



## Provider News

January 2022

<https://provider.healthyblue.la.com>

Provider Services: Medicaid — 844-521-6942, Medicare — reference the back of the member ID card



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Medicaid Managed Care | Dual Advantage

## 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

# Administration

Medicaid Managed Care

## 2021 CAHPS Survey results

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual standardized survey conducted between January and May to assess consumer experiences with their provider and health plan, received by a random sample of patients. We use the results to measure our performance against our goals and determine the effectiveness of actions implemented to improve.

2021 NCQA Health Plan Star Rating			
★★★★☆			
Survey Measures	2021 Rate	2021 All Affiliates Child Medicaid Average	2020 NCQA Quality Compass® National Average (All LOB)
<b>Getting Care</b>			
Getting Needed Care Composite (% Always or Usually)	90.76%	86.49%	86.03%
Ease of Getting Needed Care (% Always or Usually)	96.09%	90.65%	91.23%
Ease of Seeing a Specialist (% Always or Usually)	85.44%	82.33%	79.77%
Getting Care Quickly Composite (% Always or Usually)	90.10%	87.66%	90.53%
Ease of Getting Urgent Care (% Always or Usually)	93.46%	91.59%	92.58%
Ease of Getting a Check-Up or Routine Care (% Always or Usually)	86.74%	83.73%	88.97%
<b>Satisfaction with Plan Physicians</b>			
Rating of Personal Doctor (% 9 or 10)	83.53%	77.46%	78.57%
Rating of Specialist Seen Most Often (% 9 or 10)	78.95%	74.27%	73.36%
Rating of All Healthcare (% 9 or 10)	79.58%	73.02%	71.92%
Coordination of Care (Always or Usually)	85.00%	85.25%	86.08%
<b>Satisfaction with Plan Services</b>			
Rating of Health Plan (% 9 or 10)	75.53%	70.06%	71.90%

Providers directly affect over half of the questions used for scoring. Healthy Blue offers an online course for providers and office staff designed to teach how to improve communication skills, build patient trust and commitment, and expand your knowledge of the CAHPS Survey. The *Improving the Patient Experience* course is available at no cost and is eligible for one continuing medical education (CME) credit by the American Academy of Family Physicians. Providers can access the course [online](#).

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

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# Administrative — Digital Tools

Medicaid Managed Care | Dual Advantage

## Availity Authorization app available to Healthy Blue providers beginning in 2022

### Submitting prior authorizations is now easier and multi-payer

We know how much easier it is when you have access to digital apps that streamline your work. Thousands of providers already use the Availity\* Authorization app to submit prior authorizations for other payers. Now, we want to make it easier to submit prior authorization requests to Healthy Blue by making the app available in 2022 to our providers as well.

### ICR is still available

If you need to refer to an authorization that was submitted through the Interactive Care Reviewer (ICR), you still have access to that information. We have developed a pathway for you to access your ICR dashboard — You simply follow the prompts provided through the Availity Authorization app.

### Innovation in progress

While we grow the Availity Authorization app to provide even greater functionality and to expand Healthy Blue-specific prior authorizations, we have provided access to ICR for:

- Appeals
- Behavioral health authorizations
- Federal Employee Program authorizations
- Medical specialty pharmacy authorizations

Notices in the Availity Authorization app will guide you through the process for accessing ICR for these Alternate Authorization/Appeal functions.

### Begin submitting digital prior authorizations through the Authorization app in 2022

If you aren't already familiar with the Availity Authorization app, live training and recorded webinars are available.

Date	Time (All training sessions are one hour)
Wednesday, January 5, 2022	11 a.m. ET/8 a.m. PT
Tuesday, January 11, 2022	3 p.m. ET/Noon PT
Thursday, January 20, 2022	Noon ET/9 a.m. PT
Tuesday, January 25, 2022	Noon ET/9 a.m. PT
Wednesday, January 26, 2022	3 p.m. ET/Noon PT

You can always log onto [availity.com](https://www.availity.com) to view the webinars at your convenience. From **Help & Training**, select **Get Trained** to access the Availity Learning Center. Select the **Session** tab to see all upcoming live webinars.

**Tip:** To find the authorization training faster, use keyword **AvAuthRef** in the search field.

### Now, give it a try

Eliminate the time and costs associated with faxing prior authorizations by using the Availity Authorization app. It's easy, convenient, and available when you are, 24/7.

Get access by logging onto [availity.com](https://www.availity.com). Under the **Patient Registration** tab, select **Authorizations & Referrals**. The app is easy to navigate with intuitive functions that walk you through the submission.

