



Provider Newsletter

February 2021

<https://providers.healthyblue.com>

Provider Services: Medicaid — 1-844-521-6942, Medicare — reference the back of your patient's member ID card



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Want to receive

the *Provider Newsletter* via email?

Click [here](#) to provide/update your email address.



CAHPS survey

CAHPS® is an annual standardized survey conducted from January to May to assess consumers' experience with their provider and health plan. A random sample of your adult and child patients may get the survey. Providers directly impact the majority of questions used for scoring.

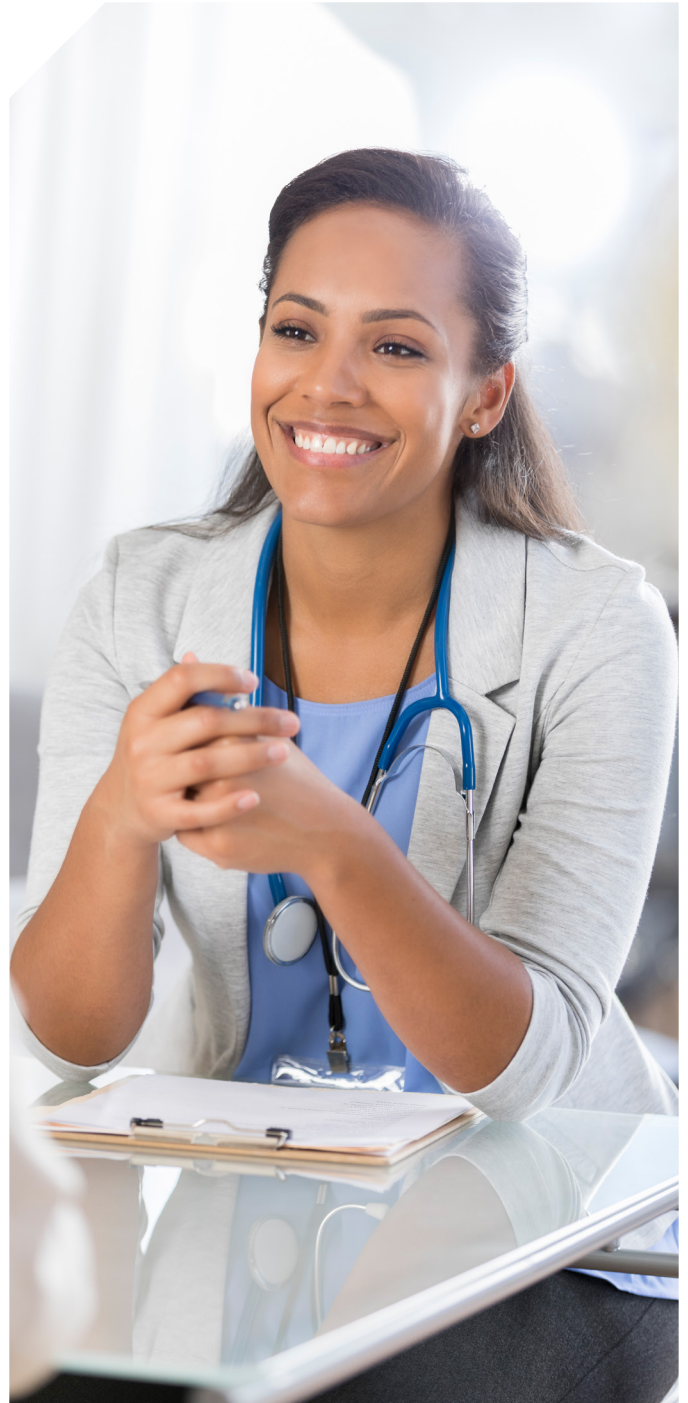
These questions are:

- When you needed care right way, how often did you get it?
- How often did you get an appointment for a check-up or routine care as soon as you needed it?
- How often was it easy to get the care, tests or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed it?
- How often did your personal doctor seem informed and up-to-date about the care you got from other health providers?
- How would you rate your primary care doctor?
- How would you rate the specialist you see most often?

To learn more about CAHPS and how you can improve the patient experience, review the CAHPS Overview training by visiting <https://providers.healthybluel.com>.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

BLA-NL-0272-20



New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after November 1, 2020, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective November 1, 2020.

