



# Provider Newsletter

June 2021

<https://providers.healthybluelua.com>

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



**Want to receive**  
the *Provider Newsletter* via email?



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

## Table of Contents

**COVID-19 information** Page 2

### Medicaid:

**Provider education program survey:  
*Your Voice Counts*** Page 2

***Member Rights and Responsibilities  
Statement*** Page 2

**Keeping up with routine vaccination  
during COVID-19** Page 3

**Aspire Health for members in need  
of palliative care** Page 4

**Important information about  
utilization management** Page 5

**Medical drug benefit *Clinical Criteria*  
updates** Page 5

**MCG Care Guidelines 25th edition** Page 5

**Complex Case Management program** Page 6

### Dual Advantage:

**Medical drug benefit *Clinical Criteria*  
updates** Page 7

**MCG Care Guidelines 25th edition** Page 7

***Medical Policies and Clinical  
Utilization Management Guidelines*  
update** Page 8

### Reimbursement Policy:

**Inpatient Readmissions** Page 10



# 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 education program survey: *Your Voice Counts*

To provide you with better educational opportunities, we are collecting data to improve provider education offerings. We are also asking for preferences and topics of interest to ensure that we tailor the education experience to meet your needs. We value our providers, and we want to deliver educational content that is most convenient for you. Please take a moment to complete a brief survey, and remember — Your voice counts!

**Select the survey below to begin:**  
**Provider education: *Your Voice Counts***

BLA-NL-0286-20

### *Member Rights and Responsibilities Statement*

The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare 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 *Members Rights and Responsibilities Statement*, which you can locate within the provider manual.

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

BLA-NL-0317-21

# Keeping up with routine vaccination during COVID-19

## Well-child visits and vaccinations are essential services

In May 2020, the CDC released a [report](#) showing a drop in routine childhood vaccinations as a result of COVID-19, a result of stay-at-home orders and concerns about infection during well-child visits. Both the American Academy of Pediatrics and the CDC recommend the continuation of routine childhood vaccinations during the COVID-19 pandemic, noting they are essential services.

To encourage well-visits and vaccinations, here are some extra steps you can take to ensure visits are as safe as possible for both patients and staff. They include:

- Scheduling sick visits and well-child visits during different times of the day.
- Asking patients to remain outside until it's time for their appointment to reduce the number of people in waiting rooms.
- Offering sick visits and well-child visits in different locations.

It is important to identify those children who have missed immunizations and well-child visits to schedule these essential in-person appointments. To help, the CDC has published [vaccine catch-up guidance](#) on their website.

## Help your patients earn rewards

For additional encouragement, Healthy Blue members can earn \$25 or more in gift cards for completing vaccines and/or well visits through our Healthy Rewards program. Please encourage your patients to enroll in the program on the Healthy Blue website so they can earn rewards for these activities.



### See chart below:

	Child and Adolescent Well Care Visits (WCV)	Adult well
Ages	30 months to 0 years	22 and older
Reward amount	\$25	\$25

Patients can enroll [online](#) or by calling **888-990-8681 (TTY 711)**.

## Helpful information for keeping babies and children healthy

Childhood Immunization Status (CIS) Combination 10 HEDIS® measure requires that all children are immunized by their 2nd birthday:

- Four DTap (diphtheria, tetanus and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, rubella)
- Three HiB (H influenza type B)
- Three Hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One Hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two influenza (flu)



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

BLA-NL-0310-21

## Aspire Health for members in need of palliative care

Healthy Blue has contracted with Aspire Health\* to provide in-home and virtual palliative care services to our Medicaid members facing advanced illness.

Aspire offers a solution to the fragmented and expensive care that patients so often experience during the last chapter of life. By working with community physicians to enroll and serve these vulnerable patients in their homes, Aspire helps patients to increase their overall comfort, increase their satisfaction with both their PCP and their health plan, and minimize the risk of unnecessary or unwanted hospitalizations.

### The typical Aspire patient:

- Is usually in the most chronically ill sector of the physician's patient population with high emergency room or hospitalization use.
- Confronts multiple illnesses, such as:
  - Chronic heart failure.
  - Chronic obstructive pulmonary disease.
  - Advanced cancers.
  - Dementia.
  - Geriatric frailty.
  - Chronic or end-stage renal disease.
  - Chronic liver disease.
  - Cerebrovascular accidents.
  - Other neurologic illnesses.
- May see multiple providers, or frequently seek care in emergency rooms and hospitals.
- May have limited family support or have family caregivers with their own health concerns.
- Receives care that is both high-cost and low-value, often resulting in frequent hospitalizations for uncontrolled symptoms and/or exacerbations of chronic disease.

The Aspire team works to align medical care with a patient's goals and values. Through patient and caregiver support, education and expert symptom management with an interdisciplinary team accessible 24/7, Aspire enables patients to avoid unnecessary emergency department visits and hospitalizations.