**Tips:** You will need to have the Authorization Role assignment in order to access the app and to submit prior authorizations. Your organization's Availity administrator can assign the role to you.

If you have any questions, reach out to Availity at **800-282-4548**.

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

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# Policy Updates



Medicaid Managed Care

## AIM Specialty Health *Radiation Oncology Clinical Appropriateness Guidelines* update

Effective for dates of service on and after March 13, 2022, the following update will apply to the AIM *Radiation Therapy and Proton Beam Therapy Clinical Appropriateness Guidelines*. As part of the AIM Specialty Health®\* guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

- Removed the Eastern Cooperative Oncology Group (ECOG) status as definition for performance status throughout guidelines.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access the AIM **ProviderPortal**<sup>SM</sup> directly.
  - Online access is available 24/7 to process orders in real time and is the fastest and most convenient way to request authorization.
- Access AIM via the **Availity\* Portal**.
- Call AIM directly with provider inquiries at **800-252-2021** from 8 a.m. to 5 p.m. CT.

You may access and download a copy of the current and upcoming guidelines [here](#).

If you have questions related to the guidelines, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com).

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

BLA-NL-0358-21

# Policy Updates — Prior Authorization

Dual Advantage

## Healthy Blue expands specialty pharmacy precertification list

Effective for dates of service on and after April 1, 2022, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

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.

HCPSC or CPT® code	Medicare Part B drugs
J3490, J3590	Saphnelo
J3490, J3590	Ryplazim
J3590	Rylaze

BLACARE-0445-21

Dual Advantage

## Medical step therapy updates

Effective February 1, 2022, the following medications will be included in the Part B medical step therapy precertification review. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving nonpreferred medications listed below.

Clinical Criteria	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0075	Rituxan Riabni	Ruxience Truxima
ING-CC-0167	Rituxan Riabni	Ruxience Truxima

*Clinical Criteria* are publicly available on the provider website. Visit the [Clinical Criteria page](#) to search for specific criteria.

BLACRNL-0010-21

# Quality Management

Medicaid Managed Care | Dual Advantage

## Reducing the burden of medical record review and improving health outcomes with HEDIS ECDS reporting

The HEDIS® Electronic Clinical Data Systems (ECDS) reporting methodology encourages the exchange of the information needed to provide high-quality healthcare services.

The ECDS Reporting Standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.

### Benefits to providers:

- Reduced burden of medical record review for quality reporting
- Improved health outcomes and care quality due to greater insights for more specific patient-centered care

ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures.

Learn more about NCQA's digital quality system and what it means to you and your practice [online](#).

### ECDS measures

The first publicly reported measure using the HEDIS ECDS Reporting Standard is the Prenatal Immunization Status (PRS) measure. In 2022, NCQA will include the PRS measure in Health Plan Ratings for Medicaid and Commercial plans for measurement year 2021.

### For HEDIS measurement year 2022, the following measures can be reported using ECDS:

- Childhood Immunization Status (CIS-E)\*
- Immunizations for Adolescents (IMA-E)\*
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)\*
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E) (Accreditation measure for 2021)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)

\* Indicates that this is the first year that the measure can be reported using ECDS

Of note, NCQA added the ECDS reporting method to three existing HEDIS measures: Breast Cancer Screening, Colorectal Cancer Screening and Follow-Up Care for Children Prescribed ADHD Medication. Initially, the ECDS method will be optional, which provides health plans an opportunity to try out reporting using the ECDS method before it is required to transition to ECDS only in the future.

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

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# Products and Programs — Behavioral Health

Medicaid Managed Care

## *The Behavioral Health Areas of Expertise Profile improves the referral process*

The *Behavioral Health Areas of Expertise Profile (BHAEP)* is designed to highlight your behavioral health network providers' services, cultural preferences, race, languages spoken, and other specialties to our members through the enhancement of our online provider directory. The goal is to help our members find the right behavioral health provider to fit their unique needs.

Contracted Medicaid providers are asked to answer a brief online survey on their clinical areas of expertise, demographics, modalities, and accessibility. The data collected provides insight into our behavioral health providers' capabilities, which assists in member referral, provider network strategy development, and proposal support. Completion of the *BHAEP* does not affect a provider's credentialing materials/status or contract.

### **By capturing this information, we are able to:**

- Improve identification of specific services and/or specialties.
- Improve the referral process by better identifying provider capabilities.
- Align with competitors that provide this data in their online provider directories.

Currently, the *BHAEP* is administered in 18 Medicaid markets. The local health plan completes provider outreach. While data gathered through this tool has proven to be helpful to members, providers, and the health plan, response rates remain low.

View your State's *BHAEP* survey [online](#).

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