Clinical Criteria	Preferred drug	Nonpreferred drug
ING-CC-0062	Avsola (J3590, Q5121)	Remicade (J1745), Inflectra (Q5103), Renflexis (Q5104)

BLA-NL-0254-20

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

Clinical Criteria	Preferred drug	Nonpreferred drug
ING-CC-0166	Herzuma (Q5113), Kanjinti (Q5117), Ogivri (Q5114), Ontruzant (Q5112), Trazimera (Q5116)	Herceptin (J9355)

BLA-NL-0260-20

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Bevacizumab (under Brand names: Avastin, Mvasi, and Zirabev) is preferred for the indication of wet age-related macular degeneration.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

Clinical Criteria	Status	Drug(s)	HCPCS codes
ING-CC-0072	Preferred	Avastin	J9035, C9257
ING-CC-0072	Preferred	Mvasi	Q5107
ING-CC-0072	Preferred	Zirabev	Q5118
ING-CC-0072	Non-preferred	Eylea	J0178
ING-CC-0072	Non-preferred	Lucentis	J2778
ING-CC-0072	Non-preferred	Macugen	J2503
ING-CC-0072	Non-preferred	Beovu	J0179

BLA-NL-0257-20

Step therapy review will apply upon precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The *Clinical Criteria* is publicly available on our [provider website](#).

HEDIS Measurement Year 2020: Medicaid summary of changes from NCQA

Revised measures:

The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to

Well Child Visits in the First 30 Months of Life (W30). It includes two indicators:

- Well-child visits in the first 15 months — children who turned 15 months during the measurement year with six or more well-child visits
- Well-child visits for ages 15 to 30 months — children who turn 30 months during the measurement year with two or more well-child visits

The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into **Child and Adolescent Well-Care Visits (WCV)**:

- The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year

Key measure changes:

Controlling High Blood Pressure (CBP and CDC-CBP) — Telephone visits, e-visits and virtual check-ins are now acceptable settings for blood pressure (BP) readings. Digital BP readings reported by the member are considered numerator compliant.

Telehealth updates

NCQA has updated telehealth guidance in 40 HEDIS® measures for HEDIS measurement years 2020 and 2021. The purpose of these changes is to:

- Support increased use of telehealth caused by the pandemic.
- Align with guidance from Centers for Medicare & Medicaid Services and other stakeholders.

A list of the 40 measures can be found on the NCQA COVID-19 website at www.ncqa.org/covid.

New Medicaid measures:

Kidney Health Evaluation for Patients With Diabetes (KED)

— The percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a uACR identified by both a quantitative urine albumin test and a urine creatinine test with service days four or less days apart during the measurement year



Read more online.

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

BLA-NL-0278-20

How to navigate to Patient360 through the Availity Portal

Patient360 overview

Patient360 is an interactive dashboard that gives instant access to detailed member information.

This includes:

- Demographic information.
- Care summaries.
- Claims details.
- Authorization details.
- Pharmacy information.
- Care management related activities.

Medical providers have the option to include feedback for each gap in care that is listed on the member's *Active Alerts* that are posted on the application's *Member Summary*.

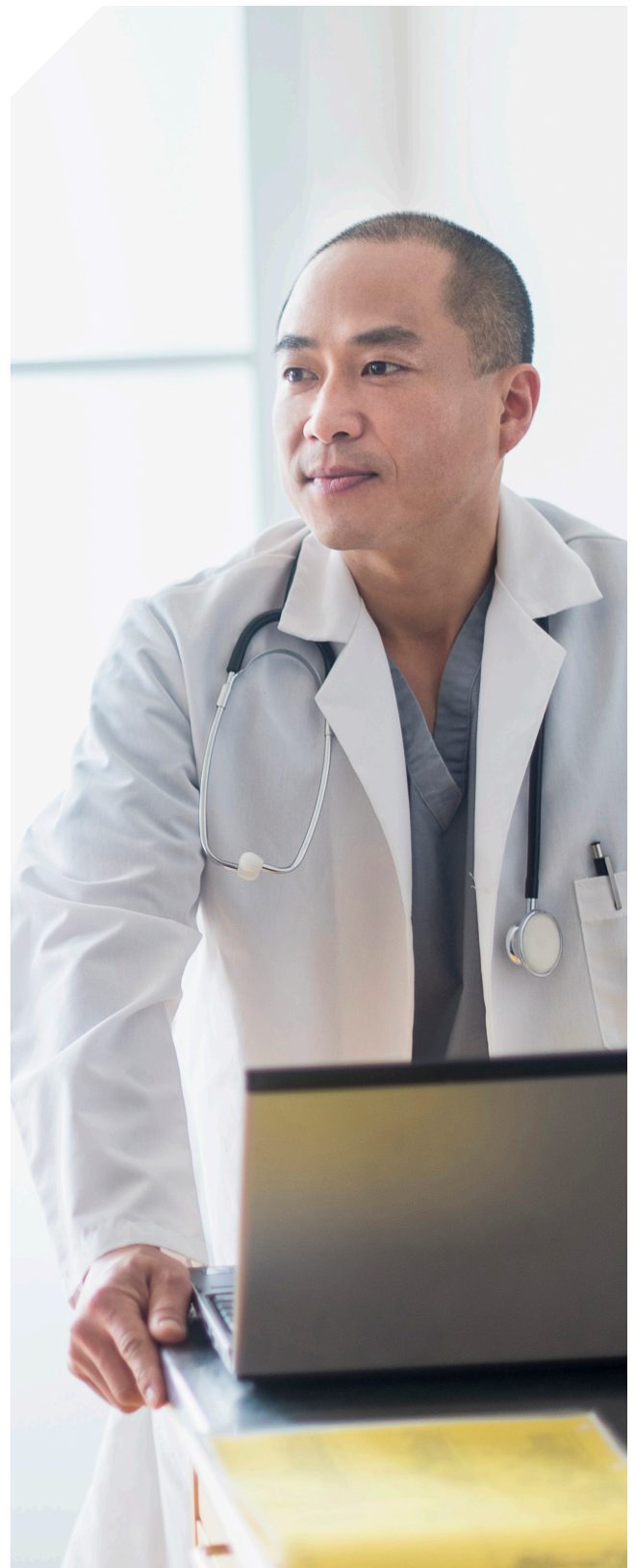
- Availity* role assignment must be set through *Clinical Roles* by selecting **Patient360**
- How to access Patient360 through the Availity Portal:
 - Select the **Payer Spaces** dropdown > select **Payer Brand** > select **Applications** > select **Patient360**.
 - **Eligibility and Benefits:** Select **Patient Registration** dropdown > select **Eligibility and Benefits** > complete all required fields > select the **Patient360** tab from the *Eligibility and Benefits* screen > select appropriate terms and conditions.