Aspire's model is built around a philosophy of co-management. After each Aspire visit, a patient's PCP and pertinent specialists receive a clinical visit summary via secure eFax to facilitate coordination of care, and Aspire's local clinical leadership is available to communicate with providers around the clock.

For more information or to refer one of your patients to the Aspire program, call Aspire's 24/7 Patient and Referral Hotline at **877-702-6863** or visit [aspirehealthcare.com](https://aspirehealthcare.com).

*\* Aspire Health is an independent company providing in-home health care services on behalf of Healthy Blue.*

BLA-NL-0313-21

## 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 below. Access UM criteria [online](#).

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.

### Submit precertification requests by:

- Calling us at **844-521-6942**.
- Faxing to **800-964-3627**.
- Visiting [availability.com](#).\*

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

Call our Clinical team at **844-521-6942**, available 24/7.

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

BLA-NL-0316-21

## Medical drug benefit *Clinical Criteria* updates

On August 16, 2019, November 15, 2019, December 18, 2019, February 21, 2020, March 26, 2020, May 15, 2020, June 18, 2020, August 21, 2020, September 24, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.



[Read more online.](#)

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

BLA-NL-0292-21

## MCG Care Guidelines 25th edition

Effective September 1, 2021, Healthy Blue will upgrade to the 25th edition of MCG Care Guidelines for the following modules: Inpatient and Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). Tables in the full article highlight new guidelines and changes that may be considered more restrictive.



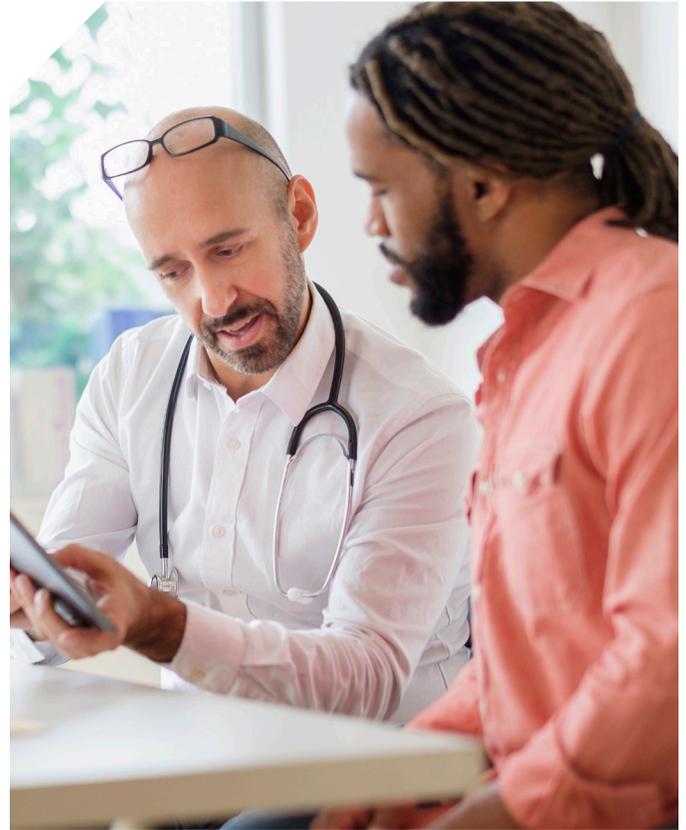
[Read more online.](#)

BLA-NL-0303-21

## Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment, or to know whom to contact with questions and concerns.

Healthy Blue is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals here to support members, families, PCPs, and caregivers. The complex case management process uses the experience and expertise of the Case Coordination team to educate and empower our members by increasing self-management skills. The complex case management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.



Members or caregivers can refer themselves or family members by calling the Member Services number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us by email at [la1casemgmt@healthybluela.com](mailto:la1casemgmt@healthybluela.com) or by phone at **844-521-6942**, available 24/7. Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m.

BLA-NL-0315-21



## Dual Advantage

### Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.



Read more online.

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

BLACRNL-0063-21

### MCG Care Guidelines 25th edition

Effective September 1, 2021, Healthy Blue will upgrade to the 25th edition of MCG Care Guidelines for the following modules: Inpatient and Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). Tables in the full article highlight new guidelines and changes that may be considered more restrictive.



Read more online.

BLACRNL-0060-21

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit <https://provider.healthybluelua.com/louisiana-provider/medical-policies-and-clinical-guidelines>.

