy Blue is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items. SNPs do not charge premiums.

SNP members under Healthy Blue benefit from a model of care that is used to assess needs and coordinate care. Within 90 days of enrollment and annually thereafter, each member receives a comprehensive health risk assessment (HRA) that covers physical, behavioral and functional needs, and a comprehensive medication review. The HRA is used to create a member *Care Plan*. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, *Care Plans* and case managers support members and their providers by helping to identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments, and providing navigation and coordination of services across Medicare and Medicaid programs.



**Read more online.**

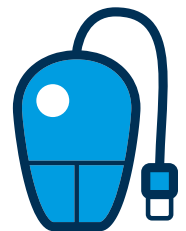
## Provider training required

Providers contracted for SNP plans are required to complete an annual training to stay up-to-date with plan benefits and requirements, including details on coordination of care and model of care elements. Every provider contracted for SNP is required to complete an attestation, which states they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, go to the *Model of Care Provider Training* link on the **Availity Portal**.\*

## How to access the Custom Learning Center on the Availity Portal

1. Log in to the **Availity Portal**. At the top of Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.



## Not registered for Availity?

Have your organization's designated administrator register your organization for Availity.

1. Visit <https://www.availity.com> to register.
2. Select **Register**.
3. Select your organization type.
4. In the Registration wizard, follow the prompts to complete the registration for your organization.

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

BLACRNL-0019-20

# 2020 Medicare risk adjustment provider trainings



The Medicare Risk Adjustment Regulatory Compliance team at Healthy Blue offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

## Medicare Risk Adjustment and Documentation Guidance (General)

**When:** Offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET

**Learning objective:** This onboarding training will provide an overview of Medicare Risk Adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) Model, with guidance on medical record documentation and coding.

**Credits:** This live activity, from January 8, 2020, to December 2, 2020, has been reviewed and is acceptable for up to one prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at <https://bit.ly/2z4A81e>.

\* Note: Dates may be modified due to holiday scheduling.

## Medicare Risk Adjustment, Documentation and Coding Guidance (Condition specific)

**Series:** Offered on the third Wednesday of every other month from noon to 1 p.m. ET

**Learning objective:** This is a collaborative learning event with Enhanced Personal Health Care (EPHC) to provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.

**Credits:** This live series activity, from January 15, 2020, to November 18, 2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us for this six-part training series, see the list of topics and dates below:

- **Red Flag HCCs, part one:** Training will cover HCCs most commonly reported in error as identified by CMS (chronic kidney disease stage 5, ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, end-stage liver disease) Recording will play upon registration. <https://bit.ly/3ae9znc>; password: sDBNERC3
- **Red Flag HCCs, part two:** Training will cover HCCs most commonly reported in error as identified by CMS (atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with ophthalmologic or unspecified manifestation) Recording will play upon registration. <https://bit.ly/3abKg52>; password: PnPAF4py
- **Neoplasms:** Recording will play upon registration. <https://bit.ly/2WkFRsv>; password: PfUWPcs6
- **Acute, Chronic and Status Conditions** (Recording link will be provided after July 15, 2020.)
- **Diabetes Mellitus and Other Metabolic Disorders** (September 16, 2020) <https://bit.ly/2XQ9hjZ>
- **Coinciding Conditions in Risk Adjustment Models** (November 18, 2020) <https://bit.ly/2xxjhUj>

BLACRNL-0023-20