[Read more online.](#)

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

BLA-NL-0284-20

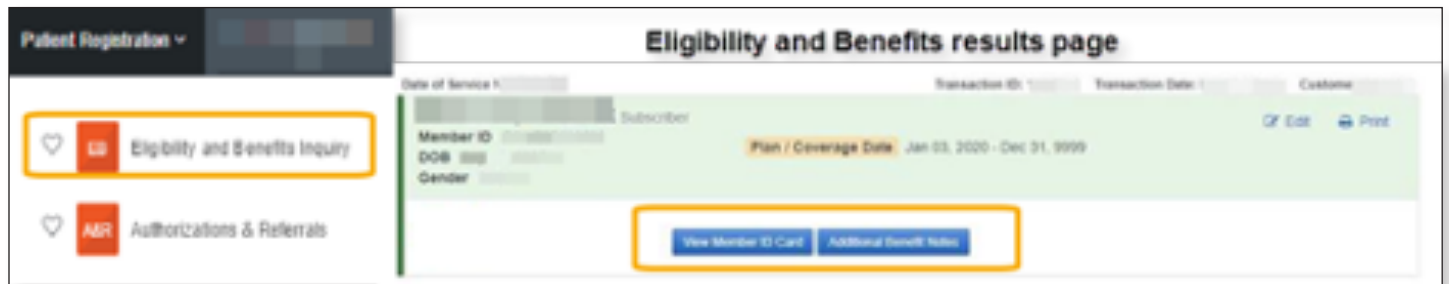


Availity Portal eligibility and benefits provides both additional benefit notes and digital member ID Cards

New: additional benefit detail

Now, you can select **Additional Benefit Notes** on the **Availity Portal*** *Eligibility and Benefits* results screen to find more descriptive benefit information.

Benefits are listed in alphabetical order, making it easier to search for specific benefits. Capabilities include full benefit descriptions, vendor information associated with the benefit and the option for the provider to print out the benefit information.



Digital member cards

The digital member ID card allows easy, low-touch access to view additional information or confirm basic membership details.

When conducting an eligibility and benefits inquiry for Healthy Louisiana members, simply select **View Member ID Card** on the *Eligibility and Benefits* results page. Note: The Availity Portal requires you to enter the member's ID number, as well as a date of birth or the member's first and last name, into the search options in order to submit an eligibility and benefits inquiry.

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BLA-NL-0287-20



Dual Advantage

Medical drug benefit *Clinical Criteria* updates

August 2020 update

On August 21, 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 August 2020](#).

BLACRNL-0040-20

September and October 2020 update

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 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 September and October 2020](#).

BLACRNL-0048-20

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

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

PN for UM AROW Item 1330

On April 1, 2021, Healthy Blue prior authorization (PA) requirements will change for the following codes.

Prior authorization requirements will be added for the following codes:

- 54400 — Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- 61885 — Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; w/Connection Single Electrode Array
- 64569 — Revision or replacement of cranial nerve (for example, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 0404T — Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
- 0563T — Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- C1767 — Generator, neurostimulator (implantable), non-rechargeable
- C1778 — Lead, neurostimulator (implantable)

BLACRNL-0046-20

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

To request PA, you may use the following method:

- Web: <https://www.availity.com>

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at Availity* at <https://providers.healthyblue.com> > Login. If you have questions about this communication or need assistance with any other item, call the number on the back of your patient's Healthy Blue member ID card.

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