### Notes/updates:

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- \*CG-LAB-17 - Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting
  - Outlines the medical necessity and not medically necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- \*ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
  - Added otoplasty using a custom-fabricated device, including but not limited to a custom fabricated alloplastic implant, as cosmetic and not medically necessary
- \*CG-OR-PR-04 - Cranial Remodeling Bands and Helmets (Cranial Orthotics)
  - Removed condition requirement from reconstructive criteria and replaced current diagnostic reconstructive criteria with criteria based on one of the following cephalometric measurements: the cephalic index, the cephalic vault asymmetry index, the oblique diameter difference index, or the cranioproportional index of plagiocephelometry
- \*CG-SURG-78 - Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
  - Added TACE using immunoembolization (for example, using granulocyte-macrophage colony-stimulating factor GM-CSF) as not medically necessary for all liver-related indications
- \*CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
  - Revised audiologic pure tone average bone conduction threshold criteria for unilateral implant for bilateral hearing loss
  - Added not medically necessary statement for when medical necessity criteria have not been met and clarified not medically necessary statement regarding replacement parts or upgrades
  - Added bone conduction hearing aids using an adhesive adapter behind the ear as not medically necessary for all indications
- CG-GENE-22 - Gene Expression Profiling for Managing Breast Cancer Treatment
  - A new *Clinical Guideline* was created from the content contained in GENE.00011. There are no changes to the guideline content and the publish date is April 7, 2021.

## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

- CG-GENE-23 - Genetic Testing for Heritable Cardiac Conditions
  - A new *Clinical Guideline* was created from the content contained in GENE.00007 and GENE.00017. There are no changes to the guideline content and the publish date is April 7, 2021
- CG-SURG-110 - Lung Volume Reduction Surgery
  - A new *Clinical Guideline* was created from the content contained in SURG.00022. There are no changes to the guideline content and the publish date is June 25, 2021

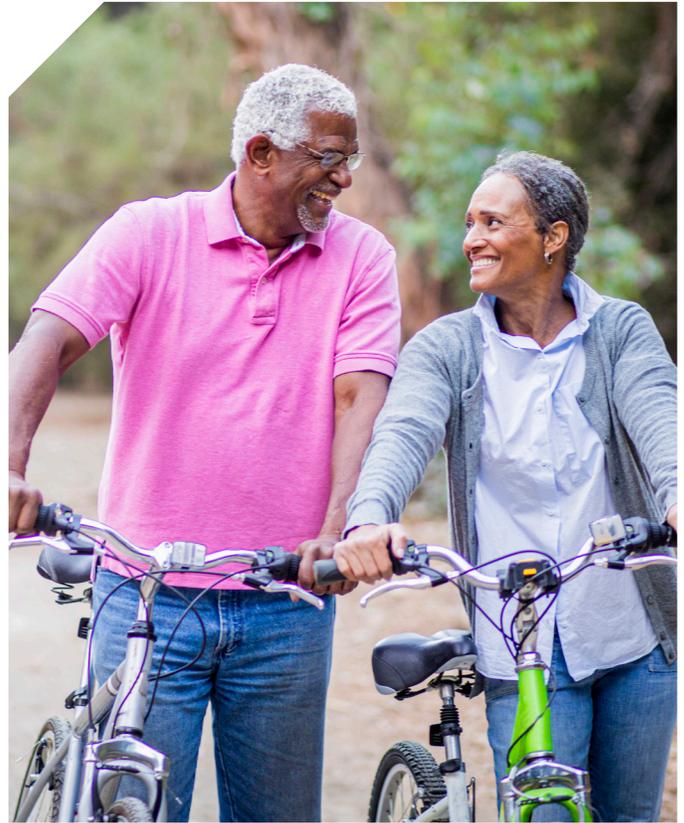
### AIM Specialty Health Clinical Appropriateness Guideline updates

To view AIM Specialty Health®\*\* (AIM) guidelines, visit the [AIM page](#).

- The *Small Joint Surgery Guideline* has been revised and will be effective on March 14, 2021.
- The following Guidelines have been revised and will be effective on June 4, 2021:
  - \* Imaging of the Spine
  - \* Imaging of the Extremities
  - \* Vascular Imaging
  - \* Joint Surgery
  - \* Spine Surgery

### Medical Policies

On February 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These guidelines take effect June 4, 2021.



### Clinical UM Guidelines

On February 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the Medical Operations Committee for Healthy Blue members on February 25, 2021. These guidelines take effect June 4, 2021.



**Read more online.**

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

BLACRNL-0064-21



## Reimbursement Policy

### Policy Reminder

## Inpatient Readmissions

As a reminder, Healthy Blue Dual Advantage (HMO D-SNP) does not allow separate reimbursement for claims that have been identified as a readmission to the same hospital for the same, similar or related condition unless provider, federal or CMS contracts and/or requirements indicate otherwise, as further described in the existing reimbursement policy located at: <https://providers.healthybluela.com>.

If Healthy Blue Dual Advantage determines that this reimbursement policy has not been followed, Healthy Blue Dual Advantage may deny the claim prior to payment or recover any paid claim. Providers may dispute any claim denied under this policy consistent with applicable law, your agreement with Healthy Blue Dual Advantage and Healthy Blue Dual Advantage policies.

For more detailed information on the [Inpatient Readmissions reimbursement policy](https://provider.healthybluela.com/sp/pages/la/medicare-reimbursement-policies), please visit <https://provider.healthybluela.com/sp/pages/la/medicare-reimbursement-policies>.

BLACARE-0341-21